

REPORT BRIEF • JUNE 2009

COMBATING TOBACCO IN MILITARY AND VETERAN POPULATIONS

The health and economic costs of tobacco use in military and veteran populations are high. In the short term, tobacco use impairs military readiness by reducing physical fitness, impairing visual acuity, and contributing to hearing loss. Over the long term, it causes serious health problems, including lung cancer and chronic obstructive pulmonary disease (COPD), and contributes to numerous other health problems, including cardiovascular disease, infections, and delayed wound-healing. Smokeless tobacco use also causes oral and pancreatic cancer and periodontal disease.

Fewer than one in five Americans uses tobacco, but more than 30 percent of active-duty military personnel and about 22 percent of veterans use tobacco. Of greater concern, the rate of tobacco use in the military has increased since 1998, threatening to reverse the steady decline of the last several decades. Furthermore, smoking rates among military personnel returning from Iraq and Afghanistan may be 50 percent higher than rates among nondeployed military personnel.

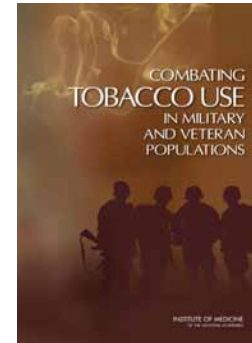
The Department of Defense (DoD) and the Department of Veterans Affairs (VA) bear the heavy costs of treating tobacco-related diseases. DoD spends more than \$1.6 billion per year on tobacco-related medical care, increased hospitalizations, and lost days of work. In 2008, VA spent more than \$5 billion to treat veterans with COPD, which is strongly associated with tobacco use.

In 2007, VA and DoD requested that the Institute of Medicine (IOM) Committee on Smoking Cessation in Military and Veteran Populations make recommendations on how to reduce tobacco initiation and encourage cessation in both active-duty and veteran populations.

TOWARD A TOBACCO-FREE MILITARY

DoD and four armed services (Army, Navy, Marines, and Air Force) have set goals to become tobacco-free, but have yet to achieve them despite promoting tobacco-free lifestyles through public-education campaigns, commander training, the banning of all tobacco use during basic training, and the prohibition of tobacco use by instructors in the presence of students. The committee recommends that DoD establish a timeline to eliminate all tobacco use on military installations to protect the health of all military personnel, civilian employees, family members, and visitors. The committee finds that achieving a tobacco-free military begins by closing the pipeline of new tobacco users entering the military and by promoting cessation programs to ensure abstinence. Using a phased approach, the military academies and officer training programs in both universities and the military should become tobacco-free first, followed by new enlisted recruits, and finally all other active-duty personnel.

Although DoD and the armed services acknowledge that tobacco use impairs the readiness of military personnel and results in enormous health and financial costs,



The committee recommends that DOD establish a timeline to eliminate all tobacco use on military installations to protect the health of all military personnel, civilian employees, family members, and visitors.



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The committee concludes that to prevent tobacco initiation and encourage cessation, both DoD and VA must implement comprehensive tobacco-control programs.

DoD sells tobacco products at a discount, permits tobacco use in designated areas of military installations, and gives less attention to tobacco use than to alcohol abuse, physical fitness, and weight management. Therefore DoD should:

- Stop selling tobacco products in military commissaries and exchanges. Until accomplishing that, DoD should at the very least sell tobacco products at prices equal to those in local civilian retail stores.
- Prohibit tobacco use anywhere on military installations.
- Treat tobacco use in the same way as other health-related behaviors, such as alcohol abuse and poor physical fitness, which impair military readiness.

TOWARD TOBACCO-FREE VETERANS

VA has a long history of attempting to reduce smoking among veterans and has been responsible for numerous scientific findings regarding the health effects of smoking. While tobacco-use initiation is uncommon in the veteran population treated by VA, those who already use tobacco may need help both to quit using tobacco and to prevent relapse if they quit. People with mental-health disorders have a higher prevalence of tobacco use — and the growing number of veterans returning from deployment with mental-health disorders, especially posttraumatic stress disorder and depression, may increase the demand for tobacco-cessation treatment.

VA's tobacco-cessation activities include the development of a National Smoking and Tobacco Use Cessation Program, and a recently strengthened Smoke-Free Policy for VA Health Care Facilities. But federal legislation that requires VA medical facilities to establish designated smoking areas has precluded VA from going entirely smoke-free. The committee finds that this requirement prevents VA from protecting its patients, employees, and visitors from exposure to tobacco smoke, and also hinders efforts to encourage tobacco cessation.

DOD AND VA COMPREHENSIVE TOBACCO-CONTROL PROGRAMS

The committee concludes that to prevent tobacco initiation and encourage cessation, both DoD and VA must implement comprehensive tobacco-control programs. DoD and VA should run these programs according to a strategic plan, enforced by an engaged leadership, supported by adequate resources, and implemented by effective and enforceable policies. They must also provide appropriate therapeutic and communication interventions (including those for special populations), include surveillance mechanisms, and require regular evaluation of the programs' effectiveness with feedback and management capability to effect change. Both departments already have some of these components; for example, both run counteradvertising activities to encourage tobacco cessation and provide free-of-charge tobacco cessation medications and counseling to beneficiaries. The committee recommends that both DoD and VA:

- Engage high-level leadership and require that they implement and enforce comprehensive tobacco-control programs.
- Provide barrier-free access to tobacco-cessation services to all DoD and VA staff and patients.
- Make available adequate tobacco-control resources, including infrastructure and funding, for all facilities.
- Ensure that a trained tobacco-cessation counselor and tobacco-cessation program are available at each health-care facility.

- Train all DoD and VA health-care providers to provide brief counseling and nicotine-replacement therapy to patients.
- Report regularly and publicly on the status and progress of these tobacco-control programs, including tobacco-cessation rates.

An integrated approach, as demonstrated by the joint DoD and VA Management of Tobacco Use Working Group that developed the 2004 clinical-practice guidelines, will ensure greater continuity in tobacco-cessation services as military personnel move from DoD to VA health-care system.

LEGISLATIVE SUPPORT

The committee concludes that legislative support is essential to the success of a comprehensive tobacco-control program in both DoD and VA. Congressional requirements for designated smoking areas at VA health-care facilities should be repealed. The committee applauds recent congressional action requiring DoD's TRICARE health system to offer smoking-cessation treatment to beneficiaries and recommends expanding these services to include smokeless-tobacco cessation. Congress should eliminate the barriers that prevent DoD from increasing the price of tobacco products and discontinue their sale in commissaries and exchanges.

RESEARCH AGENDA

Both DoD and VA have supported considerable research on tobacco use and cessation in military personnel and veterans, respectively. But the lack of information on the success of either DoD or VA tobacco-cessation programs, particularly long-term abstinence rates, surprised the committee. Without such information, it is difficult to assess which programs work for military personnel, retirees, their families, and veterans. DoD and VA should support additional research to identify the reasons for the high rate of first-time tobacco users in the military and what may be done to curtail it. Research should seek healthier alternatives to tobacco to relieve stress and boredom during deployment. The committee also recommends that DoD and VA consider funding joint research on the effects of tobacco use on medical and psychiatric conditions. In both departments, the need for and access to tobacco-cessation services, including quitlines, also needs evaluation.

CONCLUSION

Although DoD and VA have demonstrated continuous commitment to the health of military personnel and veterans, particularly with respect to cessation of tobacco use, much remains to be done. Given the critical need for a strong and healthy military, the harmful effects of tobacco use on military readiness, and the short- and long-term health and financial burden of tobacco use on military personnel, retirees, families, and veterans, the time has come for DoD and VA to assign high priority to tobacco control by implementing state-of-the-art programs to achieve tobacco-free military and veteran populations.

Research should seek healthier alternatives to tobacco to relieve stress and boredom during deployment.

FOR MORE INFORMATION . . .

Copies of *Combating Tobacco in Military and Veteran Populations* are available from the National Academies Press, 500 Fifth Street, N.W., Lockbox 285, Washington, DC 20055; (800) 624-6242 or (202) 334-3313 (in the Washington metropolitan area); Internet, www.nap.edu. The full text of this report is available at www.nap.edu.

This study was supported by funds from the Department of Veterans Affairs. Any opinions, findings, conclusions, or recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the views of the organizations or agencies that provided support for this project.

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