



DoD

Tobacco Use Cessation: What's Working Now and the Challenges Ahead

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Chairman,
DoD Alcohol Abuse and Tobacco Use Reduction Committee
(AATURC)*

Outline

- Review of DoD Tobacco Use Cessation (TUC) Guidance and History
- What's working (Best practices) in the:
 - Air Force
 - Army
 - Navy / Marine Corps
- DoD Efforts
 - Clinical Practice Guideline (CPG)
 - Current DoD/VA TUC Clinical Practice Guideline (CPG)
 - Updated DoD/VA TUC CPG
 - Outside interaction
 - Pending National Action Plan
 - Other Federal and Civilian entities
 - Challenges facing the DoD
 - OIF / OEF lessons learned
 - Worldwide survey results
 - Research issues

DoD Guidance

"As the Secretary of Defense it is my responsibility to create and foster leadership that will encourage all DoD personnel to choose a healthy lifestyle. One imperative is the avoidance of all tobacco products. Such products are harmful to the individuals who use them and can be harmful to their families, friends, and their communities."

SECDEF MEMO 5 Sep 2000

"The health and fitness of our Armed Forces affect readiness and mission accomplishment. One important healthy lifestyle choice is to avoid the use of tobacco products."

"It is in the best interest of our fighting force, and all others for whom we care."

SECDEF MEMO 20 Nov 2003

DoD Tobacco Policy History

Summary of DoD actions involving tobacco

- **1975**- Cigarettes are discontinued in K-rations and C-rations given to soldiers and sailors
- **1986**- Tobacco use banned during boot camp
- **1994**- Department of Defense (DoD) bans smoking in certain DoD workplaces
- **1996**- DoD Commissary prices aligned with Exchange prices
- **1997**- Executive Order makes all federal workplaces smoke-free
- **1999**- DoD Smoke-free facilities; DoD/VA Tobacco Use Cessation Clinical Practice Guidelines (CPG) established
- **2001**- DoD tobacco prices within 5% of local prices
- **2002**- MWR facilities smokefree
- **2003**- DoD/VA Tobacco Cessation CPG updated; DoD (SecDef) formally endorses a tobacco-free lifestyle

AATURC History

Summary of AATURC actions involving tobacco

- **1999**- Joint development of proposed TriCare tobacco cessation benefit
- **2001**- DoD tobacco prices within 5% of local prices; Interaction with Best Practice research
- **2002**- Assistance with implementation of MWR facilities smoke-free
- **2002**- Development of MD Anderson protocol; Began discussion with American Legacy Foundation to develop anti-tobacco marketing program for the DoD
- **2003**- DoD/VA Tobacco Cessation CPG updated; DoD (Sec Def) formally endorses a tobacco-free lifestyle; DoD Great American Smokeout



Air Force Tobacco Cessation Programs: What's Working

Dean L. Messelheiser, Lt Col, USAF, BSC

Health and Wellness Center

- Self Referral, Dental, Primary Provider, Annual Preventive Health Assessment
- Multidisciplinary team approach to tx
 - Assessment, SOAP note, CHCS referral
 - Nicotine Replacement Therapy (Gum and Patch)
 - Pharmacy Therapy: Zyban
 - B-Modification Classes: Support—Sponsor, Fitness, Stress Management, Nutrition, Identify Relapse Risk Factors for Prevention
- Quit rates vary, but increase with team approach, monitoring and Motivational Int.

Why Focus on Community to Encourage Healthy Decision Making

- Changes in community knowledge, attitudes and behaviors are key to widespread long-term change in health behavior
- Community-based approaches contribute most in reducing disease burden and improving health
- Early intervention with intermediate or low-risk groups is most cost-effective

Community Intervention/Policy Community Problem

- **Community Action Information Board (CAIB)**
- **Integrated Delivery System (IDS)**
- **Challenge: Restrict access, alter how and when people can use, reduce recruitment**
- **AETC--no tobacco use at BMT/Tech Training**
 - Tobacco cessation (TC) classes to BMTL
 - TC education now part of BMTL curriculum
 - No tobacco use by tech training students
- **Stronger Health through Abuse Reduction & Prevention: Intervention, Sheppard AFB**
- **CVA to all MAJCOM CVs**
 - Note AETC initiatives/installations eval policy



Army Tobacco Cessation Programs: What's Working

*Kenneth Hoffman, MD, MPH
Colonel, Medical Corps, US Army
Drug and Alcohol Consultant, OTSG*

Army Approach

- **Policy: AR 600-63 Health Promotion**
- **Implementation:**
 - **Evidence-based and clinical networking**
 - Counseling using stage of change model
 - Medication for physiological dependence
 - **Resources**
 - Health Promotion program personnel
 - Primary Care providers
 - **Available to all tobacco users interested**
 - Within direct care system, occupational health and health promotion programs

Nicotine: an Addictive Drug

- **Defined in the DSMIV and ICD9CM**
 - **Nicotine dependence**
 - Uncontrolled use
 - Obsessive/compulsive use
 - Physiological dependence may be present
 - **Nicotine withdrawal**
 - Craving, irritability, poor concentration, anxiety, stress intolerance, depression, restlessness, sleep problems, etc.
 - **Nicotine abuse not defined**
- **Military addiction tx highly effective**
 - **Goal possible: abstain > 50% and ROI > 1**

Stages of Change and Processes: What works

- **Pre-contemplation to Contemplation**
 - Present facts related to patient & others
 - Create cognitive dissonance
- **Contemplation to Preparation**
 - Identify desire to be free from drug
- **Preparation to Action**
 - Willpower (and medication) to start
- **Action to Maintenance**
 - Recovery environment & helping others
 - Relapse prevention & lifestyle change



Navy and Marine Corps Tobacco Cessation Programs: What's Working

Mark A. D. Long, Ed.D.

*Health Promotion Program Manager for Tobacco
Navy Environmental Health Center*



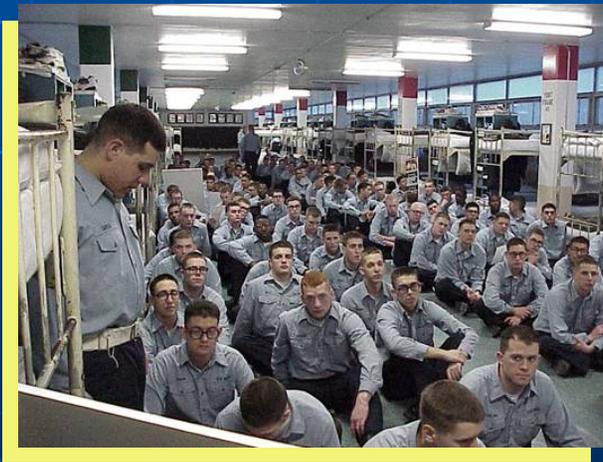
Navy and Marine Corps Successes!

- Policy
- Prevention
- Intervention
- Program Metrics



Policy and Prevention

- REACH- Great Lakes





Interventions



- Great American Smoke Out Day
- Resources
- Medical/Dental Advice
- Group Treatment



Navy Environmental Health Center
Think Population ... See Individuals

Population Health Directorate
Health Promotion and Clinical Epidemiology Team

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My Health | Tobacco Cessation | Clinicians
Educators

YOUR HEALTH
My Personal Health

health education
Health Educators/Coordinators /Instructors

Real Life
Clinicians

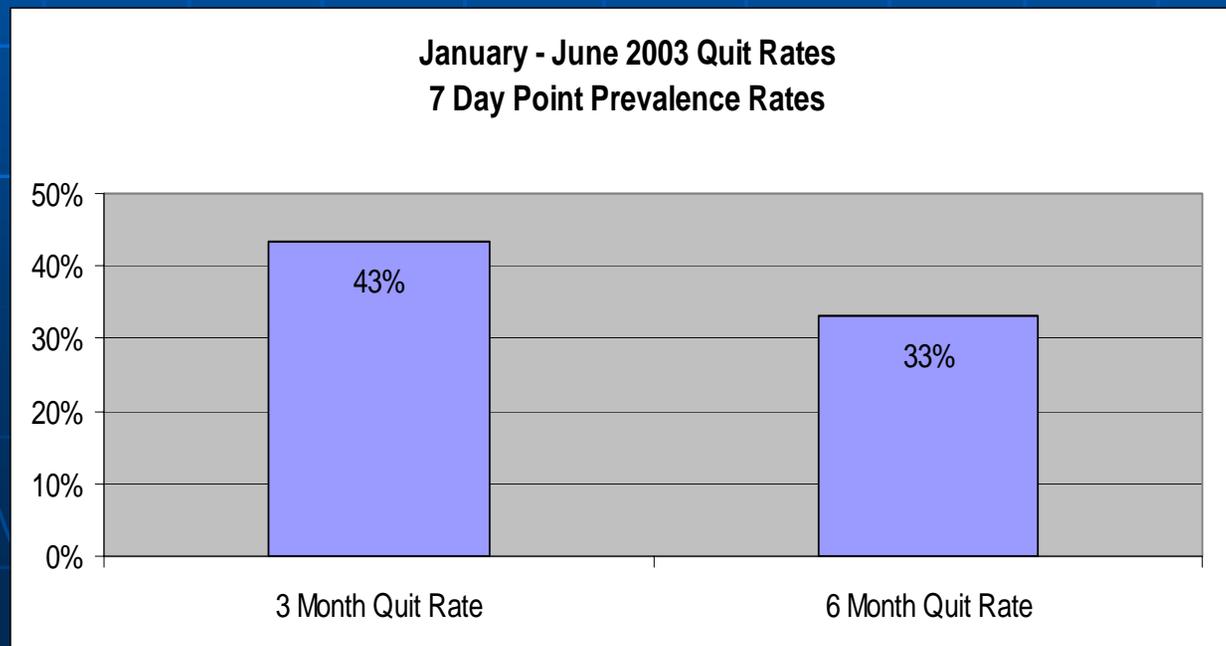
Tobacco use is the number one preventable cause of death and illness, and the military remains a high consumer of tobacco products. The goal of the Tobacco program is to prevent the initiation of tobacco use, to help those who smoke, chew and dip to quit, and to protect from harmful exposure to environmental tobacco smoke. In coordination with other DoD prevention groups, the Health Promotion program is using public health strategies to address the "tobacco problem." The current approach to addressing tobacco includes- understanding the full extent of the issues, identifying risk and protective factors, developing and using interventions, and evaluating the effectiveness of tobacco programs. For additional information and resources contact SST@nehc.mar.med.navy.mil or visit our Website.

About Us | Health Topics | Training | Products & Publications | Health Promotion Award | NEHC Home | PopHealth Home

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Organizational Code: M11, PH
GILS Approval #46036
FDIA
Approved by: CIO

Tobacco Program Metrics

- Standardized process & outcome data
- 7 Day Point Prevalence Rate data



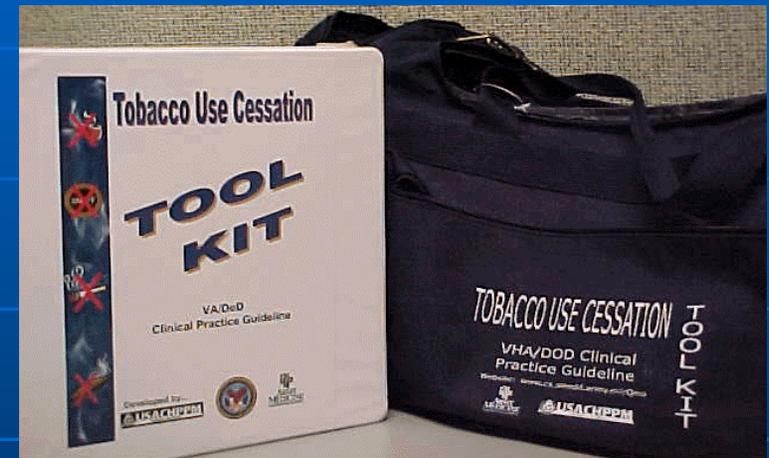


DoD Efforts and Challenges

*Captain Larry Williams, DC, USN
DoD Tobacco Cessation Champion*

DoD TUC CPG

- TUC CPG “published” 1999
- Worldwide release with toolkit via televised broadcast Sep 2001
- Recognized multiple avenues of treatment and medications
- Evidence based
- Emphasized team approach to cessation



DoD TUC CPG Update

- TUC CPG updated in 2003
- Worldwide release pending with interactive CD to facilitate new tools and treatment modalities
- Special populations emphasized
- Evidence based and reviewed by leading civilian TUC experts
- www.qmo.amedd.army.mil/smoke/smoke.htm

DoD Interaction

- **National Action Plan**
 - DoD representation on Federal Interagency Committee
 - Government sponsored national quit line, meds, training, support
 - Funded by \$2.00 excise tax
 - Congressional interest
- **Research with civilian entities**
 - Univ of Missouri at KC
 - Univ of Minn
 - Oregon Research Institute
 - MD Anderson Cancer Center
 - Cooper Institute
 - Tobacco Etiology Research Network (TERN)
- **NIH**
 - Clinical Trial Network
 - Research review
- **Nonprofit Groups**
 - American Cancer Society
 - American Lung Association
 - American Legacy

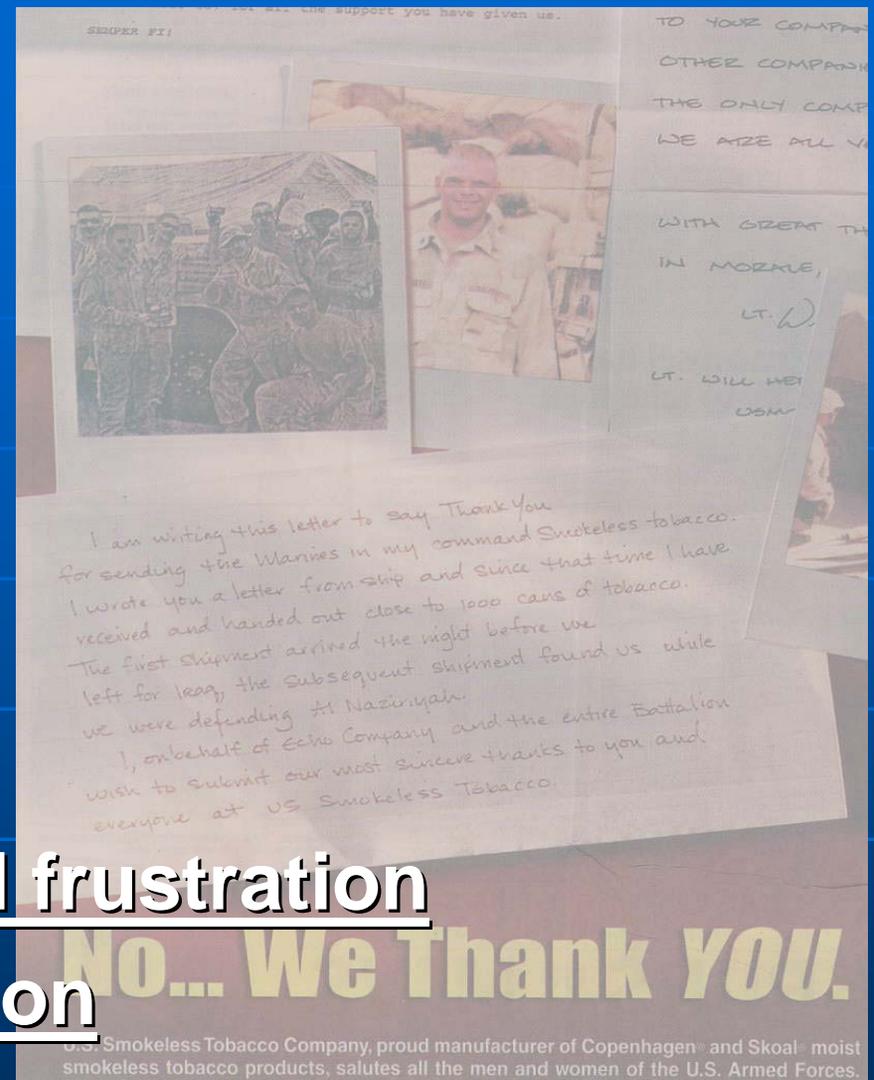
DoD Challenges

- **Battlefield readiness and tobacco/nicotine addiction involves a “two edged sword” of:**
 - **Health**
 - **Illness = loss of readiness**
 - **Support for cessation?**
 - **Supply**
 - **Is the Supply system prepared to support nicotine addiction?**
 - **Can members get their “fix”?**
 - **Can Supply system afford the logistics?**
 - **If supply is not there, what happens?**
 - **Do you carry tobacco or bullets?**



Can the DoD afford nicotine withdrawal on the Battlefield?

- Severe cravings
- Irritability, anger, and frustration
- Anxiety and depression
- Impaired concentration and restlessness



Worldwide Survey Results

- **Smoked tobacco goals & use**
 - HP2000 < 20%
 - HP2010 < 12%
 - Pending 2002 results show increased use vs. 1998
- **Smokeless tobacco goals & use**
 - HP2000 < 4%
 - HP2010 < 0.4%
 - Pending 2002 results show increased use vs. 1998
- **Cigar goals & use**
 - HP2010 < 1.2%
 - Pending 2002 results show increased use vs. 1998

Among current smokers:
35.6% wish to quit in 30 days
and 26.4% in next 6 months-
Do we have the capacity?

Questions?

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