Presentation to the

Institute of Medicine Panel On Tobacco Use in DoD and VA Populations

David Arday, MD, MPH, FACPM
CAPT, USPHS
Office of the Chief Medical Officer
TRICARE Management Activity

Organizational Background

MHS Mission

Our team provides optimal health services in support of our nation's military mission—anytime, anywhere.

MHS Vision

- The provider of premier care for our warriors & their families
- An integrated team ready to go in harm's way to meet our nation's challenges at home or abroad
- A leader in health education, training, research and technology
- A bridge to peace through humanitarian support
- A nationally recognized leader in prevention and health promotion
- Our nation's workplace of choice

MHS Facts and Figures

TRICARE Facts and Figures— FY 2007	
Total Beneficiaries	9.2 million
Prime Enrollees	5.0 million
Inpatient Medical Facilities	63
Medical Clinics	413
Total Military Health System Personnel	133 thousand
Total Unified Medical Program	$42.2 billion*
Estimated FY 2007 Receipts	$11 billion**

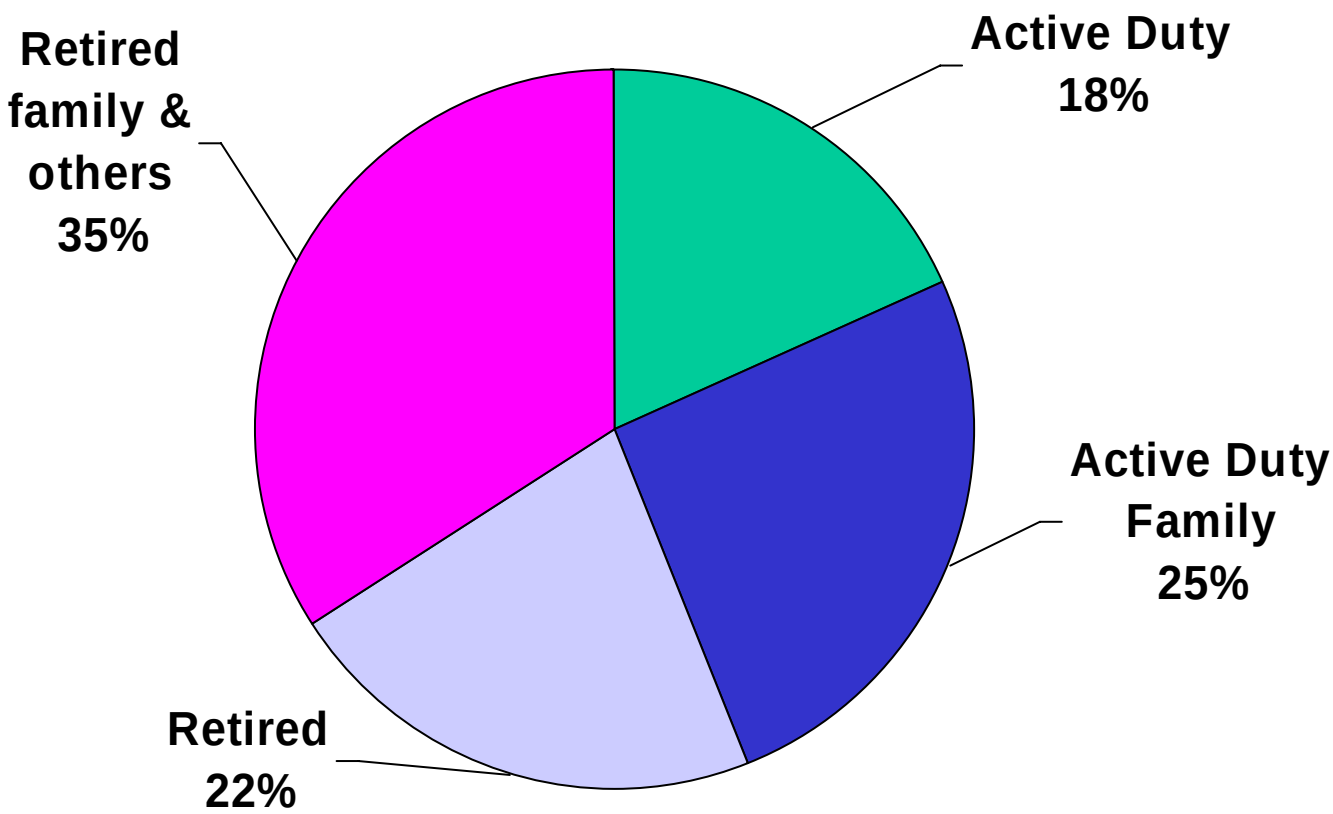
* Includes Defense Health Program (Operation & Maintenance, Procurement and Research, Development Test & Evaluation) funding, military personnel, and military construction

**The DoD Medicare Eligible Retiree Health Care Fund, implemented in Fiscal Year 2003, is an accrual fund that pays for health care provided to Medicare-eligible beneficiaries, including payment for the TRICARE For Life benefit first implemented in Fiscal Year 2002.

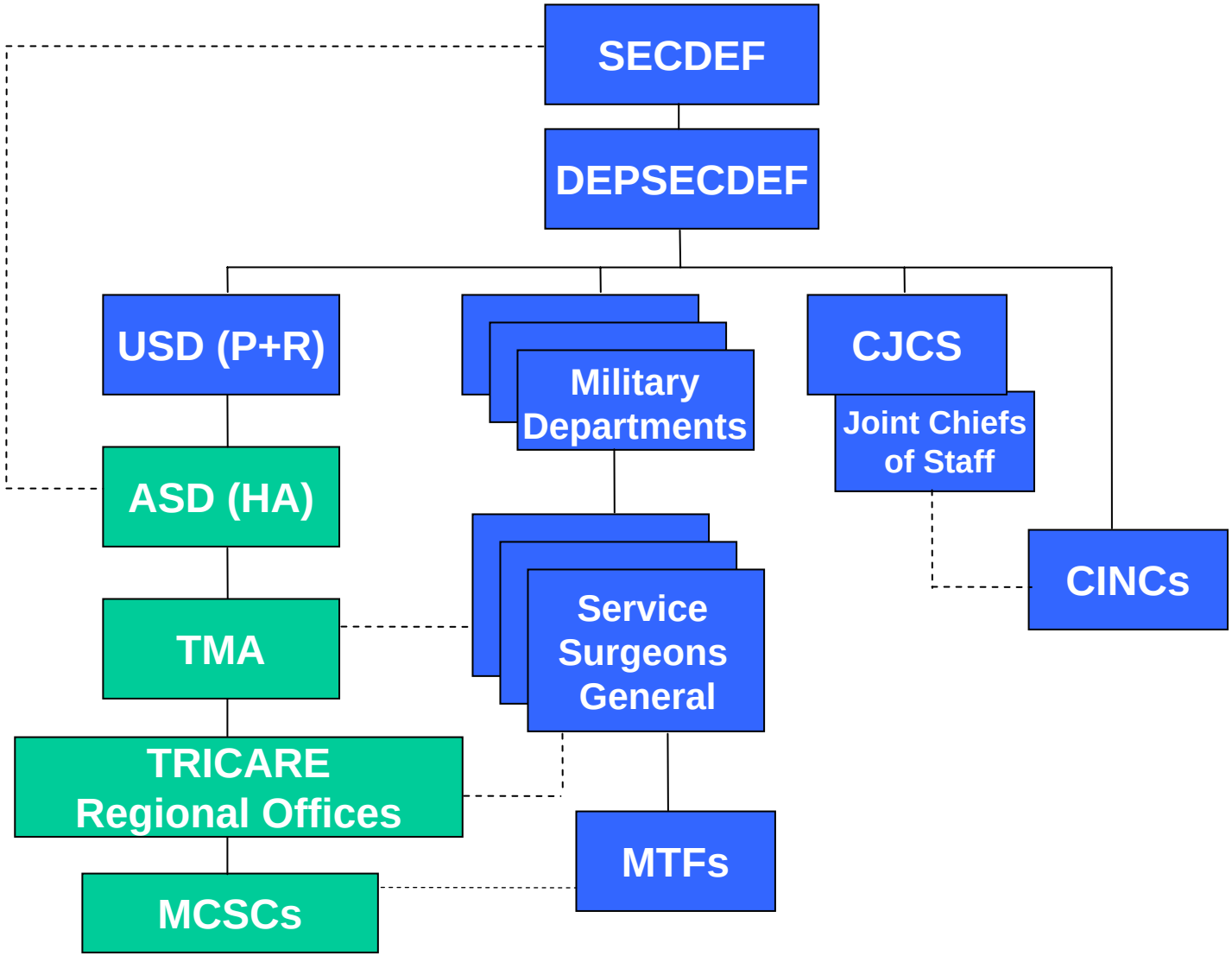
A Week in the MHS

Inpatient Admissions (MTFs)	4,800
Inpatient Admissions (purchased)	13,700
Outpatient Visits (MTFs)	766,000
Prescriptions (MTFs & purchased)	2.28 million
Births (MTFs & purchased)	2,240
Claims Processed (purchased)	3.7 million

TRICARE Beneficiaries By Category (2007)



MHS Organizational Relationships

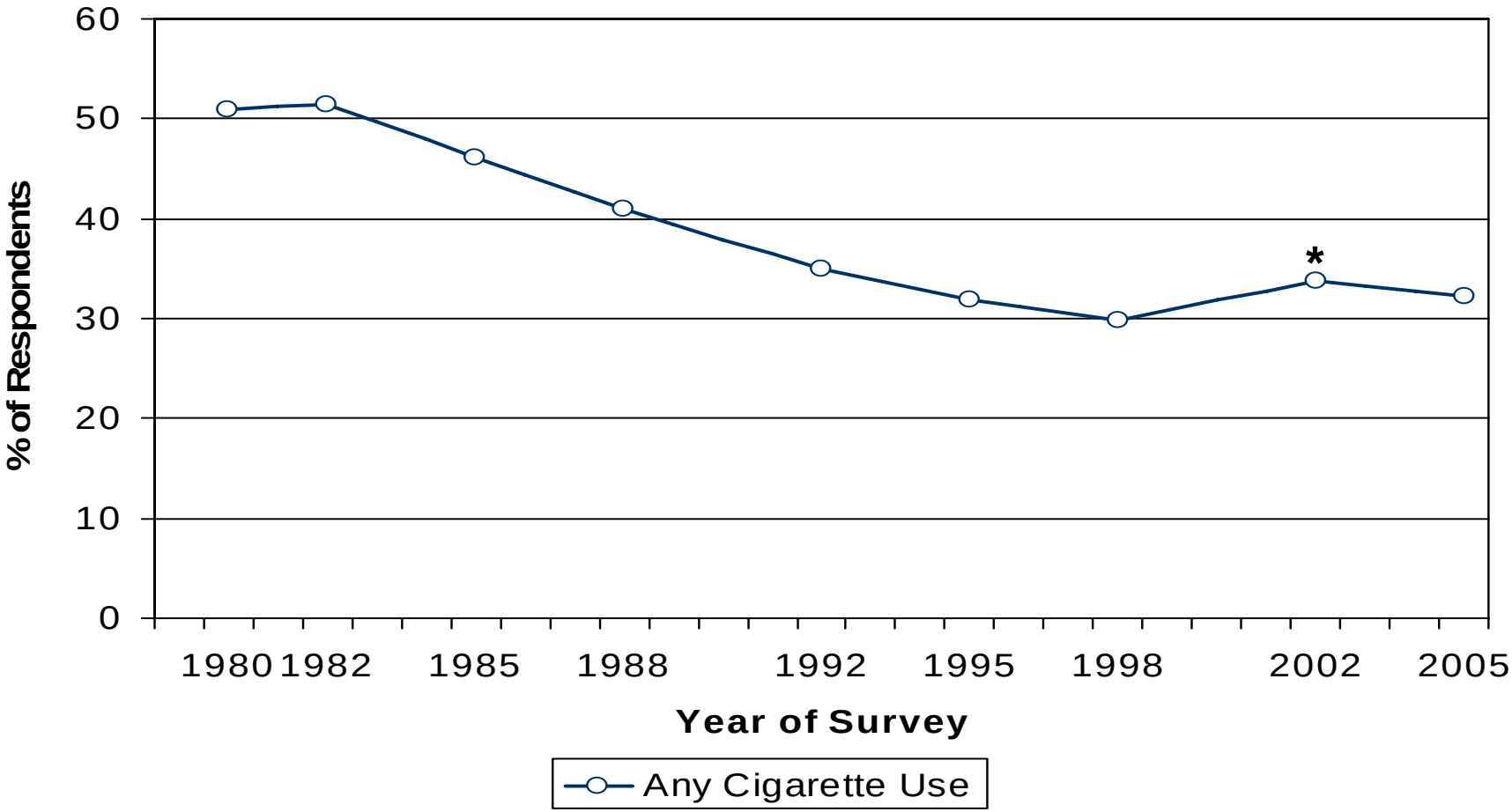


Tobacco Prevalence

Active Duty Surveillance Efforts

- DoD Survey of Health Related Behaviors Among Military Personnel
  - Every 3 – 4 yrs.
  - Anonymous self-administered questionnaire
  - Complex cluster survey sample design
- 2006 Survey of Unit Level Influences on Alcohol and Tobacco Use
  - One-time, special focus
- Defense Manpower Data Center Status of Forces Survey
  - Annual
  - Focused on junior enlisted
- Health risk assessment tools (clinical)
  - Health Evaluation and Assessment Review (HEAR)

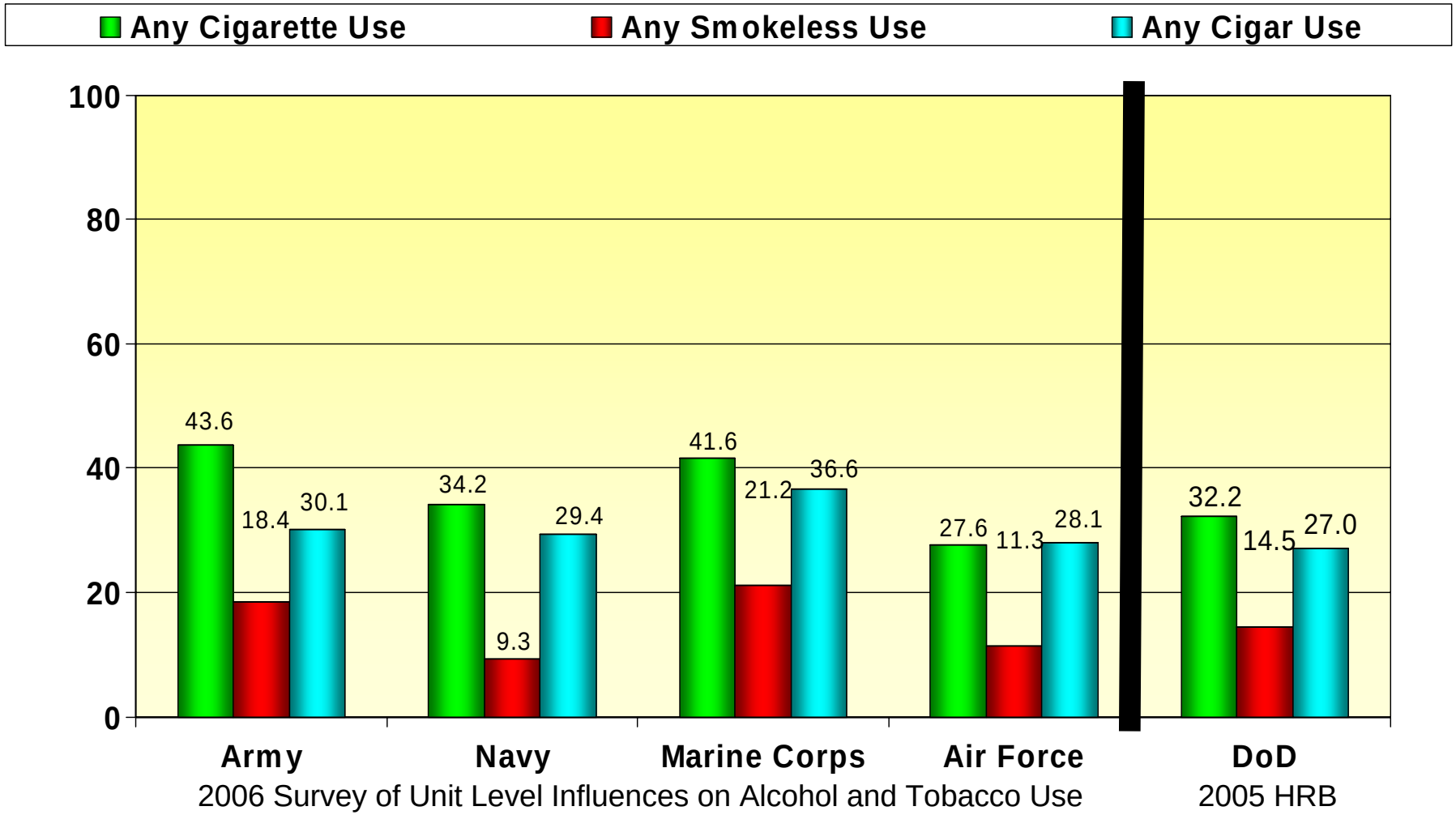
Cigarette Use Trend
Total DoD, Past 30 Days



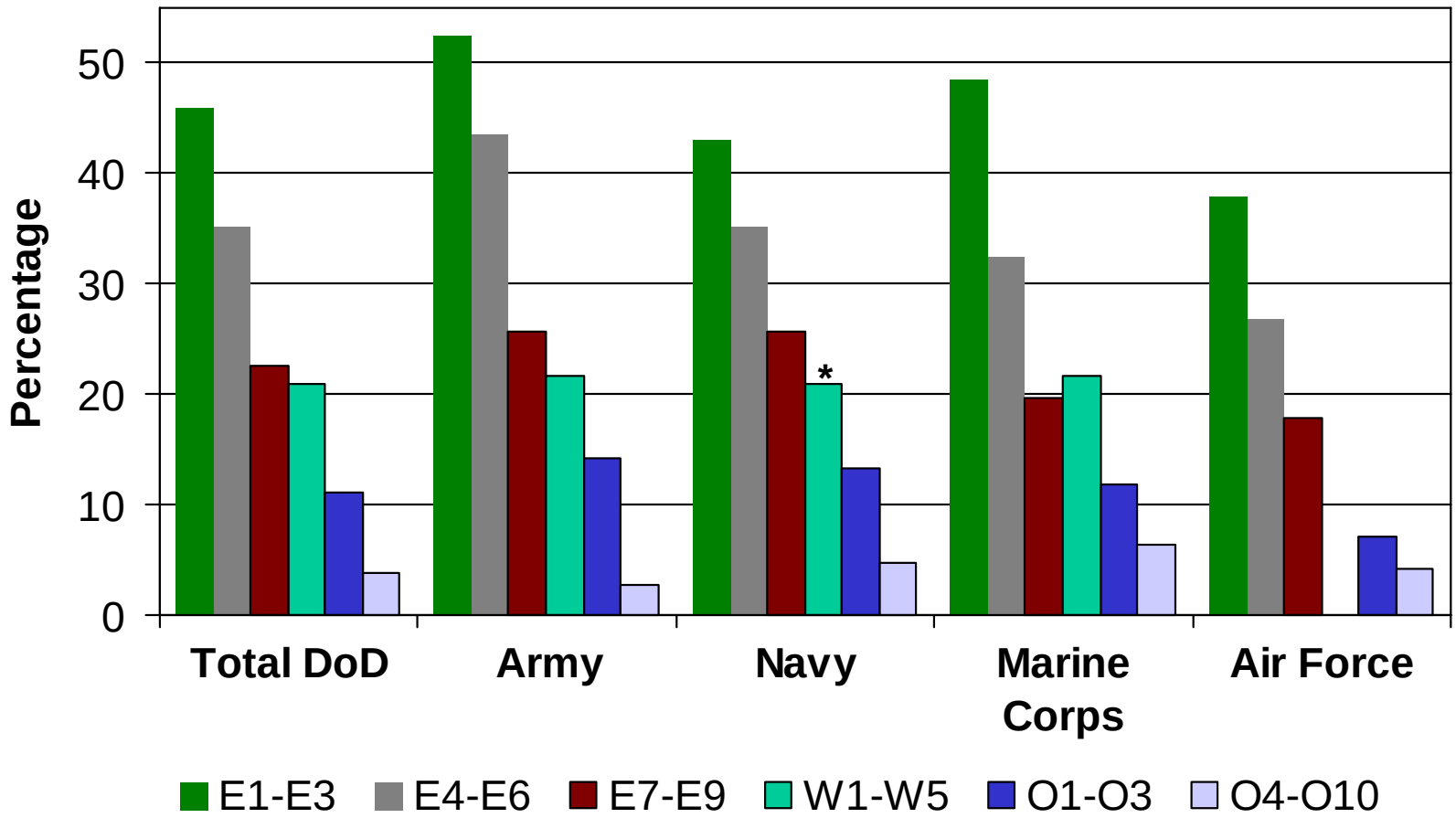
2005 Health Related Behavior Survey

*Statistically significant increase from 1998

Tobacco Use – Past 30 Days, by Service



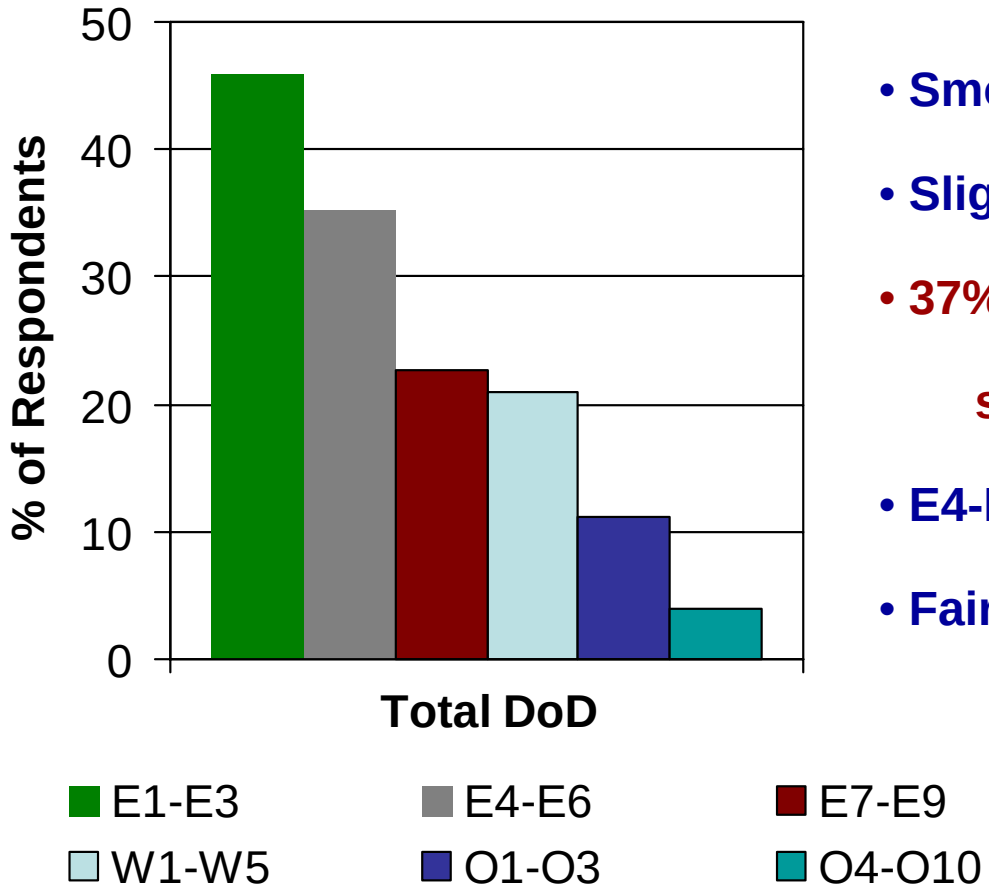
Smoking Prevalence by Service & Grade



2005 HRBS

* Estimated

Smoking Prevalence By Grade



- Smoking upticks since 1998
- Slight downticks 2002 to 2005
- 37% of current smokers started smoking after entry (uptick)
- E4-E9 model smoking behavior
- Fairly consistent across Services

2005 Health Related Behavior Survey

Active Duty Smokers Want To Quit

- 53% made a quit attempt within past year
- 23% of current smokers plan to quit within 30 days
- 40% intend to quit within six months
- 5% of former smokers quit in past year
- Avg person attempts to quit 7 x's before success

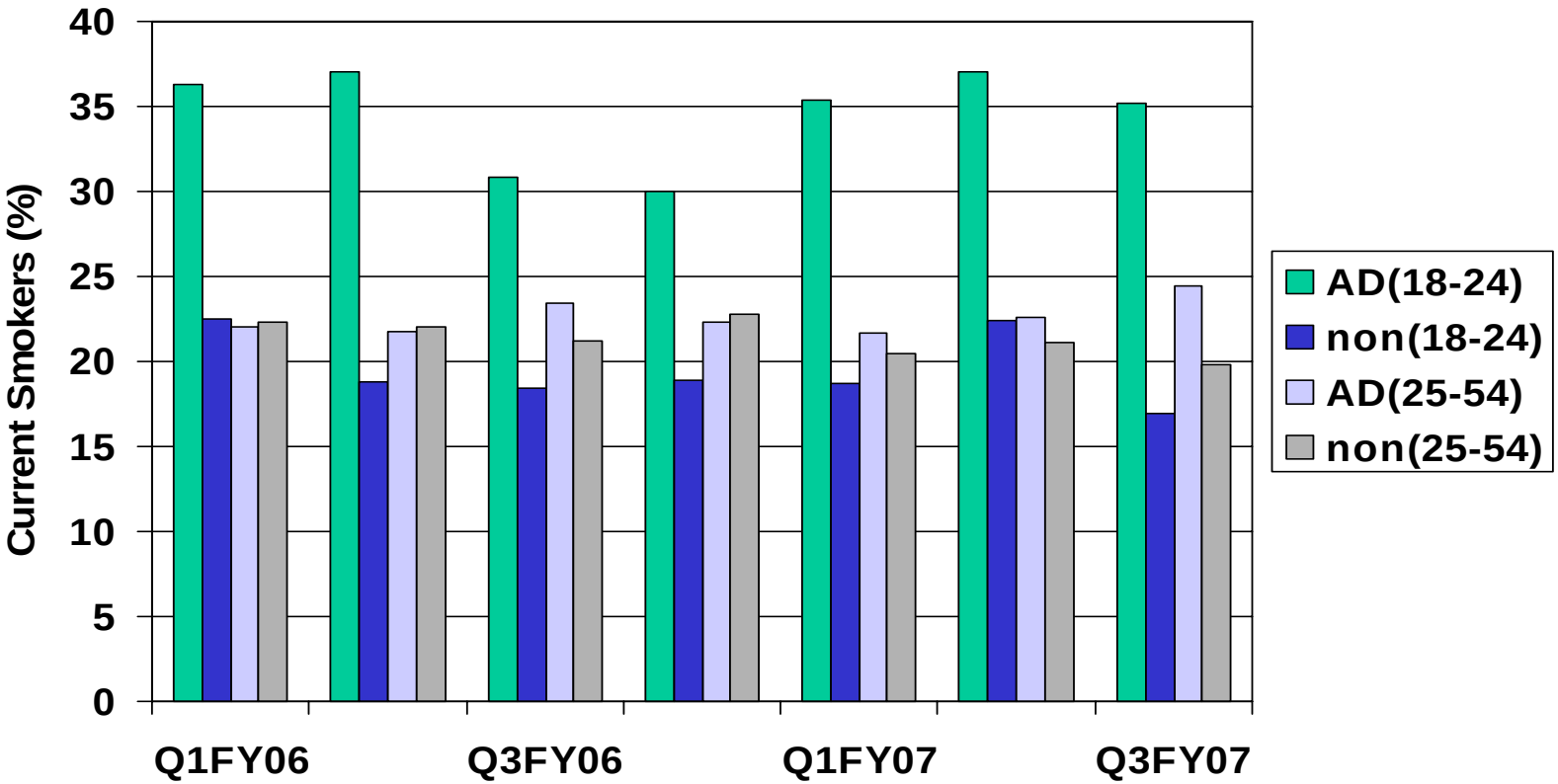
But…DoD Seen As A Smoker-Friendly Environment

- 42% of AD say “most of my military friends smoke”
- 14% say “smoking is part of being in the military”
- 26% started smoking regularly “to help me relax”
- 42% say the number of places on base/post to buy cigarettes makes it easy to smoke

Other Surveillance, Including Non-Active Duty

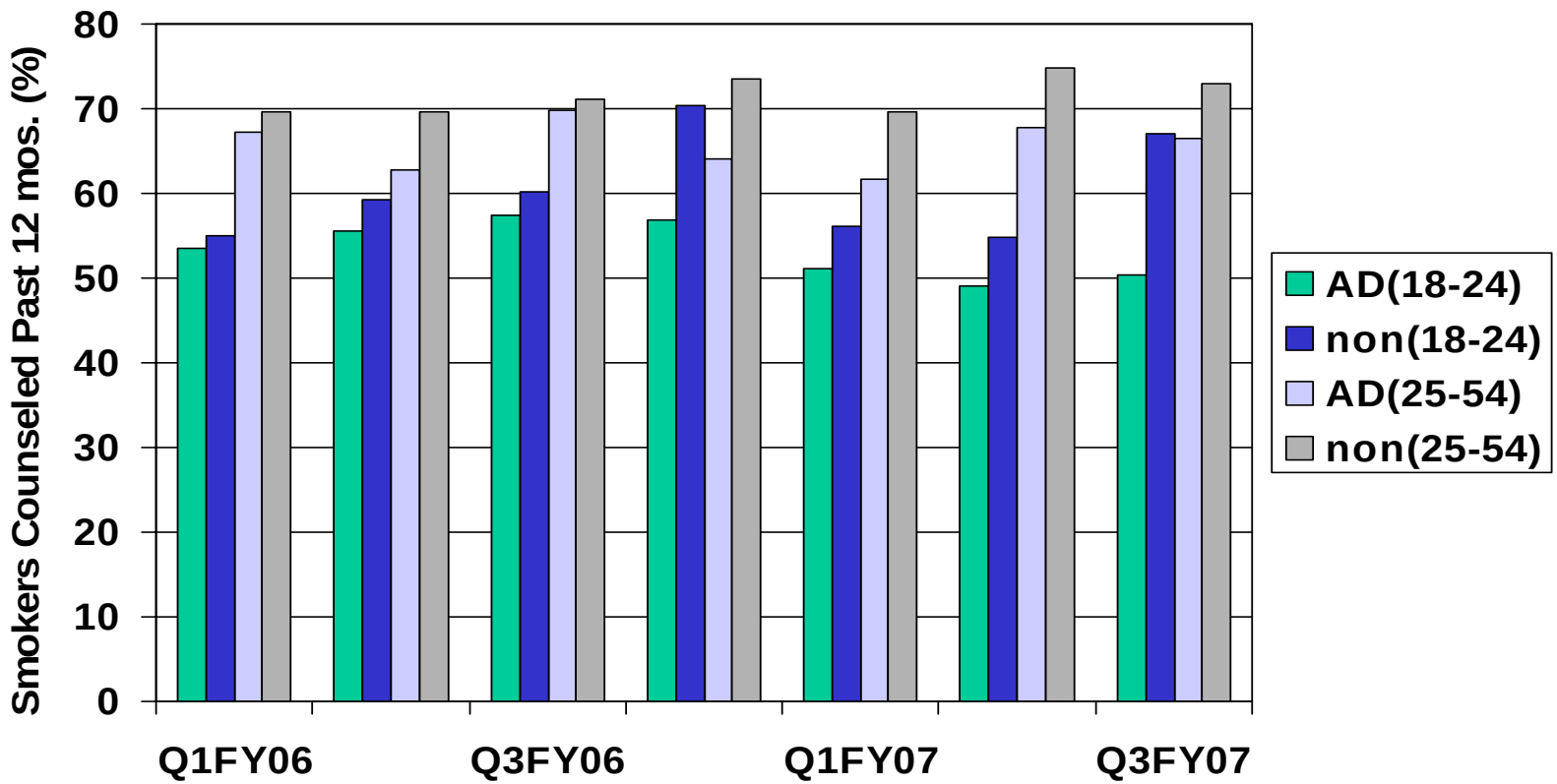
- Health Care Survey of DoD Beneficiaries
  - Quarterly sample of all outpatient encounters
  - Mailed questionnaire
  - All beneficiaries who encounter MHS included in sampling frame
  - Modeled after CAHPS
  - Includes smoking and receipt of advice to quit questions

Smoking Rate by Age & Active Duty Status within past 12 Months



Quarterly Health Care Beneficiary Survey

Counseled to Quit Within Past Year by Active Duty Status & Age



Quarterly Health Care Beneficiary Survey

Tobacco Impact

Tobacco Use Degrades Warfighter Performance

Known Performance Degradations

- 20-50% reduction in night vision for smokers[1]
- Rapid nicotine withdrawal affects cognitive function & visual acuity[2]
  - Significant decrement in tracking & longer reaction times[3]

[1]FM3-04.301, Ch. 8 [2]Aviation, Space and Environmental Med [3]FAA-AM-83-4

Tobacco Impact On Readiness

- Leading cause of preventable death in US[1]
- Greater risk for pneumonia, asthma, lung disease[1]
- Young AD have more hospitalization/lost work[2]
- Degrades physical fitness tests[3]
- More likely to sustain musculoskeletal injuries[4]

[1]US SG [2]Tobacco Contrl [3]Military Med [4]Prevent Med

Estimated Productivity Losses

- Productivity Losses
  - 1997 USAF study: 3,573 lost man-years (population of 373k with 74k smokers) due to sick time, breaks, and other lost duty.
- That's About…
  - 1 Air Force Base or
  - 1 Army Brigade or
  - 1 Navy Carrier (Ship's Company) or
  - 1 Marine Corps Infantry Regiment

Other Cost Impact

- 2004 DoD Cost Estimates[1]
  - $1.6B per year additional medical care
- Average E-3 smoker spends one month's pay annually on tobacco[2]

[1]Based on SAMMEC method [2]Williams 2004

Tobacco Policy

DoD Tobacco Control Plan (1999)

- Goals
  - Reduce smoking rates by 5% per yr.
  - Reduce smokeless use to 15% by 2001
  - Promote tobacco-free lifestyle and culture through education and leadership
  - Educate commanders on how to best encourage healthy & tobacco-free lifestyles
  - Promote benefits of nonsmoking and provide tobacco counter-advertising
  - Decrease accessibility via increased pricing, and smoking area and use restrictions
  - MHS identifies users and provides targeted interventions
  - MHS provides effective cessation programs

DoD Alcohol & Tobacco Advisory Committee

- A standing advisory committee to provide expert advice to DoD on issues related to the supply, responsible use, and demand reduction of alcohol and tobacco products.
- All services represented.
- Includes medical, substance abuse program, and personnel program representatives.
- Makes recommendations on tobacco control policies and implementation.

DoD Directive 1010.10 Health Promotion and Disease/Injury Prevention (2003)

- Establishes requirement to implement health promotion, disease and injury prevention, and population health programs
- Adopts *Healthy People 2010* goals and objectives with emphasis on Leading Health Indicators (including tobacco)
- Basis for most tobacco control initiatives

This DoDD was originally issued in 1986; 2003 is most current revision.

DoDI 1010.15 Smoke-Free Facilities (2001)

- Generally eliminates indoor smoking in DoD facilities
  - Some exceptions per Executive Order 13058
    - Enclosed, exhausted areas allowed
    - Residential smoking not prohibited
- Allows outdoor smoking areas, when possible
- Requires effective smoking cessation programs and anti-smoking messages, as needed to support implementation
- MWR facilities to comply by 2004

Regulatory Barrier

- 32 CFR 199.4(g)65 prohibits TRICARE providing services and supplies for stop smoking regimes.
- This policy stems from a statutory proscription in Public Law 10 U.S.C. 1079 against providing items which are not medically or psychologically necessary to prevent, diagnose or treat a mental or physical illness, injury or bodily malfunction.
- Efforts to obtain a CFR change have been attempted over the years, and are ongoing.

Individual Service Policies

- Each military Service has its own tobacco control policies
- Individual services *may* offer smoking cessation assistance via their own medical treatment facilities (MTFs)
  - Benefit usually directed at AD
  - Not universally available

TRICARE Healthy Lifestyles Campaign

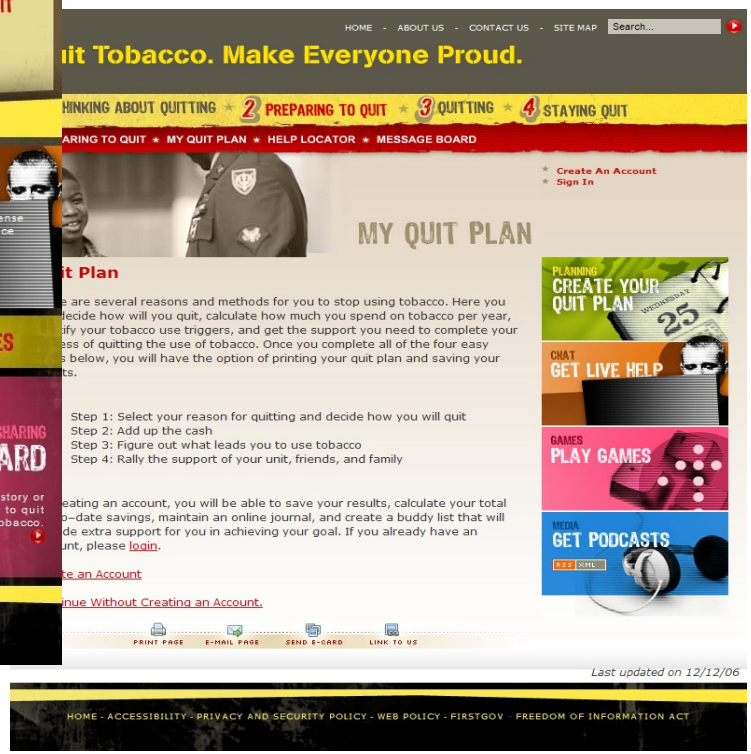
- Includes tobacco, alcohol, and weight management health promotion demonstration and pilot projects
- Specific tobacco projects include:
  - Tobacco cessation demonstration: **"Tobacco Free Me"**
    - Four-state demo, started 2006, follow-up ongoing
    - Includes "quit line" telephone consults and web resources
    - Pharmacotherapy
  - Tobacco cessation/prevention counter-marketing campaign
    - Targeting active duty enlisted military personnel with highest prevalence of tobacco use
      - Males, E1-E4, age 18-24
    - *"Quit Tobacco, Make Everyone Proud"*
    - Web based resources and "quit line"

TFM Study Preliminary Results

- **Enrollment was less than anticipated.**
  - 422 initial enrollees with attrition to 151 at 12 months.
- **Use of behavioral strategies increased from 29 to 92% (~3x) after 3 mos.**
  - Telephone counseling, web-based cessation education, and consultation with health care providers on tobacco use.
- **Use of pharmaceutical aids increased from 37 to 60% (~2x) after 3 mos.**
- **Frequency of tobacco use (average consumption/use per day) dropped.**
- **Level of nicotine dependence lessened with continuing follow-up.**
- **Continuous follow-up results:**
  - A small cohort (72) of enrolled beneficiaries have completed all four milestone surveys.
  - **28.8%** tobacco cessation rate for the preceding 12 consecutive months.
  - Quit rates comparable to rates in similar programs.

DoD Counter-Marketing Campaign (UCANQUIT2.ORG)

Web site plus print, radio, and video advertising.



DoD/VA Clinical Practice Guideline on Tobacco Use (2004)

Two major algorithms make up the guideline:

- Assessment & Treatment
  - Ask about tobacco
  - Advise to quit
  - Assess readiness
  - Assist quitting
  - Initiate Counseling
  - Initiate Pharmacotherapy
  - Offer self-help
  - Follow-up
- Prevention
  - Initiate relapse prevention
  - Promote quit motivation
  - Congratulate abstinence
  - Assess relapse risk
  - Assess initiation risk
  - Initiate primary prevention
  - Special population issues

Tobacco Sales Policy

- DoD facilities sell tobacco products 5% below local market price
  - Deep discounts eliminated in late 90s
  - Price often set based on local discount vendors' price
  - No state or local sales taxes
  - Average discount therefore greater
- Restrictions on display space and promotions

Summary

Key Points

- DoD tobacco use rates
  - Exceed those of general population
  - Are above HP 2010 goals
- Tobacco products still sold at a discount
  - MHS supports parity pricing initiatives
- MHS pursuing various anti-tobacco efforts
  - Clinical practice guideline in place
  - Counter-marketing campaign underway
- Limits on providing cessation aids
  - TFM pilot to demonstrate need and effectiveness
  - Renewed effort to obtain CFR change and revise benefit

Questions?

Backup Slides

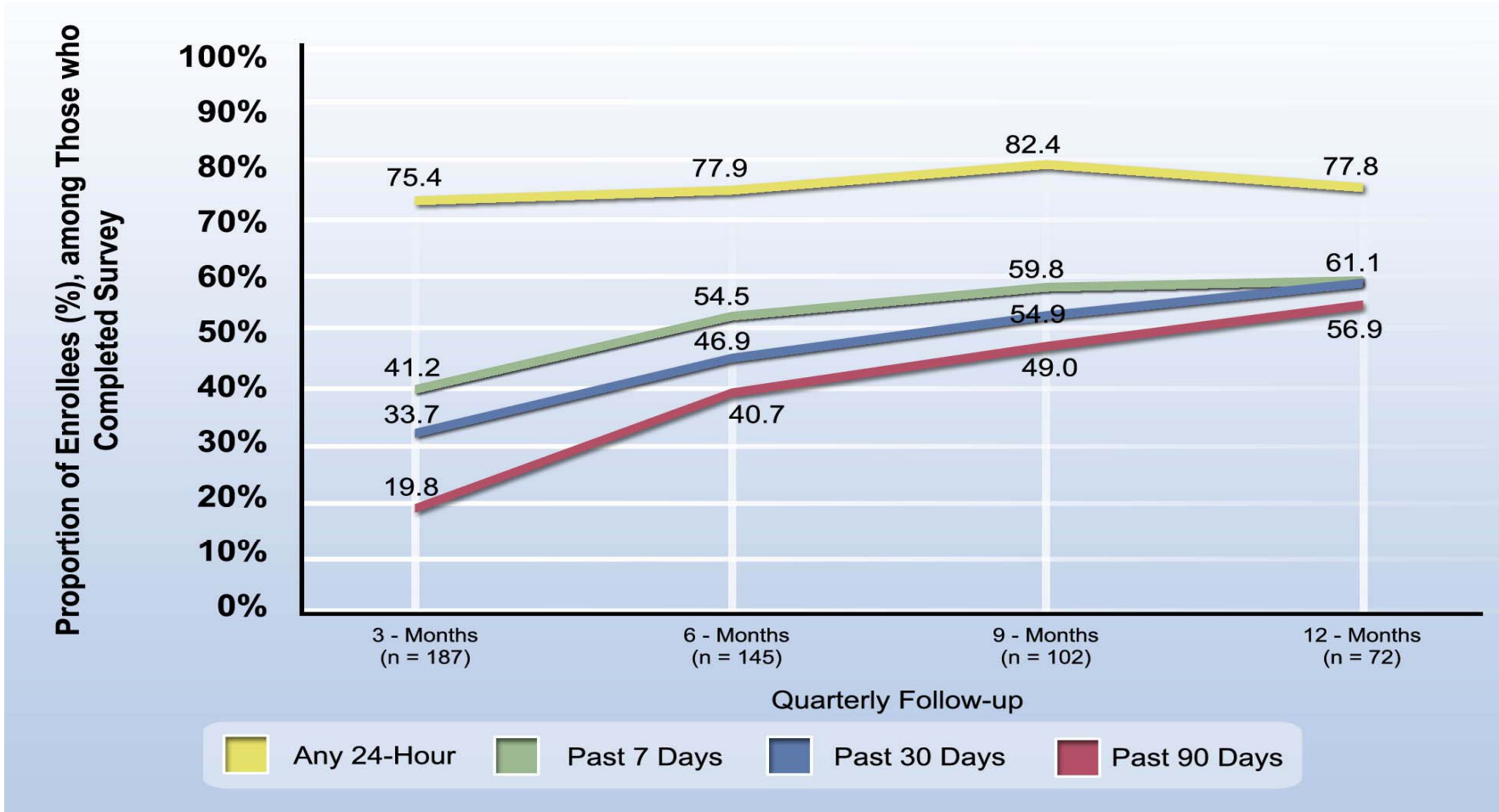
Cigarette Use Among Americans by Characteristics, 2004

	Time Period		
Characteristic	**Lifetime (%)**	**Past year (%)**	**Past month (%)**
Age			
12–17	**29.2**	**18.4**	**11.9**
18–25	**68.7**	**47.5**	**39.5**
26 or older	**72.3**	**27.3**	**24.1**
Gender			
Male	**72.4**	**32.5**	**27.7**
Female	**62.4**	**25.9**	**22.3**

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2003 and 2004.

TFM Study Preliminary Results

Reported Tobacco Cessation



RESEARCH FINDINGS

- **Audience exposed to more pro-tobacco messaging than counter-messaging**
- **Tobacco use overestimated, perceived as normal**
  - Military environment seen as supportive of tobacco use
- **Web-based services more appealing than telephone-based quitlines**

PROMOTIONAL TOOLS

- **Print, radio, and video advertising:**
  - 30 & 60 second Video and Radio Public Service Announcements for AFRTS (mostly overseas)
  - Commercial media (radio, billboards, theaters, newspapers, transit advertising) for largest U.S. military communities
  - Military Papers (Stars & Stripes, Military Times, local installation papers via Military Media Inc.)