



What you need to know about...

Tobacco Use and Veterans

Addressing tobacco use in the United States' veteran population is a major public health challenge.

There are alarming facts on tobacco use and veterans in the United States:

- Cigarette smoking is the leading cause of preventable death in the United States, accounting for approximately one in five deaths annually.¹
- In 2008, rates of tobacco use among active-duty military personnel (31 percent) and veterans (22 percent) were higher than the general population and were steady since 2002, despite earlier declines.²
- The Committee on Smoking Cessation in Military and Veteran Populations, convened by the Institute of Medicine, found the rate of men and women who have tried tobacco in their lifetimes to be 74.2 percent in veterans and 48.4 percent in non-veterans.³
- Studies have indicated higher rates of lung cancer incidence and mortality among veterans than non-veterans.⁴

Why such high rates among veterans?

Many people initiate tobacco use while in the military as a coping strategy for dealing with separation from loved ones, high levels of stress alternating with periods of boredom, peer influence and the absence of healthier coping strategies.⁵ In addition, prior to 1976, cigarettes were routinely sold as part of K-rations and C-rations, and cigarettes continue to be sold at discounted prices at some military commissaries.⁶

Tobacco and Mental Health

Studies show that as many as 75 percent or more of individuals with serious mental illnesses or addictions smoke cigarettes.⁷ An increase in mental health and substance abuse disorders in the veteran population may also contribute to an increase in tobacco use, resulting in higher rates of tobacco-related illness and death.

In the VA system, which enrolls more than 1.5 million veterans with mental illness, including more than 400,000 with post-traumatic stress disorder (PTSD), the majority of veterans who smoke reported they did not receive tobacco cessation treatment during the prior year.⁸

A study of veterans recently printed in the *Journal of the American Medical Association* indicated that for smokers with military-related PTSD, integrating smoking cessation treatment into mental health care results in greater prolonged abstinence than referral to separate, specialized treatment.⁹

For more information, please contact Anne Dienethal, Policy Coordinator for the Chicago Tobacco Prevention Project, at (312) 628-0199 or by email at adienethal@lungchicago.org.

¹ Centers for Disease Control. Adult smoking in the United States: Current estimate. March 2011. Available at: http://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm.

² Bray RM, Pemberton MR, Hourani LL, Witt M, Olmstead KLR, Brown JM, et al. 2008 Department of Defense Survey of Health Related Behaviors Among Active Duty Military Personnel. A Component of the Defense Lifestyle Assessment Program (DLAP). RTI International; 2009.

^{3,5} IOM (Institute of Medicine). 2009. Combating tobacco use in military and veteran populations. Washington, DC: The National Academies Press. Available at http://www.nap.edu/catalog.php?record_id=12632.

⁴ Raymond Shelton Crawford III, MD MBA; Julian Wu, MD MPH; Dae Park, MD; Galen Lane Barbour, MDA. Study of cancer in the military beneficiary population. October 2007. *Military Medicine*, Vol. 172.

⁶ Lung Cancer Alliance. Lung cancer as it affects veterans and military. Available at http://www.lungcanceralliance.org/facing/FocusOnVeterans_Conflicts.html.

⁷ Kalman D, Morissette SB, George TP. Co-morbidity of smoking in patients with psychiatric and substance use. 2005. *American Journal on Addictions*. 14:106-123.

^{8,9} Miles McFall, Andrew J. Saxon, Surai Thaneemit-Chen, Mark W. Smith, Anne M. Joseph, Timothy P. Carmody, Jean C. Beckham, Carol A. Malte, Julia E. Vertrees, Kathy D. Boardman, and Philip W. Lavori. Integrating smoking cessation into mental health care for post-traumatic stress disorder JAMA, December 8, 2010—Vol 304, No. 22 (Reprinted).