

August 6, 2003

## NATIONAL SMOKING AND TOBACCO USE CESSATION PROGRAM

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive describes the National Smoking and Tobacco Use Cessation Program, outlines all VHA policies and programs on Smoking and Tobacco Use Cessation, and provides details on facilities' specific requirements for implementing this program.

### 2. BACKGROUND

a. Cigarette smoking is the single greatest cause of preventable illness and death in the United States, contributing to the death of over 420,000 people each year. Approximately 70 percent of all smokers report that they would like to quit and simple advice to quit from a physician can increase the likelihood that a smoker will quit. Moreover, there are a number of evidence-based pharmacological and behavioral interventions that have proven to be effective in smoking cessation. However, smoking or tobacco use and associated nicotine dependence represent a chronic relapsing condition that is often very difficult to successfully treat. Nicotine-replacement therapies (NRT) such as the nicotine patch and nicotine gum have been found to increase the rates of successful smoking cessation by a ratio of 1.4 to 2.6 in comparison to placebos. However, 70 to 80 percent of smokers relapse after a single quit attempt and require several serious attempts before becoming smoke free.

b. The prevalence of smokers in the Department of Veterans Affairs (VA) is significantly higher than in the general population (33 percent versus 23 percent), suggesting that it contributes to a disproportionately high morbidity and mortality rate among veterans in care in VA. There are few if any interventions that would have a bigger effect on the health of the veteran population than improving care for smoking cessation. Finally, research has demonstrated that smoking cessation counseling and treatment is highly cost-effective relative to many other routine preventive health practices, such as annual mammography and screening for hypertension.

c. The VHA National Smoking and Tobacco Use Cessation Program has adopted a strong public health approach and encourages a comprehensive, evidence-based tobacco use screening and cessation counseling program as outlined in the VA- Department of Defense (DOD) Tobacco Use Cessation Clinical Practice Guidelines ([http://www.oqp.med.va.gov/cpg/TUC/TUC\\_Base.htm](http://www.oqp.med.va.gov/cpg/TUC/TUC_Base.htm)).

d. In September 2002, the Public Health Strategic Health Care Group expanded the National Smoking and Tobacco Use Cessation Program and placed responsibility for its oversight in the Public Health National Prevention Program to emphasize the public health and medical aspects of smoking and tobacco use as a chronic health condition. Smoking and tobacco use cessation will continue to have a high priority and visibility in VHA. In support of this goal, the National Smoking and Tobacco Use Cessation Program will implement and place additional emphasis on the following elements:

(1) As part of the VA's commitment to preventable illness, a strong public health educational effort on the health benefits of quitting tobacco use will continue with a strong

**THIS VHA DIRECTIVE EXPIRES AUGUST 31, 2008**

emphasis on outreach, and an increasing awareness of the availability of the full range of smoking and tobacco use cessation treatment options in VA.

(2) VA will provide a Smoking and Tobacco Use Cessation Program that delivers the highest standard of care to veterans who want to quit smoking or tobacco use. In accordance with the evidence-based VA-DOD Tobacco Use Cessation Clinical Practice Guidelines, smoking cessation medications need to be made available to all smokers interested in quitting, regardless of whether or not the patient is willing to attend a smoking cessation program. Current VA and non-VA quality of care measures for smoking cessation assess the extent to which smokers interested in quitting are given medications to help them quit. NRTs need to be made available to veterans who are attempting to quit smoking or other tobacco use as part of routine care in primary care and other clinical care settings where veterans are seeking help with tobacco use cessation.

(3) The Smoking and Tobacco Use Technical Advisory Group is a VA group that has been selected to advise VA Leadership about VHA Smoking and Tobacco Use Cessation Programs, policies, initiatives, clinician and patient education programs, clinical care, and research priorities. This group is made up of VHA leaders in clinical care, administration, and research, as well as representatives of the Office of Quality and Performance, the Pharmacy Benefits Management Strategic Healthcare Group, the National Center for Health Promotion and Prevention, and other relevant VHA Program areas.

**3. POLICY:** It is VHA policy that each VA medical center Director must designate a Smoking and Tobacco Use Cessation Lead Clinician to be the principal point of contact for all clinical Smoking and Tobacco Use Cessation communications and reporting between the facility, the National Public Health Prevention Program office, and other program offices.

#### **4. ACTION**

a. The facility Director, annually by September 1, must fax to the National Public Health Prevention Program office at (202) 273- 6243; the name, job title, address, fax, phone number, e-mail address, and other locator information of the Smoking and Tobacco Use Cessation Lead Clinician.

b. If the Smoking and Tobacco Use Cessation Lead Clinician changes, the facility Director must fax the following information to the National Public Health Prevention Program office at (202) 273- 6243: the name, job title, address, fax, phone number, email address, and other locator information of the new Smoking and Tobacco Use Cessation Lead Clinician.

#### **5. REFERENCES**

a. McGinnis JM, Foege WH (1993). "Actual Causes of Death in the United States," Journal of the American Medical Association (JAMA). 270: 2207-12.

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g. Cromwell, J, Bartosch, WJ, Fiore, MC, Hasselbad, V, Baker, T. "Cost-effectiveness of the Clinical Practice Recommendations in the AHCPR Guideline for Smoking Cessation," JAMA. 278:1759-66; 1997.

**6. FOLLOW-UP RESPONSIBILITY:** The Public Health Strategic Health Care Group in the Office of Public Health and Environmental Hazards (13B) is responsible for this Directive. Questions may be referred to the Director of the Public Health National Prevention Program at (202) 273-8929.

**7. RESCISSIONS:** VHA Directive 98-006 is rescinded. This VHA Directive expires August 31, 2008.

S/ Jonathan B. Perlin, M.D. for  
Robert H. Roswell, M.D.  
Under Secretary for Health

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