



TOBACCO USE AND THE MILITARY

Tobacco is the leading cause of preventable death in the United States, killing more than 480,000 Americans every year.¹ Tobacco use takes an enormous toll on the health and physical fitness of active duty U.S. military personnel and veterans because this population smokes at dramatically higher rates than the rest of the U.S. population. Tobacco use adversely affects military readiness, the health of both smokers and non-smokers, and is a financial burden on the U.S. Department of Defense (DoD) and Veterans Affairs (VA) healthcare systems. A large number of smokers in the military want to quit, but unfortunately, because of the addictive power of nicotine, most smokers fail when they try to quit smoking on their own. Although the DoD offered some cessation benefits in the past, options were limited, underutilized, and unfamiliar to many military personnel. In 2013 as part of efforts to reduce tobacco use in the military, the DoD issued rules to expand smoking cessation coverage for military personnel.²

Tobacco Use Among Active Duty U.S. Military

According to a 2011 survey published by the DoD, close to half of all military service members (49.2%) used a nicotine product* in the past 12 months.³

Nearly one-quarter (24.0%) of active duty military personnel in 2011 reported currently smoking, compared to 19 percent of civilians at that time.⁴ While smoking among all active duty service personnel is down significantly from levels that exceeded 50 percent in 1980, progress in reducing the smoking rate among this population has been slow since 1998, when it was 29.9 percent.⁵

Smoking rates vary significantly by service. The U.S. Marine Corps has the highest rate of smoking at 30.8 percent, followed by the Army (26.7%), the Navy (24.4%), and the U.S. Air Force (16.7%). Current cigarette smoking among active duty personnel is also more common for males (25.2%), those with a high school education or less (37.1%), and personnel who are junior enlisted E1-E4 (30.3%) or E5-E6 (28%). Many of the military's current cigarette smokers are dual users of smokeless tobacco.⁶

In 2011, 12.8 percent of all military personnel reported using a smokeless tobacco product in the past month, compared to 3.2 percent of the general population at that time.⁷ Similar to cigarette use, rates of smokeless tobacco use are highest in the Marine Corps (21.3%), followed by the Army (13.7%) and Navy (10.7%), and are lowest in the Air Force (8.7%). Smokeless tobacco use is associated with age. Higher percentages of younger personnel report current smokeless tobacco use than older personnel. Smokeless tobacco use is also much more common among male personnel than female.⁸

In general, military personnel deployed to combat since September 11, 2001 are more often current and heavy cigarette smokers than personnel who were not combat deployed. As noted previously, however, trends in tobacco use vary by service. When looking at most recent deployment, members of the Army and Marine Corps reported an increase in cigarette and cigar use compared to all other services. Members of the Marine Corps also reported an increase in smokeless tobacco use.⁹ The stress associated with deployments and the fact that tobacco deterrence is reported less often in the Army and Marine Corps than in the Navy and Air Force likely contributed to these trends. Military personnel most commonly cite smoking cigarettes to help relax or calm down and to help relieve stress.¹⁰

The Health Consequences of Tobacco Use Among Our Troops

While tobacco use takes an enormous toll on all users, it has particularly detrimental consequences for active duty military personnel. Tobacco use reduces soldiers' physical fitness and endurance and is linked to higher rates of absenteeism and lost productivity. In addition, service members who use

* Nicotine product includes cigarettes, chewing tobacco, snuff, other smokeless tobacco including new forms of smokeless (e.g., dissolvables), cigars, pipes, and electronic nicotine delivery products.

tobacco are more likely to drop out of basic training, sustain injuries and have poor vision, all of which compromise troop readiness.¹¹

Tobacco Use Costs to the U.S. Military

Tobacco use also places a significant burden on the DoD and VA healthcare systems. In 2008, the DoD assistant secretary for health affairs stated, “Every year, tobacco use leads to unnecessary compromises in the readiness of our troops and costs the Department of Defense millions of dollars in preventable health care costs.” In fact, the DoD spends more than \$1.6 billion each year on tobacco-related medical care, increased hospitalization, and lost days of work.¹² Tobacco-related costs to the Military Health Service alone amounted to \$564 million in 2006.¹³

Tobacco Use Among U.S. Military Veterans

According to a 2015 survey of veteran enrollees’ health, 62 percent (5.2 million) of the entire VA enrollee population has ever smoked.¹⁴ 16.8 percent (1.4 million) of the entire enrollee population currently smokes, which is slightly higher than the general population rate of 15.1% in 2015.^{15,16} The percentage of veterans who currently smoke fell from 19.7% in 2010 to 16.8% in 2015. Current smokers are more likely to be lower income (less than \$36,000 per year) and middle-aged (45-64 years old). 18% (1.5 million) of the veteran enrollee population quit smoking in the last year.¹⁷

Smoking among veterans are costing the VA healthcare system billions of dollars every year, as lifetime healthcare costs for smokers are on average \$21,000 higher compared to nonsmokers.¹⁸ According to the 2009 Institute of Medicine Report, *Combating Tobacco in Military and Veteran Populations*, the VA in 2008 spent more than \$5 billion to treat smoking-related chronic obstructive pulmonary disease (COPD),¹⁹ which includes emphysema. The cost from treating all smoking-attributable diseases was billions more.¹⁹

Easy Access to Low-Priced Cigarettes Promotes Smoking in the U.S. Military

In 2005, the DoD issued Instruction 1330.09, which requires that “Prices of tobacco products sold in military resale outlets in the United States, its territories and possessions, shall be no higher than the most competitive commercial price in the local community and no lower than 5 percent below the most competitive commercial price in the local community.”²⁰ A 2016 DoD policy memo clarified that prices must match community prices, including all applicable taxes, but the policy may present enforcement challenges.^{21,22} Interviews with military leaders and junior enlisted military personnel reveal that easy access to cheap cigarettes on military installations is viewed as one way the military promotes a culture where tobacco use is accepted.²³

According to a recently published study, only 4.6 percent of military exchanges in 2013 were within 5 percent of prices at the community comparison and thus in compliance with the DoD’s Instruction. On average, cigarette prices on military exchanges were nearly 13 percent lower than in the community’s local Walmart. Savings on some military installations were substantially high, with the top savings for cigarettes approaching \$6 per pack between one military academy and the nearest Walmart.²⁴ Pricing strategies such as these contradict the DoD’s goals to “communicate to service members that tobacco use is detrimental to health and readiness.”²⁵ Instead, deep discounts on tobacco products encourage service members to start using tobacco. Of the current military members who smoke, 36 to 40 percent started smoking after joining the military.²⁶ Price discounts also discourage quitting. In 2011, nearly one-quarter (24.5%) of light/moderate smokers and 15.5 percent of heavy smokers in the military reported that increasing cigarette prices to match those outside the installation would deter their cigarette smoking.²⁷

Eliminating discounts for tobacco products on military installations would discourage initiation among service members, encourage current users to quit, and strengthen the military’s tobacco control efforts.

Campaign for Tobacco Free Kids, March 30, 2017/ Becca Knox

¹ HHS, *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*, 2014, <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/>.

² See Federal Register, Volume 78, Number 39 (February 27, 2013), Doc No: 2013-03417, <http://www.gpo.gov/fdsys/pkg/FR-2013-02-27/html/2013-03417.htm>; Tricare, “Tobacco Cessation,” <http://tricare.mil/LiveWell/Tobacco.aspx>, accessed April 1, 2014.

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- ⁵ Department of Defense, *2011 Health Related Behaviors Survey of Active Duty Military Personnel*, <http://prevent.org/data/files/actiontoquit/final%202011%20hrb%20active%20duty%20survey%20report-release.pdf>, February 2013. See also, Department of Defense, *Survey of Health Related Behaviors Among Active Duty Military Personnel (2005)*, December 2006, Prepared by Research Triangle Institute, http://www.ha.osd.mil/special_reports/2005_Health_Behaviors_Survey_1-07.pdf; Nelson, JP & Pederson, LL, "Military tobacco use: A synthesis of literature on prevalence, factors related to use and cessation interventions," *Nicotine and Tobacco Research* 10(5):775-90, May 2008; Lynch, JP, et al., "Health-related behaviors in young military smokers," *Military Medicine* 170(3), 2004.
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