THE ASSISTANT SECRETARY OF DEFENSE
1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

APR 30 2007

The Honorable Carl Levin
Chairman, Committee on Armed Services
United States Senate
Washington, DC 20510-6050

Dear Mr. Chairman:

The enclosed interim report on the smoking and tobacco use cessation efforts provided by the Department of Defense responds to the Department of Defense Appropriations Act for Fiscal Year 2006 Conference Report 109-359 that requests the Department to report on the pilot projects to be incorporated with the TRICARE benefits. The report language requests the Assistant Secretary of Defense (Health Affairs) to submit an update on the TRICARE Management Activity's current smoking and tobacco use cessation efforts. The FY06 report to the defense committees includes highlights of the measures used to expedite tobacco use prevention and cessation programs available to military personnel; preliminary information about out of pocket costs to military personnel for tobacco use and a plan for continuing the "Healthy Choices for Life" demonstration program. A final report will be completed by March 2009.

Tobacco use continues as a major public health concern for the military community. Its use affects our fighting forces' readiness and increases the risk of chronic disease and illness. Despite the continued rise in usage, there are those who want to quit. Therefore, testing the effectiveness of a comprehensive tobacco cessation program and providing counter-marketing campaigns are necessary steps in the process of providing evidence-based programs to assist our fighting forces.

Providing the best possible health care to our beneficiaries requires constant commitment from all involved in the Defense Health Program.

Thank you for your continued support of the Military Health System.

Sincerely,

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable John McCain
Ranking Member

Department of Defense Tobacco Cessation

An interim report to Congress on the demonstration project testing the utilization and effectiveness of a comprehensive tobacco cessation benefit among Military Health System Prime beneficiaries

Smoking and Tobacco Use Cessation

Demonstration Project of the Department of Defense

The requirement for this report is outlined in the Department of Defense Appropriations Act for Fiscal Year 2006 Conference Report 109-359 (page 459) as follows:

Directs the Department of Defense to report on the pilot projects to be incorporated with the TRICARE Prime benefit. The report should include, but not be limited to, the following subjects:

- Pilot projects to be incorporated with the TRICARE Prime benefit
- Measures that will be taken by the military services to expedite tobacco use prevention and cessation programs available to all military personnel
- A plan that the Secretary of Defense determines appropriate for improving the out of pocket costs to military personnel for smoking cessation products; and
- A plan for continuing the "Healthy Choices for Life" demonstration program.

TABLE OF CONTENTS

EXECUTIVE SUMMARY 4

TOBACCO CESSATION DEMONSTRATION PROJECT 5–9
- Scientific Basis
- Key Demonstration Study Components
- Marketing and Recruitment Efforts
- Preliminary Results

TOBACCO USE COUNTER-MARKETING CAMPAIGN 9–12
- Target Audience and Key Campaign Components
- Preliminary Results

FUTURE EFFORTS 12–14

REFERENCES 15

EXECUTIVE SUMMARY

Tobacco use remains a serious public health issue in the United States. According to the Centers for Disease Control and Prevention (CDC) nearly 21 percent of adults (44.5 million people) in the US current smoke (CDC, 2006). Cigarette smoking is the leading preventable cause of death in this country and is responsible for an estimated 438,000 deaths per year (CDC, 2006). The 2002 Department of Defense (DoD) Survey of Health-Related Behaviors among Military Personnel (HRBS) demonstrated a rise in self-reported tobacco use after nearly two decades of steady decline. Survey participants expressed strong interest in tobacco cessation. Increases were also seen with cigar and smokeless tobacco use during the same period.

In response to these findings, the DoD has developed and implemented (1) the "Tobacco Free Me" tobacco cessation demonstration project, and (2) the "Make Everyone Proud" tobacco counter-marketing campaign targeting young military smokers. The demonstration tests the utilization and effectiveness of a comprehensive tobacco cessation benefit including elements currently prohibited under 32 CFR 199.4(e) (65). This report describes these two efforts including key project components, recruitment and marketing efforts, and preliminary results from the first year of operation. The future plans for these initiatives are also addressed in this report. At the conclusion of this demonstration study, final results will be provided in a formal report to congress.

TOBACCO CESSATION DEMONSTRATION PROJECT

Scientific Basis

Despite the widely known health and economic costs associated with tobacco, the Centers for Disease Control asserts that nearly 21 percent of adults smoke cigarettes, while approximately 5.5 percent smoke cigars and 3 percent use smokeless tobacco (CDC, 2006). Specific to the DoD, the 2002 Health Related Behavior Survey indicated that the prevalence of current cigarette use and heavy cigarette smoking among military personnel was 34 percent and 15 percent, respectively (DoD, 2002). Interestingly, 30 percent reported beginning cigarette smoking after joining the military. Smokeless tobacco use, which also represents a health risk, was reported to be approximately 12 percent. Comparison with the National Household Survey on Drug Abuse revealed similar rates between the civilian and military populations. Encouragingly, military smokers expressed strong interest in tobacco cessation. Forty-nine percent of smokers reported attempting to quit smoking; 36 percent planned an attempt to quit in the next 30 days, and 10 percent had quit within the past year.

Disease, disability, and deaths related to tobacco use are preventable. Tobacco cessation prior to age 35 increases life expectancy by nine years (Taylor, D., Hasselblad, V., Henley, S., 2002). It is never too late to quit. Tobacco cessation by age 65 increases life expectancy by two years (Taylor et al., 2002). The objectives of *Healthy People 2010* focus on reducing tobacco use to less than 12 percent, increasing cessation attempts, and increasing health care coverage of evidence-based treatments for nicotine dependency (DHHS, 2000). Tobacco use cessation may be considered one of the few interventions that can safely and cost-effectively be recommended for all people, and has been identified as a gold standard

against which other preventive behaviors should be evaluated (American Diabetes Association, 2004).

Successful tobacco cessation increases with the intensity of intervention (Stead, L., Lancaster, T. Perera, R., 2004). Cessation rates are reported at 6 percent with no treatment, 10 percent with cessation education and advice, 16 percent with formal therapeutic regimens, 24 percent with therapy combined with pharmacotherapy, and 30 percent with multi-modal programs characterized by combined therapeutic and pharmacotherapy regimens with telephone-based counseling (Stead, et al., 2004). Quitlines are effective in producing tobacco cessation (CDC, 2004), increasing quit rates by 56 percent compared to self-help (Stead et al., 2004).

Currently active duty service members may receive assistance, counseling, and pharmacotherapy for tobacco cessation through installation health promotion programs. Supplemental Health Care Program funds can be used to provide tobacco cessation services to active duty service members in remote locations. Military treatment facilities (MTFs) may extend tobacco cessation services and pharmaceuticals to non-active duty beneficiaries at the discretion of the MTF commander depending largely on the availability of resources. In accordance with the Code of Federal Regulations (32 CFR 199.4 (e) (65), tobacco cessation counseling and pharmacotherapy cannot be cost-shared in the purchased care sector under the TRICARE benefit. Additionally, tobacco cessation counselors are not recognized as TRICARE providers (32 CFR 199.6), and the TRICARE program cannot cover over-the-counter medications (32 CFR 199.4 (d) (3).

Key Demonstration Components

The TRICARE Management Activity (TMA), Office of the Chief Medical Officer (OCMO) launched the Tobacco-Free Me demonstration program on May 8, 2006, to TRICARE Prime beneficiaries residing in Colorado, Kansas, Minnesota, and parts of Missouri. The demonstration program includes a tobacco quitline providing telephone-based tobacco cessation counseling 24 hours a day, 7 days a week, Web-based support and educational programs (*www.tobacco-freeme.org/*), and pharmacotherapy (e.g., buproprion and nicotine replacement therapy) through the TRICARE Mail Order Pharmacy (TMOP).

Marketing and Recruitment Efforts

Program enrollment was offered to TRICARE Prime beneficiaries (active and non-active duty), between 18–64 years of age, living in a non-catchment area (> 40 miles away from an MTF). Medicare eligibles and beneficiaries currently enrolled in any other special TRICARE programs (i.e., Extended Health Care Option) were excluded from participation.

Recruitment began with the launch of the Tobacco-Free Me Web site in May 2006. Recruitment mailings (e.g., an informational letter endorsed by the Assistant Secretary of Defense for Health Affairs about the program) were sent in August 2006 to approximately 60,000 beneficiaries (an estimated 12,000 of whom are smokers) meeting the inclusion criteria and residing in the four demonstration states. Interested beneficiaries were invited to pre-enroll into the program through the Tobacco-Free Me Web site or over the telephone. Enrollment (including confirmation of eligibility, obtaining informed consent, and administration of a baseline survey) was then performed over the telephone by a counselor.

Following enrollment, participants were asked to complete a series of quarterly follow-up surveys (3, 6, 9, and 12 months following enrollment) to assess tobacco use

behaviors and satisfaction with the program. Surveys may be completed on-line or by telephone.

Recruitment into the program will continue through September 2007. With a recalculated power analysis, the study needs 397 participants to provide statistically significant results. These outcomes will assist TMA in demonstrating the need for a benefit change that mirrors the demonstration program.

Preliminary Research Findings

Preliminary data analysis involving follow-up surveys of participants who have completed the program indicate that this program produces tobacco abstinence comparable to published quitline outcomes. Among the 92 enrollees who completed a three month follow-up survey by December 31, 2006, 51 percent reported abstaining from tobacco use for at least 24 hours since enrollment into the program. Abstinence from tobacco use over the last seven and 30 days (i.e., preceding completion of the three-month follow-up survey) was reported among 48 percent and 39 percent enrollees. Finally, 24 percent of enrollees reported complete cessation from tobacco use since enrollment into the program. These cessation rates compare favorably to rates observed in other tobacco cessation programs (e.g., 16 percent cessation with formal therapeutic regimens, 24 percent with therapy combined with pharmacotherapy, and 30 percent with multi-modal programs characterized by combined therapeutic and pharmacotherapy regimens with telephone-based counseling) (Stead et al., 2004).

Self-report survey data revealed that 59 percent of enrollees used some form of medication to treat their tobacco use: 41 percent reporting use of nicotine replacement therapy (NRTs) and 28 percent using psychoactive pharmaceuticals, such as buproprion, to

treat their tobacco use problems. Use of NRTs did not appear to be associated with greater rates of tobacco use cessation, at least according to preliminary survey data collected three months following program enrollment. However, enrollees appeared approximately twice as likely to abstain from tobacco when using a prescribed psychoactive pharmaceutical to treat tobacco use. These results are preliminary and will need to be carefully reevaluated at the completion of the study.

TOBACCO USE COUNTER-MARKETING CAMPAIGN

In addition to the Tobacco Cessation Demonstration project, the DoD has also embarked on a tobacco use counter-marketing campaign to support efforts to transform the Military Health System from a reactive to a proactive health care system by emphasizing prevention and health promotion. The main goal of this campaign is to promote the health and well-being of our beneficiaries, especially those who are active duty members, by aiding the creation of healthier lifestyle options.

This counter-marketing campaign utilized focus groups to explore and better understand the target audience's awareness of, attitude toward, and behaviors regarding tobacco use; test and obtain feedback regarding the campaigns' creative elements; and identify the sources that influence this audience's attitude and actions relative to tobacco use.

As mentioned earlier, many young military smokers initiate smoking after entering the military. The young, enlisted, military members interviewed for this counter-marketing campaign thought of DoD as cultivating a "smoker-friendly" environment. Most stated that they found it easy to buy cigarettes on their installations and indicated that "smoke breaks" were encouraged and provided a common place to interact with different ranks. In fact, "the

pit" was considered a place where there was no regard for rank. These findings are testaments to the need for an effective campaign to counteract some of these perceptions.

Target audience and Key Campaign Components

The target audience, based on the prevalence of tobacco use, of the campaign is 18–24 year-olds, E1–E4 in all four services. This is a population of about 725,000 service members. Multiple levels of research were conducted, including review of available DoD survey information, an audit of tobacco use prevention programs in the military, a review of scientific and popular literature, and multiple focus group testing of the target audience in all four services.

In addition to a literature review and telephone interviews with health promotions staff from the Services, focus groups and interviews were conducted with active duty (AD) personnel in pay grades E1–E6.

Research Elements	
Initial focus testing	144 ADSMs E1–4s at San Diego Naval Station, Nellis Air Force Base, Fort Bragg, and Camp Lejeune
Follow-up focus testing	24 ADSMs E1–E4s at Dam Neck, Fort Bragg, and Quantico Marine Corps Base
Follow-up interviews	14 ADSMs E5–E6s at Dam Neck, Fort Bragg, and Quantico Marine Corps Base.

The campaign messages that resonated with the active duty personnel were then used to further develop the "Make Everyone Proud" campaign. It was determined that several message dissemination strategies were needed to reach the targeted audience. These strategies include: an interactive Web site; print and outdoor ads; video public service announcements; radio promotions; and distribution of promotional materials via the

TRICARE Smart Web site distribution mechanism. The pilot testing of the campaign is scheduled for March, 2007, after which post-implementation data will be collected, analyzed, and used to further refine campaign products and marketing materials.

Preliminary Research Findings

Research with target audience members found that perceptions of tobacco use prevalence and the military social and work environments may contribute to the use of tobacco by young enlisted personnel. Target audience members had a favorable response to appeals that use their position as role models, particularly to children, as a motivation to quit using tobacco. Images that were heavily military or combat oriented were not found to be motivating. The campaign theme, "Quit Tobacco Make Everyone Proud", says that people care about, admire, and want to be like young enlisted personnel.

Key findings from the qualitative testing (focus groups) were divided into three categories: environment, perception and messaging and implementation. Below is a detailed description of findings in these categories:

Environment
• Target audience is exposed more frequently to tobacco marketing than to counter messaging.
• Behavioral triggers such as stress and boredom are amplified within the military context.
• Availability of cost-controlled tobacco products in military commissaries is seen as supportive of tobacco use.
• Beliefs about the effect of nicotine withdrawal on performance may hinder efforts to promote cessation.
• Scheduling of installation-based cessation classes may impede participation by E1–E4s.

Perception
o Tobacco use is overestimated by the target audience and is perceived as normative across ranks.
o Audience perceives tobacco use as consistent with the image of being successful within the military.
o "Smoke pit" viewed as opportunity to interact with others on a personal level and without consideration of rank.
o Nonsmokers hesitate to take breaks while smokers take breaks at will; supervisors acknowledge the double standard.

Messaging and Implementation
o Images that are heavily military in nature were not appealing to the target audience.
o The idea of being a role model is readily accepted and motivating to the target audience. Most audience members can relate to having a child or sibling who looks up to them and mimics their behavior.
o Telephone-based cessation support is not appealing to the target audience, in part because many rely solely on mobile phones and doubt they would use their minutes to call a quitline.

FUTURE EFFORTS

Tobacco cessation efforts continue to be an important push for the health and well-being of the military community. The current efforts are in their second year of funding. All phases of the programs are fully operational and on target to complete first year data analysis by the end of September 2007. Program refinements are being made on the basis of first year performance. Final results will be published at the conclusion of each study. FY 2007 activities are planned as follows:

Demonstration Project

Recruitment efforts will continue through September 2007. The intensity of recruitment efforts will be increased. Recruitment brochures and posters will be distributed

to area businesses, military exchanges, commissaries, MTFs, and health fairs. Press releases will be placed in area newspapers and military publications, and advertisements will be placed on military Web sites. A second recruitment mailing will be made to beneficiaries within the four demonstration states.

Counter-Marketing Campaign

The pilot testing is scheduled for four installations in two states in March 2007, after which post-implementation data will be collected, analyzed, and used to refine campaign products and marketing materials. In San Diego, the campaign will target the San Diego Naval Station and Camp Pendleton. In Seattle, the campaign will target McChord Air Force Base and Fort Lewis.

Pre- and post-implementation surveys will be used to gauge the effectiveness of the marketing campaign and the Web site. Pre-implementation data have been collected at San Diego, Fort Lewis, and McChord Air Force Base. WebTrends reporting will provide site analytics, while a Web site-based survey will further assess the site's usefulness to the campaign target audience. Additionally, questions assessing campaign awareness and usefulness will be included in the DoD Defense Manpower Data Center Quarterly Survey.

Project Outcomes

At the conclusion of the demonstration projects, the DoD will have measures to evaluate the effectiveness and feasibility of tobacco use prevention and cessation programs for military personnel and other MHS beneficiaries. It is the expectation that the studies' outcomes will clearly delineate the program components that meet the tobacco cessation needs of the readiness force and will assist the Department in tailoring future programs. These outcomes will also provide evidence for the economic support and legislative changes to the Code of Federal Regulations for healthy lifestyle programs such as tobacco cessation.

REFERENCES

American Diabetes Association (2004). "Position Statement: Smoking and Diabetes." Diabetes Care 27 Suppl 1: S74–S75.

Centers for Disease Control and Prevention – CDC (2004). Telephone Quitlines: A Resource for Development, Implementation, and Evaluation. Atlanta, GA. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, Final Edition, September 2004.

Centers for Disease Control and Prevention-CDC. March 2006. Tobacco Information and Prevention Source (TIPS) Fact Sheet. Adult Cigarette Smoking in the United States: Current Estimates.

Department of Defense – DoD. Highlight: 2002 Department of Defense Survey of Health Related Behaviors among Military Personnel. Available at *www.tricare.osd.mil/main/news/DoDSurvey.htm.*

Stead LF, Lancaster T, Perera R (2004). Telephone counseling for smoking cessation (Cochrane Review). In: The Cochrane Library 2004, Issue 1. Chichester, UK: John Wiley & Sons, Ltd.

Taylor DH, Hasselblad V, Henley SJ (2002). Benefits of smoking cessation for l longevity. American Journal of Public Health, 92, 990–996.

US Department of Health and Human Services – DHHS (2000). Healthy People 2010. 2nd ed. With Understanding and Improving Health and Objectives for Improving Health. 2 vols. Washington, DC: US Department of Health and Human Services.

U.S. Department of Health and Human Services, Public Health Service (2000). *You Can Quit Smoking Consumer Guide, www.cdc.gov/tobacco/quit/smconsumr.pdf.*