Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

VHA DIRECTIVE 1056
Transmittal Sheet
February 10, 2014

NATIONAL SMOKING AND TOBACCO USE CESSATION PROGRAM

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) Directive describes VHA policies and programs relating to the VHA Smoking and Tobacco Use Cessation Program.

2. SUMMARY OF CHANGES: This VHA Directive is an update of VHA Directive 2008-081 and the changes include updated references on evidence-based care and additional details on the existing requirement for a designated Smoking and Tobacco Use Cessation Lead Clinician for each facility in the Department of Veterans Affairs Health Care System.

3. RELATED ISSUES: None.

4. RESPONSIBLE OFFICE: The Director, Tobacco and Health, Policy and Programs (CPH/10P3B) is responsible for this Directive. Questions may be referred to 202-461-1040, or at publichealth@va.gov.

5. RESCISSIONS: VHA Directive 2008-081, dated November 26, 2008, is rescinded.

6. RECERTIFICATION: This VHA Directive is scheduled for recertification on or before the last working day of February, 2014.

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NATIONAL SMOKING AND TOBACCO USE CESSATION PROGRAM

1. PURPOSE: This Veterans Health Administration (VHA) Directive describes VHA policies and programs relating to the VHA Smoking and Tobacco Use Cessation Program.
AUTHORITY: 38 U.S.C. § 7301(b).

2. BACKGROUND:

a. Cigarette smoking is the single greatest cause of preventable illness and death in the United States, contributing to the death of more than 440,000 people each year. Smoking is a known cause of numerous cancers, heart disease, stroke, pregnancy complications, chronic obstructive pulmonary disease, and many other diseases. 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 evidence-based pharmacological and behavioral interventions that have proven to be effective in smoking cessation.

b. Smoking, or tobacco dependence, is a chronic relapsing condition that often requires repeated interventions and multiple attempts to quit. Nicotine-replacement therapies, such as the nicotine patch and nicotine gum, and other Food and Drug Administration approved medications, such as bupropion and varenicline, have been found to increase the rates of successful smoking cessation by a ratio of 1.5 to 3.1 in comparison to a placebo. 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. There are few interventions that would have a more significant effect on the health of the Veteran population than increasing access to smoking cessation care.

c. The 2011 Survey of Veteran Enrollees' Health and Reliance Upon the Department of Veterans Affairs (VA) found that the prevalence of smoking among Veterans enrolled in VA is approximately 19.7 percent, roughly equal to that of the U.S. general population (19.0 percent). However, there is significant variability in the prevalence of smoking across the Veterans Integrated Service Networks (VISN), ranging from 14.5 percent to 23.7 percent. Smoking continues to contribute to high morbidity and mortality rates among Veterans in care in VA.

d. 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 United States Public Health Service Clinical Practice Guideline 2008 Update, Treating Tobacco Use and Dependence found at: (http://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf); and VA- Department of Defense (DOD) Tobacco Use Cessation Clinical Practice Guidelines found at: (http://www.healthquality.va.gov/Management_of_Tobacco_Use_MTU.asp). ***NOTE:*** *Additional VHA guidance for prescribing varenicline can be found at: http://www.healthquality.va.gov/tuc/VareniclineCriteriaforPrescribing.pdf.*

e. Smoking and tobacco use is a chronic health condition with major public health and health systems-level implications. Evidence-based smoking and tobacco use cessation will

continue to be a health care priority in VHA with an ongoing emphasis on the following elements:

(1) As part of VA's commitment to prevent illness, a strong public health educational effort on the health benefits of quitting tobacco use continues with a strong emphasis on outreach, education, and increasing awareness of the availability of the full range of evidence-based smoking and tobacco use cessation treatment options in VA.

(2) *VA provides a Smoking and Tobacco Use Cessation Program that delivers state-of-the-art 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 and U.S. Public Health Service Clinical Practice Guidelines, brief counseling and smoking cessation medications need to be made available to all patients interested in quitting smoking, 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 provided with counseling and given medications to help them quit. Medication and counseling must be made available to any 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. Attendance at a smoking cessation clinic or specialty program will not be a requirement for access to smoking cessation medications; as such a requirement is inconsistent with the VA-DOD Clinical Practice Guidelines.*

(3) *The Smoking and Tobacco Use Cessation Technical Advisory Group is a VA Group that has been selected to advise Clinical Public Health 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 Mental Health Services, the Pharmacy Benefits Management Strategic Healthcare Group, the National Center for Health Promotion and Disease Prevention, and other relevant VHA Program areas.*

3. POLICY: It is VHA policy that evidence-based smoking and tobacco use cessation care, to include counseling and medications, must be made available as part of routine care to all Veterans who are attempting to quit smoking or other tobacco use.

4. RESPONSIBILITIES:

a. **Director, Tobacco and Health Policy and Programs.** The Director, Tobacco and Health Policy and Programs is responsible for:

(1) Advising the Under Secretary for Health on matters of VHA policy and services related to tobacco and health, including health effects of smoking and tobacco use, and smoking and tobacco use treatment.

(2) Developing and communicating VHA national policy on smoking and tobacco use cessation to ensure increased access to evidence-based services and care.

(3) Developing informational products and clinical resources to support VHA health care professionals providing care for Veterans who use tobacco.

(4) Providing accurate, up-to-date, and clinically-relevant information on the VHA Smoking and Tobacco Use Cessation website at: http://vaww.publichealth.va.gov/smoking/index.asp. ***NOTE:*** *This is an internal VA website, not available to the public.*

(5) Collaborating with other VHA Program Offices, such as the Office of the Deputy Under Secretary for Health for Operations and Management, the Offices of Mental Health Services and Operations, the National Center for Health Promotion and Disease Prevention, and the Pharmacy Benefits Management Service to develop policies, clinical guidance, and quality indicators to inform clinical care in the area of tobacco use cessation in VHA.

(6) Collaborating with the Employee Education System to conduct educational programs on issues related to smoking and tobacco use and evidence-based treatment.

(7) Collaborating with the U.S. Department of Health and Human Services (HHS), other Government agencies, and non-government agencies to increase cross-agency collaborations on issues related to smoking and tobacco use.

(8) Providing assistance and consultation to Smoking and Tobacco Use Cessation Lead Clinicians and other VHA clinicians and administrators in the development and implementation of local or VISN level clinical practices in tobacco use cessation.

b. **Medical Facility Director.** Each medical facility Director is responsible for:

(1) Identifying a Smoking and Tobacco Use Cessation Lead Clinician as the principal point-of-contact for all smoking cessation program information and reporting between the facility, VISN, and National Tobacco & Health Program Office. It is strongly suggested that for VHA Health Care Systems that include more than one VA medical center, that a contact be designated for each VA medical center in the system in order to increase communication of clinical updates and policies at each site in the system. ***NOTE:*** *The Smoking and Tobacco Use Cessation Lead Clinician should be a provider committed to excellence in smoking cessation care and related public health issues.*

(2) Responding to an annual request for updating the contact information for the Smoking and Tobacco Use Cessation Lead Clinician at each of their facilities.

c. **Facility Smoking and Tobacco Use Cessation Lead Clinician.** The Smoking and Tobacco Use Cessation Lead Clinician is responsible for:

(1) Committing to excellence in the care of Veterans who smoke or use tobacco and in increasing their access to evidence-based tobacco cessation treatment.

(2) Serving as an advocate for excellence in patient-centered smoking and tobacco use cessation clinical care and related public health issues and in being knowledgeable about the most current VA-DOD Clinical Practice Guidelines on treating tobacco use and dependence.

(3) Serving as a facility point of contact for communications to and from the Office of Tobacco & Health: Policy and Programs regarding training, quality improvement opportunities, policy, and clinical issues related to tobacco and health issues and their treatment in VHA.

5. REFERENCES:

a. Centers for Disease Control and Prevention. "Smoking-attributable mortality, years of potential life lost, and productivity losses--United States, 2000-2004.," Morbidity and Mortality Weekly Report (MMWR). 57(45), 1226-1228: 2008.

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

c. VA, VHA, Office of the Assistant Deputy Under Secretary for Health for Policy and Planning. 2011 Survey of Veteran Enrollees' Health and Reliance upon VA. Washington, DC: March 2012.

d. Fiore MC, Jaen CR, Baker TB et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Services, May 2008.

e. Jha P, Ramasundarahettige C, Landsman V, et al. "21st-centuryhazards of smoking and benefits of cessation in the United States." New England Journal of Medicine. 368 (4):341-50; 2013.

f. Maciosek MV, Coffield AB, Edwards NM, et al. "Priorities among effective clinical preventive services: Results of a systematic review and analysis." American Journal of Preventive Medicine. 32:52-61; 2006.

g. Tengs TO, Adams ME, Piskin JS, et al. "Five Hundred Life-saving Interventions and Their Cost-effectiveness," Risk Analysis. 15:369-90; 1995.

h. HHS. How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease. Atlanta: U.S. Department for Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office of Smoking and Health, 2010.