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The Defense Department Responds

Drs. McKinney et al.[1] have described a disturbing, yet not entirely surprising, situation among the nation's military veterans—namely, that the likelihood of ever having smoked cigarettes and the likelihood of being a current smoker are higher among veterans than among nonveterans. Unfortunately, smoking has been a commonly accepted behavior among military personnel for many years. Our past military culture condoned and even encouraged this harmful behavior through subsidized tobacco sales, free cigarette packs in field rations, and the "smoke 'em if you got 'em" philosophy.

However, current military health care policies reflect a new attitude and a new awareness of the hazards and costs associated with the use of tobacco products. The Inspector General of the Department of Defense (DoD) recently reported that health care and lost productivity costs attributable to tobacco use by the military were $930 million in Fiscal Year 1995.[2] This is an unnecessary and unacceptable waste of taxpayer dollars—to say nothing of the cost of human suffering—and we now have an increasing array of guidelines and procedures in place to drive these losses down.

It is DoD policy to provide personnel with effective tobacco cessation programs and to protect all personnel from the health hazards caused by exposure to tobacco smoke. To this end, we have banned smoking in all DoD workplaces. Installation commanders may designate smoking areas outdoors that are reasonably accessible to personnel and that provide a measure of protection from the elements.

Tobacco cessation programs should be effective and encouraged by commanders. These programs are designed not only to motivate current users to quit but also to encourage DoD personnel not to start using tobacco. Anti-tobacco education messages are routinely made available to all personnel. High risk personnel, such as those with chronic respiratory and cardiac conditions, receive special medical counseling about the risks of smoking. Physicians and other health care providers are expected to evaluate all of their patients for use of tobacco products and, where indicated, recommend appropriate cessation activities.

As the authors correctly point out, the pricing policies of the DoD retail system encourage the sale of tobacco products and provide beneficiaries with significant tobacco-related savings compared to the commercial retail market. However, a recent pricing change in military commissaries no longer allows tobacco products to be sold at cost. While still available through the commissaries, tobacco products are now being sold at the higher prices found in military exchanges—an increase of approximately 25% to 30%. This change is indicative of DoD's commitment to discouraging the use of tobacco products by all its members.

The good news is that we are making progress. The percentage of smokers in the military has declined steadily, from 51% in 1980 to 33% in 1995. Heavy smoking, defined as one or more packs of cigarettes per day, has declined in a similar manner: from 34% in 1980 to 15% in 1995. As encouraging as these trends are, we know we still have a long way to go to meet our goal of no more than 20% smokers by the year 2000. Because DoD's current policies encourage healthy lifestyle choices by discouraging harmful behaviors such as smoking, the veterans of the future will be healthier and less likely to suffer from smoking-related diseases.

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References

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