

## Healthy Living Message

### Be Tobacco Free

*This information is for clinical staff to share with the Veteran.*

**Key Message for Veterans:** Be tobacco free! Don't use tobacco in any form. If you are using tobacco, the VA can help you quit. Avoid second hand smoke. If you are pregnant, both you and your baby will benefit when you quit using tobacco.

#### Expanded Message for Veterans:

- Quitting smoking is the single most important thing you can do to improve your health and protect the health of your family members. Smoking harms nearly every organ of the body. Using tobacco causes many diseases and affects your overall health. Quitting smoking or other forms of tobacco has benefits in the short- and long-term for you and your loved ones.
- All forms of tobacco are harmful. This includes cigars, pipes, snuff, snus, chewing tobacco and electronic or smokeless cigarettes.
- Tobacco use and exposure to secondhand smoke kill approximately 443,000 people in the United States each year. It is the largest cause of preventable illness and death in the United States.
- Tobacco use is a cause of:
  - Cancers
  - Heart disease
  - Stroke
  - Complications of pregnancy
  - Chronic obstructive pulmonary disease (COPD)
- Secondhand smoke is associated with :
  - Sudden infant death syndrome (SIDS)
  - Acute lung infections, ear problems
  - More frequent and severe asthma attacks in children
- Even when people aren't smokers, exposure to secondhand smoke can cause them to develop heart disease and lung cancer.
- Nonsmokers who are exposed to secondhand smoke at home or work are 20%–30% more likely to develop heart disease or lung cancer.
- Breathing secondhand smoke has immediate harmful effects on your health and increases the risk of heart attack. People who already have heart disease are at especially high risk.
- There is no level of secondhand smoke that is risk-free. Even brief exposure can be dangerous.



- Talk to your VA health care provider about help with quitting smoking, including getting medication to improve your chances of quitting and a referral to a VA smoking cessation clinic.
- Good things happen as soon as you quit. You will:
  - Have more energy and breathe easier.
  - Save money that you can spend on other things.
  - Find that your clothes, car, and home smell better.
  - Have fewer wrinkles, and no stains on your skin and nails.
  - Discover that food smells and tastes better.
  - Feel good about quitting.
  - Protect your family members and friends from secondhand smoke.
- If you are pregnant and quit smoking, your baby will:
  - Be healthier.
  - Get more oxygen.
  - Be less likely to be born too soon.
  - Be more likely to come home from the hospital with you.
  - Have fewer colds and ear infections.
  - Cough and cry less.
  - Have fewer asthma and wheezing problems.

## **Message Delivery by Clinical Staff:**

### **During Face to Face Encounters:**

- Provide additional information during tobacco screening and brief counseling, if requested by Veteran.
- Discuss during any clinical or patient education encounter (individual or group, in-person, virtual, or by telephone) if information is requested.
- Discuss and review results of the VHA online Health Risk Assessment (under development) during a clinical visit.
- The following are evidence-based strategies for quitting:
  - Brief counseling which begins with strongly advising the user that it is important to quit using tobacco. When the Veteran attempts to quit, effective elements of brief counseling are as follows:
    - Advising the patient to set a quit date, ideally within 2 weeks.
    - Advising the patient to remove all tobacco products from the home and work because any smoking (even a single puff) increases the likelihood of a full relapse.
    - Providing the patient with general guidance to anticipate potential challenges to quitting and staying quit and planning ahead on how to deal with them.
    - Providing the patient with strong messages of support and encouragement.
  - Referral to a smoking cessation clinic.
  - Use of nicotine replacement and/or other smoking cessation medications as indicated to assist with smoking cessation.



- The combination of medication and counseling increases the likelihood of quitting over either alone.
- For tobacco users not willing to quit, the following motivational interventions are recommended by the DHHS 2008 Tobacco Use and Dependence Clinical Practice Guideline:
  - Elicit and explore the patient's ideas, beliefs and feelings about the benefits and importance of quitting (e.g., "How important do you think it is to quit smoking?").
  - Elicit and explore the patient's understanding of the negative consequences of smoking (e.g., "What's the downside of continuing to smoke?")
  - Use reflective listening to seek shared understanding; empathize with concerns, fears (e.g., "Many veterans worry about managing without their cigarettes.")
  - Ask the patient's permission to share personalized information about risks of smoking and benefits of quitting.
  - Reinforce and support "change talk" and commitment language (e.g., "So, you know quitting would help your breathing, and it's great that you are going to quit at the start of the New Year.")
  - Support autonomy and the patient's right to choose or reject change (e.g., "I hear you saying you are not ready to quit right now. I am here to help when you are ready.")
- Currently there are no evidence-based guidelines that recognize the following strategies as effective for either quitting tobacco or for prevention of smoking related illnesses, therefore **these strategies should NOT be recommended to patients or encouraged if patients bring them up:**
  - Gradually decreasing the number of cigarettes smoked (tapering)
  - Switching to other forms of tobacco (such as smokeless tobacco)
  - Switching to electronic cigarettes
  - Switching to "light", "low" or "mild" products. Note: As of June 22, 2010, the law prohibits manufacturers from producing any tobacco products labeled or advertised as "light," "low," or "mild." For more information please see: <http://www.fda.gov/TobaccoProducts/Labeling/MisleadingDescriptors/default.htm>\*

#### **At the Facility Level:**

- Participate in mass media campaigns (posters, etc.) to increase general awareness of the issue and to inform Veterans that VA has clinical resources to assist. Patient education posters are available and can be ordered free from the VHA Publications Depot (<http://vaww.publichealth.va.gov/smoking/publications.asp#posters>).
- Join medical center, VISN, or national outreach events to increase general awareness of the issue and to inform Veterans that VA has clinical resources to assist patients.
- Share educational content with providers in combination with reminder systems.



- Increase awareness of the health effects of smoking and the availability of tobacco use cessation care through local observances of events such as The Great American Smokeout.
- Collaborate with the facility Smoking Cessation Lead Clinician and Health Behavior Coordinator in other activities.

### Important Considerations:

If a Veteran needs more intensive intervention in this area than the clinical staff member delivering the message is able to provide, the staff member should refer the Veteran to the appropriate clinical staff, clinic or program for further education or clinical care, following local referral/consult protocol.

**Clinical Staff Tools:** *(Staff may also benefit by reviewing the Veteran Tools listed in the next section).*

- [VA Public Health Strategic Health Care group smoking cessation intranet website](#) (for staff). In particular, see VHA Tobacco Use Cessation - Treatment Guidance parts 1, 2, 3 available at: (link not yet available, will be added when available)
- VA Tobacco Cessation SharePoint site: (<https://vaww.portal.va.gov/sites/tobacco/default.aspx>)
- Guide to Community Preventive Services: <http://www.thecommunityguide.org/tobacco/index.html>\*
- Treating Tobacco Use and Dependence (2008 Quick Reference Guide for Clinicians) is available at: [http://www.healthquality.va.gov/tuc/phs\\_2008\\_quickguide.pdf](http://www.healthquality.va.gov/tuc/phs_2008_quickguide.pdf)
- Helping Smokers Quit: A Guide for Clinicians. Link to this pocket guide is available on the VA Office of Public Health and Environmental Hazards website at: <http://vaww.publichealth.va.gov/smoking/publications.asp>

### Veteran Tools:

- [VA Public Health Strategic Health Care group smoking cessation internet website](#) (<http://www.publichealth.va.gov/smoking/>) (for patients)
- <http://www.cdc.gov/tobacco/>\*
- *You Can Quit Smoking. Support and Advice from Your Prenatal Care Provider.* Consumer Tear Sheet, September 2008. U.S. Public Health Service. Agency for Healthcare Research and Quality. Rockville, MD. <http://www.ahrq.gov/clinic/tobacco/prenatal.htm>\*
- Tobacco Cessation Quit line: 1-800-QUIT-NOW
- [www.Smokefree.gov](http://www.Smokefree.gov)\* - A government website with online resources to help you quit.
- [www.Women.smokefree.gov](http://www.Women.smokefree.gov)\* – A government website with online resources and information to help women quit smoking.



- <http://www.healthfinder.gov/prevention/ViewTopic.aspx?topicId=24>\* Healthfinder: Quit Smoking

\* Indicates that the link leads to a non-VA website. VA is not responsible for the content that is on the site.

## Supporting Information:

### Definitions:

- Snuff: Ground or pulverized tobacco, which is generally insufflated or "snuffed" through the nose. It is a type of smokeless tobacco. There are several types, but traditionally it means *Dry/European* nasal snuff. In the United States and Canada, "snuff" can also refer to dipping tobacco, which is applied to the gums rather than inhaled.
- Dipping tobacco: Also known as moist snuff, spit tobacco, a lip, or a lippy dippy, is a form of smokeless tobacco. It is commonly referred to as dip. A small clump of dip is 'pinched' out of the tin and placed between the lower lip and the gums. The dip rests on the inside lining of the mouth usually for 45 minutes to an hour, depending on the user's preference. Dip tobacco often causes the user to produce excess saliva while dipping. This is typically spat onto the ground or in a container, because swallowing can cause irritation to the esophagus, and induce nausea and vomiting.
- Snus: A moist powder tobacco product consumed by placing it under the lip for extended periods of time. Snus is a form of snuff that is used in a manner similar to American dipping tobacco, but typically does not result in the need for spitting.
- Electronic cigarette: An electronic cigarette, e-cigarette or personal vaporizer, is a battery-powered device that provides inhaled doses of nicotine by way of a vaporized solution. This vapor also provides a flavor and physical sensation similar to that of inhaled tobacco smoke, while no smoke or combustion is actually involved in its operation. An electronic cigarette takes the form of some manner of elongated tube, though many are designed to resemble the outward appearance of real smoking products, like cigarettes, cigars, and pipes. Another common design is the "pen-style", so named for its visual resemblance to a ballpoint pen. Most electronic cigarettes are reusable devices with replaceable and refillable parts. A number of disposable electronic cigarettes have also been developed. See FDA website for a warning about these products:  
<http://www.fda.gov/downloads/ForConsumers/ConsumerUpdates/UCM173430.pdf>. \*

### Evidence and/or Guidelines:

- [2009 Tobacco Counseling USPSTF recommendations](#)\*:
  - The USPSTF recommends that clinicians ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products.

**Grade: A recommendation.**



- The USPSTF recommends that clinicians ask all pregnant women about tobacco use and provide augmented, pregnancy-tailored counseling for those who smoke.

**Grade: A recommendation.**

- Public Health Service Clinical Practice Guideline: [“Treating tobacco use and dependence: 2008 update.”](#)<sup>1-9</sup>

**VHA Guidance:**

- VA Clinical Practice Guidelines: The VA/DoD EBPWG has adopted the [Treating Tobacco Use and Dependence](#) clinical practice guideline developed by the U.S. Public Health Service (PHS), 2008 Update. See this website for the guideline as well as related VA-specific materials.  
[http://www.healthquality.va.gov/Management\\_of\\_Tobacco\\_Use\\_MTU.asp](http://www.healthquality.va.gov/Management_of_Tobacco_Use_MTU.asp)
- VHA Directives:
  - [VHA Directive 2008-081 National Smoking and Tobacco Use Cessation Program](#)
  - [VHA Directive 2008-052 Smoke Free Policy for VA Health Care Facilities](#)
  - [VHA Directive 2009-052 Copayment for Outpatient Medical Care Provided to Veterans by the Department of Veterans Affairs](#)
- Performance measures(PMs)/supporting indicators(SIs)/monitors
  - PM7d: Adult Smoking Cessation Advice/Counseling (AMI-4).
  - PM14a: Provided with Brief Counseling (smg8).
  - PM14b: Offered Medication to Assist with Cessation (smg10).
  - PM14c: Offered Referral to Smoking Cessation Clinic to Assist with Cessation (smg9).

**VHA Program Office Stakeholders:**

- Office of Public Health and Environmental Hazards
- National Center for Health Promotion and Disease Prevention

**VHA Content Experts:**

- Office of Public Health and Environmental Hazards
- National Center for Health Promotion and Disease Prevention

**Source Documents:**

1. CDC tobacco website. [http://www.cdc.gov/tobacco/basic\\_information/index.htm](http://www.cdc.gov/tobacco/basic_information/index.htm).
2. Community Guide - Tobacco Use.  
<http://www.thecommunityguide.org/tobacco/index.html>.
3. Counseling and interventions to prevent tobacco use and tobacco-caused disease in adults and pregnant women: U.S. Preventive Services Task Force reaffirmation recommendation statement. *Ann Intern Med.* Apr 21 2009;150(8):551-555.  
<http://www.uspreventiveservicestaskforce.org/uspstf/uspstbac2.htm>
4. Smokefree.gov website. <http://www.smokefree.gov>.



5. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. Surgeon General 2006.
6. You Can Quit Smoking. Support and Advice from Your Prenatal Care Provider. In: Quality AfHRa, ed. Rockville, MD: U S Public Health Service; 2008.
7. VHA Office of Public Health and Environmental Hazards website.  
<http://www.publichealth.va.gov/smoking/>.
8. Secondhand Smoke Exposure and Cardiovascular Effects: Making Sense of the Evidence. 2009; <http://www.iom.edu/Reports/2009/Secondhand-Smoke-Exposure-and-Cardiovascular-Effects-Making-Sense-of-the-Evidence.aspx>.
9. FDA Guidance on Electronic Cigarettes.  
<http://www.fda.gov/downloads/ForConsumers/ConsumerUpdates/UCM173430.pdf>.

