

NATIONAL SMOKING AND TOBACCO USE CESSATION PROGRAM

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive describes VHA policies and programs relating to VHA Tobacco and Health: Policy and Programs.

2. SUMMARY OF MAJOR CHANGES: This VHA directive is an update of VHA Directive 1056 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 (VA) health care system.

3. RELATED ISSUES: None.

4. RESPONSIBLE OFFICE: The Director, Tobacco and Health: Policy and Programs, Office of Mental Health and Suicide Prevention (10NC5) is responsible for this directive. Questions may be referred to VHATobaccoProgram@va.gov.

5. RESCISSIONS: VHA Directive 1056, National Smoking and Tobacco Use Cessation Program, dated February 10, 2014, is rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of September 2024. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**BY DIRECTION OF THE UNDER
SECRETARY FOR HEALTH:**

/s/ Renee Oshinski
Deputy Under Secretary for
Health for Operations and Management

NOTE: All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

DISTRIBUTION: Emailed to the VHA Publication Distribution List on September 6, 2019.

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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 VHA Tobacco and Health: Policy and Programs. **AUTHORITY:** Title 38 United States Code (U.S.C.) 7301(b).

2. BACKGROUND

a. Smoking and tobacco use is a chronic health condition with major public health and health systems-level implications. Tobacco use is a leading cause of preventable death in the United States, contributing to the death of more than 480,000 people each year. Tobacco dependence is a chronic relapsing condition that often requires repeated interventions and multiple attempts to quit. Cigarette smoking is a health disparity among individuals with mental health (MH) and substance use disorders (SUD). Individuals with MH and SUD smoke at disproportionately higher rates than individuals without MH or SUD.

b. The 2018 Survey of Veteran Enrollees' Health and Use of Health Care found that the prevalence of smoking among Veterans enrolled in VA is approximately 14.6 percent (https://www.va.gov/HEALTHPOLICYPLANNING/SOE2018/2018EnrolleeDataFindingsReport_9January2019Final508Compliant.pdf). The smoking prevalence among the U.S. general population was 15.5 percent in 2016. However, there is significant variability in the prevalence of smoking across the Veterans Integrated Service Networks (VISNs), ranging from 11.4 percent to 19.9 percent. Smoking continues to contribute to high morbidity and mortality rates among Veterans in care in VA.

c. VA 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 Preventive Services Task Force Recommendation: Tobacco Smoking Cessation in Adults, Including Pregnant Women: Behavioral and Pharmacotherapy Interventions (<https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions1>) and United States Public Health Service Clinical Practice Guideline 2008 Update, Treating Tobacco Use and Dependence (<https://www.ncbi.nlm.nih.gov/books/NBK63952/>). **NOTE:** Additional VHA guidance for prescribing varenicline can be found by searching for "varenicline" at: <https://www.pbm.va.gov/apps/VANationalFormulary/>.

d. Evidence-based smoking and tobacco use cessation is an ongoing health care priority in VHA with 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 U.S. Preventive Services Task Force and the U.S. Public Health Service (USPHS) Clinical Practice Guidelines, brief counseling and smoking cessation medications must be made available to all patients interested in quitting smoking, regardless of whether or not the patient is willing to attend a tobacco use treatment program. Current VA and non-VA quality of care measures for tobacco use treatment assess the extent that all Veterans are screened for current tobacco use and that current tobacco users are given advice to quit and offered behavioral counseling and medications.

(3) 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 tobacco use treatment clinic or specialty program will not be a requirement for access to FDA-approved cessation medications; as such a requirement is inconsistent with the U.S. Preventive Services Task Force and USPHS Clinical Practice Guidelines.

3. POLICY

It is VHA policy that evidence-based smoking and tobacco use cessation treatment, to include behavioral counseling and FDA-approved medications, must be made available as part of routine care to all Veterans who are attempting to quit smoking or other tobacco use in order to provide Veterans with state-of-the-art treatment for quitting tobacco products.

4. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISNs).

(2) Ensuring that each VISN Director has sufficient resources to implement this directive in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to assure compliance with this directive, relevant standards, and applicable regulations.

c. **Director, Tobacco and Health: Policy and Programs.** The Director, Tobacco and Health: Policy and Programs is the VHACO-level subject matter expert in smoking and tobacco use treatment, clinical care, and related public health issues, and is responsible for:

(1) Developing and communicating VHA national policy on smoking and tobacco use treatment to ensure access to evidence-based services and care. **NOTE:** *Tobacco and Health may collaborate with other VA program offices, such as Pharmacy Benefits Management, the National Center for Health Promotion and Disease Prevention, and the Employee Education System (EES) to develop policy and provide guidance on tobacco use treatment in VHA.*

(2) Advising the Under Secretary for Health on matters of VHA policy and services related to tobacco and health, including health effects of smoking and other tobacco use, and smoking and tobacco use treatment. **NOTE:** *Tobacco and Health will also collaborate with the U.S. Department of Health and Human Services, other government agencies, and non-government agencies on issues related to smoking and tobacco use treatment as needed.*

(3) Providing consultation and technical assistance to VA medical facility Smoking and Tobacco Use Cessation Lead Clinicians and other VA clinicians and administrators in the development and implementation of local or VISN-level clinical practices in tobacco use treatment for Veterans. This occurs through regular conference calls, training and educational programs, individual consultation as requested by field-based staff, and other means.

(4) Monitoring relevant published literature, recommendations, and clinical practice guidelines. Developing informational products and clinical resources to support VA health care professionals providing care for Veterans who use tobacco. Information and resources will be disseminated on the Tobacco and Health Web site, <https://www.mentalhealth.va.gov/quit-tobacco/>, and other internal VA Web sites as appropriate.

(5) Providing oversight of the VHA national tobacco quitline, 1-855-QUIT-VET, and the text message-based mobile health intervention, SmokefreeVET. Tobacco and Health will collaborate with other VHA and VA program offices and VA medical facility Smoking and Tobacco Use Cessation Lead Clinicians to integrate these resources into clinical care for tobacco use.

d. **Veterans Integrated Service Network Directors.** VISN directors are responsible for ensuring that VA medical facility directors comply with the requirements of this directive.

e. **VA Medical Facility Directors.** VA medical facility Directors are responsible for:

(1) Supporting tobacco cessation efforts within the VA medical facility and ensuring that sufficient resources to implement this directive are available.

(2) Assuring compliance with this directive, relevant standards, and applicable regulations.

(3) Designating at least one Smoking and Tobacco Use Cessation Lead Clinician. For VA Health Care Systems that include more than one VA medical center (VAMC), a point of contact must be designated for each VAMC in the system in order to ensure that each facility has access to a clinical expert in tobacco use treatment and to facilitate communication of clinical updates and policies to each site in the system.

(4) Reporting the name, credentials, job title, address, phone number, and email address for the designated Smoking and Tobacco Use Cessation Lead Clinician(s) at their VA medical facilities and notifying the Tobacco and Health program at VHATobaccoProgram@va.gov of any changes to the designated Smoking and Tobacco Use Cessation Lead Clinician(s) no later than 90 days after the previous designated Smoking and Tobacco Use Cessation Lead Clinician leaves the position. Changes to the Smoking and Tobacco Use Cessation Lead Clinician distribution list will not be made without a notification from the VA medical facility Director's office.

f. VA Medical Facility Smoking and Tobacco Use Cessation Lead Clinician.

The VA medical facility Smoking, and Tobacco Use Cessation Lead Clinician is responsible for:

(1) Serving as a clinical champion and advocating for increased Veteran access to evidence-based tobacco use treatment.

(2) Serving as a subject matter expert in smoking and tobacco use treatment clinical care and related public health issues. The Lead Clinician must be knowledgeable about the U.S. Preventive Services Task Force Recommendations and USPHS Clinical Practice Guidelines on tobacco use treatment and must advise that tobacco use treatment provided by VA be in line with this policy and with the most recent applicable evidence-based practices as outlined by U.S. Preventive Services Task Force Recommendations and USPHS Clinical Practice Guidelines.

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

(4) Disseminating information and conducting local education sessions, as needed, on evidence-based tobacco use treatment to VHA clinical staff, including Patient Aligned Care Team (PACT) and mental health providers.

(5) Promoting and raising Veteran and staff awareness of local and national tobacco cessation resources for Veterans such as local tobacco use treatment groups, the VHA national quitline 1-855-QUIT-VET, and the mobile health program SmokefreeVET.

5. TRAINING

There are no formal training requirements associated with this directive.

6. RECORDS MANAGEMENT

All records regardless of format (paper, electronic, electronic systems) created in the requirements of this directive shall be managed per the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Manager or Records Liaison.

7. REFERENCES

a. Department of Veterans Affairs, Veterans Health Administration, Office of Policy and Planning, Office of Strategic Planning and Analysis. 2018 Survey of Veteran Enrollees' Health and Use of Health Care. Washington, DC: March 2019. (https://www.va.gov/HEALTHPOLICYPLANNING/SOE2018/2018EnrolleeDataFindingsReport_9January2019Final508Compliant.pdf.)

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

c. Fluharty M, Taylor AE, Grabski M, et al. "The association of cigarette smoking with depression and anxiety: a systematic review." *Nicotine and Tobacco Research*. 19 (1): 3-13; 2017.

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

e. 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.

f. US Burden of Disease Collaborators, et al. "The state of US health, 1990-2016: burden of diseases, injuries, and risk factors among US states." *JAMA*. 319 (14): 1444-72; 2018.

g. US Department of Health and Human Services. How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease. Atlanta: US 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.

h. US Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta: US

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, 2014.

i. Wang TW, Asman K, Gentzke AS, et al. Tobacco Product Use Among Adults—United States, 2017. *Morbidity and Mortality Weekly Report* 2018;67(44):1225-32.