



## **Association of VA Psychologist Leaders**

### **Essential Healthcare for Veterans: Psychologists Improve Lives**

#### **TOBACCO USE: THE SINGLE MOST PREVENTABLE CAUSE OF DISEASE AND PREMATURE DEATH IN OUR SOCIETY<sup>1</sup>**

Tobacco use is a major cause of disease and accounts for one of every five deaths in the United States.<sup>2,3</sup> The largest outpatient and inpatient expenses within the VA are related to chronic, tobacco-related illnesses.<sup>4</sup>

- Nearly 75% of veterans have used tobacco sometime in their life<sup>5</sup>
- Currently, about 30% of VHA enrollees are smokers<sup>5</sup>
- Veterans make nearly twice the attempts to quit than non-veterans<sup>5</sup>

*Smokers are more likely than non-smokers to have additional co-morbid conditions such as alcohol or drug abuse, depression, anxiety, or psychosis.<sup>6</sup> Quit rates range from 29% for veterans with psychiatric disorders vs. 51% for those without psychiatric disorders.<sup>6</sup>*

Smokers with a history of depression may benefit from more treatment sessions and from more professional support, such as mood-management interventions, than is provided for those without psychiatric diagnoses.<sup>6</sup>

*Over 80% of VHA smokers with a visit to a VA healthcare provider in the past 12 months reported needing treatment services for their smoking, but only 17% of them indicated they usually or always received the services they needed to quit.<sup>5</sup>*

Smoking cessation interventions delivered by multiple types of health care providers, such as physicians, psychologists, and social workers markedly increase cessation rates compared with interventions where no provider intervenes.<sup>7</sup> Quit rates of as little as 5% resulting from physicians advising patients to quit can increase to up to 25% of quitters remaining abstinent for at least one year when pharmacological treatment and behavioral counseling are combined into a comprehensive stop smoking program.<sup>1</sup>

**Psychologists are trained in behavioral therapeutic techniques that are beneficial for smokers who are trying to quit. It is crucial to include psychologists on teams in smoking cessation programs to provide the most effective outcomes for smokers trying to quit.**

See other side for references.

AVAPL Fact Sheet: Tobacco Use

<sup>1</sup> U.S. Surgeon General (2000). Reducing tobacco use: A report of the Surgeon General. U. S. Department of Health and Human Services. ([www.cdd.gov/tobacco](http://www.cdd.gov/tobacco)).

<sup>2</sup> Centers for Disease Control and Prevention. Smoking attributable mortality and years of potential life lost—United States, 1984. *MMWR (1997)*, *46*, 444.

<sup>3</sup> Wald, N. J., Hackshaw, A. K. (1995). Cigarette smoking: An epidemiological overview. *British Medical Journal*, *52*, 3-11.

<sup>4</sup> <http://www.oqp.med.va.gov/cpg/cpg.asp>

<sup>5</sup> Miller, D. R., Kalman, D., Ren, X. S., Lee, A. F., Niu, Z., & Kazis, L. E. (2001). Health Behaviors of Veterans in the VHA: Tobacco Use. Washington, D. C.: U. S. Department of Veterans Affairs Veterans Health Administration Office of Quality and Performance and VHA Health Assessment Project Center for Health Quality, Outcomes, and Economic Research.

<sup>6</sup> Shipley, R. H. (1998). QuitSmart Leader Manual: Scientific Foundations and implementation guidelines for the QuitSmart stop smoking system. Durham, NC: QuitSmart Stop Smoking Resources, Inc.

<sup>7</sup> <http://www.surgeongeneral.gov/tobacco/systems.htm>