

Although cigarette smoking receives the most attention in the US, other forms of tobacco are widely used. These alternative forms include smokeless tobacco, such as chew and snuff, and non-cigarette smoking tobacco, such as cigars, pipes, bidis, and kreteks.¹ Like cigarettes, alternative tobacco products contain carcinogens, and promote cancer of the mouth and throat. Other oral health problems like lesions, recession of the gums, and gum disease are also caused by tobacco in these forms.^{2,3} Like cigarettes, alternative tobacco products can lead to nicotine addiction. Among TRICARE beneficiaries, use of all forms of tobacco is also very costly, and is estimated to add \$1.6 billion per year in medical care costs to the US Department of Defense.⁴

Prevalence of Tobacco Use: Total US vs. TRICARE

Nationwide, according to SAMSHA, 3.3 percent of adults used smokeless tobacco in 2005, compared to 20.5 percent of the nation's adults who reported smoking cigarettes.⁵ An additional 24.3 percent reported being former smokers. In that same year, 17.9 percent of adult TRICARE beneficiaries described themselves as current smokers. An additional 27.5 percent reported being a former smoker.^{6,7}

In 2006, the Department of Defense launched an educational campaign called "Quit Tobacco--Make Everyone Proud". The campaign targets junior enlisted service members with advertising in 13 U.S. metropolitan

Age Group	Smoke Cigarettes	Use other forms of tobacco:		
		Total	Use chewing tobacco or snuff	Use non-cigarette tobacco products**
Total 18-64	21	8	4	3
18 to 24	26	13	8	5
25 to 34	24	9	7	3
35 to 44	16*	8*	4*	3
45 to 54	20*	5*	2*	3
55 to 64	18*	4*	1*	3

* Significantly different from the 18-24 age group, p< 0.05

**For example, cigars, pipes, bidis, or kreteks

Beneficiary Group	Smoke Cigarettes	Use other forms of tobacco:		
		Total	Use chewing tobacco or snuff	Use non-cigarette tobacco products**
Total	21	8	4	3
Active Duty <65	26	17	11	6
Family of Active Duty <65	19*	2*	0*	1*
Retiree, Survivor, Family <65	18*	4*	2*	3*

*Significantly different from Active Duty beneficiaries, p< 0.05

**For example, cigars, pipes, bidis, or kreteks

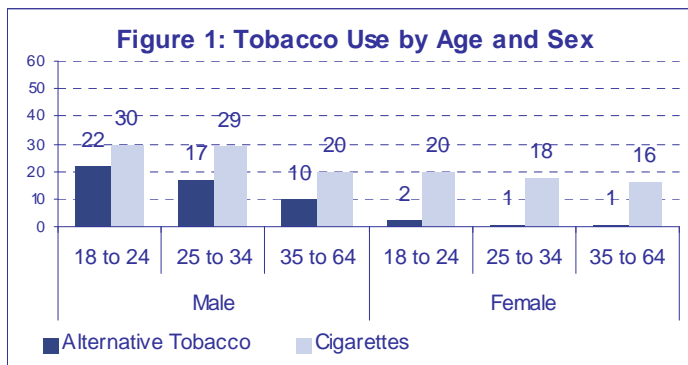
markets containing 28 major military installations, and features a website with live help and educational materials on quitting tobacco use. This approach targets the group of military personnel with the highest incidence of tobacco use - younger, active duty beneficiaries.^{4,8}

Tobacco Use by Age and Beneficiary Group

According to the HCSDB fielded in January 2008, active duty beneficiaries and beneficiaries under the age of 35 are most likely to use tobacco, including alternative tobacco products. TRICARE beneficiaries aged 18-to-24 report the highest smoking rate⁹ (26 percent), the greatest use of other forms of tobacco (13 percent), and greatest use of smokeless tobacco (8 percent) (Table 1). The only form of tobacco use not significantly associated with age is non-cigarette tobacco smoking.

Similarly, active duty beneficiaries have higher rates of tobacco use in all forms compared with active duty family members and retirees and their dependents (Table 2). They use smokeless tobacco, in particular, at a much higher rate than do other groups. Over a tenth of active duty respondents report smokeless tobacco use, compared to less than a half of one percent of active duty family members and 2 percent of retirees and their dependents.

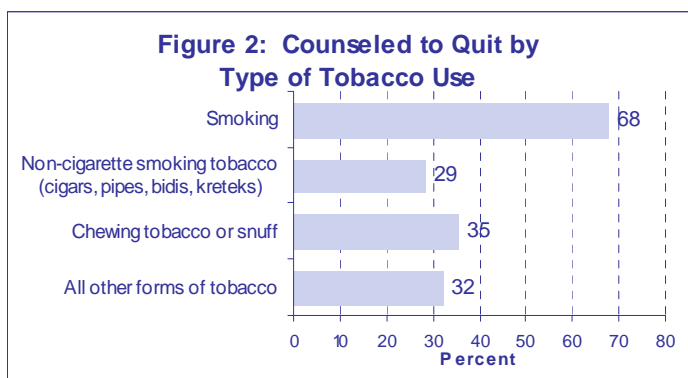
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As shown in Figure 1, use of alternative tobacco products is confined largely to males. Among certain groups of males, alternative tobacco use approaches cigarette use. Of male beneficiaries between the ages of 18 and 24, 22 percent use smokeless tobacco, or smoke alternative tobacco products, while 30 percent smoke cigarettes. By contrast, only 2 percent of female beneficiaries in that age group use alternative tobacco products, much lower than the cigarette smoking rate for that group (20 percent). Of men aged 25 to 34, one-sixth use alternative tobacco products, compared to 1 percent of women.

Tobacco Cessation Counseling

As shown in Figure 2, TRICARE beneficiaries who smoke cigarettes are more likely to be advised to quit than are beneficiaries who use other tobacco products. This discrepancy may indicate that providers are less likely to ask about use of alternative tobacco products, or that they are less likely to advise beneficiaries to quit when they know of their use. For example, 68 percent of cigarette smokers with office visits were advised to quit by a medical provider within the last year, compared with 35 percent of beneficiaries who use smokeless tobacco and 29 percent who smoke alternative tobacco products.



Conclusions

TRICARE's efforts to reduce tobacco use have focused on cigarettes. However, results from the HCSDB indicate that a substantial fraction of beneficiaries use tobacco in forms other than cigarettes. In particular among young, male and

active duty beneficiaries, who are the most likely to use tobacco, the rate of alternative tobacco use is more than half that of cigarettes. Results indicate that those who use alternative tobacco products are much less likely to be advised to quit by their doctors than are cigarette users.

Less frequent advice may reflect the focus of TRICARE's programs on cigarette smoking or may reflect the judgment of providers that most alternative tobacco products are less harmful to their patients than are cigarettes. Some providers may view substitution of alternative tobacco products for cigarettes as beneficial. Less frequent counseling may also reflect the concentration of alternative tobacco use among young men, which is the group least likely to get smoking cessation advice. Additional research on the impact of alternative tobacco products and of efforts to reduce their use is needed to develop guidance for providers and beneficiaries that will promote healthier lifestyles.

Notes

¹ Bidis are small, brown, hand-rolled cigarettes from India and other southeast Asian countries. Kreteks are clove cigarettes made in Indonesia that contain clove extract and tobacco.

² Centers for Disease Control and Prevention, Fact Sheet: Smokeless Tobacco, April 2007. Available from: http://www.cdc.gov/tobacco/data_statistics/Factsheets/smokeless_tobacco.htm

³ American Academy of Periodontology. "Cigar and Pipe Smoking Are as Dangerous as Cigarettes to Periodontal Health" January 5, 2001. Available from: <http://www.perio.org/consumer/cigars.htm>

⁴ Substance Abuse and Mental Health Services Administration. Results From the 2005 National Survey on Drug Use and Health: Detailed Tables. Rockville, MD: SAMSHA, Office of Applied Studies; 2006. Available from: <http://oas.samhsa.gov/NSDUH/2k5nsduh/tabs/Sect2peTabs37to41.pdf>

⁵ Smokeless tobacco users report use in the past month. Cigarette smokers have smoked at least 100 cigarettes and currently smoke at least some days.

⁶ "Department of Defense Anti-Tobacco Campaign Invades Military Markets," March 20, 2008, No. 08-23. Available from: <http://www.tricare.mil/News/News.aspx?fid=379>

⁷ Centers for Disease Control, Behavioral Risk Factor Surveillance System, 2005. Results accessed via the Web Enabled Analysis Tool. Available from: http://apps.nccd.cdc.gov/s_broker/htmsql.exe/weat/Freq_analysis.hspl

⁸ Quit Tobacco, Make Everyone Proud Website. Available from: <http://www.ucanquit2.org/>

⁹ A smoker is defined as someone who has smoked at least 100 cigarettes, and currently smokes, or currently does not smoke but quit smoking less than 12 months ago.