



Tobacco Sales and “Exceptionalism” in the United States Military

An ActionToQuit Interview with Christopher Keith Haddock, PhD

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Hello Dr. Haddock and welcome. Can you please give our ActionToQuit Network audience a brief overview of who you are and your professional background?

Dr. Haddock: *I did my graduate work in behavioral medicine and research design and statistics. My mentor at the time, Dr. Robert Klesges, trained me and piqued my interest in tobacco control research. I had a number of people in my family who smoked and who had died from smoking and, thus, the topic was of interest to me. In addition, when I entered the military as an Air Force Officer my mentor there, Colonel Wayne Talcott, was involved in military tobacco control research. He taught me what I know about military tobacco control and things just blossomed from there. I was in the active duty military for a few years and then joined the reserves and I have been doing tobacco control research in the military ever since the early 90s. I currently work at the National Development and Research Institutes. My work is focused primarily on occupational health research, with a significant portion on topics like military tobacco use and fitness.*



Why do you believe it is important to spend time and money studying the culture of tobacco use in the US military?

Dr. Haddock: *Most of us are aware of the long list of health effects related to tobacco use such as cancer, heart disease, and other conditions. The known impact of tobacco use on the mission of the US military is growing. Tobacco use has been linked to impaired night vision, impaired fitness due to increased fractures, and delayed wound healing. A [CDC study](#) showed that due to smoking-related absenteeism and sick days the Air Force loses the equivalent of one base every year in lost time from work. Another [study](#) found an association between smoking status and early discharge from the military leading to excess training costs. Furthermore, tobacco use has a financial toll on service members. We calculated that junior enlisted members who smoke a pack a day in their first year will spend a month's pay or more on tobacco. This is serious issue, because financial problems can be a real strain on military members. In fact, we've published studies that found tobacco to have a bigger impact on readiness than obesity. Tobacco is unique in that it is a product that harms you if it's used as it is intended, and it harms not only you but the mission of the military.*



From your extensive research, what do you believe are the major factors influencing the high rates of tobacco use in the US military?

Dr. Haddock: *If you look deeply at the rates of tobacco in the military, it's pretty uneven. For example, the rate of tobacco use among officers is very low, but the rate among the junior enlisted is very high. When we speak of the high rates we are referring to this subsection of the military population that consumes tobacco at significantly higher rates than the civilian population.*

One reason for this is that the military recruits from a population that is vulnerable to tobacco use and, as a result, many people come into the military predisposed to it. The [2008 Department of Defense \(DoD\) Health-Related Behavior Survey](#) found 30% of current smokers in the military started smoking after joining the military. Another reason is the accommodation for tobacco use in the military. For instance, the only way you can take a break during the day in the military is to smoke. Smoke breaks and the culture around smoke pits seem to be a real social draw for people to smoke and this reinforces the addiction. In addition to being socially acceptable, price and convenience are other reasons that repeatedly come up in our focus groups with leadership and junior enlisted members.

Finally, there are lots of priorities in the military and a typical commander has many things to be concerned with – this pushes tobacco use to the background. Other issues that have a more immediate public impact like DUIs will get attention over tobacco use, which has a more subtle, long-term impact. I think that the general culture around tobacco use in the military, which includes big accommodations for tobacco users like convenience and discounting, all contribute to the high rates of tobacco use.



In your opinion, has the US military done an adequate job protecting military personnel from tobacco products and environmental tobacco smoke? Are military health facilities adequately providing cessation services to help those already addicted to nicotine? Where are some areas for improvement?

Dr. Haddock: *I think the two areas where the military has excelled are in protecting people from secondhand smoke and in providing treatment for tobacco users. Compared to other occupations, you probably do not get better cessation services than what the military provides tobacco users who want to quit. Where there is less consistency is in the messaging from leadership. Although many military commanders I've talked to see tobacco as a problem, there is no uniform message that tobacco use is against military expectations and effectiveness and shouldn't be part of the military culture. Most junior enlisted people we talk to don't know what their commander thinks about tobacco use and they assume, since it's sold so widely, it must be acceptable. I think getting that consistent message out there, particularly from the line leadership, has not been executed well.*

I also think the sale of tobacco products should be eliminated from all military bases, similar to the Veterans Affairs Administration decision to ban them. Not selling cheap tobacco, or not selling tobacco at all, will go a long way among the junior enlisted. If the military continues to make cheap tobacco easily accessible, this will continue to encourage tobacco use in the military culture, even if state of the art treatment is provided.



Recently, you published a paper on the sale and price of cigarettes in military retail outlets. What was the purpose of the study and what were its findings?

Dr. Haddock: *Our military-wide studies found that the cheap prices of tobacco and its wide availability were two major reasons why the culture of tobacco has continued in the military. There is a [DoD Instruction](#) mandating tobacco prices to be no more than 5% cheaper than the most competitive price in the community. Therefore, in a 2011 [study](#) we decided to look at tobacco prices across the exchange system to assess compliance. We picked Wal-Mart as the comparator and discovered that tobacco was much cheaper in military outlets than in this discount store. Then, a few years later, we published our most [recent paper](#) in the April edition of the American Journal of Public Health which looked at progress over time.*

Our study found the prices between Wal-Mart and the exchanges did come closer together, which is good news. However, the bad news is it was partially due to the fact Wal-Mart cut their prices. The DoD Directive states cigarette prices should be set so that military members know that tobacco is a detriment to readiness. We argue in that paper that it would be hard to communicate that message the way prices are set now. In fact, our focus groups would say it communicates instead that tobacco use is acceptable. The irony of the policy is it specifically forbids exchanges from raising prices above 5% less than the most competitive price, despite the fact we know price increases to be one of the most effective tobacco control policies.



Why is there resistance within the DoD to ban the sale of tobacco products in military exchanges despite the implementation of several other tobacco control initiatives?

Dr. Haddock: *I think many line commanders wish the military would go tobacco free because of the negative impact on fitness, the rules and regulations you have to enforce for smoke break areas, and to protect people from secondhand smoke. However, on the other end of the continuum, commanders will tell you that it's a legal product and people have the right to smoke. But this is really a myth - the military has already banned legal substances like ephedra and even adult magazines. There is this sense of tobacco exceptionalism where tobacco is treated like no other product, legal or otherwise. If there were a product other than tobacco that had the same effect on the military, it would, in my opinion, be banned immediately.*

Additionally, tobacco sales provide financial support for “Morale, Welfare and Recreation” programs on base. It is kind of perverse that we will link something that kills to something that is meant to improve military wellness. There is another [article](#) published on prices where the authors show the political pressures on the military to not increase tobacco prices, mostly from members of Congress. When the military has tried to be more aggressive with tobacco policies, they historically have received pushback from Congress.



What can the Department of Defense learn from CVS's recent decision to ban the sale of tobacco products in their stores?

Dr. Haddock: *I think CVS's ban is a good analogy. CVS is a company striving for better health, and the military is an organization also striving for exceptional health, exceptional fitness, and exceptional readiness but continues to sell tobacco on their bases. I think CVS will remain a profitable company, just like all the bars and restaurants with smoke-free policies. Smokers are becoming a smaller constituency*

group. Even if you look at the junior enlisted who have the highest smoking rate, the flip side of it is that 70% of them don't use tobacco. I think the military has an even bigger stake than CVS does, because CVS will not be covering the disease costs of its customers. The military is the only major retailer of tobacco that actually loses money on cigarettes. They lose money because they also pay for the healthcare and lost productivity of service members who purchase tobacco products on-base.



Is more research needed to get an even better understanding of the impact of tobacco use in the US military and the factors that influence it? Do you foresee an endgame to tobacco in the US military?

Dr. Haddock: *The military is improving its use of medical records and looking at differences among personnel based on smoking status and health. I think new research will reinforce a mountain of data that's already out there. We should be researching how to phase out tobacco use from the military completely, similar to how some Fire Departments have gone tobacco-free. The DoD regulation on pricing says that prices in military retail should send the message that it hurts military readiness. Researchers could study at what levels cigarette prices actually send the message that tobacco harms readiness.*

I do foresee a time when cigarette smoking in the military will become extremely uncommon or possibly eliminated completely. In endgame thinking, there often are intermediary steps that lead to a final goal. The first thing I would do is de-link "Morale, Welfare and Recreation" programs from tobacco sales. Second, I would make tobacco prices send the message that tobacco use is inconsistent with military service. Finally, I recommend doing what the Veterans Administration did and just stop selling it. Their stores are doing fine, and even though the VA is a different organization they essentially serve the same population. I do believe there will eventually be an end to tobacco in the military, just like I believe there will be an end to tobacco in society at large.