

NATIONAL TOBACCO USE TREATMENT PROGRAM

1. SUMMARY OF MAJOR CHANGES:

a. **Amendment dated March 5, 2025**, changes language from “gender” to “sex” and removes "gender identity" (from paragraph 9) to comply with EO 14168. This amendment also removes reference Diversity, Equity and Inclusion (paragraphs 2.j.(2) and 3.a.(6)) to comply with EO 14151.

b. **As published October 8, 2024**, major changes were as follows:

(1) Changed the directive title from National Smoking and Tobacco Use Cessation Program to National Tobacco Use Treatment Program.

(2) Changed the title of the Department of Veterans Affairs (VA) Medical Facility Smoking and Tobacco Use Cessation Lead Clinician to VA Medical Facility Tobacco Use Treatment Lead Clinician.

(3) Added and modified responsibilities for the Assistant Under Secretary for Health for Clinical Services; Assistant Under Secretary for Health for Operations; Assistant Under Secretary for Health for Patient Care Services/Chief of Nursing; Executive Director, Office of Mental Health (OMH); National Director, Tobacco Use Treatment Program; Veterans Integrated Service Network Director, VA Medical Facility Director, and VA Medical Facility Chief of Staff/Associate Director, Patient Care Services in paragraph 2.

(4) Added recommendations for full-time equivalent employee (FTEE) hours for dedicated clinical time for providing tobacco use treatment and for VA medical facility Tobacco Use Treatment Lead Clinicians to fulfill the responsibilities in paragraph 2.

(5) Added information on tobacco use treatment program elements in paragraph 3.

2. RELATED ISSUES: VHA Directive 1085, Smoke-free Policy for Patients, Visitors, Contractors, Volunteers, and Vendors at VA Health Care Facilities; VHA Directive 1160.04, VHA Programs for Veterans with Substance Use Disorders.

3. POLICY OWNER: The Office of Mental Health (11MH) is responsible for the contents of this directive. Questions regarding the content of this directive may be directed to the National Director, Tobacco Use Treatment at VHATobaccoProgram@va.gov.

4. LOCAL DOCUMENT REQUIREMENTS: There are no local document creation requirements in this directive.

5. RESCISSIONS: VHA Directive 1056, National Smoking and Tobacco Use Cessation Program, dated September 5, 2019, is rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of October 2029. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

7. IMPLEMENTATION SCHEDULE: This directive is effective upon publication.

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

/s/Erica Scavella, M.D., FACP, FACHE
Assistant Under Secretary for Health for
Clinical Services/Chief Medical Officer

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 Publications Distribution List on October 8, 2024.

CONTENTS

NATIONAL TOBACCO USE TREATMENT PROGRAM

1. POLICY 1

2. RESPONSIBILITIES 1

3. TOBACCO USE TREATMENT PROGRAM ELEMENTS..... 5

4. WAIVERS FOR NONCOMPLIANCE..... 7

5. DIRECTIVE RESOURCES..... 7

6. OVERSIGHT AND ACCOUNTABILITY..... 7

7. TRAINING 8

8. RECORDS MANAGEMENT 8

9. BACKGROUND..... 8

10. DEFINITIONS..... 9

11. REFERENCES..... 9

NATIONAL TOBACCO USE TREATMENT PROGRAM

1. POLICY

It is Veterans Health Administration (VHA) policy that evidence-based tobacco use treatment consisting of both behavioral counseling and Food and Drug Administration (FDA)-approved medications must be made available as part of routine clinical care to all Veterans who are attempting to quit tobacco; and to provide Veterans with state-of-the-art clinical care to reduce the health burden caused by tobacco use. **AUTHORITY:** 38 U.S.C. § 7301(b).

2. RESPONSIBILITIES

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

b. **Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer.** The Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer is responsible for:

(1) Supporting the Office of Mental Health (OMH) with implementation and oversight of this directive.

(2) Supporting the development of mitigation or corrective actions to address noncompliance with this directive.

c. **Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer.** The Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer is responsible for supporting the implementation of this directive with Patient Care Services program offices and providing clinical practice oversight and support.

d. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

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

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Overseeing VISNs to ensure the effectiveness of and compliance with this directive.

e. **Executive Director, Office of Mental Health.** The Executive Director, OMH is responsible for:

(1) Ensuring that the policy standards specified by this directive are being implemented as intended and that corrective action is taken when noncompliance is identified.

(2) Communicating the contents of this directive throughout OMH.

(3) Ensuring sufficient resources are available to implement this directive.

(4) Delegating responsibilities to the National Director, Tobacco Use Treatment Program, as needed.

f. **National Director, Tobacco Use Treatment Program.** The National Director, Tobacco Use Treatment is the VHA Central Office (VHACO)-level subject matter expert in treatment for tobacco use, clinical care, and related public health issues, and is responsible for:

(1) Developing and communicating VHA national policy on tobacco use treatment to ensure access to evidence-based services and care. **NOTE:** *The Tobacco Use Treatment Program may collaborate with other VA program offices, such as Pharmacy Benefits Management, the National Center for Health Promotion and Disease Prevention, and the Institute for Learning, Education, and Development (ILEAD) 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 use, including health effects of smoking and other tobacco use, and treatment of tobacco use.

(3) Collaborating with the U.S. Department of Health and Human Services, other government agencies, and non-government agencies on issues related to treatment of smoking and tobacco use as needed.

(4) Providing consultation and technical assistance to VA medical facility Tobacco Use Treatment 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. **NOTE:** *The Tobacco Use Treatment Clinical Resource Center provides clinical expertise and supports the Tobacco Use Treatment Program in providing education, consultation, and technical assistance.*

(5) Monitoring and distributing relevant published literature, recommendations, and clinical practice guidelines and updates to the field.

(6) 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 Use Treatment SharePoint site, <https://dvagov.sharepoint.com/sites/VHAtobacco>; the Tobacco Use Treatment Web site, <https://www.mentalhealth.va.gov/quit-tobacco/>; and other internal and external VA Web

sites as appropriate. **NOTE:** *The Tobacco Use Treatment SharePoint site is an internal VA website that is not available to the public.*

(7) Monitoring performance metrics that measure screening for tobacco use and offering and provision of tobacco use treatment to Veterans who use tobacco in collaboration with the VHA Office of Quality & Patient Safety.

(8) Developing and updating clinical reminders and electronic health record tools for documenting tobacco use screening or when tobacco use treatment is offered and provided.

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

g. **Veterans Integrated Service Network Director.** VISN directors are responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive and informing leadership when barriers to compliance are identified.

(2) Establishing or implementing a corrective action plan addressing operational noncompliance at the VISN or VA medical facility level.

(3) Communicating the contents of this directive to all VA medical facilities within the VISN.

(4) Ensuring that all VA medical facilities within the VISN have the resources to implement this directive.

h. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring overall VA medical facility compliance with this directive and that appropriate corrective action is taken if noncompliance is identified.

(2) Ensuring that evidence-based tobacco use treatment is provided within the VA medical facility and that sufficient clinical resources are available to provide timely access to treatment. **NOTE:** *To provide quality care that meets evidence-based clinical practice guidelines for tobacco use treatment, it is highly recommended that VA medical facility directors allocate a combined total of 1.0 FTEE or more of dedicated clinical time (as specified on their Functional Statement) from staff across clinical settings to provide medication treatment and intensive individual and group behavioral counseling in accordance with the needs of the facility. Additional guidance can be found under "Frequently Asked Questions" on the OMH Policy Resource page:*

<https://dva.gov.sharepoint.com/sites/VACOMentalHealth/SitePages/Tobacco.aspx>. *This is an internal VA website that is not available to the public.*

(3) Ensuring that outpatient tobacco use screening and the offering and provision of tobacco use treatment to Veterans who use tobacco is documented in the Veterans Integrated Systems Technology Architecture (VistA) electronic health record using the National Clinical Reminder for Tobacco Use or the Oracle Electronic Health Record using the HealthRegistries Measures and Recommendations for Tobacco Use Screening, Tobacco Use Cessation and Tobacco Use Pharmacotherapy.

(4) Designating at least one Tobacco Use Treatment Lead Clinician. For VA health care systems that include more than one VA medical facility, a Lead Clinician must be designated for each facility in the system to ensure that each facility has access to a clinical expert in tobacco use treatment and to facilitate communication of clinical updates and relevant national policies and procedures to each site in the system.

NOTE: *It is highly recommended that the Lead Clinician have at least 0.2 FTEE dedicated non-clinical time allocated for fulfilling the role responsibilities. If the Lead Clinician is also providing tobacco use treatment, it is recommended that an appropriate amount of dedicated clinical time for tobacco use treatment is allocated to the position as well. The Lead Clinician role may be filled by a range of clinical disciplines and organized under various services lines in accordance with the needs and resources of the facility. A list of facilities required to designate a Lead Clinician can be found at <https://dvagov.sharepoint.com/sites/VACOMentalHealth/SitePages/Tobacco.aspx>.*

(5) Reporting the name, credentials, job title, and email address for the designated Tobacco Use Treatment Lead Clinician(s) at their VA medical facilities to the Tobacco Use Treatment program following the process outlined at

<https://dvagov.sharepoint.com/sites/VHAtobacco/SitePages/Lead-Clinician.aspx>.

NOTE: *This is an internal VA website that is not available to the public. Changes must be reported no later than 90 days after the previous designated Tobacco Use Treatment Lead Clinician leaves the position. Changes to the Lead Clinician distribution list will not be made without a notification from the VA medical facility Director's office.*

i. VA Medical Facility Chief of Staff and Associate Director for Patient Care Services. The VA medical facility Chief of Staff (CoS) and Associate Director for Patient Care Services (ADPCS) are responsible for:

(1) Ensuring that evidence-based smoking and tobacco use treatment is routinely offered and provided to Veterans across VA medical facility inpatient, outpatient, and residential services.

(2) Ensuring that the administrative responsibilities for the Tobacco Use Treatment Lead Clinician(s), and staff with clinical effort allocated for tobacco use treatment are labor mapped appropriately.

(3) Supporting the Tobacco Use Treatment Lead Clinician(s) in fulfilling their responsibilities.

j. VA Medical Facility Tobacco Use Treatment Lead Clinician. The VA medical facility Tobacco Use Treatment Lead Clinician is responsible for:

(1) Serving as a subject matter expert in tobacco use treatment clinical care and related public health issues. The Lead Clinician must be knowledgeable about the U.S. Preventive Services Task Force (USPSTF) recommendations and the U.S. Public Health Service (USPHS) clinical practice guidelines on tobacco use treatment and advise that tobacco use treatment provided by VA be in line with this policy and with the most recent applicable evidence-based practices. **NOTE:** *Program and clinical consultation is available to support Lead Clinicians. The onboarding process for new VA medical facility Tobacco Use Treatment Lead Clinicians is outlined at <https://dva.gov.sharepoint.com/sites/VHAtobacco/SitePages/Lead-Clinician.aspx>. This is an internal VA website and is not available to the public.*

(2) Collaborating with VA health care staff, facility programs, and clinics (e.g., Primary Care; Mental Health; Specialty Care; Pharmacy; Health Promotion Disease Prevention; Whole Health; Lung Cancer Screening;) across the VA medical facility to ensure that Veterans who use tobacco are offered and provided with evidence-based tobacco use treatment.

(3) Identifying, maintaining, and routinely disseminating a current list of tobacco use treatment options across the VA medical facility to assist clinicians with providing tobacco use treatment.

(4) Serving as a VA medical facility point of contact for communications to and from the VHA Tobacco Use Treatment program office regarding training and educational programs, quality improvement opportunities, policy, and clinical issues related to tobacco and health issues and their treatment in VHA.

(5) Conducting local education sessions and disseminating resources and information on evidence-based tobacco use treatment to VA clinical staff, focusing on those in Primary Care and Mental Health. **NOTE:** *Education may be provided through presentations at staff meetings, as part of health care professional trainee programs, and through existing local educational series such as grand rounds. Tobacco use treatment information and resources may be disseminated through routine updates at staff meetings, via email, and other modalities as appropriate.*

(6) Promoting and raising Veteran and staff awareness of local and national tobacco use treatment resources for Veterans such as local tobacco use treatment groups, the VHA national quitline, 1-855-QUIT-VET, and the mobile health program, SmokefreeVET. **NOTE:** *Clinical resources and materials to support VA medical facility Tobacco Use Treatment Lead Clinician responsibilities can be found on the Tobacco Use Treatment SharePoint site: <https://dva.gov.sharepoint.com/sites/VHAtobacco/SitePages/Home.aspx>. This is an internal VA website and is not available to the public.*

3. TOBACCO USE TREATMENT PROGRAM ELEMENTS

a. Each VA medical facility must provide a Tobacco Use Treatment Program with emphasis on the following elements:

(1) Delivery of state-of-the-art care to Veterans who want to quit smoking or other tobacco use in accordance with the evidence-based USPSTF Recommendations and the USPHS Clinical Practice Guidelines. A combination of behavioral counseling and medication treatment is more effective than either intervention alone. Combination nicotine replacement therapy (NRT) is more effective than monotherapy and should be considered as a first-line medication option for VA clinicians providing tobacco use treatment.

(2) Brief counseling (less than 3 minutes) must be provided to all Veterans who currently use tobacco and tobacco cessation medications must be made available to all patients interested in quitting tobacco as part of routine health care and documented as described in paragraph 2.h.3. Current VA performance measures for tobacco use treatment assess the extent to which all Veterans are screened for current tobacco use and that current tobacco users are given advice to quit, brief behavioral counseling, and offered medications. **NOTE:** *All available FDA-approved tobacco cessation medications, including varenicline, are first-line medications on the VA National Formulary without restriction as of June 2022. There are no limits on prescription quantities or specific follow-up and monitoring requirements. In accordance with VHA Directive 1108.08, VHA Formulary Management Process, dated July 29, 2022, all VISNs and VA medical facilities must follow and may not modify VA National Formulary designations.*

(3) Intensive (longer than 10 minutes), multi-session behavioral counseling and medication management services in line with evidence-based treatment for tobacco use must be available to all interested Veterans to augment brief counseling in a Veteran's regular care setting. Intensive counseling interventions are effective at increasing quit rates and increased number of sessions is associated with increased success in quitting. Treatment for tobacco use can be delivered in individual or group settings, and in face-to-face or telehealth modalities. **NOTE:** *Additional information and resources, including example clinic models and consultation resources can be accessed through the VHA Tobacco Use Treatment SharePoint: <https://dva.gov.sharepoint.com/sites/VHAtobacco/SitePages/Home.aspx>. This is an internal VA website that is not available to the public.*

(4) A Veteran is not required to attend a tobacco use treatment clinic or specialty program in order to obtain FDA-approved cessation medications; such a requirement is inconsistent with the USPSTF recommendations and USPHS clinical practice guidelines. Behavioral counseling and FDA-approved cessation medications are both effective as standalone interventions for tobacco use.

(5) Referrals to the VHA telephone quitline 1-855-QUIT-VET (1-855-784-8838) for counseling can be incorporated as an additional tobacco use treatment option but must not replace the provision of medication and intensive counseling interventions by the VA medical facility. Proactive telephone counseling has been demonstrated to increase rates of tobacco cessation.

(6) Tobacco use treatment provided may be tailored to address the specific needs of populations with disparities in rates of tobacco use or tobacco-related disease (e.g.,

culturally tailored interventions or interventions for individuals with co-morbidities such as mental health or substance use disorders).

b. As part of VA's commitment to prevent illness and deliver the best possible treatment for Veterans, VA continues to provide a strong public health educational effort on the risks of tobacco use and the health benefits of cessation. This is accomplished through outreach and education to Veterans, VA staff, and community partners to increase awareness of the full range of evidence-based treatment options for smoking and tobacco use available across the continuum of care in VA.

4. WAIVERS FOR NONCOMPLIANCE

a. OMH has established a process for accepting, approving and monitoring waiver requests in accordance with requirements in VHA Directive 1023, Waivers to National Policy, dated March 5, 2024. If noncompliance with all or part of this directive is discovered, the VA medical facility must follow this OMH process until a resolution to the noncompliance can be made.

b. If noncompliance is identified and it is determined that it can be corrected within 30 days of identification, notification to OMH is required via email to VHATobaccoProgram@va.gov. This notification, once acknowledged by OMH, will act as a temporary waiver expiring 30 days from acknowledgement. Information required in the notification includes policy number and paragraph number(s), reason for noncompliance, risk mitigation strategy until compliance can be achieved and an overall plan to resolve the noncompliance.

c. Noncompliance that is identified and determined to be uncorrectable within 30 days of identification or is not corrected within the temporary waiver timeframe must follow the OMH process to ensure the mitigation of the risk and meet the intent of this directive as written. This process is outlined on the OMH resource page at <https://dvagov.sharepoint.com/sites/VACOMentalHealth/SitePages/WAIVERS.aspx>.

NOTE: *This is an internal VA website that is not available to the public.*

5. RESOURCES

OMH has developed a resource page that includes information on specific mental health topics, Points of Contact and links to pertinent VHA directives that are related to mental health. These resource pages include program-specific requirements and guidance that are critical to implementation. To access the Tobacco Use Treatment OMH resource page, see

<https://dvagov.sharepoint.com/sites/VACOMentalHealth/SitePages/Tobacco.aspx>.

NOTE: *This is an internal VA website that is not available to the public.*

6. OVERSIGHT AND ACCOUNTABILITY

a. **Internal Controls.** The internal controls in this directive are:

(1) Leadership oversight as outlined in paragraph 2 of this directive.

(2) VA medical facility Director reports the name, credentials, job title, and email address for the designated Tobacco Use Treatment Lead Clinician(s) at their VA medical facilities to the Tobacco Use Treatment program as outlined in paragraph 2.h.(5).

b. **Metrics.** The metrics in this directive that assess the directive or program effectiveness are:

(1) Rates of current tobacco use in VHA.

(2) VA performance measures for tobacco use treatment assess the extent to which all Veterans are screened for current tobacco use and that current tobacco users are annually given advice to quit, brief behavioral counseling and offered medications.

(3) Rates of prescribing of tobacco cessation medications in VHA.

(4) Calls and electronic referrals to the VHA national quitline, 1-855-QUIT-VET.

(5) Enrollment in the SmokefreeVET text message program.

7. TRAINING

There are no formal training requirements associated with this directive. Recommended trainings on treatment of tobacco use are available here: <https://dvagov.sharepoint.com/sites/VHAtobacco/SitePages/Training.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

8. RECORDS MANAGEMENT

All records regardless of format (for example, paper, electronic, electronic systems) created by this directive must be managed as required by 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 can be addressed to the appropriate Records Officer.

9. BACKGROUND

a. Tobacco use is a chronic health condition with major public health and health systems-level implications. Tobacco use is the leading cause of preventable disease, death, and disability in the United States, and impacts every organ system in the body. Stopping smoking and tobacco use results in improvements to both physical and mental health and reduces risk for tobacco-related illness.

b. The prevalence of tobacco use among active military personnel and Veterans has historically been higher than that of the general U.S. population. Rates of cigarette smoking have been declining among Veterans, yet inequities in smoking rates and smoking-related disease and death persist and vary by race and ethnicity, age, sex, and socioeconomic status. Cigarette smoking is also a health disparity among individuals with co-occurring conditions such as mental health and substance use disorders. The

market for commercial, non-pharmaceutical tobacco and nicotine-containing products continues to expand and evolve, and use of these products can lead to nicotine dependence. Use of other tobacco products, such as electronic cigarettes, has increased, particularly among younger Veterans.

c. Tobacco use has considerable economic costs within the United States in terms of health care spending and lost productivity from tobacco-related illnesses and premature death. Tobacco use treatment interventions are widely considered to be the most cost-effective health care interventions for prevention of disease, disability, and death.

d. VA has adopted a strong public health approach and provides a comprehensive, evidence-based tobacco use screening and treatment program as outlined in the 2021 USPSTF Recommendation: Interventions for Tobacco Smoking Cessation in Adults, Including Pregnant Persons and the USPHS Clinical Practice Guideline 2008 Update, Treating Tobacco Use and Dependence.

10. DEFINITIONS

Tobacco products. Tobacco products are defined as commercial products containing, made, or derived from tobacco, nicotine, or nicotine analogues that are intended for human consumption. This includes cigarettes; pipe tobacco; cigars; smokeless tobacco; electronic nicotine delivery systems, also known as vapes or e-cigarettes; waterpipe tobacco; and others. This definition includes those designated as tobacco products by the FDA pursuant to Section 201(rr) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. § 321(rr)), as amended by the Tobacco Control Act. This definition of tobacco products does not include the sacred and traditional use of tobacco by some American Indian and Alaska Native communities.

11. REFERENCES

- a. 21 U.S.C. § 321(rr).
- b. 38 U.S.C. § 7301(b).
- c. VHA Directive 1023, Waivers to National Policy, dated March 5, 2024.
- d. VHA Directive 1108.08, VHA Formulary Management Process, dated July 29, 2022.
- e. VA Tobacco Use Treatment SharePoint.
<https://dvagov.sharepoint.com/sites/VHAtobacco/SitePages/Home.aspx>.
- f. VA Tobacco Use Treatment OMH resource page.
<https://dvagov.sharepoint.com/sites/VACOMentalHealth/SitePages/Tobacco.aspx>
- g. US Department of Health and Human Services; 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.

h. US Preventive Services Task Force; Krist AH, Davidson KW, Mangione CM, Barry MJ, Cabana M, Caughey AB, Donahue K, Doubeni CA, Epling JW Jr, Kubik M, Ogedegbe G, Pbert L, Silverstein M, Simon MA, Tseng CW, Wong JB. Interventions for Tobacco Smoking Cessation in Adults, Including Pregnant Persons: US Preventive Services Task Force Recommendation Statement. JAMA. 2021 Jan 19;325(3):265-279. doi: 10.1001/jama.2020.25019.

<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions>.