

Tobacco Use and the Military



Tobacco is the leading cause of preventable death in the United States, killing more than 490,000 Americans every year.¹ Tobacco use takes an enormous toll on the health and physical fitness of active duty U.S. military personnel and veterans because these populations have traditionally smoked at higher rates than the rest of the U.S. population. Tobacco use adversely affects military readiness, the health of both smokers and non-smokers, and is a financial burden on the U.S. Department of Defense (DoD) and Veterans Affairs (VA) healthcare systems.

“Tobacco product use is a threat to the health and fitness of our forces and compromises readiness, the foundation of a strong national defense.”²
- Surgeons General of the Air Force, Army, Navy, and the United States

A large number of smokers in the military want to quit, but unfortunately, because of the addictive power of nicotine, most smokers fail when they try to quit smoking on their own. Although the DoD offered some cessation benefits in the past, options were limited, underutilized, and unfamiliar to many military personnel. In 2013 as part of efforts to reduce tobacco use in the military, the DoD issued rules to expand smoking cessation coverage for military personnel.³

Tobacco Use Among Active Duty U.S. Military

Historically, tobacco use has been higher among active duty U.S. military than the general population, although tobacco use has been declining. According to the 2023 Health of the Force Report, which surveys Active Component (AC) service members from the Army, Navy, Air Force, and Marine Corps, 22% of AC service members are current tobacco users, with use highest among those in the Army (26%) and Marine Corps (26%), and lowest among the Air Force (17%). Overall, 8.6% report current use of a combustible tobacco product (cigarettes, cigars, pipes, hookah), 13% report e-cigarette use, and 6.5% report smokeless tobacco use.⁴ Other studies have indicated that nicotine pouch use is high and has increased among the military.⁵ Studies have found that tobacco use is higher among service members who were more likely to be exposed to combat, enlisted (versus officers), and those who have deployed a greater number of times.⁶

The Health Consequences of Tobacco Use Among Our Troops

Tobacco use has particularly detrimental consequences for active duty military personnel. Tobacco use reduces soldiers' physical fitness and endurance and is linked to higher rates of absenteeism and lost productivity. In addition, service members who use tobacco are more likely to drop out of basic training, sustain injuries and have poor vision, all of which compromise troop readiness.⁷

Tobacco Use Costs to the U.S. Military

Tobacco use places a significant burden on the DoD and VA healthcare systems. In 2008, the DoD assistant secretary for health affairs stated that, “Every year, tobacco use leads to unnecessary compromises in the readiness of our troops and costs the DoD millions of dollars in preventable health care costs.” In fact, in 2014, the Department of Defense spent nearly \$1.8 billion on medical and non-medical costs related to tobacco use.⁸

Tobacco Use Among U.S. Military Veterans

According to the 2024 National Health Interview Survey, 12% of Veterans (not limited to VA enrollees) were current smokers, compared to 9.7% of the non-Veteran population.⁹ According to a 2024 survey of VA enrollees' health, 42.1% of veterans enrolled in the VA health care system are former smokers and 11.0% are

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current smokers, a decrease from 14.6% in 2019. Among current smokers, certain demographic groups had higher rates of smoking, including those aged 45-64, American Indian/Alaska Native, Asian non-Hispanic, Black non-Hispanic, the uninsured and those with lower income and less than a high school education. Additionally, 3.0% of VA enrollees reported current use of smokeless tobacco products and 4.9% reported current use of e-cigarettes, with higher use among those under age 45 (10% for smokeless tobacco and 14% for e-cigarettes). The survey found that nearly half (49.1%) of VA enrollees who smoke reported making an unsuccessful quit attempt in the past year, with the majority (67.1%) reporting that they did not use any smoking cessation medication to attempt to quit.¹⁰

Smoking among veterans are costing the VA healthcare system billions of dollars every year, as lifetime healthcare costs for smokers are on average \$16,000 higher compared to nonsmokers.¹¹ During 2010, Veterans Health Administration spent an estimated \$2.7 billion on smoking-related ambulatory care, prescription drugs, hospitalizations, and home health care.¹² Researchers project that in 2024, 9.0% (548,000) of VA patients will have COPD, 61.6% (3,738,000) will have hypertension, and 14.8% (897,000) will have ischemic heart disease.¹³ According to a 2024 report, “Differences in adult smoking behaviors are estimated to account for 20 percent to 25 percent of the differences in respiratory health outcomes between veterans and civilians.”¹⁴

Tobacco Industry Targeting of Military Personnel

The tobacco industry has a long history of targeting military personnel. Until 1975, cigarettes were provided in basic field rations.¹⁵ The tobacco industry has also targeted service members and veterans with tobacco advertising, particularly for smokeless tobacco in various men’s magazines¹⁶ as well as the *Military Times* magazine, framing smokeless tobacco use as an escape from the stresses of the military.¹⁷

Cigarettes were also traditionally sold at deeply discounted prices in military commissaries. The DoD has taken action in recent decades to reduce these price disparities. In 2005, the DoD issued Instruction 1330.09, which requires that “Prices of tobacco products sold in military resale outlets in the United States, its territories and possessions, shall be no higher than the most competitive commercial price in the local community and no lower than 5 percent below the most competitive commercial price in the local community.”¹⁸ A 2016 DoD policy memo clarified that prices must match community prices, including all applicable taxes, but the policy may present enforcement challenges.^{19,20} Several studies find noncompliance with these policies, with cigarette prices consistently lower at military exchanges than community retailers:

- 2016 and 2019 studies found that cigarettes and smokeless tobacco were cheaper on Air Force bases than nearby off-base retailers.²¹
- A 2014 study found that only 4.6% of military exchanges were in compliance with the DoD’s Instruction. On average, cigarette prices on military exchanges were nearly 13% lower than the nearest Walmart.²²
- A 2011 study found that prices for Newport menthol cigarettes were between 18.1% and 16.7% lower at military exchanges compared to the nearest Walmart.²³

Pricing strategies such as these contradict the DoD’s goals to “communicate to service members that tobacco use is detrimental to health and readiness.”²⁴ Instead, deep discounts on tobacco products encourage service members to start using tobacco. Interviews with military leaders and junior enlisted military personnel reveal that easy access to cheap cigarettes on military installations is viewed as one way the military promotes a culture where tobacco use is accepted.²⁵ Older studies have found that 36-40% started smoking after joining the military.²⁶ Price discounts also discourage quitting. In 2011, nearly one-quarter (24.5%) of light/moderate smokers and 15.5% of heavy smokers in the military reported that increasing cigarette prices to match those outside the installation would deter their cigarette smoking.²⁷

Eliminating discounts for tobacco products on military installations would discourage initiation among service members, encourage current users to quit, and strengthen the military’s tobacco control efforts.

- ¹ HHS, Eliminating Tobacco-Related Disease and Death: Addressing Disparities—A Report of the Surgeon General, 2024, at 9.
- ² Adams, J, et al., “Tobacco product use threatens military readiness,” Stars and Stripes, July 7, 2019, <https://www.stripes.com/opinion/tobacco-product-use-threatens-military-readiness-1.589063>.
- ³ See Federal Register, Volume 78, Number 39 (February 27, 2013), Doc No: 2013-03417, <http://www.gpo.gov/fdsys/pkg/FR-2013-02-27/html/2013-03417.htm>; Tricare, “Tobacco Cessation,” <http://tricare.mil/LiveWell/Tobacco.aspx>, accessed April 1, 2014.
- ⁴ Defense Health Agency Public Health. 2025. 2023 Health of the Force, <https://ph.health.mil/periodicals/2023-hof-report.pdf>.
- ⁵ Little, M, “Nicotine Pouch Use Among US Military Personnel,” JAMA Network Open 7(12):e2451517, 2024, doi:10.1001/jamanetworkopen.2024.51517.
- ⁶ Chin J, et al. Prevalence of use and perceptions of electronic smoking devices in a U.S. Army infantry division. *Military Medicine* 2018;183(1-2):e127–e33. Hall MT, et al. Vape and aviate: electronic-cigarette use and misuse in naval aviation. *Military Medicine* 2018;183(3–4):e165–e70
- ⁷ Institute of Medicine, *Combating Tobacco in Military and Veteran Populations*, 2009.
- ⁸ CDC Office on Smoking and Health, *Military Service Members and Veterans*, <https://www.cdc.gov/tobacco/campaign/tips/groups/military.html#five>. See also, Lewin Group. *Cost of Tobacco Use & Exposure, Overweight and Obesity, and High Alcohol Consumption within the TRICARE Prime and Standard Population: Technical Report.*, 2016.
- ⁹ NCHS. Percentage of current cigarette smoking for adults aged 18 and over, United States, 2024. National Health Interview Survey. Generated interactively: April 23, 2026 from https://www.cdc.gov/NHISDataQueryTool/SHS_adult/index.html.
- ¹⁰ Department of Veterans Affairs, Veterans Health Administration, 2024 Survey of Veteran Enrollees’ Health and Use of Health Care, January 2024, <https://www.va.gov/VHA/STRATEGY/SOE2024/SOE24.pdf>.
- ¹¹ Hodgson, TA, “Cigarette Smoking and Lifetime Medical Expenditures,” *Milbank Quarterly*, 70(1):81-115, 1992. Costs are adjusted to 2018 dollars using the Price Indexes for Gross Domestic Product from Bureau of Economic Analysis, U.S. Department of Commerce, Table 1.1.4. Price Indexes for Gross Domestic Product, Last Revised on September 26, 2019, https://apps.bea.gov/iTable/iTable.cfm?reqid=19&step=3&isuri=1&nipa_table_list=4&categories=survey.
- ¹² Barnett PG, et al. Health care expenditures attributable to smoking in military veterans. *Nicotine Tob Res.* 2015;17(5):586-591.
- ¹³ RAND Health, *Current and Projected Characteristics and Unique Health Needs of the Patient Population Served by the Department of Veterans Affairs*, 2015, https://www.rand.org/content/dam/rand/pubs/research_reports/RR1100/RR1165z1/RAND_RR1165z1.pdf.
- ¹⁴ RAND, *Respiratory Health Among U.S. Veterans Across Age and Over Time*, July 9, 2024, https://www.rand.org/pubs/research_reports/RR1363-13.html.
- ¹⁵ Smith EA, Malone RE. Tobacco promotion to military personnel: “the plums are here to be plucked”. *Military Medicine* 2009;174(8):797–806.
- ¹⁶ Trinkets & Trash. Copenhagen salutes our soldiers, our veterans, our heroes [magazine advertisement by Copenhagen brand smokeless tobacco], 2021; <https://www.trinketsandtrash.org/detail.php?artifactid=15563&page=1>. Accessed: February 28, 2025.
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- ¹⁸ Department of Defense Instruction Number 1330.09, December 7, 2005, <http://www.dtic.mil/whs/directives/corres/pdf/133009p.pdf>
- ¹⁹ Secretary of Defense Ashton Carter, “Policy Memorandum 16-001, Department of Defense Tobacco Policy,” April 8, 2016, <http://www.med.navy.mil/sites/nmcphc/Documents/health-promotion-wellness/tobacco-free-living/INCOMING-CARTER-Tobacco-Policy-Memo.pdf>
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- ²¹ Kong AY, et al. Availability, price and promotions for cigarettes and non-cigarette tobacco products: an observational comparison of U.S. Air Force bases with nearby tobacco retailers, 2016. *Tobacco Control* 2019;28(2):189–94. Kong AY, et al. Cheaper tobacco product prices at U.S. Air Force Bases compared with surrounding community areas, 2019. *Tobacco Control* 2022;31(e2):e169–e174.
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