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AIR FORCE INSTRUCTION 40-102

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Medical Command

TOBACCO USE IN THE AIR FORCE

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This instruction establishes policies governing tobacco use on Air Force installations to minimize the adverse impact of tobacco use on health, mission readiness, and unit performance. This publication applies to all military and civilian Air Force (AF) personnel, including Air Force Reserve Command (AFRC) units and the Air National Guard (ANG). It implements Air Force Policy Directive (AFPD) 40-1, *Health Promotion*. It is also consistent with DoD Directive 1010.10, *Health Promotion and Disease/Injury Prevention*, Executive Order 13058 – *Protecting Federal Employees and the Public from Exposure to Tobacco Smoke in the Federal Workplace*, Code of Federal Regulations (CFR), Title 41, Part 102-74, *Facility Management*, Sections 102-74.315 to 102-74.350, Air Force Instruction (AFI) 34-246, *Air Force Lodging Program*, AFI 36-2903, *Dress and Personal Appearance of Air Force Personnel*, AFI 40-101, *Health Promotion*, and the U.S. Department of Health and Human Services Healthy People 2020 Objectives pertaining to Tobacco Use. This AFI may be supplemented at any level, but all supplements must be routed to AFMSA/SG3O for coordination prior to certification and approval. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*; route AF Form 847s from the field through the appropriate functional's chain of command. Ensure that all records created as a result of processes prescribed in this publication are maintained IAW Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of IAW Air Force Records Disposition Schedule (RDS) located at **https://www.my.af.mil/afrims/afrims/afrims/rims.cfm/**.

SUMMARY OF CHANGES

This document has been substantially revised and must be completely reviewed. Major changes include: designation of tobacco-free medical campuses; updated Designated Tobacco Areas and areas where tobacco use is prohibited; updated policies on tobacco use among Airmen in formal training programs; revised interventions to prevent and decrease tobacco use; and revised delineation of responsibilities to promote a tobacco-free Air Force.

Chapter 1

TOBACCO USE IN THE AIR FORCE

Section 1A— GOAL

1.1. The goal is a tobacco-free AF. Tobacco use is the leading cause of preventable death in the United States. Tobacco use degrades the state of military readiness and the health of military personnel. Commanders and leaders should strive for tobacco-free AF installations and decrease supportive environments for tobacco use.

Section 1B—RESPONSIBILITIES

1.2. US Air Force Chief of Staff (CSAF) provides guidance on the use of all tobacco products in AF facilities, vehicles, and aircraft.

1.3. Air Force Surgeon General (AF/SG) provides mission support of tobacco prevention and cessation programs.

1.4. Assistant Secretary of the Air Force (Manpower and Reserve Affairs) (SAF/MR) serves as the agent of the Secretary and provides guidance, direction, and oversight for all matters pertaining to the formulation, review, and execution of plans, policies, programs, and budgets that address health promotion and tobacco use.

1.5. Air Force Medical Support Agency, Health Promotion (AFMSA/SG3O):

1.5.1. Coordinates AF tobacco policy; develops and recommends changes to AF/SG3.

1.5.2. Evaluates and reports standardized tobacco metrics to AF/SG3.

1.5.3. Collaborates with national organizations, other military services, and outside agencies on tobacco initiatives and policy.

1.5.4. Represents AF on DoD- and AF-level tobacco working groups, as appropriate.

1.5.5. Collaborates with other internal AF agencies, as applicable, on issues related to tobacco policy and interventions.

1.6. Air Force Medical Operations Agency, Health Promotion Operations (AFMOA/SGHC):

1.6.1. Serves as the liaison between AFMSA and Major Commands (MAJCOMs) and installations on execution of tobacco policy and interventions.

1.6.2. Plans, programs, budgets, and coordinates standardized AF tobacco interventions.

1.6.2.1. In collaboration with AFMSA/SG3O, periodically reports programming, budgeting, and outcomes of installation tobacco initiatives and interventions to AF/SG3.

1.6.3. Evaluates and reports standardized tobacco metrics to MAJCOM/Surgeon Generals and AFMSA/SG3O IAW **Chapter 5**.

1.6.3.1. AFMOA/SGHC creates and disseminates processes and tools for Health Promotion personnel to use in collecting and reporting data.

1.6.3.2. Health Promotion Program Flight Commander/Element Chief reports data to AFMOA/SGHC as required.

1.6.4. Programs, plans, budgets, coordinates, and executes all AF tobacco education and training for appropriate Health Promotion staff.

1.6.5. Collaborates with other internal AF agencies, to include AF Population Health Working Group (PHWG), on issues related to tobacco interventions.

1.6.6. Provides input to AFMSA/SG3O for tobacco policy and interventions.

1.6.7. Advises and assists Medical Treatment Facilities (MTFs) and Air National Guard (ANG) Medical Groups (MDG) in transitioning to tobacco-free medical campuses.

1.7. Health Promotion Support Office (AFMOA/SGHC):

1.7.1. Supports AFMOA/SGHC (Health Promotion Operations) in achieving AFI 40-101 tobacco goals and objectives.

1.8. MAJCOM/CC:

1.8.1. Monitors initial and ongoing compliance with this publication.

1.8.2. Establishes guidance to meet unique mission requirements.

1.9. Installation Commander:

1.9.1. Enforces policies on the use of tobacco products.

1.9.2. Provides funding for all signage related to tobacco use, including those used in installation Designated Tobacco Areas (DTAs).

1.9.3. Provides funding for all cigarette butt cans and receptacles used in installation DTAs.

1.9.4. Approves DTA maps submitted by Civil Engineering (CE).

1.9.4.1. Determines the number and location of DTAs on the installation.

1.10. Medical Group Commander (MDG/CC):

1.10.1. Establishes tobacco-free medical campuses to protect the health of patients, employees, and visitors. Tobacco use is inconsistent with the Air Force Medical Service (AFMS) Strategy of *Build Patient-Centered Care and Focus on Prevention to Optimize Health* to achieve the Vision of *World-Class Healthcare For Our Beneficiaries Anywhere, Anytime.*

1.10.2. Active duty MDG only: Establishes tobacco prevention and cessation programs and ensures they are provided to active duty members, family members, and retirees.

1.10.2.1. Ensures the implementation of tobacco cessation support and clinical encounter interventions IAW **Chapter 4**.

1.10.2.2. Ensures that providers may prescribe nicotine replacement therapy (NRT) or other tobacco cessation medications for any patient suffering from tobacco addiction.

1.10.3. Coordinates on MTF and ANG MDG campus boundaries and DTA maps submitted by CE prior to Installation Commander approval.

1.11. Civil Engineering (CE). Designs, coordinates, and revises DTA maps and signage (IAW **paragraph 2.2.3**) with the goal of minimizing the number of DTAs, in order to assist tobacco users in cessation efforts and minimize the health risks to others from exposure to secondhand tobacco smoke (STS).

1.12. Public Affairs (PA). Advises leaders at all levels on their responsibility to communicate the Air Force's commitment to a tobacco-free culture. Assists the medical community with promoting tobacco prevention and cessation programs.

1.13. Family Housing and Unaccompanied Housing (UH) offices:

1.13.1. Brief prospective residents on the installation housing/UH smoking policies.

1.13.2. May designate housing units smoke-free if STS seeps from a smoking unit to a non-smoking unit.

1.14. Unit/Squadron Commanders and Supervisors:

1.14.1. Implement policies and practices creating a supportive environment that assists tobacco cessation and eliminates conflicting messages on tobacco use.

1.14.2. Implement policies that ensure tobacco use in itself does not entitle tobacco users to additional break time from duty compared with non-tobacco users.

1.14.3. Establish unit-level tobacco cessation programs as appropriate.

1.15. Medical and Dental providers (Active duty only):

1.15.1. Implement clinical encounter interventions IAW **Chapter 4**.

1.16. Health Promotion Program Flight Commander/Element Chief (Active duty only):

1.16.1. Ensures the use of the program planning process to plan, coordinate, and implement targeted tobacco prevention/cessation program interventions.

1.16.2. Ensures evidence-based evaluation tools are used to measure program success.

1.16.3. Coordinates facilitation training and certification of Health Promotion staff and/or base representatives to enhance availability of tobacco facilitators.

1.16.3.1. Ensures Health Promotion staff and other tobacco cessation facilitators are familiar with local policy and comply with AF standardized programs.

1.16.4. Ensures promoted tobacco quit lines are led by certified tobacco cessation professionals.

1.17. Health Promotion Office Manager (OM) (Active duty only): Collects data and prepares reports on tobacco prevalence and intervention processes/outcomes.

Chapter 2

TOBACCO USE

2.1. The Air Force is committed to providing an environment that does not encourage or facilitate initiation or continued use of tobacco. The Air Force discourages the use of all tobacco products. Tobacco use damages personal health and detracts from unit mission readiness. Tobacco use by Airmen reflects poorly on professional image/appearance. Tobacco includes, but is not limited to, cigars, cigarettes, electronic-cigarettes ("e-cigarettes"), stem pipes, water pipes, hookahs, and smokeless products that are chewed, dipped, or sniffed.

2.2. Tobacco use is prohibited on AF installations, except in DTAs and housing units (see **2.2.5.3.1 and 2.2.5.3.2) .**

2.2.1. All installation entry gates will have signs indicating "Tobacco use is prohibited on this installation, except in Designated Tobacco Areas."

2.2.2. Tobacco-free MTF campuses. (Note: For purposes of this AFI, references to tobacco-free MTF campus include ANG MDG.)

2.2.2.1. MTF campuses shall be tobacco-free. Tobacco-free environments minimize the health risks of STS, assist tobacco cessation efforts, and promote a culture of health and wellness.

2.2.2.2. For the purposes of this Instruction, MTF is defined as a clinic or hospital established for the primary purpose of furnishing medical or dental care for DoD-eligible beneficiaries.

2.2.2.3. MTF campuses are defined as the contiguous area surrounding the clinic or hospital, to include parking structures and lots; lawns; and other outdoor areas contiguous with the MTF. MTF campus boundaries are determined in accordance with paragraph 2.2.3.4 below.

2.2.2.4. Installations with multiple geographically separated hospital buildings and clinics may have multiple MTF campuses as determined by the base CE in paragraph 2.2.3.4 below.

2.2.2.5. MTF campus boundaries are determined by CE, with coordination by the MDG/CC and approval of the Installation Commander.

2.2.2.6. MTF campus boundary for primary MTF.

2.2.2.6.1. The primary MTF is the MTF on the installation that has the preponderance of patient care services, as determined by the MDG/CC.

2.2.2.6.2. If no part of the primary MTF campus boundary is within 250 feet of the primary MTF, CE, with coordination by the MDG/CC and approval of the Installation Commander, may re-define one portion of the primary MTF campus boundary.

2.2.2.6.2.1. The re-defined boundary shall be no less than 200 feet and no greater than 250 feet from the primary MTF structure.

2.2.2.6.2.2. The re-defined boundary permits placement of a DTA outside of the MTF campus that minimizes extended or possibly dangerous travel by staff and

visitors who use tobacco. This DTA, where practical, should be located in an area that minimizes visibility, especially to children, and minimizes risk of exposure to STS.

2.2.2.7. The use of NRT is allowed in a tobacco-free environment.

2.2.2.8. MTFs will have 18 months from publication of this AFI to fully implement tobacco-free MTF campuses.

2.2.2.9. Joint Bases.

2.2.2.9.1. In joint bases where the AF is the Supporting Component, the tobacco-free MTF policy will apply to all MTFs on the joint base installation unless specifically listed as an exception under an existing joint base agreement IAW Department of Defense Initial Guidance for Base Realignment and Closure (BRAC) 2005 Joint Basing Implementation (22 Jan 08).

2.2.2.9.2. In joint bases where the AF is the Supported Component, the tobacco-free MTF policy will apply to MTFs on the joint base installation upon approval of the Joint Base Installation Commander. Disapprovals to apply the tobacco-free MTF policy to AF MTFs on a joint base installation should be documented in writing in the joint base agreement.

2.2.3. Designation of DTAs.

2.2.3.1. Base CE will determine DTAs with input from facility managers and squadron commanders.

2.2.3.2. DTA maps for the installation will be coordinated with the MDG/CC prior to approval by the Installation Commander.

2.2.3.3. Facility managers may share DTAs to prevent excessive and duplicative designation of tobacco use areas.

2.2.3.4. Base CE determines boundaries of the MTF campus and coordinates boundaries and DTA maps with MDG/CC prior to submission to Installation Commander for approval.

2.2.4. Standards for DTAs.

2.2.4.1. DTAs will be kept in good condition reflecting their surroundings.

2.2.4.2. Tobacco use on the installation shall be restricted to DTAs. Tobacco use outside of DTAs, including while walking anytime outside of DTAs, is prohibited.

2.2.4.3. DTAs shall be away from common points of facility entry/egress and not in front of buildings or air intake ducts. The distance of a DTA from building entry/egress is to be determined by the squadron commander but will be no less than 50 feet.

2.2.4.3.1. DTAs shall be a minimum of 50 feet from pedestrian walkways, to include parking lots, to prevent secondhand smoke exposure to passersby.

2.2.4.3.2. No DTA shall be within 100 feet of playgrounds to minimize the health risks of STS to children playing, entering or exiting the area.

2.2.4.3.3. Deviations from these distances are authorized if structural limitations exist and only upon approval of the Installation Commander.

2.2.4.4. DTAs will be annotated on an installation map and marked with signs: **"Designated Tobacco Area."** With the exception of housing units (see **2.2.5.3.1** and **2.2.5.3.2**), cigarette butt cans and receptacles are only located in the DTAs.

2.2.4.5. Tobacco users are responsible for keeping DTAs clean and free of cigarette butts and debris. Commanders may remove DTAs if the area around it or leading up to it is cluttered with trash, cigarette butts, or spittoons.

2.2.5. AF Facilities. Tobacco use is prohibited in:

2.2.5.1. All AF workplaces.

2.2.5.2. All installation recreation facilities, including athletic complexes, golf courses, and beaches, except in DTAs.

2.2.5.3. All lodging guest rooms, lodging and UH common areas, and Temporary Lodging Facility units.

2.2.5.3.1. Tobacco use is authorized in UH designated smoking rooms; however, Installation Commanders have the authority to designate the entire UH facility as non-smoking in order to minimize the health risks from tobacco use and STS, and promote a culture of health and wellness. If UH facilities are designated as non-smoking, smoking shall occur outside the facility in a DTA.

2.2.5.3.2. Government-owned, -leased, and –managed family housing facilities will be designated smoke-free where there is a common air-handling unit for multiple individuals or families (i.e., stairwell housing, duplex). For family housing units with separate air-handling units, if STS seeps from a smoking unit to a non-smoking unit, the Installation Commander is authorized to designate the involved units as smoke-free, but other forms of tobacco not including smoking would continue to be permitted.

2.2.6. Tobacco use is prohibited in AF vehicles.

2.2.7. Tobacco use is prohibited in AF aircraft. This prohibition will also be included in AF contracts for use of commercial air carrier support.

2.2.8. Students of all AF formal training courses are prohibited from using tobacco in duty uniform.

2.2.8.1. Students attending all AF formal training courses will be briefed on this instruction, effective the date of this signed instruction.

2.2.8.2. Instructors and staff of all AF formal training courses are strongly encouraged to be a role model and refrain from use of tobacco products while within student view.

2.2.8.3. Tobacco use is prohibited:

2.2.8.3.1. At all times for students in basic military training.

2.2.8.3.2. During school duty hours by all students in technical training and accession programs, PME, professional continuing education, inter-service training programs,

and, Air Force Institute of Technology (AFIT) programs (while in uniform). Note: These education and training programs include, but are not limited to, recruiting, pre-commissioning programs (Officer Training School [OTS] and Air Force Reserve Officer Training Corps [AFROTC]), technical training, flying training, and graduate medical education (medical and dental residencies and fellowships).

2.2.9. Civilian Employees of the Federal Government.

2.2.9.1. This instruction applies to all civilian federal employees.

2.2.9.2. AF activities with bargaining unit employees will notify labor organizations of changes in this instruction and meet local bargaining obligations before implementing this instruction for bargaining unit employees. Review of current collective bargaining agreements is necessary to determine what may need to be bargained. Implementation of this instruction for non-bargaining employees will take place immediately.

2.2.10. Contractor Employees and other Non-DoD Personnel.

2.2.10.1. Executive Order 13058 and 41 CFR 102-74 establishes that it is the policy of the executive branch to establish a smoke-free environment for Federal employees and members of the public visiting or using Federal facilities.

2.2.10.2. Installations will be required to provide notice of the restrictions on tobacco use to non-DoD personnel. Such notice may be in the form of required contract provisions for contractor support personnel and in appropriate signage at base entry points.

2.2.11. Enforcement of tobacco-free areas.

2.2.11.1. Commanders are authorized to publish enforcement measures appropriate for their populations.

2.2.11.2. In general, disciplinary measures should be reserved only for violators who willfully and flagrantly persist in using tobacco outside of DTAs despite repeated reminders of tobacco use policies detailed in this Instruction.

Chapter 3

SALE OF TOBACCO

3.1. The sale of tobacco products is prohibited:

3.1.1. In MTFs, all Services facilities, and all AF organizations.

3.1.2. From vending machines on AF installations.

3.1.3. On the installation to anyone under the age of 18 years, or under the minimum age for tobacco use set by state law (or local jurisdiction for OCONUS installations), whichever is lower.

3.2. Placement of tobacco products in retail stores on AF installations:

3.2.1. Strategic placement of tobacco products in retail stores promotes consumer exposure and impulse purchases.

3.2.2. Retail stores should limit displays and visibility of tobacco or tobacco-related devices. Limiting placement of tobacco products in retail stores supports efforts by tobacco users to quit or maintain abstinence, and can help prevent children from being influenced to use tobacco.

3.2.3. Food and Drug Administration Regulations (21 CFR 1140) prohibit the sale of cigarettes and smokeless tobacco in self-service displays, except in facilities where individuals under the age of 18 are not present or permitted at any time. All tobacco products must be secured to prohibit self service to all patrons.

3.3. Advertisements for tobacco products are prohibited in all official AF print and electronic publications. Advertisements that highlight tobacco-free behavior are encouraged.

3.4. Distribution of tobacco samples on the installation is prohibited.

Chapter 4

INTERVENTIONS

4.1. Health Promotion programs will focus on the following strategies to decrease tobacco use among installation community members. The interventions in this chapter are offered primarily on active duty installations.

4.2. Community interventions:

4.2.1. Assist commanders to develop policies that emphasize a tobacco-free AF culture.

4.2.2. Establish partnerships and collaborations with other organizations/agencies to implement tobacco-free living campaigns on AF installations, when appropriate.

4.2.2.1. Implement standardized social marketing campaigns promoting a tobacco-free culture.

4.2.2.2. Through the Installation Commander, communicate messages on the health, social, and financial benefits of being tobacco-free.

4.2.3. Collaborate with other organizations/agencies to reduce tobacco use and prevent initiation.

4.2.3.1. Identify high-risk groups to provide education and intervention to prevent tobacco initiation and discourage use.

4.2.3.2. Coordinate with Bioenvironmental Engineering and Public Health to identify all workers and worksites where the respiratory system has been identified as a target of occupational risk.

4.2.3.3. Identify and educate formal and/or informal leaders on the importance of role modeling and mentoring healthy behaviors and the negative effects of tobacco initiation and use.

4.2.4. Market Health Promotion resources to the AF community.

4.3. Cessation support interventions:

4.3.1. Group programs:

4.3.1.1. Promote and implement the AF-standardized group tobacco cessation program.

4.3.1.2. Coordinate medication protocols, personal support, and resources with the AF-standardized group tobacco cessation program, as appropriate.

4.3.2. Web-based programs:

4.3.2.1. Promote and implement the AF-standardized web-based program.

4.3.2.2. Coordinate medication protocols, personal support, and resources with the AF-standardized web-based program, as appropriate.

4.3.3. Tobacco quit lines:

4.3.3.1. Promote and implement the AF-standardized tobacco quit line.

4.3.3.2. Coordinate medication protocols, personal support, and resources with the AF-standardized tobacco quit line, as appropriate.

4.3.4. Support Groups:

4.3.4.1. Promote the development and marketing of support groups based on need and interest.

4.3.4.2. Refer members and beneficiaries to outside support groups, when appropriate.

4.3.5. Unit-level interventions and support. Unit involvement in intervention programs is encouraged as peer-led programs are often better received.

4.3.5.1. Promote and implement unit-level tobacco cessation programs, as appropriate.

4.3.5.2. Coordinate medication protocols, personal support, and resources for unit-level interventions, as appropriate.

4.3.5.3. Ensure all unit-level group interventions are led by certified tobacco cessation facilitators.

4.3.5.4. Assist units to form unit-level support groups, as appropriate.

4.3.6. Deployed interventions and support.

4.3.6.1. Medical and dental healthcare personnel will support tobacco cessation efforts in the deployed setting to the maximum extent possible.

4.3.6.2. Deployed MDG/CC will ensure pharmacotherapy protocols are implemented.

4.3.7. Host base Health Promotion staff will coordinate tobacco cessation support for Geographically Separated Units (GSUs).

4.4. Clinical encounter interventions (Active duty only)

4.4.1. Medical and dental healthcare teams:

4.4.1.1. Furnish pertinent professional advice to every tobacco user using the *Department of Health and Human Services Treating Tobacco Use and Dependence Clinical Practice Guideline*.

4.4.1.2. Use a standardized approach to determine tobacco use and readiness to quit at all patient encounters.

4.4.1.3. Provide counseling for patients using tobacco products focusing on the risks of continued use, benefits of cessation and available treatment options.

4.4.1.4. Collaborate with Health Promotion to offer patients tobacco cessation resources and support.

4.4.1.5. Use standardized coding practices to identify tobacco use and counseling according to most current coding guidance.

4.4.2. MDG commanders:

4.4.2.1. Ensure pharmacotherapy is available for eligible beneficiaries in support of all tobacco cessation interventions.

4.4.2.2. Appoint a provider or pharmacist as a Tobacco Cessation Champion.

4.4.3. Tobacco Cessation Champion:

4.4.3.1. Serve as the MTF clinical treatment tobacco cessation consultant.

4.4.3.2. Provide regular updates on tobacco cessation treatment options using multiple forums (e.g., Prostaff, in-service, PHWG, etc.) to educate staff on available treatment options and local protocols.

4.4.3.3. Serve as a consultant to the Pharmacy and Therapeutics committee to address pharmacotherapy requirements as needed.

4.4.3.4. Work with Health Promotion to coordinate pharmacotherapy support with tobacco cessation intervention.

4.4.3.5. The presence of the Tobacco Cessation Champion is not intended to prevent other providers from prescribing tobacco cessation pharmacotherapy to their patients.

Chapter 5

HEALTH PROMOTION TOBACCO METRICS

5.1. Health Promotion collects and reports tobacco data in support of tobacco use prevention and cessation goals (see **Figure 5.1) (Active duty only).** Tobacco initiation and use data will be used to track trends in AF-wide tobacco use prevalence, identify high-risk populations, and develop and improve programs and policies for reducing prevalence.

Figure 5.1. Tobacco-free Living Goals from AFI 40-101, *Air Force Health Promotion.*

- ✓ Decrease tobacco use
- ✓ Prevent tobacco use initiation
- ✓ Decrease supportive environments for tobacco use
- ✓ Increase tobacco cessation options availability

5.1.1. Metrics are used for program evaluation and global assessment of tobacco use.

5.1.2. AF and installation tobacco metric reports are used to inform PHWG, Integrated Delivery System (IDS) and other forums to improve prevention and cessation efforts.

CHARLES B. GREEN, Lieutenant General, USAF, MC, CFS
Surgeon General

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

AFI 34-246, *Air Force Lodging Program,* 9 November 2007

AFI 36-2903, *Dress and Personal Appearance of Air Force Personnel,* 18 July 2011

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USDHHS, *Healthy People 2020 Objectives,* **www.healthypeople.gov**

Adopted Forms

AF Form 847, Recommendation for Change of Publication

Abbreviations and Acronyms

AFI—Air Force Instruction

AFIT—Air Force Institute of Technology

AFMOA—Air Force Medical Operations Agency

AFMOA/SGHC—Health Promotion Operations

AFMS—Air Force Medical Service

AFMSA—Air Force Medical Support Agency

AFMSA/SG3O—AF Health Promotion

AFPD—Air Force Policy Directive

AFRC—Air Force Reserve Command

AFROTC—Air Force Reserve Officer Training Corps

AF/SG—Air Force Surgeon General

AF/SG3—Deputy Surgeon General, Healthcare Operations

ANG—Air National Guard

ARC—Air Reserve Component

CE—Civil Engineering

CFR—Code of Federal Regulations

CSAF—Chief of Staff

DTA—Designated Tobacco Area

GSU—Geographically Separated Unit

IAW—In Accordance With

IDMT—Independent Duty Medical Technician

IDS—Integrated Delivery System

MAJCOM—Major Command

MDG—Medical Group

MTF—Medical Treatment Facility

NRT—Nicotine Replacement Therapy

OTS—Officer Training School

POV—Privately Owned Vehicle

MDG/CC—Medical Group Commander

OM—Health Promotion Office Manager

OTS—Officer Training School

PHWG—Population Health Working Group

STS—Secondhand Tobacco Smoke

UCMJ—Uniform Code of Military Justice

UH—Unaccompanied Housing

Terms

Designated Tobacco Areas—location selected for use of tobacco products.

Interventions—methods used to modify a health behavior(s).

Program Planning Process—1) Assess needs, 2) Identify the problems(s), 3) Set goals and objectives, 4) Develop an intervention, 5) Implement the intervention, 6) Evaluate the results.

Secondhand Tobacco Smoke—a mixture of gases and fine particles that includes smoke from a burning cigarette, cigar, or pipe tip and smoke that has been exhaled by the person smoking. Most exposure to secondhand smoke occurs in homes, workplaces, and public places. Exposure

to secondhand smoke increases risk for heart disease, lung cancer, asthma, respiratory problems, ear infections, and sudden infant death syndrome. There is no risk-free level of contact with secondhand smoke.

Social Market Campaigns—process for influencing human behavior on a large scale, using marketing principles for the purpose of societal benefit rather than commercial profit.

Tobacco—an agricultural product processed from the fresh leaves of plants in the genus *Nicotiana*. Commercially available in dried, cured, and natural forms, it is often smoked in the form of a cigar or cigarette, or in a stem pipe, water pipe, or hookah. Tobacco can also be chewed, "dipped" (placed between the cheek and gum), or sniffed into the nose as finely powdered snuff.

Tobacco Cessation—the effort to successfully stop using tobacco products.

Tobacco Prevention—preventing tobacco abuse through the reduction or abatement of risk factors and the strengthening of protective or resiliency factors. Prevention activities include various strategies aimed at educating the community at large and selective strategies for individuals and families who are at greatest risk for tobacco abuse but are not in need of treatment. These activities also include reducing environmental and normative conditions that encourage the use of tobacco, and strengthening or creating pro-social norms or policies that decrease the likelihood of tobacco use.

Tobacco Quit Line—a tobacco-use treatment intervention bringing behavioral counseling services to the individual, via a phone line, to support their cessation efforts.