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IN REPLY REFER TO
COMNAVSURFPACINST 5100.13/
COMNAVSURFLANTINST 5100.13
N01H/N01H
19 Sep 12

COMNAVSURFPAC/COMNAVSURFLANT INSTRUCTION 5100.13

From: Commander, Naval Surface Force, U.S. Pacific Fleet
Commander, Naval Surface Force Atlantic

Subj: TOBACCO CONTROL POLICY FOR COMNAVSURFPAC/COMNAVSURFLANT COMMANDS

Ref: (a) SECNAVINST 5100.13
(b) OPNAVINST 6100.2
(c) COMNAVSURFPAC/COMNAVSURFLANTINST 6100.1

Encl: (1) Tobacco Cessation Facilitator Tool Kit

1. Purpose. This is a joint Commander, Naval Surface Force, U.S. Pacific Fleet (COMNAVSURFPAC)/Commander, Naval Surface Force Atlantic (COMNAVSURFLANT) instruction. It establishes policy and provides guidance to address the use of tobacco products aboard all Naval Surface Force platforms. The use of tobacco by Surface Force personnel directly impacts the Surface Force mission by causing lost productivity, decreased readiness and fitness, and increased healthcare problems. This policy is intended to increase access to evidence-based tobacco cessation services and to address tobacco use issues throughout the Naval Surface Force.

2. Background

a. Reference (a) establishes policy to address tobacco use in all forms.

b. Reference (b) establishes policy for the Navy’s Health and Wellness Promotion Program, which includes policy for tobacco use prevention and cessation.

c. Reference (c) establishes the COMNAVSURFPAC and COMNAVSURFLANT Health Promotion and Wellness Unit Award (Green "H") program.

d. The health, welfare, and medical readiness of the Naval Surface Force is of the highest priority. Numerous reports from the U.S. Surgeon General's Office and other highly competent medical authorities have long established the risks of tobacco use and of second hand smoke as major health threats. Based on current research, over 60% of current tobacco users would like to quit their tobacco use in the next six months. Thus, increasing access to and the provision of evidence-based tobacco cessation support will greatly benefit the mission of the Naval Surface Force.

3. Applicability and Scope. This instruction applies to all Surface Force platforms and facilities, to include all ships.

4. Policy. This instruction addresses all forms of tobacco and its use. In accordance with reference (a), all forms of tobacco must only be used at the platform's established tobacco use area. This includes smokeless tobacco and electronic nicotine delivery systems. Due to the recent finding that there is no safe level of second hand smoke, tobacco use areas must be situated to remove any risk of second hand smoke from reaching other crew members. All residues from smokeless tobacco must be properly contained and disposed of. The use of any form of electronic nicotine delivery system (e.g., E-Cigarette, E-Pipe, and E-Cigar) is also governed by this policy as these have been declared as tobacco products.

a. Commanding Officers will establish and maintain tobacco use prevention and cessation programs in accordance with references (b) and (c). These programs will be headed by a primary and secondary Tobacco Cessation Coordinator (TCC). The TCC will be part of the Medical Department. The TCC will be trained in tobacco cessation; assist the trained Tobacco Cessation Facilitators (TCF) in addressing the needs of the ship's crew; and collect metrics.

b. Each command will have a TCF. A minimum of one TCF per unit or per 400 service members, whichever is smaller, will be required. Training for TCFs will be done via established Tobacco Cessation Facilitator programs hosted by the Navy and Marine Corps Public Health Center (NMCPHC) and local military treatment facilities (MTF).

Each TCF must be an E5 or above, be tobacco-free for six or more months and abstain from all tobacco use during their duties as TCF. The duties of the TCF will be monitored, coordinated, and supported by the platform Medical Department.

c. The TCF will be trained to educate Sailors on the subject of tobacco use prevention and abstinence, tobacco cessation strategies, nicotine withdrawal coping techniques, and in facilitation of individual/group support sessions as appropriate. The TCF, in coordination with the Medical Department, will manage an awareness campaign using a social marketing approach targeting all personnel and will maintain records of participation and metrics on success. Enclosure (1) is a tool kit for the TCF that includes tobacco cessation voluntary contract, tobacco cessation program health questionnaire, and Nicotine Replacement Therapy (NRT) counseling acknowledgement. Typical duration for a TCF intervention in an initial tobacco cessation attempt during deployment/underway periods is 10-12 weeks.

d. The Medical Department TCC will work with the TCF to address the use of NRT and will maintain custody and accountability for nicotine replacement pharmaceuticals carried and dispensed. The cost of NRT will be borne by the command. Not all sailors will succeed on their initial attempts to quit tobacco use. It is also known that there are multiple evidence-based programs and types of support available for quitting: telephone quit line(s), websites (e.g., www.ucanquit2.org), self-help reading materials, and counseling with medications. Evidence shows that adding NRT greatly increases the success rate of quitting.

e. It is the intention of COMNAVSURFPAC/COMNAVSURFLANT to ultimately ensure nicotine replacement therapy products are on the Authorized Medical Allowance List (AMAL). AMALs for surface ships with medical officers already include bupropion, which is specifically to be used under physician supervision and with appropriate medical and operational duty screening to assist tobacco cessation efforts.

f. Tobacco users who are motivated to quit often seek support to improve the likelihood of lasting success. Underway and deployment periods may be the most conducive to tobacco cessation, and Sailors may choose to set their quit date during a deployment.

This program puts the tools and the training necessary to support this effort onboard each platform. Effective tobacco cessation programs include the following elements:

(1) A motivated Sailor.

(2) A concrete cessation strategy with a timeline.

(3) Training in coping skills.

(4) Group Support.

(5) Nicotine Replacement Therapy.

g. Personnel trained as TCFs are encouraged to commence their duties upon completion of their training. Tobacco cessation activities will be coordinated by the Medical Department TCC. The Senior Medical Department Representative (SMDR) will ensure that NRT and medications (where appropriate) are properly stocked to support cessation attempts. The SMDR will also ensure that metrics, collected and provided by the TCC, are provided to the chain of command. These metrics will include the number of trained facilitators, the number of crew members attending cessation programs, and the number who have successfully quit at one and three months.

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Distribution:
All COMNAVSURFPAC Ships
All COMNAVSURFLANT Ships
Electronic via COMNAVSURFOR Web site:
https://www.surfor.navy.mil/directives/default.aspx

Tobacco Cessation Facilitator Tool Kit

1. This enclosure contains tool kit items for the Tobacco Cessation Facilitator (TCF) to use in conjunction with the command's Tobacco Cessation Program. This enclosure includes:

a. Voluntary Contract for participation in the Tobacco Cessation Program (for use by TCF).

b. Tobacco cessation program health questionnaire (for use by the Health Care Provider).

c. Nicotine Replacement Therapy (NRT) counseling acknowledgement form.

2. TCFs are highly encouraged to use this instruction and tool kit only as a starting point.

3. TCFs must determine the best means of identifying, informing, and motivating potential quitters in their own command and are encouraged to tailor their use of resources to best serve the unique features of their crew.

4. Various health promotion resources and tobacco cessation materials are available from the Navy and Marine Corps Public Health Center and other sources.

Tobacco Cessation Voluntary Contract

I, _____ (Full name) agree to participate in a voluntary cessation program while attached to _____(command). I understand that I am receiving nicotine replacement patches and/or gum because I have indicated a sincere desire to quit using tobacco and want to start now. I also agree to follow the medication use instructions received and agree NOT to use any tobacco products while using nicotine replacement.

Medications I am currently taking:

1.

2.

3.

4.

(continue on the back of this page if more).

I acknowledge that this program is strictly voluntary in nature. I have the option to end my participation in this program at any time for any reason and my chain of command will not view my choice to end my participation in this program in any adverse manner.

Signature:_____ Date:_____

Rank/Rate:_____ SSN (last 4):_____

Tobacco Cessation Facilitator

Name:_____ Signature:_____

Tobacco Cessation Program Health Questionnaire

Name:_____ Rate/Rank:_____
SSN (last four):_____ Phone:_____
Cell:_____ Email:_____ Department:_____

During your counseling, you will be asked to follow-up periodically to help you quit your tobacco use. At each visit you will be asked about your medications and any problems you are encountering. Please inform your healthcare provider if you are having any problems, or have any questions about quitting your tobacco use.

Please answer the following questions:

1. Have you been told by a healthcare provider that you have a medical condition for which you should stop using tobacco?
No____ Yes____ Condition(s):_____

2. Do you have a history of (Circle answer):

Heart problems:	Yes	No	Diabetes:	Yes	No
High Blood Pressure:	Yes	No	Circulation Problems:	Yes	No
Tape Allergy:	Yes	No	Stomach ulcers:	Yes	No
Kidney problems:	Yes	No	Skin Diseases:	Yes	No
Liver:	Yes	No	Thyroid Problems:	Yes	No
Seizures:	Yes	No	Eating Disorder:	Yes	No
Depression:	Yes	No	Breathing Issues:	Yes	No
Mood Disorder:	Yes	No			

If you marked yes to any of the above, please explain:

3. Please list all medications that you are now taking:

4. Are you taking any MAO (Monoamine Oxidase) Inhibitors?

No_____ Yes_____ Don't Know_____

5. Are you taking Wellbutrin, Wellbutrin SA, or any other form of Bupropion, or any other form of anti-depressant?

No____ Yes____ Medication name:_____

6. Do you consume alcohol? No_____ Yes_____
   # of Drinks per week____

7. Do you have any drug allergies? No_____ Yes____

If yes, what are your drug allergies? _____

Tobacco Use History:

1. What type and how much tobacco do you use?

Cigarettes (# per day):_____ Dip (cans per week):_____

Chew (Pouches per week):_____ Pipe (bowls per day):_____

Cigars (# per day):_____

2. How long have you been using tobacco? _____# years.

3. How soon upon waking do you use tobacco? _____# minutes.

Quit History:

1. Have you ever tried to quit? No ____ Yes ____

2. If yes, when was the last time you tried? _____

3. If yes, how long did you go without tobacco? _____

4. What caused you to resume your tobacco use? _____

5. Did you use any medications when you tried to quit?

No _____ Yes____.

6. If yes, what type_____ and amount_____?

7. Does anyone at home use tobacco? No_____ Yes_____

7a. Are they interested in quitting? No_____ Yes_____

Women Only:

1. I have been informed of the potential dangers of nicotine replacement and Zyban to pregnancy. No_____ Yes_____

2. I am not pregnant and do not plan pregnancy during the next 6 months.

3. Are you using any form of oral contraceptive? No____ Yes____

4. Are you breast feeding? No_____ Yes_____

Signature: _____ Date: _____

Nicotine Replacement Therapy (NRT) Acknowledgement

I have been informed of the potential dangers of using tobacco while using nicotine medications. No _____ Yes _____

I have been informed of the potential need for weekly or bi-weekly clinical follow up. No _____ Yes _____

I have read, understand, and answered the above.

Signature: _____ Date: _____

Name: _____