



DEPARTMENT OF THE NAVY  
COMMANDER NAVAL AIR FORCES  
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COMNAVAIRFORINST 6100.2  
N01H  
8 Mar 12

COMNAVAIRFOR INSTRUCTION 6100.2

From: Commander, Naval Air Forces

Subj: TOBACCO CONTROL POLICY FOR COMNAVAIRFOR COMMANDS

Ref: (a) SECNAVINST 5100.13E  
(b) OPNAVINST 6100.2A  
(c) COMNAVAIRFORINST 6100.1  
(d) COMNAVAIRFORINST 5100.13A

Encl: (1) Tobacco Cessation Facilitator Tool Kit

1. Purpose. This is a joint Commander, Naval Air Force, Pacific (COMNAVAIRPAC)/Commander, Naval Air Force, Atlantic (COMNAVAIRLANT) instruction. It establishes policy and provides guidance to address the use of tobacco products aboard all Naval Air Force (COMNAVAIRFOR) platforms and facilities. The use of tobacco by COMNAVAIRFOR personnel directly impacts the COMNAVAIRFOR 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 Air 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) provides policy and guidelines for the COMNAVAIRPAC and COMNAVAIRLANT Health Promotion Program, and includes a requirement that ship and squadron Health Promotion Programs include the element of tobacco use prevention and cessation.

d. Reference (d) provides specific guidance for implementation of the Tobacco Prevention Program within the Naval Air Force.

e. The health, welfare, and medical readiness of the Naval Air Force are 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 as a major health threat. 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 Air Force.

3. Applicability and Scope. This instruction applies to all COMNAVAIRFOR platforms and facilities, to include all ships and squadrons.

4. Policy. This instruction addresses all forms of tobacco. 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. Smokeless tobacco is also to be used only in tobacco use areas per reference (a). 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). Consistent with reference (d), the TCC will be part of the Medical Department. The TCC will be trained in tobacco cessation; assist the trained Tobacco Cessation Facilitators (TCFs) in addressing the needs of the ship's crew; and collect metrics.

b. Each command (ship or squadron) will have trained Tobacco Cessation Facilitators (TCF). A minimum of one TCF per unit/squadron or per 500 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 (MTFs). 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 maintain records of participation and metrics on success. Enclosure (1) is a tool kit for the TCF including statement of commitment to the tobacco cessation program, tobacco user profile, Nicotine Replacement Therapy (NRT) counseling form, and weekly metrics of participation and progress. Typical duration for a TCF intervention in an initial tobacco cessation attempt is approximately 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. Clearly, 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), website (e.g., [www.ucanquit2.org](http://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 COMNAVAIRFOR to ultimately ensure nicotine replacement products - 21, 14, and 7 milligram patches and 2 and 4 milligram gum - are on the AMAL. Due to the psychotropic effects of bupropion (Zyban) and varenicline (Chantix) and the potential to cause job disqualifications for certain Navy communities, these psychotropic medications are not recommended for tobacco cessation within COMNAVAIRFOR.

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 time line.
- (3) Training in coping skills.
- (4) Group support.
- (5) Nicotine Replacement Therapy (NRT).

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 Officer (SMO) will ensure medications are properly stocked to support cessation attempts. The SMO will also ensure that metrics, collected and provided by the TCC, are supplied 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.

  
R. J. KELLEY  
Chief of Staff

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**TOBACCO CESSATION FACILITATOR TOOL KIT**

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:

1. Voluntary Contract for participation in the Tobacco Cessation Program (for use by the TCF)
2. Clinical screening form (for use by the Health Care Provider)

TCFs are highly encouraged to use this instruction and tool kit only as a starting point. Every community and every squadron has its own unique "personality." TCFs must determine the best means of identifying, informing and motivating potential quitters in their own command. Various tobacco cessation products are available from the Navy and Marine Corps Public Health Center and other sources.



**COMNAVAIRFOR Tobacco Cessation Screening Form**

Name: \_\_\_\_\_ Rank/Rate: \_\_\_\_\_ SSN (last four): \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Dept/Division: \_\_\_\_\_

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 during you visit. Please inform your healthcare provider if you are having any problems or have any questions about quitting your tobacco habit.

**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?

Yes \_\_\_\_\_ No \_\_\_\_\_ What condition(s): \_\_\_\_\_

2. Do you have a history of:

	(Circle One)			(Circle One)	
Heart Problems or Chest Pain?	Yes	No	Diabetes?	Yes	No
High Blood Pressure?	Yes	No	Circulation Problems?	Yes	No
Allergy to Tape?	Yes	No	Stomach Ulcers?	Yes	No
Kidney Problems?	Yes	No	Skin Diseases?	Yes	No
Liver Problems?	Yes	No	Thyroid Problems?	Yes	No
Seizures?	Yes	No	Eating Disorders?	Yes	No
Depression?	Yes	No	Breathing Problems?	Yes	No
Any mood disorder?	Yes	No			

If yes to any of the above, explain: \_\_\_\_\_

3. Please list all medications you are now taking: \_\_\_\_\_

4. Are you taking any MAO (Monoamine Oxidase) Inhibitors? Yes \_\_\_\_\_ No \_\_\_\_\_ Don't know \_\_\_\_\_

5. Are you taking Wellbutrin, Wellbutrin SR, or any other form of Bupropion, or any other form of antidepressant?

Yes \_\_\_\_\_ No \_\_\_\_\_ Name of medication(s): \_\_\_\_\_

6. Do you consume alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, # \_\_\_\_\_ drinks per (circle) Day / Week / Month

7. Do you have any drug allergies? No Yes, I am allergic to: \_\_\_\_\_

**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. How soon do you use tobacco upon waking? \_\_\_\_\_ minutes.

**Quit History:**

1. Have you ever tried to quit? Yes \_\_\_\_\_ No \_\_\_\_\_ When was your last quit? \_\_\_\_\_ For how long? \_\_\_\_\_

2. What caused you to resume tobacco use?  
\_\_\_\_\_

3. Did you use any medications when you last tried to quit? Yes \_\_\_\_\_ No \_\_\_\_\_ What type/amount? \_\_\_\_\_

4. Does anyone else use tobacco at home? Yes \_\_\_\_\_ No \_\_\_\_\_ Are they interested in quitting? Yes \_\_\_\_\_ No \_\_\_\_\_

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**Women Only:**

1. I have been informed of the potential dangers of Nicotine Replacement and Zyban to pregnancy: Yes \_\_\_ No \_\_\_

2. I am not pregnant and do not plan pregnancy during the next 6 months. Signature: \_\_\_\_\_

3. Are you using any form of oral contraceptive? Yes \_\_\_ No \_\_\_ Are you currently breast-feeding? Yes \_\_\_ No \_\_\_

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Yes \_\_\_ No \_\_\_ I have been informed of the potential dangers of using tobacco while using Nicotine medications.

Yes \_\_\_ No \_\_\_ I have been informed of the need for weekly or bi-weekly clinical follow-up as needed.

**I have read, understood, and answered the above.**

**Signature:** \_\_\_\_\_