DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH, VA 22042

IN REPLY REFER TO
BUMEDINST 6200.12B
BUMED-N4
17 Apr 2023

BUMED INSTRUCTION 6200.12B

From: Chief, Bureau of Medicine and Surgery

Subj: COMPREHENSIVE TOBACCO CONTROL FOR NAVY MEDICINE

Ref: (a) SECNAVINST 5100.13F
(b) OPNAVINST 6100.2A
(c) BUMEDINST 6110.13B

Encl: (1) Tobacco Cessation and Pregnancy
(2) Dental Considerations Regarding Tobacco Use
(3) Considerations Regarding Tobacco Use in Substance Abuse Rehabilitation Programs
(4) Considerations Regarding Tobacco Cessation Pharmacotherapy

1. Purpose. To provide policy governing tobacco use within Navy Medicine (NAVMED), to include smoked and smokeless tobacco, electronic nicotine delivery systems (ENDS) such as e-cigarettes, synthetic nicotine, and new, novel, and emerging tobacco products. This instruction is a complete revision and should be reviewed in its entirety.

2. Cancellation. BUMEDINST 6200.12A.

3. Scope and Applicability. This instruction applies to all NAVMED personnel, ashore and afloat. This includes all military (active duty and Reserve), civilian, and contract staff. This also includes personnel assigned, employed, contracted, or under resource sharing agreements and clinical support agreements with Department of the Navy (DON) activities or who are enrolled in a Navy-sponsored training programs. The instruction does not take precedence over other instructions where tobacco use is controlled because of the potential for fire or explosion, health hazards or other specific health and safety considerations. Before implementing this policy for civilian employees, activities must discharge their labor relations obligations, where applicable. In these negotiations, the concern for the health of employees and beneficiaries is paramount.

4. Background. The U.S. Surgeon General has determined that tobacco use is the single most preventable cause of illness and death. The use of tobacco products adversely impacts the health and readiness of the entire Navy and Marine Corps family. The impact of tobacco use affects mission capability, including night vision, combat and operational stress control, and healing from battle-related injuries; it impairs wound healing, increases infection rates, and predisposes to heat injury, as described in the 2009 Institute of Medicine report, "Combating Tobacco Use in Military and Veteran Populations," at https://www.ncbi.nlm.nih.gov/books/NBK215333/. The use of tobacco products increases the risk of cancer, heart disease, and chronic obstructive pulmonary disease. Secondhand tobacco smoke also causes an increase in heart attacks and strokes among non-smokers and exposure to smoking residue increases risk for respiratory problems in susceptible populations. Tobacco cessation treatments have demonstrated efficacy across populations and settings.

5. Policy. Department of Defense (DoD) and DON policies, as articulated in references (a) through (c), encourage tobacco-free living, promote education about the dangers of tobacco use, and provide for assistance to tobacco users who wish to quit. NAVMED will demonstrate leadership in encouraging tobacco-free living and reducing tobacco use.

a. All NAVMED facilities and campuses will be tobacco-free. There should be no designated tobacco use areas on any NAVMED controlled or owned property. Examples of NAVMED controlled or owned properties include administrative buildings, laboratories, education and training buildings, and research facilities. The campus includes the contiguous areas around the facilities, including parking lots, parking garages, lawns and green spaces. Food and Drug Administration (FDA)-approved medications, such as nicotine replacement therapy, for tobacco cessation or nicotine dependence are allowed in a tobacco-free environment.

b. The use, possession, storage and charging of ENDS such as e-cigarettes is prohibited in all NAVMED controlled or owned facilities. This applies to all active duty personnel, civilians, contract staff, patients, and visitors in the facility. The lithium-ion batteries can cause fires or explosions.

c. All NAVMED military personnel are prohibited from using tobacco products while in the presence of patients or while in uniform when representing NAVMED, per reference (a).

d. NAVMED activities will permit tobacco use only during break periods designated by supervisors based on staffing and per federal law, personnel policy, and collective bargaining agreements. Tobacco use breaks should be kept to a minimum per reference (a) and should not impact work duties. Tobacco use breaks should occur only off the NAVMED campus. Per reference (a), non-tobacco users are entitled to the same number and length of breaks as tobacco users. Where conflicts arise between the rights of tobacco users and non-tobacco users, the rights of non-tobacco users to a tobacco-free space will prevail, per reference (b).

e. The use of all tobacco products is banned at NAVMED sponsored activities such as conferences, training, off-sites and unit social functions, no matter the location. Tobacco use is also prohibited during time authorized for physical fitness training.

f. The sale of any tobacco products within NAVMED facilities is prohibited.

g. NAVMED must foster a culture of awareness supporting tobacco-free living. Staff should encourage those who are tobacco-free not to initiate use and must be aware of high-risk groups such as students, junior enlisted, personnel new to command or early in their career, and former tobacco users.

h. NAVMED's tobacco cessation evidence-based model is the Public Health Service's (PHS) Clinical Practice Guideline (CPG) Treating Tobacco Use and Dependence, available at: https://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/index.html. This model is applicable to the entire Navy and Marine Corps family to include active duty and Reserve Service members, family members, retirees and civilian employees.

i. Addressing tobacco cessation in an operational setting is of paramount importance to ensure mission readiness and agile forces. It is essential that Navy and Marine Corps operational forces have unrestricted access to appropriate counseling, medications, and other tobacco cessation program elements during deployments as operational logistics permit.

6. Responsibilities

a. Chief, Bureau of Medicine and Surgery (BUMED) (BUMED-N00) will:

(1) Appoint a BUMED tobacco point of contact (POC) to encourage top-level support, promote tobacco-free living and tobacco cessation, and ensure unified communication and support by leadership within BUMED. The BUMED tobacco POC should be tobacco-free for at least 12 months prior to appointment.

(2) Serve as NAVMED's resource sponsor in support of NAVMED's Tobacco Cessation Program to ensure staffing, training, and resources are sufficient to accomplish the mission.

b. Commanders, NAVMED Echelon 3 Commands will:

(1) Direct all subordinate activities under their command to comply with this instruction.

(2) Ensure tobacco cessation program information is available across all echelon 3 areas of responsibility.

(3) Develop local tobacco policy that implements this instruction.

c. Commander, Navy and Marine Corps Public Health Center (NAVMCPUBHLTHCEN) will:

(1) Serve as NAVMED's program manager for tobacco cessation, to provide centralized tobacco cessation support services to NAVMED activities afloat and ashore.

(2) Provide subject matter expertise and offer consultative services to DoD, other Navy and Marine Corps entities including Reserves, and BUMED as requested, and assist NAVMED activities in tobacco prevention and cessation efforts as well as policy development.

(3) Serve as NAVMED or BUMED representative or alternate representative on assigned boards, committees and working groups.

(4) Advise, consult and assist in the delivery of effective tobacco prevention and cessation programs for individuals, worksites, and communities that are evidence-based and use local resources appropriately.

(5) Coordinate with Defense Health Agency (DHA) to provide educational resources for health care personnel to address initiation of tobacco use, prevent tobacco use, and promote cessation efforts.

(6) Partner with DHA to develop and maintain tailored, scientifically sound, evidence-based tobacco-free living materials and programs. Respond to requests for new products and services based on changing needs.

(7) Develop, maintain, and deliver tobacco cessation facilitator training and ensure training is available worldwide in a timely and cost-efficient manner. Training may be conducted by NAVMCPUBHLTHCEN staff or NAVMCPUBHLTHCEN-approved regional tobacco cessation trainers.

d. Commanders, Commanding Officers (CO) and Officers in Charge (OIC), NAVMED Echelon 4 and 5 Commands will:

(1) Develop local tobacco policy that implements this instruction, including a tobacco-free facility or campus for those on NAVMED properties. Enclosures (1) through (4) provide considerations for specific communities and may be used to supplement local policy.

(2) Ensure awareness and access to educational resources to assist with tobacco prevention and cessation efforts. Ensure staff is aware of local tobacco policy. Available educational resources are listed in subparagraphs 6d(2)(a) through 6d(2)(f).

(a) DoD's YouCanQuit2 Campaign, available at https://www.ycq2.org.

(b) Centers for Disease Control and Prevention, Office of Smoking and Health Web site, https://www.cdc.gov/tobacco/.

(c) U.S. Department of Health and Human Services Web site, www.smokefree.gov.

(d) The national portal, 1-800-QUITNOW (1-800-784-8669), which routes calls to State quit lines.

(e) TRICARE tobacco cessation benefit Web page available at http://www.tricare.mil/CoveredServices/IsItCovered/TobaccoCessationServices.

(f) NAVMCPUBHLTHCEN Tobacco-Free Living Web site for educational resources at: https://www.med.navy.mil/Navy-Marine-Corps-Public-Health-Center/Population-Health/Health-Promotion-and-Wellness/.

e. Commanders, COs, and OICs, Navy Medicine Readiness and Training Commands (NAVMEDREADTRNCMD) and Navy Medicine Readiness and Training Units (NAVMEDREADTRNUNIT), in addition to the performing the responsibilities in subparagraph 6d, will:

(1) Ensure unit medical and dental providers are familiar with and use the PHS CPG and this instruction, including applicable enclosures.

(2) Coordinate with the DHA to ensure the facility offers tobacco cessation services with easy and timely access to care. Remove barriers to evidenced-based pharmacotherapy; do not restrict medication prescriptions to certain providers or limit medication use to only those who participate in formal individual or group interventions.

(3) Coordinate with DHA to encourage all members of the medical and dental health care teams, including health promotion personnel, to take an active role in the multidisciplinary approach to tobacco cessation counseling, intervention, referral, and prescription of medications.

(a) Coordinate with DHA to ensure tobacco cessation medications on the TRICARE formulary are not restricted to only those individuals who attend formal programs.

(b) Per the PHS CPG, FDA-approved tobacco cessation medications such as bupropion (Zyban®), varenicline (Chantix®) and nicotine replacement therapy should be offered as first-line options once appropriate patient screening and evaluation has occurred.

(c) All providers should follow the PHS CPG and provide brief counseling to patients interested in quitting tobacco use. Policies and practices should not restrict prescription authority to only a subset of providers as it greatly impairs the patient's access to timely and appropriate care.

(4) Appoint a clinical health care provider to be the Tobacco Clinical Provider Champion, who will serve as the focal point for tobacco-free living for the NAVMEDREAD-TRNCMD or NAVMEDREADTRNUNIT.

f. Tobacco Clinical Provider Champion for each NAVMEDREADTRNCMD and NAVMEDREADTRNUNIT must:

(1) Advocate for tobacco cessation across the NAVMEDREADTRNCMD or NAVMEDREADTRNUNIT.

(2) Coordinate with DHA to provide training to medical and dental staff on evidence-based interventions and FDA-approved medications.

(3) Work with DHA to eliminate barriers to access to FDA-approved medications, counseling, and treatment.

(4) Be tobacco-free for at least 12 months prior to appointment.

7. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the DON Directorate for Administration, Logistics, and Operations, Directives and Records Management Division portal page at https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the DON Directorate for Administration, Logistics, and Operations, Directives and Records Management Division program office.

8. Review and Effective Date. Per OPNAVINST 5215.17A, Director, Support & Logistics (BUMED-N4) will review this instruction annually on the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, DoD, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40, Review of Instruction. This instruction will be in effect for 10 years, unless revised or cancelled in the interim, and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the

exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

D. K. VIA
Acting

Releasability and distribution:
This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site at, https://www.med.navy.mil/Directives/

TOBACCO CESSATION AND PREGNANCY

1. Cigarette smoking during pregnancy is the greatest modifiable risk factor for pregnancy related morbidity and mortality in the United States. The American College of Obstetricians and Gynecologists recommends that medications be considered for tobacco cessation if behavioral therapies have failed. American College of Obstetricians and Gynecologists further states that pharmacotherapy may be considered if the increased benefit of smoking cessation outweighs the risk.

2. In order to reduce tobacco use during and after pregnancy:

a. All women who are pregnant or are contemplating pregnancy should be screened for tobacco use and receive strong advice and support from their healthcare providers to quit all tobacco use and minimize exposure to secondhand smoke before, during and after pregnancy.

b. In the event of a pregnancy, women should be offered assistance with tobacco cessation via counseling and support. Smoking cessation behavioral counseling for pregnant individuals is the first line intervention for smoking cessation. Support is available via DHA medical treatment facilities and TRICARE.

c. For pregnant women who are unable to quit tobacco use via non-pharmacologic means, the decision to use tobacco cessation medications should be based on a thorough discussion between the patient and provider. These women should be offered nicotine replacement therapy or bupropion (Zyban®), per the PHS CPG Treating Tobacco Use and Dependence, available at https://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/index.html. In general, the risk of tobacco use exceeds that of nicotine replacement therapy or bupropion (Zyban®).

d. Women should be encouraged to continue tobacco abstinence post-partum to provide their newborn with a healthy, smoke-free environment. Due to the increased risks of pneumonia, asthma, bronchitis and ear and upper respiratory infections, mothers with infants and other children should also insist on a smoke-free environment for their family. If relapse happens after delivery, the full spectrum of tobacco cessation medications can then be considered.

e. Tobacco is often used to self-medicate for depression. New mothers should be considered at risk for depression and screened accordingly during pregnancy, post-partum and at well-child visits per OPNAVINST 6000.1D.

DENTAL CONSIDERATIONS REGARDING TOBACCO USE

1. As part of the Navy's healthcare team, Navy dentistry plays an important role in tobacco cessation interventions as tobacco use directly and adversely affects oral health. Tobacco cessation counseling can be directly incorporated into annual dental readiness encounters per Navy policy and additional opportunities exist for tobacco counseling with specific dental procedures often associated with tobacco use.

2. Opportunities for dental providers to take the lead in tobacco cessation interventions arise due to the many forms of damage that tobacco causes in the oral cavity. The damage of tobacco use is first seen in the mouth due to staining and other aesthetic issues. Tobacco use has also been linked to increased risk of tooth decay, periodontal disease, tooth loss, and oral cancer.

3. Current Navy operational dental readiness standards stipulate that every Navy and Marine Corps member, active or Reserve, is required to have an annual dental examination per NAVMED P-117, Manual of Medical Department, chapters 6 and 15. Navy policies state that during this examination, members must be asked about tobacco use and, if using tobacco, they must be counseled about the hazards of tobacco use, the benefits of quitting and opportunities for cessation support. If the tobacco-using patient is pregnant, additional counseling is also mandated regarding harm to the fetus, per reference (a).

4. Members seeking care in the dental area should expect to receive dental health education as part of the dental visit. The harm generated from the use of tobacco is easily integrated into dental health messages. These messages are particularly useful during visits for procedures such as dental prophylaxis, intraoral hard and soft tissue regeneration, teeth bleaching and implants.

5. Dental staff should use the Public Health Service's CPG Treating Tobacco Use and Dependence, available at https://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/index.html, to assist in implementing evidence-based tobacco cessation interventions and providing options for helping patients quit tobacco use. This includes:

a. Following the "5 A's" (ask, advise, assess, assist and arrange) to help address the patient's tobacco use if the dentist or dental hygienist has the time. As part of the "5 A's", the dental provider should:

(1) If a dentist with appropriate training and privileges, prescribe FDA-approved medications and arrange for appropriate counseling to support the patient's cessation attempt.

(2) Provide appropriate follow-up appointments to allow adequate evaluation of the cessation process or referral (formal or informal) to an existing tobacco cessation program.

b. Using the brief protocol ask-advise-refer if they do not have the expertise or are limited by schedule to help address the patient's tobacco use. In this scenario, the dental provider should:

(1) Ask about the patient's tobacco use.

(2) Advise the patient about the benefits of quitting and ask if they would like to quit.

(3) Refer the patient to an established tobacco cessation resource such as a local medical treatment facility program, as appropriate.

6. The Navy dental team has other opportunities to address tobacco use. Working with the local tobacco cessation programs at their medical treatment facility, the team can:

a. Facilitate partnerships between dental staff, health promotion personnel, and other members of the health care team by providing consultation, training and tobacco services to clinicians and patients.

b. Develop partnerships with other commands and organizations on base and in the community like morale, welfare, and recreation, semper fit, command fitness leaders, and DoD schools to prevent tobacco use initiation and promote cessation.

c. Use evidence-based materials at key touch points such as periodic dental examinations, dental waiting rooms, and command indoctrinations.

7. BUMEDINST 6600.16B contains additional information on the relationship between tobacco and oral health risks as well as patient education materials related to risk factors including tobacco use.

CONSIDERATIONS REGARDING TOBACCO USE IN SUBSTANCE ABUSE REHABILITATION PROGRAMS

1. Heavy tobacco use is prevalent in patients demonstrating other substance use disorders. Offering tobacco cessation to individuals in recovery is effective. Heavy tobacco and alcohol use very often go hand-in-hand; the Substance Abuse Rehabilitation Program (SARP) has a unique opportunity to address both disorders concurrently.

2. For SARP staff members who are not trained specifically in tobacco cessation counseling, it is recommended that they:

a. Have a basic knowledge of the interactions between tobacco and other substances and encourage treating patients simultaneously for multiple substance use disorders.

b. Assess and strongly encourage treatment of multiple substance use disordered patients who are in outpatient, intensive outpatient, and residential settings for tobacco cessation. Assessments should be performed at the time of intake screening, and when deemed appropriate by SARP staff, at other times during an individual's treatment program.

c. Become familiar with the Public Health Service's CPG Treating Tobacco Use and Dependence, available at https://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/index.html. Useful tools from this guideline include the "5 A's" of intervention (ask, advise, assess, assist, and arrange) and the "5 R's" of motivation (relevance, risks, rewards, roadblocks, and repetition).

d. Have a working system in place to treat their multiple substance-disordered patients for tobacco use to include access to both counseling and pharmacotherapy options. Patient-centered counseling should be provided using motivational interviewing techniques. When necessary, SARP department heads should liaison with clinical providers to prescribe medications. If tobacco cessation services are not provided by alcohol and drug counselors, then patients should be referred to other available tobacco cessation services.

e. Consider providing tobacco cessation tertiary care services as staffing and clinic access permits for the small cohort that desire referral upon patient relapse after health promotion counseling and medications.

3. SARP treatment personnel should promote tobacco-free living and not encourage tobacco use breaks. All SARP facilities should be tobacco-free. Tobacco cessation services should be available to tobacco users who want to quit, but not mandated for every patient enrolled in SARP. For all others, education can take place on the link between substance use and tobacco to limit initiation and relapse. Motivational techniques should also be used to encourage tobacco cessation.

CONSIDERATIONS REGARDING TOBACCO CESSATION PHARMACOTHERAPY

1. The Public Health Service's CPG, Treating Tobacco Use and Dependence, available at https://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/index.html, advocates for a stepwise approach to pharmacotherapy. Medication selection should be based on patient-specific factors such as medical contraindications, documented failure of a previous tobacco cessation pharmacotherapy, history of mental health disorders, and job qualification standards.

2. Medical providers and pharmacy personnel should be aware that certain occupations within the Navy and Marine Corps have standards that may preclude certain medications or require a waiver. While obtaining the waiver is the responsibility of the individual, providers should be engaged in the process, where appropriate. Inadvertently prescribing certain psychotropic medications such as bupropion (Zyban®) or varenicline (Chantix®) can adversely affect mission performance and duty status of safety sensitive positions such as those in aviation, undersea, nuclear, special operations, and personnel reliability programs. Other Navy enlisted classifications or military occupational specialty codes may also be impacted and unable to take these medications. For additional information and guidance, refer to DoD Instruction 6130.03, Volume 2, Medical Standards for Military Service, September 2020 and NAVMED P-117, Manual of the Medical Department, chapters 6, 15, and 21.

3. Tobacco cessation pharmacotherapy should maximize compliance based on the patients' individual needs. Consultation with pharmacists and other specialists is encouraged when questions arise.

4. The patient should be informed of the duration of treatment required to ensure therapeutic levels of medication are achieved and maintained, allowing for an adequate trial of tobacco cessation pharmacotherapy per manufacturer recommendations. Patients should also understand it might take multiple quit attempts before total success is achieved, as nicotine addiction is difficult to overcome.

5. If the patient is a Federal civilian employee, he or she should be informed of the Federal employee health insurance tobacco cessation benefit. Information about this benefit is available at https://www.opm.gov/healthcare-insurance/special-initiatives/quit-smoking/.

6. Upon failure of a medication trial, the provider should reevaluate the patient's continued commitment to tobacco cessation prior to initiation of additional or alternative tobacco cessation pharmacotherapy.