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OF THE AIR FORCE**

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Aerospace Medicine

TOBACCO FREE LIVING



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This publication implements Air Force Policy Directive (AFPD) 48-1, *Aerospace & Operational Medicine Enterprise*. It provides guidance and procedures to minimize the adverse impact of tobacco use on health, mission readiness, and unit performance throughout the Air Force (AF). It applies to all military and civilian AF personnel, including Air Force Reserve Command units and the Air National Guard (ANG), except where noted otherwise. This publication may be supplemented at any level, but all supplements must be routed to the Office of Primary Responsibility (OPR) listed above for coordination prior to certification and approval. Refer recommended changes and questions about this publication using the AF Form 847, *Recommendation for Change of Publication*; route AF Forms 847 from the field through the appropriate chain of command. The authorities to waive wing/unit level requirements in this publication are identified with a Tier ("T-0, T-1, T-2, T-3") number following the compliance statement. See Air Force Instruction (AFI) 33-360, *Publications and Forms Management*, for a description of the authorities associated with the Tier numbers. Submit requests for waivers through the chain of command to the appropriate Tier waiver approval authority, or alternately, to the requestor's commander for non-tiered compliance items. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual 33-363, *Management of Records*, and disposed of in accordance with Air Force Records Disposition Schedule located in the Air Force Records Management System.

SUMMARY OF CHANGES

This AFI is a rewrite of AFI 40-102, *Tobacco Free Living*. Although overall substantially similar, several changes have been made. Major changes include: removal of requirement for Designated Tobacco Use Areas (DTA) to be 50 feet from pedestrian walkways, parking lots, dining areas (e.g., outdoor patios, non-DTA picnic tables) and athletic grounds (e.g., running tracks, walking trails, basketball courts), and changes to tiering levels for DTA requirements.

Chapter 1

TOBACCO FREE LIVING PROGRAM OVERVIEW

1.1. Background. Tobacco use is a leading cause of preventable death in the United States. Tobacco use degrades Air Force readiness, health, and leads to preventable health care costs. The Air Force discourages the use of all tobacco products. Commanders and other leaders should promote tobacco free living in accordance with the Department of Defense's membership on the National Prevention Council and commitment to advance the National Prevention Strategy.

1.2. Definition. Tobacco products include all products that may be configured to deliver nicotine, including but not limited to, cigars; cigarettes; electronic cigarettes (e-cigarettes); stem pipes; water pipes; hookahs; vaporizers; smokeless products that are chewed, dipped, sniffed, or "vaped"; and any other nicotine delivery system that the Food and Drug Administration (FDA) defines as a tobacco product. **Note:** The definition of tobacco does not include FDA-approved prescription or over-the-counter nicotine replacement therapy.

Chapter 2

ROLES AND RESPONSIBILITIES

2.1. Chief of Staff of Air Force (CSAF). Communicates importance of tobacco free living to the Air Force mission and Comprehensive Airman Fitness.

2.2. Air Force Surgeon General (AF/SG). Provides mission support for tobacco prevention and cessation programs.

2.3. Air Force Deputy Chief of Staff for Manpower and Reserve Affairs (SAF/MR). Serves as the agent of the Secretary of the Air Force 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.

2.4. Air Force Medical Support Agency, Aerospace Operations Division, Health Promotion (AFMSA/SG3P).

2.4.1. Coordinates AF tobacco policy; develops and recommends changes to AF/SG3/5.

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

2.4.3. Represents AF on the Department of Defense (DoD) Addictive Substances Misuse Advisory Committee, Tobacco Subcommittee, and other DoD tobacco working groups.

2.4.4. Collaborates with other AF agencies, as applicable, on issues related to tobacco free living.

2.4.5. Coordinates with Major Commands (MAJCOMs) on execution of tobacco policy and interventions.

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

2.4.7. Evaluates and reports tobacco metrics to MAJCOM Surgeons.

2.5. MAJCOM/CC. Communicates importance of tobacco free living to the Air Force mission and integrative resilience.

2.6. MAJCOM Surgeon (MAJCOM SG). Appoints health promotion liaison to coordinate with installations on execution of tobacco policy and interventions.

2.7. Installation Commander or equivalent.

2.7.1. Communicates importance of tobacco free living to the Air Force mission and integrative resilience.

2.7.2. Provides funding for signage related to tobacco-free living environments (including those used in installation DTAs), cigarette butt cans, and receptacles. (T-2)

2.7.3. Approves DTA maps, including the number and location of DTAs therein submitted by Civil Engineering (CE). (T-3)

2.7.4. DTA siting must be approved by the local Facilities Board (see AFI 32-10142, *Facilities Board*). (T-3)

2.7.5. Exercises authority to designate housing units smoke-free based on risk assessment of secondhand tobacco smoke exposure to non-smokers. (T-2)

2.8. Medical Unit Commander.

2.8.1. Establishes tobacco-free medical campuses. (T-1)

2.8.2. Active Component Military Medical Treatment Facilities (MTFs) only: Establishes tobacco prevention and cessation programs, and ensures they are provided with minimal barriers to active component Service members and other MTF beneficiaries. (T-1)

2.8.3. Coordinates on MTF and Air Reserve Component (ARC) medical campus boundaries and DTA maps submitted by CE prior to Installation Commander approval. (T-3)

2.9. Public Affairs (PA).

2.9.1. Promotes public education and support for tobacco free living, including tobacco free environment policies and tobacco cessation programs. (T-3)

2.9.2. Informs public when changes in state minimum legal sales age impact military members. (T-3)

2.9.3. Enforces compliance with the prohibition on advertising tobacco products, etc. as described in [Chapter 4](#). (T-1)

2.10. Force Support Squadron Commander/Director.

2.10.1. Ensures patrons are informed of the Air Force policy prohibiting tobacco use in all Services facilities and all installation recreational facilities. (T-3)

2.10.2. Enforces compliance with the prohibition on tobacco product sales and tobacco-related special events in Air Force Services Activity facilities, as described in [Chapter 4](#). (T-1)

2.10.3. Coordinates wing and MTF instructions with local unions in an effort to maximize compliance among civilians covered by a collective bargaining agreement. (T-3)

2.11. Unit/Squadron Commanders and Supervisors.

2.11.1. Support and encourage changes to worksite environment to improve tobacco prevention and cessation.

2.11.2. Communicate importance of tobacco free living to the Air Force mission and integrative resilience. (T-3)

2.11.3. Administer/approve tobacco breaks prudently. Ensure non-tobacco users receive equal access to break time from duties as tobacco users. Ensure tobacco use does not entitle tobacco users additional break time from duties compared with non-tobacco users. (T-3)

2.12. Health Promotion Coordinator. (Applicable to only Active Component units; no Health Promotion program in ARC):

2.12.1. Plans, coordinates, and implements the installation tobacco prevention program, and conducts ongoing program evaluation. (T-2)

2.12.2. Coordinates campaigns aimed at prevention of tobacco initiation (minimum 2 per year, ideally in conjunction with the Great American Smoke Out and Great American Spit Out), and squadron-level interventions to address tobacco interventions. (T-2)

2.12.3. Coordinates commanders on unit level interventions to address prevention of tobacco initiation. (T-2)

2.12.4. Submits periodic tobacco cessation utilization and outcomes data to Air Force Medical Support Agency (AFMSA) Aerospace Operations, Health Promotion and MAJCOM Health Promotion Representatives upon request. (T-1)

Chapter 3

TOBACCO FREE ENVIRONMENTS

3.1. Designated Tobacco Use Areas (DTAs).

3.1.1. Commanders and leaders shall minimize the number of DTAs on an installation to as close to zero as possible. DTAs are exclusively located outdoors and there is no requirement for DTAs to be covered or enclosed. Disposal of tobacco products at DTAs shall be in accordance with (IAW) AFI 91-203, *Air Force Consolidated Occupational Safety Instruction*. Except as otherwise provided by this instruction, the installation shall prohibit tobacco use outside of DTAs. (T-0).

3.1.2. The installation shall have signs at installation entry points communicating that tobacco use is prohibited except in DTAs. Except as otherwise provided, all areas not designated as tobacco use areas are tobacco free. (T-2)

3.1.3. The installation shall implement and enforce the following minimum distance standards for DTAs IAW Department of Defense Instruction (DoDI) 1010.10, *Health Promotion and Disease Prevention*:

3.1.3.1. Greater than or equal to 50 feet from building entrances, and air intake ducts. (T-0)

3.1.3.2. Greater than or equal to 100 feet from playgrounds. To the extent possible, areas where children live, learn and play shall be tobacco free IAW with *Secretary of Defense Policy Memorandum 16-001*. (T-1)

3.2. Civil Engineering (CE). Designs, coordinates, and revises DTA maps and signage. (T-3)

3.2.1. Where applicable, structures associated with DTAs are the responsibility of the corresponding unit, not CE. CE may install or repair DTA-associated structures on a reimbursable basis if the local CE unit determines in-house capacity is available. Use of facility Sustainment, facility Restoration and Modernization, or military constructions funds for installation or repair of shelters or other facilities (e.g. walkways, etc.) for tobacco use is not authorized. (T-3)

3.2.2. Family Housing (FH) and Unaccompanied Housing (UH):

3.2.2.1. Common areas of all Government owned or managed FH and UH are tobacco free environments. (T-3)

3.2.2.2. Government-owned, leased, and managed family housing facilities will be designated smoke-free where there is a common air handling unit for multiple individual housing units or family units (e.g. stairwell housing, duplex). (T-3) For family housing units with separate air handling units, if secondhand tobacco smoke seeps from a smoking unit to a non-smoking unit, the Installation Commander is authorized to re-designate the smoking unit to non-smoking, but may continue to permit smokeless tobacco. (T-3)

3.2.2.3. 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 secondhand tobacco smoke, and promote a culture of health and wellness. If UH facilities are designated as non-smoking, any smoking shall occur only outside the facility in a DTA. (T-3)

3.3. Tobacco-free MTF campus. Note: For purposes of this AFI, references to tobacco-free MTF campus include ARC medical units.

3.3.1. MTF campuses shall be tobacco-free. For the purposes of this Instruction, MTF is defined as any clinic or hospital established for the primary purpose of providing medical or dental care for DoD-eligible beneficiaries. MTF campuses are defined as the adjoining area surrounding the clinic or hospital, to include parking structures and lots; lawns; and other outdoor areas adjoining the MTF. (T-1)

3.3.2. For Joint Bases where the Air Force is the installation Supporting Component (i.e., Joint Base Andrews-Naval Air Facility Washington, Joint Base McGuire-Dix-Lakehurst, Joint Base Charleston, Joint Base Elmendorf-Richardson, Joint Base San Antonio, and Joint Base Langley-Eustis), the Joint Base installation commander shall also implement and enforce the tobacco-free MTF campus at all MTFs under their authority. (T-3)

3.3.3. For Joint Bases where the Air Force is the Supported Component (i.e., Joint Region Marianas, Joint Base Anacostia-Bolling, Joint Base Pearl Harbor-Hickam, and Joint Base Lewis-McChord), the MTF campus shall be tobacco-free, unless the Joint Base installation commander specifically disapproves in writing. (T-3)

3.3.4. Veterans Administration-Department of Defense Joint Venture facilities located on Air Force installations shall implement the tobacco-free MTF campus policy, to the extent it does not conflict with section 1715 of Title 38, United States Code (a provision of the “Veterans Health Care Act of 1992”). (T-0)

3.3.5. Where applicable, Status of Forces Agreement and collective bargaining unit agreements shall be honored. (T-3)

3.4. Other Tobacco-free environments. Tobacco use shall be prohibited in all:

3.4.1. Indoor workplaces. (T-0)

3.4.2. Air Force Services facilities, including but not limited to clubs, dining establishments, and bowling centers. (T-0)

3.4.3. Installation recreational facilities, including but not limited to, athletic fields, running tracks, basketball courts, golf courses, beaches, marinas, and parks. (T-0)

3.4.4. Air Force vehicles and aircraft. (T-1)

3.5. Training programs and courses. Tobacco use shall be prohibited:

3.5.1. During basic military training at all times. (T-1)

3.5.2. While in uniform by all students in technical training, in-residence professional military education, accession, and graduate medical education programs. **Note:** These education and training programs include, but are not limited to, recruiting, pre-commissioning programs (Officer Training School and Air Force Reserve Officer Training Corps wing), flying training, and graduate medical education (medical and dental residencies and fellowships). (T-1)

3.6. Privately Owned Vehicles (POVs). In general, tobacco use shall be permitted in POVs except on MTF campuses which shall be 100% tobacco free. (T-1)

Chapter 4

MARKETING AND SALES

4.1. Advertising. Advertising for all tobacco products, including any advertisement for a non-tobacco product or service in which a tobacco product is visually displayed, shall be prohibited in all official Air Force print, electronic communications, and promotional items. (T-1)

4.2. Sales. Sales of tobacco products shall be prohibited in all Air Force Services Activity (AFSVA) facilities (e.g., Clubs, Force Support Morale, Welfare, and Recreation facilities, golf course) Note: The military exchange and commissary are not AFSVA facilities. (T-1)

4.3. Special Events. Special events at AFSVA facilities that promote tobacco use are prohibited (e.g. Cigar Night). (T-1)

4.4. Tobacco Pricing. Per Secretary of Defense policy, prices of tobacco products shall match the prevailing local price in the community, including the effect of all applicable taxes. A third party vendor completes quarterly price surveys to ensure compliance. (T-3).

Chapter 5

TOBACCO CESSATION SUPPORT

5.1. MTF Capabilities.

5.1.1. The MTF shall meet the clinical needs of enrolled beneficiaries who require tobacco cessation support, including access to medications, in-person counseling (e.g., behavioral health optimization program), and quitline counseling. (T-1) The MTF shall not mandate participation in a tobacco cessation class as a precondition for receiving tobacco cessation medications. (T-1)

5.1.2. All providers, who have requisite credentials and who are not otherwise restricted, should be granted privileges to prescribe TRICARE-approved tobacco cessation medications, as indicated. (T-1)

5.1.3. Providers are required to complete annual online tobacco cessation update in the Air Force Medical Service Learning Management System. (T-3)

5.2. Health Promotion and Community Resources. Health Promotion maintains information on current community tobacco cessation resources such as Military One Source, Stamp Out Smoking, and Tricare UCanQuit2.

DOROTHY A. HOGG
Lieutenant General, USAF, NC
Surgeon General

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

38 U.S.C. § 1715, *Use of Tobacco Products in Department of Veterans Affairs Facilities*,
4 November 1992

AFI 33-360, *Publications and Forms Management*, 1 December 2015

AFMAN 33-360, *Management of Records*, 1 March 2008

AFPD 48-1, *Aerospace & Operational Medicine Enterprise*, 7 June 2019

DoDI 1010.10, *Health Promotion and Disease Prevention*, 28 April 2014 (Incorporating Change 2, January 12, 2018)

Secretary of Defense Policy Memorandum 16-001, *Department of Defense Tobacco Policy*,
April 8, 2016

Prescribed Forms

None

Adopted Forms

AF Form 847, *Recommendation for Change of Publication*

Abbreviations and Acronyms

AF—Air Force

AFI—Air Force Instruction

AFMSA—Air Force Medical Support Agency

AFPD—Air Force Policy Directive

AF/SG—Air Force Surgeon General

ARC—Air Reserve Component

CE—Civil Engineering

CSAF—Chief of Staff of the Air Force

DTA—Designated Tobacco Use Area

FDA—Food and Drug Administration

FH—Family Housing

IAW—In Accordance With

MAJCOM—Major Command

MTF—Medical Treatment Facility

POV—Privately Owned Vehicle

UH—Unaccompanied Housing

Terms

Approval Authority—Senior leader responsible for contributing to and implementing policies and guidance/procedures pertaining to his/her functional area(s) (e.g., heads of functional two-letter offices).

Medical Treatment Facility—Military hospitals and clinics.

Status of Forces Agreement—An agreement between a host country and a foreign nation stationing military forces in that country.