

**BY ORDER OF THE  
SECRETARY OF THE AIR FORCE**



**AIR FORCE INSTRUCTION 40-102**

**3 JUNE 2002**

**BOLLING AIR FORCE BASE  
Supplement 1**

**3 APRIL 2003**

**Medical Command**

**TOBACCO USE IN THE AIR FORCE**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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(Lt Col Bruce E. Weaver)  
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This instruction implements AFPD 40-1, *Health Promotion*, and establishes procedures to control tobacco use in Air Force buildings, facilities, vehicles, and aircraft. It also implements DoD Directive 1010.10, *Health Promotion*, March 11, 1986, and DoD Instruction 1010.15, *Smoke-Free DoD Facilities*, January 2, 2001. It does not supersede or cancel other instructions that control smoking because of fire, explosive, or other safety hazards.

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**(BOLLING)** This supplement implements **AFI 40-102, 3 June 2002, Tobacco Use in the Air Force**. It establishes procedures to control tobacco use in any work place on Bolling AFB, eliminates tobacco use in Air Force buildings, facilities, and vehicles. It establishes policies for the sale of tobacco products, and outlines the guidelines for establishment of authorized external tobacco use areas. It does not supersede or cancel other instructions that control tobacco use because of fire, explosive, health standards, or other safety hazards. This supplement is applicable to all assigned and host activities, military and civilians assigned, and all other personnel (i.e., contractors, housekeeping, etc.) while performing duty within work areas on Bolling AFB.

**SUMMARY OF REVISIONS**

This updates the publication to add counseling and referral of patients to health promotion personnel by Primary Care Manager (PCM) Team members (paragraphs **1.2.3.** and **2.6.2.**); reflects the 3-year phase-in period which allows self-identified recreational Services facilities to enclose and exhaust smoking areas directly to the outside (paragraphs **2.2.3.** and **6.**); clarifies PME and formal training school instructor and staff use of tobacco products during school duty hours (paragraph **2.2.8.**); drops the requirement of a 12-month follow-up for tobacco cessation programs (paragraph **2.6.8.**).

**(BOLLING)** This document is substantially revised and must be completely reviewed.

## 1. Functional Area Responsibilities.

### 1.1. HQ USAF.

#### 1.1. (BOLLING) Functional Area Responsibilities.

1.1.1. **HQ USAF/CC.** The Chief of Staff provides guidance on the use of tobacco products (spit tobacco, defined by the Center for Disease Control and Prevention [CDC] to be loose tobacco used by “dippers” and “chewers”) and all types of smoking tobacco, to include cigars in Air Force facilities.

1.1.1. (BOLLING) 11th Medical Group (MDG) has command oversight responsibilities for this program.

1.1.2. **HQ USAF/SG.** The Surgeon General is responsible for mission support of tobacco cessation programs.

1.1.2. (BOLLING) 11 MDG/Medical Operations Squadron (11 MDOS) has functional oversight responsibilities for this program.

1.1.3. (BOLLING) 11 MDG/SGOAZ has the day-to-day oversight responsibilities for this program.

### 1.2. Installations and Units.

#### 1.2. (BOLLING) Installation and Units.

1.2.1. Installation commanders enforce policies on the use of tobacco products.

1.2.1. (BOLLING) HQ 11 WG/CC enforce policies on the use of tobacco products.

1.2.2. Medical treatment facility commanders (MTF/CC) ensure tobacco product cessation classes are provided to active duty members, family members, and retirees. Cessation classes are also made available to employees of the federal government on a space available basis.

1.2.2. (BOLLING) 11 MDG/MDOS is responsible for ensuring tobacco product cessation classes are scheduled and made available to active duty members, family members, and retirees. The classes are available to employees of the federal government on a space available basis.

1.2.3. Medical care providers ask individuals about tobacco use history at every encounter; Dental care providers ask individuals about tobacco use history at every annual examination, as a minimum. Medical and dental providers and/or Primary Care Manager (PCM) Team members will furnish pertinent professional advice to every tobacco user, using the guidelines in the Smoking Cessation Clinical Practice Guideline (AHCPR Pub # 96-0692) published by the US Department of Health and Human Services. For those individuals desiring a cessation program, providers and PCM Teams will facilitate referrals to health promotion personnel.

1.2.4. (Added-BOLLING) (11 WG) 11th Civil Engineering Squadron is responsible for designing and placing standardized Tobacco Use Area (TUA) signs.

## 2. Program Elements.

### 2. (BOLLING) Program Elements

2.1. **Tobacco Use.** The Air Force discourages the use of all tobacco products; The ill effects of tobacco use are well documented.

2.1. (BOLLING) Tobacco Use. Bolling Air Force Base is “SMOKE-FREE” except in areas defined in the Instruction. For the purpose of this Instruction, tobacco is defined as any smoking material (pipes, cigarettes) and spit tobacco (snuff dippers and chewers). Use of these products is considered a health hazard and all individuals are encouraged to voluntarily restrict (to include cessation) their own use of the products.

2.2. **Workplace.** The Air Force prohibits smoking (cigar, cigarette, pipe) and the use of smokeless (spit/loose tobacco) products in the workplace to protect the health of all workers.

2.2. (BOLLING) Workplace.

2.2.1. The use of tobacco products is permitted only in designated tobacco use areas.

2.2.1. (BOLLING) Commanders, Directors, and Supervisors are responsible for ensuring the following:

Enforcing compliance with the Instruction

- A TUA area is designated for their facilities

- Ensuring designated TUA(s) meet criteria as outlined in AFI 40-102

- Forwarding any tobacco use “Precedent File” (formerly Policy Letter) correspondence or Operating Instruction (OI) affecting civilian employees to 11 WG/DPCWL for coordination with the Union prior to activating TUAs

- Approving employee requests to attend smoking cessation class during duty hours

2.2.2. The Air Force recognizes equal work breaks (when these breaks are permitted) for tobacco users and non-tobacco users.

2.2.3. The Air Force prohibits indoor tobacco use in all Air Force facilities, except in assigned government housing and recreation facilities specifically designated by the installation commander permitting indoor tobacco use. In such cases, the tobacco use area is designated and separate from common areas that non-smokers must utilize and the area must be enclosed and exhausted directly to the outside. Exhaust from these enclosed areas must be located away from air intakes and maintained under negative pressure sufficient to contain tobacco smoke in the designated area. Workforce must not be required to enter such areas during normal business hours while environmental tobacco smoke (ETS) is present. The designated indoor tobacco use area may not be a public, common-use area, such as: restrooms, hallways, stairways, or offices. Installation commanders are encouraged to limit the size of these areas.

2.2.4. Tobacco use is prohibited in recreation facilities offering programs that are oriented toward children. Additionally, tobacco use is prohibited in all other recreation facilities during children’s programs.

2.2.4. (BOLLING) 11 MSG/SV will ensure signs are posted in a conspicuous place in all areas frequented by children. The signs will read “**TOBACCO USE IS PROHIBITED DURING ALL CHILDREN’S PROGRAMS**”.

2.2.5. The Air Force prohibits tobacco use in Air Force vehicles by all personnel, civilian or military.

2.2.5. (BOLLING) 11th Logistic Readiness Squadron (LRS) is responsible for ensuring notices are placed in all Government Service Agency (GSA) vehicles that read **“TOBACCO USE IN THIS VEHICLE BY ALL PERSONNEL, CIVILIAN OR MILITARY, IS PROHIBITED”**.

2.2.6. The Air Force prohibits tobacco use in medical treatment facilities (MTF). Patients using tobacco must do so only in a designated area and must have the attending (or PCM) provider's written order.

2.2.7. The Air Force prohibits tobacco use on Air Force or contract aircraft.

2.2.8. The Air Force prohibits students from using tobacco in any professional military education (PME) or formal training school during school duty hours. Instructors and staff of PME and formal training courses are strongly encouraged to refrain from use of tobacco products and must be away from student view if using tobacco products during school duty hours.

2.2.9. Points of ingress and/or egress (i.e. doors) to facilities, in addition to windows and air intake units/vents, are considered part of the workplace for the purpose of this instruction. Any designated tobacco use areas will be away from these points. Tobacco use area distance must be more than sufficient so as not to allow smoke to be drawn into the building through openings in doors, windows, and/or air intake units.

2.2.10. When possible, installation and/or squadron commanders designate outdoor tobacco use areas, which are reasonably accessible to employees and provide some protection from the elements.

2.2.10. (BOLLING) Squadron commanders/civilian equivalents must designate outdoor TUAs that are reasonably accessible to employees and provide protection from the elements. The area will be the least visible, most non-obtrusive area available, and will not be at a normal entry or exit to the building. Approved TUAs are identified at **Attachment 1 (Added)** to this instruction.

2.2.10.1. (Added-BOLLING) Obtain signs from 11 CES that read **“DESIGNATED TOBACCO USE AREA”**. Other areas are **“No Tobacco Use Areas”**.

2.2.11. Installation commanders ensure that all smoking areas are marked with signs: “Designated Tobacco Use Area.” Butt cans and receptacles are located only in the designated outdoor area and away from doorways or vestibules. Only fire, explosives, or safety hazard areas require “No Smoking” signs. Government housing does not require “Designated Tobacco Use Area” signs.

2.3. **Sale of Tobacco.** The Air Force prohibits the sale of tobacco products in medical treatment facilities.

2.3.1. The sale of tobacco from vending machines is strictly prohibited on Air Force installations.

2.3.2. No tobacco products are sold on the installation to anyone under the age of 18 years.

2.4. **Advertisement of Tobacco.** The Air Force prohibits advertisements for tobacco products in all official Air Force publications.

2.4.1. The distribution of tobacco samples on the installation is prohibited.

2.5. **Smoking in Dormitory and Housing Facilities.** The Air Force does not house smokers and non-smokers together, in the same room or adjoining rooms, in dormitory facilities. Note: All Air Force lodging common areas and guest rooms, including Temporary Lodging Facility units, are now no-smoking areas per AFI 34-246, para 1.9, Air Force Lodging Program, May 17, 2001.

## 2.5. (BOLLING) Smoking in Dormitory and Housing Facilities

2.5.1. Smoking is prohibited in all common areas of dormitory facilities and family housing.

2.5.1. (BOLLING) 11 CES (Dormitory Manager) is responsible for identifying “Designated Tobacco Use Areas” and requesting the standard sign be prepared and posted.

2.5.2. Smoking is allowed only in rooms designated for smokers. If a smoker is assigned a non-smoking room, smoking will not be permitted in the room.

2.5.3. If the smoke or odor from tobacco seeps from a smoking room into common areas or non-smoking rooms, the rights of the nonsmoker will prevail.

2.5.3.1. Commanders may designate areas or buildings in dormitories or family housing smoke-free where there is a common air handling unit for multiple individuals or families (e.g. dormitories, stairwell housing, etc.) to ensure a healthy and safe environment for all residents.

2.5.3.1.1. When an area or building is designated smoke-free, provisions must be made to reasonably accommodate the smoker, e.g. an area or building designated for smoking.

## 2.6. Education Programs.

### 2.6. (BOLLING) Education Programs

2.6.1. Health promotion personnel ensure installation health promotion programs (to include health promotion personnel in ANG units) incorporate education programs and information on resources available in the community to discourage tobacco use.

2.6.1.1. Tobacco use risk education is provided at all work sites where the respiratory system has been identified as a target of occupational risk.

2.6.2. Medical and dental providers and PCM Team members inquire about the individual’s tobacco use history during medical and dental appointments. All tobacco users receive professional information about the risks of tobacco use and, if desired, assistance and/or referral for cessation programs.

2.6.2. (BOLLING) Commanders, 11th Medical Operations Squadron, 11th Dental Squadron, and Primary Care Managers (PCM) are responsible for ensuring procedures are established and enforced to inquire about the individual’s tobacco use history during medical and dental appointments.

2.6.3. Using the “Stages of Change” behavioral model, tobacco cessation participants are evaluated on their readiness to change. Emphasis for cessation is for those identified in “contemplation” or “preparation” stages.

2.6.4. Tobacco cessation programs incorporate cognitive and behavior change strategies, the “cold turkey” approach, or the use of nicotine replacement therapy when appropriate.

2.6.4. (BOLLING) Medical providers in 11 MDOS are responsible for assessing appropriateness of nicotine replacement therapy, contraindications for use, and prescribing therapy as needed.

2.6.5. Professionals with a background in behavior change therapies have consultational oversight of the program structure.

2.6.6. The MTF/CC appoints a provider from the MTF as the POC to assess appropriateness of nicotine replacement therapy, contraindications for use, and prescribes therapy as needed.

2.6.7. The MTF/CC ensures that tobacco cessation programs are available during both duty hours and non-duty hours at least quarterly.

2.6.8. Health promotion personnel ensure evaluation of program success through follow-up surveys administered six months after tobacco use has stopped.

**3. Application to Civilian Employees of the Federal Government.** Guidance on local implementation of tobacco use conforms to applicable local bargaining agreements.

### **3. (BOLLING) Application to Civilian Employees of the Federal Government**

3.1. Local bargaining obligations must be satisfied prior to implementation.

3.1. (BOLLING) 11th WG/DPCWL (Labor Relations) is responsible for ensuring all bargaining obligations are met prior to establishing new or relocated TUA. Also, they must advise the Union of the implementation of the TUA in accordance with the local Memorandum of Agreement (MOA).

3.2. Address any concerns about this policy to the local Labor Relations Officer.

3.2. (BOLLING) 11th WG/DPCWL is responsible for ensuring all local bargaining units are satisfied with the local agreement.

**4. Application to Contractor Employees and other Non-DoD Personnel.** This instruction applies to all contractor employees and other non-DoD personnel on Air Force facilities and in Air Force buildings, vehicles, and aircraft.

**4. (BOLLING) Application to Contractor Employees of the Federal Government.** 11th Contracting Squadron is responsible for ensuring all contractors are aware of this policy and enforcing compliance through the applicable contract administrators.

**5. Tobacco Use Measurement.** Fitness Assessment Monitors query members about tobacco use at the time of their fitness evaluation.

### **5. (BOLLING) Tobacco Use Management**

5.1. Health promotion personnel review and track installation tobacco use data and use it to guide implementation of programs.

5.1. (BOLLING) The Health and Wellness Center staff personnel are responsible for reviewing and Tracking installation tobacco use data and using it to guide implementation programs.

**6. Phase-In Period For Services Facilities.** Other than those recreational Services facilities that sponsor children's programs, all other recreational facilities will be given a 3-year phase-in period that ends 7 Dec 02 to implement renovations and procure equipment necessary to meet the requirements in subparagraph **2.2.3**. At the end of this 3-year period, any facility that has not completed the modifications necessary to establish the required special exhaust and containment features in the designated smoking area shall be smoke free.

6.1. Installation commanders using the phase-in program for recreational Services facilities will maintain separate smoking and non-smoking areas in the affected facilities.

PAUL K. CARLTON, JR., Lt General, USAF, MC, CFS  
Surgeon General

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

DoD Directive 1010.10, *Health Promotion*, March 11, 1986  
DoD Instruction 1010.15, *Smoke-Free Workplace*, January 2, 2001  
AFPD 40-1, *Health Promotion*, March 21, 1994  
AFI 34-246, *Air Force Lodging Program*, May 17, 2001

***Abbreviations and Acronyms***

**AFI**—Air Force Instruction  
**AFMOA**—Air Force Medical Operations Agency  
**AFPD**—Air Force Policy Directive  
**ANG**—Air National Guard  
**CDC**—Center for Disease Control and Prevention  
**DoD**—Department of Defense  
**ETS**—Environmental Tobacco Smoke  
**MTF**—Medical Treatment Facility  
**OPR**—Office of Primary Responsibility  
**PCM**—Primary Care Manager  
**PME**—Professional Military Education  
**POC**—Point of Contact  
**SGZP**—AFMOA Prevention Division

**Attachment 1 (Added-BOLLING)****FACILITY TOBACCO USE AREA OWNERS****RESPONSIBLE****FACILITY NUMBER FUNCTION ORGANIZATION**

46/47\*/48/7100 Honor Guard USAF HG/CC  
 \*TUA 11 CES/CC  
 2 Band USAF BAND/CC  
 3/4 Communications Squadron Visual Information 11 CS/CC  
 18 Heat Plant 11 CES/CC  
 5/16 Fire Department/Housing Office 11 CES/CC NDW FD  
 7/8 Auto Skills Center 11 MSG/SV  
 10 Post Office US Postal Service  
 11 Education Center 11 MSS/CC  
 12 SV Headquarters 11 MSG/SV  
 13 Family Support Center 11 MSS/CC  
 502/503 Civil Engineer Storage 11 CES/CC  
 41 HAZMAT Pharmacy 11 LRS/CC  
 15/38 Fitness Center/Aerobics Center 11 MSG/SV  
 17/1300 Medical Treatment Facility 11 MDG/CC  
 20 WING/MSG/OG HQ MSG/CC All Staff Agencies  
 21 Det 322, HQ AFOSI Det 322, HQ AFOSI  
 52 Technology Center 11 MSS/CC  
 53 11 SFS Training 11 SFS/CC  
 50/51/56 O'Club/Columbia House 11 MSG/SV  
 61/90 Pool/Virginia/Maryland Housing Potomac House  
 55 Honor Guard Dorm USAF HG/CC  
 361/362/364/765 Transportation Compound/Fuel Station 11 LRS/CC  
 431/3610 Chapel 11 WG/HC  
 370/371 CES Compound 11 CES/CC  
 520 Supply Squadron Hangar 11 LRS/CC

523 Laundromat 11 MSG/CC

**NOTE:** When facility numbers are grouped together, the facilities will share a single designated Tobacco Use Area (TUA).

**FACILITY NUMBER FUNCTION RESPONSIBLE ORGANIZATION**

1302 Blanchard Barracks 11 CES/CC

Postal Service Center 11 CS/CC

600 Billeting Office 11 MSG/SV

Hangar #1 Security Force Squadron 11 SFS/CC

Civil Readiness Center

Civil Air Patrol

Logistics Readiness Squadron/Plans

900/902 Housing Maintenance 11 CES/CC

934 Scout Trailer 11 MSG/SV

1301/3623/3621 Falcon Feast/Mathis Manor Cheshire Hall 11 MSG/SV

1303/1304 Intelligence Compound AFAIA/CC

1305/6126 Security Forces/Training Dog Kennels 11 SFS/CC

1306 Airman Leadership School 11 MSS/CC

1307 Edwards W. White Leisure Center 11 MSG/SV

1310 Potomac Lanes 11 MSG/SV

1311 Autopride/Shoppette AAFES (11 MSG/SV)

2482 Slip Inn 11 MSG/SV

3434 Enlisted Club 11 MSG/SV

4456/4472/4485 Community/Skills Development 11 MSG/SV

Center/Youth Center

4500/4514 Main Exchange/Burger King AAFES (11 MSG/SV)

4570 Commissary/Clothing Sales DECA (11 MSG/SV)

5681 Finance/MSS/CONS Squadrons 11 MSS/CC

SAF/Surgeon General

SAF/MI

5683 AFLSA AFLSA

Air Force Chaplain

6000 Defense Intelligence Agency DIA/CC

6101/6102/6105 Ball Fields Scoring Booths/Hutch 11 MSG/SV

7100/7101 Honor Guard Operations USAF HG/CC

**NOTE:** When facility numbers are grouped together, the facilities will share a single designated Tobacco Use Area (TUA).