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United States Military Tobacco Policy Research: A White Paper

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Executive Summary

BACKGROUND

--Tobacco use prevalence is unacceptably high in the U.S. military, leading to training injuries, premature discharge, lower cardio-respiratory fitness, reduced troop readiness, and increased costs for the Department of Defense (DoD).

KEY FINDINGS

--The military culture has encouraged tobacco use through traditions including “smoke breaks” and sales of tobacco products in military stores.

-- Tobacco industry interference and influence on Congress have repeatedly resulted in a pattern of weakening military efforts to address tobacco use.

-- Barriers to more effective tobacco control include continued use by influential senior enlisted personnel, availability of low-cost tobacco, the erroneous belief that military personnel need to use tobacco, and lack of top-level leadership.

MILITARY TOBACCO POLICY

-- The Navy’s transition to smokefree submarines in 2010 was carefully planned and executed and has met with success.

-- Military housing policy regarding tobacco is mixed. Although much military housing is smokefree, there are many exceptions and policies are inconsistent.

-- Tobacco sales and pricing policy efforts to end discounted sales of cigarettes in military stores have been repeatedly thwarted by tobacco industry allies on the House Armed Services Committee. DoD Directive 1330.09 establishing tobacco prices regulations is frequently violated in spirit. A recent DoD Instruction may result in higher prices, but remains vulnerable to misinterpretation and manipulation.

-- Successful installation tobacco control programs are marked by long-term leadership by enthusiastic, highly-motivated civilians; support from command; and a "culture" of health on their installations.

OTHER STAKEHOLDERS

-- Military and veterans service organizations do not discuss tobacco as either a policy or political issue, or as a health concern.

-- Civilian public health advocates have been largely silent about military tobacco use.

CURRENT ISSUES AND RECOMMENDATIONS

-- The Navy has announced that it will comply with Hawai'i's law raising the legal age for tobacco use to 21 and it should study this experience to inform further efforts to restrict or eliminate tobacco use.

-- Tobacco use by military personnel impairs readiness and results in substantial costs to the DoD. These expenses could be avoided and contradictions could be resolved if the military were to add tobacco to the list of substances it does not allow personnel to use.

-- Policy change should come from the Secretary of Defense, with the support of the Commander in Chief. The strong support of veterans, civilian tobacco control, and public health organizations would also help to counter the inevitable objections.

Introduction

Tobacco use prevalence is unacceptably high in the U.S. military.[1] Military tobacco use is associated with training injuries,[2] premature discharge,[3] lower cardio-respiratory fitness,[4] reduced troop readiness, and increased costs for the DoD.[3] Military service and tobacco use have been associated for most of the 20th century. However, this connection is not natural or immutable. It has been deliberately developed and fostered by the tobacco industry, and is supported by the beliefs of many military and public health leaders, despite the health and financial costs tobacco use imposes on both individual service members and the institution as a whole. This white paper reviews our research about tobacco control policy in the military, including: why military personnel use tobacco, the tobacco industry's influence, tobacco control policy successes and weaknesses, and the beliefs of military personnel, veterans, and public health professionals about military tobacco use and tobacco control policy. We conclude with recommendations for further action to eliminate tobacco use by military personnel.

Why service members use tobacco

Military customs

Most smokers begin their addiction as young teens; however, many servicemembers begin using tobacco as young adults, only after enlisting.[1] The military supports or encourages tobacco use by its members in several ways. Junior enlisted service members identified smoke breaks as one important factor.[5] Respondents reported that smoking was used to control work flow; it was the most acceptable excuse to take a break.[5, 6] Smoking also was cited as "something to do" during down times.

Thus, tobacco use was a way to cope with both sides of the “hurry up and wait” condition endemic to military life. Smoke breaks also were used to facilitate relationships with peers and superiors. Smoking areas were an important place to socialize and a place to meet superiors on an informal basis.[6] Respondents also mentioned low cost, accessible tobacco products as a significant encouragement.[5]

Junior enlisted believed that deployment increased tobacco use. Respondents said that many people started smoking during deployments or only smoked when deployed. Smoking was considered a way to manage stress, boredom, and sleep deprivation. The potentially imminent dangers of the field made the risks of smoking seem unimportant, and lack of other activities also made tobacco use more attractive.[7]

Media messages

There are several print (and now online) media outlets directed at service personnel, most notably the weekly *Military Times* magazines (which has separate issues for each service, e.g., *Army Times* and *Navy Times*) and installation newspapers. Studies of these publications show that tobacco advertisements appeared in about half of the *Military Times* issues examined,[8] and in about 10% of installation newspapers.[9] Articles about tobacco ranked last in frequency of all health topics covered for both types of publication. Most articles about tobacco in installation newspapers focused on health risks to the user; this message has not been found to be effective at preventing uptake or promoting cessation (as opposed to emphasizing health risks to others or poor reflection on the military image).[9] Examination of commander messages in installation newspapers revealed that tobacco is rarely

addressed (only 2 of 2479 messages addressed tobacco).[10] This may reflect the low level of information commanders possess about tobacco and military readiness.[11]

Tobacco industry action and policy interference

In 1986 the DoD issued Directive 1010.10, its first policy statement on tobacco control. The Directive established clean indoor air rules and cessation programs, and prohibited tobacco promotions "aimed primarily at DoD personnel."[12] Although the policy was designed to be a "floor," allowing leaders to make tobacco control policy in their commands stronger, this has largely not happened because of tobacco industry influence. Immediately after the policy was promulgated, the Army issued a detailed plan that prohibited smoking in all military vehicles, instituted a cessation program, and "deglamorized" smoking, with a goal of reducing prevalence rates from 52% to 25% by 1990. The tobacco industry lobbied congress and Caspar Weinberger, then the Secretary of Defense, and the Army weakened its plan, including acknowledging "the individual rights of all personnel, smokers and nonsmokers."[13] The Army has yet to meet its 25% goal.[1] Other plans, from the now defunct Strategic Air Command and from Fort Dix, met similar fates.[13] In 1993, the captain of the USS Theodore Roosevelt attempted to prohibit smoking on his ship, but he was forced to rescind the policy, and Congress passed a law compelling the sale of tobacco in ships' stores.[14]

The tobacco industry has targeted military personnel with special advertising, coupons, branded events, and product sampling for decades. Between 1981 and 2000, tobacco companies sponsored more than 1,450 events for military personnel. Most were on military installations, and included concerts, picnics, bingo, and beach parties, among others. Events were often heavily advertised throughout the base, and

supported by command.[15] The Newport brand sponsored fairs on military bases which allowed the brand "to become PART of an already-established event" that was "ENDORSED by the military" (emphasis in original).[15] Such activities created a kind of three-way co-branding, among the military, the event, and the cigarette brand, making personnel more likely to identify with the product.

Marketing efforts intensified during periods of combat. For example, during the first Gulf War (1990-1991) R.J. Reynolds developed a plan to send deployed troops magazines with special covers advertising Camel cigarettes. Reynolds also sponsored "welcome home" events, planning to "be everywhere the soldier will be."[16] Philip Morris created the Marlboro holiday voice card, which allowed family members to record a greeting on chip which was sent to a deployed loved one in a card that looked like a Marlboro ad.[16] This program violated the DoD rule against tobacco promotions that directly targeted servicemembers, but according to tobacco industry documents, the DoD cooperated anyway, and prepared a "mild rebuke" in case there was any negative publicity about the program.[16]

Policy environment

As the Marlboro voice card incident shows, the DoD has an ambivalent relationship with tobacco, and this inconsistency has affected its policies. Cigarettes were distributed in combat rations for most of the 20th century; the practice ended in 1975. The DoD expends resources on a state-of-the-art cessation program, including nicotine replacement and other pharmacotherapy, counseling, websites and more,[17] yet cigarettes are sold in military Exchanges, Commissaries, and ship's stores; like other goods, they are untaxed and usually sold at a discount.[18] Profits from Exchange sales,

including those from tobacco products, help to fund Morale, Welfare and Recreation (MWR) activities. Thus, although overall tobacco use costs the DoD in health care, training, and absenteeism, there are segments of the military structure that see tobacco as benefiting personnel. This ambivalence, along with tobacco industry influence in Congress, has frequently prevented the DoD from establishing strong tobacco control policies.

Tobacco control policy in the military can be established at numerous levels, from the DoD, through the separate services, down to individual installations. DoD buildings and vehicles are smokefree with some exceptions. Building exceptions include some kinds of housing[19] and vehicle exceptions include Navy ships.[14] Navy and Marine Corps policy specifies that smokeless tobacco is permitted only in designated tobacco use areas.[20] Air Force policy establishes that some housing may allow smoking, but asserts that if smoke drifts into smoke-free units, “the rights of the nonsmoker will prevail”.[20] Some individual installations have also developed stronger policies than required; for example, Tinker Air Force Base specifies that supervisors must administer smoke breaks “prudently” and calls attention to the cost of excessive smoke breaks. Warren Air Force Base policy is explicit that the goal is to “eventually eliminate” tobacco use by Air Force personnel. However, other installation policies are weaker. For example, one limits access to cessation services for Federal (civilian) employees, and others permit use of smokeless tobacco outside of designated tobacco use areas.[20]

Policies set rules for daily practice, and also promulgate the reasons for those rules. Analysis of tobacco control policy at the DoD, service and major command levels shows that more than 75% discuss the harmful health effects of tobacco use and of

secondhand smoke. In terms of policy areas, more than 75% discussed designated smoking areas, prevention and cessation programs, and smokeless tobacco. However, only 2% discussed prevalence rates and only 6% suggested that tobacco use is incompatible with military service. About a third mentioned that tobacco use affects military readiness.[21] Clearly, better justification for tobacco control should be articulated more consistently in military policies.

Views of tobacco control managers and policy leaders

Tobacco control managers and policy leaders on military installations were interviewed about the policy environment. Interviewees agreed that tobacco use was acceptable and, indeed, "part and parcel of being in the military."[22] The main strength of the military's tobacco control program cited by respondents was the state-of-the-art cessation program.[22] Barriers to more effective tobacco control included tobacco use by influential personnel, particularly senior enlisted, availability of low-cost tobacco, lack of top level leadership on the issue, and political and industry pressure.[22]

Tobacco control managers and policy leaders were asked what their commanding officers thought about tobacco control. Most said that tobacco was not a priority for the line leadership, even in comparison to other health problems. They pointed out that the visible costs of tobacco were felt by the medical command structure, not the line commands, and thought that their commanding officers did not believe that tobacco had an impact on the military's mission. Interviewees were asked whether their commanding officers would support various tobacco control measures. A majority thought they would support increasing prices, reducing the number and comfort of smoking areas, and limiting smokers to two breaks per day. Most thought it was

unlikely commanders would support smokefree military housing or installations or including tobacco use in fitness or performance evaluations.[11]

Tobacco control managers, policy leaders, and enlisted personnel gave four primary reasons for their belief that strong tobacco control measures could not be implemented. First, some suggested that because tobacco use was legal, it could not be restricted. Others identified tobacco use as a "right" that could not be denied, or restrictions on its use as "discrimination" that would not be tolerated. However, some pointed out that military life restricted many civilian "rights": "The length of your hair, how you wear it. You have to wear the uniform a certain way. There are all kinds of inalienable rights that we control. This is just another one."[23]

Second, some respondents thought that discipline would suffer if strong tobacco control policies were established; as one put it, "you really can't force anybody to do anything unless they want to." They thought that such policies would harm productivity, recruitment or retention. But the military relies on orders and discipline. As one respondent put it, "You could say, 'Guess what? No tobacco in uniform.' It's hard to say that to the civilian population."[23]

Third, respondents said that the presence of civilians on military installations made stronger policies impossible or unworkable. They said that they did not have the authority to compel civilian workers to obey strict rules, or that employee unions had contracts that would be violated by stronger rules (for example, reducing the number of breaks). However, many civilian institutions have smoke-free or tobacco-free campuses (e.g., hospitals and universities). In addition, other respondents asserted that on their

installations there were procedures in place to compel policy compliance, “whether [by] an active duty or civilian individual.”[23]

Finally, “stress relief” was frequently invoked – that is, that the stresses of military life made tobacco use a necessity. There is no evidence that tobacco use actually relieves stress, except the stress of nicotine addiction (and withdrawal symptoms) itself. In fact, tobacco users report higher levels of stress than either non- or ex-smokers.[24] The belief that tobacco use is somehow necessary to cope with military life, despite the harm it does to individuals and the costs it incurs for the DoD, serves institutional purposes. It justifies a lack of action or success in effective military tobacco control. History suggests that adopting strong policy would require the military to confront both internal dissension and opposition from Congress. The stress myth justifies taking the path of least resistance. Relying on tobacco use to relieve stress also places much of the burden on individuals, who voluntarily pay for and distribute the product. The costs of tobacco use to the DoD are spread throughout the system; any attempt to replace it with, for example, meditation training, would appear as a specific cost to be justified. Furthermore, any such replacement would be stringently evaluated, and would not always work, while the failures of tobacco in this regard are ignored because it is not an official approach. The myth of tobacco use as stress relief will have to be confronted for effective policy change to occur.[6]

Views of line command

Commanders and other senior personnel from several services also were interviewed. Officers attending the U.S. Army’s Command and General Staff College were able to identify long-term impacts of tobacco use on military members, but were

unaware of short-term effects on health and readiness. They did mention other effects, including time and productivity losses due to tobacco use breaks, the logistical challenges and expenses of ensuring that nicotine addicted troops had access to tobacco while deployed, and the costs to individual service members of purchasing tobacco. Officers were familiar with regulations restricting the use of tobacco products indoors; other policies were less universally known. Participants thought most current policies worked well. Opinions were mixed on the idea of halting military tobacco sales.[25]

Air Force line leadership pointed out the conflicts and contradictions that current tobacco policy may engender as the military attempts to discourage tobacco use to protect its mission and the health of its members while accommodating tobacco users by supplying smoking areas and permitting breaks to use them. The Air Force has a stated goal of becoming tobacco free,[26] yet respondents in this study reported mixed messages, contradictory policies, and a lack of strong leadership on the issue. These contradictions mean that attempts to break the rules are common and mid-level commanders (both officers and NCOs) must spend valuable time on enforcement. Contradictions also lead to inconsistency, as some officers and NCOs may strictly enforce regulations and others may flout them with their own tobacco use. Many of the officers and NCOs interviewed supported a complete ban on tobacco use as a condition of service. Participants believed that such a policy would eventually be completely accepted, as new recruits would have no expectation that tobacco use would be permitted.[27]

Similarly, several participants suggested that the Coast Guard should end tobacco use in the service. Time lost to “smoke breaks”, the distraction of addiction, and health care costs were mentioned as harms to individuals and the service. Participants also discussed obstacles to ending tobacco use, including beliefs about the functions of tobacco, lack of understanding about the proximal harms tobacco causes, and the role of tobacco sales profits in USCG Exchanges in supporting MWR programs. USCG leaders envisioned the service addressing its dependency on tobacco sales and setting a tobacco-free standard. With leadership support, the USCG has the potential to achieve a path-breaking institutional tobacco endgame.[28]

Policy areas

Smokefree submarines

One recent policy success is the Navy’s 2010 policy making submarines smokefree. The Navy had assumed that its air quality equipment was adequate to protect nonsmokers from secondhand smoke on submarines, but testing revealed that nonsmoking submariners had post-deployment levels of cotinine (a marker of exposure to tobacco smoke) 2.1 times higher than pre-deployment levels. This finding inspired the Navy to prohibit smoking on submarines. Three specific actions contributed to successful implementation. First, the Navy specified that they were issuing the policy to protect the health of nonsmokers. Second, they approached the Chief Petty Officers (CPOs) to gain their support. CPOs were important for two reasons; they would be responsible for implementing the policy, and they had high rates of tobacco use. Presenting the policy as a challenge that the Navy needed CPOs help to meet proved to be effective in getting the CPOs cooperation. Finally, the Navy gave advance warning a

year ahead of policy implementation, and allocated nicotine replacement products to all submarines. There have been no significant problems resulting from the policy.[29]

Housing policy

Although much military housing is smokefree, there are many exceptions and policies are inconsistent across services and types of housing. For example, although Air Force and Navy/Marine Corps family housing that shares ventilation systems is smokefree, Army housing policy creates an exception "if an air quality survey can establish that the indoor air quality protects nonsmokers," and relies on an outdated American Society of Heating, Refrigeration, and Air Conditioning Engineers to set the standard. The only real consistency appears to be the common areas of housing or lodging facilities (all services require them to be smokefree) and lodgings or hotels that share ventilation systems (also smokefree).[19] In 2016, the Secretary of Defense issued a policy directing the services to "review efforts to institute multi-unit smoke-free military housing".[30]

Sales and pricing policy

Military and Congressional leaders have attempted to end discounted sales of cigarettes in military stores since the mid-1980s. Efforts were repeatedly thwarted by tobacco industry allies on the House Armed Services Committee; for example, in 1986 tobacco industry allies put language in the Defense Authorization Bill that prohibited DoD from raising prices or banning sales without Congressional approval. Some small advances have been made. In 1996, Assistant Secretary of Defense Frederick Pang established a policy whereby commissaries would sell tobacco products on behalf of exchanges; this had the effect of raising prices a little, since commissary items are sold

at cost, whereas exchanges are designed to make a small profit. On the other hand, this change also meant that profits from all tobacco products would go to MWR programs, further creating the impression that tobacco sales were necessary for service members' well-being.[31]

In 2001, DoD Directive 1330.09 established that tobacco prices on military installations should be "no lower than 5 percent below the most competitive commercial price in the local community."[32] However, tobacco products, like all products sold on installations, are not taxed, so they may still be cheaper than those sold at civilian stores, depending on the amount of state and local sales tax. In addition, Directive 1330.09 does not define either the "most competitive commercial price" or the "local community". These omissions have led to widespread violation of the spirit, if not the letter, of the regulation, in which installations get comparison prices from distant Indian reservations or other military facilities,[33] and prices average about 12.5% lower than those at local Walmarts.[18, 34-37] A recent DoD Instruction, which requires prices to match those in the community and account for all taxes, may result in higher prices. However, because it does not define the price comparator or community, it remains vulnerable to misinterpretation and manipulation.[30]

Interviews with members of the DoD Addictive Substances Misuse Advisory Committee and the Advisory Committee on Tobacco (specially convened to review all aspects of military tobacco control policy) demonstrated that they frequently lacked specific knowledge of details of military pricing policy, and the impact higher prices might have on military tobacco use. Most interviewees thought tobacco should not be sold at military stores, but many also felt that this policy change was unlikely due to

tobacco industry pressure, and DoD reliance on tobacco profits to support MWR funds.[38]

Installation tobacco control programs

The DoD and the services have developed state-of-the-art cessation programs, which are available to active duty, their families, and sometimes civilian employees and veterans. These programs offer web-based support, classes, individual counseling, and numerous types of pharmacotherapy, including different forms of nicotine replacement therapy, bupropion, and varenicline. A study of tobacco control programs nominated by their service's health promotion leaders found several commonalities among them. These include long-term leadership by enthusiastic, highly-motivated civilians, who do not change duty stations every few years; support from command; and a "culture" of health on their installations. Differences included whether cessation class attendance was required in order to access pharmacotherapy (both the Air Force and the Army installations required it; Navy/Marine Corps regulations prohibit such a requirement), how long cessation classes lasted (4 weeks for the Air Force; 10 weeks for the Army). Only the Air Force installation integrated policy about designated tobacco use areas with its tobacco control program, and had recently instituted a policy of reducing such areas annually. Major weaknesses included a lack of evaluation for the cessation programs, and thus no data on whether the differences in programs were important, and failure to engage tobacco control managers in installation-level tobacco policy decisions.[17]

Other stakeholders

Veterans

Many members leave the service addicted to tobacco, leading to poorer health outcomes as they age, and costs to the Department of Veterans Affairs (VA) healthcare system.[39] Military and veterans service organizations (MVSOs) such as Veterans of Foreign Wars or Iraq and Afghanistan Veterans of America frequently engage in political activity on behalf of their membership and on veteran and military issues more generally. We examined tobacco industry relations with veterans and their issues, as well as how military and veterans service organizations approach tobacco control issues.

The tobacco industry has exerted political muscle in veterans' issues. In the 1980s, when canteens at VA hospitals started asking to end tobacco sales, Philip Morris and the Tobacco Institute, the industry's lobbying arm, opposed the move, organizing MVSOs to write to Congress and commissioning a study that suggested that ending cigarette sales would harm the canteens and veterans. Later, the first cabinet-level Secretary of the VA, Edward Derwinski, announced that cigarettes sales would end and smoking would be prohibited indoors at all VA facilities, as was the case at nearly all civilian hospitals. Again, the tobacco industry organized opposition. Although the sales ban went into effect, the industry persuaded congress to pass the "Veterans Dignity in Healthcare Act," which mandated indoor smoking facilities. When federal buildings were made smokefree, many VA facilities were compelled to construct freestanding, climate controlled smoking shelters.[40]

Examination of MVSO publications and websites show that these organizations do not discuss tobacco as either a policy issue, or as a health concern. MVSOs did not prioritize health issues in their legislative agendas, except regarding the VA healthcare system.[41] More generally, MVSO websites and publications rarely mention tobacco or smoking cessation.[42, 43] MVSO leaders are reluctant to endorse stronger military tobacco control policies, citing their lack of knowledge about current rules and their perception that this is a highly sensitive issue. However, veterans themselves were more willing to consider supporting such policies, although they also frequently were concerned about restricting "rights" of servicemembers to use tobacco, or predicted that such policies might result in political objections or problems with recruitment and retention.[44] Currently, even though a large proportion of tobacco users in the military start during their service, tobacco-related illnesses are not considered "service-related," and thus do not trigger eligibility for VA disability payments.[45]

Civilian public health

Civilian public health advocates have been largely silent about military tobacco use. Public health professionals: 1) lack knowledge about military culture, structure, and tobacco use, which leads to a reluctance to engage; 2) are uncertain about what the role of civilian public health could be in affecting military tobacco control policy; and 3) are disinclined to establish stronger policies for the military than are in effect for civilian populations.[46, 47] Public health leaders believed that military tobacco use is problematic, but lack specific knowledge. They also inappropriately applied civilian models of policy development, based on democratic principles and "bottom-up" organizing, to the top-down hierarchy of the military in which orders are the means by which rules change.

Public health and tobacco control leaders supported smokefree ships and installations, as well as prohibiting smoking in uniform. They did not support prohibiting tobacco use altogether, with some arguing that this would violate smokers' "rights," or damage recruitment efforts. Even the knowledge that tobacco use impaired the readiness of servicemembers did not change some leaders' minds. A few leaders disagreed, saying that smokers should not be recruited and that, "it would take time to get there, but . . . that's what it [should mean] to be in the military, that you're not a smoker."[48]

Current Issues and Recommendations

In 2014, Secretary of the Navy Ray Mabus proposed eliminating tobacco sales from Navy and Marine Corps stores.[49] As in 1986, tobacco industry allies in Congress intervened and put language in the Defense Authorization bill requiring military stores to continue to carry any items currently in stock. [50] Efforts to remove tobacco from military stores should be better supported by Congress and the President as Commander in Chief.

In 2015, Hawaii became the first state to raise the age of legal tobacco purchase or use to 21. The law went into effect January 1, 2016. Hawai'i is home to numerous Navy installations, which as federal property are not necessarily subject to state law. However, the Navy has announced that it will comply with the law. News reports quoted some Navy personnel objecting with the argument that if people were old enough to enlist, they were old enough to smoke. Rear Admiral John Fuller, commander of Navy Region Hawai'i, responded to these objections, saying "If someone is young enough to fight for their country, they should be free from addiction to a deadly drug."[51] The Navy could study this experience to inform further efforts to restrict or eliminate tobacco use.

Despite the Navy's cooperation, California exempted active duty military personnel from its "Tobacco 21" law, which went into effect in June 2016.

Military personnel are supposed to be at peak fitness, yet tobacco use, which is known to damage both short-term and long-term health, is permitted and accommodated; the tradition of "smoke breaks" encourages uptake, and military stores sell tobacco cheaply. Tobacco use by military personnel impairs readiness and costs the DoD. Although profits from cigarettes sold at Exchanges go to support MWR programs, overall, the DoD spends more on increased training and healthcare costs. The military also expends money shipping tobacco (for sale to troops) at deployed locations, and on cessation programs. Efforts to discourage tobacco use while ensuring its availability, and simultaneously restricting and accommodating its use lead to inconsistencies, perceptions of unfairness, and resentments, adding to the burden of leadership. These expenses could be avoided and contradictions resolved if the military were to add tobacco to the list of substances it does not allow personnel to use.

Such a policy could be phased in over a number a years, though the timeline and endpoint of prohibition of tobacco use should be specified at the outset. For example, first, tobacco use could be prohibited in all DoD buildings, including all housing. Sales of tobacco products at military stores could be restricted to veterans only, and profits directed to tobacco control programs. This could help stores and the MWR infrastructure plan for any loss of revenue once sales were ended, as well as assisting current service members prepare for the new regulations.

Were the military to attempt to take such a step, it is highly likely that tobacco industry allies in Congress would attempt to intervene, as it has done in the past when

the DoD, the services, or other leaders attempted to establish strong tobacco control measures. It is therefore crucial that such a move comes from the Secretary of Defense. The Secretary will likely also need the support of the President as Commander in Chief. The strong support of civilian tobacco control and public health organizations would also help to counter the inevitable objections. Previous efforts by the military have largely been ignored by these groups, but they should regard the good health of service members as part of their mission. Servicemembers' tobacco use also harms their families, exposing them to secondhand smoke and increasing the likelihood that their children will also use tobacco. In addition, military personnel constitute a pool of tobacco users who return to civilian life and act as role models for youth. A tobacco-free military would likely have a significant impact on civilian tobacco use and health as well.

In proposing a prohibition on tobacco use, or any strong tobacco control measure, the purposes of saving the lives and improving the readiness of military personnel should be emphasized. These arguments will need to be deployed to counter industry-friendly objections that refer to the "rights" of military personnel and their "need" to use tobacco products. Tobacco control advocates should be prepared to point out that although military personnel need ways to manage the stresses of military life, including combat, selling them a lethal, addictive drug for this purpose is hardly the best way to honor their service. In addition, enlisting in the military should not be a risk factor for tobacco use; military personnel enlist with the understanding that they may be required to risk their lives, but they should not have to do so in service of tobacco industry profits.

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