



UNDER SECRETARY OF DEFENSE

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PERSONNEL AND
READINESS

MEMORANDUM FOR SECRETARY OF THE ARMY
SECRETARY OF THE NAVY
SECRETARY OF THE AIR FORCE
CHAIRMAN OF THE JOINT CHIEFS OF STAFF
UNDER SECRETARIES OF DEFENSE
CHIEF OF STAFF, U.S. ARMY
CHIEF OF NAVAL OPERATIONS
CHIEF OF STAFF, U.S. AIR FORCE
COMMANDANT OF THE MARINE CORPS
CHIEF OF THE NATIONAL GUARD BUREAU
ASSISTANT SECRETARIES OF DEFENSE

SUBJECT: Reducing Tobacco Use in the Armed Forces and the Department of Defense

Fifty years ago Surgeon General Luther Terry released the landmark report that conclusively established the health hazards caused by smoking. Since that time, many public health laws and Department of Defense (DoD) and Service policies have been enacted to reduce smoking. It worked. As a Nation, and within the Department, we have made great progress in reducing tobacco use. Yet, our work is far from over.


Tobacco use undercuts military readiness and harms individual performance. Lung function is reduced, physical capabilities are diminished, hearing loss is increased, and acute medical conditions are more likely. Wounded warriors who smoke suffer from increased risk of surgical complications and delayed wound healing. Additional threats to smokers include higher risk of stroke, cancer and for males, impotency. Smokeless tobacco brings similarly high risks of oral cancers and dental disease. Tobacco use costs DoD an estimated \$1.6 billion annually in medical costs and lost work time.

Smoking is the leading cause of preventable death; one-half of smokers will die from a smoking-related complication. For DoD, this equates to an estimated 175,000 current Active Duty Service members who will die from smoking unless we can help them quit. On average, smokers shorten their lifespan by ten years. Fortunately, they can regain all or nearly all of these lost years by quitting.

The Department must take a leadership role in reducing tobacco use even further. Tobacco use in the military remains higher than in the DoD civilian population and in the Nation at large. Although we stopped distributing cigarettes to our Service members as part of their rations, we continue to permit, if not encourage, tobacco use. The prominence of tobacco products in retail outlets and permission for smoking breaks while on duty sustain the perception that we are not serious about reducing the use of tobacco.

The Military Health System is committed to focusing on preserving wellness. Our military medical leaders have pledged their full support for this effort to reduce tobacco use across the Department. Our goal is to dramatically reduce the use of all tobacco by 2020. Individual military communities are taking action to curtail tobacco use, but we must develop more aggressive, organization wide reforms. Structural reforms in how and where we allow tobacco purchases to be made; as well as the need to consider tobacco-free installations, are all matters that require our near-term attention.

We appreciate your active engagement and leadership on this issue and look forward to hearing about your successes and best practices.


Jonathan Woodson, M.D.
Assistant Secretary of Defense (Health Affairs)


Jessica L. Wright
Acting

cc:
Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force
Surgeon General of the National Guard Bureau
Director, Defense Health Agency
Joint Staff Surgeon