

Recommendations for Addressing Tobacco Use in Correctional Facilities through Policy and Cessation Programming



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Abstract

Introduction

According to the Bureau of Justice Statistics, at the end of 2008 more than 2.4 million people were incarcerated in the U.S. While the tobacco use rate of the general U.S. population is 21%, it is estimated that between 60-80% of inmates use tobacco and as such are disproportionately affected by tobacco-related disease. The incarcerated and correctional staff who do not use tobacco are significantly affected by secondhand smoke exposure.

The past two decades have seen significant uptake in tobacco free policies and cessation services for inmates. Currently 38 correctional facilities have indoor tobacco bans and at least 27 offer tobacco cessation programs to inmates. To further this progress, Break Free Alliance and its Stakeholder organizations developed a briefing paper, *Recommendations for Addressing Tobacco Use in Correctional Facilities through Policy and Cessation Programming*, in June 2009. These recommendations offer guidance to correctional institutions in order to develop, enhance and implement tobacco control policies as well as provide effective tobacco education and cessation programs for those living and working in the correctional system.

Key Recommendations

1. Surveillance/Data collection
2. Full tobacco product ban for both inmates and staff
3. Tailored tobacco cessation programming
4. Prerelease planning

Benefits

The goal of these recommendations are to improve the health of both inmates and staff; protect correctional facilities against legal repercussions for allowing tobacco use; provide inmates an economic advantage upon release; and reduce the cost and burden of tobacco related disease on both the correctional population and the health care system.

Conclusion

The importance of tobacco free policies and cessation programming in correctional settings as a systems change approach is critical in reducing tobacco use prevalence among low SES populations. Cessation resources specifically tailored to correctional settings are needed to address the unique challenges faced by both the inmate population and correctional staff.

Introduction

General Background

- On any given day, approximately 2.2 million people are behind bars.
 - Approximately 70% come from low income, inner-city neighborhoods and have less than a high school education.
- American Medical Association 10/07*

Tobacco Use in Correctional Facilities

Smoking prevalence among inmates:

- As high as 75% among females
- As high as 90% among males

Correctional facilities that are 100% smokefree indoors

As of July 2010, Americans for Nonsmokers' Rights

- | | | |
|--------------|------------------|------------------|
| • Delaware | • Maryland | • South Dakota |
| • Illinois | • Massachusetts | • Tennessee |
| • Indiana | • New York | • Hawaii |
| • Kansas | • Oregon | • Texas |
| • Arkansas | • Minnesota | • Ohio |
| • Georgia | • Nebraska | • Rhode Island |
| • Maine | • Nevada | • South Carolina |
| • Michigan | • North Carolina | • Virginia |
| • Wyoming | • Louisiana | • Puerto Rico |
| • Iowa | • California | • Montana |
| • Utah | • Colorado | • New Hampshire |
| • Vermont | • Idaho | • Oklahoma |
| • Washington | • Kentucky | |

Briefing Paper – Recommendations for Addressing Tobacco Use in Correctional Facilities through Policy and Cessation Programming

- Full literature review was conducted
- Experts working with inmates and correctional facilities formed a workgroup to develop recommendations
- Example correctional facility tobacco control policies were integrated into the briefing paper
- Briefing paper was disseminated to over 2,000 facilities, national partner organizations and state tobacco control programs
- Informational webinar series is being developed to further disseminate the recommendations and highlight correctional institutions who have successfully implemented model tobacco control policies and cessation programming

Key Recommendations

1. Surveillance/Data collection

- Document and update tobacco use status of inmates and staff
- Generate tobacco use reports to support the need for cessation programming and to evaluate cessation efforts

2. Full tobacco product ban including inmates and staff

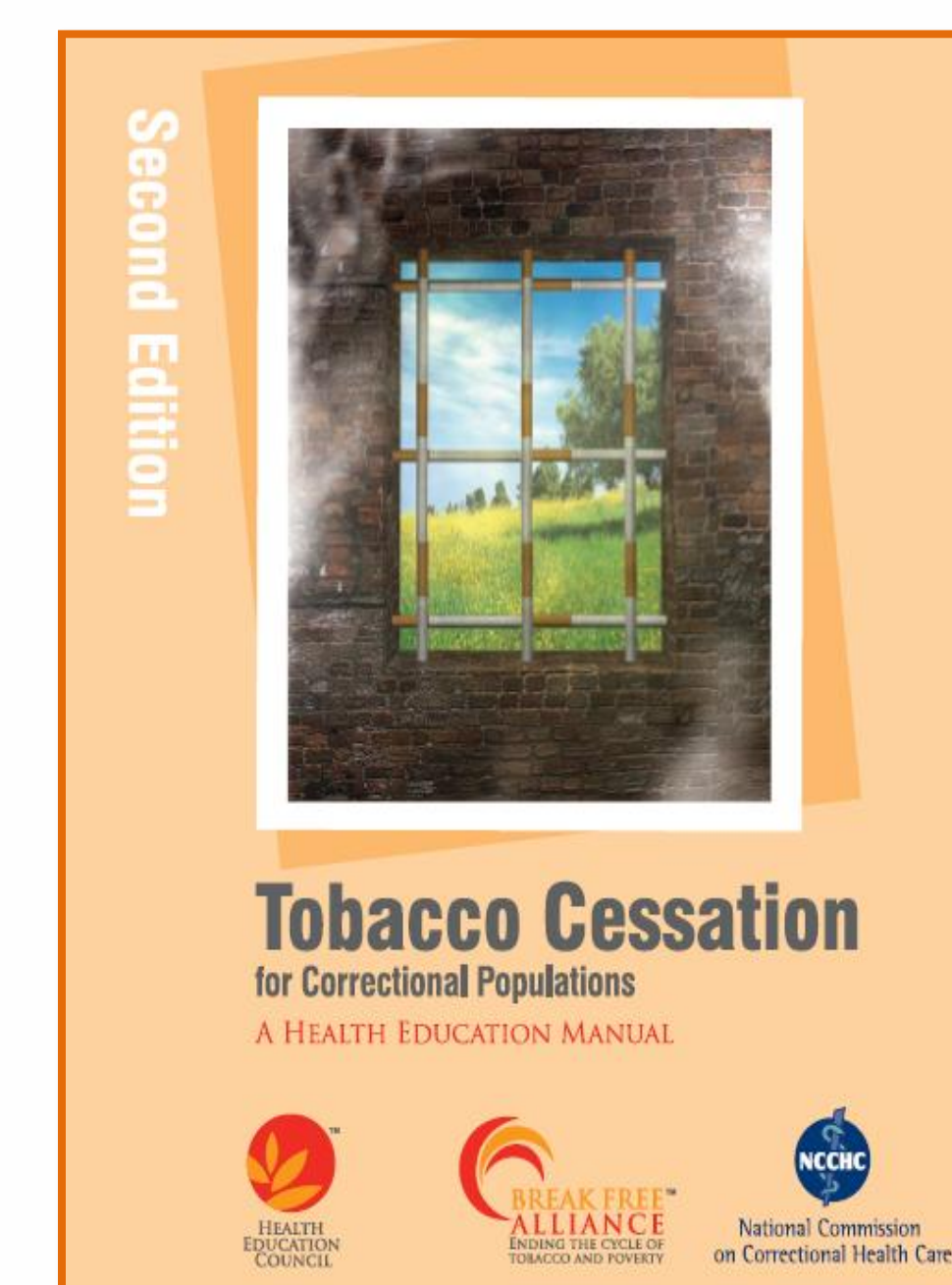
- Survey correctional staff to determine tobacco use status and their opinion about implementing tobacco-free policies
- Involve all staff in the policy development process, while allowing ample time to roll out new policies
- Tobacco-free policies should ban ALL tobacco products both indoors and outdoors
- Both staff and inmates should adhere to the same tobacco-free policy
- Establish a disciplinary process to enforce the policy

3. Tailored tobacco cessation programming

- Ask about tobacco use during clinic visits while maintaining full confidentiality if tobacco use is reported
- Follow evidence-based clinical practice guidelines on treating tobacco use and dependence as appropriate for correctional settings
- Provide cessation classes, self-help materials, and/or support groups for both staff and inmates
- Strengthen partnerships between local, private and/or voluntary organizations to sustain tobacco control and cessation efforts within prison systems

Resources

The following resource was developed by the National Commission on Correctional Health Care and Break Free Alliance.



Tobacco Cessation for Correctional Populations: A Health Education Manual, Second Edition - This curriculum is designed for use in prisons, jails, or other correctional facilities. It includes two teaching modules, instructions for facilitators, reproducible handouts, and a resource section with additional information and materials.

Key Recommendations (cont.)

4. Prerelease planning

- Inform inmates of the multiple burdens tobacco use will impose upon them once released (i.e. health care costs, expenses related to purchasing tobacco, loved ones exposed to second-hand smoke etc.)
- Develop action plan with inmates to avoid relapse once released
- Provide inmates with quit kits, community cessation resources and quitline information

Benefits

Tobacco bans and cessation programming provide the following:

- Protect prisons from legal challenges by non-smoking inmates
- Reduce fire risk and maintenance costs
- Lower health care/insurance rates
- Lead to better health outcomes for inmates, staff and their families
- Economic advantages for inmates after release
- Tobacco bans have not been directly linked to increased violence and behavioural problems

Conclusions

- Incarceration in a tobacco-free institution can increase post-release quit rates if cessation assistance is offered to newly released inmates.
- Forced abstinence during incarceration does not necessarily lead to cessation upon release – therefore, recently released inmates need access to local resources.
- Establishing partnerships between tobacco control advocates and correctional health care professionals offers an ideal opportunity to implement tobacco use cessation strategies during the incarceration period that can result in long term tobacco cessation.