

Tobacco Cessation and the Criminal Justice System: Tobacco and Mental Wellbeing Masterclass Workshop

Tuesday, December 7th | 2:30 – 4:30 pm EDT

Closed captioning:

<https://www.streamtext.net/player?event=TobaccoCessationandtheCriminalJusticeSystem>

This project is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$250,000 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

Welcome!



Lauren Wills, MPH
Project Coordinator,
Practice Improvement



Tamanna Patel, MPH
Project Director,
Practice Improvement



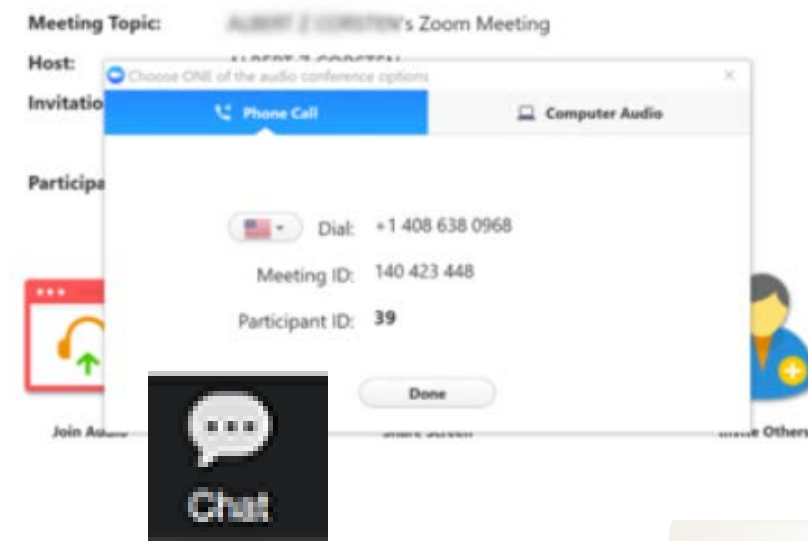
Seidale Shipman, MBA, PMP
Project Manager,
Practice Improvement

NATIONAL
COUNCIL
for Mental
Wellbeing



Housekeeping

- This workshop is being recorded. All participants placed in “listen-only” mode.
- For audio access, participants can either dial into the conference line or listen through your computer speakers.
- Submit questions by typing them into the chatbox or using the Q&A panel.
- Access to closed captioning:
 - <https://www.streamtext.net/player?event=TobaccoCessationandtheCriminalJusticeSystem>
- Slide handouts and recording will be posted here:
 - <https://www.bhthechange.org/resources/resource-type/archived-webinars/>



NATIONAL
COUNCIL
for Mental
Wellbeing



National Behavioral Health Network for Tobacco & Cancer Control

- Jointly funded by CDC's *Office on Smoking & Health* & *Division of Cancer Prevention & Control*
- Provides resources and tools to help organizations reduce tobacco use and cancer among individuals experiencing mental health and substance use challenged
- 1 of 8 CDC National Networks to eliminate cancer and tobacco disparities in priority populations

Visit www.BHtheChange.org and Join Today!

Free Access to...

Toolkits, training opportunities, virtual communities and other resources

Webinars & Presentations

State Strategy Sessions

Communities of Practice



#BHthechange

NATIONAL
COUNCIL
for Mental
Wellbeing



A Note on Language & Terminology

- **Mental wellbeing:** thriving regardless of a mental health or substance use challenge.
- **Commercial tobacco use/tobacco use:** The use of commercial tobacco and nicotine products (including electronic nicotine devices, otherwise known as ENDS).*
- *All references to smoking and tobacco use is referring to commercial tobacco and not the sacred and traditional use of tobacco by some American Indian and Alaskan Native communities.



Today's Featured Speakers

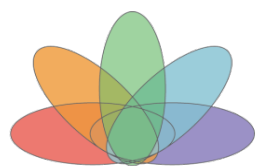


Chad Morris, PhD
Director
University of Colorado
Behavioral Health & Wellness
Program



Jim Pavlik, MA
Senior Program and Policy Analyst
University of Colorado
Behavioral Health & Wellness
Program





Behavioral Health &
Wellness Program

Masterclass Workshop: Tobacco Cessation & Criminal Justice Settings



School of Medicine

UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS



**What thoughts and
concerns can you let
go of for a few hours
to be present with
your peers?**

This is Your Time!



POLL TIME!

What region are you from?



POLL TIME!

What is your primary role with the agency that would be implementing tobacco cessation services?



Tobacco cessation services are evidence-based strategies intended to

- enhance a tobacco users' motivation to quit*
- improve their knowledge about and skills in quitting*
- connect them to resources to support their quit attempt*
- maintain their abstinence*



POLL TIME!

How would you best describe your current level of partnership with the criminal justice system?

1. We have not identified any potential criminal justice system partners.
2. We have identified our partners but haven't made any contact yet.
3. We have made contact but haven't explored areas for potential cooperation.
4. We have shared some areas for collaboration/partnership but haven't made final decisions yet.
5. We have a plan and I'm here looking for strategies and tips.
6. We have been working with the criminal justice system for awhile but are experiencing barriers.
7. Our plan is going along well, and I'm hoping to share my successes with other attendees.



POLL TIME!

On a scale from 1 – 10 how
confident are you that you can
implement tobacco cessation
services for justice involved
individuals?



Create

A case for tobacco cessation services in the criminal justice system

Explore

Common and emerging barriers that prevent partnerships which extend whole person services to incarcerated individuals

Brainstorm

Solutions to anticipated barriers

Provide

Resources and practical strategies for developing and measuring the success of tobacco cessation programs in criminal justice settings





PART 1: The Case for Extending Tobacco Cessations to Justice-Involved Individuals

Justice involvement carries independent risk for higher smoking prevalence even after accounting for traditional demographic risk factors





Section 0: The Counterarguments

Prohibitions are Weakening

Prisons taking tobacco orders ahead of legal smoking

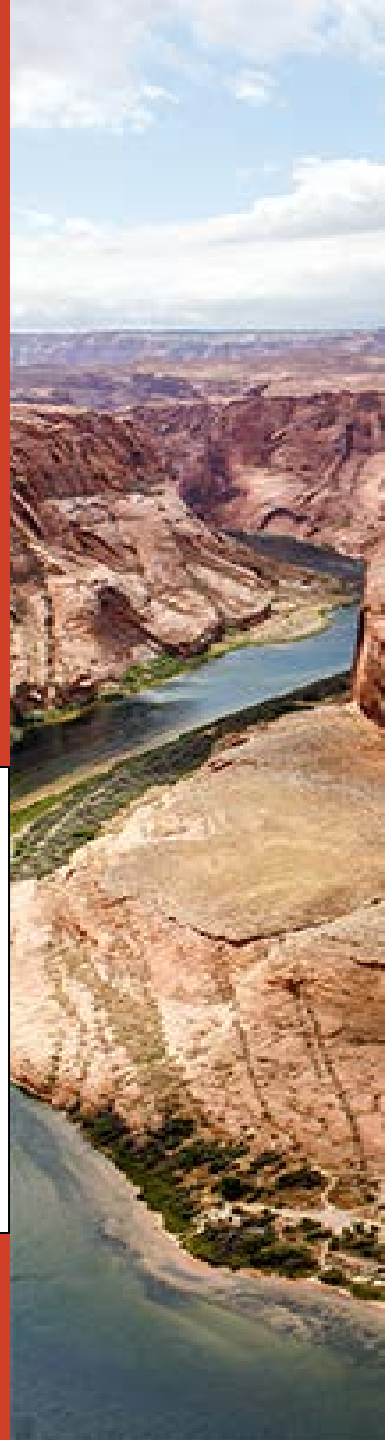
January 23, 2021



How These Jail Officials Profit From Selling E-Cigarettes to Inmates

Many cash-strapped Kentucky jails prop up their budgets by selling e-cigarettes to inmates, making more than \$1.3 million in 2018. Some jailers, or their friends and family, are making money while jails overlook the health concerns of vaping products.

by R.G. Dunlop, Kentucky Center for Investigative Reporting, Jan. 29, 2020, 5 a.m. EST



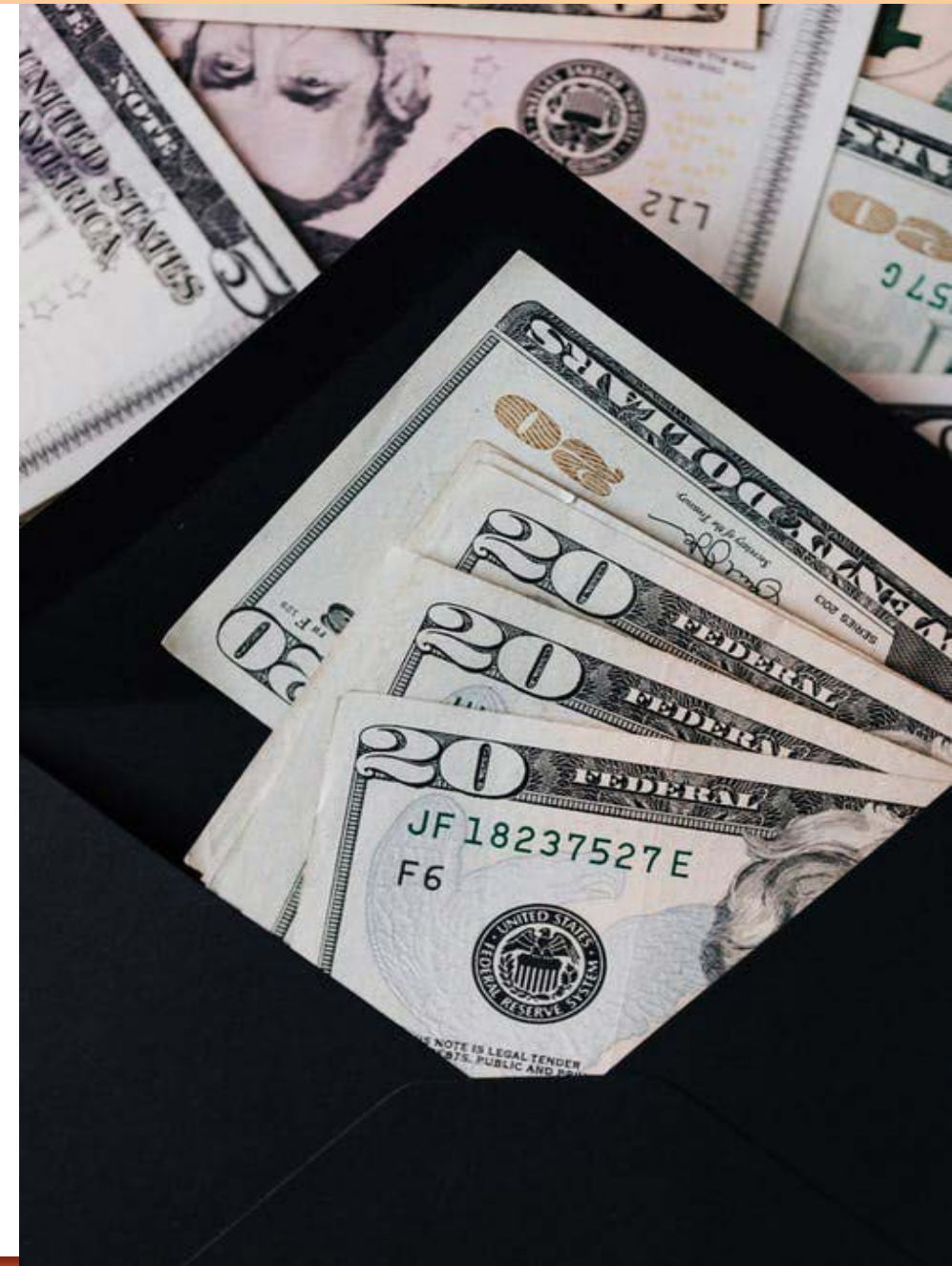
The Case for Allowing Smoking

- Harm reduction is better than prohibition
- The case for bans depends on a focus on inmates' health, which is not the correctional system's role
- Less corruption among prison employees
- Reduce black markets



Does Allowing Smoking Reduce Black Markets

1. Ramen noodles
2. Postage stamps
3. Mackerel
4. Green dot cards
5. Clean urine
6. Combination locks
7. Spices
8. Instant coffee
9. Smartphones



In Rural Jails, E-Cigarettes Are a Calming Vapor

By Timothy Williams

Jan. 23, 2014



Logan Smith with his e-cig.
Christopher Berkey for The New York Times

LAFAYETTE, Tenn. — As city governments and schools across the country move to ban or restrict the use of electronic cigarettes, one place increasingly welcomes the devices: the rural county jail.

Though traditional cigarettes are prohibited from most prisons and jails because of fire hazards and secondhand smoke, a growing number of sheriffs say they are selling e-cigarettes to inmates to help control the mood swings of those in need of a smoke, as well as address budget shortfalls, which in some jails have meant that guards are earning little more than fast-food workers.

The trend stands in contrast to restrictions on e-cigarettes approved in Chicago, New York, Los Angeles and other big cities.

It also means a lot of revenue for the jails. They buy each ecig from Mosley for \$2-\$3 and sell them to inmates for \$15.

INDUSTRY ORIGINATORS

We don't just lead the industry. We **created** it.

Designed specifically for use in correctional facilities, the CrossBar electronic cigarette meets growing demands for improved inmate morale. Constructed of a one-piece soft plastic casing that allows the product to bend, it comes with an ultra-low voltage battery.



Behavioral Health & Wellness Program

In Rural Jails, E-Cigarettes Are a Calming Vapor

By Timothy Williams

Jan. 23, 2014



Logan Smith with his e-cig.
Christopher Berkey for The New York Times

LAFAYETTE, Tenn. — As city governments and schools across the country move to ban or restrict the use of electronic cigarettes, one place increasingly welcomes the devices: the rural county jail.

Though traditional cigarettes are prohibited from most prisons and jails because of fire hazards and secondhand smoke, a growing number of sheriffs say they are selling e-cigarettes to inmates to help control the mood swings of those in need of a smoke, as well as address budget shortfalls, which in some jails have meant that guards are earning little more than fast-food workers.

In Gage County, in southeastern Nebraska, Sheriff Millard Gustafson said that he had sold out of the 200 e-cigarettes bought in December for the 32-prisoner jail, but that more would be arriving soon. “They’ve been selling like hot cakes,” he said. “I look at this as something to control their moods. And so if they’re not a good boy or girl, I’m going to take them away, just like I do with the TVs.”

In Nebraska, Sheriff Gustafson said the influence that e-cigarettes exert over inmates has been instrumental in maintaining good order. “The thing I like about it is it controls the guy,” he said. “We had four or five fights last week. One guy who’d had a fight asked for an e-cigarette and it calmed him down. It’s not meant to help inmates, it’s meant to help my guys.”



Section 1: The Need is High

The Justice System

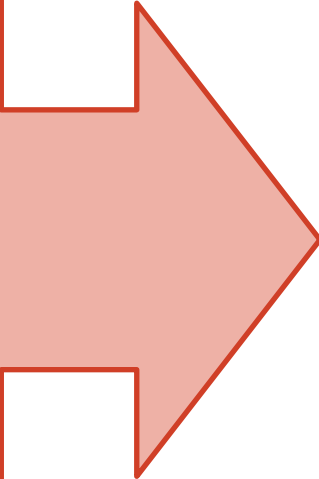
- Federal Prisons
- State Prisons
- Jails
- Community Corrections
 - Probation/Parole
 - Drug and Mental Health Courts
 - Court-Ordered Drug Treatment
- Juvenile Corrections



Society is in the midst of a crisis of the five insidious Ps, “Producing People with Problems and then Punishing them for it for Profit.”

Kempis “Ghani” Songster, Keynote Address at The Effects of Incarceration and Reentry on Community Health and Well-Being workshop, June 6, 2018



- 
- Stigma
 - Low SES
 - Discrimination
 - Chronic Stress
 - Psychological Distress
 - Coping Skills
 - Environmental Exposure
 - Industry Targeting
 - Biology
 - Access to Treatment

Addiction

Incarceration

Recidivism

Relapse

Poor Health



61-90% Schizophrenia

51-70% Bipolar Disorder

49-80% Other Drug Abuse

38-42% ADHD

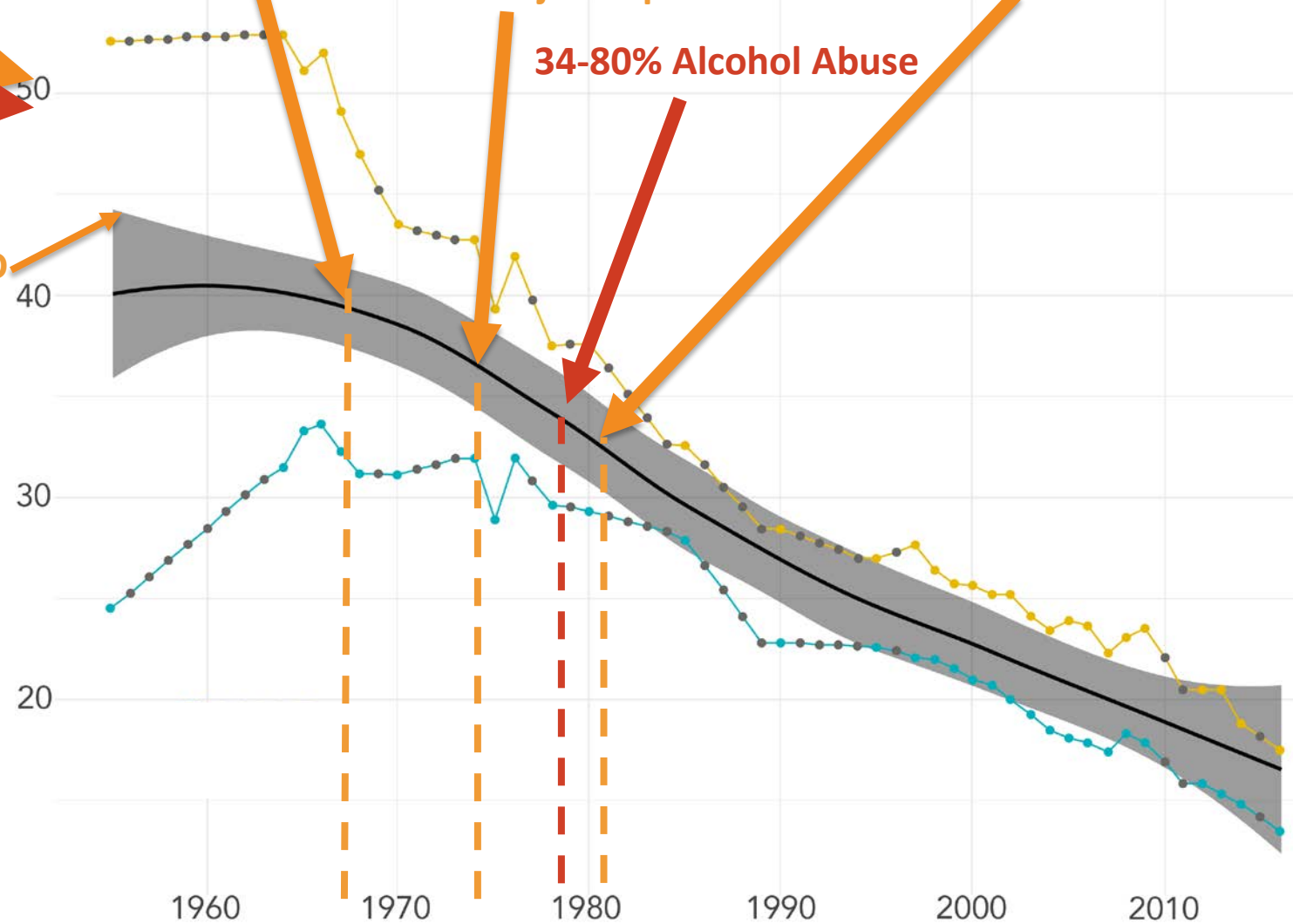
36-80% Major Depression

34-80% Alcohol Abuse

32-60% Anxiety

45-60% PTSD

13.7% of adults
are current
smokers



Tobacco Industry Targeting

- In 2011, tobacco companies spent \$8.8 billion on advertising and promotional materials
- Tobacco companies sought out individuals with limited access to cessation services
- Promoted smoking in treatment settings
- Monitored or directly funded research supporting the idea that people with schizophrenia need to smoke to manage symptoms

For every **\$1** the state spends to reduce tobacco use, **\$18** is spent by tobacco companies to promote their products



Tobacco Use and Race/Ethnicity

Some racial/ethnic populations are difficult to reach, for reasons including:

- Lack of access to primary care providers
- Unawareness of Medicaid or other benefits, e.g., health literacy
- Misconceptions about tobacco dependence treatments and their health benefits
- Less likelihood of receiving advice to quit



Tobacco and Income/Education

Individuals who are working class, low income, and have low educational levels have the highest percentages of smoking behaviors



Smoking rates for those:

- Below the poverty line – **25%**
- At or above the poverty line – **14%**
- With a GED – **36%**
- With an undergraduate degree – **7%**



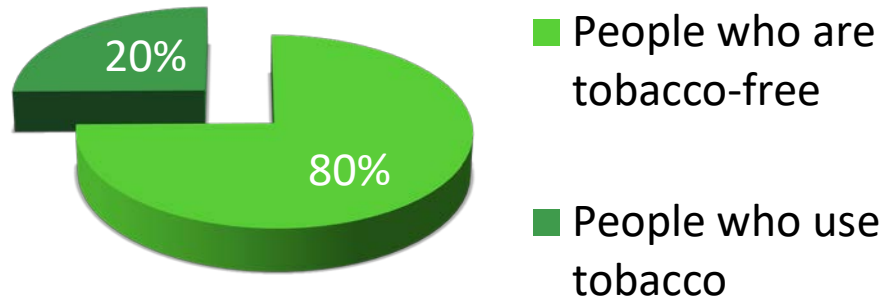
Incarcerated Individuals

- Make 41% less than non-incarcerated individuals of the same age
- Have, on average, 11 years of completed schooling
- 61% of inmates have less than a high school diploma
- More than half were not employed at the time of incarceration
- 65% of the prison population has an existing SUD
- 37% in state and federal prisons have a mental illness diagnosis
- 44% in jails have a mental illness diagnosis
- 25% in jails are experiencing “serious psychological distress”

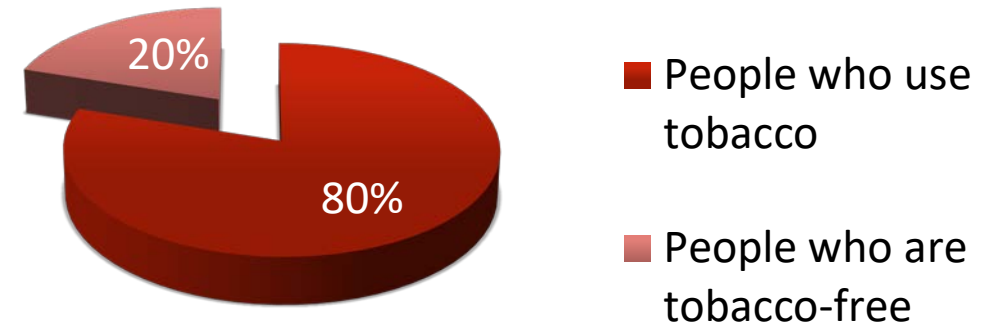


Rates of Use: Any Tobacco Product

General Population



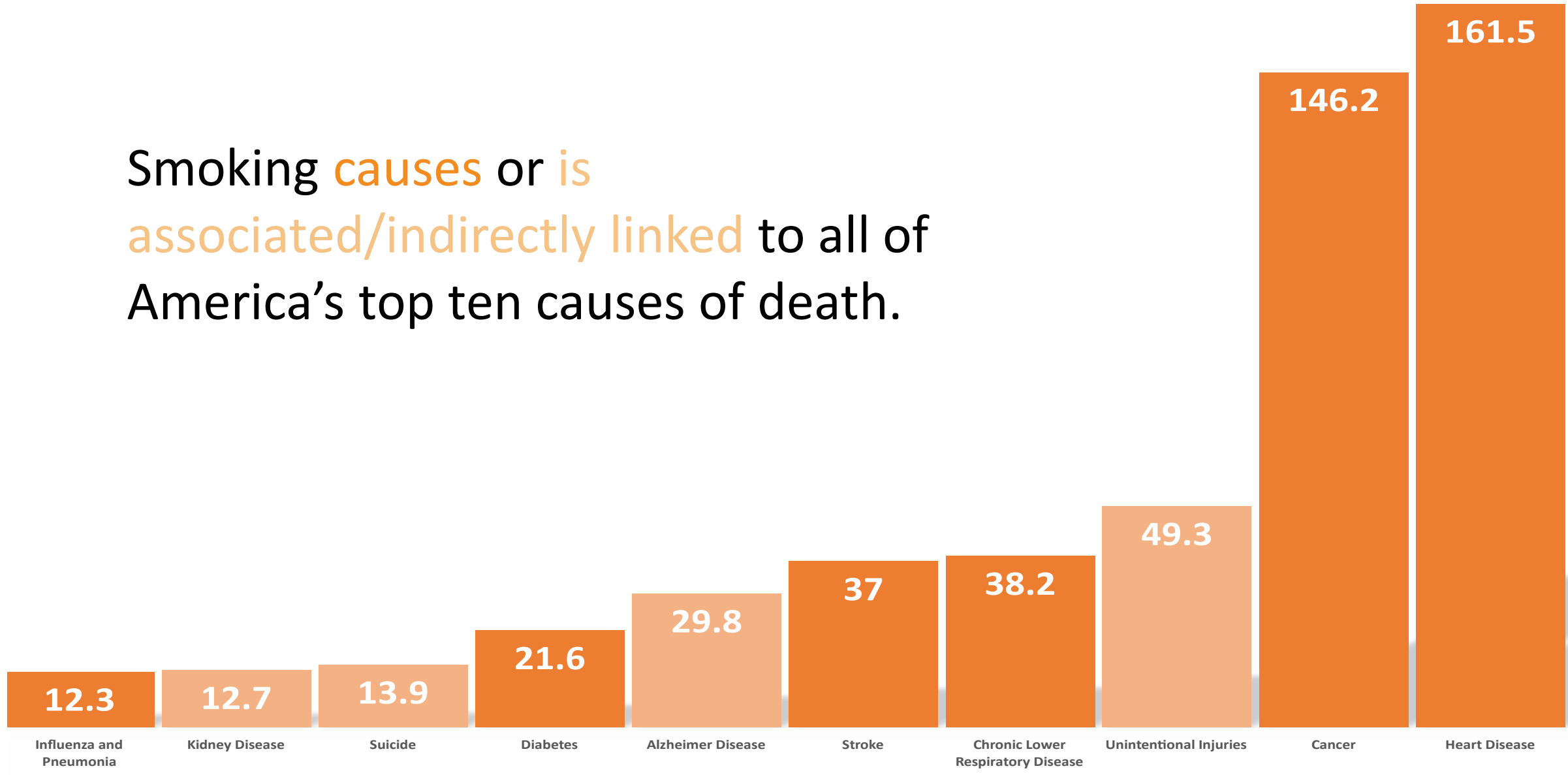
Criminal Justice Population



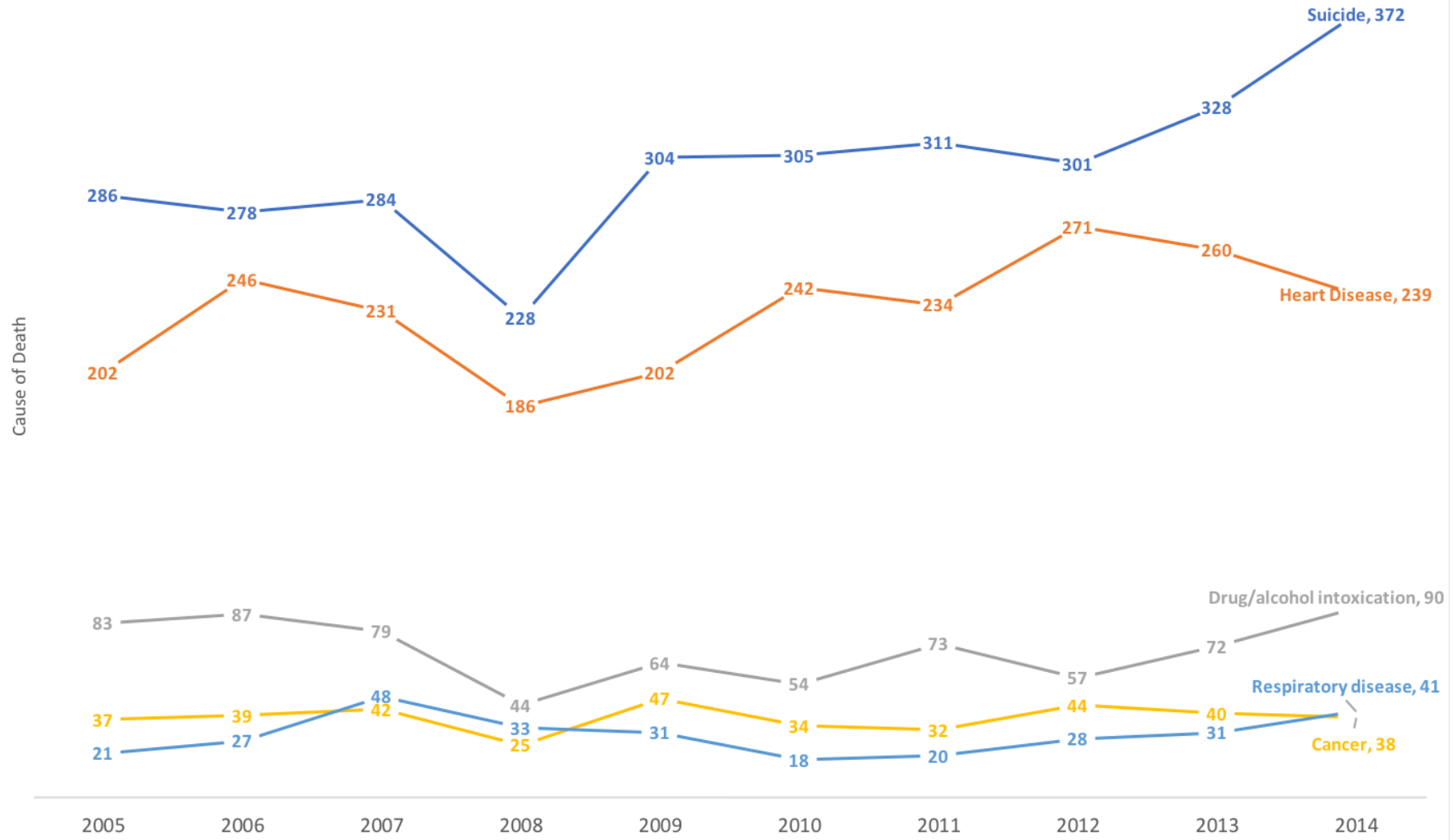
In the United States, the smoking rate among the justice-involved population is approximately **4-5 times** higher than the general population



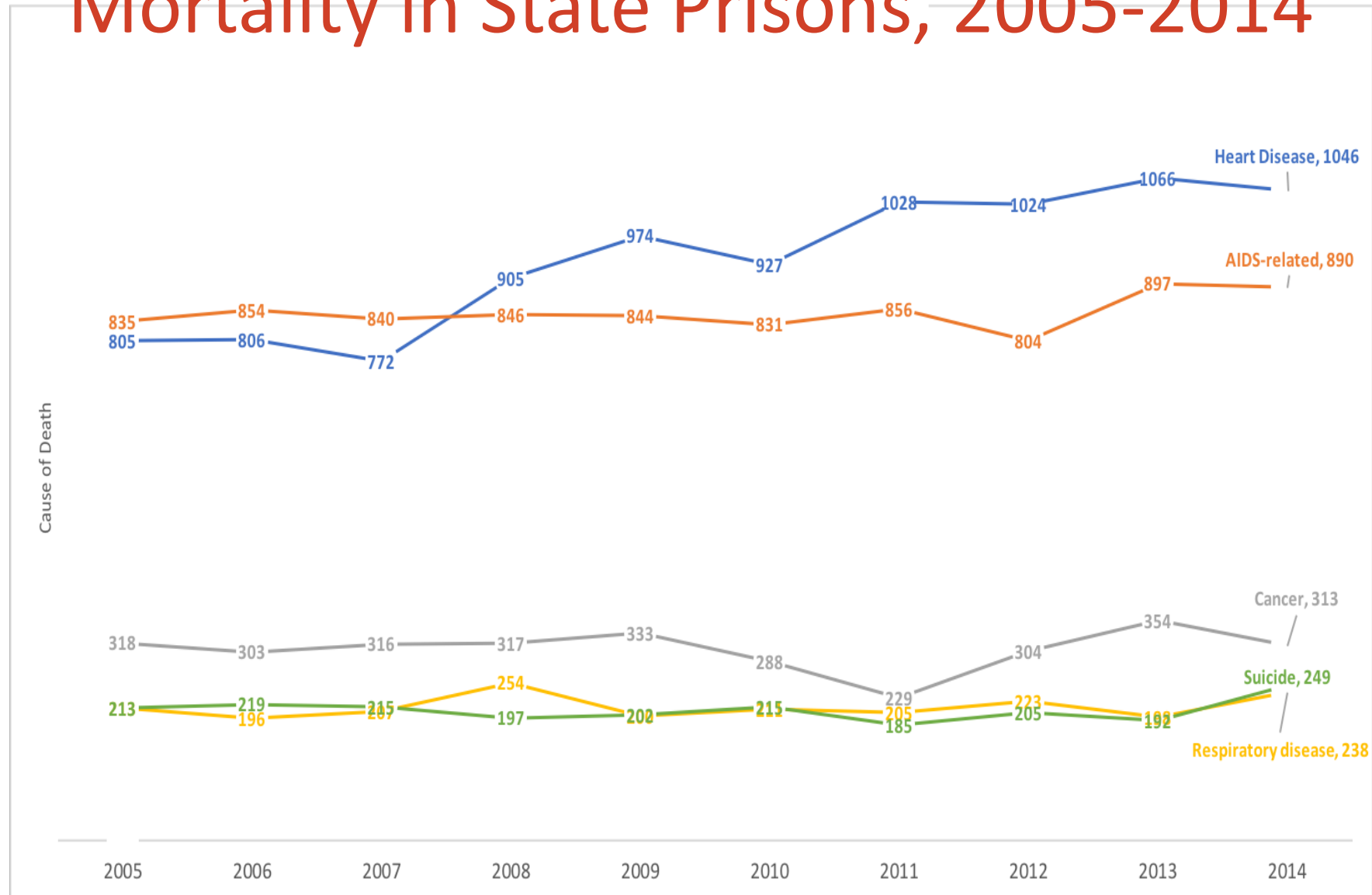
Smoking **causes** or is **associated/indirectly linked** to all of America's top ten causes of death.



Mortality in Jails, 2005-2014



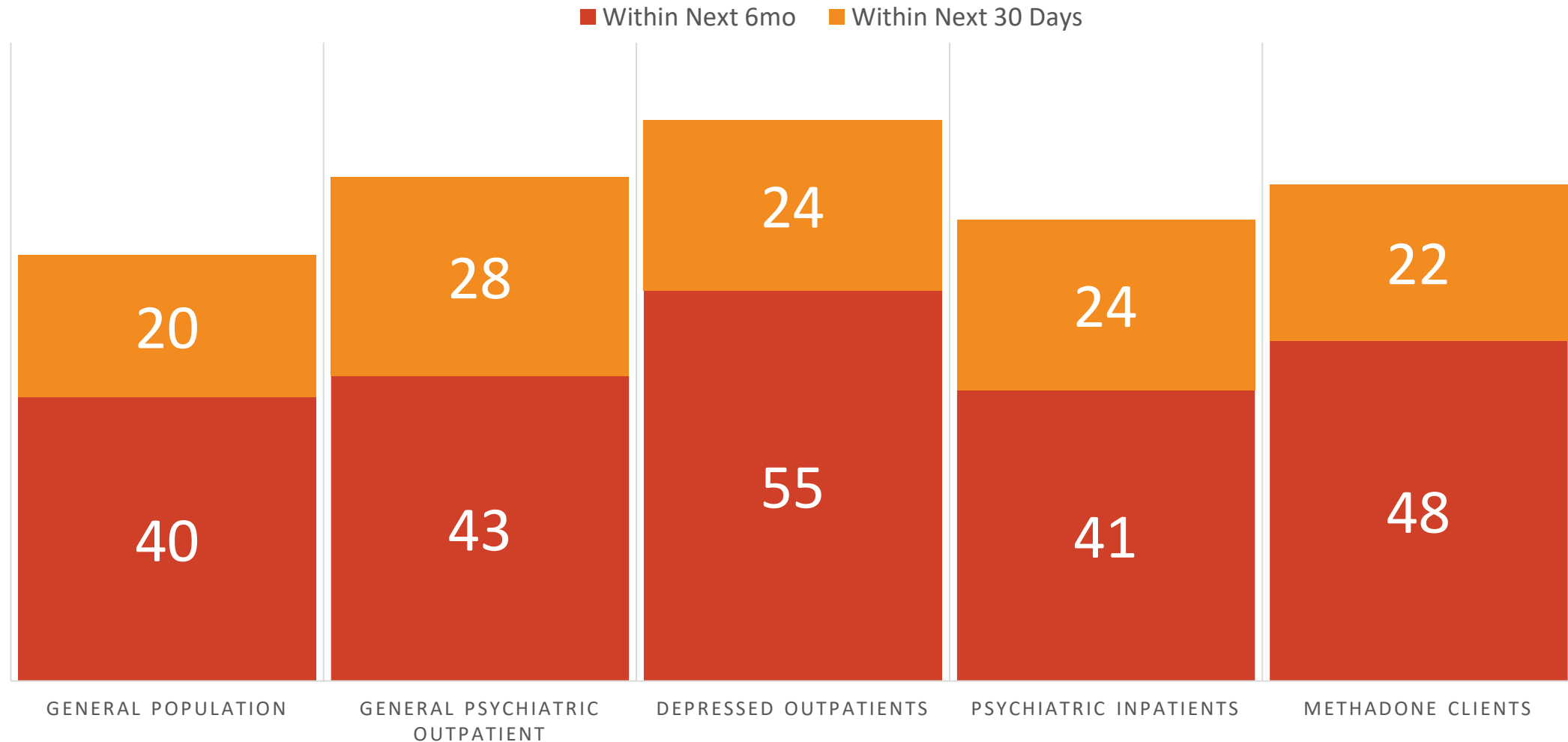
Mortality in State Prisons, 2005-2014





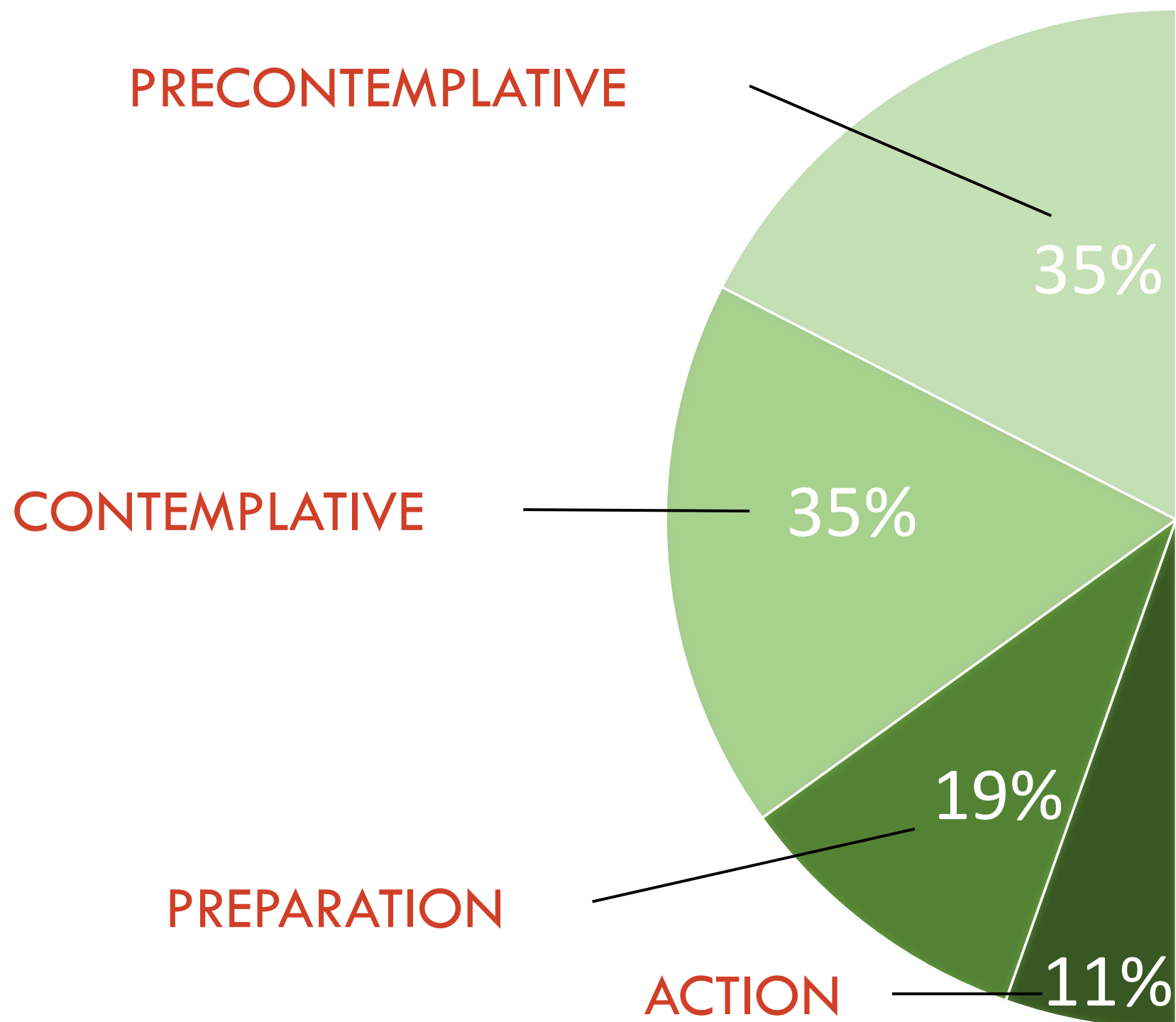
Section 2: The Desire to Quit is High

Readiness to Quit— Behavioral Health Populations



Interest in Quitting

Drug Court
Participants,
Florida, 2015





Part 2: Action Planning

CHAT BOX

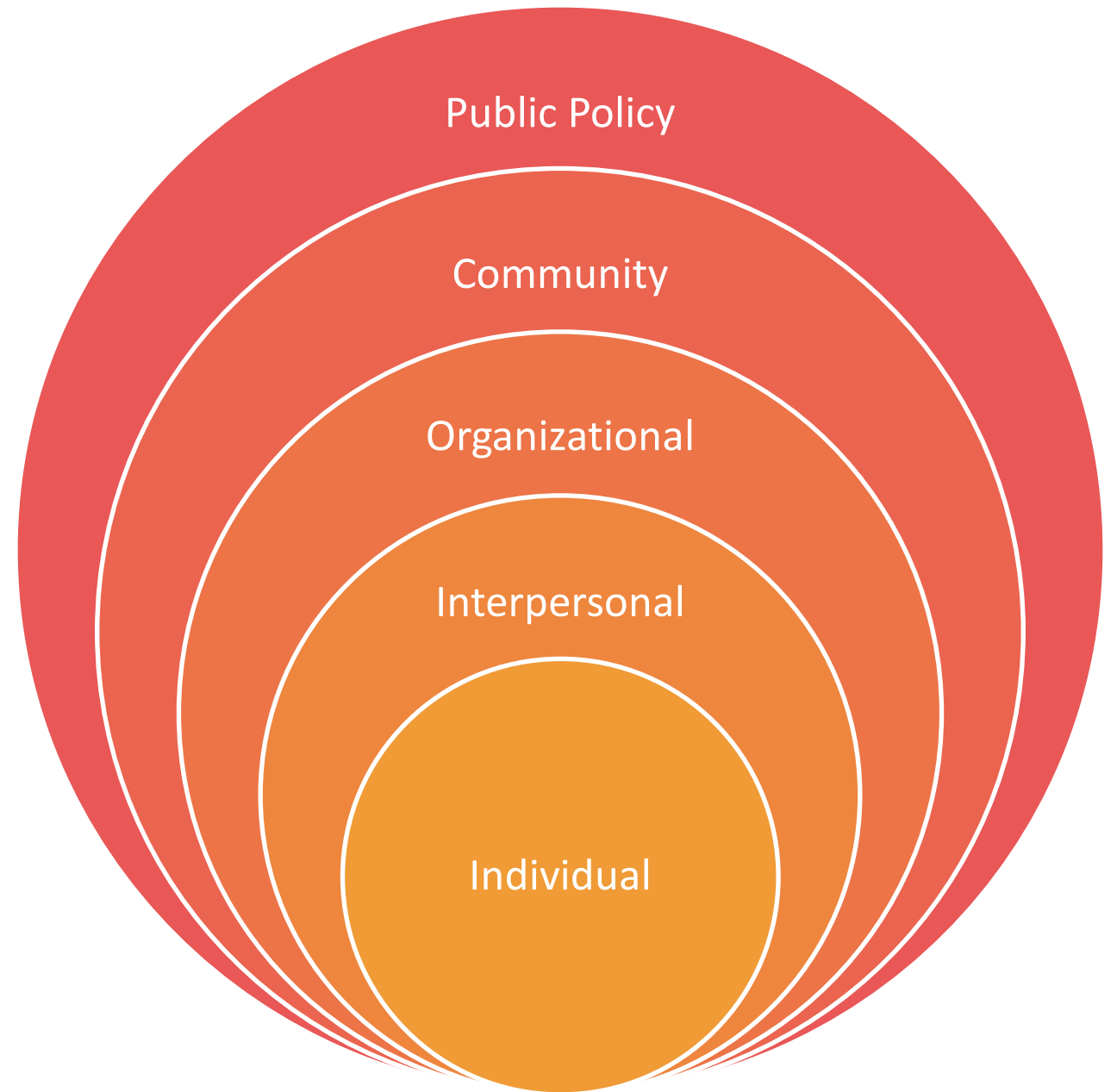
What **resources does your organization already have to develop programming for justice involved individuals?**



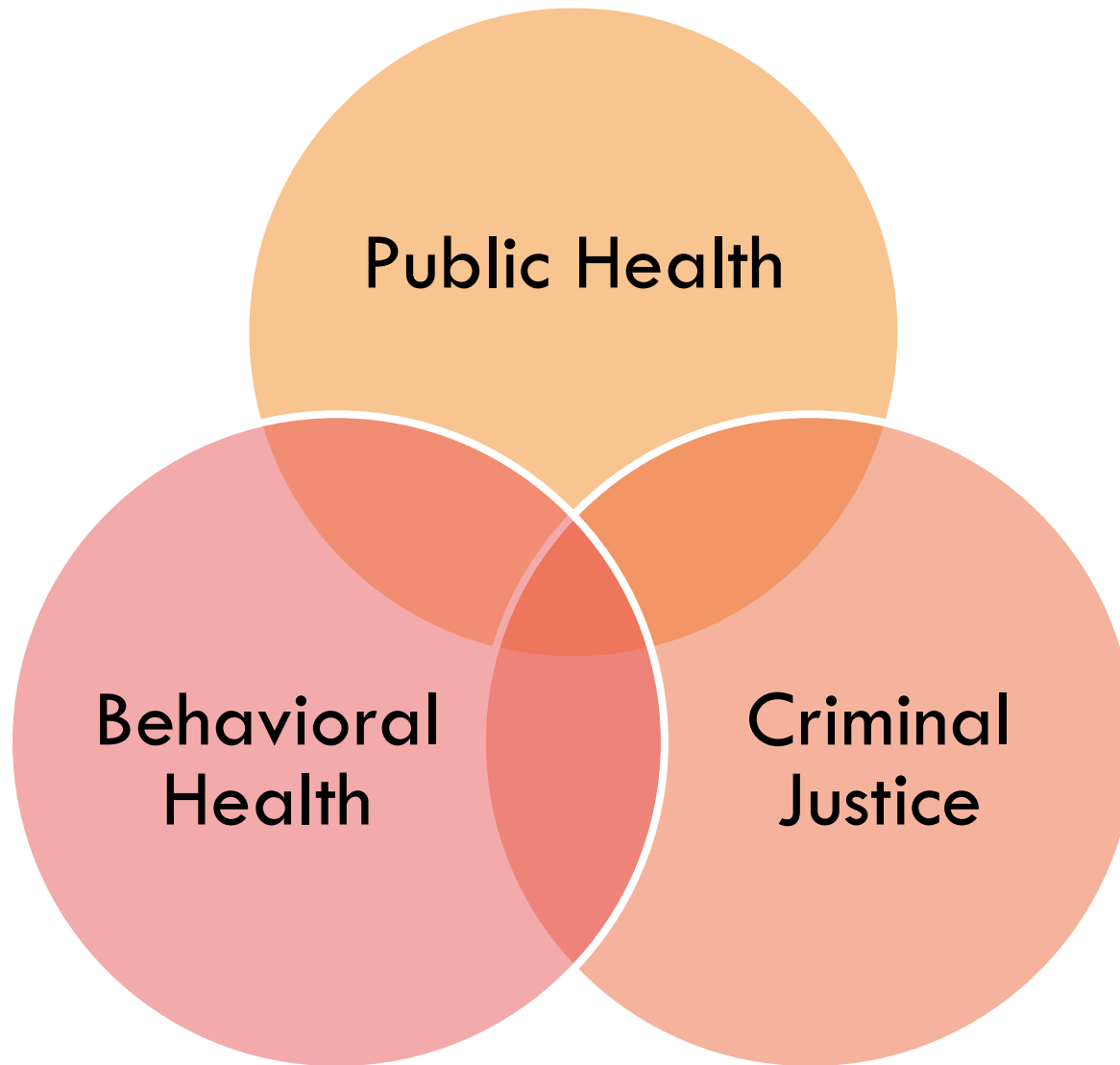


Section 1: Guiding Frameworks

Social Ecological Model



Common Values



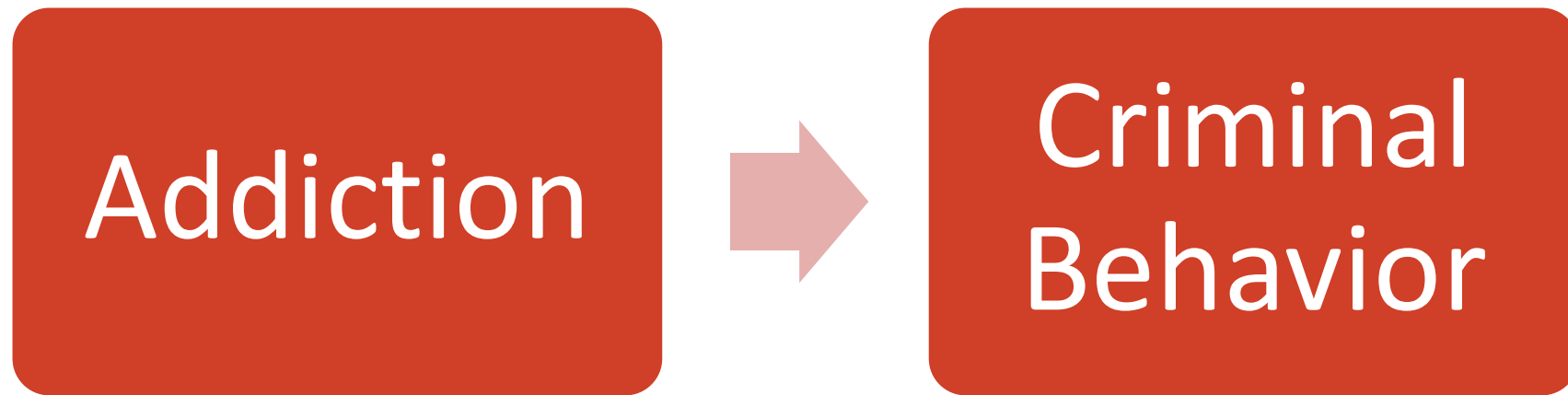
A Whole Health Approach



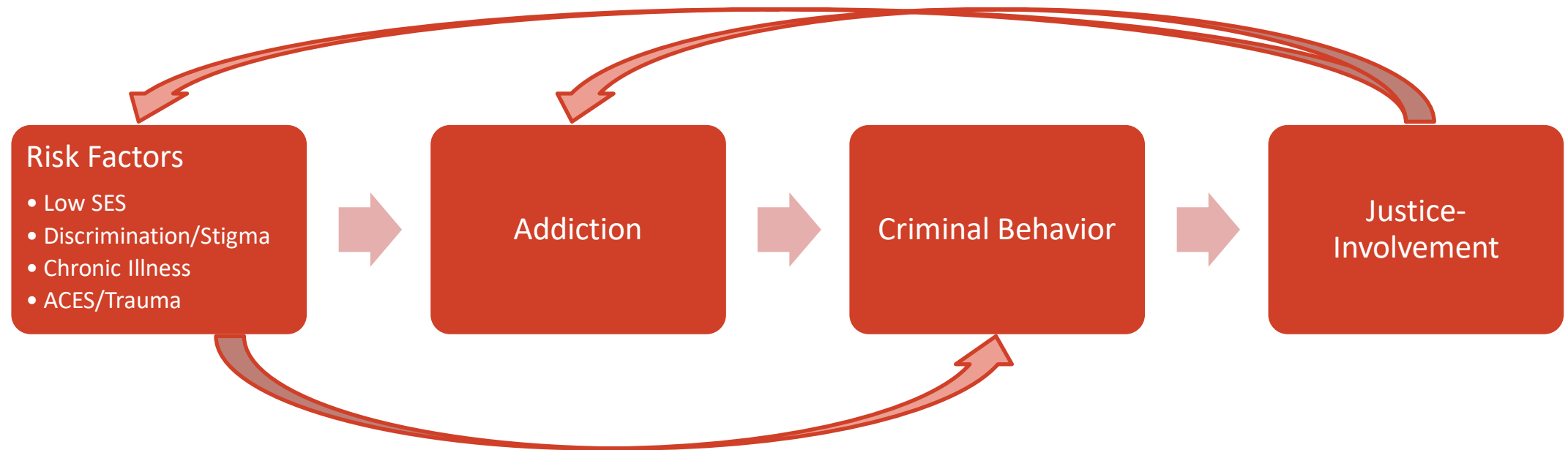


Section 2: Strategic Cooperation and Tactical Alignment

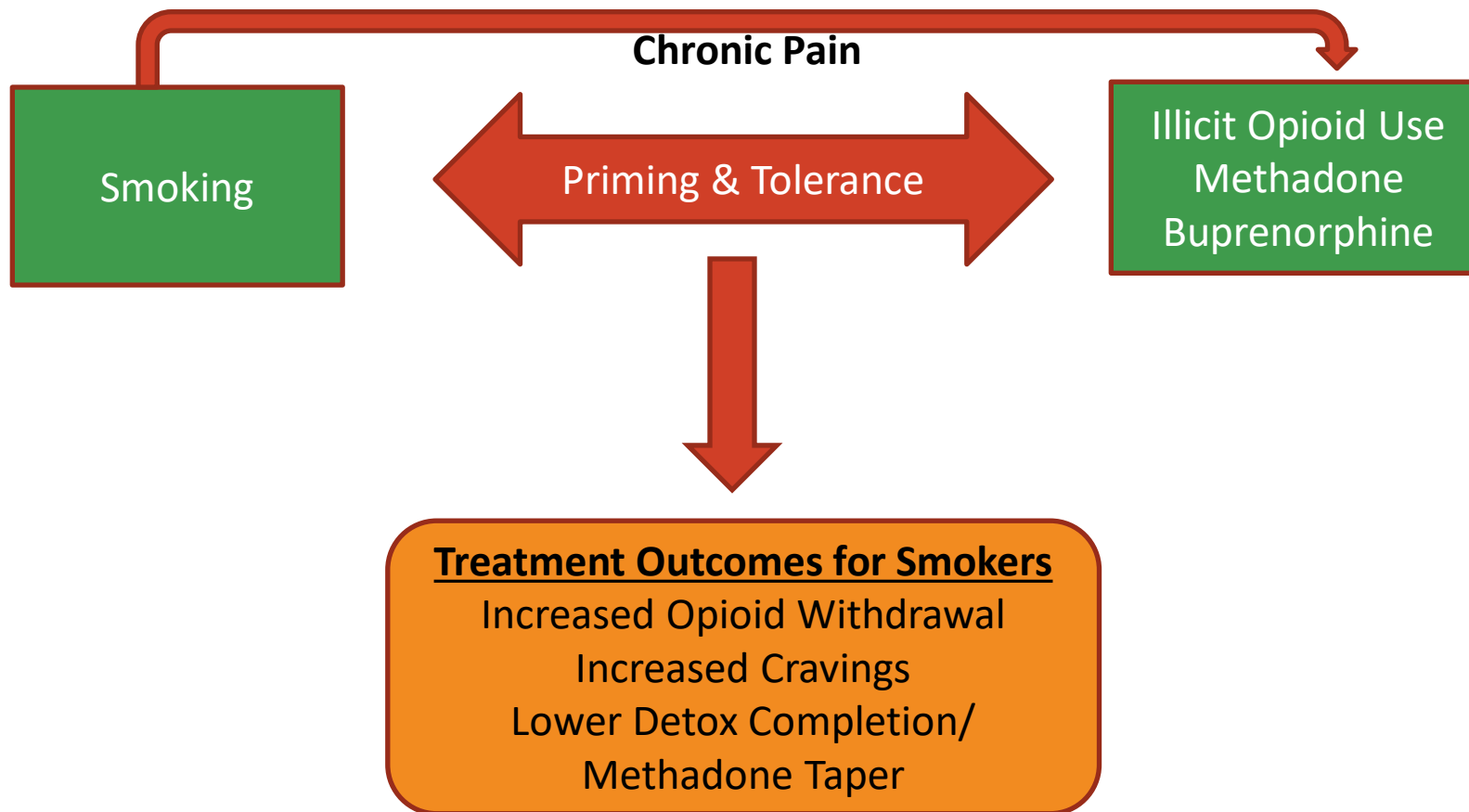
Simple Justice System Model



Better Justice System Model



Opioids and Smoking





Section 3: Program Planning- Design

The Justice System

- Federal Prisons
- State Prisons
- Jails
- Community Corrections
 - Probation/Parole
 - Drug and Mental Health Courts
 - Court-ordered drug treatment
- Juvenile Corrections



POLL TIME!

**Which type of criminal justice
setting will you be working
with?**



Sequential Intercept Model



POLL TIME!

Which *INTERCEPT* will you
work at?



Quitline Referral Initiative: Goal



Re-entry/Discharge

Upon release,
individuals will be
given education
about the quitline
and offered a referral

Quitline Referral Initiative: Setting SMART Goals

- Who is educating/referring?
- What skills, knowledge or resources do they need to educate/refer?
- Do they have the time to add this to their duties?



Quitline Referral Initiative: Goal



Re-entry/Discharge

Upon release, the re-entry specialist will educate individuals about the quitline and offer to refer them

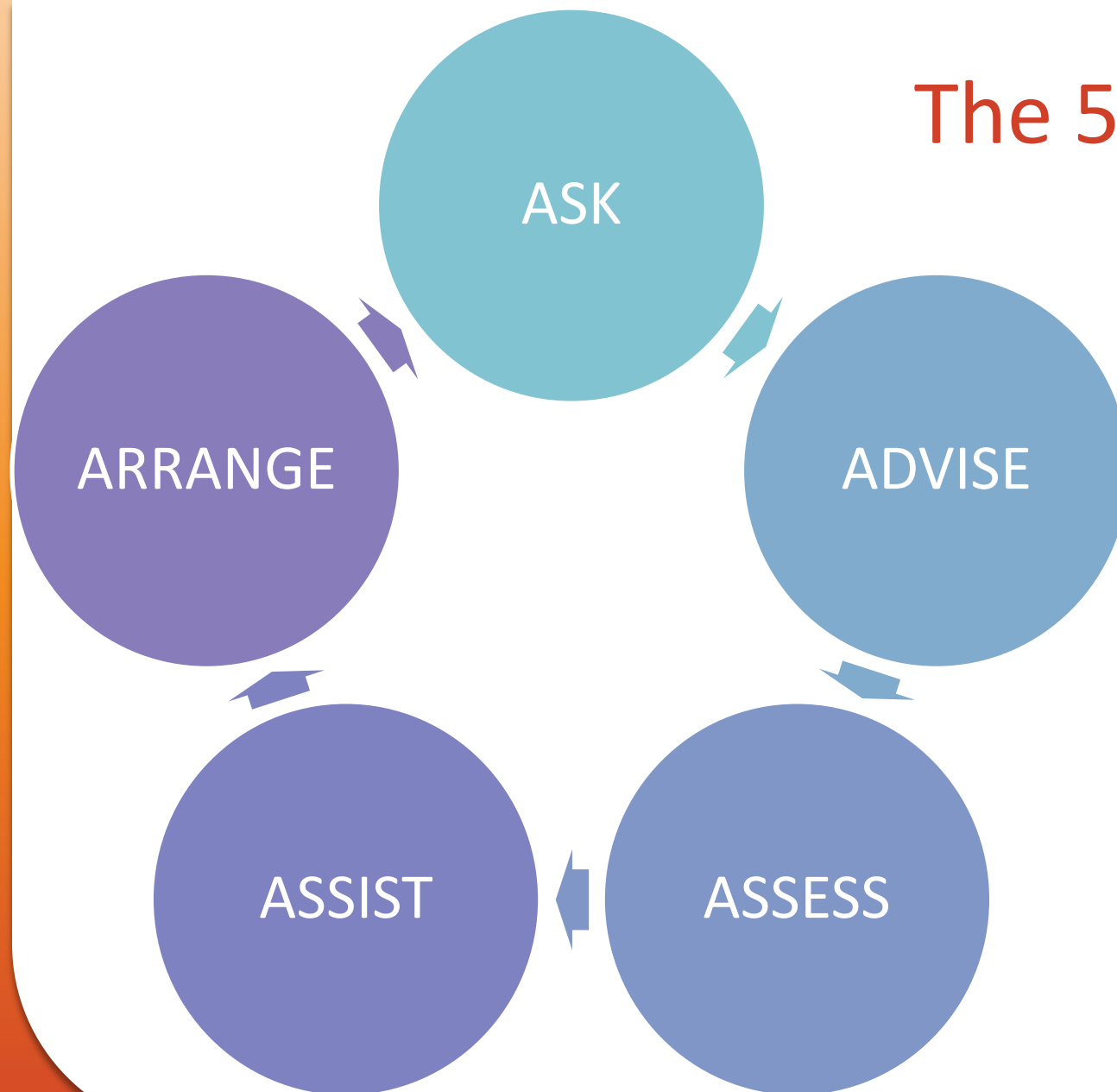
Tobacco Use Interventions

- Clinician advice
- Cognitive-Behavioral Therapy & Motivational Interviewing
- Individual counseling
 - > 4 sessions, > 10 minutes
- Psycho-educational groups
- Telephonic counseling
- Peer support
- Age-tailored self-help materials
- Cessation medications

- Screening
- Assessment
- Education



The 5As



- Evidence-based best practice
- Applicable across chronic disease prevention efforts
 - Nutrition improvement
 - Physical activity
 - Diabetes management
 - High blood pressure mgmt
- Not a silver bullet



Screening

1. What screening instrument does the setting use?
2. Does the screener ask about nicotine?
3. Can you add it?
4. Is tobacco use screened for in *some other location*?
 - a) Prisons and some large jail systems have (quasi-)independent health services
 - b) Some correctional programs refer to specific behavioral health providers/orgs that might do basic screening during enrollment

FTND and HSI Scales

Dependence Level	Nicotine Replacement Therapy Dosage	Combination Therapy
High FTND: 8+ HSI: 5+	Patches: 21mg/24hr or 15mg/16hr Inhaler: 6 –12 cartridges per day Lozenge: 4mg Gum: 4mg	Patches: 21mg/24hr or 15mg/16hr AND Lozenge or Gum: 2mg
Moderate FTND: 5-7 HSI: 4	Patches: 21mg/24hr or 15mg/16hr Inhaler: 6 –12 cartridges per day Lozenge: 4mg Gum: 4mg	Patches: 21mg/24hr or 15mg/16 hr AND Lozenge or Gum: 2mg
Low to Moderate FTND: 3-4 HSI: 3	Patches: 14mg/24hr patch or 10mg/16hr Inhaler: 6 –12 cartridges per day Lozenge: 2mg Gum: 2mg	Patches: 14mg/24hr or 15mg/16hr AND Lozenge or Gum: 2mg
Low FTND: 1-2 HSI: 1-2 (“very low”)	May not need NRT Monitor for withdrawal symptoms Patches: 7mg/24hr patch or 5mg/16hr Lozenge: 2mg Gum: 2mg	

Fiore et al. 2008



1-800-QUIT-NOW



5As Functions

A	Function	Purpose
Ask	Screening	Ensure services are delivered to all who are at risk and not to those who are not
Advise	Motivation	Advise, especially from a physician, has the power to motivate a quit attempt
Assess	Evaluation	Helps determine the intensity of the intervention
Assist	Exploration	Helps tailor cessation supports to meet the user's unique needs
Arrange	Follow-up	Knowledge of future meetings is itself a motivation to succeed. Also provides an opportunity to fine-tune the treatment plan



How do your goals incorporate one or more of the 5As?

1. ASK (screening)
2. ADVISING (to quit)
3. ASSESSING (dependence/readiness)
4. ASSISTING (providing MAT, education, counseling)
5. ARRANGING (connection to resources, follow-up care)



Quitline Referral Initiative: Goal



Re-entry/Discharge

Upon release, the re-entry specialist will educate individuals about the quitline and offer to refer them

Quitline Referral Initiative: Goal

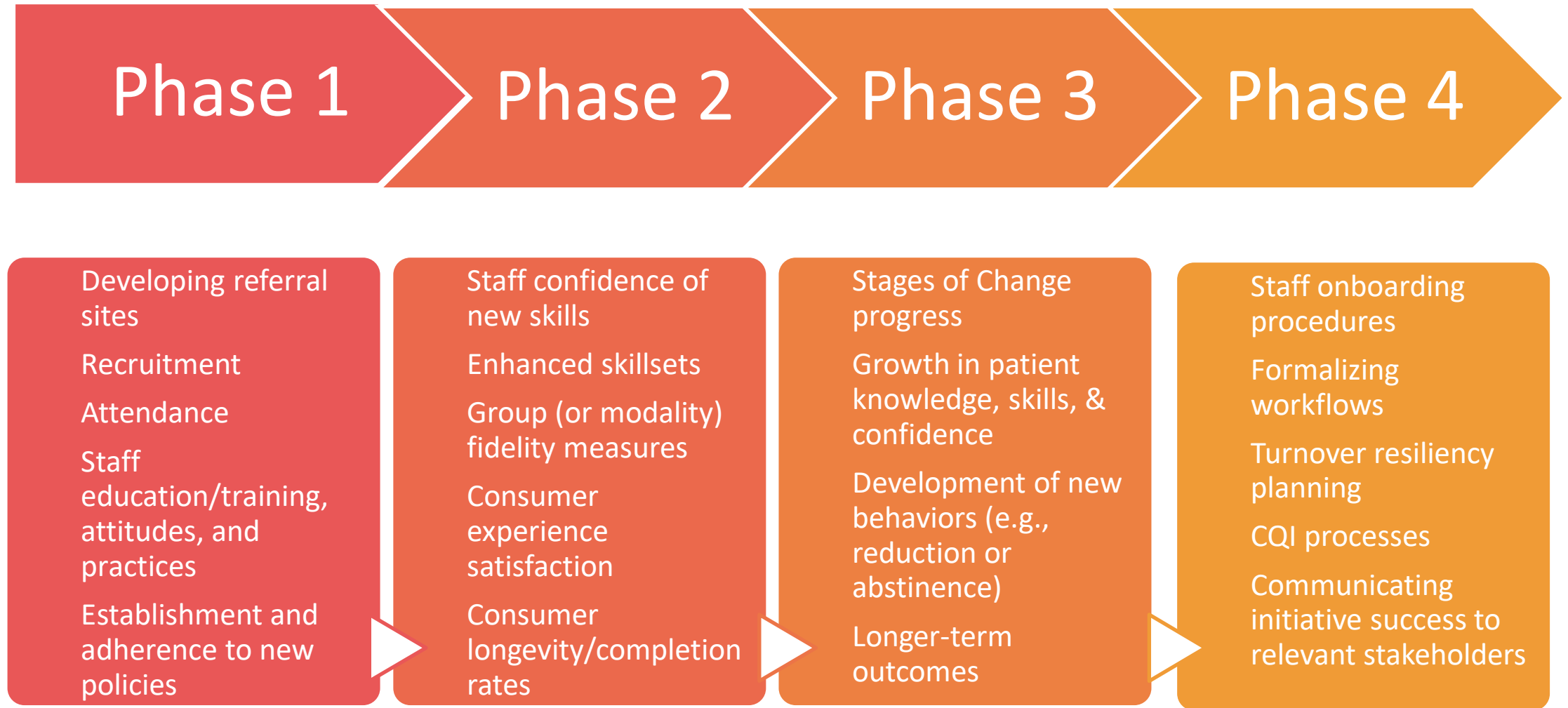


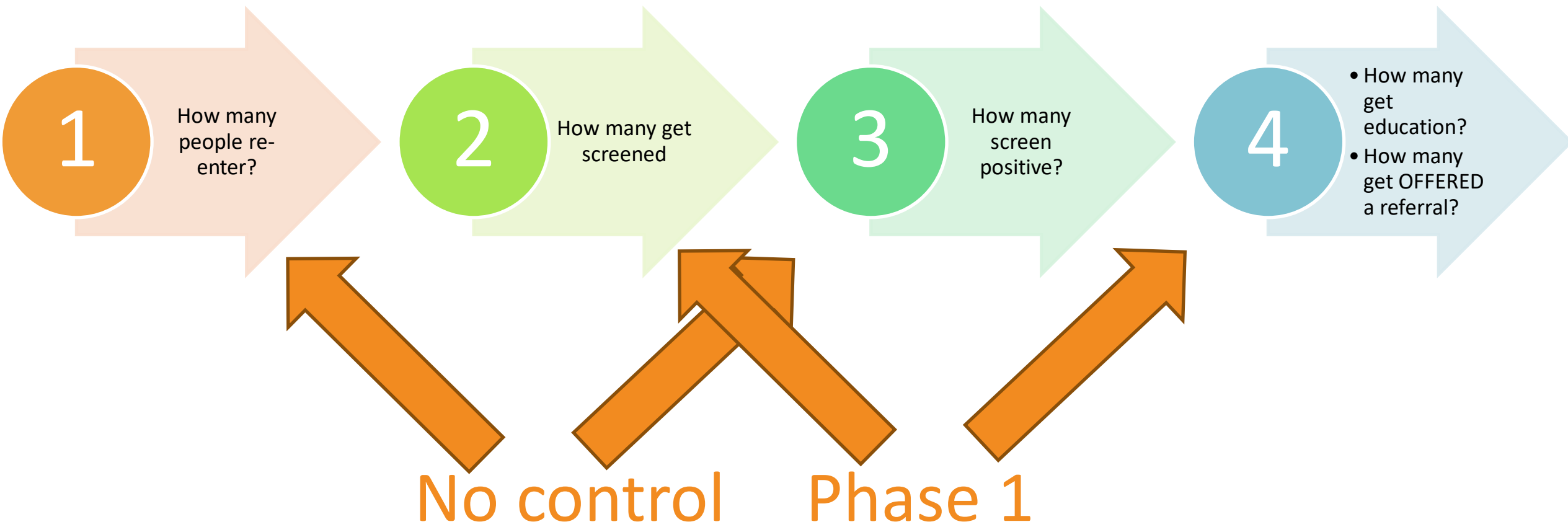
Re-entry/Discharge

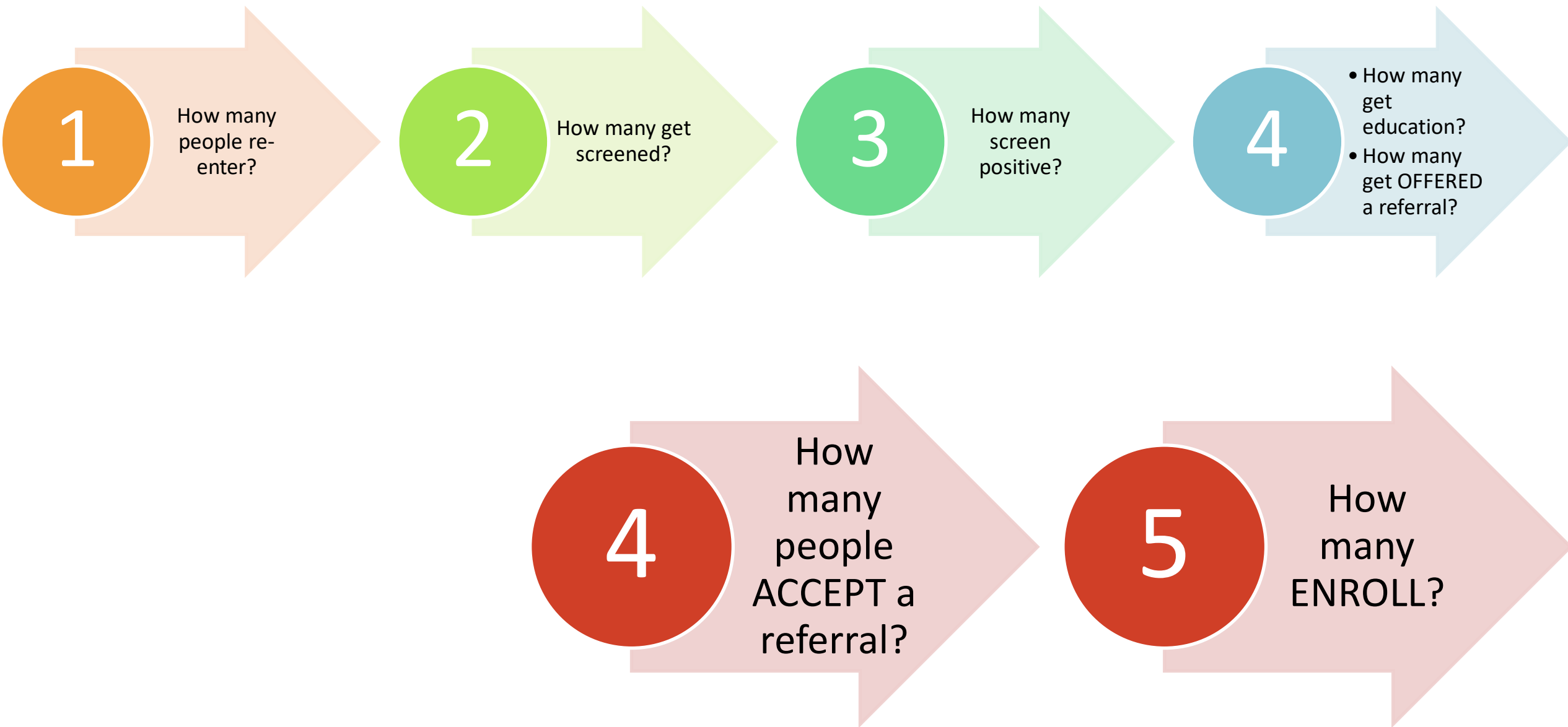
Upon release, the re-entry specialist will educate individuals about the quitline and offer to refer them



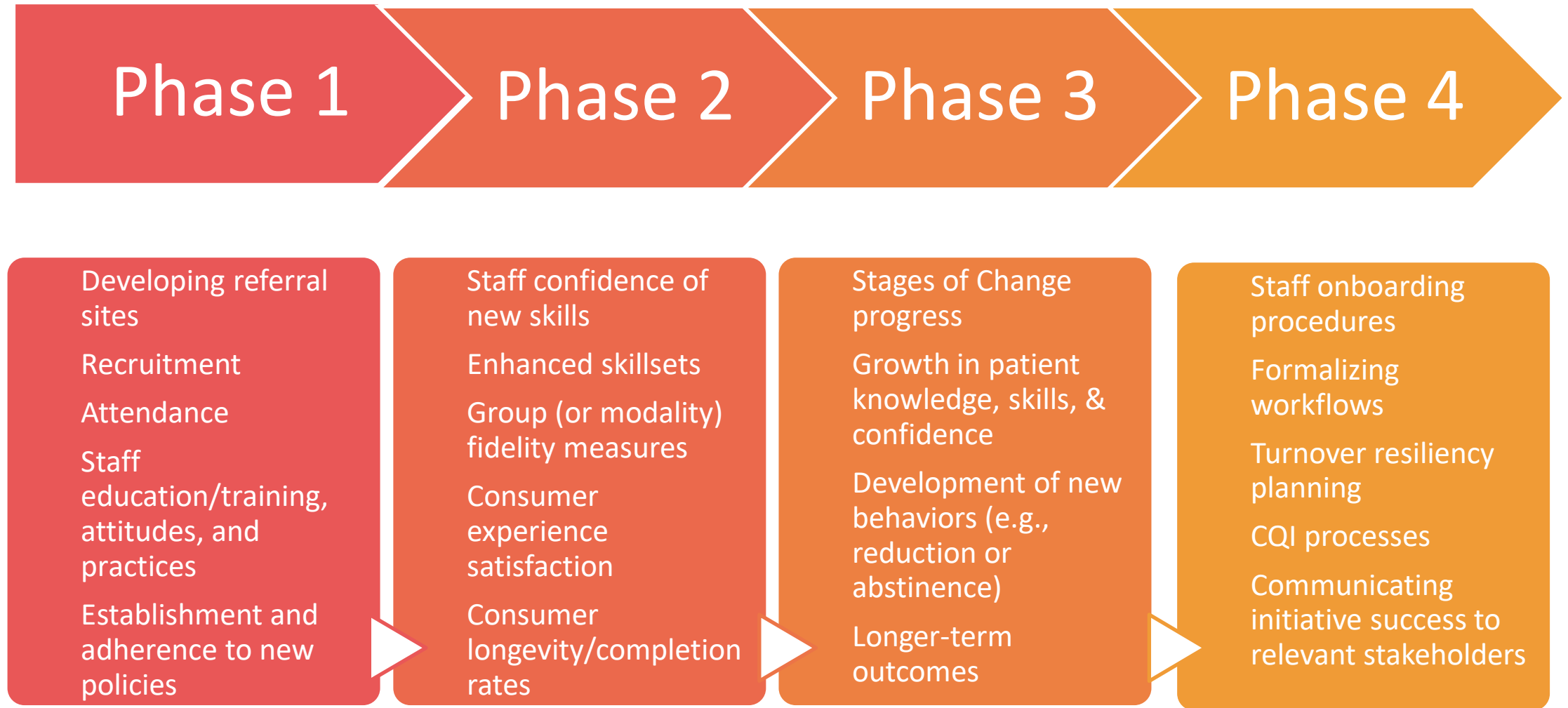
Blended, Stepped Approach







Blended, Stepped Approach

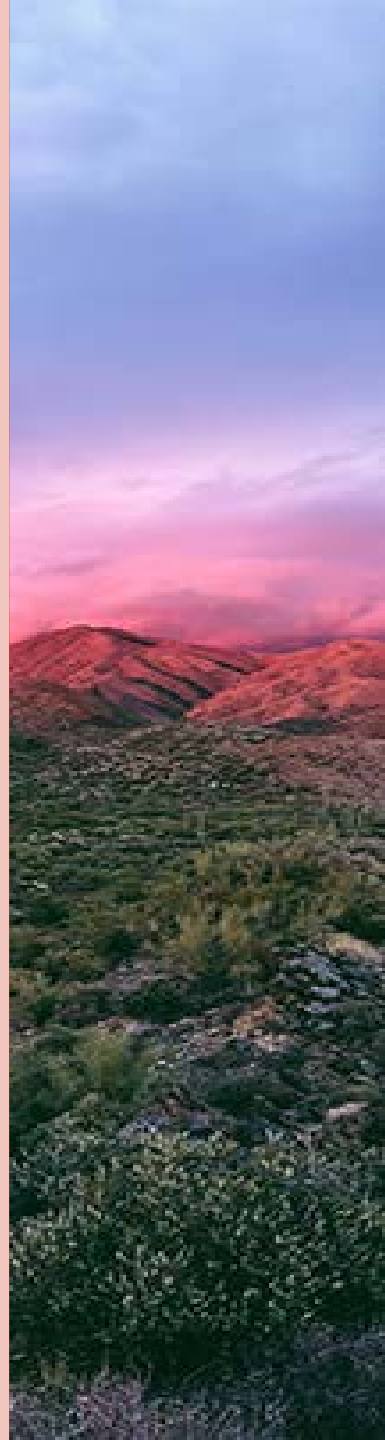


What would be a good way to measure whether your program is “successful?”



Data to Action

- What should staff, directors, providers do with the numbers?
- Is this number too high? Too low?
- Compare across clinics and providers.
- Are successes replicable?
- Are low numbers the result of systemic or personal conditions?
- How does this year compare to last year? (Trend going the right way or wrong way?)





What is your SMART goal?

- What is the specific outcome of interest?
- What is your outcome metric and who is collecting, reporting, and analyzing it?
- Does the person responsible for delivering the intervention have the time, skills, and resources to do it?
- Will the initiative have the intended result and will stakeholders experience the result as a “good thing”?
- When will this initiative take place?
- When will you measure success?



Common Barriers to Tobacco Cessation in Justice Settings

- No behavioral health training in law schools (e.g., for public defenders)
- Centralization or decentralization
- Budgets
- Different missions
 - Public health vs public safety
 - Health outcomes vs recidivism
- Access to target audience
- Length of stay
- Involuntary participation
- Follow-up care



Personal Barriers

- Interest in quitting
- Inaccurate beliefs
- Literacy
- Medical mistrust
- Transportation
- Lack of access
- A culture of underutilizing care
- Cost of care
- Discrimination, stigmatization, racism



Emergent Threats

- Opioid epidemic
- Decarceration
- COVID pandemic
- Vaping



Emergent Opportunities

- Co-Treatment
- Re-Entry Engagement
- Respiratory Health
- Vaping Epidemic

What Barriers Do You Expect?

- Can you re-interpret the barrier as an opportunity?
- Is this barrier a potentiality or definite?
- Do you need a separate goal related to overcoming this barrier?





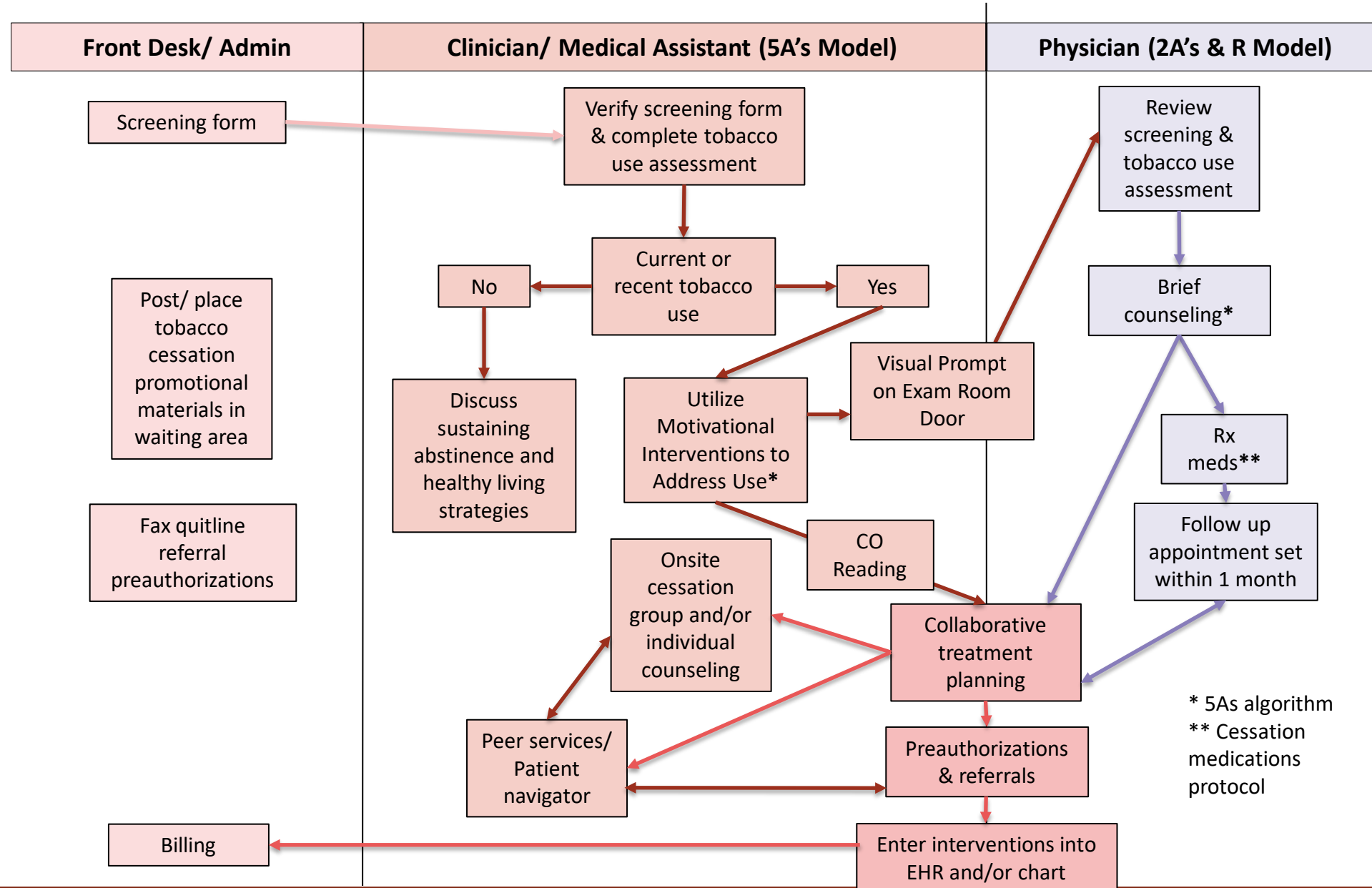
Part 3: Sustainability

True Sustainability is Built on Systemic Supports

1. Is tobacco cessation education/training embedded in new hire orientations?
2. Is tobacco screening or assessment embedded in intake or enrollment?
3. Are there prompts for customers/clients to approach staff?
4. Are there regularly scheduled reporting structures?
5. Are clients connected to tobacco resources at discharge/re-entry/ program exit?
6. Are tobacco services a part of supervision/accountability?



Tobacco Cessation Workflow



* 5As algorithm
 ** Cessation medications protocol



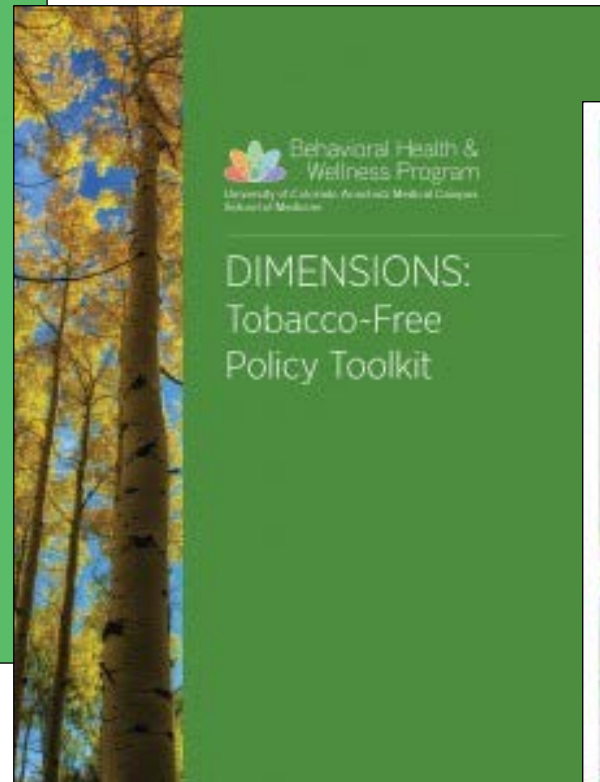
**How can you build
sustainability into your
initiative from the
beginning?**





Resources

Resources Curation and Provision





Behavioral Health &
Wellness Program

University of Colorado Anschutz Medical Campus
School of Medicine

Increasing Low Income Callers' Access to and Utilization of the Colorado QuitLine

Prepared For:
Colorado Department of Public Health and Environment

9 October 2014

Presented By:
Behavioral Health and Wellness Program,
University of Colorado, School of Medicine

Jim Pavlik, M.A.
Susan Young, Ph.D.
Rebecca Richey, Psy.D.
Sara Mumby, B.A.
Chad Morris, Ph.D.



School of Medicine
UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS

© Behavioral Health and Wellness Program

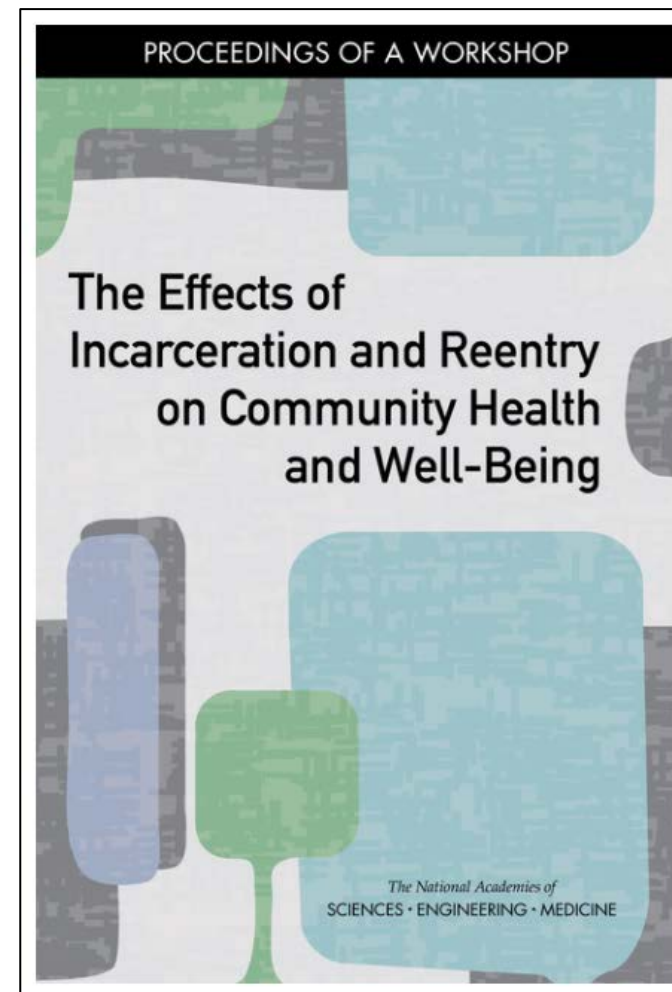
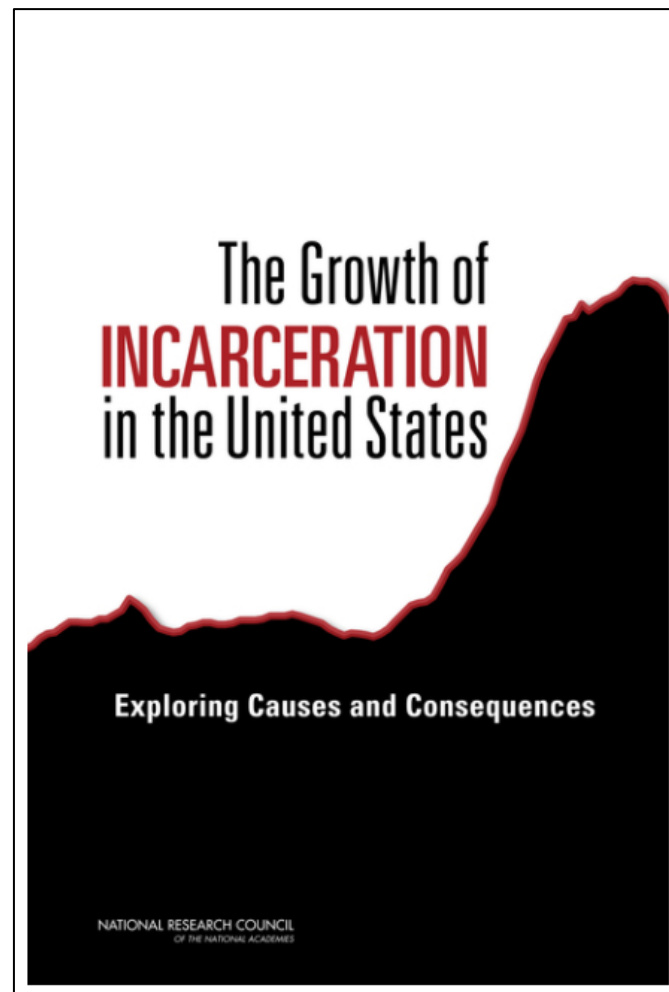
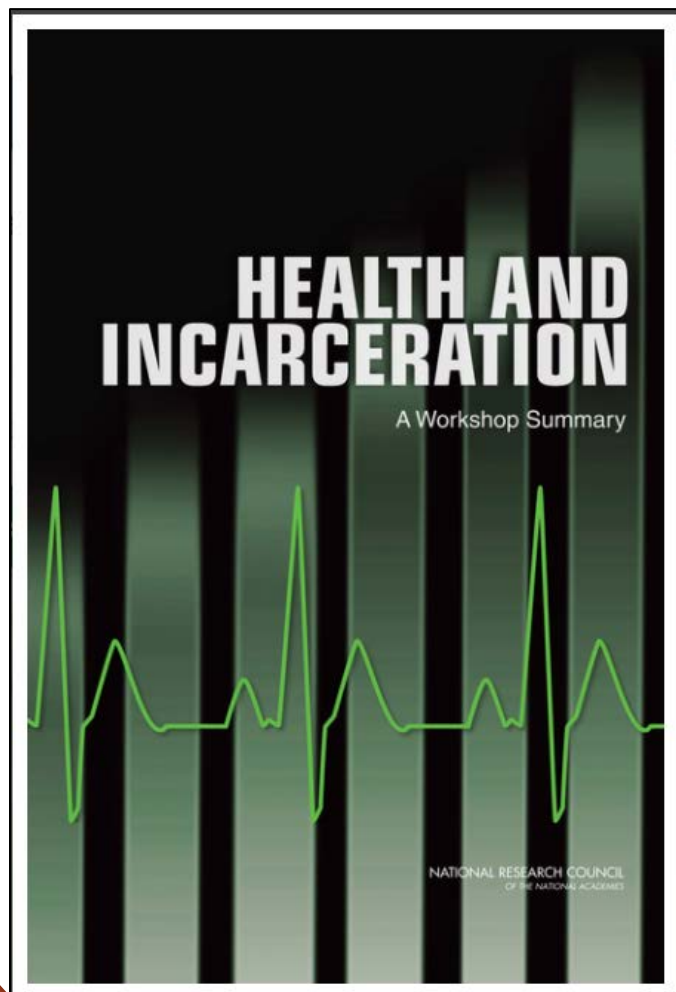
National Jewish Health Project

Rural Quitline Evaluation

March 2020



National Academies Press



Surgeon General's Reports

The Health Consequences of Involuntary Exposure to Tobacco Smoke

A Report of the Surgeon General



Department of Health and Human Services

Smoking Cessation

A Report of the Surgeon General



U.S. Department of Health and Human Services



POLL TIME!

On a scale from 1 – 10 how
confident are you that you can
implement tobacco cessation
services for justice involved
individuals?



Behavioral Health & Wellness Program

303.724.3713

bh.wellness@ucdenver.edu

www.bhwellness.org



Behavioral Health and
Wellness Program



BHWP_UCD



Questions & Comments



Identifying and Addressing Health Disparities
Related to Tobacco Use Among Individuals with
Mental Health and Substance Use Disorders

AN IMPLEMENTATION TOOLKIT FOR STATEWIDE TOBACCO CONTROL PROGRAMS

Virtual Goodie Bag

- Identifying and Addressing Health Disparities Related to Tobacco Use Among Individuals with Mental Health and Substance Use Disorders: An Implementation Toolkit for Statewide Tobacco Control Programs



Thank you for joining us!

Please be sure to complete the brief post-webinar evaluation.

Visit [**BHtheChange.org**](https://BHtheChange.org) and Become a FREE Member Today!

