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Smoking Cessation  
Leadership Center



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University of California  
San Francisco

# **Part One of the Justice Involved Webinar Series: Access to Tobacco Treatment for the Justice-Involved: A Call to Action**

**Chad Morris, PhD, Professor of Psychiatry, Director, Behavioral Health & Wellness Program, University of Colorado, Anschutz Medical Campus, Department of Psychiatry**

**Allison Gorrilla, MPH, Outreach Specialist, University of Wisconsin's-Center for Tobacco Research and Intervention**

June 22, 2023

# Moderator

**Catherine Bonniot**

Deputy Director

Smoking Cessation Leadership Center  
University of California, San Francisco

A National Center of Excellence for Tobacco-  
Free Recovery

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**Catherine Bonniot, Anita Browning, Christine Cheng, Brian Clark, Allison Gorrilla, MPH, Jennifer Matekuare, Chad Morris, PhD, Ma Krisanta Pamatmat, MPH, CHES, Jessica Safier, MA, Maya Vijayaraghavan, MD, MAS, and Aria Yow, MA.**

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- CDC Tips Campaign 2023

- Find resources at:

<https://www.cdc.gov/tobacco/campaign/tips/index.html>



# June is Pride month!

- LGBTQIA communities experience a greater burden from commercial tobacco than the general population due to years of target marketing and the stress of discrimination
- We also know that individuals who identify as LGBTQIA are less likely to know about cessation resources and are, therefore, less likely to use them
- Try these resources to learn more:
  - <https://cancer-network.org/outlast-tobacco/>
  - <https://california-lgbtqhealth.org>
  - <https://www.cdc.gov/tobacco/health-equity/lgbtq/index.html>



# Today's Presenter

## **Chad Morris, Ph.D.**

Professor of Psychiatry, Director,  
Behavioral Health & Wellness Program

University of Colorado, Anschutz Medical  
Campus, Department of Psychiatry



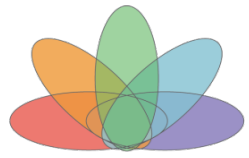
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**Allison Gorrilla, MPH**

Outreach Specialist,

University of Wisconsin's Center for  
Tobacco Research and Intervention





Behavioral Health &  
Wellness Program



**UW-CTRI**

UW Center for Tobacco Research and Intervention

# Access to Tobacco Treatment for the Justice-Involved: A Call to Action

June 22, 2023





**Explain**

collective knowledge of the topic of tobacco use disparities among the justice-involved.

**Describe**

evidence-based practices to address tobacco use disorders among individuals in the criminal justice system.

**Identify**

systemic barriers and challenges to integrating TUD treatment within the criminal justice system.

**Discuss**

recommendations to address TUD treatment integration within the criminal justice system.



# Tobacco Use Disparities Persist



**Race/Ethnicity**  
22.6% American Indian/  
Alaska Native  
15% White



**Education Level**  
36% GED  
3.7% Graduate degree



**Annual Household Income**  
21.3% <\$35,000  
7.3% ≥\$100,000



**Health Insurance Coverage**  
23.9% Uninsured  
23.9% Medicaid  
10.5% Private  
9.4% Medicare



**Disability/Limitation**  
19.2% Yes  
13.1% No



**Sexual Orientation**  
20.6% Lesbian/Gay/Bisexual  
13.5% Heterosexual

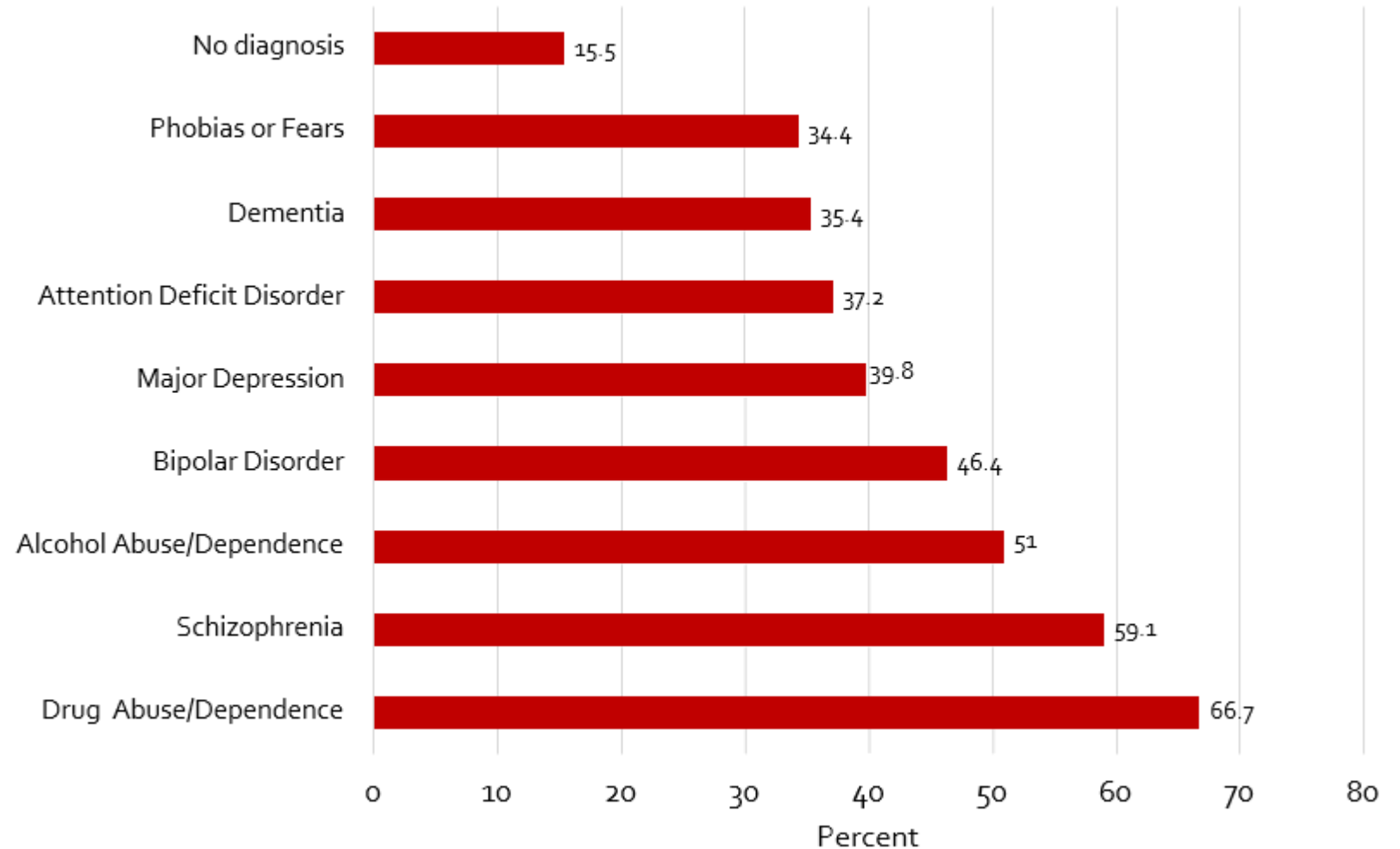


**Serious Psychological Distress**  
31.6% Yes  
13.0% No

Source: CDC MMWR Jan 2018

# Tobacco Use Disparities Persist

- 25% of US adults live with a BH condition
- Those with a BH condition consume 40% of all cigarettes
- Tobacco causes more deaths than the primary behavioral health disorder





# Justice Involvement, Social Justice, and Health Equity

**Justice Involvement:** A person having contact or interaction with the criminal justice system, primarily through police, courts, or the corrections system.

**Social Justice** is achieved when all people can know and develop to their full potential without constraints of artificial hierarchies based on power and there is no systematic structuring of opportunity or assignment of value based on group membership.

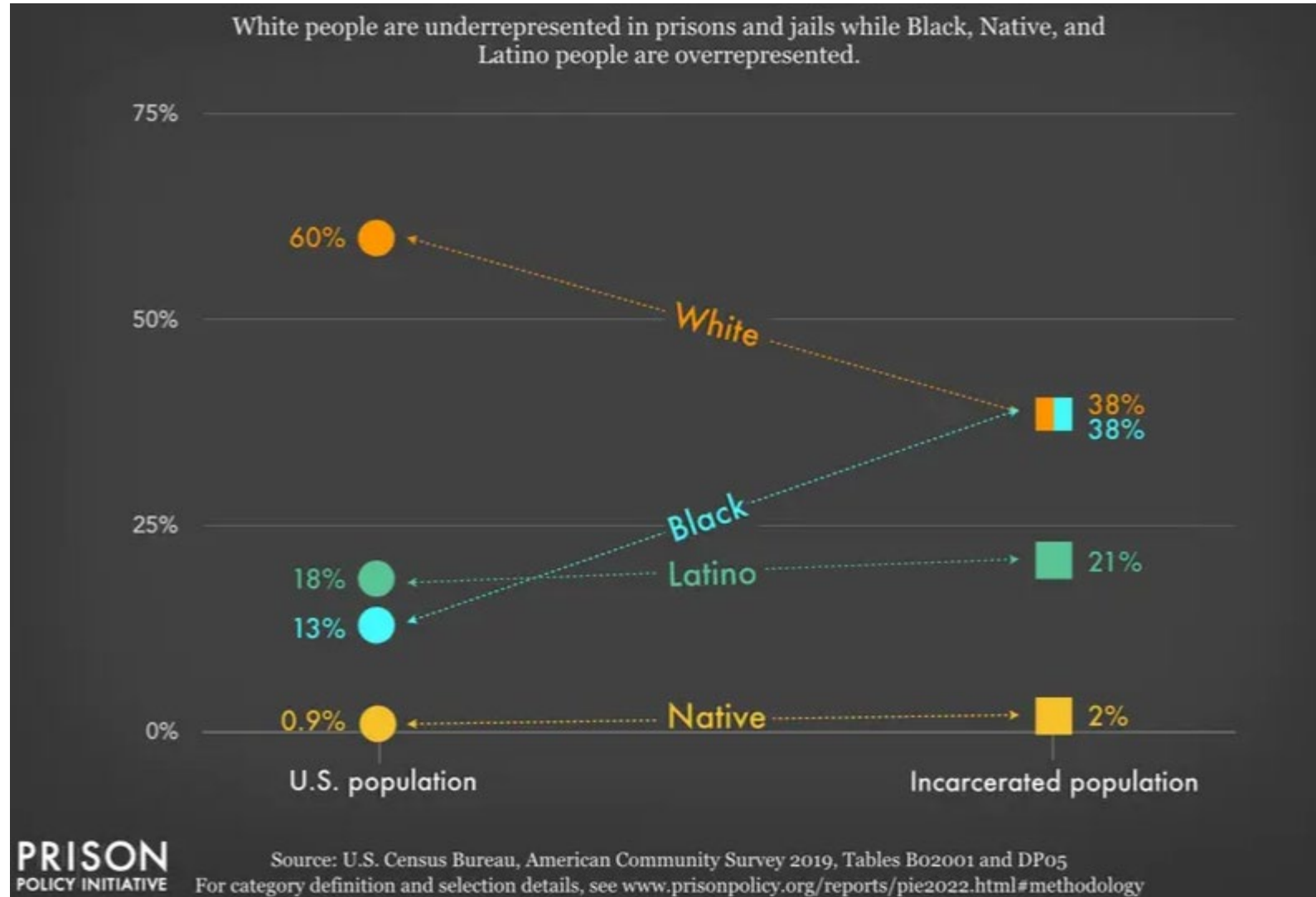
**Health equity:** Social justice with respect to health which acknowledges the following ethical and human rights concerns:

- All people should be valued equally
- Health has a particular value for individuals
- Nondiscrimination and equality
- Rights to health and to a standard of living adequate for health

# Tobacco Use Disparities in the Justice-Involved Population

- Around 5.6 million Americans are in the criminal justice system
- JI population is overrepresented by groups with high tobacco use disparities
  - Black, Indigenous, people of color
  - Low SES
  - Co-occurring mental health and substance use disorders
- Between 50-80% of the justice involved population smokes cigarettes

# Racial and Ethnic Disparities in Correctional Facilities



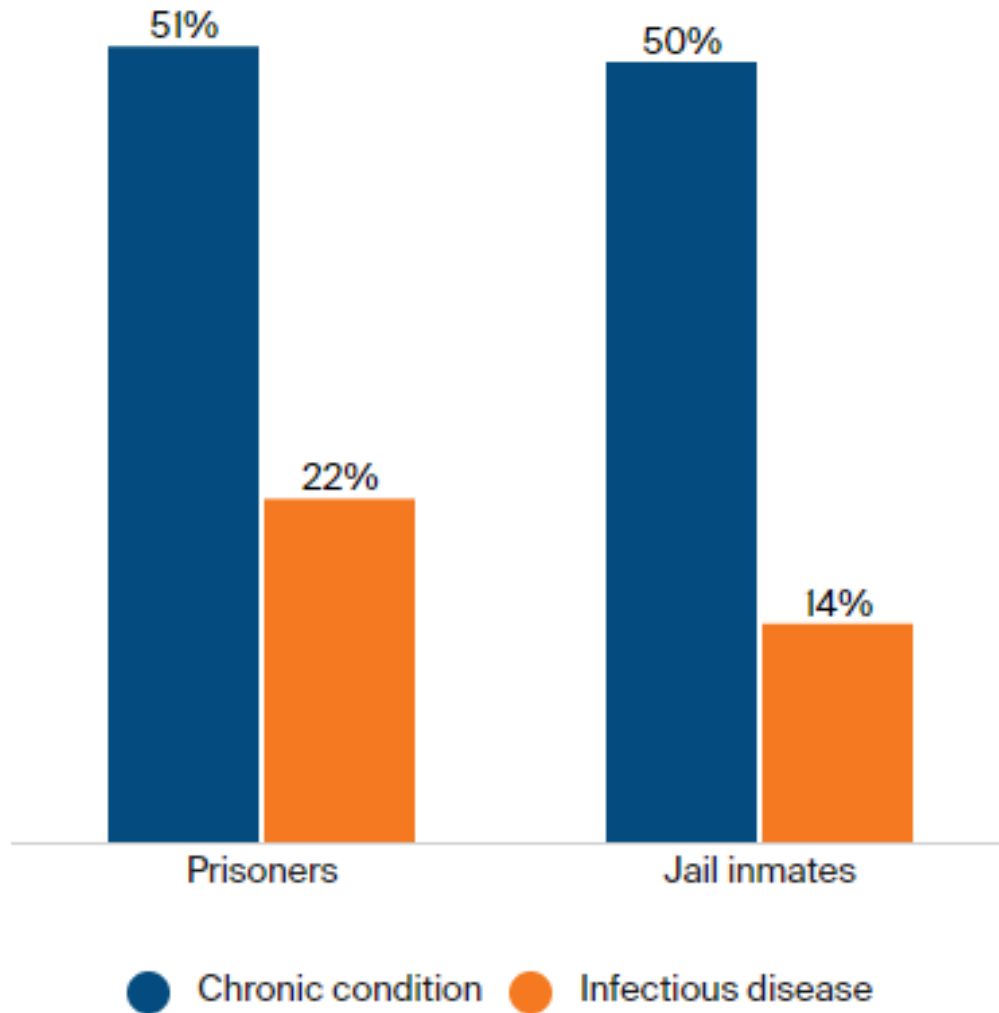
# Socioeconomic Disparities in Correctional Facilities

**Median annual incomes for incarcerated people prior to incarceration and nonincarcerated people ages 27–42, by race, ethnicity, and gender, 2014**

	Incarcerated people (prior to incarceration)		Nonincarcerated people	
	Men	Women	Men	Women
All	\$19,650	\$13,890	\$41,250	\$23,745
Black	\$17,625	\$12,735	\$31,245	\$24,255
Hispanic	\$19,740	\$11,820	\$30,000	\$15,000
White	\$21,975	\$15,480	\$47,505	\$26,130

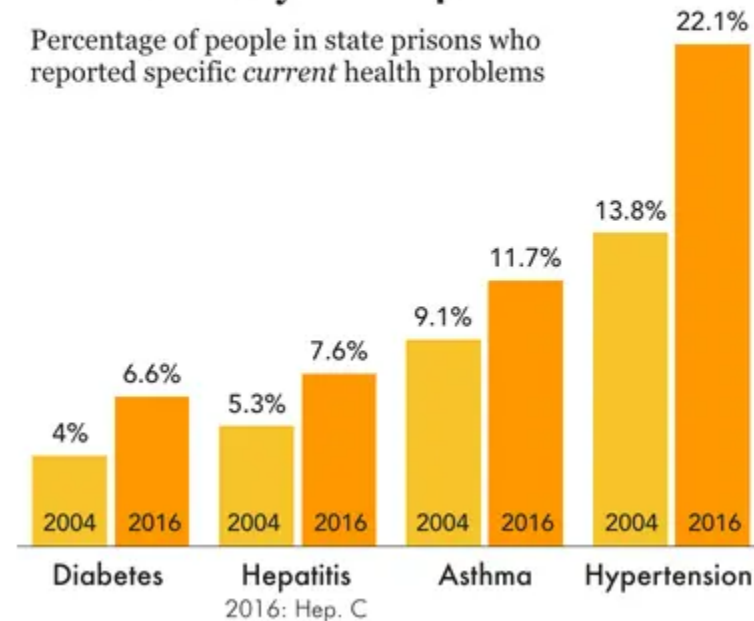
Source: Natasha Camhi, Dan Mistak, and Vikki Wachino, [Medicaid's Evolving Role in Advancing the Health of People Involved in the Justice System](#) (Commonwealth Fund, Nov. 2020)

# Chronic Disease Disparities in Correctional Facilities



## Rates of several chronic conditions have increased in state prisons since the last survey in 2004.

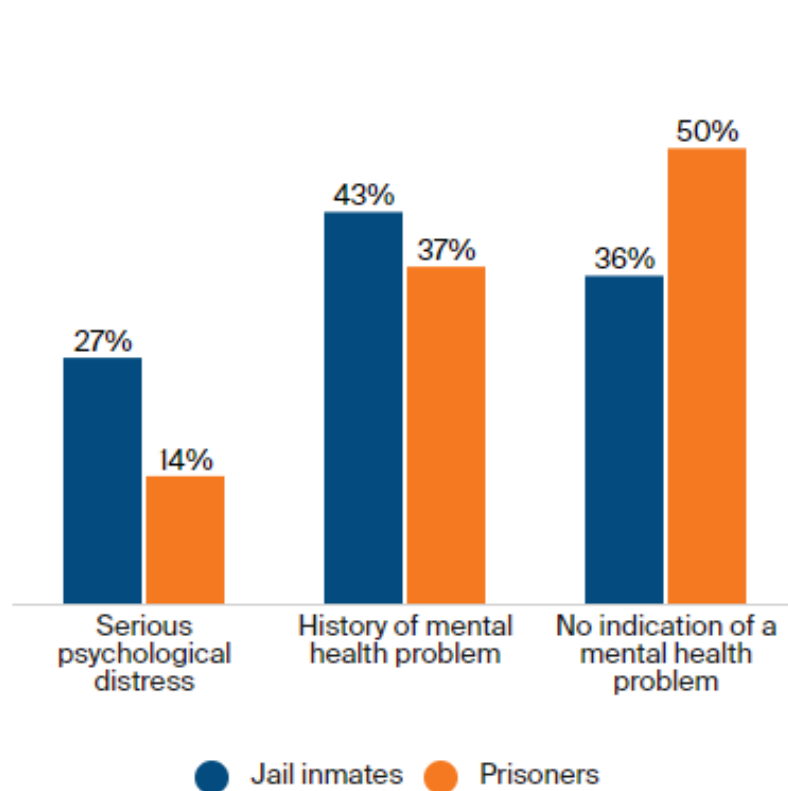
Percentage of people in state prisons who reported specific *current* health problems



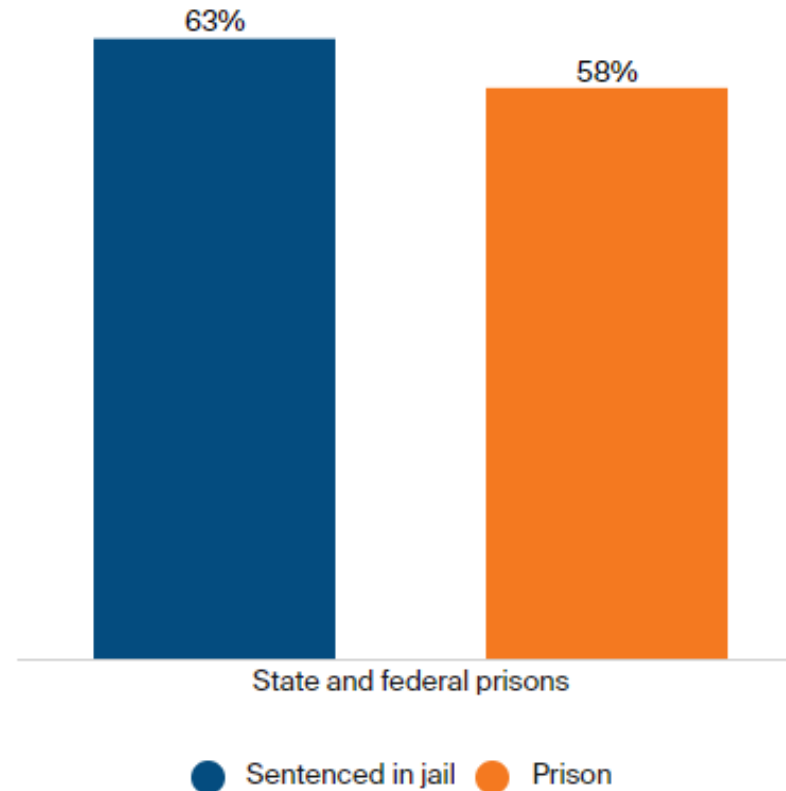
2004 Survey of Inmates in State and Federal Correctional Facilities

# Disparities in Mental Health and Substance Use Disorders in Correctional Facilities

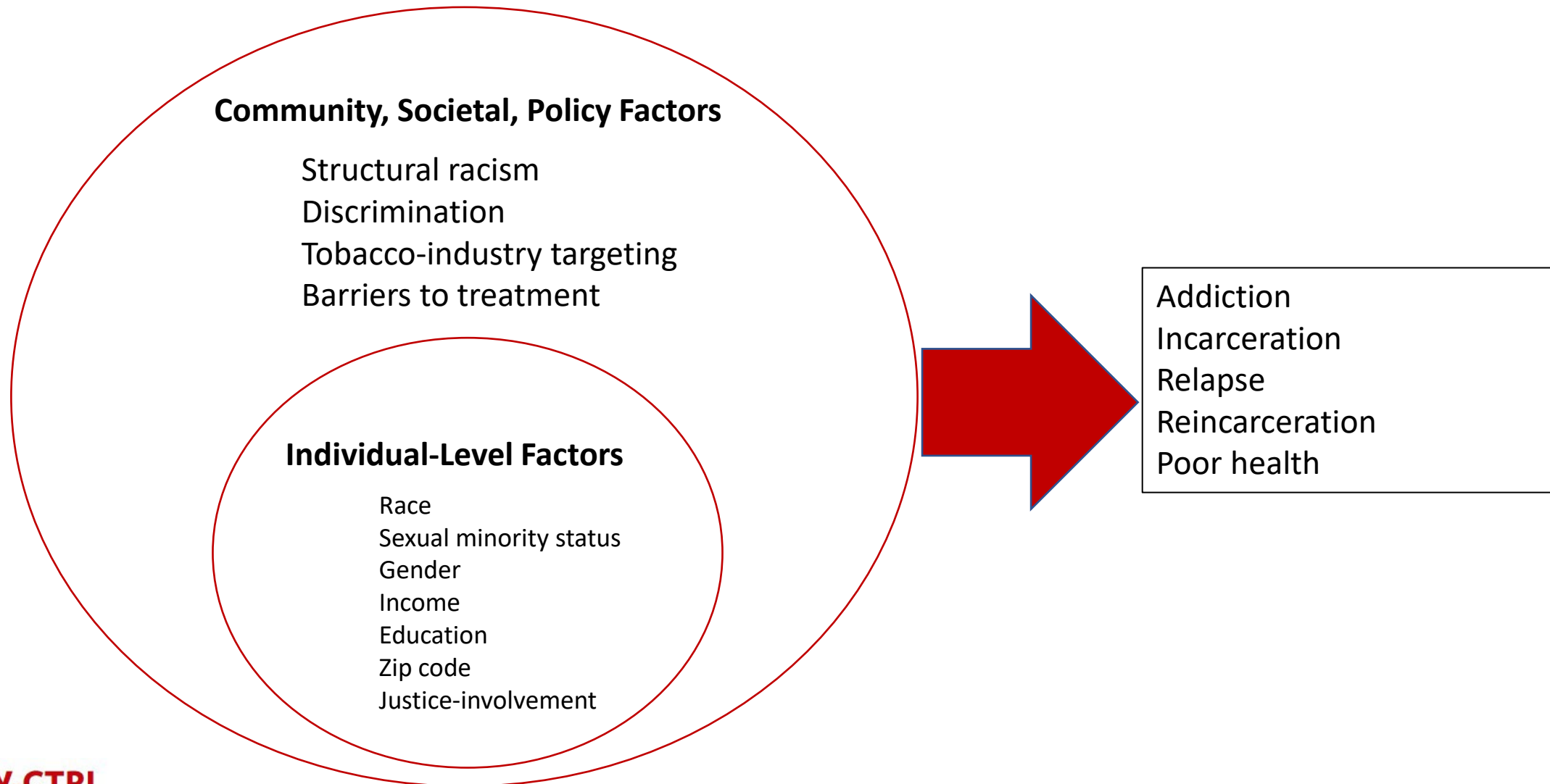
Mental health status of prisoners and jail inmates by type, 2011–2012



Meets clinical criteria for drug dependence or abuse, 2007–2009



# Shared Risk Factors For Smoking and Justice Involvement







# An Introduction to the Criminal Justice System

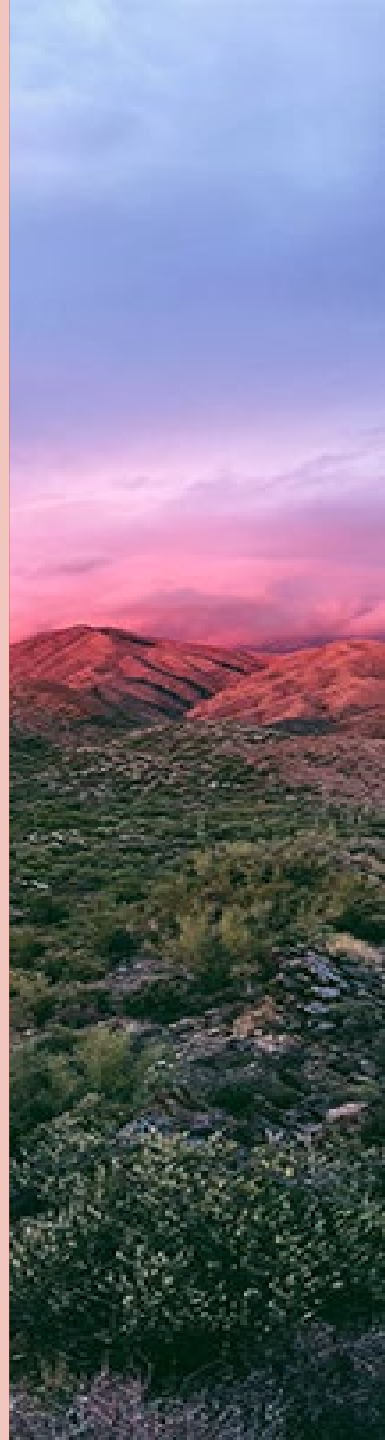
# The Justice System

- Federal Prisons
- State Prisons
- Jails
- Community Corrections
  - Probation/Parole
  - Court-ordered drug treatment
- Juvenile Corrections



# Specialty Courts

1. Diversion objective
2. Participation is voluntary
3. Non-adversarial, judge-led procedures
4. Team-based approach
5. Shared decision-making protocol
6. Sanctions for violations
7. Frequent meetings between judges and clients



# Sequential Intercept Model



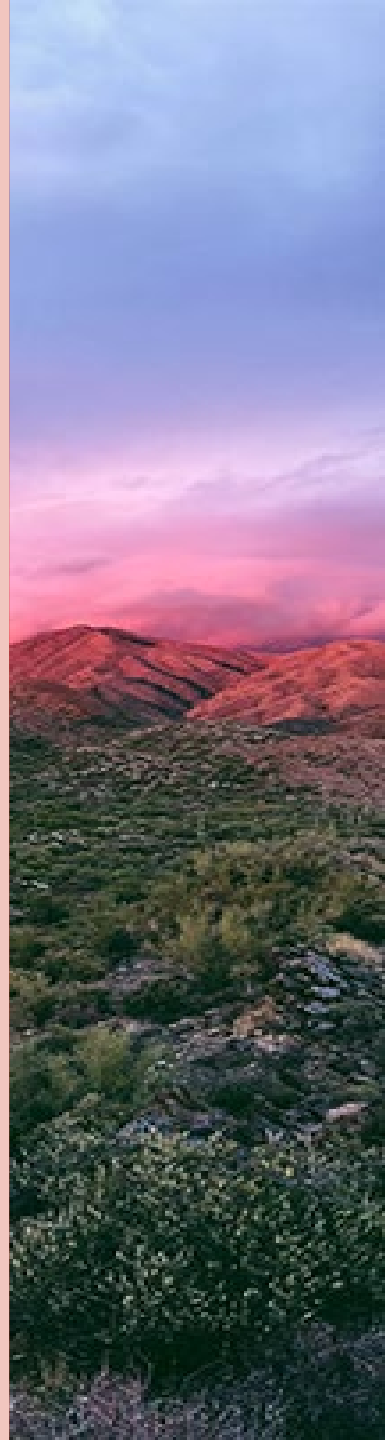
<https://www.samhsa.gov/criminal-juvenile-justice/sim-overview>



# The Person-Centered Health Neighborhood



# Concept Evolution



# Common Barriers to Tobacco Cessation in Justice Settings

- Implicit bias
- Little behavioral health training
- Centralization or decentralization
- Budgets
- Different missions
  - Public health vs public safety
  - Health outcomes vs recidivism
- Access to target audience
- Length of stay
- Involuntary participation
- Insufficient follow-up care





# 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

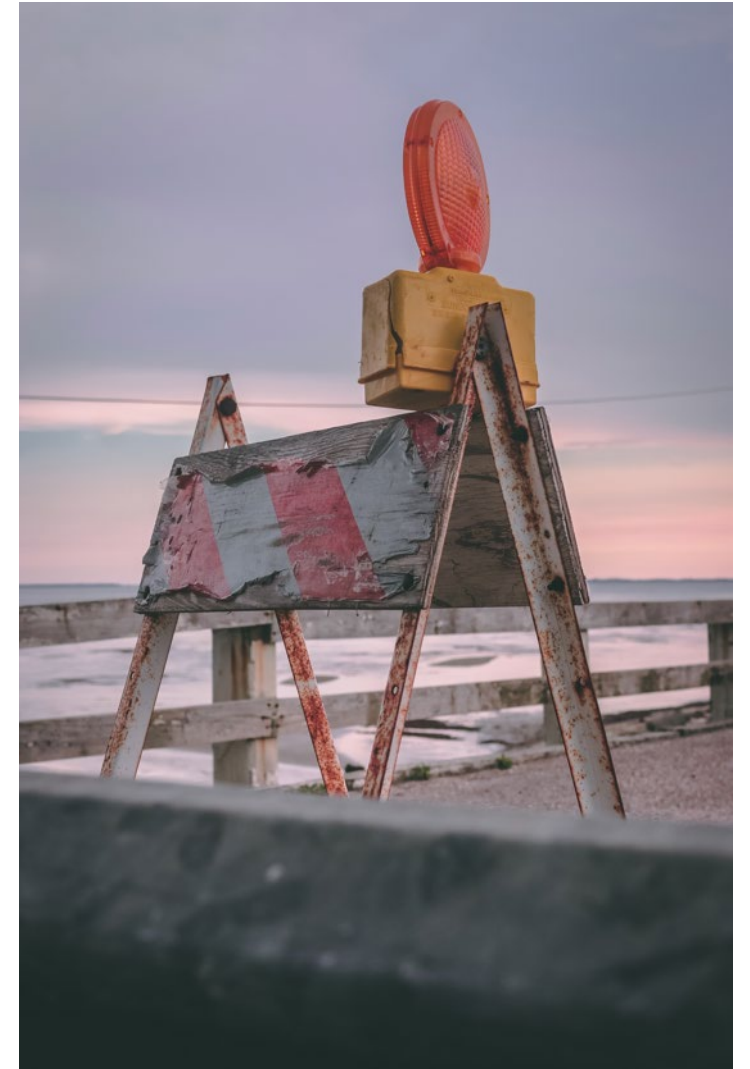
In Gage County, in southeastern Nebraska, Sheriff Millard Gustafson said that he had sold out of the 200 e-cigarettes bought in December for the 32-prisoner jail, but that more would be arriving soon. “They’ve been selling like hot cakes,” he said. **“I look at this as something to control their moods. 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.”**



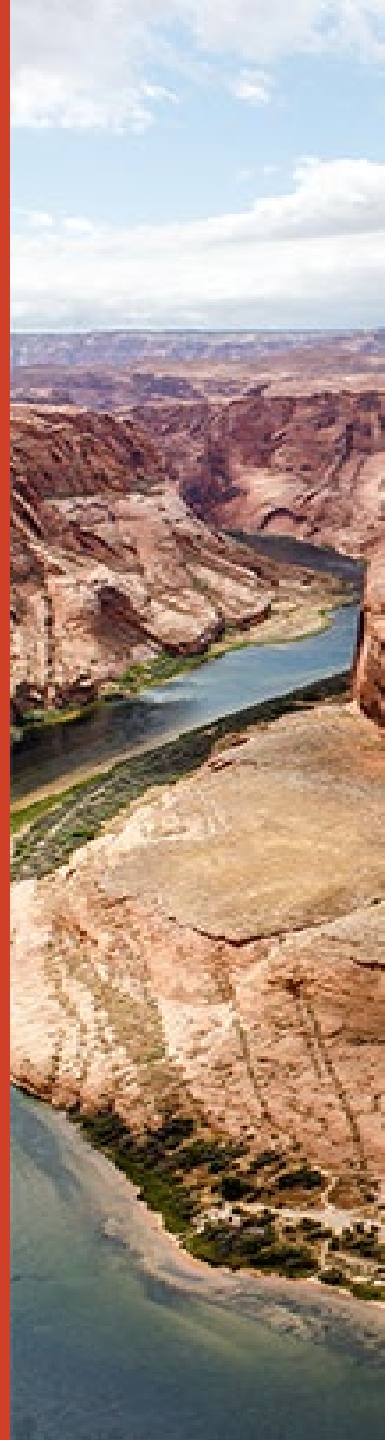
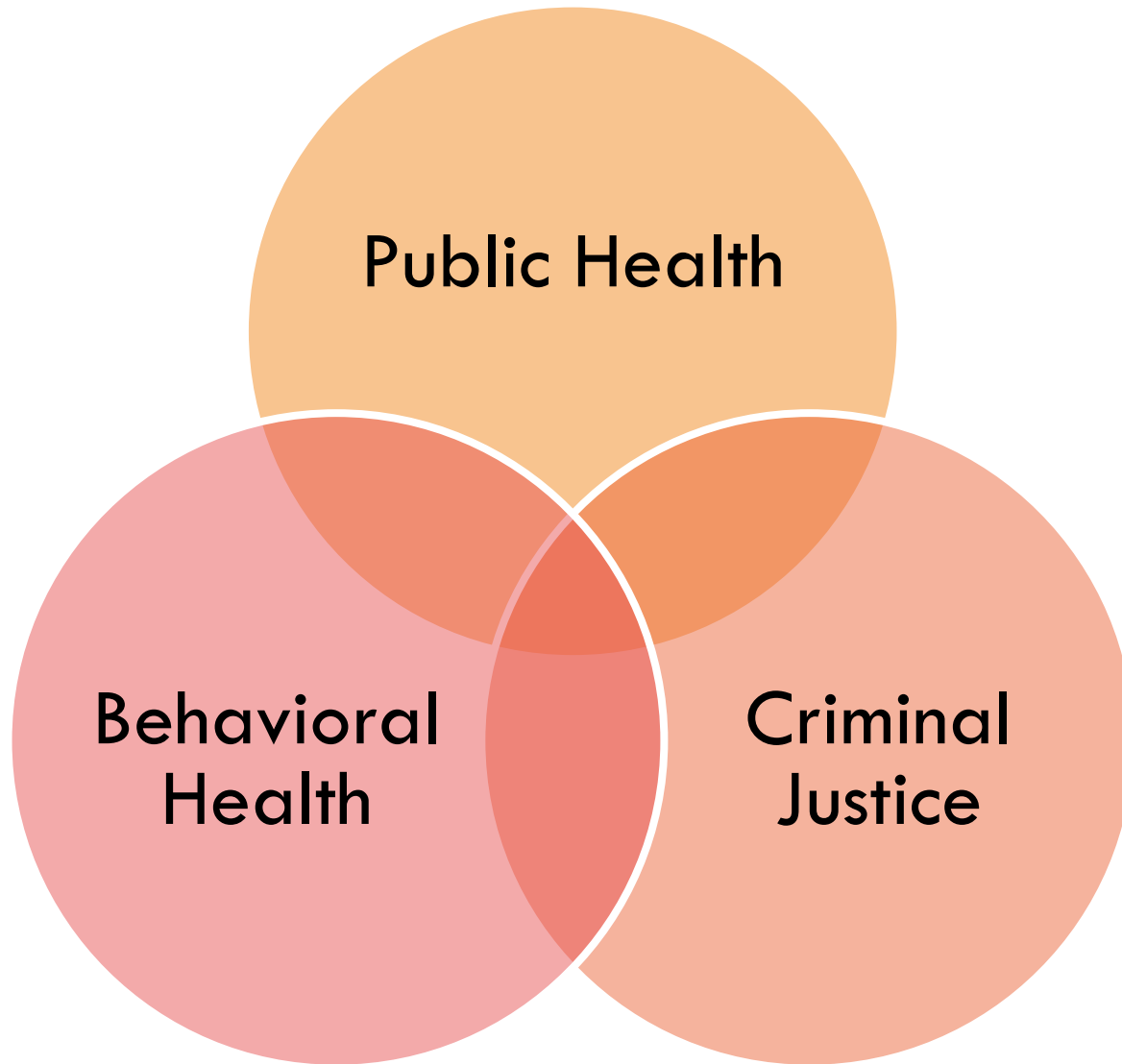
# Personal Barriers to Treatment

- Inaccurate beliefs
- Health literacy
- Medical mistrust
- Transportation
- Lack of access
- A culture of underutilizing care
- Cost of care
- Discrimination, stigmatization, racism





# Evidence-Based and Promising Practices



# Evidence-based Tobacco Treatments

- The combination of counseling and medication is more effective than either alone.
- Individual, group, and telephone counseling are effective, and their effectiveness increases with treatment intensity.
  - Practical counseling (problem solving/skills training)
  - Social support delivered as part of treatment
- Seven first-line medications reliably increase long-term smoking abstinence rates.

Varenicline  
Nicotine gum  
Nicotine inhaler  
Nicotine lozenge  
Nicotine nasal spray  
Nicotine patch  
Bupropion SR

# Criminal Justice System's Perspective on Providing Tobacco Treatment

“The objectives of health and medical services program for prisoners must include promotion of health, the prevention of disease and disability, the cure or mitigation of disease, and the rehabilitation of the patient....To achieve these goals set down above, medical care programs for prisoners must be equivalent in quality to the care which is available in the community.” - American Correctional Association, Manual of Correctional Standards, 1966

**On the right to access to care:** “The right to access includes access to both emergency and routine care.”

“Access to care must be provided for any condition (medical, dental, or psychological) if denial of care may result in pain, continued suffering, deterioration, less likelihood of a favorable outcome, or degeneration.”

- Anno, B. Jaye. Prison Health Care: Guideline for the Management of an Adequate Delivery System. 1991.

# Criminal Justice System's Perspective on Providing Tobacco Treatment



*“Smoking is prohibited in all inside areas, and if the facility allows smoking outside, specific areas are designated. In addition, the standard requires that, at a minimum, the prevention and abatement program includes nicotine replacement products and written materials on prevention and abatement of tobacco use.”*

*“...since nicotine use may be a significant addiction problem for some inmates, a physician should be able to prescribe aids to smoking abatement efforts when medically indicated.”*

*“NCCHC does not have a policy on e-cigarettes. We do have accredited facilities that allow them, and the accreditation committee has determined that they do not violate our standard F-03 Use of Tobacco.”*



## REPORT TO CONGRESS

# Health Care Transitions for Individuals Returning to the Community from a Public Institution: Promising Practices Identified by the Medicaid Reentry Stakeholder Group

A Report to Congress

Required by Section 5032 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act; Pub.L. 115-271)

U.S. Department of Health and Human Services  
Office of the Assistant Secretary for Planning and Evaluation

January 2023

## Institution and Community-Based Promising Practices

1. Universal screening for SUD during intake
2. Provision of SUD treatment medication and Cognitive Behavioral Therapy
3. In reach care coordination and discharge planning
4. 30-day supply of all prescription medication provided to beneficiaries upon release from correctional facility
5. Transitions Clinic Network
6. Peer support specialist

# 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

# Referral

1. What is the referral process?
2. Do they use a specific database of resources? Contracts or MOUs?
3. Do they already refer to the quitline?
4. Do they refer to a community-based behavioral health organization?
  - a) For drug counseling?
  - b) For other mental health-related counseling?
  - c) For *tobacco cessation*?



# Systems Change Example



Re-entry/Discharge

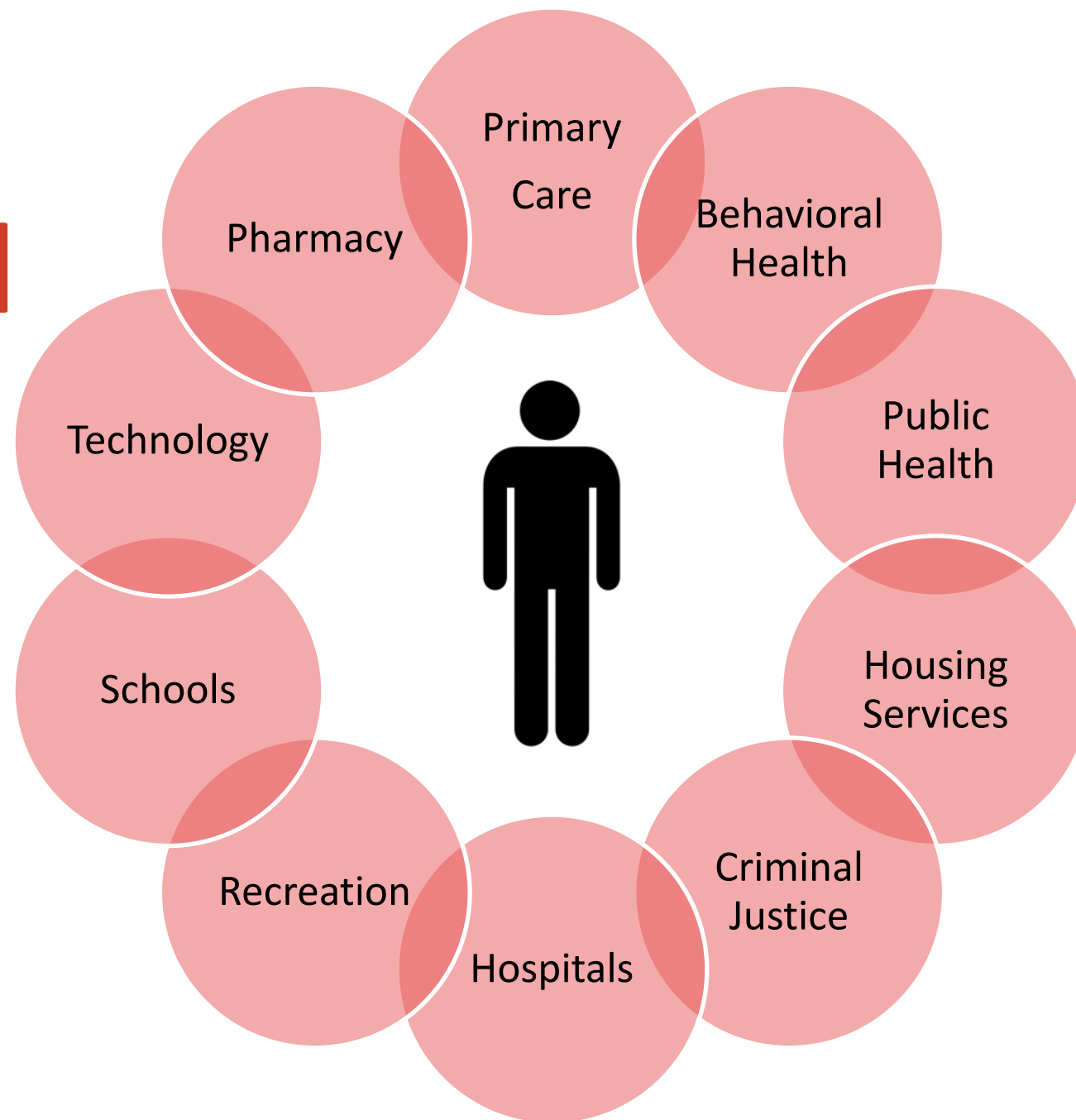
Upon release,  
individuals will be  
given education  
about the quitline  
and make a referral

# 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?

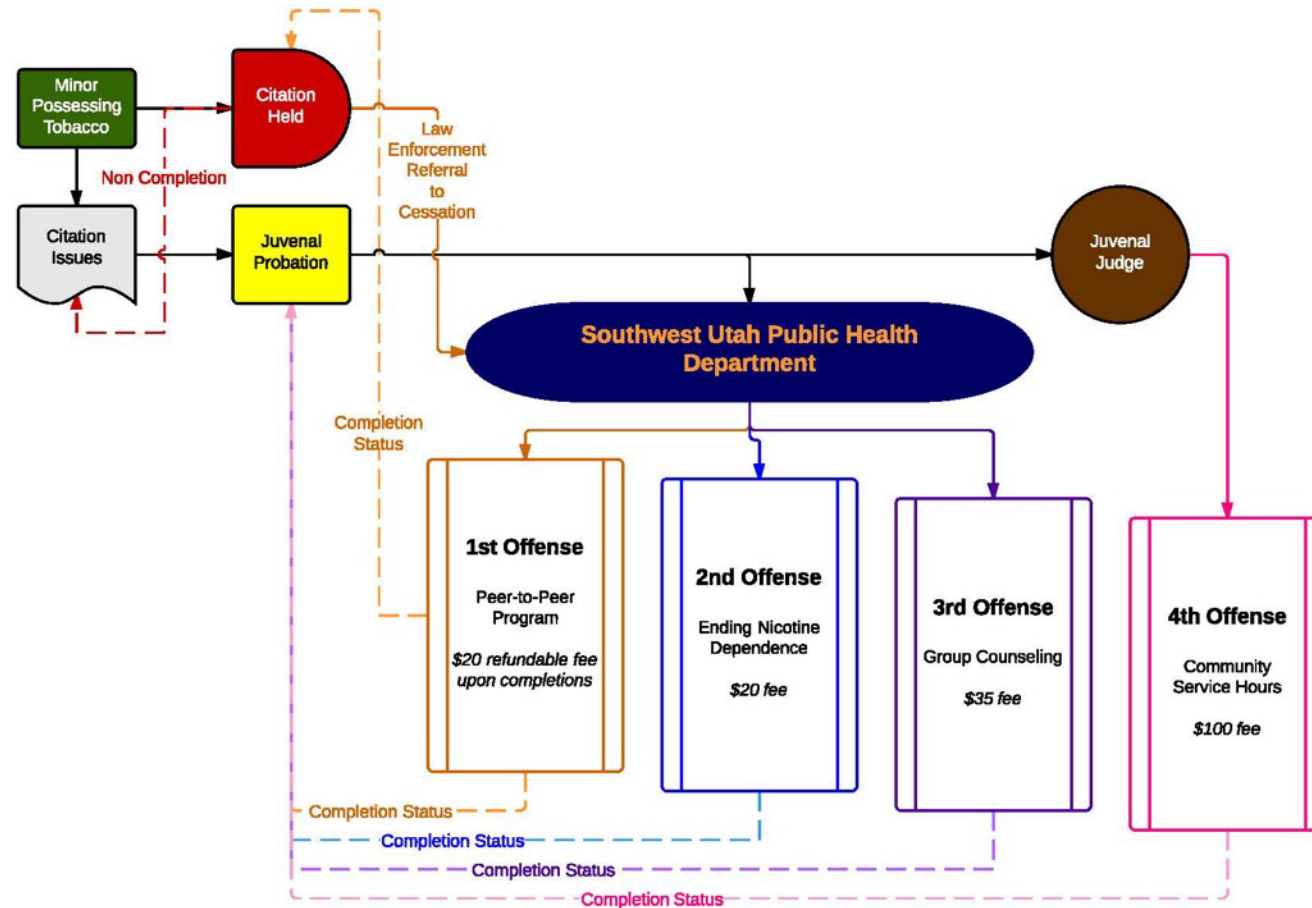


# Justice Involved Youth



# Utah Youth Offender Program

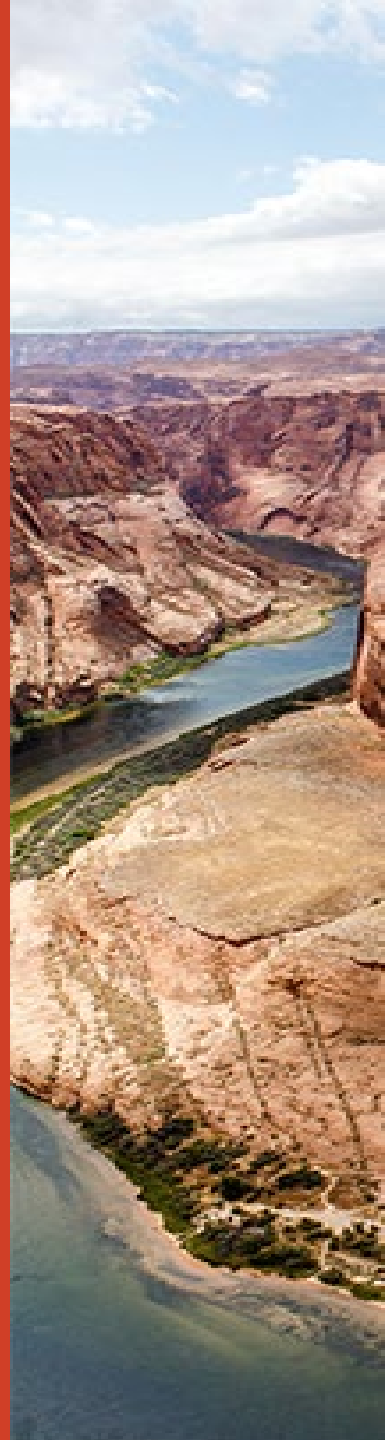
## Youth Tobacco Cessation Referral Process



# Arizona Justice-Involved Project

- History
  - ✦ Proposed by health department to a Governor's work group on recidivism.
- Second Chance Centers
  - ✦ Pre-release programs focused on providing skills and resources necessary for reentry into society
  - ✦ Inmates selected for this program have 12 weeks remaining on their sentence.
- Community Partners
  - ✦ Health Dept, University of CO, Evaluation Team,

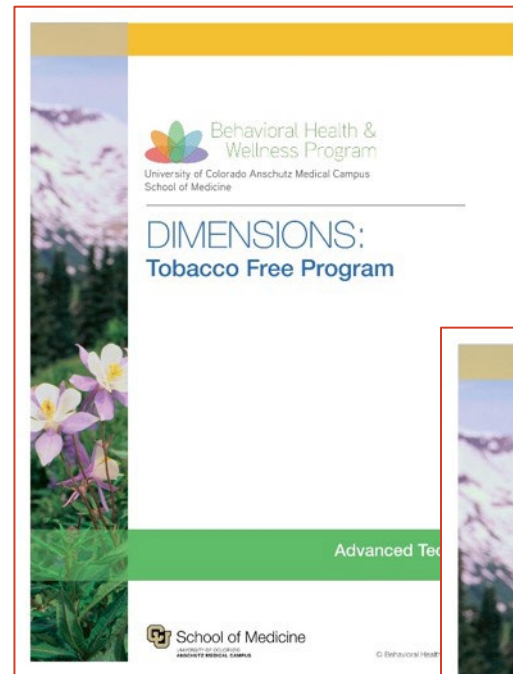
Garver-Apgar et al., 2023





# DIMENSIONS: Tobacco Free AT Training Materials

- Tobacco Free Advanced Techniques Manual
- Tobacco Free Group Facilitator Manual
- Electronic copies of materials



## Results: Quit Rates

37 Participants

9 Individuals  
Quit

24% Quit  
Rate





**BJA**  
Bureau of Justice Assistance  
U.S. Department of Justice



Advocates for  
Human Potential, Inc.



U.S. Department of Justice

**Civil Rights Division**

## The Americans with Disabilities Act and the Opioid Crisis: Combating Discrimination Against People in Treatment or Recovery

BUREAU OF JUSTICE ASSISTANCE

# MANAGING SUBSTANCE WITHDRAWAL IN JAILS: A LEGAL BRIEF

A disproportionate number of people in jails have substance use disorders (SUDs).<sup>1</sup> Incarceration provides a valuable opportunity for identifying SUD and addressing withdrawal.<sup>2</sup> Within the first few hours and days of detainment, individuals who have suddenly stopped using alcohol, opioids, or other drugs may experience withdrawal symptoms, particularly when they have used the substances heavily or long-term. Without its identification and timely subsequent medical attention, withdrawal can lead to serious injury or death.

Deaths from withdrawal are preventable, and jail administrators have a pressing responsibility to establish and implement withdrawal policy and protocols that will save lives and ensure legal compliance. This brief describes the scope of the challenge, provides an overview of constitutional rights and key legislation related to substance use withdrawal, and outlines steps for creating a comprehensive response to SUD.

### Scope of the Challenge

Among sentenced individuals in jail, 63 percent have an SUD, compared to 5 percent of adults who are not incarcerated.<sup>3</sup> From 2000 to 2019, the number of local jail inmates who died from all causes increased 33 percent; the number who died from drug/alcohol intoxication during the same period increased 397 percent.<sup>4</sup> Among women

\* As noted in the Substance Abuse and Mental Health Services Administration's *Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings* (2019), medically supported withdrawal (also referred to as medical detoxification) is "designed to alleviate acute physiological effects of opioids or other substances while minimizing withdrawal discomfort, cravings, and other symptoms."

When Kelly Coltrain was booked for unpaid traffic violations in 2017, she told jail staff that she was drug dependent and had a history of seizures. Her request to go to the hospital for help with withdrawal symptoms was denied. She was placed in a cell that required 30-minute checks, but these checks rarely occurred. For the next 3 days, she was observed (by video camera) vomiting, sleeping often, and eating little. On her third night in jail, she started convulsing; then, all movement ceased. For at least the next 4 hours, no deputies or medical staff came to the cell to determine why she was still. Kelly's family filed a wrongful death suit, which was settled in 2019 for \$2 million plus 4 years of federal district court monitoring of the jail during implementation of new policies and procedures to ensure proper care of inmates at risk of withdrawal.<sup>2</sup>

incarcerated in local jails, the average annual mortality rate due to drug/alcohol intoxication was nearly twice that of their male counterparts.<sup>5</sup> The median length of stay in jail before death from alcohol or drug intoxication was just 1 day,<sup>6</sup> indicating that individuals on short stays, including those who are detained in pretrial status, are equally at risk.

It is not uncommon for individuals to experience substance withdrawal at the time of entry into jail, when access to their drug of choice is abruptly stopped. Estimates within specific regions vary widely, from 17 percent of people entering New York City jails being in acute opioid withdrawal<sup>7</sup> to a record 81 percent of people entering a Pennsylvania county jail needing detoxification services—half of them for opioid use disorders.<sup>8</sup>

This project was supported by Grant No. 2019-AR-BX-K061 to Advocates for Human Potential, Inc. awarded by the Bureau of Justice Assistance, a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking. Advocates for Human Potential, Inc. was supported by the Addiction and Public Policy Initiative of the O'Neill Institute for National and Global Health Law at Georgetown University Law Center. This project was developed in partnership with the National Institute of Corrections, an agency within the Department of Justice's Federal Bureau of Prisons.

Submit questions via the 'Q & A' box



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Take Control

**1-800-QUIT-NOW**

Call. It's free. It works.

1-800-784-8669

For details on your state services, go to: <http://map.naquitline.org>



✓ Refer your clients to cessation services



# Post Webinar Information

- You will receive the following in our post webinar email:
  - ✓ Webinar recording
  - ✓ PDF of the presentation slides
  - ✓ Instructions on how to claim FREE CME/CEUs
  - ✓ Information on certificates of attendance
  - ✓ Other resources as needed
- All of this information will be posted to our website at <https://SmokingCessationLeadership.ucsf.edu>



SCLC next live webinar is Part Two of our Justice Involved Webinar Series, , **“Access to Tobacco Treatment for the Justice Involved: The Intersection of Policy, Practice, and Research”** with Kerry Cork, JD, Christine Ullstrup, LCSW, CSAC and Pamela Valera, on

- **Thursday, July 20, 2023**
- **1:00 pm – 2:00 pm EDT**



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