Smoking Cessation Leadership Center

University of California San Francisco

Access to Tobacco Treatment for the Justice-Involved Part 3: Programming Innovation and Operations

Cyrus Ahalt, MPP, Associate Director, Amend at University of California San Francisco

Joan Gillece, PhD, Director, Center for Innovation in Health Policy and Practice National Association of State Mental Health Project Directors (NASMHPD)

Beth Jordan, MD, Medical Director and Health Services Administrator, DC Department of Corrections, Washington, DC

Tyler Mains, MD, Chief Medical Officer, Jail Health Services, San Francisco Department of Public Health

August 17, 2023

Moderator

Catherine Bonniot

Executive Director

Smoking Cessation Leadership Center
University of California, San Francisco

A National Center of Excellence for Tobacco-Free Recovery

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Disclosures

This UCSF CME activity was planned and developed to uphold academic standards to ensure balance, independence, objectivity, and scientific rigor; adhere to requirements to protect health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA); and include a mechanism to inform learners when unapproved or unlabeled uses of therapeutic products or agents are discussed or referenced.

All speakers, planning committee members and reviewers have disclosed they have no relevant financial relationships to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Cyrus Ahalt, MPP, Catherine Bonniot, Anita Browning, Christine Cheng, Brian Clark, Joan Gillece, PhD, Beth Jordan, MD, Tyler Mains, MD, Jennifer Matekuare, Ma Krisanta Pamatmat, MPH, CHES, Jessica Safier, MA, and Maya Vijayaraghavan, MD, MAS.

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- For our California residents, SCLC offers regional trainings, online education opportunities, and technical assistance for behavioral health agencies, providers, and the clients they serve throughout the state of California.
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- CDC Tips Campaign 2023
- Find resources at:

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

Today’s Presenter

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Director

Smoking Cessation Leadership Center,
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Today's Presenter

Cyrus Ahalt, MPP

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Today's Presenter

Joan Gillece, PhD

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National Association of State Mental Health Project Directors (NASMHPD)

Today's Presenter

Beth Jordan, MD

Medical Director and Health Services Administrator

DC Department of Corrections, Washington, DC

Today’s Presenter

Tyler Mains, MD

Chief Medical Officer, Jail Health Services

San Francisco Department of Public Health

HEALTH EQUITY ISSUE

- Majority of those incarcerated are of low socio-economic status
- Ethnic/racial populations starkly overrepresented
- Over 70% of the US correctional population has an addiction and/or mental illness.
- High number of individuals with chronic and infectious diseases (primarily heart disease, respiratory disease, and cancer)
- **Studies estimate between 70 and 80 percent of all individuals in the U.S. justice system smoke or use tobacco products – up to 4 times the national average.**

HEALTH DISPARITIES

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Smoking and Smoking Cessation Among Criminal Justice-Involved Older Adults: Implications for Correctional Health and Future Research

Cyrus Ahalt, MPP

Associate Director, Amend at UCSF

Amend at UCSF

Public Health program aimed at transforming U.S. jails and prisons from places of punishment to institutions centered on health, healing, and rehabilitation

1. Culture Change program with partners in Norwegian Correctional Service
2. Correctional Healthcare System Improvement
3. Legislative & Policy Analysis and Consulting
4. Research & Evaluation

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Study on Smoking & Incarcerated Older Adults (2016)

Study enrolled 125 older residents of the SF County Jail:

- Tobacco use - current and past
- Epidemiology of smoking-related illnesses
- **Knowledge, attitudes and beliefs related to tobacco use and cessation**

Image source: http://www.fic.nih.gov/News/GlobalHealthMatters/PublishingImages/china-smoking.jpg

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Background

- Older adults are among fastest growing criminal justice-involved populations, challenging correctional and community health care systems
- Current and former smoking disproportionately high in this population
- Smoking bans in prisons reduce prison mortality for smoking-related illness[1]; yet relapse after release for those who stopped smoking due to prison policy estimated at 98%
- Do jail and prison have a role to play in reducing tobacco-related harms beyond prison?

[1] Frank MR, Blumhagen R, Weitzenkamp D, Mueller SR, Beaty B, Min SJ, Binswanger IA. Tobacco Use Among People Who Have Been in Prison: Relapse and Factors Associated with Trying to Quit. J Smok Cessat. 2017 Jun;12(2):76-85. doi: 10.1017/jsc.2016.3. Epub 2016 Mar 16. PMID: 29430256; PMCID: PMC5807014.

[2] Binswanger I A, Carson E A, Krueger P M, Mueller S R, Steiner J F, Sabol W J et al. Prison tobacco control policies and deaths from smoking in United States prisons: population based retrospective analysis *BMJ* 2014; 349 :g4542 doi:10.1136/bmj.g4542

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Participant Characteristics (n = 125)

- **Average age:**
  - 60 (55 to 87)
- **Race/Ethnicity**
  - 23% White
  - 67% Black
  - 6% Latino
  - 15% Other

- **72% household income < $10,000**
- **49% rated health as fair or poor**
- **High rates of risk factors for smoking:**
  - 39% diagnosis of SMI
  - 76% current or hx of substance use

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Tobacco Use – Current & Past

Smoking Rates

- 71% current smokers
- 17% former smokers
- 12% never smoked regularly
- Smokers: averaged 72 cigarettes (3.5 packs) per week
- Average age of starting smoking was 16; 50% started when under age 14

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Knowledge, Attitudes & Beliefs Related to Tobacco Use & Cessation

- **Knowledge of harms well-known…**
  - 95% knew of the link between smoking and serious illness
  - 80% reported seeing public information about the dangers of smoking in the past 30 days

- **… But limited**
  - Nearly 1/3 of smokers were not knowledgeable about the harms of secondhand smoke
  - 80% believed that smoking “light”, “low-tar”, or “mild” cigarettes was less harmful than “regular” cigarettes

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Knowledge, Attitudes & Beliefs Related to Tobacco Use & Cessation

Substantial interest in smoking cessation

- 22% reported trying to quit in the past year
- > 50% thinking about quitting in next year:

Attitudes About Quitting	Smokers (n = 72)
Planning to quit in the next month	10%
Thinking about quitting in the next year	31%
Will quit someday but not in the next year	14%
Not interested in quitting	40%
Don’t know	6%

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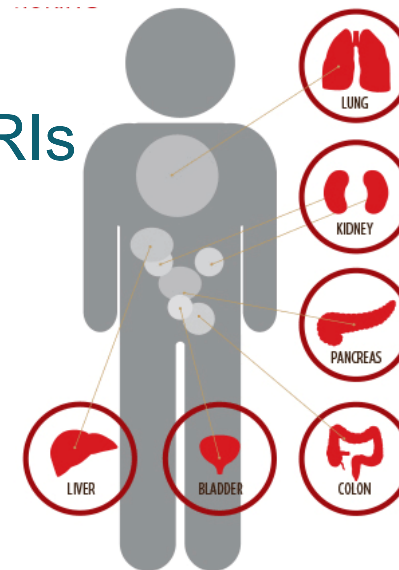
Smoking-Related Illnesses

Smoking-related illnesses (SRIs) Prevalent

- Includes high blood pressure, chronic lung disease, heart disease, congestive heart failure, and stroke
- 64% of tobacco users reported being diagnosed with a SRI
- 1 in 4 reported having 2 or more SRIs
- Self-reported health was lower in current smokers



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Implications for Correctional Health & Future Research

- Correctional institutions represent critical potential delivery sites for smoking cessation interventions tailored to older adults
- Integrated treatment approaches important for those with co-occurring behavioral health diagnoses
- Unmet needs for patient education and counseling in the context of community reentry
- Areas for future research include assessing the impacts of various interventions on post-release outcomes

TAMAR
Smoking Cessation

Joan Gillece, Ph.D, Director, Center for Innovation in Health Policy and Practice National Association of State Mental Health Project Directors

Beth Jordan M.D. - District of Columbia Department of Corrections Medical Director

What is TAMAR?

Trauma, Addiction, Mental health, And Recovery (TAMAR) is a modularized psychoeducational program that can be used in all settings from inpatient, outpatient, community programs, schools, jails, churches, etc.

The program is designed to help attendees understand trauma and its effect on their lives, families, and communities.

In addition to education and discussion, the intervention features creative expression and dialectical behavior therapy to enhance self awareness and regulation.

NASMHPD has added a module on smoking cessation and is evaluating the effectiveness of change in smoking behavior through a trauma focused approach.

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TAMAR Modules

- Module 1: Introduction to TAMAR
- Module 2: The Effects of Trauma
- Module 3: Trauma Reminders
- Module 4: Self-Soothing
- Module 5: Tolerating Distress
- Module 6: Containment I
- Module 7: Containment II
- Module 8: Physical and Emotional Abuse
- Module 9: Sexual Abuse (Females)
- Module 9: Sexual Abuse (Males
- Module 10: Trauma and Addiction
- Module 11: Addressing Tobacco Use Among Individuals Who Experience Trauma
- Module 12: Boundaries and Safety
- Module 13: Intimacy and Trust
- Module 14: Sexual Communication, Negotiation, and Consent
- Module 15: Parenting
- Module 16: Close Ritual

Module 11: Addressing Tobacco Use Among Individuals Who Experience Trauma

Module 11: Addressing Tobacco Use Among Individuals who Experienced Trauma

Addressing tobacco use among individuals who experienced trauma should be an important part of group discussions, due to the higher prevalence of smoking among this population along with the health harms that it leads to, including mental health effects like increased anxiety and stress. By addressing factors that may heighten symptoms of thinking on traumatic events, survivors of trauma may find it less challenging to take steps in addressing their trauma experiences and establish self-coping mechanisms.

Why People with Trauma Smoke

To address tobacco use among individuals who experienced trauma, it is critical to turn the narrative from "what's wrong with you [that you have to smoke]" to "what happened to you?", to understand the factors and influences that started someone down the road to smoking. It may be that someone experienced trauma in their life, whether from adverse childhood experiences (ACES) or adulthood trauma – the individual may smoke in order to try relieving themselves of these psychosocial stressors, despite the long-term opposite effect that nicotine has on your mood. There are a variety of other levers that may contribute to increased stress and diminished mood that lead to nicotine use, including economic stability, education access and quality, health care access and quality, neighborhood and environment that the individual lives in, and social and community context[i]. The tobacco industry has also historically used targeted marketing to advertise cigarettes as providing stress relief and reducing life stressors.[ii]

Tobacco Use among Survivors of Trauma – The Numbers

~45% OF PEOPLE WITH POST TRAUMATIC STRESS DISORDER (PTSD) CURRENTLY SMOKE

Individuals who are in correctional settings have historically been linked to higher tobacco use despite being in a controlled setting. Tobacco products have historically been available, distributed, and traded among jail and prison inmates – despite 2006 and 2015 bans on tobacco products from the Federal Bureau of Prisons, tobacco use is still very much prevalent in correctional settings and often traded as contraband. Correctional settings have higher concentrations of inmates with behavioral health conditions compared with those who are not incarcerated,[iv] and the prevalence of tobacco use in these settings is over 70%[v]. As a result, there are very high rates of returning to pre-incarcerated smoking levels among inmates being released from custody.

Due to a variety of factors, including tobacco industry target marketing and concentration of tobacco retailers in certain areas, smoking rates have been found to be higher among specific sub-groups of the population. Individuals who have a history of severe adult trauma are twice as likely to become dependent on tobacco use than those without severe trauma. As well, 45% of adults with a Post Traumatic Stress Disorder (PTSD) diagnosis smoke and 73% of those individuals smoke more than a pack of cigarettes per day.[vi] Individuals with mental health

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Module 11: Addressing Tobacco Use Among Individuals Who Experience Trauma

Benefits of Quitting Smoking

Stopping smoking is the healthiest choice an individual can make, and health benefits accrue no matter what age quitting occurs.[iii]

- For someone quitting at ages 25-34 years, an additional 10 years of life can be gained. Studies for later age groups have shown 9 years gained at ages 35-44 years, 8 years gained at 45-54 years, and 4 years gained at 55-64 years. Even very old quitters live longer compared to those who continue smoking.
- Within one year of stopping smoking, the risk of coronary heart disease is only half of those who continue smoking, and within 15 years it reaches that of people who never smoked.
- Within five years, the risk of a stroke decreases to that of someone who never smoked; within ten years, lung cancer risk declines to half that of those who continue smoking.
- Beyond a healthier and longer life, there are specific benefits for those with certain mental illness. Smoking tobacco interferes with the efficacy of most antipsychotic and antidepressant medications and therefore requires higher dosages of those medications for the desired effect. Quitting smoking will allow that individual to take less of those medications.
- Furthermore, multiple studies have shown that quitting smoking leads to less depression, anxiety and stress, as well as increased positive mood and quality of life. These benefits apply equally to those with and without behavioral health conditions or trauma, and the effects are equal to or larger than of antidepressant treatment for moody and anxiety disorders; within 6 months of quitting, substantial improvements in mental health including positive affect are noted[ixx]
- Quitting tobacco use can improve the likelihood of long term sobriety from alcohol and other drugs by 25% if addressed at same time as alcohol/drug recovery.[xi]

QUITTING SMOKING BENEFITS YOUR MENTAL HEALTH, DRUG ABSTINENCE, AND YOUR WALLET!

How to Help Someone Stay Quit

Due to the fact that tobacco addiction is a chronic, relapsing condition, it is important that clients feel empowered to reduce consumption and/or quit again should relapse occur. They are more likely to do so when they consider their caregivers as true partners in their battle against smoking. Quitting smoking is challenging, so it is important that individuals who smoke realize it will likely require multiple quit attempts until they have stopped smoking for good – experts estimate that it may take 8-14 attempts to fully quit.[xiii] People who quit often start smoking again because of stress, cravings, weight gain, and being around other individuals who smoke. Those who smoke should not be discouraged by relapse –

TOOLS TO HELP SOMEONE QUIT

- MOTIVATIONAL INTERVIEWING
- DEVELOPING A QUIT PLAN
- NICOTINE REPLACEMENT THERAPY (NRT)
- CALLING YOUR STATE TOBACCO QUITLINE

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Trauma Informed Care (TIC) Resources

- Trauma Informed Care Resources can be found on the NASMHPD Website:
- Videos and Webinars:
  - https://www.nasmhpd.org/content/tic-videos-and-webinars
- Curriculums, Modules, and Crisis Services Resources:
  - https://nasmhpd.org/content/nasmhpds-center-innovation-health-policy-and-practice

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DC Jail Inmate Population

- CDF + CTF:
  - ADP Pre-COVID (1800) today: ~1500
  - 70% pre-trial detainees or sentenced misdemeanants
  - 30% parole violators, sentenced felons and writs and holds
  - 18% maximum security, 68% minimum security and the remainder minimum security
- 92% male and 8% female
- Over 90% African American
- 5% Hispanic
- 3% White
- About 3 pregnant inmates/month
- 55% with history of some mental illness or SUD
- 9% with active mental health diagnosis
- Approximately 30 inmates daily have HIV/AIDS
- Approximately 25% with at least one chronic condition (HTN, Asthma, Diabetes, kidney disease, heart disease)

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Trauma-informed SUD Care

- Nearly 2/3 of incarcerated men and almost all women have experienced trauma, including adverse childhood experiences, domestic and community violence, sexual abuse/assault
- Incarceration is a traumatic event
- COVID pandemic additional trauma

➢ TAMAR – Trauma, Addiction, Mental Health and Recovery*

- 15-module psychoeducational curriculum
- *Cross-training for custody and medical/mental health staff*
- Ideally co-facilitated by a CO and a mental health clinician
- Trauma/TIC now incorporated into yearly DOC training

*https://doccs.ny.gov/trauma-addiction-mental-health-and-recovery-tamar

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Perspectives from a Trauma-Informed Care Community

- **Operations/Officers**: Going from a punitive "Do As I SAY" model to one that evokes and engages their empathy, seeing their humanity so they can do their job differently, without sacrificing security. Empathy + Boundaries makes the job easier. Decreasing fights, disciplinary reports, unnecessary conflict. Going from "patrolling people" to helping them connect the dots that led them to jail.

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Perspectives from the TIC community

- **Residents**:
  - “Helping us connect the dots, making sense of what happened to me”
  - “Making us aware that we were living with trauma and in traumatizing environments”
  - “Helping me see that I wasn’t “bad”, but that bad things happened to me”
  - “Helping us cope with triggers and understand how trauma stays in the body”

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Questions?

Dr. Beth Jordan- DOC's Medical Director and Health Services Administrator
Beth.Jordan@dc.gov. Cell phone: 202.594.6293

San Francisco Health Network

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Applying Principles of Opioid Use Disorder Management to Tobacco Use Disorder

Tyler Mains, MD

Chief Medical Officer
SF Jail Health Services

August 17, 2023

Previous OUD Medical Management

San Francisco Health Network

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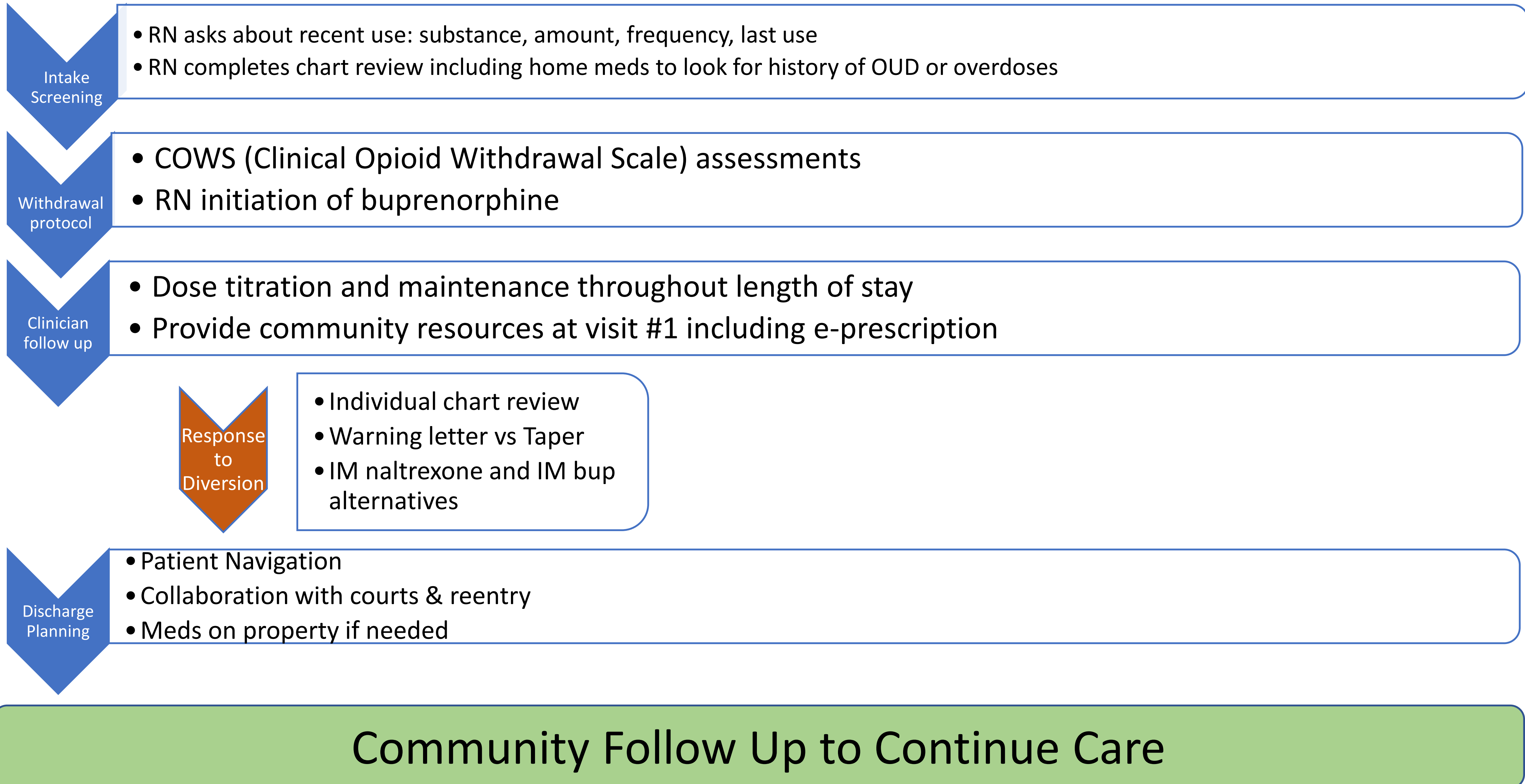
- For patients experiencing opioid withdrawal: 5-day taper off buprenorphine
- Maintenance only started if/when release date verified
  - Difficult to confirm
- No consistent strategy to provide discharge prescriptions
  - No clear pathway for linkage to community
- No alternative treatments with diversion concerns and no unified response to diversion

Current OUD Medical Management Workflow



Barriers to Implementation

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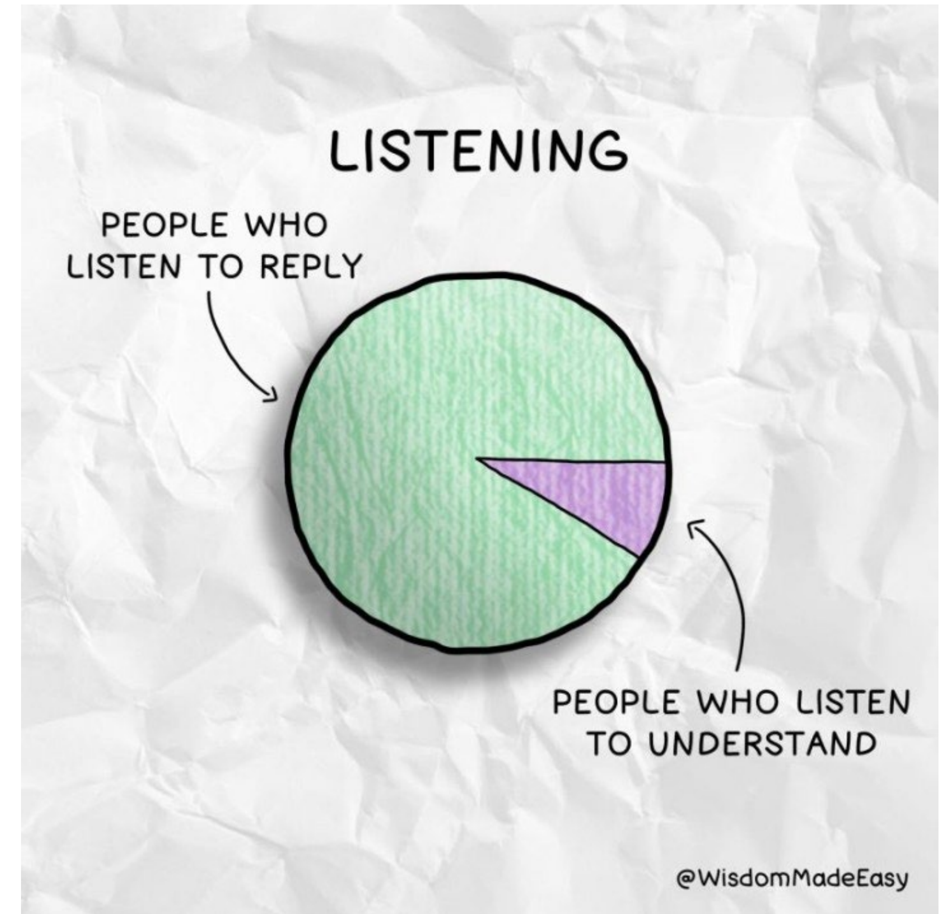
- Stigma
- Time to complete nursing tasks
  - Ex. Observing patients after buprenorphine administration
    - Time pressure from correctional partners
  - Nurse : patient ratio in carceral settings is significantly lower than traditional healthcare settings
- Cost of treatment
  - Different formulations
- Diversion → iatrogenic OUD

Strategies to Overcome Barriers

- Baseline surveys
  - Temperature check on pharmacy, nursing, clinicians, and sheriff's department
- Pilot study
  - Patient and staff perspectives included
- Group and individual conversations
- Clear diversion policy and response
- Success metrics and stories



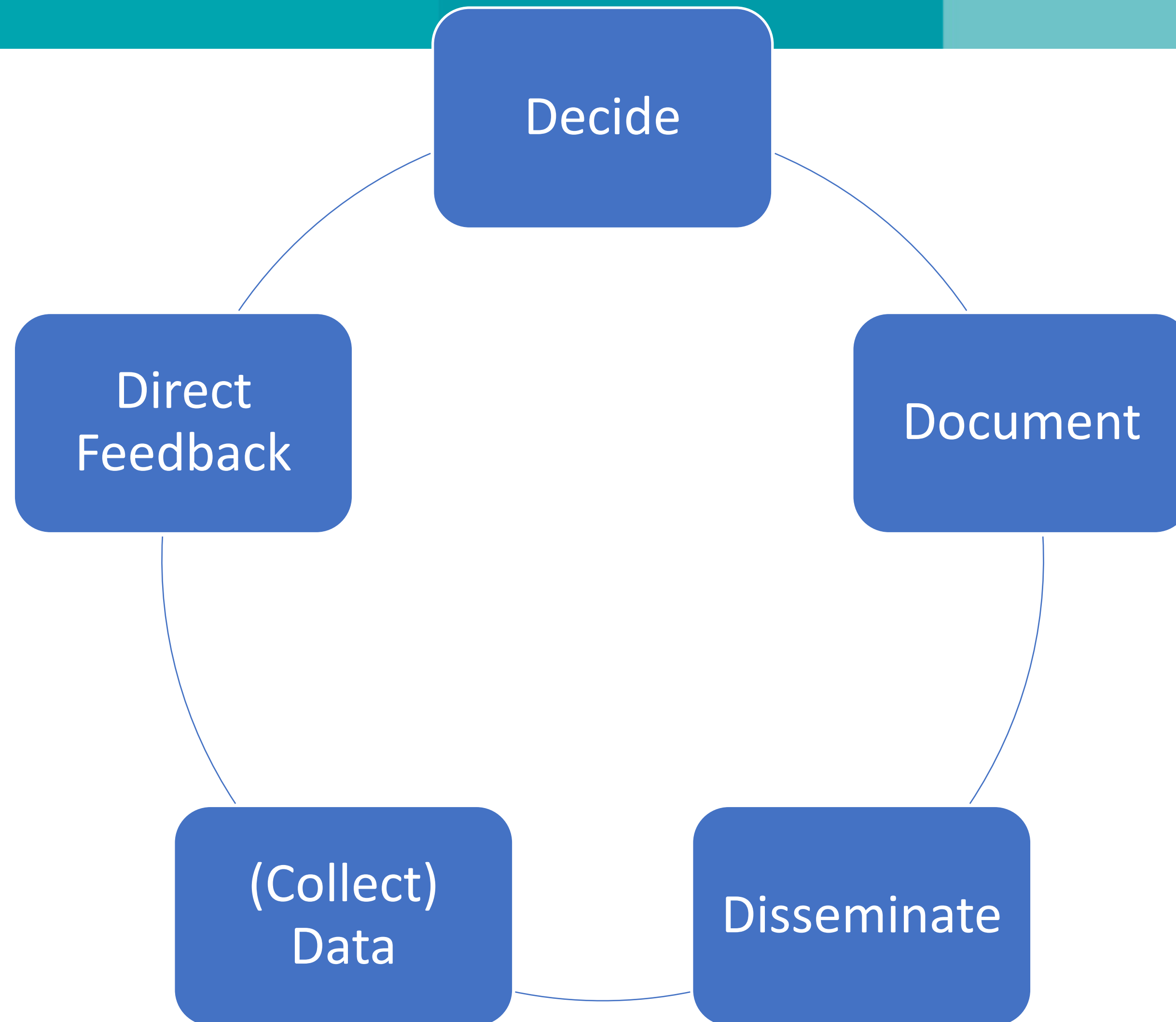
Academic / Public Partnerships

- JCOIN (Justice Community Opioid Innovation Network)
  - Two-year grant under NIDA (National Institute on Drug Abuse)
  - Monthly coach calls, monthly webinars
  - Data tracking
- JUNO (Justice-Involved Opioid Use Disorder) Community
  - Five-year grant under SAMHSA
  - Three full-time patient navigators → follow patients 6 months post-release
    - ~50% retention in treatment after six months

Potential Barriers to TUD Medications in Jails

- Stigma
  - Ex. Why would we treat TUD when patients have limited access to tobacco/cigarettes in jails?
- Time
  - Ex. Would nurses observe patients while lozenge dissolves?
- Cost
- Diversion
  - Ex. Lidocaine patches frequently used to cover intercom panel in cells
  - Ex. Would other tobacco-naïve patients be exposed to nicotine-containing products?

The 5 D's of Effective Implementation



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✓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 on Opioids and Tobacco Use with Dr. Shadi Nahvi, Professor in the Departments of Medicine, Psychiatry and Behavioral Sciences at the Albert Einstein College of Medicine

- **Tuesday, October 10, 2023**
- **1:00 pm – 2:00 pm EDT**

Contact us for free technical assistance

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- **Provide Feedback** - complete the evaluation, which you will see at the end of this webinar

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