

**“Access to Tobacco Treatment for the Justice-Involved: A Call to Action”
on Thursday, June 22, 2023, at 1:00 pm EDT (60 minutes)**

Speakers:

- **Allison Gorrilla, MPH**, Outreach Specialist, University of Wisconsin’s-Center for Tobacco Research and Intervention
- **Chad Morris, PhD**, Professor of Psychiatry, Director, Behavioral Health & Wellness Program, University of Colorado, Anschutz Medical Campus, Department of Psychiatry

Q: I heard that within smoke-free prisons, inmates who get access to cigarettes fashion lighters out of available components, light the cigarettes, blow the smoke into the toilet, and then flush the cigarettes down the toilet. Is this true?

A: Cigarettes as contraband is a compliance and enforcement issue for all prisons, but I hypothesize it might be a greater challenge for the prison facilities that are smoke-free *indoors* and allow smoking in designated areas outside the facility.

Q: Can you share more about the peer to peer program for those caught with a first offense?

A: In the case shared from Utah- a student caught smoking as a first offense had the option to engage in a psycho-ed group provided by other students who were previous smokers and were trained in the DIMENSIONS curriculum. If they completed they were not fined and there was no escalation to the court system.

Q: If someone is in jail they are not covered by Medicaid are they eligible to get free cessation materials without medical coverage?

A: Jails vary widely in this regard. Some jails have created a relationship with local public health agencies who provide NRT and counseling while individuals are incarcerated. Other carceral systems cover some amount of NRT – for instance they pay for half the cost and expect inmates to pay the other half.

Q: Did the Arizona pilot include NRT? We are finding some openness to curriculum but not providing NRT even though other MAT services are offered in prison.

A: Yes the DOC included two weeks of free NRT which was funded through a relationship with the state health department. We suggested that this was extended to 6-8 weeks. I suggest trying to create a relationship with the state health department, local public health dept, and/or state quitline to explore NRT funding. States may be interested in piloting this model.

Q: How do we dismantle systems that infuse tobacco use into the prison culture as an incentive for prisoners and administration that profit from tobacco sales/transactions?

A: We can dismantle systems that infuse tobacco use into prison culture through education and policy change at the national, state, and local level. At the national level, the existing National Commission on Correctional Health Care standards allow for smoking in designated areas outside facilities and for the sale of e-cigarettes in facilities. These standards, which correctional facilities are expected to meet to be accredited, reinforce the “tobacco culture” in prisons and the perception that tobacco use is different than other substances of use and dependence. The availability of highly addictive commercial tobacco products in prisons perpetuates dependence on nicotine and results in initiation of use and continued use of a product that contributes to significant health disparities in this population.