

# To reduce smoking rates in prisons, cessation programs must be expanded and extended

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More than half of all people incarcerated in the U.S. smoke cigarettes, a hidden health crisis that has long been under-researched and under-resourced.

Pamela Valera, an assistant professor in the Department of Urban-Global Public Health at the Rutgers School of Public Health, is leading efforts to change both.

Together with colleagues from Rutgers and the University of Southern California, as well as funding from the National Institutes of Health, Valera and her team implemented a tobacco-cessation program in seven prisons in one Northeastern state. They then measured rates of smoking relapse.

What they found is that for programs in prison to effectively curb smoking, at least four weeks of direct intervention is required, followed by months of substance dependence group counseling. The results are published in the *Journal of Correctional Health Care*.

"Tobacco smoke is a vital part of prison culture because people who are incarcerated smoke as a way to have [social support](#) and to distract themselves from emotional distress," said Valera. "Quitting can be very hard on anyone. It's doubly hard for an inmate."

To determine optimal program duration—and to assess how interest, confidence, motivation and expectations are associated with smoking abstinence in prison—researchers recruited 177 male smokers. On average, participants had been smoking cigarettes for about 27 years and were moderately or highly dependent.

Using a group-based counseling model, inmates were provided access to [nicotine patches](#) and enrolled in a six-week smoking cessation program.

At the end of each session, participants were given an exhaled carbon monoxide (CO) test to determine whether they continued to smoke or had abstained. At the end of the course, 54 participants were recorded as having quit. Divergence in CO levels among those who had stopped

[smoking](#) and those who continued began in the fourth week.

Incarcerated smokers typically don't have the appropriate cessation resources to help them quit. Despite many prisons adopting smoke-free policies, nicotine consumption remains high in many prison settings, said Valera. For instance, in some jails and prison facilities, electric cigarette use has spiked in recent years, as has a robust black market for tobacco. What this means for those who want to stop is that they must do so "cold turkey," Valera said.

Valera said reining in this hidden [health](#) crisis is essential. "Taxpayers pay for the [health care](#) of incarcerated people," she said. "As smokers in [prison](#) age, the cost to treat them goes up. Correctional settings provide an opportunity to address the high cost of addiction and tobacco dependence."

"My ultimate goal is to get more attention to this space and for the [academic community](#) to consider working with and for people in correctional settings," Valera said.

**More information:** Nicholas Acuna et al, Examining Attitudes, Expectations, and Tobacco Cessation Treatment Outcomes Among Incarcerated Tobacco Smokers, *Journal of Correctional Health Care* (2022). [DOI: 10.1089/jchc.20.08.0074](https://doi.org/10.1089/jchc.20.08.0074)

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