

Justice-Involved Tobacco Cessation

Arizona Department of Health Services

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ACKNOWLEDGEMENTS

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JUSTICE-INVOLVED CESSATION - OVERVIEW

Background

Tobacco use prevalence among incarcerated individuals is approximately 60-70%, three times that of the general population. Tobacco is used as a coping mechanism for depression, stress, and boredom, as well as for relaxation and socialization. Despite this culture, approximately 70% of tobacco users within correctional facilities indicate a desire to quit, creating an ideal opportunity to reach this underserved population with cessation programming.

The idea of bringing this programming to Arizona was proposed by the Arizona Department of Health Services (ADHS) to a Governor's work group on recidivism. The Arizona Justice-Involved Cessation Pilot Project was launched to serve Second Chance Centers (SCC) - pre-release programs in which selected inmates are equipped with skills and resources they will need to successfully reenter society. Partners were connected to begin planning the project, including ADHS, Arizona Department of Corrections (ADC), Arizona Smokers' Helpline (ASHLine), American Lung Association (ALA), and later the University of Colorado Anschutz Medical Campus' Behavioral Health and Wellness Program (BHWP).

Initial Pilot

The initial Arizona Justice-Involved Cessation Pilot began in 2018, using the ALA's Freedom From Smoking (FFS) curriculum. FFS consists of eight 90-minute sessions delivered over seven weeks. A total of six FFS classes were run in the Initial Pilot - one at ADC Perryville Piestewa Yard (women) and five at Eagle Point SCC (men). ALA recruited and trained outside facilitators, who were offered a stipend in exchange for delivering the first four FFS classes in the Pilot. To reduce program costs and increase sustainability, ALA trained four Peer Facilitators from within the Eagle Point SCC to become FFS Facilitators. These existing Peer Support Specialists (inmates selected to be trained to teach various classes at the SCC, such as substance abuse) led the final two classes of the Initial Pilot. Nicotine replacement therapy (NRT) lozenges and a dedicated ASHLine phone line were available to support all participants in the Initial Pilot.

Extended Pilot

Evaluation of the Initial Pilot identified a need for a more flexible and sustainable curriculum to meet the ongoing demand for tobacco cessation programming in the SCC. An Extended Pilot was launched in Fall 2019 to test a second tobacco cessation curriculum - the DIMENSIONS: Tobacco-Free Program, developed by the University of Colorado Anschutz Medical Campus BWHP. DIMENSIONS is specifically designed to target justice-involved populations, provides an affordable model as a train-the-trainer program, and offers sites flexibility in both the frequency of its six sessions and its format as an open group in which participants can join at any time through the six session cycle.

The Eagle Point SCC Peer Support Specialists were trained to become DIMENSIONS facilitators, and delivered three cessation classes between December 2019 and March 2020. NRT was available to participants throughout the program. Since the ASHLine was grossly underutilized during the Initial Pilot, this component was discontinued during the Extended Pilot. In an attempt to bridge the transition upon release from the SCC and allow participants to continue NRT, they were given guidelines as to how to access NRT and coaching services from the ASHLine and AHCCCS post-release.

EVALUATION PURPOSE

The purpose of the Extended Pilot evaluation is to compare the DIMENSIONS curriculum to the FFS curriculum used in the Initial Pilot, particularly related to program sustainability, cost, flexibility, and participant outcomes. Recommendations for long-term adoption of justice-involved cessation within ADC are included in this report.

DATA COLLECTION METHODS

Participant Surveys

In each class:

Participants completed personal progress forms in each class session, including questions reflecting the preceding week:

- Types of tobacco used
- Average # of cigarettes per day
- Y/N: Did you use NRT?
- How often did you use NRT?
- Did you make a quit attempt?
- Longest time you stayed quit

Participants were also asked to rate importance of NRT, along with their motivation, confidence, and support to staying quit post-release.

A special thank you to our partners at the University of Colorado Anschutz Medical Campus' BHWP for their analysis of personal progress form data and sharing those results for inclusion in this report.

6-8 Week Post-Release Follow-up

Intended to capture social support and continued quit status post-release, this survey was attempted via email outreach to those who provided contact information and consent at the end of the program. The evaluation team made three email attempts to request participants complete the electronic survey. A small gift card incentive was offered in return. Unfortunately - but not unexpectedly given the transient nature of the target population - response rates were very low in spite of these efforts.

Stakeholder Interviews

To further inform recommendations for Pilot expansion, the evaluation team conducted stakeholder interviews. These were one-on-one or small group interviews with each of the primary partners: ADC SCC staff, Peer Facilitators, University of Colorado BHWP, and ADHS.

PILOT COMPONENT: FACILITATOR TRAINING

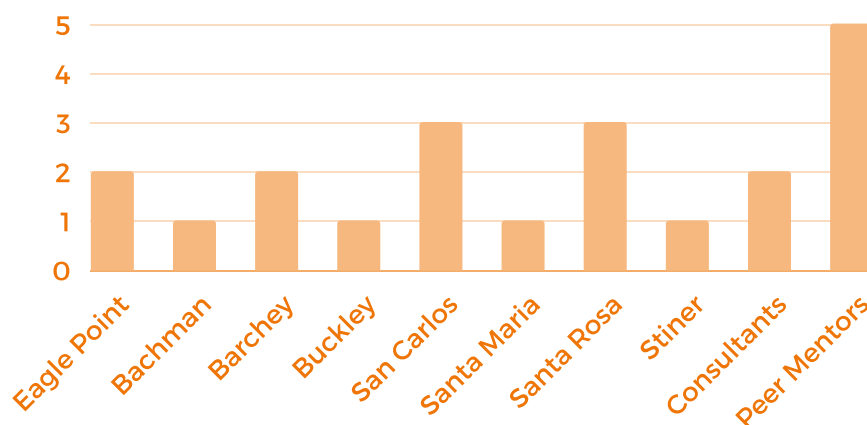
DIMENSIONS is a train-the-trainer model. Those who complete training are qualified to facilitate DIMENSIONS tobacco cessation groups, and train others to deliver the curriculum.

In November 2019, a team from the University of Colorado Anschutz Medical Campus' BWHP trained 21 ADC employees, peer mentors, and program consultants to become DIMENSIONS: Tobacco-Free Program trainers and facilitators. While the focus of this extended pilot was the Eagle Point SCC, this training was able to be offered to others from ADC at no added cost.

Training Evaluation Results

Based on training evaluations (n=18):

- 100% agreed or strongly agreed that the presenters were **knowledgeable** about the topics
- 94% agreed or strongly agreed that the presenters were **engaging**
- 100% agreed or strongly agreed that the program concepts were **clearly presented**
- 94% agreed or strongly agreed that the training provided **practical useable tools**
- 94% agreed or strongly agreed that they were **satisfied** with the training



Participants

There were 21 total program participants representing 8 different correctional sites, peer mentors from Eagle Point SCC, and program consultants. All of the participants from the ADC were correctional officers responsible for implementing inmate training.

Key comments and feedback

- This was the best training that ADC has ever hosted.
- The role playing exercises added value to the course content.
- All of the statistics and facts were useful.
- Appreciated the information on the value and how to use NRT effectively in a quit attempt.
- Interested in finding funding & sustainable model to provide classes & NRT at a variety of sites.
- There is a strong desire among staff to expand this program beyond the SCCs.

Training Follow-Up

A follow-up survey was sent to all trainees six months after the training. Of those who responded (n=4), two were "somewhat interested" in implementing cessation programming after the training and will consider it in the next year, and the other two were "very interested" and plan to implement in the next 6 months. Lack of time was the most commonly cited barrier to starting a tobacco cessation program at their facility.

PILOT COMPONENT: CURRICULUM

DIMENSIONS: Tobacco-Free Program

The DIMENSIONS: Tobacco-Free Program was the selected curriculum for the extended pilot. This curriculum was developed by the University of Colorado Anschutz Medical Campus, Behavioral Health and Wellness Program and is specifically designed to target at-risk populations including justice-involved. The tobacco-free groups cover the following topics:

- **Envisioning a Tobacco-Free Life:** activities are designed to help group participants visualize their tobacco-free life.
- **A Tobacco-Free Plan:** activities are designed to help group participants explore their values and preferences.
- **Mindful Tobacco-Free Behaviors:** activities are designed to help group participants' awareness of cravings and create mindful ways to manage them.
- **A Tobacco-Free Journey:** activities are designed to help group participants recognize their strengths and identify the resources they have or will need for their tobacco-free journey.
- **Living Tobacco-Free:** activities are designed to help group participants recognize the interconnection between thoughts, feelings, behaviors and living tobacco-free.
- **Maintaining a Tobacco-Free Life:** activities are designed to prevent (re)lapses by planning ahead and manage (re)lapses by getting back on track as soon as possible.

Flexibility in Program Frequency and Format

DIMENSIONS consists of six weekly 60- to 90-minute sessions. However, the program offers flexibility to meet group needs. Eagle Point SCC elected to run their first two classes with twice weekly sessions, for a total of three weeks per class. Their last class of this extended pilot was ran once weekly, for a total of six weeks. The flexibility is helpful in the justice-involved setting to coordinate with entry and release dates, as well as to manage available classroom space. In the end, peer facilitators and SCC staff felt the once per week frequency was most successful in building participant commitment and group dynamics.

DIMENSIONS is also designed to function as an open group, which means participants can join at any time and cycle through the six sessions. The open format provides several potential benefits in the justice-involved setting. Because an inmate's stay at the SCC is typically about 10 weeks, this open format with no dedicated start and end session increases the number of inmates who can engage in classes and allows facilities to offer the class on a continuous cycle. Other SCCs in Arizona have smaller populations than Eagle Point, and would need an open class design to ensure adequate participant numbers in cessation programming. Eagle Point, on the other hand, has sufficient population and demand to consistently fill cessation classes beginning in session one. Because their classes filled at the start and experienced very little attrition, all three groups in this extended pilot were essentially run in the closed format - which peer facilitators felt better maintained group cohesion.

PILOT COMPONENT: CURRICULUM

Curriculum Comparison

The initial Justice-Involved Cessation Pilot utilized the American Lung Association's Freedom from Smoking (FFS) curriculum. Some key differences were noted between the two curriculums - FFS and DIMENSIONS - based on program outcomes and stakeholder interviews.

	Flexibility	Justice-Involved Focus	Set "Quit Date"	Sustainability
FFS			✓	
DIMENSIONS	✓	✓		✓
	Less sessions; Ability to adjust frequency; Open format	Curriculum specifically designed for J-I population	Peer facilitators felt participants were motivated by group quit date.	Train-the-trainer model; Materials available for free download once trained.

Quit Rates

Average quit rate in initial pilot using FFS was 34%. Average quit rate in extended pilot using DIMENSIONS was 24%. However, the FFS pilot included twice as many classes and participants as this Extended Pilot with DIMENSIONS, making a true comparison difficult. Quit rates rose steadily across the three DIMENSIONS groups, up to 38% in group three.

Peer Facilitator Feedback on Curriculum

- Felt DIMENSIONS curriculum was more "relaxed", and FFS more "rigid".
- Liked DIMENSIONS curriculum's focus on their population.
- Liked that DIMENSIONS included a lot of tobacco and health facts. However, decided to end each session with a positive activity rather than fact sheets that tended to be negative.
- Felt DIMENSIONS was lacking in coping skills training for participants, compared to FFS.
- Decided group quit date was important to motivate individuals. Wished DIMENSIONS incorporated this, as well as tobacco tracking earlier in the curriculum. Added these elements themselves.
- Distributed folders with all materials at beginning (which is how FFS is run) - wanted to make participants accountable for materials and keep their mind on not smoking.
- Overall, preferred DIMENSIONS but with their own modifications/additions (quit date, "homework", vision boards and reflections).

PILOT COMPONENT: FACILITATION

Feedback for this program continues to be very positive. The peer-facilitator model offers several sustainable benefits for this project:



Cost

A peer facilitator model for justice-involved cessation presents significant cost savings over internal corrections employees or external facilitators.

The DIMENSIONS: Tobacco-Free Program also provides free downloadable materials to all program facilitators and trainers upon completion of the program, further reducing the overall cost of the program.

Logistics

The use of peer facilitators eases logistical and scheduling challenges associated with the program by allowing more flexibility in promoting classes. Classes are able to be scheduled around other programming needs and at various times during the day. Classes can also be easily rescheduled as needed when space or calendar conflicts arise.



Format

The DIMENSIONS: Tobacco Free Program provides an extremely flexible format that can be modified to fit the needs of the program. During the extended pilot program, the groups were exclusively offered as a closed format. Class frequency differed between the first and second groups (two classes/week) and the third group (one class/week). Additionally, course materials were delivered weekly in the first and second groups and distributed in one packet at the beginning of the sessions for the third group to enhance participant accountability. Peer facilitators had power to adjust the curriculum as needed for their population - such as establishing a quit date and introducing tobacco tracking forms at the beginning of the third group to further promote engagement and success.

Skills

This model creates an opportunity for peer facilitators to develop valuable and transferable skills that can be applied professionally post-release, thus improving their opportunities for meaningful employment.



PROGRAM PARTICIPATION & OUTCOMES

Participation

Three groups of classes were offered between December 2019 and March 2020 at Eagle Point SCC during the extended pilot. The demand for and interest in cessation classes continued to be high among inmates. All classes were organized and led by peer facilitators.

A total of 39 individuals attended a DIMENSIONS class across the three groups. Included in the outcome counts below are those who attended at least four of the six sessions (n=37). More than three-quarters of the individuals completed all six sessions in their group.

Quit Rates and Quit Attempts

Across all three groups of classes at the Eagle Point SCC, the average quit rate was 24%. However, that rate jumped significantly from the first through the third group - likely as facilitators became more comfortable with the curriculum and incorporated aspects they believed to be important to their population's success, such as a set quit date.

Group One: 14 participants, 2 quit (14% quit rate)

Group Two: 10 participants, 2 quit (20% quit rate)

Group Three: 13 participants, 5 quit (38% quit rate)

Nearly two-thirds (62%, n=23) of participants made at least one quit attempt lasting 1 day or more.

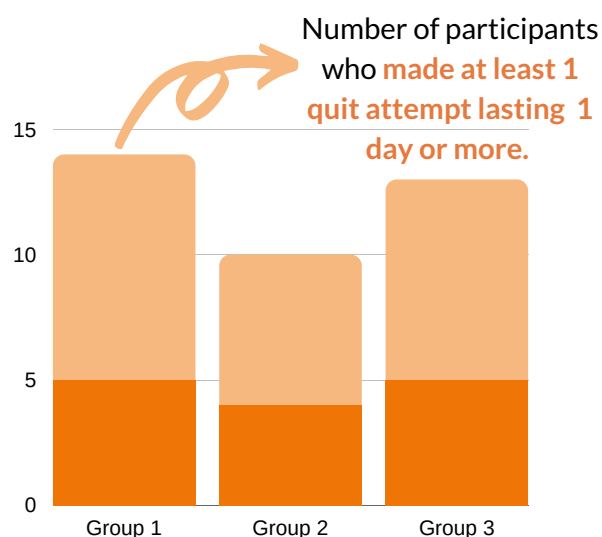
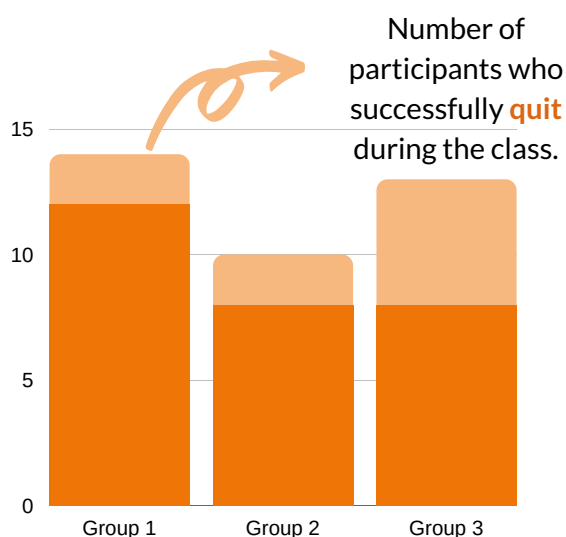


Extended Pilot Totals

37 Participants

24% Quit Rate

Number of Participants Quit and Attempted Quit of Total



Post-Release Outcomes

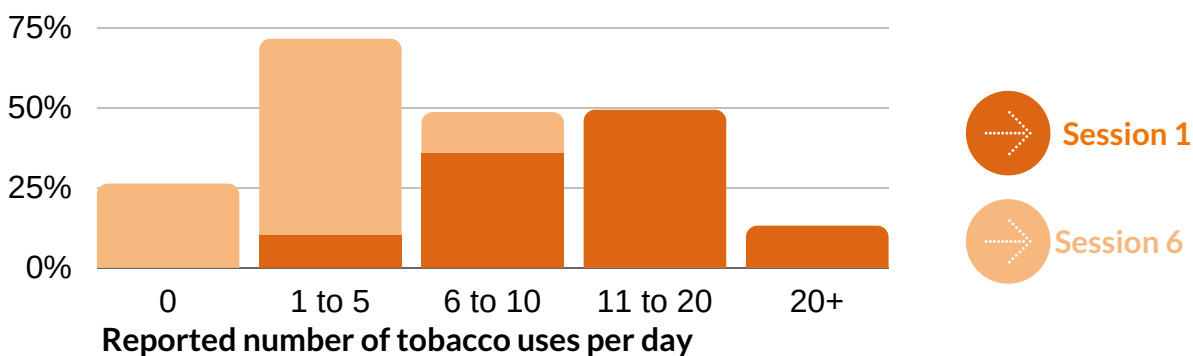
Only four participants completed a 6-8 week post-release follow-up survey. Of those four respondents, three were still quit and were "confident" or "very confident" they could stay quit.

PROGRAM PARTICIPATION & OUTCOMES

Tobacco Use Frequency

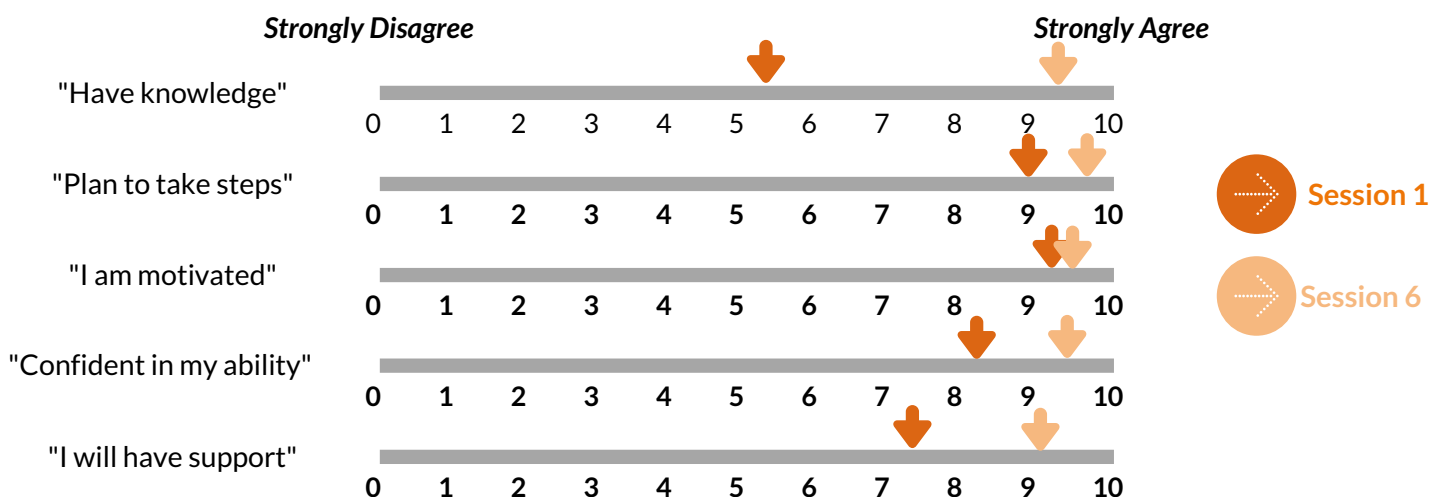
As in the previous iterations of the Justice-Involved Cessation Pilot, all participants who did not quit reported cutting back during the class. Self-reported frequency of tobacco use between session one and session six was compared for participants who completed all six DIMENSIONS sessions (N = 31). The figure below shows the percentage of users reporting tobacco use of 6 or more times per day **decreasing** from session one to session six, while the percentage of users reporting tobacco use 5 or fewer times per day (or quit completely) **increasing** from session one to session six. Median tobacco use fell from 11 to 20 tobacco uses per day at session one, to 1 to 5 tobacco uses per day at session six.

There was a statistically significant reduction in tobacco use in session three - with only 11% of the participants using tobacco more than 10 times per day, down from 50% of participants in session one. This suggests completion of two DIMENSIONS sessions may be effective at motivating behavior change.



Readiness to Live a Tobacco-Free Life

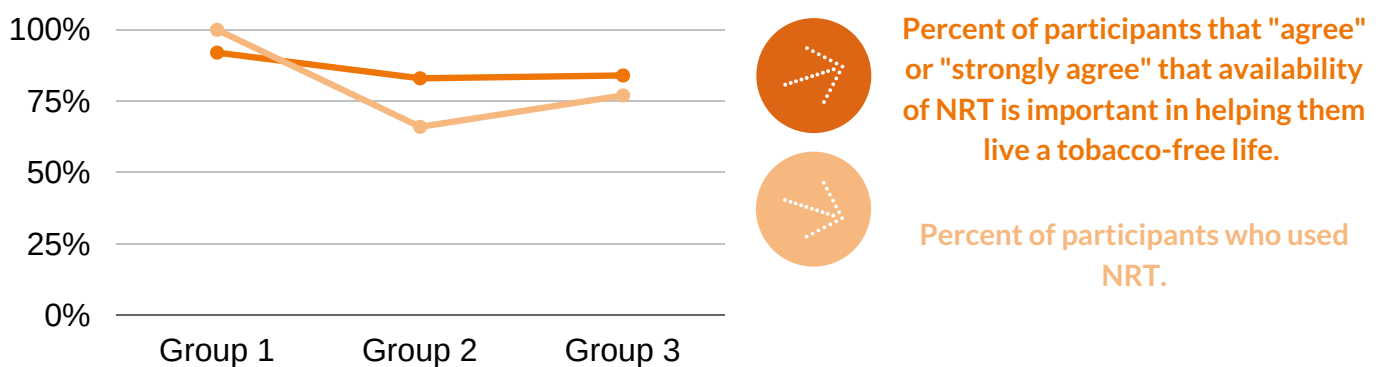
Participants' responses to five items across sessions one through six revealed positive movement along scales assessing readiness to live a tobacco-free life post-release. The figure below illustrates mean participant responses on each item at sessions one and six for the sub-sample of participants who completed all six sessions (N = 31).



PILOT COMPONENT: NICOTINE REPLACEMENT THERAPY

Nicotine Replacement Therapy (NRT) lozenges were available to all Extended Pilot participants. Eagle Point SCC staff managed distribution throughout the program, calculating a weekly dosage based on each participant's previous week tobacco consumption. The majority of participants utilized NRT during the classes. By session six of the tobacco-free group, participants reported "strongly agreeing" with the statement, "Having NRT available when I need it is important for helping me to live a tobacco-free life." On a scale of 0 to 10, participants' average response to this item was 8.9.

Participant Usage and Perceived Value of NRT



Eagle Point SCC staff and peer facilitators, as well as Extended Pilot participants, felt that the availability of NRT is critical to cessation success. All four of the individuals who completed post-release follow-up surveys used NRT and stated it was "very important" to their quit attempt. Two of the respondents specifically mentioned NRT/lozenges as the single most important thing that helped them quit, and two continued to use NRT after the class ended.

Access to NRT is a concern to program sustainability, should ADC not be able or willing to allocate lozenges to future cessation classes. However, among DIMENSIONS facilitator training participants from other ADC facilities who replied to a follow-up survey, most stated that NRT is important but the cessation class could still be successful without it.

EVALUATION LIMITATIONS

The transient nature of this population after release from the SCC continues to impede the ability to gauge any significant long term impact of the program on tobacco cessation. Several attempts made via email to reach participants six to eight weeks after release yielded an 11% response rate.

RECOMMENDATIONS

Continue to utilize peer facilitation model.

A peer facilitation model is cost-effective and sustainable. It eases logistical challenges associated with scheduling ongoing classes. This model also offers peer facilitators a unique leadership opportunity, building valuable and transferable skills upon release. Consider partnering with ADC to offer facilitator training every 2-3 years to develop a pipeline of peer facilitators and trainers that can step in as others are released.

Continue to use the DIMENSIONS curriculum.

The DIMENSIONS curriculum offers several key benefits. It was designed with the justice-involved population in mind; it is flexible and easily adaptable to unique settings; it is affordable, with free downloadable materials. The ability to adjust session frequency and use an open format will be particularly critical for SCC's with smaller populations. The few curriculum drawbacks noted by peer facilitators can easily be overcome by adapting activities and/or setting a group "quit date" to meet their group's needs.

Transition Cessation Programming Coordination to ADC.

DIMENSIONS classes could easily be sustained by Eagle Point SCC and other ADC sites who have completed training. Program materials are free to download for those trained. We recommend presenting an overview of the program and outcomes to ADC leadership to encourage a coordinated approach across sites, and designating an ADHS point of contact for ongoing TA as needed. ADHS could also support justice-involved cessation by sponsoring biennial DIMENSIONS training for ADC staff and other community partners.

Advocate for the Importance of NRT.

SCC staff, Peer Facilitators and participants all stressed the importance of NRT. Ideally NRT would be viewed as a standard of care and built into ADC's annual budget for program sustainability. It likely is not a large budget item as compared to other medications, and addressing all substance abuse needs (including nicotine addiction) can help to reduce recidivism. Providing information about the importance of NRT, examples of contracting partnerships to lessen costs, or brainstorming other creative solutions may help ADC take steps towards fully adopting tobacco cessation including NRT. If allocation of NRT by ADC is not possible, it would be worthwhile to attempt program implementation - and evaluation - of DIMENSIONS classes without NRT to compare results.

Explore Ways to Enhance Continuity of Care.

Build partnerships with community-based organizations that could support cessation of these participants post-release, as well as other high-risk individuals. AHCCCS and ASHLine are also key partners in these efforts. Provide an opportunity for these partners to be trained in the DIMENSIONS curriculum to enhance continuity of care and improve long-term cessation success of this population.

Partner with ADC to Provide Ongoing Evaluation.

If ADC elects to continue cessation programming, participant surveys could be submitted to an ADHS point of contact (or shared via BHWP) for inclusion in a cumulative Justice-Involved Cessation dashboard. This ongoing program evaluation would take a minimal amount of time and would contribute to the knowledge base of how to best reach this high-risk population with cessation programming.