

Burning Issues

Tobacco's Hottest Topics

Tobacco-Related Disease Research Program Newsletter

Volume 7, Number 2 April 2005



CAN YOU SAY COLD TURKEY? ***California Prisons Set to Go Smoke-Free***

by Phillip Gardiner, Dr.P.H.

With one bold stroke of the pen, Governor Arnold Schwarzenegger signed Assembly Bill 384 (AB 384) that will ban the possession, sale, and use of all tobacco products, including smoking tobacco, snuff, and chewing tobacco for inmates, employees, and visitors at all of California's 32 prisons starting July 1, 2005.¹ This legislation, backed by the California Correctional Supervisors Organization and sponsored by Tim Leslie (R-Tahoe City), achieved broad bi-partisan support in both houses of the California state legislature. Ironically, Governor Schwarzenegger, who erected his own private smoking tent on State Capital grounds, has taken a major step toward making all of California truly smoke-free. On July 1 of this year, when AB 384 is enacted, California will become the eighth state in the country to prohibit the use, sale, and possession of tobacco products for inmates and prison employees. A multitude of thorny issues attend this forced detoxification and although there will be undoubtedly bumps along the road, prospects for a healthier California inmate population and, therefore, a healthier California are bright.

Tobacco use and its cost in California prisons

With over 160,000 men and women incarcerated in 32 local, county, and state prisons, California has by far the largest prisoner population in the United States.² It is estimated that a whopping 50% of those persons imprisoned—some 80,000—are tobacco users and an increasing financial burden on the state.³ A study last year by the California Department of Health Services reported that tobacco use costs the state an average of \$3,500 per smoker each year in health care costs; hence the measure is expected to drastically reduce the state's inmate health care expenses, estimated at

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roughly \$280 million annually.⁴ According to Assemblyman Leslie, health care costs in prisons have increased dramatically from \$566 million in 2000 to \$975 million for fiscal year 2004, and the majority of this increase is due to tobacco-related diseases.³

The California Department of Corrections reported that in 2003 approximately \$5.4 million was recorded in tobacco-related sales in prisons, which generated about \$1 million in tobacco taxes and about \$370,000 in sales tax.⁵ The Department of Corrections expects that these revenue losses will be offset by the purchase of food and other canteen items available to inmates. It is interesting to note that the loss of tobacco-tax proceeds will lead to about a \$100,000 reduction to the General Fund, a \$500,000 reduction to the California Children and Families First Trust Fund (Prop. 10), a \$250,000 reduction to the Cigarette and Tobacco Products Surcharge Fund (Prop. 99), and a minor reduction to the Breast Cancer Fund.⁵

Smoking is already outlawed in 13 of the 32 California penitentiaries, and the California Youth Authority banned smoking in the late 1980s.¹ California corrections officials point out that reception areas (where

prisoners are housed prior to placement in general prison populations) and virtually all county and local jails have been tobacco-free for some time. Furthermore, prisoners can spend over a year in a local jail and a reception area before being sent to state prison. Thus prisoners are already in smoke-free environments for quite some time before being transferred to a state prison, where smoking is allowed. Moreover, six state institutions—Pelican Bay State Prison, California State Prison Sacramento, Wasco State Prison, the California Men’s Colony in San Luis Obispo, the California Medical Facility in Vacaville, and Deuel Vocational Institution have all gone tobacco-free in recent years. Officials at these institutions report that no residual behavioral problems have resulted.⁵

It should be noted that AB 384 provides for traditional and ceremonial tobacco use on the part of native populations.⁶

No patches, no gum

While Tim Leslie is calling the imminent smoking ban a “win, win, win for California,” other lawmakers, such as Assemblyman Lloyd Levine (D-Van Nuys), who voted for the bill, said that they wished Leslie would amend it in the Senate to offer inmates nicotine patches or some other help quitting.⁷ Levine stated that “I’ve seen a number of people in my family and others who have smoked and tried to kick the habit, and it’s incredibly difficult to do, and it can lead to a lot of negative side effects” Assemblywoman Jackie Goldberg (D-Los Angeles), member of the Assembly Committee on Public Safety, which sponsored the bill, was the committee’s lone dissenting vote. She was dismayed that the bill provided no means to help inmates kick the habit. “I think we should not require them to do this cold turkey. It’s a serious addiction for some,” she said. “I’m concerned about their health and their ability to withdraw from nicotine.”⁷ Still the bill passed with overwhelming bi-partisan support, 64 to 4, with 12 lawmakers not voting. Along with Goldberg, only Patty Berg (D-Eureka), Joe Canciamilla (D-Pittsburg), and Mark Leno (D-San Francisco) voted against the legislation because of its potential negative impact on inmates.⁷

An experimental smoking ban that occurred at San Quentin State Prison in 2003 served as the basis for the current legislation. Speaking about this pilot program,

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Vernell Crittendon, a public information officer for San Quentin State Prison, explained that inmates were prepped for the prohibition and given a 30-day notice for the ban and had access to on-site support groups.³ Steve Hansen, MD., long-time tobacco control advocate, felt the San Quentin experiment was an overwhelming success and that it was only ended because under the current law, designated smoking areas were not identified.⁸ This will not be a problem with AB 384 because no smoking will be allowed anywhere on prison grounds.

The San Quentin experiment also differed from the current legislation in that medical aids such as nicotine patches were made available at the prison canteen so that inmates could buy them “just as they purchase their Irish Spring soap, their stamped envelopes, and Coke.”³ This assessment may be idyllic and self-serving because it is one thing to make patches available and another to make them affordable. The cold reality is that a box of patches (a two-week supply) sold in prison stores cost about \$38 dollars, approximately the monthly earnings of an inmate.

The Department of Corrections considered offering nicotine replacement therapy (NRT) for smoking cessation assistance to inmates; however, for a number of reasons it was determined that NRT would not be made available. The department’s rationale is that NRT contains nicotine, “an addictive and potentially dangerous drug.”⁵ Additionally, prisoners could have negative reactions to NRT products (itching and burning skin, blurred vision, etc.), thus increasing medical demands on prison facilities. Given the potential for personal misuse of NRT, these materials would have to be dispensed in the same manner as medications, resulting in increased staffing. Moreover, all gum is prohibited in prisons because it can be used to tamper with locks.

The proposed legislation does have some minor loopholes that would allow prison guards and other Department of Corrections personnel to use tobacco products in California state prisons under restricted conditions. As California state employees, guards would have to abide by not smoking in State of California buildings. On the other hand, guards would be allowed to smoke in their own homes if they are

housed in prison properties.⁶ However, as Dr. Hansen points out, on-site housing is the exception, not the rule; few guards find themselves in this situation, most live offsite.⁸ A smoke-free incarcerated population mixing with an often despised and punitive work force who is allowed to smoke would be a recipe for disaster; the current legislation seems to avoid this predicament.

Tobacco control in prisons: California plays catch-up

Speculation is rampant about the impact of California’s impending prison smoking ban. Increased fighting, irritable inmates, and a growing black market for tobacco—the new prison contraband—are only some of the stories being bandied about as the smoking ban nears. What is interesting is that tobacco control in prisons is increasingly becoming the national norm and although many of these maladies are to be expected, the national experience with prisons going smoke-free has been on the whole positive.

In July 2004, the Federal Bureau of Prisons outlawed the smoking of tobacco products in 105 federal penitentiaries, across all 50 states, affecting approximately 180,000 inmates.⁹ Indeed, 38 of the 50 state correctional departments have bans or partial tobacco bans in place, according to the American Correctional Association.⁹ Seven states, Colorado, Delaware, Idaho, Indiana, Maine, Minnesota, and Nebraska already have total bans in place where use and possession are outlawed and smoking is prohibited on prison property.⁵ Still, states vary in their degree of tobacco control

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while they use a multiplicity of strategies to implement tobacco restrictions. In Delaware, snuff and chew are allowed, while a smoking ban is in place.⁹ In Florida and Maryland, designated smoking areas have been established where inmates are allowed to smoke.^{5,9} In Texas, Michigan, and South Carolina, smoking is banned indoors; however, in these state systems inmates and guards can smoke in any area outside.⁵ Missouri and other states still allow inmates to smoke in their cells, although smokers are housed with other smokers.⁵ The state of Washington employed a staggered approach to tobacco control: Initially only three facilities went smoke-free; by November of 2004, all 15 state correctional penitentiaries were smoke-free.¹⁰ Most recently, in February 2005, Oklahoma went smoke-free for inmates and guards alike. Not only does the ban eliminate all smoking and smokeless

tobacco, it also includes all other “tobacco-like” products, such as lighters, matches, and cigarette papers.¹¹ Many of these state policies were encouraged by the National Commission on Correctional Health Care, which called for jails and prisons to go smoke-free. This body is represented by 36 national health organizations including the American Medical Association, American Nurses Association, the National Medical Association, and the American Dental Association.¹² Their stated mission is to improve the quality of health care in jails, prisons, and juvenile confinement facilities. Their reports, *Standards for Health Services in Jails* (2003), *Standards for Health Services in Prisons* (2003), and *Standards for Health Services in Juvenile Detention and Confinement Facilities* (2004), all call for banning the use and possession of tobacco products.¹² Readers can access their website at www.ncchc.org.

The fears expressed by some people that tobacco will become a new contraband menace when California’s prisons go smoke-free does have foundation. In Colorado, where the state’s nearly 20,000 prisoners were barred from smoking in 1999—prison employees were barred a year later—the price of a smuggled cigarette is now \$10, says Alison Morgan, spokeswoman for the Colorado Department of Corrections.⁹ It is estimated that in the Colorado system, “an \$11 can of Bugler loose tobacco can generate \$5,000 in hand-rolled cigarettes.”¹³ Similarly, prisoners in Tennessee report that the per-cigarette cost for roll-your-own tobacco is \$3 and a regular pack of cigarettes goes for \$50.⁹ Moreover, prisoners often break regular cigarettes into as many as three hand rolled cigarettes, thus increasing an inmate’s return on his or her investment.

Apart from doom-and-gloom predictions and “win, win, win” appraisals, Reginald Wilkinson, director of the Ohio Department of Rehabilitation and Correction, which oversees 32 prisons and nearly 44,000 prisoners, probably best captures the predicament that California will find itself in shortly. Wilkinson points out that, “black-market tobacco doesn’t replace the demand for marijuana and other drugs; it only adds to the list of contraband.”¹¹

Tobacco industry never far from the action

As to be expected, the tobacco industry has lent its voice to the banning of tobacco products in prisons. And unlike the new “kinder and gentler” posturing

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WORKSHOP FOR ADVOCATES: PUTTING THE TOBACCO INDUSTRY’S WORDS TO WORK FOR YOU

TOBACCO CONTROL AND CORPORATE ACCOUNTABILITY EVENT: SAVE THE DATE!

The University of California, San Francisco Center for Tobacco Control Research and Education (CTCRE), an inter-disciplinary research community, announces a one-day workshop on using tobacco industry documents for advocacy. This workshop will cover: introduction to tobacco industry databases; hands-on practice searching and extracting key industry documents under the supervision of expert documents researchers; examples of ways in which the documents can be of use for public health work in your community; and opportunities to network and brainstorm with top documents researchers and other advocates.

Date: Saturday, June 4, 2005

Time: 10:15am to 5pm

Place: University of California, San Francisco
Kalmanovitz Library
530 Parnassus Avenue
San Francisco, California

Cost: \$25 registration fee to reserve your place, refundable upon completion of workshop. Deadline is May 10th, registration is on first come, first served basis and space is limited to 40 participants. Lunch and resource materials will be provided. For information about registering for the workshop, please contact: Jessica Knox, jknox@itsa.ucsf.edu or 415-476-0140.



Filtered Tips

MF Bowen, Ph.D.

Filtered Tips is a new feature in Burning Issues. This section will present thumbnail sketches on a variety of research and other tobacco-related topics. Direct Web links to these articles are in the electronic version of this newsletter found at www.trdrp.org.

Quit smoking or be fired!

More and more U.S. companies are eyeing the bottom line when it comes to covering the health insurance costs of their employees. Recognizing that smoking is the number one preventable risk factor affecting their employees' health, a Michigan company has decided to stem their rising health care costs by offering smoking cessation classes and support groups to its smoking employees. The price for failing the class? Their jobs. WEYCO Inc.'s policy:

www.weyco.com/web/forms/serveForm?f=000029&t=doc

Teens wrong about "light" cigarettes

Over half of American teens smoke light cigarettes. TRDRP-funded researchers Bonnie Halpern-Felsher and Rhonda Kropp of UC San Francisco found that teens harbor serious misperceptions regarding the health risks and addictive potential of these products. These findings are particularly disturbing because studies suggest that teens are more likely to smoke if they think that they are less vulnerable to smoking-related health risks. <http://pediatrics.aappublications.org/cgi/content/abstract/114/4/e445>

Women smokers live shorter lives

Smoking was once thought to be an equal opportunity destroyer. In women, as in men, lung cancer deaths rose as more and more took up the smoking habit. But a recent study suggests that women may be paying a higher price. Smoking cuts women's life expectancy by 11 years, compared with three years for men.

<http://www.cbs.nl/en/publications/articles/webmagazine/2005/1638k.htm>

Dirty money for pure research?

Although the Regents of the University of California voted not to invest in the tobacco industry, the university has no rules barring its scientists from accepting research funds from the tobacco industry. The university's position is that academic freedom grants faculty the right to obtain funding from any source as long as it agrees to abide by university policy. Notwithstanding this position, the faculty of six UC schools and centers voted not to accept research funding from tobacco companies. The San Francisco Chronicle reported that UC faculty opposed to the tobacco dollars say the university has no business accepting research grants from an industry that has for decades distorted and manipulated research to deceive the public about the dangers of smoking and secondhand smoke. (San Francisco Chronicle, December 27, 2004; URL below). This debate is continuing: The UC Academic Senate is considering a proposal that would prohibit schools and centers from adopting policies eschewing tobacco industry funding. Stay tuned for updates in future Burning Issues. <http://www.sfgate.com/cgi-bin/article.cgi?file=/chronicle/archive/2004/12/27/BAG3LAHDMIA1.DTL>

Help for smoke-induced lung disease?

Inflammation brought about by smoking is the initial lung response to injury that leads to chronic obstructive pulmonary disease or COPD. Researchers Kent Pinkerton and Bruce Hammock of UC Davis have identified a compound that interferes with the process of smoke-induced inflammation in an animal model. This, or a similar compound, may help alleviate inflammation, and thus lung disease, in humans. http://www.news.ucdavis.edu/search/news_detail.lasso?id=7266

Targeting immigrants for disease and death

The tobacco industry has taken aim at Asian and Latino immigrants. No less than three distinct marketing strategies have been directed at immigrant communities in the United States. http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15569972 □

Charyn Diane Sutton

April 6, 1947 - December 30, 2004

It has now been a full three months since the most untimely death of Charyn Sutton, and many in the tobacco control and research community are still reeling. Charyn represented the best our movement had to offer. As arguably the outstanding spokesperson against tobacco industry attacks on the African-American community, Charyn was known and loved by many throughout the United States and around the world. Charyn had that unique ability to straddle the research and tobacco control arenas and make huge contributions in both. It

would be no exaggeration to say that Charyn was the driving force in the overall drop in African-American smoking rates in the 1990s and the first part of this new century. To paraphrase Dr. Robert Robinson, Charyn's work on Pathways to Freedom, the development of the National African American Tobacco networks, her leadership in campaigns against Uptown, X, and menthol cigarettes in general has earned Charyn a singular spot in the history of African-American tobacco control.



We here at the TRDRP are proud to have worked and been associated with Charyn. She was a guiding light and member of the steering committee for the 1st Conference on Menthol Cigarettes: Setting the Research Agenda, a conference that TRDRP helped to lead. Charyn had also been a peer reviewer for the TRDRP, serving on the Policy Study Section. Just this past fall, Charyn was actively working with TRDRP applicants on a new and growing demographic of tobacco users: secret smokers, those users who aren't publicly and openly smokers.

We are honored to know that our mission to mitigate the impact of tobacco-related diseases on California's burgeoning multiracial and multiethnic population was part of Charyn's anti-tobacco agenda. We want to lend our voice of support for the calls to bestow on Charyn the highest achievement awards from both the National Conference for Tobacco OR Health and the American Public Health Association.

Below, we reprint with the greatest sadness but with renewed determination to fight the scourge of tobacco-related diseases, the obituary written by Reverend Jesse Brown on the passing of his friend, colleague, and business partner, Charyn Diane Sutton.

Phil Gardiner

Warrior Writer Entrepreneur

Reverend Jesse Brown, reprinted with permission of the author.

Family, friends, and the Public Health and Activist Communities mourn the death of Charyn D. Sutton who succumbed to cancer on Thursday, December 30, 2004. Charyn had been a communications consultant since 1984. Her areas of concentration include health care, disease control and prevention, youth services, criminal justice, community-based economic development and consumer services, with a focus on reaching racially and economically diverse audiences and constituencies. Under her direction, Onyx staff and consultants have worked extensively in the area of tobacco prevention and control facilitating focus groups, providing technical assistance in the development of local coalitions, organizing conferences, providing skills training, writing and editing manuals, and developing mass media campaigns.

Charyn served as the media coordinator for the successful community-based effort in 1990 that prevented the introduction of "Uptown," a cigarette brand designed specifically for African Americans. She was a founding member of the Uptown Coalition for Tobacco Control and Public Health and of the National Association of African Americans for Positive Imagery (NAAAPI). She coordinated the Quit Today! Media Project that focused on smoking cessation for African Americans using radio, and was one of the authors of Pathways to Freedom: Winning the Fight against Tobacco, an African American quit smoking and community mobilization guide. She was a contributing author to the 1998 Surgeon General's Report that looked at smoking and racial/ethnic minorities. Charyn was also the architect and primary author of Breathe Free, a booklet designed to help families and communities deal with the issue of secondhand tobacco smoke especially in African-American households.

Charyn previously served as Director of marketing communications for the National Office of Big Brothers/Big Sisters of America and developed Pass It On, a nationally-recognized program of outreach to volunteers in communities of color. She won awards for her media work in AIDS prevention and elder abuse prevention. She was Director of Public and Community Information for the Office of Employment and Training, City of Philadelphia; Mid-Atlantic Regional Public Information Coordinator for the 1980 Census, U.S. Department of Commerce; Press Secretary for the Attorney General of Pennsylvania; Communications Director for Planned Parenthood of Southeastern Pennsylvania; and Communications Director for Opportunities Industrialization Centers (OICs) of America.

Charyn had been a reporter and feature writer for several major newspapers, including the Philadelphia Bulletin, Philadelphia Inquirer, Wilmington (Del.) News-Journal, and the Detroit Free Press. Her news and feature articles led to state funding for a sickle cell anemia program at Children's Hospital of Philadelphia, special outreach programs for Latino migrant workers in Delaware, and the establishment of a national adoption program based in Philadelphia for special needs children. She was the former editor of the State of Black Philadelphia, published by the Urban League of Philadelphia, and edited Griot: The Praise Singer, a multicultural magazine for elementary and secondary school students.

Charyn was a magna cum laude graduate of Lincoln University in Pennsylvania and attended the Temple University Graduate School of Communications and Theater, with a major in journalism. Her passion, intellectual prowess, and friendship will be greatly missed.

Charyn is survived by her son Kamal Hoagland, grandson Christopher Hoagland, her mother Martha Sutton, and brother and sister-in-law Charles and Kathy Sutton.

Director's Message

by Charles DiSogra, Dr.P.H., M.P.H.

Funding for Cycle 14 Awards

I am anticipating a very exciting year for TRDRP in 2005. First off, we have had a successful response to our 2005 Call for Applications (Cycle 14). There were 196 applications submitted by the January 20 deadline, ten more than were submitted in 2004. Approximately \$15 million should be available for grants this year, roughly the same amount that was awarded in 2004 when we were able to fund 26% of the applications. The discouraging news is that \$5.2 million in the Cigarette and Tobacco Products Surtax Fund's research account is proposed to fund the California Cancer Registry (CCR). This is almost half of the state's support for the CCR and a 3.7% increase over last year's funding of the CCR from the research account. Additionally, there was no corresponding increase in the proposed portion allocated to TRDRP for research. Funding for the CCR continues to divert about 27% of the research account's dollars forcing TRDRP to forgo awards to many excellent proposals. Although the state budget will not be finalized until June, each year TRDRP moves forward based on the proposed amount since grant funding decisions are announced in July.

A sponsor of East-West Conference

TRDRP is one of several funders this year to sponsor the 2nd East-West Conference on Tobacco and Alcohol: Culture, Environment, and Genes (April 4–5) hosted by the USC Pacific Rim Transdisciplinary Tobacco and Alcohol Research Center (<http://ipr1.hsc.usc.edu/2005conf>). In addition to the American scientists and public health professionals in attendance, a significant number of national and local public health leaders from Europe, Pacific Rim countries, and especially from China are also key participants in this event. Trends and emerging issues will be discussed along with recent scientific findings in prevention and treatment.

Diversity Supplement Award Applications Due April 22

One of TRDRP's most promising programs is a supplement award made to funded projects to train young scientists from underserved and under-represented communities. Each year we seek applications from our funded principal investigators to mentor qualified trainees with a Cornelius Hopper Diversity Award Supplement (CHDAS). Last year six of these \$15,000-per-year awards were made. Applications for this year are available on the TRDRP Web site and are due on April 22. For more information about the CHDAS, see the CHDAS article in the December 2004 edition of *Burning Issues* and the TRDRP web site: www.trdrp.org

TRDRP Conference in October

The highlight of this year comes this fall with a two-day TRDRP Conference to be held in Los Angeles on October 10–11. Celebrating the fifteenth anniversary of TRDRP, the theme will be 15 Years of Progress in the Fight Against Tobacco. Early last year, the TRDRP Scientific Advisory Committee recommended that the annual investigators meeting be changed to a bi-annual conference starting in 2005. This is not only a cost-saving decision but it now allows for more time to plan and prepare for what has become one of the premier scientific conferences on tobacco-related disease research. Please hold these dates and plan to attend. Registration is free and will open in April. For more information visit www.trdrp.org/trdrpcon2005.asp.

Transitions

A name and a voice familiar to many of our principle investigators and their contract officers, Shana Amenaghawon, has left TRDRP. Shana accepted a new position at UCSF. We thank her for her diligent work as one of our all-important grant analysts and wish her well. On the other hand, we welcome a new administrative assistant, Sandra Alexander. Sandra recently joined TRDRP and brings many excellent skills to our administrative and Web-related activities. □

Readers should visit our Web site for program updates and breaking tobacco news.

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of Philip Morris, Brad Rodu, DDS, a professor in the Department of Pathology, senior scientist in the Comprehensive Cancer Center at the University of Alabama at Birmingham, and notably a recipient of tobacco industry funding, has come right out against outlawing tobacco products in prisons.¹³ A dentist by training, Dr. Rodu has a five-year \$1.25 million research grant from the United States Smokeless Tobacco Company (USST).¹⁴

Asserting that California's proposed ban will drive tobacco sales underground and cost the state \$131 million dollars in revenue, Dr. Rodu proposes that because nicotine is "absolutely legal and almost absolutely safe," it is smoking that should be outlawed, not smokeless tobacco. "Smokers who switch permanently to other safer forms of nicotine, including smokeless tobacco products, live longer and healthier lives and don't pollute the air around them."¹³ This seductive argument, of course conveniently leaves out the fact that use of smokeless tobacco is one of the leading causes of oral, gum, mouth, tongue, and throat cancer.¹⁵

Dr. Rodu, who has spoken at professional tobacco research settings, says that patches are problematic nicotine medications because they "provide only one-third to one-half the peak nicotine levels to tobacco products, which is unsatisfying for many smokers."¹³ Of course Dr. Rodu neglects to tell his audience that *NRT is for people trying to quit*, not for those trying to maintain their habit.

On one point I would have to agree with Dr. Rodu: smokeless tobacco use is safer than smoking, albeit still deadly—just less so. On the other hand, I am not convinced that the tobacco control movement should demand smokeless tobacco for California inmates to ensure the fiscal health of the USST and other tobacco companies. A statement like [instituting smokeless tobacco sales will] "restore the prison tobacco market to its rightful balance, in which revenue from tobacco sales is removed from the black market and returned to the correctional facility"¹³ is an outright call for profits to be returned to the tobacco industry; this industry doesn't care about inmates, it only cares about its bottom line!

The Stanford Cardiac Rehabilitation Program
and
The Department of Psychiatry
Present

STRIVING FOR EXCELLENCE: *Improving Tobacco Use Cessation Rates*

APRIL 29 - APRIL 30, 2005

A training course for health care
professionals and administrators

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A natural experiment unfolds

California is about to enter into a bold, statewide experiment in which 80,000 smokers will be asked to quit smoking, all on the same day! This process as presently conceived is by nature a blunt instrument. All smokers and tobacco users, regardless of readiness to quit or their desire to quit, the length of their addiction, or the number of cigarettes they smoke per day, will commence with the mandated smoking cessation program on July 1, 2005. This unprecedented natural experiment immediately raises numerous issues.

Those inmates who have access to more monetary resources than others will be able to not only buy cigarettes on the black market, but also NRT. The rise of the tobacco black market will need to be monitored. While we are making the prison population healthier, we are at the same time adding to the goods that are trafficked in the prison black market. Will NRT still be available at prison canteens or will these products become part of the black market?

Because California's prison population is disproportionately represented by poor African Americans and Latinos, the ability of this population to take advantage of NRT is questionable at best. Moreover, because some studies have shown that African Americans have a harder time quitting than other racial and ethnic groups,¹⁵ it is possible that the state's method of forced cessation may be physiologically more demanding for some smokers.

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Probably most significant is the fact that many, if not most, of those tobacco users forced to quit will find themselves back on the streets in the next few years and facing the distinct possibility of relapse. Research will be desperately needed to determine the actual number of smoking prisoners who quit while inside but relapse once on the outside. This tendency toward relapse is of course amplified by the occasional and furtive use of tobacco products while inside. Hopefully, tobacco cessation programs will develop tailored interventions to attract and retain parolees; interventions must speak to the unique experience of the California ex-prisoner who is an ex-smoker.

While the Department of Corrections has many reasons for not providing NRT for inmates, it would be interesting to find out how many prisoners who undergo this forced detoxification would have preferred some pharmaceutical assistance. Although meditation, counseling, acupuncture, and pharmaceuticals all have shown limited efficacy in smoking cessation, still their availability might be contemplated as an adjunct to one of the largest cold-turkey experiments to date.

Research is required on the myriad of topics facing the mass detoxification of California's prison system, including those I've mentioned here. However, it will be initially important just to describe what takes place, how many and what smokers are involved, what role the guards play, and how the tobacco industry is involved. TRDRP looks forward to grant applications that seek to investigate and learn from this understudied and underserved population. □

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**TRDRP CONFERENCE
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*15 Years of Progress in
the Fight Against Tobacco*

*October 10 - 11
Westin Bonaventure Hotel
Los Angeles, CA*

Who Should Attend:

Researchers, tobacco control and public health professionals, anyone interested in:

- The latest scientific discoveries
- New directions in research
- Exchanging ideas

Conference highlights include:

- Two full days of conference activities and proceedings
- Scientific sessions offering over 60 presentations from scientists working in the biomedical, social/behavioral, nicotine addiction, policy, and economic sciences
- Over 100 poster presentations from research funded by TRDRP
- Special sessions designed to translate research findings for tobacco control applications
- An amazing dinner program with celebrity speakers
- Exhibits by nonprofit organizations offering tobacco-related educational information and other resources

Web registration and abstract submission available April 2005.



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