Commentary

Smoking Bans and Restrictions in U.S. Prisons and Jails

Consequences for Incarcerated Women

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A discussion focusing on the unintended consequences of tobacco-control policies on low SES women and girls would be incomplete if it did not address the impact of prison tobacco policies on incarcerated women. In the U.S., incarcerated women are doubly disadvantaged—disadvantaged by the circumstances associated *with* incarceration and by the circumstances *of* incarceration. Overwhelmingly, incarcerated women are young and impoverished, as well as members of racial and ethnic minorities. They come from communities damaged by high rates of incarceration and the breakdown of social networks. They have less education, fewer employment opportunities, and less access to health care and other services in their communities. Their health status is poor, with high rates of chronic and communicable diseases, including HIV/AIDS. Most have children and many are pregnant at the time of arrest or incarceration. They have higher rates of mental illness, substance abuse and dependence, and greater lifetime exposure to trauma, including physical and sexual abuse. Once incarcerated, they suffer the loneliness, stress, trauma, and degradation of prison life. Because they make up a small proportion of the prison population, they have less access to treatment and services during incarceration than their male counterparts.

Smoking prevalence among incarcerated women ranges from 42% to 91%, two to four times higher than among women in the general population.[1–3] Despite their relatively young ages, a large proportion of incarcerated female smokers already suffer from smoking-related illnesses.[3] The culture of smoking is different in prisons and jails than in "the free world." Smoking is entrenched in the culture of prisons and jails; in those environments, smoking is normative and cigarettes function as currency and provide a means to barter for scarce commodities or services.[3,4] Despite the presence of smoking bans or restrictions, health risks from smoking actually increase during incarceration. Some individuals quit or reduce smoking; however, far more start smoking for the first time or increase smoking during incarceration.[5,6] Incarcerated smokers report a greater need to smoke to cope with the boredom, deprivation, and stress of incarceration.[6] Because of the expense of purchasing tobacco products from prison commissaries or on the black market, many smokers switch to unfiltered hand-rolled cigarettes, which are higher in tar and nicotine.[5,6]

Exposure to environmental tobacco smoke (ETS) is a particular health risk in prisons and jails because of the high prevalence of smoking among incarcerated individuals, overcrowding, and poor ventilation, as well as the inadequate enforcement of smoking restrictions.[7–9] Over the past 2 decades, due to concerns about ETS, threats of litigation, the need to reduce prison healthcare expenditures, and the desire to limit prisoner amenities, correctional facilities in the U.S. have implemented tobacco-control policies ranging from restrictions on indoor smoking to complete tobacco bans.[8] In 1986, 5% of U.S. prisons provided smoke-free living areas; by 2007, 96% of prisons provided smoke-free living areas, 27% had indoor tobacco bans, and 60% banned tobacco completely.[10] A positive consequence of indoor smoking restrictions has been reduced levels of ETS[7] and respirable suspended particulates,[9] although in many areas of prisons, ETS remains at levels that present a health risk to nonsmokers.[7]

There is very little information about the impact of tobacco-control policies in women's prisons; most data come from men's prisons, indicating a need for research into the impact of smoking restrictions on incarcerated women. The evidence is overwhelming that in the presence of tobacco bans and restrictions, incarcerated men continue smoking[8,11–13]—albeit at lower levels[4]—and those who continue smoking are the most nicotine-dependent and have the highest levels of psychiatric distress.[11,12] Because smoking continues and legitimate access to tobacco is curtailed, a contraband economy develops to meet the demand. This contraband economy subverts the order and security of the prison environment as staff members and criminal gangs realize the financial benefits of smuggling a commonly used legal product—tobacco—rather than illegal products such as marijuana or hard drugs. Increases in disciplinary infractions, smuggling, and conflict result in increased costs to maintain security and order[4,8,13] at a time when strain on prison budgets is reducing the availability of programs and treatment

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in correctional systems. At a personal level, disciplinary infractions from violations of tobacco policies result in the loss of "good time," loss of parole eligibility, and loss of access to rehabilitation programs and work opportunities.[4,13]

From a public health perspective, temporary cessation or reduction in smoking because of punitive consequences is different from sustained quitting. Although many authors have recommended that prison smoking restrictions be accompanied by access to smoking-cessation programs and materials,[6,14] tobacco bans are often accompanied by a reduction in the availability of smoking-cessation programs and materials. In 2007, only 35% of U.S. correctional facilities with total tobacco bans provided access to smoking-cessation programs and materials.[10] The National Commission on Correctional Healthcare in its 2002 report on the health status of soon-to-be-released inmates recommended that all incarcerated people have access to smoke-free environments *and* smoking-cessation materials and programs.[15] However, despite a compelling literature documenting the prevalence of smoking and the health, social, and economic impact of smoking among incarcerated individuals, there is little interest in or impetus for providing tobacco-cessation interventions in correctional settings—even in the face of evidence that incarcerated women want to quit smoking and are successful at quitting, given interventions tailored to the prison environment.[5]

This brings into focus one of the great ironies of tobacco bans and restrictions in prison settings: the gap between suppressing smoking temporarily and promoting long-term smoking cessation. Although data are sparse, it is clear that most individuals released from smoke-free correctional facilities relapse to smoking soon after release.[16] In addition to the health costs of smoking, the high cost of cigarettes competes with other needs of poor women[2] and may divert scarce financial resources at a time when women are struggling to reintegrate into the community after release.

Prisons and jails provide a window of opportunity for reducing smoking among disadvantaged women, with the potential for a lifelong positive impact on health and economic security. However, the move toward banning or restricting smoking has been accompanied by a diversion of resources away from smoking-cessation interventions and may create a less-secure environment where violations of smoking restrictions can actually result in loss of opportunities for early release or access to work and education programs.[4,13]

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