Category 2: an example of best practice regarding any of the following, or a combination of the following: *prevention, health education or health promotion services provided to prisoners.* For example, members of staff (not necessarily medically trained staff) working within the prison might provide the service, or it may involve peer education, i.e. using specially trained prisoners.

Name of country: Spain
Name of prison: Alcala

Title of your piece of work: PROGRAM OF TOBACCO CESSATION FOR INMATES AND WORKERS OF A PRISON

Brief description of the prison and prisoners

The prison of Alcalá de Guadaíra was created in 1991 in order to meet the increasing demand for places for female inmates in the autonomous region of Andalusia and to house the first in-site unit for mothers incarcerated with their childrenl.

It is well situated since it is located just 18 km from Seville and 5 km from Alcalá de Guadaíra, in a rural area, away from the city and surrounded by fields and trees.

The building was initially built to house a small military prison, which did not get to open as such, so its structure was adapted to this new objective. It has both a relatively solid and modern construction with a lot of light which makes it very attractive.

Its structure inside is distributed in modules, with residential areas located on the first floor and common spaces as well as training areas are on the ground floor.

It has a maximum capacity of 220 places, however, normally its real occupation is below these figures. At present, it houses an average of 160 female inmates of which 98 % have been convicted. 20 inmates (12.5 %) live in the Mother Unit with their children under 3 years of age. 15 inmates (9.3 %) enjoy a limited freedom regimen in the open section, in the mother unit or under control by means of telematics .

The average female inmate in this establishment corresponds to a woman of 30-38 years of age, from a marginal slum of Seville or Malaga, with a very low academic level (illeterate for any practical purposes or with basic studies).

A high percentage of inmates, 62 %, are multiple drug users; 7 % are infected with HIV; 22 % are infected with HCV; 34 % take some sort of psychoactive medication, and 14 % are in the methadone maintenance program (MMP).

Contact details of the person in the prison managing the application:

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ABSTRACT AND LEARNING POINTS

- We have been able demonstrate, in practice, that it is possible to implement and generalize successfully tobacco cessation programs in penitentiary establishments. This implies a great step forward in the amelioration of global health in inmates who suffer from a higher prevalence of tobacco addiction in comparison with general population and prison workers, with whom they share a reduced and closed space.
- We consider that due to its little difficulty, and an economical cost which is acceptable and efficient, the period of incarceration can be an appropriate moment to initiate and consolidate a serious attempt of tobacco cessation.
- We also consider that, in our experience, the prison workers involvement as active participants in the cessation programs has been a decisive and distinctive element of success for this intervention.

The success of this program in the women's prison of Alcalá de Guadaíra is an example that should be used so that the smoking habit could form an ordinary part in the treatment action plan for drug addiction and other addictions and so that it could be implemented in all prisons

Main learning points

Collaboration with local health programs specialized in tobacco cessation is essential for our staff to increase the necessary awareness and skills needed to gradually take over this task. This collaboration will remain relevant within continuous staff's training and logistic support: breakthroughs, material, etc.

This experience show that collaboration involving all the sectors when tackling health problems in under privileged population is feasible and efficient.

PURPOSE OF THE WORK

What is the aim or general objective of your initiative or piece of work?

Encourage a change of culture regarding the binomial prison and tobacco by means of a program of intervention which leads to a decrease in the high percentage of tobacco addiction within inmates, 70 to 80 %, and workers in the prison setting (1,2).

What are the main characteristics of the target group(s)?

- The program is aimed at all inmates of the centre who would like to quit smoking. Amongst these inmates wishing to enrol, those who by means of initial multidisciplinary interviews, have not showed appropriate motivation or those who, giving their prison situation, will not remain enough time in the centre in order to complete the program, will be excluded.
- It is also targeted at workers of the centre with similar characteristics. Those who express specific commitment to attend all group activities, even though it involves coming to the centre on days that do not correspond to their timetable, will be selected.
- The definitive group of intervention commits approximately 20 to 22 inmates and 3 to 4 workers.

Why is this work important?
Tobacco addiction is a problem of public health of the first magnitude that is extending to passive smokers, with special repercussions for the prison setting where space mobility is reduced.

This program aims at achieving the following specific objectives:
1. Contribute to reducing the health problems associated with tobacco smoking.
2. Encourage healthy habits that improve the general well being of inmates and professionals of the centre.
3. Facilitate, with one year ahead, the implementation of the anti-tobacco legislation (January 2006, which will prohibit smoking cigarettes in almost all common areas of the centre), in order to mentally prepare all inmates and workers to avoid rule-related conflicts, and/or distortions within common activities and training.
4. Contribute to making life together easier for inmates, and between inmates and workers, by ensuring that most of the areas that they are forced to share, are smoking free areas.
5. Contribute to reducing the financial impact that smoking has on the precarious economy of smoking inmates, and reducing the frequent economical dependence of some of them, those with more money, which make them more likely to suffer abusive situations and humiliations.
6. Contribute to a change of culture with respect to tobacco harmlessness and permissiveness towards smokers in prisons.
7. Contribute to raising awareness of the fact that tobacco is a drug.
8. Contribute to raising awareness of the negative effects of tobacco on an individual.
9. Contribute to boosting the determination, autonomy and self-esteem of the members of the group participating in the intervention.

Needs evaluation
In order to know the characteristics of the potential population targeted with this intervention, and to enable the set up of indicators for its subsequent evaluation, a survey was carried out before the commencement of the program. In addition, and as a reference, we were provided with another survey carried out in 2004, outside prison, on a statistically significant women population of between 15 and 55 years of age in the province of Seville regarding habits, attitudes and awareness of tobacco consumption (3). The survey conducted in the prison setting was carried out in July 2005 and included the totality of inmates of the centre (160 inmates, from which 117 questionnaires were answered, that is to say 73 %).
The main results (comparing data obtained in both surveys) were as follow:
- 81.5 % of the inmates surveyed in this prison said they were smokers, in comparison with 39.4 % of the women surveyed in the province of Seville (3). Thus, the percentage of smokers in prison is double the number of those in a free setting. The number of smokers in our centre is similar to that found in the Health Survey carried out in Penitentiary Institutions, reaching 73.1 % (4).
- Daily cigarette consumption in our prison corresponds to 20,3 compared with 13,7 outside prison (3).
- Mean estimate cost for tobacco according to inmate/day amounts to 2,38 €.
- 44 % of inmates said their cigarette consumption has increased with respect to what they were consuming before entering prison.

• After the first sensitization sessions, 86 % of inmates reported their wish to quit smoking and 65 % of them stated they had already tried to quit before. These data are similar to those found in national and international bibliography (2,5).
Regarding the 140 workers of the prison, we are provided with their company's medical examinations which are carried out voluntarily every year. In the check up dated October 2005, of the 60 workers who have undergone examination (42.8 % of the prison staff) 23 % said they were smokers.

IMPLEMENTATION OF THE INTERVENTION

First, in a previous phase, a narrow collaboration between the prison and the medical settings was carried out allowing a rigorous design of the intervention. Different meetings were held, aimed to define activities, distribute responsibilities, agree on training and follow up practical exercises for staff as well as establish the time frame:
A) Practical exercises for the medical staff of the prison in the Tobacco Addiction Unit of Valme (June 2005)
B) Phase of sensitization and general information, surveys regarding consumption, collection of enrolment forms and selection of the group to intervene. (Approximate duration, 2 months: July and August 2005).
C) Carrying out of the Fargerstron test on every person selected in order to evaluate the degree of nicotine dependence.
D) Intervention with multi-component therapy (6): (approximate duration, 4 months: from September 2005 to December 2005)
• Group therapy:
• 10 formative sessions (7) of two hours of duration, conducted by external technicians, whose frequency gradually becomes more spaced out, in between which, under the group's request, support sessions conducted by the centre's staff were inserted. During the group sessions participants take turns and comment on their evolution and analyse the triggers of consumption, if there was one, as well as which persons, situations or strategies help in maintaining cessation. Support sessions, of similar contents, have a supportive character towards cessation. When for time frame the external technicians cannot come or when special circumstances arise, being whether general events of the centre or specific problems from a member and the need for psychological and group support to prevent from relapse is detected.
• Measurement of expired air carbon monoxide by means of a coximetry in each session (not only formative but also support sessions) (8).
• Combined nicotine substitution therapy is given by means of transdermal 17,5 m/g, 35 m/g and 52,5 m/g patches, according to degree of dependence, plus 2 m/g tablets during two months, with gradually decreasing doses, to all participants who demand it (8). This decision must be taken weighing up: the level of consumption (score in Fargerstron test), the medical situation of the individual and the user's own request. (Cases in which substitution medication is contraindicated such as pregnancy, heart problems or others must be taken into consideration).
E) Creation of a motivational system of feedback, by the following means:
• Workers and inmates attend together personal support sessions, where breakthroughs are discussed, (or possible relapse), at an equal level, which facilitates the therapeutic role. The public measurement of carbon monoxide is also a determining factor for support in abstinence periods of time, principally during the first months, when physical dependence is more intense. (e.g.: "if my educator can do it,

then, there are no reasons for which I can't do it… I will show you". "it'll be just my luck that the majority of inmates would have more willpower than me!".)

- Setting up of a global strategy of support, in which the rest of the prison staff individually encourages every participants of the group, in places where they carry out their daily activities, (increasing presence in sports, formative or occupational activities); in addition to public mentions every time there is some relevant events, theatre, etc.

F) Initiate activities of investigation regarding the tobacco epidemic in the prison setting.

ECONOMICAL BENEFIT?

What did you set out to achieve, and how successful were you?

1. 15 % of women and workers who have initiated the smoking cessation program (4 months), have totally abandoned the habit at the end, (in the free setting, the percentage of smoking cessation by means of multi component therapy accounts for about 30 to 40% (7). Given the negative determining factor that incarceration is, it is necessary to reduce this objective in the prison setting).
2. 10 % of the individuals who have participated in the program persist in their abstinence a year after having initiated it.
3. 5 % of women and workers who remain in the program have reduced their daily cigarette consumption, although they have not achieved to definitely quit the habit.
4. 60 % of inmates and/or workers remain in the program until it is completed.
5. New applications for participation in the next annual edition accounted for 25 % of those who could not achieve to quit smoking in their first attempt. The motivational load gained for future attempts of cessation supports this datum.
6. Tobacco sales at the prison's cooperative store have decreased (it is the only access point that inmates have) from the first month of each program, as a consequence of the impact of its implementation.
7. Applications for participation in the second edition of the program have increase in comparison with those of the first edition.
8. Self-esteem amongst inmate population is stronger.

RESULTS: EVALUATION INDICATORS. YEAR 2005.

~ Nº of inmates and/or workers who have initiated the program (September 2005): 22 inmates and 2 workers.

~ Nº of inmates and /or workers who have completed it (December 2005): 19 inmates (86.4 %) and 2 workers (100 %).

~ Inmates and /or workers who have quit smoking by the end of program (December 2005): 9 inmates (40.9 %) and 2 workers (100 %).

~ Persistence in not smoking after a year (December 2006): 5 inmates (22.7 %) and 2 workers (100 %).

~ Mean cigarette consumption for individuals participating in the program and that have not definitely quit smoking: it has not been measured, although estimates account for 50 %.

~ Percentage of individuals who, after having completed the first edition of the program (year 2005) have not achieved quitting smoking cigarettes and remain in the centre, apply for the second annual edition (year 2006): 50 % (3 out of the 6 inmates who remain in the centre). Datum regarding workers has not been taken into consideration since failure rate is zero).

~ Tobacco sales at the prison's cooperative store have decreased (it is the only access point that inmates have) from the first month: 15,13%, between September and October 2005 (from 5.457,55 to 4631,70€), and 13,00% between October and November 2006 (from 6574,30 to 5719,55€).

~ The number of applications to participate in the second edition of the smoking cessation program (in phase of implementation at present) have increased: requests in 2006: 35 inmates and 6 workers (amongst which 22 inmates and 3 workers have been selected), in comparison with 25 applications from inmates and 2 from workers in 2005.

WHO WAS INVOLVED / WHAT WAS THE TIME FRAME?

This multidisciplinary project has requested a strong commitment on the part of professionals of all sectors, from their respective areas of responsibility. It consists of 3 phases:

First phase: 2005

1. Gradual development of the program:

Daniel González, sports instructor (staff of the NGO BATA, who carries out his work in this establishment under the agreement with the regional government of Andalusia), promoted the idea together with Cisela Nova (health technician assistant of the centre). Both of them contacted the Tobacco Addiction Unit of the hospital of Valme (reference hospital of our centre), which is considered as one of the best tobacco cessation unit in the province of Seville. After the favourable answer of the hospital of Valme, the managing board of the centre contacted the relevant institutions:

- Prison institution (Sub-directorate General for Health), which must give its authorization in addition to accepting financial responsibility of the high costs of essential medical treatments (parches, tablets, etc.).
- And medical Sub-directorate of the hospital of Valme which must authorize the participation of its technical staff in the implementation of the program.

2. The intervention as such is carried out within:

- Luis Lara (pulmonologist) and José Ignacio Villar (psychologist), technicians of the tobacco cessation unit of the hospital of Valme. (however, during this year, their work was carried out voluntarily and outside their ordinary professional responsibilities).
- Daniel González, sports instructor of the centre.
- Cisela Nova, nurse of the centre.

3. Logistic support of the prison's staff:

- Treatment sub-director (María Isabel Cabello), the members of the Treatment Team: Iluminada Aguilar (Psychologist), Pilar Sánchez, Agustín Iglesias and Benito Durán (educators) and the teachers: Antonia Rios and Jesús Rodríguez (who administratively belong to the regional government

of Andalusia, office of education). Amongst all of them, they have taken care of surveys, motivation, preparation of space and material resources, help in the selection of inmates,etc.

- Medical staff: administration of treatments by DOT and medical control: José Martínez Bausela (head of medical departments), Dolores Narváez (doctor), Sofía Lajas, Cristina Gómez and Cisela Nova (nurse) and José Ignacio Bozano (clinical assistant).

Second phase: 2006

1. The centre's team of directors, Concepción Yagüe (Director) and Maria Isabel Cabello (Treatment Sub-director) made frequent institutional contacts between January and March 2006 through the local health office of regional government of Seville, in order to achieve commitment and to regularize institutional collaboration. Staff from the Health service of Alcalá de Guadaíra health district is appointed to the program, under the responsibility of Manuel Cenizo, district coordinator, with the assessment of the Tobacco Cessation Unit of the hospital of Valme and the Comprehensive Tobacco Action Plan for Andalusia.

2. Implementation of the program as such:

- Treatment Sub-Director: she is in charge of both the organization and general coordination of sessions, not only those carried out under the responsibility of external staff, but also the internal complementary sessions.
- Technicians of the health area appointed: Carmen Carmona (doctor) and Reyes Sagrera (psychologist).
- Therapeutic, logistic and motivational support: staff of the Treatment team, Medical team, teachers, sports instructor, and nurses (already mentioned, with the incorporation of Jesús Domínguez, nurse).

3. Training of the centre's staff in order to enable them to be in charge of the program in future years.

Third phase: 2007 and later

Establishment of program with own means, with the collaboration, assessment and continuous training of our staff by the health area of Alcalá de Guadaíra health District.

EVALUATION

- The results of our program have been well above the initial expectations that the team responsible for it could have had, not only regarding tobacco cessation within inmates and/or workers, but also regarding the persistence in not smoking in the year and a half after the program was initiated.
- To our knowledge, no incident has been observed during the 28/2005 anti tobacco legislation's implementation on 1 January 2006, (9) although in order to appropriately evaluate this datum a comparison with other

prisons with similar characteristics, which have not implemented this cessation program, should be drawn.

- We have observed a change of institutional culture, where not smoking or quitting smoking has acquired more value and positive connotations. This is, for the moment, a subjective evaluation which we will illustrate in a near future by means of a survey comparing institutional culture with respect to tobacco in our centre with other prisons which have not implemented such program.
- Through our program we have achieved to involve the health and prison authorities. This contributes to creating cohesion within the prison and also to narrow collaboration between our centre and health care centres of the region not only at a primary health care level (health area of Alcalá de Guadaíra health district) but also in specialized health care (hospital of Valme). The success of the program also benefits the rest of medical and non-medical services of the prison.

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