August 31, 2026

The American Society of Addiction Medicine (ASAM) has released standards for the Correctional Settings and Community Reentry Volume of the Fourth Edition of The ASAM Criteria® and has invited stakeholder input. Smoking Cessation Leadership Center, North American Quitline Consortium, University of Wisconsin Center for Tobacco Research and Intervention, Public Health Law Center, American Lung Association welcome the opportunity to submit the following comments.

General Comments (Page 0, Line 0):
Smoking Cessation Leadership Center, North American Quitline Consortium, University of Wisconsin Center for Tobacco Research and Intervention, Public Health Law Center, American Lung Association are national public health organizations with years of expertise and experience in tobacco cessation treatment and policy. We commend American Society of Addiction Medicine (ASAM) for recognizing tobacco treatment as a standard of care in the *Correctional Settings and Community Reentry Volume* of the Fourth Edition. We recommend strengthening several provisions to better address tobacco use alongside other substance use to improve outcomes and to ensure all justice-involved individuals have access to evidence-based treatment.

Tobacco use is the leading cause of preventable death and disease in the United States. The justice-involved population is estimated to have a smoking prevalence over five times higher than the general population (50-80% compared to 9.1%). Addressing tobacco use in this population comes with significant challenges but can and should be done.

The proposed ASAM correctional criteria are a meaningful improvement over standards that ignore Tobacco Use Disorder (TUD) entirely. They establish community-equivalent care, recognize Federal Drug Administration (FDA)-approved TUD medications, include selected tobacco-specific assessment content and medication continuation, and provide substantial reentry infrastructure. Our concern is the general Substance Use Disorder

(SUD) language may not reliably result in comprehensive TUD implementation. Tobacco treatment is most visible in medication footnotes and isolated examples, while measures such as immediate screening, withdrawal management, tobacco-free policy, relapse prevention, and reentry SUD planning protocols are less explicitly identified.

Additionally, the Standards should recommend that all correctional facilities adopt smoke-free and tobacco-free policies. While federal prisons are required to have these policies, the same is not true for state and local facilities. Comprehensive smoke-free policies protect the health of incarcerated individuals and those who work in the facilities from secondhand smoke exposure and help establish healthier environments.

We encourage ASAM to consider incorporating more comprehensive standards for tobacco use screening and treatment that some members of our organizations have called for in a recent publication in the American Journal of Preventive Medicine:

Gorrilla AA, Kaye JT, Pavlik J, Bonniot C, Vijayaraghavan M, Conner KL, Morris CD. A Call for Health Equity in Tobacco Control and Treatment for the Justice-Involved Population. American Journal of Preventive Medicine. 2024. doi: 10.1016/j.amepre.2024.05.020. PMID: 38838793.

Our organizations believe it is essential not only to include tobacco cessation treatment in the Standards, but also to actively promote and support its equitable implementation in correctional facilities across the country.

We look forward to working with you to promote the Standards, once finalized. Thank you for the opportunity to provide feedback.

Specific Comment:
Page 10, Line 5

This draft requires immediate screening for urgent medical needs but does not expressly require immediate tobacco-use or nicotine-dependence screening. Its broader Substance Use Disorder (SUD) screen may occur up to 14 days after entry and is written for people without a known SUD diagnosis. A known Opioid Use Disorder (OUD), Alcohol Use Disorder (AUD), or other SUD does not establish whether the patient has Tobacco Use Disorder (TUD). The American Society of Addiction Medicine (ASAM) should add: “Immediately upon entry to jail or prison, every patient should be screened for current and recent use of tobacco and nicotine products; current TUD medication; date and time of last use; current or anticipated nicotine withdrawal; and need for medication continuation or initiation. Forced abstinence from tobacco and nicotine products can precipitate a withdrawal syndrome. As such, pharmacotherapy for tobacco or nicotine withdrawal symptoms should be available and provided to all patients with TUD as clinically indicated. Medications for tobacco or nicotine withdrawal management and tobacco cessation should include all Federal Drug Administration-approved pharmacotherapies (e.g., nicotine

replacement therapies, varenicline, bupropion). This requirement applies regardless of anticipated length of stay or the presence of another known substance use disorder."

Page 16, Line 6:
The guidelines refer throughout to "clinicians with the training and scope of practice to provide SUD care." Because nicotine and tobacco use disorder is so prevalent in carceral settings with such a disproportionate impact on patient health, the American Society of Addiction Medicine (ASAM) should add a parenthetical the first time this training is mentioned to emphasize that Substance Use Disorder (SUD) care includes tobacco and nicotine dependency treatment. Further, ASAM should clarify that a wider range of clinicians and healthcare providers may have the training and scope of practice to provide tobacco use treatment than for other non-tobacco substance use disorders. For instance, many healthcare providers without specialty SUD training can and should provide nicotine replacement therapies (e.g., nicotine patch, nicotine gum, nicotine lozenge), which are safe and effective, concordant with their availability in the community as over-the-counter medications.

Page 21, Line 11:
The section "Likelihood of Engaging in Risky SUD-Related Behaviors" asks "What level of structure, supervision, and support does the patient need to prevent further harmful and destabilizing consequences of risky SUD-related behaviors?" Several state prison systems and many county and local jails across the U.S. allow commissaries to sell authorized vapes and nicotine pouches. The American Society of Addiction Medicine should add "Are systems and structures in place that enable and support risky SUD-related health behavior?"

Page 22, Line 14:
In the following sentence, the American Society of Addiction Medicine should add language that would cover significant health harms related to the use of commercial tobacco: "History of serious harms (e.g., overdose, medical or psychiatric complications, substance use-caused or related disease)."

Page 25, Line 20:
Staff smoking and use of nicotine products can trigger patient stress, perception of relaxed rules, and a sense of perceived hypocrisy. In the section addressing cultural factors in the carceral environment that could inhibit a patient's participation in Substance Use Disorder treatment or recovery, the American Society of Addiction Medicine should add the following examples: ". . . (e.g., stigma, gang culture, staff use of nicotine products, smoking designated areas)."

Page 32, Line 17:
Typo: "social determinant of health" should be "social determinants of health."

Page 39, Line 24:
The American Society of Addiction Medicine should clarify clinical qualifications of behavioral health staff in jails so the line includes "appropriately licensed professionals with the training, competencies, and scopes of practice to assess, diagnose, and treat both SUD and co-occurring mental health conditions, including tobacco/nicotine dependency."

Page 37, Line 21:
The universal jail-setting standards require safe, private, trauma-informed environments but do not include a comprehensive tobacco-free environment standard. A comprehensive policy reduces exposure and tobacco cues, prevents institutional sales from undermining treatment, and addresses the roles of staff tobacco use and illicit markets. The American Society of Addiction Medicine should add: "Jails and prisons should maintain a smoke-free and tobacco-free environmental policy covering indoor and outdoor spaces, and should prohibit combustible tobacco, smokeless tobacco, nicotine pouches, heated tobacco products, vaping devices, and similar nicotine products, while allowing FDA-approved cessation medications."

Page 47, Line 27:
The American Society of Addiction Medicine should add to the list of examples of local community resources to address common ancillary needs: "Mutual support groups (e.g., Al-Anon and Alateen, National Alliance on Mental Illness, local tobacco quitlines, Nicotine Anonymous, group counseling)."

Page 64, Line 27:
The draft has strong general reentry provisions, including medication access, records transfer, a community appointment within seven days, and bridge medication, however, tobacco is not expressly named. Reentry is the point at which institutional tobacco restrictions disappear while factors such as stress, stigma, and increased tobacco product access contribute to tobacco relapse rates as high as 90%. The American Society of Addiction Medicine should add: "Linkage with appropriate SUD, including TUD, and mental health treatment services in the patient's community with scheduled follow-up appointment(s) no later than 7 days post release, or sooner if clinically indicated, to facilitate an effective transition of care."