

ENHANCING SUPPORT FOR JUSTICE-INVOLVED INDIVIDUALS: INNOVATIONS FROM THE MAINE QUITLINK

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INTRODUCTION

Justice-involved (JI) individuals have much higher smoking rates (50–83%) than the general U.S. adult population (11.5%) (Gorilla et al., 2024). In Maine, residents of three minimum-security facilities and the women’s correctional facility show strong interest in quitting by contacting the Maine QuitLink, the state’s tobacco quitline. However, barriers like limited phone access, lack of privacy, and challenges obtaining nicotine replacement therapy cause interrupted calls, phone tag, low follow-up, and disengagement. Many still seek support through case managers or family, highlighting the need for more accessible, tailored cessation services in correctional settings.

PURPOSE

Pilot an enhanced referral-based approach that leverages on-site staff champions and provides access to NRT delivered directly to facilities, while eliminating the need for phone calls unless participants request them at pre-arranged, convenient times.

METHODS PILOT STUDY DESIGN

TIME PERIOD JULY 2022-JUN 2023

Sites and Champions identified:

Minimum security facilities already outreaching to Maine QuitLink
Case managers at facilities, pharmacy staff, pilot team created internally

Enhanced referral form completed with collaboration of champions:

Contact info to set up chart

Permission to treat

Basic tobacco use assessment questions

Type of NRT requested and Medical Use Exclusion Questions

Refill form also created

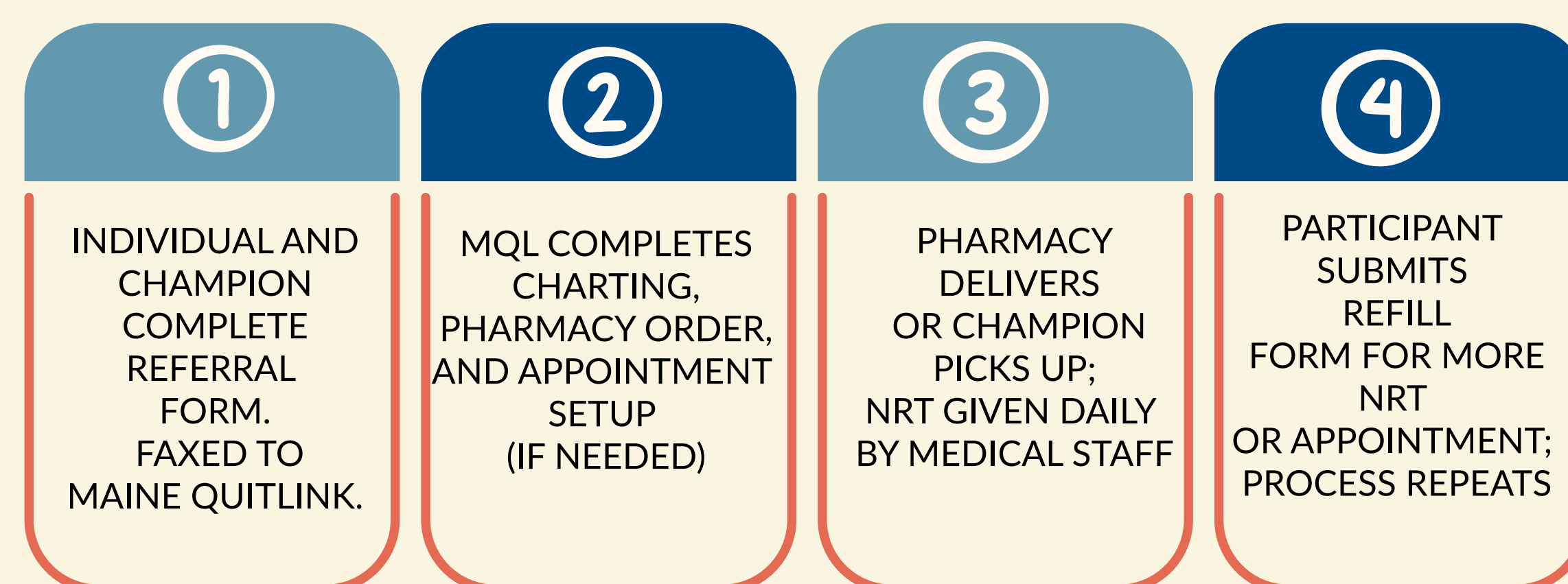


Monitoring:

Custom reporting metrics created and data reviewed regularly

Periodic check-ins with champions established

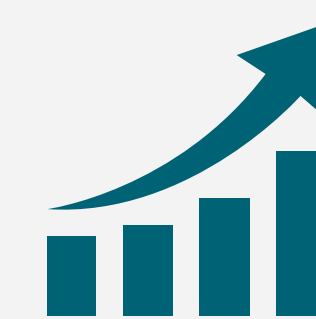
Ad hoc troubleshooting with stakeholders



An innovative, champion-supported, and tailored referral model increased Maine QuitLink engagement among justice-involved individuals by addressing longstanding barriers and advancing equitable care.

RESULTS

KEY FINDINGS FROM PILOT YEAR 1:
TIME PERIOD JULY 2022-JUN 2023



72% increase in quitline engagement from JI individuals from FY22 prior to pilot (144) to FY23 Pilot Year 1 (248)



Of 248 JI individuals registered in Pilot Year 1, **240 received at least one order of nicotine replacement therapy.** Combination nicotine patch + gum was most popular.



87 of these individuals received **more than one order** of NRT, utilizing the streamlined Refill process.



In Years 2 and 3 (FY24–FY25), Maine QuitLink sustained strong engagement from these sites, with enrollment levels consistent with Year 1

PARTICIPANTS



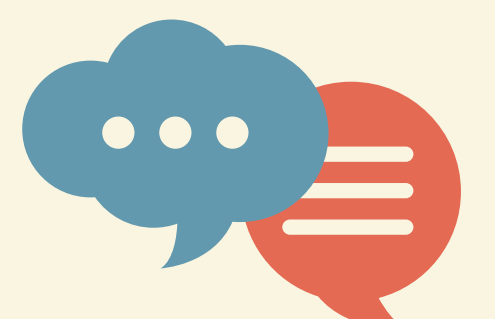
Original Participants-Year 1: FY23

Residents at 3 Maine minimum security/pre-release facilities —Bolduc Correctional Facility, Mountain View Correctional Facility, Downeast Correctional Facility.

Added in Year 2: FY24

Facility reached out after hearing about pilot. Southern Maine Women’s Reentry Center (minimum security/pre-release with capacity of 100 adult female residents)

Heard from a Pilot Participant:



“Thought I’d be heading home still hooked. But now I’ve only got a few months left—and I’m going home off the cigarettes”

LESSONS LEARNED

- **Tailored approaches are essential:** One-size-fits-all models fall short for justice-involved populations.
- **Support must be site-specific:** Facility logistics vary, requiring flexible implementation.
- **Champions matter:** On-site staff and pharmacists drive referrals and engagement.
- **Stay adaptable:** Shifting staff, policies, and priorities demand program flexibility.
- **Prioritize release planning:** Offering support at release can boost continuity and quit success.

CONCLUSIONS



- Tailored, equity-focused strategies and on-site champions boosted treatment engagement significantly by 72% in 12 months.
- Streamlined intake and site-specific adaptations expanded access to evidence-based care.
- Correctional staff gave positive feedback, supporting the model’s feasibility.
- Flexible, inclusive services improve access and equity for justice-involved populations.
- Maine QuitLink innovations show promise in reducing tobacco disparities with community-aligned approaches.

ACKNOWLEDGEMENTS

The MaineHealth Center for Tobacco Independence (CTI) works across the state of Maine to address tobacco use and exposure through education, prevention, policy, treatment and training initiatives. CTI administers the Statewide Tobacco Treatment Initiative on behalf of the Maine Center for Disease Control and Prevention, Department of Health and Human Services. Among other strategies, this initiative supports the Maine QuitLink and Tobacco Treatment Training & Education Program. Learn more: CTIMaine.org

