



Smoking Cessation in HMP Bowhouse, Kilmarnock

— Executive Summary —

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November 2006

This project was funded through Partnership Action on Tobacco & Health (PATH), part of ASH Scotland



Executive Summary

The 'Smoking Cessation in HMP Bowhouse' project was a pilot smoking cessation project set in Bowhouse prison, Kilmarnock. The pilot was developed to support the reduction in smoking rates of prisoners and prison staff and as a result of implementing this project to learn how smoking cessation is best organised and supported in a prison setting. The project started in April 2003 and finished as a pilot in April 2006, although the Lead Smoking Cessation Advisor did not start until April '04 with the Administrative support not in place until August '04. The service has now been incorporated into NHS Ayrshire and Arran's local stop smoking service 'Fresh Airshire' service.

The aim of this project was to provide targeted smoking cessation support to staff and prisoners in Bowhouse Prison and their families to reduce the level of smoking in these groups and in the longer term to reduce the harm caused by smoking. This was to be achieved by:

- Providing dedicated smoking cessation support by employing a Smoking Cessation Advisor based in the prison who would be able to provide smoking cessation support to prisoners and staff
- Training prison staff within HMP Bowhouse in smoking cessation, over the three-year period, to contribute to the sustainability of future smoking cessation support within the prison
- Assessing the approaches utilised in the project to inform future practice and service development within the prison, other prisons and for smoking cessation generally within Ayrshire and Arran and wider
- Setting up a sub group of Ayrshire and Arran Tobacco Strategy group to plan and oversee the running of the initiative. This steering group consisted of key health professionals with experience of smoking cessation, representatives of the prison service and the project staff
- Identifying ways of sustaining the project following the pilot period

The main model of delivery throughout the project was the Maudsley Model of smoking cessation for running groups, and individual sessions were also available. These were mainly arranged for segregated prisoners and staff.

This project was established before full implementation of the National Minimum Database for smoking cessation, however it was acknowledged there was a need to collect a variety of data to report on the effectiveness of the project. As such, a local database was constructed and monthly figures were forwarded to the external evaluators of P.A.T.H projects.

In total, 286 individuals have been enrolled in the Service in the duration of the project and have set a quit date. This consists of 213 prisoners and 73 members of staff.

The following is a summary of main quit rates for the project:

Prisoner Figures:

150 Quit @ 1 month
41 @ 3 month
11 @ 6 month
5 @ 1 year

Staff Figures:

41 Quit @ 1 month
16 @ 3 month
7 @ 6 month
2 @ 1 year

Many challenges were faced by the project in its implementation, some of which were beyond the control of the project, others which were those associated with a short-term project, and some which related to the unique conditions experienced within a prison setting. However, all of these challenges contributed to the learning process of addressing smoking cessation within a prison setting, and informed the integration of the prison smoking cessation into the NHS Ayrshire and Arran Tobacco Strategy.

It is recommended that future smoking cessation support within Prisons utilises the following approach:

- Set-up time should be factored into the development of the project and reflected in the projected costs of the project. In future planning, the lead-in period needs to take account of the circumstances that are specific for a prison setting and develop the service to take account of these.
- Appoint a dedicated Smoking Cessation Advisor who is permanently based within the Prison. Furthermore, consideration should be given to employing two Advisors, or to integrate to it into a wider service with other smoking cessation advisors inducted into prison procedures and protocols so that cover can be provided for unavoidable staff shortages.
- Appoint a Support Officer, to assist during smoking cessation sessions, and also to develop tailored programmes of support for prisoners upon liberation and their families. A dedicated service which offers support to prisoners on liberation; links to prison through-care systems and support groups for prisoners' families; and, is cognisant of the difficulties likely to be experienced by recently liberated prisoners, should be an integral part of a prison smoking cessation service.
- Work with families should be provided through the dedicated support which is suggested is put in place for prisoners on liberation.
- Client feedback forms have been used within this project; however, to obtain qualitative feedback on experiences of smoking cessation, it is recommended that more tailored and creative feedback mechanisms are devised to support prisoners in providing information on their progress.
- Prisoner information needs to be in various formats to maximise the information available and to reflect the differing communication requirements of prisoners.
- With respect to prison staff, the main emphasis should be in training them in brief intervention and relapse prevention, and encouraging them to refer to the dedicated Smoking Cessation Advisor. This approach will more realistically build capacity and use it effectively to increase the numbers of staff and prisoners who wish to stop smoking.
- Integrate a dedicated smoking cessation support within a prison setting commensurate to that which exists for the general population.
- Deliver a model which provides a flexible form of support as exemplified in the 'Smokey Joe' model of smoking cessation instead of the Maudsley Model of smoking cessation.
- Investigate the relationship between other prisoner addictions and the overlapping support which could be developed.
- To enable the tracking of clients' progress, ensure that integrated systems exist between the prison and local smoking cessation services to allow for recording of data. Processes should be explored to identify effective ways of undertaking follow-up for smoking cessation following liberation and transfer to other establishments.

- Integrate the Smoking Cessation Support into wider plans for tobacco control within Prisons, for example in relation to the further development of tobacco policy.
- Cessation groups for staff within the prison have not been successful. Support for staff should be offered as a mixture of informal one-to-one support and referral for further assistance in the community and pharmacy settings.

Furthermore, it is recommended that on a National level, the following is considered:

- Develop protocols for Smoking Cessation Services within Prisons, and incorporate pathways to ensure consistency and continuity of support upon liberation and/or following transfer to another Prison.
- Consider more attainable and qualitative approaches to measuring success of support; ensure that a system is established to capture more qualitative benefits experienced as a result of stopping smoking; and adapt the national minimum dataset to allow for the collection of data for those who have reduced their tobacco use.

Acknowledgements

P.A.T.H for providing the funding for this project.

The management and staff in HPM Bowhouse, Kilmarnock provided valuable support in the development and implementation of this project.

Thanks also to NHS Ayrshire and Arran Addiction Services for their management of the project in its initial stages.

'The views expressed in this report and those of the project and do not necessarily reflect the views of the funding body.'

Published by: NHS Ayrshire & Arran, 2007
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