



# Smoking Cessation in HMP Bowhouse, Kilmarnock

— Final Project Report —

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

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## **Contents**

<b>Executive Summary</b>	<b>pages</b>	<b>ii- iv</b>
<b>Introduction and Background</b>	<b>pages</b>	<b>1-3</b>
<b>Implementation Challenges</b>	<b>pages</b>	<b>3-6</b>
<b>Methods and Approaches</b>	<b>page</b>	<b>7</b>
<b>Results</b>	<b>pages</b>	<b>8-10</b>
<b>Discussion/Conclusion</b>	<b>pages</b>	<b>11-12</b>
<b>Recommendations for Future Work or Research</b>	<b>page</b>	<b>13</b>
<b>Dissemination</b>	<b>page</b>	<b>14</b>
<b>References</b>	<b>page</b>	<b>15</b>
<b>Appendix 1</b>	<b>page</b>	<b>16</b>

## 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 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.

## **Introduction**

The Smoking Cessation in HMP Bowhouse was a three-year pilot project set up to address the large gap identified in Ayrshire and Arran in the provision of smoking cessation support to prisoners in Bowhouse prison, Kilmarnock. Project funding (totalling £130,511) commenced in April '03 and ended in March '06, although the project itself did not fully start until the Lead Smoking cessation Advisor came into post in April '04.

A local small survey of Bowhouse prisoners and staff, carried out in the prison in Feb 2003, found that 100% of the survey sample were smokers and that of these 85% of the prisoners and 100% of the staff indicated that they would like to stop smoking. Data from staff surveys in 2002 indicated a smoking prevalence in staff of 75% and data from prisoner health screening indicated that in prisoners to be 97%. However, within the prison setting, access to smoking cessation advice and support was limited. The purpose of the project was twofold; firstly to provide dedicated smoking cessation support to both staff and prisoners to stop smoking, and secondly to identify and develop appropriate interventions and approaches to provide that support and reduce the high levels of smoking in these groups.

This report will outline how the original intentions of the project were implemented, the challenges that were encountered in carrying out these, and recommend future action to address smoking cessation in a prison setting.

## **Background**

Bowhouse Prison is a maximum security Category B prison situated in Kilmarnock, East Ayrshire. HMP Bowhouse houses approximately 550 male prisoners and employs approximately 220 members of staff. Although Bowhouse is situated in East Ayrshire, it houses prisoners not only from Ayrshire but from the West of Scotland and in some instances further than that. Prisoners and their families are likely to be within the 10% most deprived population within Ayrshire and Arran, and to be more likely to have higher mortality rates for coronary heart disease and diseases of the respiratory system; diseases acknowledged as being a result of smoking (NHS Ayrshire & Arran 2002). A prison environment had been recognised (HEBS and SPS, 2002) as a difficult one in which to address tobacco related issues, and it was recommended that the Prison service should ensure smoking cessation support is offered to prisoners and staff.

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 cause 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. The evaluation was to be carried out externally as part of the overall evaluation of the pilot projects funded by PATH and by ongoing quantitative and qualitative assessment of interventions and methods used

- 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 project was directly managed by NHS Ayrshire and Arran Community Health Division Addictions Service which was also managing a community-based smoking cessation service funded by the Health Improvement Fund. This was to give continuity of support to both these projects, and to assist in providing support to prisoners on release from prison and to prisoner's families. This changed in August 2005 when management of the project was transferred to NHS Ayrshire and Arran Health Promotion Team when, as a result of a review of pilot smoking cessation and prevention projects, the NHS Ayrshire and Arran Tobacco Strategy Group agreed on a service model of integrated smoking cessation and prevention which was subsequently branded as Fresh Ayrshire, with the Bowhouse pilot being incorporated into this model. NHS Ayrshire and Arran Health Improvement Department (and from August 2004, as a result of organisational change, the Public Health Department's Health Promotion Team) carried out the overall monitoring of the project.

The main focus of the 'Smoking Cessation in Bowhouse Project' was to address the high levels of smoking within the staff and prisoners populations by developing appropriate interventions to support smokers to stop. The anticipated outcomes of the project for the key beneficiaries, resulting from these interventions and of quit attempts made, were:

#### Prisoners

- Increased awareness of the benefits of smoking cessation
- Increased awareness of smoking cessation services both within the prison and also those available on liberation
- Increased self esteem
- Financial gain

#### Staff

- Increased awareness of the benefits of smoking cessation
- Increased awareness of smoking cessation services within the prison (for self and prisoners) and also those available to prisoners on liberation
- Increased self esteem
- Financial gain
- Increased capacity to offer support to prisoners as a result of smoking cessation training

#### Prisoners' families

- Increased awareness of the benefits of smoking cessation
- Increased awareness of smoking cessation services available to them within local communities
- Increased self esteem
- Financial gain

#### Steering Group

- Increased knowledge of the processes of setting up smoking cessation services
- Increased knowledge base from project outcomes
- Generation of evidence to support smoking cessation in a prison setting

## Implementation Challenges

### Initial set up

The project start date was April 2003 and the initial focus was in developing the operating mechanisms for the project. There were some delays in progressing some of these at the start of the project, with the most significant being the employment of a permanent Smoking Cessation Advisor.

In the early stages of the project

- the Steering group was set up
- a Patient Group Directive was progressed to facilitate the prescribing of NRT by the project's Smoking Cessation Advisor
- Maudsley training of prison staff was arranged
- referral pathways were established within the prison
- Awareness-raising and marketing of the project was initiated.

Processes to recruit staff did not begin until August 2003, which led to a delay in making the project fully operational and to an underspend in the first year. This also meant that smoking cessation support to prisoners was not fully provided until year two of the project, although some support was provided by trained staff in the prison medical centre.

**Recommendation:** Set-up time should be factored into the development of the project and reflected in the projected costs of the project.

### Staffing

This project experienced difficulties in recruiting a Smoking Cessation Advisor and it was not until April 2004 that the 22 hour post was filled. It is not clear whether it was the part-time nature of the post, the short-term contract or the setting which did not appear to be attractive to potential applicants. The administrator post was filled in September 2004.

Following a period of induction the Smoking Cessation Advisor was able to start groups in May '04 and to offer support to prisoners and staff, which reflected the intent of the project. The initial support was as follows:

#### Prisoners

34 Invited to information session

27 (79.4%) set quit date  
6 (17.6%) Did not attend first session  
18 (52.9%) Quit smoking at 4 weeks  
5 (14.7%) Quit smoking at end of sessions – 9 individuals still to complete programme.  
8 (23%) Transferred or released before end of sessions.  
19 invited to start next group  
10 on waiting list

#### Staff

10 staff invited to information session

10 (100%) set quit date  
3 (33.3%) Quit at 4 weeks – 4 members of staff at initial stage of sessions

However, some months after starting with the project, the post holder became pregnant; this had a significant impact on her working practice as, following a risk assessment carried out by the prison, the Advisor could no longer have direct contact with prisoners. Contingency arrangements were made to complete the groups started by the Advisor and to supply NRT to those on a programme. The main focus of the Advisor, from this point (August '04), was in supporting staff and delivering training. Contact with Prisoners was made via triage nurses. Arrangements were initiated to employ a short-term support and replacement for the Advisor, but again this proved difficult.

A secondment arrangement for two Addiction Service staff was put in place, to cover the Advisor's leave period and handover arrangements, from April '05 to January '06. This consisted of two six month secondments which had overlap periods factored in – the first to cover a handover period between the Advisor and the first secondment, the second between the first and second secondments and the third between the second secondment and the Advisor following her return. The first period of secondment worked well but the second secondee decided not to pursue this opportunity and another arrangement had to be put in place.

In view of these unavoidable disruptions in the implementation of the project, a replacement was identified from existing NHS staff and employed on a full-time basis for the remainder of the project. The original Advisor returned in November '05, and for a period of time two members of staff were able to devote time to the inevitable backlog of clients who wished to participate in smoking cessation groups. The imminent introduction at that time of the ban on smoking in public places placed an even greater demand on the resources of the service, and increased staffing for that period of time was opportune.

During the course of the project, prison staff (mainly from the medical centre) were trained in the Maudsley model of smoking cessation. Whilst there was a willingness on the part of the prison to support the delivery of smoking cessation groups, staff turnover and other priorities conspired to limit the amount of support which was in reality possible to give. Training in brief intervention was offered to custody staff. The Advisors also linked to induction sessions for all new prison staff, to raise their awareness of the Smoking Cessation in Bowhouse Project and to advise them in how they could support prisoners in their quit attempts.

**Recommendation:** Given the high proportion of smokers within a prison setting and the importance of continuity of support to clients, working practices more integrated into wider systems are vital. In developing a dedicated smoking cessation service in prison setting, 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. In respect of prison staff, the main emphasis should be in training prison staff in brief intervention and relapse prevention, to more realistically build capacity to increase the numbers of staff and prisoners who wish to stop smoking.

### **Prison Setting**

A prison setting is unique in the procedures and protocols that have to be followed. As a result, time scales, which might be appropriate in other non-prison settings, are unlikely to be appropriate in a prison setting. Advisors, when first appointed, encountered difficulties in quickly planning programmes for prisoners because of the requirements of the prison induction process. This meant that keys were not issued

to the Advisors until the induction was complete, which limited their ability to move around the prison and to meet appointments.

The prison routine also had an impact on when groups could be held, and at times the dictates of prison priorities meant that movement of prisoners to groups was affected. The fluid nature of the prison population allied to the normally-accepted Maudsley method of group working, often meant that the 'window of opportunity' to support quit attempts was lost, particularly in relation to short-term and remand prisoners.

In planning cessation groups, the requirements of particular categories of prisoner who needed to be segregated from the other prisoners also had to be taken into consideration. This often meant smaller groups or more one-to-one support had to be organised, which proportionally affected the overall level of support (group and one-to-one) that the project could offer.

The movement of prisoners between prisons also impacted on the ability of the project to keep track of an individual's cessation progress, and often meant that they left mid-group. The attrition rates within groups were affected by these specific issues, and not only affected individual progress but affected group dynamics and focus as well. It was also problematic to find out prisoners' reasons for leaving groups, as this information could only be given by the prisoners in writing - which is not a medium many prisoners find it easy to communicate in.

**Recommendation:** It is recommended that more tailored and creative feedback mechanisms are devised to support prisoners in providing information on their progress.

Information about the services available to support smoking cessation in the community was given to prisoners upon liberation, but keeping track of prisoners on release proved to be difficult. The release of prisoners and the movement of prisoners between prison establishments (which in both situations can happen without notice), had an obvious knock-on effect on the ability of the project to collect data. Therefore, the statistics for longer-term cessation rates are unlikely to be as accurate as that of similar information collected in a community or other setting.

Each setting for smoking cessation has its own individual and peculiar circumstances which shape how services can be provided. In the prison setting these conditions are more sharply focused as they are shaped by the security and containment practices necessary to function as a prison. The management and staff of Bowhouse prison were eager to support this pilot project and provided accommodation and staff support, as far as was possible, within the constraints of competing priorities. It is vital in planning and developing services within a prison that the focus should be in shaping the services to the operational and cultural realities that exist within this setting, rather than trying to fit accepted best practice and data collection methods into an atypical setting. Experience with Bowhouse demonstrated the importance of this, and as the project developed new practices were put in place, such as evening groups and rolling group sessions, to address the varying needs of different groups within the specific institutional setting of a prison.

**Recommendation:** In future planning, the lead-in period needs to take account of the circumstances that are specific for a prison setting. 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.

### **Support to Families**

This is an area which, because of the circumstances surrounding the implementation of the project, was not addressed in any planned way. It could be assumed that through supporting prisoners that a greater awareness would filter through to their families, but this was not measured or recorded. Information was issued to prisoners on liberation but it is not known whether this had any influence on their families.

**Recommendation:** Work with families should be provided through the dedicated support which is suggested is put in place for prisoners upon liberation.

### **Marketing**

Information on the support available to prisoners was issued in the form of leaflets and posters. In addition to this, the project was marketed as part of the three-monthly health promotion days held for prisoners. The effect of this form of approach was to increase demand for group sessions beyond that which was possible for the service to offer. Redesigning the group sessions to make them less rigid and more appropriate to the contingencies of prison life alleviated this. In October 2005, and in preparation for the ban on smoking in public places, the project (in discussion with prisoner representatives) began to plan the production of a DVD, which would give information about the effect of the ban, and would detail what support would be available to prisoners (both in the prison and upon liberation). It was intended that the DVD should also offer some peer support to those attempting to quit. This DVD support is now in production. The prisoner groups were very involved in supporting the DVD project and in advising on how awareness of the impact of the ban could be raised.

**Recommendation:** Due to lower literacy levels amongst the prison population, it is recommended that prisoner information is produced in various formats (e.g. DVD), to maximise the information available and to reflect the differing communication requirements of prisoners.

### **Cessation Support to Staff**

Demand for smoking cessation support from staff was initially fairly steady. This has reduced over the course of the project. During the course of the project different approaches were tried to support the implicit demand reflected in staff surveys. These were individual sessions, smoking cessation groups and lunch time drop-in sessions. Overall the group and drop-in sessions were not well attended and attracted little demand. As a result of this contradictory information, the project concluded that the circumstances of the staff's working schedules did not offer enough flexibility so that staff could avail themselves of the support offered. The support most used by staff was that of informal approaches to Advisors and ongoing support on an individual basis.

**Recommendation:** Support for staff is more likely to be appropriate if offered as a mixture of informal support with support available in the community and pharmacy settings. For cessation groups within the prison to be viable, support from the prison authorities would have to be forthcoming in the form of time off to attend. It is unlikely that the operational demands of the prison service would stretch to this.

## Methods and Approaches

Evidence shows that individuals are more likely to successfully stop smoking if they are provided with access to behavioural support (in the form of a group or individual session) and nicotine replacement therapy (N.R.T) or Zyban (ASH Scotland & NHS Health Scotland 2004).

The Maudsley Model of Smoking Cessation has been utilised nationally for a number of years now, and promotes the use of 'seven sessions' of group support. This support is also combined with access to treatments.

Smoking cessation support within the prison was therefore established to ensure prisoners had access to behavioural support and treatment. As a result of working to the seven session model, a waiting list for support had developed. Following a variety of staff changes, the current Specialist Smoking Cessation Advisor commenced delivery of support in October 2005. At this point there were approximately fifty prisoners on the waiting list. The longest wait for support was five months.

In an effort to reduce the waiting list more groups were commenced; however, other means of promoting the service (such as attendance at the Health and Well-being Days) generated further demand for smoking cessation support.

In preparation for the introduction of the Health and Social Care (Scotland) Act (2005), which included a ban on smoking in public places, the Prison, in partnership with the NHS Ayrshire & Arran Health Promotion Team, developed a Smoking Policy. As a result of the restrictions of areas for prisoners and staff to smoke in, there was further demand for smoking cessation support. The waiting list continued to expand - by the end of March 2006, the waiting list was approximately 150 long.

As a result of this, the Smokey Joe approach (NHS Argyll & Clyde, The University of Edinburgh, Queen Margaret University College, 2005) was utilised and four open 'rolling' groups were commenced. These allowed for the attendance of more prisoners, and by the end of June 2006, there was no waiting list for smoking cessation support within the prison.

There is currently no waiting list for prisoners - when a referral is received, prisoners are invited to the next group; five groups are currently active. The only time a prisoner would wait for more than a week is when the current Advisor is on leave as there is currently no cover for her post.

Over 200 prisoners have received Specialist Smoking Cessation Support since April '06 using this 'Smokey Joe' approach, with approximately 100 prisoners being seen weekly.

Access to Nicotine Replacement Therapy is flexible, again based on the Smokey Joe approach. The schedule is very individual and reflects the vulnerable and dependent nature of clients. Total abstinence has always been the ultimate goal with this project; however, in an effort to offer a more flexible and supportive programme of smoking cessation, the use of NRT can (dependent on circumstances) be continued in those who have reported a lapse. This is an effort to minimise a gradual increase in smoking and subsequent complete return to relapse.

In those for whom it has been assessed as appropriate, two differing NRT products have been used (mainly the patch in conjunction with an intermittent product such as the inhalator). Many are on this form of dual therapy and still smoke (although much less than before), and some do eventually stop with enough support and encouragement.

The majority of NRT products were available (patch, lozenge and microtab), with the exception of chewing gum and nasal spray. The nasal spray and chewing gum were considered to be a potential security risk and it was therefore agreed that these would not be used.

Some of the current group members have attended the Maudsley groups, and feedback from them suggests that continued support, even when stopped smoking, is important to them. Many of the group members have attended for a few months now. N.R.T is supplied through a prescription written by the Prison Doctor and full support for this approach is given.

In the course of the Smoking Cessation in Bowhouse project, two models of smoking cessation have been used with differing outcomes:

The Maudsley Model for smoking cessation was the initial approach used. This model was limited in the flexibility it offered, and could also be regarded as being unsupportive in working with clients to change behaviours. For example, when working to the Maudsley Model, all clients were required to set a quit date. Anyone smoking following this time was excluded from the programme. The Smokey Joe Model however, prepares clients to work towards a quit date, and then supports them through lapse and relapse.

Furthermore, the Smokey Joe Model enables clients at all stages of their stopping smoking journey (whether that be preparing to quit, actively stopping, maintaining this or lapse and relapse) to participate in the programme. This is vitally important in the prison population, who require a greater degree of support. Smoking cessation groups are often more enriching and clients benefit from other experiences. For example, by using the Smokey Joe approach the client who has lapsed can then share with the group the reason for the lapse, and how they plan to prevent it in the future. By using the Maudsley Model, this shared experience is lost.

## **Results**

The project, because of the differing operating circumstances, experienced three phases of differing models of smoking cessation support for staff and prisoners. In the first phase from April 03 to April '04, when there was no dedicated smoking cessation officer, the prison staff provided cessation support. This consisted of one-to-one support and group support using Maudsley. The figures for quit attempts and cessation rates were paper recorded and incorporated into the locally developed bespoke database which became operational from September '04. The administrator for the project started at this time.

The next phase of the project started with the appointment of the Lead Smoking Cessation Advisor and groups were established using the Maudsley model. However from August '04, the Advisor was unable, because of prison policy in respect of direct contact of pregnant staff to prisoners, to provide direct support to prisoners. From this

time until the replacement advisor came in post in March '05, prisoners received NRT from the Triage Nurses in the Healthcare Centre and weekly support packages from the Advisor. The seconded advisor supported prisoners and staff from March '05 to September '05.

The second advisor started in August '05 and due to induction processes was unable to support groups between the time when the seconded advisor left in September '05 and when the Lead Advisor returned from maternity leave at the beginning of November. By this time a large waiting list had developed, which reflected both the existing demand and an increased demand fuelled by concerns over the impact of the impending smoking ban.

The third phase started which initially continued with the Maudsley model, but as it became clear that this approach was not tackling the large waiting list, the 'Smokey Joe' approach was initiated from April '06. From the start of the Smoking Cessation in Bowhouse project until the introduction of the 'Smokey Joe' model, a total of 286 individuals were enrolled and 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

The national minimum dataset recommends a variety of data be collected to determine the effectiveness of smoking cessation interventions. In respect of circumstances in a Prison setting, the minimum dataset is rigid and does not enable the collection of 'softer', more qualitative measures.

The clients within this project have a range of health, social and interpersonal issues (such as addiction to other substances, poor literacy levels, low self esteem and confidence) which make stopping smoking a lot more challenging, but more rewarding once achieved. The minimum dataset does not capture the range of other issues that prisoners have often overcome when stopping smoking.

Furthermore, as a result of these issues, it should be seen as a positive achievement when a prisoner cuts down their tobacco use. Whilst total abstinence is always the goal, there are many steps which often have to be taken to reach that goal. The dataset does not allow for the collection of such reductions - it purely records quit rates - and as such is limited in reflecting the real and inspiring successes which occur in this setting.

See Appendix 1 for examples of prisoner success stories.

**Recommendation:** That a system is established to capture more qualitative benefits experienced as a result of stopping smoking, and that the national minimum dataset is adapted to allow for the collection of data for those who have reduced their tobacco use.

At present, it is not possible to add in data from prison smoking cessation services to the national minimum dataset. Although a separate database was established to allow for the collection of data through the course of the project, it is not possible to

include this data into local processes for inputting data into the national minimum dataset. Recent advice has suggested that it may be possible to overcome this by requesting that the prison be designated as an NHS site - this is currently being explored.

It is also extremely difficult to carry out follow-up for smoking cessation once prisoners have either been liberated or transferred. The national minimum dataset recommends follow-up be carried out four, twelve and fifty-two weeks following a quit date. For those prisoners who are released, whilst every effort is made to provide them with continuity of support in the community, this, and follow-up is often not possible. Following liberation, many do not have a contact phone number or address they can be reached on which unfortunately means that they are very often then lost to follow-up.

**Recommendation:** To enable the tracking of clients' progress, 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.

## **Discussion/Conclusion**

There have been a variety of operational issues which have proved challenging over the course of the project. The team are currently within their fourth office, which often made it difficult to manage a busy operational service well. Other challenges included having access to a computer and then subsequently having to purchase one; restricted movement during induction periods which could last for several weeks; restricted contact with prisoners when Advisor was pregnant; and lack of space to work one-to-one with staff.

During the course of the Project, a number of Prison Staff underwent the Maudsley Training Course to enable them to support the Specialist Smoking Cessation Advisor, and further the capacity of prison staff able to deliver specialist smoking cessation support. However, due to the high turnover of staffing levels, there are currently no Prison Staff trained in the Maudsley Model. It was also apparent that the time which prison staff could offer to groups was limited because of competing demands. Therefore, it is suggested that this is not an appropriate expectation of prison staff and that training prison staff to provide more apposite forms of support – brief interventions, relapse prevention, and cessation maintenance support – would be more suitable.

Despite some of the difficulties that were faced by this project (some as a result of unavoidable circumstances, and others because of a lack of experience in introducing a smoking cessation service within a prison setting), it is suggested that even more difficulties would have occurred had the service not been based in the prison. For example, the nature of a prison setting means that entering and moving about the prison is not a simple activity. Project staff having access to keys meant that they did not require to be escorted within the building. The delivery of services has to reflect the operational needs of the prison, therefore anything that is provided from outwith the prison setting will be limited and severely curtailed as it will reflect differing needs and circumstances. Key elements for success are the relationships that can be built up between the Cessation Service staff and the prison staff and prison organisation.

A range of opportunities have existed which have been utilised to promote the service. Health and Well-being days have been attended to promote the service to prisoners and prison staff. Furthermore, prisoners have been heavily involved in the development of a DVD which shows what smoking cessation support is available. The service has benefited from utilising existing processes to make contact with prisoners, and also from linking to the prisoner representative group in advising how best to support prisoners in adapting to the constraints of the ban on smoking in public places.

As highlighted, many prisoners have other addictions and other social and well-being issues, which will affect both their motivation and ability to address their smoking addiction. The project attempted to address this by offering more flexible interpretation of failed attempts and introducing a rolling programme which combines support to plan quit attempts, making the quit attempt and maintaining it. Although not gone into during the lifetime of the project, exploring the relationship between

smoking and other problematic behaviours/lifestyles by linking with other services in the prison providing such support, will be investigated further.

Although the plans of the project have at times gone awry due to the multifarious and unique circumstances outlined in this report, the main aim of reducing smoking in this prison establishment has been attained. As a result, the project has learned much about how to develop a smoking cessation service in a prison setting which is now being implemented and continues to be reviewed and refined. An area that was not addressed was support to prisoner families. This was because of the demands on the service from within the prison, and the difficulties in keeping in contact with prisoners following release. Ways of developing support and linking with support available in the wider community will be explored in the future development of smoking cessation services.

The evaluation of the project was carried out by the external processes put in place by PATH for all projects in the Support Fund, and by an ongoing review of implementation and methods by the project's steering group. The project also recorded anecdotal success, which might not reflect success as that of total abstinence but gave indication of the changes made by this target group which could in the longer term lead to that goal. On reflection, this aspect of smoking cessation could have been better captured had a more dedicated approach been taken to capturing this type of qualitative data. This would have contributed to increasing the project's understanding of the factors which influence intentions to quit and quit attempts in this target group, and to the kinds of approaches which could have been developed to support these. It might also have facilitated the project's development and changes to delivery, had an action research method been utilised.

## Recommendations for Future Work or Research

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. 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 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.
- 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.
- In respect of prison staff, the main emphasis should be in training prison staff 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.
- 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 to 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 following transfer to another Prison.
- Consider more attainable and qualitative approaches to measuring success of the support, that a system is established to capture more qualitative benefits experienced as a result of stopping smoking, and that the national minimum dataset is adapted to allow for the collection of data for those who have reduced their tobacco use.

## **Dissemination**

This report will be disseminated in partnership with P.A.T.H.

It is also proposed that the learning from this pilot project is shared with other partners and agencies.

NHS Ayrshire & Arran plan to disseminate the work locally through a variety of mechanisms:

- Host a localised event promoting smoking prevention and cessation activity, with an area of focus being on the Prison setting in order to share experiences with others. Given that England and Wales have implemented a similar move to smoke-free environments, it can be assumed they will experience similar difficulties with a prison setting. It is therefore proposed that English and Welsh Prison Services will be invited to this event. It is also proposed that Scottish Prison Services and other key agencies will be invited to this event
- Through the Managed Health Network - an online source of knowledge and information relating to health
- Key information will also be contained within the planned Fresh Air-shire Annual Report (published in Summer 2007)

## References

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## Appendix 1

### Examples of Prisoner Success

The following are examples of prisoner's experiences who have accessed the smoking cessation service within Bowhouse Prison.

These examples demonstrate not only the complex nature of issues faced by prisoners and the vast achievements experienced when stopping smoking, but also the perceived benefit of the smoking cessation service.

*Prisoner X stopped smoking using support from the smoking cessation service. As a result of this, he had increased confidence in himself to the extent that he then went on to address other addictions. Because he stopped smoking, he then believed he could successfully address other addictive behaviours.*

There is often a great deal of discussion within the smoking cessation groups that Prisoners in HMP Bowhouse are privileged in a sense as the prison has a dedicated smoking cessation service and consider that they really benefit from this service.

*Prisoner Y stopped smoking using the NRT inhalator and support from the smoking cessation group. He has commented that he has wasted too much of his life being in prison and still has things he wants to be able to do when he is released. He does not want to be unwell as a result of smoking-related conditions.*

Prisoners accessing the smoking cessation groups have commented that smoking cessation groups are an ideal way of sharing hints and tips for stopping smoking- they can learn from each other and support each other.

Prisoners attending the smoking cessation groups very often put 'No Smoking' stickers on their cell doors. This demonstrates that prisoners are taking a responsible approach to supporting their own quit attempt.

*Prisoner W has frequently commented in the smoking cessation group that he now has more money available as a result of stopping smoking. This shared experience also acts as an incentive for other prisoners planning a quit attempt.*