

WORKING TOWARDS A SMOKE-FREE ENVIRONMENT

An account of the journey undertaken at The State Hospital

About The State Hospital – Background

The State Hospital provides assessment, treatment and care in conditions of high security for individuals with mental disorder who, because of their dangerous, violent or criminal propensities, cannot be cared for in any other setting. Employing around 650 staff, the Hospital is a national resource for Scotland and Northern Ireland. The purpose is both to provide care and treatment of the highest standards and to ensure public safety. The women's service within The State Hospital closed to admissions in 2008, in line with the national plan for Scotland/Northern Ireland having no high secure provision for women.

As one of four high secure Hospitals in the UK, The State Hospital is one part of the pathway of care that should be available for those with secure care needs. The main aim is to rehabilitate patients, ensuring safe transfer to appropriate lower levels of security. The other three special Hospitals are in England (Ashworth, Broadmoor and Rampton) and these are all smoke-free.

The State Hospital is part of the NHS in Scotland, therefore functions within a different legal framework from these hospitals. Patients are admitted to the Hospital under the provisions of The Criminal Procedures (Scotland) Act 1995, The Mental Health (Care and Treatment) (Scotland) Act 2003, and other related legislation.

Improving and modernising services for patients has always been a priority. With the Mental Health (Care and Treatment) (Scotland) Act 2003 came statutory requirements to ensure patients were treated in accommodation appropriate to their needs and in an environment that supported rehabilitation.

Due to the poor physical condition of the estate and obligations to meet these statutory requirements, a Full Business Case for the re-development of The State Hospital was approved by the Scottish Government in September 2007. Construction commenced on site in April 2008. The objective being to replace the existing Hospital with a modern fit for purpose Hospital with 140 high-secure beds for male patients requiring maximum secure care; 12 specifically for patients with a learning disability.

As part of the Full Business Case, approved by the Scottish Government, the new Hospital would be a smoke-free environment with no provision for smoking internally or externally. This meant there would be no dedicated smoking rooms and patients would not be permitted to smoke in the gardens or grounds. This was reiterated to stakeholders at the time of consultation.

With completion of the physical rebuild in 2011/12, a new model of care was introduced for the new Hospital.

Facts about smoking and mental health

People with mental health problems are more likely to smoke; to be more nicotine-dependent; to have smoked for longer; and to smoke more heavily than the general population (*Campion et al, 2008a*).

Contrary to popular opinion, smoking is harmful to mental health. Smoking increases the risk of developing a mental health problem, with a clear relationship identified between the amount of tobacco smoked and the number of depressive and anxiety symptoms in people with existing mental illness and those without mental health problems (*Faculty of Public Health, 2008*).

The high levels of smoking among people with serious mental health illness, combined with the fact that around one in two smokers dies prematurely, mean that the death toll from smoking far outweighs the 10% lifetime risk of suicide (*Campion et al, 2006*).

Heavy smoking is associated in particular with schizophrenia. Nicotine in cigarettes appears to be especially reinforcing in people with schizophrenia, as it stimulates the subcortical reward system and the prefrontal cortex, both of which appear to be hypofunctional in people with schizophrenia (*Chambers et al, 2001*). Whilst there are many reports in previous literature of nicotine helping to alleviate some of the negative symptoms of schizophrenia (*e.g. Patkar et al, 2002*), the medical evidence on smoking as self-medication remains inconclusive. There does seem to be a complex interaction between nicotine dependence and schizophrenic symptoms (*Aguilar et al, 2005*), but a systematic review found no randomised clinical trials that support the self-medication hypothesis (*Punnoose and Belgamwar, 2006*).

The meaning of 'smoke-free'

Partial smoke-free refers to policies which do not allow smoking anywhere in buildings. Smoking may still be permitted in the grounds of hospitals, or in designated areas within their grounds, for example, in shelters.

Comprehensive smoke-free refers to policies which do not allow smoking anywhere on the premises, be that inside buildings or in the grounds.

Journey to a smoke-free environment – Introduction

In 2004, The State Hospital was awarded £40,000 from the (then) Scottish Executive's mental health division as part of a national programme for Improving Health and Mental Well being. This money was used to establish a Smoking Cessation Service within the Hospital with a commitment to making cessation support readily available to patients who wished to change their smoking habits. Over the years patients have benefited from this support.

In March 2011, national implementation guidance '*Smoke-free mental health services in Scotland*' was produced which helped to support the Hospital's drive towards a smoke-free environment. A multi-disciplinary Smoking Cessation Taskforce was formed locally to lead on the process ensuring extensive consultation with all key stakeholders, and two dedicated full time Smoking Cessation Advisors were seconded to the service.

The first steps

Prior to working towards a smoke-free environment, the Monday smoking cessation clinic continued to offer support to all patients who wished to stop smoking, with around 11 patients attending each week.

Research was undertaken, and activities and initiatives were strengthened, developed, and facilitated throughout the Hospital, to further raise the profile of the Hospital's Smoking Cessation Service and to share experiences of best practice elsewhere. Activities included a word search competition and a design a t-shirt competition to produce a smoking cessation logo for the Hospital. Additionally, escorted walks as an outdoor activity took place at weekends and evening activities were offered as divisional therapies to smoking although the take-up of these was variable.

As the journey to a smoke-free environment progressed, patient referral rates increased as the date of the closure of the smoke rooms within wards approached. Numbers rose to around 15 to 20 patients attending weekly.

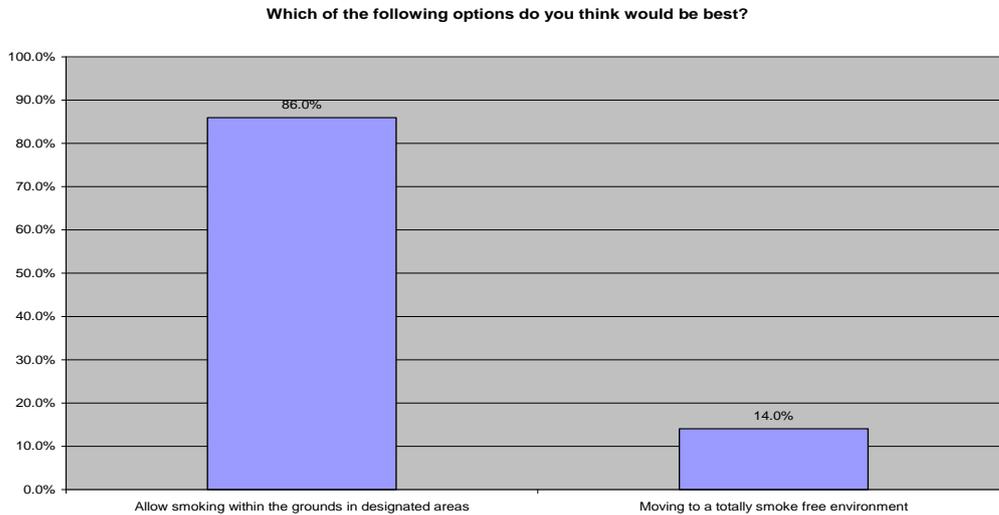
Hospital-wide consultation (consultation number 1)

The State Hospital recognises that key stakeholders have considerable influence and information as partners in service delivery and development, and has robust involvement and engagement systems and processes in place to listen to their views.

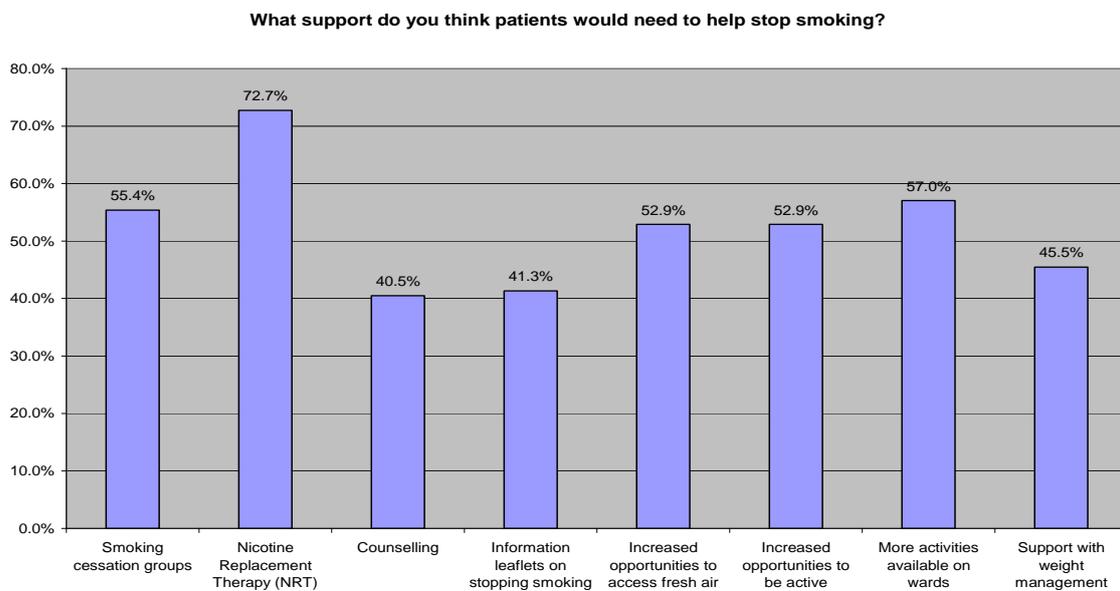
Running from 1 March to 31 May 2011, consultation took place with all key stakeholders. A questionnaire was sent out to patients, staff and carers. As the status quo was not an option, stakeholders were asked to consider two main options in addition to giving their views on a range of support mechanisms that they felt would help patients stop smoking:

- Option 1 – Partial smoke-free - Allowing smoking to continue within the grounds of the Hospital within designated areas.
- Option 2 – Comprehensive smoke-free - Moving towards a totally smoke-free environment with no smoking permitted in any area (internal/external) of the Hospital.

This first consultation showed that 86% of patients were in favour of a partial ban (they wished to continue to smoke in the Hospital grounds) and 14% stated they preferred to move towards a comprehensive smoke-free environment.



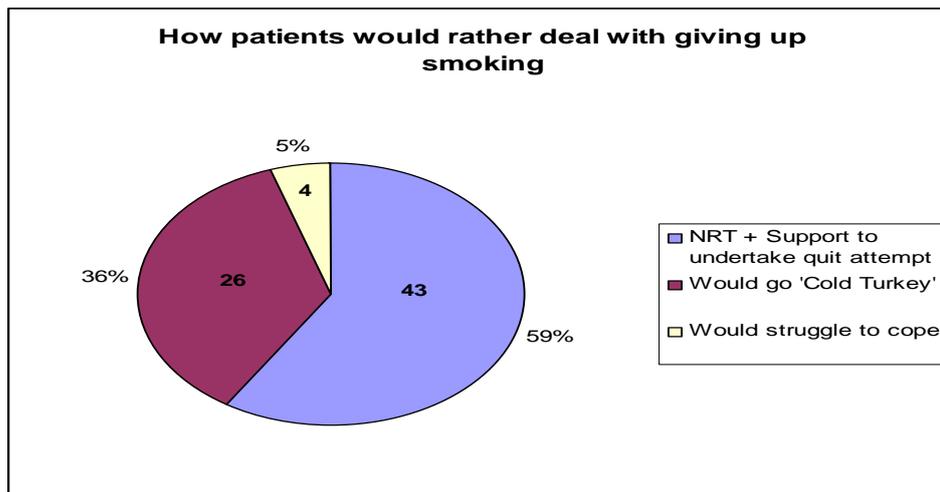
The following are the results of the patient questionnaire in respect of what support they felt they would require, as an individual, if the Hospital was to become smoke-free. The suggestions below were offered:



Patient Nicotine Replacement Therapy (NRT) - consultation number 2

On the back of the main Hospital wide consultation involving all stakeholders, in April 2011 a second consultation exercise was undertaken. Conducted by the Smoking Cessation Advisors, this related to Nicotine Replacement Therapy (NRT), and directly targeted at the 73 patients that smoked. The aim was to establish the method as to which each patient, as an individual, would prefer to adopt in respect of stopping smoking.

The pie chart below shows that 59% of patients felt they could cope by attempting a quit attempt, 36% refused to use NRT and would go 'cold turkey', and 5% believed that moving to a comprehensive smoke-free environment would be extremely difficult for them.



Following this consultation exercise (April 2011), seven patients requested a referral to the Smoking Cessation Service.

As a result of the main Hospital wide consultation (1 March to 31 May 2011), a decision was made by The State Hospitals Board for Scotland on 23 June 2011 to introduce a partial smoke-free environment from 1 August 2011 subject to a three month monitoring review in November 2011.

Patients were asked if smoking 'countdown posters' would be helpful however these visual aids were declined as they felt they might cause unnecessary panic.

Partial smoke-free environment

A number of measures were put in place in advance of the move to the new Hospital site on 21 September 2011 to facilitate a partial smoke-free environment and to support all stakeholders with the process. The interventions used to deliver smoking cessation support throughout the journey included:

1. Smoking Rooms

The smoke rooms within the existing wards were closed on 1 August 2011.

2. Visual Cues

Visual smoking cues, such as ashtrays and lighters were removed.

3. Smoking Policy and Procedure

The smoking policy and procedure, previously accommodating smoking within the site, was reviewed and updated in line with a partial smoke-free environment.

Resultant changes were promptly communicated face to face through various formal communication channels including the attendance of the Smoking Cessation Advisors at ward clinical staff meetings, ward community meetings for patients, the Carers' Service Group, and through Patient Partnership Group (PPG) meetings; the PPG is central to supporting and facilitating active consultation and involvement with patients. Suggestion boxes were also used to obtain feedback; these are situated in every ward, in patient activity and therapy areas, and in the Carers' Centre. Effective communication continued with the production of staff, patient and carer newsletters on a regular basis.

A home visiting leaflet was developed for patient visitors (families, friends and carers) to help them support patients during home visits as part of the main smoking policy and procedure. The leaflet outlined that it was now Hospital policy that no smoking would be permitted in the house for at least one hour prior to the patient visiting, and if this was to be breached, the visit would be terminated and home visiting would be reviewed by the clinical team.

The Suspension of Detention policy (for all patient outings – clinical and non clinical) was reviewed and updated to include the operational expectations of both the patients and staff to refrain from smoking in Hospital vehicles and whilst on escort.

4. Smoking Resource Pack

A smoking resource pack was produced and issued to all patients (smokers and non smokers). The pack provided, in a variety of formats (including 'easy read' for patients with a learning disability) essential information on how to stop smoking, healthy eating, weight management, medication and other useful materials.

5. Nicotine Replacement Therapy (NRT) Prescribing

Meetings took place with the Medicines Committee to discuss and review the current prescribing protocol for NRT medicines that was available within the Hospital. Due to security restrictions, NRT offered included patches, lozenges, micro tabs, inhalator and Varenicline (Champix). As a result, a new prescribing protocol was developed, a wider variety of NRT products were introduced and made accessible, and measures were put in place to support patients requiring NRT top ups during the day.

Due to the heavy nicotine addiction of patients, dual therapy continued to be offered to allow patients a greater choice. The State Hospital smoking policy advocated patients having access to top up NRT products such as lozenges and micro tabs outwith permitted smoke times, as opportunities for patients to smoke were limited due to dark nights and security issues. The last set point for smoking was 4pm, thereafter patients could utilise prescribed nicotine products to assist them with nicotine withdrawal. Again the aim was not only to help patients with the symptom of withdrawal but to assure them that NRT did work, was effective, and could be trusted.

The Hospital acknowledged that this method of supporting 'Cut Down To Quit' (CDTQ) was not endorsed by the National Institute of Clinical Excellence (NICE) guidelines. *Health Scotland (2010)* states that NRT should not be prescribed as a CDTQ method unless it is part of a properly designed and conducted research study.

Smoking Cessation staff engaged with every patient that smoked and NRT awareness days took place to explain, and allow patients to try, the NRT products available. Together the best product for each patient as an individual was chosen.

A new administration sheet was developed which made it easier for appropriately trained nursing staff to record individual patient NRT usage.

This information was shared with clinical teams and other key clinicians including Pharmacy, Senior House Officers (SHOs) and the Health Centre to ensure continuity of care, treatment and support.

SHOs ensured that prescriptions were in place in advance of The State Hospital becoming a comprehensive smoke-free environment.

6. Clozapine Monitoring

As of September 2011, there were 26 patients that were prescribed antipsychotic clozapine and smoked. An 'easy read' leaflet was produced specifically for these patients to support their understanding of the interactions smoking had on clozapine medication.

In acknowledging that smoking increases the metabolism of clozapine out of a person's system, patients with a known medium to high range clozapine plasma level, were closely monitored during the partial smoke free phase. This was important, as a reduction in the number of cigarettes smoked on a daily basis could result in even higher clozapine plasma levels, leading to increased side effects and possibly even seizures. As required rectal diazepam was prescribed to cover such episodes however there was no uptake of this prescription by patients. It was recognised that once the comprehensive smoke-free environment was imminent, patients would require careful monitoring and likely clozapine dose reduction.

The uniqueness of The State Hospital enabled any prescription changes to be made promptly.

7. No Smoking Days – Awareness Raising Events

An awareness event was held in March 2011 to coincide with national 'No Smoking Day'. This was followed up with two further 'No Smoking Day' events in May and June. On these days, Smoking Cessation Advisors were on hand to offer support and advice, and to give away promotional items in support of no smoking initiatives. Patients were also given the opportunity to have their carbon monoxide (CO) level taken to enable them to see the reduced level of oxygen in their blood due to smoking.

To catch the attention of as many patients as possible, fresh fruit afternoons were held in the Skye Centre for patient therapy and activity. A healthy snack was on offer as well as further advice and support regarding any smoking related issues.

Partial smoke-free environment monitoring (1 August to 21 September 2011) prior to the move to the new Hospital site

During the partial smoke-free environment period, the Hospital continued to monitor the situation by identifying and addressing any emerging problem areas, and welcomed the views and opinions of patients, staff and carers - on how this interim measure was affecting them, the ward routine, and the wider Hospital. Stakeholders were also encouraged to suggest ideas which may help with the smooth transition from partial smoke-free to totally smoke-free.

Discussions took place in relation to where smoking could be facilitated in the new Hospital site and to associated physical impositions that could be put in place for smokers.

With less daily opportunities for patients to smoke, patients tended to 'power smoke' when they could, and many stated that their daily schedule revolved around their next smoke break. In some cases patients reverted back to previous institutionalised behaviour such as clock watching.

Passive smoking continued to be raised by staff as a concern, in particular, daily exposure by nursing staff to second hand smoke. It was felt that staff in The State Hospital should have the same opportunities to enjoy the benefits of a smoke-free environment as the rest of the NHS in Scotland. These concerns had been raised previously through the Health & Safety Committee, and following the 'moving towards a smoke-free environment' consultation exercise, through the Smoking Cessation Taskforce.

Issues raised were promptly addressed by the Smoking Cessation Taskforce who met frequently throughout this period.

During staff education and awareness initiatives with regards to moving towards a comprehensive smoke-free environment, staff were concerned that there might be an increase in aggression levels of patients. As a means of reassuring staff, they were reminded that research from other high secure hospitals had indicated that this was unfounded.

Partial smoke-free environment monitoring (from 21 September to November 2011 review date) following the move to the new State Hospital

Physical impositions in place for smokers were continually monitored to ensure they did not disadvantage non smoking patients in any way. For example, any procedures did not impinge on their rights to fresh air or access to on duty staff.

With the absence of outside benches, shelters and litter bins, there was an increase in litter throughout the site initially.

Patients smoking in the grounds tended to congregate around the one external lighter that had been provided to facilitate partial smoking within the new site. Patients were aware that they were in breach of their 'grounds access' protocol if they congregated in groups of more than four people.

It was observed that no matter how severe the weather conditions, patients wishing to have a smoke were willing to battle against the elements to do so.

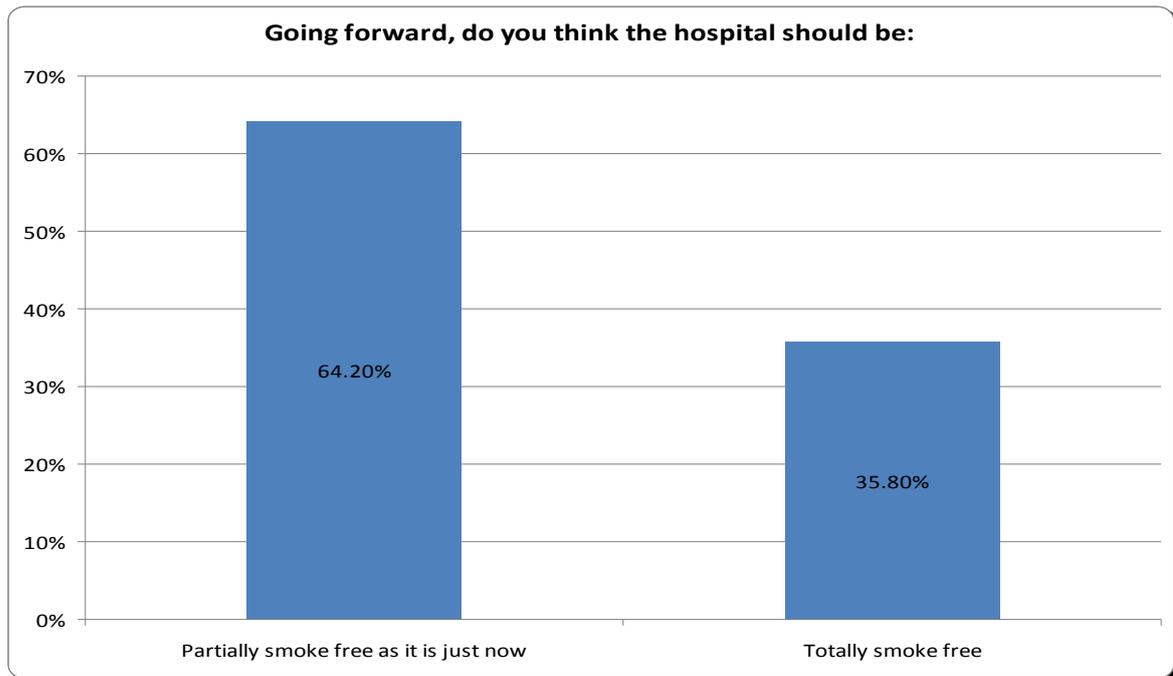
The smoking policy and procedure was reviewed and updated on numerous occasions as the Hospital worked towards becoming a smoke-free environment. The first update was after just one week due to arising operational and staffing issues associated with the move to the new build, and it was updated again in October 2011 to support the reduction of tobacco use within the Hospital shop.

Requests for electronic cigarettes (e-cigs) were received from patients and staff although this was known to be a prohibited item. All stakeholders were reminded that e-cigs were not allowed into the Hospital.

Patients stated that their new environment was cleaner without the constant smell of smoke, and that this was helpful to patients that were trying to give up smoking.

Post Smoke Room Closure – consultation number 3

A third consultation was carried out the second week in August 2011 post smoke room closure on 1 August 2011. In the first consultation (March to May 2011) 14% of patients had stated a preference for a comprehensive smoke-free environment, however this increased significantly by 11.8% to 35.8% in this latest and final consultation (August 2011).



Transition from a partial to a comprehensive smoke-free environment

Over the course of the month of August 2011, significant operational and potential security risks came to light bringing the planned November 2011 review forward. Extensive feedback was made available to the Board from stakeholders, and after careful discussion by The State Hospitals Board for Scotland at the 25 August 2011 Board meeting, a decision was made to implement a comprehensive smoke-free environment as of 1 December 2011. The 1 December 2011 date was later changed to 5 December 2011 due to national strike action in respect of pensions.

Monitoring procedures remained in place to support the interim partial smoke-free stage of the transition process.

Patients continually referred to the pending legal injunction which they hoped would allow them to continue to smoke on a partial basis indefinitely. The appeal was unsuccessful however many smoking patients still believed that some other form of legal intervention would happen that would either postpone or stop the move to a comprehensive smoke-free environment on 5 December 2011.

It was explained to patients that it was very unlikely that such an intervention would occur, and in the absence of this, the planned move to a comprehensive smoke-free environment was forthcoming, and the decision to go totally smoke-free would not be reversed.

Efforts directed towards supporting patients to stop smoking intensified with much focus being placed on encouraging patients to adopt the CDTQ method. Patients who were unwilling to engage in either a quit attempt or a CDTQ before the move to a comprehensive smoke-free environment were prescribed NRT of their choice, in advance, to ensure effective prescription and support.

Patients on clozapine were advised that a baseline blood plasma level would be taken before the Hospital moved to a comprehensive smoke-free environment and again 7-10 days after. These patients were closely monitored for any side effects with many requiring a reduced clozapine dose to prevent an increase in serious side effects.

Stakeholders were advised that from 5 December 2011 all tobacco related products would be prohibited within the Hospital.

As from 4pm on 4 December 2011, the Hospital shop ceased to sell tobacco products. This was undertaken in a phased manner with a gradual reduction in the number of brands being made available to patients prior to the 4th. Patients were encouraged to avoid stocking up tobacco and to assist this, there was a restriction placed on the amount of tobacco that could be purchased. By the 4th only packets of 10 cigarettes were available to purchase.

Patients were advised that any tobacco products in their possession on 5 December 2011 would not be refunded. Two padded envelopes were provided by the Hospital to these patients, to allow them to post to the destination of their choice, any unused tobacco products. The cost of postage was covered by the Hospital.

Findings

National guidance was welcomed. The wide-ranging content gave support to the Hospital's step-by-step journey to a comprehensive smoke-free environment. The Hospital's decision taken to adopt a partial smoke-free environment prior to full implementation was a positive step.

Around 45% of staff (at the initial consultation) strongly felt that they did not wish to be subjected to passive smoking due to the associated harmful impacts that this had on their physical health, whilst other staff throughout NHSScotland were not expected to work in environments where they could be subject to breathing in second-hand smoke. This number rose to 77% following the closure of the ward smoke rooms.

Despite initial challenges and concerns, there were no significant problems in respect of implementation. Updating the smoking policy and operational procedures led to some criticism at the time, however the Hospital firmly believes that the flexible approach adopted to update the policy in response to changes and circumstances as they happened, was the right thing to do as part of the continual assessment and evaluation of policy and practice. It was acknowledged that changes to the policy could not have been avoided as implementation was different in respect of the old and new Hospital site.

With regards to patient aggression, there were no significant incidents or breaches of security recorded on 'Datix' as incidents directly related to smoking. However it was recognised that agitation and aggression in some patients was prevalent, and this may have been associated with nicotine withdrawal.

The State Hospital chose to go with the CDTQ method of stopping smoking although aware that this method had not been endorsed by the NICE guidelines. It was felt that this method was the most suitable for patients within the Hospital's high secure environment given their limited opportunities to smoke. Positive feedback was received from patients in relation to this method and to the top up NRT that was offered outwith smoking times. They felt this helped them greatly with their nicotine withdrawal. The Hospital would advocate CDTQ as a safe and manageable option for detained mental health patients who are nursed in partially smoke-free environments.

Around 90% of patients required a reduction in their clozapine dose after they stopped smoking.

Feedback from patients is that they are extremely pleased with their achievements in relation to stopping smoking and were surprised at how well they were coping with the use of NRT in their new comprehensive smoke-free environment.

Four weeks on from 5 December 2011, the NRT step down process had commenced. Out of the 70 patients smoking prior to 5 December 2011, 19 patients had willingly stopped their NRT prescription.

The Smoking Cessation Service continues to support and monitor patients through the step down process to quitting. An audit of the increased use of 'as required' psychotropic medication usage is planned for the future. The State Hospital remains committed to maintaining success through the ongoing sustainability of a good quality cessation service that is widely available and accessible.

Conclusion

The State Hospital's transition to a comprehensive smoke-free environment was successful. Factors crucial to this success included:

- Appropriate leadership, funding and resources. In particular, the establishment of the Smoking Cessation Taskforce, the full-time secondment of two dedicated members of staff to the smoking cessation team, and additional funding received from the Scottish Government in late 2011 which was used not only to keep the seconded Smoking Cessation Advisors in place until March 2012 but to support the continued work of the service.
- The continual support and encouragement provided to all stakeholders from the seconded Smoking Cessation Advisors at every stage of the journey, in addition to the steps taken by them to promote and share the experience and lessons learned with other organisations.
- Effective planning and preparation which involved good time management as well as identifying and acknowledging possible challenges.
- Continual consultation and involvement of all key stakeholders, supported by clear communications to ensure all stakeholders were well informed throughout the whole process.
- Provision of appropriate information including research materials.
- Development and consistent application and enforcement of the smoking policy and operational procedures with no exceptions. Enforcement being both educational and supportive.
- Support from key stakeholders, especially staff, during a time of constant change and challenge with the move to the new Hospital site and the introduction of a new Clinical Model (way of working) taking place at the same time.

***Produced by The State Hospital
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