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## Directorate of Nursing and Therapies

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# Smokefree Policy

Implementation date	July 2012
Review date	July 2014
Policy Section number	
Policy number	

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">EQUALITY IMPACT ASSESSED</p>	<p>Equality Impact Assessed? Yes [ X ] N/A [ ]  <i>Please note this must be undertaken prior to seeking Approval</i></p> <p><i>If yes, has the recording impact tool been completed? Yes [ X ]</i>  <i>Please note this must be undertaken prior to seeking Approval</i></p> <p>Any Negative Impact identified? Yes [ ] No [ X ] N/A [ ]</p> <p><i>If yes, has an action plan been developed to address any negative impact? Yes [ ]</i></p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">COMMUNICATION PLAN</p>	<p>Following approval Lead Author to communicate approved policy via:</p> <p>(1) <b>Trust Communications</b> [ ] <i>contact Communications Officer</i></p> <ul style="list-style-type: none"> <li>• Monthly update to staff following Trust Management Board</li> <li>• Team Brief</li> <li>• Managers Meeting Point ?</li> </ul> <p>(2) <b>Intranet</b> [ ] <i>contact Web Developer.</i>  <i>Please note the author must provide both the policy and the Equality Impact Assessment (if required) must be provided for the web</i></p> <p>(3) <b>Confirmation to Policy Assurance Group</b> post approval processes have  been completed [ ] <i>contact Trust Board Secretary</i></p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">TRAINING PLAN</p>	<p>Is staff training or briefings required for this policy? Yes [ X ] No [ ]  <i>If yes, please complete the following:</i></p> <p>Elements of policy requiring training/briefing: <i>please list</i></p> <p>.....</p> <p>.....</p> <p>Training/Briefings required for which staff discipline/s <i>please indicate which</i></p> <hr/> <hr/> <p>If a training need has been identified, has the delivery been agreed:  Yes [ ]  With whom? _____</p>

APPROVAL	<p><b>Approved by Trust Management Board: Yes [ ] No [ ]</b>  <b>Comment: if applicable</b></p> <p>Lead Author/s to be informed of approval status by the Trust Board Secretary in order for lead author/s to implement the communication and training plan.</p>
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**Dissemination Record - to be used once document is approved**

<b>Date put on register / library of procedural documents:</b>		<b>Date due to be reviewed:</b>	
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Disseminated to: (either directly or via meetings, etc.)	Format (i.e. paper or electronic)	Date Disseminated:	No. of Copies Sent:	Contact Details / Comments:

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## 1. Introduction

### 1.1 The impact of smoking on mental health service users

Smoking is the largest single cause of death and disease in England. It is also the biggest preventable cause of death and disabling illness. Around half of all long term smokers will die as a result of their smoking losing on average about 10 years of life. Two thirds of these lose 15 years earlier and a quarter die a full 23 years sooner (see Campion, undated).

In the UK, around 21% of men and 20% of women currently smoke (ASH, May 2012). Manchester prevalence is considerably higher at 31% (Points for Life Baseline Survey, 2010). This figure has been falling in recent decades, but is becoming increasingly concentrated within certain sections of society.

One of these groups is people with mental health problems. Up to 40-50% of people with diagnosed depressive disorders smoke. The figures for anxiety disorders and schizophrenia are even higher at around 70% and 90% respectively. Similarly high rates are found in those with other mental health disorders (NICE, 2004). People who smoke in this section of the population also smoke significantly more on average and have higher levels of nicotine dependence than the population as a whole (ASH, Feb 2011).

Predictably, this high prevalence of smoking and the large amounts of tobacco smoked results in much high rates of certain illness and death amongst people with mental health problems including cancer, and respiratory and cardio-vascular diseases. Smoking accounts for the largest proportion of health inequality between those with mental health problems and those without. Studies have shown, for example, that men and women with schizophrenia have a 20.5 and 16.4 year reduction respectively in life expectancy, and smoking accounts for much of this differential (see Campion, undated).

Furthermore, people who smoke require higher doses of certain drugs which are regularly used in psychiatry including anti-psychotics and benzodiazepines as tobacco smoke has the effect of breaking down these drugs. Smoking cessation can result in a lowering of level of drugs required and often a consequent reduction in side effects experienced.

Despite facing some particular challenges when attempting to stop smoking, research has shown that people with mental health problems are frequently motivated to stop smoking and able to be successful when they are provided with high quality support to do so (see Campion, 2010). Furthermore, evidence suggests that despite the large burden of ill-health brought about by their smoking, people with mental health problems have significantly less access to stop smoking services than the population as a whole.

There are therefore large gains to be made by routinely offering evidence-based support to quit to all service users who are smoking. These include:

- Improved physical health and life expectancy
- Improvements in mental well-being
- Lowered medication doses
- Reduced financial stress
- Reduction of health inequalities between those with mental health problems and the population as a whole

## 2.1 Smokefree Legislation

The Health Act passed by parliament in 2006, made virtually all 'enclosed' and 'substantially enclosed; public places and workplaces smokefree from 1<sup>st</sup> July 2007. The Act sets out the broad vision for smokefree legislation and provides a number of powers to enable it to be enforced. Local councils are responsible for enforcing the Health Act 2006 (the smokefree law) and if the Trust does not comply with the smokefree law, it will be committing a criminal offense.

Section 2 (2) of the Health and Safety at Work Act (1974), places a duty on employers to 'provide and maintain a safe working environment which is, as far as is reasonable practicable, safe without risk to health and adequate as regards facility and arrangements for their welfare at work'.

## 2. Purpose

This policy has been developed to promote health and well being of all and encourage smoking cessation for staff and service users and to protect non-smokers from the harmful effects of secondhand smoke.

Manchester Mental Health and Social Care Trust recognises the impact that smoking has on the health and lives of its service users and is committed to working to reduce this impact. This policy will outline the support for service users and staff to stop smoking when they wish to do so.

Manchester Mental Health and Social Care Trust further recognises the rights of both employees and service users to be protected from harm resulting from exposure to second hand smoke and enjoy smokefree air. This policy sets out the arrangements in place to deliver a smokefree environment within the Manchester Mental Health and Social Care premises.

## 3. Definitions

Trust Premises refers to any building from which the Trust delivers services and includes grounds, entrances and exits.

## 4. Duties within the Organisation

The requirements of this policy will be presented under three headings as follows:

### 4.1 To promote smoking cessation amongst staff and service users

#### 4.1.1 Screening

All services (i.e. both inpatient and community services) must adopt the 3 A's approach to smoking cessation:

**Ask** all clients about their smoking status

**Advise** all clients to stop smoking

**Assist** interested clients to stop (through referral to ward/department 'champions' or to the Specialist Stop Smoking Service)

The above stages should be recorded on Amigos for all service users. This will form part of service users' Care Program Approach. The brief intervention training open to all staff (see 4.1.1) will focus on this approach.

As stopping smoking can have the effect of increasing the blood concentration of certain medications used in psychiatry, it is important that the drug levels of service users attempting to stop smoking are monitored. Further guidance on this can be sought from the Pharmacy Department.

#### 4.1.2 Training

The Trust will ensure that each ward and team has a trained intermediate level smoking cessation advisor (or stop smoking 'champion'). These champions will undertake a one day intermediate intervention smoking cessation training provided by Manchester Stop Smoking Service.

Manchester Stop Smoking Service will also provide a short brief intervention training open to all staff which will provide an overview of motivating people to consider quitting smoking and referring to the department or ward stop smoking champion or the Specialist Stop Smoking Service.

Information about brief and intermediate smoking cessation training events will be publicised on the intranet and via staff training bulletins and is also available from Manchester Stop Smoking Service on 0161-205-5998.

Information about the Trust's smokefree policy will be included in all induction packs for new staff.

#### 4.1.3 Health Promotion

All areas and departments will provide posters, leaflets and other forms of information advising on the dangers of smoking to health / benefits of quitting and sign-posting people to sources of help. These resources are available from MPHDS library (tel: 0161-248-1755) or Manchester Stop Smoking Service (tel: 205-5998).

#### 4.1.4 Supporting Staff to Stop Smoking

All staff who smoke are encouraged to consider stopping. The Stop Smoking Service will be promoted to staff through various means (e.g. staff newsletters). Appointments can be made by phoning the Service on 0161-205-5998.

### 4.2 To protect staff, service users visitors and contractors from the harmful effects of secondhand smoke

Notwithstanding exceptions (see below), smoking is not permitted on Trust property or grounds or premises from which the Trust provides a service. This includes Trust vehicles and staff cars when on Trust business or premises.

#### Exemptions:

In May 2008, MMHSCT Trust Board approved the implementation of identified areas for service users with high risk factors to smoke in exceptional circumstances. This was in response to feedback from service users, carers and staff and was supported by the acute trusts.

These exempted service users may include:

- those who are compulsorily detained and who are not fit to leave the grounds
- those who are receiving end of life care

- those with severe mobility problems

Each inpatient site is responsible for identifying a suitable area. It must be outside and must allow for staff observation without exposing staff to second hand smoke. These designated areas must be closed to allow maintenance or repair to take place in a smokefree environment.

#### Service Users' Homes

Service users will be asked not to smoke for two hours in the room where a visit from a staff member will occur. If this request is not possible, staff members may make arrangements for the visit to take place elsewhere.

#### 4.3 To support staff to implement 4.2

Manchester Mental Health and Social Care Trust will support any member of staff who takes all reasonable action in order to implement this policy.

##### 4.3.1 Signage and Information

No Smoking signs will be displayed throughout the Trust premises and in Trust vehicles. Information will be provided to service users regarding the policy. Letters to service users will be available on the Trust intranet and internet. Notices regarding matches and lighters will be provided to all wards. External contractors will be advised of the smokefree policy with a statement included in contracts where appropriate. Trust communications will display a smokefree environment message where appropriate.

##### 4.3.2 Nicotine Replacement Therapy (NRT) for short-term abstinence on inpatient facilities

All wards should have a supply of NRT patches for service users who are unable to go out to smoke (e.g. overnight) due to constraints of staff time.

##### 4.3.3 Matches and Lighters on Inpatient Wards

In order to support the smokefree policy and promote a safe environment for all, matches and lighters are not permitted on in-patient wards. All wards should display notices and information to service users about this restriction.

Ward staff will request lighters and matches from all services users on entrance to the ward and will ensure their safekeeping returning them to services users when required and appropriate.

The Trust will support ward staff in carrying out searches and removing property for safekeeping in line with policy and procedural guidelines on personal searches where they believe that banned items have been brought onto the ward. Staff may seek assistance from security if required.

##### 4.3.4 Sale of cigarettes and related products

The sale of cigarettes and tobacco-related products will not be permitted on Trust grounds.

##### 4.3.4 Breaches of the policy within Manchester Mental Health and Social Care Trust premises

It is the personal and legal responsibility of all staff and managers to try and ensure compliance with section 4.2 of this policy. If any staff member suspects that a breach to

4.2 has taken place, they should politely advise that person of the Trust's policy and that it is against the law to smoke in all 'enclosed' and 'substantially enclosed' public places and workplaces and request that s/he refrain from smoking there.

If the person refuses to comply, the member of staff should report it to their line manager and complete a DATIX report. Staff should not place themselves in any danger. If they feel the person is becoming violent or aggressive, they should summon assistance via their personal attack alarm or call security.

If a service user persistently breaches the policy, a multi-disciplinary discussion will take place with the service user to determine the best course of action.

4.3.5 No member of Manchester Health and Social Care Trust should smoke while in uniform.

4.5.6 All job applicants will be made aware of the Trust Smokefree Policy and a requirement to abide by it will be written into all new person specifications.

### **Executive Directors**

The responsibility for overseeing the implementation of this policy rests with the Chief Executive, and the Directors (along with managers) carry responsibility for the day to day implementation. This includes challenging breaches of section 4.2 (smokefree premises) of this policy.

### **Managers**

The day to day responsibility for implementation rests with matrons and managers (along with directors). This includes ensuring staff are released to attend training (see 4.1.2) and given work time to attend support for their own stop smoking support (see 4.1.4), ensuring the display of relevant health promotion information in all service delivery premises (see 4.1.3), identifying a suitable area for exempted service users to smoke, making sure that there is NRT available on wards for service users wanting to use it for short term abstinence (see 4.3.2) and challenging breaches of section 4.2 (smokefree premises) of this policy.

### **All Staff**

All staff have a duty to comply fully with this policy. This includes undertaking a 3 A's brief intervention with all service users who smoke (see 4.1.1), challenging breaches of section 4.2 (smokefree premises) of this policy (see 4.3.4) and ensuring that they do not smoke while in Trust uniform.

Failure to comply with this policy may result in the Trust taking disciplinary action against the member of staff.

# Equality Impact Assessment Template for Policies and Strategies

## Completion Guidance

Please ensure that all the questions on the template are completed and that written evidence is provided. Should you have any problems when filling out the template then please contact the Equality and Diversity Advisor [pashe.stott@mhsc.nhs.uk](mailto:pashe.stott@mhsc.nhs.uk)

<b>Name of policy/strategy</b>	Smokefree Policy		
<b>Aim of policy/strategy</b>	To ensure accessibility and availability of smoking cessation opportunities for all service users and staff  To assist staff in ensuring compliance with Health Act (2006) and providing a smokefree environment for all		
<b>Name of lead Manager</b>			
<b>Name of person completing the template</b>	Abbie Paton		
<b>Date of completion</b>			
<b>Date passed to Access and Inclusion Team</b>			
<b>Impact assessment</b>			
Does the policy/strategy target or exclude a particular equality target groups listed?	Race	No	Please provide an explanation for your answer and evidence as appropriate
	Disability	No	
	Gender	No	
	Age	No	
	Sexuality	No	
	Religion & Belief	No	
	Deprivation	No	
Does the policy/strategy affect any of the equality target groups listed disproportionately?	Race	No	Please provide evidence for your answer
	Disability	Possibly – have less easy access to designated smoking area on in-patient sites	
	Gender	No	
	Age	No	
	Sexuality	No	
	Religion & Belief	No	
	Deprivation	No	
Are there barriers which could inhibit access to the benefits of the policy/strategy? e.g. Communication/information, physical access, location, sensitivity etc	No.		Please provide evidence for your answer
Does the policy/strategy give different groups the same choices as everybody else?	Yes.		Please provide evidence for your answer
What evidence has been used to make these judgements? Please	Demographic data and other statistics, including census findings		Please provide any

tick one or more	Recent research findings including studies of deprivation	evidence that you feel may be appropriate
	Results of recent consultations and surveys	
	Results of ethnic monitoring data and any equalities data from the local authority / joint services	
	Information from groups and agencies within Manchester	
	Comparisons between similar functions / policies	
	Analysis of PALS, complaints and public enquires information	
	Analysis of audit reports and reviews	
How is the effect of the policy/strategy on different equality target groups going to be monitored? Please specify for each equality group	Race	Please provide evidence for your answer
	Disability	
	Gender	
	Age	
	Sexuality	
	Religion & Belief	
	Deprivation	

## References

ASH (Oct 2011) **ASH Factsheet: Smoking Statistics: Illness and Death** (see [www.ash.org.uk](http://www.ash.org.uk))

ASH (May 2012) **ASH Factsheet: Smoking Statistics** (see [www.ash.org.uk](http://www.ash.org.uk))

ASH (Feb 2001) **ASH Factsheet on Smoking and Mental Health** (see [www.ash.org.uk](http://www.ash.org.uk))

Campion (undated) **Public Health Review 7: Integrated Physical and Mental Health**  
DOH

Manchester Joint Health Unit (2010) **Points for Life Baseline Survey**

NICE (2004) **Smoking and Patients with Mental Health Problems** HDA, London