

RCPsych in Scotland response to Scottish Government consultation: Prohibiting smoking outside hospital buildings

1. Do you support the proposal that the distance from hospital buildings which will form the perimeter of the no-smoking areas outside a hospital building should be 15 metres?

Whilst the College acknowledges the detrimental effects caused by smoking and fully supports the importance of encouraging improvements in patients' physical health, it is felt that forming smoking perimeters on hospital grounds may not be the most effective method of tackling this problem. Some of the key reasons for hesitations are as follows:

- A risk of patients refusing to stay voluntarily if they are not permitted to smoke near buildings. One College member (who works for a smoke-free Health Board) cited an example of having to detain a lady who would likely have stayed voluntarily had she been allowed to smoke. This was a very uncomfortable situation for the clinician, calling into question the principle of 'least restrictive practice'.
- Another point raised is the fact that smoking is not illegal, and provided it is managed in a way that does not put others at risk, nor - in contrast to alcohol - cause problems in maintaining good order within hospitals, then it would be better to respect the individual autonomy of a patient as far as possible, particularly in regard to detained patients.
- A further issue which caused particular concern is that of the impact on pharmacokinetics (particularly Clozapine) which are affected by smoking. Compelling a patient to give up smoking and take nicotine/NVPs replacement would make effective prescribing very difficult; nicotine affects drug metabolism and many patients will likely resume smoking when on passes, for example at weekends, thus making a consistent approach very difficult to maintain.

The College actively supports and encourages smoking cessation and believe that all patients should be supported with advice & encouragement; the work carried out in this regard has led to a marked improvement in recent years. We believe that if the intention is to stop people from smoking then it would be absolutely essential to provide the necessary help and resources to do so.

2. Do you support the proposal that the perimeter should be measured from the outside wall of a building and include all land or area under any canopy or overhang even where those extend beyond 15 metres?

Please see comments for Question 1.

3. Do you support the proposal to set the wording and dimensions of no smoking notices as described above?

We believe that the suggested amendment proposing an offense for those knowingly permitting smoking close to hospital grounds has the potential to put staff at risk. Arguments to this effect are as follows:

- “All efforts should be made to discourage smoking, to keep smoking off the wards and to offer all support and help to encourage cessation, which has massively improved in recent years. However, it is difficult enough to nurse and treat acutely mentally ill or chronically severely ill people who do not wish or intend to stop during admission, without facing the prospect of prosecution regarding this as well”.
- “It sets up yet another "us" and "them" barrier which at best, isn't helpful, at worst, puts staff at risk.”

To make it a criminal offence if staff have no choice but to allow an individual to smoke near hospital buildings (after exploring all other options) is unacceptable, and it would be detrimental to helping staff engage with what is a very complex and controversial area.

It is unreasonable and also unworkable to suggest that staff can and should be responsible for stopping others smoking near NHS buildings. There are already significant pressures and concerns from nurses, particularly in acute wards, who cannot be seen to provide higher observation while apparently facilitating smoking further outside the building. We cannot divert staff time and resources to monitoring this rather than providing other, more essential, care.

4. Do you support the proposal that no specific hospital or type of hospital should be exempted under the definition of “hospital” in the Act?

We would welcome support for mental health units in implementation if this were to change. We would reinforce our previous point of support for staff in offering smoking cessation support, to the individual, where appropriate.

5. Do you support the proposal that no-smoking areas will only apply to buildings used wholly or partly as a hospital?

n/a

6. Do you support the proposal that public footpaths, cycle paths and footways should be considered hospital grounds for the purposes of establishing no-smoking areas outside the doorways of hospital buildings, and that the size of the grounds would extend up to 15 metres from the centre of doorways.

n/a

7. Do you support the proposal that the use of NVPs should be allowed as an alternative to smoking on hospital grounds but not within the no-smoking area outside hospital buildings?

The Royal College of Psychiatrists has developed updated guidance around advice and recommendations to psychiatrists on the prescribing of varenicline, and the use of electronic cigarettes (EC), as strategies to support people with severe mental illness (SMI) to stop smoking¹.

We would welcome support for mental health units in implementation of this change. Again, we would reinforce our previous point of support for staff in offering smoking cessation support, to the individual, where appropriate.

8. Do you consider there to be any positive or negative impacts on equality as a result of the proposals in this consultation.

We would advocate for appropriate support for the individual in smoking cessation. Professionals working with or caring for people with mental disorders should be trained in awareness of smoking as a major health issue, to deliver brief cessation advice, to provide or arrange further support

¹ Royal College of Physicians, Royal College of Psychiatrists. The prescribing of varenicline and vaping (electronic cigarettes) to patients with severe mental illness. London: RCP, 2018. Royal College of Psychiatrists Position Statement. PS05/19.

for those who want help to quit and to provide positive (i.e. non-smoking) role models. Such training should be mandatory².

It is important to capitalise on the opportunities presented by contacts with mental health services to intervene to support smoking cessation and harm reduction.

Provision of effective smoking cessation and harm reduction support for people who smoke is crucial in supporting a smoke-free policy.

Reduction in smoke policies are also more likely to be successful and effective if they are comprehensive and can be implemented successfully in mental health settings with appropriate leadership and support strategies for patients and staff³.

In 2008 mental health units in England went smoke-free by law. It has been found⁴ that patients generally approved of the smoke-free policy, provided they could smoke outside; however, structured support is recommended to ensure that opportunities for health promotion in a vulnerable population are not being missed.

Psychiatrists understand the processes of addiction and will use the best available evidence to help patients to quit. Nicotine delivered in cigarette smoke is highly addictive and UK figures show at least 42% of all tobacco is consumed by people with mental disorders⁵.

If this was an easy problem to solve, we would not see smoking rates of over 40% in people with SMI (serious mental illness), while rates in the rest of the UK population have fallen below 15%⁶.

² Royal College of Physicians, Royal College of Psychiatrists. Smoking and mental health. London: RCP, 2013. Royal College of Psychiatrists Council Report CR178.

³ Royal College of Physicians, Royal College of Psychiatrists. Smoking and mental health. London: RCP, 2013. Royal College of Psychiatrists Council Report CR178.

⁴ Ratschen, E., Britton, J., Doody, G., and McNeill, A. Smoking attitudes, behaviour and nicotine dependence among mental health acute inpatients: an exploratory study. *International Journal of Social Psychiatry* 56[2], 107-118. 2010.

⁵ Campion J, Shiers D, Britton J, Gilbody S, Bradshaw T. Primary Care Guidance on Smoking and Mental Disorders – 2014 update; Royal College of General Practitioners & Royal College of Psychiatrists; 2014

⁶ Office for National Statistics (2019) Statistical bulletin. Adult smoking habits in the UK: 2018