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NHS
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SMOKEFREE

An evaluation of smokefree policy implementation for a UK NHS mental health trust

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Background:

- In April 2018 the Norfolk and Suffolk NHS Mental Health Trust became a smokefree trust, in line with NICE guidance PH48
- The trust adopted a harm reduction policy providing e cigarettes, or nicotine replacement therapy, on admission. Following admission e cigarettes were freely available to purchase via vending machines.
- Staff were obliged to abstain from smoking whilst on NHS premises, but were supported to use an e cigarette as an alternative, or to seek smoking cessation support.
- Smoking cessation support and training was provided by the local stop smoking service.

Methods:

1. Baseline staff attitude survey
2. 12 month follow up survey to explore change in staff attitudes over the 12 months of the smokefree policy implementation (ongoing)
3. Review of smoking prevalence data for all inpatients over 12 months and physical health data before and after policy implementation (in progress)
4. Descriptive case study of secure ward setting

Results:

Staff attitude survey wave 1 – 228 responses
- 42% never smokers, 29% ex-smokers, 12% current smokers, 7% occasional smokers
- 73% never used an e-cigarette, 6% current e-cigarette users

On smoking cessation for services users:
- Mostly agreed patients should be encouraged to quit and that smoking cessation advice should be offered routinely
- Majority agreed patients who stop smoking should be given support to avoid relapse
- Many agreed patients use tobacco as a coping strategy
- Ambivalence about whether hospitalisation was a good opportunity for smoking cessation and whether patients should be encouraged to switch to e-cigarettes

Smoke-free sites
- Mixed views about whether smoking should be banned.
- Mostly agreed it would positively impact physical health
- Generally agreed second hand smoke is bad for patients & staff
- Mixed views on smoking as a human right – slightly more agreed that it is than disagreed
- Most felt it would have a negative impact on aggression, and were ambivalent about whether providing NRT would help

Is it achievable and what are the barriers?

Facilitators	Barriers
Staff buy in	Lack of enforcement
Clear communication about the policy	Staff and visitors being seen smoking
Training on the policy and on smoking cessation	Viewing smoking as a right
Strong leadership	Not a priority when acutely unwell
Role model of sites where it has been achieved	Tobacco is a stress reliever/coping strategy
Available alternatives e.g. NRT	Fears of increased aggression
	Lack of time
	Resistance to change
	Medication interactions
	Fear of increased fire risk due to concealed lighters
	Concerns about impact on therapeutic relationship
	Cost of e-cigarettes

Results T2:

Staff attitude survey wave 2 (12 months after policy implementation) – 35 responses to date. Emergent messages:
- Policy working on some areas more than others
- Service users generally accepting despite initial concerns

Remaining barriers
- Some entrenched staff views. Unsure if the policy is working
- Misperceptions of potential harms of nicotine
- Adherence to policy 'patchy'
- Focus on negative incidents (aggression) rather than the bigger picture

Case study – Secure unit 'early adopter'
Overall feedback was positive, and sales of e cigarettes were strong
No increase in aggression was noted.
Conclusion:
Management leadership is critical to the success of smokefree policies at a ward level

Conclusions and next steps:

- **Need for continued publicity of the smokefree policy and rolling education for staff about nicotine and harm reduction**
- **Combat misperceptions with positive publicity of the health gains of moving to smokefree**
- **Trouble shoot issues and areas of concern as they arise**
- **Need for high level management 'buy in' to keep staff motivated (as per ASH 2018 report)**
- **Review physical health data and monitor changes on smoking prevalence (in progress)**

References:
A CHANGE IN THE AIR : Results of a study of smokefree policy and practice in mental health trusts in England
NICE Guidance PH48 (2013) Smoking: acute, maternity and mental health services.
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