



## Position Statement

### Implementation of a smoke-free policy in ACT mental health facilities on 1 January 2013

This position statement has been drafted in consultation with mental health carers. Carers ACT, as peak body for mental health carers who are partners in the recovery of people living with mental health issues, supports policies and procedures that are informed by best practice principles of trauma informed care. The key message of this position statement is that people living with mental illness should be supported to quit smoking while they are living in the community because the imposition of a smoking ban may be experienced as disempowering and counterproductive to their health and wellbeing. Carers ACT acknowledges that this is a contentious policy and respects people's diverse views on tobacco cessation.

The ACT Health Directorate implemented a smoke-free policy in May 2009. Under this policy all health facilities are smoke-free areas, but designated smoking areas may be provided for staff and patients/clients. Mental health facilities in the ACT were given an exemption from the smoke-free policy.

In 2011, a Smoke Free Working Group was established by the Mental Health, Justice Health and Alcohol & Drug Services Division (MHJHADS) to undertake work required for implementing a smoke free environment in all areas including inpatient units within the Division of MHJHADS by 1 January 2013. During 2012, implementation planning activities have expanded, and the smoke-free policy will be effective from 1 January 2013.

#### **Carers ACT recognises that:**

- The ACT Health Directorate has a responsibility to protect staff, patients and visitors from second-hand smoke.
- There are health, economic and social benefits of tobacco cessation
- Smoking is prohibited in all enclosed work spaces under the *Tobacco Act 1987*.<sup>1i</sup>
- Tobacco addiction is a major health issue for people living with mental health issues, as at least 40% of Australian smokers have a mental illness.<sup>2</sup>
- Many people living with mental illness want help to quit smoking.<sup>3</sup>

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<sup>1</sup> Chief Psychiatrist's Guideline. 2011. *Providing a smoke-free environment in public mental health inpatient and residential units*. State Government of Victoria.

<sup>2</sup> Lawn, Sharon. 2008. 'Tobacco control policies, social inequality and mental health populations: time for a comprehensive treatment response', *Australian and New Zealand Journal of Psychiatry*, 42:353-356; p. 354.

- There is a long-standing history and culture of smoking in psychiatric institutions, where cigarettes are often used as a form of currency.<sup>4</sup>
- Smoking interacts with psychiatric drugs, and blood levels of some drugs may be affected by tobacco cessation or resumption of smoking. This may impact on the efficacy of treatment and may also cause side-effects.
- Findings from 26 international studies on the effectiveness of smoking bans in inpatient psychiatric settings show that ‘many patients’ will return to smoking post-discharge; ‘(i)mposing bans in inpatient settings is seen as only part of a much larger strategy needed to overcome the high rates of smoking among mental health populations’; and that ‘(m)ore coordinated efforts would be needed between hospital and community staff to help patients who wish to stay quit as part of discharge planning’.<sup>5</sup>
- Nicotine Replacement Therapy (NRT) will be offered to consumers who smoke and who are admitted as inpatients in accordance with clinical guidelines published by MHJHADS.
- NRT is not effective for everyone, and that key to the efficacy of NRT is the motivation of the person who wishes to quit smoking.
- Major health behaviour change is more likely to succeed when the person has the intention and capacity to make an informed choice for change, e.g. quitting smoking; and the person is motivated, and is supported to make the change.<sup>6</sup>
- The recommended time for using NRT to support quitting is 8-12 weeks, depending on the product.<sup>7</sup>

**Carers ACT is concerned about:**

- The use of coercion through the imposition of a smoking ban, leading to feelings of disempowerment - ‘(p)atients may interpret restrictions as a further source of powerlessness’;<sup>8</sup> this is opposite to key principles of trauma informed care and recovery frameworks.<sup>9</sup>
- The impact for carers in responding to the increased stress and agitation of consumers associated with nicotine withdrawal symptoms during inpatient stays.

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<sup>3</sup> Maxie Ashton. 2010. Churchill Fellow, investigation of international approaches that effectively help people with mental illness to quit tobacco; Chief Psychiatrist’s Guideline. 2011. *Providing a smoke-free environment in public mental health inpatient and residential units*. State Government of Victoria.

<sup>4</sup> Lawn, Sharon. 2004. ‘Systematic barriers to quitting smoking among institutionalised public mental health service populations: a comparison of two Australian sites’, *International Journal of Social Psychiatry*, pp. 204-215.

<sup>5</sup> Lawn, Sharon & Pols, Rene. 2005. ‘Smoking bans in psychiatric inpatient settings? A review of the research’, *Australian and New Zealand Journal of Psychiatry*, 39, pp 882-883.

<sup>6</sup> See for example, Prochaska, J.O. and Di Clemente, C C 1986. *Towards a comprehensive model of change*. In: W R Miller and N Heather (Eds), *Treating addictive behaviours: Processes of change*. New York: Plenum Press; and Prochaska, J O and Di Clemente, C C. 1992. *Stages of Change and the modification of problem behaviours*. In M Hersen, R M Eisler and P M Miller (Eds), *Progress in behaviour modification*. Sycamore: Sycamore Press.

<sup>7</sup> <http://www.tobaccobook.com/Tobacco-Holocaust-Nicotine-Replacement-Therapy.html>

<sup>8</sup> Lawn, Sharon & Pols, Rene. 2005. ‘Smoking bans in psychiatric inpatient settings? A review of the research’, *Australian and New Zealand Journal of Psychiatry*, 39, pp 882-883.

<sup>9</sup> <http://www.mhsinc.org/files/file/Online%20Training%20Handouts/Principles%20of%20trauma%20informed%20services%20for%20women.pdf>; <http://www.asca.org.au/>;

- The real possibility of having visiting rights suspended (as has been the case in other jurisdictions) if carers, families and friends bring cigarettes into mental health facilities.
- Consumers who smoke continue to be treated with dignity and respect when they are receiving treatment in mental health facilities managed by MHJHADS, to minimise any perceived or actual stigma because of their smoking or conflict with mental health staff about their smoking.
- The possibility of cigarettes being used as a currency in exchange for favours (as has been the case in other jurisdictions).<sup>10</sup>
- The possibility of an increase in numbers of consumers absconding from facilities (as has been the case in other jurisdictions).
- The impact on consumers' wellbeing as a result of nicotine smoke residue brought into facilities by visitors and staff, and by consumers who have been given leave to smoke in designated smoking areas.
- The policing of involuntary and voluntary patients leave passes, enabling patients to smoke in patient designated smoking areas, and the impact this has for the wellbeing of patients who wish to smoke but are not given leave.
- Follow up supports regarding medication levels and medication efficacy, for consumers who choose to resume smoking.
- The availability of ongoing supports for tobacco cessation.

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Carers ACT supports the public health agenda of tobacco cessation, but believes this should not be at the cost of consumer disempowerment, at a time when the consumer is in an acute psychiatric crisis or living in a residential facility. Carers ACT believes that consumers should be encouraged and supported to consider tobacco cessation – in mental health facilities and in the community – but this decision should ultimately be made by the consumer in line with recovery principles and behavioural change models.

**Carers ACT recommends that:**

- Consumers be supported to give up smoking while they are living in the community.
- NRT and other supports, including those provided through the Cancer Council, be provided free-of-charge to consumers on concession cards, for the duration of the recommended period of 8-10 weeks.
- A smoking ban not be imposed on consumers when they are admitted into acute care or, in line with the Victorian State Government guidelines, living in a residential care setting such as the Brian Hennessy Rehabilitation Centre.<sup>11</sup>
- In line with the Victorian State Government guidelines, reviews of the effectiveness of the smoke-free policy are regularly undertaken.<sup>12</sup>

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<sup>10</sup> See, for example, the ACT Human Rights Commission submission dated 10 November 2011; and <http://www.ourcommunity.com.au/files/OCP/June-July2011.pdf>.

<sup>11</sup> See ps.psychiatryonline.org, March 2008, 59:3, Letters to the Editor, for a discussion by Dr Kenneth Marcus, on smoking bans in residential settings.

- In line with the findings from 26 international studies on the effectiveness of smoking bans in inpatient psychiatric settings, reviews should involve consultation and collaboration with all stakeholders, especially consumers and carers.
- Further investigation of the possibility of enclosed smoking rooms with air filters that ensure compliance with the *Tobacco Act 1987* should be considered.

Carers ACT will be monitoring the implementation of this policy through its communications with mental health carers. Carers are invited to contact Mental Health Carers Voice to raise any concerns by phone 6296 9900 or by email [mhcarers@carersact.org.au](mailto:mhcarers@carersact.org.au).

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<sup>12</sup> Carers ACT acknowledges that the MHJHADS Smoke-Free Environment policy will be reviewed post 1 January 2013, and that this will include consultation with consumers and carers.