

# European Network



# Smoke-free Hospital

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## ÉDITORIAL

**From now on, the European Network for Smoke Free Hospitals will turn into European Network for Smoke Free Health Care Services!**

During the second general ENSH meeting, which was held in Coimbra on May 2007, important decisions have been made with regard to our policy development and future activity. Our members and collaborating partners have met agreement to extend our activity area in health care services.

Taking into consideration the ENSH core elements are considered as "living documents", time seemed to be ripe for reviewing the ENSH code, standards and self audit questionnaire's wording, relevance and additions. The discussion has been based on the pilot test experience from Denmark, Germany and Scotland, but also on the progress made in the legislation framework on smoking ban in public and working places in many European countries. The Gold level criteria have been incorporated in a revised new version of the ENSH Code. In this issue, you can find the **updated version** of the **ENSH Code, Standards and Self Audit Questionnaire**.

As part of its 2007 year activity, our network has developed **a common set of guidelines for tobacco management in psychiatric services**, that you will find in this issue. There is a realisation that psychiatric units can be smoke free. This is being advocated by new legislation in countries such as France and the UK. In order to successfully implement smoke free policies in mental health services, it is important to have an effective smoking cessation support service in place for both staff and patients. A very interesting article on the effectiveness of smoking ban in psychiatric units is also available in this issue.

**How to take care of a hospitalized smoker?** A suggestion from our partner in Belgium is presented through a three axes schema.

ENSH has supported the organisation of a national conference in Estonia, Poland and Lithuania at the occasion of the WNTD 2007. The key aim of these conferences was to support exchanges of good practices and experiences and to make the latest information available to hospital staff and by this means to facilitate the implementation of the smoke free policy in the hospital environment.

Over the last 7 years, the ENSH concept has been successfully implemented in 1300 hospitals in 20 European countries. Of these 20 countries, 14 co-ordinators have been in a position to create highly effective national or regional networks. Based on this experience, ENSH decided **to develop a practice based implementation guide to assist national co-ordinators to foster the development of national networks**, a summary of which is presented in this issue. This model for strategic development is based on the following strategic axes: a) Choose the right strategy to solve your problem, b) Identify the right partner to support your activities and c) Apply a tool that helps you make your case.

The ENSH model and implementation instruments constitute an evaluated driven strategy to improve public health and to prevent human disease in the hospital setting. Its successful implementation implies the collaboration from all key sections of society.

Ariadni Ouranou  
ENSH project coordinator

## European Code of Smoke Free Healthcare Services

1. Engage decision-makers. Appoint a working group and reject tobacco industry sponsorship.
2. Develop a strategy and an implementation plan. Inform all personnel, patients/residents and the community.
3. Set up a training plan to instruct all staff on how best to approach smokers.
4. Organise cessation support facilities for patients/residents in the organisation and ensure continuity of support after discharge.
5. Develop the organizations campus (grounds) to be smoke free. If smoking areas remain, they should be clearly indicated.
6. Display clear smoke free signage. Ban all incentives to smoke.
7. Develop human resource management policies and support systems to protect and promote the health of all that work in the organisation.
8. Promote tobacco control activities in the community setting.
9. Renew and broaden information to maintain commitment to the policy. Ensure follow-up and quality assurance.
10. First convince, then constrain considering legislation if needed. Have patience!

## Code Européen des Établissements de Santé sans Tabac

1. Mobiliser les décideurs, mettre en place un comité de prévention et refuser tout sponsoring de l'industrie du tabac.
2. Définir une stratégie et coordonner les actions. Informer tous les personnels, patients et public.
3. Mettre en place un plan de formation des personnels et les former à l'abord du fumeur.
4. Prévoir l'aide au sevrage, organiser la prise en charge adaptée et le suivi du fumeur y compris après son séjour à l'hôpital.
5. Organiser l'interdiction de fumer dans l'enceinte de l'hôpital. Si des zones fumeurs persistent, elles doivent être clairement indiquées.
6. Adopter une signalétique et un affichage appropriée. Supprimer toute incitation au tabagisme : cendriers, vente du tabac ..
7. Développer des politiques de gestion de ressource humaine afin de protéger et promouvoir la santé au travail de tous les personnels hospitaliers.
8. Promouvoir les actions de promotion de la santé en dehors de l'hôpital.
9. Renouveler les campagnes d'information. Assurer la continuité et se doter les moyens d'évaluation ( assurance qualité, accréditation ..)
10. Convaincre d'abord, contraindre si besoin. Etre persévérant!



# ENSH STANDARDS

## *Towards a Smoke-free Healthcare Service*

In the following three pages, you will find the updated versions of the ENSH Standards, Audit Questionnaire and Certification process levels. The presentation of these 3 core elements of the ENSH concept together seeks to reveal the direct link between them. The presentation in two columns will enable you to understand how the implementation standard 1 to 10 is linked to the questions of the monitoring process (Audit Questionnaire).

At the end of this table, we present in a brief and clear scheme the requirements needed in order to attend each of the four levels of the certification process.

ENSH STANDARDS	ENSH AUDIT QUESTIONNAIRE
<p><b>Standard 1 Commitment</b></p> <p>The healthcare organisation engages decision-makers, appoints a smoke free policy working group and is committed to rejecting all tobacco industry sponsorship and designates</p>	<p><b>Commitment</b></p> <p>ENSH Self Audit Questions</p>
<p>1.1 The healthcare organisation publicly adopts and demonstrates commitment to a policy towards the implementation of the ENSH Standards.</p> <p>1.2 The healthcare organisation's smoke-free policy prohibits the acceptance of any sponsorship or funding from the tobacco industry.</p> <p>1.3 The healthcare organisation establishes a working group or committee to develop and support the implementation and monitoring of the smoke free policy.</p> <p>1.4 A senior manager is appointed to oversee and take responsibility for the smoke free policy and lead the working group/committee.</p> <p>1.5 The healthcare organisation's operational plan or contract identifies actions and allocates financial and human resources for the communication, implementation and monitoring of the policy.</p> <p>1.6 Divisional managers and supervisors have responsibility for policy implementation, compliance and provide instruction for all staff on their role in the implementation and monitoring of the policy.</p>	<p>1.1 The healthcare organisation documents specify commitment to a policy towards the implementation of the ENSH Standards.</p> <p>1.2 The healthcare organisation does not accept any sponsorship from the tobacco industry.</p> <p>1.3 A policy working group or committee is designated to coordinate the development, implementation and monitoring of the smoke free policy.</p> <p>1.4 A senior manager has responsibility for the actions of the policy working group or committee.</p> <p>1.5 Financial and human resources are allocated in the healthcare organisation's operational plan and/or contract to implement and monitor the smoke-free policy</p> <p>1.6 All staff understand their responsibility to take action in the implementation and management of the smoke-free policy.</p>
<p><b>Standard 2 Communication</b></p> <p>The healthcare organisation has a strategy and implementation plan for the smoke free policy and informs all personnel, patients/ residents and the community.</p>	<p><b>Communication</b></p> <p>ENSH Self Audit Questions</p>
<p>2.1 The working group/committee is responsible for clearly defining systems of communication using a variety of specifically designed media to inform all staff, patients/residents and the community of the organisation's smoke-free policy and cessation support system.</p> <p>2.1.1 <b>Staff</b> communication systems should flow from senior management, to middle management/service heads and to all staff (i.e. Policy briefings, written notices and induction/orientation procedures).</p> <p>2.1.2 <b>Contract</b> agencies and outsourced services are required to endorse the healthcare organisation's smoke free policy and inform their staff of the policy.</p> <p>2.1.3 <b>Patients/residents</b> notification systems prior to admission or attendance at the health service organisation (including handbooks for guidance) should inform that the healthcare organisation operates "a strictly smoke free policy that supports a smoke-free environment" and offers a smoking cessation support.</p> <p>2.1.4 <b>Community</b> services are used to inform people that the healthcare organisation operates a comprehensive smoke-free policy and offer smoking cessation support.</p>	<p>2.1 All healthcare staff (including teachers, students and transient staff) are informed of the organisation's smoke-free policy.</p> <p>2.2 All contract and outsourced staff working within or in direct contact with the healthcare organisation are informed of the smoke-free policy.</p> <p>2.3 All patients/residents (in and out-patients) are informed of the healthcare organisation's smoke-free policy.</p> <p>2.4 Public is informed of the healthcare organisation's smoke-free policy.</p>
<p><b>Standard 3 Education Training</b></p> <p>The healthcare organisation sets up a training plan to instruct all staff on how best to approach smokers and support smoking cessation.</p>	<p><b>Education &amp; Training</b></p> <p>ENSH Self Audit Questions</p>
<p>3.1 The organisation ensures that all staff receive instruction or briefings on the policy so that all staff know how to approach smokers to inform them of the organisations smoke-free policy.</p> <p>3.2 Policy briefings/instruction is mandatory for managers and clinical staff.</p> <p>3.3 Brief intervention training is available and offered to all staff.</p> <p>3.4. Key clinical staff are trained in motivational smoking cessation techniques.</p>	<p>3.1 Policy briefing/instruction is provided for all staff on how to approach smokers and inform them of the organisation's smoke free policy.</p> <p>3.2 Managers and clinical staff are provided with mandatory policy briefings/instruction.</p> <p>3.3 Brief intervention training is offered and available to all staff.</p> <p>3.4. Key clinical staff are trained in motivational and smoking cessation techniques.</p>

ENSH STANDARDS	ENSH AUDIT QUESTIONNAIRE
<p><b>Standard 4 Identification &amp; Cessation Support</b> The healthcare organisation identifies smokers and provides cessation support facilities and ensures continuity of support for patients/residents after discharge</p> <p>4.1 The healthcare organisation has a systematic procedure in place to identify and document the smoking status of patients/residents (incl. passive smoking) in order that appropriate help, support and treatment are offered.</p> <p>4.2 The healthcare organisation's systematic procedure also includes the identification and recording of patients/residents those at risk from passive smoking (including babies/children) in order that appropriate help and support is offered.</p> <p>4.3 The healthcare organisation has a smoking cessation service or direct access to a cessation service for the purpose of helping smokers to quit.</p> <p>4.4 The healthcare organisation uses researched best practice smoking cessation and motivational techniques in the care plan of all that smoke.</p> <p>4.5 The healthcare organisation considers pharmacological therapy as an integral part of a researched best practice smoking cessations service offered to all that smoke.</p> <p>4.6 The healthcare organisation has specific human and financial resources allocated for the implementation of a smoking cessation service.</p> <p>4.7 The healthcare organisation's smoking cessation service or that used by the organisation has a systematic referral and monitoring system in place so that all smokers are followed up at one year.</p> <p>4.8 Information on smoking and smoking cessation methods are widely available for staff, patients/residents and community.</p>	<p><b>Identification &amp; Cessation Support</b> ENSH Self Audit Questions</p> <p>4.1 A systematic procedure is in place to identify and document the smoking status of all patients/residents.</p> <p>4.2 The systematic procedure includes and records the passive smoking status of all patients/residents (including babies and children).</p> <p>4.3 A smoking cessation service or direct access to cessation service is available for patients/residents (in-patients and out-patients).</p> <p>4.4 Interventions to motivate smokers to quit during the healthcare stay are documented in the patients/residents care plans.</p> <p>4.5 NRT/Pharmacological therapy is available within the organisation.</p> <p>4.6 Specific resources are allocated for cessation support activities within the organisation.</p> <p>4.7 The cessation service provided by or accessed by the healthcare organisation, has in place a systematic one year follow-up procedure.</p> <p>4.8 Information on smoking and smoking cessation methods are widely available in the organisation.</p>
<p><b>Standard 5 Tobacco Control</b> The healthcare organisation has developed and is maintaining a smoke free campus (grounds).</p> <p>5.1 The healthcare organisation has implemented and can demonstrate that a completely smoke free campus (grounds) is maintained.</p> <p>5.2 Smoking is prohibited in all work, treatment areas, common areas and facilities used by staff and visitors in the healthcare organisation.</p> <p>5.3 Smoking is prohibited in all work, treatment areas, common areas and facilities used by patients/residents in the healthcare organisation, including transport used by patients/residents.</p> <p>5.4 Smoking is prohibited on all terraces, balconies and transport owned and operated by the healthcare organisation</p> <p>5.5 If exceptions are made smoking is only permitted in a designated area, which is completely separate from smoke free areas and away from entrances and reception areas.</p>	<p><b>Tobacco Control</b> ENSH Self Audit Questions <i>(Verification of Substandard 5.1 is sufficient evidence for this standard)</i></p> <p>5.1 The campus (grounds) and property owned by the healthcare organisation are completely smoke-free.</p> <p>5.2 All facilities used by staff and visitors are smoke free including all eating, work and common areas.</p> <p>5.3 All facilities used by patients/residents are smoke-free including all treatment, eating and common areas.</p> <p>5.4 All transport, terrace and balconies operated and owned by the healthcare organisation are completely smoke free.</p> <p>5.5 If smoking takes place it is completely away and separate from designated smoke free areas, windows and entrances.</p>
<p><b>Standard 6 Environment</b> The healthcare organisation displays clear smoke free signage (where relevant) and bans all incentives to smoke (i.e. no advertising, no ashtrays, and no tobacco sales).</p> <p>6.1 The healthcare organisation has explanatory signs displayed that indicate the organisations smoke free policy.</p> <p>6.2 The healthcare organisation, where smoking areas are still deemed necessary, designates them clearly and only permits ashtrays in these areas.</p> <p>6.3 The organisation is responsible and has procedures in place to ensure that:</p> <p>6.3.1 Staff are never exposed to passive smoking and incidents of staff exposure are recorded.</p> <p>6.3.2 Patients/residents are never exposed to passive smoking incidents of patient exposure are recorded.</p> <p>6.3.3 Visitors are never exposed to passive smoking incidents of visitor exposure are recorded</p> <p>6.4 The organisation has a policy against the sale, distribution and advertising of tobacco products anywhere within the healthcare organisation.</p>	<p><b>Environment</b> ENSH Self Audit Questions</p> <p>6.1 Signage indicating the smoke free policy is visible to staff, patient/residents and visitors.</p> <p>6.2 Smoking areas are not allowed, but if some still remain ashtrays are only found in these clearly indicated areas.</p> <p>6.3.1 Staff are never exposed to passive smoking.</p> <p>6.3.2 Patients/residents are never exposed to passive smoking.</p> <p>6.3.3 Visitors are never exposed to passive smoking</p> <p>6.4 Tobacco is not sold or available anywhere within the healthcare organisation.</p>

ENSH STANDARDS	ENSH AUDIT QUESTIONNAIRE
<p><b>Standard 7 Healthy Workplace</b></p> <p>The healthcare organisation has human resource management policies and support systems in place to protect and promote the health of all that work in the organisation</p>	<p><b>Healthy Workplace</b></p> <p>ENSH Self Audit Questions</p>
<p>7.1 The healthcare organisation has a human resource policy that requires staff to support and give commitment to the organisational smoke-free environment and culture within organisation.</p> <p>7.1.1 Staff are made aware of the healthcare organisations' smoke-free policy and its implications prior to recruitment.</p> <p>7.1.2 Staff employment contracts (including subcontracts and contracts with other agencies that work within the healthcare organisation) require commitment by staff to organisational smoke-free environment and culture.</p> <p>7.2 The healthcare organisation has a procedure in place to identify and record the health status of staff (incl. smoking habit) in order that appropriate help, support and treatment are offered.</p> <p>7.3 The healthcare organisation has a smoking cessation service or direct access to a cessation service for the purpose of helping staff smokers to quit.</p> <p>7.4 The smoke-free policy is incorporated into and managed in accordance with local disciplinary procedures, in line with current employment frameworks /policy and legislative requirements.</p>	<p>7.1.1 All staff are informed of the healthcare organisation's smoke-free policy during the recruitment process.</p> <p>7.1.2 All staff employment contracts require commitment by staff to the healthcare organisations smoke-free policy.</p> <p>7.2 Staff smoking prevalence is monitored annually.</p> <p>7.3 A smoking cessation service or direct access to a cessation service is available for all staff.</p> <p>7.4 Staff policy non-compliance is managed within existing local disciplinary procedures.</p>
<p><b>Standard 8 Health Promotion</b></p> <p>The healthcare organisation contributes to and promotes tobacco control activities in the community setting</p>	<p><b>Health Promotion</b></p> <p>ENSH Self Audit Questions</p>
<p>8.1 The healthcare organisation works with local community or other partners to promote and contribute to local, national and international smoke-free activities.</p>	<p>8.1 The healthcare organisation has participated in one or more local, national or international smoke free activities in the last 12 months.</p>
<p><b>Standard 9 Compliance Monitoring</b></p> <p>The healthcare organisation renews and broadens information regularly to maintain commitment to the smoke-free policy, cessation follow-up and quality assurance</p>	<p><b>Compliance Monitoring</b></p> <p>ENSH Self Audit Questions</p>
<p>9.1 The healthcare organisation's policy working group or committee is responsible for ensuring that policy is monitored annually, including communication, cessation services and compliance systems.</p> <p>9.2 The policy action plan is regularly reviewed and updated to address information, education and training needs to ensure quality.</p>	<p>9.1 The smoke-free policy is internally monitored and reviewed annually.</p> <p>9.2 The quality of the smoke free action plan has been reviewed and updated within a minimum three year period.</p>
<p><b>Standard 10 Policy Implementation</b></p> <p>First convince, then constrain considering legislation if needed. Have patience!</p>	<p><b>Policy Implementation</b></p> <p>ENSH Self Audit Questions</p>
<p>10.1 Successful implementation of the smoke-free policy towards a smoke-free organisation requires that the healthcare organisation gives full commitment to implement all the steps.</p>	<p>10.1 The healthcare organisation completes the ENSH self audit questionnaire annually.</p>

MEMBERSHIP
<ul style="list-style-type: none"> <li>&gt; Letter of Intent</li> <li>&gt; Completes and returns self audit questionnaire</li> <li>&gt; Identifies a contact person</li> </ul>

BRONZE
<ul style="list-style-type: none"> <li>&gt; Implementation Standard 1 + 2</li> <li>&gt; Designated Working Group</li> <li>&gt; Implemented communication strategy</li> <li>&gt; Develop a strategy and return an action plan</li> </ul>

SILVER
<ul style="list-style-type: none"> <li>&gt; More than 75% implementation Standard 1 to 10</li> <li>&gt; Development of Training and Smoking Cessation systems and programmes</li> <li>&gt; No cigarettes sales</li> <li>&gt; Health Promotion programmes</li> <li>&gt; Involvement in activities outside hospital /healthcare service</li> <li>&gt; Implementation of an evaluation focus</li> </ul>

GOLD
<ul style="list-style-type: none"> <li>&gt; Complete implementation of ENSH Standard 1-10</li> <li>&gt; Smoke-free Healthcare premises (inside and outside plus campus)</li> <li>&gt; Systematic smoking cessation program</li> <li>&gt; Fully implemented and regularly reviewed smoke free policy monitoring system</li> <li>&gt; ENSH Audit (100%) for 3 years</li> </ul>

# ENSH Self-audit Questionnaire

## Performance evaluation towards a smoke-free Organisation

<b>Standard 1: Commitment</b>	No / Not implemented	Less than half implemented	More than half implemented	Yes / Fully implemented
1.1 The healthcare organisation documents specify commitment to a policy towards the implementation of the ENSH Standards.				
1.2 The healthcare organisation does not accept any sponsorship from the tobacco industry.				
1.3 A policy working group or committee is designated to coordinate the development, implementation and monitoring of the smoke-free policy.				
1.4 A senior manager has responsibility for the actions of the policy working group or committee.				
1.5 Financial and human resources are allocated in the healthcare organisation's operational plan and/or contract to implement and monitor the smoke-free policy.				
1.6 All staff understand their responsibility to take action in the implementation and management of the smoke-free policy.				
<b>Standard 2: Communication</b>	No / Not implemented	Less than half implemented	More than half implemented	Yes / Fully implemented
2.1 All healthcare staff (including teachers, students and transient staff) are informed of the organisations smoke-free policy.				
2.2 All contract and outsourced employees working within or in direct contact with the healthcare organisation are informed of the smoke-free policy.				
2.1 All patients/residents (in and out-patients) are informed of the healthcare organisation's smoke-free policy.				
2.2 Public is informed of the healthcare organisation's smoke-free policy.				
<b>Standard 3: Education &amp; Training</b>	No / Not implemented	Less than half implemented	More than half implemented	Yes / Fully implemented
3.1 Policy briefing/instruction is provided for all staff on how to approach smokers and inform them of the organisations smoke-free policy.				
3.2 Managers and clinical staff are provided with mandatory policy briefings/instruction.				
3.3 Brief intervention training is offered and available to all staff.				
3.4 Key clinical staff are trained in motivational and smoking cessation techniques.				
<b>Standard 4: Identification &amp; Cessation Support</b>	No / Not implemented	Less than half implemented	More than half implemented	Yes / Fully implemented
4.1 A systematic procedure is in place to identify and document the smoking status of all patients/residents.				
4.2 The systematic procedure includes and records the passive smoking status of all patients/residents (including babies/children).				
4.3 A smoking cessation service or direct access to cessation service is available for patients/residents (in-patients and out-patients).				
4.4 Interventions to motivate smokers to quit during the healthcare stay are documented in the patient/resident care plans				
4.5 NRT/Pharmacological therapy is available within the organisation.				
4.6 Specific resources have been allocated for cessation support activities within the organisation.				
4.7 The cessation service provided by or accessed by the healthcare organisation, has in place a systematic one year follow-up procedure.				
4.8 Information on smoking and smoking cessation methods are widely available in the organisation.				
<b>Standard 5: Tobacco Control</b>	No / Not implemented	Less than half implemented	More than half implemented	Yes / Fully implemented
5.1 The campus (grounds) and property owned by the healthcare organisation are completely smoke-free.				
<b>IF 5.1 is fully implemented, a total score for this section is automatically awarded. IF NOT questions 5.1 – 5.5 must be completed</b>				
5.2 All facilities used by staff & visitors are smoke free including all eating, work and common areas				
5.3 All facilities used by patients/residents are smoke free including all treatment, eating and common areas.				
5.4 All transport, terrace and balconies operated and owned by the healthcare organisation are completely smoke free.				
5.5 If smoking takes place it is completely away and separate from designated smoke free areas, windows and entrances.				
<b>Standard 6: Environment</b>	No / Not implemented	Less than half implemented	More than half implemented	Yes / Fully implemented
6.1 Signage indicating the smoke free policy is visible to staff, patients/residents and visitors.				
6.2 Smoking areas are not allowed, but if some still remain ashtrays are only found in these areas.				
6.2.1 Staff are never exposed to passive smoking.				
6.3.2 Patients/residents are never exposed to passive smoking.				

6.3.3	Visitors are never exposed to passive smoking.				
6.4	Tobacco is not sold or available anywhere within the healthcare organisation.				
<b>Standard 7: Healthy Workplace</b>		No / Not implemented	Less than half implemented	More than half implemented	Yes / Fully implemented
7.1.1	All staff are informed of the healthcare organisation's smoke-free policy during the recruitment process.				
7.1.2	All staff employment contracts require a commitment by staff to the healthcare organisation's smoke-free policy.				
7.2	Staff smoking prevalence is monitored annually.				
7.3	A smoking cessation service or direct access to a cessation service is available for all staff.				
7.4	Non-compliance by staff is managed within existing local disciplinary procedures.				
<b>Standard 8: Health Promotion</b>		No / Not implemented	Less than half implemented	More than half implemented	Yes / Fully implemented
8.1	The healthcare organisation has participated in one or more local, national or international smoke free activities within the last 12 months.				
<b>Standard 9: Compliance Monitoring</b>		No / Not implemented	Less than half implemented	More than half implemented	Yes / Fully implemented
9.1	The smoke-free policy is internally monitored and reviewed annually.				
9.2	The quality of the smoke free action plan has been reviewed and updated within a three year period.				
<b>Standard 10: Policy Implementation</b>		No / Not implemented	Less than half implemented	More than half implemented	Yes / Fully implemented
10.1	The healthcare organisation completes the ENSH self-audit questionnaire annually.				
<b>Maximum Total:</b>					

Scoring: No / Not implemented = 1 Less than half implemented = 2 More than half implemented = 3 Yes / Fully implemented = 4

### 3 National Conferences to enrol hospitals to use the ENSH concept and tools

**“THE SMOKE-FREE ENVIRONMENTS FROM HOSPITALS TO HOMES,,**

*was the title of the regional-international conference held on the World No Tobacco Day, on the 31 May 2007 in Tallinn, Estonia.*

By Tiiu Härm, National Coordinator of Estonian Smoke-Free Hospitals network.

At the occasion of the WNTD 2007, the European Network of Smoke Free Hospitals has (ENSH) supported the organisation of a two days conference in Tallinn. The key aim of this conference was to bring together the healthcare workers from Estonia and neighbourhood countries (Finland, Latvia, Lithuania) and key interventors from ENSH in order to provide important and valuable resources, to support exchanges of good practices and experiences and by this means to make the latest information available to hospital staff and to facilitate the implementation of the smoke free policy in the hospital environment.

All the presentations and interactive discussions were in Estonian and simultaneously translated in English. More than 125 health care workers (doctors, nurses, smoking cessation counsellors, pulmonologists, oncologists, cardiologists etc) from HP hospitals including medical schools and other interested institutions from Estonia and neighbour countries attended the conference giving a very positive feedback from the conference's venue. The main topics of the conference focused on tobacco legislation in Euro-

pean countries, the status of tobacco control in Europe, effective counselling and treatments methods for quitters, experiences and good practice examples from the Estonian and Finnish smoke free hospitals, and on health promotion / expectations for a healthy work environment.

Sibylle Fleitmann stated that all presentations were high-level and dynamic, giving a good overview of the tobacco control situation in Estonia and the activities with regard to smoking cessation and training of health professionals. The continuous exchange of information and experiences between the Finnish and Estonian colleagues can be an example of excellent cooperation on European level. It is encouraging to see that the new EU countries are leading the way to innovative action and successfully emerge from traditional thinking.



## A national conference in Poland to promote the "Smoke Free Healthcare Services" concept to hospital managers!

By D.r. Krzysztof Specjalski, *Polish National Coordinator of Smoke Free Healthcare Services Network.*

ENSH has also supported the organisation of a national conference in Poland at the occasion of the WNTD 2007. The conference has been organized by the recently created Polish Network of Smoke Free Hospitals, in Gdansk. Its aim was to promote the smoke free hospital concept to the managers of Pomeranian hospitals. Pomerania is a region situated in the northern Poland with a population of 2,2 million and a network of 30 hospitals. The smoking regulations are not unified.

The hospitals directors and representatives of anti tobacco organizations took part in a series of seminars concerning epidemiology of smoking, cessation techniques, NRT and law regulations. ENSH documents were disseminated, including the code, standards and self-audit questionnaire. Emphasis was put on the necessity of constant progress in all the fields such as: communication, education, identification and cessation support, tobacco control and healthy workplace.

The possibility of ENSH standards implementation in Polish hospitals were widely discussed. Round table discussions concerned aspects of standards which seemed particularly difficult to implement in our country (e.g. establishing of smoking cessation services).

During the conference, dr Zbigniew Krzywosinski from the Clinical Centre of Medical University of Gdansk signed the ENSH membership application form. Thus, Gdansk university hospital has become the first ENSH member in Poland. It is a 1300 bed healthcare institution combining scientific, didactic and medical activities. Since 2006, smoking is banned in the entire hospital area. In the following months the hospital is planning to conduct an epidemiological survey on the smoking habits among staff and implement a system of financial benefits for non-smoking staff members. Representatives of other Pomeranian hospitals expressed interest in future membership. I hope that this promising response will help in the creation of the Polish Network of Smoke Free Healthcare Services.



POLAND

## The integration of Lithuanian hospitals in the "Smoke-free Healthcare Services" project!

By Dr. Aurelijus Veryga, *National coordinator for the Smoke Free Healthcare Services Network in Lithuania.*



Lithuania has also take advantage of the WNTD 2007, in order to organise a national conference aiming at promoting the Smoke free Hospitals concept. Health care managers from all Lithuanian hospitals have attended this conference, which was held at the Kaunas University of Medicine with the ENSH support.

Pr. Irena Miseviäinen, HPH network coordinator in Lithuania has opened the Conference. Dr. Aurelijus Veryga presented the ENSH policy, tools and activity. It has been reminded to care managers, that a hospital is not just a medical institution, but a workplace too, and smoking restrictions are implemented essentially to health staff. Emphasis has been made to the need of decreasing the smoking prevalence of health staff and to the fact that smoking restriction stands in all territory of a hospital.

Daiva Zagurskienė, KUM Director of the care department, has shortly presented the successful implementation of the Smoke Free Hospital policy by the Kaunas University of Medicine Clinics. Very positive feedback has emerged from the interactive discussion between intervenors and participants. Main conclusions refer to:

- The need to provide training for staff on how to approach a smoker and help him in his quitting process
- The need to incorporate "Tobacco prevention and Tobacco addiction" into the national educational programme.
- The need to provide efficient human and financial resources for the implementation of the smoke free policy.
- The healthcare organisation should consider pharmacological therapy as an integral part of a researched best practice smoking cessation service offered to all that smoke.



LITHUANIA

# How to take care of a

## Provide smoking cessation adv

### Evaluate patients motivation to

Score  $\leq 5$

**Weak motivation**

**Brief Intervention (< 5 min)**

**SENSITISE**

- Inform the patient without making him feel guilty about tobacco related risks and the possible link with his disease.
- Encourage reflection by handing over : available support materials
  - > Information on smoking cessation support services
  - > Leaflets on the risks related to smoking
- Give a clear and unequivocal message : You should stop smoking. We can help you.
- Prescribe NRT during hospitalization.

Score 6-8

**Mid Intervention ( $\pm 5$  min)**

- Clarify motivation and the resistance
  - > Identify his difficulties in quitting
  - > Explain quitting benefits with regard to
- Advise smoking cessation counselling by a GP
- Hand over available support materials
  - > Leaflets in quitting benefits
  - > Information to a smoking cessation service
  - > Leaflets
- Prescribe NRT during hospitalization

### Pharmacotherapy according to the

**Moderate Dependence**  
 < 10 cig/j • 1<sup>st</sup> cigarette > 30' of waking

- Nicotine gum 2mg
- Nicotine patch, low dose
- Lozenges
- Nicotine inhalator

**High Dependence**  
 10-15 cig/j • 1<sup>st</sup> cigarette > 30' of waking

- Nicotine patch, high dose
- Nicotine gum
- Nicotine inhalator
- Lozenges
- Bupropion

#### \*Test of motivation of IH Richmond • Are you ready to quit smoking?

1. Would you like to quit smoking, if you could do it easily?

Yes ? 0 – No ? 1

2. Do you really wish to quit smoking?

Not at all 0 – A little 1 – Fairly 2 – Very much 3

3. Do you think that you could stop smoking?

No 0 – Maybe 1 – Undecided 2

4. Do you think that you could quit smoking?

No 0 – Maybe 1 – Undecided 2

# hospitalized smoker

## Advice to all patients who smoke

### to quit ❖ (Richmond's test\*...)

#### Medium motivation

#### MOTIVATE

of the patient  
ard to the pathology of the patient  
g with a stop smoking counsellor or  
als :  
n support service

Score  $\geq 9$

#### Strong motivation

#### Intervention active (10 min)

#### ASSIST

- Support the decision of quit smoking and set a quit date
- Highlight to the patient the immediate benefits of quitting
- Set an appointment to a smoking cessation support service or with a GP on discharge
- Prescribe and explain the use of NRT
- Give practical advice about coping withdrawal symptoms
- Explain the three addiction levels
- Hand over available support materials:
  - > Information with regard to practical advice
  - > Livre de bord
  - > Information on the withdrawal symptoms
  - > Information with regard to the quitting process
  - > Information on Quit Lines

### addiction level (Fagerström Test)

#### Dependence

cigarette 5'-10' of waking

- Combination of NRT: patch & gum (lozenges/inhalator)
- Combination: Bupropion & NRT cpr/inhalator
- Varenicline

#### Very High Dependence

> 25 cig/j • 1<sup>st</sup> cigarette > 5' of waking

- Nicotine patch, high dose
- Nicotine gum, 4mg
- Lozenges
- Bupropion
- Combination of NRT: gum & patch (lozenges/inhalator)
- Combination bupropion & NRT (gum/cpr/inhalator)
- Varenicline

#### Smoking?

Smoking in the 2 weeks to come?

Probably 2 – Certainly 3

Smoke an ex-smoker in 6 months?

Probably 2 – Certainly 3

Conception : M.-C. Servais sur base de l'article de Cornuz J, Humair JP, Zellweger JP.

« Tabacologie : quels conseils pour quels fumeurs ? »

Médecine et Hygiène. 2003 ; 61 : 1849-60



# ENSH

## Implementation guide for a national network of smoke-free hospitals

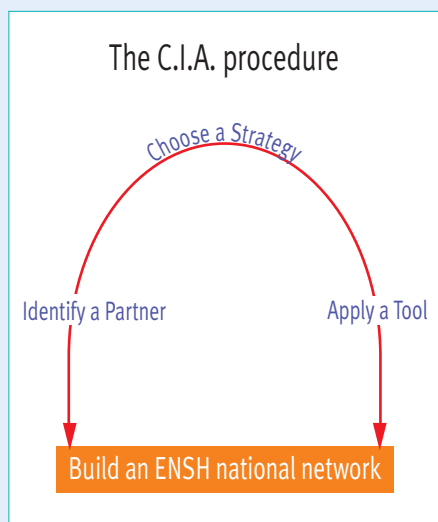
By Sibylle Fleitmann, ENSH Consultant Tobacco Control.

Over the last 7 years, the ENSH concept has been successfully implemented in 1300 hospitals in 20 European countries. Of these 20 countries, 14 co-ordinators have been in a position to create highly effective national or regional networks. Based on this experience, ENSH decided to develop a practice based implementation guide to assist national co-ordinators to foster the development of national networks.

On December 8, 2006, ENSH co-ordinators from Belgium, Poland, Slovakia, Estonia, Germany, France and Ireland were invited to a workshop to discuss the barriers and obstacles that were encountered when setting up a network and to identify possible solutions that could be applied. The workshop resulted in four main issues of concern encountered by each co-ordinator:

1. How to acquire financial and human resources on national level to set up a co-ordination office and to organise dissemination activities?
2. How to get support from governments, policy makers, health professionals, insurance companies and the media.?
3. How to counter arguments that legislation banning smoking in health care institutions and public places is sufficient to guarantee a smoke free environment for hospital staff and patients and no more effort needs to be made?
4. How to persuade hospital managers to invest into a smoke free hospital concept?

Based on these discussions it became apparent that a three stage approach would greatly facilitate the implementation of a national ENSH network:



### 1. Choose a strategic objective

Although strategies to develop a national ENSH network might vary from country to country (depending on health systems, national and cultural specificities), a classic strategic approach would be to assess your needs, decide on a strategic objective and determine what is the background information you need to build a strategy. Strategic objectives may include :

#### 1. Get policy makers interested in the ENSH concept

What you may need to know:

- > What are the smoking rates in your country according to gender, age profession? What are the morbidity and mortality rates linked to tobacco consumption?
- > What are the laws and regulations in your country that will facilitate the implementation of smoke free hospitals? Is there legislation on smoke free public places/workplaces/health care facilities – are there incentives to promote health promotion in hospitals and health care facilities, are there occupational health and safety regulations that might serve your purpose? Are there re-imbusement schemes for smoking cessation therapies/programmes

#### 2. Acquire resources (human/financial/logistical) for your activities

What you need to know:

- > Will your organisation accept that you spend some of your working time on the project development? are they ready to host/ finance a coordination office?
- > Who will translate the ENSH tools into national language?
- > If not: is there another organisation willing to host/ finance a co-ordination office?
- > If none of the above apply, who could you address to raise external funds?

#### 3. Develop an action plan to enrol hospitals to use the ENSH concept and tools

What you need to know:

- > Are there hospitals who already have a smoke free policy in your country or intend to establish one in the near future?
- > Is there a hospital association or members of the Health Promoting Hospitals Network

- > How can you inform health professionals and hospitals about the ENSH concept and tools
- > How can you identify a pilot hospital that is willing to implement the ENSH concept and become the first ENSH member.

#### 4 Build relationship with potential partners

What you need to know:

- > How can you interest Health ministries, Public health institutes, sickness funds, health insurance companies to support the implementation of a smoke free policy in hospitals and health care organisations?
- > What arguments do you need to persuade hospital managers, Health professionals ( Doctors associations, nurses associations), disease related organisations ( Cancer society-Lung association etc.) to adopt the ENSH concept?
- > How can you interest Tobacco control advocates to support your activities?
- > What collaboration can be envisaged with workplace health promotion and occupational health experts

#### 5. Get media coverage for the ENSH concept

What you need to know:

- > What media to contact?
- > How can you make an exciting story to interest the media?

### 2. Identify a partner

Partnerships are fundamental for network building. A national coordinator needs partners with common interests and objectives, with whom to develop a trustful relationship and who may be able to support his activities and give human, logistical, financial or moral support. The basic principle of successful partnership is to create a win-win situation between yourself and your partner: share ideas, resources and success.

There are different forms of partnership that may be considered. They are related to different levels of trust and commitment which are governed by mutually agreed rules. Below, different forms of partnership are listed in order of strength of commitment between partners:

- > Networking (loose exchange of information and experience among network members)
- > Coordination (exchange of information + willingness to alter activities for a common purpose)

- > Cooperation ( exchange of information, willingness to alter activities for a common purpose + sharing resources for mutual benefit and common purpose)
- > Collaboration ( exchange of information, willingness to alter activities for a common purpose, sharing resources for mutual benefit and common purpose + increasing the capacity of another organisation for mutual benefit).
- > Sponsorship (partnership with commercial entities who contribute financial, human or logistic support for a given project)

### Sponsorship

It may be of interest to enter into partnership with commercial companies to finance specific projects. It would be naïve to believe that companies are contributing funds without expecting a return for their investment. This expected return may be the improvement of their image by being associated to your organisation, the type of activity you are performing or by having access to information they otherwise would not get. Some not so well intentioned companies might have a hidden agenda with a view to influence the decision making process in your organisation in order to shift your lobbying tactics, to alter project results and to use you as a puppet on a string.

You should therefore carefully evaluate the consequences of commercial partnership and make sure it does not harm your reputation and that you do not lose your independence and freedom of decision as a consequence. Certain rules should help you to avoid disastrous consequences:

- > Never accept any sponsorship from the tobacco industry
- > Do not accept sponsorship to fund the core tasks of your organisation from companies with vested interests
- > Limit the support from companies to specific projects and make it a rule not to accept more than 20% of the total project budget as sponsorship from the same company.

## 3. Apply a tool

Entering into partnership, be it with governments or governmental institutions, NGO's, networks or coalitions, Sickness Fund and Health Insurances, potential commercial funders or the media, have a common underlying principle: you have to make your case.

You will be up for fierce competition, you will have to prove that your case is worth supporting, that your organisation is competent and trustworthy and that you and your partner will both win from your relationship. It would be highly cost effective to develop tools that can help you make your case. Some of them exist on European level, some will have to be developed by yourself or adapted to your needs. Most of them may be used as building blocks to support several strategies.

To make your case you need to:

### 1. Present your activity

- > the aims and objectives of your activity
- > how these activities contribute to public health objective in your country

### 2. Show what you have to offer

- > The ENSH concept (the European Code and Standards)
- > Results of the self – audit questionnaire on national / European level
- > Results of the staff smoking survey barometer
- > Smoke free maternity pilot study and results
- > Advantages of preoperative smoking control
- > European smoking cessation training guide and recommendations
- > Action plan on to implement smoke free legislation
- > Impact of ENSH concept on morbidity/mortality
- > Position papers on health topics – legislative measures

### 3. Demonstrate the benefits for the potential partner

- > how a collaboration would benefit the partner
- > how the supported activities may serve his objectives
- > what kind of synergies can be created in the long term
- > How cost-effective is the ENSH concept for a hospital/government/institution

### 4. Formulate your needs

- > what actions are open for partnership
- > what are you expecting from the partner
- > why your activity should be supported
- > what kind of partnership you envisage
- > what will be the results of the partnership
- > is the activity you envisage sustainable over time
- > develop a model grant application for funding

### 5. Refer to ongoing activities in your country.

- > What activities are related to your project and may contribute to or benefit from your activities
- > Where can synergies be created to avoid double investment of financial and human resources-avoid re-inventing the wheel
- > Where can joint action be more cost effective

### 6. Develop a communications plan

- > Disseminate annual reports – publish articles
- > Disseminate newsletters (European/national)
- > Write press releases on highlights of your activities
- > Organize events / workshops ( take advantage 31. May – non smoking day – world health day etc.)
- > Introduce abstracts and offer your participation as speaker in public health conferences
- > Participate in meetings on tobacco control in the frame of the tobacco control community
- > Establish a data base of contacts

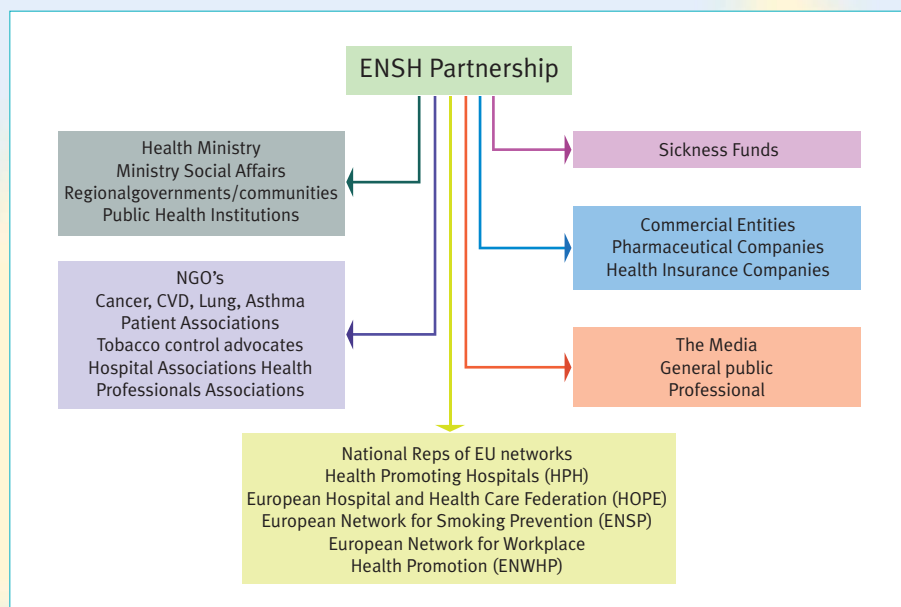
Each tool can be a building block for your strategic approach to partnership building.

## Transposing theory into practice

As each national situation is particular, we can not give a culture and policy specific recipe of how to develop a network in each country. However, what we can offer is this model for strategic development based on three strategic axes

1. Choose the right strategy to solve your problem
2. Identify the right partner to support your activities
3. Apply a tool that helps you make your case

A collection of selected best practice examples will accompany the implementation guide to illustrate how networks have been set up in countries with various smoke free policies in public places, work places and health care facilities.



# ENSH Guidelines for Psychiatric Services

## COMMITMENT

### 1. *A stated commitment should be the provision of a healthy, smoke free environment for staff, patients and all other service users*

- a. The organisations should designate a senior manager to establish a policy working group consisting of representatives from all disciplines and service users. This group will be responsible for personalising a policy towards a smoke free environment within their organisation and should specify the procedures to be followed in the event of non-compliance.
- b. The organisations managers should clearly indicate in the organisational plan or contract how they are going to communicate, implement and monitor the policy.
- c. The organisations managers should clearly identify the resources necessary for implementation of the policy including signage, staff policy briefings, patient and community communication systems, staff training, patients and staff support systems, evaluation and dissemination of data and the provision of external smoking areas, only if deemed necessary.
- d. The organisations managers should ensure that all staff, clients and visitors take ownership of the policy.

### 2. *All new facilities must consider adopting a totally smoke free policy from the outset*

- a. All those involved with healthcare facility planning should identify resource implications in the planning stage to ensure this is manageable.

### 3. *All existing facilities should work towards a totally smoke free status within a stated timeframe*

- a. Managers should identify resources to ensure that this is manageable, whilst at the same time being cognisant that the patient / client group may change due to various circumstances.

## COMMUNICATION

### 4. *Establish structures to communicate the policy*

- a. Clearly defined information systems should be developed locally using a variety of media to ensure ALL staff, clients and the community are adequately informed of the organisations tobacco management policy.
- b. The policy and associated procedures must be communicated to ALL staff and in particular, to new and part-time staff as part of their induction pack.
- c. Management must communicate to both staff and clients in the event of change in policy.

- d. Management must provide appropriate briefing sessions to all staff to assist with the implementation and monitoring of the policy.

- e. As role models, all staff must promote the appropriate behaviour to service users and refrain from smoking in front of patients and visitors.

### 5. *An acceptance of the proven hazards of ETS*

- a. All psychiatric services should conduct a risk assessment based on the hazards associated with ETS and address all identified risks by implementing appropriate control measures.
- b. Ensure policy infringements by staff and clients are dealt with under agreed procedures for violations of the smoke-free policy and in line with current employment frameworks / policy and legislative requirements.

## EDUCATION & PREVENTION

### 6. *Staff should be offered information and training in policy implementation and monitoring.*

A specialist training programme on the management of tobacco should be designed specifically for those working in mental health services which would include the following:

- a. The rationale for the policy, including health and safety requirements, fire risk, environmental, corporate image management and expectations of staff roles.
- b. The strategic role staff play in supporting smoking cessation in patients
- c. The hazards of Environmental Tobacco Smoke [ETS].
- d. Links to other areas of relevant policy, such as quality assurance and clinical governance.
- e. Managing the policy with colleagues, patients, visitors and other users
- f. A variety of communication skills including direct, indirect and negotiational skills.
- g. Risk assessment guidance tool for Environmental Tobacco Smoke [ETS].
- h. Management support structures.

### 7. *Staff should be offered information and training in the delivery of appropriate smoking cessation support designed specifically for mental health service users*

- a. Training in brief interventions and motivational interviewing techniques for smoking cessation should be made available to staff. Ideally this training will become incorporated into undergraduate studies.
- b. In-service courses could be accredited and form part of an employee's personal development plan.

## IDENTIFICATION AND CESSATION SUPPORT

### 8. Smoking is treated as a care issue of all patients in mental health settings

- Establish a system to identify and record the smoking status of all clients on admission and incorporate into overall patient care plans, including specific smoking cessation techniques
- All nicotine dependant clients should have appropriate pharmacological therapies including NRT made available to them.
- All medications should be carefully monitored during the quitting process and while the client is being treated for nicotine dependence.
- Awareness raising campaigns highlighting smoking-related problems specific to clients of mental health services should be used to inform clients/ staff & visitors to bring about cultural change.

### 9. Smoking cessation support should be made available to staff and clients in an effort to reduce consumption

- All organisations / services should have a smoking cessation service or access to a smoking cessation service with a designated smoking cessation facilitator trained in mental health for the purpose of helping smokers, staff and clients to quit.
- Continuously assess smoker's readiness to change and devise a comprehensive smoking cessation support programme for staff and clients to include pharmacological therapies and knowledge on all researched alternative methods for smoking cessation support.
- Specific resources should be allocated for the cessation service, to ensure that systematic referral and audit systems are in place and that clients are followed up after quitting.
- Information on smoking and smoking cessation methods should be widely available to all staff, clients and the community.

## TOBACCO CONTROL

### 10. The practice of smoking indoors in psychiatric services should be phased out in an effort to promote health and support successful quit attempts.

- Smoking is prohibited in all work areas, common areas and facilities used by staff, clients and visitors in the organisation, including transport.



\*THIS AREA IS FROM NOW ON SMOKE FREE

Source : Aorta / www.inpes.fr

- If smoking areas are designated, they should be completely separate from non-smoking areas, and all efforts should be made to reduce time spent there by smokers [See Appendix Five].
- Smoking at all entrances to the organisation and reception areas should be prohibited as smoke will migrate and enter indoor areas, increasing exposure and potentially increasing health risks.
- Designated secure outdoor smoking facilities should be provided as deemed necessary by management for patients/ clients.
- No tobacco advertising or sale of tobacco products should take place in psychiatric facilities.
- Funding by tobacco companies should be rejected by all service providers.

**11. Staff must be clearly guided and educated on how best to assess and record incidences of risk associated with smoking.\***

- a. NO staff member should be required to use their discretion in difficult situations without clear direction.
- b. The patient care plan should form an integral part of the risk assessment process.
- c. Establish an appropriate reporting system within the organisation to record all smoking related incidences, to quickly detect the problem and to identify the action taken.

## ENVIRONMENT

**12. All psychiatric services should have policy statements to openly identify problem areas and provide clear strategies for managing and changing long standing practices**

- a. Display national "No Smoking" signs
- b. Remove all ashtrays and provide external stubbing bins at appropriate positions at entrances.

**13. Tobacco should never be used as a reward or incentive for psychiatric patients/clients.**

- a. The practice of using tobacco as a reward, incentive or therapeutic tool for patients in psychiatric services should not continue. Other appropriate / alternative strategies, rewards and incentives must be identified. The legal implications of these actions should be recognised and appropriate support provided.

## HEALTHY WORKPLACE

**14. Staff exposure to ETS should be minimised to the greatest extent possible**

- a. Legal implications of staff exposure to ETS should be used to justify resources.
- b. Management is responsible for ensuring that every effort is made to provide staff with a smoke free working environment.
- c. Staff smoking habits and prevalence is monitored on a regular basis.
- d. Psychiatric staff may only smoke at official break times
- e. Infringements of the policy by staff will be dealt with under local disciplinary procedures.

## HEALTH PROMOTION

**15. Psychiatric services should promote smoke-free actions in the community**

- a. The organisation promotes, contributes to and supports smoke free activity outside of the organisation.
- b. The organisation shares evolving best practices locally, nationally and internationally on tobacco control in challenging settings. By continuing to share their experiences those working in settings where tobacco control is particularly challenging will be able to build sustainable models of good practice.
- c. Staff should be encouraged to take up mental health promotion activities [eg. Lifestyle programmes, healthy living, weight management, solutions to wellness etc.] and prevention activities, particularly targeting factors that determine or maintain ill-health.

## COMPLIANCE MONITORING

**16. All psychiatric services should state their commitment to monitor and review the tobacco control policy including regular environmental inspections to assess levels of smoke pollution**

- a. Information, education and training programmes are reviewed and updated regularly.
- b. All members of staff have a responsibility to identify and take direct action in the event of policy infringements. Staff should report all smoking related incidences, episodes of non-compliance with policy rules, particularly when violence or verbal or physical aggression has occurred.
- c. Responsibility for monitoring the policy rests with the management policy and monitoring working group that operates in conjunction with divisional supervisor / managers.
- d. The monitoring process must include policy compliance and communication systems.
- e. Environmental audit can be incorporated in the organisations health and safety risk management strategy. It should include monitoring of levels of exposure to ETS and be undertaken annually.

**17. Each tobacco control policy should clearly define the way in which a smoke free environment can be achieved within the organisation.**

## POLICY IMPLEMENTATION

**18. Recognition that moving to totally smoke-free is the long-term goal**

- a. Organisation gives full commitment to implement all of the steps.

\* The risk assessments should take account of the effects smoking has on a) the behaviour of a disturbed client, b) the number of staff exposed and c) the length of time each member of staff is exposed to the dangers of ETS. Smoking should only be deemed the safer option when the risk of safety to a client and / or members of staff outweigh the risk of exposure to the dangers of ETS.

# Smoking in psychiatric service

*Smoking is an integral part of the culture of psychiatric services. It relieves stress and boredom, staff use it to build up rapport with patients, and cigarettes are often used as rewards or currency exchange. Many patients who enter as non-smokers leave as smokers. Light and moderate smokers also increase after hospitalisation (Keizer and Eytan, 2005).*

Banning indoor smoking throws up the debate of the right of the individual to smoke versus the right of other patients and staff not to work in a smoky atmosphere (Jochelson and Majrowski, 2006).

Three rights issues were debated in The King's Fund report (2006) regarding smoking ban legislation and psychiatric units.

- The right of staff to work in a safe work environment.
- The right of patients to choose their lifestyle.
- The right of patients to smoke against the right of non-smoking patients.

This report also considered attitudes against and in favour of a ban.

## Effectiveness of smoking bans in psychiatric units

Many of the arguments in favour of an indoor smoking ban are based on the experiences of psychiatric units that have already implemented such a ban or units that have always been smoke-free. A Dutch-based study (Willemsen et al, 2004)

of psychiatric hospitals and outpatient care institutions saw 87% of individuals within these units exposed to ETS where there was no ban on smoking. Even where a general smoking ban existed, where smoking was meant to be confined to designated areas, non-compliance resulted in a high exposure to ETS. Only when a complete ban was implemented was compliance high and employees sufficiently protected from ETS. The biggest concern for psychiatric staff regarding smoking bans were about patient resistance and infringing the patients' freedom to smoke. This is also a consideration where patients are detained against their will under the Mental Health Act. Jochelson reported 60% of psychiatric nursing staff disapproving of the ban believing staff



should smoke with patients in order to break down barriers, a view supported by 78% of patients. However research from the US (el-Guebaly, 2002) and Canada (Willemsen, 2004) supports smoke-free policies in psychiatric units with careful planning and consistency by all staff.

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## AGAINST

- Lack of indoor smoking in residential units may be perceived as a breach of a patient's rights.
- Staff have preconceived ideas of impracticality, and expect an increase in abusive behaviour.
- Severe withdrawal and relapse is more common amidst the mentally ill (Glassman et al, 1990).
- A new episode of major depression may appear up to six months after cessation in those suffering from depression (Covey et al, 1997; Glasman et al, 2001).
- During tobacco cessation patients can relapse to other drugs

## FOR

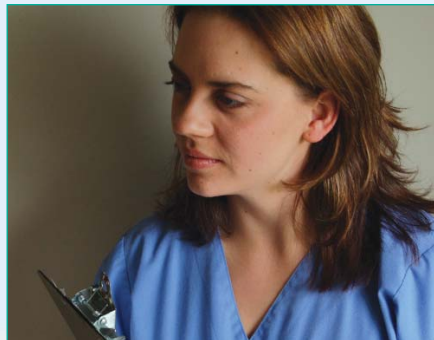
- Health promotion should be considered part of mental health services.
- Total indoor bans compared with partial bans are less likely to result in aggressive behaviour (Jochelson and Majrowski, 2006).
- Indoor smoking bans do not prevent patients from smoking.
- Patient resistance has not been experienced where no-smoking policies have been implemented.
- Patients conform when policies are clarified.
- It is difficult to motivate patients to quit when smoking is allowed indoors.
- Staff accept the no-smoking policies when they are enforced.
- Cigarette consumption is reduced when it is more difficult to smoke.
- Patients become calmer and sleep better.
- When staff don't smoke it creates a ripple effect.
- A smoking ban is an opportunity to ask about tobacco use and give a short counselling session.
- There is no proof that smoking cessation increases the effects of schizophrenia.
- Serious smoking-related diseases and mortality are more common in schizophrenics due to their high smoking prevalence and heavy smoking rates (Brown et al, 2000).

## Psychiatric nurses can play an important role in intervention to address smoking and should be adequately trained and supported to do so

Current legislation in many EU countries has implemented varying degrees of workplace smoking bans, but often the legislation has exemptions in place for mental health units because they are considered dwelling places for its long term residents. Smoking is ingrained in the psychiatric culture for both staff and patients with above average smoking levels in both groups. Given the work inequalities experienced by psychiatric staff and residents by exposure to ETS, and an employer's duty of care to its staff, greater consideration is being given to the smoking regulations surrounding mental health. It has been shown that it is possible to have psychiatric units free of indoor smoke. Many institutes already have smoking restrictions in the form of smoking being confined to designated areas but this does not prevent non-smoking staff and patients from being exposed to ETS. Psychiatric services that have implemented a

smoke-free policy have found that a lot of the fears of staff have been unfounded. In these instances staff and patients have adjusted to the changes without major conflict. There is a realisation that psychiatric services can be smoke-free. This is being advocated by new legislation in countries such as France and the UK where indoor smoking in psychiatric units is being outlawed and in Sweden, which is aiming for smoke free mental health services. The ENSH is also introducing guidelines to develop a non-smoking policy in psychiatric services.

In order to successfully implement smoke-free policies in mental health services it is important to have an effective smoking



cessation support service in place for both staff and patients. Psychiatric nurses can play an important role in intervention to address smoking and should be adequately trained and supported to do so. Their own smoking needs must be first addressed in order for them to effectively work with patients' smoking needs. Most staff fears of the consequences of banning smoking have been shown to be unfounded. Given the potential correlation between prenatal smoking and foetal brain development, and an association with behavioural problems in children, pregnant women must be continued to be educated in the harms of smoking and the potential long-term consequences to their offspring. Smoking cessation support must be readily available for this population group throughout pregnancy. Further studies need to be undertaken to determine the potential association between prenatal smoking and the development of psychiatric illnesses.

Miriam Gunning,  
Irish Network for Smoke  
Free Healthcare services

## Best practice towards managing a smoke-free environment within psychiatric services

### Smoking cessation treatments

#### Psychiatric units

- Psychiatric units can work effectively by being smoke-free without adverse patient effect.
- National legislation in banning smoking in the workplace could be expanded to include psychiatric institutes with special considerations taken into account.
- Psychiatric services should be supported to go smoke-free indoors.
- Need to raise awareness about the problems of smoking in the mental health services and bring about cultural change.
- Psychiatric services need a well-thought out tobacco policy.
- It is difficult to get patients to quit as long as it is permitted indoors.

#### Psychiatric patients

- Designated secure outdoor smoking facilities should be provided for patients.
- Adequate smoking cessation support needs to be provided for patients when they are resident in psychiatric units and should continued when they leave the unit.

- Smoking cessation support needs to be adapted to the specific clinical needs of a patient.
- Cigarettes should not be used as rewards.
- Patients should be asked about their tobacco use and offered brief smoking cessation intervention.
- NRT should be supplied to patients.

#### Psychiatric staff

- Staff has a strategic role to play in supporting smoking cessation in patients.
- Staff need to be trained in smoking cessation counselling.
- Psychiatric staff need support to help them quit smoking.
- Staff should have separate smoking facilities to patients.
- Staff should avoid smoking in front of patients and visitors.

#### Anti-natal support

- Women who smoke should be given intensive smoking cessation counselling throughout pregnancy.
- Young women should be informed about the long-term consequences of smoking during pregnancy.