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CONSULTATION WITH THE HUG THURSDAY THINK IN ABOUT MAKING THE GROUNDS OF ALL PSYCHIATRIC HOSPITALS SMOKE FREE.

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INTRODUCTION

In recent days we heard from one of our sister groups and from VOX, our national voice, that there was a strong lobby to remove the exemption to the smoking ban from psychiatric hospitals and to stop allowing any smoking on any part of NHS mental health premises or grounds.

We had discussed aspects of this previously in our report on tobacco drugs and alcohol (Which can be obtained by e.mailing us.) We held renewed discussion on the topic in the HUG Thursday Think in in August.

We discussed the question around three broad themes with eight members of HUG, two of whom were smokers and six of whom weren't.

This paper gives an early indication of our feelings but if the possibility were to arise in our local hospital we would like a wider consultation and if the idea becomes policy at a national level we would want to be sure that our fellow groups and our national voice VOX are fully consulted as are a wide range of people with a mental illness who experience hospital based care as they are, after all, the people who will be principally affected.

INITIAL REACTIONS

We were split fifty-fifty over the proposed ban with strong feeling on both sides of the subject but acknowledgement from everyone about how difficult this could be for smokers if it were implemented.

WHY SHOULD PEOPLE WITH MENTAL HEALTH PROBLEMS BE A SPECIAL CASE?

Some of us thought that we shouldn't necessarily be a special case, many of us know of people who are or have been treated in a general hospital for conditions unrelated to mental illness who were desperate to smoke and sometimes unable to because of their condition. They suffered a great deal because of this. Some of us thought this was unnecessary at such a time, especially for long term smokers nearing the end of their life.

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However the reasons as to why we might deserve to be treated differently were that

- If we are heavy long term smokers, being prevented from smoking at times of great stress and distress does nothing to help us with our mental health and in some cases would stop us accessing life saving treatments.
- Even though we have heard that smoking does not reduce stress we believe strongly that not being able to smoke or being prevented from smoking does dramatically increase stress and that this would occur at a time when people were engaged in multiple efforts to reduce our sources of stress.
- Some of us thought that the long term increase in stress we may gain through the negative effects of smoking outweigh the short term gains we would achieve by being able to continue to smoke.
- We felt that there is little acknowledgement of that fact that some people are detained or under close observation or in wards that are locked at night and would therefore be forcibly stopped from smoking. We have heard that this is not seen as being in contravention of our human rights but some of us see it as a breach of fundamental matters of choice and autonomy.
- We do not understand why prisoners are entitled to smoke whilst we would not be.
- We also felt that in patient treatment was very different from other forms of hospital treatment. We are usually admitted for far longer than other patients and may indeed be patients for months if not years. In this situations we would see a closer parallel to hospital being our home than a place of clinical intervention and as such we should be expected to be able to do many of the things we would normally expect to do in our home.
- For some of us smoking is a form of release, occupation, socialisation and escape. These are all things that we can need when in-patients:

"when I was in hospital and I couldn't sleep I stayed up in the smoking room for many nights smoking and relaxing, this kept me together and helped me deal with the effects of being high."

"When I was in hospital I was convinced I was in a nazi regime. If I had been stopped from smoking I would have felt punished, this would have confirmed the psychosis."

- We felt that the concentration on smoking was hypocritical or signalled a switch to a very controlling and coercive health service – following these ideas; if we are in hospital then maybe we should be forced to eat the right things, and exercise in recommended ways whether we like it or not:

"I have problems with food and weight, it would be like me going into hospital and being told all I was allowed to eat was lettuce."

- We also felt that, as a community, we have a far higher rate of smoking than other people, it could be seen as part of the culture of what might be seen as the mental health community. We are nowhere near the stage that most of the rest of society is regarding smoking, we need help to realise the need to stop smoking, not what is in effect compulsion to stop smoking.
- This compulsion is especially offensive to a group of people who are already at risk of compulsion in ways most other people aren't.
- We also worried about the pressure on staff time. If we are to be allowed to be able to smoke off of the hospital premises we will need escorted there and back by staff who could be using their time much more productively.
- We find that peer support is immensely therapeutic – the principle place we got that was in the smoke rooms and now would be in shelters in hospital grounds. This is where we laugh and relax and confide and chatter. This hugely beneficial therapy would be at risk of being lost.
- We also feel that when we are in hospital our physical health is far less important than our mental health to us. We do not want to risk our mental health by being forced to look after our physical health.
- We feel that smoking is often our way of self-medicating to deal with how we are feeling, we do not know why people say it is bad for our mental health as we know that we derive considerable comfort from being able to smoke.

WOULD A SMOKE BAN IN THE GROUNDS IMPROVE OUR HEALTH AND WHAT OTHER INTERVENTIONS WOULD HELP WITH SMOKING?

On this subject we were again divided, some of us strongly feel that smoking causes considerable suffering and kills many people. We feel that it is such a bad thing to do and that the effect of addiction on us is so bad that we should not only stop smoking in hospital grounds we should ban it completely across society.

On the other hand some of us feel that we should be free to make the choice about whether to smoke or not and that for some of us, although we know it will probably kill us, we are happy to smoke.

"We don't care if we die as a result of this."

"It wouldn't stop me smoking, I would start as soon as I left hospital"

"It would have made me more aggressive."

"Stopping smoking is a stop- start thing – we need a mechanism to allow us to fail, not compulsions."

"The fear of not smoking is in my mind; I am not feared of cancer, I know I will die of cancer – every five minutes I think of smoking – I feel condemned by this proposal."

We worry that as many of us take drugs that increase our weight dramatically that stopping smoking will also further increase our weight.

We would prefer there to be a greater concentration or a continued concentration on public education and assistance to stop smoking rather than what we see as punitive approaches towards those who are smokers.

If despite our wishes we are stopped from smoking we need to be offered help and support and things to do.

If we cannot smoke when in hospital then we should have access to all the help we can get – we should automatically be offered electric cigarettes and inhalators and patches. There should be smoking cessation nurses throughout the hospital who would invite us to voluntary smoking cessation classes.

We feel that the best way to help us to stop smoking is to get us to the frame of mind where we make a positive choice about smoking. If we feel confident, relaxed, if we can see a future and feel in control of our lives then we are more likely to actively look after and take control of our wellbeing. When we are given opportunities to recover and enjoy life then we are more likely to stop smoking. Making us stop smoking has the opposite effect.

We need to also look at the reasons we smoke, there are a multitude of reasons for smoking, we should look at what smoking offers us and provide other ways of giving us it and we should look at the reasons we engage in such life threatening behaviour and help us deal with them.

Most of us would like to see smoking reduce but some of us are very against what we feel is compulsion to stop smoking. We prefer health education, price rises and advertising about it.

IF IT WORKS INSIDE HOSPITAL THEN WHY NOT OUTSIDE HOSPITAL TOO?

Some of us are still very angry about the smoke ban inside hospital, we are not interested in the fact that people forced a change to happen successfully. We dislike the fact that the change was imposed on us and that we did not ask for or wish for it to happen. For the same reasons we will resist a ban on smoking in Hospital grounds.

We also know that the smoke ban in General Hospitals hasn't worked, many of us know areas where patients smoke in the hospital grounds and have witnessed nurses letting infirm patients smoke just outside the ward doors of General Hospitals.

Most of us hate the electronic voice in doorways and bus shelters that tells us to stop smoking.

We feel that the best efforts regarding smoking should be directed at young people to ensure that they never start and that it becomes a thing of the past.

However half of us are against smoking and want to see it stopped and agree with a smoke ban.

This is because

- We have witnessed friends and loved ones die as a result

- Because we greatly resent going up to New Craigs and having to pass by smokers crowding the front door with both their presence and their smoke
- Because we are ex-smokers who are at high risk of starting to smoke again if we were admitted to a hospital where smoking is permitted.
- Because we do not like passive smoking.
- Because we would like to see people being given the chance to give up smoking.

"There is nothing worse than going up to New Craigs and going through a wall of smokers to get to an appointment."

"When you're in hospital and it's raining outside, it's intimidating being by the front door – they should have sheltered smoke places for smokers to smoke in away from other people."

"I can resent smelling it again."

"In hospital there is a temptation to start again – you're and bored stressed with time on your hands – it gives a pleasant hit."

"Would the work burden on NHS would be reduced? yes. I Would like to see cigarettes banned altogether –I took my mates wife into hospital with 48 hours to live because of smoking. I would make it illegal. I am short of breath because of panic attacks but also as the legacy of smoking."

"If it's poor for your health – they should maybe do this because it might be better for you in the long term."