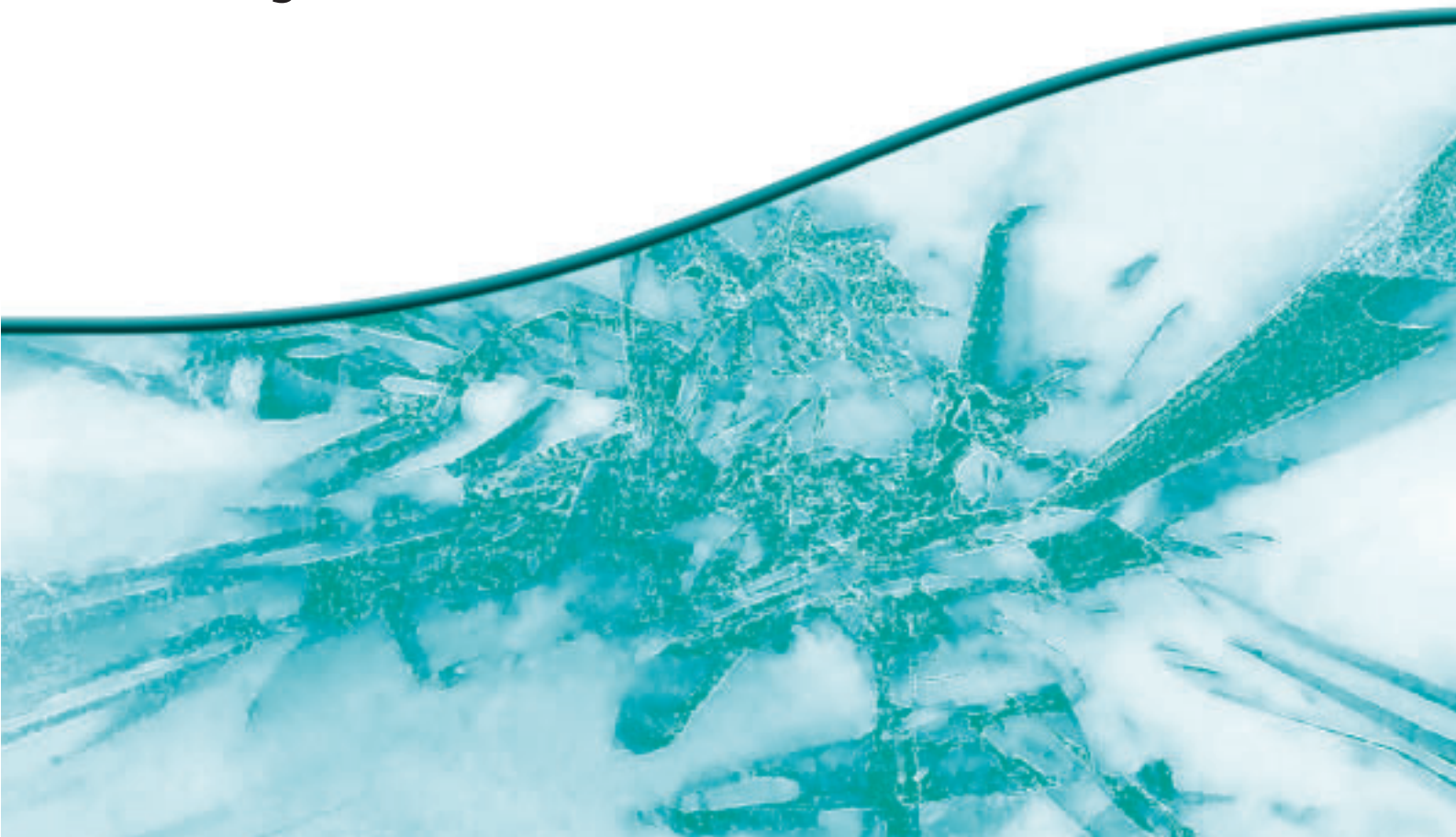


The case for a completely smokefree NHS in England



Foreword

Over ten years ago NHS organisations were asked to become 'virtually smokefree' by the then NHS Management Executive.¹ The Chief Medical Officer is now calling for a complete, rigorously enforced smoking ban in all NHS healthcare facilities.

Tobacco smoke pollution is an unwanted and unnecessary hazard to public health. It harms everybody – adults, children, patients, visitors and staff. It is also an occupational hazard, as employers are responsible for the health and safety of staff.

But recent research conducted by the Health Development Agency shows that although 99% of NHS hospitals in England have a no-smoking policy, only 10% are completely smokefree.²

NHS organisations should now take action to eliminate tobacco use from all premises. They should also provide comprehensive support for smokers – who will need to abstain while on NHS premises – and help those wishing to give up.

The NHS has a unique responsibility to its workforce and patients, and to the public, to act decisively and demonstrate leadership on this important issue. It is essential that senior management ensure that all staff understand the reasons behind this new approach and their role in enforcing smokefree policies.

This briefing paper will help senior personnel – especially key influencers – to understand the rationale and action needed to make the NHS completely smokefree. It is accompanied by a guidance document that sets out how to implement a smokefree policy, drawing on the learning from case studies in the NHS.



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Summary

The aim of this paper

This briefing paper sets out the case for a completely smokefree policy across the NHS in England and counters objections made by those who say it cannot be done. The objections have been successfully overcome elsewhere – other countries have already implemented completely smokefree policies in their healthcare settings.³ Guidance on how to implement a smokefree policy accompanies this paper.

Tobacco smoke pollution is a hazard to health

Smoking kills 120,000 people each year in the UK. Non-smokers are also affected – more than 1,000 are killed each year by breathing other people's smoke. Thousands more suffer harm from diseases such as asthma and other respiratory illnesses, as well as angina, nausea and headaches.

Anything less than a completely smokefree policy undermines the dangers of smoking

Although most NHS premises have no-smoking policies, only 10% have become completely smokefree. Indeed the majority of hospitals still allow smoking on their premises – most commonly in smoking rooms or just outside entrances. Allowing some patients and staff to continue to smoke undermines the message that smoking and tobacco smoke pollution are dangerous.

A legal imperative

Failure to implement a completely smokefree policy leaves all employers open to the risk of prosecution and litigation. The absence of specific legislation on workplace smoking does not absolve employers from responsibility to ensure a safe working environment under health and safety law.

The duty of the NHS to demonstrate leadership

The NHS, as the principal health treatment and promotion organisation, should take the lead in promoting the no-smoking message and become completely smokefree throughout its buildings and grounds. As the largest employer in the country, the NHS has a duty to protect the health and wellbeing of staff – as well as patients – from the health hazards of smoking and to demonstrate exemplary conduct to other employers. It also has a duty to promote the health benefits of not smoking.

Helping smokers to quit

The NHS has an important role to play in helping smokers to overcome a dependence on cigarettes that will have a one in two chance of killing them.

Completely smokefree policies aid patients' recovery

The NHS should provide a safe place for people to be treated and recover without being exposed to harmful tobacco smoke pollution. Smoke can be particularly risky to those who are already ill (such as patients with angina or asthma), or vulnerable to its effects (such as children and pregnant women), or at risk of long-term exposure (such as staff). Smoking delays patients' recovery and wound healing, resulting in longer hospital stays. Smoking can also contribute to the transmission of communicable diseases such as MRSA and tuberculosis if affected patients are permitted to breach cross-infection control policies to use smoking facilities. This is a serious issue – NHS organisations need to consider their smoking policy alongside their cross-infection control strategy. A completely smokefree NHS would minimise the risk of this type of breach.

A smokefree NHS will reduce costs

Tobacco smoke pollution also creates extra costs for the NHS through additional cleaning bills, sickness absence, ventilation and fire damage.

Why should the NHS go completely smokefree?

Because tobacco smoke pollution kills

Tobacco smoke pollution kills more than 1,000 non-smokers each year, and is a major cause of ill health. Tobacco smoke contains over 4,000 chemicals including five regulated hazardous air pollutants, 47 regulated hazardous wastes, more than 50 known carcinogens and more than 100 chemical poisons. For many of these carcinogenic constituents there is no safe level of exposure. Almost 85% of tobacco smoke pollution is in the form of invisible, odourless gases, so it is not easy to see when the air is not safe.⁴

Tobacco smoke pollution is also known as exposure to other people's cigarette smoke, or secondhand smoke, passive smoking or environmental tobacco smoke.

Tobacco smoke pollution is known to cause a range of conditions including lung cancer, increased blood pressure, ischaemic heart disease, lung damage, abnormal kidney function, exacerbation of asthma, and sudden infant death syndrome (SIDS). The report of the Scientific Committee on Tobacco and Health stated that 'in those with long-term exposure, the increased risk of lung cancer is in the order of 20-30%'.⁵ Exposure to tobacco smoke pollution is a cause of ischaemic heart disease and can increase the risk by around 25% in people who live with smokers. Tobacco smoke pollution is especially dangerous to people who are already ill or vulnerable, many of whom are regular users of the NHS and rely on their visits to hospitals and clinics to help them recover.

'Smoking bans should be the norm in all healthcare facilities, be rigorously enforced and be accompanied by advice and support for staff and patients in healthcare facilities in their areas.' CMO Annual Report, 2003

To avoid litigation

Employers have a duty under the Health and Safety at Work Act 1974 to provide and maintain a 'safe working environment'. Failure to protect employees from tobacco smoke pollution leaves employers open to the risk of prosecution and litigation.

At present there is no specific legislation in the UK – or established case law – that places a clear duty on employers to ban smoking in the workplace. However, this does not mean an employee who suffers from an illness caused or exacerbated by exposure to tobacco smoke pollution at work cannot claim compensation from their employer for personal injuries. This is becoming more likely as public awareness increases about the risks posed by tobacco smoke pollution and particularly the presence of carcinogenic substances that are banned from other work environments.

Under current health and safety regulations exposure to tobacco smoke pollution is a hazard that has to be assessed like any other workplace hazard. Employers are required to put in place appropriate control measures to protect their staff from hazards. Exposing staff to tobacco smoke pollution in restricted smoking areas such as smoking rooms constitutes a health hazard.

Because a smokefree NHS will help smokers to quit

The vast majority of smokers – over 70% – want to give up. However, addiction to nicotine makes quitting cigarettes very difficult and forces continued smoking. Smokefree public places encourage smokers to make quit attempts and help ex-smokers to stay smokefree and avoid relapse. Completely smokefree policies at work reduce the absolute prevalence of smoking by about 4% and reduce the number of cigarettes smoked by each continuing smoker.⁶

Workplace bans are effective in reducing smoking prevalence

According to a recent review, comprehensive workplace bans are by far the most effective short-term smoking cessation strategy, barring outright prohibition, available to any government. In the UK they could reduce smoking prevalence from 27% of the adult population to 23%. Achieving this level of effect with tax rises would require a doubling of the price of cigarettes.

All NHS organisations should offer smokers encouragement to stop, provide easy access to nicotine replacement therapy (NRT) to combat withdrawal symptoms and advertise help with quitting to both staff and patients.

Effective support to stop smoking is available through the NHS

Across England there is now a network of NHS smoking cessation services which can quadruple a smoker's chance of successful quitting. These services might be provided for in-patients (already available in a number of hospitals)⁷ or within the community or at primary care premises. The services offer specialist behavioural support in combination with nicotine replacement therapy (NRT) or bupropion, on the NHS. This combination is the most effective way for smokers to stop⁸ and was cited by NICE as being 'among the most cost effective of all healthcare interventions'.⁹ All patients, staff and visitors who want to quit should be encouraged to contact the NHS smoking cessation services.

Patients, staff and visitors who wish to smoke should be encouraged to use NRT to control withdrawal symptoms. This could either be made available on the NHS (this may require a Patient Group Direction to set up supply to all patients) or by purchase as an 'over the counter' medicine.

Information about NHS stop-smoking services is available from:

- NHS freephone advice line 0800 169 0169
- www.givingupsmoking.co.uk
- www.nosmokingday.org.uk
- www.quit.org.uk
- www.roycastle.org

Because a smokefree NHS is good for patients

Smoking has been shown to increase in-hospital mortality and admissions to intensive care, and to lower resistance to respiratory tract infections in patients in hospital. It contributes to peri-operative complications, resulting in delayed recovery and greater treatment costs.¹⁰ Cigarette smoking is associated with a delay in wound healing¹¹ and wound infection,¹² both of which can also lead to longer recovery times and prolonged hospital stays. Post-operative pulmonary complications (PPCs) are common following major surgery and are associated with significant mortality and morbidity. Smoking increases the risk of PPCs six-fold.¹³ Allowing smokers to continue smoking while in hospital, say in smoking rooms, therefore puts them at increased risk of complications and delaying their recovery.

However, stopping smoking reduces these risks – in one study patients who abstained for more than six months prior to surgery had a risk of developing a PPC similar to that of a non-smoker.¹³

Smoking cessation can decrease post-operative complications,¹⁴ enabling:

- Fewer intensive care admissions
- Faster recovery
- Increased wound healing
- Shorter hospital stays
- Reduced risk of further surgery

Smokefree hospitals also reduce the opportunities for cross-infection control policies to be breached, thereby reducing the risk of cross-infection. For example, smoking rooms allow the mix of patients with and without contagious diseases, such as tuberculosis and MRSA, within a confined space.¹⁵

Patients who smoke should be advised of the smokefree policy when notified about their hospital appointment or operations and be given the contact details of their local NHS smoking cessation service. Such correspondence should stress the importance of stopping smoking as soon as possible.

Because a smokefree NHS is good for staff

Smoking policies are currently being implemented inconsistently across different groups of staff. For example, in some hospitals theatre staff are allowed to smoke at work whereas other grades of staff are not. Smoking and tobacco smoke pollution are potentially harmful to everybody. A completely smokefree policy is equitable for all staff and ensures the message communicated to patients is consistent.

Commitment to a completely smokefree policy sends out a message that is clear and unambiguous. This clarity helps with the implementation of the policy, reduces confusion and encourages smokers to give up.

Smokers take more time off sick, so supporting them to become non-smokers will reduce sick leave and the burden on remaining colleagues.¹⁶ Smokers also take more time off for cigarette breaks outside their entitlement and this can be a major cause of resentment among non-smoking colleagues. A smokefree policy stops these smoking breaks.

Sometimes staff smoke in the vicinity of the ward during their breaks because they say they cannot leave the immediate area due to staff shortages. This practice provides an inconsistent message to patients about the dangers of smoking as well as diluting the purpose of staff breaks.

Under the Working Time Directive staff working for longer than six hours are entitled to a break of a minimum of 20 minutes and UK Health and Safety legislation requires employers to provide appropriate staff 'rest' facilities. All staff should be encouraged to take their appropriate breaks and staff shortages should be dealt with appropriately. A smoking policy can support staff by ensuring there are appropriate staffing levels and statutory break times.

Because a smokefree NHS will reduce costs

Cleaning, ventilation and maintenance costs of smoking rooms and smoking areas are reduced by the cleaner air of a smokefree environment. The risk of fires is also reduced by the implementation of a completely smokefree policy. A smokefree policy also will reduce the time taken off by staff for cigarette breaks.

Smoking costs employers money

Employers bear public and private sector direct and indirect costs as a result of employees' and patients' smoking, including:

- More employee absenteeism
- Decreased productivity on-the-job
- Increased early retirement due to ill health
- Higher annual healthcare costs for smokers and higher health insurance costs
- Higher life insurance premiums
- Higher maintenance and cleaning costs
- Higher risk of fire damage, explosions and other accidents related to smoking
- Higher fire insurance premiums
- Cost of ventilation systems

Adapted from: World Bank Health, Nutrition and Population website: www.worldbank.org/hnp

Because a smokefree NHS is popular with the public

Public opinion is in favour of smokefree public places in general – and particularly in hospitals. A recent survey of British adults conducted by MORI found that 84% of respondents want hospitals to be completely smokefree.¹⁷ The London Health Commission recently organised a consultation on smoking in public places, called the Big Smoke Debate. Of the 30,000 respondents to their consultation, the vast majority (76%) said they wanted completely smokefree public places. Smokefree public places are supported by the majority of smokers as well as non-smokers.¹⁸

Because a patient-centred service demands a smokefree service

The overwhelming majority of NHS users are non-smokers. They have the right to receive professional healthcare free from the smell of stale tobacco on those who care for them and the invasion of their space by secondhand smoke. For those users who are trying to quit, the sight of people smoking and the smell of smoke have been said to disrupt the quit attempt and precipitated relapse.

Frequently asked questions

Don't smoking rooms offer a more sympathetic approach to addicted smokers who also have rights?

Smoking and tobacco smoke pollution kills – allowing smoking on NHS premises undermines efforts to tackle the dangers caused by smoking. The NHS has a duty to provide a healthy and safe working environment and the smokefree policy is aimed at protecting staff and patients. Smoking by a minority imposes tobacco smoke pollution on the substantial non-smoking majority who have a right to breathe smokefree air.

The smokefree policy does not force smokers to quit – it is about WHERE people smoke not about WHETHER they smoke. Given most smokers want to quit, linking the smokefree policy to increased accessibility of smoking cessation treatment can encourage smokers to do so.

There is no reason why smokers should be treated differently to those dependent on other substances, including alcohol. Those dependent on other drugs are offered treatment and are not permitted to bring these drugs onto NHS premises or use them during their working day.

For staff or patients who do not want or cannot stop smoking and find it difficult to go without cigarettes while on NHS premises, NRT offers a much less harmful form of nicotine delivery than cigarettes and can be used to reduce withdrawal effects.

Smoking rooms and outdoor smoking shelters may hinder the quit attempts of those who want to give up by exposing those quitting to the smell and sight of people continuing to smoke.⁶

Can't ventilation remove secondhand smoke?

Research has shown that it would require tornado-like levels of ventilation to remove tobacco smoke and satisfy air pollution and toxic substance standards.¹⁹ So no

ventilation system can remove secondhand smoke completely. Ventilation systems and maintaining smoking rooms also cost the NHS money that could be better spent on supporting smokers to quit.

What about smokers who become violent if they cannot smoke?

If a patient becomes angry or violent, the standard NHS procedures and policies for aggressive behaviour should be invoked. A 'zero tolerance' policy applies to the NHS in all other respects of treatment and smoking should not be an exception.

Isn't a smokefree policy unfair to smokers in long-stay institutions?

Some patients, such as those with severe mental health problems, have to stay in hospitals for long periods of time involuntarily. These patients need to be treated on a case-by-case basis as many will want to quit. There is good evidence that many patients with mental health problems want to stop but are rarely given advice or support in doing so.²⁰ Research shows that smokers with mental health problems can be encouraged to stop successfully using specialist support tailored to their needs.

No blanket exemptions to the smokefree policy should be given. Over time all patients in long-stay institutions should be offered an appointment with a specialist smoking cessation adviser who can offer support in stopping or advice on how to manage withdrawal symptoms when abstaining. It is acknowledged that some smokers who are sectioned or have recently been admitted to wards in acute states may wish to continue to smoke. These patients should not be prevented from smoking, but smoking should only take place in a designated outdoor area away from others. In exceptional circumstances, when the patient is forbidden from leaving the building, a designated room could be used for smoking but such cases should be granted on a case-by-

case basis by a senior member of staff following an agreed protocol for risk management. Permission to smoke in such a room should be made for specified lengths of time only. These exemptions should be regularly reviewed by a senior member of staff.

Some Trusts are already introducing smokefree policies in mental health institutions and hospices, and have found that very few exceptions to the policy have to be made.

Case study – Norwich Community Hospital

Norwich Community Hospital went fully smokefree on 1 January 2003. Patients, staff, visitors and contractors are all advised that smoking is generally not permitted on the site (though there may be some patient exceptions). There has been very little infringement of the policy, the site is clean and tidy and many staff have taken the opportunity to stop smoking. The policy has been extended to all Norwich primary care trust sites, including palliative care and learning disability homes, without any major problems.

Case study – Norwich Mental Health Trust

Norwich Mental Health Trust went fully smokefree on 1 December 2003. Patients, staff, visitors and contractors are all advised that smoking is generally not permitted on the site (though there may be some patient exceptions). Early experience shows that the level of smoking seen around the hospital sites has diminished considerably and that the vast majority of staff have accepted the new policy. The smoking policy has also prompted staff to revise clinical protocols on the effects of smoking/quitting on medication levels.

Case study – Wirral's primary care trusts

Wirral's primary care trusts are addressing the need for the NHS to act as an exemplar employer in the implementation of effective smoking policies. They established a multi-disciplinary smoking policy group to look at the issues – work so far has included written no-smoking policies in 86% of GP practices. The group is also working with local pharmacies to become smokefree with the full backing of the local pharmaceutical committee. Further, it is examining community staff issues such as staff going into patients homes and cars used for NHS business.

In all cases where exceptions are made there should be demonstrable evidence that smoking cessation has been considered fully as part of the patient pathway, in conjunction with the patient and/or their relatives. Where exceptions are made, every effort must be made to minimise staff exposure to smoke. This would normally mean that smoking is only permitted outdoors where staff and other patients would not be in close proximity to the smoker. Ideally, this would also be out of sight of other patients, who may be engaged in a smoking cessation programme.

Will there not be breaches to the policy which will endanger safety?

It has been argued that introducing a completely smokefree policy will result in increased 'secret smoking' in stairwells or bedrooms which could pose a fire hazard. This risk already exists in organisations with partially implemented or poorly enforced no-smoking policies but can be best reduced by improving public understanding of the reasons for having a smokefree environment in the NHS. This will require **communication of the health and safety reasons for the ban**:

- Letting all staff, visitors and patients know about the ban as far in advance as possible
- Providing easy access to NRT for temporary abstinence (control of nicotine withdrawal symptoms)
- Promotion of the NHS stop-smoking services
- Having all staff strictly enforce the policy with appropriate and visible signs promoting the policy
- Making it clear that any verbal or physical abuse towards employees trying to enforce the policy will be dealt with in accordance with the NHS 'zero tolerance' policy on violence.

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