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NO SMOKING AND SMOKE FREE ENVIRONMENT PROCEDURE

Introduction and Aim

On 1 March 2021, as part of the Smoke-Free Premises and Vehicles (Wales) Regulations 2020, Welsh Government implemented changes to smoke-free requirements. This legislation means that hospital grounds, schools' grounds and public playgrounds, as well as outdoor day care and child-minding settings are required to be smoke-free by law. Some changes within this legislation also extended the 2007 Smoke-free Premises etc (Wales) Regulations, resulting in the need to revise the Cardiff and Vale University Health Board's No Smoking and Smoke Free Environment Policy.

Smoking is extremely damaging to health and remains the single most important cause of preventable illness and mortality. It is the cause of death for around half of all long-term smokers. In Wales in 2018 around 5,600 deaths in people aged 35 and over were attributable to smoking. Treating smoking related diseases also has major economic impacts, costing the NHS in Wales an estimated £302 million per year. (<https://www.gov.wales/tobacco-control-strategy-wales-html>)

Rates in Cardiff and Vale of Glamorgan University Health Board area mirror the national picture with 13 per cent of the population smoking. In Cardiff Local Authority area 13 per cent of the population smoke compared to 14 per cent in the Vale of Glamorgan (National Survey for Wales, 2022 – 2023). Smoking rates are significantly higher amongst those living in areas of high deprivation. The most recent data available for Cardiff and Vale of Glamorgan show 26 per cent of those living in the most deprived areas smoke, compared with only 11 per cent of those living in the least deprived (National Survey for Wales, 2019-2020).

Welsh Government has the ambition for Wales to be smoke-free by 2030. To achieve this smoking prevalence rates will need to be 5 per cent or less. 'A Smoke-free Wales: Our long term tobacco control strategy for Wales' sets out the vision and how this can be achieved.

It is recognised that tobacco smoke is a health hazard to both smokers and non-smokers. In addition to putting people at risk from diseases, smoking can also act as an irritant in the eyes, throat and respiratory tract, aggravate asthma and pose a significant fire risk. Ventilation or separating smokers and non-smokers within the same airspaces does not stop potentially dangerous exposure.

Legislation concerning reducing smoking incidence and the harmful effects of tobacco in public places – including workplaces - was introduced in 2007 (Smoke Free Premises etc (Wales) 2007) and measures in Wales aimed at preventing the uptake of smoking among young people such as the raising the minimum age to purchase tobacco to 18 (2007), removal of vending machines selling tobacco products from public places (2012) and banning smoking in vehicles carrying children (2015) have been implemented successfully and have contributed to the reduction in smoking prevalence from 24 per cent in 2007 (Welsh Health Survey, 2006-2007) to 13 per cent in

2022-2023 (National Survey for Wales, 2022-2023) in Cardiff and Vale of Glamorgan. During 2022-2023 71 per cent of smokers accessing support, quit smoking at 4 weeks.

The Public Health (Wales) Act 2017 set out the intention for new smoke-free regulations which came into force on 1 March 2021 prohibiting smoking on hospital grounds with enforcement of Fixed Penalty Notices (FPNs) of £100.00.

The Smoke-Free Premises and Vehicles (Wales) Regulations 2020 banned smoking on hospital grounds and also set out deadlines to phase out dedicated smoking rooms inside mental health units (1 September 2022) and reduced those permitted to smoke in dedicated areas within adult care homes and hospices, to residents only. Cardiff and Vale University Health Board (UHB) has a legal duty to ensure compliance to the legislation, working in partnership with enforcement agencies.

Cardiff and Vale University Health Board (UHB) has a statutory responsibility for improving the health of the population as well as providing individual patient centred care for promotion, prevention, diagnosis, treatment and rehabilitation. Maximising health is a critical element in achieving a sustainable health service into the future.

In order to be a credible and effective advocate for population health improvement, in addition to ensuring the Smoke-Free Regulations are adhered to, the UHB must be able to demonstrate that it is actively promoting health and wellbeing and preventing ill health. Our employees are ambassadors for health and have a key role to play in promoting health and wellbeing.

The aim of this policy is:

- to protect employees, contractors, visitors and patients/service-users to UHB sites from exposure to second hand smoke (also known as passive or environmental smoke) and
- to ensure compliance with the Health Act 2006, the Smoke Free Premises etc (Wales) Regulations 2007 and the Smoke-Free Premises and Vehicles (Wales) Regulations 2020
- to actively promote and support health and wellbeing.

Policy Statement

Smoking is not permitted by law, in all UHB hospital sites, (inside buildings and grounds), from 1 March 2021, and for all UHB buildings inside. Smoking is not permitted as part of the UHB's No Smoking and Smoke Free Environment Policy at other health board ground. The only exemptions are:

- (a) Mental health patients-who are considered long term smokers, who are resistant to quitting smoking and who may decline their medical treatment because of the inability to smoke whilst admitted. In these cases, the patient will be permitted to smoke outside in a designated area of the Mental Health Unit provided:
 - A full consultation with an appropriate member of staff has been undertaken and assessment of smoking status ascertained and a management plan agreed.
 - If it is agreed in the management plan that the patient should be permitted to smoke, this can only take place in permitted areas which will be closely monitored.

(b) in private rooms within staff residence.

Objectives

The objective of this policy is to improve health by promoting action to reduce smoking, ensure compliance with Regulations and to protect and promote the health of both the smoker and the non-smoker.

In order to achieve this, the following will be implemented:

- Provide effective communication processes to ensure compliance and adherence to the policy and legislation
- Provide adequate smoking cessation support and encouragement for those smokers who wish to stop smoking
- Ensure that arrangements are in place for enforcing and monitoring of the policy/legislation
- Ensure full UHB commitment and reinforcement of support from all independent members, executive directors, senior clinicians and managers

Scope

This Policy is applicable to all employees (including those with honorary contracts), contractors, visitors and service-users (patients).

The Policy includes staff who are required to visit private residents as part of their duties.

Equality and Health Impact Assessment

An Equality and Health Impact Assessment (EHIA) was completed in 2013, amended in 2016 and further amended to reflect Policy changes, in 2021. It was reviewed and updated in 2024. This found there to be an overall positive impact.

Documents to read alongside this Procedure

<https://www.gov.wales/smoke-free-law-guidance-changes-march-2021>

[Phillips, C. And Bloodworth, A. \(2009\) *Costs of smoking to the NHS in Wales*. ASH Wales and BHF](#)

[Optimising Outcomes Statement Policy, UHB Board 3 July 2013 \(last updated 2024\)](#)

[Public Health England \(2014\). *E-cigarettes: An evidence update*. Mc Robbie H et al. \(2014\).](#)

[Can electronic cigarettes help people stop smoking or reduce the amount they smoke, and are they safe to use for this purpose? Royal College of Physicians \(2016\).](#)

[Nicotine without smoke. Tobacco harm reduction](#)

Approved by

People and Culture Committee

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Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).

Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	N/A	02/09/11	New policy to replace Trust Version 91
2	03.07.2013	September 2013	New policy replaces existing UHB Version 1 (UHB73). Amendments include: <ul style="list-style-type: none">• Full no smoking ban across all UHB sites, with no provision for on-site smoking (except exceptions as listed) and removal of the designated smoking shelters• Prohibit of use of e-cigarettes inside UHB buildings• To strengthen the 'Responsibilities' section of the policy.
3	28.07.2016	17.08.2016	New policy replaces UHB Version 2. Amendments include: <ul style="list-style-type: none">• Policy reformatted into new UHB style• All sections updated to include new legislative changes and any relevant narrative amended to reflect these changes (Section 1, 3, 4,• Amendments with regard to mental health patients and smoking and use of e-cigarettes• Section 10.6 and Appendix 6 – Level 3 Pharmacy information included• Section 11 – training• Section 12 – Communication• Appendix 1: Guidance and evidence section updated• Appendix 2: Mental health.
4	11.05.2021	11.05.2024	<i>TBA:</i> New Policy replaces UHB Version 4 approved on 11.5.2021 . Amendments include:

			<ul style="list-style-type: none"> • Policy reformatted into new UHB style • New legislation narrative added to Section 1 and referenced in all relevant sections throughout the Policy • Section 10.6 name change Smoking Cessation Services and additional Enhanced Community Pharmacy Scheme added (and relevant amendments made to Appendix 6, List of participating Community Pharmacies) • Appendix 1: Guidance and evidence section updated to reflect new legislation and updated Public Health Wales E-Cigarette Statement (2016) • Appendix 2: Mental Health section updated to reflect changes relating to use of e-cigarettes • Appendix 3: List of Definitions amended • Appendix 4: Amended to 'non-hospital settings' • Appendix 5: Added – relevant to Hospital settings only • Appendix 6: Updated with current participating Community Pharmacies Level 2 and Level 3 Enhanced Schemes • Appendix 7: Updated
5			<p>New Policy replaces UHB Version 4. Amendments include:</p> <ul style="list-style-type: none"> • Policy statement included in 'Introduction and Aim' • Change to governance arrangements – approval committee changes from Strategy and Delivery Committee to People and Culture Committee • Correction to the name of the relevant legislation throughout i.e. to 'Smoke-Free Premises and Vehicles (Wales) Regulations 2020' • Appendix 2 – Update added regarding clinical board arrangements and mental health patients • Titles of 'procedure' and 'policy' documents have been amended to become consistent with health board format.

			<ul style="list-style-type: none">• In Appendix 3 in the procedure there have been some amendments to the list of definitions
5	13.05.2024	13.05.2027	New Policy replaces UHB Version 5 approved on 13.5.2024

CONTENTS

		Page
1	Introduction	8
2	Guidance and Evidence	10
3	Policy Statement	10
4	National Legislation	11
5	Aim	12
6	Objectives	12
7	Scope	12
8	Definitions	13
9	Roles and Responsibilities	13
10	Application of this policy	15
11	Training	19
12	Communication	19
13	Resources	21
14	References	22
15	Equality and Health Impact Assessment	22
16	Monitoring and Audit	23
17	Review	23
Appendix 1	No Smoking Policies – Guidance and Evidence	24
Appendix 2	Consideration of particular situations	28
Appendix 3	List of Definitions	34
Appendix 4	Actions to consider if someone is smoking on UHB Grounds (Non-hospital grounds)	35
Appendix 5	Actions to consider if someone is smoking on UHB Grounds (Hospital grounds)	36
Appendix 6	References	37

1. INTRODUCTION

Smoking is the main cause of preventable disease and premature death in Wales. Smoking cost NHS Wales £386 million in 2007/08, representing seven per cent of our total healthcare expenditure. Smoking accounts overall for an estimated 22 per cent of all adult hospital admission costs, 14 per cent of all prescription costs, 13 per cent of all GP consultant costs and 6 per cent of outpatient costs (*Phillips & Bloodworth, 2009*)

In Wales, 13 per cent of the population smoke. In Cardiff and Vale of Glamorgan 13 per cent smoke with higher levels of prevalence in the age groups of 16-44 (*21 per cent) compared to 45-64 (*19 per cent) and over 65+ (10 per cent). Men are more likely to smoke than women in all age groups (National Survey for Wales, 2022-23).

Smoking rates are significantly higher amongst those living in areas of high deprivation. In Cardiff and Vale of Glamorgan, 26 per cent of those living in the most deprived areas smoke, when compared with only 11 per cent of those living in the least deprived (National Survey for Wales, 2019-2020).

It is recognised that second hand tobacco smoke in the environment is a health hazard to both smokers and non smokers. In addition to putting people at risk from diseases, smoking can also act as an irritant in the eyes, throat and respiratory tract, aggravate asthma and pose a significant fire risk. Ventilation, or separating smokers and non-smokers within the same airspaces, does not stop potentially dangerous exposure.

Legislation concerning reducing smoking incidence and the harmful effects of tobacco in public places – including workplaces - was introduced in 2007 (Smoke Free Premises etc (Wales) 2007). Measures aimed at preventing the uptake of smoking among young people such as the raising the minimum age to purchase tobacco to 18 (2013), removal of vending machines selling tobacco products from public places (2009) and banning smoking in vehicles carrying children (2010) have been implemented successfully and have contributed to the reduction in smoking prevalence in Wales. During 2022-23 - 71 per cent of smokers in Cardiff and Vale of Glamorgan who accessed smoking cessation support, quit smoking at 4 weeks.

The Public Health (Wales) Act 2017 set out the intention for new smoke-free regulations which came into force on 1 March 2021 prohibiting smoking on hospital grounds with enforcement of Fixed Penalty Notices (FPNs) of £100.00. This new legislation also relates to school, pre-school, nursery and children's recreation grounds.

The Smoke-Free Premises and Vehicles (Wales) Regulations 2020 banned smoking on hospital grounds and also set out deadlines to phase out dedicated smoking rooms inside mental health units (1 September 2022) and reduced those permitted to smoke in dedicated areas within adult care homes and

hospices, to residents only. Cardiff and Vale University Health Board (UHB) has a legal duty to ensure compliance to the legislation, working in partnership with enforcement agencies.

Cardiff and Vale University Health Board (UHB) has a statutory responsibility for improving the health of the UHB population as well as providing individual patient centred care for promotion, prevention, diagnosis, treatment and rehabilitation. Maximising health is a critical element in achieving a sustainable health service into the future.

In order to be a credible and effective advocate for population health improvement, in addition to ensuring the Smoke-Free Regulations are adhered to, the UHB must be able to demonstrate that it is actively promoting health and wellbeing and preventing ill health. Our employees are ambassadors for health and have an important role to play in promoting health and wellbeing.

In March 2011, following an extensive consultation and engagement process, the UHB approved the No Smoking and Smoke Free Environment Policy, supported by a comprehensive Action Plan. The Policy banned smoking across all UHB sites except those considered to have 'particular circumstances'. UHB staff, visitors and contractors were not permitted to smoke on site. This policy was revised in 2013, 2016 and again in 2021 to reflect on-going work – to include the impact on mental health patients and the use of e-cigarettes outside on hospital grounds.

Reducing smoking prevalence has been a priority public action within the Integrated Medium Term Plan (IMTP) for the UHB and reducing the incidence of smoking has involved implementing a comprehensive communications plan (to include signage, audio warnings outside targeted areas within University Hospital Wales and social media), development of the 'Clean Air' Champion role, delivery of Brief Intervention Training for Smoking Cessation to staff, increased capacity of the UHB's in-house hospital based smoking cessation service, introduction of Enhanced Services for Smoking Cessation at Community Pharmacies, improved patient pathway referral for pregnant women – including the introduction of a dedicated Smoking Cessation Midwifery Support Worker (February 2021) and introduction of an electronic system to record smoking status on admission and booking as part of the Optimising Outcomes Policy. Other actions have included organised litter picks, penalty fines for litter dropping (in partnership with Cardiff Council), removal of waste bins with in-built cigarette ashtrays and the 'Tobacco 20 Challenge' in 2016 to further strengthen staff engagement.

In April 2016 all mental health wards moved to the Hafan y Coed (HYC) Unit at University Hospital Llandough (UHL) and smoking was prohibited inside on all wards. In December 2023 smoking was prohibited in all outdoor areas within HYC. Visitors to this unit are not permitted to smoke. Following a comprehensive engagement exercise involving patients and staff in 2017-

2018, the use of single use e-cigarettes inside, in specific, indoor, risk assessed areas of HYC was permitted under supervision.

The use and accessibility of e-cigarettes has been considered in previous iterations of the No Smoking and Smoke Free Environment Policy. Public Health Wales issued a Position Statement on the use of Electronic Nicotine Delivery Systems (ENDS) in 2016 and these recommendations were included in the Policy. A link to this Guidance is listed in Appendix 6.

It is widely accepted that for smokers wishing to quit, e-cigarettes may have a positive role and have been supported for their contribution to the harm reduction approach to quitting smoking evidenced in the Royal College of Physician's report 'Nicotine without smoke – Tobacco harm reduction', April 2016. As such the UHB agreed that the use of e-cigarettes outside, in hospital grounds was permissible.

Welsh Government has been supportive of all health boards actively encouraging a smoke free environment. Linked to Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management of the NHS Performance Framework. A target has been issued to health boards to increase the number of smokers setting a firm quit date and quitting smoking at 4 weeks. The target is:

- 5 per cent of adult smokers must have made a quit attempt via smoking cessation services with at least 40 per cent of those quitting smoking (carbon monoxide CO validated quit rates) at 4 weeks.

2. GUIDANCE AND EVIDENCE

Guidance and Evidence is attached as Appendix 1.

3. POLICY STATEMENT

3.1 Smoking is not permitted by law, in all UHB hospital sites, (inside buildings and grounds), from 1 March 2021, and for all UHB buildings inside. Smoking is not permitted as part of the UHB's No Smoking and Smoke Free Environment Policy at other health board grounds. The only exemptions are:

- (c) Mental health patients-who are considered long term smokers, who are resistant to quitting smoking and who may decline their medical treatment because of the inability to smoke whilst admitted. In these cases, the patient will be permitted to smoke outside in a designated area of the Mental Health Unit provided:
 - A full consultation with an appropriate member of staff has been undertaken and assessment of smoking status ascertained and a management plan agreed.

- If it is agreed in the management plan that the patient should be permitted to smoke, this can only take place in permitted areas which will be closely monitored.

(d) in private rooms within staff residence.

Further information regarding Section 3.1 (a) is detailed within Appendix 2.

3.2 The UHB does not permit the use of e-cigarettes inside buildings/hospitals (except patients within Mental Health Units where a designated indoor, risk assessed areas has been agreed).

The UHB is committed to supporting employees and patients who wish to stop smoking.

4. NATIONAL LEGISLATION

The Health and Safety at Work etc Act 1974 places a duty of care on employers to 'provide and maintain a safe working environment which is, so far as is reasonably practical, without risk to health and adequate as regards facilities and arrangements for their welfare at work'

The Health Act 2006 & The Smoke-Free Premises etc (Wales) Regulations 2007 prohibit smoking in virtually all enclosed public places and workplaces and came into force on 2nd April 2007. These regulations only exempt in addition to private residences the following types of residential accommodation, subject to specific conditions:

- Designated bedrooms in hotels, guesthouses etc
- Care Homes as defined in the Care Standards Act 2000
- Adult Hospices
- Mental Health Units providing residential accommodation

The Act created three offences:

1. Failure to provide appropriate signage in smoke free premises (maximum fine £1,000)
2. Smoking in a smoke free place (maximum fine £200).
3. Allowing smoking to take place in smoke free premises (maximum fine £2,500).

The Smoke-Free Premises and Vehicles (Wales) Regulations 2020 prohibits smoking on hospital grounds with enforcement of Fixed Penalty Notices (FPNs) of £100.00. The legislation also includes school, pre-school, nursery and children's recreation grounds. Welsh Government set out what the changes in the law mean for hospitals and the actions required to implement the Regulations. These are:

- Hospital grounds in Wales will be required to be smoke-free

- It will be an offence to smoke in hospital grounds. Smoking in a smoke-free space from the 1 of March 2021 could result in a £100 fine
- The manager or person responsible for the hospital grounds must take reasonable steps to stop smoking
- The display of 'No Smoking' signs will be required
- Designated smoking areas within the hospital grounds can be provided if the hospital wishes to do so

Authorised officers within the local authority have the power to enforce the new laws across Wales and issue Fixed Penalty Notices.

The Regulations also amend who can use designated smoking rooms in adult care homes and adult hospices.

5. AIM

The aim of this policy is:

- to protect employees, contractors, visitors and patients/service-users to UHB sites from exposure to second hand smoke (also known as passive or environmental smoke)
- to ensure compliance with the Health Act 2006, the Smoke Free Premises etc (Wales) Regulations 2007 and the Smoke Free Premises and Vehicles (Wales) Regulations 2020
- to actively promote and support health and wellbeing.

6. OBJECTIVES

The objective of this policy is to improve health by promoting action to reduce smoking and to protect and promote the health of both the smoker and the non-smoker.

In order to achieve this, the following will be implemented:

- Provide effective communication processes to ensure compliance and adherence to the policy and legislation
- Provide adequate smoking cessation support and encouragement for those smokers who wish to stop smoking
- Ensure that arrangements are in place for enforcing and monitoring of the policy/legislation
- Ensure full UHB commitment and reinforcement of support from all independent members, executive directors, senior clinicians and managers

7. SCOPE

This Policy is applicable to all employees (including those with honorary contracts), contractors, visitors and service-users (patients).

The Policy includes staff who are required to visit private residents as part of their duties. Further details on this are outlined on page 15.

Whilst it is illegal to smoke on hospital grounds (Smoke-Free Premises and Vehicles (Wales) Regulations 2020), smoking outside on any grounds of other UHB premises is not permitted as part of the No Smoking and Smoke Free Environment Policy. The definition of 'hospital grounds' are defined by Welsh Government as:

Hospital has the meaning given by section 206 of the National Health Service (Wales) Act 2006. The grounds of a hospital includes all grounds that adjoin the hospital, are used by or occupied by it, and are not enclosed or substantially enclosed. The smoke-free requirements will apply to all NHS and independent sector hospitals in Wales.

8. DEFINITIONS

A full list of definitions used in this policy are listed as Appendix 3.

9. ROLES AND RESPONSIBILITIES

This policy affects all UHB employees as everyone in the UHB has some responsibility for ensuring the health and wellbeing of staff and those accessing UHB sites.

As it is an offence to smoke in hospital grounds, the manager or person responsible for the hospital grounds must take reasonable steps to stop smoking.

9.1 The UHB Board

The UHB Board is responsible for ensuring that UHB policy is implemented effectively. The UHB is responsible for ensuring adherence to legislation as noted.

The Board in recognising the importance of promoting no smoking will ensure that all patients and staff have access to smoking cessation services.

The People and Culture Committee of the Board will be responsible for monitoring the policy on behalf of the UHB Board.

9.2 Chief Executive

As Accountable Officer the Chief Executive is ultimately accountable for the effective management of the UHBs business and for ensuring that policies and legislation are adhered to.

9.3 Executive Director of Public Health

The Executive Director of Public Health is responsible for ensuring the appropriate policy is in place on behalf of the Chief Executive of the UHB.

9.4 Directors and Assistant Directors

Directors and Clinical Board Directors have responsibility for compliance with the No Smoking and Smoke Free Environment Policy. They must ensure compliance with No Smoking legislation and for compliance at premises for which they are accountable.

Directors, Clinical Board Directors and Assistant Directors should ensure that everyone in their Clinical Board/Directorates understands their responsibilities in ensuring compliance.

Each Clinical Board will work to ensure that reducing smoking and supporting smokers to quit is embedded within all clinical pathways, and that recording smoking on routine admission/booking and referring smokers to smoking cessation support services is part of systematic action.

9.5 Clinical Governance Leads

Leads on Clinical Governance in each Directorate will ensure that presentations on smoking prevention and cessation feature at least annually in their sessions with reference to the No Smoking and Smoke Free Environment Policy.

9.6 Managers

Managers have a responsibility to ensure that their staff and patients understand and comply with the requirements of this policy and legislation.

They will provide appropriate support to staff who wish to give up smoking.

It is the responsibility of the contracting UHB manager to ensure all contractors are aware of and adhere to the policy and legislation.

9.7 All Employees

All our employees have a responsibility to adhere to UHB policy and the legislation and to promote the health and wellbeing of our population.

10. APPLICATION OF THIS POLICY

The policy was introduced from 1 March 2021 and replaces the previous No Smoking and Smoke Free Environment Policy (V3, 2016) agreed by the UHB Board. The previous policy was based on 'voluntary compliance' of not smoking in hospital grounds, this version reflects the legal change that smoking is prohibited by law across all hospital grounds.

The UHB will ensure that it has appropriate signage to ensure that it fulfils its legal duties as described below.

10.1 No Smoking Signage

The UHB is required, by law (2007 and 2020) to display appropriate 'No Smoking Signs' in prominent positions at each entrance to the premises. This includes signage to reflect the 2007 (no smoking inside enclosed, public places) and the 2020 Regulations (no smoking on hospital grounds).

Welsh Government have provided templates for signage which outline the minimum requirement to comply with the 2020 legislation and these have been installed as per the Guidance.

10.2 Application of the policy to vehicles

The 2007 Regulations included legislation that covered vehicles which are used to transport the public or used by more than one employee in carrying out work duties. The UHB applies this policy to;

- UHB owned vehicles;
- Vehicles leased through arrangements with the UHB when being used for UHB business;
- Privately owned vehicles when carrying one or more passengers travelling on UHB business (i.e. claiming travel expenses from the UHB).
- Privately owned vehicles when parked on UHB sites

The 2020 Regulations now include legislation to cover people who are providing paid for or voluntary goods or services to another person in a vehicle. Welsh Government has included examples below that would need to be adhered to:

- a carer uses their car to take the person they support to the doctor's surgery. The car will be required to be smoke-free during those journeys. If the car is used for social, domestic or other private purposes at all other times, smoking in the car is permitted.
- a volunteer collects people in their own car to visit a day centre. The car would need to be smoke-free during these journeys, but does not need to be smoke-free at other times

- a car that is used only part-time to provide private hire services will be required to be smoke-free whilst providing those private hire services

10.3 Non-compliance

Authorised officers from the local authority have powers to enter the UHB premises to establish that smoke-free legislation is being enacted in accordance with the law. They can give a Fixed Penalty Notice (FPN) to people whom they believe are committing, or have committed, an offence under the legislation. In addition to routine enforcement patrols that may be carried out by the Regulatory Authorities on hospital grounds, the UHB may ask for specific support if adherence to the legislation requires further support.

The Wales Regulations of 2007 apply to all individuals smoking in enclosed premises and the 2020 Regulations apply outside, in UHB hospital grounds. Employees smoking in breach of this policy may face disciplinary action in accordance with UHB disciplinary rules.

The commitment to enforcing this policy (and its legal requirements) should not just be a formal statement but be evident in the day to day activities of the UHB, so that it is readily known and understood by all staff. Where managers become aware of deficiencies in adherence to the policy and take no action to remedy them, the staff and others will readily perceive that such actions are condoned, because of the habitual nature of smoking. It is therefore particularly important from the outset to ensure those areas where breaches regularly occur (such as hospital entrances) are closely monitored and offenders asked to refrain from smoking and reminded it is against the law to smoke on hospital grounds and could be subject to a FPN.

Managers, staff and staff representatives are jointly responsible for ensuring that:

- Individual staff, patients, visitors and contractors know, understand and comply with this policy
- The policy is monitored in their own areas and contraventions are identified and managed.

UHB Staff are personally responsible for complying with this policy. Managers Guidance, intranet and internet advice and ward based posters and flyers outlining the process for implementing the No Smoking Policy have been disseminated and promoted.

Certain areas within the UHB present an acute risk if a smoking prohibition is not strictly enforced. Failure to adhere to the smoking policy in these areas will be considered as gross misconduct and shall be subject to disciplinary procedures. These areas will be normally highlighted by the relevant statutory signs, in addition to the standard 'No Smoking' sign to alert people to the increased risk. Below is a list of these areas:-

- Areas where flammable liquids or gases are handled
- Areas where food is prepared and served including bar serveries
- Laboratories
- Wards and other clinical areas
- Front of main entrances

10.4 Staff visiting private residences

In line with other NHS organisations, where staff are required to visit private residents as part of their duties (such as manager on staff sickness visits or staff providing services in private residences) where possible, correspondence should be issued in advance of the visit requesting the household refrains from smoking in anticipation of the scheduled visit by the UHB employee.

Where managers are aware of staff who regularly enter private residences of individuals who are known smokers, staff rotas should be drawn up to reduce the exposure of any one member of staff to the smoking environment.

Community staff on duty must not smoke within patients/service users' homes.

10.5 Authorised breaks

UHB Staff are entitled to scheduled breaks as agreed with their manager, local policy and in line with their contract of employment. The UHB does not recognise smoking breaks.

Staff are reminded to be responsible and considerate to local residents when smoking off site. They must ensure that any form of UHB identification (including uniform) is completely covered up. This is to ensure that they are not identified as UHB staff and also to keep their uniforms clean and free from smoke odour.

10.6 Support for staff who want to give up smoking

Smoking Cessation services are available from 3 sources;

- Hospital in-house smoking cessation services

Contact details: Helen Poole, Smoking Cessation Counsellor
02920 743582 INTERNAL 43582
Helen.poole@wales.nhs.uk

A hospital in-house smoking cessation service exists for all staff and patients (and their families) accessing Cardiff and Vale UHB. This service commenced in 1985 at UHL and later in 2000 at UHW. The service can be accessed either by self-referral or referral 'in house' within the UHB. The programme incorporates elements from various behavioural therapies to allow flexibility,

tailoring support to each individual. The first month consists of an intensive phase of weekly advice and support sessions, which includes a discussion of the various kinds of treatment available, such as Nicotine Replacement Therapy (NRT) and the newer stop-smoking aids that do not contain nicotine. The in-house service is also able to prescribe NRT patches/lozenges or Champix (signed by an appropriate consultant). Follow up sessions take place at 3, 6 and 12 months, with telephone support at 2, 5 and 9 months. Patients who have not stopped smoking are discharged at 3 months but can be further supported by all smoking cessation services available.

- Help Me Quit

Contact details; Freephone 0800 085 2219 or access the website www.helpmequit.com. Professional referral (via online App, email or telephone) is available.

Help Me Quit (HMQ) offers free, friendly support for smokers who are ready to stop.

Before stopping, a trained specialist will help staff understand the reasons for smoking. A quit date is planned and information about the different kinds of treatment available, such as Nicotine Replacement Therapy (NRT) and the newer stop-smoking aids that do not contain nicotine are discussed.

Weekly community based sessions are held across Cardiff and Vale of Glamorgan in local venues. Those attending can continue to attend sessions even after the quit date to provide help and on-going motivation.

- Level 3 Enhanced Smoking Cessation Service Community Pharmacy

Over 30 Community Pharmacies can currently deliver a Level 3 Enhanced Smoking Cessation Service (April 2024). Staff (and members of the public) can access this service directly by walking into a participating Pharmacy and asking for advice and support to quit smoking. A full programme of support is available including free prescribing and dispensing of NRT.

- Level 2 Enhanced Smoking Cessation Service Community Pharmacy

Over 30 Community Pharmacies are currently participating in a Level 2 Enhanced Smoking Cessation Service (April 2024). For those clients who have accessed smoking cessation support via HMQ, free NRT can be dispensed over the counter at any participating community pharmacy (by providing the relevant documentation), without the necessity of a GP generated prescription.

11. TRAINING

Issues related to smoking and public health will be included in the following:

- Cardiff and Vale UHB Induction
- Brief Intervention Smoking Cessation Training
- Making Every Contact Count (MECC)
- Fire Lectures

12. COMMUNICATION

12.1 Communication to staff

This policy will be regularly communicated to staff via the internet, intranet, social media accounts, clinical portal, bulletins and staff magazine.

Managers must bring this policy to the attention of their staff through team meetings or similar mechanism.

Leads on Clinical Governance in each Directorate will ensure that presentations on smoking prevention and cessation feature at least annually in their sessions with reference to the No Smoking and Smoke Free Environment Policy.

All induction and fire lectures must refer to this policy.

Job advertisements, job descriptions and interviews will include reference to the smoking policy. Staff shall be told about arrangements for smoking in their place of work on appointment, and means of accessing smoking cessation support.

Areas should also be well sign posted.

12.2 Communication to Patients

Appointment notices of both inpatient and outpatient cards include advice on the UHB No Smoking and Smoke Free Environment Policy with some patient letters re-worded to include no smoking messages.

On admission and or booking at a clinic, as part of the patient electronic record system (Clinical Workstations, COM and PMS), all patients must be asked their smoking status and the response recorded on this system. If a smoker, smoking cessation support offered and an internal referral to the UHB's in-house Smoking Cessation Service be completed using the contact details listed in point 10.6 above.

Advice leaflets will be available on each ward containing advice as to how to access smoking cessation services, discussing concerns with their clinician.

Patients and visitors can access the full policy on the UHB Internet site.

12.3 Communication to Visitors

All entrances and pedestrian exits to car parks have signage reinforcing that the UHB's policy and legal requirements. For hospital sites, smoking signage reflects Welsh Government's template which states Fixed Penalty Notices (FPNs) will be issued to smokers.

Sufficient No Smoking signs are placed at entrances at all UHB sites – including non-hospital sites. This has been supplemented by audio notices (where appropriate) at some hospital locations.

It is recognised from evidence gathered that most smokers challenged on hospital grounds are visitors, and it is therefore important that the wider public and patients are aware, prior to visiting hospital sites, that it is illegal to smoke on the grounds.

12.4 Communication to Contractors

Contractors are not permitted to smoke on UHB sites. At hospital sites, it is illegal to smoke.

Wherever possible, contractors should receive written guidance on the UHB No Smoking and Smoke Free Environment Policy prior to work being carried out – as part of work agreement or contract. All contractors should be made aware of the policy prior to carrying out scheduled work and this should be included in any contract statement. Contractor managers and site supervisors are responsible for ensuring all staff they employ comply with this policy. As previously stated, is the responsibility of the contracting UHB division to ensure all contractors are aware and adhere to the policy.

12.5 Consultation

The No Smoking and Smoke Free Environment Policy was extensively consulted on during development.

A No Smoking Policy Task and Finish Group, a sub-group to the Smoke Free UHB Steering Group, formed in 2013, to include membership from relevant stakeholders including smoking cessation, clinicians, nursing, fire, public health, staff representation, health and safety, estates, procurement and workforce and organisation development was formed and the Policy presented to the following UHB Groups:

- Employment Policy Sub-Group (EPSG)
- Local Partnership Forum

- Health and Safety Committee

Version 3 (2016) of the No Smoking and Smoke Free Environment Policy was discussed at the EPSG, Local Partnership Forum and Health & Safety Committee.

Support to the initial policy has been gained from the Wales Medical Committee, Medical Advisory Group, and the Cardiff Chest Physicians Group.

As part of a planned pilot period for mental health patients, a full engagement programme involving patients and staff took place to implement changes to smoking permissions at specific mental health units of the UHB. These changes were reflected in Version 5 of the Policy and are referenced in Appendices 1 and 2.

On-going consultation involving UHB Local Partnership Forums, Health and Safety Committees and other Clinical Board Director meetings is required to ensure maintenance of this Policy.

13. RESOURCES

13.1 Signage

The UHB will need to replace defaced and vandalised signage. The UHB will need to ensure that full compliance with both 2007 and 2020 signage requirements. There may be ongoing maintenance required to the audio system.

13.2 Enforcement

It is anticipated that there will be high levels of compliance with the new legislation. The UHB recognises the significant role enforcement has in reinforcing policy and ensuring equity of implementation.

The UHB has a responsibility to ensure compliance with the legislation and must take 'reasonable steps' to stop a person smoking.

The 2020 Regulations state that:

The person who controls or is concerned with the management of the hospital grounds must take reasonable steps to stop a person who is smoking there from smoking.

Only authorised officers within each local authority can issue Fixed Penalty Notices to enforce the law across Wales. Options to increase support to ensure compliance will have cost implications to the UHB.

13.3 Smoking cessation support

It is recognised that smokers access support from a variety of different methods with most smokers choosing no support from a specialist service. Smokers are 4 times likely to quit smoking with support from a Smoking Cessation Service

The provision of NRT will increase with an impact on prescribing budgets.

On-going commitment to provide a UHB Smoking Cessation Service for patients and staff is integral to this policy.

On-going commitment to enforcing the Policy will be required to ensure compliance with legislation.

13.4 Designated Smoking Shelters

All smoking shelters must be removed as part of this policy, apart from those linked to the exemptions listed above

14. REFERENCES

Details of the documents referred to in the development of this Policy are shown in Appendix 7.

15. EQUALITY AND HEALTH IMPACT ASSESSMENT

The UHB is committed to ensuring that, as far as is reasonably practicable, the way it provides services to the public and the way it treats staff reflects their individual needs and does not discriminate against individuals and/or groups or exacerbate health inequalities.

The UHB has undertaken an integrated Equality Impact Assessment and Health Impact Assessment of this policy using an integrated screening tool. The UHB wanted to know of any possible or actual impact that this policy may have on any groups in respect of gender (including maternity and pregnancy as well as marriage or civil partnership issues), race, disability, sexual orientation, Welsh language, religion or belief, transgender, age, or other protected characteristics. It also wanted to know if the services offered in the policy were accessible and whether they contributed to improving/maintaining healthy lifestyles; income and employment; physical environment; social and community influences on health and macroeconomic and sustainable factors.

The assessment found that there was an overall positive impact on the equality groups mentioned or on the health of the local population and health inequalities. An action plan was developed to address some minor negative impacts identified to ensure that the UHB meets its responsibilities under the equalities and human rights legislation.

16. MONITORING AND AUDIT

16.1 The identified Tobacco lead for the UHB – part of the Cardiff and Vale Public Health Team – will monitor the progress of the policy and adherence to the legislation. Enforcement data will be provided by the Local Authorities to Welsh Government which will be available to the UHB - which will feed into any specific reviews or actions that may be needed.

16.2 The following indicators have been used previously to monitor the effectiveness of the policy and are suggested to continue (where possible):

- Awareness of staff to the requirements of the policy via staff polls and data collected by the local authorities relating to enforcement
- Compliance as indicated by data collected by any Enforcement Officer
- Cleanliness of Entrances (observed and complaints received)
- Compliance will also be incorporated into the Workplace Inspection Programme
- Staff accessing smoking cessation support (data provided quarterly by the UHB Smoking Cessation Service)
- Random spot checks through walkabouts
- Number of complaints received to the UHB's Patient and Public Experience Team

16.3 Performance indicators have been developed as part of UHB performance management processes and IMTP. This includes referral to smoking cessation services.

An NHS Wales performance measure linked to Quadruple Aim 1 of the NHS Performance Framework has been set by Welsh Government to health boards which requires quarterly returns that are prepared and provided by the Cardiff and Vale Public Health Team, managed by the Executive Director of Public Health.

As part of Welsh Government 'Prevention funding' quarterly returns are required against outcomes agreed relating to the tobacco work streams. This includes the UHB's Models for Access to Maternity Smoking Cessation Support (MAMSS) programme and the implementation of the Level 2 Enhanced Smoking Cessation Community Pharmacy programme.

17. REVIEW

The No Smoking and Smoke Free Environment Policy will be reviewed every 3 years.

NO SMOKING POLICIES - GUIDANCE AND EVIDENCE

1. 'Smoke free' hospital policy

The guidance document 'Smoke Free Hospitals' (*British Thoracic Society, 2005*) advocates a 'developed and resourced comprehensive programme supported by the Trust Boardcoupled with advice and help on smoking cessation', as the most effective intervention for preventing smoking in hospitals. This document recommends four steps in implementing a smoking ban:

Step 1: Obtain commitment from the Trust (*UHB*) Board with publication of a 'No Smoking Policy'.

Step 2: Restrict smoking by patients and staff within the hospital to various permitted areas.

Step 3: Restrict smoking to areas outside the hospital and clear of the hospital entrances.

Step 4: Move to a smoke-free hospital, including buildings and grounds.

NICE Guidelines recommend the development of a policy that provides smoking cessation as part of a wider tobacco control strategy (*NICE Public Health Guidance 10, 2008*). Crucially, smoking cessation support to staff is seen as a success factor in the effectiveness of smoking bans (*McKee and Gilmore, 2003*).

Evidence suggests that smoke free policies at work typically reduce the absolute prevalence of smoking by about 4 per cent and partial policies by 2 per cent. Combining the effects of reduced prevalence with lower consumption per continuing smoker yields a mean reduction of 1.3 cigarettes per day per employee which corresponds to a relative reduction of 29% (*Fichtenberg, 2002*). Smoke free policies are also known to reduce the number of cigarettes smoked each day by those who continue to smoke (*Nicotine Addiction in Britain, 2000*). A study published in 2009 further found that whilst a full workplace No Smoking Ban reduced the current smoking rate by 6.4% among all workers the average daily consumption amongst those continuing to smoke reduced by 3.7% (*Kim, 2009*). There is some evidence that compares quit rates of employees working in a full smoking ban with that of a partial ban. Smokers in total bans were more likely to stop smoking during working hours whereas those in partial bans were more likely to increase their consumption (*Style and Capewell, 1998*).

This policy will ensure compliance with the Smoke Free Premises etc (Wales) Regulations 2007 and the Smoke-Free Premises and Vehicles (Wales) Regulations 2020. It will also support the implementation of the Corporate Health Standard at Work. It follows the work of any previous UHB No

Smoking Policies and that of the Cardiff and Vale NHS Trust Policy, (January 2008).

Within the wider Cardiff and Vale community, the Tobacco Free Partnership engaged with a wide range of stakeholders to agree detailed outcomes and actions to reduce the prevalence and incidence of smoking which were published in the Tobacco Control Cardiff Strategy and Smoke Free Vale Strategic Action Plan. Implementation of the UHB policy contributed to this wider approach.

2. The use of e-cigarettes

Electronic cigarettes (e-cigarettes) or electronic nicotine delivery systems (ENDS) have become increasingly popular since the mid 2000s. An estimated 16.6 per cent of young people in school year 11 (15/16 years) were smoking or vaping at least weekly in Wales in 2021 (SHRN)

In Cardiff and Vale of Glamorgan 7 per cent of people self-reported as using e-cigarettes in 2019-2020 (National Survey for Wales, 2020), compared to 6 per cent in Wales.

E-cigarettes are battery powered products that typically look like real cigarettes containing a cartridge of liquid nicotine, the atomizer (or heating element), a rechargeable battery (although some are 'one use' products), and electronics. They turn nicotine, flavour and other chemicals into a vapour that is inhaled by the user. The exhaled vapour can be seen and the tip of the cigarette has a light emitting diode (LED) which lights when the user inhales, resembling a real cigarette.

Vaping puts young people at risk of nicotine dependence. This level of dependency impacts on their education, their behaviour and their daily life. It is not possible to understand the full impact on health at this stage, as the products have not been on the market long enough, but there is concern that there may be additional harms in the longer term that are not yet known. Growing concerns about the number of young people who are vaping. It is illegal to sell vapes to those under 18, but many children and young people are still vaping, particularly those who don't smoke and would never smoke tobacco.

There are many illegal products in shops that don't comply with safety regulations. These put young people at additional risk as these illegal vapes can contain unknown and possibly harmful contaminants.

phw.nhs.wales/news/tackle-dependency-visibility-and-availability-to-address-rapid-rise-in-youth-vaping-say-public-health-experts/vaping-amongst-children-and-young-people-in-wales-incident-response-group-report/

A report by the Royal College of Physicians concludes that e-cigarettes remain an important tool to alleviate the burden of tobacco use but that much

more can and should be done to reduce their appeal, availability and affordability to people who do not smoke, including children and young people, and reduce environmental harms. E-cigarettes and harm reduction: An evidence review. RCP, 2024

Two thirds of all smokers in the UK would like to quit smoking and around 45% of smokers try to give up every year. [Public Health England has declared e-cigarettes 95% less harmful than tobacco](#). Based on the most up-to-date evidence, ASH Wales would encourage anyone who smokes to try switching to vaping. Vaping should be viewed solely as a smoking cessation aid and not used recreationally, particularly among young people and never smokers. <https://ash.wales/campaign/electronic-cigarettes/>

- Several key organisations supported the use of e-cigarettes to help people stop smoking. Both Public Health Wales (PHW) and Public Health England (PHE) have acknowledged that for some smokers, the use of ENDS may positively support a quit attempt.

A link to the PHW Position Statement issued in 2017, is included in Appendix 6. Public Health Wales states:

ENDS present both potential benefits and potential harms, so a balance of approaches is needed to help minimise the risks to children and young people and non-smokers in the general population and to maximise the potential benefits to committed smokers who are unwilling or unable to quit as well as those who wish to quit smoking.

It was noted by PHW that the use of ENDS by children and young people has no benefits, to the general population may in fact have a negative impact on indoor air quality and therefore represent a risk to health and for smokers who wish to quit:

NHS stop smoking services which provide behavioural support and access to licensed pharmacotherapy currently offer the greatest likelihood of stopping smoking. However, the majority of smokers who make a quit attempt do so without specialist support. For these smokers, ENDS may prove helpful in achieving a successful quit from tobacco although they are not currently licensed as a medicine for this purpose.

Public Health England have stated that a combination of e-cigarettes and support from a smoking cessation service helps most smokers to quit tobacco altogether (Public Health England, 2015). Similarly, the Royal College of Physicians are promoting the use of e-cigarettes alongside NRT and other non-tobacco products as a substitute for smoking in the UK (Royal College of

Physicians, 2016). Medicine licences have been awarded for two new e-cigarette products, a nicotine-metered dose inhaler (Voke) and an e-cigarette (E-Voke).

E-cigarettes are not currently covered by the smoke-free laws in operation in Wales - this includes the Regulations of 2007 and 2020. There is concern amongst various groups that allowing use of e-cigarettes in places where smoking will normalise smoking behaviour and undermine the public health progress made so far (Public Health Wales, 2015). In June 2015 Welsh Government consulted on a proposal to restrict the use of nicotine inhaling devices, such as e-cigarettes, in enclosed public places as part of the Public Health (Wales) Bill, however, this was not included in the 2020 Smoke-Free Regulations.

The UHB's No Smoking and Smoke Free Environment Policy primarily aims to protect staff and public from the dangers of tobacco smoke. As e-cigarettes do not contain this danger, it is important to consider all the issues before agreeing a full ban on the use of these products. As such, it was agreed in 2016 to permit the use of e-cigarettes outside in the grounds of UHB premises, but not inside.

Additionally, following wider consultation with the Mental Health Clinical Board during 2017-2018, it was agreed that for mental health patients who smoke, the use of e-cigarettes inside, in specific, risk assessed locations at mental health units, would be permitted. This approach reflects the guidance listed in the PHW Position Statement which states:

For committed smokers who are unwilling or unable to quit there is a high degree of consensus that the benefits of using ENDS significantly outweigh the harms. The harms associated with the alternative, of continuing to use tobacco, are significant and well established. The exception to this advice would be for pregnant women, as the potential risks to the unborn child are unknown.

NO SMOKING AND SMOKE FREE ENVIRONMENT POLICY

Consideration of Particular Situations

Introduction

In previously considering a No Smoking and Smoke Free Environment Policy, the UHB understood that there exist particular situations which by their very nature, may act as trigger points in terms of increasing incidence (and by default, prevalence) of smoking in the grounds of the UHB. Furthermore, acknowledgment that some specific patients – such as those on long-stay or mental health wards - may need to be considered as ‘special circumstances’ – and smoking should be permitted (outside, in enclosed gardens linked to the mental health unit) as long as the certain actions are taken prior to permission being granted. Therefore, and within the allowed exemptions of the Smoke-Free Regulations 2020, smoking is permitted outside, for some mental health patients in specific, outside areas within the perimeter of mental health units.

Under the Smoke Free (Wales) Regulations etc (2007) mental health units were considered exempt and designated ‘smoking rooms’ permissible. However, under the new Smoke-Free (Wales) Regulations this became illegal from 1 September 2022.

Since April 2016, mental health patients at the UHB’s Hafan y Coed unit at UHL, have been prohibited from smoking inside and were only able to smoke outside, in the designated smoking area - other patients are not included within this exemption.

The Smoke-Free Premises and Vehicles (Wales) Regulations 2020 prescribe specific conditions which apply to sites that can be used as a smoking shelter/area on hospital sites. The external locations available to Mental Health Clinical Board for in-patients within the unit do not currently meet these requirements. Mental Health Clinical Board therefore became smoke free in December 2023. The impact of this is being closely monitored.

CONSIDERATION OF PARTICULAR SITUATIONS: LONG TERM SMOKERS

As part of the consultation process relating to the No Smoking and Smoke Free Environment policy, the UHB considered the situation of long term smokers, who are resistant to quitting smoking and who may decline their medical treatment because of their inability to smoke whilst admitted, and whether these may require exceptional permission to smoke in permitted smoking areas – these permissions are not included within this revised Policy

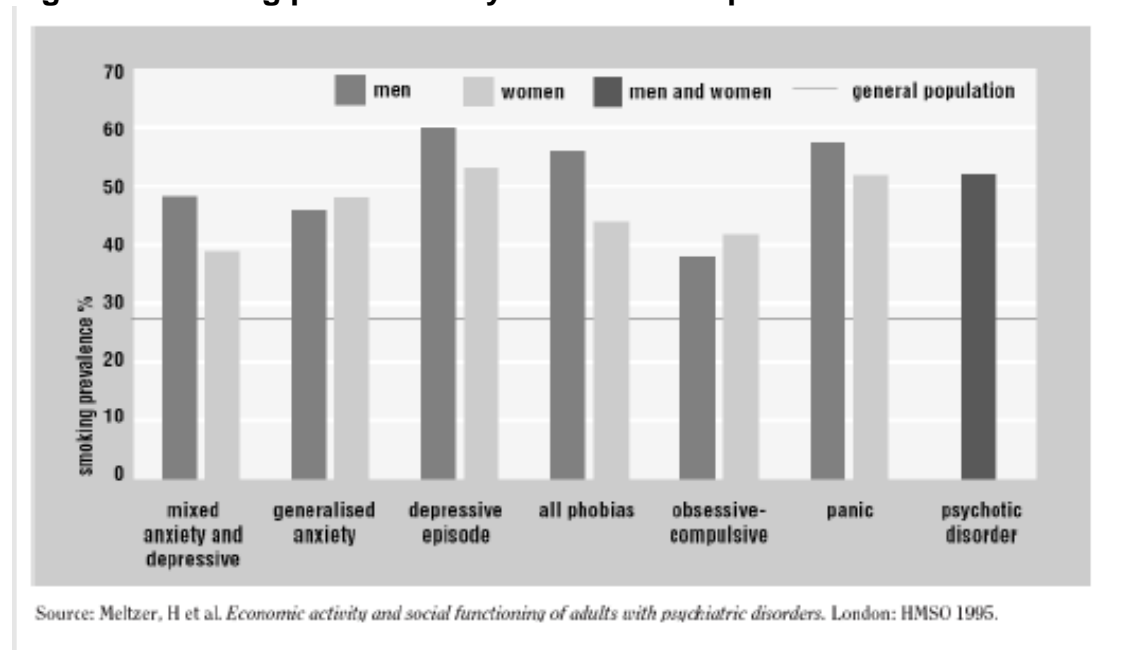
as it now illegal to smoke either inside or outside on grounds of hospitals under the 2020 Regulations.

CONSIDERATION OF PARTICULAR SITUATIONS: MENTAL HEALTH

1. Mental Health and smoking prevalence

Smoking and heavy smoking is associated with all measures of mental health (McNeill 2004, McNeil 2001, ONS 2000). In all categories of mental health smoking prevalence is higher than the general population (Melzter et al. 1995).

Figure 1 Smoking prevalence by mental health problem



1.1 Understanding mental health and smoking

1.1.1 Why are smoking rates higher in people with mental health problems?

Several hypotheses have been generated to attempt to explain why smoking rates are higher in people with mental health problems than the general population. These are summarised as follows:-

- Self medication hypothesis

Nicotine is physically addictive and because it has a short half-life, withdrawal symptoms such as cravings, tension and low mood occur frequently (McNally 2009). Smokers are thought to self medicate against these withdrawal symptoms. Some people with mental health illness may find smoking rewarding and smoking may compensate for some of the difficult symptoms of their condition (Campion et al. 2008a).

- Cultural hypothesis

In the general population and as a consequence of the smoking ban in public places smoking has become de-normalised in society and is seen as less acceptable. However, smoking is seen as central to the culture of mental health care institutions (Lawn and Pols 2005). As a result, it is therefore presumed that to make a quit attempt would be more difficult as cessation maybe discouraged (McNally 2009). Trinkoff and Storr (1998) found that a large proportion of staff are smokers themselves and that non-smoking policies are less acceptable to mental health staff than other health care professionals (McNally et al. 2006).

- Void hypothesis

In this theory it is thought that quitting smoking will leave a greater void in the life of mental health service users than it does for the general population: that they may have "nothing else in life" (McNally 2009). Many people with mental health problems lack structure in their daily lives and have fewer coping skills which may deter them from trying to stop smoking. McNally (2009) suggests that rather than accept that there is a void created, a positive approach might help service users to quit, assist them to fill this void and empower them to explore new activities.

1.1.2 The impact of smoking on mental health

Some studies have demonstrated that smoking can have a temporary positive effect on mental health, whereas others have shown the adverse effects of smoking for a longer period, in regard to anxiety and depression (McNally 2009).

There are studies that indicate that smoking is associated with poor mental health. It was found by Pasco et al. (2008) that women with no history of depression had a higher risk of developing a major depressive disorder by the end of the ten year period if they were smokers. Johnson et al. (2000) noted that anxiety was exacerbated by smoking. The self medication hypothesis does not provide a full picture as whilst smoking has the potential to have rewarding psychological effects these are likely to be temporary and not likely to add benefit to a person with mental health problems or improve their quality of life (McNally 2009).

Depression

There is now sufficient evidence to identify that smoking is a significant risk factor for the onset and worsening of mental health problems; in particular depression and anxiety (McNally 2009). A study by Pasco et al. (2008) found that in women with no history of major depressive disorder at baseline, those who smoked had a 93% higher risk of having developed a major depressive disorder over the ten-year study period.

Schizophrenia

The evidence is less conclusive in schizophrenia (McNally 2009). Some studies have concluded that smoking lowers the risk of onset of schizophrenia (Zammit et al. 2003) other studies have found it more likely (Kelly and Mc Creadie 1999).

Anxiety

There also appears to be a link with anxiety and smoking (McNally 2009). A study by Breslau and Klein (1999) found smoking to be associated with an increased risk of the first occurrence of panic attacks. Breslau (2004a) found that the onset of panic disorder and agoraphobia were twice and four times more likely in case of pre-existing daily smoking.

Physical health

In general, people with mental health issues present with poorer physical health and higher mortality rates (Hennekens et al. 2005, Brown et al. 2000). There have been a number of hypotheses as to the cause, including smoking, obesity, diabetes and hypertension (McNally 2009). Brown et al. (2000) found that the standardised mortality ratio (SMR) for all-cause mortality attributable to smoking was higher for all age groups with schizophrenia. Makikyro et al. (1998) found respiratory problems to be twice as likely amongst women with a psychiatric diagnosis than the general female population (McNally 2009).

1.2 Mental health 'in-patients'

The highest levels of smoking in any population group occur among inpatients in mental health units where up to 70 per cent smoke. Smoking has a significant impact on the health of people with mental health illness. Research shows that this has a disproportionate impact on their morbidity and mortality.

The 2007 Regulations permitted smoking in a designated area within mental health units (as defined in section 1(2) of the Mental Health Act 1983) which provide residential accommodation. Similar exemptions applied in relation to residential care homes as defined in Section 3 of the Care Standards Act, and to adult hospices. The exemption in the Regulations allowed the relevant premises to have 'designated rooms' where smoking by patients is permitted provided that certain conditions are met.

The Smoke-Free Premises and Vehicles (Wales) Regulations 2020 prohibited smoking inside mental health units from 1 September 2022. Since April 2016, mental health patients admitted to a residential ward or unit at the UHB's Hafod y Coed Unit at University Hospital Llandough, are only permitted to smoke outside in designated areas.

2. Supporting clients with mental health issues

It is recognised smoking cessation needs to be specifically tailored for patients with mental health problems.

Low mood has been commonly thought to be a symptom of nicotine withdrawal (McNally 2009). Overall, the information is unclear whether smoking cessation can lead to relapse in among those who have been diagnosed with depression (McNally 2009).

It has been suggested that depression may be improved by smoking cessation (McNally 2009). The National Household Survey on Drug Abuse in the USA found that among ex-smokers the risk of depression decreased as more time elapsed since quitting smoking (Martini et al. 2002).

A study by Hughes (2007) found that anxiety is a withdrawal symptom from quitting smoking. However, another study found that people who had quit for four weeks that there was a decrease in their anxiety levels from week one of their quitting process (West and Hajek 1997).

Campion et al (2008a) found that there is little evidence to suggest an adverse effect of smoking cessation on psychotic symptoms. Baker et al. (2006) conducted a randomised control trial of a cessation programme with people with psychotic disorders. The active treatment was nicotine replacement, motivational interviewing and cognitive behaviour therapy. There was no apparent effect of either cessation or the treatment side effects from quitting smoking on the patient's symptoms (McNally 2009); however, a study by Barnes et al. (2006) found that akathisia can occur after quitting smoking.

There are known interactions between smoking and mental health medication. The Health Development Agency states the following:

Smoking increases the metabolism of certain medication, which can lead to lower plasma levels and greater doses are therefore needed to achieve a similar therapeutic effect. A positive outcome of stopping smoking is that the metabolism of these medications may be reduced; however, it is important to note that people in this situation will need monitoring by a healthcare professional in case the dose they are taking needs adjusting (Willis 2009).

There is currently little in the way of high-level evidence to suggest what the best type of smoking cessation intervention in mental health settings may be most effective (Willis 2009, NICE 2007).

A number of factors were identified as important to address when developing a protocol for working within mental health settings. These include:

- evidence base for delivery of smoking cessation services

- interaction between cessation and medication
- impact of cessation on mental health symptoms
- access to pharmacotherapy treatment
- the need for different models of smoking cessation to reflect the range of service delivery to the spectrum of mental health

2.1 Smoking Cessation Services for Mental Health Patients

2.1.1 Help Me Quit

Currently, Help Me Quit provides behavioural support for clients with low level mental health problems who live in the community and who would like to give up smoking and are able to participate in the community groups already established following an agreed model of delivery. There is no specific, tailored programme for acute mental health patients who smoke.

- **2.1.2 Hospital In-House Smoking Cessation Service**

The UHB hospital, in-house smoking cessation service will see a client if referred via a clinical (as opposed to mental health) department but in recognising the intensive support required to patients with mental health issues, currently do not offer general one-to-one cessation support.

The Mental Health Clinical Board in recognising the specific support is required to help patients quit smoking, has identified smoking support champions in every ward and provided opportunities for staff training.

CONSIDERATION OF PARTICULAR SITUATIONS: STRESSFUL SITUATIONS

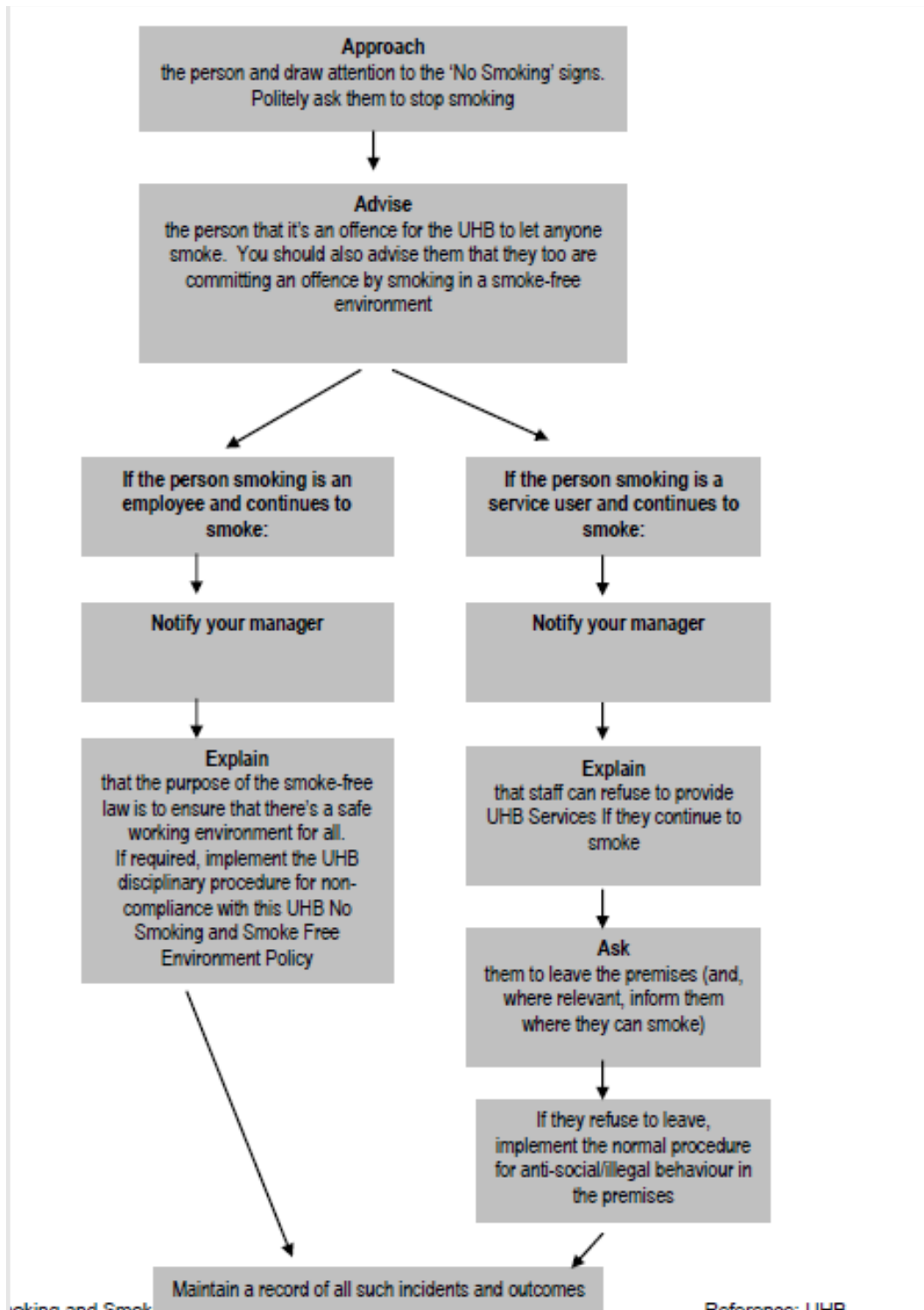
Distressed relatives or carers who wish to smoke should be dealt with sympathetically, within the legislation. Whilst for many this is seen as helping them deal with the stress and aid in the coping mechanism, smoking is triggered by the addiction which is increased in times of particular additional pressure on an individual.

The UHB recognises this but also has a duty to ensure compliance with legislation and protect others from the harmful dangers of cigarette smoking and to be seen as a credible health promoting organisation.

LIST OF DEFINITIONS

Advocate	An advocate is an individual/organisation who speaks on behalf of another person(or population)
Electronic Nicotine Delivery Systems (ENDS)	ENDS are electronic nicotine delivery systems and are usually referred to as either 'e-cigarettes' or 'vapes'
Prevalence	The ratio (for a given time period) of the number of occurrences of a disease or event to the number of units at risk in the population
Incidence	The incidence of a disease is the rate at which new cases occur in a population during a specified period
Performance Indicators	Measures that are used to demonstrate achieved action
Accessing smoking cessation services	Adults who smoke, who have confirmed an appointment, attending at least one smoking cessation session
Quit rates	Adults who have quit smoking (validated and self-reported) from those accessing smoking cessation services
Premature death	Death which occurs before the average death within a given population
Brief Intervention Smoking Cessation Training	Brief intervention is a method of discussing smoking and quitting in a positive, non-confrontational way to encourage smokers to think about giving up and enable them to access specialist support when they are ready

**ACTION TO CONSIDER IF SOMEONE IS SMOKING ON UHB GROUNDS
(Non- Hospital setting)**



**ACTION TO CONSIDER IF IGNORES THE SMOKING BAN
(Hospital setting)**

Cardiff and Vale University Health Board are confident that the majority of the people who visit our hospital setting, will respect the law on smoking. However, the UHB has set out 6 steps to be taken if someone is seen ignoring the ban:

1. Approach the person and draw attention to the 'No Smoking' signs (if the person is smoking in a place where a sign is required). Politely ask them to stop smoking
2. Advise the person that it is an offence for you (as owner, manager etc.) to let anyone smoke. You should also advise them that they too are committing an offence by smoking in a smoke-free area
3. Advise them that they may be issued a Fixed Penalty Notice of £100 if an Enforcement Officer witnesses them smoking
4. If the person smoking is an employee and continues to smoke:
 - explain that the purpose of the smoke-free legislation is to ensure that there is a safe environment for all, free from the harms of second-hand smoke
 - if required, implement your disciplinary procedure for non-compliance (see Appendix 4, above)
5. If the person smoking is a customer, visitor etc and continues to smoke: ask them to leave the smoke-free premises (and, where relevant, inform them where they can smoke*)
*Mental Health patients only
6. If they refuse to leave, implement the normal procedure for anti-social/illegal behaviour in the premises
 - Maintain a record of all such incidents and outcomes

In all cases where physical violence or intimidation is threatened or encountered, seek the assistance of UHB Security/Police.

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