Birmingham and Solihull Mental Health NHS Foundation Trust

Smoke Free Policy

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Ratifying committee or executive director	**Clinical Governance Committee**	
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Executive director	**Executive Director of Quality and Safety (Chief Nurse)**	
Policy lead	**Deputy Director of Nursing and Quality**	
Policy author *(if different from above)*	**Project Lead - Tobacco dependency**	
Exec Sign off Signature (electronic)		
Disclosable under Freedom of Information Act 2000	**Yes**	

Policy context

The purpose of this policy is to support the Trust by having a completely smoke free environment and is in line with NHS requirements (NICE NG 209 and NICE QS82).

Policy requirement (see Section 2)

- To protect and improve the health of staff, service users, contractors, and visitors by removing the dangers of second-hand smoke
- Follow Health and Safety Legislation and Employment Law (Health Act 2006, 2006)
- Provide staff with a healthy working environment and protect the current and future health of staff, service users, contractors, and visitors
- Support smokers to help them cope with increased restrictions
- Encourage and support those staff and service users who wish to stop
- Ensure compliance with NICE Guidance – Tobacco: preventing uptake, promoting quitting, and treating dependence [NG209] (NICE, 2021) and NICE Quality Standard – Smoking: Reducing Tobacco Use [QS82] (NICE, 2015)

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1 Introduction

BSMHFT is committed to improving the health and wellbeing of service users, carers, staff, and visitors. The historic image of mental health services is strongly associated with smoking and other health and social inequalities. The Trust is dedicated to changing this to one that positively promotes health and wellbeing for all. (ASH. Action on smoking and health, 2016)

1.1. Rationale (why):

The policy complies with Smokefree legislation (Health Act 2006, 2006) and NICE Guideline NG209 - Tobacco: preventing uptake, promoting quitting, and treating dependence (NICE, 2021)

The Smokefree legislation prohibits smoking in Trust premises i.e., buildings, grounds, and Trust vehicles this includes any staff wearing Trust uniform or lanyard.

The Trust will provide treatment to smokers who wish to quit, and support smokers who do not want to quit to temporarily abstain from smoking, whilst in Trust buildings or grounds.

We aim to provide a healthy environment to work in and create outside spaces that are conducive to nurturing wellbeing

1.2. Scope (when, where and who):

1.1.1 This policy applies to all Trust members (including Temporary Staffing Solution (TSS) workers and agency staff and those working in the Trust on a placement, work experience students, contractors and employees of other Organisations that are on site and volunteers at the point of service delivery. This Policy applies to all service users. Service users who are distressed for any reason should be reassured, but the Policy still stands.

For HMP Birmingham In-patient wards, please refer to the HMP policies.

1.1.2 Healthy Living

1.1.3 This policy recognises that smoking is a key factor in the poor physical health experienced by people with diagnosed mental health problems and in their early death. As a health organisation, the Trust acknowledges that it has a duty of care to service users to inform and support them in achieving the best possible health for themselves.

1.1.4 It also recognises that second hand smoke adversely affects the health of all employees. It is does not address the use of cigarettes and rolled tobacco but aims to address nicotine addiction as a disease and where they smoke and the effect this has on service users, visitors, smoking and non-smoking colleagues and other

members of the wider health community. It is also concerned with the presence of preventable carcinogenic substances in the locality of health sites **(Fresh, 2022)**

1.1.5 The Trust encourages its employees to refrain from smoking outside the times and circumstances set out in this policy, both in their own interests and as representatives of a significant public body, whose purpose is to improve health.

1.1.6 To support with this policy, the trust will increase the opportunity for service users in our inpatient units to be physically active. Activity workers, support staff, health instructors and all clinical staff on the ward will contribute to opportunities for service users. This may include access to gyms, walking groups, class exercises. Whether regularly time tabled or provided ad hoc for a positive smoke free environment.

1.3 Principles (beliefs):

Smoking is the main cause of preventable illness and premature death. People with mental health problems smoke significantly more and are more dependent on nicotine than the wider population, and on average die 10 – 20 years younger than the general population (The Lancet Psychiatry, 2019) The high rates of smoking exacerbates the health inequalities already experienced by those with a serious mental illness and the largest positive impact on the health of people with mental health problems will come from increasing the focus on their smoking behaviour and through the routine provision of smoking cessation support. (NICE, 2022) (West, Kock, Kale, & Brown, 2022)

We have clear NICE guidance to support with smoking cessation in mental health services and NICE quality standards which support this policy.

The policy will support with Health and Safety legislation and Employment law. (Health Act 2006, 2006)

This policy sets out the requirements for all staff employed by the Trust to promote healthy behaviours. All clinical staff are specifically tasked with screening for smoking status and providing very brief advice – **ASK, RECORD, ADVISE, ACT**.

All clinical staff (i.e. HCA's, RMN's, AHP's and Medics) are expected to be familiar with the care pathway for those who are tobacco dependent and ensure referrals are completed as required (as soon as possible or within 24 hours of admission)
The principal requirements of this policy are to:

- Provide comprehensive screening, tobacco dependent service users are identified and offered evidence-based treatments
- Eliminate the health risks associated with passive smoking and improving the health and wellbeing of service users, staff, and visitors
- Protect non-smoking service users from second-hand smoke through being cared for in smokefree environments across the care pathway

- Support service users to quit, service users are potentially able to reduce prescribed medications, and this will contribute to improved health status.
- Support smoking cessation which has proved to be associated with improvements in mental health compared with continuing to smoke, in particular improving mood, self-confidence, and reducing levels of anxiety.
- Support smoking cessation for staff to provide opportunities for improved health status, good role modelling and improved attendance at work.

Some clinicians will be responsible for assessment and treatment of tobacco dependence. The extent and the nature of the interventions delivered will be dependent on staff's role and the service user's choice.

2 The Policy:

The review of this policy revokes the addendum made during COVID (which allowed smoking in certain areas on Trust premises) Moving forward, there will be no tolerance towards smoking tobacco on any of the Trust's premises.

Protect and improve the health of staff, service users, contractors, and visitors by removing the dangers of second-hand smoke

Complies with Health and Safety Legislation and Employment Law

Aims to provide staff with a Smoke free environment and protect the current and future health of staff, service users, contractors, and visitors by prohibiting smoking in any part of the Trust sites

Supports smokers to help them cope with increased restrictions i.e., tobacco and related items like lighters being a contraband item and hence not being allowed on Trust premises, family members will be advised not to bring tobacco products during visits and restrictions around smoking in back gardens.

Encourage and support those staff and service users who wish to stop

Ensure compliance with NICE Guidance - Tobacco: preventing uptake, promoting quitting, and treating dependence NICE guideline [NG209**]** (NICE, 2021)and NICE Quality Standard – Smoking: Reducing Tobacco Use [QS82] (NICE, 2015)

The Trust positively supports individuals with learning disabilities and ensures that no-one is prevented from accessing the full range of mental health services available. Staff will collaborate with colleagues from learning disabilities services and other organisations, to ensure that service users and carer' have a positive episode of care whilst in our services. Information is shared appropriately to support this.

3 The Procedure:

3.1 Guidance for service users:

A. In-patients

3.1.1 All clinical staff are required to provide screening for smoking status and providing very brief advice – **ASK, RECORD, ADVISE, ACT.**

3.1.2 Service users should also be informed preferably at pre-admission or on admission that this is a Trust Policy relating to health and safety and is based on legislation and on the same principles as policies relating to alcohol, toxic substances etc. The Trust has a duty to its service users and staff to protect them from the health hazard that smoking represents.

3.1.3 On admission to an inpatient area, the service users will have their smoking status recorded and a comprehensive management and Nicotine intervention plan implemented.

This will include:

- An assessment of the level of nicotine dependence the service user has
- A discussion of previous use of NRT (if any)
- An explanation of the various products available
- An explanation of how to use NRT
- Provision of a supply of NRT for use during the in-patient period

3.1.4 Some service users will need to have their NRT administered under supervision initially to reduce the risks of misuse of the products. Certain products such as gum may not be permitted.

3.1.5 All clinical staff (i.e. HCA's, RMN's, AHP's and Medics) should familiarise themselves with the Trust Formulary and supporting guidance to ensure that NRT is administered effectively. Training will be made available to support staff, particularly prescribers in this role, please see Appendix 2.

3.1.6 If a service user becomes angry or violent, staff are encouraged to use de-escalation principles as they would in their normal working practices.

3.1.7 The approaches used to assess nicotine dependence and subsequent provision of NRT should be seen as part of the clinical pathway and be discussed by the clinician, the service user and/or appropriate relatives and subsequently documented in the service user's Rio record.

B. Service Users in the community:

- All service users should be provided with very brief advice when accessing community services. This contact may prompt a commitment from the service user

to make an attempt to quit smoking or cut down which will ensure significant benefits.

- Smoking status of service users to be recorded on the community PHIT tool and to be updated accordingly at CPA reviews. If community staff undertake home visits as part of their role, consideration should be given to the potential adverse effects of passive smoking.
- This relates to tobacco products rather than e-cigarettes. There are no concerns regarding the exposure to vapour from e-cigarettes. This advice will be revised in light of any future research or evidence.
- When undertaking pre-arranged routine home visits, the service user should be informed they should not smoke one hour prior to or during the health staff visit. Other household members should also not smoke in the room where the treatment is taking place for the same period of time.
- On occasions where an emergency home visit is necessary, it may not be possible to inform service users prior to the visit. However, on arrival occupants of the premises should be respectfully requested to refrain from smoking during the visit or asked to provide a suitable smoke free room where staff can carry out the visit.
- However, if this is a routine visit and the service user fails to comply with providing a smoke free environment for the treatment session, their treatment needs should be reviewed by the care team with a view to alternative smokefree community venues considered.
- If a service user continues to smoke during a visit there may be occasions that dictate the need to continue the visit so each case should be assessed individually.

3.2 Pharmacological Support - Nicotine Replacement Therapies (NRT)

3.2.1 Nicotine Replacement Therapy (NRT) is a way of getting nicotine into the bloodstream without smoking.

3.2.2 There is Nicotine replacement therapy (NRT) patches, inhalers, tablets, lozenges, and sprays stops, or reduces, the symptoms of nicotine withdrawal. (Intense craving, tingling in hands/feet, sweating, cough, insomnia, irritability, difficulty concentrating)

3.2.3 When service users are prohibited from smoking on-site, and do not have any leave the following will apply:

- First Line Support - Recommend abstinence from use of all tobacco containing products. It is recommended NRT be prescribed at the earliest opportunity, preferably within 30 minutes. If not feasible within this time range, within 24 hours at the latest.
- Second Line Support (driven by service user choice and acceptability) - Use of a licensed nicotine replacement therapy (NRT) for smoking cessation or to manage temporary abstinence.
- A pre-loaded Electronic Nicotine Delivery Device [ENDS]) – Vaping Device

3.2.4 **Varenicline and Bupropion**

Due to shortage of supply for both these medications, they are not currently being considered to support smoking cessation. Varenicline has gone out of production and its

future availability is uncertain. Bupropion has similar supply issues and hence is only being used as an antidepressant. Regardless, majority research evidence suggests that there is no significant difference in smoking cessation effectiveness among bupropion, varenicline, nicotine replacement therapy and their combination when used with behavioural support in clinical practice (DaliaA Abdelghany et al., 2022).

3.3 NRT Admission Prescribing Flow Chart

3.3.1 Additional guidance on the implications for and clinical management of mental health service users can be found in the Standard Operating Procedure for Prescribing Nicotine Replacement Therapy in Smoking Cessation (see Appendix 2).

3.4 Out of hours/crisis/urgent access

3.4.1 For service users admitted out of hours, in a crisis, with no means to personal finances or carer support, NRT will be provided by the nurse in charge in the absence of a duty doctor. Please refer to Appendix 2.

3.4.2 The protocol for administration of NRT products until review by a prescriber is up to a maximum of 24 hrs treatment**.**

3.5 Visitors and Outpatients

3.5.1 Visitors and service users attending outpatient premises will be advised prior to attending that the sites are smokefree; non-English speakers will be addressed as needed using an interpreter. Information on support services to enable them to cope with restrictions will be included together with information regarding stop smoking services.

3.5.2 Details of local stop smoking services can be found in Appendix 6.

3.6 Electronic Nicotine Delivery Systems (ENDS) – Vaping Devices

3.6.1 The 2022 Cochrane review of e-cigarettes for quitting smoking and shows that nicotine e-cigarettes help more people quit smoking at six months or longer than nicotine replacement therapy. While e-cigarettes are not risk free, the Cochrane Review found no evidence of serious harm from using e-cigarettes for stopping smoking. However, concerns about the safety of long-term e-cigarette use must be weighed against the relative harm that would be caused by continuing to smoke. (**Cochrane Review of e-cigarettes, 2022)**

3.6.2 The use of e-cigarettes is supported by the Royal College of Physicians and the British Medical Association (BMA). However, while accepting the potential benefits, the BMA nevertheless warns that the risk of uptake and use of e-cigarettes must be

minimised in children and young people, that the use of these is not seen as promoting smoking, and health risks to users and bystanders must be avoided.

3.6.3 There are three main forms of ENDS product

- Disposables are single use products with a non-rechargeable self-contained battery, and the liquid non-refillable; these single use units can be equivalent to approx. 30 – 40 standard cigarettes.
- Rechargeable are multiple use products with rechargeable batteries which can be dismantled into component parts and are refillable.
- reusable, rechargeable kits that allow user to customise their product.

3.6.4 Flexibility to assess a service user's suitability for having a vaping device will be ascertained at an MDT meeting as necessary.

3.6.5 If there is a desire amongst service users to use vaping devices, the Trust will support the use of them to help them cut down or quit tobacco. Refer to Appendix 3 for further information.

3.6.6 The policy will currently only allow the use of Disposable, non-rechargeable products due to comparatively greater risk associated with charging equipment such as fire and ligature risks. The use of e-cigarettes will be permissible in designated areas (most likely but not exclusively to be outside areas only) in line with locally agreed standard operating procedures and following thorough service risk assessment. The Trust will review this stand in future with regards to whether the introduction of rechargeable devices is feasible and further means of its implementation and risk management.

3.6.7 According to The Tobacco Products Directive (TPD), products which contain more than 20mg per ml of nicotine or which make smoking cessation claims will be prohibited unless they are medicines. Zero nicotine products are not included in the TPD. The TDP has been transcribed into British Law through the Tobacco and Related Products Regulations 2016 (TRPR), it is through these regulations that the TPD is implemented and enforced.

3.6.8 Clinical staff will have flexibility to assess a service user's suitability for having a vaping device

- Disposables are single use products with a non-rechargeable self-contained battery, and the liquid non-refillable; these single use units can be equivalent to approx. 30 – 40 standard cigarettes.
- Rechargeable are multiple use products with rechargeable batteries which can be dismantled into component parts and are refillable.
- It is critically important that vapes do not simply replace cigarettes so that a culture of vaping replaces the smoking culture.
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3.8.12 Reporting an E-cigarette related adverse reaction via Yellow Card

Side effects can be reported if someone feels unwell after using an e-cigarette product and other safety concerns with e-cigarettes or refill containers to the MHRA through the Yellow Card scheme.

Yellow Card reports submitted to the MHRA are added to our vigilance database where reports are looked at by our specialist team of assessors. Reports are assessed for potential patterns of concern by our team of scientists, doctors and pharmacists. Should any potential safety concerns be identified the MHRA is able to take regulatory action to safeguard the public.

Data from Yellow Card reports received relating to suspected side effects to nicotine-containing e-cigarettes can be viewed on the **e-cigarette Analysis Print**. It is important to note that inclusion of a report of the Analysis Print does not necessarily mean that the effect was caused by the e-cigarette just that there was a suspicion it might have been. Please see the **accompanying guidance document** explaining how this data should be interpreted.

3.7 Guidance for staff who smoke

3.7.1 Staff smoking on hospital grounds, in Trust premises including premises that are not owned directly by the Trust or in Trust vehicles is not acceptable, this includes entrances and exits. Given the importance afforded to the public health aspects of smoking, together with the Trust's image in that respect, staff in uniform and/or displaying a staff ID badge or using a Trust lanyard, should not be seen smoking anywhere and will ensure that:

3.7.2 They meet with their line manager if necessary to discuss and agree time off work to attend a smoking cessation clinic if they wish to. The Trust acknowledges smoking is an addiction and hence will offer staff 12 weeks of free In-house tobacco dependency support.

3.7.3 They understand that Trust disciplinary procedures for continued non-compliance with this policy may apply. The Managers will initially address the breach of policy with the employee where there are reasonable grounds for concern in a sensitive and supportive manner and encourage employee to seek support voluntarily.

3.7.4 Staff who are escorting service users to shops should not intervene if a service user wishes to purchase or use tobacco products whilst off Trust premises.

3.7.5 Staff especially are required to refrain from smoking near entrances to the Trust site where boards are displaying the organisation's commitment to Smoke free environments.

3.7.6 Staff who smoke outside the Trust premises and grounds are encouraged to show due regard to the possibility of service users and the general public seeing them smoking, so as not to undermine the positive health benefits of this policy.

3.7.7 Staff also need to be aware of the sensitivity of service users who are abstaining smelling smoke on them.

3.8 Adjust to a Smokefree Trust:

3.8.1 Staff who are finding it difficult to adjust to the Policy should be invited to discuss the issues with their manager and be referred to the Staff Tobacco Dependency service or local stop smoking services (Appendix 6) or occupational health for support and, if they wish, advised to consult their GP or smoking cessation services for further help.

3.9 Challenging managers on right to smoke

3.9.1 If individual staff challenges their manager on their right to smoke, the manager should refer to Appendix 7 – Summary of Human Rights Legislation & ethics, along with these points:

3.9.2 This is a Trust Policy relating to health and safety and is based on legislation and on the same principles as policies relating to dangerous machinery, toxic substances, Alcohol and substance misuse etc.

3.9.3 An employee should not challenge the employer's duty to comply with legislation or right to introduce healthier and safer working practices.

3.9.4 The Policy is concerned with where someone smokes.

3.10 Staff breaks.

3.10.1 This Policy makes no changes to the current arrangements for staff taking a break. The following are relevant to the issue of staff taking breaks and further advice can be obtained from service managers with input from Advisors where necessary. The Working Time Directive and Agenda for Change Terms and Conditions, where staff work for longer than six hours, they are entitled to an unpaid break of a minimum of 20 minutes. Staff need to ensure "Smoking breaks" are not being taken during their contractual hours of employment. If they choose to travel off-site, this is their decision, but this could be detrimental to the therapeutic relationship with service users complying with the policy.

3.10.2 In most health and social care workplaces, breaks are taken in a manner consistent with maintaining minimum staffing levels. Managers need to plan effectively for staff that leave the building on breaks for any reason. At night, the issues will include lower staffing levels. Staff should be aware of the potential effects of service users seeing them smoke off the grounds, whether in uniform or not, particularly when they may have been offering cessation of smoking advice to service users.

3.11 Tobacco Dependency support for staff

3.11.1 The Staff Tobacco Dependency service will offer staff who smoke and wish to manage their addiction with 12 weeks of free support through NHS Smokefree App, In-house counselling and provision of Vapes. Details of local stop smoking services,

training and resources are also available from the local Stop Smoking services which can be found at Appendix 6

3.11.2 Alternatively, smokers can phone the NHS Smoking Helpline free on 0300 123 1044 for advice and information about stopping smoking**.**

3.12 Vehicles

3.12.1 Smoking is not permitted in any trust owned vehicles. In addition, smoking is not allowed in vehicles whilst transporting service users. Staff who use their own vehicles for Trust business journeys should not smoke in them if a work colleague is a passenger.

3.13 Guidance for staff who wish to use vaping devices

3.13.1 Staff who smoke will be encouraged to make full use of smoking cessation services, full and flexible support will be offered to staff in attempts to cut down and quit

3.13.2 Staff who smoke and are dependent on tobacco will be encouraged to use NRT whilst at work. NRT is available for staff from local Stop Smoking services (Appendix 6) and will not be directly supplied by BSMHFT. Using vaping devices as part of their personal tobacco management plan should only do this in designated areas.

3.13.3 Staff are not permitted to use vaping devices with service users whilst at work.

3.13.4 Staff are expected to make considered and sensible judgments on their personal use of vaping devices. They should never be used indoors, never be in highly visible areas (e.g., front entrance of Trust buildings). If ever in doubt advice should be sought from the local manager/s

3.14 Communicating the Smokefree Policy

3.14.1 Clear signs will be on display to ensure that everyone entering Trust properties understands that smoking is not allowed on the premises. Furthermore, those with language needs will be addressed as needed using existing diverse communication strategies.

3.14.2 Tenders and contracts with the Trust will stipulate adherence to this Policy as a contractual condition. Existing contracts currently have a contractual element in relation to smoking.

3.14.3 Job advertisements will include reference to the Smokefree Policy of the Trust and indicate that adherence to the Policy is contractual.

3.14.4 Services will provide early information to all relevant parties of the Smokefree Policy in advance wherever possible.

3.14.5 For staff working in the community, the expectation is that our staff are afforded a smokefree environment and this needs to be explained to service users and carers with reference to the possible alternatives where necessary.

3.14.6 All contractors working with the Trust will be informed of the policy as part of the contractor's induction procedure for site attendance.

3.15 Managing breaches of the Smokefree Policy

3.15.1 The Trust does not want anyone to feel that they need to engage in difficult or overly challenging situations and should not approach individuals (whether staff or service users) to ask them to stop smoking unless they are confident that it is safe to do so.

3.15.2 Our expectation is to promote and develop a culture across all our buildings and sites that smoking is unacceptable on NHS sites and that everyone respects this. Shifts in culture and behaviours can take time and will not be achieved simply by releasing policies and guidance. The required culture change will be achieved if we stay committed to smokefree becoming a reality. We need to respond to situations when this does not happen, and view the intervention required as an opportunity rather than a failure of the project.

3.15.3 Breaches should be reported via the Trust Eclipse incident reporting system with a brief explanation of the circumstances and outcome.

3.16 Service user breaches of the Smokefree Policy

3.16.1 Prior to planned hospital admissions service users will be advised that smoking is not permitted in the hospital or grounds, and they will be offered support to temporarily abstain or quit. This will include nicotine replacement therapy and behavioural support. They will be asked not to bring tobacco, cigarettes, lighters or matches with them to hospital.

3.16.2 For unplanned admissions, carers or family members who accompany the service user to hospital will be asked to take the prohibited items home. If the service users are unaccompanied when they arrive at hospital or carers/family members are unwilling to take tobacco products home, staff will store the tobacco products and they will be returned at the point of discharge/leave.

3.16.3 Ward staff must see the point of Service User's leave as an opportunity to educate SU in continuing to abstain from smoking especially if/when they have managed to do this successfully over a period of time.

3.16.4 Should the service user become aggressive when the Smokefree Policy is being implemented, then the member of staff should summon assistance and the aggressive incident managed according to that person's care plan.

3.16.5 Should a service user be observed breaching the Smokefree Policy by smoking in the hospital, staff should ensure the area is safe and advise the service user of the Smokefree Policy and where they are able to access support. The policy is aimed at

supporting service users to stop smoking and develop a Smokefree culture and not to introduce unnecessary conflict.

3.16.6 Service users who are struggling to follow the Smokefree Policy should have a review of their nicotine replacement therapy, and consideration given to increasing the amount of behavioural support that has been provided.

3.16.7 It should be noted that there are no exceptions to this policy in respect of service users. There are to be no designated areas inside or outside of buildings where the use of cigarettes is allowed.

3.17 Visitors and contractors' breaches

3.17.1 Visitors to the Trust will be made aware of the Smokefree Policy through signs, posters, leaflets as well as conversations with staff. Carers will be provided with a list of the prohibited tobacco items which includes tobacco, cigarettes, lighters, and matches.

3.17.2 Any visitor who is found to be supplying a service user in hospital with tobacco items will be reminded about the policy and asked to support the service user's treatment plan. The rationale for the policy will be explained and carers will be offered support to learn more about the harmful effects of tobacco dependency.

3.17.3 If appropriate they will be directed towards their local stop smoking service. It is recommended that where staff choose to approach a service user or visitor to inform them of the trust policy, this approach is made only once. The information provided should be limited and along the lines of; 'Can I make you aware that this is a Smokefree Trust.'

3.17.4 Breaches can be reported via The Eclipse incident reporting system with a brief explanation of the circumstances and outcome. If staff observe a contractor smoking on Trust premises, they should make the contractor aware of the Trust's Smokefree Policy and ask them to stop smoking. If the contractor does not comply, they should report the contractor to the relevant supervising Trust manager and an Eclipse report completed.

3.17.5 Should the person become aggressive then the member of staff is to walk away from the situation and seek support from their line- manager.

3.18 Reporting of smoking related incidents

3.18.1 The Trust Eclipse system has been adapted to allow staff to specifically highlight a breach of the Smokefree Policy by adding to the subcategory list. This would be relevant if staff had seen smoking but did not feel confident to approach those concerned. The Trust will ensure that appropriate measures are taken to enhance the Smokefree Policy at the location concerned.

3.18.2 Analysis of all recorded incidents enables the Trust to be both proactive and reactive to reduce the impact and likelihood of future recurrence. The Trust will

carefully monitor violence and aggression, fire, failure to return from leave and AWOL incidents that are linked to the Smokefree Policy.

3.18.3 Staff should also use the Eclipse reporting system when service users refuse admission or self-discharge against medical advice because of the Smokefree Policy**.**

3.19 Training Requirements

3.19.1 The Trust will provide a training pathway to enable service to provide a safe and appropriate skill mix to meet the tobacco dependence needs of service users. **(West, et al., 2018)**. There will be three levels of training for staff across the Trust:

- Basic Very Brief Advice Training, Level 1 (Delivered on wards/Teams)- This course will cover, basic smoking prevalence in mental health settings, the impact of smoking and stopping smoking on wellbeing, evidence-based interventions for smoking cessation and how to ask, record, advise and refer a smoker for specialist support. This basic course is to be completed by all staff.
- Level 2 training (1-day workshop)- This course is to enable staff to provide evidence-based support to help service users manage their tobacco dependency. This training builds on the Very Brief Advice training and includes referring service users through RiO, information on using carbon monoxide monitoring, NRT adherence and assessing severity of tobacco dependence. Staff will be awarded 1-hour CPD for completion. Staff must complete the following Level 3 training to successfully become Health Champions.
- Level 3 training (1-day workshop)– This course is to provide enhanced support for Health Champions to provide a smoking support service and intense behavioural advice. Staff awarded relevant CPD hours for completion.
- Additional training will also be provided for all wards on the processes around out of hours NRT provision, incident reporting on Eclipse, De-escalation protocols and Exceptional leave to ensure enough support is always available for patients.
- Training for service users: Service user engagement will be facilitated through Experts by Experience participation leads to ensure they are informed of the policy and understand what it means for them.

3.20 Links to relevant legislation Health and Safety at Work Act 1974

3.20.1 Requires employers to ensure the health and safety of all employees and anyone who may be affected by their work, as far as is reasonably practicable. This includes taking all reasonably practical steps to prevent workplace accidents. Employees have a duty to take reasonable care for the health and safety of themselves and others who may be affected by their acts or omissions at work and

to co-operate with their employer and others to enable them to fulfil their legal obligations. **(legislation.gov.uk, 1974)**

3.20.2 Links to Trust policies

C 17 Blanket Restriction Policy
C 57 Clinical Risk Assessment Policy
R&S 45 Clinical Searching of Service Users Policy
HR 01 Disciplinary Policy
R&S 15 Fire Safety Policy
R&S 13 Management of Contractors Policy
MHL 14 Mental Capacity Act Policy
MHL 01 Mental Health Act Policy
R&S 10 Prevention and Management of Violence Policy

4 Responsibilities

This should summarise defined responsibilities relevant to the policy.

Post(s)	Responsibilities	Ref
Clinical Staff (i.e. HCA's, RMN's, AHP's and Medics)	To be aware of and adhere to this policy and have completed very brief advice (VBA) training.	
All staff that smoke	To be aware of and comply with the policy whilst at work and within trust sites/vehicles and when identifiable as a staff member (Uniform, lanyard)	
Community and inpatient staff	Ask and record each patients smoking status at first contact and provide very brief advice to all smokers. Review at MDT and CPA meetings Refer all people who wish to quit and/or temporarily abstain from smoking (to comply with the Smokefree Policy) to The Tobacco Dependency Team (In-patients) or relevant Local Authority Services (Community teams) Manage any medications that may be impacted by the quit attempt.	
Ward managers	• Have a documented action plan in relation to the Trust's Smoke Free policy • Provide tobacco dependency resources such as carbon monoxide monitoring. • Promote the tobacco dependency pathways and choices for patients and staff.	

	• Meet the Trust mandated training requirements for staff trained in tobacco dependency. • Ensure that staff use Rio to record all assessments and interventions delivered to support tobacco dependency activity and referral to stop smoking services. •There is safe and appropriate skill mix within teams to meet the tobacco dependence needs of service users (either to provide very brief advice or intensive behavioural support). • Staff do not facilitate patients to smoke (i.e., escort a patient off site to smoke, buy tobacco products, light cigarettes) • Staff are competent at identifying and recording the smoking status of every patient in their electronic record. • All staff with clinical contact provide very brief advice (VBA) to all smokers (ask, record, advise, act). • All smokers are offered support to stop smoking on admission and at regular intervals throughout their admission. • Ward systems are in place so that 1) patients are supplied with an adequate amount of NRT during periods of leave and on discharge, 2) follow up plans are in place if the patient wishes to maintain their abstinence after discharge •Staff appraisals and personal development plans reflect an employee's training needs to deliver tobacco dependence treatment. •All staff who have clinical contact with patients have completed basic knowledge training •There are sufficient staff trained in Tobacco Dependence Treatment Advanced Skills training to meet the needs of smokers in each clinical area. • Tobacco dependency training is promoted, taken up and translated into practice •Staff do not take smoking breaks during work hours.	

	•Staff who smoke are supported to access up to eight tobacco dependency sessions during work time as specified earlier i.e., through Tobacco dependency team in-house or OH or community services.	
Responsible Clinician	Has the responsibility for monitoring medication and therapeutic levels for the medications impacted by abstinence from smoking and promoting general physical health.	
Service, Clinical and Corporate Directors	Has accountability for ensuring their service areas are aware of this policy and have all the necessary implementation plans in place for its success	
Policy Lead	•Review the policy as necessary to ensure it reflects best practice and relevant legislation.	
Executive Director	•Ensure that arrangements are in place for staff, service users, visitors, and contractors to be made aware of the policy. •Provide resources to ensure effective implementation of this policy. •Monitor compliance via the Trust CGC. •Will have representation on local Tobacco Control Networks. •Ensure that all jobs advertised will state that Birmingham and Solihull Mental Health Foundation Trust is a smoke free Trust. •Ensure that all Service Level Agreements with other organisations must contain the following clause 'Birmingham and Solihull Mental Health Foundation Trust is a smoke free Trust. Smoking is banned in all Trust buildings, grounds, and all Trust vehicles.	
Level 3 Tobacco dependency Advisors	Level 3 Tobacco dependency Advisors will: •Support smokers who wish to make a planned quit attempt . •Support smokers who do not wish to quit during an inpatient stay, to manage temporary abstinence from tobacco. •Deliver one to one, drop in and group-based treatment to service users and staff who smoke. •Following a referral from ward/community staff, carry out a comprehensive assessment of	

	a smoker's needs, including the severity of tobacco dependency, patient preference for treatment, assessment, and recommendation for the use of stop smoking pharmacotherapies. •If authorised to administer NRT, to facilitate access to pharmacotherapy in line with Trust protocols. •Liaise with prescriber (ward, community, primary care) re potential interactions of stopping (and restarting smoking) and antipsychotic medication. •Every smoker has a personal tobacco dependence treatment plan. •Ensure staff and patients are aware of the need to adjust medication if required •Information on tobacco smoke and medication interactions is available in all clinical areas. •Staff are fully supported in reminding other people of the no smoking policy. •Comply fully with the policy and provide a suitable role model for staff and patients. •Ensure that welcome packs and promotional materials provided about the service describe the smoke free status. •Direct service users to specialist psychological services who will provide intensive psychological, behavioural, and social support to assist the smoker to: - 1. Understand the personal relevance of smoking. 2. Cope with cravings. 3. Maximize motivation and commitment. 4. Maintain abstinence. 5. Maximise mental health. 6. Maximize physical health. •In collaboration with the smoker and their inpatient/community team, formulate, document, and evaluate personal stop smoking plans. •For patients who have made a quit attempt whilst in hospital and who wish to maintain their	

	abstinence, ensure a seamless handover to the local community NHS Stop Smoking Service (or a Trained Advisor in the CMHT) so that patients can receive follow up care for up to 4 weeks . •Attend annual refresher training.	
Pharmacy	Liaise with prescriber (ward, community, primary care) re potential interactions of stopping (and restarting smoking) and antipsychotic medication. •Information on tobacco smoke and medication interactions is available in all clinical areas. •Ensure NRT is available in all inpatient areas to manage tobacco withdrawal symptoms (either for planned abstinence or temporary abstinence).	

5 Development and Consultation process:

Consultation summary		
Date policy issued for consultation	June 2023	
Number of versions produced for consultation	1	
Committees / meetings where policy formally discussed	Date(s)	
AHPAC	22/12/2022	
Steps to Recovery – Ward meeting	10/01/2023	
North Acute Managers meeting	12/01/2023	
Tamarind – Ward managers meeting	16/01/2023	
Restrictive Practice meeting with Leads	03/02/2023	
ROAD – Proposed changes to Rio	07/02/2023	
Health and Wellbeing steering group	07/05/2023	
Pharmacotherapies Committee	10/05/2023	
JOSC	03/05/2023	
Physical Health Committee meeting	07/03/2023	
Where received	**Summary of feedback**	**Actions / Response**
AHPAC	Discussed challenges faced by frontline staff in implementing the policy when the Trust went Smokefree in 2016.	Consider a phased launch of the policy since the Acute units will require more support in dealing with the incidents of violence and aggression.

Steps to Recovery – Ward meeting	Discussed the difference in patient presentation to other units – patients having more liberty and therefore may comply less with restrictions. The aftermath of disposing off the tobacco of patients on arrival was also discussed.	HK advised to view the policy in comparison with any other addictions policy ie: Alcohol, substance misuse and gambling since these have similar implications. The service users' tobacco products can be stored in their lockers.
North Acute Managers meeting	Discussed what the situation was when the Trust went Smokefree.	Consider a phased launch of the policy since the Acute units will require more support in dealing with the incidents of violence and aggression.
Tamarind – Ward managers meeting	Discussed past situations when Trust went Smokefree. Discussed issues with E-cigarettes (safety of devices, price and provisions).	Tamarind can be an ideal test site for Referral pathway and training needs. The plan is to have the policy ready by the time we move to other units.
Restrictive Practice meeting with Leads	Discussed whether Smoking restrictions will be considered as Restrictive practice.	Finalized that Smokefree policies do not come under blanket restrictions however disposing off of service users' tobacco will be considered as restrictive practice.
ROAD – Proposed changes to Rio	Policy briefly discussed with regards to the necessary changes requiring setting up on Rio for service users' tobacco dependency assessments and Physical Health Assessment form.	All changes approved.
Health and Wellbeing steering group	Discussed the repercussions of the Trust going Smokefree again and the burden this poses on Staff health and wellbeing and the safety risks for particularly difficult patients being escorted by staff.	Informed the group of the Staff tobacco dependency project which will provide free support to help staff refrain from smoking while at work and therefore help prevent unnecessary conflict with service users. Explained that although the policy doesn't support staff escorting service

		users to smoke, this will need to be dealt with on a case-by-case basis. However, the policy encourages the use of Vapes /E-cigs and therefore will equip service users to better handle their withdrawal.
JOSC	Discussed the repercussions of the Trust going Smokefree again and the burden this poses on Staff health and wellbeing and the safety risks for a particularly difficult patient being escorted by staff out of Trust's premises to smoke.	Informed the group of the Staff tobacco dependency project. Explained that although the policy doesn't support staff escorting service users to smoke, this will need to be dealt with on a case-by-case basis. The policy encourages the use of Vapes /E-cigs and therefore will equip service users to better handle their withdrawal.
Physical Health Committee meeting	Reported to Committee with regards to the scoping done at Tamarind and the main highlights of the policy. Discussed the changes required in the Physical Health Assessment form to accommodate smoking.	The committee approve the suggested changes.
Feedback during consultation (via) Email	Suggestions re appropriate wording, not creating an unnecessarily lengthy document, policy format for ease of reading and specifying what staff group are responsible for certain actions.	Resolved all the suggestions made accordingly and re-sent updated copy for confirmation.
Feedback during consultation (via) Email	Applicability of the policy to HM Prisons and the Children/Young adults' unit.	HM Prisons will refer to their own Smokefree Policy. The policy is applicable to Children/Young persons unit bearing in mind Vapes/E-cigs are not offered to under 18's
Feedback during consultation (via) Email	Average time of prescribing NRT on admission to be	NRT prescribing to be done as soon as possible, no longer

	reduced, Regulations around the use of Rechargeable vaping devices since 47% MH Trusts allow these. Varenicline and Bupropion related guidance.	than 24 hours. The policy will re-visit the use of rechargeable devices in the future. Varenicline and Bupropion guidance added to the policy.

(*Add rows as necessary)

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7 Bibliography:

A list of works that the author has used as a source of information evidence or inspiration but is not referred to directly in the text.
{Note if there are no documents to list this section should remain but state that there are no documents)

8 Glossary:

CO	Carbon Monoxide
VBA	Very Brief Advice
Tobacco Dependency	The use of tobacco, smoked or smokeless. This includes stopping use of tobacco and moving on to pharmacotherapies (including nicotine replacement therapy) or nicotine-containing e-cigarettes.
Pharmacotherapy	This covers medication licensed for smoking cessation such as varenicline or bupropion, as well as nicotine replacement therapy.
Smokefree	Air that is free of tobacco smoke.
Temporary abstinence	Stopping smoking with or without medication for a particular event or series of events, in a particular location, for specific time periods (for example, while at work, or during a hospital stay), or for the foreseeable future.
Second hand smoke	Another name for passive smoking: this is smoke breathed out into the environment which is inhaled by a non-smoker. There is evidence to show that it leads to a range of disease such as heart disease and cancer.
Withdrawal	A variety of behavioural, affective, cognitive, and physiological symptoms, usually transient, which occur after use of an addictive drug is reduced or stopped.

9 Audit and assurance:

What criteria will be used to be assured that the policy is being met. (Completion of the monitoring template)

Element to be monitored	Lead	Tool	Frequency	Reporting Committee

Number and % of adult patients admitted as inpatients (IP) with > 1 day stay that have smoking status recorded.	Project lead – tobacco dependency	Physical Health Assessment form	Quarterly	Physical Health Committee and then to Trust CGC
Number and % of smokers offered Very Brief Advice	Project lead – tobacco dependency	Physical Health Assessment form	Quarterly	Physical Health Committee and then to Trust CGC
Number and % of smokers that are given NRT within 24 hours of admission.	Project lead – tobacco dependency	Physical Health Assessment form, Insight report	Quarterly	Physical Health Committee and then to Trust CGC
Number of Referrals created for Smokers within 24 hours of admission.	Project lead – tobacco dependency	Rio, Tobacco dependency service mailbox.	Quarterly	Physical Health Committee and then to Trust CGC
NRT PRN recording on EPMA	Project lead – tobacco dependency and Lead pharmacists across sites	EPMA	Quarterly	Physical Health Committee and then to Trust CGC
Vapes service provisions across individual sites.	Project lead – tobacco dependency, Health and Safety leads and Operational managers across sites.	-	Quarterly	Physical Health Committee and then to Trust CGC
Service user breaches of Smokefree policy	Project lead – tobacco dependency and Operational managers across sites.	Eclipse incident reporting	Quarterly	Physical Health Committee and then to Trust CGC
Staff breached of smokefree policy	Project lead – tobacco dependency and Operational managers across sites.	Eclipse incident reporting	Quarterly	Physical Health Committee and then to Trust CGC

Visitors/contractors' breaches of Smokefree policy.	Project lead – tobacco dependency and Operational managers across sites.	Eclipse incident reporting	Quarterly	Physical Health Committee and then to Trust CGC

10 Appendices:

Appendix 1 - The equality analysis Screening assessment
Appendix 2 – Admission Prescribing Flowchart
Appendix 3 – Guidance for staff when facilitating e-cigarette/ Vaping Device use
Appendix 4 – Medicine that requires review on Smoking Cessation
Appendix 5 – Gold standard Training Requirements
Appendix 6 – Local Stop Smoking Services
Appendix 7- Summary of Human Rights Legislation and Ethics

10.1 Appendix 1 - Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect
http://connect/corporate/humanresources/managementsupport/Pages/default.aspx

Title of Proposal	Smoke Free Policy		
Person Completing this proposal	Hanan Khan	**Role or title**	Project Lead – Tobacco Dependency service
Division	Corporate	**Service Area**	Corporate
Date Started	March 2023	**Date completed**	August 2023
Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation.			
The Trust is committed to the health of its employees, contractors, sub-contractors, service users and visitors. The policy aims to: Promote and support health and well-being in staff and service users Protect smokers, and non-smokers, from risk to their health from exposure to tobacco smoke Comply with legislation			
Who will benefit from the proposal?			
Employees, service users, contractors, sub-contractors, and visitors			
Does the policy affect service users, employees or the wider community? ***Add any data you have on the groups affected split by Protected characteristic in the boxes below. Highlight how you have used the data to reduce any noted inequalities going forward***			
The policy effects service users and employees by helping abstain from smoking while on a healthcare premises. Also protects the wider community by reducing the impact of second hand smoke/ passive smoking.			
Does the policy significantly affect service delivery, business processes or policy? ***How will these reduce inequality?***			
The policy affects service delivery positively in that it incorporates health promotion. Business processes may have an effect when it is expected of externally contracted employees (eg: SSL) to not smoke on Trust grounds. However, this is already being mentioned in Job /descriptions to make them aware.			
Does it involve a significant commitment of resources? ***How will these reduce inequality?***			
Resources are only required in terms of manpower required to manage SU's and staff breaches of policy. However, this is to be seen as part of implementing any other policy.			

Does the policy relate to an area where there are known inequalities? (e.g. seclusion, accessibility, recruitment & progression)				
No.				
Impacts on different Personal Protected Characteristics – *Helpful Questions:*				
Does this proposal promote equality of opportunity? *Eliminate discrimination?* *Eliminate harassment?* *Eliminate victimisation?*				*Promote good community relations?* *Promote positive attitudes towards disabled people?* *Consider more favourable treatment of disabled people?* *Promote involvement and consultation?* *Protect and promote human rights?*
Please click in the relevant impact box or leave blank if you feel there is no impact.				
Personal Protected Characteristic	**No/Minimum Impact**	**Negative Impact**	**Positive Impact**	**Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.**
Age	X			No impact
Including children and people over 65 Is it easy for someone of any age to find out about your service or access your proposal? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
Disability			X	There will not be a detrimental impact due to disability but a positive impact will be achieved for those struggling with dependence
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers, and families?				
Gender	X			More men than women are smokers.
This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your proposal?				
Marriage or Civil Partnerships	X			No impact
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
Pregnancy or Maternity			X	There will be a positive impact for both the mum and the baby. The advisors are trained in delivering the service in a maternity setting to

				ensure the service users' dignity is upheld at all time and in a non-judgmental manner.
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation into pregnancy and maternity?				
Race or Ethnicity	X			No impact
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
Religion or Belief	X			No impact
Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
Sexual Orientation	X			No impact
Including gay men, lesbians, and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
Transgender or Gender Reassignment	X			No impact
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your proposal or service?				
Human Rights			X	Has a positive impact in terms of preventing exposure to tobacco smoke, hence reducing harm from second hand smoke.
Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e., Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)				
	Yes	**No**		

What do you consider the level of negative impact to be?	High Impact	Medium Impact	Low Impact	No Impact
				X

If the impact could be discriminatory in law, please contact the **Equality and Diversity Lead** immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.
If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the **Equality and Diversity Lead** before proceeding.
If the proposal does not have a negative impact or the impact is considered low, reasonable, or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the **Equality and Diversity Lead.**

Action Planning:

How could you minimise or remove any negative impact identified even if this is of low significance?

None identified

How will any impact or planned actions be monitored and reviewed?

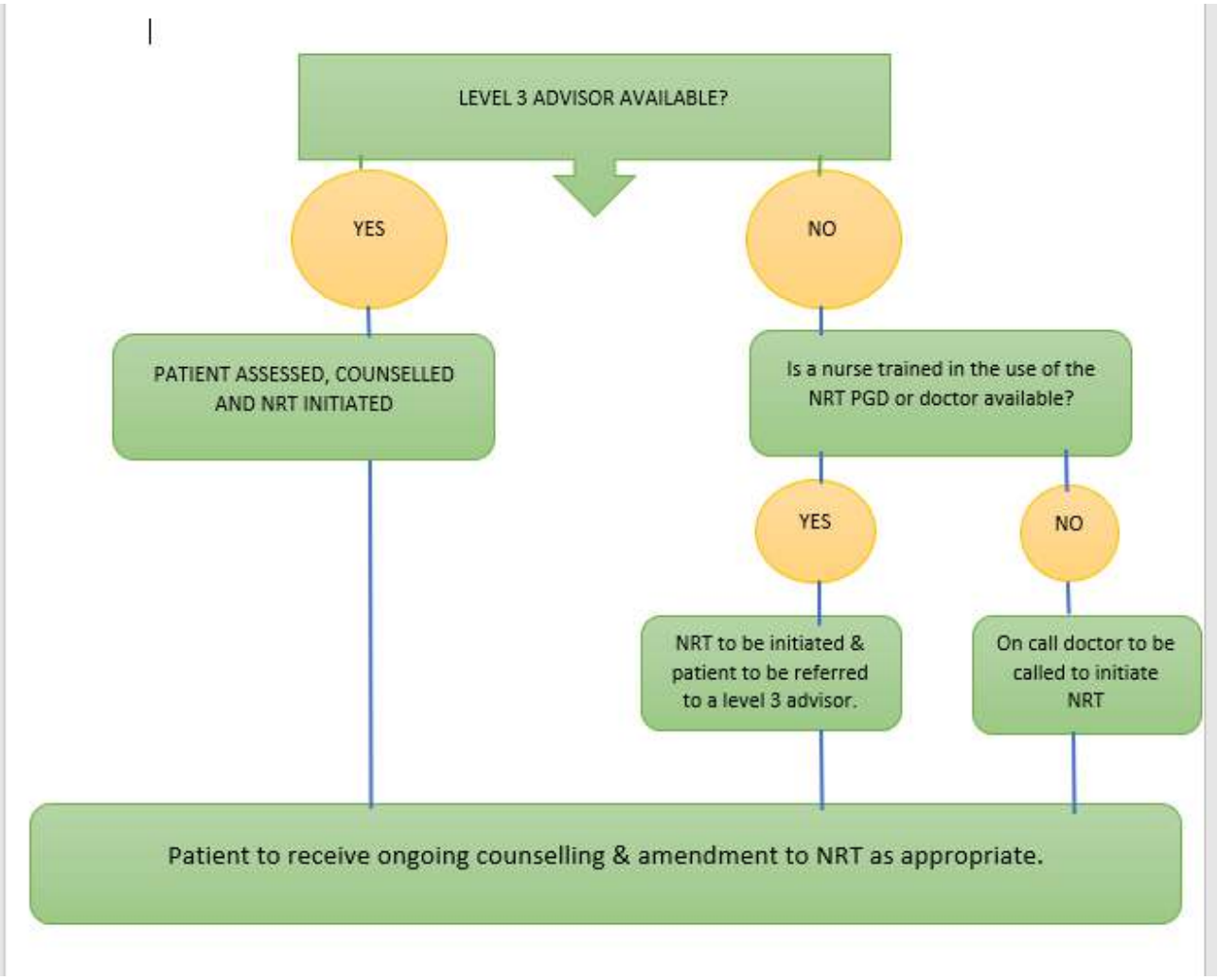
The criteria alongside which the policy will be monitored has been mentioned above. This will be done collaboratively with the relevant teams involved.

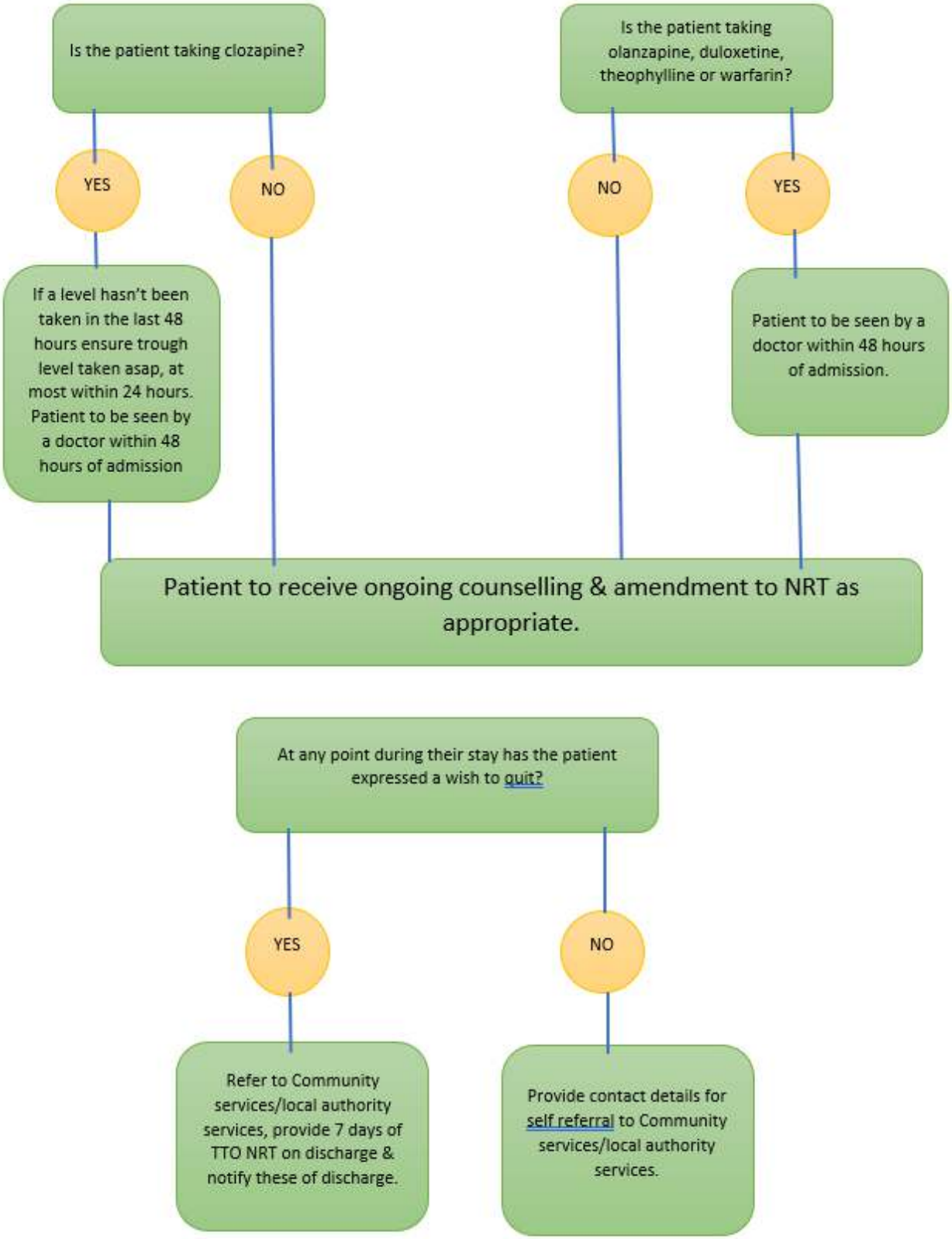
How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic?

The policy applies to all irrespective of their personal characteristics and provides equal support and opportunities to whoever wishes to abstain/stop smoking whilst on Trust's grounds.

Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at **bsmhft.hr@nhs.net** . The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis.

10.2 Appendix 2 – Nicotine Prescribing Flowchart




Is the patient taking clozapine?
YES
NO
If a level hasn't been taken in the last 48 hours ensure trough level taken asap, at most within 24 hours. Patient to be seen by a doctor within 48 hours of admission
Is the patient taking olanzapine, duloxetine, theophylline or warfarin?
NO
YES
Patient to be seen by a doctor within 48 hours of admission.
Patient to receive ongoing counselling & amendment to NRT as appropriate.
At any point during their stay has the patient expressed a wish to quit?
YES
NO
Refer to Community services/local authority services, provide 7 days of TTO NRT on discharge & notify these of discharge.
Provide contact details for self referral to Community services/local authority services.

10.3 Appendix 3 – Guidance for staff when facilitating e-cigarette/ Vaping Device use

The following principles will be followed when staff facilitate the use of vaping devices with service users:

- Staff will explain to service users and carers that nicotine replacement therapies (NRT) and other licensed stop smoking medicines such as nicotine patches, lozenges and inhalators when given together with intensive behavioural support, are the most effective way to stop smoking and ideally should only advise on e-cigarette/vaping device use after service users have tried these treatments.
- Information leaflets on vapes for service users should be used to develop a collaborative plan for any use of vaping device, as they would with NRT or any other stop smoking medication.
- A risk assessment and care plan will need to be in place for service users who use e- cigarettes/vapes noting any risks with the devices chosen by the service user, and potential for harm e.g., access to batteries and liquids
- When required, service users should be informed that disposable e-cigarettes are permitted.
- Charging should only take place in designated ward areas.
- Vaping devices use is only allowed by service users in designated areas (e.g., hospital grounds, ward gardens but not any indoor areas).
- Vaping devices use should not be included as part of therapeutic interventions or recreational conversations.
- E-cigarette/ vaping devices users will be required to plan their use of these devices with their care team as part of their care plan (as they would with NRT) and allow staff to check the products that they are using.
- E-cigarette/ vaping devices use is not permitted to persons under the age of 18 years.
- If a service user switches from smoking cigarettes to vaping devices this will affect the metabolism of some prescribed medication. Blood plasma levels will need to be monitored and medication regimes adjusted accordingly. This is especially important for service users taking theophylline, olanzapine, clozapine, caffeine, and warfarin. See Appendix 4 and refer to NRT guidelines.
- E-cigarette/ vaping devices users will be required to store their e-cigarette/ vaping devices safely and securely. They should not share products with others for infection control reasons and should not use them near oxygen/naked flames.
- E-cigarette vaping devices users are expected to be considerate to those around them and always use the e-cigarette/vapes when in an allocated area.
- Vaping devices must be disposed off in a designated bin so that the battery and plastic can be recycled in line with European Union regulations.
- All vape liquids should be stored in a secure, cool, dry place until required for refill.

10.4 Appendix 4 – Medicine that requires review on Smoking Cessation

The levels of medication in the blood can vary if a person starts, stops or changes the way they smoke (such as temporarily abstaining from smoking). Generally speaking, for a person who stops smoking, either planned or due to enforced abstinence, prescribers should consider a dosage reduction of drugs that are metabolised by the liver enzyme CYP1A2. Conversely, if a person resumes smoking following discharge, or even after a period of leave, their dose of medication may need to be increased. Evidence of the effect of brief periods of smoking abstinence on blood levels of medication is lacking. Close monitoring and good communication between the patient, their carer and the prescribing doctor is essential. (NCSCT, 2018)

Actions	Effect of smoking	Action to be taken on stopping smoking	Action to be taken on resuming smoking
Antipsychotics			
Clozapine	Reduces plasma levels by up to 50%. May be a greater reduction in people taking Valproate.	If possible, take plasma level before stopping. On stopping, reduce dose gradually (over a week) by 25%. Repeat plasma levels one week after stopping. Continue to review dose.	Anticipate this may happen very soon after discharge, take plasma levels in anticipation. Increase dose to previous dose whilst smoking over one week. Repeat plasma levels.
Fluphenazine	Reduces plasma levels by up to 50%	On stopping, reduce dose by 25%. Monitor for up to eight weeks. Consider further dose reductions.	Increase dose to previous dose whilst smoking. Monitor closely.
Haloperidol	Reduces plasma levels by around 20%	Reduce dose by around 10% and continue to monitor. Consider further dose reductions.	Increase dose to previous dose whilst smoking. Monitor closely.
Olanzapine	Reduces plasma levels by up to 50%	Take plasma level before stopping. On stopping, reduce dose by 25%. After one week, repeat plasma level and consider further reductions.	Increase dose to previous dose whilst smoking. Repeat plasma levels.

Actions	Effect of smoking	Action to be taken on stopping smoking	Action to be taken on resuming smoking
Antidepressants and benzodiazepines			
Duloxetine	Plasma levels may be reduced by up to 50%	Monitor closely. Dose may be reduced.	Consider re-starting previous 'smoking' dose.
Tricyclic anti-depressants	Plasma levels reduced by 20–50%	Monitor closely. Consider reducing dose by 10–25% over one week. Consider further dose reductions.	Monitor closely. Consider restarting previous dose whilst smoking.
Benzo-diazepines	Plasma levels reduced by 0–50%	Monitor closely. Consider reducing dose by up to 25% over one week.	Monitor closely. Consider re-starting previous dose whilst smoking.

Psychiatric medicines that may be affected by smoking status (adapted from Maudsley Prescribing Guidelines)

10.5 Appendix 5 – Gold standard Training Requirements

The Stop Smoking Services provides a combination of behavioural support and medication. Research shows that smokers are three times more likely to stop smoking with this support

Stop Smoking Services should be staffed with:

- A service lead with up-to-date knowledge and experience of providing specialist behavioural support for smoking cessation
- Stop Smoking Practitioners trained to an appropriate standard and working from evidence-based treatment manuals

Support offer:

- Both group-based and individual face-to-face behavioural support; telephone-based support may also be offered in addition
- All medications approved by the National Institute for Health and Clinical Evidence (NICE) as first-line treatment,

Data collection and reporting: (Department of Health, 2011) (Department of Health & Social Care, 2018)

- Collect data on 4-week quit rates in accordance with the Russell Standard (clinical) (Bauld, et al., 2016), being careful only to count smokers who have set a quit date with a Stop Smoking Practitioner and been offered multi-session behavioural support.
- Successes are those who report not having smoked at all for the previous two weeks with at least 85% of these claimed quits being confirmed by an expired air-carbon monoxide concentration of less than 10ppm.

Knowledge Base Requirements

Learning resources and training course content should result in Stop Smoking Practitioners being able to do the following:

Smoking in the population

- describe prevalence and patterns of smoking and smoking cessation as functions of demographic characteristics such as gender, age, ethnicity, and socio-economic status
- describe prevalence and patterns of smoking and smoking cessation in special groups, such as pregnant smokers and those with mental health problems
- describe changes in smoking and smoking cessation patterns over time and across different demographic groups

Smoking and Health

- list the major life-threatening and non-life-threatening diseases to which smoking contributes
- describe the health benefits of cessation
- quantify the increased risk of premature death from smoking and the benefits of cessation at different ages
- Describe the harmful effects of smoking during pregnancy and breast feeding
- give an accurate and balanced indication of any potential beneficial effects of smoking
- describe the harmful effects of second-hand smoke
- describe any effects of stopping smoking on dosages of drugs used to treat conditions such as psychotic disorders

Why stopping smoking can be difficult

- accurately describe the process of stopping smoking in a way that reflects that attempts to stop can be arrived at suddenly or gradually, the importance of avoiding 'lapses', the factors that promote and deter quit attempts and factors that protect against and promote relapse
- explain what is meant by tobacco addiction and nicotine dependence and how these develop
- list known nicotine withdrawal symptoms and their natural time course
- describe the common reasons smokers give for why they smoke and how far these reflect the true effects of smoking
- describe environmental, socio-demographic, and psychological factors associated with cigarette addiction

Smoking cessation treatments

- describe the principles, and long-term and short-term effectiveness, of behavioural support (individual and group-based)
- identify potential difficulties associated with providing group-based support, such as patient recruitment and organisational logistic demands, and how these can be addressed
- describe the full range of evidence-based medications available to aid smoking cessation, including their efficacy; correct use; contra-indications and cautions, drug interactions, side-effects; and relevant clinical guidelines
- explain why complementary therapies and unproven commercial treatment programmes for smoking cessation should not be made available
- show understanding of the principles and methodology of measurement of biomarkers of smoking, such as carbon monoxide (CO) and cotinine

The wider context

- show awareness of the contribution of smoking cessation to public health and to reducing health inequalities

- demonstrate understanding of the role of smoking cessation plays in wider tobacco control strategies
- describe the cost effectiveness of smoking cessation interventions compared with other life-saving clinical intervention

Training availability

BSMHFT learning Zone
Alcohol and Tobacco Brief Interventions: Course: Alcohol and Tobacco Brief Intervention (bsmhft.nhs.uk)

Funded by Public Health England - NCSCT (NCSCT , 2022)

Online Training Resources available to read on the website (or download) free of charge

NCSCT Practitioners Certification
- Core competences in helping people stop smoking
- Very brief Advice on Smoking (VBA+)
- Stop smoking medication
- Vaping: a guide for healthcare professionals
- Very brief advice on Smoking for Pregnant Women
- Very Brief Advice on Second-hand Smoke: promoting smoke free homes and cars

Specialty courses for practitioners who have NCSCT Practitioners Certification
- Mental Health and smoking cessation
- Pregnancy and smoking cessation

In-house Training will also be delivered by the Tobacco Dependency team.

10.6 Appendix 6 – Local Stop Smoking Services

The following are stopping smoking services available to staff and service users:

In person

- Visit your local pharmacy
- Speak to your own GP

Online

- Go online, visit NHS stop smoking services help you quit - NHS (www.nhs.uk)
- Call a local stop smoking service All services | Birmingham City Council
- Free NHS Quit Smoking app https://www.nhs.uk/better-health/quit-smoking/
- Solihull council Gateway services: on 0800 599 9880. You can also refer online at **www.gatewayfs.org/SILSreferral**

Telephone

- NHS Smoking Helpline free on 0300 123 1044

10.7 Appendix 7- Summary of Human Rights Legislation and Ethics

- Article 1 of the UK Human Rights Act of 1998 states that: “Everyone’s right to life shall be protected by law.” (Equality and Human Rights Commission, 2019)
- The Charter of Fundamental Rights of the European Union, signed in 2000, states that: “Every worker has the right to working conditions which respect his or her health, safety and dignity.” (The European Parliament, 2000)
- Article 8 of the Universal Declaration of Human Rights provides for the right to a private life. This is a referred to as a ‘qualified right’, meaning it does not override the protection of the health and freedom of others. Tobacco smoke is a Class as a carcinogen and exposure to second-hand smoke causes direct harm to non-smokers. Therefore, under the legislation the right to work or be treated in a hospital (or community centre) that has not been polluted by a Class A carcinogen outweighs any perceived right to smoke. (Equality and Human Rights Commission, 2019)
- Under the Health Act 2006 the vast majority of the British public has legal protection from exposure to second-hand smoke in public places. Failing to afford people with a mental illness the same level of protection from exposure to second-hand smoke or encouragement to quit smoking because of the introduction of smoke-free places is discriminatory against this group.
- During a 2008 legal challenge to a total smoke-free policy in Nottinghamshire NHS trust, legal precedence relating to the implementation of fully smoke-free mental health units was established by the High Court:
  Rejecting the notion of an absolute right to smoke wherever one is living.
  Rejecting the argument that those responsible for care of detained people are obliged to make arrangements to enable them to smoke.
  Concluding that in the interests of public health, strict restrictions on smoking and a complete ban in appropriate circumstances are justified. The Court also noted that none of the various disturbing consequences of a smoke-free policy feared by the claimants, such as an increase in the prescription of sedative drugs, had materialised. (BBC new report, 2008)