



NSW Consumer Advisory Group – Mental Health Inc  
ABN 82 549 537 349

6 January 2010

The Hon. Barbara Perry MP  
Governor Macquarie Tower  
Level 33, 1 Farrer Place,  
SYDNEY NSW 2000

Dear Minister Perry,

**Re: NSW Health's smoke free workplace policy and its impact on people using mental health facilities**

The NSW Consumer Advisory Group – Mental Health Inc. (NSW CAG) is the peak, independent, state-wide organisation representing the views of mental health consumers at a policy level, working to achieve and support systemic change. Our vision is for all mental health consumers to experience fair access to quality services that reflect their needs.

We are writing in our capacity as the peak body representing the views of consumers of mental health services in NSW, to express concern regarding the implementation of NSW Health's Smoke Free Workplace Policy. While we support the need to work with consumers to improve their physical health care, and as a component of this, address consumer's smoking, we are concerned about the impact this policy has on the mental state and wellbeing of consumers. We are also concerned about the limitations that this policy places on consumers' right of choice.

NSW CAG has consulted face to face with over 200 consumers and received further correspondence from 44 consumers this year specifically regarding this policy issue. We have also heard from consumer workers throughout the State who have been in contact with NSW CAG to express their concern about, and report incidents resulting from, the implementation of this policy. Consumers, including those who do and do not smoke, have expressed that there should be an area within the hospital grounds where consumers are able to smoke. The number of people raising the issue and arguing for the re-instatement of designated smoking areas provides evidence that consumers have not been adequately consulted about the development of the Smoke Free Workplace Policy, and that their views have not been incorporated into the Policy and Guidelines. It is of particular concern to us that this policy has predominantly been considered from the perspective of the Occupational Health and Safety (OH&S) of staff, and not adequately considering the perspective of mental health consumers.

Giving up smoking is hard for the average smoker, harder for people who experience mental illness, and most difficult for those who are acutely unwell as a result of their mental illness. Cessation is difficult for people who experience mental illness due to a range of psychosocial reasons, including impairments in social and cognitive functioning, and problems associated with anxiety, medication side effects, motivation and lack of other coping strategies (Lawn & Pols 2005). For many consumers, addressing their nicotine addictions at a time of acute distress is a “double dose of suffering” involving both withdrawal and illness symptoms.

For these reasons, NSW CAG strongly advocates that admission to an inpatient facility is not the appropriate time to address the need for consumers to quit smoking, or reduce their consumption of cigarettes. Advice provided by NSW Health’s own fact sheets demonstrates that admission is not the appropriate time for consumers to attempt cessation, particularly when it has not been their choice. Smokers trying to quit are advised by NSW Health’s fact sheet ‘Getting Ready to Quit’ to

*“choose a day when you have no events that may make it difficult to avoid smoking”,  
that it is  
“also a good idea not to try to quit just before a stressful event” and  
“the more prepared and motivated you are, the more likely you are to succeed in  
quitting” (NSW Health 2007).*

Informed by NSW Health’s information, NSW CAG strongly advocates that consumers be respected and given the right to choose the most appropriate time to begin smoking cessation, if they chose to quit.

### **Consumer’s concerns regarding the policy**

Consumers have raised a number of issues with NSW CAG about the implementation of the Smoke Free Workplace Policy in mental health facilities.

1. The most prominent issue for consumers is in relation to their rights. This includes the expression of the right to smoke and the right to be in a smoke-free environment. Those who argue about the right to have a smoke-free environment also often argue that this can be provided without an overall ban of smoking on hospital grounds, and that this could be sufficiently provided for with the provision of designated smoking areas. These issues were raised in a presentation to the NSW Health Mental Health Priority Taskforce (MHPT) earlier this year.
2. Consumers express that inpatient facilities are not the appropriate place to enforce the cessation of smoking, when many consumers do not have the liberty to exercise their freedom by leaving health premises. From our consultations, consumers express that the appropriate time to attempt to cease smoking is often when they are out of hospital and living in the community in their own environment and recovered from their acute phase of illness. Forcing consumers to quit at a time when they are most vulnerable does not acknowledge the need to make a choice about smoking cessation as

advocated by NSW Health (2007), or the impact of forcing consumers to quit on their success in doing so.

3. Consumers express that the policy fails to recognise that longer stay units are essentially home environments for many consumers. Under the NSW Mental Health Act (2007) it is reinforced that consumers have the right to be treated in the least restrictive environment. Placing restrictions on smoking, which is a lawful activity, is in contradiction of this Act.
4. Consumers in involuntary settings are in an extremely vulnerable situation as a consequence of their dependence on health care professionals. Our consultations indicate people experience coercive treatment, restraint and violation of personal integrity due to their involuntary placement in these facilities. As a result of this environment, many consumers have expressed that smoking remains the only choice they have left to freely make as an individual. The inability to exercise this right to smoke is considered by some as detrimental to their mental health and wellbeing.

NSW CAG strongly considers that the current Smoke-Free Workplace Policy has failed to take these circumstances into consideration. We trust that NSW Health will act on the following recommendations, presented to assist in addressing mental health consumers' difficulties with the current policy.

### **Recommendation 1: Review the impact of the implementation of the Smoke Free Workplace Policy for mental health facilities**

Consumers have expressed a number of concerns and consequences of the Smoke-Free Workplace Policy, which warrant the need for a review. These include:

- Smoking bans acting as a barrier to accessing crisis care

Mental health facilities must first and foremost provide good mental health support. It has been reported to us frequently that consumers will reconsider self-admitting in the future as a result of the smoking ban imposed by this policy. Consumers should only be supported to reduce or cease smoking if this is one of their goals, and cessation should not be forced on consumers at this vulnerable time. Supporting consumers to meet their own goals is the essence of recovery, and is pivotal to the NSW Community Mental Health Strategy 2007-2012. Enforcing smoking cessation is in direct contradiction to such philosophies of treatment.

- The development of a black market

NSW CAG has received reports of consumers selling their possessions, including clothes and engaging in sexual acts to gain access to cigarettes. The development of a black market in the trade of cigarettes has been documented in the media, particularly in the article by Belt (2009) where it was revealed that consumers "feel like criminals, having to smuggle 'contraband' into the unit, often in their underwear and body cavities" and staff felt that the ban was "ineffective" and "counterproductive" (Belt 2009). The development of a black market in cigarette

trade presents great risk to the health and safety of consumers, and flowing from this, to NSW Health in meeting its obligations of duty of care. This issue needs to be addressed.

- Policy imposed on consumers

The Smoke-Free Workplace Policy has been developed and implemented with minimal participation of consumers at a service level, which has led to consumers feeling like the policy has been imposed on them. Consumers see this as an infringement of their rights to meaningfully participate and be involved in service delivery. We recommend that NSW Health teams involved at the policy level and in Area Health Services spend time in consultation with consumers around how to address the physical health care of consumers, and as a component, their smoking. Consumers need to be engaged in the development of strategies to assist them to quit both in the community and while in inpatient settings.

- Aggression

Consumers repeatedly report to NSW CAG that the smoking ban has led to an increase in aggression in both themselves and their peers, despite research that suggests otherwise. Indeed, we have also heard from staff of reported increases in aggression. These concerns are supported by an article published in the Northern Daily Leader where it was reported that the ban has led to an increase in the incidence of abuse, assaults and threats to nursing staff (Belt 2009).

Consumers have also expressed concern that this aggression is seen by staff as a symptom of their mental illness, rather than genuine anger resulting from their reaction to the policy, or as a result of nicotine withdrawal. Staff need to be supported to recognise the difference between symptoms of mental illness and nicotine withdrawal symptoms and reactions to stress that consumers may be expressing.

- Smoking and metabolism

As nicotine interacts with the effectiveness of antipsychotic drug metabolism, consumers may need more medication when they are smoking and less when they quit (Lawns & Pols, 2005). As many consumers may return to smoking on discharge from hospital, this poses issues of concern regarding medication levels. Consumers who cease smoking while in inpatient settings and then return to smoking on discharge will need to have their medication reviewed to account for this change. NSW Health needs to ensure that there is adequate discharge planning and follow up community care services, and that the issues relating to metabolism and smoking are understood by health professionals involved in consumer's care. Currently, the discharge planning and follow up care processes are inadequate, and pose a risk to the ongoing recovery of people discharged from inpatient units who resume smoking.

- Safety

NSW CAG is concerned about the safety of consumers who leave mental health facilities to smoke. In particular there are safety risks for consumers, especially women who leave the premises at night to smoke, and for consumers who have to navigate busy roads to reach an area where they are able to smoke.

In our view these issues warrant a review of the impact of the implementation of the Smoke Free Workplace Policy in mental health facilities, particularly in involuntary and acute inpatient units. The review would benefit from analysing the success rate of the cessation of smoking (including incidences of consumers resuming smoking after discharge from inpatient facilities) measured against the psychological impact on, and experiences of, consumers. Evaluation of the implementation of the strategy needs to involve consumer's perceptions and experiences of the policy.

### **Recommendation 2: Designated smoking areas**

NSW CAG urges NSW Health to consider reinstating designated smoking areas, making these available to mental health consumers in acute settings, and to those in longer term settings. Designated smoking areas will go a long way to addressing the safety risks currently being caused to consumers due to the implementation of the policy.

### **Recommendation 3: Reinvigorate activity programs**

NSW CAG frequently hears from consumers that smoking is an important activity in inpatient facilities because it fills in time, relieves boredom, is a relaxation tool, and forms a basis for socialising with others. Consumers have expressed the need for more options to engage in meaningful activities on inpatient wards to "fill the vacuum of daily existence" (Lawn & Pols 2003) and to make time in an inpatient facility more productive. NSW CAG considers that the inadequate supply of meaningful activity programs has contributed to the high levels of smoking amongst consumers in these settings.

### **Recommendation 4: Address the affordability issues of commencing smoking cessation**

NSW CAG strongly advocates that the affordability of Nicotine Replacement Therapy (NRT) for mental health consumers who are trying to quit smoking be considered. The National Preventative Health Strategy (2009) acknowledges the need to ensure that NRT is affordable for all whom it is clinically appropriate, including those with mental illness, and suggests that subsidised NRT by the Pharmaceutical Benefits Scheme needs to be further explored.

Since November 2000, New Zealand have had a national subsidised NRT scheme which has supported many heavy smokers to quit by providing low cost nicotine patches and gum (The Quit Group 2005). Due to the success of the scheme, it was expanded in 2007 to allow all GPs, midwives, dentists, optometrists and nurse practitioners access to the Quit Cards (NRT) programme. NSW CAG strongly

advocates that subsidisation of NRT by the PBS for people with mental illness be established. We encourage NSW Health to lobby for this at the National level.

We trust that you will consider these recommendations. NSW CAG considers this to be an excellent opportunity for NSW Health to achieve a strong balance between supporting the rights and needs of mental health consumers alongside its obligations to staff through occupational health and safety considerations.

Please do not hesitate to contact me with any enquiries you may have. We welcome updates about NSW Health's responses to these concerns and recommendations within this letter, and welcome the opportunity to work with NSW Health on addressing these issues.

Yours sincerely,

Karen Oakley  
Executive Officer

## References

Belt, R. (2009) 'Desperate Banksia patients defy smoking ban', *Northern Daily Leader*, 19<sup>th</sup> June 2009.

Lawn, S. & Pols, R. (2003) 'Nicotine withdrawal: Pathway to aggression and assault in the locked psychiatric ward?', *Australasian Psychiatry*, Vol. 11, Iss. 2, pp. 199-203.

Lawn, S. & Pols, R. (2005) 'Smoking bans in psychiatric inpatient settings? A review of the research', *Australian and New Zealand Journal of Psychiatry*, Vol. 39, pp. 866-885.

National Preventative Health Strategy (2009) '*Australia: the healthiest country by 2020*', National Preventative Health Taskforce, Attorney-General's Department, Canberra

Prochaska, J., Fletcher, L., Hall, S. & Hall, S. (2006) 'Return to smoking following a smoke-free psychiatric hospitalization' *The American Journal of Addictions*, Vol. 15, pp. 15-22.

The Quit Group (2005) 'Evaluation of the Quitline NRT Programme: Research Report', The Quit Group, viewed online  
[http://www.quit.org.nz/file/research/publicationsAndPresentations/Evaluation\\_Quitline\\_RR\\_screenres.pdf](http://www.quit.org.nz/file/research/publicationsAndPresentations/Evaluation_Quitline_RR_screenres.pdf)