

This template summarises the key decisions/actions taken in the EHRIA, and has been separated from the full EHRIA document for publication on the SPS external website in compliance with statutory requirements.

<b>Background</b>	
<b>Title of the Policy</b>	Smoke Free Prisons Interim Safe Operational Practice
<b>EHRIA Lead (role)</b>	National Resilience Manager
<b>Date EHRIA completed</b>	29.06.17
<b>Review date and frequency</b>	To be superseded by Embedding smoke free culture in Prison
<b>Is this a new or revised policy/practice?</b>	New <input checked="" type="checkbox"/> Revised <input type="checkbox"/>

<b>Scoping</b>	
<b>What are the aims of this policy/practice?</b> To ensure that all operational and non-operational staff understand the process for safely conducting their duties, including risk assessments, when working in an area that has second hand smoke exposure, primarily when considering tasks that require staff to enter a cell occupied by at least one smoker To establish smoke free prisons in Scotland	
<b>WHO did you consult with?</b> <ul style="list-style-type: none"> <li>- SPS Governors and Senior Managers</li> <li>- TUS</li> <li>- SPS Equality and Diversity Team</li> <li>- SPS Legal Branch</li> </ul>	
<b>WHAT did you learn?</b> World Health organisation (WHO) and others suggest that there is no safe level of exposure to second hand smoke Second hand smoke harms everyone. However people with a history of cardiovascular disease are probably at increased risk of acute exacerbation with short- term exposure. Second Hand smoke also exacerbates, but does not necessarily cause, asthma; and can cause infective exacerbation among individuals with other chronic lung conditions. Pregnant Women, people with cardiovascular disease, asthma and other chronic pulmonary complaints are at particular risk of injury (exacerbation) from short term exposure. However everyone, whether or not they have these conditions, is harmed by second- hand smoke  Staff and prisoners who should be prioritise for protection from second hand smoke would be those who are pregnant or are receiving treatment for, or with a history of, asthma, COPD, other chronic lung disease, angina, myocardial infarction, stroke, transient ischaemic attack , hypertension or diabetes.	

56% of smoking prisoners wanted to give up  
72% of prisoners reported being smokers more than three times the rate of the general population

Those who have been smokers for a significant time, there is a habitual need and dependency which may result in discomfort when nicotine is withdrawn.

The more times a prisoner appears in custody, the more likely he or she is to smoke 60% of those who had never been in prison on a sentence, 74% of the 1 – 5 times group , 86% of the 6 -10 times group and 89% of the over 10 times group were smokers.

Although most smokers report that they want to stop, many continue because they're convinced that smoking helps relieve **stress** and **anxiety**. The reality is that smoking actually increases anxiety and tension. Smokers are more likely to develop **depression** or **anxiety disorder** over time than non-smokers. And cutting out cigarettes triggers a big improvement in mood.

Smokers aged 65 years and older are a vulnerable group who are likely to have conditions that are caused or complicated by smoking. Older smokers are also likely to die prematurely, losing on average 16 years from their projected life expectancy.

#### **HOW will this shape your policy/practice?**

More aware of the serious risks of second hand smoke,

Introduce support to help people stop smoking

Introduce Smoke free prisons in Scotland

#### **What quantitative and/or qualitative evidence as well as case law relating to equality and human rights have you considered when deciding to develop new or revise current policy/practice?**

A report for the Scottish Prison Service on Work Package 2 (WP2) of the Tobacco In Prisons study (TIPs) funded by the Public Health Research Programme of the NHS National Institute for Health Research

Tobacco in Prison STUDY – University of Glasgow

Second Hand Smoke measurements was provided from University of Aberdeen

NHS SMOKING CESSATION SERVICE FROM University of Stirling

Prisoners Survey results (2015/16)

Ash Scotland report Smoke Free Prisons

NOMS Report on Second-hand Smoke in Prisons, prepared by Parsons Brinckerhoff

Medical Opinion, Report on the outputs and potential impact of findings contained in the Air Quality. Conducted by the UK centre for Tobacco and Alcohol Studies, University of Nottingham.

Ash Scotland Smoke Free Prisons Fact Sheet

[NHS Choices](#) – Stopping Smoking is good for your mental health

Smoking cessation in later life: An evaluation of the impact of smoking cessation training on the knowledge, attitudes and practice of members of the primary care team who work with older people. Glasgow Caledonian University.

GMA 016A/16 Revised requirements during locking & unlocking periods

**Impact**

Will the impact and outcomes of the new/revised policy/practice:

<p><b>Contribute to eliminating discrimination, harassment and victimisation?</b> E.g.</p> <ul style="list-style-type: none"> <li>• Raise awareness of our SPS vision and values for equality and diversity</li> <li>• Challenge appropriately any behaviours or procedures which do not value diversity and advance equality of opportunity</li> </ul>	<p><b>POSITIVE:</b> It will contribute to eliminating discrimination, harassment, victimisation <input checked="" type="checkbox"/></p>
	<p><b>NO EFFECT:</b> It will have no effect on discrimination, harassment and victimisation <input type="checkbox"/></p>
	<p><b>NEGATIVE:</b> It will make discrimination, harassment and victimisation worse <input type="checkbox"/></p>
<p><b>Advance equality of opportunity between those who share a protected characteristic and those who do not?</b> E.g.</p> <ul style="list-style-type: none"> <li>• Remove or minimise disadvantage</li> <li>• Meet the needs of equality groups that are different from the needs of others participation in public life</li> </ul>	<p><b>POSITIVE:</b> It will advance equality of opportunity <input type="checkbox"/></p>
	<p><b>NO EFFECT:</b> It will have no effect on equality of opportunity <input checked="" type="checkbox"/></p>
	<p><b>NEGATIVE:</b> It will reduce equality of opportunity <input type="checkbox"/></p>
<p><b>Foster good relations between those who share a protected characteristic and those who do not?</b> E.g.</p> <ul style="list-style-type: none"> <li>• Tackle prejudice</li> <li>• Promote understanding</li> </ul>	<p><b>POSITIVE:</b> It will foster good relations <input checked="" type="checkbox"/></p>
	<p><b>NO EFFECT:</b> It will have no effect on good relations <input type="checkbox"/></p>
	<p><b>NEGATIVE:</b> It will cause good relations to deteriorate <input type="checkbox"/></p>
<p><b>Ensure Human Rights Compliance?</b></p>	<p>It will uphold human rights articles. <input checked="" type="checkbox"/></p>
	<p>It will breach human rights articles. <input type="checkbox"/></p>

Please summarise the results of the Equality & Human Rights Impact Assessment, including the likely impact of the proposed policy/practice advancing equality and human rights.

**Positive Impacts**

Protected characteristics affected: Age, Disability,

### Positive Impacts

Improve the health and minimise the risk of second hand smoke in all age groups

Support people who want to stop smoking

Young people (u18) will not be able to purchase tobacco products to support a smoke free environment and potential stop smoking

Children in prisons will not be able to live in a smoke free environment

The risk of second hand smoke can exacerbating and trigger respiratory problems introducing this practice will make it safer and reduce risks of medical complications for staff and prisoners. with disabilities

People in low socio – economic group have been identified as a group who are more likely to smoke and for those who have been smokers for a significant time, there is a habitual need and dependency which may result in discomfort when nicotine is withdrawn. This policy will support families of prisoners

### Negative Impacts

Protected characteristics affected:

Impact	Mitigation
Staff of all ages are required to enter a prisoner's cell who are smokers in emergency situation and in the morning to get a verbal response putting them at risk of second hand smoke.	SOP will introduce steps to eliminate second hand smoke areas
Staff with disabilities potentially have to enter a smoke fill area in emergencies	SOP will introduce steps to eliminate second hand smoke areas
Prisoner group could refuse to stop smoking.	Prisoners will be informed of the reasons and risks, provided support to stop smoking and procedure to reduce second hand smoke.

### Recommended course of action

<b>Outcome 1:</b> Proceed – no potential for unlawful discrimination or adverse impact or breach of human rights articles has been identified.	<input checked="" type="checkbox"/>
<b>Outcome 2:</b> Proceed with adjustments to remove barriers identified for discrimination, advancement of equality of opportunity and fostering good relations or breach of human rights articles.	<input type="checkbox"/>

## Recommended course of action

**Outcome 3:** Continue despite having identified some potential for adverse impact or missed opportunity to advance equality and human rights (justification to be clearly set out).

**Outcome 4:** Stop and rethink as actual or potential unlawful discrimination or breach of human rights articles has been identified.

## Summary of Outcome decision and Recommendations

The Equality and Human Rights Impact Assessment (EHRIA) has shown that the aims of this Safe Operating Practice (SOP) will provide a safe, fair and standardised approach across the SPS.

There is no evidence that this SOP will be discriminatory or will breach any article or protocol in the Human Rights Acts.

There is major concerns in a prison environment, that there is no safe level of exposure to second hand smoke.

It is expected that the most significant impacts, and the most positive impacts, will be to protect staff who are required to enter a prisoner's cell who smokes or enter a cell that contains second hand smoke. Or non- smoking prisoners who reside in areas where other prisoners smoke.

The Scottish Ministers' tobacco control strategy, 'Creating a Tabaco- free Generation', includes a commitment to plan for implementation of smoke free prisons in Scotland. Is the target for the SPS.

Prisoners who wish to continue to smoke could be a possible negative effect and still provide areas of second hand smoke, however the SOP has mitigated by introducing safe practices. Potential emergency situations could place staff into a second hand smoke area this must be managed by the Residential First Line Manager.

This SOP, does not relate to an area where there are known inequalities, although monitoring of prisoners that are older or have mental health and behavioural problems and potentially deemed incapable of understanding the material (e.g., experiencing severe difficulties in mental health or cognitive decline due to Alzheimer's or another medical condition).

It should not therefore have a detrimental effect on any protect characteristics in the Equality Act or any Human Rights Articles.

## Next steps

Information on this change should be provided in a manner that every prisoner understands

- SPS HQ to produce Easy Read . Personal Officers and Link Centre staff to communicate to Prisoners

Provide information on how to stop smoking

- NHS to provide information, Personal Officers to support

### Next steps

Review EHRIA which will be superseded by Embedding smoke free culture in Prison

If you require this document in an alternative format, please contact  
[SPSEqualityandDiversityTeam@sps.pnn.gov.uk](mailto:SPSEqualityandDiversityTeam@sps.pnn.gov.uk)