

**EMBEDDED SMOKING CESSATION CULTURE IN PRISONS – NEXT STEPS****Pre-implementation enabling work (years 1 and 2)**

1. An achievable timescale is dependent on the nature and extent of pre-implementation enabling work, key elements of which are described below:
  - Convene multi-agency Indoor Smoke-free Prisons Strategy Development and Implementation Group.
  - Develop a tobacco control strategy for prisons to create an embedded smoking cessation culture and develop a detailed associated action plan with timescales.
  - Collaborate with MRC/CSO Social and Public Health Sciences Unit, University of Glasgow on multi-methods research which will feed into communication, planning and implementation of implementation.
  - Legislative change to Prison Rules and Directions.
  - Conclude the specialist group convened to consider the option of introducing e-cigarettes into prisons. NHS Health Scotland's recent statement on e-cigarettes advises that e-cigarettes should be available in prisons, as they offer an option to help smokers quit and for those in custody who need a nicotine substitute to control cravings.
  - Put in place robust programme management arrangements for governance and accountability across SPS operational and NHS health delivery.
  - Develop stakeholder engagement and communication strategy which includes those in custody, staff and key partners.
  - Put in place arrangements for gathering and monitoring key performance measures in smoking cessation in prisons specification, including awareness of smoking cessation service, prompt access to smoking cessation service, uptake of smoking cessation service, success of smoking cessation service.
  - Develop detailed and robust costings for smoking cessation delivery and secure funding for NHS.
  - Funding for NHS Health Boards to be reviewed annually from year two onwards.
  - Drive smoking cessation and voluntary indoor smoke-free accommodation areas through local and national Health Improvement Groups.
  - Recruitment, selection and training of peer educators and health champions from within the population in custody, with arrangements to support them to promote health improvement including smoking cessation.
  - Develop and implement health readiness assessment.
  - Develop and implement operational readiness assessment.
  - Develop strategies to mitigate unintended consequences e.g. potential increase in use of new psychoactive substances and weight gain resulting from increased consumption of calorie dense food and drink.
  - Work in collaboration with the SPS Purposeful Activity Programme Team to actively contribute to Purposeful Activity Framework, with the aim of providing sufficient meaningful diversionary activities to alleviate boredom and provide an alternative to smoking behaviour.

### Year Three Sustainable Gains

2. Indoor smoke-free accommodation areas to be available in **at least** 5 prisons. Operationally challenging in prisons where there are no smaller discrete units and may initially be identified cells or rooms within a larger accommodation area. This will be key to supporting successful sustained quits and initiating culture change in prisons.
3. **At least** 1 pilot indoor smoke-free prison. Certain prisons can be identified where early implementation is likely to be less operationally challenging, and a change to Prison Rules and Directions will enable this. The factors that influence the degree of challenge include:
  - Smoking prevalence in individual prisons.
  - Populations held at each prison.
  - Access to quality smoking cessation support.
  - Staff and those in custody being engaged with this agenda.

### Year Four Sustainable Gains

4. Expansion of voluntary indoor smoke-free accommodation areas, to be available in **at least** 10 prisons.
5. **At least** 3 comprehensive indoor smoke-free prisons.

### Year Five Sustainable Gains

6. Full implementation of Action 31 of the National Tobacco Strategy, supported by implementation of Purposeful Activity Framework, Health Improvement Framework, NPHNAB.