

To: Governors in Charge  
Deputy Governors  
Directors of HMP Addiewell and HMP Kilmarnock

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## EMBEDDED SMOKING CESSATION CULTURE IN PRISONS - TIMESCALES

### Purpose

1. To provide you with information on policy development and timescales for implementation of Action 31 of the Tobacco Control Strategy for Scotland, which requires Scottish Government to work in partnership with the Scottish Prison Service and local NHS Boards to have plans in place by 2015 that set out how indoor smoke-free prison facilities will be delivered.

### Background

2. The options paper "Continuing Scotland's Journey towards Smoke-free Prisons", Annex A, recommended a comprehensive smoke-free policy with a medium implementation timescale of up to 5 years. Cabinet Secretary for Justice accepted these recommendations and requested further advice on timescales and the sustainable and successful gains that can be made in years 3, 4 and 5 of a proposed 5 year implementation period.

### Discussion

3. Further advice on timescales was informed by consultation with the Tobacco Strategy Workstream multi-agency membership. Some respondents considered less than 5 years would be challenging but achievable; while other key stakeholders had significant concerns.
4. Respondents highlighted that experience from other countries shows that implementation is possible in less than 5 years, while sufficient lead-in time is associated with more successful implementation<sup>1</sup>. It was highlighted that longer timescales raise the risk that, rather than agencies using the additional time for more detailed planning, more immediate concerns would be prioritised and addressed.
5. The report of the Ministerial Group on Offender Re-integration committed to the NHS and SPS working together to develop and implement a national specification for a smoking cessation service to be delivered in all prisons by June 2015. The national specification was published by NHS Health Scotland at the end of June 2015 and NHS prison smoking cessation services are currently at varying stages of development. Some are well developed and embedded in the prison setting; others are at a rudimentary stage and further work is required to achieve a high quality smoking cessation service and become embedded within

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<sup>1</sup> Sweeting H & Hunt K (2015). Evidence on smoking and smoking restrictions in prisons. A scoping review for the Scottish Prison Service's Tobacco Strategy Group. MRC/CSO Social & Public Health Sciences Unit, University of Glasgow, occasional paper No. 25

the prison.

6. NHS Boards do not currently have plans in place for an embedded smoking cessation culture in Scottish prisons, however they will be key stakeholders in the partnership approach with Scottish Government and SPS. NHS Boards will require additional resource to scale-up smoking cessation services to the level required. There will be savings in the longer term, as post-implementation, smoking cessation support in prisons will be focused on meeting the initial needs of those admitted to prison with a smoking habit.
7. The 2015 prisoner survey found that, of those prisoners who responded, 72% smoke, 56% of those expressed a desire to stop and 66% would use e-cigarettes if they were available in prisons instead of smoking tobacco.

**Key constraints identified by the workstream:**

NHS operational capacity and resources

8. Sufficient time required to model demands on cessation services and required resources (e.g. skilled smoking cessation staff and pharmacotherapy), agree budgets, and put funding in place to expand the service to meet demand. Experience suggests that once additional funding is allocated, a further period will be required to achieve full operational capacity with staff in place, streamlined systems and effective collaboration. Recruitment and training may be required to meet demand.

Additional purposeful activities as a means of alternative occupation

9. Sufficient time required for SPS to put in place arrangements to offer prisoners meaningful diversionary activities. Diversionary activity is important to alleviate boredom and provide an alternative to smoking. SPS plan to deliver improvements over a 5 year period.

Operational resources and facilities

10. SPS are likely to require additional resources and facilities to support delivery of increased NHS smoking cessation services (e.g. provide escort staff and rooms).

Support and engagement from those in custody

11. Effective engagement with those in custody will be influenced by the resource dedicated to meaningful consultation in the implementation process (user voice). This is crucial to the success of the policy.

**Next Steps**

12. Pre-implementation enabling work (years 1 and 2) and sustainable gains in years 3, 4 and 5 are detailed in Annex B.

**Conclusion**

13. You are invited to note the above. Please share this communication widely by cascading to your SMT and staff.

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