

Smoking in prisons – Consultation response from ASH Wales

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This response is on behalf of ASH Wales, a Third Sector Organisation.

ASH Wales is the only public health charity in Wales whose work is exclusively dedicated to tackling the harm that tobacco causes to communities. Further information about our work can be found at <http://www.ashwales.org.uk/>

We are engaged in a wide range of activities including:

- Advocating for tobacco control public health policy
- Undertaking tobacco control research projects
- Training young people and those who work with young people to provide factual information about the health, economic and environmental effects of smoking
- Engaging young people and professionals working with young people through the ASH Wales Filter project
- Bringing health information and advice to the heart of the community

We also oversee the Wales Tobacco or Health Network (a network of over 300 individual members) and the Wales Tobacco Control Alliance (an alliance of 35 voluntary and professional bodies in Wales), providing forums for sharing knowledge and best practice.

ASH Wales has no direct or indirect links with, and is not funded by, the tobacco industry.

We are happy for our details to be published.

Consultation questions

1. Do you think enclosed and substantially enclosed places in prisons should be completely smokefree?

Yes.

We are in favour of enclosed and substantially enclosed places in prisons being completely smokefree for several reasons:

- the impact of smoking on prison inmates/officers who smoke – smoking has a major adverse impact on a smokers health, contributing to, amongst other things, an increased risk of developing cardiovascular/respiratory disease, diabetes, and a variety of cancers.¹ For this reason cigarette smoking is the single biggest cause of preventable illness and premature death in the UK.² Evidence suggests that the risk of dying or having a tobacco related illness is dramatically reduced within a year of stopping smoking and hence by preventing prisoners in particular from smoking through a ban would serve to significantly improve their health, as well as reduce the longer term costs of treating smoking related illnesses.
- the impact of secondhand smoke on non-smoking prisoners, prison officers, visitors and workers from outside agencies – prisons are places where people live and work. Inmates and staff have as much right as the general population to be protected from toxic tobacco smoke in their home and workplace. Exposure to secondhand smoke has a major adverse impact on the health of non-smoking bystanders. This is the case for both short-term³ and long-term exposure to secondhand smoke. In the case of the latter the International Agency for Research on Cancer (IARC), convened by the World Health Organization, conducted a review of evidence on SHS and cancer in 2002 and found that “*the evidence is sufficient to conclude that involuntary smoking is a cause of lung cancer in never smokers*”. The report concludes that exposure to other people’s smoke increases the risk of lung cancer in non-smokers by 20-30% and coronary heart disease by 25-35%.⁴ These findings were confirmed in the UK by the Government-appointed Scientific

Committee on Tobacco and Health (SCOTH) whose 2004 report found that passive smoking is a cause of lung cancer and ischaemic heart disease in adult non-smokers.⁵ It has been estimated that domestic exposure to SHS in the UK causes around 2,700 deaths in people aged 20-63 and a further 8,000 deaths a year among people aged 65 years and older.⁶

Evidence suggests smoking is widespread in UK prisons, with a report published by the Royal College of Physicians and the Royal College of Psychiatrists⁷ in 2013 estimating smoking prevalence to be in excess of 80% among male and female prisoners. As a consequence of this the extent of exposure to secondhand smoke in UK prisons at present is likely to be significant, and hence represents a major problem which needs to be tackled.

- Increased smoking cessation among prisoners – the fact prisoners will have far fewer opportunities to smoke in a prison that has a smoking ban in enclosed and substantially enclosed places may serve to enhance the willingness/ability of a prisoner to give up smoking. Nearly three quarters of all quitters who relapse do so in the presence of people who are smoking.⁸ If prisons become a smokefree environment this temptation would cease to exist.

In addition to the reasons cited above, making enclosed places in prisons smokefree will also serve to minimise the risk of legal challenges by non-smoking prisoners or prison staff who are exposed to secondhand smoke, as well as reduce the risk of fires within prisons caused by discarded cigarettes/cigarette butts.

2. The draft Regulations would provide an exemption from the smoking ban, so that persons in control of prisons in Wales could designate cells where smoking can take place. Do you believe that this should happen?

Yes.

Given the adverse impact of smoking outlined in our answer to Question 1 above we are extremely keen for enclosed and substantially enclosed places in prisons to become completely smokefree as soon as possible. However, we are mindful of the difficulties smokers face in giving up cigarettes. The presence of nicotine, a powerful and addictive drug, within cigarettes means it is not always possible for smokers to quit smoking straight away. For this reason we support a temporary exemption from the smoking ban for a time limited period to allow prisons the opportunity to support inmates and staff who smoke. For the most part such support should take the form of the provision of stop smoking advice and nicotine replacement therapies (NRT). In some instances, however, there may be a need to allow those who have smoked heavily for a sustained period of time the opportunity to go to a designated cell during the initial stages of their quit smoking journey in order to ease their withdrawal symptoms. But this should be carefully managed and should form part of the quit programme for that individual smoker. Ideally, as time goes by each smoker, through the continued support of stop smoking advisors and use of NRT, will feel less of a need to smoke, up to the point they feel able to stop smoking altogether.

In the worst case scenario compelling those who currently smoke regularly whilst in prison to stop smoking immediately has the potential to destabilise the prison system. There have been reports, for instance, of a riot breaking out at a maximum security prison in Melbourne, Australia, in June 2015 following the imposition of a smoking ban at the facility.⁹ Speaking on behalf of the UK Prison Governors Association, Andrea Albutt said the organisation agreed with a smoking ban in prisons but warned of “stability issues”, claiming the ban had to be introduced in a managed and gradual way to avoid unrest.¹⁰

One of the main withdrawal symptoms experienced by those quitting smoking includes depression and increased irritability/aggression.¹¹ This is something that needs to be carefully managed at all times, especially within

the prison environment which has a population more susceptible to mental illness than the general population. More than 70% of the prison population has two or more mental health disorders. Male prisoners are 14 times more likely to have two or more disorders than men in general, and female prisoners are 35 times more likely than women in general.¹² The suicide rate in prisons is almost 15 times higher than in the general population: in 2002 the rate was 143 per 100,000 compared to 9 per 100,000 in the general population.¹³ Hence, prison inmates who smoke may be more vulnerable to the side-effects of giving up smoking relative to the average smoker, and these side-effects may be exacerbated.

For this reason it is vital to provide ongoing support to prison inmates throughout their smoking cessation journey by providing stop smoking advice and making available NRT. On the occasions when this is not working and there is a danger of unrest within the prison system we feel it is reasonable to allow smoking at times in a designated room, but only on the basis that this forms part of each smoker's quit programme and is considered to be helpful in aiding that individual smoker's attempts to give up smoking long-term.

3. Do you think any such exemption should be time-limited or permanent?

We are in favour of any exemption that is introduced being time-limited. Whilst we feel it is important that prisons are given time to properly implement smokefree policies in a safe and secure way we do not believe this should be open-ended. The failure to assign an end date to the exemption will serve to give out the wrong message, signalling that limited smoking in prisons is acceptable. We do not believe that this is the case. ASH Wales wishes to see prisons become smokefree as soon as possible. As indicated in our answer to Question 2 above we support an exemption allowing certain prisoners to smoke in designated cells, given the

complexities involved in giving up smoking, the inability of some people to give up straight away and the characteristics (i.e. mental health condition) of the prison population. However, our support extends only to an exemption that is time-limited.

4. If you think the exemption should be time-limited do you also think that the proposed expiry date of 5th April 2017 is sufficient time to allow prisons to implement smoke-free conditions in a safe and secure way?

Yes.

We believe the exemption should definitely not extend beyond the expiry date of 5th April 2017. We think this is more than enough time for prisons to properly implement the smokefree regulations and provide smoking cessation support for prison inmates/officers.

5. Is there anything else that should be taken into account in relation to smoking in prisons?

We believe it is vitally important that prison inmates/staff/visitors and anyone else affected by the smoking ban in prisons are offered support. This should take the form of smoking cessation information/advice and behavioural support, preferably provided by specialist stop smoking practitioners. The prison service should make provisions to offer one-to-one and/or group sessions facilitated by trained advisors. Clinical trials have shown that these can double a smokers chance of quitting successfully.^{14,15,16,17}

Together with the behavioural support suggested above, access to medications should be made available to all those affected by the smoking ban in prisons. Evidence shows that smokers are four times more likely to quit successfully by using a combination of medication and behavioural

support.¹⁸ Among the medication that should be offered is NRT. NRT includes nicotine chewing gum, patches, lozenges, mouth spray, inhalator and nasal spray and is usually taken for 8 to 12 weeks. NRT alleviates nicotine withdrawal symptoms making the transition from cigarette smoking to complete abstinence easier. Clinical trials have consistently found that NRT increases the success of quitting smoking by 50–70%.¹⁹ The National Institute for Health and Care Excellence (NICE) recommends that smokers who are committed to quitting should be offered NRT to support their quit attempt and that more heavily addicted smokers may be offered a combination of NRT products if required.²⁰

In order to facilitate smoking cessation support for those affected by the smoking ban in prisons there needs to be a joined up approach between the prison and health sectors. It is essential they work together to ensure smokers are best supported and have access to the correct advice and medication. We also believe it is important that prison staff are trained in smoking cessation so that they too are able to assist prison inmates in their attempts to quit smoking.

As a means of ensuring long-term smoking cessation amongst prison inmates in particular it is important they know how/where to access smoking cessation advice/medication once they leave the prison environment and are released into the community. This is necessary to ensure they do not simply relapse and start smoking again when they are no longer confined by the smoking restrictions they are faced with whilst in prison, thereby diminishing the health gains they have accrued from abstaining during incarceration. For this reason we believe smoking cessation advice/information should form part of the rehabilitation process that prisoners must undergo on their release from prison.

It is important the prison service is aware of, and accounts for, the potential for a black market to develop when tobacco is made illegal within the prison system. Prisoners, visitors and prison staff have all been caught smuggling and selling tobacco on the prison black market following the implementation

of smoking bans in prisons in other countries.²¹ We recommend measures are put in place so that this scenario can be dealt with immediately were it to arise.

We agree with the consultation paper which states that the regulation making enclosed and substantially enclosed places in prisons smokefree should not encompass nicotine inhaling devices, including vaping via electronic cigarettes (e-cigarettes). We support the use of e-cigarettes as a smoking cessation aid and believe prison inmates and officers who smoke should be allowed to use these devices, in conjunction with specialist stop smoking support, whenever and wherever they feel necessary as part of their stop smoking journey. This will not only increase the quit rate among those who smoke in prisons but will also make it easier to implement the proposed smoking ban, as e-cigarettes will ease the nicotine withdrawal symptoms of smokers in prisons compelled to give up their habit.

We additionally support the view that the proposals should not extend to establishments holding young offenders as these are already smokefree and should be required to continue to have an entirely smokefree environment. Furthermore, we agree with the specifications of the “designated rooms” laid out in the consultation paper, in terms of the room being completely enclosed and not having a ventilation system that ventilates into other areas of the prison. We would also add to the specification list that the “designated room” should be located in a part of the prison which is not frequented by visitors or auxiliary staff and which is not near common facilities like kitchens and other recreational areas.

6. Please provide any comments on the assumptions made, and costs and benefits provided, in the consultation phase partial RIA in order to assist with the completion of the final RIA.

We do not believe that the impact these regulations may potentially have on the tobacco industry, in terms of less tobacco and related products

being purchased from prison shops, should be considered in the impact assessment. Tobacco is a unique consumer product, because it is highly addictive and because a half of lifetime smokers will die from smoking-related disease, including respiratory diseases, circulatory diseases and cancer. About half of all lifelong smokers will die prematurely, losing on average about 10 years of life. This tragic burden of illness and death justifies measures that may potentially impose costs on large and highly profitable tobacco manufacturers.

ASH Wales has undertaken an analysis of existing data sources to compile an estimate of the economic costs of smoking to Wales.²² This report should be considered when attempting to identify the cost savings that would ensue following an increased number of prison inmates/officers giving up smoking.

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