



## original papers

Psychiatric Bulletin (2009), 33, 84–88. doi: 10.1192/pb.bp.107.017673

KUDLUR THYARAPPA PRAVEEN, SWAMY NIRVANA CHANDRAPPA KUDLUR,  
RUDRESH PARAMISHIYAIH HANABE AND ADEYEMI TIWALADE EGBEWUNMI

### Staff attitudes to smoking and the smoking ban

#### AIMS AND METHOD

Our aim was to explore attitudes of in-patient mental health staff to smoking and the smoking ban. A questionnaire was distributed to staff ( $n=450$ ) working at National Health Service psychiatric units in three different locations.

#### RESULTS

We obtained 308 responses, at a response rate of 68.4%. Staff were generally less permissive towards smoking in mental health units when compared with previous studies. However, most (78.9%) feared that service users' states would deteriorate if they were not allowed to smoke.

#### CLINICAL IMPLICATIONS

We found small but noticeable change in staff attitudes following initial reforms in smoking policy. However, there is a need for further significant change in staff attitudes to facilitate implementation of a total smoking ban from July 2008.

The White Paper *Choosing Health: Making Healthier Choices Easier* (Department of Health, 2004) made a commitment to a smoke-free National Health Service (NHS) by the end of 2006. The Health Act 2006 introduced a smoking ban in public spaces across England and Wales from 1 July 2007. However, mental health units were given an exemption of 12 months for implementing this Act (Office for Public Sector Information, 2007). In the interim, the ban was partial in these units and smoking was allowed only in designated areas.

In the UK, prevalence of smoking in general population is estimated at 26% (Rickards *et al*, 2004). Many studies have reported higher rates of smoking among service users in psychiatric hospitals at 63–72% (Meltzer *et al*, 1996; Kelly & McCreadie, 1999; Coulthard *et al*, 2002; McCreadie, 2003). However, previous studies have reported variable rates of smoking among mental health professionals. A study in the UK found smoking prevalence rate among psychiatric nurses twice that found among other groups of nurses (Gubbay, 1992), whereas another survey in Israel reported a 48% smoking rate among staff members in mental health units (Mester *et al*, 1993). In a recent study by Stubbs *et al* (2004), all in-patient staff working in a large private psychiatric hospital in the UK were surveyed about their smoking habits and attitudes. In this survey, 22% of respondents were smokers, 6% favoured a total smoking ban, 21.5% believed that cigarettes should be given to service users to achieve therapeutic goals, 40.2% believed that they should not be allowed to smoke with service users, 54.3% believed that smoking with service users can help create therapeutic relationships and 93.2% believed that service users would deteriorate if they couldn't have cigarettes. Staff who were smokers were more

permissive towards smoking than non-smokers (Stubbs *et al*, 2004). In a similar survey of psychiatric units in 2006, staff feared that a smoking ban would lead to an increase in stress, aggressive and agitated behaviour, verbal abuse and serious violence from service users. Staff argued that a ban infringed on service users' human rights and many staff who were smokers believed that it was therapeutic to smoke with service users (Jochelson & Majrowski, 2006).

In light of the total smoking ban from July 2008, we felt the need to study any change in attitudes about smoking among staff in NHS mental health units. We also felt that such a study could provide valuable information to guide hospitals in supporting staff and service users with the implementation of the ban.

#### Method

A questionnaire was drafted using themes from a previous study, after obtaining permission from the authors (Stubbs *et al*, 2004). The questionnaire included the following themes: occupation, gender, age, smoking status, awareness of smoking ban, views on service users smoking on the ward, views on staff smoking with service users, anticipated difficulties with the smoking ban, current support available for managing the smoking ban and views on effects of the smoking ban on staff work efficiency. Most questions had tick-box options and some had an option for additional comments (questionnaire available from the authors on request).

We distributed the questionnaire to staff ( $n=450$ ) in in-patient mental health units where we worked. Data were collected between December 2006 and February



2007. The units were acute adult wards, rehabilitation wards, elderly wards and low secure units in Birmingham, Buckinghamshire and central London. The clinical staff included doctors, nurses, healthcare assistants, occupational therapists and pharmacists.

## Results

We received the total of 308 responses, with a response rate of 68.4%. Respondent characteristics are shown in Table 1.

Almost all staff (95.4%) were aware of the proposed smoking ban and 92.9% felt that passive smoking was dangerous. Less than half (46.4%) had smoked at least once in their lifetime, whereas only 23.1% were current smokers. Two-thirds of the smokers (62%) had attempted to quit smoking at least once; 52.1% felt that seeing other people smoke made it difficult to quit smoking; only 7.0% were heavy smokers (smoking more than 20 cigarettes/day).

Staff views on smoking and the smoking ban are presented in Tables 2 and 3.

Staff anticipated the following problems if service users were not allowed to smoke: use of illicit ways to smoke (67.5%), absconding to smoke (58.8%), use of leave from hospital to smoke (57.1%), increased use of as needed (PRN) medication (53.2%), discharge against medical advice (34.1%) and increased use of illicit substances (28.6%). Staff were managing agitated service users (when they were not allowed to smoke) in the following ways: relaxation/distraction techniques (44.5%), allowing ventilation of feelings (39.6%), smoking breaks at designated areas (39%) and with medication when needed (19.2%).

## Discussion

This study reports a smoking rate of 23.1% among mental healthcare staff and 46.4% of respondents who had smoked at least once, which is less than in previous studies (Gubbay 1992; Mester *et al*, 1993). There were more smokers among female staff (27%) than among male staff (19%), but the overall number of smokers decreased with increasing age group. The majority of staff were aware of the smoking legislation and dangers of passive smoking.

Staff were less permissive towards smoking than in previous studies (Stubbs *et al*, 2004). More staff favoured a total smoking ban (22.7% v. 6%) and more were against smoking with service users (69.8% v. 40.2%). Fewer staff believed that cigarettes should be given to service users to achieve therapeutic goals (16.6% v. 21.5%), that service users' physical and/or mental health would deteriorate if not allowed to smoke (78.9% v. 93.2%) and that allowing staff to smoke with service users was beneficial (38.6% v. 54.3%).

Staff who were smokers were more permissive in their attitudes towards smoking when compared with non-smokers. The majority of smokers (three-quarters) believed that service users should be allowed to smoke on the ward and more than half believed that staff should be allowed to smoke with them, recognising the benefits in doing so. Only 1% of smokers favoured a total ban on smoking and the majority feared that service users would deteriorate if not allowed to smoke. The conclusions of Stubbs *et al*'s (2004) study were similar. However, three-quarters of smokers believed that cigarettes should not be used to achieve therapeutic goals.

As shown in Table 3, staff from different professional backgrounds had similar views on smoking in in-patient

**Table 1. Respondents' characteristics**

	All respondents (n=308) n (%)	Smokers (n=71) n (%)	Non-smokers (n=235) <sup>a,b</sup> n (%)
Occupation			
Manager	17 (5.5)	6 (1.9)	11 (3.6)
Registered nurse	116 (37.7)	26 (8.4)	90 (29.2)
Doctor	41 (13.3)	9 (2.9)	32 (10.4)
Other	120 (38.9)	29 (9.4)	90 (29.2)
No response	14 (4.5)	1 (0.3)	12 (3.9)
Gender			
Male	115 (37.3)	22 (7.1)	93 (30.2)
Female	171 (55.5)	47 (15.3)	122 (39.6)
No response	22 (7.1)	2 (0.6)	20 (6.5)
Age group, years			
16–25	31 (10.1)	11 (3.6)	20 (6.5)
26–35	101 (32.8)	24 (7.8)	77 (25.0)
36–45	80 (25.9)	21 (6.8)	59 (19.2)
46–55	59 (19.2)	12 (3.9)	47 (15.3)
56–65	27 (8.8)	2 (0.6)	25 (8.1)
No response	10 (3.2)	1 (0.3)	7 (2.3)

a. Overall, 23.1% of all respondents were smokers, 76.3% were non-smokers and 0.6% (n=2) did not reveal their smoking status.

b. Per cent of all respondents (n=308).



Table 2. Staff views on smoking and the smoking ban

	All staff (n=308) n (%)	Smokers (n=71) <sup>a,b</sup> n (%)	Non-smokers (n=235) <sup>a,b</sup> n (%)
1. Should service users be allowed to smoke on the ward?			
Yes	143 (46.4)	53 (17.2)	88 (28.6)
No	157 (50.9)	15 (4.9)	142 (46.1)
No response	8 (2.6)	3 (0.9)	5 (1.6)
2. Where should staff and service users be allowed to smoke? <sup>c</sup>			
Designated indoor areas (smoke room)	148 (48.1)	49 (15.9)	97 (31.5)
Outdoors	132 (42.9)	37 (12.0)	95 (30.8)
Total ban	70 (22.7)	2 (0.6)	68 (22.1)
No response	2 (0.6)	1 (0.3)	1 (0.3)
3. Should staff be allowed to smoke with service users?			
Yes	89 (28.9)	30 (9.7)	57 (18.5)
No	215 (69.8)	40 (12.9)	175 (56.8)
No response	4 (1.3)	1 (0.3)	3 (0.9)
4. Are there any benefits in allowing staff to smoke with service users?			
Yes	119 (38.6)	46 (14.9)	71 (23.1)
No	167 (54.2)	24 (7.8)	143 (46.4)
No response	22 (7.1)	1 (0.3)	21 (6.8)
5. Should cigarettes be given to service users to achieve therapeutic goals?			
Yes	51 (16.6)	16 (5.2)	33 (10.7)
No	249 (80.8)	52 (16.9)	197 (63.9)
No response	8 (2.6)	3 (0.9)	5 (1.6)
6. Do service users become more agitated or deteriorate in their mental health if they are not allowed to smoke?			
Yes	243 (78.9)	66 (21.4)	175 (56.8)
No	41 (13.3)	1 (0.3)	40 (12.9)
No response	24 (7.8)	4 (1.3)	20 (6.5)
7. Which aspect of service users' health will benefit from smoking ban? <sup>c</sup>			
Mental health	45 (14.6)	2 (0.6)	43 (13.9)
Physical health	196 (63.6)	21 (6.8)	173 (56.2)
Both	95 (30.8)	40 (12.9)	45 (14.6)
Neither	13 (4.2)	10 (3.3)	3 (0.9)
No response	14 (4.5)	9 (2.9)	5 (1.6)
8. How will the efficiency of staff who smoke be affected by the smoking ban policy?			
Improved	107 (34.7)	3 (0.9)	104 (33.8)
Reduced	105 (34.1)	27 (8.8)	78 (25.3)
No response	96 (31.2)	41 (13.3)	53 (17.2)

a. Two respondents (0.6%) did not reveal their smoking status.

b. Per cent of all respondents (n=308).

c. The respondents were allowed to choose more than one answer for this question.

units and about the smoking ban. However, in comparison with other professionals, more nurses (around a third) recognised benefits in allowing staff to smoke with service users and nearly half believed that staff should be allowed to smoke with service users. This probably reflects the variable roles and practical challenges faced by different professionals within a multidisciplinary setting. Similar observations were noted in previous studies where professionals differed in their views on benefits in staff smoking with service users (Mester et al, 1993; Tarbuck, 1996).

## Limitations

Studies of this nature are subject to criticism. Random sampling was not used, which might have led to sampling bias. There might have been a self-report bias among respondents and it could be argued that staff with strong views on the smoking ban, or those affected by it, were more likely to respond. Also, some would argue that using a questionnaire with tick-box options might limit the range of responses. However, many questions in this study had an option for comments and several comments

**Table 3. Responses from different mental health professionals**

	Managers (n=17) n (%) <sup>a</sup>	Registered nurses (n=116) n (%) <sup>a</sup>	Doctors (n=41) n (%) <sup>a</sup>	Others <sup>b,c</sup> (n=120) n (%) <sup>a</sup>
1. Should service users be allowed to smoke on the ward?				
Yes	8 (47.1)	57 (49.1)	19 (46.3)	50 (41.7)
No	8 (47.1)	58 (50.0)	22 (53.7)	65 (54.2)
No response	1 (5.9)	1 (0.9)	0	5 (4.2)
2. Where should staff and service users be allowed to smoke? <sup>d</sup>				
Designated indoor areas (smoke room)	9 (52.9)	59 (50.9)	22 (53.7)	53 (44.2)
Outdoors	7 (41.2)	53 (45.7)	17 (41.5)	46 (38.3)
Total ban	5 (29.4)	23 (19.8)	8 (19.5)	33 (27.5)
No response	0	1 (0.9)	0	1 (0.8)
3. Should staff be allowed to smoke with service users?				
Yes	3 (17.6)	42 (36.2)	5 (12.2)	30 (25.0)
No	14 (82.4)	72 (62.1)	36 (87.8)	89 (74.2)
No response	0	2 (1.7)	0	1 (0.8)
4. Are there any benefits in allowing staff to smoke with service users?				
Yes	7 (41.2)	54 (46.5)	9 (21.9)	40 (33.3)
No	8 (47.1)	59 (50.9)	27 (65.9)	69 (57.5)
No response	2 (11.8)	3 (2.6)	5 (12.2)	11 (9.2)
5. Should cigarettes be given to service users to achieve therapeutic goals?				
Yes	3 (17.6)	23 (19.8)	6 (14.6)	14 (11.7)
No	13 (76.5)	92 (79.3)	35 (85.4)	100 (83.3)
No response	1 (5.9)	1 (0.9)	0	6 (5.0)
6. Do service users become more agitated or deteriorate in their mental health if they are not allowed to smoke?				
Yes	13 (76.5)	95 (81.9)	35 (85.4)	86 (71.7)
No	2 (11.8)	15 (12.9)	3 (7.3)	21 (17.5)
No response	2 (11.8)	6 (5.2)	3 (7.3)	13 (10.8)
7. Which aspect of service users' health will benefit from smoking ban? <sup>d</sup>				
Mental health	4 (23.5)	19 (16.4)	8 (19.5)	12 (10.0)
Physical health	12 (70.6)	75 (64.7)	29 (70.7)	77 (64.2)
Both	5 (29.4)	31 (26.7)	15 (36.6)	36 (30.0)
Neither	0	8 (6.9)	2 (4.9)	1 (0.8)
No response	1 (5.9)	5 (4.3)	1 (2.4)	7 (5.8)
8. How will the efficiency of staff who smoke be affected by the smoking ban policy?				
Improved	5 (29.4)	35 (30.2)	19 (46.3)	43 (35.8)
Reduced	3 (17.6)	44 (37.9)	12 (29.3)	41 (34.2)
No response	9 (52.9)	37 (31.9)	10 (24.4)	36 (30.0)

a. Percentage of the number of professionals in a given group.

b. Others were: nursing assistant, domestic supervisor, student nurse, healthcare assistant, ward clerk, bank nurse, occupational therapist, physiotherapist, house keeper, pharmacist, support worker, social worker.

c. Fourteen respondents did not respond to either 'Managers', Registered nurses' or 'Doctors' columns.

d. The respondents were allowed to choose more than one answer for this question.

were received (reporting them is beyond the scope of this paper). Additionally, the extent of change in staff attitudes might be partly caused by different work environments in private and NHS psychiatric units.

## Conclusions

This study found a small but noticeable change in staff attitudes to smoking on in-patient units and the smoking

ban, which could be viewed as a response to initial reforms in smoking policy. This is in line with findings from studies in other countries (Lawn & Pols, 2005). However, there is a need for further significant change in staff attitudes, in light of the total smoking ban. To facilitate this change, mental health services would need to create an environment where multidisciplinary staff are involved in consultation, education and training to understand the need for change and its benefits. Alternative support to



original papers

assist staff in managing potential problems identified with the total smoking ban could play an important role in bringing about this change. Staff who are smokers may particularly need support during the implementation of the total smoking ban from July 2008. It would also be interesting to study staff attitudes after implementation of the total smoking ban and the effects of the ban on service users' mental and physical health.

### Acknowledgments

Thanks to Dr Sanju George for his valuable opinions and suggestions on the manuscript.

### Declaration of interest

None.

### References

COULTHARD, M., FARRELL, M., SINGLETON, N., et al (2002) *Tobacco, Alcohol and Drug Use and Mental Health*. TSO (The Stationery Office).

DEPARTMENT OF HEALTH (2004) *Choosing Health: Making Healthier Choices Easier*. Department of Health.

GUBBAY, J. (1992) *Smoking and the Workplace*. Centre for Health Policy Research, University of East Anglia.

JOCHELSON, K. & MAJROWSKI, W. (2006) *Clearing the Air: Debating Smoke-Free Policies in Psychiatric Units*. King's Fund.

KELLY, C. & McCREADIE, R. G. (1999) Smoking habits, current symptoms and pre-morbid characteristics patients in Nithsdale, Scotland. *American Journal of Psychiatry*, **179**, 498–502.

LAWN, S. & POLS, R. (2005) Smoking bans in psychiatric in-patient settings? A review of the research. *Australian and New Zealand Journal of Psychiatry*, **39**, 866–885.

McCREADIE, R. G. (2003) Diet, smoking and cardiovascular risk in people with schizophrenia. Descriptive study. *British Journal of Psychiatry*, **183**, 534–539.

MELTZER, H., GILL, B., HINDS, K., et al (1996) *OPCS Surveys of Psychiatric Morbidity in Great Britain. Report 6: Economic Activity and Social Functioning of Residents with Psychiatric Disorders*. HMSO.

MESTER., R., TOREN, P., BEN-MOSHE, Y., et al (1993) Survey of smoking habits and attitudes of patients and staff in psychiatric hospitals. *Psychopathology*, **26**, 69–75.

OFFICE OF PUBLIC SECTOR INFORMATION (2007) *The Smoke-Free (Exemptions and Vehicles) Regulations 2007*. Office of Public Sector Information ([http://www.opsi.gov.uk/si/si2007/uksi\\_20070765\\_en\\_1](http://www.opsi.gov.uk/si/si2007/uksi_20070765_en_1)).

RICKARDS, L., FOX, K., ROBERTS, C., et al (2004) *Living in Britain No. 31 Results from the 2002 General Household Survey*. TSO (The Stationery Office).

STUBBS, J., HAW, C. & GARNER, L. (2004) Survey of staff attitudes to smoking in a large psychiatric hospital. *Psychiatric Bulletin*, **28**, 204–207.

TARBUCK, P. (1996) Smoking with patients. Policy vs. therapy. *British Journal of Nursing*, **5**, 224–29.

**\*KudlurThyrapra Praveen** Specialty Registrar, Avon & Wiltshire Mental Health Partnership NHS Trust, Fromeside, Blackberry Hill Hospital, Stapleton, Bristol BS16 1EG, email: praveenk@doctors.org.uk, **Swamy Nirvana Chandrappa Kudlur** Consultant Psychiatrist in Substance Misuse, Worcestershire Mental Health Partnership Trust, **Rudresh Paramashivaiah Hanabe** Staff Grade in Substance Misuse, Worcestershire Mental Health Partnership Trust, Worcester, **Adeyemi Tiwalade Egbewunmi** Specialty Registrar, Gloucester Partnership Foundation NHS Trust, Birmingham

Psychiatric Bulletin (2009), 33, 88–91. doi: 10.1192/pb.bp.108.020107

MPHO ABEL THULA

## Cocaine use and dependence in clients attending a drug treatment centre in Dublin

### AIMS AND METHOD

To assess the number of cocaine-dependent clients attending a typical addiction clinic, using urine drug testing for screening and a structured clinical interview for diagnostic assessment.

### RESULTS

Of the 419 clients whose urine records were analysed, 38 were regular users of cocaine (9.1%), with

at least half of their urine samples positive for cocaine in a 12-week period; 84.2% of these regular users of cocaine satisfied the criteria for cocaine dependence (7.7% of the total number of those attending the clinic).

### CLINICAL IMPLICATIONS

Publicly funded addiction treatment centres in Ireland are mostly designed

for the treatment of opiate addiction. There is, however, a significant problem of concomitant cocaine dependence in these centres. Increased availability of psychological/behavioural treatment programmes with proven efficacy in cocaine addiction may help improve overall treatment outcome.

The Drug Treatment Centre Board in Dublin runs the largest substance misuse treatment centre in Ireland, with over 500 clients from all over Dublin registered with the clinic. The vast majority are on substitution treatment for opiate dependence. However, cocaine use is increasingly becoming a major problem in this group as the use of the drug in the country continues to increase. In January 2008, a report by the National Advisory Committee on Drugs, and the Drug and Alcohol Information and

Research Unit noted a significant increase in lifetime cocaine prevalence rates among all adults (15–64 years of age) in Ireland, from 2.5% in 2002/2003 to 5.1% 2006/2007 (National Advisory Committee on Drugs, 2008). In a national multi-site evaluation in the USA (Hubbard et al, 1997), cocaine misuse was found in 42% of those beginning treatment with methadone and in 22% of the same group at 1-year follow-up. Cocaine misuse during opioid maintenance treatment has been associated with poor