



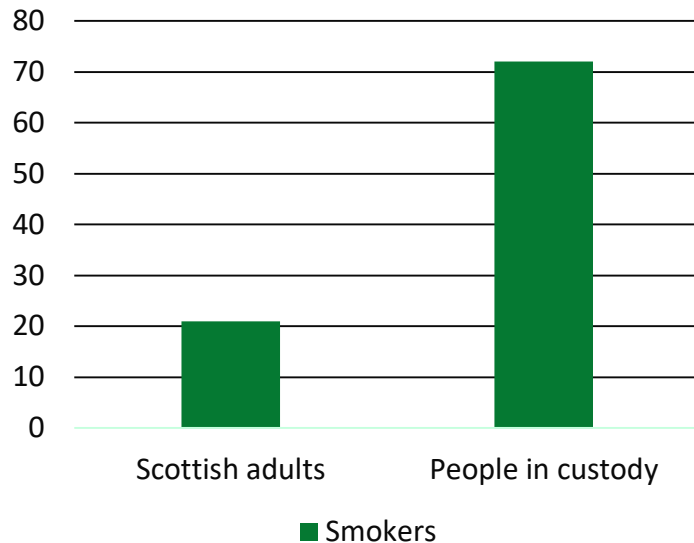
Ashley Brown, Sean Semple,
Ruairaidh Dobson, Helen Sweeting
and Kate Hunt on behalf of TIPs
team



Providing evidence to support implementation of smokefree prison policy: experiences from Scotland

Background

Smoking prevalence in
Scottish general population
and people in custody
(2015)



High prevalence of smoking in prisons a major challenge to Scottish Government aspirations to:

- Create a tobacco free Scotland by 2034
- Reduce inequalities in health

High smoking rates in prison also pose a risk to prison staff exposed to second-hand smoke (SHS) at work.



***"one of the most
pernicious public
health problems
affecting
prisons...all too
often...ignored
[in] community
based tobacco
control policies."***

International policy responses to smoking in prisons to 2016



Policy development in Scotland

National Tobacco Strategy Workstream was established by Scottish Prison Service to develop an action plan for an updated prison smoking policy.

“Based on the evidence available and set out in this paper, a comprehensive smokefree policy is considered the most effective option to address the negative health impacts associated with exposure to SHS to those in custody and those working in or visiting prisons.”

“...it is proposed that an appropriate preparation period is up to 5 years from the point of decision on which option to implement.”

Smokefree prison evidence base

- Challenges of implementing a smoking ban in the prison setting are widely recognised.
- Smokefree prisons have been an under-researched area – nature/extent of the problem; barriers and facilitators; process of developing and implementing new smoking policies; intended/unintended outcomes and impacts.

Tobacco In Prisons Study (TIPs)



Research funding application made to NIHR in light of the potential changes to prison smoking rules in Scotland

Study design took into account that exact timing/nature of policy implementation was unknown at that time:

Phase 1 – understanding the situation on the ground before any change in smoking policy

Phase 2 – understanding whether/how things change in the lead up to implementation of any new policy on smoking

.....
Phase 3 – evaluating the impact of introducing smokefree prisons for prisoners, staff, the prison service and health services

Tobacco In Prisons Study

	PHASE 1 Baseline	PHASE 2 LEAD UP TO BAN	PHASE 3 POST BAN
WP1 Scoping international landscape	Literature review Telephone interviews		

Tobacco In Prisons Study

	PHASE 1 Baseline	PHASE 2 LEAD UP TO BAN	PHASE 3 POST BAN
WP1 Scoping international landscape	Literature Telephone interviews		
WP2 Evaluating exposures and outcomes	Objective measures of SHS; health and smoking status		Objective measures of SHS; health and smoking status

Tobacco In Prisons Study

	PHASE 1 Baseline	PHASE 2 LEAD UP TO BAN	PHASE 3 POST BAN
WP1 Scoping international landscape	Literature Telephone interviews		
WP2 Evaluating exposures and outcomes	Objective measures of SHS; health and smoking status		Objective measures of SHS; health and smoking status
WP3 Staff smoking, attitudes and experience	Online survey Qualitative	Online survey Qualitative	Online survey Qualitative
WP4 Prisoner smoking, attitudes and experience	Survey	Survey Qualitative	Survey Qualitative

Tobacco In Prisons Study

	PHASE 1 Baseline	PHASE 2 LEAD UP TO BAN	PHASE 3 POST BAN
WP1 Scoping international landscape	Literature Telephone interviews		
WP2 Evaluating exposures and outcomes	Objective measures of SHS; health and smoking status		Objective measures of SHS; health and smoking status
WP3 Staff smoking, attitudes and experience	Online survey Qualitative	Online survey Qualitative	Online survey Qualitative
WP4 Prisoner smoking, attitudes and experience	Survey	Survey Qualitative	Survey Qualitative
WP5 Cessation services: experience and provision	Survey Qualitative	Survey Qualitative	Survey Qualitative

Tobacco In Prisons Study

	PHASE 1 Baseline	PHASE 2 LEAD UP TO BAN	PHASE 3 POST BAN
WP1 Scoping international landscape	Literature Telephone interviews		
WP2 Evaluating exposures and outcomes	Objective measures of SHS; health and smoking status		Objective measures of SHS; health and smoking status
WP3 Staff smoking, attitudes and experience	Online survey Qualitative	Online survey Qualitative	Online survey Qualitative
WP4 Prisoner smoking, attitudes and experience	Survey	Survey Qualitative	Survey Qualitative
WP5 Cessation services: experience and provision	Survey Qualitative	Survey Qualitative	Survey Qualitative
WP6 Stakeholder partnership working	Monthly attendance at SPS tobacco strategy/smoke free implementation meetings and research advisory meetings timely and ongoing feedback of findings		Feedback of outcomes

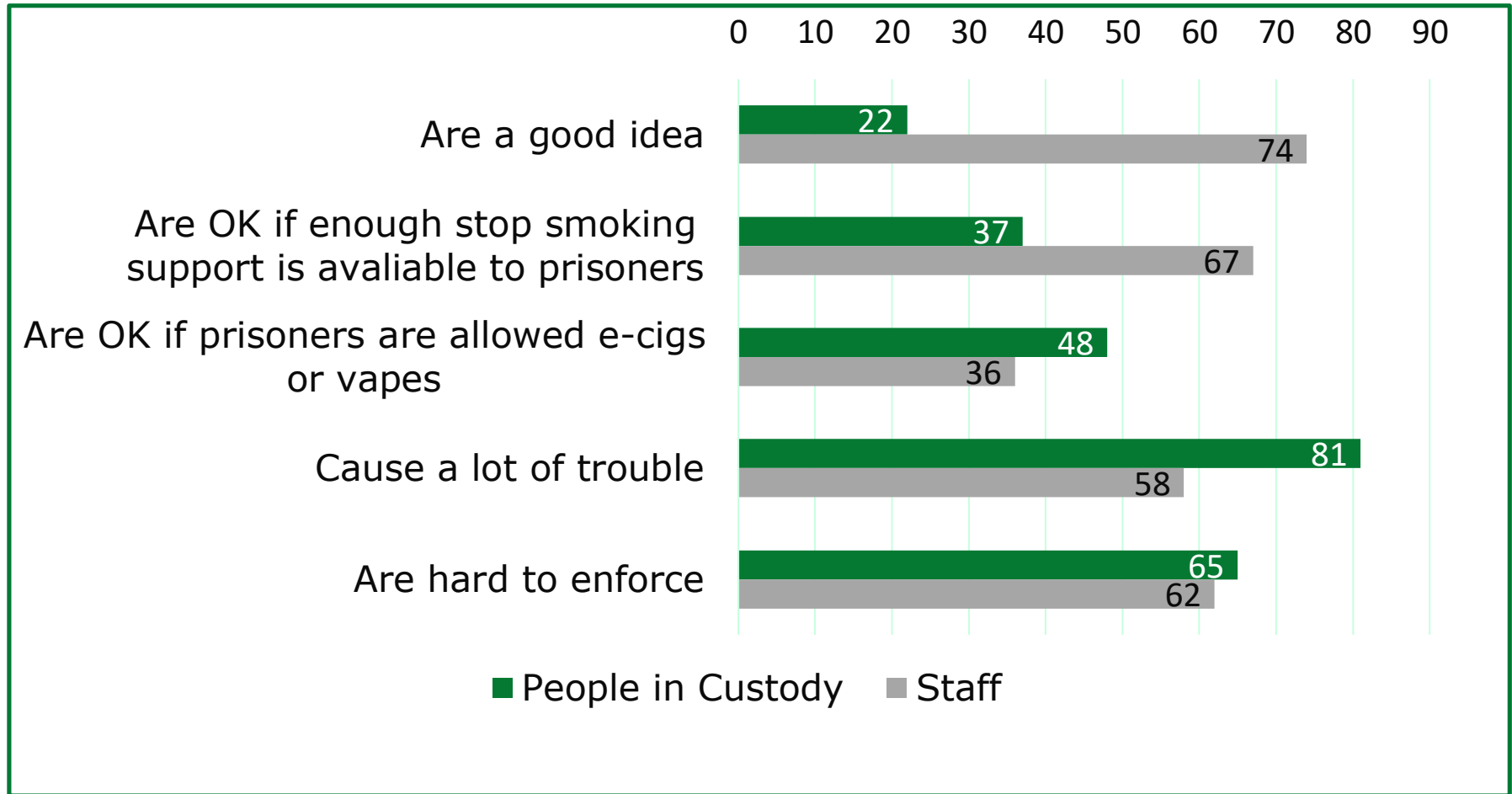
Phase 1: Views of staff and people in custody: survey data (1)

Online and paper surveys of staff and people in custody administered *before* it was definitely known that a prison smoking ban would be implemented.

At time of data collection, prisoners could smoke in designated cells and some outdoor spaces. Staff and prisoners were prohibited from smoking anywhere on prison grounds

N=2512 people in custody; N=1271 staff

Phase 1: Views of staff and people in custody: survey data (2)



Phase 1: Views of staff and people in custody: qual data

Nicotine & Tobacco Research, 2018, 1-9
doi:10.1093/ntn/nty092
Original Investigation
Received January 19, 2018; Editorial Decision April 26, 2018; Accepted May 8, 2018
Advance Access publication XXXX XX, XXXX

SRNT OXFORD

Original investigation

Prison Staff and Prisoner Views on a Prison Smoking Ban: Evidence From the Tobacco in Prisons Study

Ashley Brown MA^{1,2}, Helen Sweeting PhD², Greig Logan PhD³, Evangelia Demou PhD², Kate Hunt PhD^{1,2}

¹Institute for Social Marketing, Faculty of Health Sciences and Sport, University of Stirling, Stirling, Scotland; ²MRC/CSO Social and Public Health Sciences Unit, University of Glasgow, Glasgow, Scotland; ³Faculty of Health Sciences and Sport, University of Stirling, Stirling, Scotland

Corresponding Author: Ashley Brown, MA, Institute for Social Marketing, Faculty of Health Sciences and Sport, University of Stirling, Stirling, FK9 4LA, Scotland; E-mail: a.l.brown@stir.ac.uk

Abstract

Introduction: In jurisdictions permitting prisoner smoking, rates are high and are deeply embedded in prison culture, leading to secondhand smoke exposure and associated health risks and challenges for smoking cessation. Momentum for change is growing, but research on staff and prisoner views is lacking. We

"Staff views about bans were influenced by beliefs about: acceptability of the policy in principle; and whether/how bans could be achieved. Although some voiced doubts about smoke-free policies, staff like a ban to other challenges. Staff

Open access Research
BMJ Open Views of prison staff in Scotland on the potential benefits and risks of e-cigarettes in smoke-free prisons: a qualitative focus group study

Ashley Brown,¹ Helen Sweeting,² Greig Logan,³ Sean Semple,¹ Linda Bauld,³ Evangelia Demou,² Kate Hunt¹

Brown et al 2018,
Nicotine and Tobacco
Research.
10.1093/ntr/nty092.



Phase 1: Air quality measurement in prisons

Annals of Work Exposures and Health, 2017, 1–13

doi: 10.1093/annweh/wwx058

Original Article



Original Article

Characterising the Exposure of Prison Staff to Second-Hand Tobacco Smoke

Sean Semple^{1*}, Helen Sweeting², Evangelia Demou², Greig Logan², Rachel O'Donnell¹, Kate Hunt² on behalf of the Tobacco in Prisons (TIPs) Research Team

¹Respiratory Group, Division of Applied Health Sciences, University of Aberdeen, Aberdeen AB25 2ZG, UK; ²MRC/CSO Social and Public Health Sciences Unit, Institute of Health and Wellbeing, University of Glasgow, 200 Renfield Street, Glasgow G2 3QB, UK

*Author to whom correspondence should be addressed, E-mail: sean.semple@abdn.ac.uk

Submitted 10 April 2017; revised 16 June 2017; editorial decision 19 June 2017; revised version accepted 30 June 2017.

Abstract

Second-hand tobacco smoke (SHS) is an avoidable and harmful exposure. >25 000 prison staff continue to be exposed on a daily basis in the UK and SHS exposures in prisons are incompletely understood but may be considered a portion of smoking prisoners and limited ventilation. This study characterizes staff to SHS in all 15 prisons in Scotland using multiple methods. Exposure included 6-day area measurement of fine Particulate Matter (PM_{2.5}) and a prison together with short (30-minute) measurements of PM_{2.5} covering a range of times. Pre- and post-shift saliva samples were also gathered from non-smoking staff to estimate exposure. There was evidence of exposure to SHS in all of PM_{2.5} and nicotine measurements. The salivary cotinine results from a subset of workers indicated SHS exposures of similar magnitude to those provided by measurements of PM_{2.5}. There was a high degree of exposure variability with some indicating exposure to SHS concentrations that were comparable to those measured prior to smoke-free legislation in 2006. The median shift exposure to SHS-PM_{2.5} and is broadly similar to that experienced by someone living in a typical smoking home. This is the most comprehensive assessment of prison workers' exposure to SHS and results are highly relevant to the development of smoke-free policies in prisons considered when deciding on the best approach to provide prison staff with a safe work environment.

Keywords: correctional facilities; ETS; nicotine; PM_{2.5}; SHS; work

© The Author 2017. Published by Oxford University Press on behalf of the British Occupational Hygiene Society. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0/>), which permits unrestricted reuse, distribution, and reproduction in any medium, provided the original work is properly cited.

Second-hand smoke (SHS) measured with help of staff from all Scotland's prisons using Dylos machines. (Additional measures: nicotine levels in air; salivary cotinine in non-smoking staff)

Largest data set of multiple exposure methods from any prison service in world.

Evidence of SHS exposure in all prisons; variation within/between prisons.

Median shift SHS exposure broadly similar to that experienced by someone living with a smoker.

Semple et al 2018. *Annals of Work Exposures and Health*, 61: 809-21

Smokefree prison policy announcement: July 2017

“This report is a call to action. It is not acceptable that those in our care and those who work in our prisons should be exposed to second hand smoke.”

Colin McConnell, Chief Executive, Scottish Prison Service, Press conference 17 July 2017

Smoking ban will be extended to Scotland's jails

SMOKING is to be banned in Scotland's prisons by the end of next year – despite fears that inmates will riot in protest.

The Scottish Prison Service (SPS) wants to make jails north of the Border 'smoke-free' by November 2018 to protect the health of prisoners, staff and visitors.

Its announcement was accompanied by a major report on prison workers' exposure to second-hand smoke.

The study, led by the University of Glasgow, found staff were exposed to as much smoke as someone living in a typical home with a smoker in Scotland.

However, it emerged yesterday that similar moves in English jails, being phased in from August 31, had resulted in reports of rioting among prisoners.

SPS chief executive Colin McConnell said: 'It is not acceptable that those in our care and those who work in our prisons should be exposed to second-hand smoke.'

'We have already put measures in place

to reduce this risk by insisting that prisoners close their cell doors when they are smoking, thereby reducing the exposure of that smoke to others. We have also modified our daily working practices to reduce this secondary exposure.'

'However, the fact remains that the only way to remove this risk is to remove smoking from our prisons.'

Mr McConnell said it would be a 'significant challenge' as nearly three-quarters of prisoners in Scotland smoke.

Smoking is the biggest cause of avoidable ill-health in Scotland. Restricting smoking in enclosed public spaces implemented in 2006.

Peter Dawson, director of the Reform Trust, said: 'Prisons need to tobacco does not become another substance which is traded, leaving prisoners at risk of getting into debt and to violence and intimidation.'

COVER STORY

Tobacco to be banned in prisons over 'second-hand smoke' fears

By Chris Green
SCOTLAND EDITOR

Smoking is to be banned in all Scottish jails by the end of next year because of the "unacceptably high risk" of prisoners' staff and visitors being exposed to second-hand smoke, the Scottish Prison Service (SPS) announced yesterday.

Inmates are more likely than the general population to be smokers. But prison reform groups expressed fears that a total ban was disproportionate, claiming that stopping inmates from smoking could cause violence and may lead to an illicit trade.

The SPS said it would help as many inmates as possible to give

up smoking before the ban. In 2006, Scotland banned smoking in all enclosed public places except prisons, where it has been permitted inside cells and in some outside spaces. The SPS said existing measures – such as requiring prisoners to close their cell doors whenever they light a cigarette – had not proved effective enough in reducing second-hand smoke.

The SPS announced the clampdown as it published what it called "the most comprehensive study in the world" of prison workers' exposure to second-hand smoke. It showed that a typical prison worker is exposed to levels of second-hand smoke broadly similar to those experienced by someone

living with a smoker. The study, by the University of Glasgow, was published in the *Annals of Exposure and Health* journal.

'It is not acceptable that those in our care and those who work in our prisons should be exposed to second hand smoke,' said Colin McConnell, of the SPS. 'The only way to remove this risk is to remove smoking from our prisons.'

However, the Prison Reform Trust urged ministers to consider giving inmates the choice to smoke outside rather than a blanket ban, while the pro-smoking group Forest also warned that banning smoking in jails risked "inflaming a tense and sometimes violent environment".



UNIVERSITY of
STIRLING



BE THE DIFFERENCE

Phase 2: Collecting evidence to support smokefree policy implementation

- During 2017 and 2018, the prison service and the health service worked in partnership to prepare for this change in Scotland.
- Phase 2 research findings were provided on an ongoing basis to key stakeholders in the lead up to November 2018, to help inform implementation strategies.
 - Surveys of staff and people in custody
 - Qualitative interviews with staff and people in custody
 - Qualitative interviews with those delivering or using prison smoking cessation services.

Introduction of e-cigs to prisons announced during Phase 2

- Additional CRUK grant to examine the process and impacts of introducing rechargeable vapes in prison context
- **Unique data at particular points in the process?**
 - Interviews with prisoners and staff – *immediately prior* to Nov 2018 ban
 - Second set of interviews ~6 months post-implementation (May-Jul 2018) – role that e-cigs play in a smokefree prison service
 - Analysis of 'canteen' purchasing, pre-post ban (and pre-post introduction of e-cigs)

Phase 3: impact on staff, people in custody and prison system

Outcomes and impacts of the ban on health, and organisational outcomes are currently being examined, using:

(a) TIPS pre-post data, including

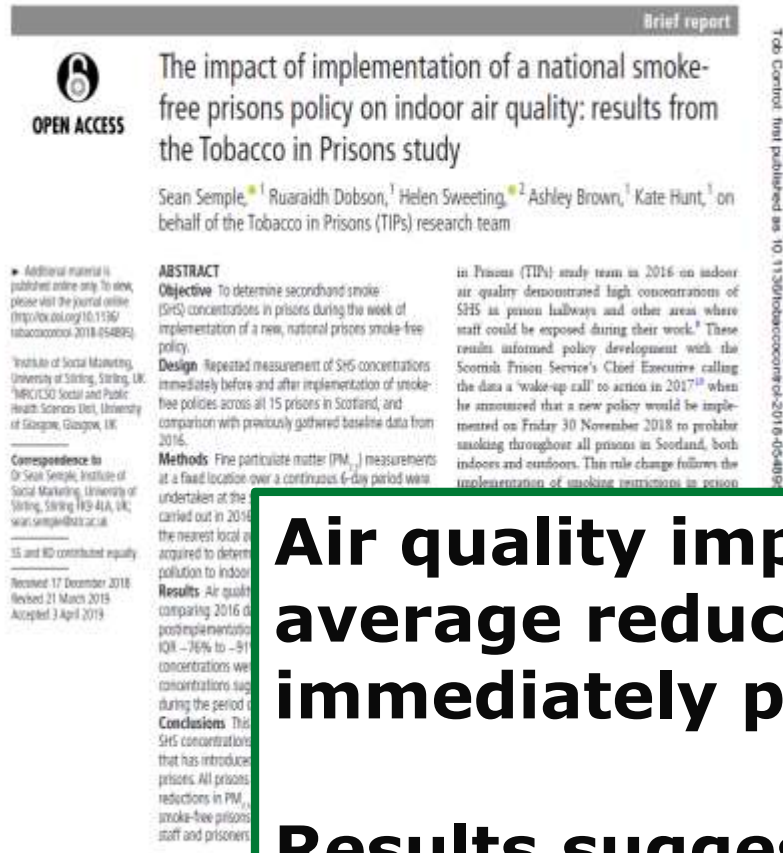
Phase 3 surveys of staff and people in custody in all 15 prisons

Phase 3 staff focus groups in all 15 prisons

Phase 3 Interviews with people in custody in six prisons

(b) Routinely collected prison and health services data

Phase 3: evidence of immediate impact on air quality



- SHS measured using same method and locations as in 2016.
- 114,000 minutes of data in week of implementation in November 2018

Air quality improved in all prisons: 81% average reduction comparing 2016 to immediately post-ban.

Results suggest “minimal smoking activity”.

Reflections

The need for high quality studies to support policy decision-making and implementation is widely recognised.

Our experience on TIPs suggests several factors which may help researchers maximise the value of evidence for government/public bodies:

- Building strong working relationships with evidence users at early stage in policy process.
- Demonstrating researcher independence, objectivity and rigour.
- Having mechanisms for timely feeding back of evidence to help inform ongoing planning, strategies and communications.
- Using practicable research plans and identifying points of contact who can facilitate local access.

Acknowledgments



Email: a.l.brown@stir.ac.uk

Thanks to:

- **People in custody/staff** who have taken part in research
- **Staff at the Scottish Prison Service HQ & HMPs** and in HMP Kilmarnock and HMP Addiewell, SPS TIPs Research Advisory Group, SPS Smokefree implementation Stakeholder Advisory Group
- **Co-investigators:** Ashley Brown, Dr Sean Semple, Dr Helen Sweeting, Douglas Eadie, Richard Purves, Prof Linda Bauld, Dr Kathleen Boyd, Dr Peter Craig, Prof Alastair Leyland, Prof Jill Pell, Dr Philip Conaglen
- **Other colleagues:** Dr Cath Best, Dr Ruairaidh Dobson, Dr Allison Ford, Dr Rachel O'Donnell
- **Funder TIPs: National Institute for Health Research Public Health Research Programme (15/55/44).**
- Disclaimer: The views and opinions expressed are those of the authors and do not necessarily reflect those of the Public Health Research Programme, NIHR, NHS or the Department of Health
- **Funding for study on E-cigarettes in prison:** Cancer Research UK