November 2021: NICE guidelines PH45 (June 2013) PH48 (November 2013) have been updated and replaced by NG209.
The recommendations labelled [2013] or [2013, amended 2021] in the updated guideline were based on these evidence reviews.
See www.nice.org.uk/guidance/NG209 for all the current recommendations and evidence reviews.

Ethical Issues for Smoking Cessation and Smokefree Policies

Richard Ashcroft
Professor of Bioethics
School of Law
Queen Mary, University of London

Basic Premise

- Smoking is as *dangerous*
  - As *important*
  - And as *deserving* of clinical and public health intervention
  - In people with a mental disorder or disability
  - As it is in anyone.

Special challenges

- We have good evidence that the following make smoking particularly challenging in people with mental disorders/disabilities:
  - People in this group are more likely to smoke
  - They are more likely to find quitting difficult
- Even though they are more likely to be offered treatment, these patterns persist

Mechanisms

- The clinical and physiological links between smoking and mental disorders/disabilities are not fully clear
- The socio-cultural and psychological links are more apparent:
  - A belief that smoking helps with symptoms of illness and side-effects of treatment
  - Greater psychological dependence due to stress/stigma of mental disorder
  - High rates of co-dependence (alcohol, drugs)
  - High rates of smoking in peer group
  - Attitudes of staff toward smoking in this group

Recent Legal Cases

- R(N) v SoS; R(E) v Nott. HC NHS Trust (2009)
  - Rampton; expiry of exemption from smoke-free legislation; Art. 8 ECHR privacy/proportionality
- CL v Board of State Hospital (Scotland) (2011)
  - Lack of proper consultation; balance of interest in health promotion/personal freedom (diet)
- Chadwick Lodge case – ban on smoking outdoors/on supervised off-site visits? (ongoing)
- Foster v HMP Highdown – withdrawal of smoking privileges as disciplinary measure; refusal to provide NRT. (2010)
- Shelley v UK – refusal to provide clean needles for injecting drug users in UK prisons; harm reduction (2008)

Analysis of the Legal Cases

- All these cases illustrate:
  - The instability of the social and legal consensus about how far smoking cessation is an integrated part of (in-patient) mental health care
  - How far mental health facilities are homes and private places
  - How far the NHS has a duty of care to help in smoking cessation, how far it may mandate smoking cessation in those in its care, and how to balance the different rights of patients and staff and the differing objectives of state institutions

In favour of integrating smoking cessation and smokefree policies into mental health care

- Physical well-being as crucial for mental well-being
- Non-discrimination and valuing of the lives of people with mental disorder/disability
- Rights of staff and other patients to smokefree living

Subtleties and problems

- Look at the whole patient: smoking may not be the priority for care/intervention
- When/how/why to intervene
- Smoking should not be a ground for excluding the most vulnerable from places of safety (cf. Alcohol, drug use)
- The paradoxes of promoting autonomy and a sense of control and agency in people with mental disorders
- Self-subverting policies: a smoking policy which increases the chances of relapse is a bad policy

The role of staff

- Personal safety and fear of violence
- The informal economy
- The social uses of smoking in the carer/client relationship
  - In the patient's home
  - In the community setting
  - In formal care settings
- The prevalence of smoking in the mental health workforce

Tentative conclusions

- Smoking cessation and smokefree policies are just as important in mental health settings
- They may need more and more intensive interventions – and more investment
- A need for careful, integrated and planned care inclusive of smoking cessation in mental health care
- A need to address staff concerns and attitudes
- A need to see *health*, and not just mental health (or order, discipline and safety), as a key institutional goal of mental health, and prison/YOI, institutions