

To note on  
an issue.

by Reid  
12/4/05

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John Glen  
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Dear John

**THE SMOKING, HEALTH AND SOCIAL CARE (SCOTLAND) ACT  
(PROHIBITION OF SMOKING IN CERTAIN PREMISES) REGULATIONS 2005 DRAFT**

Enclosed is the response of HUG (HIGHLAND USERS GROUP) to the above document.  
We are a collective advocacy organisation representing the views of our members who have all experienced mental illness and live in the Highlands.  
Our response is principally based around question 8: psychiatric hospitals and psychiatric units  
But does cover wider issues.

Yours sincerely

*Graham*

Graham Morgan  
Highland Advocacy Project Manager

HUG is a project of:  Highland  
Community Care  
Forum  
the voice of users and carers

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## WHAT IS HUG?

HUG stands for the Highland Users Group, which is a network of people who use mental health services in the Highlands.

At present, HUG has approximately 305 members and 13 branches across the Highlands. HUG has been in existence now for 9 years.

HUG wants people with mental health problems to live without discrimination and to be equal partners in their communities. They should be respected for their diversity and who they are.

We should:

- ◆ Be proud of who we are
- ◆ Be valued
- ◆ Not feared
- ◆ Live lives free from harassment
- ◆ Live the lives we choose
- ◆ Be accepted by friends and loved ones
- ◆ Not be ashamed of what we have experienced

We hope to achieve this by:

- ◆ Speaking out about the services we need and the lives we want to lead.
- ◆ Educating the public, professionals and young people about our lives and experiences.

Between them, members of HUG have experience of nearly all the mental health services in the Highlands.

**HUG aims are as follows:**

- ◆ To be the voice of people in Highland who have experienced mental health problems.
- ◆ To promote the interests of people in Highland who use or have used mental health services.
- ◆ To eliminate stigma and discrimination against people with mental health problems.

- ◆ To promote equality of opportunity for people with mental health problems irrespective of creed, sexuality, gender race or disability etc.
- ◆ To improve understanding about the lives of people with a mental health problem.
- ◆ To participate in the planning development and management of services for users at a local highland and national level.
- ◆ To identify gaps in services and to campaign to have them filled.
- ◆ To find ways of improving the lives, services and treatments of people with mental health problems.
- ◆ To share information and news on mental health issues among mental health service user group and interested parties.
- ◆ To increase knowledge about resources treatments and rights for users.
- ◆ To promote cooperation between agencies concerned with mental health.

## INTRODUCTION

In the summer of 2004 we carried out a consultation in the network of HUG branches on the subject of second-hand smoke.

We passed on our response to the Scottish Executive as a part of their consultation exercise, but the interest that has been provoked by this exercise and the level of discussion that is being held about smoking and mental health, both within the Highlands and elsewhere, meant that we have now turned this into a HUG report, and released it to a wider audience.

In total, we involved about 85 Members of HUG in the discussions. Most of our meetings are held in drop in centres and other places where smoking is permitted. We are aware that a few of our members do not go to such places because they are so smoky. This means that they may not have had their views incorporated as fully as we would have wanted.

## REDUCING SMOKING ACROSS SOCIETY.

The majority of our members agree with the need to help people reduce smoking and to reduce other peoples exposure to second hand smoke. However, they also make the point that it is a matter of personal choice as to whether we smoke or not, and that feeling as if we are being made to give up or smoke elsewhere can cause hostility. Some of us also said that as smokers we are becoming more and more unpopular and ostracised as a result. We do not appreciate this.

Many of us who would like to give up also know that this is something that is very hard to do, and that we need to choose a suitable place and time in order to be able to cope. The decision to stop smoking needs to be under our control.

Many of us also made the point that being able to smoke is still very important to us despite our wish to give up. It provides activity and occupation. Many of us see it as an integral part of social occasions, and also feel that it reduces stress and anxiety.

Some of us did agree that, although we smoke, we also need to be able to adapt - it is an unpleasant habit to expose others to, so we need to take responsibility for what we are doing.

A lot of us find that we turn to a cigarette when upset, stressed or agitated, and find the idea of not smoking when ill almost impossible to grasp. There was, however, mention of the fact that restrictions on smoking reduce consumption and the damage smokers inflict on themselves.

Some of us said that non-smokers rights should be respected the most as they are damaged by the actions of smokers, and not the other way around.

## SHOULD THERE BE A BAN ON SMOKING IN PUBLIC SPACES?

Some of us, both smokers and non smokers, feel that there should be a complete ban. We feel that smokers should take responsibility for their actions, and should not be in any way encouraged or supported to continue smoking. Some of us do not smoke and do not like being around second hand smoke. Others feel that we have now reached a point where a ban is inevitable and that, if such bans exist and work in other countries, then we should also adopt them in this country.

Almost no one mentioned the need for people to be able to smoke wherever and whenever we wanted to - the idea of having some smoke-free places is now widely accepted.

However, the great majority of our members wished to see both smoking and smoke-free areas provided so that smokers could smoke when they wanted, and non-smokers could be free of the smoke if they wished.

A small number of us found the idea of a completely smoke-free environment ridiculous. We couldn't contemplate not being able to smoke when we felt we needed to. We also made the point that, although non-smokers should have the choice to be in a smoke-free environment, so should we have the choice to smoke.

## WHAT WOULD REDUCE THE IMPACT OF SMOKE?

In nearly all our branches we felt that if there was good ventilation and bright and airy spaces to smoke in, then the impact of smoking would be minimal. At the time we were not aware that however good the ventilation is, it does not, at present, remove all the carcinogens from the air.

Some of us said that there should be investment in new equipment that could genuinely remove smoke from the rooms we use.

A few of us said the opposite. Although we would like smoking areas to be attractive, we also want to give up smoking. So, for us, making the place where we smoke as unattractive as possible would encourage us to think about giving up.

We all supported the existence of programmes and help for those that wanted to stop smoking, and wished that they could be increased. Ideally people would be helped at work to stop smoking, perhaps through the sponsorship of patches or smoking cessation programmes.

Although we agree with the need for cessation programmes, we feel that hospital may not be the place to consider stopping smoking, because we may already be under too much stress. We also worry about the poor physical health many members of our community experience. We feel good health needs to be encouraged, but not enforced against our will. We are worried about being coerced into life styles for which we are not ready, and feel there needs to be a holistic approach to both our physical and mental well being.

We felt that there should be alternatives to smoke breaks at work. 'Stress breaks' or 'health breaks' could provide a popular and attractive alternative to smoking. By doing this, then maybe we would turn to healthier options and stop using cigarettes for the benefits we feel they provide at present. If the world we lived and worked in was less stressful, then maybe we would be less inclined to smoke.

## WHERE SHOULD EXEMPTIONS BE?

Many of us agreed that places that serve food should not permit smoking, and that places where children would be exposed to smoke should also restrict or ban smoking.

However, our main concerns are that psychiatric hospitals and mental health facilities need to be exempt from these rules.

### PSYCHIATRIC HOSPITALS

Many people who are admitted to psychiatric hospitals smoke. The point was repeatedly made that when in hospital, being able to smoke can be one of the few activities that we enjoy. It seems to us that it relieves anxiety, promotes camaraderie and acts as a diversion from the distress that we are under.

There was a strong feeling that Psychiatric Hospitals must be exempt from this ban, and that to enforce a ban would be damaging to both clients and possibly staff. There are some people who are determined to smoke who would refuse to be bound by a non smoking policy. This means that staff would be placed in awkward situations when trying to impose an unpopular policy.

At a time of great distress and turmoil, being placed in a non-smoking environment would just add to the considerable anxiety people face. Some of us said that when we are in crisis the first thing that we do is to smoke a cigarette. The very nature of being in hospital means that we are likely to be in some form of crisis.

In fact, over the last few months our members have been making the point that the smoke rooms that presently exist are badly ventilated, are too small and crowded, and sometimes dirty for the people that use them. They would like to see bigger more attractive areas, which are so well ventilated that non-smokers would feel comfortable in them too.

There are some non-smokers who make the point that we can feel excluded and isolated by the presence of smoking rooms. We do not use such facilities, but because so many other people do, we miss out on the conversation and socialisation that goes on in such rooms.

It was agreed that it is healthy not to smoke but, equally, that it is unhealthy when mentally ill to get too stressed, which is what would happen with a ban on smoking.

We believe that there will continue to be a great need for smoking and non-smoking areas in Psychiatric Hospitals. However, since our original consultation we believe that such hospitals will be exempt from a ban on smoking, but will have rigorous smoking policies. These comments may help with the development of any policy on smoking in Hospital.

### **OTHER MENTAL HEALTH FACILITIES (SUCH AS DROP-IN CENTRES.)**

Again, there was a very determined plea for 'Drop In Centres' and other community facilities to have both smoking and smoke free areas. Some of us are ready to accept that we may have to smoke outside and cease to expose others to our habit. Some of us already do this anyway. However, most of us felt strongly that smoking needs to be permitted in such places. They are places that we sometimes spend a considerable amount of time in, and often have a central room where smoking is permitted. These rooms become a hub of conversation and activity for smokers and non-smokers alike.

Without these facilities a lot of the buzz and atmosphere would be lost, and some of us would possibly stop attending. This would be bad for our mental health. Being able to talk to each other in a relaxed and friendly stress-free environment is a healthy activity, which may offset the damage smoking causes to some extent, and is certainly something that many smokers would be willing to risk. A worry some of us have is that because many people like to socialise together, having separate smoking facilities would detract from the company that central smoking areas can provide.

Ideally, drop-in centres would be able to develop their own policies on smoking by consulting staff and users.

### **OTHER SITUATIONS WHERE THERE SHOULD BE EXEMPTIONS**

When we have no choice about where we are; perhaps because we have been detained under the mental health act or are in a locked ward, then we should be permitted to smoke if we so wish.

## **OTHER ISSUES**

### **SMOKING OUTSIDE BUILDINGS**

We remarked on the growing number of people gathered around the entrance of buildings to smoke. It feels to some of us that this is moving a step too far in that it looks unattractive and must be unpleasant. Surely a smoke room is not too hard to provide. If this is impossible, then there should be shelters of some sort to cater for these people.

### **TAXES**

Some of our members were aware that some countries invest the taxes gained from smoking back into the health service. This idea was popular, especially if it were invested in cancer services.

### **OTHER HEALTH ISSUES**

If we are to be this active on the issue of smoking, then surely there are other aspects of health that need to be addressed with the same vigour. An example would be the use of alcohol.

### **BANNING CIGARETTES**

A few people, both smokers and non-smokers, felt we may be better off and healthier by just banning cigarettes completely.

Others were worried that this would just drive the activity 'underground'.

### **SMOKE AND THE BUILDING**

We made the point that smoky buildings are often unpleasant places to be in, they seem dull and dingy and smelly. When we look to our mental health, we also need to look to our environment. A pleasant bright attractive and clean looking building is much better than a dull and dirty one.

### **ADVERTISING**

Some of us felt that there should be a complete ban on any form of cigarette advertising.

## CONCLUSION

The views of our members are very wide ranging. Most of our members would like to see work that reduces the existence of second-hand smoke and smoking generally, but we do feel there needs to be exceptions.

If someone is detained under the Mental Health Act, and has no choice about where they are kept, then they should have the right to smoke if they so wish.

There are some people who do not like the fact that smoking occurs in a Psychiatric Hospital, but we feel that we need to bow to the reality that many people do smoke when unwell, and may believe that being able to smoke at such a time is particularly beneficial to them. To stop smoking in a Psychiatric Hospital could be hard on patients and staff alike, and almost impossible to enforce.

In HUG, we feel that we need well ventilated smoking areas that are as attractive and comfortable as possible. We also need a pleasant alternative to the front entrance of New Craigs Hospital, which is made particularly unpleasant by the mess and fumes of the people who smoke there. We welcome the work that has now commenced to improve this area.

The same principle applies to the drop-in centres and other mental health facilities that people use. Smoking often goes with the socialising and gatherings that people value so much in such places. Again, we want provision of facilities that caters for smokers and non-smokers alike.

Whilst a large number of our members smoke, many do agree that they would like to stop smoking, that they need help to do this, and that they need to take some responsibility for the effect that this habit has on others. However, they do believe that mental health settings have a particular function that means many people would be very upset if they were denied the possibility of having a cigarette when they wanted to have to one.

## ACKNOWLEDGEMENTS

With thanks to all the members of HUG, and other mental health service users, who contributed to this report.

*(Please feel free to photocopy this Report)*

However if you use this report or quote from it or use to inform your practice or planning please tell us about this first. This helps us know what is being done on our behalf and helps us inform our members of the effect their voice is having.

For more information on HUG, or an information pack, call:

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