

Euro Article

Introduction

On 30th April this year Her Majesty's Prison and Probation Service (HMPPS) concluded one of its most challenging projects when the final two closed prisons in England & Wales went smokefree. Since then HMP The Verne has re-opened as a smokefree prison, bringing the total number to 103 closed smokefree sites – the largest smokefree prison estate in Western Europe.

The project was rolled out against a background of operating difficulties, including increasing safer custody risks and population pressures. The decision to go smoke free was not universally popular with staff and was distinctly unpopular with the men and women we look after. The increased use of a range of psychoactive substance by those in prison also presented considerable additional challenges to all operational staff due to the wide ranging and unpredictable effects of these drugs. In addition, two changes in Ministerial teams during the course of the project led to increased briefing responsibilities to ensure continued ministerial support for the roll out.

Background

The change in policy had begun in 2007 with the implementation of the Health Act 2006, which introduced legislation requiring all indoor areas to be smokefree. At that time the Prison Service successfully argued for an exemption to the legislation to exclude prison cells solely occupied by smokers aged 18 and over, while putting in place arrangements to minimise the dangers of passive smoking. Prison Service policy from 2007 acknowledged the desirability of a smokefree prison estate in the future, those under the age of 18 were prevented from purchasing tobacco and smoking anywhere on prison grounds to reflect the increased age limit on the sale of tobacco from 16 to 18.

It had been thought that restricting where those in prison were allowed to smoke would reduce the exposure of staff and the rest of the population to the harmful effects of second hand smoke. However independent air quality testing undertaken by Parsons Brinckerhoff in October 2015 (<https://www.gov.uk/government/publications/air-quality-reports>) indicated higher levels of second hand smoke in communal areas than had previously been known prompting HMPPS to introduce measures to eliminate second hand smoke from the prison estate.

The air quality test results contributed to the introduction of voluntary smokefree areas in all closed prisons and to restricting smoking to designated outdoor areas only in the open prison estate. Alongside HMPPS, in consultation with the Welsh Government, NHS Wales and Public Health Wales announced their intention to implement a smokefree policy in prisons in Wales from January 2016 and in four early adopter sites in South West England from May 2016. Learning from these eight sites were used to inform the implementation of the roll out across the wider estate (<https://www.gov.uk/government/speeches/smoking-in-prisons>).

Although the decision to introduce smokefree was based on the need to protect staff and those in prison from the harmful effects of second hand smoke, the health benefits for smokers in our care was an important secondary benefit. To remove tobacco from prisons was balanced by the decision to increase access to NHS stop smoking services for those wanting to quit and support smokers to transition to smokefree.

Governance & Project Management

NHS England (NHSE) Health and Justice are responsible for commissioning all health services in prisons in England). Public Health England (PHE) works in partnership with NHS England commissioners to support them to commission public health functions in prisons. In England and Wales, health and justice services are interdependent and work together to provide a system which is safe, legal and decent and which delivers both health and justice outcomes for those in prison. As independent organisations responsible for commissioning interdependent services it was essential that HMPPS and NHSE, supported by PHE, aligned their priorities and resources to deliver the smokefree project.

As a result joint national, regional and local governance were developed to reflect the tripartite commitment to delivering the project, (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/460445/national_partnership_agreement_commissioning-delivery-healthcare-prisons_2015.pdf)

Alongside senior representatives from HMPPS, NHSE and PHE, the national project board included a Ministry of Justice (MoJ) legal adviser, a communications expert, trade unions and representation from Action on Smoking and Health (ASH), a campaigning public health charity. HMPPS also operated an internal delivery focused group to support the day to day operational issues of the roll out given the risks posed and significant external interest.

Between the announcement in September 2015 and the early adopter roll out in January 2016, there was an intense period of preparatory work to identify and develop the decision making criteria for when a site can go live with smokefree, based on a jointly agreed health and prison operational readiness process. Additional guidance was also issued to prison and health leads setting a minimum service offer for stop smoking services to ensure approaches were consistent across the estate (<https://www.england.nhs.uk/publication/minimum-offer-for-stop-smoking-services-and-support-in-custody/>).

Risks to the project were identified in a comprehensive risk register and closely monitored. Negative prisoner response remained the most critical risk throughout the project and actions were taken from the outset to minimise this.

Roll Out

The roll out of smoke free was phased on the basis of geographical location or prison function. It was decided that prisons would be clustered primarily around geographical location, with the exception of the long term high security estate, women's estate and prisons holding men convicted of sexual offences. This assisted planning and operational management, and allowed health colleagues to mobilise stop smoking services to meet demand. Overall the project mobilised five clusters to complete the roll out.

The first prisons to go smoke free were those in Wales and the four early adopter sites in England. The Welsh prisons were supported by the devolved health services in Wales adding an additional complexity to the governance and implementation arrangements; the early adopter sites in South West England were supported by co-terminus prison and health regional governance, allowing cohesive support and shared learning.

Robust regional governance and targeted support assisted communication with the national team and enabled readiness processes at local, regional and national level to be tested in

the critical first stage of go live. This approach ensured informed oversight of the transition to smokefree and allowed the national project team to respond to emerging issues in the early adopter sites at speed.

Following a period of evaluation, formal roll out to the remaining estate began in July 2016 with clusters of prisons moving to smoke free within a nationally agreed time frame. All prisons were subject to the same governance processes as well as benefiting from learning from previous clusters and having detailed plans tailored to establishment and group needs.

Contingency planning exercises simulating the loss of control in both individual establishments and multiple sites within the cluster were undertaken prior to each group of prisons going smokefree. National intelligence colleagues focussed attention on emerging smokefree related intelligence to gauge how those held in each prison might respond at the time of go-live.

There was much discussion about when higher risk populations, such as the Women's Estate and the Long Term High Security Estate would implement smokefree. The risks associated with self harm, violence and non-compliance were considered to be higher in these groups than in the general population and additional risk management and support arrangements were required. Both groups implemented smokefree on consecutive weeks in September 2016. Further geographical clusters followed and the last of the 102 closed prisons moved to smoke free in April 2018.

E- Cigarettes & Vapes

An important consideration in planning was the decision to offer prisoners a viable alternative to smoking tobacco, other than through completion of an NHS stop smoking programme. As a result disposable e-cigarettes were made available to purchase in August 2015 following trials in a number of prisons. Initially there was significant demand with strong sales, but over time feedback from those in prison indicated dissatisfaction with the products available.

In Wales and the early adopter sites, smokers in prison quickly started to misuse the Nicotine Replacement Therapy (NRT) products available from NHS stop smoking services. Staff reported NRT patches being mixed with tea leaves and rolled into make shift cigarettes using thin paper from the pages of the Bible or Quran. They were ignited by 'sparking' electricity supplies to in-cell TV's, cell lights and switches or kettles. The illicit economy in NRT patches expanded along with the associated incidents of debt, bullying and harm. The safety of staff and those in prison was being compromised by the damage to electrical fixtures and fittings and, in some cases, an increase in smoke in the air.

Engagement with prisoner groups consistently highlighted that without a credible alternative to tobacco we would not be able to effectively stop them smoking. HMPPS consulted with manufacturers and prison retail providers to source a rechargeable, refillable product that would satisfy security considerations, culminating in the introduction of a vaping device that could be recharged in-cell using USB technology.

The rechargeable devices were trialled in prisons in Wales first to monitor impact while ensuring they did not introduce any additional risks. This trial took place alongside the national roll out and security colleagues played an integral part in developing our proposals for their introduction assuring establishments the equipment was safe to use.

Prisons went smoke free with access to rechargeable vaping devices from October 2017. Subsequently additional flavours and strength of vape capsules have been introduced. The introduction of the rechargeable devices not only reduced the practice of smoking other

items, but was also accepted by those in prison as evidence of our real commitment to supporting them in the transition to living smoke free and removed any residual concerns of massed, organised resistance.

Prison Retail

As well as offering disposable e-cigarettes and rechargeable vapes for sale through the prison canteen, HMPPS also improved and increased the range of healthy food options to respond to prisoner feedback about concerns they might put on weight as a result of not being able to smoke. Also distraction activities such as puzzles, mindfulness books and hand held games were added to the retail lists to help prisoners break their smoking habits and cravings.

Safer Custody

There were concerns that preventing men and women in prison from smoking would increase safer custody risks, such as self-harm and suicide. Learning from the introduction of smokefree policies in the mental health secure estate indicated that with the right care and support vulnerable people with complex needs could be safely transitioned to smokefree. Similarly advice from PHE was that *“smoking cessation is associated with reduced depression, anxiety, and stress and improved positive mood and quality of life compared with continuing to smoke”*. <https://www.gov.uk/government/publications/smoking-in-prisons-management-of-tobacco-use-and-nicotine-withdrawal>

As a result we included requirements for a risk assessment to be undertaken for all those with specific challenges, such as substance misuse, learning difficulties, self-harm, mental health, long-term significant tobacco use or prescribed specified medications to ensure nicotine withdrawal was appropriately managed and medication adjustments were made in the readiness process.

Analysis to identify the impact of the roll out on incidents of self-harm, violence and fires were carried out throughout, which indicated there were no statistically significant difference in levels of violence and or self harm related to prisons going smoke free.

Prisoner Reactions

Despite significant negative media coverage throughout the project, we have experienced no significant acts of disturbance solely related to going smokefree. There were disturbances at some prisons during the course of the roll out which resulted in the loss of accommodation, each incident was investigated and smokefree was identified as a small contributory factor in a limited number of these incidents with other factors being seen as more significant. The one exception, where smokefree was identified as the cause, was at a women’s prison where a number of women refused to return to their cells in protest at the forthcoming ban – the incident was resolved peacefully following a short negotiation. Analysis of these incidents highlighted the importance of prisons operating a reliable regime at the time of implementation.

Project Evaluation

Although the project is starting to wind down, there is a need to ensure the impact of smokefree continues to be monitored and services are embedded into prison operations. Despite the predicted mass resistance to the smokefree roll out not materialising, some individuals in prison are challenging the policy either through misuse of NRT and vapes or through attempts to traffic tobacco. The number of reports by staff of being approached by prisoners to traffic tobacco for money has also increased as the roll out has progressed. HMPPS continues to monitor prisoner behaviours and will provide national responses as required.

HMPPS has decided not to extend smokefree into the open estate and will continue to operate the policy of no smoking inside prison buildings. However, it has been noted that fewer prisoners are purchasing tobacco items in open prisons suggesting that many, once they have stopped or moved to alternatives while in the closed estate, are choosing not to return to smoking tobacco again once in open conditions.

HMPPS is undertaking an evaluation of the entire smoke free prisons project and will continue to work in partnership with our health colleagues (NHSE / PHE), to ensure a sustained smoke free culture. To inform the evaluation, NHSE have commissioned User Voice to undertake an evaluation of prisoners' experiences. HMPPS has commissioned further air quality testing at the original 10 testing sites and at an open prison. In addition we continue to collate and analyse intelligence data and continue to monitor the provision of smoke cessation services, so we can respond to the needs of the population and sustain a safe smokefree closed prison estate for all who work and live there.