

Annex A

Response form

1. In order to achieve smoke-free mental health services in Scotland, how do you think we should proceed? (please tick **one** box)

Retain the status quo (leaving the current exemption)

Produce detailed guidance material without the need to amend existing legislation

Remove the existing exemption which permits smoking in designated rooms by amending the existing legislation

Don't know

Please provide any suggestions, reasons or other comments here.

Patients who smoke should be able to obtain and use tobacco while undergoing psychiatric care. Study (http://psychminded.co.uk/news/news2008/may08/Smoking_ban_psychiatric_units003.htm) claims most patients oppose ban in units; MHAC report <http://www.mhac.org.uk/files/Nottinghamshire%20Healthcare%20NHS%20Trust%20-%20Rampton%20Hospital%20Annual%20Report%20Jan%202008.pdf> (para 2.5) on Rampton patients not wanting to give up smoking, not agreeing with the ban, fearing impact on physical and mental health of having to stop smoking. Also Broadmoor is featured in <http://www.mhac.org.uk/files/West%20London%20Annual%20Report%202008.pdf>, see quoted material at 2.4.14 regarding secretive smoking.

2. (a) How extensive do you think smoke-free mental health services should be?

Complete i.e. both buildings and grounds

Partial i.e. buildings only

Don't know

Please provide any suggestions, reasons or other comments here.

No boxes ticked. See response to question 1. What are we being consulted about? Why are grounds being brought into this, when there is no legal provision for banning smoking in the grounds? You are consulting on removing an exemption, not on bringing in more restrictions.

2. (b) If you think it should be complete, how should it be implemented?

In one step

Phased over a long period of time

Don't know

Please provide any suggestions, reasons or other comments here.

No boxes ticked, see question 1.

3. What type of support do you think is required to help achieve smoke-free mental health services in Scotland? (Examples – stop smoking support, training)

Please provide any suggestions, reasons or other comments here.

See question 1. No change is required.

4. Please let us know about any other views that you have about smoke-free mental health services.

This is a consultation not about 'whether' to go smoke free but how far and how fast to go smoke free. Our opposition to going smoke-free is unreserved but our main response to the consultation itself is the biased way in which it has been presented.

We have complained about this consultation already and requested its withdrawal because it refers to questionable material in its preamble (17 per cent reduction in heart attack admissions for example), and provides no supporting information for consultees to check the claims up for themselves.

We find the line of questioning to be misleading also. Only question 1 refers to the option of retaining the status quo. The other questions assume an acceptance that we are going smoke-free. Has the decision been made already or not? Readers unaware of the pitfalls may answer 'don't know' to the question 'how soon should smoke-free be implemented', when they really want to say that they don't want it to be implemented at all. It is unethical to present leading questions in this way. Statistics reporting the findings of this consultation will be misleading, as they will not reflect the views of people who do not wish the smoke-free policy to proceed.

Similarly the facilitation notes advice to 'stimulate debate (the summary points below may be helpful) but do not attempt to "steer" views in a particular direction' is quite disingenuous as the summary points give a 'case for' scenario and 'keys to success' in implementing the policy, with no alternative view presented. Is this what passes for objectivity?

The text of the consultation document states that mental health professionals have stated a preference for going smoke free, but does not refer to any opinion expressed by patients, or by mental health staff working south of the border who already experience a smoke-free regime. For an alternative medical view see <http://www.guardian.co.uk/society/2008/nov/03/mental-health-law-letter-nhs>. See links in question 1 for specific evidence about patients' views.

Summary of points against:

1. The consultation document is flawed and misleading for reasons described above.
2. A smoking ban is not necessary. There is an abundance of equipment available to deal with air quality in hospital settings (see <http://www.iqair.com/uk/professional/applications/hospitals.php>. The link gives a list of the range of uses that air cleaning systems must meet in general as well as psychiatric hospital units, including operating theatres and other situations where air quality is critical).
3. Autonomy of patients is removed when their freedom to smoke is taken away. Many do not wish to give up smoking when in hospital, and nicotine is not a substitute for people who don't wish to give up. The link above referring to patients at Rampton lists patients' concerns: that they do not wish to give up smoking, that they fear weight gain and that their mental stability will be impaired if obliged to stop smoking.
4. Risks associated with cessation: The consultation does not specify what forms of cessation will be recommended to patients, however concerns about Champix/Chantix are well documented. According to a news article published in the current issue of the Journal of the

American Medical Association (JAMA), evidence is mounting that supports the conclusion that use of the smoking cessation drug varenicline (Chantix) is associated with suicidal ideation and behavior in a substantial number of treated patients (see: Kuehn, B.M. Studies linking smoking-cessation drug with suicide risk spark concern. JAMA 2009; 301(10):1007–1008.) Patients will have the side effects of withdrawal and other adverse reactions from cessation medication as well as their illness and associated medication to contend with. The view that mental health among other exemptions should be respected was shared by MSPs noted for their support of smoke-free provisions in other circumstances. Prior to the smoking ban legislation being implemented, former Health Minister Andy Kerr said there were 'obvious humanitarian reasons for that exemption'. 'Psychiatric hospitals and units were included on the list [of exemptions] because clinicians and others told us that would be appropriate, if individuals' overall health and well-being were to be looked after' (<http://www.scottish.parliament.uk/business/committees/health/or-05/he05-0902.htm#Col1836>). What has now changed? If that statement was valid then, it must surely be valid now.

The SPICe brief of September 2005 makes specific mention of the Health Minister's 'compassionate reasons' for exempting psychiatric hospitals and units from the smoking ban, and these reasons still apply.

5. Fire safety: see John Dent's letter at

<http://www.guardian.co.uk/society/2008/nov/03/mental-health-law-letter-nhs>. This also offers a view from a mental health practitioner who does not support a smoke-free policy in psychiatric units

Annex B

Respondent information form consultation on achieving smoke-free mental health services in Scotland

Please complete the details below and return it with your response. This will help ensure we handle your response appropriately. Thank you for your help.

Name: Freedom to Choose (Scotland)
Postal Address: c/o The Dalmeny Bar, 297 Leith Walk, Edinburgh
Postcode: EH6 8AS
e-mail: belinda345@yahoo.com

1. Are you responding: (please tick one box)

(a) as an individual go to Q2a/b and then Q4

(b) **on behalf of** a group/organisation go to Q3 and then Q4

Individuals

2 (a) Do you agree to your response being made available to the public (in the Scottish Government library and/or on the Scottish Government website)?

Yes (go to 2b below)

No, not at all - We will treat your response as confidential

2 (b) Where **confidentiality is not requested**, we will make your response available to the public on the following basis (please tick **one** of the following boxes)

Yes, make my response, name and address all available

Yes, make my response available, but not my name or address

Yes, make my response and name available, but not my address

On behalf of groups or organisations:

3. The name and address of your organisation **will be** made available to the public (in the Scottish Government library and/or on the Scottish Government website). Are you also content for your **response** to be made available?

Yes

No We will treat your response as confidential

Sharing responses/future engagement

4. We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for the Scottish Government to contact you again in the future in relation to this consultation response?

Yes

No

Please email your response **by Monday 6 April 2009** to Lee-Anne.Smith@scotland.gsi.gov.uk or in hard copy to: Lee-Anne Smith, Scottish Government, Public Health Division, Mailpoint 3E North, Tobacco Control, Area 3EN, St Andrew's House, Regent Road, Edinburgh EH1 3DG