

Briefing Note

Title

Summary of proposed changes to allow smoking at mental health and addictions facilities under the jurisdiction of Eastern Health.

Topic

The Newfoundland and Labrador Government recently announced plans to replace and redesign the Waterford Hospital and Psychiatric Unit as part of its 2017 Mental Health and Addictions Action Plan. This provides an opportunity for Eastern Health policy to be amended to allow individuals with mental illness and/or addictions to have access to supervised smoke breaks while receiving inpatient treatment.

Background

In 1994 Newfoundland and Labrador banned smoking in public spaces including schools, hospitals, and recreational facilities. From 1994-2002, smoking was still allowed in food and drink establishments as well as commercial establishments and workplaces that provided designated smoking area. Amendments to The *Smoke-Free Environment Act* in 2002, extended the ban to include these spaces. By 2005 The *Smoke-Free Environment Act* fully prohibited smoking in all public spaces including licensed bars and nightclubs, and all work places. Although overall rates of smoking in the province have declined since 2005, research and statistical analysis has shown that trends in smoking among citizens who suffer from mental illness and/or addictions has remained relatively unchanged (El-Guebaly et al., 2002).

Status

According to the Centre for Addiction and Mental Health, people with mental illness and/or addictions issues are 70% more likely to smoke and 50% less likely to quit. In 2009 Eastern Health introduced a Smoke-Free Environment policy, the policy eliminated smoking at all Eastern Health operated facilities and properties. Resulting from the policy, clients seeking treatment for mental health and addictions have been reluctant to voluntarily admit themselves for inpatient care. However, sections 4(1.2a,b) of the *Smoke-Free Environment Act* make exemptions for healthcare facilities that provide long-term care as well as psychiatric facilities and units, to allow inpatient smoking in designated areas. While smoking is bad for the entire population, the general consensus amongst those at the front line of mental health, addictions and community services is that, for individuals with mental illness and/or addictions, Eastern Health's Smoke-Free Environment Policy is preventing patients from receiving treatment and further contributing to the cycle of illness.

Key Considerations

As the province continues to work towards providing better mental health and addictions services, several important facts, decisions, and pieces of legislation must be considered:

- Smoke-Free legislation permits exemptions.
 - 2005 *Smoke-Free Environment Act*, section 4(1:2a, b), exempts healthcare facilities that provide long-term care, as well as psychiatric facilities or units. The section allows smoking for inpatients in a designated smoking area.
 - Section 37(1,2) of the *Smoke-Free Environment Act* allows for attending physicians to issue passes to patients that permit them to be absent from the psychiatric unit for a specified period of time, under certain conditions.

- Smoking as a coping mechanism for individuals with mental illness and/or addictions.
 - There is growing evidence that nicotine functions to stabilise physiological dysfunctions in schizophrenia, auditory sensory gating and abnormal smooth-pursuit eye movements. Additionally, the dopaminergic and glutamine alterations created by nicotine are thought to improve negative symptoms of depression (El-Guebaly et al., 2002).
 - The act of smoking creates a sense of normalisation for individuals living with mental illness and/or addictions.

- Taking a harm reduction approach to treatment, rather than imposed smoking cessations in care.
 - There is currently a social belief that patients with mental illness can “easily” quit smoking if they receive smoke cessation medications and psychotherapy (El-Guebaly et al., 2002).
 - Research has found that policies that ban smoking completely have no impact on the goals of smoking cessation (El-Guebaly et al., 2002).

- Evidence from other jurisdictions support supervised smoke breaks for individuals with mental illness and/or addictions.
 - In 2018, the Prince Edward Island government announced that following a psychiatric assessment, individuals seeking care in any of the island’s three large hospitals may be granted supervised excursions.
 - In Newfoundland, long-term treatment facilities, like the Grace Centre and Humberwood, permit off-property smoke breaks for inpatients.

Recommendations

The 2017 Mental Health and Addictions Action Plan aims to provide consistent, effective, and practical approaches to mental health care across the province. Therefore, it is recommended that the Department of Health and community services works with Eastern Health to amend its no-smoking policy to lessen barriers to services and encourage the voluntary admission of individuals seeking mental health and/or addictions treatment. Additionally, the province and Eastern Health should take a harm reduction approach that prioritizes the treatment of individuals with mental illness and/or addictions without enforcing smoking cessations. Eastern Health and the province should look towards the example set by P.E.I. and other facilities in this province, and in other provinces across Canada, that offer supervised breaks and a safe area to carry out those breaks.

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