

Cabinet Paper

Title

A proposal to change the smoking policies of mental health and addiction facilities under the jurisdiction of Eastern Health.

Proposal

Cabinet is being asked to decide if changes are needed to Eastern Health's Smoke-Free policy. Cabinet is also being asked to create infrastructure that would allow for these policy changes to be implemented with a harm reduction approach in mind.

Executive Summary

The purpose of this Cabinet submission is to highlight the importance of allowing mental health and addictions patients to smoke while seeking treatment, therein taking a harm reduction approach at the existing Recovery Centre as well as in the redesign of the Waterford Hospital's Psychiatric Assessment Unit, Short Stay Unit, and Acute Care Unit. The new build at the Waterford is an opportunity for the Newfoundland and Labrador government to work with Eastern Health to reduce the barriers that many face in trying to access mental health and addiction services. The objectives of the 2017 Mental Health and Addictions Action plan are to transform the mental health and addiction services in Newfoundland and Labrador to ensure that the population has access to improved services, quality of care and community support. As such, approaching the policy objectives from a harm reduction perspective will help achieve the desired outcomes. The 2005 Smoke-Free Environment Act is rooted in a framework of public health and safety. The Act highlights the importance of a smoke-free environment in improving the general health of the population in the long term. However, Eastern Health's Smoke-Free policy eliminates smoking at any Eastern Health operated facilities and properties and inadvertently creates barriers to clients seeking life-saving mental health and addictions treatments.

Background

In 2005 *The Smoke-Free Environment Act* prohibited smoking in all public space. Although, overall rates of smoking in the province have declined since 2005, research and statistical analysis has shown that trends in smoking among citizens with mental health and addiction illnesses has remained relatively unchanged. In 2009 Eastern Health introduced a Smoke-Free Environment policy, the policy eliminated smoking at all Eastern Health operated facilities and properties including residential sites where mental health and addiction services are provided. Community service providers argue that the policy has made clients seeking treatment for mental health and addictions reluctant to voluntarily admit themselves for inpatient care if they are not willing or ready to quit smoking, even temporarily.

Cabinet must decide on changes to Eastern Health's Smoke-Free policy and consider the application of a harm reduction approach to infrastructure development, especially tied to the existing Recovery Centre and the building of the Waterford Hospital and Psychiatric Unit, because research and anecdotal evidence from community service providers show that smoke-free policies can hinder access to services for persons seeking treatment for mental health and/or addictions. While medical professionals and the province agree that smoking is bad for the entire population and that no-smoking policies are essential to providing patients the most efficient care, the consensus among those at the front line of mental health and addiction services in the community is that no-smoking policies create unnecessary barriers for clients seeking treatment for life-threatening mental illness and/or addictions.

Comment

According to Statistics Canada (2017), 18.5% of Newfoundland and Labrador's population are smokers. The 2017 report, *Tobacco Use in Canada: Patterns and Trends* found that approximately two-thirds of the current smokers were seriously considering quitting smoking within the next year, while over half had tried to quit in the past year. The report found that less than one-third of population that had quit in 2017 were still abstinent from smoking. Quitting smoking, even with access to telephone quit-lines and smoking cessation treatment, remains difficult for the majority of smokers. Additionally, the Centre for Addiction and Mental Health, found that persons with mental health and addiction issues are 70% more likely to smoke and 50% less likely to quit. In fact, individuals with mental illness and substance abuse disorders are estimated to spend up to 40% of their income on tobacco, at the expense of food, housing and social activities. Furthermore, the statistics presented in the *Towards Recovery* report estimated that between 70-90% of people with severe and complex mental health illnesses were unemployed. In tandem, these statistics demonstrate the role that smoking plays in the lives of people with mental health and addictions illnesses—a role that the province must consider in its treatment facilities.

There is growing evidence that suggests that nicotine has the ability to function as a stabiliser to physiological and neurobiological dysfunctions in persons suffering from various mental illnesses, including but not limited to schizophrenia and depression. Nicotine has been shown to increase the release of dopamine in the brain and reduce some of the negative symptoms associated with mental illness. Additionally, nicotine is thought to improve the ability of nerve cells to send signals to other cells, which in turn improves attention, concentration and memory. The act of smoking creates a sense of normalisation. Further, it is thought to increase relaxation, while reducing levels of anxiety. The act of smoking, provides a source of pleasure for persons suffering from mental health and addiction illnesses which can be otherwise limited. In essence, from a physiological and neurobiological perspective, smoking may be one of few legal methods of self-medicating for individuals with mental health and substance abuse disorders. It is therefore crucial that a harm reduction approach be applied to future smoking policies to ensure that individuals are not faced with unnecessary barriers while seeking the treatment and support they need.

While there is no evidence to suggest that smoke-free policies, like that of Eastern Health, have been completely successful in promoting a healthier and safer environment; research has found that such policies have no major, long-standing impacts in terms of behavioural indicators of unrest or noncompliance from persons receiving treatment. The mental health and addiction system must consider the health priorities of patients seeking treatment. While smoking is bad for anyone's health, for individuals with severe mental health and addictions disorders it is not the immediate health concern, thus policy should be changed to recognise immediate and long term needs to better mental health and addictions treatment before implementing smoking cessations.

The *Towards Recovery* report called for urgent replacement and redesign of the Waterford Hospital and the Psychiatric Unit. The current facilities do not adeptly meet the needs of the population of St. John's or the entire province. The current attitudes around the facilities are fear of inadequate care, restrictions and isolation, as well as distrust of staff. The building is not designed to create an environment that emphasises the application of harm reduction approaches to health care. The redesign should consider the creation of infrastructure that supports the immediate and long term needs of patients. A designated outdoor area should be

created to give patients the opportunity to go outside and take a break from the pressures of seeking treatment. A recent article in the *Journal of Substance Abuse Treatment*, found that adults with mental health and substance abuse issues responded more efficiently to programs and treatment when allowed to have moments to take a break and make connections outside of their regular routine. These breaks often looked like smoking outside with peers, which provides patients with a chance to reflect on what they are learning.

The *2005 Smoke-Free Environment Act*, section 4(1:2a, b), exempts health care facilities that provide long-term care, as well as psychiatric facilities or units from the prohibition of smoking. 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. It is therefore important that this section of the Act is promoted to health professionals to raise awareness to the fact that they are able provide provisions for patients who smoke.

Consultation

There are many stakeholders who have been consulted throughout the process of changing policy and redesigning the Waterford Hospital in order to ensure that the goals of the 2017 Mental Health and Addiction Plan are met in the most efficient manner. The Department of Community and Health Service, along with the Provincial Mental Health and Addictions Advisory Council must communicate with front line service providers at organizations like Thrive, Stella's Circle, The Gathering Place, Choices for Youth, SWAP, SHOP, our city's shelters and the province to aid with creation of policy changes that remove barriers to access to care. Consulting those at the front line will provide an opportunity for the government to consult with people who access mental health and addictions services. Consultation with the public is important to removing stigma around mental health and addictions issues in the province. Consultation with Humberwood in Corner Brook and The Grace Centre in Harbour Grace, would be important as they currently have treatment plans that take into consideration the role of smoking for patients within their care.

Additionally, the government should seek the expertise of professors and researchers at Memorial University and the St. John's Downtown Healthcare Collaborative. This would provide localised research into mental health and addiction issues affecting the province. Additionally, consulting experts in the psychological and neurological effects of smoking is essential to the creation of treatment programs and infrastructure that provide the best quality treatment for persons with mental illness and addictions. The government should also consult with private organizations such as Homewood Health Centre Inc., who planned and developed the Adult Addictions Treatment Centre in Harbour Grace as well as government run treatment centres in other provinces operating within a harm reduction framework.

Financial Implications

The economic cost of mental illness in Canada is estimated at \$51 billion per year. This cost includes health care and loss of social and economic productivity. As of 2017 the provincial government has been allocated \$73 million into mental-health services over the next 10 years in the federal budget, \$1.4 million of that will be spent this year. The province hopes to increase the mental-health budget from 3.3% to 9% of the total health care budget within the next five years to put the province in line with the national average. Provincially, the Government of Newfoundland and Labrador has added an additional \$5 million for the

implementation of the recommendations highlighted by the all-party committee in the Towards Recovery report.

Moreover, the province has made a commitment to investing \$43 million in the infrastructure and equipment of health facilities. This includes a \$7.5 million advance for urgent replacement of the Waterford Hospital. According to service providers in the city, changes in the Eastern Health Smoke-free policy and a redesign of the Waterford that allows the changes to the policy to be actively implemented would decrease barriers to accessing services and reduce some of the pressures of treatment, therefore increasing the success of treatment and illness management. A harm reduction approach would promote the use of funding in ways that meet the long-term health goals of the patients in the community, and therefore reduce the long term costs to the province.

Gender Perspective

Cisgender men with mental health and addiction issues are more likely to smoke and refuse voluntary admission for treatment if unable to smoke. While young cisgender women are 1.5 times more likely than young cisgender men to seek treatment. Transgender and non-binary people are less likely than cisgender people to seek mental health and addictions treatment. Barriers like no-smoking regulations further complicate access to mental health and addictions services by transgender and non-binary people.

Indigenous Perspective

The traumatic effects of colonization, land resettlement, the sixties scoop and residential schools have contributed and continue to contribute to the loss of indigenous culture, language and identity. These intergenerational traumas have contributed to the disproportionate representation of mental health and addiction issues and suicide in indigenous populations across Canada.

Disability Perspective

Disabilities may be permanent, temporary or sporadic, and in some cases, they may not be visible. An individual's disability may be the result of bodily or mental impairments, and may affect their ability to function in certain spaces. The additional barrier of a no-smoking policy further hinders access to mental health and addictions services for people with disabilities.

Rural Perspective

Rural residents in Newfoundland and Labrador have reduced access to mental health and addictions services, treatment, and recovery centres. Rural residents must travel further to get the care they need. Barriers to access, like no-smoking regulations, further complicate access of rural residents to these important services.

Environment Perspective

There is little evidence to suggest that smoking disproportionality effects the environment any more than other pollutants.

Communication Strategy

It is crucial that a concise and clear communication strategy is created to facilitate full participation from the public and stakeholders. Full community participation will contribute to dispelling stigma and misinformation that surround mental health and addiction issues. The Department of Health and Community Service should hold a public forum to answer

questions from the report, regarding the proposed changes. This will allow for further collection of experiences from persons with mental health and addictions issues, families, youth, and service providers that would provide insight into changes to the policy and the redesign of the Waterford Hospital's Psychiatric Unit and the Recovery Centre.

When presenting the improved policy to the house of Assembly and the public, facilitators should highlight the experiences of those affected by mental health and addictions issues. A published report should demonstrate how the proposed changes will remove barriers to access to mental health and addiction services and therefore have economic and social benefits that will contribute positively to the overall development of the province. This report should be made into a condensed pamphlet that will be available at all Eastern Health facilities, as well as online.

Recommendations

The Minister of Health and Community Services recommends that Cabinet work with Eastern Health and stakeholders to implement a harm reduction approach to Eastern Health's smoke-free policy by creating designated smoking areas for patients receiving mental health and addictions services at the Waterford Hospital and the Recovery Centre. If approached appropriately, pursuing these recommendations has the potential to produce outcomes that would reduce barriers that prevent access to mental health and addictions treatment and care, and would help meet the objectives of the 2017 Mental Health and Addictions Action Plan. Therefore, the Minister of Health and Community Services recommends that the provincial government:

- 1) Work with Eastern Health and community service providers in the amendment of their Smoke-Free Policy.

Approaching the Smoke-Free Policy with harm reduction in mind will prioritize the immediate treatment of individuals with mental health and addictions issues and allow for the provision of better long term care and treatment. The amendment would encourage admission and facilitate a holistic recovery environment.

- 2) Ensure that the Recovery Centre and the rebuild of the Waterford Hospital and other Eastern Health facilities have the infrastructure needed to support the policy changes.

The rebuild should include an enclosed outdoor area, within view of staff and security, similar to those found in other government buildings, such as the confederation building. The space would be a safe and communal place to take breaks, this would therefore allow for social interactions outside of treatment programs. This has the potential to create healthier relationships between participants, visitors, social service providers, and hospital staff.

- 3) Examine the programs at Humberwood and The Grace Centre to develop treatment programs and facilities that accommodate smoking.

Both the Grace Centre (Harbour Grace) and Humberwood (Corner Brook), allow for scheduled breaks between programs. These breaks can be used by all program participants to get air and move around, or to smoke. The designated breaks, are included as an essential part of participants' routines. This ensures that the breaks do not act as removal from the program, but function as an opportunity for reflection.

- 4) Promote to health care professionals that the 2005 Smoke-Free Act allows them to make exemptions to no-smoking policies.

The promotion of Section 37(1,2), to health care professionals should raise awareness that they are able to provide provisions for mental health and addiction patients who smoke.

Alternatives

Alternative #1: Additional consultation with Eastern Health

Conducting further consultation with Eastern Health, would only delay making amendments to a policy that is currently acting as a barrier to care. Consultation with front line service providers has suggested that this policy is already targeting some of the most marginalised and stigmatised people in Newfoundland and Labrador. The All-Party Committee report has carried out extensive consultations with stakeholders across the province, and has clearly identified that more active progress needs to be made to improve mental health and addiction services. Further consultation would simply delay the application of the recommendations made in the report, consequently delaying the objectives of the 2017 Mental Health and Addictions Action Plan. Additionally, the cost of further consultation would have to come out of the health care budget. This would reduce the amount of spending available to other mental health and addictions priorities. The funding should be used for the facilitation of active changes in policy, rather than further consultations with Eastern Health.

Alternative #2: Increasing security at Eastern Health facilities.

Increasing security at Eastern Health facilities to allow patients to smoke outside, in areas close to the building, such as the parking lot. This alternative would increase the amount of spending allocated to staffing and running Eastern Health facilities. It would act to further stigmatise mental health and addictions. Consequently, this would increase the pressures experienced by people seeking treatment. Additionally, increases in security have the potential to not only increase feelings of criminality experienced by people seeking care, but also by visitors, social workers, and hospital staff. This feeling of criminalisation has the highest impact on people belonging to marginalised groups, including but not limited to indigenous peoples and immigrants.

These actions are not recommended.

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