NHS Health Scotland

Smoke-free prisons pathway:

A service specification supporting people in our care

November 2018

SPS SCOTTISH PRISON SERVICE

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Executive summary

This pathway defines the minimum requirements for services to be offered in all prisons, including standards for interventions and pharmacological support for managing nicotine addiction across Scotland.

On admission, in reception, every person coming into prison custody who identifies as a current smoker or vaper may have the option of accessing a single use e-cigarette. The five options for onward support and referral are:

- Option 1: withdrawal from nicotine with NHS supplied nicotine containing products.
- Option 2: withdrawal from nicotine using e-cigarettes, purchased by individuals in custody from the prison canteen, with NHS behavioural support.
- Option 3: nicotine withdrawal symptom management and gradual detoxification, for those with no funds.
- Option 4: self-management of nicotine dependency using self-purchased items that replace the nicotine in cigarettes with less harmful nicotine containing products.
- Option 5: Abrupt cessation (no demand for support) with access to diversionary activities.

Further assessment opportunities to ensure that an individual is coping without tobacco include the Induction Process, Core Screen, further holistic assessment by the NHS, case review and *Talk to me* case conferences.

The Quit Your Way[*] Prisons service provided by the NHS includes group support, one to one support and pharmacotherapy. In cell and out of cell activities, self-funded by individuals or provided by the prison establishment form a key part of coping in a smoke free environment. Peer support models and the role of family and friends also feature in providing support to individuals managing without tobacco.

[*] Quit Your Way is the national identity applied to all national and local stop smoking services in Scotland.

Pre-release, transfer and throughcare in the community are important stages in the latter part of the pathway, to ensure continuity of service provision.

A number of treatment regimens are recommended for the support of a quit attempt in the prison environment including varenicline and nicotine replacement therapy (NRT) products.

Three staff training and CPD opportunities are available:

- Raising the issue of smoking
- Health-related behaviour change
- Specialist adviser training pathway.

Data collection by the prison service providers and the NHS in relation to six intermediate outcomes and related measures are included to follow an individual through the pathway.

Glossary

E-cigarettes: Both first generation (single use e-cigarettes) and second generation rechargeable vaping devices

Liberation: The point at which an individual is released from custody

NRT: Nicotine Replacement Therapy

NCSCT: National Centre for Smoking Cessation Training

Pharmacotherapy: Medical treatment by means of drugs (e.g. varenicline)

PR2: Prisoner Record – the SPS IT recording system of an individual's period in custody

QYWP: Quit Your Way Prisons – the title for the provision of the services by specialist advisers trained to support an individual to withdraw from their nicotine addiction

SODEXO/SERCO: The two companies providing services on behalf of the SPS from the private sector: Addiewell (SODEXO) and Kilmarnock (SERCO Ltd)

SFP: Smoke Free Prisons

SWS: Social Work Services (Criminal Justice)

Vaper: Someone who uses any type of e-cigarette

Vaping: Using any type of e-cigarette – single use or rechargeable

Varenicline: A prescription medication used to treat nicotine addiction. It both reduces cravings for and decreases the pleasurable effects of cigarettes and other tobacco products. The trade name is Champix

VISION: The NHS's GPIT digital recording system of an individual's personal health record while in prison

Introduction and aims

1 This document defines the minimum requirements for services to be offered in all prisons in Scotland from 30 November 2018, in support of the Scottish Prison Service (SPS) smoke-free prisons policy. The specification outlines standards for training, interventions and pharmacological support for managing nicotine addiction in prisons. All prisons in Scotland are expected to meet these minimum standards.

2 Raising Scotland's Tobacco-free Generation: Our Tobacco-Control Action Plan 2018 articulates the Scottish Government's vision for a tobacco-free Scotland by 2034 and actions to support smoke-free prisons (Scottish Government, 2018). Creating a smoke-free prison service is seen as an important step towards achieving both the aim of a smoking prevalence of less than 5% and reducing health inequalities, since approximately 75% of the prison population are smokers (Brown et al, 2018).

3 The implementation of this specification will make a significant contribution to reducing the harm from tobacco, addressing the public health priority (4): 'A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs' (Scottish Government, 2018).

4 The aims of the specification are to:

- support an individual in a smoke-free environment, through a close **partnership** between the NHS and SPS, along with third sector providers
- work towards **consistency** in delivery of services for individuals in our care across the estate, which is comparable to what is available in the community
- provide **timely** access to support, seamlessly transferred to the community
- communicate a clear model, jargon free, to **manage expectations** of individuals in our care and all stakeholders

- provide a **holistic, person-centred** model of care, joining up smoking dependency with support for other addictions or health behaviour change activity
- be **evidence informed**, from peer-reviewed research (e.g. the Tobacco in prisons (TIPs) study) and from the learning from HMPPS, NHS England and Public Health England.

5 The specification has been agreed by NHS Health Scotland, the Scottish Prison Service and the Scottish Government.

6 This specification acknowledges five models of care, for those requiring support to manage nicotine addiction. The distinction between these interventions and how and when they should be delivered is set out in this document.

7 The specification will be reviewed in summer 2019, along with the Health Inequalities Impact Assessment (Appendix 3) and updated in 2019/2020.

Outcomes

8 Service providers will work in partnership to contribute towards achieving the following outcomes in Table 1, and will consider all opportunities to enhance the quality of care.

9 Related performance measures are included on page 45.

Table 1: summary of outcomes for the specification

Short-term outcomes	**Medium-term outcomes**	**Long-term outcomes**
Increased 'withdrawal' attempts using evidence based methods (via support options 1 and 2). Increased consistency of prescribing across establishments.	1. Increased number of smokers who become free from dependence upon tobacco/nicotine.	Reduced tobacco-related morbidity and mortality and inequalities.
Increased availability of e-cigarettes to purchase through the prison canteen.	2. Reduction of harm to health by use of e-cigarettes.	Reduced tobacco-related morbidity and mortality and inequalities.
An increase in the range of timely communications, accessible to individuals in our care and staff, to explain the risks of tobacco/nicotine use	3. Increased understanding of the risks of tobacco/nicotine use and knowledge of how to access support.	Reduced tobacco-related morbidity and mortality and inequalities.

Short-term outcomes	Medium-term outcomes	Long-term outcomes
and range of support options available.		
Increased opportunities for individuals in our care to be involved in influencing the design and delivery of services and support.	4. Empowered and engaged individuals in the design and delivery of services and support networks.	Reduced tobacco-related morbidity and mortality and inequalities.
Improved communication between providers managing transfers and releases.	5. Improved throughcare and continuity of care between hospital, prison and community settings.	Reduced tobacco-related morbidity and mortality and inequalities.
Increased enforcement of tobacco as a prohibited item.	6. Reduced exposure to second-hand smoke.	Reduced tobacco-related morbidity and mortality and inequalities.

The pathway

10 The individual will pass through five stages in their journey through smoke-free prisons:

- Admission
- Further assessment
- Support
- Pre-release and transfer
- Transition to the community

11 A detailed process map illustrating the pathway is available here: www.healthscotland.scot/health-topics/smoking/smoke-free-environments

Police custody

12 Time spent in police custody has an impact on how an individual presents on admission to prison (Graham et al, 2017). Smoking is not permitted in police custody. The vast majority of smokers can refrain from smoking for a period, but the effects of withdrawal from any substance, including tobacco smoking, are likely to be exacerbated by the circumstances of enforced detention.

13 The vast majority of people in police custody do not routinely engage with community healthcare services. Police custody therefore presents an opportunity to promote smoking cessation through brief interventions, where appropriate, with signposting to local support agencies.

14 Nicotine replacement therapy (NRT) may be offered to people in police custody. However, due to the varying healthcare delivery models and the number of police custody suites, it is not considered to be practical or feasible to provide this routinely across the Police custody estate at the present time. A number of NHS Boards are developing protocols for NRT provision and lessons from implementation will be cascaded across the Police Care Network with a view to the network making a recommendation with regards to NRT provision in the future.

Admission

15 This section includes descriptions of two stages of the admission process:

- Reception interview with a prison officer.
- Immediate healthcare assessment by an NHS prison healthcare nurse.

Reception interview by prison officer

16 During the reception process, prison staff will ask people coming into custody about their smoking status. The response will inform the individual's cell-sharing risk assessment. People who do not use e-cigarettes will not be placed in the same cell as those who do use e-cigarettes unless it is unavoidable for operational reasons. This is because most people who do not use e-cigarettes would prefer not to share a confined space with someone who does. There may be occasions when this cannot be accommodated due to appropriate cells not being available. This issue is covered in the SPS Cell Sharing Risk Assessment process.

17 If the person identifies that they are a smoker, the officer will ensure the individual is aware that smoking is not permitted in any Scottish prison and inform them of the support options available for coping without tobacco. These options are summarised in an NHSHS resource which is issued by the SPS officer (*IQuit: coping without tobacco*) and are listed at point 25 in the specification.

18 From February 2019, every person coming into prison custody who identifies as a current smoker or vaper may have the option of accessing a single-use e-cigarette. This may be issued at reception by an SPS officer, to maintain their nicotine use over the first 24 hours in custody until their next opportunity to purchase items from the prison canteen. The option of a single use e-cigarette takes into account the behavioural aspect of dependence on smoking. Many people will experience heightened anxiety at the point of coming into custody and may seek to replicate familiar coping mechanisms.

People will be encouraged to find less harmful coping mechanisms during their time in custody.

19 Details of the period of provision of vaping kits by the SPS at no cost or discounted rates can be found in Appendix 8.

20 In all cases where a single use e-cigarette is provided, the individual will be informed of the NHS Health Scotland position on e-cigarettes, as defined in the consensus statement (NHS Health Scotland, 2017). This includes the message that **e-cigarettes are less harmful than smoking tobacco but most benefits come from not using nicotine in any form**. How to use an e-cigarette effectively is explained in a leaflet and DVD from the suppliers, issued by the prison's admissions officer.

21 For those who have sufficient funds (determined by the SPS), the £2.50 cost of the first night single-use e-cigarette will be claimed back from their personal accounts. Thereafter, the following items are available on the prison canteen and items can be ordered in the residential area after admission:

- Vaping kit (rechargeable e-cigarette, charger and cartridges).
- Single-use e-cigarettes (for over 18s, as with the vaping kits*).
- Nicotine replacement therapy (NRT) patches.

22 For those who are not convicted and do not have sufficient funds, at the discretion of the management, one e-cigarette may be provided at no cost to the individual to support them through the first 24 hours in custody. See option 3 at point 25 and the section **Treatment Regime** (page 33) about how this group of individuals' needs will be met after admission.

* See paragraph 119 for provision for under 18s.

Immediate healthcare assessment by NHS prison healthcare nurse

23 Everyone coming into prison custody will have an initial assessment with a nurse within 24 hours of admission, usually during the reception process.

24 NHS prison healthcare staff can access the clinical IT system (ADASTRA) used in police custody to see if the individual was supplied NRT.

25 If time allows, at the immediate healthcare assessment, prison healthcare nurses need to introduce the five models of care which are available to an individual in custody:

a. **Option 1: Withdrawal from nicotine using NHS supplied products and face-to-face behavioural support** – see full description in the **NHS QYWP support** section (page 18). In some establishments this will be delivered in partnership with prison staff to provide these specialist interventions.

b. **Option 2: Withdrawal from nicotine using e-cigarettes, with a view to being completely nicotine free (i.e. not vaping long term) with NHS face-to-face behavioural support**. See further description at point 41.

c. **Option 3: Nicotine withdrawal symptom management and gradual detoxification – for those with no funds**. The size of this population varies by establishment. This is described in the treatment regime guidance, at point 113. This option may also be offered to those on a waiting list for QYWP specialist support.

d. **Option 4: Self-management of nicotine dependency – self-purchased products from the canteen list** (e-cigs, vapes, NRT patches). Information will be available to support individuals who may require support to make the transition to these products, if they have not used them before (e.g. easy read leaflets, DVD shown during induction). It is

anticipated that the majority of people in our care will choose this option. This group should also be offered the full range of diversionary activities.

e. **Option 5: Abrupt cessation**. A small minority of individuals may choose to withdraw abruptly without any support. NHS England observed approximately 5% of the prison population choosing this option. This group should also be offered the full range of diversionary activities.

26 Appendix 6 presents how this 'offer' (the range of 5 support options) is presented to individuals in our care, within the *IQuit – coping without tobacco* resource.

27 For all models of care, prison operational staff working directly with those in custody need to be aware of the requirement to support individuals who are managing these behaviour changes and advise about the specific support available from the prison service and the NHS.

28 As a minimum, at the immediate healthcare assessment at admission, an NHS prison healthcare professional then needs to determine:

a. If an individual is interested in being referred to a specialist adviser to withdraw completely from nicotine.
b. If so, they need to be offered a referral for Quit Your Way Prisons (QYWP) specialist support. People who smoke or vape can be referred to the QYWP service at this stage. (See point 34 onwards for description of the QYWP service.)

29 All those in custody who were smokers will be eligible to receive NHS support, including those who have previously been through the service but who relapsed back to smoking on liberation, provided they:

a. express a commitment to be a non-smoker post liberation
b. commit to attend each session of a 6-week (minimum) support programme.

30 Waiting lists may exist in some establishments. However, some vulnerable groups of individuals may need to be prioritised and seen by a QYWP specialist adviser more urgently (i.e. within 72 hours), including but not limited to those:

- with co-morbidities and long-term health conditions e.g. asthma
- with severe and enduring mental health conditions and/or at risk of suicide
- who are pregnant
- with other addictions.

Further assessment – after admission

31 Many people are likely to feel overwhelmed during their admission into custody and may find it difficult to understand new information and make decisions. There are five additional opportunities (available in some establishments) after admission where an individual can discuss their nicotine addiction and how they plan to manage it. Staff involved in these processes are unlikely to have specialist knowledge but should be able to refer people in custody to sources of support.

32 The five opportunities are:

a. **SPS induction process**: Attendance is not mandatory but participation is actively encouraged and incentivised in some establishments. Strategies for coping without tobacco can be discussed at this time. The induction sessions offered to all allow for the options of support available to be further promoted and explained to individuals. At induction initial messages will be reinforced and information will also be provided on:
    - sources of support (e.g. peer supporters, substance misuse service, NHS staff, prison staff trained in smoking cessation support)
    - coping strategies (e.g. keeping occupied with in-cell and out-of-cell activity).

b. **Core Screen**: Convicted individuals serving 7 days or more will receive a Core Screen interview. The information from Core Screen will provide the

platform for specialist agencies to engage with the individual and plan activities via the Community Integration Plan (CIP) on PR2 (Integrated Case Management Practice Guidance Manual, 2007).

c. **Further holistic assessment by a member of the NHS**: In some establishments, a GP or Advanced Nurse Practitioner will conduct a full assessment of the individual's healthcare needs after admission. This is an opportunity to further explore how an individual is planning to cope without tobacco and how this may impact on other health conditions or addictions.

d. **'Talk to me' case conference**: Only those identified as being at risk of suicide will participate in a 'Talk to me' case conference. The processes set out in the SPS 'Talk to me' strategy (SPS, 2016) should be followed in every case where an individual is identified as being at heightened risk of suicide. Ensuring an individual is coping with the adjustment to a smoke-free environment should be considered within these processes. If an individual is finding it difficult to cope without tobacco, a referral to NHS QYWP services should be considered, if appropriate.

e. **Case review**: Those separated or otherwise unable to participate in the regime due to location in Separation and Reintegration Unit, Rule 95 or Rule 41 have regular case reviews. Ensuring an individual is coping with the adjustment to a smoke-free environment should be considered within these processes.

Support

33 This section of the pathway describes four types of support available:

- NHS Quit Your Way Prison specialist service
- Prison service – diversionary activities
- Peer support
- Support from family and friends

NHS Quit Your Way Prison (QYWP) support

34 This section describes the three models of care, led by the NHS:

a. Option 1: Withdrawal from nicotine using NHS supplied products and face-to-face behavioural support.
b. Option 2: Withdrawal from nicotine using e-cigarettes, with a view to being completely nicotine free (i.e. not vaping long term) with NHS face-to-face behavioural support.
c. Option 3: Nicotine withdrawal symptom management and gradual detoxification – for those with no funds.

35 The QYWP programme primarily aims to support smokers and vapers coming into establishments who identify during admission that they would like to completely withdraw from smoking or vaping and who express a commitment to continue as non-smokers or vapers post-liberation (Option 1 and 2). This service is called Quit Your Way Prisons (QYWP). This aligns with local services, which use the Quit Your Way national identity.

36 The programme outlined below is in line with NICE best practice guidance on effective interventions to support smokers to stop smoking (NICE, 2018). NHS support will help the participant:

a. receive encouragement, advice and support through the process of withdrawing from tobacco
b. cope with cravings and other symptoms, including identifying triggers to prevent withdrawal symptoms and identifying distraction activities

c. optimise their pharmacotherapy
d. develop a supportive relationship with the adviser and with other group members
e. identify other forms of support in the prison environment out with the group e.g. peer supporters, Quit Your Way Scotland helpline, champions, prison officers
f. identify smoking triggers and develop a plan on how to address these to prevent relapse during work placement, home leave and post liberation.

37 Support can be closed groups, open/rolling groups or one to one. The preferred model of support is group support (rolling or closed) as this is both more effective and a more cost-effective method of support (NICE, 2018).

38 **Group support**: The optimal number of participants for the groups is 10–12 individuals. Establishments may wish to ensure that one or two places are kept free in each group to accommodate those transferred from another establishment who were already engaged in a NHS programme of support. The minimum duration for a programme of NHS face-to-face behavioural support is 6 weeks (dependent upon engagement with the QYWP service), with NRT supplied by the QYWP specialist adviser as part of this support for up to 12 weeks.

39 **One-to-one support**: There will be a number of individuals who are not suitable for group support, for example people removed from association for security/good order purposes, those with specific diagnosed health conditions and those who pose a public health risk, and who should be offered one-to-one support. Protection individuals can participate in a group with other protection individuals. Support will be provided over an agreed period of time; normally a minimum of four sessions.

40 **Pharmacotherapy**: see Treatment regimes section (page 33).

41 **E-cigarettes**: The NHS will provide support to those individuals who want to stop the use of e-cigarettes (self-purchased) completely and be long-term

non-smokers after liberation, through behavioural support (Option 2). NHS Health Scotland will be developing guidance in 2019 to support staff to deliver this new service model (Option 2) which involve e-cigarettes. While this service is offered in the community in some Health Board areas, it is not possible to quantify the anticipated demand in the prison setting at this stage.

42 **Removal from the programme**: Anyone failing to attend two sessions will no longer be eligible to participate in the programme or to receive free NHS NRT or varenicline. However, exceptions may include court appointments, legal advisers' visits, hospital and GP appointments, those deemed temporarily unfit for work or where attendance has not been facilitated by prison processes for movement across a prison. Carbon monoxide (CO) monitors will not be used to measure any prohibited use of tobacco. The specialist service would have the discretion to make exceptions in either direction.

43 **Relapse back to smoking on liberation or returning to vaping during a sentence**: Individuals who have previously been through the service but relapsed back to smoking in the community will be able to repeat the NHS programme of support. They will be asked to re-affirm their commitment to being a non-smoker post liberation. They will be supported to identify reasons why they relapsed and develop strategies to deal with these situations in the future.

44 The number of cycles of access will not be limited if the individual can demonstrate commitment to withdraw. However, if there is a waiting list, those making a first withdrawal attempt may be prioritised.

45 For those individuals with no funds, the model of care: 'nicotine withdrawal symptom management' (Option 3) will be offered. It is recognised that there will be a cohort of nicotine-dependent individuals who will not be motivated to undertake a quit attempt using NHS provided services, but will not have sufficient means to support their nicotine dependence through purchased products. Symptom management support (supply of NRT patches) should therefore be offered to these individuals to assist them in managing the

negative effects of nicotine withdrawal while they are in a smoke-free environment.

46 This nicotine withdrawal symptom management service will be provided by the QYWP specialist advisers and prison healthcare staff. The supply of NRT is comparable to nicotine management services offered to patients in acute hospitals by ward staff. If the supply is needed over a weekend (when the specialist advisers do not operate) or if there is a waiting list to be seen by a QYWP specialist adviser, NHS prison healthcare nurses will issue the NRT patches. This is an opportunity for a brief intervention if time allows, but there is not an expectation on staff to conduct this. Some establishments in England carry out NRT patch exchanges (handing over of used patches) to avoid stockpiling.

Further guidance on the treatment regime for this model of care is provided on page 37.

More details of the QYWP service can be found at Appendix 1.

Prison service (SPS/Sodexo/Serco) support – diversionary activities

47 Smoking is described by some in custody as a way of dealing with boredom, lengthy periods locked in cells without purposeful – or indeed any – activity, and isolation from family and friends. Research shows that offering access to alternative activities and facilities to reduce stress or boredom (known as 'diversionary') is a factor in the success of prison smoking cessation interventions and successful introduction of smoking restrictions in prisons (SPS, 2016 *Continuing Scotland's journey towards smoke-free prisons*). See Appendix 7 for diversionary activities endorsed by SPS.

48 Purposeful activity, in cell and out of cell, can help alleviate boredom for those in custody and address one of the reasons cited for the high prevalence of smoking in prison.

49 Diversionary activity involving or supported by families is discussed in a further section on page 27.

Out-of-cell purposeful activity

50 Purposeful activity typically refers to activities that people participate in out of cell such as work, vocational training, education, offending behaviour programmes and the gym. The range of purposeful activity varies between prisons and may depend on the status of the individual (e.g. untried or convicted, long term or short term).

51 Maximising the availability of and attendance at purposeful activity is a priority in SPS, as the benefits for health and wellbeing are well recognised. All staff should be aware of the value of out-of-cell purposeful activity in particular for people who have recently stopped smoking and may be finding it challenging to adjust. Staff should encourage people to participate in out-of-cell activity.

52 People on remand and those who are not well enough to work will need particular attention to ensure they are encouraged to access activity. Case reviews for individuals who are unable to access the regime (e.g. those held in Separation and Reintegration Units, those held in safer cells) will take account of the individual's need for activity and distraction.

53 Some activity is available that specifically addresses mental wellbeing and supports developing coping strategies (e.g. yoga, mindfulness). It is important for staff to be aware of these activities and approaches and to promote these activities to those who are adjusting to smoke-free prisons. Mindfulness here means activity that helps people to focus on the present and avoid ruminating on the past or worrying about the future. This may include guided relaxation or art and craft activities.

In cell activity – free for an individual, provided by SPS/Serco/Sodexo

54 People in our care who smoked in the community may find the periods when they are locked in their cell especially challenging. NHS QYWP advice is to keep busy, in particular to keep hands busy.

55 Prisons and Health Boards should collaborate to ensure materials are available for in-cell activity free of charge, to any person in custody who would benefit.

56 Colouring-in books and pencils have proved to be popular, effective and affordable (SPS, 2018, available upon request). A survey carried out by SPS as part of smoke-free prisons preparation found that people in our care were also interested in stress balls, word puzzles and jigsaws (SPS, 2018, available upon request). Colouring-in and puzzles can be obtained by staff free of charge without copyright restrictions from the internet, printed at low cost and made available. Colouring pencils can be obtained from prison canteens but some establishments may be able to provide low-cost colouring materials.

57 Some establishments, especially those where people have less access to funds, arrange group craft activity such as card making and knitting. In some cases this can also be undertaken in cell.

58 Education departments and prison libraries are well placed to enhance provision of in-cell activity. Prison libraries may stock jigsaw puzzles to loan out. A survey found that people thought that word puzzles and jigsaws would be helpful when trying to stop smoking (SPS, 2018, available upon request). This provision is at local discretion.

59 Education in prisons is provided under contract by Fife College. Education departments may be able to provide materials that would provide activity in cell while potentially offering an educational benefit. Origami has been popular at HMP Grampian with the support of the Education department. There will be options available for people to develop skills and gain qualifications through in-cell course work.

In-cell activity – for individuals to purchase

60 Playing cards and colouring pencils are available to purchase through the prison canteen.

61 Materials to support in-cell activity can also be obtained as sundry purchases and from catalogues such as Argos (availability of catalogues varies between establishments). There will be local arrangements for purchase of newspapers and magazines, including puzzle magazines. Staff will be familiar with the options available and encourage people to find in-cell activity that works for them as an individual. As the preferred options depend on the population, the range of options is at local discretion.

Peer support

62 Peer support typically describes trained supporters providing knowledge, experience, social and practical help to their peers. Peer support can take the form of mentoring, reflective listening, counselling or meeting as equals to offer mutual support. Different models and training pathways for peer supporters may be adopted, and 'Mouth Matters' is described as an example below.

63 Recognition of the social context of a number of health conditions and health behaviours has led to the adoption of peer involvement in service provision. Peer support interventions have been successfully used in a number of contexts within the prison service and also harm-reduction services, including Naloxone peer-based harm reduction, the Samaritan Listener Service, and the Mouth Matters dental health intervention.

64 Peer-led services are understood to provide a number of advantages, when used in an integrated way with professional care provision:

a. Addition of capacity to standard services.
b. Provision of development opportunities and purposeful activity.
c. Opportunity to increase the reach and effectiveness of smoking cessation services.

65 The implementation of peer supporters requires several elements of preparation of participants as well as training, administration and evaluation infrastructures to be put in place:

a. Peer supporters should ideally be volunteers who are not vaping, or have recently withdrawn from nicotine using NHS supplied products. They can act as champions, supporters and advisers.
b. Peer supporters should undertake health-related behaviour change training to understand how to promote health and how behaviour change is achieved. Local arrangements may vary, however peer supporters may also benefit from training on communication and stress management skills to promote and support individuals to become smoke free.

c. Peer supporters should be involved in a number of activities that deliver the smoke-free prison policy including communication, marketing and recruitment to the stop smoking service; supporting participants within groups; supporting participants in halls and advocating for improving health.

66 The Mouth Matters Peer Oral Health Mentoring programme is an example of a peer mentoring programme that includes the elements listed above. Mouth Matters provides a brief smoking cessation intervention for people in our care and is already available in the prison estate. The intervention is delivered through partnership between NHS Boards, SPS and the University of Dundee and forms part of a larger programme: Scottish Oral Health Improvement Prison Programme. A Guide for Trainers (NHS Health Scotland, 2010) has been developed as part of the programme and contains information on the prevention of oral disease, the common risk factor approach, the role of smoking as a causative risk factor in periodontitis and oral cancer. Behaviour change models (such the stages of change and motivational interviewing), together with the negotiation of SMART health goals are also covered.

67 Mouth Matters has been further developed as a peer-mentoring programme, with an SQA qualification level 5 award, in oral health improvement. In this peer-mentoring programme, people mentor their peers with regard to dental services, diet, tooth brushing and smoking cessation. The peer mentors are taught the 5As brief smoking cessation intervention (ask, advise, assess, assist and arrange with referral to the QYWP specialist advisers), which was considered to be an important element in preparing for smoke-free prisons but will not be relevant after implementation. The 5As will be adapted post implementation.

68 The NHS Project Group will continue to review how the Mouth Matters intervention can provide sufficient infrastructure to enable the aspirations for peer support to be established as part of the smoke-free prisons agenda.

Support from family and friends

69 Families can be a source of practical and emotional support for those in custody. Families themselves are likely to benefit from smoking cessation support and advice. Where services are available through the visitors' centre, it will be helpful to offer clear information that reassures families about the support options available – that people in custody will have an immediate healthcare assessment when they come into custody and, on admission, every person coming into prison custody who identifies as a current smoker or vaper may have the option of accessing a single-use e-cigarette, and that there is support for people in custody to cope without tobacco. Where services are not available through visitors' centres, information (e.g. *IQuit – coping without tobacco*) should be made available in areas where visitors wait for visits or where visits take place.

70 Families can play a valuable role in supporting behaviour change. Similarly, some family members may be encouraged to stop smoking while their family member is in custody. Visitors' centres are well placed to identify family members or friends where this potential exists. Some NHS Boards have trialled initiatives to support and encourage families to stop smoking at the same time as their family member in custody and this should be promoted where possible.

71 In line with SPS Family Strategy (SPS, 2017) family contact will be supported and encouraged where possible and family engagement will be encouraged, facilitated and supported throughout a relative's time in custody. This includes encouraging meaningful contact through visits, letters and phone calls and, where possible, the 'email a prisoner' scheme.

72 Many establishments offer family-focused activities and opportunities for people in custody and their families to take part in wider health improvement activities, promoting activities that encourage family interaction and learning such as healthy eating and arts and crafts. These measures provide a positive focus and diversionary activity.

73 Families that have sufficient funds, and who wish to, may be able to provide diversionary in-cell activities such as jigsaws and colouring books. Security restrictions regarding what items can be posted or which suppliers can be used may vary from time to time and between establishments, so agencies working with families should provide clear guidance on whether, and under what controls, families are permitted to provide such items.

74 Throughcare Support Officers (TSOs) are well placed to identify whether, following their release from custody, people are living as part of a smoking or non-smoking household and encourage them to discuss smoking with their family. Where appropriate, TSOs may have a role to play in raising the issue of smoking with family members and signposting to further sources of support or information.

Pre-release and transfer

75 There are four main routes for an individual:

a. Transfer to another establishment.
b. Transfer to acute services or mental health unit.
c. Transition from prison to community – general liberation.
d. Transition from prison to community – throughcare supported liberation.

Some individuals will be liberated directly from court.

76 Staff delivering the NHS QYWP specialist service need to organise a system for checking the transfer list weekly. The transfer details of individuals in the care of SPS/Serco/Sodexo will be communicated weekly to Prison Health Centres. For operational reasons advance notice may not always be possible.

77 VISION must be up to date to confirm service provision, status of present engagement with QYWP services and pharmacotherapy. This is responsibility of the NHS QYWP specialist adviser. Where QYWP is delivered by a prison officer, trained as a QYWP specialist adviser, those officers will need to pass on relevant details to the NHS specialist team for entry on to VISION.

78 All documentation relating to a quit attempt should be transferred with the individual i.e. via VISION & Docman, and Kardex/Clinic record.

79 Sufficient pharmacotherapy should be issued to the individual prior to transfer to allow for seamless care on arrival at a new establishment, hospital or community service, if an individual is part way through a treatment regime. For operational reasons advance notice may not always be possible, and in these circumstances, issue of pharmacology should be prioritised at the receiving establishment.

80 **Transfer to another prison**: During the receiving establishment's reception process, prison staff will ask the individual what their nicotine management status is on arrival and refer to an NHS admission nurse. During the reception

process, NHS staff will check the VISION computer system prior to the reception discussion to aid confirmation and to record nicotine management status on arrival. Staff will refer back to admission and initial assessment processes, acknowledging some individuals may already be part way along the pathway.

81 **Transfer to acute services or a mental health unit**: People in our care will be advised before transfer that they cannot take their vaping device with them to a hospital. As part of the local acute/mental health receiving processes, NHS staff should check with the individual if there have been any previous QYWP engagement, record nicotine management status on arrival and provide NRT for symptom management as required (as per local procedures). Staff will explain any differences in the operational procedures (e.g. how to access NRT and other diversionary activities).

82 Individuals fall into one of four groups before liberation:

a. Have been serving short-term sentences and are receiving non-statutory throughcare officers' support post liberation.
b. Have been serving long-term sentences, with statutory support on release.
c. Open estate – both short and long term.
d. On remand.

Transition from custody to community – general liberation: The NHS will make contact with local community QYWP services prior to liberation, to transfer the care, or provide individuals currently engaged (part way through a programme) in details of community QYW services available on liberation.

83 **Transition from custody to community – throughcare supported liberation**: For those individuals who have had short-term sentences and are receiving non-statutory support post liberation. This is approximately 25% of the prison population. The NHS will provide individuals using the QYWP service with details of community referral on liberation. SPS throughcare support staff will assist those individuals leaving prison and engaging with

throughcare support to attend community referral appointments as part of GP registration during the throughcare support journey.

84 At liberation individuals should be issued with contact details for Quit Your Way Scotland.

85 Information should be provided for the GP in line with local protocols.

86 Tobacco placed in stored property when the individual came into custody remains their possession. Unless the individual specifically consents for their tobacco to be disposed of, it must be returned to them when they are liberated. The Prisons and Young Offenders Institutions (Scotland) Rules 48 and 49 cover this issue.

Transition to the community

87 Individuals will fall into one of three groups on release to the community. They will be either:

a. using e-cigarettes (vaping)
b. completely withdrawn from smoking/vaping for more or less than 12 months
c. be part way through a programme of NHS support using NRT/varenicline.

88 If the appropriate transfer arrangements have been put in place during the pre-release and transfer stage, the individual should be continuing their programme of support in the community, in order to sustain their withdrawal attempt.

89 If the individual is engaged with throughcare support, their throughcare support officers may support them to attend appointments in the community.

90 It would be best practice for community QYW services to follow up those individuals who have withdrawn from nicotine in the prison setting (who have engaged with the QYWP specialist service), to support sustaining of their efforts in the community, if they are within 12 months of cessation.

91 In some cases the person may continue to receive support from an adviser from the community team associated to the prison, or in some cases from the same adviser if they work across settings.

92 A summary of community provision by each local NHS Board is provided at Appendix 4, to support signposting to services by partners.

Treatment regimes in a smoke-free prison environment

93 Given the dependence-forming and addictive nature of nicotine, the smoke-free prison environment presents a significant challenge for those detained in custody around how they will manage their nicotine use. The following section describes a set of guidelines to mitigate the impact of this change across the estate and to guide positive support for individuals affected.

94 Individuals who revert to using e-cigarettes/vaping devices during treatment should have their treatment halted until they are ready to sustain a quit attempt.

95 Local NHS Board formularies differ in first and second line treatment recommendations for smoking cessation. Varenicline and nicotine replacement therapy (NRT) have been shown to be effective in those who wish to sustain a quit attempt, however the enforced nature of the smoke-free environment in prisons means that local clinical judgement is required as to the most appropriate treatment for each individual. These guidelines aim to provide consistent access to treatments as individuals move across the prison estate and between NHS Board areas. The following treatment regimens are recommended for the support of a quit attempt in the prison environment.

Treatment with varenicline for a quit attempt

96 Varenicline is not licensed for use in individuals under 18 years of age or those who are pregnant.

97 Individuals suitable for treatment with varenicline will be identified by local clinicians taking into account patient, service and environmental requirements. Those receiving varenicline will also receive appropriate NHS behavioural support to maximise the possibility of a positive outcome.

98 Treatment should be initiated using the dosing schedule recommended as per the Summary of Product Characteristics for the product. See also for contraindications, cautions, interactions and possible adverse effects: Champix (varenicline) – www.medicines.org.uk/emc/product/7944/smpc

- Days 1–3: 0.5 mg once daily
- Days 4–7: 0.5 mg twice daily
- Day 8 to end of treatment: 1 mg twice daily

99 Tablets should be swallowed whole with plenty of water and can be taken with or without food. Individuals who cannot tolerate the adverse effects of varenicline may have the dose lowered temporarily or permanently to 500 mcg twice daily.

100 Individuals prescribed varenicline therapy should set a firm date to stop using nicotine completely, which is typically 1–2 weeks after starting varenicline therapy. Given the smoke-free nature of the prison estate this may require the individual to either purchase nicotine-containing products, e-cigarettes or receive supplies of NRT products for the management of symptom withdrawals during this initiation period.

101 A typical treatment course with varenicline is 12 weeks, however provisions are made for extended duration prescribing within the Summary of Product Characteristics for:

a. Individuals who have successfully quit at the end of 12 weeks, an additional course of 12 weeks treatment with varenicline at 1 mg twice daily may be considered for maintenance of abstinence.
b. A gradual approach to quitting with varenicline should be considered for individuals who are not able or willing to quit abruptly. Individuals should reduce their nicotine consumption during the first 12 weeks of treatment and quit by the end of that treatment period. Individuals should then continue taking varenicline for an additional 12 weeks for a total of 24 weeks of treatment.

c. Individuals who are motivated to quit and who did not succeed in quitting, or who relapsed after treatment, may benefit from another quit attempt with varenicline.
d. Mitigating risk for relapse to nicotine dependence, which is elevated in the period immediately following the end of treatment. In individuals with a high risk of relapse, dose tapering may be considered.
e. It is anticipated that any extension to the 12-week prescribing duration will be in exceptional circumstances and will be subject to local clinical judgement.

102 Given the relapsing and remitting nature of addiction it is likely that some individuals will fail to successfully complete a quit attempt or will relapse into nicotine dependence following a period of abstinence. Repeated access to NHS-provided smoking cessation treatment is acceptable in line with harm-reduction and health-promotion strategies so long as the health professional managing the service is convinced that the quit attempt is genuine and that the individual is committed to becoming abstinent from nicotine.

Treatment with nicotine replacement therapy (NRT) products for a quit attempt

103 Individuals suitable for treatment with nicotine replacement therapy (NRT) will be identified by local clinicians taking into account patient, service and environmental factors. These individuals should receive treatment with NRT formulations (patches or lozenges). Depending upon the level of dependence and the individual needs of the individual, it may be appropriate to supply either an individual NRT product or a combination of both according to individual requirements.

104 NHS Boards may need to ensure that clinicians providing the service have access to tools, such as PGDs, to allow supplies to be made.

105 NRT products should be supplied according to their Summary of Product Characteristics and information relating to contraindications, cautions,

interactions and possible adverse effects can also be found within these documents:

a. Nicotinell TTS 30: www.medicines.org.uk/emc/product/388/smpc
b. Nicotinell 2mg lozenge: www.medicines.org.uk/emc/product/1190/smpc

NRT patches (provide recommended brand)

106 The strength of NRT patch initially given should be based on the level of assessed nicotine dependence with those smoking an equivalent of more than 20 cigarettes a day starting on the highest-strength patch, Nicotinell TTS 30. Those smoking less than this are recommended to start with Nicotinell TTS 20 (Step 2). Sizes of 21 mg (30 cm^2), 14 mg (20 cm^2) and 7 mg (10 cm^2) are available to permit gradual withdrawal of nicotine replacement, using treatment periods of 3–4 weeks (for each size). The size of patch may be adjusted according to individual response, maintaining or increasing the dose if abstinence is not achieved or if withdrawal symptoms are experienced. The treatment is designed to be used continuously for 3 months but not beyond. However, if abstinence is not achieved at the end of the 3-month treatment period, further treatments may be recommended.

107 An individual should be counselled on the importance of site preparation, site rotation and, if appropriate, removal of the patch before sleep.

NRT lozenges (provide recommended brand)

108 NRT lozenges should not be used for those aged under 18 without a recommendation from a physician.

109 The dosing for rapid-release NRT lozenges is considerably more flexible than other options and is controlled by the individual according to need. This allows a much more responsive and 'action based' quit attempt but experience of withdrawal symptoms is more likely and dose reduction and weaning may be more challenging to coordinate. The strength of NRT

lozenge initially given should be based on the level of assessed nicotine dependence with those smoking an equivalent of more than 20 cigarettes a day starting on 2 mg lozenges and those smoking fewer on the 1 mg lozenge. This may require some variation in response to individual need, for example where individuals experience side effects or insufficient relief of withdrawal.

110 A typical starting dose may be one lozenge taken every 1–2 hours as needed. The usual dosage is 8–12 lozenges per day with a maximum daily dose of 15 lozenges. An individual should be counselled on the method of administration and technique.

111 A 12-week course is typical but may need to be adjusted according to individual progress. An individual should be maintained on the initial strength of lozenge for 8 weeks to support abstinence then seek to gradually reduce the number of lozenges used per day over 4 weeks.

Combination NRT therapy (patch and lozenge)

112 Where an individual is heavily nicotine dependent or has previously unsuccessfully attempted to quit using a single NRT product it may be appropriate to employ combination NRT therapy to give a stable basal nicotine level as well as on-demand use of a rapid-release nicotine product. This should be reviewed at least every 4 weeks to assess whether the combination is still required and appropriate.

Nicotine withdrawal symptom management and gradual detoxification

113 It is recognised that there will be a cohort of nicotine-dependent individuals who will not be motivated to undertake a quit attempt using NHS-provided services and who may not have sufficient funds to support their nicotine dependence through purchased products. Symptom management support should therefore be offered to these individuals to assist them in managing the negative effects of nicotine withdrawal while they are in a

smoke-free environment. These individuals should be encouraged to engage with QYWP teams.

114 It is recommended that such individuals are offered a 6-week tapered programme of NRT patches to ameliorate the physical symptoms of nicotine withdrawal following abrupt cessation of nicotine use (NICE, 2018).

115 The strength of NRT patch recommended will depend on level of physical dependence and tolerability, however generally smokers of the equivalent of 20 cigarettes or more a day should be started on the highest-strength patch and smokers of less than 20 should be started on the second-stage strength.

	Smoker >20/day	**Smoker <20/day**
Weeks 1–4	High strength	Medium strength
Week 5	Medium strength	Low strength
Week 6	Low strength	Low strength

116 This regimen should provide support for managing physical withdrawal symptoms and will support the individual to a nicotine abstinent state without undue distress. This does not address psychological dependence. Individuals wishing additional support can access NHS-provided QYWP services for support with a committed quit attempt.

117 Individuals who wish to continue to access nicotine beyond this 6-week programme will either need to self-fund purchased access to nicotine containing products or may opt to engage in a committed quit attempt through specialist smoking cessation services.

118 Depending upon waiting times for access to specialist QYWP services within the prison establishments, it may be necessary to put in place arrangements to provide access to nicotine-containing products to manage symptoms of withdrawal while waiting for a referral appointment. This may

require Boards to ensure clinicians have the appropriate tools, such as PGDs, to make supplies.

Nicotine replacement therapy (NRT) for those aged under 18 years and those who are pregnant

119 Those who are aged under 18 years and wish to undertake a quit attempt while in custody should receive NRT patches as detailed in the treatment protocol above.

A detailed Standard Operating Procedure is available to support delivery of this model of care.

120 Individuals who are pregnant should be following guidance offered by the *IQuit in Pregnancy* NHS Health Scotland resource (NHSHS, 2018) and local protocols. Treatments offered may include NRT patches, which should be removed at night. In relation to e-cigarettes, the guidance in the *IQuit* resource is that: ‘E-cigs are almost certainly less harmful for you than tobacco smoking. However, the first priority is to stop smoking cigarettes completely. E-cigs aren’t risk free. They are relatively new so there’s no evidence yet on the effects of long-term use. The risks to a fetus from exposure to vapour are unknown’ (page 15).

Training/continuing professional development

121 There are three levels of training available for people (NHS/SPS/Sodexo/Serco/peer supporters) to help them to support individuals who were previously smokers manage in a smoke-free environment:

122 **Raising the issue training** (1 hour). This will help to ensure a supportive environment for those managing their nicotine addiction post-policy implementation. The course is suitable for anyone who will come into contact and engage with previous smokers and offer brief advice and signposting, including NHS, SPS, smoke-free champions (individuals in custody or members of staff), and peer supporters. This training is available online from NHS Health Scotland or may be locally delivered. The training is being redesigned and is moving to a Very Brief Advice model, to be launched in early 2019.

123 **Health-related behaviour change** (approximately 4 hours online learning). For those who are able to encourage lifestyle change/deliver intervention such as healthcare staff, Link Centre staff, PTIs, programmes officers (those with a role in supporting lifestyle changes and peer supporters). It is recommended that this course is completed prior to staff attending the specialist adviser training described below. This training is available either online from NHS Health Scotland or may be locally delivered.

124 **Specialist adviser training pathway** (10 hours online learning, 2 days face to face, shadowing and mentoring). This specialist adviser training pathway is based on the National Centre for Smoking Cessation and Training (NCSCT) evidence-based blended learning model. This involves completion of an online training module and attendance at a 2-day face-to-face skills course (recommended within the NICE Guidelines NG 92, 2018). Participants who complete these aspects of the training pathway are then ready to progress through a shadowing and mentoring process before delivering support to those wishing to be smoke free post liberation.

125 Other features of the training:

a. It is recommended that this pathway supports a co-delivery model of support which involves a trained SPS member of staff co-delivering/providing support with an experienced NHS adviser.
b. The specialist course has been evaluated by the NCSCT and has been found to significantly increase course participants' confidence in delivering the key behaviour change techniques, and attendees report it improves their clinical practice.
c. The training should be complemented by local training on process and protocols. Participants should shadow an experienced adviser and receive mentoring and structured feedback before seeing individuals on their own. All advisers should also receive regular support and supervision, engage in continuing professional development activities and ensure that a minimum number of individuals are seen each year to maintain their knowledge and skills.

More details on the training process can be found in Appendix 2.

126 In addition, the SPS have developed a short online e-learning course to explain to prison staff the rationale behind the introduction of smoke-free prisons, which is mandatory for all existing and new staff.

Performance measures and recording data

127 In the smoke-free prison environment, the care provided for those who would have smoked had they not been in prison has to be about offering support to cope without tobacco, as much as offering opportunities to withdraw from nicotine completely. For this new approach to be effective there are some new aspects of our performance that we need to ensure are being delivered promptly, consistently and considerately. The performance measures in this specification reflect the key aspects of service which will be of most benefit to people in prisons and to the wider prison environment.

128 It will be very important to make sure all individuals are made aware of the support which is available, i.e. group support, diversionary activities and what is available at reception and from the canteen – especially over-the-counter NRT and e-cigarettes. Appropriate printed information and verbal advice must be available. The performance measures for this will be:

a. Number of people purchasing e-cigarettes in prisons, by strength
b. Number of people in custody who have received support from Quit Your Way Scotland
c. Number of copies of *IQuit* issued by NHS Health Scotland, including requests for alternative languages/easy read
d. Number of prison officers and NHS staff who have accessed e-learning on Health Behaviour Change, Raising the Issue of Smoking and specialist training from 30 November 2018
e. Level of satisfaction with care/diversionary/distraction activities available? Three potential sources of data:
    - Questions in Phase 3 TIPs in year one post implementation
    - SPS prisoner survey: e.g. ‘Do you feel you have all you need to cope without tobacco in prison?’
    - Quit Your Way Prisons – clients’ feedback on the service provided.

129 If someone has to wait a long time for support it increases the likelihood that they may become a risk to themselves or others. So we need to

measure our performance against waiting times in particular. The performance measures for this will be:

- Proportion of people who have access to triage (conversation about options available and potential referral) within 1 week of admission. This may happen on admission or in the days after, recorded by NHS admission nurse or other clinician, on VISION.
- Proportion of people invited to attend first session with a QYWP specialist adviser within 4 weeks of referral received (Options 1 and 2).
- Average length of time an individual is receiving symptom management (Option 3) – for those on a waiting list to see QYWP.
- Average length of time an individual is receiving symptom management (Option 3) – those with no funds (as recorded on PR2).

130 It will be important to offer help to as many individuals to cope with support as possible. It is likely that individuals who cope with support could be less likely to revert to smoking after being released. So it will still be beneficial to encourage individuals to use the opportunity while in custody to seek support during their sentence and to ensure continuity upon transfer and release, as required. The performance measures for this will be:

- Number of people engaged in the QYWP service who are prescribed varenicline and the number who are supplied NRT, by establishment.
- Number of people attempting to withdraw from nicotine completely (using NRT/varenicline or e-cigs) using QYWP support (attempting = those referred to QYWPs).
- Number of people committing to withdraw from nicotine completely (using NRT/varenicline or e-cigs) using QYWP support (committing = attended first session with a QYWP adviser).
- Number of individuals offered to continue their programme on transfer.
- Number of individuals who are referred to community services on liberation.
- Number of individuals who seek support from community services upon liberation (whether referred or not). This figure will not be available

immediately as ISD is currently developing a person-centred anonymised tracker.

131 Services will continue to develop and become embedded after implementation of the tobacco ban. This will provide opportunities for individuals in custody to become involved in influencing the design and delivery of services and support. The measures for this will be:

a. number of peer mentors trained and actively using the skills from the training
b. number of mechanisms for consultation and co-production.

132 The overall effect of the service can also be assessed by air quality monitoring. Ideally the availability of the formal support service will help dissuade individuals from using illicit tobacco. Air-quality monitoring to ensure prisons are smoke-free could be partially attributed to the success of support services. The performance measure will be ‘Air-quality monitoring data collected at each establishment’.

133 SPS and NHS recording systems are being developed to ensure data can be collected to record movement of an individual through the pathway, including the indicators above. A short-life working group is taking this work forward, including ISD, SG and SPS.

134 A summary of these measures and the intermediate outcomes are provided overleaf.

Summary of outcomes and linked measures

Medium-term outcomes

1. Increased number of smokers who become free from dependence upon tobacco/ nicotine

Short-term outcomes

- Increased ‘withdrawal’ attempts using evidence-based methods.
- Increased consistency of prescribing across establishments.

Measures

a. Number of people attempting to withdraw from nicotine completely (using NRT/varenicline or e-cigs) using QYWP support (attempting = those referred to QYWPs)
   Collected by: NHS, QYWP, ISD

b. Number of people engaged in the QYWP service who are prescribed varenicline and the number who are supplied NRT, by establishment
   Collected by: Pharmacy (HIS)

c. Number of people committing to withdraw from nicotine completely (using NRT/varenicline or e-cigs) using QYWP support (committing = attended first session with a QYWP adviser)
   Collected by: NHS QYWP, ISD, Pharmacy (HIS)

d. Proportion of people who have access to triage (conversation about options available and potential referral) within one week of admission. This may happen on admission or within seven days after, recorded by NHS admission nurse or other clinician, on VISION.
   Collected by: Prison healthcare

e. Proportion of people invited to attend first session with a QYWP specialist adviser within four weeks
   Collected by: NHS QYWP

f. Average length of time an individual is receiving symptom management (option 3) – for those on a waiting list to see QYWP
   Collected by: NHS QYWP

g. Average length of time an individual is receiving symptom management (option 3) – those with no funds (as recorded on PR2)
   Collected by: NHS QYWP, SPS

Medium-term outcomes

2. Reduction of harm to health by use of e-cigarettes

Short-term outcomes

- E-cigarettes available to all to purchase through the prison canteen

Measures

a. Number of people purchasing e-cigarettes in prisons, by strength of nicotine
   Collected by: SPS (canteen sales data)

Medium-term outcomes

3. Increased understanding of the risks of tobacco/nicotine use and knowledge of how to access support

Short-term outcomes

- A range of communications are accessible to individuals in our care and staff to explain the risks of tobacco/nicotine use and range of support options available

Measures

a. Number of people in custody who have received support from Quit Your Way Scotland.
   Collected by: NHS24

b. Number of copies of *IQuit* issued by Health Scotland, including requests for alternative languages/easy read.
   Collected by: NHS HS

c. Number of prison officers and NHS staff who have accessed e-learning on Health Behaviour Change, Raising the Issue of Smoking and specialist training.
   Collected by: NHS, SPS

d. Level of satisfaction with care/diversionary/distraction activities available? Three potential sources of data:
   i. Qs in Phase 3 TIPs in year one
   ii. SPS prisoner survey: e.g. ‘do you feel you have all you need to cope without tobacco in prison?’
   iii. Quit Your Way Prisons – clients’ feedback on the service provided

   Collected by: NHS, SPS

Medium-term outcomes

4. Empowered and engaged individuals in design and delivery of services and support networks.

Short-term outcomes

- Increased opportunities for individuals in our care to be involved in influencing the design and delivery of services and support

Measures

a. Number of peer mentors trained and actively using the skills from the training
b. Number of mechanisms for consultation and co-production

Collected by: SPS, NHS

Medium-term outcomes

5. Improved throughcare and continuity of care between hospital, prison and community settings.

Short-term outcomes

- Improved communication between providers managing transfers and releases

Measures

a. Number of individuals offered to continue their programme on transfer

b. Number of individuals who are referred to community services on liberation

Collected by: NHS, QYWP

c. Number of individuals who seek support from community services upon liberation (whether referred or not). [This figure will not be available immediately as ISD is currently developing a person-centred anonymised tracker.]

Collected by: NHS, Community, QYW, ISD

Medium-term outcomes

6. Reduced exposure to second-hand smoke.

Short-term outcomes

- Increased enforcement of tobacco as a prohibited item.

Measures

a. Air-quality monitoring data from each establishment.

Collected by: SPS, TIPS

Appendix 1. Quit Your Way Prisons: Outline of the programme for minimum 6 weeks behavioural support (option 1 and 2)

Session 1

Introductions

- Meet and greet
- Agree and set ground rules
- Give relevant resources to each individual attendee

Paperwork

- Check individual's attendance against the register

Information and discussion

- Discuss each individual's personal journey – over the 6 weeks of the programme – what do they want out of it?
- Explain what can be expected of the service and what is expected of the participant (including model of rolling groups, if available).
- Discuss the pros and cons of an enforced quit and how the individual feels about it. Acknowledge that this is different from previous quit attempts.
- Discuss any previous attempts at quitting, reasons for smoking and the health benefits of being quit.
- Discuss the importance of distractions and help individual plan distraction activities to help them cope with withdrawal.
- Discuss and identify support that is available in the prison setting – peer support, SPS, NHS, what's available to purchase.
- Provide information on/demonstrate NRT products, varenicline and e-cigarettes to allow individuals to make an informed choice.
- Discuss nicotine dependence.
- Re-emphasise that the better prepared the individual is, the easier it will be to manage withdrawal from nicotine.

- Confirm future group sessions and outline the rules for non-attendance.

For every session, remember to:

- confirm no changes in the individuals medical condition
- maintain group register
- dispense pharmacotherapy in line with local policy
- remind individuals how to use the chosen products
- explain and discuss any withdrawal symptoms
- encourage the group to discuss their feelings about quitting smoking prison
- encourage individuals to develop and share coping strategies
- encourage group cohesion and respect for each other's views
- remind them that additional support is available through peer supporters if required
- give praise for progress.

Sessions 2–5

- Monitor compliance with and dispense pharmacotherapies.
- Offer practical advice and help in dealing with boredom, withdrawal symptoms and cravings.
- Introduce information and discussions on lifestyle issues – weight management (including canteen purchases), physical activity, oral health, stress management and the options available within the prison.

Final session

- Encourage to complete their course of pharmacotherapy and discuss how this will be dispensed now that the group support has finished.
- Congratulate and issue with certificates.
- Discuss ongoing coping mechanisms.

Appendix 2. Specialist adviser training process

Step 1: Pre-course

Prior to the course the manager and member of staff should discuss and agree stop smoking adviser role, time required to complete the training process and commitment to service delivery thereafter.

Staff will require to be released to: complete the mandatory online learning; to complete the face to face training; complete the shadowing and mentoring aspects of the stop smoking adviser training pathway; complete training on local processes and protocols and deliver stop smoking support as agreed within local delivery plans.

It is recommend that those nominated to complete the stop smoking adviser training are non-smokers of at least 12 months.

Step 2: Online learning

(4–6 hours split across a minimum of 4 weeks)
The online learning programme is a mandatory element of the pathway and should be completed prior to attendance at the two day face to face skills course. SPS staff have access to the online learning component.

Step 3: 2-day face-to-face course

(16 hours)
The 2-day face-to-face training aims to provide training in the skills necessary to deliver face to face interventions using role play, group work and experiential based learning techniques.

Step 4: Local processes, protocols, shadowing and mentoring

After the face-to-face training course new advisers will require training provided by the local NHS stop smoking service on local service processes and protocols in place within their local NHS prison service.

It is expected that participants will shadow an experienced adviser prior to delivering support, with a minimum of four shadowing sessions recommended.

Participants should then be mentored and provided with structured feedback before being able to independently deliver stop smoking support.

On successful completion of the above process staff are able to provide intensive support to previous smokers within the prison setting who wish to be smoke-free post liberation.

Local processes should be in place for ongoing training, updates and continued professional development.

Appendix 3. Health Inequalities Impact Assessment (HIIA)

In April 2018, a scoping workshop was held with NHS and SPS staff in planning and operational roles, to develop the service pathway and conduct the first stage of the HIIA.

The profile of the population was reviewed, along with evidence from previous Equality Impact Assessments (SPS, 2017) and emerging data from the TIPs study.

Key findings

Criteria	Statistics
Age	69.2% of prison population are aged between 16 and 40 compared to 37.5% of the general population who are aged between 16 and 39.
Gender	95.4% of the prison population are male compared to 47.9% of the general population who are aged 16 or over.
Ethnicity	98.4% of the prison population are classified as ‘White’ compared to 96% of the general population.
Sexual orientation	92.8% of those who declared reported as being heterosexual compared to 98% of the general population.
Gender identity	Not provided as the numbers who declared as having undergone gender reassignment are small.
Religion or belief	22.3% of the prison population declared that they did not have a religion or belief compared to36.7% of the general population. 25% of the prison population stated their religion or belief as ‘Church of Scotland’ compared to 32.4% of the general population.
Disability	4.3% of the prison population have a current ‘Disability Equality’ risk and condition marker compared to 19.6% of the general population who reported having their day-to-day activities limited due to a disability.

Criteria	Statistics
Marital and civil partnership	78.3% of the prison population declared as being 'Single' compared to 35.4% of the general population. However only 7.1% of the prison population declared as being married compared to 45.2% of the general population.

Extract from 'Equality profile', SPS 2016

The following suggestions were made to shape the development of the service specification:

- Low literacy: to ensure all information is designed with low literacy levels of the population in mind, using info graphics and images where possible to communicate what support individuals can expect to receive.
- Young people: to ensure the specification articulates how access to support may differ slightly for under 18s (e.g. access to NRT).
- Disabled/older people: ensure diversionary activities meet the needs of these people in our care with mobility issues.
- Pregnant women: ensure advice on quitting and use of e-cigarettes is communicated clearly.

During August 2018, as part of the consultation on the draft specification, stakeholders were asked to comment on whether there needed to be any further action to mitigate against any inequality of access to services. The following areas were raised, in addition to those above:

- review transfer arrangements for those moving to mental health facilities
- monitor who and how those who may need to be seen more urgently by a specialist QYWP adviser
- consider how elderly men, who have smoked for decades, may need any additional tailored support.

These areas will be addressed by members of the SFP NHS Project Group in 2019. The full report on the HIIA is available upon request.

Appendix 4. Services available in the community – information for throughcare officers and other partners

NHS Board	Group support	One-to-one support	Specialist support*	Local pharmacy support	Signposting number to use	Additional information
Ayrshire & Arran	●	●	●	●	0800 783 9132	
Borders	●	●	●	●	01835 825900	
Dumfries & Galloway	●	●	●	●	0845 602 6861	
Fife	●	●	●	●	0800 025 3000	Workplace groups only
Forth Valley		●	●	●	01786 433293	
Greater Glasgow & Clyde	●	●	●	●	0800 84 84 84	
Grampian	●	●	●	●	08085 202030	Groups on demand only
Highland		●	●	●	0800 84 84 84	
Lanarkshire	●	●	●	●	0800 84 84 84	
Lothian	●	●	●	●	0131 537 9914	
Tayside	●	●		●	01382 424127	Community Pharmacy
Orkney		●	●	●	0800 0356344	
Shetland		●	●	●	01595 807494	
Western Isles	●	●	●	●	01851 701623	Groups – on demand only

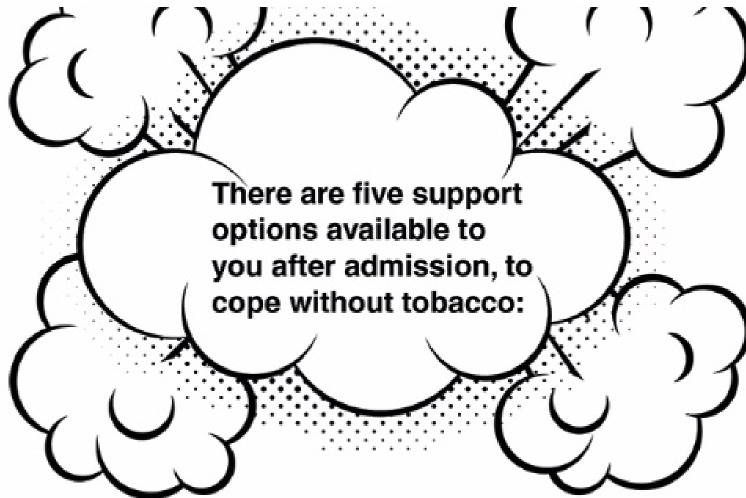
* Specialist support refers to 1–1s and groups operating in specific settings (e.g. acute hospitals, workplaces) or for individuals with particular characteristics e.g. pregnant, with mental health issues.

Appendix 5. Smoke Free Prisons Strategic Advisory Group (SAG) – NHS project group members

Name	Title	Role on the group	Organisation
Gillian Bruce	Senior Health Improvement Officer	NHS Senior Health Promotion Office (Tobacco)	NHS Forth Valley
Thomas Byrne	National Prisons Pharmacy Adviser	Representing the National Prison Healthcare Network	Healthcare Improvement Scotland
Philip Conaglen	Public Health Consultant	Representing Scottish Directors of Public Health	NHS Lothian
Sarah Corbett	Smoke Free Prisons Policy Manager	Smoke Free Prisons team	Scottish Prisons Service
Pauline Craig	Head of Population Health team	Chair of the NHS Project Group	NHS Health Scotland
Linda Dorward	Smoke Free Prisons Programme Lead	Main link to SAG and overall governance structure	Scottish Prisons Service
Fiona Dunlop	Health Improvement Lead (Tobacco)	NHS tobacco lead for prisons in GG&C	NHS Greater Glasgow & Clyde
Morris Fraser	Head of Tobacco Control	Government Policy lead	Scottish Government
Karen Gray	Smoke-free Lothian Service Manager	NHS tobacco lead for prisons in Lothian	NHS Lothian

Name	Title	Role on the group	Organisation
Tracey McKigen	Prisons Healthcare Manager	Representing Prison Health Care Managers	NHS Lothian
Andrew Radley	Consultant in Public Health Pharmacy	Public Health Pharmacy	NHS Tayside
Debbie Sigerson	Organisational lead (Tobacco/Alcohol)	Project Management	NHS Health Scotland
Karen Mailer	Health Improvement Officer	Secretariat for the NHS Project group and lead for IQuit	NHS Health Scotland
Doris Williamson	Health Improvement lead (Tobacco)	Pre-testing materials	Greater Glasgow & Clyde

Appendix 6. Extract from *IQuit – coping without tobacco*



Option 1 – The NHS can help you withdraw from nicotine with group support and free NRT (patches or tablets).

Option 2 – Using e-cigs, which you buy, the NHS can help you withdraw from the nicotine that's in e-cigs, with group support.

Option 3 – If you have no funds the NHS will be able to issue NRT patches to help you cope with your cravings.

Option 4 – You can buy and use an e-cig from the prison canteen without support from the NHS.

Option 5 – You might want to go it alone with no e-cigs or support from the NHS (also known as cold turkey) but you will still have access to all the prison activities and the Quit Your Way Scotland helpline.

3

Appendix 7. Diversionary activities endorsed by SPS

There will be variations in the range available at different prisons, and potentially within prisons, due to varying safety and security restrictions and the nature of the population.

The examples given here do not include regime activities such as work and education. The examples are less formal options, some of which may be used during periods when people are locked in their cells.

- Sports and games
- In-cell work out: Advice may be available from local PE staff, national guidance is planned. Other sources of guidance such as ‘Cell Workout’ by LJ Flanders could be offered from library.
- Yoga
- Guided relaxation: May be a group activity e.g. delivered by third sector or NHS, or in-cell with a CD or DVD.
- Colouring-in
- Reading: Could be supported by Book Club.
- Puzzles (e.g. dot-to-dot, word searches, crosswords, Sudoku)
- Paper craft
- Card making
- Knitting
- Cross stitch
- Needle craft
- Model making: Kits may be available as sundry purchase in some establishments, or hobby clubs may be available in some establishments.
- Matchstick modelling
- Fly tying classes
- Jigsaw puzzles (can be held in library and loaned for in-cell use)
- Origami, including modular origami
- Playing cards (more beneficial for those in shared cells)

- Draughts (more beneficial for those in shared cells)
- Chess (more beneficial for those in shared cells)
- Games consoles
- Hand-held video game consoles (can be held in library and loaned for in-cell use, not currently available via canteen, available as sundry purchase in some establishments)
- Letter writing
- Sketching/art/painting
- Music lessons: Musical instruments
- Stress balls/tangle fidgets/bendy people
- Finger fidgets

Appendix 8. RVD stepped discount process until July 2019

In order to support people in custody who do not wish to stop using nicotine, the price of RVDs will be reduced for people in custody between late September 2018 and late June 2019.

From late September 2018 to late January 2019, a ‘starter pack’ will be available at no charge to people in custody that meet certain criteria. The starter pack consists of the Logic Pro model RVDs, a three-pack of capsules and a USB charger. Once individuals have used the capsules included in the starter pack they will need to purchase their own nicotine vapour capsules if they wish to continue using the RVD.

From late January 2019 to late April 2019, starter packs will be available half price to all those admitted to our care. Over the following 2-month period (late April 2019 to late June 2019) starter packs will be available at 75% of their selling price.

The Wee Vim RVD will be available at 50% of selling price for 3 months, then 75% of selling price for 3 months and will then be full price from July onwards.

Single-use e-cigarettes will also be half price for 9 months.

Re-fill capsules are full price throughout (pricing structure shown overleaf).

Pricing structure for introductory offer

Product / Timescale	Sep 2018 – Jan 2019	Jan 2019 – Apr 2019	Apr 2019 – June 2019	July 2019 onwards
Logic Pro starter pack	No cost	50% agreed selling price	75% agreed selling price	Agreed selling price
Price	**£0.00**	**£7.40**	**£11.10**	**£14.80**
Logic Pro device	Agreed selling price	Agreed selling price	Agreed selling price	Agreed selling price
Price	**£7.00**	**£7.00**	**£7.00**	**£7.00**
Logic Pro e-liquids	Agreed selling price	Agreed selling price	Agreed selling price	Agreed selling price
Price	**£3.20**	**£3.20**	**£3.20**	**£3.20**
Wee Vim device	50% agreed selling price	75% agreed selling price	Agreed selling price	Agreed selling price
Price	**£4.33**	**£6.49**	**£8.65**	**£8.65**
Wee Vim e-liquids	Agreed selling price	Agreed selling price	Agreed selling price	Agreed selling price
Price	**£6.80**	**£6.80**	**£6.80**	**£6.80**
Charger plug	Agreed selling price	Agreed selling price	Agreed selling price	Agreed selling price
Price	**£4.00**	**£4.00**	**£4.00**	**£4.00**

*Based on price as at August 2018

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This pathway defines the minimum requirements for services to be offered in all prisons, including standards for interventions and pharmacological support for managing nicotine addiction across Scotland.

This resource may also be made available on request in the following formats:

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