**Statement from the State Hospital - Experience of a total smoke-free service**

Mental health patients face significant health inequalities. It is known that those with mental health problems have higher rates of smoking than the general population and that they are typically more heavily addicted, smoking more than 25 cigarettes a day. The difference is most significant amongst psychiatric inpatients where 60-70% smoke compared to 20-22% of the general population. Furthermore it is known that the life expectancy of those living with major mental illness is 20% lower and that rates of cardiac and respiratory disease are ten times higher in this group. This excessive mortality coupled with concerns around passive smoking has led to psychiatric institutions across the United Kingdom considering introducing smoke free environments. Anecdotally there have been concerns that smoke free mental health units may lead to deterioration in patient mental health, increased aggressive behaviour and use of more psychotropic medication. However these findings have not been demonstrated in previous studies.

The State Hospital, Carstairs introduced a total smoke free environment on 5 December 2011 after a period of consultation and planning. Following the introduction of a smoke free environment 84% of patients felt better about their physical health. There was a reduction in the rates of aggressive behaviour. Staff and patients attitudes in favour of a smoke free environment increased significantly. Lower doses of psychotropic medications were required for therapeutic effect. On average patient weight increased by 3-4 kg in the year but plateaued after a year.

Smoking, Health and Social Care (Scotland) Act 2005 exempted mental health units to have the same level of smoke free environment as other hospitals and public places in Scotland. Our opinion is that this creates inequalities in the delivery of care to people who suffer from mental health problems. Studies (including our State Hospital study) have highlighted that there is no increase in aggression in mental health inpatients, who stop smoking. Mental health inpatients are also able to manage nicotine withdrawals like their counterparts in any other hospital. Patients who quit smoking in mental health units will require intense support and it should be best provided by a Specialist smoking cessation service.

The state Hospital smoke free policy was challenged and won by a patient in Court as breach of human rights but the appeals process highlighted 'the decision about whether patients, or indeed staff and visitors, should be permitted to smoke within the boundaries of the State Hospital was, and is, one of management'. The Judge also added 'it is not for the court to review the merits of the decision and to substitute its own views on the desirability of imposing a comprehensive smoking ban in the State Hospital', and added that it was 'proportionate to the legitimate aim of promoting the health of those detained and those at work'. There has been no significant increase in aggression or other issues even after three years of smoke free environment at the State hospital. This should give confidence that mental health units should also be considered on par with other NHS hospitals for introduction of smoke free grounds. We hope that the positive experience at the State Hospital will help other mental health units and prisons in Scotland to consider a totally smoke-free service.

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