East London NHS Foundation Trust

Smoke Free, Nicotine Management and E-cigarette Policy

Version number :	4.0
Consultation Groups	All staff
Approved by (Sponsor Group)	Smoke free Implementation Group
Ratified by:	Quality Committee
Date ratified:	January 2024
Name of originator/author:	Director of Population Health/Consultant in Public Health Trust and Forensic Lead, Tobacco Dependency Public Health registrar Public Health registrar
Executive Director lead :	Chief Medical Officer
Implementation Date :	January 2024
Last Review Date	January 2024
Next Review date:	January 2027

Services	Applicable
Trust wide	X
Mental Health and LD	
Community Health Services	

Version Control Summary

Version	Date	Author	Status	Comment
Draft version 2	10.10.2015	Dr Kate Corlett		
Final	November 2015	Dr Kate Corlett		
Version 3	November 2019	Andrew Stock & Dr Kate Corlett	Ratified	
Version 4	February 2023	Angela Bartley Ogechi Anokwuru Roshni Janarthanan Lucy Furby		Data was updated to current statistics and in line with quality care and treatment according to NICE, NHSE and OHID guidelines. This policy has been circulated to all departmental leads who were consulted for this policy. It was sent to the medicines committee, the inpatient steering groups across Directorates for further comments. The policy was agreed and ratified in the Trust Physical Health in Working Group on 10.11.23 after no objections. This policy has been combined into one policy for consistency trust wide.

Contents

1. Executive Summary

This policy sets the definitions and parameters of smokefree status which is applicable for the Trust (including the Forensic directorate as this policy is Trust wide to promote healthy behaviour). It also sets out the smoking cessation support available for service users and staff around tobacco use; including nicotine replacement and harm reduction approaches including vapes.

The 2021 NICE guidelines for supporting smokers in mental health services suggest additional support is required for service users who want to quit, harm reduce or switch to e-cigarettes.

The ELFT directorates will implement this policy individually with the flexibility to take into account staff and service user needs, informed by QI methodology.

The policy outlines the evidence base for the smokefree status and the specific duties of different parts of the organisation in ensuring that this is maintained. The policy makes clear the responsibilities of individual staff members and managers in relation to smokefree status. The Trust commits to support both staff members and service users to maintain smokefree status and to reduce tobacco use for service users and staff.

Finally, the policy defines the monitoring standards by which the Trust will measure compliance.

2. Introduction

i. East London NHS Foundation Trust's mission is to improve the quality of life for all we serve. This policy supports this mission.
ii. East London NHS Foundation Trust has developed a strategy for the future which comprises of four strategic outcomes and this policy supports all four of these outcomes:
    a. Improved population health outcomes.
    b. Improved experience of care.
    c. Improved staff experience.
    d. Improved value.
iii. The principles of this policy have been implemented to achieve a completely smokefree environment. This means that no smoking is allowed within any of the premises and grounds owned by the Trust or vehicles used for the purpose of Trust activities.
iv. The 2013 joint report from the Royal College of Physicians and the Royal College of Psychiatrists stated that smoking is a widely accepted component of the culture of many mental health settings, making cessation more difficult for smokers. Smokefree policies are a vital means of changing this culture.
v. ELFT promote a culture across all our buildings and sites that smoking is unacceptable and that everyone respects this. Of course, shifts in culture and behaviours can take time and are not achieved simply by releasing policies and guidance. The required culture change will be achieved by ELFT remaining committed to Smokefree.
vi. There is NICE guidance on the treatment and management of tobacco addiction for mental health trusts; which has informed this policy (NICE, 2021)

3. Evidence Base

Supporting smoking cessation is a key component of the NHS long-term plan. Smoking, also known as 'tobacco dependency', is a treatable, chronic, long-term relapsing condition. This is a shift from viewing smoking as a lifestyle choice to something that needs attending to in the same way, for example, as hypertension. Tobacco smoking remains the single greatest cause of preventable illness and premature death in England (bigger than the next six causes combined). One in two long-term smokers die prematurely as a result of smoking, half of these are in middle age. On average, each smoker loses 10 years of life and experiences many more years of ill

health compared to a non-smoker. Smoking is also the highest single cause of health inequalities and accounts for about half of the difference in life expectancy between the lowest and highest income groups. Deaths caused by smoking are two to three times higher in low income than in wealthier groups.

Smoking causes a range of diseases including cancer, cardiovascular disease and respiratory diseases. It causes many other debilitating conditions such as age-related macular degeneration, gastric ulcers, impotence and osteoporosis. Further it can cause complications in pregnancy, including increased risk of miscarriage, premature birth and low birth weight, it is also associated with lower survival rates, delayed wound healing, increased infections, prolonged hospital stays and repeated admissions after surgery.

Treating smoking-related illnesses costs the NHS an estimated £2.6 billion per year. The overall financial burden of all smoking to society in England has been estimated at £17.04 billion a year. This includes both NHS costs and loss of productivity because of illness and early death, as well as other factors. Treating smoking related illnesses in people with mental health problems has been estimated to cost the NHS £720 million a year in primary and secondary care.

Currently 13% of adults in England smoke (ONS 2021), however prevalence is significantly higher in certain priority groups, which includes people with severe mental health issues. Smoking rates in those with severe mental health disorders such as bipolar disorder and schizophrenia are estimated to be between 58% and 90%. It is estimated that over 60% of all tobacco consumed is done so by people with mental health issues. There is a strong association between smoking and mental health conditions. People with a mental health illness also have high mortality rates compared to the general population. Evidence suggests that individuals with severe mental health disorders are more likely to start smoking earlier, to smoke more intensely (i.e. inhale more deeply) and are more likely to become nicotine dependent compared to the general population. However, despite these factors those with severe mental health are less likely to receive help to quit smoking. Life expectancy amongst people with serious mental illness is considerably lower – often 15-20 years - and much of this is attributable to the harms caused by smoking. A UK study found that for men and women living with schizophrenia the death rate from respiratory disease is three times greater than the national average.

The strong association between smoking and both physical and mental ill-health means that many people who use secondary care services are smokers. When smokers use these services, it presents a valuable opportunity to use interventions of proven effectiveness and cost effectiveness to initiate and support stop smoking attempts or other strategies to reduce harm. Smoking is also more prevalent among people with a dual diagnosis that is a diagnosis of mental illness combined with substance misuse or other co-morbidities.

Contrary to common perception, smokers with mental illness have been shown to be similarly motivated to stop smoking to the general population, and it has been shown that smokers with mental illness can quit smoking, and that they are more likely to quit successfully with appropriate support. The Trust is proactive in its support of smokers with mental illness because of the significant health inequalities that affect this population.

There is increasing evidence indicating that long-term smoking is associated with the onset, and worsening, of both depression and anxiety disorders. Smoking cessation does not exacerbate symptoms of mental disorders, and improves symptoms in the longer term. Smoking, mostly through the hydrocarbon agents in cigarette smoke rather than nicotine, stimulates a liver enzyme responsible for metabolising many drugs in the body. This additional enzyme production causes faster clearance of a number of antipsychotic, antidepressant, and anxiolytic drugs. As a result, smokers may need higher doses of these medications than non-smokers to achieve therapeutic levels. In fact, stopping smoking can lead to the doses of some medications needing to be reduced, sometimes by as much as 50%, to achieve the same blood level and therapeutic effect. This reduction in antipsychotic medication can be an incentive to quit, as service users

would experience fewer, often unpleasant, side effects of their medication with the reduced dose. Smoking increases psychotropic drug costs in the UK by up to £40 million.

Tobacco smoke not only damages a smoker's health but also the health of the people around them. Breathing other people's smoke is called passive or second-hand smoking. Exposure to second-hand smoke is believed to increase the risk of heart disease in non-smokers by 25%. Also, tobacco poverty is known to be an issue often experienced by smokers with some of the lowest earners spending a third of their income on tobacco.

4. National and Local Guidance

The policy complies with Smokefree legislation (Health Act, 2006) and the NICE Guidelines for Smoking 'Tobacco: preventing uptake, promoting quitting and treating dependence (NICE Guideline NG209, 2021)', which aims to support smoking cessation, temporary abstinence from smoking and smokefree policies in all secondary care settings.
The NICE guideline NG209, and the preceding guideline PH48, recommend:

- Strong leadership and management to ensure premises go (and remain) smokefree.
- Identifying people who smoke, offering advice and support to stop including nicotine replacement therapy and e cigarettes
- Providing intensive behavioural support and pharmacotherapy as an integral component of secondary care as per NICE guidance.
- For people with severe mental health conditions who may need additional support to stop smoking, offer:
    - delivery by a specialist adviser with mental health expertise
    - support that is tailored in duration and intensity to the person's needs.
- Integrating stop smoking support in secondary care with support provided by community-based services.
- Ensuring staff are trained to support people to stop smoking while using secondary care services.
- Supporting staff to stop smoking or to abstain while at work.
- Ensuring there are no designated smoking areas or staff-facilitated smoking breaks for anyone using secondary care services.

In accordance with NHS guidance the Trust went smoke free in January 2017.

Article 8 of the WHO Framework Convention on Tobacco Control (FCTC), recognises that scientific evidence has unequivocally established that exposure to tobacco smoke causes death, disease and disability'. As a result there is a shared commitment to adopt and implement 'effective legislative, executive, administrative and/or other measures, providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places'. They note that:

- There is no safe level of exposure to tobacco smoke.
- Effective measures to provide protection from exposure to tobacco smoke, thus achieving the total elimination of smoking and tobacco smoke in a particular space or environment in order to create a 100% smokefree environment.
- The duty to protect from tobacco smoke is grounded in fundamental human rights and freedoms.

The Court of Appeal has ruled that there is no absolute right to smoke. It also established that there has never been a right to smoke in public or in private in English law.

5. Scope of smoke free organisational policy

i. The smokefree policy came into effect on 1 January 2017.

ii. This policy applies to all staff, including but not limited to: employees, including bank and agency workers, volunteers, contractors, students, locums, seconded staff on either temporary or permanent contracts and to visitors entering premises and grounds controlled by ELFT or vehicles used for the purpose of ELFT activities.
iii. The policy applies to staff during the time when they are being paid by ELFT or are wearing uniform or name badge and can be identified as a member of ELFT staff including during breaks.
iv. This policy excludes service users in prison and tenancies where the service user pays rent; however it does apply to staff providing ELFT services in premises that are not controlled by ELFT.
v. Staff using private vehicles for trust business must also comply with this policy. This applies in all cases, regardless of whether travel expenses are claimed.
vi. The policy will work towards eliminating the health risks associated with passive smoking and as a direct result will ensure that the health and wellbeing of patients, staff and visitors is improved.

6. Definitions

"Smoke" means smoke from tobacco or any substance or mixture which includes nicotine; and a person is taken to be smoking, if the person is holding or is in possession or control of a substance or mixture which includes nicotine.

Where the policy refers to staff, this means all staff members, including but not limited to employees', including bank and agency workers, volunteers, contractors, students, locums and seconded staff on either temporary or permanent contracts.

7. Duties

i. As the accountable director for Health and Safety, the Chief Medical Officer has overall responsibility for ensuring adherence to this policy.

ii. The Smokefree Implementation Group is responsible for receiving notification of any significant breaches of the nicotine management policy and making recommendations for action where appropriate.

iii. Clinical and Service Directors are responsible for:
- Ensuring their directorate have in place a local procedure that operationalises and monitors adherence to this policy and for notifying the Smokefree Implementation Group of any significant policy breaches, unable to be resolved at local level.
- Supporting the development of local smoking cessation resources, harm reduction interventions and training for staff members and service users.
- Ensuring that the environment is conducive to creating a healthy workplace; as well as a safe and therapeutic place in which service users, families and carers can be cared for.

iv. Senior Managers, Ward Managers, and Team Leaders are required to:
- Ensure that the NRT protocol is adhered to which will enable all service users that smoke can access NRT within 30 minutes of admission.
- Ensure all staff and service users are aware of and can access this policy and associated policies and procedures (available via the ELFT Learning Academy).
- Manage any policy breaches.
- Ensure their staff are able to access training in smoking cessation.
- Include the smokefree statement in all recruitment literature, job descriptions and induction materials.

- Ensure that there is safe and appropriate skill mix within teams to meet the tobacco dependence needs of service users (either by providing very brief advice or intensive behavioural support) in order to meet the need for prompt nicotine replacement therapy and behavioural support.
- Ensure that all staff are competent at identifying and recording the smoking status of every service user in their electronic record (Rio / Emis etc.) and complete the lifestyle assessment form (as per the CQUIN requirements).
- Promote a culture which empowers smokers through conversations about the benefits of quitting and harm reduction approaches.
- Motivate and encourage engagement in collaboration with the Tobacco Dependence Treatment Pathway.
- Review care plans at each ward round, CPA or clinical review meeting, taking the opportunity to recognise achievements and adjust medication if indicated. Ensuring staff and service users are aware of the need to adjust medication if required according to smoking status and this is reflected within service user's care plans.
- Ensure that service user information regarding the relationship between smoking and illness (both physical and mental) is available in communal areas and is made accessible.
- Ensure that welcome packs and promotional materials provided about the service describe the smokefree status.
- Ensure service users are supplied with an adequate amount of NRT and e cigarettes during periods of leave and on discharge.
- Prior to admission (where possible) confirm to service users that the trust operates a smokefree policy, so they should be advised against bringing tobacco, cigarettes, lighters or matches onto the ward.
- Return cigarettes/tobacco to family members and post home address if able
- If unable to facilitate, forensic service users can store their lighters and tobacco in lockers outside the ward
- Ensure that service users have access to a variety of diversional activities and fresh air during their admission to support their smokefree compliance.
- Support service users to achieve temporary absence from smoking or smoking cessation, so they are potentially able to reduce prescribed medications, which will contribute to improved health status and less side-effects. Smoking cessation should form a pivotal role in the discussion of care and treatment. This should be included in ward round and CPA meeting where recovery based care planning is discussed. Discussion regarding smoking cessation should involve the whole MDT with particular regard to pharmacy and smoking cessation team. It is important to ensure that care planning regarding smoking cessation is patient centred.
- Ensure smoking cessation resources such as carbon monoxide monitoring devices are available.

v. All staff are responsible for:
- Familiarising themselves with, adhering to and implementing the nicotine management policy.
- Seeking the advice of the Smoking Cessation Advisors when appropriate (please refer to the trust's internet under smoking cessation for further information on these Advisors that support each directorate).
- Competing smoking cessation related training as per the trust's training requirements and any related training agreed with their line manager.
- Escalating policy breaches where appropriate.

vi. The Communications team are responsible for:
- Ensuring all trust literature states ‘East London NHS Foundation Trust is a smokefree organisation’.
- Ensuring service user and staff information about smoking cessation and the smokefree policy is available on the Trust’s internet and intranet pages.

- Supporting official public health campaigns as appropriate, for example Stoptober and National No Smoking Day.

vii. The Pharmacy Team are responsible for:
- Maintaining the Nicotine Therapy Replacement (NRT) guidelines.
- Managing the protocol and procedures to ensure that all service users are able to access nicotine replacement therapy within 30 minutes of admission to an inpatient ward.
- Delivering regular training, for example on Nicotine Replacement Therapy and stop-smoking medicines to staff.
- Establishing the competency of Nurses, alongside Senior Managers to operate within the Trust's NRT supply process.

viii. The Estates and Facilities team are responsible for:
- Ensuring no new smoking shelters are built on premises controlled by ELFT.
- Providing appropriate signage to ensure that everybody entering ELFT sites understands that smoking is not allowed in the buildings and grounds.

ix. The Human Resources team are responsible for:
- Ensuring that all jobs advertised includes reference to the Nicotine Management Policy and job descriptions will indicate that the adherence is a condition of employment.
- Including reference to this policy in the Trusts disciplinary procedure.

8. The Policy

The Trust's position is that all premises should be smokefree and that staff members and service users will be supported to quit / reduce their smoking. Whilst this policy reflects that position it is acknowledged that each directorate will have areas of good practice, issues and challenges and so will have local operating procedures that support the principles of this policy, which are:

i. All staff are entitled to work in secure, healthy and safe environments. When staff are providing their services in non-ELFT settings, they should ask anyone smoking to stop for the duration of the staff visit. Staff may refuse treatment or care if they judge the situation to be unsafe.

ii. Staff must be smokefree when on duty or otherwise in uniform, wearing a badge or identifiable as ELFT staff or undertaking trust business.

iii. All service users will be informed of this policy. They will undergo a lifestyle assessment, which will include their current smoking status and be offered both pharmacological and psychological support. Anyone being admitted to premises controlled by ELFT will receive information about the Nicotine Management Policy as part of the admission process.

iv. Any complaints made by service users about not being able to smoke should be managed in accordance with the Trust's procedure on handling complaints and will be included in any evaluation of this policy.

v. If a service user does not appear to be able to understand the requirements of the policy then staff should consider / refer to and follow the Trust's policy on the Mental Capacity Act 2005. This is not about the person's best interests to smoke, but about which NRT product is in their best interest if they lack capacity.

vi. All actions to implement the Nicotine Management Policy should be documented in care records.

vii. Service users will be asked to hand in products containing nicotine and any lighters on admission and they can request these back on discharge from the ward or escorted/unescorted leave. Staff will ensure wherever possible that these are kept

safely and are returned undamaged. Where nicotine or lighters are suspected to be on the ward, network procedures and practice should be in accordance with the Trust procedure on personal and room searches. Risk Assessments and local procedures can be used to supplement the management of this restricted item.

viii. Nicotine Therapy Replacement guidelines are in operation to ensure that all service users are able to access nicotine replacement therapy within 30 minutes of admission to an inpatient unit.

ix. Stop smoking support is available to service users and staff members. The support follows NICE guidance and includes access to both pharmacological and psychological support. Pharmacological supports includes both nicotine replacement therapy and stop-smoking medicines. Support available is provided through a combination of access to in-house trained staff and stop smoking advisors working partnership with local community stop smoking services.

x. All staff are expected to promote this policy in the Trust's grounds and buildings.

xi. Ward signage, advance notice and a consistent approach will support staff to ensure that visitors respect and adhere to this policy. Possible action in the event of non-adherence may include; request to stop, warnings and asking the visitor to leave.

xii. It is recognised that achieving freedom from a nicotine addiction can be extremely challenging for some people. Managers should be flexible to allow staff to attend any smoking cessation appointments in work time and emphasise the importance of adhering to this policy. Staff who do not adhere to this policy will be advised by their Line Manager of the smoking cessation options available, and that persistent and continued refusal to comply with this policy by a person employed or contracted by ELFT will be subject to disciplinary action. It is recognised that, as with any HR issue, managers may need and should seek additional line management or HR support where any such difficulties arise.

xiii. Visitors to the Trust are made aware of the nicotine management policy through signs, posters, leaflets as well as conversations with staff. Carers are to be provided with a list of the contraband items. The rationale for the policy should be explained.

xiv. There is a zero tolerance approach to any individual who becomes abusive when reminded of the policy. Should the person become aggressive then the member of staff is to walk away from the situation and seek support from their Line Manager. Staff safety must always be paramount. Under no circumstances should any member of staff enforce the policy if they believe they would be at risk in doing so.

xv. It should be noted that there are no exceptions to this policy in respect of patients, there are to be no designated areas within buildings where the use of cigarettes is allowed.

xvi. All Trust staff are prohibited from purchasing or providing tobacco products for patients.

xvii. Staff must not use tobacco as a reward for patients.

If any staff member breaches this policy then in the first instance line managers should discuss the issue with them and ensure they fully understand the smoke free policy. If staff continue to breach the policy then action through the disciplinary process may be appropriate. All members of staff are obliged to support the Smoke Free Policy.

9. Training and Support

i. It is recognised that addiction is not a choice, but quitting smoking is. ELFT Staff members will have access to stop smoking advice and support.

ii. Confidential behavioural support and e-cigarettes are available to staff members to support smoking cessation.

iii. Staff who do not want to stop smoking will be encouraged to use NRT to manage the symptoms of nicotine dependency whilst on duty. There is also the option to use E-cigarettes in accordance with the Trust's E-cigarette policy.

iv. The Trust will provide a training pathway to enable staff members to safely and appropriately meet the tobacco dependence needs of service users. All staff members are encouraged to complete dedicated stop smoking training, which includes brief intervention Level 1 training which is available via ELFT Learning Academy and via www.ncsct.co.uk. Staff members also have access to stop smoking advisor level 2 training which is run bimonthly or quarterly across the Trust. Level 1 VBA training will be delivered across each directorate in house by stop smoking advisors at away days on a monthly basis. Directorates are expected to deliver the principles of this policy ensuring that staff members are asked to prioritise and complete the training available.

10. Monitoring

Directorates are responsible for managing and monitoring their compliance, in line with the principles below:

i. The Trust Datix system will be used to record and collate any adverse incidents resulting from the implementation, including complaints and compliments. A~~-~~ When reporting specific types of incidents, staff are able to flag them as being 'Smoking Related'. The team of smoking advisors will follow up to identify what support can be offered by the Smoking Cessation team. Smoking advisors also carry out deeper analysis of the data to identify trends and these reports are shared at quarterly trust wide smoking meetings. From April 2020 to December 2022, 2283 reported incidents on Datix were marked as 'Smoking Related'. 47% of incidents were Violence & Aggression, 37% were Health, Safety and Security and 15 % Care and Treatment. The majority of incidents (30%) occurred in Forensic services.

ii. There has been an observed decrease in smoking related incidents over the years with a median of 63 in the 2021-2022 financial year compared to 78 in 2020-2021.

iii. Both the Executive Quality Committee and the Smokefree Implementation Group will be kept informed of the consequences of this policy, including positive outcomes, persistent problem areas and suggestions for improvement.

iv. Staff members who do not comply with this policy will be interviewed by their Line Manager and referred for stop smoking support as appropriate. Contravention of this policy will lead to disciplinary procedures and data on this will be included in the policy evaluation.

v. Each directorate will be asked to provide an update on their compliance on a quarterly basis to the ELFT Smokefree Implementation Group.

Standard	Time-frame/Format	How	Who
All prospective employees are advised of the policy.	On-going	All jobs advertised includes reference to the Nicotine Management Policy and job descriptions indicate that the adherence is a condition of employment.	HR and recruiting managers.
All staff are smokefree in work time and on Trust premises.	On-going	Line managers to discuss with the member of staff observed smoking and this discussion to be recorded in personnel files and 1:1 management supervision.	Line managers and Team Leaders

Current staff are aware of the policy.	On-going	Communication strategy implemented.	Communications team
All staff should complete Level 1 smoking cessation training via OLM.	On-going	Training reports.	HR/training
Service users offered support as part of admission process.	At every admission assessment (as a minimum).	Part of the admission checklist / physical health assessment.	Directorates
Recording of smoking interventions delivered to service users.	Each episode of intervention	Record on Rio/Emis etc. Part of MDT discussions and care plans.	Directorates
All staff offered the opportunity to be smokefree.	On-going	Staff members offered support.	Directorates
Monitor complaints and incidents recorded in relation to this policy.	On-going	Refer to reporting log.	Pals and complaints

11.E-cigarettes

11.1. Introduction, Duties and Purpose

East London Foundation Trusts (ELFT) is a Smoke Free Trust. An integral part of the Smoke Free strategy is support to service users and staff to stop smoking permanently as well as on a temporary basis while they are on Trust premises. E–cigarettes (EC) can be used as a nicotine replacement to facilitate this.
This section of the policy defines how ELFT will approach the use of EC. Please note that Forensics services have a separate EC policy (outlined in associated documentation).
Concerns about the use of EC in the mental health context are listed below and the policy seeks to mitigate these;

- EC use as a substitute addiction.
- The 'passive smoking' effect on other service users and staff.
- The use of EC systems to inhale other banned substances.
- The risk of fire from the electrical elements of EC.

The 2023 update of the e-cigarette policy includes:

- A review of the latest evidence updates and NHS guidance with regards to EC
- A procurement update to include considerations of cost, sustainability and upcoming government procurement portal
- Changes in provision of e-cigarettes following an evidence review and options appraisal
- Training update to include the introduction of standardised e-cigarette training for all new staff members in contact with service users in the context of smoking cessation e.g. ward staff and smoking cessation advisors

11.2. Review of latest evidence and guidance

This policy defines how e-cigarettes will be used within East London Foundation Trust across patient, staff and public populations. This includes provision for defined use within the Trust.

The policy recognises that the use and development of e-cigarettes and the surrounding evidence base is moving with pace. Since the policy was introduced in April 2017, multiple evidence reviews have been conducted. The most recent evidence update was published by the Office of Health Improvement and Disparities in September 2022 and includes results of 2 key recent literature reviews. Please see below for the key findings.

Systematic literature review: Health risks of vaping

- Vaping poses only a small fraction of the risks of smoking in short-to-medium term. Vaping can be used as an alternative to smoking to reduce the health harms of smoking. This does not mean vaping is risk-free, particularly for people who have never smoked.
- Vaping remains the most used stop smoking aid since 2013. In stop smoking services, ~1 in 20 quit attempts involved using a vaping product.
- Non-tobacco flavours are important for helping smokers start and stay vaping – and stop smoking. There is limited evidence of flavourings on health effects in people.

Systematic literature review: Vaping risk perceptions & communication

- Lower vaping risk perceptions (including thinking it is less harmful than smoking) predicted vaping initiation/increases
- 1 study found that perceiving vaping as less harmful than smoking predicted quitting smoking among adults. Communicating accurate information about the relative harms of vaping can help to correct misperceptions of vaping particularly among adults. This is important as vaping harm perceptions can change vaping and smoking behaviours and lessen health impacts.

The final message in the evidence review is shown below.

> *"The message is clear, if the choice is between smoking and vaping, choose vaping. If the choice is between vaping and fresh air, choose fresh air".*
>
> **~ Dr Jeanelle DeGruchy, Deputy Chief Medical Officer for England**

The most recent **NHS guidance** (published 4th March 2020) for e-cigarette use in mental health organisations makes the following recommendations for internal policy:

1. Ensure that policies are **clear about the distinction between smoking and vaping** and are based on evidence.
2. Incorporate the use of e-cigarettes into service provider policies and procedures, including **clear directions on when and where it is appropriate to use them and how patients can access them**.
3. Include **advice on e-cigarettes into formal organisational smokefree policy**, with agreed processes for **regular review**.
4. Providers and commissioners should align policies about delivering smokefree premises with the NICE guidance Smoking: acute, maternity and mental health services (PH 48).
5. The Medicines and Healthcare products Regulatory Agency (MHRA) operate a Yellow Card reporting system for reporting suspected adverse effects of e-cigarette devices and e-liquids. **Providers should report any adverse events to the MHRA.**
6. Review and act on new guidance on the use of rechargeable electronic devices in hospitals in line with Northern Ireland's Estates and Facilities Alerts Publications (EFA/2018/007) and the National Fire Chiefs Council.
7. Clarify that **policies apply equally to staff, patients and the public**, so consider everyone when making vaping policies.
8. Provide practical information, advice and training to staff about the impact of smoking on the mental and physical health of patients, the mental health benefits of long-term cessation, changes in prescribing associated with stopping smoking (such as reducing a patient's dose

of clozapine), switching from cigarettes to e-cigarettes, including types of device, nicotine strength and how to use an e-cigarette, maintaining the upkeep of e-cigarettes so they can best support patients (such as replacing parts and topping up e-liquids) and safe charging of e-cigarettes and safe disposal.

These recommendations have been incorporated into this policy update.

11.3. Use of E-cigarettes on ELFT premises

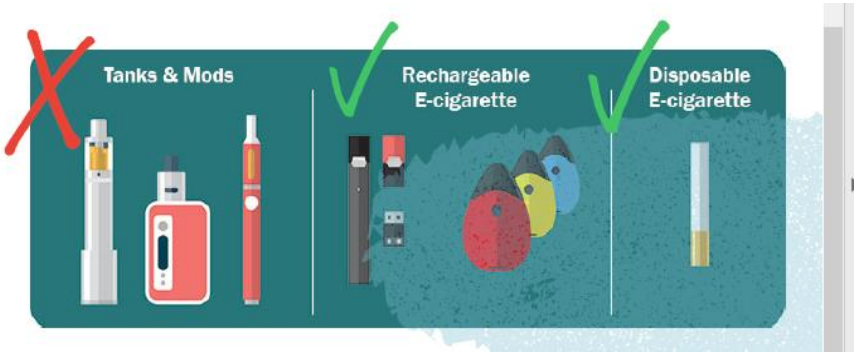
A patient's use of e-cigarettes will be defined and documented within their care plan as a mechanism to facilitate smoking cessation. E-cigarette use is not allowed by people less than 18 years of age.
The use of e-cigarettes should bear in mind respect for others, service users and staff, who may not wish to inhale the products of vaping.
Where an in-patient service user is suspected of using illicit substances by any method including via an e-cigarette the service user will be obliged to undergo urine drug screening.

11.4. The type of e-cigarette allowed on ELFT premises

Disposable: Allowed with care plan and risk assessment

Pre filled re-chargeable: Allowed with care plan and risk assessment

Vapes that are refillable tanks can be tampered with and therefore are NOT allowed on ELFT premises



The use of illicit drugs in vapes- if suspected, service user will be obliged to undergo urine drug screening.

11.5. Where e-cigarettes can be used

E-cigarettes are allowed in single bedrooms and hospital grounds. Where e-cigarettes are used in bedrooms care should be taken to provide adequate ventilation by opening windows and doors. Where second and third generation e-cigarettes are used the e-cigarette should be adjusted to a low vapour setting out of respect to other service users and staff and to avoid setting off the fire alarm.

Use in day areas, communal areas, clinical areas, ward gardens or during group or individual therapy should be by mutual agreement between service users and ward staff. The final decision sits with the ward manager or smoking cessation lead.

11.6. Individual Risk Assessment of the use of vaporisers

Staff on the ward will need to consider the following issues in deciding whether an individual can safely retain and use e-cigarettes and vaporisers:

- Self-harm risk: E-cigarettes and cartridges contain plastic and small quantities of glass, and vaporisers contain metal which can sharpened; all of these can be used for self-harm by cutting or ingestion. The risks are similar to those involved in the possession of pens or other small personal items, which need to be removed from individuals in certain circumstances to prevent self-harm.
- Ingestion of nicotine: The quantities of nicotine contained in a cartridge refill are less than one tenth of the minimum fatal overdose and bottles of e-liquid nicotine less than half. In addition ingestion of nicotine tends to cause nausea and vomiting which limits its potential for toxicity. However, patients may believe it to be toxic, and take overdoses which could lead to headache, nausea, and tachycardia. As with any medication or toxin, the possibility of hoarding of cartridges and bottles of nicotine should be considered when assessing the propensity to self-harm. Bottles of e-liquid should be stored in ward offices.
- Risks from cables: As with any electronic device, vaporisers use accessories including cables and mains chargers which can be used for the purposes of self-harm or for causing fire.
- Fire risk from chargers: Batteries can pose a low, but not negligible, risk of overheating while on charge. USB port charging can be provided via ward offices where USB multi-port chargers will be provided. Patients should not be permitted to plug their own chargers into the mains, as this may cause a fire risk. (If devices such as laptops are plugged into the mains and used to provide a USB port, they should be subject to portable appliance testing (PAT)).
- Adulteration of e-liquid with other drugs of abuse: This is unlikely to be common in acute settings where illicit drugs can be obtained by simpler methods. However, where individuals appear to be intoxicated or are at high risk of substance misuse, consideration should be given to declining or disposing of any e-liquids supplied by the patient or family and only e-liquid purchased under supervision permitted.

11.7. Procurement and provision of e-cigarettes

In general, community health service users and all staff obtain their own supply of e-cigarettes as required, in line with the types allowed information above. Community stop smoking services also supply e-cigarettes to those enrolled.

A review of funding and provision of e-cigarettes to mental health inpatients at ELFT took place in April 2022. An options appraisal was also conducted. This paper recommended that e-cigarettes be supplied free of charge to a specified eligible group of inpatients. Initial rollout was undertaken following this report, providing e-cigarettes free of charge on wards to eligible service users who were enrolled with stop smoking services. An evaluation was also conducted 4 months after the beginning of the rollout. This policy is informed by this work.

Procurement

On review of funding and provision, it was recommended that e-cigarettes be procured in line with the NHS procurement standards.

As well as ensuring wider procurement infrastructure is optimal, as a Trust, we would like to focus on sustainability of e-cigarette procurement, use and disposal. This is in line with our Marmot trust ambitions and our role as an Anchor institution in our community. Future procurement will keep sustainability in key focus.

We are aware that there are plans to create a national government procurement portal with options to filter for cost, sustainability, local provision and type of product. The portal will also ensure that providers are not also tobacco cigarette manufacturers. We intend to use this portal when it is finalised.

Provision

To be eligible for e-cigarettes on mental health inpatient wards, service users will

- Be over 18 years old
- Be current smokers
- Be enrolled with the stop smoking service
- Have made a verbal agreement not to trade or share e-cigarettes with others

The maximum number of e-cigarettes per service user per day will be capped based on each individual's tobacco dependence assessment. Provision will be signed off by ward staff and documented on RiO.

11.8. Charging E-cigarettes

- Charging e-cigarettes is only to be carried out in the nurse's station and under staff supervision.
- Only the battery and charger provided with the e-cigarette should be used when charging.
- Manufactures instructions and guidance should be followed when charging e-cigarette battery packs.
- Do not leave an e-cigarette charging unattended or overnight.
- Power adaptors should comply with the Electrical (Safety) Equipment Regulations 1994 and the Electromagnetic Compatibility Regulations 2006. The Regulations require that power adaptors must be marked with the following:
    - CE mark
    - Manufacturer name
    - Identifier; Model / type / serial number.
    - The rated voltage / current etc.

11.9. Disposal of E-cigarettes

E-cigarettes should not be disposed of in normal or clinical waste. They should be disposed of in a recycling battery bin.

11.10. Training on e-cigarettes

Training will be provided to all new incoming staff in contact with adult service users and those who request a refresher. Contents of training programmes will include

- the impact of smoking on the mental and physical health of patients
- the mental health benefits of long-term cessation
- changes in prescribing associated with stopping smoking (such as reducing a patient's dose of clozapine)
- switching from cigarettes to e-cigarettes, including types of device, nicotine strength and how to use an e-cigarette

- maintaining the upkeep of e-cigarettes so they can best support patients (such as replacing parts and topping up e-liquids)
- safe charging of e-cigarettes and safe disposal

11.11. Staff member and public use of E-cigarettes

Evidence shows that the risk to the health of bystanders from exposure to vapour from nicotine e-cigarettes / vaporisers is extremely low and insufficient to prohibit the use of e-cigarettes. There is no legal ban on the use of nicotine e-cigarettes / vaporisers in enclosed places. However under this policy, ELFT staff members, staff members of third party sub-contractors and members of the public are not authorised to use e-cigarettes in Trust buildings or Trust vehicles. They can be used in trust grounds as long as they do not cause a disturbance to service users, staff members or members of the public. The trust are keen to emphasise that there is a clear distinction between smoking and vaping. Vaping in public places is unlikely to do any harm, however it may be viewed as a nuisance by some people.

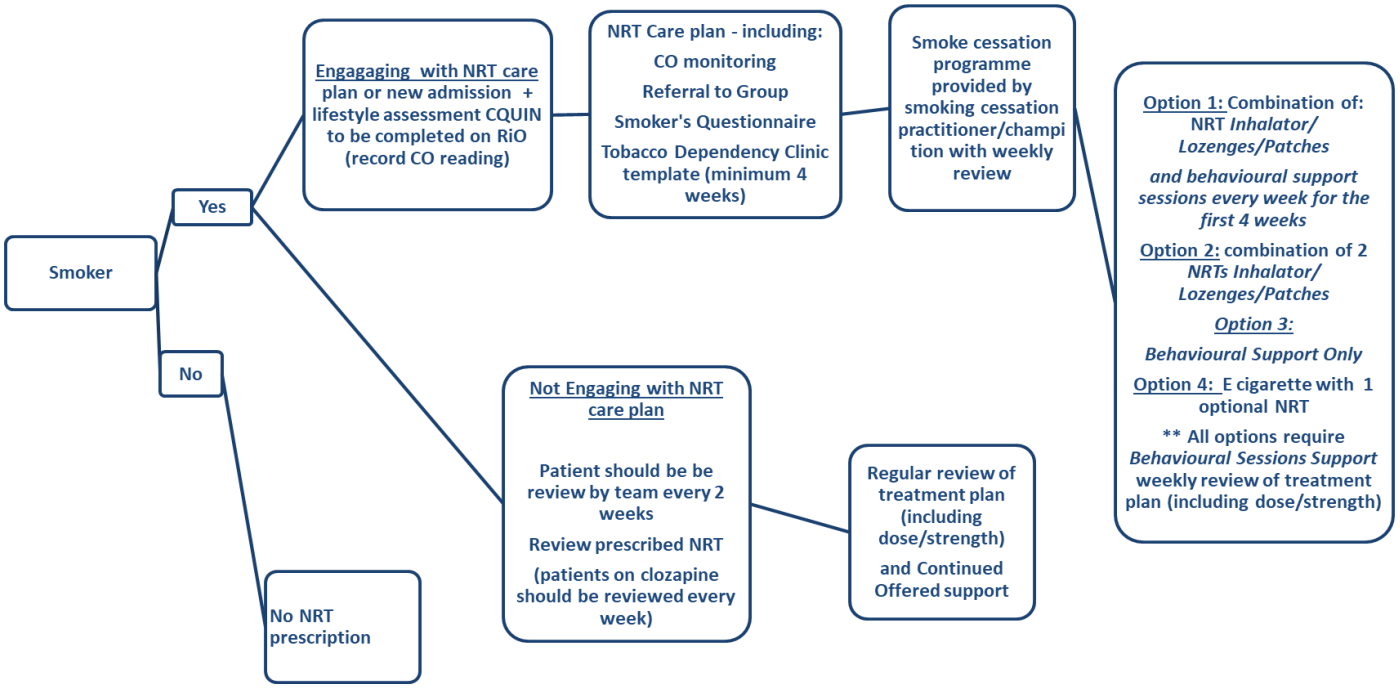
11.12. Associated documentation

Service user and carer information leaflet (in Microsoft publisher format)

E Cigarette references and further resources (appendix 4)

Appendix 1

Forensic NRT provision and pathway flowchart



Appendix 2 - Effect of Smoking Cessation on Drug Metabolism

Staff should be aware that smoking cessation may alter the metabolism of a number of commonly used psychotropics. The following table summarises the effect of starting/stopping smoking on psychotropic metabolism.

Drug	Effects of smoking	Action on Stopping	Action on restarting
Benzodiazepines	Plasma levels reduced by 0-50%(depends on drug and smoking status)	Monitor closely. Consider reducing does by up to 25% over 1 week.	Monitor closely, consider restarting 'normal' smoking does
Chlorpromazine	Plasma levels reduced. Varied estimates of exact effect	Monitor closely, Consider dose reduction	Monitor closely, consider restarting 'normal' smoking dose
Clozapine (refer to Clozapine policy)	Reduce plasma levels by up to 50% (depends on number/ type of cigarettes smoke)	Take plasma level before stopping. On stopping reduce dose gradually (over a week) until around 75% dose reached. Repeat plasma level 1 week after stopping. Consider further dose reductions	Take plasma level before restarting. Increase dose to 'normal' smoking dose.
Fluphenazine	Reduces plasma levels by up to 50% (depends on number / type of cigarettes smoke)	On Stopping, reduce dose by 25%. Monitor carefully over following 4-8weeks. Consider further dose reductions.	On restarting, increase dose to 'normal' smoking dose.
Fluvoxamine	Drug metabolism is potently affected by smoking	Monitor closely, consider dose reduction	Monitor closely, consider restarting 'normal' smoking dose.
Haloperidol	Reduces plasma levels by around 20% (depends on number /type of cigarettes smoked)	Reduce dose by around 10%. Monitor carefully. Consider further dose reductions	On restarting, increase dose to 'normal' smoking dose.
Lithium	Smoking induces metabolism of caffeine, therefore theoretically smoking can reduce xanthine levels, which could reduce lithium excretion(↑ plasma level)	Take plasma level before stopping. Repeat plasma level one week after stopping and consider need for dose increase.	Take plasma level before restarting. Repeat plasma level one week after stopping and consider need for dose reduction.
Olanzapine	Reduces plasma levels by up to 50% (depends on number /type of cigarettes smoked)	Take plasma level before stopping. On stopping reduce dose by 25%. After 1 week, repeat plasma level. Consider further dose reductions	Take plasma level before restarting. Increase dose to 'normal' smoking dose over 1 week. Repeat plasma level.

Tricyclic Antidepressants	Plasma levels reduced by 25-50% (depends on drug and smoking status)	Monitor closely. Consider reducing dose by 10-25% over 1 week. Consider further dose reductions	Monitor closely, consider restarting 'normal' smoking dose.
Carbamazepine Duloxetine Flupentixol Mirtazapine Zuclopenthixol	'May' be affected by smoking but effects on these drugs usually clinically insignificant.	'Caution' advised. Monitor	'Caution' advised. Monitor

Appendix 3 - Membership of Smokefree Implementation Group

Title	Name
Interim Medical Director for London Mental Health Services and Consultant Forensic Psychiatrist	Dr Phillip Baker
Consultant in Public Health and Director of Population Health	Angela Bartley
Deputy Director for Infection Control and Lead for Physical Health	Bernadette Kinsella
Trust Lead for Tobacco Dependency	Ogechi Anokwuru
TOWER HAMLETS, Physical Health Lead Nurse	Akeena Smith
Director of Nursing (MH London)	Sasha Singh
Borough Director, Newham	Bailey Mitchell
Borough Director, Tower Hamlets	Day Njovana
Borough Lead Nurse, Hackney	Becks Lingard
TOWER HAMLETS, Clinical Director	Dr Sarah Dracass
TOWER HAMLETS, Deputy Borough Lead Nurse	Alan Clarke
TOWER HAMLETS Smoking Cessation Adviser	Syeda Begum and Emily Moimoi
FORENSIC, Clinical Nurse Manager (Wolfson House)	Chouna Smith
Clinical Nurse Manager, John Howard (Forensic)	Curtis Reece
CITY & HACKNEY, Physical Health Lead Nurse	Ian Sutherland
TOWER HAMLETS, Physical Health Nurse	Akeena Smith
Consultant Psychiatrist & Medical Director, Hackney	Dr Olivier Andauler
CITY & HACKNEY, Borough Director	Jed Francique
BEDFORDSHIRE, Physical Health Lead Nurse	Dina Carr
BEDFORD & LUTON, Medical Director	Dr Guy Thompson
NEWHAM, Physical Health Nurse	Lizzie Hearn
Deputy Chief Pharmacist	Chinedu Ogbuefi
Smoking Cessation Data Analyst and Admin	Nathan Chan
Smoking Cessation Adviser, John Howard Centre (Forensics)	Niamh Nolan
Smokefree City and Hackney	Penny Steed/Robert Loton
Smoking Cessation Advisers, Newham	Christopher Oleru-Uda and Caroline McGovern
Smoking Cessation Adviser, Hackney	Kelvin Okorie and Ria Ellington-Dyett
Senior Public Health Strategist, LBH	Suhana Begum
Public Health Adviser, LBTH	Mutuir Rahman/Xaioun Li
Smoking Cessation Adviser, Luton and Bedfordshire	Fateha Poly, Ihuoma Alozie, Djenny Nkoy
Head of People Participation	Paul Binfield
NEWHAM, Physical Health Lead Nurse	Lizzie Hearn
Consultant Liaison Psychiatrist, Royal London Hospital	Dr Peter Byrne
Deputy Borough Lead Nurse	Lorraine Greene
Public Health, Central Bedfordshire	Martin Manly
CENTRAL BEDFORDSHIRE, Public Health	Ruth Dean/Martin Manly
NEWHAM, Borough Lead Nurse	George Chingosho
TOWER HAMLETS, Clinical Director	Dr Dominic Dougall
BEDFORD, Borough Lead Nurse	Bernice Ruff
CITY & HACKNEY/FORENSIC, Lead Pharmacist	Susana Fontelo/Mohamed Abbass
LUTON, Head of service – Total Wellbeing Luton	Madeeha Samsudeen

Appendix 4 evidence and literature that informed e-cigarette policy

i. McNeill A, Brose LS, Calder R, Bauld L & Robson D (2018). Evidence review of e-cigarettes and heated tobacco products. A report commissioned by Public Health England. London: Public Health England.
ii. https://www.gov.uk/government/publications/e-cigarettes-use-by-patients-in-nhs-mental-health-organisations/using-electronic-cigarettes-in-nhs-mental-health-organisations
iii. https://www.gov.uk/government/collections/e-cigarettes-and-vaping-policy-regulation-and-guidance
iv. S Chapman BMJ 2014, S Glantz 2014 – vapour contains toxins at low concentration Pisinger and Dossing Preventive Medicine 2014 Mcfiggins Harrison work reported to the ecig summit
v. Exposure to Electronic Cigarettes Impairs Pulmonary Anti-Bacterial and Anti-Viral Defenses in a Mouse Model Thomas E. Sussan et al
vi. Comparison of select analytes in aerosol from e-cigarettes with smoke from conventional cigarettes and with ambient air
vii. NNA briefing paper: E-Cigarettes – Why bans on use in enclosed public spaces would be detrimental to the public health goals of Scotland
viii. http://nnalliance.org/blog/90-nna-briefingpaper-on-bans-in-enclosed-public-spaces
ix. www.biomedcentral.com/content/pdf/1471-2458-14-18.pdf www.biomedcentral.com/1471-2458/14/18/abstract
x. http://onvaping.com/the-ultimate-list-of-studies-on-e-cigarettes-and-their-safety/
www.tandfonline.com/doi/abs/10.3109/08958378.2013.793439
http://jpet.aspetjournals.org/content/91/1/52.abstract
www.scribd.com/doc/195347257/Nicotine-and-Health
xi. Report of PHE stakeholder 'conversation' on use of e-cigarettes in enclosed public places and workplaces
xii. Peering through the mist: What does the chemistry of contaminants in electronic cigarettes tell us about health risks? Igor Burstyn, PhD Department of Environmental and Occupational Health School of Public Health Drexel University 1505 Race St.
xiii. www.ecigarette-research.org/research/index.php
xiv. http://stuffhappens.us/e-cigs-have-10x-more-cancer-causing-ingredients-14507/.
xv. www.sciencedirect.com/science/article/pii/S0273230014002505
http://acsh.org/2015/02/machine-puffed-e-cigs-yielded-vapor-containing-exactly-youd-expectmuch-else/