

Process and impact of implementing a smoke-free policy in prisons in Scotland: TIPs mixed-methods study

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Disclaimer: This report contains transcripts of interviews conducted in the course of the research and contains language that may offend some readers.

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Plain English summary

TIPs mixed-methods study

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Plain English summary

Smoking and breathing other people's smoke (i.e. 'second-hand smoke') damages health. When smoking bans were first introduced in the UK in 2006/7, prisons were treated differently. Smoking was still allowed for people in custody, so smoking in prisons was very common and much more common than in the general population. Some countries have banned smoking in prisons, but there is little evidence on the best way to do this or on the effects on people living or working in prisons.

We studied prisons in Scotland before and after smoke-free rules were introduced in prisons in November 2018. We measured second-hand smoke levels and carried out surveys, interviews and discussion groups with people in custody and prison staff before and after the change of rules, so their views could be taken into account. We compared markers of health (such as number of hospital visits and medicines prescribed) among people in custody before and after the change of rules. We also assessed whether or not the new policy was cost-effective.

We found that, before the new rules were introduced, staff and people in custody expected problems, but, in fact, Scotland's smoke-free rules were introduced without major problems. Second-hand smoke levels reduced by $\approx 90\%$ after the implementation of the smoke-free rules. Most staff, but only some people in custody, welcomed the new rules. Many people in custody were positive about the introduction of e-cigarettes as an alternative to tobacco. Staff and people in custody also discussed some worries, such as whether or not e-cigarettes might affect their health. Some people in custody wanted help to cut down on or stop vaping in prison, so Health Scotland developed new guidance about how to support them to do this. The health economic analyses showed that the smoke-free policy was cost-effective because of health benefits after reductions in smoking and exposure to second-hand smoke.

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