



The Politics and Ethics of Smoking Bans in Psychiatric Facilities

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Objectives

- To examine the implementation of smoking bans in psychiatric facilities in the context of:
 - Historical, cultural and social factors
 - Health care and mental health service delivery
- Their impact on mental health consumer autonomy, rights and recovery
- To consider implications for individual and systemic advocacy

The PPAO

- Introduced in the Ontario Legislature by the Minister of Health in 1982 to protect the rights of patients in the 10 Provincial Psychiatric Hospitals
- An arm's length program of the Ministry of Health and Long-term Care (MOHLTC) in operation since 1983
- Governed by a Memorandum of Understanding (MOU) with administrative accountability to the MOHLTC
- Does not speak for the MOHLTC
- Provides advocacy in the 10 tertiary care psychiatric facilities
- Provides rights advice to patients in the tertiary care psychiatric facilities, other schedule 1 facilities and to clients living in the community who are being considered for Community Treatment Orders (CTOs)

Goals of Advocacy

- Restoration of decision-making authority
 - Autonomy
 - Personal effectiveness
- Mitigation of vulnerability
- Rights protection and realization
 - Human
 - Civil
- Reduction and elimination
 - Stigma
 - Discrimination
- Promotion of social inclusion

Advocacy – A Broad Range of Activities

- Provision of education and information
- Consciousness-raising
- Mediation
- Negotiation
- Legal redress
- Political engagement and activism

The Historical Context: It was not very long ago when doctors endorsed smoking



The Historical Context: ...or when this image was a well-known and powerful marketing tool



The Historical Context: Iconic Endorsements – An actor who would later become a US president



The Historical Context: Iconic Images – and a current US president



Cultural Determinants: Tobacco Promotion on Inpatient Psychiatric Units

Traditionally, psychiatric facilities have inadvertently promoted tobacco use by deploying cigarettes as a means to modify behavior through the use of token economies.

Moss, T.G., et al. (2010) A tobacco reconceptualization in psychiatry: Toward the development of tobacco-free psychiatric facilities. *The American Journal on Addictions, 19*: 293–311

Cultural Determinants: Token Economies on Psychiatric Wards

In conclusion, these data suggest that if one is establishing a token economy for chronic patients and wishes to use the most powerful reinforcers available, he should stock his ward store with cigarettes and edible items.

Ruskin, R.S. & Maley, R.F. (1972). Item preference in a token economy ward store. *Journal of Applied Behavior, 5*, 373-378

The effects of second-hand smoke still in dispute?



From Novak, K. (2007). Out from the haze. *Nature, Vol. 447*, 28 June 2007, 1049-1051

The Scientific Evidence – The Surgeon General's 2010 Report

1. *There is no risk-free level of exposure to tobacco smoke.*
2. *Inhaling the complex chemical mixture of combustion compounds in tobacco smoke causes adverse health outcomes*
3. *The risk and severity of many adverse health outcomes caused by smoking are directly related to the duration and level of exposure to tobacco smoke.*
4. *Sustained use and long-term exposures to tobacco smoke are due to the powerfully addicting effects of tobacco products, which are mediated by diverse actions of nicotine and perhaps other compounds, at multiple types of nicotinic receptors in the brain.*
5. *Low levels of exposure, including exposures to secondhand tobacco smoke, are implicated in acute cardiovascular events and thrombosis.*
6. *There is insufficient evidence that product modification strategies to lower emissions of specific toxicants in tobacco smoke reduce risk*

Smoking Prevalence

- More than 80-90% of patients with schizophrenia smoke compared with 20-30% of the general population
- Individuals with schizophrenia are frequently heavy smokers – smoking greater than 1.5 packs per day
- Nicotine administration may be a form of self medication

– The Surgeon General's Report, 2010

Smoking Bans in Tertiary Care Psychiatric Facilities in Ontario

- Smoke-Free Ontario Act
- Independent policy development
 - Process and consultation
 - Implementation
 - Total smoking bans
 - Property rights and access to personal property
 - Designated smoking areas
 - Enforcement

Smoking Bans Cont'd

- Implications and Impacts
 - Individual Choice
 - Health Promotion vs. the Politics of Power
 - Effectiveness of Smoking Cessation Strategies
 - Labour Issues
 - Workplace/Environmental Safety
 - Economic Costs
 - Stigmatization

Smoking Issues Addressed in the 10 Tertiary Care Psychiatric Facilities by the PPAO

Year	2004	2005	2006	2007	2008	2009	2010	2011	Total
Number of Issues	64	54	41	47	19	15	26	4	270
Unresolved Issues	27	20	7	15	4	3	11	2	89
% Unresolved Issues	42	37	17	32	21	20	42	50	33

Case Example

- Forensic client
- Detained in facility
- Smoker
- Diagnosed with high blood pressure
- Overweight
- Capable of consenting to hypertension treatment
- Has stopped taking blood pressure medication
- Grounds privileges withdrawn
- Denied access to cigarettes and lighter

Case Example – Cont'd

Questions:

- What considerations by the treatment team may have led to a withdrawal of this individual's privileges?
- Have this individual's rights been abridged? Which ones?
- Is this an effective health promotion strategy?
- Are there any discipline-specific practice guidelines that must be taken into account?
- Is this an ethical approach on the part of the treatment team?
- What advocacy intervention, if any, is needed here? Individually? Systemically?

Smoking Bans – Implications for Ethical Practice

- How can consumers be effectively engaged in policy development and implementation?
- To what extent does existing legislation impact the development of facility policy?
- What professional practice guidelines must be brought to bear on policy and clinical practice in implementing smoking bans?
- What role do staff play in policy implementation and supporting client/patient autonomy?
- How can smoking bans be implemented in the context of a recovery-oriented framework?
- What is the interrelationship between health promotion and the engagement of clients/patients in treatment/smoking cessation decision-making?

Conclusion

- How would you balance the complex factors and demands that have given rise to smoking bans in support of health promotion while respecting and preserving clients'/patients' rights and autonomy?

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