Smoking Policies in State Psychiatric Hospitals
July 2005

An email survey was sent to the directors of the 225 state psychiatric hospitals in April 2005. A follow-up email was sent in May. The survey was composed of seven questions to gather baseline information on the current smoking policies for patients and staff at state psychiatric hospitals. The health risks of smoking, the prevalence of smoking among persons with mental illness, and the movement towards smoke-free environments were the rationale for the survey. A total of 124 hospitals from 45 states responded to the survey. The following information is a summary of the responses and a suggested plan for further action.

Hospitals that prohibit smoking
Twenty-five hospitals indicated that smoking is prohibited entirely on the hospital grounds. Hospital grounds include within the hospital structure and on the property. Of these hospitals:

- 21 hospitals indicated that staff are held to the same smoking policy as the patients; 4 hospitals indicated staff policies are more permissive.
- 1 hospital indicated that it is changing its smoking policy to classify cigarettes as contraband.
- 15 hospitals have nicotine replacement treatment medications on formulary and smoking cessation groups; 8 hospitals offer nicotine replacement treatment medications but not cessation groups.

Hospitals that allow smoking
Ninety-nine hospitals indicated that smoking is allowed on hospital grounds. Of these hospitals:

- 44 hospitals indicated that smoking is allowed while on units
  - 9 allow smoking in the Emergency Room or Observation Bed Service
  - 37 allow smoking in units with acute length of stay
  - 39 allow smoking in units with intermediate and long term stays

In most cases, these hospitals allow smoking regardless of the type of unit. Some hospitals indicated that smoking is permitted in courtyards; these hospitals were reclassified as not allowed on units but permitted on grounds.

- The number of smoke breaks ranges from 3 to 16 per day. However, many hospitals commented that patients could smoke at their leisure and some hospitals did not provide a number of breaks. Twenty-four hospitals fell into this latter category. Of those hospitals with defined smoke breaks, on average there were 6 smoke breaks per day.
• 39 hospitals indicated that smoking policies for staff are more permissive than the policies for patients, 41 hospitals indicated the policies are the same, and 14 hospitals indicated that the policy for staff is more restrictive.

• 28 hospitals indicated that they intend to change the smoking policy in the coming year. Two hospitals that are not planning on changing their policies stated that they had been a smoke-free establishment in the past; however, due to problematic enforcement issues had reverted back to allow smoking.

• 58 hospitals have both nicotine replacement treatment medications on formulary and cessation groups for patients, 28 hospitals offer nicotine replacement treatment only and 5 hospitals offer only cessation groups.

Summary
Based on the responses from half of the state psychiatric hospitals, there is wide variation in the policies related to smoking across the state psychiatric hospitals.

• 20% do not allow smoking at all
• 35% allow smoking on units
• 19% allow an unrestricted number of smoke breaks
• 23% are planning to change to more restrictive policies
• 35% have more permissive policies for staff

This survey provides limited baseline information on the policies of state psychiatric hospitals in relation to smoking. One concept that needs further exploration is whether there are different approaches taken with patients on acute-care versus long-term units, particularly in terms of access to smoking areas. While a majority of hospitals indicate that both nicotine replacement treatment medications are on formulary and cessation groups for patients are available, the survey did not assess the actual utilization of these services. As hospitals implement changes in policy and become smoke-free environments, information on the use and cost-benefit of such services during the transition may prove helpful.

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