



The ETS Project: Enforcement and Compliance

Smoke-Free Grounds Policies

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Adoption of smoke-free public places legislation in Canadian municipalities and provinces has led to the implementation of smoke-free hospital grounds policies by many health regions and hospitals across the country. These policies extend legislation banning smoking within a radius of a few meters of public buildings to all hospital property, including parkades and green spaces. The primary reason for smoke-free spaces legislation and the subsequent hospital policies is to protect the health and well-being of individuals through:

- Reduced exposure to secondhand smoke
- Heightened awareness of the health risks associated with tobacco use and environmental tobacco smoke

While cleaner air strategies are well supported by evidence, the degree of compliance with smoke-free hospital grounds policies and adequacy of enforcement remain debatable.

The first smoke-free grounds policy in Canada was introduced in the Calgary Health Region in 2000.



Between 2003 and 2009 all provinces and territories in Canada banned smoking in indoor public places and workplaces.

Hospital setting enforcement and compliance issues reported in the literature include:

- Staff fear aggression should they try to enforce the policy, despite evidence that aggression is not as large a concern as it is expected to be
- Staff are more likely to confront a noncompliant patient than a visitor, or fellow staff member
- Additional barriers to enforcement of the policy, which support allowances for smoking on property are:
 - There is no safe place for people to smoke
 - Staff feel like they are being police rather than health professionals

Background

STUDY PARTICIPANTS:

ETS 1

82 Patients

16 Focus Groups
With 81 Health Providers

23 Key Informants

ETS 2

40 Patients

9 Focus Groups
With 67 Health Providers

20 Key Informants

Did you know...

Canadians reported exposure to secondhand smoke at least once in the last month in:

Building entrances (52%)

Sidewalks or parks (52%)

Other people's homes (26%)

Outdoor patios at
restaurants/bars (25%)

Vehicles (23%)

Their workplace (22%)

-Health Canada (2009)
Canadian Tobacco Use
Monitoring System at <http://www.hc-sc.gc.ca/hc-ps/tobac-tobac/index-eng.php>

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Introduction to the ETS Projects

The ETS studies explored the reality of tobacco use management at several hospitals in Western Canada after the implementation of a smoke-free grounds policy. The objective was to reveal consequences (intended and unintended) of the smoke-free grounds policies from the perspectives of patients, support staff, health providers, and health authority managers.

The first ETS study was conducted at two tertiary hospital sites, one in Edmonton and one in Winnipeg. This study focused on eight adult inpatient wards (cardiology, respiratory, orthopedic/trauma, rehabilitation/transplant). The study revealed a general perspective of tobacco use management, post implementation of the smoke-free grounds policies.

The second ETS study was conducted at three hospitals in Saskatoon and Calgary. Of particular interest here was the impact on adult psychiatric inpatient wards, as patients with psychiatric diagnoses tend to have a high rate of tobacco use. In addition, tobacco use has played many roles within acute care psychiatry and in the daily life activities of this patient population. For this reason, the application of smoke-free grounds policies in this context might demonstrate unique unintended consequences.

In each study, group and individual discussions were held with health care providers, patients, and support staff. They were asked about:

- Their experiences with the smoke-free grounds policy
- Their opinion of the policy
- Suggestions on how to improve the policy

Health authority management personnel were asked about:

- Their involvement in policy development/implementation
- What they perceived as unexpected outcomes
- What their impressions were of the policy

Smokers, former smokers, and people who have never smoked participated in the studies.

Additionally, researchers toured the hospital grounds and recorded observations of people smoking and evidence of popular locations on the property for doing so.



Findings

It is the same thing, smoking is everywhere, whether there are signs or not people smoke right in front of them. Security guards do it, everybody does it. Doctors, nurses, housekeeping, everyone.

~Focus Group Member

...he wanted a cigarette and they wouldn't let him have one and so he slammed his head into the floor.

~Patient

I think it is a shame that people have to look at the mess of thousand[s] of cigarettes on the ground after a weekend rather than just having a couple of butt snuffers that they can use.

~Support Staff

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Unintended Consequences of the Smoke-Free Grounds Policy

Secondhand/Thirdhand Smoke Exposure

- Staff reported exposure to secondhand and thirdhand smoke; some perceived less exposure post-policy implementation but many did not.
- Staff described walking through a cloud of smoke when leaving or entering the building.
- The presence of thirdhand smoke odour on patients and fellow staff members returning from an off ward pass or coffee break was reported.
- Thirdhand smoke odour from cigarette butts stored in patient rooms was reported.

Litter

- Housekeepers found cigarette butts hidden in drawers, beds, and elsewhere when they cleaned patient rooms, which was reported to be physically irritating.
- There were increased butts on the grounds since ashtrays were removed.
- Groundskeepers spend hours a day sweeping up butts.

Where People Smoke on Hospital Property

- Right outside entrance doors
- In stairwells
- In their cars
- In bathrooms
- By no smoking signs
- Areas where staff can hide during breaks



Inconsistent Enforcement

- Security staff reported dealing with verbal and other abuse when approaching someone smoking on the grounds.
- Security staff were worried about patient safety when they asked patients to move off property to smoke, and often did not ask them to leave for this reason.
- There was a sense of futility in that smokers would simply move the location of their smoking from one part of the grounds to another, knowing they would never receive more than a warning.

Withdrawal and Cravings

- Patients expressed a preference for a nicotine inhaler rather than a patch to deliver nicotine replacement therapy (NRT). The inhaler was not consistently available.
- Patients indicated that after the initial offer of NRT by hospital staff, limited effort was provided to address tobacco use or withdrawal.
- Pharmacists indicated that health care providers often under-prescribe NRT so that withdrawal symptoms were frequently not adequately managed.
- Patients suggested that there were not enough activities to distract them from their cravings so they resorted to smoking.

Findings

Continued

Patient[s] leaving or getting lost is always a risk, and that's probably the biggest thing that happens

~Focus Group Member

And we are letting this highly suicidal... [patient] ... off the unit by himself, where's our nursing responsibility?

~Focus Group Member

Like we are not going to get an officer directing some guy out onto the street at three o'clock in the morning in a snow storm because he wants a cigarette. If he can move away from the building and have a cigarette you know I am okay with that. If it comes down that I take some heat for that, I guess I do. I am just worried about the safety of the patient.

~Support Staff

I've been picking up butts when I don't have ... cigarettes and ahh... I started to smoke a bit more now.

~Patient

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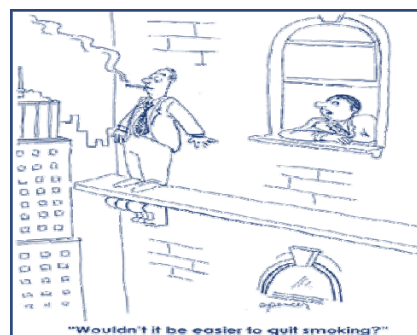
Safety Concerns

Safety concerns related to patients who smoked on the ward:

- Patients sometimes bullied other patients to obtain cigarettes.
- At times, cigarettes were obtained through bartering between patients.
- Fires occasionally started when patients tried to hide smoking materials, or were smoking in their room.
- Patients responded with anxiety or anger when they were not permitted off the ward to smoke.
- Health providers and support staff reported being verbally and sometimes physically abused trying to enforce the policy.

Safety concerns related to patients/staff leaving the ward to smoke:

- Inability to provide adequate patient care once the patient leaves the ward to smoke;
- Once a patient is off property, there is a prohibition to providing care due to hospital policies and an emergency medical system must be accessed;
- Patients smoking in potential danger zones, i.e. near traffic, near an oxygen tank;
- Patients leaving the ward without adequate clothing and being subject to severe weather conditions (reportedly frost bite from fingers or toes being exposed);
- Risk of patients getting lost or causing harm to themselves or others;
- Patient equipment not functioning properly in cold weather (e.g., intravenous infusion pumps);
- The spread of disease to patients and/or other individuals by the use of discarded cigarettes, initially smoked by those diagnosed with an infectious disease (i.e., Tuberculosis);
- Wheelchairs becoming stuck in cracked sidewalks, or in the snow in the winter;
- Patients driven by the desire to smoke may suffer complications due to excessively early ambulation following surgery.



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Improving the Situation

But they should have some place where they can go to be protected. We have very, very severe weather in this country so, you know, if there is some place they could—that's the only part that I would change in the policy.

~Support Staff

A ticket, just make it a ticket. Like not going to jail or nothing like that. Just, here you go, that just cost you \$40. That's a \$40 cigarette you just had.

~Patient

More activity, more work needs to be done with the hands. We don't have that. I find that patients who are kept busy here during the day don't need that cigarette.

~Support Staff

And we're supposed to have a strict no-smoking policy with no exceptions, and yet we're offering an exception. There shouldn't be any existence of anything. It should be strictly nicotine replacement.

~Focus Group Member

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Patient, Health Provider, and Support Staff's Suggestions for Improvement

These different participant groups offered similar suggestions for improving the effectiveness of the smoke-free grounds policy.

Designated Area

- Have an enclosed smoking area, either indoors or outdoors.
- People have the right to smoke and so there should be a safe place for them to smoke.
- This suggestion would involve a change in the policy/law. It implied an acceptance that people, be they patients, visitors, or staff, would continue to smoke regardless of a policy to the contrary.

Changes on Property

- Provide ashtrays on property to keep the litter down.
- Increase signage; in some hospitals the no smoking signage was old, faded and even damaged. This suggested that the smoke-free policy was not a priority—no one cares.

Enforcement

- Increased enforcement; a common observation by participants was that without enforcement a policy is meaningless.
- Hand out fines to non-compliant people so they know the policy is a serious one and not simply a suggestion.

Treatment

- Offer more support to smokers: by way of NRT, counseling, providing the phone numbers to a smokers' helpline, or supplying reading material about tobacco use and cessation.
- Provide more education to health providers on addressing tobacco use as an addiction.
- Have more activities for long-term patients so they can keep occupied and not spend their day thinking about their next cigarette.
- When treatment is suggested, people feel very strongly that it is the only option, but as seen in the ETS studies, a very small number of participants suggested it.



Supporting Smoke-Free Hospital Grounds Policies and Management of Tobacco Use within these Settings

Policy Maker Suggestions & Concerns

I think it's critically important that these policies, um, are implemented, and enforced thoroughly. If we are truly going to, um, walk the talk and support a population we're trying to protect from secondhand smoke, enforcement is, is critical.

I don't think there's anything wrong with having smoke rooms inside the hospital as long as they're properly vented.

I think for this one it is mostly persistence and that we need to keep encouraging the positives and reinforcing the positive messages around all the positive smoke-free until we change the climate of the population.

Smoke detectors that can detect smoke and automatically come on saying please do not smoke in this area...

And then of course there's that ethical and moral issue of umm patients standing outside with ah, nothing but the open back gown on having a cigarette because we forced them into that.

ETS study results revealed significant unintended consequences of the smoke-free grounds policy. Regardless of if one agrees with study participant's suggestions, including policy makers, (see side bar) it is important to learn about the concerns and suggestions for improvement from the people who live and work with the policy daily. So let us critically reflect upon their suggestions.

Critiques of Common Suggestions and Reflections

Enforcement: Simply moving individuals beyond what can be a nebulous boundary—the legal limit of the hospital property—would be ineffective in addressing several concerns identified by the ETS studies. Patient safety would remain a concern, if the policy was strictly enforced and people had to go to the sidewalk to smoke. Security staff would encounter abuse when strictly enforcing the policy. Exposure to secondhand smoke would likely continue, just not at entrance ways and thirdhand smoke odour would remain an issue.

Outdoor Designated Smoking Area: As most municipal legislation is written, the designation of such areas on hospital property would be illegal. An underlying imperative for banning smoking on hospital property is to reinforce the public health message that smoking is dangerous to health. Creation of smoke friendly locations within hospital settings undermines this message and implies support for smoking when in the “right place.” While such areas could decrease safety issues when patients smoke in designated areas, there remain concerns with psychiatric and other vulnerable patients being off the ward.

Indoor Designated Smoking Area: Similar concerns arise with this suggestion as with the creation of outdoor smoking areas, but with added risks of secondhand smoke exposure. Thus, even though patients would be in a safe place to smoke, and tobacco-related outbursts by patients could be minimized, the legal and health-related issues and exposure to secondhand smoke preclude the viability of this solution.

Critiques of Alternate Reflections and Suggestions

Is it the patients right to smoke or is it the hospital's responsibility to support abstinence during hospitalization? To what degree is it the individual's responsibility to ensure their own safety versus a systemic responsibility to support patient safety and healing by limiting the risks and adverse complications related to ongoing tobacco use (smoking)?

Treatment and Zero Tolerance: If the policy were strictly enforced, and patients abstaining from tobacco use were adequately supported by NRTs and other addiction-control measures then:

- Patients would be safer;
- Healing would be less compromised;
- There would be clear expectations that it is an important standard of health care to address the unique needs of patients who use tobacco.

Open and ongoing discussion of the risks of tobacco use with staff and visitors, allied with a robust tobacco management program would engender generalized support.

Contact
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We would like to hear from you.

Send us an email at:

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"No, you weren't speeding. You were smoking. This is a 'non-smoking' highway."

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