Perspectives on implementing smoke-free prison policies in England and Wales

Abstract

This paper explores prisoner and staff views of the current smoking policy in English and Welsh prisons (a partial ban permitting smoking in prison cells) and gauges perceptions of the implications of the forthcoming policy change which will see a total smoking ban within all parts of the institution. Five focus group discussions in one medium security male prison in England were undertaken. Three focus groups were undertaken with prisoners (both smokers and non-smokers) and two focus groups with staff. The findings suggest that smoking is embedded in the fabric of prison life and serves several functions, including alleviating anxiety in prisoners. The current smoking policy was perceived as being a fair policy that both supported smoking and non-smoking prisoners. There were concerns, however, that a total smoking ban would have adverse outcomes for prisoners and staff, including deleterious effects on mental health and the potential for violence. The paper concludes by suggesting that the incoming policy, which sees a total smoking ban in prisons, is laudable, but this research suggests that without careful implementation there may be adverse health and organisational outcomes.

Introduction

The global prison population has grown exponentially in recent times (Walmsley, 2015), exemplified none more so than in England and Wales where the current population stands at around 86,000 (Ministry of Justice, 2017). Within this population, epidemiological data demonstrates the over-representation of disease and illness and health behaviours such as drug-taking and smoking (Woodall, 2016). While published figures vary, there have been several studies indicating smoking prevalence at approximately 80% (Clarke *et al.*, 2015, Singleton *et al.*, 1999). These figures have important public health implications, as data indicate that prisoners' mortality rates from smoking related cancers are higher than rates in the general community (Butler *et al.*, 2007).

Current prison policy in England and Wales indicates that indoor areas in prison should be smoke-free, but that prisoners aged 18 and over are permitted to smoke in single cells or cells shared with other smokers (HM Prison Service, 2007). This policy, however, has consequences for staff entering cells and non-smoking prisoners who may be exposed to second hand smoke within the institution. Indeed, diseases caused by passive smoking are similar to those caused by mainstream smoking (Butler, Richmond, Belcher, Wilhelm and Wodak, 2007). This is likely to be further compounded in prison environments where poor and dated ventilation systems are commonplace (WHO, 2014).

In the general population, smoking rates have fallen considerably through concerted policy interventions (Belcher *et al.*, 2006). Nonetheless in the prison context, the same fall in smoking prevalence has not been seen (Richmond *et al.*, 2012). In reversing this trend, prison health systems in England and Wales are mandated to reduce smoking prevalence among prisoners by improving access to support people to stop smoking (NOMS *et al.*, 2013). To reduce prevalence rates further in prisons, total bans on smoking within all parts of the institution have been proposed. This policy has already been implemented in several global prison systems, including Australia (Hefler *et al.*, 2016) and parts of the United States (Thibodeau *et al.*, 2012).

In England and Wales, the government plans to implement a full smoking ban in all state prisons but the implementation of this will happen gradually rather than with immediate effect. While the driver for the smokefree agenda is to improve health – and indeed international evidence shows that smoking bans can interrupt smoking behaviours and improve air quality (de Andrade and Kinner, 2016, Jayes *et al.*, 2016) – evidence suggests adverse effects may also occur. International studies have shown, for example, that bans can increase tension and violence and can create illegal markets within the prison (de Andrade and Kinner, 2016, Ritter and Elger, 2014).

Despite the forthcoming total smoking ban in prisons in England and Wales, there has been little exploration of the perceived impacts for prisoners and staff. The gradual policy implementation 'roll out' offers an important research 'window' as it allows exploration of the anticipated effects of the policy enabling foresight to support prison governors and health providers. To date, limited evidence exists to indicate how the imposed ban will be perceived in prisons and little understanding about how

the policy directive will be managed at a local level. This paper offers insight – using the perspectives of smoking and non-smoking prisoners and staff – into an English prison prior to the implementation of the smoking policy. The paper's aim is two-fold. First, to highlight how the current smoking policy (smoking permitted in prison cells) is experienced by prisoners and staff and second to gauge perceptions on the implications of a total smoking ban within the institution.

Methods

It was anticipated that using a qualitative approach would allow the subjective reality of the prison setting and the current and new smoking policy to be captured through the individual experiences of those who reside and work there. Focus groups are particularly appropriate in prison contexts and have been used successfully in previous research examining health promotion and public health in prisons (Nurse *et al.*, 2003, Woodall *et al.*, 2013). The challenge of conducting research in prison settings has been well-documented (Noaks and Wincup, 2004). Despite one of the authors working in the prison and completing the research as part of her postgraduate qualification, gaining access to the prison for conducting research remained a particularly difficult, multi-layered and time-consuming process (Smith and Wincup, 2000). Access was, however, granted from the Governor of the prison to undertake the study. In this category-C prison 800 male adult prisoners were held, the majority of whom were below 30 years of age and serving sentences of between 1-4 years. Prisoners within this institution are broadly defined as:

> *"Prisoners who cannot be trusted in open conditions but who do not have the ability or resources to make a determined escape attempt."* (Leech and Cheney, 2002, p.283)

Once permission was granted to conduct the research, the process used to select prisoners was important for obtaining a sample which would attempt to represent the broad variability of experiences held by those within the setting. The aim was to seek 'maximum variation' within the sample (Sandelowski, 1995) from prisoners (both those defining themselves as current smokers and non-smokers and those serving various sentence lengths) and staff, including both prison staff (employed by the Prison Service) and health care staff (employed by the National Health Service).

Gatekeepers (i.e. Senior Mangers based in the prison) within the prison were crucial for accessing the sample. It was agreed with them that recruitment materials would be used to attract prisoner participants and that prisoners would return a reply slip to indicate their interest in the study – this was a pragmatic decision and one which the prison had used previously to gather prisoner perspectives on issues. Literacy issues were at the forefront of recruitment design and opportunities for prisoners to verbally clarify issues with staff was offered. Staff were recruited using posters and other materials placed in offices and meeting space – although staff were asked to contact the researcher directly via email if they wished to participate.

In total thirty-three people participated in five focus group discussions. Three focus groups were undertaken with prisoners (18 prisoners) – the composition of each of the groups had smokers and non-smokers and individuals serving varying sentence lengths. Three groups were also set-up to

ensure six prisoners were present in each discussion – this was deemed to be an effective risk-management strategy in terms of safety, but also enabled all participants the opportunity to talk fully. The decision to have heterogeneous groups (i.e. smokers and non-smokers together) was to enable discussion and debate. A member of prison staff was present during the focus groups for security reasons, but did not contribute to the discussions. Two staff focus groups were undertaken and, due to logistical issues and fitting the research within existing team meeting structures, these were separated into one group of prison security staff (n=7) and one group of healthcare staff within the prison (n=8). The focus group discussions for both staff and prisoners followed a broad topic schedule, including: how current smoking policy effects health and wellbeing; the anticipated impact of a smoking ban; and the broader effects on prison life and culture. All aspects of the study had approval from the National Offender Management Services' Research Ethics Committee.

All data were recorded having received authorisation by the head of security within the prison and all participants had provided written consent. Data were transcribed and analysed thematically following Braun and Clarke's (2006) guidance. Firstly, data familiarisation and immersion involved a process of *"repeated reading"* (Braun and Clarke, 2006, p.87) and examining the data for patterns and areas of interest. Initial coding of the data were predominantly based on recurring concepts or salient issues which were discussed during data collection. Codes were grouped and merged to form sub-themes which were further grouped into substantive categories, several of which are presented here.

Findings

Key findings derived from the analysis are presented in the following section. Given the extent of the data gathered, the findings report on specific issues related to the current smoking policy in prison and how prisoners and staff anticipate the new policy which includes a total smoking ban. Where appropriate, data are displayed using direct quotations from audio recordings – these have been labelled to show participants' smoking status and whether they were a prisoner, member of prison or healthcare staff.

Smoking as an integral part of prison life

Evidence from this study suggests that smoking is an important component of prison culture and serves three key functions. First, smoking was regarded as an effective coping mechanism to deal with the stresses of prison confinement. It was reported to have a calming effect that de-escalated anxiety:

> *'Some people smoke to deal with problems, they take themselves away into their cell and smoke and become calm.'* (Prisoner - smoker)

Second, smoking was conceptualised as a means to mitigate the tedium which was frequently experienced in prison. Smoking offered a sense of occupational engagement during parts of the prison regime, especially times when individuals were locked in their cells for extended periods:

> *'I think the majority of people smoke in prison because they're bored, there is nothing to do… they haven't got a purposeful activity.'* (Prisoner - smoker)

'It's 16 hours a day, or something like that, it's a long time to be banged [locked] up on a night…they're behind the [cell] door and they've got nothing better to do.' (Healthcare Staff – non-smoker)

Third, prison staff reported that offering cigarettes to prisoners was part of their armoury in establishing control and fostering compliance in prisoners. Staff discussed the usefulness of cigarettes in relieving prisoners who were tense or anxious:

'When somebody's under stress you can say I'll see what I can do about a smoker's pack or something like that.' (Prison Officer –Non-smoker)

'They get the emergency smoking pack and can have a fag it kind of calms them down.' (Healthcare Staff – smoker)

Attitudes towards the current smoking policy

When responding to the implementation of current prison smoking policy, which allows prisoners to smoke in their own cells, the overwhelming response from prisoners was that the premise of the policy was reasonable for both smokers and non-smokers:

'I think it's fair for non-smokers and smokers if I'm honest, because I've been both… I think it's fair for both.' (Prisoner –Former smoker)

This view of the current smoking policy was endorsed by prison staff who also suggested it was a fair policy for prisoners, but adherence to the current policy directive was not always followed by staff. The data suggested a laissez-faire approach to enforcement by staff who were often too busy to address the situation:

'You'll get one or two prisoners smoking in that waiting room.' (Healthcare Staff –non-smoker)

'Obviously it does happen, people smoke on the landing, people smoke in the yard.' (Prisoner -Smoker)

Organisational challenges, including reduced staffing and smoking policy enforcement being a relatively low priority, were cited by staff as mitigating factors.

'Some staff do try and enforce it some don't, but bottom line is we don't have enough staff to police it, the staff that are on duty are that busy doing other stuff that they don't always have the time to challenge people who they see smoking.' (Prison Officer –Non-smoker)

Prisoners themselves also suggested that the punishments for smoking outside of permitted areas were weak and not a deterrent:

'If they said stricter rules for people caught smoking out of their pad [cell] that would be fine because then it would force [smokers] to stay in their pad if they're going to smoke.' (Prisoner-Smoker)

A further factor in the lack of adherence to the current policy directive, were those members of staff who also smoked who were less inclined to challenge prisoners who smoked outside of permitted areas:

> *'Everybody here knows I smoke wherever I want at the moment…nobody's ever challenged me.'* (Prison Officer- Smoker)

The introduction of a total smoking ban

This section reports prisoners' and staff perceptions on the introduction of a complete smoking ban in all areas of the institution in which the research was conducted. The following thematic areas emerged.

1. Health impacts

Both prisoners and staff suggested that the smoking ban across the institution had the potential to improve aspects of individuals' physical health and that this may have positive implications for reductions in accessing primary care services. The overwhelming concern, however, was that the ban may create adverse effects on prisoners' mental health and well-being:

> *'In some respects it's going to improve physical output but mentally it's probably going to have a negative effect.'* (Prisoner –Smoker)

Particular concerns were raised in relation to self-harm and suicide. Prisoners suggested that the prohibition of smoking would reduce prisoners' repertoire of coping strategies:

> *'It's going to increase self-harming for people that stress…a lot of people can't deal with prison as it is.'* (Prisoner –Smoker)

> *'I think it [the smoking ban] could cost lives.'* (Prison Officer –Non-smoker)

2. Dissolving choice

Introducing a total smoking ban across the institution was regarded by many prisoners as a further erosion of the choices they could make. There was a consensus amongst prisoners, both smokers and non-smokers, that it was their 'right' to choose to smoke and any infringement on this would be at the detriment of their human rights. Some endorsement of this also came from prison staff:

> *'I think it's someone's right; if someone wants to smoke I think they should be allowed to.'* (Prisoner –Non-smoker)

> *'It's their human rights to smoke and we're infringing on their human rights.'* (Prison Officer – Non-smoker)

There was a strong sense that prohibiting smoking in all areas of the prison was an additional penalty to losing their liberty. Many prisoners described the situation as a 'double punishment':

> *'Not only have they had their liberty taken from them but they've also had their right to smoke as well so it's going to be a double whammy.'* (Prisoner – Smoker)

'This is our punishment, us being here, so why punish us by saying 'right if you've smoked for seventeen years you can't anymore.'' (Prisoner – Smoker)

3. Impact on organisational culture

There was agreement that the implementation of the smoking ban would likely to have a disruptive effect to organisational culture and to the safety of the prison. Prisoners, for instance, expected the ban to increase frustrations amongst prisoners, which would result in increased violence. This view was also shared by staff who envisaged violence becoming more commonplace after the ban:

'I do believe that we are not just going to lose wings but we'll lose gaols.' (Prison Officer -Smoker)

4. Tobacco's increasing currency and value

Prisoners that smoked suggested that they would resist the smoking ban and indeed would be likely to continue to smoke regardless of the policy directive:

'Prisoners are in prison for doing something wrong, for going against the rules so therefore when you tell someone they're not going to do something the automatic psychological reaction is to do the opposite.' (Prisoner – Smoker)

'They're [prisoners] not going to be bothered about breaking the rule for smoking.' (Prisoner – Smoker)

Smokers suggested that they would obtain tobacco through the 'black markets' that they perceived would be created as a result of the policy. As a consequence of market forces, both staff and prisoner expected the cost of tobacco within the institution to increase because of high demand and lower internal supply. Within a 'market' like a prison, it was envisaged that there would be increased loaning of tobacco with an expectation of 'paying back' with high interest:

'There'll be a lot more debt issues… we will have to keep them locked up for their own protection.' (Prison Officer -Smoker)

'I think it's going to create like a pretty bad vibe… and probably get more people get in trouble because they get in debt for tobacco.' (Prisoner – Non-smoker)

Discussion

This study is one of the first to have explored the perception of prisoners and prison staff regarding the impact of the government's total smoking ban in English and Welsh prisons. This policy will be implemented across the prison estate over the next few years. To date, there has been limited UK evidence to suggest how the imposed ban will be received in prisons and little understanding about the implications of the policy directive at a local level. This study has offered contextual information about the potential impact and gives prison managers, policy-makers and those working within public health and health promotion opportunities to foresee potential challenges. This aspect of the work is seen as offering a unique contribution to the evidence base which, to date, has been based on prison systems which are organised differently to those in the UK which makes transferability of evidence

challenging. Nevertheless, some caution to the research should be noted. First, the study was set in a category-C prison and this was more through convenience factors than through choice. Owing to the contextual nature of the settings, the data collected may not be reflective of what may be happening in other establishments, such as YOIs, remand prisons, high-security prisons or open institutions. One of the authors worked in the prison and was responsible for collecting the data – clearly this holds advantages in terms of opportunities for access, but also several disadvantages in relation to moving between 'researcher' and 'staff member'. Reflexive diaries and conversations were part of the process throughout and particularly in relation to achieving transparent analytical processes. Second, the nature of those prisoners and staff who participated in the study may have represented those who had a strong motivation to express their viewpoint. However, on balance, allowing people to decide for themselves whether they participated or not was important in the ethical framework of the research. Those prisoners who participated were serving medium to long-term custodial sentences; once again, this may provide an unreflective perspective, as the views of short-sentenced prisoners were unheard. Moreover, the prison workforce is extremely diverse in relation to role – as an example, the contribution of staff from the voluntary sector in prison has grown considerably in recent times (Benson and Hedge, 2009) – and yet this study only focussed on prison security staff and those employed in healthcare roles. Finally, researchers have to critically examine whether participants in a focus group actually share their true thoughts, feelings and beliefs in the discussion. Hollander (2004) describes the concepts of 'problematic silences' and 'problematic speech' during focus group discussions. She suggests that problematic silences occur when participants do not share their experiences or viewpoints within the group and instead withhold their own point of view and perspective. Carey (1995), for instance, claims that participants may be reticent to share personal information especially when the levels of trust are low in the group. This may be particularly pertinent in prison environments, where prisoners can be wary and concerned with the presentation they give of themselves. In contrast, problematic speech occurs when participants offer opinions that do not represent their true beliefs. Problematic speech often arises when there are pressures to conform, thereby leading participants to adjust their contributions to match others or when participants feel an expectation to offer information that they think the researcher wants to hear (Hollander, 2004).

The implementation of the smokefree policy in prisons across England and Wales will see prisons go through a major period of change and reform (O'Moore *et al.*, 2014). This research has shown how smoking remains a fundamental activity that is central to the 'fabric' of institutional life – policies which seek to challenge this, it seems from evidence gathered here, will cause disruption with the potential for illegal tobacco markets emerging (de Viggiani, 2006). The current role that smoking plays in prison life, both for staff and prisoners, was discussed and included prisoners employing smoking as a coping mechanism for dealing with the stresses and pressures of prison life and smoking being used to alleviate boredom in the absence of any other purposeful activity and during long periods of being locked in cells. These findings support much of the existing literature (Richmond *et al.*, 2009). The findings also show that tobacco is relied upon by staff as a control mechanism and that such

inducement is used a means to achieve complicit prisoners. Clearly, such approaches are the antithesis to the health promoting prison movement and suggests re-visiting staff training processes when de-escalating volatile situations (Woodall, 2016).

This study demonstrates that it is crucial to be aware of the variety of roles smoking plays within prisons and to ensure that alternatives to smoking, and the adverse effects that may result in the absence of smoking, are addressed in the implementation of the smoking ban. As a minimum it seems that the provision of purposeful activity and alternative mental health coping strategies, must be considered alongside good access to smoking cessation services. In addition, further understanding is needed in knowing what happens to prisoners' smoking behaviours after release from prison. Analysis into the notion of a health promoting prison suggests the importance of prisons connecting 'outwards' to ensure that positive effects are maintained for individuals when they are released back into the community. Failure to do this is simply counterproductive to the broader offender health agenda (Rennie *et al.*, 2009).

Whilst all participants recognised that a smoking ban would have the potential to improve prisoners' and staffs' physical health, it was felt that this would be to the detriment of prisoners' mental health with specific concerns raised about an increase in self-harm and suicides. This is a salient point given that prison suicides in England and Wales are increasing (HM Inspectorate of Prisons, 2012). Nevertheless, transferable evidence from psychiatric settings shows that prohibiting smoking does not lead to deterioration in people's mental health (Royal College of Physicians and Royal College of Psychiatrists, 2013) but the rationale behind prohibiting smoking at a time when people are potentially at a very low point in their life is questionable (Bovens, 2016). Butler (2007, p.292), for instance, has argued that prohibiting smoking is a 'further erosion of yet another freedom to an already disenfranchised group'; for health promotion practitioners and those striving to see prisons as 'settings' for health promotion, this poses conceptual challenges given that choice is the 'essence' of health promotion (WHO, 1993, p.236). Indeed, in some respects the smoking ban is at odds with the ideology of the health promoting prison which highlights the importance of prisoners' rights and enabling prisoners to be in control of their circumstances (WHO, 1995, Woodall, 2012). Clearly though, prisons consist of non-smoking individuals too and therefore the rights and well-being of those who do not wish to be exposed to second-hand smoke must be considered. Curtailing individual choice can clearly be defended when exercising that choice may put others at risk (Green *et al.*, 2015) and indeed evidence does show that second-hand smoke inhalation in prison can be detrimental to health (Jayes, Ratschen, Murray, Dymond-White and Britton, 2016).

Data from this study suggests that staff do not consistently enforce the current smoking policy and indeed there is the potential that a similar situation may continue when the new policy is introduced. The lack of enforcement is for a number of reasons, including reduced staffing levels. On this point, there has been significant reductions in prison staffing over the past five years (The Howard League for Penal Reform, 2014). In addition, research suggests that prison staff do manipulate health policy

at the point of delivery and that prison officers have considerable agency in opposing those elements of policy which do not fit with their organisational culture (Dixey and Woodall, 2011). Whether this is more or less likely because of a prison officer being a smoker or a non-smoker is unknown, but this may warrant further investigation especially as research shows that around one-third of prison employees smoke (Ritter *et al.*, 2016).

The implications of a smoking ban on organisational culture was disconcerting and overwhelmingly the data suggested that such a policy would have negative effects. The development of illegal markets where tobacco would be traded as a currency in prison was foreseen. This currently happens in prison in relation to drug supplies where such markets meet the demand from prisoners but are intimately intertwined with the exploitation of prisoners, debt and bullying (de Viggiani, 2006). The prohibition of smoking creates another black economy in prison and the problems this creates for prison staff, already overstretched, to enforce the ban may be problematic (Butler, Richmond, Belcher, Wilhelm and Wodak, 2007). Just as second-hand smoke is a public health issue for staff, as too is occupational stress and burnout caused by role-overload (Lambert *et al.*, 2015).

Conclusions

Establishing policy that prohibits behaviours for the benefits of public health is an approach that has been effective and indeed there are clear reasons why banning smoking in all areas of prisons is laudable (Butler, Richmond, Belcher, Wilhelm and Wodak, 2007). There is evidence that such bans improve air-quality within prisons with this having clear implications for creating a healthy setting for both prisoners and staff. This study sought to explore how the current smoking policy (smoking permitted in prison cells) is experienced by prisoners and staff and then to gauge perceptions on the implications of a total smoking ban within the institution. The findings here raised some positive impacts, but overwhelming prisoners and staff raised concerns about the implementation of such a policy. This was particularly reported in relation to mental health outcomes, erosion of choice, and the implications of a ban for organisational disruption and tensions.

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