SMOKING MAD

Enforced Smoking Bans for Involuntary Patients are a Human Rights Abuse

Australian hospitals are FORCING involuntary mental health patients to quit smoking against their will.

Total smoking bans increase distress for people already in severe crisis, damage recovery & create dangerous risks.

This campaign aims to repeal these bans, re-establish smoking areas in suitable outdoor hospital areas, and establish sensible, voluntary quit programs that actually work.

1. This cause is not about promoting smoking behaviour.

At its heart, this cause isn't even about smoking. It's about human rights, freedom of choice, a paternalistic expansion of 'duty of care', and not kicking people when they're down. It's about getting help to deal with distress, rather than having our distress increased by the health system. We all know smoking isn't such a great idea. Most of us would like to quit, and most of us even welcome some support – but we don't want or need to quit by force, or in the midst of a crisis.

2. The smoking bans can be lifted without risking non-smokers.

Psychiatric wards have outdoor areas in which people can smoke with relatively little impact on staff or non-smoking patients. The Tobacco Act allows for smoking in uncovered, outdoor areas, as well as for approved mental health facilities. And at a relatively low cost, perspex smoking shelters can be installed in these areas – preventing <u>any</u> passive smoking impact. Compare the once-off cost of shelters to the ongoing cost of time spent by nurses to enforce smoking bans, and it's a 'no-brainer'.

3. Smoking bans damage therapeutic relationships.

Consumers do not trust staff members who are policing cigarette smoking. This in turn leads to fewer opportunities for support and recovery.

4. Prohibition creates social inequities, crime and violence.

Health authorities *should* discourage smoking. But history tells us that discouragement is very different to prohibition. *Prohibition has never worked*. Already in response to these bans we see an underground trade in cigarettes which includes stand-over tactics and violence amongst one of our most vulnerable social groups. We see people taking unsafe risks in order to smoke. Discourage smoking, by all means, but be willing to adapt and compromise on reasonable limits which do not encourage crime and danger.

5. It is not the place of the health system to enforce behaviours.
Educating people about how to improve their health and quit is a great thing. **Forcing** people to quit – particularly when they're at their most vulnerable and distressed – is wrong. It crosses a line, and sets a precedent in our health system which is contrary to human rights principles. There are many other areas where healthy behaviours could also be enforced – diet, exercise, healthy relationships, risky sports activities - *where is the line?*

6. By the way, it doesn't work.
Multiple studies show that enforced smoking cessation programs in psychiatric settings do not work. One study showed that over 90% of patients lit a cigarette within 5 minutes of discharge. So what is this policy achieving besides increased distress and risk?

7. Worse, it causes harm.
Harm #1: Many smokers with mental health issues now refuse to seek help from psychiatric hospitals during a relapse or crisis. The fear of having their cigarettes taken away, on top of everything else, is just too much. This leaves people at risk of self-harm and suicide. **Harm #2:** Cigarette smoking interacts with dopamine receptors in the brain. Multiple studies show that people with mental health issues use smoking to reduce negative side effects of medication, and also as self-medication. Smoking can have a positive effect on motivation, active coping, environmental attention and engagement and emotional responsiveness. Quitting smoking while in an acute psychiatric episode increases distress. **Harm #3:** People seek treatment to be relived of distress during a mental health crisis, not to have their distress increased. **Harm #4:** Cigarettes interact with the way in which our bodies metabolise many psychiatric drugs. Quitting smoking can change the way our bodies process medications.

8. We can help people to quit – if we do it right.
We all want to support better health. So let's encourage quitting when people are at their best, not their worst. Outpatient and community services are well placed to run voluntary smoking cessation programs – let's use them for that. Let's continue to offer smoking cessation programs in wards as well – but make them voluntary. Numerous studies and experts will tell you that people only successfully quit an addiction when it's their choice. So let's work together to increase the choices.

Please show your support for this cause:

Sign the VMIAC petition: www.petitiononline.com/advocacy/petition.html	**Join the Facebook Cause:** "STOP the Cruel & Unnecessary Smoking Bans in Australian Psychiatric Wards!"
Find out more or get involved: www.smokingmad.blogspot.com	**Have your say – do the survey:** www.smokingmad.blogspot.com (click on research)

Quit making us mad and start helping us quit.

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