Public health and therapeutic aspects of smoking bans in mental health and addiction settings

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Authors' objectives
To investigate the impact of smoking bans on smokers who are mentally ill or substance dependent.

Searching
MEDLINE (1997 to 2001), CINAHL (1990 to 2001), PsycINFO (1990 to 2001), Best Evidence/EBM Reviews (1991 to 2002), HealthSTAR (1996 to 2001), the Cochrane Database of Systematic Reviews (2001), EMBASE (1990 to 2002), Legal Trac (1990 to 2002), BIOETHICSLINE (1973 to 2001), Philosopher's Index (1980 to 2002) and Dissertation Abstracts (1990 to 2002) were searched. In addition, the references of retrieved articles were checked and unpublished studies were identified via searches of the Internet. The major search terms were reported.

Study selection
Study designs of evaluations included in the review
The inclusion criteria for the study design were not reported.

Specific interventions included in the review
Studies investigating the impact of smoking and smoking bans on psychiatric illness were eligible for inclusion. Studies evaluating complete and partial bans were included.

Participants included in the review
The inclusion criteria for the participants were not explicit. The terms used included psychiatric/mental disorders and substance abuse. By implication, the participants were psychiatric patients or patients being treated for addictions, who were either in-patients or attended out-patient departments or day hospital. Involuntary status, where reported, ranged from 55% to near 100%.

Outcomes assessed in the review
The inclusion criteria for the outcomes were not reported. The authors reported behavioural changes. The indicators used included the use of restraints or seclusion, the occurrence of assault or injury, the number of calls to security, discharges against medical advice or elopements, medication changes and records of illicit smoking. The Ward Atmosphere Scale and the Overt Aggression Scale were the most common instruments used. Structure questionnaires were used in some studies to assess the attitudes to, and impact of, smoking bans. The studies in addiction settings focused more on the smokers' interest in quitting smoking before and after the smoking ban, than on behavioural changes and management issues.

How were decisions on the relevance of primary studies made?
The authors did not state how the papers were selected for the review, or how many reviewers performed the selection.

Assessment of study quality
The authors did not state that they assessed validity.

Data extraction
The authors did not state how the data were extracted for the review, or how many reviewers performed the data extraction. Seventeen of the 22 studies were tabulated; details of the study design, behavioural changes, and the results of questionnaires completed by the staff and patients were included.
Methods of synthesis
How were the studies combined?
The review was a narrative synthesis. The primary focus of the review was the impact of smoking bans on people with psychiatric disorders or people being treated for addictions.

How were differences between studies investigated?
Differences between the studies were tabulated to some extent. Those studies reporting the effects of total smoking bans (n=7) and partial smoking bans (n=7) were tabulated separately, as were studies where the bans were implemented in in-patient and out-patient settings (n=3).

Results of the review
Twenty-two studies investigating the impact of smoking bans were included in the review (n approximately 2,200). Of these, 14 were conducted in an in-patient setting (seven total bans and seven partial bans), 3 in out-patient or day hospital settings, and 5 in addiction centres.

Only 3 studies, all with total bans, reported behavioural changes; 2 reported a decrease in hostility and aggression, and one reported an increase in aggression and also increased anxiolytic use early in the ban. No changes in the numbers of patients discharged against medical advice were observed. The questionnaires showed mixed feelings among patients with total bans, with members of staff being more positive than patients. One study showed an increase in anxiety among smokers.

Studies with partial bans reported no behavioural changes. The questionnaires again showed more support among staff than patients for the ban.

Two of the studies in addictive settings found total bans increased interest in quitting smoking, with no adverse effect on drug or alcohol treatment. Partial bans were not as unpopular as expected in one study, were not supported by staff in another, and were unacceptable (along with total bans) to heavy smokers in a third.

Authors' conclusions
Policies of total or partial smoking bans had no major long-standing untoward effect in terms of behaviour in psychiatric patients. However, the policies also had little or no effect on smoking cessation.

CRD commentary
The authors undertook an extensive search, but explicit search terms were not reported. There was no information on how the decisions for inclusion were made, or how validity was assessed. Some details of the included studies were reported; however, from the few details provided it is not possible to judge the validity of the included evidence. This, along with the lack of clearly stated inclusion criteria, means that selection bias cannot be ruled out. The decision to combine the studies narratively was appropriate given the varied nature of the included studies and the outcomes assessed. The reader cannot directly compare the addiction setting with psychiatric in-patient, waiting room and day hospital settings, as the tabulation of studies carried out in addiction settings was lacking. The conclusion that smoking bans have little effect on the behaviour of psychiatric patients seems to be supported by the literature presented, but this may be incomplete.

Implications of the review for practice and research
Practice: The authors stated that smoking cessation strategies, such as supportive counselling and pharmacotherapy, should be an inherent component of policies that ban smoking. Flexibility is recommended for the protection of nonsmokers while promoting a therapeutic agenda for smokers.

Research: The authors stated that more prospective studies are needed.
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