



Offenders' perceptions of the UK prison smoking ban

Journal:	<i>International Journal of Prisoner Health</i>
Manuscript ID	IJPH-06-2018-0034.R2
Manuscript Type:	Research Paper
Keywords:	smoking, offenders, Prison, thematic analysis, focus group, smoke-free

SCHOLARONE™
Manuscripts

Offenders' perceptions of the UK prison smoking ban

Stephanie Dugdale^{1*}, Heather Semper², Rachel Povey², Sarah Elison-Davies¹, Glyn Davies,
Jonathan Ward¹

¹*Breaking Free Group, Manchester*

²*Staffordshire University, Stoke-on-Trent*

*corresponding author

Tel: +44 161 834 4647

Email address: sdugdale@breakingfreegroup.com

Address: Breaking Free Group, BASE, Manchester Science Park, Greenheys Lane,
Manchester, M15 6LR

Acknowledgements

We would like to acknowledge and thank the prison staff and governors for providing access to participants and for supporting this research.

Abstract**Purpose**

Despite overall reductions in levels of smoking in the UK, rates of offender smoking remain high. In 2016 it was announced that prisons in Wales and England would gradually introduce a smoking ban. The purpose of this research was to explore offenders' perceptions around the upcoming smoking ban.

Design

A total of eight focus groups were conducted in four prisons across the North of England. Both smoking and non-smoking offenders participated in the focus groups, and thematic analysis was used to explore the findings.

Findings

Themes generated from the data were 'freedom and rights', 'the prison environment', and 'guiding support'. Participants discussed how the smoking ban was viewed as a punishment and restricted their freedom, with perceptions as to why the ban was being implemented centring around others trying to control them. Participants expressed concerns around the financial implications of the smoking ban on already stretched prison resources. Participants also recommended improving the nicotine replacement therapy on offer; and increasing the range of leisure activities within the prison to prepare for the smoking ban.

Value

Overall, it was apparent that participants' awareness of the smoking ban was generally poor. It is recommended that offenders need to be made more aware of the smoking cessation support they will receive and given the opportunity to ask questions about the smoking ban. Increasing offenders' awareness of the ban may reduce stress associated with a perceived lack of choice around their smoking behaviours.

Keywords

smoking; offenders; prison; thematic analysis; focus groups; smoke-free

Background

Over one billion people smoke worldwide, with tobacco killing approximately six million people globally each year as a combined result of direct and second-hand smoking (World Health Organization, 2015, 2016). Most deaths related to smoking can be attributed to cancer, respiratory disease and cardiovascular disease (Jha, 2009). Due to the life-threatening consequences associated with smoking and second-hand smoking, in 2007, the UK Government introduced legislation to ban smoking in enclosed public places and made it illegal for under 18s to buy tobacco (Rutter et al., 2012). In 2007, prisons in England also banned smoking in indoor areas, excluding cells occupied by smokers aged 18 years old or over (HMP Service, 2007).

Smoking in prisons is a major public health concern, with the prevalence of smoking in offenders estimated at 80%, approximately four times that of the prevalence in the general UK population (Cropsey et al., 2010). Evidence suggests that the prison environment may exacerbate these outcomes, with just under 15% of offenders reporting starting smoking, and approximately 50% of smokers reporting increasing usage whilst being inside prison (Cropsey et al., 2008). Reasons behind smoking in prisons include stress management, boredom and use of smoking as a social aid (Butler et al., 2007; Richmond et al., 2009).

Recently, countries including Canada (Collier, 2013) and New Zealand (Beaglehole & Bonita, 2017), and some US states (Cropsey & Kristeller, 2003) have adopted a smoking ban within their prisons. This has led to mixed reactions across these sites. For example, in Quebec, Canada, the 2008 smoking ban was reversed following riots in prisons (McNabola & Gill, 2009). Despite later bans there, evidence from 2011 suggests that approximately 93% of offenders still used tobacco with few facing consequences for doing so (Collier, 2013). Cropsey and Kristeller (2005) also found that 76% of offenders continued to smoke in US prisons after the ban. Similarly, evidence suggests that smoking bans alone have little effect of maintenance of smoking cessation upon release (de Andrade & Kinner, 2017; Valera et al., 2016). On the other hand, evidence has also demonstrated the health

1
2
3 benefits associated with these bans. Studies in prisons in the US and New Zealand, following the
4
5 implementation of a prison smoking ban, have found a reduction on indicators of smoke particles
6
7 and nicotine concentration of between 50% to 80% (Hammond & Emmons, 2005; Proescholdbell et
8
9 al., 2008; Thornley et al., 2012). After time in a tobacco-free US prison, compared to health when
10
11 first incarcerated, offenders improved on symptoms of asthma, depression and stress (Clarke et al.,
12
13 2015). In one recent study conducted in English prisons, airborne particulate matter, a measure of
14
15 second-hand smoke, was measured in smoking areas and compared to that of non-smoking areas
16
17 (Jayes et al., 2016). In smoking areas, levels of particulate matter were between 2 and 9 times higher
18
19 than that of the World Health Organisation's recommended daily average, whereas the non-smoking
20
21 areas in the prisons were below this recommendation. This highlights the long-term deleterious
22
23 effects that these smoking areas can have on a person's health and shows the distinct advantages of
24
25 the ban in reducing smoke particles within the environment.
26
27

28
29 Amidst disagreements as to whether prisons are considered public places, in 2016, it was
30
31 announced that prisons across England and Wales would introduce a phased smoking ban (Selous,
32
33 2015). This smoking ban is inclusive of areas inside and outside of the prison. Prisons in Scotland are
34
35 also implementing a similar smoking ban, with prisons to be smoke-free by the end of 2018 (Scottish
36
37 Prison Service, 2017). When this research was conducted, in Spring 2017, all prisons in Wales but
38
39 only a few prisons in England had become smoke-free, with plans for all prisons to be smoke-free in
40
41 2018 (National Offender Management Service, 2017). Despite the benefits associated with
42
43 introducing a smoking ban, there may be potential difficulties met when implementing and
44
45 maintaining this.
46
47

48
49 A recent study has explored the views of offenders and prison staff from one prison in
50
51 England about the upcoming prison smoking ban. Woodall and Tattersfield (2017) explored the
52
53 perceived impact of the ban on the organisation and safety of the prison, in relation to anticipated
54
55 increases in offender violence resulting from the ban. These anticipated increases in violence may be
56
57
58
59
60

1
2
3 linked to the high rate of smoking within UK prisons and the removal of the use of smoking, which is
4 perceived as a coping aid (Butler et al., 2007; Cropsey et al., 2010; Richmond et al., 2009). Offenders
5 considered the ban as an additional punishment alongside their sentence and felt that the ban
6 imposed restrictions to their human right to choose whether or not they can smoke. This was
7 reported to increase feelings of frustration within offenders, leading to the belief that this would
8 result in an increase in violence.
9
10
11
12
13
14
15

16 The research by Woodall and Tattersfield (2017) is unique in that there is an overall scarcity
17 of literature investigating offenders' qualitative perceptions of smoking bans in custodial settings,
18 despite the ban directly affecting them and their behaviour. This includes those countries where a
19 smoking ban has already been implemented within prisons. One of the limitations to the study by
20 Woodall and Tattersfield (2017) is that focus groups were only conducted within one prison in
21 England of low-security (category C). Arguably therefore, this data may not represent the
22 perceptions of other types of prisons or offenders. The focus groups also contained a mix of both
23 smoking and non-smoking offenders. Whilst it is beneficial to explore the impact on all offenders
24 alongside a change in the prison, this mixed group may have been less likely to share their feelings
25 compared to a homogenous sample (Schutt, 2012).
26
27
28
29
30
31
32
33
34
35
36
37

38 The aim of this research is to build upon the existing literature regarding offenders'
39 perceptions of the upcoming smoking ban in English and Welsh prisons, and thus provide
40 recommendations towards best practice and the safe implementation of this and future smoking
41 bans. This is key, as offender and prison staff safety should be paramount during the
42 implementation of a prison smoking ban. As the ban will have implications for all offenders within
43 prison, this research seeks to elicit the views of both offenders who are smokers and non-smokers
44 respectively, across several prison estates, of categories B and C, in the North of England. Category B
45 prison offenders do not need to be placed under high security, but escape should be very difficult.
46 Category C prison offenders cannot be trusted in open conditions, yet are considered unlikely to
47
48
49
50
51
52
53
54
55
56
57
58
59
60

1
2
3 escape. Within these prisons, the smoking ban is due to come into effect within several months. A
4
5 secondary aim of the article is to collect data assessing offenders' perceptions of the barriers and
6
7 facilitators to smoking cessation alongside perceptions of the prison smoking ban, expanding upon
8
9 the work of Woodall and Tattersfield (2017).
10

11 12 13 14 **Design**

15
16
17 This study used qualitative methodology to explore offenders' perceptions of the smoking
18
19 ban in prisons in England. Data were collected using focus groups and analysed using inductive
20
21 thematic analysis.
22

23 24 25 *Participants*

26
27
28 Male offenders were recruited across four prisons from the North of England. For
29
30 accessibility purposes, prisons were selected based on where the authors had an existing
31
32 professional working relationship. Of these, three prisons were classified as category B prisons and
33
34 one as a category C prison. Male prisons were chosen as recruitment sites as these were considered
35
36 to contain a more representative sample of the prison population, as the average gender divide in
37
38 UK prisons is 95% male (Allen & Watson, 2017). Purposive sampling was used to recruit offenders
39
40 who wished to participate in the focus groups. Prison staff within each prison site helped to identify
41
42 and recruit potential participants who met the inclusion criteria for participation in the focus groups.
43
44 This was important for ensuring the safety of participants within the group, as prison staff were
45
46 aware of any offenders who should be kept separate from one another. Information sheets were
47
48 given to these potential participants, by prison staff, as means of advertising the study. Participants
49
50 were recruited if they met the following inclusion criteria:
51

- 52
53 - Adult male offenders currently serving their sentence in a UK prison;
- 54
55 - Participants identified as being either a current smoker or a current non-smoker. A smoker
- 56
57
- 58
- 59
- 60

1
2
3 is defined as someone who has had a cigarette within the past month, as after a month,
4
5 cravings and withdrawal symptoms subside substantially (Fiore & Lewis, 1994).
6
7 - Participants had to be healthy (physically and mentally) enough to be able to attend and
8
9 contribute to the focus group.
10

11 A total of eight focus groups were conducted between the four prisons; four focus groups
12
13 were conducted with smokers from each respective prison, and four with non-smokers from each
14
15 respective prison. The groups contained between four to seven participants. Between the groups, 26
16
17 participants were classified as smokers and 21 as non-smokers. See Table 1 for participant
18
19 demographic information. The focus groups were conducted in Spring 2017, with the smoking ban
20
21 gradually being brought into these establishments from Autumn 2017-Winter 2017/2018.
22
23
24
25
26

27 *Ethical considerations*

28
29
30 Approval for this research was granted by the National Offender Management Service on
31
32 18th October 2016 (NRC ref: 2016-298). Further approvals were granted by Staffordshire University's
33
34 ethics committee on 1st March 2017. The British Psychological Society's Code of Ethics and Conduct
35
36 was adhered to throughout this research (British Psychological Society, 2009).
37
38
39
40

41 *Data collection*

42
43 Separate focus groups of smoking and non-smoking offenders were conducted by SD. Focus
44
45 groups were supervised by a member of prison staff to ensure participant and researcher safety. The
46
47 focus groups were conducted using a semi-structured interview schedule to guide the sessions and
48
49 to probe for further detail around offenders' perceptions of the upcoming smoking ban in prisons.
50
51 Questions included probes around perceived triggers for smoking; perceptions of how the ban will
52
53
54
55
56
57
58
59
60

1
2
3 impact themselves, other offenders, or prison staff; the current availability of smoking cessation
4 support; and suggestions around best practice for the implementation of the ban.
5

6
7 The focus groups were recorded using a Dictaphone and lasted for an average of 46 minutes.
8
9 Participants were given a debrief form at the end of the interview, which stated the aims of the
10 research, and reminded participants that they could withdraw their data within 30 days following
11 the interview.
12
13
14
15

16 17 18 19 *Data analysis*

20
21 Braun and Clarke's (2006) inductive model of thematic analysis was used to investigate the
22 qualitative focus group data. This method of analysis was chosen as it best suited the aims of this
23 research; to explore and understand what the general perceptions of offenders are towards the
24 smoking ban.
25
26
27
28
29

30
31 Following Braun and Clarke's (2006) method, transcripts were read and re-read to increase
32 familiarity with the data and NVivo software (NVivo 10, 2012) was used to support the analysis of
33 the data. All transcripts were inductively coded line-by-line, summarising data using the software to
34 generate 'nodes'. Nodes (codes) were then searched for patterns of similarity, and merged using the
35 software, to create themes. Themes were reviewed against the transcripts to ensure that the
36 themes accurately described the data. These themes were then defined to reflect the content of
37 these findings. SD conducted this initial analysis. Code generation and theme selection were then
38 reviewed by two researchers (SD and HS) to ensure the reliability of the findings (Pope et al., 2000).
39 After examination and discussion of the themes, there was complete agreement over the findings.
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Results

Offenders' perceptions of the upcoming smoking ban in prisons were separated into three distinct themes and are reported below using selected quotes to illustrate the findings. These themes are 'freedom and rights', 'the prison environment', and 'guiding support'. Initially, the views of both smoking and non-smoking offenders were collected and analysed separately to investigate whether there were any discrepancies between these groups, however on analysis, the perceptions of both groups largely mapped on to each other and are hence reported together. Pseudonyms are used in place of participant names to protect identity.

Freedom and rights

This theme reports offenders' fears that the smoking ban would further reduce the freedom that they have over their behaviour. Offenders discuss the ways in which their freedom to smoke may be reinstated, and the anticipated consequences of the ban including increased violence and riots.

i) Control

Concerns centred around others controlling their behaviour. Participants not only viewed smoking as a personal right, but that the ability to smoke or not to smoke was a matter of personal choice. Participants felt that this choice, and freedom to make decisions about their own health, were being removed from them:

"It would be an unjust thing, and I don't think that freedom of choice should be taken out of your hands or, d'you know what I mean? I don't think they should be making that choice. I think it should be down to the individual." (Simon, smoker, focus group 2)

1
2
3 Linked to these views around the removal of power and control is the perception of a smoking ban
4 as a punishment. Some offenders reported that this smoking ban was akin to adding further
5 restrictions to their prison sentence instead of focusing on rehabilitation:
6
7
8
9

10
11 “Surely you've got a right as well in prison. It's not punishment, prison, it's meant to be
12 rehabilitation, so why take things away from us that we're allowed out there?” (John, non-
13 smoker, focus group 7)
14
15
16
17
18

19
20 *ii) Making sense of the ban*

21
22 To better explain their thoughts towards the smoking ban, participants would often compare
23 smoking to other health behaviours, to explain why smoking was different, and therefore should not
24 be banned:
25
26
27
28
29

30
31 “I understand with alcohol, 'cause it's a substance that makes us act in different ways, and
32 what not, but with smoking, smoking's smoking, isn't it?” (John, non-smoker, focus group 7)
33
34
35

36
37 In this example, smoking is not seen as being as harmful as alcohol consumption, as it does not
38 impact people's behaviour or conduct. Additionally, the smoking ban was compared with treatments
39 for other addictive behaviours, to highlight concerns around the implementation of the smoking ban
40 and their reduced ability to choose how and when they quit:
41
42
43
44
45

46
47 “Obviously with an addiction, they detox you eventually, but with the smoking we've just got
48 a date.” (Peter, smoker, focus group 8)
49
50
51
52

53
54 *iii) Rebellion*

55
56 Ultimately, these smoking restrictions were thought to increase anger amongst offenders,
57
58
59
60

1
2
3 leading to concerns over increased violence and bullying:
4
5

6
7 “I think the big one of your concerns is people getting beat up because people are angry,
8
9 violent, violence is going to be a massive.” (Matthew, non-smoker, focus group 5)
10

11
12
13 To regain this control and freedom over their behaviour, participants openly discussed
14
15 rebelling against the ban:
16
17

18
19 “I think that's when people rebel against it a bit more. I think that's the point, people don't
20
21 like being told you can't do something: you're not allowed to smoke! Oh, I'm gonna do it!”
22
23 (Andrew, non-smoker, focus group 1)
24
25

26
27
28 There was a distinction between the reported methods that participants said they could use to
29
30 rebel. Some discussed intentions to stop smoking before the ban was implemented, thus quitting on
31
32 their own terms rather than those imposed upon them:
33
34

35
36 “That's why he's quit, because he had that much taken off him all his life by the prison
37
38 system, just give it up now, so they can't take it off him in sixteen weeks.” (William, non-
39
40 smoker, focus group 7)
41
42

43
44
45 However, others mentioned plans to rebel through obtaining tobacco, so they could continue to
46
47 smoke after the ban is implemented:
48
49

50
51 “I know there's people stocking up on burn for when it happens and they're going to charge
52
53 a hill for it” (Chris, smoker, focus group 6)
54
55

1
2
3 In this example, the participant predicts that prices for tobacco products within the prison are going
4 to increase once the smoking ban is implemented. However, this method of regaining control by
5 'stockpiling' or 'smuggling' is fraught with its own difficulties, and many mentioned the additional
6 harm that this could lead to:
7
8
9

10
11
12
13 "They're just gonna try and extort more money out of prisoners, and it's just gonna lead to a
14 lot more violence and mental health issues." (Peter, smoker, focus group 8)
15
16
17

18
19 Offenders mention that having to purchase tobacco whilst in prison, via smuggling it in after
20 the ban is implemented, could lead to debts, as extortionate prices may be charged for this product.
21 However, it was envisioned that these debts may not only affect offenders themselves, but also
22 members of their family, who may end up having to settle any debts the offender cannot pay:
23
24
25
26
27
28
29

30
31 "It's just gonna make us get into debt, which in turn will apply pressure to families. I mean,
32 I've seen people's families getting threatened and violence." (Dave, smoker, focus group 2)
33
34
35
36
37

38 Moreover, it was discussed how the risks and costs associated with smuggling tobacco could
39 lead to the popularity of other unregulated and illegal products, such as novel psychoactive
40 substances:
41
42
43
44

45 "I can get spice or I can get smack in prison a lot easier than I can get hold of a pouch of
46 backy, so I'll just resort to that, so it's one of those, isn't it?" (Gary, non-smoker, focus group
47 3)
48
49
50
51
52
53
54
55
56
57
58
59
60

The prison environment

Offenders discussed potential difficulties with the implementation of the ban in line with the structure of the prison environment and estate across prisons in England and Wales. This encapsulates individual issues such as sentence types and mixed cells, alongside service-wide issues, such as staffing and healthcare.

i) Cost

Offenders reported their experiences of the effects of financial cuts to the prison service, and discussed how the ban may warrant additional resources which may no longer be covered due to these changes:

“It's gonna cost more policing the non-smoking ban than it is actually smoking in your cell, 'cause officers' time, nickings, visits, everything.” (Peter, smoker, focus group 8)

Offenders discussed how cuts to staffing and resources may affect how well the smoking ban is enforced. It was surmised that implementing the smoking ban would take up more officers' time than the value attached to the crime would be worth, which may lead to a poor enforcement of the ban:

“I don't think they can financially afford to stop smokers, because they haven't got the people to support them, and they haven't got the money to pay for them, they're struggling to get more staff, more smoke patches and things like that.” (Gary, non-smoker, focus group 4)

ii) Smoking cessation support

Participants discussed the current smoking cessation support services operating in prisons,

1
2
3 and perceived that the services did not have the capacity to support those who wanted to stop
4
5 smoking, even before the ban was announced:
6
7
8

9 “I've been in six months, and I still haven't got my medication, so the healthcare's not good
10
11 enough to cope for the rise of people wanting support for no smoking.” (Simon, smoker,
12
13 focus group 2)
14
15
16
17

18 *iii) Other inmates*
19

20 Some participants mentioned the impact of sharing cells and wings with others, with fears
21
22 that tensions between offenders currently in prison and offenders who are newly introduced into
23
24 prison will increase as tobacco is removed:
25
26
27
28

29 “All you have to do is say the wrong thing to someone, like, try and have a joke around
30
31 people on our wing, say if he's not had a cigarette that day, the first thing he's gonna do is
32
33 lamp you.” (Andrew, non-smoker, focus group 1)
34
35
36
37

38 “You've got people coming in straight snapping off, every smoking lad getting thrown on the
39
40 wing every couple of days, some guys...stressing out to death, and all that.” (Jamie, smoker,
41
42 focus group 8)
43
44
45

46 Differences between various offender groups were also considered, alongside thoughts as to
47
48 how the smoking ban would affect them. The smoking ban was thought to have little impact on
49
50 offenders with a life sentence, as their sentence would not change as a result of breaking prison
51
52 rules by ignoring the ban:
53
54
55
56
57
58
59
60

1
2
3 “They're doing life, they've got nothing to lose, a lot of them are doing multiple life
4
5 sentences.” (Liam, smoker, focus group 8)
6
7
8

9 Also discussed was the impact on those who are remanded in custody, and therefore have not
10
11 actually been charged with any offence, as yet, but may have to lose their ‘right’ to smoke whilst in
12
13 prison:
14
15
16

17 “If you're unconvicted and you're innocent, that entitlement to smoke ultimately taken
18
19 away.” (Rob, smoker, focus group 8)
20
21
22

23 24 **Guiding support**

25
26 Lastly, offenders discussed that they needed support to help them to succeed in their quit
27
28 attempts in preparation for the smoking ban. They identified improvements to current
29
30 pharmacological support and suggested behavioural support may also be useful.
31
32
33

34 *i) Pharmacological support*

35
36 Offenders considered changes to the types of nicotine replacement therapy (NRT) available,
37
38 as they did not perceive their current NRT as being as effective as that which could be purchased
39
40 outside of prison:
41
42
43
44

45 “The officers have them vapour cigs, you know the proper ones, like the ones you get out
46
47 the shops. Them other ones that are in the canteen, people say that it says 300 vapours or
48
49 whatever and people are getting like 20 minutes half an hour use out of it.” (Steve, non-
50
51 smoker, focus group 5)
52
53
54
55
56
57
58
59
60

1
2
3 Offenders also suggested lowering the cost of NRT to make this more affordable to all offenders,
4
5 which might encourage more to stop smoking:
6
7

8
9 “Making it freely available as well, not just your average one who’s getting cash sent in. But
10
11 there’s people in here [...] they can’t even buy the NRT off the canteen.” (Tom, non-smoker,
12
13 focus group 7)
14
15

16
17 “On the outside a lot of these products cost more than the actual tobacco does. So, some
18
19 people who are leaving prison addicted to nicotine replacement.” (Dave, smoker, focus
20
21 group 2)
22
23

24
25
26 As seen in the latter example, some offenders reported potential difficulties with NRT, including
27
28 addiction to nicotine. Alternative support methods were therefore also discussed within groups.
29
30

31
32 *ii) Alternative support*
33

34 As well as suggested improvements to the pharmacological support available, offenders also
35
36 discussed the value of replacement activities in helping to stop smoking by reducing ‘boredom’:
37
38

39
40 “If you’re gonna take smoking away, do in another way, like, send a message out: we’ll put
41
42 the treadmills on the wing, we’ll put rowers, stuff like that.” (William, non-smoker, focus
43
44 group 7)
45
46

47
48 “Getting more TV channels just so your mind is on the TV then, it’s not...instead of having
49
50 five or ten basic channels, just open the range a bit and just to stop the boredom.” (Steve,
51
52 non-smoker, focus group 5)
53
54
55
56
57
58
59
60

1
2
3 Although offenders were informed about the smoking ban, only offenders from one prison
4
5 seemed to know the date that this ban would be implemented. Offenders who felt that they had not
6
7 been properly informed of this date discussed the poor materials designed to raise awareness about
8
9 the ban, and thought that this would impact negatively on the support sought in preparation for
10
11 this:

12
13
14
15 “It should be on the hard smokers’ doors and saying, ‘Look this is happening soon, do you
16
17 want to start getting on the patches now so it's not so hard for you when you’re coming off?’
18
19 It shouldn't just be like a little sign like that that someone might not read.” (Phil, non-
20
21 smoker, focus group 5)
22
23
24
25

26 A further common suggestion proposed by offenders, in juxtaposition to a complete smoking ban, is
27
28 to enforce well-defined smoking and non-smoking areas within the prison:
29
30
31

32 “If you wanna smoke they should have a smoking wing, where you can smoke, and have the
33
34 officers who do smoke working on that wing, so then if they are actually smoking they’re not
35
36 bothered are they?” (Trevor, smoker, focus group 8)
37
38
39
40

41 **Discussion**

42
43 This study has reported on the perceptions of smoking and non-smoking offenders regarding
44
45 the upcoming smoking ban in prisons in England. The findings contribute to the limited available
46
47 literature on the prison smoking ban from this viewpoint, including in other countries where similar
48
49 bans have been implemented. This study aimed to expand upon the initial findings of Woodall and
50
51 Tattersfield (2017) by gathering data across several prisons across the North of England, and
52
53 additionally exploring barriers and facilitators to smoking cessation in conjunction with the smoking
54
55 ban.
56
57
58
59
60

1
2
3 Offenders discussed how the proposed smoking ban removed their right to choose whether
4
5 they wanted to smoke, and whether they wanted to quit. However, this expands beyond simple
6
7 choice, and encapsulates the perceived removal of their 'God-given' or human rights (Butler et al,
8
9 2007). Many offenders did not understand why the smoking ban was being implemented, especially
10
11 as they did not think it was as harmful as other restricted items, such as alcohol. Interestingly,
12
13 offenders perceived alcohol as harmful as it impacted people's conduct, unlike smoking. However,
14
15 the removal of cigarettes and the act of quitting smoking was suggested to cause an increase in
16
17 violence, which would imply that smoking does affect behaviour. Interestingly, health harms
18
19 associated with both smoking and alcohol appear of secondary importance, whereas offenders'
20
21 perceptions of their rights regarding acceptable behaviour is of primary concern.
22

23
24 Ethical considerations seem to underlie the belief that offenders perceive the smoking ban
25
26 to be an additional punishment, on top of their sentence, for a behaviour which is 'acceptable'
27
28 outside of prison. These findings support those of Woodall and Tattersfield (2017) by highlighting
29
30 the concerns of offenders towards the ban and the discussion of the ban as a punishment, further
31
32 reflecting offenders' perceived loss of choice around their behaviour alongside the smoking ban. This
33
34 perhaps indicates that information about the ban and smoking cessation support need to be
35
36 publicised more prominently in the lead up to the ban being imposed.
37

38
39 The theme of 'freedom and rights' depicts a potential power struggle between offenders
40
41 and those enforcing the ban, which may impact upon the working conditions of prison staff also, due
42
43 to reports of increased violence. Crewe (2009) discusses how offenders' power is limited within the
44
45 prison environment and how offenders will adapt their behaviour accordingly to retain their identity
46
47 and associated values. From the findings reported here, offenders suggested ways of adapting to the
48
49 smoking ban. This included ways to continue to smoke through stockpiling tobacco and smuggling
50
51 this into the prison. Attempts to re-gain control were also evident in suggestions for smoking and
52
53 non-smoking areas within prisons. This would re-enable them with the choice of continuing to
54
55 smoke if they wanted. However, there are already current restrictions on smoking within prisons,
56
57
58
59
60

1
2
3 being that smoking should be confined to offenders' cells (HMP Service, 2007). Unfortunately, there
4
5 are reports that this legislation is not well enforced within prisons (Woodall & Tattersfield, 2017),
6
7 again linking back to difficulties experienced within the prison environment and reflecting the
8
9 consequences of reductions to prison staffing levels.
10

11 Rebelling against the ban may be a method by which to react to, and cope with, the
12
13 potential stress associated with the smoking ban. Evidence suggests that stress can be appraised as a
14
15 challenge, loss or threat (Jerusalem & Schwarzer, 2014). Given that offenders identified the smoking
16
17 ban as stressful, this stress could be appraised as a challenge, which offenders discuss ways to
18
19 overcome through rebelling. On the other hand, a loss of control of smoking behaviours and
20
21 associated stress appraised as a threat is also apparent within the findings. Offenders discussed
22
23 concerns over increased violence and frustration resulting from the ban. There were also reports of
24
25 potential tension between offenders sharing cells, especially if offenders who have only just had to
26
27 stop smoking are brought into the prison. This situation is potentially problematic, as offenders
28
29 perceived smoking as a means to reduce stress (Butler et al., 2007; Cropsey et al., 2010; Richmond et
30
31 al., 2009). Although it should be acknowledged that fears over increased violence might not
32
33 necessarily materialise into reality, potential stress caused by these fears does need highlighting.
34
35 Further ethical concerns are therefore emphasised, and it is imperative that additional support is
36
37 available alongside the prison smoking ban to help offenders find alternative ways to manage their
38
39 stress.
40
41

42 Offenders discussed the option of substitute behavioural activities to support them with
43
44 becoming smoke-free and to reduce the stress and boredom of not smoking (Richmond et al., 2009).
45
46 By introducing more exercise equipment and options for additional television channels, offenders
47
48 stated that these would help replace smoking by reducing the boredom which triggers this smoking
49
50 behaviour. Also, as prisons are often associated with increased sedentary behaviour of offenders (De
51
52 Viggiani, 2007), providing more exercise equipment could help offenders to become more physically
53
54 active, and improve their health on top of the health benefits gained from stopping smoking (Ussher,
55
56
57
58
59
60

1
2
3 2012). However, this would require additional funding in an already financially stretched prison
4
5 estate (Edgar, 2014).

6
7 Offenders also stipulate important environmental structures that could affect the
8
9 implementation of the smoking ban. They state that recent reductions to staff and services, due to
10
11 financial cuts (Edgar, 2014), have seemed to affect smoking cessation support (Eadie et al., 2012;
12
13 Public Health England, 2015). Difficulties with the smoking cessation services within prisons in
14
15 England, such as long waiting lists for treatment, have also been reported in a previous study by
16
17 Condon et al. (2008). This evidence would suggest that the smoking cessation support available in
18
19 prisons may fall short of demand (Condon et al., 2008), which needs to be addressed in the lead up
20
21 to the smoking ban. Offenders also mentioned perceived difficulties and cost associated with the
22
23 current smoking cessation services, and suggested improvements to the NRT that was on offer.
24
25 Conversely, one participant also cited experiences of others leaving prison addicted to NRT, which
26
27 raises an important question as to whether there is any additional smoking cessation support that
28
29 may be of benefit here. Research suggests that pharmacological support may be most effective in
30
31 reducing smoking when used in tandem with behavioural support (Stead et al., 2016; West &
32
33 Stapleton, 2008).

34
35
36 Based on the findings of this study, it would appear that support, such as NRT, can be
37
38 expensive on an individual level and difficult to implement on a larger scale (Condon et al., 2008).
39
40 One way to overcome potential difficulties with smoking cessation support within prisons may lie
41
42 with computer-assisted interventions. These offer high treatment fidelity and cost-effectiveness, as
43
44 the intervention can be accessed by multiple users at once (Carroll & Rounsaville, 2010; Olmstead et
45
46 al., 2010). Evidence has already demonstrated the successful implementation of computer assisted
47
48 therapy within prisons, including Breaking Free Health and Justice, the first online substance use
49
50 recovery programme for offenders in the UK (Elison et al., 2016). The data from this study has been
51
52 used to inform the development of an online smoking cessation intervention for offenders: Breaking
53
54 Free from Smoking (Dugdale et al., 2018).

Limitations

There are several limitations to this study that need acknowledging when considering the findings. Firstly, a member of prison staff had to supervise the focus groups alongside the lead investigator (SD). This was to ensure safety for the researcher and for the participants if a security incident were to arise. However, the presence of prison staff may have biased some of the findings, and influenced conscious decisions on what to discuss, as offenders were told that any information that was illegal or against prison rules would be reported. Therefore, offenders may have been more likely to give socially desirable answers (Stewart & Shamdasani, 2015). This was also evident when offenders discussed illegal activities, such as smuggling, as answers were mostly around the potential illegal activities of others in the prison, rather than suggesting that they would partake in this. Furthermore, the focus group itself may have been affected by the social context, including the social status of offenders within the prison and relational backgrounds between participants, which may influence levels of engagement and participation within the groups (Farnsworth & Boon, 2010).

Finally, this research only conducted focus group interviews with offenders from category B and C prisons. It would be of interest to explore the opinions of offenders throughout the prison system, including those who are remanded in custody and those with a life sentence, as discussed by participants. Future research may also wish to investigate the perceptions of female offenders towards the smoking ban, and whether there are any differences in reports between genders. Conducting similar focus groups during prisons' transition to become smoke-free, and after, may also provide further insight into perceptions of the smoking ban as it is occurring.

Conclusion

This research contributes to the limited available literature on the prison smoking ban from the viewpoint of offenders, and expands upon the initial findings of Woodall and Tattersfield (2017) by exploring barriers and facilitators to smoking cessation which may impact upon the efficacy of the

1
2
3 smoking ban. Despite plans and progress towards all prisons in England becoming smoke-free,
4
5 offenders' awareness about the ban and the implication of this appeared generally poor across the
6
7 prisons. Offenders discussed that the posters about the smoking ban were not clear enough, and
8
9 opportunities to support offenders leading up to the ban were not actioned. Reasons behind this
10
11 may lie with the current difficulties experienced across the prison estate, including cuts to funding
12
13 for staffing and healthcare, which may act as barriers towards the implementation of the ban. From
14
15 these findings, the authors propose the following recommendations to policy and practice around
16
17 the implementation of a prison smoking ban:
18

- 19 1) Offenders should be fully aware of smoking ban implementation plans and of the smoking
20
21 cessation support that they can expect to receive alongside the ban. This includes an
22
23 opportunity to ask questions about why and how the ban is being implemented. Clarifying
24
25 this may reduce stress surrounding the lack of control that offenders experience in relation
26
27 to the proposed smoking ban.
28
29
- 30 2) Funding needs to be allocated to smoking cessation support and healthcare services
31
32 alongside the ban to manage the increase in numbers accessing these services.
33
34
- 35 3) Alternative forms of smoking cessation support, aside from pharmacological support,
36
37 need to be investigated and considered, such as behavioural support.
38
39

40 **References**

- 41
42
43 Allen, G. and Watson, C. (2017), "*UK prison population statistics*", briefing paper, House
44
45 of Commons Library, London, UK.
- 46
47 Beaglehole, R. and Bonita, R. (2017), "Eliminating the scourge of tobacco for a fairer and healthier
48
49 world: New Zealand leads the way", *The Lancet Public Health*, Vol. 22 No. 1, pp. e12-e13.
- 50
51 Braun, V. and Clarke, V. (2006), "Using thematic analysis in psychology". *Qualitative Research in*
52
53 *Psychology*, Vol. 3 No. 2, pp 77-101.
- 54
55
56 British Psychological Society (2009), "*Code of ethics and conduct*", guidelines, Author, Leicester, UK.
57
58
59
60

- 1
2
3 Butler, T., Richmond, R., Belcher, J., Wilhelm, K. and Wodak, A. (2007), "Should smoking be banned
4 in prisons?", *Tobacco Control*, Vol. 16 No. 5, pp. 291-293.
- 5
6 Carroll, K. M. and Rounsaville, B. J. (2010), "Computer-assisted therapy in psychiatry: Be brave—it's a
7 new world", *Current Psychiatry Reports*, Vol. 12 No. 5, pp. 426-432.
- 8
9
10
11 Clarke, J. G., Martin, S. A., Martin, R. A., Stein, L. A. R., van den Berg, J. J., Parker, D. R., ... and Bock,
12 B. C. (2015), "Changes in smoking-related symptoms during enforced abstinence of
13 incarceration", *Journal of Health Care for the Poor and Underserved*, Vol. 26 No. 1, pp. 106-118.
- 14
15
16 Collier, R. (2013), "Prison smoking bans: Clearing the air", *Canadian Medical Association Journal*, Vol.
17
18 185 No. 10, pp. E474.
- 19
20
21 Condon, L., Hek, G. and Harris, F. (2008), "Choosing health in prison: Prisoners' views on making
22 healthy choices in English prisons", *Health Education Journal*, Vol. 67 No. 3, pp. 155-166.
- 23
24
25 Crewe, B. (2009), *The prisoner society: Power, adaptation and social life in an English prison*,
26
27 Oxford University Press, Oxford, UK.
- 28
29
30 Cropsey, K. L., Jones-Whaley, S., Jackson, D. O. and Hale, G. J. (2010), "Smoking characteristics of
31 community corrections clients", *Nicotine & Tobacco Research*, Vol. 12 No. 1, pp. 53-58.
- 32
33
34 Cropsey, K. L., and Kristeller, J. L. (2003), "Motivational factors related to quitting smoking among
35 prisoners during a smoking ban", *Addictive Behaviors*, Vol. 28, pp. 1081 – 1093.
- 36
37
38 Cropsey, K L., and Kristeller, J. L. (2005), "The effects of a prison smoking ban on smoking behavior
39 and withdrawal symptoms", *Addictive Behaviors* Vol. 30 No. 3, pp. 589-594.
- 40
41
42 Cropsey, K. L., Linker, J. A. and Waite, D. E. (2008), "An analysis of racial and sex differences for
43 smoking among adolescents in a juvenile correctional center", *Drug and Alcohol Dependence*, Vol.
44
45 92 No.1-3, pp. 156-163.
- 46
47
48 de Andrade, D. and Kinner, S. A. (2017), "Systematic review of health and behavioural outcomes of
49 smoking cessation interventions in prisons", *Tobacco Control*, Vol. 26 No. 5, pp. 495-501.
- 50
51
52 de Viggiani, N. (2007), "Unhealthy prisons: exploring structural determinants of prison health",
53
54
55 *Sociology of Health & Illness*, Vol. 29 No. 1, pp. 115-135.
- 56
57
58
59
60

- 1
2
3 Dugdale, S., Ward, J., Elison-Davies, S., Davies, G., and Brown, E. (2018), "Breaking Free from
4 Smoking: A Novel Digital Smoking Cessation Intervention for Offenders in UK Prisons", early
5 online view, *Journal of Smoking Cessation*.
6
7
8
9 Eadie, D., MacAskill, S., McKell, J. and Baybutt, M. (2012), "Barriers and facilitators to a criminal
10 justice tobacco control coordinator: An innovative approach to supporting smoking cessation
11 among offenders", *Addiction*, Vol. 107 No. S2, pp. 26-38.
12
13
14
15 Edgar, K. (2014), "*Making prisons safe*", Prison Reform Trust, London, UK.
16
17
18 Elison, S., Weston, S., Davies, G., Dugdale, S. and Ward, J. (2016), "Findings from mixed-methods
19 feasibility and effectiveness evaluations of the "Breaking Free Online" treatment and recovery
20 programme for substance misuse in prisons", *Drugs: Education, Prevention and Policy*, Vol. 23 No.
21 2, pp. 176-185.
22
23
24
25
26 Farnsworth, J. and Boon, B. (2010), "Analysing group dynamics within the focus group", *Qualitative
27 Research*, Vol. 10 No. 5, pp. 605-662.
28
29
30 Fiore, M. C. and Lewis, S. (1994), "Smoking cessation", in Love, R. R. (Ed.), *Manual of clinical
31 psychology*, Springer-Verlag Berlin Heidelberg, Geneva, CH, pp. 101-113.
32
33
34
35 Hammond, S. K. and Emmons, K. M. (2005), "Inmate exposure to secondhand smoke in correctional
36 facilities and the impact of smoking restrictions", *Journal of Exposure Science and Environmental
37 Epidemiology*, Vol. 15 No. 3, pp. 205-211.
38
39
40
41 HMP Service. (2007), "*Smoke free legislation: Prison service application*", Author, London, UK.
42
43
44
45 Jayes, L. R., Ratschen, E., Murray, R. L., Dymond-White, S. and Britton, J. (2016), "Second-hand
46 smoke in four English prisons: An air quality monitoring study", *BMC Public Health*, Vol. 16 No.
47 119.
48
49
50
51 Jerusalem, M. and Schwarzer, R. (2014), "Processes", in Schwarzer, R. (Ed.), *Self-efficacy: Thought
52 control of action*, Routledge, New York, NY, pp. 195-214.
53
54
55
56 Jha, P. (2009), "Avoidable global cancer deaths and total deaths from smoking" *Nature Reviews
57 Cancer*, Vol. 9 No. 9, pp. 655-664.
58
59
60

- 1
2
3 McNabola, A. and Gill, L. W. (2009), "The control of environmental tobacco smoke: A policy review",
4
5 *International journal of Environmental Research and Public Health*, Vol. 6 No. 2, pp. 741-758.
6
7 National Offender Management Service. (2017), "Annual report and accounts 2016-2017", Author,
8
9 London, UK.
10
11 NVivo 10. (2012), "NVivo qualitative data analysis software", QSR International Pty, Limited.
12
13 Olmstead, T. A., Ostrow, C. D. and Carroll, K. M. (2010), "Cost-effectiveness of computer-assisted
14
15 training in cognitive-behavioral therapy as an adjunct to standard care for addiction", *Drug and*
16
17 *Alcohol Dependence*, Vol. 110 No. 3, pp. 200-207.
18
19 Pope, C., Ziebland, S. and Mays, N. (2000), "Qualitative research in health care: Analysing qualitative
20
21 data", *BMJ: British Medical Journal*, Vol 320 No. 7227, pp. 114-116.
22
23 Proescholdbell, S. K., Foley, K. L., Johnson, J. and Malek, S. H. (2008), "Indoor air quality in prisons
24
25 before and after implementation of a smoking ban law", *Tobacco Control*, Vol 17 No. 2, pp. 123-
26
27 127.
28
29 Public Health England (2015), "Reducing smoking in prisons: Management of tobacco use and
30
31 nicotine withdrawal", Author, London, UK.
32
33 Richmond, R., Butler, T., Wilhelm, K., Wodak, A., Cunningham, M. and Anderson, I. (2009), "Tobacco
34
35 in prisons: A focus group study", *Tobacco Control*, Vol. 18 No. 3, pp. 176-182.
36
37 Rutter, J., Sims, S. and Marshall, E. (2012), "The 'S' factors", Institute for Government, London, UK,
38
39 available at: [https://www.instituteforgovernment.org.uk/sites/default/files/smoking_in_public](https://www.instituteforgovernment.org.uk/sites/default/files/smoking_in_public_places.pdf)
40
41 [_places.pdf](https://www.instituteforgovernment.org.uk/sites/default/files/smoking_in_public_places.pdf)
42
43
44 Schutt, R. K. (2012), *Investigating the social world: The process and practice of research*, Sage,
45
46 Thousand Oaks, CA.
47
48 Scottish Prison Service. (2017), "Creating a smoke free prison environment. A summary of responses
49
50 to the public consultation exercise", Author, Edinburgh, UK.
51
52 Selous, P. (2015, September 29). "Smoking in prisons", letter to Robert Neill MP, Chairman of the
53
54
55
56
57
58
59
60

Justice Select Committee regarding smoking in prisons, available at:

<https://www.gov.uk/government/speeches/smoking-in-prisons>

Stead, L. F., Koilpillai, P., Fanshawe, T. R. and Lancaster, T. (2016), "Combined pharmacotherapy and behavioural interventions for smoking cessation", *Cochrane Library: Cochrane Database of Systematic Reviews*, Vol. 3 No. CD008286.

Stewart, D. W. and Shamdasani, P. N. (2015), *Focus groups: Theory and practice*, Sage, Thousand Oaks, CA.

Thornley, S., Dirks, K. N., Edwards, R., Woodward, A. and Marshall, R. (2012), "Indoor air pollution levels were halved as a result of a national tobacco ban in a New Zealand prison", *Nicotine and Tobacco Research*, Vol. 15 No. 2, pp. 343-347.

Ussher, M., Taylor, A. H. and Faulkner, G. (2012), "Exercise for smoking cessation", *Mental Health and Physical Activity*, Vol. 5 No. 1, pp. 99-100.

Valera, P., Bachman, L. and Rucker, A. J. (2016), "A qualitative study of smoking behaviors among newly released justice-involved men and women in New York City", *Health & Social Work*, Vol. 41 No. 2, pp. 121-128.

West, R. and Stapleton, J. (2008), "Clinical and public health significance of treatments to aid smoking cessation", *European Respiratory Review*, Vol. 17 No. 110, pp. 199-204.

Woodall, J. and Tattersfield, A. (2017), "Perspectives on implementing smoke-free prison policies in England and Wales", early online view, *Health Promotion International*.

World Health Organization (2015), "Global Health Observatory (GHO) data: Prevalence of tobacco smoking", available at: <http://www.who.int/gho/tobacco/use/en/>

World Health Organization (2016), "Tobacco", factsheet, available at: <http://www.who.int/mediacentre/factsheets/fs339/en/>

Table 1. *Demographic characteristics of participants*

Demographics	Smoking participants	Non-smoking participants
<i>Age (years)</i>		
18-25	1	4
26-35	13	10
36-45	7	4
46-55	5	2
56-65	-	-
66+	-	1
<i>Marital status</i>		
Single	18	14
Married	-	2
Divorced	2	3
Living with partner	6	2
<i>Highest Education level</i>		
Primary school	4	1
Secondary school	12	8
Further education	3	7
Higher education	2	4
No formal education	5	1
<i>Ethnicity</i>		
White British	26	18
Pakistani	-	1
Caribbean	-	1
Mixed White and Asian	-	1
<i>Total</i>	26	21