



# Attitudes of detainees and prison staff towards tobacco control policy in Switzerland: A qualitative interview study

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## ABSTRACT

**Purpose:** To explore detainees and staff's attitudes towards tobacco use, in order to assist prison administrators to develop an ethically acceptable tobacco control policy based on stakeholders' opinion.

**Design:** Qualitative study based on in-depth semi-structured interviews with 31 prisoners and 27 staff prior (T1) and after the implementation (T2) of a new smoke-free regulation (2009) in a Swiss male post-trial prison consisting of 120 detainees and 120 employees.

**Results:** At T1, smoking was allowed in common indoor rooms and most working places. Both groups of participants expressed the need for a more uniform and stricter regulation, with general opposition towards a total smoking ban. Expressed fears and difficulties regarding a stricter regulation were increased stress on detainees and strain on staff, violence, riots, loss of control on detainees, and changes in social life. At T2, participants expressed predominantly satisfaction. They reported reduction in their own tobacco use and a better protection against second-hand smoke. However, enforcement was incomplete. The debate was felt as being concentrated on regulation only, leaving aside the subject of tobacco reduction or cessation support.

**Conclusion:** Besides an appropriate smoke-free regulation, further developments are necessary in order to have a comprehensive tobacco control policy in prisons.

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## 1. Introduction

Approximately 10 millions of people are incarcerated worldwide [1]. This would represent a total estimate of 6–8 million smokers, considering detainees' prevalence rates of smoking that range from 64 to over 90% depending on the country and the setting [2]. Exposure to second-hand smoke (SHS) causes worldwide a burden of diseases [3] and has become progressively recognised as an important public health matter in prisons also. The main objective of a tobacco control policy in closed settings is to reduce

SHS, applying the WHO FCTC (Framework Convention on Tobacco Control) and WHO recommendations to that specific context [4,5].

Regulations comprise total (the whole compound is smoke-free, inclusive outdoors) or partial (some areas only are smoke-free, such as common rooms for example) ban. Their effectiveness remains controversial [6]. Although both have shown to reduce significantly SHS exposure during incarceration, they do not create an environment free of risks [7–9], particularly if they represent the sole component of a tobacco control policy and are not associated with other measures such as support to tobacco cessation. Furthermore, total bans have been reported to favour the surge of illicit markets and contraband of cigarettes, and to have limited effects on the long term cessation rates, as the great majority of detainees starts smoking again upon release [10–12]. Partial bans maintain the individual decision of a

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behavioural change such as tobacco use cessation [2], and at the same time create an environment that can promote the reduction of the daily consumption of cigarettes [4,5,13].

The Universities of Geneva and Bern conducted an action-research project to document tobacco use and regulation in three prisons in Switzerland, by using mixed method (quantitative and qualitative assessments, and air quality measurements). Quantitative data and results regarding air quality have been reported elsewhere [9,13]. This article presents qualitative data issued from interviews conducted among detainees and staff in one of the three settings, before and after a change in tobacco control policy. The change was planned and motivated by a new stricter cantonal (regional) law that prohibited smoking in enclosed working areas, since public places and state dependant working places are smoke-free [14,15].

## 2. Methods

The study obtained ethics approval from two ethic committees: one where the University researchers were based and one where the interviews were conducted.

Data reported here were collected in a post-trial detention centre with a capacity of 120 male detainees (mostly sentenced, main duration of stay 6 months) and 120 employees. Work is mandatory for all. During the day, detainees can move freely inside the prison area. All live in single bed cells. Smoking cessation support is accessible to detainees who request it (since 2002), but nicotine replacement therapy or other tobacco cessation treatments are at their own expenses, as in the general community in Switzerland. Cigarettes can be purchased in prison or brought in by visitors.

A first round of interviews was conducted in 2009 (T1) in the 4 months preceding an upcoming change in the tobacco control policy (November 2009) and a second in the six months after its implementation (T2). After T1, the researchers summarised the main results and presented them to prison administrators who then designed a new tobacco control policy.

### 2.1. Recruitment and sampling of participants

At T1 and equally at T2, prison manager invited staff (20) in writing to participate, whereas prison health or occupational staff approached detainees (20) and discussed the survey with them directly. The maximum variation type of sampling strategy [16] was used in order to collect information as representative as possible of the multiple and various aspects regarding the context participants are living and working in, and to provide particular richful information (sufficient duration of incarceration to be able to analyse the matter for example) on the research subject. Covering multiple languages, cultural and age groups among detainees, as well as diverse occupational areas, experience and position of responsibilities among staff, smokers and non-smokers, was intended to maximise the validity of the findings. The number of participants was limited based on expected saturation of content and achievement of maximum variation. Staff and detainees were then appointed to the interview with the research

fellow. The survey was explained in a comprehensive and detailed way and participation was confirmed by providing a written informed consent. An independent female bilingual research fellow (German and French) qualified as a medical doctor and experienced in prison health and addictions conducted the interviews. Staff members and detainees (when duration of stay made it possible) who participated in the first round of interviews were invited to the second round. No incentives financial or otherwise were given to participants.

### 2.2. Interviews

Two different interview guides with open-ended questions adapted to each round were designed with the help of experts in tobacco prevention. Themes were selected according to their relevance with international recommendations for the prison context [4,5], and the necessary components to be included in a coherent tobacco control policy in prisons [2]. At T1 (and T2 when interviewees had not participated in the first round) issues were: description and opinion about the current situation and regulation; proposals to reduce SHS (changes in regulation or interventions on individuals' smoking behaviour); opinions on obstacles to changing the policy. At T2, issues were: attitudes regarding the change (acceptability, consequences) and the need for further changes.

Data were anonymised in order to preserve the confidentiality of the participants and to avoid interviewees feeling pressured to express socially acceptable answers.

The independence of the research team was clearly stressed due to the fact that: (1) local staff provided the research fellow with help regarding the selection of participants and organisation of the appointments, and (2) a summary of the collected data at T1 was going to be presented anonymously to the prison administrators.

### 2.3. Data analysis

Interviews were taped and transcribed *verbatim*, with the authorisation of the participants. For participants in both rounds, T1 and T2 interviews were treated as single cases.

Thematic analysis was conducted, based on open coding with the help of software Atlas.ti (version 6) to facilitate the storage, searching and coding of data. Codes were primarily defined according to the topics raised in the interview guide, and progressively enriched with the themes raised by participants. After the descriptive stage of the results, a more in depth-analysis based on the literature and other studies in the area was done to build up explanations on the situation, and propose adequate changes for the setting. The structure of the analysis included: (1) comparison of detainees and staffs' attitudes taking into account their smoking status; (2) comparison of the situation inside the prison with the one prevailing in the general community with regards to tobacco control policy; (3) a frame for the changing process that started with the description of attitudes regarding a specific situation before the change (i.e. the tobacco issue in this setting at T1), the proposal of changes, the factors impeding changes (fears, anticipated

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