SMOKING IS THE LEAST OF THEIR PROBLEMS

A survey on attitudes towards the socially vulnerable and smoking
Purpose of the survey
The survey of attitudes took place as part of the evaluation of the “Freedom from Smoking for Everybody” project, in cooperation with the 12 municipalities that are model municipalities for the project.

The survey is the first of its type in Denmark. One of its objectives is to find out which attitudes to the socially vulnerable and smoking are prevalent among the managers, staff and socially vulnerable clients of shelters, residential facilities and activity centres.

Method
The survey of attitudes is based on questionnaire responses from 1,059 individuals, of whom 62 are managers, 345 are staff or volunteers, and 652 are socially vulnerable clients of centres, sheltered employment schemes, residential centres and treatment facilities, as well as socially vulnerable clients that receive support in their own homes. The survey took place at a total of 76 sites.

The survey is not based on random sampling of centres and facilities, and is thus not representative. The results therefore cannot be generalised directly or be said to apply to other clients, staff and managers at the country’s other centres and facilities. However, the results do serve to indicate attitudes towards the socially vulnerable and smoking, provide inspiration for the ongoing work, and form the basis for a national debate on attitudes to smoking among the socially vulnerable.

Results
61% of the socially vulnerable are smokers, compared to 21% of the Danish population in general. Among staff working with the socially vulnerable, more are smokers than among the population in general. To a great extent, the clients of facilities for narcotics and alcohol abusers are the smokers. Almost nine out of ten of these clients smoke on a daily basis.

Almost one in three clients have previously tried to quit smoking, which is equivalent to the national average. One in six clients that smoke have plans to quit smoking within the next month. One in three would like help to quit smoking.

There are significant differences among managers, staff and clients in terms of their attitudes towards the socially vulnerable and smoking.

One third of clients believe that clients generally wish to quit smoking. One staff member in five, and one manager in four, believes that clients wish to quit smoking.

One client in four believes that clients will be able to quit smoking. This confidence in clients’ ability is shared by one employee in six. Managers have greater faith in clients, with one manager in three believing that clients can quit smoking.

To a greater degree than staff and managers, clients express the attitude that clients will leave the centre if smoking is banned everywhere, and that clients will be isolated from their networks if they quit smoking.

The majority of both staff and managers believe that the centre or facility must take on the role of signalling that smoking is bad for health, and also offer quit smoking courses and similar to clients.

Virtually all of the centres and facilities that took part in the survey allow smoking to some extent or other. One half only allow smoking outside, while others have established smoking cabins or rooms.
The smoking rules are generally observed, but there are major differences among the centres and facilities in terms of whether the rules are always or mostly observed.

There are correlations between the staff's own smoking habits and the attitudes they express towards the socially vulnerable and smoking. The difference between the staff that smoke on a daily basis, and those who do not, is clearly apparent from a number of statements. This applies especially to attitudes towards the social aspects of smoking: that clients will leave the centre, that they will become isolated, that smoking improves the quality of life, and that smoking can be used as a pedagogical tool. Among staff that smoke themselves, a larger proportion express these attitudes than among staff that do not smoke or do not smoke daily.

Perspectives: A systematic approach is needed
In social facilities' practice and on a day-to-day basis there are many opportunities to have a chat with clients about smoking. There are fixed, recurring opportunities, such as when a new client is registered or methadone is issued. There are also more spontaneous opportunities, e.g. when giving care and attention, or around the coffee table.

It is important that there is a system for the everyday dialogue about smoking. It should not be up to individual staff members whether they wish to ask clients about their smoking habits, in which situations they ask, who they ask, and how they do so.

The managers, staff and clients of the individual facilities must together discuss how they will work to prevent smoking at their particular centre or facility. A common understanding and a common basis must be created for this work, and it is vital that the management take responsibility for this.

Creating a common basis for smoking prevention at social centres and facilities is about establishing a shared knowledge base and discussing attitudes towards the socially vulnerable and smoking prevention. It is also a matter of the centre or facility taking a good look at itself. How can our pedagogical practices, routines and physical framework support clients' wish for help to quit smoking, and to quit smoking permanently? All this can result in the formulation of an actual target for the smoking prevention work.

Integrating tobacco prevention at social facilities requires the development of competence at organisational level. Individual staff members will often also need to develop the competence to be able to tackle the new role. This could be courses and training in reading how ready clients are to quit smoking, and in dialogue techniques.
Freedom from smoking for everybody
- Tobacco prevention among the socially vulnerable

“Freedom from Smoking for Everybody” is a national intervention with the main goal of developing tools for smoking cessation among the socially vulnerable. We seek to achieve this goal by building capacity in municipalities, and at local activity centres and treatment facilities. We work with local politicians, health coordinators, smoking cessation advisers, managers and staff in order to build knowledge, change attitudes, and ensure resources, sustainability and support.

The project is inspired by the American guidelines described in the Bringing Everyone Along Resource Guide for Health Professionals providing Tobacco Cessation Services for People with Mental Illness and Substance Use Disorders.

Funding
"Freedom from Smoking for Everybody" is based in the Danish Healthy Cities Network and is funded by the Danish Ministry of the Interior and Health.

Background
The prevalence of smoking among the socially vulnerable in Denmark is much higher than among the population in general. Many of the socially vulnerable are heavy smokers who are highly addicted to nicotine. This has obvious and serious consequences for their health. However, addressing this problem is new in Denmark. One of the most important barriers is the belief that the socially vulnerable cannot or will not quit smoking. Furthermore, the national policy on smoking exempts shelters and activity centres from the duty to ensure a non-smoking environment.

Key elements of the intervention
- Project website
- Collaboration with 12 municipalities in Denmark
- Training and education
- Evaluation as an intervention
- National quitline

Contact details for more information

Freedom from smoking for everybody
Danish Healthy Cities Network
c/o Copenhagen Public Health Office
Sjællandsgade 40, I
2200 Copenhagen N
Denmark
www.rogfrihed.dk

Project manager:
Helle Stuart
Phone: +45 35 30 35 14
Email: helle.stuart@suf.kk.dk

Evaluator:
Berit Christensen
Phone: +45 35 30 45 03
Email: berit.christensen@suf.kk.dk