

Smoke free mental facility essay

[Health & Medicine](#), [Addiction](#)



It is after much consultation with my colleagues and some health professionals capped by in-depth research on this issue that I write this letter. The issue of smoke free mental health facilities has been adopted by many nations and Australia should not be an exemption. This is not because we should follow every wave that the world moves with but it is specifically due to the benefits that are accrued to the creation of laws that total ban smoking in all health facilities that cater for mental patients. I believe that the facts that I have included in this paper plus the knowledge that you have will help you in convincing our honorable parliament in introducing such laws.

Background information

Smoking of cigarette is categorized in this paper as drug abuse. This is to differentiate it from other papers that categorize smoking as a leisure activity for the benefit of the objectives of such papers (American Psychiatric Association, 2008). Research have proven that, smoking is directly associated with a lot of ailments that cause death (Nardini, 2008). Most notable is that of all the deaths of lung cancer, smoking is responsible for 90%. Apart from lung cancer, smoking also causes deaths out of heart disease and bronchitis with smoking causing 17% and 80 percent respective. This is has not included other cancers that are associated with smoking like mouth and throat cancers all of which have very adverse effects (Slama, 1995). While many public places have rules that require isolation of smoking zones, this paper propose complete ban of smoking in facilities that deal with mental illnesses. The reasons for this are given in succeeding sections of this paper.

The implementation of the proposal

This paper does not want to assume that the change that it proposes will come into place automatically. This is why we lay out a proposed plan of activities that will give way to free flowing implementation of smoke free area in mental facilities (National Library of Australia, 1971).

The first step that the authorship of this paper proposes is facilitation of the change through an act of parliament. This step has been trusted on you (Wye, Bowman, Wiggers, et al 2010). The second step shall be to run educational meetings with the entire stakeholder's. The meetings shall be divided into sensitization and education (Balanpain, & Anderson, 2005). The first part shall be to sensitize the health workers and all the staff working in the affected health facilities on the dangers that face the country if this is not reversed (Woodman, 2010).

The second part shall deal with the patients and staff being educated on their duty and responsibility in the implementation of the plan (Sane Australia, 2000). After that, the patients that are smokers shall be taken through a nicotine replacement exercise that will help them to stop using the drug (Australian Cancer Society, 2006). Wellington, (2010) and Pampel, (2009) also propose the same. This shall be given up to two years (Irene, Sandra, Ann, et al 2010). After this the law shall be put in to action this will call for the enforcement and if need be coming up with supplemental laws that will help in areas that may be found to be hard during the implementation (Jill, 2011).

Foreseeable handles

During our research, we noted some handles that the enactment of such a law may face. The most basic is that, most of the healths professional that are involved in the mental departments have been found to be heavy smokers themselves (Bonnie, & Stratton, 2007). This means that while the effect of smoking is primarily being reduced on patients, the professional may be reluctant to be used in the sensitization program since they are victims of smoking themselves (NSW Health, 2005). The other handle that is caused by the same scenario is the fact that, the professionals may find it too stringent to go smoke out of the premises. Some of these facilities cover a very big area (Boyle, Gray, & Jack, 2010). However, the authorship insists that the professionals should not be allowed to smoke in the facilities as that would even encourage some of this professional smuggling in cigarettes to fellow patient smokers acquitted to them (Royal College of Physicians of London, 2005).

The other handle that is foreseen is the capital outlay that is required to facilitate the program (Samuel, Dickerson, & Oldham, 2009). The authorship is not ignorant of the high inflation that is facing not only this country but also almost every part of the world today (Bearman, Neckman & Wright, 2011). While the government may be willing to implement the change, it may face a lot of opposition from observers and parties who put preventive health matters second in the development agenda. However, we strongly believe that there is enough funds in the country for this course (Britton, 2004).

Foreseeable benefits

Should this change be effected, the authorship foresees a reduction in the rate of smoking in one, the mental patients and secondly, the health professionals. The other benefit will be a reduction of deaths that are related to smoking. Moreover, after smoking effects are removed, the healing process for mental patients will take less time.

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