

Smokefree NHS Policies and COVID-19

"Quitting smoking is definitely an important way for individuals to reduce their risk from COVID-19. Smoking increases the risk of lung infections - smokers are twice as likely to get pneumonia and five times more likely to get influenza. A worry is that people can sometimes be put off quitting smoking if they feel worried and anxious. But now is a really important moment to stop." **Dr Nick Hopkinson, Respiratory Specialist at Imperial College London and Chair of Action on Smoking Health (ASH)**

Purpose

This document has been developed on behalf of the Smokefree NHS / Treating tobacco dependency taskforce and is intended for NHS Foundation Trusts to support implementation of Smokefree NHS and NICE PH48.

Trusts within the North East region have put a great deal of clinical time and financial support into implementing Smokefree policies over the past 4 years. As the NHS faces an unprecedented challenge in keeping patients safe and well, now, more than ever, it is vital Smokefree policies stay in place. A risk is that during the worry and anxiety of the current crisis, some smokers may smoke more and people who have quit revert back to smoking unless the NHS is clear and unequivocal about the risks to health.



"IT IS ABUNDANTLY CLEAR FROM THE RESEARCH INTO PREVIOUS CORONAVIRUSES THAT SMOKING MAKES THE IMPACT OF A CORONAVIRUS WORSE"

Secretary of State for Health and Social Care
Matt Hancock

This document details the reasons why Smokefree policies should not be abandoned and clear recommendations for Hospital Trusts during the coronavirus outbreak.

Smoking and COVID-19

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems like cardiovascular disease,

diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness.

Smoking is still the main cause of preventable ill health and death in England, killing 213 people a day, and accounts for more than half the difference in life expectancy. For every one person who dies from as a result of smoking another 30 are living with a smoking related disease¹.

Smoking affects the immune system in the airways, lung tissue and throughout the body. This reduces your natural protection against infections, like coronavirus. Preliminary research^{2,3} is showing that smokers who contract COVID-19 have more severe symptoms, are more likely to have complications, require a greater level of care, more likely to be admitted to an intensive care unit and need mechanical ventilation and sadly die than non-smokers.

SMOKERS ARE AT GREATER RISK OF:

- GETTING ACUTE RESPIRATORY INFECTIONS
- INFECTIONS LASTING LONGER
- INFECTIONS BEING MORE SERIOUS THAN IT WOULD BE FOR SOMEONE WHO DOES NOT SMOKE
- DEVELOPING VIRAL PNEUMONIA – ONE OF THE COMPLICATIONS FROM COVID-19

Quitting is one of the best ways you can reduce the risk from COVID-19. Stopping smoking might not change the structure of the lungs if they are damaged, but it quite quickly changes inflammation levels and elasticity, which mean that the flow of oxygen into the blood is significantly more efficient within weeks. That could be critical for getting over COVID-19. It is therefore vitally important that we continue to help smokers to quit, providing medication and support to smokers who access NHS services as per NICE PH48.

Exposure to secondhand smoke is also likely to exacerbate the risks from coronavirus, alongside the other harms it causes. Therefore, smokers who are self-isolating and are not able to go outside to smoke should have access to alternative forms of nicotine such as Nicotine Replacement Therapy (NRT) or e-cigarettes to protect the people around them from harm.

Smokefree Policies

As well as rigorous personal hygiene, physical distance of approx. 2m reduces the risk of transmission of COVID 19 and other viruses. Smoking has been identified as a major

risk factor for developing COVID-19 and complications that may arise as a result, with risks not just associated with damage to the lungs from smoking, but viral transmission from hand to mouth during the act of smoking itself⁴. Therefore an environment where patients are allowed to congregate and smoke is clinically negligent. All NHS Trusts should use reasonable endeavours to ensure that their premises and grounds are Smokefree as per NHS Standard contract, and continue to implement Smokefree Policies to reduce this risk.

A Smokefree policy is much more than banning smoking on hospital grounds. It is about improving the health of patients, by identifying patients who smoke, by helping smokers to realise the consequences of tobacco on their health, and offering them practical support and treatment to quit.

Smoking is responsible for nearly half a million hospital admissions per year, representing 22% of all admissions for respiratory disease. Implementation of policies that take every opportunity to engage with patients who smoke offering treatment and support, can ultimately reduce the pressure on the healthcare system by lowering the baseline demands on the NHS.

Very Brief Advice & providing treatment

Very brief advice aims to identify and support patients who smoke with medication to make a quit attempt or remain temporarily abstinent, and is a key recommendation in NICE PH48. It can be delivered routinely on admission for most patients in as little as 30 seconds.

In times of stress smokers and ex-smokers may reach for a cigarette and this is understandable. Staff will have limited capacity and may feel overwhelmed to have evidence-based conversations about how smoking during the new coronavirus outbreak puts vulnerable smokers at MORE risk. However all NHS Staff have a vital role to play in preventing the spread of COVID-19 to smokers, and in helping smokers become and remain smokefree so that they are less at risk of serious health consequences from the virus.

Staff can be confident that treatment of tobacco dependency has been proven effective for hospitalised patients, regardless of reason for admission⁵. Three forms of pharmacotherapy are licensed and available in UK to assist smoking cessation; Nicotine Replacement Therapy (NRT), Varenicline and Bupropion.

Provision of medication such as Nicotine Replacement Therapy promptly following admission, preferably within 30 minutes of admission, not only aids management of Nicotine Withdrawal symptoms and prompts quit attempts but also supports a Smokefree site.

Quit attempts should be supported both during and after admission, with medication provided on discharge for at least 1 week and referral for ongoing Stop Smoking Support, so that health benefits can be maintained. Where smokers will be discharged and self-isolating, Nicotine Replacement therapy should be offered to manage withdrawal symptoms.

Stop Smoking support is still available in the community, with services following the NCSCT guidance⁶ and adapting provision to provide support remotely including telephone and skype consultations. Services are also working flexibly across the region to ensure that medications can be continued. During this period of time all Carbon Monoxide (CO) monitoring has been paused.

Vaping

Vaping is one of the most common chosen quitting aids, and are used by smokers as an alternative and less harmful source of nicotine. Switching completely to vaping is significantly less harmful than continuing to smoke^{7,8}. Vaping appears to be effective when used by smokers as an aid to quitting smoking⁹.

Last year, there was a great deal of misinformation about vaping and lung illness in the USA. This had little to do with vaping nicotine but was related to contaminated cannabis products¹⁰. For further information on vaping see Public Health England's latest evidence review on e-cigarettes¹¹.

There has been speculation that the vapour exhaled by a person with COVID-19 may be a source of transmission. Despite this speculation, there is no current evidence¹² that links vaping with contracting COVID-19 or its progression and outcome. Vaping in grounds should continue to be allowed with social distancing requirements put into place.

Quit for COVID

Fresh has been collaborating with partners such as ASH and Breathe 2025 to promote the message #QuitForCovid and has published a number of resources.

ADVICE TO SMOKERS ABOUT CORONAVIRUS

-  Quitting smoking is an **important way** for individuals to reduce their risk from coronavirus (COVID-19).
-  Smoking increases the risk of lung infections. Smokers are twice as likely to get pneumonia and **five times more likely to get flu** than non-smokers.
-  Quitting smoking rapidly reduces your risk of other health problems such as heart attack and stroke. It is **especially important to prevent these problems, at a time like now, when health systems are going to come under strain.**

Two videos explaining the risks related to smoking and COVID-19 and messages around encouraging smokers to quit have also been produced. These explain in simple terms why smoking puts people at an additional risk:

- [Video with Dr Nick Hopkinson](#),
Reader in Respiratory Medicine at
Imperial College London and Chair of
ASH
- [Video with Dr Ruth Sharrock](#),
Respiratory Consultant at the Queen
Elizabeth Hospital in Gateshead



"WE ALL NEED TO FOLLOW NHS ADVICE ABOUT
REDUCING CORONAVIRUS RISK. BUT IF YOU
SMOKE, QUITTING SMOKING IS AN IMPORTANT
FURTHER STEP TO REDUCE YOUR RISK FROM
CORONAVIRUS....YOU ARE NEVER TOO LATE TO SEE
IMPORTANT BENEFITS FROM QUITTING AND THIS
IS AN IMPORTANT TIME TO STOP SMOKING."

Dr Nick Hopkinson, Respiratory Specialist at Imperial
College London and Chair of Action on Smoking Health

A virtual 'Quit Clinic' has been launched on twitter @QuitforCovid, every day between 7.30pm and 8.30pm where people can put their questions to leading smoking cessation expert Louise Ross using #QuitforCovid.

Further resources are available on the [Today is the Day website](#).

RECOMMENDATIONS:

- **DO** sensitively explain how smoking increases the severity of infection during the coronavirus outbreak and why measures are taken to protect their health and health of others on the ward.
- **DO** maintain Smokefree policies.
- **DO** maintain supportive vaping policies and encourage social distancing.
- **DO** continue to identify smokers on admission and provide Very Brief Advice.
- **DO** help smokers minimise tobacco withdrawal symptoms by providing them with access to medication following admission to hospital.
- **DO** support quit attempts during and refer for ongoing support after discharge.
- **DO** ensure that medications are available to take home on discharge.

References

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