

# Smoking, Vaping and COVID-19

**Supporting efforts to quit smoking/vaping, even temporarily, can have positive outcomes in the prevention and treatment of COVID-19.**

The AHS Tobacco Care Pathway provides an evidence informed 5-step process for addressing tobacco use in any healthcare setting. This document provides a guide for healthcare providers when addressing client/patient concerns related to smoking, vaping and COVID-19. Healthcare providers can use the [Tobacco Algorithm](#) to provide tobacco cessation pharmacotherapy.

## What do we know?

It is well established that smoking is a risk factor for contracting respiratory infections.<sup>1</sup> Smoking increases both the risk of getting an infection, and its severity.<sup>2</sup> The virus that causes COVID-19 primarily affects the respiratory system.<sup>3</sup> There is growing evidence that risk factors, such as smoking and certain chronic conditions, put people at higher risk for severe disease caused by COVID-19.<sup>4</sup>

Quitting smoking leads to almost immediate improvements in cardiovascular and respiratory health, and reduces the risk of acquiring an acute respiratory infection (ARI).<sup>5</sup> Quitting during an ARI reduces the risk of serious complications, such as bronchitis and pneumonia, even after decades of smoking.<sup>6</sup>

Smoking abstinence, even temporary, is recognized as an important measure to potentially reduce the susceptibility to, or severity of, COVID-19, thus supporting the demand reduction strategy for ICU beds and ventilator requirement. Smoking abstinence supports adherence to isolation protocols at home and in healthcare settings by reducing the need to use outdoor public spaces to smoke. These are important protective measures for both patients and healthcare workers. It also addresses fire hazards associated with smoking while on oxygen therapy.

The AHS Tobacco Care Pathway should be used or adapted for use in the management of patients who smoke, especially if they are suspected or positive for COVID-19.

## Steps for Completing the Tobacco Care Pathway

1. Patients and any permitted visitors are informed of the AHS Tobacco and Smoke Free Environments policy. *"This facility is a tobacco and smoke-free environment. The use of smoked and vaped products is prohibited. If you are in isolation, you also will not be permitted to leave the facility to smoke or vape."*
2. Patient's current commercial tobacco/vaping product use status is identified. *'Have you smoked, vaped or used other tobacco products in the past 30 days?'*
3. **Inpatient setting only:** If current use, patient is offered withdrawal comfort. *'Would you be interested in nicotine replacement therapy or medication to keep you comfortable?'*
4. Patient is provided with a therapeutic intervention. The intervention can be brief (5A's model) or intensive, as time permits. See box below.
5. Patient is provided with a referral for follow-up individual or group support (counsellor, AlbertaQuits online or HelpLine, QuitCore, primary care clinic, etc.) *'Would you be interested in a referral for follow-up or additional support?'*

*Note: Refer to the [Tobacco Comfort Measures and Cessation Support](#) primer to see the full flowchart.*

During a therapeutic intervention, patients are:

- **Asked** about their use of cigarettes, e-cigarettes, other tobacco products (type, amount, years of use).
- **Advised** that stopping use has immediate benefits for their lung and heart health, including prevention against and recovery from respiratory infections.
- **Assessed** for interest in stopping use and receiving support to quit.
- **Assisted** to stop or reduce through pharmacotherapy and behavioural counselling.
- **Arrange** additional onsite support and/or more intensive intervention.

## Clinical Support Guidance

### Discussing Smoking, Vaping and COVID-19 with Patients/Clients

- Smoking and vaping (e.g. cigarettes, joints, e-cigarettes) involve frequent hand to mouth contact. Thoroughly washing hands with soap and water before and after smoking or vaping can reduce the risk of viral transmission from hand to mouth.
- Sharing cigarettes or passing of joints and e-cigarette/hookah products or mouth pieces should be avoided to reduce the risk of transmission from person to person.
- Although more research is needed, there is emerging evidence to suggest that people who smoke tend to have more severe symptoms and outcomes (e.g. admission to ICU, need for ventilators) related to COVID-19.
- The COVID-19 pandemic is a stressful and challenging time. Patients/clients may be thinking of quitting smoking for health or financial reasons, or they may find they can't smoke during mandatory quarantine. Quitting smoking or vaping is an empowering action to improve health and minimize risks associated with COVID-19.
- Quitting smoking or vaping, even temporarily, can improve a person's lung and heart health almost immediately.
- Use of Nicotine Replacement Therapy (patch, gum, etc.) or cessation medication is recommended along with counselling to double a person's chances of quitting. Pharmacists or physicians may be offering phone consultations for support.
- For those enrolled in Income Support, Adult Health, Assured Income for the Severely Handicapped (AISH) and Palliative government benefit programs, the lifetime maximum for nicotine products has temporarily increased from \$500 to \$1000, in response to the impacts of COVID-19.
- The AlbertaQuits Helpline 866-710-QUIT(7848) continues to provide free, confidential support. The service is anonymous, yet personal. Cessation Counsellors will help clients develop a quit plan, manage cravings and stay on track, 8am to 8pm, seven days a week.
- The AHS Tobacco Reduction Program is currently working on virtual tobacco cessation programs and opportunities to further increase access to free NRT during the COVID-19 pandemic.
- Albertaquits.ca is a free web-based cessation program that provides self-help information, tools, texts and a community forum to help Albertan's quit smoking/vaping.
- Stepping out of the door or onto a deck to smoke or vape should be encouraged to protect those in the home from exposure to second-hand smoke or vapour.
- It may feel particularly stressful to try to quit smoking in the current circumstances, but there is evidence that quitting smoking also leads to improvements in mental health. If a patient/client is having

trouble dealing with stress or coping, the Mental Health Helpline at 1-877-303-2642 is free, confidential and available 24 hours a day.

AHS offers various programs and services to help Albertans quit smoking including telephone and online support services. You can refer patients/clients to these services by completing an [AlbertaQuits Fax Referral Form](#).

**For additional information:**

Visit [www.albertaquits.ca](http://www.albertaquits.ca)

## References

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<sup>1</sup> Hartmann-Boyce, J. & Lindson, N. (2020, March 20). *Smoking in acute respiratory infections*. Centre for Evidence-Based Medicine. Retrieved from: <https://www.cebm.net/covid-19/smoking-in-acute-respiratory-infections/>

<sup>2</sup> *Ibid.*

<sup>3</sup> World Health Organization (WHO). 2020. *Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19), 14-20 February 2020*. Cited in World Health Organization (WHO) Regional Office for the Eastern Mediterranean. (2020). Tobacco and waterpipe use increases the risk of suffering from COVID-19. Retrieved from: <http://www.emro.who.int/tfi/know-the-truth/tobacco-and-waterpipe-users-are-at-increased-risk-of-covid-19-infection.html>

<sup>4</sup> U.S. Department of Health and Human Services. (2020). Preliminary Estimates of the Prevalence of Selected Underlying Health Conditions Among Patients with Coronavirus Disease 2019 — United States, February 12–March 28, 2020. *MMWR Morb Mortal Wkly Rep*. DOI: <http://dx.doi.org/10.15585/mmwr.mm6913e2>

<sup>5</sup> *Supra*, note 1.

<sup>6</sup> *Ibid.*