Smokefree policies and COVID-19

Reasons why mental health trusts shouldn't abandon their smoke free policies during the coronavirus outbreak

Mental Health NHS Trusts have put a great deal of clinical time and financial support into implementing smokefree policies over the past 6 years. As the healthcare system faces an unprecedented challenge in keeping patients safe and well, now, more than ever, it's vital smokefree polices stay in place.

In particular:
- ➢ **DO** help smokers minimise tobacco withdrawal symptoms by providing them with access to adequate supplies of licensed nicotine replacement products (NRT) and/or vaping products promptly and regularly: within 30 minutes of arrival to hospital, and if possible, support self-administration.
- ➢ **DO** support quit attempts during and after hospital admission and work with local authority stop smoking services as they adapt to new ways of working (e.g. delivering support over the phone).
- ➢ **DO** make sure that NRT is provided as take away medication on discharge if the patient has used it in hospital, so that health gains can be maintained.
- ➢ **DO** maintain supportive vaping policies and liaise with your regular suppliers so that disruptions to the supply chain is minimised.
- ➢ **DO** sensitively explain to service users how smoking and helping them to smoke could increase 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 NOT** allow gardens and courtyards to become smoking areas in the belief that it will help patients.
- ➢ **DO NOT** reinstate smoking breaks, either in gardens or off-site. Not only will this increase the risk of transmission (as service users often share the same cigarette), but research has also identified that smoking breaks are associated with increased violence. Efforts to keep wards as calm as possible are necessary to manage high levels of anxiety among staff and service users during this time of extreme uncertainty.

Please remember that:
- ➢ smoking rates among people with mental health and /or substance use problems are at least around 50% higher than in the wider population
- ➢ smoking is one of the main preventable causes of death among people with mental health and/or substance use conditions
- ➢ half of people who smoke die about 10 years earlier than those who do not smoke, which means smoking kills a lot of our patients
- ➢ people with mental health problems are more likely to suffer from smoking related conditions such as heart disease, respiratory diseases, some types of cancers and diabetes
- ➢ smokers experience more severe symptoms of psychosis, depression and anxiety
- ➢ people who smoke have worse mental health and substance use outcomes than those who don't
- ➢ smokers require higher doses of some psychiatric medicines
- ➢ smokers have longer and more frequent hospital admissions compared with non-smokers
- ➢ smoking contributes to poor financial health.

And if this wasn't enough – preliminary research shows that smokers who contract the new coronavirus (COVID-19) have more severe symptoms, and more likely to be admitted to an intensive care unit, need mechanical ventilation or die compared with non-smokers

Smoking and COVID-19

In recent weeks, many NHS Trusts have reverted back to allowing smoking in ward gardens and grounds. 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. Below is a summary to guide conversations between staff and service users who **smoke or are ex-smokers**.

- COVID-19 primarily attacks the lungs
- Preliminary research is showing that smokers who contract COVID-19 have more severe symptoms, are more likely to have complications, require a greater level of care and sadly more likely to die than non-smokers
- As well as rigorous personal hygiene, physical distance of approx. 2m (for anyone) reduces the risk of transmission of COVID 19 and other viruses
- Therefore, creating an environment in a hospital setting, where smoking is facilitated (e.g. allowing patients to congregate in ward gardens & courtyards to smoke, escorting patients to smoke at the hospital gates for 'fresh air') is clinically negligent. (If we knew that a medicine or a psychological intervention increased the risk of death, would we give more of it to our patients?).
- Smoking in ward gardens and courtyards often requires supervision and therefore takes staff away from essential clinical duties and risks exposing staff to secondhand smoke.

Smoking behaviours of mental health and substance use patients put them at higher risk of transmitting COVID-19

- Heavy smoking is the norm and the severity of tobacco dependence is high
- Patients will therefore seek out opportunities to smoke, particularly if sufficient and frequent nicotine replacement is absent
- Sharing and trading of cigarettes is common and will be a source of transmission
- Cigarette litter is common in and around many mental health (and acute) hospital sites – and picking up and smoking other people's discarded cigarette butts is sadly still common practice – and another potential route of transmission

What should mental health trusts do to minimise the impact of the outbreak to service users with mental health / substance use disorders who smoke or are ex-smokers?

Many organisations such as The Royal College of Psychiatrists, Equally Well and Rethink have produced some excellent resources to guide staff and service users who work and use mental health services.

Vaping, mental health and COVID-19

Vaping is common among people with mental health conditions, the main reason for use is to stop or reduce smoking; and a small number of studies suggest that they help people with mental health and substance use conditions reduce their smoking.

For further information on vaping among people with mental health conditions see Public Health England's latest evidence review on e-cigarettes.

Switching completely to vaping is less harmful for the lungs and the heart than continuing to smoke.
Last year, there was a great deal of misinformation about vaping and lung illness in the US. This had little to do with vaping nicotine but was related to contaminated cannabis products. Anecdotally, the misinformation led to a lot of vapers with mental health and substance use problems, to give up vaping and return to smoking. There is a danger that misinformation about vaping and COVID-19 will do the same.

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 evidence* that links vaping with contracting COVID-19 or its progression and outcome.

Therefore, the same recommended social distancing rules should apply.   Vaping in single use bedrooms, as is common in many mental health hospitals, should continue to be allowed.

Vaping in ward gardens and courtyards, which is also common in many mental health hospitals, should also continue to be allowed – with the same social distancing requirements put in place.

Dr Debbie Robson, Prof Ann McNeill and Mary Yates - On behalf of the Mental Health and Smoking Partnership. 26/3/2020