

QUITFORCOVID: Frequently Asked Questions

30th April 2020

Introduction

These FAQs are an annex to the #QuitForCovid communications toolkit, and are designed to answer any questions people may have about quitting smoking during the COVID-19 pandemic. This is a living document and will be updated as the evidence evolves. The FAQs have been reviewed by a range of clinical and academic experts including researchers who are part of SPECTRUM, a multi-disciplinary Consortium of ten Universities funded by the UK Prevention Research Partnership (UKPRP).

Is it appropriate to be encouraging smokers to quit right now?

We know that the 7.2 million smokers in the UK¹ are at increased risk of viral and bacterial infections including pneumonia,² and there is evidence that there is also a greater risk of severe complications from COVID-19.^{3 4} This is significant health information, which smokers have a right to know, and they need to be supported to take steps to quit or abstain from smoking at this time.

As well as increased risks associated with COVID-19, people who smoke are more likely to develop health conditions that require hospital care. People who smoke account for 489,000 hospital admissions per year in England,⁵ and current smokers are around 30% more likely to require hospital admission than non-smokers.⁶ Quitting confers immediate benefits – for example improved blood pressure, reduced respiratory infections and heart disease – that can help ease pressure on the NHS.

Most smokers report wanting to quit and have tried before.¹ Encouraging smokers to quit now, and sharing information on the support available, will help them reduce their risk of severe complications from COVID-19, and improve their health and finances. There is some evidence already that smokers are very receptive to the #QuitForCovid message – this comes from a variety of sources including website visits, more people searching online for quitting, increased demand from stop smoking services, and responses to a digital campaign in the North East.

Secondhand smoke in the home and other enclosed spaces also poses a risk to others, increasing the likelihood that those exposed will need hospital treatment. There is no risk-free level of exposure to secondhand smoke,⁷ which has been shown to cause lung cancer, serious respiratory and cardiovascular disease.⁸ Unborn children and babies are particularly at risk; secondhand smoke can cause miscarriage and stillbirth, sudden infant death, meningitis, middle ear disease, and both causes and exacerbates respiratory diseases like asthma.⁹ Adults with existing health conditions like high blood pressure, respiratory problems and heart disease are also particularly at risk. Smokers should take every effort to protect those around them from exposure.

How might quitting reduce the risks of more severe illness in smokers who go to hospital with COVID-19?

Evidence suggests smokers and ex-smokers hospitalised with COVID-19 are at increased risk of greater disease severity.¹⁰ This is likely to be as a result of compromised respiratory, immune¹¹ and cardiovascular systems.^{12 13}

Quitting smoking delivers immediate benefits¹⁴ which reduce a person's risk from infections, and particularly respiratory infections, by improving functions vital to immune health.

- After 8 hours, carbon monoxide levels in blood reduce by more than half and oxygen levels return to normal.
- After 48 hours, carbon monoxide is eliminated from the body. Lungs start to clear out mucus and other smoking debris.
- After 72 hours, breathing becomes easier as bronchial tubes begin to relax.
- After 2 weeks to three months, lung function and blood circulation starts to improve, making physical activity like walking and running easier.
- After 3 to 9 months, any coughs, wheezing or breathing problems improve as lung function increases.

Smoking also damages blood vessels, but this improves quickly after quitting. Damage to the functioning of the blood vessels has been found to be linked to the development of more severe symptoms from COVID-19.^{15 16}

Those with existing health conditions are particularly encouraged to quit. For example, the COVID-19 Rapid Guidance Update from the National Institute for Health and Care Excellence (NICE) for people with Chronic Obstructive Pulmonary Disease (COPD) advises clinicians to strongly encourage those who smoke to quit to avoid complications.¹⁷

People have raised the possibility that smoking might have a protective effect. What is the truth in this?

Early figures, from China and elsewhere, suggest that the percentage of smokers attending hospital for COVID-19 is less than we might have expected.¹⁰ However, these data are uncertain and rely on both people being able to report on their smoking, and healthcare professionals having the time to record it.¹⁰ In truth, people may have been too unwell and staff too busy. On the other hand, the UK symptom tracker data is now showing that smokers are at an increased risk of developing self-reported symptoms of COVID-19 (particularly fever and a persistent cough).¹⁸

There is also evidence that smokers in hospital who have COVID-19 are at a higher risk of severe illness than non-smokers.¹⁹ Furthermore, there are many other reasons to quit at this time, as smokers are also much more at risk of range of serious health problems requiring them to be admitted to hospital.

The reports of a trial in France²⁰ to see whether nicotine patches can help prevent or lessen symptoms of COVID-19 should not put smokers off trying to quit, but encourage them to use alternative sources of nicotine to help them stay quit. Smokers are much more likely to succeed in quitting smoking if they use alternative forms of nicotine – such as patches, gum and e-cigarettes – which are far less harmful than smoking.²¹

Smoking damages the lungs and weakens the immune system. This makes it more likely that smokers will get complications and take longer to recover from illnesses. Overall, smokers are five times as likely to get influenza and twice as likely to get pneumonia than non-smokers.²

Smoking damages endothelial cells, which line blood vessels and play an important role in controlling blood pressure and the immune system's response to inflammation. This damage contributes to endothelial dysfunction, which is an early sign of cardiovascular disease.¹²

Research shows that endothelial dysfunction is driving severe complications among people with COVID-19.¹³ The damage smoking does to these cells puts smokers at increased risk from COVID-19. When smokers quit, there is a rapid improvement in endothelial function,²² meaning that quitting can enable the body to rapidly repair cells that are implicated in the severe progression of COVID-19 illness.

How can people tell the difference between nicotine withdrawal symptoms and COVID-19 symptoms?

People who have recently stopped smoking may experience nicotine withdrawal symptoms, which can include cravings, irritability, and difficulty concentrating. These symptoms are usually temporary and disappear after about 2 to 6 weeks.²³

Other symptoms of nicotine withdrawal might include a cough or sore throat, which are usually also temporary.²⁴ These withdrawal symptoms could be confused with the symptoms of COVID-19. It is important to remember that a temperature, or a sudden loss of taste or smell, is not a symptom of nicotine withdrawal.

Using alternative forms of nicotine – such as patches, gum and e-cigarettes – can relieve the worst of the nicotine withdrawal symptoms. This may help you to avoid confusing symptoms. It will also greatly improve chances of quitting successfully.

Anyone concerned that they may have COVID-19 should use the [NHS 111 symptoms checker](#) or phone NHS 111 for further advice.

What should we be saying about vaping right now?

E-cigarettes are the most popular aid to quitting smoking in England.²⁵ While not completely risk free, switching completely to vaping is significantly less harmful than continuing to smoke.²⁶ E-cigarettes have been shown to increase success rates in a stop smoking service setting, as well as in the community.^{21 27} For people who do not smoke or have never smoked, the advice is to not start vaping as it is not risk-free.²⁸

What is the advice for people starting, or continuing to use, nicotine replacement therapy and e-cigarettes to help them stop smoking?

For people who smoke, stop smoking medications like NRT, or consumer products like e-cigarettes, can help to reduce cravings and manage withdrawal symptoms experienced when quitting. These products can improve chances of quitting smoking, and when combined with specialist support from a stop smoking service, give people the best chance of successfully quitting for the long term.²⁹

For people who are already using nicotine products to help them stop smoking, it is safe to continue to do so. Current smokers, who are considering quitting and want to know more about medications that can help, should look at NHS Smokefree [information on stop smoking medications](#) or talk to their doctor, pharmacist or local stop smoking service, where one is available (this can be checked on the [NHS Smokefree](#) website).

What is the advice for people quitting during pregnancy?

Advice to pregnant smokers remains that they should attempt to quit as soon as possible and seek support from their midwife or through a local stop smoking service.

When a woman smokes or is exposed to secondhand smoke during pregnancy, oxygen passed to the baby is restricted, making the baby's heart work faster and exposing the baby to harmful toxins. As a result, exposure to tobacco smoke during pregnancy increases rates of stillbirth, miscarriage and birth defects.⁹ Stopping smoking is therefore one of the best things a woman and her partner can do to protect their health and the health of their baby through pregnancy and beyond.

NRT is safe to use during pregnancy and can increase the chances of quitting successfully, especially when combined with specialist help from local stop smoking services.^{30 31 32}

The priority is to be smokefree. If vaping is helping women to manage nicotine withdrawal and stay smokefree, women should be reassured that vaping is much less harmful to themselves and their baby than continuing to smoke and they should continue to vape.³³

When people are stressed, aren't they going to smoke more?

Feeling stressed is a common reason that ex-smokers give for returning to smoking, and for current smokers to smoke more. During this stressful period, smokers and ex-smokers may need more support to ensure they do not look to cigarettes as a coping mechanism.

If people are concerned about returning to smoking or increasing the amount they smoke, they can use other sources of nicotine like nicotine replacement therapy or e-cigarettes to help manage cravings. E-cigarettes are now the most popular quitting aid and have been shown to increase success rates in a stop smoking service setting as well as in the community.^{21 27}

It is a common belief that smoking helps people to relax. In reality, smoking increases anxiety and tension. Smoking reduces nicotine withdrawal symptoms, which are similar to (and can be mistaken for) symptoms of stress and anxiety, but it does not reduce stress or deal with the underlying causes.

As well as improving physical health, stopping smoking can boost mental health and wellbeing. Quitting smoking is associated with reductions in depression and anxiety and improvement in positive mood compared with continuing to smoke.^{34 35 36}

COVID-19 is also causing financial stress. Quitting smoking can help people save money and lift households out of poverty.³⁷ In April 2020 the minimum price for a pack of 20 cigarettes on sale online is £8.94,³⁸ so someone smoking 10 cigarettes a day would spend a minimum of £1,632 a year, £136 a month and £31 a week. For a couple that means £3,264 a year, £272 a month and £62 a week – enough to pay for regular food shops or a family holiday.

Alternatively, if smokers switch to nicotine replacement therapy, they can save nearly £700 a year, and smokers switching to e-cigarettes can save around £800.³⁹

Don't we need tobacco taxes to pay for the NHS?

Smoking costs society substantially more than it raises through tobacco taxation, with estimated costs of £12 billion a year to society – including £2 billion to the NHS.⁴⁰

When smokers quit, they spend the money they would have spent on tobacco on other products and continue to pay tax. However, they are more likely to be buying products which benefit their local economy more than tobacco and very unlikely to be purchasing products that have a similar level of harm to health.

Smoking is also a driver of poverty; analysis of UK Government data carried out for ASH shows around 447,000 households in the UK are currently living in poverty due to smoking.³⁷

Most immediately, a detailed analysis published by the Royal College of Physicians shows that investing in smoking cessation support actually *saves* hospitals money in the same year, because the health benefits are so rapid.²

What support is available to smokers right now?

This does vary between localities and we recommend communications leads work with commissioners and service providers to clarify calls to action.

Firstly, many stop smoking services are still providing support to help people quit smoking, through telephone and video conferencing consultations and working to make medication available including to those who are shielding or self-isolating.

In addition, online support is available through the twitter 'Quit Clinic' every evening from 7.30 to 8.30pm where people can put their questions to leading smoking cessation experts. Smokers and

healthcare professionals can tweet their question using #QuitForCovid and following @QuitForCovid. Information and advice for smokers is also available through the [Today is the Day](#) website.

The [NHS Smokefree](#) website is a national support platform to help smokers quit and includes information on support to quit, as well as free tools such as the Personal Quit Plan and the Smokefree app, and daily support via e-mail or Facebook Messenger.

People are very aware of their health at the moment, and there is growing evidence from surveys that people who smoke are more likely to want to quit and stay quit as a result of the COVID-19 pandemic.

How can I support Quit for COVID as well as my local stop smoking support?

You can use the Quit for COVID messages to help promote your local stop smoking support and ensure smokers are aware of the options available to them.

Only a small number of smokers access specialist support to quit, but it is important that all smokers are informed about the risks of smoking and COVID-19 and encouraged to try to stop smoking. Supporting the national Quit for COVID narratives can help ensure all smokers have the information they need about the importance of quitting.

Using the hashtag #QuitForCovid on Twitter and promoting information about local support through Facebook pages are important online channels for communicating with smokers and local healthcare professionals.

See the Communications Toolkit for key messages, template press releases and content suggestions.

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