

QUITFORCOVID: Frequently Asked Questions

6th August 2020

Introduction

COVID-19 has motivated many smokers to quit. People are more aware of the need to protect their health and with lockdown restrictions disrupting routines.

In response many healthcare and public health practitioners have seized this opportunity to help people stop smoking. In collaboration with Dr Charlie Kenward, a GP in Bristol, ASH launched the #QuitForCovid campaign in March. Funding was subsequently provided by the Department of Health and Social Care to run the Today is the Day campaign in local authorities with high smoking prevalence, using the message that 'Today is the day to stop smoking'.

An estimated 1 million people have quit smoking in England since the pandemic hit. However, these are short-term quits, we need to sustain the momentum to support those who've quit to stay quit, and encourage others to follow. You can get involved by requesting copies of the Communications Toolkits which include social and digital media assets, template resources and campaign messages, from quit@todayistheday.co.uk

These FAQs are an annex to the #QuitForCovid communications toolkit, and are designed to answer questions people may have about quitting smoking during the COVID-19 pandemic. This document is being reviewed and updated as the evidence evolves.¹ 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).

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Why we must encourage smokers to quit today

Now is a teachable moment when smokers are particularly keen to improve their health and wellbeing and protect those around them. Substantial health gains can be made now and long-term if we seize this opportunity to help smokers quit and support them to stay smokefree.

To encourage smokers to quit right now is in line with Public Health England guidance² which states that *“On the available evidence, we advise:*

- *if you smoke, you generally have an increased risk of contracting respiratory infection and of more severe symptoms once infected. COVID-19 symptoms may, therefore, be more severe if you smoke*
- *stopping smoking will bring immediate benefits to your health, including if you have an existing smoking-related disease. This is particularly important for both you and for our NHS at a time of intense pressure on the health service.”*

Stopping smoking delivers immediate benefits to smokers – for example improved blood pressure, reduced respiratory infections and heart disease – that can help ease pressure on the NHS. This will be more important than ever as we head towards the Autumn and the risk of a disastrous co-circulation of COVID-19 and flu.³ Current smokers are five times as likely to get influenza and twice as likely to get pneumonia as non-smokers,⁴ major factors in the annual winter bed crisis. Current smokers are also twice as likely to suffer acute coronary events, and twice as likely to die from cardiovascular disease.⁴

Surveys consistently show the majority of adult smokers in England want to quit and an even bigger proportion regret ever having started smoking (69% and 75% in a survey carried out in 2018⁵). Like everyone else, smokers are **particularly** aware of their health at the moment. A survey of local authorities' responses to lockdown, carried out in April and May, found that just under a quarter had seen an increase in traffic to their stop smoking services.⁶ Of these services, all but one had specifically targeted smokers in their area with COVID-19 messaging in their communications, with proactive offers of support made directly to smokers being especially effective. Reports from stop smoking services suggest that smokers continue to be particularly receptive to these messages.

Using data from the YouGov COVID-19 Tracker, it's estimated that 1 million people have quit smoking since the COVID-19 pandemic hit England.⁷ This high quit rate is being driven by young people who are particularly likely to have quit during the pandemic. Around 400,000 people aged 16-29 have quit compared to 240,000 of those over age 50. Among people aged 16 – 29, 17% of smokers and recent ex-smokers have quit during the COVID-19 pandemic compared to 13% of smokers and recent ex-smokers aged 30 – 49 and 7% aged over 50. Ensuring support is available to help those who have quit smoking during COVID-19 to stay smokefree would deliver substantial health gains as well as cost savings for the NHS long-term.

The evidence of the mortality and morbidity caused by smoking is well established, backed by a considerable body of research over more than seventy years. There are around 6 million smokers in England and smoking remains the leading cause of premature death, killing nearly 80,000 people a year, which is over 200 every day.⁸ For every person who dies from smoking, at least 30 people live with a serious smoking-related illness such as cancer, heart disease, stroke, diabetes, and chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis.^{9 10} People who smoke are more likely to develop health conditions that require hospital care. More than 500,000 hospital admissions per year in England are attributable to smoking,⁸ and current smokers aged 16 and over are around a third more likely to require hospital admission than non-smokers.¹¹

Secondhand smoke in the home and other enclosed spaces also causes harm. There is no risk-free level of exposure to secondhand smoke,¹² which has been shown to cause lung cancer, serious respiratory and cardiovascular disease.¹³ 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.¹⁴ 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 secondhand smoke exposure.

This is all 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.

What support is available to smokers right now?

Face to face support is not currently available, but a recent survey of local authorities found that 96% are providing support for smokers to quit, including telephone and video conferencing consultations, and 88% are providing stop smoking medications or e-cigarettes to smokers.¹⁵ However, how services work will vary, and we recommend communications leads work with commissioners and service providers to clarify calls to action.

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. Information and advice for smokers is also available through the [Today is the Day](#) website.

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

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

There are a range of ways in which localities have successfully been reaching out to smokers with good results. Encouraging GP practices to send text messages advertising local services to all smokers on their records; contacting former stop smoking service clients and those lost to follow-up to advertise support offers; and communications activity using Facebook and local media; have all resulted in increased numbers accessing the services.

Only a small proportion of smokers will 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. Promoting the national Quit for COVID campaign can help ensure all smokers have the information they need about the importance of quitting.

Using the hashtag #QuitForCovid or #TodayIsTheDay on Twitter and promoting information about local support through Facebook pages are important online channels for communicating with smokers and local healthcare professionals. Email quit@todayistheday.co.uk for the Quit For Covid Communications Toolkit or Today is the Day Campaign Communications Toolkit which contain key messages, template social media assets, press releases and content suggestions to engage local smokers.

What is the current evidence on COVID-19 and smoking?

The COVID-19 outbreak was first identified in December 2019 and was declared a pandemic on the 11th March 2020, so evidence of the impact of smoking on COVID-19 is still mixed and developing.

The Zoe symptom study, where more than 2.4 million people in the UK recorded any symptoms in an App, found that current smokers were more likely to report classic symptoms of COVID-19 (cough, fever and breathlessness)¹⁶ and also to report other symptoms, including loss of the sense of smell which appears to be very specific to COVID-19. There is also reason to believe that behavioural factors (e.g. regular hand-to-mouth movements) involved in smoking may increase COVID-19 infection and transmission in current smokers.¹

However, it is also the case that current smokers who receive a test in the community are less likely to be positive for the virus compared with never smokers. This finding may be explained by differences in who met the criteria for testing. Smokers may have been more likely to have relevant symptoms, such as a cough, despite not having the virus.¹

Among those testing positive in the community there is some evidence that current smokers are just as likely to be admitted to hospital with COVID-19 as never smokers.¹ However, reports suggest that the percentage of those attending hospital for COVID-19 who were recorded as current smokers was less than might be expected, given national population-level smoking rates. These findings are uncertain, because there are likely inaccuracies in the recording of smoking, differences in who qualifies for testing and differences in exposure to the virus, which is known to affect different groups at different times as it spreads through the population.^{17 18}

There is some inconclusive evidence to suggest that smokers who contract COVID-19 and are treated in hospital have an increased risk of in-hospital mortality compared to non-smokers. The number of studies looking at this continues to increase but the overall picture remains uncertain.

Smoking also 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 which could explain the association between smoking and increased risk of mortality in people who are hospitalised.^{19 20} The damage smoking does to these cells may put smokers at increased risk from COVID-19. When smokers quit, there is a rapid improvement in endothelial function,¹ meaning that quitting can enable the body to rapidly repair cells that are implicated in the severe progression of COVID-19 illness.

Smoking is the leading cause of preventable death in the UK and all smokers should be encouraged to quit, both for COVID-19 and their long-term health.

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

While the evidence of the impact of smoking on COVID-19 is still developing, there is no proof that smoking or nicotine intake provides protection from COVID-19, and smoking kills half of all long-term smokers, so the dangers of smoking far outweigh those of COVID-19.¹

Suggestions that nicotine may have a protective effect have yet to be substantiated. There are some theoretical reasons why nicotine, which modifies the immune system and is the active drug in tobacco, might be protective. A clinical trial is underway in France²¹ to see whether nicotine patches can help prevent or lessen symptoms of COVID-19. This should not put smokers off trying to quit, but encourage them to use alternative sources of nicotine to help them stop smoking and stay quit. Smokers are also much more likely to succeed in stopping smoking if they use alternative forms of nicotine – such as patches, gum, and e-cigarettes – all of which are far less harmful than smoking.²²

The mixed and developing evidence on smoking and COVID-19 should be put in the context of the known risks of smoking which are well established from a considerable body of research. Millions of people around the world have been followed through their life course to identify the long-term impacts of smoking and benefits of quitting.^{23 24 25} Smoking damages the heart and lungs and weakens the immune system. This makes it more likely that smokers will get complications and take longer to recover from illnesses.

The weight of the evidence is clear, that carrying on smoking will always be more harmful than stopping. At this time as for any other, smokers can improve their health and wellbeing by stopping smoking (see previous section for more information on the risks of smoking).

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.²⁶

Other symptoms of nicotine withdrawal might include a cough or sore throat, which are usually also temporary.²⁷ 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.²⁸ While not completely risk free, switching completely to vaping is significantly less harmful than continuing to smoke.²⁹ E-cigarettes have been shown to increase success rates in a stop smoking service setting, as well as in the community.³⁰ For people who do not smoke or have never smoked, the advice is to not start vaping as it is not risk-free.³¹

These messages are consistent with the PHE guidance²⁹ to smokers and vapers which states that:

- e-cigarettes (vapes) can be an effective aid to stopping smoking and staying smokefree
- it is currently unknown what effect vaping may have on susceptibility to severe disease if you are infected with COVID-19
- for most people vaping remains significantly less harmful than smoking and it is very important that you avoid returning to smoking.

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 nicotine replacement therapy (NRT) and varenicline, or consumer products like e-cigarettes, can help 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 stopping for the long term.³²

For people who are already using nicotine products to help them stop smoking, it is safe to continue to do so. NRT is licensed by the UK's medicines regulator the MHRA for long-term use to help smokers quit and prevent relapse. 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).

E-cigarettes are far less harmful than smoking and have been shown to be effective in helping smokers quit and preventing relapse back to smoking.³³ For more information see the [NCSCT guidance on e-cigarettes](#) and the [ASH factsheet](#) on use of e-cigarettes in Great Britain.

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.¹² 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.^{34 35 36}

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.

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.²⁹

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.

Data from the YouGov COVID-19 Tracker³⁷ indicates that smokers with existing mental health problems are more, not less, likely to have quit successfully since the pandemic hit: 10% of ex-smokers with mental health problems compared to 7% of those without.³⁸ This demonstrates that it's never a bad time to encourage smokers to try to quit even during stressful periods. Smokers with mental health problems are also more likely to have started using an e-cigarette than other smokers during the pandemic – 14% compared to 8% - which is likely to improve their chances of quitting long-term.³⁹

This is important because 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.^{40 41 42} Research has found the impact of quitting smoking on mental health to be equivalent to taking anti-depressants in relieving depression and anxiety.⁴⁰

COVID-19 is also causing financial stress. Quitting smoking can help people save money and lift households out of poverty.⁴³ At the current time the minimum price for a pack of 20 cigarettes on sale online is £7.95,⁴⁴ so someone smoking 10 cigarettes a day would spend a minimum of £1,450 a year, £120 a month and £28 a week. For a couple that means £2,900 a year, £240 a month and £56 a week – enough to pay for regular food shops or a family holiday.

Alternatively, smokers who switch to nicotine replacement therapy or e-cigarettes have been found, on average, to reduce their expenditure by up to two thirds the amount they otherwise would be spending on tobacco.⁴⁵

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 £12.5 billion a year to society – including £8.9 billion in lost productivity, £2.4 billion to the NHS and £880 million in social care costs.⁴⁶

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.⁴³

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.⁴

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