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Covid-19 public health road map: Stopping smoking

AIM OF THIS DOCUMENT

This roadmap aims to support health officials to consider changes to tobacco smoking that may have occurred during the COVID-19 pandemic and to use psychologically-informed behaviour change approaches to optimise health improvement and encourage stopping smoking. This guidance should be used alongside the Achieving Behaviour Change (ABC) guide[1] for local government and partners, and the Improving People's Health behavioural and social science strategy[2].

BEHAVIOURAL SCIENCE RECOMMENDATIONS

Stopping smoking can benefit both physical and psychological health. Stopping smoking can be influenced by what we know and what we can do (capability); the people around us and our physical environment (opportunity); and our beliefs, what we want, how we see ourselves, how we regulate our emotions, and our habits (motivation). To support changes since Covid-19:

Educate that stopping smoking reduces the risk of cardiovascular and chronic respiratory conditions, cancer, and diabetes, which are associated with Covid-19 related complications and fatalities[3].

Policies should reflect smoking is a leading cause of health inequalities. Care should be paid to groups including those with alcohol or drug problems, those with mental health issues, or those who are homeless/vulnerably housed who may have increased risks from complex lives that challenge the goal of stopping smoking.

Personal stop smoking plans can provide effective support. They might include nicotine replacement therapies such as gums or patches, prescription medications like bupropion or varenicline, and/or free stop smoking telephone-lines, mobile text-messaging programs, or online support to help smokers to stop their tobacco use. These can be adapted to Covid-19 guidelines.

Environmental changes such as smoke-free environments, prominent health warnings on otherwise plain tobacco packages, bans on advertising, promotion and sponsorship, and price controls are fundamental components of the World Health Organisations' Framework Convention on Tobacco Control and should continue to be part of effective policy during Covid-19. Public health orientated policy making in relation to smoking behaviours should be free from interference from the tobacco industry and bodies funded by the tobacco industry[4].

We recommend following the British Psychological Society's <u>Behavioural Science and Disease Prevention: Psychological guidance</u>[5] to shape any policy and/or communications strategy.

TARGET BEHAVIOUR: STOPPING SMOKING

Helping tobacco smokers to stop smoking at the earliest opportunity.

WHY IS STOPPING SMOKING IMPORTANT?

Globally, smoking tobacco kills more than 8 million people every year. Over 7 million deaths occur directly from personal tobacco use, and about 1.2 million are due to second-hand smoke exposure in non-smokers[6,7]. <u>Tobacco smoking is a known risk factor for many respiratory infections</u>[8] and increases the severity of respiratory diseases[9]. It is also a major risk factor for non-communicable diseases like cardiovascular disease, cancer, and diabetes. Certain groups are more likely to smoke including people experiencing a mental illness, those vulnerably housed, and those with alcohol or drug problems. Smoking tobacco is a major contributor to health inequalities[10]. Due to the health risks associated with smoking and second-hand smoke exposure, stopping smoking remains a key public health priority[11].

POSSIBLE CHANGES TO SMOKING SINCE COVID-19

A review of studies by public health experts convened by the World Health Organization found <u>smokers are more likely to develop more severe symptoms with Covid-19</u>[12], compared to non-smokers. Smoking impairs lung function making it harder for the body to fight off coronaviruses and other diseases.

The Covid-19 pandemic has affected smokers in different ways; some people are smoking more due to social isolation, boredom and anxiety. There are some individuals for whom there is elevated risk of acquiring Covid-19 or serious complications from Covid-19. These include those who are homeless or vulnerably housed, those experiencing mental health issues, those with existing long term physical health conditions, and those who have a diagnosis of alcohol or drug dependence. For example Cox[8] notes that complex lives may increase ways of being exposed to the virus, potentially due to a lack of resource to engage in preventive behaviours, sharing cigarettes, or the 'conscious, effortful, reflective thinking' required to prevent Covid-19 spread, lost in stressful life circumstances. It is important that services are accessible with consideration for hard-to-reach communities with low health literacy or digital access and/or skills. Others have expressed an increased desire to stop smoking due to concerns about the link between smoking and increased susceptibility to the virus/risk of severe symptoms. It is estimated <u>more than 300,000 people in the UK have stopped smoking</u>[13], a further 550,000 have tried to stop, and 2.4 million have cut down, according to the joint study by YouGov and the campaign group Action on Smoking and Health (ASH) since the Covid-19 pandemic began.

There may also be changes to the delivery of stop smoking services such as reduced stop smoking support in GPs and pharmacies, issues with access to nicotine replacement therapies or prescription medications, issues with identifying smokers with limited CO monitoring (e.g. pregnant smokers), and greater impact on the NHS services from smokers with more severe symptoms. However, concerns around the impact of smoking on Covid-19 and the change in routine provide a teachable moment for encouraging and supporting people to stop smoking. Support can be delivered online or via telephone (psychosocial support) or physical products can be picked up by representatives, delivered, or posted to continue to facilitate stopping smoking.

WIDE-SCALE PUBLIC HEALTH INTERVENTION

Health officials have the opportunity to support national behaviour change through a number of policy levers. Table 1 highlights existing approaches and suggestions for future development. Using this document, alongside the ABC guide[1] and support from experts in behaviour change, such as health psychologists, can help to optimise reach and impact of public health efforts.

Table 1: Policy categories from the Behaviour Change Wheel[1,14,15] that could support stopping smoking during the Covid-19 pandemic and beyond.

Policy categories	Definition	Examples and suggestions
Communication/ marketing	Using print, electronic, telephonic or broadcast media.	Deliver media campaigns to encourage all smokers to stop and reinforce key messages (e.g. #QuitforCOVID). Promote stopping smoking as a protective factor against Covid-19 and signpost smokers to where support can be found. Continue health warnings on tobacco products and promote campaigns (e.g. Stoptober or No Smoking Day).
Guidelines	Creating documents that recommend or mandate practice. This includes all changes to service provision.	Provide and disseminate evidence-based guidance relating to smoking and Covid-19. Consider high risk groups in guidelines to support efforts to stop, including alternatives to smoking and sharing of cigarettes or other tobacco products through nicotine replacement options. Provide guidance on e-cigarettes. Extending the National Tobacco Control Strategy and encourage four-nation working on tobacco control. Create simple guidance for healthcare and other staff to make every contact count; empower to ask questions on tobacco use and refer to appropriate stop smoking advice.
Fiscal	Using the tax system to reduce or increase the financial cost.	Increase duty rates on tobacco products and minimise cost of nicotine substitution products to support a shift to less harmful products.
Regulation	Establishing rules or principles of behaviour or practice.	Regulate content and engineering of tobacco products, and regulate the quality/licencing of nicotine replacement products.
Legislation	Making or changing laws.	Continue advertising bans, prohibition of 'light or mild' on packaging, standardised packaging, and a ban on point of sale tobacco product displays. Smoking ban in public places, workplaces and cars. Restrict supply to those under the age of 18 years. Minimise and monitor industry influence in any public health tobacco control messaging.
Environmental/ Social planning	Designing and/ or controlling the physical or social environment.	Ensure access to smoke-free public places. Consider how the supply of psychosocial support, nicotine replacement products, and medications are impacted by Covid-19. Monitor and develop support for retailers to reduce accessibility and placement of tobacco products.

Service provision	Delivering a service.	Ensure stop smoking support is accessible including remote services (e.g. telephone, text, online). Support making every contact count, and conversations using evidence based ways to support smoking cessation. Mental health treatment, housing services, and addiction services can support efforts to stop smoking whilst understanding the unique challenges individuals in these settings face. Recognise the role that affordability or low health literacy may have in accessing stop smoking services and success in stopping smoking.

UNDERSTANDING INFLUENCES ON BEHAVIOUR USING A COM-B DIAGNOSIS

To help in understanding behaviour and behaviour change, the COM-B model[1,14,15], suggests that there must be considerations made for the target population in relation to their:

Capability to enact the Behaviour, that relies on both psychological (e.g. knowledge and skill) and physical (e.g. ability and strength) capability factors;

Opportunity to enable the Behaviour, that considers both social (e.g. norms, support) and physical (e.g. resources, environment) opportunity facilitators; and

Motivation to perform the Behaviour, that involves both reflective (e.g. attitudes, confidence, intentions, identity) and automatic (e.g. emotion, habit) motivational processes.

The likely influences to consider when developing policies, campaigns or messaging to support stopping smoking based on a COM-B behavioural diagnosis are presented in Table 2.

DIFFERENT AUDIENCES TO CONSIDER

WHO NEEDS THIS INFORMATION

World Health Organisation, International partners, public health teams, Public Health England, Public Health Scotland, Public Health Wales, Public Health Agency Northern Ireland, Local Authorities, health and social care providers, service providers, commissioners, Clinical Commissioning Groups, hospitals, primary care staff, pharmacists, Trading Standards, police, schools, mental health services, substance misuse services, and those in the voluntary and community sector.

WHO WILL BE INFLUENCED MOST SINCE COVID-19

There is a need for researchers and policy makers to address how these barriers and facilitators differ based on occupation, role and employment status, gender/sex, socio-economic group, ethnic group, experience of physical and/or learning disabilities, age group, differing levels of risk for Covid-19 and those in Covid-19 recovery. Smoking has increased amongst younger adults, women and people from BAME groups[14]. Those at an increased risk of smoking related harm and/or those at a high risk from Covid-19 including people with underlying physical and/or mental health conditions[15], pregnant women, and those using drugs and/or alcohol.

USING A BEHAVIOURAL SCIENCE APPROACH

This document provides considerations for the initial stages of intervention development using the Behaviour Change Wheel[14,15] approach described in the ABC guide[1] to support behaviour change. For further support on the full development and evaluation of interventions and the translation of this into practice using the whole system approach, you can contact the BPS Division of Health Psychology (with the subject title Covid-19). We would also encourage you to contact your local university or one with expertise in behaviour change, and/or find a psychologist via the Society's website.

Table 2: COM-B behavioural diagnosis of the likely influences on stopping smoking

Capability Psychological/Physical	Opportunity Social/Physical	Motivation Reflective/Automatic
Knowledge of the impact of smoking and the benefits of stopping smoking. (Psychological)	Social support for stopping smoking from family, friends, or the workplace. (Social)	Belief that stopping smoking will be beneficial to health and wellbeing. (Reflective)
Having the cognitive and interpersonal skills (e.g. headspace/ ability to say no) to stop smoking. (Psychological)	Encouragement from friends and family to stop smoking. (Social)	Having the confidence to stop smoking. (Reflective)
Remembering to stop smoking when routine may have changed. (Psychological)	Overcoming the influence of others who may affect ability to stop smoking. (Social)	Having strong intentions to stop smoking. (Reflective)
Knowledge of support to assist in stopping smoking including how this may have changed since Covid-19. (Psychological)	Influence of societal and cultural norms around stopping smoking. (Social)	Having a goal of stopping smoking. (Reflective)
Ability to plan how to stop smoking and access stop smoking support. (Psychological)	Having appropriate resources (e.g. accessible, tailored support, or not stockpiling tobacco at home) to help stop smoking. (Physical)	Holding the identity of someone who does not smoke. (Reflective)
Having the skill to manage cravings or access support to stop smoking. (Physical)	Having access to the physical opportunity to stop smoking safely (e.g. physical distancing whilst obtaining psychosocial support, nicotine replacement products, or medications). (Physical)	Overcoming the urges to continue to smoke when lonely, hungry, bored, stressed, tired or sad. (Automatic)
Physical health restrictions that may limit access to stop smoking services. (Physical)	Financial resources to purchase tobacco replacement products and medications (or tobacco products) to support stopping smoking. (Physical)	Overcoming the habits around smoking to stop smoking for good. (Automatic)

RESOURCES

- Resources and support
  Today is the day

  The National Centre for Smoking Cessation and Training (NCSCT)

  NHS – Quit smoking and breathe easier

  Smokefree Action Coalition

  Covid-19 and smoking

  Covid-19: Advice for smokers and vapers

  ASH – Action on smoking and health

- Society for the Study of Addiction resources
  Covid-19: News and opinion

  Covid-19: Hot topic

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