Advice about tobacco smoking & vaping: HDAS-London

Smoking and Covid-19

- o COVID-19 primarily attacks the lungs
- Preliminary research shows that smokers who contract COVID-19 <u>have more severe symptoms, and</u> <u>are more likely to be admitted to an intensive care unit, need mechanical ventilation or die</u> compared with non-smokers
- As the risk of contracting COVID-19 needs to be minimised, smoking minimisation should also be prioritised along with all other high-risk behaviours clients are exposed to.

Risky smoking behaviours put people at higher risk of catching and transmitting COVID-19

- Around 80% of people experiencing homelessness smoke
- Heavy smoking is the norm and the severity of tobacco dependence is high
- People will therefore seek out opportunities to smoke, particularly if sufficient and frequent nicotine replacement is not available
- o Sharing and trading of cigarettes, picking up and smoking other people's discarded cigarette butts and congregating in close proximity outside hotels to smoke will increase the risk of infection.

Additional risks of smoking

People's severity of tobacco dependence will also mean that they will find it difficult to refrain from smoking if they are confined to their room. Smoking in rooms will increase the risk of fire. Whereas having to abstain from smoking for long periods of confinement will lead to **nicotine withdrawal symptoms**. These are physically and mentally distressing and can be **minimised with sufficient and regular nicotine replacement**.

Minimising smoking related risks during a temporary hotel stay

- o Explain why measures are being taken to protect the health of clients and staff
- Discourage from congregating outside with others to smoke
- Explain that sharing cigarettes and smoking other people's cigarettes will increase their risk of COVID-19 infection
- To minimise fire risk, do not allow smoking in rooms
- Switching from smoking to a nicotine replacement product (e.g. nicotine replacement therapy (NRT),
 e-cigarettes, nicotine mouth pouches) will minimise the above behaviours.

What do nicotine withdrawal signs and symptoms look like and how do you treat them?

The harm from smoking comes from the approximately 7000 toxins, tar and carbon monoxide in tobacco smoke **and not the nicotine**. Nicotine does not stay in the body for very long, so withdrawal symptoms start soon after finishing a cigarette (30 mins to 2 hours). Symptoms include irritability or aggression ■ restlessness ■ poor concentration ■ depressed mood ■ sleep disturbance. People may also start to cough and get a sore throat.

Replacing the nicotine a smoker would normally get from a cigarette with an alternative nicotine product reduces withdrawal symptoms and can help people stop smoking, temporarily or for good.

What nicotine alternatives are available whilst people are temporarily rehoused in hotels?

The South London & Maudsley NHS Foundation Trust (SLaM) have sourced various types of nicotine replacement.

Licensed NRT (patches, lozenges, mouth sprays).

E-cigarettes (Vype ePen & JUUL)

Nicotine mouth pouches (Velo, Lyft and Zyn)

Advice about smoking (HDAS-London)

To request a supply, please contact the Homeless Hotel Drug and Alcohol Service (HDAS-London) on:

020 8066 3738 or HDAS-London@turningpointpublic.onmicrosoft.com

Vaping and COVID-19

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

Switching completely to vaping is less harmful for the lungs and the heart than continuing to smoke.

<u>Vaping is much less of a fire risk than smoking</u>. It is not banned inside buildings like smoking is (it is up to the business owner to decide). <u>Many mental health hospitals allow vaping in ward bedrooms.</u>

There has been speculation that the vapour exhaled by a person with COVID-19 may be a source of transmission. Despite this speculation, <u>there is no current evidence</u> that links vaping with contracting COVID-19 or its progression and outcome.

The same social distancing rules apply – vaping 2m away from each other and not sharing e-cigarettes.