



**National Behavioral
Health Network**

for Tobacco & Cancer Control

from NATIONAL COUNCIL FOR
MENTAL WELLBEING

COVID-19 & Tobacco: Implications for a Changing Public Health Landscape

August 10, 2022 | 12:00-1:00pm EST

Welcome from the NBHN team!



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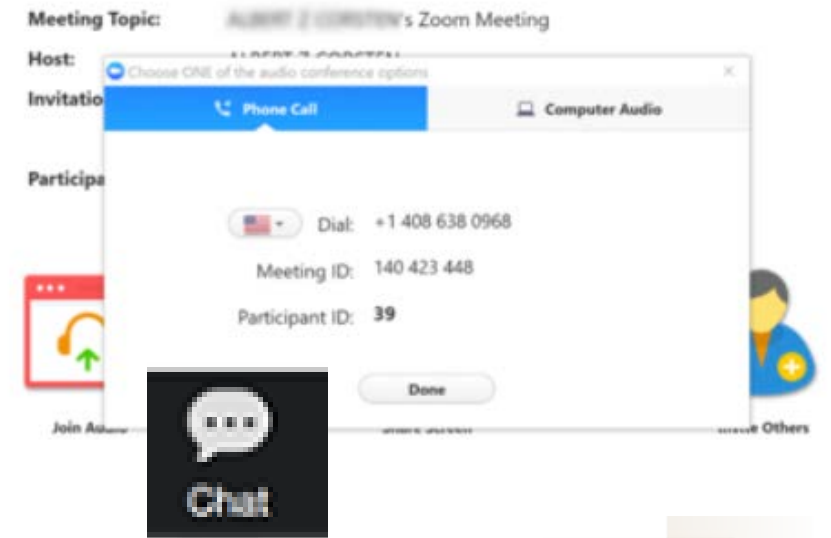


Coyle Shropshire
Project Coordinator,
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Housekeeping

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- You can enable your closed captioning by selecting "CC" icon located in your bar.
- You can submit questions by typing them into the chatbox.
- Slide handouts and recording will be posted here:
 - <https://www.bhthechange.org/resources/resource-type/archived-webinars/>



National Behavioral Health Network for Tobacco & Cancer Control

- Jointly funded by CDC's *Office on Smoking & Health* & *Division of Cancer Prevention & Control*
- Provides resources and tools to help organizations reduce tobacco use and cancer among individuals experiencing mental health and substance use challenged
- 1 of 8 CDC National Networks to eliminate cancer and tobacco disparities in priority populations

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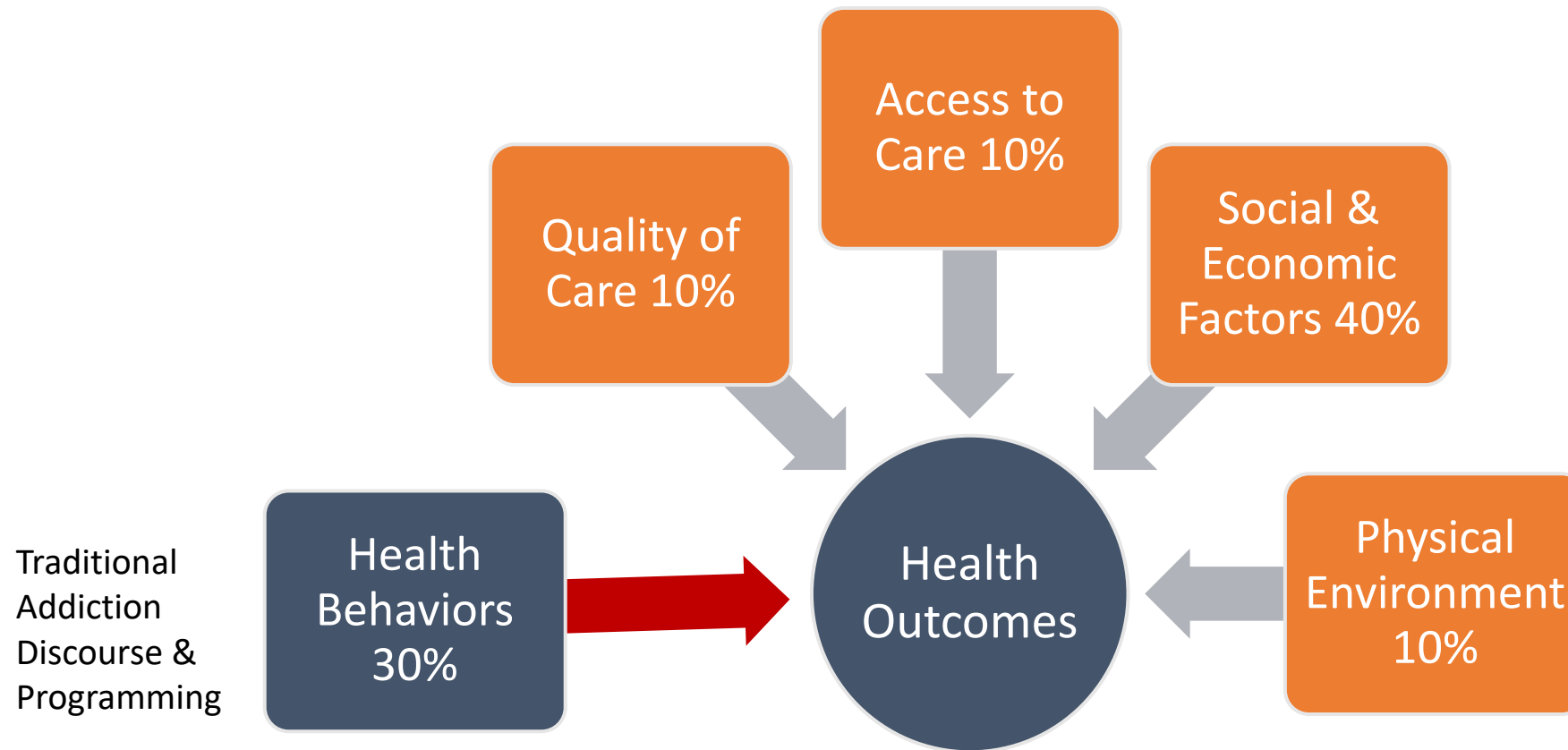
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A Note on Language & Terminology

- **Mental wellbeing:** thriving regardless of a mental health or substance use challenge.
- **Commercial tobacco use/tobacco use:** The use of commercial tobacco and nicotine products (including electronic nicotine devices, otherwise known as ENDS).*
- ***All references to smoking and tobacco use is referring to commercial tobacco and not the sacred and traditional use of tobacco by some American Indian and Alaskan Native communities.**



Determinants of Health



Tobacco, Mental Health & Substance Use

What has caused the disparity?



The overall rate of cigarette smoking among adults has been decreasing, but individuals with mental health challenges have been neglected in prevention efforts, environmental and clinical interventions.

This **disparity** can be attributed in part to predatorial practices by tobacco companies which included:

- Targeted advertisements
- Providing free or cheap cigarettes to psychiatric clinics
- Blocking of smoke-free policies in behavioral health facilities
- Funding research that perpetuates the myth that cessation would be too stressful and negatively impact overall behavioral health outcomes
- High rate of ACEs/Trauma
- Limited access to high quality care (delays in care, lower quality of care, and more)



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Source: Apollonio and Malone, 2005

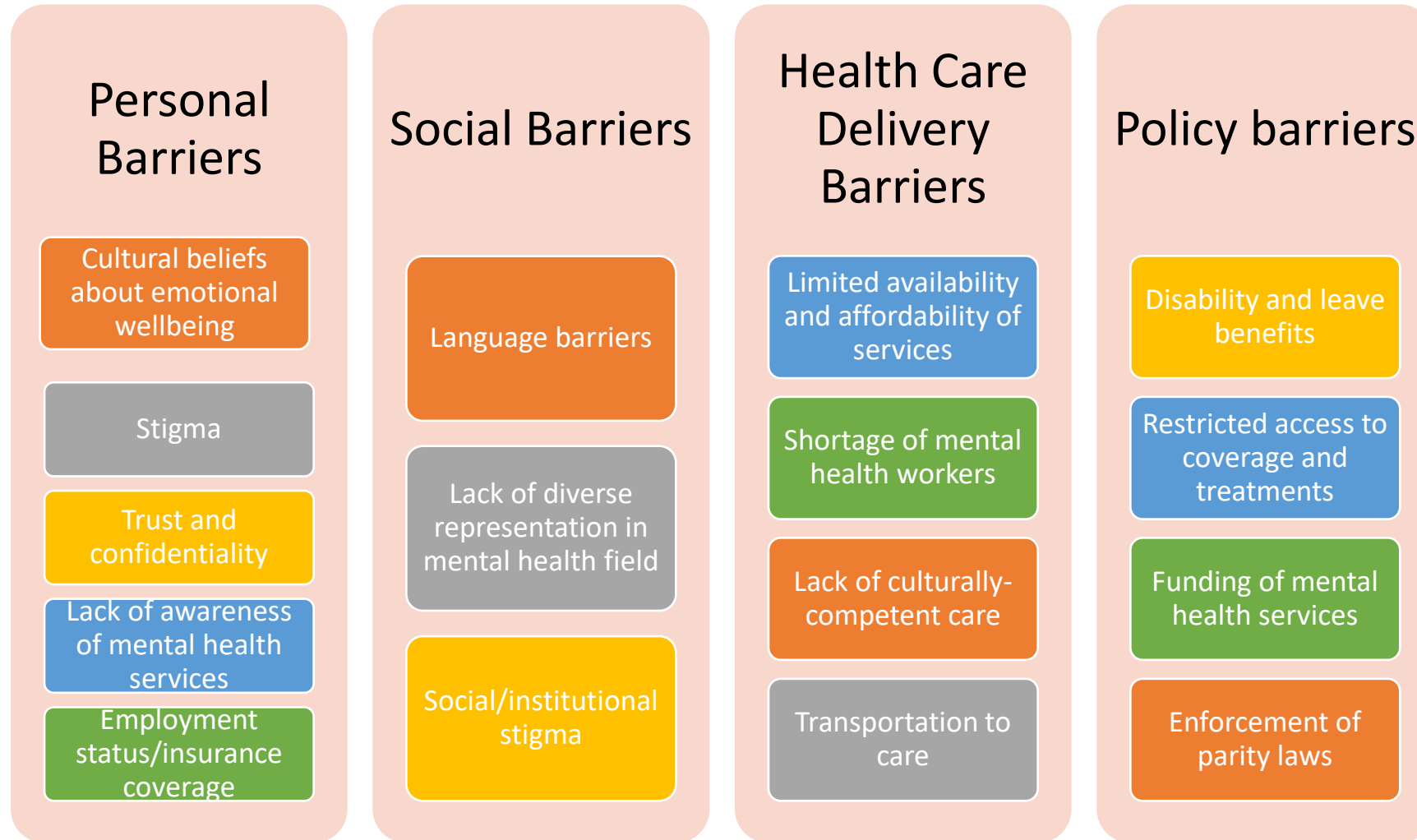


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Decades later, E-CIG and VAPING companies are still taking a page from Big Tobacco's playbook...



Barriers to Seeking Mental Health Services



Let's Talk About Why People Start Smoking

- Targeted and Predatorial Marketing
- High rate of ACEs/Trauma
 - High risk behaviors
- Limited access to high quality care
- Delays in care
- Lower quality of care
- *Anything else?*



The Impact of Trauma on Mental Wellbeing

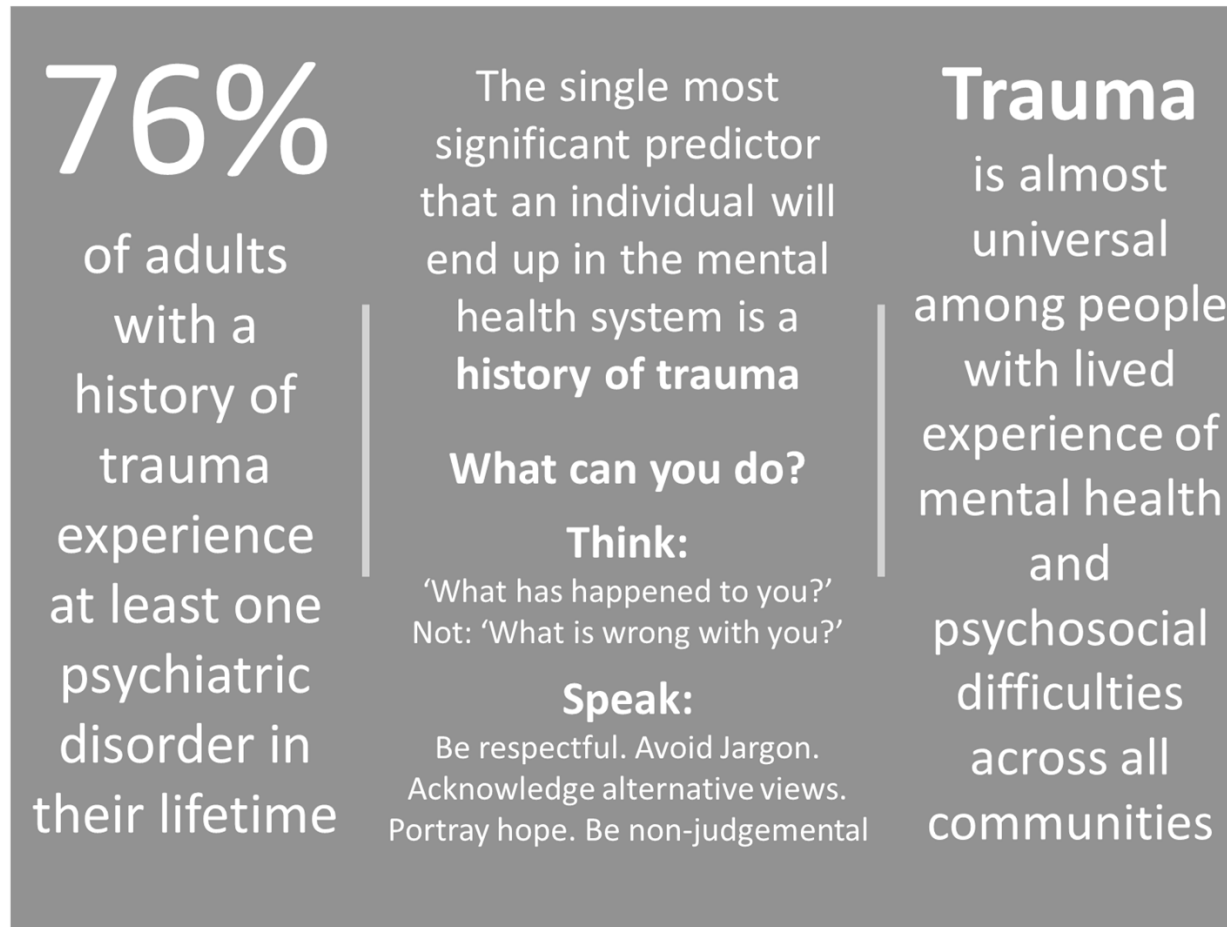


Image source: CHES Connect



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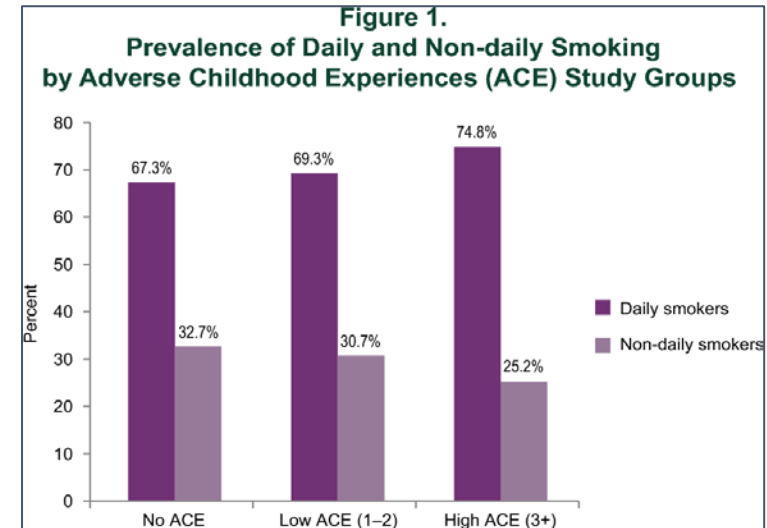
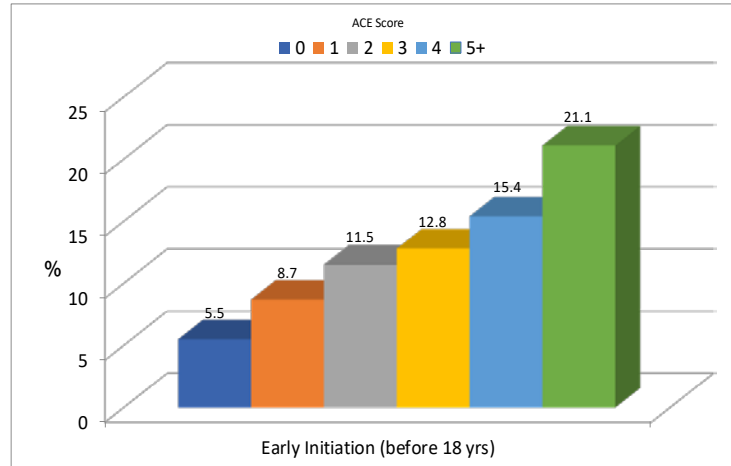
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The Impact of ACEs on Smoking Initiation and Prevalence

Early Initiation of Smoking Prevalence by ACEs



Higher ACEs Score= Higher Smoking Prevalence



Consequences of Chronic Stress

- Depression & mood changes
- Insulin-resistant diabetes
- Hypertension & cardiovascular disease
- Suppressed immune system
- Central adiposity
- Increased susceptibility to ulcers

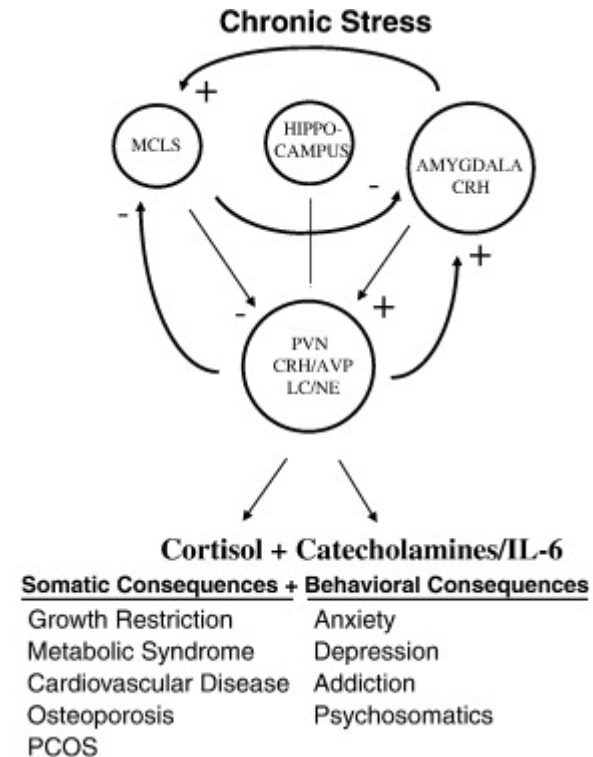
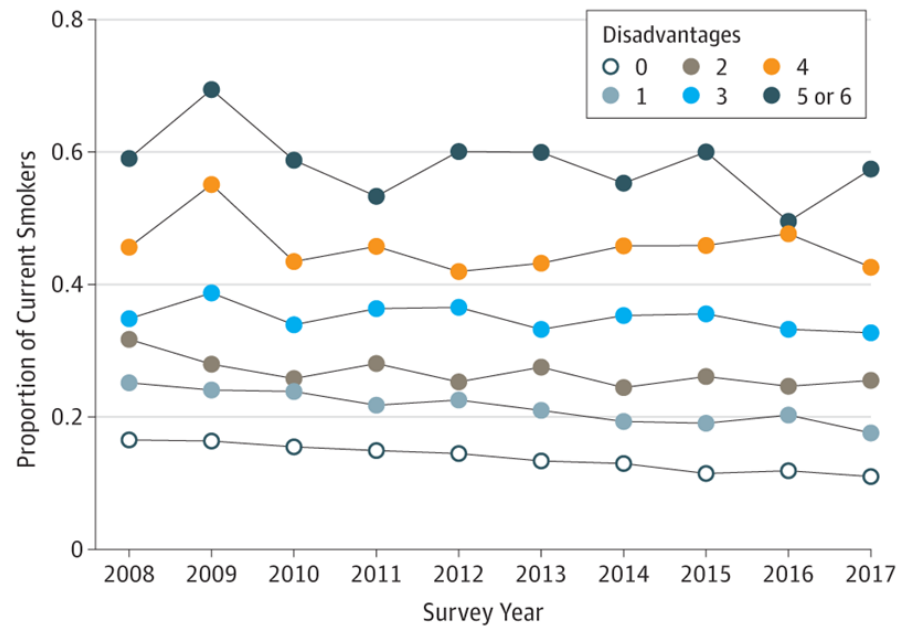


Image source: Pervanidou and Chrousos, 2012



Examining Risk: Poverty, other disadvantages tied to higher smoking risk



About 14 percent of individuals without any of these forms of adversity smoked

With each added disadvantage, smoking rates increased, rising to 58 percent among individuals with all six forms of adversity



Unemployment/poverty



Low education



Disability



Serious psychological distress/heavy drinking

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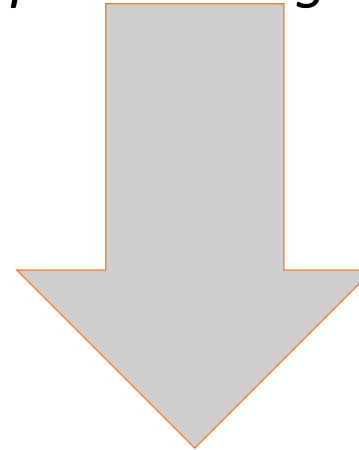
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- *"Disadvantage is a common denominator in smoking in the U.S. today, and if you face more disadvantages, your liability to smoking increases."*
- *Disparities in smoking are explained by disadvantaged populations being more likely to start smoking and less likely to quit smoking."*



The Foundations of Tobacco Disparities in Mental Health/Substance Use Populations



1 in 4 adults have some form of mental illness or substance use disorder.

In 2019 **28.9%** of adults with any mental illness reported current use of tobacco compared to **14.6%** of adults with no mental illness.

Aggressive targeted marketing, barriers to care, the spread of misinformation and higher than average rates of ACEs/Trauma in individuals with mental health or substance use disorder contribute to **almost 40% of all cigarettes smoked by adults.**



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50 Years Later...New Findings Emerged

2014 Report of the Surgeon General on Smoking and Health.

- Smoking harms nearly every organ in the body
- Quitting smoking has both short- and long-term benefits for health
- Exposure to secondhand smoke causes cancer, respiratory and heart disease, and adverse health effects among children
- The list of diseases caused by smoking continues to grow

2020 Report of the Surgeon General on Smoking and Health.

- Adults with mental illness or substance use challenges account for 4 in 10 of all cigarettes smoked
- Psychiatrists lag other specialists in addressing patient tobacco use

For individuals with mental health and substance challenges, prevention of smoking related illnesses often takes a back seat to the individual's mental illness and other substance use leading to delayed diagnosis.



Psychiatrists Lag Behind Other Specialists In Addressing Patients' Tobacco Use

From 2009 to 2011, visits to psychiatrists that included screening of adults 18 and older for tobacco use was lower than that of other major specialties.

Physician specialty	Visits with screening for tobacco use*
General or family practice	69.7%
Internal medicine	67.1%
Obstetrics and gynecology	69.8%
Cardiovascular disease	67.8%
Psychiatry	56.3%
All other specialties	64.8%

*Visits during which the status (yes, no) of current tobacco use in any form was recorded.

Source: Smoking Cessation: A Report of the Surgeon General, 2020

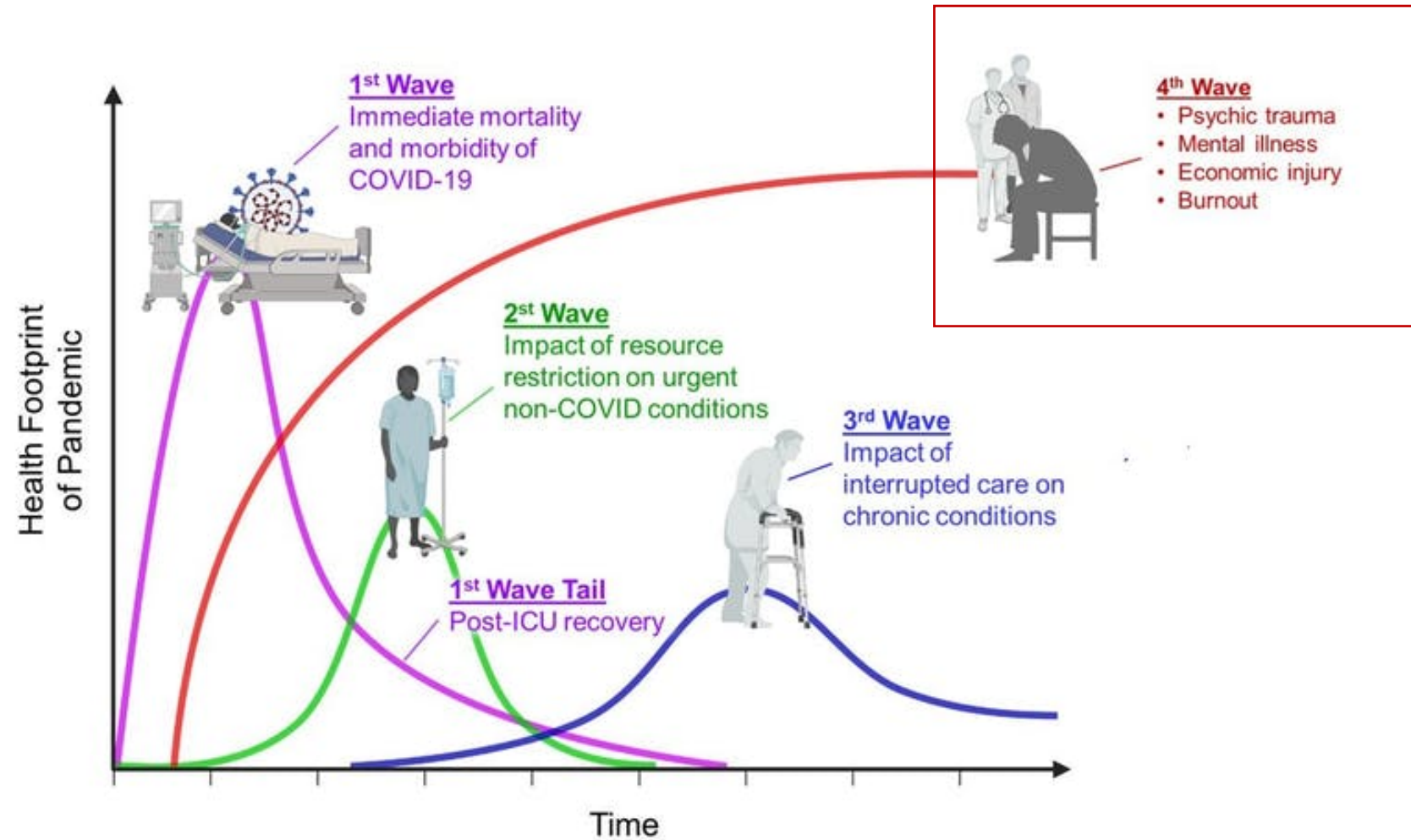


Tobacco Cessation in Individuals with Behavioral Health Conditions – The Facts

- The majority of persons with mental illness and substance use challenges **want to quit smoking**. (CDC, 2013; Prochaska et al, 2008)
- **Individuals who smoke are more than 2x likely to quit for good with the help of tobacco cessation medications and counseling services.**
- Persons with mental illness and substance use challenges can successfully quit using tobacco at rates similar to the general population. (Heiligenstein and Smith, 2006)
- **Smoking cessation can enhance long-term recovery for persons with substance use challenges.** For example, if someone quit smoking at the same time, they are quitting drinking, they can have a 25% greater chance of staying sober. (Prochaska et al, 2004)



COVID-19 Pandemic Burden on Health Care Timelapse



Source: Graph from Dr Victor Tseng – Pulmonary & Critical Care Physician: University of Colorado



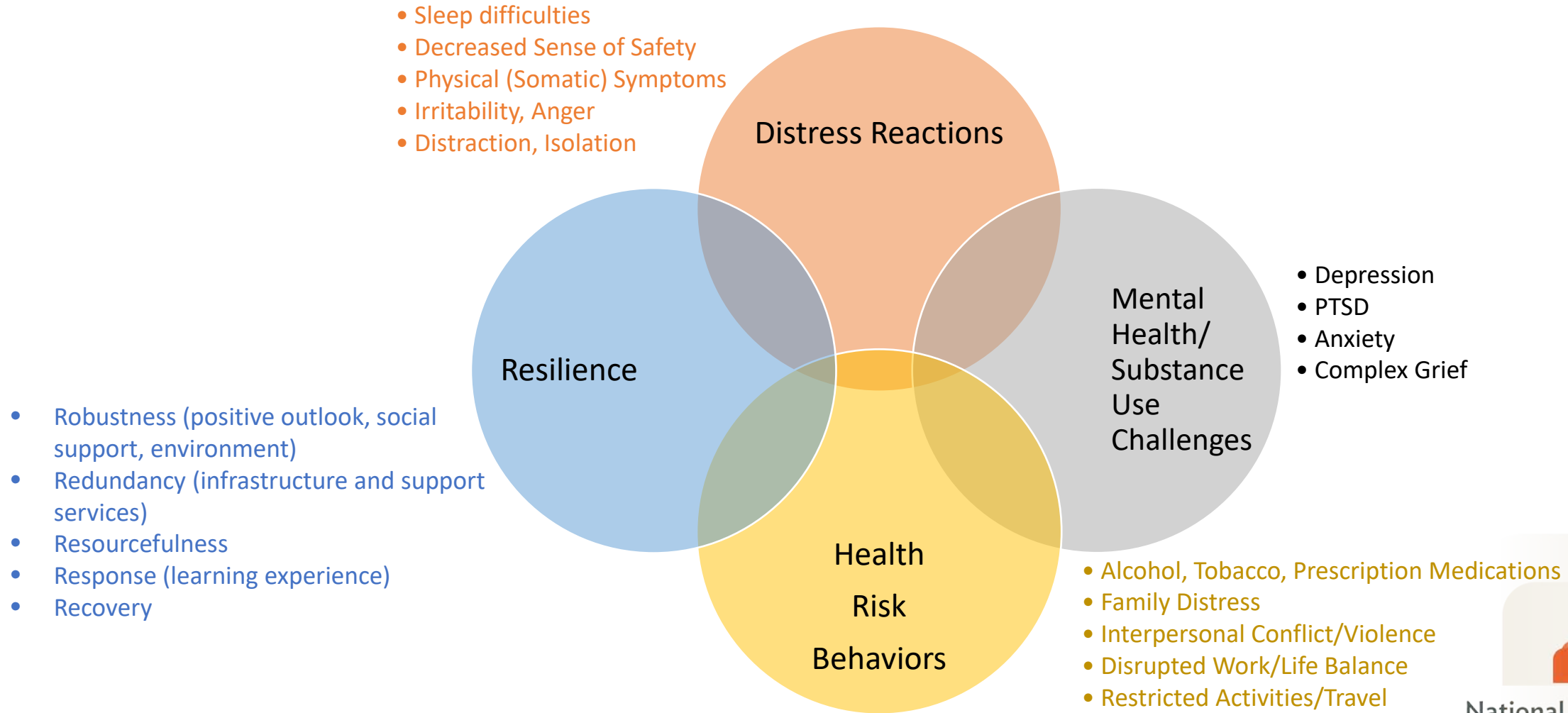
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Individual and Community Responses to Disaster



Key Considerations: COVID-19 Lasting Impact On Mental Health & Tobacco Use

Patients



- Physical and mental/behavioral health impact and potential long-term effects of COVID-19
- Disruptions to care delivery for existing illnesses and chronic conditions
- Disproportionate rate of infections and adverse outcomes for marginalized populations

Families



- Loss of traditional support systems and isolation from loved ones, including non-relatives
- Increased burden on family caregivers due to health system disruptions
- Adverse effects for children due to school closures and underreporting of abuse
- Stress associated with concerns about infecting loved ones

Communities



- Economic strain from pandemic recession, including rising unemployment, loss of health insurance coverage, and increased rates of housing and food insecurity
- Isolation and disconnection from community networks and support systems
- Overburden on clinics and hospitals due to high COVID-19 infection rates

FIGURE 1 | Impact of the Pandemic on Patients, Families, and Communities

Impact of COVID-19 on Mental Health

More than half (54%) of adults reported the COVID-19 pandemic having an overall negative impact on their mental health, while 26% of adults saying it had a major impact.

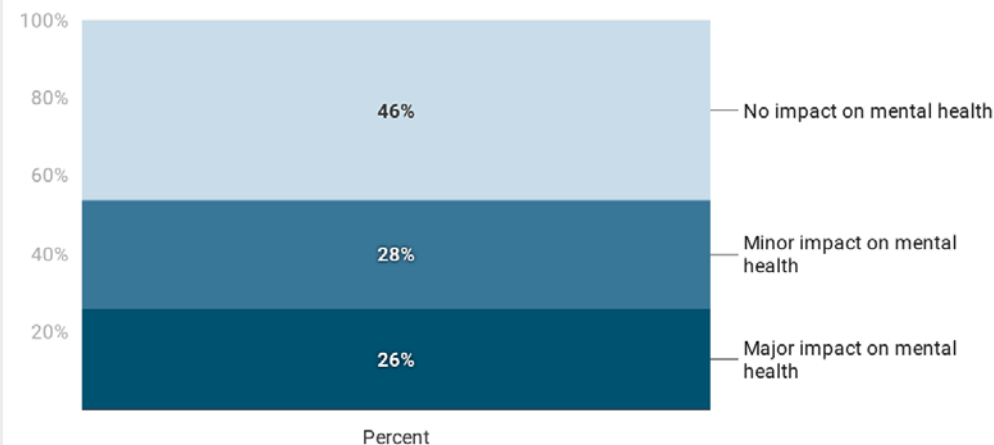


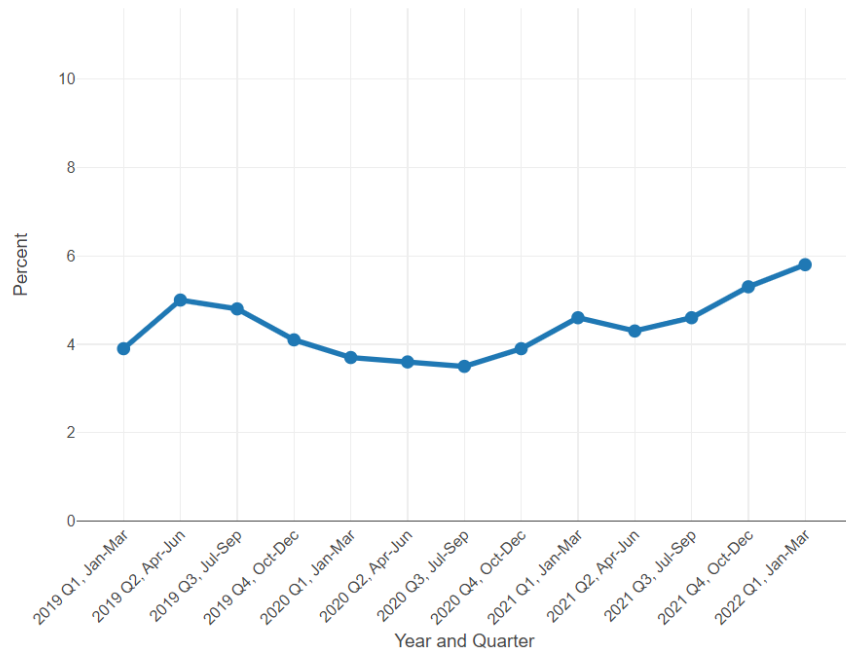
Chart: Center for High Impact Philanthropy • Source: Kaiser Family Foundation Health Tracking Poll, July 2020 • Created with Datawrapper



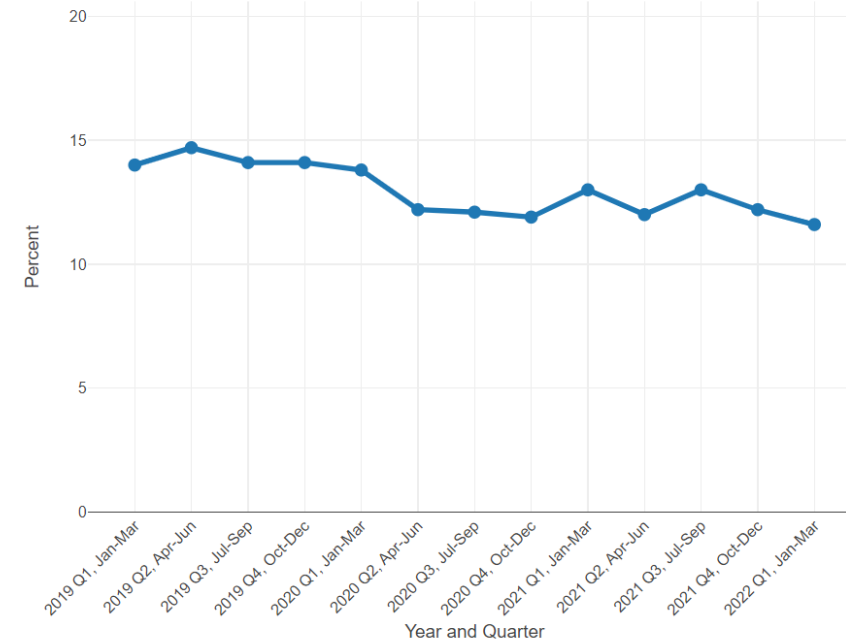
COVID-19 & Tobacco Use Early Release Estimate Data (CDC)

Data Source: CDC National Center for Health Statistics
Interactive Quarterly Early Release Estimate/NHIS

Percentage of current electronic cigarette use for adults aged 18 and over, United States, 2019 Q1, Jan-Mar—2022 Q1, Jan-Mar



Percentage of current cigarette smoking for adults aged 18 and over, United States, 2019 Q1, Jan-Mar—2022 Q1, Jan-Mar



Youth Substance Use During the COVID-19 Pandemic – A Survey By the National Council for Mental Wellbeing

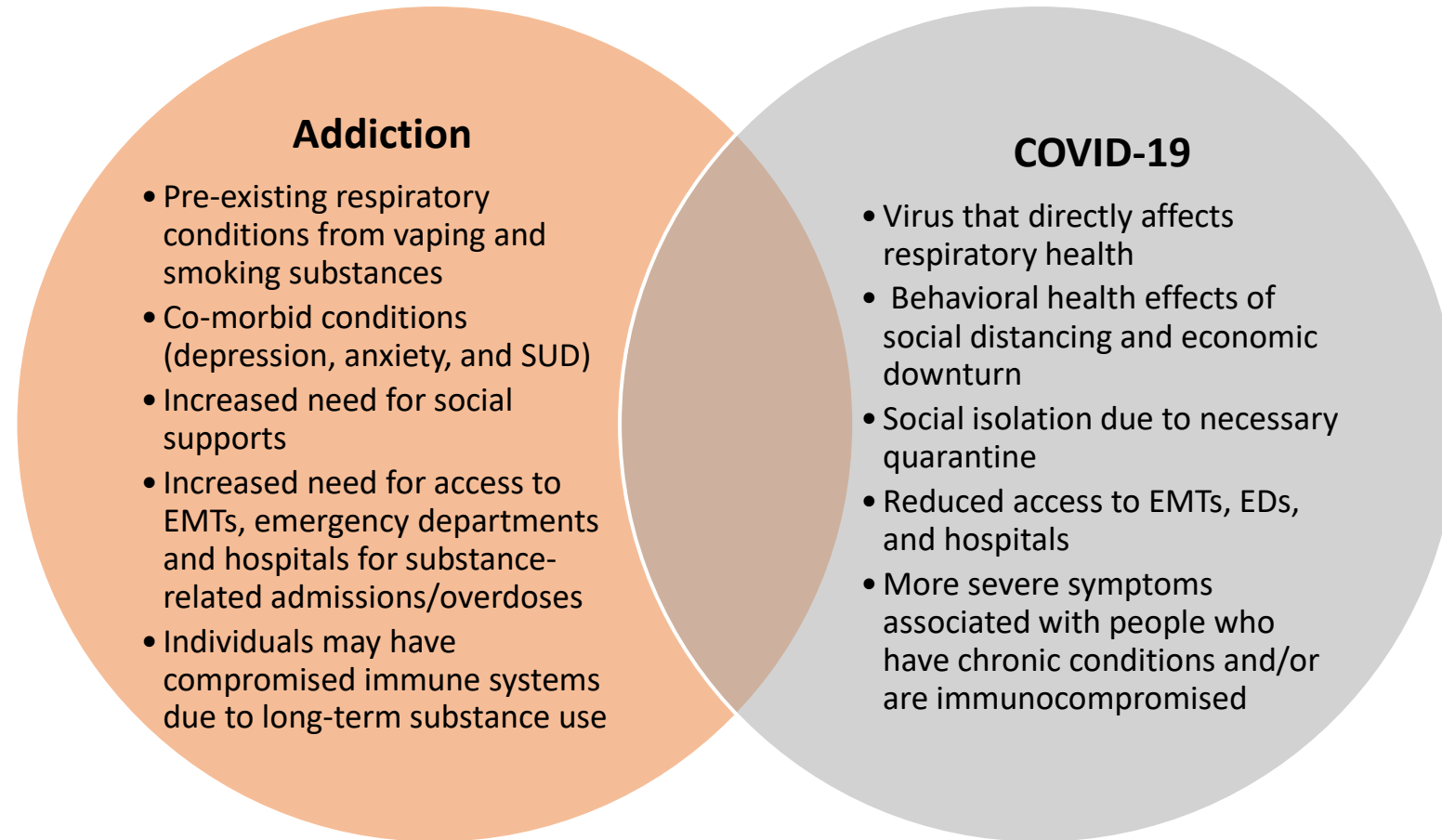
YOUTH

Preliminary findings from an online need assessment conducted in January 2021 to include responses from 600 youth, ages 13-18.

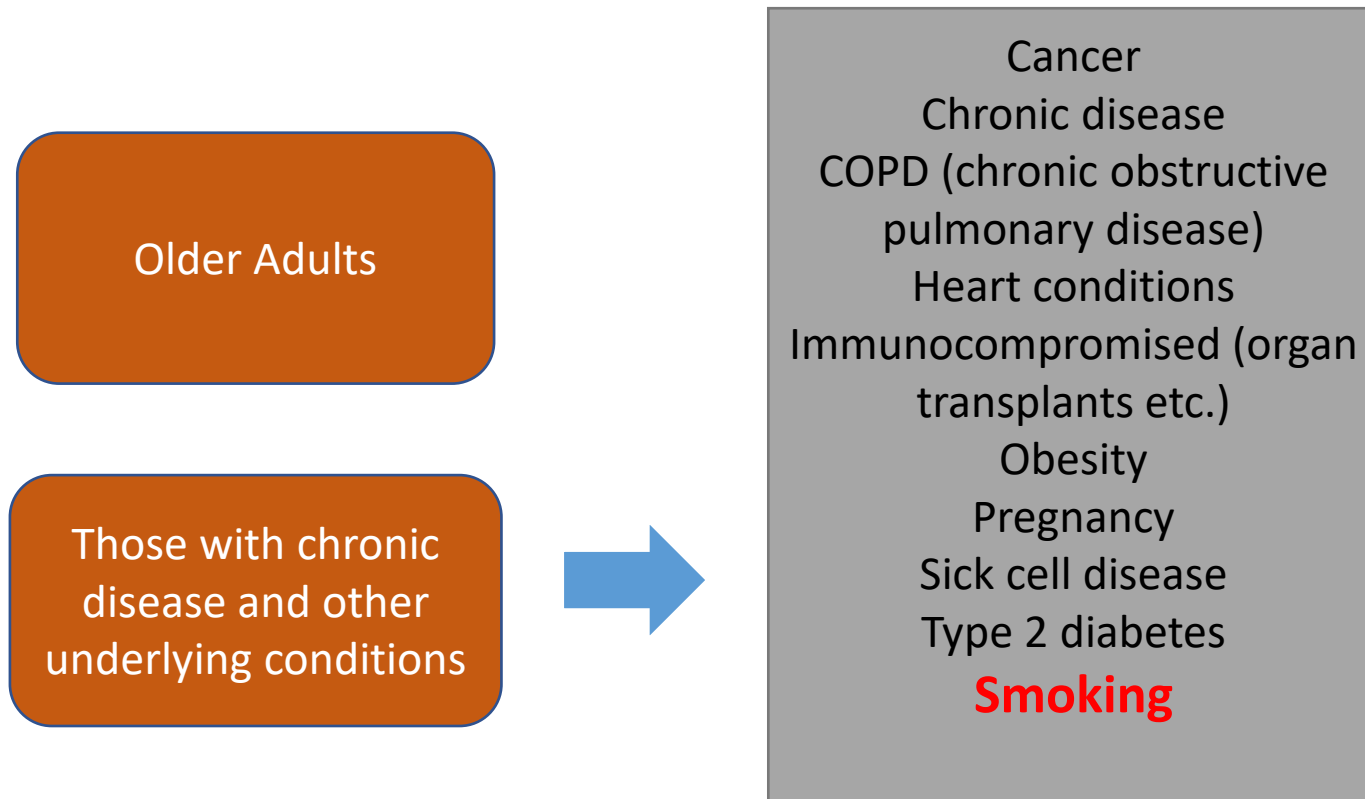
Substance	“Very easy” to get	“Much easier” to get during COVID-19	“Great risk” of harm from this substance
Alcohol	19%	14%	37%
Tobacco	19%	11%	47%
Cannabis (THC)	18%	11%	38%
Prescription drugs	10%	6%	47%
Illicit drugs	5%	4%	74%



The Collision of Two Public Health Crises: COVID-19 and Addiction



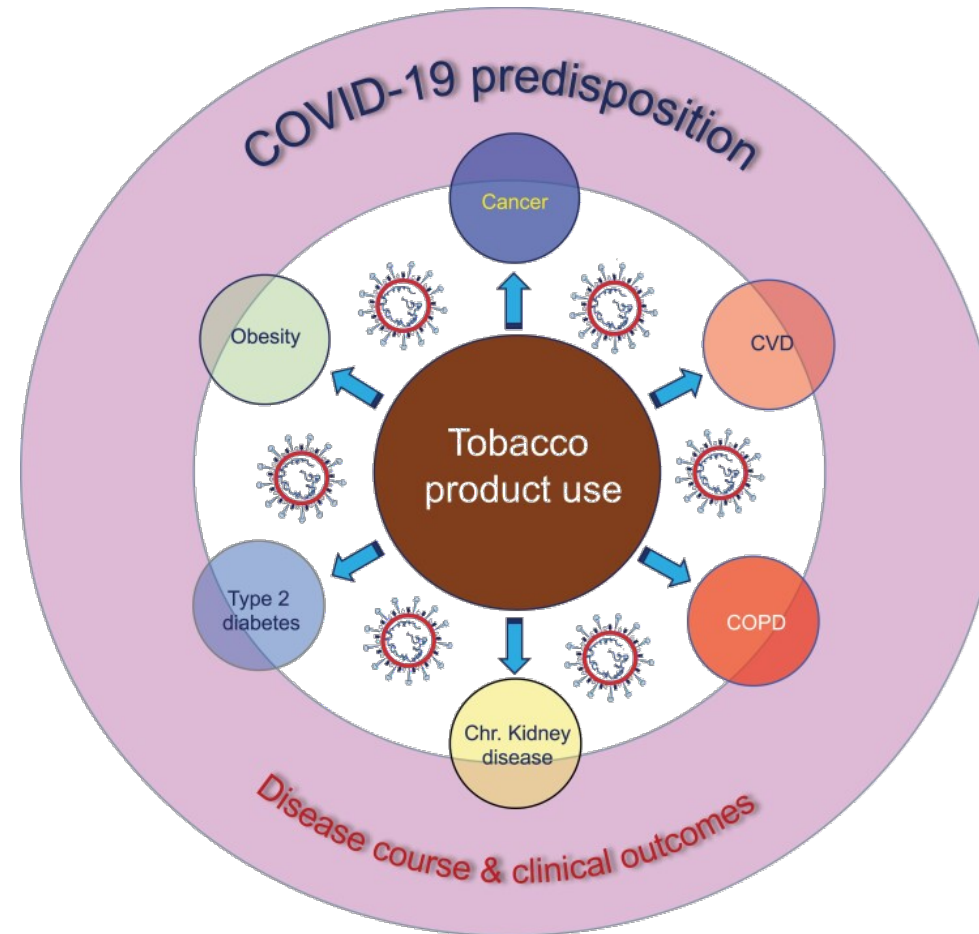
COVID-19 Associated Severe Illness Higher Risk Groups



But Wait.... Doesn't Smoking Also Cause Other Chronic Conditions? Smoking-Related Comorbidities

Conditions Associated w/ Severe COVID-19 Illness

Cancer
Chronic disease
COPD (chronic obstructive
pulmonary disease)
Heart conditions
Immunocompromised (organ
transplants etc.)
Obesity
Pregnancy
Sick cell disease
Type 2 diabetes
Smoking

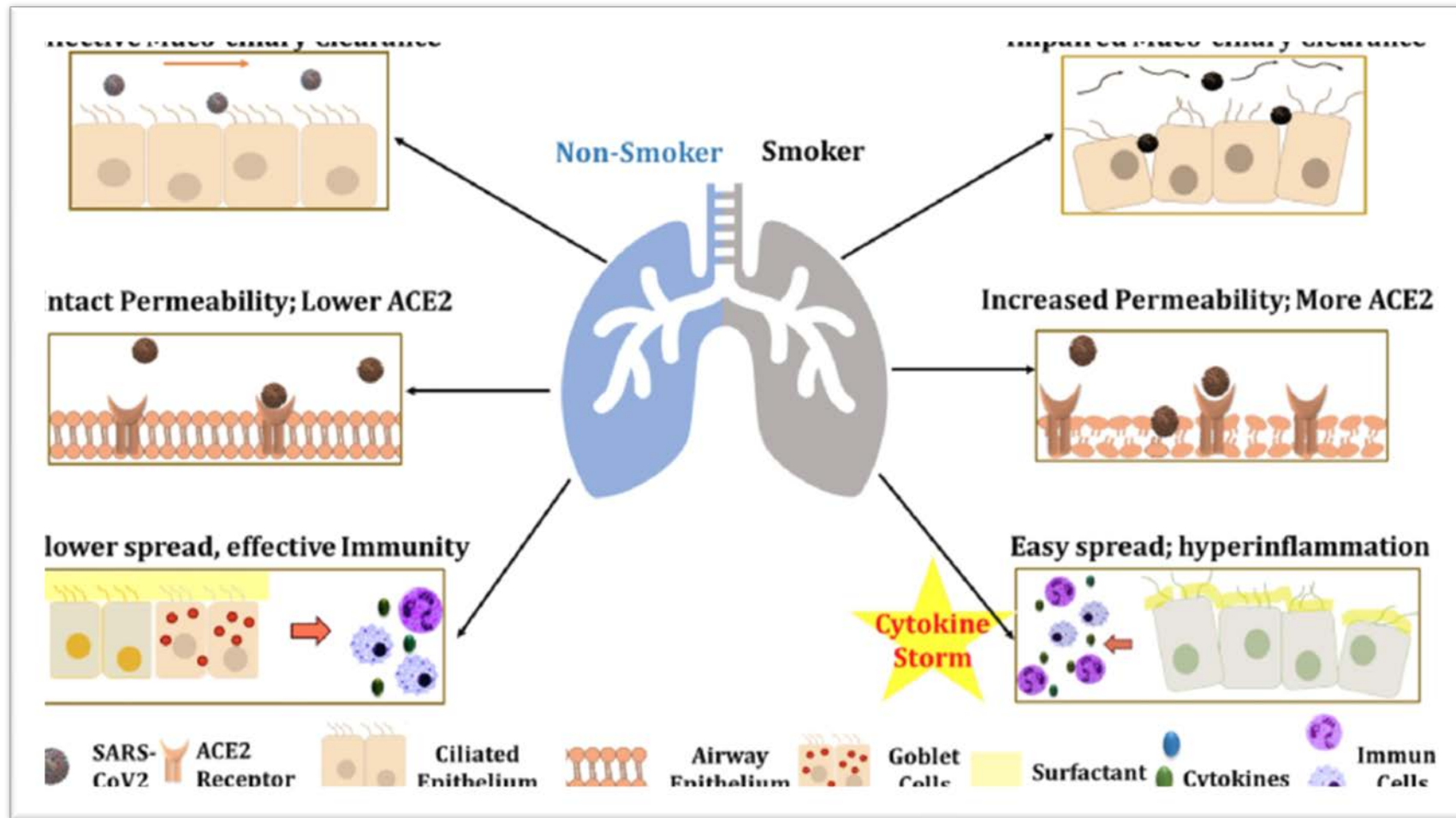


Why are individuals who use tobacco products more likely to experience severe COVID-19 symptoms?

- Smoking and vaping compromises the immune system, is linked to lung inflammation and puts individuals at greater risk for pulmonary infection and other lung-related illnesses. (ALA, 2021; HHS 2014)
- Smoking harms the airway lining cells that contain cilia, which are our essential for our body to defend against viruses like SARS-CoV-2. (Avrum, S. et al., 2004)
- Individuals who smoke have increased ACE2 receptors in their lungs. The same receptors are used by SARS-CoV-2 as an entry into lung cells which then allows for more severe illness from COVID. (Smith et al., 2020)



Biological pathways between COVID-19 and tobacco use



The Connection Between COVID-19 and Tobacco Use

- Harms the lungs and diminishes the ability to respond to infection. *COVID-19 is a respiratory disease.*
- Increased transmission risk of COVID-19.
- May go outside more frequently to buy cigarettes and other tobacco products
- Unstable/overcrowded housing and inability to social distance



Key Public Health Messaging

Communicate that cigarette smoking increases the severity of illness among COVID-19 patients

Ensure that studies or other communications that suggest smoking protects against COVID-19 infection are not misinterpreted as a reason to use tobacco or nicotine products

Emphasize:

- The adverse health effects of smoking are well-documented and undeniable. Now is a better time to quit than ever and quitting is possible!
- Smoking harms nearly every organ in the body, and quitting smoking is beneficial at any age.
- Clean air, free of secondhand smoke and aerosols, remains the standard to protect health.



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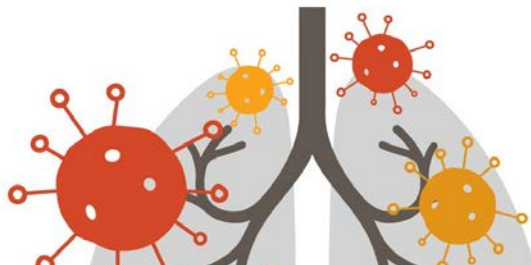
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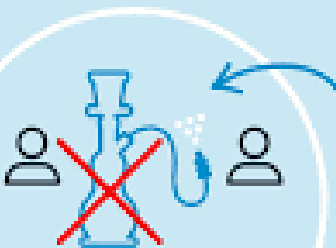
SMOKING OR VAPING

MAKES IT **HARDER** FOR THE BODY TO
FIGHT OFF **COVID-19** AND **THE FLU**.



Bringing your hands to your mouth
can transfer the virus into your body

Smoking can increase your
chances of getting COVID-19



Sharing tobacco products
such as waterpipes can transmit
the virus between people

#coronavirus #COVID19



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SAY **NO TO TOBACCO** IN THE TIME OF COVID-19... AND **ALWAYS!**

Smoking makes you more vulnerable to COVID-19



Increased risk of
serious illness due
to unhealthy lungs

Higher
transmission
hand

So, stop smoking and give your lungs a break



World Health
Organization
Western Pacific Region

COVID-19

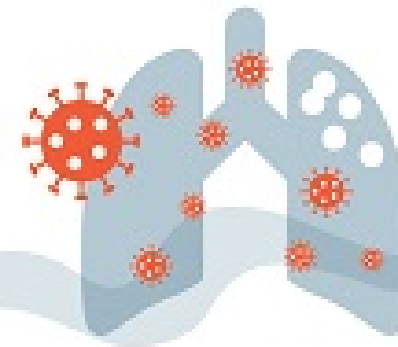
Smoking damages
your lungs and other
parts of your body,
and may increase

COVID-19 and tobacco use



CORONAVIRUS IS ANOTHER GOOD REASON TO QUIT TOBACCO USE

THE EFFECT OF
THE CORONAVIRUS
CAN BE WORSE
FOR PEOPLE WHO
USE TOBACCO



Tobacco use leads to
disease and disability
and harms nearly every
organ of the body,
including the lungs.

The coronavirus attacks
the lungs – if your lungs
are already damaged by
tobacco use, the effects
of the virus could be
worse.

Tobacco affects your
immune system, meaning
you're less able to fight
off infections.

#COVID19 #Coronavirus

us #COVID19

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COVID-19 Windows of Opportunity



- **Seismic shift in entire field:** from in-person to telehealth treatment
- Building **organizational capacity for telehealth:**
 - Infrastructure
 - practice
 - financing
 - workforce development
 - policies and procedures, etc.
- Potential **workload increase with increased access** and influx of new clients
- **Updated telephone technology** must be addressed for access by certain populations (e.g., homeless, rural, senior citizens)



Windows of Opportunity (Cont.)

Opportunities to “re-open” as tobacco free-facilities

- Utilize more space and outdoor space for social distancing
- Reduce risk overall of COVID-19 among clients who use tobacco
- Reduce overall risk of COVID-19 spread and staff and patient infection through greater risk for individuals who use commercial tobacco.
- Transition time for updating facilities and policies
- Enhancing tobacco cessation supports



Support of the 'Quit Because of COVID' Act (introduced 03/23/2021)

This bill provides for Medicaid and Children's Health Insurance Program (CHIP) coverage of certain tobacco cessation services. Provisions of the bill include:

- Coverage, without cost-sharing, of diagnostic, therapy, and counseling services and pharmacotherapy, including prescription and nonprescription tobacco cessation agents, that are provided under medical supervision and in accordance with specified guidelines.
- Application of a 100% Federal Medical Assistance Percentage (i.e., federal matching rate) for such items and services during the public health emergency relating to COVID-19 and for two years after the emergency period ends.





Questions?



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