

Addressing Tobacco Dependency to Reduce COVID-19 Risks and Complications Webinar Series

Webinar 1



October 12, 2021

Housekeeping



- All participants muted upon entry
- Cameras on (if possible)
- Engage in chat
- Raise hand if you would like to unmute
- Meeting is being recorded
- Slides and recording link will be sent via email and posted on our NCHPH website

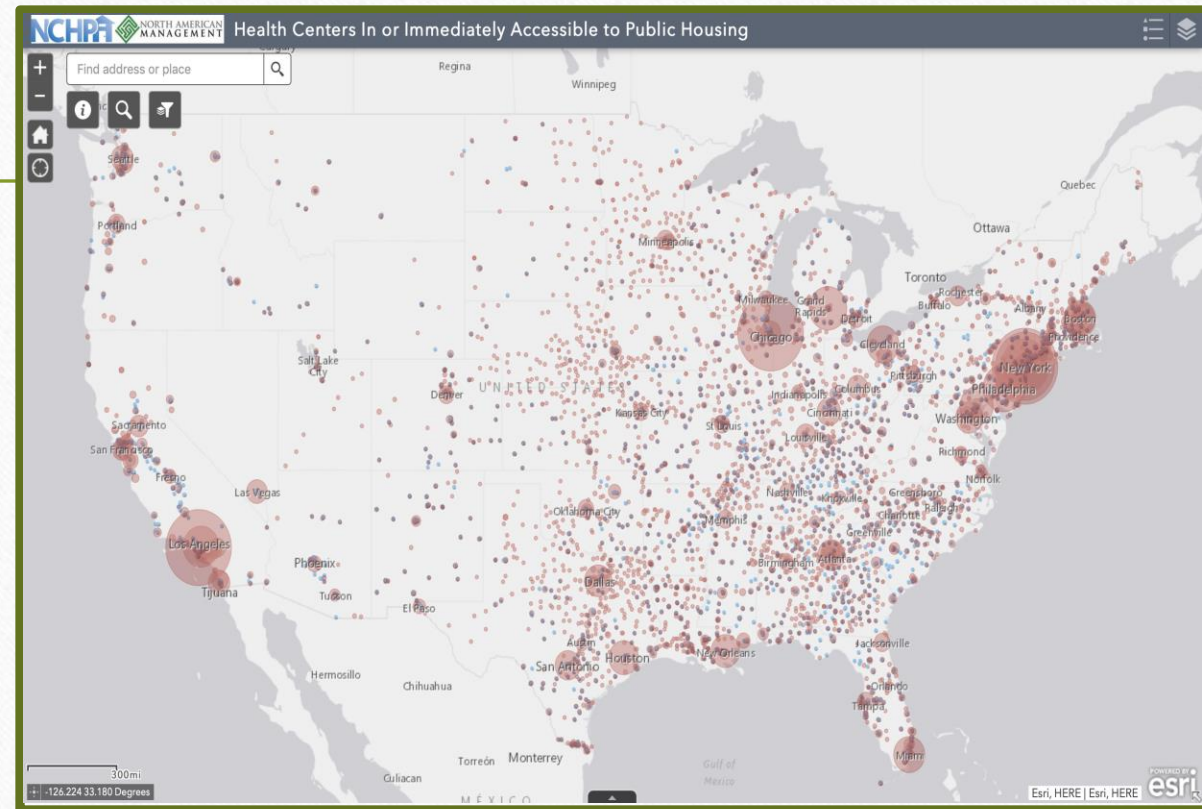
National Center for Health in Public Housing

- The National Center for Health in Public Housing (NCHPH), a project of North American Management, is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS09734, a National Training and Technical Assistance Partner (NTTAP) for \$2,006,400, and is 100% financed by this grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
- The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.



Health Centers close to Public Housing

- 1,375 Federally Qualified Health Centers (FQHC) = 28.5 million patients
- 435 FQHCs In or Immediately Accessible to Public Housing = 5.1 million patients
- 107 Public Housing Primary Care (PHPC) = 866,851 patients
- Source: [2020 National Health Center Data](#)



Public Housing Demographics

Public Housing Demographics:



1.7 Million
Residents



2.1 Persons
Per Household



33% Female Headed
Household w/Children



55% Less than High
School Diploma



43% African-
American



25% Hispanic



37% Children



52% White



35% Elderly



38% Disabled

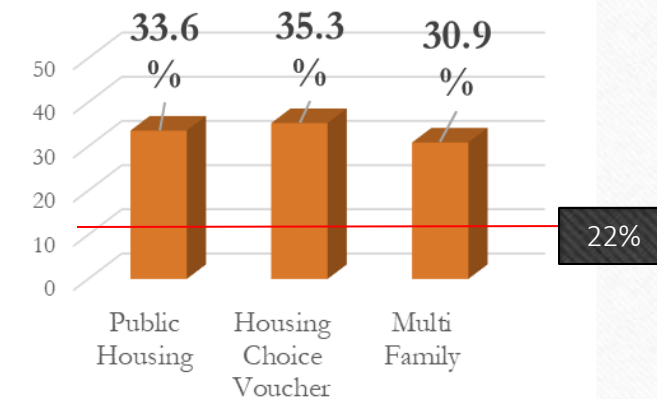


93% Low
Income

A Health Picture of HUD-Assisted Adults, 2006-2012

Adults in HUD-assisted housing have higher rates of chronic health conditions and are greater utilizers of health care than the general population.

Adult Smokers with Housing Assistance



Source: Helms VE, 2017

	HUD-Assisted	Low-income renters	All Adults
Fair/Poor Health	35.8%	24%	13.8%
Overweight/Obese	71%	60%	64%
Disability	61%	42.8%	35.4%
Diabetes	17.6%	8.8%	9.5%
COPD	13.6%	8.4%	6.3%
Asthma	16.3%	13.5%	8.7%

PHPC COVID-19 by the Numbers as of Sept 10, 2021: Testing & Operations

PUBLIC HOUSING PRIMARY CARE (PHPC) COVID-19 BY THE NUMBERS

SEPTEMBER 21, 2021

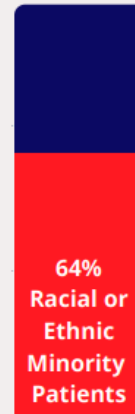
NUMBERS AS OF SEPTEMBER 10, 2021

NUMBER OF PHPC HEALTH CENTER RESPONDENTS=92(86% OF ALL PHPC HEALTH CENTERS)

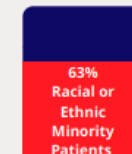
IN 2020, THERE WERE 107 PHPC HEALTH CENTERS SERVING 1,086,331 PATIENTS LIVING IN OR IMMEDIATELY ACCESSIBLE TO PUBLIC HOUSING.

PHPC PATIENTS TESTED

70,725
Total
Tested



6,891
Total
Positive



OPERATIONS:



HEALTH CENTER WEEKLY VISITS
(VS. PRE COVID-19 WEEKLY VISITS)



PERCENT OF WEEKLY VISITS
DONE VIRTUALLY

TRENDS IN MOBILE VACCINE OPERATIONS:



PERCENT OF PHPC HEALTH CENTERS
HOSTING MOBILE OR POP-UP EVENTS:
50%

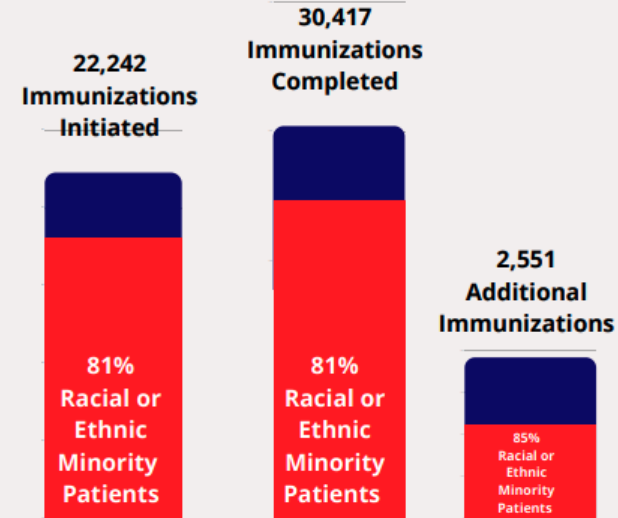
NUMBER OF POP-UP EVENTS
244

NUMBER OF MOBILE VAN EVENTS
106

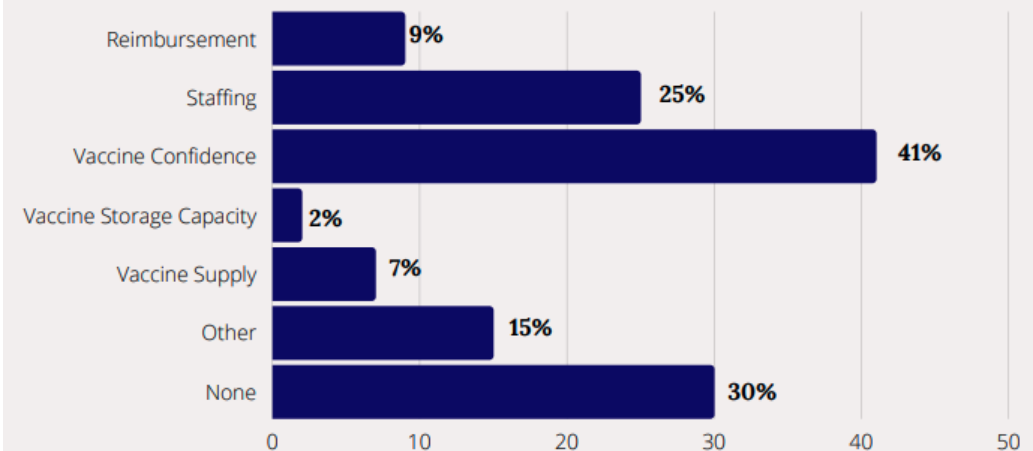
NUMBER OF SCHOOL-BASED EVENTS
65

PHPC COVID-19 by the Numbers as of Sept 10, 2021: Pts. Vaccinated and Challenges

PHPC PATIENTS VACCINATED



PHPC CHALLENGES IN OBTAINING COVID VACCINE:



PHPC COVID-19 by the Numbers as of Sept 10, 2021: Monoclonal Antibody Therapy

MONOCLONAL ANTIBODY THERAPY:

PERCENT OF PHPC HEALTH CENTERS
PROVIDING MONOCLONAL ANTIBODY
THERAPY
47%

METHODS IN PROVIDING ACCESS TO MONOCLONAL ANTIBODY THERAPY



DIRECT PROVISION OF MONOCLONAL
ANTIBODY THERAPIES
5%

REFER PATIENTS TO ANOTHER
ORGANIZATION THAT PROVIDES
MONOCLONAL ANTIBODY THERAPIES
41%

NONE
53%

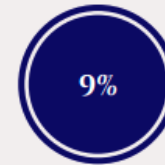
CHALLENGES IN PROVIDING ACCESS TO MONOCLONAL ANTIBODY THERAPY



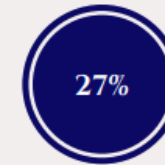
ACCESS TO THERAPEUTICS



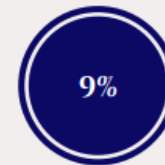
STAFFING CAPACITY



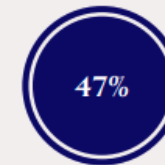
PATIENT
AWARENESS/EDUCATION



THERAPY
ADMINISTRATION/ON
SITE LOGISTICS



OTHER



NONE

Disclaimer: This publication is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$2,006,400 with 0 percent financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [hrsa.gov](https://www.hrsa.gov).

Panelist(s)



- **Frank Vitale**

National Director, Pharmacy
Partnership for Tobacco
Cessation

Clinical Assistant Professor,
Purdue College of Pharmacy

Covid and Smoking

PART I:

Background Information and Quitting Tips

Objectives

Upon successful completion of this activity

participants should be able to:

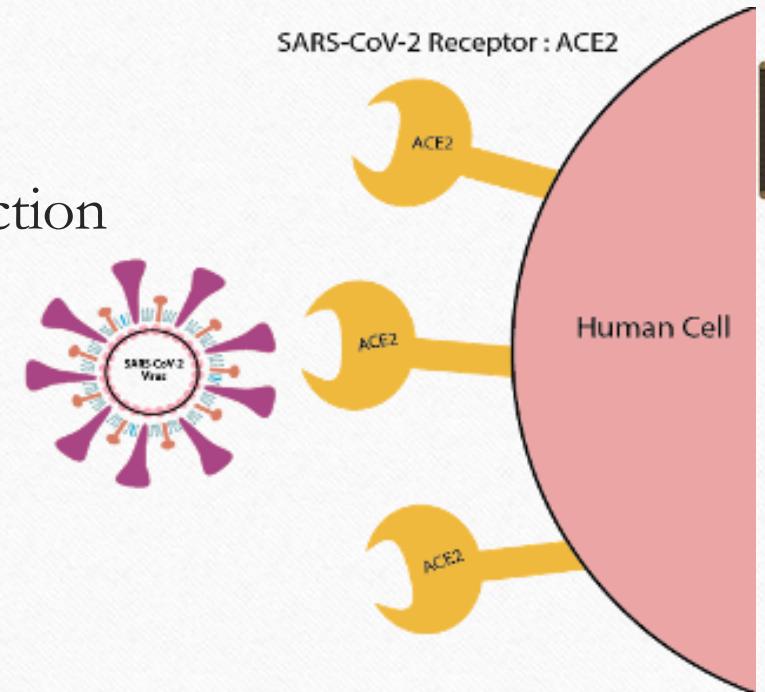
- Understand the risk factors smoking poses for contracting Covid
- Review additional issues for smokers arising from the Pandemic
- Provide effective strategies for clinicians to employ with individuals wanting to quit because of Covid

As someone who smokes:

- Am I more likely to get Covid?
- Will it be worse?
- Am I more likely to transmit the virus?
- Will I be better off switching to vaping?
- Does being vaccinated make any difference?

Am I more likely to get Covid?

- Smoking increases the ACE2 receptors in the lungs
- COVID binds with these receptors
- Increased receptors means increased chance of infection
- Smoking increases risk for respiratory illnesses
- Smoking reduces immune response



Smoking and Immune Response

- Smoking impairs immune response:
 - People who smoke get sick more often than those who don't
 - People who smoke take longer to recover from any illness
 - Generally speaking people who smoke take about two week longer to recover from anything
 - Impaired immune response is connected to increase risk for pulmonary infections

Risk Factors for Getting COVID

- Cancer
- COPD/emphysema
- Asthma
- Diabetes
- Cardiovascular issues
- Stroke
- Weakened Immune System

-
- People with underlying medical conditions are at a greater risk for severe COVID-19 illness (Morbidity and Mortality Weekly Report, April 8, 2020).
 - A recent study out of Stanford University showed that young people who had vaped were five times more likely to test positive for COVID-19 than **never-users**. (Gaiha, Cheng & Halpern-Felsher, Journal of Adolescent Health, 2020)

Will it be Worse?

- Smoking is a risk factor for progression (worsening) of COVID-19, with smokers having higher odds of COVID-19 progression than never smokers. (Patanavanich & Glantz, Nicotine & Tobacco Research, 2020)
- Smokers are more likely to:
 - Go to the ICU
 - Need a ventilator
 - Die!

Smoking and the Lungs

- In general, if you smoke your lungs are weaker
 - The cilia don't work as well
 - They can't "clean" the lungs as they should
 - This leaves the lungs unable to fight infection as well as they could
 - The result: Increased chances of getting sick and staying sick

Am I More Likely to Transmit Covid?

- Not necessarily but:
 - If you smoke, you are most likely exhaling a bit more forcefully than not
 - Covid is spread by respiratory means
 - If you smoke, you are very likely to have a cough
 - If you cough you are more likely to spread Covid
 - You have to take your mask off to smoke!!

COVID and Minority Populations

- Disproportionate impact on:
 - African American
 - Hispanic
 - Native Americans and Alaska Natives
- Highest smoking rates:
 - Native American and Alaska Natives

Should I start vaping instead?

- One study of 4,300 people who vaped showed:
 - 5 to 7 times more likely to test positive
- Vaping damages the lungs
 - Propylene glycol
- Do not recommend switching from cigarettes to vaping

Secondhand Smoke and Covid

Is there a connection?

- Probably not but:
 - Exposure to secondhand smoke weakens the lungs
 - Exposure is linked to increase risk of respiratory disease
 - In children exposure linked to:
 - Increase in asthma
 - Increase in other respiratory illnesses
 - Weaker lungs

Nicotine and Covid

- Rumors early in pandemic implied that nicotine was protective
- No clinical evidence at this time that this is correct
- Studies citing this early in the pandemic were flawed:
 - Observational only (Inclusion criteria unclear)
 - Major methodological problems
 - Some researchers funded by the tobacco industry

What if I am Vaccinated?

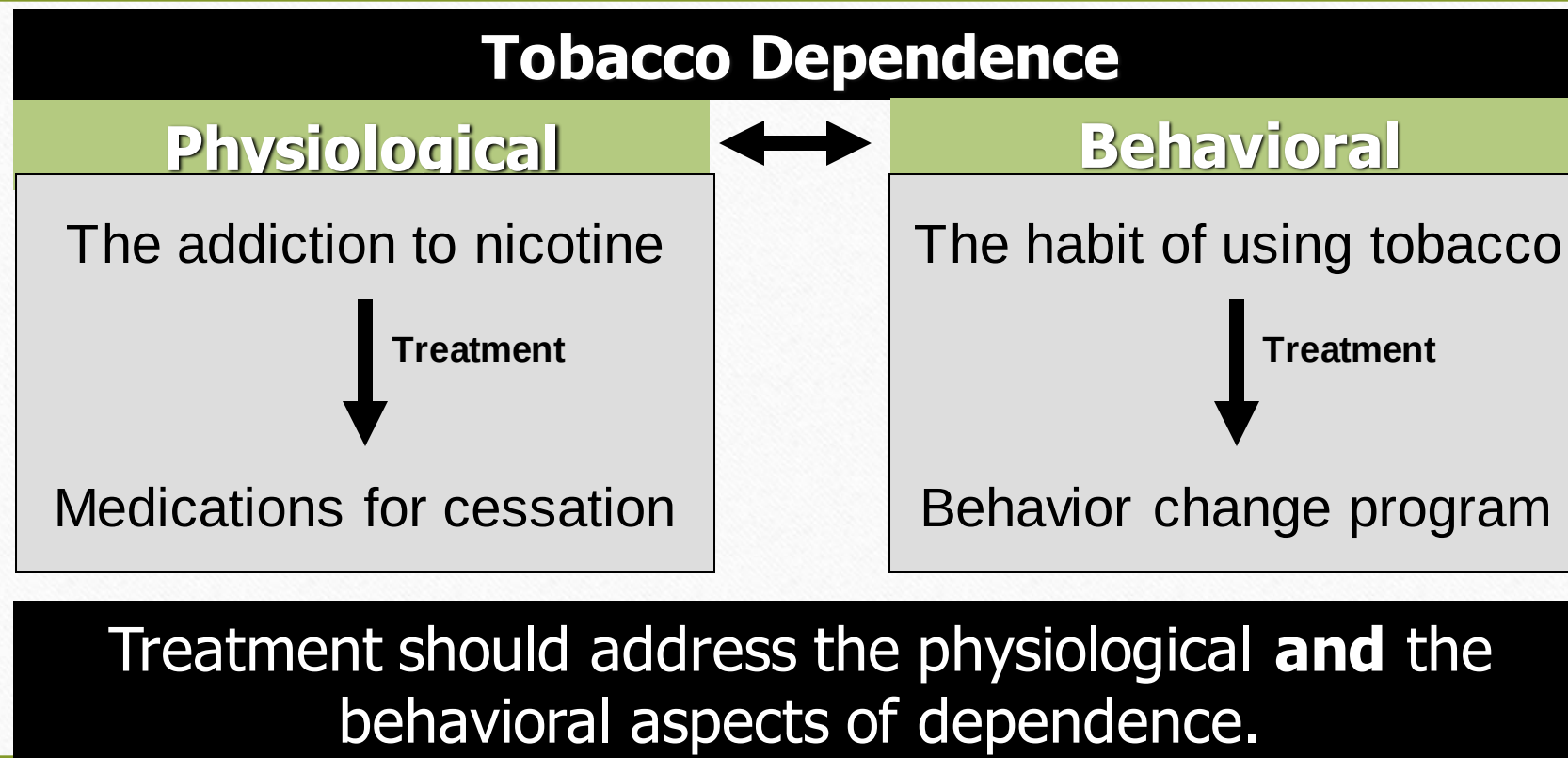
- Vaccine status does not protect you from a smoking related illness
- Cessation medications do not interact with vaccine

ALL individuals should be encourage to quit!

The Pandemic as an Opportunity to Quit!

What To Do!

TOBACCO DEPENDENCE: A 2-PART PROBLEM



Pick A Quit Day

- It is important to quit on a specific day
 - It's like “breaking up” with someone
- One day is not necessarily better than another but:
 - Avoid:
 - Stressful times
 - Big Changes in your life



Clean House

- Get rid of all your cigarettes by quit day
 - This is **not** negotiable!!
- Put away ashtrays, etc.
- Look in closets, under the sofa, in your car!

Understand Motivations

- What is prompting you to quit?
 - Health
 - Money
 - Family
 - Social Pressures
 - Other

Remove Barriers

- What is preventing you from quitting?
 - Stress
 - Concern about weight gain
 - Fear of failure
 - Other



Boost Confidence

- What accomplishment in your life are you most proud of?
- “If you can do that, you can quit smoking!”

Be Prepared

- Anticipate
 - Know beforehand what situations are likely to be problematic
- Plan
 - Create a way to deal with the situation without smoking
- Rehearse
 - Practice the plan often

Learn To Cope

- Two types
 - Cognitive
 - Behavioral
- Two times
 - Prior to a situation
 - Right in the moment



Choose a Cessation Medication

OTC

Nicotine Patch

Nicotine Gum

Nicotine Lozenge

Prescription

Nicotine Inhaler

Nicotine Nasal Spray

Bupropion

Varenicline

NICOTINE PATCH

Available: 21 mg, 14 mg, 7 mg (OTC)

Pros:

- Once-daily dosing
- Delivers consistent nicotine levels over 24 hours
- Can be used in combination with other agents
- Of all nicotine replacement products, use is least obvious
- Relatively inexpensive (generic formulation)

Cons:

- Cannot be titrated to acutely manage withdrawal symptoms
- Not recommended for use with dermatologic conditions

NICOTINE GUM and LOZENGE

Available: 2 mg, 4 mg; various flavors (OTC)

Pros:

- Oral substitute
- Can titrate to manage withdrawal symptoms
- Might delay weight gain
- Used in combination with other agents to manage situational urges
- Relatively inexpensive (generic formulations)

Cons:

- Frequent dosing (short-acting) = risk for poor adherence
- Gastrointestinal side effects might be bothersome
- Dental work/jaw issues (gum only)
- Proper chewing technique is necessary (gum only)

NICOTINE GUM: DIRECTIONS for USE



NICOTINE INHALER

Available: 10 mg cartridge delivers 4 mg inhaled vapor for absorption across buccal mucosa (Rx)

Pros:

- Oral substitute
- Can titrate to manage withdrawal symptoms
- Mimics hand-to-mouth ritual of smoking
- Can use in combination with other agents to manage situational urges

Cons:

- Frequent dosing (short-acting) = risk for poor adherence
- Cartridges might be less effective in cold environments ($\leq 60^{\circ}\text{F}$)
- Cost of treatment (no generic available)



NICOTINE NASAL SPRAY

Available: 10 ml bottle; 0.5 mg per spray (Rx)

Pros:

- Can titrate to more closely manage withdrawal symptoms
- Can use in combination with other agents to manage situational urges

Cons:

- Frequent dosing (short-acting) = risk for poor adherence
- Nasal administration; nasal irritation often problematic
- Not recommended for use with chronic nasal disorders or severe reactive airway disease
- Cost of treatment (no generic available)



BUPROPION SR

Available: 150 mg tablets (Rx)

Pros:

- Twice-daily oral dosing
- Might be beneficial in patients with depression
- Can use in combination with NRT
- Relatively inexpensive (generic formulations)

Cons:

- Seizure risk is increased
- Several contraindications and precautions / more extensive screening
- Patients must be monitored for potential neuropsychiatric symptoms

Bupropion SR is initiated 1 to 2 weeks before the quit date.

VARENICLINE

Available: 0.5 mg and 1.0 mg tablets (Rx)

Pros:

- Twice-daily oral dosing
- Offers a different mechanism of action than other options
- Most effective agent for cessation when used as monotherapy

Cons:

- Nausea (28%): take after eating and with a full glass of water
- Insomnia/sleep disturbances
- Patients must be monitored for potential neuropsychiatric symptoms
- Cost of treatment (no generic available)

Varenicline is initiated 1 week before the quit date.

COMBINATION PHARMACOTHERAPY

- **Combination NRT**

Long-acting formulation (patch)

- Produces relatively constant levels of nicotine

PLUS

Short-acting formulation (gum, lozenge, inhaler, nasal spray)

- Allows for acute dose titration as needed for nicotine withdrawal symptoms

- **Bupropion SR + Nicotine Patch**

Combination therapy increases dosing flexibility and overall plasma nicotine concentration.

COMBINATION NRT: RECOMMENDED TREATMENT REGIMENS

- **Nicotine patch**

Dose: 21 mg/day x 4–6 wks. → 14 mg/day x 2 wks. → 7 mg/day x 2 wks.

PLUS

- **Nicotine gum or lozenge** (2 mg/4 mg; based on time-to-first cigarette)

Dose: Use 1 piece q 1–2 hours as needed (use at least 4-5/day)

OR

- **Nicotine inhaler** (10 mg cartridge; delivers 4 mg nicotine vapor)

Dose: Use 1 cartridge q 1–2 hours as needed

OR

- **Nicotine nasal spray** (0.5 mg/spray)

Dose: Use 1 spray in each nostril q 1–2 hours as needed

Get Support

- Find a support person
 - At home
 - At work
 - Within your social circle
- A person who will be there when needed, not a policeman
- Join a group program or use the Quit Line 1 800 QUIT NOW

Say Goodbye

- Have a quitting ceremony!
- A meaningful moment to end the relationship
 - “Dear John” letter
 - Flush cigarettes down the toilet
 - Have a funeral



What Doesn't Work!

- Cold Turkey!
- Hypnosis
- Acupuncture
- Nicotine water, lotions, lollypops, etc.
- Tapering
- Vaping!!

Smokers don't plan to fail;
they fail to plan!

For Additional Information:

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412 481-7767



Upcoming session:

Webinar #2: Health Center Experience and Resources for Your Clinic

Date: November 2nd, 2021
Time: 1:00 – 2:00 pm EDT

Q&A



If you would like to ask the presenter a question, please submit it through the questions box on your control panel or use the “raise hand” icon and your line will be unmuted.

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THANK YOU!

