



TEACH Educational Rounds

Supporting People who Smoke or Vape During the COVID-19 Pandemic

Monday, April 6, 2020

Faculty Presenter: Dr. Peter Selby MBBS, CCFP, FCFP, MHSc, DipABAM, DFASAM

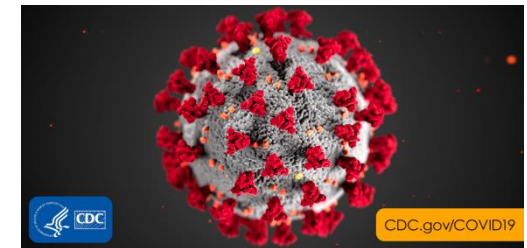
Additional Panelists: NDC Physicians

Karl Kabasele, MD, MPH, FRCPC

Onye Nnorom, MD, CCFP, MPH, FRCPC

Osnat Melamed, MD, MSc, MCFP

Amit Rotem, MD



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Requirements:

1. Registered for the webinar & complete Pre- Learning Assessment
2. Sign-in to view/participate in the live webinar session using your FIRST and LAST name
3. Complete Evaluation and Post- Learning Assessment



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Presenter Biography

Peter Selby, MBBS, CCFP, FCFP, MHSc, DipABAM, DFASAM

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Clinician Scientist, Addictions Division, Centre for Addiction and Mental Health (CAMH);
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Peter Selby is the Chief of Medicine in Psychiatry Division and a Clinician Scientist at the Centre for Addiction and Mental Health (CAMH). His research focus is on innovative methods to understand and treat addictive behaviours and their comorbidities. He also uses technology to combine clinical medicine and public health methods to scale up and test health interventions. His cohort of 240,000 treated smokers in Ontario is an example.

The use of innovative methods to communicate messages makes Dr. Selby a sought after speaker for various topics including addictive disorders, motivational interviewing, and health behavior change at individual and system levels.

Grants/Research Support:

- CAMH, Health Canada, OMOH, CIHR, CCSA, PHAC, Pfizer Inc./Canada, OLA,
- Medical Psychiatry Alliance, ECHO, CCSRI, CCO, OICR, Ontario Brain Institute,
- McLaughlin Centre, AHSC/AFP, WSIB, NIH, AFMC, Shoppers Drug Mart,
- Bhasin Consulting Fund Inc., Patient-Centered Outcomes Research Institute

Speaking Engagements (Content not subject to sponsors approval)/Honoraria:

- Pfizer Canada Inc., ABBVie, Bristol-Myers Squibb

Consulting Fees:

- Pfizer Inc./Canada, Evidera Inc., Johnson & Johnson Group of Companies,
- Medcan Clinic, Inflexxion Inc., V-CC Systems Inc., MedPlan Communications,
- Kataka Medical Communications, Miller Medical Communications, Nvision
- Insight Group, Sun Life Financial

Other: (Received drugs free/discounted for study through open tender process)

- Johnson & Johnson, Novartis, Pfizer Inc.

NO TOBACCO or ALCOHOL or FOOD INDUSTRY FUNDING



Disclosures

Potential sources of bias outlined on the following slide have been mitigated by making this information accessible and available to all participants.

TEACH Curriculum Development

Content of the TEACH Curriculum slides are primarily based on evidence based guidelines including:

- CAN-ADAPTT Canadian Practice Guidelines Initiative – developed in collaboration with national experts in tobacco cessation and health behaviour change (www.can-adaptt.net)
- US Guidelines Treating Tobacco Use and Dependence: Clinical Practice Guideline 2008 Update. US Department of Health and Human Services, Public Health Service
- Rethinking Stop-Smoking Medications: Treatment Myths and Medical Realities OMA Position Paper, January 2008.

The development and delivery of the TEACH curriculum is not influenced or funded in any part by tobacco industry. TEACH has not received funding from the tobacco industry. The development of the TEACH curriculum has not been influenced by pharmaceutical industry. Information presented on pharmacotherapy refers to generic products only, and recommendations are based on existing research, including the CAN-ADAPTT and US guidelines.

Disclaimer

These materials (and any other materials provided in connection with this presentation) as well as the verbal presentation and any discussions, set out only general principles and approaches to assessment and treatment pertaining to tobacco cessation interventions, but do not constitute clinical or other advice as to any particular situations and do not replace the need for individualized clinical assessment and treatment plans by health care professionals with knowledge of the specific circumstances.

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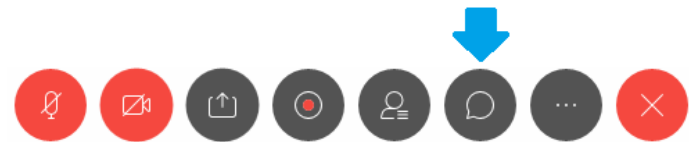
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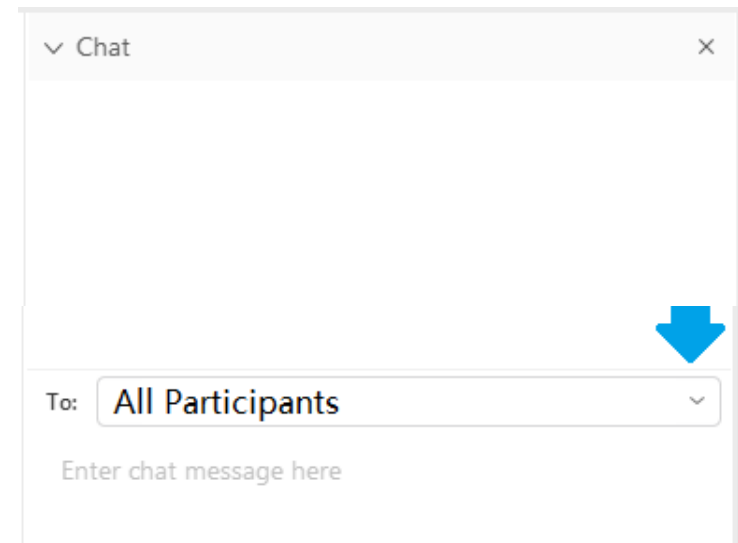
Navigating Webex

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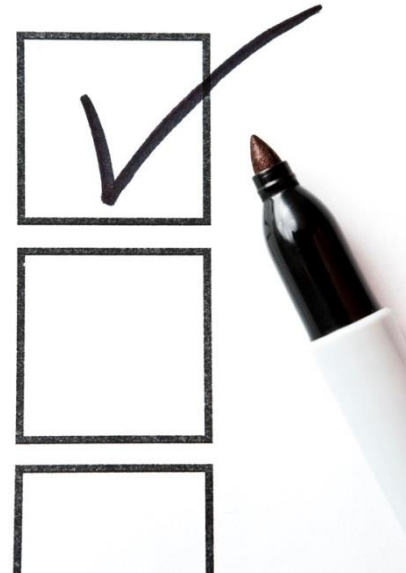


2) Select “All Participants”



Learning Objectives

1. Reflect on the conflicting evidence on smoking and vaping on COVID-19
2. Discuss the psychological impacts of physical distancing and its effect on Tobacco use disorder
3. Reflect on ideas on virtual care for smoking cessation



Association between smoking, COVID-19 ^{1,2,3}

- COVID-19 is a virus that involves infection of the respiratory tract
- Smoking and toxins found in cigarette smoke can suppress immune function and trigger inflammation of the lungs
 - Reduces the ability of lungs to clear toxins out of airways
 - Greater risk of bacterial and viral respiratory infection, such as COVID-19

Association between vaping and COVID-19

- As of April 2020 there is limited data on the association between vaping and COVID-19, however:
- Preliminary evidence shows that ingredients in e-cigarettes and cannabis vape products can damage lung tissue and reduce immune function ^{4,5}
 - Researchers speculate these individuals may be susceptible to more severe symptoms of COVID-19 ^{1,6}
- Many e-cigarette users are previous smokers with pre-existing respiratory conditions, such as COPD, which may increase vulnerability to respiratory infection ^{6,7}
 - Researchers suggest these individuals may be at higher risk of greater disease progression from COVID-19

Evidence as of April 2020 on Smoking and COVID-19⁸

- Findings from a systematic review of 5 studies conducted in China on patients with COVID-19 suggest:
 - Smoking may be associated with greater disease progression and adverse outcomes from COVID-19
 - Smokers are 1.4 times more likely to have severe symptoms of COVID-19 (RR=1.4, 95% CI: 0.98-2.00)*
 - Smokers are 2.4 times more likely to need admission to ICU, mechanical ventilation or die vs. non-smokers (RR=2.4, 95% CI: 1.43 – 4.04)*

**Results unadjusted for other risk factors which could impact disease progression*

Smoking and ACE-2 Receptor ⁹

- Angiotensin-converting enzyme-2 (ACE2) is a receptor, present on the surface of the lung
 - Binding site for the SARS coronavirus (SARS-CoV) in 2003
 - Research suggests the SARS-CoV-2 molecule (COVID-19) is 10-20 times more likely to bind to ACE2 receptor, causing greater viral transmission than previous SARS virus
- Smoking can upregulate the ACE2 receptor; thus possibly increasing risk of infection from COVID-19
- Researchers question whether ACE2 upregulation and increased risk of infection also holds true for e-cigarettes and other “heat-not-burn” devices

Risk of Transmission from Smoking

- Continuous hand to mouth contact through smoking can potentially increase the risk of viral transmission ^{1,2}
- Sharing cigarettes, e-cigarettes and other devices increases exposure to saliva/droplets, which can facilitate viral transmission between smokers ^{2,7}
- Exposure to second-hand smoke is associated with reduced lung function and cardiovascular health, which may increase vulnerability to more adverse COVID-19 symptoms if contracted ^{10,11}

Risk of Transmission from Vaping ⁷

- Not enough evidence to confirm risk of viral transmission through exhaled vapor from e-cigarette users
 - Exhaled vapor contains small water particles, propylene glycol and glycerin which evaporate quickly
 - Flow of exhaled vapor does not travel far distance (similar to sedentary breathing)
 - An infected vaper theoretically would only spread a few droplets into environment compared to coughing/sneezing , which spread higher number of droplets at a greater distance
 - Social distancing may prevent any potential risk of droplet transmission through vaping

Your Questions

Theme #1: COVID-19 as a “Teachable Moment” for those who Smoke and/or Vape?

- How do we effectively explain to patients the correlation between smoking and lung conditions and the susceptibility of getting COVID-19?
- How can we best motivate and support people towards quitting smoking/vaping during COVID-19?
- Is now the appropriate time for public health officials to speak to the risks that smoking and vaping pose in the COVID-19 pandemic, to raise awareness and promote seeking cessation support?

Theme #2: Access to Supports and Virtual Care

- Is there currently a shortage of NRT (*will there be*)?
- What is the best way people can access NRT without leaving their homes?
- What are some online/telephone counselling supports that can help people who smoke or vape (*Telehealth is currently inundated with COVID-19 calls*).
- What are some best-practice approaches for engaging clients when providing cessation support remotely? Are some methods superior to others (i.e., OTN vs. phone calls).

Theme #3: Smoking and/or Vaping as a Coping Strategy

- What if your client is trying to quit smoking and the person they are self-isolating with is still smoking?
- How can people avoid developing new smoking behaviours (e.g., how to break up routines such as getting used to smoking after watching TV)?
- Smoking and/or vaping can go hand in hand with boredom – how do we support clients in managing boredom?

Theme #4: Supporting Clients in LTC/Hospitals/Assisted Living etc.

- What is the degree of concern for contributing to the spread when there is movement within a facility when client goes outside to smoke or vape?
- How do ethics play a role in the "right" to smoke or vape during the pandemic? Does the facility have the right to restrict movement to slow the spread by unit or facility lockdown, "forcing" NRT use, etc.?
- How can support people who are nicotine dependent if they are in a quarantine situation and cannot leave their unit/room/floor etc.

Theme #5: STOP-Specific Questions

- Does anyone have any suggestions/guidelines for staff precautions when unpacking NRT shipments from STOP, or from pharmacies, and precautions to protect clients when packing their orders?
- If someone signs a consent and you receive it, is washing your hands very well all you need to prevent any possible contamination?

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Questions?



Thank you!

Dr. Peter Selby

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Remember ...

A link to the Evaluation and Post- Learning Assessment will be sent by e-mail **by the end of tomorrow**. You will have **one week to complete this Post-Learning Assessment** in order to receive your Letter of Completion.

If you participated as a group, please make sure to email teach@camh.ca with a complete list of participants by **4:00 PM EST today**.

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Presenter:

Nadia Green, RN, MN, EMHI (c)
Knowledge Exchange Coordinator
Shkaabe Makwa, PSSP, CAMH

Date: TBD, May 2020 | 12:00-1:00 PM (EST)

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