



TOBACCO CESSATION PROJECT **NEWSLETTER**

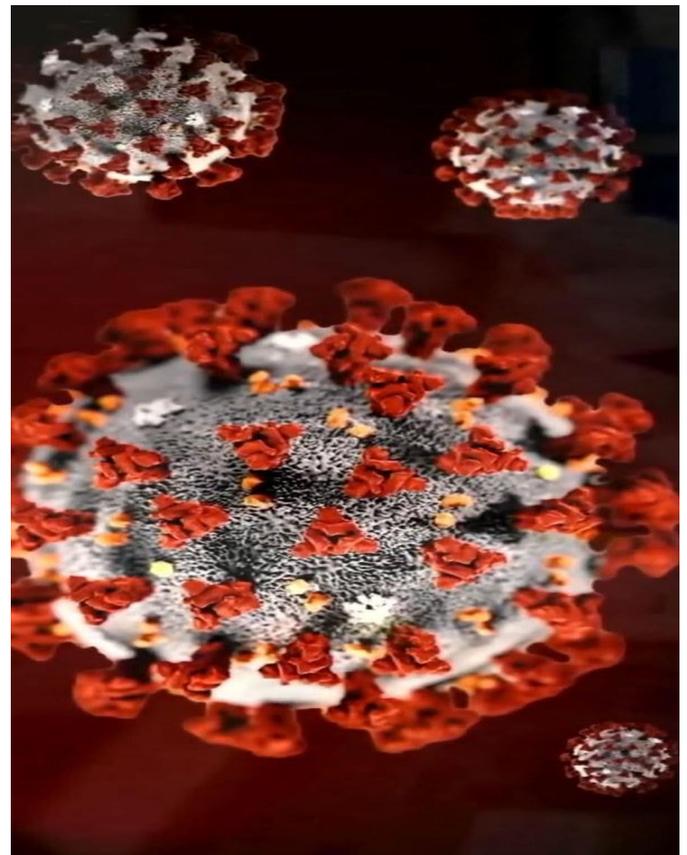
March 2020

COVID-19 and Smoking

Every organ in the human body plays an important role in keeping the body running and in excellent condition. Healthy people do not give much thought to their organs, like their lungs, on a daily basis, because they breathe without difficulty and perform daily tasks with no trouble. But any damage to vital organs can lead to serious disease and sometimes even to premature death. Smoking harms the tissue of the lungs and impedes the lungs ability to function properly, increasing the risk for conditions such as emphysema, lung cancer, chronic obstructive pulmonary disease, and significant lung infections, such as the novel corona virus. The corona virus only has cell receptors for lung cells, meaning, it only infects a person's lungs. And the only way for the virus to infect a person is through the nose or mouth via the hands or by an infected cough or sneeze onto or into your nose or mouth. Lungs compromised by smoking provide a ripe and ready environment for the corona virus to establish its stronghold in the human body.

The primary functions of the lungs are to deliver oxygen-rich blood to the rest of your body from the air that you breathe in and to expel carbon dioxide as waste when you exhale. While no tobacco product is safe, combustible products, or those you must light on fire to use, like cigarettes, are especially damaging

to the lungs. When someone's lungs are exposed to the flu or other lung infections, the adverse effects of smoking or vaping are much more serious than among individuals who do not smoke or vape.



Smoking impairs the lungs ability to fight off infections, according to the British Medical Journal's recent summary of the evidence of the pulmonary impact from tobacco products. Evidence indicates smoking increases susceptibility to respiratory infections and a delayed recovery to these infections

While most of the lists of precautions we should take to contain the spread of the corona virus will all contain many of the same suggestions (no handshaking, avoid touching your face, wash your hands frequently, etc.), few, if any, contain a suggestion to quit smoking. But common sense tells us all that we keep our lungs healthier when we avoid smoking and secondhand smoke. With so much attention currently focused on the lungs and lung infections, the time is right to remind our patients who use tobacco that now is an excellent time to quit smoking. It is the most important step they can take to improving their overall health and wellbeing.

Secondhand Smoke and Its Threat to Children's Health

Secondhand smoke comes from lit cigarettes and cigars. It also comes from smoke exhaled by smokers. When children are exposed to secondhand smoke and inhale it, it is just like they are smoking too.

Secondhand smoke is comprised of thousands of chemicals. These chemicals are poisons that will remain in the body once they are inhaled. It is important for us to understand what these poisons do once inside of us. The U. S. Surgeon General appointed scientists to answer this question. What they found out is secondhand smoke impacts and harms us all, but especially children. The research conducted by these scientists revealed the following startling facts:

1) an estimated 58 million nonsmoking Americans, including about 15 million children aged 3-11 years, are exposed to secondhand smoke annually; 2) children are exposed to secondhand smoke in multiple settings, including home, day care, babysitting, and transportation situations; and 3) regardless of whether you smoke in your home or not, children pick up habits from the people around

them. Peers from their schools or their neighborhood are influencing the perception of children towards tobacco use and widening their exposure to secondhand smoke.

Here are just a few of the chemicals and poisons in tobacco smoke.



Secondhand smoke harms children at a high degree because their lungs and bodies are still developing. Babies who breath secondhand smoke are more likely to die unexpectedly from sudden infant death syndrome (SIDS), also known as crib death. Babies exposed to secondhand smoke are sick more often with bronchitis, pneumonia, and ear infections than children who are protected from exposure. For children with asthma, breathing in secondhand smoke can trigger an asthma attack. These attacks are often severe enough to send a child to a hospital emergency room. The most severe asthma events can lead to the death of a child. The risk is simply not worth taking.

The only safe home strategy is to quit smoking, period. Smoking in another room will still pollute all of the air in your home. Smoking outside in a hallway or stairwell does not protect children in other parts of your dwelling, according to the CDC. The best way to protect children is to have a smoke-free home. Smokers should know that opening a window or running a fan does not protect your children. Air purifiers and air fresheners do not remove poisons associated with smoking.

Following these tips will help keep your children from exposure to secondhand smoke: 1) Set an example by not smoking yourself; 2) Keep your

children out of places that allow smoking; 3) Make your home smoke free; 4) Make your vehicle smoke free; 5) Never use any babysitter or daycare where smoking is allowed, including the homes of any family members who may keep your child.



Smoking during pregnancy can cause your baby to be born too early and have low birth weight. If you smoke, your baby is more likely to become sick or die.

Why Argue with Success? Sticking to the 5/3 A's Protocols

The 5 A's approach to smoking cessation is the internationally accepted approach to brief intervention with nicotine users, while the 3 A's offers an alternative condensed format for intervention when time is a serious issue for clinicians. Even a brief intervention providing advice on tobacco cessation in a primary care setting can increase success in getting patients to quit smoking by as much as 3%.

The following guidelines related to the 5 A's are based on the World Health Organization's Article 14

guidance in the Framework Convention on Tobacco Control, which can be summarized simply by the 5 A's:

- ASK the patient about their smoking status.
- ADVISE smokers of the benefits of quitting.
- ASSESS the patient's motivation to quit using the Stages of Change model.

Stage	A tobacco user in this stage...
Precontemplation	Gives no thought to quitting use, and has no intention to quit in the near future (i.e., within next 6 months)
Contemplation	Has begun to examine their tobacco use and desire to quit; is weighing the pros and cons of quitting tobacco
Preparation	Has made a commitment to quit (usually within next 30 days), and has begun developing a plan for quitting
Action	Has put their plan for quitting tobacco into action (< 6 months)
Maintenance	Has successfully sustained abstinence for at least 6 months

- ASSIST smokers in their quit attempt.
- ARRANGE connection with stop smoking services.

The 5 A's process need not take more than three minutes of a provider's time. Services offering quitting assistance and follow up will be prepared to focus on the minutiae of cessation for the individual patient.

For providers who genuinely do not have time for the 5 A's approach, the 3 A's represents an alternative. These can be summarized as follows:

- ASK and record smoking status.
- ADVISE patients of personal benefits of quitting.
- ACT on the patient's response

This brief advice can be delivered in less than one minute. While both approaches are internationally accepted, there is no conclusive evidence demonstrating the effectiveness of the 5 A's intervention over the 3 A's intervention. Both interventions have proven to be successful and are recognized as acceptable in professional tobacco cessation circles.



Baby & Me Tobacco Free Program COVID-19 Policy Changes

The Coronavirus Pandemic has presented challenges to healthcare delivery on every level, including the impact it has had on the Baby & Me Tobacco Free Program. One thing is for sure, the priority of protecting the safety and welfare of patients and health center staff is a huge concern. Consequently, the Department of Health, Office of Tobacco Control, the National Baby & Me Office, and CHCAMS have implemented the following COVID-19 policy and procedures changes, effective immediately:

- 1) Educational and counseling sessions and testing will be conducted via telehealth (phone). Patients will be called to assess how they are doing during the pandemic and will be provided supportive counseling with referrals as needed. Payments will still be generated by documentation submitted via the patient portal.
- 2) Issuance of diaper vouchers will be conducted as follows: after a successful counseling session via phone. All CO monitoring will be discontinued during the pandemic. Patients will perform self-attestation as to what their tobacco usage has

been. A variety of means may be employed to deliver vouchers to program participants (mail, pick up now, pick up later).

- 3) Documentation in the patient portal will be conducted as follows: In the patient portal under “program session”, there is a new field under “CO Breath Test Result” labelled, “Remote Session – COVID-19. Record patient attestation using this new option.

Monthly Training/Technical Assistance calls will continue to be hosted on the second Wednesday of each month at 9:00 a.m. Efforts to improve the overall program performance and quality will continue through the implementation of our individual support calls to all participating sites.

The most recent Participant Data Report indicated 139 pregnant women have been enrolled in the Baby & Me Program with 49 deliveries. Approximately 84% of these delivered beyond 36 weeks gestation and 84% of the infants were born at 5.5 pounds or greater.

CHCAMS supports of the Department of Health PHRMISS State Office leadership’s plan to integrate the Baby & Me Program into the PHRMISS Program in the near future.

The CHCAMS Baby & Me Tobacco Free Program is still looking to expand by adding new health center partners willing to join this winning team and by doing so, support the expectant moms and their babies from their communities. If your health center is interested in getting involved, contact Marie Morris at 601-981-1817.

