A call to action: commercial tobacco smoking cessation support as a priority for healthcare services during the COVID-19 pandemic

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The coronavirus disease 2019 (COVID-19) pandemic has made the recognition and integration of smoking cessation support, as a standard of care, more important than ever. The unfolding evidence suggests that tobacco smoking is associated with increased severity of disease and death in hospitalized COVID-19 patients (1-4). This leads to increased utilization of healthcare resources (such as ICU admission and ventilator) and burden to public health systems (2, 5). Furthermore, tobacco smoking likely plays a role in exacerbating the health inequities associated with COVID-19 as people with low socioeconomic status are disproportionately exposed to smoking and its associated medical conditions (6).

Here, we support smoking cessation as a priority for healthcare services during the COVID-19 pandemic. In alignment with the precautionary principle, we propose that, due to the known harms of tobacco including increased risk of respiratory infections and their relationship to exacerbated impacts of COVID-19, measures to promote smoking cessation should be taken even if the cause and effect relationship between smoking and susceptibility to or severity of COVID-19 is not fully established scientifically (7). Application of a precautionary approach to smoking cessation support includes: taking action today, exploring multiple creative options for action, and leadership and clinical team and patient and family engagement in decision-making (8).

Taking action today:

The COVID-19 pandemic highlights the importance of health behaviours and creates an added sense of urgency (at organizational, healthcare team, and individual levels) to take action for smoking cessation, a proven beneficial strategy to health. However, individuals often experience difficulties in quitting smoking as it involves a process with multiple quitting attempts or failures. During the pandemic time this becomes even harder (and non-smokers may initiate smoking) due to the psychosocial stress and reduced access to cessation

supports. Established cessation support programs need to ensure that counselling and pharmacotherapy supports continue to be accessible and reach out to those who are unaware of the services, or are less motivated to quit and/or do not have pre-existing conditions. Uptake of supports could be optimized by integrating the opportunity for smoking cessation support into the care routines of all health care settings and through the use of diverse health professionals. Each healthcare contact presents an opportunity for providers to opportunistically support their patients towards the cessation process in an accessible, equitable and impactful way.

We advocate for action by healthcare settings (hospitals, primary care clinics, cancer care centres) to offer smoking cessation supports as a standard of patient care for health promotion and disease prevention. The action involves adoption and integration of brief and/or intensive intervention approaches for smoking cessation (using 3A or 5A process), a feasible and adaptable approach in healthcare settings. The process comprises: asking patients for smoking status (for non-smoker reinforcing to avoid smoking), advising smokers to stop, assessing readiness, assisting to stop/reduce through pharmacotherapy and counselling, and arranging follow ups (9).

Exploring multiple creative options for action:

Enhanced efforts to support smoking cessation are critical for tackling health inequities further exacerbated during the COVID-19 pandemic. This involves taking special actions to mitigate the challenges, including inadequate awareness of available supports, language barriers, and nicotine replacement therapy (NRT) cost, experienced by disadvantaged populations with accessing smoking cessation supports. For example, tailored messaging and awareness building about the relationship between smoking and COVID-19 and covering the

NRT cost; thereby increasing motivation of those to quit. Importantly, smoking cessation support can be incorporated into virtual care via internet and phone consultations (10). Using these virtual settings, for example, providers can interact with patients to offer brief advice and manage nicotine withdrawal. Pharmacotherapy prescriptions can be sent directly to pharmacies to facilitate delivery to the patients' home or direct pick-up at a local pharmacy. Similarly, opportunities exist: to incorporate cessation support across a variety of health services (such as home care); collaborate with existing smoking cessation services and integrate messages about the importance of smoking cessation and supports available into COVID-19 testing and/or contact tracing services.

Leadership and clinical team and patient engagement in decision making:

Health service leaders and clinical teams aiming to integrate cessation support in healthcare settings as a standard of patient care should be engaged with patients to improve cessation support design and impact. Management and leadership teams can: create/promote organizational smoking cessation policy, dedicate resources for cessation supports, advocate for cost coverage of cessation pharmacotherapy, identify/develop cessation guidelines, and adopt strategies to empower clinical teams for providing smoking cessation support. Clinical teams can create a problem solving environment for enhancing the integration of cessation support, such as, by: i) promoting clinical adaptability of cessation support processes; ii) reaching-out to disadvantaged populations and tailoring the supports; iii) encouraging each other to adhere to cessation guidelines; iv) innovating opportunities to integrate cessation care in other healthcare settings, such as COVID-19 testing and contact tracing; and v) engaging stakeholders (communities, patients) in co-design of services, creating community linkages and referral pathways for the coordinated, continuity of smoking cessation supports. Individual providers (such as physicians, nurses, pharmacists) should make themselves aware

of resources available to guide their practices to offer cessation support (using 3A or 5A process) as a routine care to their patients.

Health services leaders can champion systematic documentation, in existing healthcare recording systems such as electronic medical records, of cessation support provided to enable performance measurement and improvement. Clinical teams can engage in and guide decision making to identify meaningful measures and evaluate the short- and long-term health and economic impacts of smoking cessation investment, and guide decision making.

In conclusion, the COVID-19 situation adds urgency to taking action so that smoking cessation is integrated into healthcare settings as a standard of patient care in order to address the smoking cessation needs of the population in an accessible and equitable way. For this, it is essential that multiple innovative options are considered, system/capacity is built in healthcare settings, and leadership and clinical teams and patients and their families are engaged in the actions for smoking cessation support. The today's action by healthcare settings for smoking cessation can lead to short- and long-term health and economic impacts and an opportunity to return the current investment on the COVID-19 response.

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