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Smoking Cessation  
Leadership Center



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University of California  
San Francisco

# Tobacco Product Use and COVID-19: An Overview of the Science and Public Health Implications

Brian King, PhD, MPH

January 28, 2021

# Moderator

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University of California, San Francisco

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Free Recovery

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# Today's Presenter

**Brian King, PhD, MPH**

Deputy Director for Research Translation,  
Office on Smoking and Health (OSH)

Centers for Disease Control and  
Prevention (CDC)

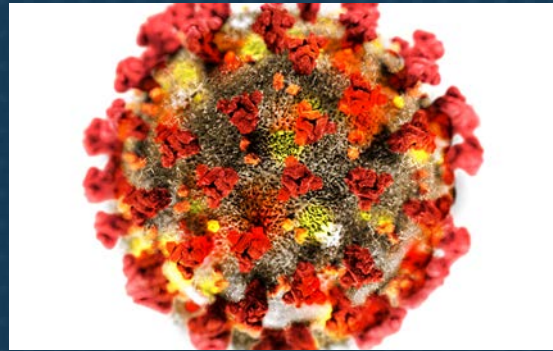




# TOBACCO PRODUCT USE & COVID-19

An Overview of the Science and Public Health Practice Implications

BRIAN A. KING, PHD, MPH | DEPUTY DIRECTOR FOR RESEARCH TRANSLATION



Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Office on Smoking and Health



1

Tobacco Product Landscape

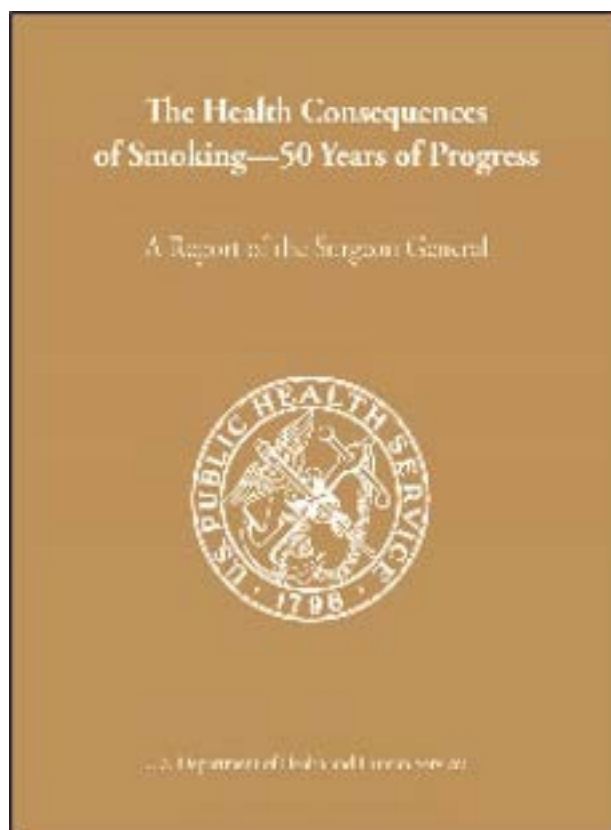
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Tobacco Use & COVID-19

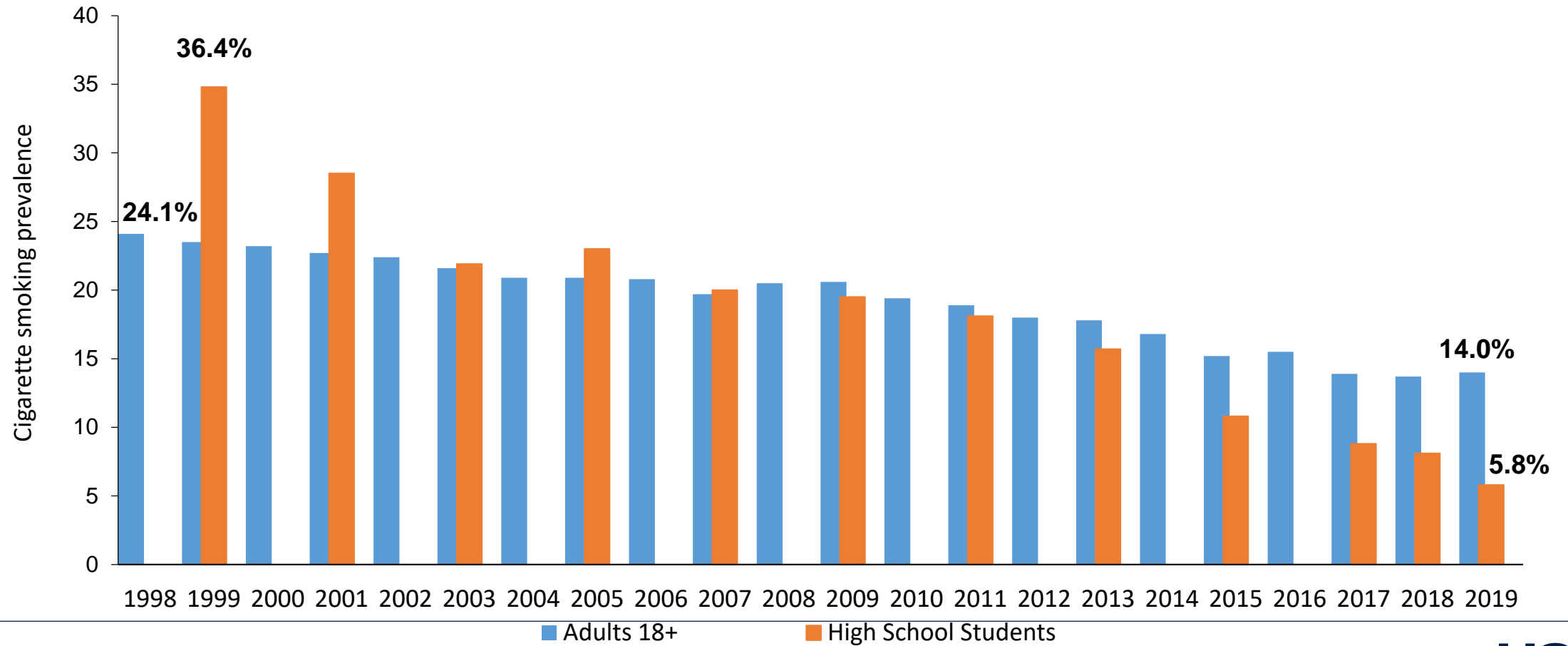
3

Public Health Implications

# Cigarette Smoking Harms Nearly Every Organ of the Body



# Good News: Cigarette Smoking is Down



# Bad News: Disparities Persist

## Current Cigarette Smoking Among U.S. Adults, 2018



### Race/Ethnicity

22.6% American Indian/  
Alaska Native  
15% White



### Education Level

36% GED  
3.7% Graduate degree



### Annual Household Income Health Insurance Coverage

21.3% <\$35,000  
7.3% ≥\$100,000



23.9% Uninsured  
23.9% Medicaid  
10.5% Private  
9.4% Medicare



### Disability/Limitation

19.2% Yes  
13.1% No



### Sexual Orientation

20.6% Lesbian/Gay/Bisexual  
13.5% Heterosexual



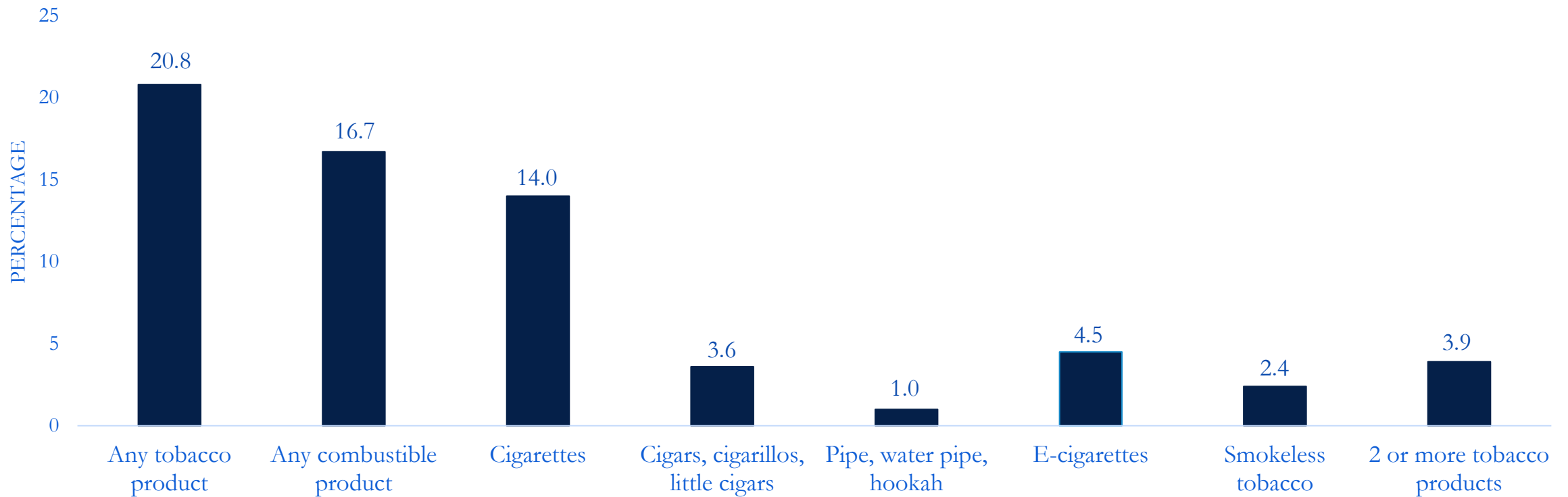
### Serious Psychological Distress

31.6% Yes  
13.0% No

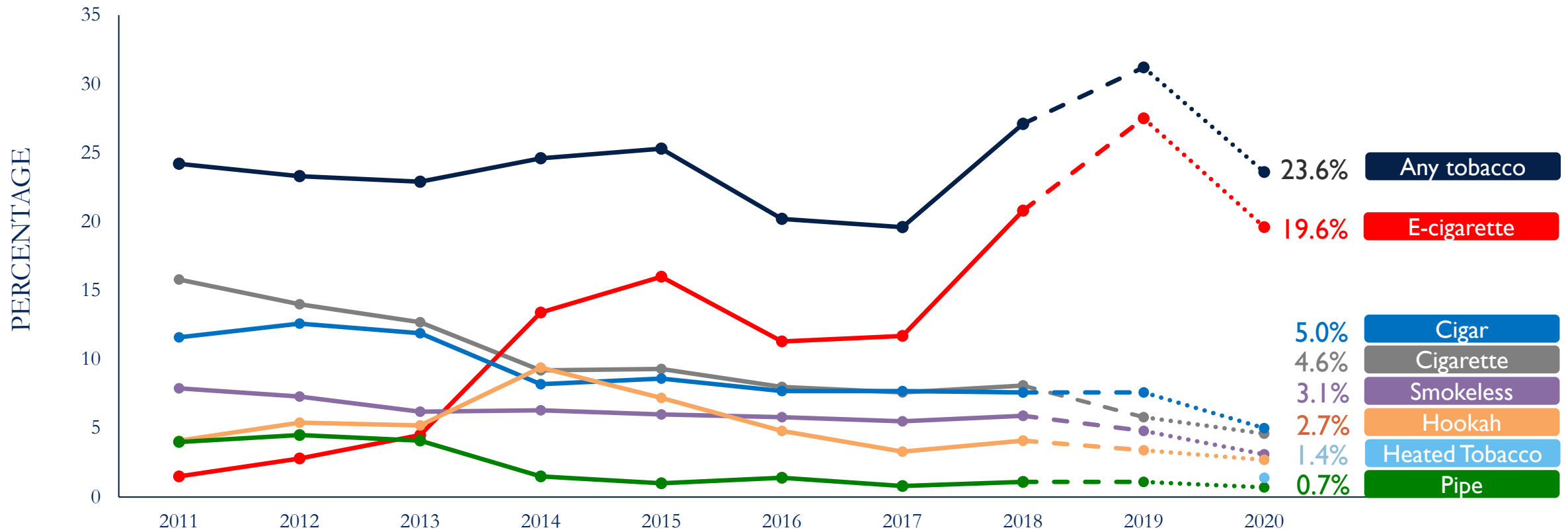
# The Tobacco Product Landscape is Evolving



# Tobacco Product Use among U.S. Adults, by Tobacco Product, 2019



# Current Tobacco Product Use among High School Students – U.S. 2011–2020

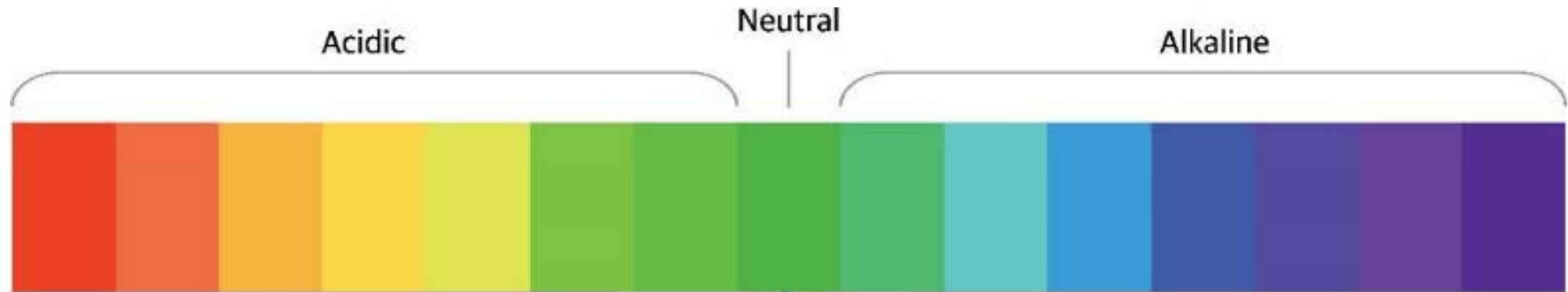


Notes: Dashed lines represent a change in the mode of survey administration beginning in 2019. Dotted line indicates that 2020 survey fielding time was truncated (January 16 – March 16) due to COVID-19. In 2020, any tobacco product use was defined as past 30-day use of e-cigarettes, cigarettes, cigars, smokeless tobacco (chewing tobacco, snuff, or dip; snus; and dissolvable tobacco), hookah, pipe, bidis, or heated tobacco products.

Sources: National Youth Tobacco Survey. Gentzke AS, Wang TW, Jamal A, et al. Tobacco Product Use Among Middle and High School Students — United States, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1881–1888.



# Nicotine Salts vs. Free Base Nicotine



Nicotine Salts



Benzoic Acid



Free Base Nicotine

# Smoking Behaviors During Covid-19: United Kingdom

Short Report Tobacco Prevention & Cessation

## The psychosocial impact of the COVID-19 pandemic on changes in smoking behavior: Evidence from a nationwide survey in the UK

Daniel Tzu-Hsuan Chen<sup>1</sup>

### ABSTRACT

**INTRODUCTION** The stress and anxiety during this unprecedented public health crisis may lead current smokers to increase tobacco use or former smokers to relapse. Thus, this study aims to provide epidemiological evidence of the changes in smoking behavior among British smokers in response to the COVID-19 pandemic and assess the impact of psychosocial factors on these behaviors.

**METHODS** A nationwide survey of a representative sample of 4075 UK respondents aged >16 years was conducted between 27 April and 24 May 2020 during the COVID-19 pandemic. Psychosocial and demographic variables between different smoking behavior groups were compared using Pearson's  $\chi^2$  test and Cramer's V.

**RESULTS** Among current smokers (n=329), one-quarter (25.2%, n=86) reported smoking more than usual, 50.9% (n=174) reported smoking the same amount, and 20.2% (n=69) reported smoking less. Significant associations were observed between different smoking behavior groups and psychosocial factors. Pearson's  $\chi^2$  test revealed significant differences between different smoking behavior groups in their concerns about mental health (p<0.001), anxiety (p<0.001) and stress (p<0.001), state of low mood (p=0.012), in the Patient Health Questionnaire (PHQ) score (p=0.018) and ranking on the Cantril Ladder scale (p<0.001). Many respondents expressed that the pandemic had a more negative impact on their mental health and the impact was more pronounced among those who smoked more.

**CONCLUSIONS** Deterioration of mental health and psychosocial well-being were linked to increased smoking. Public health authorities should take proactive measures to provide mental healthcare and smoking cessation support as preventive measures to tackle the pandemic.

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**KEYWORDS**  
 smoking, tobacco, mental health, psychosocial, COVID-19, pandemics  
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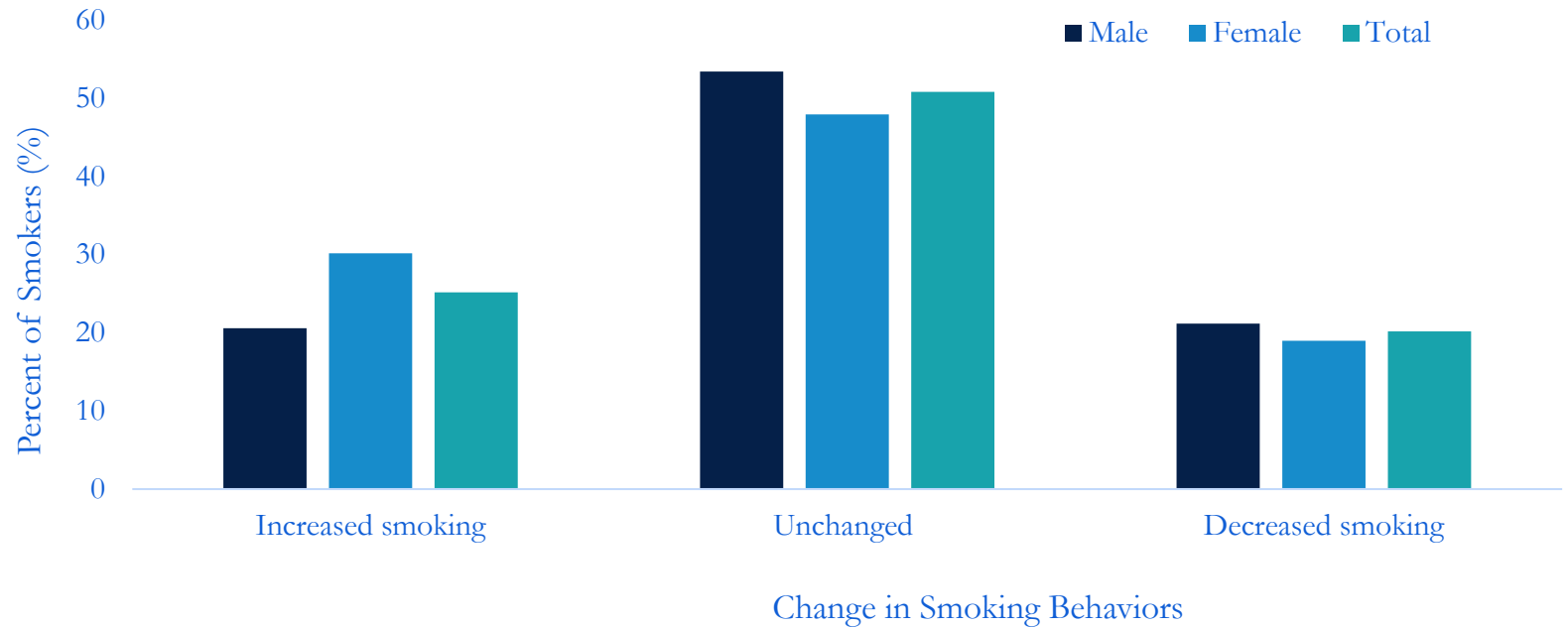
Tob. Prev. Cessation 2020;6(October):59

<https://doi.org/10.1033/tjpt.126876>

### INTRODUCTION

The outbreak of the novel coronavirus disease-2019 (COVID-19) was declared a global pandemic by the WHO on 11 March 2020. Currently, Europe has become the epicenter of the pandemic, and the UK has been one of the hardest hit countries. In reaction to the pandemic, starting on 23 March 2020, the UK government implemented social distancing measures, lockdowns, and restrictions on individual movements to control the spread of the virus<sup>1</sup>. It was not until

mid May that the gradual relaxation of the restrictions was introduced. During this unprecedented crisis, recent studies have highlighted the psychological and behavioral effects of COVID-19, including widespread mental disorders such as anxiety or depression<sup>2</sup>, and changes in tobacco use patterns<sup>3</sup>. Additionally, these pandemic-induced adverse psychological outcomes may increase the risk of addictive substance abuse and engaging in addictive behaviors<sup>4</sup>, further weakening the immune system and increasing vulnerability to



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# Tobacco Use Behaviors During Covid-19: Italy

2020, volume 8:9124

Health Psychology  
Research



## Smoking behavior and psychological dynamics during COVID-19 social distancing and stay-at-home policies: A survey

Pasquale Caponnetto,<sup>1,3</sup> Lucio Inguscio,<sup>4</sup> Claudio Saitta,<sup>2</sup> Marilena Maglia,<sup>1,2</sup> Francesca Benfatto,<sup>1,2</sup> Riccardo Polosa<sup>1,2</sup>

<sup>1</sup>Centro per la Prevenzione e Cura del Tabagismo (CPC), Azienda Ospedaliero-Universitaria "Policlinico-Vittorio Emanuele", University of Catania; <sup>2</sup>Center of Excellence for the Acceleration of Harm Reduction (COEHAR), Department of Clinical and Experimental Medicine, University of Catania; <sup>3</sup>Department of Education, University of Catania; <sup>4</sup>Department of Psychology, La Sapienza University, Rome, Italy

### Abstract

During the COVID-19 pandemic, about 60 million of Italians stayed at home. These circumstances may generate exceptional challenges and stress for people who regularly use cigarettes, e-cigarettes, heated tobacco products, dual users, former smokers and never smokers. Here, we present results from a study that was aimed at surveying smoking behaviour and psychological dynamics during the Italian COVID-19 social distancing and stay-at-home

policies. Participants living in Italy were invited to complete an online brief questionnaire. A questionnaire was prepared and uploaded in an online survey tool. They were asked to participate regardless of their current smoking status and were divided in seven subgroups. In total, 1825 participants were included in the analysis. Exclusive cigarette smokers; Dual users of cigarette and e-cigarettes; Dual users of cigarette and heated tobacco products; Former smokers; Exclusive users of e-cigarette; Exclusive users of heated tobacco products; never smoker. Dual users of cigarette and e-cigarette and exclusive cigarette smokers perceived that their daily consumption has slightly decreased. Exclusive cigarette smokers and exclusive e-cigarette users changed the way of purchasing products. Most exclusive cigarette smokers have considered quitting but most exclusive e-cigarette users have not considered stopping the use of e-cigarettes. In former smokers' group, about one third of participants declared thoughts about starting to smoke again and in never smokers' group few participants declared intention to start smoking. The COVID-19 era could be considered a "transition" phase and as such requires a search for a new balance. These changes in everyday habits can be a significant moment to use established and emerging strategies to create a definitive smoke-free world.

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Tel.: +39-095-378-1583.  
E-mail: p.caponnetto@unicat.it

Key words: Smoking, vaping, electronic cigarette, vape shop; heated tobacco products; COVID-19.

Acknowledgements: The authors would like to thank the Italian anti-smoking League (LIAF) and Dr.ssa Valeria Nicosi for promoting the survey and encouraging people to participate. No funding was received for this study.

Contributions: The authors contributed equally.

Conflict of interest: The authors declare no conflict of interest.

Funding: None.

Availability of data and material: Study data are available within the text.

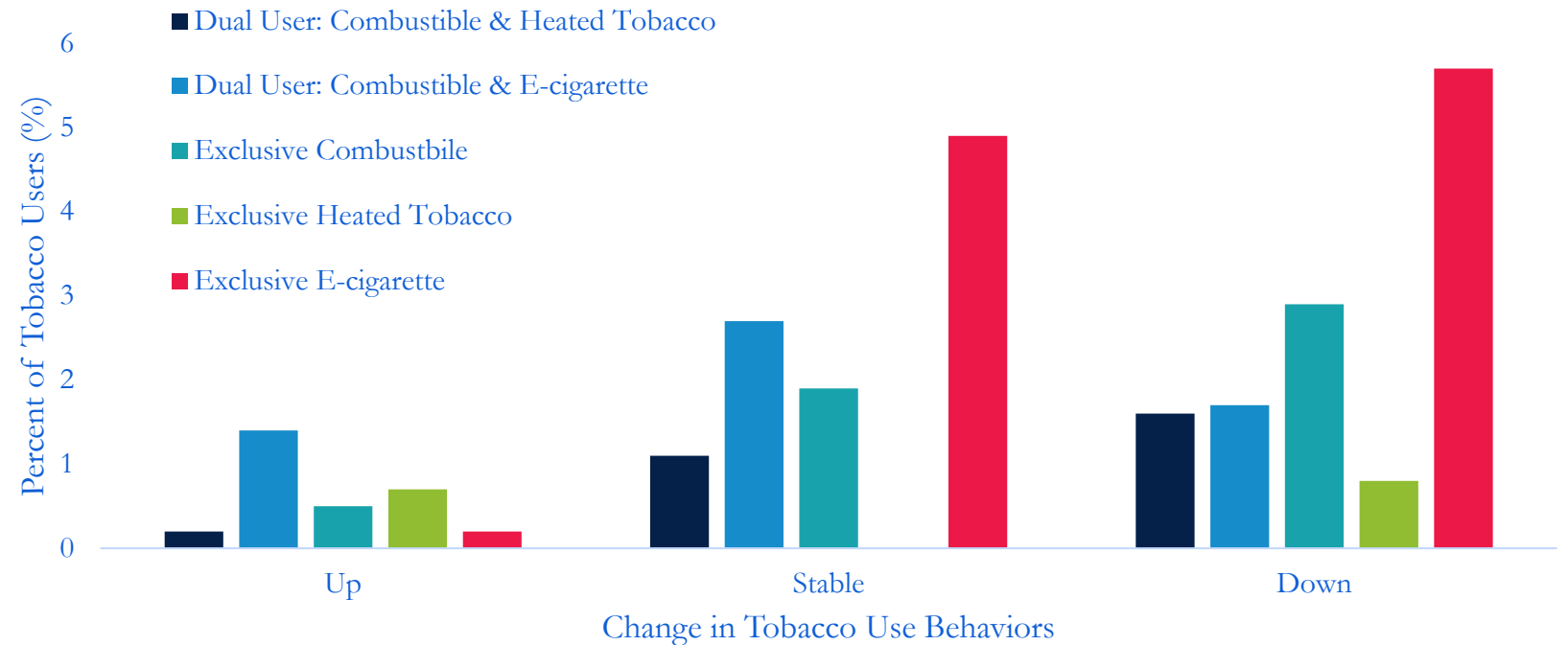
Ethical approval and consent to participate: All subjects gave their informed consent for inclusion before they participated in the study conducted in accordance with the Declaration of Helsinki. The study was conducted in accordance with the ethical standards established by the Italian National Psychological Association and approved by the local IRB.

Received for publication: 2 May 2020.

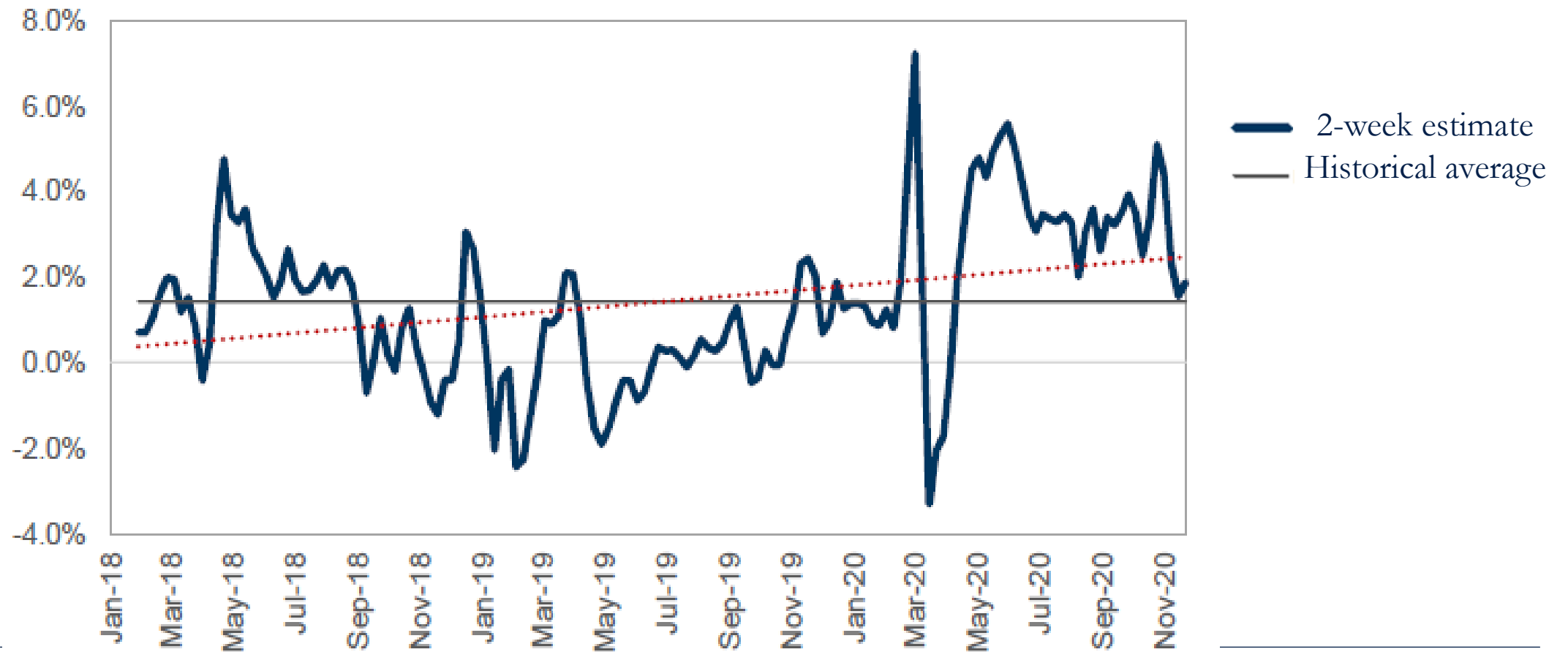
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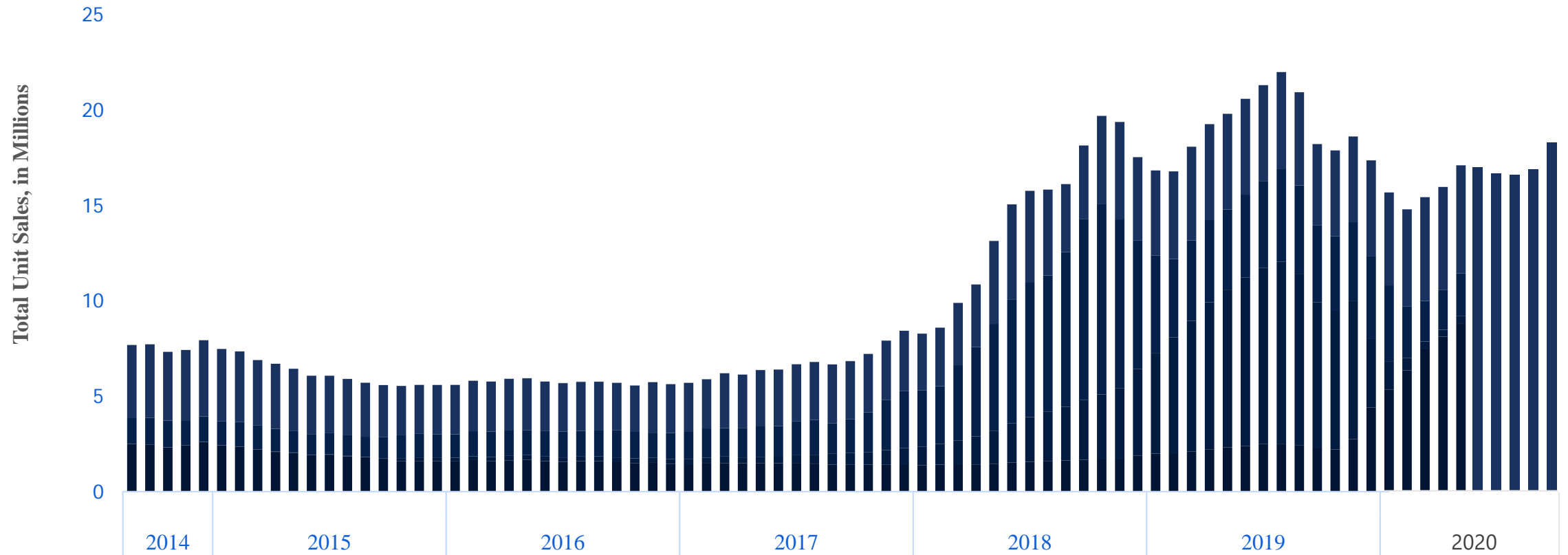
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Health Psychology Research 2020; 8:9124  
doi:10.4081/hsr.2020.9124



# Trends in Total Nicotine Sales (\$) January 2018 – November 2020



# Trends in E-cigarette Unit Sales—United States, September 2014 – October 2020



1

Tobacco Product Landscape

2

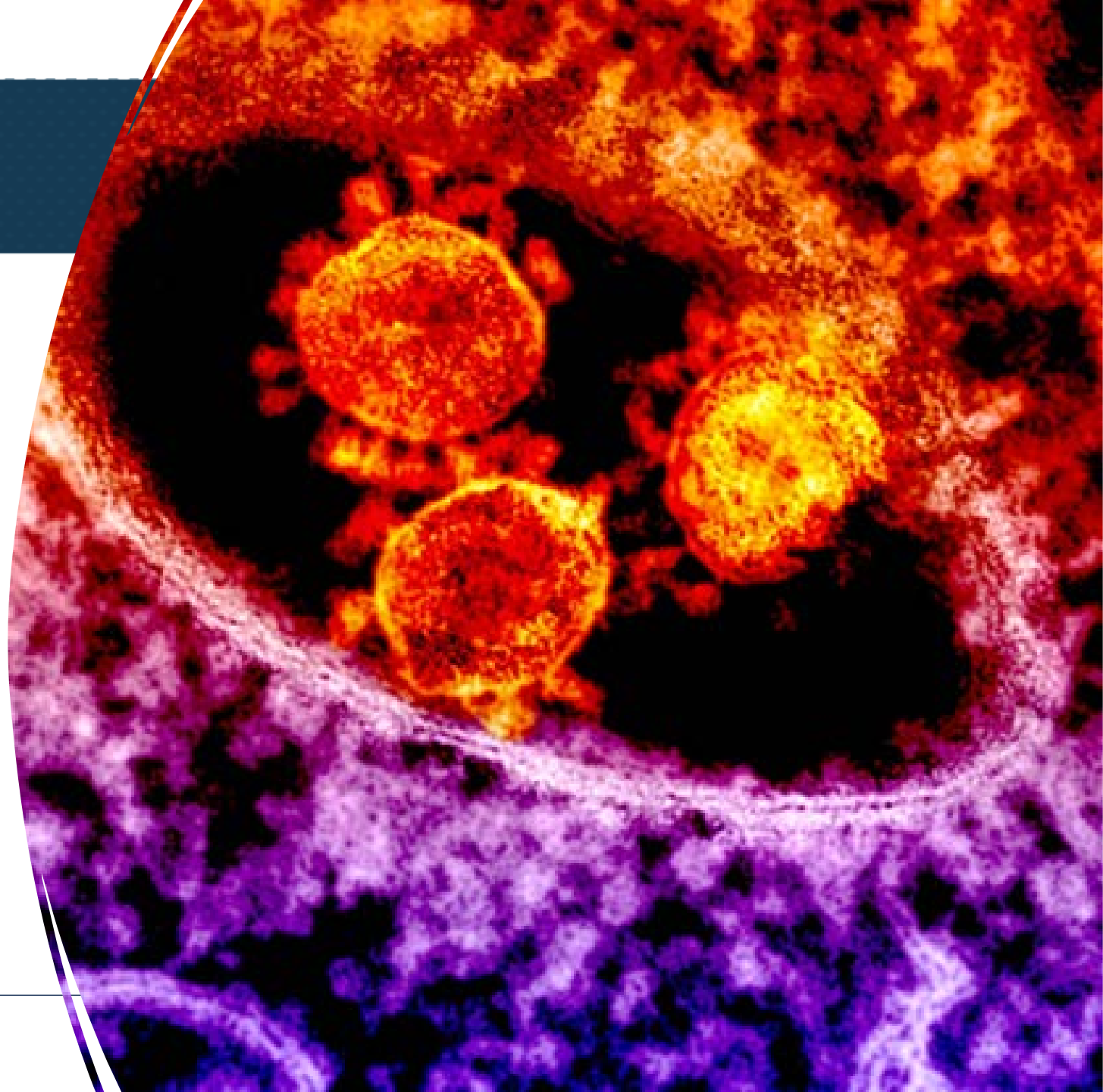
Tobacco Use & COVID-19

3

Public Health Implications

# Coronavirus Background

- Large family of viruses that cause respiratory illness
  - Belongs to *Coronaviridae* family
- First isolated in the 1960s
- Named for the crown-like spikes on surface
  - 4 subgroupings (alpha, beta, gamma, delta)
- Some can spread between animals and people (zoonotic)



- Identified in Wuhan, China in Dec 2019

- Caused by the virus SARS-CoV-2

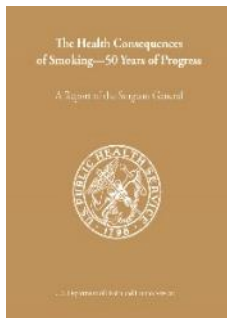
- Early on, many patients were reported to have a link to a large seafood and live animal market

- Later patients did not have exposure to animal markets

- Indicates person-to-person spread

- First US confirmed case: January 20, 2020





# Smoking and Immunosuppression

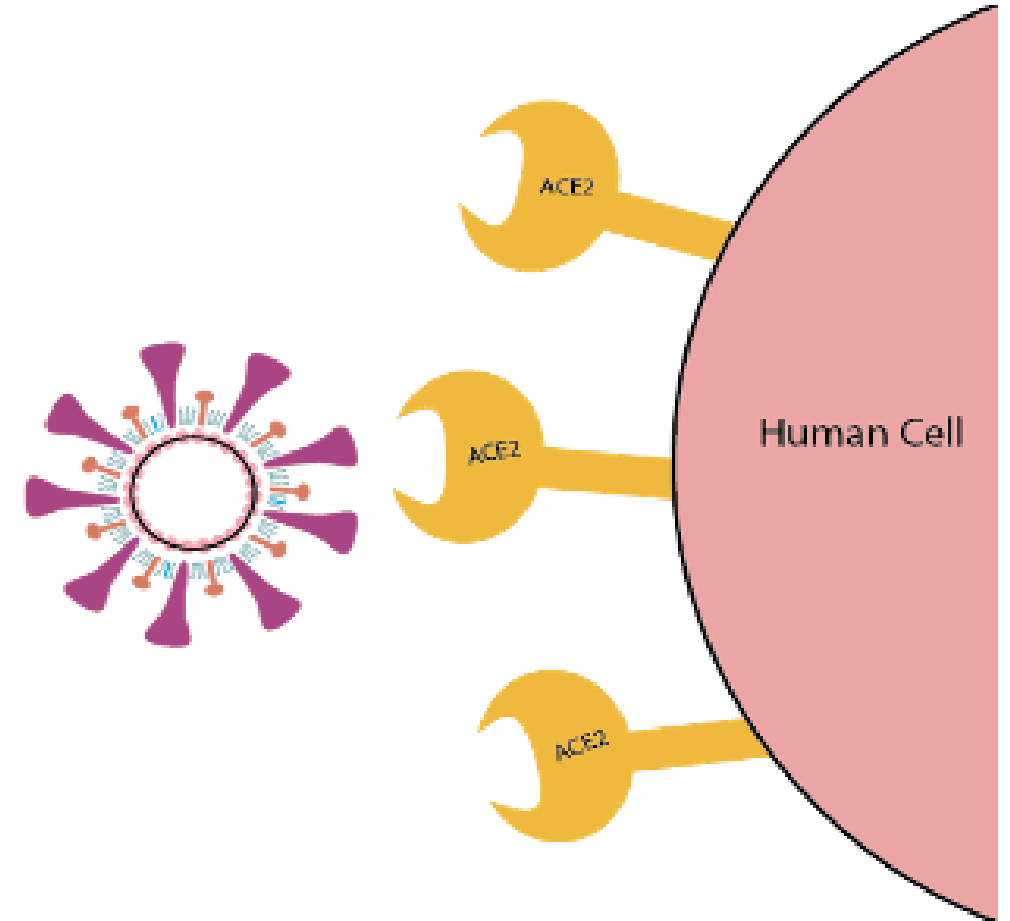
## The evidence is sufficient to infer that:

- Components of cigarette smoke impact components of the immune system. Some of these effects are immune-activating and others are immune-suppressive.
- Cigarette smoke compromises immune homeostasis and that altered immunity is associated with an increased risk for several disorders with an underlying immune diathesis.
- Cigarette smoking compromises the immune system and that altered immunity is associated with increased risk for pulmonary infections.



# How Sars-cov-2 (The Virus that Causes COVID-19) Works

- SARS-CoV-2 infects humans by attaching to the ACE2 receptor in cells.
- Cigarette smokers have higher ACE2 gene expression and greater ACE2 receptor concentrations in their lungs than nonsmokers.



## Smoking and other Novel Coronaviruses (**SARS and MERS**)

- There is inadequate evidence to conclude that cigarette smoking changes **SARS-CoV-1** (virus that causes SARS) infection risk.
- Research suggests that cigarette smoking increases **MERS-CoV** (virus that causes Middle East Respiratory Syndrome) infection risk.

**SARS-CoV-1 is about 80% similar to SARS-CoV-2**



**MERS-CoV is about 50% similar to SARS-CoV-2**

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Coronavirus

### Plan to study nicotine patches as potential coronavirus treatment

Doctors in Wales could stage trial after suggestion smokers may be lowest risk of Covid-19

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Bern Quinn  
@bernquinn  
Sun 17 May 2020 11:34 EDT  
780



▲ A poster by the doctors suggested nicotine could interfere with the production of antibodies that lead to infection. Photograph: GSK/Getty Images/Getty

Plans are being made to investigate the potential of nicotine patches to combat Covid-19 after the idea was raised by doctors at a hospital in Wales where the improvised treatment is being practised.

France moved last week to prevent the stockpiling of nicotine products after its health minister took an interest in a French study that suggested smokers may be much less at risk of contracting the virus.

However, doctors in Wales who published their own suggestions in January on the use of the stimulants in coronavirus treatment have been discussing the possibility of a formal trial.

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Bloomberg

World

## France to Test Nicotine Substitutes as Treatment for Covid-19

By Gaspard Sebag  
April 24, 2020 5:08 AM



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### France LIMITS sale of nicotine substitutes to avoid stockpiling after research suggested it can protect from coronavirus

Pharmacies now only able to sell a maximum of one month's worth of products

The sale of nicotine substitutes online was suspended entirely to protect stocks

Recent study showed out of 500 coronavirus patients only five per cent smoked

Here's how to help people impacted by Covid-19

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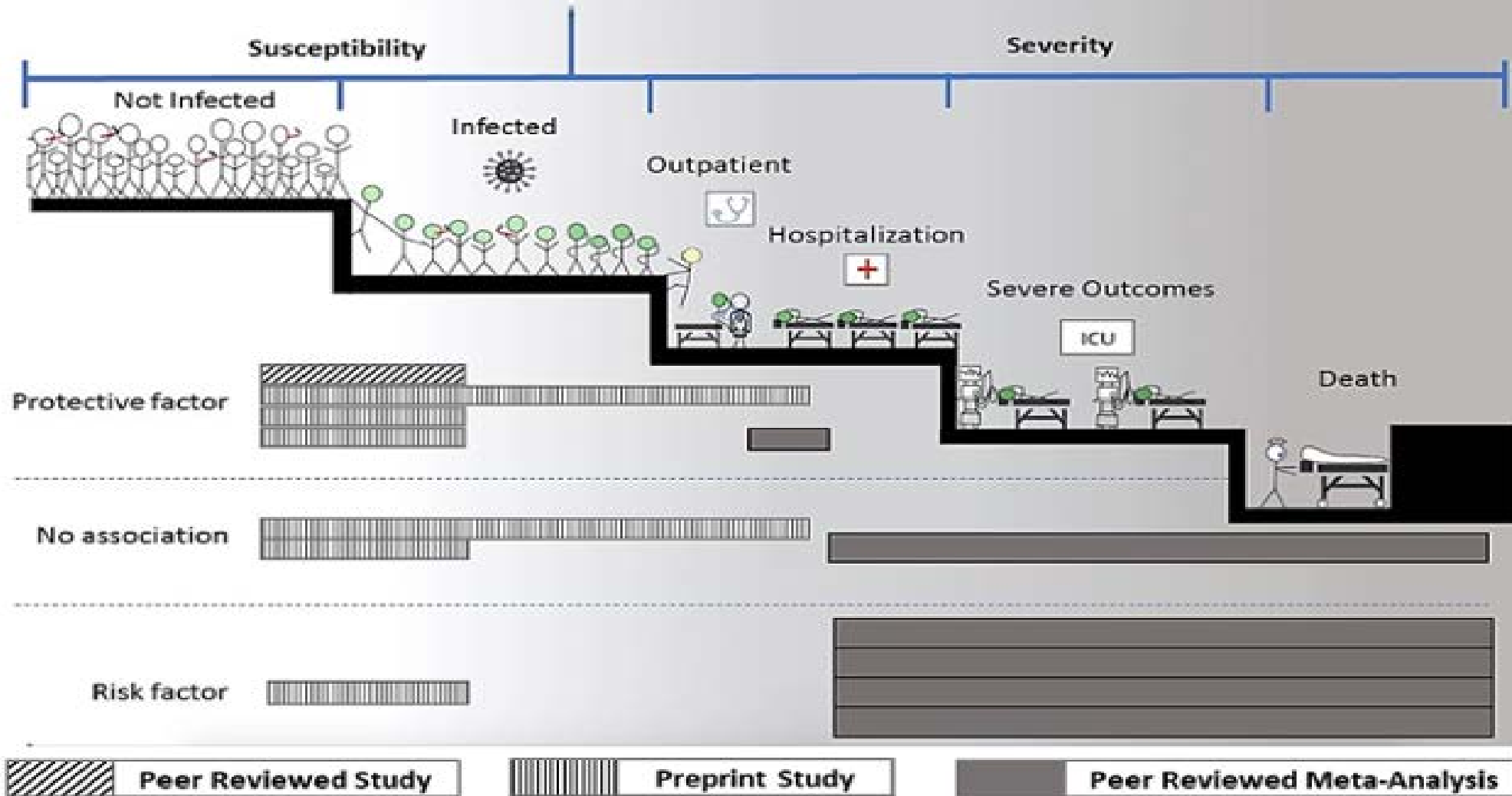
### UP IN SMOKE France forced to restrict nicotine sales to stop stockpiling after study claimed smoking may stop coronavirus

Smoking helps

24 Apr 2020, 18:05 | Updated: 24 Apr 2020, 18:25



# Phases of COVID-19 Susceptibility and Severity Related to Smoking as Assessed in Existing Studies (as of August 2020)



Source: Bowen, Brooks, and King. COVID-19 and Cigarette Smoking. *In Review*.

# Smoking and Risk of Sars-cov-2 Infection

The available scientific evidence is inadequate to infer an association between cigarette smoking and risk of testing positive for or becoming symptomatic with SARS-CoV-2 infection.

- Some studies have reported that smoking protects against infection.
- However, these studies have limitations.
- One study found smoking increased the likelihood of a positive test result for SARS-CoV-2 infection.



## UP REGULATION

Nicotine upregulates ACE-2 through nicotine cholinergic system and the nicotinic acetylcholine receptor  $\alpha 7$ -nAChR.

## DOWN REGULATION

- Anti-inflammatory effect of nicotine
- A blunted immune response in smokers that reduces risk of a cytokine storm
- Increased nitric oxide in the respiratory tract that may inhibit SARS-CoV-2 replication and entry into cells

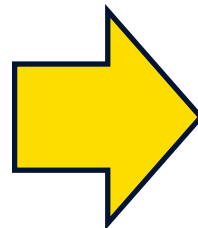


# Groups at Higher Risk for Severe Illness

▪ Cancer

Older Adults

Adults with the following  
medical conditions



- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Down Syndrome
- Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Immunocompromised state from solid organ transplant
- Obesity (body mass index [BMI] of 30 to <40)
- Severe Obesity (BMI 40 or higher)
- Pregnancy
- Sickle cell disease
- **Smoking**
- Type 2 diabetes mellitus

# Smoking and Severity of Covid-19 Illness

After considering the design, limitations, and quality of existing studies, the available scientific evidence largely indicates that smoking increases the risk of severe illness among patients with COVID-19.

- Among six published meta-analyses, a total of 24 primary studies were assessed:
  - Four found smoking was a risk factor (covered 20 studies).
  - One found no association (covered 5 studies).
  - One found smoking was protective (covered 13 studies).





# Implications for People at Risk of Severe Illness

METRO

## New Jersey opening up COVID-19 vaccine to smokers

By Gabrielle Fonrouge

January 13, 2021 | 6:50pm | Updated



New Jersey smokers are next in line for the COVID-19 vaccine.

Shutterstock



# E-cigarettes & Immunosuppression

Check for updates

## ORIGINAL RESEARCH

### Electronic-Cigarette Use Alters Nasal Mucosal Immune Response to Live-attenuated Influenza Virus A Clinical Trial

Meghan E. Rebutl<sup>1,2,3</sup>, Ellen Glista-Baker<sup>2</sup>, Jessica R. Hoffman<sup>4</sup>, Parker F. Duffney<sup>1</sup>, Carole Robinette<sup>2</sup>, Adam M. Speen<sup>1</sup>, Erica A. Pawlak<sup>2</sup>, Radhika Dhingra<sup>5,6</sup>, Terry L. Noah<sup>2,3</sup>, and Ilona Jaspers<sup>1,2,3,5</sup>

<sup>1</sup>Curriculum in Toxicology and Environmental Medicine, <sup>2</sup>Center for Environmental Medicine, Asthma and Lung Biology, and <sup>3</sup>Department of Pediatrics, School of Medicine, <sup>4</sup>Curriculum for the Environment and Ecology, College of Arts and Sciences, <sup>5</sup>Institute for Environmental Health Solutions, and <sup>6</sup>Department of Environmental Sciences and Engineering, Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina

ORCID IDs: 0000-0003-1918-2257 (M.E.R.); 0000-0001-8728-0305 (I.J.)

#### Abstract

Inhalation of tobacco smoke has been linked to increased risk of viral infection, such as influenza. Inhalation of electronic-cigarette (e-cigarette) aerosol has also recently been linked to immune suppression within the respiratory tract, specifically the nasal mucosa. We propose that changes in the nasal mucosal immune response modify antiviral host-defense responses in e-cigarette users. Nonsmokers, cigarette smokers, and e-cigarette users were inoculated with live-attenuated influenza virus (LAIV) to safely examine the innate immune response to influenza infection. Before and after LAIV inoculation, we collected nasal epithelial-lining fluid, nasal lavage fluid, nasal-scrape biopsy specimens, urine, and blood. Endpoints examined include cytokines and chemokines, influenza-specific IgA, immune-gene expression, and markers of viral load. Statistical analysis included primary comparisons of cigarette and e-cigarette groups with nonsmokers, as well as secondary analysis of demographic factors as potential modifiers. Markers of viral load did not differ among the three groups. Nasal-lavage-fluid anti-LAIV IgA levels increased in nonsmokers after LAIV inoculation but did not increase in e-cigarette users and cigarette smokers. LAIV-induced

gene-expression changes in nasal biopsy specimens differed in cigarette smokers and e-cigarette users as compared with nonsmokers, with a greater number of genes changed in e-cigarette users, mostly resulting in decreased expression. The top down-regulated genes in cigarette smokers were *SMPD3*, *NO2A*, and *KZRB1*, and the top down-regulated genes in e-cigarette users were *MRI*, *NTSE*, and *HRAS*. Similarly, LAIV-induced cytokine levels in nasal epithelial-lining fluid differed among the three groups, including decreased antiviral host-defense mediators (IFN $\gamma$ , IL6, and IL12p40). We also detected that sex interacted with tobacco-product exposure to modify LAIV-induced immune-gene expression. Our results demonstrate that e-cigarette use altered nasal LAIV-induced immune responses, including gene expression, cytokine and chemokine release, and LAIV-specific IgA levels. Together, these data suggest that e-cigarette use induces changes in the nasal mucosa that are consistent with the potential for altered respiratory antiviral host-defense function.

Clinical trial registered with [www.clinicaltrials.gov](http://www.clinicaltrials.gov) (NCT 02019745).

**Keywords:** e-cigarette; virus; influenza; respiratory; immune

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**Author Contributions:** T.L.N. and I.J. conceptualized and designed the study. M.E.R., E.G.-B., C.R., A.M.S., and E.A.P. acquired the samples. M.E.R., J.R.H., P.F.D., A.M.S., and R.D. analyzed the samples and data. M.E.R., P.F.D., A.M.S., R.D., and I.J. interpreted the findings. M.E.R. drafted the manuscript. M.E.R., E.G.-B., J.R.H., P.F.D., C.R., A.M.S., E.A.P., R.D., T.L.N., and I.J. revised the manuscript critically for intellectual content, gave final approval of the version to be published, and agree to be accountable for all aspects of the work.

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This article has a related editorial.

This article has a data supplement, which is accessible from this issue's table of contents at [www.atsjournals.org](http://www.atsjournals.org).

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- E-cigarette use is associated with significant suppression of defense responses in the context of experimental respiratory viral infections.
- E-cigarette use is associated with different effects on markers of mucosal immune responses as compared with smoking cigarettes.

# E-cigarette, or Vaping, Products

**The available scientific evidence is presently inadequate to infer an association between e-cigarette use and SARS-CoV-2 infection or severity of COVID-19.**

1st Generation

2<sup>nd</sup> Generation

3<sup>rd</sup> Generation

4<sup>th</sup> Generation



Original article

## Association Between Youth Smoking, Electronic Cigarette Use, and Coronavirus Disease 2019

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Keywords: Tobacco; Smoking; Electronic cigarette; COVID; Lung; Coronavirus; Communicable disease; Infectious disease; Pandemic

# E-cigarette Use and Covid-19

	Ever-use of inhaled tobacco and...			Past 30-day use of inhaled tobacco and...		
	COVID-19—related symptoms (n = 4,043)	COVID-19 test (n = 4,048)	COVID-19—positive diagnosis (n = 4,048)	COVID-19—related symptoms (n = 4,043)	COVID-19 test (n = 4,048)	COVID-19—positive diagnosis (n = 4,048)
	Odds ratio (95% CI)	Odds ratio (95% CI)	Odds ratio (95% CI)	Odds ratio (95% CI)	Odds ratio (95% CI)	Odds ratio (95% CI)
<b>Inhaled tobacco products</b>						
Cigarettes only	1.40 (.83, 2.38)	<b>3.94 (1.43, 10.86)</b>	2.32 (.34, 15.86)	1.15 (.58, 2.27)	1.16 (.64, 2.12)	1.53 (.29, 8.14)
E-cigarettes only	1.18 (.80, 1.73)	<b>3.25 (1.77, 5.94)</b>	<b>5.05 (1.82, 13.96)</b>	1.43 (.84, 2.43)	<b>2.55 (1.33, 4.87)</b>	1.91 (.77, 4.73)
Dual use	1.36 (.90, 2.04)	<b>3.58 (1.96, 6.54)</b>	<b>6.97 (1.98, 24.55)</b>	<b>4.69 (3.07, 7.16)</b>	<b>9.16 (5.43, 15.47)</b>	<b>6.84 (2.40, 19.55)</b>
Never used	Ref	Ref	Ref	Ref	Ref	Ref

**Limitations:** Cross-sectional; self-reported data; most youth cases are asymptomatic so most cases likely not fully captured; did not assess disease severity; lack of adjustment for some potential confounders.





# Secondhand Smoke and Immunosuppression



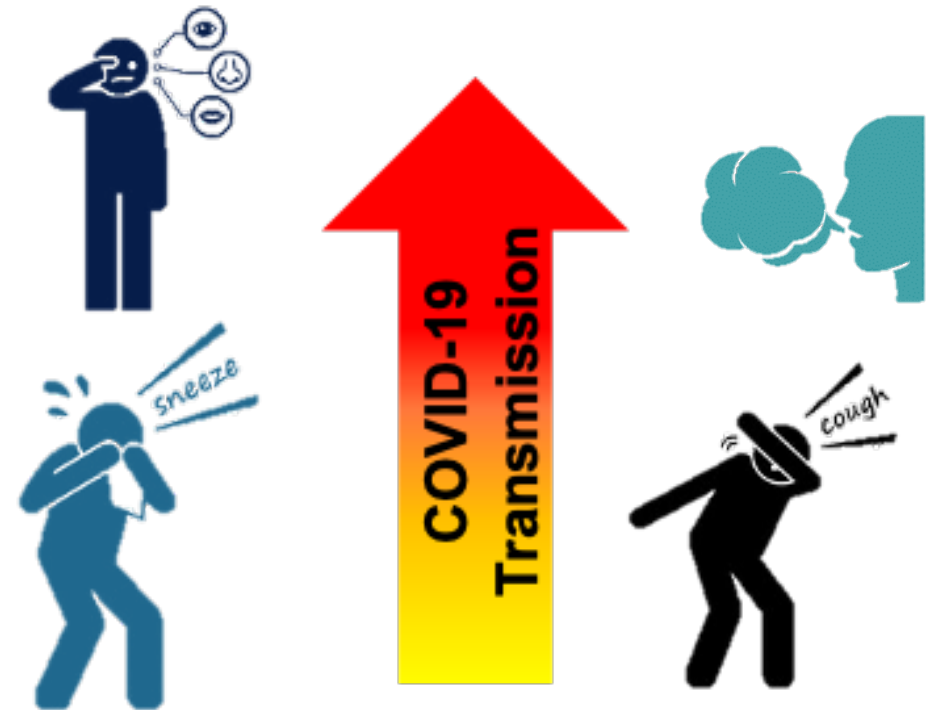
- Chronic secondhand smoke exposure worsens pulmonary inflammation and compromises ability to combat chronic and acute respiratory infections.
- Secondhand smoke potentially impairs the ability to induce robust immune responses against a key pathogen-specific vaccine antigen.
- Secondhand smoke exposure has the potential to induce a variety of defects in the host akin to those induced by exposure to mainstream tobacco smoke and may play a role in the pathophysiology of various diseases, including human respiratory disorders.

## Secondhand Smoke / Aerosol and COVID-19

The available scientific evidence is presently inadequate to infer an association between secondhand smoke exposure or secondhand aerosol exposure and SARS-CoV-2 infection or severity of COVID-19.

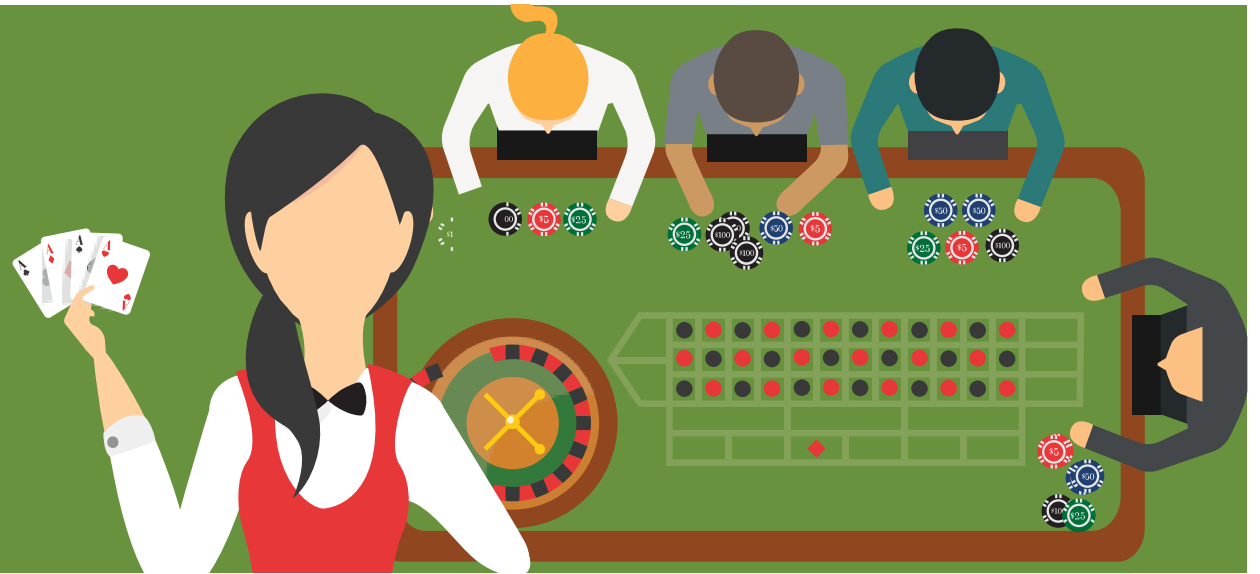
### However, we know:

- COVID-19 is a respiratory disease.
- Transmission risk increases when people engage in behaviors that increase the likelihood of transferring respiratory droplets.
- Transmission risk increases when people engage in activities that increase the likelihood of touching their faces or mouths.



# Reopening Smoke-free

# Casinos



**As of August 13, 2020, more than 160 tribal and privately owned casinos reopened smoke-free, including those in 27 states.**

1

Tobacco Product Landscape

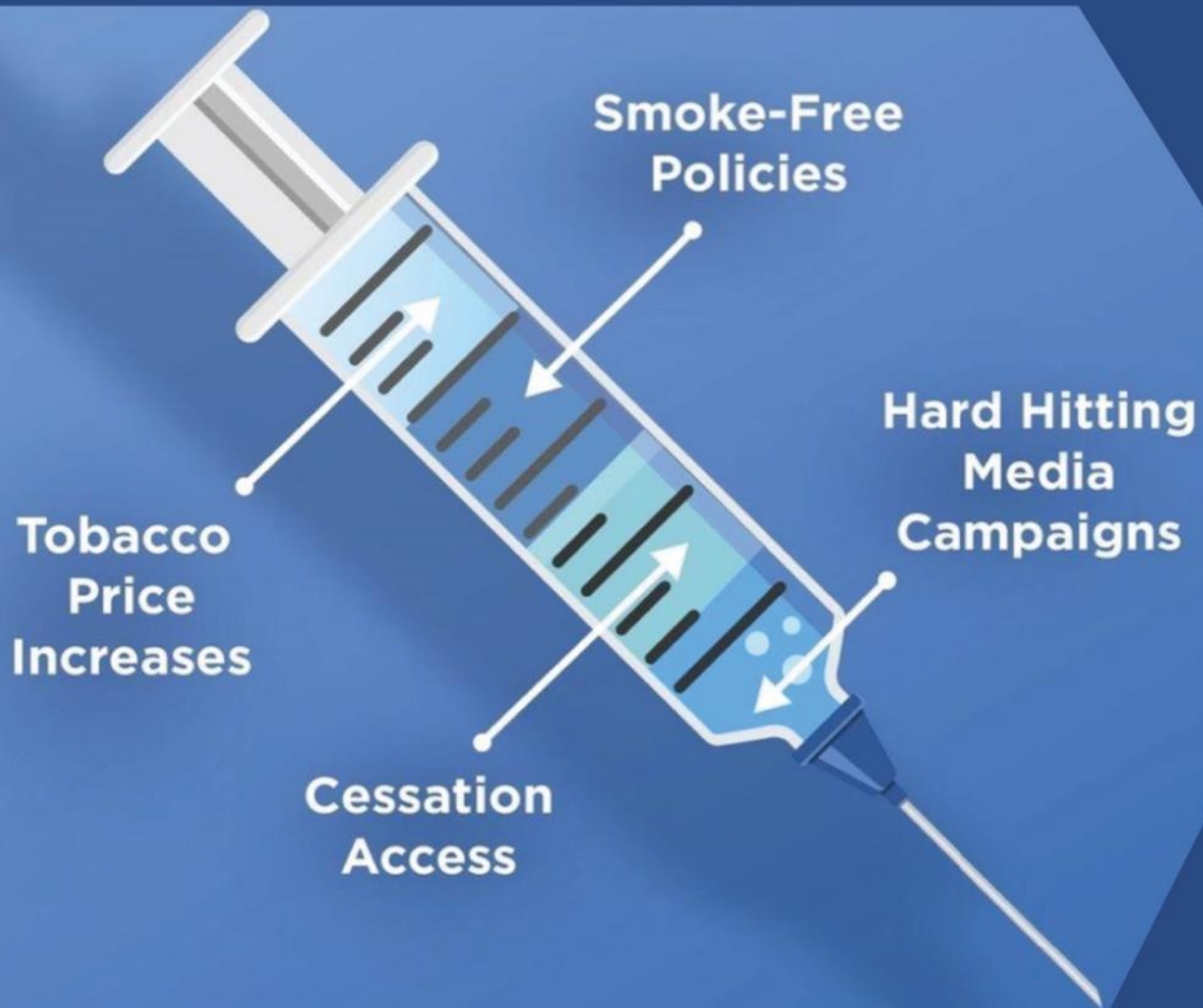
2

Tobacco Use & COVID-19

3

Public Health Implications

# We Know What Works



## Vaccine Booster



Availability



Pricing and Promotion



Advertising and Display bans



Age of Sale



Retail Licensure

# Tobacco and COVID-19: Public Health Implications

- **Public health messaging can:**

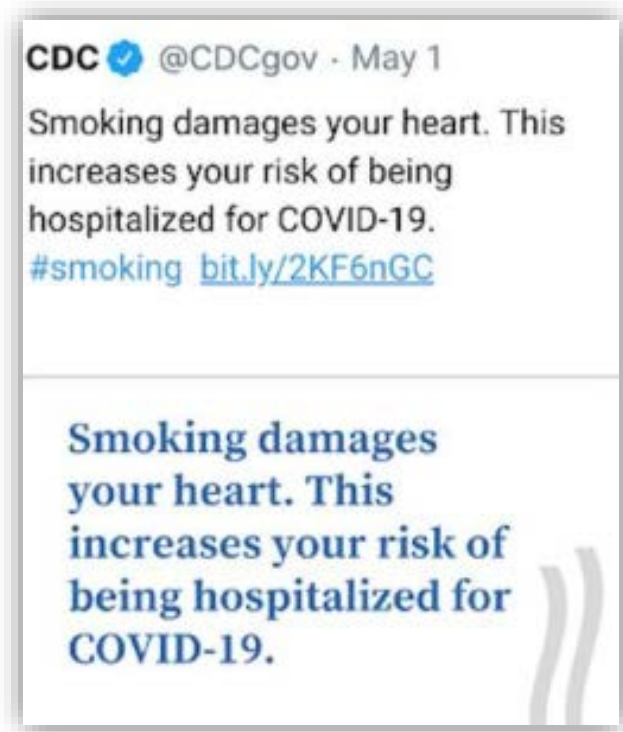
- Communicate that cigarette smoking increases the severity of illness among COVID-19 patients.
- Ensure studies that suggest smoking protects against SARS-CoV-2 infection are not misinterpreted as a reason to use tobacco or nicotine products.

- **Regardless of any association with COVID-19:**

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



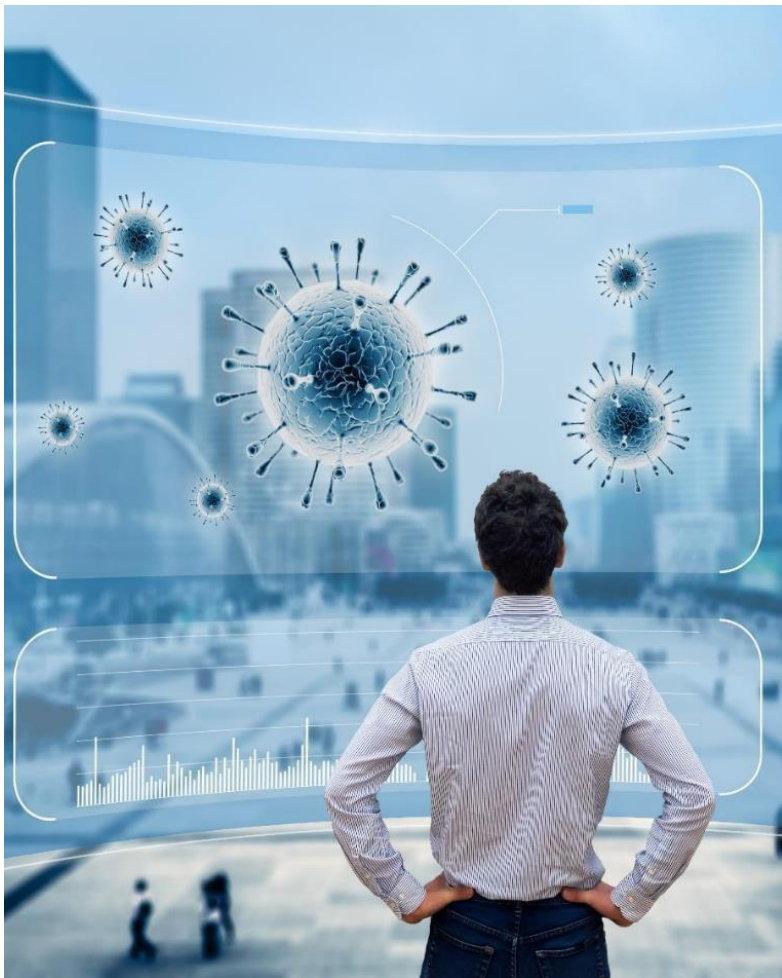
# COVID-19 Related Smoking Risks in Public Health Messaging



- Smoking messages with traditional or COVID-19 harms had higher perceived effectiveness for discouraging smoking than control messages but including both had no benefit beyond either alone.
- Findings offer preliminary support for using COVID-19-related smoking risks in public health communication efforts.
- Three different COVID-19 harms (infection, hospitalization, and death) all had similar impact to traditional harms, indicating that public health entities have many viable options for messaging.

## Key Takeaways

- Smoking harms nearly every organ of the human body and has been shown to compromise the immune system.
- Cigarette smoking increases disease severity among patients with COVID-19. Relationship with SARS-CoV-2 infection is uncertain.
- Evidence is uncertain whether e-cigarette use is associated with risk of SARS-CoV-2 infection or severity of COVID-19.
- Evidence is uncertain whether secondhand smoke/aerosol exposure is associated with risk of SARS-CoV-2 infection or severity of COVID-19.
- We know what works. But it is critical that tobacco control research, policy, and practice is modernized to keep pace with the changing tobacco product landscape and urgent public health threats such as COVID-19.





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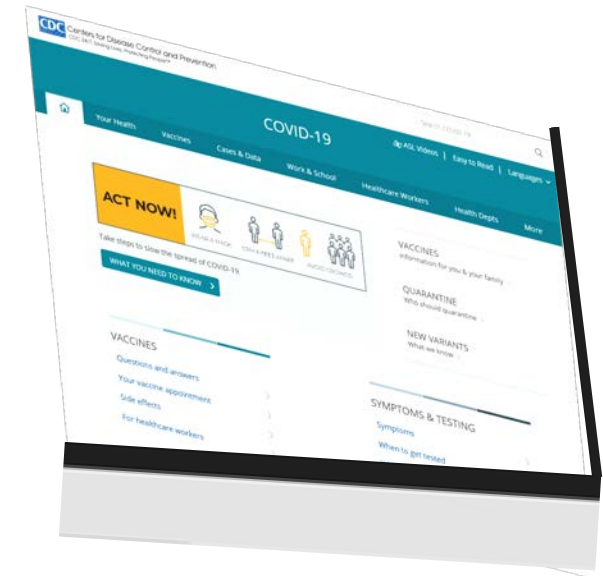


CDC FEMA

## Coronavirus (COVID-19)

How to prepare and protect yourself | What to do if you think you are sick

**UPDATE** The FDA has now approved safe, effective Coronavirus vaccines for emergency use authorization in the United States. [Learn More >](#)



### HOW TO QUIT SMOKING

[www.cdc.gov/quit](http://www.cdc.gov/quit)

### FEDERAL RESOURCES

<https://www.coronavirus.gov/>

### CDC RESOURCES

<https://www.cdc.gov/COVID19>



# Q&A

- Submit questions via the **'Ask a Question' box**



# CME/CEU Statements

## **Accreditations:**

The University of California, San Francisco (UCSF) School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

UCSF designates this live activity for a maximum of *1.0 AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the webinar activity.

**Advance Practice Registered Nurses and Registered Nurses:** For the purpose of recertification, the American Nurses Credentialing Center accepts *AMA PRA Category 1 Credit™* issued by organizations accredited by the ACCME.

**Physician Assistants:** The National Commission on Certification of Physician Assistants (NCCPA) states that the *AMA PRA Category 1 Credit™* are acceptable for continuing medical education requirements for recertification.

**California Pharmacists:** The California Board of Pharmacy accepts as continuing professional education those courses that meet the standard of relevance to pharmacy practice and have been approved for *AMA PRA category 1 Credit™*. If you are a pharmacist in another state, you should check with your state board for approval of this credit.

**California Psychologists:** The California Board of Psychology recognizes and accepts for continuing education credit courses that are provided by entities approved by the Accreditation Council for Continuing Medical Education (ACCME). *AMA PRA Category 1 Credit™* is acceptable to meeting the CE requirements for the California Board of Psychology. Providers in other states should check with their state boards for acceptance of CME credit.

**California Behavioral Science Professionals:** University of California, San Francisco School of Medicine (UCSF) is approved by the California Association of Marriage and Family Therapists to sponsor continuing education for behavioral health providers. UCSF maintains responsibility for this program/course and its content.

Course meets the qualifications for 1.0 hour of continuing education credit for **LMFTs, LCSWs, LPCCs, and/or LEPs** as required by the California Board of Behavioral Sciences. Provider # 64239.

**Respiratory Therapists:** This program has been approved for a maximum of 1.0 contact hour Continuing Respiratory Care Education (CRCE) credit by the American Association for Respiratory Care, 9425 N. MacArthur Blvd. Suite 100 Irving TX 75063, Course # 184625000.

**California Addiction Counselors:** The UCSF Office of Continuing Medical Education is accredited by the **California Consortium of Addiction Professional and Programs (CCAPP)** to provide continuing education credit for California Addiction Counselors. UCSF designates this live, virtual activity, for a maximum of 1.0 CCAPP credit. Addiction counselors should claim only the credit commensurate with the extent of their participation in the activity. Provider number: 7-20-322-0722.



- **Free CME/CEUs** will be available for all eligible California providers, who joined this live activity thanks to the support of the California Tobacco Control Program (CTCP)
- For our California residents, SCLC offers regional trainings, online education opportunities, and technical assistance for behavioral health agencies, providers, and the clients they serve throughout the state of California.
- For technical assistance please contact (877) 509-3786 or [Jessica.Safier@ucsf.edu](mailto:Jessica.Safier@ucsf.edu).
- Visit [CABHWI.ucsf.edu](http://CABHWI.ucsf.edu) for more information

# Post Webinar Information

- You will receive the following in our post webinar email:
  - Webinar recording
  - PDF of the presentation slides
  - Instructions on how to claim FREE CME/CEUs
  - Information on certificates of attendance
  - Other resources as needed
- All of this information will be posted to our website!

# Save the Date!

SCLC's next live webinar, “**Unboxing IQOS: History, risk perceptions, and clinical implications**”, with, Pam Ling, MD, MPH and Minji Kim, PhD, at the University of California at San Francisco

- **Wednesday, February 10, 2021, 1-2 pm EST**
- Registration is open now on our website!





# Contact us for technical assistance

- Visit us online at [smokingcessationleadership.ucsf.edu](https://smokingcessationleadership.ucsf.edu)
- Call us toll-free at [877-509-3786](tel:877-509-3786)

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