COVID-19 pandemic: Time to focus on quitting tobacco use in Nepal and globally

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Dear Editor,

COVID-19 was first reported 8 December 2019 in Wuhan, China, and is now a global pandemic[1]. Over the past months, a number of studies have been conducted to ascertain the association between the use of tobacco products, secondhand smoke exposure and the possibility of infection with COVID-19 and extent of complications and prognosis of the disease. Almost all these studies demonstrated that smoking is a major risk factor[2-5].

Before discussing the relationship between tobacco use and COVID-19, it is essential to elaborate some basic scientific facts about both. The virus that causes COVID-19 enters into the cells of our body potentially through the angiotensin receptor II[6]. The more active and numerous these receptors are, the more easily the virus invades. Researchers report that smoking also stimulates the same angiotensin receptor II and even increases the number of receptors in our body[6]. Notably, some of the earlier studies found that the rate of infection of SARS and MERS was high among tobacco users. This fact proves that tobacco use is one of the important risk factors for COVID-19. Smoking causes a variety of diseases, weakens the body's immune system and increases the rate of transmission of respiratory diseases[7]. According to a recent study, the advancement of COVID-19 was more likely to occur in smokers, and the incidence of pneumonia in coronavirus patients was found to be more than 14 times higher in smokers than in non-smokers[8]. Furthermore, among the admitted patients, 12.3% who were kept in a ventilator, or died, were current smokers, while only 4.7% of the non-smokers needed ventilators or died[8].

The FDA had noted that smokers may have worse outcomes from COVID-19[7]. Similarly, the World Health Organization (WHO) reported that tobacco users are at greater risk of contracting the disease, and this is further amplified because of frequent touching of lips while smoking or consuming smokeless tobacco products such as khaini and jardapaan[5]. The Union has also noted that the use of tobacco increases the risk of COVID-19 infection, and informed people and countries that this period is a good time to quit tobacco, and that governments should take action to discourage tobacco use[9].

In Nepal and India, it is a custom and tradition to consume cigarettes and khaini sharing with friends. At least 2 or 3 people take together some form of smokeless tobacco prepared by a single person. Likewise, in the countryside, tobacco is offered to guests or friends as a gift of hospitality. The practice of sharing is likely to increase the chances of COVID-19 being transmitted between smokers.

In light of the current epidemic, the Nepalese government should immediately commence a special program for tobacco users to assist them in cessation efforts. Additionally, it is important to study the rate of infection and the rate of recovery of patients with tobacco use. Moreover, as the production and sale of cigarettes do not fall within the scope of essential services, the supply of tobacco products to the least developed and developing countries such as Nepal should be stopped – a potential endgame strategy. This action would compensate low-income countries like Nepal, which are already financially vulnerable from COVID-19.

To make the most of this difficult situation, we can create a conducive environment for people to quit tobacco use, and so contribute to the world community's need to end the tobacco epidemic, which kills more than 8 million people globally every year.

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