SFP Coalition statement on COVID-19 and tobacco control

Key points:

1. Evidence suggests that tobacco use leads to worse symptoms, prognosis, and complications for patients suffering from COVID-19 (the disease caused by novel coronavirus). The precise mechanism behind this increased risk is still being investigated. Smoking is a risk factor for both hypertension and diabetes and these two conditions increase the risk of severe complications for COVID-19 patients[i] [ii]. This would mean smoking is an indirect risk factor for severe COVID-19. Smoking is probably also a direct risk factor for severe COVID-19[iii].
2. Governments should continue to implement tobacco control measures in order to reduce tobacco uptake and should immediately enhance their support for quitting.
3. Policy - makers' interactions with the tobacco industry should be governed by the Article 5.3[iv] of the World Health Organisation Framework Convention on Tobacco Control (WHO FCTC).

The Smoke Free Partnership (SFP) and its Coalition partners endorse the following statements:

1. **Tobacco use has been linked to higher risks of severe complications and death from COVID-19.**

Initial epidemiological data from the COVID-19 pandemic in China suggests that smokers are more likely than non-smokers to develop further severe complications[v]. Studies show that smoking is damaging both to lung health (crucially important in the case of COVID-19) and also to the overall immune system response to infections[vi]. So far, the biggest COVID-19 study, focusing on a sample of 1099 patients, has demonstrated that smokers are more likely to endure severe symptoms, require ICU admission (Intensive Care Unit) and mechanical ventilation, and have a higher risk to die from the disease, as compared to non-smoking patients[vii]. While data is being further analysed, and recognising that other underlying conditions – often also caused by smoking – may play a role, the risk cannot be ignored.

2. **To save lives, governments must highlight the risks of tobacco use in the current pandemic and continue to strengthen tobacco control at EU and national levels.**

Tobacco is a very dangerous product which kills 8 million people every year[viii]. Tobacco use is the single largest preventable cause of illness and death through cancer, heart disease, respiratory disease, and diabetes[ix]. It is also important to note that smokers often develop more severe symptoms regarding infectious diseases, such as influenza[x]. Tobacco use causes 1 in 9 deaths worldwide[xi], and 6% of all life-

years lost to all causes. Europe is the WHO region with the highest prevalence of adult tobacco smoking, 28%[xii], as well as one of the highest death rates resulting from tobacco use, about 16% of all deaths in adults over 30[xiii]. In the case of the EU, tobacco consumption results in 700 000 deaths per year[xiv].

As smokers are likely to have an increased risk to develop severe COVID-19 complications, governments must maintain and strengthen robust tobacco control regulations. This can contribute to immediate crisis mitigation measures as well as to long-term health systems sustainability. The COVID-19 outbreak is a challenge for the Intensive Care (IC) capacity of health systems. Most countries invest in "flattening the curve" by social distancing and testing and start "an increase of the IC capacity". However, another important contribution that prevents a collapse of the hospitals, is "reducing the demand", therefore lowering the baseline - in this case tobacco control measures have a crucial role to play through immediate quitting campaigns but also in improving prevention and the overall public health in case of any future pandemic outbreaks.

Governments must therefore ensure that tobacco users have access to independent, evidence-based information, cessation advice and services. Stopping tobacco use helps improve lung, heart and many other health conditions, and remains the single most effective measure people can take to improve their and their family's health both now and in the future.

3. **Tobacco industry actors have been announcing various types of corporate social responsibility actions, which should be seen in light of Article 5.3 to the FCTC : *"in setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law".***

It is important to emphasise that any contribution to the health systems' ability to cope with the COVID-19 pandemic is welcome. However, the tobacco industry has a track record of denying the public health harm caused by its products, and is consistently blocking measures to reduce the tobacco epidemic.

Governments should take steps to prevent the tobacco industry profiteering from its corporate and social responsibility (CSR) type of actions through increased access to health policy-making or reputational laundering. This is especially relevant in light of Article 5.3 FCTC and of Article 13 FCTC, which calls for complete bans on advertising, promotion and sponsorship of tobacco products.

Next steps

In the aftermath of the COVID-19 pandemic, governments will have to undergo a long-due reflection about sustainability and resilience of health systems. Those discussions must include primary prevention measures – crucial for communicable and non-communicable diseases – to help pre-empt and prepare for future challenges to public health. SFP and its Coalition partners should be part of those discussions - especially in light of the damage and harm tobacco use has been inflicting onto health systems before and during this pandemic.

Links:

For more information and resources see the SFP COVID-19 info page:
https://smokefreepartnership.eu/our-policy-work/facts/covid-19-and-tobacco-control

LIST OF ENDORSING ORGANISATIONS (as of 13 May 2020):

Belgium: Alliance pour une société sans tabac

Belgium: Fondation contre le Cancer

Belgium: Kom op tegen Kanker

Bosnia and Herzegovina: PROI Progressive Reinforcement of Organizations and Individuals

Bulgaria: Smoke Free Life Coalition Bulgaria

EU : European Medical Students' Association (EMSA)

EU/Belgium: Association of European Cancer Leagues (ECL)

EU/Belgium: European Heart Network (EHN)

EU/Belgium: Standing Committee of European Doctors (CPME)

Finland: Action on Smoking and Health (ASH) Finland

France : Comité national contre le tabagisme (CNCT)

Germany : German Smokefree Alliance (ABNR)

Germany: Unfairtobacco / BLUE 21

Ireland: Action on Smoking and Health (ASH) Ireland

Ireland: Irish Cancer Society

Israel: Smoke Free Israel

Lithuania : Lithuanian Tobacco and Alcohol Control Coalition (NTAKK)

North Macedonia: Institute of Public Health of Republic of North Macedonia

Norway: Norwegian Cancer Society

Portugal: Centro de Apoio, Tratamento e Recuperação, IPSS

Serbia: Association Health Mission

Slovenia: Slovenian Coalition for Public Health, Environment and Tobacco Control

Spain: Comité Nacional para la Prevención del Tabaquismo

Sweden: Tobaksfakta – Independent Think-Tank

The Netherlands: Dutch Cancer Society

The Netherlands: Health Funds for a Smokefree Netherlands

UK: Cancer Research UK (CRUK)

UK: FRESH

Ukraine: Advocacy Center 'Life'

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[i] Wei-jie Guan, Zheng-yi Ni, *Clinical Characteristics of Coronavirus Disease 2019 in China*, The New England Journal of Medicine, https://www.nejm.org/doi/full/10.1056/NEJMoa2002032

[ii] Simons D. and Brown J., *Smoking and COVID-19: Rapid evidence review for the Royal College of Physicians, London* (UK), https://www.qeios.com/read/article/555

[iii] Simons D. and Brown J., *Smoking and COVID-19: Rapid evidence review for the Royal College of Physicians,* Ibid.

[iv] WHO FCTC Art.5.3: '*In setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law.*'

[v] Liu Wei, Tao Zhao-Wu, *Analysis of factors associated with disease outcomes in hospitalized patients with 2019 novel coronavirus disease*, Chinese Medical Journal https://journals.lww.com/cmj/Abstract/publishahead/Analysis_of_factors_associated_with_disease.99363.aspx

[vi] Vardavas, C. I., & Nikitara, K. (2020). *COVID-19 and smoking: A systematic review of the evidence*. Tobacco induced diseases, 18, 20. https://doi.org/10.18332/tid/119324

[vii] Ibid. , *according to the text, smokers were 1.4 times more likely to endure severe symptoms, and 2.4 times more likely to face ICU, mechanical ventilation or death, compared to non-smoking patients*

[viii] World Health Organisation, Tobacco Facts webpage, https://www.who.int/news-room/fact-sheets/detail/tobacco

[ix] World Health Organisation, Tobacco, https://www.who.int/nmh/publications/fact_sheet_tobacco_en.pdf

[x] Vardavas, C. I., & Nikitara, K. (2020). *COVID-19 and smoking: A systematic review of the evidence*. Tobacco induced diseases, 18, 20. https://doi.org/10.18332/tid/119324

[xi] Smoking prevalence and attributable disease burden in 195 countries and territories, 1990–2015: a systematic analysis from the Global Burden of Disease Study 2015. Lancet. http://dx.doi.org/10.1016/S0140-6736(17)30819-X

[xii] WHO EURO, Tobacco – data and statistics, http://www.euro.who.int/en/health-topics/disease-prevention/tobacco/data-and-statistics

[xiii] Ibid.

[xiv] European Parliament, *700,000 deaths a year: tackling smoking in the EU*, https://www.europarl.europa.eu/news/en/headlines/society/20160518STO27901/700-000-deaths-a-year-tackling-smoking-in-the-eu