



Tobacco Cessation During The COVID-19 Pandemic: Is This the Right Time?

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The COVID 19 pandemic came as a blow to the humanity, human life and existing concepts of medical and social sciences. Various fields of medicine got a new purpose, especially public health. The pandemic has made us understand so many perspectives about physical, mental and social/public health. All health professionals working currently to fight this are in broad perspectives public health workers!

The novel Coronavirus (2019-nCoV, officially known as SARS-CoV-2 or COVID-19) was first reported in December 2019, as a cluster of acute respiratory illness in Wuhan, Hubei Province, China, from where it spread rapidly to over 198 countries. It was declared as a global pandemic by World Health Organization (WHO) on 12th March 2020.^{1,2} The studies of its various effects on different organs, mechanism of action, new strains, virulence, long term side effects will continue to be a research subject for years to come.

The interesting aspects of an already existing menace- tobacco and the use of its effects on COVID 19's initiation, progression and prognosis are worth researching as well. India is the third largest tobacco producing nation and second largest consumer of tobacco world-wide.³ According to World Health Organization (WHO), six million deaths are attributable to tobacco use globally, of which nearly 1.2 million occur in South-East Asia.⁴ Global Adult Tobacco Survey-2 revealed that 266.8 million adults in India, aged 15 and above currently use tobacco in some form. There are an estimated 99.5 million people who smoke tobacco and 199.4 million who use smokeless tobacco.³

According to the World Health Organization (WHO), current evidence suggests that the severity of COVID-19 disease is higher among smokers. Smoking (in any form) impairs lung function, making it more difficult for the body to fight off respiratory

disease due to the new coronavirus. Tobacco users have a higher risk of being infected with the virus through the mouth while smoking cigarettes or using other tobacco products. If smokers contract the COVID-19 virus, they face a greater risk of getting a severe infection as their lung health is already compromised.⁵ Using smokeless tobacco often involves some hand to mouth contact. Another risk associated with using smokeless tobacco products, like chewing tobacco, is that the virus can be spread when the user spits out the excess saliva produced during the chewing process.⁶ Thus tobacco in any form, either smoking or smokeless poses greater danger to COVID-19 patients and also susceptibility of transmitting it to other.

According to the GATS, 2nd round- Interestingly 8.6% of the 38.5% smokers and 7.3% of the 33.2% users of smokeless tobacco who tried to quit sought help through counselling/advice that includes cessation clinic and a telephone Quitline/help line.³ These facts bring to light the need for strengthened and robust healthcare delivery system for tobacco cessation counselling and treatment that can cater to such a large number of patients.

However, apart from the dwindling doctor patient ratio in India⁷, literature review also suggests that lack of time, knowledge, training, confidence, fear of losing patients during treatment and inadequate availability of health education materials are some factors that deter health professionals from delivering tobacco cessation counselling.⁹⁻¹²

During such grave times where mobile and wireless technology has acted like a saviour. For health based problems; where counselling is required and a constant follow-up with patients is required; technology can be both an enabler as well as a solution to achieve such major health objectives. Efficient use of technology can change the face of health care delivery systems with rapid expansion and



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growth in coverage of mobile cellular networks and mobile phone users.¹³

m-Cessation which has been proposed since a long time by the National Tobacco Control Program, WHO and many international organizations working in the space of tobacco control could now be used as a solution in its totality. For all doctors, dentists, nurses, health workers, social workers and other allied health professionals, it's a time for change, time to be innovative and be open to a complete change and transformation of health care delivery systems at large.

REFERENCES

1. Eurosurveillance Editorial T. Note from the editors: World Health Organization declares novel coronavirus (2019-nCoV) sixth public health emergency of international concern. Euro surveillance : bulletin Europeen sur les maladies transmissibles = European communicable disease bulletin. 2020;25(5). Epub 2020/02/06.
2. World Health Organization. WHO announces COVID-19 outbreak a pandemic. (Online Article). Available from: <http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid19/news/news/2020/3/who-announces-covid-19-outbreak-a-pandemic> [Last accessed 12th March 2020].
3. Global Adult Tobacco Survey: Second Round India 2016-17. (Online Article). Available from: http://cancerindia.org.in/wp-content/uploads/2018/09/GATS_2_India-Report.pdf. [Last Accessed on 15th August, 2020]
4. Sinha DN, Palipudi KM, Gupta PC, Singhal S, Ramasundarhettige C, Jha P, et al. Smokeless tobacco use: A meta-analysis of risk and attributable mortality estimates for India. Indian J Cancer. 2014;51(S1):73-7.
5. WHO Europe. Resources for tobacco use control as part of COVID-19 response. (Online Article). Available from: <https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/technical-guidance/resources-for-tobacco-use-control-as-part-of-covid-19-response> [Last Accessed on 15th August, 2020]
6. WHO. Q&A: Tobacco and COVID-19. (Online Article). Available from: <https://www.who.int/news-room/q-a-detail/q-a-on-tobacco-and-covid-19> [Last Accessed on 15th August, 2020]
7. Deo MG. Doctor population ratio for India - the reality. Indian J Med Res. 2013;137(4):632-5.
8. Saito A, Nishina M, Murai K, et al. Health professional's perceptions of and potential barriers to smoking cessation care: a survey study at a dental school hospital in Japan. BMC Res Notes 3, 329 (2010). <https://doi.org/10.1186/1756-0500-3-329>
9. Pendharkar B, Levy SM, McQuistan MR, Qian F, Squier CA, Slach NA, et al. Fourth-Year Dental Students' Perceived Barriers to Providing Tobacco Intervention Services. J Dent Educ 2010;74(10):1074-85
10. Joshi V, Suchin V, Lim J. Smoking Cessation: Barriers, Motivators and the Role of Physicians — A Survey of Physicians and Patients. Proceedings of Singapore Healthcare. 2010; 19 (2):145-53.
11. Bhat N, Jyothirmai-Reddy J, Gohil M, Khatri M, Ladha M, Sharma M. Attitudes, Practices and Perceived Barriers in Smoking Cessation among Dentists of Udaipur City, Rajasthan, India. Addict Health. 2014; 6(1-2): 73-80.
12. Li KW, Chao D. Current practices, attitudes, and perceived barriers for treating smokers by Hong Kong dentists. Hong Kong Med J. 2014;20(2): 94-101
13. mHealth New horizons for health through mobile technologies- Global Observatory for eHealth series - Volume 3. (Online Article). Available from: https://www.who.int/goe/publications/goe_mhealth_web.pdf. [Last Accessed on 10th September, 2020]

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