Coronavirus (COVID-19) and tobacco use

TOBACCO USE IN EUROPE

Around 186 million adults in the WHO European Region use tobacco. About 14 in every 100 boys and 12 in every 100 girls aged 13–15 in Europe use tobacco.

186 million adults
♂️ 119 million males
♀️ 67 million females

Using tobacco may increase your risk of getting the coronavirus

Putting a tobacco product to your lips means your fingers come close to your face, which can spread the virus to your mouth, nose or eyes.

Tobacco use is often a social activity, so if you use tobacco with other people, you risk infecting each other with the virus.

Waterpipe users often share the same pipe – the virus can then be more easily spread from person to person.

The effect of the coronavirus can be worse for people who use tobacco

- Tobacco use leads to disease and disability and harms nearly every organ of the body, including the lungs.
- The coronavirus attacks the lungs – if your lungs are already damaged by tobacco use, the effects probably will be worse.
- Tobacco affects your immune system, meaning you’re less able to fight off infections.

Inhaling fumes from other people’s tobacco use – second-hand smoke – puts you at risk of getting respiratory infections

Second-hand smoke is still a big problem in Europe, with people – especially children – inhaling other people’s smoke in cars, homes and other public places.

Quit tobacco use

There are many reasons for this – coronavirus is one

- Quitting helps your lungs and heart to work better from the moment you stop.
- Quitting can help you to respond to the virus with milder symptoms and recover quicker.
- Quitting helps you protect loved ones, especially children, from exposure to second-hand smoke.
- Quitting is easier to plan and achieve if you use evidence-based guidance, such as WHO’s “A guide for tobacco users to quit.”
Some characteristics of tobacco use contravene sound advice on how to prevent COVID-19.

Tobacco use requires increased contact of the fingers (and possibly contaminated cigarettes) with the mouth, which makes avoiding touching hands to face difficult.

Tobacco use is often a social activity, which diminishes the chances of safe physical distancing.

Waterpipes have a communal nature – a single mouthpiece is often shared among people and is not necessarily cleaned properly as it passes between users. This compromises the avoidance of sharing and proper and frequent disinfecting.

Children’s exposure to second-hand smoke in the WHO European Region – in homes, cars and public places – remains high.

Eight countries are leading a regional trend towards protecting children’s rights to smoke-free air in private cars and outdoor playgrounds.

Twenty-five per cent of countries in the Region prohibit smoking in all public places.

People with poor lung function (as a result of tobacco use or anything else) may be at higher risk of complications from COVID-19.

The coronavirus attacks the lungs, so it could pose an especially serious threat to those who use tobacco.

People who use tobacco generally face higher risks of respiratory tract infections, such as lung and chest infections.

Tobacco use compromises the immune system, making it more challenging to fight infection.

Nearly 27% of the population in the WHO European Region use tobacco.

More than 35% of men in the Region are tobacco users.
**WHAT ACTIONS CAN BE TAKEN?**

<table>
<thead>
<tr>
<th>QUIT TOBACCO USE</th>
<th>REDUCE EXPOSURE TO SECOND-HAND SMOKE</th>
<th>OFFER QUIT-TOBACCO SERVICES</th>
<th>SPREAD THE WORD</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are many reasons to quit – COVID-19 is one of them.</td>
<td>Protect everyone</td>
<td>Double chances</td>
<td>Information is key to saving lives</td>
</tr>
<tr>
<td>• It is always a good idea to support people to quit tobacco use, but it may be especially important at this time to reduce the harm caused by COVID-19.</td>
<td>• People should be encouraged to protect those closest to them by keeping homes and cars free from tobacco smoke.</td>
<td>• The chances of quitting can more than double with the right support.</td>
<td>• The public should be informed about the potential higher vulnerability to infection and complications with COVID-19 that tobacco users and those around them face.</td>
</tr>
<tr>
<td>• Quitting tobacco has an immediate positive impact on the function of the lungs and cardiovascular system.</td>
<td>• Tobacco use in all public places should be completely banned, with proper enforcement. Waterpipes should be included in the ban.</td>
<td></td>
<td>• It is important to collect data on tobacco-use status on all identified cases of COVID-19.</td>
</tr>
<tr>
<td>• Quitting may help patients with COVID-19 to experience milder symptoms and have faster recovery times.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Include high-quality smoking-cessation advice in public health messages aimed at curbing the spread of the coronavirus**

- Existing distance cessation services, including quitlines, text message programmes and dedicated websites with tips and information about quitting, can be promoted to augment general advice on avoiding spread of the coronavirus.

**At all times, protect tobacco-control measures from the commercial and vested interests of the tobacco industry**

- Tobacco-industry activities should be monitored closely and reported to ensure transparency and act as a deterrent to breaches of existing laws and regulations.
- Donations and sponsorship from the tobacco industry should not be accepted at any time, including during the coronavirus pandemic. Any kind of partnership with the industry can erode governments’ credibility in upholding public health and delivering anti-tobacco messages.

**Advise the public to follow the recommended basic measures to help prevent the spread of coronavirus and safeguard people’s physical and mental health**

- Help people to stay informed, and stay safe. For more information and guidance, visit WHO Regional Office for Europe’s website.