"YES it's the Perfect Time to Quit": Fueling Tobacco Cessation in India during COVID-19 Pandemic

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ABSTRACT: Entire world is battling the Novel Coronavirus Disease (COVID-19) pandemic. India too, has undertaken stringent containment measures to combat this disease. The country is in a state of national lockdown, which has inadvertently led more than a quarter of the Indian population to not use tobacco. This paper discusses the opportunity that surfaces with unavailability of tobacco products, and advocates the need for escalation of tobacco cessation services as well as strategic management of stress to stay tobacco-free.

KEYWORDS: Tobacco cessation, smoking, smokeless tobacco, pandemic

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The COVID-19 pandemic

The Novel Coronavirus Disease (COVID-19) has undoubtedly created a state of global public health emergency impacting more than 200 countries. As on 23rd August 2020, COVID-19 has infected more than 23 million people, resulting in over 800 000 deaths worldwide,[1] overwhelming the healthcare systems across the world. This pandemic has forced the governments to prioritize public health over economies and has pushed the world into lockdown in order to contain the spread of the disease.

COVID-19 predominantly attacks the respiratory system leading to its destruction by viral cellular entry, replication and ultimately virion shedding.[2,3] Tobacco use is a known factor to cause immunosuppression (affecting the adaptive and innate immune cells), making its users susceptible to respiratory, cardiovascular, cancer and autoimmune comorbidities.[4] Additionally, tobacco use (primarily smoking) augments the angiotensin-converting enzyme-2 (ACE-2) receptor activity, which is a potential adhesion site for COVID-19.[5] In simple words, tobacco is known to weaken the immune system and acts as a cofactor for COVID-19 adhesion. Almost all studies on COVID-19 have shown that cohorts with such comorbidities experience the highest mortality, thus recognizing tobacco use as an established risk factor for COVID-19.[6-8] The habit of "spitting" after chewing smokeless tobacco (SLT) can further facilitate exposure of COVID-19 within or even between communities.[9] In addition to this, COVID-19 infection can be further triggered by other modes of nicotine addiction. Hookah/water pipe[10] and e-cigarettes[11] are ideal for transmission, and may exacerbate the risk for severe COVID-19 through shared use.

COVID-19 in India

India currently has more than 700 000 active cases and has suffered >56 000 deaths (as on 23rd August 2020).[12] The infection rate in India, unfortunately, has been gradually rising in recent times, which has placed India among one of the worst affected countries in the world.[13] To curb its spread, the Government of India enforced a nationwide lockdown on 24th March for an initial period of 21 days, which was further extended till 31st May,[14] followed by a nation-wide progressive unlocking protocol (phased re-opening of activities).[15]

Prohibiting tobacco sales during national lockdown

The National Directives for COVID-19 Management (under the Disaster Management Act, 2005) imposed a complete ban on sale of alcohol and all forms of tobacco during lockdown as a preventive measure.[16] This had inadvertently led more than 267 million individuals to not use tobacco (28.6% of the country's population).[17] The directive also declared a nationwide ban on spitting in public places as a punishable offense, which was adopted by more than 20 States and Union territories through a state-level ban. Indian Council of Medical Research had also supported this effort through a public appeal.[18]

This halt in the availability of tobacco presented an excellent opportunity by putting most of the users in a "cold-turkey" position. The country's Global Adult Tobacco Survey, 2016 (GATS-2) has reported that nearly 55% smokers and 50% SLT users are planning or thinking to quit.[17] Since users were compelled to live without tobacco for over 40 days (forced abstinence), and were isolated from social circles where tobacco use is common, those who were keen would find it easier to quit. Further, it is hoped that the pandemic would lower the

likelihood of tobacco initiation among adolescents and young adults to some extent.

COVID-19: A tobacco-free opportunity

The current pandemic has rather provided an ideal "teachable moment" to promote tobacco cessation. This is a perfect opportunity to make people aware of the harmful effects of tobacco use, as the users are concerned about their health and may likely to be receptive to "stop tobacco" advice. Thus the changed social circumstances are providing a readymade opportunity to facilitate a quit attempt. Positively, few studies have reported a stimulated interest in reducing or quitting tobacco during this pandemic.[19,20] This is further reinforced on by hearing that being smoke and tobacco-free are as important as washing your hands for your health and the health of your family and our community.

This awareness is likely to be enhanced through mass media, as people at home now have access only to televisions, internet and newspapers. Television is strategically placed to capitalize on this opportunity. Tobacco users who are going through deprivation might get motivated by anecdotes such as "I have successfully quit because I did not want to be helpless and on the mercy of this product" "I quit last week. I am prone to bronchitis and am very scared of getting very sick because of Coronavirus. So I quit out of fear. My fear motivated me". To this, a physician's advice can be credibly added which not only motivates them to quit but also increases their quitting confidence.[21]

It is hoped that a significant number of tobacco users would make quit attempts and stay tobacco-free without relapse post lockdown in the country. However, we should not forget that these people would need a boost to their ego without which sustainability might be questionable.[20] The level of addiction of tobacco users in the country is also a matter of concern. A majority (58.5%) of daily tobacco users make their first use of tobacco within 30 minutes of waking up in the morning. Also, nearly 80% of "current smokers" smoke daily, and only 20% smoke occasionally.[17] Because of the present situation, moderate-to-high addictive users are therefore are likely to struggle with the uncertainty, isolation, and anxiety that has come with COVID-19, and due to the stress they might smoke/chew more tobacco or look for alternative addictions, as evidenced in other studies.[22,23]

We also know that stress can lead to irritability, anxiety, and mood swings. This calls for suggesting plenty of sleep, and being active every day doing something they enjoy. Social distancing, eating well and staying hydrated are the norms. These actions will also make withdrawal short-lived and not so painful. Realizing the stressful state of tobacco users, the Ministry of Health and Family Welfare (MoHFW), Government of India, has put its maximum effort on quitting tobacco and stress management via central and state helpline numbers,[24] disseminating COVID-19 awareness materials as well as publishing Hindi (national language) + English audio-visuals.[12]

On the other hand, stress may propel the tobacco user to look for black marketing, wherein individuals would search for places where tobacco can be available "under the blanket". Since the lockdown directions include complete suspension of production and distribution,[16] retail shops in possession of stock from before lockdown are now looking for illegal ways to sell their product. In fact, media has quoted that several retailers are now selling tobacco products at a premium price, which is way over their sticker rate, citing limited supply.[25,26] It compromises the existing household budget of a tobacco user to a significant extent during the frail economy. An increased control and scrutiny of the movement of goods and regulation of these illicit markets is the need of the hour.

Escalating tobacco cessation during COVID-19 pandemic

The COVID-19 pandemic is the time for India to facilitate massive cessation efforts. Escalating tobacco cessation efforts could be a game-changer to kick the tobacco habit for good from the country. Implementing measures such as designating mental health support and tobacco cessation as 'essential services', strengthening tele-consultations/telemedicine facilities, utilizing tailored internet-based and app-based (Aarogya Setu) interventions,[27] and subsidizing Nicotine Replacement Therapy (NRT) products would support the cessation efforts during lockdown. Also, enhanced cessation efforts would contribute to a potential reduction in non-COVID-19 tobacco-related health conditions, which could prove as an indirect beneficial effect of the societal shutdown.[28]

In addition to this, language-specific, evidence-based tobacco cessation advice should be disseminated via mass media, along with details of National Quitline number (1800-11-2356).[29] A successful implementation of mHealth intervention can further lower the burden of comorbidities in the country.[27] Role models such as Bollywood stars can deliver such messages and motivate users to stay quit. Such interventions have played a significant role in other disease control programs in India such as Tuberculosis and Polio.[30] Further, experts from recognized healthcare institutions can conduct capacity building exercises and online training sessions. As a general population model, such activities would prove beneficial for tobacco cessation. However, it must be realized that effective tobacco cessation would be challenging for vulnerable populations during this pandemic, such as mental health patients, elderly, drug and alcohol addicts owing to no-contact, restricted mobility and lower levels of health literacy.

It is hoped that the newly imposed ban on sale of SLT products and the enhanced anti-spitting drives in the country shall be indefinitely continued, in order to ensure the sustainability of cessation efforts. Also, now is an opportune time to move toward removing tobacco from general retail sales and strategize the implementation of licensed vendor system. The importance of 'Reassurance' must be recognized – the general public

should be assured that this stressful time would end soon and must look for ways to alleviate stress and anxiety.

Call for action

Understandably, these are stressful times, but using tobacco is not a solution. Tobacco use has invariably become an invisible threat in addition to COVID-19. Policymakers and stakeholders should understand the demands of the situation and the opportunities that lie within. Global examples such as in the UK are utilizing this opportunity and providing cessation support to the maximum.[31] The COVID-19 pandemic would just not impact the infection rates and mortality, but also result in consequences of health inequalities as an outcome of policy response undertaken in a country.[32] Enhanced tobacco cessation services would reduce such inequalities, "calming" the level of addiction, supporting mental health needs and reducing the effect of comorbidities. Tobacco cessation is associated with significant health and economic gain for individuals and society at large.[33] It is therefore strongly recommended that India should now step forward and escalate its cessation services, as well as develop comprehensive strategies to implement all aspects of tobacco control. We know that the world will emerge from the COVID-19 pandemic, what required after this is the increased focus toward curbing the tobacco pandemic. It is essential to act quickly, as we may be able to save a lot more lives.

Author contributions

Shekhar Grover, Mira B Aghi and Tanu Anand have conceptualized the idea and framed the manuscript. Vikrant Mohanty and Swati Jain has contributed in review & editing.

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