Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

COVID-19 pandemic: an opportunity for tobacco use cessation

Data from the Global Adult Tobacco Survey from 31 countries between 2008–18 show that more than 176 million smokers attempted to quit in the past 12 months, and most reported little to no assistance when quitting.[1] During the COVID-19 pandemic, researchers have highlighted the association between tobacco smoking and adverse COVID-19 disease outcomes, and the need for smokers to quit.[2] Evidence from the US Surgeon General's report shows that cigarette smoking can suppress the immune system, increase the risk of respiratory infections, increase the risk of respiratory illnesses such as chronic obstructive pulmonary disease and asthma, and cause heart and lung diseases. Cigarette smoking is associated with severe clinical outcomes for people with other types of coronaviruses, including Middle East respiratory syndrome.[3]

There is robust scientific evidence showing that comprehensive smoking cessation interventions are essential to reducing tobacco use.[4] Articles 12 and 14 of the WHO Framework Convention on Tobacco Control call for parties to increase awareness and cessation services for tobacco users. WHO's MPOWER policy package and the 2019 Global Tobacco Control report[5] promote the provision of access to comprehensive cessation interventions to help quit tobacco use as an essential component of tobacco control programmes.

In response to COVID-19 and the role of cigarette smoking in increased severity of illness, some countries have banned tobacco product sales or taken measures to reduce tobacco use, given its potential to increase the likelihood of virus transmission (eg, exhaling respiratory droplets while exhaling tobacco smoke, spitting, sharing of mouth pieces for water pipe use). For example, in India, sales of tobacco products were banned when the country went into lockdown in April, 2020, and the country required people to refrain from consuming smokeless tobacco products in public to prevent the spread of COVID-19.[6] South Africa also banned sales of tobacco products.[7] 17 countries in the WHO-Mediterranean region banned waterpipe use in public places to reduce practices that might lend themselves to potential virus transmission, such as sharing of waterpipe equipment and social proximity.[8] All these actions, although temporary, present an opportunity for reducing the global burden of tobacco use by strengthening tobacco control programmes and policies to protect millions of people worldwide from tobacco use and second-hand smoke.

This is an opportune time to encourage and support quitting tobacco use by offering cessation services. Interventions might include leveraging new technology to reach tobacco users with evidence-based information and resources (eg, apps, mobile phones, Quitlines, social media), providing brief advice to quit in health-care settings, providing telehealth services or apps that allow the end user to opt in for cessation advice, increasing access to free or low-cost pharmacotherapy (eg, cessation medications and nicotine replacement therapies), and offering behavioural counselling. Currently the COVID-19 pandemic presents an unprecedented opportunity to provide evidence-based, comprehensive tobacco cessation services to tobacco users and strengthen tobacco control policies. During this pandemic, it is crucial to assist the world's more than one billion tobacco users, who might also be at increased risk of severe illness from COVID-19, to get the services that can increase the likelihood of successfully quitting tobacco use and accelerate the progress towards a tobacco-free world.

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For more on **WHO's MPOWER policy** see https://www.who.int/tobacco/mpower/offer/en/