

## PRESPECTIVE

## Harnessing the potential of tobacco cessation programme amidst COVID-19 pandemic in India

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### Abstract

The COVID-19 pandemic of the 21st Century continues to spread, and tobacco users are at a higher risk of contracting the disease. As a measure to contain its spread, many nations have called for various measures like maintaining social distancing norms, the prohibition of spitting in the public place, partial or complete lockdown, and many more. This shutdown episode has disrupted the entire supply chain in our country, and it is quite natural that tobacco users are also experiencing a scarcity of tobacco products, like others. This adverse situation is an opportune moment for the Indian health systems to target tobacco users to motivate, facilitate, and support the cessation process. Additionally, social distancing can be achieved by utilizing and optimizing our existing health services. In our country, we have dedicated regional & national quitlines and m-Cessation facilities for tobacco users who are willing to quit. These initiatives could reduce the risk of COVID among tobacco users, facilitate the tobacco cessation movement, and provide credence to the advocacy for increasing taxes on tobacco products in the country.

### Keywords

COVID-19; Cessation; Crisis; India; m-Cessation; Pandemic; Quitline

### Introduction

The COVID-19 continues to spread across the globe transcending borders and cultures. To contain the spread of the virus, 90 nations have announced complete or partial lockdown resulting in the confinement of around a third of the global population.

Tobacco smoking is a documented risk factor for COVID-19 which is primarily a disease of the respiratory tract where virus enters the lung using ACE-2 receptors attacking the already dysfunctional

respiratory epithelium of the smokers' lungs, thus further deteriorating the respiratory reserve.(1) Smokers represent a vulnerable group of the population and can aid in spreading of coronavirus containing droplets through the common sharing of cigarettes or hookah/ shisha (water pipes involving sharing of the mouthpiece at social gatherings), thereby exposing fellow smokers to infection.(2) The Ministry of Home Affairs, Government of India issued guidelines placing a strict ban on the sale of tobacco and spitting tobacco, gutka/gutkha in public

places.(3) Besides the World Health Organization issued brief highlighting the higher vulnerability of tobacco users to COVID-19 and recommended them to quit.(4)

As a preventive and containment measure, the commencement of partial and complete lockdown in a phased manner has resulted in paucity and disrupted manufacturing, supply, delivery chain of essential, non-essential goods and has been highlighted in various media reports as well.(5) An element that needs attention is the availability of tobacco products though they are not essential, but are considered "vital" by hard-core users. Southeast Asia houses the majority of users and India is home to 267 million tobacco users.(6) Many production houses suspended the manufacturing process and cigarette quarterly sales declined as per reports from the manufacturers.(7,8) Since there is limited availability of tobacco products, their prices might shoot affecting the affordability for many users. Certain media house reports have highlighted the mushrooming of the black market of cigarette retailers that sell cigarettes at a 5-10% price premium over their sticker rate referring to limited availability of stock.(9)

Since the tobacco users are at higher risk of contracting the disease and even getting severely affected in the crisis, they need to be placed in the high-risk group. The users with strong nicotine dependence facing the shortage of tobacco products in the market in light of affected supply chain mechanisms shall face withdrawal symptoms (physical and psychological). Therein, they would try to find tobacco by paying more; or enrolling themselves in government cessation schemes; or face the withdrawal symptoms and get over them in a span of few days to weeks (popularly known as cold turkey method, i.e., quitting on your own without assistance). A consumer survey reported that 68% of smokers have reduced their consumption due to hiked prices of cigarettes by the shopkeepers and its unavailability, which is indeed a blessing in disguise. This adverse situation is an opportune moment for the Indian health system to target tobacco users to motivate, facilitate, and support the cessation process. In times of social distancing, this could be achieved and maintained through utilizing and promoting services within the existing health systems through government platforms viz. Tele consultations via m-cessation and quit lines. These could be advertised more, besides increasing their

capacity to counsel more users and support from a distance. Also, incentivizing former users and declaring them as partners of current tobacco users (quit companions) could be a useful strategy. Online support groups could be created in this crisis period which will be useful in the long run for the continued motivation of users. Support for virtual groups could be garnered by the involvement of celebrities and social influencers, for more relatability quotient.

However, there are a few challenges that need to be addressed. Our moot questions are-whether our quitlines functioning well to accommodate big numbers? Do we have sufficient counselors to take this high load of potential quitters? This shortfall could be managed through harnessing the role of dentists, who have closed their facilities considering the current situation. In the past, an army of dentists was trained as tobacco intervention initiative specialists, to provide expert advice to potential quitters. Utilization of pharmaceuticals, civil society organizations, and private providers on different fronts along with involving media by linking COVID with cessation may be helpful. The current crisis is also a fitting time for generating awareness and promotion about the availability of cessation services being offered at tobacco cessation centers (TCC), TB-Tobacco initiative, NCD clinics, and AYUSH centers. This is a highly propitious time to involve different stakeholders in this needed initiative of the government of India and strengthening the 'O' (Offer) component of the WHO MPOWER strategy. We assume that if the right message is conveyed at this time, at the right place to the right person, it will be really helpful for users who are in the contemplation phase. There has also been a concern about tobacco users switching products to another considering variety of smokeless tobacco (SLT) available in the country. The government should also start thinking of banning the countrywide sale of pan masala and SLT because of their potential contribution to the spread of COVID-19 through spitting.

However, a phased approach in banning pan masala and SLT should be adopted as if the supplies are cut in one go (either by banning the sales or its use), without preparing the users for such a decision and without putting in place the needed cessation support services, it might be difficult to justify such decision except purely on moral grounds. Such a decision might further harm users as they are likely to suffer withdrawal, look for riskier ways to cope

with their addiction. There is also a view that the current situation would give more credence to the advocacy for increasing taxes on tobacco products. This crisis can become a window of opportunity for the overburdened Indian health system to reduce tobacco use in the true sense in the longer term, where masses are receptive to the health advice being offered. It also provides an excellent opportunity to educate and support these users to quit and piggyback tobacco cessation program on the current COVID-19 crisis to strategize a larger objective of the tobacco end game. This is an apt opportunity to manage the tobacco epidemic in the times of the pandemic which shall serve to save millions of lives and aid in attainment of Sustainable Development Goals. Although, we can say that this crisis is a blessing in disguise for the policymakers/public health experts but another concern is that due to high revenue generation from the tobacco and alcohol industry, the government opened liquor shops to boost the economy amid the COVID crisis. So, we have competing priorities.

To conclude, the political economy should have a greater influence on the policy process. It would be interesting to observe this piggyback strategy of tobacco cessation in COVID times from a public health viewpoint. As we know that it can affect the economy negatively, due to revenue losses as well as potential job losses; it is high time for us to design and implement an innovative policy on restriction of tobacco products that should take care of India's overall economic, social, and political context and prevent us both from the harmful effects of tobacco and economic slowdown during COVID times.

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