Evidence shows that smokers are more at risk from lung infections including pneumonia and influenza. Smoking also causes serious heart conditions and weakens the immune system. The new coronavirus primarily attacks the respiratory system, and the U.S. Centers for Disease Control and Prevention (CDC) has advised that people with chronic lung diseases, cardiovascular diseases and diabetes may be more likely to become seriously ill if they contract COVID-19.

Tobacco use is a deadly habit responsible for 8 million deaths each year. Harmful to those who smoke and to those around them, smoking is of particular concern during this unprecedented COVID-19 pandemic.

Evidence

The potential risk to smokers is supported by evidence from China, where the first outbreak occurred. Among Chinese patients diagnosed with COVID-19, the odds of progression toward serious illness were 14 times higher among people with a history of smoking compared to those who did not smoke. In addition, men in China with the virus were also found to be more likely to die than women, something that may be related to the fact that far more Chinese men smoke than women—45% of men use tobacco daily, compared to just 2% of women.

It is not only the inhalation of toxic chemicals in cigarettes that put smokers at risk. The World Health Organization (WHO) has advised that the physical hand-to-mouth movements associated with smoking can make smokers more vulnerable to COVID-19. Since people who use e-cigarettes use the same hand-to-mouth motions, the use of e-cigarettes is also considered a risky behavior. E-cigarette use, especially in youth, can increase risk for all respiratory infections, including severe COVID-19 infections. Emerging evidence finds that heightened exposure to nicotine and other chemicals in e-cigarettes can adversely affect lung function and puts people at a higher risk of COVID-19 complications.

Sharing water pipes has also been implicated in outbreaks of respiratory diseases. WHO now recommends a ban on water pipes in public places and some countries in the Eastern Mediterranean region, including Iran, Kuwait, Pakistan, Qatar and Saudi Arabia, have banned their use to avoid COVID-19 transmission.

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For Governments:

Governments can help reduce smoking and encourage quitting by enacting and enforcing effective national comprehensive tobacco control laws that comply with the WHO Framework Convention on Tobacco Control. Governments can also prioritize the six components of WHO MPOWER guidelines:

- Monitor tobacco use and prevention policies
- Protect people from tobacco use
- Offer help to quit tobacco use
- Warn about the dangers of tobacco
- Enforce bans on tobacco advertising, promotion and sponsorship
- Raise taxes on tobacco.

Governments can also:

- Use this moment to caution smokers that they are particularly vulnerable to COVID-19 and likely to experience greater morbidity and mortality from the disease.
- Offer smokers immediate help quitting and promote cessation efforts.
- Close tobacco shops. Unlike grocery stores and pharmacies, tobacco shops do not provide an essential service.

For people who smoke:

Smokers should quit smoking today. Within minutes of stopping smoking, your body begins to reverse the damage. A local quit line, local health department web site, Facebook group and other social media channels offer help.

Smokers should respect smoke-free laws, and not smoke indoors or around family members and loved ones. Secondhand smoke can cause lung and heart disease in adults, as well as asthma and infections in children. Secondhand smoke also raises the risk of sudden infant death syndrome.