



*COVID-19 OMC [Local Medical Associations] Advisory Committee  
positioning report*

**REPORT #5 CA-COVID-19-OMC on TOBACCO AND COVID-19**

The development of the current report involved SESPAS<sup>1</sup>, SEPAR<sup>2</sup>, and CNPT<sup>3</sup>, who share the contents of the report and the proposals.

**Executive summary and key proposals:**

Tobacco severely affects health and causes important mortality and morbidity. Furthermore, smokers and people exposed to tobacco smoke have a greater risk of contracting COVID-19, and a worse prognosis if they get infected.

Tobacco use increases the likelihood of contracting COVID-19, both due to the exhaled smoke, as well as due to its handling, as smoking or “vaping” increases hand-to-mouth contact and face mask contact. Similarly, waterpipes increase the risk due to contact with mouthpieces, proximity, and difficult cleaning.

The decrease in tobacco use protects the smoker, and the decrease in the demographic prevalence relieves some burden of care from the healthcare system: that is why it is fundamental to reduce tobacco use during the COVID-19 pandemic.

Catering and restaurant staff take on new risks with the spread of terraces when people smoke and with the removal and cleaning of ashtrays.

Currently, any healthcare risk is directly linked with a risk to the country’s economy. Here we present a community and social prevention strategy which aims for social good.

**Proposals:**

Protecting our environment is essential, and that is why it is highly recommended not to use tobacco or to vape in open public spaces, even though it is permitted by law.

<sup>1</sup> SESPAS: Spanish acronym for “Spanish Society of Public Health and Health Administration”  
<https://sespas.es/>

<sup>2</sup> SEPAR: Spanish acronym for “Spanish Society of Pneumology and Thoracic Surgery”  
<https://www.separ.es/>

<sup>3</sup> CNPT: Spanish acronym for “National Committee for Tobacco Use Prevention”  
<https://www.cnpt.es/>



The Public Authorities must encourage the necessary changes in order to further the anti-tobacco policies, as part of the momentum to create a new normal that protects us from the pandemic:

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- 1- Increase the **taxation** of all the tobacco products and those containing nicotine to result in a generalized increase in prices.
- 2- Increase the **smoke-free environments** (beaches, pools, private vehicles, sporting venues, open-air terraces, and in general, places where there are minors).
- 3- Establish **generic packaging** that does not save any space for a brand image.
- 4- Do **periodic campaigns** for the population.
- 5- Protect the **youth and adolescents** from the manipulation of the tobacco industry.
- 6- Provide **help to patients who smoke**, providing cognitive behavioral therapy and medicinal treatment to stop smoking.

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*The Local Medical Associations Advisory Committee for COVID-19, is an expert panel from various professions, fields, and specializations that was launched on 21 April 2020, to advise the Spanish General Medical Council regarding several scientific, technical, and organizational issues that the pandemic causes in order to suggest actions and to generate technical reports that justify the public positioning of the Spanish General Medical Council.*

## PRELIMINARY CONSIDERATIONS

### 1- Smoking causes disease and death: greater risk of COVID-19 and worse prognosis.

People who smoke and those exposed to environmental tobacco smoke (passive smokers) suffer from more frequent and more severe respiratory infections because tobacco smoke deteriorates many components of the defense mechanisms in the respiratory tract. For this reason, they have a greater risk, not only of contracting COVID-19, but of having a worse prognosis if they get infected.

During the MERS-CoV (Middle East Respiratory Syndrome Coronavirus) outbreak that occurred in 2012, the use of tobacco was identified as an independent factor for contracting the infection. Now, recent studies suggest that smokers have a greater risk of getting infected with SARS-Cov-2, the cause of COVID-19 and, furthermore, of it causing increased severity<sup>4</sup>. This infection has been demonstrated to be more severe in smokers than in non-smokers<sup>5</sup>.

Moreover, the use of electronic nicotine administration systems (known as electronic cigarettes, e-cigs, or vapers), warm tobacco products, and the “passive” exposure to tobacco smoke expose users to particles and toxic substances that produce interactions with the respiratory defense mechanisms similar to those produced by combustible tobacco.

In view of this situation, it is necessary to express our concern regarding the risk tobacco produces, both in the health of smokers and of the so-called passive smokers, especially severe in a pandemic situation like the one we are undergoing. The following items emphasize the most relevant topics of the relationship of tobacco use with COVID-19.

### 2- Tobacco use facilitates infection.

Tobacco use is not only associated with a worse disease progression (greater need of intensive care, mechanical ventilation, and death) but also with a greater risk of infection.

When exhaling the smoke or the released aerosol from electronic cigarettes, the number of Flügge droplets<sup>6</sup> increase, which allow

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<sup>4</sup> Editorial *Fumar en tiempos del COVID-19. Documento de posición. Comunicado a los profesionales de salud* (Smoking in COVID-19 times. Positioning document. Release for all healthcare professionals), *Prev Tab.* 2020; 22(1): 11-14.  
[https://issuu.com/separ/docs/2020\\_prev\\_tab\\_22-1?fr=sMWUwMTE2NjczNg](https://issuu.com/separ/docs/2020_prev_tab_22-1?fr=sMWUwMTE2NjczNg)

<sup>5</sup> Jiménez Ruiz CA, López Padilla, Alonso, Aleixandre, Solano, de Granda. COVID-19 y tabaquismo: revisión sistemática y metaanálisis de la evidencia (COVID-19 and tobacco use: systematic review and metaanalysis of the evidence). *Arch Bronconeumol* 2020. In press

<sup>6</sup> World Health Organization. Annex C: Respiratory droplets. In: Atkinson J., Chartier Y., Pessoa-Silva C.L., editors. *Natural ventilation for infection control in health-care settings*. WHO; Geneva: 2009

the coronavirus to be transmitted. Consequently, the viral load expelled by an infected smoker when smoking or vaping is higher than that of an infected non-smoking person<sup>7</sup>.

In a recent survey carried out by the Department of Health, the CNPT (Spanish acronym for “National Committee for Tobacco Use Prevention), the Government of Rioja, and the Government of Murcia, 81.52% of the respondents were aware of the higher risk that using tobacco has of worsening the COVID-19 symptoms, disease produced by the coronavirus<sup>8</sup>.

### **3- Smoking or “vaping” increases hand-to-mouth contact.**

The simple act of smoking or “vaping” increases the possibility of transmitting the virus through the mouth as it means the person will repeatedly take the fingers to the mouth. If the cigarettes, electronic devices, or water pipes become contaminated with the virus, they could act as a fomite (inanimate vector) of the virus.

When the fingers touch the face, nose, eyes, or mouth, the person himself is transmitting the virus. Smokers and vapers perform the hand-mouth movement much more frequently than non-smokers. A smoker of 20 daily cigarettes performs the hand-mouth movement approximately 300 times more per day than a non-smoker. This increase in the number of times of that movement leads to an easier virus transmission in the smoker than in a person that does not smoke or vape<sup>9</sup>.

Likewise, they remove their face mask to smoke or vape many more times per day than a non-tobacco user. Consequently, the possibility increases that their fingers touch their mouth and even the inside of the face mask, markedly increasing the risk of infection.

### **4- Stopping smoking protects immediately.**

Stopping tobacco use has an almost immediate positive impact on the pulmonary and cardiovascular function of the smoker.

This improvement, according to the World Health Organization (WHO), can increase the capacity of patients with COVID-19 to respond to the infection and

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<sup>7</sup> WHO Publication/Guidelines. Natural Ventilation for Infection Control in Health-Care Settings. [https://apps.who.int/iris/bitstream/handle/10665/44167/9789241547857\\_eng.pdf;jsessionid=DDA2611BCC93D49B8B7338BE6DAF3C78?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/44167/9789241547857_eng.pdf;jsessionid=DDA2611BCC93D49B8B7338BE6DAF3C78?sequence=1)

<sup>8</sup> Press Release, Department of Health. May 29, 2020. <https://www.mscbs.gob.es/gabinete/notasPrensa.do?id=4943>

<sup>9</sup> Tobacco and waterpipe use increases the risk of suffering from COVID-19. WHO. <http://www.emro.who.int/fr/tfi/know-the-truth/tobacco-and-waterpipe-users-are-at-increased-risk-of-covid-19-infection.html>

reduce the risk of death. Hence, although stopping smoking is always the wisest decision that a smoker can take, it is especially relevant now to prevent a COVID-19 infection and reduce complications. It also has an important component of social responsibility. The quicker recovery and the milder symptoms also reduce the transmission risk of the illness to other people.

There are medicines (two of them financed since January 2020) and public resources to assist and accompany the smokers with this objective. Of particular interest currently are those methods that do not require people to come in person to the closest healthcare professional; for example, help telephone lines (quit lines), apps, video-consultations, and tele-consultations.

#### **5- Less tobacco use is less healthcare burden.**

The decrease of tobacco use prevalence reduces the burden on the healthcare system.

Strong measures regarding taxation and regulation of smoke-free spaces have immediate effects on tobacco use prevalence, which in turn reduces the incidence of respiratory and cardiovascular diseases, facilitating the clinical activity by reducing the demand during the moments (next fall) when the healthcare system can manage the double load successfully that COVID-19 and other diseases that manifest with respiratory symptoms might cause.

#### **6- Waterpipes and vaping: particularly dangerous.**

Waterpipes and the vaping techniques are especially serious.

They are used in terraces and social environments that favor bringing people close to each other, especially young persons, who share pipes without proper hygiene (even though they use disposable mouthpieces). These practices triple the risk of infection, not only by sharing items such as the mouthpiece and tube, but also by repeatedly moving the hand to the mouth and by the inability to keep physical distancing while using them<sup>10</sup>.

Most cafes tend not to clean the waterpipe equipment, including the water jar, after each smoking session because washing and cleaning the pieces require too much work.

#### **7- With the pandemic, there is a need for more protected environments.**

All public and private environments should be 100% free from tobacco smoke.

In the pandemic situation we are living, it is especially important to strictly adhere to what the current legislation says regarding tobacco use in closed public spaces.

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<sup>10</sup> Opus Cit nº 9.

Likewise, it is highly recommended not using tobacco nor vaping in open public spaces, even though it is permitted by law, applying the same caution principle that consists in adopting protective measures when faced with reasonable suspicions (even though there is no scientific evidence yet) that certain products or technologies create a severe risk for Public Health. The act of smoking and vaping should also be de-normalized.

Although we do not have scientific evidence regarding coronavirus transmission caused by conventional cigarette smoke or by electronic cigarette emissions—despite there being data that suggests it—we should give a series of recommendations regarding this, following the caution principle already cited, as the exposure of non-smokers to tobacco and vaping in open-air terraces of the catering and restaurant establishments is especially concerning. The replacement of indoor restaurants for open-air terraces (allegedly open spaces) could also increase the infection risk for non-smokers and the hospitality staff. On the one hand, although tobacco use occurs in an open space, it can facilitate the spread of the illness to everyone else.

*Press Release: SEPAR recomienda no fumar en las terrazas al aire libre (SEPAR recommends not smoking on open-air terraces).*

[https://separ.es/sites/default/files/NP\\_SEPAR%20recomienda%20no%20fumar%20en%20terrazas%20y%20espacios%20al%20aire%20libre.pdf](https://separ.es/sites/default/files/NP_SEPAR%20recomienda%20no%20fumar%20en%20terrazas%20y%20espacios%20al%20aire%20libre.pdf)

On the other hand, the ashtrays of the terraces in bars and restaurants can be considered critical places for infection as they accumulate saliva, which can contain a viral load if the smoker is a virus carrier. Therefore, manipulation, cleaning, and storage of these ashtrays can be considered a task of occupational risk for the staff of the hotel sector.

Currently, any healthcare risk is directly linked with a risk to the country's economy. Hence, we are discussing a community and social prevention strategy whose objective is the social good. We do not know the risk that this may cause to people close to the smoker as there is no scientific evidence, and the best thing to apply in these cases is preventative strategies at the social level.

Recently, the Department of Health has published a few recommendations for the hospitality sector:

*“It is recommended to follow special hygiene measures regarding the use of all types of tobacco products and related products during the COVID-19 pandemic, avoiding its use in hospitality areas. Specifically, the shared use of waterpipes must be eliminated according to the provisions of the respective ministry orders for the Plan for the Transition into a New Normal”<sup>11</sup>.*

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<sup>11</sup> Nota de la DG de Salud Pública del Ministerio de Sanidad sobre CONSUMO DE TABACO Y RELACIONADOS EN EL ÁMBITO DE HOSTELERÍA DURANTE LA PANDEMIA POR COVID-19 (Notice from General Management of Public Health of the Department of Health about TOBACCO USE AND RELATED PRODUCTS IN THE HOTEL SECTOR DURING THE COVID-19 PANDEMIC).

[https://www.mscbs.gob.es/ciudadanos/proteccionSalud/tabaco/docs/COVID-19\\_ConsumoTabaco\\_Hosteleria.pdf](https://www.mscbs.gob.es/ciudadanos/proteccionSalud/tabaco/docs/COVID-19_ConsumoTabaco_Hosteleria.pdf)

## BUILDING EFFECTIVE AND EFFICIENT RESPONSES

Pursuant to the above, we consider that the current pandemic is a favorable moment to urge our Public Authorities to take legislative action:

- 1- Increase the **taxation** on all tobacco products and the ones containing nicotine to result in a generalized increase in prices.
- 2- Increase the **smoke-free environments** (beaches, pools, private vehicles, sporting venues, open-air terraces, and in general, places where there are minors).
- 3- **Generic packaging** that does not leave any space for the brand image<sup>12</sup>.
- 4- Carry out **periodic campaigns** of the “*El Tabaco Ata y Te Mata en Todas sus Formas* (Tobacco binds you and kills you in all its forms)” type, made by the Department of Health in 2019.
- 5- Protect the **youth and adolescents** from the manipulation of the tobacco industry.
- 6- Provide **help to the patient who smokes**, facilitating cognitive behavioral therapy and pharmacological treatment to stop smoking (all these measures are compiled in “*La Declaración de Madrid CNPT-ENSP [The CNPT-ENSP Madrid Declaration]*” of June 2018)<sup>13</sup>.
- 7- And that they adopt any measure that allows the reduction of the tobacco use problem in Spain<sup>14</sup>.

<sup>12</sup> Córdoba-García R. Catorce años de ley de control del tabaco en España. Situación actual y propuestas (Fourteen years of the tobacco control law in Spain. Current situation and proposals). Aten Primaria. 2020. <https://doi.org/10.1016/j.aprim.2020.04.007>

<sup>13</sup> DECLARACIÓN DE MADRID-2018 POR LA SALUD Y PARA EL AVANCE DE LA REGULACIÓN DEL TABACO EN ESPAÑA (MADRID-2018 DECLARATION FOR HEALTH AND THE PROGRESS OF THE TOBACCO REGULATION IN SPAIN). CNPT, 2018. <https://www.cnpt.es/documentacion/publicaciones/952eada3a05d805dbef5a769714d81452aa204eafea966c2a79718fa7906a3a6.pdf>

<sup>14</sup> Tobacco use is the second cause of death, disease, and disability globally. Annually, it produces more than 7 million deaths worldwide, of which about 6 million are tobacco users, and 890 000 are exposed non-smokers. In Spain, the annual death rate derived from tobacco use was almost 52 000 people between 2000 and 2014. MUÑOZ CIFUENTES, Pilar et al., “Autonomía y heteronomía, una alianza necesaria para el abordaje del tabaquismo. Visión de profesionales y pacientes (Autonomy and heteronomy, a required alliance for dealing with tobacco use. Perspective of professionals and patients”, *Gac Sanit.* 2019;33(5):401-407, <https://doi.org/10.1016/j.gaceta.2018.04.018>