

COVID-19 as a Game Changer for National Tobacco Policies: The Experience of Jordan

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The current pandemic caused by SARS-CoV-2 has shown that it is more urgent than ever to help people quit tobacco. Specifically, several reports have highlighted the association between smoking and COVID-19 severe disease, while evidence from China suggests that patients who currently or formerly smoked tobacco had a higher likelihood of ICU admission, ventilation requirement, and death,¹ a report from the United States suggested that cumulative exposure to cigarette smoke is an independent risk factor for hospital admission and death from COVID-19.²

Yet, the COVID-19 pandemic does not seem to have harmed the tobacco industry. The major tobacco firms were even raising their sales and profit targets by the end of 2020, and the industry has keenly exploited the opportunities provided by the pandemic to engage with government bodies and join in with relief efforts.³

The tobacco epidemic in Jordan has been defined as a public health emergency by the United Nations.⁴ Jordan accounts for the highest prevalence of tobacco smoking among adult males (70.2%) in the Eastern Mediterranean Region (EMR) of the World Health Organization (WHO) and the second highest globally after Indonesia.^{5,6} Similarly, the 2019 Jordan STEP survey had indicated that the prevalence of tobacco smoking (66.1%) and vaping (15.9%) among Jordanian adult males is estimated at a total of 82%.⁷ Tobacco consumption is so vast that 80% of adults are exposed to indoor second-hand smoking.⁷

Unfortunately, Jordan accounts also for the highest smoking prevalence in the WHO EMR among youth.⁸ Specifically, figures around water pipes (shisha) consumers are increasing at an alarming rate especially among females and youth as it is considered more culturally acceptable.^{9,10}

The impact of Jordan's high smoking rate was explored through a joint UNDP, WHO Framework Convention on Tobacco Control (FCTC) Secretariat, WHO, and Jordan Ministry of Health investment case, which showed that tobacco use is linked to 1 in 8 deaths in the country, compared with 1 in 10 deaths worldwide. The same investment case found that smoking costs to Jordan 6% of its GDP (US \$1.6 billion), three times the global average,¹¹ and demonstrated that enacting and enforcing the WHO FCTC interventions

would, over the next 15 years save around 47 500 lives (3170 lives annually), avoid JOD 6.5 billion in economic losses, and lead to JOD 843.8 million (JOD 56.3 million annually) in savings through avoidance of smoking-attributable health care expenditures.¹¹

In 2017, Jordan was selected among 15 countries to be part of the FCTC 2030 project. Since then, they have been working to implement multiple tobacco control measures. Amid the COVID-19 pandemic and with the support of the WHO FCTC, WHO Regional Office for the EMR, and WHO Country office, the government of Jordan made a great progress in banning indoor smoking through a series of policy and legal amendments.

On June 25, 2020, the Minister of Health issued a decision to ban all forms of smoking and vaping to ensure 100% smoke-free indoor public places during COVID-19 and beyond. Additionally, on November 15, 2020, the Prime Minister of Jordan issued a decision to ban shisha use in all public places whether indoor or outdoor. This decision was integrated into one of the defense orders and was fully enforced leading all shisha being served outdoors and all places that failed to comply with the order faced a financial penalty and temporary closure. Finally, The Ministry of Health issued a legal policy that was published in the Official Gazette on June 7, 2021 banning smoking of all types and forms inside all public places including cafes, restaurants, bars, and hotels among others.

The issuance of the Instructions is a huge milestone for Jordan. Although the Public Health Law No. (47) of 2008 banned indoor smoking in public places, exceptions were permitted upon the ministerial decision which, in 2014, permitted indoor smoking areas for some hospitality businesses. The new policy, however, has put an end to this exception and for the first time, Jordan has officially banned smoking in all indoor public places. That brings Jordan in full compliance with Article (8) of the FCTC, which Jordan has been a signatory to since 2004.

Such achievement, which heavily relies on abolishing the concept of separation of the interior areas of any facility into areas for smokers and non-smokers in any form or way, represents in our view one of the few country

successes at the global level in the long battle against the tobacco industry.

Tobacco toll on morbidity and mortality is several times higher than those from COVID-19 so far and is a risk factor for worse outcomes for people infected by the virus. Therefore, tobacco places an additional strain on health care systems, especially in low- and middle-income countries.

Looking forward, Jordan seeks to continue to strengthen its tobacco control policies and enforcement mechanism for effective inspection by holding training for relevant stakeholders as well as conducting communication campaigns to that end. Among others, enforcing stricter smoke-free policies will inevitably reduce tobacco consumption and allow for a healthier population.

Supplementary Material

A Contributorship Form detailing each author's specific involvement with this content, as well as any supplementary data, are available online at <https://academic.oup.com/ntr>.

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