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Editorial

Will the tobacco industry ultimately triumph in the midst of COVID-19 pandemic?: A call for nurses' action in tobacco control



815 million tobacco products were reportedly sold in the first quarter (Q1) of 2020 in South Korea, a sales increase of 4.1% compared to Q1 2019 (Ministry of Economy and Finance, 2020). Notably, from February to March 2020, sales of cigarettes and heated tobacco products increased by 17.9% and 24.2% respectively, which are around two and five times the figures respectively recorded over the same period in 2019. Incidentally, COVID-19 cases in South Korea started rising in large numbers from end February, resulting in government-recommended social distancing and work-from-home measures (Johns Hopkins University, 2020). Similar trends have been observed in other regions. Three international Big Tobacco companies of Philip Morris International (2020), Altria Group (2020), and Japan Tobacco International (2020) reported overall increased net revenues by 6.0%, 13.6% and 2.8% respectively in Q1 2020. These increases are striking as duty-free shops, a main source of tobacco sales, faced closures due to global travel restrictions in the COVID-19 pandemic. Increased sales volumes were reported also in East Asia and Australia (2.4%) and Europe (European Union: 8.4%; South and West Europe [e.g., Italy and Spain]: 6.7%) (Japan Tobacco International, 2020; Philip Morris International, 2020), coinciding with the rapid spread of COVID-19 in these regions between February and March 2020.

The Q1 2020 surge in tobacco sales is unlikely to be independent to the COVID-19 pandemic. Psychological distress such as the fear of getting infected, social isolation, and uncertainty about the future brought on by the pandemic is a likely triggering factor, since additional stress can prompt increases in tobacco consumption (Lawless et al., 2015). Adding further challenge to the increasingly vulnerable global situation, a 'mis-infodemic' followed, which included widespread circulation of unverified reports that smoking is protective against COVID-19 (World Health Organization, 2020). Moreover, access to tobacco has been facilitated by tobacco shops remaining open in many countries as essential businesses despite national lockdowns (Hefler and Gartner, 2020). The tobacco industry has also been observed to shift their tobacco promotion tactics during the ongoing global health crisis, promoting alternative tobacco products such as heated tobacco products and smokeless tobacco in a time of heightened health consciousness (Stopping Tobacco Organizations and Products, 2020). Of note, Q1 2020 heated tobacco products shipment volume in Europe more than doubled from Q1 2019 (Philip Morris International, 2020).

There is evidence that in smokers, COVID-19 is associated with more acute and severe respiratory symptoms requiring critical care (Vardavas and Nikitara, 2020). Preventing or quitting tobacco

smoking is thus particularly crucial, if not opportune, in the midst of a respiratory disease pandemic like COVID-19 to reduce its health harms. Since ill health can increase receptivity to tobacco cessation interventions, particularly if the illness is tobacco-use related (While, 2014), the COVID-19 pandemic could inadvertently support cessation efforts. However, as many countries struggle to cope with the COVID-19 outbreaks within their own borders, public health measures to include tobacco prevention and cessation have been shelved. Tobacco cessation clinics are one of many non-emergency healthcare services that have been disrupted due to COVID-19 (Coronini-Cronberg et al., 2020). For many who require these face-to-face services to successfully quit smoking, even more so with the psychological distress brought on by the pandemic, this poses a major setback that can lead to smoking relapses.

As a result of the COVID-19 pandemic, the world is now facing one of the worst economic crises since the Great Depression with soaring unemployment rates. During the 2008 economic crisis, overall tobacco prevalence in the USA increased due to increased tobacco uptake among unemployed individuals (Gallus et al., 2015). If the pattern was to repeat itself, the progress global tobacco cessation efforts have achieved since the 1960s could be undone. Increased smoking prevalence among the unemployed can widen health inequality gaps and threaten tobacco control policy implementation (McKenna et al., 2016). Smokers from a lower socioeconomic demographic have higher risks of lung cancer with reduced access to healthcare (CDC, 2019). This can in turn place further strain on healthcare systems that are now overwhelmed and forever changed due to COVID-19.

All healthcare professionals should continue to be involved in the prevention and cessation of smoking during this pandemic, particularly nurses. Nurse-led interventions have been found to be effective in tobacco control (Chiang et al., 2018), and as the largest healthcare professional group, nurses interact with the greatest number of clients, and spend substantial periods of time with them during nursing care delivery (Schultz, 2003). Interactions should be maximised to advocate tobacco cessation and its maintenance. Concerns regarding subsequent waves of infections indicate that social distancing measures are here to stay for the longer term. Despite suspension of face-to-face services, tobacco control efforts should continue to maintain continuity, using technology to increase accessibility. Mobile applications can be used to deliver brief interventions that are in line with the recommendations for tobacco interventions by the World Health Organization (2014), in addition to online live chats and video-conferencing methods.

Emotional and psychological support should also be included to holistically enhance cessation interventions and reduce triggers for tobacco consumption. Nurses can also act as leaders and health advocates by raising attention to the additional burden of addressing tobacco-related health issues on top of COVID-19, and prompt implementation of tobacco sale restrictions.

COVID-19 has been a phenomenal event that has impacted the lives of all around the world. However, while the COVID-19 pandemic may be eased with the introduction of effective vaccines and treatments, tobacco has always, and will continue to be a substantial leading cause for morbidity and mortality. It is imperative to remain vigilant and ensure that the pandemic does not mark a turn of the tide in favor of the tobacco industry. As current concerns for tobacco control are based on Q1 2020 data in the context of COVID-19 pandemic, it will be worthwhile to continue monitoring trends of tobacco consumption and smoking prevalence throughout and after the pandemic to examine the acuity of the situation.

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Conflict of interest

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