

How can the National Tobacco Control Policy Help to Tackle the COVID-19 Pandemic?

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Como a Política Nacional de Controle do Tabaco Pode Ajudar no Enfrentamento da Pandemia da Covid-19?
¿Como la Política Nacional de Control del Tabaco Podría Ayudar a Enfrentar la Pandemia de Covid-19?

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INTRODUCTION

The pandemic of the novel coronavirus (2019-nCoV), responsible for the severe acute respiratory syndrome coronavirus 2 – Sars-CoV-2, represents one of the greatest global crisis of the last times because of its fast transmissibility, severity to the most vulnerable groups and, most of all, the current inexistence of vaccine and treatment with proven efficacy.

Smokers are identified as the most vulnerable among the risk groups for health complications resulting from the coronavirus disease 2019 – COVID-19. The evidences confirm that smoking is associated to greater possibility of negative progressions and adverse results in the infection by Sars-CoV-2¹⁻². In addition, the repeated contact of the fingers with the lips during smoking can increase the possibility of transmission of the virus, if hands or the cigarette itself are infected³⁻⁴.

While COVID-19 pandemic is recent and rapidly mobilized resources and political will all over the world, smoking is an old pandemic, of chronic and long evolution, regardless of the knowledge about its risks and better practices to revert it.

Nowadays, smoking responds for eight million annual deaths⁵, including 157 thousand that occur in Brazil⁷. The smoking diseases cause public annual costs of R\$ 57 billion with treatment and pensions⁶. However, the importance of tobacco control measures, as a strategy to reduce the dissemination and complications of COVID-19, still not called enough attention.

In the end of the 1990-decade, smoking was recognized as a pediatric disease because nearly 90% of the

smokers become nicotine-dependent in the adolescence as a consequence of cigarette⁷ marketing practices of tobacco industry. In 2000, the World Health Organization has declared that advertising and promotion of tobacco products has changed smoking in a communicable disease⁸. To this concept, it was added the idea that the tobacco industry acts like a vector of the smoking pandemic, using marketing targeted to young adults and practices to undermine the public policies⁹⁻¹⁰. Many countries understand that it is necessary to deal with the transnational determinants related to market practices that contributes for the global expansion of smoking.

With this complex scenario, in 2003 it was approved the WHO Framework Convention on Tobacco Control (FCTC/WHO) – first international treaty of public health. The Convention has been in force for 15 years and its most recent progress report showed, for the first time, a relative reduction of 30% of the global prevalence of smokers¹¹. However, in face of the severe morbimortality of tobacco addiction, this response can be considered modest and one of the causes indicated by the countries is the tobacco industry interference¹².

DEVELOPMENT

THE NATIONAL POLICY OF TOBACCO CONTROL

In Brazil, the implementation of FCTC became the National Policy of Tobacco Control in 2005, a government policy. Between 2006 and 2019, the prevalence of smokers in Brazil dropped from 15.7% to 9.8%¹³, which contributed significantly to reduce the mortality by cardiovascular diseases and lung cancer¹⁴.

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The implementation of educative actions and treatment to stop smoking by the National Health System (SUS), together with the approval of laws related to smoking prevention, were essential for these results. Among the laws, stand out: prohibition of smoking in public places, raise of federal taxes and definition of a minimum prices policy for cigarettes, prohibition of advertising, promotion and sponsorship of tobacco products, insertion of graphic health warnings in the packages, regulation of product contents and emissions. The measures adopted between 1989 and 2010 avoided 420 thousand deaths by smoking¹⁵.

Despite the positive results and effects of the National Policy of Tobacco Control are celebrated nationally and internationally, on the other hand, the progress occurred at a very slow pace because there is a confrontation between the tobacco industry and the political will of the decision takers¹⁶. For example, the adjustments of the federal legislation to prohibit smoking in public places took seven years to be approved by the Parliament due to tobacco industry lobby¹⁷.

The Directive of the Brazilian Health Regulatory Agency – ANVISA, forbidding the use of flavor additives in cigarettes, is being postponed since 2012 by entities that filed actions of unconstitutionality at the Supreme Court¹⁸.

Besides, the approval of the Bill of the Senate number 769/2015 took four years to reach the House of Representatives due to subsequent maneuvers of Congressmen who act on behalf of the tobacco industry interests¹⁹. This Bill intends to ban the use of flavoring additives and to establish plain packages to neutralize the use of colored and smelling packages as a tool to lure children and adolescents, as described by internal documents of the companies²⁰⁻²¹.

As a consequence of these delays, despite the relevant drop in the prevalence of smokers in the country, the current number of smokers is still high: 20 million, nearly two times the population of Portugal and seven times of Uruguay's. These are individuals who, because of nicotine dependence, are exposed daily to millions of toxic substances from the tobacco smoke, are at risk of developing severe diseases as cardiovascular, chronic lung obstructive and cancer, and currently under risk of infection by COVID-19. It is important to emphasize that the elevated cost of smoking in Brazil will tend to increase because there will be more pressure for hospital assistance and inputs to treat smokers with COVID-19.

CONCLUSION

It is fundamental that the national strategies to tackle COVID-19 include measures able to reduce even more

the number of smokers in Brazil. This can be done with investments in expanding the coverage to treat tobacco cessation offered by the public health system and with effective actions to prevent the initiation by young adults.

In that direction, the Federal Legislative Agenda must include the urgent review and approval of Bills that can contribute to fight COVID-19, including the raise of tobacco taxes, which reduces its use and earmarking taxes to fund health measures.

The political will of the Legislative and Executive Powers are essential to win the lobby and the interference of the tobacco industry. The persistent delay in the implementation of tobacco control policies increases its social and economic costs. Additionally, the costs of the impact of smoking over COVID-19 pandemic should be calculated and added.

CONTRIBUTIONS

Tânia Maria Cavalcante contributed substantially for the conception of the study, gathering, analysis and interpretation of the data, wording and critical review. Felipe Lacerda Mendes and Cristina de Abreu Perez contribute for the gathering, analysis and interpretation of the data, wording and critical review. Alexandre Octavio Ribeiro de Carvalho and Joao Ricardo Rodrigues Viegas contributed with critical review. All the authors approved the final version to be published.

DECLARATION OF CONFLICT OF INTERESTS

There is no conflict of interests to declare.

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