

Usher Institute COVID-19 Webinar Series



COVID-19 and tobacco

Lion Shahab – University College London, UK

Kamran Siddiqi - University of York, UK

Monika Arora - Public Health Foundation of India

Tom Hird - University of Bath, UK



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Smoking and Covid-19: a living rapid review



COVID-19 Webinar Series



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Lion Shahab, PhD
University College London

 [@LionShahab](https://twitter.com/LionShahab)



SPECTRUM
Shaping public health policies
to reduce inequalities & harm



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UK**

A priori considerations about association

- Detrimental effects

- Behavioural (hand-to-mouth)
- Biological



- *Direct*: respiratory immune defence ↓ respiratory bacterial/viral infections (e.g. H1N1)↑
- *Indirect*: linked to diseases associated with worse Covid-19 outcomes (e.g. COPD, vascular diseases)

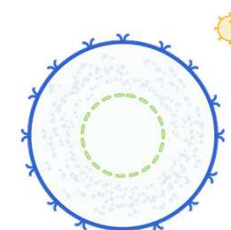
- Protective effects

- Infection

- Assumed Sars-CoV-2 enters cells via respiratory ACE-2 receptor
- Evidence that nicotine down-regulates ACE-2 expression (but opposite also reported)

- Severity/mortality

- Covid-19 can lead to hyper-inflammatory response 'cytokine storm' > ARDS / death
- Nicotine (via nAChR) may counteract dysregulation of cholinergic anti-inflammatory pathway

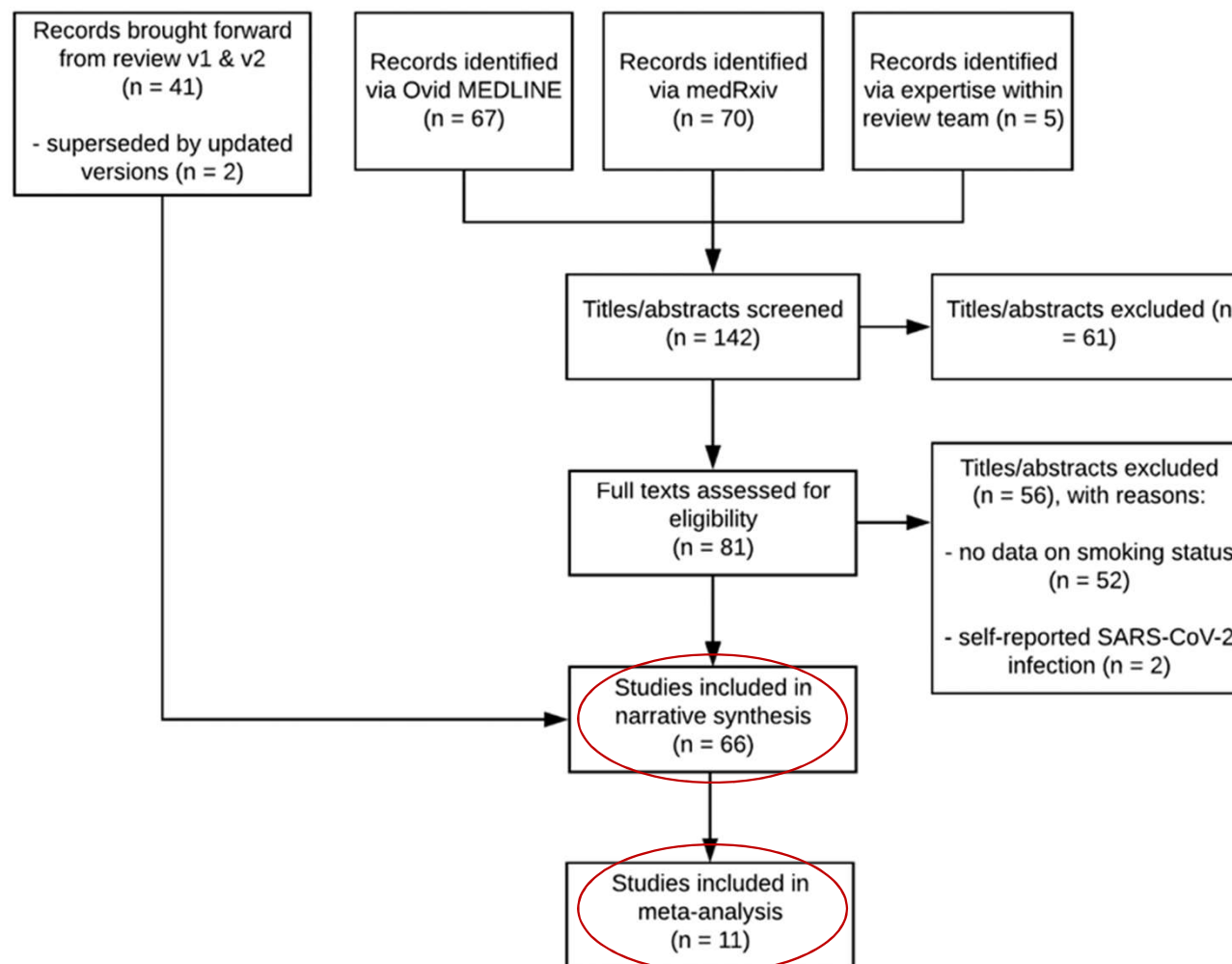


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Living rapid review

- Practical approach
 - Living: fast moving field, so has fortnightly updates
 - Rapid: only main databases searched (Medline, medRxiv [pre-prints])
- Inclusion criteria
 - Primary research (experimental/observational) of adults (16+ years)
 - Outcome had to be verified (SARS-CoV-2 swab/antibody test; clinical diagnosis of Covid-19) in context of infection, hospitalisation, severity, death
- Study quality (via NIH Quality Assessment Tool)
 - **Good:** i) Low levels of missing data on smoking status; ii) Reliable self-report measure of smoking (current/former/never smokers); iii) Biochemical validation of smoking status; iv) Adjustment for confounders
 - **Fair:** i) Low levels of missing data on smoking status and ii) Reliable self-report measure of smoking (current/former/never smokers) OR iii) Adjustment for confounders
 - **Poor:** Everything else
- Meta-analysis in R
 - Mantel-Haenszel or inverse variance method using random or fixed effects, depending on heterogeneity measured by I^2 statistic

PRISMA flow diagram



Study characteristics

- Location
 - China: 30
 - USA: 12
 - UK: 5; France: 4; Mexico/Spain: 3; Italy: 2; Iran, Israel, South Korea, Kuwait, Switzerland: 1

Study characteristics

- Location
- Setting
 - Hospital: 54
 - Community: 12

Study characteristics

- Location
- Setting
- Size
 - Median of 380 participants (IQR 98-1,273)

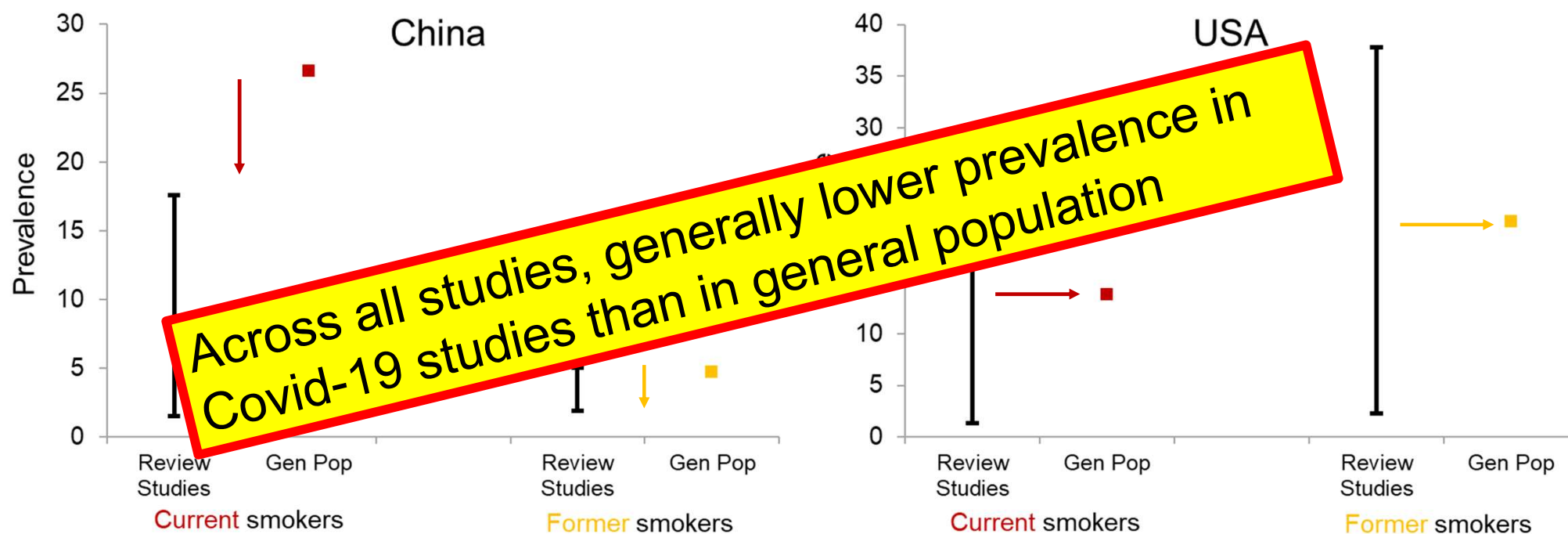
Study characteristics

- Location
- Setting
- Size
- Recording of smoking status
 - Mainly through routine electronic health record (no verification)
 - Only 15 studies differentiated current/former/never smoking status
 - 51 had suboptimal characterisation and missingness, where reported, was high: from 0.6% to 96%!

Study characteristics

- Location
- Setting
- Size
- Recording of smoking status
- Study quality
 - 15 as 'fair' and 51 as 'poor'

Smoking prevalence



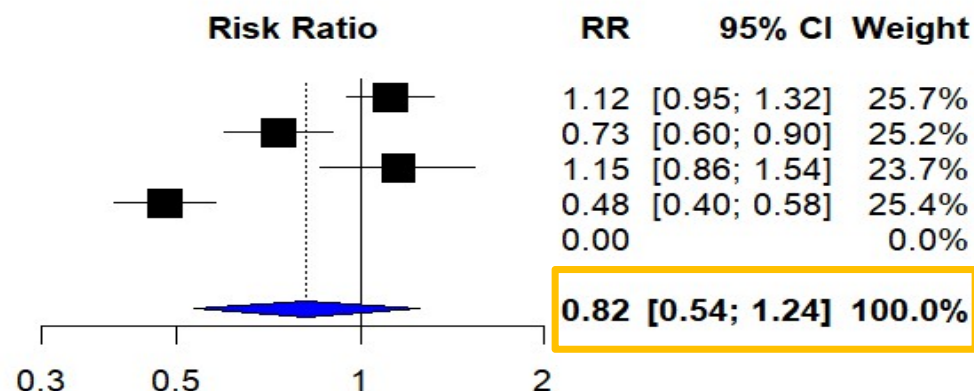
Infection rate (testing positive)

- Five 'fair' quality studies provided data on SARS-CoV-2 test results for people meeting local testing criteria by smoking status

Author	logRR	SE	Risk Ratio	RR	95% CI	Weight
Cho	0.11	0.0849		1.12	[0.95; 1.32]	25.7%
Kolin	-0.31	0.1047		0.73	[0.60; 0.90]	25.2%
Niedzwiedz	0.14	0.1486		1.15	[0.86; 1.54]	23.7%
Rentsch	-0.74	0.0966		0.48	[0.40; 0.58]	25.4%
Shah	-Inf	.		0.00		0.0%

Random effects model

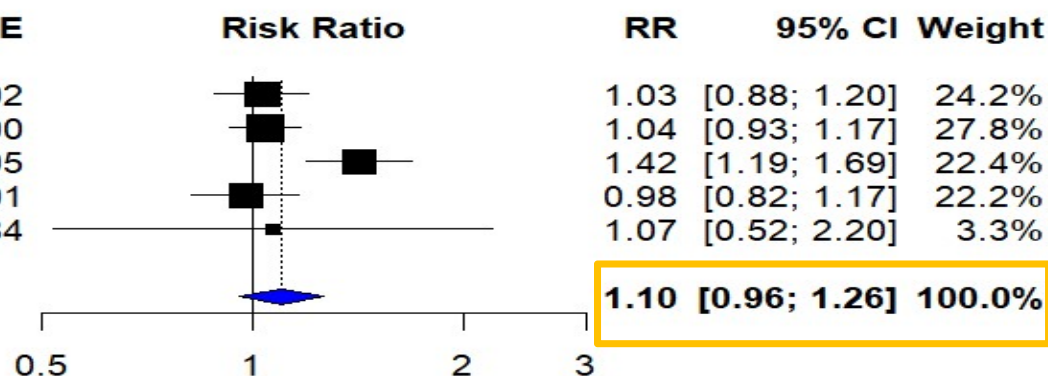
Heterogeneity: $I^2 = 94\%$, $p < 0.01$



Author	logRR	SE	Risk Ratio	RR	95% CI	Weight
Cho	0.03	0.0792		1.03	[0.88; 1.20]	24.2%
Kolin	0.04	0.0600		1.04	[0.93; 1.17]	27.8%
Niedzwiedz	0.35	0.0895		1.42	[1.19; 1.69]	22.4%
Rentsch	-0.02	0.0901		0.98	[0.82; 1.17]	22.2%
Shah	0.07	0.3684		1.07	[0.52; 2.20]	3.3%

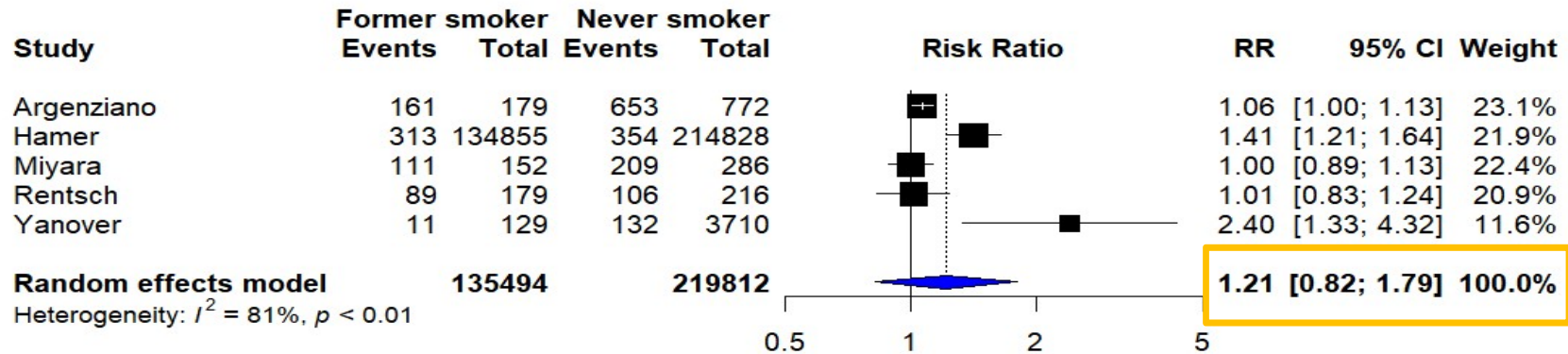
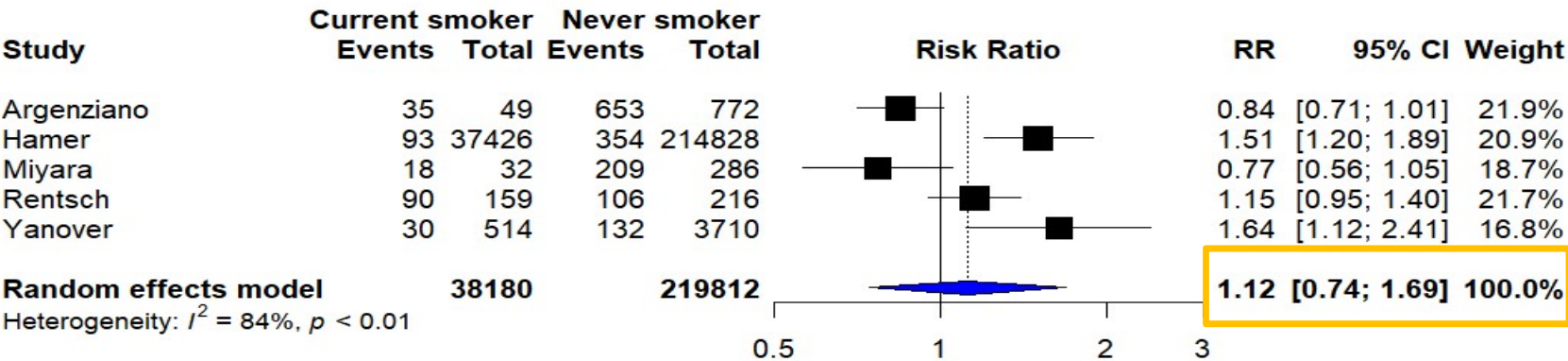
Random effects model

Heterogeneity: $I^2 = 64\%$, $p = 0.02$



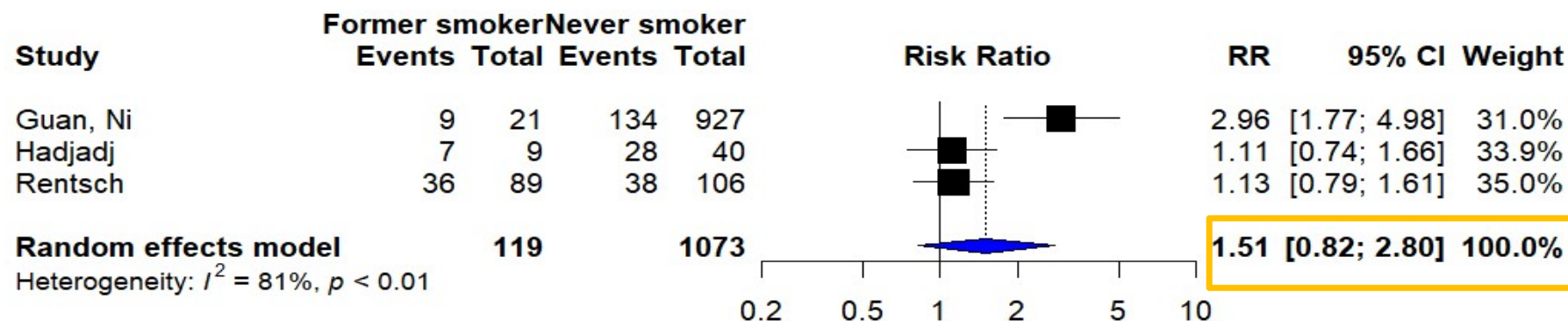
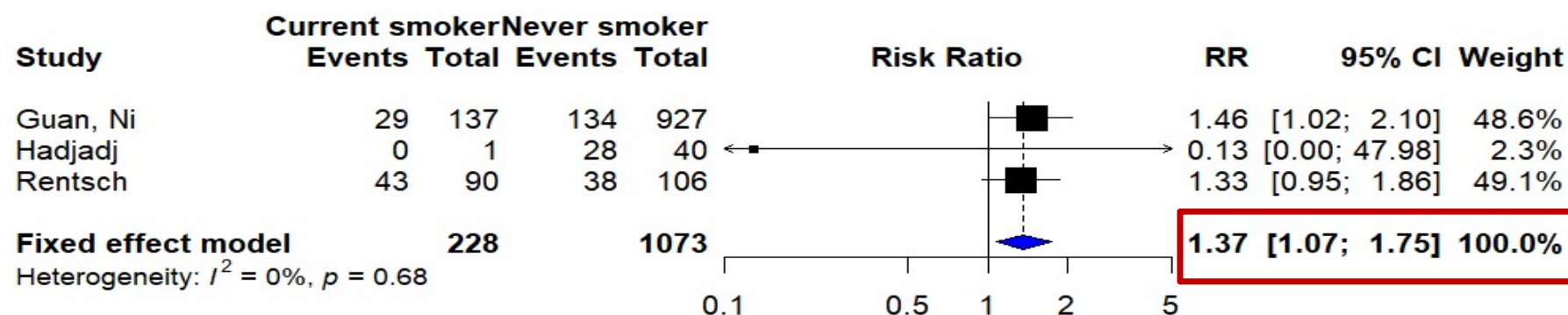
Hospitalisation

- Five ‘fair’ quality studies provided data on hospital admission following a Covid-19 diagnosis by smoking status



Disease severity

- Three 'fair' quality studies provided data on disease severity (e.g. ITU admission/requiring oxygen) among hospitalised Covid-19 patients by smoking status



Disease mortality

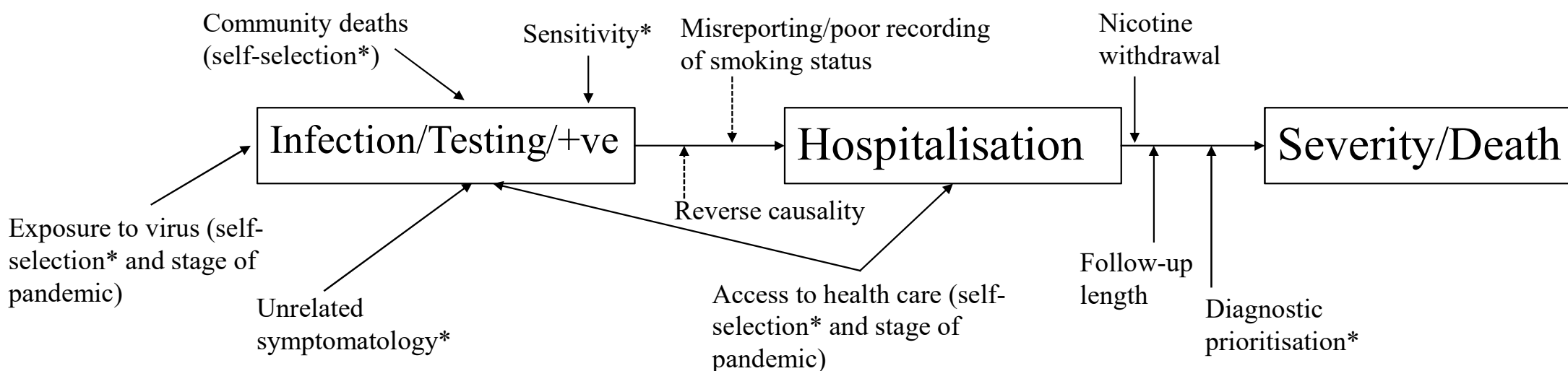
- Only two 'fair' quality studies provided data on mortality by smoking status, one of which did not provide raw data so studies could not be combined
 - Gaibazzi et al (2020) found no difference between current or former and never smokers
 - OpenSAFELY study
 - Primary analysis: former smoking > ↑ mortality; current smoking > ↓ mortality
 - Small protective effect for current smoking not robust in further sensitivity analysis

Results in context

- There is substantial uncertainty about associations between smoking and Covid-19 outcomes: ↓prevalence in hospitalised patients but no evidence of reduced infection/admission in community studies
 - Lower smoking prevalence has been reported previously (Farsalinos et al, 2020)
 - Recent study of Oxford primary care network data showed lower likelihood of testing positive for current (but not former) smokers (de Lusignan et al, 2020)
- We found some evidence that current smoking is associated with greater disease severity but not necessarily mortality
 - This has also been reported in other meta-analyses (e.g. Alqahtani et al, 2020)
- However, interpretation of outcomes is complicated by several factors

Interpretation issues and future research

- Observational studies and pandemics present unique challenges when looking at outcomes (as determinants confounded* with smoking status)



- Need whole population studies/studies of randomly tested population, with sufficient follow-up, in controlled environment, with verified smoking status and with appropriate adjustment to avoid collinearity problems/collider bias
- Need to formally evaluate the effects of medicinal nicotine via RCT (to avoid confounding by 'dirty' delivery mechanism of smoking, which may mask any beneficial effects)

Conclusions

- Limited evidence to draw firm conclusions
- But we do know the devastating impact of smoking cigarettes:
 - Between *0.3 to 1.1%* of current/former smokers die in the UK **each** year, with life-time premature mortality of **50+%** among continuing smokers
 - Even with more pessimistic estimates, Covid-19 unlikely to have killed more than *0.1%* of UK population
 - The dangers of smoking far outweigh a yet to be proven benefit of nicotine



Acknowledgments



David Simons, MBBS
(RVC)



Dr Olga Perski



Prof Jamie Brown



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Shaping public health policies
to reduce inequalities & harm



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Review available here



<https://www.geios.com/read/UJR2AW.3>

COVID-19 and Tobacco Cessation

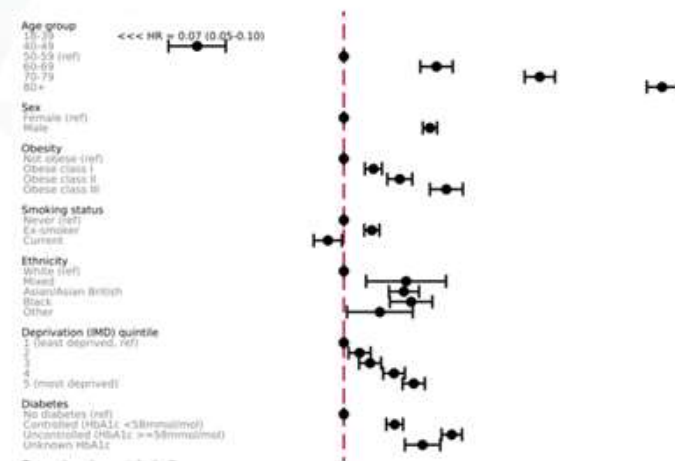
Kamran Siddiqi

Professor in Global Public Health

The University of York



- Has there been a change in smoking behaviour?
- Is it beneficial to quit?
- Should quitting be part of public health strategy?
- What strategies may help?
- What related research is needed?



Smokeless tobacco

300+ million users

Purchase and consumption behaviour

Spitting associated with chewing tobacco

Legislation in India



Waterpipe smoking

100 million users

Sharing waterpipe app. (60%)

Route of transmission in MERS

Legislation in some countries

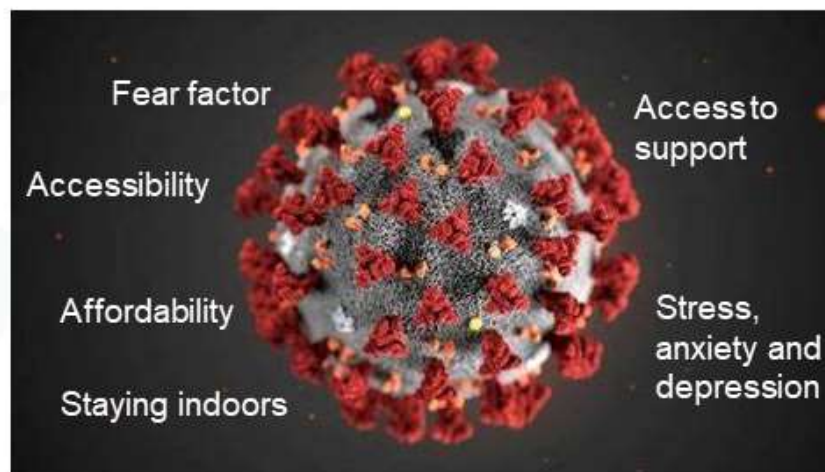
Change in smoking behaviour?

Quitlines (US)

- An increase in registration (US) in March 2020 vs. March 2019

ASH-YouGov (UK)

- 300,000 might have quit
- 550,000 attempted quit
- 2.4m cut down



Dual users (cigs + e-cigs)

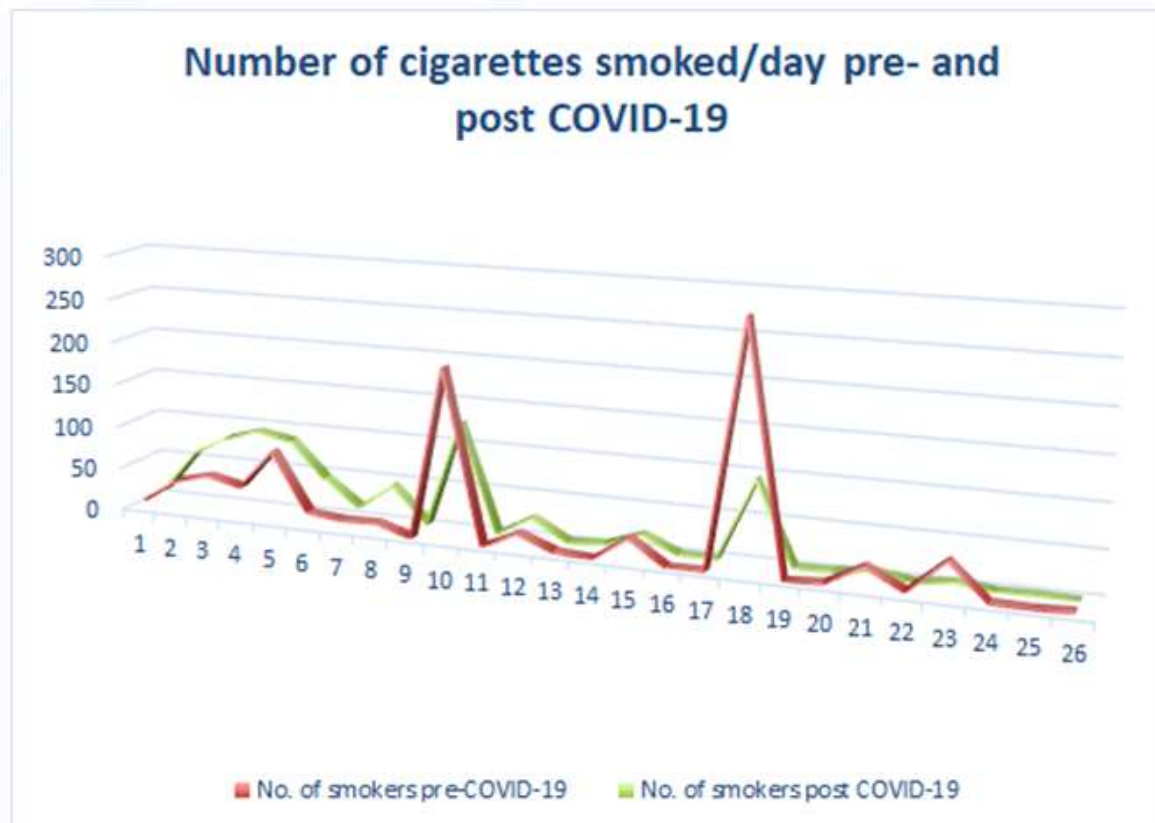
50% no change, 1/4th reduced, 1/3rd were more motivated, 1/5th attempted quit

30% increased their use and 15% were less motivated

Change in smoking behaviour?

STOP survey findings (Pakistan)

- 15% smokers might have stopped
- Translates to 2.3 million smokers quitting in Pakistan



Indirect evidence

- Within days, positive effects on blood pressure, heart rate, vasoconstriction, and oxygen levels
- Within 4 weeks, recovery in airway ciliary clearance and immune system
- In other chest infections, quitting reduces the risk of serious complications
- Comorbidities (cardiovascular conditions, lung conditions, and diabetes) improves

Should quitting be part of health advice?

- The overwhelming advantages of quitting smoking outweigh potential protective effect of nicotine in COVID-19 especially as nicotine alternatives are available
- The epidemic provides a “teachable moment” in which smokers may be uniquely receptive to stop smoking advice
- Smokers with other respiratory infections are more likely to quit
- Due to high level of mental health issues, smokers may need more support

What strategies may help?

Nicotine Replacement Therapy

- Widely accessible
- Increase quit success by 50%
- May have 'protective effect' from COVID-19
- Use two forms (patch + gum/lozenges)
- Supported by quitlines, telephone counseling, SMS, web or social media-based QUIT FOR COVID



What are the direct benefits of quitting in COVID-19?

- Acquiring infection
- Disease progression and complications

What is the effectiveness of medicinal nicotine in preventing COVID-19?

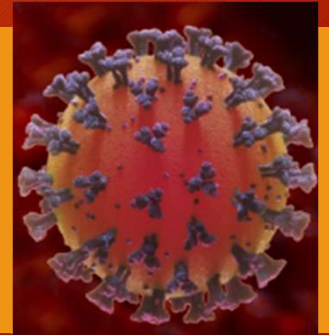
- Acquiring infection
- Disease progression and complications

- Many smokers are making quit attempts but some are also less motivated
- Smoking cessation will benefit COVID-19 patients overall
- Cessation support is needed more than ever
- Quit for COVID-19 with the help of medicinal nicotine
- The potential effect of nicotine in preventing COVID-19 needs further exploration

- 1 Kaur J, Rinkoo AV. Public health perspectives of smokeless tobacco and areca nut use in the COVID-19 era. *Nicotine Tob Res* 2020; published online May 8. DOI:10.1093/ntr/ntaa081.
- 2 Eisenberg S-L, Eisenberg MJ. Smoking Cessation During the COVID-19 Epidemic. *Nicotine Tob Res* 2020; published online May 4. DOI:10.1093/ntr/ntaa075.
- 3 Komiyama M, Hasegawa K. Smoking Cessation as a Public Health Measure to Limit the Coronavirus Disease 2019 Pandemic. *Eur Cardiol* 2020; **15**: e16.
- 4 Tindle HA, Newhouse PA, Freiberg MS. Beyond Smoking Cessation: Investigating Medicinal Nicotine to Prevent and Treat COVID-19. *Nicotine Tob Res* 2020; published online May 8. DOI:10.1093/ntr/ntaa077.
- 5 Klemperer EM, West JC, Peasley-Miklus C, Villanti AC. Change in tobacco and electronic cigarette use and motivation to quit in response to COVID-19. *Nicotine Tob Res* 2020; published online April 28. DOI:10.1093/ntr/ntaa072.
- 6 Today is the Day. Today is the Day. <https://www.todayistheday.co.uk/> (accessed May 17, 2020).



Need to Strengthen Tobacco Control Policies in the time of Covid-19



Dr. Monika Arora

Director and Professor: Health Promotion

Public Health Foundation of India



Webinar 9:

COVID-19 and tobacco

Thursday 21 May | 10.00 (UK)

WHO guidance on COVID-19 and Smoking

Smokers are likely to be more vulnerable to COVID-19

Fingers and possibly contaminated cigarettes are in contact with lips

Increases the possibility of transmission of virus from hand to mouth

Smokers may already have lung disease or reduced lung capacity

Healthy lifestyle will make all bodily functions work better, including immunity-
Quitting smoking

15 YEARS 2005-2020

WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

Arabic 中文 English

Secretariat Treaty instruments Coordination platform Reporting Media centre

Tobacco control during the COVID-19 pandemic: how we can help

Statement from the Head of the Convention Secretariat, Dr Adriana Blanco Marquizo
4 May 2020

Today, we are facing a devastating global pandemic caused by a virus that – in just four months – has been responsible for more than 3 million confirmed cases and some 240 000 deaths.

To control the COVID-19 pandemic, reduce its tragic toll and save lives, there is a critical and urgent need for global coordination and unwavering solidarity among countries, the World Health Organization (WHO), other United Nations agencies and international organizations, communities and other stakeholders. We are all in this together, and if our actions are unified, we will get through this crisis.

The pandemic has made the world understand, perhaps as never before, the fundamental importance of health to development, the economy and every other aspect of human life. While scientists and health professionals are working tirelessly against the clock to develop medicines and vaccines to combat COVID-19, the Secretariat of the WHO Framework Convention on Tobacco Control (WHO FCTC) will intensify its efforts to support Parties to the Convention willing to work, to the extent possible, in creating a healthier environment for their populations by implementing the WHO FCTC.

We have seen that COVID-19 fatalities are higher among people with pre-existing

- COVID-19 fatalities higher among people with pre-existing conditions- NCDs: Tobacco main risk factor
- Will intensify its efforts to support Parties to the Convention
- Implementing Article 5.3 in these extraordinarily challenging times
- Tobacco taxation to address resource constraint faced by governments

COVID related TC policies around the globe

Countries	Measure
Bangladesh	Suspend production, supply, marketing, and sale of all kinds of tobacco products to help fight against coronavirus
South Africa	Sale of cigarettes, snuff, hookah pipes and e-cigarettes to protect workers in the entire supply chain of these industries
Cairo, Egypt	Ban on hookah (Water pipe)
Abu Dhabi & Dubai, UAE	Ban on hookah (Water pipe)
Iran, Kuwait, Pakistan, Qatar and Saudi Arabia	Banned the use of shisha in public places such as cafes, shisha bars or restaurants to avoid COVID-19 transmission
Israel	Ban on all non-essential business operations including tobacco and smoking products
Botswana	Banned import and sales of cigarettes and related products
India	Ban on sale and use of tobacco products including cigarettes, bidis and SLT during the lockdown

COVID-19 & Tobacco: Policy interventions in India

- Unique Tobacco burden: 11% Smokers and 21% Smokeless tobacco users
- Ministry of Health, GOI issued advisory to States to raise awareness on adverse effects to smokers - April 2020
- Spitting in public place could enhance the spread of the Corona virus.

Home » Covid 19 » [Coronavirus] Icmr Appeals To Refrain From Consuming Smokeless Products And Spitting In Public Places During Covid-19

[Coronavirus] ICMR appeals to refrain from consuming smokeless products and spitting in public places during COVID-19 pandemic

COVID 19 HOT OFF THE PRESS NEWS

Published on April 6, 2020 - By **Devika**

Leave a comment



Smokeless Tobacco: Ban on Sale and use

- State and UT have necessary authority under the Epidemic Disease Act 1897, The Disaster Management Act, 2005 and also under various provisions of the Indian Penal Code 1860 and Code of Criminal Procedure (CRPC) to deal with COVID-19
- Emphasized necessary preventive measures may be taken by the State Governments under the appropriate law to prohibit the use and spitting of chewing SLT products in public.

National Directive for COVID-19 Management issued by Ministry of Home Affairs- Ban on sale- 15th April

No. 40-3/2020-DM-I(A)
Government of India
Ministry of Home Affairs

North Block, New Delhi-110001
Dated 15th April, 2020

ORDER

Whereas, in exercise of the powers, conferred under Section 10(2)(i) of the Disaster Management Act 2005, the undersigned, in his capacity as Chairperson, National Executive Committee, has issued an Order dated 14th April, 2020 that the lockdown measures stipulated in the Consolidated Guidelines of Ministry of Home Affairs (MHA) for containment of COVID-19 epidemic in the country, will continue to remain in force upto 3rd May, 2020 to contain the spread of COVID-19 in the country;

National Directive for COVID-19 Management

Penalty Receipt

SHIMOGA CITY CORPORATION PENALTY RECEIPT		
Receipt No.	:	20009000004
Receipt Date	:	30/04/2020
Penalty Payer Name	:	mani
Mobile No.	:	9886267989
FINE/PENALTY DETAILS		
Sl. no.	Penalty Head	Amount(Rs.)
1	Face Mask -1st	100
2	Spitting in public places-1st	500
Grand Total(Rs.)		600.0
Payment Mode		By Cash
HI Name		Moideen

Order for fines and penal action

Annexure I

National Directives for COVID-19 Management

The National Directives shall be enforced by the District Magistrate through fines and penal action as prescribed in the Disaster Management Act 2005.

PUBLIC SPACES

1. Wearing of face cover is compulsory in all public places, work places.
2. All persons in charge of public places, work places and transport shall ensure social distancing as per the guidelines issued by Ministry of Health and Family Welfare.
3. No organization /manager of public place shall allow gathering of 5 or more persons
4. Gatherings such as marriages and funerals shall remain regulated by the District Magistrate.
5. Spitting in public spaces shall be punishable with fine.
6. There should be strict ban on sale of liquor, gutka, tobacco etc. and spitting should be strictly prohibited.

Article 13 of FCTC and its relevance during COVID-19 lockdown

How much toxic tobacco should our kids stream during a national health crisis?

In the first month of COVID-19 stay-at-home orders, in March 2020, the US audience for streaming (VOD) channels grew by 50-60%, [according to Nielsen tracking](#). Year-over-year, the streaming audience has doubled.

In March, kids led the list. Children and teen viewers grew by nearly two-thirds. Younger and older adult viewers were up by half, Nielsen said.

Why is a streaming explosion relevant to public health? Because it potentially exposes more kids to more on-screen smoking. The CDC projects that smoking on screen will recruit more than six million new young US smokers in this generation, killing two million of them. The harm is dose-related, meaning the more smoking kids see on screen, the more likely they are to smoke.

- [Smokefree Movies reported](#) on April 15, 2020, that popular streaming channels fail to give viewers any advance warning of tobacco content. The report also showed that parental controls on

<http://smokefreemovies.ucsf.edu/blog/proof-streaming-channels-boom-during-pandemic>

Tobacco imagery in on-demand streaming content popular among youth in India: Violation of TC laws

- 188 episodes across 10 series on Netflix and Amazon Prime Video coded.
- Study revealed 70% of the series depicted tobacco imagery.
- Total number of tobacco incidents in the 10 series ranged from zero (in three series) to 1652 (in the Marvelous Mrs. Maisel).
- Four out of 10 series depicted tobacco brands
- Seven of 10 series had tobacco imagery and none were compliant with the Rules.

Study support: WHO India; Partners: HRIDAY, WHO & UCSF



Arora M. et al, Tobacco Control, 2020

WHA73

WHA73 Statement

18 May 2020

..... Yet, even in the midst of a public health emergency of international concern, companies that produce harmful products, such as tobacco, alcohol and sugar-sweetened beverages, continue to spread misinformation and deny the link between the harmful effects of their products and COVID-19 to protect their markets.

We call on governments to ensure:

Legally binding policies are created and implemented in collaboration with civil society for greater transparency, accountability, monitoring and enforcement in order to achieve good health and well-being for all, while preventing and addressing conflicts of interest.

Particularly harmful products, such as tobacco and alcohol, are declared non-essential within pandemic responses with restrictions on availability and marketing.

Engagement with unhealthy commodity industries is limited or ceased.

Recommendations for TC policy strengthening

FCTC

- Effectively enforce WHO FCTC measures
- MPOWER- Article 13 to prevent tobacco use exposure in entertainment and social media

Article 5.3

- Enforce Article 5.3 and avoid Conflict of Interest -
- Refuse industry CSR for PPE, Ventilators and other support

Access & Affordability

- Restrict availability of tobacco products
- Raise Tobacco taxes to address resource constraints

Thank you
Stay Safe
and
Be Tobacco Free
Monika.arora@phfi.org



STOPPING TOBACCO
ORGANIZATIONS & PRODUCTS

Tobacco industry influence extending via COVID-19

Dr Tom Hird

Research Fellow, Tobacco Control Research Group

University of Bath

@drtomhird

@BathTR





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COI:

No conflicts of interest to declare.





TobaccoTactics.org

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COVID-19

This page was last edited on 06 May 2020, at 1:05 pm.

Contents

1. Background
2. Attempts to confuse the science linking smoking to COVID-19
3. Tobacco industry participation in vaccine development
4. Targeted donations and corporate social responsibility

Background

The COVID-19 pandemic is of particular relevance to the tobacco industry due to the nature of the disease. It is a viral infection of the lungs that can be severe and fatal. A host of tobacco-related conditions have been identified as associated risk factors for a severe form of the disease including respiratory and cardiovascular diseases.¹ Tobacco products and their associated health risks have therefore received increasing negative attention.²

“We investigate the strategies and tactics the tobacco industry uses to undermine public health.”

Key Tobacco industry Trends during the pandemic:



1. Corporate Social Responsibility (CSR)
2. Policy interference
3. Product and Brand Marketing
4. Reporting on smoking, nicotine and COVID-19 research

1. Corporate Social Responsibility

➤ CSR:

"The tobacco industry conducts activities described as socially responsible to distance its image from the lethal nature of the product it produces and sells or to interfere with the setting and implementation of public health policies.."

[Guidelines for implementation of Article 5.3 of the WHO FCTC, 2008]

TI Tactic: Philanthropy to distract from harm^{1,2}



CSR:

- In Costa Rica, PMI donated 40,000 N95 face masks to the government.
- South Korean KT&G donated \$82,000 of COVID-19 test kits to Indonesia.
- JTI donated over \$150,000 to Turkish COVID-19 relief funds.
- BAT's Kentucky BioProcessing into human trials of its COVID-19 vaccine.

PMI has Donated
>\$30 million

Across
62 markets

Supporting
hospitals,
crisis centers,
trade partners, and
at-risk populations

Photograph: Ministry of Health/Govnet

5th May 2020



COVID-19 Support Efforts

- Committed ~\$7 million to support relief efforts
- Donated supplies

**An Open Letter from Jack Bowles on BAT's
Response to the COVID-19 Pandemic**

¹Fooks G.J, Gilmore AB (2013) Corporate Philanthropy, Political Influence, and Health Policy. PLOS ONE 8(11), ²<https://tobaccotactics.org/csr-strategy>

CSR vs Business fears



- \$30M is 0.09% PMI's net revenue in 2019 (\$30.7Bn)
- Focus on 'Hospitals & at risk populations':

PMI has Donated
>\$30 million

Across
62 markets

Supporting
hospitals,
crisis centers,
trade partners, and
at-risk populations



Secured and delivered ventilators
to hospitals in Greece

Photograph: Ministry of Health/Greece

COVID-19 Impact on Consumption Patterns



In Developed Markets

- Stronger social support programs
- Only limited impact on consumption so far
- Instances of pantry-loading in certain markets around the introduction of restrictions:
 - Generally short-lived
 - Minimal impact on Q1, 2020 performance
 - Distributor and trade inventory movements being the bigger influence

In Certain Developing Markets

- High prevalence of daily wage workers, lower resources for social support, greater income fragility
- Initial signs of down-trading, reduced daily consumption in some countries
- Assume this will temporarily continue while pandemic-driven restrictions last
- Less developed route-to-market infrastructure:
 - Potential difficulties for some smaller general trade outlets, which may lead to temporary localized out-of-stocks

2. Policy interference



➤ Lobbying offensive launched by tobacco companies during the pandemic:

1. On Public Health policy

2. On COVID-19 measures

Policy interference – (1) PH policy



TI aims:

- Indonesia: Easing of tobacco excise tax payments.
- Europe: Postponement of the ban on the sale of menthol cigarettes.
- America: Deadline extension to apply to sell certain tobacco products.



INDUSTRY / MANUFACTURING

There is a facility to delay the payment of excise tapes, this is the response of HM Sampoerna (HMSP)

Monday, April 28, 2020 11:23 AM GMT

Prognosis

Altria Asks FDA to Delay Regulatory Deadline Due to Coronavirus

By Angelica LaVito

27 March 2020, 00:23 GMT

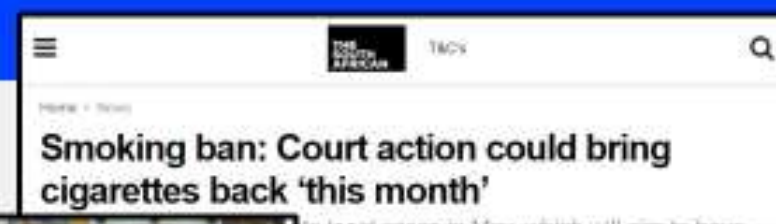
- Tobacco giant seeks eight-week delay, citing pandemic effects
- May 12 deadline is pivotal for e-cigarettes, other products

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Policy interference – (2) COVID-19 measures



- South Africa: legal action against the government threatened by BAT and Tobacco Association
- Brazil: PMI maintained cigarette production, despite a decree banning non-essential industrial manufacture
- Russia and Argentina: Media statements and appeals against restrictions on cigarette production
- Indonesia: spread of COVID-19 and worker deaths after reports slow response to first patient in a PMI affiliate factory
- Nigeria and Zimbabwe: BAT accused by employees lack of provisions for social distancing.

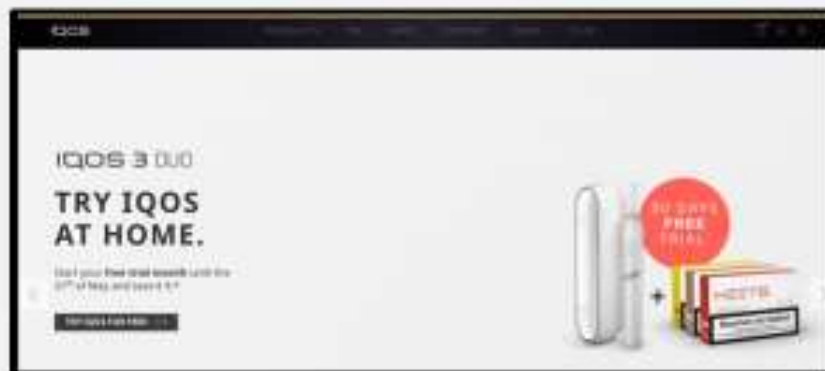


3. Product and Brand Marketing:



➤ Referencing COVID-19:

- special offers, promotions, home delivery of heated cigarette such as IQOS and glo.



Images: CTFK (2020), Big Tobacco Is Exploiting Covid-19 To Market Its Harmful Products. https://www.tobaccofreekids.org/media/2020/2020_05_covid-marketing

4. Reporting on smoking, nicotine and COVID-19 research

- Care needed
- Early hypothesis generating studies –
given status of evidence in media
- Beware selective amplification by
tobacco industry-funded groups

REASON ROUNDUP

Can Nicotine Treat COVID-19? French Researchers Think So.

Plus: abortion bans defeated again, Peter Thiel company gets contact tracing contract, and more...

ELIZABETH NOLAN BROWN | 4.24.2020 9:30 AM



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Smokers 'four times less likely' to contract Covid-19, prompting nicotine patch trials on patients

Thank you.

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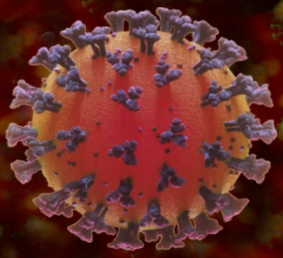
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