

COVID-19 & Tobacco

Adults of any age that smoke are at increased risk of severe illness* from **COVID-19**.



Being a current or former cigarette smoker increases the risk for severe illness from COVID-19.¹

- Cigarette smoking compromises the immune system, is linked to lung inflammation and puts people at greater risk for pulmonary infection.²
- Smoking harms the airway lining cells that contain cilia³, which are our essential defenders against viruses like SARS-CoV-2.
- People who smoke have more ACE2 receptors in their lungs. The virus that causes COVID-19 uses these receptors as a 'doorway' to get into lung cells, thus allowing for more severe illness from the virus.⁴



Both smoking and COVID-19 disproportionately impact racial, ethnic, and sexual minority groups.^{5,6}

- Communities that bear a disproportionate burden of COVID-19 hospitalizations and deaths include:⁷
 - American Indians and Alaska Natives
 - Black Americans
 - Hispanics or Latinx Americans
- Current cigarette smoking is highest among:⁸
 - Non-Hispanic American Indians and Alaska Natives
 - People of multiple races
 - LGB Americans

This pandemic is exacerbating the consequences of racial and socioeconomic disparities in health and healthcare in America – creating a crisis within a crisis.

There are persistent inequities in resource allocation, access to healthcare and other health stressors that communities of color experience.⁹

*Severe illness from COVID-19 is defined as hospitalization, admission to the ICU, intubation or mechanical ventilation, or death

At the present time, no firm link has been established between e-cigarette use and more severe risk due to COVID-19, but other harms remain.



Most e-cigarettes contain **nicotine**, which has several known health effects, including causing inflammation in lung tissue.¹⁰



E-cigarette aerosol can contain **heavy metals** like lead, volatile organic compounds and cancer-causing chemicals that are harmful to the lungs.¹¹



E-cigarettes contain **acrolein, a pesticide**. Acrolein can cause acute lung injury and COPD and may cause asthma and lung cancer¹² – all four are potential risk factors for developing more severe COVID-19 symptoms.¹³

Secondhand smoke has not been established as a separate, known risk factor in developing more severe COVID-19 symptoms.

- Secondhand smoke is a serious health hazard which causes over 41,000 deaths in the U.S. each year.¹⁴
- Many of the underlying conditions caused or made worse by secondhand smoke are potential risk factors for developing more severe COVID-19 symptoms.¹⁵
- 100% smoke-free environments are the only effective way to fully protect people from secondhand smoke exposure.¹⁶
 - Smoking indoors can increase the transmission risk of COVID-19 because people would need to take their mask off to smoke and respiratory droplets could be transferred when a smoker exhales.



With smoking being firmly linked to more severe disease from COVID-19, there has never been a better time to quit.

- Smoking cessation improves health status and enhances quality of life.¹⁷
- Smoking cessation medications approved by the FDA and behavioral counseling can double the chances of quitting smoking.¹⁸
- When people quit smoking, the number of ACE2 receptors in a person's lungs decreases.¹⁹

The Lung Association supports:

- Continued research studying the link between tobacco, including e-cigarette use, secondhand smoke and increased risk for severe illness from COVID-19.
- Making all public places, including casinos, smokefree to decrease the chance of getting COVID-19.
- Removing barriers to achieving health equity so that everyone has a fair opportunity to be as healthy as possible.
- The **'Quit Because of COVID' Act**, which, if passed will give all Medicaid enrollees access to a comprehensive quit smoking benefit without cost-sharing.
- Funding state tobacco control programs at CDC recommended spending levels.

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