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Tobacco Use: A Growing Dilemma

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Tobacco use is the most important preventable cause of death throughout the world. Cigarette smoke not only causes physical and mental harm to the smoker, but is also harmful for those exposed to the second- hand smoke. Every step towards decreasing tobacco use improves the healthcare indices and guarantees community health. Tobacco consumption changed dramatically when James Bonsack in 1881 invented the first cigarette production machine. Smoking is increasing worldwide. It is estimated that in 2030, there will be at least 2 billion smokers in the world. Cigarette manufactures produce about 900 cigarettes per person per year (1).

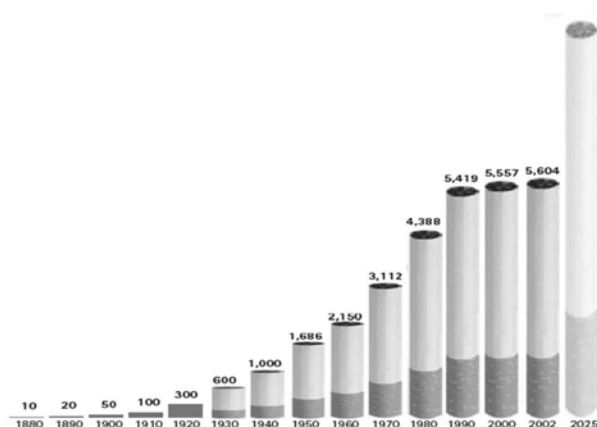


Figure 1. Global cigarette consumption (1880-2002)
Billions of sticks

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Smoking: Walking towards death

Tobacco use in every way is dangerous and eventually lethal. At present, 6 trillion cigarettes per year kill more than 5 million people worldwide. It is estimated that by continuation of this trend, the smoking rate will reach to 9 million per year. Morbidity and mortality will rise to more than 8 million per year by the year 2030. Morbidity and mortality rates due to smoking in the past decades in developed countries were twice that of developing countries. But in the next 20 years, 80% of the morbidity and mortality will occur in the developing countries. Cigarette smoking resulted in the death of more than 100 million people in the 20th century and this rate is expected to reach one billion in the 21st century (1).

Smoking and its worldwide rates:

In the 1950s, the percentage of 20 year-old Japanese male smokers, 18 year old American and 16 year-old English male smokers was 81%, 52% and 61% respectively. After almost half a century these rates have decreased now to 47%, 23% and 28% respectively (2).

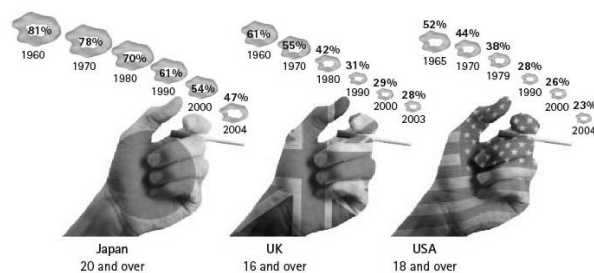


Figure 2. Smoking trends
Percentage of adult male smokers (1960-2004)

Cigarette smoking in Asian and Middle East countries follows another trend. More than 70% of men in Armenia and Yemen smoke. This rate is 55% in Jordan, 45% in Iraq and Turkey and 35% in Qatar.

China consumes more than 30% of cigarettes produced in the world. It is the largest market for tobacco products and one out of every three smokers lives in China. At present, almost 70% of Chinese men smoke. This market is so precious for cigarette companies that Philip Morris calls it "the most important feature on the landscape" (2).

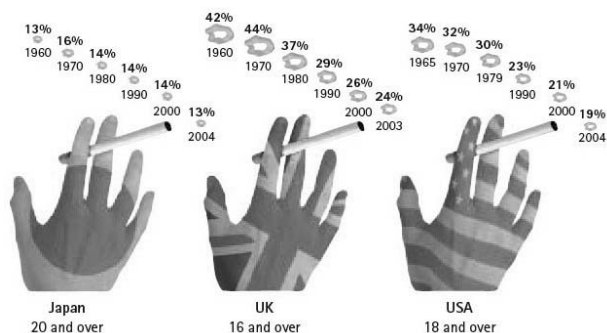


Figure 3. Smoking trends
Percentage of adult female smokers selected countries (1960-2004)

Smoking and women:

One of the goals of tobacco companies is to find a new market among women of developing countries. To this end, these companies send their products into countries via different routes and under various names i.e. women-only, extra-slim, light colored,

low-tar and mentholated.

According to a survey in 2004, 250 million women smoked every day out of which 22% were in developed and 9% were in the developing countries (3); while in 1950s, the percentage of Japanese female smokers over 20, American smokers over 18 and English female smokers over 16 was 13%, 34% and 42% respectively. Today, after almost half a century these rates are 13%, 19% and 24% respectively.

The highest number of female smokers in the world belongs to the East-Asian Islands, Chile, Lebanon, Bosnia and Herzegovina, and Yemen. If women start to smoke the way men do these days, a tragedy is inevitable (2).

Smoking and adolescence:

According to the global youth tobacco survey (GYTS); about 25% of young smokers have smoked their first cigarette before the age of 10 (4). Smoking by youth especially in boys has a direct correlation with the growth of the tobacco industry, easy access to tobacco products, low price and parental smoking. However, almost 90% of young smokers believe that smoking has not promoted their social status. At present, the highest percentage of young smokers belongs to the east European countries, Germany and Spain with more than a 30% rate (2).

Tobacco and illicit trade:

About 10.7% of the tobacco market which is equal to about 600 billion cigarettes are exchanged through smuggling networks (5). Smuggling of tobacco products poses an irreparable damage to governments and consumers. Consumers with different social levels in a community especially low-income individuals and youth have access to their

favorite brands. In this way, cigarette companies rake in huge amounts of money without paying taxes and this process results in an annual loss of about 50 billion dollars of government income needed for tobacco control programs and treatment of tobacco-related diseases (6). On the other hand, smuggling also brings the fake cigarettes to the market posing cardiac complications.

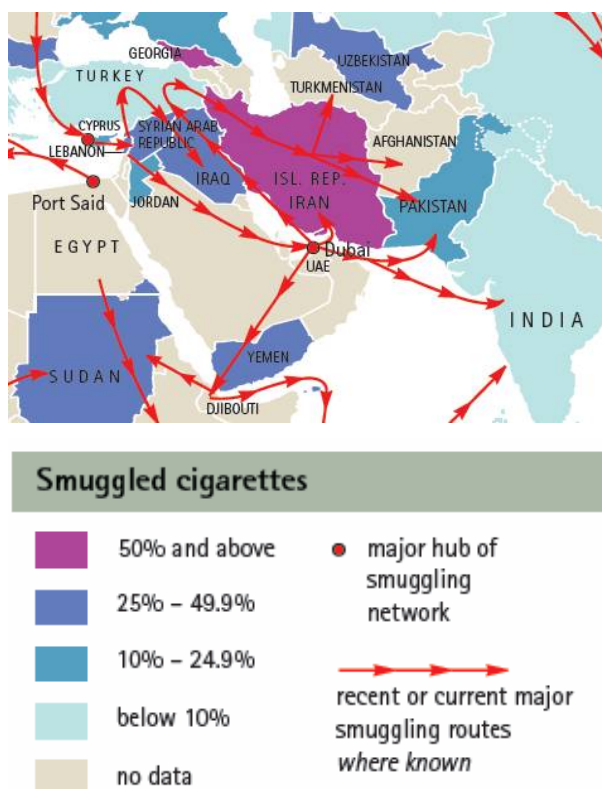


Figure 4. Estimated number of smuggled cigarettes as a percentage of domestic sales (2000-04)

Tobacco use in Iran:

Iran has been known as one of the top 10 cigarette- importing countries in the world. About 24 billion cigarettes are imported through legal routes to our country every year. Whereas, according to the WHO reports, Iran has had no export of tobacco products in the year 2004. Oman and Turkey are among the greatest exporters of tobacco products in the region (2).

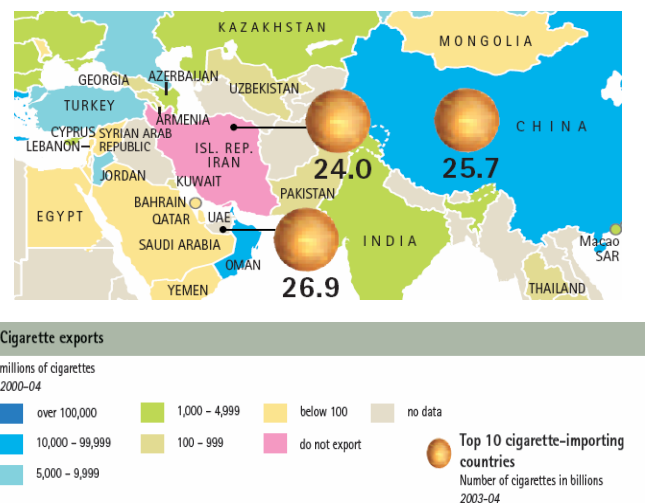


Figure 5. Cigarette exporters & top importers in the region

According to recent statistics reported by the Ministry of Health, the rate of tobacco use in Iran in the year 2000, was 12.5% (25% men and 2.5% women). The matter of concern in these surveys is the growing trend of smoking among the Iranian youth. According to the statistics in 1990, about 10% of 15-25 year-old individuals smoked cigarettes but this rate reached more than 17% in the year 2000 (7).

A survey in 2003 reported that occasional smoking among male and female Tehran high school students was 30.7% and 25.4% respectively (8). Another study in 2001 reported the rate of smoking among university students in Tehran to be 25.4% among males and 5.1% among females. The important point was the increased rate of smoking among females from 2.7% in the first year of college to 7.8% in the graduation year (9); while according to the first round of the global youth tobacco survey in 2003, 12% of Iranian students (13-15 years) smoked cigarettes besides other tobacco products. This figure has increased to 27% in the second round of GYTS in 2007 (10).

Smoking and bylaws

During the years 1999- 2003 member countries of

the World Health Organization after 4 years of technical work, presented the framework convention on tobacco control (FCTC) in 11 sections and 38 articles which was approved by the Health ministers of 195 member countries. It offers necessary guidelines on tobacco control related issues to the member countries and these countries to enforce the rules and measures based on their specific conditions.

Among the most important practical suggestions of this framework convention are the followings:

Article 8: To protect people exposed to secondhand smoke

Article 11: To print health warnings on cigarette packs

Article 13: To enforce complete bans on direct or indirect tobacco advertisements

Article 14: To integrate smoking cessation programs into the national healthcare programs of the countries.

Article 15: To confront smuggling and illicit trade of tobacco products (11)

The Iranian representative signed the framework convention on June 16, 2003 in New York. Iran is among the first countries which signed this convention and is the only Asian country that has banned tobacco use in all public places (12). This convention was ratified by the parliament in November 6, 2005. All countries have to give the reports of their progress to WHO after 3 years of ratifying the convention. Another important event that we are proud of is the election of tobacco research, prevention and control unit of NRITLD as WHO collaborating center for tobacco control (13). This is the 9th center of WHO for tobacco control in the world (14).

Iran is proud of the act of religious leaders who forbade the use of tobacco 100 years ago. Also, limitations in tobacco use have been enforced since the last years of the 20th century. Efforts of charitable

people along with the endeavors of the Iranian Anti-Tobacco Association resulted in ratification of the comprehensive law for national tobacco control by the parliament 2006.

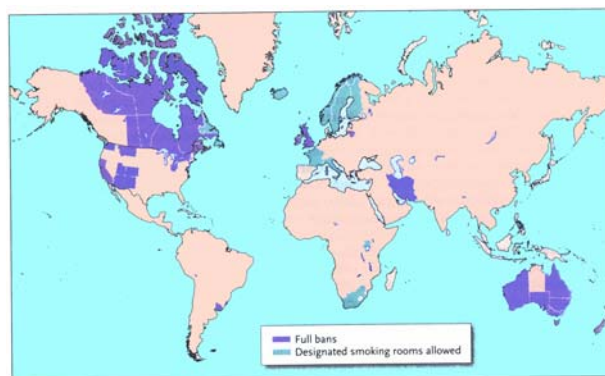


Figure 6. Countries, States and Provinces that have banned smoking in indoor workplaces and other indoor public places.

The last say:

It seems that the most effective way to confront the growing obstacle of smoking is to ban the purchase, sale and use of tobacco by the governments and authorities. Also, the positive effects of annual increase of the cigarette tax have been reported in several scientific articles (15, 16, 17, 18, 19).

Precise implementation of WHO recommendations can help in control of this dilemma as well. These recommendations include: monitoring tobacco use and prevention policies, protecting people from tobacco smoke, offering help to quit tobacco use, warning about the dangers of tobacco, enforcing bans on tobacco advertising, promotion and sponsorship and raising taxes on tobacco (20).

By preventing access to this addictive substance in the society, we can not only restrain new cases of smoking but also help many smokers who would like to quit smoking. Medical societies in different countries and democratic organizations have an important role in supporting healthcare measures. However, such organizations are not active in many

countries. Also, participation of non-governmental organizations (NGOs) can help reinforcement, integration and exchange of experiences in this regard.

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