

LETTER TO THE EDITOR: CIGARETTE SMOKING – A THREAT TO DEVELOPMENT IN IRAN

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Tobacco use is one of the major risk factors for the global burden of diseases (GBD) worldwide, especially in relation to chronic and non-communicable diseases (*NCDs*)¹. So that 5 million people die annually due to tobacco consumption². The prevalence of cigarette smoking as a major health problem varies from country to country³. In Iran, like in many other developing countries, cigarette smoking is one of the main concerns of the healthcare system⁴.

In Iran, cigarette smoking was started during the reign of Shah Abbas, the fifth king of the *Safavid* dynasty (1579-1629). Then, it quickly spread across the country, and in 1937, the first cigarette factory with the capacity of producing 600 million cigarettes per year started to work⁵. Currently, Iranian Tobacco Company (ITC), a governmental organization, with more than 10 manufactories throughout Iran, produces about 12 billion cigarette sticks a year⁵.

In addition, almost the same amount is legally imported to the country. The average daily consumption of cigarette in Iran is 13.7 sticks⁶, and it is estimated that about 30 billion cigarette sticks are consumed per year all over the country⁵. According to recent data in Iran, 62% increase is observed in the manufactured cigarette between 2003-2004 and 2005-2009⁵. The annual per capita consumption of cigarette in our country is 764 cigarette sticks, making the country ranked 71th among 182 countries⁷. An *increasing* trend for cigarette smoking *among Iranian population, especially youngers*, has been demonstrated. About 12% of the population over the age of 15 in Iran

used to smoke⁸. Among men who smoke cigarette in Iran, 67% started smoking for the first time at the age of 14 and 80% started cigarette smoking before the age of 20⁹.

Findings from a national study conducted in 2007 on 5287 individuals aged 15-64 in all Iranian provinces showed that cigarette smoking is the most common form of smoking tobacco among Iranian men. In this study, the highest amount of cigarette smoking was also observed in the 45-64 age groups⁶. According to the results of the first survey study in 1991, cigarette smoking prevalence among Iranians aged 15-69 was 14.6% (27.2% in men and 3.4% in women)¹⁰. Another study in 1999 indicated that cigarette smoking prevalence fell to 11.7% (24% for men and 1.5% for women) (10). In 2005, according to World Health Organization (WHO)'s report, the prevalence of cigarette smoking was 14.2% (24.1% for men and 4.3% for women)11. This figure fell by 12.5% (23.4% in men and 1.4% in women) in 20076. According to the WHO's 2010 report, about 12% of Iranian population smoke (about 6729700 people). According to this report, about 22% of men and 1% of women smoke. In 2010, the highest prevalence rate of smoking in men was in the 40-54 age groups and in women was in the 70 years or older¹². In general, it is concluded that during the last two decades, cigarette smoking in Iran has not been significantly decreased. In term of gender, findings of a meta-analysis study revealed that the prevalence of smoking was 6.02 times higher in men than women¹³.

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The prevalence of smoking is different in various provinces of Iran. Findings of a study has estimated the prevalence of smoking in different regions of Iran as follows: Ilam (West) 7.6%, Yazd (Center) 8.6%, Golestan (North-East) 9.1%, Sistan and Baluchestan (South-East) 20.3%, and Bushehr (South) 21.2%4. Another study conducted in Mashhad (North-Eastern Iran) has reported the prevalence of smoking to 17.2%¹⁴. The findings of a study conducted in Isfahan Province (Center of Iran) also indicated that 18.7% of people aged 19 years and older had smoked¹⁵. Results of two other studies in Teheran (Northern Central Plateau of Iran) also reported the prevalence of cigarette smoking were 22.26% and 22%13,16. According to the results of another study conducted in Shiraz (Southern Iran), 26% of men used to smoking¹⁷. On the basis of the above findings, we conclude that cigarette smoking is common among men in all regions of Iran.

In conclusion, tobacco consumption - especially cigarette smoking - is one of the major health problems in developing countries, including Iran and a comprehensive planning is needed to control tobacco consumption in these countries. To implement this planning, it is necessary to educate people about the health effects of smoking in order to reduce the burden of non-communicable diseases in developing countries.

Informing and educating teenagers and young people about the harmful effects of smoking, providing programs for quitting smoking, reducing access to tobacco products by adopting appropriate laws and persuading tobacco Companies to disseminate information in cigarette compounds can reduce the prevalence of smoking.

AUTHORS DISCLOSURE

The Authors declare that they have no conflict of interests.

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