



Legal Criticism of the “Comprehensive Law on National Tobacco Control and Combat” in Protecting the Right to Health of Children and Adolescents

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To the Editor,

Tobacco use among children and adolescents continues to be one of the most complex public health and human rights challenges worldwide. In Iran, the overall framework for tobacco control is established by the Comprehensive Law on National Tobacco Control and Combat,¹ enacted in 2006 and most recently amended in 2024. To operationalize Article 18 of this Law, the Executive Regulations of the Law were adopted in 2007 and later amended in 2011.² As the Regulations provide more detailed provisions and contain a different structure and number of articles, this manuscript carefully distinguishes between the two instruments and specifies in each citation whether the referenced provision belongs to the Law or to the Executive Regulations.

In analyzing this Law, it should be noted that although the law applies to the general public, in some cases, with the aim of targeting vulnerable groups such as children and teenagers, it seeks to emphasize special protection for this group. Examining the formulation of the law indicates that, in general, the legislator has regulated this area in two positive and negative dimensions. On the positive side, the lawmaker wanted to establish rules that are necessary for the government, institutions, and individuals to protect children from smoking, and non-implementation will be met with enforcement. In a regulation with a negative approach, the law looks at prohibitions and criminalization, and legal measures include cases where individuals or institutions are prohibited from doing certain things to protect children from smoking; in such a way that doing those prohibited or unauthorized things will be met with a guarantee of execution. Examining the set of policies adopted within the framework of the comprehensive law shows that the dominant approach of this law is to impose negative duties, and in the positive area, no special

requirements have been foreseen for the government, individuals, and institutions in ensuring the right to the health of children and adolescents. In addition, within the scope of the same negative provisions, some prohibitions have not been taken into account, and policy-making has been neglected in some areas.

For example, smoking bans do not extend to private spaces where children may be involuntarily exposed, including households and family vehicles. According to Article 7 of the Executive Regulations, the use of these substances in public places is prohibited. In Article 1 of the Executive Regulations, public places are considered to include places that are used and visited by the general public, such as schools, etc. Under Note 1 of Article 13 of the Law, smoking in public places or public vehicles is punishable by a fine of 2,100,000 to 4,200,000 Rials (approximately USD 1.2–2.5, based on the prevailing exchange rate in 2026, 1 USD ≈ 1,700,000 Rials), highlighting the very limited deterrent value of this penalty. Apart from the inadequacy of the monetary penalty, the law is also limited in scope, as it explicitly refers to public places but does not extend its protections to other places where children regularly gather or spend time.

Furthermore, sanctions for selling or supplying tobacco products to minors are insufficient. Current fines are economically negligible and fail to deter violations, especially within rapidly growing online tobacco markets. Although Article 10 of the executive regulation prohibits the sale of tobacco products to individuals through the Internet and vending machines, the violation of this regulation is not a crime and is merely a trade violation. Also, some online stores and virtual platforms, despite this ban, have made it possible for people of all ages to buy cigarettes at any time and easily by leaving only the precondition



of authentication before purchase, which can be easily bypassed by users. Without clear accountability among vendors, web platforms, and enforcement agencies, digital sales to adolescents continue largely unchecked. The law's failure to identify a lead authority for digital monitoring or enforcement results in a persistent gap in governance and compliance.

Another critical omission relates to healthcare accessibility. Although the Ministry of Health is tasked with integrating cessation programs into primary health services, there are no insurance or financial supports for minors seeking treatment for nicotine dependence. In Iran, the amendment of Article 15 of the Anti-Narcotics Law approved in 1997³ obliges the Ministry of Welfare and Social Security to include the costs of drug addiction cessation in basic and inpatient insurances, and obligates the government to include the necessary funds to do this in the annual budget bills, but there is no legal requirement for the government to quit other tobacco products such as cigarettes. The economic burden of Nicotine Replacement Therapy or pharmacological aids prevents many families from seeking help. A statutory requirement for free cessation services for all individuals under 18 years would better align Iran's system with the best practices recommended under the WHO Framework Convention on Tobacco Control (FCTC).⁴

Equally concerning is the absence of any prohibition on child labor within the tobacco industry. Children engaged in tobacco cultivation are exposed to toxic levels of nicotine through skin absorption. This constitutes a clear violation of Article 32 of the UN Convention on the Rights of the Child (CRC),⁵ which prohibits hazardous child labor. Iranian law remains silent on this matter and must urgently address it through explicit prohibitions and enforcement reforms.

Education also plays a vital role. It is stated in paragraph b of Article 2 of the law that the National Tobacco Control and Combating Headquarters is responsible for compiling and approving training and research programs with the cooperation of related institutions. In Article 21 of the Executive Regulations, it is stated that the institutions subject to Article 160 of the Law of the Fourth Plan of Economic, Social and Cultural Development of the Islamic Republic of Iran are required to implement educational and propaganda programs approved by the headquarters to prevent and combat tobacco use. What can be understood from the provisions of these two articles is only the obligation to implement the educational programs foreseen by the headquarters, and apart from that, the law is silent regarding the obligation for the institutions in charge of the education of children and adolescents. Integrating age-appropriate education into school curricula has proven to be a decisive preventive measure globally. Awareness campaigns alone are inadequate without systemic educational interventions embedded within school and community settings.

In today's digital era, social media marketing and influencer promotion of tobacco products have become

major vectors of youth exposure. The Iranian law's focus on point-of-sale advertising is outdated. In the Executive Instructions for Paragraph A of Article 2 of the Comprehensive Law on National Tobacco Control and Combat (adopted in 2014),⁶ any action that directly or indirectly introduces tobacco products and their means of consumption and creates a mental image, attracts attention, stimulates and encourages people to buy and consume tobacco through various means, such as the Internet, is an example of advertising and promotion and is strictly prohibited. This is because the legal enforcement guarantees of paying a monetary fine in the context of virtual media do not work, and according to the nature and performance of this type of media, which in many cases the operator is not known, it is more effective to impose special enforcement guarantees such as stopping the activity of that media or blocking it. Explicit digital advertising bans, monitoring requirements for online platforms, and collaboration mandates for Internet Service Providers must be incorporated into future amendments.

Taken together, these gaps indicate an urgent need for legislative reform toward a child-centered approach to tobacco control. The revised law should:

1. Recognize the right of all children to a tobacco-free environment as a binding state obligation.
2. Expand restrictions on smoking to all enclosed places frequented by minors—including private vehicles and playgrounds.
3. Impose strict penalties and license suspensions for repeated sale offenses involving minors.
4. Mandate preventive education from early school years through secondary levels.
5. Require government and insurance coverage for cessation services for all children and adolescents.
6. Prohibit child labor in all tobacco-related industries and strengthen occupational safety oversight and establish legal incentives to support alternative livelihoods to tobacco cultivation.
7. Establish robust monitoring mechanisms for online advertising, sale, and delivery of tobacco products.

In conclusion, Iran's current legislative framework, while ambitious in scope, remains insufficient in practice. Protecting children from tobacco exposure should not be seen only as a health policy objective but as an essential human rights commitment. A comprehensive, enforceable, and inclusive reform—consistent with the WHO FCTC and CRC standards—would represent a decisive step toward ensuring a smoke-free future for the nation's youth.

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None.

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