

Suggesting Approaches of Tobacco Control for Policymakers: A Serious Challenge of Iranian Future Health

Mousa Bamir¹, Ali Masoud², Reza Dehnavieh³, Fakhri Ebrahimi³

Letter to Editor

Editor in Chief

One of the most prevalent problems worldwide is cigarette smoking and its health sequences with a high degree of burden for the individual and society. A high level of dependence and diverse approaches to smoking cessation make the smoking cessation policies challenging for the health policymakers.¹ Several studies have demonstrated a rising trend in the smoking prevalence in both genders.²

World Health Organization (WHO) estimated that by 2030, millions of people would die due to their smoking habit.³ Lung cancer is the most important consequence of smoking⁴ that costs more than 100 trillion Rials (Iranian currency) for the health system.

In addition, official statistics have revealed an incremental trend in smoking prevalence in Iran.⁴ Studies reveal that cigarette use is increasing in Iran due to increased marketing and production of tobacco in Iran, and also an increase in legal and

illegal import of tobacco products to the country.⁵

Accordingly, the Iranian health policymakers are facing the demand to take strict measures against tobacco products import and distribution.

Different measures have been implemented to control smoking around the world, and a brief review is made in table 1 regarding policymaking in different sample countries.

Based on the comparative results shown in table 1, the implementation of such policies seems necessary for Iran.

Approaches to control cigarette in Iran

Regulations to control tobacco trafficking: Making legal decisions to control import and distribution of tobacco products, and taking strict measures to confront illegal transport of these products to Iran through neighboring countries.

Strengthen cigarette cessation centers: As smokers would not be able to have legal access to high nicotine cigarettes, they seek alternative sources of nicotine such as use of available nicotine products in the market.

Table 1. Specific measures to control cigarette used in different countries

Country	Specific measures to control cigarette
Japan	1. Educational Activities; 2. Self-Care Advertising; 3. The law of tobacco trade; 4. Media campaign; 5. Health and safety laws
United States of America	1. Media campaign; 2. Free consultation; 3. Clinics for treatment; 4. Alternative products for the new generation; 5. Training
The United Kingdom	1. Lack of activity for tobacco industry; 2. Social obligation; 3. Preventing for advertising; 4. Treating cigarette cessation
Russia	1. Preventive measures; 2. Psychological support; 3. Media program
Brazil	1. Retail restrictions; 2. Electronic cigarettes
Canada	1. Accessing to treatment; 2. Protecting youth; 3. Preventing flavored tobacco; 4. Capacity building
India	1. Attention to educational institutions; 2. The lack of nicotine food consumption; 3. Prohibition of retail; 4. Avoidance of illegal trade
China	1. Preventing to set up a new cigarette factory; 2. Tobacco Monopoly Law; 3. Children and Youth Protection Law; 4. Regulations of the State Council

1- Research of Foresight and Innovation in Health, Institute for Future Studies in Health, Kerman University of Medical Sciences, Kerman, Iran

2- Social Determinant of Health Research Center, Institute for Future Studies in Health, Kerman University of Medical Sciences, Kerman, Iran

3- Research Center of Foresight and Innovation in Health, Kerman University of Medical Sciences, Kerman, Iran

Correspondence to: Mousa Bamir; Research of Foresight and Innovation in Health, Institute for Future Studies in Health, Kerman University of Medical Sciences, Kerman, Iran; Email: bamir@ut.ac.ir

Electronic Nicotine Delivery Systems (ENDS) or pharmacological alternative of nicotine, use of combusted tobacco products containing nicotine from alternative sources, and also, prevention offending to cigarette factories are feasible approaches to be implemented by health policymakers.

Establish a tobacco surveillance and surveillance system: To control illicit markets, comprehensive tobacco control (e.g. maintaining or increasing taxes), education about the effects of nicotine, laboratory testing to monitor any attempts to stop cigarette, and surveillance to determine the prevalence of use and monitor unintended consequences would support a nicotine reduction health policy.

Implementation of the Framework Convention on Tobacco Control (FCTC) of the World Health Organization (WHO): The implementation of the WHO FCTC in Iran is a road map to manage measures on tobacco control. By implementing the regulations proposed by this framework, we can commit our international obligations, and use its solutions to control social problems.

Proper rules to prevent cigarette in public places: To protect the citizen right and ensure their health against detriments and diseases related to cigarette, tobacco consumption in public places should become forbidden, and legal fines should be prompted. Installing signs and announcements to inform the harmful effects of tobacco, and prohibiting its consumption, may also help to inform the people.

Prohibiting selling tobacco, and health warning on the packs of cigarettes: Advertisements on television (TV) and streets for

any tobacco products which encourage the public to smoke are forbidden. Broadcasting Organization and Ministry of Culture and Islamic Guidance, municipalities and the press should not also advertise cigarettes in their films, serials, and programs directly or indirectly.

Supporting pharmacological and psychological therapies for smoking cessation: There are several types of nicotine alternative therapy (nicotine gum, nicotine skin tags, nicotine inhaler, and nicotine nasal spray) and continuous bupropion, which can be used as a substitute for tobacco. Other drugs, including clonidine and nortriptyline, are very practical, so they can be taken into consideration.

Advising the people who smoke, and sequential clinical interventions: There are various items to consider when introducing therapeutic interventions such as addiction consultation with new methods, therapeutic strategies based on analyzing the symptoms of addiction, supporting a teenager who has started cigarette, and preventing young people not to smoke through a 24-hour free consultation which makes a strong motivation and awareness for smokers.

In general, policymaking in Iran should be aware of the devastating consequences of smoking in the long term, and strict policies should be taken when dealing with this global issue. There are two possible approaches for preventing this increasing trend: first, taking other countries approaches into action and second, adopting the approaches taken by other countries and conforming them to Iranian culture and social relations.

Citation: Bamir M, Masoud A, Dehnavieh R, Ebrahimi F. **Suggesting Approaches of Tobacco Control for Policymakers: A Serious Challenge of Iranian Future Health.** *Addict Health* 2020; 12(4): 294-5.

References

- Jacob V, Vellappally S, Smejkalova J, Rajkumar K, Cermakova E, Fiala Z, et al. Tobacco use in smokeless and smoking forms and its effect on periodontal health in India. *Cent Eur J Med* 2008; 3(1): 97-104.
- Babanov SA. The epidemiological characteristics of tobacco smoking. *Vestn Ross Akad Med Nauk* 2006; (8): 27-9. [In Russian].
- Mazloomi Mahmoodabad SS, Sadeghi R, Fallahzadeh H, Rezaeian M, Bidaki R, Khanjani N. Validity and reliability of the Preventing Hookah Smoking (PHS) Questionnaire in adolescents based on the protection motivation theory. *Int J Pediatr* 2018; 6(10): 8327-37.
- Rezaei S, Akbari SA, Arab M, Majdzadeh R, Mohammadpoorasl A. Estimating economic burden of cancer deaths attributable to smoking in Iran. *J Res Health Sci* 2015; 15(4): 228-33.
- Meysamie A, Ghaletaki R, Zhand N, Abbasi M. Cigarette smoking in Iran. *Iran J Public Health* 2012; 41(2): 1-14.