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## Tobacco smoking and the fight against tobacco addiction: a look at Iran and the other countries of the Persian Gulf region

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Each year tobacco smoking kills more than five million people worldwide and is one of the major causes of premature death [1]. Tobacco-related diseases affect people in their most productive years of life, deplete domestic finances, increase the costs of medical care and impede economic development.

Tobacco smoke is harmful to both smokers and non-smokers. At least 250 of the 4,000 chemical substances found in tobacco smoke are considered harmful, with over 50 being carcinogenic [2]. Conditions proved to be related to tobacco smoking include cancer such as lung cancer and cancers of the oesophagus, larynx, stomach, kidney, bladder, uterine cervix and acute myeloid leukaemia; chronic obstructive pulmonary disease (COPD); and cardiovascular disease [1].

The initial efforts undertaken by the World Health Organisation (WHO) years ago were aimed at assessing the risk related to the smoking epidemic. Currently, efforts are aimed at reducing the health damage resulting from smoking. Particular emphasis is placed on the implementation of smoke-free environment policies.

The WHO Framework Convention on Tobacco Control (FCTC) is the first international treaty in the world that has been developed to protect present and future generations from the consequences of tobacco smoking and inhalation of tobacco smoke [3].

Article 8 of the treaty includes a declaration that each party to the treaty is legally obliged to protect everyone from exposure to tobacco smoke, and that there is no safe level of exposure. A completely smoke-free environment is the only means of protection from the harmful effects of passive smoking. However, if any activities are to be successful, it is necessary to update the knowledge on the prevalence of tobacco addiction, taking into account community-specific characteristic determinants.

Topics related to tobacco smoking and the fight against the habit have often been addressed in 'Pneumonologia i Alergologia Polska' but have generally been limited to Poland. This issue includes an original paper by M.H. Boskabady et al. on the prevalence and consequences of tobacco smoking assessed by a questionnaire administered to 1,435 inhabitants of the city of Mashhad in north-eastern Iran [4]. The authors showed that smokers accounted for 12.7% of the study population (17.2% of men and 2.5% of women). The study was conducted in 2008 and its results are similar to those of population studies.

A report based on the WHO guidelines was published in 2009 (SuRFNCD-2007) which presented the results of a study investigating tobacco smoking in Iran [5]. The report covered a randomly selected group of 5,287 people aged 15 to 64 years. At the time of the study, the population of Iran was about 49 million. The authors demonstra-

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ted that 13.7% of Iranians (6.7 million) smoked every day, including 6 million males (24.3%) and 0.7 million females (2.9%). The mean age at smoking initiation was quite high: slightly above 20 years of age for males and 24.2 for females. There were no significant differences between the urban and rural areas in this respect. The mean number of smokers was highest in the group aged between 35 and 44 (22.4%). Interestingly, the first attempts to quit smoking were made much earlier by males than by females (at an average of 34.1 as opposed to 42 years, respectively). The results of the study by Boskabady et al. and those of the above report are very similar.

The prevalence of smoking among males in Iran is similar to that in other countries of the Persian Gulf region. Only in Pakistan and Turkey are prevalence rates significantly higher: 24.3% and 45.1%, respectively. The prevalence of smoking among women in Iran is lower than that in Turkey (14.8%) but higher than that in Iraq (1.6%) or the United Arab Emirates (1.2%) [6].

One way of smoking tobacco, fairly popular in the countries of the Persian Gulf region, is smoking a water pipe. This method of smoking is more popular among women than men [5]. For a long time, there was little awareness of the health damage resulting from smoking the water pipe. There have still been no publications reporting the results of long-term epidemiological studies. The pro-

ponents of this method of smoking have emphasized the small amount of tobacco used, and pointed to tradition. However, an increasing number of scientific reports have confirmed the harmfulness of this method of smoking [7].

Iran signed the WHO FTCT in 2003 and ratified it in November 2005. Imposing a ban on advertising and promotion, on selling cigarettes to persons below 18 years of age, on smoking inside public buildings (state buildings but also hotels, restaurants, cinemas, leisure centres), churches, workplaces and on public transport plays an extremely important role in limiting the smoking habit and in raising awareness of its damaging effects.

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