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Letter to the Editor

The Necessity of Multifaceted Targeted Interventions for the Nicotine Addiction Crisis in Iran

Ahmad Shamabadi

Psychiatric Research Center, Roozbeh Hospital, Tehran University of Medical Sciences, Tehran, Iran

***Correspondence:** Email: a-shamabadi@alumnus.tums.ac.ir

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Dear Editor-in-Chief

Smoking remains a significant global health concern, with varying trends across different regions. In Iran, tobacco smoking prevalence was reported to be 14.01% overall, 25.88% in men, and 4.44% in women, highlighting the remaining alarmingly high prevalence among men (1) and increasing prevalence among youth and women (2), which do not conform to international guidelines (3). Tobacco is Iran's fourth main contributor to attributable disability-adjusted life years (2). Also, Iran cannot extract income from the sale and incurs incredible costs (4). These indicate the insufficiency of the implementation level of the control policy and the importance of a broad set of control regulations (1-3, 5). Herein, the shortcomings in implementing some outstanding approved laws and the possibility of improving some of them are addressed.

Comprehensive acts on national control and campaign against tobacco have been milestones in control activities (2). Smoking bans in different settings, annually raising taxation, developing cessation clinics, graphic health warnings covering 50% of packets, direct and indirect advertising and sponsorship bans, banning using misleading terms in naming, banning sales to people under 18, and prohibiting sales from opened packages are some items (2, 3, 6). However, strict enforcement has not always been there (3, 6). In these regards, it was supposed to express the experience of countries banning smoking in restaurants, but finding such a decree in Iran before them was surprising. Unfortunately, it has not been neither implemented nor followed (6). In addition, although there has been a fine for smoking while driving, it is frequently ignored. Second, a policy in government broadcast movies has been that positive characters are not smokers, while this is not observed in non-governmentally ordered or produced movies, which have recently been of interest, especially among youth. This exposure is associated with smoking increases (7). Third, the sales must be accompanied by identity checks to ensure the minimum age limit is met. Fourth, not selling cigarettes from opened packets should be monitored.

Some other laws are well followed, but there is room for improvement. First, 15-25% taxes on domestically produced cigarettes do not reduce their affordability based on the Cigarette Tax Scorecard. Although the World Health Organization recommends raising taxes to at least 70% of the retail price, Iran should consider raising 219% with periodic adjustments to achieve public health goals and tax revenues (5). The reason for the current low tax share component is stated to be its competition with smuggled cigarettes (3), but reducing consumption, generating revenue comparable to the costs imposed, and reducing health inequalities are the purposes of taxation (8), and the high affordability of domestically produced cigarettes is not the only way to deal

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with smuggling. Second, health warnings can be placed on each cigarette in addition to packets, as in Canada. Third, using silver and blue in Farsi, written on packets instead of ultra-light and light by law, will probably help better replace these misleading terms among users. Fourth, banning using appealing colors like silver and blue may also help. Fifth, the minimum age can be gradually increased, as in New Zealand. Sixth, insurance coverage of cessation interventions such as varenicline tablets and advertising and informing about intervention benefits are suggested. Seventh, electronic cigarettes, which are banned in Iran (2), can be considered allowed to be prescribed in cessation clinics as a treatment for smokers who are reluctant to quit or who have relapsed. Opposing the commercialization of vapes and electronic cigarettes should be continued (9). Eighth, a ban on outdoor restaurant spaces should also be considered, as in Portugal. In this regard, a gradual elimination seems more appropriate; that is, the ban on selling and smoking hookah in restaurants should be implemented, the ban on smoking cigarettes in covered areas of restaurants should be implemented, smoking in the open spaces of cafes and restaurants should be prohibited, and selling hookah in teahouses should be prohibited, respectively. The benefits will be reducing consumption, increasing cessation, reducing secondhand exposure, and removing smoking role models for children (10).

In conclusion, the high prevalence and burden, increasing prevalence among women and youth, and the incredible costs of smoking, which were considered the nicotine addiction crisis (4), require urgent, decisive interventions. The solution is to implement some current laws strictly, improve and complete some, and introduce new ones. The tax increase, as the most effective approach for reducing demand (5), should be prioritized. Considering conflict of interests helps to speed up the process; for example, the gradual elimination of selling hookah in teahouses, which is their primary income source, to provide the possibility of adaptation, and considering tobacco companies to produce or import cessation interventions.

Conflict of Interest

The author had no competing interests.

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