

Tobacco Use Prevention for Iranian Adolescents: Time for Family-Centered Counseling Programs

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In spite of worldwide anti-tobacco policies, and increase in public awareness on harmful effects of tobacco, still smoking is one of the global public health problems. In addition to its negative impacts on public health and economy, smoking is considered as a disease, registered in the tenth revision of the International Classification of Diseases (ICD-10; F17), and deserves our attention and special care due to its harmful consequences. Different actions have been implemented for quitting smoking or putting health warnings on tobacco packaging. The recent report of the World Health Organization (WHO) reported the latter action as the greatest progress of the WHO Framework Convention on Tobacco Control (WHO FCTC).¹ Although implementing the tobacco-use cessation strategies are of great importance, but the increasing prevalence of smoking as well as the decrease in the age of starting to smoke underscore that preventing the initiation of tobacco use among children and adolescents needs to be intensified. Thus the determinants of attempting to smoke should be determined in each population.

Iran signed the WHO FCTC in 2003, and ratified it in November 2005; different articles of this treaty have been considered, e.g. all kinds of advertisements as well as smoking in all indoor public places and selling cigarettes to persons less than 18 years of age are banned. Nationwide studies have indicated that the prevalence of tobacco use has not escalated over the past two decades, but the burden is high and warranting effective preventive strategies.² This is of special concern for the young age groups, with increasing number of reports warning about smoking waterpipe and cigarettes among

Iranian adolescents and young adults.³⁻⁵ A study on transitions between the stages of smoking in Iranian adolescents assumed that prevention of smoking in this age group should begin by focusing on the predictors of transition through smoking stages, particularly participating in smoker groups.⁶

Two papers in the current issue of this journal present the findings of in-depth investigation of the determinants of smoking in Tehranian adolescents with low and high socioeconomic status. The only common predictor of smoking in both socioeconomic groups was having a smoker father. These studies also showed that 90% of smoker adolescents had seen anti-smoking advertisements, but unfortunately, without any effect on them.^{7,8}

The central role of parental smoking on their children's attitudes toward smoking is in line with previous studies in Iranian youths. The role of smoking water-pipe as a traditional fun with less of a stigma associated than with cigarette, even for girls in family gatherings, should be underscored.^{5,9}

Article 8 of the WHO FCTC urges collaborating parties are legally obliged to protect everyone from exposure to tobacco smoke; and the aforementioned anti-tobacco laws have been extensively implemented in Iran. However, to reach the goals of this international treaty, the community-specific determinants should be taken into account, and family-centered preventive counseling should be strengthened in Iran.

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