

WORLD HEALTH ORGANIZATION

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Message of Dr Ambrogio Manenti
WHO Representative in IR Iran
On the Occasion of
The 1st Sub-Regional Congress on Tobacco and Health
28-30 January 2009, Kish, IR Iran

Excellencies, Colleagues, Ladies and Gentlemen,

It gives me a great pleasure to be with you in the Sub-Regional Congress on Tobacco and Health, which is a good example of the partnership of WHO and member states in the battle against tobacco epidemic.

Tobacco use is one of the biggest manmade public health threats the world has ever faced. Currently more than one billion smokers exist in the world that more than 80% of them live in low- and middle-income countries.

Tobacco kills up to half of all people who use it, on average 15 years prematurely. Exposure of non smokers to the Second-hand smoke also causes serious and often fatal health consequences such as lung cancer and heart disease. The second hand smoke is also responsible for sudden infant death syndrome, low-birth-weight babies, pre-term deliveries and episodes of childhood asthma.

The most commonly used type of smoked tobacco is still standard cigarettes however other smoked tobacco products, such as bidis and shisha, are gaining popularity – often in the mistaken belief that they are less hazardous to health. Smokeless tobacco is also highly addictive and causes cancers as well as many oral diseases.

Dear Colleagues,

The tobacco epidemic, like any other epidemics, has a vector: an industry and its business strategy. To sustain their profits tobacco companies have long targeted youth as “replacement smokers” to re place those who quit or die. The industry knows that addicting youth is its only hope for the future and adolescent experimentation with a highly addictive product aggressively pushed by the tobacco industry can easily lead to a lifetime of tobacco dependence.

Worldwide, the tobacco industry spends tens of billions of dollars a year on marketing. The global tobacco industry now exploits the developing world by using the same marketing and lobbying tactics perfected – and often out of law – in the developed world. Targeting women and teens to use tobacco while pressuring governments to block marketing restrictions and tax increases, are among revealed tactics of tobacco industry.

Globally tobacco use is growing fastest in low-income countries, due to low prices, aggressive and widespread marketing, lack of awareness about its dangers, and inconsistent public policies against its use coupled with steady population growth.

We can cut back the tobacco epidemic. The cure for this epidemic is in the harmonized actions of governments and civil society. It was in response to the globalization of the tobacco epidemic that in May 2003, the World Health Assembly unanimously adopted the WHO Framework Convention on Tobacco Control (FCTC) - the world's first treaty against tobacco. This treaty presents a blueprint for countries to reduce both the supply of and the demand for tobacco and provides the context for effective policy interventions to neutralize this killer of millions of people each year. The treaty has 168 Signatories, including the European Community, which makes it the most widely embraced treaties in UN history. Member States that have signed the Convention indicate that they will strive in good faith to ratify, accept, or approve it, and show political commitment not to undermine the objectives set out in it.

Ladies and gentlemen,

The tobacco epidemic is devastating – but preventable. The fight against tobacco must be engaged forcefully and quickly – with no less urgency than battles against life-threatening infectious diseases. We can halt the tobacco epidemic and move towards a tobacco-free world – but we must act now.

Leaders around the globe have begun to recognize that tobacco use is an epidemic that can and must be confronted and stopped. Some countries have started mobilizing to protect their citizens and their economies.

However, much more needs to be done in every country. To help countries fulfill the promise of the WHO Framework Convention, WHO has established, a package of the six most important and effective tobacco control policies: raising taxes and prices, banning advertising, promotion and sponsorship, protecting people from secondhand smoke, warning everyone about the dangers of tobacco, offering help to people who want to quit, and carefully monitoring the epidemic and prevention policies. These policies are proven to reduce tobacco use and reverse the tobacco epidemic.

Concerning Iran

The Islamic Republic of Iran has been one of the active players in tobacco control in the Region. Active role in the negotiation and ratification of the FCTC. Iran has also developed the National Comprehensive Tobacco Control Law in 2006 that operationalizes the FCTC. Based on this law, tobacco consumption in public places is banned. The most recent achievement of the national Tobacco Control Secretariat in Iran is application of the first round of pictorial warnings on tobacco products.

However, the country faces serious challenges that should be addressed in a collaborative way. Available information shows that smoking is becoming prevalent among the young females and males particularly the water pipes. This is alarming and requires extensive knowledge campaigns among the youth populations. In general to overcome these challenges, we need to create strong intersectoral collaboration among the players: ministries, public and private activists and international communities. Let me end my message by wishing you all in your endeavors and all the success to your Congress and workshop.