lifetime and current prevalence of tobacco smoking

Jamshid Ahmadi* and Mehrdad Sharifi
Department of Psychiatry, Shiraz University of Medical Sciences, Shiraz, Iran

Abstract

Aims: To assess the prevalence of cigarette smoking in Shiraz, Iran.

Setting and participants: A household survey of a sample of 1400 individuals, aged 15 years or older.

Measurements: Researchers administered a semi-structured interview by a questionnaire.

Results: Of the participants, 50% (700) were men (mean age=34.61, SD=14.06, age range=15 to 80 years) and 50% (700) were women (mean age=30.99, SD=12.90, age range=15 to 83 years), t=5.0, DF=1398, p<0.001. Considering the age distribution of the subjects, the majority (35.9%) was in the age range of 15 to 24, 27.4% in 25 to 34, 17.6% in 35 to 44 and only 3.9% were older than 65 years. Of the subjects, 632 (45.1%) admitted the experience of cigarettes at least once during their lives (422 (60.3%) were men and 210 (30%) were women). 121 (8.6%) were occasional user (64 (9.1%) were men and 57 (8.1%) were women). 315 (22.5%) were currently admitting cigarettes (232 (33.1%) were men and 83 (11.9%) were women).

Conclusions: Use of cigarettes was significantly more in men than women.

Keywords: Life-time prevalence; Current prevalence; Tobacco smoking

Introduction

Most of the research on drug abuse in Iran before 1979 is confined to studies of registered addicts in clinical settings, and there were no studies of young or other nonregistered users. From these limited sources it is evident that, although opium had always been the most widely used drug in Iran, the pattern had diversified in the period of the rapid growth of cities, population movement and the general economic changes which characterized the decade prior to the revolution. Opioids, hallucinogens and hypnotics were all reported as drugs of abuse among the clinical population studies [1].

An official estimate of the size of the drug problem were made in 1950 it claimed that approximately 7% of the total population were dependent to opium [1]. The official drive against drug production and consumption in the following decades would seem to have reduced the scale of the traditional pattern of opium use. Long term opium dependants were registered and maintained but there is evidence that these authorized users become some of the major suppliers of opium. The rapid economic and social change of the 1970s, consequent upon the increase in oil prices, led to a "Westernization" of the pattern of drug abuse and diversity of substances involved.

Subsequently, some attempt has been made to limit cultivation and distribution. The new regime made alcohol a prime target and provided a new national campaign against drug abuse. During the early months of 1980, the campaign became much stricter with extensive use of the death penalty for drug trafficking.

Two studies from this period indicate the nature of the problem at this early stage of the revolution. Dalvand et al. interviewed 200 newly registered addicts at the rehabilitation center in the major provincial capital of Shiraz [2], and surveyed a sample of the adolescents of Isfahan [3].

The first study showed that after the revolution the clinics were experiencing a broader social range of substance dependants than before and that action by the authorities was bringing many recently dependent individuals to clinics. Heroin use predominates among those who were urban residents, whereas people from villages attending the clinics were more likely to be opium users.

One aspect of the pattern which would seem to have remained stable in Iran for many years was the model age of initiation. Nearly 80% of the sample, whether recent or long stabilized users, had started to use drugs regularly in their 20s or later, whereas in many western studies the equivalent percentage of late starters is much. In another survey of the adolescent population, 11% claimed to have ever used any drug. Opium predominated with cannabis and heroin the only other two drugs mentioned [3]. Among drug experimenting adolescents, drug use didn't seem to be associated with social deprivation as drug users were not overrepresented among those from the most deprived social backgrounds. Nor was it an expression of an adolescent counterculture as most young drug users had been introduced to the drug within family setting, rather than as a result of encouragement from peers [4]. Cigarette use, in contrast was predicted more by peer than family smoking patterns [5].

After the above mentioned studies, there are few reported empirical studies conducted in Iran, and we have only official press announcement on the extent and success of the campaign drug to go on. The country’s economy and social order have been considerably affected by the war with Iraq and one can guess that the drug program has been as much affected as most other aspects of life in the country. Therefore, Iran requires baseline data about substance abuse such as motivation of drug use to provide guidance for policy making on prevention, control, treatment, and education about drug use.

*Corresponding author: Jamshid Ahmadi, MD, Professor of Psychiatry, Department of Psychiatry, Shiraz University of Medical Sciences, PO Box: 71345-1416, Shiraz, Iran, E-mail: Jamshid_ahmadi@yahoo.com

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In Iran substance abuse is considered a crime but the authorities are ready to consider substance dependence and abuse as a psychiatric disorder. Substance dependants and abusers are encouraged to be treated and those who are undergoing treatment are not subjects to be persecuted. Treatment is mostly modeled on detoxification with clonidine and tranquillisers. Recently, drug policy makers approved using methadone, naltrexone and buprenorphine for detoxification and maintenance treatment of drug abuse in Iran. At this time many substance dependent individuals are being treated with methadone, naltrexone or buprenorphine. The costs of treatment, medication and rehabilitation are to be paid by the substance-dependent patients according to the approved tarrifs but the government will pay the costs for those who are unable to pay [6]. Illicit substances are heroin, opium, alcohol, cannabis, stimulants, and hallucinogens.

The State Welfare Organization, which is affiliated to the Ministry of Health, Treatment, and Medical education, is in charge of treatment and rehabilitation of substance–dependent patients. At the present time, there are a considerable number of treatment and rehabilitation centers, including centers for women, in the country. Up to the 1998/1999 approximately 25,000 to 30,000 individuals were admitted to these centers (90% of these referrals were ordered by courts). The average duration of stay is 2 to 6 months. The centers were described as having the infrastructure of an overcrowded prison. Now these centers are closed and the new approach is the introduction of outpatient treatment centers. The duration range of treatment is between 3 to 6 months, including individual therapy, family therapy, and group therapy. Sometimes, duration of therapy may be extended to 2 years. There has also been the development of self referring centers and Narcotic Anonymous centers with an approximately 5,000 members throughout the country. Relapse rates are estimated to vary from 60% to 80% according to the duration and site of therapy [7].

At present, number of substance abusers is estimated to be between 1.8 million to 3.3 million, number of I.V. drug users between 200,000 to 300,000 and number of HIV infections in I.V. drug users is estimated to be 1,841, or 74.8% of all HIV infections are I.V. drug [7,8].

The population of Iran is over 60 million and the majority of the population is below than 25 years (about 60%) and a large proportion of these are students. In a study investigating the rate of substance use in a group of Iranian senior high school students, 5.7% were currently using substances other than tobacco [9]. In a research about substance abuse among Iranian university students, 24% of the students reported using substances at sometime in their lives, and the rate of substance use has been found to be more common in men than [10].

Lifetime prevalence rates of tobacco dependency based on diagnostic criteria have been reported as 20% to 24% of the total community population in the united States [11,12]. In Hong Kong the rate has been reported as 27% among men and 15% among women in the population [13].

This paper attempted to assess the prevalence of use of tobacco in Shiraz, Iran.

Materials and Method

Subjects: As a sample, we selected 1500 subjects (men and women) on a multi-stage probability sample of people aged 15 years and older, from Shiraz city, the capital of the Fars Province. The subjects were selected by area and cluster random sampling. We divided Shiraz city into 15 equal geographic areas and selected a cluster of 100 subjects randomly from each. The 15 clusters were selected from different regions in Shiraz to have a sample representing different socioeconomic statuses. Of the 1500 subjects, in order to disregard invalid or incomplete responses and also have equal numbers of male and female (700 males and 700 females), we excluded 100 subjects. The overall response rate was 93.3% with 1400 participants (700 men and 700 women).

Procedure: The data were collected from subjects using a semi-structured interview (has been validated and reliable) for use of cigarettes, carried out by the researchers (the authors). An explanation of the reasons for the study and also an assurance of confidentiality were given. The items selected for use in the pilot study were based on DSM-IV and a prior study [14].

Interviews were done face to face in the houses of the subjects. The semi-structured interview included a number of questions on age, gender, marital status of the subjects and whether or not they used cigarettes in the past or currently.

Analysis: Data analysis was carried out using SPSS program. A chi-square test was used to test the frequencies and t test was used for comparing the means.

Findings and Discussions

Of the participants, 50% (700) were men (mean age=34.61, SD=14.06, age range=15 to 80 years) and 50% (700) were women (mean age=30.99, SD=12.90, age range=15 to 83 years), t=5.0, DF=1398, P<0.001.

Considering the age distribution of the subjects, the majority (35.9%) was in the age range of 15 to 24, 27.4% in 25 to 34, 17.6% in 35 to 44 and only 3.9% were older than 65 years.

Of the subjects, 632 (45.1%) admitted the use of cigarettes once or more during their lives [422 (60.3%) were men and 210 (30%) were women, p<0.001]. 121 (8.6%) were occasional user [64 (9.1%) were men and 57 (8.1%) were women, p>0.5%]. 315 (22.5%) were currently using cigarette [232 (33.1%) were men and 83 (11.9%) were women, p<0.001]. Use of cigarettes was significantly related to gender.

There were significant differences between occupation and use of cigarettes (self-employed was the most common occupation reported for use of cigarettes, p<0.05, and also between level of education and use of cigarettes (higher education was the most common cited education for use of cigarettes, p<0.05).

Tobacco use was found to be significantly higher in men than women. This is in contrast with studies conducted in the West showing that lifetime use did not vary significantly by sex [15]. It should be noted that in Iran most people, especially women believe that smoking is harmful for them both physically and mentally.

Results of this study can be considered when planning prevention, control and treatment programs for use of tobacco.

This research was confined to Shiraz, a large city located in the south of Iran, so care must be taken not to generalize these findings to the full Iranian population.

References


