



Proportion of Mortality Attributable to Tobacco Worldwide

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Dear Editor-in-Chief

Tobacco has led to about 50% of 5 million official deaths in developing countries in 2000 as a drug which is used widely in the world (1). Based on the calculation, deaths related to smoking will be 50% more than deaths due to HIV/AIDS epidemic in 2015, and tobacco will lead to nearly 10% of all deaths in worldwide (2).

Respectively, Men and women smokers wasted 13.2 and 14.5 year of their life on average (3). The probability of death of smokers before the age of 60 or 70 is three times more than non-smokers (4). According to the estimations of the World

Health Organization (WHO), almost 5.4 million people has been died of related diseases to tobacco in 2006 in all over the world, and until 2013, annual death of tobacco will be increased over 8 million people in 2030 by ignoring immediate actions. The countries with moderate or low income will be the host of over 80% of these deaths (5).

Tobacco has been responsible for 12% of the whole deaths of 30 year old elderly and more than this age which this proportion is higher in the area of American WHO region (Table 1) (6).

Table 1: Proportion of all deaths attributable to tobacco by WHO region

WHO Region	Men	Women	All adults
African	5	1	3
Americas	17	15	16
Eastern Mediterranean	12	2	7
European	25	7	16
South East Asian	14	5	10
Western Pacific	14	11	13
Global	16	7	12

Based on evidence, a section of causation chain of nearly 50 various diseases is shaped by tobacco, especially cardiovascular diseases, cancer and res-

piratory disease (7). According to the studies, it can be said that tobacco has led to the 11% of all cardiovascular deaths in 2006 in worldwide (8).

And also responsible for 30% of all cancers deaths (1).

The universal tobacco epidemic must be attacked by WHO; hence, MPOWER has been presented as an applied and affordable method in order to scale up the performing the provisions of the WHO Framework Convention in 2008 which is included supervision on tobacco consumption and prevention policies, protection of people from tobacco consumption, provide assistance to abandon tobacco consumption, alarm regarding tobacco perils, apply prohibition of tobacco announcement, development and support, tax increase on tobacco (5). The goal of these actions is to help the performance of adequate interventions in countrywide in order to decrease the request for tobacco.

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References

1. Ezzati M, Lopez AD (2004). Regional, disease specific patterns of smoking-attributable mortality in 2000. *Tob Control*, 13(4):388-95.
2. Mathers CD, Loncar D (2006). Projections of global mortality and burden of disease from 2002 to 2030. *PLoS Med*, 3(11):e442.
3. Centers for Disease Control Prevention (2002). Annual smoking-attributable mortality, years of potential life lost, and economic costs-United States, 1995-1999. *MMWR Morbidity and mortality weekly report*, 51(14):300.
4. Al Mamun A, Peeters A, Barendregt J, Willekens F, Nusselder W, Bonneux L (2004). Smoking decreases the duration of life lived with and without cardiovascular disease: a life course analysis of the Framingham Heart Study. *European Heart J*, 25(5):409-15.
5. WHO (2008). WHO report on the global tobacco epidemic, 2008: the MPOWER package. Available from: http://www.who.int/tobacco/mpower/mpower_report_full_2008.pdf
6. World Health Organization (2012). WHO global report on mortality attributable to tobacco. http://www.who.int/tobacco/...mortality_attributable.
7. US Department of Health Human Services (2004). The health consequences of smoking: a report of the Surgeon General. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. 62.
8. Ezzati M, Henley J, Thun MJ, Lopez AD (2005). Role of smoking in global and regional cardiovascular mortality. *Circulation*, 112(4):489-97.