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Ageing in Iran

Population ageing is a global challenge that is becoming alarming in low-income and middle-income countries.¹ Despite serious economic, social, and health implications, most developing countries are not prepared to face its dire consequences.

Iran has had a substantial reduction of fertility rates between 1983 and 2010;² but the proportion of people who are elderly has not considerably increased.³ National studies report the growing trend of ageing and, according to demographic estimates, the proportion of its population that is elderly has increased from 7.22% in 2006, to 8.20% in 2011,³ and is projected to increase to 10.5% in 2025 and 21.7% in 2050.⁴

Additionally, increased life expectancy and reduced fertility could complicate the multifaceted issue of population ageing further. Without evidence-based policy making, the challenge posed by an ageing population will soon become formidable. The resultant socioeconomic burdens could affect productivity. Impaired cognitive and physical capabilities could mean a large proportion of elderly people are dependent on other peoples' support to maintain their activities of daily life. Some active members of the society will have to get involved in supporting this vulnerable group.

An important aspect of implementation of evidence-based local policies is whether the health system should invest in training more specialists in geriatrics. According to recent Iranian Medical statistics, up to 12.2% family doctors in Iran are unemployed and about 13.5% graduated medical students have not even been registered as practicing

physicians. Moreover, migration of the elite work force has increased. Considering these statistics and the untapped potential of about 13.5% general practitioners who are employed in the governmental sector, a policy that is focused on training family doctors in geriatrics seems pragmatic and cost-effective to address the health-care needs of elderly people.⁵

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*Zahra Danial,
 Mohammad H K Motamedi,
 Sedigheh Mirhashemi, Alireza Kazemi,
 Amir H Mirhashemi
 z.danial88@gmail.com

Trauma Research Center, Baqiyatallah University of Medical Sciences, Tehran, Iran (ZD, MHKM, SM); Shaheed Beheshti University of Medical Sciences Tehran, Iran (AK); and School of Dental Medicine, University of Medical Sciences, Tehran, Iran (AHM)

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- 2 Haub C, Yanagishita M. World population data sheet. Washington, DC: Population Reference Bureau, 2011.
- 3 Noroozian M. The elderly population in Iran: an ever growing concern in the health system. *Iran J Psychiatry Behav Sci* 2012; **6**: 1–6.
- 4 UN. United Nations World Population Ageing: 1950–2050. Countries of area: Iran. <http://www.un.org/esa/population/publications/worldageing19502050/pdf/113iran%28.pdf> (accessed Oct 25, 2014).
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Alcohol consumption in Iran

Alcohol-related disorders including dependency, overdose, and its contribution to medical and psychological disorders are a health problem worldwide. In Islamic countries, however, religious beliefs have confined this problem. In countries such as Iran and Saudi Arabia producing, selling, and drinking alcohol is a punishable crime. Stigma linked to alcohol use in these countries has long postponed a thorough scientific debate and health programming.

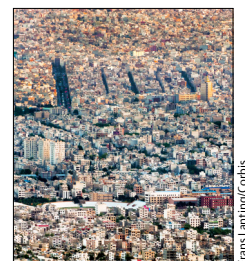
Despite the ban, alcohol can be smuggled into Iran and distributed via black market or is illegally homemade, which further prevents authorities to effectively intervene. Moreover, adulterated ethanol use can lead to methanol poisonings and deaths.^{1,2}

After the establishment of an office dedicated to alcohol prevention within the Iranian Ministry of Health and Medical Education, the first Iranian national document on dealing with alcohol misuse was ratified in 2013.³

Nationwide, alcohol use has been reported to be less than 10% in different surveys, but can reach more than 10% in young men in some regions. The prevalence of alcohol dependency is much lower than alcohol use and was estimated to be 0.2% in 2010.⁴

Iranian scientific authorities have successfully implemented health programmes to tackle drug addiction and HIV/AIDS, despite these issues having similar stigmas to those of alcohol misuse. Indeed, Iran had one of the highest rate of opioid use in the world. As a result of these interventions, about 500 000 Iranians are currently under methadone or buprenorphine maintenance treatments programme. Following harm reduction programmes implementation (free access to syringes and condoms), the incidence of HIV, hepatitis B, and hepatitis C in intravenous drug users has decreased greatly.⁵ An alcohol preventive programme could also be a crucial step from a health as well as an economic point of view.

According to WHO 2014 report on alcohol and health,⁴ whereas alcohol yearly consumption per person aged older than 15 years is about 8 L in the Americas region and 11 L in the European region, it is much lower in the East Mediterranean Region (EMR), including Iran (estimated to be less than 1 L per year). In the EMR, more than 90% of the population



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