S

moking is a very complex socioeconomic risk factor. This is because of the diversity from the smoking impact over the society and the health at same time.[1-3]

Usually, public health sector assumes a strong leader position around the smoking control. This position is mainly supported in several scientific researches showing the smoking consequences over the morbidity and health quality too.[4-6]

Since the economic point of view, the analysis could be simpler. In this way, the cost–benefit relation is utilized as reference rate designing and applying economic policies related with the smoking behavior.[7-10]

Since the legal point of view, it awards the tobaccos and cigarettes as legal drugs which trade may be limited but not forbidden.[11,12] Consequently it is awarded the smoker right to smoke and it is awarded the no-smoker right to not be exposition to tobacco smoke.[13]

Since the labor point of view, the analysis is complex too. By a side, the tobacco industry could be an important supplier of employees. This condition is very important for families who depend from that employ. By other side, the tobacco consumption during the working time reduces the potential labor productivity.[14,15]

Social security must assume a dual effect too. Smoking consequences over morbidity carry to increase the services demand from this social sector agree to the tobacco intensity consumption and lifetime consumption too.[16,17] However, the life expectation reduction because of smoking reduces the retired payments because of the earlier death from smokers.[7,11]

Individual position from socioeconomic sectors related with smoking around the smoking control may carry to several and different positions. This condition may null the effectiveness of applying a macro-social policy for the smoking control. Then, it is very important the agreement from all socioeconomic sectors around the smoking control starting in the knowledge from the smoking impact over each sector and between then.

Respect to the social sector role for the smoking control, it is important to appoint that:

1) Public health sector do not trade with health, only supply health services that in much time cannot eliminate the smoking consequences over the morbidity and life quality too.[18]

2) The application of the cost–benefit relation is imperfect and incomplete because it is not possible to quantify all costs and benefits attributable to smoking.[19]

3) The present law must be an exact reflex from the social knowledge around the smoking control. This legislation must not be utilized as motive to justify the smoking consequences based on smokers’ rights.[20]

4) Social security cannot back the life quality lose attributable to smoking. Neither cannot supply the lifetime loses because of cigarettes and tobacco consumption.[21]

The social development must not be supported in partial or complete form in the existence of a risk factor witch reduce the life quality and life expectation too that raise the economic benefits because of the economic potential reduction from the other socioeconomic sectors and that uses the personal right as pretext for it prevalence. That is why all social and economic sectors must be agree in a macro-social strategic for an effective smoking control.

REFERENCES

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