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What's New:

- **Framework Convention on Tobacco Control (FCTC) policies and their implementation in Arab Countries workshop**

June 28 – July 1, 2010, Beirut, Lebanon

18 participants from 8 Arab countries (Bahrain, Egypt, Iraq, Jordan, Lebanon, Saudi Arabia, Syria, and Yemen) and a variety of regional and international resource people attended a workshop on FCTC policies and their implementation in Arab Countries. The workshop was held at AUB over the period June 28 – July 1, 2010, and organized by The Syrian Center for Tobacco Studies (SCTS) in collaboration with the Center for Research on Population and Health of the Faculty of Health Sciences at the American University of Beirut (AUB), Framework Convention Alliance (FCA) Eastern Mediterranean region, the Society for Research on Nicotine and Tobacco (SRNT), and Tobacco Free Kids (TFK).

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- **HIV Prevention Research and Infrastructure Development in Syria and Middle East; New Grant**

The Syrian Center for Tobacco Studies started a new project at September 2010. This project is a partnership among the Center for AIDS Intervention Research//Medical College of Wisconsin (CAIR/MCW) in collaboration with the Center for Community Health/University of Memphis (CCH/UM) and the Syrian Center for Tobacco Studies (SCTS). The aim of this study is to collect quantitative and qualitative data about HIV risk behavior among STI patients and HIV-positive individuals in Syria with the goal of developing and piloting a culturally-relevant HIV/STI risk reduction intervention. Another important goal of the study is to develop HIV-relevant research infrastructure, capacity, and expertise in Syria.

Report:

Framework Convention on Tobacco Control (FCTC) policies and their implementation in Arab Countries workshop June 28 – July 1, 2010, Beirut, Lebanon

The Syrian Center for Tobacco Studies (SCTS) in collaboration with the Center for Research on Population and Health of the Faculty of Health Sciences at the American University of Beirut (AUB), Framework Convention Alliance (FCA) Eastern Mediterranean region, the Society for Research on Nicotine and Tobacco (SRNT), and Tobacco Free Kids (TFK) organized a workshop on FCTC policies and their implementation in Arab Countries.

The workshop was held at AUB over the period June 28 – July 1, 2010. The training was planned by Dr. Wasim Maziak, Director of SCTC, Dr. Fouad Fouad, SCTS Coordinator and the AUB team.

A total of 18 participants from 8 Arab countries (Bahrain, Egypt, Iraq, Jordan, Lebanon, Saudi Arabia, Syria, and Yemen) attended the workshop. A variety of regional and international resource people were on hand to conduct the workshop sessions.

The workshop commenced with an opening session on Monday, June 28, 2010. Dr. Wasim Maziak and Dr. Iman Nuwayhid, Dean of the Faculty of Health Sciences, AUB, provided the welcome speech. The workshop consisted of 25 sessions over 4 days. There were 5 case studies and a role-play session.

The following topics were discussed:

- A review of FCTC history, regulations, and current status
- Methods to evaluate effectiveness of tobacco control policies
- Overview of smoke free legislation in the EMR and fundamentals of smoke free workplace laws
- Taxation and bans on advertising
- Introduction of quit line services
- Results of different studies from Syria and Lebanon
- Strategies to influence policy makers
- Smuggling in the EMR
- Lab models to evaluate water pipe
- Network science and its role in developing scientific collaboration to support the implementation of evidence-based practice
- Creating a network of healthcare providers in EMR
- Action planning and recommendations

Many social and entertainment activities accompanied by this scientific meeting, the social programs included an invitation to attend a seminar on the marketing of tobacco to women in line with World No Tobacco Day organized by the Center for Research on Population and Health, AUB and the AUB-Tobacco Control Research Group, a tour of the AUB campus and a cultural night at a traditional Lebanese restaurant where the participants networked with the trainers.

On the last day, Dr. Leischow and Dr. Ward facilitated a session on next steps. All workshop attendees (both trainers and participants) suggested important next steps which were listed in a flip chart and posted on the wall. Then each person was asked to prioritize 3 of the points. Common points were combined. Five priority areas were identified:

1. Ensure continued communication.
2. Follow-up on a regional project on tobacco dependence treatment including focusing on treatment issues in the next meeting.
3. Follow-up on research on surveillance and ensuring common measurement of exposure etc across the region.
4. Identification of research gaps in the region
5. Developing a regional funding proposal together.

In addition, it was agreed that the next workshop will be held in Jordan in Spring/Summer 2011.



Published Studies/Reports:

Are primary health care providers prepared to implement an anti-smoking program in Syria?

Objective: To document primary health care (PHC) providers' tobacco use, and how this influences their smoking cessation practices and attitudes towards tobacco-control policies.

Methods: Anonymous questionnaires were distributed to PHC providers in 7 randomly selected PHC centers in Aleppo, Syria.

Results: All PHC providers completed the questionnaires (100% response rate). A quarter of these providers smoke cigarettes and more than 10% smoke waterpipes. Physicians who smoke were less likely to advise patients to quit (OR=0.29; 95% CI, 0.09-0.95), assess their motivation to quit (OR=0.13, 95% CI=0.02-0.72), or assist them in quitting (OR=0.24, 95% CI=0.06-0.99). PHC providers who smoke were less likely to support a ban on smoking in PHC settings (68.2% vs. 89.1%) and in enclosed public places (68.2% vs. 86.1%) or increases in the price of tobacco products (43.2% vs. 77.4%) (P<0.01 for all comparisons).

Conclusions: Smoking, including waterpipe, continues to be widespread among PHC providers in Syria and will negatively influence implementation of anti-smoking program in PHC settings.

Practice implications: Smoking awareness and cessation interventions targeted to PHC providers, and training programs to build providers' competency in addressing their patients' smoking is crucial in Syria.

Asfar T, Al-Ali R, Ward KD, Weg MW, Maziak W. Patient Educ Couns. 2010 Dec 16.

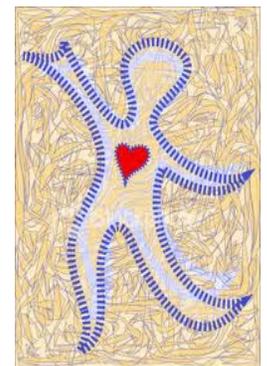


Modifiable cardiovascular risk factors among adults in Aleppo, Syria

Cardiovascular disease (CVD) has become the primary cause of morbidity and mortality worldwide, leading to more than 17 million deaths each year, and accounting for about a third of global mortality. Most of CVD burden takes place in developing countries. The World Health Organization (WHO) estimates of 2004 showed that about 7% of global CVD related deaths took place in the Eastern Mediterranean region (EMR), making about 27% of deaths in this region

In response to this health problem, SCTS conducted in 2006 the 2nd Aleppo Survey in the city of Aleppo (2nd largest in Syria with population of more than 2.5 millions). The results of this survey showed high prevalence rates of clinical CVD risk factors, of which obesity and hypertension were the most common with prevalence rates of 43.2% and 45.6%, respectively, followed by hypercholesterolemia (21.9%) and type 2 diabetes mellitus (15.6%). The prevalence of all these four CVD risk factors rose significantly with age (P<0.05 for all comparisons). Sex differences were noted only for obesity, where women had higher prevalence than men (51.8% vs. 34.4%; P<0.05). From the other hand, inactivity was the most common behavioral CVD risk factors with a prevalence rate of 82.3%, whereas smoking and unhealthy diet were found among 39.0% and 33.4% of participants, respectively.

Al Ali R, Rastam S, Fouad M.F, Albache N, Maziak W (*in press*)



The global epidemic of waterpipe smoking

In the past decade waterpipe (WP) smoking (a.k.a. hookah, shisha, and narghile) has been steadily spreading among the youth around the world. The allure of this tobacco use method for the youth can stem from its pleasant smooth smoke, social ambience and the perception of reduced harm. The material in this review is based on detailed Medline search for articles appearing especially in the past two years that are of relevance to WP epidemiology, health and addictive effects, and WP-related tobacco control policies. It shows that WP smoking is continuing to spread among the youth worldwide, and perhaps represents the second global tobacco epidemic since the cigarette. Available evidence suggests that the prevalence of current (past month) WP smoking range from 6 to 34% among Middle Eastern adolescents, 5%-17% among American adolescents, and that WP use is increasing globally. Studies on the health effects of WP smoking are limited by methodological quality, as well as by the novelty of WP epidemic relative to the long latency of important smoking-related health outcomes. Still, research indicates substantial WP harmful effects similar to those of cigarettes, as well as to the potential of providing a bridge to cigarette smoking or relapse. Developing effective interventions to curb WP use among the youth requires a detailed understanding of how dependence develops in WP users, and how it is shaped by WP's unique features such as the following; the predominantly intermittent use with prolonged sessions, preparation time, accessibility, potent sensory cues, and convivial experience of group use. It also requires assessing effective policy options such as factual and visible health warnings on all its parts, as well as youth access and indoor smoking restrictions. WP smoking is currently showing all signs of a burgeoning global epidemic with serious implications for public health and tobacco control worldwide. Investment in research and policy initiatives to understand and curb WP use needs to become a public health priority.



Maziak W. *Addict Behav.* 2011 Jan-Feb;36(1-2):1-5.

Nicotine exposure in daily waterpipe smokers and its relation to puff topography.

Waterpipe tobacco smoking is increasing in popularity worldwide and available evidence point to its addictive and harmful potential. This study is conducted to assess nicotine exposure in daily waterpipe smokers, and its correlation with puff topography parameters. Sixty-one waterpipe tobacco smokers (56 males; mean age \pm SD, 30.9 \pm 9.5years; mean number of weekly waterpipe smoking episodes 7.8 \pm 5.7) abstained from smoking for at least 24h, and then smoked tobacco from a waterpipe ad libitum in a laboratory setting. During the session puff topography parameters were monitored continuously, and pre- and post-smoking expired-air CO was measured. Before and after smoking, venous blood was sampled for the assessment of plasma nicotine using Gas Chromatography-Mass Spectrometry. The average pre- and post-smoking expired-air CO was 4 \pm 1.7 and 35.5 \pm 32.7ppm, respectively (i.e., a CO boost of 31.5ppm, $p < .001$). Mean plasma nicotine concentration increased from 3.07 \pm 3.05ng/ml pre-smoking to 15.7 \pm 8.7ng/ml post-smoking ($p < .001$). Plasma nicotine boost was correlated with total session time (Pearson correlation coefficient $r = .31$, $p = .04$), cumulative puff duration ($r = .37$, $p = .01$), mean puff duration ($r = .34$, $p = .02$), and total smoke inhaled in the session ($r = .34$, $p = .02$). These data show considerable nicotine exposure in daily waterpipe smokers, and that nicotine exposure is a function of waterpipe smoking patterns.



Maziak W, Rastam S, Shihadeh AL, Bazzi A, Ibrahim I, Zaatari GS, Ward KD, Eissenberg T. *Addict Behav.* 2010 Dec 2.