

In this issue:

What's New:

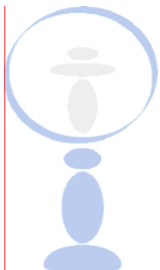
1

Published Studies/Reports

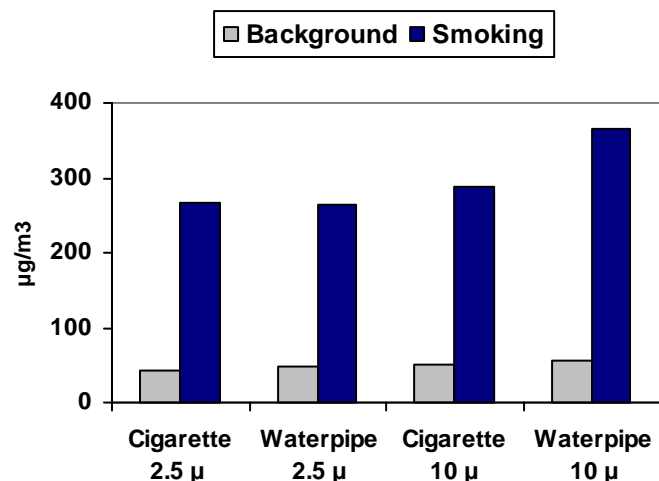
Prevalence of obesity and its associated factors in Aleppo, Syria	2
Health in the Middle East.	2
Outcomes and adherence in Syria's first smoking cessation trial	3
A pleasure among friends: how narghile (waterpipe) smoking differs from cigarette smoking in Syria	3

What's New:

- Syrian Center for Tobacco Studies (SCTS) team participates in World Conference for Tobacco Or Health (WCTOH) in Washington D.C, USA, July 2-4, 2006; with several presentations (oral and posters).
- SCTS starts conducting a qualitative study among young adults cigarette smokers to investigate perceptions of risks involved in smoking. This project is a cross-countries project including five countries (Brazil, China, India, Turkey, and Syria), and will be done in collaboration with the Institute of Global Tobacco Control, at Johns Hopkins University .
- SCTS in collaboration with Diabetes Research Unit at Aleppo University conducted the second household survey in Aleppo to estimate the prevalence and correlates of diabetes and other cardiovascular risk factors in the community.
- SCTS is conducting a pilot randomized clinical trial to test a developed smoking cessation intervention for waterpipe users, involving two levels of intensity of interventions. This pilot testing will help to; 1) test the potential efficacy of the developed intervention, 2) fine-tune the intervention in terms of content and format, and 3) assess issues related to recruitment and retention.
- Dr Wasim Maziak presented a poster about waterpipe associated particulate emissions at the Society for Research on Nicotine and Tobacco (SRNT) conference (Austin, USA 21-24 Feb.). The study goal is to document the potential harm associated with exposure to waterpipe smoke and to promote the public health implication to non smokers.



Mean Particulate Matter (PM) levels ($\mu\text{g}/\text{m}^3$) before and during smoking of waterpipe and cigarettes



Published Studies/Reports:

Prevalence of obesity and its associated factors in Aleppo, Syria

Obesity and its related adverse health effects have become major public health problems in the developing countries. It has been increasing more rapidly in low-income and transitional countries than in industrialized countries. This study aims to provide the first population- based estimates of prevalence of obesity in Aleppo- Syria, and to look at its association with a number of risk factors in the adults population.

Methods- An interviewer- administered survey of adults 18-65 years residing in Aleppo- Syria was conducted in 2004 involving representative sample of 2038 participants (54.8% female, mean age 35.3±12.1, age range 18-65 years, response rate 86%). Demographic factors and anthropometric measurements were obtained for all participants. The main outcome was prevalence of obesity which was defined as BMI≥ 30 kg/m².

Results- The prevalence of obesity was 38.2%. It was higher in women than in men (46.3%, 28.4% respectively), increased with age being highest in the 46-65 year-old age group. Obesity was highest among Arabs 40.1%, unemployed people 49.8%, illiterates 50.4%, married 44%, those of low socio-economic status 45.4%, and those who had low physical activity score 40.3%. Obesity was seen among 48.2% of x- smokers, 39.3% of non-users alcohol and 57.5% of participants treated for depression. An association was observed between obesity and increasing frequency intake of some food items . Among women, an association was observed between obesity and the number of births.

Conclusion- Our data shows that obesity is a major health problem in Syria especially among women. It's related to age, marital status, and consumption of some food items and is significantly prevalent among women with repeated pregnancies.

Fouad MF, Rastam S, Ward KD., Maziak W. *Prevention & Control* 2006; 2, 85-94



Health in the Middle East

At the height of the Arab-Islamic civilisation between the 8th and 12th century, scholars laid the foundation for modern medicine based on observation and reasoning. Avicenna's *Al Qanun of Medicine* was the standard medical text in Europe for several centuries. In the bimaristans (hospitals), still standing in the heart of Aleppo, the mentally ill were treated with water, music, light, and the scent of flowers—testament to enlightened attitudes. Today, the geopolitical remnants of that empire, a legacy of past conflicts and externally imposed boundaries, includes some of the poorest and richest countries in the world, whose basic health indicators generally parallel their economic status.

Most countries in the middle east still lack reliable, regularly updated, population based data on the major causes of morbidity and mortality. Cardiovascular disease, cancer, and injuries are still not covered by regular surveillance in the Eastern Mediterranean Region. Where data exist, poor reporting regulations and practices affect their quality and reduce the usefulness of national registries. Without such data, it is impossible to define health priorities accurately or design effective health systems, let alone assess their impact. The lack of expertise in systematic collection of data is mirrored by a lack of expertise in its analysis, particularly at governmental level. Academic research, another important component of the study of health, is neither a priority nor a necessity for career advancement in most universities in the region. Arab countries currently produce less than 0.5% of the papers that are published in the world's top 200 medical journals, in obvious disproportion to their economic and human capacities. Furthermore, good data are often poorly used because the mechanisms that connect the production of knowledge (academia) and its consumption (policy makers and the general public) are poorly developed. All these factors contribute to what in most countries is a haphazard distribution of healthcare services.

The failure of governments to provide comprehensive healthcare services has led to health care being taken over by market forces. This has transformed it into a commodity with a curative, rather than preventive, orientation. This shift in orientation means that the development of health systems has been driven by economic opportunities for providers, not the health needs of the population, and this has fueled disparity in access to health care.

Maziak W. *BMJ*. 2006, 21;333(7573):815-6.



Outcomes and adherence in Syria's first smoking cessation trial

In Syria, smoking rates are very high, but quit rates are low. Pharmacological cessation aids and cessation services are unavailable in Syria. To determine the feasibility of implementing cessation interventions in Syria, we piloted a behavioral cessation intervention, comparing two levels of intensity.

Methods: Fifty smokers were randomized to either a brief (single face-to-face counseling session) or intensive (4 face-to-face counseling sessions plus 6 brief phone calls). Rates and predictors of adherence were assessed, and biochemically-verified 7-day point prevalent abstinence rates were calculated at 3 months post-cessation.

Results: Despite retention efforts, treatment adherence in the intensive arm was low, with only 40% receiving the full "dose" of treatment. Poorer adherence was correlated with having smoked for a greater number of years and low self-efficacy for abstinence in habitual/craving situations. Cessation rates in the brief and intensive intervention groups were 16% and 4%, respectively.

Conclusion: Nicotine dependence, assessed by the Fagerström Test for Nicotine Dependence (FTND), predicted abstinence at 3 months. Based on follow-up interviews, important barriers to cessation included perceived dependence, lack of access to pharmacotherapy, poor social support, and switching to waterpipe smoking.

Asfar T, Weg MV, Maziak W, Hammal F, Eissenberg T, Ward KD (in press)



A pleasure among friends: how narghile (waterpipe) smoking differs from cigarette smoking in Syria

The objective of this study is to determine if narghile smokers are different from cigarette smokers in how their smoking is embedded in their everyday lives.

Methods: One-to-one interviews with 16 adult narghile smokers and 16 adult cigarette smokers about their feelings, experiences and beliefs regarding their initiation, use patterns, and attempts to quit.

Findings: Narghile smokers found that narghile was a pleasurable social experience embedded in cultural rituals, unlike cigarette smokers who saw their own cigarette smoking as a mundane, oppressive personal addiction. Narghile smokers generally started in their 20s and found that smoking narghile fostered a sense of togetherness and cultural identity, while cigarette smokers started in their early teens, males having started to become a "real man." Unlike cigarette smokers who felt stigmatized, narghile smokers generally felt that smoking narghile was socially accepted. Cigarette smokers believed that cigarettes were harmful to their health and harmful to those around them, but narghile smokers believed smoking narghile was relatively harmless to themselves or to others. Unlike cigarette smokers who used cigarettes to manage stress, narghile smokers used narghile for entertainment, leisure, and escape. However, frequent narghile smokers confessed that they felt addicted in much the same way as cigarette smokers. Cigarette smokers and narghile smokers viewed quitting as a matter of will and conviction. Most cigarette smokers had tried to quit. Very few narghile smokers had ever tried to quit, and most were not interested in quitting. Disturbingly, some cigarette smokers had tried to quit cigarettes by switching to smoking narghile, but later relapsed to smoking cigarettes.

Conclusions: Syrian narghile smokers are markedly different from cigarette smokers in their perceptions, beliefs, smoking patterns and lived experiences with tobacco. Unlike cigarette smoking, narghile is seen as a quintessential cultural feature of life in Syria. These findings indicate that in the EMR each mode of smoking may require specific prevention and cessation approaches, and that special efforts may be required to dissuade cigarette smokers from using narghile as a method for quitting.

Hammal F, Mock J, Ward KD, Eissenberg T, Maziak W. (in press)

