

TOBACCO AND HEALTH

SECTION III: TOBACCO AND HEALTH

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A. OVERVIEW

Background. At the first Arab American health conference in 1998, we reported a relative lack of information on the prevalence of environmental and tobacco-related problems in the Arab American community and little was known about tobacco use among the young. Facilitated by these conferences, community-based studies have been conducted that have brought together the ACCESS research group with investigators from Michigan universities. At subsequent conferences, findings of the potential adverse health effects associated with pollutant exposures of the ambient, workplace and home environments have been presented, together with some preliminary assessments of environmental health knowledge, attitudes and beliefs. This information is now being used as a basis for developing intervention strategies. In particular, a major focus of ongoing work is the development of effective, culturally sensitive programs for reducing both adult and adolescent tobacco uses.

In addition to cigarette smoking, more recent investigations are being directed toward a greater understanding of the reasons and dynamics for the growing use of narghile smoking. The narghile also known as the water pipe, narghileh, argileh, hubble-bubble (HB), hookah, shisha, and goza (with variations in spelling and pronunciation depending on global location) is found in the Middle East, Southeast Asia and North Africa dating back some 500 years. Traditionally associated with older male use, its history has undergone a renaissance in recent years and is growing in popularity, particularly among the young, around the world.¹

The narghile is typically a decorated glass water pipe with a long snake-like tube. The pipe is filled with a mixture of tobacco, which may be combined with molasses, honey or fruit-flavored products. Smokers inhale the tobacco that is heated by charcoal and travels through the water. The water is used to clean soot belched out of the burning tobacco and to reduce such harmful constituents as acrolein and other aldehydes before it is inhaled through long flexible tube(s) with detachable mouthpieces. The use of charcoal generates rather high levels of carbon monoxide, thus increasing secondhand exposure for others.² Researchers in the Middle East are just beginning to examine narghile smoking among the young.

Associated with these collaborations are two major studies funded by the National Institutes of Health. One study, *Environmental Impacts on Arab Americans in Metropolitan Detroit*, was conducted by Hammad, Nriagu, and colleagues at ACCESS and the University of Michigan. The ongoing results of this study were reported at the 3rd biennial meeting and included a presentation of findings from a series of community-based workshops on environmental health, a pilot project to assess contaminant exposures, and a household assessment of environmental risk factors for respiratory health with an emphasis on the triggers of asthmatic reactions. New findings from this project are described in Sections III and IV. A second study entitled *Arab American Youth: Tobacco Use and Intervention* is being conducted by Hammad (ACCESS) and Rice and her colleagues at the Wayne State University College of Nursing.

From the Eugene Applebaum College of Pharmacy and Health Sciences (DJPB), the School of Medicine (DJPB) and the College of Nursing (VHR), Wayne State University, Detroit, Michigan.

In previous conferences, data were presented that examined trends and predictors of tobacco use among different Arab-American adolescent subgroups, as well as school-based findings of the psychosocial factors among adolescents and the influence of peer and parental smoking. In addition, the redesigning of the *Project Toward No Tobacco* (Project TNT) to make it culturally and ethnically sensitive for Arab-American youth was presented.³ Findings demonstrated that: Arab American adolescents are more likely to smoke cigarettes if they were born in this country; their peers and parents are smokers; and, they have high levels of stress and/or depression and low levels of self-esteem. It is interesting to note that, although the prevalence of cigarette smoking among Arab Americans is actually lower than non-Arab adolescents in Michigan, the use of narghile is very high and was the subject of more recent investigations presented at this conference.

The invited presentations to this conference were designed to put these previous endeavors into a more global health perspective. Research from the Middle East and from the above Michigan-based investigators provided an important broad-based view to move health professionals forward in addressing tobacco-related health problems.

The first of two sessions on tobacco and health followed speeches by the conference keynoters. One of the keynote addresses was delivered by John Seffrin, PhD, CEO of the American Cancer Society and president of Union of International Cancer Control. Section II provides highlights from this presentation while a more in-depth paper is presented within this section.

The first session on Tobacco and Health was moderated by Vicki Ra-

kowski, executive vice president of Medical Activities at the American Cancer Society's Great Lakes Division and John Ruckdeschel, PhD, president and CEO of the Karmanos Cancer Institute.

In this section, readers will find presentations from additional speakers in the first session:

Kenneth E. Warner, PhD on the global epidemic of tobacco;

Omar Shafey, PhD, MPH on the global epidemiology and health hazards of tobacco use;

Cynthia L. Artfken, PhD on depression and smoking;

Virginia Hill Rice, PhD, RN and colleagues on collaborative research on tobacco use and its predictors in Arab and nonArab American 9th graders;

Although the paper is not provided herein, Dr. Maziak, of the Syrian Center for Tobacco Studies, served as an additional speaker in this session and provided a very comprehensive presentation on the dramatic increase in the use of the water pipe among college-age students in Syria since the 1980s. This growing epidemic is in part attributed to the introduction of Maasal, a sweetened and flavored tobacco, increased accessibility, and enhanced promotion by the media and marketing on the Internet. According to Maziak, 25% of the males and nearly 5% of female students at Aleppo University apparently use the water pipe. A study of smoking among 90,000 13- to 15- year olds across the Middle East suggested a far greater use of tobacco products other than cigarettes, assumed in part to include the water pipe.⁴ The greater percentage of 13- to 15-year-old girls smoking products other than cigarettes compared to the rate observed in Aleppo University female students further indicated a potential for an even greater increase in non-cigarette tobacco use in the future.

Dr. Maziak's comprehensive presentation demonstrated that water pipe smoking is a growing public health threat in Syria and probably in other Middle Eastern nations. Its use is different than that of cigarette smoking, although some similarities with dependency were observed in cigarette smokers. The use of the water pipe as a substitute for cigarette smoking among cigarette quitters is particularly disturbing. The acute and chronic health effects may also differ between these two methods of tobacco smoking.

Moujahed Hammami, MD, director, University Hospital, Aleppo, Syria, and May Darwish-Yassine, PhD of the Michigan Public Health Institute moderated the second session on tobacco and health. The session featured oral presentations of scientific information from abstracts submitted to the scientific committee of the conference. Briefs are provided within this section for:

Linda S. Weglicki, PhD, RN and colleagues on tobacco use patterns among high school students;

Nizar Akil, MD on patterns of smoking among Aleppo University students;

Moujahed Hammami, MD et al on active and passive smoking during pregnancy in Aleppo, Syria.

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