

# EXPLORING THE USE OF WATERPIPE IN THE ARABIC SPEAKING COMMUNITY

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# Background (1)

- Arabic speaking population
  - 4<sup>th</sup> largest language group in SESLHD (ABS, 2011)
  - Diverse community – country of birth, religion
  - Higher smoking rate than the NSW average (over 26% vs 13.5%)
  - Less likely to seek support for quitting
- Policies and plans:
  - NSW Cancer Plan (2011–2015)
  - NSW Health Tobacco Strategy (2012-2017)
  - SESLHD Strategic Plan for the Prevention of Smoking and Harm from Smoking (2014-2017)
  - Smoke-free Environment Act 2000

# Background (2)

- Nafas Naqi (Pure Breath) project
  - Funded by NSW Cancer Institute
  - Partnership project: health promotion Service, Multicultural health Service, Maternity Service SGH, Central and Eastern Sydney PHN, Community partners
  - Objectives:
    - Increase knowledge smoking related harms and smoking cessation supports;
    - strengthen community partnerships; and
    - trial smoking cessation interventions within clinical services
- Key finding of the project was the ongoing community concerns about the use of waterpipe within the community

# Waterpipe smoking

- Known by many different names
  - waterpipe; nargila, argileh, hubble bubble, hookah, shisha and goza
- Readily available; often imported; often flavoured
  - apple
- Same health risks as other tobacco products; has been associated with carbon monoxide poisoning
- A waterpipe smoker may breathe in as much smoke during a typical one-hour session as a cigarette smoker would inhale from 100-200 cigarettes (NSW Health)

# Current project

- Partnership project
  - Multicultural Health Service
  - Health Promotion Service
  - Centre for Primary Health Care and Equity, UNSW
  - Community Partners
- Rapid review
- Focus groups
- Validation of findings with Bilingual Research Assistants
- Ethics approval (LNR/16/POWH/311)



# Literature Review findings

## SEARCH TERMS

waterpipe' or 'narghile' or 'arghile' or 'shisha' or 'goza' or 'narkeela' or 'hookah' or 'hubble bubble' (+ variant spellings)

## JOURNALS

Medline, Embase, CINAHL, Psycinfo and the Cochrane database of Systematic Reviews

## INCLUDED ARTICLES

Community based health promotion

Questions: What health promotion interventions for waterpipe smoking have been trialled?

What aspects of prevention do they address & what are the mechanisms for change?

Which have been shown to be effective, for which groups & in which contexts?

What are the lessons for implementation and community readiness?

Intervention type – prevention and health promotion N=12				
Brief intervention	Health info & social marketing	Health education & skill development (online education)	Community awareness & action (community campaign)	Settings and supportive environment (policy)
In-person session with brief phone follow-up may be as effective as more intensive follow-up for willing to quit waterpipe users (Asfar 2014)	5 x TV and Radio spots, outdoor materials, brochures and handouts, newspaper inserts, internet and social media strategies (TMPD, 2014).	Web-based program that provides tailored feedback to increase smoking knowledge and reduce cigarette and nargila smoking behaviours among Arab college/university students in Israel; Participants prefer tailored feedback (Essa-Hadad et al 2015).  Effects of web-based information on worry as precursor to quit; Change perceptions of harm and increase worry as precursor to quit. (Lipkus 2011)  Reduction of cigarette smoking via iquit: A web-based program using podcasting and text messaging in adolescents. (Pearlstein & Friedman 2009).	Community intervention for tobacco and sheesha to increase knowledge of risk showed greater increase of knowledge of harm and increased attempts to reduce environmental smoke but no impact on number of smokers or amount of tobacco smoked (Mohlman 2013)	<ul style="list-style-type: none"> <li>Potential policy interventions include equalizing tobacco tax rates for all tobacco types, require warning labels on hookah tobacco &amp; accurate labelling of contents, extend cigarette flavoring ban to hookah tobacco, enact smoke-free air laws and remove exemptions for hookah lounges, expand shipping restrictions on tobacco products. (Morris 2012)</li> <li>Evaluation of health warning labelling of waterpipe products and accessories in 9 countries showed lack of appropriate warning labels, misleading descriptors and misreporting of tar and nicotine labels. (Nakkash 2010)</li> <li>Text-only and pictorial health warning labels &amp; their location on different parts of waterpipe smoking devices (Islam et al 16).</li> <li>Warning labelling on packaging; lack of appropriate &amp; misleading warning on packages; misreporting of tar &amp; nicotine levels (Nakkash &amp; Khalil 2010).</li> <li>Tobacco control policies relevant to waterpipe (Primack)</li> <li>Lack of comprehensive legislation or practice controlling waterpipe use (Tee)</li> </ul>

# Focus Groups

- Trained 4 x Arabic speaking community workers as bilingual research assistants
- Conducted 9 focus groups (n=84 participants)
  - Equal numbers of men and women
  - Range of age groups: 46% 18-55 years; 36% 26-35 years
  - Equal number of groups conducted in English/mixed English & Arabic
  - Mix of religious backgrounds
  - Mix of countries of birth: ~40% born in Australia; 23% born in Lebanon
- Conducted between August 2017 – October 2017

# Emerging Themes (1)

THEME	Common themes across all focus groups
Cultural acceptability/identity	<ul style="list-style-type: none"><li>• Part of tradition and connection with culture.</li><li>• Permitted/accepted within the Arabic culture/religion</li></ul>
Social acceptability	<ul style="list-style-type: none"><li>• Socially acceptable entertainment and relaxation.</li><li>• Socially acceptable for women and children.</li></ul>
Social cohesion and connection	<ul style="list-style-type: none"><li>• Strongly connected with socialising</li><li>• Peer pressure - Feelings of social exclusion</li></ul>
Practice of smoking waterpipe	<ul style="list-style-type: none"><li>• Used widely in the community</li><li>• Practiced mostly at social gatherings in homes or restaurants</li><li>• Customary use within families - a generational practice</li></ul>
Perception of harm	<ul style="list-style-type: none"><li>• Viewed comparatively as less harmful than other drug</li><li>• A 'safer' option for children/young people</li><li>• Lack of connection between water pipe smoking and harmful effects due to lack of advertising, regulation and legislation</li><li>• Reinforced by organic flavourings, water filtering properties and limited inhalation</li></ul>

# Emerging Themes (2)

THEME	Common themes across all focus groups
Perceived need for intervention	<ul style="list-style-type: none"><li>• Not required because it's part of tradition and culture.</li><li>• Limited knowledge of harm</li></ul>
Knowledge of harms	<ul style="list-style-type: none"><li>• Limited knowledge about the harmful effects of waterpipe smoking</li><li>• Not associated with addiction</li></ul>
Other contributing factors	<ul style="list-style-type: none"><li>• Viewed positively by parents.</li><li>• Innovations in WP design and tobacco flavours.</li><li>• Media influence portraying positive messages</li><li>• Trend/fashion – looking good</li></ul>
Availability & access	<ul style="list-style-type: none"><li>• Accessible to children/young people via family environment.</li><li>• Home delivery option</li><li>• Expensive but more affordable than cigarettes because it can be shared with others</li></ul>

# Subgroups

- Young men
  - “Cool”, taste, warmth, smells good
- Young Women
  - “Cool”, way to fit in, showing off, having a purpose for going out,
  - losing weight, filling an emotional gap (emotional upheaval and loss, depression)
- Parents
  - Easy way to fit in routine socialising with friends and family when time poor (i.e. shisha restaurant);
  - Perceive lesser of a number of evils for young people (alcohol, drugs, nightclubs etc.)

# Literature Review & Focus Group Findings

## Literature review

- Limited evidence for health promotion
- No Australian studies
- Mechanisms –
  - Debunk myths by increasing knowledge
  - increase worry as precursor to quitting
  - address emotional aspects such as deglamorising waterpipe for young people
- Community readiness – no

## Focus groups

- Limited information available in community
- Misconceptions about harm
- Sociable, enjoyable, relaxing, part of culture, starts at home
- Widely available
- Adolescents perceive as cool (differences between young men & women)
- Parents perceive as lesser evil for young people

## *Perceptions of acceptable interventions*

- Community information campaign – target young people & parents
  - Social media for young people
  - Parents as role models
- Mixed reactions about labelling as a strategy perceived as unworkable, information needed, leave alone as cultural practice
- GP Brief intervention
- Engage community leaders

# Possible Interventions

- Health information, education & social marketing - social media & online
  - Target parents, youth & children
  - Debunk myths - establish link between cigarettes & waterpipe (ie waterpipe is tobacco)
  - Deglamourise for young people & increase worry about effect of waterpipe (provide evidence as well as real life stories/testimonials of health effects)
  - Provide education to parents on harmful effects and potential for addiction
  - Change cultural norms in parents; have parent role models
- Community campaign - engage Arabic organisations & religious leaders in raising community awareness of harm
- Policy and legislation - include waterpipe in cigarette legislation policy
  - Ban advertising of tobacco products & flavours
  - Ban waterpipe in public places eg parks & cafes/restaurants (opinion divided)
  - Labelling and warnings of harm (adults agree with labelling ingredients, warnings including photos but young people don't think effective)
- Brief intervention - GP brief interventions for smoking to include waterpipe
- Provide alternative social activities for young people

# Next steps

- Conference presentation
- Publications
- Research translation workshop
- Design intervention strategy

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