EXPLORING THE USE OF WATERPIPE IN THE ARABIC SPEAKING COMMUNITY

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Primary Integrated and Community Health Research Forum
Background (1)

- Arabic speaking population
  - 4th 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)
  - 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, Psychinfo and the Cochrane database of Systematic Reviews

**INCLUDED ARTICLES**
Community based health promotion

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**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?

<table>
<thead>
<tr>
<th>Intervention type – prevention and health promotion N=12</th>
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<tbody>
<tr>
<td>Brief Intervention</td>
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<td>In-person session with brief phone follow-up may be as effective as more intensive follow-up for willing to quit waterpipe users <em>(Asfar 2014)</em></td>
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*(Asfar 2014)*

*(Essa-Hadad et al 2015)*

*(Mohiman 2013)*

*(Morris 2012)*

*(Nakkash 2010)*

*(Islam et al 16)*

*(Nakkash & Khalil 2010)*

*(Primack)*

*(Tee)*
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)

<table>
<thead>
<tr>
<th>THEME</th>
<th>Common themes across all focus groups</th>
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| Cultural acceptability/identity            | • Part of tradition and connection with culture.  
• Permitted/accepted within the Arabic culture/religion                                                                                                               |
| Social acceptability                       | • Socially acceptable entertainment and relaxation.  
• Socially acceptable for women and children.                                                                                                                           |
| Social cohesion and connection             | • Strongly connected with socialising  
• Peer pressure - Feelings of social exclusion                                                                                                                                 |
| Practice of smoking waterpipe              | • Used widely in the community  
• Practiced mostly at social gatherings in homes or restaurants  
• Customary use within families - a generational practice                                                                                                               |
| Perception of harm                         | • Viewed comparatively as less harmful than other drug  
• A ‘safer’ option for children/young people  
• Lack of connection between water pipe smoking and harmful effects due to lack of advertising, regulation and legislation  
• Reinforced by organic flavourings, water filtering properties and limited inhalation                                                                                   |
### Emerging Themes (2)

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| Perceived need for intervention | • Not required because it’s part of tradition and culture.  
                             • Limited knowledge of harm                                                                              |
| Knowledge of harms            | • Limited knowledge about the harmful effects of waterpipe smoking  
                             • Not associated with addiction                                                                            |
| Other contributing factors    | • Viewed positively by parents.  
                             • Innovations in WP design and tobacco flavours.  
                             • Media influence portraying positive messages  
                             • Trend/fashion – looking good                                                                            |
| Availability & access        | • Accessible to children/young people via family environment.  
                             • Home delivery option  
                             • Expensive but more affordable than cigarettes because it can be shared with others                   |
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 de glamorising 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
Acknowledgements

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  • Myna Hua, Mariela Silveira, Olga Vilshanskaya (HPS)
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