D. Global Epidemiology and Health Hazards of Tobacco Use: Arab World Patterns

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Introduction: Smoking Patterns

Between 1990 and 1997, cigarette consumption increased 24% in the Middle East. The Middle East and Asia are the only two regions of the world where cigarette sales increased during that period. This trend reflects the high male smoking prevalence in the Arab world and the uptake of smoking by a growing number of women.[1]

Male smoking prevalence in the Arab world remains significantly higher than female smoking prevalence. Almost all the large Arab countries (Yemen, Lebanon, Jordan, Egypt, Tunisia, Syria, and Iraq) have very high adult male smoking prevalence rates. Yemen and Djibouti have some of the highest male smoking prevalence rates in the world, above 75%. Rates of male smoking are also exceptionally high, above 40%, in Jordan, Tunisia, Egypt, Syria, Lebanon and Palestine. Smoking prevalence among women in Arab countries is generally low, under 10%, with only three exceptions: Egypt, Lebanon and Yemen. A larger percentage of women in Lebanon and Yemen smoke tobacco than women in the United States. Ominously, there are more than 12 Arab countries where at least 10% of girls age 13–15 smoke. This seems to indicate a dangerous trend toward more widespread female smoking in the Arab World.[2]

The Hookah Problem

The hookah (also known as the water pipe, shisha, nargileh, arghileh or hubble-bubble) poses a special tobacco problem in the Middle East. Cigarettes are the most widely used form of tobacco in the world but in the Arab countries, the hookah is also used widely. Jordan, Tunisia and Iraqi Kurdistan are the only places where cigarette smoking prevalence is higher than hookah use.[3]

The hookah is often perceived as the ''traditional'' Arab way of consuming tobacco, often while socializing. Arab American youth use the hookah as a form of ethnic identification and because hookah smoking meets with less parental disapproval than cigarettes. Among non-Arabs in the United States and elsewhere, hookah smoking is seen largely as an exotic novelty but the practice may serve as a gateway to cigarette addiction. There is a common misconception that water filtration reduces carcinogen content of tobacco smoke, making hookah smoking ''safer'' than cigarettes.[4]

In Egypt, also, perceptions about the hookah are couched in gender roles and expectations. Many people think it is indecent for women to smoke and that smoking reflects badly on the character and morality of women. The Arab world's economy is becoming more globally integrated and the social pressures of encroaching western cultural values are being felt through the media, consumerism and promotion of neoliberal values including Western feminism. The reaction to that is to sometimes turn inward and resolve self-identity by reasserting traditional values and practices and advancing the tenets of Islamic feminism. Women who smoke shisha may believe they are making strides for gender equality.[5]

The immediate health effects of hookah smoking include: increased expired carbon monoxide, plasma nicotine and higher heart rate. Short-term health risks associated with spreading

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infection (if the hookah is shared) include tuberculosis, hepatitis and respiratory tract infections. Long-term health risks of hookah smoking include: nicotine dependence/addiction, cancer of the lung, trachea, bronchus and oral cavity, cardiovascular disease, respiratory disease/emphysema/chronic obstructive pulmonary disease (COPD) and heavy metal poisoning from arsenic, cadmium, cobalt, chromium and lead.[6]

TOBACCO INDUSTRY ACTIVITIES

Women in the Middle East represent one of the last great untapped markets for the tobacco industry. The tobacco industry sponsors female-oriented events, such as fashion shows, and increasingly employs advertising techniques that exploit the tropes of freedom, equality and modernity to seduce women into adopting the traditionally male behavior of smoking.

Cigarette smuggling remains a significant problem in the Middle East. Much of the region's cigarette-smuggling operations are conducted through Cyprus, Jordan and the Gulf emirates. Large-scale cigarette smuggling would not be possible without collusion by the tobacco industry. In 2002, the European Union filed a lawsuit against RJ Reynolds, Japan Tobacco and Philip Morris, claiming that they were violating UN sanctions by smuggling billions of cigarettes into Iraq. The lawsuit claimed that smuggling was often carried out with the aid of terrorist organizations. After the United States invasion of Iraq in 2003, the charges were dropped.

Tobacco industry collusion in the Middle East began in the late 1970s with the formation of the Middle East Tobacco Association (META). The Association engaged in sophisticated campaigns to plant pro-tobacco articles in regional newspapers and defeat or water down advertising ban proposals throughout the region. The industry also sought to "identify Islamic religious leaders who oppose interpretations of the Quran which would ban the use of tobacco and encourage support for these leaders."[7]

TOBACCO CONTROL EFFORTS

The WHO Eastern Mediterranean Regional Office (EMRO) has a strategy of linking religion with health promotion. *The Right Path to Health; Health Education through Religion; Islamic Ruling on Smoking* was published in 1996 to confront tobacco addiction with religious edicts. Because smoking is injurious to the smoker and others, it is considered haram (forbidden) under Sharia (Islamic law). Some religious scholars believe that tobacco is only makhrouh (undesirable) rather than forbidden. Statements against smoking from Eastern Orthodox priests and the Vatican are also used to promote health behavior in Arab Christian communities. For more information, visit http://www.emro.who.int/tfi/emroleads.htm

As mentioned previously in this section, the WHO's Framework Convention on Tobacco Control (WHO FCTC) requires countries that ratify the treaty to take specific measures to control tobacco consumption, production and advertising. The treaty was activated on February 27, 2005 and as of July 2006, 168 countries had signed the treaty and 134 had become parties to the treaty. Nineteen out of 22 countries in the WHO EMRO have signed and 14 countries have become parties to the treaty: Afghanistan (ratification pending), Djibouti, Egypt, Iran, Iraq (ratification pending), Jordan, Kuwait, Lebanon, Libyan Arab Jamahiriya, Morocco (ratification pending), Oman, Pakistan, Qatar, Saudi Arabia, Sudan, Syrian Arab Republic, Tunisia (ratification pending), United Arab Emirates, and Yemen (ratification pending). Bahrain, Palestine, and Somalia have yet to sign the treaty. Other Arab countries party to the treaty include the Comoros and Mauritania.[8]

The American Cancer Society (ACS) and other public health groups are campaigning worldwide for all governments to sign and ratify the FCTC. United States ratification would be an enormous success and would have a great impact on the global tobacco epidemic. Citizens of every country need to hold their own tobacco companies responsible for the millions of death worldwide that their products cause and make sure that they are regulated appropriately. The main goal is to see widespread ratification and implementation of the FCTC.

CONCLUSIONS

Male cigarette smoking prevalence in the Arab World is relatively high but female prevalence remains generally low. Hookah use is widespread and appears to be increasing rapidly among youth and women. Tobacco-related disease will become more prevalent as the course of the epidemic continues. Legislative measures and religious exhortations are being used to control tobacco use but smuggling operations and advertising campaigns threaten to undermine tobacco control measures. Commitment to tobacco control is lacking in some influential countries.

Despite a lack of commitment, actions can be taken. ACS has been instrumental in changing the social acceptability of tobacco in the United States. Americans smoked even more heavily than Arabs did a few decades ago. Ratification and implementation of FCTC offers the best strategy for stemming the tobacco pandemic. Change is not only possible; it is vital if we are to circumvent a toll of unnecessary death and illness in the Arab world.

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