المركز السوري للأبحاث التدخين
SYRIAN CENTER FOR TOBACCO STUDIES

**Syrian Society Against Cancer -Aleppo-**

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# What's New:

## Syria bans smoking in public Places

The efforts of the Syrian Center of Tobacco Studies to combat smoking have rewarded by the new Syrian law to ban smoking in public places, which will be in effect on 21, April 2010. Syrian President Bashar Al- Assad issued a decree banning smoking and selling and providing tobacco products at certain public utilities, including restaurants and bars, hospitals, sports halls and cinemas. The decree also prevents smoking during meetings, conferences, lectures, training activities and official symposiums. Ban offenders will be fined 2,000 Syrian pounds (about $ 45.00 ). The decree also prevents the promotion and advertising of tobacco products and smoking.

## Biomarkers for lung carcinogens and characterizing dependence features in narghile smokers

A new laboratory study is now conducted by the SCTS to characterize the uptake of carcinogenic substances in waterpipe smokers. The aim of this study is to compare the quantities of these substances to cigarette smokers and never-smokers, and to describe the waterpipe dependence level, smoking behavior, and subjective effects of smoking in a sample of waterpipe smokers. In addition the study will characterize the waterpipe smoking behavior of Syrian smokers.

## Smoking Cessation Multicenter randomized clinical trial (RCT)

The first smoking cessation randomized clinical trial (RCT) is finished and the general report is being written now. This trial included 250 adult smokers recruited from three randomly selected NGO-supported primary care centres and one private diabetes clinic. All patients received behavioural counselling from a trained physician and were randomized to receive either nicotine patch or placebo patch.
The primary objectives of this study are:(1) determine prevalence, knowledge, attitudes, and beliefs related to tobacco use among Syrian primary care physicians and patients.(2) determine baseline and post-intervention tobacco use practices and policy implementation, as reported by both physicians and patients, in participating clinics.(3) determine the efficacy of a combined behavioural/pharmacological smoking cessation intervention that can be feasibly implemented within Syrian primary care facilities.

## MedCHAMPS; MEDiterranean studies of Cardiovascular disease and Hyperglycaemia: Analytical Modelling of Population Socio-economic transitions Introduction, objectives and activities

The Syrian Center for Tobacco Studies started a new project at March 2009. MedCHAMPS is a partnership project among seven international scientific institutes. It aims to make recommendations about policy initiatives, both within and outside the health sector, likely to be the most effective and cost-effective in reducing the burden of CVD and diabetes mortality and morbidity in each of the Mediterranean study countries (Palestine, Syria, Tunisia, and Turkey).

This project will develop a CVD and diabetes model (IMPACT) in this region using a combination of situation analysis, policy and document review, and qualitative techniques will practice to elicit the current state of NCD policy development in the study countries, and stakeholders' perceptions of potentially effective interventions.

The project contains the following non chronological but overlapping working packages:

1. Project framework and methodology development
2. Data collection, secondary analyses, and critical appraisal
3. Model development
4. Data entry, validation and model analysis in Palestine, Syria, Tunisia and Turkey
5. National situation analyses and health system context in study countries
6. Developing and evaluating policy options in study countries
7. Integration of findings
8. Dissemination and Implementation
9. Research capacity development
10. Project Management

The first and the second consortium meetings for MedCHAMPS were held in London, UK 20-22 April 2009, and in Izmir, Turkey 13-14 January 2010 respectively. A list of tasks, recommendations and actions have come out of these two meetings to follow up working on the different work packages.

Senior and junior researchers from all of the MEDCHAMPS participating countries were presented for two training Workshops. The first one on "Qualitative and Ethnographic Research Methods for Work Package 5" was held in Aleppo, 3-11 October 2009. The purposes of this training course were to train those researchers who will be responsible for conducting and organizing WP5 in their own country, and to plan the timetable and practical organization of a multi-level, interdisciplinary program for data collection and ensure that those involved were familiar with the range of research activities. The second workshop titled "Cardiovascular and diabetes epidemiology and epidemiological models" was held in Izmir, Turkey, 15-19 January 2010. Its aims to provide the participants with an introduction to cardiovascular and diabetes epidemiology and epidemiological modelling.

The course covered the aetiology of the diseases and treatments, sources of data and modelling techniques. At the end of the course the participants were equipped with a better understanding of the diseases and some practical training in using the Cardiovascular diseases IMPACT models, developed by Prof Simon Capewell and colleagues. In addition, the participant had a better understanding of the data needs for developing simple CVD models in their own country.

For more information see MedCHAMPS website at: http://research.ncl.ac.uk/medchamps/

# Published Studies/Reports:

## The crisis of health in a crisis ridden region.

The overall picture of the Arab world today is dire; no Arab country is free from political strife, foreign intervention, or the threat of terrorism. Continuing instability and the failure of national governments to uphold the rule of law and deliver on development are tearing apart the fabric of Arab societies. Internally, Arab regimes' agendas are shaped by security and their makeup by kinship and loyalty, pushing people to seek refuge within their primordial loyalties. From the outside, foreign meddling in the name of "democracy" is deepening the Arab world's instability, therefore providing justification for opponents of change to discredit the values of human rights and power sharing. In such an environment, the voiceless majority becomes the main victims, with detrimental effects on their physical and mental wellbeing. A domino-like breakdown of the Arab region, with serious consequences for world's stability, is becoming an increasingly likely scenario.

Maziak W. Adolesc Health. 2008 May; 42(5):526-9

## Systematic observations of health damaging factors in informal neighbourhoods in Aleppo, Syria-a pilot study

**Background and objectives:** Systematic social observation is a method to evaluate pathways by which neighbourhood environments impact health. This method has, mainly been used in developed country settings. In Aleppo (population 2,500,000) informal settlements occupy about 45% of the city's inhabited area and are home to one million people. Informal settlements are neighbourhoods built without planning, for which environmental statistics are not available. The objective of this study was to pilot a context specific procedure and method to systematically assess characteristics of urban informal neighbourhoods relevant to health and wellbeing.

**Methods:** An observational instrument was developed based on a literature review, observations in informal neighbourhoods and interviews with a purposive sample of key informants. The observational instrument measured land use (housing and industry); environmental quality and the social environment. The unit of observation (the spatial scale at which neighbourhood characteristics may differ) was identified as 100 meters of the right hand side of a street. The pilot study took place in *Shaikh Maksoud*, the largest informal settlement in Aleppo. We identified key pointers using a *Garmin* Global Positioning System and downloaded the waypoints into Google Earth Plus. Observation points were selected randomly.

**Results:** The achieved sample comprised of twenty one random points, each consisting of three units of observations. We found big variability in the quality of the environment between the points of the observation within the same neighbourhood. For example, the eastern part had a high industrial-residential mix and the worse environmental quality. The best conditions were observed in the parts closer to the border with the formal area. The main challenge for adapting the methodology was to define the unit of observation.

**Conclusions:** Systematic social observation can be a useful method in studies of health and place in developing countries.

Ahmad B, Fouad F, Rastam S, Pless-Mulloli T. Epidemiology. 2009 November ;6(20):190

## Epidemiology of Type 2 diabetes mellitus in Aleppo, Syria

**Background:** Type 2 diabetes mellitus (T2DM) is considerable public health problem, but data on the prevalence and correlates of T2DM in Syria are scarce. The aim of the present study was to establish reliable estimates of the prevalence of T2DM in Syria.

**Methods:** A cross-sectional, population-based survey was conducted in Aleppo, Syria (population 2.5 million), in 2006. The study was conducted on a random sample of 1168 subjects ‡25 years of age (47.6% men; mean age 44.7 ± 12.7 years). Information regarding a personal history of diabetes and other risk factors was collected, followed by measurement of weight, height, and the waist: hip ratio (WHR). Of the 1168 participants, 806 provided fasting blood samples that were analyzed for fasting plasma glucose (FPG) and HbA1c.

**Results:** The prevalence of T2DM based on FPG ‡126 mg⁄dL and HbA1c ‡6.5% was 15.6% (11.2% self-reported; 5.0% diagnosed) and 14.8%, respectively. The prevalence of impaired fasting glucose (FPG ‡110 and <126 mg⁄dL) was 8.6%. There was a significant positive association between T2DM and age, WHR, a family history of T2DM, and body mass index (BMI) and an inverse association between T2DM and physical activity ($P < 0.01$ for all). Multivariate analysis showed that age, BMI, WHR, and a family history of T2DM were the most important factors associated with T2DM. Only 16.7% of treated cases of T2DM were under control (i.e. HbA1c <7%).

**Conclusions:** Based on the results obtained in our sample, T2DM is wide- spread in Syria. Many of those with T2DM are unaware of their disease and most have unsatisfactory control of their disease.

Albache N, Al Ali R, Rastam S, Fouad F, Mzayek F, Maziak W. Journal of Diabetes. 2009; 2:1–7

## Waterpipe tobacco smoking: an emerging health crisis in the United States

**Objectives:** To examine the prevalence and potential health risks of waterpipe tobacco smoking. METHODS: A literature review was performed to compile information relating to waterpipe tobacco smoking. RESULTS: Waterpipe tobacco smoking is increasing in prevalence worldwide; in the United States, 10-20% of some young adult populations are current waterpipe users. Depending on the toxicant measured, a single waterpipe session produces the equivalent of at least 1 and as many as 50 cigarettes. Misconceptions about waterpipe smoke content may lead users to underestimate health risks. CONCLUSION: Inclusion of waterpipe tobacco smoking in tobacco control activities may help reduce its spread.

Cobb C, Ward KD, Maziak W, Shihadeh AL, Eissenberg T. Am J Health Behav. 2010 May-Jun; 34(3):275-85.