Raising the awareness of the harms of waterpipe smoking in young people from Arabic speaking backgrounds
Acronyms

ABS  Australian Bureau of Statistics
AUB  American University of Beirut
CALD Culturally and Linguistically Diverse
CINSW Cancer Institute NSW
LHD  Local Health District
LMA  Lebanese Muslim Association
SEaRCH South Eastern Sydney Research Collaboration Hub
SESLHD South Eastern Sydney Local Health District
SLHD  Sydney Local Health District
UNSW University of New South Wales

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Special thanks are extended to all the community members and organisations involved in codesign workshops, filming of the videos and community engagement activities.
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Overview

Partners: 3 LHDs, 1 community organisation; 3 universities; 1 state-wide service

Engagement with over 20 community organisations

- Over 350,000 views of the campaign video
- 3 social media platforms; over 240 pieces of content posted, over 13,000 engagements
- 3,300+ visits to the Shisha No Thanks website
- 274 media mentions
- Organic reach: over 11,000 comments on one non-project Facebook post
- Over 3,790 promotional merchandise items distributed
- Over 2,900 community members reached through community events
- Over 100 attendees at community workers information sessions

Guiding principles
- working in partnership
- codesign and participatory approach
- community engagement
- culturally informed and respectful
- evidence based
- responsiveness
- further building the evidence base

Innovative evaluation methods, including a SMS panel of young people from Arabic speaking backgrounds

Statistically significant increase in the awareness of messages about the harms of waterpipe smoking amongst young people from Arabic speaking backgrounds
The Shisha No Thanks Project is an evidence based, innovative, codesigned initiative which has raised awareness of the harms of waterpipe smoking amongst young people from Arabic speaking backgrounds. The project addresses tobacco control in one of the few areas of tobacco use which is increasing in young people. The project, funded by the Cancer Institute NSW (2018-20), has received additional funding in 2020-21 to expand the focus to young people from all multicultural backgrounds.

The research informing the project was conducted by members of the project team. It is the first of its type published in Australia and is part of a relatively small body of research internationally. The research comprised a rapid review of the evidence on health promotion interventions for reducing waterpipe smoking and 10 focus groups with 88 young people from Arabic speaking backgrounds.

This research indicated that the community does not identify shisha smoking as tobacco smoking and that the associated harms are not well understood. It is viewed as less harmful than other drugs and a ‘safer’ option for young people. These views are reinforced by misperceptions that flavourings, water filtering, and limited inhalation are less harmful.

The objectives of the project were to: (1) increase awareness of the harms of waterpipe smoking in key partners, stakeholders and community champions; and (2) increase culturally appropriate and acceptable, evidence informed information about the harms of waterpipe smoking; and (3) increase community awareness of, and community conversations about, the harms of waterpipe smoking.

Project partners included Multicultural Health and Health Promotion Services across three local health districts (LHDs); the state-wide Multicultural Health Communication Service, three university partners as well as over 20 community partners.

Through social media campaigns, community engagement activities and building the capacity of the community sector, we achieved high levels of community engagement; increased community conversations and increased awareness of harms of waterpipe smoking. This contributes to addressing tobacco related harm in a community which has high smoking rates and is less likely to seek support for quitting.

Key outcomes of the project include:

- high levels of community engagement;
- a highly interactive online training module for community workers;
- collaborations with UNSW Sydney, the University of Sydney, Macquarie University, and the American University of Beirut;
an innovative approach to evaluation, using a virtual panel of Arabic speaking young people who provided longitudinal data through SMS over a 9 month period; and

- a statistically significant increase in the awareness of messages about the harms of waterpipe smoking (p≤0.003) amongst young people from Arabic speaking backgrounds.

Critical success factors reflected the project’s guiding principles: working in partnership; codesign and participatory approach; community engagement; culturally informed and respectful; evidence based; investment in evaluation; and responsiveness.

Despite the severe disruption of the COVID-19 pandemic, the project was able to pivot to enhance the social media strategy and the development of the online training module for community workers.

There are a number of key lessons from the project that may serve as useful considerations regarding future work. These include the importance of:

1. consistent terminology in referring to waterpipe smoking – in this report we have used the term waterpipe which is the term most frequently used in the academic literature however “shisha” was identified by community members as the most broadly accepted term across various Arabic speaking and mainstream community groups;

2. addressing the considerable confusion within the community about the applicability of the laws relating to tobacco smoking, advertising display and sale of waterpipe and related products;

3. upskilling health professionals and community workers (key sources of advice to community members) who are largely unaware of the negative health impacts of waterpipe smoking;

4. integrating waterpipe into all aspects of tobacco control; and

5. the sustained effort required to raise awareness of the harms of waterpipe smoking and reduce waterpipe related harms.
In Australia and internationally there has been limited research investigating the effectiveness of health promotion interventions targeting waterpipe smoking. Available research indicates an increasing trend in waterpipe smoking internationally (Maziak et al, 2015b); it is particularly high among school and university students in Middle Eastern countries as well as people of Middle Eastern descent in Western countries (Akl, 2011). Although less widely researched than cigarette smoking, waterpipe smoking has been found to be associated with a number of health risks and harms. These include increased risks of coronary artery disease, emphysema and chronic obstructive pulmonary disease, as well as cancers (lung, oesophageal and gastric) (El-Zaatari et al., 2015).

In metropolitan Sydney, a large population of people of Middle Eastern descent live in the St George and Canterbury Bankstown areas. Around 73,000 residents (representing 12% of the population in this geographical area) identify as Arabic speakers (Australian Bureau of Statistics (ABS) Census, 2016). Studies among Arabic speaking people in Australia have found that around 38% of respondents had smoked waterpipe at some point (Gregov et al., 2011), and 11% smoked waterpipe consistently (Perusco et al., 2007). Thirty three percent (33%) of people who had ever smoked waterpipe were between 18 to 29 years.

In 2016, a research partnership was established between South Eastern Sydney Local Health District (SESLHD) Multicultural Health and Health Promotion Services, South Eastern Sydney Research Collaboration Hub (SEaRCH) and a range of community partners to explore culturally appropriate health promotion interventions around waterpipe smoking in Arabic speaking communities. The need was initially identified through community consultations conducted as part of the Nafas Naqi (Pure Breath) Arabic Tobacco Control Project.

The research comprised a rapid review of the evidence on health promotion interventions for reducing waterpipe smoking and qualitative research with community members. The rapid review was undertaken and implications for practice in Australia were identified (Gardner et al., 2018). Potential mechanisms for change included: (1) addressing misconceptions about the harms of waterpipe smoking by increasing knowledge; (2) increasing worry as a precursor to change; (3) addressing cultural and identity issues; (4) shifting the sense of glamour associated with waterpipe smoking; (5) increasing cognitive strategies to control emotional/impulse responses for quitting; and (6) promoting parents’ instincts to protect children to reduce exposure to waterpipe smoke.

In the first study to explore perceptions and cultural meaning of waterpipe smoking in the Arabic speaking community in Australia, ten focus groups with 88 Arabic speaking participants were conducted using trained bilingual community research assistants (Kearns et al., 2018). Seven key themes emerged relating to the perceptions of waterpipe smoking; and four themes
emerged from the classification of potential health promotion interventions acceptable to the community. Key findings included:

- waterpipe smoking is widely practised in the community, across genders and groups and that its use is increasing, especially amongst young people;
- waterpipe smoking is viewed as socially and culturally acceptable, and is connected with socialising and relaxation;
- family appears to have a significant role in supporting waterpipe smoking;
- waterpipe smoking is perceived as less harmful and more acceptable than cigarette smoking and is seen as a safer alternative to other forms of entertainment and drug use; and
- raising community awareness about the harms of waterpipe smoking through use of media, film, social media and online messaging were seen to be acceptable strategies particularly amongst young people.

Overall, the Arabic speaking community’s knowledge and perception of waterpipe smoking is that it is viewed as comparatively less harmful than other drugs and a ‘safer’ option for young people, as it is not associated with addiction. Generally, there is a lack of perceived connection between waterpipe smoking and harmful effects, which is reinforced by organic flavourings, and water filtering properties (Kearns et al., 2018). It is also reinforced by the lack of public health messaging and minimal enforcement of the legislation surrounding waterpipe use in Australia. The strong cultural and social identity connected with waterpipe smoking has made it difficult to encourage the reduction or cessation of waterpipe smoking. However, this further highlights the importance of raising awareness of the harms of waterpipe smoking among young people.
4 Project Overview

Project aims and objectives
The aim of this project was to raise awareness of the harms of waterpipe smoking in young people (18-35 years old) from Arabic speaking backgrounds across southern Sydney. Family, friends and social networks were the secondary target groups of this campaign.

The objectives of the project were to: (1) increase awareness of the harms of waterpipe smoking in key partners, stakeholders and community champions; (2) increase culturally appropriate and acceptable, evidence informed information about the harms of waterpipe smoking; and (3) increase community awareness of, and community conversations about, the harms of waterpipe smoking.

Partnerships
Partners in the project included:

- SESLHD Multicultural Health Service (lead partner)
- SESLHD Health Promotion Service
- Lebanese Muslim Association
- South Western Sydney Local Health District (SWSLHD) Health Promotion and Multicultural Health Services
- Sydney Local Health District (SLHD) Health Promotion Service and Diversity Hub
- NSW Multicultural Health Communication Service
- South Eastern Sydney Research Collaboration Hub (SEaRCH)

Other research partners included:

- The University of Sydney
- Macquarie University

A research partnership established between SESLHD, SEaRCH, the University of Sydney and Macquarie University enabled a rigorous evaluation of the project objectives.

Funding
The project received funding from the Cancer Institute of NSW for a two year period, from July 2018 to June 2020.

Timeframe
The implementation phase of the project ran from August 2019 to June 2020.
Ethics approval

Human research ethics approval was received from UNSW HREAP G (Health, Medical, Community and Social HC190149).

Guiding principles

Working in partnership

An integral component of the project was the development of partnerships across a range of health services, universities and community organisations. The strengths that various partners brought to the project included:

- engaging the target community;
- undertaking research translation projects with Arabic speaking communities;
- delivering and evaluating tobacco control initiatives;
- conducting multipronged health promotion interventions, including social marketing;
- conducting social media campaigns with culturally and linguistically diverse communities;
- codesigning culturally tailored health promotion messages with target communities;
- development of online training resources; and
- research into the effectiveness of tobacco control campaigns.

The research partnership enabled the evaluation of the project's impact on community awareness and conversations surrounding waterpipe smoking.

Codesign and participatory approach

There is a growing body of evidence to support codesign, coproduction and community-based collaborative approaches (Hagen et al., 2012, Greenhalgh et al., 2019). Previous research conducted with Arabic speaking participants indicated a willingness and readiness of community members to engage in conversations surrounding waterpipe smoking when the awareness raising strategies were culturally respectful, appropriate and youth friendly (Kearns et al., 2018).

In the initial phase of the project, codesign workshops were facilitated with community members, community champions, and health professionals. The outcomes from these workshops enabled the project to be developed in-culture thus making the community engagement strategies and messages culturally appropriate and acceptable. Important findings from the workshops included preferences to:

- highlight that 45 minutes of shisha smoking = 100 cigarettes as the strongest message for the campaign;
- use the term ‘shisha’ despite the more commonly used word in the Lebanese community ‘argileh’;
- use everyday people in the videos and social marketing campaign rather than celebrities;
- not shock the community by using strong negative graphics;
- have short videos that can be shared on social media; and
- have a focus on health and fitness rather than arts-based interventions (as originally planned).
Also of note was that the workshop participants were unable to easily identify alternative activities to shisha smoking and requested ideas for substitute activities.

**Community engagement**

Community members and community organisations were engaged throughout the project. Community members were invited to take part in the filming of the videos and social media clips which enhanced their authenticity and relatability. All project resources were checked by community members in order to ensure the messages were clear, the tone was right and the content was both informative and culturally respectful. Community organisations were integral to the project’s involvement in community events, community information sessions and resource dissemination.

**Culturally informed and respectful**

All elements of the project were developed and implemented in-culture with respect for cultural considerations. This was vital in ensuring the trust of the community was maintained and respect towards culture was at the forefront of all activities. The purpose was to inform the community and not be seen as attacking cultural values.

**Evidence based**

A thorough review of the existing research on waterpipe smoking and the evaluation component of the project informed development of the project’s resources. All the project resources were fact checked and linked to specific evidence identified from previous research. All project activities and resources underwent an approval process by the project’s funding body, CINSW, and the factsheets were also approved by the NSW Ministry of Health. Project initiatives were supplemented by the important research being conducted by the American University of Beirut on waterpipe smoking, including a number of resources they developed, which have been shared via the project’s social media platforms.

**Responsiveness**

The initial intent was to commission and support community arts based projects, however, participants in the codesign workshops strongly advocated for a focus on physical activity and community engagement.

Codesign workshops with health professionals and community workers further identified a lack of knowledge amongst their peers about the harms of waterpipe smoking. These groups are critical sources of credible information for Arabic speaking community members, and therefore, providing information and education about the harms of waterpipe smoking to community workers, health professionals and bilingual community educators was a priority.

Furthermore, it was recognised that there was a lack of information available to support community members to make informed decisions about their waterpipe smoking. Resources targeting a call to action were developed to support the community.

The COVID-19 pandemic has had a significant impact on the project activities, including the facilitation of community based events and resource distribution. To ensure the safety of community members, community workers and health staff, all community events were cancelled and resources were distributed by mail or contactless courier. In place of a community workers’ forum, an online training module was developed to provide information
to community workers about the harms of waterpipe smoking and how they can have difficult conversations with community members about waterpipe use. Additional resources were developed in collaboration with the American University of Beirut. These resources highlighted the high risk of contagion from sharing waterpipes and provided additional information on the health harms of waterpipe use and where to access help to quit smoking.

**Further building the evidence base**

An important component of the project was the investment in the project’s evaluation. Innovative approaches to the evaluation were developed, including using a virtual panel of Arabic speaking young people who provided longitudinal data through SMS over a nine month period and the content analysis of social media comments posted in response to the project’s main video.
The project activities and reach are summarised below for the time period August 2019 – July 2020.

**Resource development and dissemination**

A range of resources were developed, informed by the evidence, codesign workshops and ongoing interactions with the community and community workers.

**Campaign video: Over 350,000 views**

A 1-minute broadcast quality video was produced. Approximately 20 community members participated in the filming of the video. The video has since appeared on multiple media and social media platforms including Facebook, Instagram, local newspapers, SBS Arabic, SBS World News and ABC with over 350,000 views and over 11,000 comments.

- **Video:** [https://www.youtube.com/watch?v=2wymSx1_FeA](https://www.youtube.com/watch?v=2wymSx1_FeA)

**Website: 3,369 visits; 2,646 unique visitors**

The ‘ShishaNoThanks’ website was constructed containing the video, social media clips, information sheets, frequently asked questions (FAQs), and information on where to get help for smoking cessation: [http://shishanothanks.org.au/](http://shishanothanks.org.au/)
During the course of the campaign, there were 3,369 visits to the site, 2,646 of which were unique visitors. Thirty percent (30%) of visitors reached the site through social media, and 20% through organic search (e.g. search engines). The majority of visits were from people in Australia, with most being from Sydney or Melbourne; around one third of visits were for 1-10 minutes or more.

**Factsheets: approximately 800 hard copies and 800 downloads**

A suite of factsheets was designed, in collaboration with the NSW Ministry of Health and CINSW, to provide specific information about waterpipe smoking and how it may impact certain subgroups within the community, including: young people; pregnant women and young families; health professionals, and the broader community. The factsheets are available in English and Arabic on the ShishaNoThanks and NSW Ministry of Health websites.


To date over 800 factsheets have been distributed at community events and there have been approximately 800 downloads via the Shisha No Thanks website.

The distribution of the Health Professionals factsheet through Primary Health Networks was suspended due to the COVID-19 pandemic.

**Content for iCanQuit website**

Waterpipe smoking content was developed for the iCanQuit website in English and Arabic. This website was well known to participants of the codesign workshops who indicated it was the preferred resource to support tobacco cessation. A one-page summary of facts about waterpipe smoking and associated harms will be published on the website in English and Arabic.

**Social media**

**3 platforms; over 240 posts**

Facebook, Instagram and YouTube accounts were established to raise awareness of the harms of waterpipe smoking, as well as to promote project events and community engagement activities.

- **Facebook:** [https://www.facebook.com/ShishaNoThanks/](https://www.facebook.com/ShishaNoThanks/)
- **Instagram:** [https://www.instagram.com/shishanothanks/?hl=en](https://www.instagram.com/shishanothanks/?hl=en)
- **YouTube:** [https://www.youtube.com/watch?v=2wymSx1_FeA](https://www.youtube.com/watch?v=2wymSx1_FeA)
Short videos addressing social media comment: 12 videos

Twelve (12) short social media clips were developed to address comments on social media postings, starting with the phrase “I didn’t know shisha smoking…” followed by a slide providing an evidence based response and reference (e.g. “I didn’t know there is no difference between organic shisha and tobacco shisha” - “Herbal shisha products contain traces of toxic metals and the smoke contains cancer causing chemicals equal to that of tobacco products (Journal of Tobacco Control, 2015)).

https://www.instagram.com/shishanothanks/?hl=en
https://www.facebook.com/ShishaNoThanks/

Think Shisha is Safe?: 1 digital postcard

The “Think Shisha is Safe?” postcard and social media post provided community members with information on the health harms of waterpipe smoking. This resource was disseminated through social media, community engagement activities, community information sessions, and through the website. The content of the postcard is also used by the Lebanese Muslim Association (LMA) in their tobacco cessation resources, which are disseminated through the LMA Tobacco Control Clinic.

Call to action: 5 posts

Five social media posts focused on a call to action for individuals wanting to cut down or quit waterpipe smoking, based on the Stages of Change Transtheoretical Model (Prochaska & DiClemente, 1983). These were posted between January and June 2020.
Healthy lifestyle: 6 posts
A community member was engaged to take photographs to promote physical activity and healthy lifestyles through social media

https://www.instagram.com/shishanothanks/?hl=en
https://www.facebook.com/ShishaNoThanks/

COVID-19 related resources: 1 digital postcard, 4 videos
A digital postcard was developed to provide information to the community about the risk of COVID-19 infection through shared mouth pieces, shared hoses and water in the bowl of waterpipes. The aim of the resource was to encourage individuals to protect themselves, their families and their community from the spread of the virus. Information on where to get help to quit, as well as more information on COVID-10 was provided.
The American University of Beirut also developed two videos (both in English and Arabic) outlining the harms of waterpipe use, particularly during the COVID-19 pandemic. These were shared on the Shisha No Thanks website, YouTube channel and social media platforms.

https://www.youtube.com/watch?v=KamEi4cRYGY
https://www.youtube.com/watch?v=QXugJilv7TE

**Digital ads: 1 digital ad; over 45,000 impressions**

Digital ad campaigns on the harms of waterpipe were shown over a four week period on the SBS and SBS 24 websites. The digital ad on the SBS website had 42,667 view impressions with 170 clicks to the Shisha No Thanks website. The digital ad on SBS 24 website had 2,497 view impressions with 3 clicks to the Shisha No Thanks website.

**Radio ads for World No Tobacco Day: 1 radio ad across 6 channels**

A high quality 50 second Arabic Radio ad was produced by SBS and broadcast from May 31 to June 28 2020, commencing on World No Tobacco Day. The radio ad was aired two to four times daily on the following radio stations: SBS Arabic FM; SBS 24; Radio 2moro; 92.1 FM; 2ME Network Australia; and Voice of Islam.
Community engagement

Community engagement occurred through media and social media, community information sessions, community events and the dissemination of project promotional merchandise. Over 20 community organisations were engaged in the project.

**Media: 278 media mentions (27 unpaid, 251 paid)**

An important element of community engagement was coverage the project received in the media. Unpaid (earned) media coverage consisted of TV coverage (n=2); radio coverage (n=4) print coverage (n=2) and online coverage (n=19). Media outlets included: SBS World News, SBS Arabic, ABC News and local media. This was in addition to paid radio ads for World No Tobacco Day (n=251) (see Appendices 1).

**Shisha No Thanks social media accounts: over 13,000 engagements and 24,000 video views**

Posts on Facebook (n=111) resulted in 201 followers, 10,780 engagements and 23,167 video views. Posts on Instagram (n=94) resulted in 83 followers, 2,511 engagements and 500 video views. A further 480 video views occurred through YouTube.

Posts which reached large numbers of people and gained substantial engagement included:

- Facebook post of the main video (reach 70,422; 16,850 video views and 7,661 engagements) [https://www.facebook.com/ShishaNoThanks/posts/139818894083375](https://www.facebook.com/ShishaNoThanks/posts/139818894083375)
- Facebook post on the call to action – know the facts (reach 3,654; 937 views; 336 engagements) [https://www.facebook.com/ShishaNoThanks/posts/314361963295733](https://www.facebook.com/ShishaNoThanks/posts/314361963295733)
- Instagram post on the call to action - there is no safe level of smoking (reach 3,058; 1,772 views; 179 engagements) [https://www.instagram.com/p/CB9yFm5hc58/](https://www.instagram.com/p/CB9yFm5hc58/)

**Third-party social media coverage: over 11,000 comments on one site**

Numerous other community, health and media organisations posted about the Shisha No Thanks project on social media, including: SBS Arabic 24; SBS World News; ABC News; 2MFM; MHCS; NSW Health; CINSW; LMA; SESLHD; WSLHD; SLHD; and Alcohol and Drug Information Service.

Social media tracking identified posts with a higher number of video views, shares/retweets and/or comments including:

- WSLHD: 316,611 video views; 1,772 shares; 11,000+ comments
- LMA: 1,991 video views; 30 shares; 32 comments
- SWSLHD: 167 shares; 1,400+ comments
- NSW Health: 67 shares; 284 comments
- SESLHD: 44 shares; 81 comments
- CINSW: 53 shares; 39 comments

**Promotional merchandise: Over 3,790 items distributed**

Promotional merchandise developed for community engagement included:

- Vinyl Banners - 16 distributed to community organisations, based on requests
- Cubes - 1,200 distributed to community members at events
- Phone holders - 1,500 distributed to community members at events
- Reusable coffee cups - 840 distributed to community members at events
- T-shirts - 50 distributed to community project champions
- Tote bags - 200 distributed to community members
Merchandise and written resources (e.g. community factsheets) were widely distributed at community events up to January 2020. Since the COVID-19 pandemic, resources have been sent directly to community workers and health professionals to share with community members. Merchandise distribution will continue until December 2020.

Community Events: over 2,900 community members reached
The Shisha No Thanks team attended four community events to promote the campaign message:

- Bankstown Health Expo (outdoor public event – approximately 1,500 attendees)
- Lebanese Muslim Association Expo (approximately 800 attendees)
- St George Migrant Information Day (approximately 600 attendees)
- 3Bridges Community Taste Tales Forum (approximately 30 attendees)

The initial project plan was to sponsor a range of community events that promoted healthy living and alternative activities to waterpipe smoking; however, due to the COVID-19 pandemic these events were cancelled.

Health and community workforce engagement
Community workers information sessions: over 100 attendees
Six Community Worker information sessions were conducted between March 2019 and December 2019, reaching over 100 community workers:

- Canterbury Bankstown Council Youth Workers’ interagency meeting (30 participants)
- Canterbury Community Drug Action Team (15 participants)
- Illawarra Shoalhaven Local Health District, Multicultural Health Service (15 participants)
- Lebanese Muslim Association (9 participants)
- South Western Sydney and Western Sydney Local Health District Bilingual Community Educators forum (15 participants)
- Western Sydney Youth Solution Network Committee meeting (18 participants)
Health professional engagement

The project has engaged with health professionals in a range of contexts including codesign workshops, development of the Health Professionals Factsheet; CINSW eMR Enhancement Project Clinical Reference Group, and attendance at Tobacco Control network meetings.

The project was officially launched by Professor David Currow, NSW Chief Cancer Officer and Chief Executive Officer Cancer Institute NSW on October 15, 2019 at the Lebanese Muslim Association (LMA). Sixty (60) people attended the event, including health professionals, community members, LMA Board members, and project partners.

The project established a strong working relationship with the Waterpipe Tobacco Smoking Knowledge Hub (WTS KH) of the American University of Beirut (AUB); this included personal communication, a face to face meeting in Sydney with a leading academic, and attendance at four webinars hosted by the AUB.

The project was presented at two conferences:

- Federation of Ethnic Communities’ Councils of Australia (FECCA) Conference in October 2019 – poster presentation.

A journal article has been submitted to a peer-reviewed journal and two further peer-reviewed publications are in development.


In addition, abstracts have been submitted and accepted for two conferences:


Development of an Online Training Module for community workers

An online training module for community workers was developed to replace the planned face to face forum. In completing this 30 minute module, the aim is for participants to gain an understanding of:

- The harms of shisha (waterpipe) smoking
- How to have conversations with clients and community members about the negative health impacts of shisha smoking
- Where to refer clients for further support and information

1 The Waterpipe Tobacco Smoking Knowledge Hub of the AUB addresses the growing concern over the increasing prevalence and potential health effects of waterpipe smoking globally. It was developed in 2016 when the AUB signed a MOU with the Convention Secretariat of the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) designating AUB as the Global Knowledge Hub (KH) for waterpipe tobacco smoking (WTS).
The online training module is highly interactive and takes between 20 and 30 minutes to complete, and will be accessible through the Shisha No Thanks website. The website highlights:

- A demonstration of how a shisha/waterpipe works
- An interactive sorting activity where participants identify myths and facts associated with shisha smoking
- Three animated stories in which the participant is asked to respond to the question, “What would you do?” in reference to a challenging situation
- Options to explore a range of responses, including suggestions related to “How could I say this?”

Upon completion of the module, participants will be asked to complete a short evaluation questionnaire; download a certificate of completion and have the option of recommending the module to a friend (through an email link). User testing prior to finalisation was undertaken by 12 community and health workers who provided targeted feedback on refining the module. The online training module was launched in September 2020.
Evaluation

Process evaluation

The process evaluation comprised semi-structured interviews with key stakeholders and document analysis (Rapley, 2007), including project plans, six monthly reports to CINSW, notes from the codesign workshops, meeting minutes and action plans.

Document analysis confirms that the project has been delivered efficiently and effectively in relation to the project’s objectives, with planned activities significantly modified in response to the codesign workshop and subsequent community input and feedback.

Semi-structured qualitative interviews were undertaken with three representatives of key stakeholder groups: (1) project steering committee; (2) project implementation team; and (3) bilingual community workers.

Stakeholder representatives were positive about their involvement in the project and confirmed that, from their observations, the project had contributed to a high level of awareness in the community around the harms of waterpipe smoking and had generated a significant amount of community conversation.

“There is a high level of awareness in the community around the harms of shisha smoking. I would say that it is early days in terms of behaviour change, but in terms of generating that awareness, raising that level, I think that has been the biggest change....”

Early community perceptions that the project represented “propaganda” and a threat to shisha businesses were quelled over time.

“A lot of people in the community have relatives and friends who are involved in the shisha business in one way or another ... we have always positioned the project in terms of .... this is health information; this is about community conversations.”

Key enablers to the success of the project identified by stakeholder representatives included the codesign approach, professionalism of the project team, collaborative relationships with community organisations and the key role of the LMA in driving community engagement and building enthusiasm with community members.

“Our key community partner is the Lebanese Muslim Association and that’s been really critical .... (they are among the few) Arabic speaking leaders who will come out and make strong statements against shisha smoking.”

Challenges identified by stakeholder representatives included the short project timeframe in relation to changing behaviours and implementing planned activities in the context of
the COVID-19 Pandemic. They confirmed that re-focusing the project from community engagement activities to an enhanced social media strategy and the development of an online training module was an effective way to respond to the pandemic and embed a level of sustainability in terms of the project outcomes.

**Impact evaluation**

The impact evaluation comprised a pre and post implementation survey conducted with young people from Arabic speaking backgrounds via a virtual/SMS community panel. The survey assessed changes in knowledge and attitudes, intentions to reduce waterpipe smoking and awareness of services. In addition, a thematic analysis of social media comments was conducted to investigate the impact of the project on community conversations.

**SMS community panel**

The SMS community panel surveyed the same cohort of people over a nine month period. Participants were recruited through the LMA’s communication channels (email newsletter and social media pages), community champions, and flyers at community events.

In total, 133 people were recruited. The mean age of participants was 25.8 years, 65% were female, and 65% reported speaking English and Arabic at home. Of the panel members, 100 (75%) participants reported smoking shisha. Of those who reported their frequency of shisha smoking, 23% (n=22/94) reported smoking shisha daily, 37% (n=35/94) reported smoking shisha at least once per week, and 39% (n=37/94) reporting smoking shisha less than once per week (see Appendix 2).

Where possible, previously developed questions and metrics were used (Chan et al, 2020). Matched longitudinal data was used to assess changes and tests of significance were undertaken. McNemar’s test was used for binary responses (non-parametric, paired data) and Wilcoxon Signed Rank Test was used for ordinal responses (non-parametric, paired data, Peacock and Peacock, 2011).

**Awareness of message about harms**

Prior to the project, 45% of respondents (n=36/80) reported seeing, hearing or reading something about the harms of shisha smoking. This increased to 68% of respondents (n=55/80) post intervention (p≤0.003). The subgroups in which the change was most pronounced were: people who don’t smoke shisha, people aged 27-35 years, and females.

**Knowledge and attitudes**

When asked about whether shisha contains cancer-causing substances, 85% of respondents (n=63/74) agreed or strongly agreed at baseline, and 84% (n=62/74) agreed or strongly agreed post intervention. Similarly, when asked about whether shisha can cause damage to your body, 89% (n=73/82) agreed or strongly agreed at baseline, and 90% (74/82) agreed or strongly agreed post-campaign. There were no significant differences found between baseline and follow up for these questions, which may reflect the relatively high levels of awareness amongst panel members who were recruited.

When asked about perceived health effects of smoking shisha compared to cigarettes, a similar percentage of respondents thought it was less harmful than cigarettes at baseline compared to post intervention (21% baseline (n=17/81); 20% post intervention (n=16/81).
Intention to quit and awareness of support services

When asked about intention to reduce or quit smoking shisha, 47% of respondents (n=43/92) reported an intention to stop smoking shisha in the future, compared to 50% (n=46/92) post intervention. When asked about whether they knew where to find information or support to help quit smoking shisha, the same percentage said yes at baseline and post intervention (23% at baseline (n=18/80); 23% post intervention (n=18/80).

Other SMS panel questions

As part of the SMS community panel, there was the opportunity to ask respondents additional questions about their shisha smoking practices, other tobacco smoking behaviours, and whether they had searched shisha-related topics online.

When asked about where they smoke shisha, 35% (n=37/105) responded they smoke shisha at home, 24% (n=25/105) at restaurants, 3% (n=3/105) at a park or other public area and 6% (n=6/105) reported other locations. Almost one third (32%; n=34/105) responded that they didn’t smoke shisha.

Panel members were invited to provide free-text responses about the reason they smoke shisha. Responses were generally about the social aspect of shisha smoking, to relax or destress, liking the taste or smell of shisha, to have fun, the cultural or family aspects of use, or pressure from peers.

“Currently it’s mainly for hang outs and events but otherwise I don’t smoke as I know its effects and causes.”

“It gives me a feel of relaxation and I can sleep better and peaceful.”

“I don’t smoke shisha regularly but when I smoke I do it because it gives me pleasure and because the taste is very good.”

“It’s fun to enjoy with friends on a night in/out.”

Twenty nine percent of panel members (n=29/101) reported smoking other tobacco products (e.g. cigarettes). There was a strong association between shisha smoking and use of other tobacco products (p≤0.006) (See Table 1).
### Table 1: Shisha smoking by other tobacco smoking

<table>
<thead>
<tr>
<th>Shisha smoking</th>
<th>Yes</th>
<th>No / Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other tobacco smoking</td>
<td>Yes</td>
<td>27 (37%)</td>
</tr>
<tr>
<td>No / Don’t know</td>
<td>46 (63%)</td>
<td>26 (93%)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>73 (100%)</td>
<td>28 (100%)</td>
</tr>
</tbody>
</table>

($X^2=7.41$, 1DF, $p\leq0.006$)

Almost half (47%) of respondents (n=50/107) had ever searched for information about shisha on the internet. The types of information they had searched on the internet were: where to buy or smoke shisha (n=34), the harms of shisha smoking (n=34), how to quit smoking shisha (n=7), how to smoke shisha (n=5), and other (n=18).

**Analysis of social media comments**

The project generated a substantial amount of conversation on social media. In particular, the main campaign video was posted on Western Sydney Local Health District’s Facebook page and generated over 11,000 comments. To identify the nature of the conversation generated by the project, a random sample (n=300) of these comments was extracted for thematic analysis.

The comments were classified into whether the commenter indicated acceptance or rejection of the campaign message, and then subcategorised by content theme. The relevant themes that emerged and their frequencies are listed below.

**Acceptance of campaign message:**

- Telling friend to look at the ad (n=162)
- Encouragement to friends to reduce or quit shisha smoking (or showing concern for a friend) (n=13)
- Recognition of personal relevance of campaign message (n=7)
- Shock or surprise at the harms communicated in the campaign message (n=3)
- Asking a friend what they think of the campaign (n=3)
- Recognition of the importance of the campaign message (n=2)
- Personal desire to reduce or quit shisha smoking (n=1)

**Dismissal of campaign message:**

- Finds the campaign message funny, dumb or silly (n=37)
- Pro-shisha, such as asking a friend to have shisha, or commenting on the positive aspects of shisha (n=14)
- Dismisses or ridicules the message (n=5)
- Cynicism about a government organisation promoting a message on this issue (e.g. suggesting that the government is trying to make more money from taxation on cigarettes) (n=2)

A separate Human Research Ethics approval has been sought to undertake detailed analysis of the 11,000 comments, which is currently pending.

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Strengths and limitations

The process and impact evaluations drew on self-reported measures of awareness and intentions, and retrospective accounts about the project’s implementation. Direct measures of behaviour were not possible within the scope of the project.

The SMS panel was independent of the project and recruited through distinct activities and mechanisms. There may have been some degree of bias in the sample as those with an existing interest in shisha use and its health effects may have been more willing and motivated to participate.
## Discussion

The Shisha No Thanks project has led to a significant increase in the awareness of harms of shisha smoking amongst young people from Arabic speaking backgrounds in metropolitan Sydney. The project has generated substantial community conversations, particularly on social media.

Stakeholder interviews and document analysis identified that the project has been delivered efficiently and effectively, with high levels of engagement across partners, community organisations and the broader Arabic speaking community.

Elements of sustainability of the project include the commitment to maintain and update the Shisha No Thanks website over a five year period, the launching of the online training module for community workers in September 2020 and the commitment to maintain and update this for a comparable time period. In addition, the project has collaborated with the Centre for Population Health (MoH) and Cancer Institute NSW to embed responses to shisha smoking into broader tobacco control policy and practice. Further elements of sustainability will be embedded in the project plan for Phase 2 of the project, which commenced in July 2020.

In July 2020, the project received funding for a further twelve months with a focus on (1) increasing the knowledge and skills of community workers in addressing the harms of waterpipe smoking; and (2) increasing awareness of the harms of water-pipe smoking amongst young people from a wide range of culturally and linguistically diverse backgrounds through social media.

### Critical success factors

The critical success factors reflect that the project was able to enact the project’s guiding principles: working in partnership; codesign and participatory approach; community engagement; culturally informed and respectful; evidence based; responsiveness; and further building the evidence base.

Working in partnership was fundamental to the project achieving its objectives. Engaging community organisations, religious leaders, community champions, and health professionals and gaining their trust was key to enhancing community readiness. Once this was established, there was considerable interest in being involved in the codesign workshops. Partnering with the Lebanese Muslim Association and reaching into over 20 community organisations, ensured the project activities and resources were culturally informed and respectfully delivered.

The focus on the development of evidence based resources, with significant input from health service partners and CINSW, enhanced credibility and trust with the community and community organisations.
Despite the severe disruption of the COVID-19 pandemic, the project was able to pivot to enhance the social media strategy and the development of the online training module for community workers.

The project partnered with academics with high levels of expertise in tobacco control research and made a significant investment in ensuring a robust evaluation. Innovative evaluation methods included conducting pre and post implementation surveys via a SMS panel of young people from Arabic speaking backgrounds over a period of nine months.

**Considerations for future work**

There are a number of key learnings from the project that may serve as useful considerations regarding future work.

It is important to use consistent terminology in referring to waterpipe smoking. Waterpipe smoking is referred to by a range of terms by the community including shisha (Egyptian origins); arghile (Lebanese origins); nargile (Turkish origins); hookah (Indian/Pakistani origins); goza (Egyptian origins) and hubble bubble (English origins) making project branding complex. Waterpipe is the preferred (although debated) unifying term in the academic literature; many commercial sites use the term shisha, e.g. cafes, home delivery services. The term shisha was identified by community members in the codesign workshops as the most broadly accepted across various Arabic speaking and mainstream community groups in NSW.

There is considerable confusion within the community about the applicability of the laws relating to tobacco use, advertising display and sale of waterpipe products. Further, there has been a rapid increase in new businesses selling shisha across metropolitan Sydney in the last 18 months, including shisha cafes and home delivery services. As a result, the community has expressed confusion about how these businesses are permitted to advertise and operate if they are subject to the same legislation as other tobacco products. This in turn leads to ambiguity about whether there are in fact negative health effects due to waterpipe smoking. Enforcement of smoking legislation is vital to reinforcing the message that waterpipe smoking is harmful.

It was identified early in the project that many health professionals and community workers are not aware of the negative health impacts of waterpipe smoking. Given that they are key sources of advice and reinforcement regarding the harms of waterpipe smoking, it is essential that evidence based information be provided to them directly.

Presenting waterpipe information in the context of all tobacco products is important to ensure that one form of smoking is not substituted for another. Similarly, integrating waterpipe messaging into all tobacco control campaigns is essential in reducing tobacco related harm, especially amongst young people.

The evaluation showed that the Shisha No Thanks project increased awareness about the potential harms of shisha use. This needs to be understood as a positive step, and sustained engagement and service development will be required to ensure this translates into tobacco cessation and population health gains.
Implications for future research

This project has contributed to the growing evidence base on strategies to address waterpipe use (Kearns et al., 2019, Maziak et al., 2015a, Eissenberg, 2019). Further intervention research is required to enhance the role of health workers in identifying waterpipe use and how to address associated issues (Romani et al., 2020). Additionally, research is required on how waterpipe messaging can be effectively integrated into all tobacco control campaigns and programs. This is still an emerging area of research, and there is an opportunity for NSW to be a national and international leader.

The innovative use of the SMS panel in this project may have relevance to conducting research with other groups and communities. This is particularly relevant in relation to changing community needs, the need for rapid insights, and requirements for social distancing during the COVID-19 pandemic, which has formed the basis for a manuscript submitted to Public Health Research & Practice.

Recent data from NSW, collected and reported since the project began, has shown that waterpipe and roll-your-own cigarettes are the only categories of tobacco use that are increasing (CINSW 2020). This underscores the importance of sustained research into interventions to control waterpipe use.
References


## Appendices

### Appendix 1: Media monitoring report

#### Unpaid media

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Total</th>
<th>Size/Duration</th>
<th>Stations/Agencies</th>
</tr>
</thead>
</table>
| TV            | 2     | 6 mins        | SBS TV World News – Shisha No Thanks  
|               |       |               | SBS TV World News – Tobacco smoking |
| Radio         | 4     | 62 mins       | SBS Arabic Radio – Talk Back  
|               |       |               | SBS World News – Tobacco smoking  
|               |       |               | ABC Radio PM  
|               |       |               | 2MFM Muslim Radio |
| Print         | 2     | Full Article  | The Torch Newspaper  
|               |       |               | The Torch Newspaper |
| Online        | 19    | Full Article  | SBS World News – Shisha No Thanks  
|               |       |               | SBS World News – Tobacco smoking  
|               |       |               | SBS Arabic Radio – English Webpage  
|               |       |               | SBS Arabic Radio – Arabic Webpage  
|               |       |               | ABC News  
|               |       |               | The Pulse  
|               |       |               | Daily Mail  
|               |       |               | ASH UK – Action on Smoking and Health  
|               |       |               | 2MFM Muslim Radio  
|               |       |               | The Bankstown Canterbury Council  
|               |       |               | Cancer Institute NSW  
|               |       |               | Global News Australia  
|               |       |               | Illawarra Interagency Blog  
|               |       |               | HotinfoNow  
|               |       |               | Coffs Coast Alesco School  
|               |       |               | NEXT The Secret Spot – Australian Film and Television Radio School (AFTRS)  
|               |       |               | Local News Plus (The Torch) – Front Page  
|               |       |               | Local News Plus (The Torch) – Full Article  
|               |       |               | NewsLocker |

#### Paid World No Tobacco Day campaign

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Total</th>
<th>Size/Duration</th>
<th>Stations/Agencies</th>
</tr>
</thead>
</table>
| Radio         | 37    | 50 sec        | SBS Arabic FM  
|               | 48    | 50 sec        | SBS 24  
|               | 56    | 50 sec        | Radio 2moro  
|               | 35    | 50 sec        | 92.1 FM  
|               | 40    | 50 sec        | 2ME Network Australia  
|               | 35    | 50 sec        | Voice of Islam |
Links to Media Coverage

ABC Radio – PM report

ABC News Online

SBS World News

SBS Arabic

2MFM Radio
https://soundcloud.com/2mfm/shishanothanks-campaign-launch-post-event-coverage

The Torch Newspaper

The Pulse

Daily Mail

ASH UK – Action on Smoking and Health

Cancer Institute

Global News Australia

Illawarra Interagency Blog

HotInfoNow

NEXT Australian Television and Radio School
https://next.aftrs.edu.au/say-no-thanks-to-shishas/

POSITIVE CHOICE Australia

NEXT – the secret spot
https://next.aftrs.edu.au/say-no-thanks-to-shishas/

Coffs College NSW EDUCATION
https://coffscollege.nsw.edu.au/event/shisha-no-thanks/

EMIGRAPH
http://www.emigraph.com/portfolio-items/portfolio-shisha-no-thanks/

Reddit
https://www.reddit.com/r/australia/comments/dj3h76/health_officials_want_families_to_say_shisha_no/

Gleauty.com
https://www.gleauty.com/XX/Unknown/108684637196801/Shisha-No-Thanks
## Appendix 2: Demographic data of participants on the SMS panel

<table>
<thead>
<tr>
<th>Age</th>
<th>n=133</th>
<th>%</th>
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<tbody>
<tr>
<td>18-26 yrs</td>
<td>80</td>
<td>60.2</td>
</tr>
<tr>
<td>27-35 yrs</td>
<td>53</td>
<td>39.8</td>
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</table>

<table>
<thead>
<tr>
<th>Gender</th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>47</td>
<td>35.3</td>
</tr>
<tr>
<td>Female</td>
<td>86</td>
<td>64.7</td>
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</table>

<table>
<thead>
<tr>
<th>Language spoken at home</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>28</td>
<td>21.1</td>
</tr>
<tr>
<td>Arabic</td>
<td>12</td>
<td>9.0</td>
</tr>
<tr>
<td>English and Arabic</td>
<td>87</td>
<td>65.4</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>4.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Smoking shisha at recruitment</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>100</td>
<td>75.2</td>
</tr>
<tr>
<td>No</td>
<td>32</td>
<td>24.1</td>
</tr>
<tr>
<td>Not sure</td>
<td>1</td>
<td>0.8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Frequency of shisha smoking*</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td>22</td>
<td>16.8</td>
</tr>
<tr>
<td>At least once per week, but less than daily</td>
<td>35</td>
<td>26.7</td>
</tr>
<tr>
<td>Less than once per week</td>
<td>37</td>
<td>28.2</td>
</tr>
<tr>
<td>Not applicable</td>
<td>37</td>
<td>28.2</td>
</tr>
</tbody>
</table>

* Data for 2 participants missing