

Talking To: Public Health expert Rima Nakkash

Maysam Ali, NOW Staff



A Lebanese woman smokes a narghile, or waterpipe, at a restaurant in downtown Beirut. Health professionals say the number of smokers in Lebanon is among the highest in the region, and cancer-related illnesses directly linked to tobacco are rising at a rapid rate. (AFP/Joseph Barrak)

Upon entering the door of almost any pub in Lebanon, one is forced to walk through a thick, suffocating cloud of smoke. Smokers almost always outnumber non-smokers in the country's pubs, cafes and restaurants, so enjoying a drink or a meal means breathing in the cigarette fumes of fellow patrons.

While over 70 countries across the globe have implemented smoking bans in designated areas, Lebanon has not taken any such initiative. In addition, there is limited awareness on the health dangers of tobacco use and no incentive programs to help smokers quit. According to a 2008 World Health Organization [report](#), Lebanon is the third-biggest consumer of tobacco in the Eastern Mediterranean after Jordan and Tunisia.

The staggering number of tobacco users in Lebanon has pushed academics and public health experts to take action.

Rima Nakkash, assistant research professor at the American University of Beirut's Faculty of Health Sciences, is heading a project to study smoke-free policies in Lebanon. The project, funded by the International Development Research Center-Research in International Tobacco Control (IDRC-RITC) in Canada, aims to publish findings that can then influence the decisions of policymakers in Lebanon.

NOW Lebanon asked Nakkash about the research project, the prevalence of smoking in Lebanon and effective policies for tobacco control.

How prevalent is smoking in Lebanon, compared to regional and international countries?

Nakkash: [The two most prominent reports] are the worldwide Global Youth Tobacco [Survey \(GYTS\)](#) which examines self-reported smoking behavior among 13 to 15 year-olds in Lebanon, and the [Mpower](#) report by the World Health Organization. There is no nation-wide census in Lebanon, but cross-sectional studies show that the prevalence of smoking among the overall population, and in particular among youth and women, is very high.

According to a World Bank report in 2002, 46% of Lebanese men and 35% of women smoke. According to a 2006 Tobacco Atlas study, 35.7% of the Lebanese population smokes (42% of males and 30.6% females)...

The reason is that we are one of the weakest countries when it comes to tobacco-control policy and

The reason is that we are one of the weakest countries when it comes to tobacco-control policy and regulation. We have no bans on tobacco product advertising, no bans on smoking in public places and no awareness on the issue. In addition, cigarettes are ridiculously cheap and health warnings are miniscule.

What prevents the ratification and implementation of a tobacco control law in Lebanon?

Hakkash: In Lebanon, the attempts to pass new legislation started in the early 2000s... Lebanon ratified and signed the international Framework Convention on Tobacco Control (FCTC) in 2005. The convention has a number of international control policies that are effective in reducing tobacco prevalence. Since Lebanon ratified the convention, we need to be following all the policies, such as smoke-free areas, total bans on advertising and promotion (indirect advertising such as sponsoring sports and music activities for example). But the problem is there is no recent updated law that can then be implemented. The current laws are old and weak.

Political deadlocks slow down the process. Recently there's been a revival of discussion of the law, but we need parliament and cabinet support...

Another major reason is the successful lobbying of the tobacco industry. This is also the case in the rest of the world, not only Lebanon. Tobacco companies are driven by financial profit and don't care about public health concerns.

What role does the Ministry of Public Health play?

Hakkash: The role of the Ministry of Public Health is crucial. The ministry hasn't had enough resources to do the work though. It has a limited budget and there are other issues that take priority. They need to step up their efforts though.

What are some of the findings you came across in your study?

Hakkash: The debate on smoke-free places has just started. There are people who are asking for smoke-free places but they think it's impossible in Lebanon. There are workplaces, restaurants, schools and universities that initiated smoke-free policies, but the effort has not been comprehensive. The purpose of smoke-free policies is to protect non-smokers and to encourage smokers to decrease smoking and eventually quit...

There is no safe level of exposure to tobacco. Smoking and non-smoking areas don't work. It's like trying to separate a urinating and a non-urinating section in a swimming pool... The solution is to have total bans. The other thing is to have large, graphic health warnings on cigarette packages... In addition, the government should raise taxes on tobacco and prevent tobacco industry interference in policy-making.

Why aren't there clear health warnings on tobacco packages in Lebanon?

Hakkash: Because there are no laws obligating tobacco companies to include proper health warnings or images on cigarette packages. Warnings take up a space less than 15% of the package, but best practices indicate that it should be 50%, with big graphic images like the ones you see in Canada, Brazil, Australia, Egypt...

The WHO report on tobacco control indicates that smoking is more prevalent among Lebanese women than other women in the region. What is the reason for that?

Hakkash: The tobacco industry glamorizes and associates liberation with cigarettes. It's more socially acceptable for women to smoke here than in other countries in the region.

Shouldn't there be flexibility in allowing places to be smoke-friendly? Isn't there a good side to Lebanon being a smoker's paradise?

Hakkash: There is no room for flexibility. There are huge public health implications in not implementing tobacco-control policies in terms of mortality, exposure of children and pregnant women to second-hand

.....
smoke, etc. In addition, in the long term, our economy will be affected. Some people argue that we will lose money if we implement proper tobacco-control policy. When you consider the number of deaths, poor quality of life and loss of productivity due to absence from work, you will see the impact on the economy... Tobacco causes long-term chronic diseases that are a huge burden on the healthcare system.