



SMOKING PATTERNS AND ATTITUDES OF PATIENTS RECEIVING TREATMENT FOR SUBSTANCE USE DISORDERS AT THE NATIONAL REHABILITATION CENTER ABU DHABI

Dr. Samya Al Memari - BSN, MQM, MPH, DrPh Chair - ISSUP United Arab Emirates National Chapter Acting Medical Services Sector Director & Head of the Director General's Technical Office, National Rehabilitation Center Abu Dhabi

May 5th, 2021



OUTLINE

- ✤ INTRODUCTION
- ✤ GLOBAL PREVALENCE
- ✤ UAE PICTURE
- SMOKING PATTERNS AND ATTITUDES OF PATIENTS RECEIVING TREATMENT FOR SUBSTANCE USE DISORDERS AT THE NATIONAL REHABILITATION CENTER ABU DHABI
 - SIGNIFICANCE
 - METHODS STUDY DESIGN
 - LOCAL CONTEXT
 - PRELIMINARY RESULTS
 - ISSUE OF SMOKING IN ADDICTIONS TREATMENT SETTINGS
 - CONCLUSION





- In the 1950s, the link between **smoking and lung cancer** was approved.
- The 1964 US Surgeon General's Report and countless other reports have clearly demonstrated the horrible consequences of tobacco use on health.
- Non-tobacco users as well suffer tobacco-related illnesses.
- Globally, tobacco kills more than 7 000 000 individuals every year. More than 6 000 000 of those deaths are a consequence of direct use of tobacco whereas, around 890 000 are the result of non-smokers exposed to second-hand smoke.

Tobacco in any form kills and sickens millions of people every year.



GLOBAL PICTURE - WHO 2018 REPORT

■ Trends in prevalence of tobacco smoking by WHO region Age-standardized fitted and projected rates of prevalence of tobacco smoking among people aged ≥ 15 years, both sexes, by WHO region, 2000–2025



✓ WHO global report on trends in prevalence of tobacco smoking 2000–2025, secondedition. Geneva: World Health Organization; 2018.



GLOBAL PICTURE - WHO 2018 REPORT

Progress towards achieving a 30% reduction in the prevalence of tobacco smoking by 2025

Number of countries that						
WHO region	are likely to achieve a 30% relative reduction	are likely to achieve a decrease in prevalence but less than 30%	are unlikely to experience a significant change in prevalence	are likely to experience an increase in prevalence	did not have enough data for calculating a trend	were assessed in total
All	24	82	34	6	48	194
African	1	21	8	2	15	47
Americas	10	6	4	0	15	35
Eastern Mediterranean	0	3	9	2	7	21
European	6	31	10	1	5	53
South East Asian	1	7	0	1	2	11
Western Pacific	6	14	3	0	4	27

✓ WHO global report on trends in prevalence of tobacco smoking 2000–2025, secondedition. Geneva: World Health Organization; 2018.



UAE PICTURE

- Tobacco smoking contributes to major health issues across the globe as well as in the UAE.
- According to the 2010 Ministry of Health and Prevention report, the prevalence of smoking any tobacco product is 21.6% among men and 1.9% among women.
- Al-Houqani, M. (2012) reported:
 - Smoking prevalence in males was 24.3% and 0.8% in females.
 - The highest prevalence was reported in males aged 20–39 years.
 - Smoker's mean age was 32.8±11.1 years; 35.7±12.1 in females and 32.7±11.1 in males.
 - One of the most common forms of tobacco use included cigarette smoking (77.4%) followed by 15.0% midwakh use (a small pipe used for smoking tobacco), 6.8% waterpipe, and 0.66% cigar use.

UAE PICTURE

Midwakh







Shisha

S

ISSUP









- Global smoking prevalence rates are decreasing, rates of smoking in the Eastern Mediterranean and African Regions appear to be increasing.
- A recent survey of NRC patients revealed that 98% of the participants smoked (Al Mamari, 2018).
- Smoking tobacco products through a 'Midwakh' is a particular UAE phenomenon that has now spread to other countries in the world.
- Shisha smoking is another phenomenon common in the region.
- Information on patterns, attitudes and histories of smoking in a clinical population of substance users should yield useful information that could help develop effective prevention and treatment interventions.





Research questions:

What is the prevalence, patterns, histories, attitudes and health related knowledge of tobacco smoking in a population receiving treatment for substance use disorders in the UAE?

Potential implications/utility of findings:

To establish the size of the problem. Information on attitudes and histories should be particularly helpful in developing appropriate prevention and treatment interventions.





METHODS - STUDY DESIGN

- <u>Study Population</u>
 - Both genders.
 - In-patients & Outpatients.
 - Admission Type: voluntarily or non-voluntarily.
 - Patients who agree to participate in the study.
- <u>Sample Size</u>
 - 250 patients.

• Study Design

 Cross sectional Survey (Based on WHO Global Adult Tobacco Survey (GATS) Questionnaire).

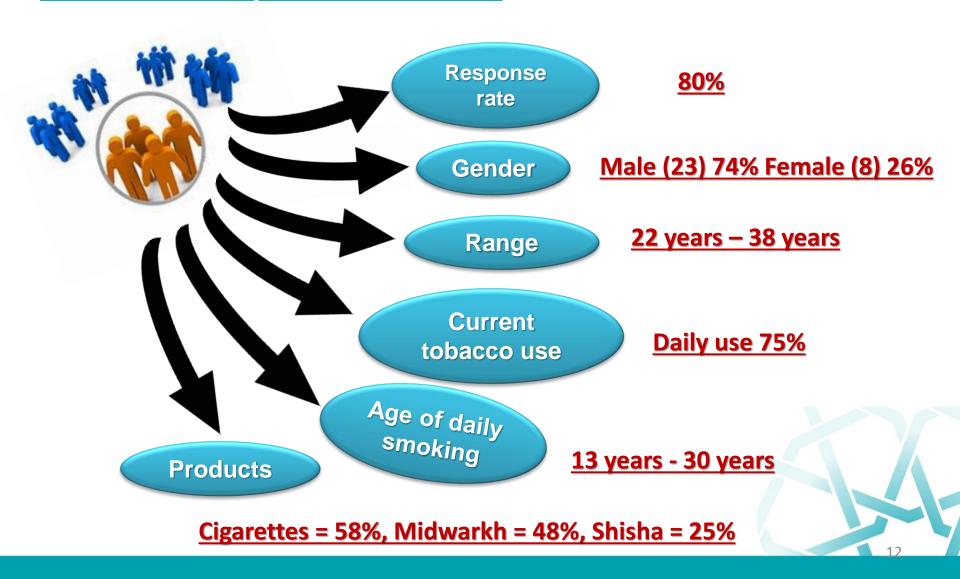


LOCAL CONTEXT





PRELIMINARY RESULTS



ISSUE OF SMOKING IN ADDICTIONS TREATMENT SETTINGS





- Seen as no go area by staff.
- Making treatment available .
- Training staff .
- Making sure that staff brings up the subject of smoking and using MI techniques during discussion .





Even though the tobacco smoking prevalence in the UAE is less than many other Middle Eastern countries, it is a prevalent habit among young individuals and can inevitably lead to the rise in smoking-associated comorbidities.







SMOKING PATTERNS AND ATTITUDES OF PATIENTS RECEIVING TREATMENT FOR SUBSTANCE USE DISORDERS AT THE NATIONAL REHABILITATION CENTER ABU DHABI

