



Dear friends and colleagues in the AUB community,

As a thoracic/head and neck medical oncologist, I have spent most of my career studying and treating cancerous tumors of the airways, among the world's biggest killers, which in many but not all cases are caused by the use of tobacco. Improving the prevention and care for those with life-threatening illness quickly became the most compelling part of my professional existence as a cancer physician. Those intense therapeutic relationships leave you with a profound and lasting sense of empathy, with no room for judging individuals' lifestyle choices. Every exchange is underpinned by the knowledge that your worst imaginable day is almost always better than your patient's very best day. But while I and my colleagues have boundless sympathy for the victims of these diseases, we cannot in good conscience show any detachment towards the very addictive and clearly harmful activity responsible for so much of this preventable and unnecessary suffering. Tobacco leads to more deaths on our planet than wars. I hardly need to add that tobacco smoke is not only the prime cause of lung cancer, but also increased levels of coronary heart disease, stroke, myriad lung diseases, and many other cancers and adverse effects throughout a smoker's body, not to mention for those of us inhaling tobacco smoke second-hand.

Groundbreaking research and advocacy



While Lebanon is disturbingly among the most persistent countries for tobacco abuse, its prime educational establishment is a pioneer in the battle to limit the practice and the harm it causes. Through the outstanding [AUB Tobacco Control Research Group \(AUB-TCRG\)](#), our faculty leads the way in multidisciplinary knowledge production and dissemination, but also crucially in advocacy for evidence-informed policy changes. The different perspectives coming together make for an authoritative research combination. The Faculty of Health Sciences breaks new ground in evaluating tobacco control policies for the region, including gauging the effectiveness of taxation and health warnings, and surveying the prevalence of smoking; the Faculty of Engineering and Architecture hosts its unique [aerosol research laboratory](#); while the Faculties of Medicine, Arts and Sciences, and Agricultural and Food Sciences, and the School of Nursing, all play their part, from developing new analytical techniques, to estimating the costs of tobacco on society, to tailoring chemotherapy, radiation, surgery, targeted and immunotherapies for cancer sufferers.

On a separate track, the [Wellness Program](#) at the Department of Family Medicine has an outstanding program to help all smokers among the AUB community willing to quit the habit—or as I prefer to think of it—the addiction. Admission to the program currently costs much less than the average savings that a smoker would accumulate as a freshly made non-smoker, and the success rate is substantially higher than the international rate for similar programs (40% compared to 32% generally). Patients receive individual sessions with a special physician and group or individual sessions with a certified nurse from the UK National Centre for smoking Cessation and Training; they have their CO levels and lung functions monitored throughout. There is a one-year telephone follow-up plan to help them stick to their path. I know that most people find “giving up” tobacco hard, and almost impossible, but really there’s nothing to give up, just to gain; think of all the benefits—a lifetime of better health, more time, money, and freedom from addiction—that start the moment you stop smoking.

Lebanon's daring Law 174



As many of you know, the superlative work of AUB-TCRG led to the promulgation of Law 174 in September 2011, which banned smoking in enclosed public places, as well as all advertising and promotion of tobacco products in Lebanon. The credibility which AUB faculty brought to the discussion was fundamental in attracting media support and getting policy makers, parliamentarians, and ministers to sign up and formulate a law which was state-of-the-art in terms of encompassing the available evidence and the international conventions which Lebanon has ratified. Unfortunately, owing to a lack of enforcement brought about by an absence of political will, other national preoccupations, and—yes—the unconcealed interference of third parties in the [hospitality industry](#) and Big Tobacco, the law is now widely flouted in cafes, restaurants, even government offices. Beirut's omnipresent hookah (waterpipe) bars, which all-too-briefly were severely curtailed by the ban, now congest our streets just as their pungent and toxic products obstruct the life-sustaining lungs and arteries of those who use it and many of those around them.

The lesson we draw from this setback is not that controlling tobacco use is impossible in Lebanon. Quite the contrary. Vested interests have tried to stymie restrictive legislation on smoking all around the world. Here, they just happen to be more successful thanks to key government figures undermining their own legislation by declaring, three months after the ban came into force in restaurants, cafes and night-clubs, that during the 2012 holiday season authorities would turn a blind eye to violations of Law 174. How shameful, that at New Year's Eve, a time when many smokers resolve to try giving up tobacco, Lebanon's own political leaders were sabotaging their own flagship legislation to control it! It is tragic indeed given that, conservatively, an estimated 4,010 people die annually from tobacco-caused disease in this country, and Law 174 provided a path towards improved public health. The lesson should not be despair, but that AUB can once again lead the way by bringing its expertise and advocacy to bear, modelling a different, more socially responsible example for Lebanon and the region.

Tobacco-free future



A little over a year ago, I had the privilege of signing an MOU with the World Health Organization, making this university the **global knowledge hub for waterpipe tobacco smoking**. We were honored by a visit by Dr. Vera Da Costa E Silva, the Head of the Secretariat of the Framework Convention on Tobacco Control who signed on behalf of WHO. It was a proud moment when Dr. Da Costa E Silva described AUB as “a symbol of the determination to place learning and rational thought at the heart of society”. During that meeting (see photo above), surrounded by members of the AUB-TCRG and other interested parties, I undertook to make [AUB completely tobacco-free within 24 months](#). With a packed agenda of programs in the meantime, we have kept this tight timeline in view and last month I sent out instructions to form a **Taskforce for a Tobacco-Free Campus** with Dr. Rima Nakkash, Associate Professor at FHS and AUB-TCRG Coordinator, chairing a faculty/staff/student advisory team that will guide the AUB community in the development, implementation, enforcement and evaluation of a tobacco-free campus policy by the end of 2017.

Today, AUB campus is largely smoke-free, inasmuch as you cannot smoke here except for in designated areas, denoted by brown benches, and in private residences. The work of the taskforce is to bring an end to this accommodating approach to tobacco use, to expand it to all forms of tobacco, smokeless and the water pipe included, and to transform the university space into one that supports the choice of not smoking, that enables smoking cessation, and allows everyone the right not to be exposed to second-hand smoke. By contrast, the existence of brown-bench areas indicates smoking is an acceptable norm that we as an institution can condone. As I said in my introduction, we cannot stand by and allow that to continue. Certainly, we are open to hearing arguments against a comprehensive approach, so that every possible line of debate is explored and measures to mitigate any reasonable objections can be deployed. And I want our top-of-the-range Smoking Cessation resources to be working at full capacity to help students, faculty, and staff grasp this opportunity to liberate themselves from the destructive,

demoralizing and expensive chains of addiction and impaired health that tobacco use inevitably leads to. Given our strength in research, this taskforce will deliver significant amounts of survey data that can underpin this important initiative. But if one additional person can be shielded from the ordeal of requiring my medical expertise as one of our cherished cancer patients, it will be well worth it.

Best regards,

Fadlo R. Khuri, MD
President
