

**Controlling use of narghile smoking  
Testing the impact of Randomized Controlled Trial (RCT)  
of a School-based prevention program in Qatar and Lebanon**

**Summary of the proposal**

**September 2010 to 2012**

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Tobacco use is the most prevalent health risk behavior among youth in the Arab world. Narghile smoking is being chosen over cigarette smoking in many Arab countries, specifically Lebanon. The increasing rate of narghile use by adolescents is perceived to be an epidemic. Narghile smoking causes a variety of short and long term health consequences. Preventing use is possible, and will promote youth health.

This research evaluates the impact of a narghile prevention program on controlling use of narghile by 6<sup>th</sup> and 7<sup>th</sup> graders in Lebanon. We hypothesize that the intervention will decrease current use of narghile at post test as well as 6 months later among students randomized to the intervention group as compared to those randomized to the control group, and decrease initiation of narghile use also.

The intervention will be implemented in schools. The sampling frame will be all schools (both public and private) which have 6<sup>th</sup> and 7<sup>th</sup> grades. Students attending the schools randomized into the intervention group will be included in the intervention group. The intervention consists of 8 sessions. Of the 8, 5 will be specific to narghile, and 3 to other forms of tobacco use. The 8 sessions will be divided as follows: knowledge (3 sessions: knowledge of health consequences of cigarettes, narghile, and smokeless tobacco), decision making skills/self efficacy (2 sessions), refusal skills (how to say no/peer pressure) (2 sessions), media literacy around tobacco & social promise (1 session). To influence group norms, a smoke free class competition will also be implemented in the last session. We will consider a child compliant if they have attended 5 of the 8 sessions, but not have missed more than 2 of the 5 skills building sessions. The intervention will be implemented during school time (curricular) over a period of 4 months (January – April 2011).

Informational permission sheets will be sent home to parents. For parents not permitting their children to be part of the study, the school will be asked to arrange for someone to stay with the students that won't be participating. Child assent will be asked for of those students whose parents consented.

To enhance sustainability, teachers will be briefed on the sessions. A school nurse or counselor will attend the session in order to be able to repeat them later should the intervention prove effective.

The design of the evaluation is a randomized controlled trial. Impact of the intervention will be measured by comparing the results of a questionnaire as well as salivary samples conducted prior to beginning the intervention to the results of an assessment conducted immediately after the intervention ends as well as 6 months later.

The research will conform to the basic ethical principles of the Belmont report, and the ethics of evaluation. Specifically, the active consent of the Ministry of Education, school principals, parents and assent of youth will be obtained prior to surveys with youth, and prior to their involvement in the intervention. Prior to asking for consent, all parties will be informed about the objectives of the study, any risks and benefits to be gained, their right to refuse to participate or discontinue participation at any time, and the fact that schools will be randomly assigned to receive the intervention or just information. In addition, all information obtained through surveys or salivary tests will be kept confidential. We do not anticipate any risks from participating. The benefits are increased knowledge and skills to resist narghile use, and at a societal level, understanding what works for prevention of use among youth.