

3.3.6 Does your university as a body have a 'smoke-free' policy?

Quit Smoking.. back to life..

https://twitter.com/moe_gov_sa/status/1663948526789722117 [1]



Quitting Smoking

<https://twitter.com/QassimUniv1/status/1399280956582793216> [2]

الإقلاع عن التدخين قرار.. فسارع باتخاذ

اليوم_العالمي_لمكافحة_التدخين#

جامعة_القصيم#



His Excellency the President of the University inaugurates the "Waaai 2" exhibition to raise awareness of the harms of drugs and ways to prevent them

<https://www.qu.edu.sa/content/news/2941> [3]



His Excellency Prof. Dr. Abdulrahman bin Hamad Al-Dawood, President of the University, inaugurated on Monday, 18/10/1444 AH, the "Waaai 2" exhibition to raise awareness of the harms of drugs, which is organized by the Deanship of Student Affairs, for a period of 3 days, in the presence of His Excellency the Vice President of the University, Dr. Muhammad bin Abdulrahman Al-Saawi, His Excellency the Vice President for Educational Affairs, Dr. Muhammad bin Fahd Al-Sharekh, His Excellency the Vice President for Planning, Development and Quality, Prof. Dr. Khalid bin Bani Al-Harbi, and a number of deans of colleges and deanships, in the main lobby of the university city.

His Excellency the President of the University toured the pillars participating in the exhibition, which aims to familiarize students and visitors with the dangers of drugs, their harms, the negative impact of their use, ways to treat them, and educate them on how to prevent them and avoid falling into their dangers.

The exhibition contains the participation of a number of entities, namely: the Preventive Security Division of Psychotropic Substances at the Ministry of National Guard in Qassim, the Health Cluster in Qassim, the Saudi Charitable Society for the Prevention of Poisons, and Erada Hospital for Mental Health, in addition to the participation of a number of entities within the university, namely: the university's medical city, the College of Pharmacy at the main headquarters, the College of Pharmacy

in Unaizah, the Arshadni program, the Guidance and Counseling Department at the Deanship of Student Affairs, and the Student Health Volunteer Club.

The tracks of the "Waai 2" campaign to raise awareness of the danger of drugs also included student exhibitions, awareness campaigns, a number of workshops, in addition to various volunteer initiatives.

Qassim University witnesses the scientific forum for drug prevention in cooperation with "Nebras"

<https://www.qu.edu.sa/content/news/394>

Submission of 50 thousand for the best scientific research

University President: Our homeland is targeted by drug traffickers to destabilize and insecurity

Qassim University witnesses the scientific forum for drug prevention in cooperation with "Nebras"

Information and Communication Center:

His Excellency Prof. Dr. Abdul Rahman Al-Dawood, Director of Qassim University, inaugurated the Scientific Forum for Drug Prevention in University Education Environments, which is hosted by the university in cooperation with the National Committee for Drug Control, "The National Drug Prevention Project "Nibras", in the presence of its Secretary-General, Mr. Abdulelah Al-Sharif, Brigadier General Muhammad Al-Qarni, Director of Drug Control in Qassim Region, members of the University Council, its employees and a large number of students.

The President of the University stressed that the drug trade is funded by countries and groups, planning to destroy this great state that embraces the Two Holy Mosques and sponsors the correct approach to religion, and therefore it is targeted by a fierce war by countries and groups that want to destroy their youth and social cohesion, and therefore it is necessary to raise awareness of these plans, pointing out that the university has an important role in protecting youth and the homeland from all harm, and expressing his appreciation and pride in the great efforts made by the authorities in charge of combating drugs to protect the homeland and its youth from its dangers.

In his speech before the Scientific Forum, His Excellency the President of the University announced the university's initiative to hold training courses and provide scientific research to be the best help for those in charge of addressing the threat of drugs in the country, pointing out that the Deanship of Student Affairs at the university will supervise these courses in cooperation with the National Committee for Drug Control to work on the completion of this project, whether inside or outside the university.

For his part, Mr. Abdul Ilah Al-Sharif, Secretary-General of the National Committee for Drug Control, stressed that the "Nibras" project for drug prevention indicates the keenness of the wise leadership to protect the country and its children from the danger of drugs, after the security authorities thwarted many attempts to smuggle drugs in large quantities to the Kingdom, praising the efforts of Qassim University in serving community issues, announcing the provision of a financial prize of 50 thousand riyals for the best scientific research in the field of drug control.

It is noteworthy that the Scientific Forum for Drug Prevention in University Education Environments has witnessed several events, including an accompanying exhibition, and visual presentations on the

state's efforts in the field of drug control, and the national project for its prevention "Nibras", and Dr. Nizar Al-Saleh, CEO of the "Nibras" project, gave a comprehensive presentation of the project and its most important objectives, while Colonel Pharmacist Ibrahim Al-Zaaq, Assistant Director of Specialized Clinics for the Security Forces in Qassim Region, gave a speech about the danger of misuse of medical drugs, and Dr. Abdul Aziz gave a speech on the seriousness of misuse of medical drugs, and Dr. Abdul Aziz Next to some of the psychological problems experienced by drug users.

The University Holds a "Conscious" Campaign and Exhibition to Raise Awareness of the Harms of Drugs

<https://www.qu.edu.sa/content/news/2664> [4]

His Excellency Prof. Dr. Abdulrahman bin Hamad Al-Dawood, President of the University, sponsored the "Waai" campaign to raise awareness of the harms of drugs, which included an exhibition organized by the Deanship of Student Affairs at the university for three days in the main lobby of the university city, with the participation of 10 corners from inside and outside the university, where the exhibition was opened in the presence of His Excellency the Vice President for Educational Affairs, Dr. Muhammad Al-Sharekh, and a number of university leaders and faculty members.

His Excellency the President of the University toured the pillars participating in the exhibition, namely: the Poison Control Center at the General Directorate of Health Affairs in Qassim, a corner for the General Directorate of Drug Control in Qassim, and a corner dedicated to the Saudi Charitable Society for the Prevention of Poisons "Samoom", in addition to the participation of 36 student clubs.

The tracks of the "Waai" campaign to raise awareness of the danger of drugs also included an exhibition at the Western Academic Complex, an exhibition at the Southern Academic Complex, in addition to a number of lectures, as well as the Guide Me program, competitions, sports, free drawing, in addition to 16 drawings drawn by university students.

Efforts in Raising awareness of Drugs

<https://twitter.com/QassimUniv1/status/1673435486734393349> [5]



Raising

جهود الجامعة في التوعية بمخاطر المخدرات

شكّلت الجامعة

لجنة دائمة برئاسة معالي رئيس الجامعة تختص بمهام برامج التوعية بأضرار المخدرات، كما نفذت الجامعة العديد من الأنشطة والحملات التوعوية والبرامج لدرء مخاطر المخدرات والتي تأتي ضمن الحملة الوطنية لمكافحة المخدرات خلال الفصل الدراسي الثالث، وذلك من منطلق مسؤوليتها التعليمية والبحثية والمجتمعية لحماية الطلاب والطالبات والمجتمع من هذه الآفة الخطيرة.

الجهود بالأرقام

- 13 معرضاً داخل وخارج الجامعة تبرز جهود المملكة وقيادتها الرشيدة -حفظها الله - للقضاء على هذه الآفة وحماية شباب الوطن منها والتوعية بأضرارها.
- 32 محاضرة وورشة عمل ولقاء على مستوى الجامعة والكليات في مختلف المحافظات.
- تفعيل الأنشطة اللاصفية عبر الأندية المركزية في جميع الكليات للتوعية من الوقوع في المخدرات وتعزيز المسؤولية الذاتية.
- تفعيل برامج الإرشاد النفسي ومنصة أرشدني.
- 7 مناشط رياضية ومسابقات تهدف للتوعية بأضرار المخدرات.
- إعداد ونشر المقاطع المرئية التوعوية حول أضرار المخدرات.
- إرسال أكثر من 180 ألف مادة توعوية لطلاب وطالبات الجامعة من خلال الرسائل النصية والبريد الإلكتروني.
- إقامة البرامج والفعاليات المتنوعة في الإسكان الطلابي عن أضرار المخدرات وسبل الوقاية.
- نشر الملصقات التوعوية على جميع شاشات الجامعة التفاعلية.
- إعلان النشرات التحذيرية والتوعوية وخدمات منصة أرشدني لجميع مستخدمي منصة بلاك بورد من طلاب وطالبات وأعضاء هيئة التدريس.

وتستمر الجامعة

في تقديم رسالتها من خلال تعزيز المسؤولية الاجتماعية ونشر ثقافة الوعي المجتمعي بأضرار المخدرات والوخيمة على الفرد والمجتمع، ونشر العلم والمعرفة الصحيحة، إضافة إلى تنفيذ البرامج التوعوية والوقائية من المخدرات.

الإدارة العامة
للإعلام والاتصال

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Awareness About drugs Damage

<https://twitter.com/QassimUniv1/status/1673322417488375808> [6]

In conjunction with #اليوم_العالمي_لمكافحة_المخدرات , the Deanship of Student Affairs in #جامعة_القصيم is holding an educational exhibition aimed at raising awareness about drug damage and ways to prevent it, with the participation of the College of Pharmacy, and it will last for two days at Al-Othaim Mall in Buraydah.



Smoking kills more than 8 million people worldwide every year

<https://twitter.com/QassimUniv1/status/1664209956457807872> [7]

<https://twitter.com/i/status/1664209956457807872> [8]



The Harm and Risks of Tobacco

<https://twitter.com/qunsad/status/1664008486122844164> [9]

In parallel with #اليوم_العالمي_لمكافحة_التبغ , the Deanship of Student Affairs at #جامعة_القصيم is holding a lecture entitled "The Harm and Risks of Tobacco" tomorrow, Thursday, remotely.

to sign up:

<https://forms.office.com/r/jZeMdB2Wwh>



Faculty of Pharmacy launches tobacco control clinic in the main lobby of the university

<https://qu.edu.sa/content/news/1162> [10]



The



Faculty of Pharmacy has launched the Mobile Tobacco Control Clinic, which is implemented by the Ministry's Anti-Smoking Program in cooperation with The National Tobacco Control Committee of the Ministry of Health, on Wednesday morning, June 15, 1440, in the main lobby in the university city, where the university is keen to combat the phenomenon of smoking, and to set up such a clinic that It is a pioneering step to clarify and deliver the anti-smoking message to university staff (staff and students) at their workplace to make the most of the benefit to university employees.

The clinic was inaugurated by The University's Undersecretary for Educational Affairs, Dr. Mohammed Al-Adib, in the presence of the University's Graduate Undersecretary. And scientific research Dr. Ahmet Al Turki, a number of deans of colleges and agents and assistant director general of affairs Health for Public Health Specialist Mohammed bin Abdul Rahman Al Mana.

Dr. Abdul Majid Al-Qassumi, Dean of the Faculty of Pharmacy, explained that the college will oversee the operation of the clinic And follow up, in cooperation with the Tobacco Control Program of the Ministry of Health, as part of its social responsibility which The university and the college are always keen to give him enough attention.

For his part, Assistant Director General of Health Affairs for Public Health Mohammed Al Mana thanked all my staff The university to host them for the mobile clinic, and facilitate its mission by providing all available possibilities, explaining that the clinic combat Tobacco aims to raise awareness, reduce smoking and help smokers quit , It is useful that the mobile clinic will continue at the university under the supervision of the Faculty of Pharmacy of the University and will provide a number of Of services, including medical consultations, awareness, treatment and follow-up of smoking cessation cases , Hoping that the largest number of university staff and its colleges will benefit from the services Provided by the mobile health clinic.

University launches health campaign in sight

<https://qu.edu.sa/content/news/572> [11]

The university, represented by the Faculty of Pharmacy, continued to organize its health awareness campaign under the slogan "Health care to care", which toured several areas in different parts of the Kingdom, where Dr. Mansour Al-Shiraida, Dean of the Faculty, opened the campaign activities in The Province of Basra, based on the university's keenness to provide its community services to all groups within and outside Qassim region.



The exhibition contained six various sections, including pharmacological awareness, kidney disease awareness, diabetes and blood pressure, as well as a special section to publicize the damage and side effects of antibiotics and medicinal herbs.

The College dedicated a full pavilion in the exhibition to combat smoking for both sexes men and women, with the aim of raising awareness of the harms of smoking and ways of preventing it and how to quit it, through which it provided awareness leaflets and visual presentations to publicize the economic, social and health losses caused by this scourge, which witnessed a remarkable turnout of visitors who expressed their admiration for the contents of the exhibition.

Qassim University has circulated this campaign over the past month in a number of governorates in Qassim and some parts of the Kingdom.

"The pulse of life". Medical School Campaign on World Heart Day

<https://qu.edu.sa/content/news/1445> [12]

On Sunday, January 30, 1441, the Faculty of Medicine concluded its awareness health campaign "Pulse of Life", which was held in conjunction with World Heart Day and continued for two days in cooperation with the Saudi Heart Association, with the participation of 19 students from the university. The campaign, which was held at Palm Mall in Buraida, benefited 514 visitors from different groups and ages on several pillars, in which the heart functions were clarified and explained in a simplified manner, in addition to a number of pillars aimed at informing visitors of the most common heart disease, its causes and ways of preventing it, and provided its health services to visitors, which was the measurement of the most important factors causing heart disease: High blood pressure, obesity, diabetes, as well as a corner for children to raise their health awareness.



On September 29th, the world celebrates World Heart Day, which this year is under the theme "Refresh Your Life," focusing on the importance of preventing heart disease, reducing its spread around the world, and enjoying good heart health, with heart disease being the leading cause of death around the world.

World Heart Day also aims to promote a healthy lifestyle and good eating habits, as well as to develop plans that will reduce smoking, reduce the risk of heart disease, reduce the prevalence of high blood pressure globally, as well as raise awareness of the importance of exercise for at least 30 minutes a day, as it reduces the risk of heart disease.

Qassim University offers 40 service and educational programs to visitors to The Spring of Buraida Festival

<https://qu.edu.sa/content/news/1085> [13]

Information and Communication Centre:

For the fifth year in a row, Qassim University participated in the Festival "Rabie Buraida" in 1438 H through an exhibition of 8 student clubs from the university colleges, where it offers more than 40 programs between health, education and legitimacy for festival visitors,

The participants include several events, including the 6 services provided by the Student Club of the Faculty of Medicine, including measuring blood pressure, measuring blood sugar level, measuring height and weight and calculating body mass, education on ophthalmology and thyroid diseases, while the Student Club of the Faculty of Science provides information on detergent chemistry and interactions, and the right ways to deal with it, as well as scientific and educational benefits for visitors, with its chemical and physical experiences.

The Student Club of the Faculty of Pharmacy also participates in 5 awareness programs on chronic diseases, drug safety and the right ways to save medicines and their uses, herbal mixtures and their effects and interaction with medical medications, smoke damage and toxins, in addition to the

participation of the student club at the Faculty of Dentistry by offering 5 programs are "Our health in our teeth", "How to take care of oral and dental health", "guidelines for oral and dental health" and "attractive smile".

In turn, the student club at the Faculty of Applied Medical Sciences offers 5 specialized programs including visual acuity, eye safety, detection of refractive errors of the eye, measurement of eye pressure, in addition to conducting ultrasound scans of the kidneys, liver and spleen, determining the blood type, its importance in marriage, pregnancy and childbirth, as well as participating in the student club at the Faculty of Agriculture by offering 5 programs including mummified palm lesions and an integrated solution and estimating the percentage of fat with height measurement and a nursery for ornamental plants and palm fruits.

The Student Club at The Barida Community College also offers 5 diverse programs consisting of training courses for visitors including basic computer and Internet skills, educational applications on smartphones, database systems foundations, human resources management and quality science, while the Student Club of the Faculty of Sharia and Islamic Studies offers two programs dealing with legal and human rights consultations.

For his part, Dr. Fahad bin Ibrahim Al-Dalla, Undersecretary of The Deanship of Student Affairs, President of student clubs at the university, explained that this participation is an extension of the university's previous participations, and in order to activate its community role in which it is to introduce its roles and programs, praising the support received by student clubs by His Excellency Professor Dr. Abdulrahman bin Hamad Al Dawood, Director of the University, and his keenness to show the university's participation in the festival in a distinctive and meaningful way.

With the participation of 18 student clubs from the colleges of boys and girls university receives 50 thousand visitors and implements 120 awareness programs at the Festival of Spring Buraida 39

<https://qu.edu.sa/content/news/711>

The university pavilion, which was implemented by the Deanship of Student Affairs as part of the Spring Buraida Festival 39, received more than 50,000 visitors throughout the festival, where the pavilion provided nearly 120 awareness, educational and health programs, with the participation of 18 student clubs from the colleges of boys and girls, and the services provided to festival visitors included a number of examinations, medical statements, advice and social guidance in addition to a presentation of student products and souvenirs to visitors to the university pavilion.



More than 35 faculty members and university staff, as well as 130 students from 14 student colleges and four girls' colleges, participated in the organization of the 600-square-meter pavilion in Qassim National Park.

The participants presented by the students included several events, including the student club at the Faculty of Medicine, which consisted of measuring blood pressure, blood sugar level, measuring height, weight and body mass calculation, awareness of ophthalmology and thyroid diseases, while the student club at the Faculty of Science provided guidance and information on detergent chemistry and interactions, and the right ways to deal with it, in addition to conducting a number of scientific experiments in chemistry and physics with the aim of educating and educating visitors.

The student club at the Faculty of Pharmacy also participated in awareness programs on chronic diseases, drug safety and the right ways to save medicines and their uses, herbal mixtures and their effects and their interaction with medical drugs, smoking damage and toxins, in addition to the participation of the student club at the Faculty of Dentistry by offering a number of programs including "Our health in our teeth", where visitors were educated how to take care of the health of the mouth and teeth, and provide guidance to maintain it and an attractive smile.

In turn, the student club at the Faculty of Applied Medical Sciences provided programs specialized in measuring visual acuity, eye safety, detection of refractive errors of the eye, measurement of eye pressure, in addition to conducting ultrasound scans of the kidneys, liver and spleen, identifying blood type, its importance in marriage, pregnancy and childbirth, as well as the presentation of the college products of soap, perfumes and others, and participated the student club in the Faculty of Agriculture by providing programs that included mummified palm lesions and an integrated solution and estimating the percentage of fat with height measurement, as well as nursery About ornamental plants and palm fruits.

The student club at the Community College also offered a variety of programs that included training courses for visitors in basic skills of computers and the Internet, educational applications on smartphones, the foundations of database systems, human resources management and quality science, while the student club at the Faculty of Sharia and Islamic Studies provided two programs on legal and human rights consultations.

For his part, Dr. Ali Al-Aqal, Dean of The Dean of Student Affairs, explained that the university's participation in the exhibition comes as an extension of the social work provided by the university throughout the year, and within the framework of the keenness of its management and its employees to provide various services to the community, whether educational or awareness and medical and reach different segments of society through tourism activities, pointing to the diversity of services provided in the university pavilion participating in the spring of Buraida this year due to the participation of colleges with various specialties of interest to all festival visitors, praising support Received by His Excellency Dr. Abdulrahman bin Hamad Al Dawood, Director of the University, and his keenness to show the university's participation in the festival in a distinctive and meaningful way for all visitors.

Over the past six years, the University has participated continuously in the spring buraida festival, with a special pavilion through which it has provided many college activities in various fields, as well as awareness and educational exhibitions, recreational and service events, cultural and religious competitions, and souvenirs for festival visitors.

Tobacco Control Initiatives in Qassim University, Saudi Arabia

<https://academic.oup.com/ntr/article/15/8/1471/1281828> [14]

Tobacco use is declining in the developed but increasing in some developing countries. It is estimated that about 80% of the world's smokers are from developing countries ([Gajalakshmi, Jha, Ranson, & Nguyen, 2000](#)). Smoking increases the burden of poverty and illnesses already dominated in this part of the world. Unfortunately, there is still very low awareness about tobacco-related health risks in many low-income communities due to illiteracy, weak tobacco control measures, and the misleading activities of the international tobacco industry that is now focusing more of its activity on developing countries.

In this article, we report tobacco control initiatives taken by the authority in Qassim University, Saudi Arabia during 2011–2012, including the establishment of a smoking cessation clinic. We hope that reporting these initiatives will encourage other academic institutions to adopt similar policies and regulations.

Although use of tobacco has been prohibited and considered as a sin by many of the Islamic scholars in the country, it is very common to observe tobacco use in Saudi Arabia, and its use may be increasing. Unfortunately, there is no accurate and up-to-date nationwide estimation of tobacco use. According to [Mackay and associates \(2006\)](#), the prevalence of tobacco smoking among males in Saudi Arabia is less than 20%. However, this does not include the use of shisha (or water pipes), which is very common in the middle east. Other small-scale and regional surveys conducted in Saudi Arabia report comparable rates ([Al-Mohamed and Amin, 2010](#); [Jarallah, Al-Rubeaan, Al-Nuaim, Al-Ruhaily, & Kalantan, 1999](#); [Mandil et al., 2011](#)).

By contrast, Saudi Arabia was ranked 8th in the world in terms of cigarette consumption ([Al-Doghether, 2001](#)), suggesting use may be higher. The Saudi government spends around \$2.5 billion per year to curb smoking-related diseases ([Haseebullah and Almotairi, 2012](#)).

A comprehensive approach to tobacco control is necessary to make progress as individual interventions are insufficient alone. According to [Al-Lehiany and Stanley \(2009\)](#), the establishment of recognized tobacco control initiatives began in Saudi Arabia after 2001. For example, the Saudi government launched its first antismoking campaign in 2003 ([Haseebullah and Almotairi, 2012](#)).

Qassim University is a public university that is located in Al-Qassim region to the north of Riyadh, the capital city of Saudi Arabia. The Al-Qassim population is estimated to be around 1 million with the majority staying in Buraidah (about 49%) and Unaizah provinces. The university community consists of about 40,000 students and around 4,000 academic and administrative staff.

In Qassim University, some efforts have been made to help control growing tobacco use, particularly among students. Since November 2011, smoking was prohibited inside Qassim University campuses. Punishments have been announced that can rise as high as expulsion. A committee, setup under the students' affairs division, took responsibility for disseminating information and awareness about the negative impacts of tobacco use using posters, brochures, and other printed materials. Display screens situated at the main gates and on the entrances of various colleges are used to disseminate antitobacco messages.

The largest tobacco control initiative in the university was the establishment of a smoking cessation clinic that is affiliated to the college of medicine. The clinic was launched in October 2012 and is equipped with facilities such as a large screen for displaying videos about tobacco hazards, models that depict tobacco-related diseases on various human organs, and instruments for assessing lung capacity, carbon monoxide, and oxygen levels. Pharmacotherapeutic treatments provided to patients willing to quit smoking include nicotine replacement therapy in the form of lozenges and patches. The clinic is managed by a pharmacist, assisted by a medical doctor and a nurse for the purpose of clinical assessment. The current working plan of the smoking cessation clinic includes follow up of registered patients and provision of prizes to quitters to motivate smokers to participate. There is a plan to perform some research activities alongside the smoking cessation assistance service.

In Saudi Arabia, it is relatively easy to establish a smoking cessation clinic or a tobacco control center that is equipped with all required devices and pharmacotherapies. Thirty-three smoking cessation clinics across Saudi Arabia have been established over the last 20 years ([Bassiony, 2009](#)). Most of the smoking cessation clinics are funded by government (Ministry of Health, Ministry of Social Affairs & some universities). However, some clinics are run by national NGOs, and some are business-oriented private services. Having access to them will lead to less worry about the affordability of cessation medication to the smokers particularly among government employees as government covers such treatment expenses.

Records from smoking cessation clinics show promising results. According to [Salih and Farghaly \(1996\)](#), a smoking cessation clinic in one of the main public hospitals in Buraidah achieved 38.3% 6-month successful quit rate. However, another record that reported on the success rates among smokers attending smoking cessation clinics in Saudi Arabia mentioned only 13% ([Bassiony, 2009](#)).

The most important challenges that are faced by smoking cessation clinics in Saudi Arabia are finding easily accessible locations, marketing their services and increasing awareness of their existence among the community, and encouraging smokers to participate in their programs. Previous reports do not report on success in encouraging participation. [Bassiony \(2009\)](#) mentioned that the use of these clinics is still limited. There is a need to improve the clinics' outreach. Improving the quality of the services offered by those clinics is another priority. Provision of smoking cessation services in primary health care centers has been inconsistent in terms of existence and quality of counseling provided and is often characterized by the use of different and sometimes ineffective methods for smoking cessation ([Al-Doghether, 2001](#)). It is advisable to follow an evidence-based approach in the provision of the smoking cessation service. This requires establishing national smoking cessation guidelines and adopting only evidence-based smoking cessation treatments ([Al-Doghether, 2001](#)).

In a country like Saudi Arabia, it is feasible to set up smoking cessation services. However, there is a need to improve such services and to set up a marketing strategy to raise awareness among community leaders, policy makers, health care providers, and the public about their existence. There is also a need to evaluate the services of smoking cessation clinics currently existing and to support the service by strengthening other tobacco control measures and policies.

Smoking Cessation Beliefs Among Saudi University Students in Qassim Region, Saudi Arabia

<https://www.dovepress.com/smoking-cessation-beliefs-among-saudi-university-students-in-qassim-re-peer-reviewed-fulltext-article-RMHP> [15]

Study Design and Data Sources

A cross-sectional cohort study was conducted to explore factors affecting beliefs about hookah smoking cessation interventions using a paper-based survey. Data were collected between November 2018 and April 2019 at a higher education institute in Qassim province.

Participants

The research was conducted in colleges that agreed to participate, including health sciences, humanities, and social science colleges. All colleges in the Saudi educational system admit students after they have completed their secondary school degree (18 years and above).

Each of the participating teaching faculties were asked to distribute the survey and consent forms to students and to allot 20 minutes for students to complete the survey. Participation was anonymous and voluntary. Each student was asked to drop the completed survey in a box; they were allowed to stop at any time without providing a reason.

Results

Out of the 1158 surveys distributed, 958 were received, for a response rate of 82.7%. The mean age of the participants was 22.1 ± 2.5 years. About 20% of the respondents reported that they had smoked a hookah within the past 30 days. The average age of the participants when they starting hookah smoking was 16.9 ± 4.4 years.

Descriptive statistics were calculated for the smoking cessation medication cohort and the behavioral intervention cohort. Participants were grouped into two age categories ([Tables 1](#) and [2](#)). In both cohorts, around 78% of the respondents were in the 18–23 age group. Moreover, $\approx 95\%$ of the sample were unmarried, $\approx 96\%$ had an income of more than US\$264/month, $\approx 95\%$ had good to excellent academic performance, and $\approx 80\%$ were not hookah smokers. Furthermore, $\approx 70\%$ of the respondents thought that hookah smoking was less harmful than cigarette smoking. When asked to assess the social acceptability of hookah smoking, $\approx 46\%$ of the students answered “none” suggesting that hookah smoking is not socially acceptable.

Variables	Total (n=958)		Smoking cessation cohort (n=479)		Behavioral intervention cohort (n=479)		p-value
	n	%	n	%	n	%	
Age group							
18–23	748	78.0	374	78.0	374	78.0	0.999
24–30	198	20.7	95	19.8	103	21.5	
31–35	10	1.0	5	1.0	5	1.0	
36–40	2	0.2	1	0.2	1	0.2	
41–45	0	0.0	0	0.0	0	0.0	
46–50	0	0.0	0	0.0	0	0.0	
51–55	0	0.0	0	0.0	0	0.0	
56–60	0	0.0	0	0.0	0	0.0	
61–65	0	0.0	0	0.0	0	0.0	
66–70	0	0.0	0	0.0	0	0.0	
71–75	0	0.0	0	0.0	0	0.0	
76–80	0	0.0	0	0.0	0	0.0	
81–85	0	0.0	0	0.0	0	0.0	
86–90	0	0.0	0	0.0	0	0.0	
91–95	0	0.0	0	0.0	0	0.0	
96–100	0	0.0	0	0.0	0	0.0	
Gender							
Male	748	78.0	374	78.0	374	78.0	0.999
Female	210	21.9	105	21.9	105	21.9	
Marital status							
Unmarried	908	94.8	454	94.8	454	94.8	0.999
Married	50	5.2	25	5.2	25	5.2	
Income (US\$)							
<264	40	4.2	20	4.2	20	4.2	0.999
264–528	100	10.4	50	10.4	50	10.4	
528–792	100	10.4	50	10.4	50	10.4	
792–1056	100	10.4	50	10.4	50	10.4	
1056–1320	100	10.4	50	10.4	50	10.4	
1320–1584	100	10.4	50	10.4	50	10.4	
1584–1848	100	10.4	50	10.4	50	10.4	
1848–2112	100	10.4	50	10.4	50	10.4	
2112–2376	100	10.4	50	10.4	50	10.4	
2376–2640	100	10.4	50	10.4	50	10.4	
2640–2904	100	10.4	50	10.4	50	10.4	
2904–3168	100	10.4	50	10.4	50	10.4	
3168–3432	100	10.4	50	10.4	50	10.4	
3432–3696	100	10.4	50	10.4	50	10.4	
3696–3960	100	10.4	50	10.4	50	10.4	
3960–4224	100	10.4	50	10.4	50	10.4	
4224–4488	100	10.4	50	10.4	50	10.4	
4488–4752	100	10.4	50	10.4	50	10.4	
4752–5016	100	10.4	50	10.4	50	10.4	
5016–5280	100	10.4	50	10.4	50	10.4	
5280–5544	100	10.4	50	10.4	50	10.4	
5544–5808	100	10.4	50	10.4	50	10.4	
5808–6072	100	10.4	50	10.4	50	10.4	
6072–6336	100	10.4	50	10.4	50	10.4	
6336–6600	100	10.4	50	10.4	50	10.4	
6600–6864	100	10.4	50	10.4	50	10.4	
6864–7128	100	10.4	50	10.4	50	10.4	
7128–7392	100	10.4	50	10.4	50	10.4	
7392–7656	100	10.4	50	10.4	50	10.4	
7656–7920	100	10.4	50	10.4	50	10.4	
7920–8184	100	10.4	50	10.4	50	10.4	
8184–8448	100	10.4	50	10.4	50	10.4	
8448–8712	100	10.4	50	10.4	50	10.4	
8712–8976	100	10.4	50	10.4	50	10.4	
8976–9240	100	10.4	50	10.4	50	10.4	
9240–9504	100	10.4	50	10.4	50	10.4	
9504–9768	100	10.4	50	10.4	50	10.4	
9768–10032	100	10.4	50	10.4	50	10.4	
10032–10296	100	10.4	50	10.4	50	10.4	
10296–10560	100	10.4	50	10.4	50	10.4	
10560–10824	100	10.4	50	10.4	50	10.4	
10824–11088	100	10.4	50	10.4	50	10.4	
11088–11352	100	10.4	50	10.4	50	10.4	
11352–11616	100	10.4	50	10.4	50	10.4	
11616–11880	100	10.4	50	10.4	50	10.4	
11880–12144	100	10.4	50	10.4	50	10.4	
12144–12408	100	10.4	50	10.4	50	10.4	
12408–12672	100	10.4	50	10.4	50	10.4	
12672–12936	100	10.4	50	10.4	50	10.4	
12936–13200	100	10.4	50	10.4	50	10.4	
13200–13464	100	10.4	50	10.4	50	10.4	
13464–13728	100	10.4	50	10.4	50	10.4	
13728–13992	100	10.4	50	10.4	50	10.4	
13992–14256	100	10.4	50	10.4	50	10.4	
14256–14520	100	10.4	50	10.4	50	10.4	
14520–14784	100	10.4	50	10.4	50	10.4	
14784–15048	100	10.4	50	10.4	50	10.4	
15048–15312	100	10.4	50	10.4	50	10.4	
15312–15576	100	10.4	50	10.4	50	10.4	
15576–15840	100	10.4	50	10.4	50	10.4	
15840–16104	100	10.4	50	10.4	50	10.4	
16104–16368	100	10.4	50	10.4	50	10.4	
16368–16632	100	10.4	50	10.4	50	10.4	
16632–16896	100	10.4	50	10.4	50	10.4	
16896–17160	100	10.4	50	10.4	50	10.4	
17160–17424	100	10.4	50	10.4	50	10.4	
17424–17688	100	10.4	50	10.4	50	10.4	
17688–17952	100	10.4	50	10.4	50	10.4	
17952–18216	100	10.4	50	10.4	50	10.4	
18216–18480	100	10.4	50	10.4	50	10.4	
18480–18744	100	10.4	50	10.4	50	10.4	
18744–19008	100	10.4	50	10.4	50	10.4	
19008–19272	100	10.4	50	10.4	50	10.4	
19272–19536	100	10.4	50	10.4	50	10.4	
19536–19800	100	10.4	50	10.4	50	10.4	
19800–20064	100	10.4	50	10.4	50	10.4	
20064–20328	100	10.4	50	10.4	50	10.4	
20328–20592	100	10.4	50	10.4	50	10.4	
20592–20856	100	10.4	50	10.4	50	10.4	
20856–21120	100	10.4	50	10.4	50	10.4	
21120–21384	100	10.4	50	10.4	50	10.4	
21384–21648	100	10.4	50	10.4	50	10.4	
21648–21912	100	10.4	50	10.4	50	10.4	
21912–22176	100	10.4	50	10.4	50	10.4	
22176–22440	100	10.4	50	10.4	50	10.4	
22440–22704	100	10.4	50	10.4	50	10.4	
22704–22968	100	10.4	50	10.4	50	10.4	
22968–23232	100	10.4	50	10.4	50	10.4	
23232–23496	100	10.4	50	10.4	50	10.4	
23496–23760	100	10.4	50	10.4	50	10.4	
23760–24024	100	10.4	50	10.4	50	10.4	
24024–24288	100	10.4	50	10.4	50	10.4	
24288–24552	100	10.4	50	10.4	50	10.4	
24552–24816	100	10.4	50	10.4	50	10.4	
24816–25080	100	10.4	50	10.4	50	10.4	
25080–25344	100	10.4	50	10.4	50	10.4	
25344–25608	100	10.4	50	10.4	50	10.4	
25608–25872	100	10.4	50	10.4	50	10.4	
25872–26136	100	10.4	50	10.4	50	10.4	
26136–26400	100	10.4	50	10.4	50	10.4	
26400–26664	100	10.4	50	10.4	50	10.4	
26664–26928	100	10.4	50	10.4	50	10.4	
26928–27192	100	10.4	50	10.4	50	10.4	
27192–27456	100	10.4	50	10.4	50	10.4	
27456–27720	100	10.4	50	10.4	50	10.4	
27720–27984	100	10.4	50	10.4	50	10.4	
27984–28248	100	10.4	50	10.4	50	10.4	
28248–28512	100	10.4	50	10.4	50	10.4	
28512–28776	100	10.4	50	10.4	50	10.4	
28776–29040	100	10.4	50	10.4	50	10.4	
29040–29304	100	10.4	50	10.4	50	10.4	
29304–29568	100	10.4	50	10.4	50	10.4	
29568–29832	100	10.4	50	10.4	50	10.4	
29832–30096	100	10.4	50	10.4	50	10.4	
30096–30360	100	10.4	50	10.4	50	10.4	
30360–30624	100	10.4	50	10.4	50	10.4	
30624–30888	100	10.4	50	10.4	50	10.4	
30888–31152	100	10.4	50	10.4	50	10.4	
31152–31416	100	10.4	50	10.4	50	10.4	
31416–31680	100	10.4	50	10.4	50	10.4	
31680–31944	100	10.4	50	10.4	50	10.4	
31944–32208	100	10.4	50	10.4	50	10.4	
32208–32472	100	10.4	50	10.4	50	10.4	
32472–32736	100	10.4	50	10.4	50	10.4	
32736–33000	100	10.4	50	10.4	50	10.4	
33000–33264	100	10.4	50	10.4	50	10.4	
33264–33528	100	10.4	50	10.4	50	10.4	
33528–33792	100	10.4	50	10.4	50	10.4	
33792–34056	100	10.4	50	10.4	50	10.4	
34056–34320	100	10.4	50	10.4	50	10.4	
34320–34584	100	10.4	50	10.4	50	10.4	
34584–34848	100	10.4	50	10.4	50	10.4	
34848–35112	100	10.4	50	10.4	50	10.4	
35112–35376	100	10.4	50	10.4	50	10.4	
35376–35640	100	10.4	50	10.4	50	10.4	
35640–35904	100	10.4	50	10.4	50	10.4	
35904–36168	100	10.4	50	10.4	50	10.4	
36168–36432	100	10.4	50	10.4	50	10.4	
36432–							

	Age	Gender	Smoking Status	Beliefs	OR	95% CI	p-value
Age	18-23	Male	Smoker	Believe	1.0		
Age	24-29	Male	Smoker	Believe	1.04	1.01-1.07	0.001
Age	30-35	Male	Smoker	Believe	1.02	0.99-1.05	0.15
Age	36-41	Male	Smoker	Believe	1.01	0.98-1.04	0.35
Age	42-47	Male	Smoker	Believe	1.00	0.97-1.03	0.85
Age	48-53	Male	Smoker	Believe	0.99	0.96-1.02	0.95
Age	54-59	Male	Smoker	Believe	0.98	0.95-1.01	0.99
Age	60-65	Male	Smoker	Believe	0.97	0.94-1.00	0.99
Age	66-71	Male	Smoker	Believe	0.96	0.93-0.99	0.99
Age	72-77	Male	Smoker	Believe	0.95	0.92-0.98	0.99
Age	78-83	Male	Smoker	Believe	0.94	0.91-0.97	0.99
Age	84-89	Male	Smoker	Believe	0.93	0.90-0.96	0.99
Age	90-95	Male	Smoker	Believe	0.92	0.89-0.95	0.99
Age	96-101	Male	Smoker	Believe	0.91	0.88-0.94	0.99
Age	102-107	Male	Smoker	Believe	0.90	0.87-0.93	0.99
Age	108-113	Male	Smoker	Believe	0.89	0.86-0.92	0.99
Age	114-119	Male	Smoker	Believe	0.88	0.85-0.91	0.99
Age	120-125	Male	Smoker	Believe	0.87	0.84-0.90	0.99
Age	126-131	Male	Smoker	Believe	0.86	0.83-0.89	0.99
Age	132-137	Male	Smoker	Believe	0.85	0.82-0.88	0.99
Age	138-143	Male	Smoker	Believe	0.84	0.81-0.87	0.99
Age	144-149	Male	Smoker	Believe	0.83	0.80-0.86	0.99
Age	150-155	Male	Smoker	Believe	0.82	0.79-0.85	0.99
Age	156-161	Male	Smoker	Believe	0.81	0.78-0.84	0.99
Age	162-167	Male	Smoker	Believe	0.80	0.77-0.83	0.99
Age	168-173	Male	Smoker	Believe	0.79	0.76-0.82	0.99
Age	174-179	Male	Smoker	Believe	0.78	0.75-0.81	0.99
Age	180-185	Male	Smoker	Believe	0.77	0.74-0.80	0.99
Age	186-191	Male	Smoker	Believe	0.76	0.73-0.79	0.99
Age	192-197	Male	Smoker	Believe	0.75	0.72-0.78	0.99
Age	198-203	Male	Smoker	Believe	0.74	0.71-0.77	0.99
Age	204-209	Male	Smoker	Believe	0.73	0.70-0.76	0.99
Age	210-215	Male	Smoker	Believe	0.72	0.69-0.75	0.99
Age	216-221	Male	Smoker	Believe	0.71	0.68-0.74	0.99
Age	222-227	Male	Smoker	Believe	0.70	0.67-0.73	0.99
Age	228-233	Male	Smoker	Believe	0.69	0.66-0.72	0.99
Age	234-239	Male	Smoker	Believe	0.68	0.65-0.71	0.99
Age	240-245	Male	Smoker	Believe	0.67	0.64-0.70	0.99
Age	246-251	Male	Smoker	Believe	0.66	0.63-0.69	0.99
Age	252-257	Male	Smoker	Believe	0.65	0.62-0.68	0.99
Age	258-263	Male	Smoker	Believe	0.64	0.61-0.67	0.99
Age	264-269	Male	Smoker	Believe	0.63	0.60-0.66	0.99
Age	270-275	Male	Smoker	Believe	0.62	0.59-0.65	0.99
Age	276-281	Male	Smoker	Believe	0.61	0.58-0.64	0.99
Age	282-287	Male	Smoker	Believe	0.60	0.57-0.63	0.99
Age	288-293	Male	Smoker	Believe	0.59	0.56-0.62	0.99
Age	294-299	Male	Smoker	Believe	0.58	0.55-0.61	0.99
Age	300-305	Male	Smoker	Believe	0.57	0.54-0.60	0.99
Age	306-311	Male	Smoker	Believe	0.56	0.53-0.59	0.99
Age	312-317	Male	Smoker	Believe	0.55	0.52-0.58	0.99
Age	318-323	Male	Smoker	Believe	0.54	0.51-0.57	0.99
Age	324-329	Male	Smoker	Believe	0.53	0.50-0.56	0.99
Age	330-335	Male	Smoker	Believe	0.52	0.49-0.55	0.99
Age	336-341	Male	Smoker	Believe	0.51	0.48-0.54	0.99
Age	342-347	Male	Smoker	Believe	0.50	0.47-0.53	0.99
Age	348-353	Male	Smoker	Believe	0.49	0.46-0.52	0.99
Age	354-359	Male	Smoker	Believe	0.48	0.45-0.51	0.99
Age	360-365	Male	Smoker	Believe	0.47	0.44-0.50	0.99
Age	366-371	Male	Smoker	Believe	0.46	0.43-0.49	0.99
Age	372-377	Male	Smoker	Believe	0.45	0.42-0.48	0.99
Age	378-383	Male	Smoker	Believe	0.44	0.41-0.47	0.99
Age	384-389	Male	Smoker	Believe	0.43	0.40-0.46	0.99
Age	390-395	Male	Smoker	Believe	0.42	0.39-0.45	0.99
Age	396-401	Male	Smoker	Believe	0.41	0.38-0.44	0.99
Age	402-407	Male	Smoker	Believe	0.40	0.37-0.43	0.99
Age	408-413	Male	Smoker	Believe	0.39	0.36-0.42	0.99
Age	414-419	Male	Smoker	Believe	0.38	0.35-0.41	0.99
Age	420-425	Male	Smoker	Believe	0.37	0.34-0.40	0.99
Age	426-431	Male	Smoker	Believe	0.36	0.33-0.39	0.99
Age	432-437	Male	Smoker	Believe	0.35	0.32-0.38	0.99
Age	438-443	Male	Smoker	Believe	0.34	0.31-0.37	0.99
Age	444-449	Male	Smoker	Believe	0.33	0.30-0.36	0.99
Age	450-455	Male	Smoker	Believe	0.32	0.29-0.35	0.99
Age	456-461	Male	Smoker	Believe	0.31	0.28-0.34	0.99
Age	462-467	Male	Smoker	Believe	0.30	0.27-0.33	0.99
Age	468-473	Male	Smoker	Believe	0.29	0.26-0.32	0.99
Age	474-479	Male	Smoker	Believe	0.28	0.25-0.31	0.99
Age	480-485	Male	Smoker	Believe	0.27	0.24-0.30	0.99
Age	486-491	Male	Smoker	Believe	0.26	0.23-0.29	0.99
Age	492-497	Male	Smoker	Believe	0.25	0.22-0.28	0.99
Age	498-503	Male	Smoker	Believe	0.24	0.21-0.27	0.99
Age	504-509	Male	Smoker	Believe	0.23	0.20-0.26	0.99
Age	510-515	Male	Smoker	Believe	0.22	0.19-0.25	0.99
Age	516-521	Male	Smoker	Believe	0.21	0.18-0.24	0.99
Age	522-527	Male	Smoker	Believe	0.20	0.17-0.23	0.99
Age	528-533	Male	Smoker	Believe	0.19	0.16-0.22	0.99
Age	534-539	Male	Smoker	Believe	0.18	0.15-0.21	0.99
Age	540-545	Male	Smoker	Believe	0.17	0.14-0.20	0.99
Age	546-551	Male	Smoker	Believe	0.16	0.13-0.19	0.99
Age	552-557	Male	Smoker	Believe	0.15	0.12-0.18	0.99
Age	558-563	Male	Smoker	Believe	0.14	0.11-0.17	0.99
Age	564-569	Male	Smoker	Believe	0.13	0.10-0.16	0.99
Age	570-575	Male	Smoker	Believe	0.12	0.09-0.15	0.99
Age	576-581	Male	Smoker	Believe	0.11	0.08-0.14	0.99
Age	582-587	Male	Smoker	Believe	0.10	0.07-0.13	0.99
Age	588-593	Male	Smoker	Believe	0.09	0.06-0.12	0.99
Age	594-599	Male	Smoker	Believe	0.08	0.05-0.11	0.99
Age	600-605	Male	Smoker	Believe	0.07	0.04-0.10	0.99
Age	606-611	Male	Smoker	Believe	0.06	0.03-0.09	0.99
Age	612-617	Male	Smoker	Believe	0.05	0.02-0.08	0.99
Age	618-623	Male	Smoker	Believe	0.04	0.01-0.07	0.99
Age	624-629	Male	Smoker	Believe	0.03	0.00-0.06	0.99
Age	630-635	Male	Smoker	Believe	0.02	0.00-0.05	0.99
Age	636-641	Male	Smoker	Believe	0.01	0.00-0.04	0.99
Age	642-647	Male	Smoker	Believe	0.00	0.00-0.03	0.99
Age	648-653	Male	Smoker	Believe	0.00	0.00-0.02	0.99
Age	654-659	Male	Smoker	Believe	0.00	0.00-0.01	0.99
Age	660-665	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	666-671	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	672-677	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	678-683	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	684-689	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	690-695	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	696-701	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	702-707	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	708-713	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	714-719	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	720-725	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	726-731	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	732-737	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	738-743	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	744-749	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	750-755	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	756-761	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	762-767	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	768-773	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	774-779	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	780-785	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	786-791	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	792-797	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	798-803	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	804-809	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	810-815	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	816-821	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	822-827	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	828-833	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	834-839	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	840-845	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	846-851	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	852-857	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	858-863	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	864-869	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	870-875	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	876-881	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	882-887	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	888-893	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	894-899	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	900-905	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	906-911	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	912-917	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	918-923	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	924-929	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	930-935	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	936-941	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	942-947	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	948-953	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	954-959	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	960-965	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	966-971	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	972-977	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	978-983	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	984-989	Male	Smoker	Believe	0.00	0.00-0.00	0.99
Age	990-995	Male					

Objective

The main objective of this study was to investigate the prevalence and beliefs of water pipe & cigarette smoking among Qassim University male students.

Methodology

A cross-sectional survey was conducted among the students of Literature Colleges, Health Colleges of Qassim University and a self-administered, anonymous, pre-structured, designed proforma was distributed among randomly selected group of 500 male university students during January 2011. The questionnaire was designed to ask specific questions that are related to cigarette smoking and water pipe smoking in general and their belief regarding smoking. Statistical analysis was done using SPSS software.

Results

The total prevalence rate of waterpipe smoking was found to be 40% and Cigarette smoking was 41%. The major prevalence was found among the students of Health College (50%) then Science College (38%) and Literature College (12%). Cigarette smoking, smoking among relatives and friends has significant association ($P < 0.05$) with prevalence of waterpipe among university students, while residence, income and marital status do not have any significant effect on water pipe smoking.

Conclusions

Approximately more than one-third of the students currently smoke waterpipe. Smoking of both cigarette and waterpipe was frequently found and it is precipitated with the same habits in family and friends.

Table 2

Socio-demographic characteristics of the study group in relation to water pipe smoking in Qassim Region.

Characteristics	Groups	Waterpipe Smoking	
		Yes no. (%)	NO no. (%)
Marital Status	Single	188 (40)	287 (60)
	Married	13 (52)	12 (48)
College	Health College	77 (31)*	174 (69)
	Science College	100 (53)	89 (47)
	Literature College	24 (40)	36 (60)
Living Area	Big City	116 (42)	175 (58)
	Small city	79 (40)	108 (40)
	Rural Area	6 (27)	16 (73)
Year of Study	First	56 (42)	77 (58)
	Second	45 (42)	62 (58)
	Advance	100 (38)	160 (62)
Overall GPA	Excellent	69 (38)	113 (62)
	Very good	69 (37)	116 (63)
	Good	14 (64)	8 (36)
	Fair or excepted	49 (44)	62 (56)
Yearly income	<15000	146 (40)	218 (60)
	15000–35000	32 (35)	60 (65)
	35001–55000	8 (57)	6 (43)
	>55000	15 (50)	15 (50)

*P<0.05

E-cigarette use among medical students at Qassim University

https://journals.lww.com/jfmpc/Fulltext/2019/08090/E_cigarette_use_among_medical_students_at_Qassim.32.aspx [17]

Background:

The popularity of e-cigarettes is increasing rapidly worldwide and advertisements for such products are becoming ubiquitous in the media. Health concerns and smoking cessation are the most commonly reported reasons for traditional tobacco smokers to shift to e-cigarettes. As a result, the global market for e-cigarettes is on the rise. However, they are still a potential cause for many diseases.

Methods:

This is a cross-sectional study carried out at Qassim University in Buraydah, Saudi Arabia. A prevalidated questionnaire was distributed to medical students in April 2018 to evaluate the experience, knowledge, and awareness of e-cigarettes among the participants.

Results:

About one in ten students confirmed having smoked an e-cigarette. There was no significant relationship between e-cigarette users and demographic factors, such as gender, academic level, or age. However, the study showed a significant association between e-cigarette smoking and having an e-cigarette smoker among family members or friends. Most students 71.9% were not sure whether e-cigarettes were approved by the Food and Drug Administration (FDA) for smoking cessation. Only 23.3% of those surveyed believed that e-cigarettes can help in smoking cessation, whereas only 11% said that they would recommend it for a patient. On the contrary, 49.6% agreed that e-cigarettes are addictive. In response to another question, 92% reported receiving no education in medical school about e-cigarettes.

Conclusion:

Our study showed that medical students lacked knowledge about e-cigarettes. Therefore, more studies are needed to raise awareness about e-cigarettes, especially since the habit of using e-cigarettes is invading our society.

