

Raising awareness of the

harms of waterpipe smoking:

Five years of progress



UNSW
SYDNEY

Acronyms

ABS	Australian Bureau of Statistics
AUB	American University of Beirut
CALD	Culturally and Linguistically Diverse
CINNSW	Cancer Institute NSW
LMA	Lebanese Muslim Association
MHCS	Multicultural Health Communication Service
NSW	New South Wales
SLHD	Sydney Local Health District
UNSW	University of New South Wales

Acknowledgments

This program was funded by the Cancer Institute NSW. Program partners included the South Eastern Sydney Local Health District Equity and Prevention Service, the Lebanese Muslim Association, and the NSW Multicultural Health Communication Service.

We extend our thanks to all the young people who were involved in the project consultation sessions and the young people's reference group. We would also like to thank the community organisations, Inky Smudge, and Promo Shop for producing the project resources.

Suggested Citation

Nouhad El-Haddad, Samiha Elkheir, Ben Harris-Roxas. Raising awareness of the harms of waterpipe smoking: Five years of progress. Report prepared for the Cancer Institute NSW. UNSW, 2024.

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1 Overview

Partners:

One university (NSW), **One** community organisation (LMA),
One LHD (SESLHD), **One** state-wide service (MHCS)
and **12** grant recipient organisations and community groups



14 community organisations and groups



27 community events and initiatives



298 community workers trained



74 participants at Shisha and Vaping No Thanks research to practice forum

Guiding principles

- working in partnership
- use co-design and participatory approach
- engage the community
- be culturally informed and respectful
- extend the evidence based



Resources developed

Factsheets about Vaping

Shisha and Vaping No Thanks factsheets, translated into eight languages – Arabic, Chinese, Dari, Farsi, Tamil, Turkish, Urdu and Vietnamese.



Arabic – Vaping Factsheet



Chinese – Vaping Factsheet



Dari – Vaping Factsheet



English – Vaping Factsheet



Farsi – Vaping Factsheet



Tamil – Vaping Factsheet



Turkish – Vaping Factsheet



Urdu – Vaping Factsheet



Vietnamese – Vaping Factsheet

Merchandise

Stress Balls, Bags, Hand Sanitizers, and Cubes



2 Executive Summary

The *Shisha No Thanks* project aimed to raise awareness of the harms of waterpipe smoking. Commencing in 2019, it initially focused on reaching young people (18-35 years old) of Arabic speaking background, their families and social networks. The project developed culturally appropriate, evidence-based resources, including a campaign video, factsheets, website and social media content; and engaged the community through community events, information sessions and social media platforms. Through these activities, the project was able to increase awareness of messages about the harms of waterpipe smoking, and generate significant community conversation on the topics, particularly on social media.

The success of the first two phases of the project, and the growing trend of waterpipe use among young people from different cultural backgrounds, led to the development of Phase 3 of the project. This third phase aimed to rebuild trust with Arabic speaking communities that had faced substantial stigmatisation, discrimination and racism during the COVID-19 pandemic. In Phase 3, the project also widened its focus to include vaping. Phase 3 began with formative research to understand current trends of waterpipe smoking and vaping, and to identify campaign messages. Phase 3 also drew upon the innovative approach to evaluation used in Phase 1, where a longitudinal study was conducted through a virtual community panel.

A community small grants program was implemented to re-engage with the community and to disseminate messages about the adverse effects of waterpipe smoking and vaping. The grants program facilitated face-to-face interactions with the project team, leveraging the strengths of community organisations and their existing networks. This approach had the potential to reach individuals who typically do not engage with health-related messages on social media. Phase 3 concluded with the Research to Practice Forum on Shisha and Vaping, involving health professionals and community workers. The forum aimed to update stakeholders on the latest research and their influential roles within the community.

The continued success of the project has been attributed to the ongoing commitment to the project's guiding principles. In particular, the project has continued to take a co-design, participatory approach to ensure that project resources are culturally informed and respectful.

Some of the learnings from this phase this will inform future works include:

- Continued research is crucial for understanding smoking patterns and supporting cessation in waterpipe and vaping users,
- Tailored interventions require insight into demographic specifics and usage patterns like frequency, context, and reasons for initiation,

- Rigorous examination of cessation interventions, including behavioural, pharmacological, and community-based approaches, is necessary,
- Understanding factors influencing successful cessation and barriers individuals face is essential for refining interventions,
- Exploring long-term health outcomes and relapse rates post-cessation is critical for guiding support programs,
- Further research is pivotal for enriching understanding and developing effective public health strategies targeting waterpipe smoking and vaping.

3 Project Overview

Research shows the dangers of waterpipe smoking; its smoke contains toxins causing lung cancer, heart disease, and more (WHO, 2005a, WHO 2005b). Despite this, waterpipe smoking remains popular among young Arabic-speaking Australians. Earlier studies show 38% of Arabic-background Australians have tried waterpipe smoking (Gregov et al., 2011) and 11% are regular users (Perusco et al., 2007). The *Shisha No Thanks* initiative targets these young smokers.

In 2018, the South Eastern Sydney Local Health District (SESLHD) Multicultural Health Team and the University of New South Wales (UNSW) entered into a partnership with community groups to address waterpipe smoking through culturally-tailored health promotion. A review (Gardner et al., 2018) and focus groups with 88 Arabic speakers (Kearns et al., 2018) informed the development of culturally-tailored interventions to raise awareness. This led to the development of the *Shisha No Thanks* project. The *Shisha No Thanks* project has three main phases as outlined below. This report mainly presents information about Phase 3.

The aim of Phase 1 of the *Shisha No Thanks* project was to inform young Arabic-speaking individuals in metropolitan Sydney about the dangers of waterpipe smoking. The campaign targeted 18–35-year-olds and also reached out to their social circles. Goals included improving the recognition of waterpipe risks among community leaders and providing culturally tailored, factual data to boost public discourse on the health hazards of waterpipe smoking. Results from Phase 1 of the *Shisha No Thanks* project showed a significant increase in awareness about waterpipe smoking harms among young Arabic speakers in Sydney. The success of this phase was attributed to several factors including community partnership, participatory approaches, cultural sensitivity, evidence-based practices, and adaptability. Engaging community figures and professionals was crucial.

Due to the COVID-19 pandemic and associated public health measures, the project then shifted focus to enhance a social media strategy and create an online training module. Phase 2 (July 2020–June 2021) aimed to empower community workers and broaden awareness among culturally diverse young people. This also responded to social media comments revealing the different cultural backgrounds involved in waterpipe smoking.

Phase 3 (May 2022- October 2023) focused on rebuilding trust with Arabic speaking communities that had faced substantial stigmatisation, discrimination and racism during the COVID-19 pandemic. In Phase 3, the project also widened its focus to include vaping. Phase 3 began with formative research to understand current trends of waterpipe smoking and vaping, and to identify campaign messages. Phase 3 also drew upon on the innovative approach to evaluation used in Phase 1, where a longitudinal study was conducted through a virtual community panel (Chan et al., 2021).

The term waterpipe and shisha are used interchangeably throughout this report as the term 'shisha' is preferred term by community members.

Project aims and objectives

The aim of Phase 3 of the project was to raise awareness of the harms of waterpipe smoking in the target group and provide information on alternative recreational activities. The primary target group was young people (18–35 years) from the Arabic-speaking community across metropolitan Sydney; the secondary target group was young people in the same age group from other culturally and linguistically diverse backgrounds.

The objectives of Phase 3 of the project were to:

- Re-engage community organisations through consultations to understand the changes in waterpipe use since Phase 1, and to identify health messages that would be acceptable to the target audience,
- Increase culturally appropriate and acceptable, evidence informed information about the harms of waterpipe smoking amongst the targets group, and
- Increase awareness of the harms of waterpipe smoking in the target group and increase community conversations through community engagement activities.

Partnerships

Partners in Phase 3 of the project include those that were part of Phase 1 and 2, with the addition of a partner that represents multicultural young people. The partners of Phase 3 of the project are:

- SESLHD Equity and Prevention Service
- The Centre for Primary Health Care and Equity, UNSW (project lead), and
- The Lebanese Muslim Association.

Funding

This phase of the project (Phase 3) received funding from the Cancer Institute NSW for a 3-year period.

Timeframe

The implementation of Phase 3 of the project ran from May 2022 to October 2023. Social media activities extended beyond June 2023 and are ongoing at the time of reporting. The evaluation of the project occurred from November 2023 to March 2024.

Ethics approval

A modification to the human research ethics application from Phase 2 of the project was approved, to include activities to evaluate the community grants component of Phase 3 of this project. The modification was reviewed and approved by UNSW Human Research Ethics Advisory Panel G (Health, Medical, Community and Social HC190149).

Guiding principle

Phase 3 of the project follows the same guiding principles as Phases 1 and 2. However, due to the COVID-19 pandemic, the emphasis on some principles is greater than others.

Working in partnership

Phase 3 of the project continued to build on the partnerships developed in Phase 1 of the project.

Co-design and participatory approach

Despite the COVID-19 pandemic preventing in-person co-design workshops and consultations, the project continued to consult with the key stakeholders throughout this phase. For example, early in this phase, online focus groups were conducted with young people from culturally diverse backgrounds to identify current trends in waterpipe use, identify ideas for this phase, test sample campaign messages, and explore social media use to raise awareness of the harms of waterpipe use.

Community engagement

While the COVID-19 pandemic prevented in-person community engagement during Phase 3 of the project, community members continued to be involved in the project. Community organisations were reengaged to co-design and participate in the project through four online focus groups. The SMS community panel were also reengaged to update the SMS questions from Phase 1, adding new questions related to the COVID-19 lockdown and the emerging trend of e-cigarette (vape) use.

Culturally informed and respectful

The project continued to ensure all messages and activities were respectful of cultural identities and practices. Given the wider target audience of culturally diverse young people, the co-design, participatory approach, and community engagement were crucial to understanding how different cultural groups would view the project messages.

Evidence-based

A key component of Phase 3 was the online Research to Practice forum. This brought national and international experts together to share the latest evidence of the harms of waterpipe smoking and vaping. All project resources developed in this phase, including factsheets and social media content, were evidence-based and informed by scientific peer-reviewed literature.

Responsiveness

It was imperative to continue to be responsive and adapt during Phase 3 of the project in response to the COVID-19 pandemic and the public health measures put in place. Most project activities were shifted to online formats – including the focus groups.

Further building the evidence base

Project activities continued to be evaluated to contribute to the evidence base. This included a survey of participants who attended the small community grants program events.

4 Formative Research – Focus Group and SMS Survey

Introduction

The COVID-19 pandemic brought about changes in shisha consumption patterns. Individuals with access to shisha at home reported increased usage during lockdowns as a means of combating boredom and managing stress. In contrast, those reliant on shisha cafes reported decreased use due to lack of access. The pandemic also led to challenges in the availability of shisha tobacco and consequently a surge in the price, prompting some users to resort to alternatives or reduce consumption.

Perceptions of the safety of smoking shisha compared to cigarettes vary. While some view shisha favourably due to its pleasant aroma and taste, others recognise its addictive potential and health risks. However, there remains a lack of public awareness about the potential harms of shisha smoking, particularly its long-term effects.

Vaping is perceived as a separate category of smoking from shisha, catering to a younger demographic due to its convenience, affordability and accessibility. Vaping is popular among teenagers possibly due to the availability of various flavours. Some shisha users have transitioned to vaping, citing better safety and accessibility during COVID-19 related lockdowns. However, concerns about vaping's health implications, including its association with insecticides, have emerged, although public discourse on its risks remains limited compared to shisha and cigarettes.

While shisha smoking remains embedded in various cultural and social contexts, the emergence of vaping presents a distinct alternative, which may be attractive to the younger demographic. This highlights the need for further research and awareness regarding shisha smoking and vaping health implications.

Focus groups and reactivation of the SMS panel

As part of the formative research for Phase 3 of the *Shisha No Thanks* project, we conducted four online focus groups of people aged between 18–35 years old who smoked shisha or knew of someone who smoked shisha. In total, 19 people (10 women, 9 men) participated in the focus groups; most participants came from an Arabic-speaking background.

People were recruited to the focus groups through community contacts, the Lebanese Muslim Association, and the *Shisha No Thanks* project's SMS community panel. The focus groups were conducted between 21–25 June 2022. Each session was 1 hour long, and all were conducted online using Zoom videoconferencing.

The focus group discussed the following topics:

- Current trends in shisha use, including changes in use due to COVID-19 and public health related lockdowns, and the relationship with vaping
- Ideas for this phase of the project (through brainstorming)
- Sample campaign messages
- Example campaign videos
- General social media use

See Appendix 1 for more information about the process of brainstorming of project ideas and Appendix 2 for the campaign messages.

SMS survey

The SMS survey aimed to evaluate Phase 3 of the project which aimed to raise awareness of waterpipe smoking harms among young people (18–35 years) from diverse backgrounds in metropolitan Sydney. Data was collected over 10 weeks, with 2–3 questions sent weekly via the Qualtrics platform (Appendix 3). The survey targeted waterpipe smoking habits and awareness of its harms; specifically, frequency of use, COVID-19's impact on frequency of use, location of smoking, reasons for smoking, and perceptions of harm. Recruitment involved contacting survey participants from Phase 1.

In total, one hundred and thirty three participants participated in the SMS survey. Participants were primarily English and Arabic speakers with a mean age of 26. Three-quarters (75%) reported smoking shisha, with varying frequencies. Results indicated decreased shisha use during COVID, and there were mixed perceptions of vaping's harm compared to shisha. However, participants maintained awareness of shisha harms between the Phase 1 and Phase 3 of this project. Open-ended responses highlighted social, taste and addiction as reasons for smoking. Most agreed shisha contains cancer-causing substances and can damage the body, reflecting sustained awareness of its harms. Notably, no significant differences were found between Phase 1 and Phase 3, suggesting consistent awareness levels (Appendix 4).

Key findings include reduced shisha use during the COVID-19 pandemic, mixed attitudes toward vaping's harm, and sustained awareness of shisha harms. These insights provide opportunities for targeted health promotion interventions to increase community awareness and reduce waterpipe smoking's adverse effects.

5 Project Activities

Community grants program

The *Shisha No Thanks* Community Grants Program aimed to empower community organisations to increase awareness of the potential harms of shisha smoking. In line with Phase 3 objectives, the program sought to efficiently disseminate health information, enhance community connections, and foster future collaborations.

The key objectives were to:

- Raise awareness on the harms of waterpipe smoking
- Re-engage with community members, and
- Establish partnerships for future collaboration.

To be eligible for a grant, applicants were required to:

- Be 18 years or older
- Conduct an activity or event that included a component that raised awareness of the harms of shisha smoking
- Prohibit smoking of any form (including shisha, cigarettes, and vaping) at the activity/event
- Prohibit the promotion of any form of smoking (advertising, sponsorship, etc.) at the activity/event, and
- Distribute program materials (i.e. factsheets, merchandise) at the event.

Grants offered:

- Twelve \$3,000 community grants.
- Two large grants at \$15,000 and \$14,000 each.



The poster is titled "Community Grants Now Open" in white text on a purple background. Below the title, an orange box contains the text: "The Shisha No Thanks project is offering grants of up to \$3000 to community groups to conduct community engagement activities or events (e.g. fun run, morning tea, etc.) that focus on increasing community awareness of the health harms of shisha smoking." To the right of this text are three circular images showing community activities: a group of people running, a group of people sitting around a table, and a group of people standing together. Below the images, the "Eligibility criteria:" section lists: "Grant applicants must be 18 years or older", "The activity or event must include a component of raising awareness of the harms of shisha smoking", "Smoking of any form is prohibited at the activity/event", "Program materials (i.e., factsheets, merchandise) will need to be distributed at the event", and "Reach young people from a culturally and linguistically diverse (CALD) background". At the bottom left, it says "For more information: shishanothanks.org.au/grant-program" and "For questions and submissions: samiha.elkheir@unsw.edu.au". At the bottom right, it says "Grant applications close 5pm, Friday 17 March 2023" and features the "SHISHA NO THANKS!" logo.

6 Community grants program activities and their evaluation

The aim of the evaluation was to assess each activity's effectiveness, gather feedback, and identify areas for improvement. The evaluation process included a community engagement grant evaluation form which was completed by the grant applicant.

Australian Afghan Hassanian Youth Association (AAHYA)

Program Activities

The Australian Afghan Hassanian Youth Association (AAHYA) organised a youth program called “The Health is Wealth Cumberland Youth Program” to address the issue of shisha addiction among young people. This program was held at the AAHYA Centre at Regents Park. Participants learned about the negative effects of smoking on their physical and mental health from an NSW Health representative. They also had a presentation by a Dai Fu instructor who competed in the 2021 Tokyo Olympic Games. The program concluded with a Table Tennis Competition.

Evaluation

A total of 28 people attended the event. NSW Health facilitators delivered a presentation describing the physiological impact of diseases caused by shisha. The grant applicant observed a sense of shock among participants who lacked awareness of the detrimental effects of shisha and other forms of smoking on the human body.



The grant applicant identified several factors that contributed to the success of the event, including:

- Appropriate timing of the event, ensuring maximum participation.
- Effective event management that streamlined activities and sessions.
- Availability of resources to help disseminate crucial information.
- Inclusion of a Q&A session at the event's conclusion, encouraging engagement and addressing queries.
- The introduction of a table tennis competition, which added an element of interactive engagement.

The grant applicant, in their evaluation form, recommended extending the funding and organising a youth camp. The aim of the proposed camp is to take participants to a recreational facility, foster a deeper understanding of addictions, and equip participants with strategies to address these issues effectively.



Arab Council Australia Inc (ACA)

Program Activities

The Arab Council Australia (ACA) received both a small grant (\$3,000) and a large grant (\$15,000). ACA held a 'bike and blend' stall at Bankstown and Bass Hill Plaza to assess respiratory health, distribute factsheets and engage in impromptu discussions. The stall was positioned in a busy area near tobacco shops to raise awareness of the health risks associated with shisha.

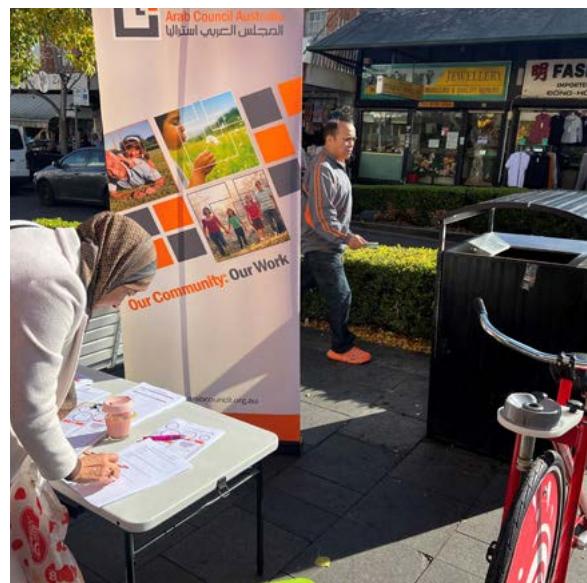
To accommodate parents with children, ACA provided an arts and craft stall with child minders in parallel with educational sessions for parents. The organisation also shared valuable information and support options with their existing client group.

In addition to on-site activities, outreach efforts included the use of WhatsApp and social media platforms in both English and Arabic.

Evaluation

A total of 83 people attended the event. The grant applicant reported that while most participants engaged in conversations and activities, most were hesitant and did not commit to cessation of smoking. Participants were sceptical about the evidence, such as the claim that "45 minutes of shisha is equivalent to smoking 100 cigarettes".

Though hesitant to commit to cessation, participants were open to understanding the harms of shisha. Many expressed an interest in seeking additional information after the event by reaching out to ACA for details on available smoking cessation programs within their area. This proactive step indicates an underlying interest in addressing their smoking habits.



Minia Charitable Association



Program Activities

The events at the Al Minia Charitable Association in Auburn, Sydney, took place during the holy month of Ramadan. After the night prayers, a respected religious leader delivered a presentation in Arabic which highlighted the dangers of shisha and factsheets were distributed to the audience. Following the presentation, healthy food was offered.

Evaluation

Over 300 people attended the event. Participants seemed to be pleased with the event; however, they did not provide any further details about the program events or activities.



Liverpool Women's Centre

Program Activities

Liverpool Women's Health Centre hosted six creative workshops on button-making to increase the awareness of women in the Liverpool Community about the dangers of shisha and vaping. The workshops took place in the Liverpool Women's Health Centre, Liverpool. The workshops followed the *Shisha No Thanks* material and encouraged discussions on the negative impacts of shisha and vaping. Three of the six workshops were in English, the remainder were in Hindi, Vietnamese and Arabic. The participants received informative factsheets and enjoyed light refreshments during the events.

Evaluation

In total, the events were attended by 71 people. Participants responded positively, engaging in open discussions about their experiences with individuals who smoked. Some expressed concerns about their partners' shisha and vaping habits and gained confidence to initiate conversations aimed at encouraging them to quit these practices. The participants demonstrated a comprehensive understanding of the consequences of shisha smoking. Additionally, they engaged in discussions about how the USA was managing the vaping situation, indicating an interest in the global context and regulatory approaches.

Attendees expressed a keen interest in obtaining additional factsheets on shisha, which they intended to share with their immediate family and friends. Their inquisitiveness was evident through numerous questions about shisha and vaping, highlighting a desire for more knowledge and a deeper understanding of these topics.



Macquarie University Muslim Students Association

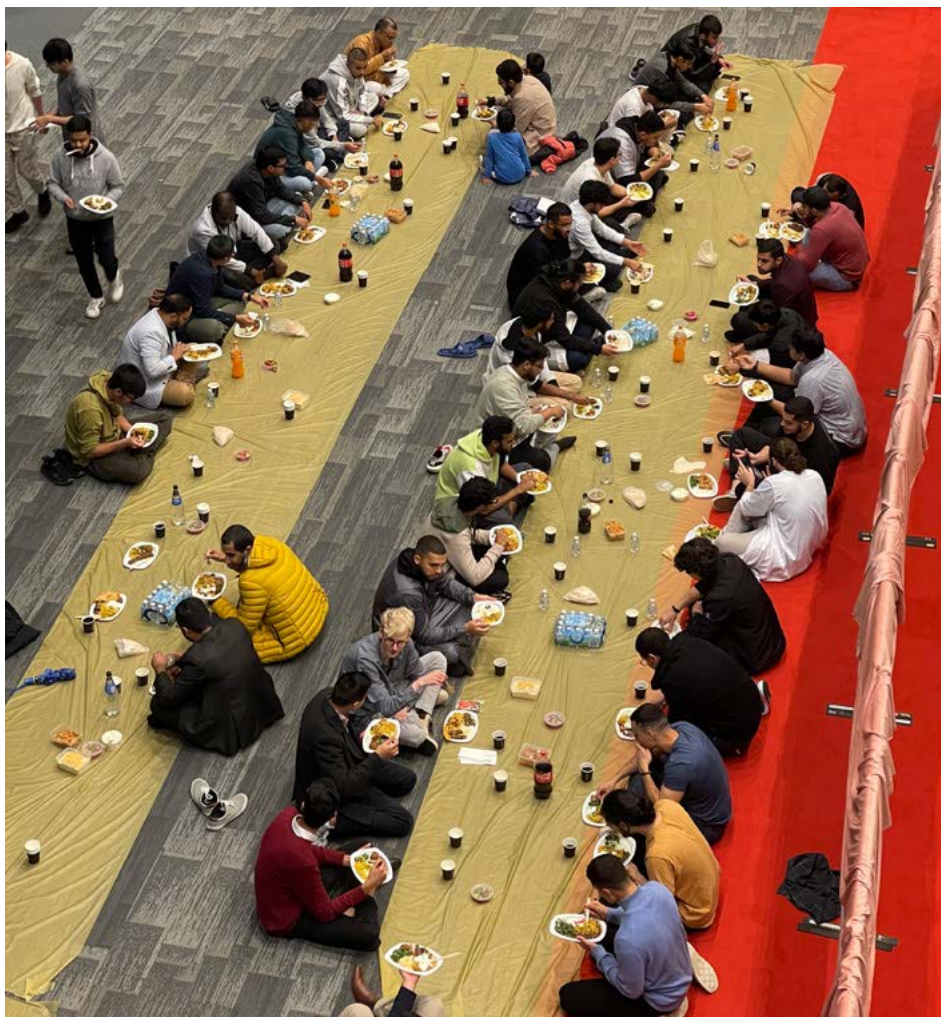
Program Activities

Macquarie University Muslim Students Association (MUMSA) organised three days of Iftars – the meals that break the fast-during Ramadan – and an Eid dinner (end of Ramadan celebration) at Macquarie University. At these events, MUMSA distributed factsheets and held talks to raise awareness on the harms of smoking. Speakers included health professionals and speakers with lived experiences of smoking and quitting.

Evaluation

Approximately 500 people attended the Iftars and Eid Celebration. The grant applicant emphasized the effectiveness of factsheets to engage participants and educate them about the dangers of waterpipe smoking. The availability of factsheets in multiple languages proved beneficial for those who had limited English proficiency, enabling wider understanding and participation among diverse attendees.

The grant applicant suggested an adjustment in the evaluation process, proposing that evaluation forms be filled out during the talks rather than at the event's conclusion. This recommendation aims to capture more immediate and accurate feedback from participants while the information is fresh in their minds.



2MFM, Muslim Community Radio

Program Activities

2MFM conducted a “No Shisha” Community radio campaign, which is a comprehensive initiative designed to raise awareness about the dangers of shisha smoking and promote healthy lifestyle choices within culturally and linguistically diverse communities across NSW.

The campaign’s primary aim is to educate adolescents and young adults about the risks of shisha smoking, dispel common myths surrounding it, and encourage healthier alternatives. By engaging the community through radio broadcasts, the initiative aimed to instigate positive change and improve the health and wellbeing of young individuals.

The campaign involved five episodes, broadcasted in both Arabic and English languages through 92.1 FM digital radio, live internet streaming via www.2mfm.org, and the 2MFM App accessible on both iOS and Android devices. Additionally, the program was shared as a podcast on 2MFM’s Soundcloud page and disseminated through its social media platforms including Facebook and Instagram. The episodes covered a wide array of crucial topics related to shisha smoking, ranging from the health risks associated with it to peer pressure, cultural perspectives, social media influence, harm reduction strategies, and community action. Each episode features interviews with experts in the fields of public health, addiction treatment, educators, professors, dentists, and healthcare experts. Further information about each episode is presented below.

- Episode 1: In the first episode, Mohab Sidaoui, interviewed Dr Ben Harris-Roxas, a Senior Lecturer in the School of Population Health at UNSW Sydney. The discussion explored the world of vaping and shisha and its impact on young individuals. Listeners gained valuable insights into the social, psychological, and physical consequences of these new trends among young people.
- Episode 2: Hosted by Abeer, the second episode featured Dr Samar El-Mansy, a dentist, who delved into the topic of smoking’s impact on oral health. Listeners learned about the risks associated with smoking, such as gum disease, tooth discoloration, bad breath, and more.
- Episode 3: Alecia Brooks, manager of Tobacco Control at Cancer Council NSW, discussed the complexities of vaping among school students and young individuals, providing insights into prevalence, risks and challenges associated with vaping among young people.
- Episode 4: This explored the critical topic of smoking, shisha use, and vaping during pregnancy. Featuring Professor Craig Pennell, an expert in Obstetrics and Gynaecology with a specialisation in Maternal Fetal Medicine at the University of Newcastle, the discussion addressed the health implications of these habits on pregnant women and their babies.
- Episode 5: In the final episode, Dr Ghayath Alshelh, a medical doctor shared insights on the potential consequences of shisha and electronic cigarettes on our overall wellbeing, providing valuable information to make informed choices for better health.

Evaluation

Approximately, 68,000 listeners tune into the 2MFM radio station weekly. The radio series served as an informative platform featuring expert interviews that explained the risks associated with shisha and vaping. The series impacted listeners significantly, sparking important conversations about health risks in various communities.

Listeners were left astonished and shocked upon discovering the severity of health risks associated with shisha and vapes. The newfound knowledge empowered them, increasing their awareness about the dangers of these habits.

Evidence regarding the adverse impacts on oral health and overall wellbeing caused by shisha smoking resonated strongly with the Arabic-speaking audience. This information prompted some individuals to reconsider their behaviours and habits. Listeners who engaged in these practices were encouraged to seek support or make efforts to quit, realising the serious implications for their health.

The discussions on vaping’s impact on young individuals and pregnant women highlighted the vulnerabilities of these demographics to nicotine consumption. This information motivated some listeners to advocate for better education and support systems for youth and pregnant women, prioritizing their health and wellbeing.

Listeners engaged in spreading the knowledge they gained and initiated conversations within families, communities, and social circles. This sharing of information further helped increase awareness about the health risks of shisha and vaping among the community.

The grant applicant identified several factors contributing to the success of the event:

- Interviewing experts who brought credibility and authority to the series
- Covering a wide range of topics related to shisha smoking and vaping to cater to different audiences’ interests and concerns, ensuring a broad reach and engagement, and
- Hosting the series in Arabic to make it accessible to a broader audience, particularly Arabic-speaking communities.



Mount Druitt Ethnic Communities Agency (MECA)

Program Activities

Mount Druitt Ethnic Communities Agency (MECA) held four BBQs in a casual environment at their site in the Mount Druitt and the wider Blacktown Local Government Area. Two bilingual MECA staff members received training to host the sessions. Information was shared through discussion using the factsheets as a guide. The four sessions hosted targeted the:

- Syrian Community
- Iraqi Community
- Dari Community
- Community and Religious Leaders.

The sessions were interactive and engaging. Various multilingual factsheets and merchandise were distributed at the sessions.

Evaluation

A total of 44 people attended the event, including 22 members of the Arabic speaking community, 13 from the Dari speaking community, and nine Religious and Community leaders. Participants responded positively to the information provided during the event. Engaging in discussions and posing questions, attendees demonstrated a keen interest in increasing their awareness of the harms associated with shisha use and the common misconceptions within the community.

MECA highlighted several positive aspects of the event, including:

- Interactive informal sessions that encouraged engagement and active participation.
- Group work activities that facilitated deeper interaction among participants.
- Provision of food, resources, and factsheets that enhanced the overall experience.
- The incorporation of an online module to complement the in-person sessions.

Based on the grant applicant’s evaluation form, it is recommended to provide multilingual evaluation forms for CALD community members. This adjustment would enhance inclusivity and encourage a more comprehensive evaluation from people from diverse backgrounds.



St Charbel's Youth Association

Program Activities

St Charbel's Monastery and Parish held a Basketball Fun Fair at St Charbel's College, Punchbowl. The funfair included inflatable wrestling, an inflatable slide, and dunk-a-coach. During the Fun Fair, an award ceremony was held where a presentation on Shisha was also facilitated. Factsheets were also distributed.

Evaluation

Approximately 200 people attended the event. Overall, the event generated a positive response from attendees. Notably, children actively engaged by asking questions about the dangers of vaping, signalling an encouraging interest in understanding the risks associated with these habits.

One key improvement suggested by the grant applicant related to the expertise of the spokesperson addressing questions related to the harms of waterpipe smoking. The recommendation highlighted the necessity for a more informed spokesperson who could offer comprehensive insights and address queries raised during the event more effectively.



The Australian Rohingya Women's Development Organisation (ARWDO)

Program Activities

The Australian Rohingya Women's Development Organisation (ARWDO) held an annual women's celebration event at the Hampden Park Public School, Lakemba. The event included entertainment, such as, music, jumping castles, face painting, Henna artists, belly dancing, and an interactive fashion show with prizes. During lunchtime there was a *Shisha No Thanks* presentation (in English and Rohingya language, and Eastern Indo-Aryan language) and distribution of *Shisha No Thanks* merchandise. Information sheets relating to pregnant women and community members were given to women. The sheets were placed in the tote bags provided. These bags were given out to people who completed the survey.

Evaluation

A total of 410 Rohingya women and children attended the event. The grant applicant highlighted the ease of use of the online survey form, indicating its user-friendly nature, facilitating efficient data collection from participants. However, all survey respondents were unfamiliar with the term "shisha", but recognized the term "hookah." This observation provides crucial insights into the common terminology used within the community.



Ethiopian and Eritrean Youth Association (EEYA)

Program Activities

The Ethiopian and Eritrean Youth Association (EEYA) held a movie night at Hoyts Mount Drutt for Ethiopian and Eritrean Youth in the community. Before the movie aired, *Shisha No Thanks* factsheets were distributed, and the *Shisha No Thanks* video was showcased on the big screen.

Evaluation

The event was attended by 30-50 people. Most participants responded positively about the event, recognising the ongoing issue of shisha smoking among youth. Several sought advice on helping their friends quit shisha, indicating a proactive attitude towards addressing the issue within their social circles. The brochure and videos provided a clear message about the impact of shisha smoking, and was effective at reaching the youth audience. While some attendees had a limited understanding of the consequences of shisha prior to the event, they reported a significantly improved understanding after the event.

The grant applicant suggested improvements for future events, highlighting the potential benefits of offering merchandise from the Quit Smoking helpline to further support attendees. Additionally, considering the growing interest and demand among youth, it was proposed that future events be organized in a larger venue or theatre to accommodate a larger audience.



Gallipoli Turkish Cultural Foundation – iYouth Centre

Program Activities

The iYouth Centre, in collaboration with five other Sydney mosques and their youth groups, hosted the “Kick Shisha Out! Indoor Soccer Showdown” event at Macquarie University. The event was supported by other local organizations, including Bonnyrigg Mosque, Redfern Mosque, Mt Druitt Anadolu Mosque, Bilal Mosque (Wollongong), and Erskineville Mosque, which played an instrumental role in the event’s success and enhanced its reach and impact within the community. The event adopted a multifaceted approach to disseminate information about the harmful effects of shisha smoking. At the start of the event, there was a talk on the harms of shisha and vaping, followed by interactive activities and discussions during the half-time and post-match sessions that promoted awareness about the hazards associated with shisha use and the benefits of quitting. Additionally, an information booth was set up with *Shisha No Thanks* factsheets to provide further information on the topic.

Evaluation

In total, 80 people attended the event. The participants reacted positively to the information shared at the event, expressing surprise at the facts presented about shisha. Many conveyed gratitude for the knowledge gained and exhibited a strong interest in learning more about the harms associated with shisha. Notable instances occurred where individuals shared personal experiences and made commitments to quit smoking shisha.

The factsheets were read by participants, sparking in-depth discussions with facilitators. The strong interest was evident, culminating in requests for additional resources and inquiries about future events or workshops focusing on shisha awareness. This community interest emphasizes the necessity for further education on the harmful effects of shisha

The grant applicant made several recommendations in its evaluation form:

- Further collaborate with diverse communities to expand the reach of the event.
- Include a range of information resources – for example, video or interactive discussions – to enhance engagement and understanding among participants.
- Implement regular post-event check-ins to provide additional support for individuals seeking to quit smoking shisha.
- For future events, avoid overlapping with other local events to maximize attendance.
- Collect feedback immediately after the event to capture fresh impressions and suggestions from participants.



Lebanese Muslim Association (LMA)

Program Activities

The Lebanese Muslim Association (LMA) held an information booth at the annual Eid Al-Adha celebration at the Lakemba Mosque. This event is one of the most well attended LMA events. One thousand bags were packed for distribution. The bags contained highlighter fidget spinners with *Shisha No Thanks* logo, stress balls with *Shisha No Thanks* logo, dates packaged in *Shisha No Thanks* logo, 3 x nougat flavours with *Shisha No Thanks* and LMA logos, water bottles, and a Shisha and Vaping Fact Sheet. A tobacco treatment specialist was also available at different times during the event at the stall to respond to any queries.

Evaluation

Approximately 15,000 people attended the Eid Prayer at Lakemba Mosque. Information packs were distributed to over 1,000 people. Participants were surprised about the harms of shisha. Notably, an incident occurred when a community member initiated a video call with their elderly family members, sharing the event's information and urging them to keep it in mind during an upcoming family Eid get-together. This demonstrated a proactive and impactful dissemination of knowledge among attendees.

Participants expressed a keen interest in delving deeper into the research and information sources behind the messaging that “45 minutes of shisha smoking is equal to smoking 100 cigarettes”. This desire for more in-depth understanding indicates an interest for credible information and a commitment to learning more about the severe health implications of shisha smoking.

The grant applicant identified factors contributing to the success of the event, including the strategic location of the event, the engaging merchandising packs, the multilingual approach, and the community involvement. *Shisha No Thanks* merchandise was also distributed to over 1,000 people.



Resource Development

Factsheets

The Shisha and Vaping No Thanks Factsheets have been developed in English, Arabic, Chinese, Dari, Farsi, Tamil, Turkish, Urdu and Vietnamese and are accessible via the *Shisha No Thanks* website (Appendix 5).

Promotional merchandise

Three merchandise items were designed and created for this phase of the project. They were created to support the *Shisha No Thanks* Community Grant events.

1. *Shisha No Thanks* branded stress balls
2. *Shisha No Thanks* branded hand sanitizers
3. *Shisha No Thanks* branded tote bags



Social media

Forty posts were developed in Phase 3 of the project. The social media tiles focused on various topics, from sharing evidence-based facts, promoting the community grants program, and posts promoting special holidays.

Posts included:

- Promoting the community grants program
- Showcasing Community Grants Recipients final projects
- World No Tobacco Day and special holidays (Mother Language Day, World Physical Activity Day, and Ramadan)
- Vaping: reasons not to smoke shisha or vaping, nicotine addiction, and what are vapes?
- Facts and misconceptions of shisha: lung capacity and fitness levels, flavoured tobacco and nicotine, shisha contains more tar than cigarettes, is tobacco-free or herbal shisha healthier than regular, and shisha and toxins.

Research to practice forum

On 18 October 2023, the SESLHD Equity and Prevention Service hosted the Shisha and Vaping No Thanks Research to Practice Forum, in partnership with the University of New South Wales and the Cancer Institute NSW. The forum provided an overview of local and international ground-breaking research on shisha smoking and vaping. Representatives from community organisations who had received grants from UNSW to inform their respective communities about the harms of shisha smoking also presented their initiatives. The Forum was chaired by Dr Marianne Gale, Director, Population and Community Health, SESLHD.

The program included:

- An overview of current research on shisha smoking – Professor Najat Saliba (Member of Lebanese Parliament and Professor of Chemistry, American University of Beirut)
- The study findings from Generation Vape – Associate Professor Becky Freeman (University of Sydney)
- Analysis of community sentiment on shisha smoking through social media – Dr Lilian Chan (Cancer Institute NSW)
- A *Shisha No Thanks* project overview and impact – Dr Nina El-Haddad and Dr Ben Harris-Roxas (University of New South Wales)
- Grant program presentations – Grant Applicants: 2MFM Muslim Radio Station, the Liverpool Women’s Health Centre, and the Lebanese Muslim Association
- Tobacco control initiatives by Cancer Institute NSW – Louise Ross (Cancer Institute NSW)
- A panel discussion, facilitated by Dr Marianna Gale, on:
 - Enforcement measures
 - Nicotine replacement therapy (NRT)
 - Targeting youth in smoking cessation campaigns via social media
 - Community sentiment on shisha smoking and vaping

Attendance: A total of 74 people attended the Forum. Many attendees were from Multicultural/Diversity Health, Population Health, and Public Health Units (40%) across SESLHD, Sydney LHD, Western Sydney LHD, South Western Sydney LHD, Hunter New England LHD, and Northern Sydney LHD. Others represented academic institutions, hospitals, the Ministry of Health, and the community sector.

Evaluation of forum: An online evaluation form was developed for feedback and evaluation. Out of the 74 participants, 40 anonymously completed the evaluation form (54%).

Rating of the forum: 92.5% of participants agreed or strongly agreed the presentations were both informative and engaging. Three participants indicated that they did not find the presentations informative nor engaging; however, as their comments were positive and indicated that they thoroughly enjoyed the forum and found it useful, this may have been due to an error in the interpretation of the Likert scale (i.e. mistaking ‘Strongly Disagree’ for ‘Strongly Agree’).

Usefulness of the forum

Participants indicated they found the following points most useful:

- Generation Vape – vaping and young people
- Panel discussion – the focus on community understanding and sentiment, and effective community engagement
- Chemistry of shisha and vaping smoke – information on the waterpipe and vaping mechanisms
- Complexities of moderating shisha and vaping use – enforcement challenges
- Current data and issues pertaining to usage.
- Suggestions for improvement
- Additional information on international interventions for shisha and vaping, and
- Regular forums providing updates on new findings.



Conclusion

The Forum was considered a success based on the evaluation forms and direct verbal feedback from participants received by the Equity and Prevention Service, SESLHD. The quality of the presentations was highly rated and were well received by most attendees.

Website

Between July 2022–June 2023, there were 2,129 visits to the *Shisha No Thanks* website, 2,088 of which were unique visitors, 48% of visitors reached the site directly, 42% through organic search (e.g. search engines), and 2% through social media. Most of the visits were from people in Australia with an average engagement time of 1 minute 31 seconds.

Achievements

The project was awarded the 2022 Community Engagement Award from the Faculty of Medicine and Health, UNSW Australia.

The project was presented as an oral presentation at the *Shisha No Thanks* Research to Practice Forum 2023 and the National Multicultural Health and Wellbeing Conference in November 2023.

7 Evaluation of the Community Grants Program Event for Participants

After each community grant event, participants were asked to fill out an event evaluation survey (Appendix 6). The aim of this survey was to measure the level of awareness of the harms of waterpipe smoking among participants. The survey contained eight questions related to the participants' awareness of the harms of shisha smoking, their frequency of shisha smoking, the lessons learned from the event, their overall satisfaction with the event, and their demographic characteristics (e.g. age and gender).

The questions provided insights into current patterns of waterpipe use and the community's awareness of the harms of waterpipe smoking (Appendix 7). In total, 244 participants completed the evaluation form. The majority (38%) were aged between 18–20 years old and 64% were female. Most participants (86%) reported not smoking waterpipe. When asked about whether waterpipe contains cancer-causing substances, 90% of respondents strongly agreed or agreed. When asked about the perceived health effects of smoking a waterpipe compared to cigarette smoking, 58% of respondents thought cigarette smoking was more harmful than smoking a waterpipe, 27% thought it had the same effect, and 7% of respondents thought it was less harmful.

When asked about whether smoking shisha can cause damage to your body, 92% strongly agreed or agreed. When asked how satisfied respondents were with the event, 90% were very satisfied. These results indicate the perceived effectiveness and value of the events in raising awareness of the harms of waterpipe smoking.

Participants were asked an open-ended question about the main lesson they learned from the event they attended. The responses related to how waterpipe smoking is harmful, how it increases the risk of cancer and other health problems, and how waterpipe smoking is more harmful than cigarettes.

These findings indicate a commendable level of awareness among participants regarding the adverse health effects of waterpipe smoking. However, the prevalence of misconceptions or differing perceptions, especially concerning the comparative harm between waterpipe and cigarette smoking, emphasizes the need for continued education and targeted awareness campaigns. Efforts should aim to further clarify misconceptions and provide accurate knowledge about the health risks associated with waterpipe smoking, especially among the younger demographic, to curtail its use.

8 Discussion

The *Shisha No Thanks* project continued to raise awareness of the harms of waterpipe smoking through a co-design, participatory approach. Following focus groups and the reactivation of the SMS survey, Phase 3 of the project broadened its focus to include vaping and placed greater emphasis on reconnecting with the community through established community organisations.

A community small grants program was used to reconnect with the community, serving to not only engage the community but also to disseminate messages about the adverse effects of waterpipe smoking. The grants program facilitated face-to-face interactions with the project, leveraging the strengths of community organisations and their pre-existing networks. This approach had the potential to reach individuals who typically do not engage with health-related messages on social media or through other traditional channels of communication.

Critical success factors

Several factors contributed to the success and effectiveness of this program.

A key strength of this project was establishing and nurturing trusted partnerships and relationships with key stakeholders and community organisations over an extended period. These enduring partnerships built mutual trust, fostered collaboration and co-design, and ensured sustained support and commitment to the project's goals.

Engaging community members in the co-design, translation, and direction of the project was another factor driving the project's success. This approach ensured the project aligned with the community's needs, values, and cultural context. By involving grassroots community organisations in decision-making processes, the project became more responsive, relevant, and accepted by its intended target audience.

Employing innovative evaluation methods and increasing the provision of evidence around waterpipe smoking signified a commitment to continuously improving the project's efficacy and contributed to its success. This allowed for the collection of comprehensive data, assessment of outcomes, and refinement of strategies based on evidence. This increased the program's effectiveness and allowed the program to respond to new findings.

Considerations for future work

Continued research into the patterns of smoking and interventions aimed at supporting cessation remain an imperative area of study within the realm of public health initiatives targeting waterpipe smoking and vaping.

Understanding the patterns of usage is crucial for developing tailored interventions and strategies. Research could delve deeper into the demographic specifics of waterpipe and



vaping usage, exploring variations across age groups, genders, socio-economic backgrounds, and geographical locations. Examining the frequency and context of usage, as well as reasons for initiation and continuation, could provide invaluable insights into designing targeted intervention programs.

Interventions to support cessation require rigorous examination to determine their effectiveness. Research focusing on the development and assessment of cessation programs tailored specifically to waterpipe and vaping users is vital. Investigating various approaches, including behavioural interventions, pharmacological treatments, counselling methods, and community-based support systems, would contribute significantly to identifying the most effective strategies for aiding cessation.

Furthermore, exploring the factors influencing successful cessation attempts and identifying barriers individuals face when trying to quit waterpipe smoking or vaping is essential. This research could help refine cessation interventions, making them more adaptable and accessible to diverse populations.

Additionally, investigating the long-term health outcomes and relapse rates post-cessation among individuals who have discontinued waterpipe smoking or vaping would provide critical data. Understanding the sustainability of cessation efforts and the factors contributing to relapse could guide the development of more robust and comprehensive cessation support programs.

Further research focusing on the patterns of usage and interventions supporting cessation is pivotal. Such studies would enrich our understanding of usage behaviours, guide the development of targeted cessation interventions, and ultimately contribute to more effective public health strategies aimed at reducing the prevalence of waterpipe smoking and vaping.

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10 Appendices

Appendix 1: Formative Research Brainstorming Project Ideas

Focus group participants were asked if they had any ideas or thoughts on what could be done to promote awareness of the harms of shisha smoking. A summary of the main discussion points are provided.

1. Increase information and education

- Provide more information about shisha's harms, debunking misconceptions like the "45 minutes of shisha equals 100 cigarettes" belief.
- Use graphical warnings and real-life stories to illustrate the long-term effects of shisha smoking.
- Tailor messages to different age groups, focusing on short-term risks for younger audiences and long-term impacts for older individuals.
- Educate community leaders and influencers to spread accurate information effectively.

2. Use social media

- Use platforms like Instagram, Snapchat, and TikTok for campaigns and sponsored posts.
- Create engaging video content, reels, and sponsored posts to reach younger audiences.
- Employ humour and relatable content to make the message more accessible.

3. Engage with high schools

- Collaborate with high schools to organise events, stalls, and educational sessions about shisha and vaping.
- Highlight the health impacts through visuals and presentations to students.

4. Explore the fitness angle

- Tie awareness campaigns to fitness, emphasising the negative impact of shisha on physical performance.
- Place messages in gyms and fitness centres to encourage quitting among health-conscious individuals.

5. Identify key messengers

- Use influencers, individuals sharing personal experiences, and sports personalities to convey messages effectively.
- Community leaders such as doctors, pharmacists, and nurses could play a role in spreading awareness.

6. Other suggestions

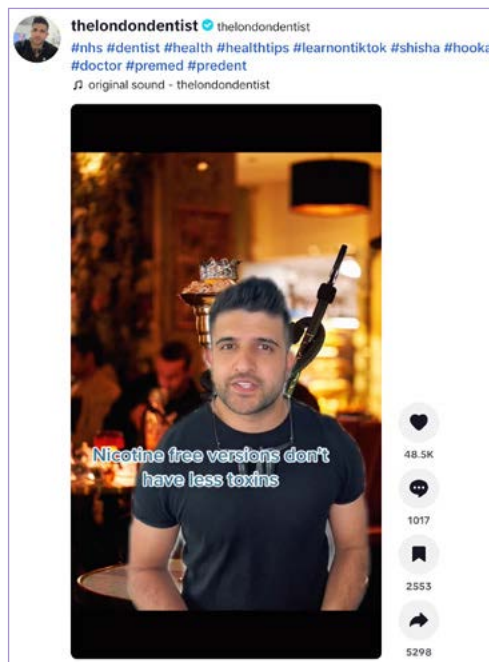
- Develop campaigns on quitting or reducing shisha use, incorporating therapeutic options like nicotine replacement therapies.
- Organise fundraising challenges to promote quitting shisha, such as a sponsored "shisha-free month" ending in a community event.
- Create interactive tools like online quizzes or mobile apps to educate users about the harms of shisha smoking and track progress in quitting.

These diverse ideas provide a comprehensive framework for promoting awareness of shisha smoking's harms, targeting different demographics through different communication channels.

Appendix 2: Campaign examples

During the first focus group, we showed participants a sample Instagram post (<https://www.instagram.com/p/CZKatATO0il/>) which is a static carousel post with a couple of images sharing facts about the harms of vaping. The immediate reaction we received was that videos are better. Static images (posts) have a role as a permanent reference for people to check later if they're interested. In subsequent focus groups, we only showed video examples (due to time constraints).

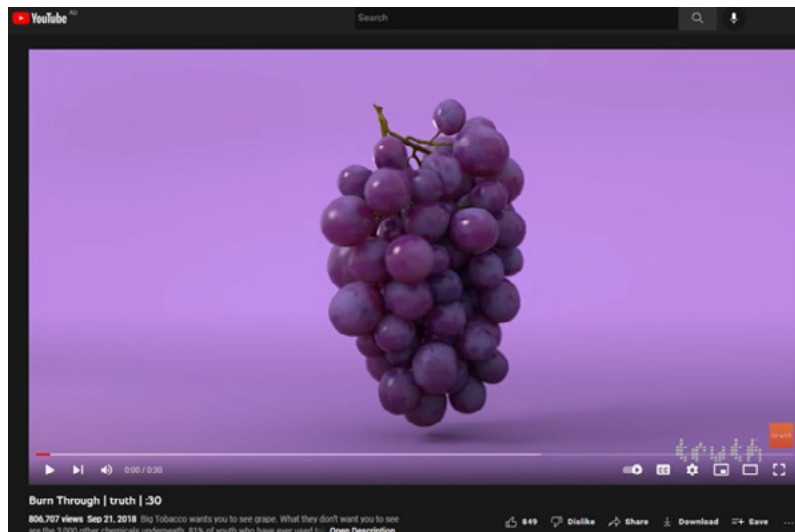
Video 1 – [@thelondondentist TikTok video](#)



Overall most people thought this was a good video, because it was in the style for popular social media platforms, and because of the content (see comments). In comparing Video 1 to Video 2, most people thought Video 1 would be a better campaign video. Comments included:

- Like that he mentioned nicotine-free version has more toxins as well.
- Like it because it's graphic, and gone into detail, showing inside of mouth and teeth.
- Good that it included short-term and long-term impacts, and ties into appearance.
- More direct, as tells about health implications.
- Right style for Instagram/TikTok, as someone is talking to you, will pay more attention.
- Diving straight into the four facts worked
- "Eye-opener, I better watch out" "I've never seen anything that serious"
- I've seen this one before while I was doing shisha, and I said "no thanks" and swiped past. But now I've had to watch it, I'm mortified.
- Like this one more, as coming from a person authentic, and as dentist more reputable etc. Also less produced.
- This one made me think more.

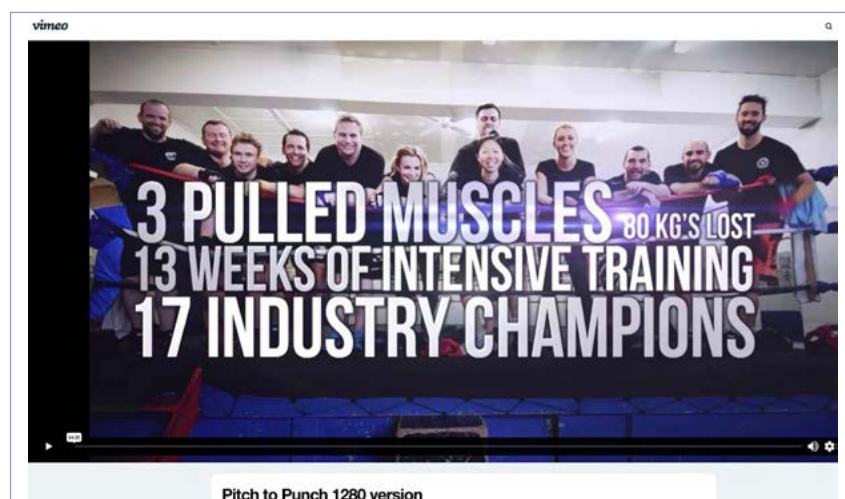
Video 2 – Burn Through | Truth YouTube video



Comments included:

- Grapes look like lung alveoli, like it, very clever.
- Short and sweet, impactful, music, engaging keeping people hooked.
- Liked it, but younger people might not find it engaging as they might not know what it's about initially. Personally liked it, thought it was clever.
- A bit boring and bland. I know there's toxins, but show me what it will do to my body; give me the real hard truth of what will happen if I continue.
- Catchy, caught attention quicker.
- Graphically superior, good graphic design.
- But because so polished, people might think it's an ad, and scroll past/skip it if on Instagram.
- Depends where it was playing – e.g. if in cinema, captive attention and can't leave, it's a good ad; but if TikTok I'll just swipe through.
- Catchy, but wouldn't watch to the end if it was on social media.

Video 3 – Pitch to Punch



We then showed participants this video about a boxing challenge for mental health – acknowledging that it's a different health issue, but we were interested in their feedback on the style of the video.

The responses were very mixed, with some people saying the video was engaging, but many others felt the message wasn't clear, and that the video was too long.

- Too many words coming at me, no one key message, too much to look at.
- 3 minutes is too long.
- Like the way the words came out – snappy and quick.
- Because words come out slowly, it keeps you paying more attention.
- Elements used in video are good.
- Video style – black and white – suited for mental health, but doesn't fit in the shisha thing.
- Liked it because it was seeing people “doing something” about the health issue.
- Didn't get a message from it.
- Good that there were stats, but not much impact on a person. One person telling their story and how it affected them would be more effective, than reading a bunch of stats. Not really emotionally connected to it in the video.

Other comments on campaign messages

- A financial angle (e.g. you could save over \$2,400 a year if you quit smoking shisha) could work for some people, but not all (others it is the addiction).
- Need to keep riding on the connection with cigarette smoking, as people all know about these health harms. The knowledge about the harms of shisha isn't strong enough to be effective on its own still (i.e. frame it in reference to cigarette smoking).
- A conversation in the focus group demonstrated a common mentality – where one person said their relative had been smoking shisha for over 20 years, and the other person (who smokes shisha daily) asked if the person's relative had any health issues. When they said 'no', the person who smokes shisha daily seemed reassured. Messages could say something like “if it hasn't harmed someone you know, it doesn't mean it won't happen to you...”
- Need messages to be colourful, and translate into Arabic.

General social media use

Finally, to wrap up, we asked people what social media platforms they use, what type of content they consume, and what they think would work best on social media.

- Platforms to use: TikTok, Instagram, maybe Snapchat
- Middle age / older people on Facebook, YouTube (still see reels pop up here)
- People don't stay on one video for too long, just a couple of seconds
- Short videos – leave people wanting more
- Jump on trends of popular sounds/songs
- Short animations of the health facts could work
- Don't need influencers – ‘normal’ people just need a good video with right hashtags and keeping on trend (all about working the algorithm).

Appendix 3: Campaign examples

Schedule of SMS survey questions and communications

	<p>Hi, thanks for previously being part of the <i>Shisha No Thanks</i> study. As we move onto phase 3 of this project, we would like to ask you a few more questions about shisha smoking. It will only involve answering 2–3 SMS questions each week for 10 weeks for a total of 10 questions, by replying with the number that matches your response. For your time, you will receive a \$50 e-gift card from an Australian store of your choice. Standard messaging rates will apply. If you do not want to receive any further questions, text “STOP” to opt out of this survey. T&Cs: https://bit.ly/2E9gbFI</p>
Time	Questions
Week 1	<p>Q1. In the past 12 months, did you smoke shisha, and if so, how often? (Reply with a number: 1–4).</p> <ol style="list-style-type: none"> 1. Daily 2. At least once per week, but less than daily 3. Less than once per week 4. Not applicable, I did not smoke shisha
Week 1	<p>Q2. Since pre-COVID, has the amount of shisha you smoke changed? (Reply with a number: 1–4).</p> <ol style="list-style-type: none"> 1. Yes, I smoke more shisha now 2. Yes, I smoke less shisha now 3. No, I smoke the same amount of shisha 4. Not applicable, I don't smoke shisha
Week 1	<p>Q3. Where do you most often smoke shisha? (Reply with all the numbers that apply to you).</p> <ol style="list-style-type: none"> 1. At home 2. At restaurants/cafes 3. At a park or other public areas 4. Other 5. Not applicable, I don't smoke shisha
Week 2	<p>Q4. What are the main reasons you smoke shisha? (Reply with all the numbers that apply to you).</p> <ol style="list-style-type: none"> 1. Social aspect 2. Relaxes me 3. Taste and/or smell 4. Fun/leisure 5. Peer pressure 7. Better than cigarettes 8. Other 9. I don't smoke shisha
Week 2	<p>Q5. How often do you use shisha home delivery services? (Reply with a number: 1–4).</p> <ol style="list-style-type: none"> 1. At least once per week 2. At least once every two weeks 3. At least once per month 4. At least once a year 5. Never

Week 2	<p>Q6. How often do you smoke e-shisha (electronic shisha)? (Reply with a number: 1–4).</p> <ol style="list-style-type: none"> 1. Daily 2. At least once per week, but less than daily 3. Less than once per week 4. Not applicable, I don't smoke e-shisha
Week 3	<p>Q7. What do you think of the following statement? Shisha contains cancer-causing substances. (Reply with a number: 1–6).</p> <ol style="list-style-type: none"> 1. Strongly agree 2. Somewhat agree 3. Neutral 4. Somewhat disagree 5. Strongly disagree 6. Don't know
Week 3	<p>Q8. Compared to the health effects of smoking, smoking shisha is: (Reply with a number: 1–4).</p> <ol style="list-style-type: none"> 1. Less harmful 2. The same 3. More harmful 4. Don't know
Week 4	<p>Q9. Compared to the health effects of vaping, smoking shisha is: (Reply with a number: 1–4).</p> <ol style="list-style-type: none"> 1. Less harmful 2. The same 3. More harmful 4. Don't know
Week 4	<p>Q10. What do you think of the following statement? Smoking shisha can cause damage to your body. (Reply with a number: 1–6).</p> <ol style="list-style-type: none"> 1. Strongly agree 2. Somewhat agree 3. Neutral 4. Somewhat disagree 5. Strongly disagree 6. Don't know
	<p>For participants who responded to at least 8 out of 10 questions</p> <p>Thanks for being part of this phase of the <i>Shisha No Thanks</i> study. To thank you for your time in responding to the questions, here is a \$50 e-gift card for an Australian store of your choice.</p>
	<p>There are no more questions for Phase 3 of the <i>Shisha No Thanks</i> study. If you would like to be informed of the results of the study, please visit https://bit.ly/2E9gbFI for more information. Thanks again!</p>

Appendix 4: Reactivation survey results

Table 1: Survey responses for the Phase 3 reactivation SMS questions about waterpipe smoking-related behaviours

	n	%
In the past 12 months, did you smoke shisha, and if so, how often? (n=76)		
Daily	5	6.6
At least once per week, but less than daily	14	18.4
Less than once per week	28	36.8
Not applicable, I did not smoke shisha	29	38.2
Since pre-COVID, has the amount of shisha you smoke changed? (n=81)		
Yes, I smoke more shisha now	17	21
Yes, I smoke less shisha now	24	29.6
No, I smoke the same amount of shisha	12	14.8
Not applicable, I don't smoke shisha	28	34.6
Where do you most often smoke shisha? (n=84)		
At home	27	32.1
At restaurants/cafes	22	26.2
At a park or other public areas	2	2.4
Other	2	2.4
Not applicable, I don't smoke shisha	31	36.9
How often do you use home delivery shisha services? (n=77)		
At least once per week	1	1.3
At least once every two weeks	2	2.6
At least once per month	4	5.2
At least once a year	11	14.3
Never	59	76.6
How often do you smoke e-shisha (electronic shisha)? (n=83)		
Daily	11	13.3
At least once per week, but less than daily	7	8.4
Less than once per week	13	15.7
Not applicable, I don't smoke e-shisha	52	62.7
Compared to the health effects of vaping, smoking shisha is: (n=83)		
Less harmful	20	24.1
The same	22	26.5
More harmful	29	34.9
Don't know	12	14.5

Table 2 Paired responses at reactivation of SMS panel and post-campaign (n=133)

	Phase 3 Reactivation		Phase 1 Post- intervention		p-value
	n	%	n	%	
Shisha contains cancer-causing substances					0.54
Strongly agree	38	44.7	49	56.3	
Somewhat agree	22	25.9	20	23.0	
Neutral	14	16.5	13	14.9	
Somewhat disagree	6	7.1	2	2.3	
Strongly disagree	2	2.4	1	1.1	
Don't know	3	3.5	2	2.3	
Compared to the health effects of smoking, smoking shisha is:					0.28
Less harmful	18	21.7	17	19.5	
The same	25	30.1	20	23.0	
More harmful	34	41.0	39	44.8	
Don't know	6	7.2	11	12.6	
Smoking shisha can cause damage to your body (n=80)					0.43
Strongly agree	49	61.3	52	59.8	
Somewhat agree	20	25.0	23	26.4	
Neutral	7	8.8	7	8.0	
Somewhat disagree	1	1.2	1	1.1	
Strongly disagree	2	2.5	2	2.3	
Don't know	1	1.2	2	2.3	

Frequency data contains all available data, but statistical test includes only matched data

Wilcoxon Signed Rank Test used for the ordinal responses above (non-parametric, paired data)

Appendix 5: Factsheets

Table 1: Survey responses for the Phase 3 reactivation SMS questions about waterpipe smoking-related behaviours



Arabic – Vaping Factsheet



Chinese – Vaping Factsheet



Dari – Vaping Factsheet



English – Vaping Factsheet



Farsi – Vaping Factsheet



Tamil – Vaping Factsheet



Turkish – Vaping Factsheet



Urdu – Vaping Factsheet



Vietnamese – Vaping Factsheet

Appendix 6: Event evaluation sheet for participants

1. **What do you think of the following statement? Shisha contains cancer-causing substances. (Please tick one box):**
 - Strongly agree
 - Somewhat agree
 - Neutral
 - Somewhat disagree
 - Strongly disagree
 - Don't know
2. **What do you think of the following statement? Compared to the health effects of cigarette smoking, smoking shisha is: (tick one box):**
 - Less harmful
 - The same
 - More harmful
 - Don't know
3. **What do you think of the following statement? Smoking shisha can cause damage to your body. (Tick one box):**
 - Strongly agree
 - Somewhat agree
 - Neutral
 - Somewhat disagree
 - Strongly disagree
 - Don't know
4. **In the past 12 months, did you smoke shisha, and if so, how often? (Please tick one box).**
 - Daily
 - At least once per week, but less than daily
 - Less than once per week
 - Not applicable, I did not smoke shisha
5. **What was the main lesson you gained from today's workshop?**
[_____

6. **Overall, how satisfied are you with the event? (Please tick one box):**
 - Very satisfied
 - Somewhat satisfied
 - Somewhat dissatisfied
 - Not satisfied at all
7. **Please indicate your age (Please tick one box):**
 - 18-20
 - 25-39
 - 40-49
 - 50 and over
8. **Please indicate your gender (Please tick one box):**
 - Man/male
 - Woman/female
 - Non-binary
 - I use a different term _____
 - Prefer not to answer

Thank you for your time!

Shisha No Thanks team

Appendix 7: Responses of community grant program participants

Table 1: Responses of community grant program participants

	n	%
What do you think of the following statement? Shisha contains cancer-causing substances. (n= 244)		
Strongly agree	198	81
Somewhat agree	23	9
Neutral	11	5
Somewhat disagree	2	1
Strongly disagree	1	0
Don't know	9	4
What do you think of the following statement? Compared to the health effects of cigarette smoking, smoking shisha is: (n= 244)		
Less harmful	16	7
The same	66	27
More harmful	142	58
Don't know	20	8
What do you think of the following statement? Smoking shisha can cause damage to your body. (n= 244)		
Strongly agree	199	82
Somewhat agree	25	10
Neutral	10	4
Somewhat disagree	3	1
Strongly disagree	1	0
Don't know	6	2
In the past 12 months, did you smoke shisha, and if so, how often? (n= 243)		
Daily	8	3
At least once per week, but less than daily	9	4
Less than once per week	18	7
Not applicable, I did not smoke shisha	208	86
Overall, how satisfied are you with the event? (n= 241)		
Very satisfied	216	90
Somewhat satisfied	21	9
Somewhat dissatisfied	0	0
Not satisfied at all	4	2
Please indicate your age: (n= 243)		
18-20	92	38
25-39	55	23
40-49	50	21
50 and over	46	19

NO SHISHA **THANKS!**

The logo features the word "NO" in a large, white, bold, sans-serif font. The letter "O" is replaced by a white silhouette of a shisha (water pipe). Inside the bowl of the shisha, there are four small orange circles of varying sizes, representing smoke or bubbles. To the right of the shisha, the word "SHISHA" is written in a smaller, orange, sans-serif font. Below "SHISHA", the word "THANKS!" is written in a large, white, bold, sans-serif font. A white, wavy line starts from the bottom of the "NO" and extends to the right, ending in a small, white, stylized arrowhead pointing towards the right.