

Call to action: Ramadan and smoking cessation

To the Editor:

Smoking and tobacco exposure is very prevalent in the Israeli Arab community; 44% of Israeli Arab men smoke and 48% of Israeli Arabs report “great” to “very great” passive exposure to smoking [1]. Smoking-related mortality is a considerable contributing factor to decreased life expectancy of Israeli Arab men. The incidence of death caused by chronic lower respiratory disease attributed to smoking was 2.69 times higher for Israeli Arab men than for Israeli Jewish men in 2014 [1].

Ramadan is an annual month-long period in the Islamic calendar. In 2020, it spans from Thursday, 23 April to Saturday, 23 May. During Ramadan, observant Muslims fast and refrain from consuming any substances from sunrise to sunset. This ban includes not only eating and drinking, but smoking as well [2,3]. The conclusion of the daily fast is followed by Iftar, the traditional break-fast meal, which is customarily celebrated with gatherings of family [3].

Unfortunately, Iftar gatherings often involve heavy smoking, and exposure to secondhand smoke is a concern. Particulate pollution due to second-hand smoking at these gatherings has been reported to be up to fivefold to twentyfold higher than the World Health Organization limit. The high level of exposure of children is a factor associated with serious adverse pediatric health outcomes [3].

Of Israeli Arabs, 84.7% are Muslim [1]. Israeli Arabs are reported to have a poorer perception of health issues and are less likely to quit smoking than other groups [1,2]. As such, Ramadan presents a unique opportunity from a public health perspective. Since observant Muslims do not smoke during the daylight hours of Ramadan, this unique 30-day period is an

excellent opportunity to help individuals in the Muslim community to cut down or quit smoking. This reduction would be congruent with the spirit of Ramadan as a month of self-improvement and purification. If individuals were to decrease the amount they smoke, slowly weaning each of these 30 days, they could achieve a significant decrease in their tobacco consumption.

There are a number of additional factors that make Ramadan the ideal time with the greatest chance of success to cut down smoking. Observant individuals are already refraining from smoking during the daytime. Because of this communal abstention, many of the cues and social triggers that contribute to cravings and addiction on a regular day are not present. During various religious periods of smoking abstention, levels of cravings and symptoms of withdrawal are decreased, making it easier to refrain [2,4].

To maximize the potential success of this endeavor, smoking cessation should be tackled in a religiously sensitive manner by using a number of approaches by physicians, researchers, healthcare personnel, health maintenance organizations (kupot cholim), policy makers, social activists, and clergy. [1-3]. The aim of such a program would be to promote Ramadan as a time for smoking reduction, to decrease smoking during Iftar where there may be a strong cultural tendency to smoke, and to prevent individuals from regressing during the rest of the year.

In the months leading up to and during Ramadan, primary care providers could introduce the subject to their patients and discuss options to help decrease smoking. Follow-up should be initiated [2]. Kupot cholim and policy makers can create infrastructure and public awareness campaigns, with the necessary funding. Religious leaders can give direction to their communities on the importance of smoking cessation.

Targeted support groups can be initiated in person as well as electronically by text message support groups and telephone smoking cessation counseling, which should continue throughout the year. A social movement of change designating Ramadan as a smoking awareness month can be created similar to the way that October is designated as breast cancer awareness month and November is Movember for men's health awareness.

Similar calls to action have been made elsewhere with varying degrees of success [2,3]. Israel has always been at the forefront of innovation and ability. Smoking is a significant public health problem and we can be the model of positive change for other nations to emulate.

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Eliyakim HersHKop BA¹ and Bishara Bisharat MD MPH^{2,3}

¹Technion American Medical School, Rappaport Faculty of Medicine, Technion-Israel Institute of Technology, Haifa, Israel

²Chairman, Society for Health Promotion in the Arab Community, Israel Medical Association

³Azrieli Faculty of Medicine, Bar Ilan University, Safed, Israel

email: eliyakimhershkop@gmail.com

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“When one door closes, another door opens; but we so often look so long and so regretfully upon the closed door, that we do not see the ones which open for us”

Alexander Graham Bell (1847–1922), Scottish-born American inventor, scientist, and engineer who is credited with inventing and patenting the first practical telephone