

More than 100 leading scientists, policy makers, academics, and public health advocates from 18 countries across five continents convened in Abu Dhabi, U.A.E between October 21–23 2013 at the First international conference on waterpipe tobacco smoking to review the evidence and recommend actions to curb the waterpipe tobacco pandemic. A declaration was issued on October 23, 2013. In Building on the Declaration of the 1st Conference adopted in Abu Dhabi, a second declaration was issued following the 2nd Conference which took place in Doha, Qatar between October 25–26 2014. Both declarations are published below.

The First International Conference on Waterpipe Tobacco Smoking: Building Evidence for Intervention and Policy

Abu Dhabi Declaration

1. Waterpipe smoking has become a global epidemic, especially among youth.
2. As with cigarettes, waterpipe smoking is harmful and addictive.
3. Secondhand waterpipe smoke is harmful to everyone exposed, especially children and other vulnerable individuals.
4. Education, mass media, and other approaches should be harnessed immediately to communicate the dangers of waterpipe smoking; especially to deglamorize and correct misperceptions about the water filtration process.
5. Policies to stop the global spread of waterpipe tobacco smoking are urgent public health priorities, especially support and evaluation of programs that prevent youth initiation and encourage smoking cessation.
6. Urgent policy priorities include a ban on flavored waterpipe products and specific inclusion of waterpipe smoking in clean indoor air regulations.
7. Other important policy priorities include more effective warning labels, increasing taxes, restricting access to youth and eliminating waterpipe tobacco product advertising and marketing.

The Second International Conference on Waterpipe Smoking Research: A Collision of Two Epidemics of Waterpipe and Cigarettes

Doha Declaration

1. Tobacco smoking continues to be the leading preventable cause of premature death and disability in the world and in the region.
2. Many parts of the world now face the double burden of cigarette and waterpipe smoking, each of which strengthens the prevalence and, potentially the harm, of the other.
3. Policies such as tobacco taxation, banning advertisement, promotion, and sponsorship, and clean indoor air policies exist to varying extents in the region, but require more effective implementation and enforcement to be effective.
4. Existing policies weakly address waterpipe smoking; if they are to be effective in confronting the waterpipe epidemic, policies must be adapted to account for the specificities of waterpipe smoking, and must be evaluated scientifically and regularly for their effectiveness.
5. Since this region has some of the highest rates of waterpipe use, we call on regional organizations including those of the GCC to give attention to and provide the financial resources necessary for local scientists to evaluate policies and investigate tobacco use methods relevant to the region, such as waterpipe, medwakh and smokeless tobacco.
6. Health care professionals at all levels should be at the forefront of efforts to prevent and control tobacco use, including waterpipe, by advising 'patients' to quit smoking as well as intervening where needed.
7. Supportive systems (homes/parent, schools/community based organizations) need to be strengthened to enhance their positive influence to prevent and/or control use of waterpipe, particularly among children and youth.
8. The role of the Director General of the Executive Board of the Health Ministers Council for Cooperation Council and WHO EMRO is crucial in tobacco control; their collaboration is vital to ensure that smoking ban laws are implemented properly and effectively.