

## *Original Paper*

# Tobacco Control in Hospitals in Jordan: Policy Analysis

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### **Abstract**

*Despite the concerns about very high rates of smoking in Jordanian population and the growing efforts to combat the tobacco epidemic, smoking at hospitals in Jordan and the poor complying with smoking prevention policies are important aspects of the problem. The paper examined the scope and the progress of smoking problem in Jordanian hospitals, recognized public health policies on tobacco control in hospitals in Jordan, and explored the obstacles in applying tobacco control policies in hospitals. The paper also proposed some recommendations for effective public health policies that regulate tobacco smoking in hospitals and other health care facilities in Jordan.*

### **Keywords**

*policy, smoking, Jordan*

### **1. Introduction**

The 2008 Jordan Public Health Law presented tobacco control legislation that regulates tobacco marketing and promotion, and regulations that prohibit smoking in public places. For example, Article 53 of the Public Health Law prohibits all kinds of tobacco smoking in public places (*Jordan - PH Law.pdf*, n.d.). Unfortunately, this legislation is not uniformly applied and it lacks the proper enforcement. According to the WHO report on the global tobacco epidemic (2013), as of the end of 2012, universities, restaurants, and indoor offices were not considered smoke-free environments in Jordan. After ratifying the WHO Framework Convention of Tobacco Control (WHO-FCTC) in 2004, many hospitals in Jordan started conducting anti-smoking campaigns. The aim of this paper is to identify the scope and the progress of the smoking problem in hospitals in Jordan, to recognize public health policies on tobacco control in hospitals in Jordan, to find out the obstacles in applying tobacco control policies in hospitals, and to propose recommendations for effective public health policies that regulate tobacco smoking in hospitals and other health care facilities.

## 2. The Scope of the Problem

The prevalence of smoking has strong implications on the future burden of chronic diseases (Smoking prevalence and attributable disease burden in 195 countries and territories, 1990-2015: a systematic analysis from the Global Burden of Disease Study 2015 - The Lancet, n.d.) With the increase of the number of smokers and the growing prevalence and severity of chronic diseases, smoking in Jordan is one of the strongly related causes of this problem (Abughosh et al., 2012). Smoking accounts for 9 out of every 10 COPD related deaths (NIH, 2011). According to the WHO report on the global tobacco epidemic (2013), in 2011, the age standardized estimated prevalence of smoking (including all types of smoking except smokeless tobacco) among male adults in Jordan aged 15 years and above was 47%, and the prevalence was 5% among females above 15 years old (WHO | WHO report on the global tobacco epidemic 2013, n.d.). These numbers indicate a high rate of smoking among male populations. The most prominent concern for this is the growing risk of developing lung cancer, which is considered the most common cause of death among men in Jordan (Abdel-Razeq, Attiga, & Mansour, 2015). According to the Non-communicable Disease Directorate in the Ministry of Health and Jordan Cancer Registry, in 2010, the age standardized incidence rate of lung cancer among Jordanian males was 19.8 per 100,000 persons, and percentage of death due to lung cancer among Jordanian males was 30.2%. The high prevalence of smoking among males in the country is mainly due to acceptance of smoking among males as a social habit (Al-Matubsi et al., 2011).

Smoking among youth is a common problem in Jordan and smoking with water pipes (Argileh) is the main type of tobacco smoking used by young smokers (Jaber et al., 2015). According to the WHO Global Youth Tobacco Survey (GYTS) Jordan (2009), which was conducted in schools and included students between 13 and 15 years old, 26.1% of students currently use tobacco products (34.1% boys and 19.4 girls), 11.5% are currently smoking cigarettes (17.4% boys, 6.6% girls), and 53.6% of students are exposed to second hand smoking at their homes. Also, the report shows that 73.6% of the students who smoke have never received aid to quit smoking (WHO, 2012). While the problem continued, the most recent Institute for Health Metrics and Evaluation (IHME) country profile, showed that smoking was the same 6<sup>th</sup> ranked risk factor of death and disability between 2007 and 2017 in Jordan (IHME, 2015). Jordan Tobacco Atlas fact sheet showed that over 3100 persons are killed every year from diseases caused by tobacco (*jordan-country-facts-en.pdf*, n.d.). In a study on secondhand smoke effect on infants in Jordan, 60% of 220 mothers of infants reported exposure to passive smoking at home and 36.4% of them showed detectable amounts of urine cotinine (Badran, Salhab, & Al Jaghbir, 2009).

Another important factor that makes the problem of smoking in Jordan worse is the low price of cigarettes and generally the low price of all tobacco products. In 2013, the price of a 20-pack of Marlboro or any similar kind, including tax, is US\$ 2.5 (Cigarettesprices.net, 2013). When the price of cigarettes decreases, children and people with low socioeconomic status, who smoke, can buy more cigarettes. This will increase the burden of chronic disease among a population that has access to health

care and will increase the country's burdens and costs in fighting the epidemic of smoking.

In December 2012, the Jordan Times news website published a report that the Tobacco Free Association in Jordan was criticizing Parliament for reducing the price of locally manufactured cigarettes. Local tobacco manufacturers decided to reduce the price of cigarettes by 15%, prompted by exaggerated reports of competition from some smuggled tobacco products that came from neighboring countries (Obeidat, 2012). The local companies argued that the government increased taxes on their products, which made the smuggled products cheaper. In April 2013, two local manufacturers reduced the price of their cigarettes, and one of them reduced the price of a pack by 22% (Jordan Business, 2013).

According to the Department of Statistics in Jordan (2010), smokers in the country smoke 19 million cigarettes every day; this number is huge in a country of 6 million people. In 2009, in Aqaba city, 66% of the households had at least one smoker; the reason for this high rate is that Aqaba city is considered a special economic zone where products are cheaper, especially tobacco products, which allows people easy access to smoking (Department of Statistics, 2010).

Smoking among health workers in hospitals and other health care facilities is also prevalent in Jordan. For example, King Hussein Cancer Center released a post-seminar report in 2013 about the current situation of tobacco control in Jordan, revealing that 34% of doctors in Jordan are smokers (Freij, 2013). In April 2013, the Jordan Times published results of a WHO report that shows that Jordan is ranked third in the Middle East in the prevalence of smoking among females (Malkawi, 2013).

### **3. The Progress**

Jordan ratified the WHO Framework Convention on Tobacco Control (WHO-FCTC) in 2004. It was one of the 126 parties that reported to the WHO their status in implementing the terms of the convention in 2012, was one of 20 countries sharing a database of pictorial health warnings on tobacco products, was one of the 24 countries that adopted packaging guidelines before a required deadline, and was one of 69 countries that banned tobacco selling by vending machines (WHO FCTC, 2012). A report issued by WHO in 2010 reflected a score of 7 out of 10 in the level of compliance of the smoke-free legislation in Jordan.

In 2012, the Ministry of Health in Jordan established the first two smoking cessation clinics through a partnership with King Hussein Medical Center. Opening the clinics was a move by the government to help many smokers who need support to quit. According to Maziak et al. (2013), these clinics provided their services according to the international practices used in smoking cessation. Jordan University Hospital established the first smoking cessation clinic in 2018 (Khabirni, 2018).

Since the duty-free market is considered a convenient place for smokers to buy large amounts of cigarettes with no duties and taxes, the Jordan Customs Department allows only incoming passengers who are over 18 years old to buy no more than 200 cigarettes (Jordan Customs Department, 2013). Also, the Customs Department has outlawed the smuggling of cigarettes from neighboring countries.

#### 4. Policy Analysis

Article 52 of the Public Health Law, titled “Protection of Public Health from Harm Caused by Smoking Number 47 for the Year 2008,” defines hospitals and health centers as public places. Article 53 states that the smoking of any tobacco products is prohibited in public places. The law states that a Director of a Health Directorate is able to allocate a special area for smoking in a public place after the approval by the Minister of Health. The smoking zone must be allocated for the safety and health of the public (The Public Health Law, Jordan, 2008).

A law in the same article of the Public Health Law also prohibits smoking in nurseries and kindergartens and indicates that in a public place where smoking is prohibited there must be a prominent sign saying, “No smoking”. The law holds the person who is responsible for the public place accountable for enforcing compliance with the law (The Public Health Law, Jordan, 2008).

The law in other articles also prohibits the advertisement of all kinds of tobacco products, the selling of tobacco to people under the age of 18, and the selling of individualized cigarettes. Manufacturing, importing, and selling all goods that mimic tobacco products is also prohibited by the law (The Public Health Law, Jordan, 2008). The law tends to protect young people and children from the smoking epidemic by making 18 years old the legal age to be able to buy tobacco products. By banning individualized cigarette selling, the law has narrowed the access to cigarettes for youth and children.

Article 63 of the law includes the penalties; it states that there is a fine between JD15 and JD 25 or imprisonment between one week and one month in the case of smoking any tobacco products in public places where smoking is prohibited, allowing the administrator of a public place to smoke where smoking is prohibited, or if there is no announcement of the prohibition of smoking in a public place (The Public Health Law, Jordan, 2008). This punishment does not seem strong enough to stop people from breaking the law; the fine equals USD 21.20 to USD 35.34, which is relatively low if compared with fines in other developing countries that have a firmer level of smoking prevention. For example, in Egypt an administrative of a public place shall be punished by a fine between EP 1000 and EP 20000 (equals USD 145.19 and USD 2903.72) if someone smokes in a public place (Legal Views, 2011). In Lebanon, the law specifies the maximum accepted amount of nicotine in cigarettes; no more than 0.6 milligrams in one cigarette (Sidon Online, 2012).

When the law was updated in 2008 to include clear statements about fines and punishment, it was expected that it would add strength to the law, consequently reducing the numbers of smokers. A year after the update, an independent newspaper named “Alghad” published an article that captured the smoking situation in a public hospital called King Hussein Hospital. At the time of the report, some of the interviewed patients were complaining about physicians and nurses who smoke in the emergency department. One of the smoking physicians justified that he smokes on the floor because of the job stress that comes from the staff shortage and from the increasing numbers of patients, which makes him unable to leave the department when he wants to smoke (Aljaghbeer, 2009).

## 5. Policies of Smoking Prevention in Hospitals

### 5.1 Teaching Hospitals

In December 2006, Jordan's news agency (Petra) published a report revealing that one of the teaching hospitals of the country had intensified its efforts in a smoking prevention campaign in order to be a smoke-free hospital by the beginning of the following year. The campaign was established as a result of the hospital's intention to achieve a goal of comprehensive quality improvement and public safety. The campaign included procedures to implement the policy of preventing smoking in the hospital, such as, designing posters and signs that indicate no smoking, recruiting a number of the hospital staff as monitors, conducting lectures to increase the staff awareness, and taking actions against smokers who violate the smoking prevention policy (Aldostour, 2006).

A nurse observation at this hospital revealed that smoking ban signs are distributed everywhere in the hospital. Some hospital personnel are assigned to monitor smoking in all areas of the hospital except the entrance; people are allowed to smoke in front of the hospital entrance (an open area between the inpatient building and the outpatient building). The nurse has also observed that people smoke on the balconies of patients' rooms, and from the windows in the stairwells between the hospital floors, and some patients reach these areas in order to smoke. For the nurses and physicians who smoke, the nurse has observed that they smoke in their changing rooms and break rooms. In the outpatient building's cafeteria, there is a closed area allocated for smokers, and outside the emergency department of the hospital there is another closed room with transparent walls labeled for smokers (Bsool, personal communication, November 1st, 2013). The nurse's observation reflects that the hospital is making some effort to ban smoking but smoking by some patients and visitors on the hospital balconies and on stairwells indicates a failure to control all smokers' behavior in the hospital.

### 5.2 Public Hospitals

In one of the public hospitals that owned and funded by the Ministry of Health, some nurses work in the hospital were interviewed; one of them was working in two departments of the hospital reported that nurses who smoke in the emergency department leave the unit and go outside to smoke and sometimes if the weather is cold, they smoke in their changing rooms or in their break rooms. The same nurse reported that nurses and physicians who smoke in the male medical unit were smoking at the nursing station during the night shifts (this observation was in 2011) (Rahahle, personal communication, November 15th, 2013). Based on personal observation in 2014, some patients continued to smoke after being admitted to the hospital, and most of the time those patients were elderly. One of the elderly patients who were smoking was diagnosed with Chronic Obstructive Pulmonary Disease (COPD). The personal observation revealed a lack of smoke alarms in the patients' rooms. Another Cancer Center that was the first hospital that announced that they were becoming a smoke-free place, in 2008 they established a tobacco addiction treatment program for the purpose of helping people quit smoking and of reducing the cancer rate in the country (Global Bridges, n.d).

### 5.3 Private Hospitals

On the main page of their website, one of the private hospitals addresses their policy of smoking

prevention in the hospital zone as follow: the hospital prohibits any one from smoking for the safety and health of the newborns, patients, workers, and visitors. All the hospital rooms include smoke detection devices, every new employee is informed of the policy, and all employees are responsible for disseminating the policy among patient and visitors in a polite way. The hospital website also identifies the responsibilities of the hospital workers, patients, visitors, and security workers for preventing smoking. This private hospital used a firm policy of banning smoking and has a clear announcement of the policy on the website. One of the interesting points included on the website is that when a patient smokes in the hospital, he must be reminded of the hospital policy of no smoking, and if that patient insists on smoking, the patient's physician should be informed. If that patient continues to smoke, then the hospital administration has the right to discharge him through the attending physician, and he will be blacklisted and prevented from entering the hospital again (Al-Amal Hospital, n.d.).

#### *5.4 The Obstacles*

Many hospitals in Jordan have similar obstacles of enforcing smoking prevention regulations. The observations revealed greater tobacco control policies in the private health sector and their hospitals supports the control activities. As mentioned in the policy analysis section, the legislation does not impose a reasonable fine for breaking the law. In addition, a large proportion of the population in Jordan considers smoking a socially accepted habit. Another disappointing fact is that many people in the country do not realize how dangerous smoking is (*United Nations - Jordan*, n.d.). Even after the improvements in the literacy level among elderly population, there have been no findings to show that this literacy movement has reduced smoking rates. Probably it has not made a difference, because this population generally started smoking at a young age, and therefore their smoking habits are more ingrained. As stated earlier, the younger population has a high rate of smoking, and the lack of educational and support programs inflates the problem.

Smoking among hospital personnel is another obstacle to implementation of a strong no smoking policy. Even when they do not smoke in front of patients, the smell of smoke can be easily noticed each time they come close to patients, and the toxins of smoke remain on their lab coats and uniforms. Child patients are affected by third hand smoke; a physician or a nurse who smokes and wears the same gown or uniform to work and to smoke in, can also bring those toxins into contact with a sick child. Another impediment in applying effective anti-smoking policies in all over the country is the lack of financial support; the Ministry of Health does not have a budget allocated to enforce tobacco prohibition laws. International organizations such as the WHO are the only source of financial support for applying the legislation (Obaidi, 2013).

#### *5.5 Policy Recommendations*

An effective method that can reduce the harm of smoking for patients and non-smokers in hospitals is a protecting jacket or gown. This gown can be worn by health care providers and other hospital staff who smoke while they are smoking and taken off when they go back to work. Smoking in staff rooms and changing rooms is prohibited but as mentioned in the nurses' observations, many staff members are

breaking this law. Sensitive smoking detectors in these rooms would make smokers unable to smoke there. A policy of allocating a portion of the annual budget to anti-smoking actions and campaigns in hospitals can reduce smoking rates. This policy includes hiring staff to monitor smoking in hospitals, conducting counseling and educational services for smoking cessation, and allocating programs in free clinics for smokers to encourage quitting. Also, offering a free support-line to help smokers express the challenges they confront when they try quitting would be a progressive step too. Having an advocate to help smokers quit is a new trend in the country that requires support from governmental and nongovernmental parties. In the hospitals that showed failure to control smokers' behavior, the administrators need to enforce the law through fines and imprisonments in order to make smokers comply with the law.

## 6. Conclusion

Jordan has improved its law on tobacco prevention. However, there are difficulties in implementing the law, such as the lack of financial support. The social barrier to smoking prohibition is also a big concern for the country. Hospitals in the private sector have an adequate ability to allocate resources to enforce the laws on smoking prevention; in contrast, hospitals in the public sector lack essential resources such as smoke detection devices. Both private and public hospitals need consultation and educational services to help smokers quit smoking. In general, Jordan is one of the developing countries that have a high burden of smoking related diseases. Tobacco companies invade these countries while smokers do not recognize it, and even non-smokers are unable to ask for protection from the passive effects of smoking.

## References

- Abdel-Razeq, H., Attiga, F., & Mansour, A. (2015). Cancer care in Jordan. *Hematology/Oncology and Stem Cell Therapy*, 8(2). <https://doi.org/10.1016/j.hemonc.2015.02.001>
- Abughosh, S., Wu, I.-H., Hawari, F., Peters, R. J., Yang, M., Crutchley, R., & Essien, E. J. (2012). Cigarette smoking among Jordanian adults. *Journal of Ethnicity in Substance Abuse*, 11(2), 101-112. <https://doi.org/10.1080/15332640.2012.674888>
- Al-amal Hospital. (n.d.). *Seyast Altadkhen* [Smoking Policy]. Retrieved from: <http://www.alamalhospital.com/arabic/index.php/2013-09-23-06-00-55/2013-08-27-13-52-29/2013-09-24-08-50-56>
- Aljaghbeer, E. (2009). Morajeon Lmostashfa Al Salt Yantakedon Adam Eltezam Atbaa eh Bkanon Mna Altadkhen [Al Salt Hospital Visitors Criticize The Lack of Commitment by Physicians to Smoking Banning Law]. *Al Ghad Newspaper*. Retrieved from <http://www.alghad.com/index.php/article/299598.html>
- Al-Matubsi, H. Y., Kanaan, R. A., Hamdan, F., Salim, M., Oriquat, G. A., & Al Hanbali, O. A. (2011). Smoking practices in Jordanian people and their impact on semen quality and hormonal levels

- among adult men. *Central European Journal of Public Health*, 19(1), 54-59.  
<https://doi.org/10.21101/cejph.a3629>
- Badran, E., Salhab, A. S., & Al Jaghbir, M. (2009). Infant exposure to environmental tobacco smoke: Jordan University hospital-based study. *Eastern Mediterranean Health Journal*, 15(1), 39-46.  
<https://doi.org/10.26719/2009.15.1.39>
- Cigarette Prices. Net. (2013). *International Cigarette Prices, Asia, Jordan*. Retrieved from <http://www.cigaretteprices.net/>
- Department of Statistics Jordan. (2010). *Department of Statistics Data for Last Year / Jordan 2010*. Retrieved from [http://www.who.int/fctc/reporting/party\\_reports/jordan\\_annex6\\_tobacco\\_consumption\\_2010\\_en.pdf](http://www.who.int/fctc/reporting/party_reports/jordan_annex6_tobacco_consumption_2010_en.pdf)
- Freij, M. (2013). 34% of Doctors in Jordan Smoke. *The Jordan Times*. Retrieved from <http://www.jordantimes.com/34-of-doctors-in-jordan-smoke>
- Global Bridges. (n.d). *Partnering to Improve Health around The Globe*. Retrieved from <http://www.globalbridges.org/%D9%86%D8%A8%D8%B0%D8%A9-%D8%B9%D9%86%D8%A7%D8%B4%D8%B1%D9%83%D8%A7%D8%A4%D9%86%D8%A7>
- Jaber, R., Madhivanan, P., Veledar, E., Khader, Y., Mzayek, F., & Maziak, W. (2015). Waterpipe a gateway to cigarette smoking initiation among adolescents in Irbid, Jordan: A longitudinal study. *The International Journal of Tuberculosis and Lung Disease: The Official Journal of the International Union against Tuberculosis and Lung Disease*, 19(4), 481-487.  
<https://doi.org/10.5588/ijtld.14.0869>
- Jordan - PH Law.pdf. (n.d.). Retrieved from <https://www.tobaccocontrolaws.org/files/live/Jordan/Jordan%20-%20PH%20Law.pdf>
- Jordan Business. (2013). *Cheaper Cigarettes*. Retrieved from <http://www.jordan-business.net/features/cheaper-cigarettes>
- Jordan Customs. (2013). *Travelers Guide*. Retrieved from <http://www.customs.gov.jo/chapter20.shtm#MARK03>
- Jordan. (2015, September 9). *Institute for Health Metrics and Evaluation*. Retrieved April 8, 2019, from <http://www.healthdata.org/jordan>
- jordan-country-facts-en.pdf*. (n.d.). Retrieved from <https://www.files.tobaccoatlas.org/wp-content/uploads/pdf/jordan-country-facts-en.pdf>
- Khabirni. (2018). *Smoking Quit Clinic in Amman*. Retrieved from <https://www.khaberni.com/news/%D8%B9%D9%8A%D8%A7%D8%AF%D8%A9-%D9%84%D9%84%D8%A5%D9%82%D9%84%D8%A7%D8%B9-%D8%B9%D9%86-%D8%A7%D9%84%D8%AA%D8%AF%D8%AE%D9%8A%D9%86-%D8%A8%D9%85%D8%B3%D8%AA%D8%B4%D9%81%D9%89-%D8%A7%D9%84%D8%AC%D8%A7%D9%85%D8%B9%D8%A9-242137>



- Legal Views. (2011). *Alkanon Almasri w Altadkhen* [Egyptian Law and Smoking]. Retrieved from <http://www.dr-kayed.blogspot.com/2011/05/blog-post.html>
- Malkawi, K. (2013). Jordan Third in Region in Smoking Prevalence among Females. *The Jordan Times*. Retrieved from <http://www.jordantimes.com/jordan-third-in-region-in-smoking-prevalence-among-females----who>
- Maziak, W. et al. (2013). Tobacco in The Arab World: Old and New Epidemics Amidst Policy Paralysis. *Health Policy and Planning*, 1-11.
- Non-communicable Diseases Directorate, Jordan Cancer Registry. (2010). *Cancer Incidence in Jordan, 2010*. Retrieved from <http://www.moh.gov.jo/AR/Documents/Annual%20Incidence%20of%20cancer%20in%20Jordan%202010.pdf>
- Obaidi, J. (2013). *Policy Analysis Paper: Protect Public Health from Smoking Dangers Policy*. Retrieved from <http://www.me-jn.com/June%202013/smoking.htm>
- Obeidat, O. (2012). Local Tobacco Companies to Reduce Cigarette Prices by 15%. *The Jordan Times*. Retrieved from <http://www.jordantimes.com/local-tobacco-companies-to-reduce-cigarette-prices-by-15>
- Petra. (2006). Mna Altadkhen fe Mostashfa AlJamaa Alordnia [Smoking Ban in Jordan University Hospital]. *Aldostour Newspaper*. Retrieved from <http://www.addustour.com/14513/%D9%85%D9%86%D8%B9%20%D8%A7%D9%84%D8%A%D8%AF%D8%AE%D9%8A%D9%86%20%D9%81%D9%8A%20%20%D9%85%D8%B3%D8%AA%D8%B4%D9%81%D9%89%20%D8%A7%D9%84%D8%AC%D8%A7%D9%85%D8%B9%D8%A9%20%20%D8%A7%D9%84%D8%A7%D8%B1%D8%AF%D9%86%D9%8A%D8%A9.html>
- Public Health Law/Jordan. (2008). *Jordan Tobacco Control Related Legislation*. Retrieved from [http://www.emro.who.int/images/stories/tfi/documents/Law\\_JOR.pdf](http://www.emro.who.int/images/stories/tfi/documents/Law_JOR.pdf)
- Sidon Online. (2012). *Alnas Alkamel Mn kanon Mna Altadkhen fe Alamaken Alama Lobnan* [The Full Text of The Law of Banning Smoking In Public Places, Lebanon]. Retrieved from <http://www.saidaonline.com/news.php?go=fullnews&newsid=49157>
- Smoking prevalence and attributable disease burden in 195 countries and territories, 1990-2015: A systematic analysis from the Global Burden of Disease Study 2015 - The Lancet*. (n.d.). Retrieved April 8, 2019, from [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)30819-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30819-X/fulltext)
- United Nations - Jordan*. (n.d.). Retrieved from <http://www.jo.one.un.org/en/news/the-ministry-of-health-and-the-united-nations-in-jordan-call-upon-everyone-to-unite-to-end-tobacco-use/197>
- WHO | WHO report on the global tobacco epidemic 2013. (n.d.). *WHO*. Retrieved April 8, 2019, from [http://www.who.int/tobacco/global\\_report/2013/en/](http://www.who.int/tobacco/global_report/2013/en/)
- World Health Organization. (2009). *Jordan 2009 (Ages 13-15) Global Youth Tobacco Survey (GYTS) Fact Sheet*. Retrieved from [http://www.emro.who.int/images/stories/tfi/documents/GYTS\\_FS\\_](http://www.emro.who.int/images/stories/tfi/documents/GYTS_FS_)

JOR\_2009.pdf

World Health Organization. (2012). *Exposure to Second-hand Smoke in Selected Public Places in the WHO Eastern Mediterranean Region, Report of a Pilot Study*. Retrieved from [http://www.applications.emro.who.int/dsaf/emropub\\_2012\\_1357.pdf](http://www.applications.emro.who.int/dsaf/emropub_2012_1357.pdf)

World Health Organization. (2013). *WHO Report on The Global Tobacco Epidemic, 2013: Country Profile, Jordan*. Retrieved from [http://www.who.int/tobacco/surveillance/policy/country\\_profile/jor.pdf](http://www.who.int/tobacco/surveillance/policy/country_profile/jor.pdf)

World Health Organization Framework Convention on Tobacco Control (WHO FCTC). (2012). *Global Progress Report on Implementation of the WHO Framework Convention on Tobacco Control 2012*. Retrieved from [http://www.who.int/fctc/reporting/2012\\_global\\_progress\\_report\\_en.pdf](http://www.who.int/fctc/reporting/2012_global_progress_report_en.pdf)