

Waterpipes (shisha)

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Introduction

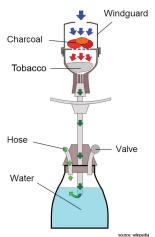
This factsheet is intended to give a brief overview on waterpipe smoking, including common misconceptions and health consequences associated with using waterpipes, and the public policy implications of waterpipe use. This factsheet focuses primarily on waterpipe use and regulation in the United Kingdom (UK).

What are waterpipes?

Waterpipes, also known as shisha, hookahs, narghiles, or hubble-bubble pipes have long been used for smoking tobacco in the Middle East and parts of Africa and Asia, and are now increasingly used in Western countries.

Waterpipes can be used to smoke a number of substances. Whilst they are largely used to smoke tobacco, which may be flavoured with fruits or sugar syrup, herbal mixtures are also commonly used. Although the latter do not contain tobacco or nicotine, the negative health effects of smoking herbal shisha are similar to smoking tobacco shisha, as both involve burning charcoal and inhaling the smoke (see the 'Common Misconceptions' section for more information).

Waterpipes generally consist of a head, body, water bowl and a hose. A tobacco or herbal mixture is placed on top of the head and this is often covered with perforated aluminium foil. Burning charcoal is placed on top of the foil. On breathing in through the hose, a mixture of the coal and smoke is drawn down through the body of the apparatus and into the bowl of water. This causes a vacuum in the air space above the water, resulting in smoke passing through the water, producing bubbles (hence the common name "hubble-bubble") and into the hose and finally the mouth of the user. Disposable mouthpieces may be attached to the end of the hose to reduce the risk of infection. The size of the waterpipe, number of hoses and other features may vary.



Who uses waterpipes?

Waterpipe use and ethnicity

Waterpipe smoking is often a social activity and two or more people may share the same pipe. In some cultures, children may smoke with their parents. Although waterpipes have traditionally been used in Middle Eastern countries, a systematic review of 38 studies examining the global prevalence of waterpipe use found an increase in use, not only in Middle Eastern regions but also in Western countries¹. A national cross-sectional survey of over 12,000 adults in the UK in 2012/13 found that the prevalence of ever waterpipe use among adults was 12% and frequent use was 1%. Frequent waterpipe use was more common among adults of Asian (7%), Mixed (5%) and Black (4%) ethnicity than among White adults (0.5%)².

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Waterpipe use and age

Waterpipe smoking appears to be more popular among younger people, with the crosssectional study in the UK finding that the younger adults surveyed were more likely to have ever used waterpipe and to frequently use waterpipe than older adults². A study of 937 students at Birmingham University in the UK reported that 38% had ever tried waterpipe and 8% smoked waterpipe at least monthly³. Worldwide, waterpipe use among youths is increasing. The Global Youth Tobacco Survey, a survey of more than half a million youth, aged between 13 and 15 years, found a net decrease in cigarette smoking prevalence between 1999 and 2008, but an increase in other forms of tobacco (attributed to waterpipe) in 33 of the 97 global sites surveyed4.

Waterpipe use and gender

The cross-sectional survey of waterpipe use in the UK found that males were three times more likely than females to smoke waterpipe². While waterpipe use is more common among males than females, the gender divide is smaller than that seen for cigarette smoking in many countries1.

Common misconceptions

"Waterpipe smoking is safer than cigarette smoking"

The most common belief among waterpipe users across all regions of the world, is that waterpipe smoking is less harmful and less addictive than cigarette smoking^{5,6}. Users often report the belief that the water, which the smoke passes through before it is inhaled, "filters out" the harmful substances in the smoke. Although waterpipe smoking has not yet been as extensively researched as cigarette smoking, preliminary research suggests that it is associated with many of the same risks as cigarette smoking and may incur some unique health risks.

A review of the literature found that waterpipe smoking consistently produces significant levels of noxious chemicals, including "tar", nicotine, carbon monoxide (CO), nitric oxide and various carcinogens, in amounts comparable to cigarette smoking⁵. A laboratory based study compared exposure to waterpipe toxicants with cigarette smoking among 54 participants. Each participant completed two 45-minute sessions, one in which they smoked tobacco using a waterpipe and the other in which they smoked a single cigarette. Both waterpipe and cigarette smoking exposed participants to similar levels of nicotine. However, when smoking waterpipe, participants had expired-air CO and carboxyhaemoglobin levels four times that when smoking cigarettes and they inhaled 56 times more smoke7.

"Herbal shisha is safer than tobacco shisha"

Many users believe that herbal waterpipe products are less hazardous than tobacco waterpipe products. However, both tobacco and herbal waterpipe smoking involves burning charcoal and inhaling the smoke this produces. The charcoal is a major source of two extremely toxic chemicals in the smoke: CO and benzene. As a result, herbal and tobacco waterpipe smoking are similarly hazardous to health5.

"I can quit at any time"

Almost all (78-98%) waterpipe users believe that they can quit at any time⁵. Unlike cigarette smoking, where daily smokers smoke to alleviate cravings, waterpipes are predominantly smoked infrequently, and in social situations. It is possible, therefore, that these infrequent waterpipe users may not be tobacco dependent8. However, as tobacco waterpipe smoking delivers nicotine, the addictive component of tobacco, at levels similar to cigarette smoking⁷, regular smokers of waterpipe tobacco are at risk of nicotine dependence. More research is needed to assess the long-term impacts of occasional and frequent waterpipe use on nicotine dependence and the ease of quitting.

Short term health effects

After 45 minutes of tobacco or herbal waterpipe use, expired air CO, plasma nicotine and heart rate are substantially increased9 and these levels are equal to, or higher than exposure when smoking cigarettes7. There have also been reports of CO poisoning from waterpipe use, leading to non-specific neurological signs such as headaches, dizziness and nausea^{10,11}, a phenomenon which is largely unseen in the cigarette smoking literature.

Longer term health effects

The studies examining the health effects of waterpipe are of low or very low quality, as the research is complicated by the fact that many waterpipe users are also cigarette smokers and that the pattern of use between cigarette and waterpipe smoking is very different. However, a systematic review of the literature on the health risks of waterpipe smoking found that waterpipe smoking more than doubled the risk of lung cancer, respiratory illness, low birthweight and periodontal disease. Because of the low quality of the evidence, this review could not rule out associations between waterpipe smoking and bladder cancer, nasopharyngeal cancer, oesophageal cancer or infertility¹². There is also some evidence that sharing a waterpipe mouthpiece poses a serious risk of transmission of communicable diseases, including tuberculosis¹³.

Secondhand smoke from waterpipes

The smoke from tobacco or herbal waterpipes is a mixture of smoke exhaled by the smoker, plus smoke from the fuel used to heat the pipe. Secondhand smoke from waterpipe therefore posing a serious risk to the health of non-smokers. One study of machine-smoked waterpipes found that compared with cigarette smoking, waterpipe smoke contained five times the amount of ultrafine particles, four times the carcinogenic polyaromatic hydrocarbons and volatile aldehydes and 35 times the CO. These are all toxic or carcinogenic substances.

A study in Virginia, in the United States of America (USA) measured the air quality in 17 waterpipe cafes, five cigarette smoking restaurants and six smokefree restaurants. Both smoking and non-smoking rooms in waterpipe cafes had poorer air quality than cigarette smoking and non-smoking rooms in restaurants and smokefree restaurants¹⁴. This indicates that patrons and employees in non-smoking rooms in waterpipe cafes may be exposed to concentrations of air pollution above international standards.

Tobacco and herbal waterpipe use in enclosed public places in the UK has been prohibited since July 2007. In many other parts of the world, however, and unlike cigarette smoking, waterpipe smoking is not covered by smokefree legislation. This includes the USA, where waterpipe smoking is exempt from these laws in most cities¹⁵.

Public policy implications

In the UK, waterpipe tobacco is subject to the same regulations as other tobacco products. These include regulations on taxation, advertising, point of sale displays and labelling, as well as smokefree laws. Although herbal waterpipe has the same negative health effects as tobacco waterpipe, it is not currently subject to the same regulations as tobacco waterpipe in the UK, apart from smokefree legislation.

In the UK, enforcement of the smokefree regulations has presented some challenges. Cases of non-compliance with smokefree legislation among owners of waterpipe bars have been reported and as a result, additional guidance has been provided to support local council regulatory officers in continuing to implement the smokefree legislation¹⁶.

Laws governing use of tobacco versus non-tobacco shisha

	Tobacco shisha	Non-Tobacco shisha
Smokefree law	Yes	Yes
Advertising (including point of sale)	Yes	No
Age of sale	Yes	No
Labelling (eg. health warnings)	Yes	No
Taxation	Yes	No

In countries where there is a tradition of using waterpipes, work to change cultural norms and attitudes will be required alongside any proscriptive laws and regulations. However, in countries where waterpipe usage is still a novelty, public health advocates should seize the opportunity to limit its spread through a combination of education and legal measures.

Further reading

ASH Scotland shisha brieflet and briefing 'Shisha and the law in Scotland'

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