

Waterpipe Smoking: A Growing Global Threat

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Waterpipe smoking (WPS) is a centuries-old habit among people in Asia and Northern Africa. Although waterpipe devices come in different sizes and shapes, a typical waterpipe consists of a head, a water bowl, and a hose. The head contains tobacco and is covered by perforated aluminum foil separating it from the burning charcoal. The hose attached to the water bowl is used to draw charcoal heated air across the tobacco, resulting in smoke that bubbles through the water and inhaled by the user. The tobacco used in the traditional waterpipes was raw and did not have any added flavoring agents, whereas the more recent waterpipe devices use mixtures that contain heavily flavored tobacco along with huge amounts of sugar, honey, and fruit extracts.

In recent years, there has been an alarming increase in the global prevalence of WPS, particularly among the youth.^{1,2} One main reason for this popularity is the general belief that WPS is safe as the smoke passes through the water and its harmful effects are “filtered.” Other predominant factors for the resurgence of WPS in the Asian countries and the spread throughout Europe and Northern America are the use of heavily flavored tobacco mixtures, as well as lack of control policies and legislations. Further, the introduction of self-igniting charcoal also contributes to the increasing use of waterpipes especially in the Western hemisphere.

There has been convincing evidence in the literature about the harmful effects of WPS due to the presence of certain toxicants including carcinogenic polycyclic aromatic hydrocarbons, volatile aldehydes, CO, and nicotine.³⁻⁵ Interestingly, these chemicals are also found in conventional cigarette smoke. Unfortunately, this ever-growing evidence has been unsuccessful so far in overturning the general belief that WPS is a safe way of smoking. One way to overcome this hurdle is to provide better education and awareness to the general population towards the health-related effects of WPS. Health care professionals can play a significant role in this since they are generally considered as a reliable source of health-related information. However, despite their better understanding of health-related risks, tobacco use has been found to be highly prevalent among the health care professionals.⁶

WPS is considered a part of social and family gatherings as most of the users practice the habit in the company of their friends and/or family. Furthermore, longer sessions (one session usually lasts 1-2 h) and slow pace of WPS make it an ideal component for social interactions among youth, particularly in café settings. The increasing popularity of WPS among youth and change in their smoking behavior resulted in a surge of café culture, in the Middle Eastern countries. However, as the habit started to become popular among tourists from Western regions, expatriates from Middle-Eastern background ventured to open waterpipe cafés and bars as a promising commercial enterprise. From that point onwards, the trend took a course of its own, and waterpipe venues started expanding in most urban centers across the globe, mainly benefiting from the lack or complete absence of regulatory policies towards its use.

The policies recommended by the WHO’s Framework of the convention on tobacco control (FCTC)⁷ on tobacco control are based mainly on evidence of controlling cigarette smoking. Due to the unique nature of WPS, implementation of these policies on waterpipe faces shortfall. Compared to cigarette smoking, waterpipe lack uniformity regarding size and shape. Moreover, none of the waterpipe products are FCTC compliant as misleading descriptors are a common on waterpipe products such as 0% nicotine, 0% tar.⁸

It is crucial that WPS should be subjected to the same regulations as conventional cigarettes. This includes warning labeling practices on waterpipe tobacco products and related accessories, proper enforcement of smoking bans in public places, and bans on advertisement and promotion. Furthermore, education of health care professionals, regulators, and the public at large is an urgent requirement with special emphasis on the impact of secondhand exposure on children and pregnant women.

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