

OREGON PUBLIC HEALTH DIVISION • OREGON HEALTH AUTHORITY

HOOKAH SMOKING BY OREGON YOUTH: A BURNING ISSUE

Tobacco use remains the leading preventable cause of death in Oregon, claiming more than 7,000 lives each year, including 800 deaths due to secondhand smoke exposure. Fortunately, smoking prevalence has declined steadily over the past 15 years, and now just 17 percent of Oregon adults smoke. Since the state Tobacco Prevention and Education Program (TPEP) began in 1996, per-capita cigarette consumption has dropped 46 percent, and smoking has declined 58 percent among Oregon 8th-graders and 42 percent among 11th-graders.

The Indoor Clean Air Act — Oregon’s Smokefree Workplace Law — has had a significant impact on Oregonians’ exposure to secondhand smoke. Since the law took effect in January 2009, nearly every Oregon worker has been protected from secondhand smoke on the job. A study by TPEP found that all Oregon bars observed were smoke-free indoors.

Nonetheless, a recent study done by TPEP found an alarming trend among young people in Oregon: use of hookah tobacco among 8th- and 11th- graders has gone up sharply in the last two years, especially among girls. Simultaneously — and, perhaps, not so coincidentally — the state has seen a proliferation of hookah smoking lounges that appear to be targeting young people with candy- and cocktail-flavored tobacco, online marketing and party atmospheres. Many of these businesses are applying to be certified as “smoke shops” under the Indoor Clean Air Act, which allows “sampling” of tobacco products prior to sale.

This *CD Summary* examines data on hookah use by teens in Oregon, the adverse health effects of hookah, and what some Oregon teenagers and their parents are saying about hookah smoking.

A BUBBLING CONCERN

When the Oregon’s Tobacco Prevention and Education Program began tallying the results of the Oregon Healthy Teens survey of more than 20,000 teenagers earlier this year, we suspected the rate of youth tobacco use was leveling off. Indeed, the data showed that the prevalence of 8th-graders who indicated they smoked a cigarette in the last 30 days climbed only slightly between 2008 and 2009, from 8.6 percent to 9.9 percent, and among 11th-graders, cigarette use dropped, from 16 percent to 14.9 percent.



The one area which belied the trend was smoking hookah tobacco, which among 8th- graders jumped 73 percent from 2008 to 2009, and among 11th- graders, increased by 37 percent

(Figures). And the upsurge was particularly dramatic among girls in both groups — hookah use by 8th-grade girls more than doubled compared with a 58 percent increase among boys, and among 11th-grade girls, it climbed 65 percent compared with an 11.6 percent increase among boys.

At the same time, TPEP found an increase in the number of businesses around the state operating as hookah smoking lounges. Eight new hookah lounges have opened since Oregon’s Smokefree Workplace Law took effect in January 2009. Prior to that, only three hookah lounges were operating in Oregon. As of November 2010, we have received 22 applications to open hookah lounges under the smoke shop exemption.

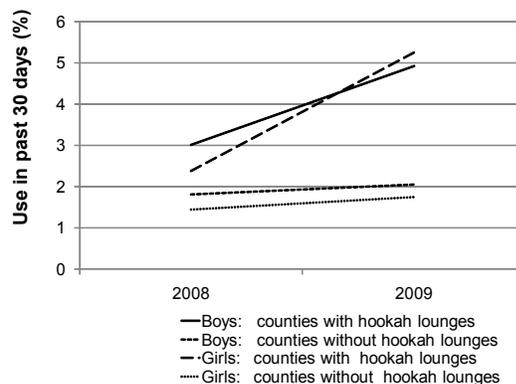
SWEET TASTE, SOUR EFFECTS

While hookah smoking is believed to have originated in the Middle East, it is marketed widely in North America and elsewhere around the globe. Hookahs typically are tall, narrow, glass pipes with one or more flexible hoses through which flavored tobacco called “shisha” is smoked. Shisha is a moist mixture of tobacco, flavoring and syrup, traditionally honey or molasses. Because shisha is moist, it doesn’t burn in a self-sustaining manner, but must be continually heated by charcoal. The shisha smoke is cooled by water in the glass base of the pipe before being inhaled. All shisha observed for sale at Oregon hookah lounges contains tobacco, although some non-tobacco varieties do exist.

Flavored hookah tobacco appeals to youth because it masks the harsher aspects of tobacco smoke. Shisha is available in dozens of candy, fruit, coffee and cocktail flavors. Though federal legislation prohibits flavored cigarettes because of their appeal to youth, there is no such ban on flavored shisha tobacco.

Even though the concentration of nicotine in hookah smoke is lower than in smoke from cigarettes, hookah

Figure 1. Hookah use by 8th grade boys and girls in Oregon

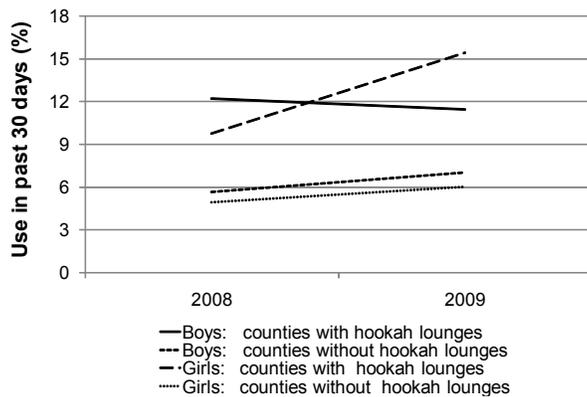




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Figure 2. Hookah use by 11th grade boys and girls in Oregon



smokers inhale much larger amounts of carbon monoxide, heavy metals, and carcinogens, and do so without feeling nauseous from high levels of nicotine.^{1,2} During a typical, hour-long hookah session, a smoker may receive one or two cigarettes worth of nicotine, but inhale 100 cigarettes worth of smoke.² This puts hookah smokers at risk for the same diseases caused by cigarette smoking, including oral cancer, lung cancer, stomach cancer, cancer of the esophagus, reduced lung function and decreased fertility.³ Hookah use by pregnant women also is associated with low birth weight and other adverse postnatal outcomes.⁴

WHAT YOU DON'T KNOW CAN HURT YOU

Focus groups of high school students in the Portland metropolitan area indicate that youth do recognize the dangers of smoking cigarettes, but do not associate the same adverse health risks with hookah. In fact, several participants said they believed hookah contained no nicotine at all. Youth expressed high acceptance of

hookah, and said all kinds of people smoke it — it isn't limited to cliques or social groups. Smoking cigarettes was described as a bad habit, unhealthy, addictive and smelly; in contrast, no judgment was expressed about smoking hookah. In addition, while participants recounted that the acrid smell of secondhand cigarette smoke supported their belief that cigarettes are unhealthy, because smoke from a hookah tastes and smells sweet, they don't think it's harmful.

Youth described hookah as a social activity. While cigarette smokers sneak outside alone to smoke, the social nature of hookah removes any stigma or shame. Hookah lounges encourage hookah smoking by creating a social environment in which smoking is the norm. Because peer acceptance is a primary risk factor for youth tobacco use,⁵ it is no wonder rates of youth hookah use in Oregon are on the rise. Hookah use has increased the most in counties with hookah lounges (Figures). However, youth most frequently smoke hookah at home or at a friend's house.

LIGHTING UP AWARENESS

About half of the parents in focus groups did not know anything about hookah, but were motivated to talk to their children and others about the harms of hookah once they knew about them. Many were surprised and concerned about use by under-age youth, and by sweet-flavored tobacco products and promotional events targeting youth.

Health care workers can also play a key role in talking to parents and teenagers about hookah and letting them know that it is harmful. Although the artificial flavors and the water in the pipe may mask the tobacco's harshness, in reality, "shisha" is still tobacco, just with an exotic name.

FOR MORE INFORMATION

- Oregon Tobacco Prevention and Education Program's Indoor Clean Air Act Compliance Study Report 2010 and other useful tobacco control information: www.oregon.gov/DHS/ph/tobacco/
- World Health Organization Advisory Note on waterpipe tobacco and hookah smoking: www.who.int/tobacco/global_interaction/tobreg/waterpipe/en/
- U.S. Centers for Disease Control and Prevention's Office on Smoking and Health: www.cdc.gov/tobacco/data_statistics/fact_sheets/tobacco_industry/hookahs/index.htm
- American Lung Association's Tobacco Policy Trend Alert on waterpipe smoking in 2007: www.lungusa2.org/embargo/slatil/Trendalert_Waterpipes.pdf.

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