Tobacco is the leading cause of mortality and morbidity worldwide. Shisha which is also known as water pipe or hubble bubble was initially prevalent in Middle East. However, with time it is becoming an increasingly popular way of tobacco use worldwide. Shisha is somewhat different from traditional hukka, because here tobacco is served mixed with flavors of fruits, flowers, and spices. It comprises of a head or tobacco bowl (in which tobacco is placed), a body with a water bowl, a hose and a mouthpiece with minor variations in its structure in different regions and cultures.

Shisha use can be dated back, as far as the sixteenth century when it was invented by a physician during the reign of the Mughal Emperor Akbar as a less harmful method of tobacco consumption. There was a belief that if tobacco smoke was first passed through a small receptacle of water it would become harmless. This was the beginning of a false concept that lead to the widespread use of shisha as a harmless mean of tobacco consumption as a large majority of population considered it safe.

In the past it has been used mostly by the elderly population to consume tobacco in rural areas of Pakistan but recently its use has significantly increased even in the urban population among men and women alike. This rising trend is especially alarming in the youth who is embracing shisha as a part of the modern way of life. Shisha smoking is also peaking in United States and it reaches up to 40% from 2005 - 2008, while its prevalence in Pakistan was 53.6% according to a study done in 2008 at Aga Khan University. Another cross sectional study conducted from October 2011 to March 2012, at four different Universities in Lahore, Rawalpindi, Faisalabad and Gujrat showed that in province of Punjab 59.22% males and 22% females were using shisha despite knowing its fatal effect. Moreover, 74% strongly agreed that they use shisha as part of fashion. According to the World Health Organization 2015 report, Introduction of flavored tobacco, social acceptability, cafe and restaurant culture, developments in mass communication social media and lack of Shisha specific policy and regulations are important reasons for the widespread shisha use globally.

It is important to note that people who use shisha are more likely to get addicted to other tobacco products like smokeless tobacco and cigarettes. Studies show that the use of gutka and naswar is much higher in shisha users than non-shisha users. The worrisome aspect of the spread of shisha smoking is its potential to serve as a gateway to cigarette smoking and drug addiction among young people. Shisha smoking is associated with nicotine/tobacco dependency and is associated with withdrawal effects. Due to nicotine delivery shisha smokers have been shown to experience difficulty in quitting just like cigarettes smokers. A study from Eastern Mediterranean Region has shown that some people who have quit cigarettes switch to shisha to avoid their withdrawal affects and craving.

Lungs are the most affected organs by shisha smoking. Compared to cigarettes shisha use was associated with greater CO carbon monoxide level (2.7 ppm vs. 23.9 ppm) while peak shisha CO HB carboxy hemoglobin levels were observed to be three times than those for cigarette smoking. According to a recent meta-analysis done in 2016, one session of shisha use consistently exposes users to larger smoke volumes 74.1 liters of smoke inhalation compare to 0.6 liters of smoke with one cigarette- and higher levels of tobacco toxicants like nicotine, tar,
A research conducted by the WHO shows that an average pipe smoking session of shisha can be as bad as smoking up to 200 cigarettes. Shisha contains numerous carcinogens and toxicants such as tobacco-specific nitrosamines, polycyclic aromatic hydrocarbons (PAH) (e.g. benzo[a]pyrene, anthracene), volatile aldehydes (e.g. formaldehyde, acetaldehyde, acrolein), nitric oxide, benzene and heavy metals (arsenic, chromium, lead). International Agency for Research on Cancer (IARC) classified some of these chemicals as human carcinogens. It was found that shisha use is associated with chronic bronchitis, emphysema, coronary artery disease, lung, gastric and oesophageal cancer, periodontal disease, obstetrical complications, osteoporosis and mental health problems.

It is well known that cigarette smoking is associated with Chronic obstructive pulmonary disease (COPD). Recently, a study was conducted among Saudi young adults to determine the effect of shisha on lung functions and Fractional exhaled nitric oxide (FeNO), a non-invasive method for assessing the airway disease. The results of the study showed that the lung function parameters FEV1, FEV1/FVC Ratio, FEF-25%, FEF-50%, FEF-75% and FEF-75-85% were significantly decreased along with a significant reduction in FeNO in Shisha smokers relative to their control group. So just like cigarette smoking shisha smoking is also associated with a decline in lung function and exercise capacity. A systematic review showed significant associations between shisha smoking and lung cancer, periodontal disease and low birth weight.

It is of great concern that tobacco industry constantly finds tactics to attract it users. After e-cigarette, the tobacco industry has now introduced electronic shisha pens also known as electronic hukka, e-hukka or shisha sticks. These modalities are gaining popularity among young people. They are labeled as safe alternatives by the manufacturers because they produce less amount of smoke. People can search online and can order/purchase shisha according to their requirements and get it easily at their home. Venders are active on different websites which need to be stopped immediately.

The Supreme Court of Pakistan (SC) took a great initiative against shisha in the recent months. A crackdown is initiated against shisha cafe and bars. The apex court instructed all provincial governments to strictly implement anti-smoking laws in café and restaurants. Such crackdowns are essential to control the shisha epidemic in the country.

At the sixth Conference of the Parties to the WHO Framework Convention on Tobacco Control, WHO FCTC, held in October 2014 following recommendations were given to stop / deter the rapid use of Shisha:

1. There should be regulations and legislation on all tobacco products including Shisha not just in cigarettes.
2. Increase price and taxation to reduce the tobacco demand.
3. Health warnings should be mentioned on all Shisha tobacco, product packaging and Shisha themselves.
4. There is need of education and public awareness programs and training to spread the information of hazardous effect of Shisha smoking.
5. There should be a complete ban on advertising, promotion and sponsorship of Shisha.
6. There should be Shisha smoking cessation and treatment programs to reduce its demand and dependency.
7. Sales of all tobacco, including Shisha should be prohibited to minors.
8. There should be regular survey and monitoring for shisha prevalence.

There is an emergent need for strict policy legislation and regulations to control shisha spread in Pakistan. Shisha contain tobacco and it should be subjected to same laws as applicable to smoking cigarettes. Shisha use should not be allowed at any public places or in public transport. It is imperative to realize that shisha is not safe as it is associated with cancer and respiratory complications just like cigarette smoking. Additionally, it is also a gateway to other tobaccoaddictions. Various studies have shown and confirmed its ill effects on human health.

Finally Allah has not created human lungs for fumes or flavors. In fact, there are no flavor receptors or taste buds in the lungs. If someone likes flavor of a particular fruit than they should drink its fruit juice rather than inhaling flavors combined with several liters of toxic fumes. There is a need of spreading information to increase public awareness regarding harmful effects of shisha smoking and to diminish social acceptability. Doctors, in particular the chest physician play an important role by acting as role models by not smoking shisha themselves and then educating the public particularly the youth on the harmful effects of shisha.

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