



Hookah:

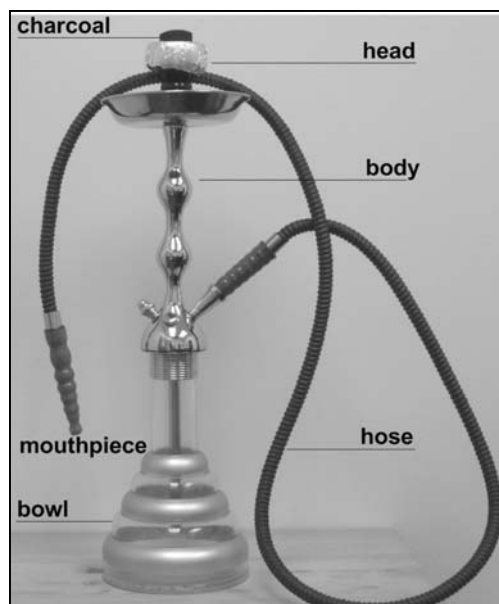
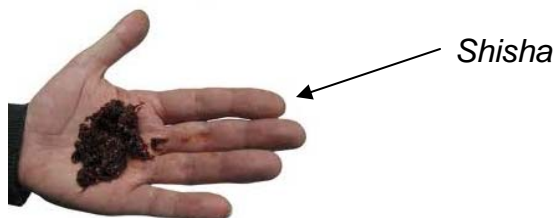
Background, History, and Health Consequences

What is hookah?

Hookah is a waterpipe that is used to smoke tobacco. A special type of tobacco is indirectly heated using coals or wood embers. Hookah is also known as shisha, sheesha, narghile, argileh, goza, and hubbly-bubbly.

What type of tobacco is used in a hookah pipe?

The tobacco used in a hookah is called shisha or maassel. Shisha is a sticky mixture of tobacco, honey or molasses, and other flavorings. Shisha is available in many flavorings such as: bubble gum, peanut butter, mango, grape, and mint.



Specially made tobacco (shisha) is placed on the head of the hookah under a sheet of tinfoil. Red hot charcoal or wood embers are then placed on top of the tinfoil. The shisha burns releasing smoke, which is cooled by the water in the bowl and then inhaled through the hose/ mouthpiece.

How long have people been smoking hookah?

Hookah smoking originated many centuries ago. The exact origins of hookah are unclear. Many believe that hookah originated in India.

Today, hookah is popular in the Middle East, Turkey, and parts of Asia and Africa.

Who uses hookah in the United States?

Hookah is growing in popularity in the United States particularly among college students. Hookah bars or lounges are popping up across the country and are seen as a place to gather with friends and socialize.

In the Twin Cities, hookah is particularly popular among East African Immigrant groups (Somali and Oromo) and the young adult/college student population.

What are the health effects of hookah use?

Hookah smoking carries the same or similar health effects as smoking cigarettes and exposure to secondhand smoke: cancer, heart disease, and respiratory disease.

The social nature of hookah also puts users at risk for other infectious diseases like tuberculosis, hepatitis, and meningitis. Hookah is often smoked in a group where many people share a common mouthpiece.



How does hookah smoking compare to cigarette smoking?

Hookah smokers inhale as much smoke from a typical hookah session as a cigarette smoker would inhale from **100-200 cigarettes**.

- Typical cigarette: 500-600 mL of inhaled smoke
- Typical hookah session: 90,000 mL of inhaled smoke

In a hookah, charcoal or wood cinders are used to burn the tobacco. This method adds health risks as burning charcoal and wood cinders release CO and heavy metals. To make matters worse, many hookah lounges in the U.S. use “quick lighting” charcoal which releases more CO than traditional charcoal.

How do hookah “lounges” work?

Hookah is usually smoked in a social setting. Hookah lounges or bars are run much like a café. Customers sit down and order a flavor of hookah tobacco from a menu. The hookah pipe is then prepared and “served” to the customers, who smoke the hookah on site. A typical hookah session lasts between 30-90 minutes.



Hookah tobacco is burned using charcoal or wood embers. This method of burning releases CO and heavy metals.

Does hookah pose a fire risk?

Hookah tobacco is heated using red hot coals or embers. These coals are often kept in an open indoor fire pit, which is a fire hazard.

Is hookah smoking prohibited indoors?

The Minnesota Clean Indoor Air Act (MCIAA) prohibits smoking in almost all indoor spaces. However, the MCIAA has an exemption for sampling of tobacco in tobacco shops. Hookah lounges are exploiting this loophole in the MCIAA by claiming the tobacco shop exemption. Local communities can choose to prohibit all sampling of tobacco. An ordinance prohibiting all sampling of tobacco would prohibit any tobacco shop or hookah lounge from allowing any smoking of tobacco on premises.



Popular tattoo artist and t-shirt designer Ed Hardy now manufactures hookah pipes and hookah accessories (shisha tobacco and coals)— a sure sign that hookah smoking is growing in popularity with the young adult/college student population. The hookah pictured above is an Ed Hardy design.

Sources:

1. American Lung Association.
2. World Health Organization.
3. Centers for Disease Control and Prevention.
4. Cobb, L, et al. *Am J Health Behavior* 2010;34(3):275-285

