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Editorial

Hookah smoking – An emerging evil

Growing 'Hookah smoking' popularity amongst the youth worldwide is emerging as a big health problem that demands attention of health caring and disease prevention bodies and human welfare NGOs. Analysis led by the University of Pittsburgh's School of Medicine vindicates the World Health Organization's fear that Hookah smokers are inhaling a wide range of intoxicants. WHO's Advisory note release on 'Water Pipe Tobacco Smoking' in 2005, received important attention and has resulted in new evidence on health hazards of Hookah smoking.

A review study of research articles reveal that one 'Hookah' session realeases 125 times the smoke, 25 times the tar, 25 times the nicotine, 10 times the carbon monoxide as compared with single cigarette. A frequent cigarette smoker may smoke 20 cigarettes per day while a 'Hookah' smoker may participate in few 'Hookah' sessions each day. A water pipe tobacco smoking session may deliver 20 times the smoke volume of single cigarette.

Centre for Disease Control and Prevention has reported that past 30 days use of 'Hookah' was higher than past 30 days use of cigarettes amongst US school students; additionally, about one-third of US college students have smoked 'Hookah'.

World Health Organization emphasises the in view of the fact that smoking 'Hookah' poses serious health concern; it should be monitored closely and discouraged both socially as well as through regulations at state and central level.

Water pipe use is most prevalent in Asia, Africa and Middle East but it is a rapidly emerging problem in other continents such as Europe, North America and South America. In the US the decreasing prevalence of cigarette smoking as a result of the decades of tobacco control efforts have coincided with the emergence of unregulated alternatives such as flavoured tobacco via water pipe (Hookah).

The lure for water pipe (Hookah) smoking in youth is spreading fast not only in US and other Western countries, but also it is spreading in India and neighbouring Asian countries in the form of 'Hookah bars'; the usage is uncontrolled, not only in metros but even in towns along with other drug abuses.



In India, the habit of Hookah smoking is quite old and can be traced with when the Portugese entered India during the regime of Mughal Emperor, Bahadur Shah Zafar and introduced tobacco, another discovery of Vasco da Gama.

The Hookah smoking became popular thereafter; it penetrated even into rural culture of certain parts of India and gradually attained a socializing custom in village community and panchayats. Sharing of Hookah smoking using raw tobacco is still prevalent in certain parts of the country. At the same time, usage of smokeless tobacco in different forms is a challenge inspite of imposing ban on chewing tobacco products like gutka, pan masalas, godakoo, etc. by certain state governments; the sale of these banned items goes on unchecked.

The introduction of 'Hookah bars' serving flavoured tobacco with added other drug products for the so-called affluent society youth would pose quite serious health hazards amongst the youth. No doubt it is going to be more complex and needs to be dealt with a definite and effective time bound action plan both at the State as well as at the Centre levels giving enough strong teeth to the enforcement institutions.



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