There is a growing trend of hookah (also called waterpipes, shisha, narghile, argileh, hubble-bubble, goza) use, especially among youth and college students. Despite the different way of smoking, hookahs still use tobacco, expose users to nicotine, and increase health risks. The social aspect of hookah use attracts younger users, and the wide variety of kid-friendly hookah tobacco flavors makes it even more appealing.

**How Hookahs Work**

Hookahs originate from Middle Eastern countries, but their use has rapidly increased in the U.S. Hookahs consist of a head, body, water bowl, and hose, although they can vary in size and shape. The tobacco used in hookah often has flavorings or sweeteners added to enhance the taste and aroma. In the U.S., even more kid-friendly flavors are available, such as watermelon, tropical fruit, orange cream, caramel, chocolate, tutti frutti, vanilla, and strawberry.

The smoke aerosol generation process in hookahs is different than in cigarettes. While the dried tobacco itself burns in a cigarette, a hookah, or waterpipe, uses an external heat source, charcoal, to devolatalize the tobacco at lower temperatures than a cigarette. Thus, the tobacco itself does not burn in hookahs, but is heated. The smoke carrying charcoal combustion particles passes through the tobacco to the water, which bubbles into a vapor that users inhale.

**Rise of Hookah Use Among Youth and Young Adults**

According to the 2015 Youth Tobacco Survey (YTS), 7.2 percent of high schoolers and 2.0 percent of middle schoolers, totaling over 1.2 million youth, have used hookah in the past month. While use of most other tobacco products is on the decline, hookah use among high school students has increased sharply since 2011, when the prevalence of current use was 4.1 percent. Furthermore, unlike other tobacco products, rates of use are similar among boys and girls.

Hookah is also used by young adults. The 2012-2013 Adult Tobacco Survey (ATS) found that 18.2 percent of 18-24 year olds use hookah every day, some days or rarely; this age group has the highest use rate among all adults. While other tobacco products show higher use among low-income and low-education groups, hookah use does not follow the same socioeconomic pattern of use, with the greatest use among adults with some college education. The Spring 2015 National College Health Assessment found that 22.5 percent of undergraduates had ever used hookah and 7.6 percent had used it in the past month.

While more research is needed, by exposing youth and young adults to addictive nicotine and the behavior of smoking, hookah use may play a role in cigarette initiation. According to the 2012-2013 ATS, 15.7 percent of young adults aged 18-24 who were not established cigarette smokers were hookah users, and were two times as susceptible to cigarette smoking as those who were not current hookah users.

Recent studies have associated hookah use with subsequent cigarette initiation, increased intensity of cigarette smoking, and reduced cessation success:

- A longitudinal study of over 1,000 15-23 year olds who were never cigarette smokers at baseline found that ever use of hookah at baseline was associated with increased odds of cigarette initiation, current cigarette smoking, and higher intensity of cigarette smoking at two-year follow-up.
A longitudinal study of 256 college students who were current smokers found that dual cigarette and hookah use at baseline was associated with increased frequency and intensity of cigarette smoking at 6 month follow up. A study of over 1,000 college students enrolled in a smoking cessation trial found that those who were dual cigarette smokers and hookah users at baseline had significantly lower odds of successfully quitting all tobacco use at 6 months. Several studies have found a significant prevalence of dual use of hookah and cigarettes.

According to the 2012-2013 ATS, 15.7 percent of young adults aged 18-24 who were not established cigarette smokers were hookah users, and were two times as susceptible to cigarette smoking as those who were not current hookah users. A study found that 60.6 percent of current hookah users aged 12-17 say that they use hookah because they think it might be less harmful than cigarettes. The same survey found that almost a quarter of 12-17 year old hookah users use hookah because they think it helps in quitting smoking. Many smaller studies of college students have consistently found that young adults view hookah use as less harmful, less addictive, and more socially acceptable than cigarette smoking. A 2011 study of high school students in San Diego found that nearly half of students (46.3%) thought that hookah use was safer or less addictive than cigarettes, and among those students, one-third thought this because they presumed hookah to have no or less nicotine and one-quarter thought that it had fewer chemicals and was cleaner.

Flavors, Social Appeal and Inaccurate Risk Perceptions Attract Youth and Young Adults

Like other tobacco products, there is strong evidence that flavored hookah appeals to youth and may play an important role in initiation of hookah use. The government-sponsored 2013-2014 Population Assessment on Tobacco and Health (PATH) survey found that 88.7 percent of 12-17 year olds who had ever smoked hookah used flavored hookah the first time they tried the product, and 89 percent of current users used a flavored product in the last month. Use of flavored tobacco is highest for users of hookah than for any other tobacco product, and more than three-quarters (78.9%) of youth hookah users reported that they use hookah because it comes in appealing flavors.

It is common practice for hookah to be used in social settings. In fact, according to PATH, 79.6 percent of current hookah users aged 12-17 say that they use hookah because they like socializing while using the product. Hookah bars and cafes have grown in popularity, particularly in urban areas and around college campuses. These establishments explicitly market a social, fun and relaxing environment to young adults. They often have additional appeal, offering musical performances, food, and alcohol. A 2009 review of 144 websites advertising hookah establishments found that 79 percent served food and 41 percent served alcohol. These establishments are often exempt from state and local smoke-free laws.

This pattern of use, which differs from that for other tobacco products, means that many hookah users do not participate in the preparation of the tobacco and therefore never come in contact with the package of tobacco mixture. This leads to a high degree of unfamiliarity among users about the contents of the mixture in the waterpipe bowl. In fact, studies show that youth and young adults consistently underestimate the health risks of hookah:

- The government-sponsored 2013-2014 Population Assessment on Tobacco and Health (PATH) study found that 60.6 percent of current hookah users aged 12-17 use hookah because they think it might be less harmful than cigarettes. The same survey found that almost a quarter of 12-17 year old hookah users use hookah because they think it helps in quitting smoking.

- The 2011 National Young Adult Health Survey, found that about a quarter of young adults aged 18-34 believe that hookah use is “less risky” than cigarettes, with higher agreement among younger adults and current hookah users.

- Many smaller studies of college students have consistently found that young adults view hookah use as less harmful, less addictive, and more socially acceptable than cigarette smoking.

- A 2011 study of high school students in San Diego found that nearly half of students (46.3%) thought that hookah use was safer or less addictive than cigarettes, and among those students, one-third thought this because they presumed hookah to have no or less nicotine and one-quarter thought that it had fewer chemicals and was cleaner.
Hookahs Are Not Safe Substitutes for Cigarettes

• Not only is the perception that hookah is less harmful more common among current hookah users, but a longitudinal study of 18-24 year olds found that this belief is a significant predictor of future hookah trial.22

Hookah Use is Linked to Serious Health Harms

According to the CDC, using a hookah to smoke tobacco poses serious health risks to smokers and others exposed to the smoke from the hookah.23 Because the flavors and the smoking technique create a more soothing (“smooth”) experience, hookah smokers can inhale more deeply and spend more time in a “hookah session,” which typically lasts for 40 to 45 minutes (three to four times longer than it takes to smoke a cigarette). While a typical cigarette requires about 20 puffs, an hour-long hookah session may involve 100 to 200 puffs24, potentially exposing the user to more smoke over a greater period of time than what occurs when smoking a regular cigarette.22

Although the smoke passes through water, this does not eliminate the hazardous, addictive chemicals released from the tobacco. At least 82 toxicants and carcinogens have been identified in hookah smoke, including tobacco-specific nitrosamines (TSNAs), polycyclic aromatic hydrocarbons (PAHs), and heavy metals.25 Further, the combustion of charcoal used to heat hookah tobacco may pose additional health risks, since the combustion process produces dangerous substances such as carbon monoxide, metals, and other chemicals.27

Hookah smoking also delivers nicotine, the same highly addictive drug found in other tobacco products. Studies have found that in a typical hookah smoking session, smokers attain the up to 1.7 times the nicotine exposure and up to nine times the carbon monoxide exposure as a single cigarette.28 A review of the evidence indicates that hookah smoking is associated with nicotine dependence, including experiences of withdrawal and difficulty quitting, at least among some users.29 Nicotine is an addictive drug that can have lasting damaging effects on adolescent brain development and has been linked to a variety of adverse health outcomes for the developing fetus.30 Nicotine also impacts the cardiovascular system.31

Research indicates that hookah smoking is linked to many of the same adverse health effects as cigarette smoking, such as lung, bladder and oral cancers and heart disease.32 Other documented long-term effects include impaired pulmonary function, chronic obstructive pulmonary disease, esophageal cancer and gastric cancer.33 Studies have shown that hookah smoke contains many of the same harmful components found in cigarette smoke, such as nicotine, tar and heavy metals.34 As a result of exposure to the dangerous chemicals in hookah smoke, research shows that even short-term hookah use is associated with acute health effects, including increased heart rate, blood pressure, reduced pulmonary function and carbon monoxide intoxication.35

Policy Solutions to Reduce Hookah Use Among Youth and Young Adults

In states or localities with smoke-free laws, hookah bars often receive an exemption. Some laws even allow minors in these establishments. A 2015 study found exemptions for hookah establishments in the smoke-free laws for 24 states, and loopholes that exempt establishments that receive a set percentage of sales from tobacco products in another 14 states.36 A review of smoke-free laws in the 100 largest US cities found that 69 of the 73 cities that prohibit cigarette smoking in bars had exemptions for hookah use.37 Removing these loopholes can reduce exposure to secondhand smoke and help to denormalize hookah use.

States and localities can also enact restrictions to limit the appeal of hookah to youth and young adults. Despite inevitable challenges from tobacco companies, states and localities have clear authority to restrict the sale of flavored tobacco products (or any tobacco product) to reduce tobacco use and its harms to its citizens. Several localities have already passed restrictions on sales of flavored tobacco products that affect hookah tobacco.

The tobacco used for hookah is taxed like pipe tobacco, at a rate lower than cigarettes in many states and at the federal level. High prices on tobacco products make them less affordable to youth and are an effective way to reduce youth tobacco use. Having hookah and other smoking tobacco available at lower
prices is a public health concern as it provides cigarette smokers with an alternative lower-priced tobacco product that pose many serious health risks. It also incentivizes smokers to switch products rather than quit in response to high prices.

Campaign for Tobacco-Free Kids, May 10, 2016 / Laura Bach

8 Soneji, S, et al., “Associations between initial water pipe tobacco smoking and snus use and subsequent cigarette smoking: Results from a longitudinal study of US adolescents and young adults,” JAMA Pediatrics, published online December 8, 2014.
13 Ambrose, BK, et al., “Flavored Tobacco Product Use Among US Youth Aged 12-17 Years, 2013-2014,” Journal of the American Medical Association, published online October 26, 2015. The 2014 NYTS found that 60.6 percent of middle and high school hookah smokers—totaling over 1 million youth—had used flavored hookah in the past month.
19 Wackowski, OA and Deanevo, CD, “Young Adults’ Risk Perceptions of Various Tobacco Products Relative to Cigarettes: Results from the National Young Adult Health Survey,” Health Education & Behavior, published online August 24, 2015.
Hookas Are Not Safe Substitutes for Cigarettes / 5

28 Aboaziza, E and Eisenberg, T., “Waterpipe tobacco smoking: what is the evidence that it supports nicotine/tobacco dependence?” Tobacco Control, published online December 9, 2014.