Novel forms of 'smoking': 'Shisha' and e-cigarettes

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Outline of presentation

- **Australia and tobacco** – how did we achieve our success?
- 'tobacco prevention' or 'smoking prevention'?
- 'shisha' – challenging a core message of smoking prevention
- 'e-cigarettes' – if we're not smoking, is it safe?
- what impact are these likely to have on young people?
- where to from here?
Tobacco

How successful have we been?
Tobacco smoking status, people aged 14 years or older, 1991-2013

2013 National Drug Household Survey (AIHW, 2014)

At the same time, we have also achieved all time lows with youth smoking – with only 3.4% of 12-17 year olds smoking daily.
Tobacco smoking status, people aged 14 years or older, 1991-2013

2013 National Drug Household Survey (AIHW, 2014)

As for Australian adults, smoking among secondary students declined during the 1980s but stalled during the first half of the 1990s. Between 1996 and 2011 a significant fall in smoking rates was seen across all ages and the latest results are the lowest since the ASSAD survey series began in 1984 (White & Bariola, 2011)
So why the success?

A number of factors contributed to the success of our tobacco prevention measures

- message was simple and clear – *don't smoke*
- evidence was indisputable – *smoking kills, causes cancer and a range of other major health problems*
- community was ready and willing to accept the evidence and make changes to their behaviour
What messages were used? Tobacco prevention has focused on a range of effective messages:

- smoking kills
- smoking is anti-social
- it's not glamorous
- your smoking harms others
- it's expensive
- it's addictive
Smoking anything is risky

Should we be talking about 'smoking prevention' instead of 'tobacco prevention'?
'Shisha', 'sheesha', or 'hookah' smoking – what are the risks and what basic smoking prevention message does it challenge?

'Shisha' is more dangerous.

A SMOKING ban comes into effect next week in Public health officials are bracing for a wave of applications for permits to sell smoking paraphernalia. Silvino Arantes, a health researcher at the University of São Paulo, said the new ban would reduce smoking in public places and could lead to increased rates of tobacco use among young people. He said the ban would also reduce the number of smoking-related deaths and improve the overall health of the population.

“People say that smoking is better than being left alone,” he said. “But we know that it’s not true. People who smoke are more likely to die from lung cancer, heart disease, and other smoking-related illnesses.”

Dr. Natalia Mataraga, a doctor at the University of São Paulo, said that smoking was a serious health problem in Brazil and that the new ban was a welcome step in the right direction.

“Smoking is a serious health problem in Brazil and it’s important to take action to reduce the number of people who smoke,” she said. “We need to educate people about the risks of smoking and encourage them to quit.”

The ban is expected to come into effect next week and will apply to all public places, including restaurants, bars, and workplaces. It will also apply to public transport and events. Those who violate the ban will be fined up to R$500.

Dr. Mataraga said that the ban would be effective if it was enforced properly. “We need to make sure that people understand the risks of smoking and that they are willing to quit,” she said. “We need to provide support and resources to help people quit.”

The ban is expected to have a significant impact on public health in Brazil. Dr. Mataraga said that smoking was a major cause of premature death and that the new ban was a welcome step in the right direction.

“The ban is going to save lives,” she said. “We need to make sure that it is enforced properly and that people understand the risks of smoking.”
'Shisha', 'hookah' or 'hubbly bubblies'

'Hookah' - originated in Middle East in 1500s - part of life in Syria, Egypt and Turkey, through to India, Pakistan and Nepal

'Shisha' – tobacco mix containing molasses and assorted flavourings – usually fruits such as apple and lemon

Recently - growing popularity of sheesha and sheesha bars

- *shisha is seen as a 'social activity'*
- many do not regard it as smoking – if they do, it is a 'safer way'
- promoted as 'herbal mixtures', 'nicotine free', 'tobacco free' and 'tar free'
- bars usually located in nightlife areas targeting 18-25 year olds
- "Smoking shisha is a very sociable thing to do in a multicultural city like Melbourne"

Ancient Memories shisha bar owner Shahin Shahin, Northcote Leader, January 22, 2013
What harms are associated with shisha smoking?

Water cleans the smoke and removes tar and other dangerous chemicals

- water is used to cool smoke, making it easier on the throat – it does not remove tar. Some nicotine may be filtered by the water, shisha smokers are still exposed to enough to become addicted (WHO, 2005)

Shisha smoke is less likely to cause cancer and other problems

- burning creates tar - shisha smoke contains tar, causing mouth and lung cancers, as well as heart disease, just like cigarette smoke (Cobb et al, 2010)
- 45 min session - **a smoker can inhale the equivalent of 100 cigarettes of smoke** (Cardio Wellness, 2014). A typical 1 hour session "**involves inhaling 100-200 times the volume of smoke inhaled with a single cigarette**" (WHO, 2005)

It's a social activity and certain cultures have done it for years without problems

- smoking in shisha bars leads to inhaling more smoke, for longer periods than typical cigarette smokers. Secondhand smoke is particularly dangerous, not only containing tobacco smoke, but smoke from the heat source (usually charcoal). Sharing hookahs can lead to the spread of infectious diseases (WHO, 2005)
Shisha: Why should we be concerned?

It is not a safe alternative to cigarette smoking (WHO, 2005)

It poses a serious hazard to smokers and others exposed to the smoke emitted (WHO, 2005)

Challenges key tobacco prevention message – smoking is anti-social

- sheesha is all about being social
- smoking restrictions bypassed by legal loopholes – e.g., Vic smoking bans used a definition in Tobacco Act - consumption of tobacco product - "main ingredient" was tobacco
E-cigarettes

So if you're not 'smoking', does that solve the problem?
'Electronic nicotine delivery systems' (ENDS)

Developed by Chinese pharmacist Hon Lik in 2003 – continue to be manufactured mainly in China

- battery-operated, burning a liquid-based solution that provides nicotine
- simulates a smoking sensation similar to a traditional cigarette
- healthier alternative to tobacco smoking
- useful for quitting and reducing cigarettes
- a way to circumvent smoke-free laws – enabling users to smoke ('vape') anywhere
- "suck on an e-cigarette and it produces a cloud of nicotine-carrying vapour with none of the toxic by-products of burning tobacco"
E-cigarettes

2014 – 466 brands and counting

2013 – US$3 billion was spent on ENDS globally – sales are forecasted to increase by a factor of 17 by 2030 (WHO, 2014)

- sales slowed in 2014 – tightened regulations and concern from public health advocates
- sales may surpass traditional cigarettes in 25 years, but it could happen as early as 2024
- use at least doubled among both adults and adolescents from 2008-2012
- UK – use increased from 700,000 in 2012 to 2.1 million in 2013 – 60% are smokers

Aggressive marketing, similar to that used to popularize cigarettes in the 50s and 60s – most companies now bought by tobacco giants
E-cigarettes

Aggressive marketing – similar to tobacco advertising of the past
E-cigarettes: Safer or not?

Health authorities divided on potential health benefits – are they safer and do they offer an alternative nicotine replacement (NR) option?

- "health claims and claims of efficacy for quitting smoking are unsupported by the scientific evidence to date" (Grana, Benowitz & Glantz, 2014)
- if a client wants to use them to help quit, they should be informed that "the products are unregulated, contain toxic chemicals and have not been proven as cessation devices" (Grana, Benowitz & Glantz, 2014)

Aim of NR - to taper off and not use indefinitely – that's not how e-cigarettes are being marketed
E-cigarettes: Safer or not?

WHO recommended governments regulate ENDS and their promotion, as well as supporting research into their place in smoking cessation. They also called for use to be banned in public places and workplaces.

- could increase the levels of toxins and nicotine in the air
- act as a 'gateway' by which non-smokers may start smoking real cigarettes (WHO, 2014)

But what about young people? Can we afford to simply 'watch this space'?
Remember some of the tobacco prevention messages ...

- smoking kills
- smoking is anti-social
- it's not glamorous
- your smoking harms others

E-cigarettes

What about young people?
E-cigarettes

Certainly being sold as 'glamorous' and even 'sexy'
E-cigarettes

Celebrity 'endorsements' don't help ...
Challenges key tobacco prevention messages

- aggressively marketing them as glamorous, social and less harmful
- celebrity endorsements are powerful

Reinforces the 'smoking act'

- smoking restrictions circumvented because now 'vaping' not smoking

Limited data on uptake by youth but ...

- Utah DOH - use of e-cigarettes amongst high schoolers tripled since 2011. 7% of grade 10 students were current users, nearly one third of those had never smoked cigarettes (Chapman, 2014)
E-cigarettes and Australia

What's the story here? Are they legal and what are the restrictions?
What are the regulations in Australia?
(Cancer Council of Australia, 2014)

No Australian laws specifically addressing e-cigarettes - laws relating to poisons, therapeutic goods and tobacco control could apply - it is a complex area ...

- nicotine e-cigarettes
- non-nicotine e-cigarettes – 'therapeutic' or 'non-therapeutic'
- commercial importation and retail sale
- importation for personal use
- personal use

Sale and personal possession or use of nicotine e-cigarettes is currently unlawful in every jurisdiction in Australia – nicotine classified as a ‘Schedule 7- Dangerous Poison’ under the Commonwealth Poisons Standard

- could change if e-cigarettes registered by TGA - some states (SA, WA and Qld) still have problems with TGA registration – their laws cover products resembling tobacco products

Can import for personal therapeutic use with a prescription – but complicated as product has not been TGA approved. Importation not for therapeutic use does not breach customs laws but is prohibited under poisons laws ...
What are the regulations in Australia?

(Cancer Council of Australia, 2014)

Non-nicotine products – marked with therapeutic claims – covered by TGA and importers must comply with requirements (apart from need for prescription)
If they don't make therapeutic claims, not covered by those laws – able to be imported and sold, apart from SA, WA and Qld

Different jurisdictions responding in different ways ... watch this space ...
'Shisha pens' as they are better known are promoted as not containing nicotine, tar or other toxins – they comprise only two ingredients – **Propylene Glycol and Glycerine**

**What next?**

'Electronic shisha' – available at convenience stores and on-line
Where to from here?

Australia has been a leader in the tobacco prevention field – incredibly successful in reducing tobacco smoking rates.

Interesting to see how we respond to the 'vaping' phenomenon – public health experts divided on risks/benefits of e-cigarettes leading to mixed messages – tobacco companies capitalizing on this ...

Whatever decision we make, we need to make it quickly and then develop appropriate messaging about 'vaping'
For further information or you are interested in more of what I have to say ...

A version of this presentation, as well as a list of references and supporting information are available on the DARTA website - [www.darta.net.au](http://www.darta.net.au)

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