

Abstract

**IN SUPPORT OF INCREASED AWARENESS AND EDUCATION OF THE
DETRIMENTAL EFFECTS OF WATER-PIPE SMOKING**

SUBMITTED BY: NJNS Board of Directors

This resolution calls on NSNA to advocate for the education of the general public on the detrimental effects of water-pipe smoking by educating nursing students who will be able to then create a long lasting impact in their communities at large; and to decrease the spread of the water-pipe smoking epidemic through informative knowledge of its health effects.

Resolution-

**TOPIC: IN SUPPORT OF INCREASED AWARENESS AND EDUCATION OF THE
DETRIMENTAL EFFECTS OF WATER-PIPE SMOKING****SUBMITTED BY: New Jersey Nursing Students, Inc.**

WHEREAS, water-pipe smoking is an emerging trend in tobacco use and goes by other names including “narghile, hookah, argileh, goza, hubblebubble, and shisha” (Knishkowsky & Amitai, 2005). Since the 1990’s the American Lung Association (ALA) has recognized that water-pipe smoking has spread among college students and the young in the United States and is used primarily as a social activity (Quenqua, 2011). It has been estimated that 100 million people worldwide use water pipes daily (Noonan & Kulbok, 2008), and

WHEREAS, the water-pipe smoking apparatus consists of a head, body, bowl, and hose. Charcoal is placed directly on the moistened tobacco to heat the tobacco in each puff of air that is drawn. Therefore, the charcoal combustion products are mixed in with each puff of smoke (Shihadeh, 2003) resulting in greatly increased levels of carbon monoxide after a water-pipe smoking session, and

WHEREAS, carbon monoxide reduces the blood’s ability to carry oxygen to tissues; long-term exposure has been linked to cardiovascular disease. The average carbon monoxide level of water-pipe smoking patrons in a bar, 30.8 parts per million (ppm), is much higher than the carbon monoxide levels, approximately 8.9ppm, found in patrons who frequent a traditional smoking bar. The Occupational Health and Safety Administration states that the maximum level

of carbon exposure in an eight hour period should be 50ppm (Pease, 2011),
and

WHEREAS, a one-hour session of water-pipe smoking exposes the user to 100-200 times
the volume of smoke inhaled from one cigarette (WHO, 2005). Therefore, the
levels of nicotine and cotinine in the blood are also greatly elevated, and

WHEREAS, nicotine content of water-pipe tobacco is 2-4%, which averages more than the
cigarette nicotine content of 1-3% (Knishkowsky & Amitai, 2005). Nicotine
addiction can easily be developed in water-pipe smokers due to this nicotine
content (Noonan & Kulbok, 2008). Cotinine found in a urine sample after 45
minutes sessions of water-pipe smoking results in the same cotinine level
found after 15 cigarettes are smoked (Knishkowsky & Amitai, 2005). Blood
plasma cotinine levels increase from 0.079 to 51.59 ng/mL, and saliva cotinine
levels increase from 0.79 to 283.49 ng/mL in water-pipe smoking (Noonan &
Kulbok, 2008), and

WHEREAS, those who go to a hookah café but do not participate in the smoking are still
shown to have elevated levels of carbon monoxide. The average carbon
monoxide level is 11.5ppm in the person exposed to secondhand water-pipe
smoke, which is comparable to that of a regular cigarette smoker. Tars and
heavy metals such as arsenic, chromium, and lead are also found in higher
levels in comparison with smoke from a single cigarette (Knishkowsky &
Amitai, 2005). Tar in one session of water-pipe smoking is equivalent to the
tar of 20 low-tar cigarettes, the amount in one pack (Shihadeh, 2003), and

WHEREAS, water-pipe smoking takes a carcinogenic role in a number of body systems. A

survey in Yemen showed that water-pipe smoking was associated with esophageal and gastric carcinoma. A survey of men in India found that water-pipe smoking is also associated with bronchogenic carcinoma. (Knishkowsky & Amitai, 2005), and

WHEREAS, there are many misconceptions associated with water-pipe smoking. Many believe that the water used in water-pipe smoking filters out tobacco toxins (Quenqua, 2011). As the smoke passes through the water bowl and long delivery pipe, the smoke is cooled and has a “smoother” quality to it that makes it less irritating to the respiratory tract (Shihadeh, 2003). Because water-pipe smoking is less irritating, there is the perception that it is less toxic to the respiratory tract. Another common misconception is that the different flavors of the tobacco in water-pipe smoking are fruit additives and makes it a healthy choice (Knishkowsky & Amitai, 2005), and

WHEREAS, there is also the misconception that there is less nicotine in water-pipe smoking, which makes this activity non-addicting (Knishkowsky & Amitai, 2005). International studies proved this misconception false. Among the water-pipe smokers surveyed, 90% believed that cigarettes were more addictive than water-pipe smoking. Among non-water-pipe smokers, as many as 77% believed that cigarettes were more addicting than water pipe smoking (Noonan & Kulbok, 2008), and

WHEREAS, communicable infectious diseases, such as Herpes Simplex virus, Epstein Barr virus, and other respiratory viruses can arise because the mouthpiece of the smoking apparatus is passed around a group (Noonan & Kulbok, 2008).

Therefore be it

RESOLVED, that NSNA educate nursing students on the detrimental effects of water-pipe smoking and investigate areas of social interaction where water-pipe smoking may take place; and be it further

RESOLVED, that NSNA support the education of students on the initiatives of the World Health Organization (WHO) Study Group on Tobacco Product Regulation's (TobReg) regarding water-pipe smoking (World Health Organization, 2005); and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, National League of Nursing, National Association of School Nurses, American Lung Association, American Heart Association, Association for Professionals in Infection Control, Association of Clinical Nurse Specialists, American Academy of Nurse Practitioners, Emergency Nurses Association, Academy of Medical-Surgical Nurses, American Cancer Society and all others deemed appropriate by the NSNA Board of Directors.

References

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