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Shisha tobacco's availability is rising. Why does UK smoking policy fail to tackle it?

Upcoming law changes could tackle the public health impact of this pipe smoked tobacco—but only with increased awareness and culturally competent support, says Zainab Hussain

Zainab Hussain *freelance journalist*

There are at least 996 shisha cafes in the UK, an increase of 33% in the past five years, and London has more shisha cafes than branches of McDonald's.[1] Yet the smoking of shisha tobacco (see box 1) continues to be overlooked as a public health matter, contributing to the widening of existing inequalities.

Box 1: What is shisha?

Shisha, also known as hookah, narghile, and hubble bubble, is a waterpipe that is used to smoke a charcoal heated tobacco mix. Smoke passes through water before being inhaled through a hose-like pipe. The origin of shisha dates back centuries and it is especially common across the Middle East and South Asia.

Shisha tobacco is generally flavoured and has become increasingly popular in the UK,[2] especially among young people and those from Middle Eastern, North African, and South Asian backgrounds. It is primarily smoked socially and, though it can be smoked in homes, it is usually smoked in shisha cafes.

The health effects of shisha tobacco are not as well researched as for cigarette smoking, but the current evidence shows that it is also addictive, toxic, and carcinogenic.[8]

There are widespread misperceptions that underplay the health risks of shisha,[11] and users tend not to identify as smokers, "resulting in a tobacco using population that healthcare professionals are not able to identify routinely."[12]

This could change with the Tobacco and Vapes Bill, currently making its way through parliament, but only, say public health experts, with more recognition and culture specific campaigns and support.

Shisha is especially popular among young people and some ethnic minority groups,[2] mainly in urban areas such as Birmingham, London, and Manchester. In London, shisha use among secondary school aged children has been reported to be as high as 40%.[3]

A recent population survey study found that 1 in 10 people in the UK who smoke now smoke non-cigarette tobacco[4] (including shisha) exclusively, and national youth surveys such as those carried out by Action on Smoking and Health[5] and the International Tobacco Control Policy Evaluation Project[6] show that a sizeable minority smoke shisha.

Exclusion from flavour ban is "policy incoherence"

The groups most likely to smoke shisha are those that already face inequalities and, says Mohammed Jawad, public health consultant at Barnet Council in London and specialist in shisha tobacco smoking, "when the harms of shisha are under-addressed in these communities, they bear a disproportionate burden of tobacco related disease."

Unlike people who smoke cigarettes, those who smoke shisha tobacco don't have the benefit of decades of dedicated regulation around packaging, taxation, and laws.

The disregard for shisha tobacco as a public health problem is exemplified by its exclusion from the flavour ban,[7] which Jawad describes as a "textbook example of policy incoherence." The 2014 European Tobacco Products Directive exempted shisha tobacco from the tobacco flavour ban. Although a new directive meaning it can no longer be sold legally as a flavoured product came into force in the EU in 2023,[8] this update no longer applies to the UK. No similar legal updates have taken place here and flavoured shisha tobacco continues to be sold legally.

"Shisha is every bit as bad for you as smoking cigarettes, but the flavours make it appear less harmful and more palatable," says Hazel Cheeseman, chief executive of Action on Smoking and Health. "When there are only some groups in the population using these products as a matter of routine, it's an inequality not to apply the law equally."

Additionally, the selling of shisha tobacco is not a licensable activity in the UK. Businesses can run as a cafe or restaurant and opt to sell shisha tobacco without having to notify the council or go through regulatory checks, although they do have to comply with smokefree laws, including bans on indoor smoking and underage sales.

In a 2014 policy paper, the London Government Association called for the licensing of shisha premises, highlighting its importance in venues "specifically designed for consumption of a high risk product which can impact health." It added, "It does not seem right that a venue requires a licence to serve a hot drink after 11 pm but does not require one for smoking shisha. Moreover, licensing shisha would send a stronger health message."

Lack of data on shisha use hampers monitoring and regulation

The lack of licensing laws makes accurate monitoring and regulation of shisha cafes difficult, and was cited as the reason for multiple "unknown" results in a recent freedom of information request for updated numbers.

Data deficiency is a key reason shisha is overlooked, says Jawad. "We don't have strong data, nationally

or locally, around shisha use," he says, adding that prevalence could be under-reported, there is a lack of representation in national surveys, and "questions are not being asked in quite the right way to elicit public health risk."

Existing data are only cross-sectional. "We've got nothing longitudinal," he says. "Surveys are often underpowered to pick up accurate prevalence in marginalised groups. That is a common structural inequality that marginalised groups face in the national discourse, and it's a cultural blind spot."

Leena Ali is a doctoral candidate at the University of York who is researching the significance of culture in shisha interventions. She also raises the matter of ethnicity reporting, saying that although shisha is popular among people from Middle Eastern backgrounds, these groups are not accurately represented in the data. They are often lumped together in an "other" ethnic category, failing to show the extent of disparity in these groups.

Ali also highlights that the most recent shisha specific research in the UK is about a decade old. "There have been calls for more research and awareness and more to be done about shisha smoking, but nothing has been done so far," she says.

This lack of knowledge, research, and awareness of shisha affects policy. Jawad says that many in the policy space assume that shisha is just another form of smoking and therefore covered by existing laws. "I've heard that from advocacy groups, national tobacco bodies, and policymakers," he says. "It's a flawed premise to be working on, because the consumption patterns differ substantially. A single shisha session can last up to an hour, so even if you're using it once a month, you're still delivering quite a lot of toxins to your body compared with someone who occasionally smokes a cigarette."

He also explains that shisha has unique design features that make it different from other forms of tobacco, including the use of charcoal, water filtration, and added flavours. That, along with apparatus sharing in cafes and prolonged exposure, "really does change the risk profile. It's not just another smoking product."

Upcoming Tobacco and Vapes Bill could make it easier to tackle shisha smoking

The upcoming Tobacco and Vapes Bill[9] may make it easier to tackle the problem. "It will be interesting to see how the bill lands," says Jawad. "A lot of the restrictions in there will be applied to shisha."

The bill is a "comprehensive piece of legislation that covers all tobacco products in a fairly similar way, which is not typically how tobacco products have been regulated in the UK," says Cheeseman. She says the bill will create consistency across all tobacco products, including the power to regulate flavoured tobacco.

It will also include licensing powers, so that "any premises and individuals selling tobacco, and that would include shisha, would have to have a licence for sale," she adds.

"It's hard to think of anything that is not comprehensively covered by this piece of legislation," says Cheeseman. It gives powers to regulate any aspect of the product and how it is promoted—which includes shisha pipes and would mean there is potential for standardised packaging and health warnings on these products. Currently, customers in shisha cafes will rarely, if ever, see shisha tobacco packaging, as the tobacco is preprepared and inside the waterpipe when presented to them.

While the bill would give the government power to introduce things such as licensing and regulation of tobacco accessories (including waterpipes), it does not guarantee if or how they will be put into action. There is also potential to tailor policies to different areas based on need.

In the case of licensing, Cheeseman explains that the bill could mean that licences could be refused if, for example, the government wanted there to be lower density of sales in a particular area. But, she adds, "It would remain to be seen how those powers get used in practice, and it will probably be up to individual local authorities to decide how they would use them."

One aspect of the bill that Cheeseman says would have "profound implications" for the UK shisha industry, if put into effect, is a ban on outdoor smoking. "The government has indicated that it would not use those powers in the short term in hospitality in England," says Cheeseman, "but that wouldn't prevent other nations of the UK from doing so."

Shisha is neglected in the formation of Tobacco and Vapes Bill—and there is other work that can be done

Ali welcomes the bill but has concerns about the lack of focus on shisha. "It's such an important policy, one that would have huge implications and huge benefits," she says. "It is focused on cigarettes and vaping, however, and it neglects how shisha and smokeless tobacco would be treated." She refers to plans in the bill to increase funding, but questions if those resources will be allocated to shisha and smokeless tobacco. "Because so far they haven't been," she says. "It hasn't been equitable in that way."

Ali questions what the lack of focus on shisha could mean for the age of sale increases outlined in the bill, which would mean those born after 2009 can no longer purchase shisha. Shisha is primarily a social activity, and the age increases could drive people to purchase shisha apparatus to smoke in their homes instead of cafes, potentially increasing frequency of use because of increased accessibility.

With the bill not set to come into force until 2027[10] there is other work that can be done now, including around health messaging, which Jawad says is another clear inequality. "I can't remember a national anti-smoking campaign that mentioned shisha," he says, "let alone anything that's culturally tailored to communities that may be using it."

This leaves people with reduced access to accurate information and increases the likelihood of misinformation. He suggests a need to fund community led research to have culturally competent campaigns and, he says, "framing it as a health equity matter, rather than a cultural attack, which is how it's currently being perceived" (see box 2).

Box 2: Shisha is overlooked because of "cultural sensitivity paralysis"

One reason shisha is overlooked, says Mohammed Jawad, public health consultant at Barnet Council, is "cultural sensitivity paralysis"—where policy makers hesitate to tackle a problem, or are pressured into staying away from a problem, because it may be seen as an attack on culture. "Adverse or poor health behaviours in some communities are perpetuated as a result," he says.

Leena Ali, doctoral candidate at the University of York researching the significance of culture in shisha interventions, says discussion of regulation of shisha can indeed be seen as an attack on culture. "People get defensive," she says. "They feel like there are double standards between how shisha smoking and shisha cafes are talked about in public health, and maybe how pubs are talked about."

There is an understanding that pubs are an important part of the culture and social fabric of the UK, Ali explains, and not seeing shisha cafes as having that same function for these communities results in a feeling of

unfairness, and distrust of public health measures. They point to public discussions around shisha, where there is a focus on antisocial behaviour, noise nuisance, and fines, and less around health protection.

Jorge Zepeda, head of public health and tobacco control strategic lead at Bradford Council, says the city's ethnic profile means shisha use may be higher than in other parts of the country and agrees that targeting shisha tobacco is not as straightforward as targeting cigarette use. "Shisha is more complicated because it's more culturally bounded and because of this kind of partial acceptance by families and communities," he says.

Some local councils are starting to work to tackle the problem. In Bradford this means planned local research and intelligence gathering, allocated funding for community awareness, and expansion of existing smoking cessation services for people who smoke shisha tobacco. Jorge Zepeda, head of public health and tobacco control strategic lead at Bradford Council, says it is focusing on local research to target awareness efforts on specific communities where shisha prevalence is highest.

I have read and understood BMJ policy on declaration of interests and declare the following: I have previously carried out unpaid research and advocacy work for ShishaWatch.

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Otter.ai was used to transcribe interviews.

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