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# PERCEPTION OF SHISHA SMOKING & DRUG ABUSE AMONG UNIVERSITY STUDENTS OF KARACHI

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## ABSTRACT:

**Background:** Tobacco smoking in the form of cigarettes and shisha has become a sign of modernization and trend among youth for pleasant and relaxing experience. Drug addiction is the most common problem in young ones nowadays causing craving practices and long-term consequences includes disturbances in physical and mental health.

**Objective:** To study the perception and frequency of drug abuse and shisha smoking among the university students of Karachi.

**Methodology:** This study was conducted at Karachi University and NED University Karachi from April 2016 to May 2016. In this cross sectional survey based study, students (n=1000) of both gender were selected from Karachi University & NED University. A close ended questionnaire was structured to find out the history and perception, frequency, hazards and complications of drug abuse and shisha smoking.

**Results:** Most of the Participants started smoking shisha in the age of 16-20 years. They initiated shisha smoking due to motivation of friends, its flavor, enjoyment and fashion trend in spite of knowing the hazardous effects associated with its regular usage. Similarly they have been using narcotic and non-narcotic drugs either due to fashion, stress relief and friendly gathering or habitual practices.

**Conclusion:** The obtained results have shown that Shisha and cigarette smoking is very popular among students of universities in Karachi. Students are well aware of shisha hazard and drug abuse and their short and long term complications but they continue using because of society fashion trends, peers' pressure, and lack of proper guidance. Therefore awareness should be given at high school college and university level to limit this trend.

**Key Words:** perception, shisha smoking, drug abuse, among university students.

**INTRODUCTION:** Over the years tobacco smoking has become a serious issue globally. The use of tobacco in its various forms (Cigarette, shisha etc.) has become a common practice of people at every stage of life. Even students nowadays are more inclined towards smoking and drug abuse<sup>[9]</sup>. The tobacco intake in Pakistan is high, reaching up to 40.9% among middle aged males<sup>[2]</sup>. Despite of knowing that smoking is unhealthy a lot of people continue to smoke. Tobacco contains nicotine, an exceedingly addictive substance that makes it troublesome for smokers to kick the propensity. Tobacco items additionally contain numerous noxious and unsafe substances that lead to infection and

death. Cigarette smoking has been linked to lung's malignant growth, atherosclerosis and coronary illness, Chronic Obstructive Pulmonary Disease (COPD), and different conditions that comprise a wide cluster of health problems. A water pipe (also referred to as shisha, hookah, narghile, kaliaan, and hubble-bubble) is a nicotine delivery device in which tobacco smoke passes through water before it is inhaled<sup>[3]</sup>. It is common in the Arabic countries, China, Turkey, Pakistan, India and Bangladesh<sup>[5]</sup>. It has been reported that more than 100 million people worldwide smoke shisha<sup>[11]</sup>. In Saudi Arabia prevalence of smoking drugs was 8.6%<sup>[6]</sup>. However, prevalence of shisha smoking

among Arab Americans adolescents was 27% [22]. Smoking shisha has turned out to be popular among youngsters today due to the modernization of our social legacy [16]. Many youthful grown-ups assemble in shisha bistros, parties and in companions' social events and offer the pipe between them. They see smoking shisha as a wonderful and refreshing. [13] Shisha is usually made up of tobacco, molasses/sugar, and fruit flavorings. Shisha comes in various flavors, including strawberry, cappuccino, and cotton candy, blue berry. [3] It is smoked through a water pipe that is heated by charcoal to produce the smoke. People think that shishatobacco contains fruits so it is less harmful than smoking but it is not true. [1]

As indicated by a report 44% of people think smoking shisha is less destructive than smoking cigarettes [14]. But here's the stunning truth – current findings demonstrates that smoking shisha tobacco is in reality more hazardous than smoking cigarettes [13].

A habitual shisha smoker is more prone to health risks when compared to the medical issues faced by cigarette smokers, regardless of whether it is respiratory or coronary disease. Shisha smokers become addictive to the point that they become dependent on it. "Shisha smokers regularly breathe in more smoke than cigarette smokers as the period of time a shisha session endures is long. One session can last as long as an hour amid which shisha smokers will breathe in a lot of tobacco smoke just as the second-hand smoke of others. As indicated by research did by the World Health Organization (WHO), the volume of smoke breathed in 60 minutes in length shisha session is evaluated to be what could be compared to smoking somewhere in the range of 100 and 200 cigarettes. The assessed discoveries proceed to demonstrate, overall, a smoker will breathe down the liter of smoke for every cigarette, while a shisha smoker can take in anything from simply under a 6th of a liter to a liter of smoke for each breathe [23]. Drug abuse can cause an extreme desire for the substance. One might need to stop, yet a great many people discover they can't do it on their own. Serious, long term effects, involving physical and emotional well-being issues are associated with drug abuse. Numerous drugs cause obsessions like: Ecstasy, Cocaine, Heroin, nicotine, opium, split, hashish, and Naas. Ecstasy and pleasure is not a physical addiction like drugs such as cocaine, nicotine and heroin are. Cocaine and Nicotine are profoundly irresistible drugs for which examples of utilization and the increased dependency are affected by variables like accessibility, cost, social issues and certain pharmacologic effects [12]. Alcohol addiction is because of many interconnected factors, including

social condition, and emotional health. Deaths caused by alcoholism have appeared in increasing pattern from 2.5 million of every 2004 to 3.3 million deaths in 2012 which leads to an interpretation of 4 to 6% of all deaths overall amid this period [11]. Sleeping pills are unsafe to wellbeing and could cause demise from malignancy, coronary illness, or different diseases [9]. Individuals who take such pills bite the dust sooner than individuals who don't utilize sleeping pills [23]. Hashish is an intense type of cannabis (weed) created by collection and compression of trichomes, the most strong material from cannabis plants. The momentary impacts of marijuana are weakening of memory and learning, trouble in considering and critical thinking, loss of coordination and expanded pulse, nervousness, and frenzy attacks. [13] Most of the medications cause attacks of panic. [13] Studies note that age scope of addicts and drug abusers has diminished worldwide. This range of decreasing age has endangered numerous youths and youngsters and has invited attention in society. [20] Most normal smokers start smoking before 20 years old. Youth may have few purposes behind going for tobacco use, including looking cool, appear mature, or friendly, or trusting that tobacco is useful for adapting to stress and weight control. Drugs enslavement in Pakistan is no less troubling. Pakistan is the most noticeably awful influenced all through South Asia. It is home to the biggest market for heroin utilization. Pakistan is likewise a noteworthy exporter of heroin and roughly fifty tons of opium is illicitly conveyed into Pakistan to deliver heroin. Drugs abuse among the young is murdering them ethically and socially just as mentally and even physically. Very few studies have been conducted to determine prevalence of smoking habits among university students. In this study we aimed to determine the frequency of shisha, cigarette smoking and drug abuse and to assess the perceptions and practices of cigarette and shisha smoking in university students with assessment of their knowledge about the hazards of shisha.

## **MATERIAL & METHODS:**

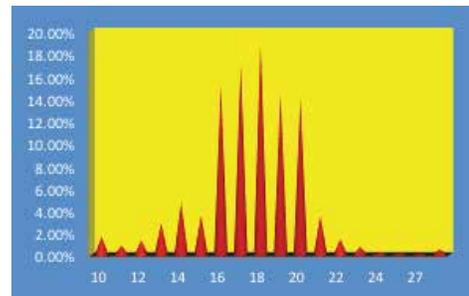
It was descriptive cross sectional study conducted from May 2016 to April 2016 at different departments of University of Karachi. Approval from ethical committees of concerned Universities was taken 1000. The participants included 796 males and 204 female students studying in graduate and post graduate programs. Participant's consent was taken. The age criteria were between 18 to 48 years. Students from different departments were selected from B.Sc (hons), B.S BA, MA, and M.Com, B.Com M.A, and M.Sc programs. Interview was taken on a structured

questionnaire which was pre-tested. Each student was allowed to complete the questionnaire freely without consultation with other fellow students, read and marked the answers with concentration. Finally data was tabulated and qualitative analysis was done through SPSS version 16.

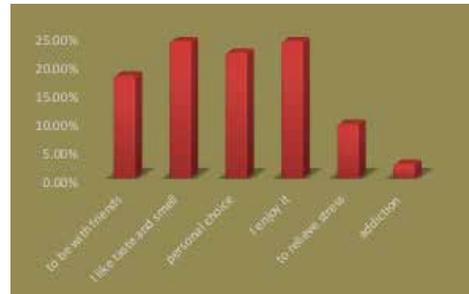
**Results:**

Students surveyed were 1000 from Karachi University & NED University participated in the survey. A total of 796 (83.40%) were males and 204 (16.50%) were females filled the questionnaire. Out of these 87.3% were taken from undergraduate program and 12.7% were from post graduate programs. Most of them started smoking shisha in the age of 16-20 years [Fig:1] In this study people initiated shisha smoking mainly due to its taste/flavors(24.5%) and for enjoyment (24.5%) [Fig:2] The most commonside effects were of respiratory system. Out of total sample 46.30% were aware that shisha may cause lung cancer [Fig:3]. Among the total 46.10% agreed that Shisha smoking is taken as a fashion in Pakistan [Fig:4]. 27% students agreed that they have smoked shisha in the past 30 days. More than 40% said that they never felt the urge to smoke shisha. 44% of them they have no idea whom they first smoked shisha with; while 37% them reported that they first smoked shisha with several friends [Fig:5]. Overall, 62% of the total participants reported they were first given shisha by a friend [Fig:6]. 82% of the participants reported that the workers at shisha cafe haven't informed them about the potential hazards of shisha smoking 59.50% of the students claimed that they first smoked shisha at a shisha cafe. 33.50% participants reported that they smoke shisha monthly. 31% of them reported to consume 1 pot of shisha at a time. 40% of them agreed that they have tried to stop shisha smoking. 49% of them think that shisha is more harmful then cigarette smoking and 73.20% said they would never encourage others to smoke shisha [Fig:7] This study also showed that drug abuse is affected by awareness and approach toward drugs. Among 30% of the total participants in this study were found curios at teenage years emerged as the main reason of taking drugs [Fig:8] 39.60% reported that they have taken analgesics like ibuprofen for the first time as a drug, 28% of the individuals claimed that they usually use the drugs at parties [Fig:9]. 62.30% reported to be involved in smoking. Out of the total surveyed individuals 40% reported dry mouth to be the most common manifestation of drug abuse [Fig:11]. 23.10% of the studied population found anxiety and depression as the short term complication of drug abuse while 19.60% found anxiety and depression as a long term

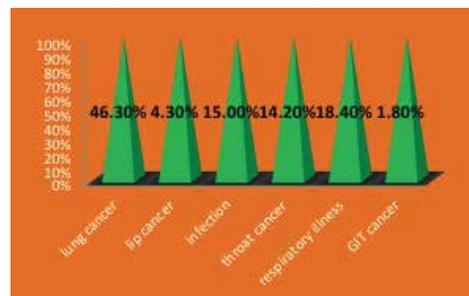
complication of drug abuse [Fig:12,13].



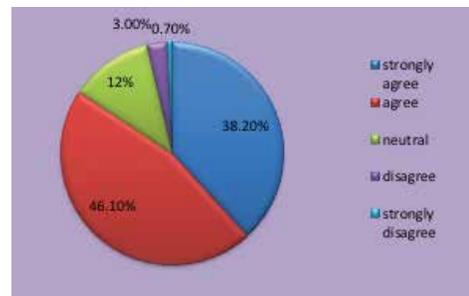
**Fig:1 Age of starting shisha**



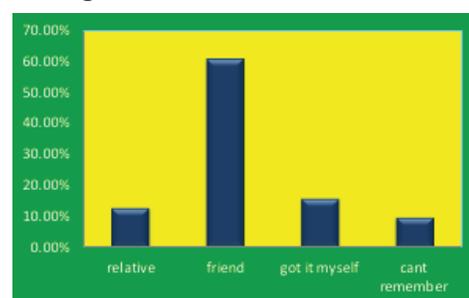
**Fig:2 Reason of smoking shisha**



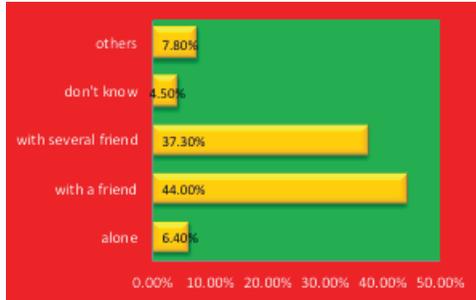
**Fig:3 Consequences of shisha smoking**



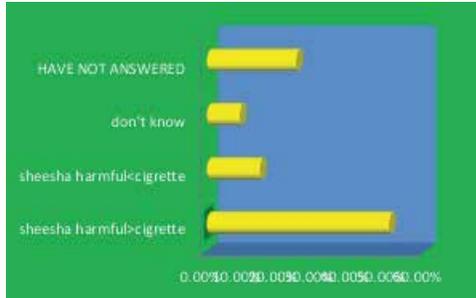
**Fig:4 shisha as fashion in Pakistan**



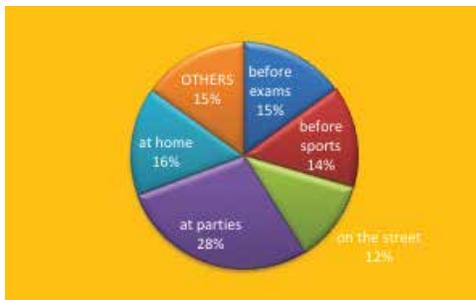
**Fig:5**With whom you first smoked shisha



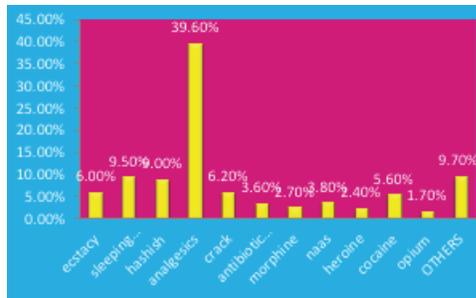
**Fig:6**Who motivated for first shisha



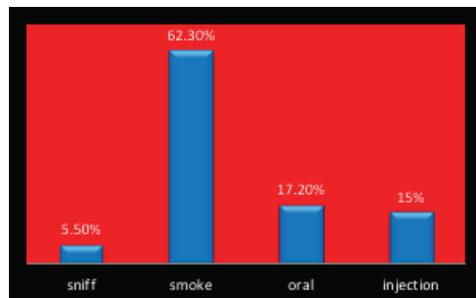
**Fig:7**Perception that shisha is harmful than cigarette



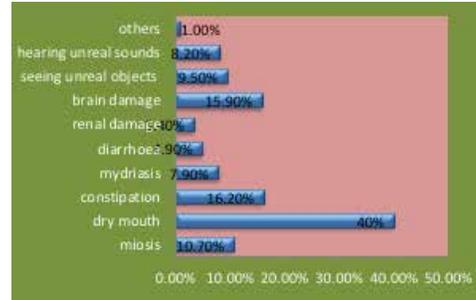
**Fig:8** Occasion where drug is used



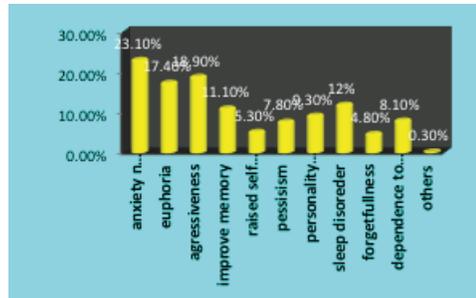
**Fig:9**Drug used for the first time



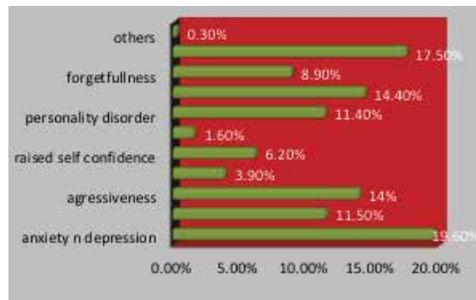
**Fig:10**Route of drug abuse



**Fig:11**Sign & Symptoms of drug abuse



**Fig:12**Short term complication of drug abuse



**Fig:13**Long term complications of drug abuse

**DISCUSSION:**

According to the scrutinized results of our study, the mainstream of the young generation of our nation-state assents the fact that shisha smoking and cigarette smoking both are highly considered as a trend for the youth. This leads to most of the students' minds craving for the poison when not even in stress or any kind of external pressure. This all is due to the psychological pressure on the youngsters in order to match up with the socializing status and prestige. The most common causes of shisha smoking according to our study were found to be the fashion or trend set. This is found comparable to the study conducted in a Pakistani university where again the trend of shisha smoking and the getting rid of bore past time, intense curiosity were found to be mainly the reasons [13]. Results were obtained highlighting the significance of shisha smoking just accepted as simply a fashion to be

followed. Shisha smoking is putative as a passive comical hullabaloo by the youth, owing to privation of regime policies, wrong perception about the shisha smoking accepted as a trend in the society<sup>[14]</sup>. Studies have shown that the attitude of the youth is pretty casual toward the smoking issue<sup>[31]</sup>. Introduction of variety of flavors in the shisha fashions an erroneous perception amidst the minds of the apprentices that anything flavored cannot detriment them as much as a cigarette would do, hence the flavors are very famous amongst the young generation attracting them even more towards the shisha smoking hence making it even more trendy. Blue berry and mint flavors were reported as the most popular choices amongst the university users. Our study is compatible with another study in Shisha cafe, majority preferred flavor of double apple and mint<sup>[19]</sup>. The age at which such unhealthy practices start amongst the students is even a very massive prompting factor due to the fact that juvenile minds, highly dynamic mingling parties and friend's hangouts are most common in around ages after 15 particularly in Pakistan, due to which youngsters are more prone to embrace this shisha or cigarette smoking around this age. After the study, results were analyzed and it was determined that the major initiation age of this is habit after 15 years. The chief ages of this reported is from 16 to 20 years of age and most popular around the age of 19. In another study concludes that sex, age particularly affects the use of sheesha amongst university students<sup>[24]</sup>. Other than this the companies also matter the most, as the study suggests that 44% of the university students first smoked with their friends which undoubtedly climaxes the fact that it's the friends company that persuades one to start such deed or with a group of friends to pass a leisure time. The place where shisha smoke is practiced is another very foremost dispute of concern, as most Pakistani families do not permit their children to do it at home so they practice it mostly in shisha cafes as reported is 59.50%. Even though cigarette smoking is not appreciated at homes but in families' shisha smoking is a little more accepted culturally. So other than shisha bars, the second option for shisha smoking is home. [Fig:8] Even though 46.3% reported that they believe that smoke causes lung cancer while others reporting that respiratory illness infections and lip cancer can also be caused but even then they were engaged in the unhealthy activity of cigarette smoking. The awareness was found to be 77.5% in Malaysia compared to our study which indicates 59% due to better education system there<sup>[17]</sup>. 49% of the students reported that shisha is even deadlier than cigarette smoking [Fig:7]. Regarding the knowledge among the

study participants, preponderance of the participants (48.5%) mentioned that shisha is less risky than cigarettes [Fig:7]. Similar study from Syria reported that 30% of university participant were of the view that shisha was not as much as destructive than cigarettes<sup>[20]</sup>. There has been a fabricated insight that shisha smoking is nonviolent than cigarette smoking, possibly for the reason that the design of shisha smoking involves the route of smoke through water that is supposed to clean the smoke and remove noxious agents<sup>[30],[15],[10]</sup> stated that 51% regards shisha being less harmful. Another study of Egypt also supports the same misperception. The increasing trend of shisha smoking is due to some misconceptions regarding shisha smoking, for example that harmful gases like carbon monoxide, tar and nicotine is less present in shisha smoke due to presence of water<sup>[4]</sup>. A new study research reported declares water pipes to be three times even more deadly than cigarette smoking<sup>[17]</sup>; and to even more detoxify it the colored artificial flavors are added which together with tobacco makes it incredibly deadly. Even despite all the facts the cigarette smoking is 200 times less than shisha smoke. A report suggests that the majority of the students perceived cigarettes smoking to be even more lethal than shisha smoking<sup>[27]</sup>. Additionally, ever and current shisha users were more likely to perceive cigarette smoking to be more harmful than shisha smoking [8]. United States youth have even reported to have more prevalence in pipe smoking.<sup>[7]</sup> The wrong rumors have been spread in the youth that shisha smoke has less nicotine as it has been filtered. Contrary to which the shisha smoke has 2-4% of nicotine content whereas cigarette possess only 1-3%. Similar case has been reported with Carbon monoxide been more in shisha than in cigarette. Therefore shisha produces 50 000ml of smoke compared to cigarette producing only 500 to 600ml. In next part of study, Drugs that were mostly reported to be most used amongst our university students are sleeping pills 74% analgesics 23% and heroin 22.7%. The subjects gave sleep issues as excuses for their addiction to sleeping pills. As Pakistan is a Muslim country and alcohol is not legal hence this was reported to be zero. Students were more prone to take sleeping pills due to the stressful schedule and more likely seem to be drawn to the use of analgesics, charas or heroin over alcohol as religiously alcohol is not legal. So it all adds up being one powerful dose of drug in one form or other.

## CONCLUSION:

This research was conducted to analyze the prevalence of drug abuse including shisha and cigarette smoking

among Karachi university students of Pakistan. The observed results have clearly shown high prevalence of shisha smoking and drug abuse, the shocking reasons for this practice includes lack of awareness about its bizarre effects and taking water pipe as a symbol of fashion and status. The most frequent use is for the sake of stress relieve, friends gathering and even they take it as a healthy practice. The later puts an alarming condition and a big question mark to public health care sectors and health awareness authorities. It is insistent that there should be developed an anti-tobacco campaigns in our country. Moreover students under pressure and with low self-esteem are also indulged in these activities. These specific issues are often not considered deeply, which is even more harmful because of their deliberating impact on our youth. However lack of action might lead it to set firm roots in our society, as it has done in the Arab world. More researches should be taken for the awareness of hazardous effects of this slow poison in our country.

#### **LIMITATIONS:**

Some important consideration, however should be taken before concluding any direct or indirect implications from our study. The population survey was particularly done on university students male and female both .If this study was not limited to university students that would be more easy to get the data. As this study was based on drug abusers,cigarette and shisha smoking so during the study we have faced many problems like drug abusers didn't like to share this information with us they think that this study will expose them in front of everyone that they are drug abusers .Some students didn't give the right information.

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**Author's contribution:**

**Farwah Rizvi;** data collection, data analysis, manuscript writing, manuscript review

**Lubna Naz;** data analysis, manuscript writing, manuscript review

**Nazneen Zehra;** manuscript writing, manuscript review