The constituents of shisha, 52% [123/237] were unaware of the health risks, and 40% [95/237] would not tell their doctor about shisha if asked about smoking.

A similar survey by Abdelaziz Elgindi of 103 shisha café attenders in London in 2011 (response rate 94%, 103/110) found that of the 42 responders who also smoked cigarettes, 89% [34/38] reported that smoking relieved the cravings they had for cigarettes compared with only 52% (22/42) who said that cigarettes relieved the cravings they had for shisha (P = 0.001). A head of shisha is estimated to contain around 10 times as much nicotine as one cigarette.²

Most recently in 2012 David Rawaf conducted an online survey of medical students at St George’s, London, with a response rate of 62% [137/222], of which, 65% [89] were white, 11% [15] Middle Eastern, 10% [14] Indian, 7% [10] Pakistani, with the rest Bangladeshi, black, Chinese, and others. It was found that 79.4% [43] have smoked a shisha pipe before, of which the majority are white [58%, 25]. However, only 12 students were “regular” shisha smokers (more than once a week), out of those, three smoked cigarettes. Of the regular smokers, six were Pakistani, four were Indian, and one each of black and white origin. The majority of responders (79%, or 108) did not smoke cigarettes, with 77% [83] having smoked a shisha pipe once. As an aside, it was discovered that medical students had a good understanding of the constituents and health risks of shisha, and most [85%, or 116] felt that clinicians should ask about shisha smoking.

As can be seen, shisha smokers are from varying backgrounds, so it is indeed a culture-wide trend, especially among students. However, the dangers are not fully understood by the public, and it is on the shoulders of current and future clinicians to raise awareness.

We agree with Jawad and colleagues that GPs, particularly those working in areas with many ethnic-minority patients, should consider ‘asking the shisha question’. As can be seen, shisha smokers are from varying backgrounds, so it is indeed a culture-wide trend, especially among students. However, the dangers are not fully understood by the public, and it is on the shoulders of current and future clinicians to raise awareness.

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We agree with Jawad and colleagues that GPs, particularly those working in areas with many ethnic-minority patients, should consider ‘asking the shisha question’.

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Enhancing consultations with interpreters: learning more about how

I am a GP who has worked for 15 years in inner-city London. I also work at the Helen Bamber Foundation for victims of cruelty. This is a non-NHS role and one of my duties is to liaise with our patients own GPs ensuring that they have access to good quality health care. Our patients are often extremely traumatised victims of torture

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