

HHS Public Access

Drug Alcohol Depend Rep. Author manuscript; available in PMC 2023 January 13.

Published in final edited form as:

Author manuscript

Drug Alcohol Depend Rep. 2022 December; 5: . doi:10.1016/j.dadr.2022.100112.

Co-substance use of nicotine vaping and non-cigarette tobacco products among U.S. grade 12 students from 2017–2019

Hadley Ankrum^a, Noah T. Kreski^{a,*}, Magdalena Cerdá^b, Qixuan Chen^c, Deborah S. Hasin^{a,d}, Silvia S. Martins^a, Richard Miech^e, Mark Olfson^{a,d}, Katherine M. Keyes^a

^aDepartment of Epidemiology, Mailman School of Public Health, Columbia University, New York, NY, USA

^bDepartment of Population Health, New York University Grossman School of Medicine, New York, NY, USA

^cDepartment of Biostatistics, Mailman School of Public Health, Columbia University, New York, NY, USA

^dDepartment of Psychiatry, New York State Psychiatric Institute, Vagelos College of Physicians and Surgeons, Columbia University Irving Medical Center, New York, NY, USA

^eInstitute for Social Research, University of Michigan, 426 Thompson Street, Ann Arbor, MI 48104, USA

Abstract

Background: Nicotine vaping among U.S. adolescents has risen rapidly over the past decade, particularly for youth in grade 12. While previous studies examined the relationship between nicotine vaping and combustible cigarette use, less is known about the co-occurrence between vaping and other tobacco products.

Methods: Using Monitoring the Future grade 12 data (2017–2019), we investigated associations between past 30-day nicotine vaping and non-vaping, non-cigarette tobacco use (smokeless tobacco, large cigars, cigarillos, hookah). Population prevalences of four categories were assessed: neither, vaping only, non-vaping of non-cigarette tobacco only, or both. We further investigated these relationships with logistic regressions accounting for the complex survey design (unadjusted, demographic-adjusted, and further adjusted for other substance use). Finally, analyses were stratified by combustible cigarette use.

Results: Depending on the non-cigarette tobacco product, 2.5% to 5.4% of grade 12 students vaped nicotine and used a non-cigarette tobacco product. Controlling for demographics, cigarillo use was associated with nicotine vaping (adjusted RR = 3.44, 95% CI: 3.08, 3.84), as was hookah

This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/)

^{*}Corresponding author at: Columbia University, Mailman School of Public Health, 722 West 168th St., Room 733, New York, NY 10032, USA. ntk2109@cumc.columbia.edu (N.T. Kreski). Contributors

Kreski and Keyes conceived of the initial study, conducted analyses, and collaboratively created the initial draft; All remaining authors provided substantial feedback and assistance with the revision and expansion of subsequent drafts.

Declaration of Competing Interest

Authors have no interests to declare.

Ankrum et al.

use (aRR = 3.51, 95% CI: 2.92, 4.23), smokeless tobacco (aRR = 2.97, 95% CI: 2.51, 3.52), and cigar use (aRR = 2.90, 95% CI: 2.49, 3.37). Controlling for cannabis and all non-cigarette tobacco products simultaneously attenuated associations. Associations were stronger among students who did not use cigarettes.

Discussion: Nicotine vaping is associated with use of many non-cigarette tobacco products, including smokeless tobacco, cigarillos, cigars, and hookah. As prevalence of nicotine vaping remains high among adolescents, we should monitor co-use of vaping and other tobacco products.

Keywords

Vaping; Tobacco; Adolescents; Smoking; Nicotine

1. Introduction

Nicotine vaping is the most common mode of nicotine administration among US adolescents in grade 12 (Miech et al., 2019). As of 2020, one in five 12th grade students vaped nicotine in the past 30 days (Miech et al., 2021), which is concerning due to evidence of toxicant and carcinogen exposure linked to e-cigarette use (Jenssen et al., 2019) as well as the potential development of current and future nicotine addiction.

However, the extent to which e-cigarette use is linked to broader patterns of nicotine or tobacco use among adolescents is not fully understood, especially for products such as hookah or smokeless tobacco that are alternatives to cigarettes. Prior literature suggests overlap of cigarette smoking and vaping among adolescents (Hamberger and Halpern-Felsher, 2020; Lanza et al., 2017; Soneji et al., 2017), as well as overlap between cigarettes and hookah, smokeless tobacco, and other non-cigarette tobacco administration methods (Agaku et al., 2013; Kader et al., 2019; Kong et al., 2019). However, associations between nicotine vaping and these non-cigarette products are relatively unexamined, particularly among adolescents who are especially vulnerable to the harmful effects of these products. Non-cigarette tobacco products have been linked to numerous health consequences, including oral and respiratory cancers (Chang et al., 2015; Cullen et al., 1986; Pratiti and Mukherjee, 2019), cardiovascular disease ((US)., 1998; Cullen et al., 1986; Rezk-Hanna and Benowitz, 2019), and chronic obstructive pulmonary disease ((US)., 1998; Pratiti and Mukherjee, 2019).

Considering only the associations between vaped nicotine and combustible cigarettes underestimates the total burden of the co-occurrence of nicotine and tobacco products. If nicotine and tobacco administration methods and products like hookah and smokeless tobacco co-occur with vaping, then clinicians and researchers developing cessation interventions need that information to guide the creation of comprehensive programs that account for all relevant forms of substance use. Additionally, prevention efforts can benefit from these findings to better understand risk factors for vaping and to target young people at elevated risk for vaping and other forms of nicotine administration.

The aim of this study was to examine the associations between nicotine vaping and non-cigarette modes of tobacco and nicotine administration (smokeless tobacco, hookah,

cigarillos and cigars) in a large, nationally representative adolescent sample. We aimed to examine these links overall and stratified by cigarette use in order to explore whether these relationships differed between those who do and do not smoke cigarettes; given that cigarette and non-cigarette forms of nicotine and tobacco use often co-occur, we wanted to determine the extent to which non-cigarette forms of tobacco use are linked to vaping among adolescents independently of cigarette use.

2. Methods

Monitoring the Future includes an annual survey of school-attending adolescents. This survey is nationally representative and relies on self-reported data, with topics including vaping and tobacco products. We included data from grade 12 as the survey of this grade level included multiple years of data querying both nicotine vaping and other tobacco products. Monitoring the Future was approved through the Institutional Review Board of University of Michigan (Johnston et al., 2020). We included data from 2017 to 2019 given the consistency of vaping questions across the time frame. Survey questions were randomly distributed among different subsets of the overall grade 12 survey population through different versions of the survey known as subforms. Consequently, these analyses focus on the subform for 12th grade students that included questions on both nicotine vaping and use of one of the four tobacco products. Only one of the six subforms in grade 12 met these criteria, meaning that approximately a sixth of the full sample was included in our analyses. The resulting sample size was approximately 5,600 total adolescents for the each of the four samples. Further detail on the study design and questionnaire instrument can be found elsewhere (Bachman et al., 2015).

2.1. Measures

In 2017 and 2018, the nicotine vaping item read as follows: "On how many occasions (if any) have you vaped nicotine during the last 30 days?" In 2019, the item was: "On how many days (if any) have you vaped nicotine during the last 30 days?" These items were dichotomized as "Any" vs "None" and combined into an overall nicotine vaping item.

Cigar smoking was assessed as follows: "During the last 30 days, on how many days (if any) have you smoked large cigars?" Hookah use was assessed as follows: "During the last 30 days, on how many days (if any) have you smoked tobacco using a hookah (water pipe)?" Smokeless tobacco use was assessed as follows: "During the last 30 days, on how many days (if any) have you used smokeless tobacco?" All of these were dichotomized into "Any" vs "None". Cigarillo use was operationalized using two items: "During the last 30 days, on how many days (if any) have you smoked regular little cigars or cigarillos?" and "During the last 30 days, on how many days (if any) have you smoked regular little cigars or cigarillos?" Overall past 30-day cigarillo use was considered positive if either were used.

Cigarette smoking was examined as follows: "How frequently have you smoked cigarettes during the past 30 days?" ("Any" vs "None"). Cannabis use, examined as a potential confounder, was assessed as follows: "On how many occasions (if any) have you used marijuana (grass, pot) or hashish (hash, hash oil) during the last 30 days?" ("Any" vs "None")

Demographics included sex (male/female), race/ethnicity (white, Black, Hispanic/Latino, Multiracial, Asian/Pacific Islander, and American Indian/Alaskan Native), parental education (at least one parent with a college degree vs none) and urbanicity (urban, suburban, rural).

2.2. Analyses

For each of our four non-vaping, non-cigarette tobacco administration methods (cigars, cigarillos, hookah, and smokeless tobacco), we examined population prevalences of four mutually exclusive categories: using neither method, vaping only, non-vaping non-cigarette tobacco method only, or both. Further analyses used survey-weighted logistic regressions to assess the associations between nicotine vaping and the tobacco administration methods (unadjusted [Model 1], adjusting for demographics [Model 2], and further adjusting for cannabis use and the remaining non-cigarette tobacco administration methods [Model 3]). We tested interactions between cigarette smoking and each of the four non-vaping tobacco administration methods predicting nicotine vaping to test for heterogeneity. Subsequent analyses stratified by cigarette smoking. Analyses were conducted in STATA 17.

3. Results

Fig. 1 shows the prevalence of tobacco use patterns for each tobacco product. Among those reporting any tobacco use, nicotine vaping was the most prevalent nicotine/tobacco product used. In the sample that was questioned about hookah use, for instance, 17.5% of students only vaped nicotine and did not use hookah. This was followed by 2.6% of adolescents who used both products, and 1.4% who only used hookah. Similar prevalences were reported among those questioned about smokeless tobacco use; 17.5% of adolescents only vaped nicotine, 2.5% used both products, and 1.3% just used smokeless tobacco. Among those asked about cigar use, 16.7% vaped nicotine only, 2.1% used cigars only, and 3.2% used both. Those asked about cigarillo use had the lowest prevalence for vaping-only (14.6%), and the highest prevalence for co-use, with 5.4% of students reporting use of both nicotine vapes and cigarillos. The prevalence of the group using neither product varied by analysis, ranging from 76.6% (cigarillo analysis) to 78.8% (smokeless tobacco analysis).

Nearly 66.8% of students who used smokeless tobacco also vaped nicotine (95% CI: 56.8, 76.8), compared with 18.1% of adolescents who did not use smokeless tobacco (95% CI: 15.9, 20.4). This high prevalence of co-use was consistent across tobacco products: 59.9% of students who reported cigar use also vaped (95% CI: 51.8, 67.9), and the rates of vaping for those using cigarillos or hookah were 61.3% (95% CI: 55.4, 67.2) and 64.6% (95% CI: 56.5, 72.7) respectively. This suggests that those using each tobacco product were more likely to be vaping than not.

Table 1 describes associations between the tobacco products and nicotine vaping, with unadjusted associations in Model 1, demographic adjustment in Model 2, and further substance use adjustment in Model 3. In Model 2, all four products were positively associated with vaping in the overall sample, ranging in magnitude from cigars (aRR: 2.90, 95% CI: 2.49, 3.37) to hookah (aRR: 3.51, 95% CI: 2.92, 4.23). However, associations were weaker in Model 3. Still, with the exception of cigars, all non-cigarette tobacco

administration methods were positively linked to nicotine vaping at all levels of adjustment (p < .05).

For those who do not smoke cigarettes, all four administration methods were associated with nicotine vaping, even after adjusting for demographic factors (Model 2: aRR range: 2.95 to 3.64). Conversely, adjusted associations between the administration methods and vaping were weaker for those who smoke cigarettes (Model 2: aRR range: 1.16 to 1.50). While adjustment for cannabis use and all non-cigarette tobacco administration methods simultaneously in Model 3 reduced these associations, associations were consistently larger among those who do not smoke cigarettes. Interactions between cigarette use and tobacco administration methods predicting vaping had p-values < .001, providing statistical evidence for the heterogeneity in the association between non-cigarette tobacco products and nicotine vaping by cigarette use.

4. Discussion

Smokeless tobacco, cigars, cigarillos, and hookah are positively associated with nicotine vaping. Our findings demonstrate that those using each product were more likely to be vaping than not. The strong associations between using these products and nicotine vaping persisted after adjustment for demographic factors and other forms of substance use, and were larger for participants who did not smoke combustible cigarettes. As vaped product use continues to be highly prevalent among US adolescents, this co-use could portend increased harm to the US adolescent population. This is of particular concern with cigarillos, which when used alone have a higher nicotine yield than combustible cigarettes, and had the highest rate of co-use with e-cigarettes in our study (Goel et al., 2018).

This study adds to the literature on nicotine vaping, which had previously focused primarily on the links between vaping and cigarette smoking. Indeed, meta-analytic estimates suggest an adjusted odds ratio of 2.93 (95% CI: 2.22, 3.87) between vaping and cigarette smoking (Chan et al., 2021). We demonstrate here that there are also strong connections between nicotine vaping and several other nicotine and tobacco administration methods and products. Given that co-use between vaping and tobacco may be driven by displacement (using one product to offset use in another) or differing social contexts (Berg et al., 2021), future cessation interventions will need to comprehensively examine and address different administration methods. Further, future longitudinal studies should assess the association between vaping and not only future cigarette use, but transition to non-cigarette products as well.

Future studies should examine the health consequences of vaping and non-cigarette tobacco product co-use, as this simultaneous use could potentially magnify health consequences. While previous studies have investigated the co-use phenomenon, much research in this area has been restricted to use of e-cigarettes and combustible cigarettes (Cooper et al., 2016; Kristjansson et al., 2015; McCabe et al., 2017). The sparse literature that does include additional forms of tobacco has largely been limited to associations between polytobacco use and mental health outcomes, such as substance use disorders (Cavazos-Rehg et al., 2014). Further longitudinal studies are needed to determine whether use of multiple non-

Ankrum et al.

cigarette tobacco products is linked to increased risks of adverse outcomes including cancers and cardiovascular diseases.

The associations between non-cigarette tobacco products and vaping were stronger for students who did not use cigarettes. The reasons underlying these differences in the strength of association likely correspond to differences in underlying risk. Students who use cigarettes are already at increased risk of nicotine vaping; the addition of other forms of tobacco use continue to increase risk, but at a higher baseline rate than students who do not use cigarettes, leading to a smaller relative increase. In contrast, students who do not use cigarettes have lower baseline rates of vaped product use, leading to higher multiplicative increases in risk. In other words, among students who do not use cigarettes, use of hookah or smokeless tobacco and other tobacco products provide novel information on risk of vaping, whereas cigarette smoking already carries a significant increased association with vaping even in the absence of other tobacco products. Efforts to prevent or reduce vaping should query adolescents about their use of the broad array of non-cigarette tobacco products, because querying only cigarette use will underestimate risk.

There is a need for further studies with large, nationally-representative samples (such as the PATH data or similar longitudinal samples) to identify adolescents at higher risk for non-cigarette tobacco products. Recent evidence demonstrates, for example, that particular tobacco products are currently more prevalent among specific racial/ethnic groups, such as cigars/cigarillos among Black adolescents (Gentzke et al., 2020, 2019) and smokeless tobacco among Native American youth (Odani et al., 2018). Nationwide surveillance is needed to gain insight into these disparities to help target interventions.

Vaping interventions and prevention programs should address co-use with non-cigarette tobacco products and aim to help participants abstain from both types of products. These programs could be implemented in schools to target adolescents, and at the community level to reach a wide range of adults. Although interventions currently exist for specific products such as smokeless tobacco (Stevens et al., 1995; Walsh et al., 2003) and hookah (Leavens et al., 2018; Lipkus et al., 2011), these programs have been targeted at specific audiences (e.g. smokeless tobacco interventions for student athletes)(Walsh et al., 2003) and should be modified to address the increasing rate of polytobacco use among adolescents.

These data are nationally representative and thus generalizable to U.S. adolescents that currently attend school. Despite this, limitations should be considered. First, MTF data is cross-sectional, so directionality of associations cannot be established. Second, as stated in the methods, the analysis was restricted to grade 12 as it was the only grade level with multiple years of data examining both nicotine vaping and other tobacco products. Third, MTF is only administered to adolescents who are currently in school and therefore does not generalize to those who have voluntarily or involuntarily withdrawn from schooling, are homeschooled, or were absent on the day of survey administration.

5. Conclusion

Non-cigarette tobacco product use is positively associated with nicotine vaping among U.S. adolescents. This association is particularly pronounced for students who do not smoke combustible cigarettes. Given that nicotine vaping in now an endemic component of adolescent substance use, public health practitioners should continue to monitor the intersection between these products and develop interventions that comprehensively address the cessation of all types of nicotine products.

Funding

These analyses are funded by grant R01DA048853 (PI: Keyes) and with support from the Columbia Center for Injury Science and Prevention (R49-CE003094). Additionally, Dr. Martins reports funding from grant R01DA037866, and Dr. Hasin reports funding from grant R01DA048860. Dr. Miech reports funding from R01DA001411 and R01DA016575.

Data availability

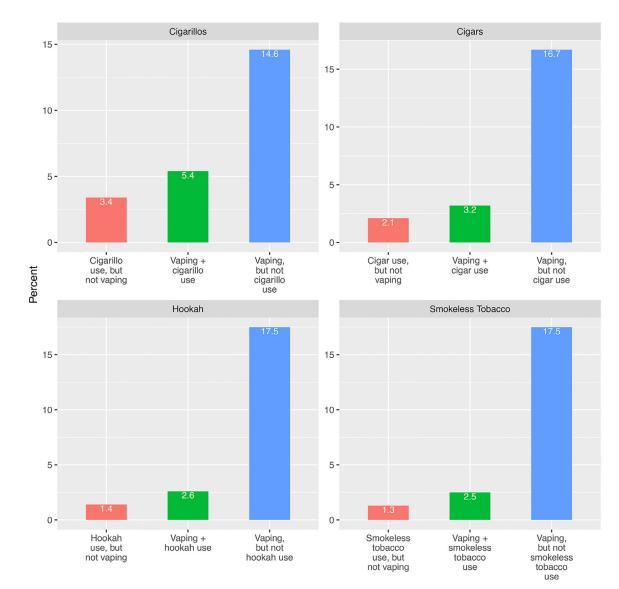
MTF data are publicly available.

References

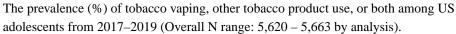
- Agaku IT, Ayo-Yusuf OA, Vardavas CI, Alpert HR, Connolly GN, 2013. Use of conventional and novel smokeless tobacco products among US adolescents. Pediatrics 132, e578–e586 [PubMed: 23918889]
- Bachman JG, Johnston LD, O'Malley PM, Schulenberg JE, Miech RA, 2015. The monitoring the future project after four decades: design and procedures.
- Berg CJ, Krishnan N, Graham AL, Abroms LC, 2021. A synthesis of the literature to inform vaping cessation interventions for young adults. Addict. Behav 119, 106898. doi: 10.1016/j.addbeh.2021.106898. [PubMed: 33894483]
- Cavazos-Rehg PA, Krauss MJ, Spitznagel EL, Grucza RA, Bierut LJ, 2014. Youth tobacco use type and associations with substance use disorders. Addiction 109, 1371–1380. [PubMed: 24717237]
- Chan GCK, Stjepanovi D, Lim C, Sun T, Shanmuga Anandan A, Connor JP, Gartner C, Hall WD, Leung J, 2021. Gateway or common liability? A systematic review and meta-analysis of studies of adolescent e-cigarette use and future smoking initiation. Addiction 116, 743–756. [PubMed: 32888234]
- Chang CM, Corey CG, Rostron BL, Apelberg BJ, 2015. Systematic review of cigar smoking and all cause and smoking related mortality. BMC Public Health 15, 1–20. [PubMed: 25563658]
- Cooper M, Case KR, Loukas A, Creamer MR, Perry CL, 2016. E-cigarette dual users, exclusive users and perceptions of tobacco products. Am. J. Health Behav 40, 108–116. [PubMed: 26685819]
- Cullen JW, Blot W, Henningfield J, Boyd G, Mecklenburg R, Massey MM, 1986. Health consequences of using smokeless tobacco: summary of the Advisory Committee's report to the Surgeon General. Public Health Rep. 101, 355. [PubMed: 3090602]
- Gentzke AS, Creamer M, Cullen KA, Ambrose BK, Willis G, Jamal A, King BA, 2019. Vital signs: tobacco product use among middle and high school students—United States, 2011–2018. Morb. Mortal. Wkly. Rep 68, 157.
- Gentzke AS, Wang TW, Jamal A, Park-Lee E, Ren C, Cullen KA, Neff L, 2020. Tobacco product use among middle and high school students—United States, 2020. Morb. Mortal. Wkly. Rep 69, 1881.
- Goel R, Trushin N, Reilly SM, Bitzer Z, Muscat J, Foulds J, Richie JP Jr, 2018. A survey of nicotine yields in small cigar smoke: influence of cigar design and smoking regimens. Nicotine Tob. Res 20, 1250–1257. doi: 10.1093/ntr/ntx220. [PubMed: 29059441]
- Hamberger ES, Halpern-Felsher B, 2020. Vaping in adolescents: epidemiology and respiratory harm. Curr. Opin. Pediatr 32, 378–383. doi: 10.1097/MOP.00000000000896. [PubMed: 32332328]

- Jenssen BP, Walley SC, Control SONT, 2019. E-Cigarettes and similar devices. Pediatrics 143, e20183652. doi: 10.1542/peds.2018-3652. [PubMed: 30835247]
- Johnston L, Miech R, O'Malley P, Bachman J, Schulenberg J, Patrick M, 2020. Monitoring the Future national survey results on drug use, 1975–2019: Overview, key findings on adolescent drug use.
- Kader Z, Roman NV, Crutzen R, 2019. Determinants of adolescent hookah pipe use: a systematic review. J. Child Adolesc. Subst. Abuse 28, 474–493.
- Kong G, Mayer ME, Barrington-Trimis JL, McConnell R, Leventhal AM, Krishnan-Sarin S, 2019. Longitudinal associations between use and co-use of cigars and cigarettes: a pooled analysis of three adolescent cohorts. Drug Alcohol Depend. 201, 45–48. doi: 10.1016/ j.drugalcdep.2019.03.022. [PubMed: 31181436]
- Kristjansson AL, Mann MJ, Sigfusdottir ID, 2015. Licit and illicit substance use by adolescent e-cigarette users compared with conventional cigarette smokers, dual users, and nonusers. J. Adolesc. Heal 57, 562–564.
- Lanza ST, Russell MA, Braymiller JL, 2017. Emergence of electronic cigarette use in US adolescents and the link to traditional cigarette use. Addict. Behav 67, 38–43. doi: 10.1016/ j.addbeh.2016.12.003. [PubMed: 27988415]
- Leavens ELS, Meier E, Tackett AP, Miller MB, Tahirkheli NN, Brett EI, Carroll DM, Driskill LM, Anderson MP, Wagener TL, 2018. The impact of a brief cessation induction intervention for waterpipe tobacco smoking: a pilot randomized clinical trial. Addict. Behav 78, 94–100. [PubMed: 29128712]
- Lipkus IM, Eissenberg T, Schwartz-Bloom RD, Prokhorov AV, Levy J, 2011. Affecting perceptions of harm and addiction among college waterpipe tobacco smokers. Nicotine Tob. Res 13, 599–610. [PubMed: 21471304]
- McCabe SE, West BT, Veliz P, Boyd CJ, 2017. E-cigarette use, cigarette smoking, dual use, and problem behaviors among US adolescents: results from a national survey. J. Adolesc. Heal 61, 155–162.
- Miech R, Johnston L, O'Malley PM, Bachman JG, Patrick ME, 2019. Trends in adolescent vaping, 2017–2019. N. Engl. J. Med 381, 1490–1491. [PubMed: 31532955]
- Miech RA, Johnston LD, O'Malley PM, Bachman JG, Schulenberg JE, Patrick ME, 2021. Monitoring the Future national survey results on drug use, 1975–2020: Volume I, Secondary school students. Ann Arbor Inst. Soc. Res. Univ. Michigan 571.
- Odani S, Armour BS, Agaku IT, 2018. Racial/ethnic disparities in tobacco product use among middle and high school students—United States, 2014–2017. Morb. Mortal. Wkly. Rep 67, 952.
- Pratiti R, Mukherjee D, 2019. Epidemiology and adverse consequences of hookah/waterpipe use: a systematic review. Cardiovasc. Hematol. Agents Med. Chem. (Formerly Curr. Med. Chem. Hematol. Agents) 17, 82–93.
- Rezk-Hanna M, Benowitz NL, 2019. Cardiovascular effects of hookah smoking: potential implications for cardiovascular risk. Nicotine Tob. Res 21, 1151–1161. [PubMed: 29660041]
- Soneji S, Barrington-Trimis JL, Wills TA, Leventhal AM, Unger JB, Gibson LA, Yang J, Primack BA, Andrews JA, Miech RA, Spindle TR, Dick DM, Eissenberg T, Hornik RC, Dang R, Sargent JD, 2017. Association between initial use of e-cigarettes and subsequent cigarette smoking among adolescents and young adults: a systematic review and meta-analysis. JAMA Pediatr. 171, 788– 797. doi: 10.1001/jamapediatrics.2017.1488. [PubMed: 28654986]
- Stevens VJ, Severson H, Lichtenstein E, Little SJ, Leben J, 1995. Making the most of a teachable moment: a smokeless-tobacco cessation intervention in the dental office. Am. J. Public Health 85, 231–235. [PubMed: 7856783]
- (US)., N.C.I., 1998. Cigars: health effects and trends. US department of health and human services, Public Health Service, National
- Walsh MM, Hilton JF, Ellison JA, Gee L, Chesney MA, Tomar SL, Ernster VL, 2003. Spit (smokeless) tobacco intervention for high school athletes: results after 1 year. Addict. Behav 28, 1095–1113. [PubMed: 12834653]

Ankrum et al.







$\mathbf{\Sigma}$
~
<u> </u>
t
5
ō
\simeq
<
_
цц,
=
<u> </u>
S
õ
\simeq
_ .
0
–

Author Manuscript

Table 1

Associations between Past 30-Day Tobacco Administration Methods and Vaping, MTF 2017–2019, Grade 12.

Overall		RR (95% CI)	E W	RR (95% CD	% CD	RR (95% CI)	۶ CD
Smokeless Tobacco	5621	3.68	(3.11, 4.36)	2.97	(2.51, 3.52)	1.55	(1.26, 1.91)
Cigars	5663	3.39	(2.91, 3.94)	2.90	(2.49, 3.37)	1.15	(0.95, 1.40)
Cigarillos	5620	3.84	(3.42, 4.30)	3.44	(3.08, 3.84)	1.77	(1.49, 2.09)
Hookah	5641	3.55	(3.04, 4.15)	3.51	(2.92, 4.23)	1.53	(1.19, 1.96)
Students who use cigarettes **							
Smokeless Tobacco	395	1.38	(1.16, 1.64)	1.43	(1.17, 1.75)	1.31	(1.06, 1.63)
Cigars	397	1.11	(0.92, 1.35)	1.16	(0.93, 1.44)	0.98	(0.79, 1.21)
Cigarillos	395	1.22	(1.01, 1.48)	1.30	(1.06, 1.60)	1.13	(0.89, 1.44)
Hookah	397	1.43	(1.21, 1.67)	1.50	(1.23, 1.83)	1.34	(1.09, 1.66)
Students who do not use cigarettes							
Smokeless Tobacco	5138	3.86	(3.06, 4.87)	3.02	(2.41, 3.79)	1.77	(1.32, 2.38)
Cigars	5180	3.57	(2.89, 4.41)	2.95	(2.44, 3.58)	1.14	(0.86, 1.52)
Cigarillos	5138	4.03	(3.52, 4.62)	3.60	(3.17, 4.08)	1.80	(1.49, 2.18)
Hookah	5156	3.58	(2.84, 4.50)	3.64	(2.80, 4.69)	1.59	(1.12, 2.26)

 $^{+}$ Unadjusted

 $^{\prime\prime}$ Adjusted for sex, race/ethnicity, parental education, and urbanicity

 $^{+++}$ Adjusted for sex, race/ethnicity, parental education, urbanicity, cannabis use and remaining non-cigarette tobacco administration methods,