

Hookah pipes, smokeless tobacco snus associated with smoking onset

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Smoking water pipe tobacco from hookahs and using the smokeless tobacco snus were associated with initiating cigarette smoking and smoking cigarettes in the past 30 days among previously nonsmoking teenagers and young adults, according to a study published online by *JAMA Pediatrics*.

The Food and Drug Administration regulates [cigarettes](#), loose tobacco and [smokeless tobacco products](#). However, the FDA does not regulate the manufacturing, distribution and marketing of other tobacco products, such as water pipe tobacco, and many of those products are used by teenagers and [young adults](#) because of their appealing flavors, according to background information in the study.

Samir Soneji, Ph.D., of the Geisel School of Medicine at Dartmouth College, Lebanon, N.H., and co-authors examined whether the use of two alternative tobacco products - water pipe tobacco and snus - by noncigarette smoking teenagers and young people increased their risk of subsequently picking up the cigarette habit.

The authors conducted a study between October 2010 and June 2011 of 2,541 people between the ages of 15 and 23 to determine whether they had smoked cigarettes, smoked water pipe tobacco or used snus. At follow-up two years later (between October 2012 and March 2013) the authors assessed whether noncigarette [smokers](#) at the start of the study had subsequently tried cigarette smoking, were current smokers (smoked cigarettes in the past 30 days) or were high-intensity cigarette smokers.

The results show that of the 2,541 individuals at the study baseline, 38.7 percent had tried cigarettes, 15 percent were current smokers, 20.1 percent had smoked water pipe tobacco and 9.4 percent used snus. Of the 1,596 individuals who completed surveys at both the start of the study and at the two year follow-up, 1,048 (65.7 percent)

had never smoked cigarettes at the study baseline and, of those 1,048 people, 71 (6.8 percent) had smoked water pipe tobacco and 20 (1.9 percent) had used snus at baseline.

According to the results, 39 percent of the baseline noncigarette smokers who had also smoked water pipe tobacco at baseline had started smoking cigarettes at follow-up compared with 19.9 percent of those individuals who had not smoked water pipe tobacco; 11 percent of the baseline noncigarette smokers who had also smoked water pipe tobacco were current cigarette smokers (smoked cigarettes in the past 30 days) at the follow-up compared with 4.9 percent of those who had not smoked water pipe tobacco; 55 percent of the baseline noncigarette smokers who had also used snus at baseline had started smoking at follow-up compared with 20.5 percent of those who had not used snus; and 25 percent of the baseline noncigarette smokers who also used snus at baseline were current cigarette smokers at follow-up compared with 5 percent of those who had not used snus.

The odds of initiating cigarette smoking, being a current smoker at follow-up or having a higher intensity of smoking (which was rated according to how many days and how many cigarettes someone smoked) were higher for individuals who had smoked water pipe tobacco or used snus at the study baseline than those individuals who had not, the results also show.

"In conclusion, our study demonstrates that WTS [water pipe tobacco smoking] and snus use among noncigarette smoking adolescents and young adults were longitudinally associated with subsequent cigarette smoking. Yet, [water pipe tobacco](#) remains largely unregulated by the FDA, and snus is less regulated than other [smokeless tobacco](#). Even if regulation proposed in 2013 becomes final, U.S. tobacco companies may legally contest the new rule, which could delay its

implementation. The success of FDA tobacco regulatory control policies will depend, in part, on their ability to reduce the use of alternative [tobacco products](#) that may lead to subsequent cigarette [smoking](#)," the study concludes.

More information: *JAMA Pediatr.* Published online December 8, 2014. [DOI: 10.1001/jamapediatrics.2014.2697](#)

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