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COLLEGE OF GLOBAL
PUBLIC HEALTH

Bayesian Network Analysis of Cigarette Smoking and E- cigarette Use in U.S. Population Samples

Ray Niaura, PhD and Shu (Violet) Xu, PhD

2024 BayesiaLab Spring Conference, Cincinnati
OH, April 12, 2024



reinvent THE PUBLIC HEALTH PARADIGM

DISCLOSURES

Niaura - Past 3 years: I do work with the FDA CTP via contractual mechanisms. I am a co-Investigator on several NIH grant awards.

Xu -

OUTLINE

- **Who are the (U.S.) smokers? What can national data can tell us (US National Health Interview Survey; Population Assessment of Tobacco and Health Study)?**
- **Tobacco harm reduction: Can e-cigarettes help cigarette smokers quit?**

Cigarette smoking is bad for you but quitting helps

Smoking Cessation and Short-and Longer-Term Mortality

<https://evidence.nejm.org/doi/full/10.1056/EVIDoa2300272>

Eo Rin Cho, Ilene K. Brill, Inger T. Gram, Patrick E. Brown, Prabhat Jha

Prabhat.jha@utoronto.ca

Twitter/X: @countthedeath



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UNIVERSITY OF TORONTO

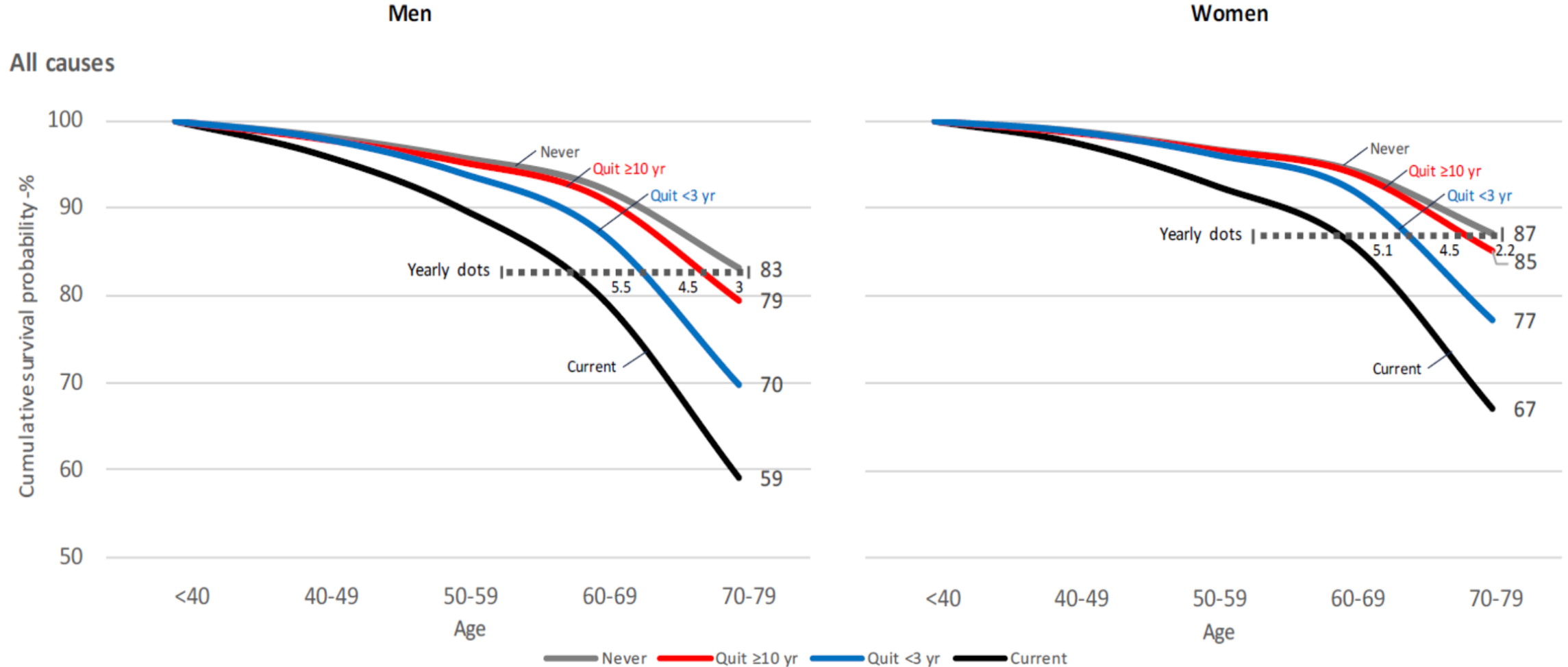


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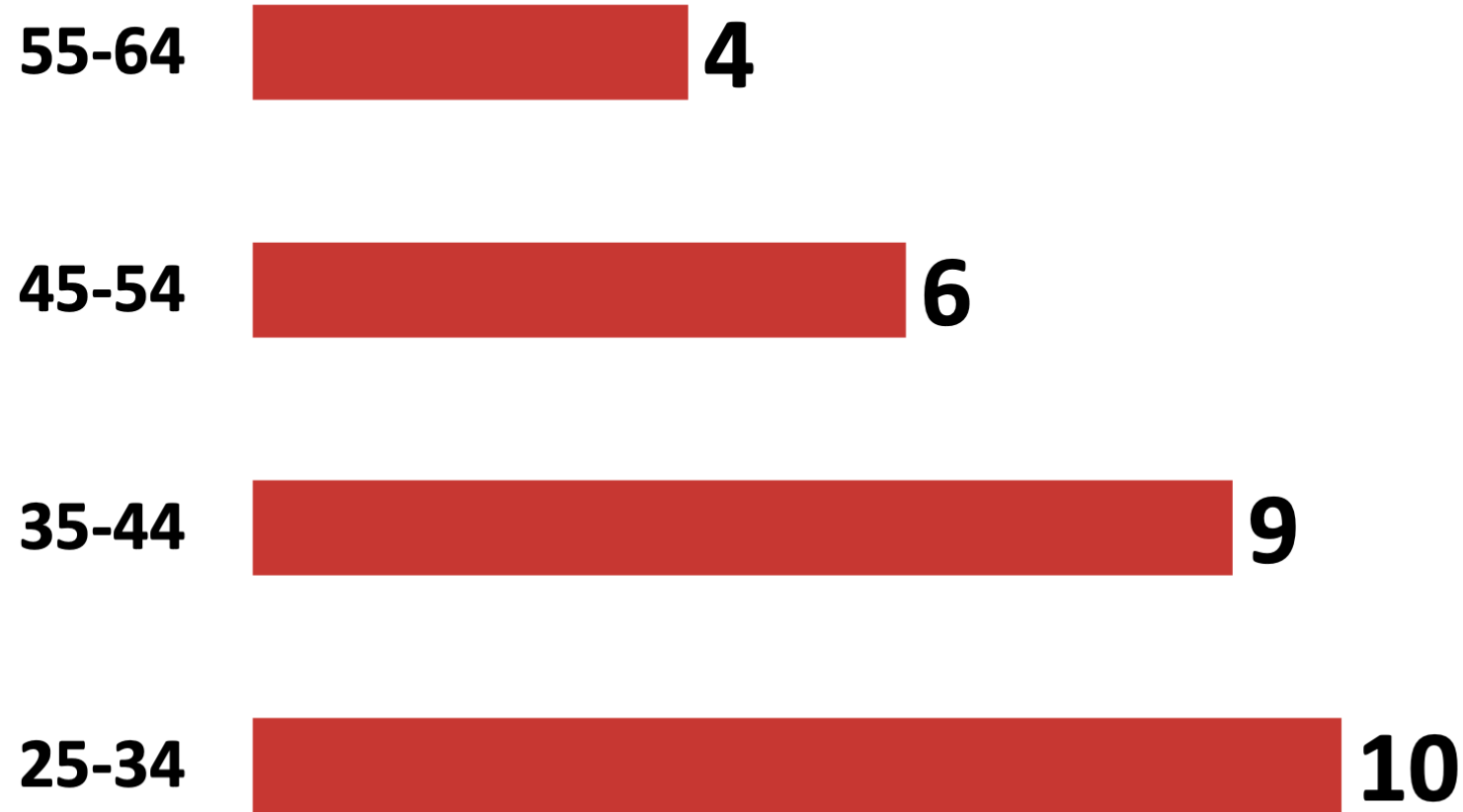
Worldwide no of smokers, drinkers and obese (B=billions, M=millions)

<u>Exposure</u>	<u>No.</u>	<u>Annual deaths</u>
Smoking	1.1 B	6-7 M
Drinking	2.0 B	2 M
Adiposity (BMI>30)	0.6 B	~ 1.5 M

Survival from ages 40 to 79 years of age by smoking status (never, cessation 10+ years or <3 years, and current) by sex: All causes mortality



US: Years gained by age at stopping smoking



WHO (still) SMOKES CIGARETTES?



Who are the smokers?

Priority populations

**THE
USUAL SUSPECTS**



Key Disparities in Current Cigarette Smoking Among Adults and Youth According to Prevalence and/or Harm

- Low socioeconomic status
- Comorbid mental health or substance abuse diagnoses,
- Racial/ethnic minorities
- Individuals with physical disabilities,
- Sexual Orientation and Gender Identity
- Veterans/military
- Criminal justice populations
- Education (low)
- No health insurance
- Medicaid enrollees
- American Indians/Alaska Natives
- Chronic Disease Status
- Geographic Location
- Pregnant Women
- Adolescents
- Dual users
- Light/intermittent smokers

U.S. Department of Health and Human Services. Smoking Cessation. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2020.

US NHIS



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™



National Center for Health Statistics

CDC > NCHS

National Health Interview Survey

About NHIS

2019 Redesign



What's New



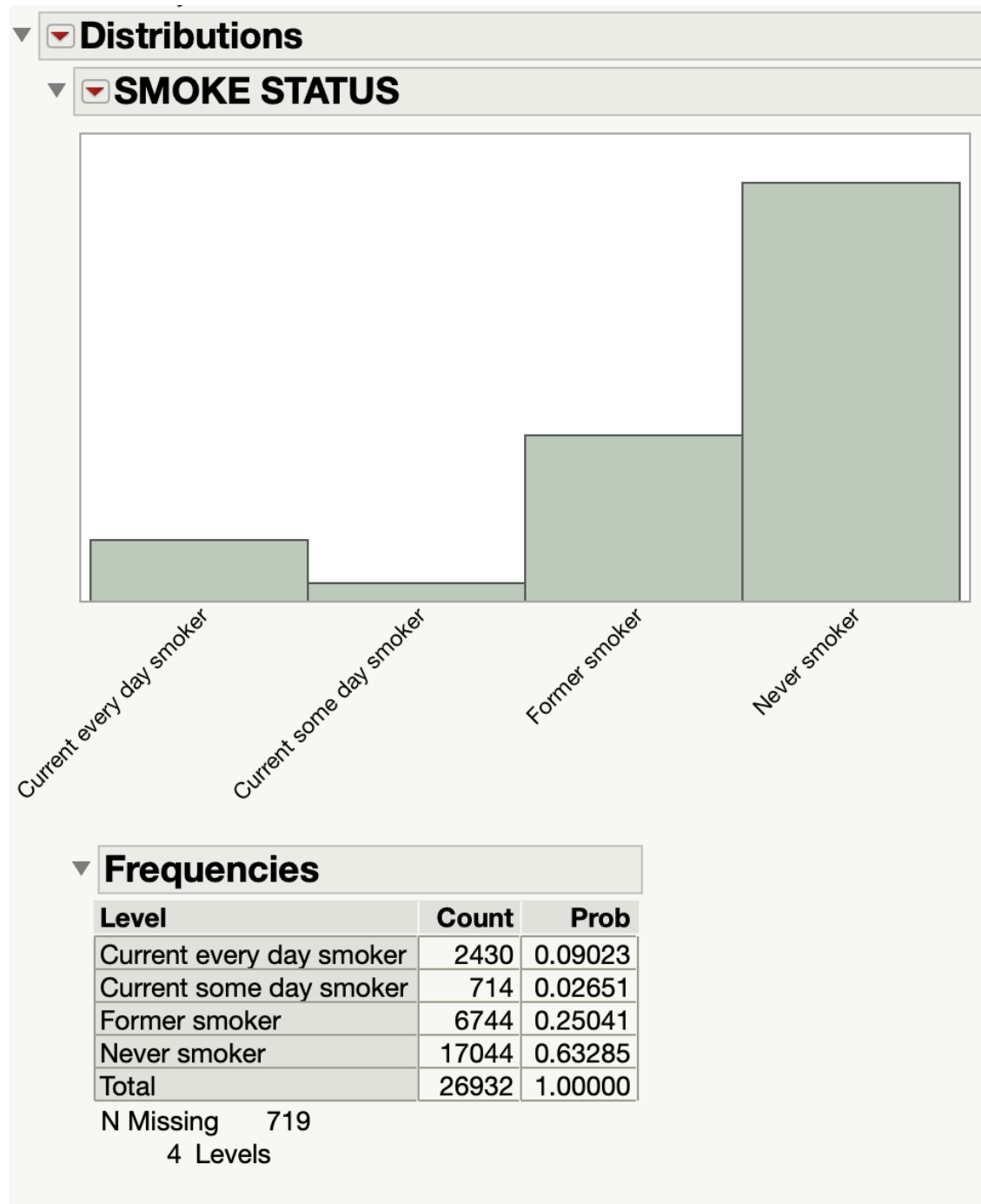
National Health Interview Survey

[Print](#)

The National Health Interview Survey (NHIS) has monitored the health of the nation since 1957. NHIS data on a broad range of health topics are collected through personal household interviews. Survey results have been instrumental in providing data to track health status, health care access, and progress toward achieving national health objectives.

US National Health Interview Survey – 2022

Population Outcome:
Smoking status- 4 categories



Regression model
predicting smoking
status via various
sociodemographic and
other characteristics

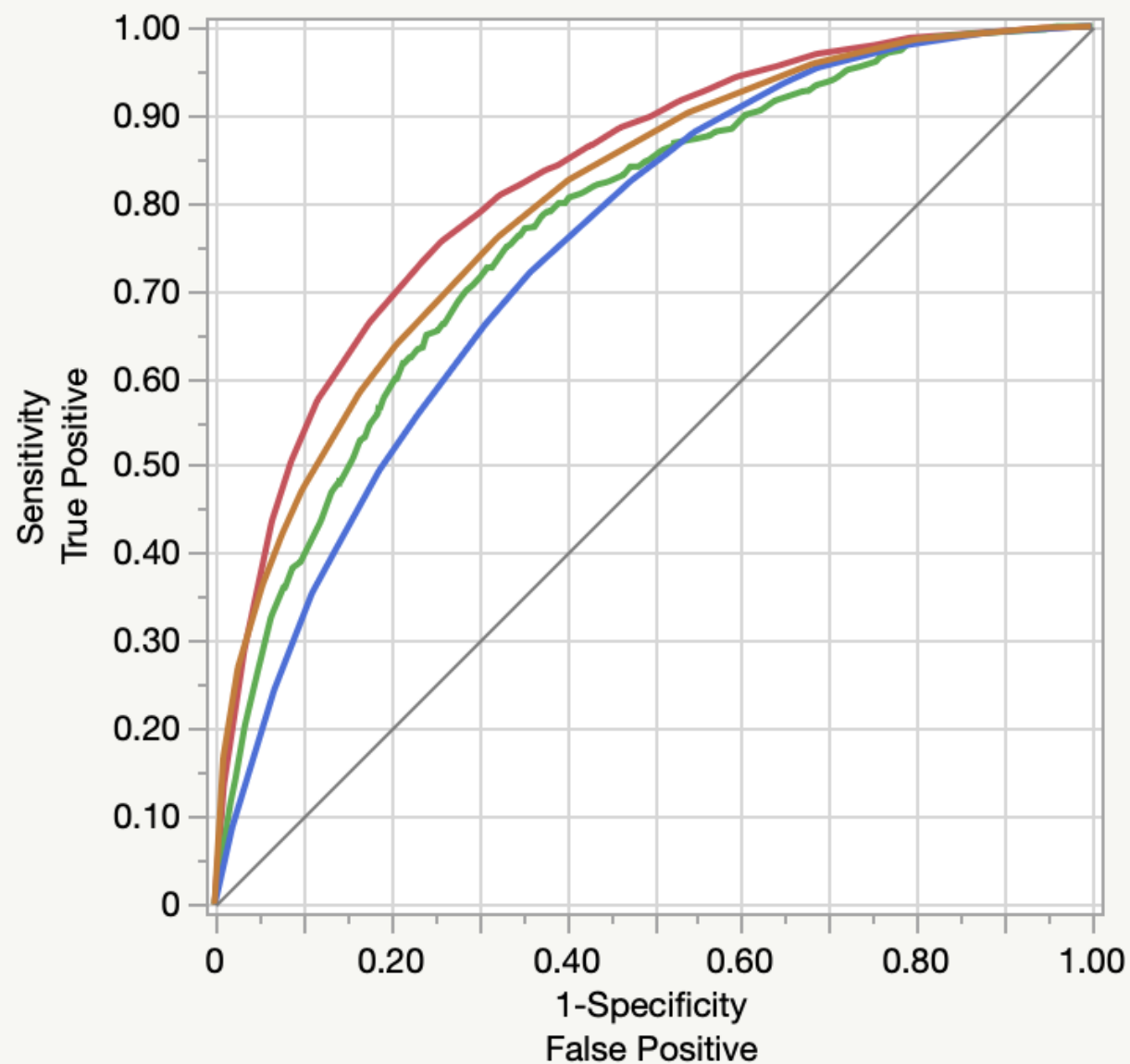
☑ Nominal Logistic Fit for SMOKE STATUS

▼ Effect Summary

Source	FDR LogWorth		FDR PValue
ECIG	415.960		0.00000
AGE CAT	210.432		0.00000
ALCOHOL	208.418		0.00000
EDUCATION	119.349		0.00000
POVERTY RATIO	31.451		0.00000
SEX	25.302		0.00000
MARITAL	21.534		0.00000
ETHNICITY	13.778		0.00000
VETERAN	9.135		0.00000
DISABILITY	3.769		0.00017
DEPRESSION	3.104		0.00079
ANXIETY	2.542		0.00287
SEX ORIENT	2.065		0.00860
ANXIETY MEDS	1.154		0.07009
EMPLOYMENT	1.143		0.07202
US BORN	0.879		0.13212
DEPRESS MEDS	0.290		0.51323
RACE	0.087		0.81845

[Remove](#) [Add](#) [Edit](#) ☒ FDR

▼ Receiver Operating Characteristic on Training Data



SMOKE STATUS	Area
Current every day smoker	0.8259
Current some day smoker	0.7723
Former smoker	0.7478
Never smoker	0.8023

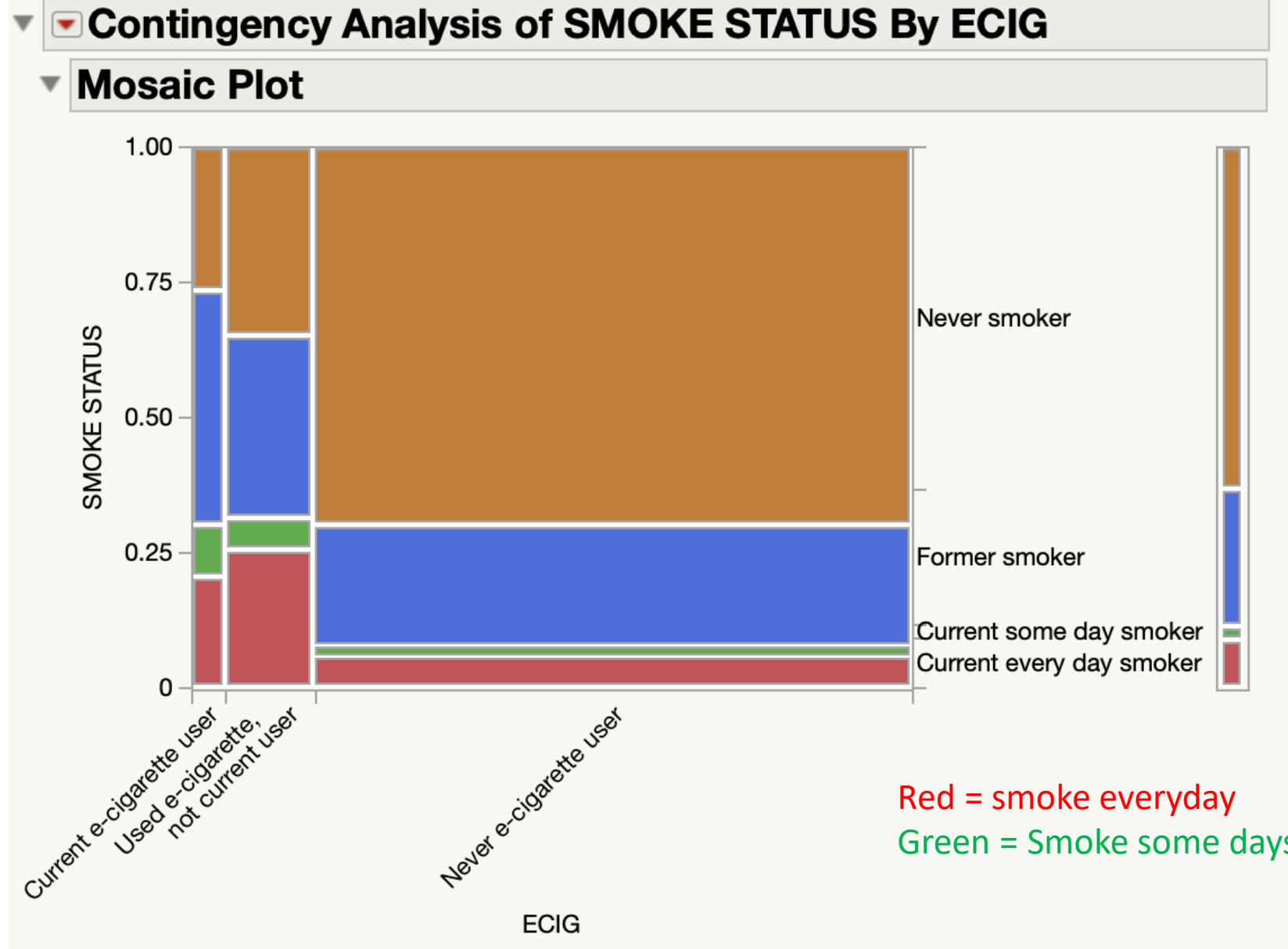
▼ **Confusion Matrix**

Training

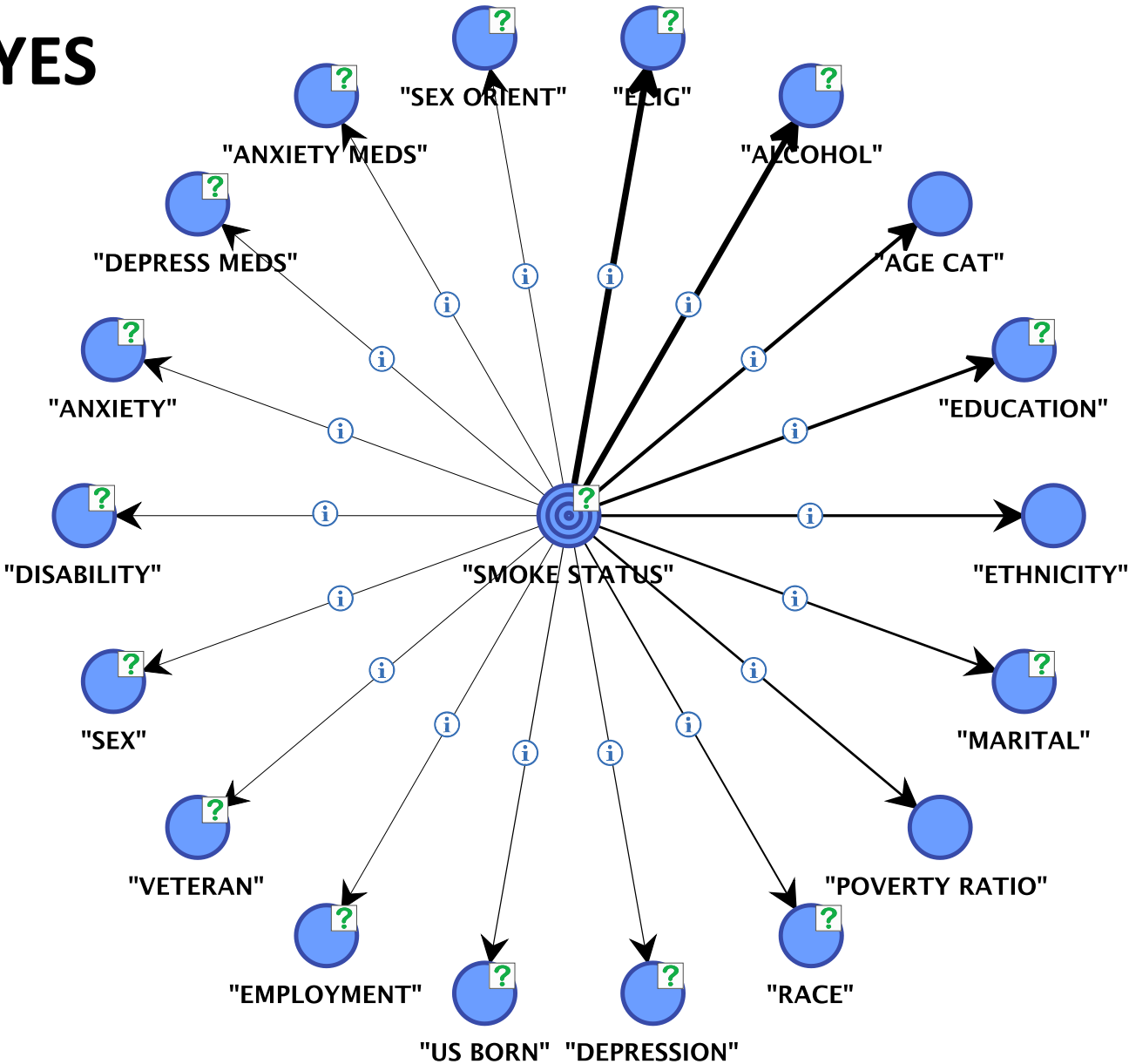
Actual SMOKE STATUS	Predicted Count			
	Current every day smoker	Current some day smoker	Former smoker	Never smoker
Current every day smoker	533	0	684	1013
Current some day smoker	75	1	174	376
Former smoker	322	0	2119	3777
Never smoker	174	1	1133	13784

Actual SMOKE STATUS	Predicted Rate			
	Current every day smoker	Current some day smoker	Former smoker	Never smoker
Current every day smoker	0.239	0.000	0.307	0.454
Current some day smoker	0.120	0.002	0.278	0.601
Former smoker	0.052	0.000	0.341	0.607
Never smoker	0.012	0.000	0.075	0.913

Cigs and E-cigs co-occurrence: NHIS 2022

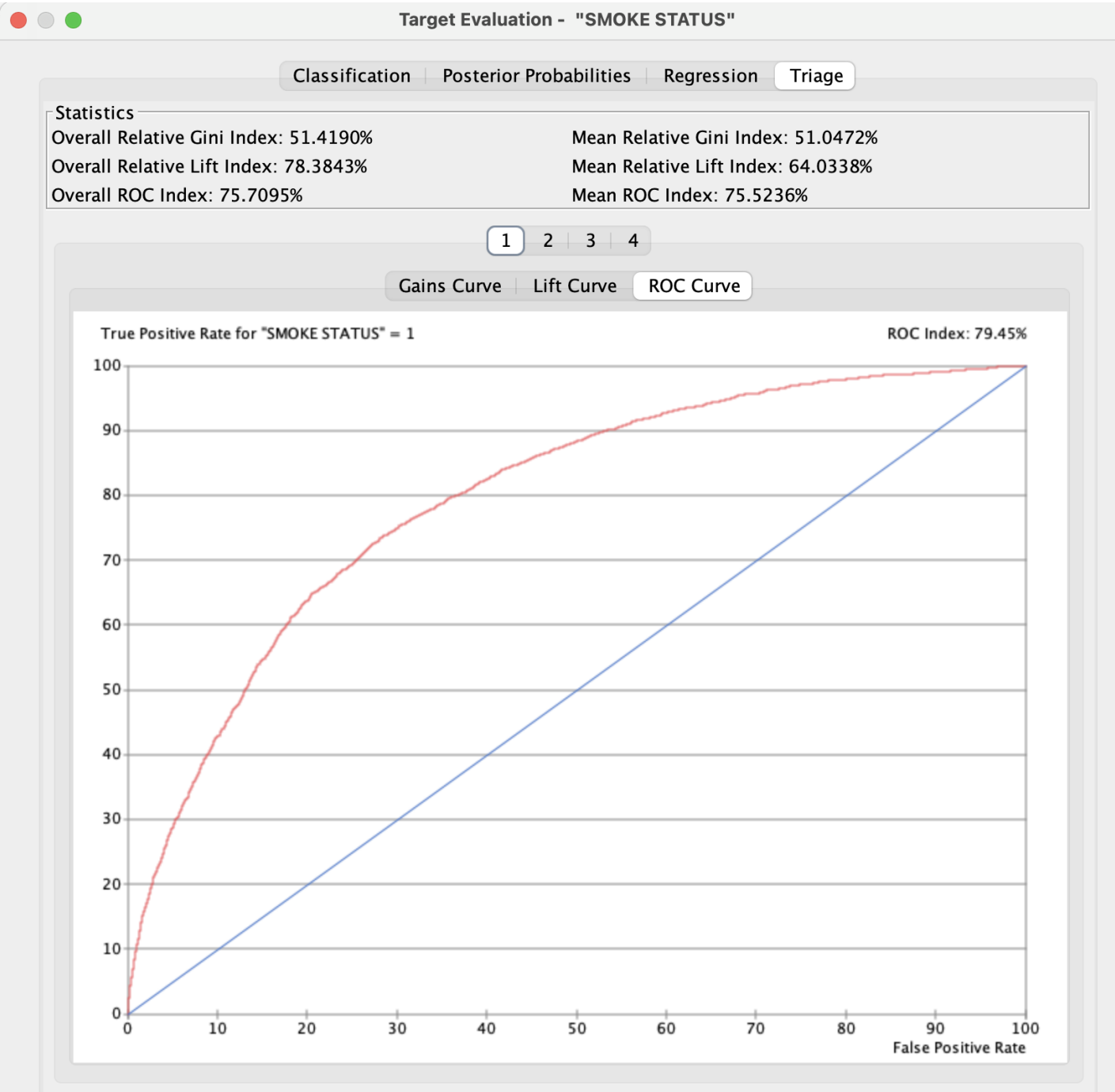


NAIVE BAYES



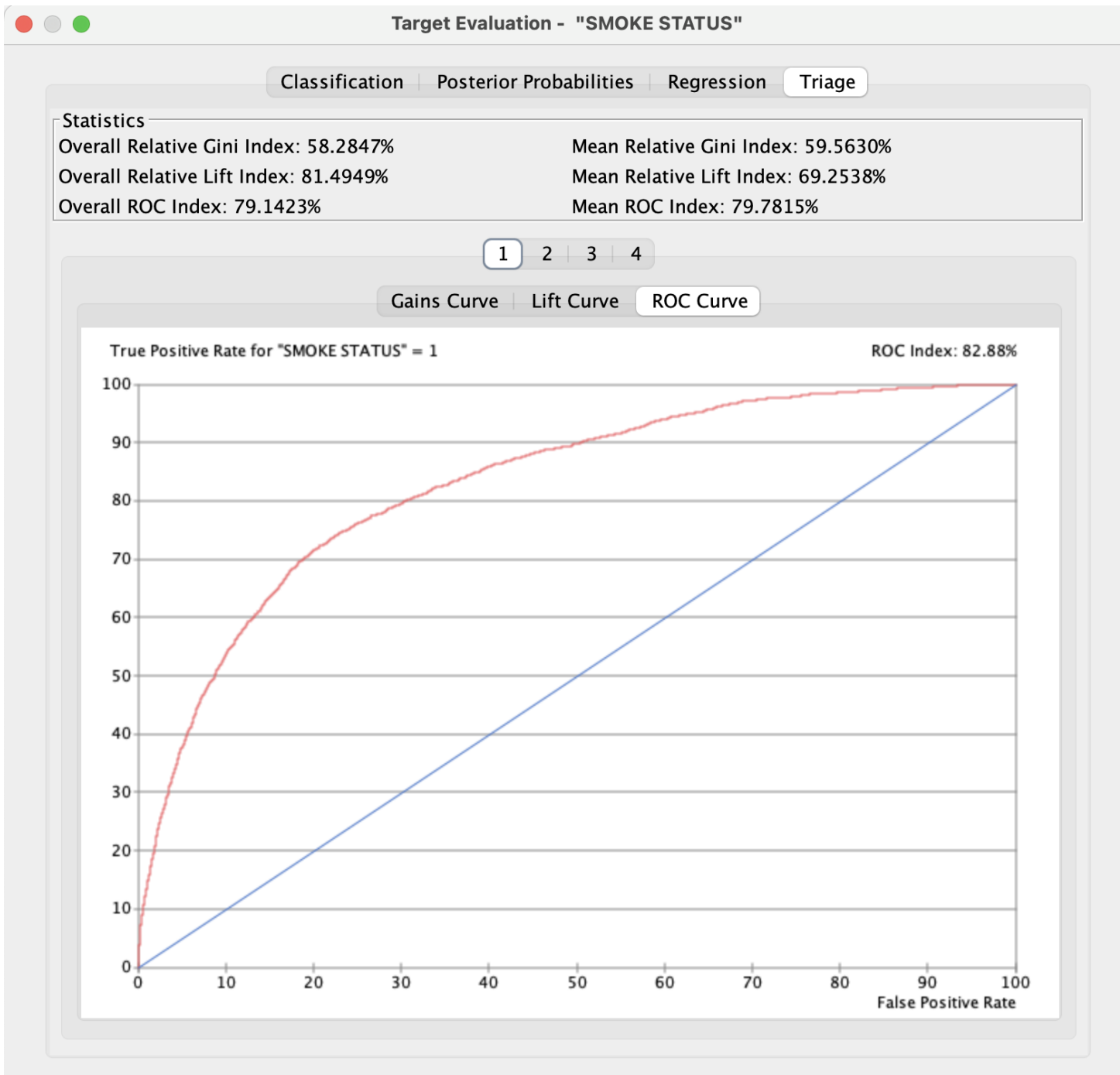
Naive learning on
"SMOKE STATUS":
Delete All Arcs
Variable Selection:
false

Missing values
treated with
Structural EM
Total Weight: 27,651
Initial MDL score:
745,005.421
Final MDL score:
735,828.106
Total learning time: 0s

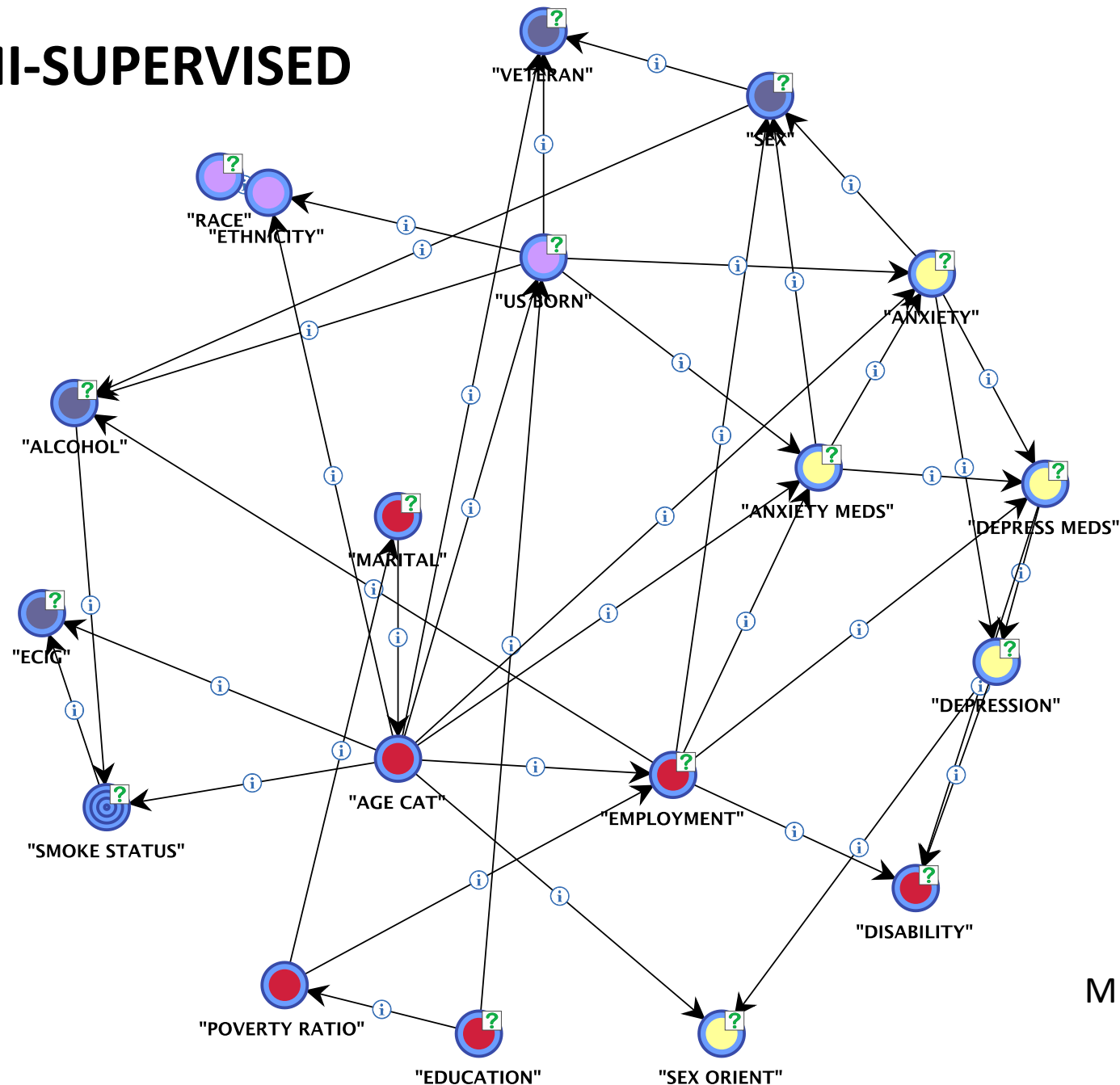




Missing values treated
with Structural EM
Total Weight: 27,651
Initial MDL score:
745,005.421
Final MDL score:
658,672.252
Total learning time: 18s



SEMI-SUPERVISED



Semi-Supervised
learning on "SMOKE
STATUS":

Variable Selection:
false

Radius: 8 Algorithm:
Taboo

Missing values treated

with Structural EM

Total Weight: 27,651

Initial MDL score:

745,005.421

Final MDL score:

651,939.97

Total learning time:

12s

MI distance mapping; Variable clustering

Target Evaluation - "SMOKE STATUS"

Classification | Posterior Probabilities | Regression | Triage

Statistics

Overall Relative Gini Index: 50.6622%

Mean Relative Gini Index: 47.3910%

Overall Relative Lift Index: 78.1393%

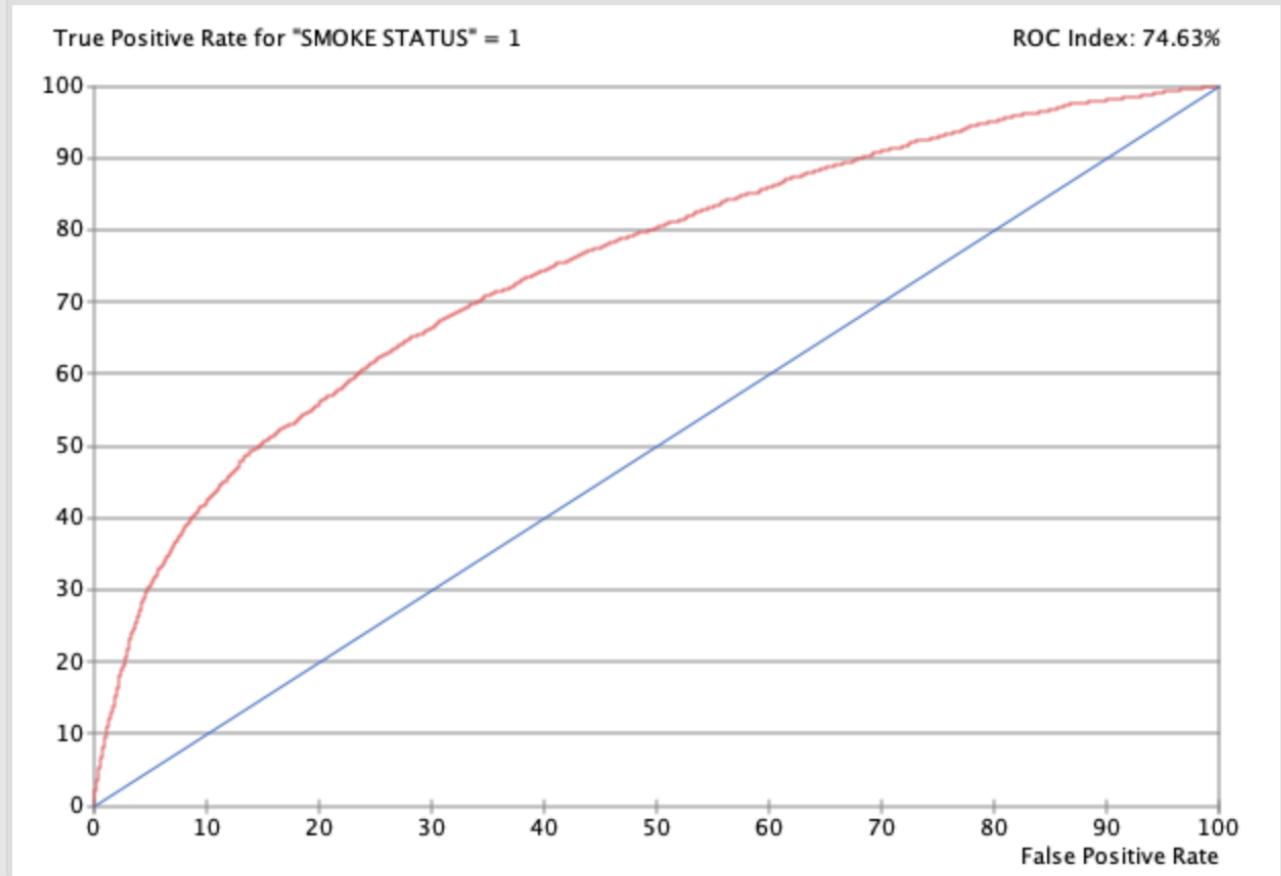
Mean Relative Lift Index: 62.6500%

Overall ROC Index: 75.3311%

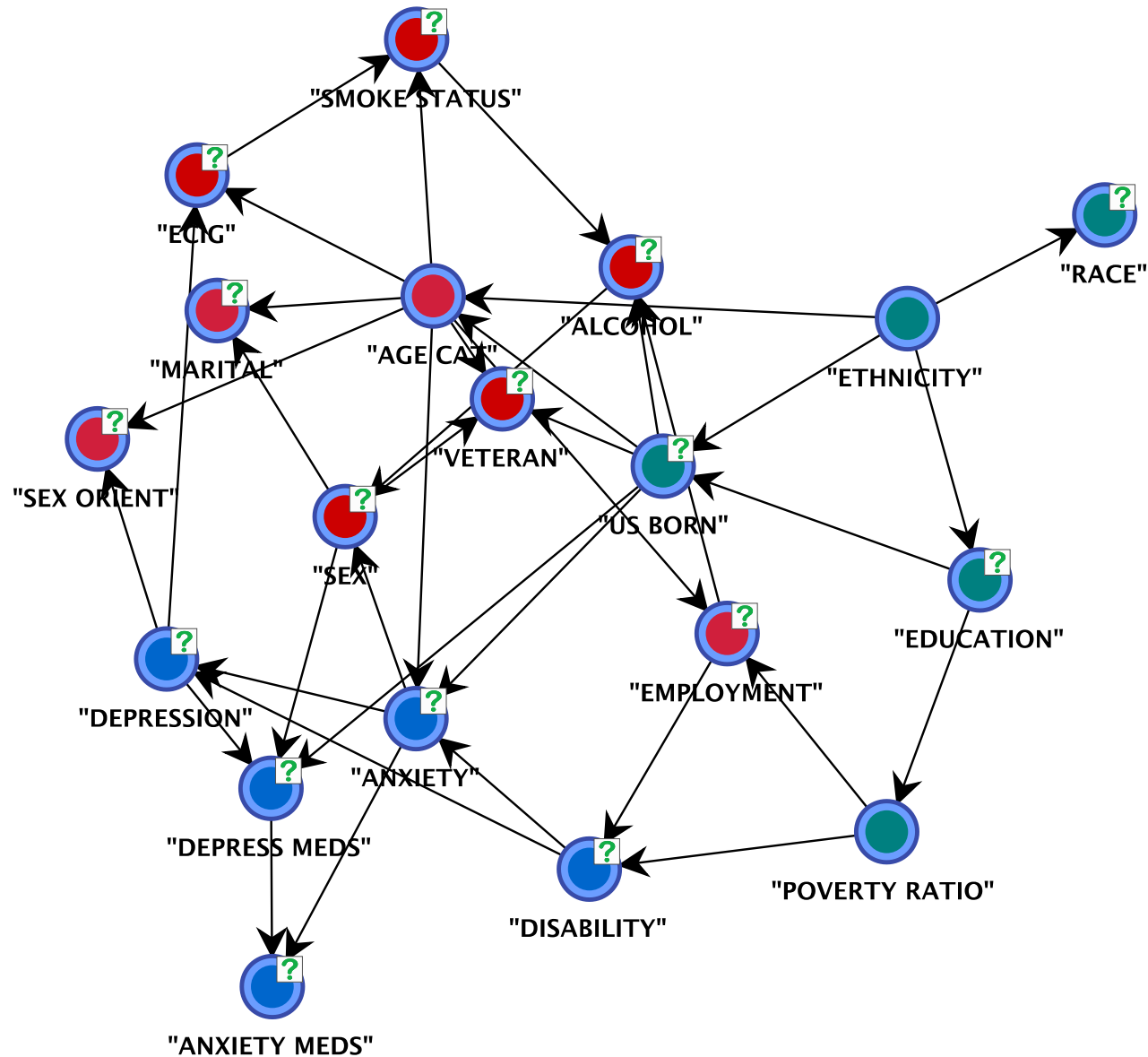
Mean ROC Index: 73.6955%

1 | 2 | 3 | 4

Gains Curve | Lift Curve | ROC Curve



MAXIMUM SPANNING TREE



Maximum Spanning
Tree learning:
Delete All Arcs
Post-Processed with
Taboo (78)
Score Type: MDL

Missing values treated
with Structural EM
Total Weight: 27,651
Initial MDL score:
745,005.421
Final MDL score:
652,020.374
Total learning time: 9s

Tobacco Harm Reduction

Tobacco Harm Reduction depends on changing behaviors, or switching states of behavior, from more to less harmful.

Cigarette -> E-cigarette (or some other reduced risk tobacco/nicotine product)

DO E-CIGS HELP SMOKERS QUIT SMOKING?

2023



Cochrane
Library

Cochrane Database of Systematic Reviews

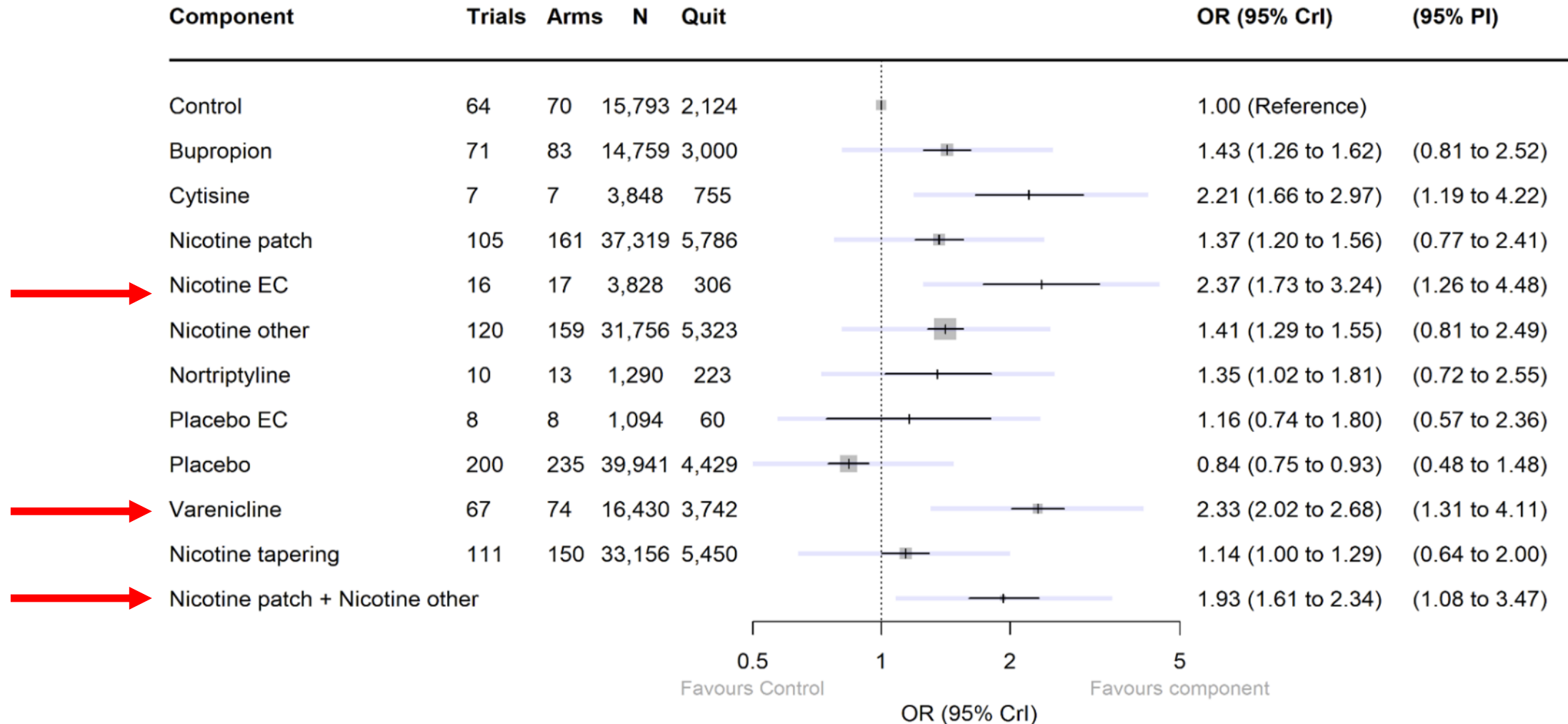
RCTs

Pharmacological and electronic cigarette interventions for smoking cessation in adults: component network meta-analyses (Review)

Lindson N, Theodoulou A, Ordóñez-Mena JM, Fanshawe TR, Sutton AJ, Livingstone-Banks J, Hajizadeh A, Zhu S, Aveyard P, Freeman SC, Agrawal S, Hartmann-Boyce J

DO E-CIGS HELP SMOKERS QUIT SMOKING? - YES

Figure 3. Forest plot illustrating final model for abstinence (efficacy) outcome. Note, darker intervals represent CrI and lighter intervals represent PI. Control: no pharmacological or EC intervention. *Abbreviations* CrI: credibility interval; EC: e-cigarette; N: number of participants; OR: odds ratio; PI: prediction interval



BUT WAIT, NOT SO FAST! WHAT ABOUT THE “REAL WORLD?”

OBSERVATIONAL STUDIES TO THE RESCUE?



Stop-smoking methods used by adults who stopped smoking completely from 2020–2022, US National Health Interview Survey



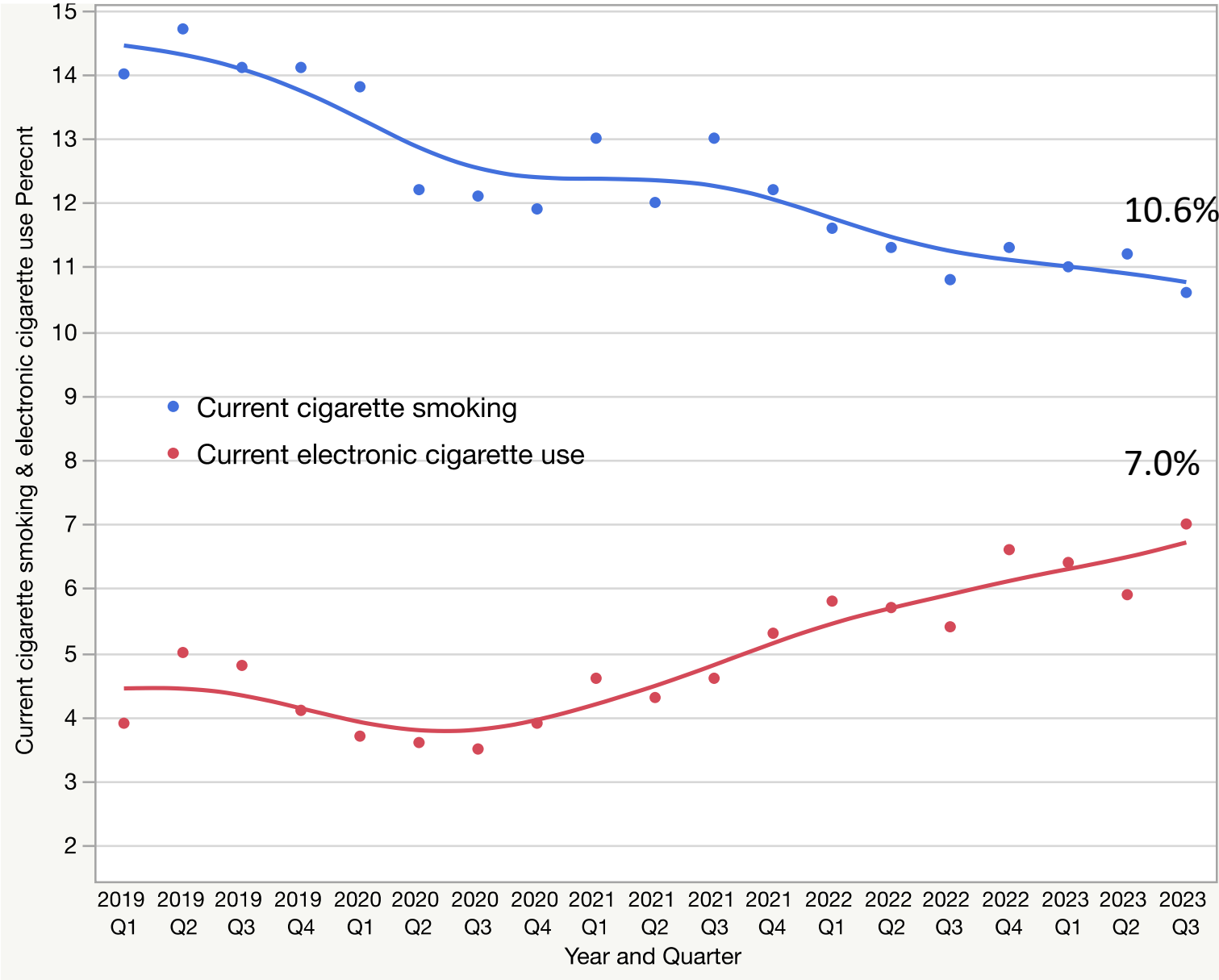
	Weighted Percent (95% CI*; Weighted N)
Any method (Unweighted n=756)	100 (7.5 million)
Nicotine-containing methods	
E-cigarettes	42.5 (38.3–46.8; 3.2 million)
Exclusively	27.2 (23.4–31.2; 2.0 million)
Nicotine gum/lozenge	17.1 (14.0–20.6; 1.3 million)
Exclusively	2.5 (1.5–3.8; 0.2 million)
Nicotine patch	14.8 (12.0–18.1; 1.1 million)
Exclusively	4.7 (3.1–6.7; 0.4 million)
Nicotine nasal spray/inhaler	†
Exclusively	†
One or more of above	54.6 (50.6–58.7; 4.1 million)

**E-cigarette and
nicotine
replacement are
the most popular
methods**

Stop-smoking methods used by adults who stopped smoking completely from 2020–2022

Prescription drug methods	
Chantix/Varenicline	6.4 (4.6–8.5; 0.5 million)
Exclusively	2.4 (1.4–3.7; 0.2 million)
Zyban/Bupropion/Wellbutrin	4.5 (3.1–6.3; 0.3 million)
Exclusively	†
One or more of above	9.6 (7.4–12.2; 0.7 million)
Non-nicotine, non-prescription drug methods	
Quit line	2.5 (1.5–3.9; 0.2 million)
Exclusively	†

Current cigarette smoking & electronic cigarette use % vs. Year and Quarter- US National Health Interview Survey



**Are they
connected?**



Population Assessment of Tobacco and Health (PATH) Study

- The PATH Study is a collaboration between the National Institute on Drug Abuse (NIDA), National Institutes of Health (NIH), and the Center for Tobacco Products (CTP), Food and Drug Administration (FDA).¹⁴
- It was launched in 2011 to inform FDA's regulatory activities under the Family Smoking Prevention and Tobacco Control Act.¹⁴
- The PATH Study is an ongoing longitudinal cohort study on tobacco use behavior, attitudes, beliefs, and tobacco-related health outcomes.¹⁴



Wave 1 Sep. 2013–Dec. 2014 Adult: 32,320 Youth: 13,651	Wave 2 Oct. 2014–Oct. 2015 Adult: 28,362 Youth: 12,172	Wave 3 Oct. 2015–Oct. 2016 Adult: 28,148 Youth: 11,814	Wave 4 Dec. 2016–Jan. 2018 Adult: 33,822 Youth: 14,798	Wave 4.5 Special Collection: Youth Only Dec. 2017–Nov. 2018 Youth: 13,131
Wave 5 Dec. 2018–Nov. 2019 Adult: 34,309 Youth: 12,098	Wave 5.5 & PATH-ATS Special Collection: Adult & Youth Wave 5.5: Jul.–Dec. 2020 PATH-ATS: Sep.–Dec. 2020 Adult (PATH-ATS): 8,874 Young Adult (W5.5): 3,628 Youth (W5.5): 7,129		Wave 6 Mar.–Nov. 2021 Adult: 30,516 Youth: 5,652	Wave 7 Jan. 2022 – Apr. 2023 Data not yet available Adult: xx,xxx Youth: xx,xxx

The overall weighted response rate for adults was 74% in Wave 1 and 65.1% in Wave 5.¹⁵



Analyses: Wave 1 – 6 adults with complete longitudinal data

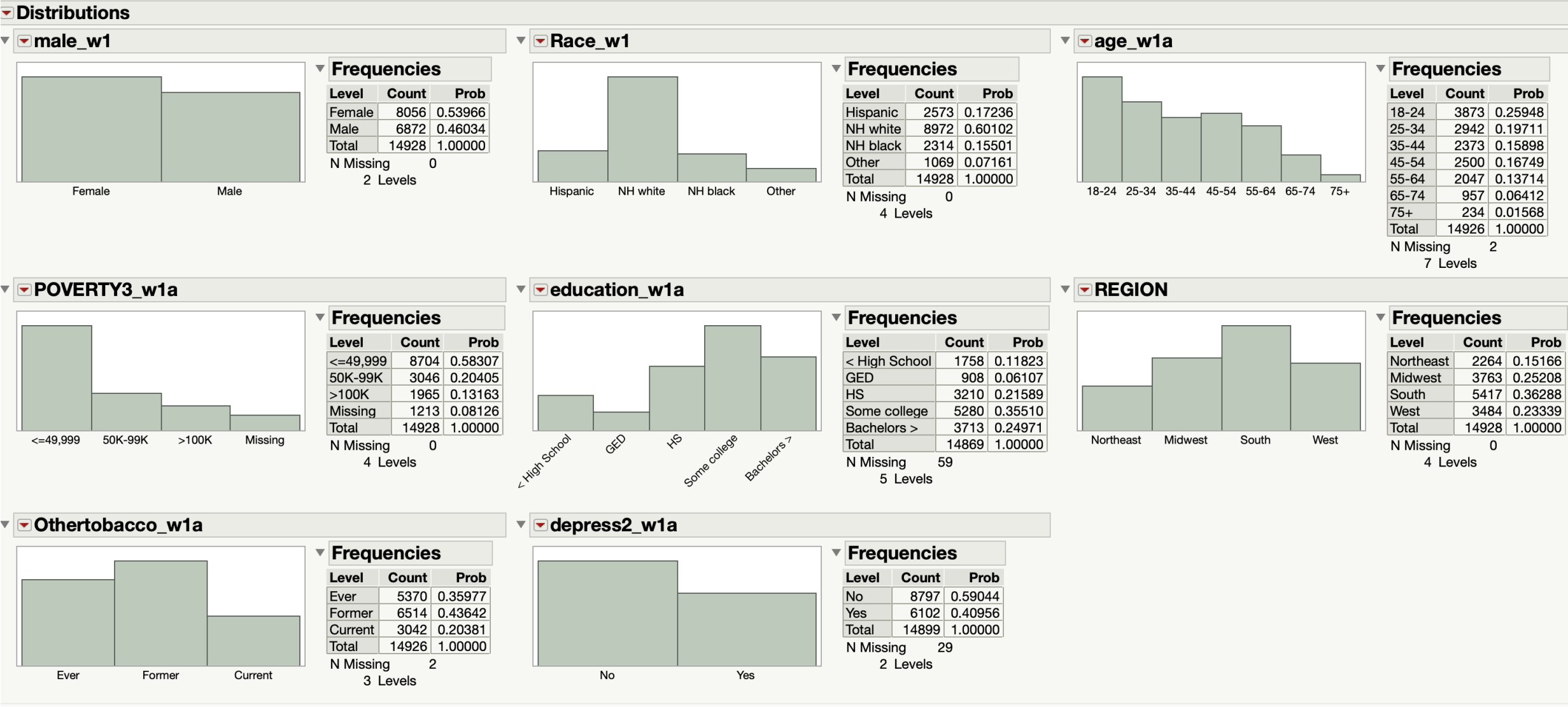
Basic sociodemographic info: Age, sex, education, race, region, poverty, depression

Exposure: E-cigarette use frequency (days used in past month); Past month use – yes/no

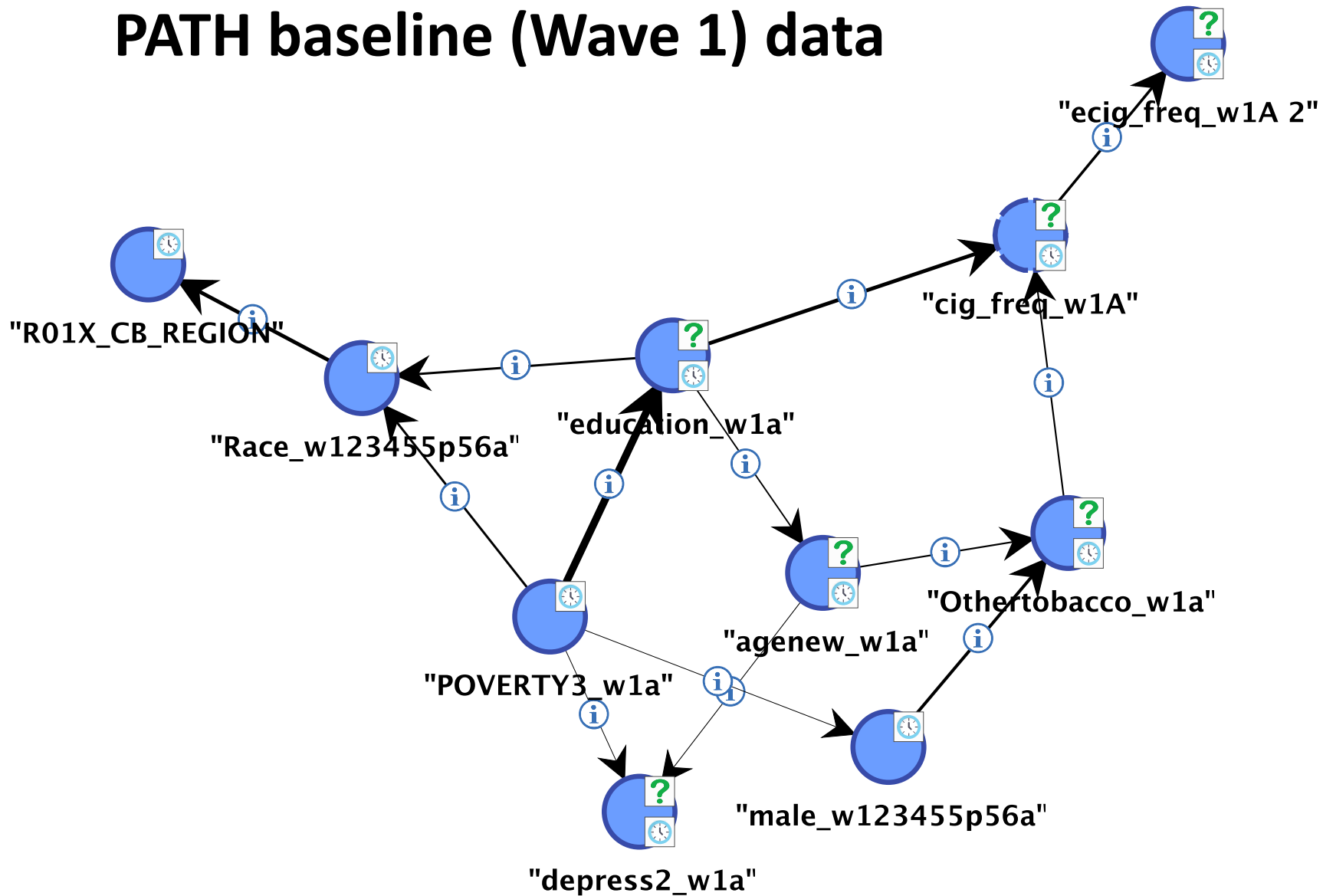
Outcomes: Cigarette use frequency (days used in past month); Past month use – yes/no

Covariates: Other tobacco product use, depression

PATH Study Wave 1 Sociodemographic characteristics



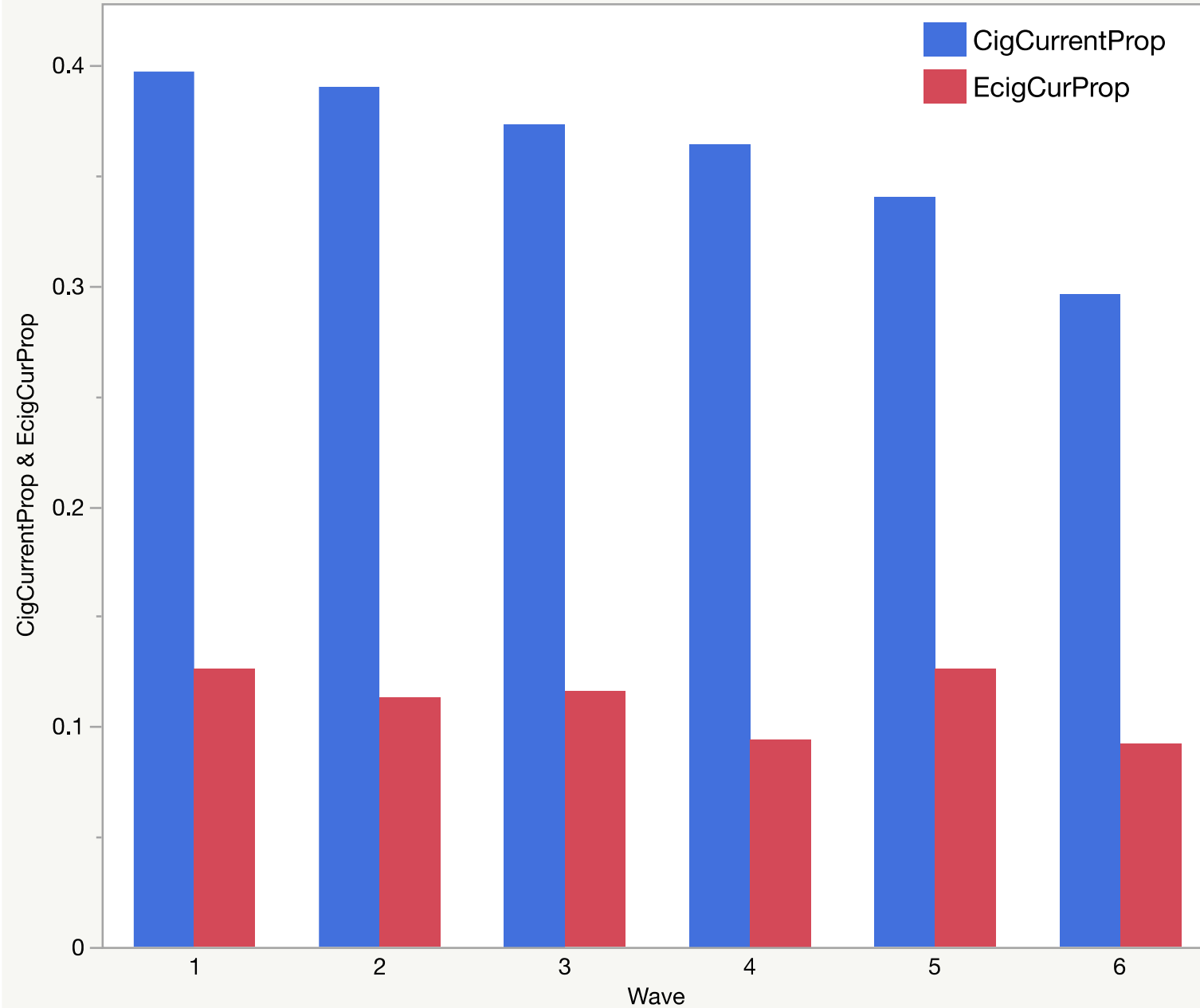
PATH baseline (Wave 1) data



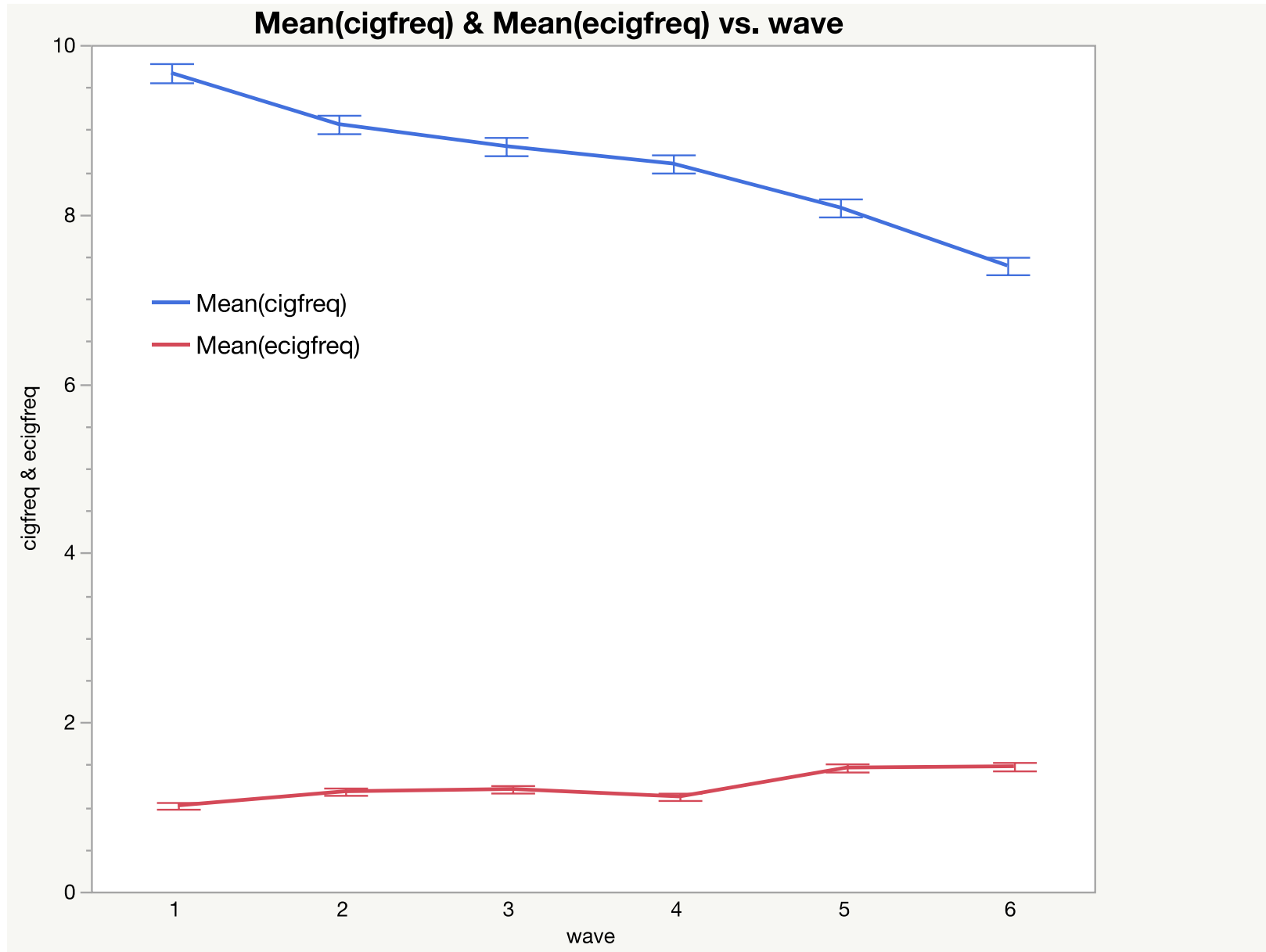
Taboo learning:
Delete All Arcs
Taboo List Size: 36

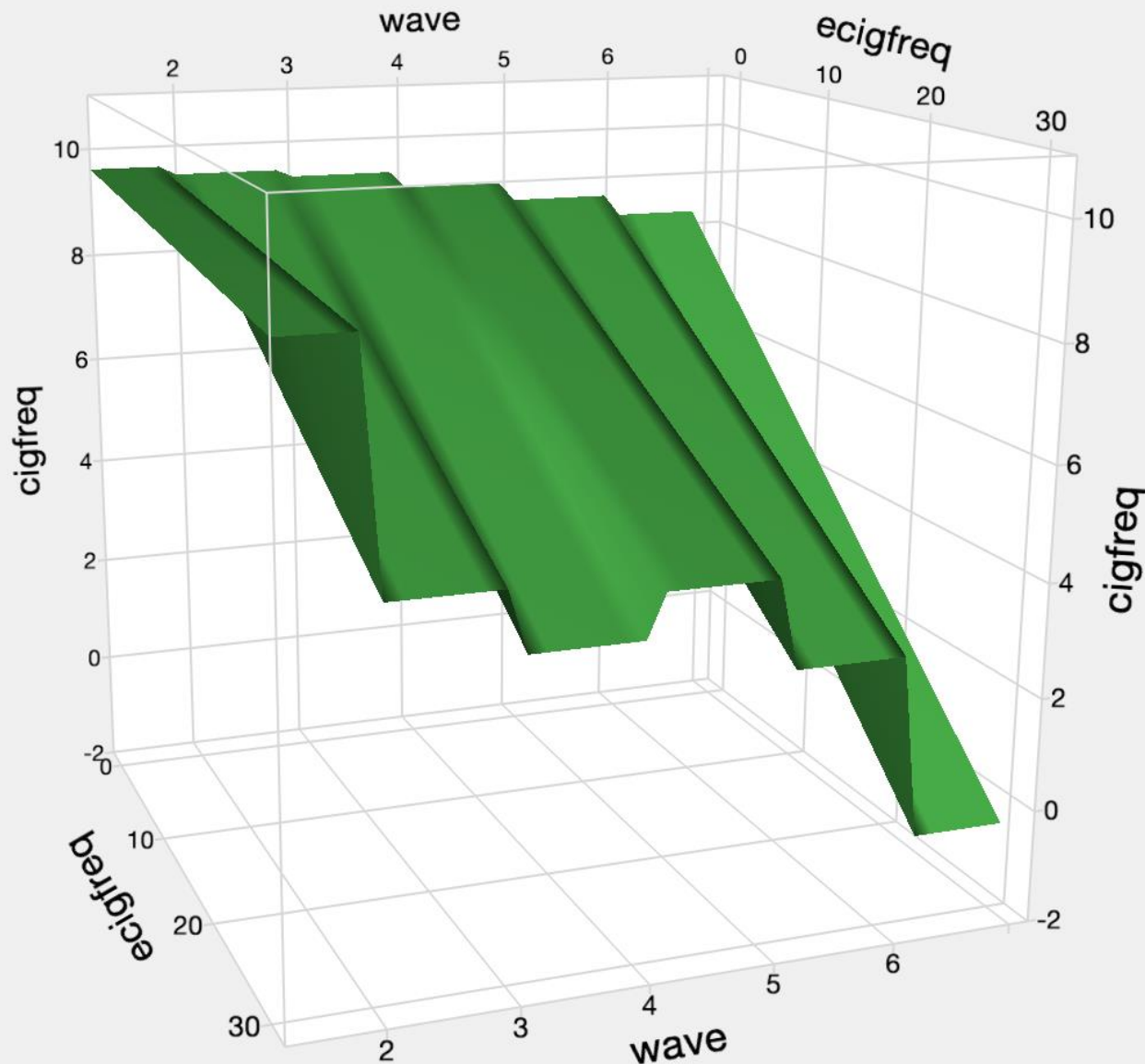
Missing values treated
with Structural EM
Total Weight: 14,928
Initial MDL score:
227,476.42
Final MDL score:
219,343.079
Total learning time: 0s

Current Cigarette & E-cig Use Past Month Proportions by Wave



Mean days per last month smoking cigarettes, using e-cigarettes





Fixed Effects Tests

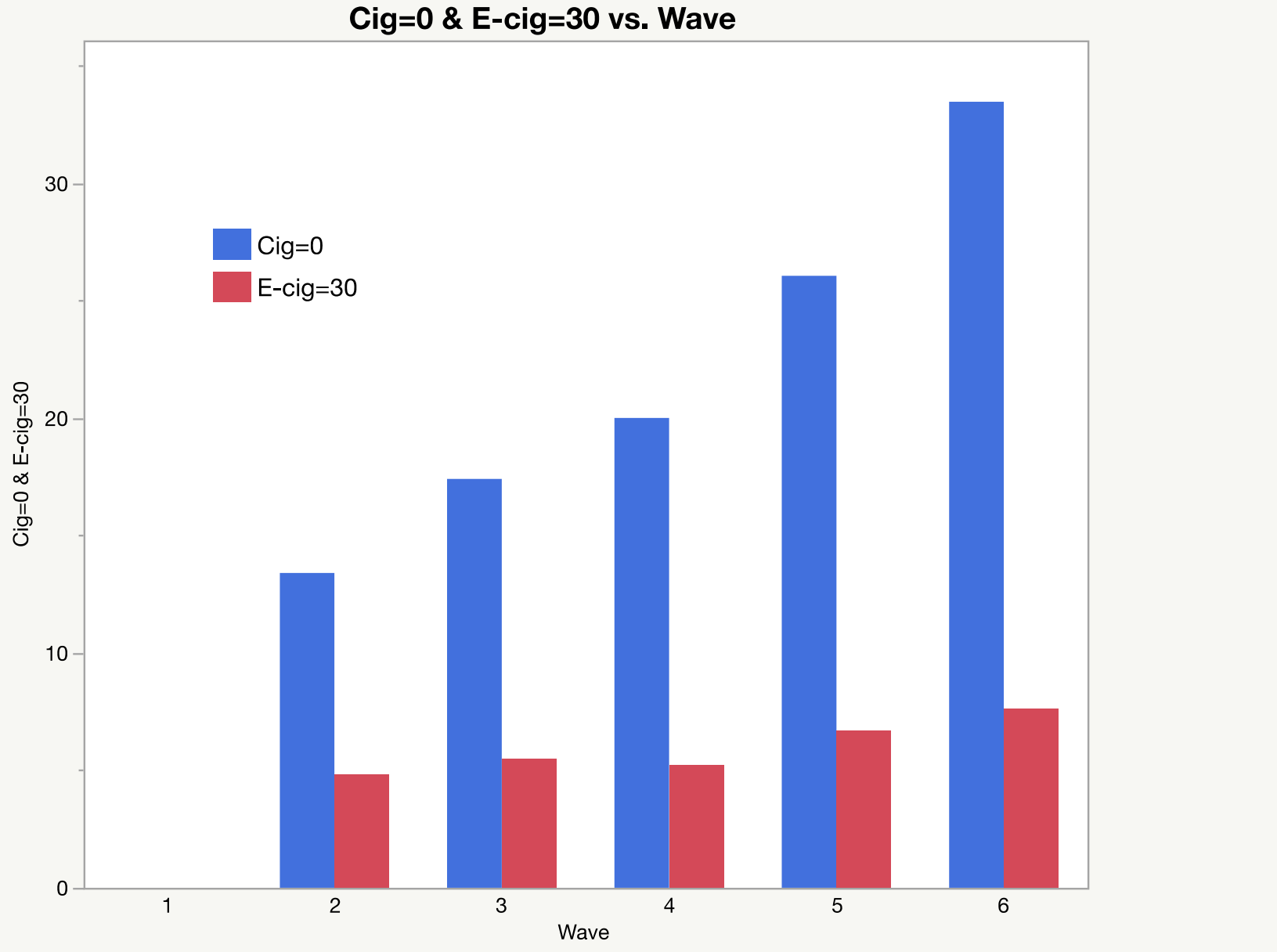
Source	Nparm	DFNum	DFDen	F Ratio	Prob > F
wave	5	5	14460	144.69765	<.0001*
ecigfreq	1	1	15124	2.7563292	0.0969
wave*ecigfreq	5	5	27034	54.125811	<.0001*

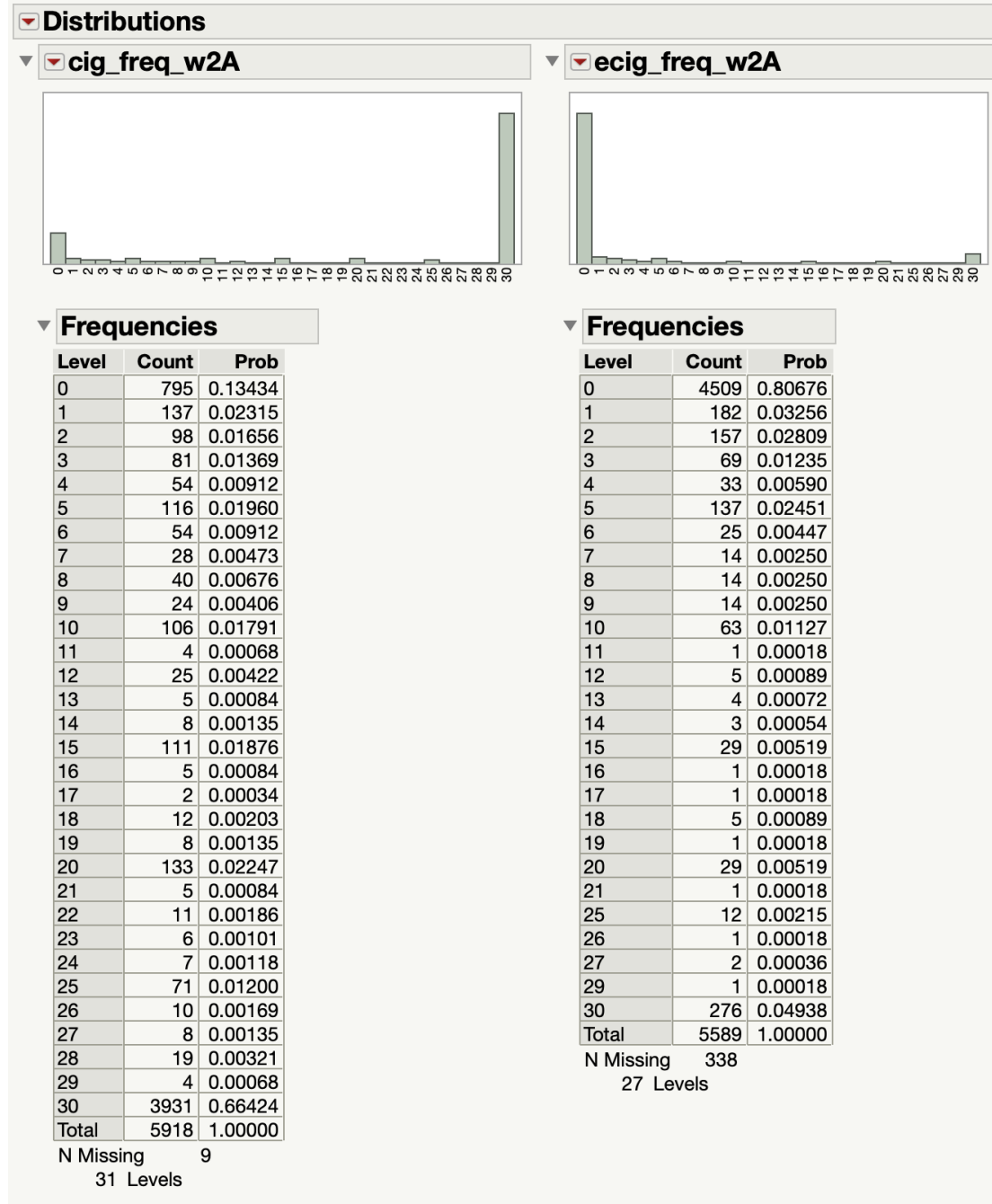
Random effects model:
Time (wave), e-cigarette frequency (days per month) and interaction effect (time x frequency)

Outcome: Cigarette frequency (days per month)

Selection:

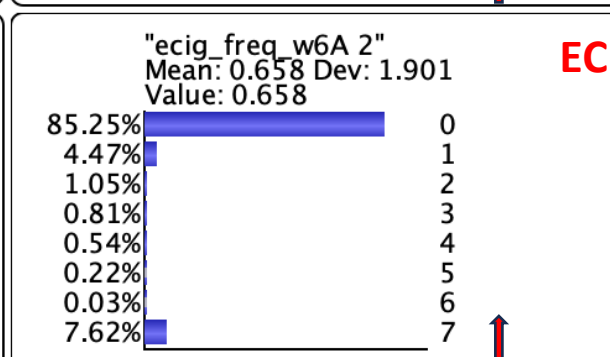
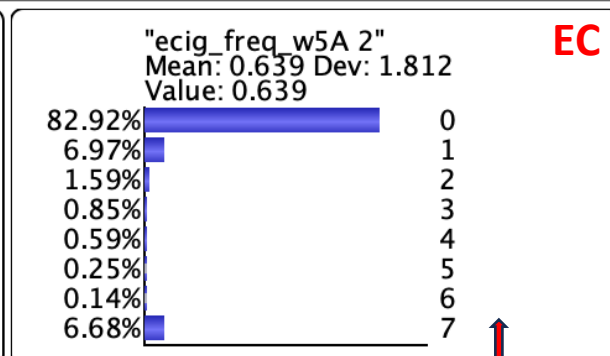
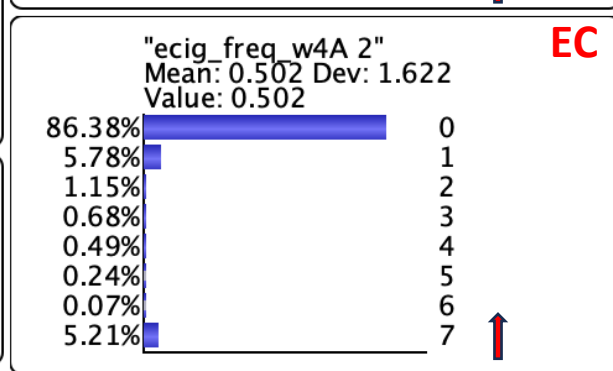
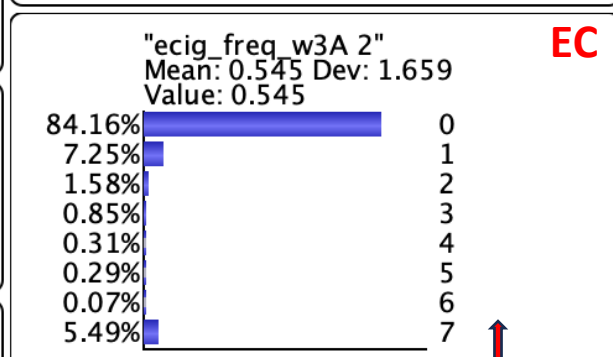
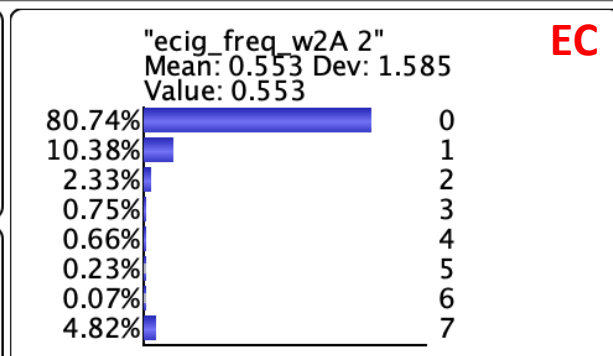
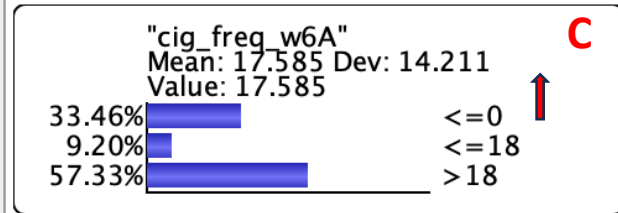
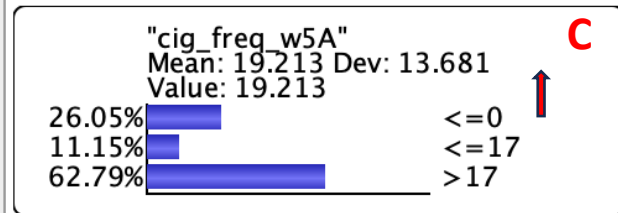
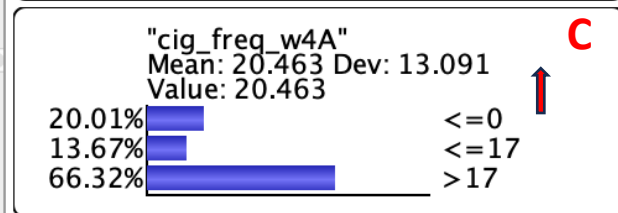
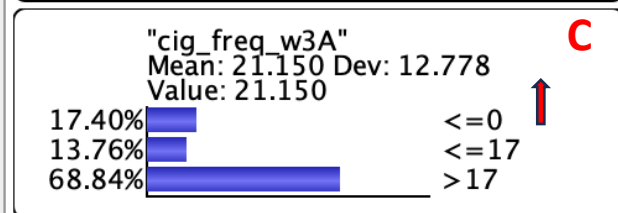
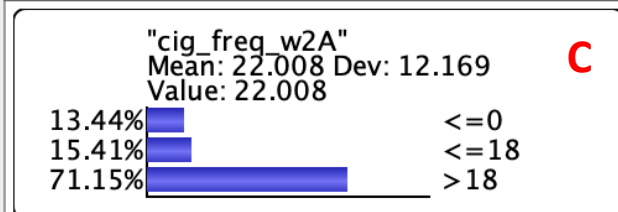
**Smokers only
selected at
Wave 1**





Skewed distributions

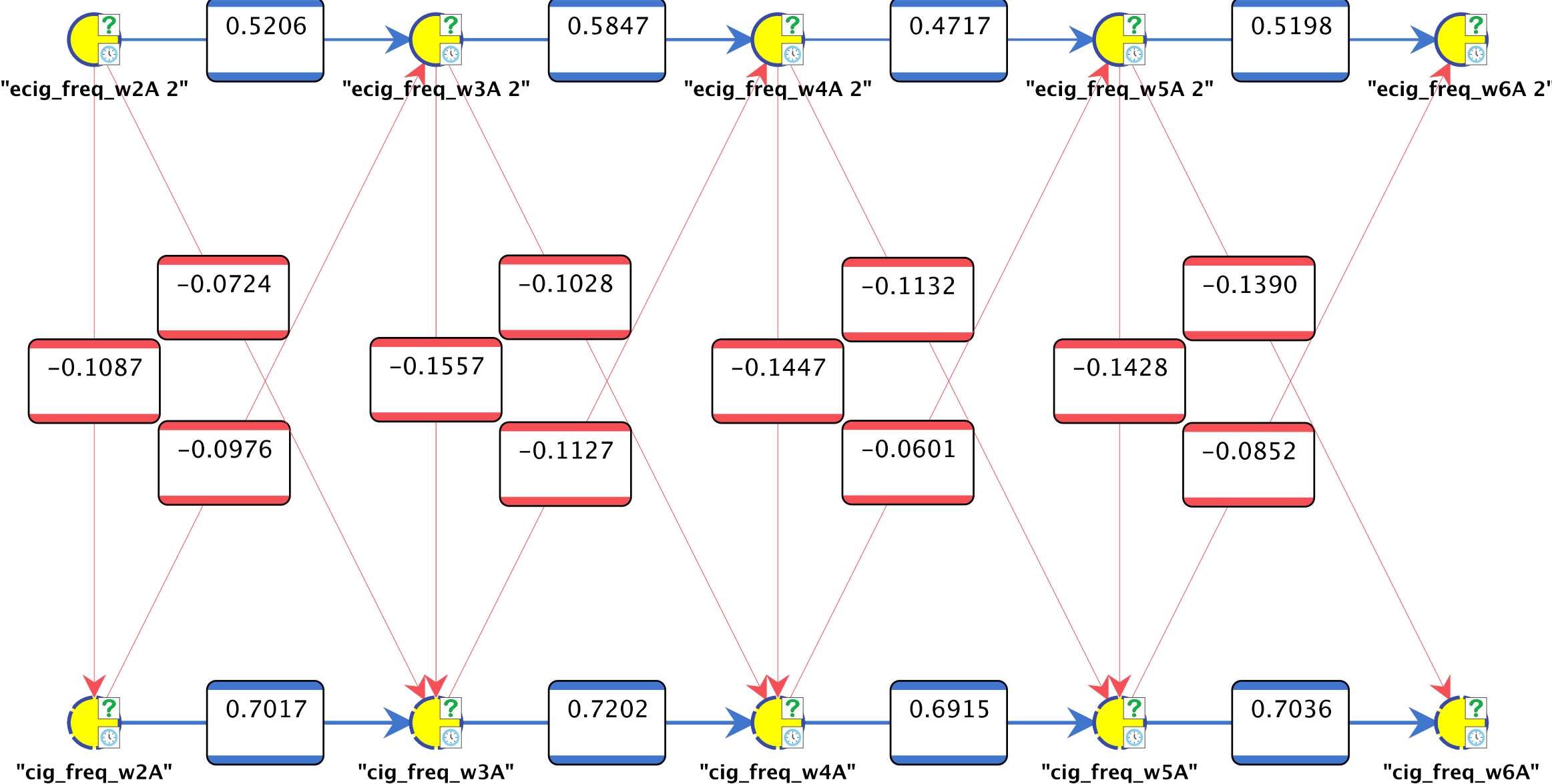
Mean Value: 10.552



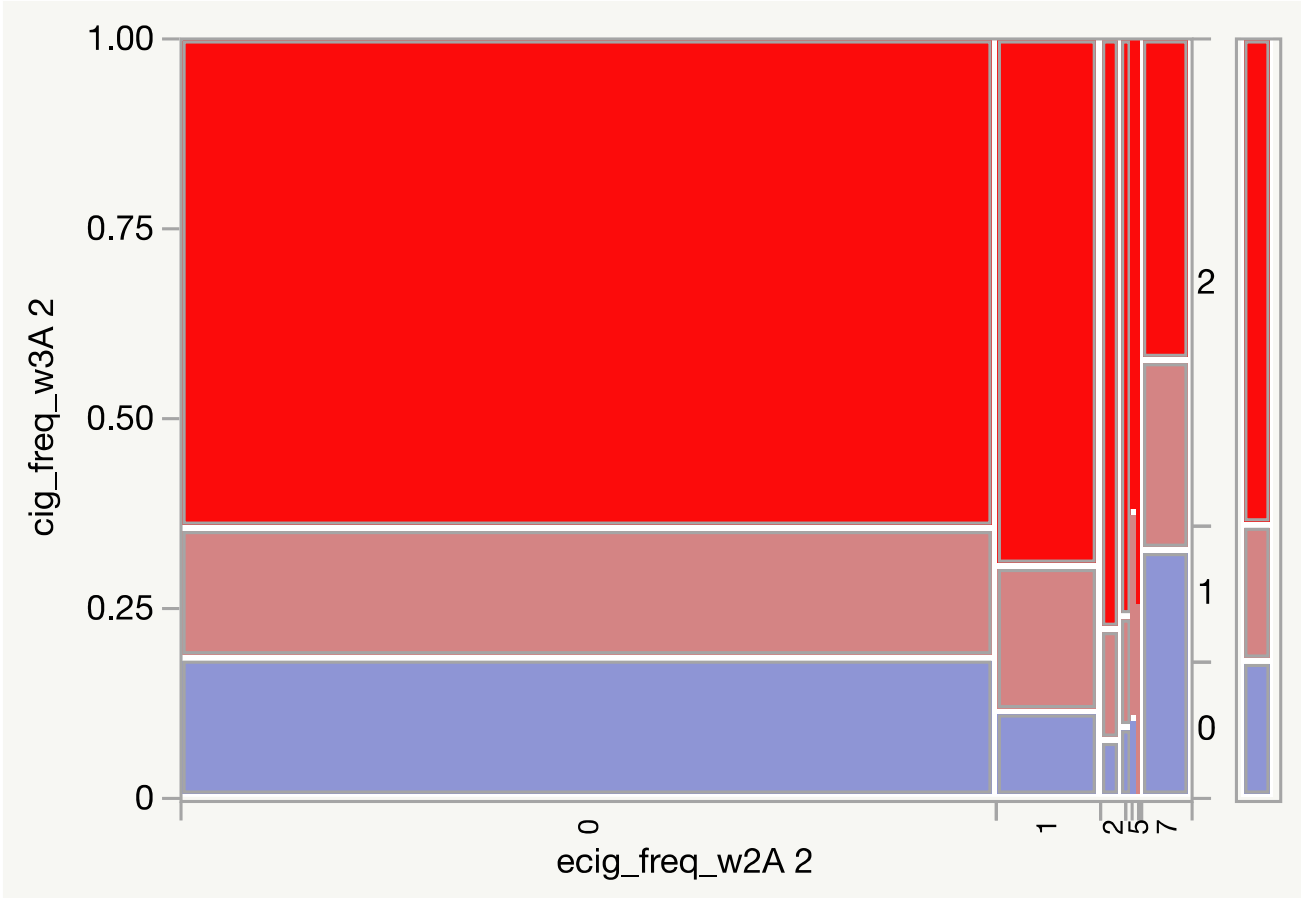
Inverse
relationships
between EC and C
over time

Discretization:
Isolated 0's (both cigs and ecigs)
Isolated everyday use past month (ecig)

Cross-lagged Panel Model



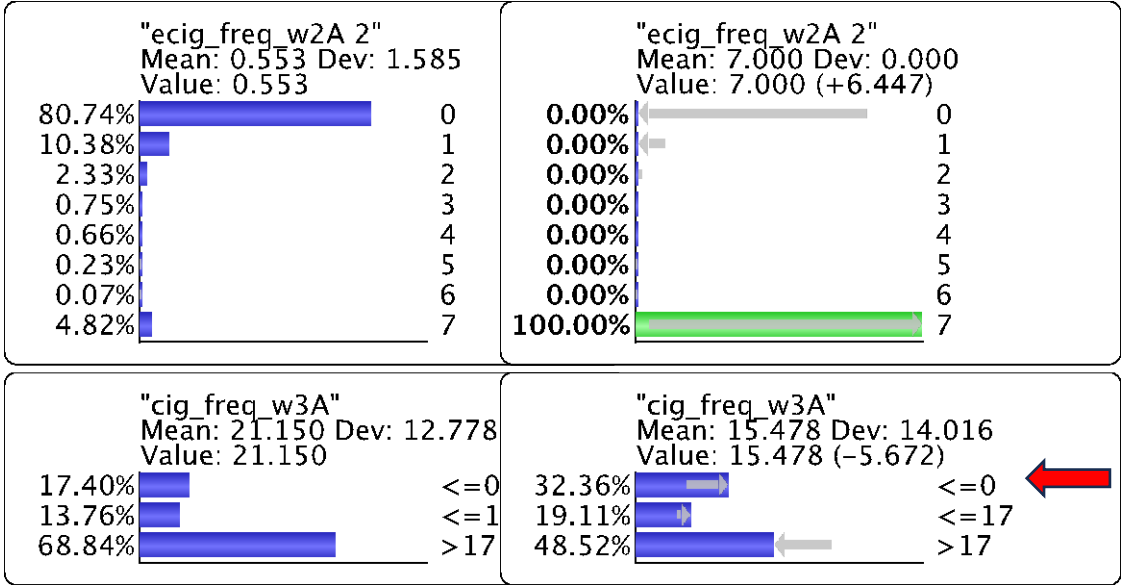
Wave 2-3 lagged relationship



N	DF	-LogLike	RSquare (U)
5581	14	49.975158	0.0099

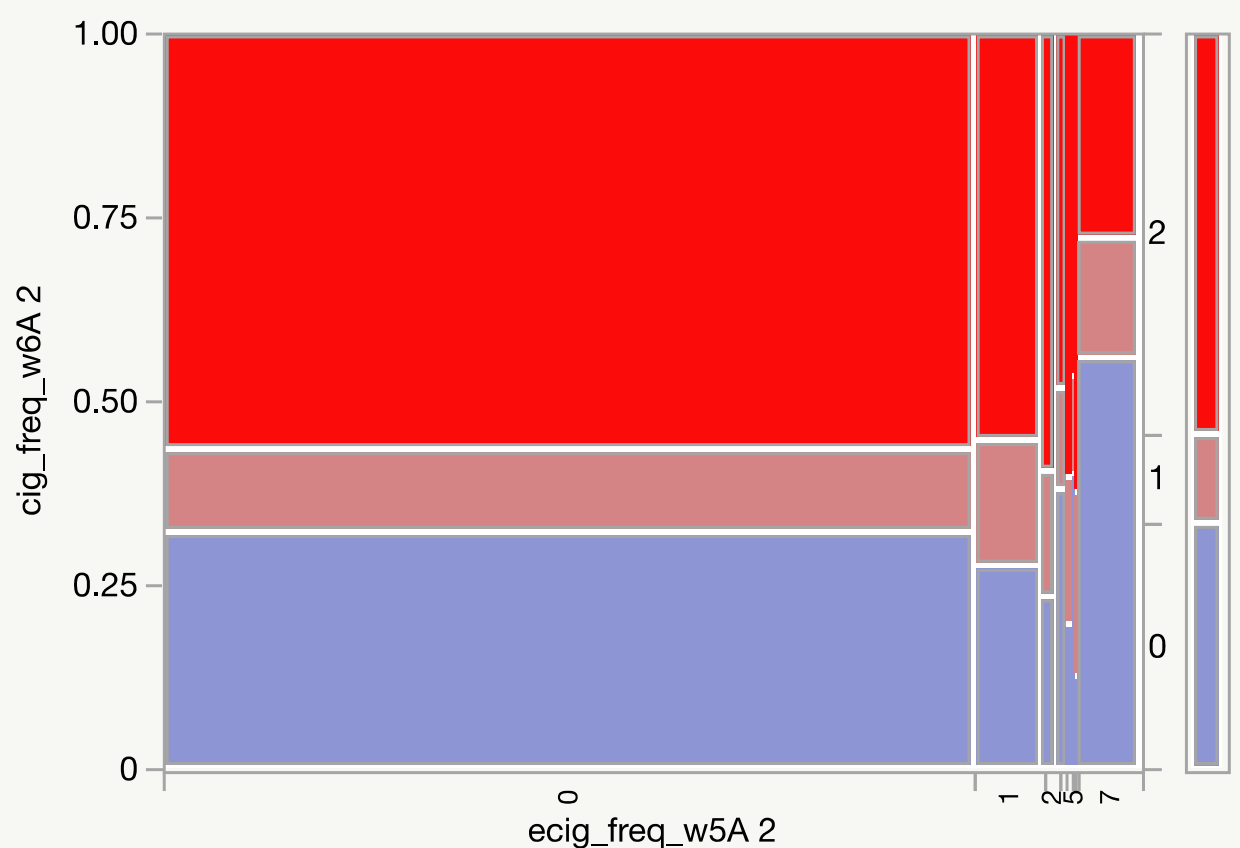
Test	ChiSquare	Prob>ChiSq
Likelihood Ratio	99.950	<.0001*
Pearson	99.672	<.0001*

Setting evidence: 100% of smokers switch to daily e-cig use

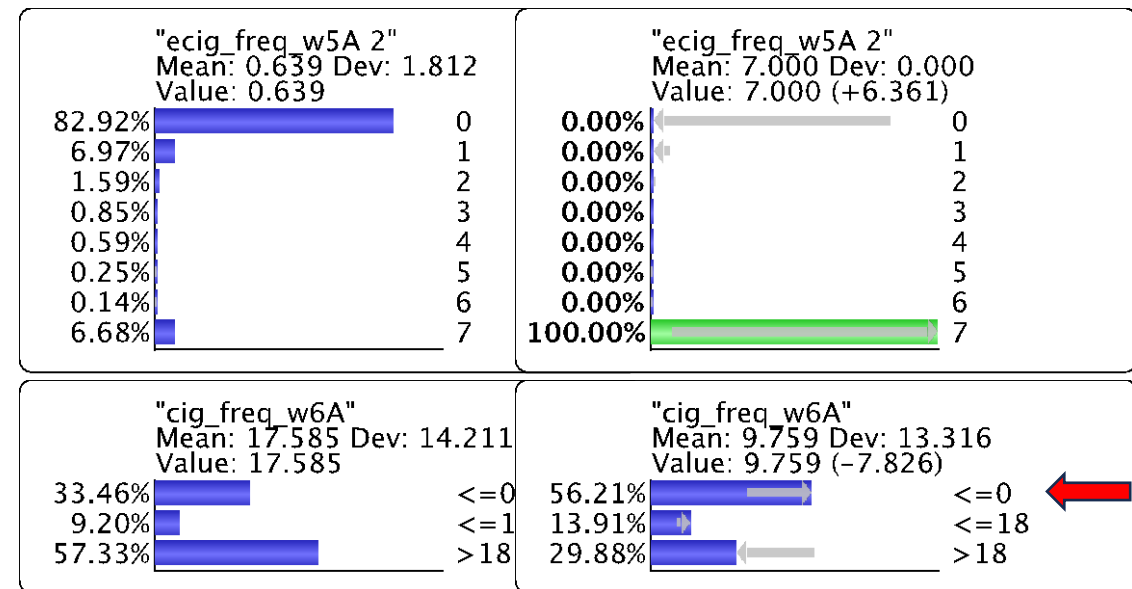


Daily use of e-cigs show the strongest association

Wave 5-6 lagged relationship



Setting evidence: 100% of smokers switch to daily e-cig use



N	DF	-LogLike	RSquare (U)
5904	14	77.658503	0.0138

Test	ChiSquare	Prob>ChiSq
Likelihood Ratio	155.317	<.0001*
Pearson	155.205	<.0001*

Daily use of e-cigs show the strongest association

Accidental Quitting

by Jemma Wolfe Sep 20, 2022



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December 29, 2021

Study Finds What Vapers Knew: Accidental Quitting Is Real



Jim McDonald

ANOTHER LOOK AT PATH STUDY DATA: SMOKERS NOT PLANNING TO QUIT



Original Investigation | Public Health

Association of e-Cigarette Use With Discontinuation of Cigarette Smoking Among Adult Smokers Who Were Initially Never Planning to Quit

Karin A. Kasza, PhD; Kathryn C. Edwards, PhD; Heather L. Kimmel, PhD; Andrew Anesetti-Rothermel, PhD, MPH; K. Michael Cummings, PhD; Raymond S. Niaura, PhD; Akshika Sharma, MDS; Erin M. Ellis, PhD; Rebecca Jackson, MPH; Carlos Blanco, MD, PhD; Marushka L. Silveira, PhD; Dorothy K. Hatsukami, PhD; Andrew Hyland, PhD

JAMA Network Open. 2021;4(12):e2140880. doi:10.1001/jamanetworkopen.2021.40880

Table 2. Cigarette Discontinuation and Discontinuing Daily Cigarette Smoking at Follow-up Wave, Among Daily Cigarette Smokers Who Had No Plans to Ever Quit for Good and Who Were Not Using e-Cigarettes at Baseline Wave, as a Function of e-Cigarette Use at Follow-up Wave^a

e-Cigarette use at follow-up	Cigarette discontinuation at follow-up wave (ie, no cigarette smoking)		Discontinuing daily cigarette smoking at follow-up wave (ie, no daily cigarette smoking)	
	No. of observations (%) [95% CI]	aOR (95% CI) ^b	No.of observations (%) [95% CI]	aOR (95% CI) ^b
Overall (n = 2489)	158 (6.2) [5.0-7.5]	NA	271 (10.7) [9.1-12.5]	NA
No e-cigarette use (n = 2273)	138 (5.8) [4.7-7.2]	1 [Reference]	228 (9.9) [8.2-11.8]	1 [Reference]
Nondaily e-cigarette use (n = 156)	3 (3.1) [0.8-11.1] ^c	0.53 (0.08-3.35)	16 (10.2) [5.8-17.3]	0.96 (0.44-2.09)
Daily e-cigarette use (n = 60)	17 (28.0) [15.2-45.9]	8.11 (3.14-20.97)	27 (45.5) [27.4-64.9]	9.67 (4.02-23.25)



Yes, BUT...



DUDE... THOSE THINGS
WILL KILL YOU!

©2019

ROGERS

ANDREWS
MCMEEL
SYNDICATION

CONCLUSIONS

- **Who are the (U.S.) smokers? National data can point us to important inequalities, but we need more to reach the majority of smokers with effective cessation tools.**
- **What works to help smokers quit?**
 - **E-cigarettes are a popular method. They are consumer not therapeutic products. They may have greater reach and availability and they may benefit smokers who are not even trying to quit, but they must be used daily for complete switching.**



**THANK
YOU!**

