

2023 Region 5 Epidemiological Profile: Tobacco & ENDS

Problem Statement

Results from the 2021 Behavioral Risk Factor Surveillance System (BRFSS) estimate that approximately 456,000 or 17.2% of Connecticut adults, aged 18 years or older, used some form of tobacco, including cigarettes, cigars, e-cigarettes or other electronic vapor products, hookahs (waterpipes) and smokeless tobacco, such as chew, snuff or snus, some days or every day (i.e., current tobacco use). Current tobacco use was more prevalent among 18–34-year-olds (23.5%) than among adults aged 65 or older (8.2%).

Current cigarette smoking among adults is more than twice that of e-cigarette use (11.1% compared to 5%)¹

We do not have statewide data for youth tobacco use, but in our region, vaping continues to trend higher than smoking. From a nationwide perspective, Monitoring the Future 2022 data reports nicotine vaping remained stable for all three grades surveyed, with 12% of eighth graders, 20.5% of 10th graders, and 27.3% of 12th graders reporting vaping nicotine in the past year.²

Flavored tobacco products entice youth. According to the 2022 National Youth Tobacco Survey 85% of youth who use e-cigarettes reported flavoring as the primary reason for using a tobacco product.³ The states surrounding us have flavor ban policies in place, but Connecticut does not. Within their data brief “Monitoring U.S. E-Cigarette Sales: National Trends”, the CDC concludes- “Policies that prohibit all non-tobacco flavored e-cigarettes, including flavored disposable e-cigarettes and menthol flavored prefilled cartridges may reduce e-cigarette sales, reduce youth access to flavored e-cigarettes, and ultimately reduce youth e-cigarette use”.⁴

Emerging Trends

New product trends include vape devices with colorful characters that boast 10,000 puffs (Airis) and oral nicotine pouches like Zyn that come in an array of flavors.

The Retail Environment

Through environmental scans of our region, we have noticed an increase in vape and smoke shops offering a wide array of products including bongos/pipes, Kratom and CBD. Some have recently been selling Delta 8 and Delta 9 cannabis and leaf cannabis illegally. Many of these Delta 8 and Delta 9 products are packaged like snack foods or candy which can be attractive to youth. There are 1,762 registered e-cigarette dealers in CT. That equates to an average of 10.4 per town (based on 169 towns). 116 of these retailers are registered by individuals or companies located outside of CT. In our region, there are 262 registered e-cigarette retailers: an increase of 26% from 2019. 10 of our towns (predominantly in the rural northwest corner), did not have a registered e-cigarette retailer in 2019 but do as of March 2023. The density of retail establishments is greater in our urban core and urban periphery communities. For example, Danbury currently has 47 retailers, Waterbury 51, and Naugatuck 27, compared to some of our more suburban communities like Brookfield (9) or Watertown (8).⁵

The CT Tobacco Prevention and Enforcement Program (TPEP) conducted 876 compliance checks in 2022 in our region. 674 or 77% were compliant. Danbury and Waterbury retailers have the most non-compliance issues. Some retailers consider fines for non-compliance to be “the cost of doing business”.⁶

Region 5 youth may not realize they are ingesting nicotine. On average 27.2 % of youth who reported past 30-day use of e-cigs or vapes said they were vaping “flavored liquid without nicotine”.

Vape devices provide an opportunity for youth to engage in cannabis use as well. From the same sample of youth mentioned above, 44.7% on average reported vaping THC/marijuana.

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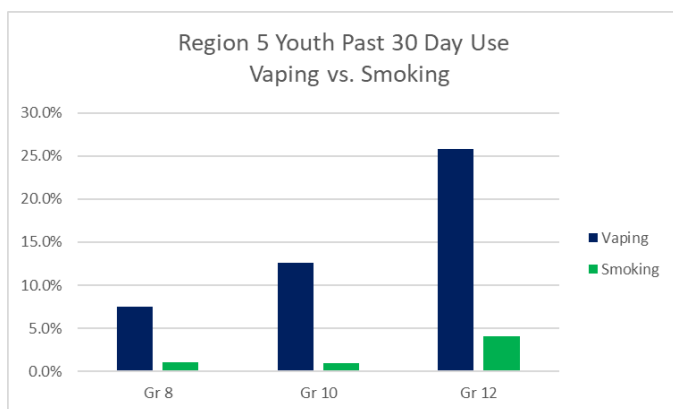
Magnitude (prevalence)

Perception of peer disapproval of vaping is very low compared to that of cigarettes (66% vs 86%).⁷ We hear anecdotally that there is a misperception among youth that “everyone is vaping”.

Nicotine vaping is the most common form of substance use among 8th and 10th graders.

According to Monitoring the Future, smoking rates among teens in the U.S. peaked in 1997 at 36.5% (past 30-day use among 12th graders). Utilizing many prevention strategies and with policy changes, we have lowered the prevalence of youth smoking in this country. In 2022, that rate among 12th graders is 4%. Unfortunately, e-cigarette use rates are quite a bit higher. The new survey finds that nicotine vaping is the most common form of past 30-day substance use for 8th and 10th graders students, exceeding use of other substances such as alcohol and cannabis. Among 12th graders, nicotine vaping was the second most common form of substance use.²

In Region 5, we examined past 30-day use of cigarettes vs. ENDS among middle school and high school youth. (5 districts, 3,620 total sample).⁷



On average 1.1% of 8th grade, .96% of 10th grade and 4.1% of 12th grade reported current use of cigarettes. Vaping rates are much higher: 7.5% 8th grade, 12.6% 10th grade, and 25.8% 12th grade.

CT adult current tobacco use, according to data from the BRFSS:

- 11.1% smoke cigarettes (24.4% male, 9.9% female)
- 5% use e-cigarettes (6.5% male, 3.6% female)
- 4.2% smoke cigars (7.4% male, 1.4% female)
- 2.1% use other tobacco including hookah, chewing tobacco, snuff, or snus ¹

Risk Factors and Subpopulations at Risk

The American Lung Association State of Tobacco Control identifies the following populations as disproportionately affected by smoking and tobacco use:

- Military veterans smoke at a rate of 21.6%. **The highest rate among the military is among those ages 18-25 with a rate of 50.2%.** This is due to a long history of tobacco use, including cigarettes being distributed with rations.
- Uninsured Americans smoke at a rate of 21.2%, more than double the rate of adults with private insurance.
- Indigenous Peoples smoke at a rate of 27.1%.
- Those with poor mental health. People with mental health conditions account for 36% of all cigarettes smoked. Nicotine’s mood-altering effects can mask the negative symptoms of mental illness putting them at risk for higher tobacco use.
- Adults in public housing smoke at a rate of 33.6%.⁸

Populations at-risk for tobacco use in CT (adults):¹

- Men are more likely than women to use tobacco (21.6% vs 13.2%)
- Those with an annual income less than \$25K use tobacco at higher rates
- Rates are higher among Hispanics (18.2%)
- LGBTQ individuals (21.4%)
- Those with a high school diploma or less

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Populations most at-risk for using ENDS are:¹

- Youth (12-17)
- Young adults (18-34). 16.4% vs overall 5% for CT adults. Those age 25-34 also use ENDS at higher rates (8.9%)
- Adults with poor mental health (10.3%)
- LGBTQ individuals (9%)

Risk Factors for youth ENDS use:

- Availability and access to a wide variety of flavored products that continue to be marketed to kids. Disposable vapes are colorful, sleek, easy to hide and contain high levels of nicotine. They are often on display at gas stations and convenience stores right at the register and near other product kids enjoy (candy and snacks).
- Youth report mental health concerns like anxiety and depression as reasons they use ENDS.
- TV and other media exposes youth to these products.
- The industry maintains their harm reduction claims about e-cigarettes without any evidence.
- The FDA has not approved these products appropriate for smoking cessation.
- According to local youth data from 5 of our area high schools:⁷
 - After 10th grade, use rates significantly rise 11th (22.3%) and 12th graders (25.8%)
 - Less than 50% of those surveyed said they had a conversation with a parent about the dangers of vaping during the last 12 months
 - Most students (51%) are getting their device from a friend, but **28% said they got their device from a vape/smoke shop** and 9% from a gas station or convenience store

Burden (consequences)

4,900 CT adults die from smoking related illness annually.

According to the CDC, 4,900 adults die each year in CT from smoking related illness and smoking related healthcare costs in our state are \$2.03 billion (about \$6

per person in the US) annually. *It is the leading cause of preventable death in our country.* CDC research suggests that for every \$1 spend on tobacco prevention, CT can reduce tobacco related healthcare expenditures and hospitalizations up to \$55.⁹

Menthol cigarettes are a major cause of tobacco-related death and disease in Black communities. Nearly 81% of Black Americans who smoke use menthol.¹⁰

According to Save the Sound, CT's top trash type is cigarette butts. Cigarette filters are made of plastic, are not biodegradable and are harmful to wildlife. Waste from ENDS and other tobacco products cause environmental contamination.¹¹ We have concerns that these FDA guidelines for proper disposal of e-cigs are not being followed in most communities. **In a 2021 report, the Truth Initiative said e-cigarettes are "a toxic plastic problem. There is no safe disposal guidance from the industry and recycling programs don't exist."**¹²

Capacity and Service System Strengths

Protective Factors at a state and national level include:

- Tobacco 21 law
- Smokefree workplace laws in CT
- The 2021 Amendment to the Clean Indoor Air Act expanded definition of smoking to include any tobacco, hemp, and cannabis. Areas where smoking is prohibited now include the exterior of buildings (within 25 feet of a doorway, window, or air intake vent)¹³
- Pod system flavor ban and exposure of the company that created Juul
- Advocacy groups like PAVE, Campaign for Tobacco Free Kids, American Lung Association and Truth Initiative (we promote their "This is Quitting" campaign and text line)
- Truth Initiative's "This is Quitting" program has helped more than 500,000 youth and young adults quit during 2019-2022¹⁴
- The Great American Smokeout effort is widely recognized and celebrated in Region 5

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Strengths and capacity in our region:

- Support and collaborate with the Local Prevention Councils who have been focusing on reducing youth use of e-cigarettes for the last 3 years using comprehensive strategies.
- Distribution of hundreds of “Quit Kits” in our region to help youth and young adults quit vaping and other tobacco use.
- Collaboration with statewide partners at TPEP to conduct local compliance checks.
- Active attendance at the statewide Tobacco Steering Committee and MATCH coalition meetings.
- Testimony to the CT General Assembly in favor of tobacco control policies and prevention funding.
- Positive community norms messaging to address youth vaping.
- Restorative or alternative to suspension programs within some of our communities.
- Western CT Coalition Drug Free Schools Committee is actively engaged in addressing youth vaping and provides education through the “Educator” info brief.
- Nuvance Health’s “Quit Now” smoking cessation program.
- Increase in signage in public places banning tobacco use, including e-cigarettes.
- Findings from the 2022 Community Readiness Survey indicate public concerns and awareness has increased.
 - 45.8 % of key informants indicated vaping was the substance of highest concern for those age 12-17, followed by cannabis (25.1%) then alcohol (14.7%). It is the second highest concern for those age 18-25.¹⁵

Footnotes:

- ¹ CT BRFSS data, CT Department of Public Health, 2021
- ² National Institutes for Health and Monitoring the Future data, 2022
- ³ CDC National Youth Tobacco Survey data, 2022
- ⁴ CDC National E-Cigarette Sales Data Brief 2022
- ⁵ CT Department of Consumer Protection data, 2023
- ⁶ CT TPEP data, 2021 and 2022, and key informant interview with one of the special investigators.
- ⁷ Search Institute Attitudes and Behaviors Survey data from 5 school districts in Region 5, 2022
- ⁸ American Lung Association State of Tobacco Control, 2023
- ⁹ CDC Connecticut tobacco fact sheet, 2020
- ¹⁰ American Lung Association
- ¹¹ Save the Sound
- ¹² Truth Initiative report: The Harmful Effects of Tobacco, 2022
- ¹³ CT Department of Public Health
- ¹⁴ Truth Initiative This is Quitting Program
- ¹⁵ Community Readiness Survey data, 2022