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Background

Tobacco use continues to be the leading cause of preventable death and disease in Connecticut and the United States. Tobacco causes harm to almost every organ in the body. The nicotine in tobacco products (including cigarettes, cigars, chewing tobacco, snuff, dip, hookah, and electronic cigarettes (electronic nicotine delivery systems, or ENDS) is highly addictive. There is no safe level of use for tobacco products or for exposure to tobacco smoke or aerosol.

The Connecticut Tobacco Control Program

The Program works to enhance the wellbeing of Connecticut residents by promoting tobacco-free lifestyles and by educating communities about the economic and health costs and consequences of tobacco use. The Program coordinates and assists state and local efforts to prevent people from starting to use tobacco, to help current users quit, to reduce nonsmokers' exposure to both secondhand and thirdhand smoke and aerosol, and to reduce disparities related to tobacco use.

Program Goals

➤ *Prevent the initiation of tobacco use*

- 27.8% of high school students report using some type of tobacco product, an increase of 55.3% since 2017 from 17.9%, with a predominant use of ENDS¹.
- 27.0% of high school students report current use of e-cigarettes, an astonishing increase of 83.7% since 2017 from 14.7%.¹
- Among current e-cigarette users in high school, the highest users belong to gay, lesbian, or bisexual students with 38.9% prevalence in 2019¹.
- Female high school students (31.2%) had a significantly higher rate of current tobacco use than their male counterparts (24.6%)¹.

➤ *Promote quitting among young people and adults*

- About 70% of smokers want to quit.⁵

➤ *Eliminate nonsmokers' exposure to secondhand smoke and aerosol*

- Nearly 1/3rd (30.5%) of high school students were exposed to secondhand smoke, vapor, or aerosol.¹
- Exposure varied by grade from 26.0% in 10th grade to 34.6% in 9th grade. ¹

The Burden of Tobacco Use in Connecticut:

- 17.6% of adults (473,900) uses some form of tobacco.²
- 4,900 of adults die each year from their own smoking³
- 56,000 children under 18 will die prematurely from smoking⁴
- Health care costs attributable just to cigarette smoking are estimated at \$2.039 billion each year³
- Nearly 1,300 youth under 18 become new smokers every year⁴

➤ **Identify and eliminate disparities related to cigarette smoking and its effects**

The prevalence of current cigarette smoking was significantly greater⁶ for adults with:

- Health coverage by Medicaid – 29.4%
- Lower socioeconomic status (<\$25,000 annual household income) – 23.4%
- Any disability – 19.5% and Cognitive disability – 25.0%
- No high school diploma – 22.8%

Program Initiatives

All Program activities follow the Centers for Disease Prevention and Control (CDC) *Best Practices for Comprehensive Tobacco Control Programs, 2014* and other national best practice recommendations including the Community Guide.



Prevention Activities

- **Community intervention programs** implement evidence-based activities that address tobacco prevention through policy, systems, and environmental changes. These programs engage, educate, and support youth groups to: 1) visit and talk to retailers in their communities about the placement and sale of tobacco products in stores, 2) address the impact of tobacco product advertising and sponsorships and 3) promote adoption of policies that protect communities from exposure to tobacco smoke through activities such as tobacco free campuses, parks, and workplaces.
- Ongoing education and information are provided on **proposed policy changes** that would impact tobacco control utilizing *Best Practices* and new research findings from the CDC and other national organizations. This includes clean indoor and outdoor air, restrictions on the sale of flavored tobacco products, and other policy areas that are expected to have a positive impact on the health of Connecticut residents.

Cessation Activities

- **Connecticut Quitline: 1-800 QUIT-NOW [1-855-DEJELO YA] www.CommitToQuitCT.com**

The Connecticut Quitline is available free of charge to any state resident. Telephone and web-based coaching is provided 24 hours a day, 7 days a week. Multiple languages are available either via quit coaches or translation lines. Nicotine replacement therapies (patches, gum, lozenges) are currently offered to callers who are medically eligible and who enroll in multiple call or web-based programs. Coaching, referrals, and educational materials are provided that are tailored to a caller's needs.

- **Community Cessation Programs** offer in-person group and individual tobacco use treatment services, cessation medications and relapse prevention services at locations around the state, targeting persons who are under/uninsured for tobacco use cessation. Programs also provide outreach and training to health care providers in their service areas on how to screen patients for tobacco use and refer them for treatment.



Mass Reach Health Communication Activities

- **'Commit to Quit'** promotes available tobacco use cessation resources that include the Connecticut Quitline through television, radio, and social media channels. Three videos have been developed that are available through CommitToQuitCT.com, the campaign website.
- Enhancement of the CDC 'Tips from Former Smokers' Campaign is ongoing to promote awareness and increase reach of this multi-faceted campaign.

Secondhand Smoke and Aerosol Activities

- **Public education** on the dangers of exposure to tobacco smoke and aerosol is ongoing.
- **Technical assistance and resources** are developed and provided to encourage the adoption of smoke-aerosol and tobacco-free policies in various settings.
 - Specific **toolkits** have been developed for tobacco-free college campuses, multi-unit housing, and parks and recreational areas.
 - **Questions and complaints** from the public are received on various issues including housing owners and tenants, and workers exposed to secondhand smoke and aerosol in the workplace.

Surveillance and Evaluation Activities

- Data from both the Youth Survey and the Behavioral Risk Factor Surveillance System as well as other state and national data are used to inform program planning.
- All funded programs have outcome measures and activities are evaluated to ensure effectiveness.

References

1. CT Department of Public Health. Connecticut Youth Tobacco Survey, 2019 results
2. CT Department of Public Health. Connecticut Behavioral Risk Factor Surveillance System, 2017 results
3. Centers for Disease Prevention and Control. Smoking-Attribute Mortality, Morbidity and Economic Costs (SAMMEC) <https://www.cdc.gov/statesystem/index.html> accessed July 17, 2018
4. Campaign for Tobacco Free Kids, accessed January, 2022 [The Toll of Tobacco in Connecticut - Campaign for Tobacco-Free Kids \(tobaccofreekids.org\)](https://www.tobaccofreekids.org/)
5. CDC, State Factsheets: 2021 [Extinguishing the Tobacco Epidemic in Connecticut | CDC](https://www.cdc.gov/tobacco/statefactsheets/)
6. CT Department of Public Health. Connecticut Behavioral Risk Factor Surveillance System, 2020 results

