2023 CONNECTICUT YOUTH RISK BEHAVIOR SURVEY

Tobacco Use Behaviors and Related Findings Among Connecticut High School Youth

CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

TOBACCO CONTROL PROGRAM

JULY 2024

CONNECTICUT
Public Health

2023
CONNECTICUT YOUTH RISK BEHAVIOR SURVEY
TOBACCO USE BEHAVIORS AND RELATED FINDINGS

Manisha Juthani, MD
Commissioner
Connecticut Department of Public Health

For additional information about tobacco use
among Connecticut youth, please contact:

Connecticut Department of Public Health
Community, Family Health, and Prevention Branch
Tobacco Control Program
410 Capitol Avenue
PO Box 340308, MS #11HLS
Hartford, CT 06134-0308

DPHTobacco@ct.gov

or visit: www.ct.gov/DPH/Tobacco

Suggested Citation: Sorosiak, D., Peng, J. (2024). Connecticut Youth Risk Behavior Survey; Tobacco Use Behaviors and Related Findings; 2023 Surveillance Report. Hartford, CT: Connecticut Department of Public Health.

All material appearing in this report is in the public domain and may be reproduced or copied without permission; however, citation of the source is appreciated.

Community, Family Health and Prevention Branch, Tobacco Control Program, New 9-10-2024

Acknowledgments

Jody Terranova, DO, MPA
Deputy Commissioner

Julie Vigil, MS, MPH, CHC, CHRC, FACHE
Branch Chief
Community, Family Health, and Prevention Branch

Rosa M. Biaggi, MPH, MPA
Public Health Section Chief
Chronic Diseases and Injury Prevention Section

Amy Mirizzi, MPH, CPH
Public Health Services Manager - Chronic Disease Director

Allison P. Sullivan
Health Program Supervisor - Tobacco Control Program

This report was prepared by:

Dawn Sorosiak, MBA
Epidemiologist 3
Tobacco Control Program
Community, Family Health, and Prevention Branch

Contributors

Justin Peng, MPH
Epidemiologist 4
Epidemiology Unit Supervisor
Community, Family Health, and Prevention Branch

Xi Zheng, MS, MPH
BRFSS & YRBS Epidemiologist
Health Statistics and Surveillance Section

TABLE OF CONTENTS

DEFINITIONS

Tobacco Products and Cannabis

Cigarettes: Thin cylinders of finely cut tobacco rolled in paper for smoking. Sold in packs and cartons.

Cigars: Rolled bundles of dried and fermented tobacco leaves made to be smoked, produced in a variety of sizes and shapes. Also called "big cigars".

Electronic Vapor Products (EVPs): Electronic devices like e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods used to inhale an aerosol or vapor. This includes both refillable and disposable products. EVPs can be used to vape nicotine, cannabis, or just a flavoring.

Hookahs: Waterpipes used to smoke specially made tobacco (shisha) that comes in different flavors, such as apple, mint, cherry, chocolate, coconut, licorice, cappuccino, and watermelon.

Little Cigars or Cigarillos (LCCs): Tobacco wrapped in a tobacco leaf or brown paper. May be flavored. In this report, LCCs are included with cigars.

Cannabis (including joints, blunts, vapes, and edibles): Commonly known as marijuana and by other widely used slang terms such as chronic, dope, ganja, grass, hash, herb, pot, and weed. Tetrahydrocannabinol (THC) is the principal psychoactive constituent of cannabis, and cannabidiol (CBD) is the second most prevalent of the active ingredients, but CBD is not impairing, meaning it does not cause a "high". Cannabis is sometimes referred to as THC or CBD, as well. Cannabis can be smoked (joint, blunt, bong), vaped, eaten (baked goods, candies), drunk (tea, cola, alcohol), or dabbed.

Secondhand Smoke or Aerosol/Vapor Exposure: Reported exposure to secondhand tobacco smoke, aerosol, or vapor from e-cigarettes or other electronic vapor devices during the past seven days (i.e., recent exposure).

Smokeless Tobacco (chew, snuff, dip, snus, or dissolvable): Loose leaf or ground tobacco leaves that come in a large pouch (bag) or in tins. Snus comes in a small pouch that resembles a tea bag. Dissolvable tobacco (dissolvables) comes in orbs, pellets, sticks, strips, and lozenges.

Tobacco: Includes cigarettes, cigars/LCCs, EVPs, hookahs, and smokeless tobacco.

PRODUCT USE

Current use: Used within the 30 days prior to the survey.

Ever use: Used within a lifetime.

INTRODUCTION

The Youth Risk Behavior Survey (YRBS) measures health-related behaviors and experiences that can lead to death and disability among youth. Results help monitor health trends, identify emerging issues, and plan and evaluate programs that can help improve adolescent health. The YRBS is a school-based survey of students in grades 9 - 12, with randomly chosen classrooms within selected schools. It is an anonymous and confidential survey, administered on odd years in Connecticut, and used to track behaviors that can lead to poor health in students. This report focuses on tobacco use behaviors and students' exposure to secondhand tobacco and cannabis smoke and aerosol. The YRBS has been administered in Connecticut since 2005, and prior to 2019, the Youth Tobacco Survey (YTS) was also conducted. The YTS was discontinued in 2017, and key tobacco-related questions were added to the YRBS starting in 2019.

SURVEY SUMMARY

The 2023 YRBS was completed by 3,182 students in 50 public, charter, and vocational high schools in Connecticut during the spring of 2023. The school response rate was 100%, the student response rate was 76%, and the overall response rate was 76%. The results are representative of all students in grades 9 - 12.

The weighted demographic characteristics of the sample are as follows:

Female	48.8%
Male	50.7%
Missing	0.5%

Black*	12.4%
Hispanic	28.9%
White*	49.0%
Other*	9.0%
Missing	0.7%

*non-Hispanic

Grade 9	26.6%
Grade 10	26.0%
Grade 11	23.9%
Grade 12	23.2%
Ungraded/Other Grade	0.2%
Missing	0.1%

Students completed a self-administered, anonymous, 99-item questionnaire. Survey procedures were designed to protect the privacy of students by allowing for anonymous and voluntary participation. Local parental permission procedures were followed before survey administration. When sample size and prevalence rates allow, results are presented by various demographics.

The YRBS is one component of the Youth Risk Behavior Surveillance System (YRBSS) developed by the Centers for Disease Control and Prevention (CDC) in collaboration with representatives from state and local departments of education and health, other federal agencies, and national education and health organizations. The YRBSS was designed to focus the nation on behaviors among youth related to the leading causes of mortality and morbidity among both youth and adults and to assess how these risk behaviors change over time. The YRBSS measures behaviors that fall into the following six categories:

1. Behaviors that contribute to unintentional injuries and violence;
2. Sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection;
3. Alcohol and other drug use;
4. Tobacco use;
5. Unhealthy dietary behaviors; and
6. Inadequate physical activity.

The YRBS also measures self-reported height and weight to allow calculation of body mass index for assessment of overweight and obesity. More information about the YRBS can be found at http://www.cdc.gov/yrbss.

Statistical analyses were conducted on weighted data using SAS® software to account for the complex sampling designs. Prevalence estimates and 95% confidence intervals were computed for all variables and datasets. Differences between prevalence estimates were considered statistically significant based on t-test analysis, p-value < 0.05. Subgroup comparisons that are statistically significant are highlighted in this report. Please note that throughout this document, any difference noted as "significant" is referring to a statistical difference. For this report, data are suppressed if there were fewer than 30 students in a subgroup or the coefficient of variation (CV) was greater than 30%. Please see page 4 for a more comprehensive explanation about the CV of the estimates presented in this report. Connecticut's sampling design does not allow for analysis at the school or district level.

This document focuses on summarizing the survey results for tobacco use. For purposes of this report, tobacco products include cigarettes, cigars (i.e., big cigars, little cigars, cigarillos), e-cigarettes and other electronic vapor products (EVPs), hookahs (waterpipes), and smokeless tobacco (i.e., chewing tobacco, snuff, snus, dip, dissolvable tobacco).

Section 1 presents data covering tobacco use behavior. Section 2 covers tobacco use cessation and secondhand tobacco smoke, aerosol, and vapor exposure. These sections examine behaviors by making comparisons across various demographics, including sex, race/ethnicity, and grade. The charts in this report graphically describe the results for the selected variables:

- The weighted percentage of students who reported each behavior overall and by sex, race/ethnicity, and grade.
- To preserve data reliability, certain estimates may be suppressed by examining the coefficient of variation (CV). CV is a measure of variability about its estimate. A higher CV means a lower confidence in its data reliability.
    - Prevalence estimates with a CV of between 15.1% and 20.0%, inclusive, are marked with a "ŧ" to indicate a lower confidence in the estimate's accuracy.
    - Prevalence estimates with a CV between 20.1% and 30.0%, inclusive, are marked with "Ħ" to indicate caution should be exercised when interpreting these estimates.
    - Prevalence estimates with a CV greater than 30.0% or sample size less than 30 are suppressed due to poor validity.
- Statistically significant differences by sex, grade, and race/ethnicity, if they exist.
    - If an estimate is footnoted for a high CV (i.e., limited statistical validity), it will not be included when comparisons are made for statistically significant differences between estimates in that demographic group.
- All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.
- SAS® was used to calculate statistical differences.

Section 3 shows data on the primary reason given for using EVPs, the usual way they are obtained, and the flavor and type of EVP used most often. Section 4 looks at trends in tobacco use. The Conclusion summarizes the overall tobacco findings from the 2023 YRBS and highlights some tobacco-related issues for Connecticut. The Appendix provides the definition for race/ethnicity and sexual orientation/gender identity.

KEY FINDINGS

Tobacco Use Behavior

- High school students' current use (i.e., use in the last 30 days) of any tobacco product was 12.7%, representing approximately 19,800 students.
- More than one-third (37.5%) of tobacco users currently used two or more types of tobacco.
- The current use prevalence among high school students was highest for electronic vapor products (EVPs) at 11.5%, followed by cigarettes (3.0%) and hookahs (2.7%).
- The current EVP use rate of 11.5% was nearly four times the prevalence of cigarette smoking (3.0%).
- Nearly 3 out of 10 students who currently used EVPs used them daily (31.4%).

Tobacco Use by Personal Characteristics

- Female high school students (13.9%) had a significantly higher rate of current tobacco use than their male counterparts (11.2%).
- As grade increased, tobacco product use increased as well; the current use rate doubled from 8.1% in 9th to 16.2% in 12th.
- Other personal characteristics associated with a significantly greater rate of tobacco use among high school students include sexual orientation/gender identity and poor mental health.

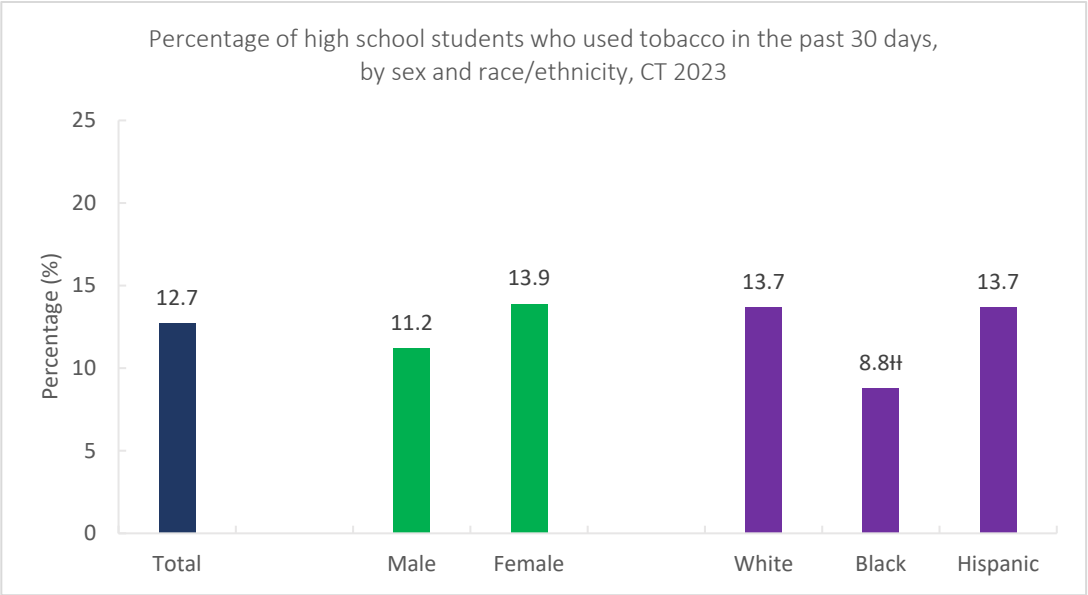
SECTION 1 | TOBACCO USE

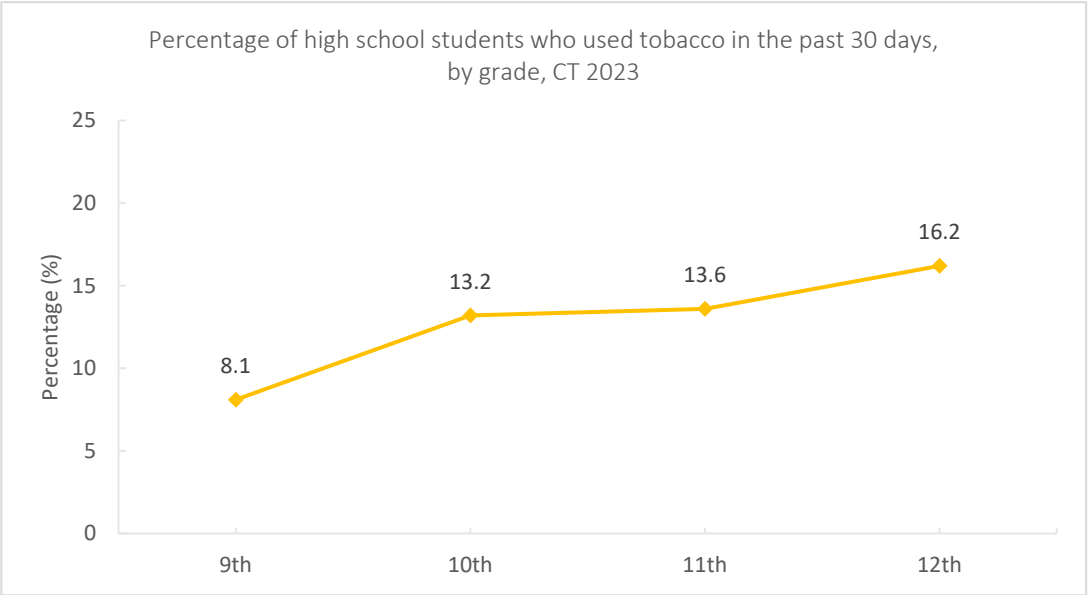
- Current Tobacco Use
  - *Current Poly-Tobacco Use*
- Current Cigarette Smoking
- Current Cigar Smoking
- Current Electronic Vapor Product Use
  - *Used Electronic Vapor Products Daily*
  - *Used Electronic Vapor Products on School Property*
  - *Used Electronic Vapor Products to Vape Cannabis*
- Current Hookah Use
- Current Smokeless Tobacco Use

CURRENT TOBACCO USE

In 2023, 12.7% of high school youth reported they had used some form of tobacco, including cigarettes, cigars, e-cigarettes or other electronic vapor products, hookahs, and smokeless tobacco, on at least 1 day during the past 30 days (i.e., current tobacco use). This represents approximately 19,800 students.

- The prevalence of current tobacco use:
  - Was significantly higher among females than among males (13.9% and 11.2%)
  - Did not vary significantly by race/ethnicity
  - Was significantly higher among students in grades 10, 11, and 12 than among those in grade 9 (13.2%, 13.6%, 16.2%, and 8.1%, respectively)
- High school students who identify as LGBTQ+ were significantly more likely than non-LGBTQ+ students to currently use tobacco (17.8% and 10.8%) - *data not shown in charts*
- The rate of current tobacco use among high school students who reported their mental health was most of the time or always not good, including stress, anxiety, and depression, during the 30 days before the survey was nearly twice as high as it was among those who did not suffer from mental health problems (19.7% and 9.9%) - *data not shown in charts*





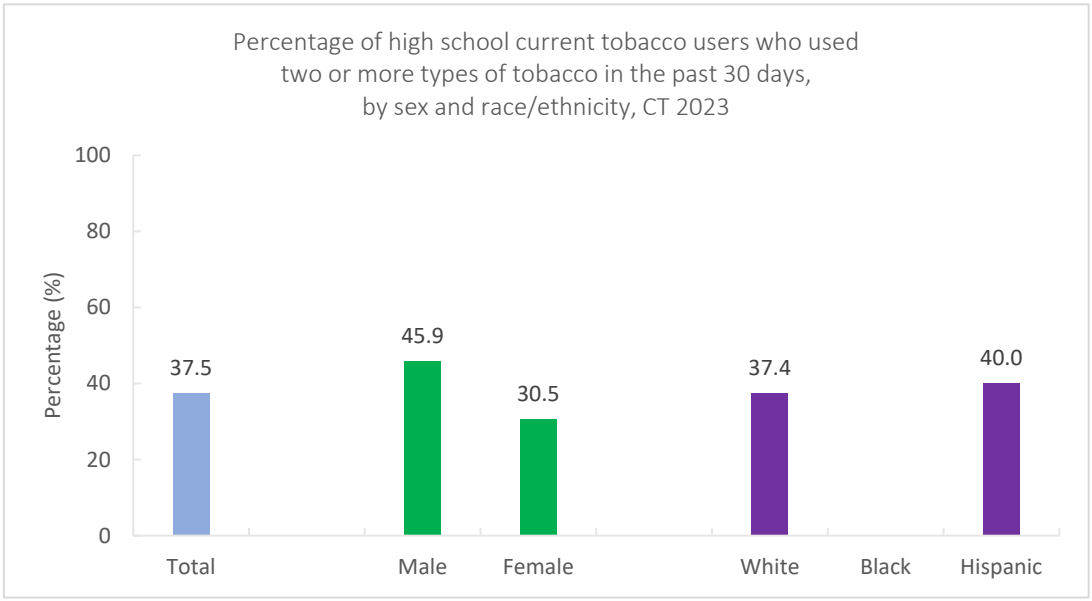
ǂǂ20.0%>CV<=30.0%.

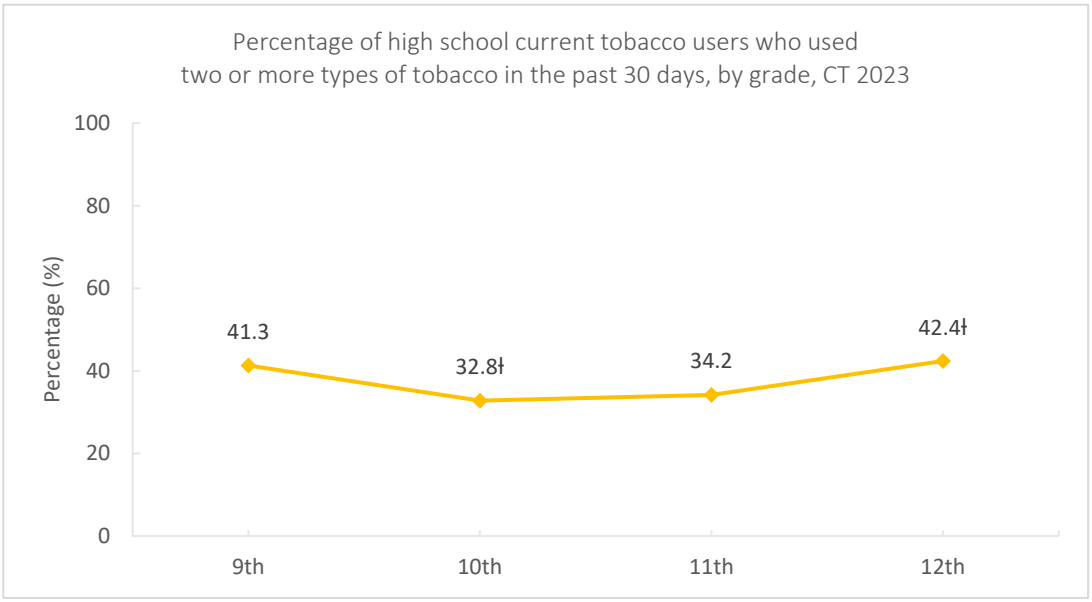
LGBTQ+ = Lesbian, Gay, Bisexual, Transgender, Questioning, Other.

CURRENT POLY-TOBACCO USE

In 2023, 37.5% of high school youth who were current tobacco users reported they had used two or more types of tobacco products during the past 30 days (i.e., current poly-tobacco use). This represents approximately 7,400 students.

- Among current tobacco users, the prevalence of current poly-tobacco use:
  - Was significantly higher among males than among females (45.9% and 30.5%)
  - Did not vary significantly by race/ethnicity or grade
- High school students who currently used tobacco and identify as LGBTQ+ were slightly more likely than their non-LGBTQ+ counterparts to have reported poly-tobacco use in the last 30 days, but the difference was not statistically significant (39.5% and 34.9%) - *data not shown in charts*
- Among all high school students, the rate of current poly-tobacco use was 4.7% - *data not shown in charts*





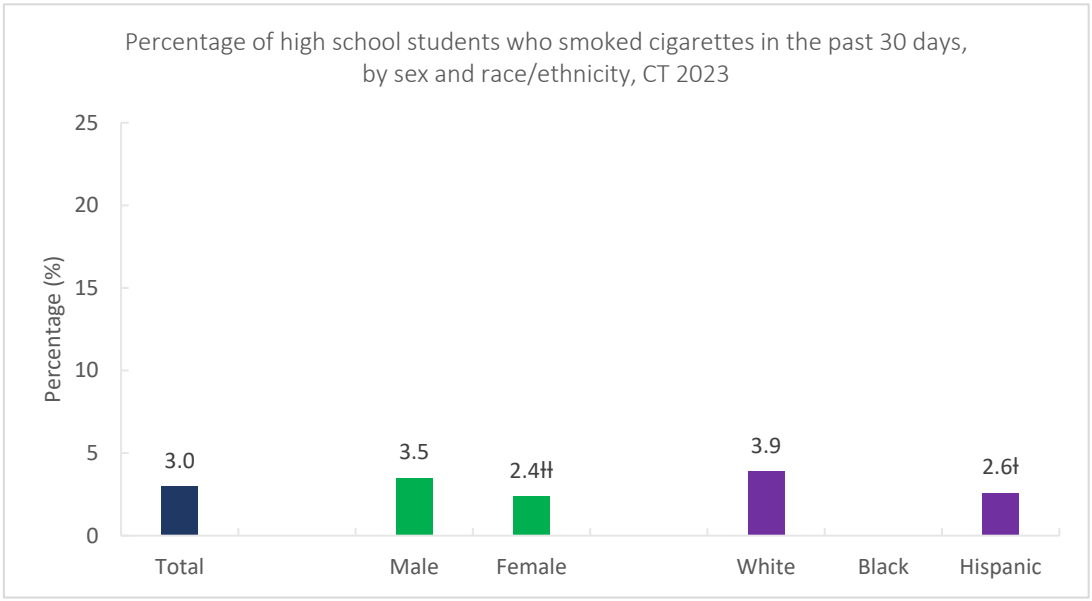
ł15.0%<CV<=20.0.
Missing bar indicates fewer than 30 students in subgroup or CV>30%.

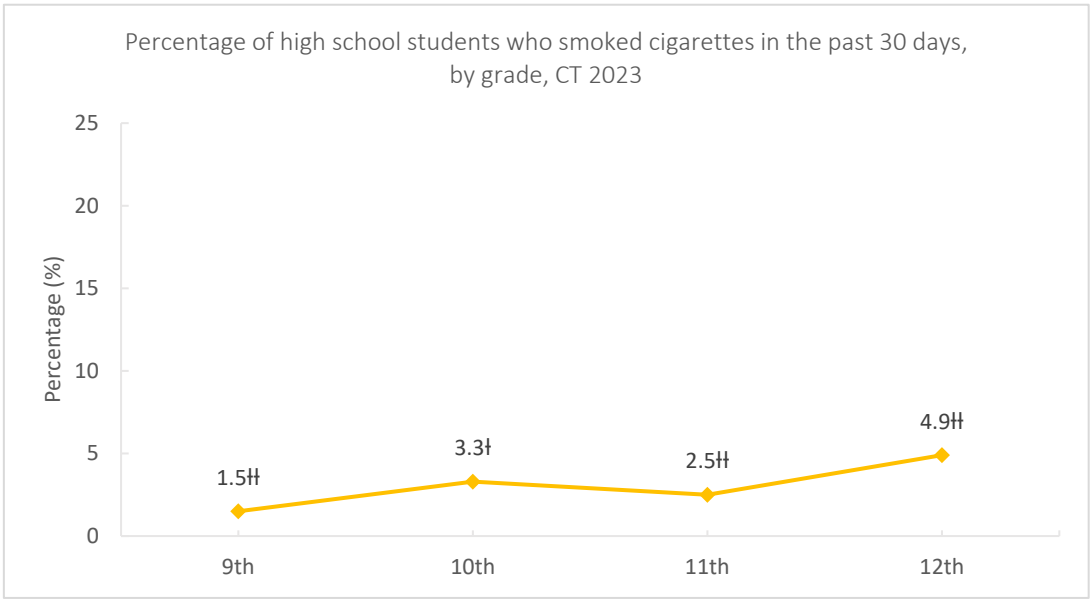
LGBTQ+ = Lesbian, Gay, Bisexual, Transgender, Questioning, Other.

CURRENT CIGARETTE SMOKING

In 2023, 3.0% of high school youth reported they had smoked cigarettes on at least 1 day during the past 30 days (i.e., current cigarette smoking). This represents approximately 4,700 students.

- Due to the limited statistical validity of current cigarette smoking estimates, no comparisons for significant differences by sex, race/ethnicity, or grade are made
- High school students who identify as LGBTQ+ were more than 2.5 times more likely than non-LGBTQ+ students to have reported smoking cigarettes in the last 30 days (5.6% and 2.1%) - *data not shown in charts*
- Students in high school who reported that their mental health was most of the time or always not good, including stress, anxiety, and depression, during the 30 days before the survey were twice as likely as students without poor mental health to have smoked cigarettes (4.6% and 2.3%) - *data not shown in charts*





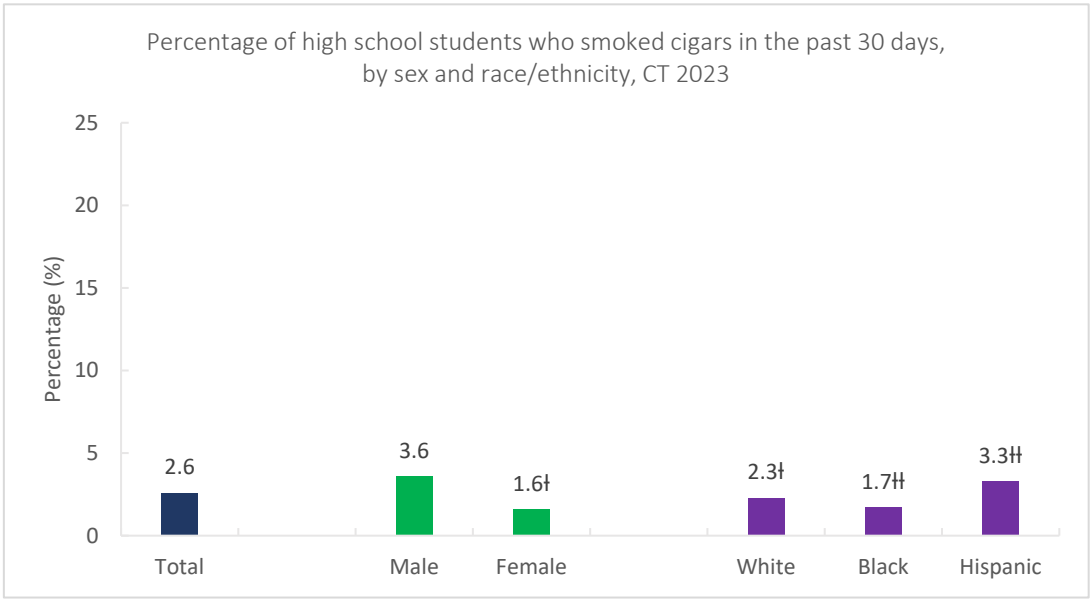
ǂ15.0%<CV<=20.0; ǂǂ20.0%>CV<=30.0%.
Missing bar indicates fewer than 30 students in subgroup or CV>30%.

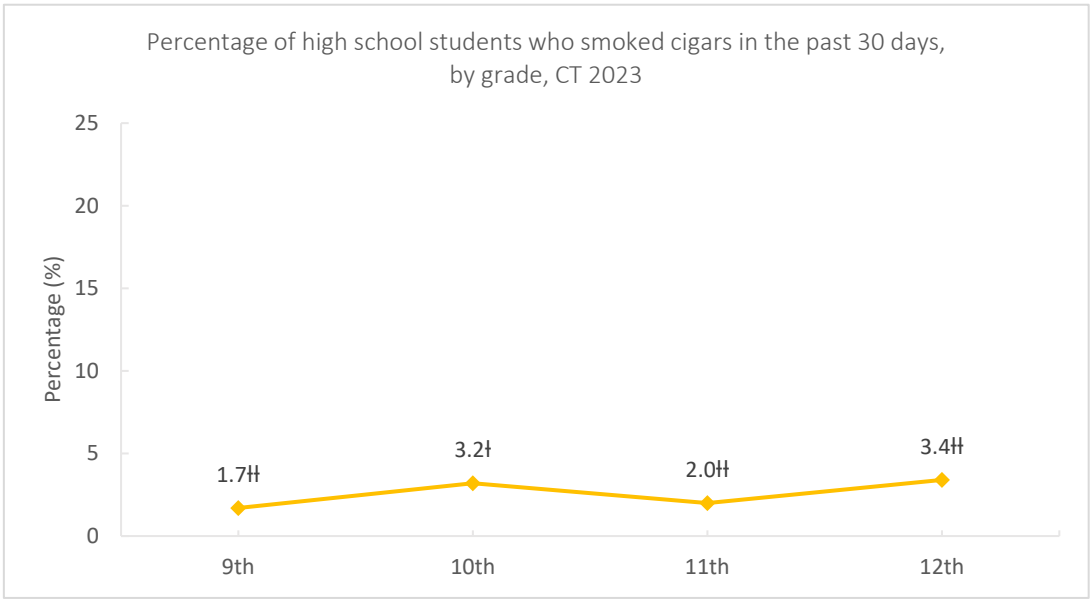
LGBTQ+ = Lesbian, Gay, Bisexual, Transgender, Questioning, Other.

CURRENT CIGAR SMOKING

In 2023, 2.6% of high school youth reported they had smoked big cigars, cigarillos, or little cigars on at least 1 day during the past 30 days (i.e., current cigar smoking). This represents approximately 3,900 students.

- Due to the limited statistical validity of current cigar smoking estimates, no comparisons for significant differences by sex, race/ethnicity, or grade are made
- High school students who identify as LGBTQ+ were more than twice as likely as non-LGBTQ+ students to have reported smoking cigars in the last 30 days (4.2% and 1.9%) - *data not shown in charts*
- Students in high school who reported that their mental health was most of the time or always not good, including stress, anxiety, and depression, during the 30 days before the survey were more likely than students without poor mental health to currently smoke cigars (3.4% and 2.1%) - *data not shown in charts*





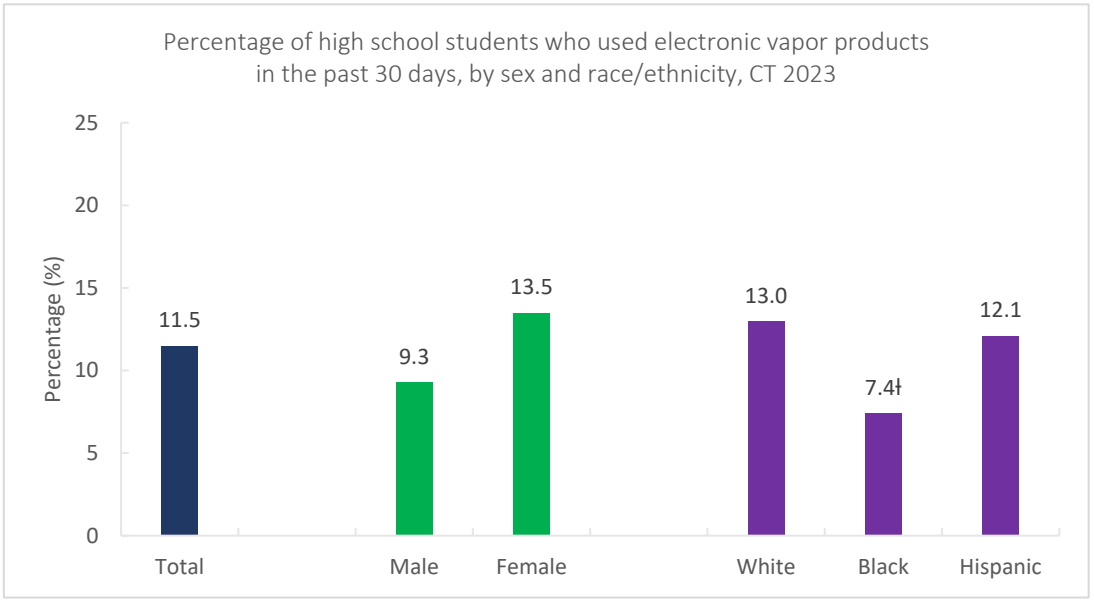
ǂ15.0%<CV<=20.0; ǂǂ20.0%>CV<=30.0%.

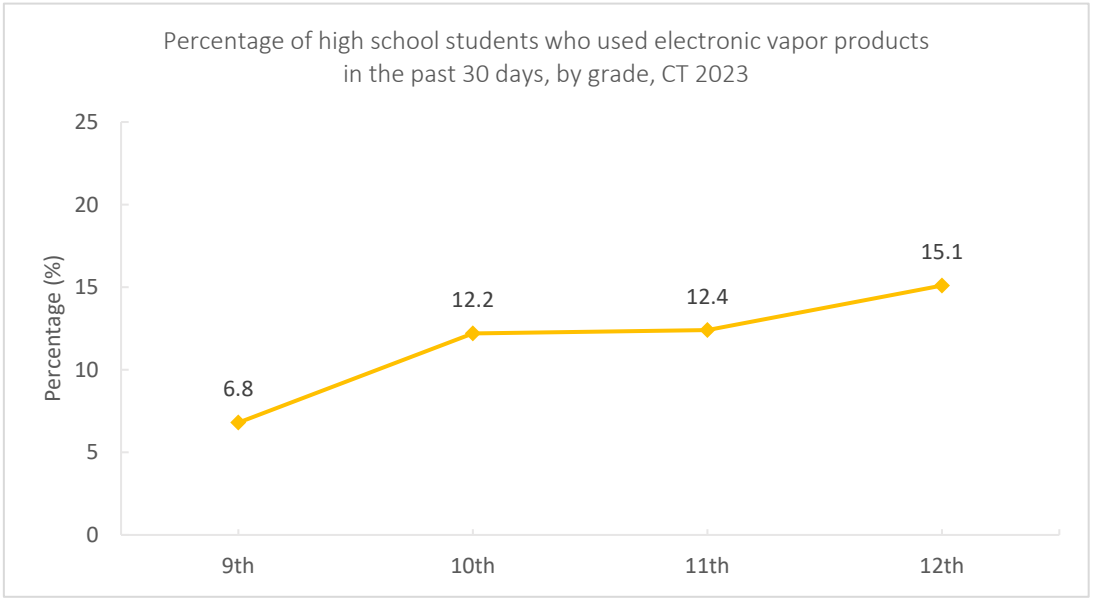
LGBTQ+ = Lesbian, Gay, Bisexual, Transgender, Questioning, Other.

CURRENT ELECTRONIC VAPOR PRODUCT USE

In 2023, 11.5% of high school youth reported they had used electronic vapor products (EVPs), including e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods, on 1 or more of the last 30 days (i.e., current EVP use). This represents approximately 16,600 students.

- The prevalence of current EVP use:
  - Was significantly higher among females than among males (13.5% and 9.3%)
  - Did not vary significantly by race/ethnicity
  - Was significantly higher among students in grades 10, 11, and 12 than among those in grade 9 (12.2%, 12.4%, 15.1%, and 6.8%, respectively)
- High school students who identify as LGBTQ+ were significantly more likely than non-LGBTQ+ students to have used EVPs in the last 30 days (16.2% and 10.0%) - *data not shown in charts*
- Current use of EVPs was more than two times higher among high school students who reported that their mental health was most of the time or always not good, including stress, anxiety, and depression, during the 30 days before the survey, than it was among their peers without poor mental health (19.2% and 8.7%) - *data not shown in charts*





ł15.0%<CV<=20.0.

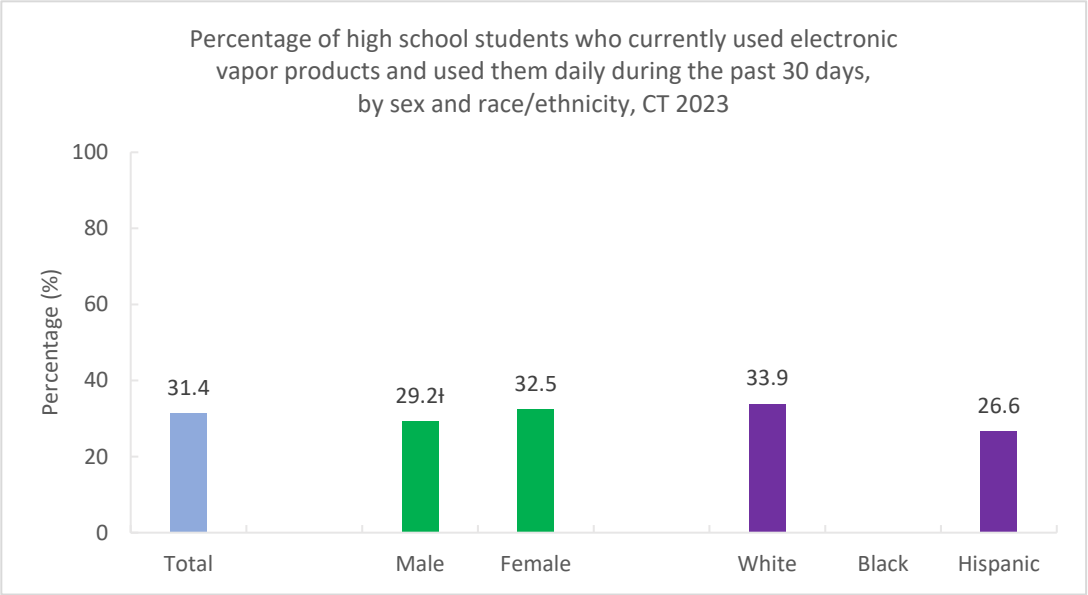
LGBTQ+ = Lesbian, Gay, Bisexual, Transgender, Questioning, Other.

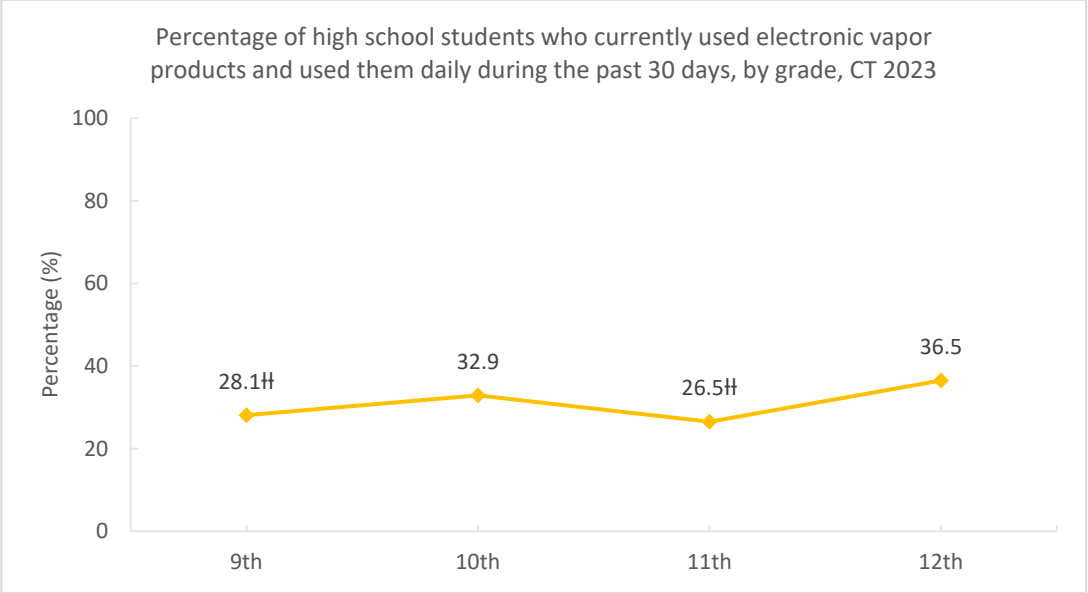
USED ELECTRONIC VAPOR PRODUCTS DAILY

In 2023, 31.4% of high school youth who currently used electronic vapor products (EVPs)* reported using them on all 30 days during the past 30 days (i.e., daily). This represents approximately 5,200 students.

- Among current EVP users, the prevalence of having used EVPs daily did not vary significantly by race/ethnicity or grade
- Among all students, the rate of daily EVP use was 3.6% - *data not shown in charts*

*Current use is defined as having used an EVP on 1 or more of the last 30 days.





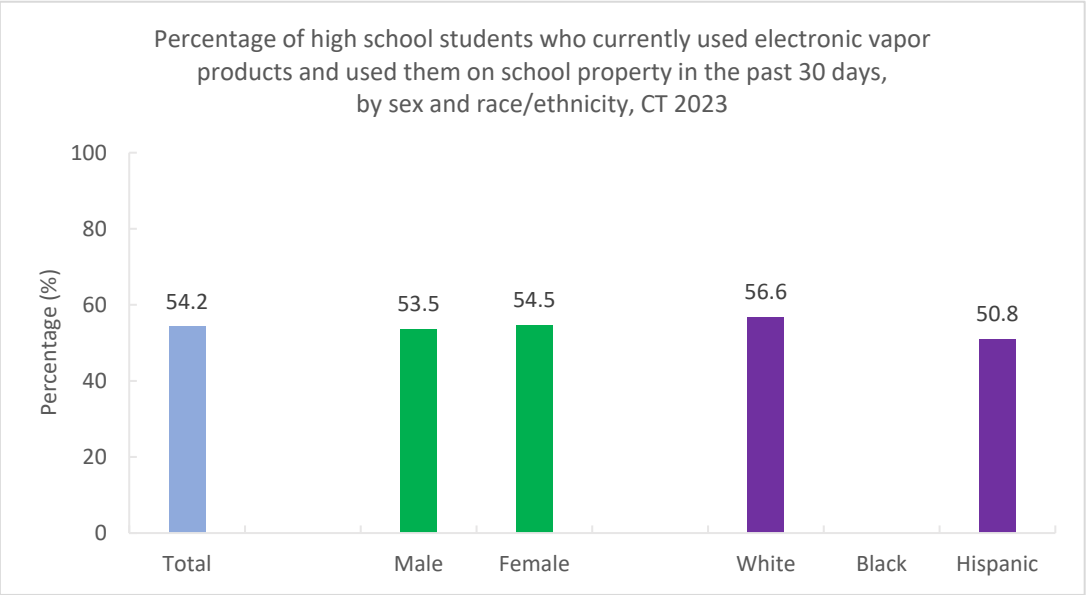
ǂ15.0%<CV<=20.0; ǂǂ20.0%>CV<=30.0%.
Missing bar indicates fewer than 30 students in subgroup or CV>30%.

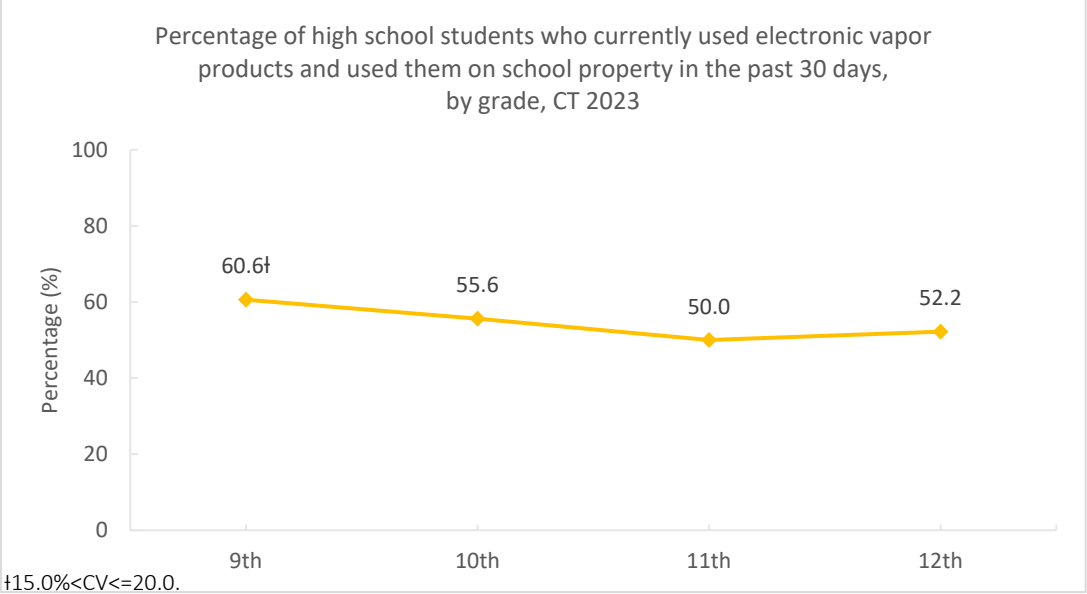
ELECTRONIC VAPOR PRODUCT USE ON SCHOOL PROPERTY

In 2023, 54.2% of high school youth who currently used electronic vapor products (EVPs)* used them on school property during the past 30 days. This represents approximately 8,600 students.

- Among current EVP users, the prevalence of having used EVPs on school property in the last 30 days did not vary significantly by sex, race/ethnicity, or grade
- Among all students, the rate of having used EVPs on school property was 6.9% - *data not shown in charts*

*Current use is defined as having used an EVP on 1 or more of the last 30 days.





ł15.0%<CV<=20.0.

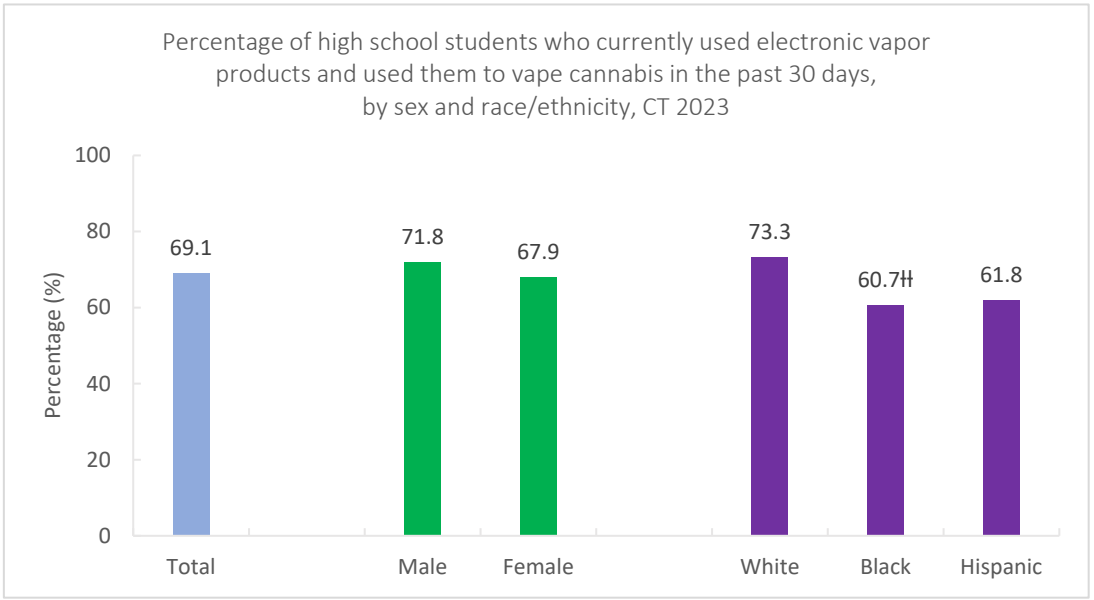
Missing bar indicates fewer than 30 students in subgroup or CV>30%.

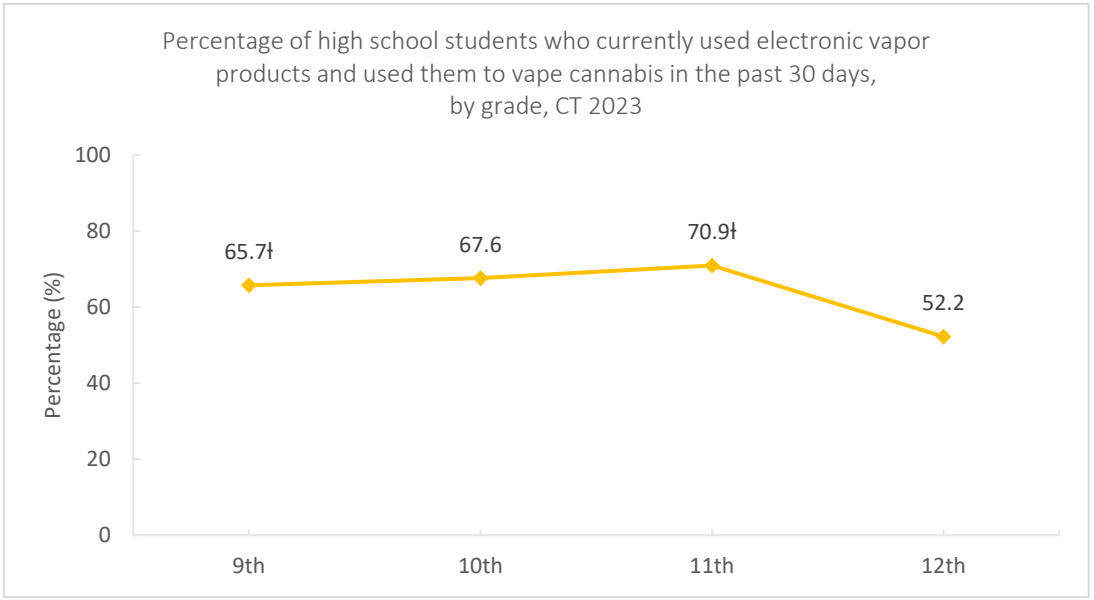
CURRENT USE OF AN ELECTRONIC VAPOR PRODUCT TO VAPE CANNABIS

In 2023, among high school youth who currently used electronic vapor products (EVPs),* 69.1% reported they had used them to vape cannabis, (also called marijuana, pot, or weed), including THC, THC concentrates, hash oil, and waxes, on at least 1 day during the past 30 days. This represents approximately 10,100 students.

- Among current EVP users, the prevalence of having used an EVP to vape cannabis in the last 30 days did not vary significantly by sex, race/ethnicity, or grade
- Use of EVPs in the past 30 days to vape cannabis was significantly higher among current EVP users who also reported that their mental health was most of the time or always not good, including stress, anxiety, and depression, during the 30 days before the survey, than it was among their counterparts without poor mental health (75.7% and 63.5%) - *data not shown in charts*
- Among all high school students, the rate of using an EVP in the last 30 days to vape cannabis was 9.8% - *data not shown in charts*

*Current use is defined as having used an EVP on 1 or more of the last 30 days.



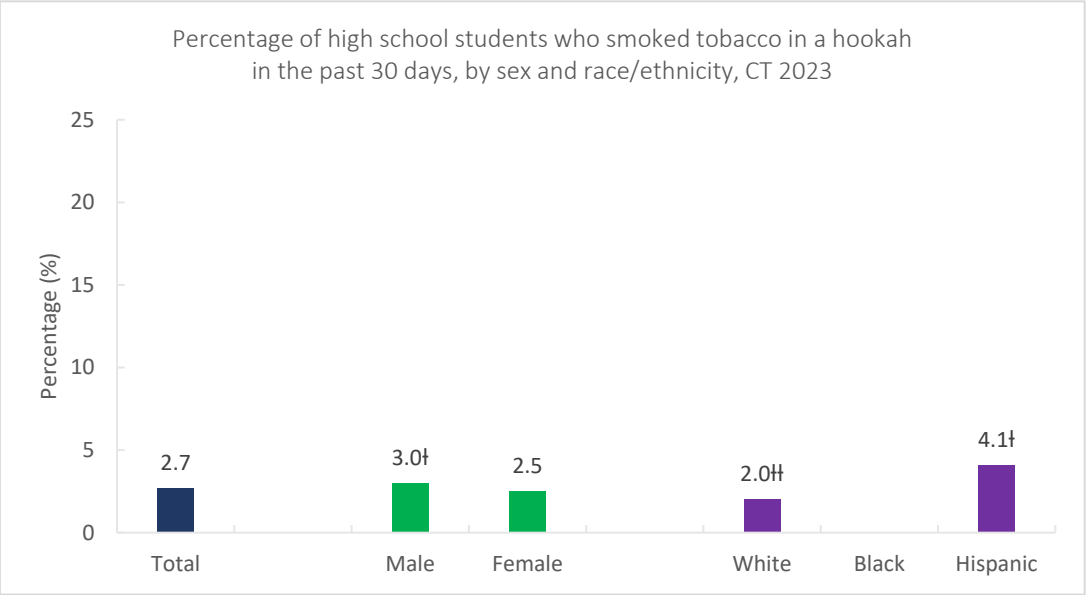


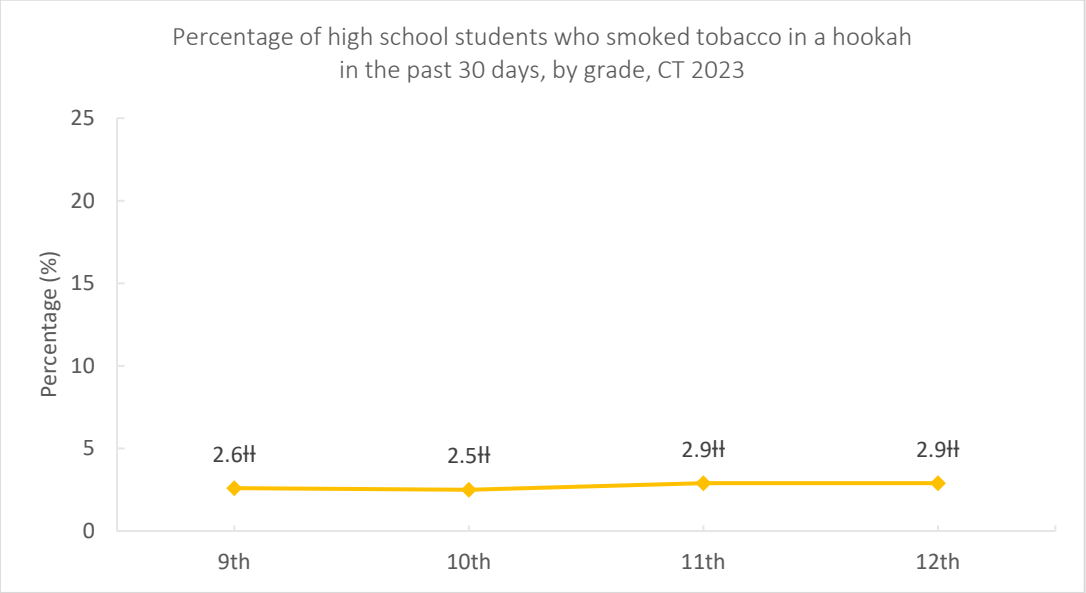
ǂ15.0%<CV<=20.0; ǂǂ20.0%>CV<=30.0%.

CURRENT HOOKAH USE

In 2023, 2.7% of high school youth reported they had smoked tobacco, also called shisha, in a hookah, narghile, or other type of waterpipe on at least 1 day during the past 30 days (i.e., current hookah use). This represents approximately 4,200 students.

- Due to the limited statistical validity of current hookah use estimates, no comparisons for significant differences by sex, race/ethnicity, or grade are made



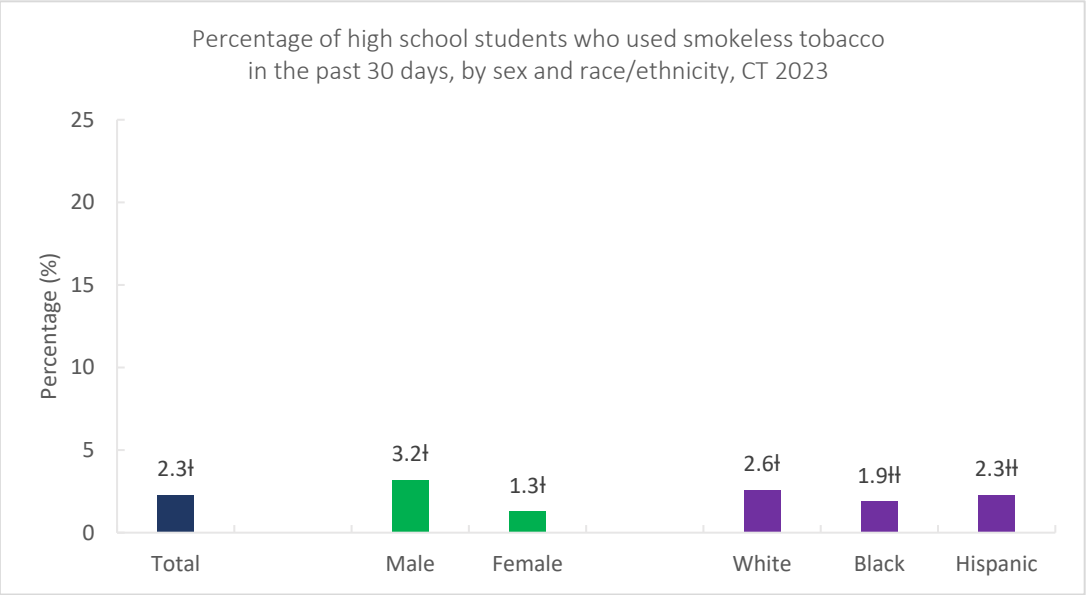


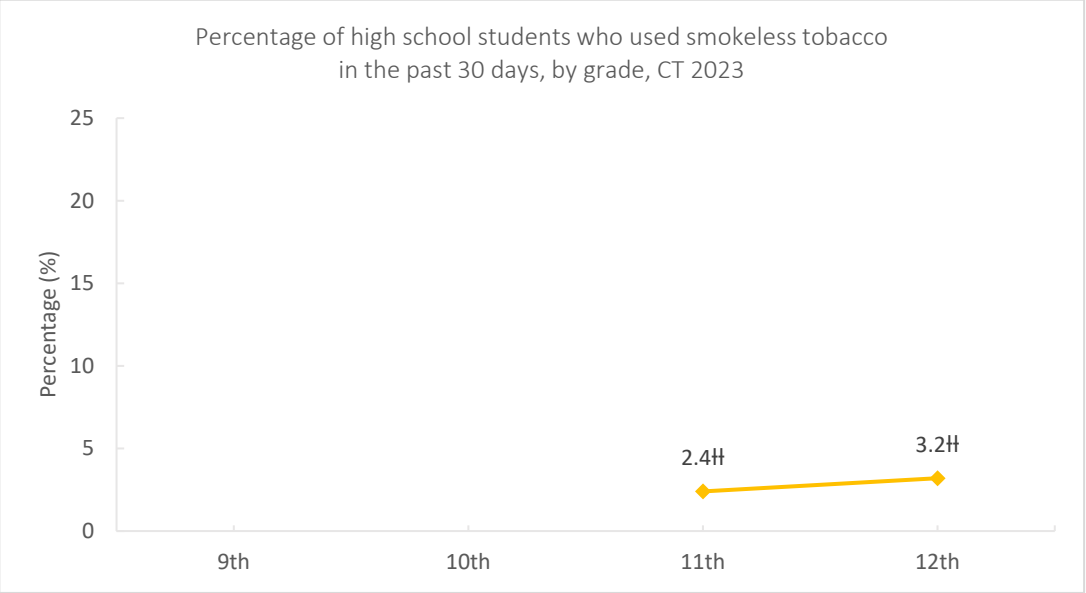
ǂ15.0%<CV<=20.0; ǂǂ20.0%>CV<=30.0%.
Missing bar indicates fewer than 30 students in subgroup or CV>30%.

CURRENT SMOKELESS TOBACCO USE

In 2023, 2.3% of high school youth reported they had used one or more of chewing tobacco, snuff, snus, dip, or dissolvables on at least 1 day during the past 30 days (i.e., current smokeless tobacco use). This represents approximately 3,500 students.

- Due to the limited statistical validity of current smokeless tobacco use estimates, no comparisons for significant differences by sex, race/ethnicity, or grade are made





ǂ15.0%<CV<=20.0; ǂǂ20.0%>CV<=30.0%.
Missing data point indicates fewer than 30 students in subgroup or CV>30%.

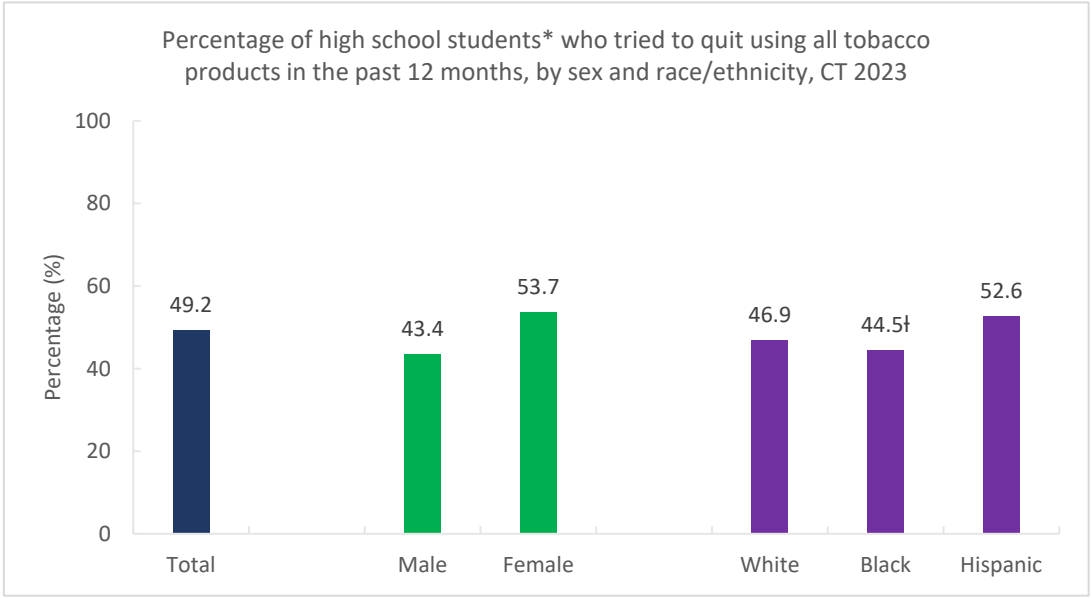
SECTION 2 | CESSATION, SECONDHAND SMOKE EXPOSURE

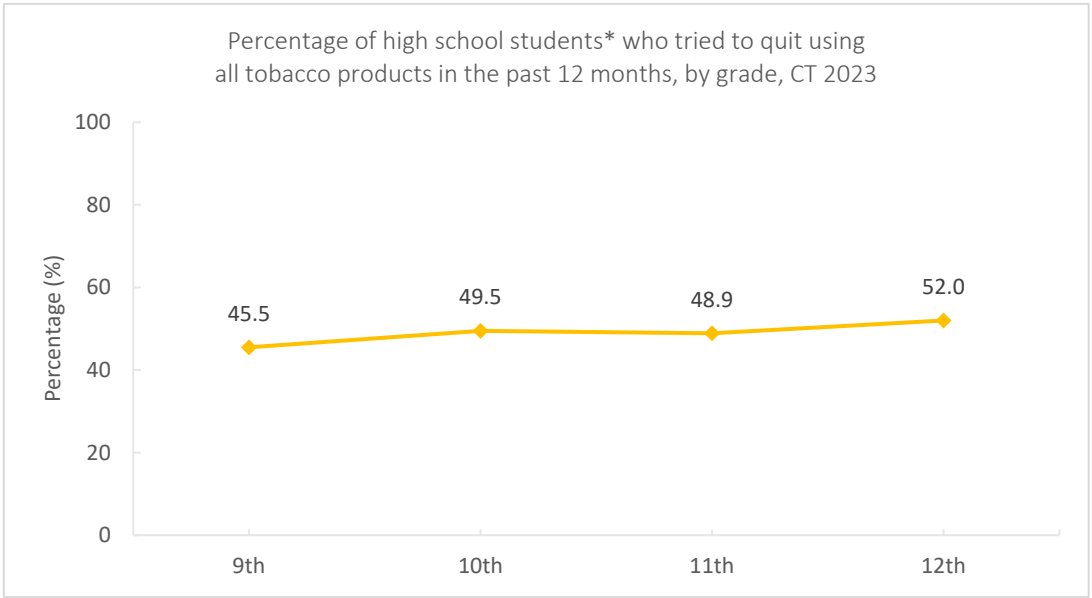
- Tried to Quit Using All Tobacco Products
- Recent Secondhand Smoke, Aerosol, or Vapor Exposure

TRIED TO QUIT USING ALL TOBACCO PRODUCTS

In 2023, 49.2% of high school youth* tried to quit using all tobacco products, including cigarettes, cigars, electronic vapor products, shisha or hookah tobacco, and smokeless tobacco, during the past 12 months because they were trying to stop for good. This represents approximately 14,200 students.

- The prevalence of having tried to quit using all tobacco products:
  - Was significantly higher among females than among males (53.7% and 43.4%)
  - Did not vary significantly by race/ethnicity or grade
- High school students who used tobacco in the past 12 months and reported that their mental health was most of the time or always not good during the last 30 days were significantly more likely than their counterparts who did not have mental health problems to have tried to quit using tobacco (55.6% and 46.3%) - *data not shown in charts*
- Students in high school who used tobacco in the past 12 months and identify as LGBTQ+ were significantly more likely than their non-LGBTQ+ peers to have tried to quit using tobacco (57.6% and 46.3%) - *data not shown in charts*





*Among students who had used any tobacco products during the past 12 months.

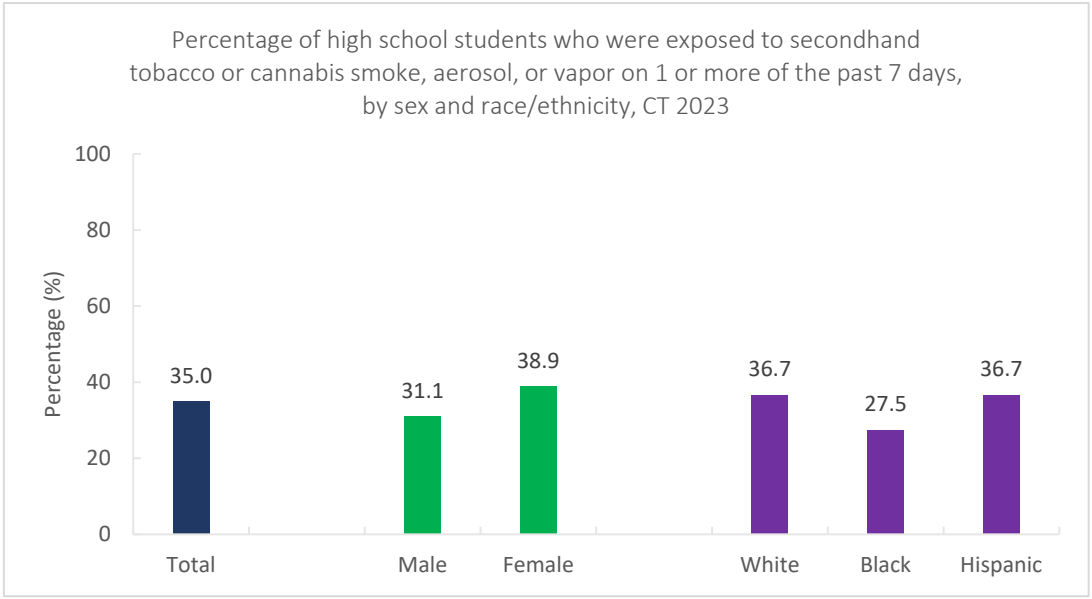
LGBTQ+ = Lesbian, Gay, Bisexual, Transgender, Questioning, Other.

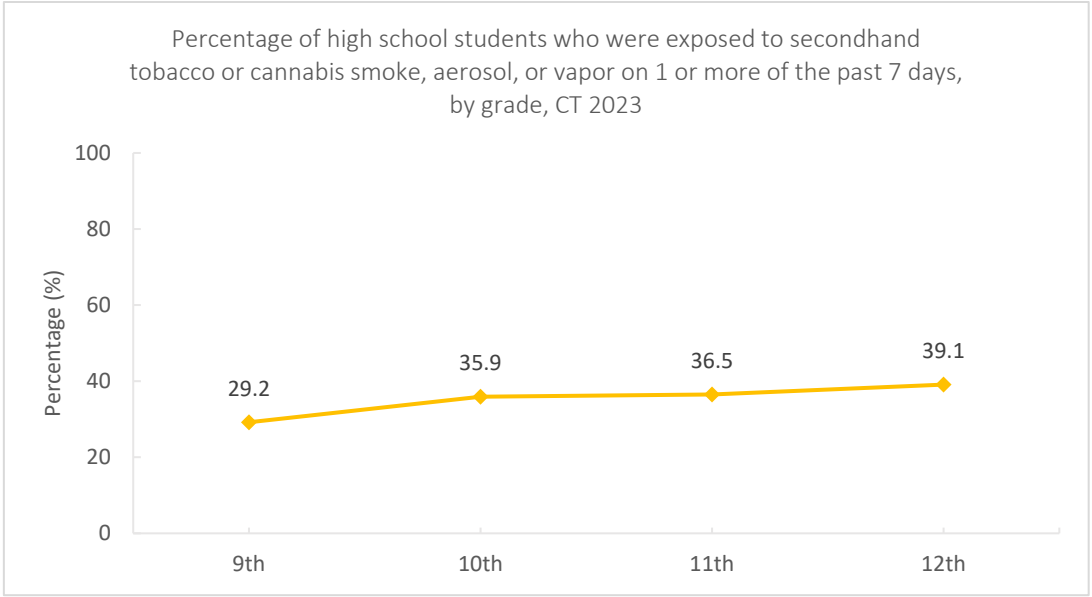
ł15.0%<CV<=20.0.

RECENT SECONDHAND TOBACCO OR CANNABIS SMOKE, AEROSOL, OR VAPOR EXPOSURE

In 2023, 35.0% of high school youth reported they had breathed the smoke, vapor, or aerosol from someone who was smoking or vaping a tobacco or marijuana product in the past seven days (i.e., recent secondhand smoke exposure). This represents approximately 53,800 students.

- The prevalence of recent secondhand smoke exposure:
  - Was significantly higher among females than among males (38.9% and 31.1%)
  - Was significantly higher among White than among Black students (36.7% and 27.5%)
  - Was significantly higher among students in grades 10, 11, and 12 than among those in grade 9 (35.9%, 36.5%, 39.1%, and 29.2%, respectively)
- Recent secondhand smoke exposure among students who reported their mental health was most of the time or always not good during the past 30 days was significantly higher than it was among those who did not have mental health problems (49.6% and 30.3%) - *data not shown in charts*
- Students who identify as LGBTQ+ were significantly more likely than non-LGBTQ+ students to have been recently exposed to secondhand smoke (49.3% and 30.9%) - *data not shown in charts*





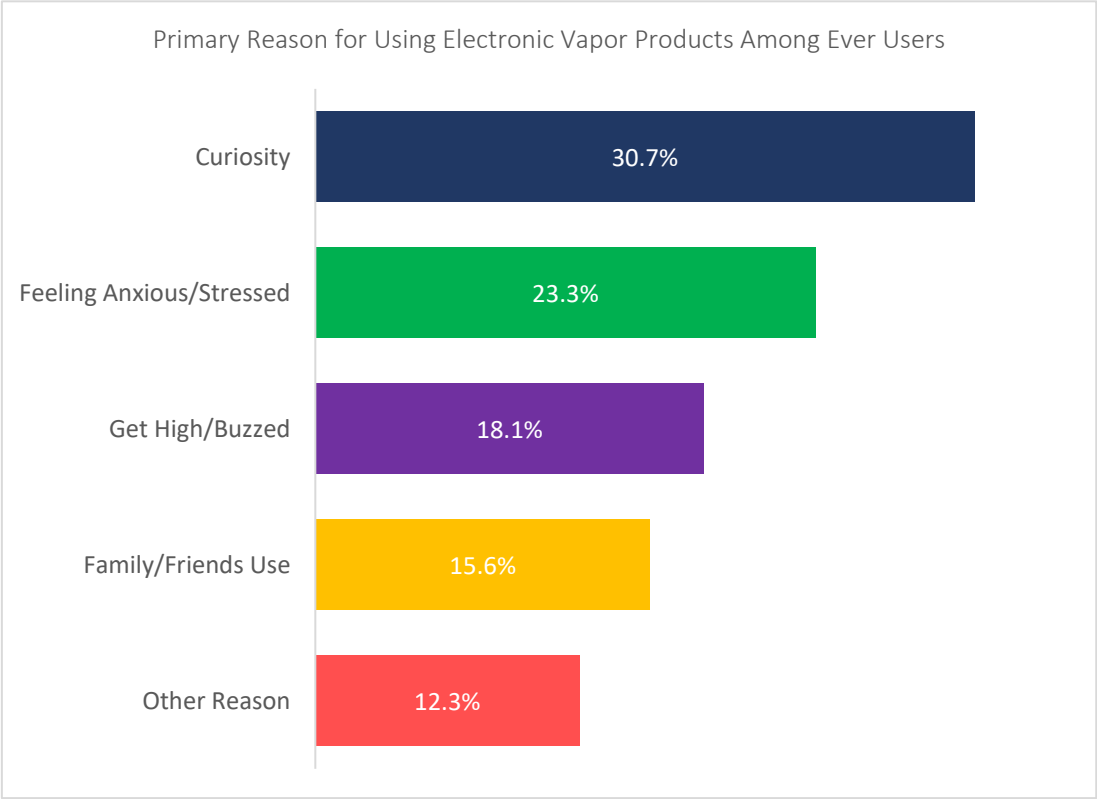
LGBTQ+ = Lesbian, Gay, Bisexual, Transgender, Questioning, Other.

SECTION 3 | ELECTRONIC VAPOR PRODUCTS

- Primary Reason for Using Electronic Vapor Products
- Usual Way of Getting Electronic Vapor Products
- Flavor of Electronic Vapor Product Used Most Often
- Type of Electronic Vapor Product Used Most Often

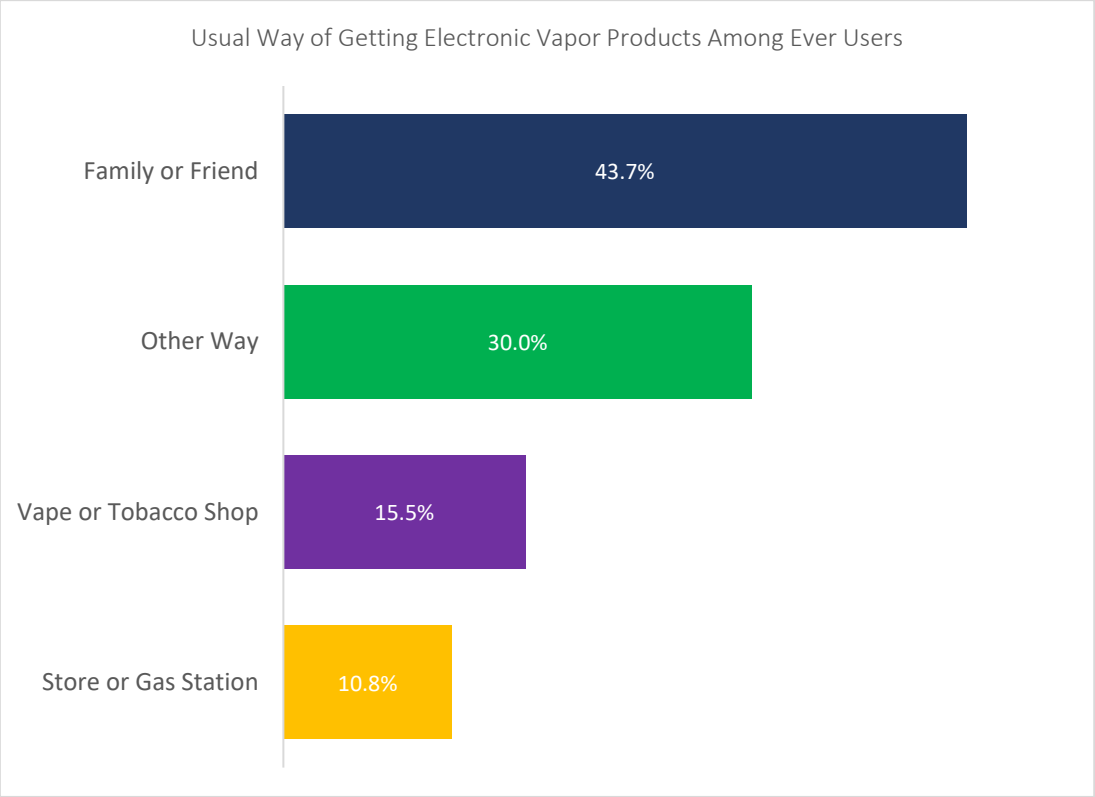
PRIMARY REASON FOR USING ELECTRONIC VAPOR PRODUCTS

In 2023, among Connecticut high school students who ever tried electronic vapor products, 30.7% reported that their primary reason for using them was curiosity; 23.3% used them because they were feeling anxious or stressed; 18.1% primarily used them to get high or to feel buzzed; and 15.6% said the main reason they had used vaping products was family or friends use them. About 1 in 8 (12.3%) reported “some other reason” for using them, such as they are available in flavors or believing they are less harmful than other tobacco products.



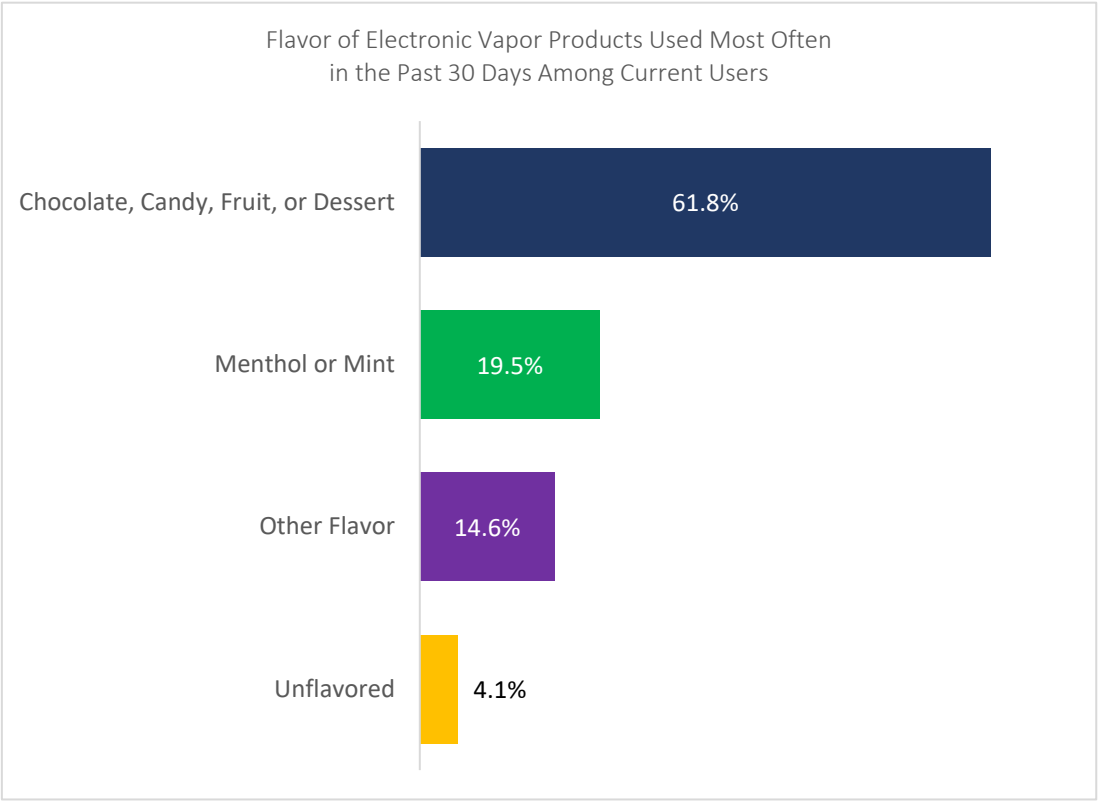
USUAL WAY OF GETTING ELECTRONIC VAPOR PRODUCTS

In 2023, among Connecticut high school students who ever used electronic vapor products, 43.7% reported that their usual way of getting the products was from family or friends; 15.5% most often got them from a vape or tobacco shop; while 10.8% usually got them from a convenience store, supermarket, discount store, or gas station. About 1 in 3 (30.0%) of ever users usually got them some other way, such as from a mall kiosk or over the internet.



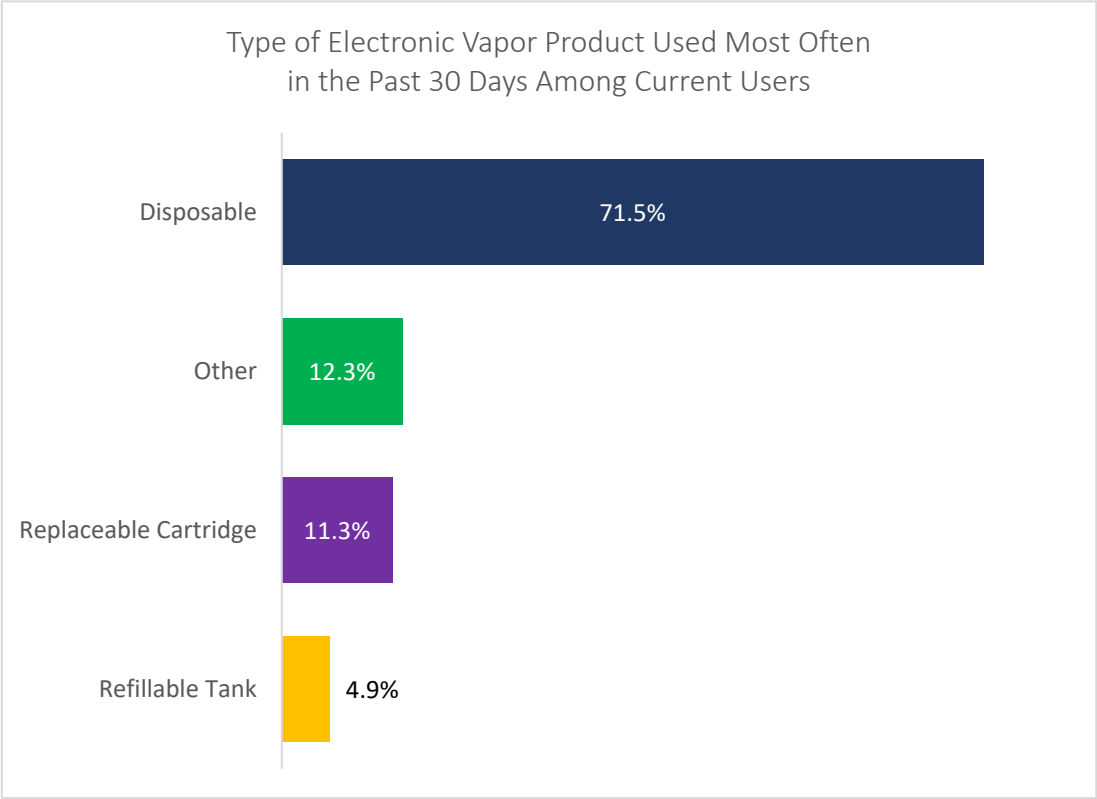
FLAVOR OF ELECTRONIC VAPOR PRODUCT USED MOST OFTEN

In 2023, among Connecticut high school students who used electronic vapor products in the past 30 days (i.e., current use), 61.8% reported that the flavors they used most often were chocolate, candy, fruit, or desserts, and 19.5% most often used menthol or mint. Only 4.1% used unflavored products most often.



TYPE OF ELECTRONIC VAPOR PRODUCT USED MOST OFTEN

In 2023, among Connecticut high school students who used electronic vapor products (EVPs) in the past 30 days (i.e., current use), 71.5% reported that the type of EVP they used most often was a disposable product; 11.3% most often used a product with a replaceable prefilled cartridge or pod; 4.9% most often used a product with a tank that is refilled with liquids, or a mod system; and 12.3% said they used some other type of EVP most often.



SECTION 4 | TOBACCO USE TRENDS

- Current Tobacco Use
- Current Cigarette Smoking
- Current Cigar Smoking
- Current E-Cigarette Use
- Current Hookah Use
- Current Smokeless Tobacco Use

CONNECTICUT HIGH SCHOOL TOBACCO USE TRENDS (2000-2023)

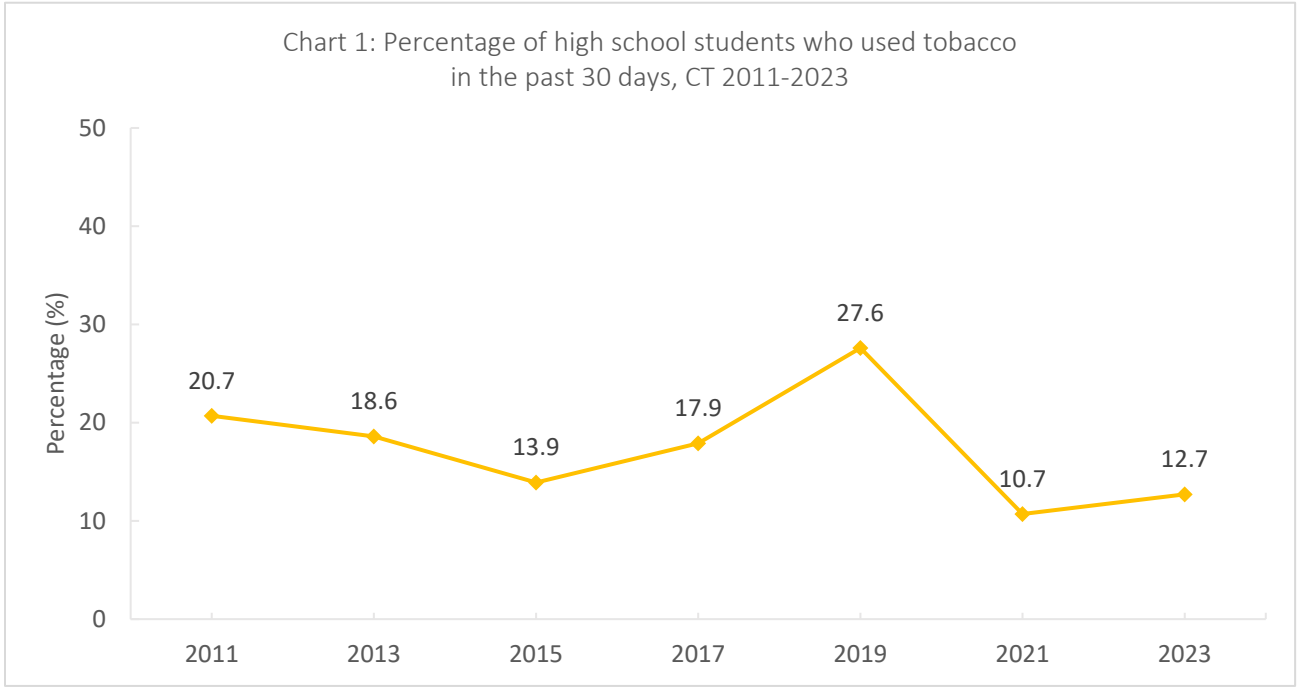
This section examines the trends in use of tobacco among high school students from 2000-2023 or 2011-2023. Each trend graph graphically describes whether the prevalence of a behavior has increased, decreased or stayed the same over time, and shows the weighted percentage of students who reported each behavior by year.

The administration of the 2023 YRBS marks the first return to a normal survey cycle since the beginning of the COVID-19 pandemic. The 2021 YRBS administration was interrupted and delayed by the pandemic, posing challenges for trend analysis and year-to-year comparisons, and although in this section it is noted if any changes in the rate between 2021 and 2023 are statistically significant, data from the 2025 survey cycle are likely necessary to give a better understanding of tobacco use trends after 2021 among Connecticut's high school youth.

Note that there was no survey conducted in 2004. After the 2002 survey, Connecticut started administering it biennially on odd years beginning in 2005. Additionally, questions regarding e-cigarettes/electronic vapor products and hookahs were first asked in 2011; therefore, the trend line for overall tobacco use begins in 2011. Also, no trend analysis for secondhand smoke/aerosol exposure or for cessation can be presented due to changes in the wording of those questions over the last two survey cycles.

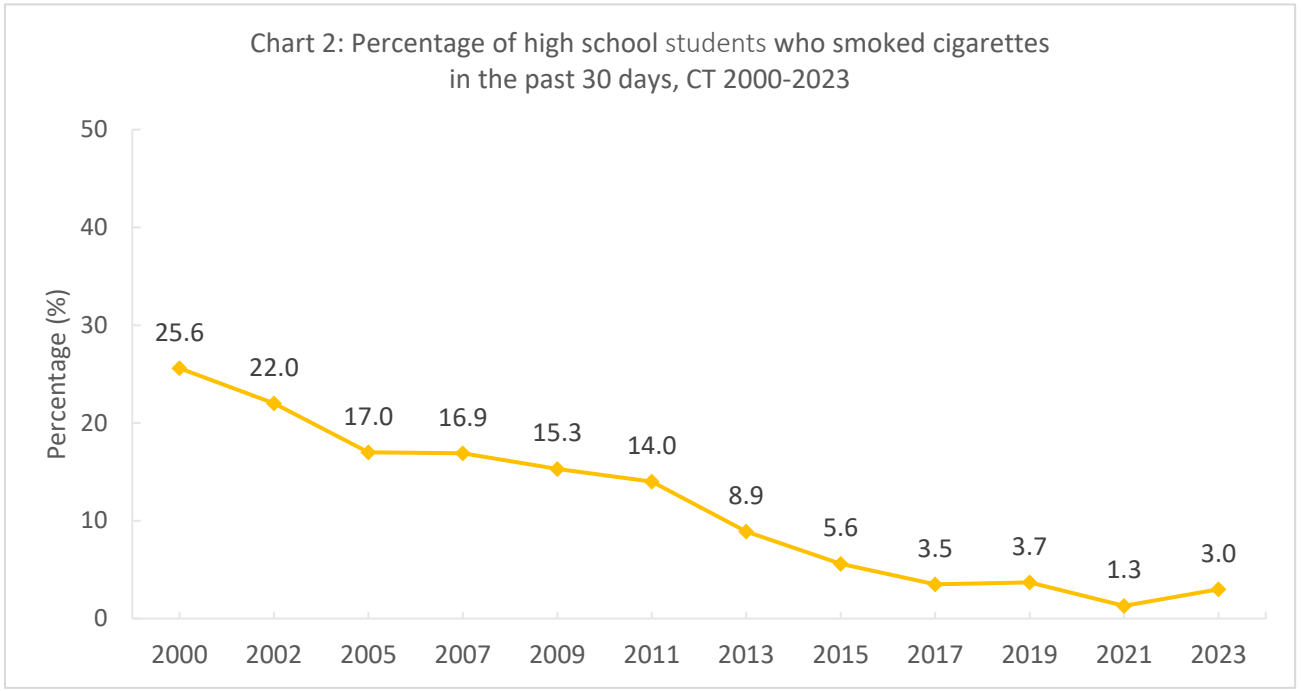
CURRENT TOBACCO USE

Chart 1 shows the trend for current tobacco use. In 2023, about 1 of every 8 high school students (12.7%) reported they had used tobacco (cigarettes, cigars, e-cigarettes, hookahs, smokeless tobacco) in the past 30 days—a significant decrease from 20.7% in 2011. Between 2021 and



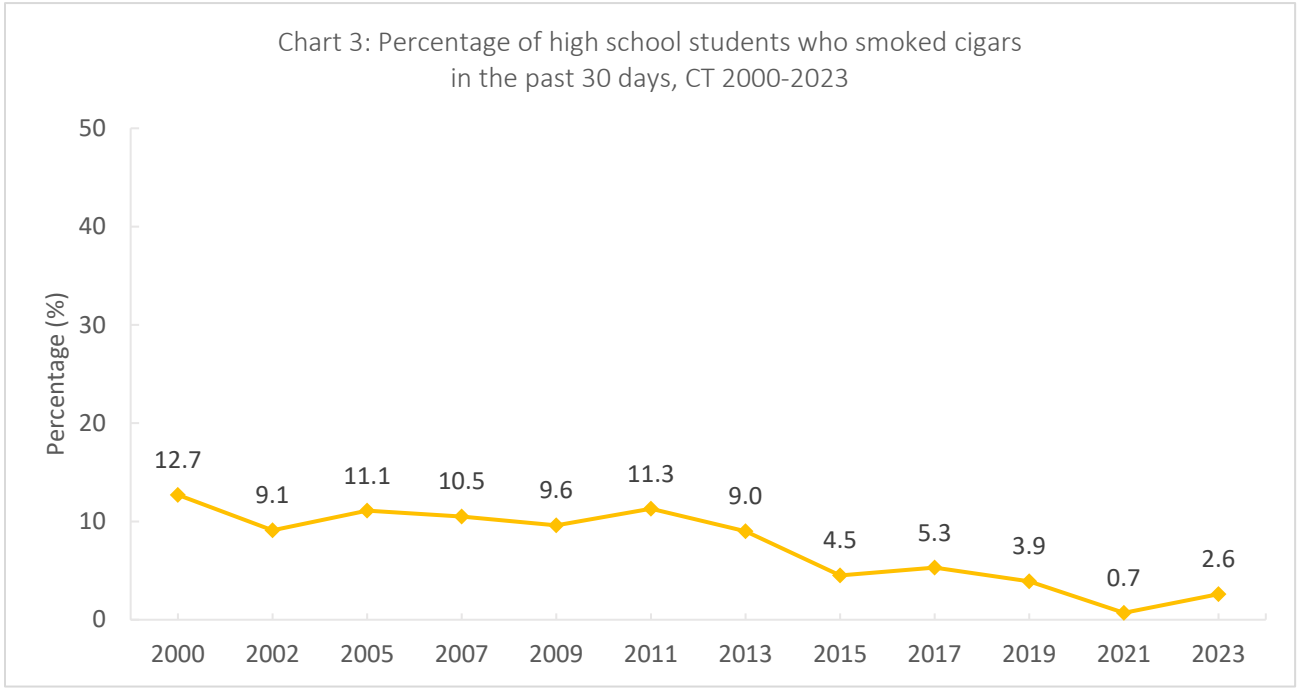
CURRENT CIGARETTE SMOKING

Chart 2 shows the trend for current cigarette smoking. In 2023, about 1 of every 33 high school students (3.0%) reported they had smoked cigarettes in the past 30 days—a significant decrease from 25.6% in 2000. Between 2021 and 2023, the rate increased significantly. The prevalence in 2021 was 1.3%.



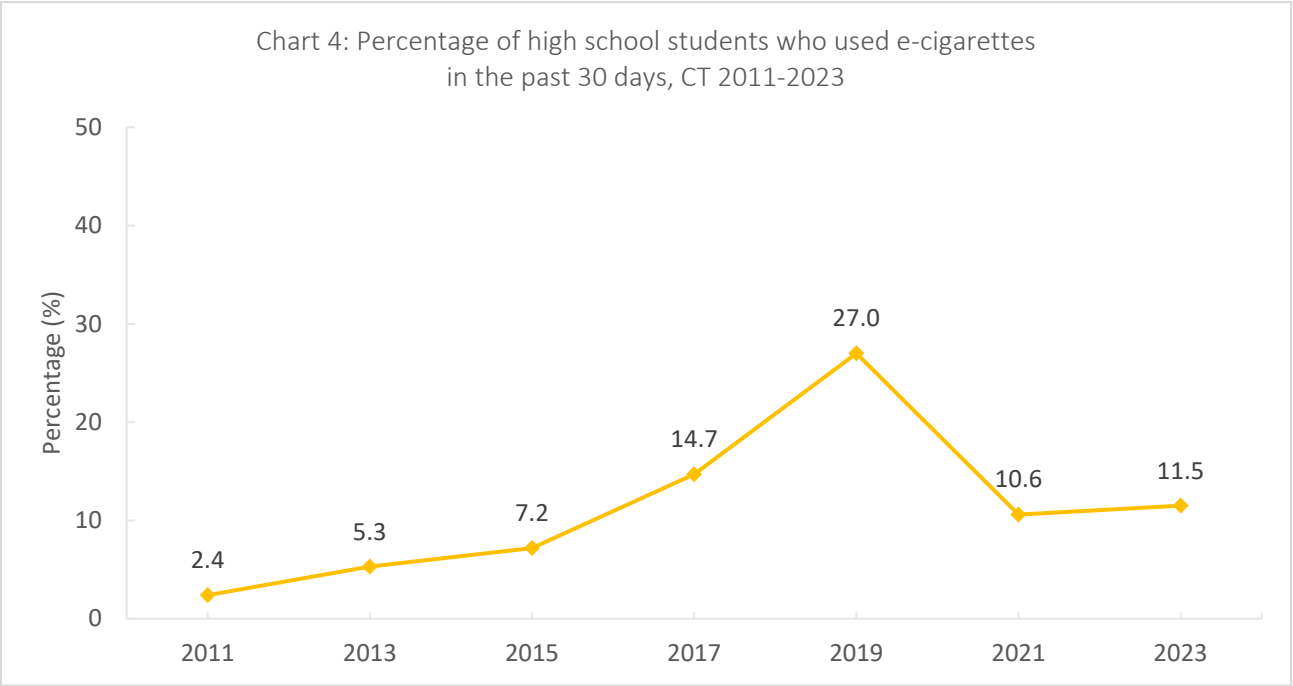
CURRENT CIGAR SMOKING

Chart 3 shows the trend for current cigar smoking. In 2023, about 1 of every 38 high school students (2.6%) reported they had smoked cigars, cigarillos, or little cigars in the past 30 days—a significant decrease from 12.7% in 2000. Between 2021 and 2023, the rate increased significantly. The prevalence in 2021 was 0.7%.



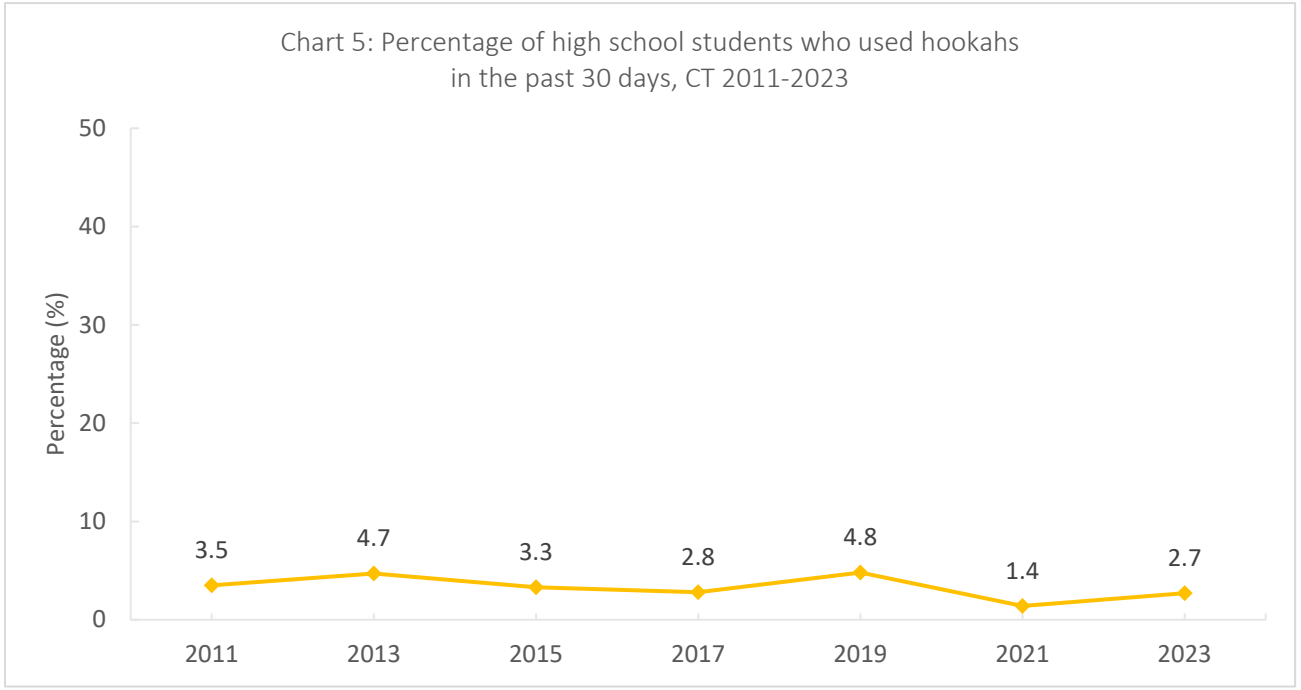
CURRENT E-CIGARETTE USE

Chart 4 shows the trend for current e-cigarette/electronic vapor product (EVP) use. In 2023, more than 1 of every 9 high school students (11.5%) reported they had used EVPs in the past 30 days—a significant increase from 2.4% in 2011. Between 2021 and 2023, the rate did not change significantly. The prevalence in 2021 was 10.6%.



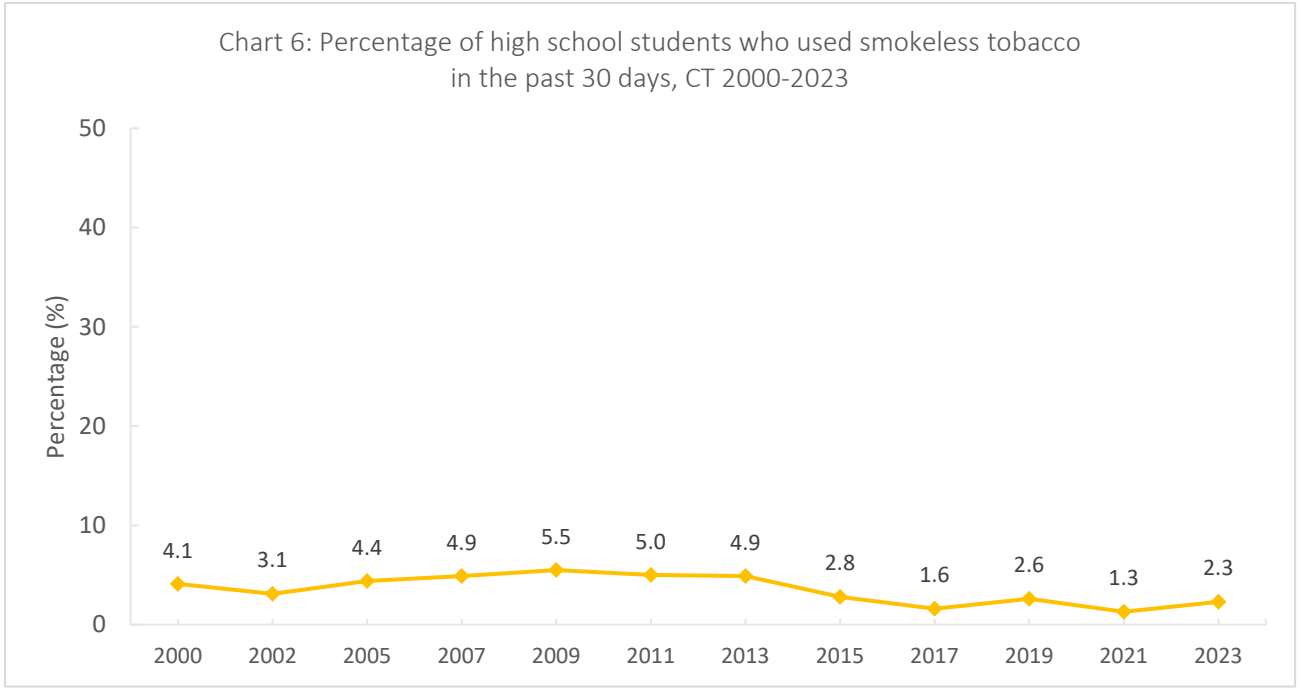
CURRENT HOOKAH USE

Chart 5 shows the trend for current hookah use. In 2023, about than 1 of every 37 high school students (2.7%) reported they had smoked tobacco using a hookah in the past 30 days—statistically unchanged from 3.5% in 2011. Between 2021 and 2023, the rate did not change significantly. The prevalence in 2021 was 1.4%.



CURRENT SMOKELESS TOBACCO USE

Chart 6 shows the trend for current smokeless tobacco use. In 2023, about 1 of every 43 high school students (2.3%) reported they had used smokeless tobacco in the past 30 days—a significant decrease from 4.1% in 2000. Between 2021 and 2023, the rate did not change significantly. The prevalence in 2021 was 1.3%.



CONCLUSION

Overall Findings for 2023

In Connecticut, effective for the 2022-2023 school year, school participation in the YRBS is required by law per Connecticut General Statute Sec. 10-217h. This new statute increased data collection, resulting in more reportable estimates that are representative of our state's high school youth.

Findings from the 2023 survey show that while rates of current cigarette, cigar, and hookah smoking are low (3.0%, 2.6%, and 2.7%, respectively), more than 1 in 9 students (11.5%) reported using e-cigarettes or other electronic vapor products (EVPs) in the last 30 days. EVPs have been the most widely used tobacco products among students since 2015. Although the rates of tobacco product use have increased since 2021, they have not returned to pre-pandemic levels. The ability to compare estimates from 2021 with those from 2023 and prior YRBS/YTS waves is limited due to changes in methodology, including differences in survey administration, such as the time of year the survey was administered (i.e., fall vs. spring), and data collection procedures. Differences between estimates might result from changes in methodology, actual behavior, or both.

The decreased use rates among youth in our state might also be in part due to new legislation. Effective October 1, 2019, Connecticut enacted Public Act No. 19-13 which prohibits the sale of cigarettes, tobacco products, electronic nicotine delivery systems and vapor products to persons under the age of 21 years.

Data from the 2025 YRBS survey cycle are likely necessary to better understand tobacco use behaviors among high school youth.

Eliminating the Tobacco Problem in Connecticut

Risk factors and costs associated with tobacco use have a widespread impact on all Connecticut residents. The problem remains that tobacco use is the leading cause of preventable death and disability in the United States, despite a significant decrease in the number of people who smoke, especially in Connecticut. According to the Centers for Disease Control and Prevention (CDC), more than 16 million Americans have at least one disease caused by smoking. If youth were prevented from starting tobacco use and every person who smokes were to quit, approximately $170 billion in direct medical costs could be saved each year.[1]

State of Connecticut Key Facts for 2023

In 2023, 12.7% of Connecticut high school youth reported currently using any tobacco product, which includes e-cigarettes and other EVPs. Current cigarette smoking prevalence was 3.0% for youth. For adults ages 18 years and over, the latest estimate for current cigarette smoking, defined for adults as having reported smoking cigarettes some days or every day, is 10.0%, representing about 254,000 men and women in our state.[2] From the most recent estimates available, about 4,900 adults die from smoking-related illnesses each year in Connecticut and approximately $2.0 billion is spent on healthcare costs due to smoking.[1]

APPENDIX

Race/Ethnicity

Race/Ethnicity was determined using two questions. The first question asked, “Are you Hispanic or Latino?”. The second question asked, “What is your race?”, and the selection options were (A) American Indian or Alaska Native; (B) Asian; (C) Black or African American; (D) Native Hawaiian or Other Pacific Islander; and (E) White. Students could select one or more responses to this second question. For this report, all students who answered “Yes” to the Hispanic/Latino question are “Hispanic”, regardless of their answer to the second question. Students who answered “No” or did not answer are “non-Hispanic”, and their race is based on their answer, if any, to the second (i.e., race) question. Due to low numbers of non-Hispanic American Indians/Alaska Natives; Asians; Native Hawaiians/Other Pacific Islanders; and multi-racial students, they were combined to form an “Other” race category. In this report, there are three race/ethnicity demographic categories used: (1) Black (2) Hispanic (3) White.

Sexual Orientation/Gender Identity

Sexual Orientation/Gender Identity was determined using two questions. The first question asked, “Which of the following best describes you?”, and the selection options were (A) Heterosexual (straight); (B) Gay or lesbian; (C) Bisexual; (D) I describe my sexual identity some other way; (E) I am not sure about my sexual identity (questioning); and (F) I do not know what this question is asking. The second question asked, “Some people describe themselves as transgender when their sex at birth does not match the way they think or feel about their gender. Are you transgender?”, and the selection options were (A) No, I am not transgender; (B) Yes, I am transgender; (C) I am not sure if I am transgender; and (D) I do not know what this question is asking.

If a student selected, B, C, D, or E for question 1, or selected B or C for question 2, then the student was considered to be LGBTQ+ (i.e., lesbian, gay, bisexual, transgender, questioning, other). For the remaining students, if the student selected A for question 1 or A for question 2, then the student was considered to be non-LGBTQ+.

[1]Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion; “Extinguishing the Tobacco Epidemic in Connecticut”; www.cdc.gov/tobacco/stateandcommunity/state-fact-sheets/connecticut/index.html.

[2]Connecticut Behavioral Risk Factor Surveillance System, 2022.