



# **2024 JUUL SETTLEMENT FUNDS DISBURSEMENT**

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**Report to Tobacco & Health Trust Fund  
Board**

**Prepared by: CT Department of Mental Health  
and Addiction Services**

**09.2024**



# Introduction

During the 2023 legislative session, the General Assembly passed [Public Act 23-92](#), which made various statutory revisions concerning the use of funds in the opioid and tobacco settlement funds and funds received by the state as part of any settlement agreement with a manufacturer of electronic nicotine delivery system (ENDS) and vapor products. Those pertinent to this report are as follows:

*Section 1. (NEW) (Effective July 1, 2023)*

*(a) Commencing with the fiscal year ending June 30, 2024, any moneys received in the preceding fiscal year pursuant to the stipulated judgment in State of Connecticut v. JUUL Labs, Inc., shall be disbursed to the Commissioner of Mental Health and Addiction Services for distribution to the regional behavioral health action organizations, as described in section 17a-484f of the general statutes, for the funding of programs to support the abatement, mitigation, cessation, reduction or prevention of the use of nicotine or nicotine-synthetic products by residents under twenty-one years of age in accordance with such judgment.*

*(b) Not later than September 1, 2024, and annually thereafter, the Commissioner of Mental Health and Addiction Services shall submit a report to the board of trustees of the Tobacco and Health Trust Fund established pursuant to section 4-28f of the general statutes, as amended by this act, detailing how the moneys disbursed in the preceding fiscal year were distributed by the commissioner and summarizing how the Substitute House Bill No. 6914 Public Act No. 23-92 regional behavioral health action organizations expended such moneys for the purposes described in subsection (a) of this section in the preceding fiscal year.*

Public Act 23-92 requires that JUUL settlement funds are disbursed from DMHAS to the Regional Behavioral Health Action Organizations (RBHAOs) for youth prevention work relating to nicotine or nicotine-synthetic products. Based on the [SAMHSA's Guide on Reducing Vaping Among Youth and Young Adults](#), national, state and regional data, and [CDC Best Practices for Comprehensive Tobacco Control Programs](#), funds will be utilized for initiatives that will reduce and prevent youth initiation, advance racial and health equity, educate on the dangers of vaping and commercial tobacco and nicotine products, and provide opportunities to develop innovative strategies. This initiative aims to create a healthy, informed, and resilient youth population through comprehensive education, community engagement, and supportive policies.

## Background

### ***Juul Settlement Background***

In September 2022, Attorney General William Tong led 34 states and territories in reaching a \$438.5 million agreement in principle with JUUL Labs, resolving a two-year bipartisan investigation into the e-cigarette manufacturer's marketing and sales practices. In addition to the financial terms, the settlement forced JUUL to comply with a series of strict injunctive terms

severely limiting their marketing and sales practices. Connecticut led the investigation and negotiations along with Texas and Oregon.

Per the agreement, JUUL must follow marketing and content restrictions, advertising regulations, and is prohibited from providing free or nominal cost samples of products. All of these efforts are intended to curtail youth exposure to the products. It was determined that Connecticut would receive a minimum of \$16.2 million through the settlement. It is the intention of settling parties that the money be used for cessation, prevention, and mitigation.

### ***Connecticut Department of Mental Health and Addiction Services***

The Connecticut Department of Mental Health and Addiction Services (DMHAS) is a health care agency whose mission is to promote the overall health and wellness of persons with behavioral health needs through an integrated network of holistic, comprehensive, effective, and efficient services and supports that foster dignity, respect, and self-sufficiency in those we serve.

DMHAS provides the statewide adult behavioral health system safety net, serving adults over 18 years of age with mental health or substance use disorders who lack the financial means to obtain such services on their own. DMHAS serves almost 100,000 clients annually, manages a network of 13 local mental health authorities that cover every region of the state, and partners with over 130 non-profit agencies to deliver services.

***DMHAS also provides prevention services across the lifespan. For all stages of life, DMHAS promotes interventions intended to prevent or delay onset of substance use and mental illness.***

The Prevention and Health Promotion Division sits within the Office of the Commissioner. The division oversees the prevention system which is designed to promote the overall health and wellness of individuals and communities by preventing and or delaying substance use. Additionally, the division oversees the implementation of the Synar Amendment, a federal initiative aimed at reducing youth access to tobacco products by enforcing state laws prohibiting the sale and distribution of tobacco products to individuals under 21.<sup>1</sup> Prevention services are comprised of six key strategies including information dissemination, education, alternative activities, strengthening communities, promoting positive values, and problem identification & referral to services.

### ***Regional Behavioral Health Action Organizations***

Five Regional Behavioral Health Action Organizations (RBHAOs) operate as subcontractors to DMHAS to carry out Alcohol, Tobacco, and Other Drugs (ATOD) prevention initiatives, among their other mission-driven objectives. These private non-profit organizations, comprised of a board of directors of community stakeholders, and staff build capacity of communities to identify gaps and coordinate and leverage resources for behavioral health services. Working closely with the Local

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<sup>1</sup> [About the Synar Amendment and Program | SAMHSA](#)

Prevention Councils in their respective regions, the RBHAOs may conduct comprehensive analyses of community needs, provide support to build data capacity and produce Sub-Regional Profiles to establish local substance use prevention priorities.

Region 1 - Southern	<a href="#">The Hub: Behavioral Health Action Organization for Southwestern CT</a> , A Program of Catalyst CT	Towns: Bridgeport, Darien, Easton, Fairfield, Greenwich, Monroe, New Canaan, Norwalk, Stamford, Stratford, Trumbull, Weston, Westport, Wilton
Region 2 - Southcentral	<a href="#">Alliance for Prevention Wellness (APW)</a> , A Program of BHCare	Towns: Ansonia, Bethany, Branford, Chester, Clinton, Cromwell, Deep River, Derby, Durham, East Haddam, East Hampton, East Haven, Essex, Guilford, Haddam, Hamden, Killingworth, Madison, Meriden, Middlefield, Middletown, Milford, New Haven, North Branford, North Haven, Old Saybrook, Orange, Portland, Seymour, Shelton, Wallingford, Westbrook, West Haven, Woodbridge
Region 3 - Eastern	<a href="#">Southeastern Regional Action Council (SERAC)</a> ,	Towns: Ashford, Bozrah, Brooklyn, Canterbury, Chaplin, Colchester, Columbia, Coventry, East Lyme, Eastford, Franklin, Griswold, Groton, Hampton, Killingly, Lebanon, Ledyard, Lisbon, Lyme, Mansfield, Montville, New London, North Stonington, Norwich, Old Lyme, Plainfield, Pomfret, Preston, Putnam, Salem, Scotland, Sprague, Sterling, Stonington, Thompson, Union, Voluntown, Waterford, Willington, Windham, Woodstock.
Region 4 – Northcentral	<a href="#">Amplify, Inc.</a> ,	Towns: Andover, Avon, Berlin, Bloomfield, Bolton, Bristol, Burlington, Canton, East Granby, East Hartford, East Windsor, Ellington, Enfield, Farmington, Glastonbury, Granby, Hartford, Hebron, Kensington, Manchester, Marlborough, New Britain, Newington, Plainville, Plymouth, Rocky Hill, Simsbury, Somers, South Windsor, Southington, Stafford, Suffield, Tolland, Vernon, West Hartford, Wethersfield, Windsor, Windsor Locks.
Region 5 - Western	<a href="#">Western Connecticut Coalition</a> ,	Towns: Barkhamsted, Beacon Falls, Bethel, Bethlehem, Bridgewater, Brookfield, Canaan, Cheshire, Colebrook, Cornwall, Danbury, Goshen, Hartland, Harwinton, Kent, Litchfield, Middlebury, Morris, Naugatuck, New Fairfield, New Hartford, New Milford, Newtown, Norfolk, North Canaan, Oxford, Prospect, Redding, Ridgefield, Roxbury, Salisbury, Sharon, Sherman, Southbury, Thomaston, Torrington, Warren, Washington, Waterbury, Watertown, Winchester, Winsted, Wolcott, and Woodbury

## Disbursement

In May 2024, sixteen-month contracts were executed with the five (5) RBHAOs in the amounts of \$300,000 each for a total of \$1.5 million disbursed by September 30, 2025.



The RBHAOs will utilize the Substance Abuse and Mental Health Services Administration (SAMHSA) planning framework, entitled the Strategic Prevention Framework. This framework is a systemic community-based approach that utilizes public health research along with evidence-based prevention programs to build capacity within the state and the prevention field. This approach promotes resilience and decreases risk factors in individuals, families, and communities.



As of July 1, 2024, the RBHAOs completed a Needs Assessment Report that will serve to support a priority setting process utilizing epidemiological data. The RBHAOs partnered with a local evaluator to provide enhanced needs assessments utilizing RBHAOs' most recent epidemiological profiles on vaping, along with updated secondary and primary data sources from the nation, state, region, and local communities within their regions. This process provided an opportunity for RBHAOs to comprehensively plan to address vaping of nicotine among youth within their regions. Below is the culmination and summary of the key findings of the regional needs assessment.

### ***Needs Assessment and Key Findings***

**Statewide: At-Risk Populations** - Both smoking and vaping are more prevalent among sexual and gender minority youth than cisgender, heterosexual youth<sup>2</sup>. 2021 National Youth Tobacco Survey findings support this, showing that current use among students identifying as lesbian, gay, or bisexual was 14.2% compared to 7.9% of heterosexual youth, and 18.9% among transgender youth compared to 8.2% of youth who were not transgender. Rates were also higher among students reporting psychological distress (14.2%).<sup>3</sup>

**Statewide: Retailers** - Based on conversations with law enforcement, “illegal” vape shops are not only selling vape products with no license but may also be manufacturing illegal vape products on site.

As evidenced in the map below and using the “Five Connecticuts” (or 5CT)<sup>4</sup> model, which groups all 169 towns into one of five categories based on an analysis of demographic variables, there is increased density in Urban Core communities (2.1 per square mile), followed by Urban Periphery

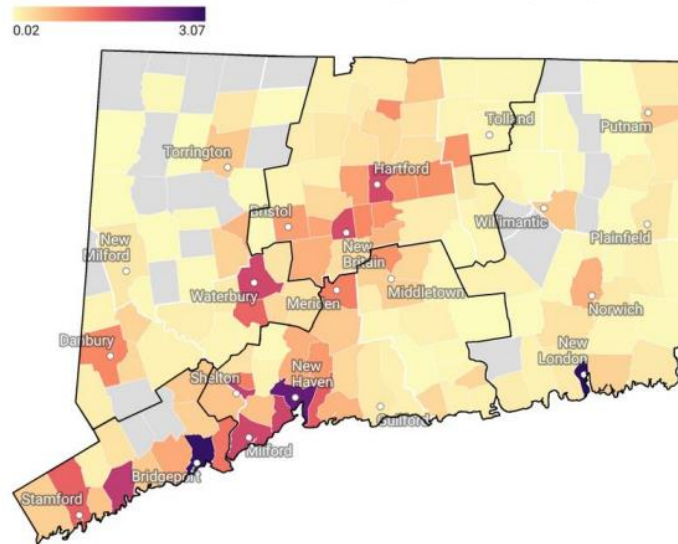
<sup>2</sup> Ma J, Kraus AJ, Owens C, Moskowitz DA, Birnholtz J, Macapagal K. Perspectives on Cigarette Use, Vaping, and Antitobacco Campaigns Among Adolescent Sexual Minority Males and Gender Diverse Youth. *LGBT Health*. 2022 Oct;9(7):479-488. doi: 10.1089/lgbt.2021.0460. Epub 2022 Jul 7. PMID: 35796707; PMCID: PMC9587797.

<sup>3</sup> Wang TW, Gentzke AS, Creamer MR, et al. Tobacco Product Use and Associated Factors Among Middle and High School Students -United States, 2019. *MMWR Surveill Summ* 2019;68(No. SS-12):1-22. DOI: <http://dx.doi.org/10.15585/mmwr.ss6812a1>

<sup>4</sup> Levy, Don and DataHaven. (2015): Five Connecticuts 2010 Update. Produced for Siena College Research Institute and DataHaven based on the original method of assigning designations used in Levy, Don, Orlando Rodriguez, and Wayne Villemmez. 2004. *The Changing Demographics of Connecticut - 1990 to 2000. Part 2.*

(0.9 per square mile), Wealthy (0.3 per square mile), with less in Rural and Suburban communities.

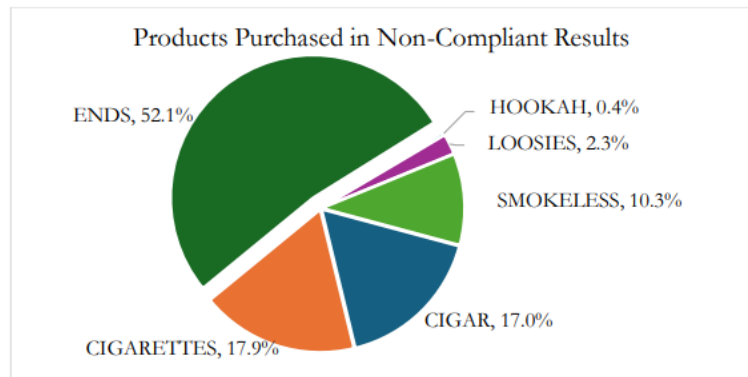
**ENDS/Vapor Product Retail Density: Retailers per Sq. Mile**



Note that towns with no retailers are not included in this analysis, and largely represent Rural communities in regions 3 and 5, as well as some wealthy communities in region 1. The data also shows that there is a higher density of retailers in urban areas but higher usage among youth in suburban areas.

### Statewide Retailer Compliance -

DMHAS's Tobacco Prevention and Enforcement Program (TPEP) shared data from checks occurring around Connecticut between January 3, 2023, and April 3, 2024, and generated 4,795 records. 3,650 occurred in 2023, and 1,145 occurred in 2024 through April 3. Overall statewide there were 3,427 compliant results (71.5%), 822 non-compliant results (17.1%), and 546 records (11.4%) that were ineligible. Ineligible records were due to retailer locations were out of business or closed at the time of inspection.

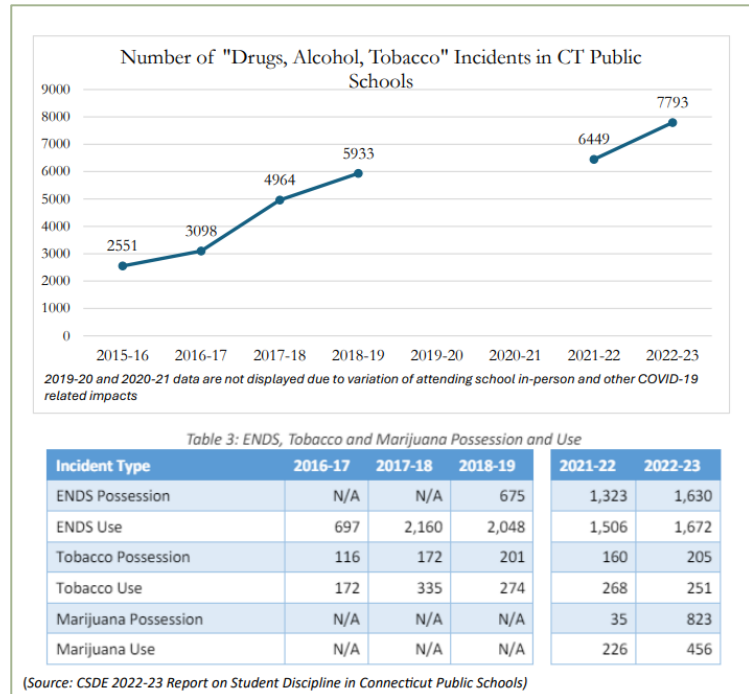


Among the 822 noncompliant results, the majority (52.1%) were for electronic nicotine delivery systems (ENDS).

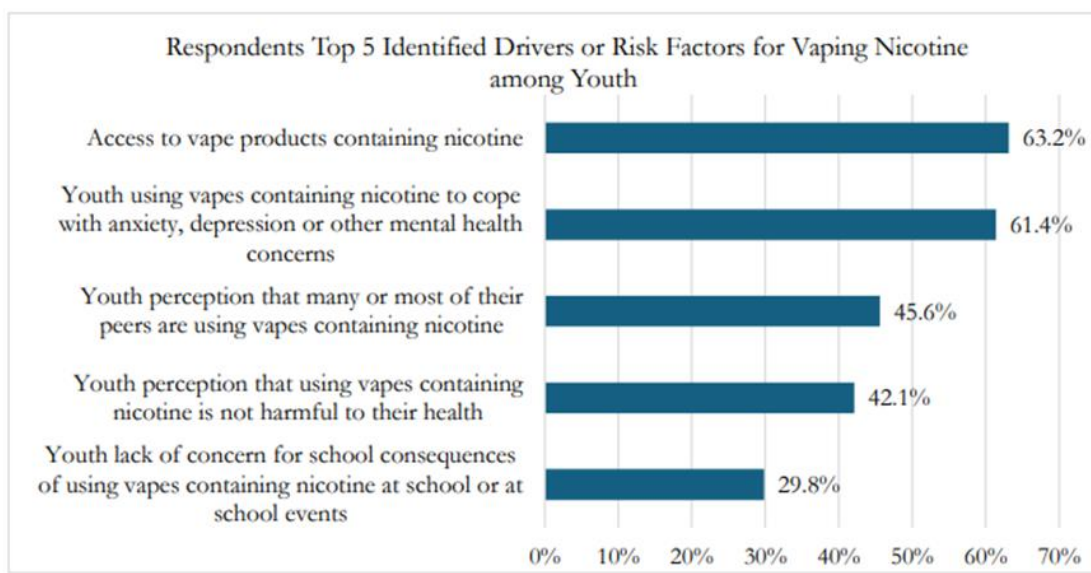
**Statewide: School Policy** – The 2022-23 Report on Student Discipline in Connecticut Public Schools<sup>5</sup>, shows an increase in the number of “drugs, alcohol, tobacco” incidents over time, including a 31.4% increase from the academic school year 2018-2019 to 2022-2023.

The RBHAOs partnered with the data and evaluation consultants to develop a brief survey on vaping in Connecticut schools. The RBHAOs disseminated this survey to school personnel they had relationships with, to better understand local school policies around vaping sanctions or restorative practices.

This survey was fielded during the end of April 2024 and the beginning of May 2024, and yielded 57 responses from at least 38 districts in the state, representing about 28% of school districts.



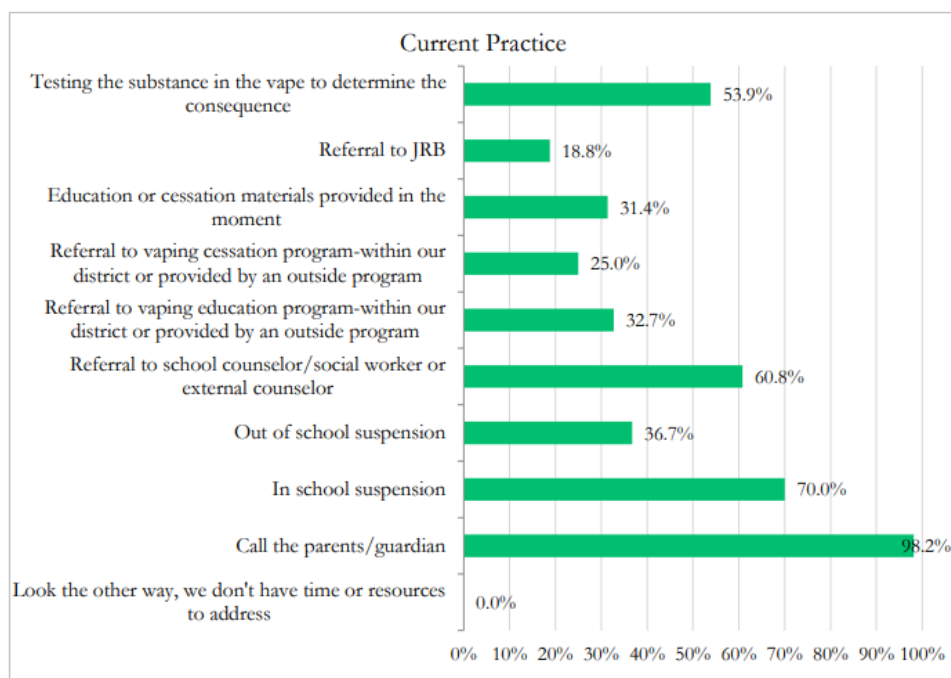
School representatives identified the primary drivers for vaping nicotine among youth in their districts as access to vape products, youth using vapes to cope with mental health concerns, youth perception that most of their peers are using vapes, youth perception that vapes are not harmful to their health, and youth lack of concern for school consequences of using vapes at school or school events.



<sup>5</sup> 2022-23 [Report on Student Discipline in Connecticut Public Schools](#), CT State Department of Education,

Support for out-of-school suspensions has decreased and “zero tolerance” policies are not evidence-based and have not shown to be effective in changing behavior. In a 2021 report entitled *Discipline Is Not the Answer: Better Approaches to On-campus Student Tobacco Use*, the Truth Initiative states, “[They] do not support suspension or expulsions from school as a punishment for tobacco use, including vaping on school grounds. Suspensions can cause even more problems at schools, leading to lower test scores and graduation rates, among other poor outcomes.<sup>6</sup>” The report states that there are serious differences in how suspensions and expulsions are used with Black, Latino, and students of other minority groups being more likely to be suspended or expelled. It further states that it recommends that students who violate tobacco policies be approached in a supportive way that focuses on encouraging them to quit tobacco use.

Some schools in Connecticut report referring students to a substance use counselor for an assessment or treatment, many refer to their Juvenile Review Boards (JRB), and there is variation in suspensions and types of suspensions. Several schools report suspension reduction programs that are more restorative in nature, however they also report variation in adhering to this. Despite the proven effectiveness and support for more restorative school policies when it comes to vaping-related infractions, 70% of school personnel respondents indicated that their *current* practice was to give students caught in school suspension, as seen below. This presents an opportunity to educate Connecticut schools on effective policy around students vaping, help to implement those policies and in turn, improve student outcomes.



<sup>6</sup> Truth Initiative web citation, April 2024; [Discipline Is Not the Answer Policy Statement\\_101722\\_v3.pdf \(truthinitiative.org\)](#)



**Local Ordinances** - Statewide, under amendments to the CT Clean Indoor Air Act, effective October 1, 2021, use of vape or “vapor” products is prohibited indoors and within twenty-five feet of doorways, operable window or air intake vent. However, towns in Connecticut, can adopt their own ordinances regarding use of vape products on any municipal property including parks<sup>7</sup>. The existence of such regulations varies as far as documented ordinances or policies for smoking (cigarettes, e-cigarettes, marijuana) in town parks or on town property. Some have ordinances in place for cigarettes or cannabis but do not explicitly identify vape products, while others specifically name vape products or e-cigarettes.

### ***Statewide Themes Across Regions***

Through the needs assessment, the following themes emerged related to drivers for youth vaping nicotine and gaps in resources:

<b>Geography</b>	<ul style="list-style-type: none"> <li>• In Urban Core and Urban Periphery, youth perceive vaping as less risky / less harmful.</li> <li>• In Urban Core and Urban Periphery, there is a higher density of retailers selling vape products.</li> </ul>
<b>Treatment</b>	<ul style="list-style-type: none"> <li>• There is a need for additional cessation programs, specifically a need to incorporate underlying Mental Health</li> <li>• Vaping as a coping skill for mental health and anxiety, which has been found in survey outcomes as it relates to this applies to young adults and college students as well.</li> <li>• Schools in need of assistance in promotion of restorative practices included education and cessation</li> </ul>
<b>Education/Prevention</b>	<ul style="list-style-type: none"> <li>• There is a low perception of vaping related harms among youth. They are often surprised when learning about ingredients/chemicals, unaware nicotine causes dependence and addiction (especially middle school youth)</li> <li>• Need to increase perception of harm from vaping among parents/caregivers</li> </ul>
<b>Enforcement/Retailer Education</b>	<ul style="list-style-type: none"> <li>• Low enforcement of minimum age to purchase and a fair proportion of youth report purchasing vape products from stores</li> <li>• Opportunity to support and provide resources to ENDS retailers including education on checking IDs and generally the benefits of preventing underage sales</li> </ul>
<b>Other Suggestions from RBHAOs that Arose Through the Assessment Process:</b>	<ul style="list-style-type: none"> <li>• Adapt/share local campaigns</li> <li>• Expand screening to incorporate vaping</li> <li>• Educate primary care networks about vaping resources</li> <li>• A general concern about targeted marketing from big companies</li> <li>• The challenge of youth easily concealing devices</li> </ul>

<sup>7</sup> [Amendments to the CT Clean Indoor Air Act](#), PA 21-1

***Implementation Strategies & Next Steps***

At the time of the development of this report, the RBHAOs were finalizing their Strategic and Implementation Plans. These plans incorporate national, state, and regional data as well as the themes that emerged through the regional needs assessment to drive an informed, data-driven strategy and implementation of vaping prevention initiatives throughout the region. In addition, these plans would identify goals, objectives, strategies, and evidence-based activities to increase the effectiveness prevention efforts. It will also identify risk factors to be addressed based on the RBHAOs' organizational capacity and the communities' capacity and readiness within their region.