2025

Tobacco & Nicotine

Epidemiological Profile

Developed: August 2025

CONNECTICUT
Mental Health & Addiction Services

CPES
Center for Prevention Evaluation and Statistics

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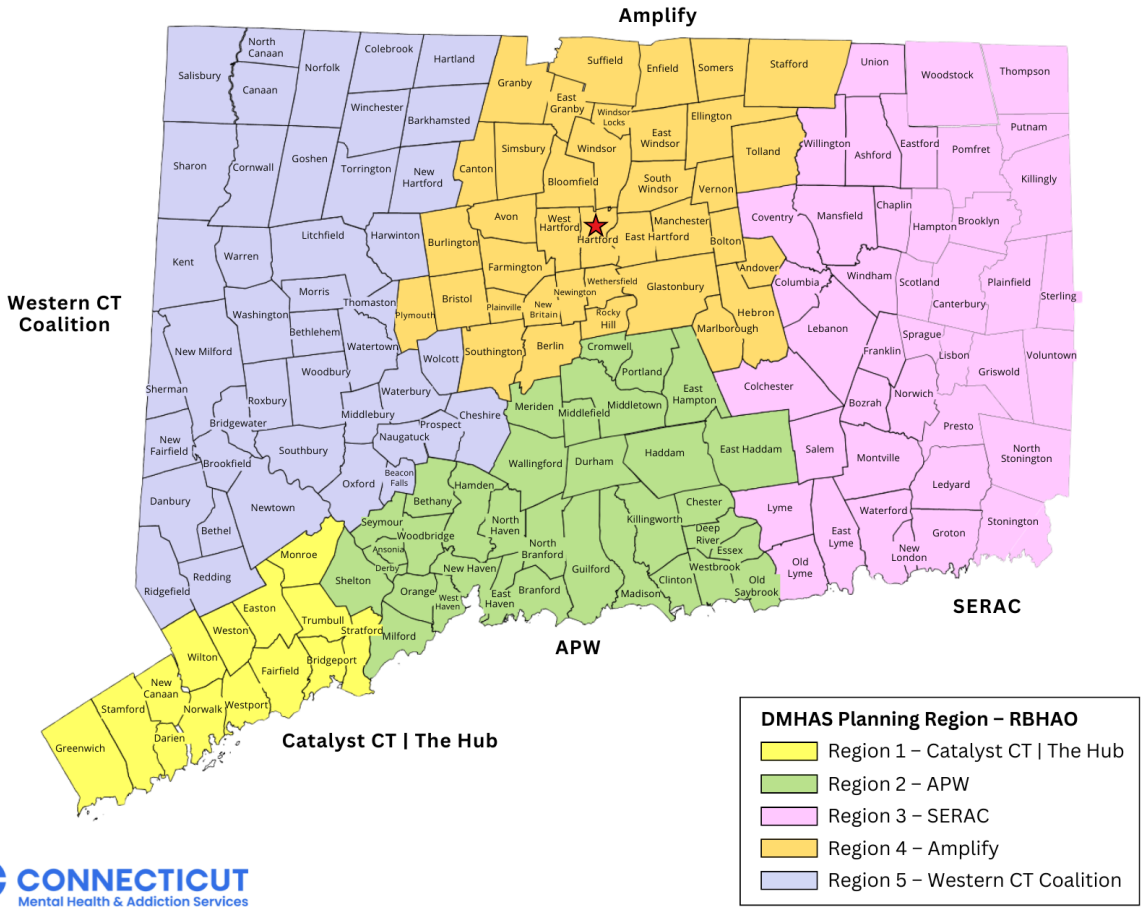
INTRODUCTION

In this profile, the term "tobacco products" includes a variety of items such as cigarettes, cigarette tobacco, roll-your-own tobacco, smokeless tobacco, electronic cigarettes, cigars, hookahs, pipe tobacco, nicotine gels, and dissolvable forms. The term "nicotine products" includes items such as Electronic Nicotine Delivery Systems (ENDS) and nicotine pouches. ENDS refers to battery-powered nicotine products that deliver nicotine in the form of aerosols, such as vapes, vaporizers, vape pens, hookah pens, electronic cigarettes (e-cigarettes or e-cigs), and e-pipes.[1]

This epidemiological profile explores the use of tobacco and nicotine products in Connecticut, including ENDS. Data on consumption, impact, groups at risk, and risk factors at the state and regional levels have been synthesized to provide a high-level summary of this issue.

Connecticut consists of five planning regions, designated by the Department of Mental Health and Addiction Services (DMHAS), each of which is managed by a Regional Behavioral Health Action Organization (RBHAO).



BACKGROUND

The state and federal landscape surrounding sales of tobacco products has changed in the past decade. A Connecticut state law went into effect on October 1, 2014, regulating the sale and distribution of ENDS.[2] Subsequently, on December 20, 2019, the "Tobacco 21" law was signed, immediately raising the federal minimum sales age for all tobacco products, as well as e-cigarettes, from 18 to 21 nationwide. The law also directed the US Food and Drug Administration (FDA) to update its regulations to reflect this new age requirement. Since then, it has been illegal for a retailer to sell any tobacco product to anyone under 21.[3]

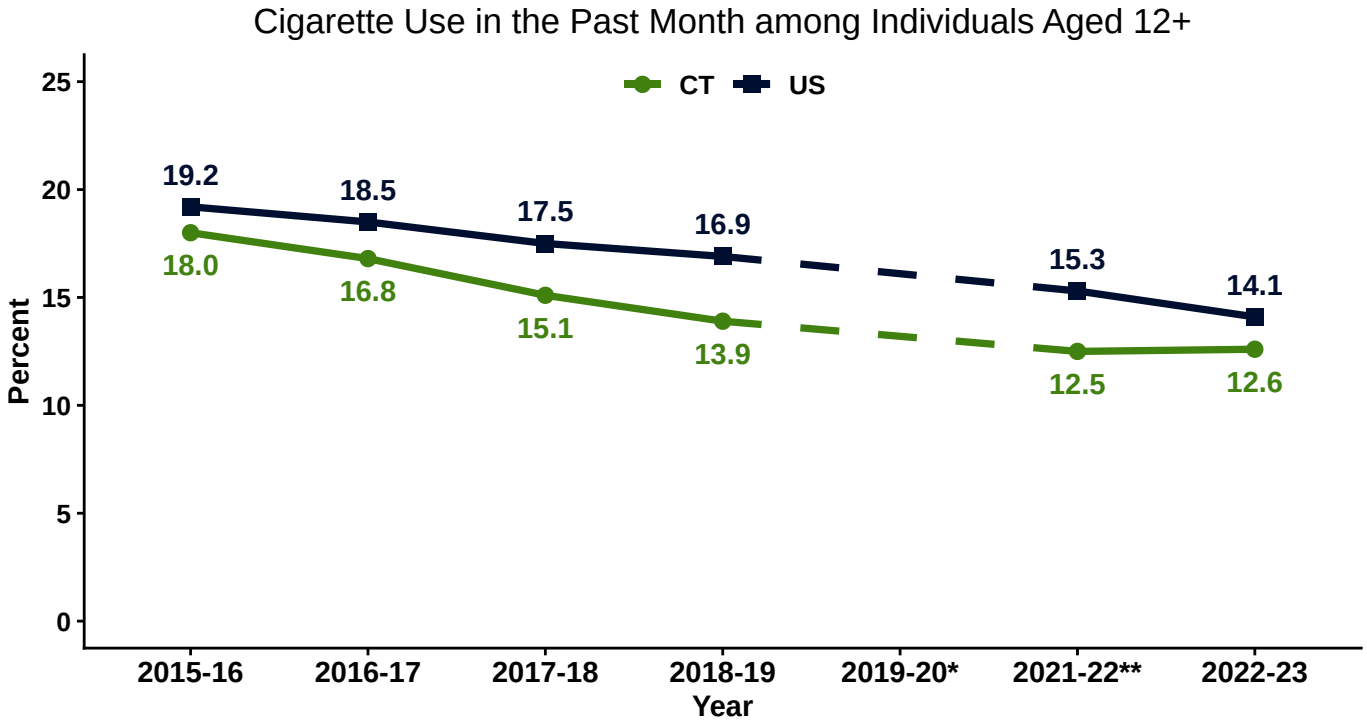
In 2024, the FDA issued a final rule, "Prohibition of Sale of Tobacco Products to Persons Younger than 21 Years of Age." This rule states that, beginning September 30, 2024, retailers must use a photo ID to verify the age of anyone under the age of 30 trying to purchase cigarettes, smokeless tobacco, or covered tobacco products. Additionally, retailers cannot sell cigarettes, smokeless tobacco, or covered tobacco products with the assistance of a vending machine in facilities where individuals under 21 are present or are permitted to enter.[4] In Connecticut, the regulation is stricter; retailers must request a photo ID to verify the age of anyone trying to purchase cigarettes, tobacco products, electronic nicotine delivery systems, or vapor products.[5,6]

Even with state and federal regulations in place, rising use of smokeless nicotine products among youth poses a growing concern. There has been an increasing number of youth who use smokeless nicotine products, such as oral nicotine pouches. According to the 2024 National Youth Tobacco Survey, 1.8% of middle and high school students—about 480,000 youth—used nicotine pouches in the past 30 days, compared to 0.8% in 2021, more than doubling over that period. Among these users, 68.7% reported using the brand ZYN, making it the most popular nicotine pouch product among youth.[7]

In addition, anecdotal evidence provided by the CT Department of Consumer Protection shows that the number of e-cigarette retailers in CT is growing. As of May 2025, the Attorney General's office is currently seeking legislative reforms to ensure that all nicotine products, including non-tobacco nicotine products, are regulated, licensed, and taxed the same way as tobacco products.[8] These reforms could pave the way for stricter e-cigarette regulations. Until then, however, youth e-cigarette and smokeless nicotine product use remains a serious and growing public health concern.

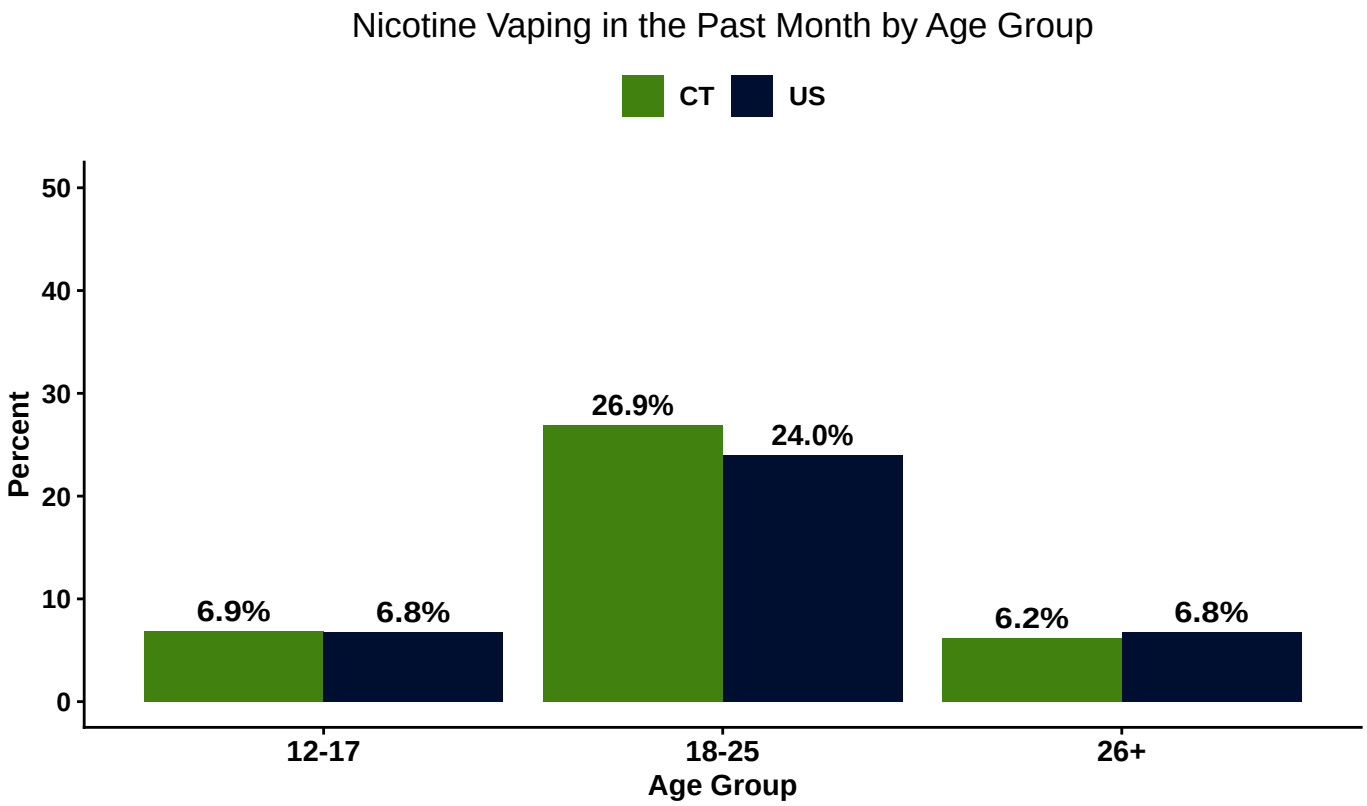
PREVALENCE

Cigarette use among Connecticut residents has been declining since 2015.[9]
State *prevalence* of past-month cigarette use has remained below the national level.



*State estimates for these years are no longer available due to impact of COVID-19 on survey methodology.
**Estimates from 2021-2022 are not comparable to estimates from previous years due to changes in NSDUH survey methodology.
Source: National Survey on Drug Use and Health (NSDUH), 2015-2023

A higher percentage of young adults (18-25) report vaping nicotine compared to youth (12-17) and other adults (26+). Additionally, nicotine vaping in the state reflects national prevalence.[10]



Source: National Survey on Drug Use and Health (NSDUH), 2022-2023

Regardless of region, the majority of CT residents (18+) report that they do not currently smoke cigarettes.[11]

DCWS 2024 Region Estimates: Percent of Residents (18+) Who Are Currently Smokers

Current smoker?	CT	Region 1	Region 2	Region 3	Region 4	Region 5
No	88.1	90.8	88.3	87.8	86.7	87.8
Yes	11.9	9.2	11.7	12.2	13.3	12.2

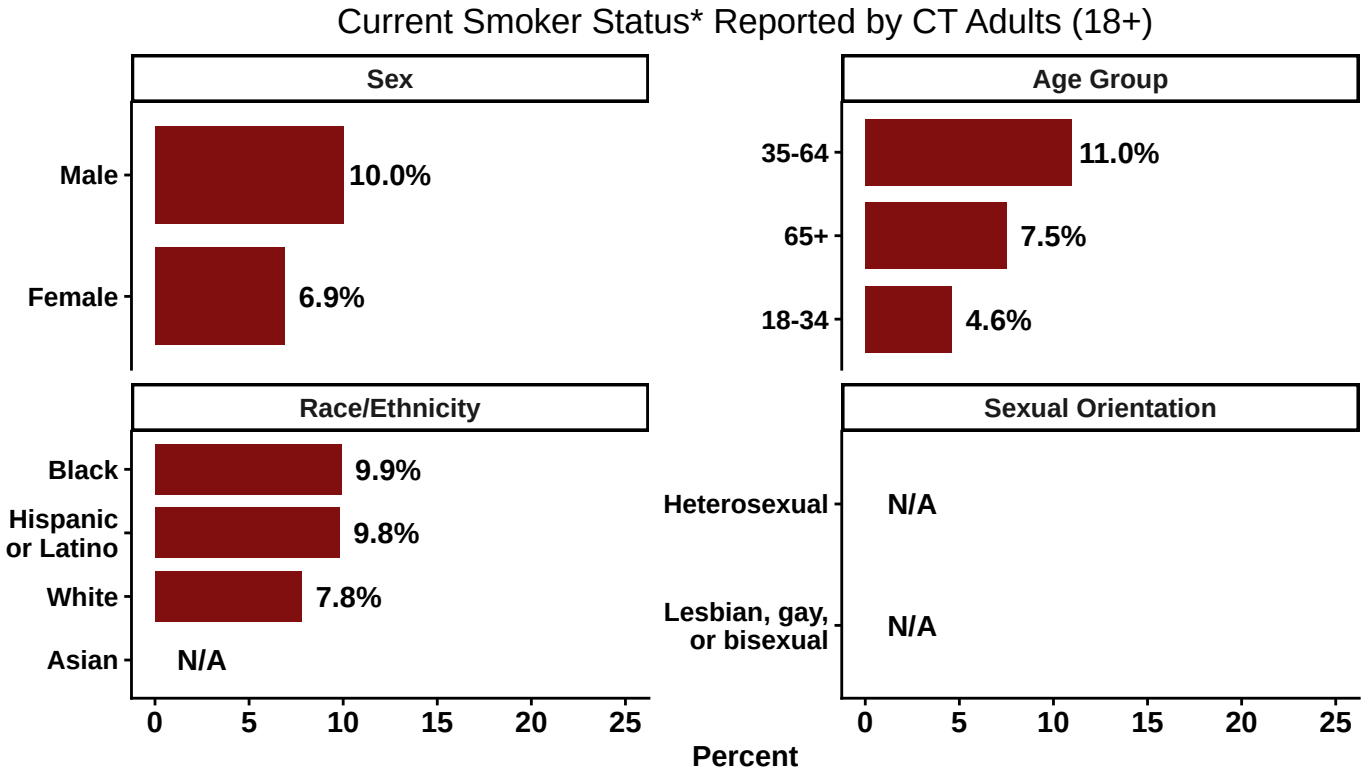
One in ten (11.2%) CT residents (18+) report using e-cigarettes or other *electronic vapor products (EVP)*.[11]

DCWS 2024 Region Estimates: Percent of Residents (18+) Reporting E-Cigarette or other EVP use

Frequency of Use	CT	Region 1	Region 2	Region 3	Region 4	Region 5
Not at All	88.6	91.2	87.3	87.6	88.7	88.2
Some days	5.5	4.3	5.2	5.9	6.5	5.0
Every day	5.7	3.8	7.4	6.5	4.8	6.7

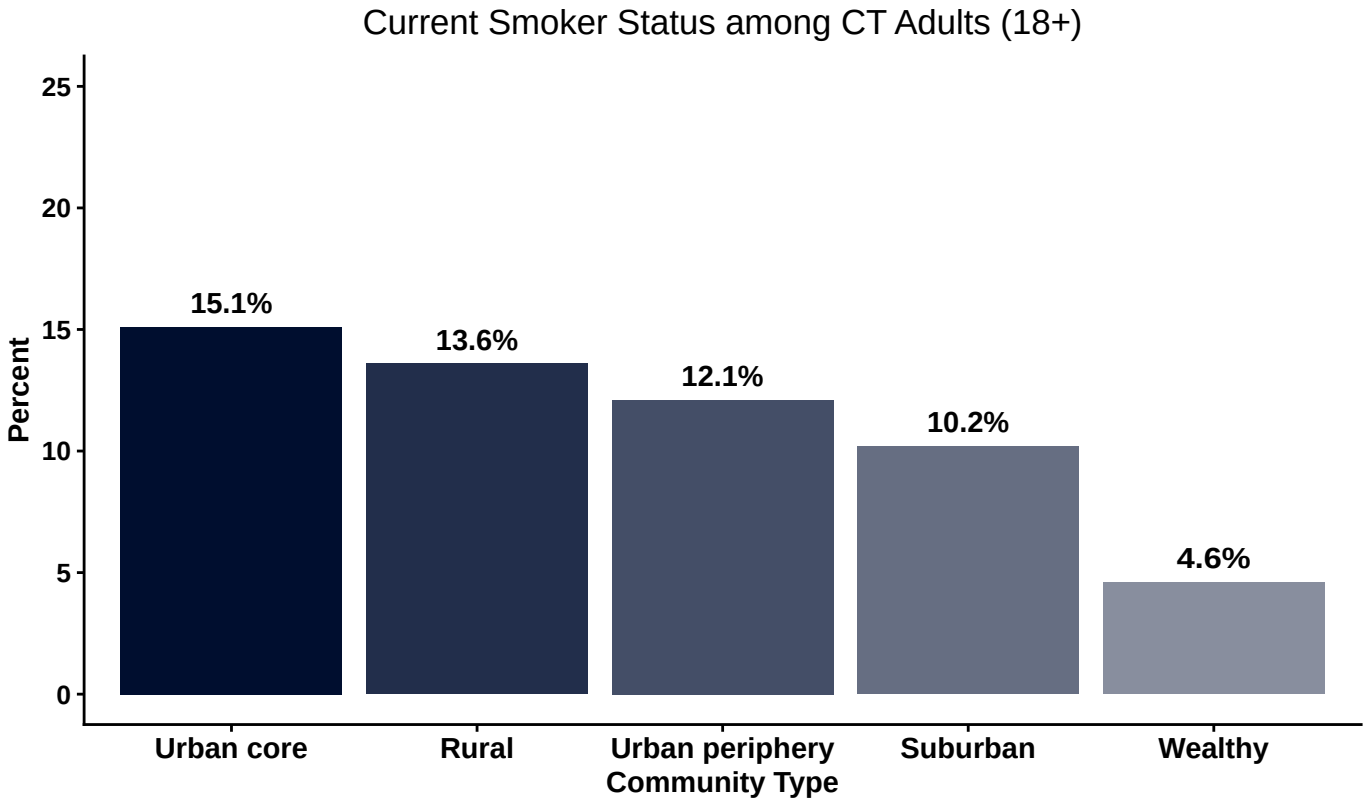
ADULT USE (AGES 18+)

According to the 2023 Behavioral Risk Factor Surveillance System (BRFSS), 8.4% of Connecticut adults currently smoke.[12] A higher percentage of middle-age (35-64) adults report that they are smokers compared to other age groups.



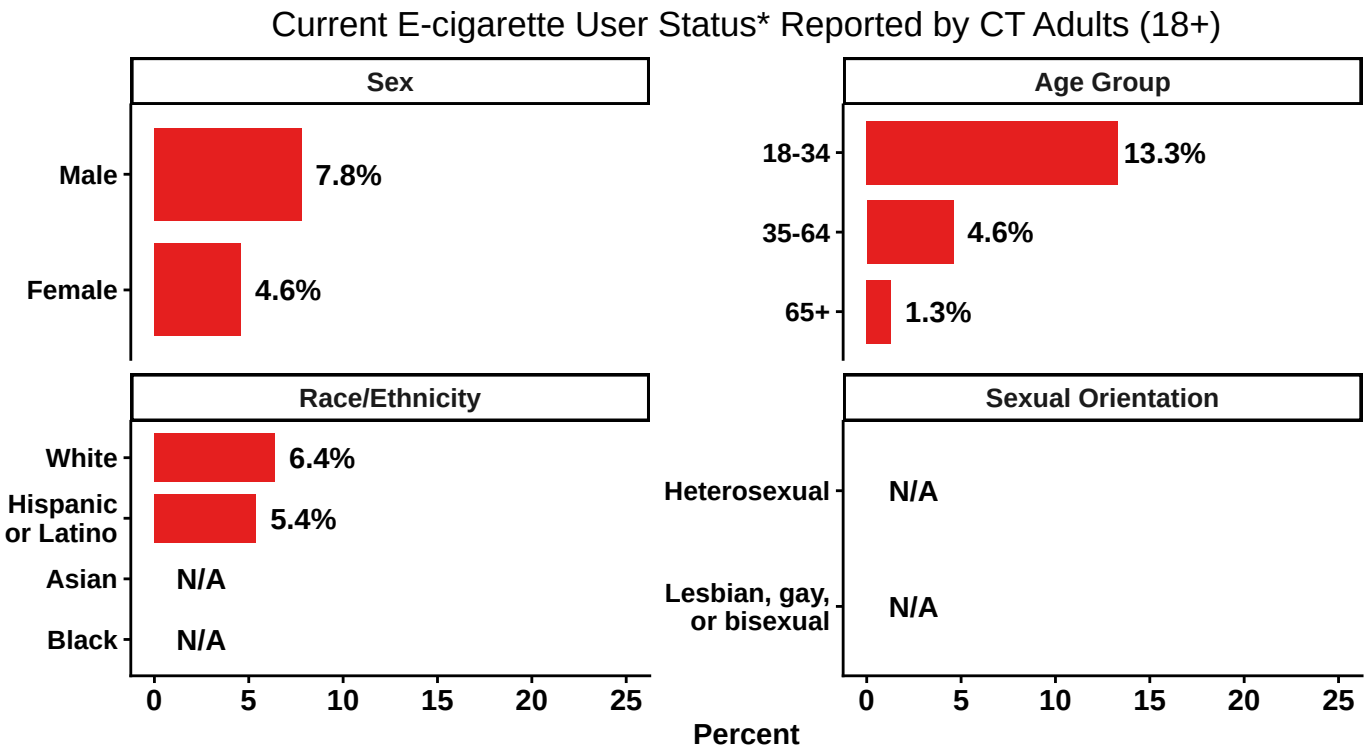
*A survey respondent is categorized as a current smoker if they smoke some days or every day.
Source: Behavioral Risk Factor Surveillance System (BRFSS), 2023

The prevalence of current smoking is highest among adults in urban core communities compared to other *community types*.[11]



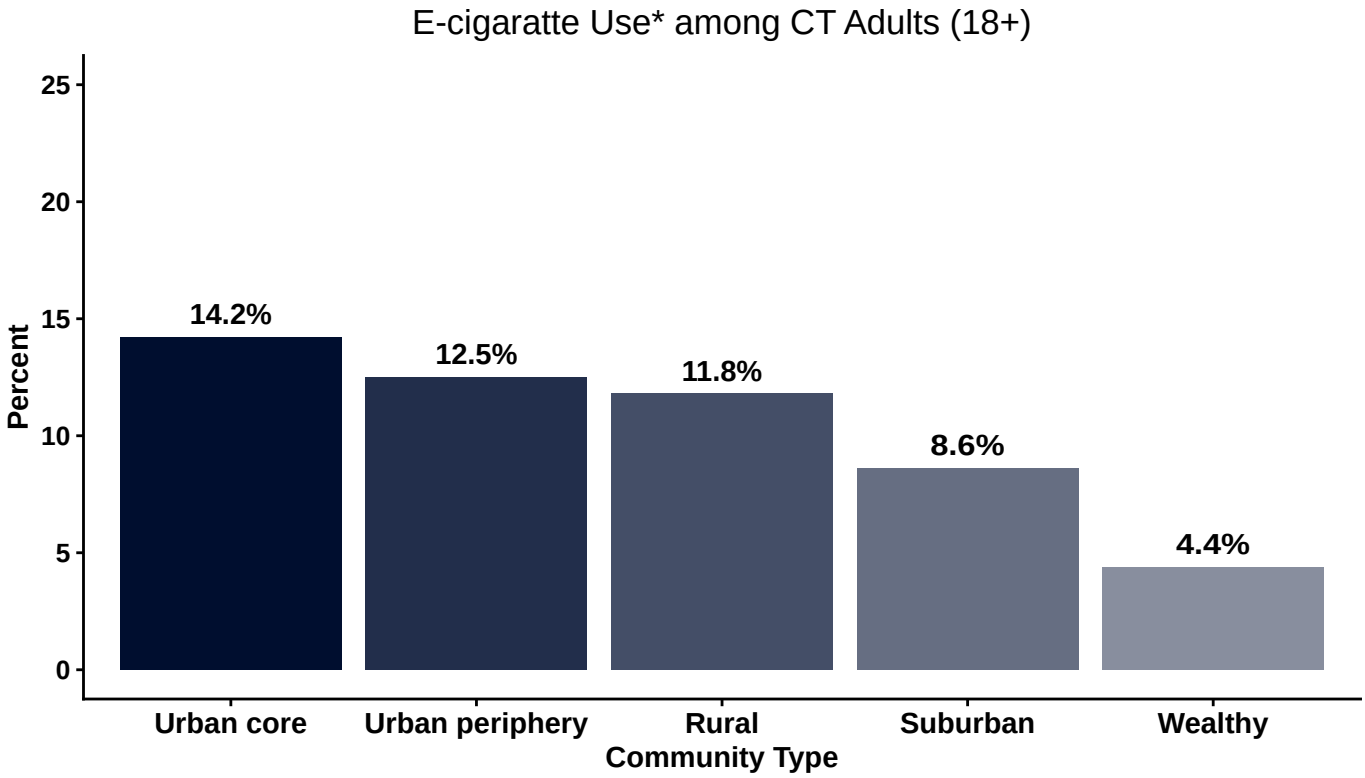
Source: DataHaven Community Wellbeing Survey (DCWS), 2024

Of Connecticut adults, 6.2% report using e-cigarettes every day or some days.[13] A higher percentage of young adults report using e-cigarettes every day or some days compared to other age groups.



*A survey respondent is categorized as a current e-cigarette user if they use e-cigarette or other electronic vaping products some days or every day.
Source: Behavioral Risk Factor Surveillance System (BRFSS), 2023

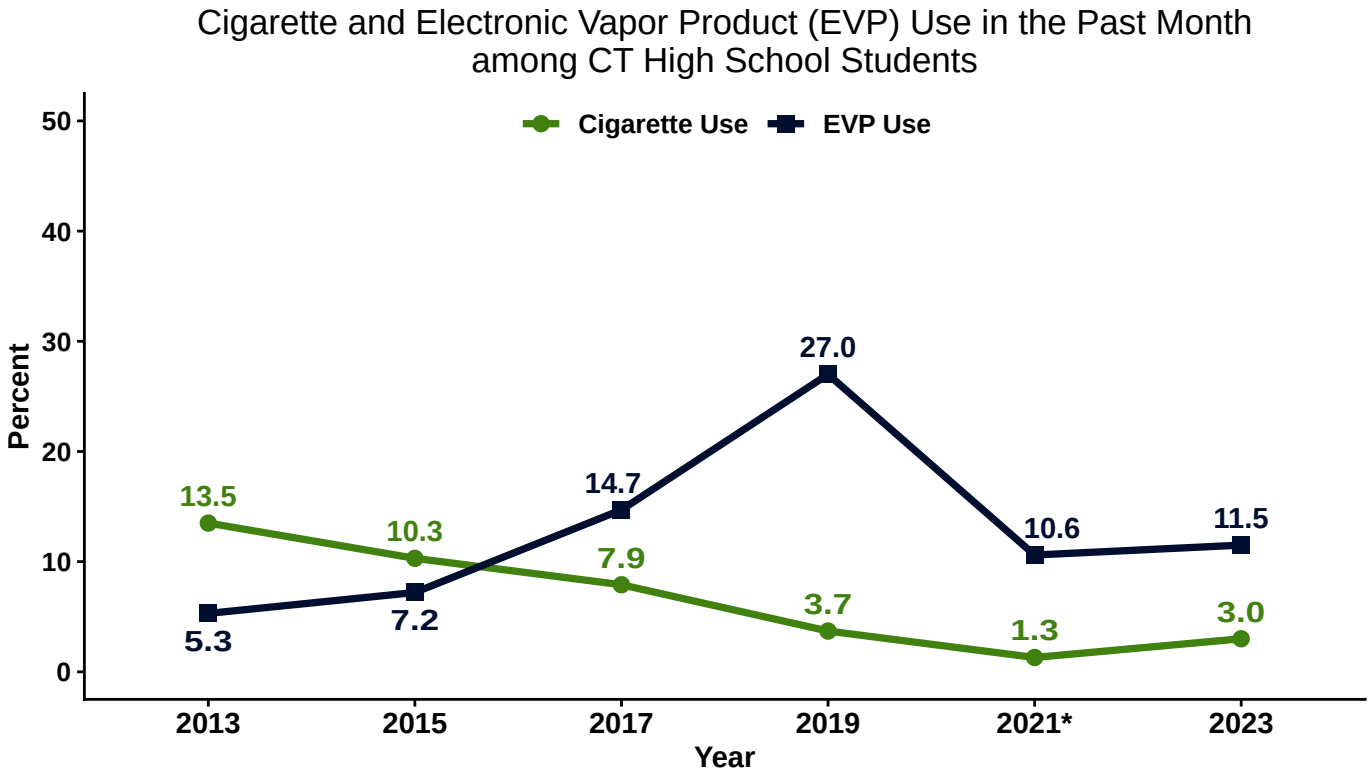
Similar to smoking, the prevalence of e-cigarette use is highest among adults in urban core communities and lowest among adults in wealthy communities.[11]



*E-cigarette use is defined as using e-cigarettes or other electronic vaping products some days or every day.
Source: DataHaven Community Wellbeing Survey (DCWS), 2024

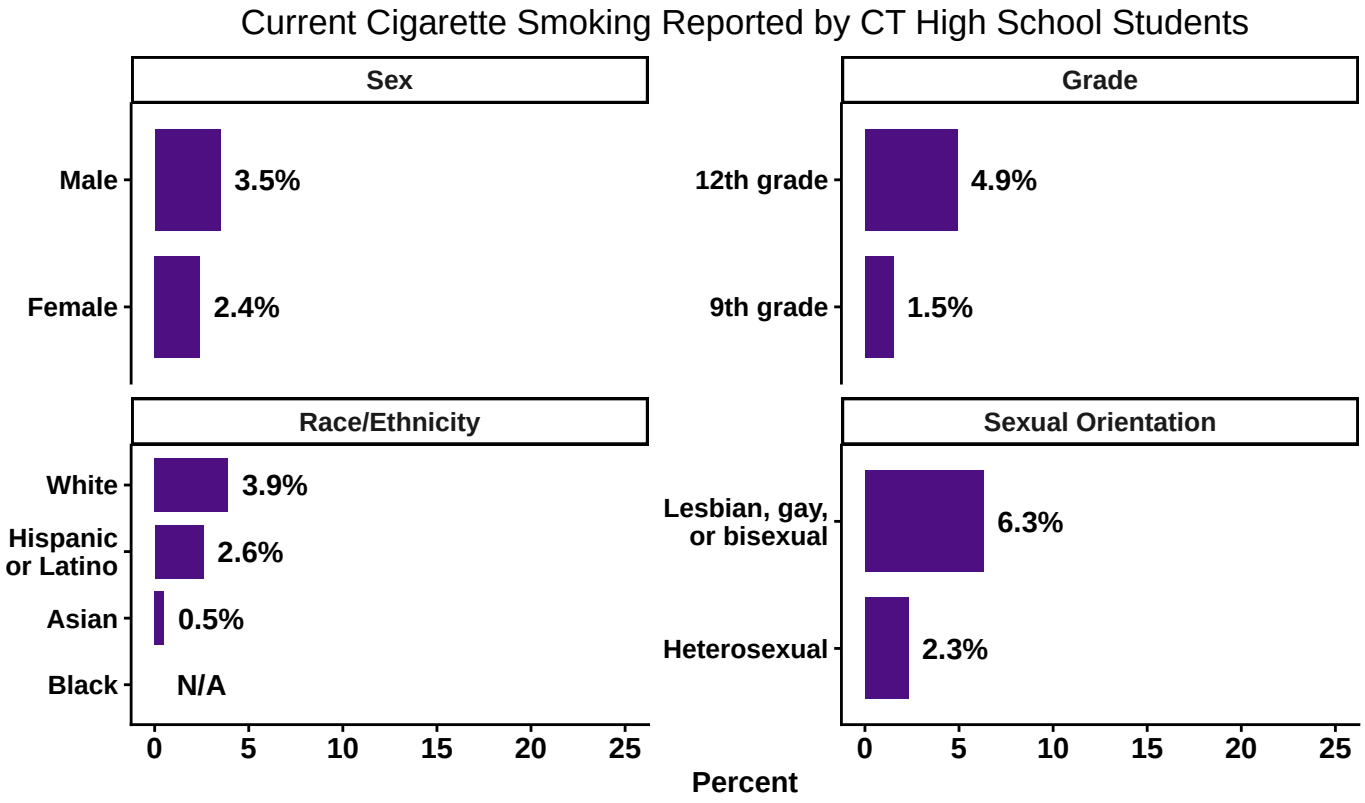
YOUTH USE (12-17)

Electronic vapor product (EVP) use reached a high point in 2019, but greatly decreased during COVID, which was maintained through 2023.[14] Between 2017 and 2023, EVP use largely supplanted cigarettes use among high school students.



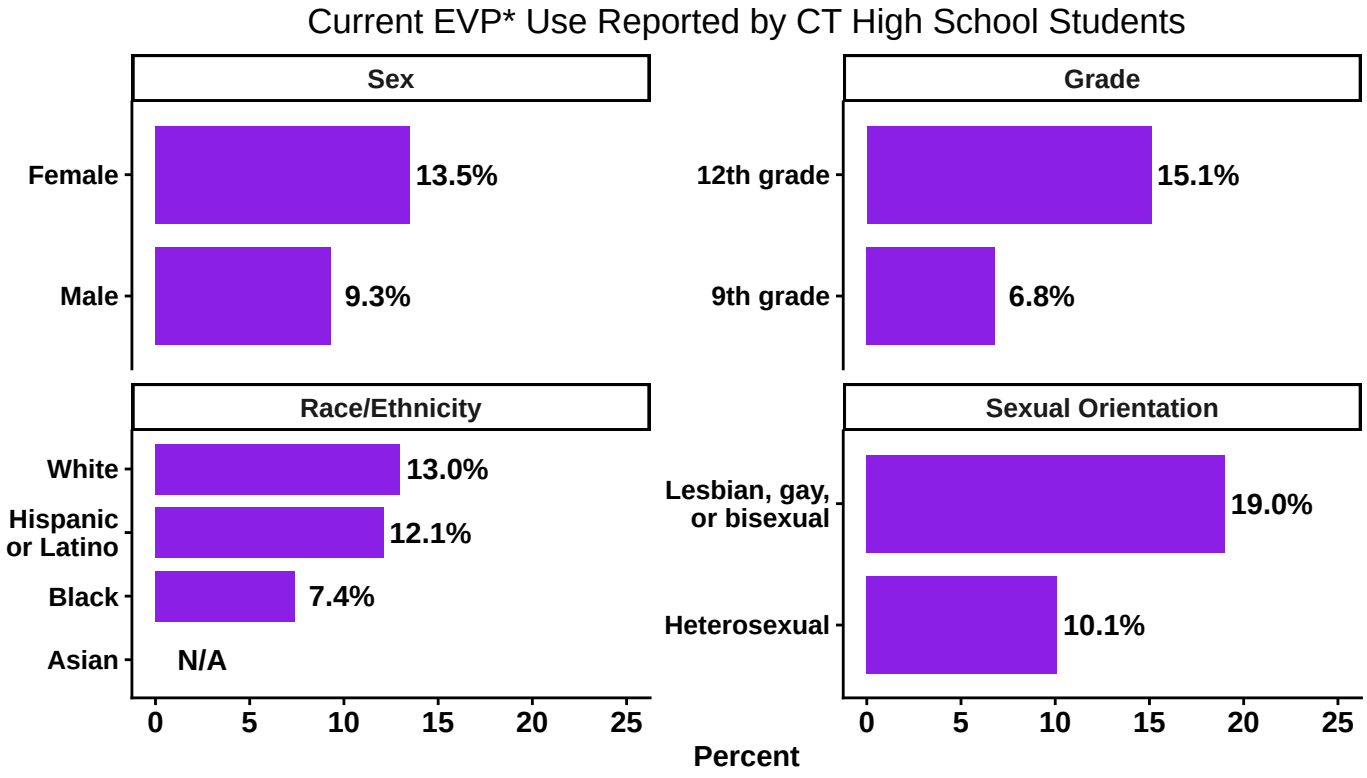
*Caution should be taken when comparing 2021 results to other years due to differences in survey methodology.
Source: Connecticut School Health Survey (CSHS), 2013-2023

Overall, a relatively low percentage (3.4%) of CT high school students report that they smoke cigarettes.[14] A higher percentage of twelfth graders report smoking cigarettes compared to ninth graders, and a higher percentage of lesbian, gay, or bisexual students report smoking compared to heterosexual students.



Source: Connecticut School Health Survey (CSHS), 2023

One in ten 11.5% CT high school students report that they use e-cigarettes.[14]
A higher percentage of 12th graders as well as female, White, and lesbian, gay, or bisexual high school students reported past-month EVP use compared to their peers.



EVP = electronic vapor product.
Source: Connecticut School Health Survey (CSHS), 2023

RISK & PROTECTIVE FACTORS

Tobacco and e-cigarettes contain nicotine, a highly addictive substance that affects brain development and overall health.[15] Nicotine exposure poses significant risks, particularly for pregnant women, as it can lead to complications such as low birth weight and developmental disorders in the fetus. Youth are also at high risk, as nicotine can alter brain function, impair concentration and memory, and increase the likelihood of developing addiction at an early age. Additionally, the use of tobacco and e-cigarettes can contribute to other health problems, including those related to cardiovascular and respiratory conditions.[16]

Tobacco and nicotine use and misuse is influenced by various conditions and circumstances. Risk factors are characteristics at the individual, social, and environmental level that can increase risk for tobacco and nicotine use and misuse.

Risk Factors for Tobacco & Nicotine Use & Misuse [16,17,18,19,20,21]

Individual	Social & Environmental
• Biological factors • Age • Family history of substance use or substance use disorder (SUD) • History of misusing other substances (licit or illicit) • Prior or current substance use • Mental health conditions • Daily life stress • History of *adverse childhood experiences (ACEs)* • Low perception of risk of harm • Impulsivity and sensation seeking • Academic and/or behavioral health problems in school	• Social, family, and/or peer norms that encourage or tolerate tobacco use or nicotine consumption • Lack of parental supervision and involvement • Availability of tobacco and nicotine products • Proximity to local access points for tobacco and nicotine products • Advertising or marketing that encourages use • Childhood trauma • Exposure to stressors in living environment or neighborhood • Limited access to basic resources • Stressful life situations

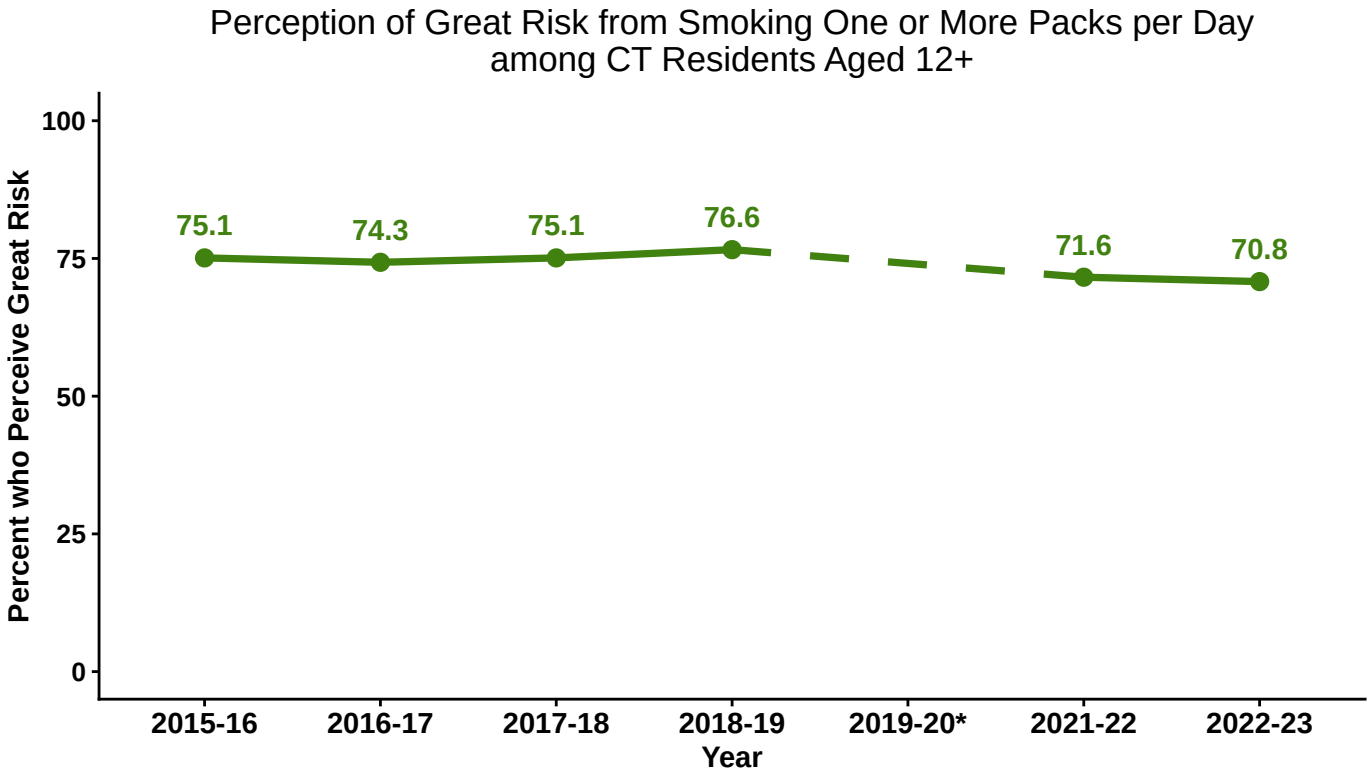
Protective factors are conditions or circumstances that protect individuals against tobacco and nicotine use and misuse. Similar to risk factors, protective factors exist at various levels relative to the individual.

Protective Factors against Tobacco & Nicotine Use & Misuse [17]

Individual	Social & Environmental
• Effective coping and problem-solving skills • Healthy lifestyle (e.g., sufficient exercise, diet, and sleep, etc.) • Religious or spiritual practices	• Social connectedness and/or support • Supportive relationships • Secure attachments in childhood • Participation in group activities outside of work and school • Adequate access to resources

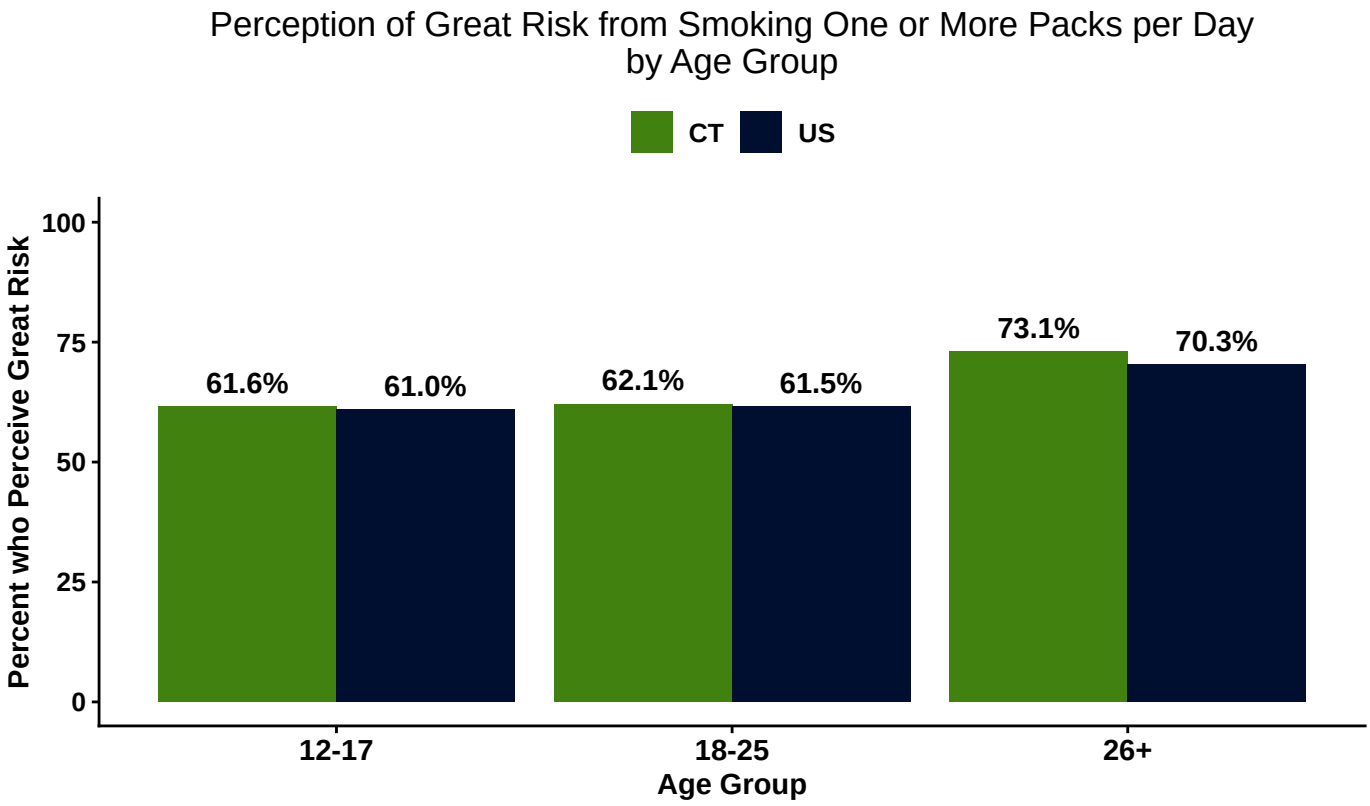
PERCEPTION OF RISK

The percentage of Connecticut residents who view smoking one or more packs of cigarettes per day as risky has slightly declined from 2015 to 2023.[9]



*State estimates for these years are no longer available due to impact of COVID-19 on survey methodology.
Source: National Survey on Drug Use and Health (NSDUH), 2015-2023

A higher percentage of adults (26+) report that they perceive smoking one or more packs of cigarettes per day as risky compared to other age groups.
Connecticut residents' perception of great risk from smoking is similar to the nation.[10]



Source: National Survey on Drug Use and Health (NSDUH), 2022-2023

EFFECTS & CONSEQUENCES

Tobacco use has been linked to the following health effects:

Short-term Effects [16,22,23,24]

- Brain stimulation ("high")
- Increase in blood pressure, heart rate, and respiration
- Decrease in blood oxygen level
- Mouth and throat irritation

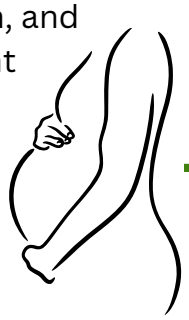


Long-term Consequences [16,25]

- Mental health issues
- Nicotine dependence
- Breathing issues
- Impaired lung function and Chronic Obstructive Pulmonary Disease (COPD)
- High blood pressure and risk of stroke
- Cardiovascular disease
- Weakened immune system
- Rheumatoid Arthritis
- Type 2 diabetes
- Eye disease
- Harmful reproductive effects (e.g., harm to pregnant individual and baby, fertility problems)
- Cancer

Special Consideration

Exposure to second-hand smoke can cause stroke, coronary heart disease, and lung cancer in adults, and can increase risk for respiratory and ear infections, asthma attacks, and Sudden Infant Death Syndrome (SIDS) in infants and children.[16] **Pregnant individuals** who smoke are at increased risk of pregnancy complications, such as ectopic pregnancy, placental previa and abruption, and negative birth outcomes such as pre-mature/pre-term and low birthweight deliveries and stillbirth.[25]



In addition to the effects and consequences of using tobacco or nicotine, the following have been linked to vaping and ENDS:

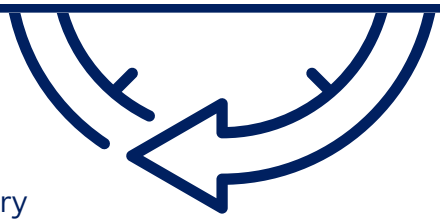
Short-term Effects [26,27,28]

- Decrease in blood oxygen level
- Nausea, vomiting, and diarrhea
- Headache
- Irritability
- Seizures



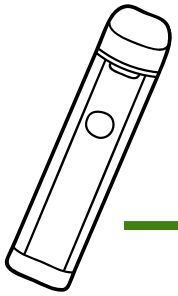
Long-term Consequences [26,27,29,30,31]

- Chronic bronchitis
- Exacerbation of asthma
- Impaired lung function and Chronic Obstructive Pulmonary Disease (COPD)
- E-cigarette or Vaping Product Use–Associated Lung Injury (EVALI)



Special Consideration

For **children and adolescents**, exposure to nicotine in vaping solutions can lead to long-term negative impacts on brain development, as well as addiction. Many **teenagers** who vape experience poor concentration, anxiety, mood disorders, and sleep disturbance.[26]



Tobacco use tends to co-occur with other substance use and mental health treatment admissions. While state-specific treatment data for tobacco as the primary substance of use is not currently available, this should not suggest that tobacco is absent as a drug of use among those in treatment. Research has documented the co-occurrence of tobacco use with other substance use and mental health conditions among individuals in behavioral health treatment.[32]

CONCLUSIONS & CONSIDERATIONS

Key takeaways:

- The prevalence of past month cigarette use has shown a consistent decline in Connecticut among individuals aged 12 or older, and state prevalence has stayed lower than the US.
- Regional differences are minimal; however, Region 4 shows a slightly higher percentage of residents who report being current smokers. Likewise, the percentage of individuals reporting e-cigarette or other EVP use is similar across regions, with Region 1 showing a slightly lower percentage.
- Among adults, cigarette smoking is more prevalent among middle-aged individuals (35-64) and males. A higher percentage of Black and Hispanic adults report use of cigarettes than White adults.
- In contrast to smoking, young adults (18-34) are more likely to report using e-cigarettes.
- Among adults, both current cigarette smoking and e-cigarette use are highest in urban core communities. Rural communities have the second highest prevalence of cigarette smoking whereas e-cigarette use is more prevalent in urban periphery communities.
- Among Connecticut high school students, the past month use of EVPs had largely replaced cigarette use before the COVID pandemic. EVP use peaked in 2019 but experienced a significant decline during the pandemic, a trend that continued through 2023.
- In 2023, more Connecticut high school students reported EVP use than cigarette use. The reported use of EVPs is more prevalent among high school seniors, female, White, Hispanic, and lesbian, gay, or bisexual students.
- The perception of risk from smoking one or more packs of cigarettes per day has slightly decreased since 2015 in Connecticut, but is still higher compared to the US.

Considerations:

- This profile makes use of multiple data sources; the most recent data available from these sources are utilized in developing this profile.
- Due to changes in federal guidance, analyses based on some sociodemographic *subpopulations* are not included.
- Prevalence estimates from the 2021 Connecticut School Health Survey data should be interpreted with caution and should not be considered an accurate timepoint in trend analyses due to a COVID-precipitated shift to Fall semester administration from its traditional Spring administration. Prevalence estimates from the 2021 data should be interpreted with caution because (1) the reporting of risk behaviors tends to be lower in the fall semester and (2) the survey asked about students' behavior in the past 12 months which included a time when there were restricted opportunities for social interaction due to COVID-19.
- Contextual factors, such as COVID changes in norms and access and other emergent substances and issues, should be considered when interpreting the data in this profile.
- Prevalence estimates are omitted from this profile if they meet the following criteria:
  - **CSHS:** (a) cell count < 30 OR (b) coefficient of variation > 0.30
  - **CT BRFSS:** (a) cell count < 50 OR (b) coefficient of variation > 0.30

ADDITIONAL RESOURCES

For more data and information on tobacco and nicotine use in Connecticut, visit the:

Connecticut Department of Public Health:
https://portal.ct.gov/dph/health-education-management--surveillance/tobacco/tobacco-use-prevention--control-program

https://portal.ct.gov/dph/health-education-management--surveillance/tobacco/stats--reports

Connecticut SEOW Prevention Data Portal: http://preventionportal.ctdata.org/

CTData Collaborative: https://www.ctdata.org/

DataHaven: https://ctdatahaven.org/

GLOSSARY

Term	Definition
Adverse childhood experiences (ACEs)	Potentially traumatic events that occur in childhood (e.g., abuse, neglect, and household challenges) that may increase the risk for mental health problems, chronic illnesses, health-risk behaviors, and adverse social outcomes later in life.
Community type	Method of classifying communities using the Five Connecticuts (5CT), a classification system originally developed by Don Levy, Orlando Rodriguez, and Wayne Villemez. For more information, visit DataHaven's website.
Electronic Nicotine Delivery Systems (ENDS)	Battery-powered nicotine products that deliver nicotine in the form of aerosol, such as vapes, vaporizers, vape pens, hookah pens, electronic cigarettes (e-cigarettes or e-cigs), and e-pipes.
Electronic vapor products (EVP)	A category of products that include e-cigarettes, vapes, mods, e-cigs, e-hookahs, or vape pens such as JUUL, Vuse, NJOY, Puff Bar, blu, or Bidi Stick.
Nicotine pouches	Emerging nicotine products that are small porous, teabag-like products that contain nicotine, cellulose, water, flavoring, and sodium carbonate and are placed inside the mouth between the lip and gum.
Nicotine products	A category of products that includes items such as Electronic Nicotine Delivery Systems (ENDS) and nicotine pouches.
Prevalence	The proportion of a population who have a specific characteristic in a given time period. It may be reported as a percentage (5%, or 5 people out of 100), or as the number of cases per 10,000 or 100,000 people.

GLOSSARY

Term	Definition
Protective factors	Individual, social, or environmental characteristics that reduce individuals' vulnerability to negative health outcomes.
Risk factors	Characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes.
Subpopulation	A subgroup of a larger population of individuals or cases. It describes a specific group of individuals with common characteristics (e.g., race/ethnicity, age, risk factors).
Tobacco products	A category of products that includes a variety of items, such as cigarettes, cigarette tobacco, roll-your-own tobacco, smokeless tobacco, electronic cigarettes, cigars, hookahs, pipe tobacco, nicotine gels, and dissolvable forms.

REFERENCES

1. Centers for Disease Control and Prevention. National Center for Health Statistics. Tobacco use- Health, United States. CDC.gov. Published August 20, 2024. https://www.cdc.gov/nchs/hus/sources-definitions/tobacco-use.htm#.

2. Connecticut General Assembly. Substitute Senate Bill No. 24, Public Act No. 14-76. Enacted by the Senate and House of Representatives in General Assembly. cga.ct.gov. Published June 3, 2014. https://www.cga.ct.gov/2014/act/pa/pdf/2014PA-00076-R00SB-00024-PA.pdf.

3. Connecticut State Department of Mental Health and Addiction Services. DMHAS Prevention and Health Promotion Division. Tobacco Prevention and Enforcement Program (TPEP). Ct.gov. Published 2019. https://portal.ct.gov/dmhas/prevention-unit/prevention-unit/tpep---home-page.

4. Federal Register: The Daily Journal of the United States Government. Prohibition of Sale of Tobacco Products to Persons Younger Than 21 Years of Age: A Rule by the Food and Drug Administration on 08/30/2024. federalregister.gov. Published August 30, 2024. https://www.federalregister.gov/documents/2024/08/30/2024-19481/prohibition-of-sale-of-tobacco-products-to-persons-younger-than-21-years-of-age.

5. Connecticut General Assembly. Connecticut General Statutes, Title 53, Crimes Chapter 946, Offenses Against Public Policy Section 53-344. Enacted by the Senate and House of Representatives in General Assembly. cga.ct.gov. Published 2024. https://www.cga.ct.gov/2019/pub/chap_946.htm#sec_53-344

6. Connecticut General Assembly. House Bill No. 7287, Public Act No. 25-168. Enacted by the Senate and House of Representatives in General Assembly. cga.ct.gov. Published June 30, 2025. https://www.cga.ct.gov/2025/ACT/PA/PDF/2025PA-00168-R00HB-07287-PA.PDF

7. US Food & Drug Administration (FDA). Results from the Annual National Youth Tobacco Survey. fda.gov. Published January 22, 2025. https://www.fda.gov/tobacco-products/youth-and-tobacco/results-annual-national-youth-tobacco-survey.

8. Connecticut General Assembly. An Act Concerning the Regulation of Cigarettes, Electronic Nicotine Delivery Systems and Vapor Products. Substitute for Raised H.B. No. 7275: Session Year 2025. cga.ct.gov. Published 2025. https://cga.ct.gov/asp/CGABillStatus/cgabillstatus.asp?selBillType=Bill&bill_num=HB7275.

9. Substance Abuse and Mental Health Services Administration (SAMHSA). National Survey on Drug Use and Health (NSDUH) 2015-2023. samhsa.gov. https://datatools.samhsa.gov/saes/state.

REFERENCES

10 Substance Abuse and Mental Health Services Administration (SAMHSA). National Survey on Drug Use and Health (NSDUH), 2022-2023. samhsa.gov. https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/state-releases.

11 DataHaven and Siena College Research Institute. DataHaven Community Wellbeing Survey (DCWS). ctdatahaven.org. Published November 11, 2024. https://www.ctdatahaven.org/reports/datahaven-community-wellbeing-survey.

12 Center for Disease Control and Prevention (CDC). 2023 Behavioral Risk Factor Surveillance System (BRFSS) Survey Data and Documentation. CDC - 2023 BRFSS Survey Data and Documentation. cdc.gov. Published 2023. https://www.cdc.gov/brfss/annual_data/annual_2023.html.

13 Connecticut State Department of Public Health (DPH). Connecticut Behavioral Risk Factor Surveillance System (CT BRFSS). portal.ct.gov. Published 2023. https://portal.ct.gov/dph/Health-Information-Systems--Reporting/Hisrhome/Connecticut-Behavioral-Risk-Factor-Surveillance-System-CT-BRFSS.

14 Connecticut State Department of Public Health (DPH). Connecticut School Health Survey (CSHS). portal.ct.gov. Published 2023. https://portal.ct.gov/dph/health-information-systems--reporting/hisrhome/connecticut-school-health-survey.

15 Centers for Disease Control and Prevention (CDC). Health Effects of Vaping. CDC Smoking and Tobacco Use. cdc.gov. Published January 31, 2025. https://www.cdc.gov/tobacco/e-cigarettes/health-effects.html.

16 Centers for Disease Control and Prevention (CDC). Cigarette Smoking. CDC Smoking and Tobacco Use. cdc.gov. Published September 17, 2024. https://www.cdc.gov/tobacco/about/?CDC_AAref_Val=https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm.

17 NIDA. Prevention. National Institute on Drug Abuse website. Published September 14, 2023. Accessed December 19, 2025. https://nida.nih.gov/research-topics/prevention#risk-and-protective-factors-impact

18 CDC. E-cigarette Ads and Youth. Centers for Disease Control and Prevention website. Vitalsigns. Published January 2016. Accessed December 19, 2025. https://www.cdc.gov/vitalsigns/pdf/2016-01-vitalsigns.pdf

REFERENCES

19 NIDA. Co-Occurring Disorders and Health Conditions. National Institute on Drug Abuse website. Published September 30, 2024. Accessed December 19, 2025. https://nida.nih.gov/research-topics/co-occurring-disorders-health-conditions

20 CDC. About Adverse Childhood Experiences. Centers for Disease Control and Prevention website. Adverse Childhood Experiences (ACEs). Published September 24, 2025. Accessed December 19, 2025. https://www.cdc.gov/aces/about/index.html

21 CDC. Tobacco Product Use Behaviors and Academic Grades. Centers for Disease Control and Prevention website. Healthy Schools. Published July 19, 2025. Accessed December 19, 2025. https://www.cdc.gov/healthy-schools/health-academics/tobacco-and-grades.html

22 NIDA. Commonly abused drugs chart. Published February 2007. Accessed January 13, 2026. https://nida.nih.gov/sites/default/files/cadchart.pdf

23 DrugFreeCT. Short-Term Effects of Smoking. Accessed January 13, 2026. https://www.drugfreect.org/substance-info/tobacco-and-vapes/short-term-effects/

24 Kumari R, Singh RR, Kumari S. Assessment of the effect of smoking on haematological profile and SpO2 of hemoglobin, a comparative research. International Journal of Pharmaceutical and Clinical Research. 2023;15(11):116-118. Accessed January 13, 2026.

25 Centers for Disease Control and Prevention (CDC). Health Effects of Cigarettes: Reproductive Health. CDC Smoking and Tobacco Use. cdc.gov. Published January 31, 2025. https://www.cdc.gov/tobacco/about/cigarettes-and-reproductive-health.html.

26 Meehan J, Heffron M, Avoy HM, Reynolds C, Kyne L, Cox DW. The adverse effects of vaping in young people. Global Pediatrics. 2024;9:100190. https://www.niaaa.nih.gov/publications/alcohol-and-adolescent-brain. Updated November 2024. doi: 10.1016/j.gpeds.2024.100190.

27 CDC. Health Effects of Vaping. Smoking and Tobacco Use. Published January 31, 2025. Accessed January 13, 2026. https://www.cdc.gov/tobacco/e-cigarettes/health-effects.html

28 McClelland ML, Sesoko CS, MacDonald DA, Davis LM, McClelland SC. The immediate physiological effects of e-cigarette use and exposure to secondhand e-cigarette vapor. Respir Care. 2021;66(6):943-950. 2026. doi:10.4187/respcare.08596

REFERENCES

29 Seiler-Ramadas R, Sandner I, Haider S, Grabovac I, Dorner TE. Health effects of electronic cigarette (e-cigarette) use on organ systems and its implications for public health. Wien Klin Wochenschr. 2021;133(19-20):1020-1027. doi:10.1007/s00508-020-01711-z

30 Song C, Hao X, Critselis E, Panagiotakos D. The impact of electronic cigarette use on chronic obstructive pulmonary disease: a systematic review and meta-analysis. Respir Med. 2025;239:107985. doi:10.1016/j.rmed.2025.107985

31 CDC. Outbreak of Lung Injury Associated with the Use of E-Cigarette, or Vaping, Products. Updated February 25, 2020. Last reviewed August 3, 2021. Accessed January 13, 2026. https://archive.cdc.gov/www_cdc_gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html

32 Prochaska JJ. Tobacco Use Is Associated with Mental Illness and Substance Use Problems—Now What? American Journal of Psychiatry. 2025;182(2):137-138. doi:10.1176/appi.ajp.20241089