

Is the Public Ready for a Tobacco-Free Ireland?

A National Survey of Knowledge and Attitudes towards “Tobacco Endgame” in Ireland

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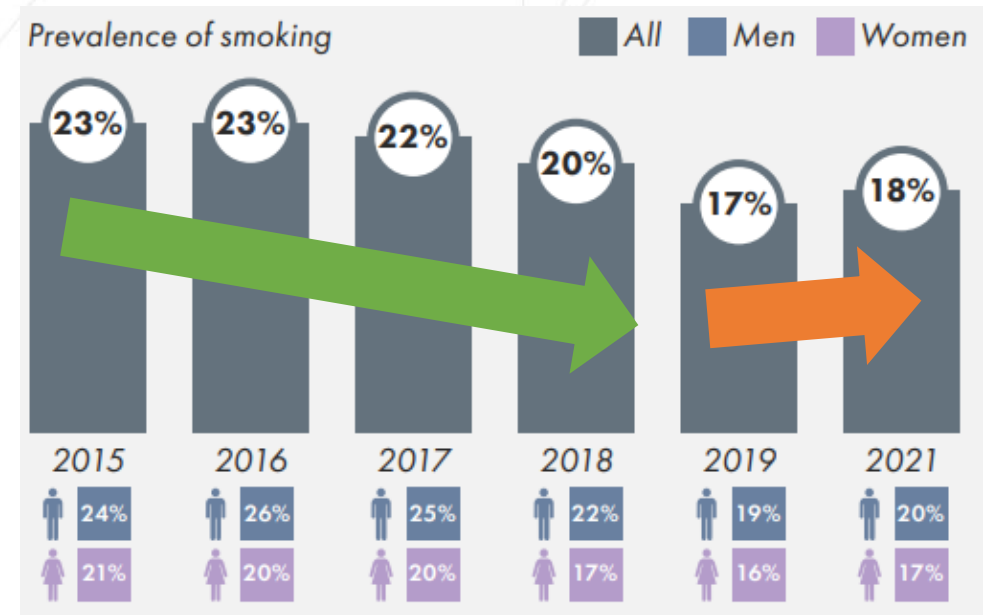
Tobacco Endgame Nobody Left Behind Conference

May 31st 2022



Tobacco-Related Harm

- Leading cause of preventable death worldwide
 - Causes 7.7 million deaths annually [1]
 - Over 4,500 deaths annually in Ireland [2]
- 1-in-2 people who smoke die of smoking-related harm [3-7]
- Smoking reduces life expectancy by 10 years [3-7]



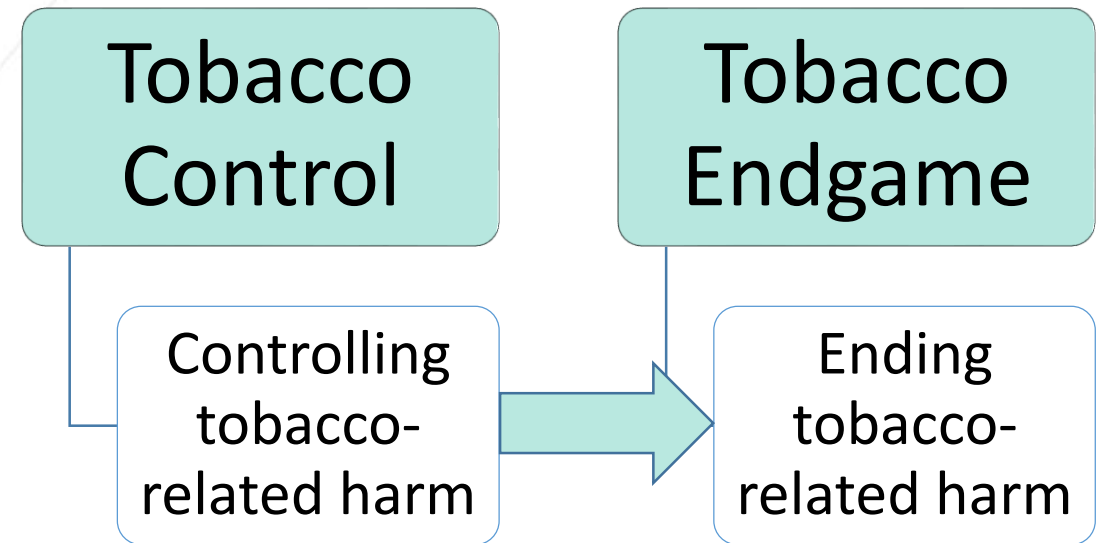
Source: [8]

- Irish smoking prevalence had been reducing steadily
 - ... now stagnating? [8]

From “Tobacco Control” to “Tobacco Endgame”

“Tobacco Control” – business as usual

- Goal: to reduce the impact on health
- Good progress in Ireland
 - Bold measures
 - e.g. workplace smoking ban
 - Entering late phases of tobacco epidemic [9]
- However, c1 in 5 people still smoke
- Tobacco is still widely sold despite its lethality when used as intended
 - Need to challenge acceptance of tobacco as a normal consumer product [10-12]



“Tobacco Endgame”

- Policies, plans and interventions to end tobacco epidemic
- Distinct from “tobacco control”
- Goal:

“to change permanently the structural, political and social dynamics that sustain the tobacco epidemic, in order to end it within a specific time.” [12]

- Not designed to divert resources from “tobacco control”
 - Builds on World Health Organisation Framework Convention on Tobacco Control [13]
- 2013: Government committed to “Tobacco-Free Ireland” Goal [14]
 - To reduce smoking prevalence to <5% by 2025

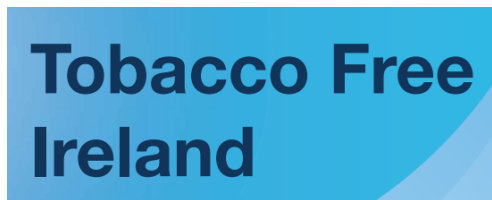


“Tobacco Endgame” - International Targets



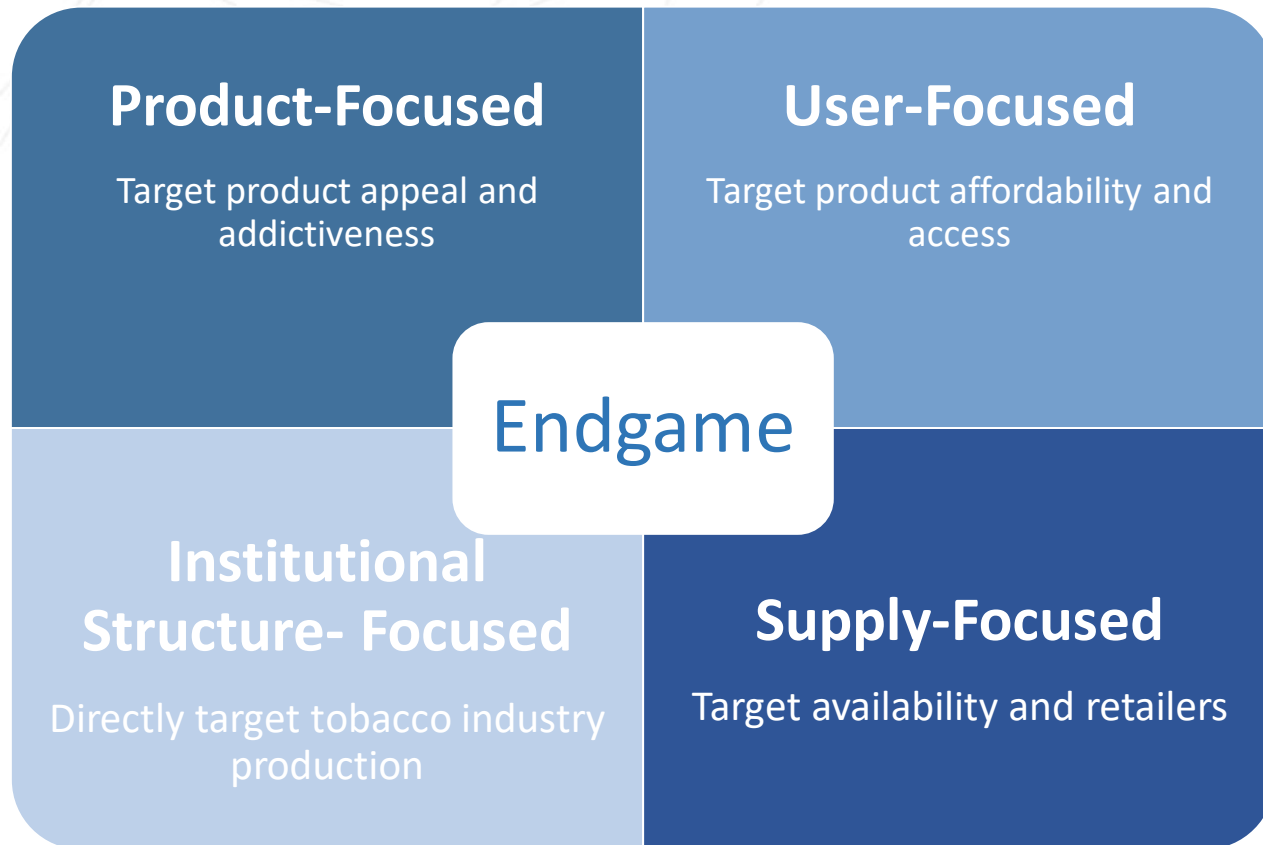
Table 1: International “Tobacco Endgame” Targets [15]

Country	Target
Ireland	Reduce smoking prevalence to <5% by 2025
Sweden	Reduce smoking prevalence to <5% by 2025
New Zealand	Reduce daily smoking prevalence for all population subgroups to <5% by 2025
United Kingdom	“Smoke-free” by 2030
Australia	Reduce smoking prevalence to <5% by 2030
Finland	Reduce smoking prevalence to <5% by 2030 and to 2% by 2040
United States	Reduce smoking prevalence to 5% by 2030
Scotland	Reduce smoking prevalence to <5% by 2034
Canada	Reduce smoking prevalence to <5% by 2035



“Tobacco Endgame” – Component Measures

“Tobacco Endgame” measures can be classified into 4 themes: [15]



“Tobacco Endgame” – Component Measures

Table 2: Examples of “Tobacco Endgame” Tactics, Organised by Theme

Product-focused	- Reducing the nicotine content in cigarettes and e-cigarettes to very low levels (Very Low Nicotine Content tobacco products) to reduce addictive potential
	- Banning cigarette filters to make tobacco products more harsh and less palatable
	- Banning added chemicals which make tobacco products less harsh and more palatable
	- Strict product regulation to prevent tobacco product innovations by the tobacco industry
	- Requiring individual health warnings to be printed on all individual cigarette sticks
Institutional structure-focused	- Introduction of a tobacco manufacturing cost recovery fee/ Increasing production and manufacturing costs for tobacco product production
	- Requiring tobacco companies to pay for health costs arising as a result of tobacco-related harm
	- Banning tobacco industry representatives from meeting with government officials

Table 2 (continued): Examples of “Tobacco Endgame” Tactics, Organised by Theme

User-focused	- Increasing the legal age of cigarette and tobacco product sales to 21 years (“Tobacco 21”)
	- Gradually increasing the minimum legal age for tobacco sales to align with year of birth (“Tobacco-Free Generation”), meaning any persons who were born after a given year will never be able to purchase cigarettes and/or other tobacco products
	- Significant (>20%) increases in excise taxes on tobacco products, with exponential annual rises in excise tax (to include roll your own tobacco and e-cigarettes)
	- Requiring smokers to register for a licence to buy tobacco products or limiting tobacco product availability to current smokers only via prescription
	- Banning sales near playgrounds, schools and universities
	- Banning tobacco product use in public places
Supply-focused	- Phasing out and abolishing sales of tobacco products including cigarettes, roll your own tobacco and e-cigarettes
	- Significantly reducing retail outlets by limiting tobacco sales to a limited number of specialised licenced retail outlets and gradually reducing the number of licences available (phased reduction process)
	- Allowing tobacco product sales in a limited number of specially licenced shops only and banning sales from smaller local shops, newsagents, off-licences and petrol stations
	- Restricting tobacco product sales to restricted hours of the day
	- Requiring shops that sell tobacco products to display information that encourages tobacco users to quit
	- Requiring people working in shops that sell tobacco products to undergo training to enable them to provide quitting advice to tobacco users
	- Restricting e-cigarette sales to prescription-only access
	- Restricting e-cigarette sales to over the counter sales through pharmacies only

International Public Support for Endgame Measures

Table 3: Examples of International Support of “Tobacco Endgame” Component Measures [16-21]

Category	Measure Assessed	Country	Year	% Support	Sample
Product-focused	Reducing the nicotine content in tobacco products to make them less addictive	New Zealand	2018	72.9%	1,020 smokers and ex-smokers aged 18+
		USA	2012	64.8%	1,021 smokers and non-smokers aged 18+
	Eliminating added chemicals to tobacco products	New Zealand	2018	53.2%	1,020 smokers and ex-smokers aged 18+
	Increased tobacco product regulation	6 EU countries*	2018	50.5%	6027 smokers and recent quitters aged 18+
		New Zealand	2018	53.1%	1,020 smokers and ex-smokers aged 18+
Health warnings on all individual cigarette sticks	England	2022	76.2%	1,800 smokers and non-smokers aged 16+	
Supply-focused	Lowering the number of tobacco sales outlets	New Zealand	2018	42.8%	1,020 smokers and ex-smokers aged 18+
		England	2022	46.4%	1,800 smokers and non-smokers aged 16+
	Restricting tobacco sales to specialised shops where children cannot enter	New Zealand	2018	55.4%	1,020 smokers and ex-smokers aged 18+
	Prohibiting tobacco sales near schools	England	2022	70.1%	1,800 smokers and non-smokers aged 16+
	Eliminating tobacco sales within a set time frame provided the Government support currently addicted smokers to quit	New Zealand	2018	48.1%	1,020 smokers and ex-smokers aged 18+

*Germany, Greece, Hungary, Poland, Romania and Spain

International Support for Endgame Measures

Table 3 (continued): Examples of International Support of “Tobacco Endgame” Component Measures [16-22]

Category	Measure	Country	Year	% Support	Sample
User-Focused	Raising the legal minimum age for tobacco sales to 21 years (“Tobacco 21”)	Ireland	2021	73.0%	1,029 smokers and non-smokers aged 15+
		US	2018	62.2%	2,810 smokers and ex-smokers aged 18+
		Canada	2018	70.8%	3,734 smokers and ex-smokers aged 18+
		Australia	2018	65.1%	1,514 smokers and ex-smokers aged 18+
		England	2018	64.8%	4,846 smokers and ex-smokers aged 18+
		New Zealand	2018	68.5%	1,020 smokers and ex-smokers aged 18+
	“Tobacco-Free Generation”	New Zealand	2018	77.8%	1,020 smokers and ex-smokers aged 18+
	Restricting e-cigarettes to prescription only access	England	2022	44.6%	1,800 smokers and non-smokers aged 16+
	Tax increases	Denmark	2013	59.0%	41,356 smokers and non-smokers aged 16+
	Tax increases of 20% per annum until less than 5% of the population smokes	New Zealand	2018	26.7%	1,020 smokers and ex-smokers aged 18+
Institutional-Structure Focused	Holding tobacco companies accountable for the harm caused by smoking	6 EU countries*	2018	48.8%	6,027 smokers and recent quitters aged 18+
	Requiring tobacco companies to pay the state for costs accrued due to tobacco-related harm	England	2022	79.4%	1,800 smokers and non-smokers aged 16+

*Germany, Greece, Hungary, Poland, Romania and Spain

Examples of Endgame Implementation

New Zealand: 2025 Action Plan: [23]

- Reduced number of tobacco sales outlets
- Reduced cigarette nicotine content
- “Tobacco-free generation”
- Increased cessation supports



USA:

- “Tobacco 21” [24]
- Manhattan Beach and Beverly Hills [25]
 - Tobacco product sales phased out
- Brookline City Council [26]
 - “Tobacco-free generation” policy



Australia:

- E-cigarettes restricted to prescription-only use as cessation aids [27]
- Reduction in tobacco product sales outlets is a policy objective [28]

Hungary:

- Adopted legislation which reduced the number of retail outlets selling tobacco by 83% [29]

Netherlands:

- Legislated to stop supermarkets from selling tobacco [30]

Finland:

- Ban on government meeting with tobacco industry officials [31]

Background

- Public support - lever for realising policy change [30]

Aim

- To measure awareness levels of and support for a “*Tobacco-Free Ireland*” to inform future “tobacco endgame” policy planning in Ireland

Objectives

- To gauge support for measures that could be taken to achieve a “*Tobacco-Free Ireland*”
- To understand how people view the role of the Government and the HSE in achieving a “*Tobacco-Free Ireland*”



Methods

- Cross-sectional survey
- Literature-informed survey instrument
 - Support across 22 endgame measures
- Telephone delivery
 - 1000 members of the public aged 15+
 - Random digit dialling recruitment
 - Smokers and non-smokers
- SPSS v26
 - Reweighting strategy
- Ethical approval

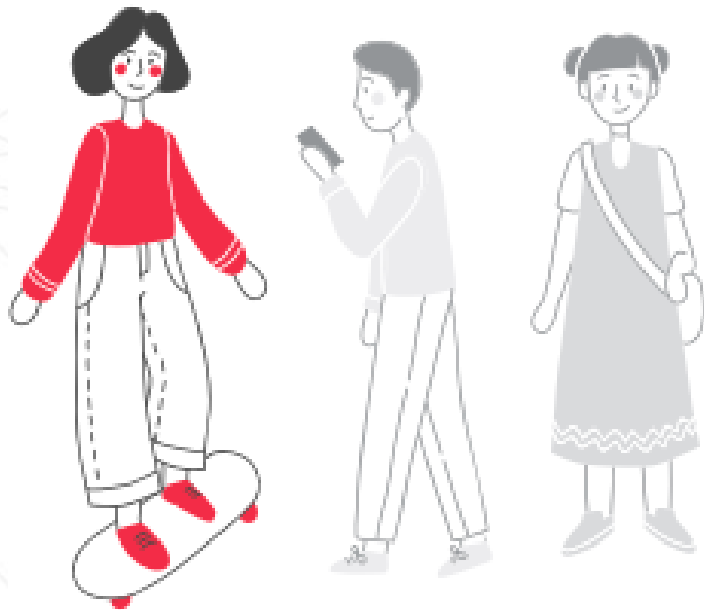


Results: Demographic Profile

- 1,000 respondents
- Majority (46%) aged 18 – 44 years
- Majority (57%) belonged to social class C2,D,E or F
- Majority (59%) had reached third level education
- **1 in 5 (19%) were tobacco product users**

Characteristic	Total, n (%)
Gender (n=1,000)	
Male	491 (49.1%)
Female	509 (50.9%)
Age (n=1,000)	
15 - 17	48 (4.8%)
18 - 44	458 (45.8%)
45 - 64	311 (31.1%)
65+	183 (18.3%)
Socioeconomic status (n=1,000)	
AB	130 (13.0%)
C1	305 (30.5%)
C2	200 (20.0%)
DE	305 (30.5%)
F	60 (6.0%)
Education level (n=1,000)	
Third level	593 (59.3%)
Secondary level or below	407 (40.7%)
Region (n=1,000)	
Dublin	290 (29.0%)
Rest of Leinster	268 (26.8%)
Munster	267 (26.7%)
Connaught/Ulster	175 (17.5%)

Results: “Tobacco-Free Ireland” Goal Awareness and Support



Approximately **1-in-3** respondents were aware of the “Tobacco-Free Ireland” goal

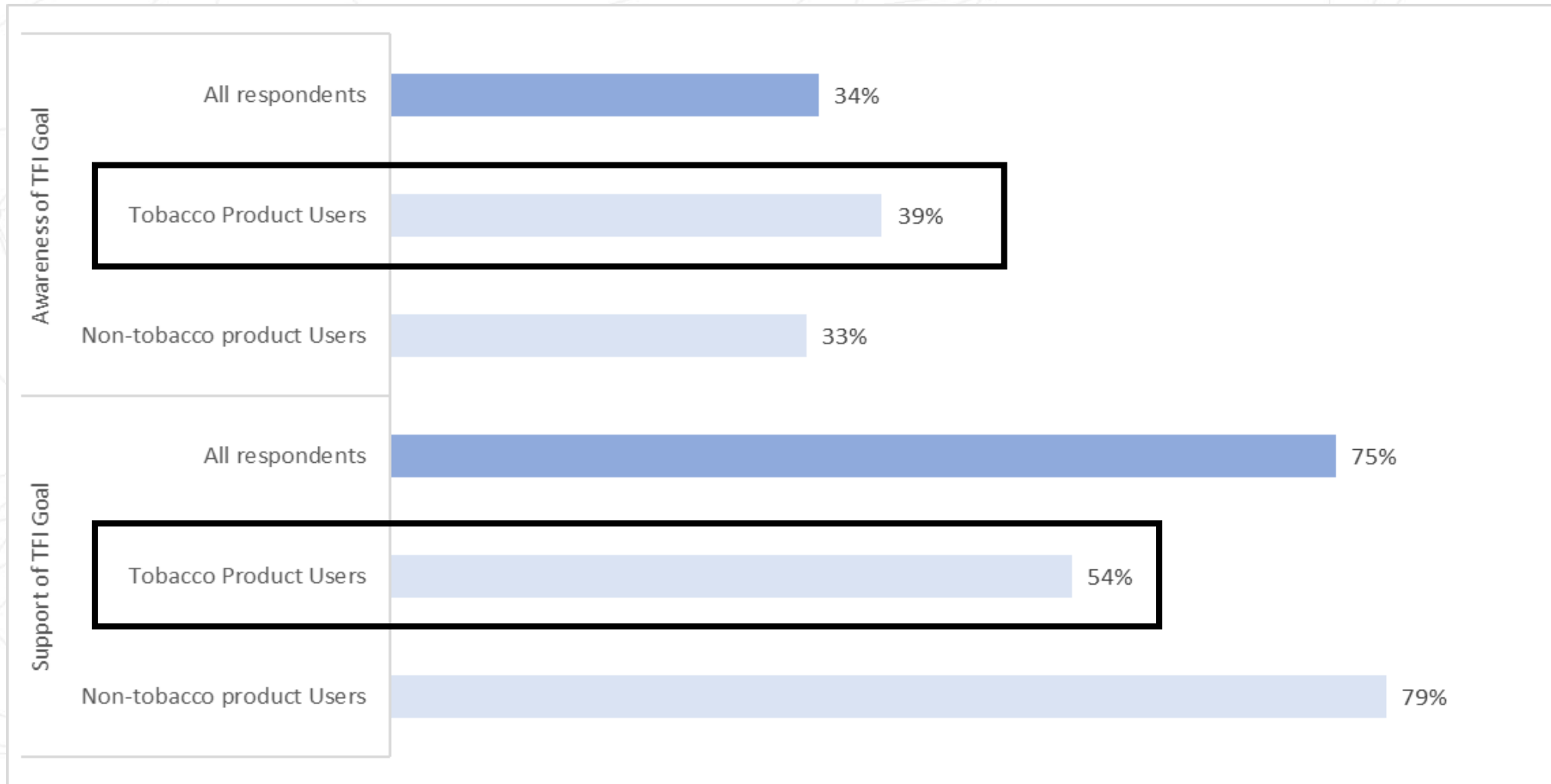


Three quarters of respondents supported the “Tobacco-Free Ireland” goal



Over three quarters of respondents (77%) believed the “Tobacco-Free Ireland” goal was achievable, however only 17% believed the “Tobacco-Free Ireland” goal was achievable by 2025

Results: “Tobacco-Free Ireland” Goal Awareness and Support

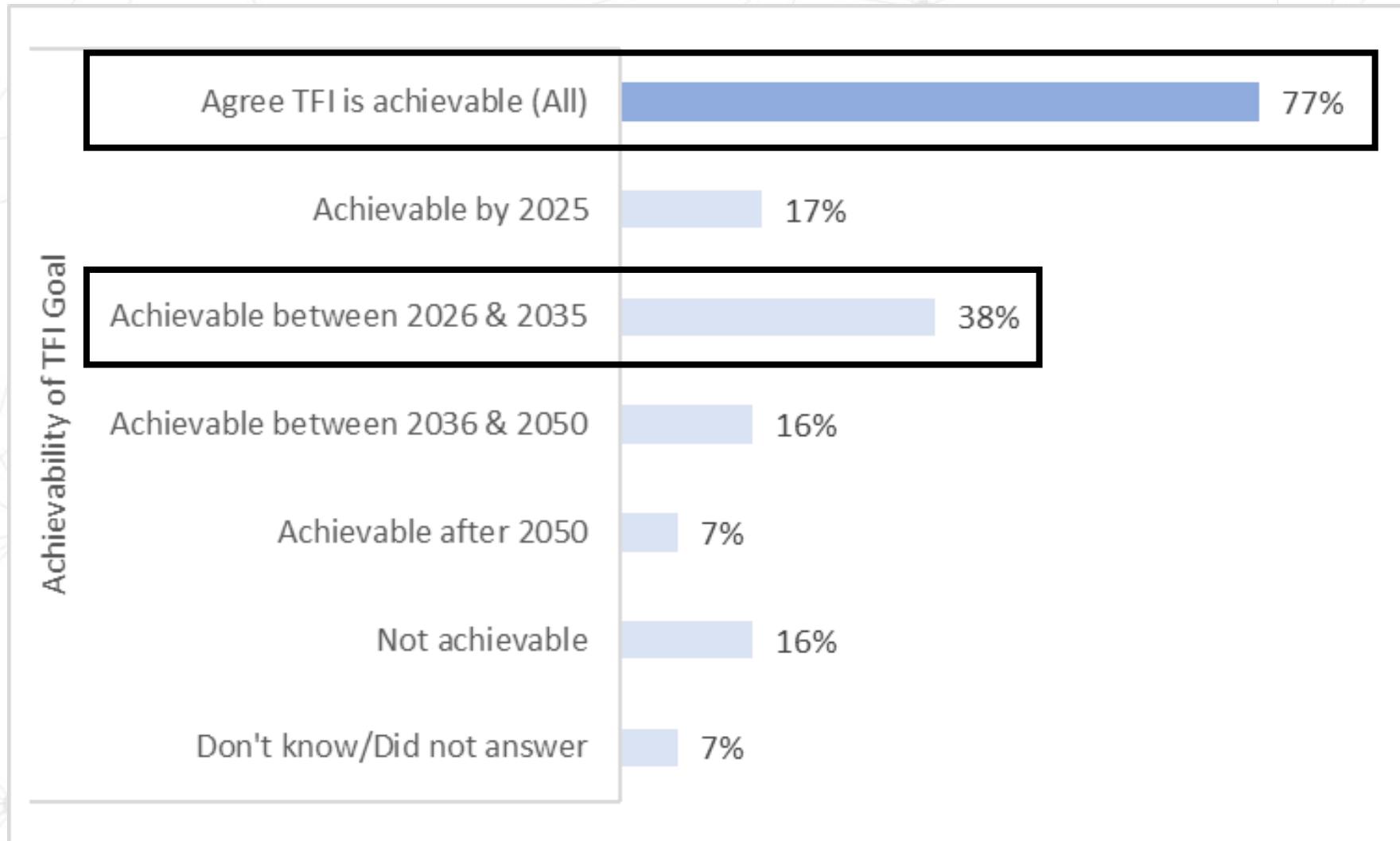


Multiple Logistic Regression: Sociodemographic Factors and TFI Goal Support*

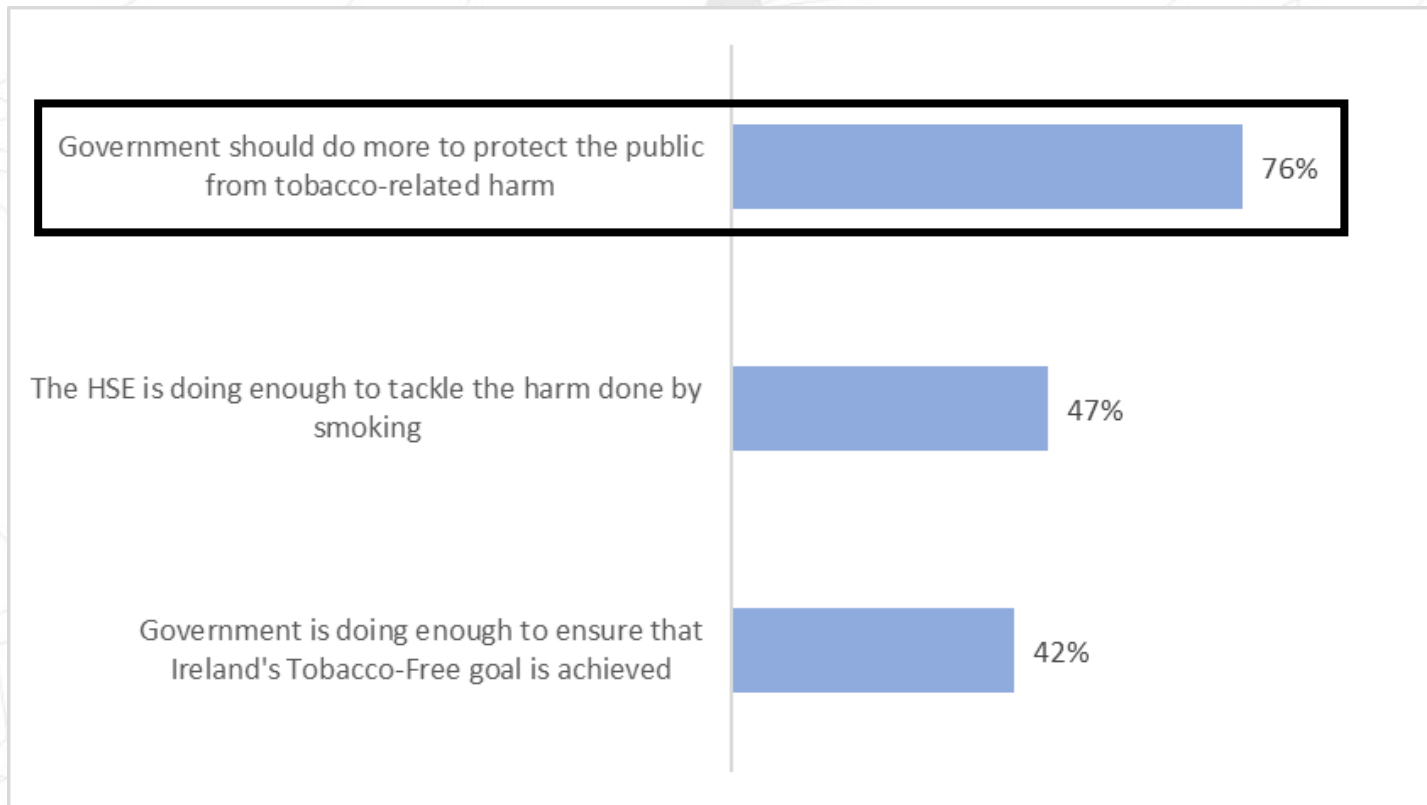
Predictors	Unadjusted OR (95%CI)	Adjusted OR† (95%CI)	P-value
Gender			
Male	1	1	
Female	1.76 (1.31-2.5)	1.57 (1.17-2.11)	0.003
Age			
15-34 years	1	1	
≥ 35 years	1.23 (0.91-1.66)	1.16 (0.85-1.60)	0.356
Social Class			
C2,D,E	1	1	
A,B,C1	1.94 (1.43-2.62)	1.72 (1.25-2.35)	0.001
Awareness of the TFI Goal			
Unaware	1	1	
Aware	1.11 (0.82-1.50)	1.13 (0.82-1.56)	0.442
Tobacco product use			
Tobacco product user	1	1	
Non-tobacco product user	3.21 (2.30-4.47)	2.66 (1.89-3.76)	<0.001

Ref. = Referent OR = odds ratio CI = 95% confidence interval * Hosmer Lemeshow p-values >0.05, †Adjusted for gender, age, social class, awareness of the TFI goal and tobacco use status

Results: Achievability of the “Tobacco-Free Ireland” Goal



Results: Perceived Role of Government and the HSE

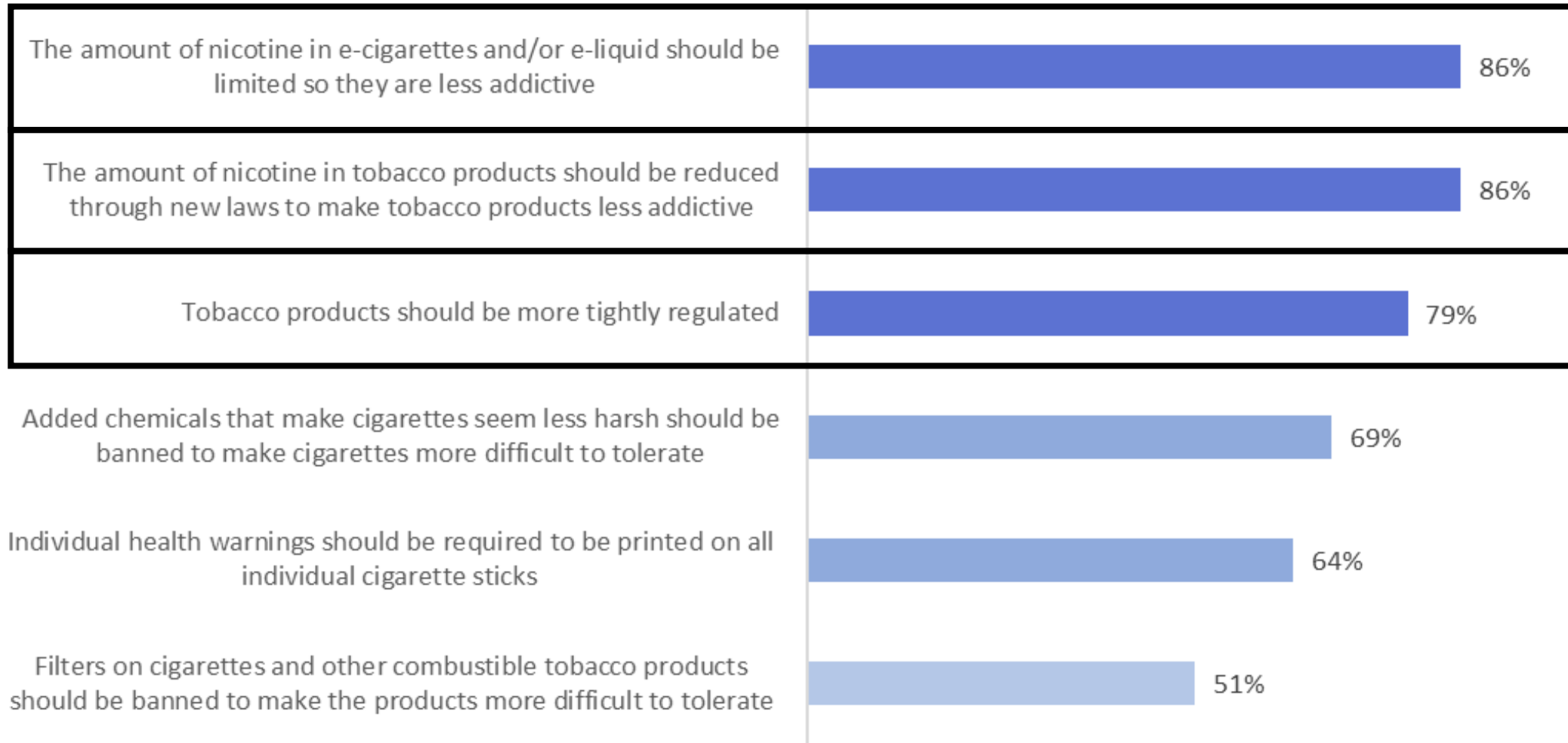


Less than half believed:

1. The HSE was doing enough to tackle the harm done by smoking (47%)
2. The government was doing enough to achieve the “*Tobacco-Free Ireland*” goal (42%)



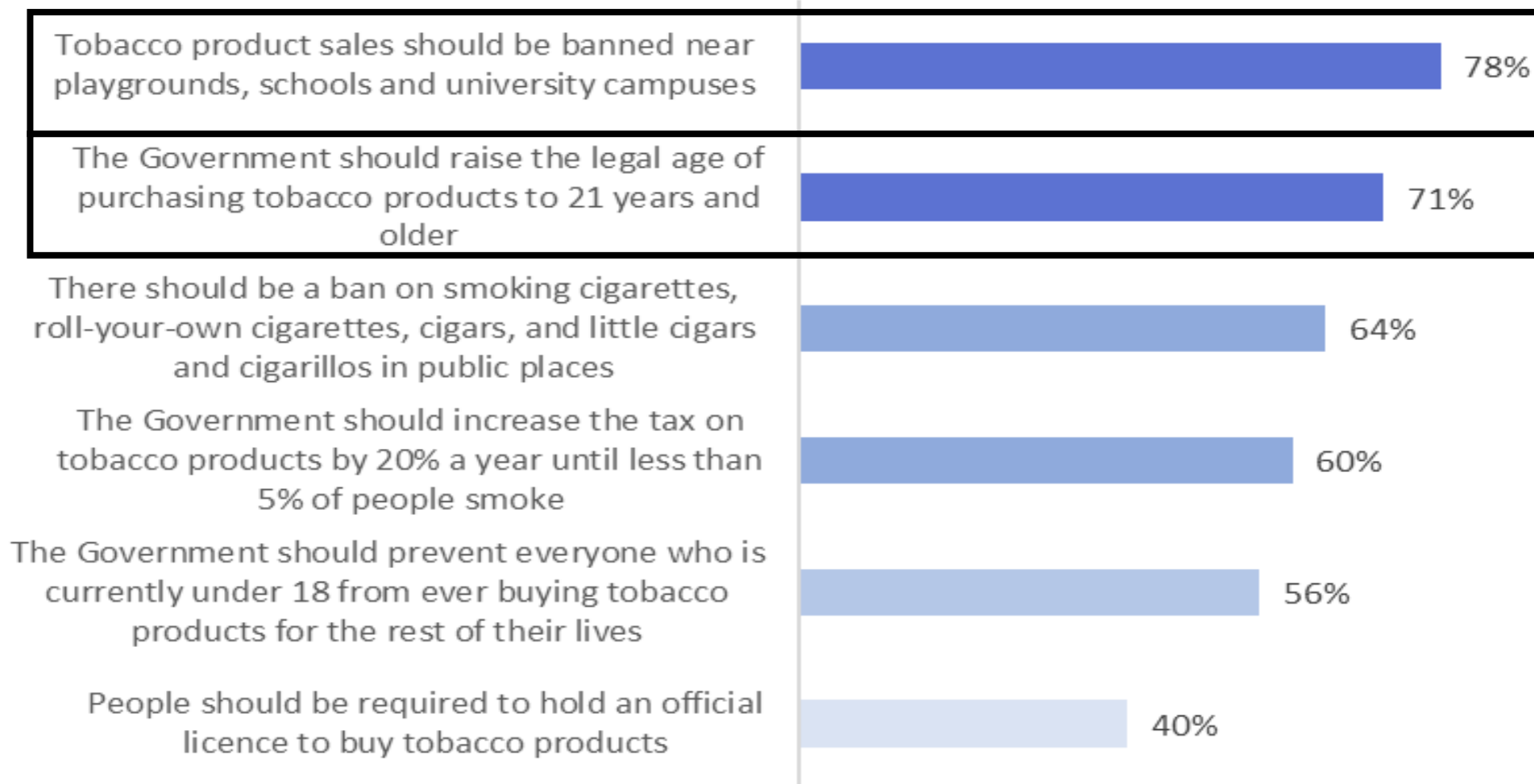
Results: Support for Product-Focused Measures



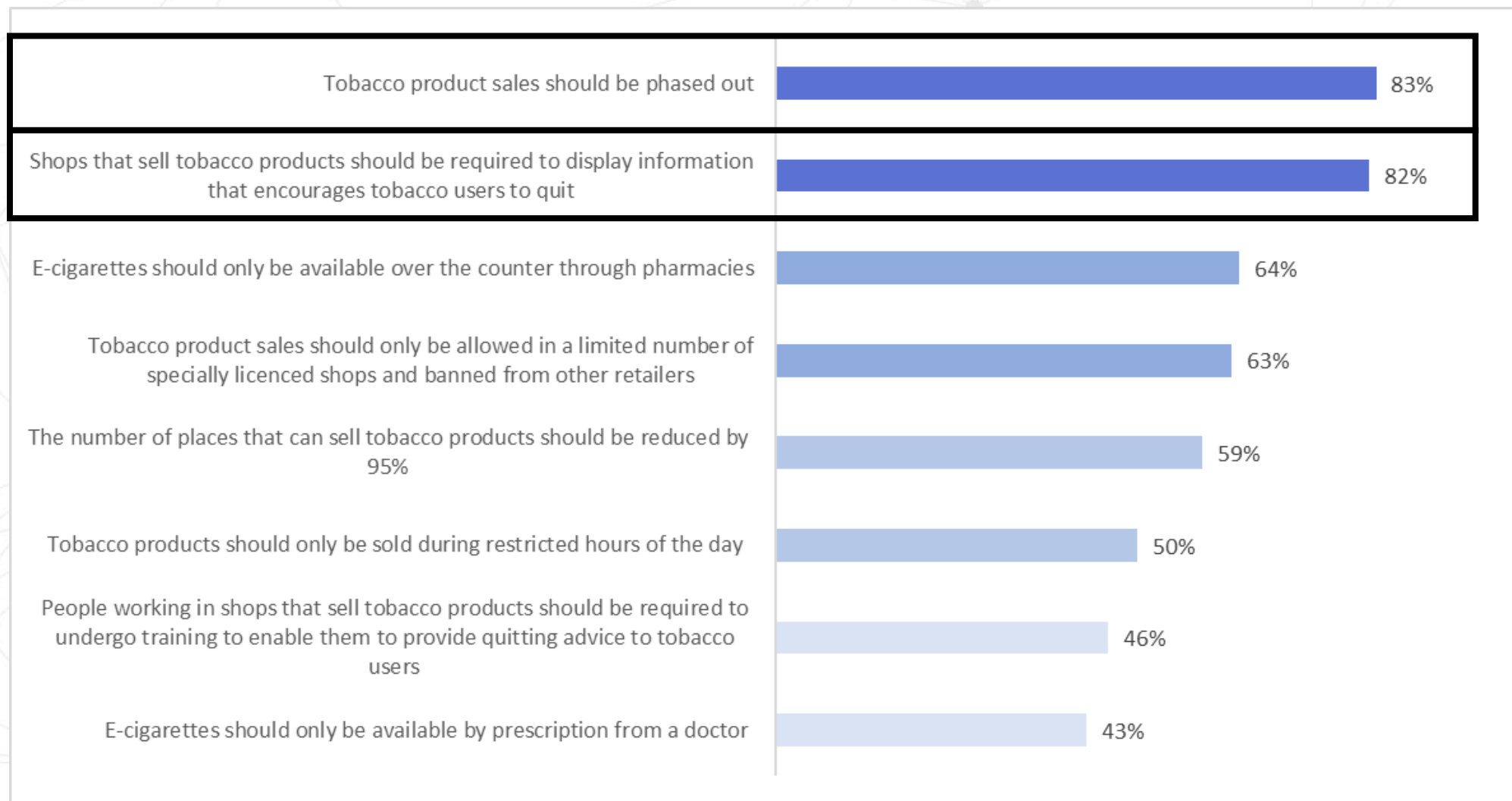
Results: Support for Institutional Structure-Focused Measures



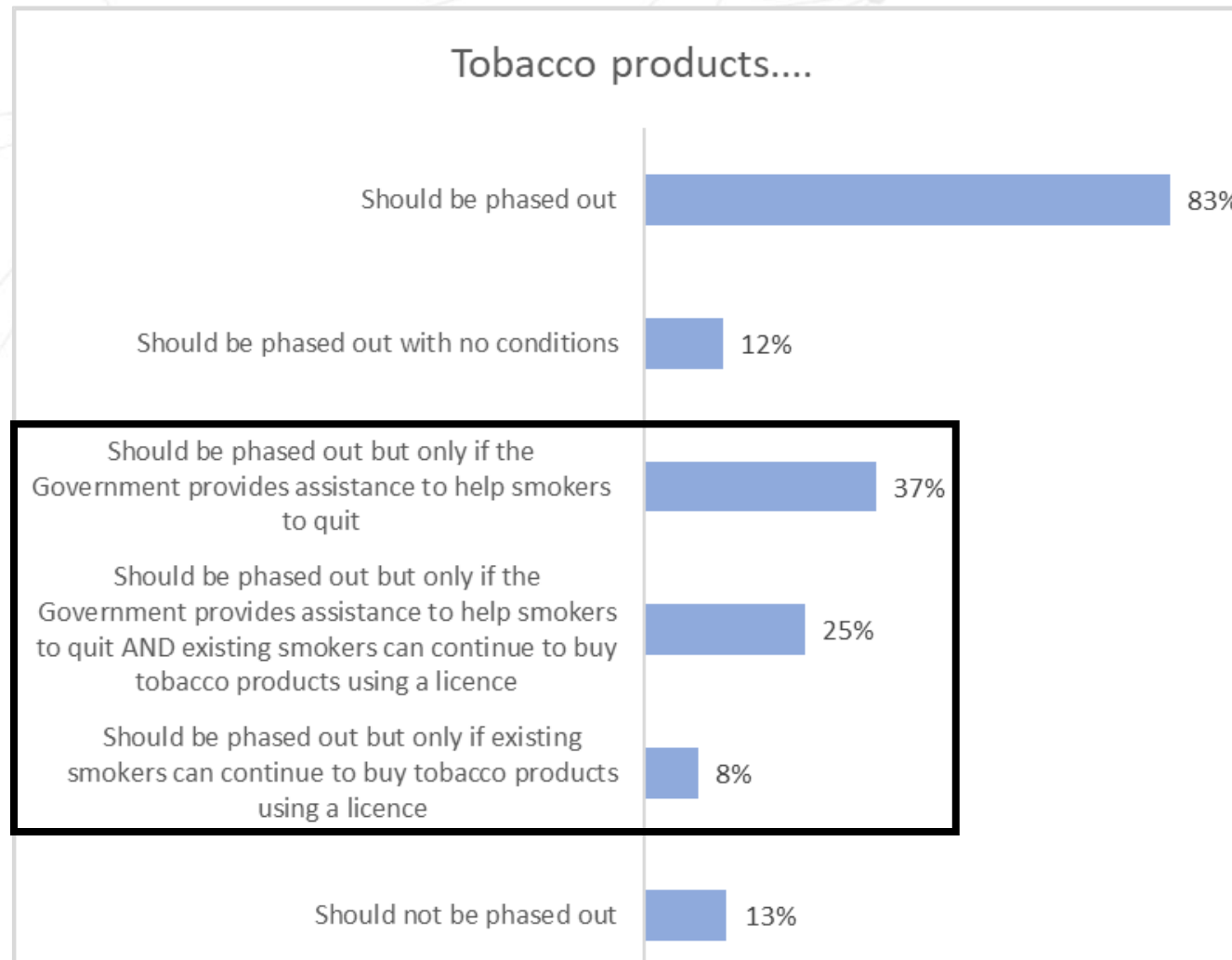
Results: Support for User-Focused Measures



Results: Support for Supply-Focused Measures



Results: Support for Phasing Out Legal Tobacco Sales



Results: Support for “Tobacco Endgame” Component Measures

- Majority support for 18/22 measures
- Product-focused measure support highest
- User-focused measure views more mixed

83% supported a complete phase out of tobacco sales



Two thirds believed this phase out should occur within the next 10 years



For 70% this was contingent on special supports for people currently addicted

86% supported reducing the nicotine content in tobacco products to make them less addictive

82% supported requiring tobacco retailers to display information encouraging tobacco users to quit

79% supported tighter tobacco product regulation

78% supported banning tobacco sales near playgrounds, schools and universities

78% supported requiring tobacco companies to pay the state for health costs caused by tobacco-related harm

71% supported “Tobacco 21”

Public Views on “Tobacco Endgame”

- High levels of public support for “tobacco endgame”
 - Especially product-focused measures (e.g. reducing the nicotine content in cigarettes)
- Majority believe endgame is achievable
 - Most believe this is more realistic between 2026 and 2035
- Public support contingent on supports for those currently addicted



Public Views on “Tobacco Endgame”



- Mixed support for the “*Tobacco-Free Ireland*” goal among **people who use tobacco products, males and those of lower social class**
 - Need for equitable endgame policy planning
- Public believe the government and HSE should do more to tackle tobacco-related harm
- Public awareness of the “*Tobacco-Free Ireland*” goal could be improved

Policy Implications - Priorities



Product-focused “tobacco endgame” measures
e.g. Regulating nicotine content



Abolition of tobacco product sales to young people
e.g. “Tobacco 21” type measures



Restriction of the tobacco retail environment



Extension of smoke-free environments



Increased tobacco industry accountability

Policy Implications - Key Considerations

Harnessing public support for a *“Tobacco-Free Ireland”*

De-normalising societal acceptance of tobacco sales

Needs of population groups most impacted by tobacco-related harm

Preventing the exacerbation of health inequalities – leaving nobody behind



Strong reservoir of public support for
“tobacco endgame”

Public believe tobacco endgame is
achievable

Public want a “*Tobacco-Free Ireland*”
for the next generation

Public ready for new, innovative
tobacco endgame measures

Key public priority - ensuring people
currently addicted not left behind

Time to take final steps to end
tobacco epidemic and achieve

**Tobacco Free
Ireland**

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Thank you

TFI Programme



Looking back...

Key Developments in Tobacco Control Challenges met Lessons for the Future

Norma Cronin

Chair, ASH Ireland

Council of the Irish Heart Foundation



Overview

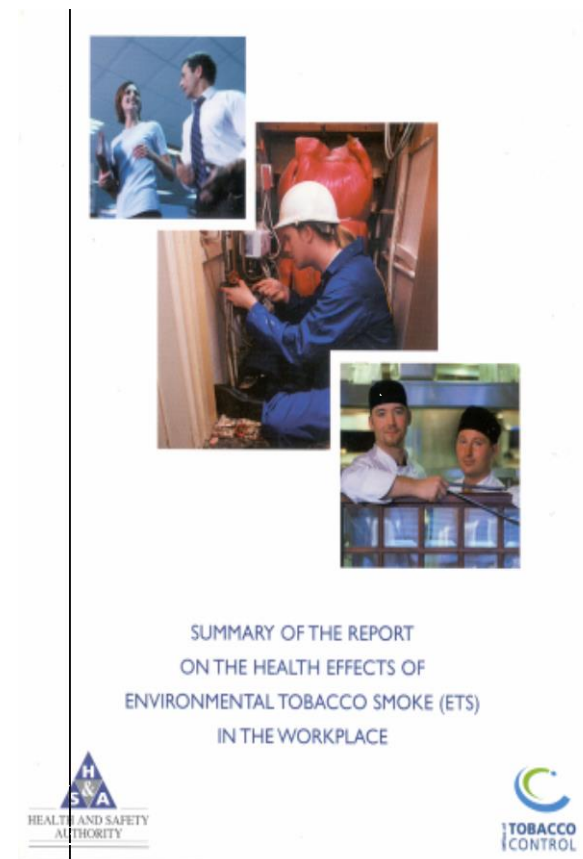
- Smoke-Free at Work legislation, 2004
- Ban on Point of Sale advertising 2009
- Ban on smoking in cars with children under 18 2016
- Standardised tobacco packaging 2018
- Importance of strong political leadership, research, public support and Coalitions

Smoke-free work legislation

- Public Health (Tobacco) Act 2002
- Office of Tobacco Control (OTC) established, 2002
 - An independent statutory agency
- Key objective
 - To build capacity for tobacco control measures

The Health Effects of ETS report

- 2002 – Health & Safety Authority and Office of Tobacco Control commissioned independent scientists to review evidence on hazards of ETS (Environmental tobacco smoke) in the workplace
- Key conclusions of the report
 - ETS is a category A carcinogen
 - ETS causes heart disease
 - ETS causes respiratory problems in adults & children
 - High-risk categories of workers require special consideration



*Dr. Shane Allwright et al.
OTC/HSA 2003*

Minister for Health's response

January 2003

- Micheál Martin, TD Minister for Health and Children announced he would make all enclosed workplaces (including pubs, clubs and restaurants) smoke-free by January 2004
- Draft regulations published

The Debate began

- Pro-health lobby formed to support the ban
 - Initially Irish Cancer Society, ASH Ireland, and Irish Heart Foundation
- Vintners condemned the Government's decision
 - Said it was 'unworkable and unenforceable'
- Irish Hospitality Industry Alliance (IHIA) established to challenge the ban
 - Claimed devastating economic consequences and major job losses
- Compromise proposed
 - 50% of pub areas should be designated non-smoking (e.g., designated smoking rooms)
 - 'No-smoking' at bar counters
 - Investment in ventilation and more scientific research

Pro-Health lobby

- Pro-health lobby began to gather allies
- Joined forces with trade unions, healthcare orgs and other groups
- Countered the IHIA economic and job loss arguments using national and international studies
- In all statements the pro-health lobby
 - Reiterated the dangers of ETS
 - Highlighted worker protection

Public support increases

- Office of Tobacco Control announced a public opinion survey
 - 67% of the public supported the proposed ban on smoking in the workplace
 - Support had grown among smokers - 4 out of 10 smokers supported the ban

(Ref.: TNS MRBI Poll, June 2003)

The Pro-Health lobby in support of the smoking ban (Representing 1.1 million people)



How did the ban work?

- The ban came into effect on 29th March 2004
- The Environmental Health Officers and Health and Safety Officers charged with implementing the ban reported: **97% compliance in first month**
- One year later review - 93% support the Smoke-free at Work measure including 80% of smokers



Success factors

- Consistent proactive communication
- Strong health message – ETS class A carcinogen
- Protection of workers
- Well prepared implementation
 - Guidance and support materials
- Sustained political leadership and cross party support
- Comprehensive law with few exemptions

- Public support and awareness pre and post ban
- Prepared for counter-arguments with evidence-based response
- Broadly based pro-health lobby group
- Trade unions support
- Support for smokers – National Smokers' Quitline
- Confidence built that law was workable, enforceable and would be implemented

Coalition for standardised packaging – Sept 2018

- Build support for standardised packaging, the Irish Heart Foundation brought together a coalition of **children** and health charities.
- The coalition aimed to:
 - Show a broad level of support for the Government's plans
 - *Make the conversation about children*
 - Stand up to tobacco industry opposition



Looking to the future

- The smoking rate in Ireland has stalled at 17-18% of the general population over the past few years
- In the USA, smoking among 18–20-year-olds fell between 21.7% and 33.9% in States that introduced **Tobacco 21 (increasing the legal age of sale of tobacco & e-cigarettes from 18 to 21)**
- Irish Heart Foundation Ipsos MRBI survey found 73% of Irish adults supported T21, with 70% support in the 18-24 age bracket
- It is time to introduce Tobacco 21 in Ireland



Scope for Tobacco 21 as part of Ireland's tobacco endgame

Royal College of Physicians of Ireland (RCPI) Tobacco Policy Group and the Institute of Public Health (IPH)

World No Tobacco Day | 31 May 2022



Contents



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4. How can a Tobacco 21 law deliver change?
5. Where have Tobacco 21 laws been introduced?
6. What is the evidence of effectiveness for Tobacco 21?
7. What can we learn from the implementation of Tobacco 21 elsewhere?

1.

How does Tobacco 21 fit with Ireland's tobacco policy and legislative agenda?

Tobacco Free Ireland – the road to tobacco endgame



- Tobacco Free Ireland set the target of less than 5% smoking prevalence by 2025
- RCPI Tobacco Policy Group & IPH gave evidence in strong support of the Public Health (Tobacco and Nicotine Inhaling Products Bill) in March 2022 at the Joint Oireachtas Committee for Health.
- Additional evidence provided to the committee on a range of measures to reduce the numbers of children and young people trying tobacco, using other nicotine products and becoming regular smokers.



2.

What do we know about children and young people experimenting with tobacco and e-cigarettes in Ireland?

Children trying their first cigarette or vape

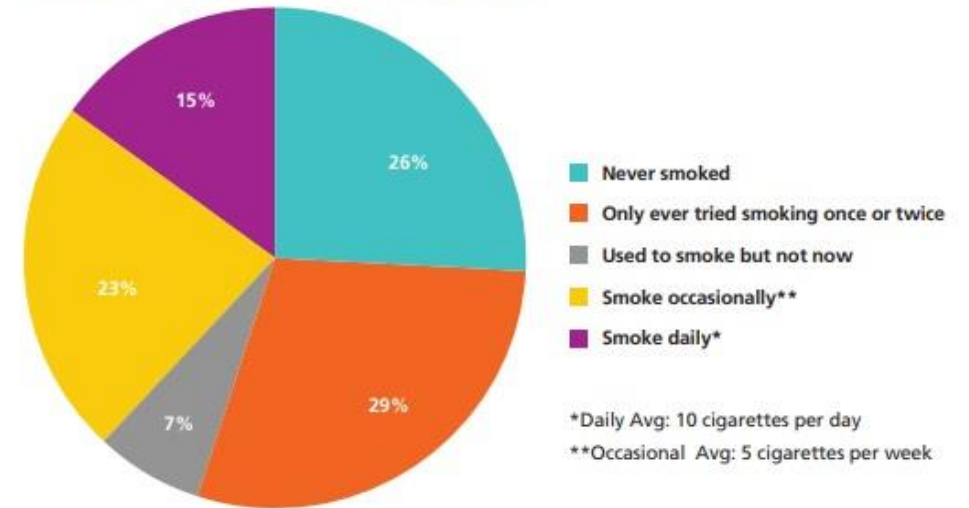
Most children in Ireland experiment with smoking at least once

What happens between age 17/18 and age 21 is significant

The Growing Up in Ireland study provides a robust profile of smoking among 20yr olds

- Almost three quarters (74%) of all 20 yr olds have tried smoking at least once. The average age for trying smoking was 16 years (O'Mahony 2021; McNamara 2020).
- Between the ages of 17/18 and 20 years, rates of smoking almost doubled (O'Mahony 2021) - from 12% to 23% (occasional smoking) and from 8% to 15% (daily smoking)

Figure 6.8 Smoking status of all 20-year-olds



Note: Margins of error are, at most, $\pm 1\%$.

Children trying their first cigarette or vape



The average age at which children try their first cigarette is increasing over time and some now start smoking after the age of 18

- In 2019, a study of over 1000 undergraduate and postgraduate students in Ireland found that in total, 49.2% of all current and ex-smokers started smoking at the age of 18 years or older, 43.3% between the ages of 15 and 17 years and 7.4% under the age of 15 years (Murray et al. 2019)

The age at which children try their first cigarette matters – the younger they start the higher the risk of addiction, heavier smoking and harm.

- Those who had their first cigarette by the age of 14 smoked an average of 34 cigarettes per week. Those who started smoking at 15 years or later smoked significantly fewer, with an average of 18 cigarettes per week (United States Public Health Service. 2012, 2014).
- The likelihood of being a daily smoker at age 20 increased almost three-fold if the study participant had smoked by age 13 (Growing Up in Ireland - O'Mahony, 2021)

Children trying their first cigarette or vape



Children tell us they can access cigarettes with ease

- Most 15- to 16-year-olds in Ireland reported that they think it would be either fairly easy or very easy to obtain cigarettes (HSE 2018).

Retail units remain a significant source of tobacco for children and young people despite current law

- 29% of 2nd to 5th class students in the HBSC survey reported that it would be easy or very easy to purchase cigarettes at most shops in the area where they lived and went to school (HSE 2018).
- The Young Person's Behaviour and Attitudes Study (Northern Ireland) found that schoolchildren aged 11 to 17 who smoked mostly accessed cigarettes from friends giving them cigarettes (42%) and buying them in a shop (32.9%).
- HSE data on test purchases suggest that age identification was not sought in around 1 in 14 test purchases for tobacco (HSE 2018).

3.

What are the key trends in terms of children smoking?

Tobacco use among children is (generally) declining

The **HBSC Survey** found that current tobacco use among 12-17-year-olds decreased from 8% in 2014 to 5% in 2018, as part of a longer-term decline observed since 1998 (Gavin et al 2021; McAvoy et al 2013).

The **ESPAD survey** found that tobacco use among teenage boys (16 year olds) in Ireland increased from 13.1% in 2015 to 14.4% in 2019.

This is the **first recorded increase** in tobacco use among children in Ireland in 25 years of available data.



E-cigarette use is more common than tobacco use among children, and is increasing

E-cigarette *ever-use* increased from 23% in 2015 to 37% in 2019

E-cigarette *current-use* increased from 10% in 2015 to 18% in 2019

ADD SOURCE HERE



E-cigarette use among children and young people

There are now more e-cigarette users than tobacco users among children in Ireland, and dual use is common

- The 2018 HBSC survey reported that e-cigarette use among 12-17-year-olds is around twice as common as cigarette use.
- A study of 15–16-year-olds in Galway, Mayo and Roscommon found that dual use, the use of both conventional cigarettes and e-cigarettes was the most common smoking behaviour.

Children who use e-cigarettes are more likely than non-users to become tobacco users

- An evidence review conducted by the HRB concluded that e-cigarette use in childhood was associated with an increased risk of becoming a tobacco user.



Electronic cigarettes and smoking cessation: An evidence review



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June 2020

4. How can Tobacco 21 laws deliver change?

Neuroscience, addiction, sociology, behavioural science and child development



Nicotine interacts in unique ways with the brains of children and adolescents

Nicotine activates the brain's dopamine reward pathway which plays a role in desire, pleasure and impulse control (Yuan et al 2015).

- The parts of the brain responsible for decision making, reward processing and emotional regulation continue to develop at least until the age of 25.
- Even brief exposures to nicotine can produce lasting changes in the adolescent brain.





Tobacco 21 – how it works



Reduces the accessibility of tobacco products to young people including both children under 18 and those in the 18 to 21 year old age group -

How?

By deterring young people from attempting a purchase and encouraging retailers to set their age verification at 21. By reducing the opportunity for older teens to buy cigarettes for younger teens



Denormalises tobacco & nicotine products, reinforcing the highly addictive and health-harming qualities of the product

How?

The higher age of sale delineates the products in the retail environment and signals to society at large that the product is harmful

5.
Where have Tobacco 21 laws been introduced?

T21 laws have been introduced in 4 countries



While no European member state has yet introduced the measure, there is no legal obstacle to individual member states in setting domestic policy on legal age of sale.

6.

What is the evidence of effectiveness for Tobacco 21?

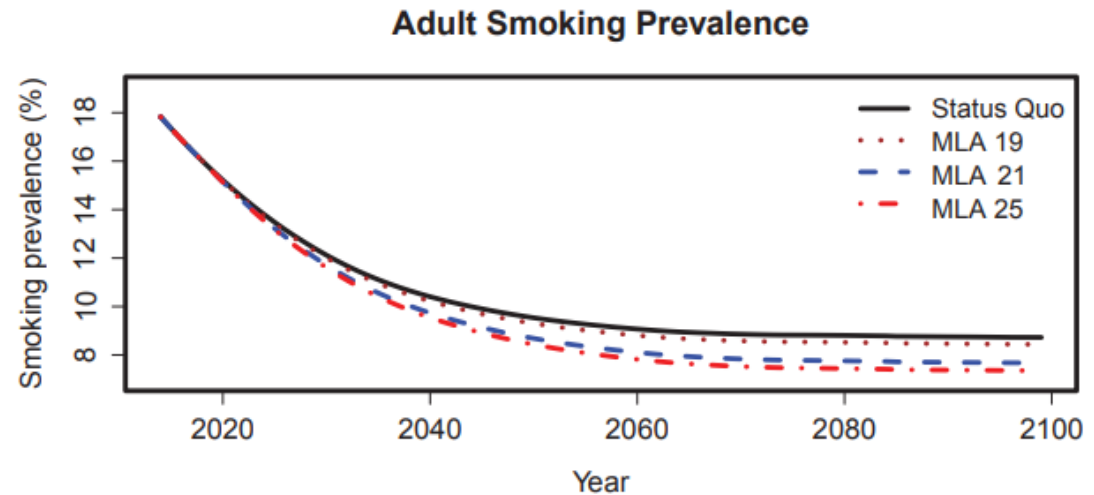
Modelling T21

The Academy of Science modelling evidence suggests that 15- to 17-year-olds would benefit most from increasing the legal age of tobacco products to 21.

CISNET model predicted a decrease in adult smoking from 18% in 2014 to 9% in 2100.

SimSmoke model also projected a significant reduction in adult smoking prevalence—from 17 percent in 2014 to 13 percent in 2100

Tobacco-21 policies are associated with a 39% reduction in the odds of recent and established smoking among 18–20-year-olds who have ever tried a combustible or electronic cigarette, compared to similar 21–22-year-olds (Friedman et al 2019).



CISNET model-projected smoking prevalence

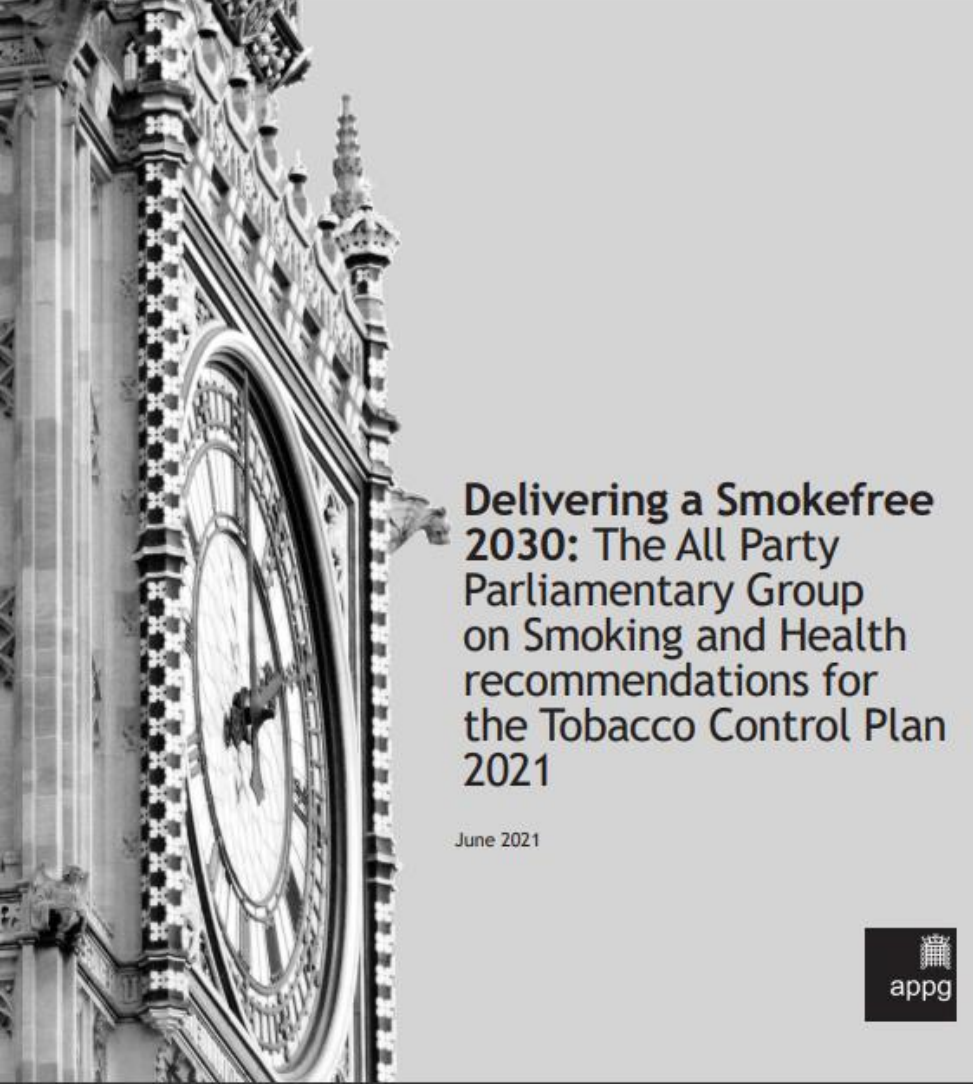


Modelling T21 in England

In 2019, close to 16% of people aged 18–20 reported that they smoked tobacco, approximately 364,000 young smokers in England.

Modelling using the Open Science Framework estimates that Tobacco 21 legislation would result in a reduction in the total numbers of 18–20-year-old smokers by 95,000 in 2022 and result in an additional 77,000 fewer 18–20-year-olds taking up smoking long term by 2030 (Beard et al 2021).

T- 21 was estimated to reduce smoking prevalence to 2% among 18 to 20 year olds by 2030.



**Delivering a Smokefree
2030: The All Party
Parliamentary Group
on Smoking and Health
recommendations for
the Tobacco Control Plan
2021**

June 2021

Evidence from the U.S.A.



Smoking rates declined

- Evaluation data from Needham Massachusetts, the first community in the USA to implement T21 in 2005, found that from 2006-2010 smoking rates of secondary school students aged 15-18 years dropped by nearly 50% (Schneider et al 2015).

Tobacco sales declined

- After implementation of California's Tobacco 21 law in 2016, a purchase survey demonstrated a reduction in tobacco products sales among 15–16-year-olds (Zhang et al 2018).

7.
What can we learn from the experience of implementing T21 elsewhere?

Tobacco 21 - lessons from implementation



Successes

- Youth smoking rates declined above what might be expected
- Youth tobacco sales declined - brand identities?
- Public support was high
- Retailer compliance was achieved
- Some weak evidence of reductions in illicit tobacco sales to youth
- Some communities may benefit more but unclear how this translates to different social contexts

Challenges

- Opposition from tobacco industry in many forms including direct and indirect lobbying, misinformation, failure to disclose conflict of interest, use of SAPROS, discrediting evidence of effectiveness
- Time, energy and resource to create strong and nimble alliances
- Context relevant evidence and modelling
- Retailers needed both support and enforcement
- Online sales

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Tobacco 21 Alliance

Increasing the legal age of sale of
tobacco & e-cigarettes from 18 to 21

Mark Murphy

Advocacy Officer, Irish Heart Foundation



Irish Heart
Foundation

Tobacco 21 Alliance

ASH
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