

## RE: T21 Submission

### Background:

The Health Service Executive (HSE) National Child Health Public Health (CHPH) team provides leadership across many elements of child health. It provides strong support and input into Government strategy development, implementation and evaluation, through focusing on HSE actions and advocacy that can improve the overall health of children and young people. The CHPH team welcomes the Public Health (Tobacco) (Amendment) Bill 2024 which will raise the legal age to buy tobacco products, including cigarettes from 18 to 21 years in the Republic of Ireland.

Tobacco remains the single largest contributor to premature death in Ireland. Almost 6,000 people die each year in Ireland from the effects of smoking and thousands more suffer from smoking-related diseases<sup>1</sup>. Studies show that around 90% of adult smokers have their first cigarette before their 18th birthday<sup>2</sup>. The younger you are when you start smoking, the more likely you are to smoke for longer and to die early from smoking<sup>3</sup>.

Tobacco Free Ireland (TFI) was one of the first policies launched under Healthy Ireland: A Framework for Improved Health and Wellbeing 2013-2025. This policy aims to protect children and young people from tobacco-related harm and avoid smoking initiation. TFI included a commitment to reduce smoking prevalence to under 5% by 2025. It is clear from current data that this target will not be met unless more ambitious tobacco control measures are implemented.

Legislation that prohibits retailers from selling tobacco products rather than criminalising their purchase or possession by those under 21 is known as Tobacco 21 or T21. T21 is a user-focused legislative measure that aims to reduce or delay the initiation of smoking among young people. Ireland will be the first country in the EU to introduce this measure, continuing our tradition of leadership in tackling smoking rates which began with the ban on

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<sup>1</sup> <https://www.hse.ie/eng/about/who/tobaccocontrol/kf/>

<sup>2</sup> [https://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/youth\\_data/tobacco\\_use/index.htm#:~:text=Tobacco%20product%20use%20is%20started%20and%20established%20primarily%20during%20adolescence.&text=Nearly%209%20out%20of%2010,try%20smoking%20by%20age%2018.](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm#:~:text=Tobacco%20product%20use%20is%20started%20and%20established%20primarily%20during%20adolescence.&text=Nearly%209%20out%20of%2010,try%20smoking%20by%20age%2018.)

<sup>3</sup> <https://www.hse.ie/eng/about/who/tobaccocontrol/kf/>

indoor smoking in 2004<sup>4</sup>. The introduction of a T21 policy will reduce the accessibility of tobacco products to young people and further denormalise tobacco and nicotine products<sup>5</sup>. This, in turn, will reduce the number of children and young people who smoke, improving the current health and wellbeing of Ireland's teenagers, and the future health and wellbeing of the adults they will become.

### **Young people and smoking in Ireland:**

Smoking remains a notable problem for adolescents. Although rates of childhood smoking have reduced significantly over the last 20 years, recent estimates reveal these declines in child smoking are levelling off. The 2019 European Schools Project for Alcohol and Other Drugs (ESPAD) survey found that the decline in smoking has halted in Irish teens for the first time in 25 years (14%), and rates have significantly increased in boys (16%) while declining slightly to 13.6% in girls. The majority (63%) of students participating in ESPAD 2019 reported starting to smoke at age 14 or 15. Equally, the majority (61%) reported that it was easy to access cigarettes<sup>6</sup>.

The 2018 Health Behaviour in School-aged Children Study (HBSC) found that tobacco experimentation is greatest among the 15-17-year-old group<sup>7</sup>. The Growing up in Ireland Study (GUI) found similar results with an average age of 16 years when participants tried their first cigarette<sup>8</sup>. This study also found that those who started smoking younger tended to become heavier smokers. Those who reported having their first cigarette by 14 years of age, smoked on average 34 cigarettes weekly compared to those who started smoking at 15 years or later smoking an average of 18 cigarettes per week<sup>9</sup>. An increase in age of smoking

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<sup>4</sup> <https://www.gov.ie/en/press-release/4d48a-ministers-for-health-announce-government-approval-to-raise-the-age-of-sale-of-tobacco-to-21/>

<sup>5</sup> <https://rcpi-live-cdn.s3.amazonaws.com/wp-content/uploads/2022/09/Tobacco-Free-Ireland-%E2%80%93-time-for-Tobacco-21.pdf>

<sup>6</sup> <https://www.drugsandalcohol.ie/33347/1/ESPAD%202019%20Ireland.pdf>

<sup>7</sup> <https://www.universityofgalway.ie/media/healthpromotionresearchcentre/hbscdocs/nationalreports/2018-report---online-version-interactive---updated.pdf>

<sup>8</sup> <https://www.growingup.gov.ie/pubs/The-Lives-of-20-Year-Olds.pdf>

<sup>9</sup> <https://www.growingup.gov.ie/pubs/GUI-lives-of-17-18-year-olds-web-ready.pdf>

initiation is significantly associated with lower risk of lifelong smoking, nicotine dependence, as well as respiratory and cardiovascular health effects<sup>10,11</sup>.

Additionally, the evidence suggests that underage children primarily access tobacco products through those aged 18 and 19 years who can legally purchase such products<sup>12</sup>. The higher the minimum legal age for sale of tobacco products, the less likely teenagers and children will have someone in their social circle of legal age to purchase cigarettes for them.

### **Smoking and Health Inequalities:**

Large inequities in the distribution of smoking and smoking-related harm in our society persist. A publication by the Action on Smoking and Health (ASH) public health charity in the UK reports that smoking is the leading cause of health inequalities in the UK and accounts for half the difference in life expectancy between the richest and poorest in society<sup>13</sup>. In Ireland, the socio-economic gradient in smoking is increasing. In 2015, there was a two-fold difference in smoking between the highest and lowest socio-economic groups (16% versus 29%), but, in 2021 that gap widened to a three-fold difference (11% versus 31%, comparing the highest and lowest socio-economic groups respectively)<sup>14</sup>.

These inequities begin at a young age with the GUI survey finding a significant link in terms of family income and adolescents who smoked: those in the lowest income quintile were more likely to currently smoke (daily or occasionally) than those in the highest income quintile (25% versus 18%)<sup>15</sup>. The 2019 ESPAD study found a significant difference in both lifetime and current smoking based on parental education level, with having more educated parents being a protective factor against smoking. This study also found the self-reported relative wealth of the family to be significantly associated with lifetime and current smoking.

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<sup>10</sup> [Effect of smoking initiation age on nicotine dependence | European Heart Journal | Oxford Academic \(oup.com\)](https://academic.oup.com/ehjopen/article/4/1/oead135/7481721)

<sup>11</sup> <https://academic.oup.com/ehjopen/article/4/1/oead135/7481721>

<sup>12</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6775922/>

<sup>13</sup> <https://ash.org.uk/uploads/Smoking-and-health-inequalities-July-2022.pdf?v=#:~:text=Reducing%20smoking%20is%20therefore%20key,and%20comprehensively%20tackle%20health%20inequalities.&text=Higher%20rates%20of%20smoking%20are,people%20with%20mental%20health%20conditions.>

<sup>14</sup> <https://www.cancer.ie/about-us/news/irish-cancer-society-calls-for-government-action-to-close-growing-socioeconomic-gap-in-smoking-rates>

<sup>15</sup> <https://www.growingup.gov.ie/pubs/GUI-lives-of-17-18-year-olds-web-ready.pdf>

Respondents who perceived their family to be ‘very much less well off’ and ‘less well off’ were most likely to have ever smoked 40 cigarettes or more in their lifetime. Those who perceived their family to be ‘better off’ were the most likely to abstain from cigarettes<sup>16</sup>.

These findings demonstrate the significant health inequities that remain in our society and highlight how reducing smoking is key to any strategy such as Health Ireland or Slaintecare that aim to meaningfully and comprehensively reduce health inequities.

### **Evidence of the Effect of Tobacco 21 legislation:**

T21 legislation has already been introduced in several countries including the United States, Singapore, Guam, Honduras, Kuwait, Samoa, Sri Lanka and Uganda<sup>17</sup>.

Evaluation data from Needham Massachusetts, the first community in the United States to introduce T21 in 2005, found that the smoking rates of secondary school students aged 15-18 dropped by nearly 50%. Surrounding counties that had not adopted the policy had a much smaller decline in consumption rates of around 15-20%<sup>18</sup>.

A purchase survey carried out after implementing the T21 law in California in 2016 demonstrated a reduction in tobacco product sales among 15-16-year-olds. Before T21, there had not been a change in underage tobacco sales since 2009 in this age group, suggesting this legislation played a role in the reduction of underage tobacco sales<sup>19</sup>.

Overall, 13 observational studies, of which 12 were controlled, showed that T21 was associated with a reduction in the prevalence of combustible cigarette use in adolescents and young adults at national, state and local levels in the US<sup>20</sup>.

There is evidence from three US studies, of which two were controlled, that T21 reduces smoking in pregnancy, reduces rates of preterm births, decreases the incidence of low birth

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<sup>16</sup> <https://www.drugsandalcohol.ie/33347/1/ESPAD%202019%20Ireland.pdf>

<sup>17</sup> [Tobacco free Ireland: time for Tobacco 21 | Royal College of Physicians of Ireland \(preservica.com\)](https://www.preservica.com/press-releases/tobacco-free-ireland-time-for-tobacco-21)

<sup>18</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6775922/>

<sup>19</sup> <http://www.njgasp.org/wp-content/uploads/2015/06/Tobacco-Control-BMJ-21-Needham-Study.pdf>

<sup>20</sup> [Scoping review: Age-restriction interventions for tobacco and nicotine vapour products in children and young people \(drugsandalcohol.ie\)](https://www.drugsandalcohol.ie/33347/1/ESPAD%202019%20Ireland.pdf)

weight and reduces the likelihood of sudden infant death syndrome<sup>21,22,23</sup>. This could have a similar positive effect in Ireland as latest evidence shows that approximately 10% of women in Ireland smoke during pregnancy.

Evidence from three studies suggests that young people living in parts of the US with T21 legislation were likely to perceive cigarettes as more risky than young people in regions with a lower minimum sales age and that this increased perception of risk was greatest among those who already smoked<sup>24,25,26</sup>.

## **Public support for tobacco 21**

Legislation that prohibits retailers from selling tobacco to those under 21 years of age is also strongly supported by the Irish public. A representative sample of 1,000 adults aged 15+ was surveyed in February 2022 by Ipsos MRBI on behalf of the HSE TFI programme and the results revealed that 71% of the public support raising the minimum legal age for the sale of cigarettes and other tobacco products from 18 to 21<sup>27</sup>.

## **Conclusion:**

Ireland has made a policy commitment to aim for a smoking prevalence of under 5% by 2025. Further decisive action is required if this target is to be met. Data from the 2021 EPAD study are concerning, suggesting Ireland may be starting to lose ground in reducing smoking prevalence among children in Ireland. Data from studies in the US demonstrates the

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<sup>21</sup> Committee on the public health implications of raising the minimum age for purchasing tobacco products, Board on Population Health and Public Health Practice, Institute of Medicine. Public health implications of raising the minimum age of legal access to tobacco products. Bonnie RJ, Stratton K, Kwan LY, editors. Washington DC: National Academies Press (US); 2015

<sup>22</sup> Yan J. The effects of a minimum cigarette purchase age of 21 on prenatal smoking and infant health. *Eastern Economic Journal*. 2014;40(3):289–308.

<sup>23</sup> Tennekoon VSBW. Effects of purchase restrictions on smoking during pregnancy: an analysis of US birth records. *Nicotine and Tobacco Research*. 2023 Apr 6;25(5):882–888.

<sup>24</sup> Sax JK, Doran N. Evaluation of risk perception of smoking after the implementation of California's Tobacco 21 Law. *International Journal of Environmental Research and Public Health*. 2022 Dec 17;19(24).

<sup>25</sup> Abouk R, De P, Pesko M. Impacts of Tobacco 21 on cigarette and e-cigarette use among adolescents. *SSRN Journal*. 2020.

<sup>26</sup> Debchoudhury I, Farley SM, Roods K et al. E-cigarette use among middle- and high-school students in New York City before and after passage of Tobacco 21. *Tobacco Use Insights*. 2022 Jan 6;15:1179173X211065997

<sup>27</sup> [tobacco-endgame-report-2022.pdf \(lenus.ie\)](#)

effectiveness of T21 legislation in reducing smoking prevalence among young people and children and also in reducing smoking rates in pregnancy with consequent improvements in infant health and wellbeing. Raising the minimum age for the sale of tobacco products to 21 years in Ireland will make youth smoking even less acceptable, will discourage adults and older teenagers from purchasing on behalf of children and ultimately improve the long-term health of our children and young people. The Health Service Executive (HSE) National Child Health Public Health (CHPH) team support and would welcome this approach.