

Why has the decline in smoking among Irish teenagers stopped?

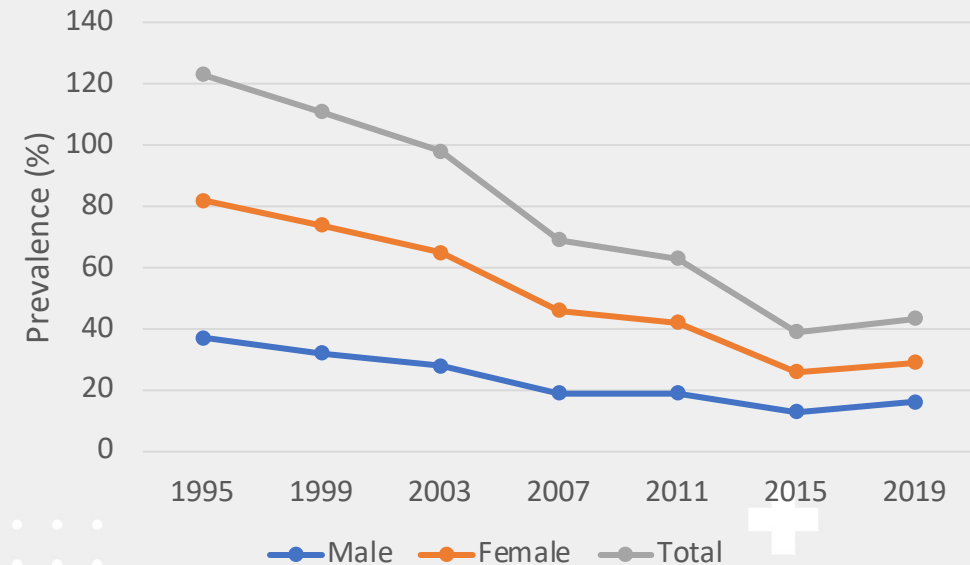
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Background

- ❑ As reported previously, in Ireland, teen smoking decreased from 41% in 1995 to 13.1% in 2015.
- ❑ But, in 2019, current smoking increased overall to 14.4% from 13.1% in 2015, with the prevalence in 2019 being greater in boys than girls (16.2%) vs (12.8%). This is a serious threat to Ireland's tobacco endgame.



Study Aims

- To analyse the use of tobacco products by Irish teenagers
- To highlight changes between 2015 and 2019
- To offer an explanation for the 2019 increase in current smoking

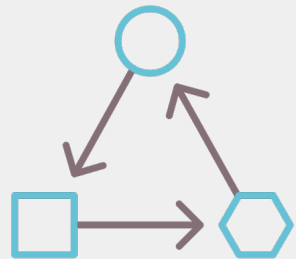


Methods

Data drawn from two Irish waves of the European School Survey Project on Alcohol and other Drugs (ESPAD) comprising 1,493 students (born 1999) in 2015, and 1,949 students (born 2003) in 2019.



ESPAD



Adjusted incidence risk ratios (IRR) for current smoking were estimated using a Poisson regression analysis.

Results

E-cigarette use (2015 vs 2019)

- ❑ *Ever-use* increased from 23% to 37%
- ❑ *Current-use* increased from 10% to 18%
- ❑ *Ever-use* was significantly higher for boys IRR 1.33 (CI:1.17, 1.51) vs 1.27 (CI:1.11, 1.45) for girls
- ❑ *Current-use* was significantly higher for girls IRR 1.49 (CI:1.26, 1.75) vs 1.39 (1.21, 1.60) for boys

Peer smoking

- ❑ Peer smoking was significantly associated with *current smoking*
- ❑ The association was particularly strong for girls if “Most/All friends smoke”:
IRR 1.33 (CI: 1.13, 1.57) for girls vs 1.08 (CI:0.92, 1.28) for boys.

Parental monitoring

- ❑ Less parental monitoring was associated with greater current smoking, more so for boys:
IRR 1.28 (CI:1.06, 1.53) for boys vs AOR 1.23 (0.92, 1.63) for girls.

	Sample Characteristics		Poisson Regression Results, Current Smoking (16-year-olds)		
	2015 N(%)	2019 N (%)	Total Adjusted IRR (95% CI)	Male Adjusted IRR (95% CI)	Female Adjusted IRR (95% CI)
<i>ESPAD Year</i>					
2015	1493	----	1	1	1
2019	-----	1949	0.91 (0.85, 0.98)*	0.91 (0.82, 1.00)	0.95 (0.86, 1.05)
<i>Gender</i>					
Male	752 (51.1)	946 (48.5)	1		
Female	720 (48.9)	1003 (51.4)	1.00 (0.93, 1.07)	N/A	N/A
<i>Ever used e-cigarettes</i>					
No	1088 (77.0)	1219 (62.7)*	1	1	1
Yes	325 (23.0)	723 (37.2)	1.27 (1.16, 1.40)	1.33 (1.17, 1.51)*	1.27 (1.11, 1.45)*
<i>Current e-cigarette use</i>					
No	1270 (89.9)	1270 (89.9)*	1	1	1
Yes	143 (10.1)	351 (18.1)	1.45 (1.31, 1.61)*	1.39 (1.21, 1.60)*	1.49 (1.26, 1.75)*
<i>Household composition</i>					
Single parent	262 (17.8)	371 (19.0) *	1	1	1
Two parents	1109 (75.3)	1490 (76.4)	0.90 (0.83, 0.98)*	0.88 (0.78, 0.99)*	0.93 (0.82, 1.05)
Blended families	101 (6.9)	88 (4.5)	0.84 (0.71, 0.99)*	0.87 (0.68, 1.11)	0.81 (0.64, 1.03)
<i>Parental Monitoring</i>					
Know always	906 (62.7)	1194 (63.2)	1	1	1
Know quite often	337 (23.3)	455 (24.1)	0.97 (0.89, 1.06)	0.97 (0.86, 1.09)	0.97 (0.86, 1.10)
Know sometimes	128 (8.9)	166 (8.8)	1.16 (1.04, 1.30)*	1.15 (0.98, 1.34)	1.16 (0.98, 1.38)
Usually don't know	73 (5.1)	74 (3.9)	1.25 (1.07, 1.45)*	1.28 (1.06, 1.53)*	1.23 (0.92, 1.63)
<i>Peer smoking</i>					
None	478 (33.4)	558 (29.8)	1	1	1
A few/some	802 (56.1)	1125 (60.1)	1.00 (0.92, 1.08)	0.99 (0.89, 1.11)	1.01 (0.90, 1.13)
Most/all	150 (10.5)	188 (10.1)	1.20 (1.06, 1.35)*	1.08 (0.92, 1.28)	1.33 (1.13, 1.57)*

Table 1: Sample Characteristics, and Poisson regression results (Adjusted Incidence Risk Ratios - IRR) of factors associated with current smoking in 16-year-olds, based on data from the Irish 2015 & 2019 ESPAD Surveys

Other variables included in the final model but not significant include ever smoked, household composition, truancy and perceived wealth

***Bold numbers indicate statistical significance at <.05.**

Conclusion

Marked increase in current cigarette smoking in 16-year-olds in Ireland between 2015 and 2019, associated with an increasing use of e-cigarettes

Having peers who smoked and having less parental monitoring are significant risk factors

We recommend extending tobacco control legislation regarding minors to include e-cigarettes. This may be desirable to prevent exposure to secondhand aerosol (SHA) but also because of the possible renormalisation of smoking.

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Thank you for listening. Any questions?

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