

# Introduction:

Adolescent smoking has decreased in Europe in recent decades, although not homogeneously. Irish government policy endorses Tobacco Free Ireland's Endgame goal that Ireland be tobacco free (prevalence less than 5%) by 2025. We compare trends in current (last 30-day) smoking prevalence and gender differences in the Irish and European teenage samples at different time points from 1995 to 2019.

# Methods:

ESPAD (The European School Survey Project on Alcohol and Other Drugs) is a cross-sectional survey carried out every four years between 1995 and 2019, during which time more than 600,000 students have completed questionnaires on substance use, including cigarettes. Ireland has participated in each of the seven data collection waves. In 2019, some 100,000 students in 35 countries participated in ESPAD. In Ireland in 2019, 1,949 students, born in 2003, were surveyed from a stratified random sample of 50 Irish schools.

# Results:

In Ireland and across Europe, total prevalence of current smoking decreased significantly between 1995 and 2019 (Figure 1), and now ranges from 5.1% (Iceland) to 32% (Italy) (Table 1). On average, prevalence of current use in 2019 is the same (20%) for girls and boys. This figure masks gender differences across individual countries, with prevalence ranges higher among girls (5.9% (Iceland) to 36% (Bulgaria)) than among boys (4.3% (Iceland) to 31% (Italy)).



# Increase in boys' smoking threatens Ireland's Endgame Projections - European trend analysis of smoking prevalence 1995-2019

Joan Hanafin, Salome Sunday, Sheila Keogan, Luke Clancy  
TobaccoFree Research Institute Ireland

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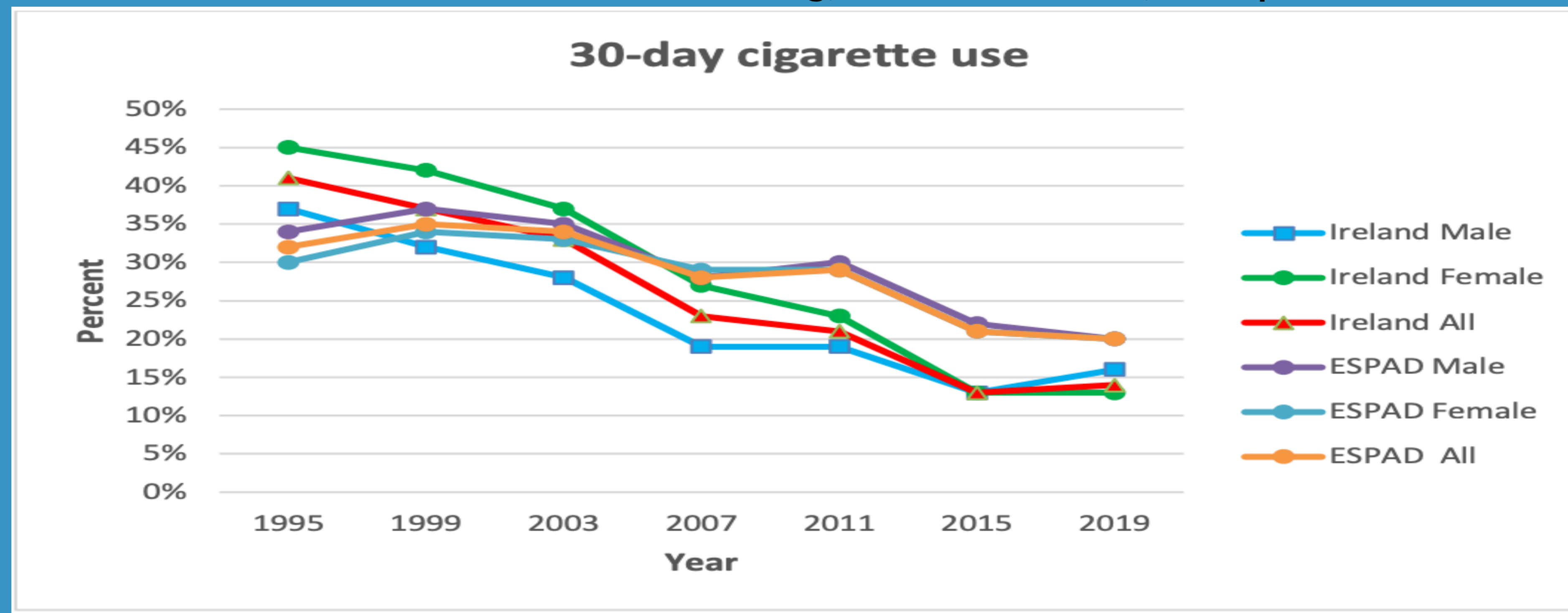


Figure 1: 30-day cigarette use 1995-2019 by gender : Comparison of Ireland and Europe average. Source: ESPAD 2019 Ireland: Results from the European Schools Project on Alcohol and Other Drugs in Ireland

Country	Lifetime use	30-day use	Lifetime use		30-day use	
			Boys	Girls	Boys	Girls
Austria	48	23	47	48	22	25
Bulgaria	50	32	45	54	27	36
Croatia	54	29	55	52	29	30
Cyprus	28	14	33	24	17	12
Czechia	54	24	54	54	21	26
Denmark	42	22	43	41	22	23
Estonia	48	20	50	46	19	21
Faroese	46	17	57	34	22	13
Finland	39	17	43	35	18	17
France	45	22	45	44	21	22
Georgia	36	12	46	27	17	7.1
Germany	45	20	44	45	19	21
Greece	32	15	33	32	15	15
Hungary	53	28	52	54	25	31
Iceland	15	5.1	16	14	4.3	5.9
Ireland	31	14	33	30	16	13
Italy	55	32	54	57	31	34
Kosovo	41	15	53	31	21	11
Latvia	57	23	59	56	21	25
Lithuania	54	21	55	54	21	21
Malta	22	10	21	24	9.5	12
Monaco	45	20	43	46	21	18
Montenegro	35	16	37	32	18	14
Netherlands	31	15	30	32	15	14
North Macedonia	38	20	40	36	23	17
Norway	25	10	29	21	13	7.9
Poland	50	22	49	50	21	22
Portugal	34	14	34	34	14	15
Romania	49	31	49	50	30	32
Serbia	38	17	37	39	17	16
Slovakia	58	29	53	62	26	33
Slovenia	38	19	35	37	18	20
Spain	41	21	38	43	18	25
Sweden	26	11	25	27	10	12
Ukraine	50	22	54	46	25	18
Average	41	20	43	40	20	20
Min.	15	5.1	16	14	4.3	5.9
Max.	58	32	59	62	31	36

Table 1 European ever and current cigarette use, 2019 ESPAD. Source: ESPAD Group (2020), ESPAD Report 2019: Results from the European School Survey Project on Alcohol and Other Drugs, EMCDDA Joint Publications, Publications Office of the European

The European average prevalence increased from 1995 to 1999, and decreased thereafter from 1999 to 2019, while prevalence in Ireland decreased consistently from 1995 to 2015 (Figure 1). Over the 25-year period 1995-2019, Ireland's 66% decrease (from 41% to 14%) was more dramatic than the 38% European average decrease (32% to 20%). Adolescents in Ireland have lower prevalence (14%) than the European average (20%) (Table 1). However, while there was a decline of 5% in the European average between 2015 and 2019, Ireland's decreasing trend reversed, accounted for by an increase in male smoking from 13% in 2015 to 16% in 2019.

# Conclusions:

In Ireland, smoking prevalence among 15-16-year-olds has increased for the first time in 25 years, significantly so among boys. Further focused action is urgently needed to achieve Ireland's policy target of prevalence of less than 5% by 2025. Smoking prevalence shows gendered patterns throughout the ESPAD countries, suggesting a benefit in gender-specific targeted interventions.

# Statements:

- **Disclosure Statement:** The authors declare no conflict of interest.
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