



Submission to Department of Health on Tobacco Free Ireland (2013) policy development

10th July 2025

1. What factors are contributing to the stalling of the decrease in tobacco use in the adult population in recent years and how can these be addressed?

E-cigarettes are contributing to the stalling amongst young people generally and in Trinity.

E-cigarettes and younger people: The highest use of e-cigarettes is among younger people, with 17% of 15-24 year olds reporting that they use them either daily or occasionally. E-cigarette use is higher amongst men in this age group, with 20% of men aged 15 to 24 and 15% of women of the same age using e-cigarettes. Notably, these rates are very similar to tobacco consumption in this age group (20% and 16% respectively).

Usage of e-cigarettes – by smoking behaviour (%) E-cigarette users:

- Daily tobacco smokers 20(%) E-cigarette users
- Occasional tobacco smokers 15(%) E-cigarette users
- Ex-smokers of tobacco 47(%) E-cigarette users
- Never smoked tobacco 18(%) E-cigarette users -gateway to cigarette smoking

E-cigarettes in Trinity: Trinity has very high prevalence of e-cigarette use. A university-wide survey in 2023 completed by 2,683 participants (12% response rate) found 1539 (57%) of Trinity students/staff had vaped at least once and 838 (31%) currently vaped. 42% of current vapers were dual cigarette and e-cigarette users. 57%, n=1013, supported Trinity's Tobacco Free campus being extended to exclude outdoor e-cigarette use on campus with a strong majority of never-vapers and non-current vapers favouring the extension. Support was less convincing among the vapers with <50% of lifetime vapers and <20% of current vapers supporting the extension. Factors for lifetime/current vaping included younger age, undergraduate status, cigarette smoking (Adjusted Odds Ratio (AOR) lifetime=9.3, 95% CI 6.1, 14.2), disposable vape use (AOR current = 3.18, 95% CI 1.6, 6.2).

Observed e-cigarette use in Trinity: 47% of nicotine use observed on campus in Trinity is e-cigarettes. Observed vaping on campus rose from 0.9 vapers per check (609 checks) in 2022/2023 to 2.1 vapers per check in 2024/2025 (350 checks). In 2024/2025, 1,749 nicotine users were observed on campus, with 42% (n=728) using e-cigarettes. 59% of vapers (n=430) were using disposable vapes.

More information: The Living Lab data above were recently [presented at the World Conference on Tobacco Control](#) with other work Trinity has done to promote vape free living.

Lack of third level Tobacco-Free campus legislation and funding is contributing to the stalling.

Tobacco Free University Campus Legislation: Responding to Tobacco Free Ireland, Trinity College Dublin became a tobacco free campus in 2016. [This 2023 paper shows that Tobacco](#)

[Free Trinity effected a 79% reduction in observed smoking](#) from 2016-2020. Becoming a Tobacco Free Campus took six years of negotiation. Lack of legislation mandating third level institutions be tobacco free was consistently cited as a challenge by the cross-university group that developed and continue to implement the policy.

Tobacco Free Campus Funding: The cost to Trinity of implementing the policy from 2016 to 2020 was approximately €150,000. Trinity continues to incur an annual cost to maintain the tobacco free campus, employing a part time health promotion officer and multiple student ambassadors who remind smokers on campus of the Policy six to eight times per week and offer quit support. Lack of funding is one of the reasons other institutions cite for not becoming tobacco free and not implementing a robust policy that monitors compliance (e.g. some campuses put up tobacco free signs but lack resources to monitor and encourage compliance).

Lack of focus on social smoking is contributing to the stalling

[Tobacco Free Trinity published this paper](#) on the prevalence of and attitudes to occasional/social smoking among students. Results indicate that smoking culture in university varies significantly to that of wider society. The proportion of daily smokers in Trinity College was less than half the national average of 21% found among people aged 18–24 in the 2017 Healthy Ireland Survey. The prevalence of occasional smoking among Trinity students however was much higher (25% vs 4%). The lack of policy focus on social smoking is likely one of the reasons that 50% of those who smoke in Trinity, took up smoking once they started university.

Lack of focus on Healthy Planet, Healthy People is contributing to the stalling

Anecdotal evidence in Trinity suggests that students are more engaged by anti-smoking/anti-vaping messaging when it highlights the harms of smoking to the planet as well as to people. Lack of focus on litter, soil harm and pollution associated with tobacco and e-cigarette production is a missed opportunity for stalling smoking amongst young people. This anecdotal evidence is supported by papers like [this 2024 paper from Australia](#) which concludes that value-based messaging featuring the environmental and social justice footprint of tobacco is perceived as motivating for smoking cessation, especially among younger people.

Anecdotal reports from student Healthy Trinity Ambassadors indicate that SNUs and nicotine pouches use is rising in Trinity. Those reports are supported by work underway by Prof. Anna Gilmore of Bath University, who has just been appointed as Adjunct Professor in the School of Medicine in Trinity. Her work shows a rise in tobacco industry profits associated with product innovations like e-cigarettes, heated tobacco products, SNUs and/or nicotine pouches. [See this lecture for more information.](#)

2. What measures should be considered in order to eliminate tobacco use?

A ban on disposable e-cigarettes should be introduced. [Trinity called for a disposable vape ban in this submission to government consultation](#) on disposable vapes made in 2023. Disposable vapes are now banned in the UK.

Phase out e-cigarettes except as a quitting tools by 2028. Trinity called for this measure in [January 2024 in its submission to government consultation.](#)

Social smoking strategy: A social smoking strategy for smoking and other harmful behaviours in social situations is needed. It could be part of a larger Hedonism or Saturday Night strategy

and the Healthy Trinity Commercial Determinants of Health Lab could support the development of such a strategy.

Tobacco Free Campus: Becoming tobacco free was difficult for many reasons including lack of legislation to impose a tobacco free campus on the university and lack of funding to maintain the tobacco free campus (becoming tobacco free cost approximately €150,000. Maintaining it requires a 0.6 FTE Health Promotion Office role at Administrative Officer 2 and a project budget of approx. €10,000 per annum). Legislation focused on universities and sustainable funding models are required. A youth smoke/vape cessation strategy with the [HEA Healthy Campus network](#) could be utilised for this purpose.

Healthy Planet, Healthy People as an upstream approach by policy makers and a downstream message to young people should highlight that not smoking/vaping is climate action and comes with benefits for nature, the planet and human health. This approach would marry well with the World Health Organization's [Commercial Determinants of Health](#) and [One Health](#) agendas.

[In our 2024 submission to government](#), Trinity called for the use of precautionary principle to enable a Healthy Planet, Healthy People approach to nicotine. It states, "There is sufficient harms to people and the planet to warrant a PDPO [phase-down phase-out] approach using the precautionary principle, as described here <https://eur-lex.europa.eu/EN/legal-content/summary/the-precautionary-principle.html>. The Irish government could demonstrate global leadership in climate action by using the precautionary principle"

3. What measures should be considered to improve cessation services particularly in relation to further increasing uptake of those services?

E-cigarettes: Supporting people to stop vaping is incredibly difficult as the environment is so pro-vaping. Update legislation and policies on cigarettes, where relevant, to include e-cigarettes e.g. plain packing, ban e-cigarettes indoors, ban flavours, extend Tobacco 21 to e-cigarettes. All stop vaping/smoking courses should include education on the [Commercial Determinants of Health](#) to teach participants about the industry that is profiting from their addiction. In each course, include a letter-writing exercise to TDs that encourages TDs to legislate to protect people from addiction to nicotine.

4. What measures would contribute to the greatest reduction in the health inequalities associated with tobacco use?

Targeted interventions should be created by gender, for younger people and for social class. For example, the Healthy Ireland 2024 survey found:

- Gender. Men (20%) remain more likely to smoke than women (15%)
- Age: While smoking rates for women remain broadly consistent across all age groups up to age 74, smoking rates among men peak among those aged 25 to 34 (25%, in comparison to 15% in women of the same age).
- Social class: The average age that people report trying their first cigarette was 15 years for those who have not completed their Leaving Certificate, while it was 17 years on average for those with degree level education or higher.

Education on tobacco industry tactics: Educate young people on the [Commercial Determinants of Health](#) and the tactics they use to addict young and vulnerable people. In particular the tobacco and vape industry. Initial roll out of this education should be in DEIS schools.

Hedonism strategy should be developed, in particular for those in lower SEGs that enables young people to develop ideas for fun and celebration that involve health promoting activities.

Tobacco Free Campus: Create a youth smoke/vape cessation strategy with the [HEA Healthy Campus network](#) with incentives for students to quit smoking/vaping in particular if they have entered the university via alternative routes like [Trinity Access Programme](#) and [others](#).

5. What measures should be considered to prevent recreational nicotine use by children?

Tobacco 21 could be extended to include vaping. Flavours could be banned until e-cigarettes are phased out.

Public Transport and Public Buildings: A ban on smoking/vaping outside any public space such as train station platforms, bus stops, hospitals, schools.

Sporting Venues: A nationwide ban on smoking/vaping on any sport ground and facility nationwide; Community playing pitches and recreational fields, community centres / gyms and National and regional stadiums including hosting of non-sporting events at Croke Park and Aviva Stadium, Lansdowne Rd, Thomond Park etc.

These measures will protect children, spectators, athletes, and staff from second-hand smoke and vapour exposure, support healthy lifestyle choices, particularly among youth, reduce litter and environmental damage caused by cigarette butts and vaping devices and align with national public health goals and international best practices. The ban would be enforced through clear signage, public awareness campaigns, and collaboration with sporting bodies, national transport agents and local authorities. Compliance would be monitored, and appropriate penalties introduced for violations.

6. What other evidence-based measures, not covered by the questions above, should be examined?

De-nicotinisation of cigarettes and e-cigarettes in line with the actions of [Smoke Free Aotearoa 2025](#). Professor Richard Edwards in the university of Flinders, Australia (richard.edwards@flinders.edu.au) has been very generous to Trinity with his knowledge on this.

Signatories

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