Bringing the Tobacco Epidemic to an End:

Public Views on "Tobacco Endgame" in Ireland

May 2022

TFI Programme

Foreword

“It always seems impossible until it’s done”
Nelson Mandela

A generation ago, smoking was a “normal” part of day-to-day life in Ireland. Smoking at the desk in the office; the cigarette smoke-filled upper deck of the bus; children at the school gate passing around single cigarettes and matches bought in the corner shop; handing a visitor an ashtray in your home; watching a film at the cinema through a hazy cloud of cigarette smoke. Scenes that now seem unimaginable were our shared, accepted and normal way of life.

Through a series of actions, our collective attitudes have changed, and social norms in Ireland no longer sustain smoking at levels they did a generation ago. Hard-won progress has built a legacy that will benefit generations to come.

While smoking itself has become increasingly de-normalised in Ireland, we have been deeply immersed in the harm it causes for so long that it seems like a normal part of life. But the burden of smoking-related disease, disability and premature mortality – and the suffering for so many people and their families, especially in our most vulnerable population groups – is caused by a commercial product that is manufactured and marketed by an industry, then sold on forecourts, street-corners and towns across the country, which kills more than 1-in-2 users when consumed exactly as intended. There is profit in pain. It is unfair, unjust – but is it still acceptable?

Imagine an Ireland free from the harm caused by smoking. It may seem impossible.

But it is time to ask whether the goal of simply “controlling” tobacco use in Ireland is still enough. Or whether we want to bring the continuing epidemic of smoking-related harm to an end, for once and for all – and for everyone.

This report presents views we heard from the public in Ireland about the idea of “tobacco endgame”, which is at the centre of the country’s “*Tobacco-Free Ireland”* policy. The public’s answer to this question is clear. Support for the seemingly impossible is high. People want a “*Tobacco-Free Ireland”* for the next generation and see this as achievable. And they want the steps we take to ensure that people who smoke are not left behind. Now is the time for us to listen to what the public has said, discuss ideas and build action that brings the harm caused by smoking to an end.

We want to thank everyone who took part in this work, especially the public who shared their views. Realising a *“Tobacco-Free Ireland”* will involve policy-makers, health services, civil society organisations, and the public. We look forward to working on getting the seemingly impossible done, together.

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Executive Summary

The continuing epidemic of smoking-related harm

Despite progress, 1-in-5 people in Ireland still smoke and 1-in-2 of these will die from smoking-related disease. It is time to ask the question: is simply "controlling" the harm caused by smoking a sufficient goal, or should we now aim to end it completely?

Moving from "tobacco control" to "tobacco endgame"

The past decade has seen the advent of an ambitious global policy shift from "tobacco control" to "tobacco endgame", envisioning a tobacco-free future delivered through policies, plans and interventions that aim to end the tobacco epidemic. "Tobacco endgame" has been described as the introduction of policy measures designed to *"change permanently the structural, political and social dynamics that sustain the tobacco epidemic, in order to end it by a specific time."* Fundamentally, this involves redirecting goals of tobacco policy towards ending the tobacco epidemic completely.

Through current government policy "*Tobacco-Free Ireland*" (TFI), in 2013 Ireland joined a small number of countries who have committed to leading the way in transitioning its efforts from "tobacco control" to "tobacco endgame". A "*Tobacco-Free Ireland*" goal was set to reduce smoking prevalence to less than 5% by 2025. However, as of 2022, it is evident that this target is unlikely to be met, indicating the need for new, innovative strategies and policies to enhance and build on established, "business as usual" measures.

From "tobacco endgame" ideas to action

A range of bold ideas have emerged around the world that have potential to make "tobacco endgame" a reality. "Tobacco endgame" tactics can be classified into four themes:

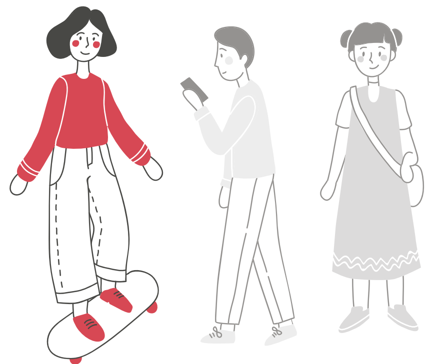
- User-focused, which target product affordability and access;
- Supply-focused, which target availability and retailers;
- Product-focused, which target product appeal and addictiveness of the product;
- Institutional structure-focused, which include tactics directly targeting tobacco industry production.

Many countries with "tobacco endgame" goals have explored the views of the public to inform plans and action.

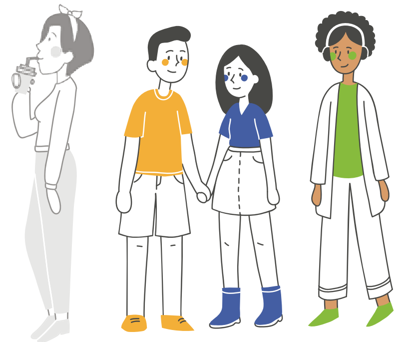
Public opinion of "tobacco endgame" and its component measures is largely uncharted to date in Ireland. Yet national and international experience shows that the views of the public can be a key lever for realising policy change. This survey aimed to measure awareness levels of and support for a "*Tobacco-Free Ireland*", to understand how people view the role of the Government and the HSE in achieving a "*Tobacco-Free Ireland*", to gauge support for potential measures that could be taken to help achieve the "*Tobacco-Free Ireland*' goal and to use findings from this survey to support future "tobacco endgame" policy planning in Ireland.

Following a careful review of the "tobacco endgame" landscape globally, and an examination of surveys conducted in other countries like New Zealand, Canada and England, we asked 1,000 members of the public in Ireland to share their views with us on the idea of bringing the harm caused by smoking to an end, and the steps which might take us there. This report sets out what we heard.

TFI goal awareness and support



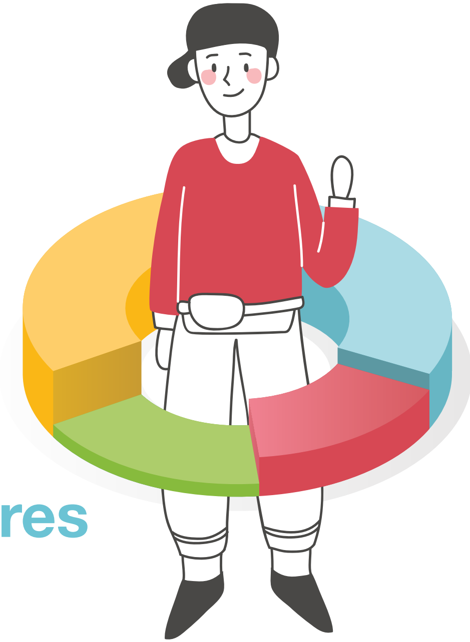
Approximately **1-in-3** respondents were aware of the "*Tobacco-Free Ireland"* goal



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

Support for each endgame measure category



- Support for **22 proposed endgame measures** across 4 themes was assessed
- There was **majority support** (over 50%) for 18 of the 22 measures, with over two-thirds of people supporting many measures
- Measures which focused on **tobacco product regulation** were most strongly supported
- Support was more mixed for measures perceived as focused on **current tobacco product users**

Highly supported endgame measures

7-in-10 respondents believed the minimum age for legal tobacco sales should be raised to 21 years (a tactic often called "Tobacco-21")

Approximately 4-out-of-5 respondents believed:

ONE
Tobacco product sales should be phased out

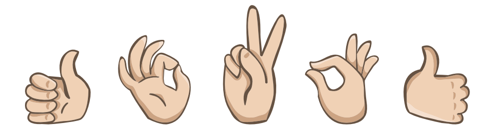
TWO
Shops that sell tobacco products should be required to display information that encourages tobacco users to quit

THREE
The nicotine content in cigarettes and e-cigarettes should be reduced to make tobacco products less addictive

FOUR
Tobacco products should be more tightly regulated

FIVE
Tobacco companies should be required to pay the state for the health costs due to the harm caused by tobacco products

SIX
Tobacco product sales should be banned near playgrounds, schools and university campuses



Support for tobacco sales phase out and timeline

Support for a complete phase out of tobacco product sales was very high (83%)

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

Two thirds of those who supported a complete phase out believed this should occur within the next 10 years

What does this mean and what next?

The public have answered the question: is simply "controlling" the harm caused by smoking still a sufficient goal, or should we now aim to end it completely?

There is a strong reservoir of public support for "tobacco endgame" in Ireland, which people see as achievable. This is the first time the Irish public were presented with the big, bold measures which may be needed to make this a reality. While these may seem impossible, in fact public support for many of these measures was very high. A key feature of public support is an interest in ensuring that action to deliver "tobacco endgame" in Ireland includes efforts to support people who are currently addicted to tobacco products so nobody is left behind.

Urgent action, including legislative action through political leadership, is needed to bring the epidemic of smoking-related harm to an end in Ireland. Members of the Irish public have shown that their views are well-ahead of current policy discussion and plans, and they want a "Tobacco-Free Ireland" for the next generation. They want the seemingly impossible done. Now is the time for action.

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1 Why look at views on "tobacco endgame" in Ireland?

1.1 Continuing epidemic of smoking-related harm

The detrimental consequences of tobacco-use are profound: tobacco-related harm is the leading cause of preventable death worldwide contributing to an estimated 7.7 million deaths annually, 600,000 of which are due to secondhand smoking.[1] At least 1-in-2 people who smoke die of smoking-related harm and smoking reduces life expectancy by 10 years on average.[2,3,4,5,6] In Ireland smoking and secondhand smoke exposure causes over 4,500 deaths and over 44,000 hospital admissions per annum.[7]

Efforts to tackle the harm caused by smoking have traditionally been framed as "tobacco control", with the goal of reducing the impact on health.

Ireland has made good progress with "tobacco control", showing strong leadership with bold measures like the workplace smoking ban in the early part of this century (Table 1). These efforts have translated into reduced smoking prevalence, and Ireland is now entering the late phases of the epidemic of smoking-related harm.[8]

As countries have made progress with "tobacco control", it has become clear that there is a need to challenge social norms which accept tobacco as a normal consumer product that is widely sold and consumed despite its lethal effects when "used as intended",[9,10,11] and to radically reframe discussions from simply "controlling" the harm caused smoking to a focus on the goal of ending it completely.[10]

Table 1: Example of "tobacco control" measures implemented in Ireland

Area of Focus	Example
User-Focused	- Increased taxation on tobacco products, - Increasing the minimum legal age for tobacco sale to 18 years, - Workplace smoking bans, - Public smoking bans, - Smoking restrictions in private vehicles making it an offence to smoke in any car carrying children, - Public education campaigns/national media campaigns on smoking-related harm, - Expansion of smoking cessation services and Quit campaigns
Supply and Retail-Focused	- Health warnings on tobacco product packaging, - Plain packaging, - Point of sale advertising bans, - Shrinking tobacco products visibility /restricting retail space
Product-Focused	- Banning "slims" and "super slims", - Banning appealing flavourings including menthol
Institutional Structure-Focused	- Advertising and sponsorship bans for tobacco products

1.2 Shifting from "tobacco control" to "tobacco endgame"

The past decade has seen the advent of an ambitious global policy shift from "tobacco control" to "tobacco endgame", envisioning a tobacco-free future which involves policies, plans and interventions that aim to end the tobacco epidemic.[11] "Tobacco endgame" has been described as the introduction of policy measures designed to *"change permanently the structural, political and social dynamics that sustain the tobacco epidemic, in order to end it within a specific time*."[11] Fundamentally, this involves redirecting goals of tobacco policy towards ending the tobacco epidemic completely.

Traditional "tobacco control" efforts have sometimes suffered from a characterisation as being "prohibitionist", a framing crafted and exploited by the tobacco industry itself to invoke a moral crusade set upon interference with personal choice; "tobacco endgame" presents an "abolitionist" framing to emphasise the enhancement to human health, protection of rights and assertion of freedom offered by ending sales of this deadly consumer product.[12]

A critical distinction of the endgame approach is to establish a clear endpoint by a defined time, then planning backwards to ensure this is achieved. Internationally, a number of countries have now committed to "tobacco endgame" targets, as outlined in Table 2.

Table 2: International "Tobacco Endgame" Targets

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

Source: Puljevic et al, 2022.[13]

Through current government policy "*Tobacco-Free Ireland*", in 2013 Ireland joined a small number of countries who have committed to leading the way in transitioning efforts from "tobacco control" to "tobacco endgame".[14] A *"Tobacco-Free Ireland"* goal was set to reduce smoking prevalence to less than 5% by 2025. However, as of 2022, it is evident that this target is unlikely to be met, indicating the need for new, innovative strategies and policies to enhance and build on established, "business as usual' "tobacco control" measures.[7]

1.3 Planning for "tobacco endgame"

To realise "tobacco endgame", existing policies, plans and interventions must be augmented and new purpose-built innovative strategies developed accordingly. To achieve this, there is a need to consider potential endgame strategies which have already been introduced with varying levels of success internationally, in addition to consideration of novel strategies specific to the Irish context.

Although many "tobacco endgame" component measures also constitute core strategies under the World Health Organization (WHO) MPOWER model of tobacco control,[15] "tobacco endgame" strategies are distinct in that they seek to challenge the status quo, comprising innovative and audacious policies aimed at eliminating tobacco use in its entirety, rather than gradually reducing prevalence as "tobacco control" policies have sought to do thus far. Thus, to transition towards "tobacco endgame", existing levers need to be up-scaled and new innovative tactics introduced.

It is important to note however that "tobacco endgame" is not designed to divert attention and resources from pre-existent "tobacco control" measures, rather it is contingent upon and seeks to build on continued implementation of these pre-existent measures; indeed, as a pre-requisite to achieving "tobacco endgame", it is imperative that the wider WHO Framework Convention on Tobacco Control is implemented more effectively in the first instance.[16] Thus, any endgame proposals should also emphasise the importance of continuing focus on these pre-existent measures.

1.4 What are "tobacco endgame" tactics?

"Tobacco endgame" tactics can be classified into four themes:[13]

- User-focused which target product affordability and access;
- Supply-focused which target availability and retailers;
- Product-focused which target product appeal and addictiveness of the product;
- Institutional structure-focused which include tactics directly targeting tobacco industry production.

Table 3 presents examples of proposed endgame tactics within each theme. Different tactics may be more appropriate depending on the unique national context and the needs of different population subgroups[17]; the point is to pursue a range of new innovative measures designed to drastically reduce smoking prevalence that can help end the tobacco epidemic synergistically. For example, lower taxes on Very Low Nicotine Content (VLNC) tobacco products could augment the effectiveness of VLNC measures, indicating how targeted taxation measures may enhance other endgame measures.[13,18] Moreover, while some measures are new and innovative others may involve intensification of pre-existent efforts: e.g. in line with MPOWER many countries continue to increase taxation on tobacco products annually incrementally - if such increases are sufficiently substantial (e.g. >20% annually), they may, in fact, constitute effective endgame measures.

1.5 What do the public in other countries think about "tobacco endgame"?

Many international studies have examined public support for endgame measures. Product-focused measures are among the most popular, particularly the proposal to significantly reduce the nicotine content in tobacco products to make them less addictive, which has received support in recent polls in Canada (2021)[19], New Zealand (2018) [20], and the United States (2012)[21]. Support for eliminating added chemicals to tobacco products was noted in New Zealand (2018)[20], as was support for more regulation of tobacco products in Germany, Greece, Hungary, Poland, Romania and Spain (2018)[22]. Requiring health warnings on individual cigarette sticks was supported in England (2022)[23].

Supply-focused tactics have also garnered significant public support: Restriction of sales by drastically lowering the number of sales outlets was supported in New Zealand (2018) and England (2022), while confining sales to specialised shops where children cannot enter was supported in New Zealand (2018) and Canada (2021). Proposals prohibiting tobacco product sales near schools were popular in England (2022). Numerous countries have demonstrated public support for future planning aimed at eliminating tobacco product sales within a set time frame;[13,20,22] in some cases, this was contingent on Government assistance to help currently addicted smokers to quit (e.g. New Zealand (2018)).

Table 3: Examples of "tobacco endgame" tactics, organised by theme

Category	Example of tactic
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
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

Source: Puljevic et al, 2022.[13]

Reported public views on user-focused measures are varied. The "Tobacco 21" policy has strong public support: a recent Irish poll found that 71% of the public support raising the legal minimum age for tobacco sales to 21 years;[24] and this policy is also well-supported in the United States (2018), Canada (2018), Australia (2018), and England (2018).[25] The "Tobacco-Free Generation" concept has drawn mixed views.[23] Still, it is highly-supported in New Zealand (2018).[20] Support for requiring e-cigarettes to be available only on prescription was evident in England (2022).[23] The proposal to increase tobacco product taxation already encompasses a core component of the WHO MPOWER model, however to achieve endgame it is estimated that tax increases must approach or exceed 20% per annum.[26] Public support diverges - although a 2013 Danish poll demonstrated how 59% of respondents supported increased taxation,[27] a recent poll in New Zealand which examined support for tax increases of 20% per annum until less than 5% of the population smoked found support for this measure to be low at 27%.[20]

In general, tactics that place greater responsibility on the tobacco industry for the harm caused by the products it sells are well-supported: this includes, for example, holding tobacco companies accountable for the harm caused by smoking[22], or requiring tobacco companies to pay states for costs accrued due to tobacco-related harm[23].

Measures that emphasise the importance of prevention of youth smoking initiation and protection of children from secondhand smoke exposure are also very popular.[20]

1.6 "Tobacco endgame" already in action in other countries

There are already examples of "tobacco endgame" tactics at various stages of implementation across the world. New Zealand established itself as a pioneer in "tobacco endgame" with the recent release of the "Smokefree Aotearoa 2025 Action Plan" in December 2021[28] which emphasised 3 endgame strategies: a reduction in the number of tobacco product sales outlets (commencing 2024), lowering the nicotine in cigarettes (commencing 2025) and gradually raising the legal age of sale for cigarettes to create a "tobacco-free generation" in tandem with investment in cessation supports.[29]

Other countries have introduced varying elements of endgame policy measures to different degrees[13]: tobacco product sales have been phased out successfully in Manhattan Beach and Beverly Hills;[30] while "Tobacco 21" is also in place in the USA.[31,32] A reduction in tobacco product sales outlets is a policy objective contained within the most recent Australian national preventative health strategy,[33] while in 2013, Hungary adopted legislation which reduced the number of retail outlets selling tobacco by 83% (a reduction of 33,000 outlets).[34,35] In addition to New Zealand, two city councils have introduced the "Tobacco-Free Generation" policy: Balanga City Council in the Philippines and Brookline City Council in the USA.[13,36] Australia has limited e-cigarette use to prescription-only use, confining e-cigarette use to current smokers as a cessation aid.[37] The Netherlands have legislated to stop supermarkets from selling tobacco products from 2024.[36] Finland has introduced laws banning government officials from meeting with tobacco industry officials,[38] improving transparency regarding policy making.

1.7 Why did we do this survey?

Irish public opinion of "tobacco endgame" and its component measures are largely uncharted to date. As illustrated by the examples discussed above, and further explored in a recent assessment of factors which enable countries to take bold action for "tobacco endgame", public support is a key lever for realising policy change.[36,39]

Specifically, this survey aimed to measure awareness levels of and support for a '*Tobacco-Free Ireland*', to understand how people view the role of the Government and the HSE in achieving a '*Tobacco-Free Ireland*', to gauge support for potential measures that could be taken to help achieve the *'Tobacco-Free Ireland'* goal and to use findings from this survey to support future "tobacco endgame" policy planning in Ireland.

2 How did we do this survey?

2.1 How were the questions for the survey developed?

Informed by international literature and modelled on similar previous international surveys, a suitable survey instrument was developed to assess respondent awareness and support for "tobacco endgame" and its component measures. Questions were aligned with international surveys and prior to piloting, survey instrument feedback was sought by key stakeholders including the Royal College of Physicians of Ireland (RCPI) policy group and both national and international tobacco control experts.

Piloting was carried out prior to survey delivery to ensure each concept could be described in a suitable manner for delivery to the general public. The final questionnaire was then delivered by a contracted external market research company as part of an external omnibus survey. A copy of the questionnaire is available from the HSE TFI webpage.[40]

2.2 Who was surveyed and how were responses collected?

Following initial piloting, fieldwork was carried out by IPSOS MRBI on behalf of the HSE TFI Programme. Using this literature-informed, pre-tested survey instrument, respondents were questioned on their awareness of the *"Tobacco-Free Ireland"* (TFI) goal, their support for the *Tobacco-Free Ireland* goal and proposed "tobacco endgame" component tactics. Recruitment and survey delivery was conducted in February 2022 by IPSOS MRBI as part of a wider external omnibus survey.

In total, 1,000 members of the general public aged 15 years and older recruited via random digit dialling were interviewed using computer-assisted telephone interviewing (CATI). Once fieldwork was complete, data analysis was conducted by investigators in the HSE TFI Programme who had originally created the survey instrument.

2.3 How did we analyse the responses and produce the findings?

Data were transferred from IPSOS MRBI to the HSE TFI Programme and analysed in SPSS version 26 statistical package. To address non-response bias, prior to analysis, re-weighting was applied to all variables of interest in alignment with population estimates for gender, age, region and social class. Descriptive statistics measured sociodemographic characteristics of respondents, tobacco use status of respondents and prevalence of respondent "tobacco endgame" views. This survey, which had a small sample size compared to the Healthy Ireland Survey which is a nationally representative prevalence survey of lifestyle behaviours including tobacco use, was not designed to definitively measure smoking or e-cigarette use prevalence within the Irish population. Rather, tobacco product use prevalence was measured in order to allow stratified analysis of "tobacco endgame" views and of key associations with regards to public opinion of "tobacco endgame". A tobacco product user was defined as anyone who currently used tobacco products, including cigarettes, pipes, cigars, hand rolled cigarettes, other combustible products (cigarillos, little cigars, hookah), smokeless (snuff, chew, dip) products and e-cigarettes.

Categorical descriptive data including demographic variables are presented as counts and percentages. Inferential statistics were used to compare "tobacco endgame" awareness and views by socio-demographic variables and tobacco product use status. Pearson's Chi-Square test was then used to compare tobacco users and non-tobacco users in terms of key variables. Informed by relevant international literature "tobacco endgame" measures were categorised into 4 groups: user-focused measures, supply-focused measures, product-focused measures and institutional structure-focused measures. To evaluate and compare support for each group of "tobacco endgame" measures the average percentage of respondents reporting support for tactics within a theme was calculated. Multiple logistic regression modelling was then used to analyse associations between key sociodemographic characteristics of respondents and awareness of and support for the "tobacco free Ireland" goal. Statistical significance was determined at the 0.05 level. Exact 95% confidence intervals were calculated for regression adjusted odds ratios.

2.4 Ethical approval

Ethical approval for this survey was granted by the RCPI Research Ethics Committee in September 2021.

3 What Did We Find?

The key findings from the survey are now presented. The characteristics of survey respondents are briefly summarised and then the findings are set out in two sections:

- Views on "tobacco endgame" generally;
- Views on specific "tobacco endgame" tactics.

Overall findings for all respondents are illustrated. Tobacco product use is defined as anyone who currently used tobacco products, including both cigarettes and e-cigarettes. This survey was not intended to estimate the prevalence of tobacco product use across the population since that is the purpose of the Healthy Ireland Survey; however, it was necessary to collect tobacco product use in this survey so as to examine responses by this characteristic.

Table 4 summarises the socio-demographic characteristics of people who responded to the survey. Of the 1,000 respondents surveyed, 51% were female, 82% were aged 64 years and younger, and 59% had reached third level education. Overall, 19% were tobacco-product users, and as illustrated and expected, the prevalence of tobacco-product use varies across respondent characteristic. As discussed in the preceding section, the data were weighted and analysed so as to present findings which are representative of the general population in Ireland.

Table 4: Socio-demographic characteristics of total survey respondents, and prevalence of tobacco product use (N=1,000)

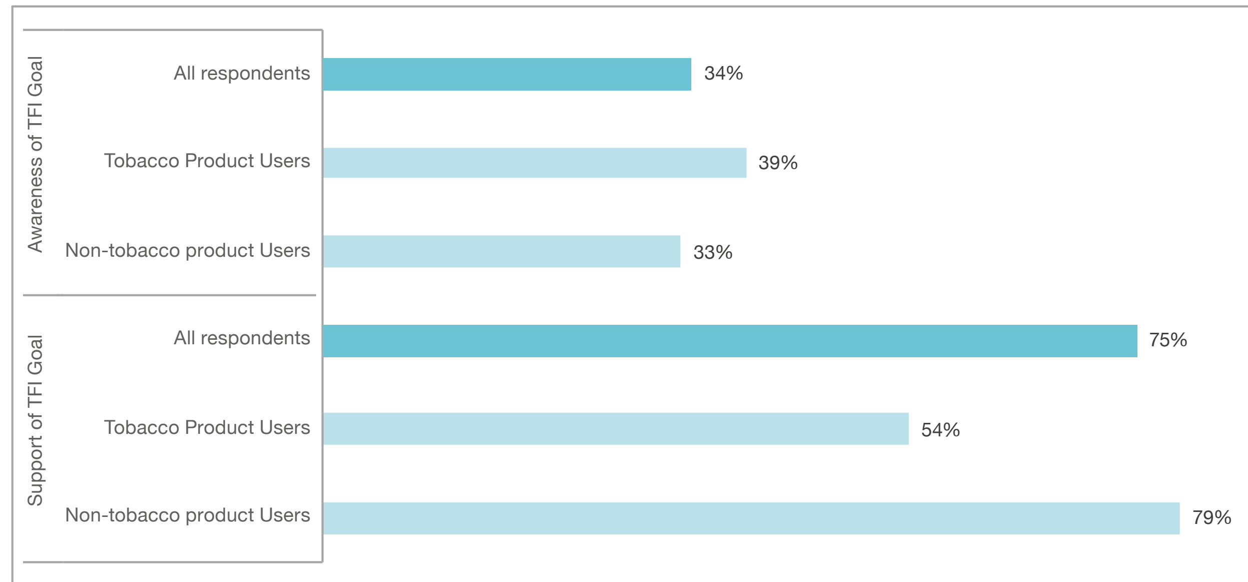
Characteristic	Total, n (%)	*Tobacco Product User, n (%)*
Gender (n=1,000)		
Male	491 (49.1%)	*116 (23.8%)*
Female	509 (50.9%)	*76 (15.0%)*
Age (n=1,000)		
15 - 17	48 (4.8%)	*10 (20.8%)*
18 – 44	458 (45.8%)	*114 (25.1%)*
45 – 64	311 (31.1%)	*57 (18.4%)*
65+	183 (18.3%)	*11 (6.0%)*
Socioeconomic status (n=1,000)		
AB	130 (13.0%)	*16 (12.3%)*
C1	305 (30.5%)	*39 (12.8%)*
C2	200 (20.0%)	*48 (24.0%)*
DE	305 (30.5%)	*86 (28.6%)*
F	60 (6.0%)	*≤5*
Education level (n=1,000)		
Third level	593 (59.3%)	*97 (16.4%)*
Secondary level or below	407 (40.7%)	*95 (23.6%)*
Region (n=1,000)		
Dublin	290 (29.0%)	*44 (15.2%)*
Rest of Leinster	268 (26.8%)	*65 (24.5%)*
Munster	267 (26.7%)	*47 (17.7%)*
Connaught/Ulster	175 (17.5%)	*36 (20.6%)*

3.1 Views on "tobacco endgame" generally

3.1.1 Awareness, support and perceived achievability of the "Tobacco-Free Ireland" goal

Figure 1 details respondents' awareness of the *"Tobacco-Free Ireland"* (TFI) goal, and their support for same.

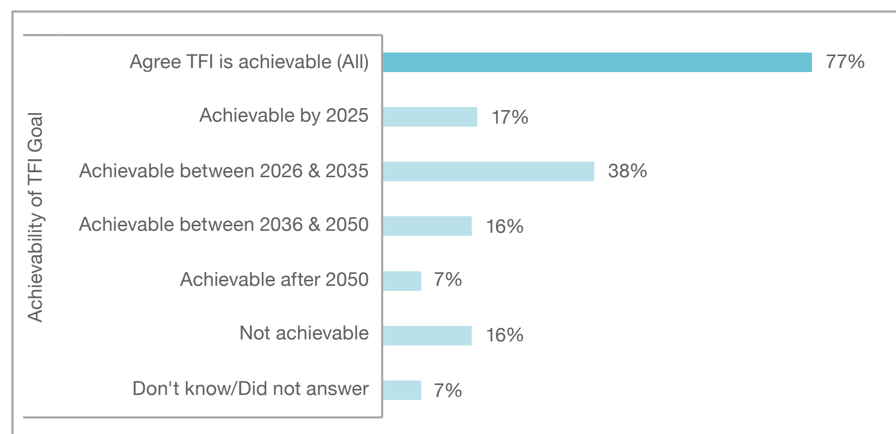
Figure 1: Respondents' awareness and support for "Tobacco-Free Ireland" goal



Approximately 1-in-3 respondents (34%) were aware of the TFI goal (Figure 1); although awareness was higher among tobacco product users (39%) than non-tobacco product users (33%); this difference was not statistically significant. A high proportion of those surveyed (75%) supported the TFI goal (Figure 1); Non-tobacco product users were over three times more likely than tobacco product users to support the TFI goal (Odds Ratio (OR) 3.23, 95% Confidence Interval (CI) 2.32-4.50, Pearson's $\chi 2$ = 51.215, df =1, p<0.001).

The majority (77%) of respondents believed the TFI goal is achievable (see Figure 2) - this finding was found to be similar among both tobacco product users (77%) and non-tobacco product users (77%). Although 17% believed the TFI goal was achievable by 2025 the majority (38%) believed the goal was only achievable between 2026 and 2035, 16% believed the goal was achievable by between 2036 and 2050 while 7% believed it was achievable but only after 2050.

Figure 2: ***Views on achievability of the "Tobacco-Free Ireland" goal with reference to timeframe***



Variation in support for the TFI goal was explored by respondent characteristic. Multiple logistic regression illustrated that, following adjustment for confounders, compared to tobacco product users, non-tobacco product users were 2.7 times more likely to support the TFI goal (aOR 2.66, 95%CI 1.89-3.76). Similarly, compared to males, females were 57% more likely to support the TFI goal (aOR 1.57, 95%CI 1.17-2.11) and compared to those of lower social class, those of higher social class were 72% more likely to support the TFI goal (aOR 1.72, 95%CI 1.25-2.35).

Table 5: Multiple logistic regression modelling analysis exploring sociodemographic factors and TFI goal support*

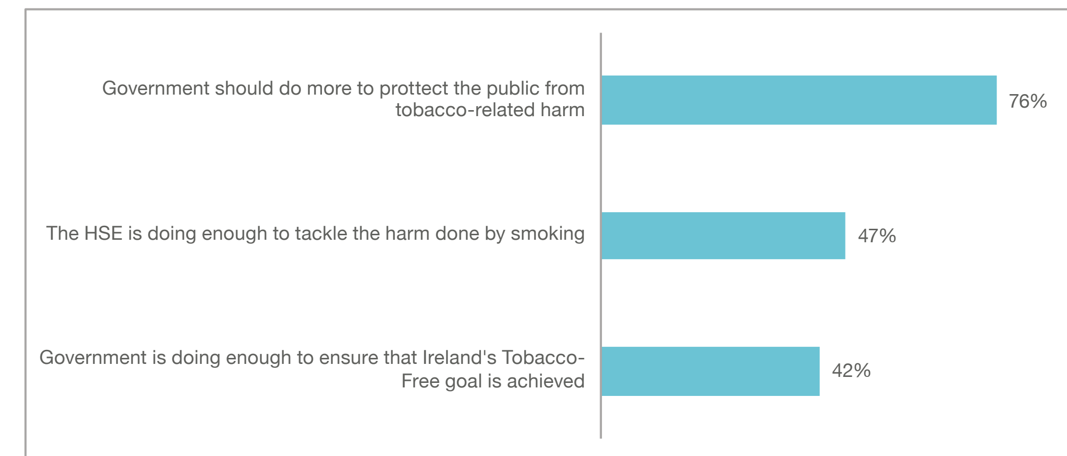
Predictors	Unadjusted OR (95%CI)	Adjusted OR† (95%CI)	P-value
Gender			
Male	1	1	
Female	1.76 (1.31-2.5)	**1.57 (1.17-2.11)**	**0.003**
Age			
15-34 years	1	1	
35+ years	1.23 (0.91-1.66)	1.16 (0.85-1.60)	0.356
Social Class			
C2,D,E	1	1	
A,B,C1	1.94 (1.43-2.62)	**1.72 (1.25-2.35)**	**0.001**
F	4.36 (1.83-10.42)	**3.45 (1.43-8.32)**	**0.006**
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**

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

3.1.2 Views on government and HSE action to tackle tobacco-related harm

Over three quarters (76%) of those surveyed believed the government should do more to protect the public from tobacco-related harm (see Figure 3). This was significantly higher among non-tobacco product users (78%) compared to tobacco product users (68%, OR 1.66 95% CI 1.17-2.34, Pearson's $\chi 2$ = 8.234, df =1, p=0.004).

Figure 3: Views regarding government and HSE efforts to reduce tobacco related harm and achieve the "Tobacco-Free Ireland" goal



Over half of respondents (58%) did not believe the Government were doing enough to ensure the TFI goal is achieved - this view was not significantly different between tobacco product users and non-tobacco product users. A similar proportion (53%) did not believe the HSE were doing enough to ensure the TFI goal is achieved and this was also not significantly different between tobacco product users and non-tobacco product users.

3.2 Views on specific "tobacco endgame" tactics

In total, public views on 22 proposed endgame measures were assessed. These measures are reported across the 4 themes introduced earlier in this report: user-focused measures, supply-focused measures, product-focused measures and institutional structure-focused measures. Each theme comprised questions on more than one tactic, albeit the number of tactics were different across the themes, and the average percent of respondents reporting support for tactics within a theme was calculated.

On average, respondent support was highest for product-focused measures (73%) followed by institutional structure-focused measures (65%). Lower levels of support was evident for supply-focused measures (61%) and user-focused measures (62%). As illustrated in Table 6, average support for all 4 categories of measures was lower among tobacco product users compared to non-tobacco product users.

Table 6: Average percentage respondent support for "tobacco endgame" measures across questions, grouped by theme and stratified by tobacco product use status

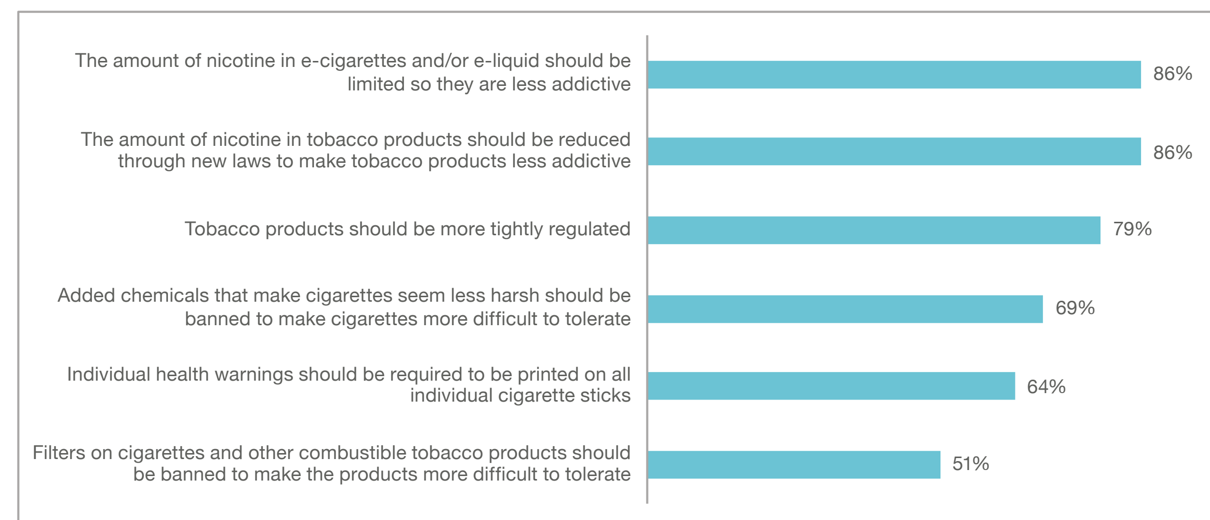
Theme	Total	Tobacco Product User	Non-Tobacco Product User
	%	%	%
Product-focused measures	72.5%	60.2%	76.1%
Institutional-structure focused measures	65.3%	52.9%	68.3%
Supply-focused measures	61.3%	47.0%	64.8%
User-focused measures	61.5%	45.5%	65.4%

3.2.1 Support for product-focused "tobacco endgame" measures

On average, respondents supported 73% of product-focused measures. Figure 4 details respondents support for six product-focused endgame measures.

High levels of support were evident for lowering the nicotine content in cigarettes and e-cigarettes to make the products less addictive (both at 86%), and for tighter regulation of tobacco products (79%). High levels of support was also evident for a ban on added chemicals that make cigarettes seem less harsh in order to make cigarettes more difficult to tolerate (69%) and for requiring individual health warnings to be printed on all individual cigarette sticks (64%). Lower levels of support were reported for banning filters on cigarettes and other combustible tobacco products to make the products more difficult to tolerate (51%). Compared to tobacco product users, non-tobacco product users were significantly more likely to support all six product-focused measures assessed (see Appendix).

Figure 4: Respondents' support for six product-focused "tobacco endgame" measures



3.2.2 Support for institutional structure-focused "tobacco endgame" measures

On average, respondents supported 65% of Institutional structure-focused measures. As detailed in Figure 5, of the two measures assessed, support for requiring tobacco companies to pay the state for the health costs due to the harm caused by tobacco products (78%) was higher than support for banning representatives linked to the tobacco industry from meeting with government officials (52%). Compared to tobacco product users, non-tobacco product users were significantly more likely to support requiring tobacco companies to pay the state for the health costs due to the harm caused by tobacco products. There was no significant difference in support between tobacco users and non-tobacco users with regards to banning representatives linked to the tobacco industry from meeting with government officials (see Appendix).

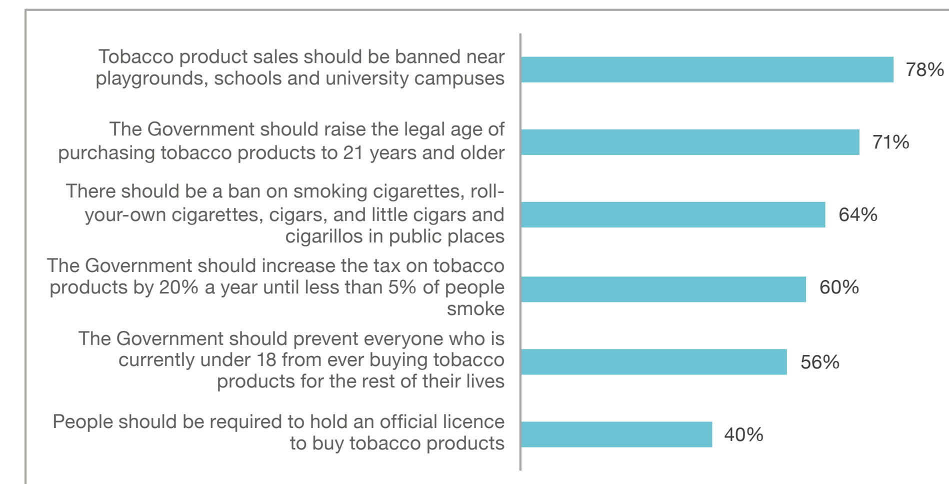
Figure 5: Respondents' support for institutional structure-focused "tobacco endgame" measures

3.2.3 Support for user-focused "tobacco endgame" measures

On average, respondents supported 62% of the user-focused measures assessed. As demonstrated in Figure 6, of the six user-focused tactics assessed, the highest level of support was shown for banning tobacco product sales near playgrounds, schools and university campuses (78%), raising the legal age of purchasing tobacco products to 21 years and older (71%) and the introduction of a ban on smoking cigarettes, roll-your-own cigarettes, cigars, and little cigars and cigarillos in public places (64%).

While the majority also reported high levels of support for increasing the tax on tobacco products by 20% a year until less than 5% of people smoke (60%) and preventing everyone who is currently under 18 years from ever buying tobacco products for the rest of their lives (i.e. a "Tobacco-Free Generation" policy) (56%), support for requiring people to hold an official licence to buy tobacco products was low (40%). Compared to tobacco product users, non-tobacco product users were significantly more likely to support all six user-focused measures assessed (see Appendix).

Figure 6: Respondents' support for user-focused "tobacco endgame" measures



3.2.4 Support for supply-focused "tobacco endgame" measures

On average, respondents supported 61% of the supply-focused measures. Of the eight supply-focused endgame measures assessed particular support was evident for phasing out sales of tobacco products (83%), and requiring shops that sell tobacco products to display information that encourages tobacco users to quit (82%). (See Figure 7).

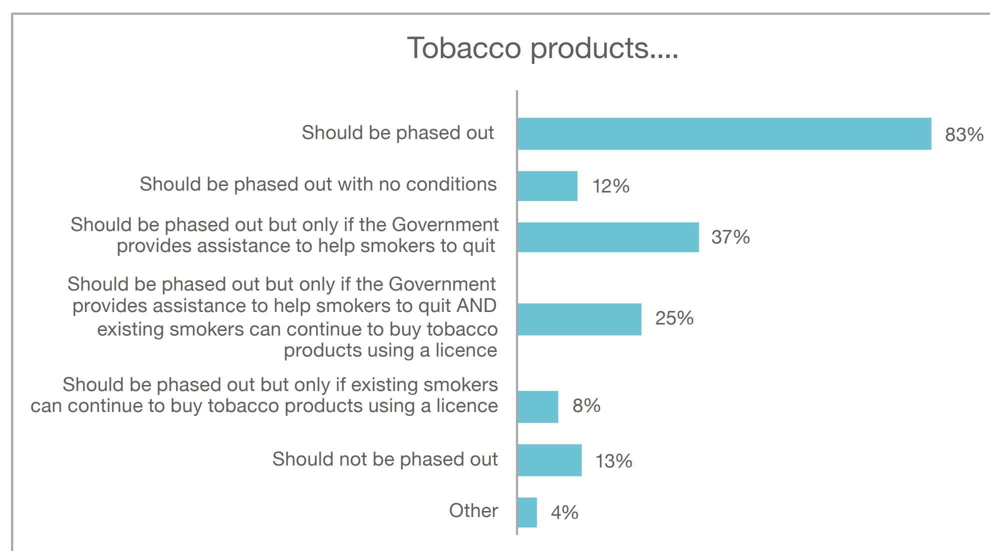
The majority also demonstrated support for restricting e-cigarette sales to over the counter sales through pharmacies only (64%), allowing tobacco product sales in a limited number of specially licenced shops only and banning sales from smaller local shops, newsagents, off-licences and petrol stations (63%), for reducing the number of places that can sell tobacco products by 95% (59%) and for restricting tobacco product sales to restricted hours of the day (50%). Low levels of support were evident for requiring people working in shops that sell tobacco products to undergo training to enable them to provide quitting advice to tobacco users (46%) and for restricting e-cigarette sales to prescription-only access (43%). Compared to tobacco product users, non-tobacco product users where significantly more likely to support seven of the eight user-focused measures assessed: there was no significant difference in support evident between tobacco users and non-tobacco users for the proposal to require people working in shops that sell tobacco products to undergo training to enable them to provide quitting advice to tobacco users (see Appendix).

Figure 7: Respondents' support for supply-focused "tobacco endgame" measures

3.3 Support for a complete phase out of tobacco product sales

As demonstrated in Figure 8, support for a complete phase out of tobacco product sales was very high (83%); however, for 70% this was contingent on special supports for people currently addicted. Necessary conditions included the need for government assistance to help people who smoke to quit (62%) and allowing existing people who smoke to continue to buy tobacco products using a licence (34%). Two thirds (67%) of those who supported a complete phase out believed this phase out should occur within the next 10 years.

Figure 8: Support for phasing out tobacco product sales (N=1,000):



4 What Does This Mean?

4.1 Summary of the main findings

We asked the public the question: is simply "controlling" the harm caused by smoking a sufficient goal, or should we end it completely?

Overall, although awareness of the TFI goal was mixed, support for the TFI goal and for potential endgame component tactics was high and the majority of respondents believed the TFI goal is achievable, although most believed this was more realistic by between 2026 and 2035. Particular support was evident for product-focused "tobacco endgame" measures, especially the proposal to reduce the nicotine content in cigarettes and e-cigarettes so as to make the products less addictive. Support for a complete phasing out of legal tobacco product sales was also very strong at 83% and two thirds of those who supported a complete phase out believed this phase out should occur within the next 10 years, however for the majority of supporters this was contingent upon special supports for people currently addicted. As expected, there is variation in views on "tobacco endgame" across population groups. Lower support for the TFI goal was evident among people who use tobacco products, males and those of lower social class, indicating targeted endgame approaches may be required for these population subgroups and such identification of subpopulations exhibiting lower support should inform equitable endgame policy development.

A key feature of public support for ending the harm caused by smoking completely is an interest in ensuring that action to deliver "tobacco endgame" in Ireland includes efforts to support people who are currently addicted to tobacco products so nobody is left behind.

4.2 Strengths and limitations

Study strengths included the sample size, robust survey instrument design supporting detailed analysis and sub analysis of key factors and the fact that this study is the first of its kind examining "tobacco endgame" support among the Irish public. Every effort was made to ensure that the sample provided responses that are representative of the public in Ireland and a technique of re-weighting was employed to improve generalisability of results. Notably, smoking prevalence is higher in the general population than within the sample.

4.3 What next?

Exploring public opinion regarding various key levers and tactics aimed towards achieving "tobacco endgame" generates a platform upon which to build momentum for propelling highly supported "tobacco endgame" component strategies, which can be used to generate key stakeholder and decision-maker support and buy-in for "tobacco endgame" strategies. This study confirms that there is strong support for "tobacco endgame" measures among the Irish population generally, which is a supportive factor for bold political leadership to make these radical ideas a reality.

Product-focused tactics were very popular and internationally, notable emphasis has been placed on the proposal to reduce the nicotine content of cigarettes and other tobacco products. Strong support for reducing the nicotine content of tobacco products aligns with previous international evidence of high support for this measure in particular. Views on targeting users were more mixed: while "'Tobacco 21" was well-supported, the "Tobacco-Free Generation" policy garnered less support.

A key feature of the "late phase" of the tobacco epidemic in Ireland and other countries is that as smoking prevalence falls, variation in smoking across population groups becomes clearer, with the greatest burden falling in the most vulnerable groups. The views of the public presented in this report show concern that nobody is left behind as we move to a "*Tobacco-Free Ireland*". Some of the analyses in their report of views across population groups point to opportunities for more focussed engagement to ensure that the "*Tobacco-Free Ireland*" goal and its benefits are shared by everyone. It is important that "tobacco endgame" measures are carefully designed, implemented and monitored to ensure that they reduce smoking-related harm across the population, and ideally, have the greatest impact in groups where the burden is highest.[13,41,42]

The public have answered the question: is simply "controlling" the harm caused by smoking a sufficient goal, or should we now aim to end it completely? There is a strong reservoir of public support for "tobacco endgame" in Ireland. This is the first time the Irish public were presented with the big, bold measures which may be required to make this a reality. While these may seem impossible, in fact public support for many of these measures was very high. A key feature of public support is an interest in ensuring that action to deliver "tobacco endgame" in Ireland includes efforts to support people who are currently addicted to tobacco products so nobody is left behind.

Urgent action, including policy action through political leadership, is needed to bring the epidemic of smoking-related harm to an end in Ireland. The public have shown that their views are well-ahead of current policy discussion and plans, and they want a "*Tobacco-Free Ireland*" for the next generation. They want the seemingly impossible done. Now is the time for action.

A number of next steps emerge:

- Through the Department of Health, Government should complete and publish a review of the current "*Tobacco-Free Ireland"* policy and put a plan in place with a clear, time-bound and measurable set of actions that will deliver the stated ambition of a smoking prevalence in Ireland of less than 5% by a specific date. Specifically:
  - · In recognition of the support identified in this survey, and elsewhere, legislation to adjust upward the prohibition on tobacco product sales to young people should be a priority ("Tobacco 21" type measures);
  - · The current scope of smoke-free environments in Ireland should be extended through legislation;
  - · A Technical Advisory Group should be put in place to examine progress on product-focused "tobacco endgame" measures in Ireland, including regulating nicotine content to make tobacco products less addictive;
  - · Design and implementation of the Public Health (Tobacco and Nicotine Inhaling Products) Bill 2019 must robustly address the tobacco retail environment in Ireland in a way which is more proportionate to the lethal nature of tobacco products and end the situation where these are available as "normal products" across the country;
  - · A Special Advisory Group should be put in place to ensure design and implementation of all actions takes account of the needs of special population groups most impacted by the harms of smoking so as to end smoking-related health inequalities in Ireland;
  - · Comprehensive stakeholder engagement will be integral to the design and implementation of actions; however, full and robust implementation of Article 5.3 of the Framework Convention on Tobacco Control is required in Ireland to protect "tobacco endgame" measures from tobacco industry interference, directly and through "front groups" and other well-known tactics;
  - · The Attorney General should be asked to advise the government on litigation against the tobacco industry to hold it to account for the costs of smoking in Ireland, with an initial focus on recovering the c€500 million costs to the health service each year, and include advice on criminal liability for harms caused by the tobacco industry's products;
  - · Reporting structures should ensure there is government oversight on progress towards a "*Tobacco-Free Ireland"* through the Cabinet Committees on Health, as well as the Cabinet Committee on Social Affairs and Equality, recognising the social justice component of this agenda; there should be continuing scrutiny through the Oireachtas Committee on Health.
- The HSE *Tobacco Free Ireland* Programme should, through implementation of its new Programme Plan, ensure a focus on leaving nobody behind as we move to "tobacco endgame" in Ireland, and that accessible, user-friendly and clinically sound supports are in place to maximise the opportunities for people who currently smoke to stop.
- The HSE *Tobacco Free Ireland* Programme should, with non-governmental organisations and partners build on the public support for a "*Tobacco-Free Ireland"* evidenced in this study to ensure there is continuing public engagement and dialogue that "de-normalises" acceptance of the continuing harm caused by smoking, and that there is effective engagement with government and public officials nationally and locally to prioritise continuing action that delivers "tobacco endgame".

Appendix A: Definitions

Variable	Definition
Smoker only	A smoker only was defined as anyone who currently smokes daily or occasionally, but does not use e-cigarettes daily or occasionally.
E-cigarette user only	An e-cigarette user was defined as anyone who currently uses e-cigarettes daily or occasionally but does not smoke daily or occasionally.
Dual tobacco product user	A dual tobacco product user was defined as anyone who currently smokes daily or occasionally and who also uses e-cigarettes daily or occasionally.
Tobacco product user	A tobacco product user was defined as anyone who currently used tobacco products, including both cigarettes and e-cigarettes.
Non-tobacco product user	A non-tobacco product user was defined as anyone who does not currently used tobacco products, including both cigarettes and e-cigarettes.
Social Class Group A	These are professional people, very senior managers in business or commerce or top-level civil servants. Retired people and their widows, previously grade A.
Social Class Group B	Middle management executives in large organisations with appropriate qualifications. Principal officers in local government and civil service. Top management or owners of small business concerns, education and service establishments. Retired people, and their widows, previously grade B.
Social Class Group C1	Junior management, owners of small establishments, and all others in non-manual positions. Jobs in this group have very varied responsibilities and educational requirements. Retired people, and their widows, previously grade C1.
Social Class Group C2	All skilled manual workers, and those manual workers with responsibility for other people. Retired people, and their widows, previously grade C2, with pensions from their job / late husband's job.
Social Class Group D	All semi-skilled and unskilled manual workers, and apprentices and trainees to skilled workers. Retired people, and their widows, previously grade D, with pensions from their job / late husband's job.
Social Class Group E	All those entirely dependent on the state long-term, through sickness, unemployment, old age or other reasons. Retired persons who receive only the standard basic state pension. Widows who receive only widows benefit. Those unemployed for a period exceeding six months (if less than 6 months, classify on previous occupation). Casual or intermittent workers and those without a regular income. These people may be receiving additional allowances from the state, which should be disregarded. Only households without a wage or income earner can be code E. If there is a wage or income earner present, grade on his or her occupation.
Social Class Group F	F1 - Farmers or farm managers of holdings of 50 acres or more and their dependants. F2 - Farmers or farm managers of holdings of less than 50 acres. Farm workers and farm labourers and their dependants.
Higher social class	Higher social class was defined as anyone belonging to social class A, B or C1.
Lower social class	Lower social class was defined as anyone belonging to social class C2, D or E.
Higher educational attainment	Higher educational attainment was defined as anyone who was currently completing or had completed third level education.
Lower educational attainment	Lower educational attainment was defined as anyone who was not currently completing or who had not completed third level education.
Younger	Younger age was defined as anyone under 35 years of age.
Older	Older age was defined as anyone aged 35 years or older.

Appendix B: Supplementary tables

B1: "Tobacco endgame" survey: Support for product-focused "tobacco endgame" measures (N=1,000)

Variable	Total	Tobacco Product User	Non-Tobacco Product User	P-value
Lowering the nicotine content in tobacco products to make the products less addictive				
Support	861 (86.1%)	149 (77.6%)	707 (88.2%)	<0.001 [a]
No Support	139 (13.9%)	43 (22.4%)	95 (11.8%)	
Banning filters on cigarettes and other combustible tobacco products to make the products more difficult to tolerate				
Support	513 (51.3%)	67 (34.9%)	445 (55.5%)	<0.001 [a]
No Support	487 (48.7%)	125 (65.1%)	357 (44.5%)	
Ban on added chemicals that make cigarettes seem less harsh in order to make cigarettes more difficult to tolerate				
Support	692 (69.2%)	116 (60.4%)	573 (71.4%)	0.003 [a]
No Support	308 (30.8%)	76 (39.6%)	229 (28.6%)	
Requiring individual health warnings to be printed on all individual cigarette sticks				
Support	639 (63.9%)	97 (50.5%)	540 (67.3%)	<0.001 [a]
No Support	361 (36.1%)	95 (49.5%)	262 (32.7%)	
Lowering the nicotine content in e-cigarettes to make the products less addictive				
Support	856 (85.6%)	144 (75.0%)	708 (88.3%)	<0.001 [a]
No Support	144 (14.4%)	48 (25.0%)	94 (11.7%)	
Tighter regulation of tobacco products				
Support	790 (79.0%)	121 (63.0%)	666 (83.0%)	<0.001 [a]
No Support	210 (21.0%)	71 (37.0%)	136 (17.0%)	

[a] = Chi squared test

B2: "Tobacco endgame" survey: Support for institutional structure-focused "tobacco endgame" Measures (N=1,000)

Variable	Total	Tobacco Product User	Non Tobacco Product User	P-value
Requiring tobacco companies to pay the state for the health costs due to the harm caused by tobacco products				
Support	784 (78.4%)	113 (58.9%)	666 (83.0%)	<0.001[a]
No Support	216 (21.6%)	79 (41.1%)	136 (17.0%)	
Banning representatives linked to the tobacco industry from meeting with government officials				
Support	522 (52.2%)	90 (46.9%)	429 (53.5%)	0.099 [a]
No Support	478 (47.85)	102 (53.1%)	373 (46.5%)	

a = Chi squared test

B3: "Tobacco endgame" survey: Support for user-focused "tobacco endgame" measures (N=1,000)

Variable	Total	Tobacco Product User	Non-Tobacco Product User	P-value
Tobacco user licence				
Support	403 (40.3%)	65 (33.9%)	334 (41.6%)	0.048 [a]
No Support	597 (59.7%)	127 (66.1%)	468 (58.4%)	
"Tobacco 21" policy				
Support	706 (70.6%)	124 (64.2%)	581 (72.4%)	<0.024 [a]
No Support	294 (29.4%)	69 (35.8%)	221 (27.6%)	
"Tobacco-Free Generation" policy				
Support	560 (56.0%)	78 (40.4%)	480 (59.9%)	<0.001 [a]
No Support	440 (44.0%)	115 (59.6%)	322 (40.1%)	

continued on next page

B3: "Tobacco endgame" survey: Support for user-focused "tobacco endgame" measures (N=1,000) continued

Variable	Total	Tobacco Product User	Non-Tobacco Product User	P-value
Banning tobacco product sales near playgrounds, schools and university campuses				
Support	782 (78.2%)	135 (70.3%)	645 (80.4%)	0.002 [a]
No Support	218 (21.8%)	57 (29.7%)	157 (19.6%)	
Substantial* tax increases				
Support	596 (59.6%)	55 (28.6%)	539 (67.2%)	<0.001 [a]
No Support	404 (40.4%)	137 (71.4%)	263 (32.8%)	
Ban on smoking cigarettes, roll-your-own cigarettes, cigars, and little cigars and cigarillos in public places				
Support	643 (64.3%)	68 (35.4%)	570 (71.1%)	<0.001 [a]
No Support	357 (35.7%)	124 (64.6%)	232 (28.9%)	

*Tax increases of 20%+ per year until <5% of the population smoke [a] = Chi squared test

B4: "Tobacco endgame" survey: Support for supply-focused "tobacco endgame" measures (N=1,000)

Variable	Total	Tobacco Product User	Non-Tobacco Product User	P-value
Complete phase out of tobacco product sales				
Support	828 (82.8%)	140 (72.9%)	686 (85.5%)	<0.001 [a]
No Support	172 (17.2%)	52 (27.1%)	116 (14.5%)	
Reducing the number of places that can sell tobacco products by 95%				
Support	589 (58.9%)	74 (38.3%)	513 (64.0%)	<0.001 [a]
No Support	411 (41.1%)	119 (61.7%)	289 (36.0%)	
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				
Support	630 (63.0%)	77 (40.1%)	550 (68.6%)	<0.001 [a]
No Support	370 (37.0%)	115 (59.9%)	252 (31.4%)	
Requiring shops that sell tobacco products to display information that encourages tobacco users to quit				
Support	819 (81.9%)	144 (75.0%)	672 (83.8%)	0.004 [a]
No Support	181 (18.1%)	48 (25.0%)	130 (16.2%)	
Requiring people working in shops that sell tobacco products to undergo training to enable them to provide quitting advice to tobacco users				
Support	459 (45.9%)	80 (41.5%)	377 (47.1%)	0.160 [a]
No Support	541 (54.1%)	113 (58.5%)	424 (52.9%)	
Restricting tobacco product sales to restricted hours of the day				
Support	501 (50.1%)	61 (31.6%)	437 (54.5%)	<0.001 [a]
No Support	499 (49.9%)	132 (68.4%)	365 (45.5%)	
Restricting e-cigarette sales to over the counter sales through pharmacies only				
Support	643 (64.3%)	85 (44.3%)	554 (69.1%)	<0.001 [a]
No Support	357 (35.7%)	107 (55.7%)	248 (30.9%)	
Restricting e-cigarette sales to prescription-only access				
Support	432 (43.2%)	62 (32.1%)	368 (45.9%)	0.001 [a]
No Support	568 (56.8%)	131 (67.9%)	433 (54.1%)	

[a] = Chi squared test

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