

Peer Review

Review of: "Youth Smoking and Vaping Social Norms and Associations with Stress, Anxiety, and Depression Symptoms"

Des Cox^{1,2}

1. School of Medicine, University College Dublin, Ireland; 2. Respiratory, Children's Health Ireland at Crumlin, Dublin, Ireland

Overall comments:

This is a well-written manuscript that presents the changing trends in social norms around vaping in three developed countries. The large numbers surveyed and the longitudinal nature of the study allow for robust comparison of trends across different waves of the ITC survey since 2017. The manuscript captures a time period during which vaping became extremely popular in numerous jurisdictions across the world. Overall, the findings are interesting. My major comment would be that the discussion section needs additional insights into how the authors interpret their findings.

Specific comments for the authors:

Discussion:

"Consistent with prior literature, findings suggest that smoking and vaping norms are associated with vaping and smoking behaviours among youth and these behaviours are more common among people with mental health diagnoses."

- Could differences in mental health supports and/or smoking/vaping cessation services across the three countries explain your findings? I understand that the authors have previously published on this cohort, but it would be important to highlight any significant differences in how mental health and tobacco/vaping use are tackled at a national level in each country. Please discuss.

“However, unlike in 2017, in 2022, youth from England also had more positive vaping norms than the US and Canada. This could be explained by the greater increase in past 30-day vaping prevalence among youth in England than in Canada and the US in recent years.”

- What are the reasons behind this greater increase in the UK? Are there legislative or cultural reasons why there was a difference? Can the authors provide a more in-depth discussion on the more positive vaping norms in the UK?

“Single-item measures and dichotomising depression, anxiety, and perceived approval restricted sensitivity and comprehensiveness of these assessments.”

- Are there other studies out there that have used more detailed measures? If so, please discuss these in the context of this limitation.

“Self-reported mental health symptoms may be biased and lead to overestimation relative to clinical diagnoses.”

- Please discuss how future studies could address this bias.

Conclusion:

There is none. Please write a conclusion for this manuscript.

Declarations

Potential competing interests: No potential competing interests to declare.