

2020 - CORE QUESTIONNAIRE OF THE REPORTING INSTRUMENT OF WHO FCTC

A. ORIGIN OF THE REPORT

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Ireland

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Period of reporting:

	Month	Year
Start date	January (1)	2018 (19)
End date	2011 (12)	2019 (20)

B1. TOBACCO CONSUMPTION

Prevalence of tobacco use

Smoking prevalence in the adult population (all)

(Please provide prevalence data for total adult population, and identify the age considered, e.g. 15 years old and over, 18-64 years; see B112)

Current smokers

	Prevalence (%) (please include all smoking tobacco products in prevalence data)	Average number of the most-consumed smoking tobacco product used per day
MALE	19	12
FEMALE	16	10
TOTAL (males and females)	17	11

Daily smokers

	Prevalence (%) (please include all smoking tobacco products in prevalence data)	Average number of the most-consumed smoking tobacco product used per day
MALE	16	14
FEMALE	12	12
TOTAL (males and females)	14	13

Occasional smokers

	Prevalence (%) (please include all smoking tobacco products in prevalence data)
MALE	3
FEMALE	3
TOTAL (males and females)	3

Former smokers

	Prevalence (%) (please include all smoking tobacco products in prevalence data)
MALE	36
FEMALE	32
TOTAL (males and females)	34

Never smokers

Prevalence (%)
(please include all smoking tobacco products in prevalence data)

MALE	64
FEMALE	68
TOTAL (males and females)	66

Please indicate the smoking tobacco products included in calculating prevalence for question B11:

Manufactured cigarettes, roll-your-own cigarettes, cigars, pipes.

Snus is banned in Ireland

Please indicate the age range to which the data used to answer question B11 refer:

	From	To
Age range	15	100

Please indicate the year of the data used to answer question B11:

2019

Please indicate the source of the data used to answer question B11:

Healthy Ireland Survey 2019.

Please provide the definitions of “current smoker”, “daily smoker”, “occasional smoker”, “former smoker” and “never smoker” used in this report.

Current smoker	someone who is either a daily or occasional smoker
Daily smoker	someone who consumes a tobacco product every day
Occasional smoker	someone who consumes a tobacco product less frequently than once a day
Former smoker	someone who used to consume tobacco products but no longer does
Never smoker	someone who has never consumed a tobacco product

Please provide a brief explanation of the trend in smoking prevalence in the adult population in the past two years or since submission of your last report.

Smoking prevalence is in decline since our last report

Smoking prevalence in the adult population (by age groups)

(If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)

	Range - start age	Range - end age	Prevalence (%) (please include all smoking tobacco products in prevalence data)
MALES - current smokers ¹	15	24	17
MALES - current smokers ¹	25	34	28
MALES - current smokers ¹	35	44	22
MALES - current smokers ¹	45	54	19
MALES - current smokers ¹	55	64	16
MALES - current smokers ¹	65	74	12
MALES - current smokers ¹	75	84	9
MALES - current smokers ¹	85	100	6
FEMALES - current smokers ¹	15	24	13
FEMALES - current smokers ¹	25	34	24
FEMALES - current smokers ¹	35	44	15
FEMALES - current smokers ¹	45	54	17
FEMALES - current smokers ¹	55	64	15
FEMALES - current smokers ¹	65	74	12
FEMALES - current smokers ¹	75	84	8
FEMALES - current smokers ¹	85	100	7
TOTAL (males and females) - current smokers ¹	15	24	15
TOTAL (males and females) - current smokers ¹	25	34	26
TOTAL (males and females) - current smokers ¹	35	44	18
TOTAL (males and females) - current smokers ¹	45	54	18

TOTAL (males and females) - current smokers ¹	55	64	16
TOTAL (males and females) - current smokers ¹	65	74	12
TOTAL (males and females) - current smokers ¹	75	84	9
TOTAL (males and females) - current smokers ¹	85	100	7

Please indicate the smoking tobacco products included in calculating prevalence for question B12:

Manufactured cigarettes, roll-your-own cigarettes, cigars, pipes.

Snus is banned in Ireland

Please indicate the year of the data used to answer question B12:

2019

Please indicate the source of the data used to answer question B12:

Healthy Ireland Survey 2019

Please provide a brief explanation of the trend in current smoking prevalence by age group in the past two years or since submission of your last report, if data are available.

Trend is downward with the exception of the 85-100 cohort

Prevalence of smokeless tobacco use in the adult population (all)

(Please provide prevalence data for total adult population, and identify the age considered in B132, e.g. 15 years old and over, 18–64 years; see B132)

Males

Prevalence (%)

(please include all smokeless tobacco products in prevalence data)

Females

Prevalence (%)

(please include all smokeless tobacco products in prevalence data)

TOTAL (males and females)

Prevalence (%)

(please include all smokeless tobacco products in prevalence data)

Please indicate the smokeless tobacco products included in calculating prevalence for question B13:

Please indicate the age range to which the data used to answer question B13 refer:

From To

Please indicate the year of the data used to answer question B13:

Please indicate the source of the data used to answer question B13:

Please provide the definitions of “current user”, “daily user”, “occasional user”, “former user” and “never user” (of smokeless tobacco products) used in this report in the space below.

Current user
Daily user
Occasional user
Former user
Never user

Please provide a brief explanation of the trend in smokeless tobacco use in the adult population in the past two years or since submission of your last report.

Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups)

(If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)

Range - start age	Range - end age	Prevalence (%) (please include all smoking tobacco products in prevalence data)
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Please indicate the smokeless tobacco products included in the answer to question B14:

Please indicate the year of the data used to answer question B14:

Please indicate the source of the data used to answer question B14:

Please provide a brief explanation of the trend in current use of smokeless tobacco by adult age groups in the past two years or since submission of your last report.

Tobacco use by ethnic group(s)

(please include all smoking or smokeless tobacco products in prevalence data)

Ethnic group(s)	MALES - Prevalence (%)	FEMALES - Prevalence (%)	TOTAL (males and females) - Prevalence (%)
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Please indicate the tobacco products included in the answer to question B15:

Please indicate the age range to which the data used to answer question B15 refer:

From To

Please indicate the year of the data used to answer question B15:

Please indicate the source of the data used to answer question B15:

Tobacco use by young persons

(please include all smoking or smokeless tobacco products in prevalence data)

	Age range	SMOKING TOBACCO - Prevalence (%)	SMOKELESS TOBACCO - Prevalence (%)	WATER PIPE - Prevalence (%)
BOYS - Current users ⁴	10-11	0.4		
BOYS - Current users ⁴	12-14	2.5		
BOYS - Current users ⁴	15-17	11.4		
GIRLS - Current users ⁴	10-11	0.1		
GIRLS - Current users ⁴	12-14	2.1		
GIRLS - Current users ⁴	15-17	10.7		
TOTAL (boys and girls) - Current users ⁴	10-11	0.3		
TOTAL (boys and girls) - Current users ⁴	12-14	2.3		
TOTAL (boys and girls) - Current users ⁴	15-17	11.0		

Please indicate the tobacco products included in calculating prevalence for question B16:

manufactured cigarettes and roll your own

Please indicate the year of the data used to answer question B16:

2014

Please indicate the source of the data used to answer question B16:

<http://health.gov.ie/wp-content/uploads/2016/01/HBSC2014web3.pdf>

Please provide the definition of "current smoking/tobacco use" used to answer question B16 in the space below.

current smokers which is defined as smoking tobacco monthly or more frequently

Please provide a brief explanation of the trend in tobacco use by young persons in the past two years or since submission of your last report.

The downward trend continues

The next tranche of HBSC (Health Behaviour in School Children) is happening in 2018. Data will be available in 2019.

Please attach the relevant documentation.

HBSC 2014

No comment

File type "pdf"

Use of novel and emerging tobacco and nicotine products

Age range	Heated tobacco products (HTPs) - Prevalence (%)	Electronic Nicotine Delivery Systems (ENDS) - Prevalence (%)	Electronic Non-Nicotine Delivery Systems (ENNDS) - Prevalence (%)	Other products - Prevalence (%)

B2-B9. HEALTH, SOCIAL AND ECONOMIC INDICATORS

Exposure to tobacco smoke

Do you have any data on exposure to tobacco smoke in your population?

Yes ✓

Please provide details in the space below (e.g. exposure by gender, at home, in the workplace, on public transport).

- Overall, 16% are exposed to second-hand smoke on a daily basis
- 34% of smokers are exposed to second-hand smoke daily, and 10% of non-smokers exposed daily
- Exposure to second-hand smoke among non-smokers is highest among those aged 15 to 24, 19% of whom are exposed to it on a daily basis.
- Also, 18% of non-smokers living in the most deprived areas are exposed to second-hand smoke daily

Please indicate the year of the data used to answer question B21:

2017

Please indicate the source of the data used to answer question B21:

Healthy Ireland Survey 2017.

Please attach the relevant documentation.

Tobacco-related mortality

Do you have information on tobacco-related mortality in your population?

Yes ✓

What is the estimated total number of deaths attributable to tobacco use in your population?

5962

If available, please provide any additional information on mortality attributable to tobacco use (e.g. lung cancer, cardiovascular diseases) in your jurisdiction.

Of the 5,962: 2,867 are caused by cancer, 1,495 by cardiovascular diseases, 1,530 due to respiratory diseases and 70 other.

Of the total 3,644 (61%) occur in men and 2,318(39%) occur in women.

Please indicate the year of the data used to answer question B32 and 33:

2013

Please indicate the source of the data used to answer questions B32 and B33:

An assessment of the economic cost of smoking in Ireland. March 2016, ICF Consulting.

Please submit a copy of the study you refer to:

**Cost of
smoking Report** No comment

File type "pdf"

Tobacco-related costs

Do you have information on the economic burden of tobacco use in your population, e.g. the overall cost of tobacco use imposed on your society?

Yes ✓

Please provide details (e.g. direct (health care-related) and indirect costs and, if possible, the method used to estimate these costs).

ICF International has compiled a report "An assessment of the economic cost of smoking in Ireland" for the year 2013.

The estimated annual costs are: healthcare - €506 million, lost productivity - €1,071 million, fires - €6 million, litter -€69 million, loss of welfare due to smoking-related (i) morbidity - €1,355 million and (ii) mortality - €7,657 million.

Please indicate the year of the data used to answer question B42:

2013

Please indicate the source of the data used to answer question B42:

As assessment of the economic cost of smoking in Ireland (2016) ICF International

Please submit a copy of the study you refer to:

**Economic Costs
of Smoking** No comment

File type "pdf"

Supply of tobacco and tobacco products

(with reference to Articles 6.2(b), 20.4(c), and 15.5)

Licit supply of tobacco products

	Product	Unit (e.g. pieces, tonnes)	Domestic production	Retail sales	Exports	Imports
Smoking tobacco products	Cigarettes	1000	0	3,597,194	0	3,597,194
Smoking tobacco products	Roll- your own	KGS	0	446,878	0	446,878
Smoking tobacco products	Other	KGS	0	35,561		35,561

Please provide information on the volumes of duty-free sales (e.g. product, unit, quantity), if available.

N/A

Please indicate the year of the data used to answer question B51 and 52:

2017

Please indicate the source of the data used to answer questions B51 and B52:

Tobacco clearances for 2017 from:<http://www.revenue.ie/en/about/statistics/registrations-assessments-transactions-excise-volumes.html>

Please attach the relevant documentation.

Seizures of illicit tobacco products

(with reference to Article 15.5)

Seizures of illicit tobacco

	Year	Product	Unit (e.g. pieces, tonnes)	Quantity seized
Smoking tobacco products	2014	Cigarettes	Millions of pieces	53.4
Smoking tobacco products	2015	Cigarettes	Millions of pieces	68.0
Smoking tobacco products	2014	Other tobacco	KGs	9,824
Smoking tobacco products	2015	Other tobacco	KGs	2,364
Smoking tobacco products	2017	cigarettes	million	34.21
Smoking tobacco products	2017	tobacco	kgs	1,750
Smoking tobacco products	2016	cigarettes	million	44.6
Smoking tobacco products	2016	tobacco	kgs	1,527

Do you have any information on the percentage of illicit tobacco products on the national tobacco market?

Yes ✓

What percentage of the national tobacco market do illicit tobacco products constitute? (%)

10

What is the trend over the past two years or since submission of your last report in the percentage of illicit tobacco products in relation to the national tobacco market?

10% in 2016 and 12 % in 2015

illicit packs of cigarettes 2014 11% illicit packs of RYO 2014 14%
2015 12% 2015 9%
2016 10% 2016 9%

Please provide any further information on illicit tobacco products.

The level of seizures in a given year can be affected by the occurrence of one or more particularly large seizure. Revenue is aware that smugglers are constantly looking for new ways to avoid detection, and that it needs to be agile and adaptable in responding to emerging threats. Revenue continually reviews the ways in which it acts against this illegal activity, to ensure that it detects and seizes illegal cigarettes and carefully monitors trends and patterns in the illicit trade so that the response can be adjusted accordingly.

Please indicate the source of the data used to answer questions in section B6:

The Office of the Revenue Commissioners in conjunction with the Health Service Executive's National Tobacco Control Office commission IPSOS MRBI to conduct an annual survey. The results of the survey are available online at <https://www.revenue.ie/en/corporate/information-about-revenue/research/surveys/tobacco-consumption-survey/index.aspx> Seizures (2.6.1) from <http://www.revenue.ie/en/about/publications/annual-reports.html> Illicit cigarette trends (2.6.3) from Illegal Tobacco Products Research – Survey Results 2014, Revenue Commissioners and National Tobacco Control Office, Ireland. See <http://www.revenue.ie/en/tax/excise/tobacco/index.html>

Please attach the relevant documentation.

Tobacco-growing

Is there any tobacco-growing in your jurisdiction?

Yes ✓

Please provide information on the number of workers involved in tobacco-growing. If available, please provide this figure broken down by gender.

n/a, one small plantation

Please provide, if available, the share of the value of tobacco leaf production in the national gross domestic product.

n/a - minor

Please indicate the year of the data used to answer questions in section B7:

2017

Please indicate the source of the data used to answer questions in section B7:

Data from the Revenue Commissioners (Irish tax authorities) and Department of Agriculture (Irish Agriculture Ministry)

Please attach the relevant documentation.

Taxation of tobacco products

(with reference to Articles 6.2(a) and 6.3)

What proportion of the retail price of the most popular price category of tobacco product consists of taxes (e.g. sum of excise, sales and import duties (if applicable) and value added tax/goods and services tax (VAT/GST))?

79.25

How are the excise taxes levied (what types of taxes are levied)?

Specific tax only

Ad valorem tax only

Combination of specific and ad valorem taxes Yes

More complex structure (please explain below)

If available, please provide details on the rates of taxation for tobacco products at all levels of Government and be as specific as possible (specify the type of tax, e.g. VAT, sales, import duties)

	Product	Type of tax	Rate or amount	Base of tax⁵
Smoking tobacco products	Cigarettes	Specific Excise Duty	€309.04 per thousand together with an amount equal to 9.04% of the price at which goods are sold by retail or €344.07 per thousand in respect of cigarettes sold by retail where the rate of tax would be less than that rate had the rate been calculated by the previous method	Specific tax Ad Vlorem based on retail price
Smoking tobacco products	Cigarettes	VAT	23% (equivalent to 18.7% of retail price)	
Smoking tobacco products	Cigarettes/ Cigars	Customs Duty non Eu goods	Acc to EU arrangements	
Smoking tobacco products	Cigars	Excise	355.238 per kilogram	per kilogram
Smoking tobacco products	Cigars	VAT	23% (equivalent to 18.7% of retail price)	
Smoking tobacco products	RYO	Excise	€335.238per kg	per kg
Smoking tobacco products	RYO	VAT	23% (equivalent to 18.7% of retail price)	
Smoking tobacco products	RYO	Customs Duty non Eu goods	Acc to EU arrangements	
Other tobacco products	other smoking tobacco	excise	€246.449 per kilogram	

Please briefly describe the trends in taxation for tobacco products in the past two years or since submission of your last report in your jurisdiction.

In October 2016 there was a 50 cent price increase on 20 cigarettes and a pro rata increase on other tobacco products. In October 2017 there was a 50 cent increase on 20 cigarettes and a pro rata increase on other tobacco products and a further increase of 25 cent on a 30g pack of RYO tobacco.

Do you earmark any percentage of your taxation income for funding any national plan or strategy on tobacco control in your jurisdiction?

Yes ✓

Please provide details in the space below.

A Tobacco Health Levy amounting to €168m is used to help fund the cost of health provision in the State. This money is still provided to the health sector on an annual basis.

Please indicate the year of the data used to answer questions B81 to B86:

2018

Please indicate the source of the data used to answer questions B81 to B86:

Tax rates as at 16 February 2018 as provided for in the Finance Act 2017

Please attach the relevant documentation.

Price of tobacco products

(with reference to Articles 6.2(a))

Domestic

Please provide the retail prices of the three most widely sold brands of domestic tobacco products at the most widely used point of sale in your capital city.

Name of the most widely sold brands	Number of units or amount per package	Retail price	Currency
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Imported

Please provide the retail prices of the three most widely sold brands of imported tobacco products at the most widely used point of sale in your capital city.

	Name of the most widely sold brands	Number of units or amount per package	Retail price	Currency
Smoking tobacco products	Silk Cut Purple	20	€12.00	euro
Smoking tobacco products	Benson & Hedges	20	€12.00	euro
Smoking tobacco products	Marlboro Gold	20	€12.00	euro
Other tobacco products	Golden Virginia	30g	€17	Euro
Other tobacco products	Drum	30g	€14.50	Euro
Other tobacco products	Amber Leaf	30g	€17	Euro

Please indicate the year of the data used to answer question B91:

2018

Please indicate the source of the data used to answer question B91:

retail survey

Please briefly describe the trend in the prices of tobacco products in the past two years or since submission of your last report in your jurisdiction.

upward above the rate of inflation

Please attach the relevant documentation.

C1. GENERAL OBLIGATIONS

With reference to Article 5

Have you developed and implemented comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention?

Yes ✓

Have you established or reinforced and financed:

a focal point for tobacco control?	Yes
a tobacco control unit?	Yes
a national coordinating mechanism for tobacco control?	Yes

Please provide details (e.g. the nature of the national coordinating mechanism, the institution to which the focal point for tobacco control or the tobacco control unit belongs).

An official within the Tobacco and Alcohol Control Unit, the Department of Health is the focal point.

Please provide a brief description of the progress made in implementing Article 5.1 and 5.2 (*General obligations*) in the past two years or since submission of your last report.

Tobacco Free Ireland builds on existing tobacco control policies and legislation already in place in this country and sets a target for Ireland to be tobacco free by 2025. In practice, this will mean a smoking prevalence rate of less than 5%. The two key themes underpinning the report are protecting children and the denormalisation of smoking. Tobacco Free Ireland Action Plan outlines the responsibilities, actions necessary and timelines for the implementation of the recommendations in Tobacco Free Ireland (TFI). TFI addresses a range of tobacco control issues and initiatives and contains over 60 recommendations including the introduction of standardised packaging of tobacco products, the banning of smoking in cars with children present and licensing of the sale of tobacco products. Some of the other recommendations of the report are:

- _ legislating for the banning of smoking in primary and secondary campuses and childcare facilities
 - promoting tobacco free playgrounds, parks and beaches in conjunction with local authorities
 - developing smoking cessation services and enhancing social marketing campaigns and educational initiatives to warn about the dangers of smoking.
-

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

protecting public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry?

Yes ✓

ensuring that the public has access, in accordance with Article 12(c), to a wide range of information on tobacco industry activities relevant to the objectives of the Convention, such as in a public repository?

No ✗

If you answered "Yes" to any of the questions under C121 or C122, please provide details in the space below (specifically, please refer, if relevant, to whether your government or any of its departments 1) have raised awareness on tobacco industry tactics and the need to prevent interference by the tobacco industry with decision making; 2) have avoided entering into any partnerships or voluntary agreements with the tobacco industry; 3) have established any measures to limit interaction of public officials with the tobacco industry, including in the form of a code of conduct; 4) have not granted any incentives, privileges, benefits or preferential tax exemptions to the tobacco industry to establish or run their business; etc.).

One of the recommendations in Tobacco Free Ireland is to: Take steps to ensure that all government officials, employees of state agencies and members of any government branch (executive, legislative and judiciary) responsible for setting and implementing tobacco control policies and protecting those policies against tobacco industry interests are aware of their obligations under article 5.3 of the WHO FCTC and are aware of the Guidelines developed to assist in meeting these obligations - p.34

Please provide a brief description of the progress made in implementing Article 5.3 in the past two years or since submission of your last report.

The Minister for Health has, over the years and as recently as November, 2017 written to all Government Ministers and all Heads of Government Departments outlining our commitments under Article 5.3. The Guidelines developed in relation to Article 5.3 were also circulated. In addition Government officials are reminded on a regular basis of Ireland's obligations under Article 5.3 when engaging in tobacco related matters

Have you utilized the "Guidelines for implementation of Article 5.3 of the WHO FCTC" when developing or implementing policies in this area?

Yes ✓

Please provide details in the space below or refer to section I of the additional questionnaire. Response to this question or to the additional questionnaire is **voluntary**. <https://extranet.who.int/dataform/655321?token=3n3uvitwqcmkig&lang=en> (<https://extranet.who.int/dataform/655321?token=3n3uvitwqcmkig&lang=en>)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

No comment
No comment

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C2. MEASURES RELATING TO THE REDUCTION OF DEMAND FOR TOBACCO

With reference to Articles 6–14

Price and tax measures to reduce the demand for tobacco

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

tax policies and, where appropriate, price policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption?

Yes ✓

prohibiting or restricting, as appropriate, sales to international travellers of tax- and duty-free tobacco products?

Yes ✓

prohibiting or restricting, as appropriate, imports by international travellers of tax- and duty-free tobacco products?

Yes ✓

Please provide a brief description of the progress made in implementing Article 6 (*Price and tax measures to reduce the demand for tobacco*) in the past two years or since submission of your last report.

re Tax Policy

In October 2017 excise duty on a pack of 20 cigarettes was increased by 50c at the Most Popular Price category, with a pro-rata increase on other tobacco products. There was also an additional increase of 25c on a 30 gram pouch of Roll Your Own tobacco. This resulted in a 2017 end of year most popular price category of €11.50 per pack of 20 cigarettes, and a Weighted Average Price of €10.71.

Have you utilized the “Guidelines for implementation of Article 6 of the WHO FCTC” when developing or implementing policies in this area?

Yes ✓

If you answered “Yes” to question C215 please provide details in the space below or refer to section H of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is **voluntary**. <https://extranet.who.int/dataform/655321?token=3n3uvitwqcmkig&lang=en> (<https://extranet.who.int/dataform/655321?token=3n3uvitwqcmkig&lang=en>)

The Minister for Finance (Irish Finance Minister) takes cognisance of the Guidelines for the Implementation of Article 6 of the FCTC in preparing Budgetary strategy regarding the taxation of tobacco products and in providing for appropriate tax administration measures to control tobacco products. In line with the Tobacco Products Tax Directive (2011/64/EU) Ireland operates a mixed system of taxation. In line with the Guidelines, Ireland imposes a relatively high specific component, a relatively low ad valorem component, and a minimum excise duty. With regard to the periodic revisions of tobacco tax levels, successive Ministers for Finance have opted not to index tobacco tax rates, but rather to raise excise duty on a discretionary basis with regard to the exigencies of broader fiscal policy. In eight of the last ten years, Ministers have opted to increase the tobacco products tax, all increases above the rate of inflation. As outlined in 3.2.1.4, the Minister for Finance is aware of the need to ensure a similar tax burden is imposed on all tobacco products. For that reason, duty on fine-cut tobacco has been increased above the pro-rata level imposed on all other tobacco products in Budgets 2012 and 2015. This has brought the ratio of the excise burden on fine-cut tobacco relative to cigarettes from 0.64 in 2011, to 0.69 in 2015. With regard to the apportionment of revenues to tobacco-control programmes, Ireland does provide for the hypothecation of a nominal sum of €168 million of revenue from the Tobacco Products Tax annually to the Department of Health (Irish Health Ministry). Finally, it should be emphasised that Ministers for Finance make tobacco taxation policy with regard to the overall fiscal stance, so that from time to time, revenue raising may be a greater factor when deciding the quantum of any tobacco taxation increase.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Quantitative restrictions apply to tobacco products brought into the State from outside the EU or from territories where EU rules on VAT and excise duties do not apply, such as the US or the Canary Islands. Where passengers arriving in Ireland have travelled from these areas, they may bring a maximum of 200 cigarettes or 100 cigarillos or 50 cigars or 250 grams of tobacco into the State tax free. In general, in accordance with EU law, tobacco products tax is not chargeable on tobacco products that are bought tax-paid by a private individual in another Member State of the EU, provided that the products are for the individual's own personal use and not for commercial purposes and are transported in person by that person into the State. However, in accordance with EU Directive 2008/118/EC, Ireland has imposed a quantitative limit of 300 cigarettes on the number of cigarettes which may be brought into Ireland without further payment of excise duty from Bulgaria, Croatia, Hungary, Latvia, Lithuania and Romania.

Please attach the relevant documentation.

Protection from exposure to tobacco smoke

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

banning tobacco smoking in indoor workplaces, public transport, indoor public places and, as appropriate, other public places ?

Yes ✓

What is the type/nature of the measure providing for the ban?

national law Yes
 subnational law(s)
 administrative and executive orders
 voluntary agreements
 other measures (please specify in C223 below)

Please provide a brief explanation of the type/nature and content of the measures providing for the ban.

In March 2004 legislation was introduced prohibiting smoking in most workplaces [The Public Health (Tobacco) Act 2002, as amended prohibited smoking in most indoor workplaces.], including bars and restaurants. Compliance with smoke free legislation is consistently high, with compliance rates generally above 90%. The health benefits for workers are already accruing.

Do any of these measures provide for a mechanism/ infrastructure for enforcement?

Yes ✓

Please provide details of this system.

Enforcement of the smoke free law is the responsibility of the Environmental Health Service of the Health Service Executive (HSE) and the Health and Safety Authority (HSA).

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

Indoor workplaces:

government buildings	Complete
health-care facilities	Complete
educational facilities ⁶	Complete
universities	Complete
private workplaces	Complete
other (please specify below)	

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

Public transport:

airplanes	Complete
trains	Complete
ferries	Complete
ground public transport (buses, trolleybuses, trams)	Complete
motor vehicles used as places of work (taxis, ambulances, delivery vehicles)	Complete
private vehicles	Partial
other (please specify below)	

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

Indoor public places:

cultural facilities	Complete
shopping malls	Complete
pubs and bars	Complete
nightclubs	Complete
restaurants	Complete
other (please specify below)	

Please provide a brief summary of complete and partial measures, with specific details of the partial measures that have been implemented:

Banning tobacco smoking in indoor workplaces

Smoking in all workplaces has been banned in Ireland since 2004

Banning tobacco smoking in public transport

Smoking has been banned from all public transport since 2004

Banning tobacco smoking in indoor public places

Smoking has been banned from all indoor public places since 2004

Please provide a brief description of the progress made in implementing Article 8 (*Protection from exposure to tobacco smoke*) in the past two years or since submission of your last report.

Legislation to ban smoking in private cars where children are present : The Protection of Childrens Health (Tobacco Smoke in Mechanically Propelled Vehicles) Act came into force on 1st January 2016.

Have you utilized the "Guidelines for implementation of Article 8 of the WHO FCTC" when developing or implementing policies in this area?

Yes ✓

If you answered "Yes" to question C229 please provide details in the space below or refer to section B of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is **voluntary**. <https://extranet.who.int/dataform/655321?token=3n3uvitwqcmkig&lang=en> (<https://extranet.who.int/dataform/655321?token=3n3uvitwqcmkig&lang=en>)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Regulation of the contents of tobacco products

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

testing and measuring the contents of tobacco products?

Yes ✓

testing and measuring the emissions of tobacco products?

Yes ✓

regulating the contents of tobacco products?

Yes ✓

regulating the emissions of tobacco products?

Yes ✓

Please provide a brief description of the progress made in implementing Article 9 (*Regulation of the contents of tobacco products*) in the past two years or since submission of your last report.

In compliance with E.U. Law

Have you utilized the “Guidelines for implementation of Articles 9 and 10 of the WHO FCTC” when developing or implementing policies in this area?

Yes ✓

If you answered “Yes” to question C236 please provide details in the space below or refer to section C of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is **voluntary**. <https://extranet.who.int/dataform/655321?token=3n3uvitwqcmkig&lang=en> (<https://extranet.who.int/dataform/655321?token=3n3uvitwqcmkig&lang=en>)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g., whether your country 1) has incorporated product regulation in the national tobacco control legislation; 2) has access to either governmental or independent – not owned or controlled by the tobacco industry – laboratories for testing contents and/or emissions of tobacco products; 3) has regulated ingredients, such as flavours (e.g. menthol); 4) has regulated product characteristics, such as design features (e.g., cigarette ventilation); etc.).

Please attach the relevant documentation.

Regulation of tobacco product disclosures

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

requiring manufacturers or importers of tobacco products to disclose to Government authorities information about the:

contents of tobacco products?	Yes
emissions of tobacco products?	Yes

requiring public disclosure of information about the:

contents of tobacco products?	Yes
emissions of tobacco products?	Yes

Please provide a brief description of the progress made in implementing Article 10 (*Regulation of tobacco product disclosures*) in the past two years or since submission of your last report.

In compliance with E.U. law.

Have you utilized the “Guidelines for implementation of Articles 9 and 10 of the WHO FCTC” when developing or implementing policies in this area?

Yes ✓

If you answered “Yes” to question C244 please provide details in the space below or refer to section C of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token=3n3uvitwqcmkig&lang=en> (<https://extranet.who.int/dataform/655321?token=3n3uvitwqcmkig&lang=en>)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g. whether your country has incorporated tobacco product disclosures in the national tobacco control legislation; has regulated the public disclosure of toxic constituents and emissions of tobacco products, aiming to raise public awareness and advance tobacco control policy; etc.).

Please attach the relevant documentation.

Packaging and labelling of tobacco products

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

requiring that packaging, individual cigarettes or other tobacco products do not carry advertising or promotion?

Yes ✓

requiring that packaging and labelling do not promote a product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions?

Yes ✓

requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products carry health warnings describing the harmful effects of tobacco use?

Yes ✓

ensuring that the health warnings are approved by the competent national authority?

Yes ✓

ensuring that the health warnings are rotated?

Yes ✓

ensuring that the health warnings are clear, visible and legible?

Yes ✓

Does your law mandate, as a minimum, a style, size and colour of font to render the warning clear, visible and legible?

Yes ✓

ensuring that the health warnings occupy no less than 30% of the principal display areas?

Yes ✓

ensuring that the health warnings occupy 50% or more of the principal display areas?

Yes ✓

ensuring that health warnings are in the form of, or include, pictures or pictograms?

Yes ✓

Does the Government own the copyright to these pictures and pictograms?

No ✘

Would you grant a non-exclusive and royalty-free licence for the use of health warnings developed in your jurisdiction with other Parties?

requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products contain information on relevant:

constituents of tobacco products?	No
emissions of tobacco products?	No

requiring that the warnings and other textual information appear on each unit packet and package and on any outside packaging and labelling in the principal language or languages of the country?

Yes ✓

Please provide a brief description of the progress made in implementing Article 11 (*Packaging and labelling of tobacco products*) in the past two years or since submission of your last report.

The Public Health (Standardised Packaging of Tobacco) Act 2015 was enacted in March 2015 and Regulations made under this legislation were signed in September, 2017. From September 2017 all cigarettes and all other tobacco products manufactured must be in standardised packaging. From September 2018 all tobacco products sold in retail outlets must be in standardised packaging

Have you utilized the “Guidelines for implementation of Article 11 of the WHO FCTC” when developing or implementing policies in this area?

Yes ✓

If you answered “Yes” to question C2516 please provide details in the space below or refer to section D of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token=3n3uvitwqcmkig&lang=en> (<https://extranet.who.int/dataform/655321?token=3n3uvitwqcmkig&lang=en>)

If you have any other relevant information pertaining to or not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Education, communication, training and public awareness

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

educational and public awareness programmes? (*Please refer to programmes implemented since submission of your two-year report.*)

Yes ✓

To whom are these programmes targeted?

- adults or the general public
 - children and young people
 - men
 - women
 - pregnant women
 - ethnic groups
 - other (please specify)
 - Other
-

Do you reflect the following key differences among targeted population groups in educational and public awareness programmes?

- age
 - gender
 - educational background
 - cultural background
 - socioeconomic status
 - other (please specify)
 - Other
-

Do these educational and public awareness programmes cover:

- health risks of tobacco consumption?
 - health risks of exposure to tobacco smoke?
 - benefits of the cessation of tobacco use and tobacco-free lifestyles?
 - adverse economic consequences of tobacco production?
 - adverse economic consequences of tobacco consumption?
 - adverse environmental consequences of tobacco production?
 - adverse environmental consequences of tobacco consumption?
-

awareness and participation of the following agencies and organizations in development and implementation of intersectoral programmes and strategies for tobacco control:

- public agencies?
 - nongovernmental organizations not affiliated with the tobacco industry?
 - private organizations?
 - other (please specify)?
 - Other
-

Are the elaboration, management and implementation of communication, education, training and public awareness programmes guided by research and do they undergo pre-testing, monitoring and evaluation?

Yes ✓

Are appropriate and special training or sensitization and awareness programmes on tobacco control addressed to:

- health workers?
 - community workers?
 - social workers?
 - media professionals?
 - educators?
 - decision-makers?
 - administrators?
 - other (please specify)
 - Other
-

Please provide a brief description of the progress made in implementing Article 12 (*Education, communication, training and public awareness*) in the past two years or since submission of your last report.

2014

Funding for the HSE QUIT Campaign increased from €800,000 in 2013, to €1.5 million in 2014. The increased funding, matched with the strong messages of the campaign, has led to a significant increase in online activity and responses from smokers.

2015

QUIT.ie Phase II completed, including extension of quit plan, introduction of community section, quit heroes app development. 11,000 quit plan sign-ups in 2015.

HSE Communications Department developed the Protection of Childrens Health (Tobacco Smoke in Mechanically Propelled Vehicles) information campaign

€1.65m invested in QUIT campaign in 2016 an increase from 2015. Visits to the site were up by 40%, quit plan sign up increased by 23%, calls to the quit team up by 22%. QUITs fan base on facebook grew by 4% in 2016 and 7% of visitors from facebook signed up for a quit plan. A further 7% of visitors from twitter signed up for a quit plan. Research showed that the media messaging was coming close to wear out towards the end of the year and the focus during mid-late 2016 was the development of a new strategic approach for 2017/2018. Planning for new campaign development took place late 2016.

UPDATE 2018:

An evaluation of the QUIT campaign was commissioned and carried out by Coyne Research to to assess the campaign performance. The research found that overall, awareness of the campaign had decreased among the general smoking population compared to 2015 but was performing ahead of industry norms for public awareness campaigns. Awareness was at 71% among the campaign's key target group- male C2DE aged 24-44. The research also found that usage of e-cigarettes among current smokers was high – 53% and likelihood to use a QUIT service when quitting was low at 11%.

Have you utilized the “Guidelines for implementation of Article 12 of the WHO FCTC” when developing and implementing policies in this area?

Yes ✓

If you answered “Yes” to question C269 please provide details in the space below or refer to section E of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token=3n3uivitwqcmkig&lang=en> (https://extranet.who.int/dataform/655321?token=3n3uivitwqcmkig&lang=en)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Tobacco advertising, promotion and sponsorship

Have you adopted and implemented, where appropriate, any legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes:

instituting a comprehensive ban on all tobacco advertising, promotion and sponsorship?

Yes ✓

Does your ban cover:

- display and visibility of tobacco products at points of sales?
- the domestic Internet?
- the global Internet?
- brand stretching and/or brand sharing?
- product placement as a means of advertising or promotion?
- the depiction of tobacco or tobacco use in entertainment media products?
- tobacco sponsorship of international events or activities and/or participants therein?
- contributions from tobacco companies to any other entity for "socially responsible causes" and/or any other activities implemented under the umbrella of "corporate social responsibility" by the tobacco industry?
- cross-border advertising, promotion and sponsorship originating from your territory?
- the same forms of cross-border advertising, promotion and sponsorship entering your territory for which domestic regulation apply?

cooperating with other Parties in the development of technologies and other means necessary to facilitate the elimination of cross-border advertising?

No ✗

imposing penalties for cross-border advertising equal to those applicable to domestic advertising, promotion and sponsorship originating from your territory in accordance with national law?

No ✗

Please provide a brief description of the progress made in implementing Article 13 (*Tobacco advertising, promotion and sponsorship*) in the past two years or since submission of your last report.

Have you utilized the “Guidelines for implementation of Article 13 of the WHO FCTC” when developing and implementing policies in this area?

Yes ✓

If you answered “Yes” to question C2715 please provide details in the space below or refer to section F of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token=3n3uvitwqcmkig&lang=en> (<https://extranet.who.int/dataform/655321?token=3n3uvitwqcmkig&lang=en>)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Demand reduction measures concerning tobacco dependence and cessation

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

developing and disseminating appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices?

Yes ✓

programmes to promote cessation of tobacco use, including:

- media campaigns emphasizing the importance of quitting? programmes specially designed for underage girls and young women?
- programmes specially designed for women?
- programmes specially designed for pregnant women?
- telephone quitlines?
- local events, such as activities related to World No Tobacco Day or National No Smoking Day, if appropriate?
- other (please specify)?

Quit4Youth programmes are delivered in a variety of youth centres and some youth education facilities. The Irish Cancer Society deliver an initiative called X-HALE which targets young people aged 10-24 and youth workers are provided with smoking prevention training, resources, film making and sharing workshops and project planning sessions across a 6 month period to support them in creating and promoting a youth led smoking prevention film that encourages young people to be smoke free.

Other

design and implementation of programmes aimed at promoting the cessation of tobacco use, in such locations as:

- educational institutions?
- health-care facilities?
- workplaces?
- sporting environments?
- other (please specify)?

Other

inclusion of diagnosis and treatment of tobacco dependence and counselling services for cessation of tobacco use in national programmes, plans and strategies for:

- tobacco control?
- health?
- education?

inclusion of programmes on the diagnosis and treatment of tobacco dependence in your health-care system?

Yes ✓

Which structures in your health-care system provide programmes for the diagnosis and treatment of tobacco dependence?

- primary health care
- secondary and tertiary health care
- specialist health-care systems (please specify below)
- specialized centres for cessation counselling and treatment of tobacco dependence
- rehabilitation centres

National Cancer Centres,
specialist chronic disease
prevention and treatment
programmes

Other

Are the services provided in these settings covered by public funding or reimbursement schemes?

primary health care	Fully
secondary and tertiary health care	Fully
specialist health-care systems (please specify below)	Fully
specialized centres for cessation counselling and treatment of tobacco dependence	Fully
rehabilitation centres	Fully
other (please specify below)	

Which health and other professionals are involved in programmes offering treatment for tobacco dependence and counselling services?

Health professionals including:

- physicians
- dentists
- family doctors
- practitioners of traditional medicine
- other medical professionals (please specify below)
- nurses
- midwives
- pharmacists
- Community workers
- Social workers
- other (please specify)
- Other

training on tobacco dependence treatment incorporated into the curricula of health professional training at pre- and post-qualification levels at the following schools:

- medical?
- dental?
- nursing?
- pharmacy?

A standardised curriculum Other

addressing brief intervention and health behaviour change/ referral to specialist services has been developed for all modifiable lifestyle risk factors – smoking, harmful alcohol use, healthy eating and physical activity. This programme has been developed by the HSE in partnership with all Higher Education Institutions (HEIs) in Ireland and will be officially launched in May of this year (2018). There is agreement from all HEIs providing undergraduate education for all health professional undergraduate programmes to include this training entitled 'Making Every Contact Count' (MECC) over the course of their undergraduate curricula i.e. Nurses, doctors and allied health professionals will complete this 20 hour curriculum which consists of a series of lectures, online training, and face to face skills practice thus facilitating the development of skills in brief intervention for health behaviour change for future health professional graduates.

facilitating accessibility and/or affordability of pharmaceutical products for the treatment of tobacco dependence?

Yes ✓

Where and how can these products be legally purchased in your country?

Bupropion and Varenicline are available to buy from pharmacies on foot of a doctors prescription.

Nicotine replacement therapies are available in pharmacies and over the counter in general stores.

Which pharmaceutical products are legally available for the treatment of tobacco dependence in your jurisdiction?

- nicotine replacement therapy
 - bupropion
 - varenicline
 - other (please specify)
 - Other
-

Are the costs of these products covered by public funding or reimbursement?

nicotine replacement therapy	Partially
bupropion	Partially
varenicline	Partially
other (please specify below)	

Please provide a brief description of the progress made in implementing Article 14 (*Demand reduction measures concerning tobacco dependence and cessation*) in the past two years or since submission of your last report.

In 2014, the HSE identified Identify a lead person with clear lines of responsibility for the co-ordination of smoking cessation services within the health service to ensure a national approach.

National standards for intensive cessation services have been published. The intensive cessation service on-line training was commissioned and was delivered to more than sixty staff during 2014. Two further face to face training courses in behavioural support were also delivered to sixty staff in 2014.

An integrated ""one-stop"" model QUIT service was also developed in 2014.

Specific training in relation to mental health and pregnancy was launched in 2014. Two specialty on-line modules on smoking in pregnancy and smoking and mental health were commissioned and launched in 2014.

Training targets set for the number of staff to be trained in Brief Intervention Smoking Cessation HSE Annual Service Plan. The total number trained in 2014 was 1,303.

In 2015, 30 Staff trained as intensive tobacco cessation specialists in November 2015 (14 of which were Mental Health staff). One stop model service mapping survey completed in preparation for the IT Patient Management System Tender. QUIT at 4 week quality KPI developed (45% quit at 4 weeks) for each service to be reported on in 2016.

NCSCCT issued a report on specialist training for 2015. 42 Staff trained in Mental Health specialist training module and 32 trained in the pregnancy and smoking module to end of December 2015.

HSE staff continue to deliver and support the We Can Quit smoking cessation programme in conjunction with the Irish Cancer Society. the programme targets women in disadvantaged communities in a number of areas.

The total number of front line staff trained in 2015 was 1,185 plus an additional 452 undergraduate health professional students. Overall target for 2016 is 1,350.

The Health and Quality Information Authority have agreed to commence an Health Technology Assessment of smoking cessation methodologies in their 2015 workplan.

Nicotine Replacement therapies are now available on general sale.

60 staff completed the online training module in 2016 bringing its total trained to 156. 15 Staff trained in Mental Health specialist module and 14 trained in the pregnancy and smoking module to end of December 2016. HSE staff continue to deliver and support the "We Can Quit" smoking cessation programme, which targets smokers from disadvantaged areas, in conjunction with the ICS. This programme extended into CHO 4 and 7 in 2016. National Maternity Strategy published which includes specific recommendations on how to support smoking cessation in pregnancy.

Have you utilized the “Guidelines for implementation of Article 14 of the WHO FCTC” when developing and implementing policies in this area?

Yes ✓

Please provide details in the space below or refer to section G of the additional questionnaire.

Response to this question or to the additional questionnaire is **voluntary**.

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If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

C3. MEASURES RELATING TO THE REDUCTION OF THE SUPPLY OF TOBACCO

With reference to Articles 15–17

Illicit trade in tobacco products

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining the origin of the product?

Yes ✓

requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining whether the product is legally sold on the domestic market?

Yes ✓

requiring that unit packets and packages of tobacco products for retail and wholesale use that are sold on the domestic market carry the statement: “Sales only allowed in ...” or carry any other effective marking indicating the final destination of the product?

No ✘

developing a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade?

Yes ✓

requiring that marking is presented in legible form and/or appears in the principal language or languages of the country?

Yes ✓

requiring the monitoring and collection of data on cross-border trade in tobacco products, including illicit trade?

Yes ✓

facilitating the exchange of this information among customs, tax and other authorities, as appropriate, and in accordance with national law and applicable bilateral and multilateral agreements?

Yes ✓

enacting or strengthening legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband cigarettes?

Yes ✓

requiring that confiscated manufacturing equipment, counterfeit and contraband cigarettes and other tobacco products derived from illicit trade are destroyed, using environment-friendly methods where possible, or disposed of in accordance with national law?

Yes ✓

adopting and implementing measures to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or duties?

Yes ✓

enabling the confiscation of proceeds derived from illicit trade in tobacco products?

Yes ✓

promoting cooperation between national agencies and relevant regional and international intergovernmental organizations in investigations, prosecutions and proceedings, with a view to eliminating illicit trade in tobacco products, with special emphasis on cooperation at regional and subregional levels?

Yes ✓

licensing or other actions to control or regulate production and distribution in order to prevent illicit trade?

Yes ✓

Please provide a brief description of the progress made in implementing Article 15 (*Illicit trade in tobacco products*) in the past two years or since submission of your last report.

Articles 15 and 16 of the Tobacco Products Directive 2014/40/EU provide for traceability and security features systems to help combat illicit tobacco products within the Union in line with FCTC policy. The Directive was transposed into Irish law by the European Union (Manufacture, Presentation and Sale of Tobacco and Related Products) Regulations 2016 and came into force on 20 May 2016.

The EU Commission has adopted three draft Implementing Acts providing the specifications for the system and discussions on these drafts. These Acts will be transposed into Irish law.

The traceability and security features systems shall apply to cigarettes and roll-your-own tobacco from 20 May 2019 and to tobacco products other than cigarettes and roll-your-own tobacco from 20 May 2024.

In addition, in 2014 the Irish Government approved the drafting of legislation to introduce, inter alia, a licensing system for the retail sale of tobacco products. The proposed licensing system will replace the current Tobacco Retail Register and will better regulate how tobacco products are sold and who sells such products. Work on the proposed legislation is ongoing.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Sales to and by minors

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

prohibiting the sales of tobacco products to minors?

Yes ✓

Please specify the legal age:

18

requiring that all sellers of tobacco products place a clear and prominent indicator inside their point of sale about the prohibition of tobacco sales to minors?

Yes ✓

requiring that, in case of doubt, each seller of tobacco products requests that the purchaser provides appropriate evidence of having reached full legal age?

Yes ✓

banning the sale of tobacco products in any manner by which they are directly accessible, such as open store shelves?

Yes ✓

prohibiting the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors?

Yes ✓

prohibiting the sale of tobacco products from vending machines?

No ✗

Do you ensure that tobacco vending machines are not accessible to minors and/or do not promote the sale of tobacco products to minors?

Yes ✓

prohibiting and/or promoting the prohibition of the distribution of free tobacco products:

- to the public?
 - to minors?
-

prohibiting the sale of cigarettes individually or in small packets?

Yes ✓

providing for penalties against sellers and distributors in order to ensure compliance?

Yes ✓

prohibiting the sales of tobacco products by minors?

No ✗

Please provide a brief description of the progress made in implementing Article 16 (*Sales to and by minors*) in the past two years or since submission of your last report.

In 2014 the Irish Government approved the drafting of legislation to introduce a licensing system and other measures in relation to retail sale of tobacco products and electronic non-medicinal nicotine delivery systems. The proposed legislation will prohibit the sale of tobacco products from self-service vending machines. It will also prohibit the sale of electronic non-medicinal nicotine delivery systems to persons under 18 years and the sale of electronic non-medicinal nicotine delivery systems and tobacco products by persons under the age of 18 years (minors). Work on the proposed legislation is ongoing.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Provision of support for economically viable alternative activities

Have you adopted and implemented, where appropriate, measures or programmes on any of the following:

promoting economically viable and sustainable alternatives for:

tobacco growers?	Not applicable
tobacco workers?	Not applicable
tobacco individual sellers?	Not applicable

Please provide a brief description of the progress made in implementing Article 17 (*Provision of support for economically viable alternative activities*) in the past two years or since submission of your last report.

Have you utilized the “Policy options and recommendations on economically sustainable alternatives to tobacco growing (in relation to Articles 17 and 18 of the WHO FCTC)” when developing and implementing policies in this area?

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

C4. OTHER MEASURES AND POLICIES

With reference to Articles 18–21

Protection of the environment and the health of persons

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

implementing measures in respect of tobacco cultivation within your territory, which take into consideration:

the protection of the environment?	Not applicable
the health of persons in relation to the environment?	Not applicable

implementing measures in respect of tobacco manufacturing within your territory, which take into consideration:

the protection of the environment?	Not applicable
the health of persons in relation to the environment?	Not applicable

Please provide a brief description of the progress made in implementing Article 18 (*Protection of the environment and the health of persons*) in the past two years or since submission of your last report.

Have you utilized the “Policy options and recommendations on economically sustainable alternatives to tobacco growing (in relation to Articles 17 and 18 of the WHO FCTC)” when developing and implementing policies in this area?

No ✘

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Liability

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

Does your tobacco control legislation contain measures regarding criminal liability for any violations of that tobacco control legislation?

Yes

Do you have separate criminal liability provisions in relation to tobacco control (outside of the tobacco control legislation)?

Yes

Do you have any civil liability measures that are specific to tobacco control?

No

Do you have any general civil liability provisions that could apply to tobacco control?

No

Do you have civil or criminal liability provisions that provide for compensation for adverse health effects and/or for reimbursement of medical, social or other relevant costs?

No

Has any person in your jurisdiction launched any criminal and/or civil liability action, including compensation where appropriate, against any tobacco company in relation to any adverse health effect caused by tobacco use?

Yes

Have you taken, as appropriate, any legislative, executive, administrative and/or other action against the tobacco industry for full or partial reimbursement of medical, social and other relevant costs related to tobacco use in your jurisdiction?

No

Please provide a brief description of any progress made, as appropriate, in implementing Article 19 (*Liability*) in the past two years or since submission of your last report.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Research, surveillance and exchange of information

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

developing and/or promoting research that addresses:

- determinants of tobacco consumption?
 - consequences of tobacco consumption?
 - social and economic indicators related to tobacco consumption?
 - tobacco use among women, with special regard to pregnant women?
 - the determinants and consequences of exposure to tobacco smoke?
 - identification of effective programmes for the treatment of tobacco dependence?
 - identification of alternative livelihoods?
 - Other
-

training and support for all persons engaged in tobacco control activities, including research, implementation and evaluation?

Yes ✓

a national system for epidemiological surveillance of:

- patterns of tobacco consumption?
 - determinants of tobacco consumption?
 - consequences of tobacco consumption?
 - social, economic and health indicators related to tobacco consumption?
 - exposure to tobacco smoke?
 - Other
-

Please list all surveys, including the year of the survey, that you have undertaken in the past.

Adults:

Survey of Lifestyle, attitudes and nutrition in Ireland, 1998, 2002, 2007.

Healthy Ireland Survey 2015, 2016 & 2017

National Tracker Survey 2002-2018

Children

Health Behaviour in School-aged Children: 1998, 2002, 2006, 2010, 2014, 2018

European School Survey Project on Alcohol and Other Drugs (ESPAD), 1995, 1999, 2003, 2007, 2011, 2015

Does your country have any plans to repeat any of the above or to undertake a new tobacco survey within three to five years of your last survey? Please provide details in the space below.

The Healthy Ireland Survey will be carried out annually

The HBSC Survey will be carried out every 4 years.

The ESPAD Survey is carried out every 4 years

regional and global exchange of publicly available national:

- scientific, technical, socioeconomic, commercial and legal information?
- information on the practices of the tobacco industry?
- information on the cultivation of tobacco?

an updated database of:

- laws and regulations on tobacco control?
- information about the enforcement of laws on tobacco control?
- pertinent jurisprudence?

Please provide a brief description of the progress made in implementing Article 20 (*Research, surveillance and exchange of information*) in the past two years or since submission of your last report.

The surveillance of tobacco use is now much more accurate with the Annual Healthy Ireland Survey .

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g. whether you included information on WHO FCTC implementation in your Voluntary National Review (VNR) on the Sustainable Development Goals (SDGs), related to target 3.a).

2015

Dental Practitioners and Smoking Cessation in Ireland

S Keogan, A Burns, K Babineau, L Clancy. *Tob. Prev. Cessation* 2015;1(October):5 Publish date: 2015-10-19

DOI: 10.18332/tpc/59482

Smoking dependence in 18 European countries: Hard to maintain the hardening hypothesis. Fernández E, Lugo A, Clancy L, Matsuo K, La Vecchia C, Gallus S. *Prev Med.* 2015 Oct 4. pii: S0091-7435(15)00308-4. doi: 10.1016/j.ypmed.2015.09.023. [Epub ahead of print] PMID:26441299

Young peoples perceptions of tobacco packaging: A comparison of EU Tobacco Products Directive and Irelands Standardisation of Tobacco Act. Babineau, K. & Clancy, L. (2015). *BMJ Open* 2015;5:e007352 doi:10.1136/bmjopen-2014-007352

Electronic cigarette use among Irish youth: A cross sectional study of prevalence and associated factors. Babineau K, Taylor K, Clancy L (2015) . *PLoS ONE* 10(5): e0126419. doi: 10.1371/journal.pone.0126419

2014

Relation between national-level tobacco control policies and individual-level voluntary home smoking bans in Europe. Ferketich AK, Lugo A, La Vecchia C, Fernandez E, Boffetta P, Clancy L, Gallus S. *Tob Control.* 2014 Oct 21. pii: tobaccocontrol-2014-051819. doi: 10.1136/tobaccocontrol-2014-051819. PMID: 25335901 Link

Socioeconomic differentials in the immediate mortality effects of the national Irish smoking ban. Stallings-Smith S, Goodman P, Kabir Z, Clancy L, Zeka A. *PLoS One.* 2014 Jun 2;9(6):e98617. doi: 10.1371/journal.pone.0098617. eCollection 2014. PMID: 24887027 Link

Pricing Policies And Control of Tobacco in Europe (PPACTE) project: cross-national comparison of smoking prevalence in 18 European countries. Gallus S, Lugo A, La Vecchia C, Boffetta P, Chaloupka FJ, Colombo P, Currie L, Fernandez E, Fischbacher C, Gilmore A, Godfrey F, Joossens L, Leon ME, Levy DT, Nguyen L, Rosenqvist G, Ross H, Townsend J, Clancy L. *Eur J Cancer Prev.* 2014 May;23(3):177-85. doi: 10.1097/CEJ.000000000000009. PMID:24441832 Link

Reducing lung cancer and other tobacco-related cancers in Europe: smoking cessation is the key. Clancy L. *Oncologist.* 2014 Jan;19(1):16-20. doi: 10.1634/theoncologist.2013-0085. Epub 2013 Dec 6. PMID:24319017 Link

The benefits from complying with the framework convention on tobacco control: a SimSmoke analysis of 15 European nations. Levy DT, Huang AT, Currie LM, Clancy L. *Health Policy Plan.* 2014 Dec;29(8):1031-42. doi: 10.1093/heapol/czt085. Epub 2013 Nov 20. PMID: 24262281 Link

Please attach the relevant documentation.

D. INTERNATIONAL COOPERATION AND ASSISTANCE

Pursuant to Article 21.1(c) and in accordance with Article 26, have you either provided or received financial or technical assistance (be it through unilateral, bilateral, regional, subregional or other multilateral channels, including relevant regional and international intergovernmental or nongovernmental organizations and financial and development institutions) for the development and strengthening of multisectoral, comprehensive tobacco control programmes of developing country Parties and Parties with economies in transition in any of the following areas:

development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control?

Assistance provided	Yes
Assistance received	No

provision of technical, scientific, legal and other expertise to establish and strengthen national tobacco control strategies, plans and programmes?

Assistance provided	Yes
Assistance received	No

appropriate training or sensitization programmes for appropriate personnel in accordance with Article 12?

Assistance provided	Yes
Assistance received	No

provision of the necessary material, equipment and supplies, as well as logistic support, for tobacco control strategies, plans and programmes?

Assistance provided	No
Assistance received	No

identification of methods for tobacco control, including comprehensive treatment of nicotine addiction?

Assistance provided	No
Assistance received	No

promotion of research to increase the affordability of comprehensive treatment of nicotine addiction?

Assistance provided No

Assistance received No

Please identify the Party or Parties from which assistance was received or to which assistance was provided.

Please provide information about any assistance provided or received in the space below, including any support received from nongovernmental organizations (please, specify).

Facilitated exchanges of information from Romania, Moldova and Tajikistan in 2017 and 2018.

If you have not received or provided assistance in any of the aforementioned areas, please identify any financial or technical assistance that may be under consideration, if appropriate.

Have you encouraged relevant regional and international intergovernmental organizations and financial and development institutions in which you are represented to provide financial assistance for developing country Parties and for Parties with economies in transition to assist them in meeting their obligations under the Convention?

Yes ✓

Please provide details in the space below.

E. PRIORITIES AND COMMENTS

What are the priorities for implementation of the WHO Framework Convention on Tobacco Control in your jurisdiction?

Tobacco Free Ireland outlines 60 recommendations to be implemented. These concur with the provisions of the FCTC.

With respect to Standardised packaging of tobacco products, The Public Health (Standardised Packaging of Tobacco) Act 2015 was enacted in March 2015. The Public Health (Standardised Packaging of Tobacco) Act 2015 was enacted in March 2105 and Regulations made under this legislation were signed in September, 2017. From September 2017 all cigarettes and all other tobacco products manufactured must be in standardised packaging. From September 2018 all tobacco products sold in retail outlets must be in standardised packaging.

Over the next period we intend to introduce legislation to license tobacco retailers, transpose the remaining parts of the TPD and move towards ratifying the Illicit Trade Protocol.

Have you identified any specific gaps between the resources available and the needs assessed for implementing the WHO Framework Convention on Tobacco Control?

No ✘

What, if any, are the constraints or barriers, other than lack of resources, you have encountered in implementing the Convention?

Do you have any of the following products available on your national tobacco market?

- smokeless tobacco products
- water pipe tobacco
- Electronic Nicotine Delivery Systems (ENDS)
- Electronic Non-Nicotine Delivery Systems (ENNDS)
- heated tobacco products (HTPs)
- Other

Have you adopted and implemented any policy or regulation that is specific to the following tobacco products?

- smokeless tobacco products
 - water pipe tobacco
 - Electronic Nicotine Delivery Systems (ENDS)
 - Electronic Non-Nicotine Delivery Systems (ENNDS)
 - heated tobacco products (HTPs)
 - Other
-

If you have any relevant information related to questions E5 and E6, please provide details in the space below.

Please provide any other relevant information not covered elsewhere that you consider important.

Your suggestions for further development and revision of the reporting instrument:

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