

Key statistics

- *Healthy Ireland*, the Framework for Improved Health and Wellbeing 2013 – 2025, the national framework for action to improve the health and wellbeing of the country was launched in March 2013.
- The Framework, which is underpinned by a number of ethical and guiding principles for implementation, places a strong emphasis on an evidence-based approach, reflecting national and international best practice, and takes a life course approach aimed at achieving four main goals:
 - Increase the proportion of people who are healthy at all stages of life
 - Reduce health inequalities
 - Protect the public from threats to health and wellbeing
 - Create an environment where every individual and sector of society can play their part in achieving a healthy Ireland
- *Healthy Ireland* supports a whole-of-government approach to address the social determinants and predictors of health and wellbeing, many of which fall outside the health sector, e.g. housing, transportation, education, workplaces and environment along with an individual's socio-economic status. The Framework outlines actions under six thematic areas, in which all sectors of society, including national and local government, the community and voluntary sector, the business community and individuals can participate to achieve these goals.
- A high-level cross-sectoral group, including representatives at Assistant Secretary level from Government Departments and other key agencies, to provide strategic direction and monitor progress has been established to monitor progress of the development of a three-year cross-sectoral implementation plan, and the development of a cross-sectoral template for 'healthy workplaces'.
- Following the enactment of the HSE (Governance) Act 2013, a Health and Wellbeing Division has been established in the HSE to deliver the health services aspects of health and wellbeing. The development of a health services 3-year implementation plan for *Healthy Ireland* is a priority action identified in the HSE National Service Plan 2014.
- The implementation of *Healthy Ireland* is a standing item on the agendas of the Senior Officials' Group on Social Policy and the Cabinet Committee on Social Policy.

Recent achievements

- While many of the elements of the *Healthy Ireland* Framework have moved into the 'implementing and operationalising' stage of implementation, the broad and complex nature of the Framework and the massive change agenda associated with its implementation requires that a critical focus remains on the wider enablers of implementation such as stakeholder consultation, building a supportive culture, communication and leadership.
- While a number of key projects were prioritised and initiated since the publication of the Framework, it should be acknowledged that much of the work over the initial year since the publication of *Healthy Ireland* has focussed on activity related to stakeholder engagement, leadership, communications and building a supportive environment.
- Activities already undertaken include meetings, presentations and discussions with a range of different organisations and bodies to create awareness and deliver information about *Healthy Ireland*, to build new

Healthy Ireland - Briefing Material

Key Statistics

- Healthy Ireland is the national framework which sets out four central goals and outlines 64 actions under 6 thematic areas to improve the health and wellbeing of the country over the coming generation.
- Healthy Ireland provides for new arrangements to promote effective co-operation between the health sector and other areas of Government and public services, concerned with areas including, social protection, children, business, education, and the environment.
- A key feature of the development and ongoing implementation of Healthy Ireland is collaboration across Government Departments and other public sector bodies to ensure Healthy Ireland's actions are systematically embedded into their policies and programmes.

Recent Achievements

- The Healthy Ireland Council held its inaugural meeting on 26th June 2014, which was addressed by Director General of the World Health Organization, Dr Margaret Chan. Chaired by Keith Wood, the Council is a key initiative to leverage engagement with whole-of-society and to connect and mobilise communities, families and individuals into a national movement with the aim of supporting everyone to enjoy the best possible health and wellbeing.
- The Department of Health in partnership with the Department of Education and Skills launched Active Schools Week.
- The Department of Health, in partnership with the Department of Social Protection, the Department of the Environment, Community and Local Government, the Housing Agency and the Institute of Public Health are to pilot the integration of a health assessment into the social impact assessment currently being conducted on the introduction of the housing assistance payment.

Current Issues

- The Department of Health is leading the implementation of Outcome 1: Healthy, Active Children, a priority commitment of Better Outcomes, Brighter Futures, the policy framework for children and young people. This includes development of an implementation plan and effective working arrangements to implement the policy and to ensure alignment with Healthy Ireland.
- The tender to administer the *Healthy Ireland* Survey will be awarded shortly. The Survey will gather information and inform the development of robust baseline data, at a national level on a range of health and wellbeing indicators, e.g. tobacco use, alcohol consumption, physical activity, diet, sexual health and wellbeing etc. It is expected that the first wave of the survey will happen in Q4 2014.

Next Steps

- Development of a high-level implementation plan.
- Development of a health and wellbeing research and data plan to build the evidence base for policy development and implementation.
- Targeted consultation with key stakeholders on a draft Outcomes Framework.
- Targeted consultation with key stakeholders on a National Physical Activity Plan.
- Publication of the National Sexual Health Strategy

relationships, and to commence exploratory discussions about potential collaborations or initiatives that could be aligned with the *Healthy Ireland* goals and vision. These organisations have included:

- a number of key Government Departments (Education and Skills, Environment, Community and Local Government, Children and Youth Affairs, Social Protection, Transport, Tourism and Sport)
 - the four HSE Regional Health Fora
 - local authorities
 - political representatives
 - health professional organisations and colleges
 - educational institutions
 - health NGOs and patient advocacy organisations
 - multinational and other private sector businesses and employers, including explorations of potential Social Corporate Responsibility opportunities
 - healthcare media and other media interests
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- The Healthy Ireland Council held its inaugural meeting on 26th June 2014, which was addressed by Director General of the World Health Organization, Dr Margaret Chan. Chaired by Keith Wood, the Council is a key initiative to leverage engagement with whole-of-society and to connect and mobilise communities, families and individuals into a national movement with the aim of supporting everyone to enjoy the best possible health and wellbeing.
 - A cross-sectoral working group is developing an Outcomes Framework to provide evidence to support an objective assessment of the impacts of Healthy Ireland and to help partners in wider government and society prioritise their actions towards improving health and wellbeing. The group has engaged with key stakeholders in identifying the health and wellbeing related indicators and targets developed by key groups in Ireland
 - A campaign titled "Let's Take on Childhood Obesity, One Step at a Time", developed in partnership between safefood, the HSE and the Department of Health, launched in October 2013. This campaign will continue throughout 2014 with the purpose of communicating practical solutions for parents to adopt in order to tackle the everyday habits that are associated with excess weight in childhood.
 - Work has commenced in partnership with the Department of Social Protection, the Department of the Environment, Community and Local Government, the Housing Agency and the Institute of Public Health to pilot the integration a health assessment into the social impact assessment being conducted on the introduction of the housing assistance payment. It is intended that further health impact assessments will be incorporated in to future policy developments across a range of issues.
 - Work has commenced on supporting improved child health and wellbeing in partnership with the Department of Education and Skills and the other partners in the education sector. To build on the recent progress in partnering in the launch of Active Schools Week and the Active Schools Flag initiative, work has commenced on ensuring a co-ordinated cross-sectoral approach to support schools and teachers in improving child health and wellbeing across all topics (nutrition, physical activity, SPHE, mental health etc) and in developing and putting in place a co-ordinated support infrastructure involving the HSE.
 - The Health and Wellbeing Programme is engaging with Local Government at both Departmental level (on the Inter-Departmental Group on Local and Community Development) and through the City and County Managers' Association. This engagement has facilitated the inclusion of health and wellbeing as a key pillar in the economic and community planning process being undertaken in the new Local Community Development Committees (LCDCs) in Local Authorities and the continuous building of relationships in addressing the challenges of cross-sectoral and inter-agency working at local authority level.

Current Issues

- The Department of Health is leading the implementation of Outcome 1: Healthy, Active Children, a priority commitment of Better Outcomes, Brighter Futures, the policy framework for children and young people. This includes development of an implementation plan and effective working arrangements to implement the policy and to ensure alignment with Healthy Ireland
- Drafting of a new National Sexual Health Strategy 2014-2020 has been completed and was discussed at the Senior Officials Group on Social Policy on 24th June 2014 in advance of submission of a Memo for Government shortly thereafter and publication as soon as practicable. The aims of the strategy are to improve sexual health and wellbeing and to reduce negative sexual health outcomes. This represents the first time that a nationally coordinated approach has been developed to address sexual health and wellbeing. The leadership, governance and coordination required to deliver the overarching goals for the sexual health strategy will be in line with both Future Health and Healthy Ireland and through their emerging structures and mechanisms for implementation.
- A Research, Data and Innovation Plan is in development which will set out a strategic approach to support the implementation, monitoring and evaluation of the HI Framework. It will allow organisations and bodies interested in research to design and implement their own research activities in the context of the Framework, thereby reducing duplication, increasing synergies and aligning research agendas. A cross-sectoral approach is planned to create a prioritised research programme for Healthy Ireland which will facilitate the incorporation of research into practice, programme and policy decisions. A consultation process was undertaken recently to develop a comprehensive understanding of current research and data in areas relevant to Healthy Ireland and the submissions received are currently being considered. It is intended that the Plan will be completed in Q4.

Next steps

- Following a recent tender process, arrangements are being finalised to issue a contract to administer a Healthy Ireland Survey which will gather information and inform the development of robust baseline data, at a national level on a range of health and wellbeing indicators, e.g. tobacco use, alcohol consumption, physical activity, diet, sexual health and wellbeing etc. It is expected that the first wave of the survey will happen in Q4 2014.
- The Department of Health and the Department of Transport, Tourism & Sport are co-chairing a working group which is developing a National Physical Activity Plan. This group is focusing attention on operational issues to encourage greater participation in, and greater recognition of the importance of, physical activity. It is anticipated that a draft document will be circulated for consultation shortly.
- The ongoing work to develop an Outcomes Framework will include a consultation which will shortly commence to develop consensus, to enhance collaboration with key stakeholders around the development of a health and wellbeing database. Appropriate governance arrangements will then be agreed to oversee implementation and continued collaborative development.
- A communications campaign involving the use of the HI logo is being developed to be used within all public sector and publicly funded campaigns that support health and wellbeing. In addition, a number of co-branding and partnership opportunities are currently being explored in relation to relevant programmes and activities which address health and wellbeing within other sectors.

Bioethics Unit:

Legislative Provisions on Advance Healthcare Decision Making

- An advance healthcare directive is a statement made by an individual with capacity setting out his/her will and preferences regarding treatment decisions that may arise in the future in the event that s/he lacks the capacity to provide consent to or to refuse those treatments.
- Draft Heads of Bill providing for a legislative framework for advance healthcare directives have been drafted by the Bioethics Unit and approved by the Minister. The Government approved publication of the draft General Scheme for Advance Healthcare Directives (AHDs) for the purposes of a public consultation on 4th February 2014. A report summarising the main issues raised during the public consultation was placed on the department's website on 30th May.
- The Bioethics Unit is currently engaging with the OPC in drafting the provisions which are at an advanced stage. We have agreed with the the Department of Justice and Equality that the provisions will be incorporated into the *Assisted Decision-Making (Capacity) Bill* 2013 at Committee Stage (anticipated to be in Sept 2014). Incorporating provisions for advance healthcare directives into the capacity legislation represents an efficient and practical method of consolidating the law in this area.

Assisted Human Reproduction

- The Bioethics Unit was tasked with conducting a review of the existing policy proposals on assisted human reproduction (AHR). [REDACTED]
[REDACTED]. The purpose of the review is to determine, whether the proposals remain fit for purpose in light of recent scientific, ethical and legal developments in relation to AHR.
- [REDACTED]
[REDACTED]. Subject to legal advice, the proposals will be presented to the Minister seeking his agreement to submit a memo for Government seeking approval to draft Heads of a Bill for Assisted Human Reproduction.

- Concurrently, the Bioethics Unit are liaising constructively with our colleagues in the Dept. of Justice in relation to the surrogacy and gamete donation provisions of the Family Relationships and Children Bill.
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Chief Bioethics Officer
Bioethics Unit 17/06/14

Tobacco & Alcohol Control Unit

Summary

- Smoking is the greatest single cause of preventable illness and premature death in Ireland, killing over 5,200 people a year. Figures from the National Office for Tobacco Control indicate that the overall prevalence of cigarette smoking in Ireland during 2013 was 21.5%.
 - Ireland will seek to reduce its consumption of alcohol to the OECD average by 2020 (i.e. 9.1 litres of pure alcohol per capita). The average Irish adult drank 10.64 litres of pure alcohol in 2013.
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Standardised Packaging of Tobacco Products

- On 10th June 2014, the Irish Government approved the publication of the **Public Health (Standardised Packaging of Tobacco) Bill 2014** and the presentation of the Bill in the Seanad. The Bill was initiated in the Seanad on the 19th June and commenced Committee and Report Stage on the 24th June. The Bill is scheduled to commence 2nd Stage in the Dáil the first week of July 2014. The Regulatory Impact Analysis will be published shortly.
- To comply with Ireland's European and International obligations, the Bill was notified to the EU (under Article 8(1) of the Technical Standards and Regulations Directive 98/34/EC) and the World Trade Organisation (under the Technical Barriers to Trade Agreement) on the 17th June 2014. The Bill has also been notified to the EU Commission under Article 24(2) of Directive 2014/40/EU of the European Parliament and of the Council of 3 April 2014 on the approximation of the laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco and related products and repealing Directive 2001/37/EC.

Smoking in cars where children are present

- The Government approved the principle of prohibiting smoking in cars with children present and approved the drafting of amendments to the Private Member's Bill "Protection of Children's Health from Tobacco Smoke Bill 2012" in June 2012.
- The Department of Health worked in consultation with the Attorney General's Office, the Department of Justice, the Department of Transport, Tourism and Sport, and the Garda Síochána in progressing this legislation.
- All Government-approved amendments brought by the Minister were accepted during Report Stage of the Private Member's Bill in the Seanad on 17th April. The amended Bill passed final stage in the Seanad, and will now take the form of a stand-alone Bill, entitled "Protection of Children's Health (Tobacco Smoke in Mechanically Propelled Vehicles) Bill 2014" when it moves through the legislative process in the Dáil. The Bill is provisionally scheduled to commence Second stage in the Dáil on the 09th July 2014.

Retail Licensing of Tobacco Products

- On the 24th June the Government approved the drafting of a General Scheme to provide for the introduction of a licensing system and other measures in relation to the sale of tobacco products and non-medicinal nicotine delivery systems (including e-cigarettes). A Regulatory Impact Assessment will be carried out as part of the drafting process.

Public Health (Alcohol) Bill

- The Government approved an extensive package of measures to deal with alcohol misuse to be incorporated in a Public Health (Alcohol) Bill. These measures are based on the recommendations contained in the *Steering Group Report on a National Substance Misuse Strategy*, 2012. It is hoped to publish a General Scheme of a Bill shortly.

Briefing on Tobacco Control

Key Statistics

Smoking is the greatest single cause of preventable illness and premature death in Ireland, ~~killing over 5,200 people a year with premature deaths caused by tobacco use in Ireland far~~ greater than the combined death toll from car accidents, fires, heroin, cocaine, murder and suicide. Smoking prevalence in Ireland remains high - at an estimated 21.5% of our population - despite the comprehensive range of tobacco control measures already in place.

Current Position

The Department of Health's policy in relation to smoking is to promote and subsequently move toward a tobacco free society. The policy document **Tobacco Free Ireland (2013)** aims to denormalise smoking and to protect children from the dangers of tobacco consumption. **Tobacco Free Ireland** sets a target for Ireland to be tobacco free (i.e. with a prevalence rate of less than 5%) by 2025.

Recent Achievements

Standardised Packaging of Tobacco Products

On 10th June 2014, Government approved the publication of the Public Health (Standardised Packaging of Tobacco) Bill 2014 and the presentation of the Bill in the Seanad. The Bill was initiated in the Seanad on the 19th June and commenced Committee and Report Stage on the 24th June. The Bill is scheduled to commence 2nd Stage in the Dáil the first week of July 2014.

To comply with Ireland's European and International obligations, the Bill was notified to the EU (under Article 8(1) of the Technical Standards and Regulations Directive 98/34/EC) and the World Trade Organisation (under the Technical Barriers to Trade Agreement) on the 17th June 2014. The Bill has also been notified to the EU Commission under Article 24(2) of Directive 2014/40/EU of the European Parliament and of the Council of 3 April 2014 on the approximation of the laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco and related products and repealing Directive 2001/37/EC.

Standardised packaging, also known as generic packaging, means that all forms of branding – **trademarks, logos, colours and graphics** – would be removed, except for the brand and variant name, which would be presented in a uniform typeface for all brands on the market. All packs would be in a plain neutral colour, except for the mandatory health warnings. The objective is to make all tobacco packs look less attractive to consumers and to make health warnings more prominent.

There is a wealth of evidence to support the introduction of standardised packaging. Research shows that plain packaging will:

- Increase the noticeability, recall and impact of health warning messages;
- Reduce the ability of packaging to mislead consumers to believe that some products may be less harmful than others; and

- Reduce the attractiveness of the tobacco product, for both adults and children.

A Regulatory Impact Assessment (RIA) has been completed for this legislation, which will be published shortly. As part of the RIA process, the tobacco industry organisations and retailer organisations were contacted seeking their views on the General Scheme of the Public Health (Standardised Packaging of Tobacco) Bill. They were requested to comment on specific provisions contained in the scheme or to identify any omissions from the scheme. The General Scheme of the Bill was also referred to the Joint Oireachtas Committee on Health and Children. The Committee received submissions and held a series of public hearings on the matter and published their report on 3 April 2014.

The results of the consultation process were considered when developing the legislation, where they related directly to the issue of standardised packaging of tobacco products. In developing the legislation the findings of the Joint Committee on Health and Children were also considered.

Next steps

Smoking in cars where children are present

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The Department of Health worked in consultation with the Attorney General's Office, the Department of Justice, the Department of Transport, Tourism and Sport, and the Garda Síochána in progressing this legislation. All Government-approved amendments brought by the Minister were accepted during Report Stage of the Private Member's Bill in the Seanad on the 17th April 2014. The amended Bill passed final stage in the Seanad, and will now take the form of a stand-alone Bill, entitled "Protection of Children's Health (Tobacco Smoke in Mechanically Propelled Vehicles) Bill 2014" when it moves through the legislative process in the Dáil. The Bill is provisionally scheduled to commence Second stage in the Dáil on the 09th July 2014.

Retail Licensing of Tobacco Products

Under current Irish tobacco control legislation, a retailer wishing to sell tobacco products, whether over the counter or from a self-service vending machine, must register with the HSE National Tobacco Control Office and be placed on the Retail Register for the sale of tobacco products. Under the Public Health (Tobacco) Act 2002, as amended, the HSE may charge a fee as may be determined by the Minister for Health. To date this has been a once off fee of €50 per applicant (as opposed to fee per premises).

Tobacco Free Ireland, Ireland's tobacco control policy, sets out recommendations for the future regulation of the tobacco retail environment. The Government proposes to increase the Retail Register fee during 2014 (budgetary measure), in the context of legislation to provide for the licensing of the sale of tobacco products as outlined in *Tobacco Free Ireland*.

Currently, tobacco products can be sold by any person, at any location, at any time. This is in contrast to the regulation of the sales of alcohol, pharmaceuticals and other goods and services. Having little or no restrictions on who can sell tobacco products or on where they

can be sold is inconsistent with our vision of a tobacco free society and undermines public understanding of how seriously tobacco damages health. There is a need, therefore, to put in place a more effective way of regulating who sells tobacco products and where these products are sold.

On the 24th June the Government approved the drafting of a General Scheme to provide for the introduction of a licensing system and other measures in relation to the sale of tobacco products and non-medicinal nicotine delivery systems (including e-cigarettes). A Regulatory Impact Assessment will be carried out as part of the drafting process. The conditions and requirements for the issue of tobacco retail licences will be set out in the Bill.

Tobacco Products Directive

In December 2012, the Commission published a proposal for a new EU Tobacco Products Directive, the ultimate purpose of which is to cut down the numbers of people smoking by reducing the attractiveness of tobacco products, particularly to children and young people.

This legislation was a priority for the Irish Presidency, and a General Approach was agreed when it was discussed at the EPSCO Council on the 21st June. The proposal was voted on by the plenary European Parliament on 8th October 2013.

Agreement was reached on the revised Tobacco Products Directive on 18th December 2013. Areas covered by the revised Directive include labelling and packaging, ingredients and emissions, traceability and security features and cross border distance sales of tobacco. While the revised Directive does not go so far as to introduce standardised packaging on an EU-wide basis, it allows Member States to take more stringent measures and refers explicitly to standardised packaging.

The European Parliament voted in favour of the revised Tobacco Products Directive on 26th February 2014, and it was approved by the Council on 14th of March 2014. The European Council has now formally adopted the Directive, and it will be in force from 20th May 2014. Member States have two years to transpose the new rules into national law.

Briefing on Alcohol

Key Statistics

- Ireland will seek to reduce its consumption of alcohol to the OECD average by 2020 (i.e. 9.1 litres of pure alcohol per capita) and reduce the harms caused by alcohol. The average Irish adult drank 10.64 litres of pure alcohol in 2013.
- The *Steering Group Report on a National Substance Misuse Strategy*, 2012 reported that alcohol:
 - was responsible for at least 88 deaths every month in 2008 (source the National Drug-Related Deaths Index); 1 in 4 deaths in young men were estimated to be due to alcohol, which compares to 1 in 12 deaths due to cancer or 1 in 25 due to cardiovascular disease;
 - is a contributory factor in half of all suicides and in deliberate self-harm; it also increases the risk of more than 60 medical conditions – such as cancers;
 - is associated with 2000 beds being occupied every night in Irish acute hospitals; a quarter of injuries presenting to emergency departments and 7,866 attendances in 2010 to specialised addiction treatment centres;
 - is associated with harms to the baby because of mothers drinking during pregnancy and is a factor in unplanned pregnancies;
 - increases the risk of children needing special care with an estimation that adult alcohol problems are associated with 16% of child abuse and neglect cases;
 - was a trigger in a third of domestic abuse cases;
 - related illness cost the healthcare system €1.2 billion and alcohol-related crime cost an estimated €1.19 billion, both in 2007; the cost of lost economic output due to alcohol was estimated to be €527 million in 2007 and finally, alcohol related road accidents cost an estimated €530 million in 2007.
- The Steering Group reported that 1.5 million Irish drinkers drink in a harmful pattern.

Recent Achievements

The Government approved an extensive package of measures to deal with alcohol misuse to be incorporated in a Public Health (Alcohol) Bill. These measures are based on the recommendations contained in the *Steering Group Report on a National Substance Misuse Strategy*, 2012. The package of measures to be implemented will include provision for:

- minimum unit pricing for alcohol products;
- the regulation of advertising and marketing of alcohol;
- structural separation of alcohol from other products in mixed trading outlets;
- health labelling of alcohol products; and
- regulation of sports sponsorship.

The Government also approved that:

Public health messaging relating to alcohol will be based on grams of alcohol. Weekly low-risk drinking guidelines should be 168 grams (17 standard drinks) for men and 112 grams (11 standard drinks) for women.

The other measures set out in the National Substance Misuse Strategy will be progressed by the relevant departments and organisations.

Current Issues/Difficulties

Minimum Unit Pricing (MUP) for Retailing of Alcohol Products

Minimum Unit Pricing sets a minimum price per gram of alcohol in the product. It will target alcohol cheap relative to strength- particularly low cost products in the off-trade especially supermarkets

A health impact assessment, in conjunction with Northern Ireland, was commissioned in 2013, as part of the process of developing a legislative basis for minimum unit pricing. The health impact assessment will study the impact of different minimum prices on a range of areas such as health, crime and likely economic impact. The study should be finalised by mid-2014.

Scotland has passed legislation on Minimum Unit Pricing. The Scottish High Court upheld this legislation following a judicial review of the Alcohol (Minimum Pricing) (Scotland) Act 2012. The court ruled that none of the challenges to the minimum pricing measures advanced by the petitioners (the Scottish Whiskey Association) were well founded and that there was no proper basis for the petitioners being granted any of the remedies sought. The appeal case was heard in the Inner Court of Sessions, Scotland's highest court, on the 04th of February, where it was referred by the appeal Judges to the European Court of Justice. The Scottish Government has notified the European Commission of its draft order setting a minimum price of 50p per unit.

Legal advice from the Office of the Attorney General has been received. The Department will work closely with this Office when drafting the Bill to ensure that it is compatible with EU Treaties and rules, and will monitor the Scottish situation.

Regulation of Sports Sponsorship

The government recognises the public health concerns associated with alcohol sponsorship of sport and the potential impact of any regulatory measures on funding for sports organisations. The existing voluntary code that governs sports sponsorship will be placed on a statutory footing

A working group to examine the regulation of sports sponsorship has been established. The working group, chaired by the Department of the Taoiseach, will report back by the end of 2014 on:

- i) The value, evidence, feasibility and implications (including the public health consequences for children and young people) of regulating sponsorship by alcohol companies of major sporting events,

- ii) Its consideration of financial implications and alternative sources of funding for sporting organisations to replace potential lost revenue arising from any such regulation

In order to ensure that its work is as fully informed as possible, the Group has sought submissions from interested parties who can provide additional information on this complex subject. The closing date for submissions was 06th June 2014.

Progress Achieved/Next Steps

Work is continuing on the development of a framework for the necessary Department of Health legislation. It is hoped to publish a General Scheme of a Bill shortly. The HSE has responsibility for implementing a number of recommendations in the National Substance Misuse Strategy and this is reflected in the HSE Service Plan for 2014. Letters have been issued to all Departments and Agencies identified as leads or participants requesting them to commence implementation of the recommendations.

**Tobacco & Alcohol Control Unit
June 2014**

Food and Environmental Health Units

Recent Achievements (2011 to date)

- 2011 - Food Unit processed 26 pieces of legislation, producing 11 SIs.
 - 2012 - Food Unit processed 25 pieces of legislation, producing 11 SIs.
 - 2013 - Food Unit processed 36 pieces of legislation, producing 14 SIs.
 - So far in 2014 Food Unit has processed 47 pieces of legislation, producing 6 SIs.
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Recent statistics for food hygiene inspection per HSE Annual Report 2013

Environmental Health Services (EHS) of the HSE carried out 33,000 inspections of food businesses in 2013. Of the cases assessed:

- 29% were satisfactory.
- 47% had minor cases of non-compliance.
- 18% resulted in an “unsatisfactory” finding.
- 5% resulted in an “unsatisfactory significant” finding.
- 1% resulted in an “unsatisfactory serious” finding.

The EHS issued 465 formal food safety enforcement actions, including 311 improvement notices and 11 prosecutions.

- **Food Labelling**

Most of the provisions of EU Regulation 1169/2011 will come into effect in December 2014. The main changes include mandatory nutrition declaration (from Dec 2016), introduction of allergen labelling to loose foods and the extension of compulsory country of origin labelling to fresh meat.

- **Allergen Labelling of Loose Foods**

Under EU Regulation 1169/2011, Ireland intends introducing national legislation obliging food business operators provide written information on allergen in food so that the information is freely and easily accessible, clearly legible before placing an order for the food and in a manner such that there is no possibility of confusion as to which food the information relates.

- **Raw Milk**

On foot of legal advice received in July 2013 this Department advised the Department of Agriculture, Food and the Marine (DAFM) that it was not possible to introduce secondary legislation under the Health Acts to introduce a restriction on the sale of raw milk for direct human consumption and that more prescriptive primary legislation would need to be adopted. It will now be a matter for DAFM to decide whether it wishes to introduce the primary legislation required.

- *Proposal for a new Regulation of the European Parliament and of the Council on official controls and other official activities performed to ensure the application of food and feed law, rules on animal health and welfare, plant health, plant reproductive material, plant protection products to replace Regulation (EC) No 882/2004.*

One of the main issues in the above proposal originally was the introduction of mandatory fees to cover all official controls performed for all food business operators. This is at variance with the situation in Ireland currently where fees for additional control activities in cases of non-compliance and for official controls on certain businesses approved for processing meat, fishery products and milk and for the approval of feed establishments and for most controls at borders are charged.

There are ongoing discussions in Brussels regarding this proposal and the new draft has been amended to cover only mandatory fees in respect of certain sectors (transport/distribution and manufacturing). This Department is not in favour of this approach and we recently met with the DAFM and it was agreed that we would continue to negotiate on the basis of maintaining the status quo as referred to above.

It should be noted that the DAFM are the lead department in the negotiations etc as they have responsibility for more elements of the proposal.

- *Novel Foods*

In an effort to improve the access of novel foods to the EU market, while maintaining a high level of consumer protection, a proposal was tabled in 2013 to revise the Regulation. This is being examined at working group level at present. The proposal does not refer specifically to cloning as it is intended that this issue be dealt with in a separate regulation. That latter will be primarily a matter for the Department of Agriculture, Food and the Marine.

- *Food Safety Authority of Ireland*

In 2013 a sum of €15.901m was provided to the FSAI of which €0.126m was surrendered to the Department. In 2014 a sum of €15.424m is being provided to the FSAI.

- *Food Safety Promotion Board*

The agreed contribution level is 30:70 North/South.

€5.25m and €5.95m was provided to the FSPB by the DoH during 2012 and 2013 respectively. DoH's contribution to their 2014 budget is expected to be €5.7.

- *Public Health (Sunbeds) Bill*

This Bill has been published and initiated in the Houses of the Oireachtas on 19 December 2013. The Bill was passed by Dáil Éireann on 30 April 2014 and passed by Seanad Éireann on 17 June 2014. It is expected to be signed by the President by 25 June. The Bill will be implemented in a phased basis. The first phase relates to the prohibition on those under 18

years of age from using a sunbeds on a sunbed premises or purchasing or hiring a sunbed together with the enforcement provisions will be commenced in July 2014. The Bill's key objective is to provide for a prohibition on sunbed businesses from permitting persons under 18 years of age from purchasing or hiring a sunbed or using a sunbed on a sunbed premises. Other key provisions outlined in the Bill include a prohibition on the use of sunbeds in unsupervised commercial premises; placing controls on the remote sale or hire of sunbeds (internet transactions); introduction of a notification system for sunbed operators; setting out training and enforcement provisions, and introduce restrictions with regard to signs that can be displayed in sunbed premises and a restriction on certain promotional marketing practices.

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Current issues

1. Provision of food information to consumers (Food Labelling)

In 2011, Regulation (EU) No. 1169/2011 on the provision of food information to consumers was finalised. The provisions of this Regulation will be effective from December 2014 in most cases, and from 2016 in others.

The main changes are:

- Mandatory Nutrition Declaration (presentation of the amounts of energy, fat, saturates, carbohydrates, protein, sugars and salt (per 100g or per 100ml) in the same field of vision, with scope for also presenting per portion;) on pre-packed foods (with effect from Dec 2016);
- Presentation of the Nutrition Declaration through Reference Intakes (mandatory) and through use of graphs and symbols (e.g. Traffic Lights) (voluntary); Note. The UK has decided to provide for a voluntary front of pack scheme using Traffic Lights. The FSAI will shortly conduct a public consultation on this issue.
- Minimum font size of 1.2 mm for all mandatory information;

- Extension of compulsory country of origin labelling to fresh meat of swine, sheep, goats and poultry (this has been introduced by the Dept. of Agriculture, Food and the Marine).
 - Introduction of allergen labelling to loose foods;
 - Origin of vegetable oils (e.g. palm oil); and
 - Identification of imitation foods.
-

Further work

The legislation also makes provision for a report to be produced on each of the following:

- Country of Origin Labelling for dairy products,
- Country of Origin Labelling for unprocessed foods, single ingredient products, foods with a single ingredient >50%
- Alcohol labelling
- Trans fatty acids

2. Novel Foods

Current Position

The current Novel Foods Regulation EC 258/97 lays out detailed rules for the authorisation of foods and ingredients that have not been widely used for human consumption within the EU before 15 May 1997 and, where appropriate, for any new food process which significantly alters the characteristics of the final product. To protect human health, novel foods must undergo a safety assessment before being authorised for sale on the EU market.

The New Proposal on Novel Foods

At the end of 2013 the Commission tabled a new and separate proposal on Novel Foods to replace Regulation EC 258/97 and this was examined at working group level between February and May this year. Agreement has been reached on nearly all aspects of the proposal, including the following new provisions:

- the introduction of more efficient authorisation procedures in order to enable safe, innovative foods to reach the EU market faster; the proposal is to set up a centralised Union authorisation system to replace the current procedure of mutual recognition;
- special provisions to fast-track novel foods which have a safe history of use in third countries in order to create a more positive environment for trade;
- once approved at EU level, authorisations will be generic but certain data protection rules can apply, so as to protect newly developed foodstuffs once authorised, and encourage companies to invest in developing new types of foods and food production techniques; and
- clarification has been included specifying that where food is to replace another food, that it should not differ from that food in such a manner that its normal consumption would be nutritionally disadvantageous to the consumer.

The issue of the definitions is currently being examined and has yet to be resolved. This will determine the scope of the regulation.

Under the scope of the original regulation, food falling within either of the following two criteria would be considered novel food:

- food not used for human consumption to a significant degree within the EU prior to May 1997, or
- food or food ingredients to which a new production process had been used where that production process gave rise to significant changes.

The intention in the current proposal is not to increase the field of application, except to allow the new Regulation cover certain omissions in the original regulation, such as insects. The above two overarching criteria are non-negotiable but the objective is to provide legal clarity to food business operators on what food is covered without extending the scope. Discussions are continuing on the best approach in which to achieve this objective.

The issue of Cloning

Currently, the cloning technique is not prohibited at EU level, and Regulation EC 257/97 provides that food from cloned animals is subject to a pre-market authorisation. That said, FSAI advises that food from cloned animals is NOT on the market in Ireland.

The proposed new Regulation on Novel Foods does not refer specifically to cloning. This is being dealt with separately and two stand-alone proposals for regulating cloning were introduced on this on 20 December 2013.

3. Allergen Labelling of Loose Foods

Under revised EU legislation on food labelling, Member States may adopt national measures concerning the means through which the particulars of allergen labelling on loose foods are to be made available in Ireland. Following a public consultation on the issue, we intend to introduce legislation obliging food business operators to provide written information on allergen in food. This is to be freely and easily accessible, clearly legible before the placing of an order for the food and in a manner such that there is no possibility of confusion as to which food the information relates. We are liaising with the Food Safety Authority of Ireland on the matter.

- 4. Proposal for a new Regulation of the European Parliament and of the Council on official controls and other official activities performed to ensure the application of food and feed law, rules on animal health and welfare, plant health, plant reproductive material, plant protection products to replace Regulation (EC) No 882/2004.**

On the 6 May 2013, the European Commission adopted a proposal for a draft regulation on official controls and other official activities performed which aims to strengthen the enforcement of health and safety standards across the “agri-food chain”. The new proposal replaces EC Regulation 882/2004 and aims to put in place a more robust, transparent and sustainable regulatory framework.

One of the main issues in the original proposal was the introduction of mandatory fees ~~to cover all official controls performed for all food business operators, with an~~ exemption for micro-businesses (those employing fewer than 10 persons and whose annual turnover or balance sheet does not exceed EUR 2 million).

Current Position

Ireland currently only charges for additional control activities in cases of non-compliance and for official controls on certain businesses approved for processing meat, fishery products and milk and for the approval of feed establishments and for most controls at borders.

Ireland launched a comprehensive co-ordinated “Consultation Paper” (with the FSAI and the Department of Agriculture, Food and the Marine (DAFM)) to ascertain industry/public and other stakeholders' views on the proposal. However, the level of response was limited.

There have been numerous Council Working Group meetings in Brussels. As a result of Member States' input, the Council has amended its proposal to cover only mandatory fees in respect of certain sectors (transport/distribution and manufacturing).

This Department recently met with the DAFM and it was agreed that we would continue to negotiate on the basis of maintaining the status quo, i.e. charging fees in respect of additional control activities in cases of non-compliance, official controls on certain businesses approved for processing meat, fishery products and milk and for the approval of feed establishments and for most controls at borders.

The overall review of the new proposal, including the consultation process, is currently being examined on an ongoing basis by this Department, the FSAI and DAFM. It should be noted however, that the DAFM are the lead department in the negotiations etc as they have responsibility for more elements of the proposal.

5. Raw Milk

On foot of legal advice received, this Department advised the Department of Agriculture, Food and the Marine in July 2013 that it was not possible to introduce secondary legislation under the Health Acts to introduce a restriction on the sale of raw milk for direct human consumption and that more prescriptive primary legislation would need to be adopted. It will now be a matter for DAFM to decide whether it wishes to introduce the primary legislation required.

1. Food Safety Authority of Ireland (FSAI)

Key Statistics

The FSAI is a statutory, independent and science-based agency, dedicated to protecting public health and consumer interests in the area of food safety and hygiene. It is assisted in this role by its Scientific Committee.

There were a total of 143 Enforcement Orders served for breaches in food safety legislation in 2013 compared with 109 in 2012, an increase of 31% - making last year the highest to date for the number of Enforcement Orders issued. This possibly reflects the adoption of a more targeted, risk-based approach to inspections.

Between 1st January and 31st December 2013, enforcement officers served 119 Closure Orders, 4 Improvement Orders and 20 Prohibition Orders on food businesses throughout the country. This compares with 91 Closure Orders, 3 Improvement Orders and 15 Prohibition Orders issued in 2012. **To date in 2014, 35 Closure Orders and 9 Prohibition Orders have been issued.**

A sum of €16.556m was provided to the FSAI in 2011 **all of which** was spent. In 2012 a sum of €16.225m was provided to the FSAI of which €16.060m was spent and €0.165m was surrendered to the Department. In 2013 a sum of €15.901m was provided to the FSAI with €0.126m surrendered to the Department in December 2013. The allocation for 2014 is €15.424m.

In line with Government policy, the FSAI works with the other agencies which operate under the aegis of the Department of Health, in the Health and Social Care Regulatory Forum to identify and implement cost saving measures and other efficiencies. Framework Agreements for the procurement of supplies and services are currently being established which should lead to cost savings and efficiencies of labour. Tender contracts such as catering services, insurance services and others as well as an increased use of technology by staff for attendance at meetings (thus reducing travel) have helped to reduce costs.

The Authority, with a staff at the end of 2013 of 71 WTEs, (compared with a staff of 74 WTEs in 2012 and 77 in 2011), is responsible for enforcing food safety legislation across the approximately 50,000 food businesses in Ireland. The Authority oversees and co-ordinates the work of over 1,100 WTE staff involved in food control (among other duties) in Ireland, based in a number of official agencies with which the Authority has service contracts. These agencies include the HSE, the Department of Agriculture, Food and the Marine, the Sea Fisheries Protection Authority, the Marine Institute and the Local Authorities.

Recent Achievements 2012 to date

Food Fraud

“Food fraud” is increasingly emerging as an issue in food incidents. In response to this the Authority established a Food Fraud Task Force in 2012. This is a multi-agency group consisting of experienced individuals from different enforcement arms

of the State who will work to share intelligence and research on food fraud and assist in improving the Authority's ability to detect and deal with food crime.

Outbreaks

In response to the threat posed by outbreaks of foodborne illness, the Authority and agencies responsible for official food control and public health developed and tested a protocol for the management of such outbreaks. A simulation exercise was conducted to test and improve response abilities. The collective experience gained during the simulation exercise was used to facilitate a review of the national outbreak control protocol and to improve the coordinated outbreak response in Ireland's public health system.

Management of Food Safety Incidents

The FSAI handled 404 food incidents in 2012, an increase of 2% on the number of incidents in 2011. The incidents were categorised as: full food incidents, minor food incidents and cross-country food complaints. The FSAI investigated 162 full food incidents in 2012, an increase of 15 (10%) compared to 2011.

Labelling of Horsemeat

During 2012 / 2013 the FSAI identified the adulteration of beef products with horsemeat. The adulteration was subsequently determined to be an EU wide issue. As a result of the FSAI's work in this area the European Commission has now introduced stringent controls to minimise the risk of future contamination. The Department of Agriculture, Food & the Marine has primary responsibility for this area.

Current Issues

Poor dietary intake and obesity are now regarded as a significant threat to public health. At the request of the Department, the Authority has undertaken a programme to assist with the introduction of a statement of calories on menus in restaurants, cafés and fast food outlets. The aim is to provide consumers with more information about the foods they eat, so that they can make informed healthier food choices. The Authority also developed a booklet on healthy eating and active living. Over 10,000 copies of the booklet designed for use by health professionals, caterers and consumers were distributed.

2. Food Safety Promotion Board

Key Statistics

The Food Safety Promotion Board (or '*safefood*') is one of six North/South Implementation Bodies established under the Good Friday Agreement in 1999.

The FSPB/*safefood* is principally charged with tasks involving food safety awareness-through public campaigns, conferences, training and advising professionals and the general public. It is also involved in supporting North/South scientific co-operation, and links between institutions working in the field of food safety - laboratories, statutory food safety enforcement agencies, and international and domestic research

bodies. Its remit also includes the promotion of specialised laboratory services, North and South.

Sponsor departments are the Department of Health (DOH) and the Department of Health, Social Services and Public Safety (DHSSPSNI) in Northern Ireland. The agreed financial contribution level is 30:70 North/South. In recent years the money paid out by the sponsor Departments was as follows:

Year	From DoH (€m)	From DHSS (€m)	Total Funding (€m)
2010	6.67	2.93	9.60
2011	5.95	2.47	8.42
2012	5.25	2.44	7.69
2013 (provisional)	5.95	2.55	8.5

Recent Achievements - 2011 to date

Health Promotion

FSPB continued with its work aimed at increasing awareness on the importance of food safety and on healthy eating. They focus on the importance of proper food hygiene practices when handling and preparing food, the necessity of avoiding cross-contamination in food preparation and on healthy eating. All of their campaigns are independently and professionally evaluated on an on-going basis. These evaluations have shown that the campaigns have helped to considerably raise awareness of the issues raised among consumers.

Scientific Knowledge Networks

FSPB established eight knowledge networks covering specific food safety topics, ranging from microbiological issues to chemical safety and food allergy and intolerance. These collaborative arrangements are creating and augmenting linkages between food safety professionals throughout the food chain across the island and will facilitate greater sharing of knowledge to support and enhance food safety. A wide range of food safety professionals are forming multidisciplinary linkages to gain access to scientific information, share knowledge and develop synergies. Membership of the networks continues to increase, with total numbers reaching some 1,600 by the end of 2013.

Reviews into the role of organisations working on food safety, diet and nutrition

To explore the scope for greater efficiencies and to eliminate waste, both sponsor Departments carried out reviews in 2012 on the roles and responsibilities of organisations working in the food safety, diet and nutrition areas in their respective jurisdictions. These provided for the development of enhanced communications structures between the organisations, helped clarify the role to be undertaken by FSPB and informed consideration of their Business Planning process.

Current Issues

Obesity and Overweight

FSPB continues to facilitate and support the All-island Obesity Action Forum which was established in December 2008 to support the implementation of obesity policies. The Forum brings together a wide range of stakeholders from over 31 different organisations, involved in both the areas of food and physical activity. It facilitates the exchange of best practice and the promotion of networking and collaboration working on the island of Ireland. Recently the Forum highlighted the important role healthcare professionals can play in the fight against overweight and obesity by normalising discussion and management.

The 'Stop the Spread' public awareness campaign was launched in May 2011. The overall objective of the campaign was to raise awareness that excess weight has become the "norm" in Ireland and to encourage people to take action. The campaign was very successful in re-igniting the fight against overweight and obesity with more adults knowing how to identify the problem and being more sensitised to the associated health risks. An independent television production "Operation Transformation", sponsored by FSPB, commenced in 2011. It aims to assist people to change their lifestyles. It follows volunteers as they set out to tackle their weight issues through lifestyle changes. Social media plays a significant part in the success of the series. This programme has enjoyed year on year increases in popularity peaking at 691,000 viewers in 2013 and reaching 12th place in the top 20 most watched programmes on Irish television. To support the series a number of road shows were presented in 2013 at a number of shopping centres across the island of Ireland.

Other initiatives undertaken include research into the nutritional impact of Chinese takeaway food and advice on how to limit some of its less desired features, co-hosting a conference exploring the influences and effects of food-related behavioural change and the launching of the Food Behaviours Knowledge Network.

Joint Food Waste/Food Safety Campaign

With research revealing that 64% of total food waste is avoidable by both better food planning and shopping by consumers and by increased understanding of best before and use by dates, safefood launched a joint campaign with DOENI and EPA in 2012, to help clear up this confusion on these dates.

3. Environmental Health Unit

European Union (Protection of Animal used for Scientific Purposes) Regulations 2012 (S.I. No 543 of 2012) as amended in 2013 (S.I. No. 434 of 2013)

Recent Achievements: Transposition of Directive 2010/63/EU

With effect from 1 January 2013, the IMB is the Competent Authority with regard to the European Union (Protection of Animals used for Scientific Purposes) Regulations 2012 (S.I. No 543 of 2012), as amended, and Directive 2010/63/EU. The Department of Health retains responsibility for policy in this area.

The National Committee for the Protection of Animals Used for Scientific Purposes was established on 1 December 2013. Based on nominations from the Irish Medicine

Board (IMB) and in accordance with the requirement that the members possess specialist expertise and competence relevant to the functions of the National Committee, the members of this Committee were appointed by the Minister on 9 January 2014. The inaugural meeting of this Committee was held on 30 April 2014

Public Health (Sunbeds) Bill

Recent Achievements:

The Public Health (Sunbeds) Bill has been published and initiated in the Houses of the Oireachtas on 19 December 2013. The Bill was passed by Dáil Éireann on 30 April 2014 and passed by Seanad Éireann on 17 June 2014. It is expected to be signed by the President by 25 June. The Bill will be implemented in a phased basis. The first phase relates to the prohibition on those under 18 years of age from using a sunbeds on a sunbed premises or purchasing or hiring a sunbed together with the enforcement provisions will be commenced in July 2014.

The Bill's key objective is to provide for a prohibition on sunbed businesses from permitting persons under 18 years of age from purchasing or hiring a sunbed or using a sunbed on a sunbed premises. Other key provisions outlined in the Bill include a prohibition on the use of sunbeds in unsupervised commercial premises; placing controls on the remote sale or hire of sunbeds (internet transactions); introduction of a notification system for sunbed operators; setting out training and enforcement provisions, and introduce restrictions with regard to signs that can be displayed in sunbed premises and a restriction on certain promotional marketing practices.

PROTECTION OF LIFE DURING PREGNANCY ACT 2013

The Protection of Life During Pregnancy Bill was signed into law by the President on 30th July 2013 and it was commenced on 1st January 2014.

A Committee was established to develop a guidance document for the operation of the Act. This document has been signed off by the Committee and it is expected that the document will be approved shortly by the Minister for publication.

The Government submitted its Action Report to the Committee of Ministers of the Council of Europe on 31st January 2014 to update them on developments and next steps in the implementation of the judgment. The case is expected to be reviewed in September 2014.

Briefing from Drugs Policy Unit

Part 1 - Summary

Key Statistics

- In total over 12,500 people are in receipt of drug treatment (for all types of drug use).
- At the end of May 2014 there were 9,665 people attending methadone treatment (opioid substitution). There are approximately 14,500 known opiate users in Ireland.
- The 3rd Drug Use in Ireland and Northern Ireland National Drugs Prevalence Survey 2010/2011 presents key findings on illegal drug use such as cannabis, cocaine and heroin as well as prevalence of tobacco and alcohol. To date, 6 bulletins have been published and the last bulletin on poly-drug use will be published, online only, in June 2014. Key findings include:
 - The level of last year drug use remained stable between 2006/7 and 2010/11.
 - Cannabis was the most commonly used illegal drug, with 25% of the adult population ever having used the drug (lifetime prevalence).
 - 7% of the adult population, aged 15-64 years, reported that they used sedatives and tranquillisers in the year prior to the survey.
 - Last year (recent) use of anti-depressants was 5% among 15-64 year olds.
 - The survey reported on respondents attitudes to cannabis use. Most (66%) were in favour of cannabis use being permitted for medical reasons while a majority (69%) disagreed with cannabis use being permitted for recreational reasons.
- On 1 January 2014, funding of **€21.570m** was transferred from subhead B3 (Drugs Initiative) to subhead B10 in the HSE Vote in respect of **220** treatment and rehabilitation community drugs projects. Of the **€7.381m** remaining in subhead B3, €6.607m supports **100** community drugs prevention projects while the remainder funds the National Advisory Committee on Drugs and Alcohol, the National Family Support Network and the Citywide Drugs Crisis Campaign.
- **14** Local Drugs Task Forces (LDTFs) cover areas where there is the highest concentration of drugs activity i.e. **12** in Dublin, **1** in Bray and **1** in Cork. **10** Regional Drugs Task Forces (RDTFs) cover the rest of the country

Current Developments

- The European Commission has published a proposed Regulation and a Directive to tackle **new psychoactive substances**. The proposed regulation will replace Council Decision 2005/387/JHA and the proposed Directive will amend Council Framework Decision 2004/757/JHA. A significant number of Member States, including Ireland, have concerns ~~about the implications of the proposed Regulation on national competence to control~~ substances where public health issues demand it. Negotiations will continue into the Italian Presidency.
- The outcome of the **Suboxone Feasibility Study** was published in May 2013 recommending the wider availability of suboxone as an alternative to methadone for the treatment of opioid dependency. The HSE has put in place an “Opioid Substitution Implementation Group”, which is to report back to Minister White during 2014.
- The HSE are exploring the possible approaches to putting in place a “**Demonstration Project**” in selected sites throughout Ireland to pilot the wider provision of **naloxone** (opioid antagonist) to arrest Opioid overdose. Discussions regarding the legislative and/or licensing changes that would be needed to enable the Demonstration Project to commence are continuing between the Department of Health and the HSE.
- The conclusions of a **review of Drugs Task Forces** undertaken by the Department of Health in 2013 are currently being implemented. Progress to date includes:
 - Bilateral meetings held by Minister White with the statutory, community and voluntary sectors and the Drugs Task Forces during 2013 to assess interagency commitment to the National Drugs Strategy.
 - A national conference was held in January 2014 in order to strengthen engagement in the National Drugs Strategy and consider the potential contribution of Drugs Task Forces in relation to the alcohol problem.
 - The establishment of a National Coordinating Committee for Drug and Alcohol Task Forces in January 2014, which is currently examining the role Task Forces could play in relation to tackling the alcohol problem.
- **Expansion of Needle Exchange services outside Dublin through Pharmacies:** Currently the programme is on target to achieve 130 participating pharmacies, but this number is subject to review as per the need and demand for the service. As of the end of March 2014, 99 pharmacies have been recruited and trained.
- **Latest data on drug-related deaths** from the **National Drugs Related Deaths Index** which relate to 2011 were published by the Health Research Board on 21 January 2014. These figures indicate that there was a substantial increase in the number of deaths where methadone was implicated. There were 113 such deaths reported in 2011 compared to 60 in 2010. However, the majority of these deaths (86%) involved poly-substance poisonings

Part 2 - Detailed Briefing

Key Statistics

In total over 12,500 people are in receipt of drug treatment (for all types of drug use).

At the end of May 2014 there were 9,665 people attending methadone treatment (opioid substitution). There are approximately 14,500 known opiate users in Ireland.

The 3rd National Advisory Committee on Drugs and Alcohol (NACDA) Drug Use in Ireland and Northern Ireland National Drugs Prevalence Survey presents key findings for 2010/2011 on illegal drug use such as cannabis, cocaine and heroin as well as prevalence of tobacco and alcohol. In 2010/11 there was an increase in the number of categories of 'other opiates' and for the first time a number of over-the-counter products were measured. To date, 6 bulletins have been published and the last bulletin on polydrug use will be published on line in June 2014. Key findings of the 6 bulletins include:

Bulletin 1: Overview of Results. Key findings included:

- The level of last year drug use has been stable between 2006/7 and 2010/11.
- Cannabis was the most commonly used illegal drug, with 25% of the adult population ever having used the drug though the level of recent (last year) and current (last month) drug use of cannabis has remained stable at 6% and 3% respectively. This is in line with the experience of other countries.
- A higher proportion of men than women use illegal drugs with no indication of a narrowing of the gender gap since the last survey.

Bulletin 2: Regional Prevalence published in June 2012, and presented data on a regional basis. Key findings included:

- Last year use of any illegal drug averaged at 7% with prevalence varying across regions from 11% (South West RDTF – South Dublin, Kildare and West Wicklow) down to just under 3% (North West RDTF).
- While cannabis remains the most frequently used illegal drug the survey reported an overall decline in last year use of cannabis in a number of areas.
- There is little variation of recent use of alcohol across the regions with prevalence averaging from 82% to 88%.

Bulletin 7: Alcohol consumption: launched on the 24th September 2012, and presented the findings on alcohol consumption and alcohol-related harm among 18-64 year olds in Ireland. This is the first NACD Drug Prevalence Survey to include a comprehensive series of questions on both the rates and patterns of alcohol consumption in Ireland and on alcohol-related harm. Key findings included:

- 87% of adults consumed alcohol in the previous 12 months.
- 73% of drinkers aged 18–24 years consumed at least five standard drinks, and 31% consuming at least nine standard drinks per drinking occasion.

- Harmful drinking among current drinkers, equated to 71% of male drinkers versus 44% of female drinkers.
- 75% of 18-24 year olds defined as engaging in harmful drinking.

Bulletin 6: Sedatives, tranquillisers and anti-depressant: launched on the 23rd October 2012: Key findings included:

- ~~7% of the adult population, aged 15-64 years, reported that they use sedatives and tranquillisers in the last year compared to 5% in the previous prevalence study carried out in 2006/7.~~
- Last year use of anti-depressants was relatively stable with 5% among 15-64 year olds compared to 4% in 2006/7.
- Women and older adults (aged 35-64) are more likely to take sedatives, tranquillisers and anti-depressants than men. At the same time there is an increasing use of these substances amongst men and amongst 15-34 year olds.

Bulletin 3: Cannabis Use: launched on 2nd July 2013. Key findings include:

- While lifetime use (those who have ever used cannabis) of cannabis has increased to 25%, it is significant that the level of recent and current drug use of cannabis has remained stable (at 6% and 3% respectively) between 2006/7 and 2010/11. This is in line with the experience of other countries
- Data in respect of the highest frequency of use (usage over 20 days or more in a month) has decreased from 24% in 2006/7 to just under 14% in 2010/11. The biggest decreases are reported by males (down from 27.8% to 14.4%) and young adults (down from 25% to just under 10%).
- The survey reported on respondents attitudes to cannabis use. Most (66%) were in favour of cannabis use being permitted for medical reasons while a majority (69%) disagreed with cannabis use being permitted for recreational reasons.

Bulletin 4: Cocaine Results: launched on 8th April 2014. Key findings include:

- The survey found that over 1 in 14 people (7%) had used cocaine at some point in their lives; 2% in the last year; and 0.5% in the last month
 - More than twice as many men (10%) as women (4%) reported using cocaine at least once in their lives
 - Lifetime use among young people aged between 15 and 43 years was nearly twice the rate of use among those aged between 35 and 64 years (9.4% vs 4.8%)
 - There was significant decreases in the frequency of cocaine powder use since the 2006/7 survey; the majority of cocaine powder users (96%) reported using cocaine on 1-3 days in the month prior to the survey, which was the lowest frequency of use, compared to 68% in the previous survey.
 - In the 2006/7 survey 7% of current cocaine powder users had reported using cocaine on 20 or more days in the month prior to the survey, while the latest survey recorded NIL in this category.
- On 1 January 2014, funding of **€21.570m** transferred from subhead B3 (Drugs Initiative) to subhead B10 in the HSE Vote. This is in respect of **220** treatment and rehabilitation community drugs projects. The decision to transfer operational responsibility for the projects to the HSE was taken in order to simplify the funding, accountability and monitoring framework for the projects.

- Over **€7.381m** is available in the Department of Health Vote for 2014, €6.607m of which is in respect of expenditure on **100** community drugs projects. The remainder funds the activities of the National Advisory Committee on Drugs and Alcohol, the Family Support Network and the Citywide Drugs Crisis Campaign.
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- **14** Local Drugs Task Forces (LDTFs) cover areas where there is the highest concentration of drugs activity i.e. **12** in Dublin, **1** in Bray and **1** in Cork. **10** Regional Drugs Task Forces (RDTFs) cover the rest of the country. Each Task Force has an allocation to support projects to tackle the drug problem at local level in accordance with local priorities.

Current Issues/Difficulties

New Psychoactive Substances

- The European Commission has published a proposed Regulation and a Directive to tackle new psychoactive substances. The proposed Regulation will replace Council Decision 2005/387/JHA and the proposed Directive will amend Council Framework Decision 2004/757/JHA. The proposal provides for improving the functioning of the internal market regarding licit uses of new psychoactive substances by reducing obstacles to trade while reducing the availability of substances that pose risk. While it is acknowledged that there may be legitimate uses associated with certain substances, Ireland's key concern, shared by other Member States, is to be able to maintain our national competence to control substances where public health issues demand it. The proposal is currently being debated by the Horizontal Working Party on Drugs and will continue into the Italian Presidency.

Suboxone

- The outcome of the Suboxone Feasibility Study was published in May 2013, recommending the wider availability of suboxone as an alternative to methadone in opioid substitution treatment. While higher costs are involved, suboxone is likely to be more effective for some cohorts. The HSE has put in place an "Opioid Substitution Implementation Group" which was to report back to Minister White by the end of November 2013. However, it is likely to be the latter half of 2014 before the group reports back as information is awaited from the supplier company which will have a bearing on the cost of delivering the treatment in Ireland.

Naloxone

- Naloxone is an opioid antagonist which is used to reverse the effects of overdose of opioids such as heroin, morphine, methadone and others. The National Drug Overdose Strategy recommends the wider availability of Naloxone in Ireland. In the light of this, the HSE are exploring the possible approaches to the establishment of a "Demonstration Project" in selected sites throughout Ireland which would pilot the wider provision of naloxone. Discussions regarding the legislative and/or licensing changes that would be needed to enable the project to proceed are continuing between the Department of Health and the HSE.

Opioid Substitution Treatment

While National Waiting Lists for Methadone treatment have improved with significant decreases in waiting times being reported in a number of clinics, there are still some concerns around the lack of Level 2 GPs (GPs who can initiate treatment of an opiate dependent person). There are currently 67 Level 2 GPs in Ireland, (41 in HSE Mid Leinster; 24 in HSE Dublin North East; 1 HSE West; 1 in HSE South) which is considered a factor in the slow progression of patients from treatment in clinics to the community.

National Hepatitis C Strategy

- Hepatitis C is known to be more prevalent in certain sub-groups of the population such as injecting drug users and prisoners. The Health Service Executive published the National Hepatitis C Strategy on 4th September 2012. It contains 36 recommendations across pillars of surveillance; prevention; screening; and treatment, and is being co-ordinated by the Health Service Executive Social Inclusion Unit, which is also responsible for Addiction Services in Ireland. The most recent report by Ireland's Health Protection Surveillance Centre (HPSC) estimates 20,000-50,000 people in Ireland are infected with Hep C. This equates to 0.5%-1.2% of the population and is similar to other countries in Northern Europe. Steps will be taken to implement the Strategy in line with available resources.

Progress Achieved and Next Steps

Drugs and Alcohol Task Forces

- The conclusions of a review of Drugs Task Forces undertaken by the Department of Health during 2013 are currently being implemented. The review recommends a series of reforms to better equip the Drugs Task Forces to respond to the current pattern of substance misuse. It also extends the remit of Task Forces to alcohol addiction. Progress to date is as follows:
 - Minister White held bilateral meetings with Government Departments and agencies, the community and voluntary sector and the drugs task forces during the second half of 2013. The purpose of these meetings was to assess how the inter-agency approach to the delivery of the National Drugs Strategy can be maintained and strengthened.
 - A conference was held by Minister White on 16 January 2014 with Drugs Task Forces and other key stakeholders which focused on the National Drugs Strategy and the potential for a Task Force response to the alcohol problem at local level.
 - The first meeting of the National Coordinating Committee took place on the 23rd of January. These events represent a first step towards implementation of the Drugs Task Force reforms outlined above. A sub-group of the National Coordinating Committee has been set up to provide guidance to Drugs Task Forces on how they can incorporate alcohol into their work.
- **Drug-related Intimidation Reporting Programme**

The Drug-related Intimidation Reporting Programme was launched by Minister White on 2nd July 2013. This Programme was developed by National Family Support Network with An Garda Síochána in fulfilment of Action 5 of the National Drugs Strategy 2009-16, to address the issue of intimidation of individuals and of families arising from drug-related

debt, and other drug-related issues. This issue was identified as a priority by a number of members of the Steering Group who developed the National Drugs Strategy 2009-16. The programme will be overseen at Garda Inspector level in the various Divisions who will actively participate in, and oversee, the implementation of the programme, through formal and informal processes.

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- **New Psychoactive Drugs:** Since mid-2010 over 260 new psychoactive substances have been declared to be controlled drugs under the Misuse of Drugs Acts and further substances continue to be controlled as necessary. In addition the Criminal Justice (Psychoactive Substances) Act 2010 made it a criminal offence to sell or supply substances which are not prohibited under the Misuse of Drugs Acts but which have psychoactive effects on humans. The combination of these initiatives has had a very significant effect on the headshop operations and on the availability of new psychoactive substances. Revenue's Customs Service and An Garda Síochána continue to work to limit access to these substances through internet purchasing.
 - **Needle Exchange services** outside Dublin are being expanded through pharmacies. The HSE has reported that the roll out of the Pharmacy Needle Exchange Programme (PNEX) to additional pharmacies has been successful. The HSE reviewed all the data pertaining to the PNEX programme for accuracy and robustness earlier this year as part of a change from manual to electronic recording and also as part of an effectiveness review of needle exchange provision in Ireland. Currently the programme is on target to achieve 130, but this number is subject to review as per the need and demand for the service. As of the end of March 2014, 99 pharmacies have been recruited and trained.

In Dublin needle exchange services are provided through HSE clinics and through voluntary sector providers.

- **British Irish Council Misuse of Drugs Group:** Ireland chairs the Work Sector on the Misuse of Drugs. Alcohol was added to the work of the Group following a British-Irish Council Heads of State Summit on the 26th November 2012. The annual work programme comprises 3 meetings at senior official level and an annual Ministerial Meeting. The last meeting at Senior Official level took place in Dublin on the 6th/7th February with a further meeting is planned for September 2014 in Scotland. The next Ministerial Meeting which will focus on changing drug trends will take place in Dublin on the 27th June 2014 and will be chaired by Minister White.
- **Drug Rehabilitation:**
The National Drug Rehabilitation Implementation Committee (NDRIC), chaired by the HSE, is working to implement a National Rehabilitation Framework. This was initially carried out on a phased basis at 10 pilot sites across the country. The assessment of the pilots has now been completed and a Draft Implementation Plan for the national rollout of the Framework was presented to the NDRIC at its meeting on the 18th December 2013. The implementation of this plan is included in the HSE's 2014 National Service Plan within the context of available resources.

- More broadly considerable advances are being made in the provision of drug treatment and rehabilitation. Opioid substitution treatment is more widely available and waiting lists are greatly reduced. More detox beds are available as well as more places in rehabilitation programmes generally, with increasing focus on community detox. This work is being complemented by the refocusing of programmes to foster client progression (facilitated by individual care plans backed up by interagency working) and also greater provision of after-care to further assist clients as they move towards a drug free lifestyle where this is achievable.

- **National Drugs Related Deaths Index;**

The National Drugs Related Deaths Index was established in September 2005 in response to Action 67 of the 2001-2008 National Drugs Strategy. It is an epidemiological database which records cases of death by drug and/or alcohol poisoning and death among drug users and those who are alcohol dependent. The Index adheres to the highest international standards with four sources used to collate deaths and these are: Coroner's records; Hospital In-patient Enquiry System; Central Treatment List; and the General Mortality Register.

The Health Research Board (HRB) launched their latest report on the 21st January which showed deaths for 2011, the latest year for which data is available. In addition the report updated previously reported figures to include new data.

The latest figures indicate that there was a substantial increase in the number of deaths where methadone was implicated. There were 113 such deaths reported in 2011 compared to 60 in 2010. However the majority of these deaths (86%) involved poly-substance poisonings. In addition 68% of those who died, where methadone was implicated, were not in opiate substitution treatment at the time of their death.

The rise in deaths where methadone was involved requires further analysis and, in this regard, the HSE, in partnership with the HRB and the Central Treatment List, will move to further analyse the data and the factors involved. The methadone-related results reflect a similar trend in Scotland, and to a lesser extent, in England and Wales for the same period. There is clear evidence to indicate that having access to drug treatment is one of the major factors in reducing drugs-related deaths.