

Tobacco Free Ireland Annual Report 2016



Tobacco Free Ireland, the report of the Tobacco Policy Review Group, was endorsed by Government, and published in October 2013. It builds on existing tobacco control policies and legislation already in place in this country, and sets a target for Ireland to be tobacco free (i.e. with a smoking prevalence rate of less than 5%) by 2025. Tobacco Free Ireland was the first policy document to be launched under the Healthy Ireland framework and will play a major part in achieving the vision set out in Healthy Ireland. The two key themes underpinning Tobacco Free Ireland are the protection of children and the denormalisation of smoking. Progress in implementing the Action Plan for Tobacco Free Ireland for 2014, 2015 and 2016 is outlined in the table below.

Considerable progress has been made and the action plan is being implemented as published. Whilst there is substantial detail in the updates provided, some of the key achievements in 2016 were:

- the continued development of legislation to provide for standardised packaging of tobacco products,
- the transposition of the Tobacco Products Directive, continued engagement with the HSE and the European Commission in relation to the implementation of the Directive,
- the continuation of an annual Healthy Ireland Survey and the Health Behaviour in School Children Study which will give up-to-date reliable data on the prevalence of smoking throughout the whole population,
- the publication of the economic cost of smoking in Ireland report,
- the development by the HSE of the QUIT campaign and the enhancement of supports for smokers who wish to stop smoking,
- the engagement of Healthy Ireland with changing social norms around smoking,
- the proactive involvement of the NGO sector in supporting Tobacco Free Ireland actions, and
- the increase in price of tobacco products in Budget 2017.

Many of the actions in Tobacco Free Ireland are by their very nature continuing works-in-progress. We will continue to ensure that all actions are implemented as set out in the Action Plan so that we can report further progress in the 2016 Annual Report. The findings from the lifestyle surveys will provide valuable information as to progress in moving toward a Tobacco Free Ireland by 2025.

Chapter and	Recommendation	Lead	Action	Time frame
no.				
General		· · · · · · · · · · · · · · · · · · ·	T	1
11.1	Develop an action plan with timelines for the phased implementation of the recommendations in Tobacco Free Ireland.	DOH TACU ¹	Action plan developed in consultation with key stakeholders. Review and update action plan annually.	Complete Q4 2014 Annual Report on TFI produced in Q1 each year, beginning 2015
Update 2014	The Action Plan was developed by the Department of Health's Tobacco Programme within the Department and with the Health Service Execu The Annual Report for 2014 was published in December 2015.		•	
Update 2015	Annual Report for 2015 was published in 2017.			
Update 2016	Annual Report for 2016 was published in 2017.			
5.1	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 for protecting those policies against tobacco industry interests are aware of their obligations under article 5.3 of the WHO FCTC ² and are aware of the Guidelines developed to assist in meeting these obligations.	DOH TACU	Continue to advise all appropriate Government Departments, State Agencies with WHO FCTC guidelines on article 5.3.	Initiate 2014 and on- going
Update 2014	Ministerial letter outlining obligations under Article 5.3 sent to all Minis from Minister and CMO in Feb 2013. Agencies and stakeholders continu			
Update 2015	Agencies and stakeholders continue to be advised of obligations under	Article 5.3 as appr	opriate.	
Update 2016	Agencies and stakeholders continue to be advised of obligations unde regarding the divestment of Strategic Investment Fund (ISIF) of its remainders.			or Fiannce
Protection of ch	nildren and denormalisation of tobacco use in Ireland			

no. 7.1	Recommendation	Lead	Action	Time frame
·	The protection of children must be prioritised in all of the initiatives outlined in the policy.	1. DOH TACU 2.DOH H&W P ³ 3. HSE ⁴	All initiatives to be examined with a view to maximising the impact on children where appropriate.	Initiate Q1 2014 and on- going
7.2	Denormalisation must be a complementary underpinning theme for all of the initiatives within the policy.	1. DOH TACU 2. DOH H&W P 3. HSE	All initiatives to be evaluated with a view to maximising denormalisation.	Initiate Q1 2014 and on- going
Update 2014	The protection of children and the denormalisation of tobacco use is t examples in 2014 are the passing of the Protection of Children's Healt			
	introduction of legislation to standardise the packaging of tobacco pro	ducts.		
Update 2015	The protection of children and the denormalisation of tobacco use is to examples in 2015 are the development and signing of regulations under Propelled Vehicles) Act 2014 and the continued work towards the intr Communications Department developed the Protection of Children's Full Protection of Children's	r the Protection of oduction of standa	Children's Health (Tobacco Smoke in rdised packaging of tobacco products	Mechanically . HSE
	The Tobacco Products Directive contains significant measures concern working on that Directive's transposition by May 2016.	ned with the protec	ction of children and the Department i	s actively
	The promotion of tobacco free campuses and the denormalisation of t are ongoing topics in all engagment that take place with a wide range work.	•	-	· ·
	Ongoing roll out of Tobacco free Campus policy in 105 existing Primary implemented the tobacco free campus policy. Waterford Council introfor all playgrounds in Waterford City and County. Galway City playgrous moking signage at playground entrances, bye-laws have not been chainitiative. Work is ongoing with the GAA national healthy club initiative development of a toolkit guidance for clubs. Launch of initiative planned.	duced Smoke Free nds have implemti nged to reflect this to support the imp	parks (which includes playgrounds) in ned a tobacco playgournds and have e . This work is supported through the F	to it's bye-laws rected no lealthy Cities
Update 2016	HSE Tobacco Free Ireland Programme and HP&I developed and launch Tobacco Free Campus Policy. Six regional workshops were held in vario implementation of the policy across Acute Services, Primary Care, Socia conference was held in October 2016 to facilitate the roll out of policy. 100% of sites to year end. Tobacco Free Campus Policy Implementation Services) 79%, (Disability Residential Services) 65%, Mental Health App	us locations aroun I Care and Mental TULSA owned chil n rates for various s	d the country (April) to support effect Health services. A National Tobacco Fi drens residential services implemeted ettings are: Social Care (older Person	ive ree Campus the policy in s Residential
7.3	Develop and introduce legislation to prohibit smoking within the campuses of primary schools, secondary schools and child care facilities. The promotion of tobacco free campuses and the denormalisation of tobacco, particularly in the context of settings where children are present, are ongoing topics in all engagment that take place with a wide range of stakeholders within the scope of	DOH TACU	Review previous legislation for primary and secondary schools and check if it could be fit for purpose. Define child care facilities and explore how legislation might be framed.	1. Initiate Q2 2016 2. Initiate Q2 2016
	Health and Wellbeing Programme's work.		3. Initiate legislative process.	3. Initiate Q3 2016
	Scheduled for action in 2016		<u> </u>	
Update 2014				
Update 2014 Update 2015	Scheduled for action in 2016			
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Chapter and no.	Recommendation	Lead	Action	Time frame
Update 2014	The DOH H&WBP is working with the Department of Education and Sk to exploit opportunities to progress a 'Health in All Policies' approach e into the educational agenda, across primary, post-primary, higher and	specially in terms	of embedding and integrating health a	
	Discussions have also commenced with DES on the development of a 'H Education Authorities and Higher Education Institutes.	Healthy Ireland Car	npus' framework in collaboration witl	n the Higher
	ASH Ireland has also engaged with third level colleges on this matter are campus with support from ASH Ireland.	nd Westport Colleg	ge of Further Education has implemen	ted a smokefree
Update 2015	Discussions surrounding the development of tobacco free campuses hatowards Healthy Campuses.	ive taken place wit	h UCD, DIT and TCD, in the context of	their progress
	The H&W P continues to engage closely with the Department of Educa on tobacco control matters. ASH Ireland continues with its advocacy w			ticular emphasis
Update 2016	The HSE continued to facilitate ongoing engagement with tobacco stak Tobacco Free Campus implementation in the health services shared wi ASH Ireland Third level Tobacco Free Campus conference event held in	th third level instit	· · · · · · · · · · · · · · · · · · ·	
	The DOH H&WBP continues to engage with the 3rd level sector in purs	uing a Healthy Can	npus initiative.	
7.5	Promote tobacco free campuses for all health care, governmental and sporting facilities in consultation with key stakeholders.	1.HSE 2. DOH H&W P	HSE to continue implementation of tobacco free campuses on its sites.	1. On-going 2015
			2.DOH H&WB P to engage with Healthy Ireland Cross-Sectoral group to promote tobacco free campuses.	
			3. DOH H&WB P working with a corporate partner to develop a tobacco free campus toolkit for	3.On-going 2013
			general use.	
Update 2014	The Department of Health campus is a smoke free campus. All HSE acu December 2014, 69% (of the 70% target) of Primary Care sites implement	ented the Nationa	Tobacco Free Campus Policy.	
	The DOH H&WBP received funding to create a tool to support Tobacco Healthy Ireland Framework. This will enable and encourage employers of changing norms around smoking, enable and empower participation context of a healthy workplace.	to make their cam	puses tobacco free and will support the	ne national aims
Update 2015	The Department of Health and most of its aegis bodies , along with Dep Campuses policies.	partment of Childre	en and Youth Affairs have implement	ed Tobacco Free
	A project group was set up to develop the Tobacco Free Campuses web project with a view to commissioning the development of the toolkit in		work commenced on the design and	scoping of the
	Work on the Healthy Workplaces Framework continued in 2015 with the Initial consultation with stakeholders was carried out and this will contimplemented the TFC policy. One shared site in Area 9 is working toward Health Approved/Acute units have implemented the TFC policy to year	inue into 2016. 10 Irds implementatio	5 sites of the targeted 106 Primary Ca on - 99% achieved. 39% of the 100% to	re sites have arget for Mental
	implement the policy and 96% of that target was achieved. Older Person Overachieved on their 20% target. Disability services have implemented residential sites targeted (33.3%) implemented TFC. A TFC Toolkit and divisional representatives. Designer/printer assigned to work on same.	ons Services have in ad the policy in 15% mental health brie	nplemented the TFC Policy in 40% of 6 of sites. (Target for 2015 was 25%). 4 fing document was developed in cons	sites to end Q4. of the 12 TUSLA
Update 2016	Onoging support and sharing of resources provided to the GAA Healthy tobacco free clubs initiative. HSE worked with the DOH and shared our development of the online tobacco free workplace toolkit resource.			
	Toolkit development completed and scheduled for launch in 2017.			
7.6	Further develop the tobacco free playgrounds initiative in conjunction with the local authorities by way of voluntary measures or by the introduction of bye-laws.	DOH H&W P	DOH H&WB P to engage with Inter- Departmental Group on Local and Community Development and the City and County Managers	Initiate Q2 2014
7.7	Promote tobacco free environments and in particular parks and beaches in conjunction with the local authorities by voluntary measures or by the introduction of bye-laws.		Association to include health and wellbeing as a key pillar in economic and community planning process. Liaise with ASH Ireland on work to date in this area.	
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Chapter and no.	Recommendation	Lead	Action	Time frame
Update 2014	By the end of 2014, 82% of Local Authorities had either implemented or representations from ASH Ireland.	or agreed to impler	ment a smokefree playground policy o	n foot of
Update 2015	The H&W P continues to collaborate with these departments on a wide protection of children from exposure to smoke in public areas. See 7.1	-	cluding the denormalisation of tobacc	co use and the
Update 2016	The National Healthy Cities and Counties of Ireland Network was launc local action and the key role of local governments and Local Authoritie	_		importance of
	The Healthy Ireland Fund was announced in Budget 2017, the fund will Ireland Framework to improve the mental and physical health and well reland.		_	-
7.8	Evaluate the tobacco free environment initiatives with a view to the introduction of legislation if required.	DOH TACU	DOH TACU and H&WB P to evaluate 7.4 to 7.7 to assess progress and need for further action.	Initiate Q1 2016
Update 2014	Scheduled for action in 2016			
Update 2015	Continued to promote tobacco free environments.			
Update 2016	HSE staff sit on each of the LCDC groups. Each LCDC was required to coplan includes two elements: a local economic element (prepared and a (prepared and adopted by the LCDC). THE HSE conducted a review of t actions which have a tobacco control focus. 11 of the 32 plans had a to Health & Wellbeing (Healthy Ireland programme) gathered the HSE LCI Housing. Planning Community and Local Government three times in 20 included in annual action plans. The TFI programme produced a resour denormalisation) for LCDCs and presented on tobacco control at these	dopted by the Loc hese high level pla bacco focus althou DC representatives 116 to coordinate a ce to support this	al Authority), and a community develons in 2016 (September) to determine igh others had high level Healthy Irela together as well as external stakehol ind advise on the HI actions which we	opment element the number of nd actions. ders e.g.Dept of would like to see
egislative com	pliance and regulating the retail environment			
8.1	Continue to actively promote compliance with and enforce all provisions of the Public Health (Tobacco) Act 2002 as amended.	HSE	HSE Annual Service Plan commitment.	On-going
Update 2014	In 2014 the HSE National Environmental Health Service (EHS) Tobacco • 18,021 inspections were completed, of which 3,568 were non comp • 483 test purchases of tobacco products to minors were carried out, for test purchasing was met. • 35 Tobacco related court cases in 2014 resulting in 41 convictions. The HSE commenced publication of convictions quarterly on the HSE web	liant. (80% Compliant of which 105 were cases are curr	ance), e non compliant, (78% Compliance). 1	
Update 2015	In 2015 the HSE National Environmental Health Service (EHS) carried o • 17972 tobacco control inspections including 552 test purchases (sales • The 2015 target for test purchasing was met nationally with test purchased Compliance with the Public Health (Tobacco) Act has been hig convictions in 2015.	s to minors) inspec hase activity unde	rtaken in all local areas.	
Update 2016	In 2016 the HSE National Environmental Health Service (EHS) Tobacco • 16,131 inspections were completed, of which 12,997 were compliant • 540 test purchases of tobacco products to minors were carried out, of target for test purchasing was met. • 31 tobacco related court cases took place in 2016 resulting in 35 converse the HSE continued to publish a convictions report quarterly on the HSE was a converse to the HSE was a convictions.	t, representing 80.0 of which 472 were victions. One case	5% compliance, compliant, representing 87% complia	nce. The 2016
8.2	Introduce fixed penalty notices (on the spot fines) for offences.	DOH TACU	To be explored in Retail Licensing Bill.	See 8.7 to 8.12 below
Update 2014	See 8.7 to 8.12 below			
Update 2015	As above for 2015			
Update 2016	See 8.7 to 8.12 below			

Chapter and no.	Recommendation	Lead	Action	Time frame
8.3	Develop capacity within the HSE's Environmental Health Service to maintain consistent and sustained enforcement of all aspects of the tobacco control legislation.	HSE	Compliance levels reviewed and legislative provisions with most non-compliance targeted. Standard operational protocols in place, reviewed annually.	On-going
Update 2014	The HSE's Environmental Health Service (EHS) inspection programme to purchasing and the investigation of smoking shelters are prioritised in the service of the service (EHS) inspection programme to	-		ublic, test
Update 2015	The EHS National Tobacco Control Expert Group convened on three oclegislation within the EHS, supplemented by a number of teleconferent implementation of tobacco control legislation within the EHS. A number management team. Standard operational protocols relating to tobacco management, which resulted in approved changes.	ces by both the ma er of reports and re	in group and sub-groups, to advise on ecommendations were submitted to the	the ne EHS national
Update 2016	As part of the Reconfiguration of the National Environmental Health Se Natonal Tobacco Control Office was established with full time and part National Environmental Health Service. In addition, a National Tobacco management and oversight and represent the Principal Environmental with the addition of two permanent Senior Environmental Health Offic expert support as a result of Department of Health funding to assist in The EHS is further developing the EH Information System to capture to compliance. Complaints from the public, test purchasing and the investandard operational protocols relating to tobacco were reviewed. The European Union (Manufacture, Presentation and Sale of Tobacco and Products Directive.	time specialist off control Streering Health Officers we ers and a Grade IV the implementatic bacco inspection a stigation of smokin e EHS worked with	icers drawn from within the existing re Committee was established to provide orking at local level. The Unit will be au administration staff and toxicological on of the Tobacco Products Directive. ctivity and to assist in targeting areas g shelters are prioritised in the EHS op the Department of Health in the intro	esources of the e strategic igmented in 2017 and/or other on non- ierational plan. iduction of the
8.4	Develop special investigation capacity within the HSE's Environmental Health Service to assess compliance by tobacco manufacturers.	HSE	The reconfiguration of the Environmental Health Service will consider this recommendation.	Q2 2015
Update 2014	In 2014, the EHS commenced a process for the development of a natio equivalents (WTEs) dedicated to this area of EHS activity. The unit will tobacco manufacturers with tobacco control legislation .		-	
Update 2015	In 2015, the EHS finalised the process for the development of a national equivalents (WTEs) dedicated to this area of EHS activity. The unit compactivities. The unit will undertake critical tasks to ensure there is assessed legislation. The priority for 2016 is the implementation of the requirem	nmenced activities sment of complian	in December 2015 and incorporates the ceby tobacco manufacturers with tob	ne EHS NTCO
Update 2016	In 2016 the HSE National Environmental Health Service (EHS) National Tobacco Products Directive (TPD) including standard operating procedu	Tobacco Control O	perational Unit commenced the imple	mentation of the
8.5	Introduce legislation for the publication of information in respect of any person on whom a fine, other penalty or conviction was imposed by a Court ('name and shame').	DOH TACU	Build on current HSE system for reporting on convictions and prosecutions via new Retail Licencing Bill.	See 8.7 to 8.12 below
Update 2014	See 8.7 to 8.12 below	l		
Update 2015	See 8.7 to 8.12 below			
Update 2016	See 8.7 to 8.12 below			
8.6	Collaborate with other EU ⁵ countries in relation to compliance measures for tobacco ingredient reporting.	DOH TACU	Engage with European Commission to facilitate the transposition of the Tobacco Products Directive by May 2016.	Initiate Q2 2014
Update 2014	The DOH TACU is actively engaged with the European Commission to c 2016	develop regulation	I s to transpose the Directive into Irish I	aw by 20th May
Update 2015	The DOH TACU continues to be actively engaged with the European Co by 20th May 2016	mmission to deve	lop regulations to transpose the Direc	tive into Irish law
Update 2016	The European Union (Manufacture, Presentation and Sale of Tobacco transposed the Tobacco Products Directive came into force on 20 May Action Programme on Tobacco Control with other Member States to fa	2016. The EHS cor	mmenced a participatory process in th	

no. 8.7 - 8.12 Update 2014	In June 2014, the Government approved the drafting of a General Sche measures in relation to the sale of tobacco products and non-medicina The DOHC TACU initiated a public consultation on the legislation in Decdrafting of the legislation.	•	Consider the implementation of recommendations 8.7 to 8.12 in the forthcoming Retail Licencing Bill.	1. Initiate Q1 2014 2. Memo to Government Q2 2014 3. Public Consultation Q4 2014
Update 2014	measures in relation to the sale of tobacco products and non-medicina The DOHC TACU initiated a public consultation on the legislation in Dec	•		4. Progress legislation Q1-
		i incomic denvery	· .	em and other
				alysis and the
Update 2015	Public Consultation completed. Development of a RIA and drafting of t	he General Schen	ne of Bill underway.	
Update 2016	Drafting of RIA and the General Scheme of Bill underway.			
Ionitor tobacc	o use and prevalence			
9.1	An active research and survey programme on tobacco should be put in place to include areas such as supply and demand, prevention and treatment, exposure to second-hand smoke and industry marketing initiatives.	DOH TACU HSE	Engage with key stakeholders to identify research requirement. Surveillance of tobacco use through HSE Tracker, Healthy	1.Initiate Q1 2015 2. Q2 2014 and
9.2	This survey programme is to include a single, reliable and regular collation of smoking prevalence rates.	DOH TACU	Standardised survey questions on tobacco developed in conjunction with HSE and WHO	2014 and on- going
Update 2014	Ipsos MRBI was appointed to administer an annual Healthy Ireland Sur at a national level on a range of health and wellbeing indicators among agreed with the HSE and WHO. Additional questions relating to the cor National Drug Prevalence Study, which commenced in 2014 included the Ireland Survey. Data from both studies will be available in 2015.	the population 15 sumption of elect	5 years and older. Questions relating to cronic cigarettes were included in the s	smoking were urvey. The
Update 2015	Wave 1 of the Healthy Ireland Survey was published and work commented Irish Health Behaviour in School-aged Children (HBSC 2014) was put The Tobacco Free Research Institute Ireland (TFRI) published their findiamong Irish teenagers and on the use of electronic cigarettes in the sar	ublished. ngs on the percep	·	acco packing
Update 2016	Wave 2 of the Healthy Ireland Survey was published and work commens moking in Ireland was published. The Tobacco Free Research Institute Summary reports on the findings of the HSE tracker research survey in HSE web-site for 2016. A further analysis of prevalence, socio demograplace in 2016. A report on same due to be published in 2017.	published the ESF cluding quarterly	PAD Report which was comminisioned info-graphic type reports have been pu	by the DOH. Solution blished on the
9.3	Tobacco control measures should be continuously evaluated to ascertain impacts and outcomes.	DOH TACU HSE	Evaluation built in to all tobacco control measures and carried out as	2014 and on- going
Update 2014	The HSE carried out an audit of eight Tobacco Free Campus sites in 201	4.	I Adit b	
	The HSE QUIT Campaign is evaluated on an ongoing basis, measuring or smoking prevalence.	nline, phone and o	digital uptake of support services, mess	sage impacts and
Update 2015	Health Services are encouraged to self audit their tobacco control prog The HSE QUIT Campaign is evaluated on an ongoing basis, measuring or smoking prevalence. Ongoing evaluation of Brief Intervention for Smo and publication of National BISC evaluation report in 2015. RCSI comple general entry level medical students in Connolly hospital.	nline, phone and o	digital uptake of support services, mess aining Programme continues. Delay wit	sage impacts and th the completion
Update 2016	The RCSI completed a second year of training in BISC and evaluated the implemented the HSE TFC policy within all their services and evaluated HSE completed a QUIT service customer satisfaction survey. The HSE Q phone and digital uptake of support services, message impacts etc. The evaluated and had 656K views, 4.5 K shares, 1k comments and 12K inte	the use of the ne JIT Campaign was ban on smoking i	w revised smoking cessation group sup s evaluated on an ongoing basis, measu n cars childrens campaign targeting pa	pport resource. Iring online, rents was
rotect people f	rom tobacco smoke			

Chapter and no.	Recommendation	Lead	Action	Time frame
9.4	Develop and introduce legislation prohibiting smoking in cars where children are present, based on international evidence and good practice.	DOH TACU	Facilitate the progress of the Protection of Children's Health (Tobacco Smoke in Mechanically Propelled Vehicles) Bill 2014.	Complete Q1 2015
9.5	Undertake a social marketing campaign focusing on the risks to children from exposure to second-hand smoke with particular reference to smoking in cars (and information on future legislation in this regard).	HSE	Await outcome of 9.4 and resources for same.	Initiate 2015
Update 2014	The DOH TACU working in consultation with the Attorney General's Off Sport, and the Garda Síochána developed amendments which were ap Children's Health from Tobacco Smoke Bill 2012". All Government-app Stage of the Private Member's Bill in Seanad Éireann on the 17th April : Following its passage through the Seanad, the legislation took the form (Tobacco Smoke in Mechanically Propelled Vehicles) Bill 2014. The legis	proved by Governi roved amendment 2014. I of a stand-alone I	ment to the Private Member's Bill "Pros s brought by the Minister were accept Bill, entitled the Protection of Children	tection of ed during Repor s Health
	law by the President on 25th December 2014. Regulations will be devel	•		was signed into
Update 2015	Protection of Children's Health (Tobacco Smoke in Mechanically Propel Dept of Justice and An Garda Siochana and were signed by the Minister developed on the Department's behalf by the Communications Division	r in December 201	5. A radio ad campaign and a you tube	video were
Update 2016	Radio ad campiagn and You tube video released in January 2016 to inci	rease public aware	ness of the new legislation.	
9.6	Monitor the effectiveness of the current smoke free legislation, including the review of existing exemptions and the monitoring of compliance with these provisions.	DOH TACU HSE	Joint DOH TACU and HSE group to review all tobacco control legislation quarterly.	Initiate Q4 2014
Update 2014	A joint DOH TACU and HSE EHS group was established in Q4 2014 to proto review progress.	ogress 9.6, 9.19, 9.	22, 9.27 and 9.28 in 2015. The group r	neets quarterly
Update 2015	Quarterly meetings of this group continued in 2015.			
Update 2016	Quarterly meetings of this group continued in 2016 to discuss these and	d TPD related issu	es	
Offer help to qu	lit tobacco use			
9.7	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.	HSE	Lead in place.	Complete Q2 2014
Update 2014	The HSE has appointed a lead to carry out this function			
Update 2015	HSE Smoking Cessation Service Lead continues to co-ordinate smoking	cessation services		
Update 2016				
Spaate 2010	HSE Smoking Cessation Service Lead continues to co-ordinate smoking	cessation services		
9.8	HSE Smoking Cessation Service Lead continues to co-ordinate smoking Develop comprehensive national smoking cessation guidelines. These to include the minimum level of service provision that each service provider needs to have in place.	HSE	1. Publish national standards for the intensive tobacco cessation support programme. 2. Train all intensive tobacco cessation specialist staff in delivering behavioural support based on best practice and newly published standards. 3. Assess minimum level of service provision with the implementation of the new integrated "one-stop" model QUIT service.	1. Publish in 2013. 2. Online and face to face training to be commissioned for 2014. 3. On-going through 2015 and 2016
·	Develop comprehensive national smoking cessation guidelines. These to include the minimum level of service provision that each service	HSE d. The intensive ce	intensive tobacco cessation support programme. 2. Train all intensive tobacco cessation specialist staff in delivering behavioural support based on best practice and newly published standards. 3. Assess minimum level of service provision with the implementation of the new integrated "one-stop" model QUIT service.	2013. 2. Online and face to face training to be commissioned for 2014. 3. On-going through 2015 and 2016

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Update 2016	43 staff trained as intensive tobacco cessation specialists in 2016. QUIT	at 4 week quality	KPI is 50% for 2016.	
9.9	Undertake targeted approaches for specific groups, particularly young people, lower socioeconomic groups, pregnant and post-partum women and patients with cardiac and respiratory disorders.	HSE	Specialist smoking cessation staff trained to deal with specific groups. Referral pathways to support these groups via a "one-stop" model being developed.	Q2-Q4 2014 and on-going
Update 2014	Specific training in relation to mental health and pregnancy was launch smoking and mental health were commissioned and launched in 2014. 2015.			
Update 2015	The National Centre for Smoking Cessation Training (UK) issued report of training module and 32 trained in the pregnancy and smoking module to 'We Can Quit' smoking cessation programme in conjunction with the IC number of areas. Smoking cessation in pregnancy to be included as par	o end of Decemb S. The programm	er 2015. HSE staff continue to deliver a e targets women in disadvataged com	ind support the
Update 2016	60 staff completed the online training module in 2016 bringing its total 14 trained in the pregnancy and smoking module to end of December 2 smoking cessation programme, which targets smokers from disadvanta CHO 4 and 7 in 2016. National Maternity Strategy published which incl pregnancy.	2016. HSE staff conged areas, in cong	ntinue to deliver and support the "We junction with the ICS. This programme	Can Quit" extended into
9.10	Establish a national database for the collection and collation of data from all smoking cessation services.	HSE	Develop a business case for a National Tobacco Cessation Service Patient Management System.	Initiate 2014 an progress 2015
Update 2014	A business case was drafted in 2014 and will be will then be submitted	for approval in 20	-	<u> </u>
Update 2015	Business case with detailed costs completed and approval received. Pro allocation from IT implementation services allocated to drive the projecember 2015 to develop tender and specification documentation.			
Update 2016	Invitation to tender documentation developed and procurement proce 2016. Procurement evaluation group established to appraise and rate t next stage. Demonstration of proposed system required from one of the	ender responses r	eceived. Two tenderers successful pro	
9.11	Train all frontline healthcare workers to deliver interventions for smoking cessation as part of their routine work.	HSE	Training targets set for number of staff to be trained in Brief Intervention Smoking Cessation HSE Annual Service Plan. Very Brief Advice on-line training to be offered to all staff.	1. 2014 and on going. 2. Develop for 2015
Update 2014	Training targets set for the number of staff to be trained in Brief Intervtrained in 2014 was 1,303.	ention Smoking C	 essation HSE Annual Service Plan. The	l total number
Update 2015	The total number of front line staff trained in 2015 was 1,185 plus an acre target number of staff to be trained within each division complete for		-	ts. Negotations
Update 2016	The total number of front line staff trained in 2015 was 1,306 plus an are target number of staff to be trained within each division complete for		-	ts. Negotiations
9.12	Examine evidence (national and international) regarding outcomes of the use of NRT ⁶ and other approaches.	DOH TACU	Engage with key stakeholders with a view to carrying out an evidence based review or health technology assessment on NRT and other smoking cessation approaches.	Initiate Q2 201
Update 2014	Preliminary discussions held with the Health and Quality Information Assmoking cessation methodologies in their 2015 workplan.	uthority with a vie	 w to facilitating an Health Technology	Assessment of
Update 2015	Preparatory work on the smoking cessation Health Technology Assessm	nent initiated		
Update 2016	HIQA and DOH agreed terms of reference for the HTA. HIQA appointed Group was convened by HIQA to assist in the process. Draft report com			-
9.13	Establish a regulatory framework for nicotine products in the context of discussions at EU level.	DOH TACU	Retail Licencing Bill to include non-medicinal nicotine products. Implementation of EU Tobacco Products Directive.	See 8.7 to 8.12 above see

Update 2016 T tt C 9.14 II Update 2014 F n Update 2015 C s Update 2016 € tt 7 7 0 d 9.15 A Update 2014 S Update 2015 N	The European Union (Manufacture, Presentation and Sale of Tobacco a transposed the Tobacco Products Directive came into force on 20 May 2 Commission and the HSE in relation to implementation and enforcement increase investment in mass media quit campaigns. Funding for the HSE QUIT Campaign increased from €800,000 in 2013, to messages of the campaign, has led to a significant increase in online act QUIT.ie Phase II completed, including extension of quit plan, introduction sign-ups in 2015. €1.65m invested in QUIT campaign in 2016 an increase from 2015. Visite the quit team up by 22%. QUIT's fan base on facebook grew by 4% in 2016, of visitors from twiter signed up for a quit plan. Research showed the first pear and the focus during mid-late 2016 was the development of development took place late 2016. Advocate for the removal of VAT from NRT.	o €1.5 million in a ivity and responson of community s to the site were 016 and 7% of vishat the media medi	Significant increase in investment secured for QUIT campaign, subject to continuous evaluation. 2014. The increased funding, matched vest from smokers. Section, quit heroes app development. Eup by 40%, quit plan sign up increased sitors from facebook signed up for a quitesaging was coming close to wear out the approach for 2017/2018. Planning for not proceed the feasibility of minimising the rate of VAT on NRT patches subject to	2014 and ongoing with the strong 11.5K quit plan by 23%, calls to t plan. A further owards the end
Update 2014 F n Update 2015 C s Update 2016 € tt 7 od d 9.15 A Update 2014 S Update 2015 N	transposed the Tobacco Products Directive came into force on 20 May 2 Commission and the HSE in relation to implementation and enforcement increase investment in mass media quit campaigns. Funding for the HSE QUIT Campaign increased from €800,000 in 2013, the messages of the campaign, has led to a significant increase in online act QUIT.ie Phase II completed, including extension of quit plan, introduction significant increase from 2015. €1.65m invested in QUIT campaign in 2016 an increase from 2015. Visite the quit team up by 22%. QUIT's fan base on facebook grew by 4% in 207% of visitors from twiter signed up for a quit plan. Research showed the form the year and the focus during mid-late 2016 was the development of development took place late 2016. Advocate for the removal of VAT from NRT.	ent. HSE o €1.5 million in a civity and response on of community sto the site were colf and 7% of visuat the media media new strategic and the strategic	Significant increase in investment secured for QUIT campaign, subject to continuous evaluation. 2014. The increased funding, matched vest from smokers. Section, quit heroes app development. Eup by 40%, quit plan sign up increased sitors from facebook signed up for a quitesaging was coming close to wear out the approach for 2017/2018. Planning for not proceed the feasibility of minimising the rate of VAT on NRT patches subject to	2014 and ongoing with the strong 11.5K quit plan by 23%, calls to t plan. A further owards the endew campaign
Update 2014 Find no	Funding for the HSE QUIT Campaign increased from €800,000 in 2013, to messages of the campaign, has led to a significant increase in online act QUIT.ie Phase II completed, including extension of quit plan, introduction sign-ups in 2015. €1.65m invested in QUIT campaign in 2016 an increase from 2015. Visite the quit team up by 22%. QUIT's fan base on facebook grew by 4% in 207% of visitors from twiter signed up for a quit plan. Research showed the forther year and the focus during mid-late 2016 was the development of development took place late 2016. Advocate for the removal of VAT from NRT.	o €1.5 million in a ivity and respons on of community as to the site were o16 and 7% of visuat the media mew strategic a	secured for QUIT campaign, subject to continuous evaluation. 2014. The increased funding, matched vies from smokers. section, quit heroes app development. Eup by 40%, quit plan sign up increased sitors from facebook signed up for a quit essaging was coming close to wear out the approach for 2017/2018. Planning for not provided the feasibility of minimising the rate of VAT on NRT patches subject to	going with the strong 11.5K quit plan by 23%, calls to t plan. A further owards the end ew campaign
Update 2015 C s Update 2016 € ti 7 7 0 d 9.15 A Update 2014 S Update 2015 N	messages of the campaign, has led to a significant increase in online act QUIT.ie Phase II completed, including extension of quit plan, introduction sign-ups in 2015. £1.65m invested in QUIT campaign in 2016 an increase from 2015. Visition the quit team up by 22%. QUIT's fan base on facebook grew by 4% in 207% of visitors from twiter signed up for a quit plan. Research showed the first the year and the focus during mid-late 2016 was the development of development took place late 2016. Advocate for the removal of VAT from NRT.	ivity and respons on of community s to the site were 016 and 7% of vis nat the media me a new strategic a	ses from smokers. section, quit heroes app development. se up by 40%, quit plan sign up increased sitors from facebook signed up for a quitessaging was coming close to wear out to approach for 2017/2018. Planning for near the feasibility of minimising the rate of VAT on NRT patches subject to	11.5K quit plan by 23%, calls to t plan. A further owards the end ew campaign
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9.15 A Update 2014 S Update 2015 N	the quit team up by 22%. QUIT's fan base on facebook grew by 4% in 2007. Of visitors from twiter signed up for a quit plan. Research showed the of the year and the focus during mid-late 2016 was the development of development took place late 2016. Advocate for the removal of VAT from NRT.	016 and 7% of vis nat the media me a new strategic a	sitors from facebook signed up for a quitessaging was coming close to wear out to approach for 2017/2018. Planning for no Discuss with Department of Finance the feasibility of minimising the rate of VAT on NRT patches subject to	t plan. A further owards the end ew campaign
Update 2014 S Update 2015 N	Scheduled for action in 2015.	DOH TACU	the feasibility of minimising the rate of VAT on NRT patches subject to	Q1 2015
Update 2015 N			the EU VAT. Directive	
·	Not possible at this juncture to introduce a different VAT rate for NRT n			
Update 2016 N	Not possible at this juncture to introduce a different VAT rate for Will p	roducts as per th	ne EU VAT Directive	
	Not possible at this juncture to introduce a different VAT rate for NRT p	roducts as per th	e EU VAT Directive	
	Make NRT more widely available, including in outlets where tobacco products are sold.	DOH TACU	The Health Products Regulatory Authority (HPRA), formerly the Irish Medicines Board has authorised an NRT product to be sold in general retail and grocery outlets.	Initiate Q3 2014 and or going
	The Health Products Regulatory Authority (HPRA), formerly the Irish Megrocery outlets in 2014 for consumers 18 years and over.	edicines Board re	classified NRT products to be sold in ger	neral retail and
Update 2015 S	See above update for 2014			
Update 2016 S	See above update for 2014			
Varn about the d	dangers of tobacco			
	Increase investment in social marketing campaigns to warn about the dangers of tobacco.	HSE	See 9.14 above.	2014 and ongoing
Update 2014 S	See 9.14 above			
Update 2015 S	See 9.14 and 7.2 above			
Update 2016 S	See 9.14 above			
0.10	Enhance educational initiatives aimed at proventing young pools	DON 1187W B	DON HS.W/P D angaging with Dont of	2014 and on
fı	Enhance educational initiatives aimed at preventing young people from starting to smoke, in line with best international practice within the Healthy Ireland framework.	DOH H&W P	DOH H&WB P engaging with Dept of Education and Skills to ensure an effective approach to health and wellbeing. Also leading out on implementation of Outcome 1-Active and Healthy, Physical and Mental Wellbeing in Better Outcomes, Brighter Futures.	2014 and ongoing
Update 2014 S	See 7.4 above		1	

Chapter and no.	Recommendation	Lead	Action	Time frame
Update 2015	See 7.4 above		'	
Update 2016	DOH H&WBP working with Dept of Education and Skills on Wellbeing C	urriculum		
9.19	Monitor the implementation of regulations for pictorial warnings.	1.DOH TACU 2. HSE	Joint DOH TACU and HSE group to review all tobacco control legislation quarterly.	Initiate Q4 2014
Update 2014	A joint DOH TACU and HSE EHS group was established in Q4 2014 to proto review progress.	ogress 9.6, 9.19, 9	1 22, 9.27 and 9.28 in 2015. The group	meets quarterly
Update 2015	The joint DOH TACU and HSE EHS group met quarterly. An examination and report on a cohort of Irish Duty paid cigarettes ob was undertaken, with the specific remit of assessing compliance with t found to be in compliance with legal requirements.	•		· · · · · · · · · · · · · · · · · · ·
Update 2016	The joint DOH TACU and HSE EHS group met on a regular basis during 2 An examination and report on a cohort of Irish Duty paid cigarettes obtwas undertaken, with the specific remit of assessing compliance with the Irish Duty Paid cohort of 494 packs were found to be non-compliant recompliance rate from 97% in 2014 and 98% in 2015.	ained by the Revene requirement of	pictorial warning regulations. In 2016	only 3 out of the
9.20	Undertake continued evaluation of campaigns and programmes.	1.DOH TACU 2. HSE	See 9.3.	2014 and on- going
Update 2014	See 9.3 above			
Update 2015	See 9.3 above			
Update 2016	See 9.1, 9.3 and 9.14 above			
9.21	Continued implementation and monitoring of the national inspection programme is required in order to ensure compliance with all tobacco legislation.	HSE	See 8.1.	2014 and on- going
Update 2014	See 8.1 above			
Update 2015	See 8.1 above			
Update 2016	The EHS through its National Tobacco Unit Operational Unit and Steering and local teams continues to maintain an inspection programme. Resolution Products Directive 2014.			
9.22	Review existing legislation to ensure that it is fit for purpose to deal with new and emerging measures and marketing programmes adopted by the tobacco industry.	1.DOH TACU 2. HSE	Joint DOH TACU and HSE group to review all tobacco control legislation quarterly.	
9.22 Update 2014	with new and emerging measures and marketing programmes	2. HSE	review all tobacco control legislation quarterly.	Initiate Q4
	with new and emerging measures and marketing programmes adopted by the tobacco industry. A joint DOH TACU and HSE EHS group was established in Q4 2014 to programmes.	2. HSE	review all tobacco control legislation quarterly.	Initiate Q4
Update 2014	with new and emerging measures and marketing programmes adopted by the tobacco industry. A joint DOH TACU and HSE EHS group was established in Q4 2014 to programme to progress.	2. HSE ogress 9.6, 9.19, 9	review all tobacco control legislation quarterly. 22, 9.27 and 9.28 in 2015. The group v 22, 9.27 and 9.28 in 2015. The group r	Initiate Q4 2014 vill meet
Update 2014 Update 2015	with new and emerging measures and marketing programmes adopted by the tobacco industry. A joint DOH TACU and HSE EHS group was established in Q4 2014 to programme progress. As above for Update 2014 A joint DOH TACU and HSE EHS group was established in Q4 2014 to proto review progress. In 2016 these meetings focussed on the introduction	2. HSE ogress 9.6, 9.19, 9	review all tobacco control legislation quarterly. 22, 9.27 and 9.28 in 2015. The group v 22, 9.27 and 9.28 in 2015. The group r	Initiate Q4 2014 vill meet
Update 2014 Update 2015 Update 2016	with new and emerging measures and marketing programmes adopted by the tobacco industry. A joint DOH TACU and HSE EHS group was established in Q4 2014 to proquarterly to review progress. As above for Update 2014 A joint DOH TACU and HSE EHS group was established in Q4 2014 to proto review progress. In 2016 these meetings focussed on the introduction Tobacco and Related Products) Regulations 2016 (S.I. No. 271 of 2016) Robustly defend the legal challenge by the tobacco industry to the	2. HSE ogress 9.6, 9.19, 9 ogress 9.6, 9.19, 9 on of The European	review all tobacco control legislation quarterly. 22, 9.27 and 9.28 in 2015. The group volume is a control legislation and the control legislation are seen to the control legislation and the control legislation are seen to the control legislation and the control legislation are seen to the control legislation and the control legislation are seen to the control legislation and the control legislation are seen to the control legislation and the co	Initiate Q4 2014 vill meet neets quarterly and Sale of
Update 2014 Update 2015 Update 2016 9.23	with new and emerging measures and marketing programmes adopted by the tobacco industry. A joint DOH TACU and HSE EHS group was established in Q4 2014 to proquarterly to review progress. As above for Update 2014 A joint DOH TACU and HSE EHS group was established in Q4 2014 to proto review progress. In 2016 these meetings focussed on the introduction Tobacco and Related Products) Regulations 2016 (S.I. No. 271 of 2016) Robustly defend the legal challenge by the tobacco industry to the point of sale measures introduced in 2009.	2. HSE ogress 9.6, 9.19, 9 ogress 9.6, 9.19, 9 on of The European	review all tobacco control legislation quarterly. 22, 9.27 and 9.28 in 2015. The group volume is a control legislation and the control legislation are seen to the control legislation and the control legislation are seen to the control legislation and the control legislation are seen to the control legislation and the control legislation are seen to the control legislation and the control legislation are seen to the control legislation and the co	Initiate Q4 2014 will meet neets quarterly d Sale of
Update 2014 Update 2015 Update 2016 9.23 Update 2014	with new and emerging measures and marketing programmes adopted by the tobacco industry. A joint DOH TACU and HSE EHS group was established in Q4 2014 to programme progress. As above for Update 2014 A joint DOH TACU and HSE EHS group was established in Q4 2014 to proto review progress. In 2016 these meetings focussed on the introduction Tobacco and Related Products) Regulations 2016 (S.I. No. 271 of 2016). Robustly defend the legal challenge by the tobacco industry to the point of sale measures introduced in 2009. On-going	2. HSE ogress 9.6, 9.19, 9 ogress 9.6, 9.19, 9 on of The European	review all tobacco control legislation quarterly. 22, 9.27 and 9.28 in 2015. The group volume is a control legislation and the control legislation are seen to the control legislation and the control legislation are seen to the control legislation and the control legislation are seen to the control legislation and the control legislation are seen to the control legislation and the control legislation are seen to the control legislation and the co	Initiate Q4 2014 vill meet neets quarterly and Sale of

Chapter and no.	Recommendation	Lead	Action	Time frame
Update 2014	In June 2014, Government approved the publication of the Public Healt the Bill in Seanad Éireann. The Bill was passed by the Seanad in June an			-
	Formal notification of the publication of the Bill was made to the Europ Standards Directive (98/34/EC) and the Tobacco Products Directive (20 Barriers to Trade Agreement in June 2014. The Commission and Memb opinions on the proposed measures under the Technical Standards Direction by a further three months, i.e. until 18th December 2014. The legislative	14/40/EU) and to a er States had unti ective. As detailed	the World Trade Organisation under th I 18th September to comment or provi opinions were received, the standstill	ne Technical ide detailed period increased
Update 2015	Ireland responded to the Commission in relation to the detailed opinio legislation under the EU Technical Standards Directive (98/34/EC). The the President in March 2015. Part 5 of Health (Miscellaneous Provisio of Tobacco) Act 2015. The amendments to the Act of 2015 allow for ad some of which are of a technical and practical nature and some of whi developed under the standardised packaging legislation and were forw November. A legal challenge to the Public Health (Standardised Packag Ireland Limited (JTI) against the State, which is being robustly defended and The Attorney General case expected in 2016.	legislation went t ns) Bill 2015 seek ditional elements ch seek to provide arded t the Comm ging of Tobacco) A	hrough the Houses of the Oireachtas on the Oireachtas on the American of the Oireachtas on the Indian of Ind	nd was signed by dised Packaging obacco products egulations were ds Directive in an Tobacco
Update 2016	The Health (Miscellaneous Provisions) Bill completed it passage through in 2017. The legal challenge (above) on behalf of JTI was struck out in N		. The Bill will continue its passage thro	ugh the Seanad
9.25	Work with the EU to ensure successful implementation of the proposed revision of the Tobacco Products Directive.	DOH TACU	Engage with European Commission to facilitate the transposition of the Tobacco Products Directive by May 2016.	Initiate Q2 2014
Update 2014	See 8.6 above		•	
Update 2015	See 8.6 above			
Update 2016	The European Union (Manufacture, Presentation and Sale of Tobacco a transposed the Tobacco Products Directive came into force on 20 May Commission and the HSE in relation to implementation and enforceme	2016. The Depart		
9.26	Work with media regulators and the entertainment industry around the portrayal of smoking in the media.	DOH TACU	Review the portrayal of smoking in national media.	Initiate Q1 2015
Update 2014	Scheduled to commence in 2015		1	
Update 2015	Worked with Advertising Standards Authority in Ireland on advertising	codes for e-cigare	ettes.	
Update 2016	Advertising code in place for e-cigarettes.			
9.27	Monitor developments in relation to brand stretching at a global and European level.	DOH TACU	Monitor tobacco industry activity in conjunction with WHO FCTC and European Commission and review accordingly.	On-going
9.28	Examine and monitor the existing tobacco legislation to ensure that it is inclusive of contemporary forms of communications.	1.DOH TACU 2. HSE	Joint DOH TACU and HSE group to review all tobacco control legislation quarterly.	Initiate Q4 2014
Update 2014	A joint DOH TACU and HSE EHS group was established in Q4 2014 to proto review progress.	ogress 9.6, 9.19, 9	.22, 9.27 and 9.28 in 2015. The group	meets quarterly
Update 2015	As above for Update 2014.			
Update 2016	As above for Update 2015.			
Raise taxes on t	tobacco products			
9.29	The Departments of Health and Finance and the Office of the Revenue Commissioners are to work in closer collaboration in relation to fiscal matters relating to tobacco and on measures to reduce the illicit trade of tobacco.	DOH TACU	Engage with Department of Finance and Revenue Commissioners.	2014 and on- going
Update 2014 Update 2015	Engagement on-going Engagement on-going			
Update 2016	Engagement on-going			
9.30	Annual excise duty increases on tobacco products should be applied over a continuous five year period.	DOH TACU	DOH TACU to discuss this recommendation with the Dept. of Finance.	2014 and on- going

Chapter and no.	Recommendation	Lead	Action	Time frame
9.31	Increase duty on roll-your-own and other tobacco products to reduce the price differential between cigarettes and other tobacco products.	DOH TACU	DOH TACU to advocate for such increases.	2014 and on- going
Update 2014	In Budget 2015 the excise duty on a packet of 20 cigarettes was increas tobacco products, with effect from midnight on 14 October 2014. The eacht (including VAT) per 25g pouch with effect from midnight on 14 October 2014.	excise duty on roll-		
Update 2015	In Budget 2016 the excise duty on a packet of 20 cigarettes was increas products with effect from midnight 13th October 2015.	ed by 50 cent incl	usive of VAT, with pro rata increases fo	or other tobacco
Update 2016	In Budget 2017 the excise duty on a packet of 20 cigarettes was increas tobacco products, with effect from midnight on 11 October 2016.	ed by 50 cents (in	cluding VAT) with a pro-rata increase o	on the other
9.32	Remove tobacco from the consumer price index.	DOH TACU	Discuss with Central Statistics Office and other relevant bodies.	Initiate Q1 2015
9.33	Introduce a tobacco industry levy or similar mechanism which could be ring fenced to fund health promotion and tobacco control initiatives including support to end the illegal trade.	DOH TACU	Discuss with Department of Finance.	Initiate Q1 2015
9.34	Consider the introduction of an environmental levy in the context of the Government's waste policy "A Resource Opportunity", the application of economic instruments and the review of producer responsibility.	DOH TACU	Discuss with Department of the Environment, Community and Local Government.	Initiate Q1 2016
Update 2014	9.32 and 9.33 scheduled for 2015 and 9.34 scheduled for 2016			
Update 2015 Update 2016	Not significantly advanced in 2015 due to competing priorities. Levy initiative not being pursued by Dept of Finance on account of pote	ential difficulties w	rith Corporation Tax structure.	
9.35	Continue collaboration with national and international partners on strategies to reduce illicit trade.	DOH TACU	Discuss with Departments of Finance, Justice and Equality, Revenue Commissioners, European Commission and WHO.	On-going
Update 2014	Discussions on-going with respect to the implementation of the EU Tobacco Products.	acco Products Dir		ate Illicit Trade in
Update 2015	Discussions on-going with respect to illicit trade in the context of imple to Eliminate Illicit Trade in Tobacco Products.	ementation of the	EU Tobacco Products Directive and the	e WHO Protocol
Update 2016	to Eliminate Illicit Trade in Tobacco Products.	ementation of the	EU Tobacco Products Directive and the	e WHO Protocol
		ementation of the	EU Tobacco Products Directive and the	e WHO Protocol
	to Eliminate Illicit Trade in Tobacco Products.	ementation of the	EU Tobacco Products Directive and the	e WHO Protocol
		1. DOH TACU 2 DOH H&W P 3. HSE	Ensure on-going engagement via: 1. DOH engagement with governmental, state agencies and NGOs ⁷ , 2. Healthy Ireland Council, 3. HSE Health Services Tobacco	Initiate Q1 2014 and ongoing
National and In	to Eliminate Illicit Trade in Tobacco Products. Iternational Partnerships Government Departments, and state agencies including the Health Service Executive will continue to liaise and work with the non- governmental organisations in order to achieve policy aims set out in	1. DOH TACU 2 DOH H&W P 3. HSE	Ensure on-going engagement via: 1. DOH engagement with governmental, state agencies and NGOs ⁷ , 2. Healthy Ireland Council, 3. HSE Health Services Tobacco Control Partners group.	Initiate Q1 2014 and on- going
National and In 10.1	ternational Partnerships Government Departments, and state agencies including the Health Service Executive will continue to liaise and work with the nongovernmental organisations in order to achieve policy aims set out in this report. The Minister for Health and Minister for Children and Youth Affairs, and	1. DOH TACU 2 DOH H&W P 3. HSE	Ensure on-going engagement via: 1. DOH engagement with governmental, state agencies and NGOS ⁷ , 2. Healthy Ireland Council, 3. HSE Health Services Tobacco Control Partners group. officials continue to meet with relevan	Initiate Q1 2014 and on- going
National and In 10.1	ternational Partnerships Government Departments, and state agencies including the Health Service Executive will continue to liaise and work with the nongovernmental organisations in order to achieve policy aims set out in this report. The Minister for Health and Minister for Children and Youth Affairs, an tobacco control issues.	1. DOH TACU 2 DOH H&W P 3. HSE d their respective utlined in Tobacco	Ensure on-going engagement via: 1. DOH engagement with governmental, state agencies and NGOs ⁷ , 2. Healthy Ireland Council, 3. HSE Health Services Tobacco Control Partners group. officials continue to meet with relevant of Free Ireland. tobacco control issues.	Initiate Q1 2014 and on- going
National and In 10.1 Update 2014	ternational Partnerships Government Departments, and state agencies including the Health Service Executive will continue to liaise and work with the nongovernmental organisations in order to achieve policy aims set out in this report. The Minister for Health and Minister for Children and Youth Affairs, an tobacco control issues. The Healthy Ireland Council is engaged with tobacco control issues as of the Minister for Health and respective officials continue to meet with respective of the second seco	1. DOH TACU 2 DOH H&W P 3. HSE d their respective utlined in Tobacco	Ensure on-going engagement via: 1. DOH engagement with governmental, state agencies and NGOs ⁷ , 2. Healthy Ireland Council, 3. HSE Health Services Tobacco Control Partners group. officials continue to meet with relevant of Free Ireland. tobacco control issues. its members.	Initiate Q1 2014 and on- going
National and In 10.1 Update 2014	ternational Partnerships Government Departments, and state agencies including the Health Service Executive will continue to liaise and work with the nongovernmental organisations in order to achieve policy aims set out in this report. The Minister for Health and Minister for Children and Youth Affairs, an tobacco control issues. The Healthy Ireland Council is engaged with tobacco control issues as of the Minister for Health and respective officials continue to meet with respective officials continue to meet with respective to the Healthy Ireland Council continues to promote control initiatives the The HSE Tobacco Control Partners Group met twice in 2015, reviewed to	1. DOH TACU 2 DOH H&W P 3. HSE d their respective utlined in Tobacco elevant NGOs on- rough the work of	Ensure on-going engagement via: 1. DOH engagement with governmental, state agencies and NGOs², 2. Healthy Ireland Council, 3. HSE Health Services Tobacco Control Partners group. officials continue to meet with relevant of Free Ireland. tobacco control issues. its members. bership and continue to support a coo tobacco control issues. its members.	Initiate Q1 2014 and on- going at NGOs on
National and In 10.1 Update 2014	ternational Partnerships Government Departments, and state agencies including the Health Service Executive will continue to liaise and work with the nongovernmental organisations in order to achieve policy aims set out in this report. The Minister for Health and Minister for Children and Youth Affairs, an tobacco control issues. The Healthy Ireland Council is engaged with tobacco control issues as on the Minister for Health and respective officials continue to meet with respondent to Tobacco Control Partners Group met twice in 2015, reviewed to approach to Tobacco Free Ireland objectives. The Minister for Health and respective officials continue to meet with respondent to Tobacco Free Ireland objectives. The Minister for Health and respective officials continue to meet with respectiv	1. DOH TACU 2 DOH H&W P 3. HSE d their respective utlined in Tobacco elevant NGOs on- rough the work of	Ensure on-going engagement via: 1. DOH engagement with governmental, state agencies and NGOs², 2. Healthy Ireland Council, 3. HSE Health Services Tobacco Control Partners group. officials continue to meet with relevant of Free Ireland. tobacco control issues. its members. bership and continue to support a coo tobacco control issues. its members.	Initiate Q1 2014 and on- going at NGOs on

Chapter and	Recommendation	Lead	Action	Time frame
no. Update 2016	The European Union (Manufacture, Presentation and Sale of Tobacco and Related Products) Regulations 2016 (S.I. No. 271 of 2016) which transposed the Tobacco Products Directive came into force on 20 May 2016. The Department continues to engage with the European Commission and the HSE in relation to implementation and enforcement.			
10.3	All Government Departments and state agencies should actively engage with and implement the WHO FCTC, the Protocol to Eliminate the Illicit Trade in Tobacco Products and the FCTC Implementation Guidelines.	DOH TACU	Sign WHO FCTC protocol. Arrange to put in place the measures to facilitate ratification in the light of obligations set out in the Tobacco Products Directive. Implement protocol within recognised timeframes as set down by the ratified protocol.	1. Complete Q4 2013 2. Initiate Q4 2014 3. Await 40 country ratification
Update 2014	See 8.6 above. Ireland was actively engaged with WHO in progressing the WHO FCTC, including involvement at the Conference of the Parties Meeting (COP6)			
Update 2015	Ongoing engagement with WHO on tobacco control issues. Ireland played a key role in the development of the WHO Europe Region report "Making tobacco a thing of the past" - a roadmap of actions to strengthen implementation of the WHO FCTC in the European Region 2015-2025			
Update 2016	Ongoing engagement with WHO on tobacco control issues. Ireland played a key role in the development of the WHO Europe Region's online Tobacco Playbook. DOH active role in Conference of the Parties Meeting (COP7)			
10.4	Collaboration with other national and international partners in the area of tobacco control should be continued to further develop the evidence base in support of new initiatives and to evaluate the impact of current measures.	DOH TACU	Continue to liaise with EC, WHO and other international bodies to review new tobacco control initiatives as they emerge with a view to incorporate them into practice in Ireland if they facilitate Tobacco Free Ireland by 2025.	On-going
10.5	Collaborate on a North/South basis, in particular through the North South Ministerial Council, on measures to reduce tobacco consumption.	DOH TACU	Continue to work with North South Ministerial Council on tobacco control.	On-going
10.6	Support greater national and international collaboration and participation on research programmes to strengthen the evidence base for new measures.	DOH TACU	Continue to liaise with European Commission, WHO and other international bodies to review new tobacco control initiatives as they emerge with a view to incorporate them into practice in Ireland if they facilitate Tobacco Free Ireland by	On-going
Update 2014	DOH TACU has actively engaged with the North South Ministerial Council, the European Commission, and the WHO at both regional and national level in 2014 to further the aims of Tobacco Free Ireland and to share our experience in tobacco control matters.			
Update 2015	As above for Update 2014			
•	As above for Update 2015			
	DOH TACU: Department of Health Tobacco and Alcohol Control Unit. WHO FCTC: World Health Organisation Framework Convention on To DOH H&W P: Department of Health Health and Wellbeing Programm HSE: Health Service Executive. EU: European Union. NRT: Nicotine Replacement Therapy.	bacco Control.		
	7. NGOs: Non-Governmental Organisations.			

