



ROYAL
COLLEGE OF
PHYSICIANS
OF IRELAND

Time for a Tobacco Free Future

Call for government action to
end tobacco harm in Ireland

RCPI CLINICAL ADVISORY GROUP ON SMOKING AND E-CIGARETTES
18 FEBRUARY 2026



Contents

Acknowledgements	5
Executive Summary	6
Six Calls to Action for a Tobacco Free Future	9
Introduction	11
A Tobacco Free Future – what does this mean?	12
From controlling the problem to ending it for once and for all	12
Time to begin the tobacco endgame	13
The case for a Tobacco Free Future	14
Smoking-related disease continues to claim lives every day	14
Those facing the greatest challenges suffer the most from smoking	14
We've reached a critical point - smoking reductions have stalled	14
A Tobacco Free Future is fundamental to our national health goals	16
Public support for change has never been stronger	16
A Tobacco Free Future must be part of a global effort	17
Our calls for a Tobacco Free Future	18
1. A new national policy that delivers a tobacco free future	19
2. Commit to a tobacco free generation	21
3. Reduce the addictiveness, attractiveness, affordability, and availability of tobacco products	23
4. Stop tobacco industry interference and hold them accountable	28
5. Protect children and communities from tobacco and nicotine products	30
6. Ensure everyone who wants to quit gets the right support	32
Act Now: Time for Ireland's Tobacco Free Future	33
References	36

Foreword -“Ná caith tobac le do thoil”

As physicians, we see daily the impact that smoking continues to have on people’s lives in Ireland. Despite decades of progress, tobacco use remains one of the leading causes of preventable illness and premature death.

In my own clinical practice in general and geriatric medicine, I see the consequences clearly. Premature illness and death, a chronic disease that might have been avoided, lung and other cancers that might not have happened, heart attacks and strokes that change the course of a life in an instant and frailty that develops faster and with greater severity because of years of tobacco exposure. These are not statistics; these are all people who have suffered a potentially preventable personal tragedy.

We also know, through high quality Irish research, including the Irish Longitudinal Study on Ageing (TILDA), that smoking profoundly affects people’s ability to live well. It accelerates the progression of disease, reduces resilience, increases disability, and reduces quality of life. These impacts are not confined to older age; they are the cumulative result of smoking beginning early in life.

While it is never too late to stop smoking, it is far better not to have started in the first place. That is why protecting children and young people must be central to our national response. No young person should ever become part of the next generation of smokers. But do remember, it is never too late to stop smoking.

The concept of a Tobacco Free Generation reflects a clear and compelling ambition: to phase out the sale of tobacco products over time so that today’s children grow up free from the harms that have shaped so many lives in past generations. This is one of the most powerful actions we can take to break the cycle of addiction and prevent future illness.

A Tobacco Free Future is achievable. Public support is strong, the evidence is clear, and the clinical community stands united in its call for action. This report offers a practical, ambitious roadmap to end the epidemic of tobacco-related harm, not simply to manage it.

The harms caused by smoking are preventable. The solutions are before us. What we need now is leadership and commitment to act.



Dr Diarmuid O’Shea
President, Royal College of Physicians of Ireland

“Ná caith tobac
le do thoil”

About the Royal College of Physicians of Ireland

The Royal College of Physicians of Ireland, which includes over 15,000 doctors, is the largest postgraduate medical training college in Ireland and provides lifelong learning. Our members and fellows also lead initiatives and discussions that influence government policies and legislation, and shape public debate.

RCPI houses the following faculties and institutes dedicated to specialist postgraduate medical training and continuous professional development:



RCPI and its faculties and institutes in recent years have brought attention to issues such as health inequalities, vaping, smoking and climate action through development of position papers, educational events for doctors and other healthcare professionals, and through public engagement events.

We are also members of Irish alliances of health sector organisations including the Alcohol Health Alliance, Health Promotion Alliance, the Tobacco 21 Alliance and the Climate and Health Alliance.

RCPI Clinical Advisory Group on Smoking and E-Cigarettes

This group is comprised of representatives from RCPI's faculties and institutes, RCPI trainees, and invited experts from other relevant organisations. The group's main objectives are to make recommendations for national policy and legislation on smoking and e-cigarettes based on international best practice, highlighting new evidence in these areas and providing an expert clinical voice in public debate.

Membership of this group is detailed in the table:

Name	Representing
Dr Paul Kavanagh (Chair)	Faculty of Public Health Medicine
Prof Des Cox	Faculty of Paediatrics
Prof Breda Cushen	Institute of Medicine
Dr Sujil Jacob	Faculty of Occupational Medicine
Dr Eibhlín Healy	Institute of Obstetricians and Gynaecologists
Dr Junaid Rasul	RCPI Trainee Committee nominee
Dr John Gannon	(Public Health Medicine- Higher Specialist Trainee) Member selected from open call
Dr Anne-Marie Sweeney	(Respiratory Medicine – Higher Specialist Trainee) Member selected from open call
Prof Paul Donnellan	Nominee Society for Medical Oncology
Prof Catriona Jennings	Nominee Irish Cardiac Society
Dr Helen McAvoy	All Island Institute of Public Health

Acknowledgements

The Clinical Advisory Group on Smoking and E-Cigarettes are grateful to Prof Trevor Duffy, Director of Healthcare Leadership at RCPI for his continuing leadership in our work for RCPI on policy and advocacy. We also acknowledge Prof Diarmuid O'Shea, RCPI President, and the RCPI Council for continuing to place a value and focus on clinicians' role in advocacy.

Thanks to Mairead Heffron and Niamh O'Sullivan in RCPI for their valuable advice and support to the development and publication of this position paper.

Citations are provided for resources use to inform and support this Position Statement. Resources developed by ASH (Action on Smoking & Health) for Project Sunset and its 2025 Global Tobacco Endgame Summit, which took place in Dublin in conjunction with the World Conference on Tobacco Control played a valuable role in the Position Statement.

Executive summary

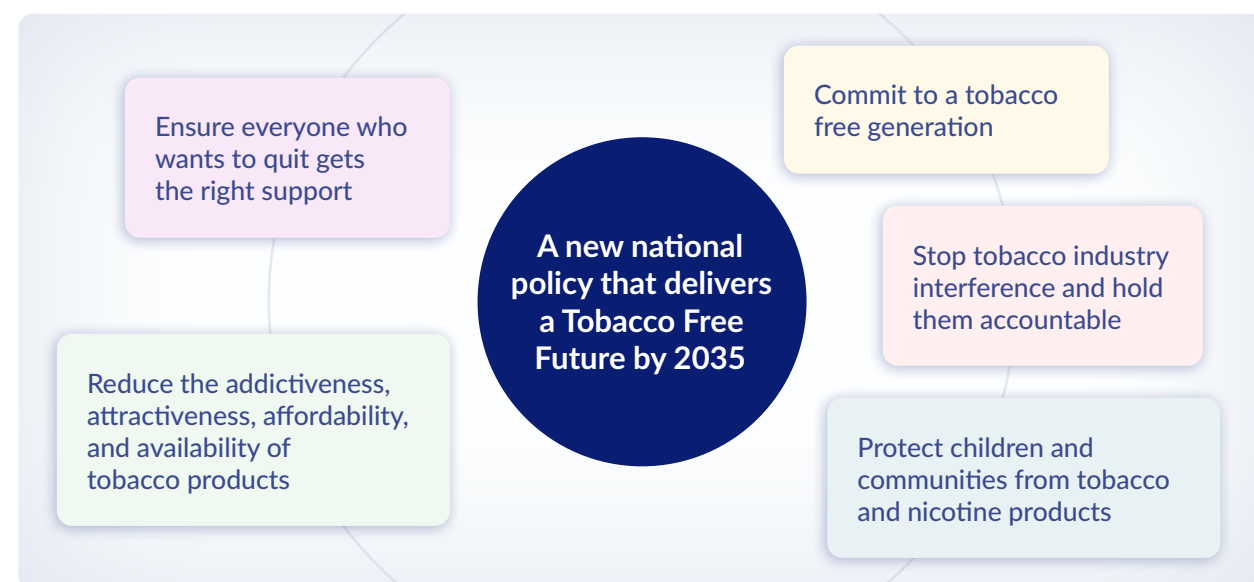
The clinical advisory group on smoking and e-cigarettes of the Royal College of Physicians of Ireland is calling on government to deliver a Tobacco Free Future, ending tobacco-related harm, once and for all.

Ireland faces a critical moment in its fight against harm caused by tobacco products. Despite decades of progress, reductions in smoking have stalled, and nearly one in five adults still smoke. Tobacco remains the leading cause of preventable disease and death, continuing to claim almost 100 lives each week and driving health inequalities that shorten lives by up to five years in disadvantaged communities.

Doctors on the front line of our health services are picking up the pieces. Each week, almost 1,000 people are hospitalised due to smoking-related disease. An estimated 20% of all hospitalisations for respiratory conditions, 12% of all hospitalisations for cancers and 10% of all hospitalisations for circulatory diseases, are caused by smoking. Many more attend outpatients, community health services and general practices each week because of smoking-related disease. Doctors want to see this brought to an end.

The harm caused by tobacco products is devastating and entirely preventable. Tobacco is a highly addictive and deadly product – it kills when used exactly as intended by its manufacturers. It costs Ireland billions in healthcare and wider social costs, and it perpetuates cycles of poverty and illness. Most people who smoke wish they had never started, and strong public support exists for action to end the problem for once and for all: three in four people in Ireland back a Tobacco Free Future and eight out of ten people support the phase out of tobacco products completely.

The tools to end this crisis exist. What's needed now is political leadership and action. The Royal College of Physicians of Ireland is calling on government to commit to delivering a Tobacco-Free Future by 2035, with smoking prevalence below 5%. This requires action that moves beyond control to elimination. It's time to begin Ireland's tobacco endgame.



Every day of delay costs lives, leaves children in harm's way, and deepens health inequalities. The time for action is now. It's time to begin Ireland's Tobacco Free Future.



RCPI Clinical Advisory Group on Smoking and E-Cigarettes

6 Calls and 21 specific actions for government:

Call 1: a new national policy that delivers a tobacco free future	
1.1	Publish a new national policy and plan with a goal of smoking prevalence of less than 5% by 2035 across all population groups, supported by cross party consensus and overseen by the Oireachtas Committee on Health.
1.2	Ensure protection of young people and reducing health inequalities is at the heart of that policy and plan.
1.3	Re-establish the role of the National Tobacco Control Advisor as National Tobacco Endgame Advisor.
1.4	Convene a National Tobacco Epidemic Emergency Team led by the Chief Medical Officer reporting to government.
1.5	Strengthen and consolidate surveillance of tobacco use and harm in Ireland and establish a Research Centre for a Tobacco Free Future.
Call 2: Commit to a tobacco free generation	
2.1	Legislate for a tobacco-free generation and ensure alignment on protection of children and young people across the island of Ireland.
Call 3: Reduce the addictiveness, attractiveness, affordability, and availability of tobacco products	
3.1	Set standards and regulate tobacco products to propel a reduction in nicotine content in tobacco products and the removal of filters.
3.2	Use taxation effectively to make smoking less affordable.
3.3	Tackle tobacco product advertising and promotion on the internet and in international press, placement of products in national and international television and film and bring a complete end to all opportunities for sponsorship.
3.4	Strengthen regulation on packaging: rotate health warnings and remove all marketing.
3.5	Implement recently established arrangements for tobacco retail licensing in Ireland to reduce the availability of highly addictive and deadly tobacco products.

Call 4: Stop tobacco industry interference and hold them accountable	
4.1	Publish, implement and audit against national guidance for public officials on best practice in protecting policy-making against tobacco industry interference.
4.2	Participate in the Global Tobacco Industry Interference Index.
4.3	Use litigation to recover the costs incurred for healthcare to treat disease caused by smoking.
4.4	Invest the money recouped in stop smoking care and to support the retail sector transition away from the sale of high addictive and deadly tobacco products.
Call 5: Protect children and communities from tobacco and nicotine products	
5.1	Ensure effective implementation of legislation banning sale of e-cigarettes to children and young people under 18 years of age.
5.2	Progress further legislation and regulation of e-cigarettes and novel nicotine products to protect children and young people.
5.3	Expand smoke-free spaces so everyone can breathe clean air, especially for vulnerable groups.
Call 6: Ensure everyone who wants to quit gets the right support	
6.1	Expand free access to stop smoking medicines to include all treatments recommended in national guidelines.
6.2	Make significant investment in and urgently develop stop smoking services for women who are pregnant.
6.3	Invest in the development and scaling of targeted and tailored stop smoking care in disadvantaged communities to tackle inequalities in smoking.



Introduction

In this paper, the RCPI Clinical Advisory Group on Smoking and E-Cigarettes presents its position on delivering a Tobacco-Free Future in Ireland. Ireland is still deep in an epidemic of harm caused by tobacco products and urgently needs a plan to bring this to an end. We set out clearly the concrete actions that our government could take to deliver a Tobacco-Free Future by 2035.

The information is presented as follows:

- In the first section of this paper, we define what we mean by a Tobacco Free Future and introduce the tobacco endgame concept.
- In the second section, we present the need for a Tobacco Free Future to support the current and future health of people living in Ireland.
- In the third section, we outline what needs to be done to create this Tobacco Free Future – a national tobacco endgame strategy.

THE IMPACT ON HEALTH

Over **4,500 deaths**
each year from tobacco use

...accounting
for almost
1-in-6
deaths

10
people every day
are diagnosed with **cancer**
caused by tobacco

SMOKING
causes more harm than
alcohol, drugs, and accidents
COMBINED

A Tobacco Free Future – what does this mean?

A Tobacco Free Future for Ireland means a country where citizens are free to enjoy their best possible health protected from the harm caused by tobacco products.

While there may still be some adults who smoke, in a Tobacco Free Future, the number of people who smoke will be minimal (less than 5% of the population) and will reduce further as future generations grow up benefiting from changes we make today to ensure they can live their fullest lives and are supported to reach their greatest potential.

From controlling the problem to ending it for once and for all

For over fifty years, we have known that smoking is a substantial and wholly preventable cause of disease, disability and premature mortality.¹ Many countries have implemented measures to tackle the problem and bring the harm caused by tobacco products under control. As we make progress, we need to ask whether limiting the harm caused by tobacco products is enough.

THE IMPACT ON HOSPITALS

Almost
1,000
hospitalisations
EVERY WEEK

Accounting for:

20% of all **respiratory** hospitalisations.

12% of all **cancer** hospitalisations.

10% of all **circulatory** hospitalisations.

THE IMPACT OF SMOKING COMPARED TO COVID-19

From the start of the COVID-19
pandemic in 2020 to end of 2022:

**MORE
DEATHS
and MORE
HOSPITALISATIONS**
from **smoking-related disease**
than COVID-19.

A Tobacco Free Future requires a marked change in our approach to tobacco products, where we move from controlling the harm caused by smoking (what is traditionally called “tobacco control”) to bringing it to an end for once and for all (what is called “tobacco endgame”).

Moving our discussion from controlling the cause of a health problem to talking about eliminating it completely is not new. There are many examples where government takes the logical next step to protect health by fundamentally tackling the known cause of a problem.

For example, in Ireland, we already have or are currently taking action to eradicate and eliminate communicable diseases caused by measles, polio, tuberculosis (TB) and human papilloma virus (HPV).

The same is true for commercial products, where it is clear that these cannot be used with reasonable levels of safety in moderation. In the past, we have already heavily restricted and effectively eliminated the sale of products known to be harmful to health. For example, lead has been eliminated from petrol or paint, and asbestos has been eliminated from construction materials. Today, we also remove commercial products from sale when we find they are faulty or dangerous for human health. A toy or electronic device that caused injury or death is removed from shops. Food or drink that was contaminated or found to contain a dangerous chemical are recalled and taken off the shelves.

In all these examples, government has taken the logical step to protect the health of citizens. We expect government to make a plan and take action where it is possible to eliminate the cause of a health problem completely.

Time to begin the tobacco endgame

The idea of “tobacco endgame” emerged over a decade ago.² It is about taking steps to change and eliminate permanently the structural, political and social dynamics that sustain the epidemic of harm caused by tobacco products, to end it within a specific time.³

Tobacco endgame is not about criminalising and punishing people for the purchase, use or possession of tobacco products. It is not about banning the act of smoking or making life harder for people who smoke. Most people who smoke wish they never started, find it difficult to stop, and need a health-led response that helps them.

Tobacco endgame is about seeing the bigger picture and fundamentally tackling the root causes of the epidemic of harm caused by tobacco products. It is focused on making choices and taking actions that will phase-out tobacco products, abolish harm caused by their use and enable everyone to live their lives to their fullest potential.⁴ Essentially, it is a set of political choices and actions taken by government to protect citizens from a deadly product.

Tobacco endgame borrows an idea from chess. As a game of chess progresses, one player will reach a point where they develop a so-called endgame. This is not checkmate, or the final move that ends the game. It is about formulating tactics, developing a plan and then taking a series of moves with the deliberate intention to bring the game to an end. It is about acting with the end in mind.

The case for a Tobacco Free Future

Our national efforts to reduce harm caused by tobacco products have brought us to a critical crossroads. Now is the time to plan for a Tobacco Free Future for the people of Ireland.

Smoking-related disease continues to claim lives every day

It is over fifty years since the wide range of diseases, disability and premature mortality caused by tobacco product use first became clear. Despite this, smoking was long seen as a “normal” part of day-to-day in Ireland. We have made good progress in changing our collective attitudes and de-normalising the behaviour of tobacco product use^{5,6} through measures to tackle smoking, for example, the workplace-smoking ban.

Our norms regarding the social behaviour of tobacco product use have changed. However, we can still see the tobacco industry itself, and its products, as part of the unavoidable reality of the world in which we live. The harm caused by the tobacco industry has been ongoing for over a century, following the industrialisation of commercial cigarette production in the early part of the 20th century. As a result, it is all too easy to overlook the scale of the devastating and wholly avoidable consequences of the tobacco industry and its products. The evidence shows clearly how tobacco products continue to claim lives and impact people's health on an ongoing basis (See Panel “The Epidemic of Harm Caused by Smoking - Facing the Facts”).

Those facing the greatest challenges suffer the most from smoking

The burden of the epidemic of harm caused by tobacco products does not fall equally and fairly across our population.

Looking at the burden across socioeconomic groups in Ireland (indexed by education status), compared to those in the highest socioeconomic group, daily smoking is almost three times more likely among those in the lowest socioeconomic group.⁷ These inequalities have widened in recent years. Looking at the burden across ethnic groups, daily smoking is almost two times more common among the Traveller population in Ireland compared to the total population.²⁴ There are wide differences in health across the population in Ireland. Death rates in lower socioeconomic groups in Ireland are two times higher than among people in higher socioeconomic groups.²⁵ On average, men living with greatest disadvantage live five years of life less than men living with more comfortable conditions.

Because smoking is such a big and important cause of disease, disability and premature mortality, and because differences in smoking are so wide across population groups, the burden of smoking-related disease is borne heaviest by our most vulnerable groups. **Smoking differences may explain at least half of the inequality in health in Ireland.**²⁷

We've reached a critical point - smoking reductions have stalled

At the end of the last century, the Survey of Lifestyle, Attitudes and Nutrition (SLÁN) in 1998 reported that 31% of adults, or almost 1-in-3, smoked tobacco products. Since then, because of a programme of policy measures (including abolishing sales to under 18-year-olds, the workplace smoking ban, restriction on advertising and implementation of plain packing for tobacco products), there have been reductions in

The epidemic of harm caused by smoking - facing the facts

Ireland is still deep in a continuing epidemic of smoking-related harm.⁸ The facts are stark, and the personal impact on individuals, families and communities is devastating.

Each week in Ireland, there are still almost 100 people who die and over 1,000 people who are hospitalised due to tobacco product use.⁹

20% of all hospitalisations for respiratory conditions, 12% of all hospitalisations for cancers and 10% of all hospitalisations for circulatory diseases, are estimated to be attributable to smoking.⁹

In Ireland, from the start of the COVID-19 pandemic in March 2020 to the end of 2022, more people died from diseases caused by tobacco product use than died from COVID-19 disease.¹⁰ In the same period, more people were hospitalised from smoking related disease than from disease due to COVID-19.¹¹

Each day in Ireland, almost 10 people are diagnosed with cancer caused by tobacco product use.¹²

Maternal smoking during pregnancy impairs normal foetal growth and development and is associated with low birth weight, foetal growth restriction, stillbirth, preterm birth, and some congenital anomalies. Recent Irish data indicates that the rate of maternal smoking during pregnancy in Ireland is approximately 6%.^{13 14 15}

Compared to non-smokers, people who smoke in Ireland will lose almost 5 million life-years, experience almost 6 million years living with a smoking-related chronic disease and incur healthcare costs of over €20.2 billion due to smoking.⁷

The burden of disease caused by smoking in Ireland is greater than that caused by alcohol, drugs, and injuries due to accidents combined.¹⁶

Tobacco products are widely available in grocery stores, corner shops, and petrol forecourts across Ireland. At the most recent count, there were almost 12,500 retail outlets selling tobacco products in Ireland;¹⁷ this compares to almost 2,000 pharmacies,¹⁸ some 2,500 general practices,¹⁹ and approximately 85 acute hospitals.²⁰

The tobacco industry profits from the harm its products cause. There are still over 100m packs of cigarettes consumed each year in Ireland, generating revenue of over €1.8bn.^{21 22}

This epidemic is wholly preventable and solely driven by a commercial product widely sold in Ireland that when used as intended by the manufacture kills at least 1-in-2 users.²³

smoking prevalence in Ireland. These have been tracked in recent years through the Healthy Ireland Survey series. As shown in Figure 1, while there were continued reductions in smoking in Ireland from 23% in 2015 to 17% in 2019, since then, reductions in smoking in Ireland have stalled.²⁸

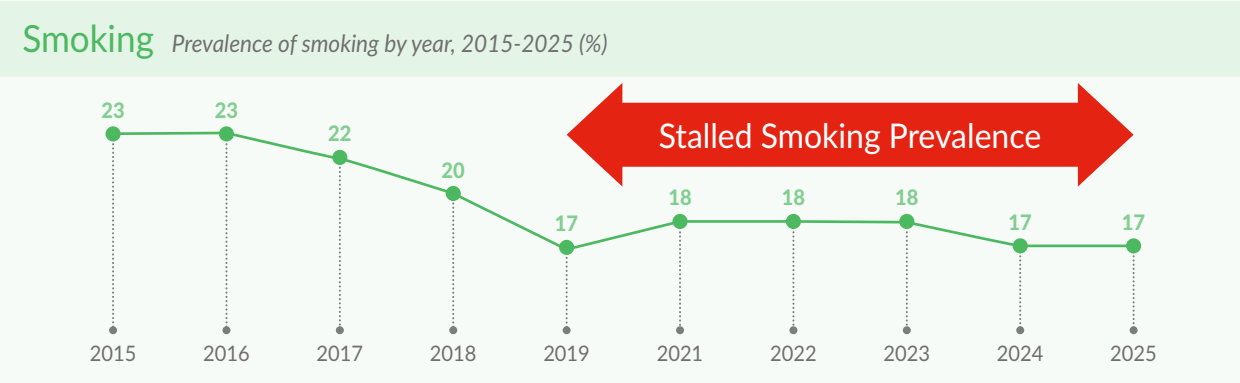


Figure 1: Source: Healthy Ireland Survey, 2025

Currently, almost 1-in-5 people in Ireland (17%) still smoke tobacco products, which falls significantly short of the 2025 goal set by government in 2013 (less than 5% of people smoking).

One of the main goals of tobacco policy is to prevent children and young people from starting to smoke. However, recent trends in smoking among this group are mixed, raising concerns, especially given adult trends, that progress in reducing smoking rates in Ireland may be stalling. The Health Behaviour of School Children Survey (HBSC) reports some reduction in current tobacco product smoking among young people aged 15-17 years from 11.7% in 2018 to 9.0% in 2022. However, the European School Survey Project on Alcohol and other Drugs (ESPAD), which is a more focused study with 15–16-year-olds, found in that age group that current smoking was effectively stalled at 12% in 2024, having been 13% a decade previously in 2015 and having risen to 14% in 2019.

A Tobacco Free Future is fundamental to our national health goals

Life in Ireland is changing. Our population is growing and ageing. There is an increasing number of people with frailty and chronic disease, which in turn is leading to greater demand for healthcare that is challenging the future sustainability of the Irish health system.²⁹ Smoking is a major cause of frailty and chronic diseases like cancer, heart disease, stroke, lung disease, and dementia. It will be impossible for Ireland to achieve its population health goals and ensure a sustainable health system into the future unless we take action to tackle the biggest and most important root causes, like smoking. Prevention is at the heart of the cross-party vision for our health system as set out in Sláintecare,³⁰ as well as the 2025 Programme for Government.³¹ Government now recognises that population health and wellbeing is not just an important goal in itself but is an essential building block for continuing economic and social progress.³²

Phasing out tobacco products is the single best step government can take to prevent frailty and chronic disease, deliver a better health and build a better future for everyone.

Public support for change has never been stronger

Given the scale of harm it causes, many people in Ireland have been touched in some way by the epidemic caused by smoking. Almost everyone will know a family member, a friend or loved-one who has been negatively impacted by smoking-related harm. It's not surprising that many people in Ireland want to end this harm and are ready for action.

A recent survey of the views of the public found that almost 8-in-10 people (75%) supported the idea of a Tobacco Free Future in Ireland (Figure 2).³³ Importantly, for most (8-in-10 people (77%)), this goal was seen as something that could be achievable in the short to medium term. When asked the direct question, over 8-in-10 people (83%) said they supported phasing out the sale of tobacco products in Ireland. There was high support for a range of measures that would achieve this phasing out, like reducing the nicotine content in tobacco products, abolishing the sale of tobacco products to the next generation, and restricting supply through retail. An important feature of this public support for a Tobacco Free Future in Ireland is that people want to see more measures put in place to help people who currently smoke, so they are not left behind. There was also strong support among people who currently use tobacco products, for example over 2-in-3 supported a complete phasing out of the sale of tobacco products and over 3-in-4 supported reducing nicotine content in tobacco products. This strong support for tobacco endgame in Ireland is in line with international surveys.³⁴ The Irish public is ready for a Tobacco Free Future.

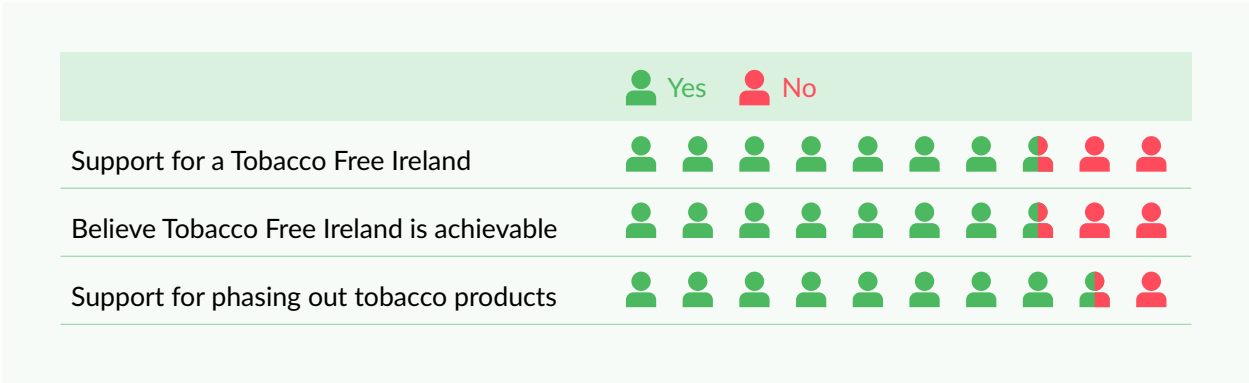


Figure 2: Public views on ending the harm caused by smoking in Ireland, Source: Health Service Executive, 2022

A Tobacco Free Future must be part of a global effort

We live in an increasingly connected and global world. The tobacco industry is a global venture, that reaches into and impacts every country around the world. Over a billion people globally use tobacco products. Put simply, the tobacco epidemic is one of the greatest public health threats facing the world, causing over 7 million deaths annually as well as disability and long-term suffering from tobacco-related diseases.³⁵

Tobacco control needs to be a global effort, with coordinated actions across countries to tackle an epidemic driven by a transnational tobacco industry.³⁶ Renewed leadership to bring the epidemic of harm caused by tobacco products to an end in Ireland will help tackle one of the biggest global health challenges and will help protect and improve health of global citizens in some of our poorest countries.

Our calls for a Tobacco Free Future

The RCPI Clinical Advisory Group on Smoking and E-Cigarettes is calling for government to develop a plan for a Tobacco Free Future.

It wants government to commit to delivering the goal of a smoking prevalence of less than 5% by 2035. This section sets out six calls to action that can deliver a Tobacco Free Future in Ireland (Figure 3).



Figure 3: A Blueprint for Government to Deliver a Tobacco-Free Future

Every day of delay costs lives, leaves children in harm's way, and deepens health inequalities.
The time for action is now. It's time to begin Ireland's Tobacco Free Future.

1. A new national policy that delivers a Tobacco Free Future

In 2013, the government of Ireland set a goal to establish a Tobacco Free Ireland, where smoking prevalence would be less than 5%, by 2025. The importance of this ambition holds true. Now, to succeed in delivering Ireland's Tobacco Free Future, we must see strong leadership and governance that fosters accountability and enables sustained progress, focus and action. Evidence is now emerging to underpin new measures that can help deliver the ambition of tobacco endgame.³⁷

A new national policy that delivers a Tobacco Free Future

Key actions for Call 1

Publish a new national policy and plan with a goal of smoking prevalence of less than 5% by 2035 across all population groups, supported by cross-party consensus and overseen by the Oireachtas Committee on Health.

Ensure protection of young people and reducing health inequalities is at the heart of that policy and plan.

Re-establish the role of the National Tobacco Control Advisor as National Tobacco Endgame Advisor.

Convene a National Tobacco Epidemic Emergency Team led by the Chief Medical Officer reporting to government.

Strengthen and consolidate surveillance of tobacco use and harm in Ireland and establish a Research Centre for a Tobacco Free Future.

Lead bravely, build consensus and maintain momentum

It's time for government to deliver a new policy and plan to deliver a Tobacco Free Future in Ireland setting a goal of a smoking prevalence of less than 5% by 2035 across all population groups.

The responsibility for this rests with the Minister for Health. Delivering a Tobacco Free Future in Ireland requires a suite of actions organised into a time-bound plan to be implemented across the next 10 years, taking a system-wide, long-term view. Building on lessons learned from early leaders in tobacco endgame internationally such as New Zealand,³⁸ as well as national lessons learned through Sláintecare, the success of any new Tobacco Free Future policy and plan for Ireland would be significantly enabled by cross-party consensus.³⁹ There is a key leadership role here for the Oireachtas Committee on Health.

Specific roles and structures should be established to lead, drive, be responsible and provide account on delivery of a new Tobacco Free Future policy and plan for Ireland. The role of the National Tobacco Control Advisor should be re-established and re-configured as a National Tobacco Endgame Advisor. In

the past, the country's Chief Medical Officer has led a national team to respond to national public health emergencies, such as COVID-19. The continuing scale of harm caused by smoking, the recent stalling of historic reductions in smoking prevalence and the failure to deliver on the 2013 goal of a Tobacco Free Ireland by 2025 demand a requisite response. To ensure sustained and progressive leadership focus for delivery of efforts to protect the health of the nation, the Chief Medical Officer should be responsible for convening a National Tobacco Epidemic Emergency Team with a direct line of reporting through the Minister for Health to the Taoiseach and government.

Protection of children and young people and reduction of health inequality must be two over-arching principles guiding the design and delivery of a new Tobacco Free Future policy and plan for Ireland. The impact of all tobacco endgame actions in Ireland on children and young people, and on health inequalities, should be prospectively assessed and carefully monitored and evaluated.

Track progress, report results and leverage research

The importance of data and information to build intelligence that informs action was emphasised with recent experience of tackling the COVID-19 epidemic. Ireland cannot effectively tackle the epidemic of smoking-related harm and bring it to an end without epidemic intelligence.

There is valuable information on trends in smoking through population health surveys like the Health Ireland Survey, the Health Behaviour of School Children Survey, Growing Up in Ireland, and the Irish Longitudinal Study on Ageing (TILDA). However, moving from control to elimination of any public health problem means that surveillance needs to be stronger, more integrated and gaps need to be closed. For example, longitudinal studies to better understand smoking initiation and smoking cessation across the population, especially in high-risk groups like young adults, are required.

Tobacco endgame will require innovation, which in turn is driven by research. Despite being the leading preventable cause of ill-health, disability and premature mortality, and a major health and societal challenge, tobacco research is significantly under-developed in Ireland and funding is not commensurate with the need to bringing the harm caused by smoking to an end. There is a need to identify and mobilise a dedicated research fund to inform and help drive action for a Tobacco Free Future for Ireland, and to build capacity and capability through establishing a Research Centre for a Tobacco Free Future, similar to those in for example Australia,⁴⁰ with international links.

THE LIFETIME ECONOMIC AND SOCIAL IMPACT

5
Million
life-years lost

6
Million
years living with chronic disease

€20.2
Billion
in healthcare costs

2. Commit to a tobacco free generation

Tobacco products are highly addictive, and their use leads to deadly harm. A definitive action and immediate priority is to ensure children and young people are out of harm's way. Creating a Tobacco Free Future for Ireland means taking steps to phase out tobacco product sales completely to protect the health of future generations. The focus on protection of children and young people is so important there is a single action under this call.

Commit to a tobacco-free generation

Key action for Call 2

Legislate for a Tobacco Free Generation and ensure alignment on protection of children and young people across the island of Ireland.

Legislate for a tobacco free generation

"Today's teenager is tomorrow's potential regular customer... The smoking patterns of teenagers are particularly important to Philip Morris."

1981 market research report on young smokers titled "Young Smokers Prevalence, Trends, Implications, and Related Demographic Trends," written by Philip Morris researcher.⁴¹

Protection of children and young people has been at the heart of tobacco control efforts, and prevention of smoking has been a target of key initiatives like restrictions to prevent sales to under 18-year-olds, regulation on tobacco product pack-size to prevent sale of single cigarettes and plain packaging of tobacco products.

This same concern to protect children and young people is at the heart of tobacco endgame. Many countries are developing plans and taking action to build a "Tobacco Free Generation" (TFG), or a birthdate-based sales restriction which means that tobacco products cannot be legally sold to people born on or after a particular date.⁴² TFG eliminates the idea, which can be perpetuated by age-based restrictions, that there is a "safe age" to begin tobacco product use and that, somehow, tobacco use is part of "coming of age" or a "rite of passage". A US Institute of Medicine report has demonstrated the huge, positive public health impact of raising the minimum age of legal access to tobacco products,⁴³ and evidence developed to inform government discussions on establishing a Tobacco Free Generation across the UK has definitively demonstrated the effectiveness of this approach in delivering the tobacco endgame goal, saving lives, averting disease and delivering cost savings to society.⁴⁴

In Ireland, we have already taken a first step towards building a Tobacco Free Generation through recently enacted “Tobacco 21” legislation that prevent sales to under 21-year-olds. This step was underpinned by a RCPI Clinical Advisory Group on Smoking and E-Cigarettes position paper,⁴⁵ and sees Ireland leading the way in Europe on this measure. The government should legislate to establish a Tobacco Free Generation as the logical next step, especially to ensure alignment on protection of children and young people across the island of Ireland.⁴⁶

Extending age restrictions to protect the next generation

A reality already in action internationally

Countries around the world are now at different stages in policy discussion and action to build Tobacco Free Generations.

At a **European Union** level, a Tobacco Free Generation is central to its Beating Cancer Plan.

Proposals for Tobacco Free Generation laws are underway in places like **Denmark, Norway, Hong Kong, and Malaysia**; the proposal was also central to **New Zealand’s** Smokefree Aotearoa 2025 Plan and remains under discussion.

In **Massachusetts**, Brookline has enacted, and successfully defended, the first Tobacco Free Generation law in the **United States**, with similar plans underway in other parts of that State and across the country.

In 2025, the **Maldives** became the first country in the world to pass a Tobacco Free Generation law.

In the **United Kingdom**, legislation for tobacco Free generation law is currently under review, after passing its Second Reading, which will make it illegal to sell tobacco to anyone born on or after January 1, 2009, effectively raising the age of sale by one year, every year. The Assembly in Northern Ireland voted decisively through a Legislative Consent Motion to give its support for **Northern Ireland’s** inclusion in the UK Tobacco and Vapes Bill. This will see a Tobacco Free Generation established for the first time on the island of Ireland and will bring a welcome focus on the opportunity for an all-island approach to tobacco endgame.

3. Reduce the addictiveness, attractiveness, affordability, and availability of tobacco products

A plan for a Tobacco Free Future in Ireland does not mean ending our current tobacco control efforts. These strategies remain essential, such as reducing the appeal and affordability of tobacco products by addressing advertising, promotion, and pricing.

A key part of the plan is to build on what works by strengthening proven measures and reinvigorating tobacco control. These efforts will be complemented by new actions that tackle the inherent addictiveness of tobacco products and their widespread availability, creating a clear path toward a Tobacco Free Future.

Reduce the addictiveness, attractiveness, affordability, and availability of tobacco products

Key actions for Call 3

Set standards and regulate tobacco products to lead to a reduction in nicotine content in tobacco products and removal of filters.

Use taxation effectively to make smoking less affordable.

Tackle tobacco product advertising and promotion on the internet and in international press, placement of products in national and international television and film and bring a complete end to all opportunities for sponsorship.

Strengthen regulation on packaging: rotate health warnings and remove all marketing.

Implement recently established arrangements for tobacco retail licensing in Ireland to reduce availability of highly addictive and deadly tobacco products.

Make cigarettes less addictive by cutting nicotine levels and less appealing by removing filters

“To reduce the nicotine per cigarette ... might end in destroying the nicotine habit in a large number of consumers and prevent it ever being acquired by new smokers.”

British American Tobacco Company.
Minnesota Trial Exhibit 10,392.State of Minnesota et al v. Philip Morris, Incl, et al. (1959)⁵³

People continue smoking because of their nicotine addiction. Over decades, the tobacco industry has carefully designed and formulated their products to make them as addictive and appealing as possible.⁵⁴ Reducing nicotine content and redesigning products to remove the filter are key steps toward phasing out tobacco and protecting future generations.

The government has used its regulatory powers to create an environment where industry has reformulated products to reduce health harm. For example, in 2018, the government placed a tax on sugar-sweetened drinks, which led to extensive product reformulation by the industry.⁵⁵ It is technically feasible for tobacco products to be reformulated to reduce nicotine content.⁵⁶ Studies have demonstrated that this would be a powerful lever which, in the very short term, would lead to a rapid reduction in smoking rates due to increased quitting.^{57 58} It would reduce smoking initiation among children and young people; reduce smoking among people who smoke, reduce dependence on tobacco products and increase quitting; and it would improve smoking-related health inequalities.^{59 60 61 62 63 64}

The tobacco industry will not voluntarily reformulate its products to reduce nicotine content since this is what sustains addiction, perpetuates demand and maintains large profits. However, like the example with the sugar sweetened drinks industry, the government can use its powers to set standards and regulate tobacco products in a way that would lead to a reduction in nicotine content.^{65 66}

The tobacco industry introduced filters on cigarettes to mask the harshness of inhaling smoke from burning tobacco.⁶⁷ This made the industry's products easier to use and more palatable and appealing, especially for children, and at the same time created misperceptions that misled users into believing they were reducing the harm of smoking when in fact the product remained just as deadly.⁷² In addition to this so-called "filter fraud", filters on tobacco products are a significant cause of detrimental impact to the environment because they are a non-biodegradable source of cellulose acetate plastic and toxic microplastics.⁷³ Removing the filter from tobacco products not only makes these less palatable and attractive for people to use,⁷⁴ but also helps protect the environment.

Tobacco product redesign and reformulation

A reality already in action

Countries around the world are now seriously examining how laws and regulations can be used to bring about tobacco product redesign and reformulation so as to reduce addictiveness and help more people quit.

New Zealand led the way in identifying denicotinisation of tobacco products as a key measure to deliver a Smokefree Aotearoa 2025. Research demonstrated that it was potentially highly effective in delivering large health benefits for everyone in New Zealand as well as reducing health inequities between Māori and non-Māori in Aotearoa/New Zealand.⁶⁸ While a change in political leadership in New Zealand has delayed progress on implementation of its Smokefree Aotearoa 2025,⁶⁹ the indisputable potential of denicotinisation of tobacco products as a key tobacco endgame lever means it remains in-consideration for future action.⁷⁰

In the **United States**, denicotinisation of tobacco products is currently at the centre of plans to reduce the impact of smoking-related harms for Americans. The U.S. Food and Drug Administration plays a key role in regulating tobacco products, aiming to protect public health by reducing tobacco use, especially among youth, through actions like banning flavoured cigarettes (except menthol initially), restricting advertising, setting product standards (like nicotine), preventing misleading claims ("light," "mild"), and controlling sales to minors. It first declared its intent make cigarettes and certain other combusted tobacco products minimally or non-addictive by limiting the level of nicotine in those products in 2018, and in 2025, it published proposed rules.⁷¹ Research demonstrated the rule would be immensely impactful. By the year 2100, it could prevent approximately 48 million U.S. youth and young adults from starting smoking; 12.9 million people who smoke cigarettes would stop doing so one year after the rule becomes effective; it would avert 4.3 million smoking-related deaths; and it would result in benefits of more than \$1.1 trillion per year.⁷¹ A consultation process on the rules completed in 2025 and updates are expected in 2026.

Use taxation effectively as a public health measure to reduce smoking rates

Raising taxes on tobacco products so they become less affordable for people to buy is essential to reducing harm. When taxes on tobacco products are raised and these products become less affordable, then it is more likely that people who currently smoke will stop and that children and young people will not start smoking. There is no doubt that increasing taxes to raise the price of tobacco products is highly effective in reducing smoking rates.⁷⁵ Overall, it is estimated that a 10% increase in price leads to approximately a 4.5% reduction in smoking rates.⁷⁶ There are significant individual and wider social benefits from raising taxes to reduce consumption of tobacco products, and these are achieved in the short-term and continue into the long-term. For example, increasing the price of a packet of cigarettes to just over €20 could reduce smoking in Ireland, create a tax revenue of €300 million, and save the country over €1 billion in smoking-related costs within five years.⁷⁷ Unsurprisingly, the World Health Organization has identified this measure as a "best buy" and a "quick buy" for public health.^{78 79}

Ireland can do a much better job at effectively applying taxation as a tobacco control measure. In fact, a recent Commission on Taxation and Welfare in Ireland emphasised that government should focus on using tobacco taxation as a public health measure.⁸⁰ To be effective in improving public health, taxation should aim to make tobacco products less affordable relative to income levels. Expert external reviews of tobacco taxation in Ireland have found that Ireland performed poorly in reducing the affordability of tobacco products, and lags well behind EU and global benchmarks.^{81 82} Since 2020, taxation applied by government has added 24% to the price of a pack of 20 cigarettes in the most popular price category.⁸³ However, the average weekly earnings in Ireland has increased by 28%.⁸⁴ In effect, taxation has not been designed and applied with the aim of making tobacco products less affordable. This is a huge opportunity missed by government to reduce smoking rates to improve public health and has contributed to the stalling trends in smoking rates. It is a gap that has been exploited by the tobacco industry to raise its own prices and maximise its profits.

End all tobacco advertising, promotion, and sponsorship everywhere

The tobacco industry uses advertising, promotion and sponsorship to grow and maintain its market of people who use its products, and in so doing has effectively sustained the epidemic of harm caused by tobacco products.⁸⁵ To reduce smoking rates, and especially to prevent children and young people from starting to smoke, we must end tobacco industry advertising, promotion and sponsorship.⁸⁶

Ireland has made good progress with these measures, with bans on national advertising, removal of point-of-sale promotion and, most recently, leading Europe as the first country to implement plain packaging on tobacco products.

However, given how essential advertising, promotion and sponsorship is to its survival, the tobacco industry is tenacious in its efforts. The media landscape is also becoming increasingly complex, requiring an agile approach to regulation. There are opportunities in Ireland for government to end tobacco product advertising and promotion on the internet as well as in international press, placement of products in national and international television and film and to bring a complete end to all opportunities for sponsorship.⁸⁷

The implementation of graphic health warnings and plain packaging in Ireland have been recent pivotal steps towards removing the tobacco industry's access to key marketing tools.⁸⁸ However, there are still opportunities for government to build on this success, for example, regulating brand and variant names, ensuring rotation of graphic health warnings to maintain impact, as well as removing marketing from the pack interior and using this instead for health warning and signposting to stop smoking services.⁸⁹

Reduce access to a deadly and addictive product

"Let's face facts: Cigarette smoke is biologically active. Nicotine is a potent pharmacological agent. Every toxicologist, physiologist, medical doctor and most chemists know that. It's not a secret."

1982 Memo by Philip Morris researcher.⁹⁰

Tobacco is a highly addictive, deadly product and yet is available for sale on a wide scale in Ireland - in newsagents on high streets in our towns and cities, grocery stores in our villages, and petrol-station forecourt shops along our motorways and roads. It is remarkable how much the sheer scale of the tobacco retail footprint shadows that of the health services in Ireland, which pick up the harm caused by tobacco products. At the most recent count, there were almost 12,500 retail outlets selling tobacco products in Ireland; this compares to almost 2,000 pharmacies,⁹¹ some 2,500 general practices,⁹² and 85 hospitals.⁹³

There is now a large and robust body of evidence across different countries demonstrating that the density of and proximity to tobacco product retail is closely linked to higher rates of smoking initiation, higher rates of smoking and lower rates of quitting.⁹⁴⁻⁹⁵ This link is especially well-established in relation to smoking among children and young people.⁹⁶ Density of tobacco retail outlets tends to be especially concentrated in areas facing socio-economic disadvantage, playing an important role in health inequalities due to smoking-related harms.⁹⁷

Breaking this link and reducing the scale and density of tobacco product retail is an opportunity to deliver the tobacco endgame goal.⁹⁸⁻⁹⁹

Government should take the clear opportunity to address this through implementation of recently established arrangements for tobacco retail licensing in Ireland.¹⁰⁰ There is also an urgent need to build on these to de-normalise the widespread sale of these deadly products. For example, in addition to fees for a license to sell tobacco and nicotine products, limits should be placed on the absolute number of licenses issued in a given area, and the potential to use financial incentives to help retailers transition away from a dependence on sale of tobacco products should be explored.

De-normalising the widespread sale of a deadly product

A reality already in action

Countries around the world are now actively taking steps to de-normalise and reduce the widespread sale of tobacco products.

In the United States, tobacco products have traditionally been available through pharmacies. However, in some states, like **California** and **Massachusetts**, municipalities have enacted Tobacco-free Pharmacy Laws to de-normalise and reduce tobacco product retail.¹⁰¹ Across the **United States**, **CVS**, one of the largest pharmacy chains in the US voluntarily implemented a policy to remove tobacco products from its stores, citing inconsistency with its mission to support people in good health, to find that its stock price subsequently doubled.

Many retailers have already made decisions to remove tobacco products from their stores on a voluntary basis. For example, large international grocery chains like **Aldi** and **Lidl** are phasing out or have stopped selling tobacco products in their shops around the world, including Ireland.¹⁰²

In **New Zealand**, reduction of retail density was identified as a key measure to deliver a Smokefree Aotearoa 2025.¹⁰³

In **California**, Beverly Hills and Manhattan Beach are the first two US cities to prohibit the sale of tobacco products, passing ordinances that went into effect on 1 January 2021.¹⁰⁴ These laws were effective in eliminating tobacco product sales, without leading to cross-border shopping, and evaluations have indicated confirmed the feasibility and viability of tobacco sales bans as an effective tobacco endgame measure.¹⁰⁵

4. Stop tobacco industry interference and hold them accountable

"In setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law"

World Health Organisation, Framework Convention on Tobacco Control ¹⁰⁶

"Tobacco endgame is when the industry screams for its life".¹⁰⁷ Ending the harm caused by tobacco products is an existential threat for the tobacco industry, which has a long and well-established track record of interfering to subvert and derail public health policy.¹⁰⁸ This interference is tracked through the Tobacco Interference Index, and it is clear that countries exposed to greater levels of interference have weaker approaches to tobacco policy.¹⁰⁹

The path to Ireland's Tobacco Free Future should be cleared by ensuring that the tobacco industry is cut out of policy-making, in line with the World Health Organisation, Framework Convention on Tobacco Control.

Stop tobacco industry interference and hold them accountable

Key actions for Call 4

Publish, implement and audit against national guidance for public officials on best practice in protecting policy-making against tobacco industry interference.

Participate in the Global Tobacco Industry Interference Index.

Use litigation to recover the costs incurred for healthcare to treat disease caused by smoking.

Invest the money recouped in stop smoking care and to support the retail sector transition away from the sale of high addictive and deadly tobacco products.

Cut tobacco industry interference out of public health policy-making.

While the WHO Framework Convention on Tobacco Control through its Article 5.3 and supporting guidance requires signatories, including Ireland, to protect public health policy from tobacco industry interference,¹¹⁰ the tobacco industry is already intensifying its interference in policy-making in countries leading action towards tobacco endgame.¹¹¹

Ireland is not immune to this interference. A review of the Lobbying Register in Ireland shows entries from well-established "big tobacco" companies like Philip Morris and Japan Tobacco international, as well as from new entities involved in newer nicotine products like Vape Business Ireland.¹¹²

There are well-worn and long-debunked scare tactics used by the tobacco industry to undermine increases in tobacco taxes, including raising concerns regarding illicit trade.¹¹³ Disappointingly, this argument is presented by government officials in the most recent Tax Strategy Group paper for government on General Excise prepared by the Domestic and Indirect Tax Division.⁸³ More disappointingly still, that paper gave the final cautionary word of its advice on the potential issues with raising tobacco taxation to Retailers Against Smuggling (RAS), a well-recognised tobacco industry front-group,¹¹⁴ which includes the Irish Tobacco Manufacturers Advisory Committee (ITMAC) in its list of corporate sponsors¹¹⁵ advising a freeze on tobacco taxation in Budget 2026. The recent report from the Commission on Taxation and Welfare made it clear that taxation on tobacco products is a public health and not a fiscal policy matter,⁸⁰ and this is a direct example of tobacco industry interference in public health policy making. Ireland is not only falling short in the effective application of tobacco taxation as key measure to reduce smoking rates, but it is allowing the tobacco industry to gain traction on, interfere with and potentially derail public health policy-making.

To stop industry interference in public health policy-making, Ireland should participate in the Global Tobacco Industry Interference Index.¹¹⁶ The government should publish, implement and audit against national guidance for public officials on best practice in protecting policy-making against tobacco industry interference.

Civil society organisations have a key role in ensuring accountability and should "name and shame" public officials who expose policy-making to tobacco industry interference.

Hold tobacco industry accountable for costs of smoking-related disease

Litigation is a powerful but often under-utilised tool in tackling the harm caused by smoking.¹¹⁷ The tobacco industry itself frequently uses litigation as a threat or action to undermine tobacco control legislation and the government in Ireland has needed in the past to protect its policies through the courts.¹¹⁸

It's time to turn the table, and for the Irish government to use litigation to hold the tobacco industry accountable and to recover the costs incurred for healthcare to treat disease caused by smoking. In Canada, for example, courts have upheld the Tobacco-Related Damages and Health Care Costs Recovery Act that enables governments to pursue the industry for healthcare cost recovery,¹¹⁹ and in 2025 a judicially sanctioned \$32.5-billion plan was announced requiring three major tobacco companies to pay compensation to provinces, territories and former smokers in Canada.¹²⁰ Similarly, in the United States in 1998 the Master Settlement Agreement (MSA) between the tobacco industry and 46 state attorneys general (AGs), five U.S. territories, and Washington, D.C., remains the largest legal settlement ever in the country and sees the industry pay hundreds of billions of dollars for health costs and for smoking prevention activities.¹²¹ Besides funding the significant costs of smoking-related disease to the health system in Ireland, this money could be invested in stop smoking care and could be used to support the retail sector transition away from the sale of highly addictive and deadly tobacco products.

THE SCALE OF TOBACCO PRODUCT ACCESS

12,500 outlets sell tobacco in Ireland.

This compares to **2,000** pharmacies, **2,500** GPs and **85** hospitals.

5. Protect children and communities from tobacco and nicotine products

Children, young people and communities must be protected from tobacco, nicotine addiction and the harm caused by tobacco and emerging products. Safeguarding the next generation is at the heart of ending the tobacco epidemic and building a healthier future for all.

Protect children and communities from tobacco and nicotine products

Key actions for Call 5

Ensure effective implementation of legislation banning sale of e-cigarettes to children and young people under 18 years of age.

Progress further legislation and regulation of e-cigarettes and novel nicotine products to protect children and young people.

Expand smoke-free spaces so everyone can breathe clean air, especially for vulnerable groups.

Protect children and teens from e-cigarettes and new nicotine products.

E-cigarettes and novel nicotine products like synthetic nicotine pouches have disrupted efforts on tobacco control.¹²² These products pose significant risks for children and young people through direct effects, like nicotine addiction, respiratory system effects, and impacts on mental health.¹²³ The most significant concern regarding these products is the link established through national and international research with initiation of smoking among children and young people.^{124 125} A systematic review carried out in Ireland by the Health Research Board, found that those adolescents who had ever used a vape were between three and five times more likely to start smoking compared to those who never used vapes.¹²⁶

In Ireland, e-cigarettes and novel nicotine products are not recommended as a support to stop smoking in National Stop Smoking Guidelines.¹²⁷ Analysis of national data on e-cigarette and smoking use does not support a view that e-cigarettes have helped tackle smoking. The use of these products has escalated rapidly in recent years, while at the same time, smoking prevalence has stalled.¹²⁸

Regulation of e-cigarettes and novel nicotine products must put the needs and interests of children first. In 2023, the Faculty of Paediatrics at the Royal College of Physicians in Ireland highlighted this is a position paper calling for a ban on disposable vapes.^{129 130} Ireland has only recently in 2023 prohibited the sale of e-cigarettes to children and young people under the age of 18 years.¹³¹ Compared to many other countries, it was late in putting in place this basic protection. In 2023, the government consulted on further regulation of tobacco and nicotine inhaling products, including measures targeting promotion, packaging and flavourings.¹³² In 2025, the government confirmed intent to prohibit the sale of disposable vapes and regulate future nicotine products.¹³³

It is important that government ensures there is delivery of strengthened protections against e-cigarettes and novel nicotine products for children and young people. These efforts should run parallel to and not displace efforts to bring the harm caused by smoking to an end. All available data to assess risk and inform a risk-based approach points to the continuing need to protect children and young people from the harm caused by smoking. This is further reinforced by the established link between e-cigarette and novel nicotine product use and subsequent smoking initiation.

Put simply, regulation e-cigarettes and novel nicotine products is important, however, the best way to protect children from the most significant harm of e-cigarettes and novel nicotine products is to phase out tobacco products.

Expand smoke-free spaces so everyone can breathe clean air

Ireland led the world with the implementation of smoke-free workplace legislation in 2004 to protect workers from the health effects of second-hand smoke. This powerful measure resulted in short-term improvements in public health,¹³⁴ increases in quitting rates,¹³⁵ and, importantly, contributed to changing social norms around smoking.¹³⁶

There is still more we can do to ensure everyone can breathe clean air. While smoke-free spaces have undoubtedly been a huge contributor to progress in controlling the harm caused by tobacco products, the government should take opportunities to tackle ongoing exposure to second-hand smoke in many private and semi-private spaces. There were exemptions provided to some workplaces when smoke-free legislation was enacted in Ireland, and progress made in sectors like mental health and prisons mean that these could now be reviewed and exemptions removed to ensure protection of vulnerable and excluded groups.^{137 138} Private homes can be a significant source of exposure to smoke for children and young people, and many people who smoke find that their attempts to stop are made more difficult when there are other people smoking at home.¹³⁹ There are opportunities to scale award-winning local initiatives like Limerick's "Not Around Us" campaign.¹⁴⁰ There is no safe lower limit to second-hand smoke exposure, and there is increasing interest at EU level in extending smoke-free legislation to include outdoor spaces.¹⁴¹

THE SCALE OF INDUSTRY PROFITS

Over **100** Million
cigarette packs
consumed annually

Revenue **€1.8 Billion** annually

6. Ensure everyone who wants to quit gets the right support

Most people who smoke want to stop. Their efforts to quit can be maximised through ensuring they can access, and use supports that work, and receive good preventive healthcare.

Ensure everyone who wants to quit gets the right support

Key actions for Call 6

Expand free access to stop smoking medicines to include all treatments recommended in national guidelines.

Make significant investment in and urgently develop stop smoking services for women who are pregnant.

Invest in the development and scaling of targeted and tailored stop smoking care in disadvantaged communities to tackle inequalities in smoking.

The HSE offers comprehensive stop smoking services, including support that can be access online, through a free helpline, and at face-to- face clinics around the country. A mass media QUIT campaign promotes these services. In 2022, National Stop Smoking Guidelines developed by the HSE were endorsed by the Minister for Health and were published. These guidelines ensure that stop smoking services delivered by the HSE are safe, clinically sound and effective. Since then, the HSE has doubled its provision of stop smoking services and has rolled-out free Nicotine Replacement Therapy that has increased the effectiveness and led to more people becoming smoke-free.¹⁴²

Despite this progress, there are still opportunities to ensure everyone who wants to quit smoking gets help that works. While Nicotine Replacement Therapy is made available free of charge to people who use HSE stop smoking services, there are other highly effective and recommended medicines like Varenicline that are infrequently used by people making quit attempts due to cost barriers. Expansion of free access to stop smoking medicines should be expanded to include all treatments recommended in national guidelines.

Stop smoking services for women who are pregnant remain under-developed, and urgently require significant investment in Ireland, even though this was identified as a priority and a model of care was designed through the 2022 National Stop Smoking Guidelines.

Targeting and tailoring stop smoking services is an important way to address inequalities in health due to smoking.¹⁴³ The implementation of the peer-led We Can QUIT model with communities that experience disadvantage and the focus on stop smoking services in the HSE roll-out of the Sláintecare Healthy Communities Programme represent opportunities that could be built upon to tackle inequalities in smoking.¹⁴⁴

Act Now: Time for Ireland's tobacco-free future

Ireland is at a critical point in its efforts to tackle tobacco harm. Historic reductions in smoking prevalence have stalled. The government's goal of a "Tobacco Free Ireland" with a smoking prevalence of less than 5% in 2025 has not been delivered.¹⁴⁵ The country is still deep in a continuing epidemic of harm caused by smoking – there is no other single risk to health that causes harm at the scale we still see day to day in Ireland from tobacco products. There is a growing divide in the health harm caused by tobacco use, with the greatest burden borne by people facing greatest disadvantage who are at risk of being left behind. Public support is high for definitive action to end this problem for once and for all.

Tobacco products are deadly. The harm they cause is completely preventable. The actions to bring this to an end are clear.

Put simply, protecting the health of the public in Ireland from the harm caused by tobacco products is ultimately a political choice. It is no longer sufficient for Irish political leaders to see controlling the tobacco epidemic as the goal for our health. It's time to move our discussion from control to elimination. It's time to begin Ireland's tobacco endgame. Now is the time for the government in Ireland to bring forward a plan for a Tobacco-Free Future.

"We have continued to push ahead with tobacco control measures. We have done this because, simply, there is nothing good about smoking. It is addictive, it is lethal and I have yet to meet a smoker who is glad they started. We need to do much more in order to achieve our goal of less than 5% of our population smoking. We must reduce the appalling death toll of 4,500 people dying each year because of their smoking. Our progress toward the 'endgame' of the elimination of smoking from our population must regain momentum. As we approach the 20th anniversary of the workplace smoking ban, the time seems right to, once again, introduce radical measures to put the health of our population first and to come closer to our goal of a tobacco-free Ireland."

Taoiseach, Michael Martin
Comments on the 20th Anniversary of the Workplace Smoking Ban

RCPI Clinical Advisory Group on Smoking and E-Cigarettes

6 Calls and 21 specific actions for government:

Call 1: A new national policy that delivers a tobacco free future	
1.1	Publish a new national policy and plan with a goal of smoking prevalence of less than 5% by 2035 across all population groups, supported by cross party consensus and overseen by the Oireachtas Committee on Health.
1.2	Ensure protection of young people and reducing health inequalities is at the heart of that policy and plan.
1.3	Re-establish the role of the National Tobacco Control Advisor as National Tobacco Endgame Advisor.
1.4	Convene a National Tobacco Epidemic Emergency Team led by the Chief Medical Officer reporting to government.
1.5	Strengthen and consolidate surveillance of tobacco use and harm in Ireland and establish a Research Centre for a Tobacco Free Future.
Call 2: Commit to a tobacco free generation	
2.1	Legislate for a tobacco-free generation and ensure alignment on protection of children and young people across the island of Ireland.
Call 3: Reduce the addictiveness, attractiveness, affordability, and availability of tobacco products	
3.1	Set standards and regulate tobacco products to propel a reduction in nicotine content in tobacco products and the removal of filters.
3.2	Use taxation effectively to make smoking less affordable.
3.3	Tackle tobacco product advertising and promotion on the internet and in international press, placement of products in national and international television and film and bring a complete end to all opportunities for sponsorship.
3.4	Strengthen regulation on packaging: rotate health warnings and remove all marketing.
3.5	Implement recently established arrangements for tobacco retail licensing in Ireland to reduce the availability of highly addictive and deadly tobacco products.

Call 4: Stop tobacco industry interference and hold them accountable	
4.1	Publish, implement and audit against national guidance for public officials on best practice in protecting policy-making against tobacco industry interference.
4.2	Participate in the Global Tobacco Industry Interference Index.
4.3	Use litigation to recover the costs incurred for healthcare to treat disease caused by smoking.
4.4	Invest the money recouped in stop smoking care and to support the retail sector transition away from the sale of high addictive and deadly tobacco products.
Call 5: Protect children and communities from tobacco and nicotine products	
5.1	Ensure effective implementation of legislation banning sale of e-cigarettes to children and young people under 18 years of age.
5.2	Progress further legislation and regulation of e-cigarettes and novel nicotine products to protect children and young people.
5.3	Expand smoke-free spaces so everyone can breathe clean air, especially for vulnerable groups.
Call 6: Ensure everyone who wants to quit gets the right support	
6.1	Expand free access to stop smoking medicines to include all treatments recommended in national guidelines.
6.2	Make significant investment in and urgently develop stop smoking services for women who are pregnant.
6.3	Invest in the development and scaling of targeted and tailored stop smoking care in disadvantaged communities to tackle inequalities in smoking.

References

- ¹ National Center for Chronic Disease Prevention and Health Promotion (US) Office on Smoking and Health. (2014). The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Centers for Disease Control and Prevention (US).
- ² Malone R. E. (2013). Tobacco endgames: what they are and are not, issues for tobacco control strategic planning and a possible US scenario. *Tobacco control*, 22 Suppl 1(Suppl 1), i42–i44. <https://doi.org/10.1136/tobaccocontrol-2012-050820>
- ³ McDaniel, P. A., Smith, E. A., & Malone, R. E. (2016). The tobacco endgame: a qualitative review and synthesis. *Tobacco control*, 25(5), 594–604. <https://doi.org/10.1136/tobaccocontrol-2015-052356>
- ⁴ <https://projectsunset.ash.org/tobacco-endgame/>
- ⁵ Hoek, J., Edwards, R., & Waa, A. (2022). From social accessory to societal disapproval: smoking, social norms and tobacco endgames. *Tobacco control*, 31(2), 358–364. <https://doi.org/10.1136/tobaccocontrol-2021-056574>
- ⁶ Malone, R. E., Grundy, Q., & Bero, L. A. (2012). Tobacco industry denormalisation as a tobacco control intervention: a review. *Tobacco control*, 21(2), 162–170. <https://doi.org/10.1136/tobaccocontrol-2011-050200>
- ⁷ Valentelyte, G., Sheridan, A., Kavanagh, P., Doyle, F., & Sorensen, J. (2025). Socioeconomic Variation in Tobacco Smoking Among the Adult Population in Ireland. *Nicotine & tobacco research : official journal of the Society for Research on Nicotine and Tobacco*, 27(7), 1218–1226. <https://doi.org/10.1093/ntr/ntae245>
- ⁸ Thun, M., Peto, R., Boreham, J., & Lopez, A. D. (2012). Stages of the cigarette epidemic on entering its second century. *Tobacco control*, 21(2), 96–101. <https://doi.org/10.1136/tobaccocontrol-2011-050294>
- ⁹ Health Service Executive. (2022). The State of Tobacco Control in Ireland: HSE Tobacco Free Ireland Programme 2022. Retrieved from <https://www.hse.ie/eng/about/who/tobaccocontrol/state-of-tobacco-control-report-2022.pdf>
- ¹⁰ https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/surveillance/covid-19deathsreportedinireland/COVID-19_Death_Report_Website_v1.8_09012024.pdf
- ¹¹ <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/surveillance/covid-19annualreports/>
- ¹² <https://www.ncri.ie/en/reports-publications/reports/tobacco-related-cancers-report>
- ¹³ <https://www2.hse.ie/pregnancy-birth/keeping-well/health-lifestyle/smoking/>
- ¹⁴ Morrison, J. C., Dempsey, M. A., Greaney, C., & Morrison, J. J. (2024). Smoking during pregnancy in an Irish obstetric Population: Prevalence, maternal and ethnic factors. *European journal of obstetrics, gynecology, and reproductive biology*, 303, 317–321. <https://doi.org/10.1016/j.ejogrb.2024.10.057>
- ¹⁵ Tobacco and Nicotine Cessation During Pregnancy. American College of Obstetricians and Gynecologists (2020). 2020. American College of Obstetricians and Gynecologists' Committee on Obstetric Practice, Amy M. Valent DO, American Academy of Family Physicians' liaison member Beth Choby MD
- ¹⁶ Institute for Health Metrics and Evaluation. (2025). Ireland. Retrieved from <https://www.healthdata.org/research-analysis/health-by-location/profiles/ireland> and <https://vizhub.healthdata.org/gbd-compare/>
- ¹⁷ Department of Health; National Clinical Effectiveness Committee. (2022). National Stop Smoking Guidelines. Government of Ireland. Retrieved from <https://assets.gov.ie/static/documents/national-clinical-guideline-no28-stop-smoking-full-report.pdf>
- ¹⁸ <https://ipu.ie/ipu-document/key-facts-on-community-pharmacy-there-are-5081-community-pharmacists-working-in-1906-community-pharmacies-across-ireland/>
- ¹⁹ <https://www.rte.ie/news/health/2024/0206/1430691-gp-practice-ireland/>
- ²⁰ <https://www.gov.ie/en/department-of-health/collections/national-healthcare-statistics-2025/#hospitals-and-hospital-beds>
- ²¹ <https://www.revenue.ie/en/corporate/documents/research/tobacco-surveys-2024.pdf>
- ²² <https://www.revenue.ie/en/corporate/documents/research/vat-payments-returns-2024.pdf>
- ²³ Banks, E., Joshy, G., Weber, M. F., Liu, B., Grenfell, R., Egger, S., Paige, E., Lopez, A. D., Sitas, F., & Beral, V. (2015). Tobacco smoking and all-cause mortality in a large Australian cohort study: findings from a mature epidemic with current low smoking prevalence. *BMC medicine*, 13, 38. <https://doi.org/10.1186/s12916-015-0281-z>
- ²⁴ <https://www.cso.ie/en/releasesandpublications/ep/p-cpp5/censusofpopulation2022profile5-diversitymigrationethnicityirishtravellersreligion/irishtravellers/>
- ²⁵ Duffy, K., Connolly, S., Nolan, A., & Maître, B. (2022). Unequal chances? Inequalities in mortality in Ireland (ESRI Research Series No. 145). Economic and Social Research Institute. Retrieved from https://www.esri.ie/system/files/publications/RS145_3.pdf
- ²⁶ <https://www.cso.ie/en/releasesandpublications/in/mdi/mortalitydifferentialsinireland2016-2017/>
- ²⁷ Jha, P., Peto, R., Zatonski, W., Boreham, J., Jarvis, M. J., & Lopez, A. D. (2006). Social inequalities in male mortality, and in male mortality from smoking: indirect estimation from national death rates in England and Wales, Poland, and North America. *Lancet (London, England)*, 368(9533), 367–370. [https://doi.org/10.1016/S0140-6736\(06\)68975-7](https://doi.org/10.1016/S0140-6736(06)68975-7)
- ²⁸ Department of Health; Healthy Ireland. (2025). Healthy Ireland Survey 2025. Government of Ireland. Retrieved from <https://www.gov.ie/en/healthy-ireland/publications/healthy-ireland-survey-2025/>
- ²⁹ Wren, M.-A., Keegan, C., Walsh, B., Bergin, A., Eighan, J., Brick, A., Connolly, S., Watson, D., & Banks, J. (2017). Projections of demand for healthcare in Ireland, 2015–2030: First report from the Hippocrates Model (ESRI Research Series No. 67). Economic and Social Research Institute. https://www.esri.ie/system/files/publications/RS67_Print%20%26%20Online.pdf
- ³⁰ Committee on the Future of Healthcare. (2017). Sláintecare report (Final report, May 2017). Houses of the Oireachtas. Retrieved from <https://assets.gov.ie/static/documents/the-slaintecare-report.pdf>
- ³¹ Government of Ireland. (2025). Programme for Government. Securing Ireland's Future. Retrieved from <https://assets.gov.ie/static/documents/programme-for-government-securing-irelands-future.pdf>
- ³² <https://www.gov.ie/en/department-of-the-aoiseach/campaigns/a-well-being-framework-for-ireland/>

- ³³ Cosgrave, E. J., Blake, M., Murphy, E., Sheridan, A., Doyle, F., & Kavanagh, P. (2024). Is the public ready for a tobacco-free Ireland? A national survey of public knowledge and attitudes to tobacco endgame in Ireland. *Tobacco control*, 33(6), 807–812. <https://doi.org/10.1136/tc-2023-057958>
- ³⁴ Kim, H., Gartner, C., Edwards, R., Puljević, C., Morphet, K., Kim, D. H., Chun, H. R., Ekdahl, M., & Kang, H. (2025). Public Support for Tobacco Endgame Policies: A Systematic Review and Meta-Analysis. *Nicotine & tobacco research : official journal of the Society for Research on Nicotine and Tobacco*, 27(4), 586–597. <https://doi.org/10.1093/ntr/ntae149>
- ³⁵ Institute for Health Metrics and Evaluation. (2025). Smoking and Tobacco. Retrieved from <https://www.healthdata.org/research-analysis/health-topics/smoking-and-tobacco>
- ³⁶ World Health Organization. (2003). WHO Framework Convention on Tobacco Control [Treaty]. WHO. Retrieved from <https://iris.who.int/bitstream/handle/10665/42811/9241591013.pdf>
- ³⁷ Puljević, C., Morphet, K., Hefler, M., Edwards, R., Walker, N., Thomas, D. P., Khan, M. A., Perusco, A., Le Grande, M., Cullerton, K., Ait Ouakrim, D., Carstensen, G., Sellars, D., Hoek, J., Borland, R., Bonevski, B., Blakely, T., Brolan, C., & Gartner, C. E. (2022). Closing the gaps in tobacco endgame evidence: a scoping review. *Tobacco control*, 31(2), 365–375. <https://doi.org/10.1136/tobaccocontrol-2021-056579>
- ³⁸ Campbell, M., & Hobbs, M. (2024). Up in smoke. The unravelling of world-leading policy changes in Smokefree legislation in Aotearoa New Zealand. *Australian and New Zealand journal of public health*, 48(6), 100209. <https://doi.org/10.1016/j.anzjph.2024.100209>
- ³⁹ Burke, S., Barry, S., Siersbaek, R., Johnston, B., Ní Fhallúin, M., & Thomas, S. (2018). Sláintecare - A ten-year plan to achieve universal healthcare in Ireland. *Health policy (Amsterdam, Netherlands)*, 122(12), 1278–1282. <https://doi.org/10.1016/j.healthpol.2018.05.006>
- ⁴⁰ <https://tobacco-endgame.centre.uq.edu.au/>
- ⁴¹ Campaign for Tobacco-Free Kids. (n.d.). Secret tobacco document quotes (Fact Sheet No. 0114). <https://assets.tobaccofreekids.org/factsheets/0114.pdf>
- ⁴² Malone, R. E., & McAfee, T. (2024). Birthdate-based commercial tobacco sales restrictions: will ‘tobacco-free generation’ policies advance or delay the endgame?. *Tobacco control*, tc-2024-058716. Advance online publication. <https://doi.org/10.1136/tc-2024-058716>
- ⁴³ Committee on the Public Health Implications of Raising the Minimum Age for Purchasing Tobacco Products; Board on Population Health and Public Health Practice; Institute of Medicine; Bonnie RJ, Stratton K, Kwan LY, editors. Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products. Washington (DC): National Academies Press (US); 2015 Jul 23. 7, The Effect on Tobacco Use of Raising the Minimum Age of Legal Access to Tobacco Products. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK310421/>
- ⁴⁴ <https://www.gov.uk/government/publications/smokefree-generation-policy-modelling-report/modelling-for-the-smokefree-generation-policy>.
- ⁴⁵ Royal College of Physicians of Ireland, Policy Group on Tobacco. (2022). Tobacco free Ireland: Time for Tobacco 21. https://rcpi.access.preservica.com/uncategorized/IO_72705551-f0d6-4e38-a0d2-cc09c366b5bb/
- ⁴⁶ <https://www.publichealth.ie/blog/blog-wake-new-uk-tobacco-endgame-legislation-could-we-see-smoke-free-generation-island-ireland>
- ⁴⁷ https://commission.europa.eu/topics/public-health/european-health-union/cancer-plan-europe_en
- ⁴⁸ Hanley-Jones, S, Greenhalgh, EM, Grace, C, Phillips, J, Scollo, M and Purcell, K. 5.11 Accessibility of tobacco products to young people. In Greenhalgh, EM, Scollo, MM and Winstanley, MH [editors]. *Tobacco in Australia: Facts and issues*. Melbourne : Cancer Council Victoria; 2025. Available from <https://www.tobaccoinaustralia.org.au/chapter-5-uptake/5-11-accessibility-tobacco-products-young>
- ⁴⁹ <https://www.healthaffairs.org/content/forefront/tobacco-endgame-begins>
- ⁵⁰ <https://www.rte.ie/news/newslens/2025/1101/1541602-maldives-smoking-ban/>
- ⁵¹ Cheeseman H. (2025). Beyond the tobacco and vapes bill: what next for UK tobacco control. *Perspectives in public health*, 145(2), 76–77. <https://doi.org/10.1177/17579139251319903>
- ⁵² <https://www.health-ni.gov.uk/news/tobacco-and-vapes-bill-will-save-lives-nesbitt>
- ⁵³ Benowitz, N. L., & Henningfield, J. E. (2013). Reducing the nicotine content to make cigarettes less addictive. *Tobacco control*, 22 Suppl 1(Suppl 1), i14–i17. <https://doi.org/10.1136/tobaccocontrol-2012-050860>
- ⁵⁴ Winnall, WR. 12.6.3 Additives that increase the attractiveness of tobacco products. In Greenhalgh, EM, Scollo, MM and Winstanley, MH [editors]. *Tobacco in Australia: Facts and issues*. Melbourne : Cancer Council Victoria; 2025. Available from <https://www.tobaccoinaustralia.org.au/chapter-12-tobacco-products/12-6-additives-and-flavourings-in-tobacco-products/12-6-3-additives-that-increase-the-attractiveness-of-tobacco-products>
- ⁵⁵ Houghton, F., Moran Stritch, J. & Auerbach, J. (2024) Evaluation of Ireland's Sugar-Sweetened Drinks' Tax (SSDT). Ballina, Tipperary: Munster Research Consultancy <https://assets.gov.ie/static/documents/evaluation-of-irelands-sugarsweetened-drinks-tax-ssdt.pdf>
- ⁵⁶ Donny, E. C., & White, C. M. (2022). A review of the evidence on cigarettes with reduced addictiveness potential. *The International journal on drug policy*, 99, 103436. <https://doi.org/10.1016/j.drugpo.2021.103436>
- ⁵⁷ Wilson, N., Hoek, J., Nghiem, N., Summers, J., Grout, L., & Edwards, R. (2022). Modelling the impacts of tobacco denicotinisation on achieving the Smokefree 2025 goal in Aotearoa New Zealand. *The New Zealand medical journal*, 135(1548), 65–76.
- ⁵⁸ Apelberg, B. J., Feirman, S. P., Salazar, E., Corey, C. G., Ambrose, B. K., Paredes, A., Richman, E., Verzi, S. J., Vugrin, E. D., Brodsky, N. S., & Rostron, B. L. (2018). Potential Public Health Effects of Reducing Nicotine Levels in Cigarettes in the United States. *The New England journal of medicine*, 378(18), 1725–1733. <https://doi.org/10.1056/NEJMSr1714617>
- ⁵⁹ Hatsukami, D. K., Xu, D., & Ferris Wayne, G. (2022). Regulatory Approaches and Implementation of Minimally Addictive Combusted Products. *Nicotine & tobacco research : official journal of the Society for Research on Nicotine and Tobacco*, 24(4), 453–462. <https://doi.org/10.1093/ntr/ntab138>

- ⁶⁰ Hatsukami, D. K., Luo, X., Jensen, J. A., al'Absi, M., Allen, S. S., Carmella, S. G., Chen, M., Cinciripini, P. M., Denlinger-Apte, R., Drobles, D. J., Koopmeiners, J. S., Lane, T., Le, C. T., Leischow, S., Luo, K., McClernon, F. J., Murphy, S. E., Paiano, V., Robinson, J. D., Severson, H., ... Donny, E. C. (2018). Effect of Immediate vs Gradual Reduction in Nicotine Content of Cigarettes on Biomarkers of Smoke Exposure: A Randomized Clinical Trial. *JAMA*, 320(9), 880–891. <https://doi.org/10.1001/jama.2018.11473>
- ⁶¹ Foulds, J., Veldheer, S., Pachas, G., Hrabovsky, S., Hameed, A., Allen, S. I., Cather, C., Azzouz, N., Yingst, J., Hammett, E., Modesto, J., Krebs, N. M., Lester, C., Trushin, N., Reinhart, L., Wasserman, E., Zhu, J., Liao, J., Muscat, J. E., Richie, J. P., Jr, ... Evins, A. E. (2022). The effects of reduced nicotine content cigarettes on biomarkers of nicotine and toxicant exposure, smoking behavior and psychiatric symptoms in smokers with mood or anxiety disorders: A double-blind randomized trial. *PloS one*, 17(11), e0275522. <https://doi.org/10.1371/journal.pone.0275522>
- ⁶² Walker, N., Howe, C., Bullen, C., Grigg, M., Glover, M., McRobbie, H., Laugesen, M., Parag, V., & Whittaker, R. (2012). The combined effect of very low nicotine content cigarettes, used as an adjunct to usual Quitline care (nicotine replacement therapy and behavioural support), on smoking cessation: a randomized controlled trial. *Addiction* (Abingdon, England), 107(10), 1857–1867. <https://doi.org/10.1111/j.1360-0443.2012.03906.x>
- ⁶³ Tidey, J. W., Snell, L. M., Colby, S. M., Cassidy, R. N., & Denlinger-Apte, R. L. (2022). Effects of very low nicotine content cigarettes on smoking across vulnerable populations. *Preventive medicine*, 165(Pt B), 107099. <https://doi.org/10.1016/j.ypmed.2022.107099>
- ⁶⁴ Carroll, D. M., Lindgren, B. R., Dermody, S. S., Denlinger-Apte, R., Egbert, A., Cassidy, R. N., Smith, T. T., Pacek, L. R., Allen, A. M., Tidey, J. W., Parks, M. J., Koopmeiners, J. S., Donny, E. C., & Hatsukami, D. K. (2021). Impact of nicotine reduction in cigarettes on smoking behavior and exposure: Are there differences by race/ethnicity, educational attainment, or gender?. *Drug and alcohol dependence*, 225, 108756. <https://doi.org/10.1016/j.drugalcdep.2021.108756>
- ⁶⁵ Donny, E. C., Denlinger, R. L., Tidey, J. W., Koopmeiners, J. S., Benowitz, N. L., Vandrey, R. G., al'Absi, M., Carmella, S. G., Cinciripini, P. M., Dermody, S. S., Drobles, D. J., Hecht, S. S., Jensen, J., Lane, T., Le, C. T., McClernon, F. J., Montoya, I. D., Murphy, S. E., Robinson, J. D., Stitzer, M. L., ... Hatsukami, D. K. (2015). Randomized Trial of Reduced-Nicotine Standards for Cigarettes. *The New England journal of medicine*, 373(14), 1340–1349. <https://doi.org/10.1056/NEJMsa1502403>
- ⁶⁶ Berman, M. L., & Glasser, A. M. (2019). Nicotine Reduction in Cigarettes: Literature Review and Gap Analysis. *Nicotine & tobacco research : official journal of the Society for Research on Nicotine and Tobacco*, 21(Suppl 1), S133–S144. <https://doi.org/10.1093/ntr/ntz162>
- ⁶⁷ Evans-Reeves, K., Lauber, K., & Hiscock, R. (2022). The 'filter fraud' persists: the tobacco industry is still using filters to suggest lower health risks while destroying the environment. *Tobacco control*, 31(e1), e80–e82. <https://doi.org/10.1136/tobaccocontrol-2020-056245>
- ⁶⁸ Ait Ouakrim, D., Wilson, T., Waa, A., Maddox, R., Andrabi, H., Mishra, S. R., Summers, J. A., Gartner, C. E., Lovett, R., Edwards, R., Wilson, N., & Blakely, T. (2024). Tobacco endgame intervention impacts on health gains and Māori:non-Māori health inequity: a simulation study of the Aotearoa/New Zealand Tobacco Action Plan. *Tobacco control*, 33(e2), e173–e184. <https://doi.org/10.1136/tc-2022-057655>
- ⁶⁹ Andrew A. (2024). New Zealand's world-first smokefree legislation 'goes up in smoke': A setback in ending the tobacco epidemic. *Health policy (Amsterdam, Netherlands)*, 147, 105123. <https://doi.org/10.1016/j.healthpol.2024.105123>
- ⁷⁰ <https://www.phcc.org.nz/briefing/why-new-zealand-government-should-reconsider-abandoning-denicotinised-cigarettes>
- ⁷¹ <https://www.fda.gov/news-events/press-announcements/fda-proposes-significant-step-toward-reducing-nicotine-minimally-or-nonaddictive-level-cigarettes>
- ⁷² <https://ash.org.uk/media-centre/news/blog/the-great-cigarette-filter-fraud>
- ⁷³ <https://www.who.int/news/item/31-05-2022-who-raises-alarm-on-tobacco-industry-environmental-impact>
- ⁷⁴ Pulvers, K., Tracy, L., Novotny, T. E., Satybaldiyeva, N., Hunn, A., Romero, D. R., Dodder, N. G., Magraner, J., & Oren, E. (2023). Switching people who smoke to unfiltered cigarettes: perceptions, addiction and behavioural effects in a cross-over randomised controlled trial. *Tobacco control*, 32(4), 520–523. <https://doi.org/10.1136/tobaccocontrol-2021-056815>
- ⁷⁵ Gallet, C. A., & List, J. A. (2003). Cigarette demand: a meta-analysis of elasticities. *Health economics*, 12(10), 821–835. <https://doi.org/10.1002/hec.765>
- ⁷⁶ International Agency for Research on Cancer. Chapter 4. Tax, price and aggregate demand for tobacco products. Effectiveness of tax and price policies for tobacco control. Lyon, France: IARC, 2011. Available from: <http://www.iarc.fr/en/publications/list/handbooks/>
- ⁷⁷ <https://tobaccoatlas.org/corre/ireland/>
- ⁷⁸ <https://iris.who.int/bitstream/handle/10665/259232/WHO-NMH-NVI-17.9-eng.pdf>
- ⁷⁹ <https://www.who.int/europe/publications/m/item/ncd-quick-buys-25-interventions-five-years-or-less>
- ⁸⁰ <https://www.gov.ie/en/commission-on-taxation-and-welfare/campaigns/commission-on-taxation-and-welfare/>
- ⁸¹ <https://www.economicsforhealth.org/cigarette-tax-scorecard/ie/>
- ⁸² <https://tobaccoatlas.org/factsheets/ireland/>
- ⁸³ https://assets.gov.ie/static/documents/TSG_25-09_General_Excise_UPD.pdf
- ⁸⁴ <https://www.cso.ie/en/releasesandpublications/ep/p-elcq/earningsandlabourcostsq42024finalq12025preliminaryestimates/>
- ⁸⁵ National Cancer Institute. The Role of the Media in Promoting and Reducing Tobacco Use. Tobacco Control Monograph No. 19. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute. NIH Pub. No. 07-6242, June 2008. <https://cancercontrol.cancer.gov/brp/tcrb/monographs/monograph-19>
- ⁸⁶ Saad, C., Cheng, B. H., Takamizawa, R., Thakur, A., Lee, C. W., Leung, L., Veerman, J. L., & Aminde, L. N. (2025). Effectiveness of tobacco advertising, promotion and sponsorship bans on smoking prevalence, initiation and cessation: a systematic review and meta-analysis. *Tobacco control*, tc-2024-058903. Advance online publication. <https://doi.org/10.1136/tc-2024-058903>
- ⁸⁷ <https://tobaccoatlas.org/factsheets/ireland/>

- ⁸⁸ Sheridan, A., Conway, R., Murphy, E., Blake, M., Mulcahy, M., Howell, F., Gordon, C., Doyle, F., & Kavanagh, P. M. (2024). The impact of the introduction of tobacco product plain packaging on consumer responses in Ireland: a real-world policy evaluation stratified by socioeconomic groups. *European journal of public health*, 34(5), 970–978. <https://doi.org/10.1093/eurpub/ckae128>
- ⁸⁹ Moodie, C., Hoek, J., Hammond, D., Gallopel-Morvan, K., Sendoya, D., Rosen, L., Mucan Özcan, B., & van der Eijk, Y. (2022). Plain tobacco packaging: progress, challenges, learning and opportunities. *Tobacco control*, 31(2), 263–271. <https://doi.org/10.1136/tobaccocontrol-2021-056559>
- ⁹⁰ <http://tobaccopolicycenter.org/wp-content/uploads/2017/11/161.pdf>
- ⁹¹ <https://ipu.ie/ipu-document/key-facts-on-community-pharmacy-there-are-5081-community-pharmacists-working-in-1906-community-pharmacies-across-ireland/>
- ⁹² <https://www.rte.ie/news/health/2024/0206/1430691-gp-practice-ireland/>
- ⁹³ <https://www.gov.ie/en/department-of-health/collections/national-healthcare-statistics-2025/#hospitals-and-hospital-beds>
- ⁹⁴ Martin-Gall, V., Neil, A., Macintyre, K., Rehman, S., Nguyen, T. P., Harding, B., & Gall, S. (2024). Tobacco retail availability and smoking-A systematic review and meta-analysis. *Drug and alcohol review*, 43(7), 1718–1732. <https://doi.org/10.1111/dar.13936>
- ⁹⁵ Valiente, R., Escobar, F., Urtasun, M., Franco, M., Shortt, N. K., & Sureda, X. (2021). Tobacco Retail Environment and Smoking: A Systematic Review of Geographic Exposure Measures and Implications for Future Studies. *Nicotine & tobacco research : official journal of the Society for Research on Nicotine and Tobacco*, 23(8), 1263–1273. <https://doi.org/10.1093/ntr/ntaa223>
- ⁹⁶ Marsh, L., Vaneckova, P., Robertson, L., Johnson, T. O., Doscher, C., Raskind, I. G., Schleicher, N. C., & Henriksen, L. (2021). Association between density and proximity of tobacco retail outlets with smoking: A systematic review of youth studies. *Health & place*, 67, 102275. <https://doi.org/10.1016/j.healthplace.2019.102275>
- ⁹⁷ Kong, A. Y., Lee, J. G. L., Halvorson-Fried, S. M., Sewell, K. B., Golden, S. D., Henriksen, L., Herbert, L., & Ribisl, K. M. (2025). Neighbourhood inequities in the availability of retailers selling tobacco products: a systematic review. *Tobacco control*, 34(3), 350–360. <https://doi.org/10.1136/tc-2024-058718>
- ⁹⁸ Ackerman, A., Etow, A., Bartel, S., & Ribisl, K. M. (2017). Reducing the Density and Number of Tobacco Retailers: Policy Solutions and Legal Issues. *Nicotine & tobacco research : official journal of the Society for Research on Nicotine and Tobacco*, 19(2), 133–140. <https://doi.org/10.1093/ntr/ntw124>
- ⁹⁹ Lee, J. G. L., Kong, A. Y., Sewell, K. B., Golden, S. D., Combs, T. B., Ribisl, K. M., & Henriksen, L. (2022). Associations of tobacco retailer density and proximity with adult tobacco use behaviours and health outcomes: a meta-analysis. *Tobacco control*, 31(e2), e189–e200. <https://doi.org/10.1136/tobaccocontrol-2021-056717>
- ¹⁰⁰ <https://www.gov.ie/en/department-of-health/press-releases/ministers-for-health-introduce-licensing-system-for-tobacco-and-vapes/>
- ¹⁰¹ <https://no-smoke.org/wp-content/uploads/pdf/pharmacies.pdf>
- ¹⁰² Greenhalgh, EM, Parnell, S and Hanley-Jones, S. 11.9 Retail promotion and access. In Greenhalgh, EM, Scollo, MM and Winstanley, MH [editors]. *Tobacco in Australia: Facts and issues*. Melbourne : Cancer Council Victoria; 2023. Available from <https://www.tobaccoinaustralia.org.au/chapter-11-advertising/11-9-retail-promotion-and-access>
- ¹⁰³ <https://www.smokefree.org.nz/facts/law-policy-and-research/smokefree-aotearoa-2025>
- ¹⁰⁴ McDaniel, P. A., Smith, E. A., & Malone, R. E. (2023). Retailer experiences with tobacco sales bans: lessons from two early adopter jurisdictions. *Tobacco control*, tc-2023-057944. Advance online publication. <https://doi.org/10.1136/tc-2023-057944>
- ¹⁰⁵ Mukand, N. H., Max, W. B., Colonna, R., Andersen-Rodgers, E., & White, J. S. (2025). Effect of tobacco sales bans on retail sales in Beverly Hills and Manhattan Beach, California, USA: a synthetic difference-in-differences analysis. *Tobacco control*, tc-2024-059184. Advance online publication. <https://doi.org/10.1136/tc-2024-059184>
- ¹⁰⁶ WHO. WHO framework convention on tobacco control, 2003. Available: <https://apps.who.int/iris/bitstream/handle/10665/42811/9241591013.pdf?sequence=1>
- ¹⁰⁷ Dorotheo E. U. (2022). Tobacco endgame is when the industry screams for its life. *Tobacco control*, 31(2), 384. <https://doi.org/10.1136/tobaccocontrol-2022-057259>
- ¹⁰⁸ World Health Organization, WHO Tobacco Free Initiative & Conference of the Parties to the WHO Framework Convention on Tobacco Control (2008). Tobacco industry interference with tobacco control. World Health Organization. <https://iris.who.int/handle/10665/83128>
- ¹⁰⁹ Lee, Y., Kim, S., Kim, M. K., Kawachi, I., & Oh, J. (2024). Association between Tobacco Industry Interference Index (TIII) and MPOWER measures and adult daily smoking prevalence rate in 30 countries. *Globalization and health*, 20(1), 6. <https://doi.org/10.1186/s12992-023-01003-x>
- ¹¹⁰ World Health Organization. Who framework convention on tobacco control guidelines for implementation of article 5.3, 2008. Available: http://www.who.int/fctc/guidelines/article_5_3.pdf
- ¹¹¹ Interference with Endgame Policies, Tobacco Tactics, updated 08 December 2025, accessed 20 January 2026. <https://www.tobaccotactics.org/article/interference-with-endgame-policies/>
- ¹¹² <https://www.lobbying.ie/>
- ¹¹³ WHO technical manual on tobacco tax policy and administration. Geneva: World Health Organization; 2021 <https://www.who.int/publications/i/item/9789240019188>
- ¹¹⁴ <https://www.tobaccotactics.org/article/retailers-against-smuggling/>
- ¹¹⁵ <https://www.retailersagainsts smuggling.ie/about>
- ¹¹⁶ <https://globaltobaccoindex.org/gti/2025>
- ¹¹⁷ Zhou, S., Ricafort, E., Bressler, D., & Devotsu, R. K. (2022). Litigation in tobacco control: past, present and future. *Tobacco control*, 31(2), 291–295. <https://doi.org/10.1136/tobaccocontrol-2021-056561>
- ¹¹⁸ https://assets.tobaccocontrollaws.org/uploads/litigation/Ireland/IE_P.J.-Carroll-Co.-Ltd.-v.-Min.pdf

- ¹¹⁹ <https://www.tobaccocontrolaws.org/litigation/decisions/imperial-tobacco-canada-v-attorney-general-of-quebec?section=litigations>
- ¹²⁰ <https://www.cbc.ca/news/health/billions-to-flow-to-provinces-as-part-of-historic-tobacco-settlement-1.7620403>
- ¹²¹ Heaton C. (2018). The Tobacco Master Settlement Agreement - Strategic Lessons for Addressing Public Health Problems. *The New England journal of medicine*, 379(11), 997–1000. <https://doi.org/10.1056/NEJMp1802633>
- ¹²² Abrams D. B. (2014). Promise and peril of e-cigarettes: can disruptive technology make cigarettes obsolete?. *JAMA*, 311(2), 135–136. <https://doi.org/10.1001/jama.2013.285347>
- ¹²³ Golder, S., Hartwell, G., Barnett, L. M., Nash, S. G., Petticrew, M., & Glover, R. E. (2025). Vaping and harm in young people: umbrella review. *Tobacco control*, tc-2024-059219. Advance online publication. <https://doi.org/10.1136/tc-2024-059219>
- ¹²⁴ O'Brien, D., Long, J., Quigley, J., Lee, C., McCarthy, A., & Kavanagh, P. (2021). Association between electronic cigarette use and tobacco cigarette smoking initiation in adolescents: a systematic review and meta-analysis. *BMC public health*, 21(1), 954. <https://doi.org/10.1186/s12889-021-10935-1>
- ¹²⁵ Bowe, A. K., Doyle, F., Stanistreet, D., O'Connell, E., Durcan, M., Major, E., O'Donovan, D., & Kavanagh, P. (2021). E-Cigarette-Only and Dual Use among Adolescents in Ireland: Emerging Behaviours with Different Risk Profiles. *International journal of environmental research and public health*, 18(1), 332. <https://doi.org/10.3390/ijerph18010332>
- ¹²⁶ Health Research Board. 2020. Electronic cigarette use and tobacco cigarette smoking initiation in adolescents: An evidence review. *Electronic_cigarettes_and_smoking_cessation_systematic_evidence_review.pdf* (hrb.ie)
- ¹²⁷ <https://www.gov.ie/en/department-of-health/publications/stop-smoking/>
- ¹²⁸ Brennan, M. M., Bowe, A. K., Sheridan, A., Doyle, F., Boland, F., & Kavanagh, P. (2025). Evolution of nicotine product use in Ireland 2015-2023, and associations with quit intentions and attempts: an analysis of nationally representative repeated cross-sectional surveys. *The Lancet regional health. Europe*, 55, 101352. <https://doi.org/10.1016/j.lanepe.2025.101352>
- ¹²⁹ Royal College of Physicians of Ireland (2024). Available at: https://rcpi.access.preservica.com/uncategorized/IO_694c489a-f5d5-4c36-bde7-18dc2f4d2b4b/ (Accessed: 20 January 2026).
- ¹³⁰ Meehan, J., Heffron, M., McAvoy, H., Reynolds, C., Kyne, L., & Cox, D. W. (2024). The adverse effects of vaping in young people. *Global Pediatrics*, 9, 100190. <https://doi.org/10.1016/j.gped.2024.100190>
- ¹³¹ <https://www.irishstatutebook.ie/eli/2023/act/35/enacted/>
- ¹³² <https://www.gov.ie/en/department-of-health/consultations/public-consultation-on-further-regulation-of-tobacco-and-nicotine-inhaling-products/>
- ¹³³ <https://www.gov.ie/en/department-of-health/press-releases/government-approves-minister-for-healths-proposals-to-prohibit-the-sale-of-disposable-vapes-and-regulate-future-nicotine-products-1/>
- ¹³⁴ Cronin, E. M., Kearney, P. M., Kearney, P. P., Sullivan, P., Perry, I. J., & Coronary Heart Attack Ireland Registry (CHAIR) Working Group (2012). Impact of a national smoking ban on hospital admission for acute coronary syndromes: a longitudinal study. *Clinical cardiology*, 35(4), 205–209. <https://doi.org/10.1002/clc.21014>
- ¹³⁵ Nagelhout, G. E., de Vries, H., Boudreau, C., Allwright, S., McNeill, A., van den Putte, B., Fong, G. T., & Willemsen, M. C. (2012). Comparative impact of smoke-free legislation on smoking cessation in three European countries. *European journal of public health*, 22 Suppl 1(Suppl 1), 4–9. <https://doi.org/10.1093/eurpub/ckr203>
- ¹³⁶ Howell F. (2005). Smoke-free bars in Ireland: a runaway success. *Tobacco control*, 14(2), 73–74. <https://doi.org/10.1136/tc.2005.011304>
- ¹³⁷ <https://www.mhcirl.ie/sites/default/files/2021-06/Central-Mental-Hospital-IR-2020.pdf>
- ¹³⁸ Bowe, A., Marron, L., Devlin, J., & Kavanagh, P. (2021). An Evaluation of the Impact of a Multicomponent Stop Smoking Intervention in an Irish Prison. *International journal of environmental research and public health*, 18(22), 11981. <https://doi.org/10.3390/ijerph182211981>
- ¹³⁹ Purdy, J. McAvoy, H. Cotter, N. and Mitchell, E. (2017). Smoke-free spaces on the island of Ireland. Snapshot report. Dublin: Institute of Public Health in Ireland. https://publichealth.ie/sites/default/files/2023-02/wp-content/uploads/2022/10/Smoke-free-spaces-snapshot-report_FINAL.pdf
- ¹⁴⁰ <https://www.limerick.ie/council/services/community-and-leisure/healthy-limerick/not-around-us>
- ¹⁴¹ https://ec.europa.eu/commission/presscorner/detail/en/ip_24_4682
- ¹⁴² Naughton, P., Sheridan, A., & Kavanagh, P. (2025). The impact of the introduction of universal access to free nicotine replacement therapy on the process and outcome of stop smoking services in Ireland. *Public health*, 244, 105758. <https://doi.org/10.1016/j.puhe.2025.105758>
- ¹⁴³ Smith, C. E., Hill, S. E., & Amos, A. (2020). Impact of population tobacco control interventions on socioeconomic inequalities in smoking: a systematic review and appraisal of future research directions. *Tobacco control*, 30(e2), e87–e95. Advance online publication. <https://doi.org/10.1136/tobaccocontrol-2020-055874>
- ¹⁴⁴ <https://www.hse.ie/eng/about/who/healthwellbeing/slaintecare-healthy-communities/>
- ¹⁴⁵ Department of Health. (2013). Tobacco Free Ireland. Government of Ireland. <https://assets.gov.ie/static/documents/tobacco-free-ireland-b19738e5-fb3a-42a8-8093-b66b014b159c.pdf>
- ¹⁴⁶ <https://www.echolive.ie/nostalgia/arid-41300026.html>



Royal College of Physicians of Ireland,
Frederick House,
19 South Frederick Street,
Dublin 2, D02X266
Email: helpdesk@rcpi.ie
Phone: +353 1 8639721

 [@RCPI_news](#)
 [@RoyalCollegePhysiciansIreland](#)
 [@rcpi_doctors/youtube.com/WatchRCPI](#)
 [linkedin.com/school/royal-college-of-physicians-of-ireland](#)
www.rcpi.ie

Registered Charity Number (RCN): 200002718