

# The Irish Smoking Ban Legislation, Astride the Celtic Tiger, Trail-Blazed a Can-Do Tobacco Control Culture

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**AUTHOR NOTE** “Celtic Tiger” explanatory note: The “Celtic Tiger” refers to the economic boom that occurred in Ireland from the mid-1990s to the late 2000s that was followed from 2008 onwards by a severe economic downturn.<sup>40</sup>

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The Smoking Ban was an important legislative intervention in the control of tobacco smoking, introduced in Ireland on the 29<sup>th</sup> March 2004 on a countrywide basis.<sup>1,2</sup> ASH (Action on Smoking and Health) Ireland had called on the Irish Government in the early 1990s to make all public places smokefree on a national basis. It was not an entirely new idea. But at that time no other country in the world had introduced national legislation banning smoking in all indoor public areas including pubs, clubs, and casinos.<sup>3</sup>

## Smoking and disease

The many diseases caused by smoking had been well described and accepted in the 1950s and 1960s. Two early scientific papers – one published in JAMA (The Journal of the American Medical Association) May 1950<sup>4</sup> and one by Doll and Hill in the BMJ (British Medical Journal) in Sept 1950<sup>5</sup> – made it clear that cigarette smoke contained carcinogens and caused lung cancer. The evidence from these studies was of course about smoking and by the 1960s<sup>6</sup> it was fully accepted, despite advice from some doctors that smoke could help some respiratory conditions, that smoking was bad and caused various non-malignant diseases as well as lung cancer, and that it also contributed to heart disease, in particular coronary artery disease, hypertension, stroke and also COPD (Chronic Obstructive Pulmonary Disease).<sup>7</sup>

## Secondhand smoke and disease

The evidence about what the Tobacco Industry termed “Environmental Tobacco Smoke”, or to diminish it further “ETS”, was less clear. The acronym suggested that ETS somehow may have arisen spontaneously from the environment and that there was no credible evidence that it was harmful. A more neutral term “passive smoking” was also current. Increasingly, the USA Surgeons General reports<sup>6–8</sup> and the UK SCOTH [Scientific Committee on Tobacco and Health SCOTH] reports<sup>9</sup> left no serious doubt about the health effects of ETS. As the evidence accumulated and it became clear that the long list of diseases attributable to cigarette smoke could also be attributed to what was becoming increasingly recognised in the Surgeons General

reports as Secondhand Smoke.<sup>7,8</sup> This term was powerful and was adopted by all proponents of the ban as it recognised that smoke that had been generated and inhaled first hand by smokers was now being distributed on a secondhand basis to non-smokers who could and were being damaged by it. That children were particularly susceptible to, and uniquely adversely affected by, toxins in smoke was a powerful argument even if the main focus of the proposed ban was the workplace. The cardiovascular link was less obvious and while lung cancer as a disease of prolonged smoking was established, secondhand smoke was a harder concept to be proven and to be accepted as a cause of disease including cancer. The Dublin smog of the 1980s and 1990s had highlighted the harms of inhaling dirty air into the lungs and the link between air pollution, smoking and secondhand smoke as a cause of respiratory disease was therefore more easily understood and accepted.<sup>10–12</sup> The coal industry had tried to deny harm from inhaling smog,<sup>13</sup> likewise the tobacco industry denied harm from SHS. Nevertheless strong, consistent, simple, medically led public health messages convinced the general Irish public of the benefits of legislation to ban smoking in the workplace as a health measure.<sup>14–17</sup>

## Smokefree in Ireland before the smoking ban

Ireland already had non-smoking areas in certain locations e.g. public offices, schools, colleges, cinemas, theatres, taxis, health and childcare facilities, which had been introduced piecemeal, and some on a voluntary basis, over the 1990s and early 2000s.<sup>18</sup>

The drive for a fully comprehensive, without exemptions, legislatively backed ban on smoking in the workplace in Ireland including pubs, clubs and casinos was a remarkable intervention. From the beginning it had solid support from the Government of the day, the Department of Health and Children (DOHC), also later from 2 offices with legal standing established in 2002 by the DOHC dedicated to supporting the implementation of the ban by providing the scientific evidence for Tobacco Control action and the mechanisms for implementation of legislation *viz.*, The Office for Tobacco Control (OTC) and the TobaccoFree Research Institute Ireland (TFRI), the latter initially established as the Research Institute for a Tobacco Free Society (RIFTFS).



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## The health alliance

Civil society had been active in this campaign for a decade so that when the DOHC published *Towards a Tobacco Free Society: Report of the Tobacco Free Policy Review Group*,<sup>18</sup> the Health Alliance sprang into action. ASH Ireland took leadership in the Health Alliance, but many other health nongovernmental organisations (NGOs) including trade unions representing doctors, nurses and environmental health officers and other healthcare workers became important and united campaigners. Non-medical groups such as the Irish Municipal Public and Civil Trade Union (IMPACT) and very importantly Mandate, a small union representing mainly bar and administrative staff, joined forces to deny the Industry the opportunity to speak on their behalf or pretend that this was going to be unpopular with the public. These organisations entered partnership with the DOHC through its Health Promotion Unit and the OTC. During the campaign the health position prevailed with overwhelming civil society and media support for legislation that would protect workers from harmful secondhand smoke.<sup>16</sup> As could be expected, the Industry knew that they could not win the health argument but, as is usual for this Industry, they then concentrated on what they represented as the negative aspects of the proposed legislation. Adverse effects on employment, ruining of tourism and what they tried to present as the end of the “culture of Irish pubs”.<sup>19</sup> They also advanced “civil liberties” arguments and the hackneyed “nanny state” argument. While it was necessary to refute these arguments, the health lobby by and large made certain that the health issues were kept to the fore and these non-medical arguments presented by a selfish, despised Industry to Celtic Tiger Ireland did not stand a chance.<sup>16,18</sup>

## Implementation of legislation

Nobody doubted that legislation passed through the Oireachtas with all-party support, championed by a committed Minister, promoted by the widest and most united health lobby ever assembled in Ireland with the active support of over 2 million citizens was going to be enacted.<sup>16</sup> But how well was it going to be implemented and was there going to be compliance and, if there was not, would the legislation be implemented? There had never been a comprehensive national ban on smoking in bars, clubs and casinos anywhere in the world. Bans in major cities in the USA had been encouraging but many doubted Ireland’s determination or capacity to make it work.

Meticulous planning and training by the OTC and the commitment of the Environmental Health Officers (EHOs) upon whom the role of enforcement fell (without a fraction of the extra resource that had been considered necessary but not available) delivered a world-class example of how to achieve what was considered impossible.<sup>16,17,20</sup> This success was delivered through the extraordinary compliance delivered by a committed union-led workforce with a committed, cooperative, watchful and involved civil society, guarded and enforced by a responsive judicial system.

## Air pollution exposure and health effects outcome measurements

TFRI was charged with proving that the ban was effective in clearing the air in indoor areas. This was obvious to all who visited pubs before and after the legislation and easily demonstrated photographically. It was also done scientifically by prolonged indoor monitoring of particulate matter and benzene and salivary cotinine in a sample of pubs and bar workers before and after the ban and presented at a first anniversary scientific meeting and later published in peer reviewed journals. This had been demanded to refute claims by the Industry that the ban would not solve the problem because they claimed that food preparation was a likely more important source of pollution. The health effects science followed from Irish and international scientists<sup>15,21–28</sup> showing that the air was clean in flourishing pubs in Ireland worldwide, and the health of staff and patrons improved, and people with chronic heart and lung disease no longer needed to abandon their much-loved Irish pubs.

Ireland’s smoking ban proved to be the start of a “Ripple Effect, launching “a wave of similar national-level policies ... across the globe”.<sup>29</sup> That the approach to implementation has been largely incorporated into the “Guidelines for implementation of Art. 8 of the WHO FCTC” (World Health Organisation Framework Convention on Tobacco Control)<sup>30</sup> is evidence that the ban worked and has provided a blueprint for successful implementation of smoking bans the world over.<sup>20,29,30</sup> This was particularly noticeable as regards European countries where delegations of parliamentarians and public health officials, starting with Scotland’s first Minister and then a Westminster delegation, came to Dublin to see for themselves and then introduced a whole of UK ban where individual city bans had been initially planned before the visits. Then it was French and Danish visits, then visits in the opposite directions by Irish representatives. This author alone responded to invitations from some 13 European countries to visit and present ASH’s campaign for Smokefree Ireland and TFRI’s scientific outputs following Ireland’s Smokefree legislation.

## What happened next

Progress in Tobacco Control in Ireland surged for the decade following the ban (Table 1) including a dramatic drop in teenage smoking.<sup>31</sup> At home, it gave us confidence that we can dare to be first, confidence that we can lead. The people overwhelmingly accepted the legislation, and the voices in opposition to the law have greatly diminished. Progress in the past 10 years has been slower. Too many seemed to believe the scourge of tobacco was ending. The champions moved on, the alliances fractured, the Celtic Tiger bubble burst, neo-liberalism flourished. All the other tobacco control interventions that we knew mattered were just kept ticking over and new ones introduced too slowly. Increasing taxes on tobacco, the most important control intervention, was initially neglected, the OTC was ‘subsumed’ into the Health Service Executive (HSE),

**Table 1.** Tobacco Control Policies in Ireland, 2000-2024.

2000	☒ Legislation extended the advertising ban to include print media and some forms of sponsorship.
2001	• NRT is available on prescription free of charge to medical card holders (not all population).
2002	☒ Legislation banned some forms of indirect marketing, such as mail giveaways, promotional discounts and sponsored events. ☒ Ireland has rotating warnings which cover 30% of the package in front and 40% of the package on the back (in accordance with EU requirements). ☒ Under the Public Health (Tobacco) Act 2002 it is an offence to sell cigarettes or other tobacco products to anyone under the age of 18. (Not implemented till 2007)
2003	• Ireland introduced Quitline, an online smoking cessation service.
2004	• Smoking Ban legislation came into effect 29th March, and applies to all workplaces, including bars and restaurants. • Advertising Bans were extended to all forms of direct advertising in major media including billboards and more indirect advertising (ban on packages less than 20 sticks, sponsorship, misleading false packaging).
2007	• As of 2 April, it became an offence to sell cigarettes or other tobacco products to persons aged under 18 years. • A ban on packets containing less than 20 cigarettes and the sale of confectioneries that resemble cigarettes.
2008	• All products going to market after October 2008 required to carry health warnings in both English and Irish. The warning size was increased to 32% of the front of the package and 45% of the rear of the package in accordance with EC Directive EC/37/2001.
2009	• Ban on point of sale display and advertising of tobacco products. • Self-service vending machines are prohibited except in licensed premises and registered clubs and must be operated in accordance with Regulations
2013	• Graphic warnings must be placed on any tobacco product on the market.
2014	• As of July 2014, HPRA (Health Products Regulatory Authority) announced that NRT was authorised for sale in general retail and grocery outlets, no prescription needed.
2017	• The Public Health (Standardised Packaging of Tobacco) Act was signed into law in March 2015. Introduced Sept. 30, 2017.
2020	• Ban on Menthol flavoured cigarettes, May 2020.
2023	• Ban on the sale of vapes to those under 18
2024	• Ban on the sale of tobacco products or nicotine inhaling products at events aimed at children. • Prohibition on advertising for nicotine inhaling products around cinemas with films for children, on public service vehicles, and at public transport stops or stations, and within 200 metres of a school.

the TFRI funding was withdrawn, and we looked to the European Union (EU) for progress, which came sparingly.

E-cigarettes containing nicotine, despite advice and warnings,<sup>32,33</sup> were ignored as they took hold of our children, and we saw an increase in teen smoking in 2019 for the first time in 25 years.<sup>34</sup>

Then came COVID-19, and further neglect of tobacco induced diseases even though we knew that tobacco worldwide was, year on year, causing more deaths than COVID.<sup>35-37</sup>

### The future

Finally, there is a recent reawakening and a fear that perhaps replacement of smoking with nicotine may be part of the problem rather than the cure and a realisation that getting rid of nicotine will be necessary if we are to rid mankind of the century of slaughter which has served to enrich the selfish few. Ireland has shown the way and is ready to embrace a Tobacco Free Society, 25 years after declaring it a policy aim.<sup>38,39</sup> It can be done.

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## Author contributions

Written by the author in response to an invitation from the Editors to contribute a commentary to the special issue of TUI to celebrate the 20th Anniversary of Ireland's introduction of the world's first national smoking ban legislation.

## Ethical Statement

### Ethical Approval

The Commentary draws only on referenced published research by the author and others.

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