



**Irish Heart
Foundation**

The National Stroke & Heart Charity



PRE-BUDGET SUBMISSION 2025

Putting cardiovascular patients, prevention
and strategies to the fore

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Introduction

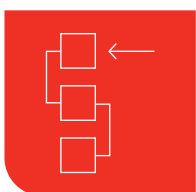
As we approach the upcoming Budget, it is imperative that we prioritise initiatives that promote public health, patient wellbeing and environmental sustainability. This submission outlines three key areas where focused investment can yield substantial benefits for our society. It highlights the importance of addressing critical health issues within cardiovascular health policy, including clinical and acute programmes, patient supports and wellbeing and cardiovascular disease (CVD) prevention.



Budget 2025: Putting cardiovascular patients, prevention and strategies to the fore

Cardiovascular disease, comprising heart disease and stroke, is responsible for nearly 10,000 deaths in Ireland each year¹ – around 30% of all mortality. Up to 600,000 people are living with a cardiovascular condition, with 80,000² being discharged from hospital each year, often returning home to a bleak and uncertain future. Based on extrapolation from UK data, it is estimated that **CVD costs the Irish state €1.7 billion a year**, of which 46% are direct health care costs.

To prevent a crisis in cardiovascular disease, we need to see bold action across all three of these fronts:



Prioritisation of cardiovascular health strategies and programmes

- Developing CVD policy infrastructure & funding clinical programmes



Protection of people living with cardiovascular disease

- Supporting patients with the burden of living with CVD

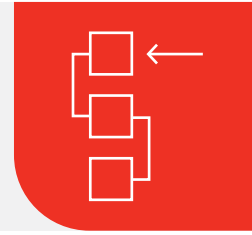


Prevention of cardiovascular disease

- Promotion of health and wellbeing through taxation, subsidies and supports
- Tobacco & e-cigarette taxation
- Improving air quality and health
- Making transport increasingly affordable and safe for all

PRIORITISATION

of cardiovascular health strategies and programmes



THEME

DEVELOPING CVD POLICY INFRASTRUCTURE & FUNDING CLINICAL PROGRAMMES

BUDGET 2025 ASKS

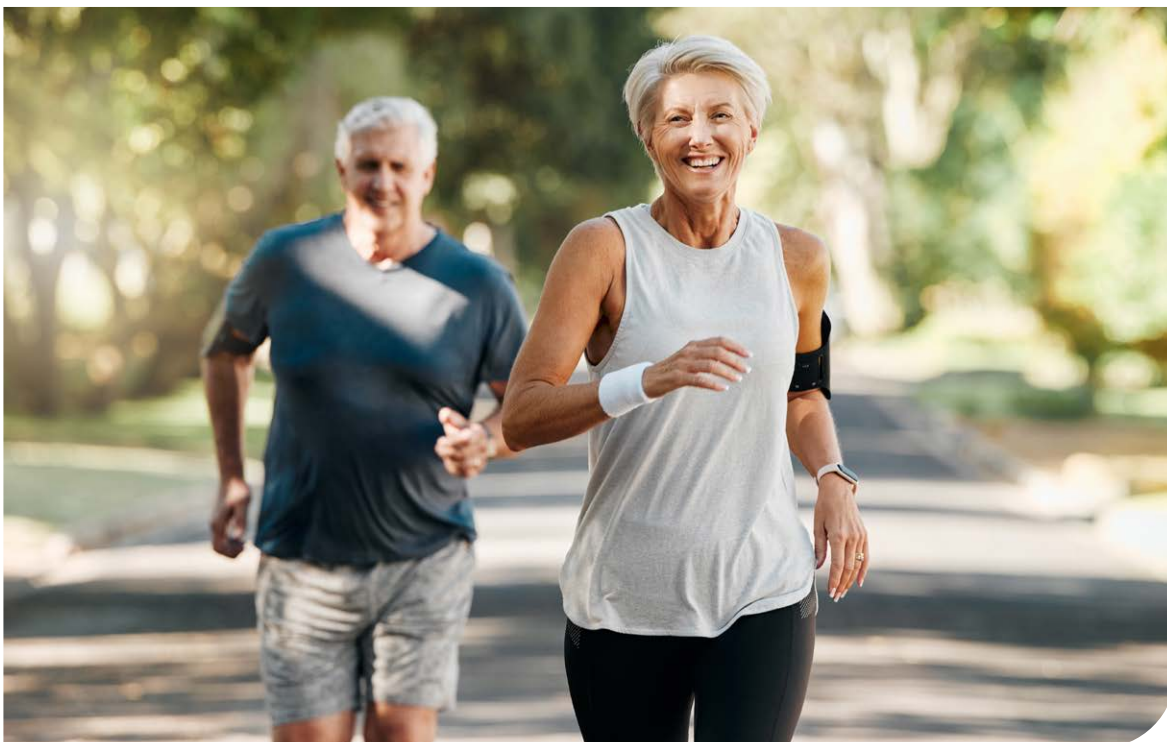
- Provide multiannual funding to implement the National Stroke Strategy in full.
- National Review of Cardiac Services funding and implementation.
- Implement the EuroHeart programme [€415,000].
- Fund a National Cardiovascular Imaging Service [€34.7m].
- Provide funding for a 5-year hypertension awareness and behaviour change campaign.
- Meet commitments to establish a national network of neuro-rehabilitation teams.

WHY IT MATTERS

- CVD remains a leading cause of morbidity and mortality.
- CVD costs the Irish state €1.7 billion a year, of which 46% are direct health care costs.
- Strengthening the infrastructure supports early detection and treatment.

WHO IS RESPONSIBLE?

- Department of Health



PROTECTION

of people living with cardiovascular disease



THEME

SUPPORTING PATIENTS WITH THE BURDEN OF LIVING WITH CVD

BUDGET 2025 ASKS

- Provide funding to support the delivery of Irish Heart Foundation national stroke and heart failure community support programmes [€1,122,752].
- Extend the chronic disease management programme to all high-risk cardiovascular conditions not currently covered [€4.5million].
- Extend the chronic disease management programme to adults aged 18+ diagnosed with gestational diabetes or pre-eclampsia since January 1, 2019 [€2.million].
- Make clinical psychology available to all heart and stroke patients requiring a service.
- Provide medical cards to all CVD patients whose access to healthcare is compromised by their financial status.
- Introduce a monthly Cost of Disability Payment of at least €40 a week to those on disability-related payments to address the extra cost of living with a disability.
- Introduction of an Acute Episode Payment.

WHY IT MATTERS

- The Irish Heart Foundation services are a lifeline to patients and endorsed by the HSE.
- Psychological support helps patients and their families to cope with the often profound effects of a cardiovascular event.
- People affected by cardiovascular disease are often burdened by the high costs arising from their condition.

WHO IS RESPONSIBLE?

- Department of Health
- Department of Social Protection
- Department of Children, Equality, Disability, Integration and Youth

PREVENTION of cardiovascular disease



THEME

PROMOTION OF HEALTH AND WELLBEING THROUGH TAXATION, SUBSIDIES AND SUPPORTS

BUDGET 2025 ASKS

- Introduce a timetable for new taxes incentivising the reformulation of unhealthy products, beginning with a new tax on sugar.
- Extend the Sugar Sweetened Drink (SSD) Tax.
- Use the proceeds of SSD and other health taxes to allay the impacts of the cost of living crisis targeting disadvantaged populations.
- Develop and fund a pilot initiative for the expansion of school meals during holiday time.
- Abolish the parental levy for the School Milk Scheme.

WHY IT MATTERS

- Economic tools influence healthier lifestyle choices.
- A balanced approach alleviates health disparities.
- In Ireland low-income households need to spend up to 32% of their take-home income to buy a healthy minimum essential food basket.³
- Exposure to ultra-processed food is associated with a higher risk of adverse health outcomes.

WHO IS RESPONSIBLE

- Department of Health
- Department of Finance
- Department of Social Protection



THEME:

TOBACCO & E-CIGARETTE TAXATION

BUDGET 2025 ASKS

- Increase the rate of excise duty on a 20-pack of cigarettes in the Most Popular Price Category (MPPC) by €3.25, in tandem with a higher than pro-rata increase to Roll-Your-Own cigarettes.
- Increase the level of funding for tobacco cessation services from the current €17 million to €50 million annually.
- Establish a dedicated vaping cessation service to support adolescents and young adults to quit.
- Increase resources, including additional staffing and equipment, to support Revenue's National Action Plan to combat cigarette smuggling.
- Introduce an annual €2,000 tobacco retailer licence fee per retail outlet.
- Introduce an annual €2,000 e-cigarette retailer license fee per retail outlet.
- Apply an excise tax of €0.18 per ml/mg of e-cigarette liquid to deter young people and non-smokers from using e-cigarettes.
- Establish a specific fund of €1.1 million to develop a vaping prevention information campaign and a research programme to inform the details of this programme.

WHY IT MATTERS

- High rates of tobacco use and the rise of e-cigarette consumption pose public health risks.
- Taxation is a proven deterrent to tobacco use.
- Smoking cessation programs are crucial for public health improvement.
- Effective support can significantly reduce healthcare costs associated with tobacco use.
- Regulation of tobacco and e-cigarette sales is necessary to prevent underage use.
- Youth vaping has reached epidemic levels.

WHO IS RESPONSIBLE?

- Department of Health
- Department of Finance



THEME:

IMPROVING AIR QUALITY AND HEALTH

BUDGET 2025 ASKS

- Allocate €500,000 annually to local authorities to monitor and enforce air quality legislation and double the maximum fine amount for breaches of regulation from €5,000 to €10,000.
- Introduce a Green Transition Fuel Allowance in line with the current Fuel Allowance rate to facilitate the move away from burning the worst health-affecting solid fuels.
- Increase funding for the local authority retrofitting.
- Increase Fuel Allowance rates in line with cost-of-living increases and expand eligibility.
- Expand the Fully Funded Energy Upgrade Scheme.
- Double the current NOX level rate and apply to both category A and B vehicles.
- Increase diesel tax and phase out the diesel cap for road hauliers.

WHY IT MATTERS

- Indoor air quality and environmental sustainability are critical considerations.
- Transitioning to cleaner heating solutions is imperative for health and climate goals.
- Supporting those in energy poverty to heat their homes in a healthier manner improves environmental and human health.
- Vehicle emissions contribute significantly to air pollution and health issues.
- Addressing emissions is crucial for urban health and environmental sustainability.

WHO IS RESPONSIBLE?

- Department of the Environment, Climate and Communications
- Department of Finance
- Department of Social Protection



THEME:

MAKING TRANSPORT INCREASINGLY AFFORDABLE AND SAFE FOR ALL

BUDGET 2025 ASKS

- Expand the Cycle to Work scheme beyond PAYE.
- Increase funding so more schools can avail of the Safe Routes to School programme and create additional roles across An Taisce and the National Transport Authority to support the initiative.
- Allocate €200 million of funding annually to the NTA to guarantee the 20% reduction on all public transport fares and the 50% young adult card discount is made permanent.
- Commission a report on the feasibility of funding additional fare cuts to boost public transport passenger numbers further.
- Implement a daily congestion charge on all private motorised vehicles entering Dublin city centre and examine the feasibility of extending similar congestion charges to other major urban areas.

WHY IT MATTERS

- Accessible public transport is essential for social inclusion and environmental sustainability.
- Affordable transport options can reduce reliance on private vehicles and emissions.
- Promoting active transportation can improve public health and reduce congestion.
- Safe cycling infrastructure encourages physical activity among children.

WHO IS RESPONSIBLE?

- Department of Transport

Developing CVD policy infrastructure & funding clinical programmes

Measure:

Funding and implementation of the National Review of Cardiac Services.

Rationale:

The National Review of Specialist Cardiac Services began in January 2018 and it will be over 6 years from commencement of the Review to its eventual publication. There is concern that **failure to publish the Review is having an impact on cardiovascular health care: it is becoming increasingly difficult to plan and organise services to optimise patient outcomes and efficiency.** Ireland is dealing with a rising prevalence of cardiovascular disease due to the expanding and ageing population. It is imperative that the NRCS is published as a matter of urgency and that Budget 2025 make funding available for its implementation so that all stakeholders can plan to implement its findings.

Measure:

Provide multiannual funding to implement the National Stroke Strategy in full, ensuring provision for 2025 measures.

Rationale:

The National Stroke Strategy has the potential to make a meaningful impact on stroke prevention, treatment and care. This requires an estimated investment of €36 million over its lifetime, of which only €7 million has been provided to date. It is imperative that implementation is stepped up in 2025 to provide the manpower and other resources to ensure key objectives are achieved, particularly: 24/7 access for all patients to acute stroke assessment and treatment; increased capacity in thrombectomy services; universal access to psychological support; and expansion of early supported discharge programmes.

Measure:

Meet commitments to establish a national network of neurorehabilitation teams.

Rationale:

As a member of the Neurological Alliance of Ireland, the Irish Heart Foundation supports the calls for commitments and progress in the establishment of neurorehabilitation teams. Community neurorehabilitation teams are critical to tackling the lack of access to neurorehabilitation in the community. The consequences are significant and preventable. This results in higher healthcare utilisation and increased costs to the health service through earlier admission to nursing homes, need for home care supports as well as increased likelihood of falls and subsequent hospital readmissions. The roll out of community neurorehabilitation teams are vital to support stroke survivors.

Measure:

Provide funding for a 5-year hypertension awareness and behaviour change campaign led by the Irish Heart Foundation [€3,034,164 over 5 years].

Rationale:

Despite being the leading modifiable risk factor for cardiovascular disease and premature death, research has shown that Ireland has one of the lowest rates of awareness, treatment and control of hypertension among 12 high-income countries.⁴ The costs of hypertension-related disease alone in Ireland are estimated to be around €721,606,082. The World Health Organisation recommends an absolute risk approach for the control of high blood pressure, describing it as the 'best buy' available to governments to support people who have had

a heart attack or stroke or are at high risk of a cardiovascular event.

Measure:

Implement the EuroHeart programme to support the improvement in quality of care for cardiovascular disease in Ireland [Year 1 €415,000].

Rationale:

EuroHeart is an international collaboration that provides an IT infrastructure for continuous online registration of high quality and harmonised patient data, with real-time feedback supporting continuous improvement of care and outcomes in patients with common cardiovascular diseases. These registry models have an established track record of substantially improving quality of care, resulting in improved outcomes. In order to join the EuroHeart collaboration, an international learning health system and research repository, resources are required to support implementation of the EuroHeart QReg5 IT platform and subsequent support and maintenance following its go-live. Year 1 funding required is €415,000.

Cardiovascular disease, comprising heart disease and stroke, is responsible for nearly 10,000 deaths in Ireland each year & up to 600,000 people are living with a cardiovascular condition.

Measure:

Fund a National Cardiovascular Imaging Service [€34.7m].

Rationale:

Cardiovascular imaging is an integral part of cardiology. Newer imaging modalities including Cardiovascular CT (CCT) and Cardiac MRI (CMR) are playing an increasingly important role in the management of patients with a multitude of cardiovascular disorders and are a critical service across all aspects of cardiology. Cardiac imaging is currently poorly resourced with very limited timely access to CCT and CMR in public hospitals in Ireland:

- Only 11 out of 33 hospitals in the acute hospital sector in Ireland who admit chest pain through an ED or medical assessment unit have a CT coronary angiography service.
- Only 7 out of all the acute adult hospitals provide a CMR service.
- Hospitals providing CCT or CMR service have excessive waiting lists.

As a result of this under resourcing, we are not providing guideline-directed care with significant downstream impact on urgent and non-urgent care. Investment in cardiac imaging has been identified by the National Heart Programme and by the National Review of Cardiac Services as a critical and urgent need for cardiovascular healthcare.

Supporting patients with the burden of living with CVD

Measure:

Provide funding to support the delivery of Irish Heart Foundation national stroke and heart failure community support programmes [€1,122,752].

Rationale:

The United Nations Convention on the Rights of Persons with Disabilities (UNCPRD) emphasises the rights of all persons with disabilities to live independently and be included in the community, receive appropriate support and have access to community services without discrimination. However, there is little statutory provision for practical, social and emotional supports vital to heart disease and stroke patients' quality of life in Ireland despite the huge burden of CVD.

Around 80,000 heart and stroke patients are discharged from hospital a year in Ireland – one every seven minutes. The vast majority return home with no help to navigate major everyday challenges that result from the often severe physical, communication and psychological impact of their condition.

The Irish Heart Foundation is filling this void with a pathway of practical, social and emotional support services that are impactful and cost effective. These services are reducing high levels of re-hospitalisation among heart failure patients and requirement for nursing home care among stroke survivors, as well as removing a significant burden from frontline services.

Currently, over a third of all stroke survivors returning home from hospital nationally are being referred in to our services, which also support thousands of heart patients every year. In total we will provide support to at least 7,500 cardiovascular disease patients in 2024. These are vital supports – for example, the counselling services we provide are often the

only psychological support available to people affected by cardiovascular conditions that result in significant levels of post-traumatic stress disorder,⁵ and in the case of stroke, suicidal ideation.⁶

The Irish Heart Foundation services are endorsed by the HSE. But we are receiving just 10.5% of their total cost from statutory funding. We have been making up the shortfall by running down our reserves and we cannot guarantee these services beyond the end of 2024.

Patients describe the Foundation's services as their lifeline. For stroke survivors, they tackle the widespread sense of abandonment resulting from a chronic lack of rehabilitation and other crucial support services in the community to help them meet the challenges of often significant physical, psychological and communication difficulties.

For heart failure patients they help address a revolving door syndrome of repeated readmission to hospital that is seriously detrimental to their quality of life, often for the want of basic information and support. And they provide vital support for patients who have had heart attacks or cardiac arrests, people with heart conditions such as cardiomyopathies and families affected by sudden cardiac death, routinely have to face the future without access to professional support.

One in every three stroke patients returning home are referred into Irish Heart Foundation services, which also support thousands of heart patients every year.



Measure:

Extend the chronic disease management programme to all high-risk cardiovascular conditions not currently covered [€4.5million].

Rationale:

There are a number of anomalies in terms of groups that are not eligible under the Chronic Disease Management Programme (CDMP). Although only patients with a medical card are eligible there are some issues even within this group, particularly with respect to high-risk cardiovascular conditions:

- Under 45 year-olds at any stage of hypertension
- Patients over 45 outside stage 2 or 3 hypertension
- People with familial hypercholesterolaemia under 45 years of age and those over 45 who do not meet the criteria for the prevention programme
- People with valvular heart disease
- People with chronic kidney disease
- People with peripheral arterial disease

These patients must be included in the CDMP as a matter of priority.

Measure:

Extend the chronic disease management programme to adults aged 18+ diagnosed with gestational diabetes or pre-eclampsia since January 1, 2019 [€2.5million].

Rationale:

Pregnancy complications are unique risk markers for cardiovascular disease. Preeclampsia occurs in 2%–8% of pregnancies and is the complication most strongly and consistently related to future CVD. Women with a history of preeclampsia experience twice the rate of CVD events, a 2.2-fold increased rate of chronic hypertension, 80% increased rate of type 2 diabetes and 30% increased rate of elevated cholesterol.⁸ Women who have been diagnosed with gestational diabetes or pre-eclampsia since January 2023 are now included under the CDMP, however it is recognised that the first 5 years after pregnancy are important in terms of CVD risk. Therefore, the programme should include previous pregnancies to 2019.



Measure:

Make clinical psychology available to all heart and stroke patients requiring a service.

Rationale:

The Irish National Audit of Stroke Organisational Audit Report 2021 found that only five hospitals have access to a Clinical Psychologist as part of stroke unit care. However, as per the National Stroke Strategy “Clinical Psychologists have a role in both the acute and longer term adjustment and recovery after stroke, in the acute stages delivering evidence based recovery-focused and patient and carer tailored therapy. Provision of psychology services across the continuum of stroke care is important in facilitating a comprehensive assessment that identifies acute and ongoing disorders of cognition and mood, problems with adjustment, relationships and coping and implementing therapeutic interventions to improve psychosocial functioning after stroke and dealing with pain, fear and fatigue. Psychology input also supports the family unit after stroke helping reduce stress and fear and promoting successful coping and recovery after a significant life event.”⁹

Measure:

Provide medical cards to all CVD patients whose access to healthcare is compromised by their financial status.

Rationale:

People affected by cardiovascular disease are often burdened by the high costs arising from their condition. The Irish Heart Foundation’s survey of heart failure patients found that just under 40% of working-age patients didn’t have either a medical card or a GP visit card. Moreover, there seems to be more and more problems for people living with CVD applying for a discretionary medical card.¹⁰ We hear from financially stretched patients every week who cannot get access to this card, despite living with CVD and suffering income drops and increased medical costs.

People affected by cardiovascular disease are often burdened by the high costs arising from their condition.

**Measure:**

Bring in a universal, non-means tested Cost of Disability payment, starting at €40 a week. Initially this should be rolled out to all those in receipt of a disability-related social protection payment.

Rationale:

The 2021 INDECON Report on the Cost of Disability, commissioned by the Department of Social Protection provided comprehensive policy evidence that people with disabilities have extra costs across areas including mobility, transport, communications, care and assistance services, equipment, aids and appliances and medicine. Income inadequacy experienced by people with disabilities in Ireland has not been meaningfully addressed in a real way, particularly in light of these extra costs. An ongoing, permanent and sufficient support to mitigate the cost of disability is required to avoid perpetual poverty.

Measure:

Introduction of an Acute Episode Payment (non-contributory).

Rationale:

The Irish Heart Foundation supports the call from Mental Health Reform for the some form of Acute Episode Payment for those with episodic conditions, who may temporarily need support to recover from a period of acute distress (or in the case of other disabilities a temporary debilitating flare up of a symptom). Illness benefit, which requires PRSI contributions and is taxable, is not sufficient enough to cover all scenarios. This is particularly relevant for people living with the effects of stroke or a heart condition.

Promotion of health and wellbeing through taxation, subsidies and supports



The majority of premature cardiovascular disease is preventable. Tobacco use, physical inactivity, the harmful use of alcohol and unhealthy diets all increase the risk of dying from a non-communicable disease, including CVD. It is estimated that around 40% of all deaths in Ireland are attributable to preventable risk factors.¹¹ Given the contribution of major CVD risk factors to the burden of disease, Budget 2025 should implement and resource effective policies for primary prevention.

Measure:

Introduce a timetable for new taxes incentivising the reformulation of unhealthy products, beginning with a new tax on sugar.

Rationale:

Fiscal policies, such as taxation on High Fat, Salt and Sugar (HFSS) products and subsidies for healthier food options, are increasingly recognised as effective tools to influence consumer behaviour towards healthier choices.

Similarly, they play a crucial role in changing industry behaviours by creating financial incentives for reformulation and innovation towards healthier options.

Indeed, recent research by the London School of Hygiene and Tropical Medicine found that in the UK an industry-wide levy on salt and sugar could prevent up to two million cases of disease over 25 years, including over 1 million cases of cardiovascular disease (CVD), 571,000 cases of type 2 diabetes, 11,000 cases of cancer and 249,000 cases of respiratory disease.¹²

Year	SSD Tax Band 1 Receipts	SSD Tax Band 2 Receipts	Total receipts
2018	€1.8m	€14.5m	€16.3m
2019	€3.4m	€29.6m	€33m
2020	€3.5m	€27.8m	€31.3m
2021	€1.9m	€28.5m	€30.4m
2022	€0.6m	€31.4m	€32m
2023	€0.6m	€28.4m	€28.9m

Measure:

Extend the Sugar Sweetened Drink (SSD) Tax to make it even more effective by:

- Including milk-based drinks
- raising the rate at the Band 2 threshold
- lowering the Band 1 threshold of the levy.

Rationale:

The SSD tax which came into force in April 2018, has been highly effective in incentivising the soft drinks industry to reduce sugar from soft drinks, which contribute significantly to children's sugar consumption.

The SSD tax has been in existence for six years but has never been changed to trigger further reformulation or wider shifts in production, marketing, sale and consumer purchase of sugary drinks. At the same time, the consistent level of receipts suggests that the SSD tax is not yet maximising its potential in driving reformulation and the charging rates could be working harder to incentivise further change.

Budget 2025 should announce an intention to change the charges under the SSD tax, given there has been no change to these since introduction in 2018. In line with the approach to SSD tax, which gave the industry time to reform before being enacted, an announcement in Budget 2025 of an intent to change liabilities from the 2025/26 fiscal

year could in itself act as a stimulus for further action and would also support work by the Reformulation Taskforce.

The current threshold structure of the SSD tax has led to manufacturers reformulating their drinks to avoid the lower threshold but these drinks still contain a significant amount of sugar. At the same time, we note that around 98% of revenues in the last two years derive from liabilities in the higher tier of drinks. A review of the tiered approach could also explore whether the threshold for the higher tier could now be reduced.

The Sugar Sweetened Drink Tax introduced in 2018 has been successful in reducing sugar content in soft drinks and should be extended to improve public health



Measure:

Use the proceeds of SSD and other sugar/health taxes to provide healthy food subsidies targeting disadvantaged populations.

Rationale:

Food poverty is one of the driving forces behind higher rates of obesity and ill health in disadvantaged communities. The high cost of good quality, nutritious food often prices low-income families out of maintaining healthy diets by limiting their choices to more processed and refined food-based diets as a cost-effective way of meeting daily calorific requirements.

Revenues should be directed into departments and programmes supporting children's health, and this should be a core principle of any use of healthy food and drink levies/taxes. Such

hypothecation has been introduced for the carbon tax in recent years and must be imposed similarly for food, particularly given the increase in child poverty. One in seven people aged under 18 years are at risk of poverty and by age group, persons aged under 18 years had the highest at risk of poverty rate in the Survey on Income and Living Conditions (SILC) 2023.¹³

Measure:

Develop and fund a pilot initiative for the expansion of school meals during holiday time by leveraging existing community infrastructure and relationships between schools and summer camps [€1m].

Rationale:

Ideally, every family would possess sufficient financial resources to ensure their children are fed nutritious meals daily. However, the stark reality is that numerous families and children across our nation are currently experiencing hunger, particularly exacerbated during school holidays. This dire situation not only affects the physical health and wellbeing of our children but also hinders their ability to learn and thrive in the long term. Budget 2025 must urgently address the critical issue of holiday hunger. This is a time when children from low-income families face increased food insecurity due to the absence of school meals during holiday periods. The Irish Heart Foundation, as a member of the Children's Rights Alliance, supports its call for a "holiday hunger" pilot to be set up as part of Budget 2025.

Measure:

Abolish the parental levy for the School Milk Scheme [€162,440].

Rationale:

Currently, a parental contribution is in place for those pupils attending non-DEIS classified schools participating in the School Milk Scheme. Food costs make up the largest component of a household's budget for families with children and the rise in inflation over the course of the last year or two has exacerbated this. There must not be any budgetary barriers put in place to deter parents from taking up the scheme to avail of nutritious food for their children.

Tobacco & e-cigarette taxation

Measure:

Increase the rate of excise duty on a 20-pack of cigarettes in the Most Popular Price Category (MPPC) by €3.25, in tandem with a higher than pro-rata increase on Roll-Your-Own cigarettes to remove the incentive to switch to a cheaper alternative.

Rationale:

The reduction in smoking has stalled and as **the current level of smoking stands at 18%, it is wholly unrealistic that we will achieve the Tobacco Free Ireland goal of having a smoking prevalence of 5% or less by next year.** As evidence shows that tobacco taxation is the single most effective measure for reducing tobacco consumption and its associated health burden worldwide¹⁴, it is logical to pull this policy lever. In 2024, the retail price of the MPPC for a 20-pack of cigarettes stands at €16.75.¹⁵

To achieve a significant reduction in smoking levels, the Irish Heart Foundation recommends increasing the MPPC of a pack of 20 cigarettes by €3.25 so that it will be €20 by next year, in tandem with an equivalent tax increase introduced on Roll-Your-Own cigarettes given the popularity of these products among young people.

Measure:

Increase the level of funding for tobacco cessation services from the current €17 million to €50 million annually.

Rationale:

The rate of adult smoking in Ireland has stalled at 18%, having been 17% in 2019. Moreover, smoking rates remain higher for those who are unemployed (40%) than those in employment

(17%).¹⁶ Despite smoking leading to 4,500 premature deaths a year in Ireland and costing the health service over €400 million annually,¹⁷ a mere €17 million was spent in 2023 to support smokers to quit through cessation services.¹⁸ 83% of smokers regret ever starting to smoke¹⁹. To support those seeking to quit, an annual €50 million should be allocated for tobacco cessation services.

Measure:

Establish a dedicated vaping cessation service to support adolescents and young adults to quit.

Rationale:

Teenagers and young adults have been relentlessly targeted by e-cigarette companies with their enticing vaping products. Nefarious marketing, child-appealing flavours and bright colourful packaging has trapped an entire new generation into nicotine addiction to the point that adolescents and young adults are seeking help to quit vaping. To support these teenagers and young adults to quit, a dedicated vaping cessation service should be established.

Evidence from the WHO and the World Bank shows that tobacco taxation is the single most effective measure for reducing tobacco consumption and its associated health burden worldwide.



To establish such a programme, €100,000 should be provided in 2025 to conduct a rapid evidence-review to determine its features, with a grade seven Project Manager employed at a cost of €70,457 to translate this evidence review into a nicotine cessation pilot project. In 2026, twelve grade six employees, at a cost of €65,614 each, should be employed to run this cessation programme with two allocated in each health region. In total, this would cost €170,457 in year one and €857,825 in year two.

Measure:

Increase resources, including additional staffing and equipment, to support Revenue's National Action Plan to combat cigarette smuggling.

Rationale:

The Irish Heart Foundation welcomes the significant number of illicit tobacco seizures by Revenue last year and the increased number of prosecutions in 2023 compared to 2022.²⁰ However, the proportion of illegal packs held by smokers in 2023 was up 2% to 19%, at a notional loss of €422 million to the Exchequer, while illegal packs of Roll-Your-Own increased 3% to 20% in 2023.²¹ To ensure that Revenue reverses this trend and combats illicit smuggling effectively, additional resources must be allocated to support Revenue's work.

Measure:

Introduce an annual €2,000 tobacco retailer licence fee per retail outlet.

Rationale:

As of April of this year, there were 12,589 retail outlets registered to sell tobacco in Ireland,²² an additional 116 outlets selling tobacco compared to the same time in 2023.²³ It is an indictment of Ireland's Tobacco Control Strategy that as we seek to achieve a smoking rate of 5% by 2025, the number of tobacco outlets is increasing. This is equivalent to one tobacco retail outlet for every 409 people in the state.

There is an abundance of international evidence that shows that greater retail availability of tobacco is associated with greater overall smoking prevalence.²⁴ The Irish Heart Foundation welcomes new legislation that will establish an annual fee per outlet seeking to sell tobacco. To reduce the number of locations that sell tobacco, which in turn will reduce smoking rates, we believe this annual fee for outlets selling tobacco should be prescribed at €2000. This would both reduce the number of locations selling tobacco and raise millions of revenue annually.

Measure:

Introduce an annual €2,000 e-cigarette retailer license fee per retail outlet.

Rationale:

There has been a proliferation of outlets selling e-cigarettes over the past few years, meaning non-smokers and young people can easily access vaping products. As research shows that greater retail availability of tobacco is associated with greater overall smoking prevalence,²⁵ it is logical to assume that a similar link exists with e-cigarette outlets. We welcome legislation establishing an e-cigarette retail registration system to track where e-cigarettes are being sold and the reports that the Department of Health is expected to set this annual registration fee at €2,000.²⁶ Such a figure would curb the number of outlets selling e-cigarettes, reduce youth vaping and, in turn, raise significant levels of additional funding to support cessation services.

Retail stores that intend to sell both tobacco and vaping products ought to register annually for both a tobacco and e-cigarette retailer license, effectively two licenses annually at a cost of €4,000.

Measure:

Apply an excise tax of €0.18 per ml/ mg of e-cigarette liquid to deter young people and non-smokers from using e-cigarettes.

Rationale:

Ireland is facing an epidemic of youth vaping and we know from established research that tobacco taxation is uniquely significant in reducing youth smoking, given that adolescents are price-sensitive.^{27,28} Other EU countries have introduced excise tax on vaping products to reduce youth vaping and we welcome comments by the Minister of Finance that such a tax will be introduced in this budget.²⁹ To deter youth vaping, we recommend an excise tax of €0.18 per ml/mg of e-cigarette liquid be introduced. This is at the average EU level,³⁰ representing a deterrent to young people and a means to raise additional revenue while ensuring Ireland is not an outlier.

Measure:

Establish a specific fund of €1.1 million to develop a vaping prevention information campaign and a research programme to inform the details of this programme.

Rationale:

Over the past few years, we have seen an explosion of youth vaping, with research showing that around 4 in 10 teenagers in Ireland have vaped.³¹ Despite this, however, there is widespread uncertainty among adolescents, schools and teachers about what e-cigarettes are, their health harms and who exactly should use them. This is reflected in reports from Foróige, which showed that there is genuine confusion over how harmful they can be and who exactly should use them, given that vapes are so easily available.³²

To provide greater clarity and improve understanding, which will, in turn, reduce youth vaping, a dedicated fund of €1.1 million should be provided to the HSE to run a vaping prevention information campaign. Of this, €400,000 should be spent on developing a vaping prevention information campaign and the remaining €700,000 for a research programme to inform the features of that stop vaping programme.

E-cigarettes with fruity, child-appealing flavours and bright colourful packaging have trapped an entire new generation into nicotine addiction.

Improving air quality and health



Measure:

Allocate €500,000 annually to fund authorities to monitor and enforce air quality legislation and double the maximum fine for breaches of regulation from €5,000 to €10,000.

Rationale:

Research has revealed the devastating health impacts of air pollution, with evidence showing how toxic air harms nearly every organ in the body.³³ **On the island of Ireland, it is estimated that PM_{2.5} air pollution, the most toxic air pollutant which comes predominantly from the burning of solid fuels, causes approximately 2,700 premature deaths.³⁴** Local authorities, tasked with enforcing air quality standards often do not have the necessary resources to carry out these responsibilities effectively.

Over the past two years, just over €600,000 has been allocated to support fuel quality enforcement measures. To ensure that standards and legislation are properly enforced to improve air quality and public health, the Irish Heart Foundation recommends that €500,000 be allocated annually to support local authorities to monitor and enforce air quality legislation.

Measure:

Introduce a Green Transition Fuel Allowance in line with the current Fuel Allowance rate to facilitate the move away from burning the worst health-affecting solid fuels.

Rationale:

While there is a need to move away from the most health-harming solid fuels, there is an even greater requirement to support those in energy poverty who rely most on these fuels for domestic heating. According to the ESRI, 29% of households suffer from energy poverty³⁵ while surveys from Barnados show that some families had to go completely without heat due to the cost-of-living crisis.³⁶

To support these households to heat their home in a safer, healthier manner, a dedicated green transition fuel allowance should be introduced to complement the existing Fuel Allowance Scheme. This new Green Transition Fuel Allowance would be established on a similar model to the existing scheme, providing weekly payments to the over 400,000 households already receiving the Fuel Allowance,³⁷ and be strictly regulated only to allow the purchase of healthier, more sustainable forms of domestic fuels and appliances.

Measure:

- Increase funding for the local authority retrofitting scheme with a view to ensuring all social housing reaches a minimum B2 BER by 2030.
- Increase Fuel Allowance rates in line with cost-of-living increases and expand eligibility by including those receiving Working Family payments, removing the waiting period for recipients of Jobseekers Allowance and covering living arrangements of Traveller families.
- Expand the Fully Funded Energy Upgrade Scheme to ensure all low-income households in low BER homes are eligible, regardless of home ownership status. This should include tenants receiving HAP, on the condition of a long-term lease being offered.

Rationale:

Funding to local authorities must be increased to accelerate the retrofitting process of social housing to ensure that those most at risk of energy poverty are supported. Moreover, to further help those in energy poverty and alleviate the growing burden of working households falling into energy poverty, this budget must extend the Fuel Allowance to recipients of the Working Family Payment (WFP) at a cost of €83 million according to the Society of St. Vincent de Paul.³⁸

Measure:

- Double the current NOX level rate and apply it to both category A and B vehicles.

Rationale:

Nitrogen dioxide (NO₂) is one of a group of highly reactive gases known as oxide of nitrogen or nitrogen oxides (NO_x). It is highly damaging to health and the main source of NO₂ in our towns and cities is road transport, with diesel engines producing more of these emissions than petrol vehicles. To reduce petrol and diesel fuel vehicle use, the NO_x levy was introduced to all category A vehicles as a means to incentivise switching to healthier, more sustainable forms of travel.

While welcome, Ireland continues to have harmfully high levels of NO₂, breaching WHO air quality guidelines. Stronger policies are evidently needed to encourage this shift, reduce toxic air pollution and improve public health. Doubling the NO_x levy and expanding it to cover category B vehicles would not only deter fossil fuel vehicle use to the benefit of public health, but it would raise up to an additional €51 million.³⁹

Measure:

- Increase diesel tax and phase out the diesel cap for road hauliers.

Rationale:

To further reduce toxic air pollution produced by diesel vehicles for the benefit of public health, this budget should follow the advice of the OECD and gradually increase the diesel tax rate so that it at least reaches the petrol tax rate and phase out the price cap for diesel used by road hauliers.⁴⁰

While there is a need to move away from the most health-harming solid fuels, there is an even greater requirement to support those in energy poverty who rely most on these fuels for domestic heating.

Making transport increasingly affordable and safe for all



Measure:

Expand the Cycle to Work scheme beyond PAYE.

Rationale:

The Cycle to Work scheme has been a hugely successful policy measure, providing an exemption from benefit-in-kind (BIK) where an employer purchases a bicycle and associated safety equipment for an employee. While recently expanded to cover e-cargo bikes, e-bikes and all other types of standard bikes,⁴¹ it is a tax incentive scheme only available to PAYE. Incentivising as many groups and individuals in Ireland to purchase bicycles and take up cycling will be crucial to shifting from our over-reliance on private vehicles to more sustainable forms of transport such as cycling. To achieve this, more individuals beyond PAYE workers must be able to access the bike-to-work scheme.

Measure:

Increase funding so more schools can avail of the Safe Routes to School (SRTS) programme and create additional roles across An Taisce and the National Transport Authority to support the initiative.

Rationale:

The SRTS has been hugely popular since its launch in March 2021. Such was the demand of the programme that 931 schools from across the country applied, with 170 included in round one, 108 in round two and the remaining schools set to be included in the forthcoming rounds.

Evidently, active travel is the preferred option of travel for schools and their students and the recent Census 2022 commuting patterns reflect the uptake. **In 2022, there were 88% more primary school children commuting**

by bicycle than in 2016, and the number of students aged 13 to 18 cycling to school was up 79%.⁴²

The success of the SRTS is acting as a catalyst for changing travel patterns so it is paramount that additional funding is provided to support it and continue this shift.

Measure:

- Allocate €200 million of funding annually to the NTA to guarantee the 20% reduction on all public transport fares and the 50% young adult card discount is made permanent.
- Explore the feasibility of funding additional fare cuts to boost public transport passenger numbers further.

Rationale:

The 20% fare reduction on all Public-Service-Operator (PSO) services, along with the 50% discount on all services for those with a Young Adult Card (YAC) was first introduced in 2022 and again extended for 2023 and 2024 due to its popularity.⁴³ **The success of the fare reduction is evident in the record number of passenger journeys of over 308 million in 2023.**⁴⁴

According to the NTA, the total cost foregone for both the 20% and 50% YAC reduced fare amounted to between approximately €150 million - €164 million.⁴⁵ To achieve the required societal modal shift away from private vehicle use towards cleaner, more sustainable public transport, €200 million should be allocated annually to ensure the Fare Reduction Scheme is made permanent, while a report should be commissioned to determine the feasibility of additional fare cuts to boost public transport passenger numbers further.

Measure:

Implement a daily congestion charge on all private motorised vehicles entering Dublin city centre and examine the feasibility of extending similar congestion charges to other major urban areas.

Rationale:

Although the number of cars crossing the Dublin Canal cordon into the city centre has decreased from 46,388 to 40,207 between 2019 and 2022, a decrease of 13%, driving still remains by far the most dominant means of travel into the city centre. Walking is the second most popular form of travel into the city at 16,951, down from over 24,000 in 2017.⁴⁶

In addition to Dublin's over-reliance on private vehicles, the city was recently ranked number one in the world in terms of congestion levels and time spent in traffic. This is simply unsustainable for human and planetary health. Evidently, stronger measures are required to shift travel patterns to more sustainable forms of transport. The OECD recommended that Dublin introduce a congestion charge and we welcome the Government's decision to grant local authorities the power to introduce traffic congestion charges.^{48,49}

Stockholm, in Sweden, a city similar to Dublin, saw a 20% reduction in daily traffic since congestion charges were introduced and we would recommend that a daily congestion charge should be introduced in Dublin city centre and the government should explore the feasibility of extending similar charges to other major urban areas such as Cork, Limerick and Galway city.

Conclusion

This submission underscores the necessity of integrating health, patient wellbeing and prevention into budgetary considerations. By focusing on these key areas, we have the opportunity to enact meaningful changes.

We urge government departments and political parties to consider these issues carefully in the upcoming budget, recognising their potential to dramatically improve the health and well-being of our population, while also addressing health policy challenges.



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