



DÍOSPÓIREACHTAÍ PARLAIMINTE
PARLIAMENTARY DEBATES

DÁIL ÉIREANN

TUAIRISC OIFIGIÚIL—*Neamhcheartaithe*
(OFFICIAL REPORT—*Unrevised*)

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DÁIL ÉIREANN

Dé hAoine, 8 Samhain 2013

Friday, 8 November 2013

Chuaigh an Ceann Comhairle i gceannas ar 10 a.m.

Paidir.

Prayer.

Health (Fluoridation of Water Supplies) (Repeal) Bill 2013: Second Stage [Private Members]

Deputy Brian Stanley: I move: “That the Bill be now read a Second Time.”

I will set the Bill in context. Next January it will have been 50 years since a woman named Gladys Ryan took a case regarding fluoridation to the High Court on the basis that citizens had no choice other than to drink medicated water. As the coming year will see another woman take a case to the High Court for the same reason, it would be a fitting tribute to Gladys if the Government supported the Bill before the House and ceased the mass fluoridation of the public water supply. After 50 years it is surely time to stop the fluoridation of public drinking water.

I have no doubt that when the Government of the day first introduced fluoridation in the 1960s, it may have believed it was acting for the correct reasons. According to a 2002 report for the forum on fluoridation, the fluoridation process was introduced as it was considered to be “a much cheaper” way of improving the quality of children’s teeth than employing more dentists. Ethical approval was given by no less than the Guild of Saint Luke, Saint Cosmas and Saint Damian which had been established by the Catholic Archbishop of Dublin, John Charles McQuaid. This led to the Health (Fluoridation of Water Supplies) Act 1960 which mandated compulsory fluoridation by local authorities. In 1965 the legacy of mass medication of the population began.

Fluoridation was introduced at a time when tooth decay was a significant health issue, representing a cheap way to deal with a widespread problem, especially among poor and marginalised people. The Department of Health has never conducted any research on the health effects on the population of mass fluoridation in the intervening period, despite the fact that this was stipulated in the 1960s legislation.

The argument today is that there is no longer a requirement within the scope of public health for continued water fluoridation. The need for fluoridation - if there ever was a need - has been entirely negated by modern use of fluoride toothpaste which ensures a more than adequate supply of fluoride for the purpose of improving dental health. We also have improved dental services. In my constituency of Laoighis-Offaly, particularly County Laois, children do not see a dentist until they are 12 years old, which is scandalous. The matter must be addressed by the

Department. It is a number of years since I was at school, but I recall seeing a dentist in primary school when we were eight years old. We could redirect the money used on fluoridation in the provision of proper dental health care for children.

A 2001 report in the United States detailing recommendations on using fluoride to prevent and control dental caries claimed that earlier studies from the 1950s indicated that water fluoridation had led to a reduction of 50% to 60% in childhood cavities. More recent studies, however, indicate a much lower rate of 18%. There is no need to swallow fluoride in order to protect teeth and dentures. The purported benefits of fluoride are topical - they are on the surface - but the risks are systemic. Therefore, it makes more sense to deliver fluoride directly to the tooth in the form of toothpaste. Swallowing fluoride is unnecessary and potentially dangerous; therefore, there is no justification for forcing people to consume fluoride through the water supply. Fluoride toothpaste is the most widely used and rigorously evaluated fluoride treatment and a report entitled, *Oral Health in the United States: The Post-Fluoride Generation*, states the introduction of fluoride in the early 1970s is considered to be the main reason for the decline in tooth decay in industrialised countries and toothpaste appears to be the single common factor in countries where tooth decay rates have declined.

I will move to the side effects of fluoride. Fluoridation of the water supply leads to fluoride accumulating in the body. Healthy adult kidneys - many people's kidneys are not healthy - only excrete 50% to 60% of the fluoride ingested each day, with the remainder accumulating in the body, largely in calcifying tissue such as bones and the pineal gland. Infants and children excrete less from their kidneys and retain up to 80% of ingested fluoride in bones. The fluoride concentration in bones steadily increases over a lifetime. The World Health Organization stated in 2006 that "excessive exposure to fluoride in drinking water can give rise to a number of adverse effects". These range from mild dental fluorosis to crippling skeletal fluorosis as the exposure increases. Dr. Robert Bolan claims that "recent studies show that brain adult exposure to fluoride induces central nervous system disturbance." He has also linked exposure to fluoride with the risk of developing Alzheimer's disease and osteoarthritis. Meanwhile, the Russian Academy of Sciences, the British Medical Research Council, the NHS York review, the USA Academy of Sciences and the European Commission have all detailed concerns.

Right across Europe countries have ceased the practise of the fluoridation of water such that 98% of Europe's population no longer drink fluoridated water. This is the only country with a state-wide policy of mandatory fluoridation and local authorities cannot make the decision to stop the process. Many local authorities have approved motions to seek to stop the process, but they have been told it is not possible for them to do so. Most countries in Europe have experienced substantial declines in cavities without the use of water fluoridation. For example, in Finland and Germany tooth decay rates remain stable or continued to decline after water fluoridation stopped. A pan-European report entitled, *Community Water Fluoridation and Caries Prevention: A Critical Review*", indicates:

The caries reduction directly attributable to water fluoridation has declined in the last decades as the use of topical fluoride has become more widespread, whereas enamel fluorosis has been reported as an emerging problem in fluoridated areas. Several studies conducted in fluoridated and non-fluoridated communities suggested that this method of delivering fluoride may be unnecessary for caries prevention, particularly in the industrialized countries where the caries level has become low.

Report after report has confirmed that where fluoridation has been discontinued in commu-

nities in Canada, the former East Germany, Cuba and Finland, dental decay has not increased but has generally continued to decrease. In 2001 the World Health Organization stated fluoridation was an effective way to prevent tooth decay in poor communities. It stated:

In some developed countries, the health and economic benefits of fluoridation may be small, but particularly important in deprived areas, where water fluoridation may be a key factor in reducing inequalities in dental health.

The Minister of State might use that line to make a different point, but what the WHO is really talking about is communities where fluoridated toothpaste is not available or not used to a great extent. That is similar to the situation in Ireland 50 to 60 years ago when fluoridated water was being considered and fluoridated toothpaste was not widely available or used. Ireland has moved on, yet the Government has not. It is sticking to its policy of fluoridation from a bygone era. Sweden had an official commission which published its final report in 1981 and recommended other ways to reduce tooth decay by improving dietary and oral hygiene habits instead of fluoridating tap water. Arvid Carlsson, winner of the 2000 Nobel prize for medicine, took part in the debate in Sweden, where he helped to convince parliament that fluoridation should be illegal for ethical reasons. He believed that it violated modern pharmacological principles, which indicate that medications should be tailored to individuals. The key point is that the effectiveness of water fluoridation declines where a country improves its dental care, increases the use of fluoride toothpaste and when the population improves its dietary intake.

The Commission for Health and Consumers in the European Union stated, “People do not need fluoride for normal growth and development”. The European Court of Justice has defined fluoridation as a medication and refused to sanction its implementation. Mass fluoridation violates Article 35 of the European Charter of Fundamental Rights, under which article the right to health care includes the right to refuse health care, for whatever reason. It establishes the individual’s right to receive particular drugs or treatments or to prevent him or her from having such treatment administered against his or her wishes. The use of fluoridation chemicals to medicate the public indiscriminately violates the code of medical ethics set out in the Council of Europe’s Convention on Human Rights and Biomedicine. The convention establishes a valid code of medical ethics and is widely accepted throughout Europe. The failure of the Government to subscribe to it does not render its provisions invalid, as all such national codes should comply with the principles set out in it. States may not medicate any individual, except under exceptional conditions of recognised public health emergencies. All medical interventions must be carried out under proper medical supervision and in accordance with the patient’s needs and fully informed wishes.

There has been a lack of debate in the State on the matter. It appears that the State is incapable of having a healthy debate on this matter, if Members will pardon the pun. In 2000 the forum on fluoridation was established by the then Fianna Fáil Minister for Health, Deputy Micheál Martin. The Food Safety Authority of Ireland, FSAI, drafted a risk assessment on the presence of fluoride in tap water used in infant formulae. The document, according to the chairperson of the FSAI’s scientific committee, Mr. Wayne Anderson, was submitted on 18 October 2001. He wrote on 26 October 2001:

Since the document was tabled and members of both committees have had a chance to see the final document, two issues have been raised. One concerns the toxicology and the appropriateness of the NOAEL [a test] and other concerns the risk characterisation and the issue of repeated exposure over time.

Because of time restraints the risk assessment had to be withdrawn. Therefore, there was no mention of a risk assessment in the final report of the forum on fluoridation to the Minister. The final report noted that all of the benefits of fluoride were topical and that all of the risks were from swallowing it. It stated: "Although the predominant beneficial effect of fluoride occurs locally in the mouth, the adverse effect, dental fluorosis, occurs by the systemic route". In other words, a problem arises when fluoride is ingested.

While still in opposition the then Green Party Deputy John Gormley compiled a report on fluoridation in 2007. He now claims that the report was buried by the Joint Committee on Health and Children which had commissioned it. Had its recommendations been acted upon, we might not be having this debate today. The Government's own expert panel has no toxicologist on it. The chairperson of the panel has been a long-time vocal advocate of mass fluoridation. Therefore, it is by no means independent and its expertise does not include a toxicologist, which gives rise to questions. Despite the lack of a credible Government review and quashed reports and in the face of overwhelming evidence to the contrary, the Government continues to impose fluoride on 4.6 million people at a cost of €4.8 million to purchase the product, an unknown amount to administer it and in operational costs to local authorities in monitoring it and ensuring it is correctly added to the water supply.

This is not a party political issue. Sinn Féin has tabled the Bill, but Members of all parties to whom I have spoken privately have expressed concern. I also spoke to councillors from a Government party last night who were opposed to fluoridation. We are all being slowly poisoned by the use of fluoride in the water supply. It is an issue that affects the vast majority of households in the State and I urge the Minister to revisit the matter. Fifty years of fluoridation is sufficient. I wish to focus on what the scientific committee stated at the time of the 2001 report. It agreed that the precautionary principle should apply and, in the case of infant formulae, recommended that it not be reconstituted with fluoridated tap water. The evidence is stacking up and the case against mass fluoridation is overwhelming. The pro-fluoridation lobby has not been able to justify its continuation. I appeal to the Government to at least commence a debate on the issue, examine it and allow the Bill to go through to the next Stage. I hope we can re-examine the matter and take a more sensible approach.

Deputy Eric Byrne: I see Sinn Féin is robbing the Green Party's policy.

Minister of State at the Department of Health (Deputy Alex White): I welcome the opportunity to address Members to set out in the strongest terms the reasons this Bill which would provide no benefit for the public and be likely to result in deterioration in the oral health and, therefore, general health of the population should be opposed. Deputy Brian Stanley's Bill proposes that the Health (Fluoridation of Water Supplies) Act 1960 be repealed in full and that it be an offence for a body corporate or certain officers of a body corporate to add fluoride to water. Given the importance of water fluoridation as a public health measure, I cannot support the Bill.

Deputy Brian Stanley claims that water fluoridation is unsafe, that there are huge health questions surrounding it and that the weight of scientific evidence is against it. Nothing could be further from the truth. The balance of scientific evidence worldwide confirms that water fluoridation, at the optimal level, does not cause ill effects and protects the oral health of the population. Water fluoridation is the adjustment of the natural concentration of fluoride in drinking water to the optimal recommended level for the prevention of dental decay. Fluoride is a natural mineral found in soil, fresh water, sea water, plants and many foods.

Fluoridation began in Ireland in 1964 on foot of the Health (Fluoridation of Water Supplies) Act 1960. The Act provides that the health authorities arrange for the fluoridation of public piped water supplies and that local authorities act as agents for the health authorities in providing, installing and maintaining equipment for fluoridation, in adding the fluoride to water and testing the fluoride content of water to which fluoride has been added. These functions are provided for in the Fluoridation of Water Supplies Regulations 2007 which revoke previous fluoridation regulations. The constitutionality of the Act was challenged in the High Court in 1963, as adverted to by Deputy Brian Stanley, and in the Supreme Court, on appeal, in 1964. In July 1964 the decision of the Supreme Court confirmed the constitutionality of the fluoridation Act.

Approximately 68% of the population receive fluoridated public water supplies. The legislation on water fluoridation requires a daily test to be carried out at water treatment plants by the local authority water services staff. Monthly fluoride testing is carried out by the HSE. The Environmental Protection Agency also carries out testing which requires monitoring of fluoride levels in water supplies. If the fluoride levels are found to be outside the range specified in the legislation, those responsible are notified, prompt adjustments are made to the dosing equipment and a new test is carried out. The Environmental Protection Agency's 2011 report, *The Provision and Quality of Drinking Water in Ireland*, indicates that 98.8% of samples from public water supplies and 98.9% of samples from public group water schemes were in compliance with the legislative requirements. A code of practice is in place to ensure the proper implementation, by all personnel involved, of the procedures for the fluoridation of the public water supplies to the prescribed standards, in order to minimise the risk of injury or damage to plant, personnel and the environment.

It has been claimed, although not by Deputy Stanley, that fluoride used in Ireland is “a by-product of the fertiliser industry”. This is not true. While a fluoride ion is a fluoride ion no matter where it comes from, the fluoride currently used for water fluoridation is sourced as a primary product. It is mined directly as a raw material in the form of the mineral fluorospar, which consists of calcium fluoride. It then goes through a purification process to conform to tightly controlled specifications to produce hydrofluorosilicic acid. Some fluoridated public water supplies have background levels of naturally occurring fluoride. These levels are augmented using the acid to the prescribed optimal level.

At present, the level of fluoride in drinking water is in the range of 0.6 to 0.8 parts per million. A higher level of 0.8 parts to 1 part per million was applied until 2007. Parts per million is equivalent to milligrams per litre. The level was reduced to take into account both international and Irish research on fluorosis occurrence and the increased availability of fluoride to the population from other sources. It is worth noting that EU law defines a maximum permitted concentration of 1.5 parts per million for public water supplies through its drinking water directives. The Irish levels are set at approximately half that permitted by EU legislation.

The Irish Expert Body on Fluorides and Health, established in 2004, advises on fluoride safety and related issues. The expert body and its sub-committees have broad representation from areas such as dentistry, toxicology, biochemistry, environmental health and public health medicine. Safety is determined from the available scientific evidence. In evaluating ongoing research, the expert body accepts the standard and fundamental scientific principle that any single piece of scientific evidence by itself remains hypothetical unless it can be repeated or confirmed by other scientists. Therefore, it considers scientific evidence that has been submitted to examination by other scientists, usually by publication in recognised peer-reviewed scientific journals, after such publication has been approved by independent referees. This ensures

that the advice provided by the expert body is impartial and evidence-based.

Studies conducted internationally have consistently indicated that water fluoridation is safe and effective in preventing dental decay in both children and adults. It is the most efficient way to prevent one of the most common childhood diseases, tooth decay. Comprehensive reviews have been conducted in many countries. Reviews from the United Kingdom include the York review of 2000 and the review by the Medical Research Council in 2002. There have also been more recent reviews in Australia in 2007, Canada in 2010 and, most recently, the European Union in 2011. None of these reports has established any basis for considering that fluoridated water at an optimal level poses any systemic health risks.

The question is sometimes raised about the need to drink fluoridated water if fluoridated toothpaste is used. Fluoride in water works directly on the tooth surface. It also works indirectly via the saliva, so it has a double effect. There is also a pre-eruptive protective effect from fluoride working indirectly. Toothpaste works directly on the tooth surface only.

The national survey of children's oral health in 1984 found that lifetime residents of fluoridated communities had substantially lower levels of dental decay than lifetime residents of non-fluoridated areas. Eighteen years later, in the North South Study of Children's Oral Health 2002, again it was found that levels of dental decay were substantially lower in lifetime residents of communities living in fluoridated-water areas. These studies clearly show the benefits of water fluoridation in Ireland since its introduction.

Contrary to what has been claimed, the North South Survey of Children's Oral Health in 2002 demonstrated substantial benefits of fluoridation in the Republic of Ireland compared to Northern Ireland, whose water is not fluoridated. There are ongoing oral health promotion and healthy eating campaigns in both jurisdictions. Fluoridated toothpastes are also widely available in both areas. Nevertheless, there continues to be a clear benefit from water fluoridation.

The North-South survey found that of those living in areas with fluoridated water, more than one in three children, or 37%, have dental decay by the age of five. In areas where there is no fluoride in the water, over half, or 55%, of all five-year-olds have experienced dental decay. The study entitled Oral Health of Irish Adults 2000-2002 showed decay scores were lower among fluoridated groups for all age groups and particularly in the 35-44 age group.

The forum on fluoridation, which reported in 2002 and which had senior representation from a broad range of relevant sciences, found there was no evidence at that time of any negative health effects, stating that "The best available and most reliable scientific evidence indicates that, at the maximum permitted level of fluoride in drinking water at 1 part per million, human health is not adversely affected". As I have stated, the level of fluoride in drinking water in Ireland was reduced to between 0.6 and 0.8 parts per million in 2007.

There are five categories of dental fluorosis, ranging from very mild to severe. The two lowest levels are mild and very mild and are only detectable by a dentist as faint white flecks on the surface of teeth. There are no known side effects of optimal water fluoridation other than mild dental fluorosis, a cosmetic or aesthetic condition that refers to the way teeth look. It is not considered to be an adverse health effect. At the levels at which fluoride is present in Ireland's water supplies, any occurrence of dental fluorosis is very mild or mild. Not all enamel defects are caused by drinking fluoridated water. In the majority of cases, dental fluorosis generally does not require any treatment. This is in contrast to the treatment of tooth decay, which

may on occasion involve the use of general anaesthesia and hospitalisation. Furthermore, non-treatment of dental fluorosis has no health consequences, whereas non-treatment of tooth decay can lead to pain, trauma, disfigurement, loss of teeth and function, problems with nutrition and growth, work or school absenteeism and a significant financial and social cost.

Sometimes the risk of dental fluorosis is wrongly equated with health risk. The American Dental Association issued a letter in 2007 stating its concern that some opponents of water fluoridation may have been mischaracterising its report Interim Guidance on Fluoride Intake for Infants and Young Children to mean that fluoridated water should not be used to mix infant formula. The association's advice is that using fluoridated water is safe. The Food Safety Authority of Ireland and the expert body also advise that there is no significant evidence of any adverse effects to the health of infants from consuming infant formula made up with fluoridated tap water. Fluoride concentrations in Irish tap water pose no known medical problems either for infants or for the population in general.

Contrary to what was suggested by Deputy Stanley, the Department of Health has rigorously monitored dental fluorosis and responded to evidence of a change in fluorosis levels. The 2002 study on children's oral health showed an increase in the levels of enamel fluorosis over what had been detected in the 1984 study. Since the levels of fluoride in water had not changed over this period, the most likely explanation for this change was the increased use, and also the inappropriate use, of fluoridated toothpaste. "Inappropriate use" refers to swallowing toothpaste rather than spitting it out after brushing. On the recommendation of the forum on fluoridation, the Department of Health introduced two strategies to minimise fluorosis. The first of these was in relation to the appropriate use of fluoride toothpaste, and the second was to lower the level of fluoride in water, as I have mentioned.

The Deputy claims there are huge health questions surrounding fluoridation. A number of claims have been made in certain media concerning negative effects of fluoridation, alleging links to almost every conceivable illness. I am conscious that such claims, however erroneous, have potential to cause concern or even alarm. Consumers too, sometimes express concerns about potential negative effects on health of drinking fluoridated water or on the composition and source of fluoride or on the fact that other countries do not fluoridate their water supplies.

The National Cancer Registry has stated there is no good evidence to link fluoride levels in water, whether natural or added, to cancer risk. I welcome its reassurance in this regard.

It is important to continue to assess health statistics on a regular basis to address any concerns that general health may be affected by fluoridation. Accordingly, the effects of fluoride on health and related matters are kept under constant review, despite what has been alleged. This is required pursuant to sections 6 and 7 of the 1960 Act. As part of this ongoing work, an assessment of reviews on the effectiveness of fluoride and of general health databases is planned. Both reviews will be carried out systematically, with a particular focus on the Irish context. This work will be commencing shortly and will provide us with repeatable and rigorous search methods. The work on the general health databases will be supported by a general public health specialist. The chief dental officer, who was appointed earlier this year and with whom I work very closely in this area, will also have a key role in this regard.

Objective, independent reviews, conducted systematically, will serve a useful purpose in allaying any outstanding concerns of the public in this respect, particularly on general health issues. I am also committed to supporting ongoing original research to investigate and keep

under review how fluoridation relates to oral and general health.

The Department of Health is collaborating in a research project, led by University College Cork, called Fluoride and Caring for Children's Teeth, which will specifically examine the oral health status of children and inform national policy. The study will consider the impact of changes on the oral health of children, following policy decisions relating to toothpaste use by infants and young children made in 2002 and the reduction in the level of fluoride in drinking water in 2007. It is focusing on five-year-old and 12-year-old children. The HSE has released dental staff and is providing funding to support the study.

Consideration is also being given to a study on general and oral health findings in adults linked to the duration of exposure to fluoridated water as part of The Irish Longitudinal Study on Ageing, TILDA. Ireland is not alone in benefiting from water fluoridation. Many other countries have water fluoridation schemes too, including the United States, Canada, the United Kingdom, Spain, Australia and New Zealand. Data from 2012 for the United States shows over 185 million, 60% of the population, have fluoridated water. Over 80% of the Australian population, approximately 18 million, people have fluoridated water. Almost 5.8 million people in the UK have fluoride added to their water while another 330,000 have naturally fluoridated water.

Deputy Brian Stanley: What about the other 57 million people there?

Deputy Alex White: These are verifiable facts that Members can check if they want to deny them.

Use of fluoride is an essential part of oral health policy in Europe. In countries or areas which do not fluoridate water, this can mean fluoridation of salt, milk or provision of community fluoridation through other means, such as fluoride varnishes or fluoride mouth rinses.

Since its introduction in Ireland in the 1960s water fluoridation has made a significant contribution to the prevention of tooth decay among all the population. Water fluoridation is also cost-effective. The total cost per annum is €4 million - roughly €1 for each inhabitant - and the entire population in fluoridated areas receives the benefit, adults and children alike. The expert body's advice that water fluoridation, at the optimal level, does not cause any ill effects and protects the oral health of the population is supported by major international scientifically validated reviews, contrary to the erroneous suggestion of Deputy Stanley that the overwhelming evidence is in the other direction.

Support for this Bill would be a backwards step. Rejection of this Bill will ensure this public health programme continues, led by science, and we continue to benefit from what the United States Centers of Disease Control and Prevention rightly recognise as one of the ten great public health achievements of the 20th century.

The suggestion the Department of Health has never commissioned or taken interest in any study in this area since the 1960s is entirely wrong.

Deputy Brian Stanley: There has been no report on the health effects of fluoridation.

Deputy Alex White: The reports have been on the health benefits of the policy. While there is much expertise in this Chamber, I am not quite sure there is any scientific expertise. As legislators we need to have regard for the science, not to accept it blindly and to see what the preponderance of the evidence is. One will always find one study that will differ from others.

There will always be people complaining or criticising.

Deputy Brian Stanley: There have been more than one or two reports on this issue. There have been hundreds.

Deputy Alex White: One needs to look at this issue in the round and not rely on one or two isolated studies.

I believe we should maintain the fluoridation policy which is an important public health imperative. The suggestion we should repeal the 1960 Act with this one-liner Bill is grossly irresponsible.

Deputy Barry Cowen: In September 2002, the then Minister for Health and Children, Deputy Martin, launched the final report of the forum on fluoridation. He had established the forum in May 2000 to independently review the fluoridation of public-piped water supplies, the programme of research being undertaken on behalf of health boards in the area and to make recommendations to the Minister. The forum set out to examine scientific evidence for and against water fluoridation, to look at the best available recognised scientific evidence. That scientific evidence - not anecdotal evidence - led to the primary conclusion of the forum, namely, there are no adverse health effects of water fluoridation at the maximum permitted legal level.

The safety and effectiveness of water fluoridation has also been endorsed by several international and reputable bodies such as the World Health Organisation, the US Centers for Disease Control and Prevention, the US Public Health Service and the United States Surgeon General.

The forum comprised persons with expert knowledge from a diverse range of backgrounds such as public health, dental health, food safety, environmental protection, ethics, water quality, health promotion and representatives from the consumer and environmental areas. It took a participatory and evidence-based approach striving to ensure balance between participants from both sides of the debate on water fluoridation. It went out of its way to engage those opposed to water fluoridation.

On an issue that creates strong feelings, it is vital to have responsible and measured debate wholly based on fact and evidence. Thanks to this report, future debate on this issue can be based on data published in scientific literature and subjected to minute scrutiny for accuracy and validation. Accordingly, we can avoid the invalid currency of assumptions and hearsay. This forum demanded scientific proof for every opinion expressed to it. As a result, it produced a credible and valuable report.

The then Minister, Deputy Martin, subsequently established the expert body on fluorides and health in April 2004. It has broad representation from the areas of dentistry, public health medicine, toxicology, engineering, management, environment and the public, as identified within the report on fluoridation. It has a strong consumer input in terms of members of the public and representatives of consumer interests, in addition to the necessary scientific, managerial and public health inputs. The expert body monitors new and emerging issues on fluoride and its effects on health and related matters. It is satisfied, having studied current peer-reviewed scientific evidence worldwide, that water fluoridation causes no ill effects to the health of adults or children. It advises that the balance of scientific evidence worldwide confirms that water fluoridation, at the optimal level, does not cause any ill effects and is the safest and most cost-effective method of protecting the oral health of the population.

Water fluoridation is supported by reputable international authorities including, among others, the World Health Organization. There are several authoritative international reviews of the evidence available, the most recent of which was carried out by the European Commission's Scientific Committee on Health and Environmental Risks. It concluded in 2011 that the available evidence did not support a clear link between fluoride and osteosarcoma and cancer in general. Since then, a major study from Harvard University, *An Assessment of Bone Fluoride and Osteosarcoma*, concluded there is no evidence of a link between fluoride and osteosarcoma.

The results of the study, *Drinking Water Fluoridation and Osteosarcoma Incidence on the Island of Ireland*, do not support the hypothesis that osteosarcoma incidence on the island of Ireland is related to public water fluoridation. The European Commission's Scientific Committee on Health and Environmental Risks published its opinion on critical review of any new evidence on the hazard profile, health effects, and human exposure to fluoride and the fluoridating agents of drinking water in 2011. Its main conclusion is there are no known health implications from fluoridating water at levels used in the EU.

Under SI 42, *Fluoridation of Water Supplies Regulations 2007*, water services authorities are required to arrange for the daily testing of the fluoride content of water to which fluoride has been added. The water services authorities have regard to the code of practice on the fluoridation of drinking water to ensure effective and efficient implementation of the technical aspects of the fluoridation of drinking water. The Health Service Executive, HSE, undertakes monthly sampling of tap water and can access the daily records of the water services authorities if an issue arises regarding fluoridation levels.

The Environmental Protection Agency, EPA, also collects and analyses the monitoring results carried out by water services authorities on drinking water supplies. Its most recent report in 2010 on the provision and quality of drinking water in Ireland includes information on water supplies where fluoride parametric values are exceeded. Of the 3,398 samples from public water supplies which were analysed, 74 were above the Irish statutory requirements of 0.8 mg per litre. All but one of these elevated levels was below the EU standard of 1.5 mg per litre.

Water fluoridation is one of the most widely studied public health policy initiatives in the world. Studies indicate the health benefits of water fluoridation outweigh its costs. To date there has been a significant reduction in the proportion of decayed, missing and filled teeth of people living in areas supplied by fluoridated drinking water when compared to those in non-fluoridated areas. The cost of fluoridation was €3.86 million in 2011. While the Department of Health has not conducted a cost-benefit analysis on this policy, the expert body on fluorides and health, which monitors new and emerging issues on fluoride and its effects on health, advises that water fluoridation is the safest and most cost effective method of protecting the oral health of the population.

I reiterate that the balance of scientific evidence worldwide confirms that water fluoridation, at the optimal level, does not cause ill effects and continues to be safe and effective in terms of the oral health of all age groups. As the Minister of State said, other countries that have water fluoridation schemes include the United States, Canada, the United Kingdom, Spain, Australia and New Zealand. Water fluoridation is less common in Europe, but fluoridated salt is often available as an alternative, although some populations are supplied with naturally fluoridated public water. Despite the aforementioned, I welcome the Government's commitment to continuously review fluoridation policy and continue to acknowledge and scientifically analyse the reports and issues that arise regularly regarding those who believe this is not a healthy water

treatment method.

I acknowledge the Minister of State's comments on the Department of Health's co-operation with UCC and their ongoing project on children's oral health. I acknowledge his commitment to continuously update and review all scientific reports and recommendations or submissions to the bodies that have responsibility for this issue. I am sure he will honour that commitment and make available to the House the results of any such monitoring to allay the fears of many people who are led by much of what has been produced by parties that do not have the scientific analysis required, expected and provided for by the State in the ongoing review of that policy.

I join the Minister of State in recommending that we do not support the Bill, despite its best intentions. It is a very short Bill which is outlandish in the manner in which it seeks to repeal the legislation of the 1960s and the recommendations made thereafter. It could not be supported by this House. I acknowledge the fears and worries people may have about this issue based on some analysis of the subject, but my party and I are more inclined to respect the authorities, expertise and scientific bodies represented on the State's boards which seek to allay the public's fears.

Deputy Luke 'Ming' Flanagan: I congratulate Deputy Brian Stanley on bringing forward this very important Bill which I will support. Having listened to the Deputy and read about the so-called expert group on fluoridation, I am reminded of a comic from the 1980s and 1990s called *Viz*. Every now and then it would carry an advertisement showing a child with a stick of lard in his mouth with the caption "Lard is good for you" and in small print underneath, "The Lard Council". It sounds a little like this expert group which is not quite independent. Before I heard the Minister of State's speech, I was under an illusion that he might support this Bill. That illusion was based on the fact that Fine Gael, before it entered government, had told us it was against fluoridation.

Deputy Finian McGrath: Another flip-flop.

Deputy Luke 'Ming' Flanagan: A policy document stated: "Fine Gael believes there are sufficient grounds to point to serious health risks from cumulative amounts of fluoride in our piped water supply system". It stated there were deep environmental concerns about the current programme of fluoridation of the country's water supplies aimed at reducing tooth decay. I wonder what has changed. At the time less than 2% of Europe's population had fluoridated water and a number of countries had rejected, discontinued or banned the practice. Fine Gael also informed us that the Dutch had introduced a constitutional amendment in order that it could never be reintroduced. Mass hysteria, obviously, on the part of the Minister of State's Government partner, if what he says is correct. Fine Gael stated there had been claims of allergic responses to fluoridated water, including skin irritations, mouth ulcers, headaches, stomach upset and irritable bowel syndrome.

Last year when students from Mercy secondary school, Mounthawk, Tralee, County Kerry gave a presentation in the audio-visual room and educated many of us on this topic, Fine Gael and Government representatives fell over themselves to tell them they would do something about it. It looks as though nothing will be done. Worse, if students from that school wanted to come and give a presentation today, because of the "open and transparent" government we have, they would not be allowed to do so in the audio-visual room because the Government's main policy is that there shall be no dissent. If it is such a good idea to fluoridate water, why does the vast majority of Europe reject it? If it is such a good idea, why are we not top of the

dental health league table? We are not. Belgium, Germany and Greece are ahead of us and do not fluoridate water.

It is not just Fine Gael that told us it would do something about this issue. The Labour Party's Whip who will whip people into voting against the Bill is in favour of banning fluoridation. He has said there is overwhelming evidence that it causes damage to the human body and that the idea of compulsorily applying it to every citizen who uses the public water supply is archaic in the extreme. This evidence against fluoridation, collected by serious scientists, is being presented to the Minister of State, yet he seems to be relying solely on the expert group. What is new? He needs to look beyond that group, "The Lard Council", at the large volume of counter evidence available, including from dental experts, on the necessity for this continued forced treatment. The Minister of State should listen to his Whip.

Deputy Maureen O'Sullivan: Tá athas orm go bhfuil an t-ábhar seo á phlé againn agus gabhaim buíochas leis an Teachta Stanley. This has been a controversial topic. In the couple of years I have been here I have received some lengthy correspondence on it which has led me to ask a number of parliamentary questions. In one I asked the Minister to ask the Irish Medicines Board to carry out a test to determine if fluoride was safe. The reply was that it was not necessary to do this because it was neither a medicine nor a drug. I asked another question about the Irish expert body on fluorides and health and if its work could be considered fair, transparent and impartial. The reply was that it was impartial and evidence-based, but we know evidence can be very selective. Another question was on the expert body and the reply was that it had a strong consumer input from members of the public. That is difficult to accept because we know the extent of public criticism; therefore, I wondered about this.

A number of local authorities have passed all-party motions calling for an end to fluoridation. Are we putting resources into fluoridation which are not needed? Millions of euro are spent every year on fluoride, but we must also consider the local authority resources which could be put into the building of very badly needed houses to reduce housing waiting lists, for example.

What exactly is in fluoride? It is not a single substance but a gas combined with other elements which have consequences for our health. Like Deputy Luke 'Ming' Flanagan, I was intrigued to see what was in the 2001 Fine Gael manifesto about the effects of fluoride. With the Green Party, Fine Gael listed the adverse health effects. People have examined the product specification and there seems to be a cocktail of various toxic elements, including mercury, nickel and lead, but there is a major difference between the current product and the one used originally in 1962.

I have asked further questions about these products. One answer was that the fluoridation of drinking water should be seen as a measure consistent with general public health management. There may have been reasons in the past for introducing fluoridation. Perhaps dental care was poorer then, but times have changed owing to exercise, improved diet and oral hygiene. There is fluoride in toothpaste; children are encouraged to brush their teeth; there is easier access to dentists; and there is not the same fear of dentists. There is evidence on one side of the debate, but there is also evidence on the other. If all of the evidence suggests fluoridation is positive, why have countries such as the Netherlands, Sweden, Finland, Germany, Japan and, most recently, Israel banned fluoridation? Countries that have banned fluoridation have not seen an increase in dental decay. Are we continuing with fluoridation because it is a habit that is too difficult to break? If this Bill does not pass Second Stage, I ask that all of the evidence, not just

selective evidence, be examined by an impartial independent group.

Deputy Richard Boyd Barrett: I am not a scientist nor a dentist and do not know all the facts on fluoridation. The onus is on the Government to refute the serious questions that have been raised in this debate and by campaigners on this. I pay tribute to the campaigners against fluoridation for their persistence. It is their action and determination that have forced this debate to happen.

It is clear that this issue does not just concern a few campaigners, but that they have compiled a serious body of evidence, and the onus is on the Government to refute that. The arguments have been rehearsed clearly. First, why has the rest of Europe and why have many other countries in the world removed fluoride from their water? For the most part, they have removed it on ethical grounds, on the basis that people should not be forced to ingest fluoride in their water without their prior agreement. These are strong grounds. At the least, there must be a national debate in which people decide whether they want fluoride in their water, but that debate has not happened here and the people have not made the decision. In Sweden, Dr. Arvid Carlsson, a winner of the Nobel Prize in medicine, convinced the Swedish Parliament to stop fluoridation in Swedish water on those ethical grounds, pointing out that it should not be done without the permission of the people.

Serious health issues have also been raised in regard to fluoridation. It is believed fluoride can cause fluorosis, is bad for the teeth, is bad for bone development, affects the thyroid and is associated with diabetes, neurological and gastrointestinal illnesses. These results are from official studies conducted in the United States. I do not know if this evidence is conclusive, but it raises serious questions. The default position should be to follow the precautionary rule, meaning we should not do anything that may have adverse effects unless the evidence is compiled, we have had the debate and have heard all sides of the argument. We have not done any of that. At the least, we should remove fluoride from our water until we have had that discussion. If the Government feels so strongly that we should have fluoride in our water, let it make the case. We should have a full and open debate at committees and elsewhere and should allow the public to participate in that debate. I find it telling and quite conclusive that other countries have removed fluoride from their water without causing adverse effects on dental health. Ireland does not have better dental health than countries that do not fluoridate their water. Therefore, there is no sustainable argument for continuing to fluoridate our water.

Deputy Clare Daly: I found the Minister of State's tone unhelpful. It is a progressive move for us to discuss this topic today and I compliment Deputy Stanley on tabling the Bill. Despite the Minister of State's protestations, from the beginning of Ireland's attempts to fluoridate our water, this has been a controversial issue.

Fifty years ago this year, Gladys Ryan took a High Court, and ultimately a Supreme Court, challenge against the State. Just as I salute the campaigners against fluoridation today, I want to salute Gladys Ryan, a woman who died in her 90s this year. As a housewife, this woman took on the State in the battle against fluoride, something that was not done at the time. The Minister of State will be aware that this was an important legal case which lasted for 65 days and went on appeal to the Supreme Court. This woman was an environmentalist before her time. She challenged fluoridation on a number of points, but mainly on the point that it was unconstitutional to interfere with the public water supply because people had no option but to drink from it. She argued that those who wanted fluoride had an alternative and could get it in toothpaste. That argument still stands. Gladys Ryan was represented by Seán McBride and had

a huge legal team who operated *pro bono*. The team argued that fluoridation was an infringement of human rights because it removed choice. Many international experts who presented evidence in the case argued that fluoridation caused more damage than the help it was designed to provide. That has been the nub of the issue since. We need to re-examine this issue because time has moved on and we have more experience now.

Many of the points made by the Minister of State seemed to be caught in a bit of a time warp. He claimed boldly that supporting Deputy Stanley's Bill would lead to a deterioration in dental health. That is not true. We do not need to cite scientific studies to refute that claim. There are many such studies, but the Minister of State seemed to rely on one or two from 20 or 30 years ago. We do not need the studies because we have the direct experience of the 98% of the European countries that do not fluoridate their water supplies but whose dental health standards are far in excess of ours. We have the direct experience of the fact that only nine other countries fluoridate more than 50% of their water supply. We are not the league table leader in terms of dental care and standards. We are well down the list. Therefore, it is quite clear that fluoride is not helping, and that is a fact.

I am not so sure of the evidence with regard to many of the other claims regarding the damage caused by fluoride. However, many able scientists have presented evidence that there are significant negative health impacts. The Minister of State relied significantly in his argument on the Irish expert group report. I understand that report was 350 pages long, but that only approximately a page and a half dealt with the health issues. With the greatest respect to dentists, I do not believe they are experts in the biological effects of consuming toxins. Paediatricians, oncologists, toxicologists and neurologists should be and should have been involved in any serious health examination. The point being made is that there has not been a serious analysis of the health effects of fluoride in our water.

I would like the Minister of State to comment on the fact that following the expert group report here, the Food Safety Authority of Ireland was concerned and recommended that fluoridated water should not be added to infant formula. That recommendation was made because of the concern that infants might be poisoned. If that danger existed then, why do we say now there is no case to answer? We should take a practical attitude towards this issue. The way the Finnish authorities dealt with the issue is to be recommended. They removed fluoride without debate or discussion. We cannot do that here because we need to change the law. The Finnish authorities found that when they examined the health of the nation after the removal of fluoride, there were considerable improvements in health in a number of areas.

Why do we not conduct an experiment of our own? If we were to accept that the information is not conclusive, though it is overwhelmingly in favour of the fact that fluoride does harm rather than good, why would the Government not just remove fluoride for a year and carry out a survey at the end of the year? The worst that could happen would be that the Government would save €4 million that could be used on other beneficial projects. If our experience in Ireland was the same as that of the other European countries, the Government would save a potload of money on its health budget also. We should consider doing something of this nature.

This discussion is long overdue. Many of the points made by the Minister of State were the same as those made years ago, but science and experience have moved on. He mentioned other countries where fluoride is present in water supplies.

11 o'clock

Most of the countries which the Minister of State said continue to fluoridate water are actually contemplating removing it. Ireland should follow suit.

It is reprehensible that the State would medicate the population on a systematic basis when there really is no need to do so. I am extremely disappointed by the Government's attitude on this issue. Its approach is regrettable and completely behind the times. I wonder whether those in government are of the view that if they remove fluoride from water supplies, they will be acknowledging the fact that it should never have been put into them in the first instance. That may be the case but I am of the view that the Government should be mature about this matter and avail of the opportunity that exists.

Deputy Catherine Murphy: I wonder what it is about Fridays and the abuse to which those of us on this side are subjected during these sittings. When the House sits on Tuesdays, Wednesdays and Thursdays, it is all about the Government taking abuse. Fridays, however, present it with an opportunity to turn the tables on us. The abuse that occurs on each Friday that the House sits is that nothing ever happens. I have had the privilege to introduce two items of legislation during Friday sittings and, as a result, I am aware of the effort involved in drafting a Bill. In addition, one must wait months before one's legislation finally comes before the Dáil. When one is eventually given the opportunity to introduce a Bill, the Government never seems to attribute any merit to it. Legislation introduced on Fridays almost never goes any further. There is a futility about being in the House today.

I researched what some people said about this matter in the past and I take this opportunity to pick on one particular individual and what he said in response to the document produced by the former Deputy, Mr. John Gormley. Mr. Gormley's document was very comprehensive and included expert opinion. The individual to whom I refer is the Tánaiste and Minister for Foreign Affairs and Trade, Deputy Gilmore, and I am interested in placing his comments on public confidence in the fluoridation of water on the record of the House. Obviously, those comments predated-----

Deputy Richard Boyd Barrett: His ascent to power.

Deputy Catherine Murphy: -----his promotion to the position of Tánaiste and Minister for Foreign Affairs and Trade. In response to Mr. Gormley's document, the current Tánaiste stated:

There isn't a great deal of confidence, I'm afraid, in committees of departmental experts. We've had departmental experts telling us that blood was safe, that various areas of food were safe, that some aspects of the environment were safe, and unfortunately their conclusions turned out to be quite unfounded or unsound in many cases. So there is a public scepticism about committees of Government experts telling us what's good for us.

He also stated, "The fact that some county councils have been expressing concern about it and have been voting against fluoridation, I think is reflecting a growing public concern, and a growing public doubt about fluoridation."

There is public concern in respect of this matter.

Deputy Finian McGrath: Hear, hear.

Deputy Catherine Murphy: We all hear that concern expressed by our constituents. It is

not always expressed by very organised or vocal groups. One hears it from people in the course of routine conversations. I am of the view that one of the things that is going to change matters quite dramatically is that fact that people are going to be asked to pay to have something in their water which many of them are of the view they should be able to choose not to have in it. I hope that a very generous free allowance will be allocated to people in order that they will not be obliged to pay for water. However, the point I make is worth considering.

It is interesting that the current Government and that which preceded it have excluded many people from having dental repairs carried out under the PRSI scheme. It was the previous Administration which removed the entitlement in this regard. In most cases, people were previously entitled to annual dental check-ups. Following a check-up now, having dental repairs carried out, teeth removed or whatever very much depends on whether one has the money to pay for the procedure. When we discuss dental health, therefore, we must examine matters in their totality and consider Government policy from the point of view of achieving the optimum outcome in the context of maintaining people's dental health.

Fluoridation of water supplies first came about in the 1950s. If one looks at photographs or television footage from the 1950s and 1960s, one will nearly always see people who have gaps in their teeth. It is funny when one looks back. Quite rightly, there was an amount of concern about this at the time. A number of issues arose during that period in the context of people's general health and the quantity and quality of healthy food that were available. There is no doubt that the advent of the Second World War would have limited the range and types of food to which people would have had access. I understand the concerns which informed what was done in the 1950s and 1960s. However, fluoridation was never universally supported and, as we know, there have been various legal challenges to it in the interim. People are now much more careful about what they put in their bodies and they want to have control in that regard. They know they can buy toothpastes which contain fluoride and that they do not need to ingest it in order to limit the number of dental cavities with which they might end up.

Let us consider the experience in other countries. As previous speakers noted, parts of Finland have reported no worsening of dental caries after fluoridation was stopped in 1992. In British Columbia, dental caries rates actually decreased when fluoridation ended. The latter may have been because people may have been obliged to make a conscious effort to use fluoride toothpaste. Germany, France, the Netherlands, Norway, Sweden, Austria and Belgium do not currently artificially fluoridate water supplies. Sweden engaged in a particularly vigorous debate on this issue in the 1960s and 1970s and eventually decided against fluoridation. The notion that fluoridation leads to universal benefits does not appear to hold weight in other countries. None of the countries to which I refer reported any serious dental health issues among members of the general public in the absence of fluoridation and all have levels of dental care and practice which are comparable to those which obtain in Ireland.

During my time in politics, both at local and national level, experts have often said to me that a particular way of doing things was the right way. On a good few occasions I did not really believe them and in many instances I was correct. It is right that we should be sceptical and that we should question the opinions of experts. The general public is not always wrong and its concerns should not just be dismissed. The Minister of State referred to expert after expert during his contribution. Many people want to be given the choice as to whether they should accept the advice of experts who want their water to be free of fluoride. These individuals would be happy to change their habits in order to ensure that they take fluoride orally and are not obliged to ingest it. Most people are of the view that being obliged to ingest fluoride via drinking wa-

ter is an imposition. The Government should allow the Bill to proceed to Committee Stage to give Deputies an opportunity to debate the legislation further, to question experts in the field and, at a minimum, satisfy themselves as to the robustness of expert opinion. I wonder if it is worthwhile holding Friday sittings when so few of the Bills introduced in these sittings have proceeded to Committee or Remaining Stages.

Deputy Finian McGrath: I thank Deputy Brian Stanley for introducing the Bill. It is important to place matters such as the fluoridation of public water supplies on the agenda in order that Deputies can discuss them in detail. We must deal in a fair and objective manner with the many health concerns arising from water fluoridation. It is amazing that the main Government party's general election manifesto in 2002 included a commitment to cease the practice. Many senior figures in the Labour Party, including Ministers, have also expressed serious concerns about water fluoridation. The Government parties appear to have done another U-turn.

I have an open mind on water fluoridation in contrast to many of those, particularly from the Government side, who have contributed thus far and appear to have closed minds. The fact that many experts, scientists and politicians disagree with opponents of water fluoridation is not a reason to dismiss out of hand concerns that have been raised about the practice. The Government immediately dismisses challenges and concerns raised about particular issues, including fluoridation. One can blind oneself with science and statistics.

The vast majority of citizens and consumers of public water have major doubts and concerns about the health and safety of the public water supply. For this reason, I commend Deputy Brian Stanley on introducing the Bill and stimulating public debate on this important health issue. My attitude to fluoridation reflects the motto, "If in doubt, leave it out." Why do the authorities in Germany, the Netherlands, Norway, Sweden and Switzerland not fluoridate their public water supplies? This is a legitimate question given that all of these countries have progressive policies on public health and safety. I ask the Minister of State to look deep into his heart and ask the same question.

I want to see scientific facts. The science establishment must be challenged on this issue and the role of Independent Deputies, including my colleagues in the Technical Group, is to issue such challenges. For this reason, I welcome the challenge the Bill presents. Many of those involved in health and science believe fluoridation is dangerous. They argue, for example, that the dose each individual receives is impossible to control because people drink different amounts of water. Between 40% and 50% of fluoride ingested each day by adults accumulates in the body and many children are over-exposed to fluoride. I want scientific facts presented on whether fluoride has the potential to cause major damage to the brain. While the theory has not yet been proven, some also argue that fluoride causes bone cancer. Research must be done on this and other fundamental questions.

Water fluoridation gives rise to major health concerns and it is our duty, as legislators, to raise them. The Minister of State knows in his heart that many Deputies on the Government side share these concerns. This sets a red light flashing in my mind. I ask him to ensure research is done to ascertain the facts about water fluoridation. There is a lack of good quality scientific literature on the issue and the arguments in favour of fluoridation seem to have been accepted without any serious critical analysis.

The Minister of State should ask his family and friends how safe they believe their drinking water is and whether they use much bottled water. Does he filter tap water before drinking it,

as I and most young parents do?

Deputy Alex White: No.

Deputy Peter Mathews: He should do so.

Deputy Finian McGrath: He should wake up, smell the coffee and get his facts right because there is much at stake.

Fluoride also has the potential to damage the environment. Scientific research must also be done on this issue. Many people do not realise that the agent, hydrofluoric acid, is listed as a poison in the Poisons Regulations of 1982.

Since 1993, the Czech Republic has not treated drinking water in public water supplies with fluoride. The four reasons cited for the country's change in policy were that fluoridation is uneconomical, is not ecological and is unethical and dangerous to health. The Czechs have clearly called this issue as they see it. Toxic fluorides have never been added to the public water supplies in Denmark, while fluoridation of drinking water is generally forbidden in Germany. These countries are known for taking their public health policies seriously.

The Minister has a brass neck coming here and telling us there is no doubt that fluoridated water is safe. He cannot make such a statement given the many serious questions and concerns about water fluoridation. It is important that all of us read Deputy Stanley's Bill and keep an open mind on this issue.

Deputy Peter Mathews: I thank all ten Members present for participating in this constructive debate, which looked into the corners and examined the history of water fluoridation, including the checks and balances that have been put in place. I congratulate Deputy Brian Stanley on introducing the legislation. The Minister of State's speech was comprehensive, as one would expect, while Deputy Barry Cowen's contribution reflected the work and endeavours in which his associates engaged over the years. We have all benefited greatly from the contributions of Opposition Deputies, primarily from the Technical Group. I am in the category of "Others". Some thought provoking questions were raised, observations articulated and cautionary advice imparted.

It struck me that we must avoid the temptation to allow political undertones creep into the debate. It is understandable that Deputies will point out that the Labour Party Chief Whip and Fine Gael Party expressed certain views on water fluoridation at a certain point.

There are three elements that we, as human beings, enjoy in the spirit of our lives. We breathe air - the Latin word for breathing is *spiritus*. The second element is water. The third element escapes me. What is it?

Deputy Alex White: That would be the fire emanating from Deputy Finian McGrath.

Deputy Peter Mathews: These are the three common elements. We are concerned when the air becomes polluted by lead emitted by buses and cars. If one goes back one will find that even the delivery of public water came through a plumbing system in which all of the pipes were made of lead. People were doing their best in those times, and then insights from science showed them that the reason people in Pompeii were getting a little giddy and light-headed or could not remember what they were doing before the volcano erupted was that there was so much lead in the pipework.

Deputy Luke ‘Ming’ Flanagan: That must be going on here.

Deputy Peter Mathews: As Deputy Catherine Murphy stated, photographs of people from the 1950s show the gaps in the teeth, the rotten teeth, etc., but the other detail that one notices is the bright eyes. Maybe people were happier in their relationships even though they had economic distress in their lives. We can observe that, too, but that is for another debate.

The questions raised at the end by Deputy Finian McGrath were good ones. Why have some countries stopped doing this? We could put vitamin D into something that we take each day, which is water. We all need vitamin D. We do not get enough in this country because of the lack of sunshine.

Deputy Maureen O’Sullivan: Except this year.

Deputy Peter Mathews: Exactly - except for this year, 2013, the summer of sunshine. That is the reason there are other deficiencies in our physical well-being. We do not put vitamin D in the water, but it is there on the shelves. If people want to take their cod liver oil, it is there. In fact, interestingly, in the Soviet system’s command-and-control economy, every primary school child had to line up to take cod liver oil.

Deputy Finian McGrath: I was one of those children.

Deputy Peter Mathews: This raises the ethical question of forcing the ingestion of substances. It is a useful debate. This Friday has been enlightening.

There are old habits that are easy to follow. I understand the Minister of State gets all the information and he has done his homework, and he is presenting it honestly and openly. However, Deputy Stanley is also making use of the preliminary work done by previous Dáil Members to advance the process. We are not trying to jostle in the queue for the press release or the television camera. That is not the business. We are here to serve as best we can and bring our knowledge, our skills and our insights to organise how citizens receive the things that public enterprises, the Civil Service and the semi-state bodies deliver to them.

One of the good outcomes of this debate could be that we take a fresh look at things and get an update on the position. Let us not just do the surface dentistry, to use the metaphor, but also a little root-canal work - a little odontology.

Deputy Barry Cowen: Build a bridge.

Deputy Peter Mathews: Joking apart-----

Deputy Alex White: A few extractions.

Deputy Peter Mathews: -----it may be time to double-question this.

Water filters were mentioned earlier. We have our water filter at home. Everybody needs a water filter because if one looks at the porous porcelain through which the water flows from the ingress tap to the smaller tap, one will see that it gets filthy. I am the guy who deals with this at home - I do the drains and the plumbing at home - so I know this. I have to scrub the filter clean with a wire implement every four weeks or so, and I can see the sediment, which is not visible in the water but accumulates like a fur on the porcelain filter. I suggest that those who can afford it after paying their property tax buy one of these filters, because it will help to

eliminate the impurities.

What Deputy Maureen O'Sullivan stated is important too. Fluoride is a cocktail of elements - a bit of mercury, a bit of lead. We know all about lead.

Let us agree that we have all made helpful contributions to this. Words disappear; they evaporate and are no longer heard. They do not even resonate, because something else comes into our heads. Let us not put it on bits of paper that get filed in lever-arch files. Let us get the best forensic medical people to look at this and be honest about it. Maybe we do not need it any more. Let us break what Deputy Maureen O'Sullivan referred to as the habit we have followed from 1963 to 2013, which is 50 years, or half a century.

Deputy Brian Stanley: Next year, from 1964.

Deputy Peter Mathews: It is a habit. It was done with the best intentions, like use of lead in Roman times, and even in our more modern times. I used worry that the pipe from the mains into our house could still be one made of lead. When I get forgetful, I worry about all these matters.

Let us take it forward. Let us compromise. Let us not shoot this down. Let us compromise and set up an update study with a view to probably taking fluoride out of the water supply. That is my suggestion.

Minister of State at the Department of Health (Deputy Alex White): I commend everyone who contributed to the debate, including Deputy Stanley, who introduced this Bill. I assure him and the House of the Government's collective determination to continue to keep this important public health measure under review and to act in accordance with expert advice.

To pick up on Deputy Mathews's last point and the frustration that Deputy Catherine Murphy expressed about the debate here today and on Fridays generally, if what Members are advocating is that we should have a continuing debate and discussion on this issue and that all of the expert evidence, from whatever source and in whatever direction, should be available to this House and, through it, to the public, I have no difficulty with that. I am not in dismissive mode. It has been suggested that I am dismissing something-----

Deputy Brian Stanley: It came across like that.

Deputy Alex White: -----but I am rejecting the Bill. I am rejecting the simple, bald proposition that the House vote to repeal the 1960 Act. Without any doubt, I am rejecting that. I do not want there to be any doubt about that.

If what Deputy Stanley and others are saying - in the spirit of what Deputy Mathews stated, although I did not agree with what he said at the very end - is that the public are entitled to information, to have a debate and to know about the research, rather than having me stand up and say that I have looked at it, I have had the advice of the expert group and I am satisfied that the expert group is not the Lard Council, as has been suggested, but is a genuinely committed public body determined to ensure that the best research is made available, assessed and reviewed - in other words, if it is being suggested that the material should be available to the public, rather than just being asserted by me, and that people should have a forum and an opportunity to discuss, examine and review that material - I entirely agree. Maybe that is what Fridays should be about, in a sense.

My problem - I say this because I do not want there to be any doubt about it - is that the Bill to repeal the 1960 Act is not acceptable and is not accepted by the Government. If Members of the House, in the context of the concerns that are communicated to TDs, Senators and otherwise, want to ensure that this discussion happens and that I, as Minister, come in with the information that I have - perhaps even with an opportunity to question witnesses, etc. - it seems there is a forum in the Oireachtas for that to be done. In my respectful submission, it is not the way to proceed - neither this Bill, nor Deputy Clare Daly's suggestion that we take a chance on a temporary change of policy. I do not accept that taking a chance like that on people's health is the right way to go and I am not prepared to experiment in the manner in which she suggested, I am quite sure, in good faith. Taking a chance for a few months or years is simply not going to be done.

It comes back to the question of our role as legislators. Everybody in here has stated that we are not scientists. There is an issue of public trust. Whoever quoted the Tánaiste and Minister for Foreign Affairs, Deputy Gilmore, reflected a general concern that exists across society. Over the past few years, trust in many public institutions, including this one, has been considerably undermined. That has arisen to some extent because of the crisis but also for other reasons. How should we respond? We clearly cannot reject public concerns or ignore our constituents when they tell they are worried about the potential for bone and breast cancer, or any of the other conditions which people have suggested are connected with fluoridation, for which I say there is no evidence. I am not suggesting that Deputies should refrain from raising those issues but sometimes what we say in this Chamber can contribute to public concerns. If, for example, our constituents hear us raise the concern that fluoridation may be connected to this or that illness, they may believe there is a genuine basis for such assertions even though we are only expressing concern. It is almost a circular argument. We raise the concerns that have been expressed with us and when others hear us they become concerned as a result.

Deputy Luke 'Ming' Flanagan: What about Deputy Stagg?

Deputy Alex White: Deputy Stagg is entitled to his view. That is politicising the matter. Deputy Mathews is correct that Deputy Luke 'Ming' Flanagan should resist the temptation to reduce this debate to who said what when. I am not prepared to accept the Bill, although I believe Deputy Stanley introduced it in good faith. However, I am prepared to facilitate continuing public discussion of and access to the evidence, which on my reading as a non-scientist is overwhelmingly in favour of maintaining this policy. The preponderance of scientific evidence supports the continuation of this policy. That would be the result of any fair minded and balanced review of the material available to us.

Deputy Richard Boyd Barrett: Will the Minister of State address the question about other countries?

Deputy Brian Stanley: The Minister of State was very dismissive of our concerns in his opening contribution but he seems to have softened his stance over the course of the debate. As we appear to be having some effect, perhaps it was worth Deputy Catherine Murphy's time to participate after all. I would like to see an outright ban on fluoridation. He said we cannot take a risk but we are already taking risks. Is he saying the other 98% of Europe is taking a risk? What risks are the countries which never introduced fluoridation taking? People are not dropping dead because they are not getting their daily dose of fluoride.

Deputy Alex White: They do it in other ways.

Deputy Brian Stanley: The logic of his argument falls flat. We are told in this State that we should take it because it is good for us. Think about how that type of advice worked for previous generations. There is considerable spin on this issue but he was unable to quote a shred of research on the affects on health. He spoke about the affects on teeth while ignoring diet and the use of toothpaste. Despite having a bank of officials at his disposal he was not able to present evidence on the affects on people's health.

Deputy Alex White: There is a tonne of evidence.

Deputy Brian Stanley: There is no way a report can be produced on safe limits because some people drink half a glass of water per day and others drink half a gallon. I know people who never drink water. I am concerned about them because water that has not been poisoned is good for them. When we were children we drank large quantities of water, particularly during the summer. The forum report from 2001 was quoted by the Fianna Fáil Member but a vital piece of information was missing from that report because the FSAI would have been required to sit one more time to produce it. That would have taken another day or week.

The Ireland of today is a long way from the Ireland of 50 years ago. We have moved away from Archbishop McQuaid giving his blessing to policies. The basis for the introduction of fluoridation was completely flawed. In 1956 the fluoride consultative council was established by the then Minister for Health, Thomas F. O'Higgins of Fine Gael. The council's chairperson was the professor of social and preventive medicines and registrar at University College Dublin, Thomas A. Murphy. The aim of the council was to advise whether, with a view to reducing the incidence of dental caries, it was desirable to provide for an increased intake of fluorine and, if it considered it so desirable, to advise as to the best method of securing such an increased intake along with any precautions and safeguards necessary. A new Government in 1957 saw Seán McEntee appointed as Minister for Health. Meanwhile, Professor Murphy had been sent on a fluoridation fact finding mission to the United States, where scientists sponsored by the US public health service unsurprisingly gave him an overwhelmingly positive report on the safety and dental benefits of fluoridation given that the service was promoting it. Soon after Professor Murphy gave his report to the Minister, Mr. McEntee, the latter introduced a water fluoridation Bill to the Dáil. According to the former Fine Gael Minister for Finance, Richie Ryan, there was an incredible pro-fluoridation bias in the debate. He recounted in a recent interview with *Hot Press* that throughout the debate on fluoridation in the Dáil and the legal proceedings in the courts, whenever there was tittle tattle from any part of the pro-fluoridation lobby across the world, the Department of Health issued a press release but it never revealed that certain nations voted down fluoridation. In other words, it carried out a propaganda campaign. I recall when Richie Ryan was Minister for Finance.

Deputy Richard Boyd Barrett: Richie Ruin.

Deputy Brian Stanley: That is correct. He was equally emphatic in respect of the current Government, saying that the Department of Health is now even more determined not to be found in the wrong. He claimed this is the reason it has never revealed the long-term health effects of fluoride. He thinks it has a closed mind and takes the attitude of defending itself at all costs because it does not want a situation in which it might be proved wrong. It is okay to be proved wrong, however. I have often been proved wrong. There is evidence on both sides of the debate but the precautionary principle should apply. If the Government thinks it is good for us it should use the €4.6 million in funding to supply it in tablet form. We could have the choice of adding it to our tea. I had it this morning because the Government forced me to include it in

my tea. It is an awful situation. This is forced medication.

The Government's prime witness in the 1964 case was a Dr. Harold Hodge from the United States. Dr. Hodge's reputation has been seriously damaged by the publication of a book, *The Plutonium Files: America's Secret Medical Experiments in the Cold War*, for which its author, Eileen Welsom, won a prize. The book documents human experiments in which the subjects did not even know they were being tested to find the safety limits of uranium and plutonium. In 1945, Dr. Hodge attended a meeting in which these experiments were planned and a memo from the US Atomic Energy Commission thanked him for his planning and suggestions in the experiments. The US Government eventually settled with the victims with an average payment of €400,000. In 1953, Dr. Hodge arranged for Dr. William Sweet of Massachusetts General Hospital to inject 11 terminally ill patients with uranium for their brain tumours. These patients may not have known that tests were being administered on them. The judge in the 1964 case singled out Dr. Hodge for special thanks for giving evidence over six days with unfailing courtesy and in a non-technical language.

Prior to the introduction of fluoridation up to 600 dentists were practising in this State. If fluoridation brought about the promised 65% reduction in dental decay, many of the dentists could have gone on the dole or sought other careers. Today, we have some 2,000 dentists in the State and that statistic sums up the argument against fluoride. The passing of time has made a policy of mass fluoridation, if it was ever justified, completely redundant. We have plenty of dentists and we can have more if we need them. We also have toothpaste and we can improve our diet. We can cut down on sugary drinks that children are taking.

Deputy Peter Mathews: That is the worst of it.

Deputy Brian Stanley: I see the effect of it. My grandchild is getting fluoridated water but it is not stopping the problem. She started drinking Coca-Cola behind people's backs and that is having an effect on her back teeth.

The future of dental health lies in dental health policy, diet, making sure we look after these issues and making dental services available. I ask the Minister of State to take note of the issue I raised in respect of children in County Laois, who do not see the school dentist until 12 years of age. It is a scandal. I have previously raised the matter and it seems to get nowhere. People in County Laois are frustrated and it may also be happening in other counties. The Minister of State should examine this across the State because that type of prevention, not mass medication, solves these problems. Getting children seen earlier means these fillings can be done earlier and it can act as preventative treatment. While we laud ourselves in all the advances made, such as the web summit last week, we have gone back more than 50 years. Some 45 years ago, I saw the dentist for the first time but children now do not have that benefit in the county in which I live and perhaps others. The Minister of State at the Department of Health is in a position to find out if that is the case. The money spent on mass fluoridation for the population would be better spent on improving dental services and education on dental health and hygiene.

The Minister of State referred to evidence and risk. Some 98% of Europe cannot be wrong and there is no risk. They are not falling over and dying and their teeth are not falling out. I have been in other countries in Europe and the people look perfectly healthy. If anything, they have better dental health than we do. I appeal to the Minister of State to show leadership. Members from Government parties have mentioned this issue to me. We should try to have an open debate. I welcome the comments of the Minister of State, provided that the debate is not

dominated by the pro-fluoridation lobby, the people who want to take pro-fluoridation reports and present them as the expertise.

Deputy Alex White: There is no fluoridation lobby.

Deputy Brian Stanley: Let us consider the facts. There is a pro-fluoridation lobby.

Deputy Alex White: Who are its members?

Deputy Brian Stanley: Let us ensure the anti-fluoridation lobby is heard. That is all I am asking.

Question put.

Acting Chairman (Deputy John Lyons): In accordance with Standing Order 117A(iv), the division is postponed until immediately following the Order of Business on Tuesday next, 12 November 2013.

Report of the Joint Committee on Transport and Communications: Motion

Deputy John O'Mahony: I move:

That Dáil Éireann notes the Report of the Joint Committee on Transport and Communications, entitled Report on Sponsorship of Sports by the Alcohol Industry, which was laid before Dáil Éireann on 2 July 2013.

As Chairman of the Joint Committee on Transport and Communications, which also deals with energy, tourism and sport, I welcome the opportunity to debate the committee's report on sponsorship by alcohol drinks companies of sports organisations, which was launched earlier this year. I welcome the fact that the report is being debated in the Chamber. It is one of the benefits of recent reform in the House. In the past, reports were launched and left there but in this case we wanted it to feed into the wider Government strategy announced by the Minister of State, Deputy Alex White, some weeks ago. It is historic in that it is the first debate on a report and it is also appropriate and the timing is welcome.

Deputy Luke 'Ming' Flanagan: And there is no one in the Chamber for it.

Deputy John O'Mahony: We became aware that the Government was about to introduce legislation dealing with recommendations of the national substance misuse strategy. One of the recommendations related to the phasing out, and the eventual banning, of sports sponsorship by alcohol companies. As the remit of the committee covers sport and sporting organisations, we felt it was appropriate to examine the issue. We were also aware that the sporting organisations and the medical professionals hold strong but opposing views on the matter. We felt it was important to get a balance on the presentations and contributions.

Before coming to the conclusions and recommendations of the report, I welcome the extensive measures announced recently by the Minister of State, Deputy White, and the Minister for Health, Deputy Reilly, and I compliment them and their Cabinet colleagues on producing these measures. When we launched our report, it was alleged that nothing would be done but this

demonstrates something will be done and I support it.

It is correctly acknowledged by all that there has been a problem with alcohol use and abuse in Ireland for many years. It is acknowledged that this problem needs to be tackled and addressed once and for all. It is my contention that the problem relates particularly to the pricing and availability, as well as advertising, marketing and sponsorship, of the product and I note that the recent package of measures addressed all of these issues. We have arrived at a stage in Ireland where doing nothing is not an option.

The committees took evidence from the GAA, the IRFU, the FAI, Horse Racing Ireland, Alcohol Action Ireland, the College of Psychiatrists of Ireland, the umbrella group the Federation of Irish Sports, representing over 100 sporting organisations, and the drinks industry. All of the sporting organisations accepted the dangers of misuse of alcohol to their members and all of them have educational programmes and activities that raise the awareness of the dangers of misuse and abuse of alcohol.

The committee was particularly impressed by the GAA alcohol and substance abuse prevention, ASAP, programme, which is supported by the HSE. It might be used as a template for programmes that should be considered by other sporting bodies. Sharing of programmes is taking place. The IRFU programme is called the alcohol code of ethics, ACE, and the FAI outlined its social inclusion measures, such as late night football leagues, as a tool to tackle important social issues including anti-social behaviour, which primarily relates to under age drinking.

The medical professionals outlined in stark terms the effect alcohol has on the people of Ireland. It kills 1,200 people per year in Ireland and each day there are 2,000 people in hospital beds due to the abuse of alcohol. Some 60,000 children will start drinking this year. As well as the physical damage to the health of our young people, the medical professionals stated that alcohol marketing and advertising influences young people's behaviour. One of their key points is that people exposed to alcohol branding began drinking at an earlier age which can lead to subsequent alcohol dependence. The drinks industry stated that the misuse of alcohol was not in the interests of the industry. It said it would support any measures and work with government and sporting organisations in order to lead to a reduction in misuse. The industry is against what it has termed eye-catching but ineffectual bans, pointing out that alcohol consumption has fallen by more than 19% since 2001 and that the consumption of beers and lagers, which are the most actively sponsored, has reduced by 9%, whereas the consumption of wine, which is not involved in any sponsorship, has increased by 13%.

The key point made by all the sporting organisations, including Horse Racing Ireland and the Federation of Irish Sports, is that the banning or phasing out of sponsorship would lead to a significant gap in funding for sports and sporting organisations, particularly in the current climate, when Government and other funding streams has been reduced, year on year, because of the economic downturn. Government funding to the Irish Sports Council has decreased from €57.6 million in 2008 to €43 million this year and it will be reduced to €40 million in 2014.

I refer to the report's recommendations which have the majority agreement but not the unanimous approval of the members of the committee. I welcome the opportunity for the report to be debated in the House for all opinions on the effect of alcohol sponsorship to be heard. The committee recommended:

A. Sponsorship by the Alcohol Drinks Industry should remain in place until such time

as it can be replaced by other identifiable streams of comparable funding.

B. A Code of Practice for the consumption of alcohol within stadia should be drawn-up by all sporting organisations.

C. A fixed percentage of all sponsorship received by each and every organisation (sporting, cultural, arts, music etc.) from the alcohol drinks industry, should be ring-fenced and paid into a central fund to be administered by an appropriate body. That fund should be used exclusively for Alcohol and Substance Abuse Prevention Programmes.

D. Sponsorship of sports and sporting events should be treated in the same way as sponsorship of the arts, music and other festivals.

E. A Code should be introduced to make it mandatory for all brand owners and rights-holders to provide responsible training in selling, advertising and marketing and to promote responsible drinking at all sponsored events.

F. All sporting organisations should be encouraged to support programmes which contribute to social inclusion in order to reduce the abuse of alcohol, particularly among young people.

G. A prohibition on sponsorship by the alcohol industry should only be considered if it is done on a pan-European basis in order to ensure that Irish sports and sporting organisations are not operating at a disadvantage relative to their international competitors.

The first recommendation ties in with one of the measures recently announced by the Minister of State, Deputy Alex White as part of the Public Health (Alcohol) Bill, which provides for the setting up of a working group chaired by the Department of the Taoiseach to report within 12 months to consider the value, feasibility and implications of regulating sponsorship of major sporting events by alcohol companies and to consider the financial implications and alternative sources of funding for sporting organisations to replace potential lost revenue arising from the ban. This important working group will deal with the issues which our committee also discussed.

There has been much reaction and comment about the report of the committee. The recommendation of a ban on alcohol sponsorship received the most headlines and this was also the case in the recommendations of the misuse of alcohol strategy report from the Department of Health. The recommendations should be regarded as an overall package rather than concentrating on one issue. The impression was abroad during the summer that if sports sponsorship was to be banned in the morning, all the problems associated with alcohol abuse and misuse in Ireland would be solved. This is not the case. The issues of the unit pricing of alcohol and its availability are more important than the question of sponsorship. I agree that the question of sponsorship must be dealt with and I welcome the fact this is happening.

I hope the working group will be cognisant of the financial pressures. It is unfortunate that this issue needs to be dealt with at a time when sporting bodies are under significant pressure. I hope the group can identify and secure replacement funding if alcohol sponsorship is to be removed as an option for sporting bodies.

Sporting bodies would have no issue with the ending of alcohol sponsorship if these alternative streams were secured and available. For example, the GAA has finished its sponsorship of

the hurling championships by a drinks company. The GAA is making the effort to finish with sponsorship by a drinks company but many organisations feel unable to do so in the current economic circumstances.

The committee report recommended a code of practice within stadia. Drink is consumed on the terraces at some sporting events. This is not the practice in Croke Park but it is seen at some rugby and soccer international matches. A code of practice should be drawn up to end that practice. A fixed percentage of alcohol sales should be ring-fenced for the treatment of alcohol and substance abuse. The report recommended that sponsorship of sports and sporting events should be treated in the same way as sponsorship of the arts, music and other festivals. A prohibition on sponsorship by the alcohol industry should only be considered if it is done on a pan-European basis in order to ensure that Irish sports and sporting organisations are not operating at a disadvantage relative to their international competitors. We do not want to see sponsorship moving to another jurisdiction while we are left with the problems. We cannot put a fence around Ireland in this digital age. We do not want the Gold Cup to be sponsored in Kempton Park rather than being held at the Curragh or Leopardstown, for example.

I am aware that the Minister for Transport, Tourism and Sport, Deputy Leo Varadkar fully supports the main aim of the national substance misuse strategy to reduce levels of alcohol consumption and binge-drinking in Ireland. However, I share his concern about the impact on sporting organisations of a ban on sponsorship by alcohol companies. There would be significant negative impacts on the development and availability of sport at grassroots level and on our efforts to increase sporting participation at local level. Major international sporting events create significant tourism benefits and a ban would make it much more difficult to attract very beneficial international events - the rugby World Cup was mentioned - to Ireland.

12 o'clock

These issues must be addressed, but if there is to be a ban, it should be done in such a way as to allow for the replacement of the funding streams.

Minister of State at the Department of Health (Deputy Alex White): I welcome the opportunity afforded by the presentation of this report to address the issue of alcohol misuse and expand on the Government's plans to address this problem. I thank the members of the Joint Committee on Transport and Communications for their work on the issue of sponsorship of sport by the alcohol drinks industry and their valuable contribution to the debate. I welcome the acceptance by the committee that actions must be taken to address the harm caused to individuals and broader Irish society by the misuse of alcohol. The committee was rightly cognisant of the devastating effects on communities and families of the misuse of alcohol and committee members were unanimous in their view that measures were required to be taken to deal with the problems caused by harmful alcohol consumption. They noted that the misuse of alcohol in general was increasingly being identified in the younger age cohort.

There is much common ground between the members of the committee, my Department and the Government on this pervasive problem which causes enormous harm and damage to the lives of children, families and communities. In line with the steering group's report on a national substance misuse strategy, I remain convinced that we must end the unhealthy association between sports and alcohol through sponsorship. I understand the committee's perspective in that it sees such a ban as "a worthwhile aspiration" rather than something which should be introduced as a priority. However, I respectfully maintain the view that ending sponsorship is

an important element and accept Deputy John O'Mahony's contention that this is only one element of a combination of policy instruments we need to adopt if we are to make real progress in this area. I share the Deputy's regret that in much of the public debate in recent months there has been much concentration on the sponsorship aspect to the exclusion of many of the other instruments that arguably could have more of an impact on what we want to achieve than the issue of sponsorship. Nevertheless, I maintain the view that the question of sponsorship must be an important element of what we seek to do.

It is our view in the Department of Health that a close link between sport and alcohol undermines or risks undermining the very real and tangible benefits our society gains from sport. Having said that, it is understandable and perfectly legitimate that, given its remit, the Joint Committee on Transport and Communications would address this issue primarily from the perspective of sports organisations and sport. I acknowledge Deputy John O'Mahony's argument that although the committee concentrated on sports sponsorship, it did not exclude the importance of other instruments. I urge the House and the broader public to consider the issue in the round and give the highest possible priority and consideration to public health, which is my preoccupation in this debate. It is also the perspective adopted by the Government in its recent approval of the drafting of the first ever public health (alcohol) Bill in this jurisdiction.

It has been contended that there is a "lack of evidence" indicating that a ban on sponsorship would be effective in reducing alcohol consumption among young people. There are numerous peer-reviewed research reports and studies, conducted both domestically and internationally, that firmly demonstrate the effectiveness of integrated alcohol marketing communication strategies in which brand sponsorship is a key component. I am happy to make these studies and references available to colleagues at any stage. These strategies are particularly effective in the acquisition and retention of new market audiences, especially among the younger age cohort. Firm conclusions can be made from the research evidence that, for example, the age entry for first alcohol use among Irish children has fallen from 15 to 14 years old; marketing communications are highly effective in shaping attitudes, perceptions and expectancies among Irish youth; exposure to alcohol marketing increases the likelihood that teenagers will drink alcohol and that they will start drinking at an earlier age and in a more harmful manner; alcohol-branded sports sponsorship has a high recognition among young people; and exposure to alcohol marketing communications is cumulative and normalises the consumption and harmful use of alcohol.

Nobody can seriously expect to obtain, as it were, direct "cause and effect" evidence in this arena. Such a level of "proof" is simply not attainable, given that the behavioral impact of marketing communications, specifically branded sponsorship, is multilayered and quite complex. It is clear, however, that integrated marketing strategies constitute a highly developed business tactic effectively deployed by alcohol companies to retain, develop and increase product sales, especially among younger people. Sports sponsorship by alcohol brands is a key component of integrated marketing strategies. This enables alcohol marketers to reach and influence underage future consumers in a way that advances brand relationships way beyond the traditional "above the line" channels such as television and radio.

The Government recognises the vital contribution of sports bodies in promoting and increasing participation rates in sport, which is why the three major national sports bodies receive significant public moneys through the Irish Sports Council for that specific purpose. Sports clubs encourage children and teenagers to see sporting performance and good health as incompatible with heavy alcohol consumption, as Deputy John O'Mahony mentioned. I am very strong in my praise of sports bodies and have seen some evidence in recently visiting Ennis which is in

Deputy Timmy Dooley's constituency. I had the opportunity to hear about some terrific work being done by the GAA in that county - it has been a great year for Clare in hurling - as there is a genuine commitment in that county to address the issue of the harm arising from alcohol and seek to ensure alcohol abuse remains incompatible with the enjoyment of sport.

At the same time as this undoubted good work is being done, children's sporting heroes are fashioned in alcohol-branded sports gear. This is reflected in the stadiums where they play or the backdrops against which they are interviewed on television. They are emblazoned with the branding of alcohol drinks. That means that there is extremely good work being done, on the one hand, but impactful material is also seen by young people, particularly on television. One must ask about the message we intend children to receive. No less than anybody else, I appreciate the emotional attachment we all have to national, county and club sporting success, but can we reasonably say the needs of protecting public health are of lesser importance than the further professionalisation or the international successes of our sporting codes? This debate involves pitting different imperatives against one another and there is no possibility of us resolving this issue by saying we can have it every way. If we want to make decisions that will have an impact, we will have to face up to what may be difficult consequences.

Returning to the issue of evidence, IEG, one of the world's leading authorities on measuring high performance sponsorship programmes, defines effectiveness in measured returns, behavioural changes, results of emotional connections and psychological connectedness. These are applications of a highly sophisticated methodology where, globally, expenditure on sponsorship had reached \$44 billion in 2009. In Ireland a specialist sports sponsorship firm, Halpin Sport, has estimated the value of the Irish market for total sports sponsorship at €96 million in 2011. Equally, it confirms for its potential clients that "sports sponsorship offers the perfect platform for companies to engage and interact with a team's followers. It has the power to connect at a deep emotional level with fans and change the way they feel about products and brands". These known outcomes echo the committee's acknowledgment that the sponsorship of sports by alcohol brands is far from ideal. This recognition of an uncomfortable alliance perhaps shaped the recommendation of the committee that a fixed percentage of all sponsorship received by every organisation from the alcohol drinks industry should be ring-fenced and paid into a central fund for alcohol and substance abuse prevention programmes. This is a very interesting proposal that bears further scrutiny.

Ultimately, the Government has decided to put in place a process to deal with the differing perspectives on sports sponsorship by alcohol companies. This process will enable all views to be examined and analysed and I look forward to working with the Members of this House and the committee in this important debate and reaching positive solutions. I appreciate the case that has been made in respect of the funding gaps or difficulties that will be faced by sports organisations if a ban is imposed. As the House will be aware, the Government has approved the drafting of a public health (alcohol) Bill which details a package of measures to address this problem. This landmark initiative has come about following much consultation and dialogue between Ministers and Departments. It is the first time the misuse of alcohol has been addressed as a public health issue. The public shares the concern of the health authorities on this issue. Research commissioned by my Department while preparing these measures showed that 78% of the public thinks that the Government has a responsibility to implement public health measures to address high alcohol consumption.

The key measure approved by the Government is the drafting of health-oriented legislation on alcohol – to be called the public health (alcohol) Bill. In summary, this Bill will provide for

minimum unit pricing for retailing of alcohol products; regulation of marketing and advertising of alcohol in the media domains of television and radio, cinemas, outdoor and print as well as the content of such advertisements; regulation of sports sponsorship, specifically to place an existing voluntary code that governs sports sponsorship on a statutory footing; separation of alcohol from other products in retail outlets; enforcement powers for environmental health officers in relation to alcohol; and health labelling of alcohol products.

Minimum unit pricing for alcohol is one of the anchors of this package, and taken in conjunction with the other measures we are announcing, has the potential to have a real impact on the harmful and hazardous consumption of alcohol. Minimum unit pricing targets alcohol that is cheap relative to its strength. It is one of the instruments to be used to tackle the very low cost at which alcohol is sold in the off-trade sector – particularly in supermarkets. I said at the launch of this initiative that minimum unit pricing does not raise the price of every alcohol product; I wish to emphasise that again. The pint in the pub or the bottle of premium whiskey are already well above any price that would be set as a minimum price for their alcohol content. Almost all drinks in the pub are already sold well above any likely minimum price, so these drinks are unlikely to be affected.

What the Government wants is for everyone to feel the economic and social benefits of addressing alcohol misuse; we want our citizens to experience these benefits through healthier, happier, safer families and communities. We know that there is a profusion of alcohol products in our stores. We see the in-your-face presence that these alcohol products now hold in our supermarkets and convenience stores. In that regard, I am particularly pleased that the Departments of Justice and Equality and Health have agreed a three-step approach to provide for the structured separation of alcohol from other products in mixed trading outlets.

The first step involves replacing the current voluntary code with a statutory code under section 17 of the Civil Law (Miscellaneous Provisions) Act 2011. This section empowers the Minister to establish a new code that sets standards for display, sale, supply, advertising, promotion and marketing of alcohol. Second, the new public health (alcohol) Bill will empower environmental health officers, EHOs, to enforce structural separation provisions contained within section 9 in the event that its commencement is required. Third, after two years both Departments will review the effectiveness of the new statutory code in achieving the separation of alcohol from other products, and control of access.

The results and findings of this review will inform the Government's decision on whether it is necessary to proceed to commence section 9 of the Intoxicating Liquor Act 2008. The substance misuse steering group made recommendations about dealing with the advertising of alcohol and these will now be developed in our forthcoming public health (alcohol) Bill. Alcohol advertisements on television and radio will be restricted to evening hours, and my Department will work closely with the Department of Communications, Energy and Natural Resources to introduce this incrementally by 2016, through the statutory codes of the Broadcasting Authority of Ireland. Statutory codes of practice are also envisaged for the print media, cinemas and to cover the manner in which alcohol is portrayed in advertisements. The legislation will also cover billboard and other outdoor advertising media. Its purpose will be to restrict such advertising from 2018 with a statutory code of practice to govern it in the interim. We will work with other Departments on identifying the form, frequency and prevalence of outdoor media advertising that would come within the scope of the statutory restrictions.

As I said previously, but for the sake of completeness, on the question of sponsorship of

sport by alcohol companies, the Government has decided that the existing voluntary code of practice governing sports sponsorship will be given statutory status. Meanwhile, a working group chaired by the Department of the Taoiseach will report within 12 months on the implications of regulating sponsorship by alcohol companies of major sporting events. New statutory provisions will also be introduced on the labelling of alcohol products. That is an important area for consumer information and will also cover warnings concerning the consumption of alcohol during pregnancy.

The Government has agreed that future public health messaging on alcohol will be based on grams of alcohol rather than a standard number of drinks and that the new low risk drinking guidelines for men and women should be 168g which is equivalent to 17 standard drinks and 112g which is equivalent to 11 standard drinks for men and women, respectively.

We know about the adverse effects of alcohol consumption on children, families and communities. It is a constant theme of public debate and comment. Meanwhile, there has been a strong public affairs campaign against a ban on sports sponsorship by alcohol companies. It is claimed, as the joint committee reported, that the link between sports sponsorship by alcohol companies and consumption of alcohol is not proven. That is somewhat perplexing for the reasons I have given, in view of the fact that there is evidence available and also the significant levels of money that are in truth committed to alcohol brand sponsorship campaigns. In any event, we now have Government approval for a process to deal with this challenging aspect of tackling alcohol misuse. I emphasise that is just one aspect of our suite of proposals. Meanwhile, we should advance the series of measures that have already been approved. The nature of the challenge we are addressing is to reduce Ireland's overall consumption of alcohol. That requires a genuine public health response. That will happen and the landmark initiative announced by Government will gain the support of the broader community and society. In that regard and context I again commend and thank the committee and all its members for its important contribution to this debate.

Deputy Timmy Dooley: I am somewhat confused about the new methodology of dealing with reports in which we are engaged today. It gives us an opportunity to discuss again something we have already discussed in committee. Yet again, it is part of the Government's effort to present reform of the way in which the Dáil works when this is work that has already been discussed in committee. I accept we have not had an opportunity for the Minister to come to the committee on the issue just yet but I would have thought it could have been dealt with by the committee rather than taking up the time of the House. I say that in the context of reflecting on what has happened in recent days in terms of the local property tax. The Bill concerning the tax was rushed through the House in a matter of six or seven hours and as a result it has created some difficulty. I do not believe this is necessarily an appropriate use of the extended Dáil time but I am happy to engage in the debate.

Deputy Jerry Buttimer: Deputy Dooley should speak about the report.

Deputy Timmy Dooley: I am happy to do so. Perhaps Deputy Buttimer will give me a little of his time so that I can do so.

Deputy Jerry Buttimer: Deputy Dooley has used up two minutes of his time already.

Deputy Timmy Dooley: Be that as it may, yet again it calls into question whether what we are doing is about real reform-----

Deputy Jerry Buttimer: Deputy Dooley is not for any reform.

Deputy Timmy Dooley: -----or if we are filling time for the sake of it.

Deputy Derek Keating: Alcohol is an important issue.

Deputy Timmy Dooley: It is an important subject, one which we thrashed out in the committee. I am sure it will be thrashed out again. What I am disappointed about is the Government's response has been to create a working group to address the issue. I thought that if the Government was realistic about parliamentary reform it would have come back to the committee with a proposal to involve it in such a working group.

In fairness to Deputy O'Mahony, he said that a majority view was taken. Not everybody agreed with it. I do not wish to speak for other members of the committee but from my perspective and from observations of other members, they engaged in a non-partisan way. We had some very good hearings with people expressing views across the gamut, both for and against the proposal. The report was an accurate reflection of the views we heard. The committee tried to bring together as best it could a consensus of views which is reflective of society. I am disappointed that the committee has not been formally tasked with the work that has now been passed on to a group of external advisers.

Deputy Alex White: Could I have 20 seconds to respond in good faith to Deputy Dooley?

Deputy Timmy Dooley: Please do.

Acting Chairman (Deputy John Lyons): Yes.

Deputy Alex White: I understand Deputy Dooley's point but in order for the Oireachtas to come back to this issue it would also have to comprehend the health issue. It seems to me that the Joint Committee on Transport and Communications has done hugely important work and it should be thanked for that and involved in the future but the Joint Committee on Health and Children would also have to find a way to deal with it because there are two imperatives involved, namely, health and funding, and we must find a way to bring it together. That is not a criticism of the committee; far from it. The committee has done great work. The purpose of the steering group is to try to comprehend all of the strands and not just one perspective.

Deputy Timmy Dooley: That is welcome but it is worth putting on the record that while sport falls within the remit of the committee we did not confine the hearings to just the sporting organisations. We did bring various medical experts before the committee to hear their views on the harmful effects of alcohol. I would be happy if the Government comes forward with a proposal that says the working group should be a combination of the health and transport committees, the latter representing sport. I just do not believe that while we have had an input, we will be part of the process.

It is well recognised that the abuse and over-consumption of alcohol are a huge cancer in Irish society. The problem spans the socioeconomic divide and features among all demographic groups. There is real concern over the capacity of alcohol companies to target young people. Many of the influences that attract new drinkers are exerted outside the sporting environment. People took up drinking through peer pressure long before alcohol companies were sponsoring sports to the current extent or before sports were televised to the current extent. In such times, there was still over-consumption and abuse of alcohol. It is a cultural issue and one we must

try to change. While I accept the point that sponsorship and advertising comprise an important component of the problem, I believe banning sponsorship now would be more of a box-ticking exercise than a means of having a meaningful impact on addressing the over-consumption of alcohol.

It was rightly identified that pricing and display in the plethora of retail outlets probably constitute the most aggressive form of marketing. It is rare that young people who engage in over-consumption, which they call binge drinking, would be drinking the brands that are associated with the subject matter we are discussing. It is usually the cheapest products and those most freely available in retail outlets that are abused. Considerable work must be done in this regard. This work will have the greatest impact initially.

The approach I desire is a little like the approach we took to road safety. We did not introduce penalty points initially for not having a reflector on the back of one's bicycle, nor did we introduce points for what were considered the less serious offences. One will get buy-in from the public if one starts out with what will deliver the most, namely, addressing the control, supply and sale of cheap alcohol. Under the road safety strategy, it is now appropriate to receive two penalty points for what were considered relatively minor offences when the programme commenced. There is a lot to be learned in this regard.

We must also try to deal with the attitude towards the consumption of alcohol. It is still a practice of some coaches and team managers to bring an under age team, such as a team of players under ten, 11 or 12, for example, to a pub after a game. That has a much greater role in fostering the acceptance of the consumption of alcohol than having the local pub's brands on a billboard in the playing field. To have more buy-in, we should at least try to put in place a programme that would establish a code of conduct for team managers and coaches of teams under 18 such that they would stay well clear of the pub, both before and after a game. The pub should not be the meeting point after a match. I am not suggesting that the coaches allow children to drink in the pub environment. They do not and they are mindful of the problem. However, it is the embracing of the acceptance of alcohol that leads to the continuation of a culture that needs to be addressed.

From the interaction the committee had with the main sporting organisations, it noted they are very mindful of the important role they play in ensuring young people steer clear of alcohol. They pointed out to us that much of the funding they are able to generate – they do not have alternative sources at present – is used by them to create programmes that get young people involved in the various sports. The Deputy is correct that the overall health impact of sport has the capacity, in itself, to attract people to a more active lifestyle. This has a definite benefit on public health, including on childhood obesity, which is talked about in the House from time to time. There is no correlation between the abuse of alcohol and childhood obesity but the latter is a very significant issue.

While there is talk about taxing fatty foods, nobody is suggesting one should limit the capacity of companies such as McDonald's or Burger King to advertise in the way they do. Our State would very much be considered a nanny state if it were to go down that road. I assume that, if similar reports were produced on obesity and alcohol, empirical data on the abuse of and over-indulgence in alcohol could be applied to overindulgence in fatty foods such that both reports would reach similar conclusions. We regard alcohol differently, as we should, not because of its negative impact on the individual consumer but because of its impact on society and families.

We must move very carefully and slowly and in a considered way. If an appropriate strategy were set down by the State with the objective of reducing the abuse of alcohol in a staged and controlled way, there would be buy-in not only from the sporting organisations but also from society in general. I hope this will be the case in seven, eight or ten years.

The road safety programme was dealt with in a non-partisan and very co-operate way in this House under successive Governments. It has been successful. The same can be done in the case of alcohol.

Deputy Mick Wallace: There are a number of facts that we accept about alcohol. Three people per day die of alcohol abuse in Ireland. We were discussing cannabis this week. There is no evidence of anyone having died from cannabis use over the past ten years in Ireland. Alcohol is a significant cause of many types of cancer and its consumption has strong links to suicide. We accept that alcohol advertising and promotion increase the likelihood that young people will start to use alcohol and drink more if they are already drinking it.

A big question should be asked as to whether the State should bear the cost of all alcohol abuse. Tax revenue from alcohol is currently €1.9 billion but we spend €3.7 billion dealing with alcohol abuse. This does not add up very well. Some €1.8 billion is missing. Should the taxpayer pay for that? If I run into someone's car and am found to be liable, I will be made pay for the damage. However, we have a funny approach to business. We have seen factories cause the death of trees close to their premises but they did not have to pay for them; the State picks up the tab. They are called externalities and the industry does not worry about them.

A big problem with selling many products at present is that the dominant political and economic philosophy, neoliberalism, values us only as consumers, not citizens. If there is a direct link between the alcohol industry and a Bill for the State, we must examine it. Right now, we are subsidising this harmful industry. I am as fond of a drink as anyone but I am talking not about the sensible use of alcohol but about its abuse.

We give sporting organisations approximately €40 million per year. Why do we not give them €200 million per year and send the bill to the alcohol industry? Does that make sense? Would it not deal with some of the issues? There should not be advertising of alcohol in sport, but sports organisations should not be denied the money they would otherwise receive. It is ridiculous how little money sports organisations are getting from the State. Is there anything more than sport that contributes positively to the development of good health in the State? I do not believe so. The State is facing costs of €3.7 billion due to alcohol abuse, €1.5 billion due to tobacco use and over €1 billion - this figure is rising fast - due to obesity. Sport, however, which can do so much for us, will only get €40 million from the State. A young person cannot play with my Wexford Youths football team if he abuses alcohol badly, smokes or is obese. There are 450,000 people registered to play soccer, the biggest sport in the country. As it plays an incredible role in developing good health, we need to give it more direct State support rather than depending on sponsorship from a negative industry.

I am not interested in a nanny state. I would not ban McDonald's or Coca Cola. However, if they cost the State as much as alcohol does, then those companies should be made to pick up the tab. It is not rocket science. We need joined-up thinking in this regard. It makes sense that those companies that cause damage are made to pay for it.

Deputy Maureen O'Sullivan: I tabled a Private Members' motion on addiction and the

wide range of issues related to it some months ago. Deputy Luke 'Ming' Flanagan opened up the debate on legalising cannabis this week and we are having a debate this morning on alcohol sponsorship of sports.

All Members acknowledge the unhealthy relationship that people have with alcohol. We know the costs to the health service and in terms of crime. Alcohol is a contributory factor in 90% of public order offences, for example. Alcohol and drugs are also linked to early school leaving, bad social conditions and crime. There are an increasing number of children in need of child protection services because of their families' misuse and abuse of alcohol and drugs. It is the most common date-rape drug and is used in many cases to facilitate sexual assaults. There are really alarming figures on the increasing levels of liver disease, particularly among young people in their late teens and early 20s. Alcohol is also the gateway drug for so many people.

It is unfortunate that every event from the cradle to the grave in Ireland is associated with alcohol. We see its easy availability, cheapness and acceptance. More frighteningly, there is a social acceptance of drunkenness and at-home drinking. It must be acknowledged that the majority drink moderately, using it socially and for enjoyment. However, these are not the people who end up in accident and emergency departments or in prison cells at the weekend.

There is an unfortunate connection - I use that term loosely - between alcohol and certain figures in the artistic, literary and music worlds, in which alcohol use is seen as being acceptable. The Brendan Behans, the Ernest Hemingways, the Dylan Thomases, the Richard HARRises and the Richard Burtons did not contribute to the cause of moderation. We see this occurring again with certain figures in the music industry today. The media have a major role in not portraying this kind of behaviour as fun, acceptable and harmless.

I am involved with the prevention and education sub-committee of the north Dublin inner city drugs task force. Recently, we held two youth conventions with 110 secondary students from the north east of the city and 85 from the north west. We discussed the positives and the negatives of their usual night out, including alcohol promotion and the influences on what they drink, the media, minimum pricing and the age limit, along with the prevention and education strategies that worked and that did not. We listened to the young people without lecturing them. It is important when this topic is discussed that we listen to young people directly, not those in organisations that claim they are representing young people but whose members are long past their teens. I mean no disrespect to those involved, but there is much sense, wisdom and insight coming from young people.

There was a mixed response to the question about drinks companies' sponsorship of sports events. Some of the answers in support of such sponsorship were interesting. They pointed out that the organisations needed the money, that it did not influence their drinking because they buy the cheapest drink anyway, that it is the advertisements that encourage them to drink more rather than the sponsorship, that people will drink anyway and, finally, that it is just sponsorship and not promotion. What was interesting was that they were not fully aware of the harmful effects of alcohol. Those who were against it saw the contradiction in that sports are part of a healthy lifestyle, while alcohol is bad for one.

This debate is vital. I believe there should not be alcohol sponsorship of sporting events, but this must be part of a wider strategy. Why would the drinks companies spend so much money on sponsorship unless they were getting something from it? I have doubts about the ring-fencing provision. It is like saying one can drink as much as one likes but the alcohol companies

will pick up the bill for alcohol-related diseases. We need to listen to young people because they have good insights and suggestions in this regard.

Deputy Jerry Buttimer: I welcome the Minister of State, Deputy White, to the House and compliment him on his work in this area. I also want to acknowledge the work of the former Minister of State, Deputy Shortall, in the preparation of the alcohol strategy and legislation. In fairness to the Minister, Deputy White, he has driven this in Cabinet with the Minister for Health, Deputy Reilly, and taken decisions on the forthcoming alcohol Bill that could easily have been set aside.

Alcohol is costing our society €3.5 billion per annum due to the costs associated with crime, damage to public health and loss of work. This taxpayers' money could be better spent and used. I compliment the Chairman of the Joint Oireachtas Committee on Transport and Communications, Deputy O'Mahony, on this report, which has done the House a good service, as well as the debate on the relationship between sport and alcohol. I chair the Joint Oireachtas Committee on Health and Children, which produced a report in 2012 containing 13 recommendations, many of which are contained in the forthcoming Bill announced by the Minister of State, Deputy White.

In looking at the fight with alcohol abuse, we can see the glass as half full or half empty. We have gone so far but there is more to do. I see the glass as half full in that we have made much progress and we have more work to do. Our overriding concern must be to reduce the supply of cheap alcohol, control availability, prevent binge-drinking and drink-driving and protect our young people from the sale and marketing of alcohol, particularly thorough sports. We must use a holistic approach to this issue rather than singling out one aspect of the drinks industry and its relationship to sport. That just misses the point. As the Minister said, there is much common ground.

I compliment Cumann Lúthchleas Gael on moving its sponsorship from one single drinks company to several companies not involved in the alcohol industry. As a former chairman of my local GAA club, I recognise that alcohol sponsorship and our clubhouse bar were inextricably linked to the club, as it is an important source of revenue. While I would prefer to have no bar in the club, how it is managed is important. One size does not fit all. There needs to be further discussion about the link between alcohol and sport. Reluctantly, I accept the economic argument that if we ban sports sponsorship now there will be a gargantuan deficit in the budgets of many sports clubs and organisations. We cannot allow that to happen because, as Deputy Dooley rightly said, sport plays an important role in our society. The State gives a huge amount of money not just to the big three sporting organisations but to all sports, and rightly so because sport has that great unifying effect and provides role models for many young people who are desperately seeking one. Sportspeople fit that bill.

We must continue to highlight our society's relationship with alcohol. Deputy Maureen O'Sullivan alluded to this in her remarks. Some television soap operas, such as "Fair City" and "Coronation Street", centre around the pub. Although I hardly dare to mention "Love/Hate" in the company of Deputy Eoghan Murphy, it, too, deals with the issue of drug and alcohol misuse, which has an implication for young people. Can we honestly continue the relationship between alcohol and sport in the broader interests of our society? As Members of this House and of the committees, be it the one Deputy O'Mahony chairs or the one I chair, we must come from the perspective of what is in the interest of public health. The promulgation, creation and implementation of policies places on us a duty and responsibility with regard to the public health of

our nation and the individuals who comprise our society.

The misuse of alcohol is a challenge for all of us. Although this debate has probably been going on since time began, we have reached a point at which we see severe implications for our public health infrastructure in terms of the accident and emergency services and beds that are used every weekend and night. That is why this House must make a realistic and serious attempt to reduce alcohol consumption and educate young people about how they should use alcohol.

The Government's launch of the recent Public Health (Alcohol) Bill showed that the average per-capita consumption of pure alcohol for everyone over the age of 15 is 11.63 litres a year. That is the equivalent of a bottle of vodka per week per person. That is an extraordinary amount of alcohol being consumed when one allows for the fact that 19% of the population do not drink. At the same time we have seen a 161% increase in the number of off-licences and a 19% decrease in the number of pubs.

I am glad this nation will tackle the issue of cheap alcohol and availability because we have a major issue with binge drinking. We must strongly tackle the promotion of alcohol. I have never been afraid to express my viewpoint on this, although perhaps I am in a minority and unpopular in some quarters. The way Arthur's day has been turned around as a quasi-national alcohol day and the way we allow the Guinness Storehouse to be used in iconic visits to our country by President Obama or Queen Elizabeth II must stop. We have far better scenery along the coasts - in County Clare, where Deputy Dooley is from, with the Cliffs of Moher, in my own county of Cork or at the lakes of Killarney - where we can bring these dignitaries and show them a real view of the quality of the Irish landscape and people.

If we want those on the television, those in the press and people of other nations to continue thinking we are a nation of beer-swigging alcoholics we can keep that going, but we should aspire to more than that, because we are much more than that. I challenge any foreign journalist to come to our country and see the catastrophic effects of the consumption and misuse of alcohol in our accident and emergency and outpatients' departments. I take a pint; I binge drink, and I am ashamed of that. Collectively, as a nation, we must change our attitude to alcohol or we will continue to pay the price. There is a duty on us in this House to do that.

I very much welcome the Government's approach and acknowledge that no single measure in itself will tackle the problem. Sport is a key aspect of our nation. It unifies us, brings us joy and lifts us from the doldrums. However, sporting organisations have a duty to reflect on their relationship with alcohol and consider how we can collectively, as the Minister rightly said, build on the common ground to ensure we have a proper footing for sports sponsorship and a proper platform to eliminate the harmful effects of alcohol misuse in our society. We can do that. The time has come for us to do that. We have a duty and we cannot fail.

Deputy Eoghan Murphy: We often sit late into the evening in this House and when we finish our work I like to go home and have a few beers and look at my iPad. I am watching the American version of "The Office" at the moment. Invariably, because we get out of here so late, there are no beers in my fridge and I cannot go to the off-licence to get any. Are people trying to tell me that if the off-licences were open for an extra half hour, one hour or even two hours the serious drinking problem we have in this country would be worse? That is why that law was enacted.

Two years ago I was invited to see the Manic Street Preachers. The Acting Chairman, Deputy John Lyons, is also a fan. It was a great acoustic set of 12 songs. Over the course of the evening I had a couple of pints of Guinness. It was Arthur's day. This year people tried to tell me I could not do that again - that I could not be trusted to drink responsibly because there would be a crowd of people down in Temple Bar getting hammered. There is a crowd of people down in Temple Bar getting hammered every night of the week. Let us say I am going to a Leinster v. London Irish rugby match. I have mates from London or from Ireland coming to the game, and we have a few pints and get drunk. Are people trying to tell me we got drunk because the word "Heineken" was visible on the ticket, the poster at the end of the pitch or in the pub where we were drinking?

We have a problem with our attitude to alcohol in this culture. It is historical and cultural and is best addressed through education and example, not through policies that, although well-intentioned, are not evidence-based and serve only to frustrate responsible and law-abiding citizens. Action must be taken, but it is about the right kind of action. If there is an unhealthy association between sport and alcohol in this country, it is not because of sponsorship. The sponsorship has followed the culture. There is a problem with young people accessing alcohol because our society - parents, gardaí, sports clubs, pubs, local events, even I myself - turn a blind eye. I often chat to my younger cousins who are under age about their drinking habits and we have a laugh about it. We are all responsible for the way in which we perpetuate our attitude to drink through the generations.

There is a problem with advertising that targets young people and tries to make an essential link between good times and alcohol. We see that in particular with alcopops. Some of the television advertisements should not be allowed because they are irresponsible. Deputy Wallace raised an interesting question of whether the State should be liable for the health expenses incurred by individuals who are knowingly and wilfully abusing alcohol in their daily lives. We cannot seem to talk properly about alcohol in this country despite everything that has happened and everything we know. We saw another demonstration of that during the week when we discussed Deputy Luke 'Ming' Flanagan's cannabis Bill. The context for such a discussion should be about acceptable levels of intoxication in our society. That discussion must happen hand-in-hand with one about alcohol. Cannabis and alcohol must be discussed together in that context, and why not?

I commend Deputy O'Mahony and his committee, who have done some excellent work in compiling this report, listening to the different interest groups and debating this. It is very important that they brought it here to the Dáil for debate because it is a serious issue and because many people, myself included, do not sit on the committee and did not have an opportunity to contribute to the debate because we were involved in our own committee work. We have that opportunity here and it is an important part of the reforms we have brought in. I also congratulate the Minister of State, Deputy Alex White, on all the work he has done, particularly on pricing. As others speakers have said, that is an issue that must be addressed.

I support the sensible proposals made in the report.

Deputy Derek Keating: I welcome the opportunity to contribute to the debate on this issue. I acknowledge the work done by the Minister of State and Deputy John O'Mahony and his committee on it. This is a valuable debate in tackling a long-outstanding issue. We are here because the Government is it head-on.

I will begin where Deputy Mick Wallace left off. He referred to the need for joined-up thinking. I could not agree more. Significant work is being done at local level by many people, particularly in the area of sport. I speak as someone with an interest in this issue and who worked for a number of years in the sports and fitness industry as a fitness instructor. I have taken an active interest in sport during the years and seen at first hand people at local level dedicated to supporting and enhancing the overall well-being of young people, children, teenagers and young adults. Not a day goes by without my seeing evidence of this. For example, I left Lucan this morning with great pride because this weekend the village is celebrating participating in its first ever senior county hurling final and the nomination of Peter Kelly, the Dublin hurling full-back, as an All-Star. I mention this because it is an example of how young people are nurtured from an early age. They are coached, advised and cared for and this is something we see every day in the different sports codes.

A few weeks ago I attended a karate exhibition in Clondalkin. I know little about this sport, but I was invited to attend. I was amazed by the level of participation of young children and adults in that sport. Some of the mentors said to me afterwards that it was about keeping kids off the streets. What this says to me is that those working in the interests of these sports and the well-being of children are concerned about keeping children out of the way of temptation. That is where the issue of alcohol comes in. We all know about the binge drinking and the excesses referred to by Deputies Eoghan Murphy and Jerry Buttimer. They are right that it is about excessive drinking.

I attended a conference yesterday held by the Clondalkin drug task force. I was raging it had not been held a day or two previously because although I have a strong view on the use of cannabis, I was stunned to hear some of the evidence produced about its harmful effects. Deputy Mick Wallace alluded to this issue also.

A comment in the report is that the committee accepts that binge drinking and the misuse of alcohol generally are societal problems and on the increase. That is true. On abuse or abuse of alcohol, I cannot remember who it was who said example was not the best way of teaching others but the only way. There is a great deal of truth in that comment. Many would say the societal problem of binge drinking among young people is due to the abuse of alcohol by adults. We are who we learn from. Our society sends too many mixed messages on alcohol. For example, look at the practice at different sports events. I know from experience that a particular sports body allows the consumption of alcohol in the vicinity of the stadium and at the event, while another does not. I have been to our national stadium and heard people say they remembered being there on previous occasions and being able to get a drink but now the bar was closed. There are mixed messages being sent. We must deal with this issue.

Deputy Jerry Buttimer stole my thunder when he spoke so eloquently about our reputation. How many of the people who come to Ireland see us as a nation of drinkers and drunks? We need to find a way to change this image. I do not travel to France often, but I wonder how effective its policy is of not referring to the Heineken Cup except as the H Cup. I am sure it adopted this policy for a good reason, but I do not know what the effect has been in France. However, I am sure that France has made a determined effort to change the message sent.

The Government is serious about dealing with this issue. I acknowledge that a working group has been established, working under the Department of the Taoiseach, and agree that is the right way to go about dealing with the issue. Anybody who thinks it can be resolved by the introduction of a single measure is greatly mistaken. It will take time to resolve it. It will also

take a determined effort over time to examine all relevant issues and come up with a solution. We must find a way to fill the gaps mentioned in the debate, but we must send the clearest message on alcohol promotion and continue to support the voluntary and sports bodies that are so keen on supporting young people compassionately. We must nurture the talent of young people such that they can become the Katie Taylors of their sport at national level. We are proud of Peter Kelly from Lucan this morning on receiving his All-Star award. We can enable people to achieve their full potential, but to do this we need to tackle the abuse of alcohol in society.

I am pleased to be able to say a few words in support of the Minister of State, the joint committee and the Government that are dealing with this issue. We have a long way to go, but we have the support of people and groups like the karate club I visited in Clondalkin, as well as Lucan Sarsfields. We are all aware of local, voluntary and sports organisations, youth clubs and other arts and music groups that are working with young people. I would like to think that in the time left in the 31st Dáil we will send these groups and organisations the clear message that their work is not in vain, has not gone unnoticed and will not go unrewarded because the Government will support them. I hope we will get to the day when we can be proud of the many wonderful examples of Irishness and what it is to be Irish, rather than being defined or known as a nation of drinkers or drunks or a nation associated with a particular alcohol beverage.

Deputy Dessie Ellis: Tá áthas orm labhairt ar an ábhar seo. I acknowledge the contributions made by the Minister of State, Deputy Alex White, and Deputy Róisín Shortall to the debate on this report, with the contributions of my fellow committee members.

Alcohol abuse is a massive problem. We all accept this, but do we accept what it means? Unfortunately, the issue is not just that we have large numbers of people addicted to alcohol or who have an unhealthy relationship with alcohol but also that we have a negative and unhealthy drink culture.

I o'clock

This means that, at some point in their lives, the majority of those who drink alcohol in Ireland do so in an unhealthy and even abusive manner. We have accepted that alcohol is part of our society and that it is a socially acceptable drug. We have been responsible in recognising that there is a line between using something and abusing it. We must move forward with a policy which in all circumstances discourages abuse and promotes responsible behaviour and a positive public health culture. The report before the House seeks to do this in a cautious manner and I welcome it. The two major issues which marked the process of its compilation were the idea of minimum pricing and alcohol sponsorship. Minimum pricing is a good idea in principle, but its success would depend on how it was implemented. Likewise, a ban on alcohol sponsorship would be a good idea in principle, but, again, implementation would be key.

I wish to briefly outline Sinn Féin's position on the policies to which I refer and which could represent very good steps on the road towards addressing our unhealthy drink culture. Minimum pricing would adequately address both low level and widespread abuse of alcohol, which is a major problem. It would help to re-engineer the way we approach drinking and reduce the quantities of alcohol we consume. These quantities are, on the whole, alarming, especially when one considers that a large number of people in Ireland do not drink at all. The problem with some models of minimum pricing is that they act as a money-making operation for the drinks industry which has wilfully engaged in the development of our unhealthy drink culture. Minimum pricing should not cause publicans, off-licence operators or drinks compa-

nies to rub their hands in anticipation of greater profits. It should be put in place by means of the introduction of further duties on drink. That would mean that the price of alcohol could not fall below a certain level. The revenue that would accrue could be ring-fenced for community and public health projects that address alcoholism and alcohol abuse and the many problems which spring from them. This measure would address the effects of a problem for which there is no panacea and which will not be solved over night. It would also do something to offset the negative effect minimum pricing could have on the lives of some families who live in poverty. The alcohol abuse of members of such families exacerbates the problem of deprivation. Poverty and inequality are major causes of unhealthy behaviour and substance abuse. We should not shy away from the systemic problems in our horrendously unequal society, particularly as these, in turn, feed the substance abuse problem.

Many people have been very critical of the Government's refusal to impose an outright and immediate ban on alcohol sponsorship of sports events and organisations. I can certainly understand such criticism, but this is a delicate matter and no new system should be put in place lightly. That said, the Government has certainly had sufficient time to consider the possibilities in addressing the funding shortfall to which a ban would give rise. The reality is that sports in Ireland were under-funded in the times of plenty and that continues to be the case. I do not believe there can be any doubt about this at a time when an Olympic gold medalist is obliged to train in a gym which has no female toilets. Teams in the area in which I live were so desperate to obtain improved facilities that they went into massive and unsustainable debt. The Government does not just have a role in deciding who can fund sports projects, it also has a responsibility to do so itself. We are talking about community and public health investment. Investment in sport gives rise to savings in respect of spending on health, policing and even prisons. Sport is an investment in a better society. It helps to build communities and encourages the people who make up these communities. In budget 2014 the allocation for sport was cut by €5.7 million. This was on top of a 6% cut last year and means that the funding available for sport in 2014 will be a mere €68.9 million. The Government has a very real responsibility in getting the funding models for sport right in order that the positive move of banning alcohol sponsorship will not be damaging to the point of being counter-productive. I urge the Government through its new interdepartmental committee to set about devising new funding models for sport as soon as possible and putting in place a real State investment package for sport. The Cabinet would do well to look north, where the Executive is making a real investment in supporting sport as an essential part of the community.

Overall, what is proposed is positive, but it must be done carefully in order to achieve the best results in terms of really tackling alcohol abuse and promoting healthy living. While care must be taken, reform is also needed. The delay in making a move in respect of sponsorship should not be used to kick the can down the road but rather as a space in which to ensure we get the measures right and change things for the better. As previous speakers indicated, the Government has agreed to a ban on the advertising of alcohol after certain times. That is a positive step. It has also agreed to proceed with minimum pricing. As stated, we must be careful in how we proceed in that respect. These are but two steps in an entire series that will be taken.

The CEOs of the three main sports organisations - the GAA, the FAI and the IRFU - came before the joint committee. Apart from being in charge of their organisations, these individuals fully understand the effects of alcohol. They deal with tens of thousands of people and their families on a daily basis. They outlined to the committee the fact that the ending of sponsorship by drinks companies would have a massive effect on their organisations. Much of the funding

which emanates from such sponsorship is invested in community projects, etc., within their organisations. How would the shortfall that would result from a ban on sponsorship be made up? That is a major issue. Sports clubs use their local pubs for the purposes of holding raffles and other fund-raising events. The money they make from selling tickets and so on provides many of them with their lifeblood. Some public houses even sponsor team kits and their names appear on players' jerseys. Are we going to bring an end to this type of activity? There is a need for a debate on this serious issue, particularly as a ban in this regard could have massive repercussions at grassroots level.

I have been involved in sport for many years. A previous speaker referred to karate, a sport in which I have been involved all my life. I also played soccer and the teams with which I was involved used to go to the pub after matches and some players would have a few drinks. However, this was all done in a spirit of camaraderie. It was not the case that people went out and abused alcohol, although I accept that the odd individual might have done so. However, we cannot educate for these individuals. That is the way it is with most sports clubs.

Everyone accepts that in an ideal world sports clubs and organisations would not be obliged to seek sponsorship from alcohol drinks companies. I am a member of the Finglas-Cabra drugs task force and have also been involved with the Ballymun drugs task force, both of which made suggestions in respect of the advertising of alcohol. I do not believe anyone has any doubt about the health implications of drinking alcohol. The joint committee considered this matter from the point of view of health and sport. However, it mainly concentrated on the issue of advertising. As stated, the problem is that there will be major repercussions if funding from advertising is cut. A plan must, therefore, be put in place in order that we might deal with this matter. There were those who suggested people should not be visiting the Guinness factory, etc., or holding events there. Some of the companies involved in the drinks industry have a long history here. They provide a service and are an advertisement for the country. We need to be very careful in how we deal with them.

Deputy Róisín Shortall: I welcome the opportunity to contribute to this debate. It is a pity it is being held on a Friday when there are not so many Members present. This debate should take centre stage. During the joint committee's hearings and the preparation of the report, the dreadful problems Irish society faces as a result of the misuse of alcohol were spelled out in very stark terms. Without alcohol at the centre of Irish life, we would have fewer premature deaths, road fatalities, injuries and cases of vandalism, assault, rape, domestic violence, child abuse and suicide. The number of babies born with a dependence on alcohol would fall and we would have a reduced incidence of cancer, lower rates of absenteeism, higher productivity, better health outcomes and lower expenditure commitments. If these are not strong arguments for taking serious action on our unhealthy relationship with alcohol, I do not know what arguments one could make for doing so. I regret, therefore, that the committee's response was not more adequate.

Public representatives regularly see at first hand the awful consequences of the misuse of alcohol in the lives of people we represent. We all know how vital it is that we respond to the challenges presented by alcohol misuse with an appropriate, credible and holistic strategy. Alcohol permeates so many aspects of Irish life that there is no silver bullet response. What is required is a comprehensive strategy that addresses all aspects of our unhealthy relationship with alcohol. We cannot afford to delay further in responding to this national issue.

As the joint committee was aware from its work on road safety and the significant success of

the road safety strategy, no strategy can be successful unless it tackles every aspect of the problem and ensures every Department and sector plays its part. In terms of a strategy on alcohol, this includes measures on pricing, licensing, enforcement, availability, etc., as well as action to deal with the promotion of alcohol. This is where the issue of sports sponsorship enters the equation.

The promotion of alcohol takes many forms, but sports sponsorship is a significant component of it. While representatives of the three main participation sports in Ireland were reluctant to divulge to the joint committee all information on how much they received in sponsorship from the alcohol industry, the testimony of witnesses indicated that these sports gained between €10 million and €20 million in funding each year from this source. The dependence on alcohol sponsorship is heavier in the case of soccer and rugby, especially the latter, than it is for the GAA where alcohol funding is relatively minor and, thankfully, declining. As the drinks industry representative admitted to the committee, such sponsorship is not done for philanthropic reasons. The alcohol industry clearly stands to make a substantial commercial gain if it is willing to spend such large amounts on the promotion of its products.

Three key issues arise from the joint committee's proceedings, none of which was adequately addressed in its final report. The first question to be asked is whether there is evidence that sports sponsorship by the alcohol industry contributes to a harmful relationship with alcohol. On the issue of evidence, the committee heard that there was substantial evidence linking the promotion of alcohol with harmful outcomes from alcohol. In addition to the evidence heard by the committee, there are many Irish sources of research that provide very strong evidence in this regard. If Members have any doubt that this is the case, I encourage them to listen to a 15 minute lecture presented by DIT lecturer Pat Kenny on the evidence that links alcohol promotion and sports sponsorship with harmful drinking. I also invite them to examine a study carried out by Mr. Peter Anderson *et al*, which makes a highly persuasive case.

Curbing the promotion of alcohol is supported by, among others, the Chief Medical Officer, the Royal College of Physicians of Ireland, the British Medical Association and the World Health Organization. I am not sure if the joint committee examined undeniable evidence contained in an analysis conducted by Professor Gerard Hastings of the sponsorship of sports and music events by the alcohol industry in the United Kingdom. Internal industry documentation was sourced as part of an investigation into the conduct of the UK alcohol industry by the House of Commons Health Select Committee. The Chairman of the Joint Committee on Health and Children, Deputy Jerry Buttimer, was in the Chamber earlier. I ask him to carry out a similar investigation and examine the stark evidence that has become available on this issue. Even without local evidence, the committee will find that the evidence presented to the House of Commons committee makes an undeniable case for taking action. The work done by the UK committee entitled, "They'll drink bucket loads of the stuff", is available on the Internet. I ask those who have not read the report to do so.

The House of Commons committee's analysis highlighted a very deliberate use of sports and music sponsorship to recruit young drinkers, particularly young male drinkers. Internal documents from Carling concluded that the point of the company's sponsorship was to "[b]uild the image of the brand and recruit young male drinkers". The document pointed to the attractiveness of being able to "piggy back" on the heroes of young people and made the following conclusion: "They [young men] think about 4 things, we brew 1 and sponsor 2 of them". Having read this evidence, it is impossible to conclude anything other than that the promotion of alcohol, including sports sponsorship, leads to earlier initiation of drinking, higher levels of

consumption and greater health risks than would be the case without such promotion.

The second vital question the joint committee failed to address was the extent to which a sponsorship ban should be applied, if one were to be phased in. It has never been suggested sponsorship of clubs by local pubs would be ruled out. The issue concerns big name sponsorship of major events and national organisations.

The third question the joint committee failed to answer was what steps could be taken to offset the reduction in funding to sport as a result of the phasing out of sponsorship. I regret that the committee did not make a serious attempt to address this question. I also regret that some of the big names in sport, for example, Tom McGurk, Dr. Mick Loftus and Colm O'Rourke, were not invited before the committee. These are individuals who love their respective sports but are very conscious of the problems associated with alcohol sponsorship.

Concern was rightly expressed at the joint committee about the need to support and sustain sport, given its important contribution to our identity, health and communities. While I welcome the committee's attempt to explore ways in which lost funding could be replaced, much more could have been done. It is important to properly quantify how much funding could be lost because conflicting estimates of the amount involved were given to the committee. One estimate indicated that sport could suffer a loss of between €35 million and €40 million if alcohol sponsorship were banned. However, the vast bulk of this funding would be replaced and the true figure would be probably closer to €5 million. There are also proposals on the table for plugging the hole left by this loss in income. One of the many recommendations made by the steering group on substance misuse was on the introduction of a social responsibility levy. Such a levy would go a long way towards making up the shortfall. What is the status of this proposal? I have not seen any reference to it in the Government's recent announcement of its plans in this area. I hope it has not slipped off the table.

The introduction of minimum pricing and a ban on below cost selling would offer further potential to raise additional funding for sport. Under the current system, large supermarket retailers which sell alcohol at below cost may claim a refund of VAT from the Revenue Commissioners. This means that the State is subsidising low cost selling of alcohol. Industry sources estimate that ending this arrangement for claiming VAT refunds could save the State as much as €20 million per annum. This sum would go a long way in supporting sport and would more than compensate for any loss arising from a ban on alcohol sponsorship.

An Leas-Cheann Comhairle: I must ask the Deputy to conclude her remarks.

Deputy Róisín Shortall: Let this not be another Government that has ignored this serious problem. I would urge all Ministers to take their courage in their hands to finally address this problem and lend their full support to the Minister of State, Deputy Alex White, to tackle, for once and for all, this serious national problem, in terms of public health and public order. He deserves the support of the Cabinet and I certainly hope that such will be forthcoming.

Deputy Frank Feighan: I thank the Leas-Cheann Comhairle for letting me in on this important issue. I thank the committee and all the members, and, indeed, the Vice Chairman, for bringing this before the House today. I also thank the Minister of State, Deputy Alex White, for taking this issue.

The report is based on recommendations made by all the invited stakeholders, and looking at the many stakeholders, including the Irish Rugby Union, the Gaelic Athletic Association, the

Football Association of Ireland, Alcohol Action Ireland, it is wide-ranging and encompassing.

We have had a significant problem due to the glorifying of alcohol through sport. In the 1980s, when I was playing soccer and Gaelic football, when one finished training it was not uncommon to head to the pub and drink pints of Bulmers, pints of Smithwicks, a shandy or something. Even before or after matches, it was part of the routine. No wonder we did not win anything. When I see young sportsmen, especially at local level, but even at county and national level, I am enthralled by their approach in that alcohol does not seem to be as much a part of their participation in sport as it used to be. The standard of competitiveness and fitness has increased immensely, and I welcome that. I used to run a five-a-side competition in Boyle in Roscommon every year. When one thinks about how far we have come, the first prize, in what was quite a serious competition, was a barrel of beer in the local pub. Today, it would not be correct, but this was the prize. We have come a long way.

Before matches, even among supporters, it was quite acceptable for everybody to go to the pub. It was quite acceptable for everybody to go to the pub afterwards. That is not a part of the scene. It is affecting publicans, but, thankfully, we can participate in support, watch and enjoy sport, but alcohol does not have to be a part of that enjoyment as much - I am not saying that it does not happen.

I note a few of the recommendations. I agree that the sponsorship by the alcoholic drinks sector should remain in place until such time as it can be replaced by other identifiable streams of comparable funding. Many of these sports clubs and organisations fear that such funding would dry up and they would not be able to replace it. Deputy Shortall probably outlined a few areas where we should be a little more innovative in looking at how we can get that funding addressed. Needs must. If the Government had not stated that this is coming down the track fairly fast, sporting organisations would have carried on in the belief that the funding is there from the alcohol sector and they did not have to look for funding. Many of the organisations are beginning to look at another stream of funding.

I note the lotto is being taken over by a new organisation and there is considerable competition for the proceeds of the national lottery. I have seen in clubs around the country where there is nearly not a bad pitch in the country or a dressing room that does not seem to be in need, but some sports, such as boxing, are the poor relation. The provision of €20,000 to such minority supports would go much further than €300,000 in sponsorship elsewhere.

Maybe we over-elaborate. In my own town, there is a soccer pitch with lights and dressing rooms, there is a training pitch and an all-weather pitch. There is also a Gaelic football ground, which has two pitches and dressing rooms, and has lights and everything, and there are tennis clubs. I am going back on old ground, but this is something that should have been done. These should have been community pitches. It is not only the amount of funding that has gone into them, but the amount of maintenance. The fact is that somebody - this happens in every town and village - can tell you: "That is the GAA pitch, that is the soccer pitch and that is the rugby pitch, and there are the tennis clubs, we have a small swimming pool here and a small swimming pool there." That is the way it is.

An Leas-Cheann Comhairle: I must ask Deputy Feighan to conclude before I call the Minister of State and Deputy O'Mahony.

Deputy Frank Feighan: I will certainly conclude. I thank my colleague, Deputy O'Mahony,

the Vice Chairman, and the committee members for bringing this to the Dáil.

Minister of State at the Department of Health (Deputy Alex White): I listened carefully to all of the contributions made by Deputies here this afternoon. It has been a good debate, Friday or otherwise. There have been some excellent contributions and insights from all sides of the House and I recognise that.

I thank Deputy O'Mahony for being the initiator of this debate, and thank his committee. That has been extremely helpful. I thank the members of that committee, those who have responded here today, my predecessor, Deputy Shortall, for her remarks and for her support, and everybody who has contributed to this debate. Everybody has had something important to say of substance from whichever side of the discussion on sponsorship he or she comes, and everybody is on the same side in respect of the need to address the matter in a way that has an impact on the manifest problem of alcohol misuse in society. We have talked about it so long that the time has long come for us to address it in a way that is likely to have some effect. It has been an important and interesting discussion and I thank everybody for their contribution.

Of course, the issue of sports sponsorship was the principle one that was addressed in the report of the committee. For that reason, we have been concentrating on that this afternoon. Most have acknowledged that whereas it is important, and I regard it as extremely important, it is one element of a package of measures that is required. The word "holistic" was the one that was used by Deputy Buttimer and picked up by others. It is undeniable that it is a necessary and an indispensable element of any package of measures that is likely to have any positive effect.

There has been much discussion. In fact, I thought there would be more disagreement on the issue of evidence than there has been. A number of Deputies raised the issue of where is the evidence. It seems almost that, as the months or even the years progress, people are becoming more persuaded of the fact that there is evidence. If Members wish, I can distribute 17 different studies, that I collated for the purpose of the discussion in recent months in Government, in respect of the impact of sports sponsorship.

The longer the discussion goes on, the more people accept that although this evidence is there, the character of the evidence is a little different from the kind of evidence that one would reasonably look for in other areas of public policy, say, in scientific areas such as we were discussing earlier on fluoridation, because one cannot demonstrate a direct cause and effect. Deputy Eoghan Murphy made an excellent contribution, but I must take issue with the suggestion that in order to defend that the phasing out of sports sponsorship would be effective, one would have to accept that the fact the Heineken logo was printed on a beer mat would prompt somebody to purchase and drink a pint of Heineken. Nobody is saying that. I certainly would not accuse Deputy Eoghan Murphy of trivialising an issue - far from it. His contributions here are always insightful. Nobody is suggesting for one minute that there is a direct cause-and-effect link between seeing a logo in a sports stadium or on a beer mat and immediate consumption of alcohol. It is vastly more sophisticated than that in terms of what is at play. Deputy Shortall went through much of the material that is available to us to demonstrate the level of sophistication in integrated marketing strategies and the kind of impact they have. We have to be prepared to examine the subtleties of these issues, particularly in the area of sponsorship, if we are to do justice to this debate. I referred earlier to the effectiveness of marketing strategies in sustaining market share and recruiting new markets among younger cohorts. Integrated marketing strategies are a highly developed business tactic deployed by alcohol companies to maintain and increase product sales, especially among younger people. Arguably, they are replacing traditional

forms of advertising. One can see a move away from the traditional above-the-line advertising, with which we are all familiar, and towards sponsorship. People sometimes regard sponsorship simply as a benign wish to be associated with a particular product for some unspecified reason, but it is in fact a vastly more effective form of advertising than the traditional forms.

We need to take action on all fronts, including the vexed issue of sports sponsorship by alcohol companies. We have moved on from the question of whether the evidence supports our concerns to a debate on how to find replacement funding. That demonstrates real progress in this debate, because instead of arguing whether it is a good idea we are now discussing how, in practical terms, we will address the funding gaps that will undoubtedly emerge in the event of a ban or prohibition. That is a good thing to be debating. The committee has outlined legitimate concerns and I welcome the context in which these concerns have been addressed. This is one of the reasons the process to which the Government has agreed will be valuable. It will address not only the evidence for and the value of phasing out sports sponsorship, particularly with regard to its impact on young people, but also the legitimate concerns of sporting bodies regarding a rapid move towards banning sports sponsorship.

In regard to Deputy Shortall's points on replacement sources of income, the Government decided to establish this working group in order to assess the value, evidence, feasibility and implications, including public health consequences for children and young people, of regulating sponsorship of major sporting events by alcohol companies. It will also consider the financial implications and alternative sources of funding for sporting organisations to replace potential lost revenue from any such regulation. This will include a careful analysis of the alternative sources of funding, including the prospect of a social responsibility levy.

Deputy Ellis raised the issue of co-operation with Northern Ireland. That is one element of what we are doing, particularly in regard to minimum unit pricing. We have a land border and we have to move in tandem with our colleagues in the North. We are interested in working closely with them on a suite of measures in this area. A study that we commissioned with Northern Ireland is well under way and its final outcome will be ready for us in April 2014 to allow us to discuss not only the principle of minimum unit pricing but also the level at which it should be set. In respect of minimum unit pricing, it has been agreed that the Ministers for Finance and Health will explore how any financial benefits in the form of additional profits accruing to retailers of alcohol can flow back to the Exchequer.

The social responsibility levy approach is likely to be considered in the contexts of minimum unit pricing and the phasing out of sports sponsorship. I have argued that we should take that course, but this is a process of persuasion, not least within the Government. There is no reason to deny that differing views exist in the Government, because Ministers are required to have regard to different imperatives, among which is the protection of funding for sport. I have discussed this issue on many occasions with the Minister for Transport, Tourism and Sport, who agrees with the thrust of my policy proposals but would not be doing his job if he did not express concerns about them. I am heartened by the support I have seen in today's debate.

Deputy John O'Mahony: I thank the Minister of State and other Deputies for their contributions to this valuable debate. All sides had an opportunity to express their opinions. I agree with most of what was said over the last two hours. One of the things I have learned from a lifelong involvement in sport as a player, manager and administrator is that teamwork is very important. Nobody is 100% right in any argument or report and nobody is 100% wrong. We should not expect to have 100% of our views included in anything we do. That is part of the

discipline of sport and it also applies in this case. All of us want to end the abuse of alcohol, binge drinking and anti-social behaviour that is part of the culture of drinking. However, it is clear from Deputies' comments that some of us would travel a slightly different journey to achieve that end.

The question that must be asked of the measures we propose to implement is whether sporting organisations and participation in sport can thrive at elite and grassroots level so that young people can be disciplined and healthy and develop high self-esteem. Thousands of young people are not achieving high self-esteem from other activities, whether in academia or anywhere else. Sports provide the vehicle for them to develop those qualities. That is the end result that we all want. Evidence, reports and statistics have been mentioned. In my opening contribution I tried to summarise in stark outline the evidence from physicians and the alcohol action groups. The key point they made was on the link between brand awareness and abuse.

All kinds of statistics can be used. I am not a mathematician, but it is possible to prove anything with statistics. There has been an increase in drinking in France in recent years, even though there is a ban on alcohol sponsorship. The ideal solution is to end alcohol sponsorship, but I am pointing to a statistic used in this debate.

My experience in sport, as a participant, manager and someone responsible for teams, is of sports organisations managing to change the drink culture of team participants. When I began my team management role, the Tuesday night training session for intercounty teams was used to sweat out the effects of the revelry on the Sunday night after a match, particularly during the winter months. That has totally changed and it is now difficult to get players to have a meal after a national league game because they must catch buses to go back to college. The sports organisations have attacked the culture of drinking in their sports and been successful in doing so.

I welcome this debate and all of the contributions to it. Deputy Timmy Dooley suggested we had dealt with the matter at the joint committee, but the committee comprises a small number of Members and many other Deputies have contributed today, which is valuable. The Minister for Transport, Tourism and Sport, Deputy Leo Varadkar, has offered to attend a committee meeting after this or any other report within his remit to provide reasons certain recommendations can or cannot be implemented. Every report is about provoking debate and feeding into the decisions made by Ministers at the Cabinet table. That is how democracy works and I have no problem with it.

Deputy Róisín Shortall referred to the joint committee's failure to identify streams of sponsorship that could replace the funding lost and close the deficit that would emerge if alcohol sponsorship was to be banned. I did not see this as being the role of the committee. I would love to spend the whole year dealing with the issue, but we do not have the time to do so in the system we operate. I think the Deputy and I agree that it is vital that this should happen in the group set up under the aegis of the Minister of State, Deputy Alex White. The ideal solution is for sport and alcohol sponsorship to be divided, but let us obtain the funding to replace what will be lost. Deputy Mick Wallace had a simplistic idea that the Government pay €200 million to sports organisations. I would love for that to happen, but it is not realistic in current circumstances.

I agree with the point made by Deputy Jerry Buttimer on the imagery portrayed when US Presidents come to Ireland. That has nothing to do with sports sponsorship, but it needs to stop. Similarly, a range of issues must be addressed; sports sponsorship is just one part of the pack-

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age. If alternative streams of funding are identified and secured, I will welcome this and be delighted to move on in a world where sports can thrive and everyone involved in sport can be healthier, disciplined and learn good practices within it.

Question put and agreed to.

The Dáil adjourned at 1.45 p.m. until 2 p.m on Tuesday, 12 November 2013.