Tobacco control policy in Hong Kong

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Hong Kong Med J 2016;22:96–7
DOI: 10.12809/hkmj164848

Present policy

Tobacco dependence is a chronic disease that is responsible for over 6900 deaths a year in Hong Kong[1] and nearly 6 million deaths a year worldwide. It is also the single most important preventable risk factor responsible for death and chronic disease, including cancer and cardiovascular diseases. The harm of smoking, including exposure to second-hand smoke, is well-established by scientific research and well-recognised by the community both locally and internationally. The Framework Convention on Tobacco Control (FCTC) of the World Health Organization (WHO) represents the international efforts to address tobacco dependence as a public health epidemic. China is a signatory of and has ratified FCTC, the application of which has been extended to Hong Kong since 2006.

The Hong Kong SAR Government's tobacco control policy seeks to safeguard public health by discouraging smoking, containing the proliferation of tobacco use and minimising the impact of passive smoking on the public. Our multipronged approach—comprising legislation and enforcement, taxation, publicity and education, as well as smoking cessation services—has gradually reduced the smoking prevalence from 23.3% in early 1982 to 10.5% in 2015.[2]

Legislation and enforcement

The Smoking (Public Health) Ordinance stipulates statutory no-smoking areas and regulates the advertisement, promotion, packaging, and labelling of tobacco products. Smoking is banned in all indoor areas of workplaces and public places, including restaurants and bars, as well as certain outdoor areas, including open areas of schools, leisure facilities, bathing beaches, and public transport facilities. Persons who smoke or carry a lighted cigarette, cigar, or pipe in statutory no-smoking areas or on public transport are liable to a fixed penalty of HK$1500 under the Fixed Penalty (Smoking Offences) Ordinance. Advertising and promoting tobacco products is prohibited in Hong Kong. As a principal enforcement agency under the Ordinance, the Department of Health (DH) Tobacco Control Office (TCO) conducted over 27 000 inspections and issued 7500 fixed penalty notices/summonses for smoking offences in 2015.

Further legislative measures

To further strengthen our tobacco control efforts, we are working on the following three key legislative proposals taking into account overseas experience and in response to new developments in the tobacco market.

First, since 2010, the smoking ban has been extended to over 200 public transport facilities. There have been suggestions to designate more transport facilities as no-smoking areas to further protect the public from secondhand smoke exposure. As a first step, we propose to extend the statutory no-smoking areas to include bus interchange (BI) facilities located at the eight tunnel portal areas to protect the public while waiting at these BIs—the relevant legislation has been passed in January and should be enacted on 31 March 2016. We will keep this initiative under review and consider further extension of no-smoking areas.

Second, pictorial health warnings have appeared on tobacco products since 2007. To further enhance their effectiveness as a deterrent and educate smokers about the health risks associated with smoking, the Government proposed to enlarge pictorial health warnings from at least 50% to 85% of the pack size, increase the number of forms of health warning from six to 12, and display details of Quitline.

Third, overseas reports reveal that electronic cigarettes (e-cigarette) are becoming increasingly popular, particularly among children and adolescents.[3-6] E-cigarettes have been shown to contain respiratory irritants and even carcinogenic substances. Apart from health effects, the WHO has also expressed concerns about the "gateway" and "renormalisation" effects that have the potential to significantly undermine our tobacco control efforts. The scientific evidence to support the effectiveness of the e-cigarette as a cessation tool is limited and inconclusive so far. Given the potential impact of the use of e-cigarettes on tobacco control efforts, especially for the young population, the Government proposes to strengthen the existing legislative framework and prohibit their import, manufacture, sale, distribution, and advertising, before they become prevalent and harm human health. In the meantime, we will increase publicity and public education, by making use of mass media channels

and working with relevant stakeholders including schools and health care professionals, to publicise the potential harm of e-cigarettes.

Tobacco duty

Tobacco duty rate was last increased by 11.72% in 2014, so that duty constituted 70% of the retail price of cigarettes. The Government will monitor closely changes in cigarette retail prices and the overall smoking situation in Hong Kong and review the tobacco duty rate regularly.

Smoking cessation services

Nicotine is addictive. While the above legislative and taxation measures serve as incentives to quit, smokers require adequate support to do so successfully. The Government holds the view that smoking cessation is an integral and indispensable part of its tobacco control policy to complement other tobacco control measures. The TCO operates an integrated Smoking Cessation Hotline (Quitline: 1833 183) to provide general professional counselling and information on smoking cessation, and arrange referrals to various smoking cessation services in Hong Kong.

At present, DH operates five smoking cessation clinics, while the Hospital Authority operates 16 full-time and 42 part-time smoking cessation clinics. To further strengthen the provision of smoking cessation services in the community, the Government has in recent years engaged local non-governmental organisations (NGOs) in providing free community-based smoking cessation services. As reported in the original article in this issue by Ho et al,[7] the Tung Wah Group of Hospitals is one of our NGO partners that provides smoking cessation services through its Integrated Centre on Smoking Cessation set up in different districts of Hong Kong. They have adopted an integrated model of counselling and pharmacotherapy, and the quit rate at week 26 is 35.1%.[7] Apart from counselling and pharmacotherapy, the Government also engages other NGOs to enhance smoking cessation services with different approaches including acupuncture, an outreach service to workplaces, and services for ethnic minorities and new immigrants. The quit rate of these services ranges between 25% and 30%.

Given the expertise of health care professionals in the area, we have a prominent role to play in helping patients to quit smoking. There is evidence that the provision of brief advice from a physician can increase the chance of quitting when compared with no advice (relative risk, 1.66; 95% confidence interval, 1.42-1.94).[8] As such, doctors may incorporate brief cessation advice and counselling into their consultations with patients who are smokers. This may motivate smokers to quit and contribute significantly to their health.

The health of the public is every health care professional's paramount concern. The Government strives to control tobacco use through a multipronged approach. We will continue our efforts to strengthen the tobacco control regimen. With the concerted efforts of health care professionals, community organisations and the public, we will continue to work towards our next target—a single-digit smoking prevalence.

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