

For information
13 February 2012

Legislative Council Panel on Health Services

Tobacco Control – Progress Update

Purpose

This paper updates Members on the progress of the tobacco control measures adopted by the Administration.

Tobacco Control Policy

2. To protect public health, it is the established policy of the Government to discourage smoking, contain the proliferation of tobacco use and protect the public from exposure to second-hand smoke as far as possible. To this end, the Administration adopts a progressive and multi-pronged approach comprising legislation, enforcement, publicity, education, smoking cessation and taxation. Moreover, China is a signatory of and has ratified the Framework Convention on Tobacco Control (FCTC) of the World Health Organization (WHO), the application of which has been extended to Hong Kong since 2006. Our current policy on tobacco control has full regard to the provisions of FCTC.

3. Over the past three decades, we have been progressively stepping up tobacco control on all fronts, having regard to the expectations and acceptance of our community. The key measures in tobacco control taken since the early 1980s are summarized at *Annex A*. More recently, we have increased tobacco duty by about 41.5% in February 2011 as part of our continuous efforts to reducing tobacco consumption and smoking prevalence, as well as to prevent the youngsters from picking up smoking. At the same time, we have been increasing resources for publicity, education, smoking cessation and enforcement of the tobacco control legislation.

4. With the progressive implementation of tobacco control measures, the proportion of daily smokers (people who have a habit of smoking daily) among the population aged 15 and above dropped steadily from about 23.3% in the

early 1980s to 11.1% in 2010, according to surveys conducted by the Census and Statistics Department (see *Annex B*). Surveys on the proportion of smokers among secondary school students, conducted by The University of Hong Kong, revealed a sustained drop in the proportion of smokers among Form 1 to Form 5 students, from 9.6% in 2003/04 to 6.9% in 2007/08 and dropping further to 3.4% in 2010/11. The declining trend in smoking prevalence in Hong Kong reflected the effectiveness of the progressive and multi-pronged approach in tobacco control and the sustained efforts by the community as a whole.

Legislation and Enforcement

5. We have been taking various measures to strengthen tobacco control through legislation and enforcement since 2006, when the Smoking (Public Health) Ordinance was amended to significantly expand the statutory smoking ban and strengthen the tobacco control regime including advertising and packaging. Smoking is now banned in all indoor areas of workplaces and public places, including restaurants and bars, as well as outdoor areas of schools, leisure grounds and bathing beaches, etc. The smoking ban has also been extended to some 220 public transport facilities since 2009.

6. With the enactment of the Fixed Penalty (Smoking Offences) Ordinance on 1 September 2009, persons smoking in statutory no smoking areas and on public transport carriers are liable to a fixed penalty of \$1,500. With the exemption for small retailers and hawkers removed, all advertisements and promotions on tobacco products are now prohibited in Hong Kong. The sale of cigarette and tobacco products to persons under the age of 18 has also been illegal since 1994. All packaging of tobacco products have also been required to display pictorial health warnings with effect from October 2007, and all retailers of tobacco products are required to display warning signs.

7. The Tobacco Control Office (TCO) of the Department of Health (DH) set up in 2001 is responsible for, inter alia, implementing and enforcing the tobacco control legislation, particularly the smoking ban in statutory no smoking areas. Implementation and enforcement of smoking ban has largely been smooth throughout the years. In 2011, TCO received about 16 400 smoking complaints and over 4 700 enquiries, conducted over 23 000

inspections, and issued over 7 600 fixed penalty notices for smoking offences last year. Statistics on the enforcement actions are at *Annex C*. TCO as the main enforcement agency will continue to enforce the smoking ban, supported by other enforcement departments responsible for management of public venues, and will continue to implement the provisions of the tobacco control legislation.

Education and Promotion

8. The Government endeavours to enhance the awareness of the general public on the harmfulness of smoking, to prevent people especially younger people from picking up smoking habit, and to encourage smokers to quit smoking. Our health promotion efforts include general publicity, health education and promotional activities on tobacco control through TV and radio announcements of public interest, internet advertisements, enquiry hotline, promotion campaigns, health education materials and seminars, etc. As a recent example, DH launched a smartphone application for smoking cessation for free download by the public in August 2011. As at end 2011, there were over 8 000 downloads of the application.

9. The Hong Kong Council on Smoking and Health (COSH) continues its education and publicity efforts at kindergartens, primary and secondary schools through production of guidelines and exhibition boards, health talks and theatre programmes, etc. to educate students on the hazards of smoking as well as how to resist the temptation of smoking. To promote a smoke-free environment at the workplace, COSH launched the “Smoke-Free Hong Kong Leading Company Awards” in September 2011 to promote and educate employers and employees the harmfulness of smoking, and to promote excellent smoke-free workplace policy. A total of 213 companies with over 52 000 staff have participated in the programme.

10. Since June 2011, the Government has been providing funding to the School of Nursing of the University of Hong Kong for establishment of the Hong Kong Youth Quitline (2855 9557) to provide counselling services to young smokers aged 12 to 25 over the phone. Peer student counsellors have been recruited and trained to provide counselling to young smokers. DH also works with Po Leung Kuk (PLK) and the Life Education Activity Programme (LEAP) to organize health promotional activities at schools to promote a

smoke-free culture. PLK pilots health education programmes on hazards of smoking and organizes various school-based smoking prevention activities. Through the mobile classrooms and interactive activities, the LEAP enlightens primary school students on the tactics used by the tobacco industry to market cigarette sales, and equip them with the skills to resist picking up smoking habit from peer pressure.

Smoking Cessation Services

11. Smoking cessation is an integral part of our tobacco control measures to protect public health. Over the years, DH and the Hospital Authority (HA) have been actively promoting smoking prevention and cessation through providing cessation counselling telephone hotline, health talks and other health education programmes, and smoking cessation services in their respective clinics. Collaborative efforts are also undertaken with non-government organizations, academic institutions and healthcare professions to promote smoking cessation and provide smoking cessation services to the public. The range of counseling and clinic services for smoking cessation are described in the ensuing paragraphs. A summary table of the service throughputs of the counselling and smoking cessation services is at *Annex D*.

Smoking Cessation Hotline and Counselling

12. DH operates a Smoking Cessation Hotline (1833 183) to provide general enquiry and counselling on smoking cessation, and coordinates the provision of smoking cessation services in Hong Kong. Clients who have the need can be referred for follow-up services in smoking cessation clinics operated by DH, HA and non-government organizations. HA also operates a telephone service on smoking cessation, providing both general enquiry and counselling services.

13. Since the announcement of the proposed increase in tobacco duty in February 2011, DH's Hotline received an average of 189 calls per day during the first week immediately after the Budget, which was a five-fold of the average number of calls per day in 2010. The total number of calls received in 2011 stood at an all-time high of 20 571 calls, as compared to 13 800 calls in 2010. This trend of increase in demand for smoking cessation services shows

that increase in tobacco duty has a direct and positive effect in nudging smokers to contemplate quitting of smoking habits.

Smoking Cessation Clinics

14. DH operates a total of 5 smoking cessation clinics (4 are targeting civil servants, and one is open to members of the public) to provide counselling for smokers, prescription of Nicotine Replacement Therapy (NRT) or other medications to manage nicotine dependence. HA operates 6 full-time and 36 part-time smoking cessation clinics to provide smoking cessation services to the public through health talks, counselling and treatment. Clients are referred either by DH or by doctors in public hospitals and clinics. Clients attending HA smoking cessation clinics, where clinically necessary according to protocol, are prescribed NRT drugs free-of-charge since August 2010.

15. To leverage on community efforts in smoking cessation, DH has entered into a funding and service agreement with the Tung Wah Group of Hospitals (TWGHs) for the provision of a community-based smoking cessation programme since January 2009. The programme started with a funding of \$5 million and will be expanded to \$21 million in 2011-12. It covers a comprehensive range of activities and services including smoking cessation service, education for the public, training for health care professionals and research projects. There are currently six centres operating by TWGHs throughout the territory to provide free smoking cessation services.

16. DH has also entered into a funding and service agreement with Pok Oi Hospital (POH) since April 2010 for the provision of a smoking cessation pilot programme using acupuncture in Chinese Medicine. Free smoking cessation service is now provided in 18 mobile clinics which serve over 90 locations in different districts. In addition, a Chinese Medicine Community Health Care Centre at Kwun Tong has been established to support these mobile clinics.

Tobacco Duty

17. To curb the global tobacco epidemic, WHO has also been calling for raising tobacco tax as the most direct and effective means of reducing tobacco consumption. It is well established internationally and empirically that

tobacco price has a strong inverse correlation with tobacco consumption. Cigarette price is well established as a key factor influencing tobacco consumption and smoking prevalence. World Bank's findings indicated that, on average, a price rise of 10% on a pack of cigarettes is expected to reduce demand for cigarettes by about 4% in high-income countries and by about 8% in low- and middle-income countries, where lower incomes tend to make people more responsive to price changes. International experience strongly indicates that tobacco tax is highly instrumental in reducing smoking prevalence.

18. Tobacco duty increase is long established and part and parcel of our multi-pronged approach to tobacco control. Over the years, tobacco duty has been increased progressively in tandem with the strengthening of overall tobacco control. The duty on tobacco products was last increased by 50% and about 41.5% in February 2009 and February 2011 respectively to tie in with the Government's tobacco control measures. At present, the proportion of tobacco duty to retail price stands at about 70%. The duty-free concessions on tobacco products for incoming travellers at entry points has also been abolished (with exception for small quantity for self-consumption) since 1 August 2010.

19. The quantity of duty-paid cigarettes has shown a general trend of decline. After the last tobacco duty increase in February 2011, the quantity of duty-paid cigarettes from March to December 2011 decreased substantially by 27% (from 2.3 billion sticks to 1.7 billion sticks) compared with the same period in 2010. Meanwhile, the Customs and Excise Department (C&ED) has been closely monitoring and containing illicit cigarette smuggling and peddling activities. With C&ED's continued efforts to combat illicit cigarette activities, so far there is no evidence of such activities worsening significantly as a result of tobacco duty increase, and the situation is kept under control. If necessary, C&ED will intensify its enforcement action against illicit cigarette activities at different levels, including importation, storage, distribution and street paddling, with strengthened manpower through internal redeployment.

Way Forward

20. The implementation of tobacco control measures in a progressive and multi-pronged approach has proven to be effective in achieving the objective of our established tobacco control policy. With the strengthening of tobacco

control across various areas, smoking prevalence has been declining steadily and demand for smoking cessation has been increasing. Enhancing smoking cessation services will help sustain the momentum of tobacco control and the inclination of smokers to proactively participate in quitting smoking. To this end, we have been enhancing smoking cessation services by allocating additional funding to DH and HA over the years.

21. Looking ahead, we will continue to step up cessation services and strengthen publicity and education, so as to reduce smoking consumption and to complement the series of tobacco control measures taken in the past few years. Resources for DH for smoking prevention and cessation related activities will be further increased from about \$47 million in 2011-12 to over \$81 million in 2012-13. HA has earmarked \$21 million in 2012-13 to establish nine additional smoking cessation teams to enhance smoking cessation in primary care setting. Resource provision for different areas of tobacco control activities from 2007-08 to 2012-13 is set out at *Annex E*.

22. Apart from public health education, smoking cessation promotion, and provision of smoking cessation services, the Government will also continue to closely monitor our tobacco control measures in all other aspects including legislation, enforcement and taxation, and consider necessary steps to further strengthen our efforts in tobacco control to protect public health. In this regard, the Government will evaluate the effectiveness of our current tobacco control measures, take into consideration international trend and others' experience, and assess scope for furthering tobacco control in step with community expectations and sentiments.

Advice Sought

23. Members are invited to note the contents of this paper and provide their views on the way forward of tobacco control.

Food and Health Bureau
Department of Health
February 2012

Chronology of Key Tobacco Control Measures Since Early 1980s

Date	Tobacco Control Measures
1982	The Smoking (Public Health) Ordinance (Cap. 371) was first enacted by the Legislative Council in 1982, introducing statutory smoking ban and restrictions on tobacco sale and advertisements.
15 November 1982	Required health warnings for all cigarette advertisements in the printed media. Required health warnings on all cigarette packages.
1982	Implemented smoking bans in lifts, ferries, trains, cinemas, theatres, concert halls and airport terminal by phase.
23 February 1983	Increased duty for tobacco products by 300% as announced in the 1983-84 Budget Speech.
1984	Increased duty for tobacco products by 118%
1988	Increased duty for tobacco products by 106%
1 December 1988	Banned cigarette advertising and sponsorship from 4:00pm to 10:30pm on TV.
1989	Increased duty for tobacco products by 109%
26 August 1989	Banned cigarette advertising and sponsorship from 4:00pm to 10:30pm on radio.
1990	Increased duty for tobacco products by 25%
1 December 1990	Banned all cigarette advertising and sponsorship on TV and radio.
1991	Increased duty for tobacco products by 100%
1992	Increased duty for tobacco products by 10%
1 August 1992	Banned all cigarette advertising in cinemas.
1993	Increased duty for tobacco products by 9.5%
February 1993	Prohibited selling of cigarette with a tar content exceeding 20mg.
1 January 1994	Required at least 20% space for health warnings on all cigarette advertisements in the printed media, signs and billboards.
1994	Prohibited sale of tobacco to people under age 18.
1995	Increased duty for tobacco products by 8%

Date	Tobacco Control Measures
April 1995	Required tobacco product retailers to display a sign informing the public that selling or giving tobacco products to persons under 18 is prohibited.
1996	Increased duty for tobacco products by 9%
1997	Increased duty for tobacco products by 6%
1998	Increased duty for tobacco products by 6%
1 April 1998	Prohibited selling of tobacco products through vending machines. Prohibited tobacco advertisement on the Internet.
1 July 1998	Implemented smoking ban in shopping centres, department stores, supermarkets, banks and game arcades. Prohibited promotion of sale of tobacco products by offering prizes, gifts, tokens or raffles.
July 1999	Required restaurants with seats for 200+ persons to have at least one-third no smoking areas. Prohibited selling of cigarettes in packets of less than 20 cigarettes. Lowered restriction of maximum tar yields in cigarettes from 20mg to 17mg.
31 December 1999	Prohibited all tobacco advertisements in the printed media.
2001	Established the Tobacco Control Office (TCO) in the Department of Health (DH) to co-ordinate the implementation of the tobacco control legislation and public education and smoking cessation promotion. Increased duty for tobacco products by 5%
June 2001	Issued the Consultation Document on Proposed Legislative Amendments to the Smoking (Public Health) Ordinance.
April 2005	Introduced the Smoking (Public Health) (Amendment) Bill 2005 into the Legislative Council.
2005	China ratified the Framework Convention on Tobacco Control (FCTC) of the World Health Organisation (WHO).
2006	WHO FCTC came into effect and its application extended to Hong Kong.
19 October 2006	The Smoking (Public Health) (Amendment) Ordinance 2006 was enacted by the Legislative Council.
October 2006	Appointed and vested the inspectors of TCO with inspection and enforcement authority under the Ordinance.

Date	Tobacco Control Measures
1 January 2007	Implemented smoking ban at all indoor workplace and public places (including restaurants, karaokes, amusement game centres, malls, markets, residential care home, etc. except six types of qualified establishments), schools, universities, child care centres, hospitals and certain outdoor leisure areas (including public leisure parks, bathing beaches, swimming pools and stadia under the management of the Leisure and Cultural Services Department).
27 October 2007	Effectuated new graphic warning and packaging restrictions on tobacco products.
1 November 2007	Withdrawed the exemption for display of tobacco advertisements at retail dealers with two employees or less.
February 2008	Introduced the Fixed Penalty (Smoking Offences) Bill for a fixed penalty system for smoking offences into the Legislative Council.
January 2009	Commenced a three-year pilot of community-based smoking cessation services in collaboration with Tung Wah Group of Hospitals.
25 February 2009	Increased the duty for tobacco products by 50% as announced in the 2009-10 Budget Speech.
1 July 2009	Extended smoking ban to the six types of qualified establishment namely bars, clubs, nightclubs, bathhouses, massage parlours, and mahjong and tinkau parlours hitherto exempted from the ban.
2 July 2009	The Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) was enacted by the Legislative Council.
1 September 2009	Implemented the fixed penalty system for smoking offences in accordance with the Fixed Penalty (Smoking Offences) Ordinance.
1 September 2009	Extended smoking ban to 48 covered public transport facilities (or PTFs for short).
1 November 2009	Withdrawed the exemption for display of tobacco advertisement at licensed hawker stalls.
April 2010	Commenced a one-year pilot programme of smoking cessation services using acupuncture in collaboration with Pok Oi Hospital.
1 August 2010	Abolished the duty-free concessions on tobacco products for incoming passengers at entry points (except for small quantity for self-consumption, no more than 19 sticks of cigarettes in any one packet; or no more than one stick/25 grams of cigars; or no more than 25 grams of other manufactured tobacco).
1 December 2010	Extended smoking ban to some 130 open-air PTFs.
23 February 2011	Increased the duty for tobacco products by 41.46% as announced in the 2011-12 Budget Speech.

**Surveys conducted by the Census and Statistics Department
on smoking pattern since 1980s**

Year	Number of daily smokers among population aged 15 or above¹	Average daily cigarette consumption of daily smokers (sticks/day)²	Smoking pattern survey period
1982	888 400 (23.3%)	16	Jan-Mar 1982
1983	783 900 (19.9%)	14	Mar 1983
1984	744 500 (18.7%)	15	Jul 1984
1986	713 400 (17.4%)	15	Jul 1986
1988	723 900 (16.8%)	15	Jul 1988
1990	691 900 (15.7%)	13	Jul 1990
1993	687 100 (14.9%)	13	Aug-Sept 1993
1996	740 400 (14.8%)	16	Jan 1996
1998	805 100 (15.0%)	16	Mar 1998
2000	692 500 (12.4%)	15	Oct-Nov 2000
2002/03	818 200 (14.4%)	14	Nov 2002 - Feb 2003
2005	793 200 (14.0%)	13	Feb-May 2005
2007/08	676 900 (11.8%)	13.9	Dec 2007 - Mar 2008
2009/10	698 700 (12.0%)	13.7	Nov 2009 - Feb 2010
2010	657 000 (11.1%)	13.4	Oct-Dec 2010

¹ Figure in brackets is the percentage of people in the population aged 15 and over who have daily smoking habit in the perspective survey periods.

² Only rounded integer numbers are available before 2005.

Breakdown of summonses/Fixed Penalty Notices (FPNs)
issued for smoking offences by types of premises

Type of Premises where summonses or FPNs were issued	2009		2010		2011	
	Summonses	FPNs	Summonses	FPNs	Summonses	FPNs
Amusement Game Centres	1 266	413	15	2 178	15	1 717
Shopping malls and shops	657	225	3	1 354	22	1 447
Food premises	581	186	1	708	10	634
Public pleasure grounds (including parks)	374	103	6	418	12	366
Markets	236	68	10	595	18	703
Public Transport Facilities		39	2	325	11	579
Hospitality establishment	56	166	6	1 076	6	837
Other statutory no smoking areas	1 010	277	50	1 298	76	1 354
Total	4 180	1 477	93	7 952	170	7 637

**Breakdown of summonses/FPNs issued for
smoking offences by districts**

District	2009		2010		2011	
	Summonses issued for smoking offence	FPNs issued	Summonses issued for smoking offence	FPNs issued	Summonses issued for smoking offence	FPNs issued
Hong Kong Island	631	268	12	1 253	38	1 128
Kowloon	2 052	705	34	4 292	50	4 061
New Territories	1 497	504	47	2 407	82	2 448
Total	4 180	1 477	93	7 952	170	7 637

**Numbers of complaints received,
inspections conducted and summonses and FPNs issued**

		2009	2010	2011
Complaints received		17 399	17 089	16 418
Inspections conducted		17 627	23 623	23 176
FPNs issued (for smoking offences)		1 477	7 952	7 637
Summonses issued	for smoking offences	4 180	93	170
	for other related offences	118	128	117

Other enforcement figures

<u>Tobacco advertisements</u>	2009	2010	2011
No. of complaints received	47	45	25
No. of warning letters (cases) issued	12 (11)	9 (9)	11 (10)
No. of summonses issued	-	1	1
Amount of fine (\$)	-	0	7,000

<u>Sales of tobacco products to minors</u>	2009	2010	2011
No. of complaints received	55	97	47
No. of inspection conducted	68	165	79
No. of summonses issued	8	8	2
Amount of fine (\$)	500 – 4,000	0 – 2,000	2,000 – 2,500

<u>Sales of tobacco products with gifts</u>	2009	2010	2011
No. of complaints received	4	4	1
No. of inspection conducted	3	4	0
No. of summonses issued	2	0	0
Amount of fine (\$)	1,000 – 1,500	-	-

Key Statistics on Smoking Cessation Services

Service \ Year	Clients served			
	2008	2009	2010	2011
DH (hotline enquiry)	4 335	15 500	13 880	20 571
DH (clinic attendance)	329	567	597	521
TWGHs programme (started in Jan 2009)	N/A	717	1 288	2 756
POH programme (started in Apr 2010)	N/A	N/A	1 008	1 380
HA (number of enquiry)	6 782	6 778	6 844	10 648
HA (number of telephone counseling)	7 583	9 192	11 240	17 465
HA (number of new case attended smoking cessation clinic)	2 109	2 854	4 156	6 419

Key:

DH	Department of Health
TWGHs	Tung Wah Groups of Hospitals
POH	Pok Oi Hospital
HA	Hospital Authority
N/A	Not available

Expenditures / Provisions of the Department of Health on Tobacco Control

	2007-08 (\$ million)	2008-09 (\$ million)	2009-10 (\$ million)	2010-11 (\$ million)	2011-12 Revised Estimate (\$ million)	2012-13 Estimate (\$ million)
<u>Enforcement</u>						
Programme 1: Statutory Functions	20.3	23.1	30.8	40.4	35.6	36.8
<u>Health Education and Smoking Cessation</u>						
Programme 3: Health Promotion	35.1	35.8	44.5	57.8	85.6 ^{Note3}	115.0
<i>(a) General health education and promotion of smoking cessation</i>						
<i>TCO</i>	24.9	22.4	28.2	22.3	27.2	22.4
<i>Subvention: Council on Smoking and Health (COSH) – Publicity</i>	10.2	10.9	12.6	13.2	11.3	11.5
<i>(b) Provision for smoking cessation services</i>						
<i>TCO</i>				6.1	15.6	47.3
<i>Subvention: COSH</i>					3.5	8.5
<i>Subvention to Tung Wah Group of Hospitals (TWGHs) – Smoking cessation programme</i>		2.5	3.7	11.4	21.0	20.0
<i>Subvention to Pok Oi Hospital (POH) – Smoking cessation programme using acupuncture</i>				4.8	5.8	-
<i>Smoking cessation programme using acupuncture</i>						5.0
<i>Subvention to Po Leung Kuk – School-based smoking prevention activities</i>					1.2	0.3
Total	55.4	58.9	75.3	98.2	121.2	151.8

³ The additional provision of \$21 million allocated by the Primary Care Office in 2011-12 to enhance smoking cessation service in 2011-12 has been transferred to Programme 3.