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## INFORMATION NOTE

### Supplementary Note on Smoke-free Workplace Legislation in Selected Places

#### 1. Background

1.1 The Bills Committee on Smoking (Public Health)(Amendment) Bill 2005, at its meeting on 9 December 2005, requested the Research and Library Services Division to provide information on the following items arising from the research paper entitled "Smoke-free Workplace Legislation in Selected Places":

- (a) findings on the costs of smoking, i.e. the adverse health effects and economic losses caused by smoking or smoking-related problems, in selected places covered by the research paper; and
- (b) the recent development of the smoking ban in France.

#### 2. Costs of smoking

2.1 A research indicates that certain findings on the costs of smoking are available from nine out of the ten selected places covered by the above research paper, namely Ireland, Norway, the United Kingdom, Singapore, Japan, Taiwan, the State of California in the United States (California), the State of Queensland in Australia (Queensland) and the Province of British Columbia in Canada (British Columbia). Since the findings in these places vary in such aspects as scope, methodology and research period, they are presented below separately instead of comparatively.

##### Ireland

##### *Adverse health effect*

2.2 In Ireland where about 24% of the population smoked in 2005, some 7 000 people are killed by smoking-related diseases every year.<sup>1</sup> In addition, a non-smoker living with a smoker has a 25% increased risk of lung cancer and a 30% increased risk of heart disease.<sup>2</sup> According to the Irish Cancer Society, smoking causes 95% of lung cancers in Ireland where about 1 500 people develop the disease every year and is the single most important preventable cause of illness and death.

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<sup>1</sup> Department of Health. (2005).

<sup>2</sup> Ibid.

*Economic loss*

2.3 An academic study<sup>3</sup> issued in 2003 found that in Ireland, the cost of excess absenteeism (in excess of absenteeism expected for any given firm in any given year) caused by smoking amounted to about €14 million (HK\$1.1 billion) in 2002. The study also estimated that if all workplaces had operated a smoke-free policy but permitted smokers to have two five-minute smoking breaks a day (in excess of "normal" breaks), there would have been an additional loss of €271 million (HK\$2.5 billion) for Ireland in 2002. If the cost of excess absenteeism and smoking breaks alone were considered, it was estimated that workplace smoking cost the Irish economy €385 million (HK\$3.6 billion) in 2002. The findings of this study have been used by the Irish government to support its anti-smoking effort.

Norway*Adverse health effect*

2.4 In Norway where about 30% of the population smoke, some 6 400 people die from smoking-related diseases every year.<sup>4</sup> The Directorate for Health and Social Affairs of the Norwegian government states that cardiovascular diseases are the greatest cause of increased mortality among smokers, contributing to more than 4 000 deaths every year. It also estimates that 350-550 lives are lost due to passive smoking, and 30 out of 1 000 waiters may die due to passive smoking every year.

*Economic loss*

2.5 As of the publication of this note, no study on smoking-related economic losses in Norway can be found. Nevertheless, the Directorate for Health and Social Affairs claims that smoking in public areas excludes many people from some social arenas. For example, Norwegians suffering from asthma and allergies, amounting to about 120 000, are not free to go to any restaurant or bar.

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<sup>3</sup> Madden, D. (2003). The study was prepared by an economist from the Economic and Social Research Institute, an independent think tank in Ireland. The study stated explicitly that it did not include other possible smoking-attributable economic losses in the workplace, such as excess cleaning costs, excess medical or hospitalization costs and higher insurance premium.

<sup>4</sup> Directorate for Health and Social Affairs. (2005).

## United Kingdom

### *Adverse health effect*

2.6 In the United Kingdom where about 26% of the population smoked in 2003, the Department of Health of the United Kingdom government states that smoking is the principal avoidable cause of premature death, killing about 106 000 people (84 900 in England) a year.<sup>5</sup> A report<sup>6</sup> issued by the Scientific Committee on Tobacco and Health under the Department of Health in 2004 showed that there were an estimated overall 24% increased risk of lung cancer and a 25% increased risk of ischaemic heart disease in non-smokers exposed to second-hand smoke compared to those not exposed. The report also stated that exposure to second-hand smoke had a strong link with adverse health effects in children and with respiratory symptoms and reduced lung function in adults. An academic study<sup>7</sup> published in 2005 found that passive smoking at work was likely to be responsible for the deaths of more than two employees per working day (617 deaths per year), including 54 deaths in the hospitality industry each year. It also found that passive smoking at home might account for another 2 700 deaths in people aged 20-64 and 8 000 deaths among people aged over 65 every year.

### *Economic loss*

2.7 It is estimated that smoking costs the National Health Service (NHS) up to £1.7 billion (HK\$22.8 billion) every year, including the cost of hospital admission, General Practice consultations and prescriptions.<sup>8</sup> An academic study<sup>9</sup> published in 2004 estimated that the treatment of smoking-related diseases was NHS £1.4 billion (HK\$19 billion) to £1.5 billion (HK\$20 billion) every year, which was about 0.16% of the Gross Domestic Product. In particular, an estimated £410 million (HK\$5.5 billion) a year was spent treating childhood illnesses related to passive smoking. In adults, passive smoking accounted for at least 1 000 deaths in non-smokers, at an estimated cost of about £12.8 million (HK\$172 million) a year. The study also estimated that 34 million working days were lost annually in England and Wales through absenteeism resulting from smoking-related illnesses.

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<sup>5</sup> Department of Health. (2006).

<sup>6</sup> Scientific Committee on Tobacco and Health. (2004).

<sup>7</sup> Jamrozik, K. (2005).

<sup>8</sup> World Health Organization. (2004).

<sup>9</sup> Parrott, S. & Godfrey C. (2004).

## Singapore

### *Adverse health effect*

2.8 In Singapore where about 14% of the population smoke, the government states that smoking contributes to some 2 550 deaths every year, and is a key risk factor for cancer, heart disease and stroke, the top three causes of death among Singaporeans.

### *Economic loss*

2.9 A government-funded study<sup>10</sup> published in 2002 found that the total cost of the health effects of smoking in 1997 ranged from S\$674 million (HK\$3.2 billion) to S\$839 million (HK\$4 billion), excluding the lost household production. Assuming that there had been a smoking ban since 1990, the study found that the estimated loss in the Gross National Product caused by smoking was S\$56 million (HK\$263 million) in 1991 and would have reached S\$614 million (HK\$2.9 billion) in 1998. The findings of this study have been used by the government to support its anti-smoking effort.

## Japan

### *Adverse health effect*

2.10 In Japan, about 49% of the male adult population smoke. According to the World Health Organization, smoking contributed to 33 000 deaths in Japan in 2000. As of the publication of this note, no additional findings on smoking-related health effects are available.

### *Economic loss*

2.11 Based on the data derived from a 30-month prospective cohort study of 43 408 National Health Insurance beneficiaries aged 40-79 living in a rural Japanese community, an academic study<sup>11</sup> published in 2001 found that in Japan, male smokers incurred 11% more medical costs than "non-smokers", but for female smokers and "non-smokers" the costs were almost the same. The difference was mainly attributable to the increased use of in-patient medical care among smokers, especially for males, and the monthly cost of in-patient care for smokers being 33% higher.

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<sup>10</sup> Izumi, E. et al. (2002).

<sup>11</sup> Yoko, et al. (2001).

Taiwan*Adverse health effect*

2.12 In Taiwan where 27% of the population smoke, over 18 000 people die from smoking-related diseases every year.<sup>12</sup> As of the publication of this note, no additional findings on smoking-related health effects are available.

*Economic loss*

2.13 Official information shows that medical expenses for smoking-related diseases exceed NT\$16.5 billion (HK\$4 billion), and the overall economic loss attributable to smoking exceed NT\$50 billion (HK\$12 billion).<sup>13</sup>

State of California in the United States*Adverse health effect*

2.14 In California, about 16% of the population smoked in 2004. California Department of Health Services estimated that over 43 000 deaths (representing nearly one in five deaths) in California in 1999 could be attributed to smoking.<sup>14</sup> This estimate was seven times the deaths from diabetes, five times the deaths from unintentional injuries and five times the deaths from influenza. According to the Department, smoking was a major cause of lung cancers which caused 13 737 deaths and accounted for 17 042 new cancer cases in California in 1999. In addition, a study published in 1999 estimated that 4 560 - 7 800 non-smokers died each year in California from lung cancers or heart diseases associated with exposure to second-hand smoke.<sup>15</sup>

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<sup>12</sup> Bureau of Health Promotion. (2004).

<sup>13</sup> Ibid.

<sup>14</sup> California Department of Health Services. (2003).

<sup>15</sup> National Cancer Institute. (1999).

*Economic loss*

2.15 An official study<sup>16</sup> released in 2004 reckoned that the total cost of smoking in California was US\$15.8 billion (HK\$124 billion) in 1999, representing US\$475 (HK\$3,705) per resident and US\$3,331 (HK\$25,981) per smoker. Direct costs were US\$8.6 billion (HK\$76 billion and 54% of the total), indirect costs owing to lost productivity from smoking-related diseases were US\$1.5 billion (HK\$11.7 billion and 10% of the total) and indirect costs owing to premature deaths were US\$5.7 billion (HK\$44.5 billion and 36% of the total). In addition, the cost of smoking was US\$9.4 billion (HK\$73 billion) for men and US\$6.4 billion (HK\$50 billion) for women.

State of Queensland in Australia*Adverse health effect*

2.16 In Queensland where about 20% of the population smoke, over 3 400 people die from smoking-related diseases a year.<sup>17</sup> In 1999-2001, lung cancers accounted for 31% of the deaths attributed to smoking, followed by coronary heart diseases (22%) and chronic obstructive pulmonary diseases (21%). During the same period, second-hand smoking caused an estimated 21 deaths per year in children aged newborn to four years.

*Economic loss*

2.17 The total smoking-related financial burden on Queensland is estimated to be AUS\$2.2 billion (HK\$12.5 billion) annually, which includes health care costs, loss of productivity through sickness and absenteeism, and the impact of premature death.<sup>18</sup> In 2001-02, it was estimated that 168 115 hospital bed days in Queensland were directly attributed to smoking-related conditions, at a cost of AUS\$137.8 million (HK\$785 million).<sup>19</sup>

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<sup>16</sup> Max, W. (2004).

<sup>17</sup> Queensland Health. (2005).

<sup>18</sup> Ibid.

<sup>19</sup> Ibid.

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## Province of British Columbia in Canada

### *Adverse health effect*

2.18 In British Columbia where about 16% of the population smoked in 2002, the Ministry of Health stated in 2003 that 5 600 people died from smoking-related diseases every year.<sup>20</sup> As of the publication of this note, no additional findings on smoking-related health effects are available.

### *Economic loss*

2.19 A 2004 report<sup>21</sup> commissioned by the federal government estimated that in 2002, smoking cost British Columbians CAN\$525 million (HK\$3.5 billion) annually in medical care and CAN\$904 (HK\$6.1 billion) million in productivity losses caused by the premature deaths and excess disability of smokers. The report projected that if 10% of BC's smokers managed to quit smoking, they would, over their lifetimes, save the provincial economy more than CAN\$2.9 billion (HK\$19 billion) in avoided medical care costs and productivity losses.

## **3. Recent development of the smoking ban in France**

3.1 In France, smoking was first banned in airports in 1991. In 1992, a Ministerial decree was enacted to curb smoking in public places. Nevertheless, smoking was only partially restricted in public places such as health care facilities, educational facilities, government facilities, theatres and cinemas, restaurants, pubs and bars, and indoor workplaces and offices. In fact, it was not until the end of December 2005 did the French national railway company, SNCF, ban smoking on all its trains.<sup>22</sup> At present, more than one-third of the French population (about 20 million people) smoke. It is estimated that the health-related costs of smokers amount to €12 billion (HK\$110.4 billion) every year.<sup>23</sup>

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<sup>20</sup> Ministry of Health Services. (2003).

<sup>21</sup> Bridge, J. & Turpin B. (2004).

<sup>22</sup> France to ban smoking on train by end 2005. *China view*. 16 August 2005. Available from: [http://news.xinhuanet.com/english/2005-08/16/content\\_3358937.htm](http://news.xinhuanet.com/english/2005-08/16/content_3358937.htm) [Accessed January 2006].

<sup>23</sup> World Health Organization. (2004).

3.2 In August 2005, the French government indicated its plan to introduce a legislative proposal on clean indoor air that would ban smoking in all indoor workplaces nation-wide, including pubs and restaurants. The government preferred a total smoking ban because the existing law had caused confusion and was unenforceable. Despite the government's anti-smoking effort, the legislative proposal was opposed by the tobacco and hospitality industries, and failed to win the majority support of deputies from the ruling party (the Union for a Popular Movement) in the National Assembly in November 2005.<sup>24</sup>

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<sup>24</sup> France may ban smoking, *International Herald Tribune*. 2 August 2005. Available from: <http://www.iht.com/articles/2005/08/01/news/france.php> [Accessed January 2006], and France says No to ban, *AFX News*. 2 November 2005. Available from: <http://www.smokersclubinc.com/modules.php?name=News&file=print&sid=1878> [Accessed January 2006].

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