

立法會
Legislative Council

LC Paper No. CB(2)491/02-03
(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

**Minutes of special meeting
held on Friday, 25 October 2002 at 10:45 am
in Conference Room A of the Legislative Council Building**

Members Present : Dr Hon LO Wing-lok (Chairman)
Hon Michael MAK Kwok-fung (Deputy Chairman)
Hon Cyd HO Sau-lan
Hon Albert HO Chun-yan
Hon CHAN Kwok-keung
Hon CHAN Yuen-han, JP
Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP
Hon Andrew CHENG Kar-foo
Dr Hon TANG Siu-tong, JP
Hon LI Fung-ying, JP

Members Absent : Dr Hon YEUNG Sum
Dr Hon LAW Chi-kwong, JP

Member Attending : Hon Tommy CHEUNG Yu-yan, JP

Public Officers Attending : All items
Mr Thomas YIU, JP
Deputy Secretary for Health, Welfare and Food

Dr P Y LAM, JP
Deputy Director of Health

Miss Noel TSANG
Assistant Secretary for Health, Welfare and Food

Item I

Miss Angela LUK
Principal Assistant Secretary for Health, Welfare and Food

Dr T H LEUNG
Assistant Director of Health (Traditional Chinese Medicine)

Item II

Mr Eddie POON
Principal Assistant Secretary for Health, Welfare and Food

Dr Henry KONG
Senior Medical and Health Officer (Tobacco Control and
Special Health Services), Department of Health

**Deputations by : Item II
Invitation**

Professor A J Hedley
Chair Professor, Department of Community Medicine
University of Hong Kong

Professor T H LAM
Head, Department of Community Medicine
University of Hong Kong

Dr Sarah McGhee
Associate Professor, Department of Community Medicine
University of Hong Kong

Dr Raymond Y T YEUNG
Research Assistant Professor, Medical and Health Research
Network, Faculty of Medicine, University of Hong Kong

Mr Brandford CHAN Ho-yeung,
Research Assistant, Department of Community Medicine
University of Hong Kong

Mr David Arthur
Director of Environmental Resources Management

Mr Alastair McNair Scott
Principal Consultant of Environmental Resources Management

KPMG

Mr Thomas Stanley
Director

Mr Alan LAM
Assistant Manager

Clerk in Attendance : Ms Doris CHAN
Chief Assistant Secretary (2) 4

Staff in Attendance : Miss Monna LAI
Assistant Legal Adviser 7

Miss Mary SO
Senior Assistant Secretary (2) 8

I. Regulatory control on Chinese medicines
(LC Paper No. CB(2)1/02-03(01))

At the invitation of the Chairman, Assistant Director of Health (Traditional Chinese Medicine) (ADH(TCM)) briefed members on the salient points of the proposed Chinese Medicine Regulation and the Chinese Medicines Traders (Regulatory) Regulation set out in the above Administration's paper, and that of the proposed fees payable in respect of Chinese medicines traders and registration of proprietary Chinese medicines set out in an additional Administration's paper tabled at the meeting (LC Paper No CB(2)186/02-03(02)).

2. Ms LI Fung-ying asked the following questions -

- (a) Whether products, such as diet pills and health food, composed of Chinese herbal medicines, and their traders and manufacturers would come under the proposed Chinese Medicine Regulation and Chinese Medicines Traders (Regulatory) Regulation;
- (b) Whether proprietary Chinese medicines manufactured outside Hong Kong and offered for sale in Hong Kong would be governed by the two proposed Regulations mentioned in (a) above; and
- (c) Whether the Administration had conducted any assessment of the impact of the proposed fees payable in respect of licensing of Chinese medicine traders and registration of proprietary Chinese medicines on the trade, in particular, the possibility of the trade transferring the increased costs to consumers.

3. ADH(TCM) replied in the positive to Ms LI's first question, as under the Chinese Medicine Ordinance, "proprietary Chinese medicine" meant, inter alia, any proprietary product composed of as active ingredients any Chinese herbal medicines or any other materials of herbal, animal or mineral origin customarily used by the Chinese.

4. ADH(TCM) also replied in the positive to Ms LI's second question, as all proprietary Chinese medicines, irrespective of whether they were manufactured outside or in Hong Kong, would need to be individually registered with the Chinese Medicine Council of Hong Kong (CMC) under the proposed Chinese Medicine Regulation.

5. As to Ms LI's last question, Deputy Director of Health (DDH) said that the Administration had conducted a regulatory impact assessment of the proposed regulation of Chinese medicines prior to introducing the Chinese Medicine Bill into the Legislative Council (LegCo) in February 1999. The findings showed, amongst others, that consumers would be willing to pay more for Chinese medicines if their safety and quality were ensured as a result of the implementation of regulatory control on Chinese medicines.

6. Mr Michael MAK enquired whether the Department of Health (DH) had adequate staff with the requisite knowledge and experience to carry out inspections of retailers of Chinese medicines.

7. DDH assured members that DH had adequate suitably trained staff to carry out inspections of retailers of Chinese medicines. In order to pave way for the

regulation of Chinese medicines, DH had been providing Chinese medicine training for some of its doctors and pharmacists since 1995. For instance, some of the staff concerned had been sent to Beijing to learn about the Mainland practice in the regulation of Chinese medicines, and many DH pharmacists were currently pursuing a degree course in Chinese medicine pharmacy and some of them would be graduating soon. DDH further said out that the labelling requirements of Chinese medicines under the proposed Chinese Medicine Regulation should further help DH staff to carry out their inspections of retailers of Chinese medicines. DH had enlisted the assistance of Mainland experts in drawing up the aforesaid labelling requirements.

8. Mr MAK further asked the following questions -

- (a) What action would DH take to tackle of problem of retailers selling Chinese medicines which they concocted themselves but sold under the names of registered Chinese medicines; and
- (b) What was the number of retailers of Chinese herbal medicines in Hong Kong.

Mr MAK also requested the Administration to provide a paper to the Panel on how DH would carry out its enforcement work on regulatory control on Chinese medicines after the relevant Regulations had come into operation.

9. DDH responded that counterfeit drugs were a worldwide problem and DH would shortly discuss with the trade on how to address the problem of counterfeit Chinese medicines. As regards Mr MAK's second question, DDH said that the number of retailers of Chinese herbal medicines in Hong Kong was about 1 400. He assured members that DH had adequate qualified staff to carry out the enforcement work. DDH further said that the implementational details on the regulatory measures to control the trading and manufacture of Chinese medicines were being drawn up, and DH would be happy to brief members in this regard when such details were finalised and put into practice.

10. Having regard to the Administration's intention to introduce the two Regulations on regulatory control of Chinese medicines and the Regulation on the fees into LegCo later this year, Miss CHAN Yuen-han enquired when the Administration planned to bring these three Regulations into operation. Referring to paragraph 6(h) of the Administration's paper (LC Paper No. CB(2)1/02-03(01)) which set out the types of medicine which could be exempted from certain provisions of the Chinese Medicine Ordinance (Cap. 549), Miss CHAN enquired whether such exemptions would also apply to powdered medicines processed from Chinese herbal medicines.

11. DDH responded that in view of the large number of existing traders and manufacturers of Chinese medicines, the regulatory control of Chinese medicines would be implemented by phases from 2003 so as to give sufficient time to the affected parties to make the necessary changes for meeting the licensing requirements. As to Miss CHAN's second question, DDH said that as granules processed from individual Chinese herbs used for filling prescriptions were not classified as proprietary Chinese medicines, they would not be subject to registration with CMC. However, DH would draw up guidelines to regulate their application.

12. The Chairman asked the following questions -

- (a) How long it would take for all proprietary Chinese medicines to be registered with CMC; and
- (b) Whether Hong Kong had enough qualified people to implement the regulatory measures to control the trading and manufacture of Chinese medicines.

13. ADH(TCM) said that in view of the large number of proprietary Chinese medicines presently offered for sale in Hong Kong, DH envisaged that it would take two to three years for all these medicines to be registered with CMC. To minimise disruptions to the existing Chinese medicine trade, some transitional arrangements would be put in place whereby Chinese medicine traders and manufacturers might continue their business, pending the completion of the licensing and registration procedures. Under the transitional arrangements, where an application for licensing was made by an existing trader or manufacturer, or where an application for registration of a proprietary Chinese medicine was made by the manufacturer or importer concerned, within a time period to be determined by CMC, the trader, manufacturer or proprietary Chinese medicine concerned would be deemed to be licensed or registered until the application was accepted or refused. New proprietary Chinese medicines would, however, be required to be registered with CMC first before they could be offered for sale in Hong Kong. ADH(TCM) assured members that although the whole licensing scheme of traders and manufacturers of Chinese medicines and the registration of proprietary Chinese medicines would take two to three years to complete, the safety of the public would be safeguarded by existing legislation such as the Public Health and Municipal Services Ordinance (Cap. 132). Furthermore, over the past few years, DH had already sampled over 2 000 proprietary Chinese medicines each year to ensure that they were fit for human consumption.

14. Regarding the Chairman's second question, ADH(TCM) said that DH had

enough qualified staff to implement the regulatory measures on control of Chinese medicines. At present, DH had 10 pharmacists well versed in Chinese medicines. In addition, DH had hired several Mainland experts in Chinese medicine to render support to DH in implementing the new licensing and registration measures. This workforce would be further strengthened upon the obtaining of degree qualification in Chinese medicine pharmacy by several DH staff in the coming months. ADH(TCM) further said that there should be no shortage of manpower to cope with the regulatory measures on control of Chinese medicines, as a significant number of local graduates in Chinese medicine pharmacy would be coming on stream in the next few years.

II. Meeting with the Administration and deputations to discuss the survey findings on the proposed amendments to the Smoking (Public Health) Ordinance commissioned by the Government and the private sector
(LC Paper Nos. CB(2)2494/01-02(05), CB(2)1/02-03(02) to (04), CB(2)148/02-03(01) to (03) and CB(2)171/02-03)

15. At the invitation of the Chairman, representatives from KPMG, Environmental Resources Management Limited (ERM) and the University of Hong Kong (HKU) took turn to give a power point presentation of their studies on the Administration's proposal to prohibit smoking in all restaurants, bars and karaokes, details of which were set out in the above papers (LC Paper Nos. CB(2)2494/01-02(05) and CB(2)1/02-03(02) to (04)). The power point presentation given by HKU also included a critical appraisal and rebuttal of the KPMG Report on the impact of the proposed smoking ban on the hospitality businesses in Hong Kong. Key findings of the studies were summarised as follows -

KPMG Hong Kong Report on "Proposed smoking ban : impacts on Hong Kong hospitality businesses" produced for the Hong Kong Catering Industry Association

- (a) The 819 customers in 145 establishments surveyed said that they on average spent around \$1,400 each per week on dining and drinking out;
- (b) These customers would spend appropriately \$150 less per week each should there be a complete smoking ban in restaurants, bars, cafes and the food and beverage outlets in hotels;
- (c) About 30% of the 819 customers surveyed were smokers;
- (d) Smokers tended to spend more than non-smoking customers when

dining and drinking out;

- (e) The greatest fall in revenue would occur in the food and beverage outlets in hotels (17.6%), while bars, restaurants and cafes would see a reduction of 13.7%, 9.2% and 3.5% respectively should the smoke-free policy be implemented; and
- (f) The overall reduction in the receipts of restaurants, bars, cafes and the food and beverage outlets in hotels would be about 10.6%, which was equal to about \$7.9 billion reduction in annual customer expenditure. If employment fell by a similar level, this would lead to a loss of 21 500 jobs in the catering industry.

ERM's regulatory impact assessment on the proposed amendments to the existing smoking legislation in relation to the hospitality sector

- (a) The proposed smoking ban was likely to be economically beneficial to Hong Kong, and should not have long term negative impact on the hospitality sector, although it should be acknowledged that some small eating venues might experience a drop in their sales if the smoking ban was implemented; and
- (b) Exempting bars and karaokes from implementing the smoke-free policy should be avoided, as to do so could have adverse impact on some small venues not exempted from implementing the smoking ban as bars and karaokes also sold food.

HKU's report on the studies of air, ferry and rail travellers to Hong Kong "Does the Government's proposal to create smoke-free catering facilities in restaurants, cafes, bars and karaokes influence the intentions of tourists to visit Hong Kong and to patronise catering venues?"

- (a) Data collected from face-to-face interviews with over 1 400 travellers set to depart from Hong Kong by airplane, train or ferry (including 1 800 Mainland, Korean and Japanese business and tourist visitors, with average smoking prevalence of 40% or more) revealed that 60% to 70% would not change their intention to visit in Hong Kong if smoking ban in all catering facilities was implemented, while 28% would visit Hong Kong more often and only about 6% indicated that they would visit Hong Kong less often. The expected changes in spending ranged from a 5% increase in the spending of those from Taiwan to a 31% increase in the spending of those from South and Southeast Asia and Australia, New Zealand and the South

Pacific. The weighted average change in spending in catering venues for all visitors was an increase of 19%, with a range of 12% to 25%;

- (b) In view of the findings in (a) above, the studies demonstrated that the catering business in Hong Kong would not be harmed and that all types of travellers visiting Hong Kong strongly favoured smoke-free venues;
- (c) The conclusion in (b) above was consistent with overseas experience. For instance, after the enactment of the smoke-free law, there was an increase in restaurant sales in New York City, and in hotel revenues in Los Angeles, San Francisco and New York City; and
- (d) The KPMG Report for the city of Ottawa revealed that since the implementation of smoke-free policies in Ottawa in August 2001, employment in the Ottawa accommodation and food service sector appeared to have risen 6.5% from June to October despite a drop of 3.1% in total employment.

HKU's critical appraisal and rebuttal of the KPMG Hong Kong Report

- (a) The KPMG Hong Kong Report was biased as the survey only interviewed customers at catering venues;
- (b) Such a sampling strategy also led to over-sampling of frequent customers, some of whom were smokers, and smokers tended to eat and drink out more and thus spend more. This was evidenced by the fact that the prevalence of smokers in cafes and restaurants reported by KPMG was 29% to 31%, which far exceeded the population-based tracking survey conducted by the Hong Kong Polytechnic University (HKPU) on the same at only 14%;
- (c) The findings of the KPMG Hong Kong Report were thus biased, which was borne out by the fact that they were not consistent with either the Hong Kong Household Expenditure Survey or the annual survey of sales and other receipts from restaurants, cafes, bars and hotels. A case in point was the finding that the average weekly expenditure of a Hong Kong citizen for eating and drinking out was \$1,426. This was totally implausible as this implied that only 14% of the population dined or drank out, or that the catering revenue amounted to about \$374 billion a year. These figures were at variance with the Government statistics which revealed that the estimated amount which a person spent on meals away from home

was about \$255 per week, and the annual revenue from the catering industry amounted to about \$74 billion. Another example was that KPMG reported that 24% and 14% of the catering revenue in Hong Kong came respectively from bars and hotels, which far exceeded the Government figures that only 3% and 8% of the catering revenue came from bars and hotels respectively; and

- (d) A study by HKU on the expected impact of smoke-free policy in catering venues based on the respondents' responses in the HKPU's third population-based tracking survey revealed that catering businesses would not suffer as a result of the implementation of the smoke-free policy. There might even be an increase of 5.5% in revenue and associated jobs. Respondents of the tracking survey were asked to declare their current patterns of visits and spend in catering venues and to predict changes in visits and/or spend following the introduction of the smoke-free policy. The first and second tracking surveys conducted by HKPU in 1995 and 2000 showed that 77% would not change their habit of eating and drinking out should smoking ban at catering venues be implemented, while 20% said that they would eat out more and only 3% said they would eat out less. These findings were confirmed again in the third tracking survey conducted by HKPU this year.

16. Professor T H LAM of HKU urged for the early implementation of smoking ban in all catering venues to protect employees and the public at large from the hazard of inhaling second-hand smoke. Workers in the catering industry were particular at risk because they had longer exposure to second-hand smoke than patrons. According to the findings of a study conducted by the Hong Kong Council on Smoking and Health, the 170 non-smoking people working in the catering industry had higher levels of cotinine, an indicator of harmful tobacco products in body fluids, than that of people in a controlled group who tried to avoid exposure to second-hand smoke. Professor LAM further said that second-hand smoke exposure at work also increased health costs. A study by the Harvard University showed that second-hand smoke exposure at work had given rise to an extra 1.5 million visits to doctors a year at an estimated cost of US\$248 million.

Discussion

17. Ms Cyd HO put the following questions to KPMG representatives -

- (a) Whether the phenomenon, as revealed in the KPMG Hong Kong Report, that about 14% of customers who indicated that they would

eat and drink out less often when a complete smoking ban in all catering venues was in place, would be a short-term or long term one; and

- (b) Whether KPMG would still consider its findings on the impact of the smoke-free policy on catering industry to be valid if its survey had included people who presently did not dine and drink out.

18. Mr Thomas Stanley of KPMG replied that he could not give an answer to Ms HO's first question, as the customers who indicated that they would eat and drink out less often when the smoking ban was in place were not asked whether they intended to do so on a short-term or long-term basis. As regards Ms HO's second question, Mr Stanley said that including people who never set foot in restaurants, cafes, bars and food and beverage outlets in hotels in the survey would not significantly alter the existing findings, as the number of people from this group who would patronise catering venues when the smoking ban was in place would be a very negligible number. Ms HO queried the validity of Mr Stanley's reply to her second question, as it could not be assumed that people who presently did not dine and drink out would continue to do so after the implementation of the smoking ban if no studies had been made to find out the reasons why they presently did not set foot in catering venues.

19. Responding to the Ms Cyd HO's enquiry on the impact of second-hand smoke on health costs, Professor LAM said that a recent study had revealed that employees' sick leave would reduce by 40% if a smoking ban was imposed in all workplaces. More saving on health costs in this regard was expected, as the study did not include non-workers, such as the elderly and children.

20. Mr Tommy CHEUNG declared that he was the Chairman of the Hong Kong Catering Industry Association, which had commissioned the KPMG Hong Kong Report. Mr CHEUNG raised query about the criticism made by the HKU consultancy team that the findings of the KPMG Hong Kong Report were misleading because the KPMG survey did not include people who presently never went out to eat and drink, as there was no evidence that this group of people would take their meals away from home if a smoking ban in all catering venues were in place. Mr CHEUNG was of the view that interviewing patrons of catering venues was adequate to assess the impact of smoking ban on the catering industry, as it was revealed in an overseas study that Hong Kong people had the highest eating out frequency amongst people in major cities around the world. Mr CHEUNG further queried about a conclusion made by the HKU consultancy team that the expected percentage change in average weekly spending for bars would be a drop of 12% as a result of smoking ban in all catering venues, whereas there would be an expected gain of 5.5% on weekly spending across the catering

venues, which appeared to be conflicting. Mr CHEUNG also said that there was no dispute that second-hand smoke was hazardous to health, and the catering industry was equally concerned about the health of its non-smoking workers being exposed to second-hand smoke. Nevertheless, he was of the view that the discussion at this meeting should focus on the impact of smoke-free policy on the catering industry, and not dwell on the increase in health costs from inhaling second-hand smoke. In fairness, the HKU consultancy team should also mention income from tobacco duty when referring to money spent on treating ailments caused by inhaling second-hand smoke.

21. Professor A J Hedley of HKU reiterated that the only way to find out the impact of smoke-free policy on the catering industry was for the study to cover the whole population, lest a distorted picture would result as in the case of the KPMG Hong Kong Report. Professor LAM said that it was not surprising for the weekly spending in bars to drop by 12% while the same across the catering venues would increase by 5.5% as a result of implementation of smoking ban in all catering venues, as receipts from bars only constituted a small part of the total revenue of the catering industry. Professor LAM further said that income from tobacco duty would not offset the health costs brought about by smoking and exposure to second-hand smoke. In response to the Chairman, Deputy Secretary for Health, Welfare and Food said that Government revenue from tobacco duty was in the region of \$250 million per year. However, he needed to check this figure for certainty after the meeting.

Admin

(Post-meeting note : The Government revenue from tobacco duty was about \$2.5 billion per year.)

22. Mr Tommy CHEUNG remained unconvinced that the only way to find out the impact of smoke-free policy on the catering industry was for the survey to cover the whole population. Mr CHEUNG further said that the KPMG finding that the average weekly expenditure of a Hong Kong citizen for eating and drinking out was \$1,426 was not necessarily incorrect, as this amount was not far from the HKU's figure of \$255 on the same as the \$1,426 figure could be the eating out expenditure for a four-member family. Mr Stanley clarified that the \$1,426 figure did not necessarily mean it was per person spend per week for eating and drinking out, and could possibly include the total bill size covering other people.

23. Mr Tommy CHEUNG asked the ERM consultancy team the following questions -

- (a) What was the approach adopted by ERM in its revenue impact analysis;

- (b) What was the basis for assuming that a smoking ban in catering venues could result in savings in maintenance and cleaning costs equivalent to 0.1% of their revenue;
- (c) What was the basis for stating in table 6.12 of the ERM Report that small restaurants, bars and karaokes had a profit margin ranging from 5% to 10%;
- (d) What was the basis for assuming that the cost borne by the Government for enforcing the anti-smoking legislation in all catering venues would be \$57,000 per year;
- (e) Why were different indicators used in the overseas studies on the impact of smoking ban on the catering industry examined by ERM, as set out in Annex B of the ERM Report; and
- (f) Whether the ERM study had taken into account the fact that different jurisdictions had different approaches to ban smoking in catering venues.

Mr CHEUNG further said that the ERM Report was biased. A case in point was that after examining a number of overseas studies set out in Annex B of its Report, ERM had concluded that studies which had shown smoking ban to have a negative impact on the catering trade were often based on patron or owner surveys, whereas those based on actual sales data suggested that smoking ban did not have a long-term negative effect on the catering revenue.

24. In response, Mr Alastair McNair Scott of ERM gave the following explanation -

- (a) A neutral impact in terms of household spend was assumed for restaurants and bars, whereas a long term negative impact was assumed on the karaokes sector. The reason for the first assumption was that it was consistent with many overseas studies, whereas the second assumption was made having regard to the views expressed by local operators of karaokes as no information on the impact of smoking ban on karaokes was available from other jurisdictions;
- (b) The profit margin contained in table 6.12 of the ERM Report was merely to illustrate the extent to which small restaurants, bars and karaokes could afford to ban smoking in their premises;

- (c) The cost of \$57,000 was calculated on the basis of the information provided by the Administration on the cost of hiring additional tobacco control officials to carry out the proposed ant-smoking legislation;
- (d) The reason why different indicators were used in different overseas studies on the impact of smoking ban on catering trade was because different statistics were available in different jurisdictions. For instance, in some jurisdictions, one could only obtain statistics on alcohol sales, while in some other jurisdictions, one could obtain statistics for the entire restaurant sales;
- (e) ERM had conducted a review of the regulatory experience of 15 overseas countries on anti-smoking, the purpose of which was to gain an understanding of the "lessons learnt" from overseas efforts in the implementation, monitoring and enforcement of tobacco control legislation and to gain an understanding of overseas tobacco control in order to assess whether the proposed amendments to the Smoking (Public Health) Ordinance were in line with international trends;
- (f) The reason for including in the Report that a smoking ban in catering venues could result in savings in maintenance and cleaning costs equivalent to 0.1% of their revenue was intended to be illustrative of this measured impact in other jurisdictions; and
- (g) The reason why studies on the impact of smoking ban on the catering industry based on owner surveys often showed a negative effect on the revenue was because they were opinion surveys.

25. Mr Michael MAK urged for the early implementation of the smoking ban in all catering venues as it was evidenced by overseas experience and findings by the HKU and the ERM consultancy teams that such a move would not have negative impact on the industry as a whole. Mr MAK then enquired whether the tobacco industry had funded the KPMG study on the impact of smoking ban on the catering industry. Mr Stanley responded that KPMG was commissioned by the Hong Kong Catering Association to conduct a study of the impact of the proposed smoking ban on the catering industry. Mr Stanley further said that the study was a completely independent study, and KPMG had no particular interest or agenda to advance through the proposed legislation.

26. Mr MAK further enquired whether any study had been conducted on the awareness of workers of the catering industry on the hazardous effect of second-hand smoke. Professor LAM responded that although no such study had been

conducted before, a study on awareness of the employees in Hong Kong on the effect of second-hand smoke revealed that over 90% of them were well aware of the hazardous effect of second-hand smoke.

27. Mrs Sophie LEUNG expressed support to ban smoking in all catering venues. However, she added that the crux of the matter was whether this was the right time to do so, having regard to the current economic downturn. Mrs LEUNG pointed out that although restaurant sales in New York City had gone up between 1993 and 1995, the surge might not be entirely due to the new measure as the survey period was also a period of economic boom for the city. Restaurant sales in New York City, however, had dropped drastically after the September 11 terrorist attacks on the city. Mrs LEUNG further said that merely relying on legislation to ban smoking would not be effective if this was not supported by public awareness of the hazardous effect of smoking and exposure to second-hand smoke and more public resources put in to help smokers give up smoking.

28. Dr Raymond YEUNG of HKU responded that the statistics on restaurant sales in New York City had already taken into account the economic factor. Professor LAM said that both the Department of Health and the Hospital Authority currently provided smoking cessation services with satisfactory results. Professor LAM further said that the Administration should implement the anti-smoking legislation without delay to avoid conveying a wrong message to the public, particularly youngsters, that smoking was an acceptable act.

29. There being no other business, the meeting ended at 12:53 pm.