



## TOBACCO CONTROL RESEARCH AND POLICY UNIT

控煙研究及政策組

香港大學社會醫學系

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*Tobacco Control Policy*

February 2, 2006

*Tobacco Industry Politics*

The Hon Andrew Cheng Kar-foo  
Chairman, Legislative Council Bills Committee  
Legislative Council Building  
8 Jackson Rod  
Central, Hong Kong

*Tobacco Documents Research*

*Public Health Legislation*

*Litigation*

Chairman,

*Tobacco Taxation*

### Delays in smoke free policies: a hazard to workers' health

*Tobacco Induced Disease*

We wish to express our concern about the introduction of long delays before the implementation of smoke-free policies in workplaces in Hong Kong. We urge both Government and legislators to consider the additional risks to workers' health which will be created by increased exposures to secondhand smoke.

*Mortality Studies*

*Maternal and Child Health*

From a public health point of view we oppose the granting of any extended deadline for implementation of smoke-free workplaces. Our reasons for this opposition are:

*Second Hand Smoke and  
Passive Smoking*

- We have shown that *passive smoking* in Hong Kong imposes a high cost on the community and its health care services; a conservative estimate is about \$1.2 billion per year and 1,324 lives lost. Much of this cost falls on the public sector. More than half of these costs are attributable to *passive smoking at work* but they are wholly avoidable by eliminating the exposure.

*Health Care Impact  
and Econometric Analyses*

*Treatment of Tobacco Dependency  
and Smoking Cessation*

- We have calculated that around **800 deaths** from lung cancer, chronic lung disease, heart disease and stroke each year are attributable to *passive smoking at work*. A further **\$600 million** in health care costs and lost working time are attributable to the treatment of ill health resulting from *passive smoking at work*; about \$270 million in hospital bed-day costs, \$138 million in costs of family doctor visits and \$192 million in lost working days due to illness. This is a conservative estimate which omits the impacts of some conditions and does not include any value for pain and suffering or premature death.

*Education and Training*

*Evaluation of Tobacco Control  
Activities*

#### **Consulting Group:**

Professor Anthony J Hedley (Director)  
Professor Lam Tai-hing (Head of Department)  
Dr Richard Fielding (Head of Behavioural Sciences Group)  
Dr Sarah M McGhee  
Dr Gabriel M Leung  
Dr Wong Chit-ming  
Dr Mary Schooling  
Dr GN Thomas  
Dr Daniel SY Ho

#### **Advisers:**

Dr Carol Betson-Goldstein PhD (United States)  
Professor CQ Jiang MD (Guangzhou)  
Professor Helen Lapsley BA Mecon (Australia)  
Mr Eric LeGresley MSc LL.M (Canada)  
Dr Judith Mackay MBE MB FRCP FFPH (Hong Kong)  
Mr James Repace MSc (United States)  
Dr David Scott PhD (Canada)  
Mr David Simpson OBE Hon MFPH (United Kingdom)  
Professor Alastair Woodward PhD MMedSci MFPH (UK) FAFPHM (New Zealand)  
Ms Cecilia Yeung BA (Hong Kong)

- Any permissive arrangements or delays in implementing smoke-free workplaces will continue to expose workers to this toxic air pollutant and result in extra costs being imposed on the community, the workers and their families.
- The prolonged delay to implementation which is being suggested for the catering and leisure sectors will affect workers who are usually more heavily exposed to this hazard than workers in other sectors. We have shown that catering workers, even in premises with non-smoking areas, are exposed to levels of toxins that far exceed acceptable outdoor air pollutant levels.
- Allowing some establishments a longer grace period than others may result in a greater concentration of smokers in these premises, due to a "non-level playing field" and will further increase the hazard to this group of workers.
- According to worldwide experience and econometric analyses, smoke-free policies benefit public health with no negative economic impact.

The Government should not accept trade offs against the health of any of its citizens in this way. If such a trade-off is considered to be acceptable, it must be as short as possible and the Government must be prepared to explain to this group of workers why their health is being traded off against financial or otherwise vested interests. Legislators and the Government also need to explain to our young people why public health and human lives can be traded off and to prevent the adverse effects of such conflicting and confusing messages on young people.

Yours sincerely,



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University of Hong Kong

#### References

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