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HIBER OF WORLD MEDICAL ASSOCIATION AND COMPENSION OF MEDICAL ASSOCIATIONS IN ASIA & OCEANIA

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Submission to the Bills Committee on Smoking (Public Health) (Amendment) Bill 2005

At the Meeting on Tuesday, 23 May 2006 at 8:30 a.m. in the Conference Room A of the Legislative Council Building

Smoking Rooms – Nothing but a Myth

Environmental tobacco smoke is a major source of indoor air pollution. Tobacco smoke contains over 4000 chemicals, some of which have marked irritant properties and some 60 are known or suspected carcinogens. Passive smoking has been identified as a risk factor for low birth weight, cot death, middle ear infection, asthma, bronchitis, and pneumonia in children, as well as heart disease, stroke, lung cancer and nasal cancer in adults. Many of the toxic substances are present in a higher concentration in the side stream smoke than the main stream smoke, and both smokers and non-smokers are equally vulnerable. As adverse effects can be found at low levels of exposure, there is no safe level of exposure to tobacco smoke.

The most effective way of controlling these toxic gases and fumes is to remove the source. The Hong Kong Medical Association considers that nothing short of a comprehensive ban of smoking in in-door public places will work. Separate smoking rooms are simply not viable alternatives as they are ineffective and difficult to implement. No ventilation can eliminate the toxic gases and particles of secondhand smoke in the presence of one or more continuing emitting sources. Neither do negative pressure rooms work with frequent movement of people. Licensing such smoking rooms is like licensing gas chambers. A false sense of security will do even more harm. The unlevel playing field may also delay overall acceptance of the smoking ban. A protracted stage of transition with frequent conflicts and unsatisfied customers is surely not to the advantage of anyone, smokers, non-smokers, employees and employers of the hospitality trades alike.