

社會醫學系暨行為科學組

DEPARTMENT OF COMMUNITY MEDICINE  
& UNIT FOR BEHAVIOURAL SCIENCES  
University of Hong Kong Medical Centre

香港



大學

5/F William MW Mong Block,  
Faculty of Medicine Building,  
21 Sassoon Road, Hong Kong

Tel: (852) 2819 9280

(852) 2819 9282

Fax: (852) 2855 9528

e-mail: [commmed@hkucc.hku.hk](mailto:commmed@hkucc.hku.hk)

**Chair and Head of Department:** Professor Tai-Hing Lam, *JP*, MD, FFPHM, FFOM, FAFOM, FHKCCM, FHKAM, FRCP

**Chair of Community Medicine:** Professor Anthony J Hedley, *BBS, JP*, MD, FRCP (Lond.Edin.Glas), FFPHM, FHKCCM, FHKAM, FACE, DSocMed

**Head Behavioural Sciences Unit:** Professor Richard Fielding, BA, PhD, CPsych, AFBPsS, FHKPsS, HonMFPHM

**Deputy Head (Education):** Dr Janice M Johnston, BHE, MHSA, PhD

25 April 2008

Legislative Council Secretariat  
Legislative Council  
Hong Kong

Dear Sirs

**Re: Bills Committee on Fixed Penalty (Smoking Offences) Bill**

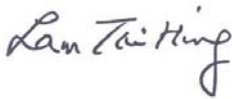
We hereby submit our views on the above as follows:

1. We strongly support the proposals on fixed penalty and we urge the Legislative Council to adopt them as soon as possible, with no more delay.  
We understand there is strong support from the public.
2. Whereas such measures can facilitate better and more efficient enforcement of the law, and can send a strong message to those smokers who have been non-compliant, we emphasize that most of the smokers do comply.
3. The major loophole in the present law is that owners and management personnel of premises with prohibition of smoking by the law are not required by law to ensure that smoking is not allowed in their premises. This has created much difficulties for law enforcing agencies who can only prosecute the smokers who have violated the law, but not the management at all. We urge the Legislative Council and the Government to review this important loophole and to examine the relevant laws in many other countries, including the UK, which require the premise owners and management to ensure that smoking is prohibited in their premises and are liable to prosecution and penalty if they do not comply. We recommend the law be amended accordingly.
4. The introduction of prohibition of smoking in many public places since 1 January 2007 has not been accompanied by major quitting campaigns with expansion of smoking cessation support services. Hence, we have already missed one golden opportunity to cut down tobacco consumption and increase the quit rate.

P.T.O.

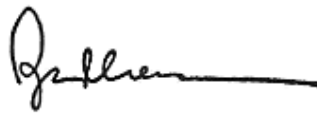
5. The current emphasis on prohibition of smoking and law enforcement and penalty for noncompliance is not adequate to increase quitting, reduce smoking and the related health problems and economic costs to our community. There must be parallel, regular and intensive campaigns on quitting to motivate more smokers to quit smoking, and to encourage nonsmokers to support their smoking relatives and friends to quit. There must be easily and widely accessible and affordable smoking cessation support services, such as quitline, smoking cessation clinics, nicotine replacement therapy and other drugs for smoking cessation, to help as many smokers to quit as quickly as possible. All these measures have been shown to be the most cost effective interventions in improving health and saving health care costs.
6. This time, we must not miss another golden opportunity from the new measure of fixed penalty. There should always be two hands coming from the Government to the smokers: one hand to say no to smoking, and the other to say yes, we are ready to help you quit.
7. Heavy government subsidies are needed especially for many smokers who cannot afford the costs of such services or therapies. Such provision of free or low cost smoking cessation services have also been shown to be effective and cost effective in Hong Kong, and are acceptable to many smokers. Many health care professionals, including doctors, nurses, pharmacists and social workers have been trained by us at the University of Hong Kong in providing more specialised smoking cessation counselling. They need to be supported by giving them dedicated time and resources so that they can fully utilise their skills to benefit as many smokers as possible. Strong government support and adequate funding are needed for sustained publicity campaigns and smoking cessation services, and such will be good investment, not only in reducing health care costs both short and long term, and can reduce health inequality.
8. We are very disappointed the tobacco tax has not been raised for many years. The cheap price of cigarettes is a disincentive to quitting and an incentive to greater cigarette consumption and to smoking among young people and children. We urge the Government to introduce a tobacco levy to support the campaigns on and services for smoking cessation.

Yours sincerely



---

Professor TH Lam  
Head  
Department of Community Medicine



---

Professor Sophia Chan  
Head  
Department of Nursing Studies

