



中華人民共和國香港特別行政區政府總部食物及衛生局

Food and Health Bureau, Government Secretariat  
The Government of the Hong Kong Special Administrative Region  
The People's Republic of China

*Our ref.:* ( ) in FH CR 52/581/89  
*Your ref.:*

*Tel.:* 3509 7913  
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29 June 2015

Ms Maisie LAM  
Clerk to Bills Committee  
Legislative Council Complex  
1 Legislative Council Road  
Central  
Hong Kong

Dear Ms Lam,

**Legislative Council Panel on Health Services  
Legislative Proposals to Strengthen Tobacco Control**

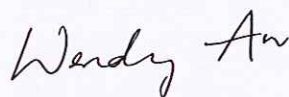
At the Legislative Council Panel on Health Services (the Panel) meeting on 18 May 2015, the Government briefed Members on the legislative proposals to strengthen tobacco control. Members requested the Government to provide information on the following -

- (a) whether the Administration had assessed the respective impact of long working hours, air pollution and alcohol on public health, and if so, the outcomes of the studies;
- (b) the countries which implemented regulatory measure similar to that proposed by the Administration whereby the health warning had to cover at least 85% of the two largest surfaces of the packet or retail container of cigarettes; and

- (c) the laboratory analysis of the constituents of the electronic cigarettes available in the local market and their health effects.

Our response to the above is at Annex A. As for item (b), the Director-General of the WHO has personally written to the Secretary for Food and Health on 22 June, expressing her personal support for our proposals to update graphic health warnings and increase their sizes. A copy of the letter is at Annex B (English version only).

Yours sincerely,

A handwritten signature in cursive script that reads "Wendy Au".

(Ms Wendy AU)  
for Secretary for Food and Health

Encl.

c.c. Department of Health (Attn: Dr Christine WONG)

**Legislative Council Panel on Health Services**

**Legislative Proposals to Strengthen Tobacco Control**

Supplementary Information requested by Members  
Meeting on 18 May 2015

**(a) Impact of alcohol on public health**

At the captioned meeting, a Member suggested the Government to assess the respective impact of long working hours, air pollution and alcohol on public health, and provide the outcomes of the studies. In the context of public health, smoking and alcohol consumption are both behaviour risk factors that might have immediate and long-term effect on health, whereas long working hours and air pollution are issues of different nature. We consider it inappropriate to draw analogies with issues of different cause and nature.

2. The World Health Organization (WHO) has pointed out that alcohol consumption is associated with major non-communicable diseases such as cancers, cardiovascular diseases and diabetes. It has also reaffirmed that measures should be strengthened to reduce alcohol-related harm in the prevention and control of non-communicable diseases.

3. Like other cities experiencing rapid urbanisation and economic growth, we observe that drinking alcohol is gaining popularity in Hong Kong. Alcohol consumption per capita is closely related to the prevalence of alcohol-related problems of a region/country at the population level. Local figures have revealed an increasing trend of alcohol consumption per capita in recent years<sup>1</sup>.

4. “Reducing alcohol-related harm” has been identified as an important public health priority action area in Hong Kong. In this regard, the Steering Committee on Prevention and Control of Non-communicable Diseases (the Steering Committee), chaired by the Secretary for Food and Health, set up the Working Group on Alcohol and Health (the Working Group) in June 2009. The Working Group comprises stakeholders in the public and private sectors. Having considered scientific evidence and assessing local circumstances, the Working Group launched the “Action Plan to Reduce Alcohol-Related Harm in

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<sup>1</sup> Between 2004 and 2014, the alcohol consumption per capita of Hong Kong stood between 2.53 and 2.87 litres.

Hong Kong” (the Action Plan) in October 2011, covering 5 priority areas, 10 recommendations and 17 specific action items. In addition, the Action Plan gives an account of the collaborative efforts by different sectors in preventing and controlling alcohol-related harm. The implementation of the Action Plan is on track. As at May 2015, 11 of these action items have targets achieved and 5 are in progress. The remaining item (age restriction on off-premise sales of alcohol) will be considered by the Steering Committee when more evidence is available.

**(b) Overseas examples of increased size of health warning on cigarette packet or container**

5. Based on the information from WHO, the countries which have increased the size of health warnings to cover at least 85% of the two largest surfaces of cigarette packets are listed as follows:

| Countries | Percentage of Area covered | Effective date |
|-----------|----------------------------|----------------|
| Thailand  | 85%                        | September 2014 |
| Nepal     | 90%                        | May 2015       |
| Pakistan  | 85%                        | June 2015      |

6. There are also countries which have implemented or are considering the implementation of plain packaging:

| Countries      | Effective date                     |
|----------------|------------------------------------|
| Australia      | December 2012                      |
| United Kingdom | May 2016                           |
| France         | May 2016                           |
| Ireland        | May 2017                           |
| New Zealand    | Pending discussion and endorsement |

**(c) Laboratory analysis of the constituents of the e-cigarettes available locally and their health effects.**

7. At present, e-cigarettes containing nicotine are pharmaceutical products regulated by the Pharmacy and Poisons Ordinance (Cap. 138) and must be registered with the Pharmacy and Poisons Board before they can be sold in

Hong Kong. In addition, nicotine is a listed Part I poisons under the same Ordinance. The possession or sale of unregistered pharmaceutical products or Part I poisons are criminal offences that are liable to a fine of \$100,000 and to imprisonment for two years for each offence upon conviction. According to records, there are currently no nicotine-containing e-cigarettes products registered as pharmaceutical products in Hong Kong. The Department of Health (DH) has not received any application for import of e-cigarette containing nicotine for sale in Hong Kong.

8. DH would follow up complaints and carry out necessary investigation which includes testing for the nicotine content of e-cigarettes (including those claimed not to contain nicotine) purchased from the market. If nicotine is found, prosecution action will be taken.

**Food and Health Bureau**  
**Department of Health**  
**June 2015**



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In reply please  
refer to:

Your reference:

Dr Wing-man Ko  
Secretary for Food and Health  
Government of Hong Kong Special  
Administration Region  
18/F East Wing, Central Government  
Offices  
2 Tim Mei Avenue, Tamar  
Hong Kong (région administrative spéciale  
de Chine)

22 June 2015

Dear Secretary,

I have the honour to congratulate Hong Kong Special Administration Region (SAR) on its ongoing progress in the field of tobacco control and to offer my full support as the Government updates graphic health warnings and increases their size.

I am happy to share my enthusiasm for the proposed changes to the current graphic health warnings, particularly in light of the WHO Framework Convention on Tobacco Control (WHO FCTC). Article 11 of the Convention states that warnings “should be 50% or more of the principal display areas but shall be no less than 30% of the principal display areas.” Since Hong Kong SAR implemented its current warnings covering 50% of the front and back of the pack, Guidelines for implementation of Article 11 have been adopted. As the Guidelines recognize, “[e]vidence demonstrates that the effectiveness of health warnings and messages increases with their prominence.” The Guidelines also recognize the benefits of reviewing packaging and labelling measures periodically to prevent their effect from wearing out.

By increasing the size of health warnings to cover 85% of the pack Hong Kong SAR will join a growing list of jurisdictions taking similar action. For example, the United Kingdom of Great Britain and Northern Ireland, Ireland and France have recently followed Australia’s lead and legislated the introduction of plain packaging of tobacco products. Large warnings are also becoming the norm. At least 44 jurisdictions have implemented laws, or have passed laws awaiting implementation, that require health warnings to cover more than 50% of the front and back of the pack. These include Nepal (90%), Pakistan (85%), Thailand (85%), Australia (82.5%), Uruguay (80%), Canada (75%) and Brunei Darussalam (75%).

The tobacco industry and groups that support it will undoubtedly object to changes in the law, as they have done in other jurisdictions. The opposition of the tobacco industry and its allies is usually based on false and exaggerated claims that should not deter the Government from protecting the health of its people in Hong Kong SAR.

cc: The Director-General, Department of International Cooperation, National Health and Family Planning Commission of China, Beijing  
The Permanent Representative of the People’s Republic of China to the United Nations Office at Geneva and other International Organizations in Switzerland

You have my personal support and that of WHO in taking this strong public health measure that will go a long way to protecting present and future generations from tobacco use.

Yours faithfully,



Dr Margaret Chan  
Director-General