

**立法會**  
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**Panel on Health Services**

**Background brief prepared by the Legislative Council Secretariat  
for the special meeting on 6 July 2015**

**Legislative proposals to strengthen tobacco control**

**Purpose**

This paper summarizes the concerns of the members of the Panel on Health Services ("the Panel") on the Administration's legislative proposals to strengthen tobacco control.

**Background**

2. According to the Administration, it is estimated that tobacco consumption is responsible for causing more than 6 900 deaths a year in Hong Kong. The established tobacco control policy of the Government is to safeguard public health by discouraging smoking, containing the proliferation of tobacco use and minimizing the impact of passive smoking on the public. To achieve this, the Administration adopts a step-by-step and multi-pronged approach comprising legislation, taxation, publicity, education, enforcement and smoking cessation programmes. With the implementation of various tobacco control measures since the early 1980s, the volumes of duty-paid cigarettes have decreased from over 7 billion sticks in 1989 to around 3.1 billion sticks in 2013, and the smoking prevalence has reduced from 23% in early 1982 to 10.7% in 2012.

3. The Smoking (Public Health) Ordinance (Cap. 371) provides a legal framework on tobacco control for restricting the use, sale and promotion of tobacco products in Hong Kong. The Administration briefed the Panel on 18 May 2015 on the following three legislative proposals to strengthen its tobacco control efforts -

- (a) to amend the prescribed forms (including specifications) of health warnings, the size and number of the health warnings and messages for packet or retail container of cigarettes under the Smoking (Public Health) (Notices) Order (Cap. 371B) as follows -
  - (i) the area of the graphic health warning shall be of a size that covers at least 85% of two largest surfaces of the packet and of the retail container;
  - (ii) increasing the number of forms of health warning from six to twelve;
  - (iii) the health warning message "HKSAR GOVERNMENT WARNING" / "香港特區政府忠告市民" will be replaced by "Tobacco kills up to half of its users 半數煙民因煙草失去生命" and "Quitline: 1833 183; 戒煙熱線: 1833 183";
  - (iv) the indication of tar and nicotine yields should be printed on a side adjacent to a typical flip-top lid of a cigarette packet, excluding the portion which forms part of the lid and the two largest surfaces, presented in a conspicuous place of such side of the packet; and
  - (v) adjusting the manner of display of the above and introduce similar changes to the graphic content and format for retailer container of cigar, pipe tobacco or cigarette tobacco.
- (b) to designate eight bus interchanges<sup>1</sup> located within the tunnel portal areas as no smoking areas ("NSAs"); and
- (c) to prohibit import, manufacture, sale, distribution and advertising of electronic cigarettes ("e-cigarettes").

### **Deliberations of the Panel**

4. The Panel discussed the Administration's legislative proposals to strengthen tobacco control at its meeting on 18 May 2015. The deliberations and concerns of members are summarized in the following paragraphs.

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<sup>1</sup> The eight bus interchanges are located at Cross-Harbour Tunnel, Lion Rock Tunnel, Shing Mun Tunnels, Eastern Harbour Crossing, Western Harbour Crossing, Tate's Cairn Tunnel, Tai Lam Tunnel and Tsing Sha Highway (between Sha Tin Heights Tunnel and Eagle's Nest Tunnel).

### Smoking prevalence

5. Members noted that with funding support from the Government, the various aspects of work of the Hong Kong Council on Smoking and Health ("COSH") included, among others, to garner public support for establishing a smoke-free Hong Kong. Pointing out that smoking was not totally banned in Hong Kong, some members queried the rationale for COSH to set a goal of establishing a smoke-free Hong Kong. The Administration advised that its policy was to safeguard public health by discouraging smoking, containing the proliferation of tobacco use and minimizing the impact of passive smoking on the public. It was hoped that smoking prevalence in Hong Kong could be lowered to single digit.

### Health warnings on tobacco products

6. Members noted that at present, health warning was required to cover at least 50% of the surface of packet or retail container of cigarettes, cigar, pipe tobacco and cigarette tobacco in accordance with the prescribed forms and pictures. Many members had strong views against the Administration's proposal of increasing the coverage area of the graphic health warning from 50% to at least 85% of two largest surfaces of the packet and of the retail container, which was formulated without due consultation with the relevant stakeholders of the tobacco industry. Given that smoking prevalence in Hong Kong was already on the low side, members cast doubt on the effectiveness of the proposal in further enhancing the smokers' awareness of the health risks of smoking and changing their smoking behaviour. Some members considered that the proposed size of the graphic health warning was such disproportionately large that the remaining space on the packet or retail container would not be sufficient for manufacturers to display the trademarks and other product information. This might give rise to the problem of counterfeit products. Members also sought scientific evidence to substantiate the proposed health warning message of "Tobacco kills up to half of its users".

7. According to the Administration, it was stated in the Framework Convention on Tobacco Control of the World Health Organization ("WHO") that health warnings should be 50% or more of the principal display areas. Evidence demonstrated that the effectiveness of health warnings and messages increased with their prominence. Plain packaging on tobacco products was already introduced in Australia. The Administration advised that the harm of smoking was well-established by scientific research and well-recognized by local and international communities. According to WHO, the tobacco epidemic was one of the biggest public health threats. It was estimated that tobacco consumption was responsible for causing nearly six million deaths a year worldwide. Up to half of current tobacco users would eventually die of a tobacco-related disease.

8. Members were gravely concerned that the Administration planned to table the Smoking (Public Health) (Notices) (Amendment) Order in the Legislative Council ("LegCo") in the second quarter of 2015 with a view to effecting the new forms and warning pictures or messages in early 2016. They considered that under the plan, the lead time for the industry and manufacturers to change their package was far from adequate. They noted that a transitional period of one year was provided for in the last legislative exercise to introduce, among others, the requirement that the packets or retail containers of tobacco products should bear graphic health warnings of a size that covered at least 50% of the principal surface areas. The Administration subsequently shelved its plan to introduce the amendment order into LegCo in the second quarter of 2015.

#### Smoking ban at bus interchanges at tunnel portal areas

9. Members had no particular views on the legislative proposal to designate the boarding areas and some adjoining waiting areas of eight bus interchange facilities located at the tunnel portal areas as statutory NSAs. There was a suggestion that the Administration should conduct studies to explore into the expansion of the smoking ban to cover the queuing areas of bus stops to provide further protection against secondhand smoking in public places. The Administration took note of the suggestion.

10. Members considered that the Tobacco Control Office ("TCO") should step up its enforcement actions against illegal smoking in NSAs. Concern was also raised about the adequacy of manpower in TCO to carry out frontline enforcement duties. The Administration advised that the Department of Health ("DH") would continue to review the need for strengthening its manpower to cope with the enforcement duties.

#### Regulation of e-cigarettes

11. Members in general agreed that the Administration should strengthen the regulation of e-cigarettes. However, there were views that different levels of regulation should be introduced having regard to the health impact of the e-cigarettes concerned. For instance, a stricter regulation should be imposed on those e-cigarettes which contained nicotine and other scientifically proven harmful constituents (e.g. cancer-causing agents) to govern their sale and distribution. Question was also raised about the regulatory frameworks of e-cigarettes in other places.

12. According to the Administration, there was evidence that e-cigarette aerosol was not merely "water vapour" as was often claimed in the marketing of these products. A recent study demonstrated that formaldehyde-releasing

agents could be formed during vapourization of e-cigarette liquid. In addition, most e-cigarettes contained propylene glycol which was a known irritant when inhaled. Given that e-cigarettes tended to target at youngsters as their designs and marketing tactics suggested, WHO was concerned about the possibility that the youths would switch to cigarette smoking once addicted to nicotine through e-cigarettes. As regards smokers, e-cigarettes might bring renormalization effect that made e-cigarettes attractive and perpetuated the smoking problems. At present, the importation, sale and advertising of e-cigarettes were prohibited in Singapore and some South American countries. In the United Kingdom, it was planned that the sale of e-cigarettes to children under 18 should be banned. Locally, COSH had expressed concern on the prevalence of e-cigarettes in particular the school sector, and had recommended a total ban on e-cigarettes.

13. Members sought information about the laboratory analysis of the constituents of the e-cigarettes available locally and their health effects. The Administration advised that e-cigarettes containing nicotine were pharmaceutical products regulated by the Pharmacy and Poisons Ordinance (Cap. 138) and had to be registered with the Pharmacy and Poisons Board before they could be sold in Hong Kong. There were currently no nicotine-containing e-cigarettes products registered as pharmaceutical products in Hong Kong. DH had not received any application for import of e-cigarette containing nicotine for sale in Hong Kong.

### **Relevant papers**

14. A list of the relevant papers on the Legislative Council website is in the **Appendix**.

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<b>Committee</b>	<b>Date of meeting</b>	<b>Paper</b>
Panel on Health Services	18.5.2015 (Item V)	<a href="#">Agenda</a> <a href="#">CB(2)1808/14-15(01)</a>

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