

**Hong Kong Council on Smoking and Health
Supports the Smoking (Public Health) (Notices) (Amendment) Order**

**Enlarge pictorial health warnings -
An effective measure to reduce smoking, reduce attractiveness of tobacco and
improve knowledge on health hazards of smoking**

Hong Kong Council on Smoking and Health supports the Smoking (Public Health) (Notices) (Amendment) Order to enlarge the size of pictorial health warning to at least 85% of the two largest surfaces of the packet and of the retail container, increase the number of forms of health warning from six to twelve and add the quitline 1833 183. These measures are effective in reducing cigarette consumption, educating the general public on the harms of tobacco products as well as preventing people, especially adolescents, from smoking. In addition, the proposal could make tobacco products less appealing and minimize the effects of branding and promotion efforts.

Existing warnings are outdated, regular updates are urgently required

The existing pictorial health warnings in Hong Kong were adopted in 2007, with a minimum coverage of 50% of the cigarette pack and just fulfills the minimum requirement of World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC). After 2007, no changes on the health warnings have been made and the deterring effect of the warnings has faded.

More and more countries now require more strict pictorial health warnings on tobacco packets to decrease the use of tobacco products. To maintain the efficacies of the warnings, continuous updates and enhancements have been carried out by most countries. According to a report from the Canadian Cancer Society¹, around half of the 77 jurisdictions which adopted pictorial health warnings in 2015 or before, have enhanced the policy at least once. Hong Kong's pictorial health warnings, introduced in 2007, were among the most outdated of all jurisdictions. Hong Kong was one of the first jurisdictions in Asia to implement pictorial health warnings on tobacco packaging in 2007. However, of the 12 jurisdictions had introduced pictorial health warnings in or before 2007, Hong Kong remains the only one that has not revised its warnings. Prof Geoffrey T. Fong, Chief Principal Investigator of the International Tobacco Control Policy Evaluation Project pointed out that Thailand has revised its graphic warnings 3 times, while Panama has revised theirs 6 times". This reflects the outdated tobacco control measures in Hong Kong currently lagging far behind the global standard.

Large pictorial warning is the global trend in tobacco control

In recent years, many countries have successfully introduced more stringent measures to regulate tobacco packaging, including large health warnings and plain packaging. Australia, the first country to introduce plain packaging in 2012, has achieved a substantial decrease in the smoking population, effectively raising the intention to quit and preventing youth from smoking. In April 2014, a directive was issued by the European Union to encourage member states to adopt plain packaging for tobacco products. The United Kingdom, France and Hungary implemented plain packaging in 2016, with Ireland to follow in 2017. Additional countries considering adoption, include Canada, the Netherlands, New Zealand, Norway, Singapore and Thailand. Moreover, many countries have also enlarged the coverage of pictorial health warnings of cigarette packs, including Nepal (90%), India (85%), Thailand (85%), Sri Lanka (80%) and Uruguay (80%). The effectiveness of these measures has provided strong evidence and urgency for the same approach in Hong Kong.

To encourage countries to adopt stricter measures on tobacco packaging, WHO designated “Get ready for plain packaging” as the theme of World No Tobacco Day 2016, reaffirming the efforts of the countries who had already implemented plain packaging and large health warnings and encouraging other countries to follow.

Large health warnings proven more effective

The WHO FCTC Guidelines of Implementation states that parties should adopt warnings that cover as much of the principal display areas as possible. As such, the amendment proposed by the Government is indeed echoing with WHO FCTC and fulfilling the responsibility as a ratified party. Studies also found relationship between the size of health warnings and their effectiveness. A research study⁸, that analyzed 94 studies regarding pictorial health warnings, found that larger warnings are significantly more effective on disseminating knowledge on smoking hazards. Another research study⁹ also found larger warnings are more effective on communicating the health risks of smoking.

COSH commissioned School of Public Health, The University of Hong Kong to conduct a focus group study on the perceptions towards different cigarette packaging from primary and secondary school students in Hong Kong. Comparing the cigarette packs with pictorial health warnings covering 50% of the surface area, those covering

85% of the surface area can draw more attention from the students to the health warnings, make them more aware of the smoking hazards and reduce their intention to buy. Students were also found to be less likely to pay attention to the branding elements, perceive the packs as appealing and arouse their interest to try.

Immense evidence on the effectiveness of large health warnings and plain packaging is available from countries that have implemented the measures. For instance, Uruguay required an enlargement of pictorial health warnings from 50% coverage to 80% in 2010. According to a research project on the country conducted by International Tobacco Control², after the implementation of enlarged pictorial health warnings, the caution effect was significantly substantiated, drawing more attention towards the content from smokers, stimulating linkages with the harms of smoking, and further motivating smokers to quit. In addition, Canada increased the warning size from 50% to 75% of the pack, the number of smokers reporting that the warnings made them think about the health risks of smoking and about quitting doubled.

85% pictorial health warnings were adopted by the Thai government in 2014, which has proven effective in prevention of teenage smoking. Preliminary research results from Thailand indicate that after the implementation of the updated pictorial health warnings, awareness from adolescents towards the health risks derived from smoking was more robust in addition to greater determination to avoid smoking. According to the information of Action on Smoking and Health Foundation Thailand, smoking prevalence in Thailand decreased after the implementation of the new health warnings. Between March – May 2014, the smoking prevalence in Thailand was 20.7%. After the full implementation of 85% health warnings in January 2015, smoking prevalence in April – June 2015 had slipped to 19.9%. These are all positive indicators of the increasing effectiveness towards tobacco control as a result of the enhancement of pictorial health warnings.

Australia's plain packaging requires pictorial health warnings to cover at least 75% of the front and 90% of the back of a cigarette packet. The design of packages across different brands is standardized and the use of branding elements such as color or logos is banned. Such measure has proven to be effective in terms of curbing smoking prevalence, educating on harms of tobacco and reducing attractiveness of tobacco. As reported by Cancer Council Victoria³ and a series of academic research, the implementation of plain packaging contributes to various achievements in reducing smoking:

- **Lowered smoking prevalence.** After the implementation of plain packaging, the smoking rate of Australians aged 18 or above, declined from 15.9% in 2011 to 13.3% in 2013.
- **Reduced cigarette consumption of smokers.** Cigarette consumption of Australian smokers aged 12 or above, has dropped from 111 sticks per week in 2010 to 96 sticks per week in 2013.
- **Boosted quit intention and quit attempt.** A survey found that the likelihood of smokers who perceive themselves as “attributes much more motivation to quit” was 1.52 times higher after plain packaging was implemented for one year⁴. Another research indicated that “attempted to quit in past month” was also raised 1.52 times⁵.
- **Prevented adolescents from smoking.** A study about perceptions of cigarette packs and brands with more than 5,000 respondents⁶ aged 12 – 17, found that the mean score of negative ratings from the teenagers climbed from 4.18 in 2011 to 4.31 in 2013. At the same time, the mean score of positive ratings, fell from 1.47 to 1.34 (5-point rating scale, 1 as lowest and 5 as highest).
- **Reduced attractiveness of tobacco.** Research with more than 15,000 smoking respondents⁷ found that the proportion of claiming “strongly disagree” on a series of statements which describe the attractiveness of cigarette packs (such as “the cigarette pack is attractive”; “is fashionable”; “matches my style” etc.) surged in early 2013 - the implementation of plain packaging could be understood as a watershed for such opinion shift.

According to a post-implementation review by the Australian government¹⁰, plain packaging proved effective in reducing smoking prevalence in Australia. Comparing the average smoking prevalence in 34 months before and after the implementation of plain packaging, a drop of 2.2 percentage points was recorded (from 19.4% to 17.2%). Among the drop, 0.55 percentage points (108,000 fewer smokers in Australia) was caused directly by plain packaging.

Intimidation from tobacco industry on effective measures

The tobacco industry has fought back intensely to the increased effective measures such as tobacco tax and large health warnings. It is common for the tobacco industry to submit skewed information linking the effective tobacco control measures with false accusations of illicit cigarette and business among hawkers and retailers. However, the experience of Australia, Thailand and Uruguay has already proved that, after the

implementation of plain packaging or large health warnings, NO vicious effect to the situation of illicit cigarette is created and small business will NOT be hit. As a matter of fact, various surveys in Australia even found that a drop in proportion of buyers and users of illicit cigarettes was recorded in 2013, the first year that required all tobacco products to be sold in plain packaging.

As mentioned by Dr Margaret CHAN, Director-General of WHO, in the Sixth Session of the Conference of the Parties to WHO FCTC, the tobacco industry fights back, harder and through every possible channel, no matter how devious those channels and practices might be. Litigation brought against governments in national courts has been common, especially against the approval of large pictorial warnings on tobacco product packages. However, in each case, the tobacco industry lost the litigations in domestic courts and / or international arbitration. The Government, the legislative body and the public should remain cautious towards the information and data provided by the tobacco industry.

Finally, the diminished area for trademark on cigarette packs does not constitute a violation of copyright. According to a report by WHO about pictorial health warnings¹¹, the embracement of pictorial health warnings does not form any contradiction with The Agreement on Trade-Related Aspects of Intellectual Property Rights administered by World Trade Organization. The spirit of various legislations related to intellectual property are aimed at the protection against unauthorized usage of trademarks, such as counterfeiting. The ownership towards the trademarks will not change, regardless of the size of pictorial health warnings.

Enact proposal on the amendments of health warnings as soon as possible and implement plain packaging in future with overwhelming public support

Efficacy and justifications of large pictorial health warnings are evident. Anyone who tries to falsify its effectiveness and disapprove the implementation is undermining the effort to improve and protect public health.

The Panel on Health Services of the Legislative Council had conducted six meetings to discuss the measures. In the meetings on 6 July 2015 and 17 January 2017 invited views from the public, the majority of the opinions supported the proposed measures, including medical professionals, academics, health organizations, youth service groups, schools and students, community services bodies, woman associations, education associations, patient groups, business industry as well as overseas experts.

COSH's Tobacco Control Policy-related Survey 2016 found that public support on enhancing the pictorial health warnings was overwhelming, such as displaying more threatening messages about the health risks of smoking (79.5%) and regular rotation of the health warnings (69.9%). A majority of all respondents (72.5%) supported an increase in the coverage of the health warnings to 85%, and nearly four-fifths (79.2%) of all respondents opted for plain packaging of cigarettes. Apart from the support from the majority of non-smokers, about half of current smokers also supported these measures. Since May 2015, COSH has collected over 26,500 signatures from citizens and organizations supporting the enlargement of pictorial health warnings. With the evident justification and public support, there is a pressing need for the Government and the legislators to tighten the policy of tobacco packaging. The Hong Kong Government and Legislative Council should put the health of the public as the top priority and with no further delay enact the proposed amendments of health warnings, which were well supported by both empirical evidence and public opinion, as well as conduct regular reviews on the implementation of plain packaging in future.

The current smoking rate in Hong Kong is 10.5%. Most of these smokers have a relatively high reliance towards nicotine and are less motivated to quit. To further reduce the smoking population, it is necessary to implement a set of more stringent and advanced tobacco control policies, such as tobacco packaging regulations, the raising of tobacco tax, the expansion of non-smoking areas, the raising of the legal age to purchase tobacco products to 21, the banning of the display of all tobacco products at the points of sale and the total ban on advertising activities of tobacco products and alternative smoking, in order to stimulate smokers' determination and motivation to quit. Smoking cessation services, legal enforcement, public education and publicity should be expanded simultaneously to formulate comprehensive tobacco control policy, for the sake of public health.

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