

致全體立法會議員：

電子煙，加熱非燃燒煙及其他新煙草產品被宣傳推廣為潮流玩意，宣稱較少甚至沒有有害物質，並且不會上癮，以矇蔽市民對其害處的警覺，誘使吸煙的市民不再完全戒煙，吸引不吸煙的人，尤其是年青少年使用。為進一步促進吸煙的人戒煙，防止這些產品成為吸煙的門檻，必須現在就全面禁止，以保護公眾尤其是下一代的健康。

越來越多科學證據證實電子煙及其他新煙草產品均含有害化學物質及致癌物，存在健康風險，對身體健康的影響不容忽視。無論對身體造成何等程度的傷害，都必須禁止。應該鼓勵吸煙人士戒煙，而非轉用電子煙或其他煙草產品，這些所謂的減少危害的煙草產品。因此應在電子煙和其他新煙草產品尚未流行時，儘快立法禁止。

為避免使用電子煙及加熱煙及其二手煙霧的潛在健康風險，並防止成為年輕人吸煙的門檻，我認為政府應儘快立法全面禁止電子煙及其他新煙草產品包括加熱煙，以保護市民免受煙草及二手煙傷害。同時為全面禁煙訂立時間表，以保障公眾健康，實現無煙香港。

一位關注公眾健康的市民
二零一九年三月十九日

From: margaret wong [REDACTED]
To: "bc_54_18@legco.gov.hk" <bc_54_18@legco.gov.hk>
Date: Friday, March 22, 2019 11:23PM
Subject: Total ban

Dear legco members

I am writing to support a total ban of e cigarettes or any kind or form of heat not burn cigarettes.

The govt needs to send a strong message to the community to prevent and curtail cigarettes smoking to protect our younger generation.

Margaret wong

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《2019 年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

已有近 30 個國家禁止電子煙，當中包括澳洲、巴西、新加坡、泰國、阿拉伯聯合酋長國及烏拉圭等。政府應仿效各國，儘快立法全面禁止電子煙及其他新煙草產品包括加熱非燃燒煙草產品。在電子煙盛行的美國，很多人都會在不可吸煙區偷偷吸食電子煙。令非吸煙者於本應能呼吸清新空氣的地方如學校、食肆等都受到電子煙的有害化學物質圍繞，進一步影響公眾健康。政府應盡快全面禁止電子煙及其他新煙草產品，還非吸煙者清新空氣。

姓名： Chuvie

2019年吸煙(公眾衛生)(修訂)條例草案

害己害人
煙為毒類
心勞肺竭
醫療費巨
理當禁止
免眾受罪
支持草案
速成程序

此致

立法會上諸君

急急如律令

廖榮 敬稟

二零一九年三月廿二日

立法會CB(2)1214/18-19(1605)號文件
LC Paper No. CB(2)1214/18-19(1605)

From: Ding-fung LAM [REDACTED]
To: bc_54_18@legco.gov.hk

Date: Friday, March 22, 2019 10:23PM
Subject:

我們完全認為任何形式吸煙行為應該一步一步被取替。
香烟更不應是合法商品。
目前，香烟稅至少加多200%才有效。

林定楓及家人

立法會CB(2)1214/18-19(1606)號文件
LC Paper No. CB(2)1214/18-19(1606)

From: 杨振宇 [REDACTED]
To: bc_54_18 <bc_54_18@legco.gov.hk>

Date: Friday, March 22, 2019 09:36PM
Subject: 支持香港政府2019年 吸烟修订草案

History: ↻ This message has been forwarded.

香港特別行政區立法會
《2019年吸煙(公眾衛生)(修訂)條例草案》委員會



杨振宇

邮箱: [REDACTED]

签名由 网易邮箱大师 定制

立法會CB(2)1214/18-19(1607)號文件
LC Paper No. CB(2)1214/18-19(1607)

From: ding-fung LAM [REDACTED]
To: bc_54_18@legco.gov.hk

Date: Friday, March 22, 2019 10:29PM
Subject: 反吸 烟

強烈要求所有街道、戶外及公眾地方全面禁煙！
烟草稅加一倍！明年再加一倍！
吸煙人士自私自利！害己害人！
電子香烟完全不能接受！

立法會CB(2)1214/18-19(1608)號文件
LC Paper No. CB(2)1214/18-19(1608)

From: tkc mamailoveyou [REDACTED]
To: bc_54_18@legco.gov.hk

Date: Friday, March 22, 2019 11:36PM
Subject: 不支持香港人吸煙

政府諸君，
我不支持香港人吸煙，細路，大人，老人，甚麼形式的吸煙法都有害。
打倒吸煙

GGGG
丁家柱

Sent from my iPhone

From: "杨倩怡" [REDACTED]
To: "bc_54_18" <bc_54_18@legco.gov.hk>
Date: Saturday, March 23, 2019 03:02PM
Subject: 支持《2019 年吸煙（公眾衛生）（修訂）條例草案》

主席、各位立法會議員，您好：

通過香港吸煙與健康委員會處得知，香港立法會正準備審理《2019 年吸煙（公眾衛生）（修訂）條例草案》。

本人全面支持《2019 年吸煙（公眾衛生）（修訂）條例草案》以禁止進口、製造、售賣或在某些地方使用訂明的另類吸煙產品；限制給予、管有、宣傳或推廣該等產品。

每天工作中遇到的癌症患者和手術病人均承受因為吸煙引致疾病所帶來的痛苦。香港作為中國乃至全球的控煙先驅，應繼續發揮帶頭作用，為全國人民的健康，加強控煙法規，特別新型煙草產品。

祝工作顺利！

杨倩怡

中山大学肿瘤防治中心 手术麻醉科

Department of Anesthesiology & Operation Theater, Sun Yat-sen University Cancer Center.

651 Dongfeng East Road, Guangzhou, China.

立法會CB(2)1214/18-19(1610)號文件
LC Paper No. CB(2)1214/18-19(1610)

From: liweicdc [REDACTED]
To: "bc_54_18@legco.gov.hk" <bc_54_18@legco.gov.hk>

Date: Saturday, March 23, 2019 03:21PM
Subject: 支持控烟 法案

我支持香港特区政府的《2019年吸烟 (公共卫生)(修訂)修订草案》，更加广泛的保护香港公众免受烟草烟雾的危害。健康的中国必
定是无烟的中国，香港是中国控烟的先锋，希望能继续为我国其他地区做出榜样！早日实现无烟中国，健康中国！

祝好！

李威 **Li Wei**

天津市疾病预防控制中心 非传染病预防控制所

地址：天津市河东区华龙道76号 邮编：300011

电话及传真：022-24333556 手机：[REDACTED]

Tianjin Centers for Diseases Control and Prevention

Address: No. 76, Hualong Road, Hedong District, Tianjin, China

Office Tel & Fax : 022-24333556 Mobile Phone : [REDACTED]

From: shun ngo yu [REDACTED]
To: "bc_54_18@legco.gov.hk" <bc_54_18@legco.gov.hk>
Date: Saturday, March 23, 2019 09:35PM
Subject: 對《吸煙(公眾衛生)條例》(第 371 章)《2019 年吸煙(公眾衛生)(修訂)條例草案》的意見

本人同意

《吸煙(公眾衛生)條例》(第 371 章)《2019 年吸煙(公眾衛生)(修訂)條例草案》

以下建議：

- 禁止在禁煙區內使用另類吸煙產品
- 禁止宣傳另類吸煙產品；
- 禁止進口、製造、售賣另類吸煙產品、為某些目的而分發該等產品
- 為某些目的而管有該等產品，以某些方式推廣該等產品。
- 以廣告宣傳吸煙產品時禁止使用吸煙產品的字詞或字句；
- 禁止將另類吸煙產品進口香港，包括當作包裹或貨物運入，或由旅客攜帶入境，但過境物品、航空轉運貨物，以及抵達香港國際機場而自抵港後沒有經過出入境檢查的過境人士，均可獲豁免。
- 禁止製造、售賣、分發和宣傳另類吸煙產品，以及禁止為製造、售賣或上述分發的目的而管有另類吸煙產品。
- 禁止以“給予”的方式分發傳統煙草產品，包括以換取憑證或作為任何活動或比賽的獎品。
- 把其禁止的涵蓋範圍擴大至包括另類吸煙產品。有關煙草廣告的條文也將適用於另類吸煙產品。
- 在禁煙區內使用另類吸煙產品：任何人不得在禁煙區內吸煙或攜帶燃着的香煙、雪茄或煙斗，訂立條文，明確禁止在禁煙區內使用另類吸煙產品。

余舜娥

從 Windows 10 的郵件傳送

From: Shum Cynthia [REDACTED]
To: "bc_54_18@legco.gov.hk" <bc_54_18@legco.gov.hk>

Date: Saturday, March 23, 2019 03:55PM
Subject: 吸煙條例 修定

作為醫生，我有社會責任解釋甚麼是加熱煙和電子煙，希望能讓大家可以明白幾點：

1. 吸煙危害健康是不爭的事實
2. 吸食加熱煙也是吸煙，每口雖毒性略少，但更危險，因為以為無事，長年吸食，總毒性不會少於傳統煙。
3. 電子煙中無一成份是人體需要的，並且都有害，兒童和青少年是煙商的目標，一但開始吸，很快成為時尚，一樣是會上癮。美國的青少年煙民人數上升也是從電子煙開始的。美國的例子對香港是前車可鑑。
4. 吸食電子煙會令青少年開始嘗試不同味道的煙，青少年天性好奇，會追求不同的刺激，很快會接觸到傳統煙，大麻甚至毒品，所以立法讓他們接觸不到電子煙和加熱煙，繼續加強反吸煙教育是正路的。
5. 香港政府忠告市民吸煙危害健康，是一句大家耳熟能詳的口號。不要正常化吸煙，吸食電子煙和加熱煙就不算是吸煙，這樣不應是政府對市民提倡的。對吸煙，我們要貫徹始終，對市民忠告：任何吸煙都會危害健康。
6. 試想想誰會希望多點人吸煙？誰有商業利益？這商業利益是有道德的嗎？吸煙會增加癌症機會，心血管病，腦血管病，肺氣腫。市民病多了，不能工作，要看病，要用社會資源，誰來找數？這種損失最終是整個社會要一起承受的。
7. 吸食電子煙可幫助戒傳統煙是真的嗎？或只是電子煙搶了傳統煙的生意。吸煙的人真的少了嗎？30, 40 年以後，這些煙民真的病少了嗎？他們對社會貢獻真的多了嗎？

作為一個醫生和家長，我希望香港政府可以立法禁止電子煙和加熱煙在香港銷售，保護我們的年青人不再受煙害，貫徹始終推行反吸煙，保障市民不受煙商誤導，給大眾正確的健康資訊。

謝謝。

由華為手機發送

立法會CB(2)1214/18-19(1613)號文件
LC Paper No. CB(2)1214/18-19(1613)

From: Susanna Lo [REDACTED]
To: "bc_54_18@legco.gov.hk" <bc_54_18@legco.gov.hk>

Date: Saturday, March 23, 2019 12:13PM
Subject: 支持 草案

2019 年吸煙（公眾衛生）修訂條例草案
支持草案，反對吸煙。

立法會CB(2)1214/18-19(1614)號文件
LC Paper No. CB(2)1214/18-19(1614)

From: Po man Chan [REDACTED]
To: bc_54_18@legco.gov.hk

Date: Saturday, March 23, 2019 02:22PM
Subject: 電子煙絕對有害，售賣不能合法化

不明白明知道有百害而無一利，還要討論？香港政府絕不能讓售賣電子煙合法化，本人絕對反對！

陳寶敏
[REDACTED]

立法會CB(2)1214/18-19(1615)號文件
LC Paper No. CB(2)1214/18-19(1615)

From: zws [REDACTED]
To: "bc_54_18@legco.gov.hk" <bc_54_18@legco.gov.hk>

Date: Saturday, March 23, 2019 10:05PM
Subject: 支持全面禁止电子烟及其他新烟草产品

立法会秘书处
香港中立法会道1号
立法会综合大楼

致全体立法会议员：

本人恳请全体立法会议员尽快通过“全面禁止电子烟及其他新烟草产品草案”。

香港现时实施的禁止卖烟给青少年的管制方法收效有限，仍有不少青少年受害；美国虽然已经禁止卖电子烟给青少年，但未全面禁止卖电子烟，结果是，青少年吸电子烟已成大流行态势，政策失控。

预防千千万万的儿童和青少年变成尼古丁成瘾者需要您们的大力支持，为了孩子、家庭和香港的未来，本人坚决支持香港全面禁止电子烟和所有新兴烟草产品。谢谢！

此致！

张煜聆 大学生
2019年3月23日

立法會CB(2)1214/18-19(1616)號文件
LC Paper No. CB(2)1214/18-19(1616)

From: [REDACTED]@yahoo.com
To: bc_54_18@legco.gov.hk

Date: Saturday, March 23, 2019 10:56AM
Subject: 支持香港20 19禁烟

吸烟危害健康！
全面支持香港2019吸烟修订草案。
Cheers,
Fay

From: ZWS [REDACTED]
To: "bc_54_18@legco.gov.hk" <bc_54_18@legco.gov.hk>

Date: Saturday, March 23, 2019 10:46AM
Subject: 支持 “全面禁止电子烟及其他新烟草产品”

立法会秘书处

香港中立法会道1号

立法会综合大楼

致全体立法会议员：

本人恳请全体立法会议员尽快通过“全面禁止电子烟及其他新烟草产品”，并促请特区政府订立全面禁烟时间表。

过往和现时禁止卖烟给青少年的管制方法收效有限，实施以来仍出现大多数目前吸烟的成年人在18岁以前开始染上烟瘾。美国虽已经禁止卖电子烟给青少年，但未全面禁止卖电子烟，结果是，青少年吸电子烟大幅上升，已成大流行病，并且会继续上升，已经失控。

您的支持可以预防千千万万的儿童和青少年变成尼古丁成瘾者。救救孩子，全面禁止电子烟和所有新兴烟草产品，谢谢！

此致！

张维森 医生

2019年3月23日 星期六

立法會CB(2)1214/18-19(1618)號文件
LC Paper No. CB(2)1214/18-19(1618)

From: Christine Long MJ [REDACTED]
To: "bc_54_18@legco.gov.hk" <bc_54_18@legco.gov.hk>

Date: Saturday, March 23, 2019 10:01AM
Subject: 支持特區政 府草案

支持特區政府草案

Christine LONG

立法會CB(2)1214/18-19(1619)號文件
LC Paper No. CB(2)1214/18-19(1619)

From: 朱卫华 [REDACTED]
To: bc_54_18@legco.gov.hk
Date: Saturday, March 23, 2019 09:49AM
Subject: 全面支持香港特别行政区的2019年吸烟修订草案

本人全面支持香港特别行政区立法会《2019年吸烟（公共卫生）（修订）条例草案》。

立法會CB(2)1214/18-19(1620)號文件
LC Paper No. CB(2)1214/18-19(1620)

From: jiangguohongtjcdc等我的心 [REDACTED]
To: bc_54_18@legco.gov.hk

Date: Saturday, March 23, 2019 08:36AM
Subject: 关于控烟 草案

我支持香港特别行政区政府的草案，希冀香港的控烟不仅能促进香港人的健康，同时能够为大陆乃至全球作表率！

发自我的 iPhone

立法會CB(2)1214/18-19(1621)號文件
LC Paper No. CB(2)1214/18-19(1621)

From: Fang Li [REDACTED]
To: "bc_54_18@legco.gov.hk" <bc_54_18@legco.gov.hk>

Date: Saturday, March 23, 2019 01:47AM
Subject: 支持特区政府2019年 修订控烟草案

鉴于近年电子烟广泛使用，影响公众健康，因此支持特区政府修订相关控烟条例，加强监管。

From: ding-fung LAM [REDACTED]
To: bc_54_18@legco.gov.hk

Date: Saturday, March 23, 2019 08:25AM
Subject: Anti Smoking

We in fact do not understand why cigarette smoking is legally allowed and why cigarette is a legal product as it has been clearly proven that our health has been seriously and negatively impaired.

The SAR Government has NO grounds not to take immediate effective measures to protect our innocent citizens. Please stop import any new cigarette products. Please raise cigarette tax significantly on a yearly basis !!!

Please take action !

立法會CB(2)1214/18-19(1623)號文件
LC Paper No. CB(2)1214/18-19(1623)

From: Christine Long MJ [REDACTED]
To: "bc_54_18@legco.gov.hk" <bc_54_18@legco.gov.hk>

Date: Saturday, March 23, 2019 10:01AM
Subject: 支持特區政 府草案

支持特區政府草案

Christine LONG

立法會CB(2)1214/18-19(1624)號文件
LC Paper No. CB(2)1214/18-19(1624)

From: [REDACTED]@gmail.com
To: bc_54_18@legco.gov.hk

Date: Sunday, March 24, 2019 12:21AM
Subject: 《2019年吸煙(公眾衛生)(修訂)條例草案》意見書

Dear Sir/Madam,

I hereby support the total banning of e-cigarette in Hong Kong. Considering the possible harmful effect, unclear benefit and threats on being an epidemic of addiction, I support banning e-cigarette in Hong Kong. Further investigation on effectiveness on its use of smoking cessation could be carried out in subsequent years. Until confident evident on its effectiveness is found, it should not be permitted on selling freely in the market.

Regards,
Chris Yeung

立法會CB(2)1214/18-19(1625)號文件
LC Paper No. CB(2)1214/18-19(1625)

From: [REDACTED]@gmail.com
To: bc_54_18@legco.gov.hk

Date: Sunday, March 24, 2019 01:57PM
Subject: E cigarettes

I support the complete banning of e cigarettes- in all their forms and permutations.

Angela WY LEE

立法會CB(2)1214/18-19(1626)號文件
LC Paper No. CB(2)1214/18-19(1626)

From: [REDACTED]@gmail.com
To: bc_54_18@legco.gov.hk

Date: Sunday, March 24, 2019 02:05PM
Subject: 全面 禁煙

為了所有香港人健康著想和減輕醫療負擔，政府應全面（包括在戶外和公眾場所）禁煙，不能只規管，而電子煙要即時全面禁止。在全面禁煙前，應大力加重煙草稅，禁止所有和煙草有關的宣傳、廣告和活動。

從我的 iPhone 傳送

Lily NG

立法會CB(2)1214/18-19(1627)號文件
LC Paper No. CB(2)1214/18-19(1627)

From: Lulu Yao [REDACTED]
To: bc_54_18@legco.gov.hk

Date: Sunday, March 24, 2019 03:50PM
Subject: 請盡快通過《2019年吸煙（公眾衛生）（修訂）條例草案》

各位議員：

電子煙危害比包裝煙更甚，由於裝置的形狀難以識別，這些電子煙一旦落入兒童和青少年手中，令他們從小變成煙民，無論對公眾健康、公共醫療體系都是有害無利。因此本人促請香港特別行政區立法會盡快通過《2019年吸煙（公眾衛生）（修訂）條例草案》，全面禁止電子煙，保障市民健康。

丘露璐
2019年3月24日

From: zhang WeiSen [REDACTED]
To: "bc_54_18@legco.gov.hk" <bc_54_18@legco.gov.hk>

Date: Monday, March 25, 2019 11:55AM
Subject: 支持通过“全面禁止电子烟及其他新烟草产品草案”

立法会秘书处
香港中立法会道1号
立法会综合大楼

致全体立法会议员：

本人支持并恳请全体立法会议员尽快通过“全面禁止电子烟及其他新烟草产品草案”。

现有的禁止卖烟给青少年的管制方法收效有限，美国虽已禁止卖电子烟给青少年，但未全面禁止卖电子烟，结果是，青少年吸电子烟大幅上升，已成为大流行病，并且还会继续上升，已经失控。

您的支持可以预防广大儿童和青少年变成尼古丁成瘾者。为了孩子、家庭的未来，本人坚决支持全面禁止电子烟和所有新兴烟草产品。

谢谢！

此致！

苏彩珠 研究员
2019年3月23日

ZWD

邮箱：[REDACTED]

签名由 网易邮箱大师 定制

立法會CB(2)1214/18-19(1629)號文件
LC Paper No. CB(2)1214/18-19(1629)

From: Faith Tbk [REDACTED]
To: "bc_54_18@legco.gov.hk" <bc_54_18@legco.gov.hk>
Date: Monday, March 25, 2019 08:49PM
Subject: 全民戒電 子煙

支持全民戒電子煙。

傳送自 Android 上的 Yahoo Mail

立法會CB(2)1214/18-19(1630)號文件
LC Paper No. CB(2)1214/18-19(1630)

From: "J. Chong" [REDACTED]
To: "bc_54_18@legco.gov.hk" <bc_54_18@legco.gov.hk>

Date: Monday, March 25, 2019 08:57PM
Subject: 支持政府立法全 禁電子煙

致香港中區
立法會道1號
立法會綜合大樓
立法會秘書處
《2019年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

敬啟者：

本人支持政府立法全禁電子煙及其他另類煙草產品，並支持條例草案修訂《吸煙(公眾衛生)條例》(第371章)，以禁止進口、製造、售賣或在某些地方使用訂明的另類吸煙產品；限制給予、管有、宣傳或推廣該等產品；並對《吸煙(公眾衛生)條例》及相關法例，作出相關及雜項修訂。
從而保障市民健康，杜絕電子煙及其他新興煙草產品禍害我們的年青人。

敬希垂注

謹啟

CHONG, John N. K.
FAIA, FFA, FIPA, FTIHK
Tel: 28187881
Fax: 28188834
Mobile: [REDACTED]
E-mail: [REDACTED]
E-mail: ChongJohn@member.hkLAWsoc.org.hk

香港立法会秘书处

尊敬的全体立法会议员：

本人恳请立法会议员们尽快通过《2019 年吸烟（公众卫生）（修订）条例草案》，全面禁止电子烟、加热烟及其他新烟草产品。如所已知，电子烟的气雾中除了含有尼古丁外，还有其他有毒有害化学物质及致癌物质。在某些品牌的电子烟中，一些致癌物和其它有毒有害物质的水平与普通香烟烟雾中的水平一样高，为了健康，为了幸福，本人坚决支持全面禁止电子烟和另类吸烟产品，期望全体立法会议员尽快通过《2019 年吸烟（公众卫生）（修订）条例草案》。

致礼！

江朝强 医生

2019 年 3 月 25 日

From: Raymond TSE [REDACTED]
To: bc_54_18@legco.gov.hk

Date: Monday, March 25, 2019 07:55PM
Subject: Regulating Heat Not Burn

To whom it may concern,

I used to be a smoker with cigarette in the past, and I'm now a regular user of Heat Not Burn (IQOS). I see IQOS causes much less impact to the people surrounding me, and I totally DON'T understand WHY HK government is proposing to ban it?

I would like to raise a few questions to HK government:

- 1) Isn't it also a tobacco product same as cigarette? Why cigarette is legal but not IQOS?
- 2) Why IQOS is legal in Japan and Korea, but can't be the same for HK? Why HK always lags behind of other countries?
- 3) Should consumers have their own choice to choose in a free trade market, i.e. HK? Or HK is not a free trade market anymore?

I sincerely urge HK government not to ban this product, as all my friends really don't want to switch back to cigarette!!

Raymond

立法會CB(2)1214/18-19(1633)號文件
LC Paper No. CB(2)1214/18-19(1633)

From: Sel So [REDACTED]
To: bc_54_18@legco.gov.hk

Date: Monday, March 25, 2019 07:22PM

Subject: Support for legislation to ban electronic cigarettes or other similar smoking materials or equipments

Dear Sirs/Madam

I write to support legislation to ban electronic cigarettes or other similar smoking materials or equipments. I sincerely hope that Hong Kong government and legislature will proceed to achieve that as soon as possible .

From a Hong Kong citizen
So Kai Ming

Sent from my iPhone



澳門健康協會

Associação da Saudável de Macau

Healthy Macau Association

87, Rua da Matapau Edif. Son Yee Building 1 Andar (A-B) Macau

澳門桔仔街 87 號遜儀大廈二樓 A-B 座 Tel: (+853)2832-9997 Fax: (+853)2835-5531

URL: www.smokefree.org.mo Email: hma00853@gmail.com

Ref: HMA/19/3/063/L

立法會秘書處

香港中立法會道 1 號 立法會綜合大樓

致全體立法會議員：

敬啟者：澳門健康協會成立於 2006 年，成立的目的舉辦各種社會性科學與健康領域的學術活動，包括學術會議和各種專題研討會、講座會。編輯出版科學與健康報刊、書籍資料，建立有關科學與健康的網站。開展公眾及會員的科學與健康領域繼續教育，普及科學與健康技術知識，傳播科學與健康領域的先進技術。接受政府及相關部門委託的科學與健康領域的有關工作。組織有關科學與健康工作者，參與科學與健康領域科學論證和諮詢，開展科學與健康研究，組織評選健康產品活動展覽、推薦及宣傳。舉辦為會員服務的事業活動。依法興辦符合本會業務範圍的科學與健康活動。本會提倡合理膳食、適量運動、戒煙限酒、遠離毒品、心理平衡等是健康的基石，堅持“預防為主”，積極應對。更強調“治未病”；特別要“加強健康教育”，“提高公眾的健康意識和自我保健能力”，搞好環境衛生，減少空氣污染，做好綠化工作，創造美好的生活、工作、娛樂環境以適應繁忙的工作，在全社會樹立以預防為主的健康觀。又青少年吸毒問題越趨嚴重，每年吸毒致死的數字不斷增加，已成為嚴重的社會問題，呼籲大力推廣預防濫藥、教育和輔導，安排他們及早開始治療，戒除陋習。

澳門新修訂的《控煙法》2018 年 1 月起正式生效，禁止吸煙範圍擴大得到澳門市民普遍認同！在新例下，電子煙將納入規管範圍，除了不准售賣，以及不得進行廣告促銷外，在禁止吸煙地點吸食電子煙亦屬違法；而新型加熱式煙草製品，具有澳門電子煙定義的特質，即符合“以煙嘴方式吸入含有或不含尼古丁的氣霧產品，或任何這種產品的組成部分，包括煙彈，儲存匣及不具煙彈或儲存匣的裝置”，屬於“電子煙”，受控煙法律規管，即禁止售賣、禁止其廣告及促銷，以及禁止在法定禁止吸煙地點使用。

本會同仁懇請全體立法會議員儘快通過「全面禁止電子煙及其他新煙草產品」並促請香港特區政府訂立全面禁煙的時間表。過往和現時禁止賣煙給青少年的管制方法完全無效，並導致大多數現時吸煙的成年人在十八歲以前開始染上煙癮。事實上，很多物質可以溶于液體電子煙裡，因此毒品可以混入煙液中，使用者在公眾場所抽吸，而無人被發覺！日前，杭州海關查獲了一起通過郵包走私毒品入境案。與一般的毒品走私案不同，這起案件中的毒品為大麻煙油，而吸食方式正是時下流行的電子煙。辦案人員表示，電子煙油毒品是這兩年國際上興起的最新型毒品，從全國來說都非常罕見，而杭州海關已經查獲 4 起，都是 2017 年以來發現的。美國早已禁止賣電子煙給青少年，結果是青少年吸電子煙大幅上升，已成大流行病，並且會繼續上升，已經失控。您們的支持可以預防千千萬萬的兒童和青少年變成尼古丁成癮者，每天的拖延，便每天多一批青少年成為電子煙和其他煙商的長期提款機。救救孩子，全面禁止電子煙和所有新興煙草產品，謝謝！

查詢請與本人或陳小姐(電話：853-28329997；電郵: hma00853@gmail.com)聯絡是荷！



澳門健康協會 謹啟
二零一九年三月二十六日

立法會CB(2)1214/18-19(1635)號文件
LC Paper No. CB(2)1214/18-19(1635)

From: Alex Hui [REDACTED]
To: "bc_54_18@legco.gov.hk" <bc_54_18@legco.gov.hk>
Date: Tuesday, March 26, 2019 12:42PM
Subject: Bills Committee on Smoking (Public Health) (Amendment) Bill 2019

Dear Chairman,

As a Hong Kong citizen and father of two children, I strongly support the passage of the said bill. I also urge all LegCo members to vote with their conscience and support the government's efforts in protecting our future generations from exposure to the harmful substance of e-cigarettes.

With best regards,
Alex Hui

立法會CB(2)1214/18-19(1636)號文件
LC Paper No. CB(2)1214/18-19(1636)

From: Jonathan Sham [REDACTED]
To: bc_54_18@legco.gov.hk

Date: Tuesday, March 26, 2019 10:17PM
Subject: 全面禁止另類 煙草產品

Dear Sir, I write to support 全面禁止另類煙草產品. with regards, Jonathan Sham

--
Jonathan Sham
Honorary Professor
Department of Clinical Oncology
University of Hong Kong
Tel 28771663
Pager [REDACTED]



Mahidol University
Faculty of Medicine Ramathibodi Hospital

Department of Community Medicine
Faculty of Medicine Ramathibodi Hospital, Mahidol University
Phone 02-2011578 Fax 02-2011518 ext.134

No. 0517.0618/ ๑๕๑

March 26, 2019

The Honorable KWOK Wai-keung

Chairman, Bills Committee on Smoking (Public Health) (Amendment) Bill 2019

Legislative Council, Hong Kong

Dear Mr. KWOK Wai-keung:

Re: Support for the Smoking (Public Health) (Amendment) Bill 2019

On behalf of Department of Community Medicine, Faculty of Medicine Ramathibodi Hospital, Mahidol University, Thailand, I would like to support the Hong Kong government on the Smoking (Public Health) (Amendment) Bill 2019 to prohibit the import, manufacture, sale, distribution and advertisement of alternative smoking products include electronic cigarettes, heat-not-burn products and herbal cigarettes.

Electronic cigarettes are harmful and addictive. Besides nicotine, electronic cigarettes contain several harmful ingredients such as ultrafine particles that can be inhaled deep into the lungs, flavorants, volatile organic compounds, heavy metals, and cancer-causing chemicals. There is growing evidence of direct health harms, including increased risk of lung disease, cardiovascular disease and carcinogenesis.

Moreover, it has been proved that electronic cigarettes are a gateway to conventional cigarettes smoking and other addictive substances among youth. In the United States, where electronic cigarettes are not banned, teen vaping is skyrocketing – currently 3.6 million kids using electronic cigarettes. This results in the overall teen use of tobacco products is up 38.3 percent (2017-2018). In addition, there is insufficient evidence that electronic cigarettes are effective aids to promote smoking cessation. On the other hand, there is growing evidence that electronic cigarettes breed more smokers than they help quitting smoking.

The number of countries that ban or propose to ban electronic cigarettes is increasing. Thailand is among those countries. Thailand has prohibited the import, sale, and distribution of electronic cigarettes since 2015. All segments of anti-tobacco groups stand in strong support of the Thailand's current legislations even though there are pressures from the industry.

To prevent smoking children and adolescents, I encourage you to expedite the legislation to prohibit the import, manufacture, sale, distribution and advertisement of alternative smoking products in Hong Kong.

Sincerely,

Prof. Wichai Aekplakorn, MD., Ph.D.

Department of Community Medicine, Director

Faculty of Medicine Ramathibodi Hospital, Mahidol University

From: Louisa Lam [REDACTED]
To: "bc_54_18@legco.gov.hk" <bc_54_18@legco.gov.hk>
Date: Wednesday, March 27, 2019 12:58AM
Subject: 2019年吸煙（公眾衛生）（修訂）條例草案

本人林淑儀絕對支持政府向立法會提交的《2019年吸煙（公眾衛生）（修訂）條例草案》，全面禁止另類煙草產品

電子煙是糖衣毒藥，危害健康，誤導青少年

參考編號: 35844513



MEDICAL ASSOCIATION OF THAILAND (MAT)
UNDER HIS MAJESTY THE KING'S PATRONAGE, Founded B.E.2464/A.D.1921

4th Floor The Royal Golden Jubilee Building, 2 Soi Soorvijai, New Petchburi Road, Huaykwang District, Bangkok 10310, Thailand.

Tel. [662] 314-4333, [662] 318-8170 Fax: [662] 314-6305

E-Mail Address : math@loxinfo.co.th : <http://www.mat-thailand.org>

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President of the Royal Thai Colleges of

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- Family Physicians
- Neurological Surgeons
- Obstetricians & Gynecologists
- Ophthalmologists
- Orthopaedic Surgeons
- Otolaryngologists
- Pathologists
- Pediatricians
- Psychiatrists and Rehabilitation Medical
- Physicians
- Psychiatrists
- Radiologists
- Surgeons

March 27, 2019

Dear Mr. KWOK Wai-keung

Chairman

Bills Committee on Smoking (Public Health Bill 2019 Legislative Council, Hong Kong

We are all knowing that tobacco including products in the forms of e-cigarette and Heat Not Burn (HNB) are producing heavy health hazards to vaping population. Burning Tobacco leaf produces a great deal of carcinogen, nicotine, toxic and noxious gases which cause numerous lung diseases and cancer. Cigarette smokers are suffering from chronic diseases and consuming a great deal of health spending budget. E-cigarette and HNB have been faulty claimed to be able to replace or substitute conventional cigarette but actually e-cigarette contains e-juice or e-liquid which is the nicotine extract from tobacco leaf. Nicotine is well known to be an alkaloid which causes addiction and vascular occlusion. Therefore, vaping e-cigarette leads to addiction, coronary heart disease and cerebral ischemia. In this respect, nothing had been mentioned in the e-cigarette marketing or it's allied supporting journals but will be major health problems in the near future. HNB products in the market are alike semi cooked product of the tobacco leaf which of course produces less smoke, but the inhaled vapor still contains the same toxic pollution as conventional cigarette.

On behalf of the National Alliance for tobacco Free Thailand (NATFT), I would like to express our fully support on the Anti E-cigarette and HNB bill in Hong Kong. We also anticipate that Hong Kong Legislative Committee and General Assembly will consider this issue as a safe guard to health problem of Hong Kong population as well as we do in Thailand.

Very kind regards to all the people in Hong Kong.

Prof. Dr. Somsri PAUSAWASDI

President of the NATFT

Medical Association of Thailand.

From: 秦瑞 [REDACTED]
To: bc_54_18@legco.gov.hk
Date: Friday, March 29, 2019 09:44AM
Subject: 不支持电子烟

致全体立法会议员：

本人支持特区政府尽快通过《2019年吸烟(公众卫生)(修订)条例草案》，全面禁止电子烟及其他新型烟草产品。虽然理论上电子烟的危害应比普通卷烟略小，但依然含有尼古丁、丙二醇、丙三醇、重金属等有害物质，会增加患慢性阻塞性呼吸道疾病、肺癌、心血管疾病的风险，只要接触人体就会带来安全隐患。

通常来说，电子烟中含有 6毫克—24 毫克的尼古丁。由于监管问题，有的电子烟中的尼古丁含量甚至超过了100毫克。有报道称，为了模仿传统卷烟吞云吐雾的效果，有的电子烟还添加了大量刺激呼吸道的丙二醇。

秦瑞，北京大学医学部

From: "lin haoxiang" [REDACTED]
To: bc_54_18@legco.gov.hk

Date: Friday, March 29, 2019 09:37AM

Subject: 支持特区政府尽快通过《2019年吸煙(公眾衛生)(修訂)條例草案》，全面禁止电子烟及其他新型烟草产品。

致全体立法会议员：

本人支持特区政府尽快通过《2019年吸煙(公眾衛生)(修訂)條例草案》，全面禁止电子烟及其他新型烟草产品。虽然理论上电子烟的危害应比普通卷烟略小，但依然含有尼古丁、丙二醇、丙三醇、重金属等有害物质，会增加患慢性阻塞性呼吸道疾病、肺癌、心血管疾病的风险，只要接触人体就会带来安全隐患。

由于含有高度致瘾性物质尼古丁，所以这种制品具有成瘾性。通常来说，电子烟中含有6毫克—24毫克的尼古丁。由于监管问题，有的电子烟中的尼古丁含量甚至超过了100毫克。有报道称，为了模仿传统卷烟吞云吐雾的效果，有的电子烟还添加了大量刺激呼吸道的丙二醇。

电子烟还会导致青少年更早的接触烟草制品，使人群吸烟率上升，综合临床和公共卫生领域的考虑，希望立法会考虑我本人的建议。

林昊翔 助理研究员

中日友好医院烟草病学与戒烟中心

請轉交全體立法會議員

致全體立法會議員：

主題：支持「全面禁止電子煙及其他新煙草產品」並訂立全面禁煙的時間表

全體立法會議員應該儘快通過「全面禁止電子煙及其他新煙草產品」，全面禁止入口及銷售電子煙及加熱非燃燒煙草產品。

一直以來，商家都以電子煙不含焦油、懸浮微粒等有害成分為賣點大肆推廣，甚至在產品介紹中，打著“戒煙神器”“清肺”等旗號。世界衛生組織有明確表態：電子煙有害公共健康，它更不是戒煙手段，必須加強管控，杜絕它對青少年和非吸煙者產生危害。

電子煙不單含有致癌物質（甲醛和多環芳香烴），電子煙中的香料和吐出的煙霧中會有別的有害物質，還能增加患心血管疾病和呼吸系統疾病的風險。電子煙標榜沒有燃燒的過程，但是，這並不代表煙油就很安全，煙油的溶劑中含有許多致癌的化學物質，例如：苯、環氧乙烷、丙烯腈、丙烯醛、丙烯醯胺等致癌物根本無法說電子煙無害。

美國疾控中心發佈的「電子煙對兒童、青少年、年輕人的危害」，其中提到大腦要到 25 歲才發育成熟，而不少電子煙同樣含有尼古丁，尼古丁會對青少年的腦部發育危害巨大，危害兒童及青少年健康。

生產商把電子煙弄成新奇有趣的玩意，例如有些外形與 USB 記憶棒或其他電子產品相似，又有些似糖果、零食或文具，令家長及教師較難察覺。待青少年尼古丁上癮後，煙癮難忍，恨錯難返。

香港在控制吸煙方面已取得良好進展，吸煙率已降至百分之十。政府應儘快立法全面禁止電子煙及其他新煙草產品包括加熱非燃燒煙草產品，同時為全面禁煙訂立時間表，以保障公眾健康，實現無煙香港。

姓名：____翁雪_____

二零一九年三月廿九日

From: Simon Mak [REDACTED]
To: "bc_54_18@legco.gov.hk" <bc_54_18@legco.gov.hk>
Cc: Vivian Wong Governor <vivianwong@foe.org.hk>, Jeffrey Hung <jeffreyyhung@foe.org.hk>

Date: Friday, March 29, 2019 11:20AM
Subject: Support Banning the E-Cigarettes

Dear Sir/Madame,

The adverse impacts of e cigarettes, heat not burn and others on the environment included but not limited to:

- 1) The production processes
- 2) The emissions of chemicals from use
- 3) The energy needed to heat up and charge the battery
- 4) The disposal of used capsules or pods, used and/or defective devices and batteries, unused or residual nicotine, and other chemicals, etc.
- 5) The environmental footprint derivate from health issue related to e cigarettes.

Therefore, we support banning of e-cigarettes.

Simon Mak CFA, MRICS | Chief Executive Officer
Friends of the Earth (HK) Charity Limited
D: +852 3184-1503 | M: +852 [REDACTED] | WeChat: [REDACTED]

28 March 2019

Dear legislative council members

Re: Support a total ban of electronic cigarettes and other new tobacco products in Hong Kong.

I am writing to fully support a total ban of electronic cigarettes and other new tobacco products in Hong Kong.

I agree to respect everyone's personal freedom. People are free to smoke as long as not breaking any Law. But now, some e-cigarettes are packed like snacks, fruit juice and stationery. Fruity flavor was added. This has attracted young people even children to smoke it. And teachers and parents may not realize their e-cigarettes because of their 'friendly' package.

Seeing these, I could not help questioning the companies' true intention to make the e-cigarette packed like snack, fruit juice and stationery. I could not be convinced that everything is purely a normal business marketing. Very likely, the companies aim to attract more young people to smoke their products and to help them hide everything from their parents and teachers. It is kind of shameful manipulation.

By this way, it would be beyond the issue of respecting the individual and business freedom now to talk about the total ban of electronic cigarettes and other new tobacco products in Hong Kong. To protect the young people, immediate action should be taken before more young people become smokers. Laws would be a more effective measure. Hence, for the good of our society and people, no more electronic cigarette and other new tobacco product should be available in Hong Kong legally as soon as possible.

Please kindly pass my letter to all Legislative Council members. Thank you very much!

Best regards

Lee Kam Ling

立法會CB(2)1214/18-19(1645)號文件
LC Paper No. CB(2)1214/18-19(1645)

From: Roy Lam [REDACTED]
To: bc_54_18@legco.gov.hk

Date: Saturday, March 30, 2019 01:14PM
Subject: Total ban e-cigarette

For the sake of health of our children, I fully support total ban e-cigarette in Hong Kong at once.

I strongly urge all legislative members should support the motion.

From: Jones Chung [REDACTED]
To: "bc_54_18@legco.gov.hk" <bc_54_18@legco.gov.hk>

Date: Sunday, March 31, 2019 03:01PM
Subject: 《2019年吸煙(公眾衛生)(修訂)條例草案》意見書

本人反對全面禁止電子煙和加熱煙，以至任何尚未發掘的煙類產品，以下均以「新興煙」統稱。

「新興煙」一手煙對人體傷害較多較少先不討論，先說二手煙和二手煙。二手煙吐出的物質，和二手煙殘留在衣服和環境中成分均不會比較「傳統煙」(包括卷煙、雪茄、煙斗、水煙槍等燃點煙草產品)大，對別人和環境的影響也不會比「傳統煙」大。

「新興煙」不用點燃，不會產生灰燼，產生大量空氣懸浮物，對空氣污染比「傳統煙」和汽車廢氣細。

「新興煙」沒有火種，不會像「傳統煙」經常意外引發火災，亦不會燃燒路邊垃圾桶上煙灰缸中途人亂放的紙巾。

「新興煙」內有數百mAh電池，爆炸風險不會比數千mAh的手提電話，和過萬mAh的移動充電器大。

再說為青少年著想，政府有沒有青少年飲酒統計？有沒有青少年賭波統計？跟青少年吸食「新興煙」哪一個數字較嚴重？為甚麼政府不是禁酒而是調低酒稅？為甚麼政府不是禁止賭波而是賭波合法化？青少年沉迷打機，政府何不全面禁止電子遊戲產品？何不全面禁止智能電話？青少年沉迷社交媒體，政府是否應該效法北韓全面封網？

青少年要吸食「傳統煙」，大多可以偷取家人的香煙，只要一個打火機就可以，或者找一個樣貌比較成熟的朋友買，一班朋友夾錢，嚐第一口煙的成本極低。但要入門「新興煙」，每人至少要花數百元買一個加熱裝置，門檻相對較高，數百元對於動輒幾千億倒落海的政府不算是錢，但對一個學生來講是整個月的零用錢，花費整個月零用錢嚐一口「新興煙」，學生們才沒這麼笨。

說「新興煙」無害是自欺欺人，說「新興煙」比「傳統煙」有害是漠視事實，「新興煙」和「傳統煙」是同一產物，只是烹調方法不同，所以應該一視同仁。

政府禁「新興煙」而不禁同樣危害健康的「傳統煙」、不禁比「新興煙」更危害道路交通和人命財產的「醉駕源頭」酒精類產品、不禁比「新興煙」更危害大眾呼吸道疾病的燃油汽車、不禁比「新興煙」更會引發社會問題的「賭風」、……，正正反映政府的施政邏輯——冇邏輯。

如果「新興煙」獲規管，加熱裝備可以獲得機電署的認證，可杜絕一些平價劣質貨，而且煙民可以避免買到不明來歷真正危害健康的假煙。

全球多國都有對「新興煙」進行研究，大部份均證實「新興煙」對人體傷害較「傳統煙」少，只是政府先有禁止「新興煙」的結論，再尋找支持自己立場的報告，做法偏頗。在這前提下跟政府討論那類煙傷害較少是多餘，我們不能喚醒裝睡的人。

新政府由上任前的西九故宮「假諮詢真欽點」，到上任後諮詢都廢事，周永新、黃遠輝前車可鑑，對於一言堂獨裁政府，小市民不會期望區區一份意見書能有甚麼效益，政府不是希望得到各方意見，只希望得到支持其立場的個別意見。

從 Windows 10 的郵件傳送

立法會CB(2)1214/18-19(1647)號文件
LC Paper No. CB(2)1214/18-19(1647)

From: [REDACTED]@netvigator.com>
To: <bc_54_18@legco.gov.hk>

Date: Sunday, March 31, 2019 06:05PM
Subject: Ban all tobacco related products

Dear Sir/Madam,

I urge Legco to support **total banning of all tobacco related products**, old and new. Merely legislating to regulate some of the wide range of tobacco related products will not be enough to protect Hong Kong citizens, and impossible to enforce effectively. The young are particularly vulnerable to the proven hazards to health and the risk of addiction to tobacco.

Yours sincerely,

Joseph Pang

I.D. no. [REDACTED]

立法會CB(2)1214/18-19(1648)號文件
LC Paper No. CB(2)1214/18-19(1648)

From: Sabrina Pang Fung [REDACTED]
To: "bc_54_18@legco.gov.hk" <bc_54_18@legco.gov.hk>
Date: Sunday, March 31, 2019 11:31PM
Subject: Support for total ban of all tobacco related products

Dear Sir/Madam,

I urge Legco to support total banning of all tobacco related products, old and new. Merely legislating to regulate some of the wide range of tobacco related products will not be enough to protect Hong Kong citizens, and impossible to enforce effectively. The young are particularly vulnerable to the proven hazards to health and the risk of addiction to tobacco.

Yours sincerely,

Sabrina Pang
HKID [REDACTED]

From: Aster Lai [REDACTED]
To: bc_54_18@legco.gov.hk
Cc: [REDACTED]

Date: Monday, April 01, 2019 06:28PM
Subject: Bills Committee on Smoking (Public Health) (Amendment) Bill 2019 - 95328E56

尊敬的主席:

您好! 我本身是不抽煙的, 但是我家住在村屋。對面家的叔叔常常在他家的後門抽煙。當大風一吹時, 煙味總是散播到我們家, 非常不舒服。室內煙味瀰漫。鼻子就飄進一股煙臭味。我本身是一位媽媽。家裏育有一子。常聽二手煙即是被動吸煙, 包括吸入由燃點中的煙草產品所發出的煙霧, 以及吸煙者抽煙時所呼出之氣體。二手煙對身體長遠的影響, 特別對兒童的影響。部份發育遲緩誘發哮喘及增加患上肺炎、氣管炎的。我確實擔心的兒子。聽說加熱煙能減低有害物質, 請政府再做多一點研究。如確實, 是否真的規管它比全禁較好? 你可以說搬家便可。家中不是富裕之家, 未能置業。只能租住。政府的政策令我們受苦。請政府再次研究, 改善政策, 令香港人能有個安樂窩。

敬祝安康

Information: Lai Sau Man
Email: [REDACTED]
Registration number: 95328E56

声 明

立法委员：

我声明支持特区关于全面禁烟的草案。众所周知，烟草危害健康并导致多种疾病，只有室内全面禁止使用才能有效防止烟雾污染的影响。在目前科技水平的情况下，任何设备都无法将烟雾中的有害物质排放出去。因此采取全面禁烟措施是唯一可以有效解决问题的方法。

中国控制吸烟协会

许桂华研究员

2019 年 4 月 1 日

敬愛的 郭偉強主席，收信平安！

董氏基金會成立於1984年，是台灣第一個推動菸害防制的民間團體，並於1989年結合亞太各地民間拒菸領袖成立「亞太地區拒菸協會 (APACT, Asia Pacific Association for the Control of Tobacco)」，透過跨國界與區域的結盟，合力對抗國際菸草公司的侵害。今為了十分急迫的公眾健康議題請命，謹請 貴立法會儘速立法禁止進口、製造、售賣、分發和宣傳另類吸菸產品(新興菸品：包含電子煙、加熱非燃燒菸草製品等)，建立健康香港典範，進而帶動台灣與亞太地區共同抵禦新興菸品。

本會完全贊同「香港吸煙與健康委員會」等香港民間團體提出5大禁止新興菸品的原因：1.電子煙及新菸草產品(包括加熱非燃燒菸草製品)被宣傳推廣為新潮流流行產品，吸引不吸菸者尤其是年輕人使用。2.部分吸菸者因轉用或混用新興菸品，而不考慮戒菸。3.越來越多研究發現新興菸品一樣含有害物質。4.世界上並沒有安全的菸草產品。5.已有國家推行全面禁止菸品的計劃。

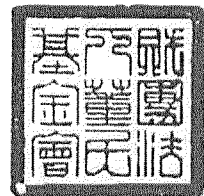
當全球菸害防制跨步走的同時，菸草公司為了擴大市場，2011年起開始投入生產「電子煙」，2015年又推出「加熱式菸品」積極開拓新市場，菸草公司以其龐大的財勢，加上過去百年行銷推廣傳統紙菸的實戰能力，使其「新興菸品」勢力快速崛起，成為菸害防制工作最大致命傷。

美國政府輕忽電子煙的危害，導致全美青少年使用電子煙比例從2011年的1.5%，到2018年竟遽增為21%，目前有360萬中學生身陷電子煙危機中；華爾街日報的調查更顯示，美國有超過30%的青少年使用電子煙。所幸，香港與台灣目前皆依藥事相關法令管制電子煙，未來全面禁止新興菸品的目標也一致。

我們對於香港政府率先積極修法禁止新興菸品，以及 主席必須承受菸草公司的強大壓力，感到尊敬與佩服。同樣地，我們在台灣也會積極推動修法，為公眾健康及預防青少年成為新癮害世代而努力。

敬祝 政躬康泰！

台灣董氏基金會 董事長 謝孟雄
執行長 姚思遠
終身義工 陳淑麗
暨全體同仁與義工 敬上
2019年4月1日



聯絡人：林清麗女士
聯絡地址：台北市復興北路57號12樓之3
連絡電話：+886-2-2776-6133 分機100
聯絡信箱：chingli@jtf.org.tw

From: Martin Kwan [REDACTED]
To: bc_54_18@legco.gov.hk
Date: Monday, April 01, 2019 10:24AM
Subject: 就吸煙(公共衛生) 條例修訂草案意見

委員會秘書

由於電子煙也有焦油尼古丁等等有害物質所以支持禁止

由於年青人 追求時尚有時會被相關的廣告吸引 所以和害無窮

所以我希望 能夠盡快完成修訂法例，讓更多年青人 遠離煙草產品

我建議透過健康教育，讓他們參與戒煙運動之中例如選舉戒煙大使，讓年青人 更深入地了解 吸煙的長遠禍害

立昇慈善教育基金會創會會長

關啟光

2019年4月1日

2 April 2019

Dear Chairman,

Re: Bills Committee: Regulate Alternative Tobacco Products Instead of Ban Urging for a Proper Public Consultation

I am writing to request the Bills Committee to reconsider the proposed ban on e-cigarettes and alternative tobacco products. I believe that regulation is most fair and effective to achieve a balanced approach for Hong Kong Government and for Hong Kong citizens on this topic.

To introduce myself, I am a HR professional in Hong Kong and work with a number of smokers and also am married to a smoker. The common feature seems to be that they all have a desire to quit smoking, however they have difficulty doing this hence I am quite passionate about them having alternative products (particularly products that emit less of the typical smoking smell) to help them and me as a recipient of second hand smoke.

Alternative tobacco products like e-cigarettes and heated tobacco are already available and promoted in many other innovative countries such as Japan, South Korea and UK. If there are less harmful options for people who smoke, wouldn't you want them to be able to switch to them? In addition, I have much concerns and voices on this ban:

1. The Government has not consulted us on this topic and their final proposed Bill is to ban rather than regulate e-cigarettes and heated tobacco products. The Food & Health Bureau have not conducted consultation as well and I would like to be consulted properly on this.
2. There are independent studies discussing the good and bad of the e-cigarettes and heated tobacco products, and the generally these products provide benefits to smokers over traditional cigarettes. Has the government reviewed these studies? Why does the government ban them?
3. I have many concerns about the full ban and I feel that regulation is the best way forward. Proper regulation will ensure that these products are not made available to youth and only adults who smoke can access them.

I urge the government to conduct a proper consultation and not just a public hearing to share our views and ask for the Government to provide feedback on our views directly.

As you are the LegCo member who has joined the Bills Committee, you should lend your hand in support for a balanced approach to protect the public health and the consumers' freedom of choice.

More importantly, I request that you to speak to the Government for a public consultation where the public, such as myself and many other interested parties, will have adequate opportunity to voice our concerns and views over a reasonable period of time.

Most grateful for your kind attention.

Sincerely,
Sharmini Thomas
[REDACTED]@gmail.com

Registration Number from the Online Registration: **D8873365**

Re: Smoking (Public Health) (Amendment) Bill 2019

i support total ban on all tobacco-smoking devices.

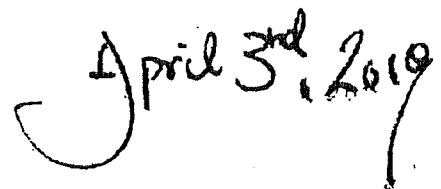
When I was still a smoker, i hated and felt offensive against any acts and talks about banning smoking, "Come on, this is my freedom of choice!" said to myself at the age of 18.

Having quitted smoking for over 20 years, today i want to thank all who had "taken" away my so called freedom, i want to tell them how much self-esteem they had helped me to keep intact by winning over addiction in front of my children and in front of my staff, most important in front of myself!

When you know it is harmful, when you know you are able to stop it, just do the right thing, it is as simple as this. It doesn't take much brave to do it, but it is so plucky not to do it!

A stylized, handwritten signature in black ink, appearing to be 'Rodney Tam'.

rodney tam

A handwritten date in black ink, 'April 3rd, 2019', with a large, sweeping flourish underneath.

立法會CB(2)1214/18-19(1655)號文件
LC Paper No. CB(2)1214/18-19(1655)

From: Karen Chong [REDACTED]
To: bc_54_18@legco.gov.hk

Date: Wednesday, April 03, 2019 05:12PM
Subject: Bills Committee on Smoking (Public Health) (Amendment) Bill 2019 17129B13

Address to Mr. Kwok Wai Keung:

My husband recently switched from conventional cigarette to IQOS and I can see major health changes for my family and for my husband. I see added value for the government to understand the product first before implementing a full ban.

I believe this is a fundamental step for the government to do first and foremost before a ban. This will go well with the public and also government objectives before imposing a ban. Please help address the concerns.

Kind Regards,
Karen Chong,
CPA Australia 9387055



駿業集運有限公司
CHUN YIP MASS TRANSPORTATION CO., LTD.

九龍旺角煙廠街9號興發商業大廈905室
RM. 905, 9/F., PROSPER COMM. BLDG.,
9 YIN CHONG STREET, MONGKOK, KOWLOON.
TEL : 2781 0088 2781 2000 FAX : 2385 6858

日期：2019年4月4日

香港中區立法會道1號
立法會綜合大樓
立法會秘書處

《2019年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

參考編號：70A745A9

致郭偉強主席：

2019年吸煙(公眾衛生)(修訂)條例草案

我是高春英，在香港經營運輸及物流公司多年。

我是非吸煙者，但公司大部份員工均是煙民。近日留意到香港政府希望全面禁止加熱煙進口及售賣。但據我所知，加熱煙比傳統香煙對吸煙人仕的危害性較少，不會產生明火，所以發生火警機會極微。而且這產品比傳統香煙較少煙味，故對其他員工及客戶的影響也較少。

作為一個小企業的僱主，都希望吸煙員工可以多一個選擇，工作環境得以改善，亦希望這新產品可帶動香港物流業的發展。

我支持政府立法規管進口及售賣加熱煙，而非全面禁售。

駿業集運有限公司



cc 食物及衛生局 (陳肇始 sfhoffice@fhb.gov.hk)

cc 航運及交通界 (易志明 frankieyick@liberal.org.hk)

To: "panel_hs@legco.gov.hk" <panel_hs@legco.gov.hk>
From: Law Kai-tim [REDACTED]
Date: 04/04/2019 02:21PM
Subject: 反對禁電子煙

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香港中區
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《2019年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致立法會議員

政府過去一直用教育和宣傳方式勸告市民不要吸煙，亦勸煙民戒煙，成效顯著，香港吸煙率在世界上是最低之一，當然吸煙率若再能降低，成為無煙香港，政府施政成績表又多個優；可是人生理想和現實總是有距離，一如零罪案率，夜不閉戶，路不拾遺只是一種奢望。

政府立法規管吸煙行為，包括煙民是無人反對，因為規管是平衡吸煙人士和非吸煙人士的權益，一刀切禁加熱煙，與規管是有差異。現在禁加熱煙是針對加熱煙這產品，將這些產品列為於海洛英同地位等看待，不但禁止禁管有、運送、分銷，即使遊客個人攜帶吸用加熱煙的加熱器進入香港也是違法。苛政猛於虎，世界大部分國家接受的一種煙草產品列為與毒品同等看待是不文明做法。製毒工場無論在世界甚麼地方都是違法，生產加熱煙的公司不但是合法，而且有些更是上市公司，單是這一點，足已證明這條例不能令人信服。

大家同意要防止年輕人吸煙，要做的是針對年輕人進行教育，例如加強公眾教育和學校教育。應做的是先行對加熱煙作出與香煙相同的規管，例如禁止18歲以下人士購買，不准生產商宣傳和推廣這些產品，規定在室內和禁煙區不可使用。現在政府提出的方法是犧牲成年吸煙者的選擇權利，政府禁加熱煙是落藥過重兼藥石亂投，應做的是對症下藥，先行規管加熱煙，加強對青少年教育煙害，雙管齊下，可收立竿見影之效。禁售賣不等如青年人便沒有機會接觸加熱煙資訊，網上加熱煙的資訊政府不可能禁絕。在香港禁止售賣加熱煙只是加強青少年對這些產品產生好奇，千方百計一嘗這「禁果」，反而弄巧成拙。

小小意見，希望議員在審議法例多點客觀聲音，令這條法例更適合開放文明社會，而不是一個極權專制社會的法律。

多謝！

立法會CB(2)1214/18-19(1658)號文件
LC Paper No. CB(2)1214/18-19(1658)

From: Savejobs Lo [REDACTED]
To: "panel_hs@legco.gov.hk" <panel_hs@legco.gov.hk>
Date: Thursday, April 04, 2019 02:17PM
Subject: 請求尊敬的議員閣下為煙民發聲，反對 政府剝奪煙民選擇權

香港中區立法會道1號
立法會綜合大樓
立法會秘書處
《2019年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致立法會議員：

做香港人最緊要有得揀！

吸煙的立法會議員，你們覺得你們吸煙或戒煙，是應該由你自己話事，還是坐在你旁邊不吸煙的同事去代你決定。

我們都是成年人，受過教育，懂得尊重別人，香港《吸煙(公眾衛生)條例》已將二手煙對其他人造成影響減到最低，加熱煙的二手煙較香煙對其他人的健康威脅更低，若從公眾衛生這角度看，實在無理由要禁。

現在政府說禁是為不想年輕人受加熱煙引誘，先吸加熱煙再轉食香煙，事實是吸加熱煙的朋友都是先食香煙，再轉加熱煙，因為我們吸煙者都知道，香煙好多時是對喉嚨和氣管會帶來不舒服，但轉食加熱煙後，喉嚨和氣管較舒服，當然完全不食煙會更舒服，但吸了幾十年煙，會有心癮，不是你話叫我唔好食我就立即唔食，我們希望轉食加熱煙後，慢慢會戒煙。

希望議員，特別是反吸煙的議員，尊重吸煙人士的選擇權，讓我們可以選擇吸傳統煙、戒煙或是轉用加熱煙，而不是無得揀，政府話要你點就點。

做香港人，最緊要是要有得揀，希望議員考慮一刀切禁另類吸煙產品時，不是單單聽反煙團體意見和政府以高壓家長式管治，說要你死，你就死。

多謝各議員給我們一個選擇權。

立法會CB(2)1214/18-19(1659)號文件
LC Paper No. CB(2)1214/18-19(1659)

From: Gary Soong [REDACTED]
To: panel_hs@legco.gov.hk

Date: Thursday, April 04, 2019 01:48PM

Subject: 反對禁止電子煙 / 加熱煙

香港中區立法會道1號
立法會綜合大樓
立法會秘書處
《2019年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致立法會議員：

趁立法會條例草案委員會審議《2019年吸煙(公眾衛生)(修訂)條例草案》，以市民身份提出意見，一盡公民責任，希望集思廣益，將看不過眼的事情說出來。

政府在草擬修訂這條例草案時，只是考慮社會一些醫學團體和教育團體的意見，以偏概全，一個開放、兼容的社會，是不能夠只讓一個群體的意見為依歸。

要用科學方式比較加熱煙和香煙對健康的威脅，應該將吸煙人士轉吸加熱煙的健康狀況和一個只是吸用傳統香煙者，兩者的健康情況作一比較，但有人將一個不吸煙和一個從不吸煙而開始吸加熱煙的健康作比較而作出結論。這樣的比較若不是別有用心，誤導社會，就是犯上科學研究的嚴重錯誤，醫學團體若是公允看加熱煙對健康影響，應有足夠的科學認識去判斷錯誤。

政府將加熱煙稱為「另類吸煙產品」，用詞亦有問題，說要禁另類的產品，換句話說認同傳統香煙是可以接受，加熱煙是對健康風險威脅較香煙為低要禁的立足點是在那裡。加熱煙與香煙的主要成份都是煙草，禁加熱煙是禁煙草產品，以法律的一致性和完整性而言，同樣含煙草產的香煙、手卷煙絲、雪茄、煙斗煙絲也應要禁，若說禁加熱煙是因為其吸用方法有異於香煙和雪茄等用燃燒方法，水煙以水蒸氣將煙草加熱吸用，水煙可以容許在法理上也是站不住腳。

單是這樣的立法原則已是非常粗疏，有賴立法會作出審視，避免香港出現無法無天一言堂家長管治，七十萬煙民不是要求放寬吸煙的規管，只是期望立法會議員秉持公道，及時糾正政府的錯誤，作為一個公義社會的把關人。

謝謝議員。

立法會CB(2)1214/18-19(1660)號文件
LC Paper No. CB(2)1214/18-19(1660)

From: sun wong [REDACTED]
To: "panel_hs@legco.gov.hk" <panel_hs@legco.gov.hk>

Date: Thursday, April 04, 2019 12:47PM

Subject: 反對政府全面禁電子/加熱煙

History: ✦ This message has been forwarded.

致立法會議員，

政府過去一直用教育和宣傳方式勸告市民不要吸煙，亦勸煙民戒煙，成效顯著，香港吸煙率在世界上是最低之一，當然吸煙率若再能降低，成為無煙香港，政府施政成績表又多個優；可是人生理想和現實總是有距離，一如零罪案率，夜不閉戶，路不拾遺只是一種奢望。

政府立法規管吸煙行為，包括煙民是無人反對，因為規管是平衡吸煙人士和非吸煙人士的權益，一刀切禁加熱煙，與規管是有差異。現在禁加熱煙是針對加熱煙這產品，將這些產品列為於海洛英同地位等看待，不但禁止禁管有、運送、分銷，即使遊客個人攜帶吸用加熱煙的加熱器進入香港也是違法。苛政猛於虎，世界大部分國家接受的一種煙草產品列為與毒品同等看待是不文明做法。製毒工場無論在世界甚麼地方都是違法，生產加熱煙的公司不但是合法，而且有些更是上市公司，單是這一點，足已證明這條例不能令人信服。

大家同意要防止年輕人吸煙，要做的是針對年輕人進行教育，例如加強公眾教育和學校教育。應做的是先行對加熱煙作出與香煙相同的規管，例如禁止18歲以下人士購買，不准生產商宣傳和推廣這些產品，規定在室內和禁煙區不可使用。現在政府提出的方法是犧牲成年吸煙者的選擇權利，政府禁加熱煙是落藥過重兼藥石亂投，應做的是對症下藥，先行規管加熱煙，加強對青少年教育煙害，雙管齊下，可收收立竿見影之效。禁售賣不等如青年人便沒有機會接觸加熱煙資訊，網上加熱煙的資訊政府不可能禁絕。在香港禁止售賣加熱煙只是加強青少年對這些產品產生好奇，千方百計一嘗這「禁果」，反而弄巧成拙。

小小意見，希望議員在審議法例多點客觀聲音，令這條法例更適合開放文明社會，而不是一個極權專制社會的法律。

多謝！

立法會CB(2)1214/18-19(1661)號文件
LC Paper No. CB(2)1214/18-19(1661)

From: Alvin Ng [REDACTED]
To: panel_hs@legco.gov.hk

Date: Thursday, April 04, 2019 12:39PM
Subject: 有關 管制加熱煙事宜

History: ➤ This message has been forwarded.

致 立法會秘書處

加熱煙無論怎樣有害，毒害也不及一班為求自己風光，為自己面上貼金的「救世者」對香港帶來災禍的深與廣。

禁加熱煙已不是一個簡單控煙問題，而是牽涉到社會公義，政府施政是否平衡社會各群體的利益，禁加熱煙被垢病之處是政策傾向某一兩個團體，這只是露出水面的問題，水底之下還牽涉到市民的選擇權、人權、法治和可能違反《香港基本法》。

條例草案是明顯有選擇性，故意忽略日益增加的科學證據，無視世界各先進國家接受和認同加熱煙危害性較傳統香煙明顯是減少的事實。世界上已經有超過40個地區容許其公民用加熱煙，這些國家或地區包括英國、美國、歐盟、澳洲、加拿大等，這些先進國家和地區讓公民自由選擇用加熱煙作為一種對健康危害性較低的吸煙替代品，應該對這些產品的科學理據作出獨立深入研究和考慮，確認這產品對健康威脅是較傳統香煙為低，香港政府選擇背道而馳，拒絕給予香港吸煙人士獲得此等更佳替代品的選擇權，令人莫名其妙。

加熱煙不經燃燒過程，只是透過一個電子器加熱，加熱釋出的有害物質是較燃燒為少。用一個簡單的例子，BBQ 燒熟食物和用水蒸熟食物，兩種煮熟食法那種較為健康，不用多說。

又用一個普通的常識，加熱煙研發經年和投下大量研究經費，若其煙害與傳統香煙相同，這些公司又怎會將這些產品推出市場。以億美元為單位的研究經費若投入生產傳統香煙，香煙價錢會降低，反而令對開展香煙市場有利。況且加熱煙的加熱器每個售價數百元，煙支亦較香煙貴，年輕人如何負擔，這些實際情況，倡議禁加熱煙的不提也算，政府的研究不理這些事實匪夷所思，為了政治原因取悅這些反煙團體，民緒主義抬頭主導政府是十分危險。

立法會負起制衡政府的責任，希望議員作出獨立和客觀判斷，審視政府提出的不合理的理由，請議員還給吸煙者一個公道。少少愚見，如蒙答允，感激萬分。

If there's any problem , please free feel to contact me.

Regards
Alvin Ng

立法會CB(2)1214/18-19(1662)號文件
LC Paper No. CB(2)1214/18-19(1662)

From: Piper Lin [REDACTED]
To: bc_54_18@legco.gov.hk

Date: Thursday, April 04, 2019 02:01PM

Subject: Public hearing for the Bills Committee on Smoking (Public Health) (Amendment) Bill 2019

Reference Number: 6AAEB061

Re: Bills Committee: Regulate Alternative Tobacco Products Instead of Ban Urging for a Proper Public Consultation

I am writing to express my personal view on the Bill to ban E-Cig and heated tobacco products. I am not a smoker, but my husband has been a smoker for more than 10 years. 2 years ago he switched from conventional cigarettes to heated tobacco. Thanks to its minimum lingering smell and second hand smoke, our apartment is more pleasant now and becoming a better environment for our newborn son. If Hong Kong Government were to ban these alternative tobacco products, my husband will have no choice but to go back to conventional cigarettes.

I understand that quit smoking is an absolutely better option than any type of alternative tobacco products. However, for those who simply cannot quit smoking, isn't it Government's responsibility to provide them the freedom of choices? I moved from Taiwan to Hong Kong a few years ago and I have always thought that Hong Kong is far more advanced than my hometown. Looking at other advanced countries such as Japan, Korea, UK, Germany, etc., alternative tobacco products are available and well regulated. Therefore I am surprised that Hong Kong Government is going to take the freedom of choices away from its people who could be considered as minority here.

I urge Hong Kong Government to investigate the reasons why many other developed countries have regulated these products, and consider to do the same rather than imposing a blanket ban.

Thank you for your kind attention.

Sincerely,

Piper Lin
Hong Kong Resident

立法會CB(2)1214/18-19(1663)號文件
LC Paper No. CB(2)1214/18-19(1663)

From: 김도환 [REDACTED]
To: <bc_54_18@legco.gov.hk>
Cc: <sfhoffice@fhh.gov.hk>, <kwk@ftulegco.org.hk>

Date: Thursday, April 04, 2019 12:21PM
Subject: Comments Submission on E-cigarette Products Ban

To whom it may concern:

Greetings from the Korean E-Cigarette Association.

We would like to share our views to the Hong Kong Bills Committee on Smoking (Public Health) (Amendment) Bill 2019.

Our association has 2,000 members who are part of the thriving e-cigarette production ecosystem. And we are carefully watching the developments in Hong Kong with great concern. We believe Hong Kong has always been act as a hub for innovation in the region. But the current changes appear to be moving backwards by preventing a nascent industry from taking off and stopping the livelihoods for small business owners in Hong Kong currently in the trade.

In addition, many adult smokers who have switched to e-cigarettes do it because they are unable to stop smoking or desire to keep smoking and are looking for less harmful alternatives. Less harmful alternatives are not something that young smokers regularly use. In fact we read that Public Health England's February 2018 evidence review concluded that *"despite some experimentation with these e-cigarettes among never smokers, e-cigarettes are attracting very few young people who have never smoked into regular use."*

We hope that you will take our views into consideration and ask the Hong Kong Government to consider the potential economic loss and public health implications to implement such a ban, without undertaking further consultations.

Yours Sincerely,

Dohwan Kim

<http://www.vape.or.kr/>

立法會CB(2)1214/18-19(1664)號文件
LC Paper No. CB(2)1214/18-19(1664)

From: 청색꼬부기 [REDACTED]
To: bc_54_18@legco.gov.hk
Cc: sfhoffice@fhh.gov.hk, kwk@ftulegco.org.hk

Date: Friday, April 05, 2019 07:15AM
Subject: Submission on Tobacco Alternative Products Ban

To whom may it concerns,

I am Yeon-ik Lee from I Love Smoking (ILS) and would like to thank you for this opportunity to provide ILS's inputs to the Hong Kong Bills Committee on Smoking (Public Health) (Amendment) Bill 2019.

ILS is the largest consumer group in Korea with over 100,000 members. And we are greatly concerned with the proposed Bill since it would affect many of our members who are currently using alternative tobacco products. The bill could cause negative experiences if they were to visit Hong Kong on business or pleasure.

Currently, South Korea is Hong Kong's 3rd largest source of visitors (outside of China) with over 1.4 million tourists annually. Visiting for pleasure or business will become very challenging for Korean citizens, amongst whom we can count many users of alternative tobacco products, and would discourage these individuals from visiting Hong Kong.

The bill could criminalize the tourists who unknowingly bring in such alternative products since they can be used legally in Korea. For those who have followed the decisions in Hong Kong, and decide not to bring these products, it will force them back to smoking conventional cigarettes which is scientifically proven to have higher health risks than alternative tobacco products.

We strongly request the Hong Kong government to reconsider the ban and urge them to develop a policy which respect current adult smokers' right to choose something less harmful rather than more harmful product.

With regards,

President of I Love Smoking

Lee Yeon-ik

From: James Kwan [REDACTED]
To: "bc_54_18@legco.gov.hk" <bc_54_18@legco.gov.hk>

Date: Friday, April 05, 2019 09:32AM
Subject: 「全面禁止電子煙及其他新煙草產品」

立法會秘書處 香港中區立法會道 1 號 立法會綜合大樓
致全體立法會議員:

吸煙(包括吸傳統煙、電子煙、加熱煙和其他另類產品)不單令人上癮，而且是一種“流行病”和“傳染病”，特別在青少年，在煙草商的推動和宣傳下，可以飛快傳播。如果成年人可以自由吸，對青少年的影響更大。

本人懇請全體立法會議員儘快通過「全面禁止電子煙及其他新煙草產品」並促請特區政府訂立全面禁煙的時間表。

歷史證明:過往和現時禁止賣煙給青少年的管制方法完全無效，並導致大多數現時吸煙的成年人在十八歲以前開始染上煙癮。美國早已禁止賣電子煙給青少年，結果是青少年吸電子煙大幅上升，已成大流行病，並且會繼續上升，已經失控。不少家長和青少年正急切尋求幫助戒掉吸電子煙，但因至今仍未有有效的方法，以致苦不堪言。

近日煙草商的所謂支持規管加熱煙，實則是要令成年人繼續吸煙(傳統和加熱煙)，並乘機將尼古丁透過加熱煙盡快傳播給青少年，使他們盡快上癮，終身上癮。無論什麼規管方法，煙草商總有方法成功衝破規管，吸引青少年上釣。煙草商一向反對加強有效的規管措施，他們反對加煙草稅，反對全煙害警示包裝(plain packaging)，反對全面禁止所有煙草的直接或間接廣告、宣傳推廣，反對擴大法定非吸煙區，反對將禁買賣煙給青少年的年齡提升至 21 歲等等，所以他們支持的“規管”，其實是空話!是誤導!不全禁加熱煙，等於讓煙草商可以大力宣傳推廣，使加熱煙成為另一新的和極具吸引力的尼古丁傳播工具，毒害無數青少年和其他本來不吸煙的人士。一放不可收拾!放鬆等於幫兇!

你們的支持可以預防千千萬萬的兒童和青少年變成尼古丁成癮者，每天的拖延，便每天多一批青少年成為電子煙、加熱煙和其他煙商的長期提款機。

救救孩子，全面禁止電子煙和所有新興煙草產品，謝謝!

關育材

立法會CB(2)1214/18-19(1666)號文件
LC Paper No. CB(2)1214/18-19(1666)

From: Awkchg [REDACTED]
To: bc_54_18@legco.gov.hk

Date: Friday, April 05, 2019 06:34PM
Subject: 支持政府全面禁止電子煙 (及其 他新煙草產品)

電子煙對年青人絕對有害，對煙民亦無益，香港現時有許多戒煙服務可以幫助已上癮的煙民。為了我們年青的一代，我支持政府全面禁止電子煙（及其他新煙草產品）！

陳穎嘉

Sent from my iPhone

立法會CB(2)1214/18-19(1667)號文件
LC Paper No. CB(2)1214/18-19(1667)

From: Ceri Reid [REDACTED]
To: bc_54_18@legco.gov.hk

Date: Friday, April 05, 2019 04:59PM
Subject: Vaping ban

I've never smoked, and I don't vape.

I firmly believe - because of real-world evidence - that vaping is a very useful form of harm reduction for smokers, and makes it more feasible for them to give up smoking cigarettes. It does them little or no harm, according to UK's PHE.

It would be wrong and stupid if Hong Kong banned vaping.

I admire Hong Kong, and I enjoyed a short stay there 20 years ago. It would be a great shame if a vaping ban were introduced, given Hong Kong's standard of living and various forms of freedom.

Ceri Reid

立法會CB(2)1214/18-19(1668)號文件
LC Paper No. CB(2)1214/18-19(1668)

From: Hang Marcus [REDACTED]
To: "panel_hs@legco.gov.hk" <panel_hs@legco.gov.hk>

Date: Saturday, April 06, 2019 06:36PM
Subject: 2019年吸煙(公眾衛生)(修訂)條例草案

香港中區立法會道1號
立法會綜合大樓
立法會秘書處
《2019年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致立法會議員：

趁立法會條例草案委員會審議《2019年吸煙(公眾衛生)(修訂)條例草案》，以市民身份提出意見，一盡公民責任，希望集思廣益，將看不過眼的事情說出來。

政府在草擬修訂這條例草案時，只是考慮社會一些醫學團體和教育團體的意見，以偏概全，一個開放、兼容的社會，是不能夠只讓一個群體的意見為依歸。

要用科學方式比較加熱煙和香煙對健康的威脅，應該將吸煙人士轉吸加熱煙的健康狀況和一個只是吸用傳統香煙者，兩者的健康情況作一比較，但有人將一個不吸煙和一個從不吸煙而開始吸加熱煙的健康作比較而作出結論。這樣的比較若不是別有用心，誤導社會，就是犯上科學研究的嚴重錯誤，醫學團體若是公允看加熱煙對健康影響，應有足夠的科學認識去判斷錯誤。

政府將加熱煙稱為「另類吸煙產品」，用詞亦有問題，說要禁另類的產品，換句話說認同傳統香煙是可以接受，加熱煙是對健康風險威脅較香煙為低要禁的立足點是在那裡。加熱煙與香煙的主要成份都是煙草，禁加熱煙是禁煙草產品，以法律的一致性和完整性而言，同樣含煙草產的香煙、手卷煙絲、雪茄、煙斗煙絲也應要禁，若說禁加熱煙是因為其吸用方法有異於香煙和雪茄等用燃燒方法，水煙以水蒸氣將煙草加熱吸用，水煙可以容許在法理上也是站不住腳。

單是這樣的立法原則已是非常粗疏，有賴立法會作出審視，避免香港出現無法無天一言堂家長管治，七十萬煙民不是要求放寬吸煙的規管，只是期望立法會議員秉持公道，及時糾正政府的錯誤，作為一個公義社會的把關人。

謝謝議員。

Marcus Hang

立法會CB(2)1214/18-19(1669)號文件
LC Paper No. CB(2)1214/18-19(1669)

From: Lam Nick [REDACTED]
To: panel_hs@legco.gov.hk

Date: Sunday, April 07, 2019 11:27AM
Subject: 反對禁電 子煙

你好，本人抽煙煙齡超過20年，一直因煙味及二手煙影響到身邊的人，直到上年接觸電子煙，發覺抽電子煙可以減輕對身邊的人影響，本人覺得科技發達帶來人類既進步，現階段看不到有什麼壞處要去禁，如只說電子煙對身體更有害，本人只能說這是我自己選擇的，相信社會上有更多無益而有害事情，政府都視而不見，反而對電子煙就要馬上去禁？

從我的 iPhone 傳送

7 April 2019

Clerk to Bills Committee on Smoking (Public Health) (Amendment) Bill 2019
Legislative Council Secretariat
Legislative Council Complex
1 Legislative Council Road
Central, Hong Kong

Ref# **A78A2658**

Dear Sir,

I'm totally disappointed and frustrated while learning the Government's proposed legislation to ban better alternatives to cigarettes.

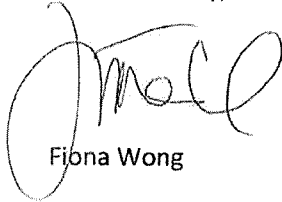
Personally I do not smoke, and I hate people who are using conventional cigarettes as I can't stand the smell and smoke and, more importantly, becoming a second hand smoker which is harmful to my life.

Many of my friends, including my family members, have switched to IQOS and we all found it more acceptable both to smokers and non-smokers: less smell, less irritated by the mist, won't stain the clothing, smokers don't feel soared throat after using them. The family also have less arguments since using IQOS at home.

For those smokers who have switched to better alternatives will find it hard to switch back to conventional cigarettes. They will look for smuggled heets sticks or alternatives. It will impose a serious problem for smuggling in Hong Kong market.

Please listen to the public from both sides. Why not **regulate the products** so all are in win-win situation?

Yours faithfully,



Fiona Wong

立法會CB(2)1214/18-19(1671)號文件
LC Paper No. CB(2)1214/18-19(1671)

From: 麥智明 [REDACTED]

To: bc_54_18@legco.gov.hk

Date: Sunday, April 07, 2019 04:50PM

Subject: 全面支持《2019年吸煙(公眾衛生)(修訂)條例 草案》——全禁新型煙草產品

尊敬的各位立法會議員，

我得知香港立法會正邀請各界就《2019年吸煙(公眾衛生)(修訂)條例草案》提交意見書。本人強烈支持全禁一切所有新型煙草產品。

作為一名“老煙槍”，煙癮極深。四五十年前從爸爸那裡學吸煙時，大家認為煙草這個“新產品”是個“好東西”。用了將近二十年，到近二三十年我才明確地知道吸煙的危害。我多次嘗試用各種市面上所謂有效（但實際沒有一點效果，例如加熱煙和電子煙）的辦法戒煙，過程十分痛苦。尼古丁的成癮依賴的截斷反應使我無法正常生活。每次的失敗都令我感歎，為什麼當年聽信謠言，學吸這種禍害極深的煙草？

兒子跟我分享現在香港正進行全禁新型煙草產品的立法工作。我覺得我的經歷就是一個好例子。煙商逐利，從不理會我們煙民的死活。現在全球都知道傳統煙草的危害，想換個新型產品轉換焦點，誘導下一代繼續吸煙，繼續毒害下一代。希望各位香港立法會議員能支持全禁新型煙草產品法案，向大眾傳遞一個明確的信息“吸煙有害健康，新型煙草產品亦是如此”！我奢望四五十年前在我學吸煙時就有人跟我說這句話。現在我就能把這個信息傳給我的兒孫輩——全禁一切煙草產品。

祝好。
趙景明

p.s. 本人撰寫草稿，家人代為錄入電腦並將其提交至立法會秘書處。原以个人邮箱 [REDACTED] 发出此邮件，但失败。所以，换本邮件代为发送。

Clerk to Bills Committee on Smoking (Public Health) (Amendment) Bill 2019

Legislative Council Secretariat, Legislative Council Complex

1 Legislative Council Road,

Central, Hong Kong

7 April, 2019

To Mr. Chairman:

The Proposed Ban on Alternative Cigarettes Products

I understand that the Hong Kong government has proposed a new bill to implement a complete ban on heated tobacco products. As a non-smoker point of view, I disagree with this proposal as this gives consumers no freedom of choice and potential to create new black market and will only encourage more illicit trade.

I strongly believe the government should respect and allow smokers in Hong Kong a better smoking option over traditional cigarettes by imposing proper regulations. A ban cannot achieve this objective as the sellers in black market will not diligently check the age of its buyers.

I truly hope the Government would listen to what the Hong Kong people think about the importance of having freedom of choice and stop banning these heated tobacco products.

Thanks for your kind attention.

Sincerely,
Victor Wong

Reference number: 436CB8D8

Hong Kong, April 7, 2019

Dear Chairman,

Re: Bills Committee: Regulate Alternative Tobacco Products Instead of Ban

I am writing to request the Bills Committee to reconsider the proposed ban on e-cigarettes and alternative tobacco products.

I am a training consultant. I am a non-smoker but sensitive to this public health issue and to finding realistic and efficient solutions in the form of alternative products to help those who have difficulty quitting.

Alternative tobacco products like e-cigarettes are already available and promoted in many other innovation-focused countries such as Japan, South Korea and the UK. If there are less harmful options for people who smoke, such options should be offered as a choice for smokers to switch to. In addition, I have the following concerns on the captioned ban:


1. The Government has not consulted the public on this topic and their final proposed Bill is to ban rather than regulate e-cigarettes and heated tobacco products.
2. I feel that regulation is the best way forward to ensure that these products are not made available to youth and only adults can access them.

I suggest that best practice would be for the government to conduct a consultation and not just a public hearing to truly understand what the public's views are.

Most grateful for your kind attention.

Sincerely,

Howard Paley


Registration Number from the Online Registration: CE117162

立法會CB(2)1214/18-19(1674)號文件
LC Paper No. CB(2)1214/18-19(1674)

From: 田中建 [REDACTED]
To: bc_54_18@legco.gov.hk
Cc: sfhoffice@fhhb.gov.hk, kwk@ftulegco.org.hk

Date: Sunday, April 07, 2019 01:36PM
Subject: Comment on the Smoking (Public Health) Bills

To whom it may concern;

Firstly, I would like to express my sincere respect to your endeavors to secure and improve public health which has to be tackled with collective efforts beyond boundaries.

Secondly, we Japan Clean Air Association (JCAA) have been making every effort to proactively prepare high quality of air not only indoor but also outdoor with external organizations and private sector with our humble wish to welcome visitors to Japan with clean air at the time of Tokyo Olympic Paralympic in 2020.

Finally, JCAA has been evaluating positively about the latest trends of smokers from conventional cigarettes to new tobacco product such as heat-not burn category in Japan. We believe that combustion creates problems not only health but also air.

Therefore, we would like to comment that the bill would allow for the new tobacco products in Hong Kong so that you could examine the scientific evidence and data, positive and negative comparison between the conventional tobacco products and the new products.

Thank you very much for your understanding of the above.

Ken Tanaka
Executive board member
Japan Clean Air Association (JCAA)

立法會CB(2)1214/18-19(1675)號文件
LC Paper No. CB(2)1214/18-19(1675)

From: KS [REDACTED]
To: bc_54_18@legco.gov.hk

Date: Monday, April 08, 2019 12:00AM
Subject: 《2019年吸煙(公眾衛生)(修訂)條例草案》意見

致《2019年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

本人反對在未禁制傳統香煙的情況下，禁制科技較高，影響力較少的電子香煙。如果先禁電子煙和加熱煙，而不禁制傳統香煙，這種邏輯與殺一是殺人犯，殺一萬人就是英雄一樣荒誕。本人認同所有民意調查，和政府報告都是假的，皆因人所共知傳統香煙遺害甚大，比起加熱和電子煙都差，但就被政府刻意以吸食和非吸食比較。本人呼籲所有立法會議員投反對票，直至政府禁制傳統香煙。

本人在公屋居住，每次打開大門，只要對面獨居婆婆打開了大門，就會有大量二手煙吹進我的公屋。我家附加另一位獨居婆婆，更因為長期吸入二手煙而患上喉癌，要做手術切除腫瘤和做化療。政府相關負責人無視二手煙禍害，其心可誅，其人可恥，刻意要逼迫那些吸食新煙草產品轉食傳統香煙，美其名為了年輕人好，實實在在視一眾受二手煙禍害的貧苦大眾如糞土。

況且，較早有一家公屋受到樓上煙蒂引發火災，連小孩上學的校服都沒有了。

現時每一名香港人，只要住在一位吸食傳統香煙的人樓上，就會不斷吸食二手煙，增加患上各種癌症風險，增加公營醫療負擔，增加公帑負擔，增加公務員人手，增加私營醫療收入。而住在一位吸食傳統香煙的人樓下的人，就會增加火災風險，增加公帑負擔，增加公務員人手。

本人希望公眾了解得到，政府禁制新型電子煙和加熱煙而不禁制傳統香煙，是實實在在支持增加那些人吸食傳統香煙，因為如何政府有能力讓他們戒煙，就不用禁制，既然沒有能力，他們已有煙癮自然只能選擇傳統香煙。到時候，不單止在家要吸食二手煙，在路上也要吸食二手煙。那些禁煙區禁煙不力，更奈何不了訪港幾十萬人次旅客吸食。

既然政府漠視二手煙民生死，反政府就好有道理！
一切應由阻止保護傳統香煙做起！
支持草案的議員都是漠視香港市民生死的議員！

立法會CB(2)1214/18-19(1676)號文件
LC Paper No. CB(2)1214/18-19(1676)

From: "Allen Ma" <allenma@advanceinst.com>
To: <bc_54_18@legco.gov.hk>

Date: Monday, April 08, 2019 11:33AM

Subject: 意見書

我公司反對禁止電子煙。

Allen Ma
Advance Equipment Limited
B5 21/F, TML Tower.
3 Hoi Shing Road, Tsuen Wan, NT, Hong Kong
email: allenma@advanceinst.com
TEL: (852)31523600 FAX: (852)31523608 Mobile: (852) [REDACTED]



致：《2019 年吸煙(公眾衛生)(修訂)條例草案》委員會

《2019 年吸煙(公眾衛生)(修訂)條例草案》意見書

尊敬的委員會主席和委員：

委員會在正式展開審議這條例草案前，可否要求政府交待下列問題：

禁另類煙草產品的理由是否充份，除禁之外是否無其他方法可以保障青少年，不會受到這些吸煙方式所引誘？

吸煙人士無法選擇一種煙害較少的吸煙方法，是否剝削這班成年吸煙者的權利？

食物及衛生局和行政長官分別在 2018 年 6 月和 7 月宣布規管這些產品，但同年 10 月行政長官又親自宣一定要禁這些產品，政府花了近 3 年研究而提出規管，而在短短 3 月後推翻自己的結論，是否政府先前工作上出錯而急需「補鑊」？

自行政長官 2018 年 10 月宣布要禁另類吸煙產品以來，傳統和新媒體的專欄、專文和評論文章，大部份是反對政府的禁令，反而支持禁令只屬少數，政府未有作出公眾諮詢草草將修定條例交立法會，這些公開意見便是民意，政府若不進行公眾諮詢，就應採納這些民意，並按民意修訂現在提出的條文。

政府要禁電子煙和加熱煙的理只是一個簡單控煙問題，但政府逆民意而行，演變成政治課題，條例草案委員會有 37 位議員加入，可見條例爭議性之大。《2019 年吸煙(公眾衛生)(修訂)條例草案》委員會第一次會議上，所有發言的議員，除一位外，全部員包括建制派在內，都是對政府提出的禁令作出批評和有所保留，政府為了一個控煙措施，而犧牲政府的威信，對政府而言是重大的傷害。希望政府能夠按民意，主動修改不合民情和欠缺邏輯的條文。

銘傳公共關係

2019 年 4 月 8 日

香港中區立法會道 1 號

立法會綜合大樓

《2019 年吸煙(公眾衛生)(修訂)條例草案》委員會

致立法會議員

想分享我先生的戒煙經歷, 我先生從 16 歲開始吸煙, 現在 58 歲, 期間用咗好多方法戒煙, 比喻戒煙糖、戒煙貼都唔成功, 直至三年前因為察覺到身體越來越差才下定決心, 用自然療法希望能成功戒煙, 但係以想不到, 竟然患上情緒病及抑鬱症, 見佢成個人都變晒, 情緒低落, 成日發脾氣, 把自己關在家裏, 不願工作, 不願與人接觸, 醫生話有可能是突然冇咗尼古丁嘅原因, 治療咗好耐, 現在才慢慢好轉過來, 真是恐怖的經歷, 所以我想請求準許其他方法幫助煙民戒煙, 如果當時有加熱煙做戒煙的副產品, 幫助吸煙人士慢慢調節戒煙的不適, 可能我先生就沒有情緒病或抑鬱症的發生。

謝謝議員

陳惠平

2019 年 4 月 8 日

立法會CB(2)1214/18-19(1679)號文件 LC Paper No. CB(2)1214/18-19(1679)

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吳巧文女士

地幹事

梁永義先生, MH

副地幹事

鍾靜雯女士

儘快立法全面禁止另類煙草產品 為居民及下一代締造安全健康的社區

荃灣安全健康社區督導委員會致力培育荃灣居民關注安全健康的文化，為居民建立一個既安全又健康的生活及工作環境。為保障居民的健康及避免另類煙草產品對社區的安全帶來風險，本會支持政府的建議，禁止進口、製造、售賣、分發和宣傳另類吸煙產品，令本區的居民得以享受無煙健康的社區生活。

吸煙危害健康，因此控煙工作對推動社區的健康安全是至關重要。因此，本會多年來向區內居民，包括青少年及兒童，推廣健康生活，宣揚戒煙的好處。

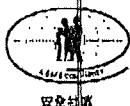
隨著電子煙及加熱煙等另類吸煙產品在全球流行，本會對此表示憂慮，擔心一旦這些吸煙產品開始在香港盛行，多年來推廣健康生活的工作定必受到影響。這些產品企圖向市民，尤其是年輕人，鼓吹吸煙行為，並誤導市民其產品對身體危害較少。事實上，越來越多研究證實電子煙及加熱煙含有有害物質及致癌物，可嚴重影響健康。而加熱煙本身就是煙草，所釋出的尼古丁、焦油分量與傳統煙相近，無必要提供不同有害的選擇予吸煙人士。更甚者，這些有害產品包裝和口味吸引年輕人，居民若誤以為這些另類吸煙產品安全而使用，一樣和傳統煙般身體帶來健康風險。

除了社區的安全外，下一代的健康亦是本會關注的要項。另類煙草產品包括電子煙及加熱煙營銷策略針對年輕人，區內青少年及兒童若因好奇嘗試，更很有可能便成為他們開始吸煙的門檻。香港以至世界各地的醫學研究證明，非吸煙者一旦開始吸食電子煙，將來便有更大的意欲吸食傳統煙。若放任這些另類吸煙產品在本港流行，只會引誘更多年輕人開始吸煙，把煙害禍延下一代，長遠影響環境及居民健康。

為保障荃灣區，以至全香港的居民和下一代的健康，本會十分歡迎政府全面禁止電子煙、加熱煙和其他另類煙草產品，為社區的安全排除煙草流行的風險，早日實現無煙香港願景。



荃灣安全健康社區督導委員會



安全健康

安健社區 全賴有你
Safe and Healthy Community Because of You



立法會CB(2)1214/18-19(1680)號文件
LC Paper No. CB(2)1214/18-19(1680)

From: Wing [REDACTED]
To: "bc_54_18@legco.gov.hk" <bc_54_18@legco.gov.hk>, "sfhoffice@fhb.gov.hk" <sfhoffice@fhb.gov.hk>, "info@kennethleung.hk" <info@kennethleung.hk>
Date: Monday, April 08, 2019 12:32PM
Subject: Bills Committee on Smoking (Public Health) (Amendment) Bill 2019 (ref. AB3D8E23)

Mr. Kwok Wai Keung,

My father smoked over 40 years, he started to use IQOS 2017 that improve our healthy. It is because this reduce the smoke or smoke free when my father smoking at home.

I knew that IQOS is one kind of smoking here, there also health impact. But that one of choices for my father to reduce the smoking frequency and smoke at home / on the street.

I understand the concern on youth initiation , but today traditional cigarettes are sold in HK many year. So hope can let IQOS follow the same path.

Thank you for your kind attention.

Thanks
Ho Ka Wing Joyce
Ref no: AB3D8E23

立法會CB(2)1214/18-19(1681)號文件
LC Paper No. CB(2)1214/18-19(1681)

From: Antony Liu [REDACTED]
To: "bc_54_18@legco.gov.hk" <bc_54_18@legco.gov.hk>
Cc: "sfhoffice@fhb.gov.hk" <sfhoffice@fhb.gov.hk>

Date: Monday, April 08, 2019 11:30AM

Subject: RE: Bills Committee on Smoking (Public Health) (Amendment) Bill 2019

Registered Name: Antony Liu

Ref#: 41A0D3E1

Email: [REDACTED]

Dear Chairman,

My name is Antony Liu and I have been a smoker for over 10 years. I am a father with 1 kid, so I have been using IQOS since my son was born which I believe is a good product favorable to me, my family and even to the public, given that it has less smell, no ash and less second-hand smoke being generated compared to the traditional cigarette. As I'm wondering when this product would be officially launched in HK, I heard that the HK government is planning to ban this product instead. In regard to this, I think it does not really make sense when the government tries to ban a better tobacco product but allows the traditional cigarette still to be used in HK.

I am inquiring why the government did not consult the public opinion and the rationale behind the HK government strictly puts a ban instead of establishing better regulation on it. I would like to express my opinion in the public hearing.

Thank you for your attention.

Kind Regards,
Mr. Liu



MICKEN SYSTEMS & EQUIPMENT LTD.

寫字樓及陳列室：荃灣德士古道220-248號荃灣工業中心2002室
Office & Showroom : Unit 2002, 20/F., Tsuen Wan Ind. Centre, 220-248 Texaco Road,
Tsuen Wan, N.T., Hong Kong. Tel: 2420 8310 Fax: 2480 1348
Website : www.micken.com.hk E-mail : info@micken.com.hk

有力
限臣
公文
司儀

Date : 8th April., 2019

Clerk to Bills Committee on Smoking (Public Health) (Amendment) Bill 2019

Legislative Council Secretariat

Legislative Council Complex

1 Legislative Council Road

Central, Hong Kong

To: Chairman Kwok:

Smoking (Public Health) (Amendment) Bill 2019 – Bills Committee

We are writing on behalf of my colleagues from MICKEN SYSTEMS & EQUIPMENT LTD.. We have noticed the recent announcement by the Government to ban e-cigarettes and heated tobacco products. We are writing to express our view that these products should be regulated and allowed to be sold in Hong Kong instead of complete ban.

We have some staff members in our organization who used to smoke conventional cigarettes before but then switched to Heat Not Burn Products. The products were also a relief for the people working with them as there is no second hand smoking as well as bad smell. We have also seen that these Heat Not Burn products have less harmful impact to smokers and their surroundings and more importantly they have less harmful impact to the many non-smokers around them.

As reported in other advanced countries like United Kingdom, we believe these alternative tobacco products can help address the smoking problems in Hong Kong. It will be easier for us to create a more friendly and comfortable working environment for both smoking and non-smoking employees if these alternative tobacco products are allowed in Hong Kong.

We believe that proper regulation on Heat Not Burn products (like what is done for conventional cigarettes) coupled with education will still help to maintain a low smoking incidence as well as prohibit people under 18 years to get access to it.

Hong Kong has positioned itself to become Asia's world city, and we need to explore and welcome new regulated approach to solve old problems. Instead of banning Heat Not Burn products, they should be regulated and allowed to be sold in Hong Kong to the benefits for both smokers and non-smokers.

We would like the Bills Committee members to express our views and opinion as indicated in this letter submission to the Hong Kong Government.

Thank you for your kind attention.

Yours Sincerely,

Herman Kwong

Manger



The American Vaping Association

www.vaping.org

70 Hemlock St, Stratford, CT 06615

+1 (609) 947 - 8059

April 8, 2019

RE: Proposed prohibition on the sale of vaping and heat-not-burn products (Public Health Amendment Bill 2019)

To the members of the Hong Kong Legislative Council:

On behalf of the American Vaping Association, a nonprofit organization that advocates for sensible regulatory policies on reduced risk nicotine products in order to encourage adult smokers to quit, I am writing to urge you to reject any proposal to ban the sale of vaping products and heat-not-burn (HNB) products. Contrary to numerous false and misleading claims made by proponents of prohibition, vaping and HNB products are far less hazardous to users and bystanders than conventional combustible cigarettes. Neither public health nor small businesses in Hong Kong will be served by enacting a massive new prohibition on the people of Hong Kong.

Over forty years ago, Dr. Michael Russell wrote in the British Medical Journal, "Smokers smoke for the nicotine, but die from the tar." While nicotine can create dependence in users, it is not a carcinogen and does not meaningfully contribute to the death and disease that is principally caused by the habitual inhalation of cigarette smoke. Unfortunately, in the time since Dr. Russell's statement, forces in the tobacco control movement have rigidly opposed the introduction of alternative products to the market. In doing so, they have consistently prioritized anti-industry ideology over real opportunities to reduce death and disease, with no willingness to find a middle ground that both protects public health and affords opportunities for adult smokers to get their nicotine in a much less dangerous way.

Briefing documents supplied to the Legislative Council do not present an accurate picture of the extensive body of scientific literature that is available on vaping and HNB products. Instead, baseless attacks on respected institutions like Public Health England and the Royal College of Physicians are used to support prohibition. It is vital that the Legislative Council be aware of factual information on this important public health topic, including that the U.S. National Academy of Sciences extensively studied the health effects of vaping products and concluded that vaping is "likely much less harmful than traditional combustible cigarettes." Furthermore, the National Academy's report concluded that the use of vaping products will result in an overall public health benefit under the most plausible scenarios.

Vaping and HNB products can dramatically improve the lives of adult smokers. With proper regulation, Hong Kong can virtually eliminate smoking within the next fifteen years. That sound public health goal stands no chance of being achieved if existing adult smokers – many of whom cannot or will not quit nicotine usage – are denied access to less harmful alternatives. Please reject this attempt at prohibition and instead work with this vaping and HNB industry, as well as adult consumers of these products, to enact policies that protect health for both adults and adolescents.

Sincerely,

Gregory Conley, J.D., M.B.A.
President – American Vaping Association

立法會CB(2)1214/18-19(1684)號文件
LC Paper No. CB(2)1214/18-19(1684)

From: Zaid Saadat [REDACTED]
To: bc_54_18@legco.gov.hk
Cc: charlesmok@charlesmok.hk

Date: Monday, April 08, 2019 03:51PM
Subject: Bills Committee on Smoking (Public Health)(Amendment)

Dear Chairman,

I hope this e-mail finds you well. Firstly, thank you for taking the time to open a public hearing for this bill. It is a great opportunity to listen to the people's voice and understand what they value.

As a millennial and working in Science & Innovation, I have witnessed first-hand (and from a young age) how technology has changed people's lives. Thankfully, smoking is no exception. With the advent of e-cigarettes and heat not burn options, people now have access to a less harmful alternative and this has been confirmed by both science and user experience. Many of my friends who smoke these new products say that they can feel a significant improvement in their physical health compared to their past habit of smoking combustible cigarettes. I believe they have a right to purchase and consume such products in Hong Kong just as in other Asian neighbors such as Japan and Korea.

I hope the Committee will vote to preserve people's freedom of choice by voting against the bill and instead seek to regulate the sale and consumption of these products just like cigarettes and alcohol. This, in my opinion, would represent the most reasonable way forward at this time.

Thank you for reading this e-mail and considering my opinion.

Kind regards,
Zaid Saadat

Clerk to Bills Committee on Smoking (Public Health) (Amendment) Bill 2019
Legislative Council Secretariat
Legislative Council Complex
1 Legislative Council Road
Central, Hong Kong

April 8th 2019

Reference number is: 3506884

RE: Proposed Ban on Heated Tobacco Products

I am writing to express my individual opinion on the proposed ban of Heated Tobacco Products.

I believe that Hong Kong will benefit from regulation as oppose to a full ban on e-cigarettes, because a full ban will likely drive many smokers to find alternatives, which is likely the traditional tobacco product.

As a non-smoker, I have benefited from smokers switching to e-cigarettes in a few ways. First, the second hand smoke generated from e-cigarettes are much more odourless and less irritating than the traditional cigarette. Furthermore, I have suffered minor cigarette burns when walking past people who are holding their cigarette on the streets. The heated tobacco products produce no fire and is thus a lot safer than the traditional cigarette. Lastly, e-cigarettes are beneficial in resolving the problem of flying cigarette ashes of traditional tobacco products to outdoor diners during windier weather.

I hope that this could help the government make a decision to regulate the heated tobacco products as oppose to a complete ban.

Thank you for your attention to this matter.

Yours sincerely

Jaime Chi Lum Chiu

Date: April 8, 2019

Clerk to Bills Committee on Smoking (Public Health) (Amendment) Bill 2019

Legislative Council Secretariat

Legislative Council Complex

1 Legislative Council Road

Central, Hong Kong

Reference number: E1FF7125

To: Mr. Kwok Wai Keung

I would like to write to express my thoughts regarding the recent announcement by the government to ban e-cigarettes and heated tobacco products. I do believe that these products should be regulated and allowed to be sold in Hong Kong instead of completely banning them. Banning the products seems to be restricting smokers to have restricted access to alternative products.

Personally, I have a friend who recently switched to alternative products such as Heat Not Burn Products. Being his friend and a non-smoker, I saw the immediate effects a few months after he switched. He had less and less coughing in general. Considering he has asthma, this means a lot for his general well-being. Ultimately, I do hope he will be able to completely stop smoking, but for the mean time, I believe this is the best alternative for him given his preference. Alternative products have less harmful impact to smokers and their surroundings and more importantly they have less harmful impact to the many non-smokers around them, like me.

We believe that proper regulation on Heat Not Burn products (like what is done for conventional cigarettes) coupled with education will still help to maintain a low smoking incidence as well as prohibit people under 18 years to get access to it.

So, instead of banning it, I believe it should be regulated and allowed to be sold in Hong Kong to the benefits for both smokers and non-smokers.

We would like the Bills Committee members to express our views and opinion as indicated in this letter submission to the Hong Kong Government.

Thank you for hearing me out.

Yours sincerely,

Jennilyn Chua

cc: Food & Health Secretary (Professor Hon Sophia Chan Siu-Chee, JP) sfhoffice@fhb.gov.hk

From: Daniel Lopez [REDACTED]
To: bc_54_18@legco.gov.hk

Date: Tuesday, April 09, 2019 03:51PM
Subject: PLEASE KEEP safer choices for smokers.

My name is Daniel Lopez
I used to be a heavy smoker.
I tried many alternatives to quit smoking, however none of them worked for me.
Since 2 years I changed to IQOS and since then I saw many favorable changes on my health.
I just want to keep using this product in Hong Kong, I want as adult smokers the opportunity to move to safer alternatives.
PLEASE KEEP safer choices for smokers.

香港中區
立法會道1號
立法會綜合大樓
立法會秘書處
《2019年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致立法會議員，

你好，

1. 增加煙草稅至一個大眾無法/難以負擔的水平, 絕對不可能大幅降低吸煙人口, 煙民一般會先尋求其他解決方案, 弊大於利
 - a) 減小抽煙 (可能合乎控煙目的, 但一般持續時間不會太長, 慢慢又會恢復以前的吸煙量, 而且心理受到壓抑後, 往往會做出更反常的行為)
 - b) 戒煙 (大多無法堅持)
 - c) 尋求私煙 (常見? 觀乎香港地理位置, 可以禁止? 而且有利益的生意, 應該便有人願意去做, 一是稅收, 二是私(假)煙的危險害應該會更多吧)
2. 就加熱煙"無證據顯示危害較低": 很多研究顯示, 非燃燒可大幅降低產生的有害物(包括非香煙測試), 相信一個比較有可能的結果是否比較理性?
3. 新一代吸煙應該是當前最大的問題, 以前在電視電影上接收的"抽煙=有形"的概念想信現在已不復當年 (電視被禁, 電影側有限制), 況且現在街上抽煙, 引來的大多是討厭目光, 或者現在才開始抽煙的人, 可能只是想獲取一種象徵性的放鬆時刻吧. (但有其他更可取的辦法)

欠缺統計, 實質的數據支持, 也是無可奈何…
謝謝議員閱讀的時間

Ka Wai

林凱文小姐提交的意見書

地址：香港中區立法會道 1 號立法會綜合大樓立法會秘書處

致：《2019 年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

《2019 年吸煙(公眾衛生)(修訂)條例草案》意見書

(參考編號：5A3699B)

各位議員：

我係喺鬧市開小食店，門口成日都有人喺度打邊爐，其實好影響我同啲同事，勁大陣煙味！不過人地喺街度食我都無辦法，我又唔可以投訴。自從有左加熱煙，條街明顯多左人食，雖然都係有味，不過真係少左好多，感覺上無咁大影響。依家政府話全禁加熱煙，雖然我自己唔食煙，但係對我同啲同事就一定有影響，因為啲煙民一定轉番食傳統煙！政府要降低吸煙率嘅話點解唔禁埋傳統煙？我睇唔到政府有乜理據去全禁？如果話會吸引青少年嘅話，而家日本韓國都買到啦，要食就一定有渠道去買到，同規管嘅作用根本無分別！

另外，政府話未有數據去講加熱煙嘅傷害會細啲，呢方面我唔識，我唔敢講，但係少左煙味係我就感覺到嘅！食加熱煙同傳統煙都係個人選擇，點解唔係選擇啲人揀？如果成件事轉番去規管，又解決到政府嘅擔憂，點解唔可以雙贏？

我十分之贊成規管代替全禁，因為全禁根本係無意義嘅，亦都唔係對社會所有人最公平嘅做法！最後希望政府改變主意，重新考慮規管代替全禁，謝謝！

《2019 年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

主題: 支持「全面禁止電子煙及其他新煙草產品」並訂立全面禁煙的時間表

電子煙及加熱煙等新興煙草產品聲稱可以幫助戒煙、減低煙癮、比較“健康”，但這些說法卻無足夠研究證據證實。相反，已有實質證據證明這些產品含有致癌物、有毒物質、重金屬等，一樣影響人體健康。建議政府儘快立法全面禁止電子煙及其他新煙草產品包括加熱非燃燒煙草產品，以保護市民免受煙草及二手煙傷害。同時為全面禁煙訂立時間表，以保障公眾健康，實現無煙香港。

姓名: Matthew Lau

《2019 年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

主題: 支持「全面禁止電子煙及其他新煙草產品」並訂立全面禁煙的時間表

電子煙及新煙草產品被包裝成潮流產品，宣稱害處較少，減低市民(尤其是青少年)對其害處的警覺，吸引不少年輕人使用。世界衛生組織都已經表明根本沒有證據顯示電子煙及加熱非燃燒煙草製品的危害較傳統捲煙少，或者能夠幫助戒煙。但電子煙的有害成份可引致上癮、不適和咳嗽、傷害身體細胞和組織，造成呼吸系統不適和疾病，更可導致癌症甚至死亡。因此應在這些產品尚未流行時，應儘快立法禁止。其實有近 30 個國家, 包括澳洲、巴西、新加坡、泰國等已經禁止電子煙。為避免使用電子煙及加熱非燃燒煙草產品及其二手煙霧的潛在健康風險，建議政府儘早立法全面禁止電子煙及其他新煙草產品(包括加熱非燃燒煙草產品)，以保障市民(尤其是青少年)免受煙草及二手煙的傷害。同時為全面禁煙訂立時間表，實現無煙香港。

姓名: ____Yeung Cheuk Yin____



香港女律師協會有限公司
HONG KONG FEDERATION OF WOMEN LAWYERS LIMITED

名譽會員 Honorary Members:
梁愛詩律師
Ms Elsie Oi-sie LEUNG, G.B.M., J.P.
劉健儀律師
The Hon. Ms. Miriam Kin-ye LAU, G.B.S., J.P.

致香港中區
立法會道 1 號
立法會綜合大樓
立法會秘書處
《2019 年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

敬啟者,

本人支持政府立法全禁電子煙 及其他另類煙草產品, 並支持條例草案修訂《吸煙(公眾衛生)條例》(第 371 章), 以禁止進口、製造、售賣或在某些地方使用訂明的電子煙及另類吸煙產品; 限制給予、管有、宣傳或推廣該等產品; 並對《吸煙(公眾衛生)條例》及相關法例, 作出相關及雜項修訂。

從而保障市民健康, 杜絕電子煙及其他新興煙草產品禍害我們的年青人。

敬希垂注

香港女律師協會理事會 謹啟

成員包括:

President 會長

Benita Yu 余嘉寶律師

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Sarah Wong 王思雅律師

Lora Yip 葉杏妍律師

*Past President 前會長

Dear Chairman,

Re: Bills Committee: Regulate Alternative Tobacco Products Instead of Ban
Urging for a Proper Public Consultation

I am writing to request the Bills Committee to reconsider the proposed ban on e-cigarettes and alternative tobacco products. I believe that regulation is most fair and effective to achieve a balanced approach for Hong Kong Government and for Hong Kong citizens on this topic.

I am an HR professional with over 15 years of years from both the UK, China and Hong Kong. I have lived in the UK for over 18 years and have experienced first hand how a consultative government value the voice of its people. I don't smoke, but I know many people who do work connctions, family and friends and many of them find it difficult to quit. While I don't like them to smoke and I understand they have the freedom to choose alternative products to help them.

Alternative tobacco products like e-cigarettes and heated tobacco are already available and promoted in many other innovative countries such as Japan, South Korea and the UK. If there are less harmful options for people who smoke, it makes sense to offer these options to them. More importantly, I have much concerns and voices on this ban:

1. The Government has not consulted the general public on this topic and the final proposed Bill is to ban rather than regulate e-cigarettes and heated tobacco products. The Food & Health Bureau have not conducted consultation and I would like to be consulted properly on this.
2. There are independent studies discussing the good and bad of the e-cigarettes and heated tobacco products, and the generally these products provide benefits to smokers over traditional cigarettes. I question if the government has reviewed these studies and the reason behind banning them?
3. I have many concerns about the full ban and I feel that regulation is the best way forward. Proper regulation will ensure that these products are not made available to youth and only adults who smoke can access them.

I urge the government to conduct a proper consultation and not just a public hearing to share our views and ask for the Government to provide feedback on our views directly.

As you are the LegCo member who has joined the Bills Committee, you should lend your hand in support for a balanced approach to protect the public health and the consumers' freedom of choice.

More importantly, I request that you to speak to the Government for a public consultation where the public, such as myself and many other interested parties, will have adequate opportunity to voice our concerns and views over a reasonable period of time.

Most grateful for your kind attention.

Sincerely,
Tony Ho

[Clerk to Bills Committee on Smoking (Public Health) (Amendment) Bill 2019
Legislative Council Secretariat
Legislative Council Complex
1 Legislative Council Road
Central, Hong Kong

To: Chairman Kwok:

Bills Committee: Regulate Alternative Tobacco Products Instead of Ban
Urging for a Proper Public Consultation

Hogarth Hong Kong is part of the Hogarth Worldwide group, one of the leading Marketing Implementation Services Company. We have recently noticed the announcement on the proposal to ban Heat Not Burn products by the Government. We want to express our opinion on this issue as we believe that banning is not the solution, but regulating the Heat Not Burn products can help to improve the overall situation for smokers in Hong Kong.

Not to mention that it becomes more convenient (less bad smell) for me, a non-smoker to stay in the same working area with my colleagues who smoke. I would like to also suggest my families, who also smoke, to change to this Heat Not Burn product, so to make my living space smoke-free.

If the Government decides to ban it, these people will have to go back to using conventional cigarettes which is not desirable, especially for the non-smokers.

By regulating the Heat Not Burn products, Government can ensure that these products are not sold to minors or non-smokers. Along with regulation, proper education can help to maintain a low smoking incidence in Hong Kong as well.

We hope the Government will assess the pros and cons of this situation and make a decision and provide ample opportunities to the public to voice out their opinion in this issue. We also hope that the Bills Committee members will value our views and opinions expressed in this letter submission to the Hong Kong Government.

Thank you for your time and attention.

Yours Sincerely

Remi Wong

Transcreation Account Manager

Cc: **Ma Fung-Kwok (Constituency: Sports, Performing Arts, Culture and Publication)**

Date:

Hon Kenneth LEUNG

Room 918,

Legislative Council Complex,

1 Legislative Council Road, Central, Hong Kong

Dear Mr. Leung,

The Proposed Ban on Heated Tobacco Products

I understand that the Hong Kong government has proposed a new bill to implement a complete ban on heated tobacco products. I would like to express my view that these heated tobacco products should be allowed to be sold in Hong Kong and be regulated instead of a total ban. Such ban is not practical as there are other ways in which smokers can still purchase the products in the black market and will only encourage more illicit trade.

In addition, I believe that implementing a total ban on heated tobacco products instead regulating will take away the choice of a better alternative product (when compared to traditional cigarettes). From various studies, heated tobacco products can potentially reduce approximately 90 to 95 per cent of harmful chemicals than cigarette smoke and this option should not be taken away from current smokers.

As the LegCo member for our profession, I sincerely hope that you can help provide this and other relevant information and feedback to the government and that Hong Kong should regulate heated tobacco products and not to implement a total ban.

Thanks for your attention.

Yours sincerely,



Rina, FCCA

ACCA Membership: 1789926

Dear Chairman Kwok,

Re: Bills Committee: Regulate Alternative Tobacco Products Instead of Ban

I am writing to request the Bills Committee to reconsider the proposed ban on e-cigarettes and alternative tobacco products. We believe that regulation is the most effective approach to achieve a balanced approach for Hong Kong Government and for Hong Kong citizens.

I am in Logistics Industry. In Hong Kong, we are providing the warehousing service. Many of our drivers and consumers have already switched to Heated Tobacco Products and we are seeing a positive impact in logistics industry.

My concern about the current proposal by the Government is that it forbids the drivers and customers to choose a better alternative of cigarettes which is, Heated Tobacco products that produce less smell and no ash inside the car.

Due to the above, we kindly ask for a consultation and not just a public hearing to share our views and ask for the Government to provide feedback on our views directly.

As you are the LegCo member who has joined the Bills Committee and who represents Transport Functional Constituency, we request that you would lend your hand in support for a balanced approach to improve industry's image and the consumers' freedom of choice.

More importantly, we request that you to speak to the Government to conduct a proper public consultation (as is under a proper procedural process) where the public, such as myself and many other interested parties, will have adequate opportunity to voice our concerns and views over a reasonable period of time.

Most grateful for your kind attention.

Sincerely,
Stephanie Hsu

致全體立法會議員,

The use of electronic cigarettes is addictive, and it is not a substitute for “smoking cessation”. . Long-term use of e-cigarettes increases the risk of heart and lung disease, cancer, and other diseases associated with smoking. To protect both users and non-users well-being, the government must legislate a comprehensive ban of e-cigarettes!

姓名: Jannie

簽名: *Jannie Wu*

學生/家長/在職人士/其他

Bills Committee Secretariat on Smoking (Public Health) (Amendment) Bill 2019

Re: “Support to Enact a Total Ban on E-cigarettes and Other New Tobacco Products, and formulate a timeline for total ban of smoking”

Dear all members of the Legislative Council,

E-cigarettes and “heat-not-burn” devices like iQOS have been marketed as ways to decrease or even quit smoking. Yet the World Health Organization already claimed that it may not be the case. Increasing evidence has proven that e-cigarettes do contain different harmful substances not found in traditional cigarettes, thus they are in no way less harmful than traditional ones. Therefore, for the sake of public health, I strongly urge for a total ban on all these new tobacco products.

Best Regards,

Iris Cho



Dear Chairman and Members of the Bills Committee on Smoking (Public Health) (Amendment) Bill 2019

Legislative Council Secretariat
Legislative Council Complex
1 Legislative Council Road
Central, Hong Kong

I am writing with reference to the public hearing by the Bills Committee (Public Health) (Amendment) Bill 2019. This submission expresses the view of the Italian Chamber of Commerce in Hong Kong.

We have been following this topic closely over the past 3 years. We understand the Governments focus to protect youth from tobacco products and any new products like e-cigarettes. We agree that youth should not have access to these products. At the same time, we feel that it's important to provide adult smokers with a better option than cigarettes. We have seen in Italy where these products are produced and available only for adults, that youth can be protected by regulating these products.

The main reasons we are in support of these products being regulated rather than being banned are;

- The Emilia Romagna Region in Italy (where IQOS Heatsticks are produced) emphasized their commitment to consolidating the International vocation of the region and the importance of the trade relationship between Italy and Hong Kong;
- There is already a number of independent researches that has been conducted by public authorities confirming a reduction in harmful chemicals in these products compared to cigarettes;
- Regulating these products is in line with the approach Italy, whose regulations allow these products on the market only for adults and ensure measures are in place to ensure youth cannot gain access to them.

We will continue to support Hong Kong and our efforts to grow the already strong trading relationship between Italy and Hong Kong. We believe that for this topic, regulation can achieve the Governments objectives, both in supporting strong trade, but more importantly in reducing the harm of smoking in Hong Kong society.

We understand the Hong Kong Government has not conducted a Consultation on their proposal and we would be happy to share our views when such consultation takes place.

Thank you for your kind attention to this matter and I look forward to furthering the healthy relationship between Italy and Hong Kong.

Yours sincerely,

Luca Pico

President of The Italian Chamber of Commerce in Hong Kong & Macao

《2019 年吸煙(公眾衛生)(修訂)條例草案》委員會秘書
香港立法會

致全體立法會議員

主題: 支持「全面禁止電子煙及其他新煙草產品」並訂立全面禁煙的時間表

E-cigarette and heat not burn products should be banned in Hong Kong. According to the National Youth Tobacco Survey, more than 3.6 million school students used e-cigarettes in 2018, making the devices the most commonly used tobacco product among this age group. Studies have shown that teens who vape are nearly four times more likely to start smoking cigarettes than those who don't. Not only is vaping potentially harmful – it is also a gateway drug to tobacco.

There's also been an increase in children and youth using e-cigarettes and they think it's "just a toy", "fake" and "no smoke" therefore it is safe. There is a lack of evidence on how "safe" it really is to health.

Furthermore, e-cigarettes have recently been linked to seizures. This might be the result of formaldehyde, propylene glycol, silicate particles and metals found in e-cigarette vapor or tobacco use itself. There are many unknowns regarding e-cigarettes we do not yet know such as the cause of these reported seizures or the long-term affect e-cigarette may cause.

Will Hong Kong government act when it's too late?

Yours Sincerely,

Tiffany Lai


To The LegCo of Hong Kong

Dear Sir/Madam,

As the President of the Hong Kong Society of Periodontology and Implant Dentistry, I would like to support the total forbiddance of the E-cigarette.

Thank you for your attention.

Yours truly,

A handwritten signature in black ink, appearing to read 'Clive Fung', written in a cursive style.

Dr Clive Kin Yue Fung
President
Hong Kong Society of Periodontology and Implant Dentistry



Clerk to Bills Committee on Smoking (Public Health) (Amendment) Bill 2019
Legislative Council Secretariat
Legislative Council Complex
1 Legislative Council Road
Central, Hong Kong

To: Chairman Kwok:

Smoking (Public Health) (Amendment) Bill 2019 – Bills Committee

We are writing on behalf of my colleagues from VAT IT (HK) Ltd. We have noticed the recent announcement by the Government to ban e-cigarettes and heated tobacco products. We are writing to express our view that these products should be regulated and allowed to be sold in Hong Kong instead of complete ban.

The smokers in Hong Kong should have the right to choose for themselves; between smoking traditional cigarettes and using heated tobacco products. Apart from the smokers, the non-smokers are also impacted with the proposed ban. Currently, there is less second-hand smoke for non-smokers especially when they sit outdoor next to smokers who are using heated tobacco products as compared to smoking traditional cigarettes. This is also a freedom of choice that will be taken away for the non-smokers if the ban is implemented.

As reported in other advanced countries like United Kingdom, we believe these alternative tobacco products can help address the smoking problems in Hong Kong. It will be easier for us to create a more friendly and comfortable working environment for both smoking and non-smoking employees if these alternative tobacco products are allowed in Hong Kong.

We believe that proper regulation on Heat Not Burn products (like what is done for conventional cigarettes) coupled with education will still help to maintain a low smoking incidence as well as prohibit people under 18 years to get access to it.

Hong Kong has positioned itself to become Asia's world city, and we need to explore and welcome new regulated approach to solve old problems. Instead of banning Heat Not Burn products, they should be regulated and allowed to be sold in Hong Kong to the benefits for both smokers and non-smokers.

We would like the Bills Committee members to express our views and opinion as indicated in this letter submission to the Hong Kong Government.

Thank you for your kind attention.

Yours Sincerely,

Kathy Man

Director



Submission by Prof. Dr. drg. Achmad Syawqie, M.S. – Indonesian Public Health Observer Foundation (YPKP Indonesia)

Re: Amendment Bill to ban the import, manufacture, sale, distribution and advertisement of alternative tobacco products which include e-cigarette, heated tobacco products and herbal cigarettes

To whom it may concern,

The Indonesian Public Health Observer Foundation (Yayasan Pemerhati Kesehatan Publik – YPKP), recently came across an amendment bill from Hong Kong Government to ban the import, manufacture, sale, distribution and advertisement of alternative tobacco products which include e-cigarette, heated tobacco products and herbal cigarettes.

We encourage the Hong Kong Legislative Council to consider this such proposal because based on the scientific research and studies that we have done on electronic cigarette and heated tobacco products (HTP), they are significantly less harmful as compared to combustible cigarette. Based on our latest research, the results of oral mucosal investigation of e-cigarettes users indicated that oral mucosal cells of the users did not lead to malignancy, but there was an increase in number of facultative anaerobic bacteria of normal flora of the oral cavity, and the oral hygiene was considered fair and the gingival inflammation was moderate. The findings of this study indicated the safe use of e-cigarettes caused no changes in oral mucosal cells that lead to malignancy, while gingival inflammation was similar to non-smokers

Our findings are also confirmed by international government health agencies, such as Public Health England (PHE), the Netherland National Institute for Public Health and the Environment (RIVM) and the German Federal Institute of Risk Assessment (BfR) which stated that there is much lower harmful and potentially harmful constituents in the aerosol of heated tobacco products, and hence less risky than smoking combustible cigarettes. Particularly, in its report the BfR highlighted that with 80 – 99% reduction of harmful and potentially harmful constituents, HTP are likely to reduce toxicant exposure.

Based on the arguments above, YPKP believe that any public health policies that is not grounded in science and holds back any adult consumers from accessing a better alternative product is wrong and unethical. The Hong Kong Legislative Council needs to promote and implement public health policies by reflecting harm reduction characteristic on alternative tobacco products. The banning of any activities related to alternative tobacco product would mislead consumers into thinking that the product is equally as harmful, hence they would refuse to switch to the better alternative product and remain as smokers. Smoking incidence in the country will remain constant and there will not be any public health benefit gained.

Therefore, a proper public consultation, together with a regulatory impact assessment, should be conducted by the Hong Kong Government before any legislation is amended, benchmarking good policy-making practices internationally. YPKP understands that support from public health regulators and experts is important to enable a better understanding and access to alternative tobacco products and tobacco harm reduction strategies in Hong Kong

Thank you very much

With regards,

Prof. Dr. drg. Achmad Syawqie. M.S.
Indonesian Public Health Observer Foundation

《2019年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

在美國，最流行的電子煙牌子就是尼古丁含量最高的產品，0.5毫升的煙油等於一包煙的尼古丁含量。我們不應讓市民承受更嚴重的尼古丁上癮。政府應盡快全面禁止電子煙及其他新煙草產品，保護公眾健康。很多年輕人誤會電子煙可幫助戒煙，亦不知道電子煙含有害化學物質及致癌物。為保護下一代的健康，政府需要加強教育，使年輕人明白有關電子煙及其他新煙草產品對健康的風險，並儘快落實立法全面禁止電子煙及其他新煙草產品。

姓名: Ip Hoi Lam


《2019年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

在電子煙盛行的美國，很多人都會在不可吸煙區偷偷吸食電子煙。令非吸煙者於本應能呼吸清新空氣的地方如學校、食肆等都受到電子煙的有害化學物質圍繞，進一步影響公眾健康。政府應盡快全面禁止電子煙及其他新煙草產品，還非吸煙者清新空氣。很多年輕人誤會電子煙可幫助戒煙，亦不知道電子煙含有害化學物質及致癌物。為保護下一代的健康，政府需要加強教育，使年輕人明白有關電子煙及其他新煙草產品對健康的風險，並儘快落實立法全面禁止電子煙及其他新煙草產品。

姓名：

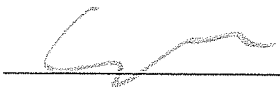
Rick Tsz Yee 

《2019年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

多項研究證實電子煙含有有害物質，更沒有證據顯示電子煙及加熱非燃燒煙草製品較傳統捲煙的危害少。促請政府關注電子煙的害處，儘快落實立法全面禁止電子煙的銷售，以保障公眾健康。很多年輕人誤會電子煙可幫助戒煙，亦不知道電子煙含有害化學物質及致癌物。為保護下一代的健康，政府需要加強教育，使年輕人明白有關電子煙及其他新煙草產品對健康的風險，並儘快落實立法全面禁止電子煙及其他新煙草產品。

姓名：  _____

《2019年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

世界衛生組織建議，應以公眾健康為本，禁制電子煙及新煙草產品(包括加熱非燃燒煙草製品)。政府應儘快立法全面禁止電子煙及其他新煙草產品包括加熱非燃燒煙草產品，同時為全面禁煙訂立時間表，以保障公眾健康，實現無煙香港。電子煙及新煙草產品宣稱害處較少，但其實無論對身體造成何等程度的傷害，都必須禁止。政府應跟隨國際潮流，儘快立法全面禁止電子煙及其他新煙草產品包括加熱非燃燒煙草產品。

姓名： Christy

《2019年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

不少年青人因為使用電子煙而開始接觸煙草產品。但因電子煙含有尼古丁，青少年吸用電子煙成癮的情況更加嚴重。請政府加強教育工作，及儘快落實立法全面禁止電子煙及其他新煙草產品包，令大眾明白電子煙及其他新煙草產品對健康的危害，實現無煙香港。電子煙及新煙草產品宣稱害處較少，但其實無論對身體造成何等程度的傷害，都必須禁止。政府應跟隨國際潮流，儘快立法全面禁止電子煙及其他新煙草產品包括加熱非燃燒煙草產品。

姓名： Elaine

《2019年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

電子煙和其他新煙草產品是煙草公司吸引及荼毒新一代煙民的產品，我們不可能接受。電子煙的氣霧影響公共環境，還驗出含有甲醛。以護下一代的健康，請儘快落實立法全面禁止電子煙及其他新煙草產品。電子煙的氣霧影響公共環境，還驗出含有甲醛。以護下一代的健康，請儘快落實立法全面禁止電子煙及其他新煙草產品。電子煙和加熱煙都會釋出甲醛，甲醛是致癌物，可以增加患癌的機會！絕對不是煙草商宣傳得那麼好！

姓名： Pang Ka Yee

《2019年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

電子煙的氣霧影響公共環境，還驗出含有甲醛。以護下一代的健康，請儘快落實立法全面禁止電子煙及其他新煙草產品，實現無煙香港。香港仍有60多萬人每天吸煙，傳統煙不是一時間可以全面禁止，然而，無煙香港的長遠方向明確。因此先禁電子煙和另類煙草產品與無煙香港的長遠方略一致。政府應儘快立法全面禁止電子煙及其他新煙草產品包括加熱非燃燒煙草產品，此為達至無煙香港的重要一步。

姓名： 何韻婷

《2019年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

電子煙和加熱煙都會釋出甲醛，甲醛是致癌物，可以增加患癌的機會！絕對不是煙草商宣傳得那麼好！因此，政府應儘快立法全面禁止電子煙及其他新煙草產品包括加熱非燃燒煙草產品。電子煙的氣霧影響公共環境，還驗出含有甲醛。以護下一代的健康，請儘快落實立法全面禁止電子煙及其他新煙草產品。

姓名： 翁靜超

《2019 年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

E-cigarettes and Heat-not-Burn tobacco produce various toxicants and deliver a similar level of nicotine, and are no doubt very harmful and addictive. Our government should implement a total ban on these novel tobacco products. If not banning e-cigarettes and other new tobacco products, people can market it legally! It means to acknowledge & accept such products in our society. Some must be influenced to smoke. Banning them to stop the bad influence from the public media as soon as possible is a way to disapprove such harmful product in our society!

姓名： Yin Ting Yan Amo

HKU Year 2 Nursing student.

《2019 年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

E-cigarettes and other new tobacco products are advertised as trendy products attracting particularly the teenagers to try. E-cigarettes end up becoming a gateway to tobacco smoking among youngers. The government should thus enact a total ban on these products. If not banning e-cigarettes and other new tobacco products, people can market it legally! It means to acknowledge & accept such products in our society. Some must be influenced to smoke. Banning them to stop the bad influence from the public media as soon as possible is a way to disapprove such harmful product in our society!

姓名： Yan Nga Ying Yan

《2019 年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

E-cigarettes and other new tobacco should be totally banned in Hong Kong, given that studies now show e-cigarettes are not emission-free and their pollutants could be of health concern for users and secondhand smokers. If Hong Kong is aiming to become a smoke-free city, they should start by not letting any new tobacco products set foot on Hong Kong. The government should legislate a total ban on e-cigarettes and other new tobacco products as soon as possible to protect Hong Kong's public health.

姓名： Yip Jiu Wai.

《2019年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

The fact that banning cigarettes from people aged under 18 cannot stops them from smoking indicates that regulating e-cigarettes or new tobacco products cannot protect our younger generations form their harm. The government should legislate a total ban on e-cigarettes and other new tobacco products as soon as possible to protect Hong Kong' s youth health. The fact that banning cigarettes from people aged under 18 cannot stops them from smoking indicates that regulating e- cigarettes or new tobacco products cannot protect our younger generations form their harm. The government should legislate a total ban on e-cigarettes and other new tobacco products as soon as possible to protect Hong Kong' s youth health.

姓名: Chung Wzy ki

《2019 年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

The government should learn from other countries who did well in tobacco control e.g. Singapore and formulate a timeline for total ban of tobacco products in order to be a responsible government that looks after the health of its citizens. The fact that banning cigarettes from people aged under 18 cannot stops them from smoking indicates that regulating e- cigarettes or new tobacco products cannot protect our younger generations from their harm. The government should legislate a total ban on e-cigarettes and other new tobacco products as soon as possible to protect Hong Kong' s youth health.

姓名： CHEN Wenxian

《2019年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

電子煙及新煙草產品被宣傳為戒煙工具，但香港以至世界各地的醫學研究證明，非吸煙者一旦開始吸食電子煙，將來便有更大的意欲吸食傳統煙。政府應儘快立法全面禁止電子煙及其他新煙草產品包括加熱非燃燒煙草產品，以保障公眾健康，實現無煙香港。電子煙和加熱煙都會釋出甲醛，甲醛是致癌物，可以增加患癌的機會！絕對不是煙草商宣傳得那麼好！以護下一代的健康，請儘快落實立法全面禁止電子煙及其他新煙草產品。

姓名： Chan Wan Nga.

《2019 年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

無良煙草商宣傳說電子煙幫人戒煙。不過香港以至世界各地的醫學研究證明，非吸煙者一旦開始吸食電子煙，將來便有更大的意欲吸食傳統煙。這就是電子煙的門戶效應。政府應儘快立法全面禁止電子煙及其他新煙草產品包括加熱非燃燒煙草產品。本地新聞頻曾報導最年輕的電子煙使用者只有 6 歲而且數據顯示有 8.7% 的中學生曾經吸食電子煙，而且人數在繼續上升。香港人的平均壽命超過 80 歲，18 歲開始吸食就有 60 多年的煙齡，足以嚴重影響健康。

姓名：

《2019年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

政府應該提醒公眾，避免接受電子煙草產品生產商的贊助及經費補貼，以免誤導市民以為吸食電子煙無害。亦應儘快落實立法全面禁止電子煙及其他新煙草產品包。很多人誤信電子煙及新煙草產品無害，但其實越來越多科學證據證實電子煙及其他新煙草產品均含有害化學物質及致癌物。政府應儘快立法全面禁止電子煙及其他新煙草產品包括加熱非燃燒煙草產品，同時為全面禁煙訂立時間表，以保障公眾健康，實現無煙香港。在電子煙盛行的美國，很多人都會在不可吸煙區偷偷吸食電子煙。

姓名： YUEN WAI KWAN

《2019年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

有海外地方宣布青少年使用電子煙情況已達流行病程度，因而對電子煙售賣作出管制。香港政府應防患於未然，儘快立法全面禁止電子煙及其他新煙草產品，以保護下一代的健康。電子香煙一直以青少年的顏色和味道為目標，吸引青少年，並勾引他們對尼古丁的依賴，許多公司正在把那些從未用過香煙的人吸引過來，從而增加吸食尼古丁的人數。政府應該禁止對年輕人的電子煙產品宣傳並且全面禁止電子煙的銷售。

姓名： Chung Ching Wai Krista

《2019 年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

煙草公司實話自己啲新產品健康啲，咪又一樣係煙，唔通話佢地有害啲咩，甘仲點賣啊。食煙就肯定唔健康啦，應該趁宜家未係好多人用就禁咗先，好似普通捲煙甘多人食就好難禁啦。本地新聞頻曾報導最年輕的電子煙使用者只有 6 歲而且數據顯示有 8.7% 的中學生曾經吸食電子煙，而且人數在繼續上升。香港人的平均壽命超過 80 歲，18 歲開始吸食就有 60 多年的煙齡，足以嚴重影響健康。如果香港想於未來成為一個清新無煙的城市，我們就應先防止新興煙草產品踏足香港。政府應盡快全面禁止電子煙及其他新煙草產品，保護公眾健康。

姓名： Yeung King Tin

《2019年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

與傳統捲煙無異，長期吸食電子煙會增加罹患慢性病，如心肺疾病的風險。政府應儘快立法全面禁止電子煙及其他新煙草產品，以減低市民患上與吸煙有關疾病的機會，並減輕醫療負擔。香港政府應防患於未然，趁另類煙草產品尚未扎根之際，政府應立法全面禁止電子煙及其他新煙草產品，以及其他加熱非燃燒煙草產品，早日實現無煙香港。

姓名： Tong Lok Him

《2019年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

現時已有 30 多個國家或地區立例禁止售賣電子煙。香港政府亦應儘快立法全面禁止電子煙和加熱煙的入口、製造、銷售、分發及宣傳，防止這類煙草的禍害在本港扎根。電子煙外型雖與傳統香煙不同，但一樣含有多種致癌和有害物質，一樣能引致各種疾病。香港政府應儘快立法全面禁止電子煙和加熱煙的入口、製造、銷售、分發及宣傳，以保障全體市民健康。

姓名：_____

劉桂晴

《2019 年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

目前研究顯示，電子煙非有效戒煙輔助工具。政府應立法全面禁止電子煙及其他新煙草產品，並加強推廣其他現有戒煙輔導服務。很多年輕人誤會電子煙可幫助戒煙，亦不知道電子煙含有害化學物質及致癌物。為保護下一代的健康，政府需要加強教育，使年輕人明白有關電子煙及其他新煙草產品對健康的風險，並儘快落實立法全面禁止電子煙及其他新煙草產品包。

姓名： To Kit Yan Glenda

《2019 年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

最近有調查發現，本港電子煙使用者數量有上升趨勢，較數年前增加約 5 倍。香港政府應政府應立法全面禁止電子煙及其他新煙草產品，以及其他加熱非燃燒煙草產品，以保障大眾的健康。電子煙以及其他新興煙草產品的流行，給社會帶來新的健康風險和挑戰。這些電子煙被包裝成危害較少的替代品，推介手法更是五花八門，專門針對青少年和非吸煙者，誘使他們嘗試吸食。政府應該阻止這種可怕的行為，全面禁止電子煙的銷售以及流通和使用。

姓名: Wong Yiu Fung

《2019年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

煙草商以電子煙不含尼古丁作為賣點，誤導消費者認為電子煙是健康的選擇。政府應儘快立法全面禁止電子煙及其他新煙草產品，並制定全面禁煙時間表，以保障大眾的健康。香港政府應防患於未然，趁另類煙草產品尚未扎根之際，政府應立法全面禁止電子煙及其他新煙草產品，以及其他加熱非燃燒煙草產品，早日實現無煙香港。

姓名： Wong Tsz Kin

《2019年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

There are nearly 30 countries already banned e-cigarettes. WHO also recommended banning these products for the sake of public health. As a leading city in tobacco control, the government should legislate a total ban on e-cigarettes and other new tobacco products as soon as possible to protect Hong Kong's public health. The fact that banning cigarettes from people aged under 18 cannot stops them from smoking indicates that regulating e- cigarettes or new tobacco products cannot protect our younger generations form their harm. The government should legislate a total ban on e-cigarettes and other new tobacco products as soon as possible to protect Hong Kong's youth health.

姓名： Chun Man Ching Ashley

《2019年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

There is no enough evidences until now to prove that e-cigarettes are more effective in smoking cessation than other traditional means like nicotine patches. Introducing these products wouldn't bring any benefits but even bring harm. The government should legislate a total ban on e-cigarettes and other new tobacco products as soon as possible to protect Hong Kong's public health. The fact that banning cigarettes from people aged under 18 cannot stops them from smoking indicates that regulating e- cigarettes or new tobacco products cannot protect our younger generations form their harm. The government should legislate a total ban on e-cigarettes and other new tobacco products as soon as possible to protect Hong Kong's youth health.

姓名： Choi Yee Ki, Jojo

《2019年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

There are smokers who change to e-cig users after switching instead of trying to quit. We should encourage smokers to quit this addiction, not changing it into other forms. The government should legislate a total ban on e-cigarettes and other new tobacco products as soon as possible to protect Hong Kong' s public health. The fact that banning cigarettes from people aged under 18 cannot stops them from smoking indicates that regulating e- cigarettes or new tobacco products cannot protect our younger generations form their harm. The government should legislate a total ban on e-cigarettes and other new tobacco products as soon as possible to protect Hong Kong' s youth health.

姓名： 李詠夏

《2019 年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

E-cigarettes are labeled as “hip” and stylish, just like cigarettes did. The government should totally ban these products so we would not create a whole new generation of smokers. If Hong Kong is aiming to become a smoke-free city, they should start by not letting any new tobacco products set foot on Hong Kong. The government should legislate a total ban on e-cigarettes and other new tobacco products as soon as possible to protect Hong Kong's public health.

姓名: Bowie Lee

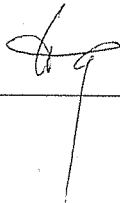
《2019年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

E-cigarettes phenomenon in US is already out of the government' s control. Hong Kong should not repeat this mistake by not banning it. E-cigarettes produce toxicants and carcinogens after heating in high temperature and vaporization. Risks of e-cigarettes should not be underrated. To protect the public' s health, there is a urgent need for the government to enact the total ban of e-cigarettes and other new tobacco products.

姓名：

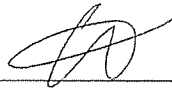
A handwritten signature in black ink, consisting of stylized cursive letters, is written over a horizontal line. A vertical line extends downwards from the signature.

《2019 年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

E-cigarettes produce toxicants and carcinogens after heating in high temperature and vaporization. Risks of e-cigarettes should not be underrated. To protect the public's health, there is a urgent need for the government to enact the total ban of e-cigarettes and other new tobacco products. E-cigarettes can contain harmful and potentially harmful chemicals, including nicotine; ultrafine particles that can be inhaled deep into the lungs; flavoring such diacetyl, a chemical linked to a serious lung disease; volatile organic compounds such as benzene, which is found in car exhaust; and heavy metals, such as nickel, tin, and lead. These chemicals will harm the body in the long term. The government should take step by step actions to end this phenomenon, first banning new cigarette products, then formulate a way to ban cigarettes from Hong Kong.

姓名：  _____

《2019 年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

E-cigarettes can contain harmful and potentially harmful chemicals, including nicotine; ultrafine particles that can be inhaled deep into the lungs; flavoring such diacetyl, a chemical linked to a serious lung disease; volatile organic compounds such as benzene, which is found in car exhaust; and heavy metals, such as nickel, tin, and lead. These chemicals will harm the body in the long term. The government should take step by step actions to end this phenomenon, first banning new cigarette products, then formulate a way to ban cigarettes from Hong Kong. If Hong Kong is aiming to become a smoke-free city, they should start by not letting any new tobacco products set foot on Hong Kong. The government should legislate a total ban on e-cigarettes and other new tobacco products as soon as possible to protect Hong Kong's public health.

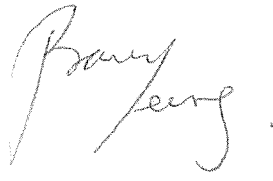
姓名： Murray

《2019 年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

E-cigarettes are popular among teens and young adults, and yet nicotine in e-cigs can harm their brain development, which continues to age 25, not 18. The government should legislate a total ban on e-cigarettes and other new tobacco products as soon as possible to protect the Hong Kong's younger generations. If Hong Kong is aiming to become a smoke-free city, they should start by not letting any new tobacco products set foot on Hong Kong. The government should legislate a total ban on e-cigarettes and other new tobacco products as soon as possible to protect Hong Kong's public health.

姓名： Yeung Ho Hin Franco 

《2019年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

As e-cigarette and heat-not-burn tobacco products are also harmful to human body and health, I think government should be proactive in banning these products in Hong Kong to safeguard public health. With no evidence for the effect of e-cigarette and heat-not-burn tobacco products on smoking cessation, and also increasing evidence for the harmful effects of these products, the government should seriously consider a total ban of these harmful products.

姓名：

Granny KAR LO

《2019年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

Although smoking rate of HK is low, the increasing popularity and prevalence of e-cigarette and heat-not-burn tobacco products may cause the smoking rate to increase again. This is an outcome that no one wants to see. So, the government will have a very important role to play in stopping this from happening and continuously reducing the smoking rate. Most e-cigarettes do not provide details on their ingredients and only address the variety of flavours. They are marketed as non-addictive, aid for smoking cessation, accredited and environmentally friendly which mislead consumers on their safety and attract the youth to use. The HK government needs to enact a total ban on e-cigarettes and other new tobacco product as soon as possible.

姓名：

Sally Wat Wing Sze

《2019年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

As citizens of HK, we experience second hand smoking very often and they have been harming our health. I really hope that the government can take up the responsibility to protect our health by working on total ban of e-cigarette and heat-not-burn tobacco products. With no evidence for the effect of e-cigarette and heat-not-burn tobacco products on smoking cessation, and also increasing evidence for the harmful effects of these products, the government should seriously consider a total ban of these harmful products.

姓名： (Lee Wing Sang Jacky)

《2019年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

Most e-cigarettes do not provide details on their ingredients and only address the variety of flavours. They are marketed as non-addictive, aid for smoking cessation, accredited and environmentally friendly which mislead consumers on their safety and attract the youth to use. The HK government needs to enact a total ban on e-cigarettes and other new tobacco product as soon as possible. To prevent the public from being misled by propaganda made by the tobacco industry construction industry, the government should increase the control of tobacco control and to set up a comprehensive smoking ban.

姓名：

Ng Wing Yau

《2019年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

As government should safeguard public interest, it should work on total ban of e-cigarette and heat-not-burn tobacco products to prevent the prevalence of smoking from rising due to increasing popularity of these new tobacco products. With no evidence for the effect of e-cigarette and heat-not-burn tobacco products on smoking cessation, and also increasing evidence for the harmful effects of these products, the government should seriously consider a total ban of these harmful products.

姓名： Tam Tsz Ching

《2019 年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

Researches revealed that e-cigarettes contain toxic chemical substances like propylene glycol, glycerin and carcinogens such as formaldehyde and acetaldehyde which can bring health risks to human. The HK government should enact total ban of e-cigarette and other new tobacco products as soon as possible. Smoking is not just an issue of an individual. It may harm a social as a whole eventually. If not doing something now to control it, especially the e-cigarettes and other new tobacco products, the situation must be more much difficult to control later.

姓名: Yung Tze Yeung

《2019年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

電子煙同其他另類煙草產品可能真是煙仔替代品：誘發多種嚴重疾病另類根源。電子煙的氣霧影響公共環境，還驗出含有甲醛。以護下一代的健康，請儘快落實立法全面禁止電子煙及其他新煙草產品。電子煙和加熱煙都會釋出甲醛，甲醛是致癌物，可以增加患癌的機會！絕對不是煙草商宣傳得那麼好！

姓名： 張文峰

《2019 年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

電子煙有害公共健康，它更不是戒煙手段，必須對其加強進行管制，杜絕對青少年和非吸煙者產生危害。全面禁止電子煙是政府所能做的最好的措施，請立即實施。年輕人嘗試新型煙草比如電子煙，爲了什麼，迷戀的是尼古丁的快感還是向同齡人炫耀酷炫的感覺，是因爲多種多樣的口味還是收集 IQOS 各種各樣的煙套的癖好，這種華而不實的物品，是否能夠使青少年們有一個上進的生活態度呢，我覺得答案是否定的，有千萬種娛樂方式，爲何踏上吸煙的道路，希望政府能夠阻止年輕人接觸電子煙。

姓名： 梁雪兒

《2019年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

有報導稱，電子煙的危害是普通香煙的七倍，電子煙在電池加熱煙液所產生的氣溶膠中，含有對心血管有害的甲醛，乙醛和丙烯醛等。這些有害氣體會導致肺癌在內的多種癌症。甚至會引發閉塞性支氣管炎，這是一種罕見，致命且不可逆的阻塞性肺病，會使人的肺逐漸衰竭，進而死亡。立法會應該全面禁止電子煙。

姓名： 陳欣儀

《2019年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

有本地研究顯示，近7成吸煙的受訪學生表示曾先試用電子煙，可見這種模擬吸煙的行為足以吸引年輕人轉食傳統捲煙。為保障下一代的健康，政府應立法全面禁止電子煙及其他新煙草產品。香港政府應防患於未然，趁另類煙草產品尚未扎根之際，政府應立法全面禁止電子煙及其他新煙草產品，以及其他加熱非燃燒煙草產品，早日實現無煙香港。

姓名： Janice Tsang

《2019年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

電子煙被包裝為時尚和潮流玩意，吸引年輕人使用；有本地研究顯示，小學生使用電子煙比率有上升趨勢。為保障下一代免受電子煙禍害，政府應立法全面禁止電子煙及其他新煙草產品，以及其他加熱非燃燒煙草產品。很多年輕人誤會電子煙可幫助戒煙，亦不知道電子煙含有害化學物質及致癌物。為保護下一代的健康，政府需要加強教育，使年輕人明白有關電子煙及其他新煙草產品對健康的風險，並儘快落實立法全面禁止電子煙及其他新煙草產品包。

姓名： B. Leung

《2019年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

多項外國研究發現西施電子煙所帶來的門戶效應，會吸引非吸煙者之用電子煙或傳統捲煙。政府應立法全面禁止電子煙及其他新煙草產品，以及其他加熱非燃燒煙草產品，防止這類煙草的禍害在本港扎根。世界上有許多國家完全禁止電子煙，比如巴西，新加坡和泰國，這些國家採取了一種非常明智的手段，從根本上杜絕電子煙在青少年中的傳播，我們應該向這些國家學習，全面禁止電子煙和其他新興煙草產品。

姓名： ~~Es~~ Harry

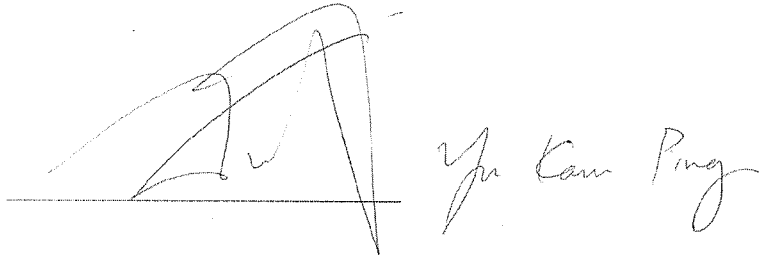
《2019年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

世界上與許多國家雖然允許使用電子煙，但卻不准向其中添加尼古丁，我覺得這樣的禁止意義並不大，電子煙的煙油中，不僅僅只有尼古丁有害成分，其他化學成分同樣有害身體健康，政府應該一步到位，徹底禁止電子煙。電子香煙一直以青少年的顏色和味道為目標，吸引青少年，並勾引他們對尼古丁的依賴，許多公司正在把那些從未用過香煙的人吸引過來，從而增加吸食尼古丁的人數。政府應該禁止對年輕人的電子煙產品宣傳並且全面禁止電子煙的銷售。

姓名：



Yu Kam Ping

《2019年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

最近一個來自北卡羅萊納大學指出即使非常少的劑量，吸入電子煙中發現的兩種主要成分 - 丙二醇和植物甘油 - 可能會使使用者暴露在高濃度的毒素中。吸入劑量越多、毒素越高。我們不可以讓這毒藥流通香港，政府應盡快全面禁止電子煙及其他新煙草產品，保護公眾健康。如果香港想於未來成為一個清新無煙的城市，我們就應先防止新興煙草產品踏足香港。政府應盡快全面禁止電子煙及其他新煙草產品，保護公眾健康。在電子煙盛行的美國，很多人都會在不可吸煙區偷偷吸食電子煙。

姓名： Lenny Man 47

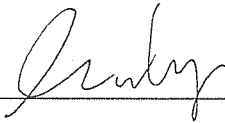
《2019年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

世界上有許多國家完全禁止電子煙，比如巴西，新加坡和泰國，這些國家採取了一種非常明智的手段，從根本上杜絕電子煙在青少年中的傳播，我們應該向這些國家學習，全面禁止電子煙和其他新興煙草產品。電子香煙一直以青少年的顏色和味道為目標，吸引青少年，並勾引他們對尼古丁的依賴，許多公司正在把那些從未用過香煙的人吸引過來，從而增加吸食尼古丁的人數。政府應該禁止對年輕人的電子煙產品宣傳並且全面禁止電子煙的銷售。

姓名：



《2019年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

新煙草產品只是新形式的尼古丁釋放工具。我們應鼓勵吸煙者脫離煙癮，而非轉吸第二種煙。政府應盡快全面禁止電子煙及其他新煙草產品，保護公眾健康。如果香港想於未來成為一個清新無煙的城市，我們就應先防止新興煙草產品踏足香港。政府應盡快全面禁止電子煙及其他新煙草產品，保護公眾健康。在電子煙盛行的美國，很多人都會在不可吸煙區偷偷吸食電子煙。

姓名： Thapa Tej Chandra

《2019年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

已有近 30 個國家禁止電子煙，當中包括澳洲、巴西、新加坡、泰國、阿拉伯聯合酋長國及烏拉圭等。世界衛生組織亦建議，應以公眾健康為本，禁制這些產品。香港作為低吸煙率城市之一，應盡快全面禁止電子煙及其他新煙草產品，保護公眾健康。在電子煙盛行的美國，很多人都會在不可吸煙區偷偷吸食電子煙。令非吸煙者於本應能呼吸清新空氣的地方如學校、食肆等都受到電子煙的有害化學物質圍繞，進一步影響公眾健康。政府應盡快全面禁止電子煙及其他新煙草產品，還非吸煙者清新空氣。

姓名： Mobi

《2019年吸煙(公眾衛生)(修訂)條例草案》委員會秘書

致全體立法會議員：

支持全面禁止電子煙及其他新煙草產品

很多人誤信電子煙及新煙草產品害處少，但其實電子煙及其他新煙草產品均含有害化學物質及致癌物，對身體健康的影響不容忽視。政府應儘快立法全面禁止電子煙及其他新煙草產品包括加熱非燃燒煙草產品，同時為全面禁煙訂立時間表，以保障公眾健康，實現無煙香港。在電子煙盛行的美國，很多人都會在不可吸煙區偷偷吸食電子煙。令非吸煙者於本應能呼吸清新空氣的地方如學校、食肆等都受到電子煙的有害化學物質圍繞，進一步影響公眾健康。政府應盡快全面禁止電子煙及其他新煙草產品，還非吸煙者清新空氣。

姓名： Ww

支持《2019 年吸煙(公眾衛生)(修訂)條例草案》 2019 年 3 月 25 日

果斷立法 防患於未然

致香港中區立法會道 1 號 立法會綜合大樓立法會秘書處

本社關注政府立法全禁電子煙及其他另類煙草產品，並支持條例草案修訂《吸煙(公眾衛生)條例》(第 371 章)，以禁止進口、製造、售賣或在某些地方使用訂明的另類吸煙產品；限制給予、管有、宣傳或推廣該等產品；並對《吸煙(公眾衛生)條例》及相關法例，作出相關及雜項修訂。從而保障市民健康，杜絕電子煙及其他新興煙草產品禍害我們的年青人。

近年多項檢驗證實香港出售的電子煙，含有多種對健康造成危害的化學物質。在高溫下加熱及汽化後更有可能產生其他有害物質和致癌物。

電子煙的營銷策略針對青少年及不吸煙人士，有近 8,000 種不同口味而且價格相宜兼可重覆使用，吸引青少年嘗試。

近年多項調查結果顯示，香港年輕人使用電子煙的數目於短短幾年內大幅上升，成為年輕人的潮物，朋輩間爭相仿效使用，情況令人擔憂。

世界衛生組織建議各國根據情況進行管制及禁止。現時全球已有最少 16 個國家全面禁止電子煙，澳門亦已於 2018 年 1 月禁止銷售和宣傳電子煙，可見此乃國際趨勢。

香港政府於 80 年代無煙煙草產品未盛行時全面禁止，防患於未然，保障市民健康。現時無煙煙草於多個國家極為普及，當地政府立例規管亦遇上重重困難。證明果斷立法的重要性。

順頌時祺

莊毅強 主席

青年創意社

CREATIVE YOUTH CLUB



Introduction:

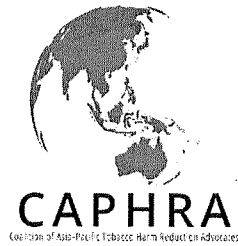
The Coalition of Asia Pacific (Tobacco) Harm Reduction Advocates (CAPHRA) submits this white paper to specifically address the issues presented by the government of Hong Kong and its ancillary agencies in response to the call to ban all Safer Nicotine Products (SNP) such as electronic cigarettes, Heat Not Burn products and snus, whilst leaving combustible tobacco products legally available.

Any public health policy that is not grounded in science and holds back any adult consumers from accessing a better alternative product is wrong and unethical. There have been numerous studies done overseas that have proven the effectiveness and harm reduced qualities of Safer Nicotine Products. These studies have provided the background for many countries - including the United Kingdom, New Zealand, and UAE to promote their use as an alternative for combustible tobacco smokers and for these governments to introduce and finalise risk proportionate regulation.

A proper public consultation, together with a regulatory impact assessment, objectively analysing and reviewing the available scientific evidence, should be conducted by the Hong Kong Government before any legislation is amended, benchmarking good policy-making practices internationally.

We feel, as a regional voice for consumers of SNP in Asia Pacific, that access to SNP for adults who wish to utilise them in lieu of combustible tobacco is a human right. This right is outlined on the human right to health embodied in Article 12 of the International Covenant on Economic, Social and Cultural Rights, this article contends that international law supports a harm reduction approach to tobacco control. The article specifies that “the work of the parties needs to be about ‘emphasizing the special contribution of nongovernmental organizations and other members of civil society not affiliated with the tobacco industry, including health professional bodies, women’s, youth, environmental and consumer groups, and academic and health care institutions, to tobacco control efforts nationally and internationally and the vital importance of their participation in national and international tobacco control efforts.’”¹

¹ World Health Assembly Resolution 56.1. (n.d.). Retrieved January 08, 2018, from http://www.who.int/tobacco/framework/final_text/en/index2.html



We have taken the liberty to present and address some of the issues that have been presented to justify bans of SNP in Hong Kong and elsewhere, to provide the scientific evidence to alleviate concerns around these issues.

Issues & Concerns around SNP:

1. **Youth Vaping and the “Gateway Effect”** the presumption that youth who vape will go on to using combustible tobacco.

According to Dr. Linda Bauld, who is the lead researcher for the Cancer Research Council and Public Health England on the use of electronic cigarettes in youth and by pregnant women, the data do now show that youth vaping is an “epidemic” as has been touted in the media. Also, **youth who vape are coming to vaping FROM smoking**, not the other way around.²

Dr Bauld has stated - repeatedly - that **youth and pregnant women are more inclined to switch to vaping from smoking and not the other way around**. There is no evidence that youth are using vaping as a gateway to smoking. **There is no evidence that the nicotine in electronic cigarettes has the same detrimental effect on pregnant mothers and their children as does smoking during pregnancy.**³

Smoking, due to combustion and the 7000 chemicals contained therein, cause health issues. Where there is no “smoke/fire” there are none of the issues that arise from combustion.

Another study, done in the US entitled “Adolescents and e-cigarettes: Objects of concern may appear larger than they are”⁴ by Kozlowski and Warner stated unequivocally that “The role of e-cigarettes in the future of youth smoking has yet to be definitively assessed. **Prospective studies - the only evidence that e-cigarette use might lead to smoking - do not yet persuade that e-cigarettes are a substantial causal gateway to cigarettes.** At best, they support that a minority of the relatively small number of e-cigarette triers - who haven’t also

² *Int. J. Environ. Res. Public Health* **2017**, 14(9), 973; <https://doi.org/10.3390/ijerph14090973>

³ *BMC Pregnancy and Childbirth* **2018**18:233 <https://doi.org/10.1186/s12884-018-1856-4>

⁴

<https://www.buffalo.edu/content/dam/www/news/documents/Study%20PDFs/Kozlowski-Warner-DAD-2017-inpress.pdf>, accessed 14Mar19.



been experimenting with other tobacco products already - will go on to some experimentation with cigarettes”

Expert: Linda Bauld, PhD (Scotland)

2. Cardiovascular/Cerebral Health Harms (Heart Attack/Stroke) from Vaping. Recently there was a study on electronic cigarette users to determine their risk for heart attack and stroke. *“Daily e-cigarette use, adjusted for smoking conventional cigarettes as well as other risk factors, is associated with increased risk of myocardial infarction.”* In the media, coverage of the conference abstract mention: *“E-cigarettes linked to higher risk of stroke, heart attack, diseased arteries.”* This study⁵, published by the University of Southern California had major flaws in methodology and reporting.

Action on Smoking and Health UK even commented on the problems with the study and conclusions stating “This study does not establish a causal relationship between heart attacks and the use of e-cigarettes. Rather it shows that at the point they were surveyed people who smoked and/or vaped were more likely to have had a heart attack in their lifetime. The study was not able to determine when the heart attack took place, whether it followed or preceded use of an e-cigarette. It is therefore inaccurate to say this research shows that vaping leads to an increased risk of a heart attack. The link between tobacco smoking and heart attacks is well established.”

According to Dr. Konstantinos Farsalinos, a cardiologist and researcher from Greece, “Increasing the risk” means that someone is **FIRST** exposed to a condition (in this case, exposed to e-cigarette use) and **THEN, BECAUSE OF THIS EXPOSURE**, he/she develops disease. **Both studies CANNOT provide any of this information to substantiate an increased risk.** Both are cross-sectional surveys, meaning that they asked participants if they have heart disease and if they use e-cigarettes.

The studies provide no information on whether e-cigarette use was initiated before (and how long before) or after the development of disease. What if participants used e-cigarettes after they developed the disease in order to quit smoking?

⁵ Talal Alzahrani, Ivan Pena, Nardos Temesgen, Stanton A. Glantz. Association Between Electronic Cigarette Use and Myocardial Infarction. *Am J Prev Med* 2018; DOI information: 10.1016/j.amepre.2018.05.004.



"In conclusion, both studies provide no information about any risk associated with the use of e-cigarettes. **They do not prove an increased risk and of course they do not prove that no such risk exists.** They simply cannot address the question of whether e-cigarettes increase the risk for heart disease or not. I am confident that the authors of the published study and the American Heart Association, which released the press statement for the conference abstract, are very well aware of these basic epidemiological principles. This is simple, basic knowledge for a medical student, let alone for acknowledged scientists. And they know that the statements about "increased risk" are wrong."

A five year study done by Dr. Riccardo Polosa, in Italy found that non smokers who vaped, had no increases in markers of cardiovascular risk, lung function and or symptoms of respiratory disease.⁶

Another study done by Dr. Polosa in smokers suggested that E-cigarette (EC) use may ameliorate objective and subjective COPD outcomes and that the benefits gained may persist long-term. EC use may reverse some of the harm resulting from tobacco smoking in COPD patients. These include reduced blood pressure, fewer exacerbations of chronic obstructive pulmonary disease (COPD) and improvements in asthma symptoms.⁷

In the United States, the National Academy of Sciences, Engineering and Medicine published their own report entitled "Public Health Consequences of E-Cigarettes"⁸ where they stated clearly that *"There is insufficient evidence that e-cigarette use is associated with long-term changes in heart rate, blood pressure, and cardiac geometry and function."*

Experts: Konstantinos Farsalinos, MD (Greece) & Riccardo Polosa, MD (Italy)

3. Concerns around Effects of Second/Third Hand Exposure of Vapour/Aerosol. According to experts at the US Department of Health and Human Services, there are no quantifiable harms from second/third hand vapour/there is no additional

⁶ Polosa, Riccardo, et al. "Health Effects in COPD Smokers Who Switch to Electronic Cigarettes: a | COPD." *International Journal of Chronic Obstructive Pulmonary Disease*, Dove Press, 22 Aug. 2018, www.dovepress.com/health-effects-in-copd-smokers-who-switch-to-electronic-cigarettes-a-peer-reviewed-article-COPD.

⁷ *ibid.*

⁸ "Public Health Consequences of E-Cigarettes." *Public Health Consequences of E-Cigarettes*, 19 Oct. 2018, nationalacademies.org/hmd/Reports/2018/public-health-consequences-of-e-cigarettes.aspx. Accessed 14Mar19.



harms from vaping in those who have been exposed. This has been studied extensively by a few different researchers in different projects.

The first presented is that done by the US Department of Health and Human Services entitled “Evaluation of Chemical Exposures at a Vape Shop”⁹ The work involved “Our primary objective was to evaluate employees’ potential exposures to chemicals associated with vaping in the shop. Our work involved (1) sampling air for specific flavoring chemicals associated with respiratory disease; (2)sampling air for nicotine, propylene glycol, formaldehyde, and other VOCs; (3)sampling work surfaces for metals and nicotine; and (4) observing work practices.” The conclusion from the study states “Employees were exposed to detectable levels of diacetyl and 2,3-pentanedione in the air while working in the vape shop. Although the measured concentrations were below all applicable OELs...”

Expert: US Department of Health and Human Services (USA)

4. Evidence of Harm Reduction in users of Safer Nicotine Products. Evidence of Harm Reduction has been scientifically proven, most notably those done and reviewed Public Health England¹⁰ - the National Health Service, the Royal College of Physicians¹¹ (United Kingdom) and University College and King's College London¹²

Both of the studies done by University College and King’s College London and the Royal College of Physicians have shown a 95-98% reduction in the harm compared to that of combustible tobacco. As Michael Russell said over 30 years ago, it is the TAR that kills, not the nicotine. Alternative nicotine products do not involve combustion, which is what creates TAR.

⁹ <https://www.cdc.gov/niosh/hhe/reports/pdfs/2015-0107-3279.pdf>, accessed 14Mar19

¹⁰ Public Health England. “E-Cigarettes and Heated Tobacco Products: Evidence Review.” GOV.UK, GOV.UK, 2 Mar. 2018, www.gov.uk/government/publications/e-cigarettes-and-heated-tobacco-products-evidence-review.

¹¹ “Nicotine without Smoke: Tobacco Harm Reduction.” RCP London, 25 July 2017, Accessed 14 Mar 19 www.rcplondon.ac.uk/projects/outputs/nicotine-without-smoke-tobacco-harm-reduction-0.

¹² Goniewicz, Maciej L., et al. “Nicotine, Carcinogen, and Toxin Exposure in Long-Term E-Cigarette and Nicotine Replacement Therapy Users: A Cross-Sectional Study.” *Annals of Internal Medicine*, American College of Physicians, 21 Mar. 2017, annals.org/aim/article-abstract/2599869/nicotine-carcinogen-toxin-exposure-long-term-e-cigarette-nicotine-replacement.



These studies have been followed up and reviewed regularly by Public Health England, in 2015, 2016 and most recently in 2018. This is the basis for the National Health Service promoting the use of Alternative Nicotine Products in lieu of smoking on hospital grounds in various locations throughout the country, the promotion and use of Alternative Nicotine products within their smoking cessation programs and also the provision of these products in prisons to alleviate the currency of tobacco, as well as the health harms of smoking, to the prisoners and staff.

Expert: Royal College of Physicians, United Kingdom, UK Centre for Tobacco and Alcohol Studies (UK)

In conclusion, we implore all the involved public health officials and government ministers to consider the scientific evidence and facts when making the decision to regulate Safer Nicotine Products. We remind them that their mandated responsibility is to promote the health and well being of all the citizens of Hong Kong. Lastly, we offer our assistance to them, to provide information, expert advice and guidance in developing regulation, which it is hoped will be risk proportionate and progressive, instead of implementing an outright ban, which will not best serve the public health of the citizens of Hong Kong.

Please find an addendum with statements regarding the issues presented from Internationally respected authorities on the issues presented herein.



ADDENDUM:

American Cancer Society, February 15, 2018

"Based on currently available evidence, using current generation e-cigarettes is less harmful than smoking cigarettes, but the health effects of long-term use are not known."

"Many smokers choose to quit smoking without the assistance of a clinician and some opt to use e-cigarettes to accomplish this goal. The ACS recommends that clinicians support all attempts to quit the use of combustible tobacco and work with smokers to eventually stop using any tobacco product, including e-cigarettes. Some smokers, despite firm clinician advice, will not attempt to quit smoking cigarettes and will not use FDA approved cessation medications. These individuals should be encouraged to switch to the least harmful form of tobacco product possible; switching to the exclusive use of e-cigarettes is preferable to continuing to smoke combustible products."

Link:

<https://www.cancer.org/healthy/stay-away-from-tobacco/e-cigarette-position-statement.html>

American Heart Association, 24 August 2014

"If a patient has failed initial treatment, has been intolerant to or refuses to use conventional smoking cessation medication, and wishes to use e-cigarettes to aid quitting, it is reasonable to support the attempt." Link:

<https://www.ahajournals.org/doi/full/10.1161/CIR.000000000000107>

American Association of Public Health Physicians, 2 April 2010

"AAPHP favors a permissive approach to E-cigarettes because the possibility exists to save the lives of four million of the eight million current adult American smokers who will otherwise die of a tobacco-related illness over the next twenty years." "E-cigarettes can and should be marketed as a substitute for conventional cigarettes for smokers unable or unwilling to quit." Link:

<https://www.aaphp.org/special/joelstobac/2010/harmredcnupdatejuly2010.html>

National Academies of Sciences, Engineering and Medicine, 2018

"E-cigarette aerosol contains fewer numbers and lower levels of most toxicants than does smoke from combustible tobacco cigarettes."



"Laboratory tests of e-cigarette ingredients, in vitro toxicological tests, and short-term human studies suggest that e-cigarettes are likely to be far less harmful than combustible tobacco cigarettes."

Link: <https://www.nap.edu/read/24952/chapter/2>

Public Health England, 6 February 2018

"Risks of cancer, cardiovascular disease, and respiratory diseases due to ECs are expected to be reduced compared with smoking because toxicants and carcinogens present in cigarette smoke are absent or present at much lower concentrations in EC aerosols.^{4,16} Although not without risk, the overall risk of harm is estimated at less than 5% of that from smoking tobacco;⁴ the risk of cancer has been calculated to be less than 1%.¹⁶"

Link: <https://www.gov.uk/government/news/phe-publishes-independent-expert-e-cigarettes-evidence-review>

PATH study by FDA in the US (prospective study of using e-cigarettes and subsequent change in smoking status)

"After adjusting for covariates, cigarette smokers who initiated e-cigarette use between waves and reported they used e-cigarettes daily at wave 2 had 7.88 (95% CI 4.45 to 13.95) times the odds of 30-day cigarette cessation compared with non-users of e-cigarettes at wave 2. Cigarette smokers who began using e-cigarettes every day and did not achieve cessation had 5.70 (95% CI 3.47 to 9.35) times the odds of reducing their average daily cigarette use by at least 50% between waves 1 and 2 compared with e-cigarette non-users."

Link: <https://www.ncbi.nlm.nih.gov/pubmed/29986104>

Submitted 26 March 2019 by the undersigned members of CAPHRA:





Introduction:

The International Network of Nicotine Consumer Organisations (INNCO) submits this white paper to specifically address the issues presented by the government of Hong Kong and its ancillary agencies in response to the call to ban all Safer Nicotine Products (SNP) such as electronic cigarettes, Heat Not Burn products and snus, whilst leaving combustible tobacco products legally available.

Any public health policy that is not grounded in science and holds back any adult consumers from accessing a better alternative product is wrong and unethical. There have been numerous studies done overseas that have proven the effectiveness and harm reduced qualities of Safer Nicotine Products. These studies have provided the background for many countries - including the United Kingdom, New Zealand, and UAE to promote their use as an alternative for combustible tobacco smokers and for these governments to introduce and finalise risk proportionate regulation.

A proper public consultation, together with a regulatory impact assessment, objectively analysing and reviewing the available scientific evidence, should be conducted by the Hong Kong Government before any legislation is amended, benchmarking good policy-making practices internationally.

We feel, as the supranational voice for consumers of SNP globally, that access to SNP for adults who wish to utilise them in lieu of combustible tobacco is a human right. This right is outlined on the human right to health embodied in Article 12 of the International Covenant on Economic, Social and Cultural Rights, this article contends that international law supports a harm reduction approach to tobacco control. The article specifies that "the work of the parties needs to be about 'emphasizing the special contribution of nongovernmental organizations and other members of civil society not affiliated with the tobacco industry, including health professional bodies, women's, youth, environmental and consumer groups, and academic and health care institutions, to tobacco control efforts nationally and internationally and the vital importance of their participation in national and international tobacco control efforts.'"¹

Issues & Concerns around SNP:

¹ World Health Assembly Resolution 56.1. (n.d.). Retrieved January 08, 2018, from http://www.who.int/tobacco/framework/final_text/en/index2.html

1. Youth Vaping and the “Gateway Effect” the presumption that youth who vape will go on to using combustible tobacco.

According to Dr. Linda Bauld, who is the lead researcher for the Cancer Research Council and Public Health England on the use of electronic cigarettes in youth and by pregnant women, the data do now show that youth vaping is an “epidemic” as has been touted in the media. Also, **youth who vape are coming to vaping FROM smoking**, not the other way around.²

Another study, done in the US entitled “Adolescents and e-cigarettes: Objects of concern may appear larger than they are”³ by Kozlowski and Warner stated unequivocally that “The role of e-cigarettes in the future of youth smoking has yet to be definitively assessed. **Prospective studies – the only evidence that e-cigarette use might lead to smoking – do not yet persuade that e-cigarettes are a substantial causal gateway to cigarettes.** At best, they support that a minority of the relatively small number of e-cigarette triers – who haven’t also been experimenting with other tobacco products already – will go on to some experimentation with cigarettes”

Expert: Linda Bauld, PhD (Scotland)

² *Int. J. Environ. Res. Public Health* **2017**, *14*(9), 973; <https://doi.org/10.3390/ijerph14090973>

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2. Cardiovascular/Cerebral Health Harms (Heart Attack/Stroke) from Vaping. Recently there was a study on electronic cigarette users to determine their risk for heart attack and stroke. In the media, coverage of the conference abstract mention: *"E-cigarettes linked to higher risk of stroke, heart attack, diseased arteries."* This study⁴, published by the University of Southern California had major flaws in methodology and reporting.

Action on Smoking and Health UK even commented on the problems with the study and conclusions stating "This study does not establish a causal relationship between heart attacks and the use of e-cigarettes. Rather it shows that at the point they were surveyed people who smoked and/or vaped were more likely to have had a heart attack in their lifetime. The study was not able to determine when the heart attack took place, whether it followed or preceded use of an e-cigarette. It is therefore inaccurate to say this research shows that vaping leads to an increased risk of a heart attack. The link between tobacco smoking and heart attacks is well established."

According to Dr. Konstantinos Farsalinos, a cardiologist and researcher from Greece, "Increasing the risk" means that someone is **FIRST** exposed to a condition (in this case, exposed to e-cigarette use) and **THEN, BECAUSE OF THIS EXPOSURE**, he/she develops disease. **Both studies CANNOT provide any of this information to substantiate an increased risk.** Both are cross-sectional surveys, meaning that they asked participants if they have heart disease and if they use e-cigarettes.

The studies provide no information on whether e-cigarette use was initiated before (and how long before) or after the development of disease. What if participants used e-cigarettes after they developed the disease in order to quit smoking? Both studies provide no information about any risk associated with the use of e-cigarettes. **They do not prove an increased risk and of course they do not prove that no such risk exists.**

Additionally, a five year study done by Dr. Riccardo Polosa, in Italy found that non smokers who vaped, had **no increases in markers of cardiovascular risk, lung function and or symptoms of respiratory disease.**⁵

⁴ Talal Alzahrani, Ivan Pena, Nardos Temesgen, Stanton A. Glantz. Association Between Electronic Cigarette Use and Myocardial Infarction. *Am J Prev Med* 2018; DOI information: 10.1016/j.amepre.2018.05.004.

⁵ Polosa, Riccardo, et al. "Health Effects in COPD Smokers Who Switch to Electronic Cigarettes: a | COPD." *International Journal of Chronic Obstructive Pulmonary Disease*, Dove Press, 22 Aug. 2018,

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Experts: Konstantinos Farsalinos, MD (Greece) & Riccardo Polosa, MD (Italy)

3. Concerns around Effects of Second/Third Hand Exposure of Vapour/Aerosol. According to experts at the US Department of Health and Human Services, there are no quantifiable harms from second/third hand vapour/there is no additional harms from vaping in those who have been exposed. This has been studied extensively by a few different researchers in different projects.

The first presented is that done by the US Department of Health and Human Services entitled "Evaluation of Chemical Exposures at a Vape Shop"⁸ The work involved "Our primary objective was to evaluate employees' potential exposures to chemicals associated with vaping in the shop. Our work involved (1) sampling air for specific flavoring chemicals associated with respiratory disease; (2)sampling air for nicotine, propylene glycol, formaldehyde, and other VOCs; (3)sampling work surfaces for metals and nicotine; and (4) observing work practices." The conclusion from the study states "Employees were exposed to detectable levels of diacetyl and 2,3-pentanedione in the air while working in the

www.dovepress.com/health-effects-in-copd-smokers-who-switch-to-electronic-cigarettes-a-r-peer-reviewed-article-COPD.

⁶ *ibid.*

⁷ "Public Health Consequences of E-Cigarettes." *Public Health Consequences of E-Cigarettes*, 19 Oct. 2018, nationalacademies.org/hmd/Reports/2018/public-health-consequences-of-e-cigarettes.aspx. Accessed 14Mar19.

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4. Evidence of Harm Reduction in users of Safer Nicotine Products.

Evidence of Harm Reduction has been scientifically proven, most notably those done and reviewed Public Health England⁹ - the National Health Service, the Royal College of Physicians¹⁰ (United Kingdom) and University College and King's College London¹¹.

Both of the studies done by University College and King's College London and the Royal College of Physicians have shown a 95-98% reduction in the harm compared to that of combustible tobacco. As Michael Russell said over 30 years ago, it is the TAR that kills, not the nicotine. Alternative nicotine products do not involve combustion, which is what creates TAR.

These studies have been followed up and reviewed regularly by Public Health England, in 2015, 2016 and most recently in 2018. This is the basis for the National Health Service promoting the use of Alternative Nicotine Products in lieu of smoking on hospital grounds in various locations throughout the country, the promotion and use of Alternative Nicotine products within their smoking cessation programs and also the provision of these products in prisons to alleviate the currency of tobacco, as well as the health harms of smoking, to the prisoners and staff.

Expert: Royal College of Physicians, United Kingdom, UK Centre for Tobacco and Alcohol Studies (UK)

⁹ Public Health England. "E-Cigarettes and Heated Tobacco Products: Evidence Review." GOV.UK, GOV.UK, 2 Mar. 2018. www.gov.uk/government/publications/e-cigarettes-and-heated-tobacco-products-evidence-review.

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International Network of Nicotine Consumer Organisations

In conclusion, we implore all the involved public health officials and government ministers to consider the scientific evidence and facts when making the decision to regulate Safer Nicotine Products. We remind them that their mandated responsibility is to promote the health and well being of all the citizens of Hong Kong. Lastly, we offer our assistance to them, to provide information, expert advice and guidance in developing regulation, which it is hoped will be risk proportionate and progressive, instead of implementing an outright ban, which will not best serve the public health of the citizens of Hong Kong and could possibly foster the expansion of an ever increasing black market in illicit tobacco.

Please find an addendum with statements regarding the issues presented from Internationally respected authorities on the issues presented herein.

Submitted via email on 26 March 2019

Nancy Sutthoff
AP Regional Coordinator
ns@innco.org

ADDENDUM:

American Cancer Society, February 15, 2018

"Based on currently available evidence, using current generation e-cigarettes is less harmful than smoking cigarettes, but the health effects of long-term use are not known."

"Many smokers choose to quit smoking without the assistance of a clinician and some opt to use e-cigarettes to accomplish this goal. The ACS recommends that clinicians support all attempts to quit the use of combustible tobacco and work with smokers to eventually stop using any tobacco product, including e-cigarettes. Some smokers, despite firm clinician advice, will not attempt to quit smoking cigarettes and will not use FDA approved cessation medications. These individuals should be encouraged to switch to the least harmful form of tobacco product possible; switching to the exclusive use of e-cigarettes is preferable to continuing to smoke combustible products."

Link:

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"If a patient has failed initial treatment, has been intolerant to or refuses to use conventional smoking cessation medication, and wishes to use e-cigarettes to aid quitting, it is reasonable to support the attempt." Link:

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"AAPHP favors a permissive approach to E-cigarettes because the possibility exists to save the lives of four million of the eight million current adult American smokers who will otherwise die of a tobacco-related illness over the next twenty years."

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National Academies of Sciences, Engineering and Medicine, 2018

"E-cigarette aerosol contains fewer numbers and lower levels of most toxicants than does smoke from combustible tobacco cigarettes."



International Network of Nicotine Consumer Organisations

"Laboratory tests of e-cigarette ingredients, in vitro toxicological tests, and short-term human studies suggest that e-cigarettes are likely to be far less harmful than combustible tobacco cigarettes."

Link: <https://www.nap.edu/read/24952/chapter/2>

Public Health England, 6 February 2018

"Risks of cancer, cardiovascular disease, and respiratory diseases due to ECs are expected to be reduced compared with smoking because toxicants and carcinogens present in cigarette smoke are absent or present at much lower concentrations in EC aerosols.^{4,16} Although not without risk, the overall risk of harm is estimated at less than 5% of that from smoking tobacco;⁴ the risk of cancer has been calculated to be less than 1%.¹⁶"

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"After adjusting for covariates, cigarette smokers who initiated e-cigarette use between waves and reported they used e-cigarettes daily at wave 2 had 7.88 (95% CI 4.45 to 13.95) times the odds of 30-day cigarette cessation compared with non-users of e-cigarettes at wave 2. Cigarette smokers who began using e-cigarettes every day and did not achieve cessation had 5.70 (95% CI 3.47 to 9.35) times the odds of reducing their average daily cigarette use by at least 50% between waves 1 and 2 compared with e-cigarette non-users."

Link:

<https://www.ncbi.nlm.nih.gov/pubmed/29986104>

Written evidence from the Adam Smith Institute

1 Introduction

1.1 This submission was written on behalf of the Adam Smith Institute by Daniel Pryor who works at the Institute as a research economist. The Adam Smith Institute is one of the world's leading think tanks. Independent, non-profit and non-partisan, we work to promote free market, neoliberal ideas through research, publishing, media outreach, and education. The Institute is today at the forefront of making the case for free markets and a free society in the United Kingdom.

1.2 This submission will focus on the success of the United Kingdom's tobacco harm reduction strategy, which (in contrast to Hong Kong's proposed ban) incorporates a liberal approach to reduced-risk products such as e-cigarettes and heated tobacco. We will also argue in the submission that the Hong Kong Government's stated justifications for the proposed ban are not in line with international evidence. A ban would damage Hong Kong's international reputation as a standard bearer for evidence-based policy and good governance.

1.3 This submission will be structured as follows:

1.3.1 the United Kingdom's liberal, harm-reduction approach to smoking cessation has successfully reduced smoking rates

1.3.2 banning e-cigarettes and heated tobacco products in Hong Kong will significantly harm public health

1.3.3 international evidence suggests that reduced-risk nicotine products are not a 'gateway' to cigarette smoking

2 The United Kingdom's liberal, harm-reduction approach to smoking cessation has successfully reduced smoking rates

2.1 The basic premise of tobacco harm reduction is simple; make it as easy as possible for smokers to switch to nicotine products that cause them significantly less harm.

2.2 Since their emergence in the UK, successive governments have largely followed public health authorities in taking a broadly liberal, harm reduction approach to e-cigarettes and heated tobacco products. Our smoking rate is the second lowest in Europe, which is partially due to the rapid market penetration of e-cigarettes.

2.3 The February 2018 evidence review from Public Health England concluded that e-cigarettes are at least 95% safer than conventional cigarettes. Moreover, the latest data available shows that “of the 3.2 million adult e-cigarette users in the UK, more than half have completely stopped smoking. A further 770,000 have given up both smoking and vaping” (Dockrell, 2018). Public health bodies and advocates have repeatedly affirmed their positive impact on smoking cessation, and they are more than 10 times as popular as NHS Stop Smoking services (PHE, 2015).

2.4 There are now more ex-smokers who use e-cigarettes than current smokers (ASH, 2017). The best available evidence, reviewed by Public Health England in February 2018, suggests “an upper bound estimate of around 57,000 additional quitters annually resulting from e-cigarettes (lower bound around 22,000).”

2.5 A 2019 peer-reviewed, independent randomized control trial found that e-cigarettes are almost twice as effective at helping smokers give up tobacco than other alternatives such as nicotine patches or gum (Hajek et. al, 2019). In their February 2018 evidence update, Public Health England stated that “to date there have been no identified health risks of passive vaping to bystanders.”

2.6 Public Health England has also recently summarised the emerging evidence base for heated tobacco products by stating that they “may be considerably less harmful than tobacco cigarettes and more harmful than e-cigarettes.” The Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment (COT) recently looked at two heat-not-burn products available in the UK and found that compared to conventional cigarettes “there were some HPHCs [harmful and potentially harmful compounds] where the reduction was approximately 50%, but the reduction in a number of other HPHCs was greater than 90%.”

2.7 Since 2014, several heat-not-burn products have been introduced in Japan: Philip Morris’ IQOS in 2014, followed Japan Tobacco’s Ploom Tech in March 2016 and British American Tobacco’s glo later that year. In one year, Heatsticks (the tobacco units used with IQOS) massively increased their market share in Japan from 2.2% to 10% (PMI, 2017). This is likely to have been partially driven by IQOS being featured on a popular Japanese TV entertainment show in April 2016, and the rise in use has been so great that Heatsticks now outsell Marlboro cigarettes (Tabuchi et. al, 2017). The displacement of smokers to heated tobacco in Japan is clearly reflected in significant declines in cigarette sales (Abrams et. al, 2017).

2.8 The draft bill claims that the “public may underestimate the harmful effects of these products”, but in the UK the opposite is true. PHE’s latest February 2018 summary of survey

evidence on smokers' knowledge of the relative risks of e-cigarettes is extremely alarming: "Only half of smokers believe that EC are less harmful than smoking and this decreases to one third among smokers who have never tried EC...In contrast to evidence to date, it appears that a majority of smokers and ex-smokers does not think that complete replacement of cigarettes with EC would lead to major health benefits...Where available, international data show similar misperceptions around nicotine and relative harmfulness of EC and smoking as in England. International data also support the trends of increased harm perception of EC with the exception of one survey in youth in the US."

3 Banning e-cigarettes and heated tobacco products in Hong Kong will significantly harm public health

3.1 International evidence shows that allowing reduced-risk nicotine products as part of a tobacco control strategy can yield enormous public health gains.

3.2 The Adam Smith Institute's 2018 report "1 Million Years of Life: How harm reduction in tobacco policy can save lives" uses World Health Organisation estimates of additional life expectancy from quitting smoking at different ages and Public Health England estimates of e-cigarette relative risk to estimate that 1,036,640 years of life could be saved if young women vaped at the same rate as young men. While 8.9% of British young men vape, for British women it is just 2.6%. Women are however continuing to smoke with nearly 16% of women aged 16-24 smoking.

3.3 Previous estimates of positive public health impacts from increased e-cigarette adoption amongst smokers have come to varied conclusions but are all indicative of significant gains. For example, recent modelling of e-cigarette adoption's potential effects on premature deaths and life years saved in the United States has yielded pessimistic estimates that "1.6 million premature deaths are averted with 20.8 million fewer life years lost" (Levy et. al, 2018).

3.3 Survey evidence suggests that the most common reason for UK smokers who have tried e-cigarettes no longer using them is that the product does not imitate smoking closely enough (ASH, 2017).

3.4 Evidently, different smokers have different preferences and the more variety of reduced-risk products on the market (including those that may imitate the experience of cigarettes more closely), the more likely it is that smokers will switch.

3.5 A robust harm reduction approach should ensure that heat-not-burn devices and hybrid products (such as those that pass e-cigarette vapour through tobacco for flavour purposes) are treated according to their relative risk profiles under the law.

4 International evidence suggests that reduced-risk nicotine products are not a ‘gateway’ to cigarette smoking

4.1 Contrary to media reports, the available international evidence shows that reduced-risk products do not attract young never-smokers to regular use at a significant level.

4.2 Young people who initiate e-cigarette use are likely to have taken up smoking anyway.

4.3 Public Health England’s February 2018 evidence review concluded that “despite some experimentation with these e-cigarettes among never smokers, e-cigarettes are attracting very few young people who have never smoked into regular use...The ‘common liability’ hypothesis seems a plausible explanation for the relationship between e-cigarettes and smoking implementation.”

4.4 Even if never-smokers were attracted to reduced-risk products on the margin, the public health costs of a ban (i.e. far more cigarette smokers) would far outweigh the marginal gains from preventing such uptake.

4.5 Youth uptake of heated tobacco devices is extremely unlikely to be significant, given the comparatively high price point of heat-not-burn devices (especially when compared to cigarette prices).

4.6 Appropriate enforcement of age restrictions on reduced-risk products and responsible marketing practices are the best policy approach from a public health perspective.

5 Conclusion

5.1 The Hong Kong Government’s proposed ban on reduced-risk products is contrary to international best practice on smoking cessation and harm reduction.

5.2 Such a ban would create large public health costs with no identifiable benefits.

5.3 Fears of a ‘gateway effect’ from reduced-risk products to cigarettes are unfounded.

5.4 Hong Kong policymakers should consult public health authorities in the United Kingdom on best practice in tobacco harm reduction policy.

28 March 2019

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มูลนิธิรณรงค์เพื่อการไม่สูบบุหรี่

ACTION ON SMOKING AND HEALTH FOUNDATION

March 29, 2019

The Legislative Council

Hong Kong Special Administrative Region

Bills Committee on Smoking (Public Health) (Amendment) Bill 2019

I am writing this submission to support the Hong Kong Government's proposed bill to ban e-cigarette products.

The Royal Thai Government has banned the import of e-cigarettes since December 2014, and banned the sale of e-cigarettes since early 2015 despite the heavy lobbying and pressures from e-cigarette front groups.

The Royal Thai Government's reason for banning e-cigarettes was the limited availability of scientific evidence as basis to formulate a sound public policy to control these products. The WHO Framework Convention of Tobacco Control Sixth Conference of Parties (COP6) Report on Electronic Nicotine Delivery Systems (FCTC/COP/6/10) dated September 1, 2014, included banning

e-cigarettes as a priority option. Banning e-cigarettes remains a top policy option in subsequent WHO reports on e-cigarettes in 2016 and 2018.

To date, more and more evidences on the negative health effects and epidemiology of e-cigarette use from many countries that allow the sale of e-cigarettes are available. We feel that the Royal Thai Government's decision to ban e-cigarettes in 2014-2015 was a right decision and we will fully support the Royal Thai Government to maintain this ban.

When Thailand banned e-cigarettes in 2014, there were only about 10 countries that have a regulatory ban on e-cigarettes, as compared to the over 30 countries now with a ban that recently include India and Ethiopia. In the ASEAN region, five countries namely Thailand, Brunei, Cambodia, Lao PDR and Singapore have already banned e-cigarettes. The number of countries banning e-cigarettes has increased steadily.

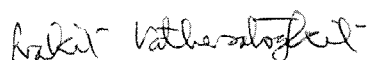
Preventing Thai youth from addiction to nicotine in e-cigarettes is the most important reason we support this ban. This product generally appeals to teenagers and young adults with its designs and marketing that clearly target these populations. In addition, there is an increasing body of evidence that shows e-cigarettes are a “gateway” drug for cigarette smoking. Also, the US Food and Drug Administration (USFDA) has not approved e-cigarettes as a smoking cessation device.

Hong Kong SAR has one of the lowest smoking prevalence in the world and has been predicted to be the first country to decrease smoking prevalence to a single digit. To this end, the Hong Kong Government should not allow e-cigarette products to create a new generation of nicotine addicts, particularly among the youth, which is becoming a serious problem in the USA and other countries.

In USA alone, a report from the Centers for Disease Control and Prevention (CDC) showed that there were over 3 million high school students who use e-cigarettes in 2018, and the rate of cigarette smoking in high school students increased for the first time after decades of decreasing trend. The Royal Thai Government is monitoring this among teenagers and young adults around the world, while maintaining the ban on e-cigarettes.

I sincerely and strongly support the Hong Kong Government to ban e-cigarettes and related products and to protect its youth and young adults from nicotine addiction and many other unknown health risks of long-term e-cigarette use.

Sincerely yours.



Prof. Prakrit Vathesatogkit, M.D, FRCP

Former Dean, Faculty of Medicine, Ramathibodi Hospital, Mahidol University, Bangkok, Thailand.

Member, National Committee for the Control of Tobacco Use, Ministry of Public Health, Thailand.

Action on Smoking and Health Foundation, Thailand.

Mobile: 

Email: prakrit@ashthailand.or.th

From: jwalsh@avca.org.nz
To: bc_54_18@legco.gov.hk
Cc: sfhoffice@fhb.gov.hk

Date: Saturday, March 30, 2019 08:42AM
Subject: Safer nicotine products

Aotearoa Vaper's Community Advocacy (AVCA) submits this white paper to specifically address the issues presented by the government of Hong Kong and its ancillary agencies in response to the call to ban all safer nicotine products such as electronic cigarettes, heat not burn products, and snus whilst leaving combustible tobacco products legally available.

AVCA believes that it is the right of all adults to be able to utilise safer nicotine products such as electronic liquid vaperisers (electronic cigarettes) as a means of minimising harm. You can find out more about our organisation by visiting our website <http://www.avca.org.nz/>

The Hong Kong Government has an opportunity to make a real difference to the health of its citizens by allowing the marketing, sale, and consumption of electronic liquid vaperisers (ELV's) and nicotine containing e-liquid. This submission will consider approaches taken in other countries, some common concerns around the subject matter (uptake by young people, renormalising smoking, and harms from second-hand vapour), and what sensible regulation might look like. The New Zealand Government expects that the availability of ELV's will assist New Zealand to reach its Smokefree 2025 target.

The use of ELV's has been embraced by Public Health England and the Royal College of Physicians as an effective way for people to stop smoking. Both of these groups have estimated that vaping is at least 95% safer than smoking and both groups recognise that the vapour industry is not some ploy by the tobacco industry to addict young people to nicotine.

<https://www.gov.uk/government/collections/e-cigarettes-and-vaping-policy-regulation-and-guidance>

<https://www.rcplondon.ac.uk/projects/outputs/nicotine-without-smoke-tobacco-harm-reduction-0>

Some submissions about this subject may assert that people who use ELV's are less likely to quit smoking than those who do not. This assertion was based on a flawed meta-analysis undertaken in the USA which was subsequently debunked by many subject matter experts (see link below for one example). <http://www.clivebates.com/?p=3560>

Likewise, some submissions about this subject may assert that there is little evidence that people who use ELV's quit smoking at any great rate due to most of the studies being conducted on convenience samples of vapers. However, evidence of people quitting smoking using these devices does continue to grow. Scientists from the University of Patras-Greece, Onassis Cardiac Surgery Centre-Greece, and the French National Institute for Health and Medical Research analysed the data from the 2014 Eurobarometer on smoking and the use of electronic cigarettes. They found that among the current 27460 e-cigarette users surveyed that 35.1% had quit smoking and 32.2% had reduced their cigarette consumption. (<http://www.ncbi.nlm.nih.gov/pubmed/27338716>) They also found that use by non-smokers was minimal. The Eurobarometer is a survey performed by the European Commission which enrolled a large number of Europeans representative of the European Union so it can be generalised to the population, which means that 6.1 million Europeans had quit smoking by using electronic cigarettes.

Uptake by young people, non and ex-smokers

Some people have asserted that children and young people will take up vaping in large numbers and then progress to smoking cigarettes. There is no evidence of large numbers of children and young people becoming regular users (the few who do are largely smokers) and there is no evidence that a so called 'gateway effect' occurs whereby non-smokers

start vaping and progress to smoking. The numbers of non-smokers who start vaping has been found to be similarly low (please refer to the reports from Public Health England and The Royal College of Physicians linked above). Furthermore, ex-smokers can relapse so vaping can serve as a smoking prevention measure.

Renormalizing smoking behaviour

There is no evidence that vaping normalises smoking. Drinking water looks similar to drinking vodka, but no one argues that drinking water normalises the drinking of vodka. In countries where vaping is accepted smoking rates have continued to fall. In the United Kingdom, where vaping is encouraged, smoking rates are currently at an historic low.

Harms from second hand vapour

Some submissions about this subject may assert that there is not enough evidence about what is in the vapour and that it may harm others. This has been extensively studied and no evidence has been found of any harmful chemicals in the vapour and ambient air at a level that would harm bystanders. Two such studies are linked below for your perusal.
<http://www.ncbi.nlm.nih.gov/pubmed/23033998>
<http://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-14-18>

There is a large body of other research which has found nothing hazardous in the vapour. Where studies have found anything of interest it is usually due to experimental error, failure to recognise that the dose makes the poison, or a misunderstanding that particle size is not the most important consideration but rather what the particles consist of.

If vaping aerosols are as hazardous as some assert there should be direct effects on the wellbeing of vapers, no such effects have been found. To the contrary, stable, long term improvements in asthma and COPD symptoms have been found in smokers who switch to electronic cigarettes which demonstrates a significant level of harm reversal.
<http://www.discoverymedicine.com/Riccardo-Polosa/2016/02/persisting-long-term-benefits-of-smoking-abstinence-and-reduction-in-asthmatic-smokers-who-have-switched-to-electronic-cigarettes/>

[https://www.researchgate.net/publication/311911580 Evidence for harm reduction in COPD smokers who switch to electronic cigarettes](https://www.researchgate.net/publication/311911580_Evidence_for_harm_reduction_in_COPD_smokers_who_switch_to_electronic_cigarettes)

Furthermore, there have been some studies undertaken which have considered the biomarkers found in vapers. One study found levels of biomarkers in long term vapers which were much lower than the levels found in smokers and were similar to the levels found in NRT users
<http://annals.org/aim/article/2599869/nicotine-carcinogen-toxin-exposure-long-term-e-cigarette-nicotine-replacement>

One longitudinal study analysed the biomarkers of smokers who switched to vaping and found significant drops, similar to that which occurs in smokers who stop smoking cold turkey.
<http://ntr.oxfordjournals.org/content/early/2016/08/16/ntr.ntw160>

Regulation

Vaping products offer smokers an opportunity to reduce the harm of smoking. Any regulation should be 'light touch' to enable smokers to access vaping products easily. Smokers should be encouraged to use them and since they are much safer than smoking no extra taxes should be applied. Vaping products are not medicines nor are they tobacco. Vaping products should be regulated as consumer items which could be covered by Hong Kong's current consumer protections, with the development of safety standards.

The transition from smoking to vaping can be somewhat of a learning curve. Lighting a cigarette and inhaling the smoke is straight forward. It is useful for smokers to be able to be shown the products and how they work so they can use them effectively and safely. Cigarettes and vaping products require completely different forms of regulation from each other. It would be inappropriate and disproportionate to require vaping products to be hidden from view, or require health warnings, or

standardised packaging. Point of sale display is necessary. Disallowing internet sales would disadvantage rural smokers and people with disabilities. Treating vaping products as tobacco would send a message to smokers and the general public that these products are as dangerous as cigarettes, when they are clearly much, much less dangerous.

The decision to allow or disallow vaping in any public place should be left to individual companies and organisations however, they should be encouraged to allow vaping unless there are very good reasons not to, as per the recommendations from Public Health England.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/534586/PHE-advice-on-use-of-e-cigarettes-in-public-places-and-workplaces

Vaping products should be able to be marketed to adults to enable smokers to be aware of the products and where they can be purchased.

To conclude, Hong Kong has an opportunity to positively affect the health and wellbeing of its citizens by allowing these valuable tools to be legal. The Hong Kong Government should embrace vapour technology as an opportunity rather than perceiving it as a threat and allow its citizens access to all safer nicotine products. Allowing combustible tobacco to remain legal whilst making safer products illegal is immoral and makes no sense.

To Government,

As a respiratory physician, I have seen many patients suffer from the detrimental effect of smoking to their health. I am writing here to support the total ban of all newer cigarette products inclusive of electronic cigarettes, heat-not-burn cigarettes and herbal cigarettes in Hong Kong.

Surge of using of e-cigarettes globally esp among youth

According to the Tobacco Control Policy-related Survey 2015 conducted by Hong Kong Council on Smoking and Health (COSH), it was found that 85.4% of respondents had heard of e-cigarettes. About 0.7% of respondents had ever used e-cigarettes. The current use rate of e-cigarettes among young smokers aged 15-19 years (15.8%) was significantly higher than that of smokers aged 30 years or above. The main reasons for e-cigarettes were curiosity and fashionable, instead of aiding smoking cessation. The global sales of e-cigarettes surged exponentially by over 120-fold to a total of US\$3.5 billion in 2015 from US\$20 million in 2008. Currently there are over 8,000 flavors of e-cigarettes in the global market targeting the youngsters who are curious and crave for novelties.

The World Health Organization (WHO) report on e-cigarettes published in 2014 suggested that regulations were needed to stop promotion of e-cigarettes to nonsmokers and young people, minimize potential health risks to users and nonusers, stop unproven health claims about e-cigarettes, and protect existing tobacco control efforts¹. Currently thirteen countries have imposed a complete ban on e-cigarettes, including Singapore, Thailand and Brazil which is a global trend.

Harmful effect from the E-cigarettes constituents

E-cigarettes have a cartridge containing a liquid (sometimes referred to as "e-liquid"), which contains nicotine and other constituents. The liquid is heated to produce a vapor the user inhales (figure 1). Across all brands, the main components of the liquid vaporized are nicotine (although some are nicotine-free), propylene glycol or glycerol, and flavorings.

<ul style="list-style-type: none"> • Propylene glycol • Glycerin • Flavorings (many) • Nicotine • NNN • NNK • NAB • NAT • Ethylbenzene • Benzene • Xylene • Toluene • Acetaldehyde • Formaldehyde • Naphthalene • Styrene 	<ul style="list-style-type: none"> • Chlorobenzene • Crotonaldehyde • Propionaldehyde • Benzaldehyde • Valeric acid • Hexanal • Fluorine • Anthracene • Pyrene • Acenaphthylene • Acenaphthene • Fluoranthene • Benz(a)anthracene • Chrysene • Retene • Benzo(a)pyrene • Indeno(1,2,3-cd)pyrene 	<ul style="list-style-type: none"> • Benzo(ghi)perylene • Acetone • Acrolein • Silver • Nickel • Tin • Sodium • Strontium • Barium • Aluminum • Chromium • Boron • Copper • Selenium • Arsenic • Nitrosamines, • Polycyclic aromatic hydrocarbons 	<ul style="list-style-type: none"> • Cadmium • Silicon • Lithium • Lead • Magnesium • Manganese • Potassium • Titanium • Zinc • Zirconium • Calcium • Iron • Sulfur • Vanadium • Cobalt • Rubidium
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Figure 1 shows different chemicals found in the vapor generated from E-cigarettes. Compounds in red are from FDA 2012 which is considering being harmful and potentially harmful substances.

The nicotine content of e-cigarettes and liquids varies and usually ranges from none (nicotine-free) up to 36 mg/mL. The level of nicotine measured by chemical analysis has been found to be inconsistent with manufacturer's package labeling. Cartridges labeled nicotine-free have been found to contain nicotine. One combustible cigarette contains 1mg nicotine, and the estimated nicotine in a pack of cigarette is 20 mg. This is equivalent to one E-cigarette cartridge which contains approximately 20 mg nicotine. Propylene glycol or glycerol is humectants that are the main components of most e-cigarette liquids; some products may use ethylene glycol. Unlike conventional cigarettes, e-cigarettes can be sold with characterizing flavors. More than 8000 flavors are available, including candy, fruit, soda, and alcohol flavors. Flavorings may increase the attractiveness of e-cigarettes to youths, especially those who are not already smokers.

Use of e-cigarettes raises the risk of establishing nicotine dependence in non-smoker, which could ultimately lead to combustible tobacco use². The long-term cardiovascular risks of e-cigarette use are unknown. Aerosol constituents that may influence this risk include nicotine, oxidizing chemicals, particulate matter, and acrolein³. Little is known about the overall safety or the carcinogenic effects of propylene glycol or glycerol when heated and aerosolized. At high temperatures, propylene glycol decomposes and may form propylene oxide, a probable human carcinogen. Glycerol produces the toxin

acrolein, though the levels produced are lower than conventional cigarettes. Both propylene glycol and glycerol decompose to form the carcinogens formaldehyde and acetaldehyde, with levels depending on the voltage of the battery used in the e-cigarette. Other carcinogenic compounds have been found in e-cigarettes but in trace amounts that are much lower than levels found in conventional cigarettes. These include tobacco-specific nitrosamines (TSNAs), carbonyl compounds, metals, volatile organic compounds (VOCs), and phenolic compounds⁴.

There is limited evidence on the effects of e-cigarette vapor on respiratory function suggests that changes in airway respiratory function are much smaller than those associated with conventional cigarettes, but there may be an association with cough and asthma symptoms among adolescents. One survey study of over 45,000 students (mean age 14.6 years) in Hong Kong found that e-cigarette use was associated with respiratory symptoms (cough or phlegm), regardless of smoking status⁵. The effect of inhaling flavorings on respiratory function is also uncertain. Some studies have found a link between cytotoxicity and certain flavorings used in e-cigarette liquids, especially sweet and cinnamon flavors^{6,7,8}.

Uncertain efficacy and safety of e-cigarettes as smoking cessation tools

The efficacy and safety of e-cigarettes as smoking cessation tools and how they compare with the available US Food and Drug Administration (FDA)-approved pharmacotherapies are uncertain, due to very limited data from randomized controlled trials, and further studies are needed.

In a randomized trial, e-cigarettes were more effective at producing cessation from combustible tobacco smoke than was nicotine replacement therapy, an FDA-approved cessation medication. However, among those who were abstinent from cigarettes at one year, **80 percent** of those in the e-cigarette group were still using e-cigarettes, compared with 9 percent of those who continued to use nicotine replacement therapy⁹.

No evidence e-cigarettes are safer than tobacco in long term

A recent Task Force Report from European Respiratory Society on e-cigarettes is published on 2019 and has reviewed 291 papers. E-cigarette vapour contains high level of toxic compounds, which adversely affect respiratory, gastrointestinal and cardiovascular systems both in vitro and in vivo. Since heat-not-burn cigarette use is comparatively new, it will take years before we start to know its detrimental effect on human health. The task force states that the long term effects of e-cigarettes are unknown, and there is therefore no evidence that e-cigarettes are safer than tobacco in the long term¹⁰.

In conclusion:

I strongly advocate Hong Kong government for legislation of total ban of e-cigarettes and related new tobacco products in Hong Kong to protect Hong Kong citizen especially our younger generation.

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From Wong Wei Yin 30.3.2019



1 April 2019

Legislative Council

Attention: The Chairman and Clerk to Panel on Health Services

Via Email: panel_hs@legco.gov.hk

Dear Sir/Madam,

The Smoking (Public Health) (Amendment) Bill 2019

The Hong Kong Anti-Cancer Society fully supports the Hong Kong Special Administrative Region Government to introduce the Smoking (Public Health) (Amendment) Bill 2019 to the Legislative Council to ban the import, manufacture, sale, distribution and advertisement of alternative smoking products, such as electronic cigarettes, heat-not-burn products and herbal cigarettes.

In the past 55 years, the Society has been reaching out to different sectors of the community and working to educate the public to understand the danger of smoking including passive smoking, as a proven risk factor for getting cancer; and empower them to take early action to modify their behavior in cancer prevention. Eradicating smoking-related cancers is one of our long-term objectives.

Our rationales:

1. Smoking tobacco is unarguably the most dangerous carcinogenic substance/activity to human beings in the world.

.... /2

PATRON 贊助入

The Honourable
Mrs. Carrie Lam Cheng Yuet-ngor,
GBM, GBS
The Chief Executive
Hong Kong Special
Administrative Region
People's Republic of China
中華人民共和國香港特別行政區
行政長官林鄭月娥

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HON. AUDITOR 義務核數師
Chang Leung Hoi & Li C.P.A. Limited
Certified Public Accountants
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2. According to the WHO (on its website), tobacco kills up to half of its users. Tobacco kills more than 7 million people each year. More than 6 million of those deaths are the result of direct tobacco use while around 890 000 are the result of non-smokers being exposed to second-hand smoke. Tobacco users who die prematurely deprive their families of income, raise the cost of health care and hinder economic development.
3. There is no safe level of exposure to second-hand tobacco smoke.
4. WHO is committed to fighting the global tobacco epidemic. The WHO Framework Convention on Tobacco Control (WHO FCTC) entered into force in February 2005 and has today 181 Parties covering more than 90% of the world's population. The WHO FCTC is a milestone in the promotion of public health. It is an evidence-based treaty that reaffirms the right of people to the highest standard of health, provides legal dimensions for international health cooperation and sets high standards for compliance.
5. In Hong Kong, cancer is a major health problem. According to data provided by the HK Cancer Registry, there were a total of 31,468 new cancer cases and 14,239 deaths registered in 2016. Lung cancer was of the 2nd highest incidence of all cancer types accounted for 15.7% of all new cases while it was causing 26.6% of cancer deaths. Therefore it is the most lethal cancer type.
6. According to a survey done by the Census & Statistics Department in March 2018, there were about 667,500 smokers in Hong Kong, accounting for 10.8% of population aged 15 or over.
7. Combustible tobacco products, primarily cigarettes, are the single greatest cause of illness and premature death in Hong Kong. According to “Agents Classified by the IARC (International Agency for Research on Cancer) Monographs, Volumes 1–121” under the World Health Organisation (WHO), ‘Tobacco Smoking’, ‘Tobacco smoke, second hand’ and ‘Tobacco, smokeless’ are all Group 1 cancer causing ‘carcinogens’.
8. Over 90% of male and 70-80% of female lung cancer patients were ever smokers. The more, longer and younger they smoke, the higher the risk of contracting lung cancer.
9. Smoking not only causes lung cancer but also increases the risk of oral cavity, pharynx, larynx, oesophagus, pancreas, urinary bladder, renal pelvis, nasal cavities, nasal sinuses, stomach, liver, kidney and uterine cervix cancers. Smoking is believed to be a predisposing factor for many cancers such as female breast, colorectal cancer, leukaemia, etc. Yet smoking is the most actionable factor in cancer prevention.

10. The Hong Kong Anti-Cancer Society educates people never to start smoking, quit smoking and to avoid passive smoking, and advocates education should start in family from childhood and be strengthened in schools.
11. In recent years, there has been a significant increase in the use of e-cigarette, particularly among kids and teens, as well as smokers looking for alternatives to traditional cigarettes. According to the findings of a University of Hong Kong survey, the number of Secondary 1-6 students who had used e-cigarettes was 8.7%. Evidence indicates that young e-cigarette users are at increased risks for starting to smoke early and becoming long-term users of combustible tobacco products. In 2015, less than 1,000 persons aged 15 or above were daily smoker of e-cigarettes, but this figure was increased by more than 5 folds to 5,700 persons; according to a Thematic Household Survey Report done in 2018. Such horrific trend must be curbed.
12. Many new smoking products have been introduced in the market and have become popular in the past few years, including e-cigarettes, HTPs (heated tobacco products) and HNB. According to the latest WHO Tobacco Free Initiatives (TFI) document on its website, “HTPs contain the highly addictive substance nicotine (contained in the tobacco), which makes them addictive.” and “Currently, there is no evidence to demonstrate that HTPs are less harmful than conventional tobacco products”. At the same time, e-cigarettes typically contain the e-liquid which is a chemical mixture typically composed of propylene glycol, glycerin, flavourings, and other additives. Formaldehyde (Group 1 carcinogen) and acetaldehyde (Group 2B carcinogen) are formed when propylene glycol and glycerin are heated.
13. WHO further recommended that “All forms of tobacco use are harmful, including HTPs. Tobacco is inherently toxic and contains carcinogens even in its natural form.
14. The tobacco trade tends to target these new smoking products at the younger generation as their designs and marketing tactics suggest. Adolescents are particularly vulnerable to visual cues and social norms, and young adults are drawn to technological innovation. Furthermore, many efforts have been devoted, by relevant Government health-related departments as well as NGOs in Hong Kong; to de-normalise the behavior of smoking. The worldwide and local trends of increasing usage of e-cigarettes, HTPs & HNB products would result in re-normalisation of such behavior and undo all our previous efforts.
15. Many jurisdictions in the world had banned the sales of e-cigarettes, including Argentina, Bahrain, Brazil, Brunei Darussalam, Cambodia, Colombia, Gambia, Iran, Jordan, Kuwait, Lebanon, Macau, Mauritius, Nepal, Nicaragua, Oman, Panama, Qatar, Saudi Arabia, Seychelles, Singapore, Suriname, Syria, Thailand, Timor-Leste, Turkey, Turkmenistan,

Uganda, United Arab Emirates and Uruguay; according to the Institute of Global Tobacco Control website by John Hopkins Bloomberg School in the USA.

16. The Government's recent proposal to introduce the Smoking (Public Health) (Amendment) Bill 2019 to the Legislative Council to ban the import, manufacture, sale, distribution and advertisement of alternative smoking products, such as electronic cigarettes, heat-not-burn products and herbal cigarettes is a pro-active measure to safeguard public health. Therefore, as an advocate for all kinds of cancer preventing life-style, HKACS fully supports this proposal, since it could help reduce overall cancer burden in Hong Kong.

Yours sincerely,

The Hong Kong Anti-Cancer Society



Patricia Chu, BBS (Mrs)
Chairman

敬愛的 郭偉強主席，收信平安！

台灣拒菸聯盟是為了推動台灣進行符合世界衛生組織(WHO)「菸草控制框架公約(FCTC)」規範修法的聯盟，由台灣140個民間團體暨各大學醫藥公衛學院所組成，我們對於香港政府積極修法禁止新興菸品，以及主席必須承受菸草公司的強大壓力，感到尊敬與佩服。謹請貴立法會儘快立法禁止進口、製造、售賣、分發和宣傳另類吸菸產品(新興菸品：包含電子煙、加熱非燃燒菸草製品等)，建立健康香港典範，進而帶動台灣與亞太地區共同抵禦新興菸品。

當全球菸害防制跨步走的同時，菸草公司為了擴大市場，2011年起開始投入生產「電子煙」，2015年又推出「加熱式菸品」積極開拓新市場，菸草公司以其龐大的財勢，加上過去百年行銷推廣傳統紙菸的實戰能力，使其「新興菸品」勢力快速崛起，成為菸害防制工作最大致命傷。

本聯盟完全贊同「香港吸煙與健康委員會」等香港民間團體提出5大禁止新興菸品的原因：1.電子煙及新菸草產品(包括加熱非燃燒菸草製品)被宣傳推廣為新潮流行產品，吸引不吸菸者尤其是年輕人使用。2.部分吸菸者因轉用或混用新興菸品，而不考慮戒菸。3.越來越多研究發現新興菸品一樣含有害物質。4.世界上並沒有安全的菸草產品。5.已有國家推行全面禁菸的計劃。

本聯盟全力支持貴立法會全面禁止新興菸品的修法行動，同樣地，我們在台灣也會積極推動修法，為公眾健康及預防青少年成為新癮害世代而努力。

敬祝

政躬康泰！

台灣拒菸聯盟 敬上
2019年4月1日

聯絡人：呂姿毅 女士

連絡電話：+886-2-27766133 分機112

聯絡信箱：service@108@jtf.org.tw

財團法人中華民國消費者文教基金會、台灣醫界菸害防制聯盟、台灣護理學會、台灣國際醫學聯盟、財團法人董氏基金會、財團法人台灣癌症基金會、藥師公會全國聯合會、台灣癌友單車運動協會、無喉者復聲協會、財團法人「張老師」基金會、護理師護士公會全聯會、台灣醫學生聯合會、高雄醫學大學公衛系、臺灣流行病學學會、高雄醫學大學口腔衛生系、台灣事業單位護理人員學會、台灣慢性阻塞性肺病學會、台灣氣喘學會、臺灣兒童發展早期療育協會、財團法人癌症希望基金會、醫師公會全國聯合會、財團法人佛教蓮花基金會、財團法人中華民國兒童福利聯盟文教基金會、臺灣聽力語言學會、成功大學公共衛生研究所、台灣整合照護學會、財團法人天主教會嘉義教區附設嘉義縣私立敏道家園、臺灣職業衛生護理暨教育學會、臺灣公共衛生學會、中華民國心臟基金會、台灣癌症登記學會、新北市護理師護士公會、台灣肥胖醫學會、宜蘭縣牙醫師公會、財團法人陽光社會福利基金會、安寧照顧基金會、中華民國營養師公會全國聯合會、中華民國乳癌病友協會、台灣失智症協會、大臺南護理師公會、藥劑生公會全國聯合會、社團法人台灣醫事檢驗學會、社團法人台灣長期照護專業協會、中華民國醫務社會工作協會、台灣臨床藥學會、台灣母胎醫學會、中華民國藥學生聯合會、台灣老年學暨老年醫學會、輔英科技大學醫學與健康學院、社團法人中華民國糖尿病病友全國協會、財團法人中華民國發展遲緩兒童基金會、台灣復健醫學會、宜蘭縣護理師護士公會、台北市藥師公會、台灣腦中風病友協會、新竹市護理師護士公會、高雄市護理師護士公會、南投縣護理師護士公會、台大醫院藥劑部、屏東縣護理師護士公會、台灣母乳哺育聯合學會、基隆市護理師護士公會、台灣健康促進暨衛生教育學會、台灣精神醫學會、台灣事故傷害預防與安全促進學會、社團法人台灣高血壓學會、苗栗縣護理師護士公會、財團法人防癌教育基金會、台灣青少年醫學暨保健學會、社團法人中華民國糖尿病衛教學會、社團法人中華民國工業安全衛生協會、全國教師工會總聯合會、台北市護理師護士公會、台灣胸腔暨重症加護醫學會、桃園市護理師護士公會、財團法人基督教臺北市私立伯大尼兒少家園、屏東縣藥師公會、連江縣藥師公會、台北醫學大學公共衛生學院、財團法人靖娟兒童安全文教基金會、台南市護理師護士公會、國立金門大學健康護理學院、握手製作廣告有限公司、方圓策略溝通有限公司、社團法人台北市聽障者聲暉協會、財團法人台北市基督徒救世會社會福利事業基金會、財團法人佛教私立禪光育幼院、台中市護理師護士公會、基隆市牙醫師公會、社團法人臺灣兒童權益聯盟、財團法人勵馨社會福利事業基金會、台灣家庭醫學醫學會、高雄市醫師公會、坪芳園藝有限公司、台大物理治療學系、社團法人臺灣物理治療學會、彰化縣護理師護士公會、南投縣藥師公會、輔英科技大學護理學院、財團法人台北市基督教勵友中心、台東縣護理師護士公會、臺灣憂鬱症防治會、新城牙醫診所、宜蘭縣醫師公會、社團法人中華民國社區重聽福利協會、台北市醫師公會、新竹市醫師公會、吳鳳科技大學長期照護系、彰化縣牙醫師公會、臺灣兒科醫學會、宜蘭縣藥師公會、社團法人中華民國僵直性脊椎炎關懷協會、雲林縣護理師護士公會、財團法人羅慧夫顱顏基金會、苗栗縣藥師公會、台灣乾癬協會、中華民國頭頸愛關懷協會、傳神居家照顧協會、全國家長會、全民健康基金會、肝病防治學術基金會、好心肝基金會、台灣癌友友善協會、碧波關懷地球人文協會、世界和平婦女會、國立臺灣大學藥學專業學院、國立臺灣大學公共衛生學院、國立陽明大學護理學院、國立陽明大學藥物科學院、輔仁大學醫學院、高雄醫學大學護理學院、臺北醫學大學醫學科技學院、臺北醫學大學公共衛生學院、中山醫學大學醫學院、中國醫藥大學公共衛生學院、中國醫藥大學牙醫學院、開南大學健康照護管理學院、美和學校財團法人美和科技大學健康暨護理學院、長庚學校財團法人長庚科技大學護理學院、臺北醫學大學護理學院 140 個民間團體暨醫藥公衛學院 聯合敬上

**Submission to the Hong Kong Legislative Council Bills
Committee on the Bill to amend the Smoking (Public
Health) Ordinance**

**A proposed ban on alternative tobacco products is likely to harm
HK youth and will be inconsistent with current HK and
internationally established public health policies**

01.04.19

It is an honour to present this submission to: the esteemed Legislative Council Bills Committee; the Hon. Professor Sophia Chan Siu-Chee, JP; and the Hon. KWOK Wai-keung, JP, Chairman of the LEGCO Bills Committee.

I am an addictions psychotherapist with Promises Healthcare Pte. Ltd.; and Chairman of We Care Community Services Ltd., a charity assisting addicts and their families. I am mental health advisor to the Singapore National Council of Social Services Committee; and a member of the Singapore Anti-Narcotics Board Association Rehabilitation and Reintegration sub-Committee.

My qualifications are set out at the end of this submission.

Introduction

In this submission, I am referring to the Bill to amend the Smoking (Public Health) Ordinance tabled by the Government of the Hong Kong SAR ("HK") on 20th Feb 2019, that proposes an outright ban on the import, manufacture, sale, distribution and advertisement of alternative tobacco products ("ATPs"), which include e-cigarettes, such as JUUL ("ECs") and heated tobacco products, such as IQOS ("HTPs").

I respectfully submit that:

1. The regulation of ECs is supported by the World Health Organisation.

2. A ban on ATPs will seriously harm public health as a result of unintended consequences.
3. Harm reduction using nicotine as a replace therapy for smoking cessation has been the HK Government and international health policies for decades. It has been sound policy to subordinate the risks associated with nicotine replacement use to tobacco harm reduction imperatives.
4. Conventional nicotine replacement therapy is ineffective in reducing smoking prevalence compared to ATPs.
5. It is inappropriate health policy to ban ATPs on the basis that the results of 20 to 40 year longitudinal scientific studies are unavailable.
6. ATPs are substantially safer than cigarettes and are thus a legitimate tobacco harm reduction measure.
7. The “gateway effect” of ATPs on non-smoking youth initiating and continued daily lifetime smoking, is not supported by credible scientific evidence, and should not therefore be considered in creating public health policy.
8. Misinformation regarding ATPs has been widely publicised and thus a ban is likely to encourage, rather than deter, youth.

As adults, we wish to protect our children and adolescents from addictions to smoking, drinking alcohol, Internet gaming and consuming high fructose corn syrup in processed foods; and we may wish that all these serious health hazards be banned.

The same emotional reactions may be motivating a ban on ATPs.

But it is submitted that, while it is inevitable for some of the general public, educators, the medical profession and others to be motivated by such emotions, they cannot be the drivers of sound public health policy.

Addressing the damage to public health resulting from a wide spread addiction to cigarettes requires more than an emotional legislative response.

Bans of all these potentially addictive behaviours, like a ban on ATPs, is impracticable, ineffective, and more harmful than efficacious.

HK has a population of 7.4m, and 10% of that population are smokers. Thus, if each one of the 740,000 smokers in HK exposes two family members to tobacco smoke on a daily basis - that affects an additional 1.5 million Hong Kongers.

It is against this enormous public health risk to over 2.2m HK citizens that the risks of ATP and HK youth must be weighed.

While cigarettes remain legal, plentiful and affordable, it is submitted that an ATP ban will consign our youth and their parents to early morbidity and mortality, despite the potential for safer ATP nicotine delivery technologies to save lives and restore health.

The right to life and health is enshrined in: the preambles to World Health Organization ("WHO") Framework Convention on Tobacco Control, 2004, and the Constitution of the WHO; Article 12 of the International Covenant on Economic, Social and Cultural Rights, 1966; Article 6.1 of the International Covenant on Civil and Political Rights, 1966; and Article 29, 2 of the Declaration of Human Rights 1948.

1. EC regulations are supported by the World Health Organisation

HK has been an assiduous adopter of the tobacco control measures (the "MPOWER measures", recommended by the WHO), under the Framework Convention on Tobacco Control:

<https://www.who.int/tobacco/mpower/en/>

Although the MPOWER measures have enabled HK to make substantial gains in the reduction of smoking prevalence, the prevalence rate remains at 10%.

Further, the published smoking prevalence in HK of 10% is likely to be a material underestimation of the number of smokers.

That is partly because the data gathered is self-reported, and smoking is the subject of public shame, ridicule and humiliation – making self-reports unreliable.

Further, this figure does not include non-daily smokers and non-Hong Kong citizens – which usually make up a significant proportion of smokers. The data also excludes smokers who are children or adolescents.

Finally, the data does not include the number of people – including children - exposed to second and third hand smoke daily.

HK has a population of 7.4m and 10% of that population are smokers. Thus, if each one of the 740,000 smokers in HK exposes two family members to smoke on a daily basis - that *affects over 2.2 million Hong Kongers. The risks imposed by ATPs to youth have to be weighed against the risks of banning the benefits of ATP to the health of 2.2m people.*

The HK Government has a target to reduce smoking prevalence, from 10% to 7.8% over the next 6 years.

However, this modest target is likely to be unachievable.

The traditional MPOWER measures in other countries that have also conscientiously introduced them, but banned ECs and HTP, such as Singapore and Australia, have reached a plateau in smoking prevalence.

In Singapore, notwithstanding the MPOWER measures, smoking prevalence has remained stagnant at about 13% since 2001.

Health Fact Sheet (2015, May 25) World No Tobacco Day Information Paper. Health Promotion Board

<https://www.nrdo.gov.sg/docs/librariesprovider3/default-document-library/nrdo-wntd-info-paper-2015.pdf?sfvrsn=0>

MOH Singapore. Executive Summary on National Population Health Survey 2016/17

https://www.moh.gov.sg/docs/librariesprovider5/resources-statistics/reports/executive-summary-nphs-2016_17.pdf

In Australia, smoking prevalence has remained equally stubborn at about 15% since 2013.

Greenhalgh, EM, Bayly, M, & Winstanley, MH. 1.3 Prevalence of smoking—adults. In Scollo, MM and Winstanley, MH [editors]. Tobacco in Australia: Facts and issues. Melbourne: Cancer Council Victoria
<https://www.tobaccoinaustralia.org.au/chapter-1-prevalence/1-3-prevalence-of-smoking-adults>

Given the extent of the global smoking epidemic and the stagnant smoking prevalence rates, it is unsurprising that the WHO wisely has not

recommended an outright ban on ECs, but rather, has provided a number of detailed recommendations to regulate them.

[https://www.who.int/fctc/cop/sessions/cop8/FCTC COP 8 10-EN.pdf](https://www.who.int/fctc/cop/sessions/cop8/FCTC_COP_8_10-EN.pdf)

<https://www.who.int/fctc/cop/cop7/Documentation-Main-documents/en/>

http://apps.who.int/gb/fctc/pdf/cop6/fctc_cop6_10rev1-en.pdf

2. Bans are seriously harmful to public health and youth

For as long as a robust demand for certain product subsists, banning them results in faulty and unsafe products and criminalisation of their distribution.

Bans remove the ability of governments to monitor and restrict use; support the introduction of technology that will make products safer; specify and control product quality and safety; and monitor and control the distribution channels.

Funding tobacco harm reduction research is an obligation of the HK Government under the Framework Tobacco Convention

Conference of Parties to the WHO FCTC, 13-18 Oct 2014; section 13, Article XIII, para. 35, p. 10.

Bans create black-markets.

Once a ban is imposed, interdiction efforts are likely to produce limited results. HK's economy was founded on HK being an entrepot; and it still remains an important "window" into mainland China trade. That requires a busy border to be porous enough to facilitate, and not disrupt, business.

Further, the majority of EC devices sold worldwide are made in Guangdong Province.

The proximity to HK of the manufacturing base, and HKs need to facilitate legitimate trade, will limit ATP interdiction outcomes.

ATPs already exist in HK, and they will continue to exist after a ban, through the black-market. Far from “cutting off the bud” of EC use, a ban is likely to foster a “cancerous growth” of unsafe devices and consumables.

The cohort most likely to suffer from a ban are HK's youth.

3. Harm reduction through nicotine replacement therapy for smoking addiction has been WHO and HK Government policy for decades

In line with decades of WHO and HK Government policy, smoking harm reduction through nicotine replacement therapies (“NRTs”).

Harm reduction strategies are enshrined in the preamble and definitions in the WHO Framework Convention on Tobacco Control 2004; and in the WHO MPOWER measures – which HK has so vigorously adopted.

<https://apps.who.int/iris/bitstream/handle/10665/42811/9241591013.pdf;jsessionid=D9D1875ED2CF3F3153A97896CFDCD2E9?sequence=1>

Nicotine replace therapy is one of the MPOWER Measures:

<https://www.who.int/tobacco/mpower/en/>

NRTs, such as nicotine patches, gums, to aid quit smoking, have been available in Hong Kong for decades and the benefits of NRT as a replacement for smoking have been clearly established.

<https://www.fda.gov/TobaccoProducts/PublicHealthEducation/HealthInformation/ucm628369.htm>

<https://www.cancer.org/healthy/stay-away-from-tobacco/guide-quitting-smoking/nicotine-replacement-therapy.html>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5003586/>

Thus, the hypothesis that nicotine use is safer than smoking is not new and accepted by HK. The risks of nicotine use have been subordinated to tobacco harm reduction imperatives.

4. NRTs are not effective in reducing smoking prevalence compared to ATPs

However, NRTs have had a muted effect on smoking prevalence, with less than 3% of smokers using them for smoking cessation each year.

Singapore National Health Survey, 2013.

The reasons for this are likely to be manifold:

- smokers that have tried NRTs note that they do not address cravings and do not reduce their smoking habit;
- NRTs do not deliver enough nicotine fast enough to the brain, and thus do not reduce cravings or provide the same psychoactive effects;
- NRTs are not associated with the sensations, rituals or social benefits of smoking, and thus are not adequate substitutes for smoking;
- NRTs are unattractively marketed; and delivered through pharmacies and are considered medical products, necessitating a smoker to acknowledge that they are sick, which is not how smokers normally identify themselves.

*Hartmann-Boyce, McRobbie, Bullen, Begh, Stead & Hajek (2016).
Electronic cigarettes for smoking cessation. Cochrane Library:
[https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD010216.
pub3/full](https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD010216.pub3/full)*

ATPs have none of these shortcomings, and deliver nicotine to sites of action in the brain faster than NRTs.

Vansickel AR, Eissenberg T. Electronic cigarettes: effective nicotine delivery after acute administration. Nicotine Tob Res. 2013;15(1):267–270. [PMC free article] [PubMed] [Google Scholar]

Henningfield, J.E., Drug therapy: Nicotine medications for smoking cessation. N.Engl.J.Med. 1995; 333: p. 1196-1203.

ATPs are therefore considered more attractive to smokers, and are neurologically and therapeutically sound substitutes.

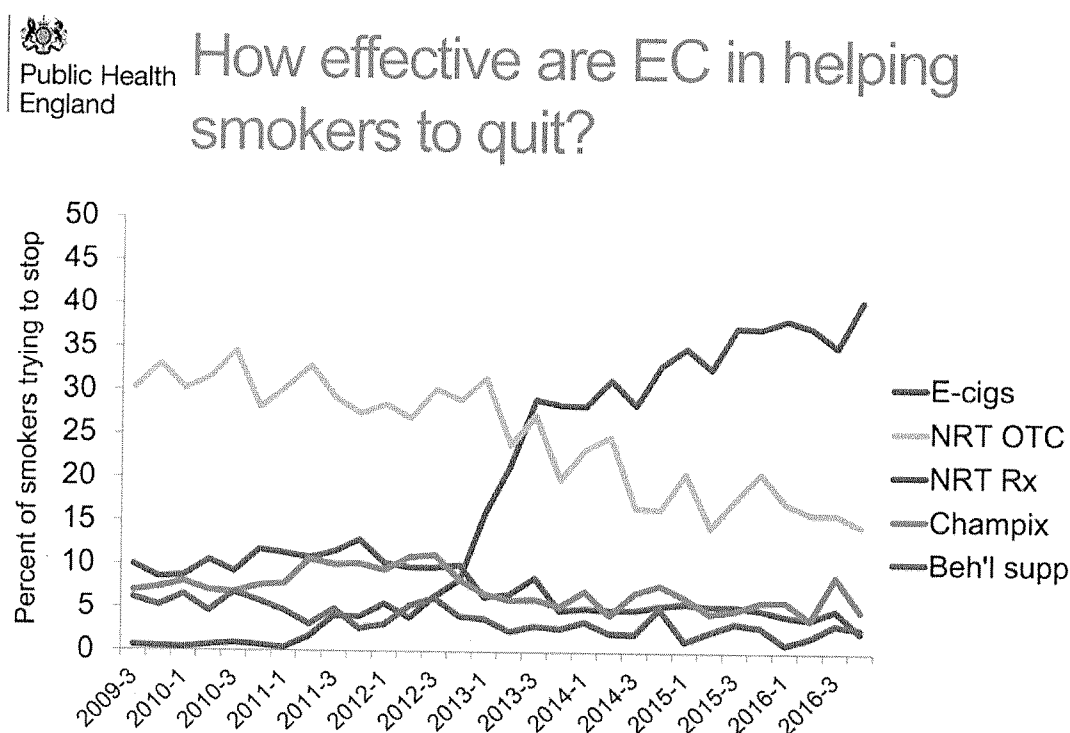
Whether ECs are more effective than NRTs in enabling smokers to switch from cigarettes, is the subject of a recent, credible, peer-reviewed, published scientific study.

<https://www.nejm.org/doi/full/10.1056/NEJMoa1808779>

This study of 886 participants found that the one year smoking abstinence rate was 18% for EC users compared to 9.9% abstinence in the conventional NRT group.

The results showed that ECs are twice as effective.

The efficacy and effectiveness of ATP in reducing smoking is clearly evidenced by the precipitous fall in cigarettes sold in countries which permit ECs, such as the UK and USA.



N=12244 adults who smoke and tried to stop or who stopped in the past year

Countries such as S. Korea. and Japan that permit HTPs have seen cigarette sales fall for the past few years by 12%-15% or more a year:

Japan Tobacco (JAPAF) Q2 2018 Results - Earnings Call Transcript.
Aug 2018 - <https://seekingalpha.com/article/4194914-japan-tobacco-japaf-q2-2018-results-earnings-call-transcript>

Korea Tobacco G Earnings Releases -
<http://en.ktng.com/report?cmsCd=CM0044>

There are no countries that have banned ATPs with remotely comparable reductions in cigarettes sold, since the introduction of ATPs.

The ATP initiatives may result in smoke-free societies for the first time since cigarettes were first introduced, because conventional control measures have led to stagnant prevalence rates.

5. The HK Government should not dismiss ATPs because there are, as yet, no long-term longitudinal studies of the effects of ATPs on health

E-liquids do indeed contain chemicals that, in sufficient doses, accumulated daily over 30 or more years, may become a health hazard. We do not know, as ATPs have only been commercially available for less than 10 years.

This scientific uncertainty was also true when NRTs were first introduced in the 1980s.

It was thought at that time, that although NRTs contained potential toxins, including tobacco specific nitrosamines, and were untested in the population over many years, the WHO and governments believed that they were substantially safer than cigarettes.

Cahn, Zachary, and Michael Siegel. (2011). "Electronic cigarettes as a harm reduction strategy for tobacco control: a step forward or a repeat of past mistakes?" Journal of public health policy, 32.1, pp. 16-31.
<https://pdfs.semanticscholar.org/0c3a/d78a47ce116d5cdbcb2abb3825844a493270.pdf>

Goniewicz, Maciej Lukasz, et al. (2013). "Levels of selected carcinogens and toxicants in vapour from electronic cigarettes." Tobacco control.
<https://pdfs.semanticscholar.org/1d99/43297efd9e0f95a918c2c3f1bfc8c2f9c388.pdf>

Scientific uncertainty and the public health smoking crisis on the one hand, was weighed against the harm reduction potential of NRTs, on the other hand.

With over 740,000 Hong Kongers smoking, the smoking public health crisis that existed in the 1980s still remains.

There are no products, medical products or pharmaceuticals that were tested in longitudinal studies of populations for 20 or more years before they were introduced. To do so would have been limiting citizens to 20/30-year old technology. This would have been, and still is, negligent public health policy.

It is therefore submitted that the same comparative risk calculation regarding nicotine replacement that was made during the introduction of NRTs must also now be made for ATPs.

Public health policy cannot afford to dismiss ATPs, because long-term longitudinal scientific data is unavailable.

6. ATPs are substantially safer than cigarettes

Reliable, published scientific evidence also strongly suggests that ECs are 95% safer and ATPs are 90% safer than cigarettes.

ECs, contain no tobacco and do not burn anything. Given that the e-liquid consumables in ECs are man-made, they can be made safer through advances in technology and chemistry.

HTPs do not combust tobacco. Without combustion, the majority of potential toxins are not released from tobacco.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/311887/Ecigarettes_report.pdf

ATP vapour contains only a fraction of the potentially harmful chemicals in cigarette smoke. Further, the chemicals that do exist in ATP vapour that are also found in cigarette smoke, are a fraction of what is found in smoke – in some cases 300% to 400% lower amounts.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/311887/Ecigarettes_report.pdf

Cahn, Zachary, and Michael Siegel. (2011). "Electronic cigarettes as a harm reduction strategy for tobacco control: a step forward or a repeat of past mistakes?" Journal of public health policy, 32.1, pp. 16-31.

<https://pdfs.semanticscholar.org/0c3a/d78a47ce116d5cdbc2abb3825844a493270.pdf>

Goniewicz, Maciej Lukasz, et al. (2013). "Levels of selected carcinogens and toxicants in vapour from electronic cigarettes." Tobacco control.

<https://pdfs.semanticscholar.org/1d99/43297efd9e0f95a918c2c3f1bfc8c2f9c388.pdf>

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/311887/Ecigarettes_report.pdf

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/684963/Evidence review of e-cigarettes and heated tobacco products 2018.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/684963/Evidence_review_of_e-cigarettes_and_heated_tobacco_products_2018.pdf)

<https://www.theguardian.com/society/2018/dec/28/vaping-is-95-safer-than-smoking-claims-public-health-england>

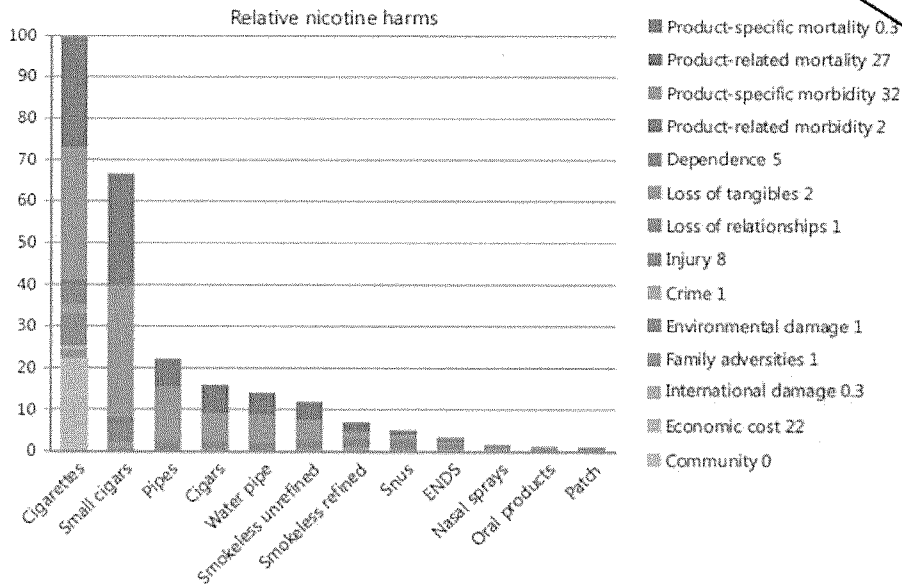
<https://www.independent.co.uk/news/health/vaping-quit-smoking-cigarettes-health-nhs-lung-damage-cancer-tobacco-a8701506.html>



Public Health
England

How toxic are EC?

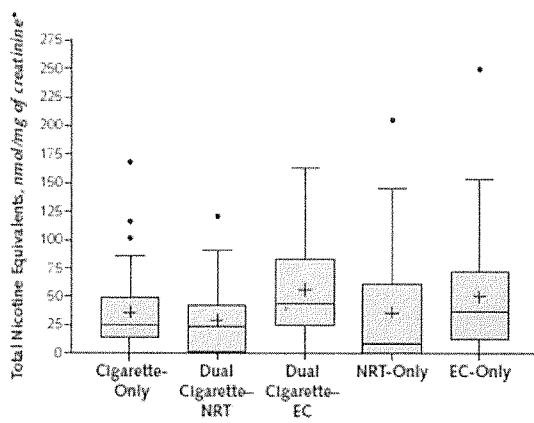
2014



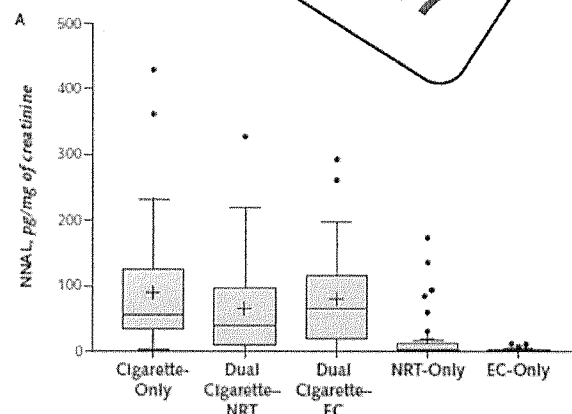
Public Health
England

How toxic are EC?

2017



Nicotine equivalence



Toxins and carcinogens

7. Will ATPs inevitably provide a “gateway effect” to create new youth smokers?

Perhaps surprisingly, there is no credible scientific evidence that e-cigarettes are a “gateway” to daily, lifetime smoking.

What has been shown is a clear association between ATPs and smoking; but not that ATPs cause smoking.

This may seem counterintuitive.

Population evidence suggests that, some youth (a minority) will become daily users of nicotine in ATPs, and that nicotine is an addictive psychoactive substance.

It may, therefore, seem “common sense”, that youth will inevitably switch from daily use of nicotine in ATPs, to daily use of nicotine in cigarettes.

However, the published population evidence does not bear this “common sense” out.

The evidence also shows that smoking prevalence rates among youth sharply declined in those countries which permit the sale of ATPs such as the U.K. and the USA. It has not increased, as the “gateway” theory would predict.

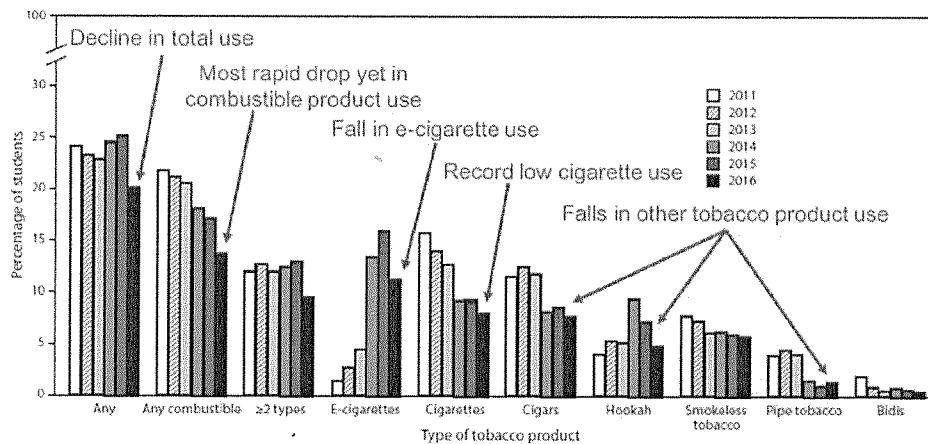
https://publications.parliament.uk/pa/cm201719/cmselect/cmsctech/505/50504.htm#_idTextAnchor001

National Youth Tobacco Survey, published June 2017.

Jamal A, Gentzke A, Hu SS, Cullen KA, Apelberg BJ, Homa DM, et al. Tobacco Use Among Middle and High School Students - United States, 2011-2016. *MMWR Morb Mortal Wkly Rep*. 2017 Jun 16;66(23):597–603. [link]

Changes in patterns of youth nicotine use United States 2011-16

FIGURE 1. Estimated percentage of high school students who currently use any tobacco products,* any combustible tobacco products,[†] ≥2 tobacco products,[‡] and selected tobacco products – National Youth Tobacco Survey, United States, 2011–2016^{§,¶,||}



* Any tobacco product use is defined as past 30-day use of electronic cigarettes, cigarettes, cigars, hookahs, smokeless tobacco, pipe tobacco and/or bidis.

See also the University of Michigan Monitoring the Future national survey results on drug use, 1975-2016²⁰¹⁶, which has a time series dating back to 1975 for 12th grade smoking.

Trends in Prevalence of Use of Cigarettes. University of Michigan; Ann Arbor: 2016. [Tables][Dataset].

Miech RA, Johnston LD, O'Malley PM, Bachman JG, Schulenberg JE.

This makes intuitive sense if youth do not experience ATP use in the same way as smoking.

The taste, sensations, health effects and culture around cigarettes and ATPs are perceived as different. Cigarettes may be seen as dirty, dangerous and unpleasant - and the product of the folly of the older generation.

The “gateway effect” of psychoactive substances has been mooted among addiction professionals and scientists for decades and no evidence has been found that one addictive substance causes the user to become addicted to another.

However, the scientific evidence shows a clear association between substances because youths who try one substance are more likely to try others.

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2723425>

It is not that the substance is a “gateway” and causes this effect. Rather, it is the combination of the risk and protective factors within the youths themselves.

Genes, mental health issues, other compulsive behavior, authority defiance, family modeling, problems at home and in school, peer pressure, risk taking, novelty seeking; and many other issues are the causes. The cause is not the substance per se. Thus, public health policy should address these causal vulnerabilities and protective factors.

<https://www.ncbi.nlm.nih.gov/pubmed/28786147>

<https://www.iflscience.com/health-and-medicine/vaping-gateway-smoking-still-more-hype-hazard/>

<https://www.buffalo.edu/content/dam/www/news/documents/Study%20PDFs/Kozlowski-Warner-DAD-2017-inpress.pdf>

It is of course true that if ATCs never existed, no youth would be observed switching daily ATC use to daily smoking, and ATP use could never be associated with smoking.

However, ATPs have been proliferating in HK for a number of years; and less safe unregulated versions of ATCs and their consumables will proliferate as a result of the black-market, as noted above.

Public health policy must also weigh up the numbers of the youth population at risk to initiating smoking through ATP use, against the benefits of ATPs for all smokers.

The scientific evidence and population studies show that a very small number of never smoking youth who use ATP - less than 1%. Only a small number of those users are likely to become daily users, as most youth ATP users are experimenters, casual users, or users of ATPs that do not contain nicotine.

<https://academic.oup.com/ntr/article/18/1/102/2583946>
<https://www.mdpi.com/1660-4601/14/9/973/htm>

<https://www.gov.uk/government/publications/e-cigarettes-and-heated-tobacco-products-evidence-review/evidence-review-of-e-cigarettes-and-heated-tobacco-products-2018-executive-summary#use-of-e-cigarettes-among-young-people>

https://publications.parliament.uk/pa/cm201719/cmselect/cmsctech/505/50506.htm#_idTextAnchor021

<https://play.acast.com/s/saywhytodrugs/e-cigarettes-updated-withprofessorlindabauld->

There is, therefore, only a small cohort of youth that could potentially be exposed to daily smoking as a result of daily ATP delivered nicotine use, which they may have otherwise avoided.

In contrast, there are more than 740,000 existing smokers in HK and over 1.4m family members, who could benefit from ATPs as a smoking cessation aid. Ignoring their needs would not benefit the health of the population as a whole.

8. Misinformation will discredit a ban and may lead to more ATP use by youth

Although reliable scientific studies can be easily accessible online, there is still a persistent assertion by others in authority that: ATPs are unsafe when compared to cigarettes; that they do not assist in smoking cessation; and that they automatically make youths smoke.

The credible peer reviewed published scientific evidence, available online, makes it clear that these claims are false, and based on poor science, and ignore the population evidence.

This misinformation raises a serious social problem when imposing a ban on ATPs.

If youth read the credible scientific studies and learn the truth, the authority's claims will be discredited. Anything else they may claim about the risks of using ATPs, which is supported by science, are likely to be discounted or rejected.

HK youth are well educated, intelligent, and have access to the world's highest speed Internet access.

Some youth may be attracted to ATPs simply because they are banned. Many more youth may be attracted to ATPs if the ban is based on

misinformation and a failure to give weight to harm reduction considerations.

Conclusion

It is therefore, respectfully submitted that the Legislative Council apply the same harm reduction principles to ATPs, as they have applied to NRTs in the past; and that they therefore reject the proposed Bill to amend the Smoking Ordinance.

It is suggested that the Council:

- accept that smoking remains an urgent overriding public health concern
- accept that the internationally implemented, harm reduction health policy with respect to cigarettes, is consistent with the new ATP technologies
- consider the serious unintended public health consequences of a ban
- accept the practical and inevitable limitations of interdiction of ATPs at the HK border
- acknowledge the wealth of credible, peer reviewed, published scientific and population evidence that ATPs are more effective than NRTs in quit smoking attempts
- reject the lack of longitudinal scientific evidence spanning over 20 or more years as an appropriate consideration in harm reduction and public health policy
- acknowledge the wealth of credible, published, peer-reviewed scientific knowledge there is a substantial reduction of toxicological risk (over 90%) in using ATPs, compared to smoking
- put the interests of over 2 million HK people who are either smokers or are their family members; over the interests of a likely, small number of non-smoking youth who may (or may not) become daily ATPs users, and then switch to becoming daily, lifetime smokers;
- accept the scientific evidence that has discredited the “gateway” effect, which, therefore, ought not to be considered in creating public health policy
- acknowledge that a ban will attract a cohort of youth to use black-market ATPs, and that misinformation regarding the ban on ATPs will attract more youth

It is submitted that the appropriate ways to protect youth include:

- a. scientifically validated public and school education and diligent parenting in discouraging ATP use by young non-smokers;*
- b. a risk-proportionate use of some of the MPOWER measures used to control cigarettes - if they are consistent with smoking harm reduction objectives; and*
- c. appropriately regulating the production, distribution and marketing of ATPs, and funding research to make them safer.*

It is submitted that it untrue that such measures are “totally useless” as claimed by the HK Medical Association in their standard form Petition Letter in Support of Quick Legislation to Ban Alternative Tobacco Products. Such measures have been the mainstay of alcohol and burning tobacco control efforts to protect our youth for decades, and they cannot be so recklessly dismissed.

Banning ATPs is likely to harm youth and contravene the WTO’s and HK’s tobacco harm reduction public health policy.

Thank you for this opportunity to comment. I am available to appear before the Legislative Council in person to give evidence.

Andrew da Roza

Qualifications:

- LLB and LLM in Law (UK)
- MA in Counselling (AUS)
- MSc in addictions neuro and pharmacological science (UK, AUS, USA)
- Addictions Therapist – APB (SIN)
- LLB and LLM in Law (UK)
- MA in Counselling (AUS)
- MSc in addictions neuro and pharmacological science (UK, AUS, USA)
- Addictions Therapist – APB (SIN)
- Addictions Counsellor – APSAC (SIN/US)
- Quit Smoking Consultant – HPB, Ministry of Health (SIN)
- Fellow of the ACA College of Alcohol & Drugs
- Member of the Board Sub-Committee on Rehabilitation and Reintegration of the Singapore Anti-Narcotics Association

- Member of the NCSS Services Committee and mental health advisor
- Member of the Australian Counselling Association
- Member of the Singapore Association for Counselling
- Member of the Law Societies of England & Wales and the Hong Kong SAR

My contact details are:

Andrew da Roza

Email address: [REDACTED]@gmail.com

Mobile number: Singapore [REDACTED]

Address: 201 Ocean Drive, 06-08, Singapore 098584

END

Date: 2 April 2019

To: Mr. Kwok Wai Keung
Clerk to Bills Committee on Smoking (Public Health) (Amendment) Bill 2019
Legislative Council Secretariat
Legislative Council Complex
1 Legislative Council Road
Central, Hong Kong
Reference No: **5B25CAB2** (email: rick_lam@hertz.com.hk)

**Re: Bills Committee: Regulate Alternative Tobacco Products Instead of Ban
Urging for a Proper Public Consultation**

On behalf of Hertz Hong Kong Franchisee, I am writing to request the Bills Committee to reconsider the proposed ban on e-cigarettes and alternative tobacco products. We believe that regulation is the most effective approach to achieve a balanced approach for Hong Kong Government and for Hong Kong citizens.

We are a global car rental company which provides quality car rental service to the high-end market. In Hong Kong, we also lease cars to customers and provide chauffeur drive services. In the past, we did encounter a problem in managing driver employees with smoking habit. Smoking inside the car is strictly prohibited but they are allowed to do so outside the car, usually during the waiting time. However, the strong odor left on their clothing from the combustion cigarette still create problem when serving customers. The e-cigarette, however, did help us solving this problem as it virtually left no odor at all. We just got a perfect balance among good customer services while the personal habit of drivers can be taken care of.

On the other hand, we have similar situation in the self-drive car rental. Our self-drive rental vehicles are also strictly prohibited from smoking as it would leave strong odor to the next customer and also combustion cigarette could cause detriment to the cabin. Unfortunately, some customers just don't care which create problem to us as it would be time-consuming in cleaning up the odor. E-cigarette, again, is a perfect solution to respect the customers' right to smoke in personal space whilst the next customers wouldn't be affected. That's the reason why e-cigarette is allowed in some countries rental cars as well.

My concern about the current proposal by the Government is that it forbids the drivers and customers to choose a better alternative of cigarettes which is, Heated Tobacco products that produce less smell and no ash inside the car. If drivers and customers can use a less smell and no ash tobacco products instead of cigarette, the professional image of car rental industry can be uplifted, without additional cost from our side.

Due to the above, we kindly ask for a consultation and not just a public hearing to share our views and ask for the Government to provide feedback on our views directly. We are looking for a balanced approach to improve industry's image and the consumers' freedom of choice.



We hope the Government to conduct a proper public consultation (as is under a proper procedural process) where the public, such as myself and many other interested parties, will have adequate opportunity to voice our concerns and views over a reasonable period of time.

Most grateful for your kind attention.

Sincerely,

For and On Behalf of
German Automobiles Limited
Hertz Hong Kong Franchisee



Rick Lam
General Manager

GERMAN AUTOMOBILES LIMITED

Hertz International Licensee

Shop HOK11, Level L1, MTR Hong Kong Station, Central, Hong Kong Tel: +852 2525-1313 Fax: +852 2525-2266

Shop KOW58, In-Town-Check-in Level, MTR Kowloon Station, West Kowloon, Hong Kong Tel: +852 2920-2323 Fax: +852 3764-0888

Apr 2, 2019

Bills Committee on Smoking (Public Health) (Amendment) Bill 2019
Legislative Council Secretariat
Legislative Council Complex
1 Legislative Council Road
Central, Hong Kong

Dear Chairman,

Re: Bills Committee: Regulate Alternative Tobacco Products Instead of Ban
Urging for a Proper Public Consultation

I am writing to request the Bills Committee to reconsider the proposed ban on e-cigarettes and alternative tobacco products.

I am a HR professional working for an FMCG Fortune 500 in Hong Kong. I live in To Kwa Wan, an old district in which many people smoke. I am not a smoker, but my family, some colleagues and friends do smoke. Frankly I don't support them smoking and I hate the smell and the second hand smoke. They also know the harm of smoking yet they find it difficult to quit after trying with different methods. But the situation changes when one of my colleagues started using IQOS, a new tobacco technology from Japan. No more smoke, less smell to the surrounding people, which is very good in my opinion. My colleague even says he can enjoy the tobacco taste and he coughs much less since.

I know IQOS is already sold in many other tech-advanced countries, such as Japan, South Korea and UK. If there are potentially better options for people who smoke with less impact to their family and friends around, wouldn't you want them to be able to switch to them?

My working experience has exposed me to the fact that many innovative products are out there in the market or in development. These could be life-changing products and their impact will depend on how we use them. However, my understanding of the amendment bill is that any future tobacco products, even they could benefit smokers and their families, will be banned in Hong Kong. To me this is against consumer rights and public health, and it is also slap for Hong Kong to become Asia's World City. While we are finding new ways to renew our old districts in Hong Kong, a new way of thinking should be also applied on how we approach smoking. So I believe that regulation is most fair and effective way for a better public health.

As you are the LegCo member representing my interest, you should lend your hand in support for a balanced approach to protect the public health and the consumers' freedom of choice.

More importantly, the government should conduct a proper public consultation on the pros and cons of the ban, so that stakeholders can voice out their opinions to this matter.

Thank you for your attention.

Sincerely,

Tony Cheng
Ref number 84F76E56

April 2, 2019

[Written Submission] A Comment to Bills Committee on Smoking (Public Health) (Amendment) Bill 2019

- Name of organization: Korea Harm Reduction Association (KHRA)
- Contact person: **Ok-Ryun MOON**,
Chair, Korea Harm Reduction Association
Professor Emeritus, Graduate School of Public Health, Seoul National University
- Telephone no.: +82 10 3792 1021
- E-mail address: uchorm@hanmail.net
- Postal address: 41, Jahamun-ro 36-gil, Jongno-gu, Seoul, Korea 03031

Introduction

The Korea Harm Reduction Association (KHRA) welcomes the opportunity to provide our comments to the Legislative Council Bills Committee on Smoking (Public Health) (Amendment) Bill 2019.

We are an independent association established in Seoul in 2018, with the aim of contributing to public health improvement through research and discussion on policy measures concerning health hazards and their negative effects. Health-harm broadly covers practices and choices that can cause harm to one's physical wellness, including but not limited to narcotics, alcohol, smoking, gaming, and obesity.

In this regard, the KHRA is primarily focused on the following activities:

- Performing various health-related harm reduction policy researches and proposing solutions
- Open channels to share and promote research findings and other information, including forum breakfast meetings, seminars, symposiums, lectures, etc.
- Produce, publish, and distribute resource packets, academic journals, bulletins and newsletters, books, video presentations and other training & promotional materials

Tobacco Harm Reduction

Humans often engage in risky behaviors, making choices that harm their physical well-being. Harm reduction, or harm minimization, is therefore a set of practical strategies aimed at reducing negative consequences associated with these risky behaviors.

Tobacco harm reduction itself is aimed at reducing the health risks associated with cigarette smoking, the most harmful form of tobacco consumption. It is complementary to existing tobacco control efforts of preventing initiation and encouraging cessation. In fact, in Article 1 of the World Health Organization's Framework Convention on Tobacco Control, tobacco control is defined as '*...a range of supply, demand and **harm-reduction** strategies that aim to improve the health of a population...*'¹

At the practical level, tobacco harm reduction aims to encourage smokers who cannot or will not quit smoking cigarettes to switch to less harmful nicotine containing products, such as e-cigarettes or heat-not-burn tobacco products. As the UK's Royal College of Physicians stated in 2016, '*Nicotine is not,*

¹ https://www.who.int/tobacco/framework/WHO_FCTC_english.pdf?ua=1

April 2, 2019

*however, in itself a highly hazardous drug...it is inherently unlikely that nicotine inhalation itself contributes significantly to the mortality or morbidity caused by smoking. The main culprit is smoke and, if nicotine could be delivered effectively and acceptably to smokers without smoke, most if not all of the harm of smoking could probably be avoided.'*²

Situation in Korea

E-cigarettes and heat-not-burn tobacco products are strictly regulated in Korea, and available only to legal-aged adults over 19 years old. In particular, it should be noted that since the introduction of heat-not-burn products in Korea in the middle of 2017, Korea has seen a decrease in cigarette sales, indicating the harm reduction potential of heat-not-burn products.³

In Annex B of the brief to the Legislative Council (FH CR 1/3231/19), it was referenced that a study commissioned by the Korean Ministry of Food and Drug Safety (MFDS) revealed that all tested heat-not-burn products contained Group I carcinogens, and that other toxic substances such as acrolein were also found. The brief to the Legislative Council however omitted to include that the same MFDS study had actually confirmed significant reductions of harmful chemicals in heat-not-burn products compared to cigarettes. In particular, when considering the 9 measured harmful and potentially harmful constituents, the average reduction of heat-not-burn products compared to Korean cigarettes is more than 90%.

Conclusion

The Korean Harm Reduction Association is of the view that tobacco harm reduction should be a key pillar of a government's tobacco control efforts. In this regard, we respectfully urge the Legislative Council to firmly regulate, instead of imposing a ban on innovative products that are significantly less harmful than cigarettes.

A Final Word

It will be smart if Hong Kong and Korean Legislative Council would invest more resources in making e-cigarettes or heat-not-burn tobacco products a quitting device. Indeed, not all bad things are equally bad.

² Royal College of Physicians, Nicotine without smoke: Tobacco harm reduction (2016)

³ <https://filtermag.org/2019/01/29/rise-of-heat-not-burn-products-correlates-with-decrease-in-cigarette-sales/amp/>

Clerk to Bills Committee on Smoking (Public Health) (Amendment) Bill 2019
Legislative Council Secretariat
Legislative Council Complex
1 Legislative Council Road
Central, Hong Kong

3rd April 2019

Dr. Tan Kok Kuan
MBBS (Singapore)
% Republic Healthcare Ltd
101 Cecil Street #17-12 Tong Eng Building
Singapore 069533

Dear Sir,

I am writing in response to the Hong Kong Legislative Council's proposal to introduce the Smoking (Public Health) (Amendment) Bill 2019 to ban the import, manufacture, sale, distribution and advertisement of alternative smoking products.

I am the Chief Medical Officer of Republic Healthcare Ltd which is a company listed on the Hong Kong Stock Exchange Growth and Emerging Markets Board. I am writing this submission in a personal capacity and the views expressed here are solely my own and do not represent the views of the company.

I also practice as a Family Physician in Singapore and have a special interest in risk reduction strategies.

I am the lead author in the medical taskforce subsection of the blueprint to end HIV in Singapore which focuses on risk reduction strategies.

My views on tobacco risk reduction has been expressed in the following media:

<https://www.straitstimes.com/singapore/new-bill-to-raise-minimum-smoking-age-to-21>

<https://www.straitstimes.com/forum/letters-in-print/time-to-change-tack-in-fight-against-smoking>

<https://www.straitstimes.com/forum/letters-in-print/alternative-products-will-work-only-with-cigarette-ban>

<https://www.straitstimes.com/singapore/vaping-67-offenders-nabbed>

<https://www.gov.sg/news/content/the-straits-times---parliament-bill-tabled-to-raise-minimum-smoking-age-from-18-to-21>

I was also invited to and attended an engagement session on Tobacco Control on 18th April 2018 hosted by Mr. Amrin Amin, Singapore's Parliamentary Secretary for Health.

I spoke at the 1st Asian Association of Neuropsychopharmacology Conference Symposium on the Controversy in Nicotine Dependence: Harm Reduction vs Complete Abstinence held in Hong Kong on 21st September 2018.

I have not received any funding from any Transnational Tobacco Company or any manufacturers or distributors of e-cigarettes or e-liquids.

Introduction

Cigarettes are a unique product. There is nothing else in the world that is comparable. It is highly addictive and when used as intended, greatly increases the risk of developing a myriad of diseases affecting nearly every system in the body. It is only due to a quirk or rather an accident in history that cigarettes are now ubiquitous and entrenched in society. Given what we know today, it would be absolutely unthinkable that any government would have approved their legal use. Cigarettes should be treated no differently from other hard drugs such as Opium, Heroin and Cocaine. They should be banned and every enforcement tool available be brought to bear on keeping them banned. Currently, only the Kingdom of Bhutan and the Republic of Turkmenistan have banned the sale of cigarettes. Other countries have not seemed to be able to achieve the same success citing human rights reasons and fear of potential civil unrest^{25,26}. Hong Kong's Deputy Secretary for Food and Health Amy Yuen Wai-yin was quoted saying "It is also, in fact, difficult to enforce the law if we ban smoking. And we don't want to trouble the public too much."³²

In response to the smoking epidemic, the World Health Organisation (WHO) developed the Framework Convention on Tobacco Control (FCTC) delineating clear strategies that member countries can adopt to reduce their smoking prevalence. China ratified the FCTC on 10 November 2003. Different countries have implemented the articles of the FCTC to various degrees with differing impacts⁹. Hong Kong has been extremely successful in this aspect bringing its smoking prevalence down from 23.3% in 1982 to just 10% in 2017³⁷. The Hong Kong Council on Smoking and Health has advocated a tobacco endgame which they defined as a smoking prevalence rate of less than 5% to be achieved by 2027⁸. This is a laudable goal albeit fraught with challenges³⁷.

In the past decade, there has been a decoupling of nicotine from tobacco. These new "alternative smoking products" the most common of which is the Electronic Nicotine Delivery Systems (ENDS) also popularly known as e-cigarettes provide novel ways for users to satisfy their nicotine need or addiction without having to smoke cigarettes. Hong Kong's executive council has recommended a ban on e-cigarettes for fear that they will renormalize smoking behaviour and provide a gateway for youth to take up smoking thereby hindering and retarding their progress towards the desired tobacco endgame.

It is my opinion that the converse is true, that an outright ban on e-cigarettes will actually stymie Hong Kong's progress towards becoming a smoke free nation. I believe that these novel nicotine delivery systems offers a unique opportunity to act as a catalyst for Hong Kong to move expeditiously towards a complete ban on cigarettes. And that e-cigarettes should be used as part of a wider strategy and concerted effort to achieve the tobacco

endgame. I will attempt to put forward the current scientific evidence to support my conclusions.

Allowing good science to dictate policy³¹

The brief to the Legislative Council referenced a paper published by Auer et al. in JAMA stating that this study “discovered that the smoke released by IQOS contains 84% of the nicotine in conventional cigarettes and same harmful constituents of conventional cigarettes smoke, including volatile organic compounds and carbon monoxide.” However, I would also like to draw the Council’s attention to the FDA Briefing Document on the Meeting of the Tobacco Products Scientific Committee¹ which, while referring to the same published study, stated that “the data published is not considered adequate for comparing the levels of HPHCs between the IQOS products and combusted cigarettes.” The report detailed the various technical and procedural issues with the study revealed during personal communication between the FDA and the paper’s authors. The FDA report went on to conclude that “there are significant analytical issues in the Auer et al. study, such as lack of testing reference samples, low number of replicates, lack of selectivity on some analytical methods.” This is an illustrative example that while we cannot and must not place any credence on studies produced by or supported by tobacco companies, it behooves us to apply the same scientific rigor to all other studies whether or not their conclusions support our point of view.

To this end, I have strived as much as possible to only reference reports produced by national health authorities and studies and systematic reviews published in well referenced peer reviewed journals. I have intentionally excluded statements from Public Health England and other health authorities of the United Kingdom as they actively support the use of ENDS as part of their tobacco control efforts and may be perceived to be less objective. I have of course not included any tobacco industry produced or supported studies and have also excluded studies published by individuals known to be associated with the tobacco industry.

E-Cigarettes are less harmful than cigarettes and should be used as an effective substitute so as to allow an expeditious and complete ban of cigarettes

E-cigarettes are harmful. Nobody can argue against this fact. However, they are less harmful than conventional cigarettes. This too is a fact. For there to be rational policy decisions we have to accept where the scientific evidence points us to even if the conclusion makes us uncomfortable. Numerous national and international health bodies have produced reports accepting the fact that e-cigarettes expose the users to much less Harmful and Potentially harmful Chemicals (HPHCs) compared to smoking conventional cigarettes. I have listed some selected quotes:

1. WHO, 6th Session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control²
 - a. *“The reduced exposure to toxicants of well-regulated ENDS used by established adult smokers as a complete substitution for cigarettes is likely to*

"It is very likely that average ENDS produces lower exposures to toxicants than combustible products."

2. NASEM. Consensus Study Report on the Public Health Consequences of E-Cigarettes³
 - a. “There is **substantial evidence** that except for nicotine, under typical conditions of use, exposure to potentially toxic substances from e-cigarettes is significantly lower compared with combustible tobacco cigarettes.”
 - b. “There is **limited evidence** for improvement in lung function and respiratory symptoms among adult smokers with asthma who switch to e-cigarettes completely or in part (dual use).”
 - c. “There is **limited evidence** for reduction of chronic obstructive pulmonary disease (COPD) exacerbations among adult smokers with COPD who switch to e-cigarettes completely or in part (dual use).”
 - d. “There is **limited evidence** suggesting that switching to e-cigarettes will improve periodontal disease in smokers.”
3. Australian Government National Health and Medical Research Council⁴
 - a. “E-cigarettes may expose users to fewer toxic chemicals than conventional tobacco cigarettes; however the extent to which this reduces harm to the user has not been determined.”
4. Canadian Public Health Association⁵
 - a. “Research shows that the aerosol and vapour produced by vaping devices contains significantly fewer toxicants and carcinogens at much lower concentrations than those found in traditional cigarette smoke.”
 - b. Ontario Tobacco Research Unit (OTRU) - “For current smokers, switching to vaping devices will decrease the risk of tobacco-related disease, but long-term health effects are unknown.”
5. European Respiratory Society⁶
 - a. “ECIG aerosol contains potentially toxic chemicals. As compared to conventional cigarettes, these are fewer and generally in lower concentrations.”
 - b. “As compared to conventional cigarettes, the chemicals found in the vapour are fewer and generally in much lower concentrations. A few studies with limited numbers of participants suggest short-term harm reduction in smokers with COPD, who have completely switched to the use of ECIGs or who smoke fewer cigarettes per day. In this area, numerous publications have been published from only few group of authors, which might introduce the possibility of research subjectivity. Due to the lack of long-term studies, no conclusions are available on the long-term effects of switching.”
6. WHO, 7th Session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control. ¹⁰
 - a. “The number and level of known toxicants generated by the typical use of unadulterated ENDS/ENNDS is on average lower or much lower than in cigarette smoke, with a few new toxicants specific to ENDS such as glyoxal”

- b. *"Based mostly on the levels and number of toxicants produced during the typical use of unadulterated ENDS/ENNDS made with pharmaceutical-grade ingredients, it is very likely that ENDS/ENNDS are less toxic than cigarette smoke."*

The most important caveat here is that the ENDS devices and e-liquids used to compare against cigarette smoking are of high quality and are unadulterated. Unlike cigarettes which are produced by a small number of large tobacco companies, ENDS and e-liquids are produced by a variety of large and small companies. Some are even homemade. Because of this, the levels of toxicants can vary enormously across different ENDS devices and e-liquids. Furthermore, less sophisticated devices that are unable to control airflow and the temperature of the heating mechanism increases the risk of over-heating the e-liquid and even causing the so called "dry puff" which greatly increases the amount of toxins inhaled due to the thermal degradation of the e-liquid components^{11,12,13}. Appropriate regulations can contribute towards ensuring the ENDS devices and e-liquids used as a substitute for smoking meet minimum quality, safety and purity standards. Denying access and yet allowing use has the potential to push users to seek unregulated, unproven and potentially unsafe products. This is especially likely in the Asia-Pacific where internet sales account for 70% of the ENDS market¹⁰.

2 arguments are frequently brought up to question the relative safety of e-cigarettes as compared with conventional cigarettes. The first argument is that we do not know the long term effects of e-cigarette use.

It is absolutely true that we do not know the potential negative health effects of long term e-cigarette use. We do know that they are not harmless and continued use will likely increase the risk of disease as compared to never having smoked or used e-cigarettes. E-cigarettes contain toxicants like glyoxal and solvents like glycerol and propylene glycol which are not found in cigarettes. The long term effects of inhaling such solvents have not been properly studied. Metals like lead, chromium and nickel have been found in the aerosol of some ENDS at concentrations equal to or even higher than conventional cigarettes^{6,14,15}. E-cigarettes also frequently contain flavours. The health effects of these flavourants when heated and inhaled have been poorly studied. There have been limited studies to show that some of such flavourants are potentially hazardous^{6,10}. For all these reasons, we cannot accept the indefinite use of e-cigarettes as a successful outcome of tobacco cessation. However, that is not the intention. The purpose of allowing e-cigarettes in a tightly regulated environment is to proffer nicotine addicts a suitable alternative so as to accelerate the timeline to ban cigarettes. Meanwhile moving the addict down the risk continuum and using e-cigarettes as a stepping stone to first become smoke free and eventually become nicotine free. The potential risks of cigarettes are so great that, at least in the short term, getting smokers to substitute smoking cigarettes with using e-cigarettes will certainly reduce harm to their health. There has been a small number of studies with limited participants that suggest smokers who completely switch to using e-cigarettes experience improvements in their COPD and Asthma symptoms^{3,6}.

The piece of the evidence puzzle missing is actual long term cohort or longitudinal studies to quantify the absolute degree to which the incidence of smoking related diseases is reduced in e-cigarette users as compared to smokers and to determine the long term health effects of e-cigarettes. It will take many years for such studies to be completed. For now, I believe that we currently have sufficient scientific evidence to show that at least in the short term and possibly even in the long term, e-cigarettes are less harmful than conventional cigarettes. To continue to allow the unmitigated retail sale of cigarettes while banning a less harmful alternative in the name of promoting public health does not make logical sense.

The second argument is that a reduced exposure to toxicants does not necessarily lead to a reduced incidence of smoking related diseases. This stems from the concept that there is no "safe" level of smoking; that even a single puff damages health. This is absolutely true. However, it is also true that the dose rate (number of cigarettes smoked per day) and total accumulated lifetime dose (the product of dose rate and duration - frequently measured in pack years) determine the level of risk^{18,19}. In other words, the fewer number of cigarettes a person smokes per day and the fewer number of cigarettes a person smokes in his lifetime, the lower his risk of developing lung cancer or heart disease. So it would then be logical to infer that a reduced exposure to toxicants by using e-cigarettes instead of smoking conventional cigarettes will also reduce the risk of developing lung cancer and heart disease. That is not to say using e-cigarettes are harmless. As stated in the preceding paragraph, we know e-cigarettes are harmful. The indefinite use of e-cigarettes is not the desired outcome of this recommendation. E-cigarettes is a springboard to accelerate the move to completely ban cigarettes.

In fact, advantaging cleaner nicotine products over combustibles has been proposed as a possible tobacco endgame strategy³⁶. Various proposals have been put forth such as subjecting combustible tobacco to higher taxes, restricted availability and enhanced warning labels. Also, tobacco companies could be permitted to market clean nicotine products only if they phase out the sale and manufacture of combustible cigarettes. In the Report on Tobacco Control Policy-related Survey 2017³⁷ produced by Hong Kong's Council on Smoking and Health, it is reported that only a third of smokers supported tobacco endgame measures such as setting a cigarette quota that reduces year-by-year and completely banning cigarettes when smoking prevalence reaches 5%. I believe allowing ENDS in a well regulated environment can act as an acceptable substitute to smokers allowing an accelerated year-on-year reduction of the cigarette quota consequently bringing forward the timeline to reach the 5% prevalence redline that would trigger the complete banning of cigarettes and yet minimizing any backlash from the smoking community.

The report by the WHO for the 7th Session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control¹⁰ summarized this strategy under the heading "Potential Role of ENDS/ENNDS in Tobacco Control" as such: "If the great majority of tobacco smokers who are unable to unwilling to quit would switch without delay to using an alternative source of nicotine with lower health risks, and eventually stop using it, this would represent a significant contemporary public health achievement. This would only be the case if the recruitment of minors and non-smokers into the nicotine-dependent population is no higher than it is for smoking, and eventually decreases to zero."

Regulations can prevent the uptake of e-cigarettes by youth and the renormalization of smoking

The prospect of a vaping epidemic among our youth is a scary one. The last thing any parent would want to see is their child puffing on an e-cigarette or even worse, smoking a cigarette. As stated above in the WHO FCTC report, the strategy to use ENDS as a springboard to achieve the tobacco endgame can only work if e-cigarettes do not act as a gateway for minors to eventually become habitual tobacco smokers.

There are many studies that associate e-cigarette use in youth with cigarette smoking^{18,19,20,21,22}. A systematic review and meta-analysis of studies involving more than 17,000 adolescents and young adults conducted by Soneji et al. and published in 2017 found that youth who have used e-cigarettes are about 4 times more likely to have ever smoked cigarettes as youth who have never used e-cigarettes¹⁸. Whether or not e-cigarettes actually leads to smoking is hotly debated and unfortunately exceedingly difficult, if not impossible for epidemiological studies to prove either way. As stated in the WHO Report on ENDS¹⁰: "It is not clear whether the association of ENDS/ENNDS use and smoking is because their use leads to smoking, or because young ENDS/ENNDS users and smokers share similar social and behavioral characteristics rendering them susceptible to the use of nicotine."

In the report to the 7th Session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control under the heading "Ability of ENDS/ENNDS to Initiate Youth in Nicotine use and Smoking" it states "The trend data show that there are two groups of countries. In one, the prevalence of ENDS/ENNDS use is low and is not increasing significantly; in the other, which includes the largest market in the world (the USA), prevalence is rapidly increasing." This shows that allowing ENDS in a regulated market does not necessarily lead to an epidemic of use among minors. Well enforced regulations can control youth uptake of e-cigarettes. A positive example is Italy where only 5.9% of youths had ever used ENDS and the rate is barely rising^{10,33}. The minimum legal age to purchase ENDS in Italy is 18. Online sales of e-cigarettes was previously banned but that ban has been lifted. Tax rates on e-cigarettes which used to be almost twice that of conventional cigarettes have been reduced by 90%.

A negative example is the US where the report on Tobacco product use among middle and high school students by the US CDC published in June 2018²³, found that e-cigarette use among high school students increased from 1.5% in 2011 to 11.7% in 2017. However, overall tobacco product use fell from 24.2% in 2011 to 19.6% in 2017. This same pattern was also observed for middle school students. This can be interpreted as e-cigarettes causing youth to move away from other tobacco products or can also mean e-cigarettes are causing more youth to take up tobacco products and the fall in overall tobacco use as a result of past and current tobacco demand reduction measures would have been greater if not for e-cigarettes²⁷. A possible contributing reason for the rise in e-cigarette use among youth in the US could have been a lapse of enforcement allowing e-cigarette manufacturers to market directly to youth³⁵ and retailers to illegally sell e-cigarettes to minors. The FDA has

stepped up enforcement efforts³⁴ and it would be instructive to study the efficacy of such actions and observe the trend in e-cigarette use among youth over the next few months.

The Task Force report from the European Respiratory Society⁶ states “For the gateway hypothesis, there is not enough methodologically strong data to draw definite conclusions. While most longitudinal studies find a strong association between adolescent ECIG use and the likelihood of later cigarette smoking, their designs and methodological shortcomings do not prove a gateway effect as opposed to a common liability to substance use.” And it goes on to add “Regarding the question of renormalization of smoking through ECIGs, there is still limited evidence due to a lack of studies.”

A recent study suggests that e-cigarette use does not renormalize smoking³⁰. National surveys done in England, Scotland and Wales in young people aged 13 to 15 years found a significant decline in the rate of regular smoking in spite of the unregulated growth of e-cigarette use.

In summary, allowing ENDS in a well regulated environment will not inevitably lead to a rampant nicotine epidemic among youth. As reported by both the WHO and the European Respiratory Society, the science on this is still inconclusive. This is an exercise of pragmatism over morality. Allowing ENDS may not necessarily lead to a youth nicotine epidemic and conversely banning ENDS may not reduce the rates of nicotine and tobacco use among youth. In fact, it has been suggested that banning e-cigarettes while allowing the continued sale of conventional cigarettes will send confusing signals to youth²⁴. It is my opinion that with highly restrictive and well enforced regulations, e-cigarettes can be kept away from youth just as effectively, if not more effectively than how cigarettes are currently being kept away from youth. I also believe that if the current regulations that are applied to tobacco products are also applied to ENDS, and that these regulations continue to expand as planned (increasing the minimum age, increasing tobacco/nicotine tax etc)³⁷, we should see a similar reduction in the prevalence of ENDS use as we would have expected for cigarettes. And if conventional cigarettes are expeditiously banned, we would have successfully moved all nicotine users down the risk continuum and have essentially achieved the tobacco endgame. Consequently attaining what the WHO describes as a “significant contemporary public health achievement”.

Conclusion

Cigarettes are uniquely harmful and have to be banned. E-cigarettes are less harmful than conventional cigarettes. They present us with a novel opportunity to offer nicotine addicts an acceptable alternative so as to significantly shorten the timeline to achieve a ban on cigarettes. While it is possibly inhumane to impose an immediate outright ban on cigarettes, it is equally inhumane to withhold an effective substitute with proven harm reduction potential from people who are addicted to nicotine and unable to quit.

This is a special opportunity for Hong Kong to show unfettered leadership by putting forward sensible legislation on ENDS and incorporate this into a wider concerted strategy to end tobacco use. A strategy that is supported by FDA Commissioner Scott Gottlieb who said in a

press release in 2017 “Unless we change course, 5.6 million young people alive today will die prematurely later in life from tobacco use. Envisioning a world where cigarettes would no longer create or sustain addiction, and where adults who still need or want nicotine could get it from alternative and less harmful sources, needs to be the cornerstone of our efforts - and we believe it’s vital that we pursue this common ground.”

I believe that this Amendment will not aid in Hong Kong’s endeavour to become smoke free and in fact may even stymie current efforts in tobacco control. A pragmatic goal would be to provide current smokers with an acceptable substitute that move them as far down the risk continuum as possible while accelerating the move towards a complete ban on cigarettes. It is exactly the forced choice between smoking and abstinence that reinforces the current dominance of cigarettes²⁹.

There are multiple regulatory options from the most restrictive such as eliminating flavors in e-cigarettes to more moderate policies such as taxing reduced-risk products at rates lower than those for combustible cigarettes³⁶. I am sure that the Council will set forth a set of regulations that is right for Hong Kong.

I urge the Council not to approve the Amendment to Clause 23 of the Bill to prohibit the import, sale and distribution of alternative smoking products and instead introduce pragmatic regulations on ENDS as part of an overall strategy to continue the good fight against tobacco.

Dr Tan Kok Kuan

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Asia-Pacific Association for Control of Tobacco

Ted T. L. Chen, Ph.D., M.P.H., M.A.

Executive Secretary

1500 Nashville Ave, New Orleans, LA 70115

Tel: (504) 897-9111 or (504) 644-8867

email: tchen@tulane.edu

Date: 3 April 2019

To: Clerk to Bills Committee on Smoking (Public Health) (Amendment) Bill 2019
Legislative Council Secretariat
Legislative Council Complex
1 Legislative Council Road
Central, Hong Kong
bc_54_18@legco.go.hk

RE: Support to ban e-cigarette and heat-notburn tobacco products to prevent it from becoming an epidemic

Dear Legislative Councilors,

It came to our attention that the Hong Kong Government proposed a ban on alternative smoking products (such as e-cigarettes and heat-not-burn (HNB) tobacco products) and the Legislative Council of Hong Kong is collecting views on the proposed bill of the Government. On behalf of the Asia-Pacific Association for Control of Tobacco (APACT), I would like reflect our concerns on the situation of Hong Kong and recommend a bold policy to ban these products.

Regulatory approaches on e-cigarettes and the other new tobacco products are varied in different countries. There are 83 jurisdictions have laws regulating e-cigarettes, including a sale ban in 27 jurisdictions and a total ban in 16 jurisdictions¹. Recommended by the Framework Convention on Tobacco Control of the World Health Organization, countries should consider prohibiting or regulating e-cigarettes by taking into account a high level of protection for human health². An outright ban will be able to safeguard the health of the public at the highest and desirable standard.

The tobacco industry and some people adopt the argument that e-cigarettes and HNB products are less harmful. The most common “95% less harmful” citation is not based on the scientific evidence on the health consequences with objective and valid grounds. It was merely a subjective estimation and assessment of a small group of experts³ on the potential problems arising from their use. Numerous scientific studies⁴⁻⁹ proved that e-cigarettes and HNB tobacco are toxic and lead to different health risks to users, including diseases in lung, cardiovascular and respiratory systems and damages to cells and DNA, etc. As a scientist and policy-maker in public health, we must take the most cautious

approach to constitute health policies. We must only accept the “science” provided by the tobacco industry with careful and thorough reviews. Apparently, the less harmful science is not conclusive nor certain as pointed out by the World Health Organization.

Health risks and long-term health effect of these new tobacco products are yet to be fully discovered. Yet, they are not accepted as less harmful or reduced risk products so far. In January 2018, the Tobacco Products Scientific Advisory Committee of the US Food and Drug Administration (FDA) rejected the claims of the tobacco industry that “switching completely to IQOS (a brand of HNB tobacco products manufactured by Philip Morris International) presents less risk of harm than continuing to smoke cigarettes” and “switching completely from cigarettes to the IQOS system significantly reduces your body’s exposure to harmful or potentially harmful chemicals”.

Even though e-cigarettes and HNB tobacco products may be less harmful (still harmful) and produce lower level of harmful substances, they are still addictive, and can be very addictive. They can still draw health, economic and other behaviour consequences like traditional cigarettes do. The situation of the US has already showed us the failure of regulation in preventing the spread of the products and smoking behaviours. In the US, more than 3 million middle and high school students were current users of e-cigarettes and e-cigarettes were the most commonly used tobacco product by youth. The FDA Commissioner Scott Gottlieb acknowledged that e-cigarette use among youth has hit “epidemic proportion”¹⁰. The commissioner remarked that “e-cigarettes have become an almost ubiquitous and dangerous trend among teens” and “the FDA won’t tolerate a whole generation of young people becoming addicted to nicotine as a tradeoff for enabling adults to have unfettered access to these same products”. Bold measure to regulate or ban these new tobacco products are in plan.

Hong Kong is used to be leading in tobacco control in the Asia Pacific region. Today, the forerunners in the region, Macau, Singapore and Thailand have already banned e-cigarettes and/or HNB tobacco products. Hong Kong should step up to impose a ban and tighten its measures on tobacco measures to encounter the threats of new tobacco products.

We look forward to seeing Hong Kong be the next jurisdiction in banning the products and setting an example for the other jurisdictions in the Asia Pacific region as well as the world.

Yours Sincerely



Ted CHEN
Executive Secretary
Asia-Pacific Association for Control of Tobacco (APACT)

A copy is sent to Hong Kong Council on Smoking and Health (info@cosh.org.hk)

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April 3, 2019

Dear Mr. Kwok (Chairman)

Re: Bills Committee: Regulate Alternative Tobacco Products Instead of Ban

Urging for a Proper Public Consultation

I am a smoker. I started smoking since I have completed my high school. I tried to quit smoking for a long time but failed. It is because it is already become part of my life and habit. Like others who drink alcohol or go crazy shopping, it is the only way for me to get rid of feeling of stress and feel relaxed.

I switched to use IQOS (new heat-not-burn product) for almost 2 years. The reason and key pushing factor of switching from traditional cigarette to IQOS is all about my new born baby and my family. Learnt from my friends (who is IQOS users) and different individual scientific research, I know that this new type of products can produce less harmful impact to my health and able to minimize or even avoid the impact to others (ie. second-hand smoke) and environment. As a user, I am very impressed with this new and innovative heat-not-burn technology as it will not generate any smoke and ash during the combustion process. Without burning the cigarette, it will not leave so much smell on my fingers, hair and clothes after use. With this, I have better breath, less unpleasant after taste and will not create negative impact on indoor air quality and affect my family members even I used the product in my apartment or toilet.

In addition, as an IQOS user, this new product is somehow help me to reduce my in-take of cigarette in past two years. How is it? It is because the IQOS device need to be charged after used. I need to wait for the charging time and eventually it leads me to take fewer and fewer cigarettes during the "waiting time". Previously, I consumed one pack of cigarette per day and now I just consumed max. 5 sticks per day. I understood this new device is not creating for helping smokers to quit smoking. However, to me, it do help me in reducing the cigarette in-take (which I never had any successful experience in reducing my in-take in the past). I am very happy with this results as I know it produces less harmful to my health, creates less impact to my kid and our families and eventually help me to create a more comfortable living environment for my family.

As an IQOS users, I truly need this less-harmful product and want it to be officially launched in Hong Kong. I do not want to switch back to traditional cigarettes as I already adapted to this new products. Now, if there is someone using the tradition cigarettes next to me, I will feel very uncomfortable to those strong smell and ash they generated during the combustion process. Also, I do not want to take any risk in purchasing the products from the illegal trade channels. My humble wish is just to become a good citizen, good father and

good husband and try to minimize the impact to others and environment when I smoke. I want to have a freedom to choose one better alternative for continued smoking. Indeed, IQOS is not something new to us. It could be found in other developed countries like Japan, Seoul, UK, and so on supported by many valid and strong independent scientific evidences/findings.

We understood there is a public hearing on Apr 13 and we have a channel to reflect our needs and voice. Now, I am writing on behalf of group of IQOS users and urge the Hong Kong Government to withdraw their proposal in full ban and allow this new product to be regulated and sold in Hong Kong. We strongly support the Government to regulate it and never sell to the youth. As parents and responsible citizen, we will also work together with the Government and align with the current education system to educate our kids not consuming cigarette. We are open and welcome the Government imposing high tax in tobacco product as long as it could avoid youth population exposed to the tobacco products. Thank you for your kind attention.

Yours sincerely

Mr. Siu Wing Fung

Mr. Wong Ka Kit

Mr. Wong Siu Pang

Mr. Sun Chi Ho

Mr. Lam Chung Yeung

Mr. Cheuk Kwong Keung

Mr. Or Ming Him

Mr. Wong Chun Sing

Group of Hong Kong Residents & IQOS Users

消費者委員會

就《2019 年吸煙(公眾衛生)(修訂)條例草案》

呈交立法會法案委員會的意見書

2019 年 4 月 9 日

支持全面禁止電子煙與加熱煙在本港出售

消費者委員會一向關注消費品的安全情況，如發現任何會危及消費者健康的產品，會提醒消費者注意，並要求有關當局採取適當的行動，以保障消費者的利益。而近年興起的一些新型吸煙產品，例如電子煙和加熱煙，都已有相關的證據證實會危及消費者的健康。

提防電子煙吸引年青人

本會認為，必須關注由電子煙和加熱煙所產生的門戶效應，尤其是該類產品的設計及銷售手法頗能吸引年輕一代，而青少年又特別容易受新科技產品吸引。

電子煙的煙油或含有不同的香味劑，而且聲稱安全，部分年青人或可能會受到誘惑並開始習慣使用電子煙。美國食品及藥物管理局曾發表報告，指近年當地吸食電子煙的青少年人數急升，總數約有三百萬。而根據香港大學公共衛生學院的學校調查，在曾經吸傳統煙及使用電子煙的小學生當中，約七成是先嘗試電子煙。因此，必須小心防範電子煙可衍生的社會問題。

在年青人常逛的商場有售

在 2018 年 11 月，消費者委員會曾派職員到 5 個地區主要售賣年青人潮流玩意的商場，調查電子煙或加熱煙的銷售情況，發現有 10 個商場的部分店舖有電子煙或加熱煙的電子裝置出售，其中一個較小型的商場，44 間店舖中，有 5 間（11%）出售該類產品。

電子煙或加熱煙電子裝置也在這 10 個商場的商舖出售，年青人接觸到這類產品的機會大大增加。而且部分商舖還有自家的網站或社交媒體方便消費者於網上訂購產品，曾有店員向本會的職員表示，若有興趣購買電子煙或加熱煙電子裝置，可以瀏覽他們的網站，會有較多較齊全的產品資料可細閱，在選取產品型號後再致電該店訂購，有貨便會通知顧客到店付款取貨。

電子煙和加熱煙含有或可釋出不同的有害物質

就有關電子煙和加熱煙是否含有或可釋出不同的有害物質的問題，已有不同的專家及機構發表詳細的資料，證實電子煙和加熱煙產品對健康的危害，例如會釋出例如甲醛、重金屬和微粒等有害物質，加熱煙與傳統煙一樣含有焦油和尼古丁，可以引致癌症、損害呼吸系統等。

總結

根據衛生署控煙酒辦公室的統計數字，自上世紀 80 年代初起，本港每日吸煙人士的比例一直呈下跌的趨勢。然而，電子煙和加熱煙或會令吸煙的惡習死灰復燃。消委會認為，本港要及早採取措施規管這些危害公眾健康的新產品，並確保多年來控煙工作的努力和成果不致毀於一旦。政府及立法會應儘快通過和落實法例，全面禁止電子煙和包括加熱煙在內的新煙草產品，以保障市民健康，尤其是保護年輕一代免受煙害。



金保利有限公司
GOLDPOLY COMPANY LIMITED

香港灣仔港灣道6-8號瑞安中心16樓1608-11室
Room 1608-11, 16/F., Shui On Centre, 6-8 Harbour Road, Wanchai, Hong Kong.

電話: 2542 2082 (6線) 傳真: 2542 2419
Tel: 2542 2082 (6 Lines) Fax: 2542 2419

April 4, 2019

Reference No. B2D2C4BA.

Dear Chairman (Mr. Kwok Wai Keung),

Re: Bill Committee on Smoking (Public Health) (Amendment) Bill 2019
(Regulate Alternative Tobacco Products Instead of Ban in Hong Kong)

As the Director of Goldpoly Company Ltd, a “Logistics Service Provider” company operating in tobacco industry in Hong Kong and other five Asia countries for more than 30 years, I would like to request the Bills Committee to have a proper public consultation for the regulation of alternative tobacco product instead of strictly banning it without a full consideration of opinions from all stakeholders.

We understand the proposed law not only forbids the any HK citizen from choosing a better alternatives of cigarettes products that produces less smell and harm inside Hong Kong territory. It may also disallow the importation of the alternative tobacco products and this will impose unnecessary constraints on our business environment and have a big negative impact on our business.

In addition, the ban contradicts the intention of the Hong Kong government to develop Hong Kong as the major logistics hub in Asia and Hong Kong will lose more of its competitiveness as a Regional Hub to our nearby countries.

More importantly in our logistics and warehouse business in Hong Kong, many of our employees are smokers. In the past couple years, some of our employees have already switched to heated tobacco products which is potentially less harmful. If the heated tobacco products are banned in Hong Kong, then our “smoker” employees will have to go back to a more harmful traditional cigarettes.

We and other interested parties want to voice all these concerns to the Government. Therefore, we kindly ask that the Hong Kong Government to do a proper Public Consultation



金保利有限公司
GOLDPOLY COMPANY LIMITED

香港灣仔港灣道6-8號瑞安中心16樓1608-11室
Room 1608-11, 16/F., Shui On Centre, 6-8 Harbour Road, Wanchai, Hong Kong.

電話: 2542 2082 (6 線)
Tel: 2542 2082 (6 Lines)

傳真: 2542 2419
Fax: 2542 2419

of the alternative tobacco products instead of passing the law in a hurry and rushed manner. In our opinion, we would like the Hong Kong Government to regulate (not ban) the heat not burn tobacco product.

Your kind attention will be highly appreciated.

Sincerely,

For and on behalf of
GOLDPOLY COMPANY LIMITED
金保利有限公司

Kevin Ng

Director, Goldpoly Company Ltd.

Cc: Food & Health Secretary (Professor Hon Sophia Chan Siu-Chee, JP sfhoffice@fhb.gov.hk)
Import and Export (Wong Ting Kwong, tkwong@dab.org.hk)
Labour (Luk Chung-Hung, chluc@ftulegco.org.hk)
Labour (Ho Kai-Ming, office@hkaiming.hk)
Transport (Frankie Yick, frankieyick@liberal.org.hk)



CITIZENS
AGAINST
GOVERNMENT
WASTE

Thomas A. Schatz, *President*
1100 Connecticut Ave., N.W., Suite 650
Washington, D.C. 20036
cagw.org

April 5, 2019

The Honorable Andrew Leung, GBS, JP
President of the Legislative Council of Hong Kong
Members of the Legislative Council
Legislative Complex
1 Legislative Council Road
Central, Hong Kong

Dear President Leung and Members of the Legislative Council,

On behalf of the more than one million members and supporters of Citizens Against Government Waste (CAGW), I am submitting written comments for the April 13 public meeting on Bill 2019 to the Smoking (Public Health) Ordinance, which would prohibit the import, manufacture, sale, distribution, and advertisement of alternative smoking products. These alternative products include electronic cigarettes (e-cigarettes), heat-not-burn products, and herbal cigarettes.

CAGW is a private, nonpartisan, nonprofit, organization whose mission is to eliminate waste, fraud, abuse, mismanagement, and inefficiency in government. Founded in 1984 by the late industrialist J. Peter Grace and syndicated columnist Jack Anderson, CAGW was established to follow up on the work of the President's Private Sector Survey on Cost Control, also known as the Grace Commission.

The Legislative Council Brief (FH CR 1/3231/19), under the heading "Justifications," includes the following:

The emergence of alternative smoking products has posed new health risk and challenges. Often packaged as less harmful substitutes with promotion tactics targeted at youngsters and non-smokers, these products open a gateway to the eventual consumption of conventional cigarettes. The fact is: all these new smoking products are harmful to health and produce second-hand smoke. There is also a lack of sufficient evidence to prove that these products can help quit smoking. Instead, there are studies that suggested that the introduction of these new products could result in dual use with conventional cigarettes.

Many of these assumptions are not accurate. Public Health England (PHE), for example, has recognized that e-cigarettes and heat-not-burn technology are valuable tools to help adult smokers quit smoking and save lives. I urge you to read England's Department of Health July 2017 tobacco-control plan, "Towards a Smokefree Generation." A major part of the plan is to not only permit but also encourage the use of safer alternatives to smoking, like e-cigarettes. England's health officials recognize evidence is growing that these technologies are significantly less harmful to health than combustible cigarettes.

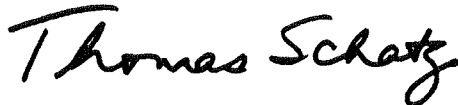
A study of nicotine replacement therapy, funded by the British National Institute for Health Research and Cancer Research and published in the February 14, 2019 *New England Journal of Medicine*, found that e-cigarettes were twice as effective as nicotine patches or gum to help smokers quit cigarettes. The December 28, 2018 PHE video also demonstrates that these new technologies are not as harmful as cigarette smoking. The video clearly illustrates the impact of smoking versus vaping over 30 days.

PHE's proactive view on the use of electronic nicotine delivery systems (ENDS) has helped more than one million smokers in England quit their deadly habit since 2014. At the rate England is proceeding, PHE has predicted that by 2030, England will be classified as smoke-free, which is less than 5 percent of the population.

To be clear, CAGW is disappointed with the U.S. Food and Drug Administration's approach to the use of e-cigarettes and heat-not-burn technology. CAGW believes the agency's recent proposal to ban certain flavors in ENDS products and its lack of action to approve for the marketplace new harm-reduction policies will hurt smokers who are trying to move away from deadly combustible cigarettes.

CAGW hopes that you and the members of the Legislative Council will oppose Bill 2019. Tobacco is grown all over the world, with mainland China producing the most, 2,391 metric tons, in 2017. If Hong Kong should make ENDS products illegal, smokers who are trying to wean themselves off of deadly combustible cigarettes will find it difficult to find much safer alternatives, which will cause many unnecessary deaths.

Sincerely,

A handwritten signature in black ink that reads "Thomas Schatz". The signature is written in a cursive, flowing style with a large, prominent 'T' and 'S'.

April 5, 2019

The Hon. Carrie Lam, GBM, GBS
Chief Executive
Hong Kong



Prof. Sophia Chan, JP,
Secretary for Food and Health
Hong Kong

The Hon. Andrew Leung, GBS, JP
President
Legislative Council of Hong Kong

Ms. Amy Yuen, JP,
Deputy Secretary for Food and Health
Hong Kong

Written Evidence from TechFreedom

I. Introduction

This submission is on behalf of TechFreedom by Ashkhen Kazaryan, Director of Civil Liberties and Legal Research Fellow. TechFreedom is a post-partisan think tank dedicated to promoting the progress of technology that improves the human condition. To this end, we seek to advance public policy that makes experimentation, entrepreneurship, and investment possible, and thus unleashes the ultimate resource: human ingenuity. In sharing our knowledge and experience with policy making in the United States, we hope to assist Hong Kong on its journey to reducing harm associated with smoking.

II. An Ongoing Health Crisis

The world has made enormous progress to reduce smoking. Decades of improvements in education, research, and cessation methods have helped reduce the percentage of smokers in the U.S. from 42.4 percent of the population in 1965 to 15.1 percent today.¹ Despite this success, nearly 40 million Americans and roughly one billion people worldwide still smoke. The majority of these smokers reside in low and middle-income countries that are particularly susceptible to tobacco-related illness.²

Smoking-related illness in the U.S. costs more than \$300 billion each year, including nearly \$170 billion for direct medical care, \$5.6 billion due to secondhand smoke exposure, and more than \$156 billion in lost productivity.³ According to the Centers for Disease Control and Prevention, the primary health protection agency in the U.S., “443,000 Americans die of smoking or exposure to secondhand smoke each

¹ Ctrs. for Disease Control & Prev., *Current Cigarette Smoking Among Adults in the United States* (last updated Dec. 1, 2016), available at <https://goo.gl/3xs68h>.

² World Health Org., *Fact Sheet: Tobacco* (last updated June 2016), available at <https://goo.gl/NJc4Tk>.

³ Ctrs. for Disease Control and Prev., *Economic Facts about U.S. Tobacco Production and Use*, https://www.cdc.gov/tobacco/data_statistics/fact_sheets/economics/econ_facts/index.htm (citing Xu X et al., *Annual Healthcare Spending Attributable to Cigarette Smoking: An Update*, 48(3) Am. J. of Prev. Med. 326–33 (2014)).

year.”⁴ Internationally, the cost in lives is even higher. Tobacco products are responsible for the deaths of more than seven million people each year,⁵ with nearly half of smokers ultimately dying from smoking related health problems.

III. Harm Reduction Opportunities

In his seminal 1976 British Medical Journal article, the late Professor Michael Russell noted, “people smoke for nicotine, but they die from the tar.”⁶ In other words, the other chemical compounds in tobacco cigarettes, and in the smoke created by the combustion process, are the direct cause of illness and death.

E-cigarettes offer users of traditional tobacco products an alternative that presents a significantly reduced risk of cancer and associated health problems. The Royal College of Physicians - the United Kingdom’s medical accreditation body and one of the first institutions to research the link between smoking and lung cancer - found that “although it is not possible to quantify the long-term health risks associated with e-cigarettes precisely, the available data suggest that they are unlikely to exceed 5 percent of those associated with smoked tobacco products, and may well be substantially lower than this figure.”⁷ Indeed, their report states “large-scale substitution of e-cigarettes ... for tobacco smoking has the potential to prevent almost all the harm from smoking in society.”⁸

The appeal of e-cigarettes to consumers, and their virtue as an effective smoking cessation tool, is that they provide an alternative to the use of combustible products that are similar in speed and manner of delivery.⁹ Despite this similarity, studies show “vapers” are less dependent on nicotine than smokers.¹⁰ Even those who use both traditional and e-cigarettes simultaneously were found to have significantly lower amounts of smoke and related toxins in their lungs, despite maintaining their nicotine levels.¹¹

In July 2016, Public Health England and other United Kingdom governmental health organizations solidified their position that e-cigarettes have a public health benefit by releasing a joint statement noting a “developing public health consensus,” and characterizing vaping as a “public health opportunity in helping smokers quit.”¹² They “all agree that e-cigarettes are significantly less harmful than smoking,” and, stated that “all the evidence suggests that the health risks posed by e-cigarettes are relatively small by comparison, but we must continue to study the long-term effects.”¹³

⁴ Ctrs. for Disease Control and Prev., *Adult Smoking in the US*, CDC Vital Signs (Sept. 2011), available at <http://www.cdc.gov/VitalSigns/AdultSmoking/index.html>.

⁵ World Health Organization, *Tobacco Fact Sheet* (Mar. 9, 2018), <https://www.who.int/news-room/fact-sheets/detail/tobacco>.

⁶ M.A. Russell, *Low-tar Medium Nicotine Cigarettes: A New Approach to Safer Smoking*, Br Med J., Jun 12, 1976 1: (6023): 1430-1, <http://www.bmj.com/content/bmj/1/6023/1430.full.pdf>.

⁷ Royal Coll. of Physicians. *Nicotine Without Smoke: Tobacco Harm Reduction* 84 (Apr. 2016), available at www.rcplondon.ac.uk/file/3563.

⁸ *Id.* at 189.

⁹ *Id.* at 84.

¹⁰ *Id.*

¹¹ *Id.* at 85.

¹² Impact Assessment, Public Health England, *E-cigarettes: A Developing Public Health Consensus* (July 2016), available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/534708/E-cigarettes_joint_consensus_statement_2016.pdf.

¹³ *Id.*

IV. Hong Kong's proposed ban

The complete ban on the sale of e-cigarettes, heated tobacco products, and other reduced risk tobacco products in Hong Kong was proposed as an amendment to the Smoking Ordinance¹⁴. If that amendment is adopted and a complete ban becomes law, it will result in significant and ongoing damage to public health.

But the effects of the ban will be compounded by the fact that Hong Kong does not prohibit the sale of combustible tobacco products. As a result, a ban would push smokers, who have adopted vaping as an alternative, back to the use of far more dangerous products. More troubling still, the deleterious consequences of a ban will not be limited to poor health outcomes. The public purse will also suffer, because a ban will likely lead to the creation of an illicit trade in vaping technologies which will demand more tax law enforcement resources.

To avoid these poor outcomes, an independent analysis of the issue by an expert agency should be conducted before moving forward with the contemplated ban. Should such a body find a need to restrict all tobacco products, the best way of achieving a decrease in smoking is to allow e-cigarettes and other alternatives to serve as tools of harm reduction. Ultimately, a government that is authentically interested in optimal public health outcomes should incentivize the public to use less harmful products, not seek to ban them outright.

Passing the proposed ban would flatly ignore years of valuable research into the benefits of harm reduction tools that achieve better public health outcomes. Such an approach is flatly inconsistent with Hong Kong's track record as a home to enlightened and liberal policies concerning industrial oversight.

V. Conclusion

Public health laws should be adopted and implemented in a manner that is consistent with their overarching objective: to improve public health. Employing a heavy-handed approach to e-cigarettes and other innovative products is an affront to that objective. These regulations are not only in direct tension with the bulk of scientific evidence showing the public health benefits of vaping technologies, but also- in effect – will compel consumer use and public exposure to cancer-causing tobacco products.

¹⁴ See Su Xinqi, *Hong Kong Proposes Blanket Ban on E-Cigarettes*, South China Morning Post ((Feb. 13, 2019, 12:45 PM) <https://www.scmp.com/news/hong-kong/health-environment/article/2185942/hong-kong-proposes-blanket-ban-e-cigarettes>; see also Hong Kong Bills Committee on Smoking (Public Health) Amendment (Bill) 2019, available at <https://www.legco.gov.hk/yr18-19/english/bc/bc54/general/bc54.htm>.



Re: Hong Kong's Smoking Ordinance

Date: April 5th, 2019

Submission made by: The Consumer Choice Center

This document is the Consumer Choice Center's official submission to Hong Kong's Legislative Council regarding the proposed alterations to Hong Kong's smoking ordinance, specifically the prohibition of harm reduction vaping devices.

Background on the Consumer Choice Center: The CCC is a global consumer advocacy group, advocating on behalf of consumers in nearly 100 countries. Specifically, we advocate for increased consumer choice, and increased market access. The Consumer Choice Center is privately funded, and maintains 100% editorial discretion. Those who fund the CCC, whether that be individual, foundation, or corporation, have no role in determining the CCC's editorial direction or policy positions.

Our Submission:

Our submission to the Legislative Council will address the following:

- 1) Vaping as harm reduction
- 2) Import and manufacture prohibitions
- 3) Advertising and promotion prohibitions
- 4) Concerns over youth access

Vaping as harm reduction

According to 2015 figures, Hong Kong has a smoking rate of approximately 10.8%, which means that there are nearly 650,000 people who smoke cigarettes on a daily basis. This number should give legislators justification to not prohibit vaping devices in Hong Kong. Public Health England and the British Medical Association have concluded that smokers should be encouraged to make the switch to vaping because it is 95 percent less harmful than smoking. Our worry, as a consumer group, is that vaping prohibitions prevent adult smokers from having access to technologies that could ultimately stop them from smoking, and save their lives.

The reason vaping is less harmful stems mostly from the fact that vaping devices don't contain tobacco, or any form of combustion, which is what leads to cancer in cigarette smokers. When we look at the toxicology of vaping, compared to smoking, research from the University of Victoria Centre for Addictions reports that vaping products only have 18 toxicants, which is significantly less than the 79 found in cigarettes. Most importantly, vape devices don't deliver any tar. The significant reduction in toxins, and absence of tobacco, combustion, and tar, has led prominent western public health journalists to call any potential "threat of vaping" relatively benign.



We know from global health groups such as the National Academies of Sciences in the US, the Ministry of Health in New Zealand, and Public Health England, that vaping can be used to shift people away from cigarettes. Prohibitions on vaping products fail to realize the harm reduction potential of vaping, which ultimately harms adult smokers who are trying to quit.

Import and manufacture prohibitions

We are of the opinion that Hong Kong should not prohibit the import and manufacturing of vape devices. Doing so significantly limits consumer access to these products, which ultimately means that adult smokers will continue to smoke cigarettes. If Hong Kong were to allow for the importation or manufacturing of vape devices, it would significantly help smokers who are looking to quit cigarettes.

Advertising and promotion prohibitions

As a consumer group, we feel that it is unwise to ban the promotion of smoking cessation tools such as vaping. From a harm reduction and consumer perspective, we suggest allowing for specific forms of advertising. Advertising is an important tool for consumers to obtain information, especially for novel and innovative products that have only existed a few years. Many existing smokers do not know yet about the harm reduction benefits of vaping. Thus it is paramount for consumers to learn about the benefits and features of less harmful products through consumer information, which is primarily done through advertising. Restricting the ability of this information to be disseminated because of concerns of how it would affect youth is a noble gesture, but its practical enforcement would disproportionately end up harming adult consumers who would otherwise have limited access to information on the alternatives to tobacco.

Concerns over youth access

We fully acknowledge that youth access to vaping products is a serious problem, and one that should not be ignored. That being said, we feel that there is a way to prevent youth access, while also allowing for adult smokers to have access to harm reduction tools. Specifically, we feel that it would be appropriate if Hong Kong were to make severe penalties to any retailers caught selling or distributing vaping products to minors. Additionally, on the advertising and promotion front, we feel that it would be appropriate to prohibit advertising targeted towards youth, and to prohibit advertising/promotion from publications that are targeted towards youth. We feel that these policies could strike the right balance between embracing harm reduction, and preventing youth access and youth nicotine addiction.



April 5, 2019

**The Legislative Council of the Hong Kong Special Administrative Region
Bills Committee on Smoking (Public Health) (Amendment) Bill 2019**

Comments of the Taxpayers Protection Alliance

The Taxpayers Protection Alliance (TPA) thanks Hong Kong's Legislative Council for the opportunity to submit written comments on the Smoking (Public Health) (Amendment) Bill 2019 ("Amendment Bill"). The Amendment Bill would make the import, manufacture, sale, distribution and advertisement of reduced-risk smoking products (including e-cigarettes and heat-not-burn tobacco devices) illegal, punishable by six months in jail and a fine of HK \$50,000.

It is TPA's position that such a ban would significantly damage public health in the Hong Kong Special Administrative Region, by stymying technology proven to assist smokers who want to quit traditional smoking. On the basis of dozens of peer-reviewed scientific studies, and in the opinion of some of the world's leading medical bodies, these products offer smokers a much less harmful "exit-ramp" off of conventional tobacco products that carry many health risks and are responsible for around 7,000 deaths per year in Hong Kong.¹ Non-smokers in Hong Kong pay for these adverse health outcomes as well; public-sector (taxpayer) costs exceed HK \$40 billion per year.² Any such ban would directly lead to higher mortality from tobacco-related illnesses in Hong Kong, and as such should not be enacted.

Throughout the world millions of smokers have successfully quit smoking through the use of e-cigarettes and other technologies such as heat not burn. Smoking rates in the UK and USA have declined to record lows due to the availability of safer and more effective alternatives to tobacco. According to figures from the Centers for Disease Control (CDC), American adult smoking rates have fallen from 20.9 percent in 2005 to a record low of 14.0 percent in 2017.³

While similarly after a period of significant smoking rate reduction, the UK adult smoking rate stalled in the late-2000s, then sharply declined between 2011 and 2017 from 20.2 percent to 15.1 percent.⁴ According to the UK's Office for National Statistics, "Across time, the largest reduction in smoking prevalence has been among 18- to 24-year-olds; 25.7% of this group smoked in 2011 compared with 17.8% in 2017, a reduction of around 8 percentage points."⁵ These sharp declines occur as adults increasingly take up reduced-risk alternatives to cigarettes; the UK Government and all major medical bodies now "encourage" smokers to use e-cigarettes as a quit smoking aid.⁶

¹ University of Hong Kong, Department of Community Medicine, School of Public Health, "Smoking Costs Hong Kong Over \$5 Billion Every Year."

² Ibid.

³ United States Centers for Disease Control and Prevention, "Current Cigarette Smoking Among Adults in the United States," 2018.

⁴ United Kingdom Office for National Statistics, "Adult Smoking Habits in the UK: 2017."

⁵ Ibid.

⁶ United Kingdom National Health Service Health Scotland, "E-cigarettes Consensus Statement," September 21, 2017.

**Taxpayers Protection Alliance, 1401 K Street, NW., Suite 502, Washington, D.C. 20005
(202) 930-1716**

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This isn't surprising given the overwhelming evidence on the effectiveness of e-cigarettes, which are "around 95 percent less harmful than smoking." Similarly, studies have shown e-cigarettes as considerably more effective than traditional nicotine replacement therapies such as nicotine gums and patches.⁷

In January 2019, the *New England Journal of Medicine* reported the results of the largest and most comprehensive of these, finding unequivocally that e-cigarettes are nearly twice as effective as conventional nicotine replacement products (such as patches and gum) for quitting smoking.⁸ Despite fears that an "epidemic" of youth use will lead to the increased popularity of regular smoking, a 2019 study published in *Tobacco Control* which tracked the habits of approximately 250,000 youth ages 13-15 over the period of 1998 through 2015 found that the surge in e-cigarette use has not led to the "renormalization" of regular cigarette use.⁹

In light of this overwhelming evidence, TPA believes that reduced-risk products are an essential part of any comprehensive harm-reduction strategy. E-cigarettes and other alternative products must remain available to the 615,000 residents of Hong Kong who smoke and are actively looking for safer alternatives to their deadly habit. The Amendment Bill would take away these life-saving products, to the detriment of all. As such we strongly urge that this bill not be passed.

Regards,

A handwritten signature in blue ink, appearing to read "David Williams", written over a light blue horizontal line.

David Williams
President

⁷ Government of the United Kingdom, "E-cigarettes Around 95% Less Harmful than Tobacco Estimates Landmark Review," August 19, 2015.

⁸ Hajek, Peter, Anna Phillips-Waller, Dunja Przulj, Francesca Pesola, Katie Myers Smith, Natalie Bisal, Jinshuo Li et al. "A randomized trial of e-cigarettes versus nicotine-replacement therapy." *New England Journal of Medicine* (2019).

⁹ Hallingberg, Britt, Olivia Maynard, Linda Bauld, Rachel Brown, Lindsay Gray, Emily Lowthian, Anne Marie MacKintosh, Laurence Moore, Marcus Munafo, and Graham Moore. "Have e-cigarettes renormalised or displaced youth smoking? Results of a segmented regression analysis of repeated cross sectional survey data in England, Scotland and Wales." *Tobacco Control* (2018).

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(202) 930-1716

www.protectingtaxpayers.org



Clerk to Bills Committee
Legislative Council Secretariat
1 Legislative Council Road
Central
Hong Kong

Fontem Ventures B.V.
Motion Building 8F
Radarweg 60
1043 NT Amsterdam
Netherlands

By email to bc_54_18@legco.gov.hk

+31 (0) 85 002 7200
www.fontemventures.com

Dear Sir / Madam,

5th April 2019

Smoking (Public Health) (Amendment) Bill 2019

Fontem Ventures welcomes the opportunity to provide evidence to the Legislative Council's Bills Committee. The registration reference number for this submission is EDBE6FDC.

Fontem is the Amsterdam-based business behind the blu® brand of electronic vaping products, which have been marketed responsibly to adult smokers and vapers around the world since 2009. Fontem Ventures BV is a subsidiary of Imperial Brands plc. Through this link, our business has access to the intellectual property acquired by Imperial from the vapour division of Dragonite, the Hong Kong-listed health care and pharmaceutical company, in 2013. Fontem does not currently market vapour products in Hong Kong, but is rapidly expanding its global market footprint.

Our business exists to offer something better to the world's smokers. As you will see from the evidence attached, independent research establishments and public health authorities across the world are clear that electronic vapour products do offer smokers something better: reduced harm. As such, switching smokers to e-vapour offers significant potential public health benefits. Furthermore, these benefits do not need to come at the expense of increased nicotine initiation.

Fontem believes that Hong Kong's 600,000 smokers deserve access to less harmful alternatives to cigarettes. This Bill would restrict those alternatives. This would be a disappointing policy outcome, based on myths. We hope that this submission helps to dispel some of these myths.

My team would be pleased to give further evidence to the inquiry if invited to do so. Should you have any questions about this submission, please contact me directly by email at ross.parker@fontemventures.com.

Yours faithfully,

Ross Parker
Director of Corporate and Legal Affairs



Fontem Ventures B.V.
Motion Building 8F
Radarweg 60
1043 NT Amsterdam
Netherlands

+31 (0) 85 002 7200
www.fontemventures.com

Submission to the Bills Committee regarding the Smoking (Public Health) (Amendment) Bill 2019

[EDBE6FDC]

1. INTRODUCTION

1.1 This document provides an overview of the significant scientific evidence that:

- multiple public bodies now believe electronic vapour products are less harmful than smoking;
- there are significant benefits to smokers of switching to electronic vapour products;
- vaping has a role in smoking cessation;
- vaping is not a “gateway to smoking”; and
- vapour products do not harm indoor air quality for bystanders.

1.2 Taken together, this evidence makes a compelling case not to prohibit vapour products in Hong Kong, and suggests that a more rational regulatory regime should be adopted to ensure that the public health benefits of vaping can be captured.

2. PUBLIC BODIES AGREE THAT VAPING IS LESS HARMFUL THAN SMOKING

2.1 Following a review of the available scientific evidence in 2015 comparing conventional smoking to e-cigarettes, Public Health England characterised e-cigarettes as being “around 95% less harmful than smoking”.¹ This view was subsequently supported by numerous other UK public health organisations including the British Lung Foundation, Cancer Research UK and the Royal Society of Public Health.² The following year, the UK Royal College of Physicians concluded the long-term health risks associated with e-cigarettes are “unlikely to exceed 5% of those associated with smoked tobacco products, and may well be substantially lower”.³

2.2 A number of other public health organisations, agencies and governments have since reviewed the scientific and safety evidence on e-cigarettes and reached similar conclusions on the relative harms of e-cigarettes compared to cigarettes. For example:

- In a statement, the US Food and Drug Administration (FDA) Commissioner stated “Make no mistake. We see the possibility for ENDS [electronic nicotine delivery system] products like e-cigarettes and other novel forms of nicotine-delivery to provide a potentially less harmful alternative for currently addicted individual adult smokers who still want to get access to satisfying levels of nicotine without many of the harmful effects that come with the combustion of tobacco”.⁴
- Following a comprehensive review of the scientific literature, the US National Academies of Sciences, Engineering, and Medicine (NASEM) concluded “Evidence suggests that while e-cigarettes are not without health risks, they are likely to be far less harmful than conventional cigarettes”.⁵
- In an update position statement, the American Cancer Society stated that “Based on currently available evidence, using current generation e-cigarettes is less harmful than smoking cigarettes, but the health effects of long-term use are not known” and “...individuals should be encouraged to switch to the least harmful form of tobacco product possible; switching to the exclusive use of e-cigarettes is preferable to continuing to smoke combustible products”.⁶

¹ <https://www.gov.uk/government/news/e-cigarettes-around-95-less-harmful-than-tobacco-estimates-landmark-review>

² <https://www.gov.uk/government/publications/e-cigarettes-a-developing-public-health-consensus>

³ <https://www.rcplondon.ac.uk/projects/outputs/nicotine-without-smoke-tobacco-harm-reduction-0>

⁴ <https://www.fda.gov/newsevents/newsroom/pressannouncements/ucm605432.htm>

⁵ <http://www8.nationalacademies.org/onpinews/newsitem.aspx?RecordID=24952>

⁶ <https://www.cancer.org/healthy/stay-away-from-tobacco/e-cigarette-position-statement.html>

- Following the passing of new legislation that officially legalises and regulates vaping in Canada, the Government of Canada issued a position statement that stated “Vaping is less harmful than smoking” and “Switching from tobacco cigarettes to vaping products will reduce a person's exposure to many toxic and cancer-causing chemicals”.⁷
- The British Medical Association updated its policy position on e-cigarettes based on the evidence that “There are clear potential benefits to e-cigarette use in reducing the substantial harms associated with smoking, and a growing consensus that they are significantly less harmful than tobacco use”.⁸
- The New Zealand Ministry of Health has stated that “The evidence on vaping products indicates they carry much less risk than smoking cigarettes but are not risk free” and “The Ministry believes vaping products could disrupt inequities and contribute to Smokefree 2025”.⁹
- The Royal Australian and New Zealand College of Psychiatrists stated that “E-cigarettes and vaporisers provide a safer way to deliver nicotine to those who are unable to stop smoking, thereby minimising the harms associated with smoking tobacco and reducing some of the health disparities experienced by people with mental illness”.¹⁰
- In its policy position paper, the Drug and Alcohol Nurses of Australasia concluded that “E-cigarettes are a much safer alternative to smoking for those who are unable to quit with conventional therapies” and “E-cigarettes are not risk free but evidence suggests they are around 95% safer than smoking”.¹¹

3. IMPACT ON HUMAN HEALTH: SMOKERS SWITCH TO VAPING

3.1 Cigarette smoke is created by the combustion of tobacco at 600-900°C which creates thousands of new and harmful or potentially harmful chemicals in the form of smoke particles and toxic gases which are reported to cause harm to smokers.¹² By contrast, e-cigarettes use electrical heating to create an aerosol (popularly referred to as ‘vapour’) from an e-liquid (of known chemical composition). As a result, the toxicants in e-cigarette aerosols have been found to be at levels that are magnitudes lower than in conventional cigarette smoke with many of the toxicants in tobacco smoke simply not present at detectable levels or at levels equivalent to the tolerances allowed in medicinal products.^{13,14,15,16,17,18}

3.2 Importantly, recently published clinical research has shown that smokers who have switched to e-cigarettes have significantly lower exposure to carcinogens and toxicants found in cigarette

⁷ <https://www.canada.ca/en/health-canada/services/smoking-tobacco/vaping.html>

⁸ <https://www.bma.org.uk/collective-voice/policy-and-research/public-and-population-health/tobacco/e-cigarettes>

⁹ <https://www.health.govt.nz/our-work/preventative-health-wellness/tobacco-control/vaping-smokeless-including-heated-tobacco>

¹⁰ https://www.ranzcp.org/Files/Resources/Submissions/RANZCP_Standing-Committee_Vaporised-Nicotine-Bill.aspx

¹¹ <https://www.danaonline.org/wp-content/uploads/2017/09/DANA-Position-Statement-on-E-Cigarettes-2017.pdf>

¹² U.S. DHSS. How Tobacco Smoke Causes Disease The Biology and Behavioral Basis for Smoking-Attributable Disease A Report of the Surgeon General. Public Health. U.S. Dept. of Health and Human Services, Public Health Service, Office of the Surgeon General; 2010. 792 p

¹³ Goniewicz, M.L., et al., Levels of selected carcinogens and toxicants in vapour from electronic cigarettes. *Tob Control*, 2014. 23(2): p. 133-9.

¹⁴ Tayyarah, R. and G.A. Long, Comparison of select analytes in aerosol from e-cigarettes with smoke from conventional cigarettes and with ambient air. *Regul Toxicol Pharmacol*, 2014. 70(3): p. 704-10.

¹⁵ Farsalinos KE, Polosa R. Safety evaluation and risk assessment of electronic cigarettes as tobacco cigarette substitutes: a systematic review. *Therapeutic Advances in Drug Safety* 2014;5:67-86

¹⁶ Burstyn I. Peering through the mist: systematic review of what the chemistry of contaminants in electronic cigarettes tells us about health risks. *BMC Public Health* 2014;14:18

¹⁷ Hajek P, Etter J-F, Benowitz N, Eissenberg T, McRobbie H. Electronic cigarettes: review of use, content, safety, effects on smokers and potential for harm and benefit. *Addiction* [Internet]. 2014 Aug 31

¹⁸ Margham J, McAdam K, Forster M, Liu C, Wright C, Mariner D, et al. Chemical Composition of Aerosol from an E-Cigarette: A Quantitative Comparison with Cigarette Smoke. *Chem Res Toxicol*. American Chemical Society; 2016 Oct17;29(10):1662-78

smoke, with reductions largely indistinguishable from complete smoking cessation or use of licensed nicotine replacement products.^{19,20,21,22}

3.3 When assessing physiological endpoints, pulmonary function improvements have been noted when smokers switch to using e-cigarettes^{23,24} and a reduced incidence of airway infections observed.²⁵ It has also been reported that chronic conditions improve when a smoker switches to e-cigarettes, for example in the case of asthma^{26,27}, breathing problems²⁸ and lung function.²⁹ Clinical studies have also shown that smokers reducing or replacing smoking by switching to e-cigarettes does not lead to higher blood pressure or heart rate values^{30,31}, with blood pressure reductions particularly apparent in smokers with an elevated blood pressure over the long term.³²

3.4 Fontem Ventures recently published one of the first long-term clinical studies assessing use of a typical closed system e-cigarette by smokers over two years in the real world.³³ The findings of this study showed there were no safety concerns in smokers using the e-cigarette for 2 years; use of the e-cigarette was associated with a reduction in conventional cigarette consumption and a reduced exposure to harmful cigarette smoke chemicals; and use of the e-cigarette did not lead to clinically significant adverse changes in biomarkers of haematology or lipid metabolism.

3.5 The scientific evidence to date indicates that the potential health risks associated with e-cigarette use are much lower than continued cigarette smoking. However, e-cigarettes have not been around long enough to generate epidemiological data, which looks at health impacts after decades of use, and Fontem Ventures believe more research is needed into the long-term effects of their use.

3.6 Fontem Ventures' most recent peer reviewed research³⁴ shows that vaping blu produces a similar effect on human lung tissue as breathing normal air. The study, published this month, was conducted to investigate the potential adverse effects of blu vapour on human airway tissue, compared with conventional cigarette smoke. For the study, researchers used a 3D model of lung

¹⁹ O'Connell, G et al: "Reductions in biomarkers of exposure to harmful or potentially harmful constituents following partial or complete substitution of cigarettes with electronic cigarettes in adult smokers", *Toxicol Mech Methods*, 2016

²⁰ Goniewicz, M et al: "Exposure to Nicotine and Selected Toxicants in Cigarette Smokers Who Switched to Electronic Cigarettes", *Nicotine & Tobacco Research*, 2016

²¹ Shahab, L et al: "Nicotine, carcinogen, and toxin exposure in long-term e-cigarette and nicotine replacement therapy users", *Annals of Internal Medicine*, 2017

²² Round EK, Chen P, Taylor AK, Schmidt E: Biomarkers of Tobacco Exposure Decrease After Smokers Switch to an E-Cigarette or Nicotine Gum. *Nicotine & Tobacco Research* 2018:nty140-nty140.

²³ D'Ruiz, C.D et al: "Measurement of cardiovascular and pulmonary function endpoints and other physiological effects following partial or complete substitution of cigarettes with electronic cigarettes in adult smokers", *Regulatory Toxicology and Pharmacology*, 2017.

²⁴ Cibella, F et al: "Lung function and respiratory symptoms in a randomized smoking cessation trial of electronic cigarettes", *Clinical Science*, 2016.

²⁵ Miler, J.A et al: "Changes in the Frequency of Airway Infections in Smokers Who Switched To Vaping: Results of an Online Survey", *J Addict Res Ther*, 2016.

²⁶ Polosa R et al: "Effect of smoking abstinence and reduction in asthmatic smokers switching to electronic cigarettes: Evidence for harm reversal", *Int J Environ Res Public Health*, 2014.

²⁷ Farsalinos, K.E. et al: "Characteristics, perceived side effects and benefits of electronic cigarette use: a worldwide survey of more than 19,000 consumers", *Int J Environ Res Public Health*, 2014.

²⁸ Campagna D et al: "Changes in breathomics from a 1-year randomized smoking cessation trial of electronic cigarettes", *Eur J Clin Invest*, 2016.

²⁹ Polosa R: "Electronic cigarette use and harm reversal: emerging evidence in the lung", *BMC Med*, 2015.

³⁰ Farsalinos, K et al: "Effect of continuous smoking reduction and abstinence on blood pressure and heart rate in smokers switching to electronic cigarettes", *Intern Emerg Med*, 2016.

³¹ D'Ruiz, C.D et al: "Measurement of cardiovascular and pulmonary function endpoints and other physiological effects following partial or complete substitution of cigarettes with electronic cigarettes in adult smokers", *Regulatory Toxicology and Pharmacology*, 2017.

³² Farsalinos, K et al: "Effect of continuous smoking reduction and abstinence on blood pressure and heart rate in smokers switching to electronic cigarettes", *Intern Emerg Med*, 2016.

³³ Walele, T., et al., Evaluation of the safety profile of an electronic vapour product used for two years by smokers in a real-life setting. *Regulatory Toxicology and Pharmacology*, 2018. 92: p. 226-238.

³⁴ Toxicological comparison of cigarette smoke and e-cigarette aerosol using a 3D *in-vitro* human respiratory model', available at <https://www.sciencedirect.com/science/article/pii/S0273230019300443>

tissue in parallel with a VITROCELL smoking/vaping robot to assess the potential toxicity of e-cigarette vapour to human cells. Two blu nicotine-containing vape products were tested³⁵ – with and without flavourings – on real human airway tissue, alongside a conventional reference cigarette³⁶. The results were in marked contrast:

- The impact of the vapour – from both flavoured and unflavoured e-liquid – on the airway tissue was similar to fresh air, even up to 400 continuous puffs. Essentially, blu vapour had no cytotoxic impact on human airway tissue under the test conditions.
- In contrast, exposure to conventional cigarette smoke resulted in a significant and rapid decrease in lung tissue viability under the test conditions.

4. SMOKING CESSATION AND VAPING

4.1 Significant numbers of smokers worldwide are switching to e-cigarettes, with Euromonitor estimating that there were 35 million vapers by 2016.³⁷ This demonstrates that, notwithstanding the relative youth of the category, and the unclear or punitive regulations for vaping around the world, consumers are seeking e-cigarettes and vaporisers as an alternative to conventional cigarettes.

4.2 Although e-cigarettes cannot be marketed as smoking cessation devices in the UK, EU or US without a medicinal license, a growing body of evidence suggests e-cigarettes are an effective tool in helping people quit smoking.^{38,39,40,41}

4.3 E-cigarettes have become the most common quitting aid for smokers in England, a finding supported by recent data, suggesting that 38.2% of smokers in the last quarter of 2017 reported using an e-cigarette in their recent quit attempt compared with 18% using licensed nicotine replacement therapies (NRT) and 2.8% using Varenicline.⁴² Success rates for quitting smoking are now at a record high in the UK, with almost 20% of attempts to quit successful in 2017 versus the past decade's average success rate of 15.7%.⁴³ The improvement in quitting success has been attributed to the increased prevalence of e-cigarettes in the UK, with Cancer Research UK commenting "Research has shown that e-cigarettes are the most popular way to quit".⁴⁴ In 2015 alone, use of e-cigarettes resulted in an *additional* 18,000 long-term ex-smokers in England.⁴⁵

4.4 The UK Royal College of Physicians has concluded that "E-cigarettes are marketed as consumer products and are proving much more popular than NRT [nicotine replacement therapy] as a substitute and competitor for tobacco cigarettes. E-cigarettes appear to be effective when used by smokers as an aid to quitting smoking".⁴⁶ Consistent with this, a Cancer Research UK study found that smokers using e-cigarettes to replace smoking are 60% more likely to succeed than those using traditional,

³⁵ blu PLUS + e-cigarettes

³⁶ 3R4F reference cigarette

³⁷ <https://www.bbc.com/news/business-44295336>

³⁸ McNeill A, Brose LS, Calder R, Bauld L, Robson D: Evidence review of e-cigarettes and heated tobacco products 2018. A report commissioned by Public Health England. In. Edited by England. PH. London; 2018.

³⁹ McRobbie H, Bullen C, Hartmann-Boyce J, Hajek P: Electronic cigarettes for smoking cessation and reduction. *The Cochrane database of systematic reviews* 2014, 12:CD010216

⁴⁰ Hartmann-Boyce J, McRobbie H, Bullen C, Begh R, Stead LF, Hajek P: Electronic cigarettes for smoking cessation. *The Cochrane database of systematic reviews* 2016, 9:CD010216.

⁴¹ Hajek P, Corbin L, Ladmore D, Spearing E: Adding e-cigarettes to specialist stop-smoking treatment: City of London pilot project. *J Addict Res Ther* 2015, 6(2).

⁴² McNeill A, Brose LS, Calder R, Bauld L, Robson D: Evidence review of e-cigarettes and heated tobacco products 2018. A report commissioned by Public Health England. In. Edited by England. PH. London; 2018.

⁴³ <http://www.smokinginbritain.co.uk/read-paper/draft/8/Quit%20success%20rates%20in%20England%2007-2017>

⁴⁴ <http://www.cancerresearchuk.org/about-us/cancer-news/news-report/2017-09-21-smoking-quit-rates-highest-in-10-years>

⁴⁵ Beard, E et al: "Association between electronic cigarette use and changes in quit attempts, success of quit attempts, use of smoking cessation pharmacotherapy, and use of stop smoking services in England: time series analysis of population trends", *BMJ*, 2016.

⁴⁶ <https://www.rcplondon.ac.uk/projects/outputs/nicotine-without-smoke-tobacco-harm-reduction-0>

over-the-counter medicinal nicotine replacement therapies or willpower alone.⁴⁷ There is also emerging evidence that e-cigarettes can also encourage reduced cigarette consumption and cessation, even among those smokers not intending to quit or rejecting other support.⁴⁸

4.5 It has also been shown in the US that the increase in use of e-cigarettes, which became noticeable around 2010 and increased substantially by 2014, was associated with a statistically significant increase in the smoking cessation rate at the population level.⁴⁹ Furthermore, an analysis of the data from the 2014 and 2015 US National Health Interview Surveys (NHIS) found that over half of daily e-cigarette users had quit smoking in the last 5 years and daily e-cigarette users were 3 times more likely to quit than never-use e-cigarette smokers.⁵⁰

4.5 The major risk to the continued success of e-cigarettes, as a replacement for conventional cigarettes, is declining smoker confidence in the e-cigarette category, evidenced by the increasing misperceptions of the relative harmfulness of e-cigarettes in the UK⁵¹, US⁵² and elsewhere. This decline in consumer confidence is driven, at least in part, by sensationalist media headlines, misinformation, and misleading science that fails to compare the relative risks of vaping to smoking. In order to improve the accuracy of smoker's perception of vaping products compared to smoking, and to maximise the health benefits of switching, Health Canada is currently consulting on a "List of Statements for Use in the Promotion of Vaping Products" which, if approved, would be the first authorised promotional statements that would recognise and maximise the opportunities of vaping products in tobacco harm reduction. The proposed statements include, amongst others, "If you are a smoker, switching completely to vaping is a much less harmful option" and "Switching completely from smoking to e-cigarettes will reduce harm to your health".

4.6 Fontem Ventures urges the Committee to carefully consider how different regulatory environments may influence and impact the effectiveness of e-cigarettes as an alternative to conventional cigarettes. Indeed, a recent study found use of e-cigarettes in the real world "...appears only effective for sustaining smoking abstinence in a less restrictive [e-cigarette] environment suggesting that the benefits of [e-cigarettes] for smoking cessation are likely highly dependent on the regulatory environment".⁵³ This underscores the need for careful consideration on how best to regulate e-cigarettes so the public health benefits can be maximised.

5. VAPING IS NOT A GATEWAY TO SMOKING

5.1 Some regulators and public health officials have expressed concerns that e-cigarettes could act as a 'gateway' to smoking among non-smokers, particularly youth, or that vaping could 'renormalise' smoking. These fears are unfounded, primarily because the statistics to date do not support the view that significant numbers of non-smokers are regularly vaping and going on to smoke. In fact the opposite is true with data showing that vaping products are actually acting as a gateway *from* smoking, accelerating declines in both adult and youth smoking rates.

⁴⁷ Brown, J et al: "Real-world effectiveness of e-cigarettes when used to aid smoking cessation", *Addiction*, 2014.

⁴⁸ Polosa, R et al: "Success rates with nicotine personal vaporisers", *BMC public health*, 2014.

⁴⁹ Zhu, S.-H., Y.-L. Zhuang, S. Wong, S. E. Cummins and G. J. Tedeschi (2017). "E-cigarette use and associated changes in population smoking cessation: evidence from US current population surveys." *BMJ* 358

⁵⁰ Giovenco, D.P. and C.D. Delnevo, Prevalence of population smoking cessation by electronic cigarette use status in a national sample of recent smokers. *Addictive Behaviors*, 2018. 76: p. 129-134.

⁵¹ <http://ash.org.uk/media-and-news/press-releases-media-and-news/large-national-survey-finds-2-9-million-people-now-vape-in-britain-for-the-first-time-over-half-no-longer-smoke/>

⁵² Douglas Clifford, E., R. Henson, J. Drope and C. Wender Richard (2018). "The American Cancer Society public health statement on eliminating combustible tobacco use in the United States." *CA: A Cancer Journal for Clinicians* 0(0).

⁵³ Yong, H.H et al: "Does the regulatory environment for e-cigarettes influence the effectiveness of e-cigarettes for smoking cessation?: Longitudinal findings from the ITC Four Country Survey", *Nicotine Tob Res*, 2017.

5.2 A large analysis of available UK data in 2017 showed that there is no evidence e-cigarettes are leading young people into smoking. The study, which analysed five large-scale surveys conducted in 2015-2017 involving over 60,000 11-16 year-olds, found among young people who had never smoked, regular use of e-cigarettes was negligible – between 0.1% and 0.5% across the five surveys.⁵⁴ Whilst there is some experimentation amongst young (U18) UK ‘never smokers’, there was no evidence of this group regularly using e-cigarettes; indeed, regular use was almost entirely concentrated in young people who had already smoked.⁵⁵

5.3 More recently, a March 2019 study canvassing the views of almost 250,000 young people in Great Britain was published in the journal *Tobacco Control*.⁵⁶ This study shows that the number of teenagers who said they had tried smoking or thought it was acceptable to smoke has continued to fall despite the rise in e-cigarette use. Dr Graham Moore, based at the Centre for the Development and Evaluation of Complex Interventions for Public Health Improvement, said: “These findings suggest that fears over a resurgence in youth tobacco smoking because of the rise in e-cigarette use are largely unfounded to date.” He went on to state that: “... this study demonstrates the success of public health efforts in reducing smoking among young people in the last 20 years and provides no evidence that e-cigarettes are reversing this.”⁵⁷

5.4 The UK Royal College of Physicians has also concluded: “E-cigarettes are not a gateway to smoking – in the UK, use of e-cigarettes is limited almost entirely to those who are already using, or have used, tobacco”.⁵⁸

5.5 The 2018 Public Health England comprehensive evidence review update also concluded “... the evidence suggests that EC [e-cigarettes] have contributed tens of thousands of additional quitters in England” estimating e-cigarettes contributed to an additional 57,000 quitters (lower bound estimate 22,000) in England in 2016 whereas “EC [e-cigarette] use among never smokers in GB remains very rare at less than 1%, similar to the level of use of NRT. Among never smokers who have ever used EC, a minority have used nicotine-containing liquids and the vast majority have not progressed to regular use”.⁵⁹

5.6 A recent systematic review of the literature by the University of Victoria, Canada also found “no evidence of any gateway effect whereby youth who experiment with vapour devices are, as a result, more likely to take up tobacco use”.⁶⁰

5.7 The New Zealand Ministry of Health has also said “There is no international evidence that vaping products are undermining the long-term decline in cigarette smoking among adults and youth, and may in fact be contributing to it”.⁶¹

5.8 An analysis of multiple years of nationally representative surveys in the US has also indicated that the majority of e-cigarette use among US youth was either infrequent or experimental, and

⁵⁴ Bauld, L et al: “Young People's Use of E-Cigarettes across the United Kingdom: Findings from Five Surveys 2015-2017”, *Int J Environ Res Public Health*, 2017.

⁵⁵ Bauld, L et al: “E-Cigarette Uptake Amongst UK Youth: Experimentation, but Little or No Regular Use in Nonsmokers”, *Nicotine & Tobacco Research*, 2016.

⁵⁶ Hallingberg, B et al: “Have e-cigarettes renormalised or displaced youth smoking? Results of a segmented regression analysis of repeated cross sectional survey data in England, Scotland and Wales”, *Tobacco Control*, 2019

⁵⁷ <https://www.cardiff.ac.uk/news/view/1468817-growth-in-e-cigarette-use-hasnt-led-young-people-to-think-smoking-is-normal>

⁵⁸ <https://www.rcplondon.ac.uk/projects/outputs/nicotine-without-smoke-tobacco-harm-reduction-0>

⁵⁹ McNeill A, Brose LS, Calder R, Bauld L & Robson D (2018). Evidence review of e-cigarettes and heated tobacco products 2018. A report commissioned by Public Health England. London: Public Health England

⁶⁰ Clearing the Air: A systematic review on the harms and benefits of e-cigarettes and vapour devices, O’Leary, R. et al., University of Victoria, Centre for Addictions Research of BC, January 2017

⁶¹ <https://www.health.govt.nz/our-work/preventative-health-wellness/tobacco-control/vaping-smokeless-including-heated-tobacco>

negligible among never-smoking youth.⁶² The majority of the very small proportion of US youth who use e-cigarettes on a regular basis, consume nicotine-free products.⁶³ The sharpest declines in US youth smoking rates have occurred as e-cigarettes have become increasingly available.⁶⁴ Indeed, the Monitoring the Future (MTF) survey showed that smoking peaked at 28.3% in 1996 and fell to 5.9% by 2016.⁶⁵ In fact, since 2011 when e-cigarette use began to rise in the US, there has been a particularly marked decline in teen cigarette smoking, from 11.7% to 5.9%.⁶⁶

6. VAPING DOES NOT NEGATIVELY IMPACT INDOOR AIR QUALITY FOR BYSTANDERS

6.1 Fontem Ventures is of the view that vaping should be permitted in public places but e-cigarette users should be courteous to those around them. It is unjustified to apply smoke-free environment legislation to vaping products, since they are not tobacco products, do not contain tobacco, do not generate side-stream emissions, and pose no known risk to bystanders based on current science. Fontem Ventures believe it should be up to individual establishments and business owners to decide whether or not to permit the use of e-cigarettes and vaporisers inside their premises. Regulators considering legislation on indoor vaping should weigh up the existing scientific evidence on e-cigarettes, and should take into account the fact that forcing e-cigarette users – the vast majority of whom are smokers trying to reduce or replace smoking – to share a space with tobacco users could well undermine their attempts to quit smoking and expose them to tobacco emissions which the public health community has concluded is harmful.

6.2 The 2015 Public Health England evidence review report concluded that exposure to nicotine and other chemicals that may be present in exhaled e-cigarette aerosol was negligible, with chemical analyses to date indicating that exhaled aerosols are unlikely to warrant a concern to bystanders.⁶⁷ In 2018, Public Health England re-affirmed this conclusion by stating “to date there have been no identified health risks of passive vaping to bystanders”.⁶⁸

6.3 The UK Government advice published for employers in 2016 encouraged workplaces to adopt pro-vaping policies that make it as easy and convenient as possible for smokers to switch on the basis that there is “currently no evidence of harm from second-hand e-cigarette vapour.”⁶⁹ This view was subsequently shared by the UK National Health Service⁷⁰, Chartered Institute for Environmental Health⁷¹, Cancer Research UK⁷² and many others. Cancer Research UK went on to conclude that “passively breathing vapour from e-cigarettes is unlikely to be harmful”.⁷³

⁶² Polosa, R et al: “A critique of the US Surgeon General’s conclusions regarding e-cigarette use among youth and young adults in the United States of America”, Harm Reduction Journal, 2017.

⁶³ Polosa, R et al: “A critique of the US Surgeon General’s conclusions regarding e-cigarette use among youth and young adults in the United States of America”, Harm Reduction Journal, 2017.

⁶⁴ Polosa, R et al: “A critique of the US Surgeon General’s conclusions regarding e-cigarette use among youth and young adults in the United States of America”, Harm Reduction Journal, 2017.

⁶⁵ Johnson, L et al (2016) Monitoring the Future: National Survey Results on Drug Use, 1975-2016: 2016 Overview, <http://www.monitoringthefuture.org//pubs/monographs/mtf-overview2016.pdf>

⁶⁶ Johnson, L et al (2016) Monitoring the Future: National Survey Results on Drug Use, 1975-2016: 2016 Overview, <http://www.monitoringthefuture.org//pubs/monographs/mtf-overview2016.pdf>

⁶⁷ <https://www.gov.uk/government/news/e-cigarettes-around-95-less-harmful-than-tobacco-estimates-landmark-review>

⁶⁸ McNeill A, Brose LS, Calder R, Bauld L & Robson D (2018). Evidence review of e-cigarettes and heated tobacco products 2018. A report commissioned by Public Health England. London: Public Health England

⁶⁹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/534586/PHE-advice-on-use-of-e-cigarettes-in-public-places-and-workplaces.PDF

⁷⁰ <http://www.nhs.uk/news/2015/08August/Pages/E-cigarettes-95-per-cent-less-harmful-than-smoking-says-report.aspx>

⁷¹ <http://www.cieh.org/CIEH-comment-PHE-report-e-cigarettes-190815.html>

⁷² <http://www.cancerresearchuk.org/about-us/cancer-news/press-release/2017-02-06-e-cigarettes-safer-than-smoking-says-long-term-study>

⁷³ <http://scienceblog.cancerresearchuk.org/2017/02/06/new-study-comes-the-closest-yet-to-proving-that-e-cigarettes-arent-as-dangerous-as-smoking/>

6.4 In 2017, the British Medical Association stated in its updated key messages for policymakers “Although research in this area remains limited, there is a lack of evidence that exposure to the constituents of e-cigarette vapour poses specific health risks to bystanders” and “Current data on smoking and e-cigarette use does not support concerns that e-cigarettes are re-normalising cigarette smoking or undermining compliance with smoke-free legislation”.⁷⁴

6.5 In France, following the Government’s 2015 conclusion that “there is no evidence for passive vaping based on current scientific knowledge”⁷⁵, in 2017 the Minister for Health and Social Services initiated a decree on indoor use of e-cigarettes - signed by seven other Ministers – to allow vaping in enclosed work places, including stadiums, bars, hotels, restaurants and other venues.

6.6 In the US, air quality checks of vape shops by California Department of Public Health and by the National Institute for Occupational Safety and Health in Cincinnati reported that even in a shop with relatively poor ventilation where 13 customers used e-cigarettes and vaporisers during the shift, creating a visible cloud, a range of flavouring compounds and formaldehyde were all below the lowest occupational exposure limit and nicotine was virtually undetectable.⁷⁶

6.7 In relation to exhaled e-cigarette particles, an extensive study measured indoor air quality in 193 households with children under 14 to assess the impact of a range of occupant activities and home characteristics.⁷⁷ The study included week-long airborne particle measurements. Where cigarette and marijuana smoking, as well as other activities such as burning candles, affected mean weekly particle counts, vaping (present in 43 out of 193 homes) had no discernible effect on indoor air quality.

6.8 Fontem Ventures’ own published scientific research has shown indoor vaping does not release chemicals or toxins into the air at levels that would pose any air quality issue to bystanders.⁷⁸ Ambient air in a room in which e-cigarettes were used continually for almost three hours still easily complied with indoor air quality regulations. Furthermore, Fontem Ventures’ most recently published research on particles has shown that exhaled e-cigarette particles are in fact liquid droplets that evaporate rapidly following exhalation (within 10 seconds) whereas conventional cigarette smoke particles (emitted from the burning end of a cigarette + the smoke exhaled) are far more stable and linger in the room for a longer time (up to 45 minutes).⁷⁹

7. REGULATION OF REDUCED HARM PRODUCTS

7.1 Fontem Ventures supports evidence-based regulation of tobacco-free e-cigarettes that is proportionate to their public health potential and that clearly sets them apart from *all* tobacco-containing products. Fontem Ventures believe e-cigarette regulation should not be modelled on tobacco product regulation, as this does not consider the important role e-cigarettes can play in harm reduction. Instead, a robust and enforced regulatory framework should be created that is based on mandatory compliance with robust product quality, manufacturing and safety standards to limit any thermal, mechanical, chemical or electrical risks, alongside a responsible marketing approach that

⁷⁴ <https://www.bma.org.uk/collective-voice/policy-and-research/public-and-population-health/tobacco/e-cigarettes>

⁷⁵ <http://www.assemblee-nationale.fr/14/amendements/2302/CION-SOC/AS1413.asp>

⁷⁶ Zwack L, Stefaniak A, LeBouf R. Evaluation of chemical exposures at a vape shop: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health; 2017. Available from: <https://www.cdc.gov/niosh/hhe/reports/pdfs/2015-0107-3279.pdf>.

⁷⁷ Klepeis NE, Bellettiere J, Hughes SC, Nguyen B, Berardi V, Liles S, et al. Fine particles in homes of predominantly low-income families with children and smokers: Key physical and behavioural determinants to inform indoor-air-quality interventions. *PloS One*. 2017;12(5):e0177718.

⁷⁸ O’Connell, G et al: “An Assessment of Indoor Air Quality before, during and after Unrestricted Use of E-Cigarettes in a Small Room”, *Int J Environ Res Public Health*, 2015

⁷⁹ Martuzevicius D, Prasauskas T, Setyan A, O’Connell G, Cahours X, Julien R, Colard S: Characterization of the Spatial and Temporal Dispersion Differences Between Exhaled E-Cigarette Mist and Cigarette Smoke. *Nicotine & Tobacco Research* 2018:nty121-nty121.

ensures youth protection. This should form the basis of a bespoke regulations for e-cigarettes that encourages product innovation and focuses on high quality standards which will ensure consumer safety, boost consumer trust in the category, and give adult smokers in Hong Kong access to high quality products and information they can trust. Only if e-cigarettes are of the highest quality with regard to manufacture, ingredients and electronic functioning, and provide smokers with the satisfaction they are looking for in a less harmful way, can the category offer a real alternative to smoking.

7.2 In order to remove the confusion around various potentially reduced risk products and their regulatory/excise implications, Hong Kong regulators should establish a clear differentiation between tobacco-based (e.g. heated tobacco [so-called 'heat-not-burn']) and tobacco-free (e.g. e-cigarettes) products. Given the lack of independent scientific evidence and public health endorsement for new tobacco-based products, such as the emerging category of heated tobacco products, we would encourage the Hong Kong authorities to regulate these products in the same way as tobacco. Strict enforcement of existing tobacco regulatory and excise frameworks would be necessary in this area and no labelling or marketing exemptions should be granted until such time these products have been deemed less harmful than conventional cigarettes. In addition, all new tobacco-based products should be excised as tobacco products at a rate comparable to their traditional equivalents if legalized.

8. CONCLUSION

8.1 The growing weight of independent scientific evidence strongly points in favour of providing adult smokers in Hong Kong with the choice to legally access, purchase and use e-cigarettes instead of cigarettes.

8.2 Fontem Ventures urges the Committee to consider an appropriate regulatory framework, focusing on robust product quality and safety standards, which would maximize the role that e-cigarettes can play as part of a comprehensive tobacco harm reduction approach that benefits individual smokers, and public health in Hong Kong.

8.3 Fontem Ventures draws the Committee's attention to a recent report published by the UK Parliamentary Science & Technology Select Committee following its inquiry into e-cigarettes.⁸⁰ The Committee concluded that e-cigarettes are too often being overlooked as a stop smoking tool, are not a significant 'gateway', including for young non-smokers, to conventional smoking and do not pose a significant risk through second-hand inhalation.

8.4 Following its evidence inquiry, the Committee has called upon the UK Government to consider relaxing current regulations, particularly around advertising restrictions, in order to maximize the public health benefit of e-cigarettes and vaporisers and move towards a risk-proportionate regulatory and excise framework for reduced risk products.

8.5 Should the Legislative Committee continue to permit the marketing, sale and use of e-cigarettes, Fontem Ventures would welcome the opportunity to meet to discuss how to design the most robust controls and regulations to ensure that the public health benefits of vaping are fully realised.

ENDS

⁸⁰ <https://publications.parliament.uk/pa/cm201719/cmselect/cmsctech/505/505.pdf>



April 5, 2019

Clerk to Bills Committee on Smoking (Public Health) (Amendment) Bill 2019

(bc_54_18@legco.gov.hk)

Hon Professor Sophia Chan, JP, Secretary for Food and Health (sfhoffice@fhb.gov.hk)

Hon KWOK Wai-keung, JP, Chairman of the Bills Committee (kwk@ftulegco.org.hk)

Re: Bills Committee on Smoking (Public Health) (Amendment) Bill 2019

(File Ref: FH CR 1/3231/19)

Dear Secretary, Dear Chairman, Dear Members of the Legislative Council,

I write to you on behalf of the Competitive Enterprise Institute (CEI), regarding the proposed criminalisation of lower-risk cigarette alternatives. We are deeply concerned about the consequences of adopting such a policy, both for the health of Hong Kong residents and for smokers around the world. Smoking is a known risk to health, with cigarettes killing nearly half of those who smoke. The evidence regarding alternative nicotine products, though incomplete, is indisputable on one point: non-combustible products are dramatically less harmful to health than combustible products. Robbing consumers of the freedom to choose lower-risk sources for nicotine is not only unethical, but also potentially disastrous for public health.

Were Hong Kong to adopt such a policy, it would force those consumers who are unwilling or unable to give up nicotine to continue smoking. It would also support the spread of the misperception that non-combustible nicotine products are as harmful as (or more harmful than) combustible tobacco, potentially leading other regions and nations to follow Hong Kong's lead. If the goal is to reduce tobacco-related harm, proposals banning products shown to be lower risk and effective at helping smokers quit ought to be rejected.

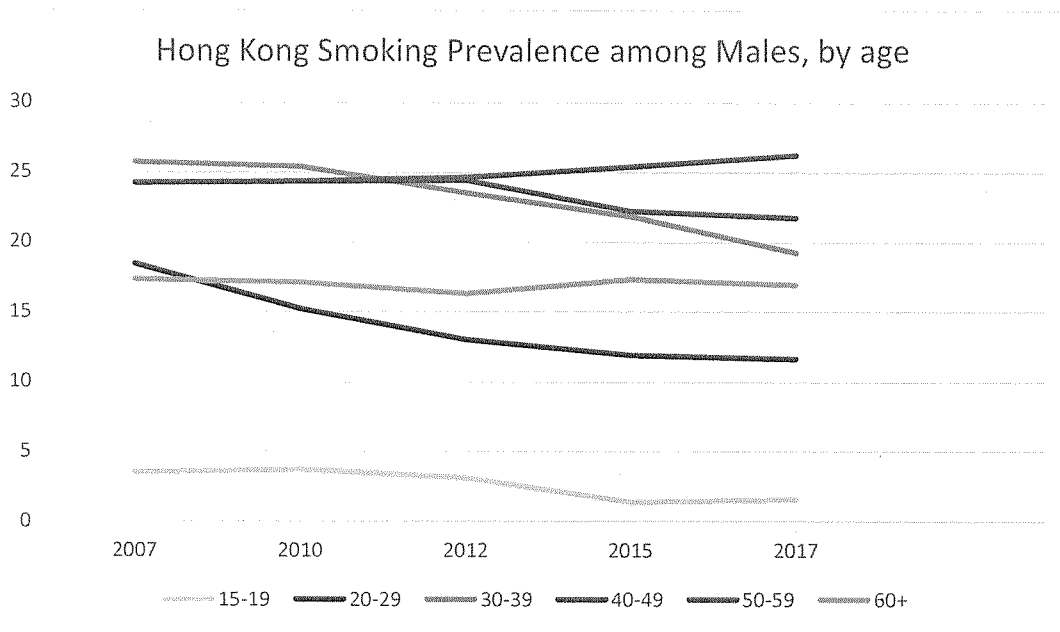
Interest of the Commenter: The Competitive Enterprise Institute is a non-partisan, non-profit public policy organization based in Washington, D.C., with a long history of research and advocacy. Our emphasis has always been on promoting rational risk regulation and consumer choice. Throughout our decades of research, we have frequently observed that well-meaning attempts to limit exposure to risk tend to *increase* exposure to other, possibly more hazardous risks.

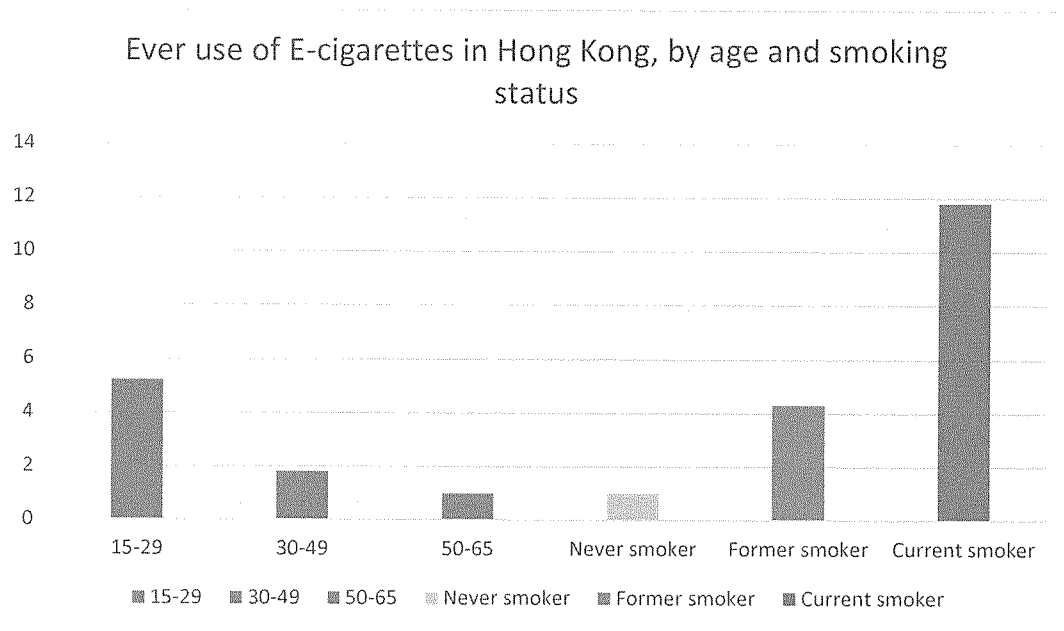
In the case of tobacco harm-reduction policy, fear about the possible unknown risks of lower-risk products has hindered objective considerations of the potential benefits such products may have for public health on net. A myopic focus on possible negative effects of lower-risk products on adolescents, in particular, has undermined the dispassionate analysis necessary to assess the full consequences of regulations that would discourage use of lower-risk products. We believe the overwhelming evidence indicates that the availability of lower-risk tobacco alternatives is a

benefit to public health and that banning these products is not only unwarranted, but would have dire consequences for tobacco harm-reduction.

The benefits of harm reduction: Traditional cigarettes are a known hazard to health. According to some estimates, about half of those who smoke habitually will die because of illnesses resulting from their habit.¹ Despite the valiant efforts of public health campaigns, smoking is still related to more than 7 million deaths worldwide each year. In Hong Kong, health campaigns have contributed to declines in the overall prevalence of smoking, yet lung cancer remains the second most prevalent and most deadly form of cancer in the region.² While smoking has declined in recent years, the prevalence of smoking among males remains high, at 18 percent. Among some age groups, such as those between 40 and 49 years old, smoking has actually *increased*.³

Smoking rates in Hong Kong are declining the most among the youngest populations, particularly men between 15 and 39 years old.⁴ Not coincidentally, it is among this same age group in which the use of e-cigarettes is most prevalent. One of the top reasons these consumers give for vaping is their belief that it helps them stop smoking. Indeed, the vast majority of e-cigarette users in Hong Kong are current or former smokers.⁵





Rather than viewing e-cigarettes as a problem, health authorities should embrace their growing popularity. The risks of smoking stem mainly from chemicals produced through the process of combustion. Products that do not burn tobacco, like e-cigarettes, heat-not-burn devices, or Snus, deliver nicotine without combustion and, as a result, lack most of the harmful and potentially harmful elements of traditional tobacco. In 2014, research conducted by the U.S. Food and Drug Administration determined, “the inhalation of nicotine (i.e. nicotine without the products of combustion) is of less risk to the user than the inhalation of nicotine delivered by smoke from combusted tobacco products.”⁶

We are not yet certain about the exact level of risk e-cigarettes pose in comparison to combustible tobacco, but there is no dispute that use of these non-combustible products is orders of magnitude safer than cigarette smoking.^{7,8} In addition to offering consumers a less risky means of consuming nicotine, research also confirms that e-cigarettes are effective smoking cessation tools. According to the latest randomized control trial, e-cigarettes are twice as effective at helping smokers quit than traditional nicotine replacement therapies.⁹

Countries that have adopted tobacco harm-reduction policies have already experienced the health benefits of allowing consumers access to reduced-harm options. For example, Snus, a moist tobacco chew banned throughout the European Union, is legal in Sweden, where it has grown in popularity as the dangers of smoking have become more widely known. In 1980, more than 36 percent of Swedish men were smokers.¹⁰ Today, about 19 percent of Swedish men use Snus. Sweden is now virtually smoke-free, with smoking prevalence at just 5 percent, and enjoys the EU’s lowest rates of lung cancer.¹¹

Even if estimates of the relative risks associated with non-combustible nicotine products prove to be off by as much as 10 or even 20 percent, these products would still be dramatically less harmful than traditional smoking. Therefore, regulation that might make these products less attractive or available to smokers warrants the most serious consideration.

Regulation aimed at protecting the public from the potential risks associated with nicotine-containing products should focus on ensuring the relative safety of those products, communicating risks to the public honestly, and encouraging smokers to switch to less harmful alternatives. Proposals to ban lower-risk alternatives should be rejected as unethical and detrimental to efforts at reducing smoking-related death and disease.

Thank you for considering our comments.

Sincerely,

Michelle Minton
Consumer policy senior fellow
The Competitive Enterprise Institute

¹ Danielle Paquette, "The terrifying rate at which smokers die from smoking," *The Washington Post*, February 26, 2015, https://www.washingtonpost.com/news/wnk/wp/2015/02/26/the-terrifying-rate-at-which-smokers-die-from-smoking/?utm_term=.307fa5c835b3.

² "Top Ten Cancers," 2016, Hong Kong Cancer Registry, <http://www3.ha.org.hk/cancereg/topten.html>.

³ "Pattern of smoking in Hong Kong," Tobacco and Alcohol Control Office, Hong Kong Department Of Health, accessed April 3, 2019,

https://www.taco.gov.hk/t/english/infostation/infostation_sta_01.html.

⁴ "Pattern of smoking in Hong Kong," Tobacco and Alcohol Control Office, Hong Kong Department Of Health, accessed April 3, 2019,

https://www.taco.gov.hk/t/english/infostation/infostation_sta_01.html.

⁵ Nan Jiang, Jing Chen, Man-Ping Wang, et al. "Electronic cigarette awareness and use among adults in Hong Kong," *Addictive Behaviors*, Vol. 52 (January 2016), pp. 34-38, <https://www.ncbi.nlm.nih.gov/pubmed/26348280>.

⁶ U.S. Food and Drug Administration, "Deeming Tobacco Products to Be Subject to the Federal Food, Drug, and Cosmetic Act, as Amended by the Family Smoking Prevention and Tobacco Control Act; Restrictions on the Sale and Distribution of Tobacco Products and Required Warning Statements for Tobacco Products," May 10, 2016, <https://www.federalregister.gov/documents/2016/05/10/2016-10685/deeming-tobacco-products-to-be-subject-to-the-federal-food-drug-and-cosmetic-act-as-amended-by-the#p-155>.

⁷ Advisory Group of the Royal College of Physicians, *Protecting smokers, saving lives: The case for a tobacco and nicotine regulatory authority* (London: Royal College of Physicians, 2002), pp. 2-5, https://www.hri.global/files/2011/07/13/RCP_-_Protecting_Smokers.pdf.

⁸ Public Health England, "Electronic cigarettes and smoking; e-cigarettes: an evidence update." August 19, 2015,

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/457102/Ecigarettes_an_evidence_update_A_report_commissioned_by_Public_Health_England_FINAL.pdf.

⁹ Peter Hajek, Anna Phillips-Waller, Dunja Przulj, et al., "A Randomized Trial of E-Cigarettes versus Nicotine-Replacement Therapy," *New England Journal of Medicine*, January 2019, Vol. 380, No. 7, <https://www.nejm.org/doi/full/10.1056/NEJMoa1808779>.

¹⁰ Jack E. Henningfield, "Swedish Match Company, Swedish snus and public health: a harm reduction experiment in progress?" *Tobacco Control*, September 2001, Vol. 253, No. 3, pp. 253-257, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1747582>.

¹¹ Chris Weller, "Sweden cut its smoking rate to just 5% — here's what the rest of the world can learn," *Business Insider*, June 14, 2017,

<https://www.businessinsider.com/sweden-smoking-rate-what-world-can-learn-2017-6>.

6 April 2019

Dear Sir/Madam,

Invitation for Submission - Bills Committee on Smoking (Public Health) (Amendment) Bill 2019

My name is Hiroya Kumamaru, Vice President of AOI Universal Hospital in Japan, and I have devoted my life to tobacco cessation care. Of all patients who had come to my clinic to take smoking-cessation program, just over 60% managed to complete the program consisting of 12-weeks treatment (5 hospital visits). Though my result was better than that of the national average based on the survey conducted by the Japanese Ministry of Health, Labour and Welfare (35.5%¹), the follow-up survey revealed that more than a half of them restarted smoking after all. I believe that in such situation smoke free products that have potential to reduce smoking-related disease, could be unavoidable alternatives in smoking cessation education.

It has recently come to my attention that the Government of Hong Kong has submitted an amendment bill to prohibit the import, manufacture, sale, distribution and advertisement of alternative tobacco products, including heat-not-burn tobacco (HNB) products. Given the phenomenal growth of HNB products in Japan over the past several years, I thought it would be pertinent for me to share with the Legislative Council Bills Committee my views on the evolution and current situation surrounding HNB products in Japan. Hopefully, this can assist the Bills Committee in their deliberation of the government's prohibition proposal.

To start, I would like to highlight that e-cigarettes containing nicotine are currently not legally available for sale in the Japanese market. The sale of any nicotine containing solution is governed under Japan's Pharmaceutical Affairs Law, and as far as I am aware, no manufacturer has to date applied for approval under the law to Japan's Ministry of Health, Labor and Welfare.

Though I myself is interested in seeing e-cigarettes containing nicotine available in Japan as another alternative, my comments to the Bills Committee will be restricted to HNB products, which are classified here in Japan as a tobacco product, subject to the Tobacco Business Law and Tobacco Tax Law.

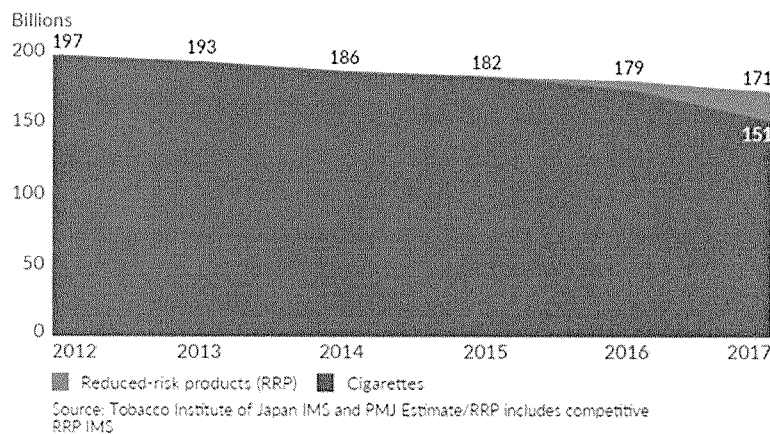
HNB evolution and current situation in Japan

HNB products first debuted in Japan towards the end of 2014, with Philip Morris International being the first to introduce its HNB product *IQOS* in Nagoya. This was subsequently followed by other tobacco manufacturers - Japan Tobacco launched *PloomTech* in March 2016, and British American Tobacco launched *glo* in December 2016.

¹ Survey on Success Rate of Cessation Care, Central Social Insurance Medical Council, Ministry of Health, Labour and Welfare (2009) <http://www.mhlw.go.jp/shingi/2010/06/dl/s0602-3i.pdf>

After a somewhat slow start, the first HNB product, *IQOS*, experienced phenomenal growth after being featured on a popular television entertainment show in April 2016.² The sustained surge in *IQOS*' popularity, complemented by the subsequent introduction of HNB products from other tobacco manufacturers, saw an unprecedented decline in cigarette sales (see chart below). It should also be noted that despite the popularity of HNB products, overall smoking incidence in Japan (which includes HNB use) continued to drop from 19.9% in 2015 to 17.9% in 2017³ – a positive sign that HNB products have not attracted a new generation of tobacco users.

Total Market – In Market Sales Volume, Annual 2012-2017



Source – Philip Morris International's Sustainability Report 2017

There have been other positive developments surrounding HNB products in Japan. In September 2017, researchers from the Department of Environmental Health at Japan's National Institute of Public Health published a journal article on their study evaluating several harmful compounds in *IQOS* aerosol versus combustion cigarettes. While noting that these toxic compounds were not completely removed from the mainstream smoke of *IQOS*, the study did confirm that in *IQOS* aerosol, concentration of tobacco-specific nitrosamines (TSNAs) was one-fifth and carbon monoxide (CO) was one hundredth of those of combustion cigarettes.⁴

² Tabuchi T, Gallus S, Shinozaki T, et al, "Heat-not-burn tobacco product use in Japan: its prevalence, predictors and perceived symptoms from exposure to secondhand heat-not-burn tobacco aerosol" in Tobacco Control. Published online first: 16 December 2017. doi: 10.1136/tobaccocontrol-2017-053947

³ See results of JT's annual smoking survey showing decline in smoking incidence between 2015 to 2017. Results available at - https://www.jt.com/media/news/2015/pdf/20150730_E01.pdf; https://www.jt.com/media/news/2016/pdf/20160728_E02.pdf; https://www.jt.com/media/news/2017/pdf/20170727_E02.pdf

⁴ Bekki K, Inaba Y, Uchiyama S, et al. "Comparison of chemicals in mainstream smoke in heat-not-burn tobacco and combustion cigarettes." J Uoeh 2017;39:201–7.doi:10.7888/juoeh.39.201

In May 2018, researchers from the Division of Environmental and Preventive Medicine at Tottori University published a study on the Ministry of Health's website⁵, which showed that youth usage of HNB products was much lower than that of cigarettes. In the youth group that showed the highest rate of tobacco use (3rd year senior high school males aged 17-18), the use of HNB products stood at only 0.3%, versus 1.4% for cigarettes.

Finally, HNB products received a further endorsement in July 2018, when the Japanese Parliament passed amendments to the National Health Promotion Law instituting mandatory indoor smoking restrictions. Under the amendments, HNB products and cigarettes are treated differently, given their different product characteristics. In designated HNB-use rooms within restaurants, food and drinks may be served. In contrast, no food and drinks may be served in designated cigarette smoking rooms within restaurants. These amendments will come into full effect in April 2020, prior to the Tokyo 2020 Olympics.

Conclusion

I hope the Bills Committee had found useful the information above regarding the situation concerning HNB products in Japan, especially the unprecedented decline it has led in cigarette sales within the country. Referencing this positive impact of HNB products in Japan, the Bills Committee should reject the prohibition proposal from the Government, and instead firmly regulate the sale of these products in Hong Kong, to ensure that they are available only to adult smokers.

Thank you.

Yours sincerely,

Hiroya Kumamaru, M.D. Ph.D.

Vice President of AOI Universal Hospital and Director of the Health Care Center

⁵ <https://mhlw-grants.niph.go.jp/niph/search/NIDD00.do?resrchNum=201709021A>



Nan Jiang, Ph.D.
Assistant Professor
Department of Population Health
New York University School of Medicine

180 Madison Avenue, Room 17-54
New York, NY 10016, USA
Email: Nan.Jiang2@nyulangone.org
Tel: +1 646-501-3553

Bills Committee on Smoking (Public Health) (Amendment) Bill 2019
Legislative Council
Hong Kong Special Administrative Region
1 Legislative Council Road
Central, Hong Kong

6 April 2019

Dear sir/madam,

I am writing to express my strong support for the Hong Kong Government's enactment of a total ban on e-cigarettes and other new tobacco products, including heat-not-burn products and hope that the Legislative Council will endorse the bill promptly. I am an Assistant Professor at New York University School of Medicine, and previously a Research Assistant Professor at School of Public Health in the University of Hong Kong from January 2014 to September 2016.

As a researcher with more than 10 years of experience in tobacco control, I am very enthusiastic about the Hong Kong Government's consideration to impose a total ban on e-cigarettes and heat-not-burn products. Not only this measures will improve the health of Hong Kong residents, but also illustrate the commitment of the Hong Kong Government and Legislative Council to public health.

E-cigarette use has increased drastically among youth. In the US, for instance, e-cigarette use increased 78% among high school students (11.7% to 20.8%) and 48% among middle school students (3.3% to 4.9%) from 2017 to 2018.¹ E-cigarette has replaced traditional cigarette as the most commonly used tobacco product among US middle and high school students. In recent years, a novel e-cigarette product, JUUL, developed by PAX Labs, has skyrocketed in popularity among youth across the US since its introduction to the market in early 2015.²

The rapid growth of e-cigarette use is largely related to the aggressive marketing that targets young people. In both US and China, manufacturers and sellers of e-cigarettes often target young people. They promote e-cigarettes as fashion accessories, and emphasize the modern stylish designs, alluring smells and taste, and ability to produce vapor clouds—all features attractive to youth.³⁻⁵ According to the 2013-2014 Population Assessment of Tobacco and Health survey (PATH), America's largest contemporary longitudinal study on tobacco, 81% of youth current e-cigarette users cited the availability of appealing flavors as the primary reason for use. In Hong Kong, data from the 2014 Tobacco Control Policy-related Survey showed that being attracted by e-cigarette stylish design is the second most commonly cited reason for adult e-cigarette use (26%), following curiosity (47%).⁶

E-cigarette use is dangerous. The US National Academies of Sciences, Engineering, and Medicine reports that there is conclusive evidence that most e-cigarettes contain and emit nicotine and numerous other potentially toxic substances.⁷ E-cigarettes usually contain nicotine which is a harmful and addictive drug that can damage the developing brain of youth and young adults.⁸ Using nicotine in adolescence can impact learning, memory, and attention.⁹ E-cigarette aerosol contains nicotine and other harmful substances including heavy metals, volatile organic compounds, ultrafine particles that can be inhaled deeply into the lungs, flavoring such as diacetyl (a chemical linked to a serious lung disease), and other chemicals that cause cancers.⁸⁻¹⁰ Evidence suggests that e-cigarettes are dangerous in terms of heart and lung diseases.⁷

E-cigarette use leads to cigarette smoking. According to a meta-analysis¹¹ and the recent report of US National Academies of Sciences, Engineering, and Medicine¹², growing evidence from longitudinal studies supports that e-cigarette use increases the risks of cigarette smoking initiation^{11,13-20} and may increase cigarette smoking intensity among youth.¹⁴ Although longitudinal research is lacking in Hong Kong, cross-sectional study among a representative sample of Hong Kong secondary school students in 2012/13 indicate that e-cigarette use is associated with increased intention to smoke cigarettes among cigarette-naïve students and higher levels of nicotine dependence among cigarette smokers.²¹

In Hong Kong, exposure to e-cigarette advertising is associated with e-cigarette use among young people. In 2016-2017, tobacco research experts from the University of Hong Kong (including Prof. Tai Hing Lam, Dr. Man Ping Wang, and me (Principal Investigator)) conducted a study among a convenience sample of Hong Kong young adults aged 18-35 (N=1,186) to examine the exposure to e-cigarette advertising from 5 sources in Hong Kong (i.e., convenience stores, Internet including social media, TV, newspaper/magazine, and bar/nightclub/restaurant). We found that exposure to e-cigarette advertising is high on the Internet (41%), followed by bar, nightclub, and restaurant (20%), convenience store (17%), newspaper/magazine (16%), and TV (14%). Exposure to e-cigarette advertising on the Internet and at bar/nightclub/restaurant is associated with greater likelihood of past 30-day e-cigarette use and higher intention to use e-cigarettes. (Paper under preparation.)

Exposure to e-cigarette advertising leads to e-cigarette use initiation. Data from the US National Youth Tobacco Survey show that, from 2014-2016, exposure to e-cigarette advertising (e.g., retail store, Internet, newspaper/magazine, and TV) increased from 69% to 78% among middle and high school students.²² Youth exposure to e-cigarette marketing (particularly from retail stores and the Internet) is associated with higher likelihood of current (past 30-day) e-cigarette use,²³⁻²⁸ and increased intention for future e-cigarette use among never users.²⁷ Longitudinal data among US adolescents suggest that exposure to e-cigarette advertising at point-of-sale and on the Internet predicts e-cigarette initiation and increased intention for future e-cigarette use.²⁹⁻³¹

Heat-not-burn products could be as dangerous as cigarettes, and FDA rejected PMI's Modified Risk Tobacco Product application. On 25 January 2018, the US Food and Drug Administration (FDA) Tobacco Products Scientific Advisory Committee voted 8-0 with one abstention that Philip Morris International (PMI) did NOT demonstrate that their heat-not-burn product IQOS reduces the risk of tobacco-related diseases. Analyzing PMI's preclinical and clinical data submitted to FDA, researchers found that (1) IQOS leads to lung damages and the harm do not appear to significantly different from conventional cigarettes. Specifically, IQOS generates significant pulmonary harm, and exposes users to increased risks of respiratory infection due to the adverse effects on the immune system in the lung.³² (2) IQOS may lead to liver toxicity that has not been associated with cigarette smoking.³³ (3) IQOS reduces exposure to some substances, but exposes users to significantly higher levels of other toxins compared with conventional cigarettes.³⁴ Other animal research has showed that brief exposure to IQOS aerosol causes rapid and substantial impair to endothelial function, a validated measure of cardiovascular health effects, to the same extent as cigarette smoke in rats.³⁵

Today in the US, as we all have observed, e-cigarette use is exploding in youth, pulling in a whole generation that likely would have never initiate cigarette smoking. Millions of kids in the US have used Juul and other e-cigarette products and they may be addictive. It has become a public health emergency and health officials call it youth e-cigarette "epidemic". On March 22, 2019, San Francisco announced plans to introduce legislation to prohibit the sales of e-cigarettes in San Francisco until they are approved by the FDA. More and more cities in the US and other countries worldwide have taken steps to address this crisis.

The Hong Kong Government has made decades-long efforts to reduce tobacco use and have made successful progress. But e-cigarettes including Juul have threatened this progress. Tobacco companies should not be allowed to introduce new products to promote tobacco epidemic among

children and adolescents. Building on what we have learned from the US and other countries, as well as from the existing research, I strongly urge legislators in Hong Kong to take strongest possible action to support the enactment of the total ban on e-cigarettes, heat-not-burn products, and new tobacco products.

Sincerely,

A handwritten signature in cursive script, appearing to read "Nan Jiang".

Nan Jiang, PhD
Assistant Professor

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The Hon Carrie Lam, GBM, GBS
Chief Executive of Hong Kong

Professor Sophia Chan, JP
Secretary for Food and Health
Hong Kong S.A.R.

The Hon Andrew Leung, GBS, JP
President of the Legislative Council of Hong Kong

Ms. Amy Yuen, JP
Deputy Secretary for Food and Health

The Hon Kwok Wai-keung, JP
Chairman of the Bills Committee on Smoking

April 7, 2019

Dear Mrs. Lam, Chairman Kwok, and the Members of the Bills Committee on Smoking,

We write to you out of continuing concern about the continued call for a complete ban on e-cigarette, heated tobacco products and other reduced risk tobacco product sales. Following the submission of our earlier comments ([letter, 1 March 2019](#)) we received a substantive response on behalf of the Secretary for Food and Health arguing the case for this ban ([response, 28 March 2019](#)). While we are grateful for the response, we disagree strongly with the justification set out by the Secretary. This letter and the attached memo outline our concerns in more detail. To take two examples, the response included:

"It is meaningless if the public are switching from cigarette smoking to use of smokeless tobacco products as both are harmful to health."

This is simply untrue – it matters a great deal how harmful a product is. In the case of e-cigarettes, the risk is *"unlikely to exceed 5% of those associated with smoked tobacco products and may well be substantially lower than this figure"*, which is the view of Royal College of Physicians. Note that RCP does not give a point estimate but expresses its view that the likelihood that the risk will exceed this figure is low and that it believes this estimate is cautious. Findings from Public Health England and the National Academies of Sciences, Engineering and Medicine are consistent with this view. There is extensive evidence that the displacement of cigarettes by smokeless tobacco (snus) in Sweden has led to considerable reductions in cancer and other smoking related diseases in Sweden, providing compelling proof of concept.

"We believe that rather than using these products that are claimed to be less harmful, people should quit smoking by using methods that have been proven effective, such as nicotine replacement therapy."

It is not a claim, it beyond any reasonable doubt that these products are much less harmful than smoking – that is a matter of physics, chemistry and biology. Of course, we cannot travel forward in time and assess fifty years of data that do not yet exist to have definitive evidence. However, based on what *we already know* there is no credible doubt that the smoke-free products are much less harmful than cigarettes. We have also seen recent trial results suggesting that e-cigarettes are twice as effective as nicotine replacement therapy, and there is data showing that these products are more effective than NRT as over-the-counter products.

In response to the editorial in *The Lancet* (Aug 25, 2018)¹, cited by the Secretary for Food and Health, the Chairman of the UK House of Commons Science and Technology Select Committee, the Rt. Hon. Norman Lamb MP, admonished the author for dismissing the potential that e-cigarettes have to reduce smoking rates. Mr. Lamb argued that the excessive caution advocated in the editorial:

*"...comes with a price: fewer people will stop smoking and opportunities to save lives will be lost."*²


A recent survey of smokers in Hong Kong shows that awareness of traditional quit methods is high, 70 percent are aware of nicotine replacement therapy, but use is low at 19 percent – 22 percent of smokers have no plans to quit smoking. In addition, knowledge regarding the health risks of smoking is rather low. 47 percent of Hong Kong adults are unaware that smoking causes lung cancer. Interestingly, it is among younger smokers (20-39) that e-cigarette use is increasing with decreasing rates of combustible use. It is likely that e-cigarettes are replacing smoking in younger populations that currently smoke.

A policy of denying smokers access to much safer products and new ways to quit smoking carries obvious dangers that have not been recognized. We cannot see any ethical or scientific reason why a government would ban products with much lower risk than cigarettes, while cigarettes remain available everywhere in Hong Kong. There is no justification for denying smokers who cannot or do not want to quit the option to switch to a much lower risk product. In fact, it is a form of regulation that is likely to have harmful, unintended consequences – more smoking – that will almost certainly kill Hong Kong citizens.

We hope all those concerned with the public health and personal welfare will reconsider the case for banning e-cigarettes and other low risk alternatives to smoking, and adopt risk-proportionate regulation rather than prohibition.

Yours sincerely,

Carrie Wade, PhD, MPH



Director of Harm Reduction Policy
The R Street Institute
Washington, D.C.
cwade@rstreet.org

Clive Bates, MA, MSc



Founder and Director
Counterfactual Consulting
London, United Kingdom
clivedbates@gmail.com

Attached: Briefing on key issues for the Legislative Council

¹ Lancet, E-cigarettes—is the UK throwing caution to the wind? *Lancet*; **392**: 614 (2018)

² N. Lamb, E-cigarettes. *Lancet* **393**, 876 (2019).

Briefing on key issues for the Legislative Council

EXECUTIVE SUMMARY

The simple fact that Hong Kong intends to ban a much safer alternative to smoking while allowing cigarettes to be widely available should ring alarm bells for every legislator. How can this form of regulatory discrimination in favor of the most dangerous products ever be justified? How can denying Hong Kong's smokers the option to switch to far less hazardous products ever be justified? Beyond that over-arching concern, we wish to address four specific arguments.

In the best interests of public health and for the citizens of Hong Kong that use or will use combustible cigarettes we ask that the Legislative Council consider the *best available* evidence regarding: 1) the application of harm reduction to smoking and tobacco use; 2) e-cigarettes and other reduced risk products as smoking cessation products; 3) individual level and population-level trajectories of tobacco use including gateway effects, and; 4) inappropriate use of the precautionary principle with regard to smoking and health.

1. **Harm reduction.** Harm reduction is part of the WHO FCTC definition of tobacco control (see Article 1d) and is a common strategy in other areas of public health. There is *no doubt* that the toxicity of vapor is far less than that of cigarette smoke and no doubt that exposure to toxins is far lower in vapers than in smokers. It is beyond any reasonable doubt that such products are much less harmful than smoking and that switching from smoking to vaping will have a significant benefit to individual health.
2. **Smoking cessation.** There is a substantial body of evidence that e-cigarettes help smokers quit smoking. The reason this method is so promising is not just its effectiveness, which is good compared to other methods. It is also that it appears to be popular and therefore could reach more smokers, including those who may not wish to quit using traditional methods or may not wish to quit using nicotine at all. It is not an alternative, but an *addition* to the ways available to quit smoking.
3. **Gateway effects.** While there have been several claims that vaping creates a gateway to smoking, such claims do not bear scrutiny. The most common reason is that the same factors that cause young people to smoke (genes, personality, mental health, parents, social life etc) also cause them to vape, but that does not mean the vaping causes the smoking. In fact, there have generally been sharp declines in youth and adult smoking where vaping has increased, and regular vaping is highly concentrated in young people who already smoke - and for them it may be beneficial.
4. **Precautionary principle.** Rigorous application of the precautionary principle does not simply mean that anything with uncertain long-term effects can be or should be banned. It involves weighing the risks of the proposed course of action such as Hong Kong's ban and alternative approaches such as regulation of products, *taking account of uncertainties in both cases*. A ban on e-cigarettes could lead to more smoking and a black market in e-cigarettes, and that would cause harm. Such effects should be compared to whatever residual risks arise from regulating these products instead.

1. HARM REDUCTION

Harm reduction policies can work alongside prevention and cessation programs to reduce the health and economic burden associated with combustible cigarettes. A harm reduction approach to smoking is not meant to super-cede prevention and cessation measures, but it does recognize that there is no one-size-fits-all, abstinence-only solution that works for everybody. Harm reduction approaches are meant to help mitigate the most severe risks of smoking in the populations that either currently smoke or are most likely to smoke. While the overall smoking rate in Hong Kong is 10 percent, smoking rates among males are double that rate and males over 40 are more than almost triple the rate – a harm reduction approach to smoking can reduce smoking-related illnesses and death in populations with disproportionate smoking rates.

We cannot by definition have long-term data on e-cigarettes for several decades, but we do not know nothing –the short-term health outcomes for those who switch to e-cigarettes is, indeed, promising. Toxicant exposures are much lower than for cigarettes, and there is little biological basis for believing the health impact would not also be much lower. This conclusion is explicitly supported in the National Academies of Sciences, Engineering and Medicine report that the Legislative Council references. In their comprehensive report on e-cigarettes, the National Academies of Sciences, Engineering and Medicine agree that e-cigarettes provide an opportunity for those who currently smoke.

Conclusion 18-1. There is conclusive evidence that completely substituting e-cigarettes for combustible tobacco cigarettes reduces users' exposure to numerous toxicants and carcinogens present in combustible tobacco cigarettes.

Conclusion 18-2. There is substantial evidence that completely switching from regular use of combustible tobacco cigarettes to e-cigarettes results in reduced short-term adverse health outcomes in several organ systems.

Toxicant emission and resulting exposure from e-cigarettes have been extensively studied over the last several years. It has been repeatedly shown that e-cigarettes aerosol has between 82-99 percent lower emissions from toxicants compared to combustible cigarettes and are less complex than combustible smoke³. While harmful carbonyl compounds have been detected in e-cigarette vapor, production of these compounds is voltage dependent⁴ and largely produced at voltages that create "dry puffing" conditions that are not well-tolerated⁵.

³ M. L. Goniewicz *et al.*, Levels of selected carcinogens and toxicants in vapour from electronic cigarettes. *Tob Control* **23**, 133-139 (2014).

J. Margham *et al.*, Chemical Composition of Aerosol from an E-Cigarette: A Quantitative Comparison with Cigarette Smoke. *Chem Res Toxicol* **29**, 1662-1678 (2016).

⁴ M. Sleiman *et al.*, Emissions from Electronic Cigarettes: Key Parameters Affecting the Release of Harmful Chemicals. *Environ Sci Technol* **50**, 9644-9651 (2016).

⁵ K. E. Farsalinos, V. Voudris, K. Poulas, E-cigarettes generate high levels of aldehydes only in 'dry puff' conditions. *Addiction* **110**, 1352-1356 (2015).

Furthermore, urinalysis definitively shows that the decrease in toxicant emissions translates to a decrease in human exposure to carcinogens and toxicants compared to combustible cigarettes (benzene, butadiene, acrylonitrile), but not in nicotine (NNAL/NNK metabolites)⁶.

As those concerned with individual health rightly point out, the most important factor the health outcomes associated with e-cigarettes use and switching. It has been suggested that studies on health outcomes for smokers who switch that are done before 2017 should be interpreted with caution as e-cigarette use and quality was unstable before 2016⁷ - it is likely that with improvements in technology, nicotine delivery and the composition of excipients, switching to e-cigarettes will result in *more* favorable outcomes compared to before 2016. However, recent examination of patients with COPD who switched versus those who did not shows that people who switched to e-cigarettes had significant and lasting improvements to their health over the 3-year study period⁸. The researchers tracked changes from the baseline period within groups (e-cigarette users or combustible cigarette smokers), comparing the trajectory of symptom progression across time, from baseline to 36 months for those who used e-cigarettes and those who did not.

Overall, COPD patients who switched completely to e-cigarettes had favorable outcomes in COPD scores compared to those who continued to smoke. There was improvement in three specific measures of respiratory symptoms and disease progression: an improvement in COPD Assessment Tool that measures the impact of the disease on patients, a decrease in the number of COPD exacerbations, such as asthma attacks, and increased distance in the 6-minute walk test that measures exercise capacity. These improvements were both sustained and significant within the EC group over time (improvements from baseline to 36 months) and also significant between e-cigarette users and the smoking group (those who used EC showed marked improvement compared to the control group).

This study also compliments the NHIS survey analysis of COPD patients reporting improved respiratory symptoms following switching⁹ and extends these findings to include specific measures of disease progression and lung function.

Although the NASEM report concluded that there is no or insufficient evidence that e-cigarettes provide benefit to dual users, it is important to note that this is not because of harm associated with e-cigarettes.

Conclusion 18-3. There is no available evidence whether or not long-term e-cigarette use among smokers (dual use) changes morbidity or mortality compared with those who only smoke combustible tobacco cigarettes.

⁶ L. Shahab *et al.*, Nicotine, Carcinogen, and Toxin Exposure in Long-Term E-Cigarette and Nicotine Replacement Therapy Users: A Cross-sectional Study. *Ann Intern Med* **166**, 390-400 (2017).

⁷ K. M. Cummings, R. Polosa, E-Cigarette and COPD: Unreliable Conclusion About Health Risks. *J Gen Intern Med* **33**, 784-785 (2018).

⁸ R. Polosa *et al.*, Health effects in COPD smokers who switch to electronic cigarettes: a retrospective-prospective 3-year follow-up. *Int J Chron Obstruct Pulmon Dis* **13**, 2533-2542 (2018).

⁹ R. Polosa *et al.*, Evidence for harm reduction in COPD smokers who switch to electronic cigarettes. *Respir Res* **17**, 166 (2016).

Conclusion 18-4. There is insufficient evidence that e-cigarette use changes short-term adverse health outcomes in several organ systems in smokers who continue to smoke combustible tobacco cigarettes (dual users).

Currently dual use is defined as *any* combination of combustible use and e-cigarette use. Proper analysis of the health risks between exclusive and dual users without context is simply inappropriate. However, both the aforementioned study and emerging evidence suggests that there is a harm reduction application for e-cigarettes even when not exclusively used. Polosa *et al.* found that while officially deemed dual users, those who used e-cigarettes dramatically decreased their use of combustible cigarettes¹⁰. For this group, the average combustible cigarettes consumed per day decreased from 21.9 cigarettes per day at the first evaluation point to 1.5 cigarettes per day at the final evaluation point 36 months later. This decrease was only observed among the e-cigarette users; the average cigarette consumption per day among the control group (combustible cigarette smokers) remained stable throughout the 36-month observation period at 20 cigarettes per day.

However, the NASEM and PHE reports largely focus on e-cigarettes. It should be noted that an extensive body of literature exists to support the reduced risk of heated tobacco technologies and to modern smokeless tobacco, notably snus.

Analysis of tar, tobacco specific nitrosamines (TSNA), and carbon monoxide (CO) emissions from the IQOS heat not burn device showed that CO emissions were 100-fold less in the heat not burn product compared to the 3R4F reference cigarette¹¹. Total TSNA and tar concentrations of heat not burn emissions were 92 and 61 percent lower than the reference cigarette respectively. Human exposure to particulate and harmful and potential harmful constituents is reduced by between 75 and 83 percent respectively¹².

The best available research indicates that snus compares favorably to both conventional snuff and combustible cigarettes. Compared to conventional snuff, analyses of toxicant concentrations in snus products uniformly demonstrate a significant reduction in concentrations of harmful chemicals.

Concentrations of tobacco-specific nitrosamines, including group one carcinogens, NNN and NNK and group 3 carcinogens, NAB and NAT, are found at much lower levels in the snus brands tested than conventional moist snuff¹³. In a separate study, analysis of Swedish snus

¹⁰ R. Polosa *et al.*, Health effects in COPD smokers who switch to electronic cigarettes: a retrospective-prospective 3-year follow-up. *Int J Chron Obstruct Pulmon Dis* **13**, 2533-2542 (2018).

¹¹ K. Bekki, Y. Inaba, S. Uchiyama, N. Kunugita, Comparison of Chemicals in Mainstream Smoke in Heat-not-burn Tobacco and Combustion Cigarettes. *J UOEH* **39**, 201-207 (2017).

¹² E. Simonavicius, A. McNeill, L. Shahab, L. S. Brose, Heat-not-burn tobacco products: a systematic literature review. *Tob Control*, (2018).

¹³ M. A. Song *et al.*, Chemical and toxicological characteristics of conventional and low-TSNA moist snuff tobacco products. *Toxicol Lett* **245**, 68-77 (2016).

products showed a 4.5-fold decrease in NNN, a 3.0-fold decrease in NNK and a 100-fold decrease in benzo[a]pyrene concentrations compared to conventional snuff¹⁴.

With the concentrations of TSNA present in snus, the probabilistic cancer risk estimates a 3.0 to 6.0-fold decrease depending on the specific TSNA. In addition, it has been suggested that the decreased concentration of benzo[a]pyrene in snus also translates to a 50-fold decrease in cancer risk¹⁵.

In comparing snus products to combustible cigarettes, snus products are far more favorable. As expected, switching from combustible cigarettes to snus products is shown to result in lower levels of carbon monoxide – an 86 percent decrease compared to combustible cigarettes¹⁶. More importantly, snus is associated with lower levels of the TSNA biomarker, NNAL, in those who switch from combustible cigarettes¹⁷.

In addition, population studies clearly show a public health benefit from use of snus compared to combustible cigarettes. A comprehensive review of snus use in Sweden demonstrates that a population level shift towards snus use away from combustible cigarette use correlates with a decrease in both oral and lung cancer and incidence of myocardial infarction¹⁸. Furthermore, it has been shown that there is no significant association of smokeless tobacco use and incidence of oropharyngeal cancer. A meta-analysis of oropharyngeal cancer between never-smokers and smokeless tobacco users demonstrate that when adjusted for alcohol use, the relative risk and odds ratio is not significant at 1.07 (CI, 0.84-1.37)¹⁹.

2. SMOKING CESSATION

The availability of pharmacological interventions to aid smoking cessation is often cited as a reason that innovative, reduced risk products to help smokers quit, such as e-cigarettes, are unnecessary. However, this argument ignores the fact that varenicline and nicotine replacement therapies (NRT) are not highly effective at helping smokers quit. In some cases, randomized controlled trials show no difference between these products and placebo treatments.

An extensive 2018 systematic review of randomized controlled trials conducted on a variety of NRT products found that smokers who use NRT products are only 10% more likely to achieve cessation after at least 6 months of follow-up²⁰ compared to unassisted attempts. The same

¹⁴ M. F. Borgerding, J. A. Bodnar, G. M. Curtin, J. E. Swauger, The chemical composition of smokeless tobacco: a survey of products sold in the United States in 2006 and 2007. *Regul Toxicol Pharmacol* 64, 367-387 (2012).

¹⁵ M. A. Song *et al.*, Chemical and toxicological characteristics of conventional and low-TSNA moist snuff tobacco products. *Toxicol Lett* 245, 68-77 (2016).

¹⁶ M. D. Blank, T. Eissenberg, Evaluating oral noncombustible potential-reduced exposure products for smokers. *Nicotine Tob Res* 12, 336-343 (2010).

¹⁷ J. Hartmann-Boyce, S. C. Chepkin, W. Ye, C. Bullen, T. Lancaster, Nicotine replacement therapy versus control for smoking cessation. *Cochrane Database Syst Rev* 5, CD000146 (2018).

¹⁸ J. Foulds, L. Ramstrom, M. Burke, K. Fagerstrom, Effect of smokeless tobacco (snus) on smoking and public health in Sweden. *Tob Control* 12, 349-359 (2003).

¹⁹ P. N. Lee, J. Hamling, Systematic review of the relation between smokeless tobacco and cancer in Europe and North America. *BMC Med* 7, 36 (2009).

²⁰ J. Hartmann-Boyce, S. C. Chepkin, W. Ye, C. Bullen, T. Lancaster, Nicotine replacement therapy versus control for smoking cessation. *Cochrane Database Syst Rev* 5, CD000146 (2018).

review suggested that if the rate of successfully quitting in a population without any assistance is 2-3 percent, the rate would increase by 3-5 percent if everyone used NRT - in order to produce one additional successful cessation from tobacco, 56 people would need to be treated with NRT. A separate review of long-term NRT use combined with psychotherapy had slightly better news²¹. Long-term NRT use showed a 14 percent abstinence rate at one-year following quitting and high dose, long-term treatment had between a 19 and 20 percent abstinence rate. However, with the long-term cessation rates between 5-20 percent of NRT users trying to quit smoking, it's difficult to consider NRT a highly effective cessation aid.

Many also suggest varenicline as being a sufficient tool for aiding cessation. Again, varenicline is only successful at aiding cessation for a minority of tobacco users. A randomized controlled trial of the efficacy of nicotine patches, varenicline, and combination NRT found no difference between the cessation rate at 26 weeks follow-up for the three conditions, with abstinence rates hovering around 14 to 16 percent for all three treatments²². Varenicline did, however, result in more reported adverse reactions than use of the nicotine patch.

These studies indicate that, while existing cessation aids do increase the likelihood of successful quitting, they are very far from being the ultimate solution. For the many smokers who will not successfully quit using pharmacological cessation tools, an alternative to combustible cigarettes (like e-cigarettes, heat-not-burn or snus products) is vital to improving quality of life and health.

However, in the United States and United Kingdom e-cigarettes have outpaced traditional quit methods²³ (Varenicline, nicotine replacement therapies or counseling) and with a higher degree of success²⁴.

A randomized trial comparing NRT with e-cigarettes showed a higher abstinence rate among participants in the e-cigarette group compared with the group that received NRT. The one-year abstinence rate was 18 percent in the e-cigarette group, compared with 10 percent in the NRT group. Interestingly, among participants who were abstinent at one year, compliance was 8-fold higher among those in the e-cigarette group²⁵.

²¹ M. J. Carpenter *et al.*, Clinical strategies to enhance the efficacy of nicotine replacement therapy for smoking cessation: a review of the literature. *Drugs* **73**, 407-426 (2013).

²² T. B. Baker *et al.*, Effects of Nicotine Patch vs Varenicline vs Combination Nicotine Replacement Therapy on Smoking Cessation at 26 Weeks: A Randomized Clinical Trial. *JAMA* **315**, 371-379 (2016).

²³ McNeill A, Brose LS, Calder R, Bauld L & Robson D (2018). Evidence review of e-cigarettes and heated tobacco products 2018. A report commissioned by Public Health England. London: Public Health England.

²⁴ P. Hajek *et al.*, A Randomized Trial of E-Cigarettes versus Nicotine-Replacement Therapy. *The New England journal of medicine* **380**, 629-637 (2019).
S. H. Zhu, Y. L. Zhuang, S. Wong, S. E. Cummins, G. J. Tedeschi, E-cigarette use and associated changes in population smoking cessation: evidence from US current population surveys. *BMJ* **358**, j3262 (2017).

²⁵ P. Hajek *et al.*, A Randomized Trial of E-Cigarettes versus Nicotine-Replacement Therapy. *The New England journal of medicine* **380**, 629-637 (2019).

Similar results were demonstrated using United States Census Bureau data. Of current smokers and recent quitters, e-cigarette users were more likely than non-users to attempt to quit smoking, 65 and percent 40 respectively and had a greater chance of success

8.2 and 4.8 respectively²⁶. A separate analysis lends support to the hypothesis that long-term e-cigarette users enjoy an even higher rate of successful quitting²⁷. It should be noted that these data are collected from 2016 and prior. As previously mentioned, with improvements in technology and nicotine delivery, we are very optimistic that a trial conducted with newer generation devices would show much higher quitting success rates.

Snus use in Sweden is considered to be the primary reason that smoking prevalence is below 5 percent, making Sweden a “non-smoking” country by many public health bodies. This is in sharp contrast to the smoking prevalence rate in the rest of the EU (26 percent) where snus is banned. Finally, heat-not-burn technology has contributed to a dramatic decline in cigarette consumption in Japan. Cigarette volumes in Japan have fallen by 27 percent in two years, from 43.6 billion sticks in Jan-March 2016 to 31.8 billion sticks in Jan-March 2018¹⁶. Analysts at Citi Group attribute the disruption of the cigarette market to heated tobacco products.

3. GATEWAY

The report from the National Academies of Sciences Engineering and Medicine adds fodder to the debate about e-cigarettes’ role as a gateway to combustible cigarette use. This report considers the hypothesis that the strong positive association between vaping and cigarette use is due to common risk factors for both behaviors and these conclusions are derived mainly from short-term cohort studies. The report’s findings on population-level trends indicate that as e-cigarette use increased, smoking prevalence has decreased. To establish the validity of the “gateway hypothesis,” “common liability hypothesis,” and “diversion hypothesis,” requires analysis of large, longitudinal studies that adequately control for known confounders. The NASEM report’s use of single data source and lack of consideration for past trends in smoking have been cited as concerns in the validity of the associations it presents.

In fact, studies have shown that while there are significant reciprocal associations between e-cigarette and cigarette use on an individual level, trajectory analysis of independent survey and PATH data analysis indicates a stronger association from cigarette to e-cigarette use than the other way around²⁸.

²⁶ S. H. Zhu, Y. L. Zhuang, S. Wong, S. E. Cummins, G. J. Tedeschi, E-cigarette use and associated changes in population smoking cessation: evidence from US current population surveys. *BMJ* **358**, j3262 (2017).

²⁷ Y. L. Zhuang, S. E. Cummins, J. Y. Sun, S. H. Zhu, Long-term e-cigarette use and smoking cessation: a longitudinal study with US population. *Tob Control* **25**, i90-i95 (2016).

²⁸ K. W. Bold *et al.*, Trajectories of E-Cigarette and Conventional Cigarette Use Among Youth. *Pediatrics* **141**, (2018).

M. S. Dunbar *et al.*, Disentangling Within- and Between-Person Effects of Shared Risk Factors on E-cigarette and Cigarette Use Trajectories From Late Adolescence to Young Adulthood. *Nicotine Tob Res*, (2018).

Furthermore, David Levy and colleagues have shown that e-cigarettes are contributing to a more rapid decline in smoking rates than were seen in previous years²⁹. Using a time-series model of smoking prevalence that accounts for the years where vaping was not prevalent (prior to 2014) Levy *et al.* examined how the trend in youth smoking has changed since the introduction of e-cigarettes. What they found was that across five data sets and 22 measures (MTF, NYST, YRBS, NSDUH, NHIS), the rate of decline in experimentation and established use of cigarettes increased after 2013, coinciding with vaping becoming more popular among young people. After 2014, in all measures, the difference between the established, long-term trend in smoking prevalence and the reported smoking prevalence is downward (that is effect the deviation from the long-term smoking trend is in a favorable, downward direction). Conclusions that e-cigarettes do not act as a gateway to combustible use are also supported using survey data from the United Kingdom³⁰. Analysis of national survey data from the UK found no significant change in smoking rates following the emergence of e-cigarettes from 2010 on and that social acceptance of smoking among youth is still declining providing no support for the idea that e-cigarettes are renormalizing smoking.

4. PRECAUTIONARY PRINCIPLE

It is possible to argue that Hong Kong's approach is 'precautionary'. Faced with uncertainty about the health impacts of a new technology, the cautious approach is to prohibit it until there is more evidence either to confirm the wisdom of a prohibition or to justify lifting it. However, that is a misreading of the precautionary principle. The precautionary principle is a risk-management discipline and requires consideration and uncertainties and harms associated with any potential course of action, including a prohibition, and then weighing the options to strike a balance³¹.

The Royal College of Physicians (London) expressed this challenge as follows:

A risk-averse, precautionary approach to e-cigarette regulation can be proposed as a means of minimising the risk of avoidable harm, eg exposure to toxins in e-cigarette vapour, renormalisation, gateway progression to smoking, or other real or potential risks.

However, if this approach also makes e-cigarettes less easily accessible, less palatable or acceptable, more expensive, less consumer friendly or pharmacologically less effective, or inhibits innovation and development of new and improved products, then it causes harm by perpetuating smoking. Getting this balance right is difficult. (Section 12.10 page 187)

The most extreme form of 'risk-averse, precautionary approach' is a prohibition. The consequences of a prohibition of e-cigarettes and other low-risk alternative to cigarettes may be 'perpetuating smoking' via the mechanisms suggested by RCP. Because the health risks of smoking are high and the health risks of smoke-free alternatives are low, it is essential to give

²⁹ D. T. Levy *et al.*, Examining the relationship of vaping to smoking initiation among US youth and young adults: a reality check. *Tob Control*, (2018).

³⁰ B. Hallingberg *et al.*, Have e-cigarettes renormalised or displaced youth smoking? Results of a segmented regression analysis of repeated cross sectional survey data in England, Scotland and Wales. *Tob Control*, (2019).

³¹ See, for example, European Commission, COM(2001)1 Final, *The precautionary principle*. Brussels 2001

considerable weight to the possible unintended consequences arising a prohibition causing more smoking than there would otherwise be.

A further likely reaction to a prohibition is a black market supplying those who will wish to continue to use these products – in many cases because they believe they are life-saving alternatives to smoking. A black market has many undesirable effects: it nurtures criminality; it means dangerous or substandard products can be supplied with no redress; it harms business in Hong Kong who could supply a legitimate market; and it may promote dangerous practices such as home mixing or handling high-strength nicotine concentrates.

The types of risks involved in e-cigarettes are qualitatively very different to those where the precautionary principle is more commonly applied to prevent or control a risk. These might include: novel systemic risks to complex dynamic systems; irreversible or accumulative risks; risks that generate other instabilities; and/or have dread consequences. For example, releasing a mutating biological agent or a predator/parasite into an ecosystem; aspects of artificial intelligence or algorithmic decision making; the release of bio-accumulative substances or gases that increase the greenhouse effect; high-speed trading or incomprehensible financial derivatives all carry with them irreversible and destabilizing risks

Smoke-free alternatives to cigarettes have nothing in common with these cases. Vaping is a reversible personal behaviour with individual risks and benefits – it does not destabilise a complex system like an ecosystem or a financial market. Individuals can stop if they decide to and regulators can control risks, or even introduce a prohibition, if and when real problems emerge. Smoke-free alternatives to cigarettes provide benefits to smokers that are significant – the costs of denying such benefits can also be significant and should be weighed carefully in any policy appraisal.

Risk proportionate regulation

We believe the right approach to striking a balance between risk and opportunity is to regulate these products using 'risk-proportionate regulation' – a system in which the controls and regulatory burdens imposed are in proportion to the risk arising from a product and its use. We would be happy to expand on this regulatory approach in greater detail.

A situation in which cigarettes are widely available and low-risk alternatives are banned is not 'risk-proportionate'. In fact it is quite the opposite – given the totality of evidence in favor applying harm reduction approaches to smoking, a prohibition on e-cigarettes and other smoke-free products is 'anti-proportionate' and likely to cause more harm than good.



CTBAT International Co. Ltd.
29/F Oxford House, Taikoo Place
979 King's Road
Quarry Bay, Hong Kong

T +852 3129 5300
F +852 3129 5493
www.ctbali.com

中煙英美煙草國際有限公司
香港鰂魚涌英皇道 979 號
太古坊添豐大廈 29 樓

8 April 2019

Bills Committee on Smoking (Public Health) (Amendment) Bill 2019
Legislative Council Secretariat
Legislative Council Complex
1 Legislative Council Road
Central, Hong Kong

Dear Sirs

Smoking (Public Health) (Amendment) Bill 2019

We write in response to the captioned bill which proposes, among other things, to ban the import, manufacture, sale, distribution, and advertisement of alternative smoking products.

We are a joint venture company between subsidiaries of China National Tobacco Corporation and British American Tobacco established in Hong Kong to own and manage a number of worldwide international cigarette brands. This proposed bill, if enacted, will deprive us of the potential opportunity to offer more rational freewill choices to our consumers to select the product range from traditional cigarette, heat-not-burn products, and e-cigarettes.

In the Legislative Council Brief prepared by the Food and Health Bureau (File Ref: FH CR 1/3231/19), several misleading claims are made about e-cigarettes and heat-not-burn products. In this submission, we respectfully ask the honourable members of the Bill Committee to take into account all available information when deliberating on the Bill.

Additional evidence should be considered by the Legislature

The Food and Health Bureau claims that "all these new smoking products are harmful to health and produce second-hand smoke" and that "there is also a lack of sufficient evidence to prove that these products can help quit smoking."

It is disappointing that the Hong Kong government once again chose to selectively present studies that support its position. We submit that when this controversial proposed amendment to the Smoking (Public Health) Ordinance is being put to the legislature for deliberation, the legislator should consider all the evidence available, and give equal weight to the following authoritative comprehensive studies on the subject of alternative smoking products:

1. The review conducted by Public Health England concluded that using e-cigarettes is 95% less harmful than smoking.¹

¹ McNeill A, Brose LS, Calder R, Bauld L, Robson D. Evidence review of e-cigarettes and heated tobacco products 2018. A report commissioned by Public Health England. London: Public Health England. 2018.

2. The report by the Royal College of Physicians recommends promoting the use of e-cigarettes as a smoking cessation aid.²

Gateway Effect

The Food and Health Bureau claims that e-cigarettes and heat-not-burn products may cause users to ultimately turn to smoking. There is simply no evidence to support this claim.

Unintended Consequences

We also urge the Legislative Council to consider the unintended consequences that may result from the ban on alternative smoking products. For example, as the ban prevents legitimate, high-quality products from being sold, illicit products from various channels and of unknown quality standards may dominate the market. Further studies are required to understand the impact of the government's proposal on the illicit tobacco trade.

Tourists and business travelers to Hong Kong who may carry alternative smoking products with them for personal use may risk violating the law.

Hong Kong's approach being incompatible with other leading markets

While health authorities in the United States and the European Union have adopted a permissive approach to regulating alternative smoking products and to even encourage their use, in stark contrast to the Hong Kong government's stance. For regulating alternative smoking products in China, the current regulations are to prohibit sale of e-cigarettes to minors instead of an absolute ban of e-cigarettes.

The government has not pointed out any circumstances specific to Hong Kong that would justify the adoption of an extreme prohibitory approach. Such a draconian regulation is incompatible with Hong Kong's status as an open and free city that positions itself as an international city.

Conclusion

We support reasonable regulation on alternative smoking products (e.g. restrictions on sale to minors) that can achieve the tobacco control objective. Current evidence suggests that banning alternative smoking products is not rational.

Yours faithfully



Peter Henriques
General Manager
CTBAT International Co. Limited

² Royal College of Physicians of London. Nicotine Without Smoke Tobacco Harm Reduction. Royal College of Physicians of London; 2016.

Mr Kwok Wai Keung
Chairman, Bills Committee on Smoking (Public Health) (Amendment) Bill 2019
C/- Clerk to Bills Committee on Smoking (Public Health) (Amendment) Bill 2019
Legislative Council Secretariat
Legislative Council Complex
1 Legislative Council Road
Central, Hong Kong

8 April 2019

Dear Sir

Bills Committee on Smoking (Public Health) (Amendment) Bill 2019

Please find enclosed a copy of my letter to Hon Kenneth Leung dated 8 April 2019 in connection with matters raised in the Smoking (Public Health) (Amendment) Bill 2019. This is the basis of my submission to the Bills Committee in this regard.

I have separately completed an online registration. My reference number is FF019D10.

Thank you for your kind consideration of this important matter.

Yours faithfully,



Matthew Campbell FENWICK
matthewcfenwick@gmail.com

Copy to:

Hon Kenneth Leung
Professor Hon Sophia Chan Siu-Chee, JP, Food & Health Secretary

COPY

Hon Kenneth LEUNG
Room 918,
Legislative Council Complex,
1 Legislative Council Road,
Central, Hong Kong

8 April 2019

Dear Mr. Leung

Regulate e-cigarettes and heated tobacco products

I am writing to you as a member of the Hong Kong Institute of Certified Public Accountants to express my thoughts on the proposal to impose a complete ban on e-cigarettes and heated tobacco products as announced on 13 February 2019. I believe these alternative products should be properly regulated rather than implementing a complete ban, at least until a proper public consultation can be undertaken on the matter.

There have been numerous international studies indicating alternative products such as e-cigarettes and heated tobacco products are significantly less harmful than traditional cigarettes. These alternative products are also understood to be an effective tool to quit smoking. That said, they are not completely risk-free and that is why regulation is needed to make them as safe as possible and to ensure these products are not accessible to young people.

In any event, I would expect the Hong Kong Government to undertake its own studies and/or engage broadly with the community before imposing a ban on these products. A complete ban in the absence of this would send the wrong message to the public in giving the impression that e-cigarettes and heated tobacco products are more harmful than traditional cigarettes. This will prevent many cigarette smokers from switching to safer alternatives. Therefore the Hong Kong Government should regulate e-cigarettes and heated tobacco products. It should also educate the public and the smoking community of the effects of smoking generally, as well as safer alternatives to conventional cigarettes. The smoking community in Hong Kong should be given the freedom of choice to use less harmful products and to use products which are able to assist them to quit smoking.

Hong Kong, being a part of the international community, should also take notice of the direction taken by some of its closest international counterparts. As I understand it, the United Kingdom, Japan, Korea and Malaysia are regulating e-cigarettes and heated tobacco products. In addition, New Zealand has overturned its initial ban of e-cigarettes and heated tobacco products and moved towards regulating them.

I would urge the Hong Kong Government not to ban e-cigarettes and heated tobacco products immediately, but rather start a discussion with the community to come up with a balanced solution. Proper regulation, enforcement and education are the right way to minimize the negative impact of smoking to the community.

COPY

Thank you for your kind consideration of this important matter.

Yours sincerely,

A handwritten signature in dark ink, appearing to read 'Matthew Campbell Fenwick', with a stylized flourish at the end.

Matthew Campbell FENWICK
HKICPA Membership No. A34497

立法會CB(2)1214/18-19(1782)號文件
LC Paper No. CB(2)1214/18-19(1782)

From: ron christian sison [REDACTED]
To: "bc_54_18@legco.gov.hk" <bc_54_18@legco.gov.hk>, "sfhoffice@fhb.gov.hk" <sfhoffice@fhb.gov.hk>, "kww@ftulegco.org.hk" <kww@ftulegco.org.hk>

Date: Monday, April 08, 2019 04:05PM

Subject: Hong Kong's Smoking (Public Health) (Amendment) Bill 2019

April 5, 2019

Clerk to Bills Committee on Smoking (Public Health) (Amendment) Bill 2019

Legislative Council Secretariat

Legislative Council Complex

1 Legislative Council Road

Email: bc_54_18@legco.gov.hk

By

Central, Hong Kong

Subject:

Gentlemen:

The Harm Reduction Alliance of the Philippines (HARAP) is an association that aims to promote harm reduction as part of the Philippines's public health policy, for the benefit of every individual's right to well-being. Our work is driven by our commitment to ensure that individuals are made aware about and educated on harm reduction. The details of our association including who we are and what we do can be found at www.harap.ph

We write this letter in relation to the ongoing public consultation for the bill entitled "Smoking (Public Health)(Amendment) Bill 2019" which is pending before your committee.

It is our view that government legislators and regulators around the world, the Hong Kong government included, should carefully consider all scientific evidence that are available on the health risks of using electronic cigarettes and other heated tobacco products when considering the passage of a regulatory framework for the said products. It is imperative also that a proper health impact assessment is conducted to ensure that the proposed bill does not negatively impact the public health of Hong Kong citizens.

On this point, we wish to highlight that there is a growing consensus among government policy makers and regulators around the world that electronic cigarettes and heated tobacco products are significantly less harmful as compared to using conventional cigarettes. This is consistent with the findings of several government-backed scientific studies such as those done by Public Health England, The German Bureau of Federal Risk Assessment, and the Japan National Institutes of Health.

Here in the Philippines, our legislators have completed committee hearings to provide for a balanced regulatory framework for electronic cigarettes and heated tobacco products. Our Vaporized Nicotine Products Bill will be presented to the Congress plenary for approval.

We trust that the Hong Kong Government will use an evidence-based approach in the deliberations of the proposed bill and consider its overall impact in the lives of Hong Kong citizens who choose to continue to smoke.

Thank you very much.

Sincerely Yours,

Prof. Ron Christian G. Sison, RMT, MLS(ASCPi), MPH
Lead Convenor

Harm Reduction Alliance of the Philippines

CC:

Hon. Professor Sophia Chan Siu-Chee, JP

Food & Health Secretary

sfhoffice@fhb.gov.hk

Hon. KWOK Wai-Keung, JP

Chairman of the Bill Committee

kwk@ftulegco.org.hk

立法會CB(2)1214/18-19(1783)號文件
LC Paper No. CB(2)1214/18-19(1783)

From: David Chong [REDACTED]
To: "bc_54_18@legco.gov.hk" <bc_54_18@legco.gov.hk>
Cc: "sfhoffice@fhb.gov.hk" <sfhoffice@fhb.gov.hk>, "info@kennethleung.hk" <info@kennethleung.hk>

Date: Monday, April 08, 2019 03:49PM

Subject: Bills Committee on Smoking (Public Health) (Amendment) Bill 2019

Dear Chairman,

Submission Reference #: 4F337E5D

Regulate e-cigarettes and heated tobacco products

I am writing to you as a Professional Qualified Accountant to express my thoughts concerns on the latest legislative proposal on the complete ban of e-cigarettes and heated tobacco products as announced on February 13, 2019. I believe these alternative products should be properly regulated rather than implementing a complete ban.

There has been numerous irrefutable international studies proving alternative tobacco products such as e-cigarettes and heated tobacco are significantly less harmful to traditional conventional cigarette smoking. These alternative products are proven to be an effective tool to quit smoking. I understand these products are not completely risk-free and that is why regulation is needed to make them as safe as possible and ensuring these products are inaccessible to protect young people.

A complete ban would send the wrong message to the public in giving the impression that e-cigarettes and heated tobacco products are more harmful as traditional cigarettes, which is not factual. This will prevent many cigarette smokers from switching to proven safer alternatives. Therefore the Hong Kong Government should regulate e-cigarettes and heated tobacco products and educate the public and the smoking community of the safer alternatives. The smoking community in Hong Kong should be given the freedom of choice to use less harmful products and to use products which are able to assist them to quit smoking.

Hong Kong, being a part of the international community, should take notice of the direction taken by some its closest international counterparts. The United Kingdom, Japan, Korea and Malaysia are regulating e-cigarettes and heated tobacco products. The New Zealand Government has even taken the surprising move of overturning its initial ban of e-cigarettes and heated tobacco products to regulating them. The New Zealand Health Ministry will introduce new safety standards to give assurance to smokers trying to quit smoking using the devices, while keeping them away from youths who do not smoke with regulation.

Why can't the Hong Kong Government do the same as these countries and regulate the alternative tobacco products in Hong Kong?

Appreciate and grateful for your attention in the urgent matter

Yours sincerely,

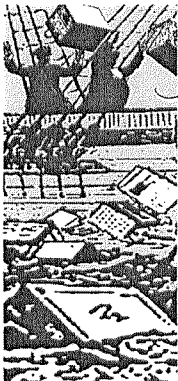
(David) Teck Wei Chong

Chartered Accountants Australia and New Zealand

Membership 2031824

cc:

Sophia Chan
Kenneth Leung



AMERICANS
for TAX REFORM

April 8, 2019

To: Clerk to Bills Committee on Smoking (Public Health) (Amendment) Bill 2019,
Hon Professor Sophia Chan, JP, Secretary for Food and Health,
Hon KWOK Wai-keung, JP, Chairman of the Bills Committee.

Re: Bills Committee on Smoking (Public Health) (Amendment) Bill 2019 (File Ref: FH CR
1/3231/19)

Dear Secretary, Chairman, and Members of the Legislative Council,

On behalf of Americans for Tax Reform, I urge you to reject FH CR 1/3231/19, the "Amendment Bill," which seeks to ban the import, manufacture, sale, distribution, and advertisement of alternative smoking products in Hong Kong. **Prohibiting the sale of electronic cigarettes, heat-not-burn tobacco products, and other alternative smoking products will directly harm public health and Hong Kong's international reputation as a leader in evidence-based policymaking.**

Throughout the FH CR 1/3231/19 "Legislative Council Brief," United States Food and Drug Administration actions and statements from Commissioner Dr. Scott Gottlieb are used as a justification for the effort to ban alternative smoking products. Though there has certainly been much debate around the appropriate regulatory treatment of this industry in recent years, it is not the position of the United States government or FDA that these products should be banned. To understand this, it's worth examining a more complete picture of the FDA's position on these products.

In September of 2018, FDA Commissioner Gottlieb stated:

"E-cigarettes may present an important opportunity for adult smokers to transition off combustible tobacco products and onto nicotine delivery products that may not have the same level of risks associated with them."

On February 10th on Twitter, Dr. Gottlieb Tweeted:

"We believe e-cigs can provide substantial health benefits helping currently addicted adult smokers fully transition off of combustible cigarettes."

In a February 21st press release from the FDA, Dr. Gottlieb explained:

"A key element of our comprehensive plan to significantly reduce tobacco-related disease and death is recognizing that nicotine, while highly addictive, is delivered through products along a continuum of risk... Novel products with different characteristics or routes of nicotine delivery have the potential to offer additional opportunities for health-concerned smokers interested in quitting. This could also include products such as electronic nicotine delivery systems like electronic cigarettes..."

On March 4 of this year, Dr. Gottlieb stated:

"I still believe that e-cigarettes present an important opportunity for currently addicted adult smokers to transition off combustible products and onto nicotine delivery products that may not have the same level of risks associated with them."

Last week, the FDA issued a statement affirming their intent to continue examining the positive harm reduction potential of e-cigarettes among those currently addicted to combustible cigarettes:

"We will assess the potential benefits of currently addicted adult smokers fully transitioning off cigarettes and onto ENDS products while still getting access to nicotine, but potentially without the same risks as combusting tobacco."

722 12th Street N.W.

Fourth Floor

Washington, D.C.

20005

T (202) 785-0266

F (202) 785-0261

www.atr.org

This is just a sample of the statements of affirmation from the United States federal government that e-cigarettes represent an opportunity to reduce the risks of tobacco use through less harmful alternatives to cigarettes such as e-cigarettes. The belief that a transition from cigarettes to e-cigarettes is a net health benefit to smokers isn't unique to the United States. In fact, Public Health England and the Royal College of Physicians have long held that electronic cigarettes are at least 95 percent less harmful than traditional combustible cigarettes.

The same logic applies to heat-not-burn tobacco. Although not yet available for sale in the United States, products like IQOS have received a vote of confidence from the FDA's Tobacco Products Scientific Advisory Committee (TPSAC), which concluded that a heat-not-burn product like IQOS reduces the body's exposure to harmful or potentially harmful chemicals typically found in cigarettes. An independent analysis of heated tobacco products by the Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment (COT) in the United Kingdom found that heated tobacco products are at least 50 percent and potentially more than 90 percent less harmful than combustible cigarettes.

On the question of youth use of some types of alternative smoking products, bans do not achieve sensible public health policy objectives. **While some U.S. federal regulators have expressed concerns about youth use of some alternative smoking products, the response has been a focus on the enforcement of current laws that ban minors from purchasing these products and an issuance of fines and penalties to businesses that break those laws.**

Innovative products like e-cigarettes can and should be a major component of the Government's campaign to reduce smoking rates moving forward. In fact, in an independent randomized control trial this year, a peer-reviewed study authored by Dr. Peter Hajek in the New England Journal of Medicine found that **e-cigarettes are nearly twice as effective at helping smokers quit smoking than other products like the nicotine patch or gum.**

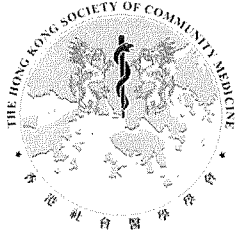
A ban on alternative smoking products will make it near-impossible for many smokers to ever successfully quit, even those who have a desire to do so. Additionally, a ban on alternative smoking products will force current vapers to return to smoking. These two scenarios would harm the Government's goal of reducing smoking prevalence from 10 to 7.8 percent by 2025.

Smoking-related illness in the United States costs nearly \$170 billion USD in direct medical care per year according to the Centers for Disease Control and Prevention (CDC). Taxpayers bear 60 percent of the cost of smoking-attributable diseases through publicly funded programs such as Medicaid at the state level (\$40 billion) and Medicare at the national level (\$45 billion). **Products like e-cigarettes will not only save millions of lives given their potential to transition current smokers away from cigarettes to less harmful alternatives, but the reduced healthcare costs associated with consumer health improvements will save taxpayers billions of dollars annually.**

It is for these reasons that we urge Hong Kong to embrace the opportunity that e-cigarettes and heated tobacco products present by preserving their availability and affordability for adult consumers. For more information about Americans for Tax Reform or our position on this issue, please contact Paul Blair, ATR's director of strategic initiatives, at pblair@atr.org.

Sincerely,

Paul Blair
Director of Strategic Initiatives
Americans for Tax Reform



香港社會醫學學會

THE HONG KONG SOCIETY OF COMMUNITY MEDICINE

Founded in 1963

2018-2019

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梁靜勤醫生

Dr YH LEUNG
梁耀康醫生

Ms Crystal LAM
林靜敏女士

Dr June LEUNG
梁語殷醫生

Dr Sam LI
李榮森醫生

Mr Kelvin LING
凌偉傑先生

Dr Darwin MAK
麥懷澄醫生

Dr Jerry MANG
孟震宇醫生

Dr Sammy NG
吳秉琛醫生

Dr Ambrose WONG
王智康醫生

Dr Monica WONG
王曼霞醫生

Dr Jess YIM
嚴穎琳醫生

HON LEGAL ADVISER

義務法律顧問

Mr CY LAW
羅志遠先生

HON AUDITOR

義務核數師

Ms Cora WONG
黃慧明女士

Hon KWOK Wai-keung, JP

Chairman,

Bills Committee on

Smoking (Public Health) (Amendment) Bill 2019

8 April 2019

Dear Chairman,

Re: Written submission to the Bills Committee on Smoking (Public Health) (Amendment) Bill 2019

As a professional organisation that promotes measures to improve community and public health, the Council of The Hong Kong Society of Community Medicine (referred to as “The Society”) unanimously **supports** the Smoking (Public Health) (Amendment) Bill 2019 to ban the import, manufacture, sale, distribution and advertisement of alternative smoking products.

The Society welcomes the comprehensive coverage of prohibition of alternative smoking products, including heat-not-burn tobacco products and electronic cigarettes, and would like to reiterate the importance of such prohibition in the light of our practice in community medicine.

Heat-not-burn (HNB) tobacco product

We are especially concerned about the HNB tobacco products, which are electronic device that heat, rather than combust, processed tobacco to produce aerosols. Based on the three product factors highlighted by the World Health Organization (WHO) that determine tobacco use and its harms - attractiveness, addictiveness, and toxicity, we would pinpoint each of these crucial factors in detail:

Attractiveness

HNB tobacco products are portrayed by manufacturers as “safer” because the cigarettes only need to be heated, but not combusted. As a never-smoker, the risk or cost of trying it out may be perceived to be lower. And, what is more, the trendy product design and numerous palatable flavours significantly appeal to young adults. It is already obvious that the marketing strategy of selling HNB tobacco products is aggressively targeting youth.

While we await more scientific evidence from independent, other than tobacco manufacturer-sponsored, research institutes on specific risks and toxicity of HNB tobacco products, it is beyond doubt that all forms of tobacco are harmful. Lower exposure to the number of toxic substances does not necessarily translate into reduced health risks. No evidence is available to support the notion that HNB tobacco products are in any way “safer”.

Addictiveness

HNB tobacco products are tobacco in nature and therefore contain the highly addictive substance nicotine. As with traditional cigarettes, HNB tobacco products are also central nervous system stimulant and capable of making users nicotine-dependent. It is not hard to imagine that, given its high degree of attractiveness, there may be a surge in young never-smokers addicted to nicotine - should we not intervene before it is too late.

Toxicity

HNB tobacco products were first launched in 2014 and have not been on the market long enough to assess their risks and effect on tobacco use in the population. Nonetheless, as quoted from the WHO, tobaccos, even in its non-combusted or non-heated form, are harmful and lead to dependence.

Moreover, in view of the tobacco manufacturers’ previously unsubstantiated claim of producing “low-yield” cigarettes in the past, it is prudent to

keep our younger generation away from all forms of tobacco, now rather than later.

E-cigarettes

There is conclusive evidence that e-cigarettes contain harmful substance, and there is insufficient evidence of their use as effective cessation aid. Substantial evidence is available to show that use of e-cigarette in youth is associated with greater likelihood of subsequent initiation of cigarette smoking (i.e. gateway effect). Therefore, a ban of e-cigarettes is a clear move to protect public health.

Conclusion

We must do our best to protect our young generation from all forms of tobacco products and nicotine dependence. **A comprehensive ban is the only way to prevent new smoking products from undermining decades of tobacco control efforts.**

The passage of this Smoking (Public Health) (Amendment) Bill 2019 will be an essential step towards a smoke-free Hong Kong. We look forward to joining hands with the community to provide a healthier and cleaner future for our generations to come.

立法會CB(2)1214/18-19(1786)號文件
LC Paper No. CB(2)1214/18-19(1786)

From: Reuben Ng <sprng@nus.edu.sg>
To: "bc_54_18@legco.gov.hk" <bc_54_18@legco.gov.hk>
Cc: "sfhoffice@fhb.gov.hk" <sfhoffice@fhb.gov.hk>, "kwk@ftulegco.org.hk" <kwk@ftulegco.org.hk>

Date: Monday, April 08, 2019 03:40PM
Subject: Submission to the Bills Committee on Smoking (Public Health) (Amendment) Bill 2019

Dear Esteemed Colleague,

Thank you for managing this important public consultation exercise about the Hong Kong Bills Committee on Smoking (Public Health) (Amendment) Bill 2019. I like to share my thoughts.

As a policy and social scientist, I am torn between the risk and benefits of alternative tobacco products. From a traditional public health perspective, banning these products decreases the channels of novel exposure to tobacco. However, I am also moved by the plight of current tobacco users and their caregivers struggling for alternative means of risk reduction.

I will first share some well-known policy innovations that promote harm reduction, followed by suggestions to mitigate their risks.

The Royal College of Physicians in Britain has recommended that in the interest of public health it is important to promote the use of e-cigarettes as widely as possible as a substitute for smoking in the UK. In Feb 2018, Public Health England (PHE) published its review of the current scientific evidence on e-cigarettes and heat-not-burn tobacco products. PHE concluded that e-cigarettes pose only 5% or less of the risks of smoking, and switching completely from smoking to vaping "provides substantial health benefits." PHE also noted that heat-not-burn products may be considerably less harmful than tobacco cigarettes. Furthermore, e-cigarettes are likely to expose users and bystanders to lower levels of particulate matter and toxins.

PHE's evidence review came just a few weeks after a Jan 2018 report by the *United States National Academies of Sciences, Engineering and Medicine* on e-cigarettes that was commissioned by the *US Food and Drug Administration (FDA)*. This report concluded that, based on the available evidence, "e-cigarettes are likely to be far less harmful than combustible tobacco cigarettes." Completely substituting e-cigarettes for cigarettes reduces users' exposure to numerous toxicants and carcinogens and improves health—the report added.

As a policy and social scientist, I cannot ignore the important insights and recommendations from Public Health England and the US FDA to consider alternative tobacco products for risk management. Of course, the risk of these products opening up alternative means for tobacco

initiation is well-founded and many scholars have argued cogently against. However, technology and Artificial Intelligence (AI) can be used to mitigate these risks. For example, as part of regulation, every alternative tobacco product can be mandated to include a biometric reader. The product can only work if the biometric reader verifies that the user is above a certain legal age. These biometric-enabled products will also collect a wealth of data that can be mined to understand the usage patterns, within ethical frameworks. Subsequently, customised interventions can be designed to decrease the usage of tobacco. The providers of these products could be mandated to ethically provide these data for analysis and public health interventions. Ironically, alternative tobacco products, if managed properly, can be a gateway for an unprecedented amount of high-quality Big Data for analysis to design public health interventions.

Sincerely,

Reuben Ng, Ph.D.

Lee Kuan Yew School of Public Policy

National University of Singapore

Important: This email is confidential and may be privileged. If you are not the intended recipient, please delete it and notify us immediately; you should not copy or use it for any purpose, nor disclose its contents to any other person. Thank you.



RE: Bills Committee on Smoking (Public Health) (Amendment) Bill 2019 (File
Ref: FH CR 1/3231/19)

April 8, 2019

Dear Secretary, Dear Chairman, Dear Members of the Legislative Council,

FreedomWorks Foundation is a group which represents millions of citizen-activists in the United States of America. Our mission is to educate on the importance of free markets and individual liberty and to advance public policies that reflect these ideals. In this effort, we oftentimes find ourselves referencing Hong Kong. The story of Hong Kong is, arguably, the strongest case for individual and economic freedom the world has ever known. For this reason, the proposed Bill 2019 is particularly alarming, as it constitutes an aggressive restriction on individual and economic freedom. Furthermore it is based on faulty premises regarding public health and United States public policy.

Bill 2019 proposes to completely “ban the import, manufacture, sale, distribution and advertisement of alternative smoking products.” These alternative products are a critical tool in the arsenal of addressing the undeniable public health crisis caused by conventional smoking products. Public policy is most effective when it comports to reality. The reality is that millions and millions of people around the world choose to continue consuming nicotine products. The goal of complete abstinence from nicotine consumption is an unrealistic one. Implementing public policy that is ignorant of this fact only serves to exacerbate the public health crisis caused by conventional smoking. Adults should be allowed access to alternative nicotine products that are demonstrably less-harmful than conventional tobacco products. In short, public policy should not prioritize impossible perfect outcomes over pragmatic and net-positive outcomes.

The premises upon which Bill 2019 are problematic as well. Under “Justifications” the bill states: “The fact is: all these new smoking products are harmful to health and produce second-hand smoke. There is also a lack of sufficient evidence to prove that these products can help quit smoking.” Neither of these points are facts. They are, in fact, demonstrably false. Practically none of these new “smoking” products are actually smoking products and thus do not produce first or second-hand smoke. In the United States, we refer to these products as “vaping” products for a reason. They produce vapor, not smoke. The Philip Morris International (PMI) product IQOS, which is mentioned at length in Bill 2019, does not produce smoke. The entire purpose of the product is to deliver nicotine in a way that does not require combustion of tobacco. There simply is no smoke, whatsoever.

The claim that no evidence exists to suggest that these products can help people quit smoking is exceptionally egregious. A recent study, commissioned by the British National Institute for Health Research and Cancer Research UK and published in the *New England Journal of Medicine* earlier this year, found that alternative smoking products, namely “e-

cigarettes” are “nearly twice as effective as conventional nicotine replacement products, like patches and gum, for quitting smoking.”¹

Finally, Bill 2019 cites policy advanced by the Food and Drug Administration (FDA) of the United States. This is unwise given the fact that the FDA is currently executing policy that is in significant conflict with United States law. The FDA is a part of the Executive Branch of the United States Government. As such, it ultimately may only execute the laws passed by the Congress of the United States, the Legislative Branch of the United States Government. Current United States law, as passed by Congress, governing tobacco and nicotine products explicitly encourages the industry to develop less-harmful alternative products. Subsequently the law states that these products could potentially be advertised in a way that would allow manufacturers to inform the public that their product is less-harmful than conventional smoking.²

While FDA policy has undoubtedly become more stringent in regards to alternative nicotine products, it must be noted that these policy actions are unilateral actions of executive fiat. These actions are ultimately inconsistent with the will of Congress as expressed under law—which is for the tobacco and nicotine products industry to develop and introduce safer alternatives to conventional smoking. If Hong Kong is looking to base public policy in this area off of the legitimate policy of the United States, then Hong Kong should work with the industry to bring alternative nicotine products to market and abandon Bill 2019.

Respectfully submitted,



Patrick Hedger
Director of Policy
FreedomWorks Foundation
111 K Street NE, Suite 600
Washington, DC, 20002

¹ Hoffman, Jan, “E-Cigarettes Are Effective at Helping Smokers Quit, a Study Says,” *The New York Times*, January 30, 2019. <https://www.nytimes.com/2019/01/30/health/ecigarettes-nicotine-smoking-quit.html>

² Section 911 of the Federal Food, Drug, and Cosmetic Act - Modified Risk Tobacco Products. <https://www.fda.gov/TobaccoProducts/Labeling/RulesRegulationsGuidance/ucm262077.htm>

立法會CB(2)1214/18-19(1788)號文件
LC Paper No. CB(2)1214/18-19(1788)

From: "Wang, Mel" <Mel.Wang@pmi.com>
To: "bc_54_18@legco.gov.hk" <bc_54_18@legco.gov.hk>
Cc: "sfhoffice@fhb.gov.hk" <sfhoffice@fhb.gov.hk>, "info@kennethleung.hk" <info@kennethleung.hk>

Date: Monday, April 08, 2019 03:27PM

Subject: Bills Committee on Smoking (Public Health) (Amendment) Bill 2019

History: ➡ This message has been forwarded.

Dear Mr Kwok Wai Keung,

I hearby to voice out that we need to have Reduced Risk Products in Hong Kong. Traditional consumable smells heavily and impact the environment. The people has the authority to have better choice.

To participate Public Hearing, I have registered, details as below:

registered name: 王雪

email: mel.wang@pmi.com

post address: 1307-25 One Island South, 2 Heung Yip Road, Wong Chuk Hang, Hong Kong

reference number: D3695C45

Thank you,

Mel WANG

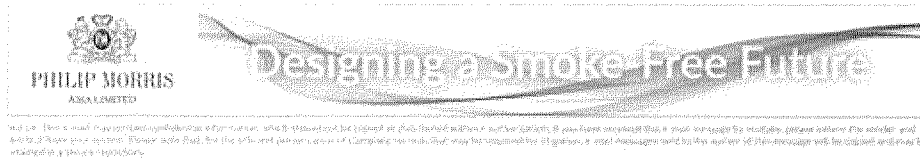
NPI Leader | PMI Science and Innovation

☎ +852 2165 7053 (office)

☎ +852 [REDACTED] (mobile)

✉ Mel.Wang@pmi.com

📍 1307-25 One Island South, 2 Heung Yip Rd, Wong Chuk Hang, Hong Kong



立法會CB(2)1214/18-19(1789)號文件
LC Paper No. CB(2)1214/18-19(1789)

From: Sindy [REDACTED]
To: "bc_54_18@legco.gov.hk" <bc_54_18@legco.gov.hk>
Cc: "sfhoffice@fhb.gov.hk" <sfhoffice@fhb.gov.hk>, "chluk@ftulegco.org.hk" <chluk@ftulegco.org.hk>, "office@hkaiming.hk" <office@hkaiming.hk>

Date: Monday, April 08, 2019 03:13PM

Subject: Bills Committee on Smoking (Public Health) (Amendment) Bill 2019 (Ref Number: EF1F4125/AA279DF6/4D0004C4/D5EEEE51)

Dear Mr. Kwok Wai Keung (Chairman)

**Re: Bills Committee: Regulate Alternative Tobacco Products Instead of Ban
Urging for a Proper Public Consultation**

I am a daughter and a mum-to-be in the coming September . My father starts smoking when he was aged 18 and now he is already 60 which I fully understand that there is no way for him to quit smoking as it is already part of his life for a long time. And I do understand that it is his only way to release work and life pressure, it becomes his habit. So do I ? I choose to drink three cups of coffee per day before while others in Hong Kong may choose to drink alcohol, go gambling or even having many junk food/ coke to release their pressure. I respect everyone has their own way to choose and live. I strongly believe no one could stop other people what they want to have. Everyone has freedom!!!!

Since IQOS released in the market couple of years ago, My father started to use IQOS (new heat-not-burn product) to replace the conventional cigarette. What's the reason of doing so? It is just simple! He just wants to avoid affecting others especially to his grandchild and our families. With the support of more and more scientific evidences proofing that this new type of cigarette products (IQOS) present lower health risks to both smokers and non-smokers, my father decided to switch to IQOS and truly believe this new scientific innovative products could produce less harmful impact to his health and even help him to change his life and experience ever. Indeed, after using IQOS, he do has lesser cigarette in-intake as the IQOS device need to be charged. He kinds of needs to "wait" and eventually he takes fewer and fewer cigarettes than before. Also, in terms of the smell, it is much better than before. I barely can't smell the smoke from his body (ie. hand, finger, hair) and even his clothes. It creates less impact to my kid and our families and help to create a more comfortable environment for all of us.

I understood this kind of new products are not allowed to sell in Hong Kong. Indeed, it has already launched in other developed countries like Japan, Seoul, UK, Switzerland and etc and supported by many valid and strong scientific evidences/findings. What the reasons or justification of Hong Kong Government stop having it in our market? What's the rationale of rejecting or ignoring those scientific research and findings? If you have better or more up-to-dated scientific evidences overthrowing those global research results, we are more than happy to know more and suggest the Hong Kong Governemnt should proactively share to the world as soon as possible. Please do not just propose full ban for the sake of banning and not providing solid supporting and evidences. We are all now living in the 21st century, we believe in Science and Research rather than "just talk" by one or few small group of people in Hong Kong. Personally, I saw the actual benefits that IQOS bring to my husband, his friend and even myself. I do not want him to go back to the traditional cigarettes and our family need to suffer from those disgusting smells again. Instead of full ban, I prefer to bring in this new innovative science-driven products which offer better alternative to smokers. Again, I believe it is their HUMAN RIGHT! You (the Governemnt), those opposite parties and I could not stop their rights and freedom to choose for better options. Be more open! It is the norm and new trend in the world. We need to believe Science and Technology could change our life and

make ourselves and our world better and better. As a mother-to-be, I prefer my kid and our next generation will embrace new mindsets, adopt new ways of working to create and invent new stuffs for better future. And it is essential part in our human civilization process. I am now writing to express our view and urge the Hong Kong Government to open your mind, listen to the public and users' voices and take corresponding actions in regulating the new heat-not-burn product. I strongly opposed the action of full ban. Thank you for your kind attention.

Best Regards,

Ms Lee Sin Yee (ref no. EF1F4125)

Mr Lee Wai Kwong (ref no. D5EEEA51)

Mrs Leong Mei Keng (ref no. 4D0004C4)

Mr Chu Chi Pong (ref no. D5EEEA51)

Group of Hong Kong Resident & IQOS users

立法會CB(2)1214/18-19(1790)號文件
LC Paper No. CB(2)1214/18-19(1790)

From: Wong Brenda [REDACTED]
To: bc_54_18@legco.gov.hk
Cc: sfhoffice@fhh.gov.hk, info@kennethleung.hk

Date: Monday, April 08, 2019 02:31PM
Subject: Bills Committee on Smoking (Public Health) (Amendment) Bill 2019 (Regulate Alternative Tobacco Products Instead of Ban in Hong Kong)

Submission reference Number : B6A41A12

Dear Mr. Kwok Wai Keung,

I am writing to you about the recently Hong Kong Government proposed Amendment Bill that was announced on February 13, 2019 to ban e-cigarettes and heat-not-burn products in Hong Kong.

As far as I know, there are numbers of scientific information proved that heat-not-burn products such as IQOS are less harmful than cigarettes. Personally, I am a non-smoker but also benefit from this new innovative product. It's because I am no longer suffering from second hand smoking when my friends and others are using IQOS around me.

With the ban, why does the Government want us to revert to smelling to second hand smoke from cigarettes again? This is a choice that both smokers and non-smokers are entitled to have in Hong Kong.

Hong Kong Government should consider all the facts and advantages for this new product which can give a better choice to the smokers or even non-smokers. I understand the concern from Hong Kong Government and other parties which may appeal to minors. That's why I strongly support a proper regulations are required but not ban. This is an effective way to balance benefit to different stakeholders.

Thank you!

Regards,

Wong Pik Kuen

Member of ACCA #4579477

Member of HKICPA #A15949

cc:

Sophia Chan Siu-Chee, sfhoffice@fhb.gov.hk

Kenneth Leung, info@kennethleung.hk



1200 New Hampshire Ave., NW
Suite 575 | Washington, DC 20036

Tel 202 525 3926
Fax 202 525 3941

April 8, 2019
Lindsay Mark Lewis
Executive Director
PPI

I thank the Legislative Council Of The Hong Kong Special Administrative Region for allowing the Progressive Policy Institute (PPI) to offer our thoughts on the current consideration of Bill 2019, Bills Committee On Smoking.

PPI was established in 1989 and has 30 years of independent research on public policy matters in the United States and around the globe. Among the issues we are concerned with is how innovation can lead to better outcomes for consumers and governments. Our economic innovation is led by a Harvard trained economist, Dr. Michael Mandel.

The Progressive Policy Institute strongly supports science-based regulatory policy, no matter where the evidence leads us. This means tackling tough problems with an open and pragmatic mind. Harm reduction in tobacco is one of those issues.

Although we appreciate that the motivation behind this current legislation is to protect consumers, it will in fact have the opposite outcome and will leave Hong Kong lagging the rest of the world in harm reduction efforts for consumers. If this Bill is adopted in its current form Hong Kong will continue to suffer from the ill effects of burning tobacco while offering no alternative to those adults that should be moving to less harmful innovative products.

As health policy leaders in the U.K., Germany, Italy, Japan, Canada and other nations address the need for harm reduction for the 1 billion current combustible smokers, Hong Kong will become a safe haven for those products that harm users at a high level.

As many studies have shown, including recent work from Public Health England, the use of innovative new tobacco products is at least 95% less harmful. Switching all current smokers to these innovations would dramatically improve the living standards and health cost of citizens in Hong Kong. The scientific evidence is not debatable on this, it is clear.

For example, one key innovative product is the IQOS delivery system. The IQOS is an innovation that reduces harm to current smokers by inducing them to switch to a product that produces much less harmful and potentially harmful chemicals—that's a win-win proposition.

This conclusion is supported by the recent toxicological assessment of “novel heat-not-burn” products done by the United Kingdom’s Committee on Toxicity (COT). The COT evaluated two such products, including the IQOS Tobacco Heating System.

According to the COT, ...For both products, there were some HPHCs where the reduction was approximately 50%, but the reduction in the number of other HPHCs was greater than 90%, with many of the compounds being below the limits of detection or quantification for the assays used

The COT also noted that: ...there would be a likely reduction in risk for smokers deciding to use heat-not-burn tobacco products compared with continuing to smoke cigarettes as the exposure to HPHC’s is reduced.

Using independent scientific evidence, we strongly feel Hong Kong is going in the wrong direction with Bill 2019 and we encourage Hong Kong to reject this and instead embrace innovations that give the opportunity to addicted smokers to improve their health outcomes.

立法會CB(2)1214/18-19(1792)號文件
LC Paper No. CB(2)1214/18-19(1792)

From: Shaun Rama [REDACTED]
To: bc_54_18@legco.gov.hk
Cc: JPsfhoffice@fhb.gov.hk, kwk@ftulegco.org.hk

Date: Monday, April 08, 2019 01:15AM

Subject: A doctor's perspective on the ban on alternative tobacco products in Hong Kong

Clerk to Bills Committee on Smoking (Public Health) (Amendment) Bill 2019
Legislative Council Secretariat
Legislative Council Complex
1 Legislative Council Road
Central, Hong Kong

7th April 2019

Dear Hon Professors, Sirs & Mdms,

Thank you for the opportunity to provide my inputs to the Hong Kong Bills Committee on Smoking (Public Health) (Amendment) Bill 2019.

As a practising medical doctor in Family Medicine, I manage the daily concerns of patients with chronic disease developed from smoking, and am myself surrounded by friends and relatives who smoke. Chronic Disease remains a burden to economies around the world. As populations age, the increase demand for managing patients with chronic disease has serious long term financial implications.

E-cigarettes is a growing phenomenon amongst young adult smokers, and this trend is not exclusive of Asia; I've seen many young patients who have queried and are considering these less harmful alternatives. I can see many compelling reasons why young adult smokers look to alternative nicotine products in their attempts to quite conventional smoking. Conventional prevention and cessation strategies fail with many of the people I speak to about smoking cessation (mainly patients and friends), and they often struggle to find less harmful alternatives. Cancer Research UK has quoted that e-cigarettes are 60% more successful than nicotine replacement products in aiding their patients in quitting convention cigarettes. Whilst these products deliver nicotine, the literature available suggests that there is a significant reduction in exposure to harmful chemicals as found in burning tobacco smoke. This provides an immediate reduction of harm to health for existing smokers.

Reviewing the literature extensively, I can understand the reservation that the authorities in Hong Kong have on e-cigarettes, heat-not-burn tobacco products, nicotine replacement therapies and other replacement therapies. There are new, emerging studies showing both the benefits and risks of using such products. The clinical data remains equivocal at this point, as studies continue to reiterate that these products are not a 100% safe. However, by banning these devices, it would prevent Hong Kong's (or any country's) current smoking population an option which could reduce its risk of developing chronic disease. The scientific evidence suggests that e-cigarettes and heated tobacco products are favoured by smokers (over other nicotine replacement therapies), and are effective in assisting them to reduce or quit smoking. Furthermore, population evidence from the UK and the USA strongly suggests that non-smokers (including adolescents) rarely use these products.

The “gateway effect” of e-cigarettes has been postulated as a significant problem amongst youth with regards to future tobacco use. Public Health England (PHE) however, has found that the evidence does not support this. Several studies showed that the UK youth smoking rate is declining and e-cigarette users were predominantly ever-smokers. Data from the NHS in 2017 showed a steady decline in adolescent smokers; there was a significant reduction from 20% in 2006, to just 7% in 2016. Although Action on Smoking and Health (ASH) surveys conducted in the UK between 2015-2017 showed an increase in the prevalence of e-cigarette use from 7% to 11%, it was observed that regular use remained low (1%). Furthermore, it illustrated even lower (0.5%) regular use amongst never-smokers (Bauld *et al*, 2017). Similar evidence from the US, shows almost linear associations between increases in e-cigarette use and declining smoking rates among adolescents. Further, there was no evidence from large cross-sectional studies to suggest that adolescents, who experimented with e-cigarettes, went on to become regular smokers (Kozlowski & Warner, 2017). In an analysis of the impact of e-cigarette use and smoking cessation, the author emphasizes the significant benefits in the cessation of smoking in adults with regards to a reduction in serious health consequences, and premature deaths avoided (Beard *et al*, 2016). Although the need for more longitudinal, prospective studies prevails, the benefit of disease-free lives from using a less harmful alternative seems to outweigh the effects of “gateway”, which has been proven to be of manageable concern.

Looking towards the future, I personally feel that there is a role for such heat-not-burn devices in harm minimisation. Many argue that most of the e-cigarette devices available in the market are not regulated, exposing e-cigarette users to similar chemicals seen in cigarette smoke; this poses a significant risk to the user. Through the strict enforcement of regulations in the production and distribution of these devices, I feel that the quality and safety of these products can be ensured. However, this can only be done through a transparent and honest dialogue between regulators, practitioners and even the industry players, who would have depth of knowledge in their respective products. This requires more time, and calls for patience as we all try to understand the innovations in the field of new nicotine delivery technologies.

Previous failures in controlling tobacco use in the past still haunt many economies in the present day. I implore you to consider the potential that these alternative devices have in reducing harm, improving quality of life, and in reducing the economic/financial burden of smoking-related diseases.

Thank you once again.

Yours sincerely,

Dr Shaun Rama

References:

Bauld L *et al* *Young People's Use of E-Cigarettes across the United Kingdom: Findings from Five Surveys 2015-2017*, International Journal of Environmental Research and

Public Health 2017, 14, 29 August.

Beard, E., West, R., Michie, S., Brown, J., 2016. Association between electronic cigarette use and changes in quit attempts, success of quit attempts, use of smoking cessation pharmacotherapy, and use of stop smoking services in England: time series analysis of population trends, *BMJ* 354, i4645.

Kozwolski, L.T., Warner, K.E., 2017. Adolescents and e-cigarettes: Objects of concern may appear larger than they are. *Drug and Alcohol Dependence* 174, pp 209-214.



立法會CB(2)1214/18-19(1793)號文件
LC Paper No. CB(2)1214/18-19(1793)

《2019 年吸煙(公眾衛生)(修訂)條例草案》意見書

作為澳門一家主力煙草危害宣教、推動「無煙澳門」進程的非政府組織，對於全面管控電子煙，結合澳門的經驗與體會，無煙澳門健康生活協會有如下意見：

1. 電子煙/加熱煙是否危害健康，是否有助於戒煙，網絡上有太多的資訊，學術界亦存在爭論，難以去辨別真偽，我們以世界衛生組織（WHO）的聲明做準則：沒有任何證據證明電子煙有助於戒煙；電子煙所含有毒物質並不比傳統捲煙少；該類新型煙草製品面世時間不長，需要更多的研究來探討其危害性。那麼對於一個明確知道其存有有毒成份的產品，會對健康產生損害但其破壞程度需要進一步研究了解的產品，有什麼理由任其在市場上流通呢？
2. 管控電子煙/加熱煙，不僅是對吸煙人群其行為的加以控制，更是向普羅大眾傳遞明確立場與信息：電子煙/加熱煙並非良物。在 2018 年之前，澳門街道、公園甚至寫字樓中經常可見吸食電子煙/加熱煙的市民或遊客，這種產品形成流行趨勢，每一次的展現既是一次產品宣傳，少年兒童無形之中形成這種產品是安全且被接受的認知，增加日後吸食機率。2018 年澳門全面管控電子煙/加熱煙後，在公共場所吸食電子煙的景象不復所見，市民很直接的認知到電子煙與傳統捲煙一樣是會影響他人健康與環境的。
3. 電子煙/加熱煙對青少年的影響，世衛組織已發表過聲明：其對青少年存在“門戶效應”，即青少年更易使用電子煙並產生尼古丁成癮，且一旦通過電子煙產生尼古丁成癮，有可能轉向吸食捲煙。本協會 2018 年的調研亦證實了這種隱患。調研對象為本澳正規學校中一至中四年級學生，當中 2.1% 的受訪對象表示現正吸食電子煙，且同時有吸食傳統捲煙；16.2% 受訪對象表示曾經有吸食過電子煙，並且當中有 43.5% 的學生過去並未吸食過任何傳統煙草製品。結果反映學生面對設計新奇討巧、口味豐富，甚至被冠以“補充能量”等誤導性功能字眼的電子煙/加熱煙時，相較傳統捲煙，其吸食意向大為提高，且難以被家長、老師發現，進而產生依賴，甚至轉而吸食捲煙。
4. 回顧煙草的發展歷史，從 16 世紀煙草成為消費品廣為流行，直至數百年之後 20 世紀中才有科學理性的研究證實“吸煙危害健康”，但已付出了沈重的代價，每年數以百萬計的人喪失生命，且形成複雜的社會問題，無法一刀切禁止銷售與吸食。而電子煙/加熱煙正在依循傳統煙草的推廣軌跡與經驗，其製造商銷售商在用



無煙澳門健康生活協會
Smoke-free & Healthy Life Association of Macau

澳門商業大馬路澳門財富中心 5 樓 A

☎: 8296 4302 ☎: 2870 0171

✉: shlamacau@gmail.com

www.shlam.org.mo

過之而無不及的營銷手段誤導消費者，但作為政府及公共衛生機構組織，不能讓歷史重蹈覆轍，任由這種百害無一利的新型煙草製品在市場大行其道，應在初期即遏制管控，否則將為時晚矣！



無煙澳門健康生活協會

二零一九年四月八日

**Petition Letter in Support of Quick Legislation
to Ban Alternative Tobacco Products**

Pass legislation as quickly as possible to prohibit the manufacture, distribution, sale, advertisement and import of any alternative tobacco product!

This will simply protect tobacco, keep people smoking and deny smokers a chance to switch to a less harmful product.

Name (Chinese or English) Louise Ross, clinical consultant for the National Centre for Smoking Cessation and Training. I have worked in tobacco control for 15 years.

Date (DD/MM/YYYY) [REDACTED]

Which of the following objectives for legislation do you agree with?
(Please choose three)

- ☐ The long-term goal of Hong Kong and the world is for a smoke free Hong Kong, smoke free world, inclusive of all conventional and alternative tobacco products. An important step is to guard against the future and ban alternative tobacco products from being introduced in Hong Kong.

This is an admirable goal, but in my professional opinion, you risk slowing this ambition if you deny the population tobacco harm reduction alternatives. In the UK, we are very open to the use of EC (electronic cigarettes) to stop smoking, and our smoking rates are falling faster than ever.

- ☐ The objective of the legislation is to protect youths from being tempted and harmed by e-cigarettes and alternative tobacco products, not to penalize under 18-year-olds who are dragged down by temptation.

With legislation to make it difficult for under 18s to buy EC, the UK has seen no significant growth in the use of EC among teens.

- ☐ Now is the only chance to prevent alternative tobacco products from harming generations of Hong Kong people. The mistakes of the past should not be repeated.

If you take this step, you will keep Hong Kong people smoking. Give them the chance to switch to safer products and you will be preventing harm.

- ☐ A mistake of history results in more than 600,000 people still smoking daily in Hong Kong, therefore, it is not possible to implement an overnight ban of conventional cigarettes. Nevertheless, the long-term goal of a smoke free Hong Kong is clear. Therefore, the banning of e-cigarettes and alternative tobacco products aligns with the long-term strategy of a smoke free Hong Kong.

I would say, with respect, that your strategy is built on the assumption that EC and harm reduced products will lead to more smoking. Making EC freely available as a consumer product will in fact lead to less smoking, as seen in the UK.

- ☐ Since conventional cigarettes were brought to Hong Kong more than a century ago, the harmful impacts have been wide reaching. It only makes sense to stop alternative tobacco from gaining a foothold in Hong Kong.

No, it makes sense to make alternative, safer products more widely available.

Which of the following harmful effects of e-cigarettes to health do you agree with?

(Please choose three)

- ☐ The micro particles released by e-cigarettes will settle in the lung, slowly causing lung infections, increasing the risk of disease and cancer.

There is no evidence for this. In my stop smoking service (Leicester, UK) all EC users who stopped smoking reported improved health.

- ☐ Like conventional cigarette, e-cigarettes will increase the risk of heart attacks. Smokers who use conventional and e-cigarettes at the same time will be 4.6 times more likely to have a heart attack than non-smokers.

This is based on poor science. The study you refer to did not separate those who had heart problems before they started using EC. Of course, these heart attack sufferers who smoked would want to use something that would help them stop smoking and indeed, those we see in my service do stop smoking, helping them to extend their lives.

- ☐ Most e-cigarettes contain nicotine. The nicotine content of some well-known brands is high. Smoking 0.5 milliliter of smoke oil is equal to smoking a whole pack of conventional cigarettes.

This is incorrect. EC users tend to reduce the amount of nicotine they use over time. Also, please remember that nicotine is not cancer-causing. It's the tar and carbon monoxide in smoked cigarettes that cause health harms, and these are only present in smoked cigarettes, not in EC.

- ☐ Heat-not-burn products are a tobacco product. The amount of nicotine and tar contained is about the same as conventional cigarettes.

No, it contains less tar, as it is not burned.

- ☐ E-cigarettes and heat-not-burn products both let off formaldehyde, which is a carcinogen.

The study that showed this was flawed. The study heated EC liquid to very high levels, higher than consumers would ever use. In normal use, no formaldehyde is produced.

Which of the following harmful effects of e-cigarettes to youth, children and society do you agree with?

(Please choose three)

☐ Alternative tobacco products harm not only the health of children but adults as well.
No, they offer a gateway OUT of smoking.

☐ The average life expectancy of Hong Kong people is over 80 years old. Those who start smoking at 18 will have a smoking life of some 60 years, which will seriously affect their health.

Smoking tobacco is well-known to shorten life, which is why it is important to make safer alternatives available.

☐ E-cigarettes seriously affect health, drastically reducing productivity in society and greatly pushing up medical costs.

This is simply not true. EC use instead of smoking will improve health and save lives.

☐ Local news media have reported that the youngest user of e-cigarettes was only 6-years-old.

It is important to have legislation to stop under-age use and to educate families that these are adult products for stopping smoking and maintaining a smokefree lifestyle.

☐ Suggestions to bar young people under 18 years of age from using alternative tobacco products are totally useless. Experience in the US clearly demonstrates such laws will result in a rising trend of young people using e-cigarettes.

The US has poor legislation to prevent under age use and it is not enforced, See the UK experience instead, where sensible legislation is properly enforced.

<https://www.theguardian.com/society/2019/apr/01/e-cigarettes-do-not-normalise-smoking-for-young-people-study>

☐ 8.7% of Hong Kong secondary school students have tried e-cigarettes and the number is continuing to rise.

As above. You also need to consider whether these young people were already smoking. If they were, they are being given a chance to switch to a far less harmful product.

Which of the following reasons regarding e-cigarettes not being able to solve the harmful effects of smoking do you agree with?

(Please choose three)

☐ There is no concrete evidence to prove that alternative tobacco products can help people to stop smoking. Most studies show that e-cigarettes do nothing to help people quit, but rather, they may even reduce the success rate of quitting.

In the UK, the use of EC leads to better success rates in stopping smoking. See this 2019 study: <https://www.nejm.org/doi/full/10.1056/NEJMoa1808779>

- ☐ The World Health Organisation states that as there is no minimum safe level for the harmful substances released by through tobacco, there is no such thing as reduced harm to human health.

The WHO are ideologically opposed to tobacco harm reduction, and many authorities disagree with their position.

- ☐ Up to now, there is no evidence to prove that the harmful effects of e-cigarettes are lower than that of conventional cigarettes.

This statement is untrue. Many studies have shown that without the tar and carbon monoxide, EC are significantly less harmful to human health.

- ☐ A study published recently in a medical journal in New Zealand shows that the vast majority of the people who switch to e-cigarettes as a way to quit the habit have only become e-cigarette users and did not quit smoking completely.

See the Hajek study, above. It is important to communicate the message that complete substitution of EC for smoked tobacco is important to maximise health gains.

- ☐ Medical research in Hong Kong and around the world have shown that non-smokers who start using e-cigarettes will have greater tendency to use conventional cigarettes. This is the effect of the e-cigarette gateway.

In the UK, we have seen very clearly that the use of EC acts as a gateway OUT of smoking.

This letter will be submitted to the Secretariat of the Legislative Council for the attention of all Legislative Council Members and the Secretary for Food and Health Professor Sophia Chan. If you would like the same letter to be submitted to the upcoming Legislative Council Public Hearing, please tick below and fill in your email address and telephone number.

For details, please refer to:

<https://app3.legco.gov.hk/ors/chinese/Register.aspx>

- ☐ Thank you for your support! :)

Email Address (A copy will be sent to this email)

[REDACTED]

Telephone:

[REDACTED]

就修訂《吸煙(公眾衛生)條例》(第 371 章)，以禁止進口、製造、售賣或在某些地方使用訂明的另類吸煙產品，限制給予、管有、宣傳或推廣該等產品之條例草案，本人欲想以家庭醫學專科醫生的身份表達意見。

煙草商過去劣績罄竹難書 不可信

加熱煙草產品試圖以「較為健康」的產品作招徠誘使煙民繼續維持吸煙行為。其實，煙草商在數十年前也曾用過相似的技倆，如濾咀煙、低焦油煙、薄荷煙.....等等，從實驗室制造用來的「數據」曾是相當吸引人的，最後我們用了幾代市民的生命來證明這些產品對健康沒有益處，當年許多人沒有立即戒掉吸煙習慣而轉用這些產品，阻延成功戒煙的機會。

煙草產品可說是近百年來在人類醫學歷史裡遺禍至深的根源，這裡的核心問題在於「尼古丁成癮」。任何煙草通過加熱令「尼古丁」快速進入身體，使人成癮（尤其青少年腦部發育期接觸尼古丁更是容易上癮），以「溫水煮蛙」的方式產生續後的嚴重影響。

吸用煙草的行為不會立時使人不適，減低防範，當停止吸煙而出現的退癮徵狀令人難於集中精神，思想遲鈍，身體疲倦....，最後難於抗拒吸煙的提示，縱然明知伴隨煙草燃燒或加熱都會產生致癌物質，都甘心願意成為俘虜。

現在，煙草商又一次以「高科技」、「潮流」新產品要香港市民做白老鼠。

現有的科學証據已經肯定指出這些產品是含有致癌物質，為何要用我們市民的生命來證明長期吸用會或不會做成健康禍害呢？

煙草商為煙民提供另類選擇是謊話

煙草商營銷加熱煙的市場策略和定位明顯地是針對年青人的，能導引他們成為煙民才是豐厚利潤的保證。在美國已經有近 25%中學生使用這種潮流產品，要避免香港步向如此危險狀況，全面禁售是唯一的方法。

加熱煙是否可以像「美沙酮」的方式為煙民先「減害」而後「戒掉」？

我想提醒各位尊貴的立法會議員，這方法祇適用於在專業輔導人員監督下處方執行，即是加熱煙草產品要在官辦的指定場所使用，相信煙草商也不會願意配合。其實，使用尼古丁補充療法的戒煙貼已經達到這樣的效果，若配合專業輔導，其成效亦得到醫學實証。醫院管理局及東華三院戒煙服務中心在全港各區均有服務點，排隊等候服務的時間幾近乎零。

再這，您們或許不知道加熱煙產品裡含有一個微型晶片，能夠追蹤煙民吸煙習慣，即是它可以在煙民減少吸用時，在煙民的手機或電郵裡，以所謂「健康資訊」來提示或暗示它的存在，這樣又怎可能幫人戒煙呢？

所以，實在想不出任何理由讓這些新產品進入香港市場。

在此，我懇請各位立法會議員支持立法禁止這些產品流入香港。

若您們認為祇禁新產品而不禁傳統煙是不公平，我建議您們為香港新一代的福祉提出私人條例草案，迫令政府交出全面取締煙草產品的時間表和路線圖。若有議員反對政府禁止新興煙草產品，又不提出以上私人條例草案，此等議員的反對就是虛偽了。

程錦榮 家庭醫學專科醫生

Submission by Knowledge• Action• Change (KAC) to the Hong Kong Legislature on the proposal to ban all safer nicotine products (SNP).

Knowledge• Action• Change (KAC) is a UK-based organisation whose mission is to promote public health through harm reduction interventions and policies. In October 2018, KAC published a report entitled *No Fire, No Smoke: The Global State of Tobacco Harm Reduction*. This was the first attempt to bring together all the publicly available, independent, peer-reviewed scientific and clinical evidence relating to the use of SNP.

Context

The trend in current smoking in Hong Kong has been in decline since the 1980's. In the last ten years the overall prevalence has dropped from 13% in 2008 to 11% in 2018. The prevalence of male smoking (daily) has reduced from 21% to 18%, while female (daily) smoking has remained at a low level from 3.6% in 2008 to 2.7% in 2018.

However, the rate of decline has been slow; only 2% in the past decade. What this means is that despite the government's comprehensive package of tobacco control measures, there are 600,000 citizens who are still smoking. And these smokers continue to be not only at risk from death and disease, but so too are those around them through the mechanism of passive smoking.

According to the Hong Kong Cancer Registry, lung cancer kills more citizens of Hong Kong than any other form of cancer. A study conducted by The University of Hong Kong indicated that despite the decline in smoking prevalence, smoking still imposes a heavy burden on Hong Kong's economy and public health. In 2011, it led to 6,826 deaths (including around 10% due to passive smoking) and HK\$5.6 billion in economic loss to Hong Kong.¹

Clearly many people will quit smoking on their own or maybe through the use of nicotine replacement therapies, although their track record of success is not convincing. Until recently, smokers who, for whatever reason, could not give up nicotine had only two options: quit or die. But there is now a 'third way' for smokers to switch away from smoking – the combusted cigarette being by far the deadliest nicotine delivery system - to a safer nicotine product through a policy of tobacco harm reduction.

Harm Reduction

Harm reduction is a public health intervention which works on the principle that the public engage in many behaviours that can result in harm to the individual, the community and wider society, but which are impossible to stop either through health or enforcement policies. That being the case, it is better to find ways of reducing the harm, which allows the individual an extended opportunity to find a way out of the behaviour or at least reduce the general harm being caused. Smoking is a very good example of this scenario; smokers smoke for the nicotine, which clinically, is a relatively less harmful substance, but they die from the many toxins released when a cigarette is lit.

This is where a transition to safer nicotine products such as e-cigarettes, heat-not-burn devices and Swedish style snus oral tobacco has a significant role to play in offering this 'third way'. It is not the intention of advocates of this approach to subvert or replace existing tobacco control measures, but simply to offer smokers an alternative to an otherwise deadly behaviour.

¹ <https://smokefree.hk/en/content/web.do?page=news20180201>

Relative safety of SNP

We acknowledge the concerns that exist around SNP, that for example, we don't know all the long-term effects. But just because we don't know everything, does not mean that we don't know anything and there is a very real problem for public health in an overly-robust application of the precautionary principle. And the reason is that there is one simple unequivocal fact which has been universally acknowledged in varying degrees by many of the world's leading health authorities - that any nicotine product which does not involve lighting tobacco is safer than smoking a cigarette. And that safety margin is significant; through a meta-analysis of available data, Public Health England estimate that SNP release only about 5% of the toxins released in a cigarette, a safety analysis endorsed in the UK by the Royal College of Physicians, The British Medical Association, the National Health Service, the Royal Society of Public Health and the UK's major anti-smoking NGO, Action on Smoking and Health.²

But it isn't simply UK authorities who have acknowledged the role that SNP can play in reducing the death and disease toll from smoking. Both the Canadian and New Zealand governments have taken a pragmatic and proportionate response to the advent of SNP. In Sweden, allowing the use of snus has seen the country register the lowest incidence of smoking related deaths in the whole of the European Union³ while the uptake of heat-not-burn devices in Japan has been accompanied by a near 30% drop in cigarette sales in two years.⁴

In January 2018, the US Food and Drug Administration (FDA) released its Strategic Policy Roadmap, which declared that "nicotine...is not directly responsible for the cancer, lung disease, and heart disease that kill hundreds of thousands of Americans each year. It is the other chemical compounds in tobacco, and in the smoke created by setting tobacco on fire, that directly and primarily cause the illness and death – not the nicotine." The FDA expressed its commitment to "take a fresh look" at electronic nicotine delivery systems (ENDS), which include e-cigarettes, "that can deliver satisfying levels of nicotine to adults who want access to it without burning tobacco."

Then-FDA commissioner, Scott Gottlieb described nicotine harm reduction as "a historic opportunity" to convince smokers to switch from conventional cigarettes to products that provide nicotine without the serious health hazards posed by burning tobacco. "In order to successfully address cigarette addiction, we must make it possible for current adult smokers who still seek nicotine to get it from alternative and less harmful sources".⁵

A cautious and conditional evidence review from the US National Academy of Sciences, *The Public Health Consequences of E Cigarettes* (2018) stated nonetheless: "There is conclusive evidence that completely substituting e-cigarettes for combustible tobacco cigarettes reduces users' exposure to numerous toxicants and carcinogens present in combustible tobacco cigarettes." And while

² We note the criticisms levelled at this estimate which for the purposes of public health messaging has been translated into a 95% safety level, in particular from an editorial in *The Lancet*. However, we would caution that the authors of this editorial have a long-standing antipathy towards SNP which predates the PHE report.

³ Lars Ramstrom. Institute for Tobacco Studies, Sweden. *Sweden's pathway to Europe's lowest level of tobacco-related mortality*. Poster presentation, World Conference on Tobacco or Health, South Africa, 2018

⁴ Euromonitor International Passport – Global Tobacco: Key findings Part 2: vapour products. October 2017

⁵ Scott Gottlieb on comprehensive regulatory plan to shift trajectory of tobacco-related disease, death. Statement from FDA Commissioner. US FDA, 2018.

<https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm568923.htm>

generally opposed to SNP, the WHO briefing on e-cigarettes conceded that “it is very likely that average ENDS use produces lower exposures to toxicants than combustible products”.⁶

Gateway concerns

There are also concerns that e-cigarettes among young people could be a gateway to regular smoking, re-introduce smoking to those who have quit or generally make smoking more acceptable. It is not surprising for example, in America, that some young people would want to experiment with a novelty product such as JUUL. There is talk of an ‘epidemic’ of JUUL use among American youth, but as yet the US authorities have not opened up the data for independent scrutiny. As it stands, there is no evidence that most of these experimenters go on to become regular or daily vapers let alone transition to cigarettes. The vast majority of those using e-cigarettes are either adult smokers looking to move away entirely from cigarettes or are dual users looking at least to cut down on their use of cigarettes. And this is a key point about the whole SNP controversy; it is most important to consider the balance of evidence at a population level – in other words – what is most likely to happen to most people who embark on a certain behaviour rather than cherry-pick those studies as a basis to attack tobacco harm reduction which simply confirm an existing bias.

The right to health

But there is a wider issue associated with concept of harm reduction and it concerns human rights and civil liberties. The WHO Framework Convention on Tobacco Control (FCTC) is very clear about health rights and its text reminds and recalls the world’s most significant human rights agreements. The FCTC makes clear that harm reduction strategies are part of tobacco control. It provides an obligation on FCTC parties to not only allow reduced-risk products but actively promote them as part of implementing their tobacco control policies based on the most current and relevant scientific, technical and economic considerations— so as to provide for the universal right to the highest attainable standards of health, politically, practically or otherwise.⁷ Specifically, Article 1d refers to harm reduction as one of the defining strategies of tobacco control: “A range of supply, demand and harm reduction strategies that aim to improve the health of a population by eliminating or reducing their consumption of tobacco products and exposure to tobacco smoke”.

And this universal right to health is reflected in several international health treaties of which these are some examples:

The International Covenant on Economic, Social and Cultural Rights 1966: Article 12 recognises: “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health” and that States Parties must take steps regarding “The prevention, treatment and control of epidemic, endemic, occupational and other diseases”.

World Health Organisation Constitution 1946: The preamble states that “The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.”

⁶ World Health Organisation. *Electronic nicotine delivery systems: a report by WHO*. 2014, p.4

⁷ Tobacco Reporter. *By the book* (2015).

www.tobaccoreporter.com/digital/december2015/htm/5/index.htm/#

European Social Charter 1965: *“Everyone has the right to benefit from any measures enabling them to enjoy the highest possible standard of health attainable”*. Article 11 requires states to take measures to prevent disease and to encourage individual responsibility in matters of health.

The EU Charter on Fundamental Rights 2000. Article 35 stipulates that a high level of human health protection shall be ensured in the definition and implementation of all the Union's policies and activities.

So, it is in the spirit of human rights and civil liberties and in light of the current state of scientific and clinical evidence about the reduced risk of safer nicotine products, that we respectfully urge the Hong Kong Legislature to re-consider any proposal which would deny adult smokers the choice to access these products in pursuit of health self-determination.

Harry Shapiro

Joint acting Head of Information and Communications

Knowledge•Action•Change

harry@kachange.eu

Hon. Kwok Wai-keung, JP

Chairman, Bills Committee on 2019 Smoking (Public Health) (Amendment) Bill

c/o

Clerk to Bills Committee on Smoking (Public Health) (Amendment) Bill 2019

Legislative Council Secretariat

Legislative Council Complex

1 Legislative Council Road

Central, Hong Kong

Dear Chairman,

Submission to Public Hearing on Smoking (Public Health) (Amendment) Bill 2019

I am writing in response to the invitation for submission on the Smoking (Public Health) (Amendment) Bill 2019 scheduled for 13 April, 2019.

As a practicing oncologist in France since 1980, I am currently Professor of Oncology at the Pierre and Marie Curie University in Paris, France, I was the former president of the French National Cancer Institute, and the Health Advisor of the President of France, M. Jacques Chirac (2002-2006). I was also the Adjunct Professor of Medicine, Department of Breast diseases, at the MD Anderson Cancer Center, University of Texas. I have also been one of the members of the steering committee of the World Alliance of Cancer Research organizations, and I am also associated Editor of the Journal of Clinical Oncology and Cancer.

As a long-time policy advisor on anti-cancer measures, including tobacco control policy, I have always advised my patients and the public that quitting smoking is the best thing they can do for their health. I have also developed the French National anti-cancer plan in the early 2000s, and anti-smoking measures were at the core of that plan. My experience with developing public policy is that any significant changes, such as placing a ban on a whole category of less harmful products, would require sufficient public consultation coupled with a regulatory impact assessment in order to determine the overall merits and demerits of the proposal.

Although, I fundamentally believe quitting is and always will be the best option for any smoker, I also know that many smoker will not quit. In fact, in Europe and in France I am considered to be one of the most rigorous fighters against smoking. But when I look at what has happened after everything I did in France to eliminate smoke, I see that later on, a lot of the people went back to smoking. That is why I now look at it differently, simply making cigarettes more expensive or forbidding them all together cannot be the only answer to the health issue of smoking. Today I think we have to find other ways, and this includes using science and innovation to find alternatives to smoking that can be less harmful and cause less damage in our populations.

Over the last several years, I have seen electronic cigarettes and, later, heat-not-burn (HNB) tobacco products introduced into France and across Europe. At first, I was at first concerned and skeptical, but I have reviewed the science on HNB and found the product to be fundamentally different from cigarettes. The manufacturer's data shows us that by heating the tobacco and not burning it, there is a substantial reduction in the harmful and potentially harmful chemicals (HPHCs) in the aerosol compared to cigarette smoke. And the reduction in emission translated to a significant reduction in toxicity and exposure. I have also seen the reports from government authorities, such as the United States Food and Drug Administration and the German Federal Institute for Risk Assessment (BfR) that confirm the results of some of the manufacturer's data showing significantly lower levels of many carcinogens and other toxicant. And as an oncologist, I understand that significantly reducing the exposure to carcinogens in turn is significantly less hazardous to your health. Therefore I believe that for smokers who cannot stop smoking who switch to these types of products can reduce their risks.

In fact, there is already examples on the presence of alternative tobacco products that have not place additional burden to public health: in Japan, HNB has been rapidly displacing cigarettes all while the total tobacco sales volume has been declining. This shows that a balance can be stricken between pressing down tobacco usage in the society and allowing smokers to access better alternatives. Given Hong Kong's effective tobacco control regime, the youth-uptake problem of alternative tobacco products can be solved by placing the same regulatory measures currently placed on cigarettes onto these alternative tobacco products as well.

I hope my opinion above would provide a perspective on the subject matter which is going to be discussed by the Legislative Council Bills Committee. I hereby wishing the discussion to be fruitful and productive.

Yours sincerely,

Pr David Khayat, MD, Ph.D, CBE

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

About the New Nicotine Alliance (NNA):

The NNA is a registered educational charity in the UK, which has the objective of promoting public health by means of tobacco harm reduction. The NNA was established to reflect the interests of those who wish to switch from smoking tobacco to using safer nicotine products. Many of our Trustees, Associates and Supporters are ex-smokers who have stopped smoking with the help of safer nicotine products, including e-cigarettes. We have collaborated on initiatives with public health organisations such as Public Health England and the National Centre for Smoking Cessation Training, as well as giving evidence to UK government committees and All-Party Parliamentary Groups.

Consultation response

Tobacco Harm Reduction (THR) is a means by which people who smoke may lessen their exposure to risk using reduced risk products which deliver nicotine in a cleaner form. THR includes products such as e-cigarettes, smokeless tobacco products such as snus and heated tobacco devices, all of which contain a fraction of the harmful elements contained in combustible tobacco.

We note that the Legislative Council wishes to 'discourage smoking, contain the proliferation of tobacco use and minimise the impact of passive smoking on the public'. However, the proposal to ban the sale of e-cigarettes and heated tobacco products in Hong Kong would have the opposite effect by prohibiting far safer nicotine delivery products while leaving the most harmful – conventional cigarettes – as the only legal way of obtaining nicotine. Considering that nicotine use will continue amongst those who find it pleasurable or have a dependence, the only possible consequence would be to drive significant numbers of people away from proven safer products and towards the most harmful and to encourage a black market in these safer products.

In the UK, health authorities such as, but not restricted to, The Royal College of Physicians, Public Health England, Cancer Research UK, The Royal Society of Public Health and Action on Smoking and Health support e-cigarettes as a means of quitting smoking. So much so that Stoptober, the annual drive to encourage smokers to quit, encourages the use of e-cigarettes as a smoking cessation aid.

The Royal College of Physicians (RCP) recognised harm reduction as an option in their 2007 report "Harm reduction in nicotine addiction, Helping people who can't quit".¹ The report states that: *'Harm reduction in smoking can be achieved by providing smokers with safer sources of nicotine that are acceptable and effective cigarette substitutes'*. And: *"Harm reduction is a fundamental component of many aspects of medicine and, indeed, everyday life, yet for some reason effective harm reduction principles have not been applied to tobacco smoking."* Since then, attitudes have changed and harm reduction is embraced in the UK, leading to a substantial drop in smoking prevalence, which is currently 15.8% of adults, compared to 20.2% in 2011². This drop coincides significantly with the uptake of e-cigarettes and vaping is now the most common method used by UK

¹ *Harm reduction in nicotine addiction: helping people who can't quit*; Tobacco Advisory Group of the Royal College of Physicians, October 2007

² *Adult smoking habits in the UK: 2016*, UK Office for National Statistics
<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2016>

smokers who wish to stop smoking³. By banning safer nicotine products, Hong Kong would eliminate this effect being experienced by its population and instead protect the sale of conventional cigarettes from less harmful competition.

Tobacco harm reduction products have also had a dramatic effect on smoking rates in Norway and Sweden, so much so that the sight of smoking is fast disappearing. Sweden and the UK now occupy the bottom two places in the table for EU 28 of daily smokers and in Norway, the use of lit tobacco by women is now below 1%.⁴

Tobacco harm reduction is consistent with the World Health Organization Framework Convention on Tobacco Control. The Convention supports harm reduction, stating: *“‘tobacco control’ means a range of supply, demand and harm reduction strategies that aim to improve the health of a population by eliminating or reducing their consumption of tobacco products and exposure to tobacco smoke.”*⁵

In Japan, the use of heated tobacco products has skyrocketed and is responsible for over 2 million former smokers switching to a product which early research suggests is up to 90% safer. Heated tobacco is now taking 20% of the nicotine market in Japan⁶, with similar huge success in South Korea where traditional smoking is also in rapid retreat.

In all these jurisdictions where THR products are legal, the declines in smoking are spectacular, with new record lows being recorded on a regular basis. This runs entirely contrary to the Legislative Council's claim that there is 'a lack of sufficient evidence to prove that these products can help quit smoking'. In Ireland, for example, where e-cigarettes are not welcomed the same as in the UK, there has been no decline whatsoever in smoking prevalence as that seen in the UK, despite the UK and Ireland employing an identical tobacco control regime in every other respect⁷.

The Legislative Council focuses on the potential of e-cigarettes to be a 'gateway' to traditional tobacco use and claims the UK is among countries that has a proven gateway effect. This is simply not true. In fact, research by Public Health England and Action on Smoking and Health has found no evidence of a gateway effect in the UK, and latest evidence published in the British Medical Journal rejects that there has been any significant transition from e-cigarettes to smoking amongst youth,

³ *Use of e-cigarettes among adults in Great Britain 2018*, Action on Smoking and Health Factsheet
<http://ash.org.uk/category/information-and-resources/fact-sheets/>

⁴ Special Eurobarometer 458: Attitudes of Europeans towards tobacco and electronic cigarettes
<http://ec.europa.eu/commfrontoffice/publicopinion/index.cfm/Survey/getSurveyDetail/instruments/SPECIAL/surveyKy/2146>

⁵ Article 1d WHO Framework Convention on Tobacco Control,
https://www.who.int/tobacco/framework/WHO_FCTC_english.pdf

⁶ Japan Tobacco ratchets up smokeless war with new products, Reuters, 17th January 2019
<https://uk.reuters.com/article/us-japan-tobacco-products/japan-tobacco-ratchets-up-smokeless-war-with-new-products-idUKKC1PB090>

⁷ Comparison of Tobacco Control Programs Worldwide: A Quantitative Analysis of the 2015 World Health Organization MPOWER Report, Heydari et al
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5200974/>

concluding “*These analyses provide little evidence that renormalisation of youth smoking was occurring during a period of rapid growth and limited regulation of e-cigarettes from 2011 to 2015*”.⁸

Action on Smoking and Health (ASH) published data in August 2018 which finds that youth (11-18 year-old) use of e-cigarettes in Great Britain is rare and largely confined to those that already smoke tobacco cigarettes: of those who have never tried or used tobacco cigarettes, less than 1% use e-cigarettes with any regularity. This indicates that e-cigarettes are a route out of smoking for young people.⁹

The Legislative Council claims that all these new smoking products are harmful to health and produce second-hand smoke'. This is factually incorrect because e-cigarettes, particularly, do not produce any smoke at all, and considering heated tobacco does not involve combustion, there can be no smoke, it is more accurately described as an aerosol. There has been no study worldwide which claims emissions from e-cigarettes or heated tobacco devices present any harm to health of others, and Public Health England's latest review of evidence concluded “*to date there have been no identified health risks of passive vaping to bystanders*”¹⁰.

Lastly, we note that Hong Kong welcomed more than 570,000 UK tourists in 2018 according to your tourist board¹¹, with many tens of thousands of them undoubtedly being people who use e-cigarettes. It does not seem wise to pass regulations which could theoretically see Hong Kong criminalising UK tourists and perhaps even imprisoning them merely for making healthy choices as advised by the UK government.

In summation, we are disappointed that Hong Kong is planning to eradicate products which Professor John Britton, who leads the tobacco advisory group for the Royal College of Physicians has described as presenting the opportunity to deliver “*a massive potential public health prize*”¹². The proposed Bill presents many debatable assertions as fact when there is much disagreement in public health circles. With regard to the UK, it includes categorical untruths about the gateway hypothesis and generally factual inaccuracies about the nature of emissions from reduced risk products. Criticism of Public Health England's review focusses on evidence provided by those with a conflict of interest which was exposed via Freedom of Information requests in 2016, which has not been taken into account in the consultation documents. It is important that legislation is based on incontrovertible evidence so it is disappointing that this is not the case here.

⁸ Hallingberg B, Maynard OM, Bauld L, *et al* Have e-cigarettes renormalised or displaced youth smoking? Results of a segmented regression analysis of repeated cross sectional survey data in England, Scotland and Wales *Tobacco Control* Published Online First: 01 April 2019. doi: 10.1136/tobaccocontrol-2018-054584

⁹ New ASH data reveals that youth use of e-cigarettes in Great Britain is very low, Action on Smoking and Health 16 August 2018
<http://ash.org.uk/media-and-news/press-releases-media-and-news/new-ash-data-reveals-that-youth-use-of-e-cigarettes-in-great-britain-is-very-low/>

¹⁰ *Evidence review of e-cigarettes and heated tobacco products 2018*, Public Health England
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/684963/Evidence_review_of_e-cigarettes_and_heated_tobacco_products_2018.pdf

¹¹ Hong Kong Tourist Board Visitor Arrival Statistics
https://partnernet.hktb.com/uk/en/research_statistics/latest_statistics/index.html

¹² Electronic cigarettes - miracle or menace? BBC News report 11 February 2013
<https://www.bbc.co.uk/news/uk-21406540>

In enlightened democracies, the direction of travel has been to relax regulations on harm reduction products based on the overwhelming evidence that they encourage smokers to switch away from the most harmful means of delivering nicotine, but instead the Legislative Council's proposals will protect the incumbent tobacco industry and prevent the Hong Kong population from benefitting from reductions in harm which have been enjoyed in every country that has allowed these products to flourish.

We would encourage the Legislative Council to revisit these proposals and discard them in order to best honour their commitment towards the welfare and public health of its citizens.



Company Name: Xiamen Intretech Inc.

E-mail: stone_lin@intretech.com Post Address: 361000

Reference number:

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Bills Committee on Smoking (Public Health) (Amendment) Bill 2019

To: Mr. Kwok Wai Keung

在 2019 年 2 月 12 日，行政會議建議，行政長官向立法會提交《2019 吸煙（公眾衛生）（修訂）條例草案》，禁止進口、製造、售賣、分發和宣傳另類吸煙產品。在此，我們關於電子煙方面有一些建議，主要內容包括：

On 12 February 2019, the executive council proposed that the chief executive introduce into the legislative council the smoking (public health)(amendment) bill 2019 to prohibit the import, manufacture, sale, distribution and promotion of alternative smoking products. Here, we have some Suggestions on e-cigarettes, including:

1、香煙仍是造成各類疾病和早產兒死亡的元兇之一，但英國公共衛生部 2016 年首先提出，電子煙比香煙危害減少 95%，它不燃燒、只含提純的煙鹼，不含焦油、不含尼古丁、不含普通香煙含有的導致呼吸系統與心血管系統疾病的化學物質，去除了普通香煙中的其它致癌物質。所以為了降低吸煙率，電子煙應該在促進公共衛生事業上發揮巨大作用。

Cigarette is still the cause of various diseases and premature death of one of the main causes, but the British ministry of public health first proposed in 2016, electronic cigarettes than 95% less harmful cigarettes, it does not burn, including purification of nicotine, excluding tar, nicotine, without regular cigarettes contain chemicals cause the respiratory system and cardiovascular system diseases, in addition to the ordinary other carcinogens in cigarette smoke. So to reduce smoking rates, e-cigarettes should play a big role in promoting public health.



Company Name: Xiamen Intretech Inc.

E-mail: stone_lin@intretech.com Post Address: 361000

Reference number:

2、電子煙不會上癮，可以幫助病患戒煙。1998 年到 2015 年，13-15 歲的英國青少年吸煙率穩定下降，電子煙功不可沒。

E-cigarettes are not addictive and can help patients quit smoking. E-cigarettes were responsible for a steady decline in smoking among 13- to 15-year-olds in the UK between 1998 and 2015.

3、電子煙不會對他人產生"二手煙"的危害及污染環境；

E-cigarettes do not cause "second-hand smoke" to others and pollute the environment.

4、電子煙不用火點燃，無火災隱患。

No fire, no fire hazard.

Xiamen Intretech Inc.

Stone Lin

908 Manning House
48 Queen's Road Central
Hong Kong
23 April 2019

Professor Sophia Chan Siu-chee
Secretary for Food and Health
The Government of Hong Kong

Dear Professor Chan,

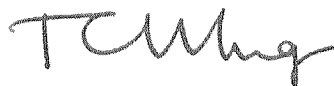
I am writing to you in support of the appeal to the Legislative Council on the ban of electronic cigarettes in Hong Kong submitted by the Hong Kong Dental Association.

The Hong Kong Dental Association is a member of the FDI World Dental Federation who has been active globally for more than three decades working towards the elimination of all forms of tobacco and nicotine usage in the global populations.

The harm and danger electronic cigarettes pose to the population are well-known as cited by the WHO World Health Organization. There is no reason to delay the proposal to ban the use of electronic cigarettes any longer.

Any threat to the health of our population should be eliminated and no compromises should be entertained.

Yours sincerely,



Dr Tin Chun Wong
Past President
FDI World Dental Federation

Avenue Louis-Casaï 51, 1216
Cointrin, Geneva
Switzerland

fdi 
FDI World Dental Federation