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The Hon WONG Ting-kwong, GBS, JP

Chairman

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

Legislative Council

Legco Road

Central

Hong Kong

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30 November 2020

Dear Chairman,

I Congratulate you on being elected as Chairman of this important Bills Committee which has considerable responsibilities to make policy changes that would affect the health and well-being of 640,000 people in Hong Kong who currently smoke cigarettes.

I am a Canadian lawyer who has worked globally since the early 1980s on policy measures to reduce the tremendous health harm caused by cigarette smoking. This work has included playing a key role in many precedent setting measures, including on taxation, package warnings, smoke-free places, points of sale controls and product regulation. My greatest area of interest for many years has been the ability to dramatically reduce harm by replacing cigarettes with much less hazardous non-combustion products.

The first meeting of the Bills Committee during the current 2020/2021 Legco session was held on 17 November. A number of critical health issues were brought up and I wish to use this opportunity to address them and set the records straight:

1. The Government admitted that the exposure to harmful substances using Heat-not-Burn products (HNB) was less compared to conventional cigarettes but claimed that certain harmful substances were higher in concentration for HNB.

This is misleading. The key issue is overall harm, and non-combustion products, by eliminating the inhalation of smoke, will almost certainly be dramatically less hazardous than smoking cigarettes. Research have shown that HNB are far less toxic than conventional cigarettes. This was the basis on which health authorities in many

Western countries have granted approval for HNB to be sold in their respective jurisdictions.

2. The Government's interpretation of the FDA report was misleading and claimed that reduced exposure to harmful substances does not equate to harm reduction; and that FDA did not endorse or approve HNB products. The fact is: Philip Morris applied to have their HNB product to be approved for marketing and sale in the US and FDA upon rigorous research and deliberations granted its approval earlier this year. In simplest terms, the position of FDA clearly and fundamentally differs from that of the Hong Kong Government: the US health experts have decided to regulate while the Hong Kong counterparts propose to ban it. It seems impossible to justify the banning of a low risk alternative to a product that is very widely available and very widely used. There is a need for ongoing research that can help move consumers to ever less hazardous and less addictive products, but banning innovation stops innovation.

3. The Government argued that since HNB is a relatively new product and its longer-term health impact is not yet conclusively ascertained hence it should be banned from being used in Hong Kong. Yet, the science tells us that these heated products will almost certainly be tremendously less hazardous than existing cigarettes, and it is those cigarettes that should be the comparator. Banning heated products means current smokers will have to continue to smoke conventional cigarettes which are known to be lethal for a huge proportion of users.

4. Probably the weakest argument put forth by the Government is: there is no safe level of exposure to tobacco-related harmful substances hence any new tobacco product should be banned. This is at odds with an exceptionally long and successful history of reducing the risks of a very wide variety of goods and services. Nothing in life is risk-free, but when we can reduce risk we should act. In the case of tobacco, we already know enough to reduce risk tremendously.

5. Harm reduction is a globally accepted policy to deal with risky products and behaviour - including the Hong Kong Government. For example, the Government set up a "Harm Reduction Hotline" to provide information regarding harm reduction on the risks of AIDS (https://www.aids.gov.hk/english/hotline/harm_21129977.html); and the successful methadone treatment programme for drug users are good examples of harm reduction policy of the Government. Offering less harmful tobacco products to current smokers is premised on the same principle of harm reduction. The same principle that has led to safer foods, buildings, automobiles, airplanes and innumerable other goods and services.

6. At the last Bills Committee meeting, Honourable Members requested the Government to provide the latest information on global regulation of HNB. I have been personally involved in monitoring not just regulations but also results. We found that cigarette sales in Japan fell dramatically as heated products were allowed into the market. But most importantly, the introduction of new and less harmful tobacco products did NOT increase overall smoking prevalence. I attach a copy of our paper for your reference. The same can be accomplished elsewhere and disease rates can be effectively reduced. As a

global centre for innovation, Hong Kong can be a leader in a technological solution to the health catastrophe caused by cigarette smoking.

Yours sincerely,

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Legal Counsel, Non-Smokers' Rights Association, 1983-2005

Recipient, Outstanding Individual Philanthropist Award, Ottawa, 2016

P.S. I have taken the liberty and with the help from one of my associates, to provide a Chinese summary of my letter for your easy reference.

Chinese Summary of the Letter

就《2019 年吸煙(公眾衛生)(修訂)條例草案》委員會十一月十七日之會議，本人作為控煙學者，希望作以下幾點聲明以正視聽：

政府表示部份由加熱煙釋放之有害物質，比傳統香煙較少，但有部份則較多。因此不贊成將之規範化引進香港。不爭的事實：大量研究已經證實加熱煙對吸煙者的健康危害，較傳統香煙大幅減少，不少西方國家亦以此作為理據，批准加熱煙的銷售。

政府亦表示，美國《食品及藥物管理局》FDA 並沒有批准及支持加熱煙的售賣，這個說法並不正確，亦十分誤導。事實上 FDA 經過數年的科學實證研究，及嚴格的審批程序，在去年及今年正式批准加熱煙在美國銷售。簡單而言，美國衛生當局認為加熱煙應該在規管的情況下容許售賣，而香港政府則採取相反立場，一刀切全面禁止包括加熱煙在內的所有新型煙草產品。

政府禁止加熱煙的理據亦包括：因為吸煙引起之健康風險是沒有所謂安全標準，或最低可接受限度，所以不應該引進加熱煙或其他新型煙草產品。換言之，任何新型煙草產品必須証實為絕對零風險，政府才會批准。這並不合邏輯，世上根本沒有任何產品是絕對零風險，引進風險相對較低的煙草產品可以給予煙民一個危害較小的選擇。

「緩減傷害」harm reduction 是全球（包括香港）行之有效的公共衛生政策。香港政府就控制愛滋病推出的「緩害」熱線 (Harm Reduction Hotline)

www.aids.gov.hk/English/hotline/harm_21129977.html 向市民提供減低感染愛滋病的資訊，以及推行多年的美沙酮計劃，均為政府「緩害」政策的最好例子。一刀切禁止以緩害為目標研發的加熱煙，與政府一貫的公共衛生政策背道而馳。

11 月 17 日的委員會會議，議員要求政府提供世界各地監管加熱煙的最新情況。本人現向主席提供有關日本的研究數據，以作參考。事實證明加熱煙在日本推出以來，傳統香煙的銷量穩步下降，被加熱煙替代，但整體吸煙人數及吸煙率沒有增加，反而下跌。

香港作為一個科技先進的城市，應該鼓勵而非扼殺創新、創意。引進及監管加熱煙將會有效減少因吸煙引致的疾病及死亡。



Article

What Is Accounting for the Rapid Decline in Cigarette Sales in Japan?

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Abstract: This study describes how trends in the sale of cigarettes in Japan between 2011 and 2019 correspond to the sales of heated tobacco products (HTPs) that were introduced into the Japanese market in late 2015. Data used for this study come from the Tobacco Institute of Japan and Philip Morris International. The findings show that the accelerated decline in cigarette only sales in Japan since 2016 corresponds to the introduction and growth in the sales of HTPs.

Keywords: cigarettes; marketing; policy; nicotine; prevention; epidemiology

1. Introduction

The substitution of non-combustion products has the potential to be a highly effective and non-coercive risk reduction strategy given the well-documented health risks of long-term smoking [1]. Heated tobacco products (HTPs) are devices that use heat processed tobacco rather than burn the tobacco directly in order to generate a nicotine aerosol for inhalation, which appears to have a lower risk profile compared to conventional tobacco cigarettes [2]. Japan has been a testing ground for HTPs [3–6]. IQOS (i.e., stands for “I Quit Ordinary Smoking”), marketed by Philip Morris International (PMI), was first introduced in 2014, followed in 2016 by the launches of Ploom TECH by Japan Tobacco International (JTI) and glo by British American Tobacco (BAT). According to market analyst reports, Japan has the most developed HTP market of all countries worldwide, accounting for 85% of HTP sales in 2018 [7].

This study describes how trends in the sale of cigarettes in Japan correspond to the sales of HTPs using data collected between 2011 and 2019.

2. Methods

The limited data for the study comes from two sources: the Tobacco Institute of Japan (TIOJ) (https://www.tioj.or.jp/data/pdf/190424_02.pdf), and Philip Morris International, and was available for 2011 through 2019. The data from TIOJ is in Japanese, but an English translation copy is available upon request from the authors. Table 1 provides the raw data used in this study. Sales data are available for individual years, with sales measured in billion sticks. Trend analyses were performed in Joinpoint 4.7.0.0 to February 2019. Joinpoint regression models are used to describe continuous changes in trends using the grid-search method to fit the regression function with unknown joinpoints assuming constant variance and uncorrelated errors. More details about this free statistical tool can be found at <https://surveillance.cancer.gov/joinpoint/> and in the paper by Kim et al. [8]. In brief, this is a software that fits the simplest joinpoint model to a set of data points. The program tests the statistical significance of no joinpoints (straight line) compared to one or more joinpoints. It displays a graph that includes the points, the fitted regression line, and the significant joinpoints (Supplementary Figure S1).

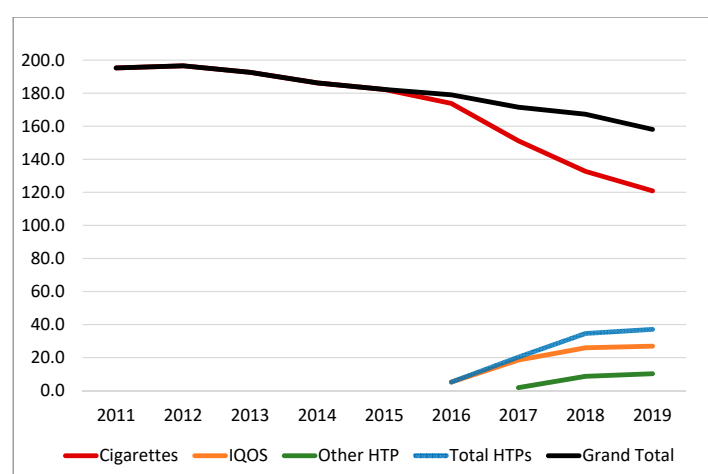
Table 1. Sales of tobacco products in Japan, 2011–2019 ¹.

Calendar Year	Cigarettes		IQOS (I Quit Ordinary Cigarettes)		Other HTP		Total HTPs		Grand Total
	N	%	N	%	N	%	N	%	
2011	195.3	100.0							195.3
2012	196.6	100.0							196.6
2013	192.6	100.0							192.6
2014	186.2	100.0							186.2
2015	182.3	100.0							182.3
2016	173.8	97.1	5.1	2.9			5.1	2.9	179.0
2017	151.2	88.2	18.5	10.8	1.8	1.0	20.3	11.8	171.5
2018	132.7	79.3	25.9	15.5	8.7	5.2	34.6	20.7	167.3
2019	120.9	76.5	26.9	17.0	10.2	6.5	37.1	23.5	158.1

¹ The data sources for the information included in Table 1 come from several sources. Conventional cigarette volume comes from the Tobacco Institute of Japan (TIOJ): converted to show the volume of sales in a calendar year in billion sticks. Annual cigarette volume prior to 2016 was obtained from PMI's earnings reports (<https://www.pmi.com/investor-relations/reports-filings>), which itself is based on the TIOJ data. IQOS sales data comes from Philip Morris International's (PMI's) quarterly earnings reports and were calculated from the reported market share of heatsticks. The other heated tobacco product (HTP) volume is computed as the total market volume less heatstick volume less cigarette volume. We recognize that other HTPs such as Ploom TECH consumables pack consist of five tobacco capsules and one liquid cartridge. Japan Tobacco asserts that one pack of Ploom TECH consumables is equivalent to one pack of 20 combustible cigarette sticks. We used this conversion in the data presented in the table. The total HTP figures shown in the table are determined by adding heatstick volume with other HTP volume.

3. Results

Table 1 shows that between 2011 and 2019, overall cigarette sales declined by 38%, and total tobacco sales (i.e., combining cigarettes and HTPs) declined by 19%. Figure 1 plots the available data from Table 1 to display cigarettes sales, HTP sales, and combined cigarette and HTP sales. As illustrated, domestic cigarette sales in Japan appear to have declined at an accelerated pace since 2016 following the introduction of HTPs into the Japanese national marketplace. Using joinpoint analyses, overall cigarette and HTP sales had an annual percent change (APC) of -4.77 ($p < 0.0001$), between 2011 and 2019. Between 2016 to 2019, following the national marketing of HTPs (IQOS in 2016 and other HTPs in 2017), the APC was -6.69 ($p = 0.0092$). However, separating out cigarette sales from HTP sales reveals a different pattern. Between 2011 and 2015, the APC for cigarette sales was -3.10 ($p = 0.1066$); between 2016 and 2019, the APC was -16.38 ($p = 0.0004$), a difference of 13.28 ($p = 0.0033$) representing a five-fold increase compared to the pre-HTP period.

**Figure 1.** Sales of cigarettes, IQOS, and other HTPs (billion sticks).

4. Discussion

Between 2011 and 2015, cigarette sales in Japan were declining at a slow but steady pace. However, the pace of decline in cigarette sales accelerated beginning in 2016, corresponding to the introduction of HTPs into the marketplace. This finding is consistent with the conclusion of Stoklosa and colleagues [3] who examined data on sales of tobacco products from participating supermarkets and convenience stores in different regions of Japan between 2014 and 2018. The accelerated decline in cigarette sales in Japan after 2016 is rather remarkable since it appears to have happened independent of efforts made by public health groups that have largely opposed the marketing of HTPs [9]. Also, Japan does not have strong smoking control measures in place and prohibits the marketing of electronic nicotine delivery systems (ENDS), which have been associated with declining cigarette sales in the United States and England [10–12].

This study does not address the extent to which individual cigarette smokers are substituting HTPs for conventional cigarettes. A recent study suggests that most HTP users in Japan are also concurrently smoking cigarettes [13]. That said, these data do suggest that in Japan at least, the decline in cigarette sales has been accelerated by the introduction of HTPs. It is hard to know if the findings in Japan can be replicated globally, but reported sales trends in other markets where HTPs have been introduced show a similar inverse association between cigarette and HTP sales [14]. Given the hype associated with HTPs, manufacturers need to do more to share their marketing data with public health officials and investors so that individual-level cigarette substitution and harm reduction from smoking can be accessed. Given the history of the cigarette industry, public health groups have a right to be skeptical of any industry product claims, however assuming all tobacco/nicotine products as equivalently harmful is also counterproductive to public health goals as it only serves to protect the most lethal nicotine product—cigarettes. The evolving marketplace of potentially lower-risk nicotine products of which HTPs are just one category, combined with regulatory authority over tobacco products, represents a new opportunity to dramatically transform the cigarette business in ways that were never imagined when the war on tobacco was raging decades ago. However, this requires embracing risk-proportionate regulatory and taxation policies and providing consumers with accurate public messaging on product relative risks [15]. One can only imagine what might be accomplished if market forces were aligned with public health goals to reduce premature deaths caused by smoking.

5. Conclusions

The accelerated decline in cigarette only sales in Japan since 2016 corresponds to the introduction and growth in the sales of HTPs.

Supplementary Materials: The following are available online at <http://www.mdpi.com/1660-4601/17/10/3570/s1>, Figure S1: Joinplot analysis of tobacco products (billion sticks).

Author Contributions: Conceptualization, K.M.C. and D.T.S.; methodology, K.M.C. and G.J.N.; software, SAS, Joinpoint 4.7.0.0-February 2019; investigation and data curation, K.M.C.; statistical analysis and supervision, G.J.N. and K.M.C.; writing—original draft preparation, K.M.C., G.J.N. and D.T.S. All authors have read and agreed to the published version of the manuscript.

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Conflicts of Interest: K.M.C. has been a consultant and received grant funding from Pfizer, Inc. in the past five years. K.M.C. has also been a paid expert witness in litigation against the cigarette industry. D.T.S. does not accept money from any entity with a financial interest in promoting any tobacco or nicotine product, nor from any organization that promotes an abstinence-only position on nicotine and tobacco products.

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香港特別行政區立法會

《2019 年吸煙(公眾衛生)(修訂)條例草案》委員會主席

黃定光議員, GBS, JP

敬啟者：

促請儘快於本屆立法會通過全面禁止所有另類吸煙產品

大埔區家長教師會聯會支持全面禁止所有另類吸煙產品，包括電子煙、加熱煙及草本煙，並期望立法會能夠儘快通過《2019 年吸煙(公眾衛生)(修訂)條例草案》，讓市民的健康能夠及早得以保障。

任何形式的煙草產品均會損害健康，電子煙或加熱煙亦會損害市民健康。世界衛生組織早已指出電子煙毫無疑問地對健康有害，並重申加熱煙的危害並不低於傳統捲煙，釋出有害物數量減少不等於健康危害的風險降低。

科學研究早已證實電子煙可增加患上心血管疾病、中風、慢性阻塞性肺病、閉塞性細支氣管炎(不可逆轉的肺病)等的風險。二零一八年中至二零二零年初，美國已錄得超過二千八百宗電子煙相關嚴重肺病，當中更有六十八人死亡。

加熱煙主要以煙草製成，本身具有毒性，即使是天然形式也含致癌物質，部分有毒或致癌物質是沒有安全水平的，會危害人類健康。煙草業標榜加熱煙「較少危害」的說法只是基於比較傳統煙中的主要有害物質，有研究指出加熱煙的部分有害物質比傳統煙含量較高，當中包括致癌物氘、丙烯醯胺及苯甲醛。由此可見，所謂另類吸煙產品能夠「減害」的說法，只是煙草商企圖藉此誤導公眾，對其真正的禍害掉以輕心，從而吸引不吸煙人士及青少年吸食。

更令人憂慮的是，另類吸煙產品設計新穎，被宣傳為潮流產品，電子煙推出超過萬種口味，加熱煙亦混入不同水果口味，可見宣傳推廣策略針對不吸煙人士和年輕人，將產品營造為時尚和有生活品味的用品，企圖吸引年輕人嘗試。本地調查及外國情況早已證實電子煙及加熱煙會成為青少年開始吸煙的入門，而單憑規管並不能阻止情況發生。一項二零一八至二零一九年有關學生吸煙情況的學校統計調查結果顯示，約兩成至五成從不吸煙的中小學生分別透過加熱煙及電子煙而開始吸煙行為，超過七成現時吸食另類煙的中學生更同時吸食傳統捲煙，成為雙重吸煙者。

我們絕不贊同將《2019 年吸煙(公眾衛生)(修訂)條例草案》分拆審議的建



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會址：新界大埔安祥路 10 號大埔舊墟公立學校

議，亦懇請立法會切勿接納。有關建議與家長、學校及社會各界別之期望相違背，而且變相默許加熱煙之安全及認受性，與保障市民健康的宗旨背道而馳，更會向市民傳遞錯誤信息，讓煙草商趁機利用加熱煙開拓年青人及非吸煙人士市場，令更多不吸煙人士染上另類煙癮。

家長及教育界相信，只管不禁並非有成效的措施；若只是管制不能售賣給未成年人士，亦非有效防止青少年使用新型吸煙產品的政策。二零一九年三月期間，家庭與學校合作事宜委員會時任主席湯修齊先生及全港十八區家長教師會聯會向全港中小學幼稚園超過九千名家長進行調查，結果顯示大部分家長(百分之七十五)贊成禁止加熱煙及電子煙等新型吸煙產品，當中吸煙家長支持禁止所有新型吸煙產品的比率亦達六成。另一方面，大部分家長(百分之七十五)亦贊成政府儘快全面禁煙，包括傳統煙。

公共衛生健康乃任何政策制定之首要考慮，立法會應從速通過《2019 年吸煙(公眾衛生)(修訂)條例草案》，並採取嚴格的措施保障市民健康，禁止所有另類吸煙產品的進口、製造、售賣、分發和宣傳。另外，政府及立法會亦應儘快共同制定全面禁止所有煙草產品的策略和時間表，令下一代在無煙的健康環境中成長。

如對上述事宜有任何疑問或查詢，懇請於辦公時間內致電與本人直接聯絡。謝謝！

此致



大埔區家長教師會聯會
第十二屆理事會


會長：何主平 謹啟

二零二零年十二月十八日



清新健康人協會有限公司

QUIT-WINNERS CLUB LIMITED

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香港中區立法會道 1 號
香港特別行政區立法會
有關法案委員會

清新健康人協會支持全面禁止所有另類吸煙產品，包括電子煙、加熱煙及草本煙，並期望立法會能夠儘快通過《2019年吸煙(公眾衛生)(修訂)條例草案》，讓市民的健康能夠及早得以保障。

任何形式的煙草產品均會損害健康，電子煙或加熱煙亦會對損害市民健康。世界衛生組織早已指出電子煙毫無疑問地對健康有害，並重申加熱煙的危害並不低於傳統捲煙，釋出有害物數量減少不等於健康危害的風險降低。

科學研究早已證實電子煙可增加患上心血管疾病、中風、慢性阻塞性肺病、閉塞性細支氣管炎(不可逆轉的肺病)等的風險。2018年中至2020年初，美國已錄得超過2,800宗電子煙相關嚴重肺病(e-cigarette and vaping product use associated lung injuries, EVALI)，當中更有68人死亡。

加熱煙主要以煙草製成，本身具有毒性，即使是天然形式也含致癌物質，部分有毒或致癌物質是沒有安全水平的，會危害人類健康。煙草業標榜加熱煙「較少危害」的說法只是基於比較傳統煙中的主要有害物質，有研究指出加熱煙的部分有害物質比傳統煙含量較高，當中包括致癌物氘、丙烯醯胺及苯甲醛。由此可見，所謂另類吸煙產品能夠「減害」的說法只是煙草商企圖藉此誤導公眾，對其真正的禍害掉以輕心，從而吸引不吸煙人士及青少年吸食。

更令人憂慮的是，另類吸煙產品設計新穎，被宣傳為潮流產品，電子煙推出超過萬種口味，加熱煙亦混入不同水果口味，可見宣傳推廣策略針對不吸煙人士和年輕人，將產品營造為時尚和有生活品味的用品，企圖吸引年輕人嘗試。本地調查及外國情況早已證實電子煙及加熱煙會成為青少年開始吸煙的入門，而單憑規管並不能阻止情況發生。一項2018-2019年有關學生吸煙情況的學校統計調查結果顯示，約兩成至五成從不吸煙的中小學生分別透過加熱煙及電子煙而開始吸煙行為，超過七成現時吸食另類煙的中學生更同時吸食傳統捲煙，成為雙重吸煙者。

我們絕不贊同將《修訂條例》分拆審議的建議，亦懇請立法會切勿接納有關建議。此建議變相默許加熱煙之安全及認受性，與保障市民健康的宗旨背道而馳，更會向市民傳遞錯誤信息，讓煙草商趁機利用加熱煙開拓年青人及非吸煙人士市場，令更多不吸煙人士染上另類煙癮。

公共衛生健康乃任何政策制定之首要考慮，立法會應從速通過條例草案，並採取最嚴格的措施，禁止所有另類吸煙產品在本地進口、製造、售賣、分發和宣傳。

主席黃龍德教授, BBS, JP
清新健康人協會有限公司
2020年12月12日