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(English version only)

Chairman,
Subcommittee on Public Revenue Protection (Dutiable Commodities) Order 2011
Legislative Council,
Hong Kong.
30-Mar-2011

Dear Chairman,

Re: Supporting tobacco tax increase and policies targeting at smoking prevention among adolescents and young population

We are writing on behalf of the Community Child Health Unit, Department of Paediatrics & Adolescent Medicine, The University of Hong Kong to submit the following recommendations on Anti-smoking Policy in Hong Kong, in response to the discussion on increasing tobacco taxation for the Legislative Council Subcommittee Meeting scheduled on 2 April 2011, Saturday morning.

Being the most important avoidable cause of death, tobacco smoking has significant adverse impact to human health, productivity and economy of the society. Numerous overseas and local studies confirmed the increased medical costs, frequency of consultations, hospitalizations and mortalities related to smoking. Environmental tobacco smoking is also associated with different health problems leading to morbidities, mortalities and increased medical costs and socioeconomic burden. Our government needs a clear tobacco control strategy with effective policies and legislative changes to protect the health of its people. Based on the strong evidence on benefits of tobacco control, the World Health Organization (WHO) first used its authority in 2000 to develop a legal instrument and initiate the Framework Convention on Tobacco Control (FCTC), a public health treaty adopted internationally and being endorsed by the People's Republic of China. Being part of China, Hong Kong has the obligation to comply by reducing the production and consumption of tobacco.

There is evidence of a growing trend towards smoking among young children globally (WHO Statistics, 2002). The situation of smoking behaviour among adolescents in Hong Kong is alarming. Statistics collected by the Census and Statistics Department of Hong Kong (2008) show that 64.8% of daily cigarette smokers started smoking between the ages of 10 and 19 years, and among such youth group 2.4% aged between 15 and 19 years are daily smokers. In Hong Kong, there is clear evidence that most smokers start smoking at young age (Census and Statistics Department of Hong Kong, 2008), as it is well known that motivating an adult smoker to modify his/her lifestyle is a very demanding job, it would be much more effective to implement policy targeting at preventing and stop smoking among adolescents and young population.

Tobacco consumption increased in the period 2001-2009, when the taxation in Hong Kong remained static. Following the 50% tobacco tax increase in Jan 2009, immediate effect was shown on seven-fold increase of calls to the smoke quite hotline in the following months. **With the previous success in reducing smoking prevalence after increasing tobacco tax in Hong Kong, the government should further increase taxation to a level of 75-80% of retail price (current taxation level is 61-66%) for the sake of public health and interest.**

In view of the significant adverse impact of smoking on child health and the importance of preventing smoking among adolescents, we would like to have the following recommendations:

1) **Increasing tobacco taxation to at least 70% of retail price at current stage and further increase to 75-80% of retail price in coming 2 years.**

2) **Legislation against smoking in vehicles and in living, recreation and working area with young children and pregnant women in order to protect the most vulnerable children and fetus from avoidable health harms**

3) **To increase treatment facilities for children and adolescents by introducing new smoking cessation service in form of adolescent health clinics, internet and phone counselling services for young smokers.**

4) **Legislation to achieve more stringent control on marketing and tobacco promotion. The government should ban all brand extension, especially those aims to promote brands to young people on non-tobacco products, restrict cigarette display at point of sale, enforce plain packaging of all tobacco products and a new set of packet health warnings to replace the existing ones used since 2006.**

5) **To enforce the tobacco control legislation, the government needs far more tobacco control officers, a legal onus on restaurants, bars and workplace managers to enforce tobacco control laws, and there must be adequate penalties.**

A detailed **'Letter of Recommendations - The need of policies and legislative changes for tobacco control in Hong Kong'** is also attached.

Yours faithfully,

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Letter of Recommendations to Legislative Council –
The need of policies and legislative changes for tobacco control in Hong Kong

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Being the most important avoidable cause of death, tobacco smoking has significant adverse impact to human health, productivity and economy of the society. Numerous studies confirmed the increased medical costs, frequency of consultations, hospitalizations and mortalities related to smoking[1-4]. A local study showed that smoking is responsible for around 6,920 lives and 5.3 billion dollars economic lost every year[5]. Environmental tobacco smoking is also associated with different health problems leading to morbidities, mortalities and increased medical costs and socioeconomic burden[6]. Hence the government needs a clear anti-tobacco strategy with effective policies and legislative changes to protect the health of its people. Based on the strong evidence on benefits of tobacco control[7], the World Health Organization(WHO) first used its authority in 2000 to develop a legal instrument and initiate the Framework Convention on Tobacco Control(FCTC), a public health treaty adopted internationally and being endorsed by the People's Republic of China[8,9]. Being part of China, Hong Kong has the obligation to comply by reducing the production and consumption of tobacco. Effective measures such as WHO's "MPOWER" tobacco control policies[10] (include tobacco tax, legislation, public education, health warning and treatment service) have been adopted by the government.

Smoking is an important public health issue worldwide. There is evidence of a growing trend towards smoking among young children globally[11]. The situation of smoking behaviour among adolescents in Hong Kong is alarming. Statistics collected by the Census and Statistics Department of Hong Kong[12] show that 64.8% of daily cigarette smokers started smoking between the ages of 10 and 19 years, and among such youth group 2.4% aged between 15 and 19 years are daily smokers. One of the reasons is that many health-risk behaviors, such as cigarette-smoking, unprotected sex and excessive alcohol consumption, are acquired during adolescence and can be tracked into adulthood, thereby affecting not only current health but also health in later life[13]. Children who grow up in contact with smokers, in their family, peer groups and role models, are more likely to become smokers themselves. The estimation of the practical significance of that effect, demonstrating that children who grow up with a parent or other household member who smokes are about twice as likely to become smokers themselves[14]. Early initiation of smoking is a serious public health issue, adolescents who start smoking as teenagers are

most likely to be regular smokers as adults[15]. In Hong Kong, there is clear evidence that most smokers start smoking at young age[12], as it is well known that motivating an adult smoker to modify his/her lifestyle is a very demanding job, it would be much more effective to implement policy targeting at preventing and stop smoking among adolescents and young population. In fact, the youth group poses specific challenges to health promoters. In comparison to patients looking for specific health treatments or information, adolescents without any chronic illness are not likely to be internally motivated to seek for help.

Reducing the prevalence of smoking in adolescents as well as adults requires measures to reduce the number of people who take up smoking, and increase the proportion of smokers who quit[14]. Preventing uptake inevitably takes some years to affect prevalence. Price of cigarettes is probably of potential relevance to smokers. By increasing tobacco tax which would be likely to have an immediate reduction of smoking uptake and since smoking uptake is driven in part by adult role-modeling, helping adult smokers to quit will also reduce the numbers of adolescents who take up smoking[16]. Regular price increases well above the rate of inflation, to develop and underpin more comprehensive approaches in prevention of smuggling and illicit supply of tobacco products, are therefore policy priorities.

Despite the progressive drop in smoking prevalence in Hong Kong from 23.3% in 1982 to 11.8% in 2008, there has been a rise in amount of cigarettes smoked by young population while the prevalence of female smokers remained static in recent years[17]. The protection of youth from tobacco addiction should be in top public health priority. This could be achieved by comprehensive school-based and public education, mass media campaigns, banning of tobacco advertisements, sponsorship of youth activities and sport events, and **price measures, which have been shown to be most effective in reducing tobacco use[18], especially among young population, who are most sensitive to price.**

With the previous success in reducing smoking prevalence after increasing tobacco tax in Hong Kong[19], the government should further increase taxation to a level of 75-80% of retail price (current taxation level is 61-66%) for the sake of public health and interest. Tobacco consumption increased in the period 2001-2009, when the taxation in Hong Kong remained static. Following the 50% tobacco tax increase in Jan 2009, immediate effect was shown on seven-fold increase of calls to the smoke quite hotline in the following months[20]. Meanwhile, the government needs to enforce legislation and stop illicit trade of untaxed cigarettes. The government should license all cigarettes retailers, use prepaid tax stickers to mark cigarette packets, enforce mandatory tracking of pack and impose fines on any violation. The government should abolish sales of duty free tobacco, which serves as a source of black market trading and impose unnecessary workload on customs officers.

Hong Kong needs more treatment facilities for nicotine addiction, which has been recognized as a chronic relapsing disorder[21]. In Hong Kong, majority of the smoking cessation interventions, including smoking cessation clinics and medications are targeted to adult smokers. Among smokers who were aware of smoking cessation services, less

than 10% had tried or would consider using the services[22]. However, the utilization rate is still relatively low among youth smokers as reported in a cross-sectional study of 129 youth smokers aged 24 or below attending a smoking cessation clinic in an 18-month period[23]. There is a need to design specific smoking cessation program for young smokers since there are important differences in youth and adult smoking[24]. Tobacco dependence treatment has stressed on continued patient education and counseling along with clinical treatment[25]. The current smoking cessation service in Hong Kong, though available with limited provision of clinic and hotline service from Department of Health and community organizations, is far from sufficient, it requires more resources, better training of undergraduate and postgraduate doctors to protect public health from tobacco use, more collaboration with primary care practitioners in private and public sectors and with collaborators at international level (e.g. Mayo Clinic) to provide evidence-based treatment for smokers.

Although a number of effective measures, include legislation, tobacco taxation, public education and smoking cessation service[19], have been implemented in Hong Kong over past two decades, there are still a lot to be improved to achieve current international best practice. For example, in order to achieve a smoke-free Hong Kong, it needs more tobacco control officers, a legal onus on restaurants, bars and workplace managers to enforce tobacco control laws, and there must be adequate penalties. The government should consider new legislation against smoking in vehicles and in living, recreation and working area with young children and pregnant women in order to protect the most vulnerable children and fetus from avoidable health harms[26-29]. Laws requiring smoke-free cars when children are present have been recently adopted in Australia that no-one is allowed to smoke in a motor vehicle if a person under 18 is present[30]. As one of the examples, which the Australian Government has taken action in reduce the impact of tobacco-related harm to the community, particularly among children. Such legislation should also be implemented in Hong Kong as a step forward in bringing Hong Kong to a smoke-free territory.

Furthermore, more stringent control on marketing and tobacco promotion should be adopted. The government should ban all brand extension, especially those aims to promote brands to young people on non-tobacco products, restrict cigarette display at point of sale, enforce plain packaging of all tobacco products and a new set of packet health warnings to replace the existing ones used since 2006. Meanwhile, the government should consider restricting tobacco products by banning flavours and reducing nicotine and addictive potential of products in order to reduce tobacco use[18].

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