



TARGET 5

Reduce tobacco use

A PREAMBLE

The tobacco epidemic is one of the biggest public health issues. Risks to health from tobacco result from direct consumption of both smokeless and smoked tobacco, and from exposure to second-hand smoke⁷⁶. Tobacco kills people prematurely. On average, tobacco users lose 15 years of life. Up to half of all tobacco users will die of tobacco related causes. Smoking contributes to 14% of all deaths from non-communicable diseases (NCD), including heart diseases, cancers, diabetes and lung disease⁷⁷. Globally, tobacco use and exposure to second hand smoke are estimated to cause more than 7 million deaths each year⁷⁸. There is no proven safe level of

tobacco use or of second-hand smoke exposure. All (daily and occasional) users of tobacco are at risk of a variety of poor health outcomes across the life-course, and for NCD in adulthood⁷⁹.

B LOCAL SITUATION

Below provides a snapshot of local situation regarding Indicator (9) derived from the World Health Organization (WHO)'s global monitoring framework (GMF) and a supplementary indicator (S4) of local relevance on tobacco use. Detailed definitions, specifications and data sources of these key/supplementary indicators are provided in **Section E**.

Indicator (9): Tobacco use in adolescents

Prevalence of current tobacco use among primary 4-6 and secondary 1-6 students aged 10 and above decreased from 2.6% in 2010/11 to 2.1% in 2014/15 (see Table below).

Current smoking among primary 4 to 6 and secondary 1 to 6 students aged 10 and above in 2010/11, 2012/13 and 2014/15

School year	Proportion of current smokers
2010/11	2.6%
2012/13	2.7%
2014/15	2.1%

Note: Survey estimates with finer age breakdown for 18, 19 and 20+ are not available

Source: School-based Survey on Smoking among Students, Food and Health Bureau

⁷⁶ Global estimate of the burden of disease from second-hand smoke. Geneva: World Health Organization, 2011. Available at: http://www.who.int/tobacco/publications/second_hand/global_estimate_burden_disease/en/

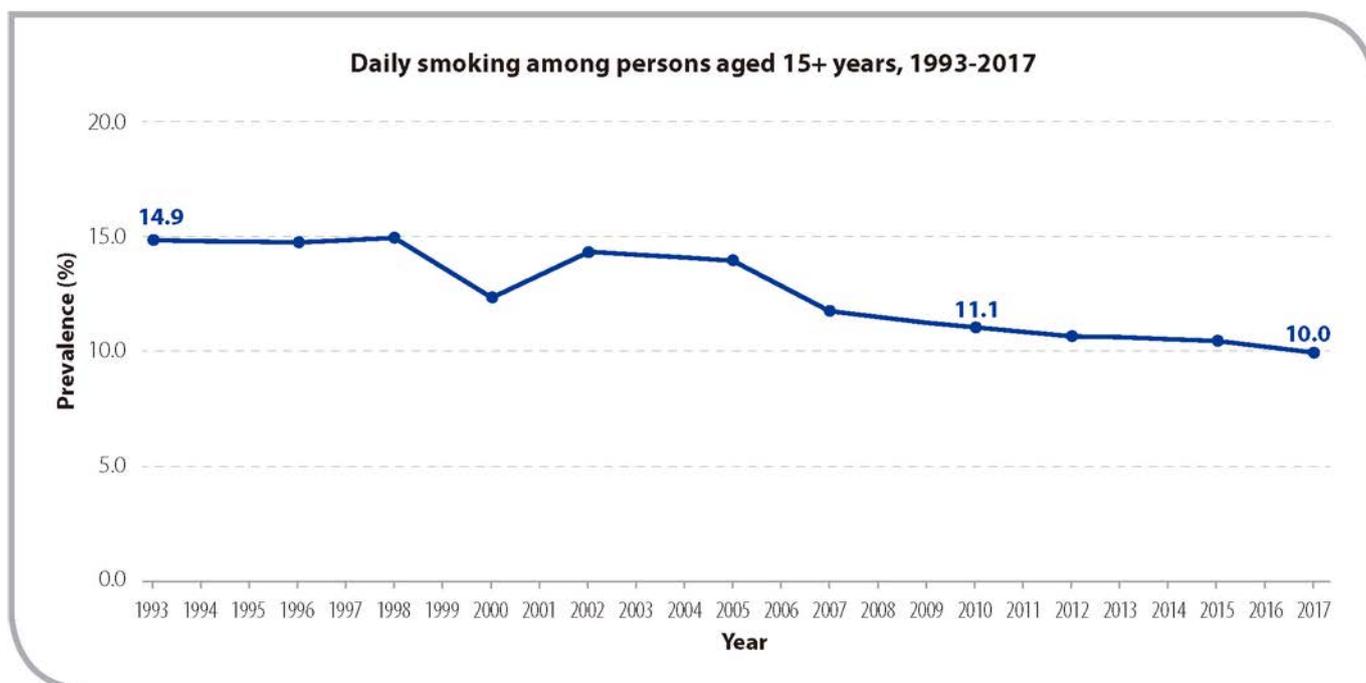
⁷⁷ World No Tobacco Day 2017 Brochure: Tobacco threatens us all. Geneva: World Health Organization, 2017. Available at: <http://www.who.int/campaigns/no-tobacco-day/2017/brochure/en/>

⁷⁸ WHO Tobacco fact sheet (Updated March 2018). Available at: <http://www.who.int/mediacentre/factsheets/fs339/en/>

⁷⁹ WHO global report: mortality attributable to tobacco. Geneva: World Health Organization, 2012. Available at: http://www.who.int/tobacco/publications/surveillance/rep_mortality_attributable/en/

Indicator (S4): Tobacco use in adults

Among persons aged 15+ years, the prevalence of daily cigarette smoking dropped steadily from about 23.3% in 1982 to 10.0% in 2017.



Source: Thematic Household Survey, Census and Statistics Department

C LOCAL TARGET

Hong Kong currently enjoys a record low smoking prevalence. We have made reference to the WHO's proposed target⁸⁰, and will work towards "a 30% relative reduction in the prevalence of current tobacco use in persons aged 15+ years by 2025 when compared to the baseline prevalence in 2010".

⁸⁰ The WHO sets a voluntary global target of 'a 30% relative reduction in prevalence of current tobacco use'.

D ACTIONS TO ACHIEVE TARGET

1) Background of the Government initiatives to promote reduction of tobacco use

- To protect public health, it is the established policy of the Government to discourage smoking, contain the proliferation of tobacco use and protect the public from exposure to second-hand smoke as far as possible. Hong Kong adopts a progressive and multi-pronged approach comprising legislation, enforcement, publicity, education, smoking cessation and taxation. Moreover, China is a signatory of and has ratified the Framework Convention on Tobacco Control (FCTC) of WHO, the application of which has been extended to Hong Kong since 2006. Our current policy on tobacco control has full regard to the provisions of FCTC.
- Over the past decades, we have been progressively stepping up tobacco control on all fronts, having regard to the expectations and acceptance of our community. At the same time, we have been increasing resources for publicity, education, smoking cessation and enforcement of the tobacco control legislation. The declining trend in smoking prevalence in Hong Kong reflected the effectiveness of our approach in tobacco control and the sustained efforts by the community as a whole.

2) Existing actions/interventions/programmes/policies

Statutory no-smoking areas (NSAs)

- The Government has been taking various measures to strengthen tobacco control through legislation and enforcement since 2006, when the Smoking (Public Health) Ordinance was amended to significantly expand the statutory smoking ban and strengthen other tobacco control regime. Statutory smoking ban now covers all indoor working places and public places as well as many outdoor places. The smoking ban has been further extended to the public transport facilities that meet the criteria specified in the Smoking (Public Health) Ordinance since December 2010. Since end-March 2016, the smoking ban has been further extended to eight bus interchanges at tunnel portal areas.

Health warning

- Graphic health warnings have appeared on tobacco products since 2007. To further enhance their effectiveness as a deterrent and educate smokers about the health risks associated with smoking, we have worked on the amendment exercise to enlarge graphic health warnings from covering at least 50% to 85% of the two largest surfaces of the packet, increase the number of forms of health warning from six to twelve, and display details of the Quitline. The new requirements have come into operation on 21 December 2017 with another 6 months for adaptation which will end on 20 June 2018.

Tobacco duty

- WHO's FCTC states that price and tax are effective and important means of reducing tobacco consumption. Tobacco duty increase is long established and part and parcel of our multi-pronged approach to tobacco control. Over the years, tobacco duty has been increased progressively in tandem with the strengthening of overall tobacco control. The duty on tobacco products was last increased by about 41.5% and about 11.7% in 2011 and 2014 respectively to tie in with the Government's tobacco control measures.

Law enforcement

- In 2017, the Tobacco Control Office (TCO) of the Department of Health (DH) received over 21 340 smoking complaints and enquiries and conducted over 33 150 inspections at different locations. TCO issued 9 711 Fixed Penalty Notice according to the Fixed Penalty (Smoking Offence) Ordinance and 149 summonses. TCO will follow up on every smoking complaint received and arrange for active and more frequent inspections for locations with serious smoking problems.
- To further strengthen enforcement actions to combat smoking offences, a task force has been set up with support from retired disciplinary officers to proactively carry out inspections especially at the locations with serious smoking problems and at odds hours.

Cessation service

- Smoking cessation is an integral and indispensable part of the Government's tobacco control policy to complement other tobacco control measures, including taxation. At present, DH and the Hospital Authority provide smoking cessation services to the general public. In addition, DH has been funding local non-governmental organisations (NGOs) and university to provide free smoking cessation services.
- TCO of DH also operates an integrated quitline and channels referrals to public sectors and community-based subvented services, and adopt different approaches like acupuncture, outreach smoking cessation service to workplace, helping ethnic minorities and new immigrants, etc.
- The Primary Care Office (PCO) of DH has launched a Pilot Public-Private Partnership Programme on Smoking Cessation (Pilot SCPPP) to engage private doctors to encourage smoker patients to attempt smoking cessation during consultations. The Pilot SCPPP will last for 2 years with a quota of 450 smokers each year. TCO has arranged training for doctors before enrolment to the programme.



Education and promotion

- The Government endeavours to enhance the awareness of the general public on the harmfulness of smoking, to prevent people especially younger people from picking up smoking habit, and to encourage smokers to quit smoking. Our health promotion efforts include general publicity, health education and promotional activities on tobacco control through TV and radio announcements of public interest, internet advertisements, enquiry hotline, health education materials and seminars, etc. DH has also stepped up public education to enhance understanding of the health hazards of e-cigarette use. Additionally, DH also works with NGOs to organise health promotional activities at schools to promote a smoke-free culture.
- In April 2012, TCO was designated by WHO as the Collaborating Centre for Smoking Cessation and Treatment of Tobacco Dependence. The Centre serves as a regional hub to support smoking cessation trainings and programme evaluation in particular helping the Western Pacific Region. In addition, it also coordinates local training activities and engages a consortium of service providers in Hong Kong as key smoking cessation partners.
- The Hong Kong Council on Smoking and Health (COSH) is a statutory body vested with functions to protect and improve the health of the community by informing and educating the public on smoking and health matters;

conducting and coordinating research into the cause, prevention and cure of tobacco dependence; and advising Government, community health organisations or any public body on matters relating to smoking and health. COSH has taken up the role over the past years as an active player and commentator on all issues relating to tobacco control.

3) Specific actions/interventions/ programmes/policies to be introduced, enhanced or explored to achieve target by 2025

- The smoking ban has been extended to the eight bus interchanges located at tunnel portal areas since 2016. Our evaluation study revealed that the vast majority of respondents agreed that the new smoking ban could protect them from being harmed by secondhand smoke. They also supported a suggestion on further expansion of statutory NSAs. The Government will consider further expanding the statutory NSAs to include more public facilities to safeguard public health. (Food and Health Bureau (FHB)/DH)
- In view of the potential harmful effect to health, renormalisation of the smoking behaviour and the recommendations of WHO, we are working with relevant bureaux/departments on the details of strengthening the regulatory regime on e-cigarettes and heat-not-burn tobacco products. (FHB/DH)

- WHO encourages its members to raise taxes on tobacco products periodically and recommends raising tobacco taxes to account for at least 75% of retail prices. In this connection, the Government will continue to monitor the proportion of tobacco duty to retail price and raise taxes as necessary. (FHB/DH)
- Pilot SCPPP aims to test a new model which may complement existing government-funded smoking cessation services, hoping to assist hard-to-reach smokers in the community to quit smoking. Private primary care doctors will be engaged to recruit their smoking patients and offer opportunistic counselling. Pharmacotherapy may be prescribed if indicated. Follow-up consultations will be arranged and quit rate will be assessed. Evaluation will be conducted after 2 years to assess effectiveness. (DH)

E DEFINITIONS AND SPECIFICATIONS OF LOCAL INDICATORS

Key indicators (derived from the WHO's GMF⁸¹)

Indicator (9): Prevalence of current tobacco use among adolescents

- Monitoring frequency: every 2 years
- Source: School-based Survey on Smoking among Students commissioned by the Food and Health Bureau
- Definitions: (i) "current smoking" was defined as any smoking in the past 30 days for those reported that they smoked daily or smoked occasionally; (ii) "adolescents" are defined as primary 4-6 and secondary 1-6 students aged 10 and above

Indicator (10): Age-standardised prevalence of daily cigarette smoking among persons aged 18+ years

- Monitoring frequency: every 2-3 years
- Source: Thematic Household Survey, Census and Statistics Department
- Definition: "daily cigarette smokers" refers to those persons who at the time of enumeration had a daily cigarette smoking habit (although they might not smoke on certain days because of illness or other reasons)

⁸¹ The WHO recommends 2 indicators for monitoring, namely:

- Indicator (9): Prevalence of current tobacco use among adolescents (Expected frequency: every 5 years)
- Indicator (10): Age-standardised prevalence of current tobacco use among persons aged 18+ years (Expected frequency: every 5 years)

Supplementary indicator (of local relevance)

Indicator (S4): Crude prevalence of daily cigarette smoking among persons aged 15+ years

- Monitoring frequency: every 2-3 years
- Source: Thematic Household Survey, Census and Statistics Department
- Definition: “daily cigarette smokers” refer to those persons who at the time of enumeration had a daily cigarette smoking habit (although they might not smoke on certain days because of illness or other reasons)