

**For discussion  
on 14 July 2023**

## **Legislative Council Panel on Health Services**

### **Update on Tobacco Control Measures**

#### **PURPOSE**

This paper briefs Members of the latest development on the Government's tobacco control measures and the public consultation on tobacco control strategies.

#### **BACKGROUND**

##### *Development of Tobacco Control Policy*

2. According to the World Health Organization (WHO), the tobacco epidemic is the biggest public health threat the world has ever faced. Smoking is one of the most important yet preventable risk factors for death and various chronic diseases. Tobacco smoke contains more than 7 000 chemicals, including some 70 that can cause cancer, and causes diseases in various body organs and systems.

3. The Government's tobacco control policy seeks to safeguard public health by discouraging smoking and minimising the impact of passive smoking on the public. Enacted in 1982, the Smoking (Public Health) Ordinance has been in force for over 40 years with multiple amendments over the years. A multi-pronged approach has always been adopted to step up tobacco control, covering areas such as regulation by legislation, enforcement, publicity, education, smoking cessation services and taxation, etc..

4. According to the Thematic Household Survey Report No. 75 of the Census and Statistics Department, the percentage of smoking population has progressively declined from 23.3% in early 1982 to 9.5%<sup>1</sup>

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<sup>1</sup> Smoking prevalence is calculated based on the number of daily smokers of conventional cigarettes.

in 2021. At present, there are still about 580 000 daily cigarette smokers.

### *Tobacco Duty*

5. Raising the tobacco duty is regarded as the single most effective tobacco control measure by the WHO. The Government proposed in the 2023-24 Budget that the duty on cigarettes be increased by 60 cents or 31.48% to \$2.506 per stick. The proportion of the increased tobacco duty to the retail price of cigarettes has risen from around 62% to about 64% when factoring in the concurrent increase in the retail price by some tobacco companies or retail outlets<sup>2</sup>.

6. Taking the recommended tobacco duty proportion of 75% as recommended by the WHO as target, the Government will continue to review the overall effectiveness of tobacco control measures and the pace of future duty level adjustments, and step up the promotion on smoking cessation and enforcement work against illicit cigarette activities.

### *Combating Illicit Cigarette Activities*

7. The Customs and Excise Department (C&ED) has adopted an intelligence-led approach and a holistic strategy, combined with risk management and advanced inspection equipment, to flexibly deploy its resources for combating different levels of illicit cigarette activities by intercepting smuggling at upstream, smashing storage at midstream, and raiding peddling activities at downstream. The C&ED will also work closely with Mainland and overseas law enforcement agencies (LEAs) in combating cross-boundary cigarette smuggling activities through intelligence exchange.

8. In the first five months of 2023, the C&ED detected a total of 4 405 illicit cigarette cases, and seized more than 390 million sticks of suspected illicit cigarettes and 4 700 kilograms of suspected duty-not-paid manufactured tobacco in total. The estimated total market value was

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<sup>2</sup> According to the latest figures, the average retail price of cigarettes is \$78 in Hong Kong.

about \$1,300 million, with a duty potential of some \$900 million. In fact, due to the C&ED's continual success in strengthened intelligence analysis and adoption of the enforcement strategy of tackling cigarette smuggling at source, the cigarette syndicates were repeatedly intercepted by the C&ED when they were replenishing their supplies which prevented the illicit cigarettes from going into the local market. There has been an increase in the number of illicit cigarettes seized by the C&ED over the past decade. In 2022, a total of 732 million sticks of illicit cigarettes were seized, which is close to 10 times of that in 2012. Among which were about 585 million sticks of illicit cigarettes seized in 28 large-scale cigarette smuggling cases (i.e. involving more than 500 000 sticks of cigarettes), which represented an increase of 1.3 times compared with the corresponding numbers in 2021.

#### *Alternative Smoking Products (ASPs)*

9. The Smoking (Public Health) (Amendment) Ordinance 2021 came into effect on 30 April 2022, no person may import, promote, manufacture, sell or possess for commercial purposes ASPs, including electronic smoking products, heated tobacco products and herbal cigarettes. Offenders are subject to a maximum fine of \$50,000 and imprisonment for six months. The Legislative Council passed the Import and Export (Amendment) Bill 2023 in June this year, which includes raising the penalty for importing ASPs to the same level as that for illegally importing other prohibited articles under the Import and Export Ordinance, with maximum fine of \$500,000 and imprisonment for 2 years on summary conviction; or a maximum fine of \$2,000,000 and imprisonment for 7 years with conviction on indictment with a view to increase the deterrent effect. The Government has been closely monitoring the smuggling trend of ASPs as well as conducting risk assessments and intelligence analysis, while various LEAs have been maintaining close contact, exchanging intelligence and carrying out timely joint operations.

10. The Government has been publicising the message on the ban of ASPs via television and radio announcements, various social media platforms, and advertisements placed in different modes of public transport (including buses, minibuses and trams) and at bus stops and Mass Transit Railway stations. Regarding promulgation among inbound tourists, we

have written to airline operators and recorded the message for broadcast on flights to remind visitors of the prohibition. Following the resumption of normal operation at boundary control points, the message will continue to be broadcasted with the display of publicity materials as a reminder of the ban so that returning citizens will not breach the law.

### *Smoking Cessation Services*

11. To strengthen smoking cessation services in the community, the Government collaborates with local non-governmental organisations (NGOs) to provide free community-based smoking cessation services for the public. Various treatment modalities including counselling, pharmacotherapy and Chinese Medicine acupuncture are offered through different service delivery modes, such as smoking cessation clinics, the smoking cessation outreach programme in workplace, smoking cessation mobile clinics, the Youth Quitline and quit plans targeting people of diverse races and new immigrants. The Department of Health (DH) has been working on new measures to strengthen smoking cessation services, including large-scale promotion campaigns and subvention to more NGOs for setting up smoking cessation clinics, with a view to facilitating approach to smokers and enhancing their accessibility to relevant services as far as possible. Free mailing of smoking cessation drugs supplemented by follow-up telephone counselling is also offered to help smokers quit at home.

12. In support of the World No Tobacco Day on 31 May 2023, the DH launched the “Quit in June” campaign for promoting a tobacco-free lifestyle to reduce the risk of tobacco-related diseases and death. The DH has launched new television and radio announcements, and advertised via public transportation networks and social media platforms to encourage smokers to make quit attempts. Moreover, the DH distributed free one-week trial kits of smoking cessation drugs (nicotine replacement therapy) through over 200 community pharmacies, smoking cessation clinics and District Health Centres/District Health Centre Expresses across the city to help relieve smokers’ withdrawal symptoms instantly and encourage them to try giving up smoking. A course for the nicotine replacement therapy generally lasts about 8 to 12 weeks. If smokers are determined to quit

smoking after using the trial kit for a week, they can make follow-up appointments for free smoking cessation services by NGOs.

### **Next Phase of tobacco control strategies**

13. As aforementioned, despite the smoking prevalence in Hong Kong was reduced to 9.5% in 2021, there are still nearly 600 000 daily smokers. Smoking not only jeopardises personal health, causes heavy and long-term burden on the healthcare system, but also creates severe impact on the economy and people's livelihood. With an increase in the age of the smoking population, the actual number of smokers aged 50 or above had indeed increased from around 231 300 in 2000 to 294 200 in 2021, which accounts for over half of the total smoking population. On the other hand, not only did the smoking prevalence of female fail to follow the decline in overall smoking prevalence, the actual number had indeed increased.

14. As the population ages and the number of patients with chronic diseases increases, the healthcare system is now facing an enormous challenge. The burden on the healthcare system brought by additional health risks due to smoking will only become greater, which should not be neglected. At the same time, there is a need for us to formulate a timely and progressive tobacco control policy to eliminate the ever-evolving tobacco promotion and appeal, so as to prevent the public, especially the new generation from trying out smoking due to curiosity.

15. Under the "Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong", the Government has set the target of achieving smoking prevalence of 7.8% by 2025 after making reference to the recommendation of the World Health Organization (WHO)<sup>3</sup>. Furthermore, notwithstanding that our nation rectified the WHO Framework Convention on Tobacco Control (FCTC) in 2005 with extension to Hong Kong in 2006, Hong Kong has yet to fully implement the duty and the proven measures recommended by the FCTC.

16. The Government has launched a public consultation on the tobacco control strategies, namely "Vibrant, Healthy and Tobacco-free

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<sup>3</sup> The WHO recommended a global target of 30% reduction in tobacco use between 2010 and 2025.

Hong Kong”, on 12 July, with the consultation period running until 30 September 2023. The Government has set the targets for strengthening tobacco control work as follows –

- (a) reduce cases of disease and deaths due to tobacco;
- (b) safeguard public health and prevent the young generation from smoking;
- (c) protect general public from the impact of tobacco hazards; and
- (d) reduce burden on healthcare system due to smoking

17. Having referred to recommendations made in the Framework Convention on Tobacco Control of the WHO, studied measures already in place or to be implemented in different counties and regions, having also considered the local circumstances, the Government has proposed the following four strategies and their relevant tobacco control options for the next phase of tobacco control –

- (I) **Regulate Supply, Suppress Demand** – to further reduce the smoking prevalence, we need to reduce the demand to tobacco products by smokers on one hand; and regulate the supply channels and reach of tobacco products on the other. We may achieve the above target by various means, including to influence the retail price of tobacco products, step up the regulation on sales targets as well as introduce more effective measures to combat illegal cigarettes;
- (II) **Ban Promotion, Reduce Attractiveness** – despite Hong Kong has banned all forms of tobacco advertisements, tobacco companies would make use of various promotion strategies to make tobacco products more attractive and trigger consumers’ desire to use the products. Flavours, sensation, packaging, design and exhibition of tobacco products may all create strong appeal for smoking, and even create misconception on the level of safety of tobacco products or reduce smokers’ risk perception to the products, thereby damaging the rights of the consumers. We may take reference from international experiences to strengthen the regulation on the packaging, flavours and display at retail outlets of tobacco products, so as to reduce its appeal;

- (III) **Expand NSAs, Mitigate Harm** – both second-hand smoke and tobacco smoke are hazardous, as they can cause many severe diseases. The negative impact on health by second-hand smoke is evident irrespective of the time and level of exposure. Researches show that expanding statutory No Smoking Areas (NSAs) in public venues has been proved to be an effective way to protect the public from exposure to second-hand smoke and regulate smoking behaviours. Surveys by the Government also showed that there is a clear support from the public on the expansion of NSAs; and
- (IV) **Enhance Education, Support Cessation** - Tobacco is highly addictive, so helping smokers to quit is critical to the success of other tobacco control measures. Smoking cessation is beneficial to smokers of any age. There are a wide range of smoking cessation treatment methods that have been proven effective. Despite the majority of smokers quitted without any assistance, studies show that counselling and drug treatment can boost the quit rate substantially. Through the provision of smoking cessation services in a more personalised manner, healthcare professionals can better assist smokers to quit smoking while the Government may also formulate tobacco control policies more precisely.

18. The public consultation document is at [Annex](#). The Government hopes to build consensus with this public consultation exercise and shed light on the focus and pace of the next phase of our tobacco control. Based on the feedback from various stakeholders, the Government will to formulate the detailed proposals for the next phase of tobacco control.

### **ADVICE SOUGHT**

19. Members are invited to note the content of this paper and give views on tobacco control measures and strategies for the next phase of tobacco control.

**Health Bureau**

**July 2023**



# Vibrant, Healthy and Tobacco-free Hong Kong

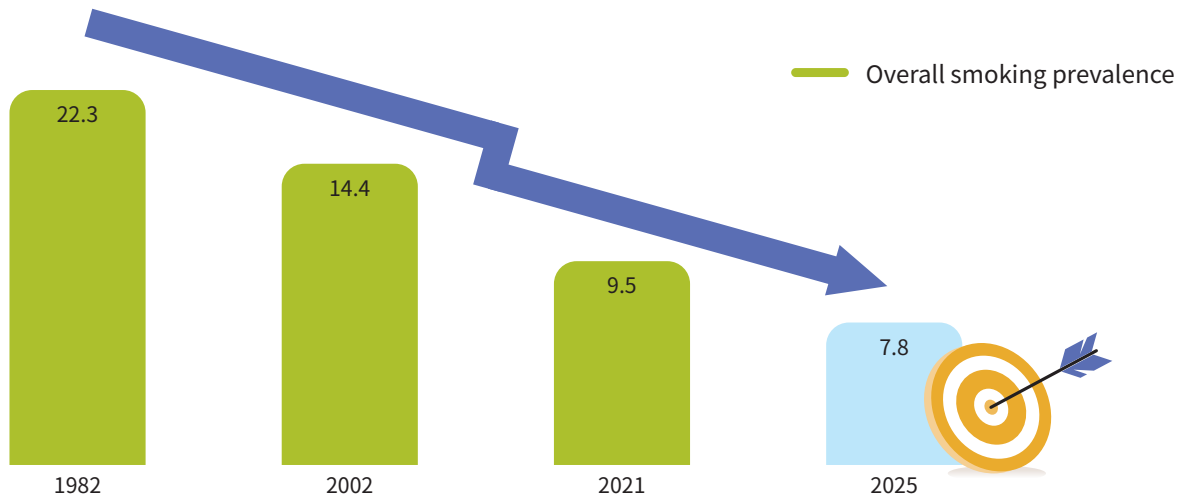
Consultation Document  
on Tobacco Control Strategies



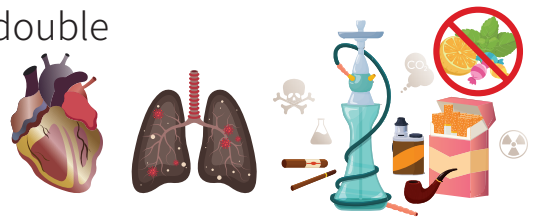
**Health Bureau**  
The Government of the  
Hong Kong Special Administrative Region  
of the People's Republic of China

## Why?

- Smoking is the greatest public health threat in the world
- Smoking causes death and multiple chronic diseases, such as heart diseases and various types of cancers



- Ageing population and smoking induce double jeopardy on the healthcare system
- Tobacco advertising and promotion evolve constantly



## Vision and Mission



**Reduce cases of disease and deaths due to tobacco**

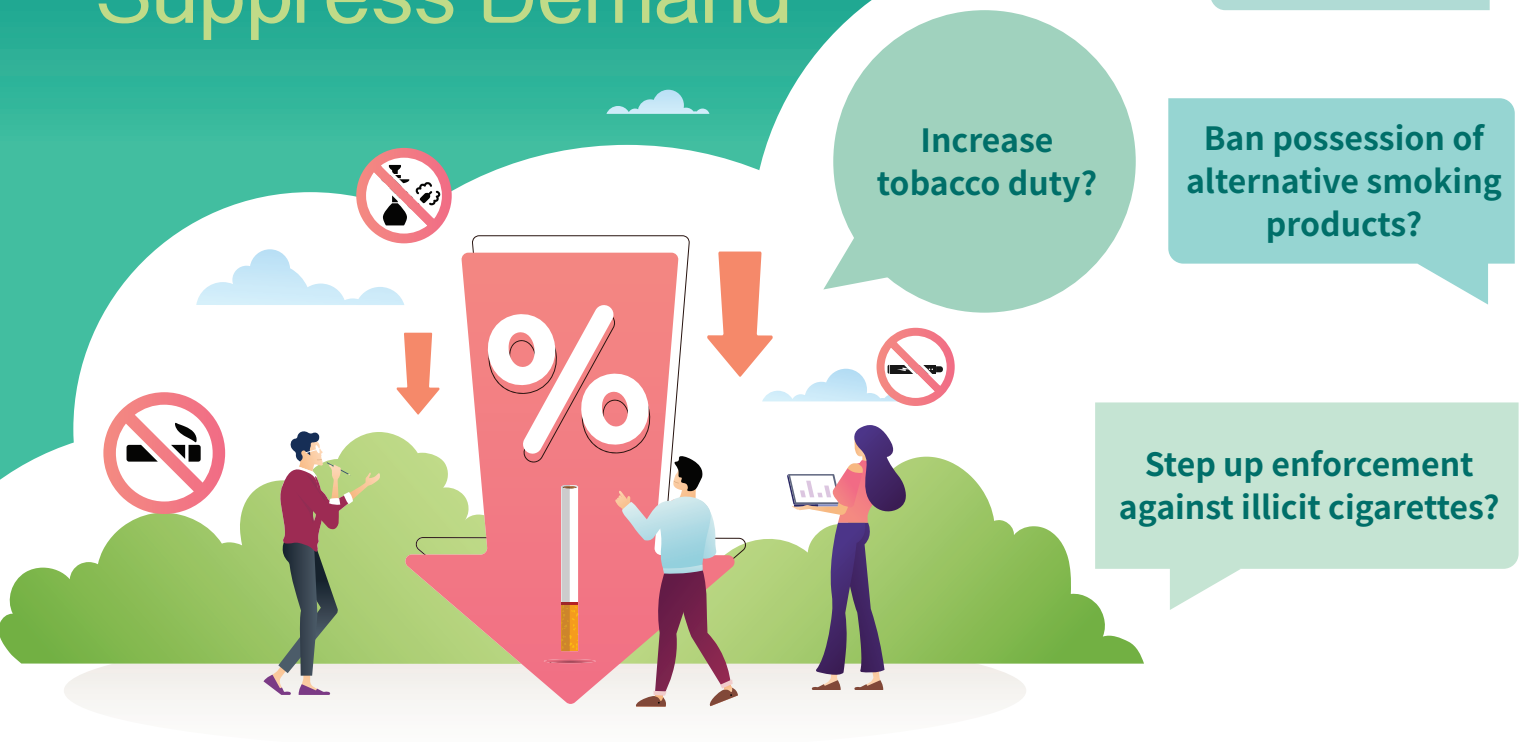
**Safeguard public health and prevent the young generation from smoking**

**Protect general public from the impact of tobacco hazards**

**Reduce burden on healthcare system due to smoking**

## Strategy 1

# Regulate Supply, Suppress Demand



## Strategy 2

# Ban Promotion, Reduce Attractiveness



## Strategy 3

# Expand NSAs, Mitigate Harm

Expand no smoking areas (NSAs)?

Step up tobacco-free premises management?

Raise fixed penalty level?



## Strategy 4

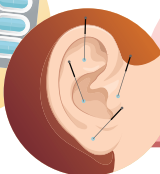
# Enhance Education, Support Cessation

Step up cessation services in primary healthcare?

Strengthen cessation training for primary care practitioners?

Support cessation through mobile apps?

Step up tobacco hazard education?



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# Foreword by the Secretary for Health



The detrimental effects of tobacco products on health are widely recognized. Smoking is one of the most important yet preventable risk factors for death and various chronic diseases such as heart disease and multiple types of cancers. With an aging population and increasing prevalence of chronic disease in the community, the healthcare system is facing an enormous challenge. Secondhand smoke generated by smoking is equally harmful and can lead to various chronic diseases, as well as negative impacts on the public and society. Smoking causes premature death in at least one out of every two regular smokers, as well as in non-smokers exposed to second-hand smoke.

The Government's tobacco control policy has evolved with time through a multi-pronged approach with legislation, publicity, education and promotion of smoking cessation. In 1982, to safeguard public health, the Government had the Smoking (Public Health) Ordinance enacted to underpin our tobacco control work with multiple amendments over the years. Forty years after the enactment of the Ordinance, the smoking prevalence in Hong Kong has reduced significantly from 23.3% in 1982 to the prevailing 9.5%. That said, there are still nearly 600 000 everyday smokers in Hong Kong currently. As the population ages and the number of patients with chronic diseases increases, the healthcare system is now facing an enormous challenge. If we do not sustain our efforts in tobacco control, the smoking prevalence would rebound and bring direct impact on the citizens' health.

We have set a target of lowering the smoking prevalence rate to 7.8% by 2025 in the *Towards 2025: Strategy and Action Plan to Prevent and Control NCD in Hong Kong*. This consultation document focuses on four major tobacco control strategies for collecting to the public's views on the next phase of tobacco control, so as to move steadily towards the vision of building a vibrant, healthy and tobacco-free Hong Kong, safeguard public health and tackle the heavy health and economic burden to society due to tobacco use.

We trust that the four tobacco control strategies proposed in this consultation document will shed light on the focus and pace of the next phase of our tobacco control. Let's seize the opportunity to forge consensus and create a vibrant, healthy and tobacco-free society in the long run.

**Professor Chung-mau LO, BBS, JP**  
**Secretary for Health**

# Preface

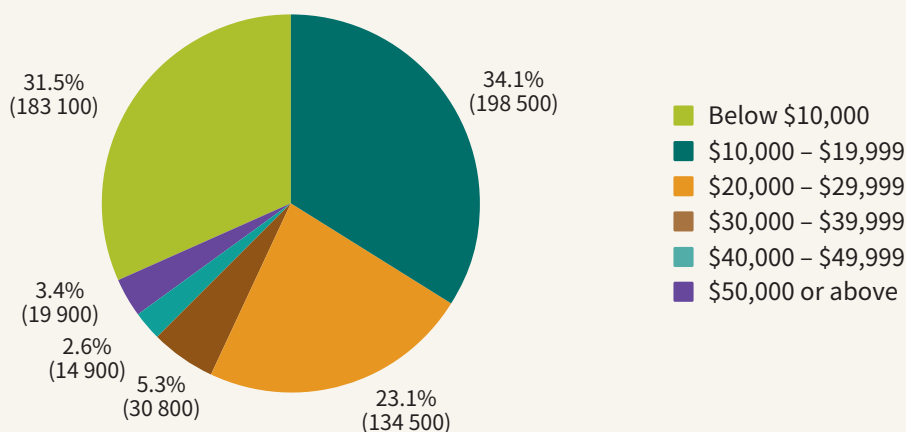
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According to the World Health Organization (WHO), the tobacco epidemic is the biggest public health threat the world has ever faced, killing more than 8 million people a year, including around 1.2 million deaths from exposure to second-hand smoke [1]. It causes premature death in at least one out of every two regular smokers, as well as in non-smokers exposed to second-hand smoke [2]. On a societal level, tobacco use leads to loss of productivity, drains healthcare resources and pollutes the environment.

Smoking is more prevalent in the population of the lower socio-economic stratum [3] whose expenditure on purchasing tobacco products has taken up a relatively high proportion of their household income. The expenditure on purchasing tobacco products by the lower income group, as well as the healthcare costs and loss of income due to their health problems, has direct effect on widening the gap between the rich and the poor.

Chart 1: Distribution of daily smokers in Hong Kong by monthly personal income (2021)



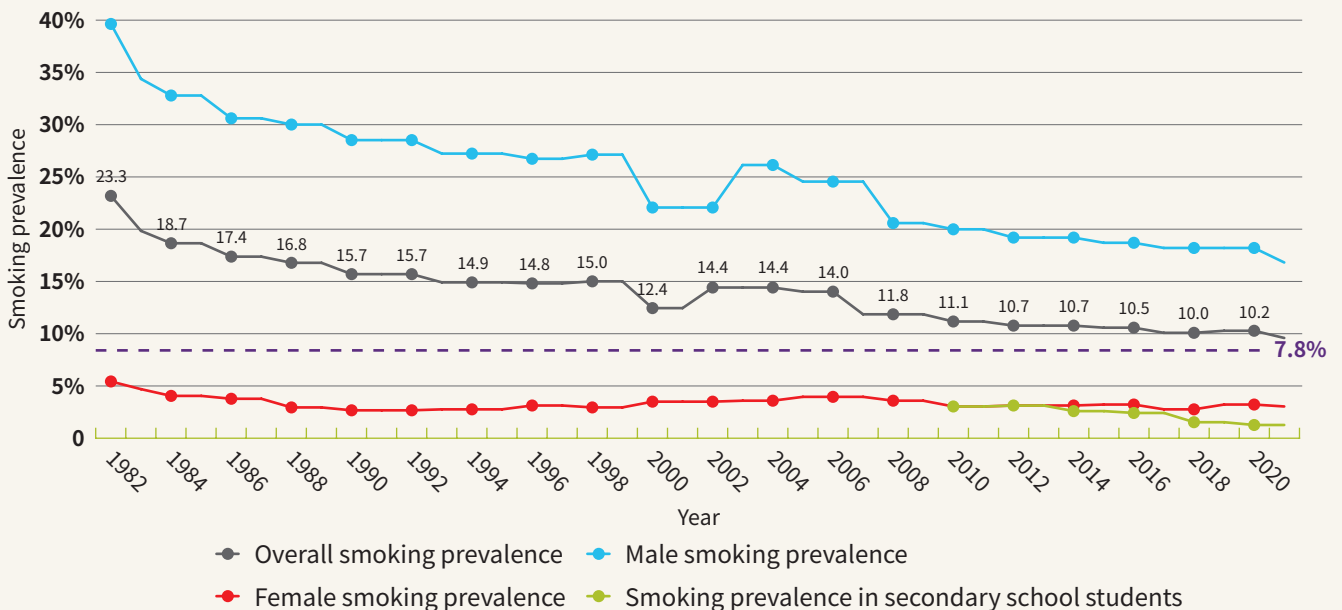


**TOWARDS  
2025**

## Strategy and Action Plan to Prevent and Control NCD in Hong Kong

According to the Thematic Household Survey Report No. 75 (THS Report No. 75), although the smoking prevalence in Hong Kong reached a historical low of 9.5% in 2021, some 580 000 people still smoke daily [4]. There is still quite a distance from the target of achieving a smoking prevalence of 7.8% in 2025 set by the Government in the “Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong” (Action Plan) and creating a tobacco-free society steadily. Amongst others not only did the smoking prevalence of female fail to follow the decline in overall smoking prevalence, but the actual number had indeed increased.

Chart 2: Trend of Smoking Prevalence in Hong Kong



Smoking not only endangers personal health, but also imposes a heavy and long-term burden to the healthcare system as well as brings severe impact to the economy and people’s livelihood. Through the reduction in smoking prevalence, the risk of incidence for a series of non-communicable diseases such as cardiovascular diseases and lung cancer, etc. in the smoking population will be reduced. The valuable resources in the healthcare system can be reserved for other disease prevention measures to meet the challenges brought by the ageing population.

We are now initiating a public consultation to invite your views on the strategies and measures in moving towards a vibrant, healthy and tobacco-free Hong Kong. Based on the views received from various stakeholders, we will formulate detailed proposals for the next phase of tobacco control work. Your comments are vitally important to our work on this front.

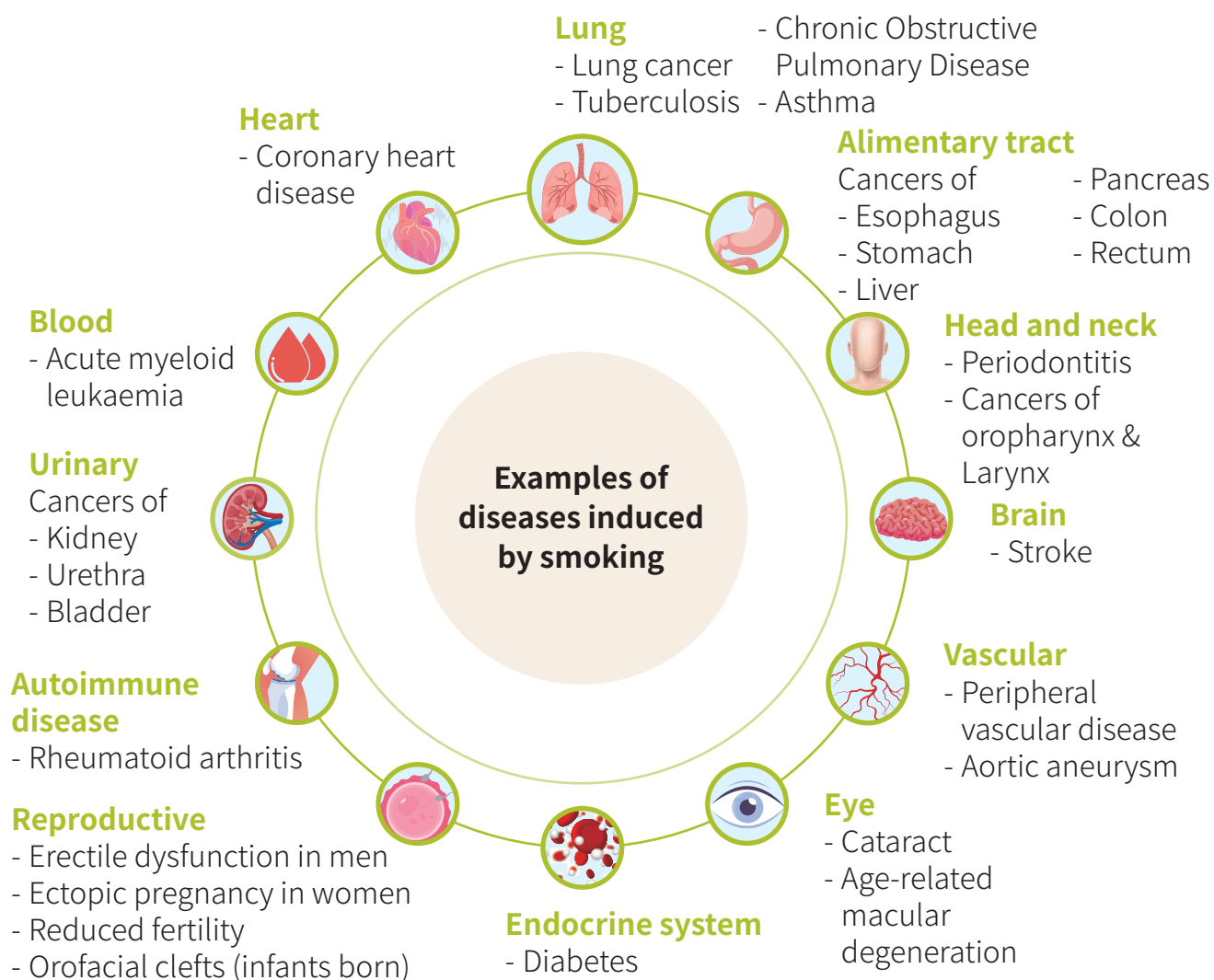


# Smoking Situation in Hong Kong

## Tobacco Products Inflict Heavy Burden on the Healthcare System



Figure 1: Examples of diseases induced by smoking





Tobacco smoke contains more than 7 000 chemicals, including some 70 that can cause cancer, and causes diseases in almost all body organs and systems [5]. Smoking is the most important yet preventable risk factor which accounts for the main causes of death and chronic diseases [6]. Tobacco use not only increases healthcare expenditure but also causes loss of productivity.

Globally, smoking contributes to 16% of all deaths from non-communicable diseases such as heart diseases, cancers, diabetes and lung diseases [7,8]. The incidence and mortality rates of lung cancer were the highest among all types of cancers in 2020 in Hong Kong [9]. Studies show that about 80% of lung cancer deaths result from smoking [10], and clinical research shows that 9 out of 10 lung cancer deaths result from smoking or exposure to second-hand smoke [11]. Furthermore, a local study conducted in 2011 revealed that nearly 7 000 fatalities are related to tobacco annually and the economic loss resulting from tobacco-induced health problems was estimated to be about HK\$5.5 billion (at current price) every year [12]. Concurrently, exposure to second-hand smoke for non-smoking spouses of smokers increases their risk of developing lung cancer by 20-30% [13].

# Smoking Situation in Hong Kong

## Double Jeopardy of Smoking and Ageing



The healthcare system is under a huge challenge with the ageing population and increase in the incidence of chronic diseases. According to the statistics from the Hospital Authority (HA), the incidence rate of chronic diseases in the middle-aged population is on an increasing trend [14]. The rate of increase in the incidence rate for chronic diseases in the middle-aged group is even higher than that in the elderly population. HA envisages that the incidence of chronic diseases is projected to increase by 50% in the next 20 years to 3 million in 2039. It is also observed that the per capita hospital utilisation rate [15] for HA's chronic disease patients was three times that of the general population in 2019, and their healthcare costs are generally higher than those of overall HA patients.

There is a direct relationship between smoking and the incidence of chronic diseases, such as heart diseases, cancers, diabetes and lung diseases. With a gradual increase in the age of smoking population, the actual number of smokers aged 50 or above had indeed increased from around 231 300 in 2000 to 294 200 in 2021, representing an increase of nearly 30% [16], which accounts for over half of the total smoking population. Despite the overall declining smoking prevalence in Hong Kong, the burden on the healthcare system brought by additional health risks on elderly smokers due to smoking should not be neglected.

Chart 3: Number of smokers in different age groups in 2000, 2010 and 2021

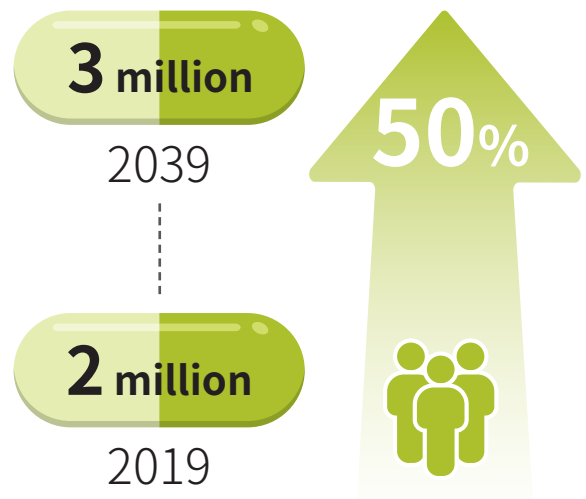
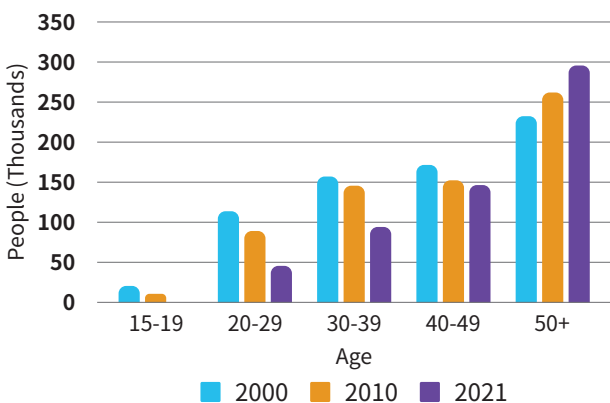


Figure 2: Anticipated rise in population with chronic disease

## Eliminating the Promotional Effect and Appeal of Tobacco

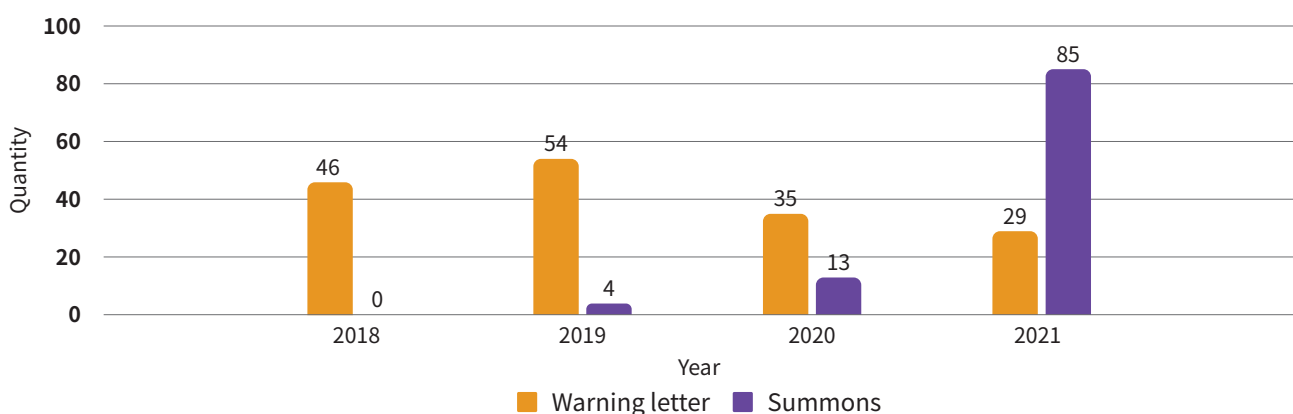


Tobacco companies would often make use of different promotion strategies to increase the attractiveness of their products and stimulate consumption. The Government has restricted the advertising and promotion of tobacco products in phases over the years, including banning all tobacco advertisements on TV, radio, printed media and the internet, as well as the promotion of the sale of tobacco products through offering gifts or raffles. After several rounds of amendments made to the Smoking (Public Health) Ordinance, various types of direct advertising and promotion of tobacco products can hardly be seen in the local media.

Nonetheless, tobacco companies are still making use of the packaging design and retail display of tobacco products to promote their products. In recent years, there is an increasing number of retail outlets attempting to exhibit various kinds of tobacco advertisements by exploiting the grey area in the legislation, so as to encourage customers to purchase tobacco products. The Tobacco and Alcohol Control Office (TACO) under the Department of Health (DH) issued a total of 85 summons for tobacco advertisements in 2021, which is a record high across all years. (Chart 4)

Evidence shows that the packaging and display of cigarettes are important means of marketing. The graphics, wordings and colours of tobacco packaging can manipulate the consumers' risk perception and directly influence their purchase decisions [17,18].

Chart 4: Enforcement statistics related to tobacco advertisements by TACO



## Smoking Situation in Hong Kong

### Restricting Access to Tobacco Products by the Youth

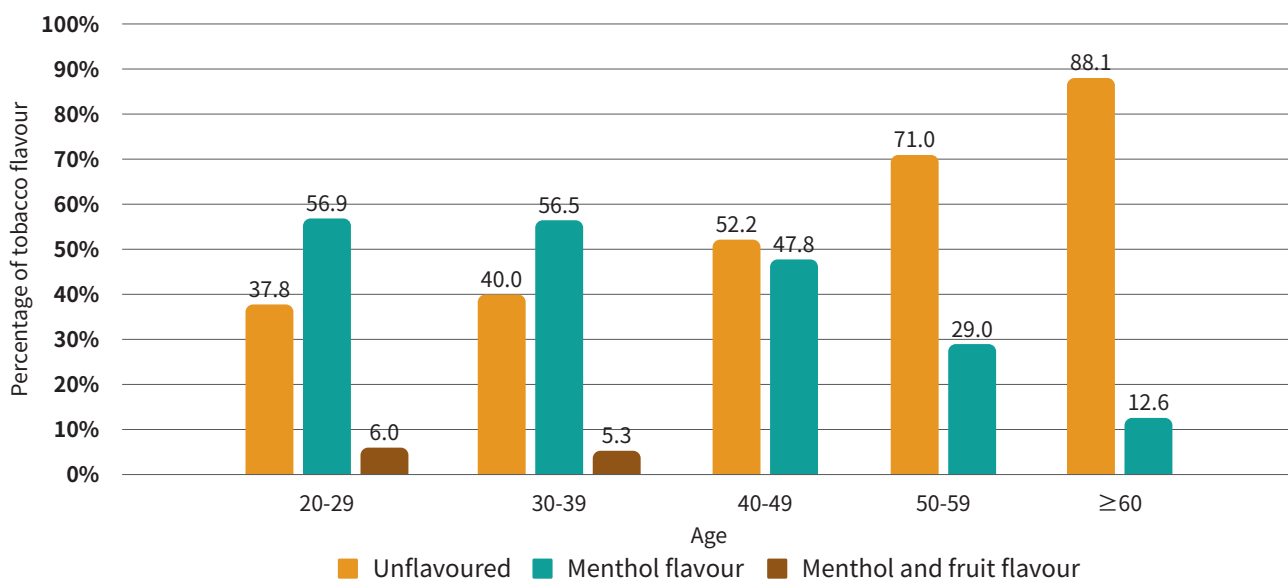


Prevention of smoking in the youth has always been one of the top priorities in the Government's tobacco control efforts. Hong Kong has prohibited the sale of tobacco products to persons under the age of 18 through legislation since 1994 to prevent young people from picking up the smoking habit. According to a survey conducted by the School of Public Health of the University of Hong Kong in 2021, the current smoking prevalence among Secondary 1 to 6 students was 1.2%, lower than the 1.5% recorded in the survey in 2019 [19]. Such decline in the smoking prevalence should be attributed to the concerted efforts made by various parties (such as non-governmental organisations (NGOs), schools, teachers and parents) and the Government which have protected the youth from tobacco hazards.

Nevertheless, it is observed that the prevalence of ever smokers among Secondary 1 to 6 students was 7.4% (i.e. which constitutes over 24 000 secondary school students), reflecting that there are still a significant number of students who would experiment with smoking out of curiosity. Statistics from the TACO show that the number of cases related to illegal tobacco advertisements has increased over the past few years, and teenagers are still exposed to tobacco products through direct and indirect means. We also noted the increase in the market launches of tobacco products (including cigarettes and waterpipe tobacco) with various flavours such as menthol and fruits that are designed to increase their palatability and appeal to teenagers.

The Government noted that apart from influence of other people, the more commonly cited reasons for daily cigarette smokers to start smoking conventional cigarettes include "looking stylish" and "attracted by the tobacco flavour" [20]. Hence, it is necessary to reduce the attractiveness of tobacco products and introduce further measures to effectively restrict the access to tobacco products by the youth.

Chart 5: Distribution of tobacco flavours used by daily smokers by age groups

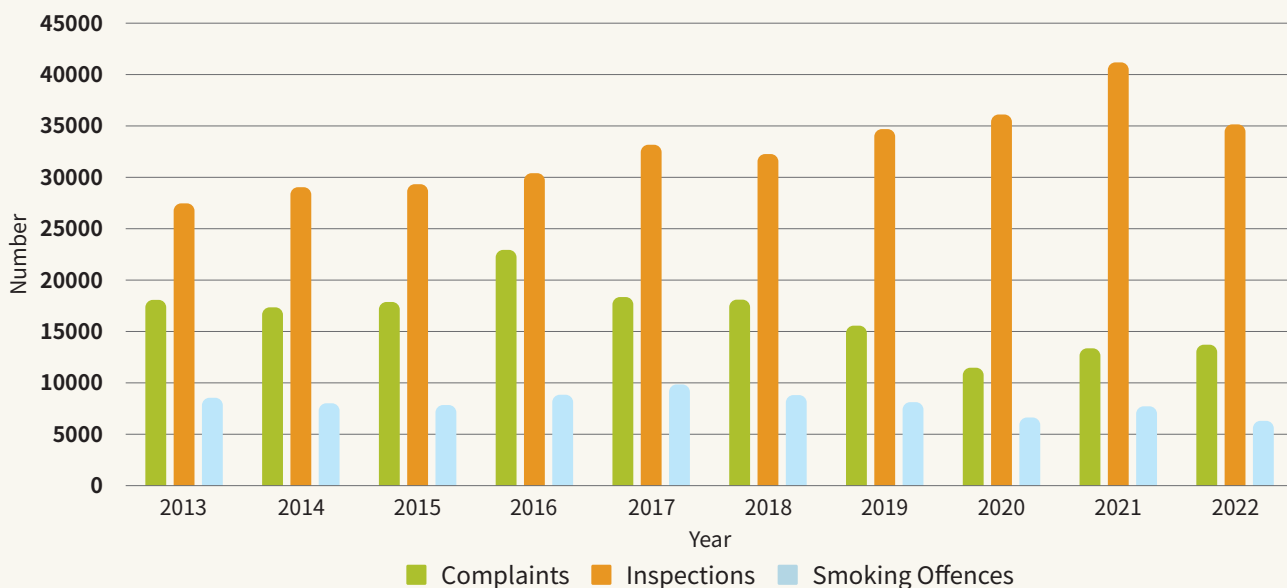


## Enforcement and Smoking Cessation Services



Despite the Government’s continued efforts in education and publicity, enhanced enforcement efforts against smoking offences, as well as the continued decline in total smoking population, the annual number of offences hovered at around 8 000 from 2013 to 2019 without any signs of reduction (the figures in 2020-2022 were slightly reduced, partly due to the COVID-19 pandemic).

Chart 6: Enforcement Statistics on Illegal Smoking (2013-2022)



The Government also strives to help smokers quit smoking. From 2009 onwards, DH provides annual subventions to NGOs for providing free, community-based smoking cessation services to the public. Various treatment modalities, including counselling, pharmacotherapy and Chinese medicine acupuncture are adopted. To expand the coverage of smoking cessation services and cater for the needs of different smokers, a variety of service delivery modes, including smoking cessation clinics, workplace outreach services, mobile clinics, youth quitline and cessation services targeting people of diverse races and new immigrants, etc. are used. The annual number of people receiving smoking cessation services gradually increased from about 700 in 2009 to over 6 500 in 2016.

However, there is a decreasing trend in the number of people receiving such services in recent years, with the number dropping to below 5 000 in certain years. We need to review the existing smoking cessation services and the relevant training provided for healthcare professionals in order to motivate and help more smokers to quit smoking.

## Goals for the Next Phase of Tobacco Control

As mentioned above, the Government has set the target of reducing the smoking prevalence to 7.8% by 2025. The latest statistics shows that the smoking prevalence in Hong Kong was 9.5% in 2021. To reach the target as committed in the Action Plan, and to continue to reach the long term vision of creating a tobacco-free Hong Kong, more effective and targeted measures are necessary.

In view of the public health threat brought by tobacco products, some countries have implemented a series of tobacco control measures in recent years, with an aim to reduce the smoking prevalence significantly to the level of 5% or below in the coming 10 to 20 years. Although our nation (including Hong Kong) rectified the WHO Framework Convention on Tobacco Control (FCTC) in 2005, Hong Kong has yet to fully implement the duty and the proven measures recommended by the FCTC. Hence, there is room for stepping up the tobacco control work in Hong Kong, so as to move towards a vibrant, healthy and tobacco-free Hong Kong.



**By stepping up tobacco control, we intend to move steadily towards our vision of a vibrant, healthy and tobacco-free Hong Kong, and achieve the following targets –**



### **Reduce cases of disease and deaths due to tobacco**

Tobacco jeopardises the health of both smokers and non-smokers. The strategies in the consultation document will reduce tobacco consumption continually, so as to reduce cases of diseases and deaths related to smoking, as well as prevent human and social losses due to tobacco.



### **Safeguard public health and prevent the young generation from smoking**

Due to the addictive nature of tobacco products, preventing the public, especially the youth from accessing and creating dependence on tobacco products are crucially important. Strengthening tobacco control measures will give a clear message to the public on the hazards brought by smoking and encourage them to stay away from tobacco products.



### **Protect general public from the impact of tobacco hazards**

The hazard brought by tobacco products affects not only individuals, but also the society as a whole. The health issues of smokers may bring negative impacts on their families, their neighbourhood and the whole society. The Government has a responsibility in protecting public interests and safeguarding public health by preventing the harm on the public caused by second-hand smoke.



### **Reduce burden on healthcare system due to smoking**

Smoking is one of the greatest risk factor for chronic diseases such as cancer and heart diseases. Strengthening tobacco control measures can reduce tobacco consumption and chronic diseases caused by tobacco, and allow re-allocation of public healthcare resources to other areas, such as disease prevention and improvement of healthcare facilities.



# Strategies for the Next Phase of Tobacco Control

To achieve the vision for moving towards a vibrant, health and tobacco-free Hong Kong and cope with the hazards and challenges from smoking, having referred to the recommendations made in the WHO FCTC, studied measures that have been or are prepared to be implemented overseas and considered the local situation, we have devised relevant tobacco control options based on the following four strategies –

## 1. Regulate Supply, Suppress Demand



## 2. Ban Promotion, Reduce Attractiveness



## 3. Expand NSAs, Mitigate Harm

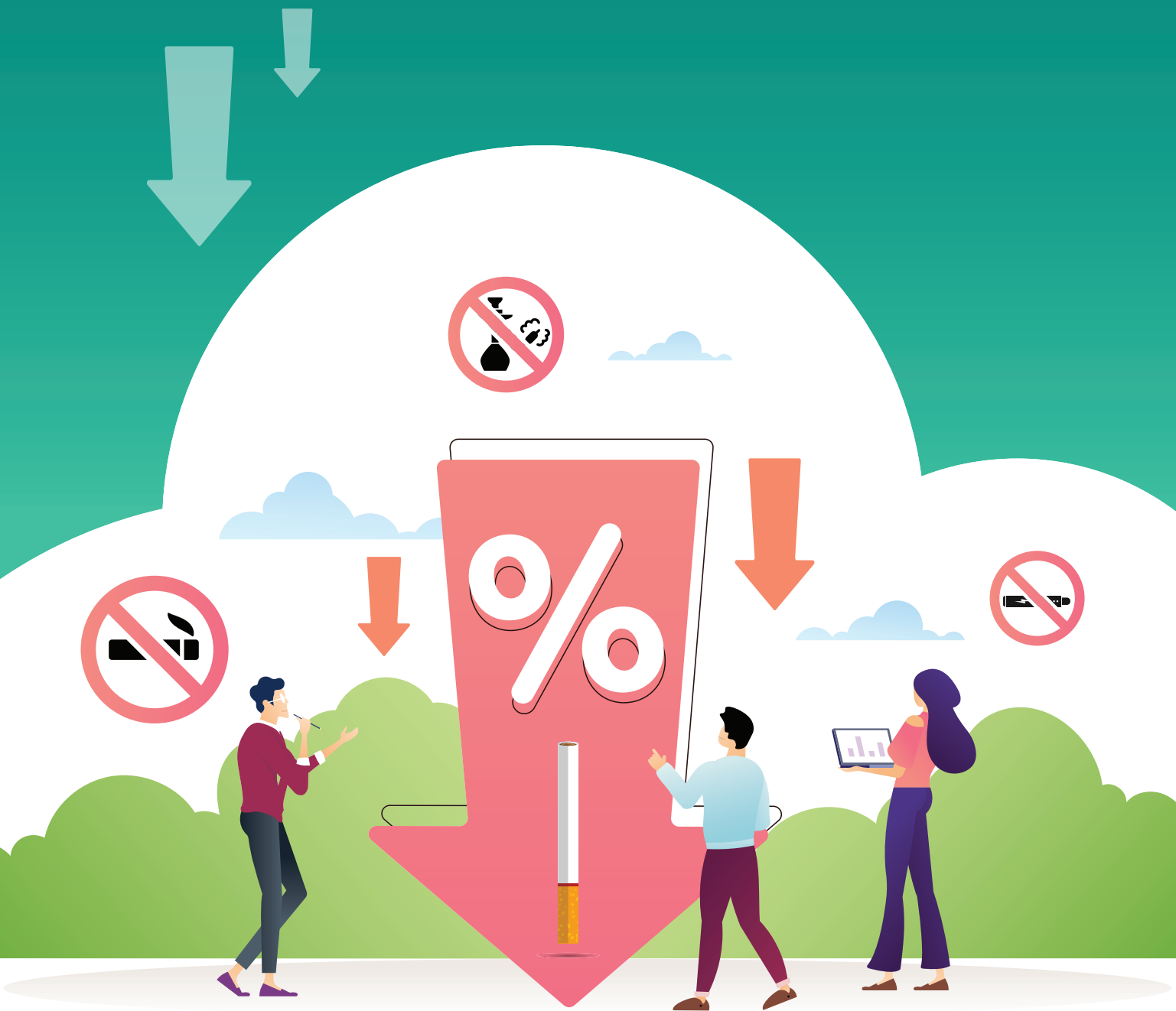


## 4. Enhance Education, Support Cessation



# Strategy 1

↓ Regulate Supply,  
Suppress Demand



To further reduce the smoking prevalence, we need to reduce the demand to tobacco products by smokers on one hand; and regulate the supply channels and reach of tobacco products on the other. We may achieve the above target by various means, including to influence the retail price of tobacco products, step up the regulation on sales targets as well as introduce more effective measures to combat illegal cigarettes.



**Directions and measures that can be considered under this strategy are listed below:**

### **Increase tobacco duty**



Increasing tobacco duty is internationally recognised as the most effective means to lower smoking prevalence. Article 6 and its guidelines for implementation of the FCTC stipulates that raising the price of tobacco products through taxation is an effective and important means of reducing tobacco consumption by various population groups, in particular the young people. The 2023-24 Budget proposed increasing tobacco duty by \$0.6 per stick; however, the proportion of tobacco duty to retail price of cigarettes is around 64%, which still falls below WHO's recommendation of 75%. Furthermore, some opined that Hong Kong should reference the experience in other areas (such as New Zealand) to establish an adjustment mechanism for tobacco duty that is linked with specific indicators, such that the retail price of tobacco products would remain at a high level even when the economic situation changes, such as under inflation.

**Q1**

**At what pace do you think we should increase the tobacco duty to the 75% target recommended by the WHO?**

**Q2**

**What you think we should do to ensure the tobacco duty remains at the target recommended by the WHO and prevent the price of tobacco products become cheaper due to inflation or income growth?**

**Restrict sale and provision of tobacco products to persons of a specific age**



As the development of smoking habit usually takes place during adolescence, some countries have raised the minimum legal age for sale of tobacco products to 20 years old or even above. A few countries, such as New Zealand, even proposed to prohibit the sale of tobacco products to person born after a certain date. With the efforts on education and publicity over the years, the smoking prevalence of youth in Hong Kong has dropped to a low level. Nevertheless, survey shows that the prevalence of ever smokers among Secondary 1 to 6 students was 7.4% in 2021, reflecting that there are still a significant number of students who would experiment with smoking out of curiosity, while minors still have access to tobacco products under the prevailing regulations [21]. One of the goals for our tobacco control strategies is to prevent the new generation from being affected by the tobacco hazard, and reduce the risk for them turning into a smoker in the rest of their lives.

**Q3**

**The current legislation prohibits the sale of tobacco products to persons under the age of 18. Apart from prohibiting the sale of tobacco products, how should we ban other means of provision of tobacco products to persons under the minimum legal age of purchase?**

**Do you agree to the suggestion of prohibiting the sale of tobacco products to persons born after a certain date?**

**Q4**

## Introduce more effective measures against duty-not-paid cigarettes (illicit cigarettes)



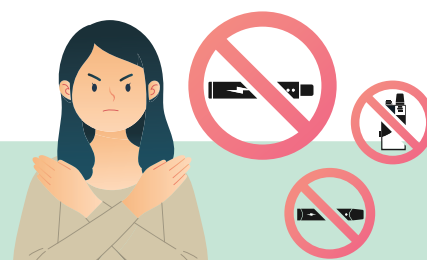
With reference to Article 15 of the FCTC, WHO recommends that the Parties should implement further measures in order to intercept any illicit tobacco trade. Some countries have taken measures for retailers and purchasers to distinguish duty-paid and duty-not-paid cigarettes. The quantity of illicit cigarettes intercepted by the Custom and Excise Department (C&ED) reached an all-time in a year at 732 million sticks in 2022. WHO also stated that efforts against illicit cigarette is a crucial element in tobacco control work, so as to prevent illicit cigarette syndicates to escape from the series of tobacco control measures.

Under the Import and Export Ordinance, any person found guilty of importing or exporting unmanifested cargo is liable to a maximum fine of \$2 million and imprisonment for seven years. It is also an offence to buy or sell illicit cigarettes. Under the Dutiable Commodities Ordinance, anyone involved in dealing with, possession of, selling or buying illicit cigarettes commits an offence. The maximum penalty upon conviction is a fine of \$1 million and imprisonment for two years. Currently, the offences under the Dutiable Commodities Ordinance are not listed in the Schedule to the Organized and Serious Crimes Ordinance and therefore the C&ED is unable to apply for confiscation of illicit proceeds related to illicit cigarette activities under the Organized and Serious Crimes Ordinance.

Q5

**Apart from the prevailing measures to combat illicit cigarette activities, how could we step up the enforcement against illicit cigarette trade activities?**

## Prohibit the possession of alternative smoking products (ASPs)



In recent years, ASPs are becoming increasingly popular worldwide. Tobacco companies claim that the use of ASPs is less harmful to health or even beneficial to smoking cessation. As a matter of fact, the use of ASPs is equally harmful to health. In view of its threat, Hong Kong banned the import, promotion, manufacturing, sale or possession for commercial purposes of ASPs in 2022 by legislation. There is currently no channels to legally import ASPs, including by carrying inbound, post or online purchasing. ASPs that were purchased before the ban for personal use should also have been consumed within a certain period of time.

However, under the prevailing legislation, the possession, use and purchase of ASPs are not against the law unless the enforcement agents can prove its purpose of possession was for commercial purposes (such as for sale) or the ASPs were illegally imported (such as purchased outside Hong Kong after the ban was implemented). Since the proof of liability is extremely difficult, in the current legislation may not be effective in preventing individuals from possessing and using ASPs obtained through illegal channel completely.

Q6

**Which of the following measures do you agree with to further stop the circulation and use of ASPs in Hong Kong?**

**Want to know more?  
Please scan**



# Strategy 2

## Ban Promotion, Reduce Attractiveness



Despite Hong Kong has banned all forms of tobacco advertisements, tobacco companies would make use of various promotion strategies to make tobacco products more attractive and trigger consumers' desire to use the products. Flavours, sensation, packaging, design and exhibition of tobacco products may all create strong appeal for smoking, and even create misconception on the level of safety of tobacco products or reduce smokers' risk perception to the products, thereby damaging the rights of the consumers. We may take reference from international experiences to strengthen the regulation on the packaging, flavours and display at retail outlets of tobacco products, so as to reduce its appeal.



**Directions and measures that can be considered under this strategy are listed below:**

**Regulate the additives of tobacco products**



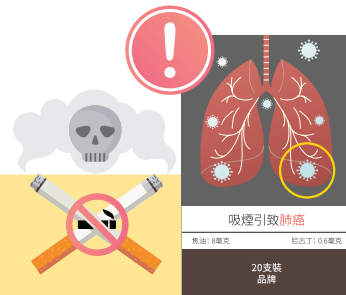
Tobacco companies have been adding a great variety of non-tobacco flavours, such as flavours of menthol, fruits and confectionery, into tobacco products from time to time to improve the taste and cover the harshness of tobacco smoke on the throat, so as to induce people to initiate and maintain smoking habit. Scientific researches show that the flavouring in tobacco products could make the youth more likely to initiate smoking, and increase smokers' dependence on tobacco products as well as reducing the chance of success in quitting to smoke. The guidelines for implementation of Articles 9 and 10 of the FCTC recommend prohibiting or restricting the use of ingredients that may increase the palatability of tobacco products [22]. Over 50 countries have introduced legislations on flavours of tobacco products, including the United States, Canada and Singapore [23].

Q7

**How should we regulate the additives in tobacco products so as to reduce their attractiveness?**



## Impose plain packaging requirement

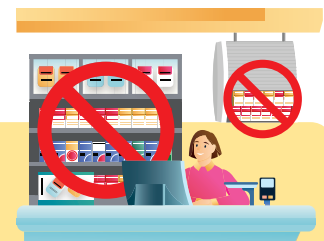


Evidence shows that the packaging and display of tobacco products are important means of marketing. The graphics, wording and colours of tobacco packaging can manipulate consumers' risk perception and directly influence their purchase decisions [24,25]. Article 11 of the FCTC and the guidelines for implementation of Article 13 of the FCTC also states that "packaging and product design are important elements of advertising and promotion. Parties should consider imposing the requirement of plain packaging to eliminate the effects of advertising or promotion on packaging". Since 2017, all tobacco products sold in Hong Kong are required to bear health warnings which cover at least 85% of the display area; nonetheless, there has yet to be a standardised packaging requirement imposed on tobacco products.

**How to reduce the promotion effect by the packaging of tobacco products?**

Q8

**Reduce the exposure of tobacco products at retail points**



WHO opines that display of tobacco products is a key means of promoting tobacco products and its use, including to stimulate impulsive purchases of tobacco products. The guidelines for implementation of Article 13 of the FCTC states clearly that the display of tobacco products at retail outlets constitutes advertising and promotion. Display of tobacco products at retail outlets has been banned in many countries, including Australia, New Zealand, Singapore, the United Kingdom, Finland and Thailand, etc. Moreover, Article 15 of the FCTC also recommends that the Parties should implement further measures, including establishing a licensing system or regulating the production and distribution of tobacco products to prevent illicit tobacco trade. Some of the countries in the globe have taken measures to strengthen the regulation on sales channels of tobacco products.

Q9

**How should we reduce the exposure of tobacco products at retail points?**

**Want to know more?  
Please scan**

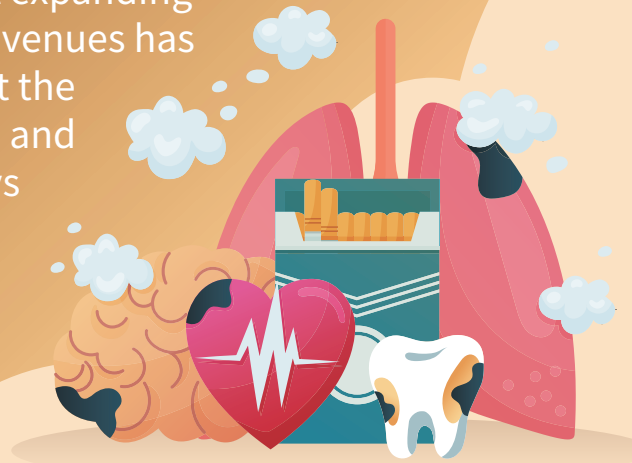


# Strategy 3

## Expand NSAs, Mitigate Harm



Both second-hand smoke and tobacco smoke are hazardous, as they can cause many severe diseases. The negative impact on health by second-hand smoke is evident irrespective of the time and level of exposure. Researches show that expanding statutory No Smoking Areas (NSAs) in public venues has been proved to be an effective way to protect the public from exposure to second-hand smoke and regulate smoking behaviours. Recent surveys by the Government also showed that there is a clear support from the public on the expansion of NSAs.



**Directions and measures that can be considered** under this strategy are listed below:

**Expand statutory no smoking areas (NSAs)**



Second-hand smoke jeopardises health. The expansion of statutory NSAs can effectively reduce the impact of second-hand smoke on the public. According to the THS Report No. 75, there is strong public support for the expansion of NSAs. Over 80% of the respondents agreed that NSAs should be expanded to cover more areas to reduce the harmful impact of second-hand smoke in public places. Some also opined that the act of smoking while walking will create severe nuisances to the nearby pedestrians. However, there may be certain challenges from the perspective of law enforcement.

**Q10**

**Which public places do you think we should expand the NSAs to?**

**Q11**

**Do you agree with banning “smoking while walking”? It may only have limited effect on reducing public’s exposure to second-hand smoke, if smoking on public streets is still permitted.**

**Strengthen the management on tobacco-free premises**



According to the guidelines for implementation of Article 8 of the FCTC, effective tobacco control legislation should impose legal liability on the concerned business establishments and smokers for their non-compliant acts. The United Kingdom, New Zealand and Singapore have imposed penalty on inaction to stop smoking act in NSAs. In Hong Kong, under the prevailing Smoking (Public Health) Ordinance, managers of statutory NSAs can require a person to cease the smoking act after indicating to the person that he/she is doing a smoking act in a NSA. If the person is not cooperative and fails to cease the smoking act, the manager can ask him/her to leave the statutory NSA or require him/her to provide his/her name, address and documentary proof of identity, and to seek assistance from the Police as necessary. After conducting a direct investigation of the mechanism for handling smoking offences in 2017, the Office of the Ombudsman recommended to make reference to overseas experience and consider reviewing the existing legislation, such as to impose legal liability on those venue managers who acquiesce to or condone illegal smoking in their premises or to add tobacco control provisions in the licensing conditions of the relevant venues.

**Q12**

**Do you agree with strengthening the management on tobacco-free premises?**

## Increase penalties under the Fixed Penalty (Smoking Offences) Ordinance



Since the enactment of the Fixed Penalty (Smoking Offences) Ordinance in 2009, the penalty level has not been adjusted and has remained at \$1,500. With the increase in Consumer Price Index and monthly household income over the years, the deterrent effect against smoking offences by the fixed penalty may have diminished. Indeed, the Government has also proposed to increase the fixed penalty level for similar offences, such as littering, recently. An appropriate fixed penalty level with sufficient deterrent effect is crucial to the tobacco control work in Hong Kong.

**Q13**

**What do you think should be the level of fixed penalty for smoking in NSAs or public transport to achieve sufficient deterrent effect?**

**Want to know more?  
Please scan**



# Strategy 4

## Enhance Education, Support Cessation



Tobacco is highly addictive, so helping smokers to quit is critical to the success of other tobacco control measures. Smoking cessation is beneficial to smokers of any age. There are a wide range of smoking cessation treatment methods that have been proven effective. Despite the majority of smokers quitting without any assistance, studies show that counselling and drug treatment can boost the quit rate substantially. Through the provision of smoking cessation services in a more personalised manner, healthcare professionals can better assist smokers to quit smoking while the Government may also formulate tobacco control policies more precisely.



**Directions and measures that can be considered under this strategy are listed below:**

**Enhance smoking cessation services in the primary healthcare system**



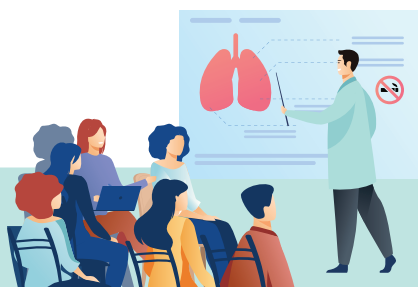
The Government proposed in its Primary Healthcare Blueprint (the Blueprint) released earlier on to further develop a community healthcare system based on the model of services in the District Health Centres (DHCs). According to the Blueprint, DHCs will progressively strengthen their roles as district hubs and case managers to co-ordinate community primary healthcare services.

**Q14**

**How should we enhance smoking cessation services in the community through the community healthcare system?**



## Strengthen smoking cessation training for primary healthcare practitioners



Healthcare practitioners play a pivotal role in helping smokers to quit smoking. The Primary Healthcare Office of the Health Bureau has all along been organising training courses related to primary healthcare in collaboration with various healthcare training institutions. The Blueprint proposed strengthening relevant training for all primary healthcare service providers and shall include primary healthcare training requirements as pre-requisites for listing and maintaining in the Primary Care Register.

Q15

**How to enhance cessation trainings for primary healthcare professionals? How should we collaborate with healthcare training institutions and strengthen relevant trainings in the continuous healthcare training courses?**

## To strengthen smoking cessation services through mobile applications



Currently, smokers can only rely on more passive channels such as media advertisements or referrals by healthcare professionals to receive information on smoking cessation. The Government and healthcare professionals are in lack of a channel to proactively reach out to smokers and deliver the personalised information on health and cessation services. Furthermore, the Government does not possess data related to the smoking habit and consumption pattern of tobacco by the public accurately. While some of the mobile applications can provide health advice to encourage smokers to quit, these applications have room for improvement in both popularity and functionality. In addition, the Government is aware of some views that smokers should be encouraged to quit smoking according to their gender, age, tobacco consumption and purchase history, to provide more personalised and targeted promotion of smoking cessation services, so as to encourage more smokers to quit as soon as possible.



Q16

**Do you agree that we should provide more tailor-made and personalised smoking cessation services and messages through mobile apps?**

**Strengthen tobacco prevention education on students**



Through providing subventions to NGOs, the Government has been providing teenagers with different types of health education and publicity activities, which include dramas, interactive workshops and provision of teaching materials etc. However, teenagers still have access to tobacco products through different channels, and may easily be misled by inaccurate and ever evolving tobacco information.

Q17

**How do you think we should enhance the cooperation with the education sector to strengthen health education?**

**Want to know more?  
Please scan**







The above strategies reflect the Government's determination to create a vibrant, healthy and tobacco-free Hong Kong for all citizens. We welcome your views on the proposals so that we can gradually actualise our vision and improve the overall health of our population.



To facilitate your understanding, please feel free to scan the QR Codes in the information boxes in previous chapters and visit the thematic website for this public consultation exercise; or to visit [www.tobacco-free.gov.hk](http://www.tobacco-free.gov.hk) for more details.

Your views and support are crucial to this consultation. Please send us your views on this consultation document on or before 30 September 2023. Please indicate if you do not want your views to be published or if you wish to remain anonymous. Unless otherwise specified, all responses will be treated as public information and may be publicised in the future.



Scan for online questionnaire

Email: [tobacco-free@healthbureau.gov.hk](mailto:tobacco-free@healthbureau.gov.hk)

Address: 18/F, East Wing, Central Government Offices,  
2 Tim Mei Avenue, Tamar, Hong Kong  
(Please state "Submission of views for the consultation on tobacco control strategy")

## Opinion Response Form

### **Declaration for collection of personal data**

1. The personal data provided by you in this form will only be used by the Health Bureau and its authorised independent third party market research company for the purpose of the survey and any directly related purposes.
2. Where an individual or organisation provides comments to the Health Bureau during the consultation process, it will be deemed to have given consent to the Health Bureau to use or make public (including uploading to the relevant website) the name of the individual or organisation and all or part of the comments provided (except for personal data); otherwise, please state so when submitting your comments. The names and views of individuals and organisations which have given their submissions in response to this consultation paper may be made public and available for public inspection after the end of the consultation exercise. Comments submitted in response to this consultation paper may be cited by the Health Bureau in discussions with others, whether public or private, or in any subsequent reports.
3. For protection of the privacy of your personal data, we will remove your relevant information (if provided) such as home/return addresses, email address, telephone number and fax number when publishing your comments.
4. The Health Bureau wishes to quote the views expressed in response to this consultation paper in future public or private discussions or in subsequent reports. If a respondent requests that all or part of the content be kept confidential, the Health Bureau will respect that wish. If no such request is made, it is assumed that the comments received and the identity of the respondent are not confidential.
5. You have the right to access and amend the personal information we collect about you on this form. For enquiries or amendments, please email to [tobacco-free@healthbureau.gov.hk](mailto:tobacco-free@healthbureau.gov.hk).

## **Part 1 : Basic information**

Which identity do you hold when responding to this opinion response form? (Please choose one option only)

<input type="checkbox"/> Professional bodies / academic institutions <input type="checkbox"/> Public sector <input type="checkbox"/> Industry association <input type="checkbox"/> Companies <input type="checkbox"/> Others	Name of company / association: _____ Address / Contact: _____
<input type="checkbox"/> Individuals	You are: <input type="checkbox"/> current smoker <input type="checkbox"/> ex-smoker <input type="checkbox"/> never-smoker  Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female  Age group: <input type="checkbox"/> 19 years old or below <input type="checkbox"/> 20-39 years old <input type="checkbox"/> 40-59 years old <input type="checkbox"/> 60 years old or above  Name: _____ Email Address: _____

## **Part 2 : Comments on the next-phase tobacco control strategy**

**Do you support further reducing the smoking prevalence in Hong Kong?**

- Support  
 Against, the reason is: \_\_\_\_\_ (end of questionnaire)

## **Part 3 : Comments on specific opinions in the consultation paper**

<b><i>Strategy I: Regulate Supply, Suppress Demand</i></b>
--

### **Increase tobacco duty**

**Q1. At what pace do you think we should increase the tobacco duty to the 75% target recommended by the World Health Organization (WHO)?**

- Increase in a spate
- Increase gradually on an annual basis
- Other comments: \_\_\_\_\_

**Q2. What you think we should do to ensure the tobacco duty remains at the target recommended by the WHO and prevent the price of tobacco products become cheaper due to inflation or income growth? For example: (Accept more than one answers)**

- Introduce a tobacco duty adjustment mechanism pegged to the WHO recommended level
- Introduce an inflation-linked tobacco duty adjustment mechanism
- Other comments: \_\_\_\_\_

### **Restrict sale and provision of tobacco products to persons of a specific age**

**Q3. The current legislation prohibits the sale of tobacco products to persons under the age of 18. Apart from prohibiting the sale of tobacco products, how should we ban other means of provision of tobacco products to persons under the minimum legal age of purchase? For example: (Accept more than one answers)**

- Ban the provision of tobacco products to persons under the minimum legal age of purchase (legal liability on the provider)
- Ban the possession of tobacco products by persons under the minimum legal age of purchase (legal liability on possessor)
- Other comments: \_\_\_\_\_

**Q4. Do you agree to the suggestion of prohibiting the sale of tobacco products to persons born after a certain date?**

- Agree
- Do not agree  
(Reason: \_\_\_\_\_ )
- No comment

## **Introduce more effective measures against illicit cigarettes**

**Q5. Apart from the prevailing measures to combat illicit cigarette activities, how could we step up the enforcement against illicit cigarette trade activities? For example: (Accept more than one answers)**

- Require tobacco companies to take measures for distinguishing duty-paid and duty-not-paid tobacco products
- Raise the penalty for handling, possessing, selling or purchasing duty-not-paid tobacco products
- Other comments: \_\_\_\_\_

## **Prohibit the possession of alternative smoking products (ASPs)**

**Q6. Which of the following measures do you agree with to further stop the circulation and use of ASPs in Hong Kong? For example: (Accept more than one answers)**

- Ban the possession of ASPs for any purposes
- Ban the use of ASPs in public areas (including all non-No Smoking Areas)
- Other comments: \_\_\_\_\_

<b><i>Strategy II : Ban Promotion, Reduce Attractiveness</i></b>
--

## **Regulate the additives in tobacco products**

**Q7. How should we regulate the additives in tobacco products so as to reduce their attractiveness? For example: (Accept more than one answers)**

- Ban the sale and import of all tobacco products with non-tobacco flavours (such as menthol, fruit and confectionery flavourings)
- Ban the sale and import of all tobacco products with non-tobacco additives (such as additives to reduce harshness of tobacco smoke on the throat)
- Limit the nicotine content in tobacco products
- Other comments: \_\_\_\_\_

## **Impose plain packaging requirement**

**Q8. How to reduce the promotion effect by the packaging of tobacco products? For example: (Accept more than one answers)**

- Further enlarge the coverage of graphic health warnings
- Standardise the colour, design and fonts for all tobacco packaging (including brand and product names)
- Standardise the design of cigarettes (such as length, diameter, colour and shape)
- Other comments: \_\_\_\_\_

## Reduce the exposure of tobacco products at retail points

### Q9. How should we reduce the exposure of tobacco products at retail points? For example: (Accept more than one answers)

- Require tobacco products be stored out of sight and reach by the customers
- Strengthen measures to ensure compliance with various sales restrictions by tobacco retail points
- Other comments: \_\_\_\_\_

<b><i>Strategy III: Expand NSAs, Mitigate Harm</i></b>
--

### Expand statutory no smoking areas (NSAs)

### Q10. Which public places do you think we should expand the NSAs to? (Accept more than one answers)

- Areas with high pedestrian traffic or prolonged exposure, where it is difficult for individuals to evade second-hand smoke, such as footbridges and waiting areas of public transport facilities
- Specific areas near public or communal facilities frequently visited by the public, such as hospitals and schools
- Substantially expand NSAs to most of the public areas in Hong Kong
- Other places: \_\_\_\_\_

### Q11. Do you agree with banning “smoking while walking”? It may only have limited effect on reducing public’s exposure to second-hand smoke, if smoking on public streets is still permitted.

- Agree
- Do not agree  
(Reason: \_\_\_\_\_ )
- No comment



## Strengthen the management on tobacco-free premises

**Q12. Do you agree with strengthening the management on tobacco-free premises?**

- Agree
- Do not agree  
(Reason: \_\_\_\_\_ )
- No comment

## Increase penalties under the Fixed Penalty (Smoking Offences) Ordinance

**Q13. What do you think should be the level of fixed penalty for smoking in NSAs or public transport to achieve sufficient deterrent effect?**

- \$3,000
- \$5,000
- Other comments: \_\_\_\_\_

***Strategy IV: Enhance Education, Support Cessation***

## Enhance smoking cessation services in the primary healthcare system

**Q14. How should we enhance the smoking cessation services in the community through the community healthcare system? (Accept more than one answers)**

- Increase cessation service points
- Provide cessation services in District Health Centres with case management service
- Other comments: \_\_\_\_\_

## Strengthen smoking cessation training for primary healthcare practitioners

**Q15. How to enhance cessation trainings for primary healthcare professionals? How should we collaborate with healthcare training institutions and strengthen relevant trainings in the continuous healthcare training courses? (Accept more than one answers)**

- To include cessation trainings in all continuous healthcare training courses for primary healthcare professionals
- Other comments: \_\_\_\_\_

## Support smoking cessation through mobile applications

### Q16. Do you agree that we should provide more tailor-made and personalised smoking cessation services and messages through mobile apps?

- Agree  
 Do not agree  
(Reason: \_\_\_\_\_ )  
 No comment

## Strengthen tobacco prevention education for students

### Q17. How do you think we should enhance the cooperation with the education sector to strengthen health education? (Accept more than one answers)

- To increase the content related to tobacco hazards in regular curriculums  
 Other comments: \_\_\_\_\_

## Part 4 : Do you have further opinions to the consultation paper on tobacco control strategies?

**Thank you for your feedback.**

Upon completion of the “opinions response form”, please submit it to the Health Bureau by email or post on or before 30 September 2023.

**Email:** tobacco-free@healthbureau.gov.hk  
**Postal address:** 18/F, East Wing, Central Government Offices,  
2 Tim Mei Avenue, Tamar, Hong Kong

(Please state “**Submission of views for the Consultation on Tobacco Control Strategies**” )

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# List of Abbreviations

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Action Plan	– Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong
ASPs	– Alternative Smoking Products
C&ED	– Custom and Excise Department
DH	– Department of Health
DHCs	– District Health Centres
FCTC	– Framework Convention on Tobacco Control
HA	– Hospital Authority
NGOs	– Non-governmental Organisations
NSAs	– No Smoking Areas
TACO	– Tobacco and Alcohol Control Office
THS Report No. 75	– Thematic Household Survey Report No. 75
The Blueprint	– Primary Healthcare Blueprint
WHO	– World Health Organization

## Your comments?



Scan for the online questionnaire



Scan to visit the thematic website [www.tobacco-free.gov.hk](http://www.tobacco-free.gov.hk)



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Hong Kong Special Administrative Region  
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