Support to Smoking (Public Health) Ordinance

(in association with Hong Kong College of Cardiology, Hong Kong Obstetrics & Gynaecology Society and Hong Kong Society of Radiotherapy & Oncology)

Response to the Proposed Legislative Amendments to Smoking (Public Health) Ordinance (Cap. 371).

Introduction

It is well documented that smoking leads to heart disease, chronic obstructive lung disease and many types of cancer, claiming about 5,500 lives every year in Hong Kong. The economic loss is also enormous: the estimated direct medical cost in the public sector to treat illnesses directly attributable to smoking amounted to \$797 millions in 1999. Less well-known is the fact that environmental tobacco smoke (ETS) is also detrimental to health. From the Harvard Consultant report, \$157 million was spent on medical consultation arising from exposure to ETS.

What is ETS?

The primary components of ETS are mainstream smoke exhaled by the smoker, and sidestream smoke emitted from the burning ends of cigarette. Both sidestream and mainstream smoke contain more than 4,000 toxic chemicals including carcinogens. ETS is the most common and serious indoor pollutant.

Adverse health effects of ETS on respiratory system:

1. Children: as children breathe in more air per body weight than adults, ETS is more harmful to their growing lungs. Children exposed to ETS have more upper respiratory tract symptoms including cough, phlegm and wheezing. They tend to have more otitis media (fluid in their middle ear), bronchitis and pneumonia and sudden infant death syndrome. Exposure to ETS is associated with development of asthma as well as severe and frequent aggravation of existing asthma.

In Hong Kong, about half of school children (12 to 15 years) live in a household with one or more current smokers, underscoring the magnitude of health risk of ETS to our children.

2. Adults: ETS exposure causes irritation of the eyes, nose and throat. For adults with asthma, exposure to ETS causes more asthma symptoms and acute exacerbation. Prolonged exposure is associated with development of new cases of chronic bronchitis and cancer. ETS has been classified by US Environmental Protection Agency as a Group A lung carcinogen, responsible for approximately 3,000 lung cancer deaths annually in US non-smokers. There is also evidence linking ETS exposure with sinonasal cancer.

A recent survey found that the urine level of cotinine of workers empolyed in restaurants without smoking restriction is four to five times higher than that of unexposed non-smokers, revealing the significant level of ETS exposure among restaurant workers in the SAR.

Trends in Youth Smoking

Although the overall smoking rate in Hong Kong is declining, we observed an increasing trend of current smoking among F.1 to F.3 students, which is particularly serious among female students. The positive perception conveyed by cigarette advertisement was found to be the strongest risk factor for smoking among this group of youngsters, every effort should be employed to prohibit promotion of tobacco products.

Conclusion

We strongly support the proposed legislative amendment of Smoking (Public Health) Ordinance Cap 371, to expand No Smoking Area to all eating establishments, schools and indoor workplaces and to close the loopholes in the existing legislation on tobacco advertisement.

American College of Chest Physicians (HK& Macau Chapter) Hong Kong Lung Foundation Hong Kong Thoracic Society