

## TOBACCO CONTROL IN HONG KONG 1982-2002

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### TOBACCO CONTROL LEGISLATION

The Hong Kong Smoking (Public Health) Ordinance was first enacted in 1982 to restrict the use, sale and promotion of tobacco products. This Ordinance undergoes review on a regular basis. These reviews are likely to be driven by the changing international scene on tobacco control as well as by domestic demand for more effective action. That is one good reason why it is vitally important that tobacco control advocates within each of our countries and regions has full access to all of the relevant analyses and intelligence being generated by thousands of public health specialists around the world. In addition to our effective use of the internet, international seminars such as this one in Brunei are extremely important in supporting our need for information and collaboration and in combating the tobacco industry.

Effective action against the tobacco industry is dependent on highly quality information and international collaboration between tobacco control advocates.

*In Hong Kong the current legislation prohibits:*

- smoking on all forms of public transport and in places of entertainment including cinemas, theatres, concert halls and other public venues and services including banks, supermarkets, lifts, department stores and shopping malls;
- tobacco advertisements on radio, television, film and the internet;
- tobacco advertisements in the print media;
- the displays of tobacco advertisements (with certain exemptions)
- the sale of cigarettes with a tar content of more than 17 milligrams;
- the sale of cigarettes through vending machines;
- the sale of tobacco products to minors under the age of 18 and requires retailers to display a sign to this same effect;
- the giving of tobacco products to any person for the purpose of promotion.

*The legislation also requires:*

- packages of tobacco products to carry health warnings and the quantitative amounts of tar and nicotine yield, if applicable;
- large restaurants (over 200 seats) to designate at least one-third of their total area as no smoking areas; all restaurants are also required to display a sign to indicate whether a no-smoking area is provided in the restaurant premises;
- *and empowers* managers of designated no-smoking areas to enforce the no-smoking legislation.

## THE NEXT STEP: NEW PROPOSALS BY THE HKSAR GOVERNMENT TO STRENGTHEN TOBACCO CONTROL

The Government has reviewed the existing legislation to recognize that areas of weak law drafting have been either exploited by the tobacco industry or are otherwise difficult to enforce. It has also taken in account the new evidence from both local and public health research on the avoidable morbidity and mortality from active smoking and second-hand smoke exposures.

High quality research is an essential ingredient of tobacco control and is needed to support new legislation.

### *The Government's new proposals include*

- expansion of statutory no smoking areas to include all workplaces including catering facilities (restaurants, cafés, bars, karaokes, hotel food and beverage facilities). The smoke-free policy would eventually extend to nightclubs, mahjong parlours and bathhouses.
- tightening of controls on all advertising and promotion of tobacco products, including those previously exempted such as "point of sale or purchase".
- provision for new health warnings on tobacco, including pictorial and graphic representations of hazards and risks to health.
- stronger provisions for enforcement of the law.
- prohibition of smoking in indoor and outdoor areas of all kindergartens, primary/secondary schools and indoor areas of tertiary educational institutions.
- prohibition of the sale of tobacco in association with any other product, such as watches, lighters or other goods.
- prohibition of the use of any tobacco brand name and any words in association with "tobacco" in the sponsorship of any event whether or not it is used in association with a non-tobacco product. *However the use of such a name is to be allowed if the name is clearly stipulated to be a non-tobacco product or type of merchandise and makes no reference to a tobacco product.*

Two issues stand out in the government proposals.

First, the move to create totally smoke-free workplaces. We have demonstrated that, apart from children, the biggest exposures to second-hand smoke occur among workers in many different sectors of commercial, manufacturing and service industries. The Hong Kong Tobacco Institute has tried to counter any move to smoke-free workplaces for more than 10 years using the industry's usual specious arguments of (a) lack of evidence for harm (b) the need for "sensible" arrangements for smokers and non-smokers (c) the use of "ventilation" to remove any source of "annoyance" or "inconvenience". The battle for smoke-free workplaces will inevitably be hard-fought, especially in the catering industry.

Second, the concession made by the Government on the use of "brand names" as non-tobacco products is its response at this stage to the problem of brand names which are synonymous with fashion clothing and other high end goods such as watches and pens. *Dunhill* and *Cartier* are two well-known brands in this group whose non-tobacco products pre-dated their tobacco brands. The problem is that although these brands are not

prominent in youth marketing of cigarettes any concession here will permit the move to brand extension of tobacco names, colours and logos to continue. We are at risk of having the strongest tobacco legislation ever, but in a form which permits the escalation of brand extension.

Brand extension is a major threat to tobacco control in the Asia Pacific.

#### THE HKSAR PUBLIC CONSULTATION ON TOBACCO LEGISLATION

In July 2001 the HKSAR Government published its new proposals for amendments to the legislation (<http://www.info.gov.hk/hwb/english/CONSULT/Smoke/Smoke1.HTM>) and received comments from the public through until September. Out of a total of about 220,000 respondents (an unusually large response for a consultation), 206,000 were in favour of the proposals. A strong mandate based on public support is regarded as an essential feature of any move to advance legislation on tobacco. It is clear from this what the role of tobacco control advocates must be. Unless effective messages about the true motives of the tobacco industry, nicotine addiction and the destruction of community health care are delivered to all sectors of the population, we are unlikely to mobilise public demand for stronger tobacco control.

“... smoking is far and away the leading cause of premature death and disability ...”  
It is our responsibility to deliver this message in a way which will lead to stringent regulation and control. (Chaloupka and Warner 1999)\*

#### OBSTACLES TO ACHIEVING EFFECTIVE TOBACCO CONTROL

**The tobacco industry:** Despite making some excellent progress in many areas, Hong Kong we have learned from errors and oversights that tobacco control needs to be comprehensive and consistent. We have also learned over and over again that the tobacco industry will not deviate from its commitment to the promotion of nicotine addiction to young people of all ages. It will manifest itself wherever and whenever the industry thinks it can get away with it.

The tobacco industry will continue to do whatever it thinks it can get away with, to promote tobacco to young people.

**Point of purchase (POP) advertisements:** This was a concession to the business sector designed to protect small businesses and hawker stalls. However in the 1997 amendments to the Ordinance the size of POP adverts was not specified. As a result we have seen very large billboards appearing, even at kiosks employing only two people. Loose law drafting will lead to years of ineffective control and bring tobacco control legislation into disrepute.

**Violations of the Ordinance – outdoor adverts:** It is not always possible to identify who is directly responsible for contraventions, or predict where they will next appear. For example kiosks selling rental arrangements for rooms in apartments and hotels suddenly appeared under the *Marlboro* name and logo at an island resort in Hong Kong. Warnings and removal

\* Chaloupka FJ, Warner KE. *The economics of smoking. Working Paper 7047* (<http://www.nber.org/papers/w7047>). National Bureau of Economic Research, 1050 Massachusetts Avenue. Cambridge, MA 02138, March 1999.

followed our report to the authorities, but no prosecution. The industry's lawyers identify ambiguities in the law and then the industry "tests the water", wherever an opportunity arises, to determine the response of the authorities. These incidents may appear trivial in the overall framework of tobacco control but they are obviously important to the industry and their goal of slowing progress towards a tobacco-free culture.

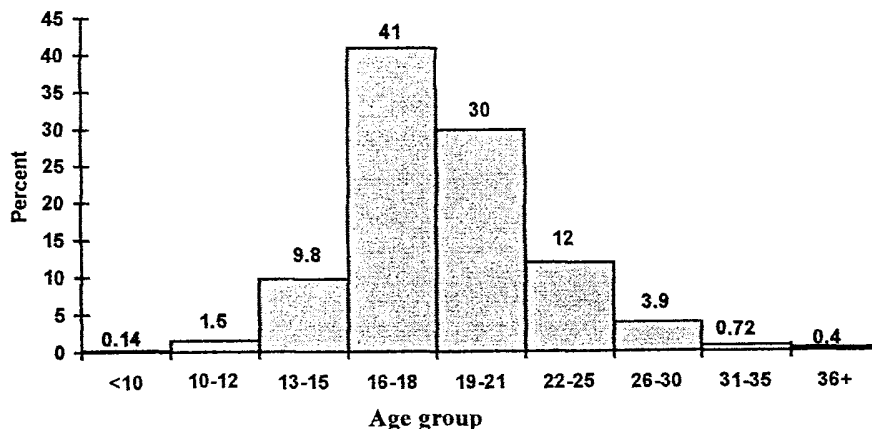
**Violations of the Ordinance – the Internet:** The 1997 Hong Kong Ordinance banned the use of the Internet in Hong Kong for promotion and sale of tobacco. This regulation has been violated many times. Surveillance and reliable reporting is difficult to achieve and although warnings have been issued the Government has been reluctant to prosecute first offenders. An article in the tobacco industry journal "*Tobacco Reporter*" in 2000, entitled "Getting Wired", clearly indicated that the industry as a whole sees the internet as an important major conduit for cigarette and cigar promotion worldwide.

Measures to ban and block internet sales will probably be difficult to implement in many countries on grounds of censorship and restrictions on legitimate trading. Duty paid tobacco marketed through the internet has the potential to be cheaper and to achieve higher penetration of the young people's market than other conventional retailing. Tobacco is now firmly implanted in cyberspace as a challenge to tobacco control (*Tobacco Control 2001; 10:364-367*).

The internet is the next big vector for tobacco related disease.

**New approaches to targeting youth:** Tobacco control groups in all countries should know at what age their regular adult smokers were recruited to regular smoking. A graph of this age distribution is one of the most compelling images we can give to our legislators. This image will invariably show in all countries that the majority began to smoke before their 18<sup>th</sup> birthday and most of the rest by age 19 or 20. In a large public sector workforce, the Hong Kong Police, 52% of adult smokers were regular smokers by age 18 and 82% by age 19-21 years. Clearly if the tobacco industry fails to recruit young people to nicotine addiction by their late teens they will be lost to future markets. In Asia Pacific, especially among girls and women, this curve is further to the right than in Western countries but gradually shifting to the left.

**Natural history of nicotine addiction: Hong Kong Police Study**



Age at starting to smoke in 4280 police officers (mean age ~32) who became regular smokers

The tobacco industry knows better than any of us that their shareholders' dividends depend on their continuing recruitment of young people to nicotine addiction, so how can they rationalise this with their present claims not to be marketing tobacco to youth? One current tactic is to establish "Youth Smoking Prevention" (YSP) programmes. These programmes are carefully crafted to achieve maximum spin with government officials and lawmakers. At the same time they ensure that their messages to youth are inappropriately authoritative and therefore likely to be rejected, lacking in any cultural identity with young people, designed to stimulate curiosity about smoking and promote a diametrically opposite response to the one needed to prevent tobacco health problems. In Hong Kong the Tobacco Institute has just invested over US\$2.5 million in YSP; more than three times the three year recurrent annual budget of the Hong Kong Council on Smoking and Health! The recent paper in the American Journal of Public Health on industry youth programmes is an excellent up-to-date review (*Landman A et al. American Journal of Public Health 2002; 92:917-930*).

The YSP committee set up by the Hong Kong Tobacco Institute is trying to disburse funds to any organization which will accept them in the name of "Civic Education". There is *no* mention of the hazards of tobacco use, including nicotine addiction, disease and premature death.

In response to this new manoeuvre from the Tobacco Institute in Hong Kong we have recently achieved the following:

- a letter from the HKSAR Government director of education to all schools in the public sector advising principals that they should not accept tobacco funding nor co-organize activities with other organizations which take tobacco funds.
- a letter from the director of social welfare to 100 NGO's (which receive government support) with similar advice. (COSH has also written to an additional 300 NGO's with a copy of the director's advice).
- The committee of the Heads of Universities (HUCOM) has recently declared that their institutions will not accept tobacco industry funding.

Our objective is:

*"Maintain and proactively protect our ability to advertise, promote and market our products via a juvenile initiative"*

*(Tobacco industry documents quoted by ASH UK)*

**The self-regulation myth:** Many government policy groups and lawmakers are uncomfortable about proceeding with legislation when the industry is making persuasive statements about "self-regulation". There is now a massive tobacco industry worldwide disinformation programme underway in a desperate attempt to steer governments away from stringent legislation and control. How should we respond?

First, point out that many governments over many years have been victims of broken promises on self-regulation.

Second, point to present day activities of the industry which, if they meant what they say, would have been withdrawn under any meaningful and *bone fide* policy of self-regulation. A few contemporary examples demonstrate this:

***The World Cup:*** British American Tobacco ignored FIFA's smoke-free world cup policy and used Malaysian television time and images of UK premier league footballers (without their permission) to target youth with BAT tobacco brands. The same tactic has been used by the tobacco industry in Pakistan and in Niger in Africa. We have drawn the attention of our government and the public to these incidents in the context of the industry's local campaign for the acceptance of "self-regulation".

***Tobacco and romance:*** Many countries have over the years tried to forge a code of practice with the industry which excludes the portrayal of any setting in which young people are depicted in situations of love and romance. The Hong Kong Tobacco Institute "code of practice" includes the statement that members of the Institute are committed not to:

*"depict persons under 25 years of age, or who appear to be under 25 years of age in advertisements"*

*"imply in a tobacco advertisement that people who smoke will be successful, have a prominent or enviable status in the community or are especially attractive"*

A new cigar shop has opened in Hong Kong's Central District, opposite a popular gym and carries a floor-to-ceiling advert for a cigar brand showing a young couple in an embrace with the caption "burning passion". Is this "self-regulation" at work?

What can be done about it? Again, very little (apart from a complaint to the Tobacco Institute) because there is no specific clause prohibiting this in the current Hong Kong legislation.

Codes of practice are useless instruments in tobacco control.

***BAT and other companies in Myanmar:*** On a recent visit to Myanmar I was able to observe how "The London Tobacco Co." and "British American Tobacco" have targetted that country with their "London" and "555" brands. The entire country was plastered with blue-on-yellow (London) or yellow-on-blue (555) tobacco advert colour schemes. Tableware, clocks, flags, street signs, billboards and hoardings, motor vehicles and many other items were decked out in tobacco brand livery. Yangon has recently banned tobacco advertisements but Myanmar needs our help to repel this onslaught. Any region or country in the Asia Pacific without comprehensive legislation will be targetted by the industry. BAT has announced that it plans to relocate its headquarters to Hong Kong; perhaps this will provide us with a new opportunity to address BAT's corporate strategy in Asia.

If the tobacco industry is so willing to regulate itself then why does it have a problem with public health ordinances on tobacco control? Probably the reason is because it intends to deliver less regulation than we need for the prevention of nicotine addiction in youth.

The concept of "self-regulation" is a serious deception by the tobacco industry. It is difficult to monitor; it puts the onus on government and the public health sector to identify violations, which is likely to be costly and inefficient; infringements cannot be prosecuted because there is no legal framework in which to do this.

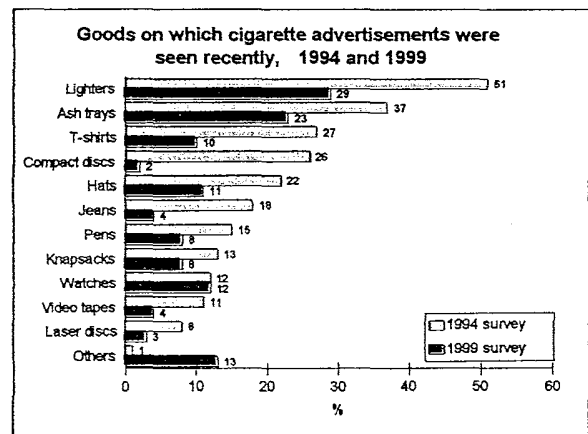
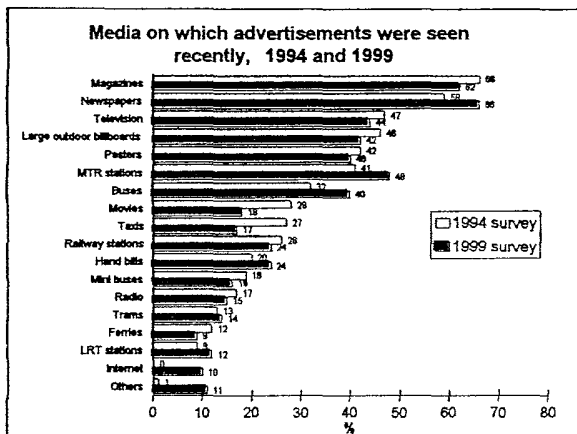
The director general of the World Health Organization, Dr Gro Harlem Brundtland, has categorically stated that there is no scope for self-regulation by the tobacco industry. Many

Asia Pacific countries will have had experiences which indicate that “self-regulation” is a tobacco industry mirage.

The tobacco industry in the Asia Pacific has provided us with ample evidence that any acceptance of “self-regulation” arrangements with the tobacco industry will be catastrophic for tobacco control.

**TWO IMPORTANT INDUSTRY TARGETS: CHILDREN AND WOMEN**

In Hong Kong the industry’s needs and priorities and therefore our policy on legislation, have been clearly indicated by their targeting of all children, and girls and young women in particular, over the past 14 years. Although most methods of direct and indirect advertisement of tobacco were finally banned in December 1999 we are still paying the price for allowing the industry to aggressively promote cigarettes to young people over more than a decade. Smoking prevalence in secondary school girls doubled in the five years 1994-1999. The list of locations where secondary school students, mainly aged 13-15 years, last saw a tobacco advertisement demonstrates and defines just how comprehensive legislation and enforcement needs to be. The industry’s aim has to saturate every single aspect of daily life with tobacco brand names and logos. The new legislation should prevent this if it is properly enforced.



Source: Lam TH, Ho SY, Kui CY. Trends in youth smoking, health and tobacco promotion from 1994 to 1999. The Youth Smoking and Health Survey 1999, Report No. 7. Hong Kong: Hong Kong Council on Smoking and Health, 2000, 6pp (<http://www.info.gov.hk/hkcosh/report7e.pdf>).

Although the average prevalence of smoking in women in Hong Kong and other Asia Pacific regions and countries is relatively low compared with western post-industrialized countries, prevalence is much higher in specific female occupational groups such as airline cabin crew (>18%) and the police force (14%). The promotion of designer cigarettes for women and the exploitation of women’s new and greater role in many aspects of society have been important vehicles for this industry targetted campaign. If we do not reverse current trends then the long term impact on maternal and child health will become a major health problem for Asia Pacific.

*In a period of three weeks immediately before tobacco advertisements were banned in the print media in 1999 the industry took out double page colour advertisements depicting women straddling powerful motorbikes (with a male companion on the rear pillion seat), accompanied by the slogan “Be you”.*

The prevention of tobacco promotion to girls should be given the highest priority in tobacco control.

## **SECOND-HAND SMOKE: HARMFUL, BUT ALSO A KEY TO EFFECTIVE TOBACCO CONTROL**

The prevention of damage to health from exposures to second-hand smoke requires the total exclusion of smokers from the air space of others. The potential impact of such a measure on the social acceptability of smoking was recognized as a major threat by the industry more than 25 years ago. As a result the investment of hundreds of millions of dollars in disinformation and a wide-range of activities designed to combat and discredit the evidence on the harm caused by second-hand smoke and the measures needed to prevent it.

**Passive smoking in children:** In Hong Kong a series of studies over 13 years has shown that, even allowing for our relatively low prevalence of smoking, 50% of primary and secondary school children are poisoned in their homes by tobacco smoke. The consequences of this are:

- an epidemic of chronic respiratory complaints such as cough, phlegm and wheeze
- an increase in emergency hospital admissions for chest problems in infants and toddlers
- increased health care costs for infants and mothers

Hong Kong has made no progress on this issue over more than 10 years. This is a result of a lack of appropriate health policy and inadequate allocation of resources. Although it is difficult to advise or instruct people on their behaviour in the sanctity of their own home, it is nevertheless a neglected area and a major and largely unaddressed public health problem. A clear declaration of the need for urgent action, from this Brunei meeting, would be appropriate and helpful.

**Passive smoking in workers:** The same problem can be identified in non-smoking workers exposed to second-hand smoke with increased rates of illness, sickness absence, time off work and lost productivity.

The claims that exposures in workers can be adequately prevented by "ventilation", or the counter argument in the catering industry that business revenues will be adversely affected by smoke-free policies, are two of the many mantras repeated by the tobacco industry and those they have frightened.

In 104 Hong Kong non-smoking catering workers, who were exposed to second-hand smoke only at work, the mean urinary cotinine level was 18.6 ng/ml (range 0-129.4). From this exposure data it can be estimated that in Hong Kong the excess working lifetime risk of fatal heart disease and lung cancer would amount to 1 in 33 or 6000 deaths out of the present catering workforce of 200,000.

The graph below shows the measured levels of respirable particulates (PM<sub>10</sub>) over a period of about 30 minutes in:

- (1) a bar within a closed downstairs space with air conditioners. About 4-6 cigarettes were burning.

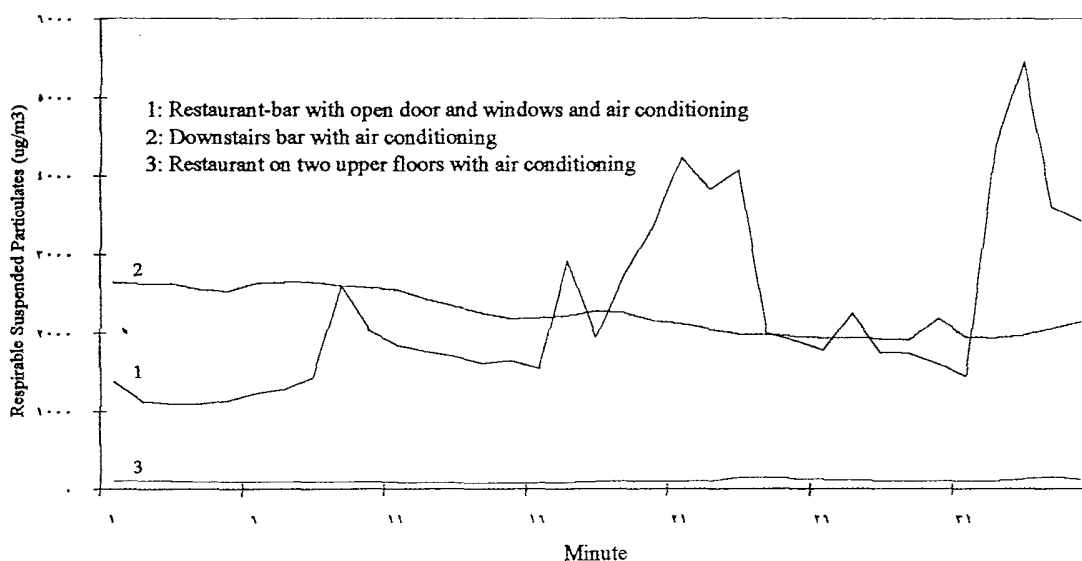


- (2) a bar-restaurant with open windows and high level air flows from air conditioners/fans. About 4 to 6 cigarettes were burning at any point in time. Note the peaks as smokers came to the bar close to where the particulate monitors were located.
- (3) a restaurant in which no one smoked during the measurement period, but one cigarette had been smoked 30 minutes earlier.

In the two bars where smoking was observed ranged from  $1000 \mu\text{g}/\text{m}^3$  up to  $5000 \mu\text{g}/\text{m}^3$ . In contrast the restaurant where one cigarette had been smoked 30 minutes earlier the level was around  $100 \mu\text{g}/\text{m}^3$ . The ambient outdoor annual level of RSP in Hong Kong is about  $55 \mu\text{g}/\text{m}^3$ .

The level of contamination of indoor air in catering facilities needs to be studied in all countries to demonstrate that exposures are high and generally not mitigated by ventilation and non-physical barriers.

Measurement of Respirable Suspended Particulates at Bars & Restaurants in Lan Kwai Fong - 2001/7/13



The public demand for smoke-free dining is overwhelming but certain sections of the catering industry continue to follow the line of the tobacco industry in warning that business will be damaged.

A report published in for the Hong Kong Catering Industry Association by KPMG consulting (which was funded in part by the Tobacco Institute) claimed that smoke-free policies would reduce business by 10.6%, cost HK\$7.9 billion and lose 21500 jobs (<http://www.tommycheung.com>). The analysis appears to be seriously flawed, but so little methodological information is provided by the consultants that it is uncertain what they actually did to reach this figure. Nevertheless the study achieved its objective for the proponents — headlines in the media announcing that large scale damage to the hospitality industry will result from smoke-free policies.

A new survey by a university department, based on random sampling of the general population and a valid and transparent analysis led to a very different conclusion; a nett gain in business of around 3% to 5% with a new smoke-free policy.

We need to work harder to demonstrate and persuade the catering industry that there are easy dollars to be made from a smoke-free food and beverage trade.

The alliance between catering and tobacco industries can create emergencies for public health and tobacco control.

**Will tourism be hurt by smoke-free policies?:** Econometric studies in the United States by Glantz and others has clearly shown that overall business revenues remained stable or increased following the introduction of smoke-free dining policies in California. These findings include hotel revenues for Asian tourists.

One fear has been that visitors from Asian countries with high smoking prevalence ratios will cease to visit areas which ban smoking in catering facilities.

A recent survey of visitors at the point of departure from Hong Kong by rail, boat and air showed that the majority (54% to 66%) would not change their visiting intentions to Hong Kong restaurants, bars, cafés and hotels, a substantial proportion (30-40%) would come more often and fewer than 5% said they would come less often to Hong Kong. This pattern of responses included mainland China and other north Asian countries.

Again there is ample evidence that tourism will benefit from smoke-free policies and that the present arguments being advanced by some tourist organizations are misinformed and seriously misleading.

Asia Pacific tourism will predictably benefit from smoke-free policies.

#### FISCAL MEASURES FOR TOBACCO CONTROL

We know that consumption of tobacco is very sensitive to price particularly among young people. Price elasticity must be harnessed as a tool in tobacco control in the Asia Pacific. Most of our tobacco is still far too cheap. Hong Kong has maintained tobacco duty at about 100% of the duty free price of cigarettes for about 10 years. Our goal however must be to ensure that tobacco becomes progressively more expensive at, say, 5% per year relative to the cost of living index. Tobacco companies lobby hard with finance ministers and their departments to argue for tax freezes or even tax reductions. Civil servants in finance departments, may be sensitive to the industry's arguments about the impact of higher tobacco duty on smuggling. We need to brief all government officers, who may need to know, about the economics of tobacco duty and the industry's deception about smuggling. The industry's aim has been (and will continue to be) to promote cheap tobacco, by any possible means, whether by lower taxation or the avoidance of duty altogether.

In Hong Kong the outcome of each budget remains uncertain and the finance secretary's concerns are about revenue and not public health.

We need to know what the tobacco industry says to our finance ministers and civil servants and be ready to brief on the importance of tobacco duty from a public health viewpoint.

## WHAT NEXT FOR THE ASIA PACIFIC?

The first issue and problem on our agenda must remain the tobacco industry.

In October 2001 speaking in Hong Kong at the tobacco industry's international exhibition and conference the Chairman and CEO of British American Tobacco, Martin Broughton, *warned* governments and *criticized* the WHO and World Bank for moving towards tighter control of tobacco. He also denied the harm caused by tobacco.

Broughton threatened that over-zealous legislation would lead to criminal elements taking over the alternative marketing of tobacco. Broughton's outburst is an extra ordinary attempt to dictate to governments how public health policy on tobacco should be compromised.

We now have sufficient evidence to refute such shroud waving and to argue for the certain and consistent application of public health principles, to combat the mendacity of the tobacco industry and the epidemic of disease and premature death which it has caused. We need to support governments and in particular ensure that they have the confidence to confront the industry.

The industry is trying to "re-position" itself in the Asia Pacific region and re-invent its image as a socially responsible organization. The tobacco control sector must continue to work to ensure that legislation is enacted which is comprehensive, enforceable and effective.

We need effective alliances in the Asia Pacific to prevent the transnational tobacco industry from undermining public health policy.

The achievements of each state and region in tobacco control in Asia Pacific will benefit the others. Our overall rate of progress will depend on the speed with which each of us reach our individual milestones.

In Hong Kong we recognize that all sectors of the community (apart from the tobacco industry) must be brought together, in a consensus view, to apply the maximum possible controls on tobacco. What will be achieved over the next two years remains to be seen, but either way it will have a profound impact on the health of our population.

## The development of tobacco control legislation in Hong Kong 1982 – 2000

<b>Date</b>	<b>Description</b>	<b>Legislation</b>
29 Jul 1982	The Smoking (Public Health) Ordinance enacted, with provisions governing no smoking areas, health warning, tar group designations and cigarette advertising.	Smoking (Public Health) Ordinance (Cap. 371)
13 Aug 1982	Health warning required for cigarette advertisements for radio	Smoking (Public Health) Ordinance
15 Nov 1982	Health warning and tar group designation required for cigarette advertisements in printed publications	Smoking (Public Health) Ordinance (Cap. 371)
15 Feb 1983	Health warning required for displayed cigarette advertisements (except advertisements by way of neon signs)	Smoking (Public Health) Ordinance
15 Feb 1983	Ban on smoking in public lifts, lower deck of public transport land vehicles and “no-smoking areas” in cinemas, theatres, concert halls and public transport vehicles. “No-smoking areas” to be demarcated by “No Smoking” signs.	Smoking (Public Health) Ordinance (Cap. 371)
15 May 1983	Health warning required for cigarette advertisements by way of neon signs	Smoking (Public Health) Ordinance
15 Aug 1983	Health warning and tar group designation to be printed on packets of cigarettes/retail containers in English and Chinese	Smoking (Public Health) Ordinance (Cap. 371)
15 Jun 1984	Health warning exemption for cigarette advertisements on items and umbrellas no longer prescribed in SPH Ordinance, but in SPH Regulations	Smoking (Public Health) Ordinance
5 Dec 1984	Health warning exemption for cigarette advertisements upon a commercial vehicle of cigarette manufacturer, distributor, dealer removed	Smoking (Public Health) Ordinance
1 Mar 1985	Health warning exemption for billboards and advertisements for bonafide television programme sponsorship removed	Note of Guidance dated July 1987
13 Nov 1987	Written health warning throughout, not just at the end of cigarette advertisements for television and cinema and standardised voiceover of health warning at the end of such advertisements lasting no less than 3 seconds	Code of Practice 2 issued by TELA on 13 July 1987/Note of Guidance date July 1987
1 Dec 1988	Ban on cigarette advertising and sponsorship from 4:00pm to 10:30pm (extended from 6:30pm) on TB	Code of Practice 2 issued by TELA
26 Aug 1989	Ban on cigarette advertising and sponsorship from 4:00pm to 10:30pm on radio	Licence to Radio Company
1 Dec 1990	Total ban on cigarette advertising and sponsorship on TV	Television Advertising Standards
1 Dec 1990	Total ban on cigarette advertising and sponsorship on radio	Radio Advertising Standards/Smoking (Public Health) Ordinance
1 Aug 1992	To prohibit of smoking in designated public areas (including cinema, theatre, concert hall, public lift, & amusement game centre) and in all public transport carriers	Smoking (Public Health) (Amendment) Ordinance 1992
1 Aug 1992	To display “no smoking” signs in prescribed manner	Smoking (Public Health) (Amendment) Ordinance 1992
1 Aug 1992	To prohibit cigarette advertising in cinemas	Smoking (Public Health) (Amendment) Ordinance 1992
1 Feb 1993	To prohibit the sale of cigarette with a tar content exceeding 20 mg	Smoking (Public Health) (Amendment) Ordinance 1992
1 Jan 1994	To require 4 new prescribed forms of health warnings, during a 12 month period, to be displayed with equal frequency in relation to each brand of cigarette	Smoking (Public Health) (Notices) (Amendment) (No.2) Order 1992
1 Jan 1994	To enlarge the area of health warning and tar group designations on packaging of cigarette and cigarette tobaccos. The panel must be displayed on the 2 largest surfaces of the cigarette packet and occupy not less than 20% of such a surface	Smoking (Public Health) (Notices) (Amendment) (No.2) Order 1992

1 Jan 1994	Health warning panel for cigarette advertisements must occupy not less than 20% of the surface of the advertisement	Smoking (Public Health) (Notices) (Amendment) (No.2) Order 1992
28 Jan 1995	To extend to all tobacco products the existing requirement for health warnings and restrictions on advertising in respect of cigarettes	Smoking (Public Health) (Amendment) Ordinance 1994
28 Apr 1995	To require restaurants to display a sign stating whether or not they have a no-smoking area	Smoking (Public Health) (Amendment) Ordinance 1994
28 Apr 1995	To require tobacco product retailers to display a sign informing the public that selling or giving tobacco products to persons under 18 is prohibited	Smoking (Public Health) (Amendment) Ordinance 1994
28 Oct 1995	To require health warnings on the packaging of all tobacco products for sale	Smoking (Public Health) (Amendment) Ordinance 1994
1 Aug 1996	Health warning and the tar group designation in all tobacco advertisements must be presented in black upon a white background	Administration of Justice (Miscellaneous Provisions) (No.2) Ordinance 1995
1 Apr 1998	To allow restaurants, educational institutes and the new airport to designate whole or part of their premises as no smoking areas	Smoking (Public Health) (Amendment) Ordinance 1997
1 Apr 1998	To prohibit the placing of tobacco advertisements on the Internet	Smoking (Public Health) (Amendment) Ordinance 1997
1 Jul 1998	To prohibit the attachment of gifts etc which tobacco products are sold, and to prohibit the attachment of tobacco products to other non-tobacco products sold	Smoking (Public Health) (Amendment) Ordinance 1997
1 Jul 1998	To prohibit the giving of tobacco products to any person for the purpose of advertisement or promotion	Smoking (Public Health) (Amendment) Ordinance 1997
1 Jul 1998	To prohibit smoking in any indoor area open to the public in supermarkets, banks, department stores and shopping malls	Smoking (Public Health) (Amendment) Ordinance 1997
26 Jun 1999	To ban tobacco display advertisements	Smoking (Public Health) (Amendment) Ordinance 1997
26 Jun 1999	To exempt licensed hawkers whose licence is endorsed with the sale of tobacco products and small tobacco retail premises with not more than 2 employees from the display ban	Smoking (Public Health) (Amendment) Ordinance 1997
16 Jul 1999	To adopt new health warnings and new detailed requirements regarding the display of health warnings and tar group of designation in tobacco advertisements in printed publications	Smoking (Public Health) (Notices ) (Amendment) Order 1999
16 Jul 1999	To adopt new health warnings and new detailed requirements regarding the display of health warnings and tar group designation in tobacco advertisements on display	Smoking (Public Health) (Notices ) (Amendment) Order 1999
16 Jul 1999	To lower the maximum tar yields allowable in cigarettes from 20 mg to 17 mg	Smoking (Public Health) (Amendment) Ordinance 1997
16 Jul 1999	To prohibit the use of words which suggest that a cigarette brand has a low tar yield unless it has a tar yield of not more than 9 mg	Smoking (Public Health) (Amendment) Ordinance 1997
16 Jul 1999	To require restaurants providing more than 200 seats to designate not less than 1/3 of the area (excluding areas for private events separated by full-height partitions) as statutory no smoking areas	Smoking (Public Health) (Amendment) Ordinance 1997
31 Dec 1999	To prohibit tobacco advertisements in the printed media after 31 December 1999	Smoking (Public Health) (Amendment) Ordinance 1997
16 Jul 2000	Cigarette packets must carry, in rotation, 6 "new" health warnings, the indication of tar and nicotine yields. Health warning must be on the top of pack, black lettering on white background	Smoking (Public Health) (Notices) (Amendment) Order 1999