香港吸煙與健康委員會
HONG KONG COUNCIL ON SMOKING AND HEALTH

Extension of Smoking Ban in Public Outdoor Areas Tobacco Control Policy-related Survey 2016

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1. Introduction

1.1 Harms of secondhand smoke

Secondhand smoke (SHS) exposure causes serious diseases in adults and children, and huge economic loss. SHS contains more than 4,000 chemicals, of which at least 250 are known to be harmful and more than 50 are known to cause cancer [1]. Every year, over 1,300 non-smokers lose their lives due to SHS-attributed coronary heart disease, acute stroke and lung cancer in Hong Kong [2]. SHS exposure also causes sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more frequent and severe asthma attacks in children [1]. In Hong Kong, the annual economic loss due to SHS-attributed medical cost, long-term care and productivity loss was over HK$ 1.5 billion [2]. With no safe level of exposure to SHS, the World Health Organization (WHO) recommends governments to implement a total smoking ban in public places.

1.2 Smoke-free area legislation in Hong Kong

In Hong Kong, the Smoking (Public Health) Ordinance was enacted in 1982 to ban smoking in public lifts and lower deck of public transport land vehicles. In 1992, smoking was banned in cinemas, theatres, concert halls, amusement game centres and all public transportation carriers. In 1998, smoke-free area was expanded to some public indoor areas such as shopping malls and banks. In January 2007, the smoking ban was substantially extended to all indoor public places, including workplaces, restaurants, markets, nursing homes, and both indoor and outdoor areas of kindergartens, schools and colleges, hospitals, etc. and some outdoor public places, such as public swimming pools and beaches, escalators and public pleasure grounds [3]. From 2009 to 2016, more outdoor public places like public transport facilities and eight bus interchanges at tunnel portal areas were included [4].

1.3 Effects of smoke-free legislation in Hong Kong

Many local studies have confirmed the positive impact of the smoke-free legislation in 2007 in Hong Kong. Calls to the Youth Quitline increased 26% within 9 months after the legislation [5]. Mother-reported infant exposure to SHS at home decreased from 87.2% to 29.3%. Their actions to protect children from SHS increased, suggesting an increased awareness of SHS and denormalization of smoking due to the legislation [6]. In the long run, the legislation reduced hospital admissions of children due to lower respiratory tract infection [7], and saved around 1,000 peoples' lives per year in Hong Kong [8].

1.4 Extension of smoke-free areas

Extending smoke-free areas to outdoor public areas and places with children is a continuing global trend [9]. In many countries and cities, smoke-free areas have been extended to bus stops (Australia)[10], queues (Singapore and Beijing)[11,12], sheltered walkways and bridges (Singapore)[11], private cars carrying children (France, Ireland, Italy, Slovakia and the United Kingdom)[9] and some outdoor streets (Japan)[13]. In Hong Kong, the latest extension of smoke-free areas was the eight bus interchanges at tunnel portal areas in 2016.

1.5 Aims of this report

Hong Kong Council on Smoking and Health (COSH) collaborated with the School of Public Health and School of Nursing of The University of Hong Kong (HKU) to conduct the Tobacco Control Policy-related Survey (hereafter referred to as "the survey") to gauge public support for tobacco control policies. In the present report, we examined the prevalence of and perception towards SHS exposure in public places in Hong Kong. Public support for extending smoke-free areas in specific places was also evaluated.

2. Methods

2.1 Study design and participants

Computer-assisted telephone interviews (CATI) based on an anonymous and structured questionnaire were sub-contracted to a survey agent (Public Opinion Programme, The University of Hong Kong) to conduct the survey by trained telephone interviewers from February to September 2016. The fieldwork methods were similar to those in the 2015 wave. Respondents aged 15 or above speaking Cantonese or Putonghua were recruited. They were divided into 3 "smoking groups": (a) current smokers who, at the time of the survey, consumed cigarettes daily or occasionally; (b) ex-smokers, who consumed cigarettes previously but did not smoke at the time of the survey; and (c) never smokers, who had never consumed cigarettes in their lifetime. Initial calls took place during 6:30pm to 10:30pm on weekdays and weekends in order to cover respondents with diversified working hours from different occupations. Each randomly selected telephone number was called back for 5 times, at different hours and on different days, before it was considered as "non-contact". All respondents provided oral consent before the interview began, and could withdraw from the study at any time without providing any reasons.

2.2 Sampling method and respondent selection

Respondents were randomly selected from residential telephone numbers from directories. Another set of telephone numbers were generated by a computer programme using the "plus/minus one/two" method to capture unlisted numbers in the sampling frame. When a telephone contact was successfully established with a target household, one eligible person was selected from all eligible family members who were at home at the time of interview, using the "next birthday" procedure. Only one eligible person from the household was interviewed even though more than one eligible member in the same household might be available at the time of interview.

2.3 Questionnaire design

The questionnaire used in the present survey was modified from that in the 2015 survey. The questions were divided into 2 categories: (a) core questions; and (b) random questions. The core questions, including socio-demographics and e-cigarettes, were posed to all participants. Nicotine dependence and intention to quit were core questions for current smokers. The random question sets were designed for random subsample in the respondents, and could be aimed at specific smoker sub-groups. Similar to the previous waves of the survey, 6 subsets of current smokers, 4 subsets of ex-smokers and 2 subsets of never smokers were formed within the full sample. Questions on SHS exposure in public places, perceptions towards SHS exposure and support for smoke-free legislation were included in 3 random question sets. In all the 5,151 respondents in the survey, 2,216 (43.0%), 1,924 (37.4%) and 1,560 (30.3%) respondents (3 subsamples) were selected to answer these question sets, respectively.

2.4 Weighting and statistical analysis

The survey successfully collected views from 1,734 never smokers, 1,714 ex-smokers and 1,703 current smokers. The whole sample was weighted to compensate for the oversampling of ex- and current smokers and to make the sample more representative of the Hong Kong population. According to the projected Hong Kong population and predicted smoking status in 2016 based on 2015 smoking prevalence in Hong Kong[14], a weight matrix was produced using sex, age and smoking status and used for the weighting.

To examine differences among smoking groups, Chi- square test was used for categorical variables. STATA (Version 13, TX: StataCorp LP) was used for all analyses on complete cases with statistical significance set at $p<0.05$.

3. Results

3.1 Sample characteristics

Table 1 shows that the 3 weighted subsamples had similar characteristics as the respondents were randomly assigned.

Table 2 shows the characteristics of the weighted subsample 1 whose respondents answered the questions on SHS exposure in public places, by smoking status. Never smokers and current smokers were younger than ex-smokers ($p<0.01$). More never smokers (44.7%) attained post-secondary school education or above than ex- (27.2%) and current smokers (27.4%) ($p<0.01$). Employment was higher in current smokers (68.4%) than never (42.7%) and ex-smokers (45.6%) ($p<0.01$). More ex-smokers (45.6%) had retired than never smokers (20.5%) and current smokers (18.1%) ($p<0.01$). Demographic characteristics were significantly different among "smoking groups". The other two subsamples showed similar pattern.

Table 1 Demographic characteristics of weighted random subsamples

Characteristics	SHS exposure in public places (Subsample 1)	Perception towards SHS exposure (Subsample 2)	Support for smoke-free legislation (Subsample 3)
Sex	n=2,216	n=1,924	n=1,560
Male	44.3	42.8	41.8
Female	55.6	57.2	58.2
Age(%), years	n=2,208	n=1,918	n=1,533
15-19	8.1	8.4	8.6
20-29	11.9	11.9	12.5
30-39	17.9	17.7	17.4
40-49	16.3	16.1	16.3
50-59	20.0	19.9	20.0
60+	25.8	26.0	25.2
Education level (%)	n=2,207	n=1,920	n=1,536
Primary or below	11.5	11.5	11.1
Secondary	46.1	45.6	45.5
Post-secondary	42.4	43.0	43.4
Employment status (%)	n=2,212	n=1,920	n=1,537
Employed	44.7	43.8	44.0
Student	12.9	13.2	13.6
Homemaker	17.9	18.4	18.7
Unemployed	2.8	2.6	2.6
Retired	21.7	21.9	21.1

Missing data were excluded.

Table 2 Demographic characteristics of the weighted subsample 1, by smoking status

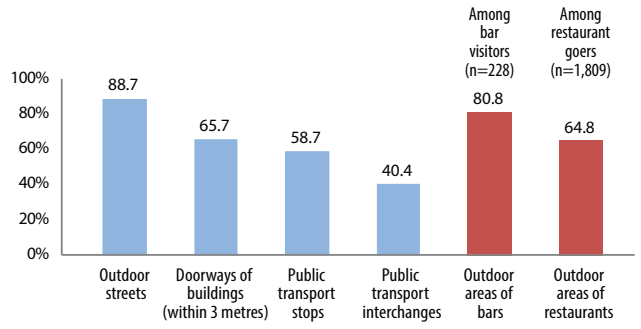
Characteristics	Never smokers	Ex-smokers	Current smokers	Total	p-value
Sex (%)	n=833	n=829	n=554	n=2,216	<0.01
Male	38.5	84.7	81.7	44.3	
Female	61.5	15.3	18.3	55.6	
Age (%)	n=829	n=827	n=552	n=2,208	<0.01
15-19	9.2	0.6	1.2	8.1	
20-29	12.8	2.0	9.3	11.9	
30-39	17.8	10.7	24.0	17.9	
40-49	15.8	16.0	21.4	16.3	
50-59	19.8	19.5	23.4	20.0	
60+	24.6	51.2	20.7	25.8	
Education level (%)	n=831	n=827	n=549	n=2,207	<0.01
Primary or below	10.7	21.4	13.4	11.5	
Secondary	44.6	51.4	59.2	46.1	
Post-secondary	44.7	27.2	27.4	42.4	
Employment status (%)	n=832	n=826	n=554	n=2,212	<0.01
Employed	42.7	45.6	68.4	44.7	
Student	14.5	1.3	2.6	12.9	
Homemaker	19.8	4.7	5.5	17.9	
Unemployed	2.5	2.8	5.4	2.8	
Retired	20.5	45.6	18.1	21.7	

3.2 Prevalence of SHS exposure in outdoor areas

In the past 30 days, nearly 90% (88.7%) and two-thirds (65.7%) of 2,216 respondents reported SHS exposure in outdoor streets or near doorways of buildings (within 3 metres), respectively. Over half (58.7%) and 40.4% reported SHS exposure at public transport stops (e.g. bus, minibus and taxi stops) and interchanges (statutory no smoking areas), respectively. 80.8% of the 228 bar visitors and 64.8% of the 1,809 restaurant goers reported SHS exposure in outdoor areas of the two places in the past 30 days (Figure 1).

Figure 1

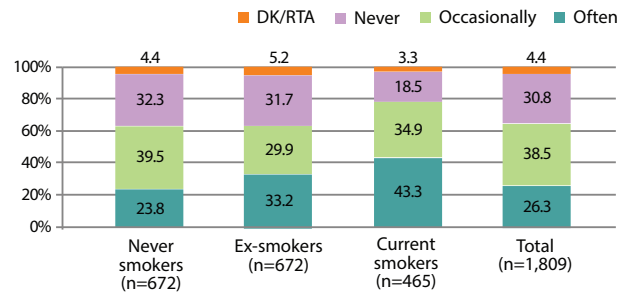
Prevalence of SHS exposure in public places in the past 30 days (n=2,216)



Of the 1,809 respondents who had been to restaurants in the past 30 days, 26.3% and 38.5% reported they had been exposed to SHS often or occasionally, respectively, in outdoor areas of restaurants. The proportion of being often exposed was significantly higher in current smokers (43.3%) than ex- (33.2%) and never smokers (23.8%) (p<0.01) (Figure 2).

Figure 2

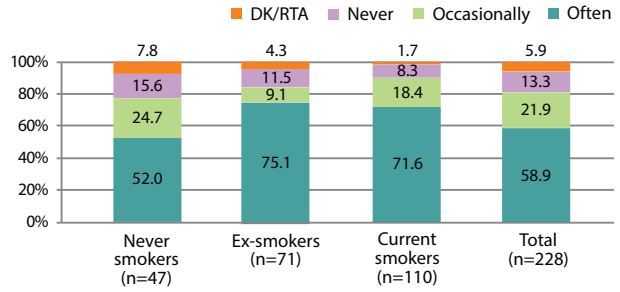
In respondents who had been to restaurants in the past 30 days, how often they were exposed to SHS in the outdoor areas, by smoking status



Of the 228 respondents who had been to bars in the past 30 days, 58.9% and 21.9% reported that they had been exposed to SHS often or occasionally, respectively, in outdoor bar areas. The proportion of often being exposed to SHS was significantly higher in ex-smokers (75.1%) and current (71.6%) than never smokers (52.0%) (p<0.01) (Figure 3).

Figure 3

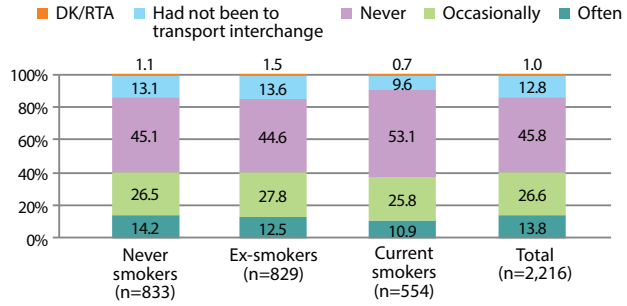
In respondents who had been to bars in the past 30 days, how often they were exposed to SHS in the outdoor areas, by smoking status



In the past 30 days, 13.8% and 26.6% of the 2,216 respondents reported that they had been often or occasionally, respectively, exposed to SHS at public transport interchanges. No significant difference among the three "smoking groups" was found (p=0.10) (Figure 4).

Figure 4

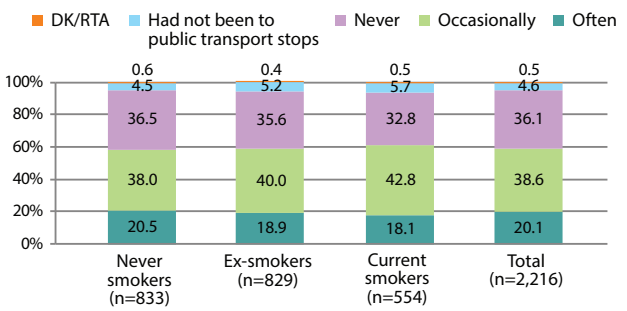
In the past 30 days, how often the respondents were exposed to SHS at public transport interchanges (smoke-free areas), by smoking status



In the past 30 days, 20.1% and 38.6% of the 2,216 respondents reported that they had been often or occasionally, respectively, exposed to SHS at public transport stops. No significant difference among the three "smoking groups" was found (p=0.80) (Figure 5).

Figure 5

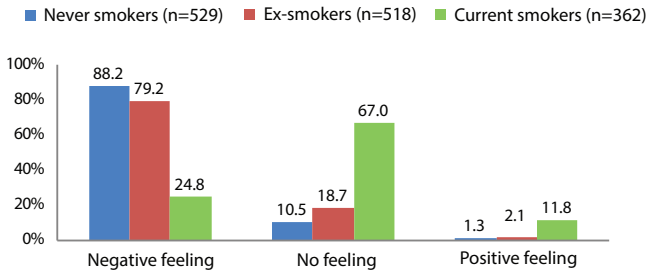
In the past 30 days, how often the respondents were exposed to SHS at public transport stops, by smoking status



Of 529 never, 518 ex- and 362 current smokers who smelled tobacco smoke from others near doorways of buildings in the past 30 days, 88.2%, 79.2% and 24.8% had negative perception towards SHS exposure, respectively (Figure 6). These perceptions included stinky, disturbing, inducing anger and desire to leave the areas with SHS as soon as possible. Only 10.5% and 18.7% of never and ex-smokers, respectively, had no feeling about SHS and even fewer had positive feeling. Majority of current smokers (67.0%) had no feeling about SHS from smokers.

Figure 6

Perceptions towards SHS among those who were exposed to SHS near doorways of buildings in the past 30 days [1, 2]

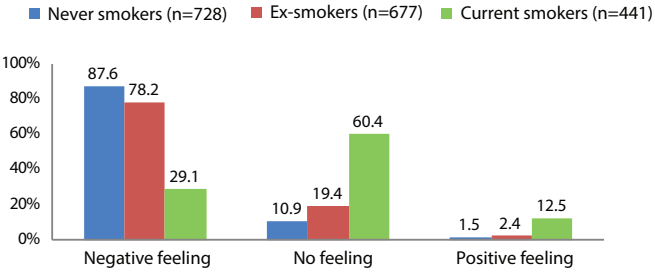


1. Sample size (n) refers to the actual number of respondents, including those who answered "don't know" or refused to provide answer. Negative feeling included angry, annoying, and respondents wanted to leave the spot as soon as possible. Positive feeling included "it made me want to smoke" and "smelled good".
2. Respondents could choose more than one option.

Of 728 never, 677 ex- and 441 current smokers who smelled tobacco smoke from others in outdoor streets in the past 30 days, 87.6%, 78.2% and 29.1% perceived the SHS negatively, respectively (Figure 7). Only 10.9% and 19.4% of never and ex-smokers, respectively, had no feeling and even fewer had positive feeling. Majority of current smokers (60.4%) had no feeling about SHS from smokers.

Figure 7

Perceptions towards SHS among those who were exposed to SHS in outdoor streets in the past 30 days [1, 2]



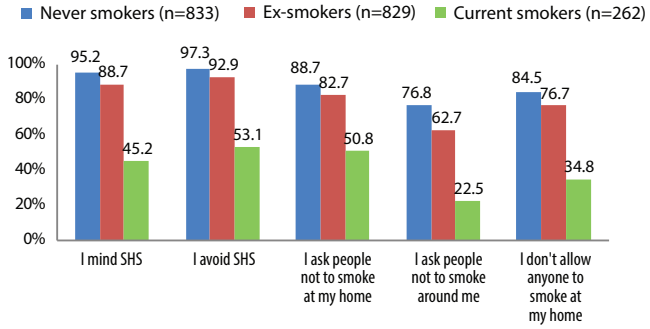
1. Sample size (n) refers to the actual number of respondents, including those who answered "don't know" or refused to provide answer. Negative feeling included angry, annoying, and respondents wanted to leave the spot as soon as possible. Positive feeling included "it made me want to smoke" and "smelled good".
2. Respondents could choose more than one option.

3.3 Perception and responses towards SHS exposure

Of 833 never and 829 ex-smokers, 95.2% and 88.7%, respectively, minded SHS exposure, 97.3% and 92.9% avoided SHS exposure, and 88.7% and 82.7% had asked people not to smoke at their home. Three-quarters of the never smokers (76.8%) had asked people not to smoke around them, and 62.7% of the ex-smokers had done so. 84.5% of the never smokers did not allow people, including family members, to smoke at their home, so did 76.7% of the ex-smokers. Of 262 current smokers, over half would avoid SHS themselves (53.1%) and had asked others not to smoke at their home (50.8%) (Figure 8).

Figure 8

Perceptions and responses towards SHS

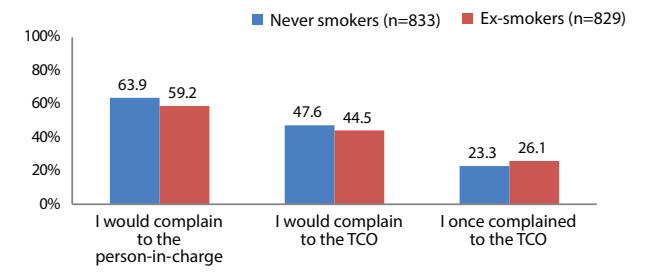


Sample size (n) refers to the actual number of respondents, including those who answered "don't know" or refused to provide answer.

About two-thirds of non-smoking respondents (63.9% never and 59.2% ex-smokers) would complain to the person-in-charge if they saw someone smoking in a smoke-free area, but fewer (47.6% and 44.5%) would report to the Tobacco Control Office (TCO). Even fewer had ever reported to the TCO (23.3% and 26.1%) (Figure 9). Among the 472 respondents who had ever reported to the TCO, majority (61.1%) thought that it was effective.

Figure 9

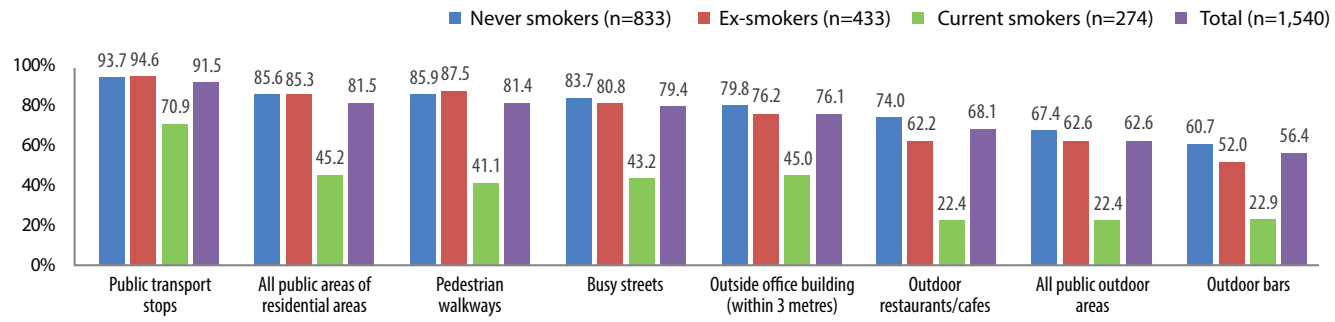
Responses to someone smoking in smoke-free areas



Sample size (n) refers to the actual number of respondents, including those who answered "don't know" or refused to provide answer.

Figure 10

Whether supported to designate specific public places as smoke-free areas



Sample size (n) refers to the actual number of respondents, including those who answered "don't know" or refused to provide answer. Pedestrian walkway refers to roads reserved for pedestrians only and automobile traffic are prohibited at specific time period.

3.4 Public support for extension of smoke-free legislation

Most never and ex-smokers agreed that the Government should legislate to include public transport stops (93.7% never smokers and 94.6% ex-smokers, overall 91.5%), all public areas of residential areas (e.g. stairways) (85.6% and 85.3%, overall 81.5%), pedestrian walkways (85.9% and 87.5%, overall 81.4%) and busy streets (83.7% and 80.8%, overall 79.4%), areas within 3 metres outside office buildings (79.8% and 76.2%, overall 76.1%), outdoor restaurants/cafés (74.0% and 62.2%, overall 68.1%), all public outdoor areas (67.4% and 62.6%, overall 62.6%) and outdoor bars (60.7% and 52.0%, overall 56.4%) as designated smoke-free areas (Figure 10).

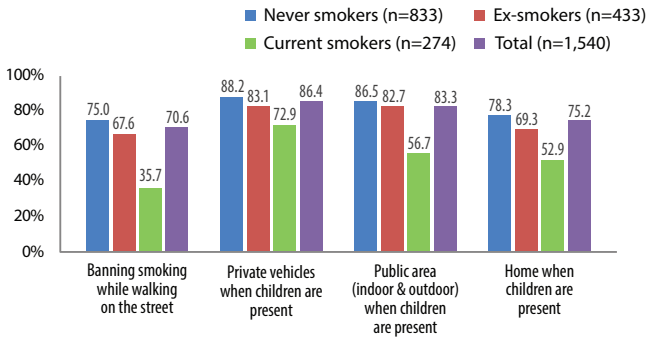
Although the level of support from current smokers was lower than never and ex-smokers (all $p<0.01$), smoke-free public transport stops (70.9%) had high level of support by current smokers. In addition, nearly half of current smokers support to designate public places of residential areas (45.2%), within 3 metres outside office buildings (45.0%), busy streets (43.2%) and pedestrian walkways (41.1%) as smoke-free.

Over two-thirds (70.6%) of the 1,540 respondents agreed to ban smoking while walking on the streets, with 75.0%, 67.6% and 35.7% of never, ex- and current smokers, respectively. Smoking ban in private cars when children are present was supported by most of the respondents (86.4%) regardless of their smoking status (88.2%, 83.1% and 72.9% of never, ex- and current smokers, respectively). In addition, inclusion of all public areas (indoor and outdoor) and home as smoke-free area when children are present was supported by 83.3% and 75.2% of the respondents, respectively (Figure 11). Over half of current smokers (56.7% and 52.9%, respectively) also supported these 2 policies for protecting children from SHS exposure.

About 80% of the 1,540 respondents (82.5%) agreed that the person-in-charge of the smoke-free venue should be penalized when someone smokes in the venue, with a greater proportion in never smokers (85.3%) than ex-smokers (81.4%) and current smokers (59.6%) ($p<0.01$) (Figure 12).

Figure 11

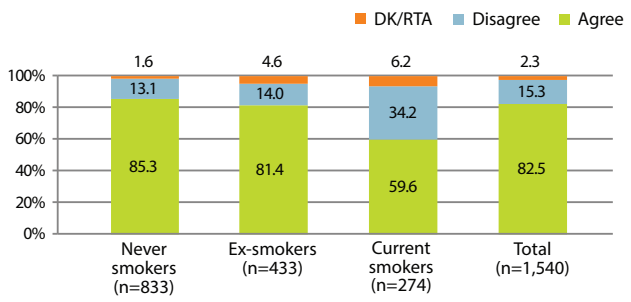
Support for the smoking ban in new places/scenarios



Sample size (n) refers to the actual number of respondents, including those who answered "don't know" or refused to provide answer.

Figure 12

Whether agreed that the person-in-charge should be penalized if someone smokes in smoke-free venue



4. Discussion

4.1 Summary of survey findings

This survey found high prevalence of exposure to SHS in outdoor streets and doorways of buildings. Exposure in public transport interchanges (no smoking areas) and stops (bus, minibus and taxi stops) was also common. Most of the respondents claimed SHS aroused negative feeling. Public support for designating more outdoor public places as no smoking areas is very strong. Nearly all non-smokers (never and ex-smokers) and over 70% of current smokers supported to ban smoking at public transport stops. The overall high level of support was also consistently observed in 2 years for including the following places as no smoking areas: private vehicles with children inside (86.4% in 2016; 88.9% in 2015), all indoor public area with children present (83.3% in 2016; 86.9% in 2015) home with children present (75.2% in 2016; 74.5% in 2015), busy streets (79.4% in 2016; 81.2% in 2015) and outdoor areas of restaurants (68.1% in 2016; 69.9% in 2015) and bars (56.4% in 2016; 58.0% in 2015). In current smokers, over 70% supported to ban smoking in private cars when children are present. These figures showed that further extension of smoke-free areas, particularly in the above mentioned places was supported by most of the general public.

4.2 Policy implications

This survey highlighted the need and support to designate public transport stops as smoke-free areas. Nearly all (94.9%) respondents had been to public transport stops in the past 30 days and nearly 60% of them reported SHS exposure at these locations. At stops, people have to stay in a queue, so they can hardly avoid the SHS exposure. Public support for including stops in no smoking areas has been strong in Hong Kong (overall 91.5% in 2016; 93.9% in 2015). It was also higher than the pre-legislation support rate in South Australia (79.6% in 2002 and 78.3% in 2005).

Post-legislation survey in South Australia showed that the support rate increased to 93.5% in 2013, with significant increase in current smokers as well[10]. This suggested that people favored the new policy and experienced its benefit. Many countries have designated public transport stops as smoke-free areas by making clear definition of the no smoking areas (e.g. Singapore "Any bus stop or bus shelter, including any area within a radius of five metres from the outer edge of the shelter or, where there is no such shelter, from the bus stop pole.")[11].

We also advocate designating indoor and outdoor places where children are present as smoke-free areas. The comprehensive smoking ban in indoor public places implemented in Hong Kong in 2007 has significantly decreased children's hospital admission due to lower respiratory tract infection[7]. In addition, smoke-free legislation may help reduce smoking uptake in teenagers, especially in girls[15]. In Europe, at least 5 countries have prohibited smoking in private cars when children are present[9]. We strongly recommend the Government to start the policy research and legislation of the smoking ban to further protect children from SHS exposure.

The Government should also consider banning smoking in busy streets, outdoor areas of restaurants and bars in the near future. Reported SHS exposure in outdoor streets has been the highest among all outdoor public places, and most respondents perceived outdoor SHS was disturbing. In the respondents who had been to outdoor areas of restaurants and bars, over 80% had been exposed to SHS in these places. Similar to public transport stops, people in outdoor restaurants and bars can hardly avoid smelling SHS. Outdoor smoke-free areas of catering facilities have been adopted in the U.K., Ireland, Western Australia and some cities in California of the United States. Study also shows public support for banning smoking in outdoor areas of restaurants and bars increased over time[16]. Thus, the legislation and enforcement of similar policies in Hong Kong warrants further investigation.

Finally, penalizing the person-in-charge of smoke-free areas for violation is highly recommended. This survey showed around 60% respondents would complain to person-in-charge for violations in smoke-free areas, and a strong support (over 80%) for penalizing the person-in-charge. These figures suggested that the public agreed that the person-in-charge is responsible for the enforcement of smoke-free legislation. Many countries, such as Ireland, UK, Thailand, India, Turkey, Argentina and Mexico, have penalty for both smokers and venue owners/ managers for violations[17]. In the 18 cities in Mainland China which have implemented smoking ban in public places, most of the regulations clearly stated the amount of penalty to both smokers who infringe the law and person-in-charge of the smoke-free venue. Hong Kong is one of the few cities and countries in the world that exempt liability of person-in-charge for the implementation of smoke-free law[17]. We expect the fines and other penalties will motivate the person-in-charge of premises to enforce smoke-free legislation effectively.

5. Limitations and Strengths of the Survey

This survey had several limitation and strengths. First, the term "current smokers" refers to both daily and occasional smokers and "ex-smokers" refers to ex-daily and ex-occasional smokers. Yet for the purposes of this survey, it was not necessary to distinguish between daily and occasional use. Second, all information was collected by telephone survey which did not allow face-to-face interaction with and verification of smoking status by the interviewer. However, this method can ensure anonymity and so might collect more truthful data. Third, it was a cross-sectional survey. A cohort study or panel survey with longitudinal data would be better in measuring changes within the same individual over time. Finally, reported SHS exposure in public places, perception towards SHS exposure and support for smoke-free legislation questions were answered by respondents from 3 subsamples due to interview time limitation. We recommend that related questions to be answered by respondents from the same subsample to better determine the causality between perceptions towards SHS and support for tobacco control policies in future surveys.

6. Conclusion

This survey found that the current smoke-free areas in Hong Kong are not enough to protect people from SHS exposure. Inclusion of public transport stops, all places where children are present, outdoor areas of restaurants and bars as smoke-free areas had strong public support. The Government should proceed to extend smoke-free areas, especially in outdoor public areas, and to improve the current reporting and penalty policy.

7. Other Results of the Tobacco Control Policy-related Survey 2016

7.1 Regulations on cigarette packs

- Majority (80.1%) of current smokers had noticed the pictorial health warnings (PHW) on cigarette packs in the past 30 days, which was much higher than ex- (35.1%) and never smokers (30.1%).
- Among the current smokers who noticed the PHW, 43.4% would think of the risks of smoking, 31.4% would think of quit smoking and 11.2% would stop lighting a cigarette. The findings showed the existing PHWs are able to motivate the quit intention but the effect had diminished.
- Most (79.5%) respondents agreed that the PHW should be clearer and more threatening about the hazards of smoking. Over two-thirds (69.9%) of respondents agreed to rotate the PHW regularly.
- Over 70% (72.5%) of respondents agreed to enlarge the size of the PHW to 85% of the cigarette pack area, and it was supported by nearly half (45.3%) of current smokers.
- Plain packaging standardizes and simplifies the packaging of tobacco products. All forms of tobacco branding should be labeled according to the Government prescriptions and with simple and plain format. This means that trademarks, graphics and logos are not allowed on cigarette packs. Only brand name can be displayed in a standard font size, colour and location on the package. In Australia, smoking prevalence has declined after the implementation of the unprecedented plain packaging in December 2012. In Hong Kong, most (79.2%) respondents supported the Government to adopt plain packaging. Nearly half (48.5%) of current smokers also supported it.

7.2 Tobacco advertising and promotion

- Despite tobacco advertising, promotion and sponsorship are banned in Hong Kong, 28.8% of all respondents said that they had noticed advertisements or signs promoting cigarettes in the past 30 days.
- Over half (59.1%) of respondents had noticed the display of tobacco products at points of sale in the past 30 days.
- Most (69.0%) respondents thought that the display of tobacco products was a kind of cigarette advertisement and promotion. More than half (59.0%) agreed to ban the display of tobacco products at the points of sale.
- Of all respondents, over half (60.4%) thought that brand extension, which means the use of cigarette brand names and logos for other products such as clothing, should not be allowed.
- Majority (64.2%) of respondents reported that they had seen smoking scenes in movies, TV shows or internet in the past 30 days.

7.3 Tobacco tax

- Most (76.3%) respondents supported the Government to raise tobacco tax annually, in which 51.8% thought that the rate of increment should be equivalent to or higher than the inflation rate.
- More than half (53.8%) of all respondents and half of current smokers (50.7%), agreed that cigarette price should be increased to help smokers quit smoking. Overall, the respondents suggested that the retail price of a pack of cigarettes should be set at HK$168 on average to effectively motivate smokers to quit smoking.
- Among current smokers, 44.3% and 38.3% said that they would reduce cigarette consumption by half and quit smoking, respectively, if cigarette price is increased.

7.4 E-cigarettes

- Most respondents (83.8%) had heard about e-cigarettes.
- About 2.6% of respondents had ever used e-cigarettes. The most common reasons for them to try e-cigarettes were "curiosity" (61.8%), "it can help quit smoking" (17.1%) and "gifts from others" (14.6%)
- Over one-third of respondents said that the e-cigarettes they bought contained nicotine (37.5%), while another one-third (36.5%) reported that their e-cigarettes contained no nicotine.
- Of all respondents, 33.0% reported that there was ingredient label on the packaging of e-cigarette products, whereas nearly half (43.5%) reported that there was not.
- More than half (56.0%) of respondents did not think e-cigarettes could help quit smoking and 30.0% were not sure about it. Only 14.0% thought that e-cigarettes could help quit smoking.
- Different regulatory measures for e-cigarettes were supported by the majority of respondents, included banning sales to people under 18 years old (95.5%), restricting sales regardless of containing nicotine or not (92.4%), requiring license for selling e-cigarettes (90.1%), banning the use in smoke-free areas (85.5%), regulating e-cigarettes as traditional cigarettes (85.2%), and banning promotion and advertising (69.8%). Nearly half (48.1%) supported a total ban on e-cigarettes.

7.5 Opinions on future tobacco control policies

- A majority of all respondents (79.6%) and 61.3% of current smokers, agreed to increase the legal age for purchasing cigarettes from the current 18 years to 21 years.
- More than half (53.3%) of respondents agreed that children born in or after 2010 should not be allowed to smoke.
- Nearly two-thirds of respondents supported a total ban on tobacco sale (66.1%) and a total ban of smoking (66.8%) in Hong Kong. The measures were also supported by 42.3% and 40.1% of current smokers, respectively.
- Majority (62.8%) of all respondents agreed to ban smoking when the smoking prevalence in Hong Kong decreases to 5% or lower.
- There was no significant update on Smoking (Public Health) Ordinance since 2007. Majority (77.7%) of respondents thought that the Government should revise the Ordinance.

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