Man sentenced for assaulting Tobacco and Alcohol Control Inspectors

A 34-year-old man was sentenced to immediate imprisonment of 14 days by the West Kowloon Magistrates' Courts today (June 9) for assaulting three Tobacco and Alcohol Control Inspectors (TACIs) and obstructing public officers in the exercise of their duties. He was also fined $1,500 for a smoking offence and $5,000 for failing to wear a mask in a public place.

The incident took place at Pioneer Centre, Mong Kok, on September 9, 2020. The man assaulted the TACIs when he was being issued a Fixed Penalty Notice for a smoking offence. He was subsequently arrested and charged by the Police.

A spokesman for the Department of Health urged the public to observe the smoking ban and wearing of mask requirements, and co-operate with law enforcement officers.

"Threatening or using violence on enforcement officers is a serious offence and carries serious legal consequences," the spokesman said.

As of today, there have been two cases of assaulting TACIs in 2021. Since 2007, 102 cases have been recorded and 24 out of 86 offenders convicted for assaulting TACIs were sentenced to immediate imprisonment. The maximum penalty meted out by the court was immediate imprisonment for four months.

LCQ11: Import and export trading of pharmaceutical products and medicines

Following is a question by the Hon Frankie Yick and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (June 9):

Question:

It is learnt that in recent years, there has been a surge in the quantities of pharmaceutical products and medicines (collectively referred to as "medicines") purchased by Mainland residents from Hong Kong's online traders. However, the development of such business has been hindered by the complicated procedure involved in the import and export of medicines. In this connection, will the Government inform this Council:

(1) of the respective quantities and total values of medicines (i) imported

to and (ii) exported from Hong Kong in each of the past three years, and the year-on-year rates of change of such figures, and a breakdown of such figures by (a) type of medicines (i.e. health supplements, over-the-counter drugs, prescribed drugs and dangerous drugs) and (b) whether the Mainland was the import/export destination as well as the relevant percentages;

(2) given that the application procedure for an import licence/export licence for medicines is complicated and time-consuming (e.g. (i) that application is required for every instance of importation/exportation of medicines, (ii) that the application forms are available for sale only at specified locations, (iii) that application for re-export of unregistered medicines may only be made through the electronic system, and (iv) that the relevant arrangements have been designed on the basis of bulk trading of medicines), whether the Government will streamline such procedure (e.g. granting exemption to small-volume trading of medicines between enterprises and consumers), and shorten the time taken for vetting and approval of applications;

(3) whether it will discuss with the authorities of the Mainland cities in the Guangdong-Hong Kong-Macao Greater Bay Area (Greater Bay Area) the introduction of measures to promote the trading of medicines in the Greater Bay Area, with a view to developing Hong Kong into a trading hub for medicines in the Greater Bay Area; if so, of the details; if not, the reasons for that; and

(4) of the measures in place to assist Hong Kong businessmen in tapping the business opportunities in the import/export trade of medicines on the Mainland?

Reply:

President,

According to the Pharmacy and Poisons Ordinance (Cap. 138) (PPO), "pharmaceutical products" must satisfy the criteria of safety, efficacy and quality, and must be registered with the Pharmacy and Poisons Board of Hong Kong (PPB) before they can be sold, offered for sale, distributed or possessed for the purposes of sale, distribution or other use in Hong Kong. The above control does not apply in the case of possession or use where the unregistered pharmaceutical product (UPP) or substance has been imported into Hong Kong (i) to be exported outside Hong Kong; or (ii) by a licensed manufacturer for the purpose of manufacture or the compounding of pharmaceutical preparations.

Under the PPO, holders of valid wholesale dealer licence or manufacturer licence issued by the PPB may carry on business as an importer/exporter of pharmaceutical products, and the licensed manufacturer can only import pharmaceutical products for the purpose of manufacturing the person's own pharmaceutical products or the products to be exported are manufactured by the person. In addition, the import and export of pharmaceutical products are subjected to control of Import and Export Ordinance (Cap. 60) (the IEO).

Licensed wholesaler must apply for import or export licences for each shipment of pharmaceutical products with the Department of Health (DH) beforehand.

After consulting the DH and the Trade and Industry Department (TID), the Government's consolidated response to the Hon Frankie Yick's question is as follows:

(1) The number of import and export licences for pharmaceutical products issued by the DH over the past three years are listed below. The DH does not maintain the total figure nor value of the relevant pharmaceutical products, and does not classify the pharmaceutical products in accordance with the product category and sales control.

Year	No. of Import Licence Issued	No. of Export Licence Issued	No. of Import and Export Licence Issued
2018	44 117	124 493	168 610
2019	48 119	120 047	168 166
2020	47 409	150 873	198 282

(2) In response to the recommendation by the Review Committee on Regulation of Pharmaceutical Products in Hong Kong in 2009, and to strengthen the monitoring of the flow of pharmaceutical products as well as prevent unregistered drugs imported for re-export purposes from entering the local market illegally, the DH has set up the electronic "Pharmaceuticals Licence Application and Movement Monitoring System" (PLAMMS) in 2015 and licensed wholesalers must lodge applications for import and export licences of pharmaceutical products via PLAMMS.

Each licensed wholesaler which carries on the business of import of UPP for re-export must first enlist the product intended for such purpose via PLAMMS individually before applying for the relevant import/export licences. This process aims to ascertain such products fulfil the legal definition of pharmaceutical product, to classify the pharmaceutical substances in accordance with their legal classification, and to require the wholesaler to be a holder of a valid permit (e.g. Antibiotics Permit) to deal in such substance or preparation. Furthermore, the movement of such UPP into or out of Hong Kong is monitored via PLAMMS together with inspection of the licenced premises of the wholesalers conducted by the DH to audit the imported UPP for re-export purpose. It is unnecessary to enlist registered pharmaceutical products with DH and applications for import/export licences for such products can be lodged via PLAMMS.

Currently, except from import/export licence applications for the import for re-export of UPP that must be submitted and processed via PLAMMS, other applications of import/export licences for pharmaceutical products can be submitted and processed via PLAMMS or in paper application forms. To provide greater convenience for applying for import/export licences, the DH has

planned that with effect from December 31, 2021, all import/export licence applications must be lodged via PLAMMS and by then, licensed wholesalers are no longer required to purchase the paper application forms from specified locations.

Pharmaceutical products, medicines, Chinese herbal medicines and proprietary Chinese medicines may be exempted from the DH's licensing requirements if they are only being shipped to another place via Hong Kong and there are relevant supporting documents (including through bill of lading) to prove that they are transhipment cargoes, except for the dangerous drugs as defined by Section 2 of the Dangerous Drugs Ordinance (Cap. 134) (DDO). According to the Transhipment Cargo Exemption Scheme (TCES) administered by the TID, subject to conditions, shipping companies and airlines, or their appointed freight forwarders registered under TCES are exempted from the import/export licensing requirements under the IEO and the Reserved Commodities (Control of Imports, Exports and Reserved Stocks) Regulations (Cap. 296A) in respect of specified types of transhipment cargo. The relevant licensing authorities would devise different exemption conditions for the specified cargoes.

For pharmaceutical products and medicines, as well as Chinese herbal medicines and proprietary Chinese medicines, the exemption conditions include storing the transhipment cargo separately and apart from any other merchandise, and in premises registered by the company under the TCES; keeping physical custody of the transhipment cargo by the company at all times while the transhipment cargo is in Hong Kong; keeping up-to-date books and records by the company in respect of all transhipment cargo handled; allowing authorised officers of the Customs and Excise Department to inspect its godown premises, transhipment cargo, and books and records relating to the transhipment cargo whenever required. Companies successfully registered under TCES would be issued with an exemption certificate which will be valid for two years. Registration can be done electronically in respect of such as submitting the application forms, tracking the applications and receiving the certificates.

(3) and (4) In order to seize the tremendous opportunities in the Guangdong-Hong Kong-Macao Greater Bay Area (GBA) development, the Hong Kong Special Administrative Region (HKSAR) Government has been strengthening economic and trade cooperation with the Mainland in all aspects, with a view to promoting the integration of the two places and assisting Hong Kong's business community, service providers and investors to expand into the Mainland market. Under the framework of the Mainland and Hong Kong Closer Economic Partnership Arrangement (CEPA), all "goods of Hong Kong origin" that comply with the relevant origin rules can enjoy zero tariff preference upon importation into the Mainland. In the CEPA Agreement on Trade in Goods implemented since January 1, 2019, there is also a dedicated chapter on "Trade Facilitation Measures in the Guangdong-Hong Kong-Macao Greater Bay Area" setting out the trade facilitation measures between Hong Kong and the nine Pearl River Delta municipalities. The measures include publishing periodically the overall customs clearance time for goods and further shortening the overall customs clearance time for goods, with a view to

facilitating movement of goods in the GBA.

In addition, in terms of the pharmaceutical industry, the Central Government has promulgated the Work Plan for Regulatory Innovation and Development of Pharmaceutical and Medical Device in the Guangdong-Hong Kong-Macao Greater Bay Area at the website of the National Medical Products Administration on November 25, 2020, allowing designated healthcare institutions operating in the GBA to use Hong Kong-registered drugs with urgent clinical use, and medical devices used in Hong Kong public hospitals with urgent clinical use (Measure), subject to the approval of Guangdong Province. The HKSAR Government has been maintaining close liaison with the relevant Mainland authorities to discuss the implementation of the Measure at the University of Hong Kong-Shenzhen Hospital (HKU-SZH) on a trial basis, including establishing a collaborative platform and making agreement on the directory of drugs and medical devices that can be used in designated healthcare institutions in the GBA. The Guangdong Provincial Medical Products Administration (GDMPA) has commenced the Measure to use the relevant drugs and medical devices at the HKU-SZH on a trial basis, with a trial period up till July 31. Through the Measure, the first drug item and first medical device have already been delivered to the HKU-SZH in April for clinical use.

The HKSAR Government will continue to work and liaise closely with the GDMPA to implement the Measure, with a view to expanding the directory of drugs and medical devices as soon as possible, and extending the arrangement gradually to cover more designated healthcare institutions in the GBA after achieving phased progress under the trial arrangement at the HKU-SZH. We hope to foster mutual benefits, connectivity and in-depth integration of the medical and pharmaceutical industries in the GBA, as well as attract medical and pharmaceutical companies to utilise the opportunity to develop in the GBA.

Transcript of remarks by Secretary for Justice at media session

â€‹Following is the transcript of remarks by the Secretary for Justice, Ms Teresa Cheng, SC, at a media session after attending the Legislative Council meeting today (June 9):

Reporter: Secretary, could you explain the timing of the proposal? Is it to retain the lawyers in the DoJ? And also, why only legal officers can enjoy this special treatment but not other solicitors?

Secretary for Justice: A very interesting question. That's always been troubling me for a while. Why is it that my colleagues in the Department of Justice who are, by their qualification as a solicitor, doing very well and

very efficiently with great eloquence and advocacy in the Court of Final Appeal but not being recognised when they are actually even better than their counterparts? For that reason, I have always been thinking how we are going to overcome that problem. It triggered my determination to take this further forward when our Deputy Director of Public Prosecutions, Ms Lam (Ms Vinci Lam, SC), took silk on May 29. That really showed that the formality has to be gone away with, so that in all fairness to those of my colleagues who are having great advocacy with the requisite requirements as provided in Section 31A of the Legal Practitioners Ordinance, they will have the same chance of being considered to be granted this particular recognition that society as a whole will cherish.

(Please also refer to the Chinese portion of the transcript.)

Public hospitals daily update on COVID-19 cases

The following is issued on behalf of the Hospital Authority:

As at 9am today (June 9), three COVID-19 confirmed patients (case numbers: 11837, 11840 and 11851) were discharged from hospital in the last 24 hours. So far, a total of 11 587 patients with confirmed or probable infection have been discharged.

At present, there are 617 negative pressure rooms in public hospitals with 1 146 negative pressure beds activated. A total of 41 confirmed patients are currently hospitalised in 13 public hospitals and the North Lantau Hospital Hong Kong Infection Control Centre, among which one patient (case number: 6794) is in critical condition, one (case number: 9907) is in serious condition and the remaining 39 patients are in stable condition.

The Hospital Authority will maintain close contact with the Centre for Health Protection to monitor the latest developments and to inform the public and healthcare workers on the latest information in a timely manner.

LCQ3: Medication management relating to the elderly

Following is a question by Dr the Hon Chiang Lai-wan and a reply by the

Secretary for Labour and Welfare, Dr Law Chi-kwong, in the Legislative Council today (June 9):

Question:

It is learnt that due to a lack of knowledge of medications, quite a number of the elderly living at home organise and store medications improperly, and even unknowingly take at the same time multiple medications that cause an overdose or cancel out each other's effects, thus harming their health. Furthermore, medication incidents such as wrong dispensation of medication, and failure to keep accurate medication records have occurred from time to time at residential care homes for the elderly (RCHEs). For example, an incident occurred last year in which an elderly resident of an RCHE suffered from cerebrovascular disease and fell into a coma allegedly because she had taken the wrong medication given to her. In this connection, will the Government inform this Council:

(1) whether it will subsidise non-profit-making organisations for providing pharmacist home visit services, and strengthen the pharmacist services provided by District Health Centres, such as providing the elderly with counselling on the use of medicines and services for organising and packaging of medications; if so, of the details; if not, the reasons for that;

(2) given that the Government implemented the Pilot Scheme on Visiting Pharmacist Services for RCHEs during the period between 2010 and 2018 to enhance the medication management capabilities of RCHE staff, whether the Government will implement again and regularise the Scheme; whether the Government will provide subsidy to RCHEs for installing an electronic medication dispensing system and training their staff, so as to minimise cases of erroneous dispensation of medications; if so, of the details; if not, the reasons for that; and

(3) given that the Office of The Ombudsman recommended, in its direct investigation report published in 2018, making wrong administration of medications by RCHE staff an offence, and the Working Group on the Review of Ordinances and Codes of Practice for Residential Care Homes also recommended enacting legislation to require RCHEs to properly handle medications, whether the Government will amend the relevant legislation; if so, of the timetable; if not, the reasons for that?

Reply:

President,

Having consulted the Food and Health Bureau (FHB), my consolidated reply is as follows:

(1) Operators subsidised by the Government to provide home care services for the frail elderly have to conduct assessment of each frail elderly person in order to formulate their individual care plans, including assessing whether he/she needs drug management service taking into account the conditions of the elderly person concerned and his/her family. Operators will provide drug

management service for elderly persons in need, which includes advising them to check the expiry date of medication and sorting medication, providing them and their carers with information related to medication, assisting them to understand the importance of taking medication on time, etc.

In a bid to shift the emphasis of the present healthcare system and mindset from treatment-oriented to prevention-focused, the Government, through the FHB, is setting up District Health Centres (DHCs) in all 18 districts across the territory. A multidisciplinary team comprising nurses, allied health professionals, pharmacists, social workers and supporting staff provides government-funded services, including health promotion, health assessment, chronic disease management and community rehabilitation at district level. As part of the DHC team, the on-site pharmacists are responsible for providing free medication consultation and drug compliance counselling service to members. Meanwhile, DHCs are positioned as district primary healthcare hubs to connect the primary healthcare services provided by the public sector, private sector and non-governmental organisations in the community, with a view to providing healthcare services and information on community resources to the public and enhancing information transparency. DHCs also strive to offer professional guidance to members of the public when needed and in a co-ordinated manner. The FHB will continue to review the demand for pharmacy services and their role in primary healthcare.

(2) To raise awareness of drug safety and strengthen capability in drug management of residential care homes for the elderly (RCHEs), the Social Welfare Department (SWD) has implemented various measures covering different aspects such as system establishment, staff training, professional advisory service and technological support, including the following five measures:

(a) The SWD collaborated with the Department of Health and the Hospital Authority to review the Operational Manual on Drug Management in RCHEs, and published the revised Guidelines on Drug Management in Residential Care Homes in end-August 2018. It sets out clear guidelines on the basic principles, procedures and quality assurance mechanism for drug management in residential care homes (RCHs). Among others, the guidelines cover such areas as establishing effective drug management systems in RCHs, conducting regular medication review for residents and performing drug safety audits in RCHs, and updating records of medication to ensure accuracy. These facilitate the elderly residents to use medication properly and safely, and ensure the RCH staff to implement effective and safe drug management;

(b) The Code of Practice for Residential Care Homes (Elderly Persons) (Revised Edition) (the CoP), effective since January 2020, sets out detailed and clear guidelines on drug management. According to the requirements of the CoP, RCHs should arrange staff with relevant training (e.g. nurses or health workers) to be responsible for preparing drugs according to the prescriptions of medical practitioners, giving medication and assisting residents in taking medication safely. They should also properly maintain and timely update medication records of the residents;

(c) To assist RCHs in drug management, the elderly service units receiving subsides from the SWD, if required, may apply for procurement or rental of

drug management technology products, e.g. automatic tablet dispensing and packaging system, drug management system, etc., from the Innovation and Technology Fund for Application in Elderly and Rehabilitation Care launched by the SWD in December 2018. Besides, between 2010-11 and 2020-21, the Social Welfare Development Fund subsidised welfare organisations to implement 16 drug management projects for RCHEs;

(d) Since October 2018, the SWD has arranged the Visiting Medical Practitioner Service for all the RCHEs in the territory. Furthermore, the SWD provides advice on how drug management should be improved depending on the actual circumstances during inspections, and organises relevant training workshops for RCHs regularly; and

(e) Since March 2019, the SWD has provided health workers of RCHEs with full subsidies to attend Qualifications Framework-based courses including those relating to drug management.

The Pilot Scheme on Visiting Pharmacist Services for Residential Care Homes for the Elderly (the Pilot Scheme) was launched in June 2010. Its main aim was to assess and optimise the drug management systems in the RCHs and enhance the knowledge and capability of their staff in drug management. The number of participating RCHEs dropped gradually, from 26 in the first year to six in 2018, right before the completion of the Pilot Scheme. In fact, with the implementation of the five measures mentioned in the above paragraphs, majority of RCHEs have established effective drug management systems, and their relevant staff have received training including drug management, and therefore the services provided by the Pilot Scheme were no longer required. The SWD will continue to implement the said measures to support RCHEs in drug management and safeguard the well-being of the elderly residents.

(3) To further enhance the regulation of RCHs, the SWD set up the Working Group on the Review of Ordinances and Codes of Practice for Residential Care Homes (the Working Group) in June 2017. The Working Group completed the review in May 2019 and put forward various recommendations, among which was to include in the Residential Care Homes (Elderly Persons) Regulation (Cap. 459A) provisions relating to care service so that RCHs should properly manage drugs and strictly follow doctors' prescription in assisting residents to take medication. The Government is in the process of drafting the legislative amendments, and will submit them to the Legislative Council for scrutiny as soon as practicable upon completion. The SWD will continue to liaise closely with the sector and stakeholders to prepare for the implementation of the amended regulation in the future.