



THE UNIVERSITY OF HONG KONG  
LI KA SHING FACULTY OF MEDICINE  
香港大學李嘉誠醫學院

# ACTION PLAN

Call for Immediate Action on Legislative Changes on  
Sales and Marketing of Alcoholic Beverages

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## **I) Introduction**

The World Health Organization recognizes alcohol as type I human carcinogen and a risk factor to other communicable diseases. However, drinking prevalence in Hong Kong has increased by 4% from 2005 to 2010 according to the Department of Health. The per capita consumption even surged in the same year when the alcohol tax was waived in 2008. Meanwhile, regulations on alcohol promotion in Hong Kong have been slack, especially when comparing to similar health-impairing consumer products such as cigarettes. Therefore, we strongly believe that improvements are needed to reduce the alcohol consumption and prevalence in Hong Kong. By reducing alcohol consumption, it not only benefits the public from the harmful effects of alcohol, but also reduces the government's and the taxpayers' burden on healthcare related to alcohol use in the long run.

## II) Goal

There are two goals:

- To add stricter regulations on alcohol promotion marketing and sales; and
- To educate the public, especially the younger adults, on the harmful effects of alcohol

We propose compulsory labeling on alcohol-containing beverages about the health risks of alcohol, and restriction on their advertisements in the mass media.

### **III) Background**

Following smoking and hypertension, alcohol consumption is the third most important risk factor to healthcare burden in the world. In Hong Kong, the per capita alcohol consumption has been rather steadily at 2.6 liters from 2004 to 2010. Also, 16.9% of the drinkers exceed the recommended upper limit of daily consumption regularly. Although these figures seem to reflect a less severe situation compared with other countries, the consumption was shown soaring when the alcohol tax was waived in 2008. Also, the prevalence of alcohol consumption has increased by 4% from 2005 to 2010. Such increasing prevalence shows that promotions to alcohol harms and restriction on alcohol consumption have been insufficient. This trend is opposite to cigarette smoking, on which there are stricter regulations on marketing strategies, such as compulsory health-warning labeling and restriction on advertising cigarette smoking. Hence there is clearly room for improvement on decreasing the prevalence of alcohol drinking in society by imposing strategies similar to combating cigarette smoking.

Labeling on health risks on cigarette packages is compulsory. Such warnings discourage consumers, especially younger consumers, from smoking or even buying the cigarettes. However, similar regulation is not found in alcohol-containing beverages. We believe that legislation for compulsory labeling on health risks on alcohol beverages can reduce the alcohol consumption in Hong Kong.

Currently, advertising alcohol beverages in mass media is legal if the target audience is adult, except 4:00 - 8:30pm on television. This is in contrast to advertising cigarettes, which was banned in social media completely in 1990. Policy should be reviewed to restrict further the advertising in social media, for instance, lengthening the advertising restriction on television. This can effectively reduce the chance of the public in reaching the idea of alcohol consumption, especially the younger adults. As a result, the incidence of alcohol consumption in such age group, as well as the overall consumption rate in Hong Kong, will decrease.

## IV) Action Plan

To ensure public support towards the restriction on alcohol sale and marketing, and their understanding of effect of drinking on health, we believe that both public health education and legislative changes are the only ways to reverse the current situation. Despite of our effort in organizing a health education campaign, revolution cannot be made without your support on initiating a discussion over the possibility of legislative changes. Below, we would provide a brief description of our education campaign and the proposed legislative reforms.

### *Stage 1: Health Education Campaign*

In order to have support from the public, we organize a two-day health education campaign in hope of spreading the health message and get opinion on how they think about the current regulation over sales and marketing of alcoholic beverages. It was held at Causeway Bay and Mongkok on 24<sup>th</sup> and 25<sup>th</sup> March 2012 respectively.

Petitions were collected in support for stricter regulation on alcohol advertising through television, Internet and other media, as well as legislation of compulsory health warning labels on alcohol packaging. In the two-day campaign, more than 600 citizens have signed petition. A photocopy of the petitions we have collected is attached to this proposal.

Also, two honorable guests, Professor Lam Tai Hing, Chair Professor of School of Public Health, University of Hong Kong, and Dr. Choi Kin, President of Hong Kong Medical Association, were there to support the campaign.

We have also got five media attention, namely Sing Pao, China Daily, Wen Wei Po, Hong Kong Commercial Daily and AM730, to report on the campaign.

We hope that you may appreciate the urgency in initiating legislative changes in the regulations over sales and marketing of alcoholic beverages, reflected by the support from the general public and the media attention.

*Stage 2: Advocation for legislative change*

In order to urge for regulation of the packaging and advertisement of alcohol containing products, we appeal for your help in initiating the discussion and consultative process in the legislative council.

We call for your support in:

1) Raising public awareness of the harms of alcohol

As described in the Introduction and Background sections, drinking prevalence in Hong Kong has been increasing in the past 5 years, and according to our survey, the results show that 5.8% of respondents said that each month would drink at least once a week, and 4.3% even drank more than three a week. Moreover, 44.4% of respondents did not know alcohol could cause cancer. We think that it is very important to speak out against alcohol consumption.

Others findings include there are significantly more male regular drinkers than female regular drinkers (note: definition of regular drinker more than or equal to once monthly) in which 37.3% males and 21.3% females are regular drinkers. Besides, regular drinkers are significantly less likely to be willing to drink less alcohol than non-regular drinkers. 80.5% non-regular drinkers or non-drinkers are willing to drink less or continue abstinence while comparatively only 54.9% regular drinkers are willing to drink less.

One alarming finding is that 7.5% of respondents below age of 18 admitted to drinking alcohol more than once per month, that is, 5 out of 67 respondents who are below age of 18.

It is clear that the to effectively ban the prevalence of drinking, it is important for the government to initiate from stopping people to start drinking. It will then be much easier to ask this portion of people to drink less or continue abstinence. In addition, we have to alert the drinking problem of people below age of 18. To effectively tackle this problem, we suggest that the government has to deal with the issue that there is lack of regulation on

sales of alcohol to people below age of 18 in unlicensed premises. We have to start from the source of purchase in order to eradicate the problem of teenage drinking. On this aspect, the government is obviously duty-bound to adjust the current legislation.

2) Proposing a bill for stricter regulation for the marketing of alcohol

Legislative change for stricter regulation for marketing of alcohol is essential. In a study by Anderson et al. published in the *Lancet*, a world leading medical journal, it has been shown that legislative control or ban on alcohol advertising is effective for reducing alcohol related harm, while self-regulation by alcohol companies was ineffective. As evidenced by Anderson et al., restrictions on advertising and raising the minimum legal age of purchasing age are convincingly effective in reducing alcohol-related harm in youths.

Therefore, we call for legislative change to:

- a) Ban any form of alcohol advertisement including on television, newspapers, magazines and billboards;
- b) Require health warning labels to be posted on all alcoholic products, in order to remind citizens of the alcohol content and harms of alcohol; and
- c) Ban sales of alcohol to minors under the age of 18 and increasing surveillance to enforce this ban.

3) Continued discussion and taking more actions to reduce alcohol-related harm

We have only listed a few of the many possible actions towards reducing alcohol-related harm in this proposal. The Department of Health has set up a Working Group on Alcohol and Health, chaired by Mr. Patrick MA Ching-hang, in June 2009. Three years into their project, they have released a long document entitled “Action Plan to Reduce Alcohol-Related Harm”, but have yet to carry out any concrete actions. We urge for active participation and contribution in the Working Group on Alcohol and Health, and hope that its actions will soon reach the general public.



## **V) Evaluation of Efficacy of Health Education Campaign**

Our campaign was successful in advocating stricter alcohol regulation and public education.

This is evident from the following dimensions:

- a) A total of five mainstream newspapers covered our campaign under health column of major Hong Kong news:
  - i) A 900 word coverage in Sing Pao Daily News on March 25<sup>th</sup>, 2012, in page A08.
  - ii) A 700 word coverage in AM730 and a group photo with Hong Kong Medical Association President, Dr Choi Kin, Gabriel and Professor TH Lam of School of Public Health, Li Ka Shing Faculty of Medicine on March 26<sup>th</sup>, 2012, in page 26.
  - iii) A 200 word coverage in Wen Wei Po on March 26, 2012 in page 22, with picture showing public education.
  - iv) Pictorial coverage by Hong Kong Commercial Daily on March 26<sup>th</sup> 2012, in page A17.

In addition to the newspaper in print, all of the above contents are available on the online edition of the respective newspapers such that our messages can be delivered to more audiences.

- b) The street campaign successfully obtained 626 signatures from pedestrians. Many were unaware of the adverse effects of alcohol consumption, and were grateful that we informed them of the potential consequences. The general public also gave us valuable opinion in our advocacy campaign. In addition, about 400 pamphlets were distributed to the public during our campaign.
- c) On the Internet, our Facebook page has received more than 1000 views. More than 100 individuals have “Liked” our page on Facebook.

(Facebook page: <http://www.facebook.com/AlcoholNoThanks201112>)

## **VI) Conclusion**

In this action plan, we hope we have clearly conveyed the message that the government has not done enough to control the prevalence of drinking habit in the society and its role on health education to the general public obviously is not reached.

With number of petitions collected and the result of the questionnaires, it is clear that there is great support from the public on the enforcement of stricter regulation on sales and marketing of alcoholic beverages, and there is a lack of proper concept on the health effect of drinking. There is plenty of room for the government to work in the future in order to reduce the prevalence of the drinking population in Hong Kong and avoid any more people from joining the drinking population.

## Appendix I: Group List

### Chief Coordinator:

Mr. Kin Lok, WONG MBBS III, HKU

### Coordinators:

Mr. Tsz Kit, CHAN MBBS III, HKU

Mr. Kwun Lok, CHEUNG MBBS III, HKU

Mr. Tsz Kit, CHOW MBBS III, HKU

Ms. Shuen Yi, LEUNG MBBS III, HKU

Ms. Karen Ka Wai, TSANG MBBS III, HKU

Ms. Wai Yu, WONG MBBS III, HKU

Mr. Yin Ki, WONG MBBS III, HKU

Ms. Wing Hay, YU MBBS III, HKU

## Appendix II: Petition and Questionnaire Form



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### 酒徒「無路」 Alcohol? No, thanks!

Document No.: \_\_\_\_\_

Date: \_\_\_\_\_

We are medical students from the University of Hong Kong promoting health awareness for the general public.

The aim of this campaign is two-fold:

- 1) To promote the public awareness of the harmful effects brought about by alcohol as well as;
- 2) To call for support on stricter regulations on the marketing of alcoholic beverages

**Please support campaign to advocate stricter regulations on marketing and labeling of alcoholic products by signing below.**

**Please also answer the following questionnaire in order to study the knowledge and preference of the society towards alcohol consumption. Thank you.**

- Q1) Do you know that alcohol and alcoholic beverages can cause cancer?
- Q2) Do you drink? If so, how frequent do you drink?
- a. Nondrinker or drink less than once per month
  - b. Occasional drinker, less than once per week
  - c. Drink at 1-3 days/week
  - d. Drink at 4+ days per week
- Q3) Would you drink less or stop or not start to drink, provided that alcohol is confirmed to be class I human carcinogen?

我們是香港大學醫學院三年級學生，希望透過簽名運動和公開展覽，提高公眾對酒精的認識。

是次活動目的為：一）提高大眾對酒精禍害的意識；二）爭取大眾支持收緊現有的酒精飲品銷售法例

**酒精害人不淺，請支持我們促請政府提高對酒精的標籤及監管。**

**請回答以下問卷調查，幫助我們研究人們對飲酒的認識及習慣。多謝。**

- Q1) 你知道酒精和含酒精的飲料可引起癌症嗎？
- Q2) 你飲酒嗎？每星期飲酒的頻率是多少？
- a. 不飲酒或每月少於一次
  - b. 偶爾飲酒，每週少於一次
  - c. 每週一至三次
  - d. 每週四次或以上
- Q3) 知道酒精是第一類人類致癌物後，你會減少或停止或不飲酒嗎？

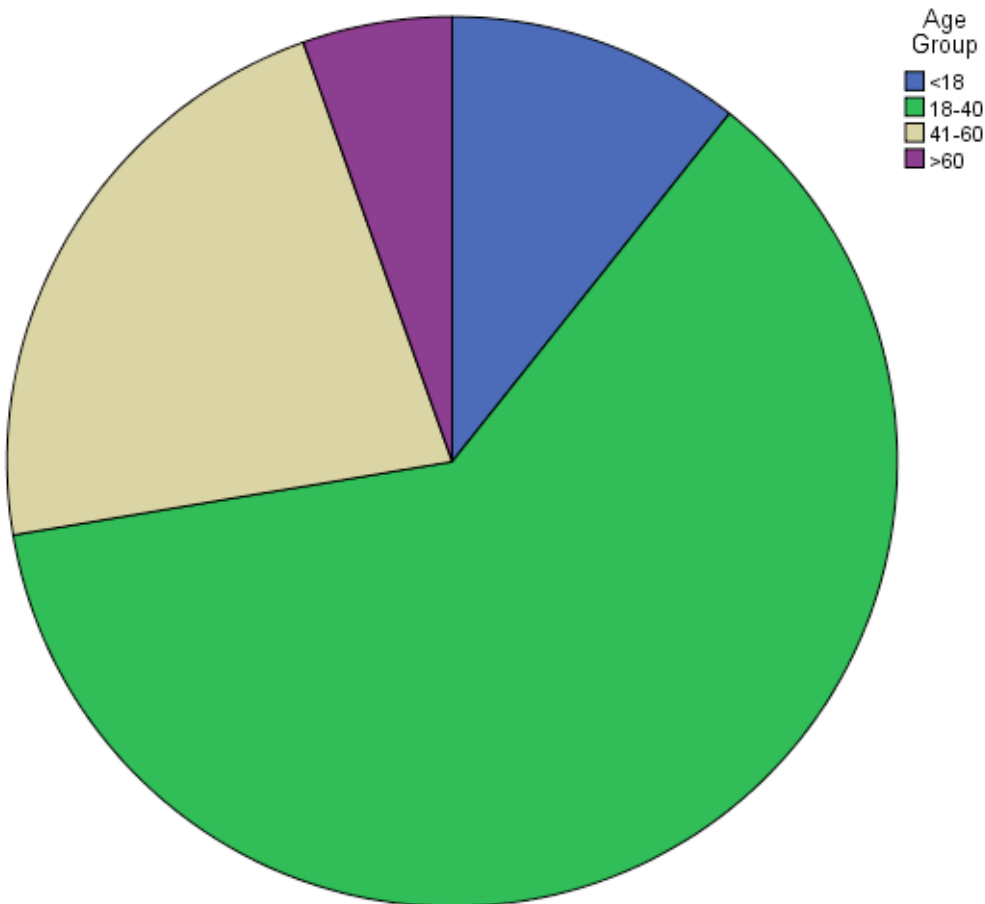
Signature	Age Group	Sex	Q1.	Q2.	Q.3	Signature	Age Group	Sex	Q1.	Q2.	Q.3
1.						11.					
2.						12.					
3.						13.					
4.						14.					
5.						15.					
6.						16.					
7.						17.					
8.						18.					
9.						19.					
10.						20.					

## Appendix III: Result of Questionnaires

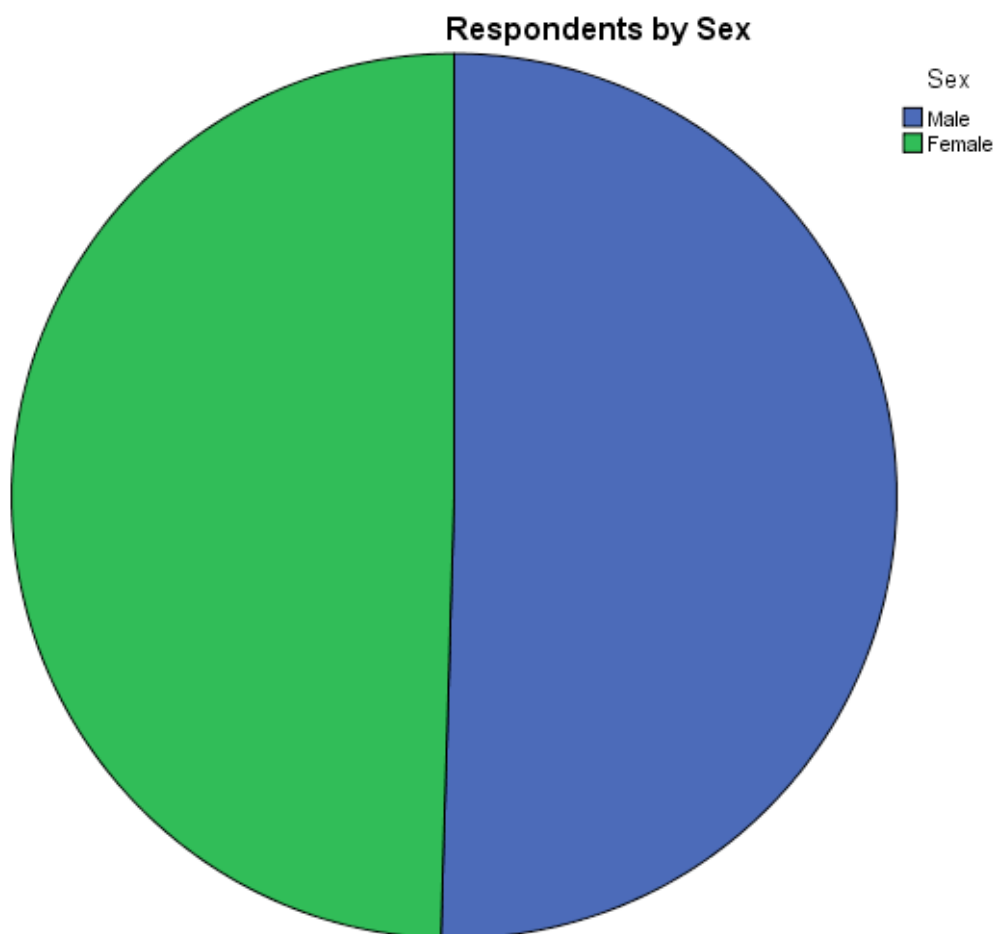
### Frequency Table

		Age Group			
	Frequency	Percent	Valid Percent	Cumulative Percent	
	<18	67	10.7	10.7	10.7
	18-40	386	61.7	61.7	72.4
Valid	41-60	139	22.2	22.2	94.6
	>60	34	5.4	5.4	100.0
Total	626	100.0	100.0		

Respondents by Age



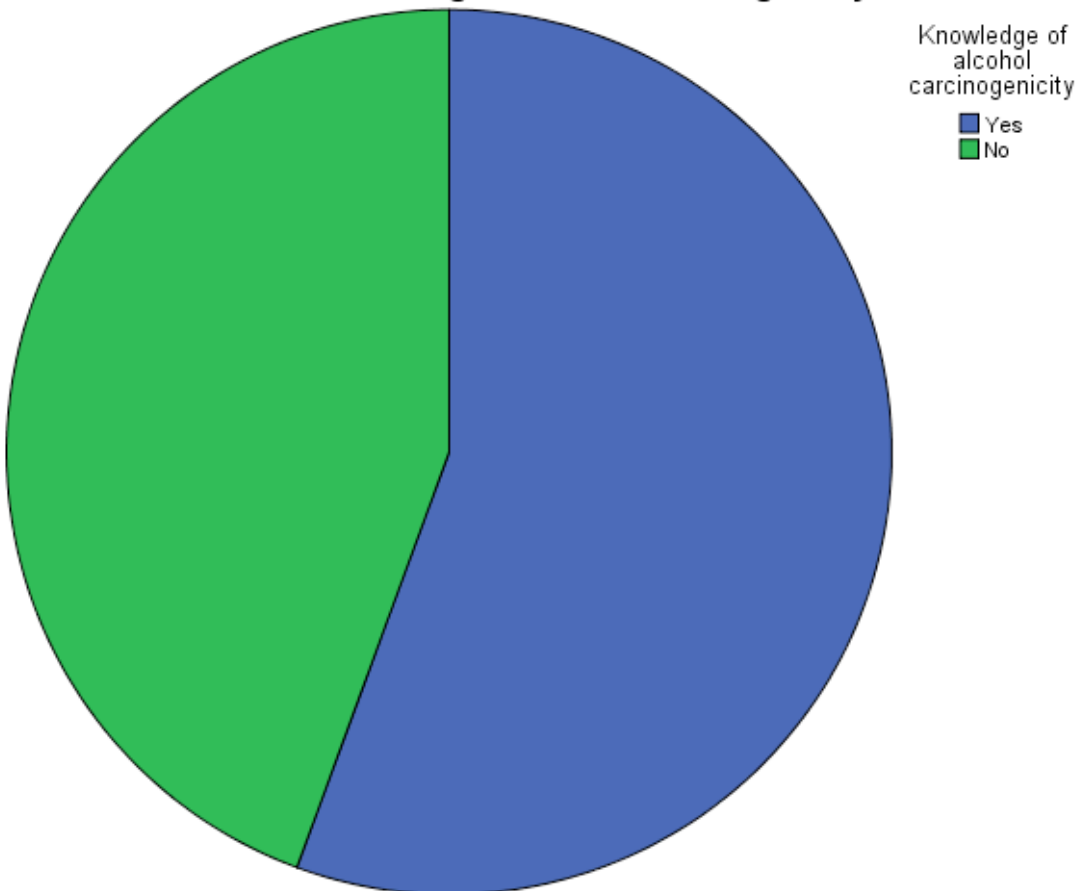
		Sex			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	316	50.5	50.5	50.5
	Female	310	49.5	49.5	100.0
	Total	626	100.0	100.0	



**Knowledge of alcohol carcinogenicity**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	348	55.6	55.6	55.6
Valid No	278	44.4	44.4	100.0
Total	626	100.0	100.0	

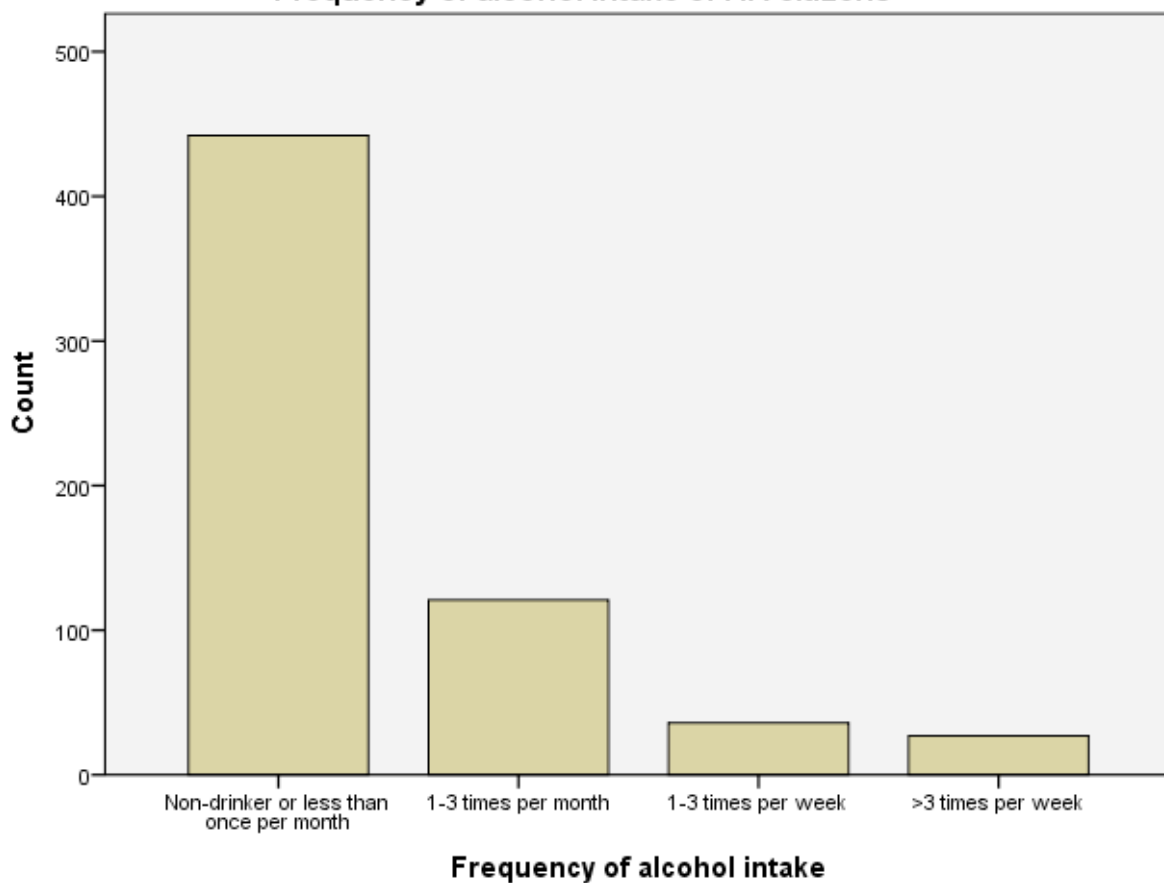
**Knowledge of alcohol carcinogenicity**



Frequency of alcohol intake

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Non-drinker or less than once per month	442	70.6	70.6	70.6
1-3 times per month	121	19.3	19.3	89.9
1-3 times per week	36	5.8	5.8	95.7
>3 times per week	27	4.3	4.3	100.0
Total	626	100.0	100.0	

Frequency of alcohol intake of HK citizens

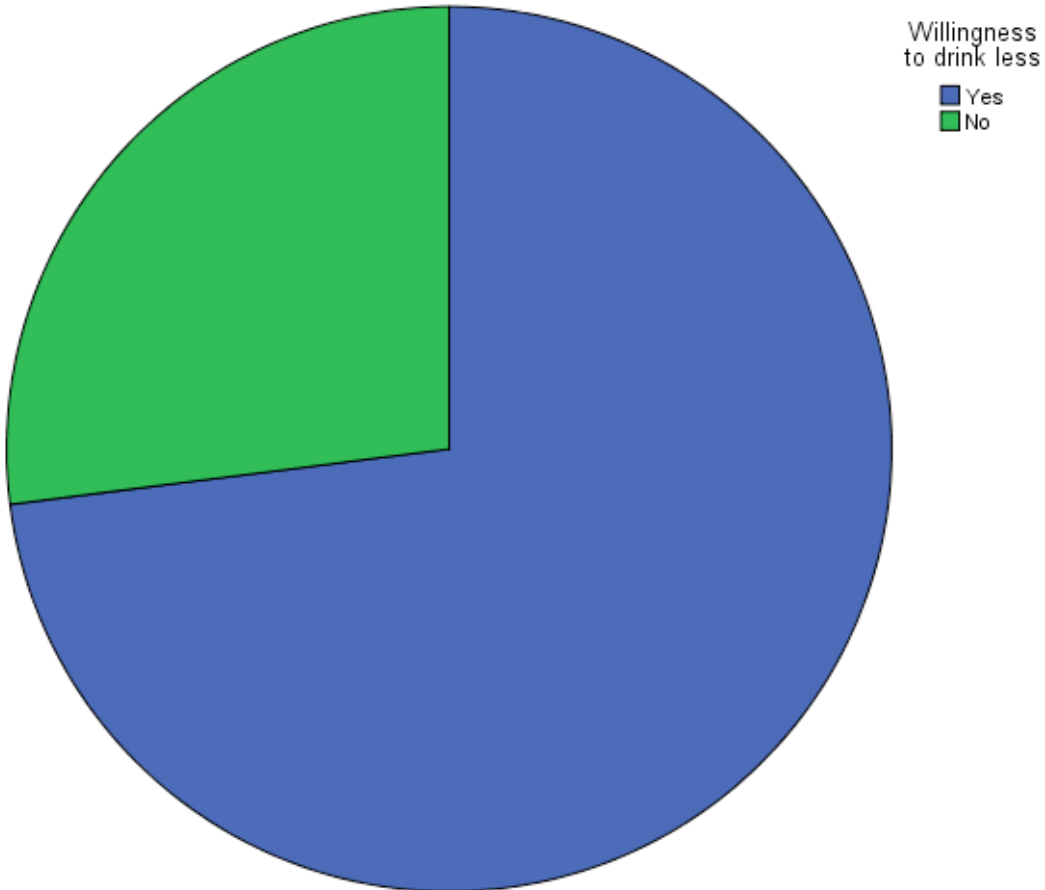




Willingness to drink less

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	457	73.0	73.0	73.0
Valid No	169	27.0	27.0	100.0
Total	626	100.0	100.0	

Willingness to drink less alcohol



Knowledge of alcohol carcinogenicity \* Frequency of alcohol intake Crosstabulation

		Frequency of alcohol intake		
		Non-drinker or less than once per month	1-3 times per month	
Knowledge of alcohol carcinogenicity	Yes	Count	241	80
		% within Knowledge of alcohol carcinogenicity	69.3%	23.0%
		% within Frequency of alcohol intake	54.5%	66.1%
	No	Count	201	41
		% within Knowledge of alcohol carcinogenicity	72.3%	14.7%
		% within Frequency of alcohol intake	45.5%	33.9%
Total	Count	442	121	
	% within Knowledge of alcohol carcinogenicity	70.6%	19.3%	
	% within Frequency of alcohol intake	100.0%	100.0%	

**Knowledge of alcohol carcinogenicity \* Frequency of alcohol intake Crosstabulation**

		Frequency of alcohol intake		
		1-3 times per week	>3 times per week	
Knowledge of alcohol carcinogenicity	Yes	Count	17	10
		% within Knowledge of alcohol carcinogenicity	4.9%	2.9%
		% within Frequency of alcohol intake	47.2%	37.0%
	No	Count	19	17
		% within Knowledge of alcohol carcinogenicity	6.8%	6.1%
		% within Frequency of alcohol intake	52.8%	63.0%
Total	Count	36	27	
	% within Knowledge of alcohol carcinogenicity	5.8%	4.3%	
	% within Frequency of alcohol intake	100.0%	100.0%	

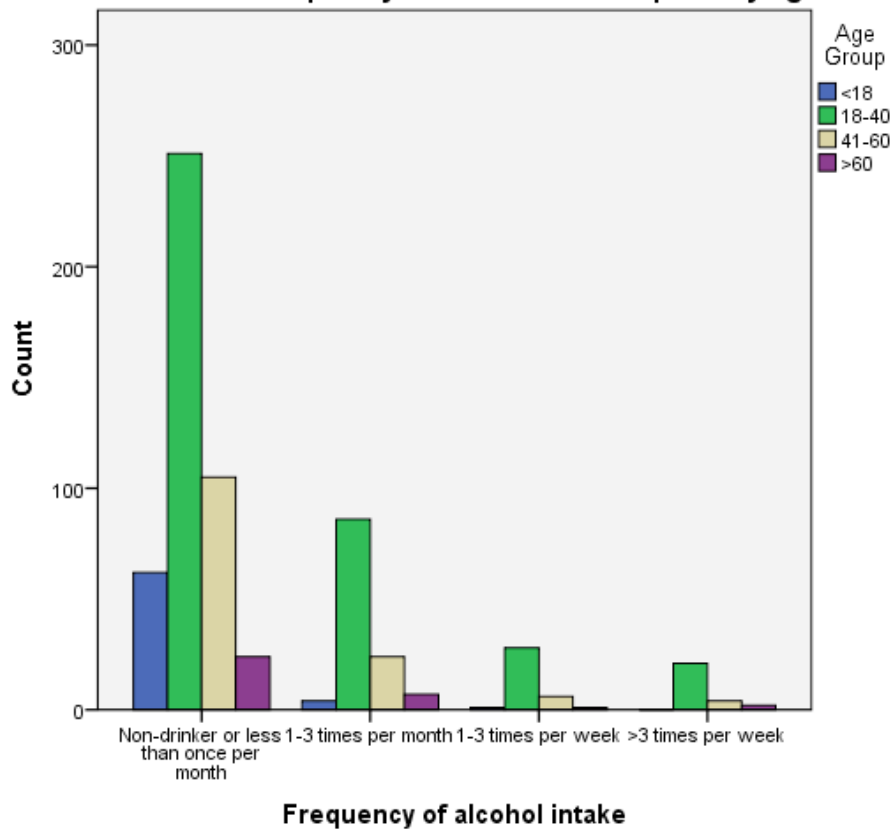
**Knowledge of alcohol carcinogenicity \* Frequency of alcohol intake Crosstabulation**

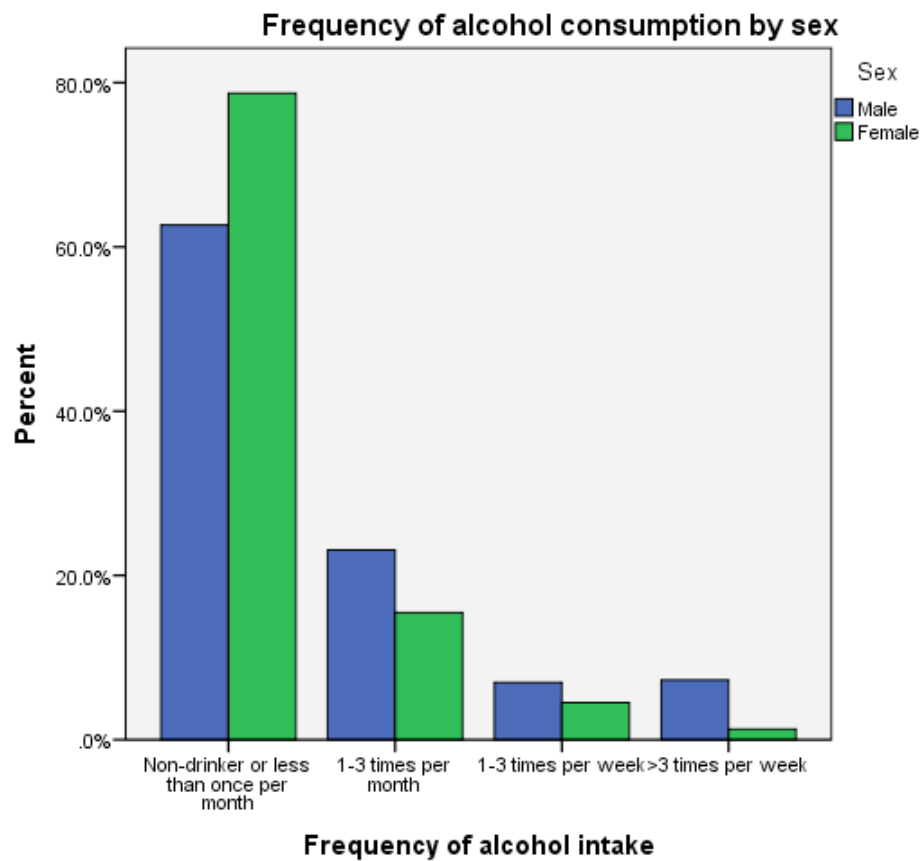
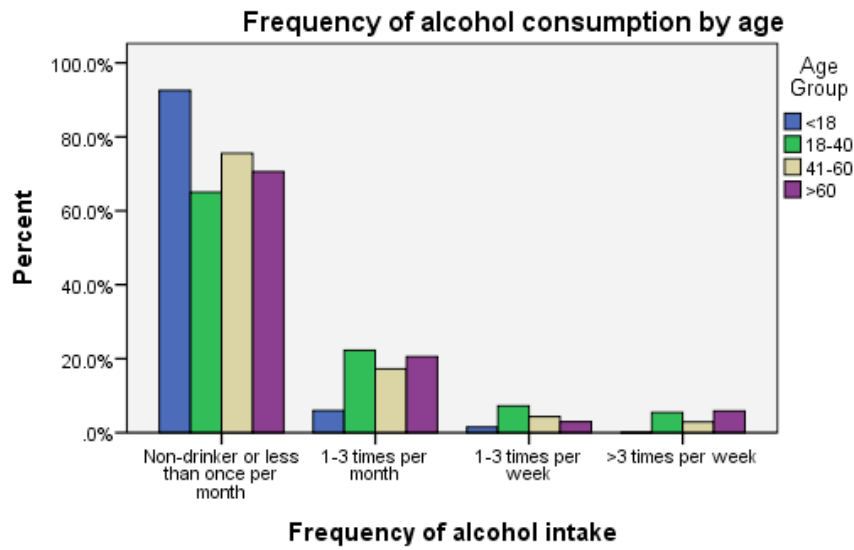
		Total	
Knowledge of alcohol carcinogenicity	Yes	Count	348
		% within Knowledge of alcohol carcinogenicity	100.0%
		% within Frequency of alcohol intake	55.6%
	No	Count	278
		% within Knowledge of alcohol carcinogenicity	100.0%
		% within Frequency of alcohol intake	44.4%
Total	Count	626	
	% within Knowledge of alcohol carcinogenicity	100.0%	
	% within Frequency of alcohol intake	100.0%	

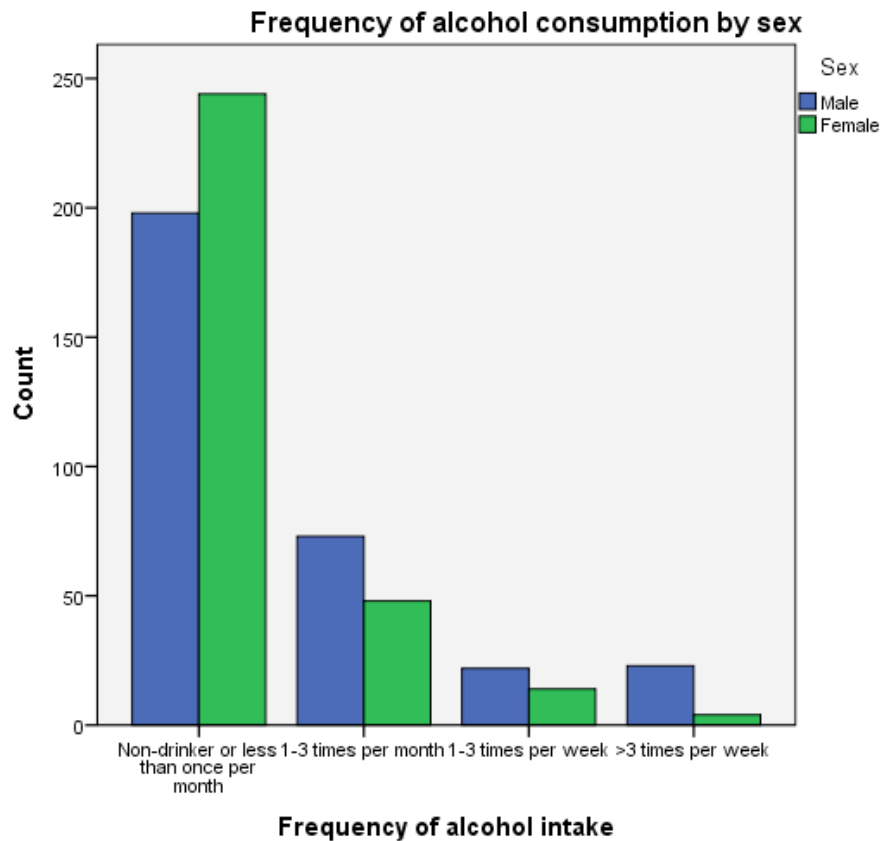
Knowledge of alcohol carcinogenicity \* Drinker Crosstabulation

		Drinker		Total
		No	Yes	
Knowledge of alcohol carcinogenicity	Count	241	107	348
	Yes	69.3%	30.7%	100.0%
	% within Knowledge of alcohol carcinogenicity			
	% within Drinker	54.5%	58.2%	55.6%
	No	72.3%	27.7%	100.0%
	% within Knowledge of alcohol carcinogenicity			
Total	Count	442	184	626
	% within Knowledge of alcohol carcinogenicity	70.6%	29.4%	100.0%
	% within Drinker	100.0%	100.0%	100.0%

Frequency of alcohol consumption by age







### Frequency Table for Age Less than 18 Respondents

**Knowledge of alcohol carcinogenicity**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	24	35.8	35.8	35.8
Valid No	43	64.2	64.2	100.0
Total	67	100.0	100.0	

**Frequency of alcohol intake**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Non-drinker or less than once per month	62	92.5	92.5	92.5
Valid 1-3 times per month	4	6.0	6.0	98.5
Valid 1-3 times per week	1	1.5	1.5	100.0
Total	67	100.0	100.0	

**Willingness to drink less**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	54	80.6	80.6	80.6
Valid No	13	19.4	19.4	100.0
Total	67	100.0	100.0	

**Frequency Table for Respondents Aged 18-40**

**Knowledge of alcohol carcinogenicity**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	238	61.7	61.7	61.7
Valid No	148	38.3	38.3	100.0
Total	386	100.0	100.0	

**Frequency of alcohol intake**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Non-drinker or less than once per month	251	65.0	65.0	65.0
Valid 1-3 times per month	86	22.3	22.3	87.3
Valid 1-3 times per week	28	7.3	7.3	94.6
Valid >3 times per week	21	5.4	5.4	100.0
Total	386	100.0	100.0	

**Willingness to drink less**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	264	68.4	68.4	68.4
Valid No	122	31.6	31.6	100.0
Total	386	100.0	100.0	

**Frequency Table for Respondents Aged 41-60****Knowledge of alcohol carcinogenicity**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	68	48.9	48.9	48.9
Valid No	71	51.1	51.1	100.0
Total	139	100.0	100.0	

**Frequency of alcohol intake**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Non-drinker or less than once per month	105	75.5	75.5	75.5
Valid 1-3 times per month	24	17.3	17.3	92.8
Valid 1-3 times per week	6	4.3	4.3	97.1
Valid >3 times per week	4	2.9	2.9	100.0
Total	139	100.0	100.0	

**Willingness to drink less**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	110	79.1	79.1	79.1
Valid No	29	20.9	20.9	100.0
Total	139	100.0	100.0	

**Frequency Table for Respondents Aged Larger than 60****Knowledge of alcohol carcinogenicity**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	18	52.9	52.9	52.9
Valid No	16	47.1	47.1	100.0
Total	34	100.0	100.0	



**Frequency of alcohol intake**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Non-drinker or less than once per month	24	70.6	70.6	70.6
Valid 1-3 times per month	7	20.6	20.6	91.2
Valid 1-3 times per week	1	2.9	2.9	94.1
Valid >3 times per week	2	5.9	5.9	100.0
Valid Total	34	100.0	100.0	

**Willingness to drink less**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	29	85.3	85.3	85.3
Valid No	5	14.7	14.7	100.0
Valid Total	34	100.0	100.0	

**Crosstabs****Frequency of alcohol intake \* Willingness to drink less Crosstabulation**

		Willingness to drink less	
		Yes	
Frequency of alcohol intake	Non-drinker or less than once per month	Count	356
		% within Frequency of alcohol intake	80.5%
	1-3 times per month	% within Willingness to drink less	77.9%
		Count	69
	1-3 times per week	% within Frequency of alcohol intake	57.0%
		% within Willingness to drink less	15.1%
	>3 times per week	Count	18
		% within Frequency of alcohol intake	50.0%
	Total	% within Willingness to drink less	3.9%
		Count	14
		% within Frequency of alcohol intake	51.9%
		% within Willingness to drink less	3.1%
	Count	457	
	% within Frequency of alcohol intake	73.0%	
		% within Willingness to drink less	100.0%

Frequency of alcohol intake \* Willingness to drink less Crosstabulation

		Willingness to drink less	
		No	
Frequency of alcohol intake	Non-drinker or less than once per month	Count	86
		% within Frequency of alcohol intake	19.5%
	1-3 times per month	% within Willingness to drink less	50.9%
		Count	52
	1-3 times per week	% within Frequency of alcohol intake	43.0%
		% within Willingness to drink less	30.8%
	>3 times per week	Count	18
		% within Frequency of alcohol intake	50.0%
	Total	% within Willingness to drink less	10.7%
		Count	13
		% within Frequency of alcohol intake	48.1%
		% within Willingness to drink less	7.7%
	Count	169	
	% within Frequency of alcohol intake	27.0%	
		% within Willingness to drink less	100.0%

## Frequency of alcohol intake \* Willingness to drink less Crosstabulation

		Total
Frequency of alcohol intake	Count	442
	Non-drinker or less than once per month	100.0%
	% within Frequency of alcohol intake	70.6%
	% within Willingness to drink less	121
	Count	100.0%
	1-3 times per month	19.3%
	% within Frequency of alcohol intake	36
	% within Willingness to drink less	100.0%
	Count	5.8%
	1-3 times per week	27
	% within Frequency of alcohol intake	100.0%
	% within Willingness to drink less	4.3%
Count	626	
% within Frequency of alcohol intake	100.0%	
% within Willingness to drink less	100.0%	
Total		

**Drinker \* Willingness to drink less Crosstabulation**

		Willingness to drink less		Total	
		Yes	No		
Drinker	No	Count	356	86	442
		% within Drinker	80.5%	19.5%	100.0%
		% within Willingness to drink less	77.9%	50.9%	70.6%
	Yes	Count	101	83	184
		% within Drinker	54.9%	45.1%	100.0%
		% within Willingness to drink less	22.1%	49.1%	29.4%
Total	Count	457	169	626	
	% within Drinker	73.0%	27.0%	100.0%	
	% within Willingness to drink less	100.0%	100.0%	100.0%	

**Drinker \* Sex Crosstabulation**

		Sex		Total	
		Male	Female		
Drinker	No	Count	198	244	442
		% within Drinker	44.8%	55.2%	100.0%
		% within Sex	62.7%	78.7%	70.6%
	Yes	Count	118	66	184
		% within Drinker	64.1%	35.9%	100.0%
		% within Sex	37.3%	21.3%	29.4%
Total	Count	316	310	626	
	% within Drinker	50.5%	49.5%	100.0%	
	% within Sex	100.0%	100.0%	100.0%	