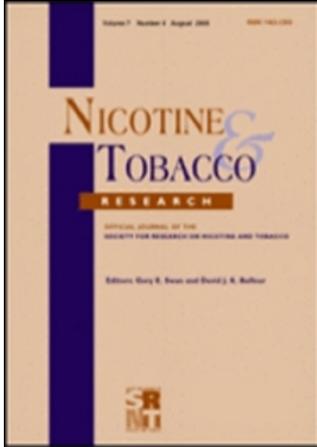


This article was downloaded by:[Brigham, Janet]
On: 4 February 2008
Access Details: [subscription number 768245076]
Publisher: Informa Healthcare
Informa Ltd Registered in England and Wales Registered Number: 1072954
Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



Nicotine & Tobacco Research

Publication details, including instructions for authors and subscription information:
<http://www.informaworld.com/smpp/title~content=t713439766>

Tobacco compliance check in Hong Kong

Ming-yue Kan ^a; Maggie Lau ^b

^a Committee on Youth Smoking Prevention, Hong Kong

^b Department of Public and Social Administration, City University of Hong Kong, Hong Kong

Online Publication Date: 01 February 2008

To cite this Article: Kan, Ming-yue and Lau, Maggie (2008) 'Tobacco compliance check in Hong Kong', *Nicotine & Tobacco Research*, 10:2, 337 - 340

To link to this article: DOI: 10.1080/14622200701824992

URL: <http://dx.doi.org/10.1080/14622200701824992>

PLEASE SCROLL DOWN FOR ARTICLE

Full terms and conditions of use: <http://www.informaworld.com/terms-and-conditions-of-access.pdf>

This article maybe used for research, teaching and private study purposes. Any substantial or systematic reproduction, re-distribution, re-selling, loan or sub-licensing, systematic supply or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The accuracy of any instructions, formulae and drug doses should be independently verified with primary sources. The publisher shall not be liable for any loss, actions, claims, proceedings, demand or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.

Tobacco compliance check in Hong Kong

Ming-yue Kan, Maggie Lau

Received 12 December 2006; accepted 31 March 2007

We examined tobacco retailers' rates of compliance to the law forbidding the sale of tobacco products to persons under 18 years of age in Hong Kong. The overall compliance rate was only 18.9%. The low compliance rate may be attributed to poor enforcement of the youth access law. Overseas experiences show that regular checking is an effective way to evaluate the compliance of tobacco retailers to restrictions on youth access to tobacco. Periodic tobacco compliance checks should be adopted in Hong Kong to exert pressure on law enforcement bodies and tobacco retailers.

Introduction

A number of international reports argue that most smokers start smoking during adolescence (World Bank, 1999; World Health Organization, 1997). Thus youth access to tobacco has long been a common tobacco control issue. The WHO Framework Convention on Tobacco Control (FCTC) asks all parties to the convention to adopt measures to prohibit tobacco sales to minors (World Health Organization, 2003). In the United States, the Synar Amendment passed in 1992 requires state governments to conduct tobacco compliance checks annually and to ensure a compliance rate of at least 80% (U.S. General Accounting Office, 2001). Similar practices have been adopted in other countries, including Australia (Carroll, 2000), Canada (Corporate Research Group, 2005), and the United Kingdom (U.K. Department of Health, 2002).

The latest thematic household survey on smoking patterns showed that more than half of the smokers (59.6%) in Hong Kong started weekly smoking behavior before the age of 20 (Census and Statistics Department of Hong Kong, 2006). Preventing the initiation of adolescent smoking is critically important for overall tobacco control in Hong Kong. Since 1994, the Smoking (Public Health) Ordinance has

forbidden the sale of tobacco products to anyone under 18. However, the law is not enforced effectively. Several local studies have indicated that few minors were asked to identify their age when they bought cigarettes (Committee on Youth Smoking Prevention, 2004a, 2004b, 2006a). Also, an overwhelming majority of minors felt that they could easily buy cigarettes at retail outlets (Committee on Youth Smoking Prevention, 2004a, 2004b, 2006a). Compliance rates of tobacco retailers have never been studied in Hong Kong. The present study is the first scientific and territory-wide tobacco compliance check in Hong Kong. This paper presents and discusses tobacco retailers' rates of compliance to the law forbidding the sale of tobacco products to persons under 18.

Method

Sampling procedure

Because selling tobacco products in Hong Kong does not require a license, no single party holds a full list of tobacco retailers. The research team collected retailers' addresses through various channels, including tobacco companies, governmental departments, annual reports of chain stores, chambers of industry, and the Internet. The addresses of 8,135 tobacco product retailers were collected, and the target population for the tobacco compliance check was 7,443, excluding nightclubs and Mahjong schools to which minors are refused access. In this survey, simple random sampling was adopted, with the

Ming-yue Kan, M.Phil., Committee on Youth Smoking Prevention, Hong Kong; Maggie Lau, Ph.D., Department of Public and Social Administration, City University of Hong Kong, Hong Kong.

Correspondence: Ming-yue Kan, M.Phil., Committee on Youth Smoking Prevention, 1202, Methodist House, 36 Hennessy Road, Wan Chai, Hong Kong. Tel: (852) 2718 8321; Fax: (852) 2718 8200; E-mail: kan@yosp.org.hk

survey sample selected using a computerized random system. A total of 1,800 cases were randomly drawn from the target population. The number of successful cases observed was 1,249.

Recruitment of minor and adult observers

The procedures for this compliance check followed a standard protocol that is widely used in the United States (Substance Abuse and Mental Health Services Administration, n.d.). A team of observers consisting of one minor and one adult were sent to selected tobacco retailers. All minor observers were nonsmokers aged 13–17 years. Photographs of these minors were sent to five independent persons (including two youth workers, two teachers, and one shopkeeper not from the tobacco retailing industry) to guess their age. Those minors for whom age estimates were lower or higher than the required age range (i.e., 13–17 years) were excluded. This exercise guaranteed that the appearance of the minor observers would not mislead the tobacco retailers. The adult observers were nonsmokers aged over 20 years.

Both minor and adult observers were well briefed and trained so that they were clear about the objective, significance, procedures, potential risks, and contingency plan of the project before the operation. Observers were debriefed after the operation, which gave them an opportunity to share their experiences and feelings. It also ensured that any problems that arose during the operation were handled appropriately. All observers served on a voluntary basis. For minor observers, the research team sought parental approval before the operation.

Data collection

The tobacco compliance check was conducted between July and August 2006. Observers were sent to the selected tobacco retailers between 9:30 a.m. and 7:00 p.m. during weekdays and weekends. They were dressed normally so that their appearance would not differ from the age range required. To evaluate the impact of wearing a school uniform, in 160 out of 1,249 successfully observed cases (12.8%), the minor observers were dressed in school uniforms. The team members entered the shop separately with no indication of being together. The minor observer directly made a purchase attempt by asking for a pack of a specified brand of cigarettes (a brand commonly used by youths). If he or she was asked about his or her age, the minor observer told the truth. Once the shopkeeper indicated whether he was willing to sell (by asking for money, handing over the tobacco product, unlocking the cash register, or simply refusing to sell), the minor observer terminated the purchase in a casual way and left the shop.

The adult observer monitored the whole process and guaranteed the personal safety of the minor observer. The observers left the shop separately and met at a previously specified meeting point. Data such as the shopkeeper's willingness to sell cigarettes, checking the minor's age before selling tobacco products, and whether the shop posted the specified warning sign, were recorded immediately.

A total of 1,800 stores were visited, and purchase attempts were completed in 1,249 of them, yielding a response rate of 69.4%. A total of 551 cases were excluded, since some shops were either closed during the operation period or shut down. The 1,249 valid cases included restaurants (26%), grocery stores (25.4%), newspaper stands (22.4%), convenience stores (18.8%), supermarkets (3.4%), and others (3.9%). At a 95% confidence level, the estimated sampling error was within ± 2.50 .

Results

The findings showed that the overall compliance rate of the tobacco retailers checked was only 18.9%. This indicates that minors can easily access tobacco products in Hong Kong. In terms of compliance rate by type of tobacco retailer, newsstands (8.6%), grocery stores (8.8%), and restaurants (14.2%) were identified as the most likely to violate the law banning the sale of tobacco products to persons under 18 ($\chi^2=197.443$, $p<.0001$). The compliance rate for both convenience stores (49.8%) and supermarkets (32.6%) was much higher. However, less than half of these two types of retailers complied with the existing the Smoking (Public Health) Ordinance banning the sale of cigarettes to anyone under 18.

More than three-quarters (79.2%, $n=988$) of tobacco retailers were willing to sell cigarettes to minors without asking their age. A statistically significant relationship was found between compliance rates and those shopkeepers ignoring the minor's age ($\chi^2=618.822$, $p<.0001$). It is surprising that 24 tobacco retailers (13.5%) were still willing to sell cigarettes even though they knew the minor observer was under 18.

The Smoking (Public Health) Ordinance also requires tobacco retailers to display a specified warning sign indicating that no tobacco product may be sold to any person under 18. The results showed that only 41.4% of the tobacco retailers conformed to this law. It is not surprising that those shopkeepers who did not display the warning sign were more likely to sell cigarettes to a minor (86.2%), compared with 73.9% of those retailers displaying the warning sign ($\chi^2=29.855$, $p<.0001$).

This survey also explored factors affecting the behavior of retailers. The clothing worn by the minor observers affected retailers' willingness to sell them

cigarettes. The compliance rates for causal wear and school uniforms were 15.9% and 39.4%, respectively ($\chi^2=50.224$, $p<.0001$). Although compliance rates for both categories were still low, the result for school uniforms was clearly better than for casual wear. Other factors affecting retailer behavior were the shopkeeper's age (estimated by the minor observers) and their gender. In our samples, more than 92% of the retailers were aged 18–60. Younger shopkeepers tended to have a higher compliance rate ($\chi^2=39.369$, $p<.0001$). Moreover, the compliance rate for female shopkeepers (22.6%) was better than for males (12.3%; $\chi^2=19.908$, $p<.0001$).

Discussion

In Hong Kong the low rate of compliance with the youth access law may be attributed to poor enforcement. In the financial year 2005–2006, there were only eight prosecutions for violations for the law. According to the Hong Kong Police Force (2006), the fines ranged from HK\$700 to \$8,000. Before 2006, the designated agency, the Tobacco Control Office, had only 30 staff and no enforcement power. Even though the police force has authority in this area, tobacco control is not its top priority. The amendment to the Smoking (Public Health) Ordinance, passed in October 2006, granted enforcement power and additional human resources to the Tobacco Control Office. However, it remains to be seen whether the compliance rate will increase in the near future.

It is widely believed that active enforcement could increase compliance rates (Forster & Wolfson, 1998; Gemson, Moats, Watkins, & Ganz, 1998; Jason, Billows, Schnopp-Wyatt, & King, 1996; Rigotti, DiFranza, Chang, & Tisdale, 1997). For instance, the U.S. experience provides insights in this context. The Synar Amendment requires not less than 80% compliance in each state; otherwise, 40% of the state's Substance Abuse Prevention and Treatment block grant will be withheld (U.S. General Accounting Office, 2001). Such a negative sanction motivates state governments to enforce the law. The proportion of states meeting the 80% compliance requirement improved continuously from 27.5% in 1997 to 96.1% in 2005 (U.S. Center for Substance Abuse Prevention, 2006). However, there is no incentive for the Hong Kong Tobacco Control Office to enforce the ban on sales of tobacco to those under 18. During an interview, a senior government official disclosed that, on the issue of access control, retailer education was given priority over enforcement. The government sends inspectors to observe a case only if they receive a complaint (Leung, 2006). This indicates that the government will not actively enforce the law in the near future.

The present survey has several limitations. The most critical arise from its validity. The procedures followed the standard protocol widely used in the United States (Substance Abuse and Mental Health Services Administration, n.d.). However, the standard protocol has been criticized for its underestimation (DiFranza, Savageau, & Bouchard, 2001; Etter, 2006). During the operation, the minor observers were prohibited from dressing older, lying, buying cigarettes in a shop with which they were familiar, or carrying out any threatening actions. In other words, the procedure cannot demonstrate the exact behavior of "real" minor smokers (Etter, 2006). DiFranza et al. (2001) compared the results for a "smoker protocol" (using an underage smoker who behaved normally) and the standard protocol. They found that the smoker protocol increased the noncompliance rate by sixfold over the latter. Other researchers found that the noncompliance rate for a "familiarity protocol" was 10-fold higher than for the standard protocol (Landrine & Klonoff, 2003).

An incomplete population list is another weakness of this survey. Since there is no tobacco licensing system in Hong Kong, it is difficult to obtain an up-to-date and complete retailer list. Fortunately, one major tobacco company and the government provided the list of tobacco retailers they held. Besides, the major tobacco retailers in Hong Kong are chain stores, which publish store addresses on their web sites and in other publications. Therefore, the list compiled should not be far from the complete list.

The operation times used for purchase attempts also produced an underestimation effect. It is believed that the illegal sale of cigarettes to minors is more common at night. Marginal youths who have a greater tendency to smoke are more active at night. In addition, the Tobacco Control Office operates only during regular office hours. This implies that law enforcement would not be carried out at night. Nonetheless, taking the personal safety of minor and adult observers into consideration, we could operate the survey only between 9:30 a.m. and 7:00 p.m. during weekdays and weekends. In other words, the present survey provides only a daytime compliance rate and does not provide a full picture.

This paper reports results for the first territory-wide tobacco compliance check in Hong Kong. The compliance rate in Hong Kong lags far behind those of other countries, such as Canada (82.3%; Corporate Research Group, 2005), the United States (88.4%; U.S. Center for Substance Abuse Prevention, 2006), and the United Kingdom (88%; U.K. Department of Health, 2002). The lack of incentives for the Tobacco Control Office to actively enforce the youth access law is a major problem in Hong Kong. Fortunately, consensus on the urgent need to tackle this problem is still strong. Of the parents interviewed, 85.4% thought

that it was easy for minors to purchase cigarettes. When asked about the urgency of preventing adolescent smoking, 89.4% of parents responded "urgent" or "very urgent" (Committee on Youth Smoking Prevention, 2006b). In the future, local antismoking organizations should consider how to transform public support to motivate the government.

Moreover, the present survey represents the first study of access control and youth smoking in Hong Kong. In the future, two types of research studies are needed. The first is on the use of periodic compliance checks. Such checks not only serve as a monitoring system but also raise public awareness of the problem and exert pressure on law enforcement bodies and tobacco retailers. The second is a study of the relationship between compliance rates and the prevalence of youth smoking. Although similar studies have been conducted in western countries, no information on this issue is available for Hong Kong. Such studies would certainly provide insight into strategies for tackling the problem of adolescent smoking.

Acknowledgments

The authors thank the agencies that provided data and the adult and minor observers who served as volunteers. The authors also thank the Committee on Youth Smoking Prevention for providing funding and other support for this project.

References

- Carroll, B. (2000). *A national approach for reducing access to tobacco in Australia by young people under 18 years of age*. Canberra: Department of Health and Ageing, Commonwealth of Australia.
- Census and Statistics Department of Hong Kong. (2006). *Thematic household survey report no. 26*. Hong Kong: Census and Statistics Department, Hong Kong Government.
- Committee on Youth Smoking Prevention. (2004a). *Survey on attitudes and the practice of youth smoking in Hong Kong 2003: Report*. Hong Kong: Author.
- Committee on Youth Smoking Prevention. (2004b). *Survey on the smoke-free culture of secondary school students* [Chinese]. Hong Kong: Author.
- Committee on Youth Smoking Prevention. (2006a). *Survey on attitude and practice of youth smoking in Hong Kong 2005: Report* [Chinese]. Hong Kong: Author.
- Committee on Youth Smoking Prevention. (2006b). *Survey on parental attitudes toward youth smoking in Hong Kong* [Chinese]. Hong Kong: Author.
- Corporate Research Group. (2005). *Evaluation of retailers' behaviour towards certain youth access-to-tobacco restrictions*. Ottawa, Ontario: Health Canada.
- DiFranza, J. R., Savageau, J. A., & Bouchard, J. (2001). Is the standard compliance check protocol a valid measure of the accessibility of tobacco to underage smokers? *Tobacco Control, 10*, 227-232.
- Etter, J.-F. (2006). Laws prohibiting sale of tobacco to minors: Impact and adverse consequences. *American Journal of Preventive Medicine, 31*(1), 47-51.
- Forster, J. L., & Wolfson, M. (1998). Youth access to tobacco: Policies and politics. *Annual Review of Public Health, 19*, 203-235.
- Gemson, D., Moats, H., Watkins, B., & Ganz, M. (1998). Laying down the law: Reducing illegal tobacco sales to minors in central Harlem. *American Journal of Public Health, 88*(6), 936-939.
- Hong Kong Police Force. (2006). Reply letter to Ming-yue Kan. Hong Kong: Author.
- Jason, L., Billows, W., Schnopp-Wyatt, D., & King, C. (1996). Reducing the illegal sales of cigarettes to minors: Analyses of alternative enforcement schedules. *Journal of Applied Behavior Analysis, 3*, 333-344.
- Landrine, H., & Klonoff, E. A. (2003). Validity of assessments of youth access to tobacco: The familiarity effect. *Adolescent Health, 93*(11), 1883-1886.
- Leung, K. W. (2006). *Free air and free phone* [Chinese]. Radio Television Hong Kong (Channel 1). C. S. Man (Producer).
- Rigotti, N. A., DiFranza, J. R., Chang, Y., & Tisdale, T. (1997). The effect of enforcing tobacco-sales laws on adolescents' access to tobacco and smoking behavior. *The New England Journal of Medicine, 337*(15), 1044-1051.
- Substance Abuse and Mental Health Services Administration. (n.d.). *Retail outlet guidance documents*. Rockville, MD: Author.
- U.S. Center for Substance Abuse Prevention. (2006). FY97-05 state Synar rate tables. Retrieved November 2, 2006, from <http://prevention.samhsa.gov/tobacco/01synartable.aspx>
- U.K. Department of Health. (2002). Statistics on activity undertaken to prevent the sale of tobacco products to children under 16 in England, 2001. *Statistical Bulletin, 16*.
- U.S. General Accounting Office. (2001). *Synar amendment implementation*. United States General Accounting Office.
- World Bank. (1999). *Curbing the epidemic: Governments and the economics of tobacco control*. Washington D.C.: Author.
- World Health Organization. (1997). *Tobacco or health: A global status report*. Retrieved October 31, 2006, from www.cdc.gov/tobacco/WHO/index.htm
- World Health Organization. (2003). *WHO framework convention on tobacco control*. Geneva, Switzerland: Author.