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**BEYOND PUBLIC HEALTH:
THE CULTURAL POLITICS OF TOBACCO CONTROL IN HONG KONG**

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PHD

LINGNAN UNIVERSITY

2009

**BEYOND PUBLIC HEALTH:
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by

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**A thesis
submitted in partial fulfillment
of the requirements for the Degree of
Doctor of Philosophy in Cultural Studies**

Lingnan University

2009

ABSTRACT

Beyond Public Health: The Cultural Politics of Tobacco Control in Hong Kong

by

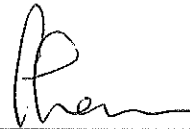
CHAN Wai Yin

Doctor of Philosophy

This work provides cultural and political explanations on how and why cigarette smoking has increasingly become an object of intolerance and control in Hong Kong. Since the 1980s, the smoking population has been falling. Smoking behavior, sales and promotion of cigarette products have been under close surveillance by the government, medical experts and society at large. Cigarette smoking, as well as smokers, has increasingly been rejected and demonized in the public discourse. What are the conditions that make the growing intolerant discourses and practices against cigarette smoking possible and dominant? Why and how has the tobacco control campaign become prevalent as a governmentalist project, which is strong enough to tear down the alliance of tobacco industry giants? Why is tobacco singled out from other legal but harmful substances, such as alcohol, as an imperative object of intolerance and control? This work tackles these questions by adopting a Foucauldian discursive approach and the theory of articulation developed in cultural studies. By considering tobacco control as a historical and contextual practice, it traces the specific trajectory of tobacco control in Hong Kong, maps the cultural and political contexts that make it possible, and considers its consequence regarding the complex relationship among control, construction of risk, identity and freedom in society.

DECLARATION

I declare that this is an original work based primarily on my own research, and I warrant that all citations of previous research, published or unpublished, have been duly acknowledged.



(CHAN Wai Yin)

23 July 2009

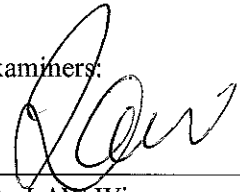
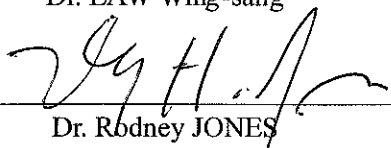
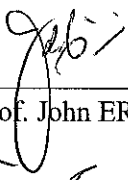
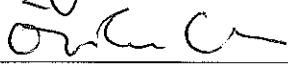
CERTIFICATE OF APPROVAL OF THESIS

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CONTENTS

LIST OF FIGURES	v
ACRONYMS AND ABBREVIATIONS	vii
ACKNOWLEDGEMENTS	ix
Chapter	
1 INTRODUCTION	1
2 MAKING SENSE OF TOBACCO CONTROL IN HONG KONG: THEORY AND METHODOLOGY	30
Medicalization Critique	31
Foucauldian Perspective on Health and Medicine	34
<i>Foucauldian Conception of Power and Governmentality</i>	34
<i>Risk and Governmentality</i>	39
<i>Application of Foucauldian Concepts to the Medical Context</i>	48
New Public Health Critique	51
New Public Health Critique on Tobacco Control and its Inadequacy	57
Methodology	61
<i>Discursive Approach</i>	62
<i>Theory of Articulation</i>	70
3 THE DISCURSIVE FORMATION OF A GLOBAL TOBACCO EPIDEMIC	84
The Centrality of Epidemiology in the Smoking Issue: Linking Cigarette Smoking with a Modern Epidemic of Lung Cancer	86
Dissemination of Epidemiological Evidence to the Public	95
Before the 1980s: Cigarette Smoking as an Informed Choice of Adults	110
Since the 1980s: Cigarette Smoking as a Global Epidemic	122
<i>Mounting Evidence and Warnings</i>	124

	<i>Emergence of a Global Tobacco Epidemic</i>	126
	<i>Health Hazards of Cigarette Smoking as Commonsensical Knowledge</i>	133
	<i>Spread of Smoking-related Health Problems, Diseases and Deaths</i>	149
	<i>Spread of the Habit of Cigarette Smoking</i>	162
	<i>Socioeconomic Implications of Cigarette Smoking</i>	174
	<i>Pronouncement of a Global Tobacco Epidemic</i>	179
	Conclusion	187
4	CURBING THE TOBACCO EPIDEMIC	193
	Identifying the Vectors of the Tobacco Epidemic	195
	<i>Blaming the Tobacco Industry</i>	196
	<i>Blaming the Smokers</i>	212
	Mobilizing the Community	238
	<i>Calling on Responsible Medical Practitioners</i>	239
	<i>Calling on a Responsible Government</i>	242
	<i>Calling on Responsible Lawmakers</i>	246
	<i>Calling for Corporate Responsibility</i>	251
	<i>Calling for a Responsible Community</i>	261
	Legitimate Intolerance	263
	<i>Banning Smoking and Smokers in the Media</i>	265
	<i>Banning Smoking and Smokers in Public Areas</i>	271
	<i>No Smoking is Good for You and Me</i>	285
	<i>Heavy Taxation</i>	291
	Tobacco Control as a Globalizing Movement	296
	Conclusion	307
5	COMPARING THE PUBLIC DISCOURSES ON CIGARETTE SMOKING AND ALCOHOL DRINKING	311
	Erosion of Alcohol Control Advocacy	313
	<i>Normalization of Alcohol</i>	313
	<i>Medical Debate on the Health Benefits of Moderate Drinking</i>	320
	<i>Liquor Industry's Strategy: "Not in the Bottle but in the Man"</i>	322
	<i>Abandonment of Alcohol Control</i>	326

	Public Discourse on the Benefits of Moderation	331
	Prevalence of Alcohol Drinking in Hong Kong	339
	Alcohol Drinking as a Social Recreational Activity	341
	Alcohol as an Emblem of Class Identity	344
	Delimiting Smoking and Drinking: Discrepancy between Taxation Policies on Tobacco and Alcohol	359
	Alcoholism, Binge Drinking and Youth Drinking as Under-recognized Problems	380
	<i>Alcoholism and Binge Drinking</i>	381
	<i>Youth Drinking</i>	395
	Public Order as an Object of Concern	404
	<i>Lan Kwai Fong Incident: From a Youth Drinking Issue to A Lesson for Crowd Control</i>	404
	<i>Liquor License Mechanism and Criminalization of Public Drunkenness as Measures of Order Maintenance</i>	414
	<i>Criminalization and Demonization of Drink-Driving: Creating a Public Order</i>	417
	Conclusion	443
6	CIVIC NEOLIBERAL POPULISM AS A MODE OF GOVERNANCE IN HONG KONG	449
	Civic Neoliberalism as a Political Rationality	456
	Populism as a Mode of Articulation	464
	Tobacco Control in Hong Kong as a Civic Neoliberal Populist Practice	469
	Civic Neoliberal Populism as a Mode of Governance	475
	<i>Good Government for the People</i>	480
	<i>Economic Health and Growth as the Policy Priority</i>	486
	<i>Building Up a Responsible Citizenry</i>	489
	Conclusion	504
Appendix		
1	Chronology of Tobacco Control	521
2	Major Provisions of the Smoking (Public Health) Ordinance, 1982-2006	531
3	Tobacco Duty in Hong Kong, 1982-2010	537
4	Daily Cigarette Smokers as a Percentage of All Persons Aged 15 and Over, 1982-2008 (%)	543

5	Number of Daily Cigarette Smokers Among All Persons aged 15 and over, 1982-2008 ('000)	545
6	Daily Cigarette Smokers as a Percentage of All Persons by Age, 1982-2008 (%)	547
7	Composition of Daily Cigarette Smokers by Age, 1982-2008 (%)	549
8	Number of Daily Cigarette Smokers by Age, 1982-2008 ('000)	551
9	Daily Female Cigarette Smokers as a Percentage of all Female by Age, 1982-2008 (%)	553
10	Composition of Daily Female Cigarette Smokers by Age, 1982-2008 (%)	555
11	Number of Daily Female Cigarette Smokers by Age, 1982-2008 ('000)	557
12	Average Number of Cigarettes Smoked Per Day Among All Persons Aged 15 and Over, 1982-2008	559
13	Number of Daily Cigarette Smokers by Whether Had Tried / Wanted to Give Up Smoking, 1982-2008 ('000)	561
14	Sales of Alcohol Drinks by Sector: Total Volume, 1992-1996	563
15	Sales of Alcohol Drinks by Sector: Total Value, 1992-1996	565
16	Sales of Alcohol Drinks by Sector: Total Volume, 2001-2006	567
17	Sales of Alcoholic Drinks by Sector: % Total Volume Growth, 2001-2006	569
18	Sales of Wine by Sector: Total Volume 2001-2006	571
19	Sales of Wine by Sector: % Total Volume Growth 2001-2006	573
20	Consumption of Alcohol Attributed to Driver's Consumption of Alcohol by Severity of Road Traffic Accident, 1991-2006	575
21	Number of Arrests for Drink Driving, 1998-2007	577
22	Prosecutions Against Drink Driving Arising from Road Traffic Accidents, 1998-2007	579

BIBLIOGRAPHY

581

LIST OF FIGURES

3.1	Newspaper headline: “Just one puff cuts your life by minutes.”	100
3.2	Government anti-smoking poster: “Be considerate. Think before you smoke.”	124
3.3	Government anti-smoking poster: The lung as an ashtray.	134
3.4	COSH TV commercial: “Smoking kills.”	139
3.5	Tobacco Control Office’s poster: “One equals two.”	152
3.6	<i>Bai Xing</i> magazine: The sudden death of Legislator Cheong Kam-chuen.	156
3.7	Pictorial health warnings on cigarette packet.	160
3.8	<i>South China Morning Post</i> : The costs of smoking.	176
3.9	RTHK documentary <i>Smoke Free Planet</i> .	184
4.1	TIHK newspaper advertising campaign: “Advertising bans are wrong for Hong Kong.”	201
4.2	Educators’ newspaper advertisement: “We want good TV programs, but we want our next generation to be healthy even more.”	203
4.3	<i>Guang Jiao Jing</i> magazine: The smoker as a responsible victim.	214
4.4	<i>Ming Pao Daily News</i> : Smoking parents endanger their children.	216
4.5	<i>The Sun</i> : A smoker assaults a female hawker after being asked to stub out his cigarette.	225
4.6	<i>U-beat</i> magazine: A smoking street kid.	230
4.7	<i>Mr. Coconut</i> : A clumsy and chained smoker from the mainland.	232
4.8	<i>Ming Pao Daily News</i> : Medical expert as a disinterested and passionate campaigner against cigarette smoking.	242
4.9	Anti-smoking posters: Everyone is duty-bound to participate in the tobacco control campaign.	263
4.10	No-smoking film <i>From Ashes to Ashes</i> : Leslie Cheung quits smoking.	270
4.11	Anti-smoking posters: Smokers should choose a healthful lifestyle for their own sake.	285
4.12	<i>Ming Pao Daily News</i> : Quitter as a caring mother.	290
4.13	<i>Ming Pao Daily News</i> : The European Union plans to legislate a total smoking ban.	300
5.1	Covers of <i>Wine Now</i> magazine.	351
5.2	<i>Ming Pao Daily News</i> : Professional sommelier and wine drinker.	352
5.3	<i>Ming Pao Daily News</i> : Liquor industry lobbies for an exemption of alcohol duty.	371
5.4	<i>Ming Pao Daily News</i> : Drunken truck drivers endanger the Mainland	441

and Hong Kong.

- 6.1 Keep Hong Kong Clean publicity: “Hong Kong is watching: 493
Cleanliness is a way of life” and “Beat Filth.”

ACRONYMS AND ABBREVIATIONS

ADPL	Hong Kong Association For Democracy And People's Livelihood
BA	Broadcasting Authority
CDAC	Community Drug Advisory Council
CDO	City District Offices
CE	Chief Executive
CEPCG	Catering Entertainment Premises Smoking Ban Regulations Concern Group
COIAO	Control of Obscene and Indecent Articles Ordinance
COSH	Hong Kong Council on Smoking and Health
COY	Commission on Youth
CP	Civic Party
CUHK	The Chinese University of Hong Kong
CYSP	Committee on Youth Smoking Prevention
DAB	Democratic Alliance for the Betterment and Progress of Hong Kong
DH	Director of Health
DP	Democratic Party
DVO	Domestic Violence Ordinance
EBRCG	Entertainment Business Rights Concern Group
FC	Functional Constituency
FCTC	Framework Convention on Tobacco Control
FS	Financial Secretary
GA	Group affiliation
HA	Hong Kong Housing Authority
HKCSS	The Hong Kong Council on Social Service
HKCTU	Hong Kong Confederation of Trade Unions
HKFTU	Hong Kong Federation of Trade Unions
HKFYG	Hong Kong Federation of Youth Groups
HKU	University of Hong Kong
ICAC	Independent Commission Against Corruption
ICAP	International Centre for Alcohol Policies
KSI	Killed and serious injuries
LegCo	Legislative Council
LKFTA	Lan Kwai Fong Tenants' Association
LLB	Liquor Licensing Board
LOHAS	Lifestyles of Health and Sustainability

LP	Liberal Party
LSD	League of Social Democrats
MACs	Mutual Aid Committees
MTR	Mass Transit Railway
NWSC	Neighborhood Workers Service Centre
POAS	Principal Officials Accountability System
PSHWF	Permanent Secretary for Health, Welfare and Food
RBTs	Random Breath Tests
RTHK	Radio Television of Hong Kong
SAR	Special Administration Region
SARS	Severe Acute Respiratory Syndrome
SFH	Secretary for Food and Health
SHW	Secretary for Health and Welfare
SHWF	Secretary for Health, Welfare and Food
ST	Secretary for Transport
STH	Secretary for Transport and Housing
TAHK	Tobacco Association of Hong Kong
TCO	Tobacco Control Office
TIHK	Tobacco Institute of Hong Kong
TMAPC	Tuen Mun Alcohol Problems Clinic
WHD	World Health Day
WHO	World Health Organization
WHO ECAC	WHO Expert Committee on Problems Related to Alcohol Consumption
WNTD	World No Tobacco Day

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Chapter 1

INTRODUCTION

By the late twentieth century, the consensus about the harms of cigarette smoking has arguably been established among scientists, public authorities, and the public. More increasingly restrictive tobacco regulations have been instituted especially in modern industrialized regimes. Tobacco control is therefore a key issue in contemporary society that raises multiple critical issues about the complex relationship between control, individual choice and freedom, the role of the state, and the public good. In spite of this, debates and strategies in response to the harms of cigarette smoking vary across nations and places (Feldman & Bayer, 2004; Reid, 2005). They reflect disparities in cultural perception on smoking, the role of the state, and mode of governmentality in practice. In this work, I trace the specific trajectory of framing tobacco as an imperative object of intolerance and control in Hong Kong, standing out from other legal and harmful substances, and provide cultural and political explanations of the phenomenon. The term “tobacco control” in this work is adopted from common use, referring to the regulatory regime that aims at reducing or gradually eradicating tobacco use, mainly concentrating on cigarette smoking. Adopting a Foucauldian discursive approach and the theory of articulation developed in cultural studies, I take tobacco control as a historical event

that takes place under and in response to particular context and culture. By considering tobacco control as a temporal and contextual discourse and practice, this work serves to illustrate the techniques of governance deployed in the campaign against cigarette smoking in contemporary Hong Kong, and to map the cultural and political contexts that make the techniques possible. Using the deployment of the anti-smoking campaign in Hong Kong society as a case study, this work ultimately aims to illustrate the cultural politics of risk construction and management and the implications of this mode of governance in Hong Kong.

The government of Hong Kong has been discouraging cigarette smoking since the mid-1960s through measures including public education, legislation and taxation. The Smoking (Public Health) Ordinance was first enacted in 1982 and has progressively been amended over the years to tighten the statutory control over cigarette smoking (Appendix 2). Most public places have become “smoke-free,” whether they are indoors or outdoors: first came the public elevators; then cinemas, theaters and public transports; then department stores, banks and shopping malls; then workplaces, schools, restaurants, pubs and clubs; and then university campuses, public parks and beaches. The expansion of no-smoking areas intends not only to prevent smokers from harming others, but also to prevent smokers from harming themselves. As Legislator Kwong Chi-kin said, prohibiting smoking in public

places would “help the smokers quit smoking easier” (Legislative Council, 2006a, p. 267). The statement of Secretary for Health and Welfare (SHW) York Chow Yat-ngok, made after the passage of the Smoking Ordinance in 2006 which prohibited smoking in indoor and some outdoor public places, articulates the ambition of the government to eradicate cigarette smoking: “We want the public to know that smoking will decline progressively and now is good time to quit. The passage of the ordinance marks a historical moment and is a step forward for Hong Kong in becoming a smoke-free city” (Kim & Chan, 2006). In addition, tobacco advertisements and sponsorship have been outlawed. Sales of cigarettes to minors under 18 have been prohibited.

Consumption, sale and promotion of cigarettes are also regulated by other legislations and codes. They include the Occupational Safety and Health Ordinance to protect workers’ health from secondhand smoking; codes of the Broadcasting Authority (BA) to regulate representation of smoking in the electronic media; and the Marking Scheme for Estate Management Enforcement in Public Housing Estates to prohibit smoking in public housing estates of the Housing Authority (HA). Consequently, the police, non-health officials including those from the HA and the BA, managers of public premises and so forth are empowered to monitor smoking-related activities.

Tax increase was adopted as a means to reduce the demand of cigarettes since 1991 (Appendix 3). There are also specialized institutions, including the Tobacco Control Office (TCO) of the Health Department and the Hong Kong Council on Smoking and Health (COSH), coordinating measures against cigarette smoking. Moreover, the media and various non-state agencies, such as youth-concerned groups and schools, have been discouraging cigarette smoking.

It is apparent that cigarette smoking has become more and more socially unacceptable in the recent two decades. As I will show in Chapters 3 and 4, while the increasingly restrictive tobacco control has constantly been under challenge, open public discussion about cigarette smoking has progressively become one-sided. Smokers and opponents of tobacco control, including the economically powerful tobacco industry and other businesses affected by tobacco control measures, such as the advertising industry and the catering industry, have gradually lost their capacity to break into the dominant discussion about cigarette smoking. In fact, more smokers are giving up smoking as evident from the declining smoking population in Hong Kong (Appendixes 4 and 5). Official statistics also showed that daily smokers who had either tried or wanted to give up smoking accounted for two-fifth to half of the total daily smokers over the years (Appendix 13). Big tobacco companies have even split over whether or not to support the legal proposals to

further restrict smoking. Market leader Philip Morris Asia Limited withdrew from the Tobacco Institute of Hong Kong (TIHK) in 2004 and later gave a public support to the legal proposals against cigarette smoking.

Health concern is undoubtedly an important interpretative framework of tobacco control. Nevertheless, I contend that there is something more paradoxical about the way tobacco as a legal and harmful substance is made into a *prime* object of concern and intolerance in Hong Kong. The significance of tobacco control has been examined for its implications on risk management and governance, especially with regards to public health intervention and the regulation of everyday life. From the new public health critique, tobacco control is an example of a governmentalist project in the Foucauldian sense. It shows the dispersion of medical power into non-medical domains and normalization of self-government among individuals in the name of the health of the population (Lupton, 1995; Petersen & Lupton, 1996). However, I will argue that the new public health critique alone does not provide an adequate interpretative framework to understand the predominance of tobacco control in Hong Kong.

More specifically, cigarette smoking is subjected to more severe surveillance by medical experts, the government and society at large than alcohol – another legal and harmful substance. While there is epidemiological evidence on the benefits of

moderate drinking, it is still a subject of debate in the medical field. Some suggest that the negative consequences of alcohol outweigh the possible benefits; and that alcohol causes about the same amount of the global burden of disease as tobacco (WHO, 2002, pp. 64-66; WHO ECAC, 2007, p. 8). However, as I will show in Chapter 5, Hong Kong has gradually become a society that is intolerant of cigarette smoking while permissive of alcohol drinking. Alcohol-related problems, including alcoholism and binge drinking, receive far less public attention than cigarette smoking. In addition, while there is a decline in the consumption and social status of cigarette smoking, it appears that the popularity of alcohol is growing. Although sales and consumption of alcohol are regulated by legislations, health and taxation policies, the Hong Kong government has been permissive of and even favorable to alcohol consumption. This is exemplified by a discrepancy between taxation policies on tobacco and alcohol. The duties on wine, beer and all other alcoholic beverages except spirits were exempted in 2008 in order to facilitate import, export and storage of these alcoholic beverages. The government claimed that this would create more favorable conditions for the development of such economic activities as catering services, tourism, brand promotion and exhibitions, table wine appreciation and related educational activities that could achieve synergy with table wine trading and create new jobs (Financial Secretary, 2008, para.

114-115). The possibility of a rise of alcohol-related problems because of lower prices after the duty exemption was largely overlooked. Instead, the duty exemption was welcomed by legislators from the business and the non-business sectors. The media focused their attention on the impacts of duty exemption on the pricing of alcoholic drinks, the strengths and weaknesses of Hong Kong's development as a hub of wine trade, business and job opportunities arising from the wine trade and so forth ("Duties," 2008; "Elimination," 2008; Eng, 2008; "Govt," 2009).

Given the discrepancy between the socio-legal regulatory environments of tobacco and alcohol in Hong Kong, the centrality of public health discourses in constructing subjects of risks, defining problems and shaping individuals' lifestyle choice is insufficient in understanding how and why tobacco is positioned as an imperative object of intolerance and control. Indeed, tobacco control in Hong Kong is an intolerant discourse and practice of governmentality. Cigarette smoking is treated as a banished risk, rather than a reduced risk as is the case in alcohol. Anti-smoking policies have increasingly been paternalistic, as they seek to eradicate cigarette smoking, instead of balancing the interests of smokers and non-smokers.

Critical accounts concerning medical science as a source of regulation are inadequate to explain how and why tobacco is treated differently from alcohol and

framed as a prime object of intolerance and control. I propose that, as I discuss in Chapter 2, a Foucauldian discursive approach and the theory of articulation developed in cultural studies are useful tools for identifying the formation of power involved in the intolerant discursive practice against cigarette smoking, and exploring the conditions and conjunctures that make it possible and dominant in Hong Kong. An essence of discursive approach is “discourse” which shapes our ways of understanding things and defining the categories of “true” and “false.” The approach is concerned with how ideas and concepts are organized, “objects of knowledge” are produced and the conditions that make a particular discourse possible at a particular moment. Echoing the discursive approach, the articulation theory deals with how relations are established, broken, and re-established at a specific context and their consequences. It considers that relations in history, while never necessary, are real and have real effects. The application of articulation theory in mapping out the formations of discourse addresses the question of power including production of knowledge, construction of risk and objects of governance, and mode of governance in practice in a given condition.

With discursive approach and articulation theory, I consider tobacco control as a historical and contingent event. The discourse of tobacco control involves more than just the strategies regulating cigarette smoking in response to scientific

knowledge. To be sure, the health effects of cigarette smoking and secondhand smoking is an object of medical knowledge, and tobacco control is a public health project. However, on top of this, tobacco control is also a cultural and political phenomenon. Strategies regulating cigarette smoking shapes and is shaped by public knowledge about cigarette smoking. That is to say, our common sense about cigarette smoking and the relevant stakeholders in the behavior, including the tobacco industry and smokers, has material consequences on the ways we treat them.

To map the discursive formations of tobacco control, I adopted an exhaustive coding method to look into records of lawmakers' debates on the issues concerning tobacco consumption and legal control dating back to 1982, when the Smoking (Public Health) Ordinance was enacted. I also coded a sample of press reports and commentaries over a span of thirty years and studied texts from other sources including government documents and films. Then, I examined the formation of public knowledge on smoking, compared them with public knowledge on alcohol, and considered the consequences of these discursive practices. I found that the discursive practices concerning tobacco control implicate a complex set of relations that extends beyond medicine to diverse academic disciplines, the media, public authorities, business, schools, and families, to name just a few. The articulation of these practices produces and is in turn produced by an array of significations of

cigarette smoking and relevant stakeholders, including smokers and non-smokers, under specific historical conjunctures. The central questions of this work then are: in Hong Kong, how does cigarette smoking produce subjects of risk, leading to a growing socio-legal regulatory environment against the habit? What are the conditions and conjunctures that make this discursive practice possible and dominant? Why and how has the tobacco control campaign become prevalent as a governmentalist project, which is strong enough to tear down the alliance of the tobacco industry? Why is tobacco singled out from other legal but harmful substances, such as alcohol, as an imperative object of intolerance and control, regulated by specialized legal codes and institutions?

It is important to note that this work does not suggest that the harmfulness of cigarette smoking is only discursively constructed. Nor does it take issue with the medical evidence on the health hazards of cigarette smoking. Rather, it concerns itself with how discourses of risk are constructed and circulated in the networks of social institutions; and the consequences of risk management concerning the governance of everyday practices. It takes issue with the regime of intolerance and the use of it, instead of medical evidence on the harms of smoking, in legitimating the exercise of state power. Essentially, with tobacco control as an indicative case, this work illuminates a particular mode of governance in Hong Kong's public health

culture and civic culture which I call “civic neoliberal populism.” Based on substantial evidence, I find that tobacco control in Hong Kong is not a purely public health imperative. The dominant discourse against cigarette smoking, which is composed of the perspectives of medical experts, the government, lawmakers, the media and so forth, has progressively articulated a neoliberal citizenship and civic discourse of intolerance with populist logic. Every citizen subject is said to be duty-bound to support and participate in the tobacco control campaign for the well-being of himself/herself and the community as a whole. This notion constructs power stratifications, such as the “civilized” and the “barbaric,” to differentiate the “tolerable” from the “intolerable.” It involves self-governing, and justifies punishment against intolerable subjects and expansion of state power in the name of a good cause.

Wendy Brown’s (2006) study on the discourse and practice of “tolerance” provides a reciprocal reflection on this work. In her book, Brown unveils the operation of “tolerance” as an art of government in the contemporary United States. At the turn of the twenty-first century, tolerance has been celebrated as “a beacon of multicultural justice and civic peace” (p. 1). It is followed by an emergence of a range of potential objects of tolerance, including cultures, races, sexualities, ideologies, lifestyle choices and political positions. Yet objects and practices of

tolerance vary in different national contexts (p. 3). She argues that to understand this phenomenon, one should surrender “an understanding of tolerance as a transcendent or universal concept, principle, doctrine or virtue,” but should consider tolerance as a “political discourse and practice of *governmentality* that is historically and geographically variable in purpose, content, agents, and objects” (p. 4, italics original). She further contends that “absent the precise dictates, articulations, and prohibitions associated with the force of law, tolerance nevertheless produces and positions subjects, orchestrates meanings and practices of identity, marks bodies, and conditions political subjectivities” (p. 4). Tolerance constructs binary relations – such as civilized and barbaric, tolerant and fundamentalist intolerant, liberal and non-liberal, Occident self and Orient other – that distinguish the tolerable from the intolerable, sustain the dominance of the powerful self, and sometimes play a part in justifying violence against intolerable subjects (pp. 6-10).

Wendy Brown shows that, while tolerance has increasingly been embraced as a virtuous principle and subtly a political discursive practice of governmentality, intolerance does not cease to be a technique of governance. Tolerance and intolerance are in a homology that constructs desirable subjects (civilized, tolerant, liberal and Occident self) and undesirable and intolerable subjects (barbaric, fundamentalist intolerant, non-liberal and Orient other), and places them in a power

stratification under and in response to specific context. Unlike tolerance, which is veiled by a certain kind of universal doctrine and virtue, intolerance overtly but legitimately rejects beliefs, opinions, behaviors, identities and ways of being that appear to run contrary to those preferred and accepted ones and threaten public interests. In particular, as a feature of civic neoliberal populism, in Hong Kong a risk or risk-taking behavior that appears to cause harm, burden to and victimization of innocent groups is more likely to generate public concern. Intolerance is a normal and legitimate response to public threat and the culprits in question. Intolerance is thus a political discourse and practice of governmentality that penetrates the state, society and individuals; produces, organizes and governs subjects; and propels self-government among subjects. The homology of tolerance and intolerance presented by Slavoj Žižek (2008) is useful in this work. He contends that the limit of the “liberal tolerance towards others, the respect of otherness and openness towards it” is an obsessive fear of threat, victimization and burden which is intolerable:

The Other is just fine, but only insofar as his presence is not intrusive, insofar as this Other is not really other ... Tolerance coincides with its opposite. My duty to be tolerant towards the Other effectively means that I should not get too close to him, intrude on his space. In other words, I should respect his intolerance of

my over-proximity. What increasingly emerges as the central human right in late-capitalist society is *the right not to be harassed*, which is a right to remain at a safe distance from others (2008, pp. 34-35, italics original).

Furthermore, intolerance, and hence governmentality, is justified and sustained by systems of knowledge. Through the technology of normalization, experts attempt to define normality, that is the “socially worthy, statistically average, scientifically healthy and personally desirable” (Rose, 1999, p. 76). Knowledge thus produces and positions subjects, defines objects of observation and governance. It privileges certain kinds of subjectivities. Denunciation of a belief, behavior, and way of being can be made based on an allegedly absolute social norm.

This work, while it does not intend to downplay the still powerful discourses that portray smoking in a positive light, is mainly concerned with the growing dominant discursive practices against cigarette smoking in Hong Kong which center on cigarette smoking as a serious menace to the well-being of every individual and society at large. I am particularly concerned about its consequences regarding how tobacco control produces subjects of risk, its relationship with social identity, and its implications for governance in contemporary Hong Kong. While Foucault’s account of governmentality emphasizes the dispersion of modern governance, he does not argue that governmentality supersedes sovereignty and rule. In addition,

the state is always an important source of governance, and governmentalist practices in both state and non-state domains actually serve important strengthening and legitimating functions for the state. Political legitimacy, which was not a matter of direct interest of Foucault, is important for a modern liberal government like that of Hong Kong. Political power not only manages populations and produces certain sorts of subjects, but it also reproduces and enlarges itself (Brown, 2006, pp.82-83). With its partial democratic system, the increasing politicization of society and persistent low public satisfaction with the government of the Special Administrative Region (SAR) since the sovereignty handover in 1997, the Hong Kong government has become increasingly vulnerable to the forces of political accountability. The question of political legitimacy is thus particularly important in Hong Kong.

In Chapters 3 and 4, I analyze the dominant view on cigarette smoking that features an imagination of a “global tobacco epidemic” – an imagination that is highly influenced by epidemiology – as a real and coherent epidemic, in terms of the spread of smoking-related diseases and deaths, and the spread of the habit of cigarette smoking especially among teenagers locally, and continents globally. With the concept of the “epidemic imaginary” introduced by John Erni (2006), I suggest that this imagination of a global tobacco epidemic is the result of a discursive epidemic. In other words, there is a dispersion of epidemic-think

narratives and consequently significations in diverse sites including clinics, the media, government and non-government bodies, schools and families, “constituting, framing, and proliferating the very reality of the epidemic” (Erni, 2006, p. 446).

More specifically, I will show the discursive formation of a global tobacco epidemic in Chapter 3. By the beginning of the 1980s, the medical force had already articulated cigarette smoking with the notion of a global epidemic. For example, the World Health Organization (WHO) report *Controlling the Smoking Epidemic* (WHO ECSC, 1979) labeled cigarette smoking as “the largest, single, preventable cause of ill health in the world” (“World health leader,” 1980). With the mounting medical evidence circulating in condensed and definitive forms through various channels including the media and government publicity, Hong Kong society gradually accepted the idea that cigarette smoking necessarily harms both smokers and non-smokers as a “scientifically proven fact” and even “commonsensical knowledge” by the mid-1980s. An editorial of the *Hong Kong Standard* even stated in 1987: “The facts about smoking, and what it does to you, are now so well known as to have become clichés” (“Smoking out the facts about a habit that kills,” 1987). In addition, claims of widespread smoking-related diseases and deaths at both the local and global levels were proliferated by strategic extrapolation and citation of statistics, and sentimental news reporting on cases of

death and illness. With cigarette smoke as a smoking gun, dreadful non-communicable chronic diseases became communicable diseases that could occur epidemically across the population. Health chief York Chow even suggested that “secondhand smoking is basically a very polite way of saying that you are forcing people to inhale carcinogen” (Government of Hong Kong, 2005).

The common belief that there is a widespread epidemic of smoking-related diseases and deaths is accompanied by a social concern about the spread of the habit of cigarette smoking. This concern is associated with a prevalent claim that once the habit of smoking has formed, smokers are trapped because cigarettes are addictive. It is also said that smoking is “contagious,” as a doctor said “one can easily develop a habit if one’s friend has the habit” (“Want to quit smoking,” 2009). In addition, society comes to believe there is a spread of cigarette smoking in developing countries and a decline of cigarette smoking in the West. It typically worries about the increasing popularity of cigarette smoking among local teenagers, although the official statistics over the years show an opposite picture. Cigarette smoking is therefore associated with juvenile deviation and delinquency. It is also reported and believed that cigarette smoking causes a heavy burden on the health care system, loss of productivity, decline in national income, family disputes and social disharmony. In this sense, cigarette smoking is not only a public health

problem that puts all people at risk, but it is also a socio-economic problem that burdens all.

The articulation of cigarette smoking to a global epidemic in the dominant public discourse produces subjects of victimhood, such as non-smokers, unborn babies, teenagers, taxpayers and all members of the community as a whole. As Legislator Kwok Ka-ki claimed: “A great many people have paid a heavy price for smoking in terms of their health and even the health and lives of their family members, and even the national economies as a whole are affected” (Legislative Council, 2006a, p. 217). The idea of a global tobacco epidemic demystifies positive fantasies surrounding cigarette smoking by disassociating the habit from lifestyle choice of pleasure and aesthetics. Instead, it provides another mystification around cigarette smoking with punitive metaphors: cigarette smoking means cancer, disease, senility and death. It is further judged as an act that is “self-destructive,” “foolish,” “wasteful” and “unnecessary” (e.g. “Flexibility in banning smoking,” 2005, p. 39; “Harms,” 1983; Liu, 2009); or simply highly generalized as a “bad habit” (e.g. Legislative Council, 2004, p. 515; 2006a, p. 206; “Stepping up anti-smoking measures,” 1980).

The idea of a tobacco epidemic, while it is highly performative, has its material consequences. In Chapter 4, I will present the mobilization of forces and the legitimization of intolerant practices to curb the so-called tobacco epidemic. It is the

articulation of cigarette smoking to the discourses and practices of epidemic that activates and legitimates intolerance as the technology of governmentality underpinning tobacco control. As a “carcinogen” of the human body and society, cigarette smoking becomes an object of intolerance. The pronouncement of a tobacco epidemic is simultaneously intertwined with an epidemic psychology, a psychology that has its own epidemic: an epidemic of fear, an epidemic of explanation and moralization, and an epidemic of action or proposed action (Strong, 1990). Frightened by the menace of the tobacco epidemic, everyone is eager to look for explanations of and solutions to this epidemic. The tobacco industry and smokers are considered *the* vectors of disease, death, and social troubles. The tobacco industry is accused of being socially irresponsible and deceitful, distorting scientific truth, misleading and luring people, especially children, to start and continue to smoke, and putting profits over people’s health. A newspaper reader even accused the tobacco industry of committing “commercial genocide” for sickening of thousands of Hong Kong people and millions around the globe (Garner, 1991b). Smoking problems are particularly seen as mainly the fault of smokers who have failed to manage themselves appropriately and behave with civic-mindedness. They are said to be responsible for their own sickness and anguish (He, 1981; Xiao, 1985). They are accused of spreading the habit of

smoking, disease and death to their families, friends, colleagues and bystanders, leading to socio-economic problems such as high health care expenses and youth smoking (“Harms,” 1983; “Parents’ smoking,” 1981; e.g. “Secretary killed,” 2005; “Smoking out the facts about a habit that kills,” 1987). Smokers are particularly stigmatized, demonized and criminalized as the scourge of society. In the media, for instance, smokers are increasingly associated with marginalized groups that have already been seen as deviants and threats to social and moral health, such as street kids, welfare dependents and new immigrants from the Mainland (e.g. Chen, 1991; Gao, 1989; Hongkongese, 1999; Zhang, 1993). Smokers are in trouble and are trouble.

A network of agents and institutions from various fields are motivated to call on the protection of innocent and vulnerable groups, including non-smokers, unborn babies, children, women, employees and families. In particular, as pharmacist and District Councilor Pong Oi-lan (2005) suggested, it is “everybody’s business” to “achieve a smoke-free Hong Kong” (trans.). Apart from medical practitioners, public officials, lawmakers, business operators, parents, teachers, and all members of the community are assigned as responsible subjects to support the tobacco control campaign for public health, economic and social well-being, and a desirable international image of the community. Essentially, smokers are asked to quit

smoking for the benefit of others and themselves. The benefits include a good self-image and healthy family and social relationships. Quitters are rewarded with positive representations in anti-smoking publicity and the media as healthy and courageous individuals, caring lovers, parents and friends, and role models for the youth (“Giving up,” 2001; “Not a slave of cigarettes,” 2000; “Quitting smoking,” 2005).

The most vocal force against tightening regulations of smoking came from the business sector. Yet it has increasingly become a common belief that anti-smoking measures do not impair business, but promote business instead as they induce employees’ productivity, business turnover and corporate image. Furthermore, it is accepted that public health overrides business interests (e.g. Hong Kong Council on Smoking and Health, 2001b; Kong, 2001; “Sufficient grounds,” 2005; “Two surveys,” 2001). This argument underlies a call for corporate responsibility in support of tobacco control policies, implying that the opponent is an unscrupulous business. The “smoke-free corporations” institutionally honored by “Hong Kong Smoke Free Workplace Leading Company Award” jointly presented by the COSH and the Radio Television of Hong Kong (RTHK) since 2005 are an example of the move towards corporate support against tobacco.

In Chapter 5, I will show the discrepancies between public knowledge around

tobacco and alcohol which delimit and direct public policies on these two substances in distinctive ways. It is widely accepted that alcohol is an ordinary, inoffensive and even desirable commodity that is beneficial to physical health, economic and social well-being as long as its consumption is in a “proper” and “responsible” manner. In open public discussion, the health risks of alcohol consumption are de-emphasized. Medical evidence on the benefits of moderate drinking is well-received by various sectors, particularly the media, as it accords with the desired and traditional beliefs that moderate drinking is beneficial to our health (Casswell, 1993, p. 461; Cheng, 1998; “Red wine,” 2003; Singer, 1979, pp. 315-317). The heavy emphasis on the positive health effects of alcohol shapes and is shaped by a shared perceptions that drinking is a part of eating culture, and that drinking can make social occasions more enjoyable and pleasurable. These perceptions provide cultural justifications for valorizing drinking as a social, ceremonial and celebratory practice (Cheung, 1995, p. 135; Dewald, 2003, p. 62; Euromonitor International, 2007, p. 23). The growing belief in the health benefits of moderate drinking also combines with common alcohol consumption among high status groups and the glamorization of alcohol. In particular, red wine is increasingly characterized as a “cultivated,” “fashionable,” “knowledgeable” and “sophisticated” pastime of elites” (Dewald, 2003, p. 54; Euromonitor International,

1997, pp. 135, 138, 154; Ma, 2001, p. 134; “Wine development,” 2008).

In a stark contrast to tobacco, alcohol as a substance is not framed as a risk factor of alcohol-related problems and an object of control. This signifies a claim that tobacco causes more serious problems than alcohol, as a government official said in a TV documentary *Pearl Report* (Choi, 2005). It follows that tobacco control is incorporated as a biopolitical project of governance, whilst alcohol policy emerges as a neoliberal economic policy. Alcohol duty policy has been framed under the interpretation of alcohol drinking as a “a matter of choice” (Financial Secretary, 1991, para. 135-136) and of alcohol as an agent of economic development.

Given the high permissiveness of alcohol, Hong Kong society has been inattentive to alcohol-related problems. In fact, there is inadequate data on the health and socio-economic burdens attributable to alcohol drinking (HKFYG, 2000, pp. 68-69; Lou & Shek, 2006). Alcoholism, binge drinking and youth drinking are largely under-recognized. They are reduced to the individual and domestic problems of a small number of problem drinkers that do not pose a serious threat in Hong Kong (Choi, 2005; Furlong, 1993d).

Nevertheless, discrepancies between public knowledge on alcohol and tobacco do not necessarily cause a conflict. Essentially, how cigarette smoking and

particular alcohol-related problems become central to the concern of the general public and policymakers do share certain common rules. When cigarette smoking and alcohol-related problems, as exemplified by drink driving, appear to cause undesirable consequences to innocent groups of the community, they become causes of public concern. Drink drivers are blamed as *the* cause of traffic accidents and misfortune of innocent road users. They are condemned by the media, government officials, legislators and the general public for being “selfish,” “irresponsible,” and bringing “serious threats to pedestrians and passengers” (“Drink drivers,” 1995; “Prevention,” 1994, p. 2; Transport Bureau, 1998). Growing intolerant measures against drink drivers have been introduced as a response.

It is evident that science and evidence have played a crucial but not definitive role in constituting the dominant view of a tobacco epidemic and the increasingly socio-legal environment surrounding cigarette smoking. Cigarette smoking has progressively been discursively constructed and perceived as a personal and social risk by networks of social forces including the government, the media and schools. This construction has lead to a cultural disposition towards smoking and the proliferation of socio-legal regulations on human behavior to manage the risk. Tobacco control in Hong Kong, as a historical and contextual project, has gradually articulated the neoliberal notion of citizenship and civic discourse of intolerance

with populist logic. In Chapter 6, I will elaborate on the term “civic neoliberal populism” to make sense of the specific tobacco control experience in Hong Kong. In addition, I contend that tobacco control is an indicative *case* of civic neoliberal populism which is a specific mode of governance in Hong Kong.

In the Foucauldian sense, neoliberalism is a rationality of government that emphasizes “well-regulated and responsible liberty” (Barry, Osborne, & Rose, 1996, p. 8), self-help and self-maximization. It normalizes self-government in the way that every individual is expected to choose an ordered and good way of life, and be accountable for his or her own actions and well-beings. “Civic neoliberalism” is a combination of the notions of neoliberalism and “civic-mindedness” that emphasizes citizen duties. It links responsible and disciplined individual liberty to the well-being of the community. Any individual behavior should not cause any undesirable consequence to others; and all citizen subjects should be self-regulated and productive for their own interest and that of society at large. Under the rationality of civic neoliberalism, there is an intolerance of risk accompanied by a utilitarian view of pleasure. Risk is considered disruptive and counterproductive and therefore must be avoided and eliminated. Meanwhile, pleasure that is physically and intellectually useful is celebrated. In particular, as indicated above, a risk and an individual risk-taking behavior that appears to cause harm to and

victimization of the “innocent” public is more likely to be a cause of public concern.

The word “innocent” emphasizes that the public is involuntarily at risk and under burden due to the irresponsible behaviors of other people. It follows with a tendency of individuating problems and a legitimatization of intolerance as a response to public threat and the culprits in question.

Tobacco control is illustrative of a neoliberal notion of citizenship and civic discourse of intolerance. Well-regulated and responsible liberty and civic commitment are highly emphasized throughout the campaign. It is said that all citizen subjects are responsible to choose a healthy lifestyle, including the choice to not start smoking or to quit smoking, support and participate in the tobacco control campaign for the benefit of themselves and the community at large. Cigarette smoking is seen as a symptom of an individual failing that endangers society as a whole. Smokers are perceived as the other of the modern civilized society and are regulated by growing intolerant measures.

Adopting the model put forward by Ernesto Laclau (2005a; 2005b), I argue that populism is the logic of articulation of tobacco control to civic neoliberalism. To Laclau, populism is a mode of articulation of different social demands to construct the “people” as a collective actor. It is possible on the basis of three interrelated discursive practices: constructing an internal frontier to divide the social space into

two confrontational camps, that of the people and their adversaries; constructing an imagined unity of the people; and producing an “empty signifier” to signify a social cohesion and an aggregation of diverse social demands. Applying the model to tobacco control, I argue that tobacco control appears to be an articulator of different types of public demands, including public health, green environment, productive economy, good governance and international frame, and signifies a social cohesion. Tobacco control is possible on the basis of the production and circulation of plausible notions and rhetoric, such as “cigarette smoking kills” and “global tobacco epidemic,” which claim to be scientifically and statistically proven facts. “Unscrupulous and deceitful tobacco giants,” “thoughtless and irresponsible smokers and opponents of tobacco control” are discursively constructed as the intolerable adversaries of the innocent people. This leads to a mobilization of community-wide forces to support the anti-smoking campaign and justifies growing intolerant socio-legal practices against the constructed intolerable and uncivilized subjects.

I further suggest that tobacco control might be a project of the state to achieve legitimacy and strengthen power. Essentially, tobacco control may indicate the use of civic neoliberal populism as a device of state legitimation and expansion of state power in the name of a good cause in contemporary Hong Kong. It seems that the

increasing politicization of society since the 1980s and the governance crisis of the SAR government has contributed to the emergence of populism and the increasing reliance of the government on depoliticized devices to secure public support. The evidence in the case of tobacco control indicates that civic neoliberal populism is a device of this kind. Tobacco control appears to be a highly depoliticized project as it is claimed to be scientifically impeachable, socially objective and desirable. By constructing cigarette smoking as an adversary and smokers as irresponsible subjects, the government seeks to create a coherent state-society unity. Through a tough stance against cigarette smoking, the state presents itself as a “good” government that is responsive to public demands; and as a strong government that strives for public interests. Moreover, in the name of building up a responsible citizenry and promoting the well-being of the community, citizen subjects are said to be responsible to unite with the state to fight against cigarette smoking. Indeed, as evidence suggests, tobacco control is well-received by the general public, the media and legislators from different political affiliations. As such, tobacco control plays an influential role in securing public support for the state, expanding state power, and normalizing self-government and regulations in non-state domains.

This work provides evidence that tobacco control is discursively constructed. It does not concern itself with the health effects of smoking, but rather with the

production and circulation of discourses of smoking as personal and social risk and their consequences concerning the regulation of human behavior. It is through encounters within the media, families, schools, legislative bodies and so forth that people come to be aware of the risk of smoking. As smoking comes to be perceived as a menace to every individual and society at large, there is a cultural shift towards the habit and proliferation of socio-legal regulations to reduce or gradually eradicate it. This work further theorizes the formation of the dominant discourse against cigarette smoking in Hong Kong through the term of civic neoliberal populism. It makes tobacco control in Hong Kong an important indicative case for examining intolerance as a technique of governmentality and its mode of operation, and addresses the question of the mode of governance in Hong Kong.

This work also shows that aversions, anxieties about and responses to citizen vices are historical and social, rather than universal and apolitical. Society demonstrates different levels of tolerance toward different vices, and the configuration of citizen vices itself varies historically and geographically. This work thus opens up a discussion about the cultural politics of socio-legal regulations of vices which can further our understanding of the complex relationship between control, identity, and freedom in Hong Kong.

Chapter 2

MAKING SENSE OF TOBACCO CONTROL IN HONG KONG: THEORY AND METHODOLOGY

In Hong Kong, tobacco control is well-received by the public. More regulations over consumption, sale and promotion of cigarettes have taken place and the smoking population has been falling since the 1980s. This chapter aims to provide a theoretical framework to make sense of the emergence of tobacco as an imperative object of intolerance and control, and to map the cultural and political conditions that make this discursive practice possible. Three paradigms, namely the medicalization critique from Marxist sociology, the Foucauldian perspective on medicine, and the new public health critique, will be reviewed. As explained in the details below, the Foucauldian perspective on medicine, which is used by the new public health critique, offers a tool to understand the practices of public health and tobacco control. In contrast to the medicalization critics, Foucauldian scholars argue that medical professions and the general public are not in a simple top-down relationship. While people are subjected to medical knowledge and surveillance, they also regulate themselves willingly and cooperatively. This relates to Foucauldian conceptions of power and “governmentality” in which risk management is an integral regulatory strategy over the population. The new public health critique regards tobacco control as a critical part of risk management and

health promotion, which aims to encourage a healthy lifestyle and achieve a productive population.

Nevertheless, I argue that the new public health critique does not provide an adequate explanation on how and why tobacco as a substance is constructed as a prime object of intolerance and governance in Hong Kong. Evidence shows that tobacco is subjected to stiffer surveillance of medical experts, the government and society at large than alcohol – another legal and harmful substance. Why has this been in case? Is there any other formation of power involved in the discursive practice against cigarette smoking in Hong Kong? I contend that a Foucauldian discursive approach and the theory of articulation developed in cultural studies are useful tools to identify the network of agents, institutions and domains other than public health involved in the discursive practice of tobacco control, and to map its cultural and political contexts.

Medicalization Critique

Medicalization refers to a process by which non-medical conditions become defined in medical terms, usually in terms of medical problems, illnesses or disorders, and are dealt with by medical treatments (Conrad, 1992, p. 209). The medicalization critique originates from the Marxist perspective and liberal humanism approaches that emphasize individual freedom, human rights and social change. The

medicalization critique emerged by the late 1960s, attempting to challenge and subvert the power of the medical profession (Conrad, 1992, p. 210; Lupton, 1997, p. 95).

More specifically, the medicalization critique is concerned with the dominance of medicine as a form of social control. As social life and social problems have become more and more medicalized, people are more and more dependent on the authority of the medical profession. This increased power of scientific medicine in turn leads to intense social and medical regulation, and further disempowerment and exploitation of social groups. The general public is therefore the victim of the “negative, repressive and coercive” medical system (Lupton, 1997, pp. 95-96, 106).

In view of these problems, medicalization critics advocate a deprofessionalization of the medical profession by challenging the dominance of medicine to define and treat illnesses and disease, and encouraging state regulations over the actions and expansion of the medical profession. They support the “empowerment” of patients by encouraging them to resume control over their health through participating in preventive activities and patient advocacy groups, and challenging the decisions of the medical profession etc. Patients may seek preventive medicine, self-care, and alternative therapies in order to undermine the predominance of medicine (Lupton, 1997, p. 97). Ultimately, a permanent solution to medicalization is

“demedicalization” by which a condition or a problem is “no longer defined in medical terms and medical treatments are no longer deemed to be appropriate solutions.” Medicalization critics, nevertheless, point out that demedicalization is usually only achieved by some type of organized movement that challenges medical definitions and control given to the stature and power of medicine (Conrad, 1992, pp. 224, 226).

However, the medicalization critique has several limitations. First, it overlooks the positive relationship between the general public and the medical profession. Rather than victims of medical consultation, patients may be the beneficiaries of good health, the relief of pain and the recovery from illness. Patients therefore:

willingly participate in medical dominance and may indeed seek “medicalization” ... Rather than there being a struggle for power between the dominant party (doctors) and the less powerful party (patients), there is collusion between two to reproduce medical dominance (Lupton, 1997, p. 98).

In addition, deprofessionalization through state intervention actually has the effect of enhancing the state power. Paradoxically, the “patients’ empowerment” leads to the penetration of the clinical gaze “into the everyday lives of citizens.” Self-care, preventive medicine and alternative therapies in fact move medical and health concerns into all corners of everyday life, including diet, physical exercise and

lifestyle choice (Lupton, 1997, p. 107). Perhaps more importantly, “patient empowerment” motivates and normalizes surveillance and regulation from therapists and the self.

Foucauldian Perspective on Health and Medicine

The relationship between the medical profession and the general public is not as confrontational as the medicalization critique suggests. Furthermore, surveillance and control on the basis of health codes do not necessarily generate directly from medicine. In particular, the self appears to be a vital agent involved in the police and government of individuals. These notions imply the Foucauldian conceptions of power and governmentality. This section will review these concepts and apply them to the medical context.

Foucauldian Conception of Power and Governmentality

As a starting point, it should be pointed out that Michel Foucault does not completely reject the idea of “Enlightenment.” What he worries about are the modernist projects practiced in the name of Enlightenment – breaking the superstition of religion and turning to “the power of human thought”, including reason, rationality and science, “as a means of control over the vagaries of nature” (Petersen & Lupton, 1996, p. 6). While these projects claim to achieve the freedom and betterment of the human race, the results are often contradictory. People are

subjected to more extensive surveillance, regulation and control from others as well as themselves, becoming disciplined and docile bodies (Danaheer, Schirato, & Webb, 2000, p. 10 & 66). In other words, the concern of Foucault with post-Enlightenment modernist projects is how knowledge and power construct, define and govern subjects.

In contrast to conventional conception, Foucault contends that power is not only repressive, but also positive and productive in nature. In fact, he places great emphasis on the latter. According to Foucault, “sovereign power” – unitary, juridical, repressive and coercive force owned by the sovereign to manage and control its subjects – dominated before the seventeenth century. Power operated in the form of deduction: the sovereign enjoyed the right of life and death over his subjects (Foucault, 1990, p. 136). In the seventeenth century, a new mechanism of power emerged. This kind of power masks itself by, and actually produces, knowledge and truth, or say human sciences and self-knowledge:

What makes power hold good, what makes it accepted, is simply the fact that it doesn't only weigh on us as a force that says no, but it traverses and produces discourse. It needs to be considered as a productive network which runs through the whole social body, much more than as a negative instance whose function is repression ... [T]ruth isn't outside power, or lacking in power ... “Truth” is linked

in a circular relation with systems of power which produce and sustain it, and to effects of power which it induces and which extend it (Foucault, 1980, pp. 119, 131 & 133).

Power operates not only through code of law, but also through a technology of normalization with justifications of knowledge. In this broad network of power, people are subjected to a disciplinary gaze from others as well as from themselves.

They are disciplined to become docile bodies. Therefore, power is:

not something that can be acquired, seized, or shared. It is exercised from innumerable points, in a set of unequal, shifting relations. Power comes as much from below as from above. Power relations do not exist outside other types of relation (those found in economic processes, in the diffusion of knowledge, in sexual relations), but are immanent in them ... They do not belong to some superstructure, with a simple role of prohibition or mediation; they play a directly productive role. They are not governed by a total, binary opposition between dominators and dominated, which is then reproduced from top to bottom in every smaller groupings, but are formed and operate in places of work, families, institutions, groups of all kinds, etc., and serve as the supports for the broad effects of division that run through the whole of society (Sheridan, 1980, p. 184).

Moreover, power is “positive, productive and ‘capillary’: it circulates throughout the

cells and the extremities of the social body; it is an aspect of every social practice, social relation, and social institution” (Baynes, Bohman, & McCarthy, 1987, p. 96).

Power embedded in a dense net of omnipresent relations that “is not a possession of particular social groups, but is a relationship, a strategy which is invested in and transmitted through all social groups” (Lupton, 1997, p. 99).

Foucault further contends that starting in the seventeenth century, this power over life evolved in two basic forms, namely, the anatomo-politics of the human body and biopolitics of the population. In the former, the body is treated as a machine: “its disciplining, the optimization of its capabilities, the extortion of its forces, the parallel increase of its usefulness and its docility, its integration into systems of efficient and economic controls, all this was ensured by the procedures of power that characterized the *disciplines*” (Foucault, 1990, p. 139, italics original). In the latter, the body is viewed as part of a species, as a living organism that is subject to biological factors such as propagation, birth and mortality, the level of health, life expectancy and longevity of which are under regulatory controls. As Foucault states (1990), “the disciplines of the body and the regulations of population constituted the two poles around which the organization of power over life was deployed” (p. 139). Therefore,

a normalizing society is the historical effect of a technology of power centered on

the body as mechanism and organism ... It gives rise to minute surveillances, unceasing controls, meticulous spatial arrangements, endless medical and psychological examinations – a whole micro-power over the body. But it also gives rise to measures on a massive scale, statistical calculations, interventions in societies as a whole (Sheridan, 1980, p. 193).

The notion of “governmentality”, that is the “art of government” to govern at distance since the eighteenth century, is central to make sense of Foucault’s concepts such as power-knowledge and biopolitics. The technologies of government do not limit to coercive and repressive policing, regulations and surveillance by state agencies, but also regulatory activities by such social institutions as the family, the mass media, the school, as well as cooperative and voluntary practices of the self known as self-government. As Foucault (1991) puts,

we need to see things not in terms of the replacement of a society of sovereignty by a disciplinary society and the subsequent replacement of a disciplinary society by a society of government; in reality one has a triangle, sovereignty-discipline-government; which has as its primary target the population and as its essential mechanism the apparatuses of security (p. 102).

Moreover, the domain of government is so extensive that it covers a complex network of human interactions:

The things with which in this sense is to be concerned are in fact men, but men in their relations, their links, their imbrications with those other things which are wealth, resources, means of subsistence, the territory with its specific qualities, climate, irrigation, fertility, etc.; men in their relation to that other kind of things, customs, habits, ways of acting and thinking, etc.; lastly, men in their relation to that other kind of things, accidents and misfortunes such as famine, epidemics, death, etc. (Foucault, 1991, p. 93).

Governmentality is sustained by systems of knowledge and truth claims, and hence experts and their expertise. Knowledge and truth claims, in the Foucauldian sense, are a kind of “government rationality” that is specific to particular societies and moments (Ouellette & Hay, 2008, p. 11). In addition, normalization is a key technology of power. A norm refers to, according to Nikolas Rose, something that “is socially worthy, statistically average, scientifically healthy and personally desirable” (Rose, 1999, p. 76). Normalization is a result of “the web of expert judgments surrounding the body” which constructs “a privileged type of subject” (Lupton, 1995, p. 10).

Risk and Governmentality

To Foucauldian scholars, risk management is an imperative governmentalist strategy and this is the approach to risk that this work will take. However, before looking

into the governmentality approach to risk, it is useful to review the theoretical approaches to risk introduced by Mary Douglas and Ulrich Beck.

Mary Douglas (1992) applies an anthropological approach to risk to look into the differences in risk perception in different cultures around the globe (Mythen, 2004, p.4). Taking a constructionist position, Douglas emphasizes the importance of culture in understanding risk. She contends that a range of dangers objectively exists in the real world, but they have to be perceived in a social context: “The reality of dangers is not at issue. The dangers are only too horribly real ... This argument is not about the reality of dangers, but about how they are politicized” (p. 29). In a particular culture, certain dangers are selected from others and considered as “risks” for certain reasons. What is considered as a risk and how serious that risk is thought to be is perceived differently depending on the context. The organization and grouping to which a person belongs or with which he is identified will have a large effect on his risk perception (Douglas, 1992, p. 78; Fox, 1999, p. 15; Lupton, 1999, p. 39).

Ulrich Beck, who provides influential accounts on the concept of “risk society,” highlights the social and political implications of the proliferation of man-made risks in the process of modernization on everyday life. He adopts a “sociological perspective” which integrates realist and constructionist perspectives to interpret risk.

He asserts that his approach is a pragmatic one, “using realism and constructivism as far as those meta-narratives are useful for the purpose of understanding the complex and ambivalent ‘nature’ of risk in the world risk society we live in” (2000, pp. 211-212). He takes a “natural-scientific objectivism about hazards” to maintain the presence of “real” risks, and brings in “cultural relativism about hazards” to emphasize the contextual aspect of risk conceptualization and responses (1995, p. 76; Lupton, 1999, pp. 60-61). From the latter perspective, Beck argues that risks are risks in knowledge. They:

only exist in terms of the (scientific or anti-scientific) *knowledge* about them.

They can be changed, magnified, dramatized or minimized within knowledge, and to that extent they are particularly open to *social definition and construction* (1992, p. 23, italics original).

Beck (1999) also writes that risks “do not exist ‘in themselves,’ independently of our perception. They become a political issue only when people are generally aware of them, they are social constructs which are strategically defined, covered up or dramatized in the public sphere with the help of scientific material supplied for the purpose” (p. 22). Similarly, he argues that “it is cultural perception and definition that constitutes risk. ‘Risk’ and the ‘(public) definition of risk’ are one and the same” (2000, p. 213).

In modern society risk is interactively linked to ideas of probability and uncertainty. As Beck points out (1999), risk is:

the modern approach to foresee and control the future consequences of human action, the various unintended consequences of radicalized modernization. It is an (institutionalized) attempt, a cognitive map, to colonize the future (p.3).

In other words, it relates to a desire to control and predict the future (Mythen, 2004, p.14). It implies controllability of the future and rejection of destiny. The modernist approach to manage risk thus aims to avoid risk, reduce uncertainty, and manipulate the consequences of risk.

Beck (1992, 1998 and 1999) argues that, in risk society, manufactured and environmental risks, such as smoking, occupational injury, pollution and chemical warfare, come to dominate life. Proliferation of risks leads to uncontrollable and uncontainable consequences in terms of time and space. Risks are more and more difficult to calculate and control because of globalization, affecting both the rich and the poor. This overwhelming amount of risk leads to a re-definition of politics. First, as risk distribution disregards class and wealth, conventional class-based politics break down. Second, political decision making shifts from systems of national governance to technological and scientific domains. Major political and social decisions are not made by politicians; and public involvement in democratic

systems is confined to a superficial choice of political representatives. The real decision-makers become scientists, technologists and professionals (Mythen, 2004, p.158).

While the modern approach to risk emphasizes the controllability of the future, Beck (1998) notes that risks “that were calculable under industrial society become incalculable and unpredictable in the risk society” (p.16). He (1999) points out that in “the limited controllability of the dangers we have created for ourselves ... more and better knowledge often means more uncertainty” (p.6). Expansion of knowledge, which aims to avoid risk and reduce uncertainty, paradoxically increases uncertainty.

Beck’s solutions to regulating risks are “subpolitics” and reflective modernization.” He advocates subpolitics as a “progressive form of public involvement.” He believes that bottom-up social movements involving “self-coordination and direct action citizens,” such as direct actions taken by non-governmental organizations, “can contest vital issues affecting the environment, science, business and education.” Subpolitical movements create a more deliberative and inclusive form of democracy through which risks could be regulated (Mythen, 2004, p.160). Beck also encourages a reflexive form of modernization. For instance, he suggests “reflexive scientization” in which

scientific studies should be self-critical and contribute to solutions to manage risks, such as promoting sustainable development (Zinn, 2008, pp. 23, 28-30).

Yet the Foucauldian perception of risk differs from that of Beck and of Douglas. Taking the governmentality approach, the focus of Foucauldians is not about whether risks exist. They are concerned with how risk is constructed as a discursive practice, where meaning about risk comes from, and how social construction of risk and risk management regulate human behavior. They look into “the ways in which the discourses, strategies, practices and institutions around the phenomenon of risk serve to bring it into being and to construct it as a phenomenon” (Lupton, 1999, pp. 84-85). Mitchell Dean (1999) contends that risk “is a component of diverse forms of calculative rationality for governing the conduct of individuals, collectivities and populations” (p. 131). In other words, risk is a technology of government that conducts the behavior of subjects. As mentioned, this practice of normalization is one of the key governmentalist strategies. Since risk is “the condition of deviations from the norm, misfortune and frightening events” (Lupton, 1999, p. 3), it is constructed against the norm.

Knowledge about risk and norms are determined by the operation of discourse, which in turn governs everyday practice (Mythen, 2004, p.168). Discourses of risk situate people in different subject positions. A concern of the governmentality

account is the utility of discourses of risk in individualizing blame and enhancing the span of governance. A network of institutions including the government and the media often names and stereotypes risk-generating groups, such as homosexuals, and smokers in this case, placing the burden of responsibility on certain people. Governable objects are hence produced, masking the complicated process of reproduction of risk (Mythen, 2004, pp.171-172).

The governmentalist account of risk introduced by Robert Castel (1991) further suggests that the focus of preventive strategies of social administration has shifted from “dangerousness” to “risk.” These new strategies “dissolve the notion of a *subject* or a concrete individual, and put in its place a combinatory of *factors*, the factors of risk” (p. 281, italics original). Since risk applies to a larger group of people, the attention of government diverts from dangerous individuals to aggregates or populations (Lupton, 1999, p. 88). As Castel contends, “[t]he essential component of intervention no longer takes the form of the direct face-to-face relationship between the carer and the cared, the helper and the helped, the professional and the client. It comes instead to reside in the establishing of *flows of population* based on the collation of a range of abstract factors deemed liable to produce risk in general” (1991, p. 281, italics original).

This indirect intervention promotes “a new mode of surveillance: that of

systematic predetection” (Castel, 1991, p. 288). Information about risk is collected, analyzed and governed by a dense network of institutions and experts. Surveillance is not necessarily based on the presence of risky subjects, but the monitoring of data and statistics and identification of risky populations (Lupton, 1999, pp. 87, 93). Castel (1991) writes:

now surveillance can be practiced without any contact with, or even any immediate representation of, the subjects under scrutiny ... To intervene no longer means, or at least not to begin with, taking as one’s target a given individual, in order to correct, punish or care him or her ... There is, in fact, no longer a relation of immediacy with a subject because *there is no longer a subject*. What the new preventive polices primarily address is no longer individuals but factors, statistical correlations of heterogeneous elements. They deconstruct the concrete subject of intervention, and reconstruct a combination of factors liable to produce risk. Their primary aim is not to confront a concrete dangerous situation, but to anticipate all the possible forms of irruption of danger (p. 288, italics original).

This approach to surveillance is therefore subtle and extensive, making a “potentially infinite multiplication of the possibilities for intervention” possible (Castel, 1991, p. 289).

Furthermore, discourses of risk often constitute fears, leading people to seek and

take advice from various institutions and experts to manage and avoid risks. The “technologies of the self” permit “individuals to effect by their own means or with the help of others a certain number of operations on their own bodies and souls, thoughts, conduct and way of being, so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection, or immortality” (Foucault, 1998, p. 18). As expert knowledge on risks proliferates in contemporary societies, individual practices to manage and avoid risks also equally proliferate (Lupton, 1999, p. 88). Over time, the more intense forms of self-monitoring and regulation constitute patterns of social conformity which are difficult to resist (Mythen, 2004, p.169).

In accordance with the governmentality approach, there is a triangulated society of “sovereignty-discipline-government.” Hence it should be made clear that, as Pat O’Malley argues, there is no replacement of “disciplinary society” by “risk society.” Yet “risk management undoubtedly has become a much more important social technology than it was half a century ago” (O’Malley, 1996, p. 203). From governmentality perspective, Beck’s solutions to the risk society – subpolitical bottom-up movements and reflexive modernization involving self- coordination and self-reflection – in fact leads to more self-surveillance and more regulations. The disagreement between the governmentality approach and Beck’s approach resides in

their divergence in approach to power. Beck's model implies that institutional governance is a top-down relationship which can be subverted by bottom-up practices, whilst the Foucauldian view emphasizes the dispersion of power and modern governance (Mythen, 2004, p.170).

Application of Foucauldian Concepts to the Medical Context

The Foucauldian notions of power, governmentality and risk offer a means of understanding the practices of medicine. Unlike the medicalization critique, the Foucauldian perspective argues that medical power is coercive, and also positive and productive. The medical profession is among the “institutions of normative coercion.” It is “coercive in the sense that they discipline individuals and exercise forms of surveillance over everyday life in such a way that actions are both produced and constrained by them.” It is also “not coercive in the violent or authoritarian sense” because it is “readily accepted as legitimate and normative at the everyday level” (Turner, 1997, p. xiv). On the one hand, people willingly discipline and govern themselves in the medical context. They often seek medical consultation voluntarily. There is a link between “public objectives for the good health and good order of the social body with the desire of individual for health and well-being.” While the state seeks to achieve and maintain a healthy population through regulations, “individuals are addressed on the assumption that they want to

be healthy and enjoyed to freely seek out the ways of living most likely to promote their own health” (Rose, 1999, pp. 74, 86-87). On the other hand, doctors are not “people of domination”, but “people through whom power passes or who are important in the field of power relations”. The Foucauldian notion of power as dispersed and diffused reveals that sites of medical power are diverse and heterogeneous, such as schools, workplaces, homes as well as clinics, hospitals and asylums (Lupton, 1995, p. 100). Therefore, removing power from members of the medical profession and handing it over to patients is not feasible (Lupton, 1997, p. 99).

“Healthism,” that is “the promotion of health through collective means” (Baggott, 2000, p. 5), is among the predominant areas of concern of governmentality. Healthism aims to discipline individuals, to manage the population, and to achieve a healthy and productive society. The health, illness, death and birth of the population have become economic and political issues, directly related to the labor force, economic growth and distribution of wealth (Gastaldo, 1997, p. 115).

Since the seventeenth century, the biopolitics of population management has shifted from “a repressive approach to a constructive one” that replaces the power of the sovereign to kill with the power to promote life, such as with health education fostering healthy lifestyles (Gastaldo, 1997). There is also a shift in “emphasis

from controlling the dangerous individual, via face-to-face interventions of preventive medicine and use of confinement, to an emphasis on anticipating and preventing the emergence of undesirable events such as illness, abnormality and deviant behavior” (Petersen, 1997, p. 192).

This perception echoes the contention of Robert Castel of the shift from “dangerousness” to “risk.” Similarly, “surveillance medicine,” as coined by David Armstrong (1995), refers to a new medicine based on the surveillance of normal populations emerging in the twentieth century which is distinguished from the medical theory and practice grounded in the hospital. This approach of medicine relies much on the identification of a risk factor. A risk factor, as Armstrong (1995) points out, “has no fixed nor necessary relationship with future illness, it simply opens up a space of possibility. Moreover, the risk factor exists in a mobile relationship with other risks, appearing and disappearing, aggregating and disaggregating, crossing spaces within and without the corporal body” (p. 401). It is “no longer the symptom or sign pointing tantalizingly at the hidden pathological truth of disease, but the risk factor opening up a space of future illness potential” (p. 400). Identification of more risk factors therefore extends the scope of medical surveillance.

Health promotion is a key to surveillance medicine. According to David

Armstrong (1995), “concerns with diet, exercise, stress, sex, etc, become the vehicles for encouraging the community to survey itself. The ultimate triumph of Surveillance Medicine would be its internalization of all the population” (pp. 399-400). The notion of David Armstrong points to the question of lifestyle choice, or how an individual chooses to live, manage and thus govern himself/herself in everyday life. Lifestyle is a concern of the “new public health” which attempts to promote individuals to live properly in everyday life in order to avoid health risks, as exemplified by the public health message on “no smoking,” and thus to achieve the health of the whole community. The following section expands on the new public health critique.

New Public Health Critique

“Public health,” according to the classic definition coined by Charles-Edward Amory Winslow, an American public health leader, is “the science and art of preventing disease, prolonging life and promoting physical health and efficiency through organized community efforts for the sanitation of the environment, the control of community infections, the education of the individual in principles of personal hygiene, the organization of medical and nursing service for the early diagnosis and preventive treatment of disease, and the development of social machinery which will ensure to every individual in the community a standard of

living adequate for the maintenance of health” (cited by Baggott, 2000, p. 1).

Unlike health care, which focuses on individuals, public health pays attention to the community, that is, the entire population. Its purpose is to achieve and maintain the health status of every individual. Public health operates through health protection measures to prevent or minimize preventable illness or injury, as well as health improvement policies and programs to promote and sustain healthy environments and healthy lives for individuals and populations.

Public health can be understood as a post-Enlightenment modernist enterprise (Petersen & Lupton, 1996, p. 6). “Disinterested science” and “scientific disciplines” are the representation and justification of public health. Indeed, “the evolution of public health is seen as to comprise a series of scientific or technical breakthroughs ... The narrative of public health emerges as a series of causal events in which the advance of science plays an independent and key role in improvements in life expectancy and population well-being” (Petersen & Lupton, 1996, p. 2).

Petersen and Lupton (1996) distinguish the “new public health” from the “old public health.” The new public health “implies the ‘rediscovery’ of, and some continuity with, the ‘old public health’ project.” For the “old,” or nineteenth-century, public health movement, it was “primarily directed at controlling filth, odor and contagion, based as it was upon the miasma theory of disease and

illness.” For quite a long time the focus was on infectious diseases that led to high mortality. Attention was paid to the external environment: hygiene, cleanliness of urban and domestic spaces. Beginning in the 1940s, the emphasis of public health, in England in particular, was shifted to non-infectious diseases such as cancer and cardiovascular disease, and special attention was paid to the prevention of these diseases (Petersen & Lupton, 1996, pp. 2, 91-94).

Since then, health threats and hazards are believed to be multiplied and extended beyond the domestic spaces and city (Petersen & Lupton, 1996, p. 95). The main theme of the new public health is to call attention to lifestyle and collective efforts to manage risk. Its purposes are to promote good individual health, healthier community and ecologically sustainable environments. Therefore, according to John Ashton and Howard Seymour, the new public health is:

an approach which brings together environmental change and personal preventative measures with appropriate therapeutic interventions, especially for the elderly and disabled. However [it] goes beyond an understanding of human biology and recognizes the importance of those social aspects of health problems which are caused by lifestyles. In this way, it seeks to avoid the trap of blaming the victim. Many contemporary health problems are therefore seen as being social rather than solely individual problems; underlying them are concrete issues

of local and national public policy, and what are needed to address these problems are “Healthy Public Policies” – policies in many fields which support the promotion of health. In the New Public Health environment is social and psychological as well as physical (cited by Petersen & Lupton, 1996, p. 4).

The new public health involves “a shifting away from the biomedical emphasis on the individual towards a focus on ‘social’ factors, particularly ‘lifestyle,’ in the aetiology of problems; a recognition of the multidimensional nature of problems and of required solutions; and particularly the adoption of a broad concept of the determining ‘environment’ that includes psychological, physical and social elements” (Petersen & Lupton, 1996, pp. 4-5).

From the Foucauldian point of view, the new public health is an arena of governmentality. In this sense, the new public health demonstrates “modern systems of power through the creation of knowledge about the ‘normal’ human subject” (Petersen & Lupton, 1996, p. xii). It is a “sociocultural practice and a set of contingent knowledges” instead of an objective and neutral science as professional experts “selectively order knowledge in such a way that some categories and some utterances and actions are privileged above others, and therefore seem more natural and logical” (Petersen & Lupton, 1996, pp. x, xii).

The new public health also shows that, in the operation of “micro-politics of

surveillance and control,” there is a shift of emphasis of governance from controlling dangerous individuals to achieving the well-being of every individual, so as to establish and maintain a healthy, happy and productive population since the eighteenth century. Medical experts have multiple options, such as health promotion, risk identification and prescription of desirable lifestyles, to exercise intervention in the everyday life of people, to regulate and oversee “individual bodies and the social body as a whole” (Petersen & Lupton, 1996, p. 3).

One of the central tasks of new public health experts is to identify and manage health risks. Adopting a constructionist approach to risk, the goal of new public health critics is “not to argue that there are no ‘real’ dangers and threats to which humans may fall prey, causing ill health, pain or death, but rather is to contend that [their] understanding of these dangers and hazards, including their origin and their outcomes, are constituted through social, cultural and political processes. It is through these processes that dangers and hazards become ‘risks.’” Risk assessment makes “government at a distance” possible in such a way that public health experts “are not clearly seen to be directly intervening, or coercing or punishing” (Petersen & Lupton, 1996, pp. 18-19).

The new public health not only uses coercive strategies such as enactment of legislation, but also incorporates individual voluntary actions. The new public

health critics contend that human subjects, as entrepreneurial selves under the notion of neo-liberalism, govern themselves directly and voluntarily in accordance to professional advice. As a result,

a network of strategies exists, ranging from individual attention such as risk assessment, counseling and case management, to involving family members, instituting prevention programs in schools, workplaces and recreation sites, and community-wide programs involving the use of the mass media or the enactment of legislation (Lupton, 1995, p. 82).

Hence, in the regime of the new public health, citizenship rights and responsibilities have been redefined in relation to the preferred modern lifestyle. To take care of their own body and avoid harming others, such as by developing a healthy lifestyle and self-management of risk, are taken as the responsibility of every individual. Self-regulation to avoid health risks is for the sake of the individual's own health and also for the benefit of society (Lupton, 1995, p. 90).

Despite the regulatory nature of the new public health, it is uncritically well received by people from all walks of life. The field of public health is commonly viewed as neutral and beneficent. Petersen and Lupton (1996) note:

The regulatory implications of the broad agenda of the new public health have remained largely unexplored in the academic literature on public health. This is

due in large part to unshakable faith in the narratives of post-Enlightenment humanism – the ideas of scientific and social progress and of human perfectibility. The existence of pre-social human subjects who can, and should, be “liberated” and assisted to reach their full potential through their own and others’ efforts (particularly those offered by experts) have been largely taken for granted ... Given the centrality of the concept of “empowerment” in the discourse of the new public health, health promoters have offered surprisingly little analysis of power relations as they pertain between, for instance, experts and non-experts, populations of the wealthy “developed” countries and populations of the poor “developing” countries, men and women, and heterosexuals and gay men and lesbians (pp. 8-9).

This quote underlines the role of experts in the construction of subjects of risks and their stratification. On the basis of “objective” and “scientific” truth, or expert discourses, experts differentiate privileged groups from risky and deviant groups which are ignorant, lack vigilance or engage in an undesirable lifestyle.

New Public Health Critique on Tobacco Control and its Inadequacy

From the perspective of the new public health critics, tobacco control is an illustrative case of a public health governmentalist project. Tobacco control has become an imperative part of preventive medicine to prescribe a healthy lifestyle

through which the population is made available for “public and private interventions” (Lupton, 1995, p. 70; Reid, 2005, p. 8).

More specifically, in public health discourses, cigarette smoking, smokers and the tobacco industry are constructed as subjects of risks that warrant public health intervention. Cigarette smoking is identified as a health risk that is absolutely harmful to both smokers and non-smokers. It also causes socio-economic problems such as high medical expenses and loss of national income. Smokers and the tobacco industry are blamed for these problems. For instance, the WHO characterized cigarette smoking as “the largest, single, preventable cause of ill health in the world” and an “epidemic” that puts all at health risk and socio-economic burden. The tobacco industry was blamed for spreading the tobacco epidemic. Smokers were said to induce costs that adversely affect their family, taxpayers and society at large. Nations were asked to take actions to curb the epidemic (WHA, 1980; WHO ECSC, 1979; “World health leader,” 1980).

The sheer dominance of public health discourses leads to the marginalization of alternative perspectives. Research findings of tobacco firms are condemned as distortions of truth (Chiu, 2005; Connolly, 2005). Seldom have potential side-effects of smoking cessation such as obesity been mentioned (“Anti-smoking movement,” 2005). Potential positive effects of cigarette smoking are

under-researched as it is less likely to be granted research funds (Lupton, 1995, p. 150; Mundell, 1993; Petersen & Lupton, 1996, pp. 39-40). Research findings of the potential positive effects of cigarette smoking and skeptical views about the negative health effects of cigarette smoking are deemphasized, marginalized and sometimes suspected to serve the interests of the tobacco industry. For example, James Enstrom and Geoffrey Kabat (2003) concluded their cohort study that the link between secondhand smoking and heart disease and lung cancer “may be considerably weaker than generally believed” (p. 1057). Yet the American Cancer Association considered the results of the study as unreliable, whilst a British anti-smoking group Action on Smoking and Health regarded the study as biased (“A study,” 2003). In addition, researches on tobacco control, particularly those attempting to “think differently” from the dominant discourse, often face difficulties and even an “accusation of ‘working for the other side’” (Reid, 2000, p. 132). As a result, “the public debate about smoking has been remarkably one-sided. The scientific and intellectual case against smoking is taken generally as a settled matter. It is assumed that scientists and scholars have examined the issues carefully and concluded unanimously that smoking has no redeeming virtues” (Tollison, 1986, p. 3).

The unquestioned embrace of public health discourses on cigarette smoking leads

to the denormalization of cigarette smoking and stigmatization of the tobacco industry and smokers. For instance, cigarette smoking is portrayed as a wasteful, abnormal and deviant behavior. The tobacco industry is considered merciless and deceitful for selling a lethal product and luring people to smoke. Smokers are said to be diseased, irrational, uncivilized and selfish troublemakers (Bayer, 2006; Chapman, 2007; Petersen & Lupton, 1996, p. 149).

The new public health seeks to manage smoking problems by means of not only coercion such as anti-smoking legislation, but also mobilization of individual participation in building up a healthy city. Public health messages against smoking circulate in the media, schools, workplaces, families and so forth, mobilizing a network of agents to participate in the tobacco control campaign. In particular, citizens are expected to exercise self-regulation by choosing a healthy lifestyle choosing to not smoke or by giving up smoking for the sake of their own health and the health of others (Petersen & Lupton, 1996, p. 117).

Under the new public health critique, public health experts and their discourses are placed in the centre of the debate in constructing subjects of risks, defining problems, prescribing preferred lifestyle choice and shaping the everyday life of individuals. However, I contend that the new public health critique does not provide an adequate explanation to understand how and why tobacco has been

framed as an imperative object of intolerance and control in Hong Kong. Essentially, tobacco is singled out from other legal but harmful substances, in this case alcohol, and put under stiffer surveillance by medical experts, the government and society at large. Alcohol is identified by public health experts as a health risk. However, in Hong Kong, the public health warnings about alcohol drinking have been largely ignored. It appears that alcohol consumption is in a growing trend. Public policies have been largely favorable toward alcohol consumption and distribution. Compared to alcohol, tobacco is mired under strict socio-legal regulations. Why has this been the case? Apart from public health discourses, what other formations of power are involved in the growing intolerant discursive practices against cigarette smoking?

In Hong Kong, the increasingly restrictive tobacco control has been constantly under challenges especially from business groups. Tobacco firms have a large amount of resources and hold great lobbying power given the profitable and global nature of the tobacco business. Why and how has the tobacco control movement in Hong Kong become so prevalent as a governmentalist project despite the fact that the tobacco industry remains profitable and resourceful?

Methodology

To answer these questions, we need to put tobacco control in Hong Kong into

context. I suggest that a Foucauldian discursive approach and the theory of articulation developed in cultural studies are useful tools to identify the formation of power involved in the intolerant discursive practice against cigarette smoking, and to explore the conditions and conjunctures that make it possible and dominant in Hong Kong.

Discursive Approach

Discursive approach is integral to the work of Michel Foucault. To begin with, while post-Enlightenment modernist projects are often uncritically accepted as an inevitable historical development and progress, Foucault examines these projects from a different perspective on history and knowledge. He contends that periods of history are marked by epistemes. An episteme is:

the product of certain organizing principles which relate things to one another (by classifying things, and by allocating them meanings and values) and which, as a result, determines how we make sense of things, what we can know, and what we say. At the same time, these principles are more or less unconscious, we don't go around thinking about them, or referring to them. They are the grounds on which we base everything, so we more or less take them for granted (Danaher, et al., 2000, p. 17).

A particular episteme gives rise to "particular relations, domains, games, forms,

techniques and orders of a social context that shape the kind of power, knowledge, truth, subjectivity, self, and discourse that apply within the context” (Danaher, et al., 2000, p. 32).

Foucault identifies three major epistemes operated over the last four hundred years, namely the Renaissance, the Classical, and the Modern. Change of epistemes, from the Renaissance to the Modern age, is not a linear and progressive development, but an example of sameness and difference (Danaher, et al., 2000, p. 19).

An episteme operates through discursive formations which organizes ideas and concepts and produces “objects of knowledge.” Stuart Hall (1997) elaborates on the concept of discourse as follows:

By “discourse,” Foucault meant a group of statements which provide a language for talking about – a way of representing the knowledge about – a particular topic at a particular historical moment ... Discourse is about the production of knowledge through language. But ... since all social practices entail meaning, and meanings shape and influence what we do – our conduct – all practices have a discursive aspect ... [Discourse] is about language and practice ... Discourse, Foucault argues, constructs the topic. It defines and produces the objects of our knowledge. It governs the way that a topic can be meaningfully talked about

and reasoned about. It also influences how ideas are put into practice and used to regulate the conduct of others (p. 44).

Foucault argues that “nothing has any meaning outside of discourse” (Hall, 1997, p. 25). Therefore, we can only make sense of things when they are within discourse for only then do they have a meaning. Discourses shape our ways of making sense of things, our understanding of “true” and “false,” right and wrong (Danaher, et al., 2000, pp. 20-21, 31). Foucault is therefore interested in where the meanings of things come from, that is to say, the conditions that make a given discourse possible at a given moment. His project is, in Foucault’s words, “to uncover the principles and consequences of an autochthonous transformation that is taking place in the field of historical knowledge” (Foucault, 1972, p. 15).

Discourses are made up of statements. Examining the relationship between statements is the key of mapping a discursive field. Foucault (1972) writes:

It is in order to be sure that this occurrence is not linked with synthesizing operations of a purely psychological kind (the intention of the author, the form of his mind, the rigor of his thought, the themes that obsess him, the project that traverses his existence and gives its meaning) and to be able to grasp other forms of regularity, other types of relations. Relations between statements (even if the author is unaware of them; even if the statements do not have the same author;

even if the authors were unaware of each other's existence); relations between groups of statements thus established (even if these groups do not concern the same, or even adjacent, fields; even if they do not possess the same formal level; even if they are not the locus of assignable exchanges); relations between statements and groups of statements and events of a quite different kind (technical, economic, social, political) (pp. 28-29).

That is to say, the formation of discourse implicates a set of ideas and events, a network of agents and domains. It operates in an intertextual cultural environment in which innumerable statements, actions, and texts from various sources interact with each other (Hall, 1997, p. 44). Whenever these discursive events "refer to the same object, share the same style and ... support a strategy ... a common institutional, administrative or political drift and pattern," they belong to the same discursive formation (Hall, 1997, p. 44). At a particular moment and context, some statements may be picked up from infinite others and repeated again and again to form a particular, even dominant, discourse; others may disappear and be replaced by other statements. In this sense, a discourse is a historical and contingent event, but it cannot be changed at will due to the multiplicity of relationships involved in the formation.

Knowledge, in this sense, is a discursive practice. Foucault (1987) points out

that the focus of his work was not “institutions,” “theories,” or “ideology,” but:

practices – with the aim of grasping the conditions that make these acceptable at a given moment; the hypothesis being that these types of practice are not just governed by institutions, prescribed by ideologies, guided by pragmatic circumstances – whatever role these elements may actually play – but possess up to a point their own specific regularities, logic, strategy, self-evidence, and “reason.” It is a question of analyzing a “regime of practices” – practices being understood here as places where what is said and what is done, rules imposed and reasons given, the planned and the taken for granted meet and interconnect (pp. 102-103).

Foucault therefore “dismantles the normative history of ideas and rationality and asks instead how ideas and rationality emerge within the regimes of truth formed by the network of practices, that is, how they emerge within their ‘conditions of possibility’” (Erni, 1994, p. 116).

Foucault (1987) further states that his intention is to study:

[the] interplay between a “code” that rules ways of doing things (how people are to be graded and examined, things and signs classified, individual trained, etc.) and a production of true discourses that serve to found, justify, and provide reasons and principles for these ways of doing things. To put the matter clearly:

my problem is to see how men govern (themselves and others) by the production of truth” (p. 108).

History is not a linear and continuous development that results from inevitable causes. Knowledge and “truth” are not objectively given, self-evident and inevitable, but are discursive practices. As Foucault states, “[t]he history of the “objectification” of those elements that historians consider as objectively given (if I dare put it thus: of the objectification of objectivities), this is the sort of circle I want to try and investigate (Foucault, 1987, p. 116).

More specifically, a discursive approach is to explore the discursive process that produces knowledge. It looks into the regularities of a discourse by examining the rules that govern this particular discursive formation. One category of rules deals with “the formation of objects.” They govern the appearance of the objects of a discourse, controlling the ability of something to be talked about and prohibited others from being discussed. A second category of rules refers to “the formation of enunciative modalities.” These are concerned with who is allowed and entitled to speak and write. They also determine whose discourse individuals should listen to or reject. A third category of rules is “the formation of concepts” which is about the arrangement of statements and rhetoric required for certain concepts to be circulated and be seen as knowledge. These rules determine which terms are

recognized as valid, which are invalid, which are right and which are false. A fourth category of rules is “the formation of strategies” which concerns which theory or interpretative framework is employed (Foss, Foss, & Trapp, 2002, pp. 348-351; Foucault, 1972, pp. 40-70).

Therefore, “the production of discourse is at once controlled, selected, organized and redistributed according to a certain number of procedures” (Foucault, 1972, p. 216). The discursive approach does not only concern itself with what has been said, but also with what has not been said, which Foucault (1972) terms as “rules of exclusion” (p. 216). As Foucault (1972) also puts it, “it is based on the principle that everything is never said ... the analysis of discursive formations turns back towards that rarity itself; it takes that rarity as its explicit object” (pp. 118, 120). Discursive approach also deals with the forms of accumulation of statements, or the modes of existence of diverse statements. Statements may be preserved through material techniques (that is, books), in certain institutions (such as a library), with certain statutory modes (such as legal codes, a scientific truth), or by the nature of the statements, including destruction and oblivion (Foucault, 1972, pp. 123-124).

Foucault (1980, p. 113; 1987, p. 104) also emphasizes an approach of eventalization. He takes discursive formation as a contingent event, and stresses on identifying any event that occurs within the discursive formations. As Lawrence

Grossberg (1997) explains:

Foucault locates any event in a multiplicity of interacting planes and regimes of power within the social formation ... The materiality of events points to the ways in which we live and act, ways over which we have no control and about which we are unaware. This is not simply the ideologically constructed plane of experience, for experience itself (phenomenologically understood) is merely another set of events or facts, to be included within the analysis of the networks of effects (p. 133).

Given its concern about the production of knowledge and truth, discourse analysis offers a framework to understand the question of power and how people govern themselves and others. As mentioned, to Foucault, power, is “the intricacies of the particular network in which events make possible other events; it is a “capillary action,” organizing and extending the possibilities of its own existence” (Grossberg, 1997, p. 133). Power is exercised from innumerable points, producing knowledge, or discourse, as a “truth.” People discipline themselves and others with internalized mechanisms of social control. What Foucault looks into is precisely the entanglement of the operation of power with discursive productions of knowledge at certain periods.

Theory of Articulation

One purpose of discourse analysis is to uncover the conditions of possibility of a particular discursive formation. On this basis, I suggest that the theory of articulation developed in cultural studies is a useful tool to further our understanding of discourse as a historical practice. Cultural studies, generally speaking, is not a study of culture, but a study of context. Context is “not merely background but the very conditions of possibility of something” (Grossberg, 1997, p. 255). Cultural studies traces how particular cultural practices become possible at a particular time and place, and the resulting effects. As Lawrence Grossberg and others (1992) state, cultural studies:

does not require us to repudiate elite cultural forms – or simply to acknowledge, with Bourdieu, that distinctions between elite and popular cultural forms are themselves the products of relations of power. Rather, cultural studies requires us to identify the operation of specific practices, of how they continuously reinscribe the line between legitimate and popular culture, and of what they accomplish in specific contexts (p. 13).

“Radical contextualism” (Grossberg, 1997, p. 253), therefore, is one of the characterizations of cultural studies.

The methodology of cultural studies is articulation. Its concern is how

relationships of practices, texts, meanings and so forth are established (articulated or rearticulated) and broken (disarticulated). According to Lawrence Grossberg (1997), with articulation as its methodological practice, cultural studies does not agree with both “essentialism” and “anti-essentialism.” Essentialism assumes “relationships in history, the relationships that constitute history, are guaranteed, inevitable, intrinsic to the related elements.” Anti-essentialism suggests “there are necessarily no relationships. Relations are an illusion; it is their very appearance that is the product of power, and hence the only response to a relation is to deconstruct it, to get rid of it, to deny it” (pp. 258-259). In contrast to essentialism and anti-essentialism, cultural studies:

locates everything in relations but assumes that such relations, while always real, are never necessary. Power is both produced as, and produces contexts as, the set of “relations of a nonrelation,” to echo Foucault. Articulation as a practice is politically – strategically – anti-essentialist, but it is also anti-anti-essentialist. It says there are relationships in history but they are not necessary. They did not have to be that way but, given that they are that way, they are real and they have real effects ... This is articulation: the making of a relationship out of a nonrelationship or, more often, the making of one relationship out of a different one (p. 259).

Here, remarks of Nikolas Rose (1999) and Lawrence Grossberg (2005) are noteworthy. Nikolas Rose (1999) illustrates that the identification of objects of governance is historical:

There is no universal object, the governed, in relation to which a body of governors proceeds to act. The governed vary over time; indeed there is no such thing as “the governed,” only multiple objectifications of those over whom government is to be exercised, and whose characteristics government must harness and instrumentalize (Rose, 1999, p. 40).

In his critical analysis on the growing hostility towards kids in the United States, Lawrence Grossberg (2005) emphasizes the importance of looking into the “big picture,” that is the context, in order to understand why kids are presumed bad and treated badly:

What does it mean to understand the war on kids? We have to start by refusing to look at the state of kids in isolation. We have to ask how it is connected – consciously and unconsciously, internationally and unintentionally – to other things going on in American society and in the lives of its people to larger social struggles, projects and directions. We have to put the war on kids in its context. When you think contextually, in the middle, you realize that everything (from crime to the market) is what it is, is made to be what it is, by the relationships

that surround and penetrate and define it, that is, by its context. But contexts themselves are the result, across time and space, of the relations among human activities and political agendas, social forces and historical logics (p. 103).

These two quotations illustrate that particular discursive formation and thus power relations arise from particular historical moments, complex historical forces and conjunctures. To investigate the making of a discourse, we have to contextualize it in order to unfold the multiplicity of relationships and historical conjunctures.

Therefore, to understand tobacco control in contemporary Hong Kong, we need likewise to consider it as a historical and contextual practice. We have to put “the pieces of the puzzle” (Grossberg, 2005, p. 103) – which may be seemingly irrelevant – together so as to unfold the cultural and political conditions that make the growing intolerant discursive practices against cigarette smoking possible and dominant.

Adopting a Foucauldian discursive approach and the theory of articulation, this work aims to address the following questions: In Hong Kong, how does cigarette smoking produce subjects of risks and objects of governance, leading to a growing intolerant socio-legal regulatory environment against the habit? Why is tobacco singled out from other legal but harmful substances, such as alcohol, as an

imperative object of intolerance and control, regulated by specialized legal codes and institutions? Are there similarities in the way we define cigarette- and alcohol-related problems? If yes, what do they reveal about the construction of risks and governable objects? All in all, under what rationality are ideas about cigarette smoking organized? What kind of and whose ideas are included and emphasized? What kind of and whose ideas are deemphasized, marginalized, distorted and obliterated? How are these ideas put into practice and used to conduct the conduct of individuals? What are the conditions and conjunctures that make this discursive practice possible?

To answer these questions, I draw on evidence from diverse sources, including health reports, government documents, papers of the Legislative Council (LegCo), newspaper reports and commentaries, documentaries and films, to trace the way we think about and act on cigarette smoking, alcohol drinking and their stakeholders. In particular, I conducted an exhaustive examination of mainstream newspapers' and magazine reportage of and commentary about cigarette smoking and alcohol drinking from the 1960s to the time of this writing. I also conducted an exhaustive coding analysis of the minutes of the LegCo debates on the Smoking (Public Health) Ordinance and on motions about tobacco control from 1982 to 2006. A coding sheet was compiled with a list of statements (Table 2.1). By enumerating the

number of times that the statements appear in the LegCo debates over the years, I was able to map how legislators and government officials talked about cigarette smoking. Legislators and government officials are two important agents in stipulating legal regulations of tobacco. Their speeches and attitudes also reflect, shape and are shaped by public opinions on cigarette smoking. More specially, the coding sheet was design to look into:

- perceived negative consequences of cigarette smoking, and the degree of acceptance of medical evidence on negative effects of cigarette smoking (Code 1);
- the articulation of cigarette smoking to social and political issues, including youth smoking problems and individual freedom (Code 2);
- perceptions on cigarette smoking (Code 3);
- perceptions on various stakeholders of smoking issues, including the tobacco industry, smokers, non-smokers, lawmakers and the government (Code 4);
- popularity of tobacco control policy and perceptions on the role of public opinions in the formulation of tobacco control policy (Code 5);
- perceived objectives of tobacco control (Code 6.1);

- competing opinions on overall tobacco control policy (Code 6.2), expansion of statutory non-smoking areas (Code 6.3), regulations of tobacco promotions and sponsorships (Code 6.4);
- other tobacco control measures suggested (Code 6.5);
- overseas experiences cited (Code 7);
- local institutions involved in issues of cigarette smoking (Code 8);
- local legislations and international covenants cited and their relevance (Code 9); and
- opinions comparing tobacco and alcohol policies (Code 10).

Thus, this work looks into the cultural politics of discourse surrounding the risk and management of, in this case, cigarette smoking, and its implications on modern governance in Hong Kong. By considering tobacco control as a historical and contextual practice, with evidence from diverse sources, this work traces the public discourse about cigarette smoking and identifies key players, events and moments involved in this discursive formation. It further considers the consequences of this particular discourse regarding the complex relationship among control, construction of risk, identity and freedom. In particular, it moves beyond the centrality of public health discourses, and looks into the complex formation of power involved in the discursive formation of tobacco control and the mode of governmentality in practice

in contemporary Hong Kong that shapes constructions of risk, people's lifestyle choices and identities.

Table 2.1: Coding Sheet for the Coding Analysis of the Legislative Council

Hansards

1 Negative effect of smoking

- 1.1 Smoking is hazardous to health.
- 1.2 Secondhand smoking is hazardous to health.
- 1.3 The number of deaths and illness related to smoking is high.
- 1.4 Medical cost of diseases related to smoking is high.
- 1.5 Smoking causes nuisance to non-smokers.
- 1.6 Smoking leads to environmental pollution.
- 1.7 Smoking creates fire hazards.

2 Smoking as a social and political issue

- 2.1 Smoking is an anti-social behavior.
- 2.2 Youth smoking is a problem.
- 2.3 Female smoking is a problem.
- 2.4 Tobacco is a harmful substance / is comparable to a drug that must be regulated.
- 2.5 Tobacco is a harmful substance but is embedded in everyday life.
- 2.6 Smoking infringes on non-smokers' rights / Rights of non-smokers should be protected.
- 2.7 Smokers have the right / freedom to choose to smoke.
- 2.8 Public health is the overriding principle / Tobacco control is not a human rights issue.
- 2.9 It has been wrong to label cigarette as a legal product.
- 2.10 The rights and interests of smokers and non-smokers should be balanced.

3 Perception on the act of smoking

- 3.1 Smoking is a symbol of maturity / glamour.
- 3.2 Smoking is mistaken as a symbol of maturity / glamour.
- 3.3 Smoking is a source of pleasure / a way of releasing tension.
- 3.4 Smoking is mistaken as a source of pleasure / a way of releasing tension.
- 3.5 Smoking is a result of peer pressure.
- 3.6 Smoking is bad.
- 3.7 Smoking is a long-standing habit.
- 3.8 Social perception on smoking has become negative. / Smoking is stigmatized and marginalized.
- 3.9 Smoking is a normal habit.

4 Perception on different stakeholders

- 4.1 The tobacco industry is a profit-making organization that supplies a legal commodity.
- 4.2 The tobacco industry is socially irresponsible.
- 4.3 The government is responsible for safeguarding public health.
- 4.4 The medical sector is a neutral and scientific authority.
- 4.5 Smokers are victimized, stigmatized and marginalized.
- 4.6 Smokers are pitiable.
- 4.7 Businessmen should be socially responsible.
- 4.8 Legislators are obligated to promote tobacco control.
- 4.9 The government is indecisive.
- 4.10 Tobacco control advocates are standing on a moral high ground to attain the anti-smoking ideal.
- 4.11 Businessmen are victimized.
- 4.12 Non-smokers are the victims.
- 4.13 Smokers should be considerate.

5 Public opinions

- 5.1 The general public supports tobacco control.
- 5.2 There are oppositions to tobacco control proposals.
- 5.3 Public opinions should be taken into account.
- 5.4 Public consultation should be conducted.
- 5.5 The government should take care of the feelings and interests of the majority non-smokers.

6 Tobacco control

- 6.1 Goal
 - 6.1.1 To promote public health.
 - 6.1.2 To warn the community of the risks of smoking.
 - 6.1.3 To discourage smoking / reduce the incidence of smoking.
 - 6.1.4 To persuade and help smokers to stop smoking.
 - 6.1.5 To protect non-smokers from secondhand smoking.
 - 6.1.6 To prevent non-smokers from starting to smoke.
 - 6.1.7 To protect the young / dissuade the young from starting to smoke.
 - 6.1.8 To protect the environment.
 - 6.1.9 To reduce medical expenses.
 - 6.1.10 To promote Hong Kong's tourism.

- 6.1.11 To catch up with the international trend / fulfill the international obligation.
- 6.1.12 To ban smoking completely and prohibit the sale of tobacco as the ultimate goal.
- 6.1.13 To promote the public good of the people and the next generation.
- 6.1.14 Tobacco control does not intend to root out smoking.
- 6.1.15 To ensure a healthy workforce and to promote economic competitiveness.
- 6.1.16 To set a good example of tobacco control in the regional and international community.
- 6.1.17 To change social culture and behavior / To promote a healthy lifestyle.

6.2 Controversy over tobacco control

- 6.2.1 Cigarettes are a legal commodity / Cigarettes are not drugs.
- 6.2.2 The tobacco industry has the right to do business.
- 6.2.3 The health effect of smoking is inconclusive.
- 6.2.4 The health effect of secondhand smoking is inconclusive.
- 6.2.5 Regulations of tobacco and other harmful substances are inconsistent.
- 6.2.6 Education is an effective alternative to legislation and regulation.
- 6.2.7 Education is an effective supplementary tool to control tobacco.
- 6.2.8 Illegalization of smoking and the sale of cigarette is the most straightforward anti-smoking measure.
- 6.2.9 Tobacco control impairs business and the people's livelihood. / Economic point of view should be taken into account.
- 6.2.10 Tobacco control does not affect business / the people's livelihood.
- 6.2.11 Tobacco control policy should be implemented progressively.
- 6.2.12 Tobacco control policy should go forward as quickly as possible.
- 6.2.13 Tobacco control policy is undue and unfeasible.
- 6.2.14 The existing tobacco control measures are sufficient and thus there is no need to enhance them.
- 6.2.15 The existing tobacco control measures are insufficient and thus there is a need to enhance them.
- 6.2.16 Discussions about tobacco control and tobacco control policy are full of bias.
- 6.2.17 The fight against tobacco is a worldwide battle.

- 6.3 Expansion of statutory no smoking areas
 - 6.3.1 The policy is unfeasible / difficult to enforce.
 - 6.3.2 The policy impairs business.
 - 6.3.3 The policy does not affect business.
 - 6.3.4 Public health is more important than business.
 - 6.3.5 The policy is unfair to smokers.
 - 6.3.6 Complete smoking ban in indoor public areas forces smokers to smoke on the street and thus causes air pollution.
 - 6.3.7 Smoking should not be totally banned in public areas. / Smoking areas should be designated in public areas.
 - 6.3.8 Smoking should be totally banned in public areas. / No-smoking areas should be extended. / Smoking areas should not be designated in public areas.
 - 6.3.9 Sufficient consultations among relevant industries and assessments on the economic impacts of the policy should be conducted.
 - 6.3.10 Flexibility and/or exemption should be given to business operators.
 - 6.3.11 Extending no-smoking areas cannot root out the problem of smoking and secondhand smoking.

- 6.4 Regulation of tobacco advertising / promotion / sponsorship
 - 6.4.1 Tobacco advertising and promotions carry misleading messages.
 - 6.4.2 Tobacco advertising targets non-smokers / the young.
 - 6.4.3 Tobacco advertising does not target non-smokers / the young.
 - 6.4.4 The policy violates the freedom of expression.
 - 6.4.5 Public health overrides the freedom of expression.
 - 6.4.6 The policy impairs business and the people's livelihood.
 - 6.4.7 The policy does not impair business and the people's livelihood.
 - 6.4.8 The policy reduces financial sources of sports and cultural activities.
 - 6.4.9 Tobacco sponsorship aims at promoting tobacco products, not sports and cultural activities.
 - 6.4.10 The tobacco industry has the right to promote their products.
 - 6.4.11 The policy is unfeasible and ineffective.
 - 6.4.12 The policy does not reduce financial sources of sports and cultural activities.
 - 6.4.13 The government should give financial support to sport and

cultural activities in replacement of tobacco sponsorships.

6.5 Other tobacco control measures

- 6.5.1 To step up measures to help smokers to quit.
- 6.5.2 To discourage smoking and recover the social cost of smoking through diverse taxation policies.
- 6.5.3 To claim losses from the tobacco industry.
- 6.5.4 To prohibit the sale of cigarettes to persons in school uniforms.
- 6.5.5 Oppositions to prohibit the sale of cigarettes to persons in school uniforms.
- 6.5.6 To fix the penalty level of a smoking offence on par with the offence for littering.

7 Overseas experience / advice / research

7.1 International organization

- 7.1.1 WHO

7.2 Western countries

- 7.2.1 United States
- 7.2.2 United Kingdom
- 7.2.3 Canada
- 7.2.4 Australia
- 7.2.5 Norway
- 7.2.6 New Zealand
- 7.2.7 France
- 7.2.8 Italy
- 7.2.9 Ireland
- 7.2.10 Europe

7.3 Asian countries

- 7.3.1 China
- 7.3.2 Singapore
- 7.3.3 Thailand

7.4 Tobacco control advocacy group

- 7.4.1 American Cancer Society
- 7.4.2 American Medical Association

8 Local institutions

8.1 Government / government-related agency

- 8.1.1 Health units (including Health, Welfare and Food Bureau,

- Department of Health, Tobacco Control Office, Hospital Authority)
 - 8.1.2 Census and Statistics Department
 - 8.1.3 Hong Kong Police Force
 - 8.1.4 Leisure and Cultural Services Department
 - 8.1.5 Local administration (including Urban Council, Regional Council, District Councils)
 - 8.1.6 Executive Council
 - 8.1.7 Legislative Council
- 8.2 Business groups
 - 8.2.1 Association of Accredited Advertising Agents (4As)
 - 8.2.2 Hong Kong General Chamber of Commerce
 - 8.2.3 Catering industry group
 - 8.2.4 Tobacco Institute of Hong Kong
- 8.3 Tobacco control advocacy groups
 - 8.3.1 Hong Kong Council on Smoking and Health
 - 8.3.2 Committee on Youth Smoking Prevention
- 8.4 Educational institutions
 - 8.4.1 University of Hong Kong
 - 8.4.2 The Chinese University of Hong Kong
- 8.5 Political party / groups
 - 8.5.1 Democratic Party
 - 8.5.2 Democratic Alliance for the Betterment of Hong Kong
 - 8.5.3 Hong Kong Association for Democracy and People's Livelihood
 - 8.5.4 Federation of Trade Unions
 - 8.5.5 Liberal Party
- 9 Legislation / Covenant**
 - 9.1 International covenant
 - 9.1.1 International human rights conventions
 - 9.1.2 Framework Convention on Tobacco Control
 - 9.2 Local legislation
 - 9.2.1 Smoking (Public Health) Ordinance
 - 9.2.2 Hong Kong Bill of Rights Ordinance
- 10 Comparison between smoking and drinking**
 - 10.1 Legislations / regulations
 - 10.2 Health effects

Chapter 3

THE DISCURSIVE FORMATION OF A GLOBAL TOBACCO EPIDEMIC

This chapter serves to provide a critical review of the public discourse around cigarette smoking in Hong Kong. While positive discourses on smoking have been and remain powerful, this chapter pays attention to the current and dominant common sense about cigarette smoking and the relevant stakeholders, including smokers, non-smokers and the tobacco industry. This analysis is important because the ways we talk and think about cigarette smoking have material consequences on the ways we treat cigarette smoking and those associated with it. More specifically, the concern of this chapter is not the harmfulness of smoking and why we need to adopt an intolerant approach to cigarette smoking, but rather how cigarette smoking was progressively interpreted and framed as an intolerable problem and what produces the conviction that we must deal with cigarette smoking intolerantly.

I begin by presenting a brief story on the emergence of a medical *consensus* on the detrimental effects of cigarette smoking, particularly the link between cigarette smoking and the “epidemic” of lung cancer. I also present a story of the centrality of epidemiology as a discipline which demonstrates the medical acceptance of the role of identifying “risk factors” in disease causation and prevention.

Once the harmfulness of cigarette smoking has been established, health concerns

can, and indeed, have increasingly played a crucial role in the public discourse on cigarette smoking, in which medical evidence on cigarette smoking and health has often appeared as coherent and verified knowledge. I go on to show that since the 1980s, when the deleterious effects of smoking came to be seen as common sense, the dominant public discourse about cigarette smoking in Hong Kong focuses on the dangers that cigarette smoking inevitably poses to the whole society. Essentially, talks about cigarette smoking extend beyond health concerns to the socio-economic impacts of smoking. Medical experts are not the chief source of these talks, as a range of agents have participated in the formation of this dominant discourse on cigarette smoking.

I attempt to understand the formation of this discourse through the concept of the “epidemic imaginary” (Erni, 2006, p. 5). This phrase suggests that “epidemic” has become a ruling metaphor underlying the formation of public discourse surrounding cigarette smoking. Whether it is conscious or not, cigarette smoking has been imagined as a real, coherent and globalizing epidemic that brings health and socio-economic hazards to all – an imagination that is highly influenced by epidemiology and that has its own epidemic nature. The idea of a “global tobacco epidemic” implicates with it a set of events and stories; it spreads, replicates and proliferates in diverse sites, including the scientific field, public authorities, the

media, schools, families and society at large. It is accompanied by disenchantment and demonization of cigarette smoking and constitutes a conviction that cigarette smoking is an intolerant problem that needs to be tackled intolerantly.

The Centrality of Epidemiology in the Smoking Issue:

Linking Cigarette Smoking with a Modern Epidemic of Lung Cancer

Epidemiology is frequently regarded as a “science of epidemics” that studies diseases and illnesses and their risk factors as they occur in groups rather than individuals (Petersen & Lupton, 1996, p. 27). Its rise is inseparable from the establishment of the connection between cigarette smoking and lung cancer. Since the 1930s, cigarette smoking had gradually linked its fate with that of lung cancer, a disease that was termed as “modern epidemic” by epidemiologists (Morris, 1975, pp. 12-13). At that time, in most developed countries, cigarette smoking, especially among men, was a dominant form of tobacco consumption. There were also changes observed in disease patterns across the population. There was a decrease in both the morbidity and mortality rate of communicable diseases, while an increase in those of chronic diseases, especially lung cancer. Lung cancer, like cigarette smoking, was more common among men (Brandt, 1990, pp. 160-161; Doll, 2004, p. 6; Rothstein, 2003, pp. 240-242). The rapid rise in lung cancer cases and the death rate from this disease was noted by some scientists. Among them, Alton

Oschser characterized the rise of lung cancer as an epidemic which was probably induced by cigarette smoking:

I did not see another case [lung cancer] until 1936, seventeen years later, when in a period of six months, I saw nine cases of cancer of lung. Having been impressed with the extreme rarity of this condition, seventeen years previously, this represented an epidemic for which there has to be a cause. All the afflicted patients were men who smoked heavily and had smoked since World War I. I then ascertained that cigarettes were consumed relatively infrequently until World War I but that during and following the war their use had greatly increased. Because of the parallelism between cigarette consumption and the increased incidence of lung cancer (with approximately a twenty-year lag), I had the temerity, at that time, to postulate that the probable cause of this new epidemic was cigarette use. (1978, quoted in Cooley, Kaiser, Abraham, & Giarelli, 2001, p. 741)

The relationship between cigarette smoking and lung cancer became an object of medical research. Laboratory investigations, a conventional method of clinical research, were conducted to test the casual relationship between cigarette smoking and lung cancer. However, the findings were inconclusive (Rothstein, 2003, pp. 240-241).

At the same time, given the parallel increase in cigarette consumption and the incidence lung cancer, as well as the prevalence of lung cancer among male cigarette smokers, epidemiological surveys were carried out to examine the relationship between lung cancer and cigarette smoking. These surveys were modeled after social surveys, involving case-control study and statistical analysis to quantify the risk of the morbidity and mortality of lung cancer among cigarette smokers (Rothstein, 2003, p. 242). In 1950, five case-control studies were published in the United Kingdom and the United States, providing epidemiological evidence on the links between cigarette smoking and lung cancer. Among them was Richard Doll and Bradford Hill's now magisterial epidemiological study (1950) published in the *British Medical Journal*. Doll and Richard (1950, pp. 746-747) concluded in their study that "cigarette smoking is a factor, an important factor, in the production of carcinoma of the lung ... The risk of developing the disease increases in proportion to the amount smoked. It may be 50 times as great among those who smoke 25 or more cigarettes a day as among non-smokers". The work of Doll and Richard was followed by a flurry of other epidemiological studies which further associated cigarette smoking with lung cancer. This body of work marked a new development in medical science, and constituted one of the crucial moments for the advancement of epidemiology for a number of commentators (Gusfield, 1993, p. 55; Mold, 2007,

p. 278).

However, the acceptance of epidemiological explanations of disease was a gradual one (Berridge, 2004, p. 117). Evidence produced in these epidemiological studies faced challenges. Several biomedical scientists and physicians objected to building causal inferences on statistical correlations. In 1954, for example, there was a report that the heads of the American Medical Association and the American Cancer Society were not fully convinced that there was a cause-and-effect relationship between cigarette smoking and lung cancer. A report of a conference on smoking in 1959 recorded that some medical scientists had opposed the epidemiological findings because the relationship between cigarette smoking and lung cancer was based exclusively on statistics and lacked experimental evidence. The conference committee expressed its concern that “the differentiation between various methods of scientific inquiry escapes us as being a valid basis for the acceptance or the rejection of facts.” (Rothstein, 2003, pp. 246-247). Meanwhile, the tobacco industry often referred to the uncertainties and ambiguities surrounding statistical evidence and denied the connection between cigarette smoking and lung cancer. It established the Tobacco Industry Research Council in 1957 and intended to use laboratory research to refute the statistical evidence (Brandt, 2007, p. 218; Parker-Pope, 2001, pp. 113-119; Rothstein, 2003, pp. 241, 247).

The controversies surrounding the connection between cigarette smoking and lung cancer led the Surgeon General of the U.S. Public Health Service Leroy Burney to form a study group on smoking and health in 1956. The group consisted of the American Cancer Society, the American Heart Association, the National Cancer Institute, and the National Heart Institute. Its task was to assess the scientific evidence relating to cigarette smoking and lung cancer. The group noted that sixteen studies conducted in five countries consistently suggested a statistical association between smoking and lung cancer. It called on immediate public health initiatives to tackle the issue, although they pointed out that “additional research is needed to clarify many details and to aid in the most effective development of a program of lung cancer control.” In 1957, Leroy Burney declared it to be the official position of the U.S. Public Health Service that a causal relationship existed between cigarette smoking and lung cancer (Brandt, 2007, pp. 212-213; The Reports of the Surgeon General: Brief History, n.d.).

Also in 1957, the Medical Research Council in the United Kingdom advised the British government that cigarette smoking was the cause of the increased incidence of lung cancer. This “medical” advice was, according to Virginia Berridge (1999, p. 1185; 2004, p. 118), a politically-conditioned statement. It was the fear of political embarrassment that led the Medical Research Council and the British Government

to downplay the link between air pollution and lung cancer, and to shift the blame to cigarette smoking. At that time, the most politically sensitive public health issue in the United Kingdom was air pollution. The Medical Research Council, at the suggestion of the Cabinet Committee, “dropped references in its draft statement that up to 30% of lung cancer deaths might be attributable to atmospheric pollution. This figure dropped in favor of a greater emphasis on cigarette smoking as a cause of lung cancer, and on the implications the responsibility of citizen individual than the government” (Berridge, 1999, p. 1185).

In the early 1960s, more scientists and public health agencies were convinced by the mounting and consistent epidemiological evidence showing the link between cigarette smoking and lung cancer as well as coronary artery disease (Brandt, 1990, p. 162). By 1962, the World Health Organization (WHO), the Royal College of Physicians of London, and public health officials in the Netherlands and Norway had all publicly acknowledged cigarette smoking as a cause of lung cancer (Brandt, 2007, pp. 216-217; Doll, 2004, p. 8). Among them, the Royal College of Physicians of London stated in its report *Smoking and Health* in 1962 that “[d]iseases associated with smoking now cause so many deaths that they present one of the most challenging opportunities for preventive medicine today ... The strong statistical association between smoking, especially of cigarettes, and lung cancer is

most simply explained on a causal basis” (quoted by Brandt, 2007, pp. 216-217).

Medical evidence was often accompanied by denials and objections from the tobacco industry. Some forces in the medical field in the United States, especially the voluntary health agencies, came up with an initiative of a “consensus report” on cigarette smoking and health in the hope that the findings linking cigarettes to disease could be legitimated in the medical and scientific communities, as well as among the public, and hence the debate on cigarette smoking and health would be resolved. In addition, identifying “risk factors” for disease had “become an increasingly important aspect of the work of the ‘voluntaries,’ eager to assure the public – and especially contributors – of progress in finding ‘the cause’ of serious chronic disease” (Brandt, 1990, p. 164). Recognizing that state intervention was a crucial element of an authoritative consensus report, voluntary health agencies, including the American Lung Association and the American Heart Association, wrote to the U.S. President Kennedy in 1961 to propose an appointment of a commission to “study the widespread implications of the tobacco problem.” Soon the U.S. Surgeon General Luther Terry announced the establishment of a committee to make a “clinical judgment” on whether or not smoking caused disease. He invited the tobacco industry to review a list of prospective committee members and reject anyone they desired to. Eventually the committee was composed of five

smokers and five non-smokers from a wide range of scientific disciplines. It reviewed thousands of publications on smoking and health. Its members were aware of the immense difficulties in achieving certainty in the relationship between cigarette smoking and lung cancer, and hence discussed at length the concept of causation. It finally developed a set of criteria for judging causal relations (Brandt, 1990, pp. 163-166; 2007, pp. 218-228; Gusfield, 1993, pp. 57-59). In its report *Smoking and Health: Report of the Advisory Committee to the Surgeon General* released in January 1964, the committee found a causative role of smoking in diseases, though not proven, and reported that “cigarette smoking is causally related to lung cancer in men; the magnitude of the effect of cigarette smoking far outweighs all other actors. The data for women, though less extensive, point in the same direction.” It cautiously concluded that “on the basis of prolonged study and evaluation of many lines of converging evidence, the Committee makes the following judgment: Cigarette smoking is a health hazard of sufficient importance of the United States to warrant appropriate remedial action” (The Surgeon General’s Advisory Committee on Smoking and Health, 1964, pp. 31, 33).

The body of epidemiological study on the casual link between cigarette smoking and lung cancer serves as one of the agents that propels the medical acceptance of epidemiological methods, including identification of risk factors, large

population-based surveys, case-control and prospective studies, and statistical analysis, as “a way of explaining the aetiology of disease” (Mold, 2007, p. 278). This is “more than a question of technical advance or ‘scientific progress,’” but marked “major changes in the relationships between epidemiology and laboratory science” (Berridge, 1998, p. 147). Furthermore, the Surgeon General’s report of 1964 was important because it was the first comprehensive governmental report on smoking and health and, as Allan Brandt put it, was “a political document that was scientifically unimpeachable” (Brandt, 2007, p. 221) that “provided power and legitimacy to the epidemiologic findings” (Brandt, 1990, p. 165).

In this light, the medical consensus on the harmfulness of cigarette smoking was a politically legitimated claim, and even an orthodoxy that is indisputable. As I will show later, it delimits the research agenda and framework of cigarette smoking, leading to a strong and coherent medical message against cigarette smoking and a marginalization of scientific research that contradicts the established epidemiological position. Meanwhile, since the 1960s, epidemiology, and thereby health concerns, has emerged to play a central role in the debate about smoking. Epidemiological evidence on the causal link between cigarette smoking and lung cancer was disseminated by various agents, including medical experts, the government, the media, teachers and so forth, in definitive terms. It was also

translated into public policies, in persuasive form in Hong Kong and in restrictive form in the West, as exemplified by the United Kingdom and the United States. By the 1980s, epidemiology had further become a crucial interpretative framework delimiting and directing the public discussion about smoking in Hong Kong, as evident from the growing public acceptance of the harmful effects of cigarette smoking and an epidemic of discourse about a global tobacco epidemic.

Dissemination of Epidemiological Evidence to the Public

It should be noted that while medical research and statements on cigarette smoking in some ways are politically conditioned, they are made possible also on the basis of peer reviewed scientific studies. However, as Joseph Gusfield (1993) observes, “in the arena of public knowledge, qualifications and conceptual difficulties gave way to consensus and certainty” (p. 59). On the one hand, medical experts tend to disseminate epidemiological evidence in simplified forms to non-expert audiences. On the other hand, non-medical fields, the media in particular, appear to trust the medical field and present epidemiological evidence in definitive forms.

In the United States, for example, the Surgeon General’s report of 1964 “marked the definitive beginning of a medical and public consensus that tobacco is harmful to health.” The announcement of the report was accompanied by a nationally televised press conference. The conclusions of the report were widely reported and

commented on by the media in definitive terms. The public was consequently informed of certain and verified knowledge on the health hazards of smoking (Gusfield, 1993, pp. 56-60). The detrimental effects of cigarette smoking gradually became “a believable reality based on scientific research” (Gusfield, 1993, p. 57) among the general public which provided a basis for a state intervention on cigarette smoking. In 1965, the Federal Cigarette Labeling and Advertising Act was passed in the United States. The legislation set up the National Clearinghouse on Smoking and Health to encourage health education about the dangers of smoking. It also required that all packs of cigarettes carry a warning: “Caution: Cigarette Smoking May Be Hazardous to Your Health” (Brandt, 1990, p. 165). In the United Kingdom, following the Royal College of Physicians’ Report of 1962, cigarette advertising on television was banned in 1964 (Berridge, 1998, p. 151).

Tobacco control in Hong Kong began in the middle of the following context: the drastic increase in the morbidity and mortality of chronic diseases such as heart disease and cancer in the territory since the late 1950s, the emergence of epidemiology and medical consensus about the detrimental effects of cigarette smoking, and the emergence of anti-smoking education and legislations in the United Kingdom and the United States. In the late 1950s, Hong Kong experienced similar changes in disease patterns as developed countries. There was a decline in the

number of cases notified and the death rate of infectious diseases. Chronic diseases, so-called “Western diseases”, such as cancer and heart disease, began to contribute to morbidity and mortality. Since the 1960s, cancer has been the leading cause of death, and lung cancer is the leading cause of death from cancer (Phillips, 1988).

Prompted by the efforts of their counterparts in the United States and the United Kingdom, forces in the medical field in Hong Kong began to disseminate medical findings on cigarette smoking and health, particularly on the link between cigarette smoking and lung cancer, to the general public, and to push the government to adopt restrictive measures against cigarette smoking. Their efforts, accompanied by the attendant policy consequences, were mediated by the mass media. The media had also paid much attention to the medical research on cigarette smoking and health, and tobacco control measures in overseas countries, particularly the United States and the United Kingdom, and later Singapore where cigarette smoking was banned in auditoriums and cinemas in 1970 (“Stop smoking,” 1970).

One of the major moves of the medical field was the introduction of a “stop smoking” program. For instance, a series of five-day courses to help people stop smoking were held by the Hong Kong Adventist Hospital beginning in 1965. The program included lectures on the dangers of smoking presented by local and overseas experts, suggestions on how to give up the habit, a “personal control

program” to help smokers quit, and a “mutual cooperation” system in which smokers helped each other give up smoking after the program was finished. The Hospital also provided a “Smoker’s Dial” for people who wanted to quit smoking (“Anti-smoking campaign,” 1975; “Five-day way,” 1971; “New stop smoking plan,” 1965).

Another important move of the medical field was the introduction of health education campaigns to warn the public about the dangers of cigarette smoking. In these campaigns, the medical field made use of diverse media strategies. They were aware that the extrapolation of risk, that is quantifying estimated smoking related diseases and deaths, with the accompanied uncertainties demonstrated, would have a “powerful media impact” (Berridge, 1999, pp. 1186, 1189-1190). Mike Daube, who became the Director of Action on Smoking and Health in the United Kingdom in 1973, coined the term “creative epidemiology” to describe “the process of translating often complicated epidemiological data into terms more easily understood by the media and general public” (Chapman, 2007, p. 227). Creative epidemiology is about the way of expressing epidemiological data, with an intention to make the data interesting to the media and understandable for inexpert audiences. Alongside the creative use of data, there were scary and eye-catching images to draw attention from the media and the general public. As a tobacco control

advocate said: “anti-smoking campaigns need to be less academic and more image-based” (Boalch, 1988). There were also catchy mottos to convey the negative effects of cigarette smoking, sometimes using metaphorical terms.

In 1972, for instance, a five-day “stop-smoking” program and an education display of the Hong Kong Adventist Hospital were featured in three newspapers. One of these features was titled, in capital letters and enlarged fonts, “JUST ONE PUFF CUTS YOUR LIFE BY MINUTES.” It began with the following warning:

Enjoying that cigarette? It should be good, because it’s costing you 14 minutes of your life. In other words, if you smoke 20 cigarettes a day, you are shortening your life expectancy by more than two months a year. And during 20 years you will have “killed” four years, simply sending them up in smoke.

The feature reported that color slides and lung specimens showing the harm done by smoking was set up in the education display. “One of the main attractions is”, it stated, “Smoking Sam, a dummy with transparent lungs which show the tar and residue left behind after each cigarette” (“Just one puff,” 1972).



Figure 3.1. Just one puff cuts your life by minutes. *The Star*, October 7, 1972.

Another article reported with photo features: “Cancerous lungs, kidneys and livers, designed to shock smokers, are displayed in the foyer of the Hong Kong Adventist Hospital as part of its anti-smoking campaign” (“Anti-puff display,” 1972). It was also reported that colorful posters with such mottos as “Smoking causes dandruff of the lungs,” “Smoking pays the tobacco company, the hospital, and your doctor” and “Smoke-free air, how sweet it is” were aimed at potential and already “hooked” smokers. A doctor told the reporter: “Every cigarette one smokes shortens one’s life by 18 minutes. The chance of dying of cancer for non-smokers is one in 300, while that of smokers of two packets a day is one in eight. Besides, there are five times as much evidence to show that smoking causes heart disease” (Lui, 1972).

Apart from public education programs and publicity, health agencies had lobbied

for restrictive measures against cigarette smoking since the mid-1960s. In 1965, prompted by the Royal College of Physicians' report of 1962 and the United States Surgeon General's report of 1964, the British Medical Association (Hong Kong and South China Branch) and the Hong Kong Chinese Medical Association referred proposals against cigarette smoking to the Medical Advisory Board, a medical policy consultation body of the government. Proposed measures included banning cigarette advertising, imposing taxation to discourage advertisers, drafting legislations to prohibit smoking in public transport, theatres, and cinemas, and imposing higher taxes on cigarettes ("Anti-smoking campaign being introduced," 1965; "Government has long-term campaign," 1965). Media reports on the issue stressed the sharp increase in lung cancer deaths and the connection between cigarette smoking and lung cancer, for example:

In 1963-64, there were 557 cases reported, and 387 deaths. Lung cancer accounted for 15 per cent of the total deaths (2,532) from cancer during the year.

Because of the widely-held belief of a connection between smoking and the incidence of lung cancer, proposals were submitted to the Medical Advisory Board by the British and Chinese Medical Associations ("Anti-smoking campaign being introduced," 1965, bold original).

The government resisted proposals of legislative and fiscal measures. It

responded that it would watch the outcome of the United Kingdom with regard to advertising of cigarettes on television (“Anti-smoking campaign being introduced,” 1965). Meanwhile, regarding smoking in public places, as medical evidence merely pointed to the harms of smoking to smokers, any restrictions could only be based on the grounds of “nuisance,” rather than of health. The “social positioning” of smoking would need to change before the government took restrictive action on public smoking (Berridge, 1999, p. 1185). In addition, it appeared that, as was the case in the United Kingdom, there were alternative scientific and policy strategies available to the government until 1970. These strategies were based on an objective of “product modification and safety,” directing to “safer (or less harmful) smoking”, “safer cigarettes” and substitutes (Berridge, 1999, p. 1187). For example, in a newspaper article entitled “Safest way to smoke” in 1970, alongside with the comments of the Assistant Director of Medical and Health Services Dr. Browne on the connection of smoking and lung cancer, Managing Editor of the *Far East Medical Journal* Mrs. Robbie Dougherty, stated: “cigarette smoking was more dangerous than pipe or cigar smoking” and “the hundreds of workers throughout Hong Kong who used the traditional bamboo water pipes were probably the healthiest tobacco smokers at all” (“Safest way to smoke,” 1970).

The initial response at the policy level to the proposals of the British Medical

Association (Hong Kong and South China Branch) and the Hong Kong Chinese Medical Association was a “long-term campaign” to propagate information on the dangers of cigarette smoking. The campaign was carried out with voluntary health organizations such as the Hong Kong Anti-Cancer Society. The primary aim of the campaign was “to discourage smoking among the young people of Hong Kong” (“Anti-smoking campaign being introduced,” 1965; Government of Hong Kong, 1969c). The government stated that “school children should be informed of the risks and harmful effects of smoking, and more particularly, of the positive advantages, physically, and economically, of not forming the habit. Heads of schools are therefore requested to speak on the topic at school assemblies, and instruct staff to mention it, when appropriate, in classroom teaching” (Government of Hong Kong, 1965).

In this connection, starting from 1965, students in Hong Kong were warned about the dangers of cigarette smoking in schools. They received pamphlets that set out “the basic facts” on smoking (“Government has long-term campaign,” 1965), especially the hazards of cigarette smoking. For instance, a pamphlet entitled “Smoking and Lung Cancer” stated:

If I can hazard an informed guess, I would say the risk is less than from smoking cigarettes and about the level of a pipe or cigars ... Smoking is very

bad for children. It cuts down the function of their lungs and makes them more liable to attacks of bronchitis and other respiratory diseases ... Lung cancer in Hong Kong is very definitely a serious problem and in 1965 it caused more deaths than any other type of cancer ... A heavy smoker of cigarettes is 40 times more likely to develop the disease than a non-smoker (“Water pipe,” 1966).

Students were also distributed book-markers bearing the slogan “Smoking injures health and lowers efficiency in studies and children” (“Water pipe,” 1966). Youths got souvenirs from the Anti-Cancer Society at schools and community centers (Government of Hong Kong, 1969c). In addition, children had less exposure to cigarette promotions since 1969 because, on the advice of the government, television corporations voluntarily curtailed cigarette advertising in close proximity to children’s programs.

The general public also received health education regarding the health hazards of smoking through radio broadcasts, speeches and song contests (Government of Hong Kong, 1969c). It should be noted that, apart from issuing health warnings, the government sought to civilize cigarette smokers, asking them to be thoughtful about causing undesirable consequences to others. Cinema goers watched anti-smoking slides produced by the government which were shown before the main

features in order to reduce the nuisance caused by smoking in public places. Visitors of multi-storey buildings saw government posters and received stickers distributed by health officials bearing a motto “Be considerate, please do not smoke” (“Anti-smoking slides,” 1965).

Evidence suggests that since the 1970s the public health approach aimed at reducing smoking had gradually replaced the “safer (or less harmful) smoking” approach as a policy objective, as in the United States and the United Kingdom at that time (Berridge, 1999, p. 1186). In fact, in 1970, the WHO took a public position against cigarette smoking, marking the start of tobacco control on a global scale. It called for making the health consequences of smoking the subject of World Health Day, urged countries to limit smoking, recommended convening an expert group to propose further actions, emphasized the education of young people against smoking, and suggested the Food and Agriculture Organization study crop substitution in tobacco-producing countries. A year later, the Director of Medical and Health Services Dr. Gerald Chao told the LegCo that he was “taking a fresh look,” from the standpoint of public health, into the problem of cigarette advertising and smoking in public places. He said that the relationship between cigarette smoking and the incidence of lung cancer was “statistically beyond doubt”, and smoking had also been proved to be an important factor in the cause of chronic

bronchitis and cardio vascular disease. He also stressed the importance of health education to the young, and commented that the restriction of smoking in public places, if successfully implemented, would be a step in the right direction (Government of Hong Kong, 1971).

Also, by the early 1970s, medical research was extended to the health effects on fetuses and non-smokers of cigarette smoking. There had been evidence that maternal smoking during pregnancy gave rise to retarded fetal growth and increased the risk of perinatal death. Research was also conducted on the health effects of air pollution generated by tobacco smoke. The findings were framed as the right of non-smokers to enjoy clean air. The United States Surgeon General Jesse Steinfeld stated in 1971, “Non-smokers have as much right to clean air and wholesome air as smokers have to their so-called right to smoke, which I would redefine as a ‘right to pollute.’ It is high time to ban smoking from all confined public places such as restaurants, theaters, airplanes, trains and buses. It is time that we interpret the Bill of Rights for the Non-smoker as well as smoker” (Brandt, 2007, p. 292). His report released in 1972 was the first surgeon general report to explicitly raise the issue of “public exposure to air pollution from tobacco smoke.” It concluded that an “atmosphere contaminated with tobacco smoke can contribute to the discomfort of many individuals,” that “the level of carbon monoxide attained in experiments

using rooms filled with tobacco smoke has been shown to equal, and at times exceed, the legal limits for maximum air pollution permitted,” and that effects of the passive inhalation of cigarette smoke in animals has been proven harmful (U.S. Department of Health and Human Services, 1972, pp. 118-135).

In the early 1970s, forces in the medical field of Hong Kong began to advocate the prohibition of cigarette smoking in public places on the grounds that cigarette smoking was dangerous to non-smokers. For instance, Chairman of the Hong Kong Anti-Cancer Society H.S. Ho said in 1970 that Hong Kong needed to legislate against cigarette smoking in cinemas and entertainment halls. He explained: “Smoking in closed-up places like cinemas is bad both for the smokers’ health and for all the other innocent people who are forced to inhale the smoke” (“Stop smoking,” 1970). There were also media reports and features devoted to update audiences on medical findings on the harms of exposure to tobacco smoke.

Effects of cigarette smoking on non-smokers also began to emerge in media reports since the 1970s. A magazine article in 1973 described a campaign launched by the Health Education Council in the United Kingdom:

From the medical point of view, smokers are asked to consider the impacts of cigarette smoking on other people. The reasons are: cigarette smoking can cause lung cancer. There is no doubt that smokers are destructing their own

health. For non-smokers, their exposure to a smoke-filled environment for few hours every day is equal to having smoked one to two cigarettes passively.

The consequences are: in regard to the short term harms, [passive smoking will] cause bloods to contain carbon monoxide and urine to contain nicotine; in regard to the long term harms, [passive smoking will] double the possibility of the occurrence of lung cancer (trans.).

The article concluded: “Although harms of tobacco smoke have not yet been certain, experts contend that adults and children are more or less harmed by passive smoking” (Jinren, 1973, trans.).

It is worthy to note that denials of medical evidence and extensive cigarette advertising and promotions by the tobacco industry existed alongside the health education programs of the government and health organizations. The tobacco industry claimed that many smokers enjoyed smoking without injury to their health, and that a number of doctors and other scientists had expressed doubts about the existence of any causal relationship. At the same time, the tobacco industry spent very large sums of money each year promoting its products. One estimated that as much as \$20 million a year was spent on local advertising of all kinds. The scale and the timing of cigarette advertisements were concentrated mainly on Chinese language television channels. The industry also used other advertising media

extensively. These media included cinemas, Commercial Radio, newspapers, periodicals and posters (Ad Hoc Committee on Cigarette Smoking, 1974, pp. 3, 9-10). These advertisements often associated cigarettes with glory and success (“TV body to stub out some cig ads,” 1978). In 1972, an editorial calling on the government to mount a greater anti-smoking campaign described the publicity of the connection between cigarette smoking and lung cancer as “at least a thousand times” less frequent than “alluring” promotions of cigarette smoking (“The issue of anti-smoking,” 1972).

Evidence presented in this section shows that health concerns, accompanied by an appeal to the civic-mindedness of smokers, emerged in the public discourse about cigarette smoking in the mid-1960s. Thanks to the Surgeon General Report of 1964 and the supporting medical and government publicity, health messages against cigarette smoking started to circulate in and were reproduced by diverse sites such as the schools and media. These messages were often presented in ordered, condensed and definitive forms. In addition, the government asked smokers to be considerate not to cause a nuisance to others. Since the 1970s, the safer product modification approach gave way to a public health focus in the policy agenda.

Nevertheless, as I will show in the following section, it took longer for Hong Kong to take up restrictive measures to curtail cigarette consumption. Before the

1980s, cigarette smoking had not yet become a cause of public concern that warranted restrictive actions. On the one hand, there was a growing awareness of the undesirable consequences of smoking, particularly lung cancer among smokers, fire and nuisance induced by cigarette smoke. On the other hand, there were large uncertainties about the health effects of cigarette smoking. Cigarette smoking was generally accepted as the individual choice of adults as long as smokers were informed of the dangers associated with it, and smoked “properly” by avoiding fire accidents and causing a nuisance to others. In other words, the view of smoking was dominated by a neoliberal notion of a responsible citizenry that is fully aware of and responsible for the possible health consequences of smoking, and is capable of exercising the liberty to smoke without causing undesirable consequences to others.

Before the 1980s: Cigarette Smoking as an Informed Choice of Adults

In the face of mounting medical evidence and advice, how did the Hong Kong community perceive cigarette smoking? What was the public opinion on the proposed tobacco control measures? What were the public views on the role of the government, and its relevant stakeholders, including the tobacco industry, smokers and non-smokers?

In general, the media in the 1960s and 1970s displayed a balance of views on cigarette smoking and tobacco control measures. While health concerns had

emerged, they did not yet dominate the public discourse about cigarette smoking. Cigarette smoking was “dangerous” because it induced fire. It affected non-smokers because cigarette smoke was a “nuisance.” Smoking, however, was tolerable as long as the smoker smoked “properly” and there were “proper ventilation facilities.” There were also talks regarding cigarette smoking as a common habit and pastime. For example, in 1965, soon after health organizations had submitted their tobacco control proposals to the Medical Advisory Board, a newspaper feature devoted to smokers ran with the title “Why do you smoke? Is it for pleasure?” Smokers interviewed said that cigarette smoking was “relaxing;” it “gives me pleasure and helps me pass the time away;” it “helps soothe my nerves.” A smoker said he “smoke[d] with my customers just to be sociable” (“Why do you smoke?”, 1965). In 1966, a newspaper street quiz asked passers-by their views on banning smoking in public areas. The answers displayed a range of opinions. Some said that cigarette smoking was “dangerous, messy, expensive and contrary to reason;” “Whenever I go to cinemas, tears flows from eyes ... tears caused by cigarette smoke ... somebody should do something about this unhealthy habit in public places.” Others expressed the opinion that “hard-working people here need to relax with a few cigarettes during their leisure;” “When properly smoked, cigarettes are not messy or dangerous. As for cancer being caused by cigarettes –

it's only shown in statistics by doctors with no proof.” One responder offered the suggestion that “cinemas or other public places [should] be equipped with proper ventilation facilities, rather than ban smokers” (“Smoke suffocates me”, 1966).

The media had mixed views on smoking behavior and tobacco control measures. Some commentaries called for tougher anti-smoking measures to control cancer. In 1965, the *Kung Sheung Man Po*, a Chinese newspaper, disagreed with the government on its “laissez-faire policy” towards cigarette smoking. The article held that banning smoking in public places would enable the community to minimize the threat posed by cancer. It called on the authorities to mount an anti-smoking campaign in the interest of public health (“Commenting on banning smoking,” 1965). An article in the *Sing Tao Jih Pao*, another newspaper, hoped that the government would take similar steps as the British government in dealing with the question of smoking that may cause cancer (“Should Hong Kong ban smoking,” 1966).

Meanwhile, the media also circulated the opinion that anti-smoking was not a policy priority. For example, an article in the *Sing Tao Jih Pao* commented that prescribing health warnings in cigarette advertisements was less important than labeling pharmaceutical products. The article argued that the use of pharmaceutical products was unavoidable by the general public while cigarettes

were not a necessity and smokers did not necessarily get cancer (“Labeling of pharmaceutical products,” 1971).

The report of the Ad Hoc Committee on Cigarette Smoking and public reactions to the report further illustrate the range of public attitudes toward cigarette smoking and tobacco control measures. The Committee was set up in 1972 by the government to review medical evidence on cigarette smoking and advise the government on tobacco control measures. It was composed of representatives from the Social Services Branch, the Education Department, the Information Services Department, the Medical and Health Department, the Home Affairs Department, and the Urban Services Department. The Committee released its report in 1974 after having considered the evidence of health effects of cigarette smoking, various views from health agencies and the tobacco industry, public attitudes, the role of the tobacco industry and the government, and overseas experiences. It stated that:

1. Cigarette smoking was the major cause of lung cancer and was associated with the increased incidence of other diseases (p. 3).
2. No evidence had been produced to show that the inhalation of secondary smoke contributes to the development of lung cancer (p. 17).
3. Nevertheless, smoking in enclosed public places undoubtedly caused a nuisance to non-smokers. For many non-smokers, cigarette smoking was

offensive and anti-social (p. 5).

4. Little evidence had been found that the public was fully aware of the dangers associated with cigarette smoking (p. 13).
5. Many fire accidents in Hong Kong were caused by the careless handling or disposal of lighted cigarettes and matches every year (p. 17).
6. The tobacco industry was a profit making organization operating in a free enterprise system. According to the information from the industry, there appeared to be nearly 600,000 smokers in Hong Kong, and about 100,000 members of the total population (including dependants) derived economic benefit from the industry (p. 4).
7. However, in view of the increasing number of deaths from lung cancer, and the evidence of the causal relationship between cigarette smoking and lung cancer, risks associated with cigarette smoking constituted a serious matter of community health and as such, one in which it was the government's responsibility to give a clear command (pp. 4-5).
8. While the law may require strengthening at some points, it was not appropriate to attempt any general prohibition of smoking by legislation especially as the imposition of undue restrictions on adult choice was to be avoided (p. 5).

9. The right approach was to educate the public, ensuring they know and understand the risks run if they choose to smoke. Priority for action was to ensure that young people, especially children, were aware of the risks associated with smoking. To secure the fullest impact, it was necessary to produce suitable health warnings for presentation on television and through other mass media (pp. 13, 22).
10. Further restraint in smoking in enclosed public places was desirable (p. 23).
11. The introduction of an immediate comprehensive ban on cigarette advertising would likely be impractical and generally unacceptable. Further restraints and a more rigorous control system on television advertising, including a phased approach to a reduction of the present scale of advertising, were required. The introduction of restraints on other forms of promotion was also needed (pp. 11, 22).
12. The problems of smokers in giving up cigarette smoking alone did not justify the establishment of a health advisory unit (p. 23).
13. Increased taxation on tobacco as a means to discourage its use would likely be ineffective (p. 15).

By and large, the Report expressed a liberal view of the role of the state, expressing that state intervention should be limited to ensuring that consumers made informed

choices and reducing the negative impacts of smoking on non-smokers. In this sense, medical evidence on the deleterious health effects of smoking on smokers was not a sufficient reason for legislative restraints on cigarette smoking and setting up a health education unit to provide smoking cessation services. Legislative restraints could only be made on the grounds of reducing nuisance to non-smokers in enclosed public areas and fire accidents. The report also implied that, in responsible and regulated citizenry, smokers were accountable for their own choice of lifestyle as long as their behavior did not cause adverse effects on others.

The report was met with mixed reviews. First of all, it appeared that cigarette smoking was not a welcome concern among councilors and even government officials. Legislative proposals were subjects of controversy and were considered unrealistic and infeasible. In 1973, a newspaper conducted a survey among councilors asking for their opinions on whether Hong Kong should copy Singapore and ban smoking in lifts. Respondents showed reservations. Urban Councilor Henry Hu said: "Smoking may be unhealthy, but fining a person who forgot to put a cigarette out would be an attack on the freedom of individual." Legislator Elsie Elliott laughed at the idea and said: "There are much more important things for the police to be doing" ("Should Hong Kong ban smoking in lifts," 1973). In addition, a government source described that the work of the committee was "uphill" because

“a good many government officials, at both ends of the scale, are cigarette smokers” (“Smoking: Slow puff in government,” 1972). After the release of the report, “a source close to the government committee” commented that the report was impractical: “There would be no point in banning smoking in elevators because a journey in one does not take very long –at least not long enough to cause serious discomfort to someone adverse to cigarette smoke. Unless you have an enforcement body, there is no point in introducing such legislation. One must be realistic about this ... There is no hope of stopping people smoking if they really want to. You can mount all the campaigns you want but it just will not work ... One possibility is that the report will be introduced into the Executive Council as an information paper. Chances are that it would not be enforced because there would be nobody to enforce it. The police certainly are not going to do it” (“Smoking curbs,” 1974). An anonymous senior civil servant criticized the report as “a waste of time ... This committee is a non-committee because nothing’s happening to it ... Hong Kong has so many problems on its plate at the moment that it’s a highly debatable point whether the government should be allocating any of its available resources – either men or money to this particular aspect when so many other things deserve better priority” (Bugay, 1975).

Second, the government received both supportive and opposing views from the

media. A *Hong Kong Times* editorial described the Committee's recommendations to control smoking in public places as "reasonable" because smoking in certain public places, such as public vehicles, ferries and lifts, "not only affect others, but may also cause danger." It urged that "in the interest of the public, all the recommendations made by the Committee should be considered." The editorial of the *Kung Sheung Evening News* believed that "educating the young on the consequences of smoking is one of the ways to discourage smoking. The authorities can also make it a compulsory measure to prohibit smoking in public places." The newspaper *Nam Wah Man Po* however, showed its reservation on legislative measures. It believed that "cigarette smoking would only affect the health of the smoker ... Therefore, legislation, if necessary, should be introduced to restrict smoking in only public places ... What the authorities can do should be confined to issuing warnings only even if they find it impossible to control or improve the manufacturing process of cigarettes so as to reduce the nicotine contents to the minimum." It added that: "After all, this is still a free society" (Government of Hong Kong, 1974). In retrospect, the establishment of the Ad Hoc Committee invited an editorial of the *Tin Tin Yat Pao* which claimed that the idea of regulating smoking in cinemas was undue. To smoke or not was a matter of individual choice, and the health consequences of smoking were debatable. It further held that health

reasons were irrelevant to prohibit smoking in cinemas (“No need,” 1972).

Third, the public reaction to the Committee’s report reflected that the public was still rather apathetic to the issue of cigarette smoking, which seemed to confirm the findings of the Committee that people were not fully aware of the dangers associated with cigarette smoking. After the release of the report, public response was significantly lacking and, as a result, the government had to commission a commercial firm to undertake a survey on public attitudes towards smoking (“Anti-smoking moves study”, 1975). The results of this survey found that the public placed greater emphasis on health education and young people should be the major target group (“Panel’s anti-smoking plans,” 1975).

Generally speaking, by the mid-1970s, health concerns played a part in the public talk about cigarette smoking. There was talk about cigarette smoking as “unhealthy” and “contrary to reason,” and demands for regulatory measures. At the same time, it appeared that the issue of cigarette smoking was not a wide public concern that urgently needed immediate action from the government. There was a perception that cigarette smoking was a common habit. Uncertainties about the health consequences of cigarette smoking were not rare. There was also a notion that cigarette smoking only harmed smokers. The externalities generated from cigarette smoking were limited to an unpleasant smoky environment and fires.

Cigarette smoking was tolerable as long as smokers were aware of the health risks and hence fully accountable for their illnesses because of smoking; and they smoked responsibly without causing adverse consequences to others. The intervention of the government should be confined to increasing public awareness of the dangers of cigarette smoking so as to avoid infringing on the informed choice of *adults*.

However, it should be noted that youth smoking had been interpreted as a social problem and become an object of public concern by the 1970s. It was articulated as juvenile deviance because such behavior violated medical advice, government guidance, and school rules. Due to the “problem” of youth smoking, teenagers were kept under close surveillance by teachers and parents. Youth smoking, especially when students smoked in uniform in public places, was so “bad” that it was intolerable. Severe disciplinary actions by schools and even government controls were recommended as a response. In 1970, the Teachers’ Association expressed its worry that “more young students were smoking despite of warnings from doctors that it can cause cancer.” The president of the organization told the media that “students are seen smoking in uniform in public places ... I have received complaints from some parents.” To stop this “bad habit before it spreads,” students were subjected to school rules: “our students are forbidden to smoke in school or in public places with their uniform on ... If we catch any student smoking we will

warn him three times before expelling him” (“More students start smoking,” 1970).

Two educational organizations, namely the Hong Kong and Kowloon Chinese-English School Association and the Hong Kong Kowloon Joint Kaifong Research Council, urged the government to prohibit people under 18 to smoke in public. Without any concrete factual support, a teacher described that “nowadays in Hong Kong more and more young people are taking up the smoking habit and don’t mind where they do it, in public or private. Many of them just smoke to show off and try to look like they are grown up.” “For their own sake,” he continued, “the government should do something to stop them doing this foolish thing” (“Law to stop teens under 18 smoking,” 1971).

Great emphasis was placed on discouraging young people from smoking. It was regarded as the primary aim of health education, and legislation, if any. This point of view, as shown above, was shared by the government, the Ad Hoc Committee on Cigarette Smoking, and commentaries in the media. The most cited reason for targeting young people was to prevent them from forming the habit. Yet another implicit reason was that young people were assumed to be ignorant and susceptible to “temptation.” The *South China Morning Post* commented: “There has been considerable publicity in the last few years on the dangers and these every adult smoker must have considered at some time ... But amongst the young it is

another question and it is right that before they are exposed to the temptation they should be informed of medical opinion” (Tobacco and heroin, 1965).

Since the 1980s: Cigarette Smoking as a Global Epidemic

The 1960s and 1970s showed a balance of views about cigarette smoking.

However, since the 1980s, that balance has given way to a common imagination of cigarette smoking as a global tobacco epidemic. In other words, Hong Kong society increasingly came to believe that there was a spread of smoking-related diseases and deaths, and a spread of the smoking habit locally and globally. Cigarette smoking was more and more understood as a serious menace, inevitably undermining the well-being of every individual, the local and global communities as a whole.

In this section, I present a critical account on the imagination of a global tobacco epidemic and how it became popular and dominant. I propose that we understand the imaginary tobacco epidemic through the concept of the “epidemic imaginary” coined by John Erni (2006). Taking AIDS in Thailand as an example, Erni argues that “Third World AIDS” is “less as a geographically situated pandemic than as dispersed and dispersing encounters of mobile figurations” (p. 429). He attends to the constitution of events and stories that “works to proliferate the lines, routes, displacements, and vectors that give shape to the political reality of the epidemic” (p.

430). Adopting the notion of epidemic imaginary, I suggest that the common imagination of a global tobacco epidemic implicates a set of events and stories, and is constituted by a series of “narrative encounters” which have their own epidemic nature. That is to say, there are dispersions of epidemic-think discourses and the relevant system of signs of cigarette smoking in diverse sites including clinics, the media, government and non-governmental bodies, schools and families, developing and dispersing an understanding of cigarette smoking as a real and coherent global epidemic that places every member of the local and global community under health and socio-economic burdens. To be sure, epidemiological involvement has never been absent from the imaginary tobacco epidemic. Non-medical domains appear to heavily trust the medical experts in shaping their own understanding of cigarette smoking. On top of this, medical messages are often the foundation of information that will be mediated and disseminated through diverse channels, particularly the media, in order to reach the general public. Putting this discursive process in the epidemiological paradigm, medicine is *a* critical “host” of the epidemic of the tobacco epidemic discourse. Non-expert audiences have weak immunity to the medical narratives about the tobacco epidemic. Having been infected with the tobacco epidemic discourse, non-medical agents then serve as discursive vectors that work to spread, proliferate, replicate and sustain the idea of a global tobacco

epidemic.

Mounting Evidence and Warnings

Given a lack of public consensus on legislative action against cigarette smoking, the government continued to take up a minimum role by discouraging smoking mainly among young people, maintaining smoking as an informed choice of adults and promoting responsible smoking behavior through a persuasive approach in the late 1970s. It advised no-smoking in public places and an anti-smoking school curriculum was enhanced. Students learned about the harmful effects of cigarette smoking from the Educational Television produced by the government. Public transport passengers were asked not to smoke. People also saw stickers showing a smoking cigarette cancelled by a red stroke with a health warning by the government reading: “Smoking endangers your health” (“Government moves against smoking,” 1976).



Figure 3.2. Smokers should regulate themselves in order not to harass others. A government poster in 1977.

The media constantly showed interest in medical research and tobacco control in overseas countries. Media concerns were attentive to research that extended from the smoking-related health problems of smokers to those unique to female smokers, and later to non-smokers. It was reported that maternal smoking increased the risk of miscarriage, low birth weight and perinatal deaths; and that women who smoke and use oral contraceptives were at a much higher risk for cardiovascular disease and should be encouraged to stop smoking (“Maternal smoking during pregnancy harms baby,” 1978; “Oral contraceptive users,” 1979). A magazine article in 1977 cited the studies of Richard Doll and Bradford Hill (1950), and the Royal College of Physicians to argue that cigarette smoking would shorten a smoker’s life and cause various diseases. It also made reference to a British study that smoking during pregnancy could retard fetal growth and could cause miscarriage. It further stated that cigarette smoking “brings troubles to oneself and the others” because tobacco smoke could harm non-smokers (Peng, 1977, trans.).

Health agencies continued to push the government to take up legislative constraints on smoking in public areas. Greater emphasis was placed on the possible harms of cigarette smoking on non-smokers. Arguing for the banning of smoking or separating smokers and non-smokers in such confined areas as elevators and cinemas, the President of the Medical Association Henry Li stressed: “Research

work has been done, and it is obvious that non-smokers' health is being affected by the inhalation of smoke in small and packed places" (Tsin, 1978).

Meanwhile, new players joined the anti-smoking alliance to ban smoking in public places, adding new meanings to the behavior. Cigarette smoking was framed as a pollution problem that raised the concern from The Conservancy Association. The group held that the voluntary campaign of the government was far from enough to stop people from smoking in public places and urged the authority to ban smoking in cinemas, theatres and all public transports (Tsin, 1978). Since its operation in 1980, the Mass Transit Railway (MTR) took up the initiative to ban smoking to "eliminate the risk of fire as far as possible." The management added that the "health hazard involved in smoking was also another factor" and "the police will also be involved to enforce the ban" ("Blanket ban," 1979). The act of cigarette smoking was consequently criminalized under the Mass Transit Railway Corporation Ordinance and cigarette smokers were subjected to the surveillance of the law enforcers, including the police and MTR staff.

Emergence of a Global Tobacco Epidemic

In 1979, cigarette smoking emerged as a global health problem in the local media when a magazine reported a condemnation by unnamed "specialists" from the WHO aimed at multi-national tobacco companies for spreading the smoking habit in

developing countries (“Tobacco companies,” 1979). A year earlier, the World Health Assembly recognized medical evidence on the detrimental effects of cigarette smoking as “indisputable.” Its resolution states:

Recognizing the increasing and indisputable scientific evidence showing that tobacco smoking is a major cause of bronchitis, emphysema and lung cancer, as well as a major risk factor for myocardial infarction, certain pregnancy related and neonatal disorders and a number of other serious health problems, and that it also has harmful effects on those who are involuntarily exposed to tobacco smoke; Seriously concerned at the alarming increase in production and consumption of cigarettes during the last two decades in some of the countries, particularly developing countries, in which it was previously not widespread, and at the extensive promotional drive for the sale of cigarettes being carried out on radio and television, in newspapers and other news media, and through association with sporting and cultural events, often inducing young people to smoke tobacco (WHA, 1978).

In the WHO report *Controlling the Smoking Epidemic* released in 1979, cigarette smoking is characterized as an “epidemic.” The characteristic features of this “smoking epidemic” are the spread of the smoking habit across the population within a nation and across nations, and the consequent spread of smoking-related

diseases:

The spread of the smoking habit has occurred like an epidemic. The habit has spread from country to country, from continent to continent, and even between different population groups within the same country ... The increase trend in smoking-related diseases, as exemplified by lung cancer, parallels the trend in smoking (WHO ECSC, 1979, p. 34).

The WHO report alerts the world to the burdens of cigarette smoking put on non-smokers and society at large. On the one hand, the WHO warns that “involuntary smoking” is harmful to non-smokers, though it stops short of definitive statement (pp. 28-29). On the other hand, it explicitly raises the concern of heavy socioeconomic costs incurred by smokers:

Smoking is not something that affects only the smoker. The smoker induces costs that affect his family, other taxpayers, and society at large. Smoking reduces the population’s working capacity and thereby the gross national product because there are more deaths before retirement age among smokers than among non-smokers; non-fatal smoking illnesses create disability; smokers have increased absenteeism. Smoking also generates extra demand for medical care. Again, such medical care given and paid for is a real cost to society and cannot be recouped directly by increased tobacco taxes. While the production of

tobacco in a country contributes to the GNP of that country, it does so usually at the expense of reduced food production and the consumption of fuel to provide heat for curing tobacco. There is, besides, a danger of other adverse economic and ecological effects (p. 29).

In this light, cigarette smoking is not only a public health problem that puts all people at health risks, but it is also a socioeconomic problem that burdens all. The blame is laid on smokers for dragging the whole community into health and socioeconomic hazards. In addition, “tobacco transnational conglomerates” are accused of using their huge global advertising expenditure to spread the smoking habit, especially in developing countries (p. 32).

The notion of “epidemic” characterizes cigarette smoking with “epidemiological features” that justifies an urgent and global public health control on cigarette smoking, smokers and the tobacco industry. Given that “the persistence and increase of the use of tobacco is incompatible with the promotion of good health” (p. 39), cigarette smoking is interpreted as an intolerable problem. It is a matter of health *or* tobacco. In the interest of public health, cigarette smoking has to be banished. The WHO report hence proposes public health preventive strategies at both national and international levels in order to “stem the epidemic wave” (p. 38). It holds that:

... a major human objective is a progressive shrinkage of the tobacco market and the establishment of non-smoking as the normal social behavior (p. 39).

The World Health Day (WHD) in 1980 was given a theme of “Smoking or health: the choice is yours” (WHA, 1980). In this year, cigarette smoking was given an additional infamous characteristic by the WHO: “the largest, single, preventable cause of ill health in the world.” Daniel Horn, a WHO expert, explained: “We are dealing with a new kind of health problem. Our problem is not to cure a disease, but to prevent one from happening” (“World health leader,” 1980). Cigarette smoking thus becomes a subject of global governance on the basis of a conviction that “the effect of tobacco smoking is now a major public health problem in all industrialized countries and in many developing countries and that it will become so in the near future in all other developing countries unless action is taken now” (WHA, 1980).

Also in 1980, Judith Mackay, a leading tobacco control advocate in Hong Kong and a WHO expert, wrote a four part series on the *South China Morning Post* (Mackay, 1980a; 1980b; 1980c; 1980d). Alongside each article was a graphic featuring a man with a smoking cigarette, with a caption “Smoking – the killing habit” or “Smoking – the lethal habit.” With these articles, readers were exposed to scary facts and statistics about the tobacco epidemic. They were told about “ways

smoking can kill you”: “The vast majority are in hospital with smoking-related disorders – bronchitis, varying cancers, heart and vascular disease to name a few, which constitute the commonest causes of death in Hong Kong this year” (Mackay, 1980c). Readers also learnt smoking-related health problems unique to women and some “alarming facts” about the effects of cigarettes on non-smokers:

Even working with smokers around you in the same office means that you are a “passive smoker” of between one to 10 cigarettes daily. Perplexing to fully interpret, it appears that smokers who smoke low-tar cigarettes may indeed be reducing their own intake of toxic substances in the mainstream smoke, but *at the expense of* the non-smoking population ... So, not only is smoke disagreeable to non-smokers, for example, making their eyes smart and run, but here is increasing evidence to show that long-term, or even short-term exposure to tobacco smoke at work, at home and in public places, is deleterious to the non-smokers (Mackay, 1980d, italics added).

Framed this way, cigarette smoking was no longer a matter of individual choice of the smoker. Nonsmokers became innocent victims: they did not choose to take risk, but they are involuntarily at risk because of the very presence of irresponsible smokers. Judith Mackay further drew a big picture of the tobacco epidemic: “The trend is towards tobacco smoking becoming a predominately lower class habit in

developed countries,” as cigarette smoking was spreading fastest in “Third World countries.” The WHO and developed countries, as exemplified by the United Kingdom and the United States, took the lead in stopping smoking (Mackay, 1980b; 1980c). In the last article of the series, Judith Mackay asked smokers to make giving up smoking as a “New Year resolution” and suggested measures for the government to act against smoking (Mackay, 1980b).

In medical discourses, cigarette smoking was imagined as a global epidemic that is characterized by a spread of the smoking habit and a spread of smoking-related diseases across nations in general and within developing countries in particular. Cigarette smoking necessarily brings health hazards and socio-economic burdens to everyone, whether he/she smokes or not. In this light, cigarette smoking is said to be a lethal habit that kills smokers; a selfish behavior of smokers that sacrifices the physical health of non-smokers and the socio-economic health of the whole community; and a low-class and “third world” vice that is increasingly unpopular in developed countries. As I show in the following sub-sections, this epidemiological idea of a tobacco epidemic soon became central to the open public discussions about cigarette smoking. This narrative is constantly represented as a scientifically proven fact and commonsensical knowledge. It spreads in an epidemic proportion among non-medical sites, including the media, the legislature, schools,

non-government sectors and families. Cigarette smoking became a cause of public concern as it assumed the status of an intolerable public health and socio-economic problem that affects all members of the community.

Health Hazards of Cigarette Smoking as Commonsensical Knowledge

With the mounting medical evidence and government warnings, health concerns dominated talks about cigarette smoking by the early 1980s. Increasingly, medical evidence showing the harms of cigarette smoking was seen as “scientifically unimpeachable” in media reports and commentaries. The idea that cigarette smoking is detrimental became an “indisputable fact” and even “commonsensical knowledge.” Apart from medical studies in the United States and the United Kingdom, the public stance of the WHO against cigarette smoking drew the attention of the local media and columnists. The *Sing Tao Daily News*, in its editorial, noted the 1980 WHD activities organized by the government and health agencies, and commented that “it has long been a conclusion of specialists’ studies that cigarette smoking is detrimental to health” (“Stepping up anti-smoking measures,” 1980, trans.). Another editorial response to the 1980 WHD was from the *Wen Wei Po*. It began with a warning of the Hong Kong Heart Association that “[smoking] 20 cigarettes per day would shorten your life by 30 years” and held that “all people know that cigarette smoking is harmful” (““Anti-smoking Year””, 1980,

trans.). An editorial of the *Sing Tao Jih Pao* made reference to reports of the United States Surgeon General and the WHO, and held that “it is apparent that there is a connection between cigarette smoking and lung cancer. When this theory was first put up, most people doubted of it. Tobacco companies even contested it by all means. Nowadays, it is no doubt that cigarette smoking is harmful to health” (“Be aware of health dangers,” 1980, trans.). A columnist wrote: “Cigarette smoking is harmful. There is a close relationship between cigarette smoking and respiratory diseases. These two points have already become commonsensical knowledge. Many people know about them” (Yu, 1980a, trans.).



Figure 3.3. The lung as an ashtray. An anti-smoking poster of the government in 1982 with a health warning reads: “Cigarette Smoking is Hazardous to Health.”

Meanwhile, in the early 1980s, there was a growing awareness of the health effects of cigarette smoking on non-smokers, although the medical field had not

provided definitive statements. It was believed that cigarette smoking not only *caused* lung cancer, but it also undermined non-smokers' health. Cigarette smoking in public places was increasingly seen as an inconsiderate behavior. It was also said that non-smokers had the right to enjoy fresh air. Consider this statement of a columnist:

A report of the U.S. government points out that cigarette smoking is a major cause of lung cancer. The report states that in the United States, there will be more than 120 millions of death caused by lung cancer and other smoking-related diseases in this year ... The most terrifying thing is that ... many studies indicate that it is dangerous for non-smokers to expose to smoky-filled environment. It should be said that the conclusions of these reports are authoritative. An inevitable conclusion is that: Smoking in public places is an irresponsible behavior and a public menace" (Yu, 1980b, trans.).

An editorial of the *South China Morning Post* entitled "A breath of fresh air for non-smokers" (1981) read:

The tobacco industry has long insisted that claims of the smoking-cancer connection are 'exaggerated.' But there is no doubt there is a definite link between inhaling cigarette smoke and cancer (to mention only one disease attributed to the weed). In fact the World Health Organization estimates that

smoking is responsible for 90% of lung cancer deaths in countries where the habit is widespread ... The tobacco lobby also ridicules suggestions that non-smokers are endangered by inhaling smoke in confined places. It blows out vague talk about 'the current scientific view' saying the evidence of passive smoking as a risk is 'highly inconclusive' and 'inadequate.' Yet the *British Medical Journal* reveals that an hour in a fume-filled room can do so much damage to the non-smoker as 15 filter cigarettes.

The public acceptance of medical evidence on cigarette smoking and health caused a social legitimization of legislative measures against cigarette smoking, which in turn further strengthened the public supposition that cigarette smoking is bad for one's health. In 1981, the government announced plans to intensify its efforts to reduce the incidence of smoking and therefore its harmful effects on public health. Several factors were taken into account in this decision. The first factor was the high death rate of lung cancer and the "apparent connection" between lung cancer and cigarette smoking. Second was "a growing concern about the risks of passive smoking." As the Secretary of Social Services Eric Ho told the LegCo in 1982, "while there may be no clear evidence that exposure to such smoke causes damage to the health of the majority of non-smokers, the reverse appears to be the case for small babies who have a higher risk of pneumonia and bronchitis when their parents

are smokers. There are many persons also with asthma, allergies or chest complaints who suffer acute discomfort from pipe, cigar or cigarette smoke” (Legislative Council, 1982a, p. 1055). A third factor was the fire hazard induced by cigarette smoking. Fourth was a public opinion survey showing general public support (Government of Hong Kong, 1981). Thus, in 1982, the Smoking (Public Health) Ordinance was enacted. One of the provisions was that cigarette advertisements were required to carry a prescribed health warning: “Cigarette smoking is hazardous to health.” There was also an intensification of public health education to promote the public awareness of the hazards of smoking through various activities, such as a mass rally, radio and TV programs, seminars, workshops and public talks (Government of Hong Kong, 1983).

According to a survey conducted by the Home Affairs Branch in November 1983, 95% of respondents believed that cigarette smoking was harmful to health. 86% of smokers interviewed also shared the belief (“The second report,” 1984). The survey results reflected that both smokers and non-smokers had come to hold the belief that cigarette smoking was bad to health. A newspaper feature had the following observation: “In the past, health warnings are scaremongering to many smokers. Having heard these warnings repeatedly, however, their conviction might be shaken” (“Will the anti-smoking ordinance be effective,” 1982, trans.).

A disenchantment of cigarettes had taken place. Cigarettes were no longer seen as an ordinary commodity. With the efforts of chemists, the public began to perceive cigarettes as carcinogenic and poisonous substances containing tar, nicotine and numerous toxic chemicals. Since the enactment of the Smoking Ordinance in 1982, cigarette packets have been required to display tar content. Since 1983, the government's chemists have tested cigarettes to ascertain the tar and nicotine content of individual brands. The results are made public through the Consumer Council's *Choice Magazine* twice a year ("Bans to boost war," 1981; Lee, 1989, p. 56).

In addition, the image of cigarette smoking as a haunted death has been identified by anti-smoking advertisements. In particular, this image came to dominate the media since 1987 as a phased ban on cigarette commercials came into force. A typical example of anti-smoking advertisement comes from the first TV commercial of the Council on Smoking and Health (COSH) in 1989. The 30-second commercial "did a spoof on the myths created by tobacco promotions" by linking smoking with death by using fear tactics. It included the government health warning at the bottom of the screen and began with images of white-clad European smokers. The images of glamorous and leisured affluence were quickly replaced by a voice-over pointing out that smoking puts "your life and money in some else's pocket," while introducing pictures of a Chinese funeral altar and choking smokers

(Hong Kong Council on Smoking and Health, 1990, p. 9; Stoner, 1989).



Figure 3.4. “Smoking kills.” A COSH anti-smoking TV commercial features death-related scenes including clinics and a Chinese funeral altar that “may cause discomfort for smokers.”

Furthermore, the harmful effects of secondhand smoking have growingly become more evidential and specific. The year of 1986 marked a watershed as two significant medical reports on secondhand smoking were released in the United States, namely *The Health Consequences of Involuntary Smoking* by the United States Surgeon General, and *Environmental Tobacco Smoking: Measuring Exposures and Assessing Health Effects* by the National Academy of Science. These reports concluded that secondhand smoke caused lung cancer in healthy adult non-smokers and respiratory symptoms in children (Brandt, 2007, p. 286; Dunsby, 2005, p. 514). Since then, tobacco control advocates in Hong Kong, including public health researchers and the COSH which was established by the government in 1987, have intensified their efforts to warn the public about the dangers of

secondhand smoking. The media further disseminates the local and overseas medical advocacy to the public in definitive terms. Here are some of newspaper and magazine headlines:

“Passive Smoking: An Indisputable Health Hazards; One-third of Lung Cancer Cases Caused by Passive Smoking” (*Express Daily*, October 25, 1987, trans.);

“Passive Smoking Linked to Gynecological Cancer” (*Hong Kong Standard*, November 24, 1987);

“Passive Smoking Can Be Deadly, Warns Doctor” (*South China Morning Post*, December 29, 1987);

“A Scary Statistics Pronounced at an International Conference on Cancer: More Than 2,500 Children Die Due to Parents’ Smoking Each Year in the United States” (*Xin Wen Tian Di*, April 3, 1989, trans.);

“Passive Smoking Causes Cancer” (*South China Morning Post*, January 7, 1993)

“The United States Proves that Secondhand Smoking is Detrimental” (*Choice Magazine*, April 15, 1994, trans.).

“WHO: Secondhand smoking endangers half of children in the world” (*Ming Pao Daily News*, June 18, 1999, trans.)

“Secondhand smoking increases stroke risk by 50 pc” (*Apple Daily*, January 28,

2005, trans.)

Medical research and media reports identify subjects of victimhood of cigarette smoke. One of the groups identified are unborn bodies. Smoking females have been warned about a higher risk of perinatal death and giving birth to a low-weight baby (e.g. “Expansion of ban on smoking is urged,” 1987; “Group wants to stub tobacco advertising,” 1987; “Harms,” 1983). Another group consists of babies and young children. It is said that parents’ smoking is a threat to children’s health (e.g. “Parents’ smoking,” 1981; “Report of cigarette products test,” 1983), and that “surviving children of mothers who smoked suffered long-term effects, which included physical and mental retardation and behavioral abnormalities such as short attention spans and hyperactivity” (“Expansion,” 1987). In addition, there has been a concern about the health status of non-smoking wives of smokers. In 1981, Takeshi Hirayama concluded in his longitudinal study between 1966 and 1969 that non-smoking wives of smokers were at higher risk for lung cancer. Hirayama’s study has been regarded as a landmark in scientific research on the health effects of passive smoking. This study is frequently reported on and cited by the media together with other studies on non-smoking wives (e.g. “Group,” 1987; “Secondhand smoking can also be deadly,” 1987; “Smokers,” 1987; “Smoking out the facts about a habit that kills,” 1987). Moreover, since the late 1980s, the health

of non-smoking workers in smoke-filled workplaces has become an object of concern. It was largely sparked by a court case in Australia in 1988 in which a non-smoking bus driver claimed compensation from his employer for his exposure to passive smoking (e.g. “Hong Kong’s smokers,” 1988; Moir, 1998b).

Evidence suggests that, by the mid-1980s, it has become common to think that cigarette smoking is detrimental to the health of both smokers and non-smokers. The notion of “cigarette smoking is hazardous to health” has become an “indisputable fact”, “truth” “commonsensical knowledge”, and even a “cliché.” The *Hong Kong Standard* stated in its editorial that “the facts about smoking, and what it does to you, are now so well known as to have become clichés” (“Smoking out the facts about a habit that kills,” 1987). Ample examples can be also found in newspaper reports, magazine features, editorials, columns, and letters to the editor, for instance: “The fact is that cigarette smoking endangers health” (Rong, 1986, trans.); “Harms of cigarette smoking are undeniable” (Liang, 1986, trans.); “Everyone knows that cigarette smoking is harmful to health” (Tao, 1987, trans.); “It has been proved, beyond doubt, that smoking damages health ... Smokers not only make a nuisance of themselves in public, but also cause harm to their families through secondary smoking. This secondary smoking also adversely affects friends with whom they associate and colleagues at work” (Tang, 1994, trans.); “It is a

scientific fact that exposure to tobacco smoke, both by primary and second-hand means, causes cancer, emphysema and other respiratory diseases” (Anderson, 2002); “Cigarette smoking is hazardous to health. It is a commonsensical knowledge that is well known by primary students” (Li, 2005, trans.).

The vast majority of legislators, regardless of their political stance, hold the same opinion that cigarette smoking is definitely detrimental. This opinion is often expressed at LegCo meetings. Let me offer some typical examples:

- Wong Lam: “Smoking is absolutely harmful” (Legislative Council, 1982a, p. 1116).
- Chan Yuen-han (Group Affiliation (GA): Hong Kong Confederation of Trade Unions (HKCTU)): “...it is indisputable that direct smoking, as well as secondhand smoking, is hazardous to health of the public. The relevant medical studies and arguments are already very substantial” (Legislative Council, 1997b, p. 35).
- Mok Ying-fan (GA: Hong Kong Association For Democracy And People's Livelihood (ADPL)): “... smoking is hazardous to health is a well-known fact” (Legislative Council, 1997b, p. 13).
- Paul Cheng Ming-fun: “It is proven beyond doubt that smoking is harmful, not only to smokers but also to those exposed to the polluted environment

created by smokers” (Legislative Council, 1997c, p. 387).

- Tommy Cheung Yu-yan (GA: Liberal Party (LP)): “... smoking is detrimental to the health of the public and passive smoking is bad to the public and employees. This point is beyond any dispute” (Legislative Council, 2004, p. 501).
- Andrew Cheng Kar-foo (GA: Democratic Party (DP)): “The harms of smoking and passive smoking is common knowledge and indisputable” (Legislative Council, 2004, p. 479).

Moreover, it seems that when the health hazards of cigarette smoking become commonsensical knowledge, it is often more difficult to express alternative points of view. The public consensus about the harms of cigarette smoking overwhelmed uncertainties and suspicions arising from statistical evidence, reflecting an unquestioned embrace of “scientific” inquiry and medical expertise. In fact, in the 1980s and early 1990s, the tobacco industry persistently denied the medical claims on the detrimental effects of smoking and secondhand smoking by refusing statistical evidence and publicizing its own laboratory research (e.g. “Evidence,” 1987; Fletcher, 1990; 1993; “Health expert,” 1988; “Institute,” 1989; “Secondhand smoke,” 1992; Stoner, 1988; Turner, 1991). However, researches conducted by the industry were often dismissed out of the perception that medical findings should

come from a neutral source. Consider the following statements made by Legislator

Law Chi-kwong:

In general, the findings in the medical field generally confirm the correlation between smoking and the incidence of a number of diseases (such as cancer and lung diseases). Similarly, the tobacco industry can also cite a number of findings that negate the relationship between smoking and diseases. It is possible that these contradictory findings make people at a loss as to what to do. Nevertheless, this may serve as an example reflecting that it is not always easy to find out the truth. Generally speaking, we are more inclined to accepting the findings in the medical field as the findings are more neutral (Legislative Council, 1997b, p. 16).

Public mistrust of the industry's claims was escalated by the media reports on class-action lawsuits against tobacco firms brought by affected smokers and non-smokers, and large sums of settlement and compensation paid by the tobacco industry in the United States since the 1990s (e.g. "A US smoker," 1999; Beck, S., 1996; Chan, F., 1992; "Smokers win," 2002). Legal judgments further "proved" that cigarette smoking was bad to smokers as well as nonsmokers.

Medical evidence has been ironically confirmed with the recognition of big tobacco firms on the harmful effects of smoking since the late 1990s. For example,

according to the media, Philip Morris CEO Geoffrey Bible thought that “100,000 Americans ‘might have’ been killed by smoking-related diseases.” R. J. Reynolds Chairman Steven Glodstone said that “I have always believed that smoking plays a part in causing lung cancer” (Beck, 1997). It was also reported that, since 1999, Philip Morris acknowledged medical and scientific advice in its website that smoking caused lung cancer, heart disease, emphysema and other serious diseases. It claimed that “there is no such thing as a ‘safe’ cigarette” (“Philip Morris,” 1999; “The biggest tobacco firm,” 1999).

In fact, there were a handful of media reports on skeptical views from the medical and scientific fields about the health effects of cigarette smoking. However, these skepticisms were often repudiated by the sheer dominance of epidemiology. They were also suspected to serve the interest of the tobacco industry. For instance, during her tenure at the medical department of the University of Hong Kong (HKU), Linda Koo Chih-ling released works showing diet and other factors were more to blame for lung cancer in Chinese non-smokers than secondhand smoke (Laxton & Toms, 1994; Tacey, 1995). However, while Koo was not regarded by the tobacco industry as a paid consultant, the *South China Morning Post* “discovered” that her close research collaborator Ragnar Rylander was “one of the brightest stars in the [tobacco] industry’s galaxy of consultants” (Thomas &

Gagliardi, 1999). Another two examples are the works of John Copas and J. Q. Shi (2000), and James Enstrom and Geoffrey Kabat (2003). Both studies were published in the *British Medical Journal*. In their work, Copas and Shi reviewed epidemiological evidence on lung cancer and secondhand smoking and found that there was clear evidence of publication bias. They reanalyzed the data and substantially lowered the estimate of the relative risk of lung cancer due to secondhand smoking. In the report of the *Ming Pao Daily News*, the work of Copas and Shi was countered by the COSH. The COSH warned that the public should not underestimate the dangers of secondhand smoking, and held: “Even if the possibility is low, secondhand smoke can still cause lung cancer” (“Don’t underestimate,” 2000, trans.). In 2003, James Enstrom and Geoffrey Kabat released the results of their cohort study covering 39 years. They concluded that the results “do not support a causal relation between environmental tobacco smoke and tobacco related mortality, although they do not rule out a small effect. The association between exposure to environmental tobacco smoke and coronary heart disease and lung cancer may be considerably weaker than generally believed” (p. 1057). The report of the *Ming Pao Daily News* stressed that the study was “sponsored by the tobacco industry.” It quoted the American Cancer Association’s comment that “the results of the study were not concise and reliable.” It also cited

the criticism of the Action on Smoking and Health, a British anti-smoking group, that the *British Medical Journal* should not publish this “biased” research (“A study,” 2003, trans.).

It should be noted that medical evidence is not convincing to some members of the inexpert audience. For instance, Legislator Andrew Wong Wang-fat was an outspoken opponent against the medical claims on cigarette smoking. He openly stated that there was no causal relationship between cigarette smoking and lung cancer and the notion that “cigarette smoking was bad” was just a prejudice (Li, H., 1998). However, as I will show in more details later, his claim, as well as his person, was an object of satire and condemnation by his colleagues and the media. Another example comes from a letter to the editor that appeared in the *South China Morning Post*. It read: “So we are treated to dime-a-dozen, agenda-driven ‘research’ that liberally attributes vast numbers of deaths to ETS (environmental tobacco smoke) – no sample sizes, exposure periods, criteria to isolate different variables, quantified risk or confidence level. We should not base our policies on faulty research and narrow interests” (Dolezal, T. M., 2005). The letter invited a response from a HKU medical professor who described it as a “fanciful rhetoric.” The professor further claimed: “The government, most legislators and a majority of the public do not accept there is anything ‘reasonable’ about his proposal for the

continuing involuntary exposures of workers, or anyone else, to tobacco chemicals” (Hedley, 2005).

It is witnessed that the claim that “cigarette smoking is hazardous to health” became a legitimated scientific truth, commonsensical knowledge and even a cliché since the 1980s. The message is well imprinted on the minds of policymakers and the general public. Skepticism to this idea is rare, marginalized and viewed as a distortion of truth that serves the “vested interest” of the tobacco industry. As the following three sub-sections will show, this common sense of cigarette smoking as absolutely harmful is accompanied by a growing public concern about and belief in widespread smoking-related health problems and deaths, and the spread of the smoking habit, giving shape to a certain and unambiguous “factual reality” (Gusfield, 1981, p. 52) of the global tobacco epidemic.

Spread of Smoking-related Health Problems, Diseases and Deaths

The most notorious detrimental consequence of cigarette smoking is lung cancer. Cancer, as Susan Sontag observes, is “thought to be, invariably, excruciatingly painful” and rhetorically “equals to death” (Sontag, 1990, pp. 7, 16). In Hong Kong, lung cancer is a common cause of premature death and has been characterized as a “top killer.” For more than two decades, the “widespread” of lung cancer, which is closely linked with cigarette smoking, has often been the object of social

concern. As early as 1980, the *Sing Tao Jih Pao* expressed concern about “the spread of lung cancer and other smoking-related diseases” in an editorial (“Be aware of health dangers,” 1980). Another editorial of the *Hong Kong Standard* in 1987 stated:

Some 700,000 adults in Hong Kong smoke millions of cigarettes each year.

And an alarming number of them die prematurely as a direct result of diseases that come from smoking. Cancer is the No.1 killer in Hong Kong. Lung cancer – which is clearly related to smoking – kills 32% and 26%, respectively, of all male and female cancer patients who die every year. More than 90% of the men who die of lung cancer are veteran smokers” (“Smoking out the facts about a habit that kills,” 1987).

In 2005, a medical professor warned the city that more than half of all lung cancer cases were smoking-related and a fall in the lung cancer death rate was unlikely in the near future:

The city ranked among the world’s highest in terms of lung cancer rate, about 75 for every 100,000 people ... The rate was comparable to those in Japan, Britain and the United States. About 70% of lung cancer cases in Hong Kong are associated with smoking ... Lung cancer had a high death rate, claiming 3,500 lives in the city each year. There are about 4,000 new cases each year (Moy,

2005a).

Meanwhile, it has become an accepted fact that cigarette smoking puts all at risk. While smoking is a sign of aesthetics and relaxation to some popular smokers such as Cai Lan (2001a), a celebrity of the city, cigarette smoke is more commonly interpreted as a contagion of fatal diseases. Because of cigarette smoke, dreadful non-communicable chronic diseases have become communicable across the population. Rather than a result of people's own choices, lung cancer and other fatal smoking-related diseases can happen to all. Secretary for Food and Health (SHWF) York Chow Yat-ngok suggested: "In many advanced countries, passive smoking has already been considered carcinogenic" (Legislative Council, 2004, p. 538), and "secondhand smoking is basically a very polite way of saying that you are forcing people to inhale carcinogen" (Government of Hong Kong, 2005). And cigarette smoking does more harm to non-smokers than smokers, as "passive smokers inhale carcinogenic substances 50 times more than smokers" (Pan, 2001). Legislator Raymond Ho told his colleagues: "It is supposed that non-smokers' health is better than smokers'. However, the real situation is not 100% so. It is said that the impact of passive smoking on health is stronger than smoking" (Legislative Council, 2004, p. 514).



Figure 3.5. “One equals two.” A Tobacco Control Office’s poster says secondhand smoke has the same effect as “first-hand smoke” causing lung cancer and heart disease.

The claim of a rampant epidemic of smoking-related diseases and deaths is supported by alarming statistics. Based on the research of the government’s Department of Health in 1995, the *Apple Daily* warned the public that some 5,600 people, or 19% of 30,000 people dying in the territory every year is smoking-related (“One-fifth of deaths,” 1995, trans.). This figure was cited by legislators including Leong Che-hung and Mok Ying-fan at the LegCo debate (Legislative Council, 1997b, pp. 7, 13). In 2001, HKU released its assessment of tobacco related mortality in Hong Kong (Lam, et al., 2001). It attracted much attention from the media. The *Ming Pao Daily News*, under the headline of “One-third of Middle-aged Men Deaths Caused by Smoking” (2001), described the findings as

“staggering”. The *Apple Daily* reported that “more than half of male smokers died prematurely” and “half of smokers’ lifespan was shortened by 8 to 22 years” (“The first study,” 2001). The *South China Morning Post* claimed that “tobacco-related deaths were now the No 1 killer in Hong Kong” (Moy & Button, 2001). Four years later, the media presented another set of statistics offered by HKU: “Smoking kills up to 7,100 each year in Hong Kong ... including 1,300 non-smokers who die from passive smoking” (Ma, 2005c); “Cigarette smoking claims 6,920 lives each year in Hong Kong” (“HKU study,” 2005, trans.); “The team estimates that 6,920 people die each year from active and passive smoking. Of these, 3,927 are premature deaths before the age of 75, the normal life expectancy of Hong Kong people” (Benitez, 2005a).

Figures offered by the government and HKU have made a big impression on the media and government officials. Permanent SHWF Carrie Yau Tsang Ka-lai described in 2005 that there was an urgency to tackle the smoking problem as “there have been numerous studies and data to show that smoking can kill and is linked to the death of 7,000 people in Hong Kong a year” (Moy, 2005b). Editorials of the *Wen Wei Po* and the *South China Morning Post* were convinced by the figures and pronounced that smoking had significant bearing on the public health (“Keep smoking ban grace period short,” 2005; “Smoking ban in public areas,” 2005).

Apart from scary statistics, the belief that cigarette smoking is a serious public health problem in Hong Kong has been consolidated by real cases of death and illness, particularly those of celebrities and their families. As Simon Chapman, one of the world's leading advocates for tobacco control, states in his book on tobacco control advocacy strategy that celebrities are "by definition, newsworthy ... celebrity illnesses, or even those of their families, fascinate the media and can provide valuable vehicles for sympathetic coverage of health issues" (Chapman, 2007, p. 225). Above all, media coverage on human-interest stories often impels public sympathy, and sometimes health scares. One typical example took place in 1993 when Legislator Stephen Cheong Kam-chuen suffered a heart attack and collapsed as he left the Hong Kong Journalists' Association jubilee ball. He died after a long heart operation. His sudden death shocked politicians, business leaders and the community at large. There was speculation that Cheong's smoking habit was a cause of his death. In a magazine feature entitled "Tang Ying-yen persuaded Cheong Kam-chuen to quit smoking repeatedly," pictures of Cheong's singing at the ball were displayed with a caption "no one expected that it was his last song." The article further quoted the words of Legislator Henry Tang Ying-yen: "Cheong's daily life was very normal ... The worst thing was that he smoked too much, one to two packets of cigarettes a day. I had persuaded him to quit for many times ... he did

not exercise much. He only played golf” (Zhong, 1993, trans.). The death of Cheong also promoted a proposal to ban smoking in the LegCo building. It was reported that “the proposal was supported by most legislators, with the exception of smoker Andrew Wong.” Smoking was consequently banned in the corridors, meeting rooms, toilets and other common areas in the building (Ng, 1993). It was also reported that Cheong’s death had raised a wide public concern on health, and brought businesses to medical laboratories and insurance companies (“After Cheong’s death,” 1993). Legislators were presented a “live longer” health manual by six colleagues related to the medical profession soon after Cheong’s death (Law & Ng, 1993).

In 2005, two people shared their stories about secondhand smoking at a media conference held by the Hong Kong Medical Association. Among them was Choi Kin, the president of the Association. He told the media that his father had smoked for 50 years and hence his mother had inhaled secondhand smoke for 50 years. They both died of lung cancer. The *Apple Daily*, under the headline “Secondhand smoke makes Choi Kin an orphan”(2005), began with the following statement: “Cigarette smoking is a individual habit, but is also a poison of the smoker’s mate” (trans.).



Figure 3.6. (Left) Tang Ying-yen had persuaded Cheong Kam-chuen to quit smoking several times. (Right) The sudden death of Cheong boosted the business of medical laboratories. *Bai Xing*, May 21, 1993.

Stories and experience of ordinary people are impressive and contribute to a sense that cigarette smoking can adversely affect all of us. William Wong, whose wife had died of lung cancer, shared his story at the media conference of the Hong Kong Medical Association. He attributed the tragedy to his wife's smoking boss. The media covered Mr. Wong's story dramatically in a sad and sympathetic tone. The *Ming Pao Daily News* headlined "Secondhand smoke ruins a happy family":

In Hong Kong, more than 5,700 people died from smoking-related diseases a year. That is to say, 16 people are killed by cigarettes on average a day. Among them, there are innocent lung cancer patients who have inhaled secondhand smoke. Mr. Wong and Mrs. Wong did not smoke. However, Mrs.

Wong was suffered from secondhand smoke at her office and died from lung cancer. She passed away on January 1 last year. Having looked back the days when her wife was suffered from lung cancer and eventually died hopelessly, Mr. Wong described the tragedy as “shocking and inhuman.” It was also a terrible blow to his two children (Hu, 2005, trans.).

In its article entitled “Secondhand smoke killed my wife, says businessman,” the *South China Morning Post* wrote:

I am sure second-hand smoke killed my wife. We should have been a happy family and I should have been a happily married man with two happy children, says 51-year-old businessman William Wong ... Mr. Wong said his wife's family had no history of lung cancer, adding: I am sure that secondhand smoke is the chief reason for her illness and death. Mr. Wong's 13-year-old son now receives counseling, while his daughter, 19, lost interest in studies after her mother's death” (Lam, 2005).

In addition, epidemic outbreaks give rise to public awareness on health, as well as an epidemic of fear (Strong, 1990). The outbreak of Severe Acute Respiratory Syndrome (SARS) in 2003 showed that fear over the widespread of epidemic disease intensifies public anxiety on the threats of cigarette smoking. In March and April of 2003, when the SARS outbreak was at its peak, there was a rumor that

smoking offered prevention against SARS. The government quickly released a public statement to refute the rumor. It emphasized that smoking weakened immunity, made transmission of the virus from a person's hands easier, and exposed smokers to a higher risk of infection since they had to remove their facemasks to smoke. Doctors also described the rumor as "nonsense" as smoking damaged the lungs, making smokers more susceptible to respiratory problems. It was also said that smoking might put infected patients at a higher risk of death (Savadove, 2003; "Smoking pneumonia patients higher risk of death," 2003). There was also a fear that cigarette smoke could transmit SARS. For instance, a newspaper reader wrote to ask if smokers who have SARS could spread the disease through exhaling smoke and if the spread of the disease was aided by the ventilation system ("Can smokers," 2003). In May 2003, the COSH informed the public that "a number of studies indicate that smoking and secondhand smoking can cause pneumonia" (Hong Kong Council on Smoking and Health, 2003b). A month later, the government and the media informed the public that smoking SARS patients had a higher risk of death. The information was based on the government's survey on the smoking status of SARS patients, which showed that "the mortality rate of smokers was 20% but that for non-smokers was only 9.7%" (Government of Hong Kong, 2003; "SARS mortality rate doubled for smokers," 2003).

Cigarette smoking is said to be responsible for a wide range of diseases and health problems, as exemplified by pictorial health warnings which have been displayed on cigarette packets since 2007. It is regarded as a primary source of risk to the health of the entire community. Besides cancer and cardiovascular diseases, cigarette smoking is believed to be a cause of other diseases and illnesses, including stroke, dementia, respiratory illnesses such as asthma and chronic coughing, mood disorder, eye diseases, high cholesterol, high blood pressure and diabetes, children's psychological problems including hyperactivity disorder and conduct disorder, to name just a few (e.g. Chan, C., 2005; Maynard, 2001; "Smokers at a higher risk of depression," 1999; "Smoking mothers more likely to have naughty kids," 2005; "Smoking parents put children at higher risk of asthma," 1999; Wu, 2003). The public has been advised by the government that smoking undermines the immune system and hence increases body susceptibility to diseases including influenza, Legionnaires' Disease, and SARS (e.g. Government of Hong Kong, 2003b; 2009a; "Three Hongkongers infected with fatal pneumonia," 2003). It is accepted that cigarette smoking negates benefits of drugs (Moy, 2005d). It is also believed that cigarette smoking undermines smokers' social and sex life, as it contributes to such health problems as bad breath, erectile dysfunction, sperm damage, wrinkles, and lower hormone levels in women (e.g. Department of Health, 1999; "Male smokers

enjoy less from sex,” 1999; Wu, 2003).



Figure 3.7. Pictorial health warnings on cigarette packet stipulated in the Smoking (Public Health) (Amendment) Ordinance 2006.

Increasingly, cigarette smoking has been disarticulated from the idea of “individual choice of lifestyle” in the public discourse. Health is de-privatized because the lifestyle choice of an individual – to smoke or not – does not only affect the individual in question but also everyone else. Largely due to the accepted notion of the inevitable harmful effects of cigarette smoking on both smokers and non-smokers, cigarette smoking is seen as a great and maybe even the greatest threat to the health of the entire population. The claim that cigarette smoking is the largest single preventable cause of death, which was popularized by WHO, is widely embraced (e.g. King, 1989; Middleton, 2005). It is also believed that cigarette smoking, with cigarette smoke as the “smoking gun,” is a contagion of fatal diseases, from cancer to SARS. Therefore, “[t]obacco is not an issue about personal likes or

dislikes. It is a public health problem” (Chan, 2005). Cigarette smoking is no longer an acceptable lifestyle choice.

Because of the health damage to both smokers and non-smokers, cigarettes and cigarette smoking are rhetorically demoralized in punitive terms. For example, cigarettes and cigarette smoking have been characterized as “dangerous,” “lethal” and “dreadful” (e.g. Chan, T. F., 1992; Legislative Council, 1997c, p. 387; Macklin, 1987). The SHWF York Chow said cigarette smoking was “a habit which harms others without doing any good to the smoker,” (Legislative Council, 2004, p. 539). A columnist regarded smoking in public places as a behavior that constituted a “public menace” (Yu, 1980b). Legislator John Tse commented that the phrase cigarette in Chinese – “*xiang yan*,” which means “fragrant cigarettes” – was misleading because “cigarettes are not fragrant; they stink” (Legislative Council, 1997c, p. 409). Besides, cigarette smoking has been widely judged as an act that is “self-destructive,” “foolish,” and “unnecessary” (e.g. “Flexibility in banning smoking,” 2005, p. 39; “Harms,” 1983; Liu, 2009). Consequently cigarette smoking is “wasteful” and “a drain on one’s resources” (e.g. Legislative Council, 1982b; “Report of cigarette products test,” 1983). And cigarette smoking has been highly generalized as a “bad habit” (e.g. Legislative Council, 2004, p. 515; 2006a, p. 206; “Stepping up anti-smoking measures,” 1980, p. 515). Deng Xiaoping, who

was a well-known heavy smoker, held the same belief (Yeung, 1987).

Spread of the Habit of Cigarette Smoking

It is evident that there are common beliefs that cigarette smoking is a primary cause of disease and death, and that there are widespread smoking-related diseases and deaths. These beliefs go along with a concern about the prevalence of smoking in the population. This concern is often intensified by a prevalent claim that once the habit of smoking has formed, smokers are trapped because cigarettes are addictive. Although it was not until the 1980s that leading health organizations recognized cigarettes to be addicting, the potential addictive effect of cigarettes had been noticed and cigarette smokers were characterized as “addicts” by doctors, the government and the public as early as the 1960s and 1970s (e.g. “Government moves against smoking,” 1976; Hasham, 1965; “Just one puff,” 1972).

In 1988, the United States Surgeon General released *The Health Consequences of Smoking: Nicotine Addiction*, the first surgeon report to deal exclusively with nicotine and its effects. The report recognizes that “cigarettes ... are addicting” and “nicotine is the drug in tobacco that causes addiction” (Santora & Henningfield, 2005, pp. 390-391). In medical terms, addiction is associated with a phenomenon known as “tolerance” which refers to “increasing the amount of drug to experience the same effects once received at lower doses.” Smokers become physiologically

dependent when tolerance develops and tobacco intake increases. Quitting is difficult and is accompanied by ill feelings (Santora & Henningfield, 2005, p. 391). The addictive effect of cigarettes was confirmed by Andrew White, Senior Vice-president for Philip Morris Asia, as he said in a *South China Morning Post* interview in 2004: “Clearly, cigarettes are addictive” (“Turning over a new leaf,” 2004).

In addition, doctors say that the majority of adult smokers begin to smoke in childhood or teenage years. Moreover, people who start to smoke at young ages are more likely to remain addicted in adulthood (e.g. Hedley, 1998). In this regard, medical advocacy has been called for preventive measures to curb the spread of the smoking habit, especially among young people (e.g. “Doctors support a ban on cigarette advertising,” 1986).

Moreover, in medical language, addiction is a “socially infectious condition” that requires “epidemiological assessment and control.” This conception of addiction was forged in the research of heroin addiction, as it was found that “addiction spread on the basis of contact with an addict” and “every addict is a potential source of infection” (Mold, 2007, pp. 278-279). In the case of cigarette smoking, smokers have been considered agents of spreading the habit, as a doctor said: “One can easily develop a habit if one’s friend has the habit. Smoking can be

contagious” (“Want to quit smoking,” 2009). Studies indicated that children with smoking friends, teachers, parents and idols were more likely to smoke themselves (e.g. Cai, 2003; “One-third of pupils saw their teachers smoke,” 1995).

In order to monitor the prevalence of smoking effectively, the government has conducted surveys on smoking patterns constantly since 1982, the year that the Smoking (Public Health) Ordinance was enacted. Using statistical techniques, smokers and their patterns of smoking are quantified. Smokers thus emerge as a “visible mass at the population level” (Berridge, 1999, p. 1186) under close surveillance of the government and society at large.

In fact, by the mid-1980s, tobacco control advocates had recognized a decrease in the smoking population and the consumption of cigarettes as signs of the success of the tobacco control campaign. In her article in the *British Medical Journal* published in 1986, Judith Mackay celebrated the significant drop in the number of daily smokers, which accounted for a reduction of 16% from 1982 to 1984 (also see Appendix 4). She acknowledged the government’s commitment to the anti-smoking campaign which led to “almost all of the population of Hong Kong having knowledge of the harmful effects of tobacco and of anti-smoking measures taken by the government” (Mackay & Barnes, 1986, p. 1435). In August 1986, Judith Mackay told the BBC Radio that “Since 1982 in Hong Kong we’ve had very

good, strong, firm government action, and this has followed a very political, a very legislative route ... So we have followed a very governmental, political route in Hong Kong which indeed has been very successful in that we've had a very significant decrease in the number of smokers, even within the last few years" (Government of Hong Kong, 1986d). It was also reported that Hong Kong won high praise for its tobacco control campaign at the Sixth World Conference on Smoking and Health in 1987. Between 1982 and 1986, the number of daily smokers declined by 20 percent, representing the fastest decline of smokers in the world. Elaine Chung, Deputy Secretary for Health and Welfare and a Hong Kong representative to the Conference, described the government's strategies as a "shining example" in the tobacco control movement ("Praise for Hong Kong's anti-smoking efforts," 1987).

However, this celebratory rhetoric was gradually eroded by a concern about the spread of smoking from adult men to teenagers and women, especially young girls. Indeed, special attention had already been paid to the popularity of smoking among the young. As mentioned, teenagers were closely monitored by the government, schools, parents and the community since the 1970s. Without statistical reference, there was a perception that cigarette smoking was highly common among teenagers. As a columnist suggested in 1980, "the proportion of smokers among teenagers has

been increasing” (Yu, 1980a, trans.). The *Ta Kung Po* expressed its worry in an editorial that “in recent years, the smoking habit has spread to young boys and girls. It is not difficult to see students smoking in uniforms on the street” (“Will the anti-smoking ordinance be effective,” 1982, trans.).

In November 1986, the government announced the results of its survey on smoking patterns. It appeared that the government was still encouraged by the smoking pattern. While the government noticed that the decline in the number of daily smokers in 1986 was not as fast as between 1982 and 1984, it said it was not surprised because “the years 1982-1984 had seen a major new push” in controlling smoking. It further described the pattern as “unusual” because “very few women smoke. The percentage has remained stable at 4 per cent.” However, it added that “the youngest group is the only set among the age-groups which shows an increase” which was “worrying” (Government of Hong Kong, 1986b; “The number of smokers declines,” 1986).

The concern over the increasing trend of smoking among females and teenagers was explicitly expressed by Chairman of the COSH Ronald Leung in March 1987: “The number of smokers has decreased by 16% since 1982. However, there was a sign that more young children and women are taking up smoking” (“Number of smokers declines,” 1987, trans.). Judith Mackay continued to warn the city about

the problem of youth smoking. She held that although the official statistics in 1982 “showed only 2.9% young smokers, it was not quite accurate because many of the students were interviewed with their parents at home.” She added that other “five surveys have been conducted by the government, which shows smoking among the young was increasing” (Smoking report questioned, 1988).

The city is continuously warned about the increasing trend of smoking among young people, although the warning appears to run contrary to the picture painted by the government statistics. According to the official figures, there were fluctuations in the prevalence rates and the number of the youngest group of daily cigarette smokers (aged 15-19), and the population of young smokers accounted for no more than 3% of the total population of smokers over the years. In addition, the prevalence rates and the number of the youngest group had been in a decreasing trend since 2000. These figures reached their lowest point in 2008 (Appendixes 6-8). In various survey reports, the government reminded the public of the tendency of under-reporting, especially among young respondents (Census and Statistics Department, various years-a; various years-b). Nevertheless, there is also a tendency of exaggeration among government officials. For example, arguing for a 50% increase in tobacco duty at a radio phone-in program in 2009, SFH York Chow recognized the falling population of both adult and young smokers, but said:

“It is worrying that among youngsters who stick to smoking, the average number of cigarettes smoked per day increased from 9 in 2005 to 11 in 2008. I was also staggered by a figure that among those aged 10 and below, 10,300 people smoked. It represented a more than 20% of increase compared to the previous figures” (Leung, 2009, February 26). However, if we go back to the survey reports of the government, we find that the number of cigarettes smoked per day among young smokers in 2008 was about average over the years (Appendix 12). In addition, the data of smoking among children aged below 15 has never been publicized or even analyzed. For instance, the 2009 survey report notes: “The number of smokers aged 10-14 identified in this survey was limited, probably due to the small sample size involved and the tendency of under-reporting. Thus, in order to avoid giving a distorted picture of smoking, young persons aged 10-14 were excluded from the data analysis” (Census and Statistics Department, 2008, p. 6).

Still, figures are offered and thrown around by a number of institutions, including tobacco control advocacy groups, tertiary institutions, youth concern groups and the media. The following are some typical examples. The *Hong Kong Standard* headlined “Teenagers Continue to Try Smoking” (1991), as a survey conducted by the COSH, HKU and The Chinese University of Hong Kong (CUHK) showed that “about 20% of the surveyed students between 12 and 16 had already

tried smoking. 47% of 16-year-olds had experimented with smoking.” The *Ming Pao Daily News* cited the statistics of the Committee on Youth Smoking Prevention (CYSP) that about 20% of secondary students had tried smoking. Among them, 5% or about 25,000 students were regular smokers (“25,000 students,” 2005). The Commission on Youth’s survey revealed that “by the time [young people] reached 16, half of the males and a third of females had tried smoking” (“Young trying more drugs,” 1993).

On top of these, there have been chilling figures about children starting to smoke at very young ages. For instance, based on a HKU survey, the *South China Morning Post* told its readers that “children are getting hooked on cigarettes from as young as seven” (Yeung, 1991). A survey conducted by the Tsuen Wan Residents’ Group, in which only 95 youngsters were interviewed, concluded that “youth smoking is a serious problem” as “20% teenagers started smoking at ten” and “children are using cigarettes at six” (“20 percent teenagers,” 1994; Leung, 1994). The findings of a district youth centre at Wong Tin Sin was even more disturbing, as it showed teenagers had tried smoking as young as three (“Youth smokes,” 2000).

There was another set of statistics about the increasing trend of smoking among women. Judith Mackay claimed that “smoking by women in Hong Kong and the rest of Asia is a looming health disaster” (Anderson, 1993b). This claim has been

supported by statistics. For example: “The proportion of pregnant women who smoked increased nearly three-fold between 1985 and 1990” (Finlay, 1993); the number of middle-aged female smokers drastically doubled between 1993 and 1995 (“Number of middle-aged female smokers,” 1996); “the number of female smokers has drastically increased by 30% since 1998 and reached to 103,000” (“Female smokers,” 2001).

In fact, according to government statistics, on the one hand, more middle-aged women, particularly those aged between 40 and 49, had taken up smoking since the late 1990s (Appendixes 9-11). On the other hand, as mentioned, figures on the prevalence of smoking among the youngest group had shown fluctuations in the 1990s and a decreasing trend since 2000 (Appendixes 6-8). However, smoking among young girls is constantly presented as a worsening problem. For instance, the COSH has warned the city in 1997 that “the number of young smokers increased dramatically, of which the number of female smokers was up by 20%” (“Female smokers increases,” 1997, trans.); and in 2000 that “the number of 15-year-old girls who smoke has doubled in five years ... One out of every eight Form Three girls is a smoker” (Chow, 2000).

Youth smoking as a worsening problem is established not only by disturbing figures, but also contingent events mediated by the mass media. For example, a

hill fire tragedy at Pat Sin Leng in February 1996 dramatically reinforced the public perception that youth smoking was a matter of urgency. The fire killed five teachers and students. A witness said that three or four students were smoking and induced the fire (Young, 1996). A follow-up feature of the *Tin Tin Daily News* described teenagers as “die hard smokers” (trans.). Groups including the COSH, the Hong Kong Professional Teachers’ Union, and the Hong Kong Federation of Youth Groups expressed their worries about the youth smoking problem (“Teenagers: Die hard smokers”, 1996). Prompted by the tragedy, a teacher wrote to the *Sing Tao Daily News* to call for more social concerns about teenage smoking (Cao, 1996).

As a result, a typical perception of the smoking prevalence in Hong Kong is that more boys and girls have become addicted. An editorial of *Hua Qiao Ri Bao* maintained that “youth smoking was a growing problem” (“Improves anti-smoking posters,” 1993, trans.), while a teacher believed that smoking among secondary students had already become an old problem (“Tobacco advertising overwhelms anti-smoking publicity,” 1994). A report of the *South China Morning Post* on a HKU survey described: “Smoking has reached epidemic proportions among the young, with those in junior secondary school forking out \$ 55 million a year on cigarettes” (Lamond, 1994). It appears that the public has been well convinced by

the alarming statistics and media reports. A newspaper reader was concerned about the increasing trend of smoking among students after having read “a news report which revealed that about 40% of students below Form Three had tried smoking” (Ng, 1994). A columnist was surprised with the growing size of the population of young smokers revealed in a report of the CYSP (Qiao, 2005).

As indicated above, juvenile deviation and delinquency associated with smoking has been a public concern. It is not uncommon to see an opinion that cigarette smoking marks the start of deviant behaviors and delinquency. For instance, a newspaper reader claimed that cigarette smoking was a direct cause of moral decline and delinquency among the youth, as “some of them often make friend with bad guys due to smoking ... Some of them commit thefts or even engage in prostitutions” to enable themselves to afford expensive cigarettes (Gao, 1996). According to the media, youth smokers are more likely to engage in other risky behaviors such as alcohol abuse and causal sex (Boalch, 1988; Hui, 1987). The Action Committee Against Narcotics, which is a government advisory group, as well as social workers and educational researchers have warned that cigarette smoking is a “gateway” to illicit drugs (“The scourge of drug,” 1987; Wiseman, 1994a). Legislators, including Cyd Ho and James To, were convinced that smoking was a start of drug-use (Legislative Council, 2001, p. 2538; 2006b, p. 424).

Fifteen-year-old Joy, who had smoked marijuana regularly since she was 13, told the media that “I started smoking cigarettes, then it became alcohol and I graduated into grass. It’s kind of cycle” (“The scourge of drug,” 1987).

The youth smoking problem is also a major object of concern among legislators. Legislator Yeung Sum suggested that “there is a growing trend and proliferation of smoking among young people” (Legislative Council, 2004, p. 497). Legislator Mok Ying-fan claimed that he had seen “a lot of young smokers, most of whom are female” (Legislative Council, 1997c, p. 393). Legislator Raymond Ho was aware that “smokers, many of them young at age, can still be seen everywhere” (Legislative Council, 2001, p. 2550). His observation was shared by many newspaper readers. One reader was “alarmed to see teenage girls smoking on the streets” and believed that “young girls have already become addicts to tobacco and we can see them puffing away like chimneys” (Wu, 1998). Another reader observed that “the alarming sight of children smoking on the street have become commonplace in Hong Kong” (Li, 2003). Parents have been worrying that their children may take up smoking. According to a survey commission by the insurance firm Prudential in 1994, 90% of 1,000 parents interviewed worried that their children would start smoking (Ball, 1994). In 2009, a survey of the CYSP revealed that 85% of 1,000 parents interviewed believed that teenage smoking was a

serious problem (“Youth smoking becomes serious,” 2009).

In short, Hong Kong has progressively become a city that is averse to smoking. There is a widespread idea that a rampant tobacco epidemic is taking place in the city: smoking is common especially among young people, and there is a spread of health problems, diseases and deaths due to cigarette smoking. This interpretation of cigarette smoking as a dangerous and serious epidemic disease is situated in the middle of growing public acceptance of the absolute harmfulness of cigarette smoking to smokers and non-smokers. It is made possible by the selective use and even manipulation of “scientific” information, sentimental presentation on smoking-related diseases and deaths, and disenchantment of cigarette smoking through punitive metaphors. Contingent mediated events, such as the Pat Sin Leng hill fire and the outbreak of SARS, further intensify the public fear and aversion to cigarette smoking. In the following sub-section, I will further show how cigarette smoking is interpreted as a major cause of various socio-economic problems in open public discussion.

Socioeconomic Implications of Cigarette Smoking

As indicated above, the dominant public opinion on cigarette smoking has gone well beyond health concerns. Cigarette smoking is believed to cause a wide range of social and economic problems and has also been linked to juvenile problems.

Another subject of concern induced by cigarette smoking is the economic burden imposed on smokers, as well as on their families, taxpayers and society at large. An economics professor pointed out in 1986 that the hidden cost of smoking for smokers, including extra medical expenses and loss of income due to absenteeism from work, exceeded the actual expenditure on cigarettes by 2.5 times. More importantly, individual loss of income would reduce the national income by 2%. Cigarette smoking gave rise to lost productivity because of increased morbidity and mortality in the workforce (Cremer, 1986). The government proclaimed that in 1993 smoking-related health service expenditure accounted for \$6.7 to \$9.7 billion, while the direct and indirect economic costs of cigarette smoking, including smokers' health care expenses and loss of productivity due to premature deaths, were \$30 to \$40 billion ("One-fifth of deaths," 1995).

In addition, cigarette smoke is seen as a major air pollutant, contributing to indoor air pollution. This claim is further associated with a concern about a loss of productivity due to secondhand smoking in workplace. For example, the environment concern group Clear the Air claimed that burning two cigarettes in an indoor restaurant would triple the air pollution level, putting restaurant staff and patrons at a higher risk of respiratory diseases and cancers ("Two cigarettes," 2003). The COSH gave a warning that about one-third of non-workers' health was damaged

by secondhand smoking, incurring more than \$1 billion in health service expenditures a year (“1m workers suffered,” 2000).

In 2005, when the city was in the midst of a heated discussion on banning smoking in all indoor areas, HKU announced its estimation of the economic impact of active and passive smoking in Hong Kong in the first study of this kind (McGhee, et al., 2005). The figures offered by the HKU report were extensively reported by the media. The notion of “smoking costs \$5 billion a year” was highlighted in newspaper headlines. It was reported that diseases and deaths caused by active and passive smoking cost more than \$5.3 billion a year, including \$2.7 billion for health care costs, \$1.8 billion in productivity losses and \$0.9 billion in costs of long-term care due to ill health and premature mortality (“HKU study,” 2005; Moy, 2005c; “Smoking costs,” 2005).



Figure 3.8. Smoking is costly. *South China Morning Post*, October 19, 2006.

Given these alarming figures, we should not be surprised to hear how Legislator Yeung Yiu-chung speaks about smoking: “Smoking not only injures our health, it also hurts our ‘wallet’” (Legislative Council, 2001, p. 2546). Citing HKU’s figures offered in 2005, Legislator Kwok Ka-ki also suggested that “a great many people have paid a heavy price for smoking in terms of their health and even the health and lives of their family members, and even the national economies as a whole are affected” (Legislative Council, 2006a, p. 217).

The discourse that cigarette is a major source of socioeconomic problems is further strengthened by its association with illegal activities including cigarette smuggling and the sale of contraband cigarettes. These two problems are often, in fact, prompted by the high tobacco duty policy. For example, the 100% increase in the tobacco duty rate in 1991 was followed by the creation of a “new breed of criminals” as more gangs illicitly transferred duty free cigarettes from the mainland to Hong Kong (Gilbert, 1994). An investigative report by the media found that triad societies had recruited Vietnamese refugees to retail and peddle illicit cigarettes at street markets (Pan & Gu, 1993). Another investigative report revealed that contraband cigarettes were often mixed with counterfeit products (Michael, 2003). The government in turn tackled these illegal activities at great expense, including an establishment of a special taskforce in the Customs and Excise Department in 1994

to curb the problem of cigarette smuggling (Gilbert, 1994).

Cigarette smoking is believed to be costly and dangerous, as the public is constantly exposed to stories about fires caused by cigarette smoking which often incur injuries, deaths and an exhaustion of public resources, including the employment of the police and fire services. We are also told that cigarette smoking is a cause of social disharmony, with media stories about family disputes over the issue of smoking, and disputes between smokers and non-smokers in public areas.

Consider the following newspaper headlines:

“Dispute Flares Up Over Cigarette” (*South China Morning Post*, October 21, 1995)

“Cigarettes Clue to Fatal Fire” (*South China Morning Post*, May 18, 1996)

“Quarrel Sparks for Gangs Smoking at No Smoking Area” (*Ming Pao Daily News*, February 23, 1999, trans.)

“100 people Evacuated for a Fire Induced by a Teenage Smoker” (*Ming Pao Daily News*, April 4, 1999, trans.)

“Restaurant Patrons Fight Over Smoking” (*Apple Daily*, April 25, 2000, trans.)

“Cigarette Fire Injures A Man” (*Ming Pao Daily News*, May 5, 2001, trans.)

“Cigarette Fires Put Three in Hospital” (*South China Morning Post*, December 5, 2003)

“A Man Kills Himself for Being Prohibited From Smoking by His Wife”

(*Apple Daily*, June 27, 2003, trans.)

“An Elderly Man Threatens to Kill His Wife and Daughter in a Family Dispute
Over Smoking” (*Apple Daily*, February 9, 2005, trans.)

“A Restaurant Patron Assaulted for Asking His Neighbor to Stop Smoking”
(*Apple Daily*, January 6, 2005, trans.)

Furthermore, cigarette smoking is notoriously said to be filthy because of the ashes and litters it causes. For example, a newspaper reader argued for a total smoking ban in public places on the grounds that “the medical evidence is overwhelming in proving the effects smoking has on people’s health” and that “[Cigarette smoking] is a filthy habit and you see cigarette butts discarded everywhere - on streets, beaches, even when you go to the countryside” (Lim, 2009).

Pronouncement of a Global Tobacco Epidemic

The public gaze is not confined to the impacts of cigarette smoking on the local level. Since the 1980s, the press, many columnists and their audience have been sensitive to the morbidity and mortality of smoking-related diseases in overseas countries, particularly the United States, the United Kingdom, and China, and in the world as a whole. To name just a few examples, the *Ming Pao Daily News* was aware that cigarette smoking had become the second killer in the world, after high

blood pressure (“Tobacco kills 500 million annually,” 2005). Newspaper readers noticed that “[i]n the US, more than 360,000 persons die annually from lung cancer, of which 90% is clinically linked to prolonged smoking” (Garner, 1991a) and that “[b]y 2030 [tobacco use] is expected to kill more than nine million people a year” (Middleton, 2005). Legislators and government officials also often cite relevant statistics to substantiate their arguments on the damages caused by cigarette smoking. The Secretary of Social Service Eric Peter Ho, for example, quoted a WHO figure that “in communities where smoking is widespread it is responsible for 90% of lung cancer deaths” (Legislative Council, 1982a, p. 1055). Legislator Leong Che-hung made reference to the WHO’s estimation that “some three million deaths a year is due to smoking and if this obnoxious habit is not curbed, some 10 million people will die from smoking-related disease by the year 2025” (Legislative Council, 1997b, p. 7). Legislator Chan Yuen-han also recalled the statistics of the WHO that “4 million people died of tobacco-related diseases in the world each year” (Legislative Council, 2001, p. 2548).

Due to the intense interest showed by the media, the public is witness to the geographical disparities of the cigarette menace. Especially since the early 1990s, there have been continuous stories about tobacco control in the West, especially in the United States and in Europe, where anti-smoking legislations and education have

been steadily propelled, and more people have broken the habit (e.g. “Advanced countries,” 1995). There are also stories about worsening conditions in developing countries. A typical theme of these stories is that while the number of smokers and cigarette consumption in advanced countries declines steadily, more people in developing countries are taking up the habit, and it has become more popular among women and young people (e.g. “Cigarette consumption,” 1990; “Cigarette menace,” 1997; “Number of smokers,” 2000; “US tobacco firms,” 1994). It was said that the size of the smoking population in Asian countries was shocking (“Asia,” 1995) and “the cigarette menace in the Third World is worsening” (“Number of smokers,” 2000). There was a perception that “sometimes Asia’s naivety over health is shocking” (Reed, 1994).

Special attention has been paid to the spread of the smoking habit in China. China is described as “the world largest smoking zone” (Luo, K., 1987) and “the world largest tobacco producer and consumer” (O’Neill, 2009). A common figure claims that “one-third of Chinese are smokers” (“Ministry of Health’s survey,” 2009), accounting for “one-third of the global total” (O’Neill, 2009). The tobacco industry is believed to play an important role in hindering tobacco control in China (O’Neill, 2009; “US tobacco firms,” 1994). Some have suggested that the huge size of the smoking population in China is due to “the cultural lag that many people

are not able to understand the dangers of cigarette smoking. In addition, offers of cigarettes and liquors are common in bribery” (Guo, 1993). And the Chinese government is keen to collect huge revenues from the tobacco duty and the government’s tobacco monopoly at the expense of public health (“1m dies,” 2009; Korski, 1997). A consequence is more deaths from active and passive smoking in China (“6b people,” 1999; O’Neill, 2009). A feature on the smoking problem in China quoted the figures of the Chinese Ministry of Health that “one million people die each year from smoking-related disease, while 540 million suffer the effects of others’ smoking, with 100,000 dying annually from illnesses caused by passive smoking” (O’Neill, 2009).

Indeed, the city has repeatedly been warned about the ongoing “tobacco epidemic” which is spiraling out of control and is extending its reach to developing countries. Judith Mackay suggested: “The epidemic has not really hit Asia yet. In the next 30 years we are going to see a tobacco epidemic like you will not believe ... It will kill far more people than were killed in World War II” (Pegg, 1998). SFH York Chow also warned the city: “The world is facing a ‘tobacco toxin’ epidemic. No nation is spared, and no community exempt. Wherever we are, we bear, together, enormous health and social costs that the epidemic has inflicted on us” (Government of Hong Kong, 2009c).

The tobacco epidemic is visualized through an RTHK documentary *Smoke Free Planet* (Cheng, 2003). It is a 10-part documentary, which was screened at prime time in October and November 2003, soon after the SARS outbreak and about a month after the newly appointed Director of Health Lam Ping-yan had made tobacco control one of his priorities (Moy, 2003). Six episodes of the documentary focus on smoking-related issues in Thailand, India, Japan, China, the United States, and Cambodia, while four episodes are devoted to Hong Kong. In the documentary, the United States is said to serve as the “tobacco fronts,” as exemplified by the highly successful anti-smoking campaign in California. Thailand is characterized as a “pioneer in tobacco control,” yet it is said that the laxity of law enforcement has created loopholes for tobacco firms to take advantage of. In the cases of Japan and China, the conflict of interest of the government is regarded as a major reason for the popularity of cigarette smoking in the two countries. The lack of public awareness of dangers of smoking was blamed for the popularity of smoking in India, the world’s third largest tobacco-producing nation, and Cambodia, one of the world’s poorest countries, contributing to the worsening people’s health and poverty. While Hong Kong is regarded as “one of the more advanced districts in Asia in tobacco control,” the “three killers in cigarettes including tar, carbon monoxide and nicotine” and secondhand smoke are steadily at work on “murdering” the population

and the smoking habit is spreading to youngsters and women.



Figure 3.9. RTHK documentary *Smoke Free Planet* illustrates the imagination of a global tobacco epidemic. Parental guidance is recommended for the smoking scenes of the program. California emerges as a model of tobacco control (bottom left); and China is characterized as a “smoking dragon” given its vast smoking population (bottom right).

Consequently, it is easy to comprehend the the public health warnings about the tobacco epidemic. In the Chinese media and public conversation, the notion of a “tobacco epidemic” is commonly expressed in terms of the “cigarette menace” (*yan huo*) (e.g. “Alleviating the cigarette menace,” 2005; “Number of smokers,” 2000). The public has embraced the idea that the spread of the habit of cigarette smoking and the spread of smoking-related diseases and deaths have reached the proportions of a global epidemic which are accompanied by devastating socio-economic consequences. There is a perception that cigarette smoking has been widespread in

Hong Kong and around the world, as a newspaper reader believed that “the incidence of cigarette smoking in Hong Kong and many countries with similar restrictions [on smoking] continues to rise” (Robinson, 2009).

As cigarette smoking is believed to be the bane of the global community, it has come to be seen as a disease in itself (Mold, 2007, p. 280). Judith Mackay held that “smoking should be considered an illness in the same bracket as diabetes and other diseases which may not have symptoms but could cause future problems” (Pegg, 1998). In a feature of the *Ming Pao Daily News*, cigarette smoking is characterized as a “real epidemic disease”:

Nowadays, the term “globalization” is no longer confined to be a technical term in science and economics. It can be adopted to describe the spread of diseases.

“A globalization of diseases” refers to the spread of diseases across nations due to the frequent interaction among people. Viruses can now spread globally.

Poor countries suffer the most from the globalization of diseases ... Cigarette is a major cause of diseases and deaths ... By 2020, cigarette smoking will become the leading cause of diseases and deaths ... Nowadays, 350 million people die from smoking-related diseases a year, and two-third of them are in middle age.

In the coming future, smoking-related deaths will be tripled, accounting for 10 million deaths. It is expected that the vast majority of these deaths are from

developing countries. In China, among men aged below 30 today, two-third of them will die from smoking in the future. Cigarette smoking is like a real epidemic disease (“Killer,” 1999).

The tobacco epidemic has also been juxtaposed with other epidemics including Avian Flu, SARS, and Bubonic Plague. A columnist suggested in the *Apple Daily*:

The cigarette menace is a Bubonic Plague in the 20th century ... There are 3.2 billion smokers in China. That is to say, one in four people in China smoke. This represents one-fourth of the global total. The figure is staggering. The habit of cigarette smoking is spreading as quickly as the Black Death. More and more women smoke on the street ... they look like a swarm of puffing rats” (Li, D., 2001).

Judith Mackay opined that the tobacco epidemic was more damaging than the Avian Flu and SARS. She suggested that the Avian Flu, which killed four people in 1997, “pales in comparison with the annual tragedy of 4,600 Hong Kong people who die from smoking-related diseases each year” (Mackay, 1998b). She held that the damage of SARS was not comparable to that of cigarette smoking: “In the past 15 years, cigarettes killed half of smokers. Half of them died in their prime of life. While SARS killed some 200 people, 6,000 people die from smoking a year” (“Smoking kills,” 2003). A reader agreed with Judith Mackey and believed that

compared to a “few deaths caused by bird flu,” “thousands of deaths” caused by cigarette smoking deserved more concerns (Wu, 1998).

The popularity of cigarette smoking in developing countries and the decline of cigarette smoking in the West have constructed associated images of smoking as underdeveloped, messy, uncivilized and corrupted, and smoke-free as advanced, ordered, civilized and just. One typical example is the portrayal of a newspaper reader who described the smoke-filled Kai Tak Airport as a Third World airport: “obsolete and disgusting airport ... The departure area now resembles a football match or a horse race, with crowds running up and down, passengers sleeping on the floors, smoking is out of control, some are openly drinking their duty free liquor purchases and there is never any evidence of management or security staff ... in short, it is lousy and looks and works like a Third World airport (Blakely, 1996).

Conclusion

Thus the idea of a tobacco epidemic as a real and coherent epidemic that outrages the global community has spread like wildfire. It imprints on the mind of the public a certain way of understanding and talking about cigarette smoking. The dominant public discourse on cigarette smoking reflects a faith in medical expertise which takes the objectivity of scientific inquiry and statistics for granted. Furthermore, this discourse implicates a set of discursive practices and relations that

extends beyond medical institutions and practices. There have been selective citations of information, sentimental and negative presentations of issues of smoking. Putting the imagination of a global tobacco epidemic under the microscope, it is figured on an array of statistics (including those offered by local and overseas experts, the government, the COSH, economists, youth concern groups, and environmental concern groups), images in anti-smoking publicities (cancerous organs, Smoking Sam, a smoking cigarette cancelled by a red stroke), events and stories (including the hill fire at Pat Sin Leng, the deaths of Stephen Cheong, Choi Kin's parents and William Wong's wife, the SARS outbreak), human-interest spectacles (including William Wong, Choi Kin, unnamed wives of smoking husbands, children of smoking parents and patients of smoking-related diseases), and locales (including the United States, the United Kingdom, Singapore, China, Europe, Asia, and the developed and developing world) that are circulating in various institutions and domains (including the media, public bodies, non-governmental organizations, schools and families).

This chapter has shown that there was a balance of different accounts and perceptions on cigarette smoking until the 1980s when the detrimental effects of cigarette smoking became commonsensical knowledge. However, a common belief has been gradually forged that the damages caused by the tobacco epidemic –

the spread of tobacco-related diseases and the spread of the smoking habit across the population and different continents – threaten not only public health but also economic and social health locally and globally. Open public discussion about cigarette smoking has progressively – even programmatically – become one-sided. Several key articulation moments and conjunctures are particularly worth noting as they are critical to the interpretation and reinterpretation of issues of cigarette smoking. The Surgeon General's report released in 1964 established medical and scientific consensus about the harms of cigarette smoking, and gave political legitimacy and power to epidemiological findings. It significantly positioned epidemiological findings on negative consequences of smoking as orthodoxy and indisputable. It also significantly marked the start of the centrality of epidemiology in expert as well as lay knowledge on cigarette smoking. The rising morbidity and mortality of cancers in Hong Kong since the late 1950s also played a role in the conversion of the attention of policymakers, the media and also the public on the epidemiological evidence on smoking and health. The emergence of tobacco control in overseas countries further propelled local health publicity against cigarette smoking in the mid-1960s. In 1979, the WHO (WHO ECSC, 1979) articulated cigarette smoking to the notion of epidemic in its report *Controlling the Smoking Epidemic*. It constituted an imagination that cigarette smoking was a public health

problem and also a socio-economic problem. The tobacco industry and smokers were blamed for causing health and socio-economic hazards to all. The epidemiological features of the imagination of the tobacco epidemic justified a global tobacco control against smoking, the tobacco industry and smokers.

The 1980s marked a crucial moment of tobacco control in Hong Kong. Although there was growing public concern about the harmful effects of smoking to both smokers and non-smokers, socio-legal regulations against smoking were based less on medical evidence on the harms of smoking than the utility of the regime of intolerance. The government enacted the Smoking (Public Health) Ordinance in 1982, marking the start of the criminalization of smoking and smokers. In the same year, the government began to conduct surveys on smoking patterns, making smokers an observable mass under the gaze of the government and society. In 1986, two significant medical reports on secondhand smoking were released in the United States, namely *The Health Consequences of Involuntary Smoking* by the United States Surgeon General, and *Environmental Tobacco Smoking: Measuring Exposures and Assessing Health Effects* by the National Academy of Science. These developments intensified the production of subjects of victimhood, denormalization of cigarette smoking, and demonization of smokers. Since then, the public is constantly and intensively warned about the harms of secondhand

smoking. In 1987, the establishment of the COSH and the ban on tobacco commercials in phases marked the increasing dominance of anti-smoking advocacy groups and negative images of smoking in public discourse. The sudden death of Stephen Cheong in 1993 furthered the articulation of cigarette smoking to death and propelled a smoking ban in the LegCo building. Class-action lawsuits against tobacco companies in the United States and acknowledgements of tobacco companies in the late 1990s further “proved” the truthfulness of epidemiological evidence and promoted the imagination of the global tobacco epidemic. The outbreak of SARS in 2003 gave rise to health scares and intensified public fear of cigarette smoking. As I will show in the next chapter, the SARS outbreak was followed by further stigmatization of smokers and a tough government stance against cigarette smoking, as the government listed tobacco control as a top health policy priority in August of 2003.

By and large, cigarette smoking has been disarticulated as a lifestyle choice of pleasure and an aesthetic image and has been heavily denormalized and demonized in metaphorical terms. Cigarette smoking is rhetorically treated as a “contagious disease” and a contagion of fatal diseases. It is irrational and wasteful to smoke as cigarette smoking means cancer, diseases, senility and death. Cigarette smoking is also believed to be a carcinogen of society, as it causes socio-economic problems

such as juvenile deviation and delinquency, family and social disputes, filthiness and a drain of public resources. The divergent prevalence of cigarette smoking in developing and developed countries further characterized cigarette smoking as a third world habit that signifies inferiority and impoverishment of a nation.

In sum, cigarette smoking is perceived as a vice that inevitably impairs the health of the human body and the global community at large. Given this image, cigarette smoking is intolerable and has to be banished. Essentially, banning smoking is more than a public health imperative. It is a civic neoliberal project that aims to build up a responsible citizenry to regulate everyday life and behaviors of individual citizens in the name of ensuring the well-being of the whole community – public as well as economic and social health. As indicated above, for instance, the government asked smokers to be considerate not to cause adverse consequences to others in the mid-1960s and 1970s. The following chapter will go into details on how the articulation of cigarette smoking to the discourse of epidemic activates the mobilization of every member of the community to give support to and participate in the tobacco control campaign, and legitimates intolerant practices on cigarette smoking.

Chapter 4

CURBING THE TOBACCO EPIDEMIC

Since the 1980s the idea of a tobacco epidemic as a matter of urgency has progressively become an accepted fact. Given the perception that cigarette smoking is a “carcinogen” of the human body and of the global community that endangers and burdens all, it has become unquestionable that the tobacco epidemic must be curbed. Thus, open public discussion has gradually shifted from whether a problem with cigarette smoking exists to what should be done about the epidemic. This chapter aims to present the legitimization of intolerant practices against cigarette smoking, the tobacco industry and smokers as a governmentalist project in Hong Kong. More specifically, outright legislative and social rejections of smoking-related activities have increasingly taken place. More tobacco control measures and public opinions attempt to build up non-smoking as a normal social behavior and progressively eradicate cigarette smoking rather than protecting non-smokers from secondhand smoke.

The model of “epidemic psychology” delivered by Philip Strong (1990) is a useful tool to understand the predominant social rejection of cigarette smoking. It argues that the widespread idea of a global tobacco epidemic is accompanied by an epidemic psychology, a psychology that has its own epidemic nature. Epidemic

psychology involves three types of psycho-social epidemics: an epidemic of fear, an epidemic of explanation and moralization, and an epidemic of action or proposed action. Frightened of an epidemic of health and social cancer, everyone in society is eager to look for explanations and solutions of this epidemic. The tobacco industry and smokers are blamed for the epidemic and produced as governable objects. More specifically, the interpretation of cigarette smoking as a global tobacco epidemic and the attendant epidemic psychology leads to a production, and even an epidemic, of negative significations of the tobacco industry and smokers. The dreadfulness of cigarette smoking, and thereby the tobacco industry and smokers, does not permit compromise. A growing intolerant approach against cigarette smoking was introduced as a response. As it will be shown, smokers have been particularly perceived as the vital agents of the global tobacco epidemic, and hence an object of governance. A network of agents and institutions from various fields has been motivated to call on the discipline and punish the tobacco industry and smokers. In particular, more smokers have come to discipline themselves by giving up smoking for their own and others' interests. Above all, as citizens of the community, everyone is a responsible citizen subject that must take part in curbing the epidemic.

Identifying the Vectors of the Tobacco Epidemic

Considered a human and social disease, cigarette smoking is constructed as an object of intolerance and a banished risk. The popular imagination of cigarette smoking as an epidemic disease that creates devastating individual and collective impacts is simultaneously interwoven with multiple epidemic psychology and practices. The first of these is an epidemic of fear, which is followed by an epidemic of explanation and moralization (Strong, 1990, p. 251). Fear of the contagion of smoking-related diseases via secondhand smoke, anxiety of the popularity of smoking particularly among children and women, and an aversion to socio-economic burdens induced by cigarette smoking has urged the public to identify the origins and the vectors of the tobacco epidemic. As will be demonstrated below, this process of looking for explanations produces subjects of risks – the tobacco industry and smokers – as agents of the tobacco epidemic. It is also a “process of othering” (Eichelberger, 2007, p. 1285) that involves the marginalization and demonization of the tobacco industry and smokers, making them liable for the suffering of victims of the tobacco epidemic, including non-smokers, children, women, non-smoking patrons at indoor restaurants, non-smoking employees at indoor workplaces, taxpayers and the society at large. It further results in a decline in the social status of cigarette smoking.

Blaming the Tobacco Industry

The tobacco industry has made its own voice and counteroffensives heard, including the establishment of the TIHK by seven major tobacco companies¹ in 1983 which aimed at promoting the industry's image and ensuring an effective presentation of the industry's views in the public debate. It appears that, however, the endeavor of the industry has not broken into the dominant discourse surrounding the industry. This section does not suggest that the views of the tobacco industry, such as its sponsored studies, are verified and unfairly marginalized. Rather, it is concerned with the social deployment of intolerance as a technology of governmentality instead of scientific evidence to position and discipline the tobacco industry. Since the harms of cigarette smoking became commonsensical knowledge in the 1980s, the tobacco industry is no longer regarded as a normal profit-making organization that supplies an ordinary product, in spite of the fact that cigarettes are a legal commodity. Medical experts, legislators, the media and so forth have rhetorically treated the tobacco industry as an illegitimate, discreditable and socially irresponsible business. Increasingly, every move of the industry is monitored and condemned in moral terms.

The tobacco industry has been chiefly charged with three accusations. First,

¹ These seven tobacco companies were British American Tobacco Company (Hong Kong) Limited, Brown & Williamson (Asia) Limited, Carreras of Hong Kong (1973) Limited, Japan Tobacco & Salt Public Corporation, Philip Morris Asia Incorporated, R.J. Reynolds Tobacco Company (Hong Kong) Limited, and Tobacco Exporters International (Hong Kong) Limited.

the industry is accused of misleading the public by providing misinformation about the health effects of cigarettes smoking. As mentioned, in the 1980s and early 1990s, the tobacco industry attempted to negate medical claims with its own scientific evidence. Its efforts proved to be ineffective and further put the industry under attack. While the research conducted and sponsored by the industry were not of equal value to peer reviewed medical researches, this was not the primary reason for their rejection. In public discourse, these studies were often dismissed on basis of presuppositions and assumptions of intolerance instead of evidence. They were labeled as pseudo-science that attempted to dispute established scientific facts and worked for vested interests. For example, an HKU medical professor criticized the attempts of the TIHK as a “considerable distortion of truth” for the “strong vested interest” (Hedley, 1989). A newspaper reader held that “pro-tobacco people (who are never doctors)” manipulated statistics and made “wild and ridiculous claims” (Lo, 1991). Legislator Leong Che-hung opined that misinformation provided by the industry “is downright irresponsible, and should be condemned” (Legislative Council, 1997b, p. 8). Legislator Martin Lee Chu-ming criticized the industry by citing the words of the President of the American Medical Association that the industry:

has funded or carried out research that has been judged to be biased, supported

scientists to generate letters to editors that criticized research publications, attempted to undermine the findings of key studies, assisted in establishing a scientific society with a journal, and attempted to sustain controversy even as the scientific community reached consensus (Legislative Council, 2006a, p. 264).

Doctors further accused the industry of increasing the level of tar and nicotine in cigarettes to make the product more addictive, and consequently more harmful (Rosser, 1988). Legislator Martin Lee also denounced the industry for misleading the public by marketing so-called low tar or low nicotine cigarette and claiming that these products were safer (Legislative Council, 2006a, p. 264).

Second, cigarette advertisements and other forms of promotion have been severely criticized for misleading and luring people to start and continue to smoke. Tobacco control advocates cited the assertion of the WHO that “tobacco is a communicated disease – that is, communicated by advertising and promotion supported by billions of dollars” (Hedley & Yu, 2000). A letter to the editor entitled “Cigarette Adverts Just Seductive Lies” suggested:

I see cigarette marketing as a direct and hostile attack against the well-being of our global community ... Tobacco companies are merciless in their efforts to persuade people to harm themselves and others by smoking ... [Cigarette] ads are psychologically manipulative, engaging smokers and potential smokers to

continue smoking (D'Agostino, 1995).

In particular, the tobacco industry has been condemned for targeting the young.

Legislator Huang Chen-ha commented:

Apart from direct advertisement, tobacco companies also sponsor various kinds of activities, hoping to associate tobacco with images like success, chic, elegance and good taste etc., because they are aware that many people smoke because they believe smoking is “stylish” ... There are also indirect advertisements, such as sponsoring high-end products or activities with the ultimate aim of fostering young people to think that smoking is “glamorous” and “prestigious” (Legislative Council, 1997c, p. 395).

A letter to the editor written by a CUHK medical professor reflected a common point of view: “I consider tobacco advertising to be immoral and unethical, because cigarette advertising establishes such imagery among children who are cognitively too immature to understand the purpose of advertising” (Lee, 1995).

In the course of the debate on the banning of cigarette advertisements and promotions in the late 1980s and early 1990s, the TIHK argued for commercial and information freedom:

Tobacco is legal, therefore we should be allowed to communicate with those who buy the product through the normal commercial channel of communication,

advertising ... After all tobacco advertising is not aimed at attracting people to smoking rather it is intended to give smokers enough information to choose between one brand of cigarettes and another (Brady, 1994).

The TIHK also argued that:

Tobacco advertisements contain clear warnings about any alleged health risks, and the research conducted on the subject has failed to produce any compelling evidence of a link between advertising and adults starting to smoke, a link between advertising and children starting to smoke, a link between advertising bans and a decrease in smoking (Fletcher, 1994).

In 1986, the TIHK launched a \$2.5 million newspaper advertising campaign and mobilized local institutions such as the printed media, television stations, advertising agencies, and friends in the business community to lobby against an advertising ban on radio and television (Knight & Chapman, 2004; Tse, 1986). Its advertisements stated that “advertising bans are wrong for Hong Kong” and emphasized that smoking was an informed choice of adults, that the ban would result in a loss of funding for television production and sport events, and that there was overwhelming opposition to the proposed ban. In the years between 1995 and 1997, the industry substantiated its opposition to ban all forms of tobacco advertisements and sponsorships by repeatedly making reference to a ruling of the Canadian Supreme

Court in 1995 that “there was no direct evidence of a scientific nature showing a casual link between advertising bans and decrease in tobacco consumption” (Fletcher, 1995).



Figure 4.1. TIHK: “Advertising bans are wrong for Hong Kong.” *South China Morning Post*, January 24 (left) and February 5 (right), 1986.

However, it appeared that aggressive tobacco lobbying and counteroffensives were often counter-productive and in turn further discredited the industry. For example, as a response to the TIHK’s newspaper advertising campaign, a group of educators had a counter newspaper advertisement bearing a health warning “cigarette smoking is hazardous to health” and stating: “We want good TV programs, but we want our next generation to be healthy even more” (trans.). A commentator

considered the TIHK's newspaper advertising campaign in 1986 as "barbarian" move (Rong, 1986). A commentator criticized the tobacco industry for making use of ridiculous arguments to defend its own narrow interest (Wen, 1990). The industry's arguments were "unacceptable" for Legislator Andrew Cheng and were "the most ridiculous argument ever heard in the world" for Legislator Martin Lee (Legislative Council, 1997c, pp. 460-461). In 1986, the majority of submissions to the government, in which a vast majority were from tobacco retailers and commercial companies, opposed a total ban on cigarette advertising on the electronic media (Administrative Services and Information Branch, 1986). In spite of this, the government decided to put the ban into practice in phases beginning in 1990. Individual informed choice was hence devalued as cigarettes were regarded as deadly and cigarette advertisements as misleading. Consider the following statement of the government:

Although the government recognizes that it will not be possible to have clear causal proof of the connection between advertising and consumption, it feels that the prima-facie evidence is sufficient to suggest that advertising is influential in establishing connotations and associations. Since there is no doubt that cigarette advertising conveys the idea that smoking is pleasurable and that tobacco is a wholesome, high-quality product, banning advertising seems

justified in this case to protect consumers, especially the young, against misleading publicity that creates false impressions about a lethal product (Government of Hong Kong, 1986a).



Figure 4.2. Counter newspaper advertisement from educators: “We want good TV programs, but we want our next generation to be healthy even more.” *Hong Kong Economic Journal*, February 2, 1986.

Legislation further justified social refusal of the tobacco promotions. After cigarette advertising was banned on the electronic media in 1986, the tobacco industry diversified its promotion strategies using outdoor advertising, music production, sponsorships of sport and entertainment events, and promotion of new products under cigarette brand names. These strategies invited extensive media criticism, treating them as though they were illegal. The press, in line with the

COSH, criticized the tobacco industry for deceitfully taking advantage of legal loopholes (e.g. “Cigarette ads,” 1991; “COSH concerns,” 1992; “Diversification of cigarette promotions,” 1990; Feng, 1990; McGlothren, 1987; Signy, 1991a; “Tobacco firms’ responses,” 1991). Again, the industry was particularly criticized for using these indirect advertisements to recruit young smokers. For instance, the COSH regarded the TV commercial of the Marlboro Red Hot Hits album, a music record produced by Philip Morris featuring pop singers including Aaron Kwok Fu-shing as “absolutely intolerable” (Chan, A., 1992). A newspaper reader held that “it is clear the tobacco industry is not being honest when it says it is not trying to recruit young people to smoke. Anyone who has been to trendy Lan Kwai Fong recently will know exactly what the tobacco industry is trying to do and in a big way. The proliferation of cigarette advertising in this area, which is a hangout for young people, is really disgusting” (Atkins, 1994).

As an attempt to show its sincerity and improve its image, the tobacco industry adopted a public stance against youth smoking. For example, in 1993, the TIHK launched a campaign to discourage youngsters from smoking. A Campaign Committee Concerned about Minors Smoking was jointly formed by the TIHK and seven other members including the Education Department of the government and the Hong Kong Factory Owners Association. Under the campaign, posters

featuring a motto “Smoking should not be a part of growing up” were sent to schools. Unsurprisingly, the campaign came under fire. The media and the COSH regarded the campaign as a hypocritical public relations exercise by the industry (e.g. Ceng, 1993; Furlong, 1993a; “Improves anti-smoking posters,” 1993).

The third accusation against the tobacco industry is about its “merciless” expansion of the tobacco market in developing countries and Asia. Judith Mackay accused the giant tobacco companies of “exploiting Asian countries through neo-colonialism” and using Hong Kong “as a gateway to China” (“Doctor hits tobacco firms,” 1986). Legislator Huang Chen-ya criticized the tobacco industry for “exporting death to the Third World” and “[building] their own profits on the pain and misfortune of others” (Legislative Council, 1997b, p. 25). He compared the industry’s expansion of tobacco market to Asia to the Opium War:

We can see that tobacco companies in the United States and Europe have already been driven to a cul-de-sac. At present, their entire strategy is to export this lethal product to Asia, just like what happened during the Opium War 150 years ago, with opium exported to Asia for money at the expense of the health of the Asian (Legislative Council, 1997c, p. 395).

This analogy could also be found in the press. For example, a teacher wrote to the *Wen Wei Po* and commented that the Chinese suffered from the Opium War and the

opium trade a hundred years ago. It was ironic that we had to bear the cigarette menace today (Zhi, 1996). A columnist maintained that, as teachers would talk about the menace of the opium trade in lectures on the Opium War, they should likewise tell students about the truth of the tobacco trade (He, 1997).

The tobacco industry is increasingly treated as an illegitimate business and pressure group. In fact, the industry has complained that it was handicapped in getting its message across. Dinyar Devitre, President of Philip Morris Asia, claimed that “whenever the tobacco industry speaks, there is a credibility gap and secondly, we cannot revert to the rhetoric and emotional language of the anti-smoking lobby.” He was also upset by the government as it “has not given the industry a fair hearing on the sponsorship issue” (McLaughlin, 1987). In 1995, the TIHK accused the government of “inadequate consultation” before introducing proposals on banning cigarette advertisements in the print media and billboards. It claimed: “Tobacco products are legal products and we are doing legitimate business. Why does the government want to get us out of business?” (Chin, 1995).

Social distrust and refusal of the tobacco industry has extended to the industry’s alliances. Any affiliation with the tobacco industry is subject to disapproval from the public. For instance, Legislator Christine Loh decried “the tobacco and advertising industries are protecting their self-interests ... [and] overstating their

plight” (Legislative Council, 1997b, p. 21). Public figures, such as tennis player Michael Chang Te-pei and pop singer Leon Lai-ming, were widely criticized for participating in tobacco-sponsored events and tobacco promotions (Mackay, 1998a; Manuel & Lo, 1998; Ng, 1998). A medical department of HKU, and the University of Science and Technology came under attack, when the media revealed they had taken donations from tobacco firms (Ma, 2004a; 2005d; Power, 1988). The CYSP, which was set up in 2001 under a sponsorship from Philip Morris, has been treated with skepticism. Chairman of the CYSP Tik Chi-yuen was heavily criticized. Legislator Lo Wing-loh lashed out at Tik as he was “at odds with all parents in Hong Kong.” A press featured a special issue with his family pictures to scrutinize him. The CYSP was marginalized by the tobacco control alliance, as exemplified by its exclusion from a coalition of 50 groups to back the government anti-smoking legislation in 2005 (Chan & Moy, 2001; Ma, 2005a; “Tik Chi Yuen,” 2001).

Slavoj Žižek (2002, pp. 211-212) observes that the multi-national tobacco giants, as well as their business alliance, have become an ideal scapegoat in the acceptable and politically correct anti-corporate clout. After all, it is believed that, as Legislator Leong Che-hung put, “the tobacco industry has the most irresponsible corporate record of any industry in the United States” (Legislative Council, 1997c, p. 389). The worst thing is that, in Legislator Yeung Sum’s words, “tobacco

companies possess huge financial strength and are backed up by whole teams of professionals” (Legislative Council, 2006a, p. 194). A newspaper reader claimed that he held a view of the “silent majority” that tobacco firms, which were “rich, influential group of multi-national companies,” were “more concerned with profits than with the health of Hong Kong” (Bale, 1991). All in all, the tobacco industry is seen as an intolerable wealthy villain that is “socially irresponsible,” “cold-blooded” and “heartless” because it places profits before health (Legislative Council, 1997b, pp. 8, 25; 2004, p. 483). An extreme example of this accusation of the tobacco industry comes from a newspaper reader, as he described that the tobacco industry committed “commercial genocide”:

The tobacco industry is free to sicken and pollute without any adequate controls on its carcinogenic products ... [it] is actually engaged in “commercial genocide” – the sickening of thousands of our fellow Hong Kong people and millions around the globe (Garner, 1991b).

In 2004, the TIHK dissolved following the decision of Philip Morris, the market leader in Hong Kong, to quit the alliance (Euromonitor International, 2006, p. 1; Ma, 2004b). A year later, the Tobacco Association of Hong Kong (TAHK) was established as the representative of the tobacco industry without the participation of

Philip Morris (“New tobacco group,” 2005).² The break-up of the TIHK highlighted tensions among big tobacco companies as they lobbied against tough controls proposed in the Smoking (Public Health) (Amendments) Bill 2005 (Ma, 2004b). In particular, Philip Morris announced that it would defer to the government’s proposals of putting pictorial health warnings and banning descriptive words like mild or light that imply a brand is less harmful to health than others on cigarette packets. On the contrary, the TAHK, particularly the British-American Tobacco Company as well as the Japan Tobacco which produced Mild Seven, claimed that it would consider legal action as the government’s proposals violated the Basic Law which stipulated protections of the right of private ownership of property and freedom of expression (Connolly, 2005; “New tobacco group,” 2005; “Tobacco firms,” 2005; “Turning over a new leaf,” 2004).

In fact, with growing consensus about the harms of cigarette smoking and court cases in the United States, Philip Morris has appeared to adopt a more conciliatory tone in its lobbying efforts since the late 1990s. For instance, in a *South China Morning Post* interview in 2004, Senior Vice-president of Philip Morris Asia Andrew White admitted cigarettes were addictive, declared the company’s support for the WHO Framework Convention on Tobacco Control (FCTC), and confessed:

² Founding members of the TAHK are British-American Tobacco Company (HK) Ltd., Japan Tobacco Inc, The Pacific Cigar Company Limited, and SUTL Corporation (Hong Kong) Limited.

We were out of touch for many years with society. We thought that society's expectation of us was to obey the law and produce a good product. It began and somewhat ended there. We had been slow to change, but then we started going out and talking to people ("Turning over a new leaf," 2004).

Tobacco control advocates still found that Philip Morris was unreliable. For example, Executive Director of the COSH Raymond Ho Lei-ming believed that the public stance of Philip Morris was a marketing strategy:

Compared to the other companies, [Philip Morris is] trying to project an image of being more responsible ... But we have to be careful whether they are just trying to protect their business interests because ... they are worried about the litigation and lawsuits that are happening in the US ("Turning over a new leaf," 2004).

Indeed, cooperative attitude can help a tobacco company to protect its business interests. Eric Feldman (2006) observes that in Japan, the tobacco industry has learnt from the lesson of the US "tobacco wars" as:

... the cost of opposing tobacco laws may exceed the benefit. Indeed, there are some clear advantages to legal controls; the US government's cigarette packet warning requirement has insulated the industry from duty to warn tort claims, and limitations on advertising have saved the firms countless dollars by

obviating their need to compete through the purchase of expensive television ads (pp. 49-50).

It is therefore arguable that tobacco control measures have less impact on established cigarette market players. In addition, as Eric Feldman (2006) points out, instead of engaging in a series of public battles over tobacco control, a settled domestic tobacco control agenda will make it easier for a market player to seek its profits overseas (pp. 52-53). Perhaps given the ever-shrinking market in Hong Kong, Philip Morris was more enthusiastic about expanding its market to China leading to a co-operative agreement signed between Philip Morris and the China National Tobacco Corporation in 1993 (Evans, 1993). The two parties further established a long-term strategic alliance in 2005 (Euromonitor International, 2006, p. 3).

The tobacco industry has clearly been presented in overwhelmingly negative ways. In fact, it has become a common but not a public thought that the tobacco industry is as sinful as if it was an illegal business. It is sinful because it “distorts” the truth, “lures” people, especially youngsters, to smoke, and makes a huge profit at the expense of people’s health. Every move of the industry is policed and rejected by the public because it contradicts our common sense about cigarette smoking. Efforts by the economically-powerful tobacco industry to counteract the negative

messages are counterproductive and further discredit the industry itself. The social rejection of the industry is so strong that it leads to cooperative public stances by the industry, such as acknowledging the harmfulness of cigarette smoking, rejecting youth smoking, and supporting anti-smoking legislation, in order to present itself as a responsible business. In the following section, I will show the intolerant discursive practices against smokers who are considered a chief agent of the tobacco epidemic.

Blaming the Smokers

In the mid-1960s and 1970s, when cigarette smoking came to be seen as addictive and harmful, there was still talk about endorsing cigarette smoking as adult smokers' informed choice and enjoyment. Parallel with this talk was a sympathetic perception that smokers were in trouble. They were said to have fallen victim to addiction and diseases, as a newspaper described them as "unfortunate people who are so addicted they chain smoke" ("Just one puff," 1972).

It appeared that in the early 1980s, the public approval of smoking as a way of pleasure of smokers was gradually replaced with an image of smokers as diseased victims. This rhetoric of smokers as diseased victims, however, was quite different from that of the 1960s and 1970s, as it appeared to include an underlying "moral message" (Gusfield, 1993, p. 61) that smokers themselves were responsible for their

sickness and anguish. For example, a doctor described the suffering of his chronic bronchitis patient and regretted:

He had already enjoyed and exhausted the pleasure from smoking. Now he has nothing but pains and anguish. Did he not start smoking when he was young? Did he not smoke so much? Did he not stop smoking when he started to cough? (He, 1981, trans.).

The image of the smoker as a responsible victim was documented in *Hong Kong Connection*, a TV program of the RTHK, in 1985 (Xiao, 1985). The documentary featured stories of two elderly patients of emphysema and chronic bronchitis. They suffered from shortness of breath even when they walked on level ground or were at rest. One of them was dependent on the intensive care of his family, while another lived alone at a public housing estate and depended on machines to breathe. It was said that “their heavy smoking habit” was the cause of their sicknesses, disabilities, sufferings and loneliness.



Figure 4.3. An illustration of an old and diseased ex-smoker. He is said to be responsible for his own sickness and anguish. *Guang Jiao Jing* magazine, January 16, 1981.

With the mounting research and publicity about passive smoking since the mid-1980s, smokers have been steadily depicted in the public discourse in a variety of overwhelmingly negative ways. The following observation of a columnist then appears to contradict with the common perception about smokers: “The manner of smokers in Hong Kong is not bad. They don’t litter cigarette butts and don’t blow smoke on others’ face” (Huang, 2009, trans.). In the first place, smokers have become troubling not only to themselves, but also to others as well. They are considered a risk group that poses dangers to all. This consideration involves an epidemic of fear and an epidemic of suspicion (Strong, 1990, p. 253). There is the suspicion that all smokers are agents of transmitting disease and death, and also the habit of smoking. There is the fear that one might contract smoking-related diseases from smokers and hence a fear of smokers. An anonymous letter to the

editor read: “By smoking in restaurants and elsewhere, smokers make themselves sick and they make us sick as well” (“Tobacco industry,” 1995). Legislator Law Chi-kwong suggested that smokers were more dangerous than robbers: “Smokers have committed a wrongful act by adversely affecting the health of other people, whereas robbers may affect the rich only to the extent that a small portion of the money is taken away and so the effect is not so serious” (Legislative Council, 2001, p. 2567).

Because of the intense scrutiny of the medical field, the media, and society at large, smokers’ families, from babes in the womb, children, to non-smoking wives, are said to be victimized by smokers. Smokers are seen as a threat that puts their families at risk of diseases and death (“Expansion,” 1987; “Group,” 1987; “Harms,” 1983; “Parents’ smoking,” 1981; “Smokers,” 1987; “Smoking out the facts about a habit that kills,” 1987). They are also said to spread the vice to their children (Cai, 2003). These accusations imply that smokers are irresponsible and uncaring: male smokers are not good fathers and husbands, and female smokers are not good mothers. This perception compounded with the result of a survey of the Hong Kong Federation of Youth Group (HKFYG) that children disliked their parents smoking (“60pc children,” 1999).



Figure 4.4. Smoking parents endanger their children. *Ming Pao Daily News*, June 11, 2007 (right) and January 1, 2008 (left).

It is also said that smokers ruin the families of other people because they kill their non-smoking friends, colleagues and bystanders. A consequence is that non-smokers come to be intolerant of smoking, as well as smokers. One complaint was phrased this way: “what could be more imposing than when a smoker sends carcinogens into my lungs?” (Berkey, 1996). A businessman William Wong, who claimed to have lost his wife to lung cancer due to her boss’s cigarette smoke, said: “Whenever I see people smoke, I think with anger that ‘these people will be punished in retribution sooner or later’” (“Secretary killed,” 2005, trans.). Doctor Choi Kin, who told the media that he lost his parents because of his father’s smoking habit, said “Whenever I see people smoking, I want to grab their cigarettes and put them out right away.” There was also a story about Johnny, an IT professional who

asked not to be named. According to the report of the *South China Morning Post*, Johnny “lost his father to lung cancer.” Johnny’s father was a heavy smoker and his death had made Johnny more concerned about his own health because he had to inhale second-hand smoke at his workplace everyday. The report quoted Johnny’s words:

It really gets on my nerves because I do not like smoking. I really hate it when I have to inhale the second-hand smoke all the time ... It is disgusting. Every time I am next to a smoker, I have to walk away. It affects my work as well ... [I know my] health is being damaged by passive smoking. It is proven by research” (Benitez, 2005b).

As second-hand smoking is believed to be deadly, smoking, especially in public places, becomes a manifestation of a smoker’s inner character: inconsiderate, thoughtless, lacking a civic mind, and uncivilized. Legislator Raymond Ho criticized smokers for putting their own interests before others’ health: “The problem before us is that in order to satisfy their need to smoke in public places, smokers are forcing nonsmoking people to inhale secondhand tobacco smoke to the detriment of their health” (Legislative Council, 2001, p. 2250). A commentator suggested that a consciousness of health and a respect for others’ feelings were signs of civilization. “However,” he wrote, “some smokers in Hong Kong deliberately smoked in

no-smoking areas. It was the most selfish behavior in the world!” (Yan, 2000, trans.).

Therefore, it is not surprising that smokers are labeled as low-class “unsanitary subjects” (Eichelberger, 2007, p. 1285). Smokers are thought as malodorous and diseased filth that contaminate “modern society” and threaten community health because of their cultural inferiority. For example, a letter to the editor read:

Hong Kong is a highly developed place and yet you see people smoking in lifts, restaurants, buses and ferries in spite of many no-smoking signs. They throw cigarette butts on roads, and lunch boxes and waste paper on footpaths, even though bins are all over the place” (Ramchandani, 2005).

A press feature described “it is not uncommon to see waiters at lower class eateries smoking while they serve” (Renew, 1989). A newspaper reader claimed:

More than 90% of those who spit are cigarette smokers. So smoking and spitting are related. This explains why Chinese people are notorious for their habit of spitting, because of the high percentage of smokers among the Chinese population” (Tsui, 2003).

A university lecturer even drew an analogy between smoking and breaking wind in public places. He complained that his clothes and hairs often reeked of stink because of secondhand smoke, and accused smokers of being uncivilized and

impolite, causing nuisance to bystanders (Wong, 1992).

The perception that smokers were health menaces was reinforced by the health scares arising from the outbreaks of Avian Flu in 1997 and SARS in 2003. These two epidemic outbreaks awoke the city's consciousness of health and city hygiene, as well as the Keep Hong Kong Clean Campaign which was originated by the Hong Kong government in 1970 (Food and Environmental Hygiene Department, 2009). A newspaper feature entitled "It's Time to Come Clean on Hygiene" stated that the outbreak of Avian Flu:

further drives home the importance of the ongoing campaign to 'Keep Hong Kong Clean.' It is unfortunate that some of these offences are still facts of life in many Hong Kong restaurants. Smoking in the kitchen, for instance, is still a common practice among chefs working in cheap eateries" (Kwong, 1998).

In 2003, when smokers were arrested for littering, the Chinese media often named them "Litter Bug" (*lesee chong*), a "mascot" created in the Keep Hong Kong Clean Campaign, (e.g. "Female litter bug," 2003; "Litter bug," 2003; "Litter lug arrested," 2003). It was also reported that smokers' sputum was an agent of the SARS virus, and coughing and spitting were particularly common among the elderly due to their smoking habit ("Department of Health," 2003). A newspaper reader claimed that it was "intuitive that smoke particles could carry germs and are a serious possible

cause of infection.” He also found it “comical to see people raising their [face] masks to inhale from their cigarettes and then to exhale from behind their masks” (Barclay, 2003), whereas a columnist complained that face masks had worsened the bad breath of smokers (Ahuan, 2003).

Smokers are therefore rhetorically identified as “others” for not participating with “modern society” in the pursuit of a caring and civilized community, instead putting all at risk for disease, death and other misfortunes. Smokers are even seen as not entitled to citizenship and civil rights (Eichelberger, 2007, pp. 1285-1286; Petersen & Lupton, 1996, pp. 64-65). The characterization of smokers as a minority of the community is the very vehicle of this process of othering, which is accompanied by marginalization and stigmatization. Since the mid-1980s, there has been a perception that the right of non-smokers, who are the majority of the community, of fresh air and health should be protected. This perception was largely pushed by the COSH since its establishment in 1987. The significant decline of the smoking population between 1982 and 1986 served to reinforce this perception. In 1987, Judith Mackay, then Executive Director of the COSH, stated: “In Hong Kong, less than one in five adults smoke, so it is surely more important to consider the rights of the vast majority of non-smokers ... No one should have the right to harm or kill others and this is true to smokers” (“Expansion,” 1987). Her

successor Cheung Che-kwok reiterated that “the minority is subordinate to the majority. If there was a vote, we shall win definitely” (Wen, 1993, trans.).

The priority of “the rights of the vast majority of non-smokers” has soon become acceptable. Let me cite some examples. The *Hong Kong Standard* claimed in its editorial: “Non-smokers equally have a right, which is an environment that is not smoked by tobacco” (“Smoking out the facts about a habit that kills,” 1987). An editorial of the *Hua Qiao Ri Bao* agreed that it was important to “protect the vast majority of non-smokers from forcing to inhale secondhand smoke” (“Anti-smoking,” 1992, trans.). Legislator Law Chi-kwong held a similar opinion: “Although smokers have the right to smoke, they will subject other people to secondhand smoking at the same time ... In balancing the contradiction between the rights of smokers and non-smokers, we tend to lay particular emphasis on the rights of non-smokers” (Legislative Council, 1997b, p. 18). Legislator Christine Lo drew on statistics: “Since 85% of the people do not smoke in our community, it is unfair to subject them to involuntary smoking where it is possible for their health to be adversely affected” (Legislative Council, 1997b, p. 23). Legislator Choy So-yuk cited J. S. Mill’s *On Liberty*: “‘The liberty of the individual must be thus far limited; he must not make himself a nuisance to other people.’ The freedom of choosing to smoke should also be based on the condition that it will not affect anyone else,

including employees in restaurants” (Legislative Council, 2004, p. 512). A member of an environment group Green Power suggested that “the right of the minority of smokers to smoke intervenes the right of the majority of non-smokers to enjoy a healthful life. Non-smokers may even lose their life because they are forced to inhale secondhand smoke. We cannot tolerate this barbarian behavior” (Cheng, 1989, trans.). Legislator Martin Lee put in an extreme way that a smoker “certainly has the freedom to smoke, but he does not have any freedom to exhale smoke” (Legislative Council, 2001, p. 2560).

These views did encounter a handful of challenges. Legislator Leung Kwok-hung warned his colleagues about the danger of the tyranny of the majority:

The majority cannot oppress the minority with their superiority ... The only logic is that this is the tyranny of the majority ... The rationale we are talking about a dangerous, namely, the majority can decide the affairs of the minority ...

The minority have their freedoms and if their freedoms do not affect others, then they should be entitled to such freedoms” (Legislative Council, 2004, p. 505).

Legislator Leung Yiu-chung held that “liberals also tell us that while we seek to implement the majority decision, the rights of the minority should be protected. We should not deprive the right of smokers to smoke simply because this is the wish

of non-smokers, who are in the majority” (Legislative Council, 2001, p. 225). A newspaper reader wrote to complain: “Like most people, nowadays, I accept that smoking poses a health hazard for both smokers and nonsmokers. But I’m tired of hearing the [COSH] and other groups, campaigning for non-smokers’ rights at the expense of smokers’ rights and being hit over the head with tobacco-use statistics showing that ‘filthy’ smokers are an ever-shrinking minority in Hong Kong” (Slough, 2001).

In response to these challenges, tobacco control advocates often abandon the notion of “right,” arguing that tobacco control is not a matter of human rights or civil freedom, but, as Legislator Albert Cheng Jinghan argues, “a matter of life and death” (Legislative Council, 2006a, p. 275). Legislator Michael Mak Kwok-fung accused his opponents of “dressing up passive smoking as an issue of human rights and freedom or by talking nonsense to confuse people (Legislative Council, 2001, p. 2564). Legislator Andrew Cheng took a firm position that “no compromise should be made insofar as human lives are concerned” (Legislative Council, 2006a, p. 331).

Furthermore, restrictive law is a critical factor that contributes to the decline of the social status of smokers. With the enactment of the Smoking (Public Health) Ordinance in 1982, smoking in public areas became a criminal offence. Smokers are persistently policed by law enforcers, including public officers and premise

management, and the society at large. However, since 1992 when the smoking ban was extended to all public transports and some public areas such as cinemas and concert halls, smokers have increasingly been depicted as obnoxious villains who constantly flout laws and regulations. There have been overwhelming complaints against insolent smokers, and ineffective law and enforcement. Smokers are described as abhorrent criminals as they “defy law and order” and “ignore [anti-smoking laws] with zeal” (Chui, 1994; Pei, 1993b; Phillips, 1995). They are said to be impolite and rude as they ignored non-smokers’ appeal to stop smoking and responded with foul language (Lee, F., 1994). In the media, there were constant stories that smokers were arrested or jailed for assaulting others, including public officers, security guards and premise staff, after being asked to stub out cigarettes (e.g. Lo, 2009; “Smoker strikes,” 2000; “Smoking villains,” 2003; Young, 1997).



Figure 4.5. A smoker “exhales toxic smoke” on the street and assaults a female hawker after being asked to stub out his cigarette. A headline of *the Sun*, January 26, 2007. The newspaper illustrates the incident in cartoons.

The declining use of cigarettes, especially among high-status groups, furthers the public perception of smoking as a low-class pastime and the smoker as a pariah.

Franklin Zimring observes that in the United States:

The first generation of those who quit smoking cigarettes was made up of disproportionate numbers of high-status persons, and the leadership of these persons makes a special contribution to the erosion of popular sympathy for

smoking and smokers (1993, p. 97).

In Hong Kong, smoking has been discouraged by community leaders. Government officials were advised not to smoke in public appearances in the 1980s (Lee, 1989). The government, the largest employer in the city, took the lead to ban smoking in public offices in the early 1990s (Signy, 1991b). It was reported that a top health official had given up smoking when he started his job (“\$1m body,” 1986). Pop singer Andy Lau Tak-wah declared in 1992 that he had given up “a decade-long cigarette habit” after being elected as the territory’s 10th healthiest star (“Smoke-free Lau”, 1992). Governor Chris Patten revealed in 1993 that he had kicked his smoking habit for ten years. He actively participated in anti-smoking activities to share his experience of quitting smoking and keeping fit (Ferrari, 1993; Wan, 1993). And the smoking population in Hong Kong has steadily been shrinking (Appendixes 4 & 5). The official data showed that smoking was mainly concentrated in marginalized groups: middle-aged males, the less educated, blue collar workers and low-income groups (Department of Health, 2004; 2005; 2006; 2007; 2008a).

In media reports, smokers are increasingly represented by marginalized groups that are “more readily conceived of as being ‘deviant’” and “a threat to social and moral health” (Mold, 2007, p. 280). For example, the *Ming Pao Daily News* highlighted the words of HKU medical professor Asm Abdullah that “the rate of

smoking among the poor is higher” in its headline. It also reported that “the poor are often ill-educated about the harms of smoking” (“Rate of smoking,” 2000). Based on social work surveys, the *Hong Kong Standard* told its audience that smoking was a common cause of illnesses among the elderly, who were “a lonely and depressed group” in the community. They were also said to be “worse off health-wise,” “less healthy, less educated and held a lower status in society” than those living in the West (“Lonely old folk,” 1989; Wong, 1989). The *South China Morning Post* reported that smoking was a common unhealthy lifestyle among female sex workers, who were regarded as “a time bomb for disease” by a doctor: “[Female sex workers’] lifestyles affected their well-being. The time they spend waiting for clients is usually very long and restricts them from doing any outdoor exercise or cooking at home, while also encouraging unhealthy lifestyles such as smoking and gambling” (Benitez, 2003). The media reported an assertion of the Commissioner for Correctional Service that “the majority of inmates came from the lower social class and a high percentage of them were smokers” and claimed that banning smoking could rid the prisons of its smoke-filled image (Lee, 1988; “Smoking ban,” 2003).

The media have constantly been perplexed by smokers who do not stop smoking given the proven harmful effects of smoking. Journalists usually infer that smokers,

who are often represented by welfare dependents and people from the low-income working class, are bored, unwise, ill-educated and illogical. For instance, a magazine feature entitled “Why Do Smokers Still Want to Smoke?” began with the following statements: “Cigarette smoke stinks indeed. Many people know that cigarette smoking is harmful to health ... But many smokers are still reluctant to quit” (trans.). The feature contained the stories of four male smokers: a construction worker, a shoe factory worker, a metal shop staff, and an old recipient of the Comprehensive Social Security Scheme living in a caged house. They were satirized for being ignorant of the common sense that smoking was detrimental, being irrational by sticking to the habit, being idle and addicted to other vices such as gambling, lacking will power to quit, and puffing during the interviews (Chen, 1991). The argument of Legislator Leung Yiu-chung against a total ban on smoking in restaurants and in outdoor parks revealed a typical image of smokers: “... grass-roots people like construction workers, all look forward to a cup of tea and a puff in a cafeteria at a quarter past three every day, as a means of relieving their work pressure, and as the best enjoyment they can have,” and “[a] lot of middle-aged or elderly people have been smoking for many years and smoking is the only pastime for them” (Legislative Council, 2001, p. 2556; 2006a, p. 239).

Without surprise, the public has an intense interest in young smokers. Through

the media, two contradictory images of young smokers have been witnessed. On the one hand, they are said to be innocent victims of cigarette promotions and peer pressure. In this image, young smokers are considered intrinsically ignorant, naïve and lacking vigilance. They warrant a helping hand from adults to “save our kids,” who are often regarded as “the pillars of the society,” from temptations (e.g. “Anti-smoking,” 1992; Boalch, 1988). On the other hand, young smokers are characterized as bored and unmotivated idlers who lack self-esteem. This image can be exemplified by a magazine feature entitled “Young Smokers Defy Anti-smoking Posters” (Zhang, 1993). The feature covers ten stories about young smokers to scrutinize their reasons for starting to smoke. The feature presented a commonly held belief that teenagers smoked “just for fun,” “out of curiosity,” “to look more mature,” and “to become sociable.” It implied a moral condemnation on young smokers for their self-indulgence. In addition, young smokers are commonly represented by deviants who are in trouble: bad students, dropouts, street kids and gangsters who are often said to lack a warm and happy family. They are thought to be rebellious and have problems such as poor academic performance, truancy, cheating in school examination, fighting, shoplifting, drug taking and causal sex (e.g. Holland, 1993; Huang, 1983; Hui, 1987; Kwok, 1995; Lee, S., 1994b; Li, 2003; “The scourge of drug,” 1987). A newspaper reader expressed a common

opinion that young smokers were a sign of the declining moral health of the city:

“The moral value of the city is melting down. It has been commonplace that students in school uniforms smoke overtly on the street” (Wen, 1996, trans.).

Legislator Ronny Tong Ka-wah worried that young people smoking in school uniforms would undermine the international reputation of the city:

In a cosmopolitan tourist city like Hong Kong, how badly we would fare if overseas tourists see that our streets are full of young people smoking in school uniforms while swaying their bodies by the side of some lamp-posts? What kinds of impact will it have on Hong Kong culture as well as the reputation of the schools is concerned? (Legislative Council, 2006b, p. 427)



Figure 4.6. A street kid, whose face is veiled, smokes at a playground at midnight. *U-beat* magazine, May 2009, p.35. The picture reflects a typical perception that cigarette smoking is a disgraceful behavior and a sign of juvenile deviation.

Besides, there is a commonly held belief that tourists and immigrants from Mainland China are irresponsible and chain-smokers. An illustrative example comes from the film *Mr. Coconut* (*He Jia Huan*) starring comedian Michael Hui

Koon-man (Gao, 1989). The film is about a mainlander's experience during his visit to his younger sister's family in Hong Kong. The mainlander is portrayed as a bumpkin who is an unsanitary, clumsy chain-smoker. In one scene, his brother-in-law prohibits him from smoking during his home stay in order to avoid secondhand smoking. However, he is so zealous to smoke that he turns to discharging cigarette smoke into plastic bags.

This image of mainlanders as chain-smokers increases their unpopularity and stigmatization in Hong Kong, and also projects the cultural superiority of Hong Kong. For example, a letter of the editor undersigned "Hongkongese" read:

Have you ever come across people smoking and spitting in public transport carriers? These people often speak with a mainland accent. Judging from their behavior, they are probably new immigrants from the mainland. How can we accept these immigrants who are inconsiderate and lack of civic mind? (Hongkongese, 1999, trans.).



Figure 4.7. Scenes of the film *Mr. Coconut*. Michael Hui plays a mainlander who discharges cigarette smoke to plastic bags after being prohibited from smoking by his brother-in-law.

In fact, Xinhua News Agency, an official media in China, lashed out at smoking in non-smoking areas as one of the “seven sins” of mainland tourists (Ma, 2002). A newspaper reader also suggested:

Mainlanders are a bad influence in their behavior – smoking in public, spitting and not queuing. We welcome them, but not too many. The government should strike a balance between mainland and other visitors. Very often, European and American tourists are bigger spenders. And they can also promote our international image” (She, 2003).

Legislator Andrew Cheng reminded us: “Let us not forget that indoor restaurants and bistro cafes are patronized by many mainland visitors under the Individual Visit

Scheme. We can often hear news about visitors and locals coming to blows over smoking.” To argue for banning smoking at the theme-park Ocean Park, he said:

...Ocean Park is a venue of recreational facilities, especially as visitors have to queue up for many facilities in the Ocean Park ... If there are more mainland visitors in the queues, there will be more smokers among them, and this may result in other visitors in the Ocean Park being subject to secondhand smoke when they are waiting in line. This is unhealthy (Legislative Council, 2006a, p. 189).

Moreover, smokers are conceived as excessive users of public health services. Announcing that one in five coronary heart disease deaths in the city was caused by smoking, HKU medical professor Lam Tai-hing, a key tobacco control advocate in Hong Kong, expressed his worry about “the huge number of patients with smoking-caused disease puts a great burden on taxpayers and Hong Kong’s health-care system” (Kwok, 1998). This point of view was escalated in the discussion about health care financing. Legislator Huang Chen-ya suggested that under the “user pays” principle, patients with smoking-related diseases should pay more health care expenses (Huang, 1999). Legislator Martin Lee complained about the unfairness of “you smoke, I pay” phenomenon:

Although smokers are the one inflicting harm on other people’s health, the

medical expenses so incurred are borne by passive smoking victims, employers and the Government. This phenomenon of “you smoke, I pay” will of course put public health care expenditure under heavy pressure (Legislative Council, 2001, p. 2562).

Given the growing social unacceptability of smoking, smoking celebrities are often controversial subjects, and objects of satire and condemnation. Smoking public figures therefore tend to cover up their habit. In turn, whether public figures smoke or not is a subject of media investigation. The media as well as the public seems to feel happy for “discovering” and criticizing the “bad” habit – smoking – of public figures, from beauty pageant contestants, local singer Chan Hiu-tung, to overseas singers Robbie Williams and Britney Spears, to name just a few (“Bad boy,” 2001; “Britney,” 2002; “Chan Hiu-tung,” 1999; “Miss Hong Kong contestant,” 2001). It is illustrative to note the example of Legislator Andrew Wong Wang-fat, who was also a CUHK lecturer. Andrew Wong had never covered up his passion for smoking. His practice of smoking when giving lectures often raised controversy on campus. In a university publication’s feature, he argued that students could open the windows for better ventilation, or simply ask him to stop smoking. Having asked if smoking would be detrimental to students’ health, he responded that there was no causal relationship between cigarette smoking and lung cancer and that

the idea that “cigarette smoking is bad” was just a prejudice (Li, H., 1998). Outside the campus, he was satirized by other legislators. In 1997, he was the president of LegCo. In the debates on anti-smoking motions in that year, his heavy smoking habit was an object of derision of his colleagues. Here is Legislator Mok Ying-fan’s bitter remark:

... sometimes I have some slight concern and sympathy for smokers like you, Mr. President. Not only does smoking affect health, smokers are also often unwelcome in many places, as though they were criminals (Legislative Council, 1997c, p. 393).

Legislator Martin Lee ridiculed Wong’s heavy smoking habit, saying that his room was a smoking room (Legislative Council, 1997c, p. 13). Legislator Andrew Cheng said that he felt unpleasant whenever he was in Wong’s office and wondered if his successor needed to use a lot of air freshener to remove the odor from the room (Legislative Council, 1997c, p. 26). Legislators including Leong Che-hung and Christine Loh urged him to give up smoking (Legislative Council, 1997c, pp. 9, 18, 24). In response, Andrew Wong declined to quit smoking, but undertook to cut down (Li, A., 1998).

It has become unquestionable that Hong Kong society is increasingly intolerant of smokers. The dominant way we think and talk about smokers is highly

politicized and moralized. Because of their “very wrongful act,” smokers have been criminalized, marginalized and demonized as the scourge of the society. Legislator Leung Kwok-hung, who is a smoker, criticizes tobacco control advocates for taking advantage of political correctness and drawing on moral criticisms on smokers. He also observes that smokers are considered as sinners:

Are smokers sinners, criminals, or ill? ... I may be considered a criminal, because when we legislate to the effect that a person, after doing something, will commit a crime in this world, this “crime” is purely invented by us. But I think when we talk about the framework on tobacco control today, we smokers are already not criminals. If I am asked not to smoke, I will stop smoking; if I am not allowed to smoke in the Legislative Council, I will not smoke, and so, I do not commit a crime. But it seems that we have a sin, which suggests that what I have done is a bad thing, that is, I know very well that it does not do any good to myself and it does not do any good to others, but I still keep on doing it. This is what makes it dangerous ... In a religious context, there is heresy, and being a heretic kills, and this is all “witch hunting.” We smokers are like witches; everybody is hunting us down everywhere and once they find us, we will be considered as committing a crime. This is unnecessary (Legislative Council, 2006a, p. 253).

In response, tobacco control advocates reduce cigarette smoking to a public health problem, and thereby depoliticize their assertions and accusations on cigarette smoking and smokers. They deny ever taking moral grounds and reiterate that tobacco control is a public health issue supported by unimpeachable science. Legislator Andrew Cheng's response to Legislator Leung Kwok-hung is an illustrative example:

I do not agree ... that we are trying to drive smokers desperation ... We should ... consider from the [viewpoints of] health and hygiene ... I do not wish that our discussion would involve puritans or whatever, because we are really not addressing this issue from a religious and moral viewpoint. I do not understand why ... Mr. Leung Kwok-hung ... always say that we are taking the moral high ground. We are not taking the moral high ground. With regard to our discussion today ... we have used scientific evidence to explore these issues, in order to see how we can do the best (Legislative Council, 2006a, p. 299).

It is apparent that the tobacco industry and smokers are identified as the culprits of the rampant smoking epidemic. Smokers are typically seen as troublemakers who are irresponsible and lack civic-mindedness, dragging the whole community into health and socio-economic troubles. Since the 1980s, a series of symbolic productions, which are made possible on the basis of negative media coverage,

plausible eloquence, declining popularity of cigarette smoking especially among high social groups, increasingly restrictive legislations and so forth, have gradually turned smokers from responsible victims to irresponsible pariahs as they deprive themselves as well as others of physical and socio-economic well-being. In other words, the on-going tobacco epidemic is largely attributed to the individual failures of smokers. Smokers have failed to perform social obligations in the civic neoliberal sense, that is, by choosing a healthy and regulated lifestyle for the interests of themselves and society. Smokers are consequently marginalized and stigmatized as the other of the modern civilized community.

Mobilizing the Community

As it is believed that everyone is a potential victim of the tobacco epidemic, it has been a commonly held claim that everyone holds responsibility to participate in and promote the campaign against cigarette smoking. In her commentary entitled “Smoke-free Hong Kong, Everybody’s Business,” pharmacist and District Councilor Poon Oi-lan (2005), suggested: “To protect ourselves, our family and our beloved Hong Kong, [it is everybody’s business] to achieve a smoke-free Hong Kong” (trans.). In the following, I will show how medical practitioners, the government, lawmakers, business operators, parents, teachers, and every member of the community are tasked to curb the tobacco epidemic.

Calling on Responsible Medical Practitioners

It is not surprising that “experts,” especially “medical professionals,” are expected to be at the front of the tobacco control campaign. It was thus ironic to see the cool responses of medical practitioners to tobacco control advocacy. Judith Mackay complained that “too many doctors did nothing to prevent smoking-related illness” and maintained that doctors “should counsel all smoking patients on ways to quit” (Pegg, 1998). In 2001, a working group of the COSH, which comprised representatives from various multi-disciplinary healthcare groups such as doctors, nurses, physiotherapists, dentists and chiropractors, designed a set of guidelines for medical practitioners to use in helping their smoking patients, regardless of their ailments, to quit smoking. It was reported that, however, the guidelines met with cool receptions from some medical practitioners. For example, Legislator Michael Mak Kwok-fung, who was also the Vice Chairman of the Association of Hong Kong Nursing Staff, said it might be impractical to ask all medical staff to comply with the guidelines. President of the Hong Kong Public Doctors’ Association Leung Ka-lau said some public doctors might not have time for additional consultations. While he agreed that asking patients to quit smoking was important, he held that other risk factors, such as drinking and being overweight, also deserved concern (Moy, 2001a).

Three years later, Judith Mackay and former legislator Lo Wing-lok, who was also a member of the COSH, urged medical groups to comply with a code of practice adopted by the WHO. The code of practice asked medical practitioners to quit smoking, refrain from accepting support from the tobacco industry and openly support campaigns for smoke-free public places (Ma, 2005d). It was reported that the smoking rate of medical practitioners in Hong Kong was the lowest in Asia: less than 7% of male doctors were smokers, no female doctors smoked, and smoking was rare among nurses (“7pc doctors,” 2005). Thus, the initiative of adopting the code actually came amid concerns about the medical community’s slow response to the government’s legislative proposals to tighten restrictions on smoking. The COSH urged that health groups should be more vocal in support of the move and doctors should be actively encouraging patients to quit smoking. In fact, the Hong Kong Medical Association pledged to support the legislative proposals shortly after the government had announced the details. But its 5,000 membership comprises less than half of the 11,000 registered doctors in Hong Kong (Ma, 2005e). It was not until about a month after the COSH’s call that the Hong Kong Academy of Medicine, with about a 4,000 person membership, showed its support to the government’s proposals (Ma, 2005b).

Despite these discords in the medical field, the image of medical practitioners as

united and courageous guards of public health is well imprinted on the public mind. It is well accepted that medical practitioners hold responsibility to curb the epidemic, and they indeed do a good job. An example of the faith in medical practitioners comes from the statement of Legislator Yeung Sum:

I must express my gratitude to the many medical professionals, both in Hong Kong and elsewhere. After many years of hard work, they have finally succeeded in providing scientific evidence to prove the health hazards of passive smoking. At the same time, they have time and again warned that passive smoking may even cause greater harm than active smoking ... I must thank medical professionals, both in Hong Kong and elsewhere, for their hard work, and I think they all deserve credit” (Legislative Council, 2006a, p. 193).

In the media, medical experts are depicted as disinterested and passionate campaigners against cigarette smoking. For instance, when Anthony Hedley became the Chairman of the COSH, he was described to have “righteous anger” (Griffin, 1997). Judith Mackay, who was named one of the “most influential people in the world” by *Time Magazine* in 2007 in recognition of her role as a leading campaigner for tobacco control, was recognized by the media as an “anti-smoking pioneer” and a “veteran crusader” for her long “career” against smoking (“HK anti-smoking pioneer,” 2007; “The veteran crusader,” 1993; Wigand,

2007).



Figure 4.8. Judith Mackay is named as one of the “most influential people in the world” by *Time Magazine*. *Ming Pao Daily News*, May 5, 2007, p.A8. She is labeled as a “pioneer of tobacco control” who has been devoted to the anti-smoking campaign “with no regret.”

Calling on a Responsible Government

There is a public expectation that the government is a protector of the public interest and hence it is obligated to take the lead to curb the tobacco epidemic through public policies, especially legislation. For example, Judith Mackay called tobacco legislation “a responsible health policy” (Li, 1987). Executive Director of the COSH Cheung Che-kwok argued that, since revenue from tobacco duty could not cover public spending on tackling smoking problems, a “wise and responsible government” should step up measures against smoking (Wen, 1993). Legislator

John Tse Wing-ling opined: “The government is duty-bound to control smoking because it is a problem that we cannot overlook” (Legislative Council, 1997b, p. 41).

Indeed, changes of public policy on smoking often result from “socially motivated desistance from cigarettes ... rather than causing them” (Zimring, 1993, p. 96). The “scientific verification” of the harms of smoking to others in the 1980s proved crucial to the redefinition of smoking and the public support for stringent controls. Allan Brandt observes:

Once this tipping point was reached, the significance of scientific arguments regarding harms were no longer quite so significant in pushing forward the process of stigmatizing smoking. Now, smoking as a *nuisance* could be utilized to promote and justify further regulation founded on no discernible health risks (2004, p. 266, italics original).

As mentioned, there has been overwhelming complaints against obnoxious smokers, and ineffective law and enforcement since 1992 when the smoking ban was extended to all public transports and some public areas. These complaints were often accompanied with calls for decisive actions from the government. For example, a newspaper reader wrote to complain “selfish game center smokers”:

Whenever I go to video game centers, I find that they are muggy with smoke.

My clothes reek of smoke, even after I have left the centre. I find it really disgusting that people smoke in these game centers. They are showing no consideration for non-smoking users of the centre and this is very selfish behavior ... I believe the Government should fine heavily any game centers which allow their customers to smoke, or who grant entry to under-age users. The laws should be enforced with more frequent police patrols” (“Selfish game centre smokers,” 1994).

A columnist found littering of cigarette butts by smokers disgusting. He also complained that as smoking was banned in buses, smokers turned to smoke when queuing at bus stops, and hence non-smokers constantly suffered from secondhand smoke as they had in buses in the past. He asked the government to ban smoking at bus stops and take firm actions against littering of cigarette butts (Pei, 1993a).

Furthermore, declines in the use of cigarettes especially among people in high social classes and the social acceptability of cigarette smoking further push the call from the public for a “responsible public policy” against smoking. These result in an overwhelming support received in public opinion surveys for tighter governmental measures against cigarette smoking, and these survey results were often cited in the LegCo debates.

The failure of the government in meeting the public expectation inevitably

invites criticism. The government has been criticized on and off for not taking resolute actions because, as Legislator Chan Wing-chan suggested, it “is unwilling to give up its huge tobacco revenue” (Legislative Council, 1997b, p. 26), despite the fact that tobacco duty normally accounts for no more than 2% of total government revenue (Appendix 3). Moreover, lax anti-smoking policy is sometimes said to be a sign of weak and poor governance. For example, when commenting on the government’s proposal of granting a 3-year grace period for a total smoking ban in adults-only entertainment establishments such as pubs and clubs, the *South China Morning Post* stated in its editorial:

There is no justifiable reason for the government to delay banning smoking in adult-only public venues, which have been given ample warnings about the ban.

The anti-smoking bill will, if passed, make Hong Kong a healthier city. The temporary exemptions are, however, regrettable. They are an example of the government putting special interests over public health. This is neither strong nor good governance” (“HK has waited long enough,” 2006).

Therefore, the government has endeavored to present itself as a responsible government through a tough public stance against smoking. For example, SHW Katherine Fok Lo Shiu-ching told legislators that “[w]ith more and more medical evidence indicating the hazards of smoking, it is all the more clear that the

Government has been correct in taking active intervention measures” (Legislative Council, 1997c, p. 412). SHWF York Chow said explicitly: “As a responsible government, we must take measures to protect the health of the people” (Legislative Council, 2004, p. 538). The tough stance of the government was expressed by Permanent Secretary for Health, Welfare and Food (PSHWF) Carrie Yau Tsang Ka-lai, as she claimed:

It was too late to take things slowly. We were still able to proceed in a gradual manner in banning smoking back in the 1990s. ... But there is an urgency nowadays as there have been numerous studies and data to show that smoking can kill and is linked to the death of 7,000 people in Hong Kong a year” (Moy, 2005a).

Calling on Responsible Lawmakers

Given their decisive role in legislation, legislators are said to have a responsibility to support anti-smoking policies and legislations in order to promote the well-being of the community. For example, a newspaper reader offered a quote from John Stuart Mill to legislators, calling for their support of the government’s legislative proposals to protect non-smokers: “The only purpose for which power can be rightfully exercised over any member of a civilized community, against his will, is to prevent harm to others” (Middleton, 2005).

Many members of the LegCo do assume the responsibility and call for support from their colleagues. Legislator Wong Kwok-hing, who was affiliated to the HKFTU representing workers' interests, supported to ban smoking in indoor public areas to protect "the workers' right of not inhaling secondhand smoke" and believed that "the Legislative Council is the highest echelon of parliamentary assemblies in Hong Kong and should therefore lead the community to healthiness and progress" (Legislative Council, 2004, p. 526). In 1997, Legislator Leong Che-hung appealed to his colleagues to support his motion on anti-smoking on the grounds of public health and "conscience": "... the motto in my motion today is health. A vote for my motion is a vote for health. Any other vote is unacceptable and must be against one's own conscience" (Legislative Council, 1997b, pp. 12, 45). Legislator Paul Cheng Ming-fun, who represented the Commercial Functional Constituency, also agreed with Leong and maintained:

As legislators, our primary allegiance must be for the well-being of the community and not just the interests of one functional constituency, not to speak of one specific sector within the constituency ... We cannot be hypocrites. We must vote with our conscience (Legislative Council, 1997b, p. 386).

The call for votes in conscience was put forward by Legislator Albert Cheng Jinghan in 2006, as he suggested that "it is a matter of life and death. I believe

Members have conscience – not ethics but conscience – will pass this Bill which is unsatisfactory in my eyes, and in those anti-smoking bodies or individuals ... To save one life is better than to lose one more life” (Legislative Council, 2006a, p. 275).

No wonder that legislators who speak against tobacco control legislations often come under fire. For example, Legislator Tommy Cheung Yu-yan, who represented the Catering Functional Constituency and was the most vocal opponent of the smoking ban in restaurants based on economic reasons, was heavily criticized by tobacco control advocates as well as the media. He, as well as his political affiliation the Liberal Party, argued that tobacco control policy should be considered from an economic point of view as well. For instance, citing the examples of Ireland and Norway, Cheung held that a total smoking ban in catering establishments would impair business and cause unemployment (Legislative Council, 2006a, p. 301). He proposed a construction of smoking rooms with separate ventilation and a fresh air system to cater to smoking customs. He supported his idea with the experience of France and the test findings of two smoking rooms constructed by the bar industry (Legislative Council, 2006a, p. 304). SFH York Chow responded that it would be worthwhile to spend resources and time on exploring the technical feasibility of the idea of smoking rooms (Legislative Council,

2006a, p. 289). He explained the government stance that allowing smokers to smoke in a confined area would avoid forcing them to smoke on the street and hence pedestrians and non-smokers would not be disturbed (Kim & Chan, 2006).

Legislator Yeung Sum disapproved of the idea of smoking rooms as “all the professionals who attended the [Bill Committee] meeting said that basically there was no smoking room that is very safe” (Legislative Council, 2006a, p. 195). Legislator Andrew Cheng also told his colleagues that some “medical doctors and experts subsequently told us that they did not know whether it was possible for the design of these smoking rooms to attain the satisfactory standards that can prevent tobacco smoke from escaping into air ducts, filling other rooms with cigarette smell and affecting their air quality” (Legislative Council, 2006a, p. 192).

Legislator Albert Cheng Jinghan further accused Tommy Cheung of misleading the public and distorting the truth:

In the past when efforts were made to enact laws to ban smoking, Mr. Tommy Cheung of the Liberal Party representing the catering industry would always oppose to the imposition of a total smoking ban in the restaurants. He was actually misleading the public and also the industry ... I hope people from the industry, especially Mr. Tommy Cheung who speaks for their interests, will stop distorting the truth about the hazards which passive smoking poses to restaurant

patrons and workers or argue that a total smoking ban will affect their living or business” (Legislative Council, 2004, p. 484).

The media, some legislators, and columnists criticized the government’s position on smoking rooms for it weakened tobacco control efforts, and indicated the government’s conspiracy with Tommy Cheung and the catering industry in order to seek future political support at the expense of public health (e.g. Kim & Chan, 2006; Liu, 2006; “Smoking ban,” 2006; “Smoking rooms,” 2006). An example comes from an editorial of the *South China Morning Post* which disapproved of Cheung’s opposition to a total smoking ban and suspected that there was a political exchange between his party and the government:

Among the vocal opponents to the smoking ban is the Liberal Party’s Tommy Cheung Yu-yan, who is returned by the catering functional constituency.

Although the Liberal Party does not always see eye-to-eye with the administration, it is one of the more government-friendly parties. Officials have seemed reluctant to upset members of the party over a seemingly non-critical issue such as the smoking ban because they might have to depend on their support on other issues (“HK has waited long enough,” 2006).

It appears that oppositions to tobacco control policy easily give rise to suspicions and even unbearable accusations of being politically and morally incorrect. In the

face of these criticisms, Tommy Cheung reiterated that he had been “constantly misunderstood and smeared.” He stressed that he supported and was devoted to work out tobacco control policies, but opposed sweeping legislations:

I must point out clearly that I support the policy of moving towards a smoke-free Hong Kong, and I also support the government’s initiatives in implementing a comprehensive smoking ban in indoor workplaces. I have always advocated that the government should implement a policy of banning smoking in a gradual and orderly manner ... Besides, unlike the smearing attempts that accuse me of trying to delay the legislation on a smoking ban, I have on the contrary offered my full co-operation in working closely with the government and the Bills Committee, having prudently examined each and every one of the provisions, and consulted and listened extensively to the views of different sectors of society (Legislative Council, 2006a, p. 198).

Calling for Corporate Responsibility

Indeed, the most vocal force against tightening regulations of smoking came from the commercial sector. However, commercial oppositions are ad-hoc and scattered in nature, as a particular industry would give its voice only when its business interests were undermined by tobacco control policies. For example, the Association of Accredited Advertising Agents in Hong Kong claimed in 1997 that a

proposed ban of cigarette advertisings would result in 1,500 job losses and would not reduce smoking (Flint, 1997). In 2001, an estimated 7,000 catering, hotel and entertainment industry workers staged a protest march against a planned ban on smoking in restaurants, bars and karaoke lounges (Moy, 2001b; Ng, 2001). Four years later, the Catering Entertainment Premises Smoking Ban Regulations Concern Group (CEPCG) and the Entertainment Business Rights Concern Group (EBRCG) were formed by proprietors of catering and entertainment establishments. They organized actions such as petitions, demonstrations and lobbying to protest against the proposed total smoking ban. Their views were echoed by the Hong Kong Bars and Karaoke Rights Advocacy, the Hong Kong Entertainment Business Association, and The Federation of Hong Kong and Kowloon Ballroom and Night Club Merchants. In addition, property agency Midland Realty (Shops) Ltd. worried that a total ban would cause a slump of property prices because of decreased business and shutdowns of bars and restaurants. Taxi and Public Light Bus Rights Concern Alliance expressed its concern that a total ban would severely undermine the livelihoods of taxi and minibus drivers, especially for those on the night shift, because more people would rather travel to Shenzhen to enjoy the night life there (Moy, 2006; "Property and taxi sectors," 2006).

In the face of business opposition, tobacco control advocates claimed that

tougher controls do not impair business, but promote business instead. Further, they said that public health overrides business interests. This argument underlies a call for corporate responsibility in support of tobacco control policies, implying that the opponent is an unscrupulous business. It led to a complaint from Legislator Tommy Cheung, who was speaking against a total smoking ban in restaurants:

Although I very much respect the position of those people championing the cause of anti-smoking, I must nonetheless say that they have adopted the wrong strategy over the past few years. They repeatedly tell restaurant proprietors that they are a bit unwise, and that business will even be better after the prohibition of smoking. They question why restaurant proprietors should still support something so unhealthy. In other words, they think that restaurant proprietors are unscrupulous, to the extent of hindering the cause of anti-smoking despite the prospects of booming business (Legislative Council, 2006a, p. 301).

Let me further illustrate the picture of the contest between tobacco control advocates and businessmen by citing examples from the debates on a total smoking ban in restaurants and workplaces. In June 2001, the government released a consultation document with a view to further strengthening the tobacco control framework, including banning smoking in indoor restaurants and workplaces. The government proposals raised intense oppositions from business groups. They were also

followed by two surveys on the economic impact of a total ban in restaurants initiated by the catering sector and the COSH respectively, which came to contradicting conclusions. On the one hand, the survey of the Catering Industry Association and the Hong Kong Hotels Association was conducted by the KPMG Consulting Asia. It concluded that a total ban could cost the catering sector \$7.9 billion and lead to 21,000 job losses. Legislator Tommy Cheung urged the government to suspend the ban during the economic downturn in the aftermath of September 11. On the other hand, the COSH's survey was conducted by HKU. It estimated that as a minimum, about 450,000 additional meals would be sold per week because of comprehensive smoke-free policies. It concluded that the health of workers, the economy of catering businesses and the satisfaction of customers would be improved by the introduction of a total smoking ban (Hong Kong Council on Smoking and Health, 2001b; Kong, 2001; "Two surveys," 2001).

Whether smoking should be totally banned in restaurants was indeed a controversial issue at that time. On the one hand, given the economic downturn, the stance of the catering industry was shared by some media, including the *Apple Daily* and the *Ming Pao Daily News* ("Better ways," 2001; Lu, 2001; "Stability," 2001). The industry was also supported by some celebrities including Li Yi and Cai Lan, and some newspaper readers (e.g. Cai, 2001b; Chow, 2001; Li, Y., 2001;

Pek, 2001).

On the other hand, several public opinion surveys revealed that the smoking ban proposals were well received by the public (Benitez, 2001). Most people who had written to the press supported the ban. They shared the belief that secondhand smoke was harmful to health and disgusting. Some regarded the survey of the catering industry as misleading and biased (e.g. Hart, 2001; Song, 2001; Tibbetts, 2001). The ban was also backed by some media including the *South China Morning Post* (“Ashes to ashes,” 2001; “Clearing the air,” 2001; “Costly habit,” 2001). There were also talks about the economic benefits of a total smoking ban. For example, a newspaper feature on smoke-free workplaces covered an interview with Klennis, who served at the personnel department of a company. Klennis believed that a smoke-free policy could enhance staff productivity and performance. He claimed that since his company had implemented a smoke-free policy, his colleagues “took less sick leaves. They also went on duty punctually and off duty early” (“Negative impacts,” 2001). Surveys of the COSH and the government revealed that a total smoking ban at restaurants would attract more tourists and boost tourists’ spending, benefiting the catering industry with an extra \$20 billion of revenue (“More than 30pc tourists,” 2002; Schwartz, 2002). A newspaper reader believed that these surveys were “fair and objective” and proved that “the majority

of Hong Kong residents and even visitors prefer a smoke-free restaurant environment and that business for restaurants would increase, not decrease, if a smoking ban was implemented.” He added that if “the ban was in effect for restaurants, non-smokers would undoubtedly be less exposed to harmful carcinogens ... The well-being of the non-smoking public should not continue to be compromised for the sake of the smoking minority” (Tom, 2002).

It appeared that, until 2003, the economic downturn and fierce opposition from the business sector were plausible grounds for a suspension of the total smoking ban. The persistent economic downturn in the aftermath of September 11 induced public sympathy for the business sector. A series of government surveys showed that public support for banning smoking in restaurants had fallen in 2002. Meanwhile, while the government reiterated that a total smoking ban had to be implemented, it hinted that the policy may be done in phases. This idea was even supported by the COSH (Lau & Moy, 2002; “Total smoking ban,” 2002).

However, something changed in the aftermath of the SARS outbreak in 2003. The outbreak raised an intense health scare and a heightened awareness of public health. As mentioned, it furthered negative perceptions on cigarette smoking and smokers. Meanwhile, shortly after the outbreak, Hong Kong enjoyed a rapid economic recovery in terms of tourist arrival and export figures (Chan & Ma, 2009).

Under this context, the newly appointed Director of Health Lam Ping-yan listed tobacco control, together with control of infectious diseases, as his top priorities in August 2003 (Moy, 2003). A year later, the LegCo passed Legislator Bernard Chan's motion on a total smoking ban in workplaces. The government introduced its bill to amend the Smoking Ordinance in January 2005, which included proposals to extend non-smoking areas to all indoor public places and some outdoor areas.

Therefore, economic recovery and intensified negative perceptions on cigarette smoking and smokers in the aftermath of the SARS outbreak eroded the economic grounds against tobacco control. A HKU study in 2005, which estimated that diseases and deaths caused by active and passive smoking cost more than \$5.3 billion a year, was another heavy blow to tobacco control opponents. The study reinforced scientific and economic moral grounds for tougher controls on smoking. Legislator Tommy Cheung openly accused the HKU research team of being biased, saying: "Hong Kong people should query the fairness of the study by the so-called academics in HKU." Despite his complaint, PSHWF Carrie Yau Tsang Ka-lai cited the HKU figures and regarded the smoking problem was a matter of urgency. HKU medical professor Lam Tai-hing criticized Cheung for his attempt to further suspend the smoking ban (Benitez & Moy, 2005; Moy, 2005b; "Total smoking ban," 2005). Meanwhile, compared to the media commentaries in 2001, more media

supported the government's plan including the *Ming Pao Daily News*, the *Hong Kong Economic Journal*, the *Oriental Daily News*, and the *South China Morning Post*. Among them, the *South China Morning Post* held that the smoking ban was "long overdue" and claimed: "The priority is public health – and this outweighs any potential economic drawbacks, real or imagined" ("Time," 2005). The *Hong Kong Economic Journal* found grounds for a smoking ban sufficient, saying:

Representatives of the catering and entertainment business have been lobbying the government for their exemption from the anti-smoking law. We believe that such exemption will incur negative consequences. The anti-smoking plan indicates the government's acknowledgement of the harmful effects of secondhand smoking. Therefore, exempting catering and entertainment establishments from the smoking ban is no different from permitting proprietors of restaurants and entertainment establishments to undermine the community's health lawfully. If workers of these premises catch cancers for their involuntary exposure to secondhand smoke and bring their cases before the court against their employers, should the government make itself responsible for these cases too?" ("Sufficient grounds," 2005, trans.).

It has become apparent that a business management is responsible for protecting the health of their employees and customers. Increasingly, it is accepted that this

responsible practice can not only boost business revenue, but can also enhance the corporate image. Legislator Lau Chin-shek, who spoke for labor interests (GA: HKFTU), argued that it was “an undeniable principle that employers have the responsibility to provide a safe and healthy work environment to employees” (Legislative Council, 2004, p. 503). In fact, employers are said to be legally-bound to ban smoking to ensure occupational safety and health. According to a report of the *South China Morning Post*, although employers who failed to implement the workplace smoking ban would not be liable to penalties under the Smoking Ordinance, they might be prosecuted because:

The Occupational Safety and Health Ordinance states that an employer must maintain the workplace in a condition that is, so far as is practicable, safe and without risk to health. Failure to implement the new legislation [to ban smoking in workplaces], therefore, might be regarded as a contravention of the ordinance; employers, if convicted, are liable for a fine of HK\$200,000 and six months’ imprisonment (Walsh & Papworth, 2007).

In fact, the COSH has been putting forward the concept of corporate responsibility for providing a smoke-free environment, as exemplified by its “No-Smoking Day in the Workplace Campaign” launched in 2001. With the campaign, the COSH designated May 2nd, the day after the International Labor Day, as Hong Kong

“No-smoking Day in the Workplace” with attendant publicities and recruitments of both employers and employees to support the campaign. The effort of the COSH intensified in 2003, as it extended the month of May as “No-smoking Month in the Workplace” (Hong Kong Council on Smoking and Health, 2001a, p. 22; 2004, pp. 61-62).

Since 2005, the COSH and the RTHK had jointly presented the “Hong Kong Smoke Free Workplace Leading Company Award” to honor the “leading” smoke-free corporations. The event was supported by the Business Environment Council, a non-profit organization set up by businesses to promote corporate social and environmental responsibility. It was accompanied with publicities including a presentation ceremony and advertorials in major newspapers. Awardees, employees and celebrities were invited to share their views on secondhand smoking and a smoke-free workplace. It was said that a smoke-free environment enhanced staff morale, workforce productivity and corporate image. The implementation of a smoke-free policy in restaurants was also said to be well-accepted by customers and staff, setting a “new trend in healthy dinning.” An illustrative example comes from chained-restaurant Satay King, which had banned smoking since it was found in 1992 and was coined as a “pioneer of smoke-free dinning.” The restaurant manager claimed that it initially faced difficulties in implementing the smoke-free

policy without relevant legislations. He said that the customers nevertheless “welcomed Satay King’s decision to provide a smoke-free dinning environment and continued to support Satay King.” He continued: “During the SARS epidemic in 2003, Satay King attracted a number of new health-conscious customers by providing smoke-free dining. Even when some catering establishments were hard-hit financially by the SARS crisis, Satay King managed to maintain a good business turnover” (Hong Kong Council on Smoking and Health, 2005, pp. 21-57; “Satay King,” 2005; “Smoke-free policy,” 2005).

Calling for a Responsible Community

All in all, as a member of the community, everyone is said to be duty-bound to curb the spread of smoking-related diseases and death and the spread of cigarette smoking by not taking up the habit of smoking, giving support to tighter tobacco control measures, and rejecting others’ smoking behavior. In particular, this view is often introduced as a response to youth smoking which has been widely accepted as a worsening crisis. For instance, Judith Mackay appealed to “government officials, parents, teachers, media practitioners, social workers, educational groups, sport and cultural entertainment groups, conservation groups, and woman groups” to take action against smoking among young people, especially young girls (Li, 1996).

In fact, the government often emphasizes the role of parents and teachers in

discouraging their children from starting to smoke. An official anti-smoking poster in the early 1980s featured a smiling girl and a smoking cigarette cancelled by a black stroke with a caption reading: “To prevent your children from taking up the vice, parents should set a good example” (trans.). Deputy Secretary for Health and Welfare Geoffrey Barnes suggested in 1983 that “to prevent the next generation from having smoking habit, parents and teachers should not smoke to set an example. They should also explain the harms of cigarette smoking to their children, and teach them how to resist the lure of cigarette advertising and the pressure from their peers” (“10pc junior secondary students,” 1983, trans.).

This view has been commonly held by the public. For example, the HKFYG held that “parents should pay more attention to their children, set a good example and encourage them to participate in healthful activities” (Luo, L., 1987, trans.). The CYSP emphasized family education and “smoke-free family,” promoting a notion that “No smoking, let’s start from the family” (Cai, 2003, trans.). Legislator Chiu Hin-kwong agreed that there were “more youngsters than adults take up smoking,” and therefore “parental and teacher modeling might have a more immediate influence” (“Smoking Council,” 1987).

As the idea of a tobacco epidemic has become a widely accepted fact, every member of the community is said to be duty-bound to fight against the epidemic.

This dominant discourse emphasizes an idea of civic-mindedness: people have to regulate their behaviors and adopt a responsible lifestyle choice for the sake of themselves and the community. In this light, as I will show below, more intolerant practices particularly target smokers, who are said to not belong to the modern civilized society, are introduced as a response to the tobacco epidemic.



Figure 4.9. Everyone is duty-bound to participate in the tobacco control campaign. (Left) A government anti-smoking poster in the early 1980s, stating: “To prevent your children from taking up the vice, parents should set a good example” (trans.). (Right) A poster of the COSH calls for public support for legislating a total smoking ban in order to “save” the people from secondhand smoking.

Legitimate Intolerance

In this section, I will present evidence to show that more zero-tolerance practices have been put in force in order to achieve a smoke-free environment. In the dominant public discussion, the idea of enabling smokers to make an informed

choice has lost its place. The opinion of balancing the interests of smokers and those of non-smokers has largely given way to the advocacy of protecting non-smokers' interests and ensuring people will make a responsible and preferred lifestyle choice.

In fact, as early as the early 1980s, the government explicitly indicated that one of the aims of its tobacco control campaign was to make smoking socially unacceptable. In 1983, Deputy Secretary for Health and Welfare Geoffrey Barnes announced that one of the aims of the government's "major anti-smoking publicity campaign" was "to portray the socially unacceptable aspects of smoking" through "promoting healthy alternatives to smoking" (Government of Hong Kong, 1983). Assistant Director of Medical and Health Services Tsui Chi-keung said in 1986 that the goal of anti-smoking movement was "to create anti-smoking public opinions in the society" ("Anti-smoking publicity," 1986). The government's strategy was supported by legislators. For example, Legislator Chiu Hin-kwong held that "social pressure" might have a more immediate impact to tackle the worsening problem of youth smoking ("Smoking Council," 1987).

The strategy underpins legislations, public education and publicity that portray cigarette smoking as lethal, filthy, wasteful and alien and hence disarticulate it from pleasure, glamour, affluence and sociability. With stringent controls, smoking

increasingly cannot be seen in public, from the media and schools, to indoor as well as outdoor public places. Public policies and health education increasingly point more to help smokers quit smoking for their own good than to minimize the impacts of smoking on non-smokers.

Banning Smoking and Smokers in the Media

Believing that cigarette advertising promoted a misconception that smoking was desirable and socially acceptable, it was banned on television and radio in phases in 1986. The government stated that cigarette advertising was “misleading publicity that creates false impressions about a lethal product” and:

... in face of the now overwhelming medical evidence on the dangers of smoking, the primary goal of a responsible government must be to help make smoking socially unacceptable and to help create a smoke-free environment for all” (Government of Hong Kong, 1986a).

Legislator Conrad Lam supported the ban on the grounds that “advertisements glorifying smoking would only instill misconceived and distorted messages in the audience, especially among the younger generation ... such advertisements also give rise to an impression that smoking was socially acceptable” (Government of Hong Kong, 1986c).

An immediate consequence of the ban was that cigarette advertising on

television and radio was completely replaced by anti-smoking advertising of the government and the COSH. Radio and television services are subject to the Radio Code of Practice on Advertising Standards and the Generic Code of Practice on Television Advertising Standards of the BA, which stipulates that the licensee of the sound broadcasting service as well as the television service must comply with all relevant provisions relating to tobacco advertisements under the Smoking (Public Health) Ordinance. In addition, the presentation of tobacco products as prizes or gifts for radio and television contests is prohibited.

Smoking scenes in entertainment programs have also become intolerable, as it is believed to be an “alternative promotion” of smoking that glorify smoking and lure people, especially teenagers, to smoke. According to the Generic Code of Practice on Television Program Standards of the Broadcasting Authority, smoking should be avoided except when it is necessary for the development of the plot or characterization. The Code also stipulates that particular care is needed with programs likely to be watched by children and young viewers and programs made especially for children should not feature any tobacco unless an educational point is being made, or unless in very exceptional cases, the dramatic context makes it absolutely necessary. In addition, it states that the presentation of the misuse of tobacco as desirable should be avoided.

Nevertheless, it appears that smoking scenes are prone to audience's complaints. For instance, smoking scenes in Japanese and Korean dramas, which were popular among Hong Kong teenagers, had raised concern among tobacco control advocacy groups, teachers and social workers. In 2002, a program trailer of the Japanese drama series *Emergency Room 24 Hours* contained a shot of the drama's main actor Eguchi Yousuke smoking. The CYSP maintained that the shot was "neither related to the content of the drama nor necessary for inclusion in the trailer." It continued: "Since Yousuke is a pop idol for many of our young people, we are afraid that younger viewers may wrongly interpret this scene as saying smoking makes one look better and that it is right to start or continue to smoke" (trans.). The group therefore thought that the scene should be cut (Li, 2002). Teachers and social workers also complained against the scene. They encouraged students to spot more smoking scenes in order to substantiate their bargaining with TV broadcasting companies ("Japanese and Korean dramas," 2002).

The COSH has been promoting smoke-free entertainment programs with zeal. Executive Director Cheung Che-kwok, who was head of directing of a drama school and head of a television broadcasting company's training department, explicitly declared that he would use his "relationships" to discourage producers of TV programs and films from glorifying smoking ("Anti-smoking council," 1991).

In 2000, the COSH decried direct and indirect promotions of smoking in many areas of entertainment, including “placements” by the tobacco industry where producers and actors were paid to include smoking scenes in movies (“Film industry,” 2000; Hong Kong Council on Smoking and Health, 2001a, p. 19). However, Lam Yuk-wah, Vice-President of the Hong Kong Kowloon and New Territories Motion Picture Industry Association, thought that the accusation of the COSH was “unfair to film makers.” He explained:

Movies aim at reflecting social reality. Smoking, drinking and other self-destructive behaviors in a movie are expressions of pressure and unhappiness. There is no intention to promote these behaviors. These behaviors are commonplaces in everyday life. They are our life experience. Cutting these shots intentionally is unrealistic and disables the functions of movie (“Smoke-free films,” 2000, trans.).

Despite this outcry, it appears that smoke-free film has been a growing trend. Typical examples are two “No-smoking films” jointly produced in 2000 and 2002 by the COSH, the RTHK, and the entertainment industry. These two films were screened at major television channels at prime time. The first no-smoking film, titled *From Ashes to Ashes*, is directed and starred by pop singer and movie star Leslie Cheung Kwok-wing (2000). The film is also starred by other pop singers

and actors including Anita Mui Yim-fong, Wong Lee-hom and Karen Mok Man-wai. It portrays the tragedy in a smoking family in which smoking parents blame themselves for their son's suffering and death from acute leukemia. At the end of the film, 11 pop stars share their views on smoking. Only two of them, namely Wong Lee-hom and Kuk Tak-chiu, admit that they still stick to smoking. However, it seems that smoking is not pleasurable for them. Wong claims haltingly that he only smokes at the recording studio where all people smoke, and he smokes because he is "kind of bored." Kuk says that "all my friends smoke. So, I kinda just smoke" and:

The more I smoke the more I hate it. But I just can't quit. I hate it because the tobacco is all over my pockets. The ashes are all over the house. The smoke smells in the clothes. What's worst is that girls don't like kissing with men who smoke. Now that's really serious (trans.).

The film ends with Leslie Cheung's sharing:

I used to smoke two packets a day. Just before my 40th birthday, I was on location and thought to myself, what shall I give myself as a birthday present? Then I realized the most important thing is my health. So from that moment on I gave myself a birthday present, that is, I quit smoking. Because I know, smoking is bad for you. Will you think about it too? (trans.)



Figure 4.10. Leslie Cheung shares in his no-smoking film *From Ashes to Ashes* he quit smoking as a birthday gift to himself, because he knows “smoking is bad for you.” He further asks: “Will you think about it too?”

The second no-smoking film entitled *Thousands Memories of Smoking* is directed by renowned director Kwan Kam-ping and starred by pop singers and actors including Jacky Cheung Hok-yau, CoCo Lee and Alex Fong Lik-sun (Kwan, 2002). It is a portrait of a boy who grows up in the 1970s and experiences changes in the social acceptability of smoking from then to now. It begins with scenes of sport activities including jogging and swimming. Undesirable aspects of smoking are emphasized, including the reek of smoking and the nuisance caused by cigarette smoke. It features an interview with Jacky Cheung at intervals. Cheung shares his experience of smoking and quitting, saying that smoking served no purpose but damaging his voice. He adds: “People said smoking was inspiring, but I could not think when smoking. People said smoking was refreshing, but I fell into sleep when smoking.” At the end of the film, Cheung says: “Up to now, I am not sure

whether smoking is good or bad.” Then he stresses: “But, at the same time, I cannot figure out a reason to smoke” (trans.).

Banning Smoking and Smokers in Public Areas

Since the 1980s, public officials have been asked not to smoke in public appearances in the 1980s (Lee, 1989). Teachers have also been strongly advised to avoid smoking in public, particularly in front of students (Wiseman, 1995). With the progressive tightening of the Smoking (Public Health) Ordinance, non-smoking in public places has increasingly become compulsory. In other words, smoking in public appearances has progressively become a criminal offence. Most public places in Hong Kong are now “smoke-free,” from enclosed public areas including elevators, cinemas, public transports, schools, workplaces, restaurants, pubs and clubs, to some outdoor places including university campuses, public parks and beaches. The public officers, as well as managers of designated no-smoking areas such as public transport operators and restaurant staff, are empowered and obligated to enforce the Smoking Ordinance.

In February 2001, the government established a specialized unit under the Department of Health, the TCO, to ensure effective law enforcement and coordinate other tobacco control efforts.³ Following the amendments of the Smoking (Public

³ The terms of reference of the TCO are to: (1) educate and assist managers and staff of public premises to comply with and enforce the Smoking (Public Health) Ordinance; (2) screen printed publications for tobacco advertisement; (3) inspect tobacco retailers for tobacco advertisement,

Health) Ordinance in 2006, in which the vast majority of indoor and some outdoor public areas were required to ban smoking, the TCO had doubled the number of officers from 30 to 60, and would further increase the number to between 80 and 100 in 2007 in order to deal with the increased workload (Goh, 2006).

Since 2003, smokers in public housing estates have been under closer surveillance with the introduction of the Marking Scheme for Tenancy Enforcement in Public Housing Estates, which was renamed to Marking Scheme for Estate Management Enforcement in Public Housing Estates in 2006. Prompted by the SARS outbreak, the HA introduced the Marking Scheme to improve environmental hygiene in public housing estates. Under the Marking Scheme, smoking or carrying a lighted cigarette in public is considered a misdeed and an immediate allotment of 5 points will be made. The HA has further extended the smoking ban to cover all common areas, except smoking areas designated, in public housing estates since 2007 (Hong Kong Housing Authority, 2007; n.d.).

These intolerant practices did not go without challenge. As revealed in the LegCo debates, most opposition was concerned with the feasibility and enforceability of a total smoking ban in public areas. Apart from the economic implications of a smoking ban, the business sector worried about the difficulties in

improper health warnings and signage, etc.; (4) conduct anti-smoking health education; (5) enhance smoking cessation services provided by the Department of Health; and to (6) assist the Health, Welfare and Food Bureau in reviewing tobacco control policy and legislation.

implementation in restaurants and entertainment establishments. For instance, Legislator Vincent Fang Kang of the LP held that “many no smoking areas as designated by the law are totally unnecessary, and it will be very difficult to take law-enforcement actions in such cases” (Legislative Council, 2006a, p. 210). His colleague Legislator Tommy Cheung worried that the ban would undermine the relationship between management staff and customers:

Regarding the existing legislation empowering management staff and personnel of no smoking areas to demand smoking customers who have violated the law to provide their names, addresses and the production of their identity cards, or to use suitable or reasonable force to expel smoking customers out of the smoke-free areas, or even detain them, I think such practices will only intensify the conflicts between them and the public” (Legislative Council, 2006a, p. 202).

As mentioned, the business sector had argued for building smoking rooms with additional or separate ventilation systems in indoor areas. For many legislators and the media, however, this idea was technically impossible and a conspiracy between the business sector and the government. The COSH Chairman Homer Tso Wei-kwok further opined that conditional legislations, such as an establishment of smoking rooms in entertainment establishments, were a violation of the “zero-tolerance attitude” toward cigarette smoking. He believed that any

exemptions would deprive employees of the right to enjoy a healthy workplace, even if they agreed to work at non-smoke-free workplaces (“Smoking rooms,” 2005).

There was also a public opinion that the government should leave to the business management’s discretion to have a smoking ban or not, as market forces would finally decide whether restaurants do well or badly (e.g. Chow, 2002; Gribben, 2002; Ruggeri, 2002; Yue, 2002). This opinion was often immediately refuted by the assertions that cigarette smoking endangered the health and economic well-being of the community, and that restaurants would be reluctant to ban smoking unless the government took a firm stance (e.g. Adkinson, 2002; Arkesteijn, 2002; Fung, 2002; To, 2002).

Meanwhile, some people found a comprehensive ban of smoking undue and unreasonable. The ban is criticized for being unfair to smokers, as it goes too far beyond just minimizing the impacts of smoking on non-smokers. Legislator Leung Kwok-hung was very opposed to a total ban:

I felt that the prohibition had been extending farther and farther ... It is reasonable to ban smoking in an enclosed area because the smoke cannot be dispersed, or in some very crowded places where non-smokers are forced to inhale secondhand smoke. But when it comes to beaches, if smoking is banned

even on beaches, it would strike me as very, very weird ... But why are smokers not allowed to smoke when they are inside the parks? They are not allowed to do so even though other people are not affected. I do not see why it is still necessary to take actions against smokers in the open areas (Legislative Council, 2006a, pp. 251, 505).

Legislator Leung Yiu-chung opposed a ban of smoking in parks because it would deprive “the freedom and right” of a lot of middle-aged or elderly people to enjoy “their only pastime.” He further argued that “pleasure grounds are different from other places in that if you see someone smoking in a park and dislike it, you can go away, so this is really different from an enclosed space. If even doing so is forbidden, I think that society has not taken these people into consideration” (Legislative Council, 2006a, p. 239). Legislator Vincent Fang found many non-smoking areas, such as the most open places like beaches, “totally unnecessary” and hence he thought that the government went overboard (Legislative Council, 2006a, p. 210).

Despite these challenges, intolerant practices were finally made largely based on the ground of “public health.” As revealed in the LegCo debates, protecting non-smokers’ health from secondhand smoke was the major justification for banning smoking in enclosed and outdoor public places. As an example, here is the

argument of Legislator Andrew Cheng for prohibiting smoking in public parks:

We stress in particular that parks are a venue of recreational facilities for the physical well-being of the public and so, there should not be the least puff of second-hand smoke, and elderly people, children and non-smokers should not be exposed to secondhand smoke at these places (Legislative Council, 2006a, p. 188).

Another rationale underlying a smoking ban in enclosed and outdoor places follows the logic of banning cigarette advertising: public appearance of smoking may cause a misperception, especially among youngsters, that smoking is socially acceptable and tolerable. Consider the following statement of Legislator Kwok Ka-ki about the importance of a total smoking ban in parks:

In a park where birds twitter and the fragrances of plants waft in the air, when families are engaged in some recreational activities, a smoking area is located next to them and all the people in it are all holding cigarettes, smoking in the setting of a park. I do not know how parents will say in reply to their children's questions concerning this sight ... We do not wish to give people, be it young people or children, the impression that we have to put up with other people smoking, that we have rationalized this conduct, that at a place where they play, a place for recreational activities belonging otherwise to them, they have to

continue to put up with smoking. I believe that in Hong Kong, there are many places where smokers can smoke with no difficulty ... For the same reason, I believe I also have to propose an amendment in this regard to ban smoking in the Ocean Park and theme parks (Legislative Council, 2006a, p. 220).

In addition, the smoking policy and other public policies show a discrepancy, revealing that public policy making falls short of the principle of equity. For example, cigarettes were quite often compared with motor vehicles, as Legislator Chim Pui-chung stated:

... many colleagues said that since tobacco had killed many people directly or indirectly, it should be totally banned. However, we have to understand one thing. In the United States, the number of casualties caused by vehicles everyday, I am sure, is much greater than that of those killed by tobacco. Can we thus ban vehicles from our roads? Therefore, we must first determine the position of tobacco. What exactly is tobacco? (Legislative Council, 1997b, p. 38).

Local commentator Leung Man-tao (2007) juxtaposed policies on smoking and air pollution:

Smoking is undoubtedly pleasurable for smokers. However, it brings others unbearable consequences, putting non-smokers at high risks. If this is the

reason that we limit the freedom of smoking, then how should we deal with the relationship between air pollution and car owners? ... We should tackle with the problem of secondhand smoking. But at the same time, we should comply with the logic of consistency when making public policy, and hence deal with the problem of air pollution seriously (trans.).

A newspaper reader also compared cigarette smoke with the fumes from vehicles:

“There is clearly a need for the Hong Kong government to produce some evidence relevant to our environment. For example, do they rate secondhand smoke as a greater health risk than carbon monoxide emissions from vehicles?” (McGraw, 2005). Another reader further compared cigarettes with other dangerous things, arguing that a total ban of smoking was absurd:

There are many things that cause much greater harm to society than smoking: alcohol, fatty foods, refined sugars, cars, and industrial waste ... Who can or should make the decision for everyone that smoking has absolutely no social value, and that it causes such a threat to society that government must intervene against the will of a significant number of its constituents? To protect people, the government can educate them on poor or dangerous choices without adding layers of bureaucracy and law, which can only limit playing fields, not level them. There is no reason for this proposed ban” (Gallaga, 2005).

Responses to these challenges reiterate that risks of cigarette smoking are “well documented” (Benitez, 2005c; Lau, 2005). Cigarette smoking is also claimed to be the most dangerous and unnecessary thing. For example, SHW Doris Ho did not agree with Legislator Chim Pui-chung’s comparison of cigarettes with motor vehicles on the ground that vehicles “used according to the manufacturer’s instruction do not kill” (Legislative Council, 1997b, p. 49). Complaining against secondhand smoke in a shopping mall, a newspaper reader wrote: “I would rather have to endure exhaust fumes from a bus. At least the bus is making a positive contribution to Hong Kong in the form of providing public transportation” (Liu, 1998). This opinion reflects that in the dominant public discourse, while air pollution generated by vehicles should be reduced, it is comparatively tolerable because transportation is a kind of necessity. Nevertheless, smoking is believed to be a totally unnecessary habit that brings undesirable consequences to all. It is therefore a kind of wrongful and inconsiderate choice of smokers which should be discouraged and ideally eliminated.

Furthermore, it appears that skepticism or alternative points of view against a smoking ban are provocative, as they are considered irresponsible and dangerous thoughts. Therefore, discussions on the smoking ban policy are often emotive. For example, in 2001, the *Apple Daily* claimed that it had received complaints with

“strong” statements for its stance against a total smoking ban in catering and entertainment establishments. As a response, the newspaper insisted in its editorial that a total smoking ban was undue and failed to balance the interests of smokers and non-smokers. It further stated:

... although smoking is undoubtedly harmful to smokers’ health, it is a lifestyle choice. Legislating a total smoking ban in public places will unnecessarily undermine the freedom of lifestyle choice of the general public. Most importantly, there are actually other alternatives available to the government to balance the interests of smokers and non-smokers, such as issuing licenses permitting certain proprietors of catering and entertainment establishment to cater for smokers” (Lu, 2001, trans.).

This editorial irritated a reader, who stated: “Having read your editorial, I told myself that it was time to switch to another newspaper. It is because I cannot tolerate the *Apple Daily*’s stance which supported smokers’ wanton manner in restaurants” (trans.). The reader further asked the newspaper’s managers to report conflict of interests: “Mr. Lu [the editor] should state clearly in the editorial that whether he is a smoker. May he also tell his readers that how many senior managers of the *Apple Daily* are smokers?” (trans.). The newspaper responded that the editor was a “good man” who did not smoke and drink, and there were few

smokers in the management. It further stressed that readership, as well as freedom of speech, were of equal importance (“Non-smoking,” 2001).

Another example comes from a debate between two secondary students. In a letter to the editor undersigned “A Smoking Secondary Seven Student” (2001), it stated that the smoking policy should balance the interests of smokers and non-smokers; otherwise it would result in social disharmony. He stated:

If the policy only caters for the demands of non-smokers and extends the smoking ban to all restaurants, bars and karaoke lounges, it is a wrongful policy.

On the contrary, it is also a wrongful policy if smokers are allowed to smoke anywhere and under all circumstances (trans.).

This letter invited a letter from “A Non-smoking Secondary Six Student” (2001) who stressed that cigarette menaces were well-documented and stated: “It is selfish to oppose legislations against smoking in public areas. It is also irresponsible to disregard the feelings of other people. Indeed, it is chilly to hear selfish and irresponsible opinions from a well-educated young people” (trans.).

In 2006, local commentator Leung Man-tao issued his cultural criticisms in magazines and newspapers about cigarette smoking including the role of smoking scenes in films, social functions and meanings of smoking (e.g. Leung, 2006a; 2006b; 2006c). His articles invited complaints from many readers, criticizing him

for being “irresponsible and spoiling people.” Despite these outcries, Leung insists that whether to smoke or not is an individual freedom. He observes that rational discussion is absent in the debate on the smoking ban. He also criticizes that the policy not only fails to achieve a balance between smokers and non-smokers, but also deprives smokers of freedom by forcing them to give up smoking (Lai, 2006).

A smoking newspaper reader complained of intolerant practices and rhetoric: “In 15 years in Hong Kong, I have not experienced a single complaint from non-smokers in restaurants or bars. What happened to tolerance? We all have likes and dislikes, but do not embark on ‘wars’ to have others conform to them” (Dolezal, T., 2005). It is not rare to hear the irony from opponents of intolerant practices on smoking who point out that criminalizing smoking and sales of cigarette is the most straightforward measure to curb smoking. For example, a columnist held that everyone should be tolerant of different opinions and lifestyles, and it was a high-handed interference to force all people to follow a specific way of living. He satirically concluded: “It would be better to have a total ban, illegalizing the manufacture, sale and consumption of cigarettes” (Shi, 2005, trans.). A smoker ridiculed himself:

Cigarette smoking is not a necessity, but a pleasure or state of mind. I am a smoker and my secondhand smoke harms my family members. My will power

is rather weak and I have not been able to kick this habit. I would love Hong Kong to ban the sale of cigarettes (Chang, 2005).

This satire was held by legislators who were opposed to a total smoking ban in public areas. For instance, Legislator Vincent Fang once suggested: “We could simply list all tobacco products as narcotics and ban their import and consumption. That would be an even more thorough approach, wouldn’t it?” (Legislative Council, 2006a, p. 210). His idea was echoed by his political opponent Albert Chan Wai-yip:

A comprehensive ban of cigarettes might be a better measure. If [one] wants to wage a war against the tobacco companies, please declare a full-scale war by formally stipulating that cigarettes are equivalent to narcotics and smoking and sale of cigarettes are both prohibited (Legislative Council, 2006a, p. 270).

In fact, tobacco control advocates, especially medical practitioners, and the government have not denied their intention to stamp out cigarette smoking. They claim that, had the harmful effects of smoking been known, tobacco would not be a legal substance. As cigarette is now a legal commodity, time is needed to reduce and ultimately eliminate smoking through a long-standing and gradual policy. For example, it was reported that it was the “government policy to eliminate smoking from Hong Kong within 100 years.” Announcing the government decision to

establish the COSH, Simon Vickers of the Health and Welfare Branch said in 1986:

“The evidence against smoking as a health risk is so great. If cigarettes were a new product, the Government would say that they could not be marketed” (“\$1m body,” 1986). Legislator Leong Che-hung, who was a doctor, stated in 1996:

I was asked repeatedly why I did not move to ban tobacco smoking completely.

I would have gladly done so and I am sure any government would have done likewise, if when tobacco was first introduced, the cancerous effect and the addictive effect were known and not shielded by the tobacco industry. It has been wrong to label tobacco and cigarette as a legal product! (Legislative Council, 1997c, p. 309)

Legislator Kwok Ka-ki, who was also a doctor, agreed with Leong, saying:

Even if the sale of cigarette is to be banned in Hong Kong, as suggested by some people, I personally do not mind seeing this happen. But this is certainly not a viable option in the short run. Time is what we need, and it would be most successful if no one would smoke and the public would no longer be deceived by tobacco companies. But before we can achieve this, we still do not wish to see anyone being subject to the adverse impact of first-hand smoke or second-hand smoke anymore, or to give the younger generation a wrong impression that there is a place where smoking is condoned (Legislative Council, 2006a, p. 309).

No Smoking is Good for You and Me

Increasingly, tobacco control practices are based on a more paternalistic principle that people have to learn what they should and actually act in ways that are in their self-interest. Teenagers have been discouraged to take up smoking, and retailers are not allowed to sell cigarettes to people under the age of 18. Further, health education, as well as public policies, has increasingly pointed to an aim to advise and “help” adult smokers to quit for their own good.



Figure 4.11. Smokers should choose a healthful lifestyle by stopping smoking or never beginning to smoke for their own sake. Anti-smoking poster of the government in 1981 (left) and of the TCO in 2005 (right).

As local commentators Perry Lam (2006) and Leung Man-tao (Lai, 2006) observe, tobacco control efforts intend not only to prevent smokers from harming others, but also to prevent smokers from harming themselves. Reducing cigarette consumption and even stamping out cigarettes from the hands of smokers are the

prime aims of the tobacco control policy which is said to be for the smokers' own good. However, these intolerant and paternalistic practices against cigarette smoking have become largely unimpeachable and legitimate because they are done in the name of public health with good intentions. For example, Legislator Kwong Chi-kin suggested that prohibiting smoking in public places would "help the smokers quit smoking easier." He further told Legislator Leung Kwok-hung that:

This in fact helps you kick the habit. It is indeed less convenient to smoke in public places, but this helps you quit smoking and your health will improve and save our medical expenses. I hope you will appreciate our good intention. This is for your own good, instead of oppressing you (Legislative Council, 2006a, p. 267).

SFH York Chow also told legislators: "It is our long-standing policy to adopt an 'incremental' approach ... We must adopt an incremental approach, so that smokers can be given time to kick the habit" (Legislative Council, 2006a, p. 280).

Many good reasons for quitting smoking are often cited. The first reason is undoubtedly for health. The public has been advised by the government's motto "Quit Smoking. It's Never Too Late," although not smoking by no means guarantees good health and a healthy lifestyle. A newspaper report headlined "When giving up can come too late" featured a story of a lung cancer patient, whose

doctor said his long history of smoking had put him at high risk of the disease before he quit (Moy, 2005e). At a radio program, SFH York Chow shared his experience of quitting smoking. At the same time, he admitted that he had had an unhealthy diet habit – he ate little or even did not have breakfast and lunch so that he could be fully awake to work (“York Chow,” 2005).

Apart from health, it is said that smokers will be rewarded with an enhancement of self-image and family and social relationship if they give up smoking. A health promotion advertisement of the TCO, which is produced under a publicity campaign entitled “I love smoke-free Hong Kong” introduced in 2005, first features shots of a woman swimming, having a healthy meal and dressing up. The woman then smilingly says: “Want to be healthy? Want to look beautiful? Want a confident smile? To treat my body with respect, I have quitted smoking. It’s time you quit too.” The advertisement ends with a motto: “Be Good to Yourself, Quit Smoking.” In other words, it is a virtuous if people manage themselves well. In so doing, they will be rewarded with good health, appearance and social relationships.

As mentioned earlier, the smoking population has steadily shrunk in the recent two decades. Medical prescription undoubtedly plays a role in driving smokers to quit. A typical example is from public figure James Wong Jim who decided to give up his 40-year smoking habit after he had been diagnosed with lung cancer and heart

disease (“Wong Jim,” 1999).

Nevertheless, evidence suggests that instead of direct influence from medical experts and coercive legislation, smokers’ beliefs in the bad influence of smoking on themselves and their family members are an important impulse that mobilizes self-government among smokers to give up smoking. Official surveys showed that “health reason without advice from health care professional” and “considered smoking not good to health” were the most common reasons for giving up smoking. Official surveys also revealed that “influence of family members and friends” and “in consideration of the bad effect which cigarette smoking had on family members” appeared to have an equal weight with and even a more important role than health advice from medical experts.

Meanwhile, there are constant media stories about smokers quitting smoking for their spouses and children, including actors Nick Cheung Ka-fai, Dicky Cheung Wai-kin and football player Lee Kin-wo (“Cheung Ka-fai,” 2000; “Cheung Wai-kin,” 2009; “Lee Kin-wo,” 2006). Quitters are regarded as caring lovers, parents, friends and citizens. For example, Legislator Lo Wing-lok regarded quitting smoking as “the best gift of the Valentine’s Day.” He said that “health is a gift of love” and hoped that “people quit smoking to safeguard the health of themselves, their families and the others” (“Quitting smoking,” 2005, trans.).

The stories of ex-smokers come to prove that kicking the habit is really good to their interpersonal relationships. An ex-smoker shared his reason to quit smoking: “Smoking has become increasingly socially unacceptable. When I smoked in the street, people passing by would stare at me fiercely. My wife and daughter disliked my smoking habit too. Consequently, I had to smoke stealthily as if I was a thief. Eventually I found myself hate smoking too” (“Giving up,” 2001, trans.). Another ex-smoker shared that having quit smoking, he became more self-confident and learned how to get on better with his family, particularly his parents (“Reformed burglar’s sense,” 1993).

Interestingly, according to official statistics, daily smokers who had either tried or wanted to give up smoking accounted for two-fifths to half of the total daily smokers over the years (Appendix 13). Most of those who failed to give up smoking attributed their failure to “being not determined enough.” Former governor Chris Patten also told school students “giving up smoking is very difficult and very necessary” (Ferrari, 1993). These opinions of smokers and ex-smokers shape a common belief that strong will is the key to getting rid of addictive cigarettes. It accompanies a mirror image of smokers as lacking will power and ex-smokers as determined and courageous. By giving up smoking, an ex-smoker is no longer “a slave of cigarette” (“Not a slave of cigarettes,” 2000, trans.).

As quitting smoking has become a virtue, quitters are honored for they provide the youth and society at large with role models. They are often represented as caring parents in the media. Since 2001 the COSH has organized a “Quit and Win” Contest. The contest was associated with media publicity. The ex-smokers were invited to share their efforts and experience in successful quitting (Hong Kong Council on Smoking and Health, 2001a, pp. 25-26).



Figure 4.12. “Trendy mother quits smoking for her son with no difficulty.” A full-page feature of the *Ming Pao Daily News*, November 15, 2006, p. D8. The feature portrays a caring mother and a happy family. Alongside with it are football

player Lee Kin-wo's story of quitting smoking, an information kit on the harmful effects of secondhand smoking and smoking cessation services.

Heavy Taxation

Apart from health education and legislations, taxation has been deployed as a tobacco control measure to reduce the demand for cigarettes. For many years, tobacco has been subjected to excise duty under the Dutiable Commodities Ordinance to generate government revenue. In 1991, health concerns became the reason for increasing tobacco duty for the first time (Appendix 3). Financial Secretary (FS) Piers Jacobs, who proposed an increase of 200% in the rate of tobacco duty, said in his budget speech: "... for health reasons a hefty increase is now justified ... with a particular view to reducing the attractiveness of smoking to young people" (Financial Secretary, 1991, p. 23). Tobacco duty was steadily increased between 1992 and 2001, though it was made for fiscal reasons. It was then frozen for six years, in view of the increased illicit trade of cigarettes. The government sought to increase the funding for the COSH and to cut the quantities of duty-free tobacco that Hong Kong residents might bring back in 2000 and 2002 respectively.

Between 2002 and 2008, tobacco control advocates, such as the COSH and the CYSP, urged the government to raise tobacco taxes. They substantiated their

reasoning by citing the 1999 report of the World Bank entitled *Curbing the Epidemic* that tobacco tax is effective in deterring children from taking up smoking and higher tobacco tax helps induce smokers to quit. The report also finds that a price rise of 10% caused the quantity demanded to fall by 5% (e.g. “Group,” 2005; “Higher tobacco duty,” 2002; Tso, 2008; World Bank, 1999, p. 41; “World Bank,” 1999). In 2009, FS John Tsang Chun-wah proposed to raise the tobacco duty by 50% for “public health reasons” and stated that the government would continue to step up efforts on smoking cessation, publicity and enforcement in tobacco control (Financial Secretary, 2009, p. 42). The government emphasized that the new levy would increase the revenue from tobacco duty from HK\$30 billion to HK\$38 billion; and that a rise of 10% would cause the population of young smokers to fall by 6.3% (Yu, 2009).

The government’s proposals of heavy increase in tobacco duty received diverse public responses in 1991 and 2009 respectively. In fact, the 1991 proposal was not well-received by the general public. At that time, there was a huge budget revenue as well as a high inflation rate (13%). Legislators such as Allen Lee Peng-fei and Peggy Lam Pei Yu-dja suggested that curbing the inflation should be at the priority of the government (“Lee Peng-fei,” 1991). Legislators Tam Yiu-chung and Lau Chin-shek criticized that the increase was inflationary and unfair to those at the

grassroots level. Tam further said that the move of the government was hypocritical as its real motive was to increase government revenue (“Smokers,” 1991). A magazine poll also found that the public did not believe that the duty increase was made for public health reasons (Li, 1991). Eventually, the government cut back the increase rate to 100% (“Change in tobacco tax,” 1991).

On the contrary, the proposal in 2009, when Hong Kong was mired in a global financial crisis, received wide support. There was, of course, opposition to the proposal. A columnist criticized that the proposal was unfair to smokers, while a newspaper reader held that tobacco duty was regressive and hence it was unfair to people on low incomes (Teh, 2009; Yu, 2009). The League of Social Democrats (LSD) organized about 500 people to protest against the tax increase, saying the absence of a similar rise in liquor duty was class discrimination as many smokers were from working classes or had lower incomes. The party also believed that the increase would undermine the livelihood of newspaper hawkers because of a fall in cigarette sales. Legislator Albert Chan of the LSD further moved a motion at the LegCo to repeal the cigarette-tax increase (Lam, T., 2009; Wu, 2009; “York Chow,” 2009).

However, unlike the situation in 1991, opposition to duty rise paled in comparison with the heavy tax advocacy efforts and reflected the growing public

intolerance of smoking. On the other side of the LSD's protest, medical and nursing students from HKU and members of the COSH rallied in support of the increase in tobacco duty (Lam, T., 2009). Legislator Albert Chan's motion was vetoed by a great margin because Legislators from major political parties including the DAB, the DP, the CP and the LP refused to give their support. For instance, DP legislator Andrew Cheng believed the duty rise could help reduce youth smoking, while CP legislator Audrey Eu Yuet-mee agreed high tobacco duty was the most effective tobacco control measure. SFH York Chow cited the finding of an HKU survey that 85% of respondents supported tobacco control measures. He further stressed that the claim that "cigarette smoking is hazardous to health" was a commonly known and indisputable fact, and both active and passive smoking put a heavy burden on the health care system (Government of Hong Kong, 2009b; "LegCo," 2009; "York Chow," 2009).

In addition, SFH York Chow denied the duty increase was unfair to the grassroots. Rather, he reiterated it was an effective measure to curb the worsening problem of youth smoking and help smokers quit. Chow also emphasized:

Cigarette is absolutely not a necessity, but a commodity that endangers people's health. Every citizen, no matter they are rich or poor, will not be affected by the tobacco duty increase as long as they do not smoke ... Reducing or quitting

smoking is not only good to health, and also save money (Government of Hong Kong, 2009a).

A physician also disagreed that the increase was class discrimination. She further asked poor smokers to quit because “health was the most precious asset of the grassroots” (Chan, K.-l., 2009, trans.). A newspaper reader agreed with the government that the increase would “make cigarettes unaffordable for teenagers and people on low income” (Chan, S., 2009).

It was also accepted that the economic downturn presented a good time to increase the tobacco duty, and that high tobacco duty was a caring policy as it encouraged smokers to quit. For example, the COSH opined that a levying higher tobacco tax would help finance public expenditures in times of economic difficulty. Its Chairman Lau Man-man further stated: “Cigarettes are not necessity. If tobacco tax is increased, it will help smokers to quit. All of us will benefit” (“Financing the budget,” 2009, trans.). Chairman of the CYSP Tik Chi-yuen believed that increasing tobacco tax could discourage cigarette smoking and relieve the financial burden of the government during the economic crisis (Tik, 2009).

In short, a high tobacco duty has gradually been accepted as a means to reduce the demand of cigarettes, discourage teenagers from smoking, and encourage smokers to give up smoking. The different public responses to the tobacco duty

increase in 1991 and 2009 illustrate an increased social aversion to cigarette smoking. In 1991, the proposal was seen as an unfair policy to the lower class, and a hypocritical policy that merely served to raise government revenue. Yet in 2009 high tobacco duty was accepted as a good policy for the people, including the grassroots' health, and for the health of public finance.

Tobacco Control as a Globalizing Movement

Tobacco control is by no means a matter that is confined to Hong Kong. In the dominant discourse, overseas experiences in tobacco control are decontextualized and generalized as a coherent and globalizing current without exceptions. In particular, stringent controls in “advanced Western countries,” as well as similar practices in Asian countries, are often quoted as examples of the “global trend.” It follows that Hong Kong should take similar steps to keep pace with the global trend. For example, in a magazine feature titled “Creating a Smoke-free Environment: A Global Trend of Anti-smoking,” tobacco control movements in the United States, Taiwan and Singapore were introduced. The feature began with the following lines:

To Hong Kong readers, “refusing secondhand smoking” and “the third Opium War” are strange concepts. However, they have been common in Singapore and Taiwan ... Anti-smoking is a current global trend. Activities aimed at

discouraging smoking and refusing secondhand smoking have attracted people who look for better living environment (Zhang, 1987, trans.).

In particular, believing that the United States is the biggest exporting country of cigarettes and a country that respects individual freedom and rights, stringent controls in the United States are uncritically accepted as an international benchmark of tobacco control. In LegCo debates, the U.S. experience is a commonly cited justification for introducing tough controls in Hong Kong. Speaking for tougher legislative controls, for instance, Legislator Christine Loh Kung-wai said:

It is by international standards ... a very mild Bill. The fact has been underscored by the settlement reached in the United States America only a few days ago in which the tobacco companies agreed to many of the most stringent measures imposed by this Bill” (Legislative Council, 1997c, p. 38).

SHW Katherine Fok held: “Given that the biggest exporting country of tobacco products has decided to introduce [measures on banning tobacco sponsorship and advertising], we should not lag far behind” (Legislative Council, 1997c, p. 413). A newspaper reader, who named himself as “An Anti-smoking Advocate,” wrote to support a ban of tobacco advertising, saying: “Even in the United States, a country that emphasizes freedom, there is a ban of cigarette advertising. Then why can’t Hong Kong impose the same control on this commodity that endangers the society?”

(An Anti-smoking Advocate, 1986, trans.). This uncritical embrace of the U.S. experience led Legislator Tommy Cheung to quote a bitter and cutting remark of Norwegian representatives of the catering industry when speaking against a total ban of smoking in restaurant:

In Norway, when we met with the industry, we asked, “Has your business been affected?” They answered in the negative, “Even California of the United States says that there is no adverse impact. How can there be any effects on us?” (Legislative Council, 2006a, pp. 213-214).

In addition, as Roddey Reid (2005, pp. 151-152) observes, places with loose and exceptional practices such as France are often dismissed as if they are of little value. However, if anti-smoking controls are in place in these places, they will be selectively taken as an impetus to tighter controls in Hong Kong, regardless of their actual implementation. For example, Legislator Li Kwok-ying quoted the experience of France in support of a total ban of smoking in public places:

Even in France, a place which has always emphasized the pursuit of pleasure, a country with a profound culinary culture and respect for personal rights and freedom, a comprehensive smoking ban will be implemented at all public places of the country early next year” (Legislative Council, 2006a, p. 204).

However, Legislator Tommy Cheung pointed out that in France:

There is also a requirement on the construction of smoking rooms. Restaurants, bars and night-time entertainment establishments such as discos, where smoking is common, must construct smoking rooms with independent ventilation. And, no staff should be forced to enter any smoking rooms to serve customers” (Legislative Council, 2006a, p. 305).

Ironically Tommy Cheung’s proposal of an establishment of smoking rooms was heavily criticized by his colleagues and the media. Tommy Cheung thus criticized his colleagues that they tended “to look at something out of context and argue over it endlessly” (Legislative Council, 2006a, p. 305). Also consider the following statements from an anonymous letter to the editor:

I do not think that much of the anti-smoking debate relating to bars and restaurants has been particularly accurate or balanced. The anti-smoking lobby trumpets the occasional country or state within a country that chooses to ban smoking. However, it ignores the fact that the vast majority of countries have chosen not to ban smoking in bars (“Real choice,” 2005).



Figure 4.13. The European Union plans to legislate a total smoking ban. *Ming Pao Daily News*, February 1, 2007, p. A23. The report highlights that restaurants, bars and cafes in France, so-called “smokers’ paradises,” would ban smoking in 2008. It further reports that “in France, about 5,000 people die from secondhand smoking and more than 60,000 people die from smoking each year” (trans.).

Nevertheless, with the constant internationalization of anti-smoking activities and regulations, such as the “World No Tobacco Day” (WNTD) organized by the WHO and smoking bans in international events and flights, tobacco control itself has increasingly been seen as an international spectacle. In 1987, it was reported that the Winter Olympic Games held in Canada would not accept tobacco sponsorships and advertisings (“Internationalized anti-smoking moves,” 1987). A year later, the WHO celebrated April 7th as a world no-smoking day to mark its 40th anniversary (“Plea to stop tobacco sale,” 1988). Activities in European countries, Japan, and Singapore were reported (“The first World No-smoking Day,” 1988). The *Express Daily* asked smokers to support the event “for the sake of themselves

and the others and saving the future generation” (“Supports the World No-smoking Day,” 1988, trans.). Since 1989, the WHO has designated May 31 as the WNTD. Hong Kong and the international community take part in the WNTD in various forms. In 2002, for example, the theme of the WNTD was “Tobacco-free sports – Play it Clean.” The WHO made an appeal to all sports organizations for not accepting tobacco sponsorships and to prohibit smoking in all sport venues. Many international organizations, including the International Olympic Committee and the Fédération Internationale de Football Association, had declared their sports programs to be smoke-free. The World Cup, which is arguably the most popular international sport event in Hong Kong, consequently has become smoke-free since 2002. In Hong Kong, the COSH published advertorials on major newspapers as it did on the WNTD each year. With the support of many sports organizations, the COSH held “The 2002 World No Tobacco Day” cum Premiere of Smoke-free Music Movie “Thousands Memories of Smoking” on the WNTD (Hong Kong Council on Smoking and Health, 2003a; “Today,” 2002, pp. 54-55).

In addition, since 1992, the International Civil Aviation Organization had promoted smoking restrictions on international passenger flights for safety and health reasons (“Smoking will be banned,” 1992; United Nations Ad Hoc Interagency Task Force on Tobacco Control, 1999, p. 5). In the late 1990s, more

and more airlines adopted the total ban policy. Hong Kong based Cathay Pacific made all flights smoke-free in September 1996 (Lin, 2000).

In this light, it has been accepted that no smoking is an international norm, and tobacco control is an irreversible trend, if not a *fait accompli*. Non-smoking, as Allan Brandt argues, appears to be the desirable international image (2004, p. 267). Hong Kong is said to fail keeping itself out of this global trend. Judith Mackay opined that "... if you look at world trends, more and more places are becoming smoke-free and I believe Hong Kong shouldn't lag behind this respect" (McCabe, 1987). Government officials also place great emphasis on following the international trend. For example, SHWF York Chow said that reducing the health hazards caused by secondhand smoking was an "international trend ... We will closely follow the international practices in this regard" (Legislative Council, 2006a, p. 281). Legislator Kwok Ka-ki believed that tight tobacco control measures would consolidate the status of Hong Kong as a world-class city:

Hong Kong is a world-class city in Asia. Just now many Honorable colleagues have cited many examples to illustrate how it has become an important policy in many world-class cities to ban smoking in some public places, indoor public places and restaurants. A ban on smoking will tell the world that the city concerned has taken some responsible action ... My wish is that at the end of the

day Hong Kong can join the ranks of other world-class cities in taking resolute actions to ban smoking in all indoor areas, including public places, workplaces and all restaurants (Legislative Council, 2004, p. 487).

It is therefore disturbing to find that Hong Kong is backward in tobacco control. Since the 1990s, Hong Kong has been repeatedly warned that it has fallen behind advanced countries and even some Asian countries in respect of tobacco control. In 1993, the COSH Executive Director Cheung Che-kwok maintained that anti-smoking was an international and global trend, and Hong Kong has lagged behind Singapore, Taiwan, Australia, Canada and the United States. He added: “To enhance the image of Hong Kong, anti-smoking measures will help” (Wen, 1993, trans.). Judith Mackay (1997) shared the same observation with Cheung, saying:

Many other countries in this region are now well ahead of Hong Kong in legislation to prevent and reduce tobacco use. Thailand and even Mongolia have total bans on all tobacco promotion; China bans all electronic and print media advertising of tobacco by national law. In recent years, Hong Kong has fallen behind its neighbors, and it is hoped that Legislative Councilors redeem our image of commitment to prudent and sensible public health measures.

Homer Tso, Chairman of the COSH, claimed that “Hong Kong was a world exemplar when the COSH was established in 1987. However, anti-smoking

legislations of the city have been repeatedly suspended and have lagged behind [the world trend]. Hong Kong would become the laughing stock of the world if there was further a suspension of anti-smoking legislations” (“Smoking ban,” 2005, trans.).

Above all, it is said that Hong Kong, as a member of the international community, is obligated to take up measures to curb the global tobacco epidemic. The city is bound to do so as it is a signatory of the WHO’s anti-smoking plans. It was the case in 1997 when the proposal of banning cigarette smoking was under discussion, as Legislator Ip Kwok-him said:

Although some groups have argued that tobacco advertising is not the only factor affecting the preference of smokers, as one of the members supporting the plan of the World Health Organization to “establish an area without tobacco advertising by 2000” in the Western Pacific Region, the Hong Kong Government is duty-bound to prohibit tobacco products from being directly advertised (Legislative Council, 1997b, p. 20).

In 2003, the FCTC was adopted. It was the first public health international treaty with an aim to constrain the spread of tobacco growth and usage worldwide. SHWF York Chow described the adoption of the FCTC as “the momentum for tightening tobacco control laws worldwide” and held that “the need to step up

anti-smoking legislations is pressing” (Chow, 2005; Legislative Council, 2005b, p. 7164). Legislator Alan Leong Kah-kit maintained that:

After the FCTC came into effect, stepping up tobacco control has become a worldwide trend. Be it from the angle of international responsibility or that of protecting public health and public interest, it is incumbent on the SAR Government to put the FCTC into effect by way of legislation and reduce the harm of passive smoking on members of the public by means of policies ... The discussion on this legislative exercise must have the implementation of the FCTC as its principal objective (Legislative Council, 2006a, p. 242).

Still, there has been an ambition to establish Hong Kong as an exemplar of tobacco control in the regional as well as the international community. It is hoped that Hong Kong can take the lead in creating a healthy Asian region. Supporting the 2005 legislative proposals, Legislator Frederick Fung Kin-kee said: “I support this Bill, for it enables Hong Kong to comply with the requirements laid down in the FCTC. It is also hoped that this will help speed up the tobacco control work of our neighboring districts, so that we can work together for a healthier and fresher region” (Legislative Council, 2006a, p. 259).

In particular, Hong Kong is believed to play a critical role in “helping” China to get rid of the cigarette menace because of the city’s superiority. This claim was

confirmed by the WHO, as its spokesman Bernard Kean said that “Hong Kong was vitally important to the WHO because it was strategically placed to teach people in China how to fight [public health] problems” and “Hong Kong’s greatest asset was its ability to transfer its technology and energy to China.” It was also reported that “China was both the biggest consumer and producer of tobacco worldwide and Beijing was looking to Hong Kong for help to try to curb the country’s nicotine habit” (Maher, 1992). Legislator Huang Chen-ya said with sympathy that “if we do care about China and the people in China, we should take the anti-smoking policy seriously. In this case, we are helping not only Hong Kong but also China” (Legislative Council, 1997c, p. 395). Legislator Kwok Ka-ki held an opinion that:

As a developed tourist destination, Hong Kong in fact has the mission to tell tourists, including those from the Mainland, that we attach great importance to anti-smoking efforts and that degree of importance is so great that we hope they will not propagate their act or behavior of smoking in tourist facilities” (Legislative Council, 2006a, p. 220).

In an article entitled “Total Smoking Ban is an Irreversible Trend,” a commentator expressed his hope that Hong Kong would speed up its tobacco control legislations and have a total smoking ban in restaurants, “so as to set a good example to China” (Shen, 2005).

In sum, it is a public belief that there is a coherent global tobacco control current with no exceptions; and that tight tobacco control measures represents Hong Kong's status as a responsible member of the international community and therefore a superior and prestigious world city. This belief is founded on the basis of increasing international anti-smoking activities, and decontextualized and partial citations of tobacco control experience in overseas countries. Alternative practices are often dismissed because they contradict the dominant common sense about cigarette smoking. But in fact these practices reflect there are other perceptions and treatments on cigarette smoking and smokers. In this sense, intolerance towards cigarette smoking in Hong Kong is a contextual practice that allows little deviation from the norm.

Conclusion

In Chapters 3 and 4, I show that there has been a significant transformation in the way we have made sense of cigarette smoking in the past two decades. There is a spread of the idea of a global tobacco epidemic through multiple discursive vectors, including medical experts, public officials, teachers, journalists, pop stars, parents and children. It also implicates with it a set of events, stories and historical conjunctures. Key moments and conjunctures highlighted in this chapter include the tobacco wars in the US, internationalization of anti-smoking regulations since

the late 1980s and the adoption of the FCTC in 2003. They constituted negative images of the tobacco industry, the internationally desirable image of tobacco control and conciliatory attitude of big tobacco companies. The SARS outbreak in 2003 intensified health scares. Along with the quick economic recovery, economic opposition to tobacco control lost its ground. The consequence of the articulation of cigarette smoking to the discourses and practices of epidemic was an increasingly intolerant socio-legal regulatory environment against cigarette smoking.

Furthermore, as we have seen, the increasingly one-sided open public discussion on cigarette smoking is based more on sentimental, partial and plausible arguments than rigorous and evidence-based discussions. Evidence presented here suggests that tobacco control advocacy is often flawed, agenda-driven, and self-contradictory. There has been opposition to the growing intolerant tobacco control advocacy and efforts. However, with the justification of scientific truth, tobacco control has become unimpeachable. Alternative opinions and skepticisms are highly marginalized and even demoralized, having little impact on the growing hostility and rejection of cigarette smoking and smokers.

I suggest that the rationality underpinning this intolerant discursive practice against cigarette smoking is “civic neoliberalism,” which will be discussed more in Chapter 6. In this framework, everyone is said to be a responsible citizen subject

that must regulate themselves well for the well-being of the self and the community as a whole. In this sense, cigarette smoking is unacceptable. The tobacco industry and smokers are produced as subjects of risks and objects of intolerance, as they are believed to be a serious threat to the physical and social health of the global community. In particular, the tobacco epidemic is individualized as a problem of smokers who are irrational, self-indulged and lack civic-mindedness for putting all under health risks and socio-economic burdens. A common but implicit point of view – the refusal of cigarette smoking and smokers – has increasingly become more legitimate.

A range of zero tolerance practices have been introduced in the name of public health, aiming at reducing and gradually eradicating cigarette smoking to create a “smoke-free” environment. In particular, since the 1980s, the government has abandoned a persuasive approach and progressively tightened its restrictive and intrusive public policies, including a ban of cigarette advertising, extensions of no-smoking areas, and a high tobacco duty policy. These practices reflect that the government has changed its role from taking the liberal state’s stance to enable citizens to make informed and free choices, to taking a more paternalistic ethos to ensure citizens learn what they should and actually act in ways that are in their self-interest (Kagan & Vogel, 1993, p. 26). Consequently, there is an enlargement

of the state apparatus and power. Consumption, sale and promotion of cigarettes are regulated by a range of legislations and codes, including the Smoking (Public Health) Ordinance, the Occupational Safety and Health Ordinance, Marking Scheme for Estate Management Enforcement in Public Housing Estates, the Radio Code of Practice on Advertising Standards and the Generic Code of Practice on Television Advertising Standards.

Every move made by smokers and the tobacco industry is monitored by a wide range of institutions: the COSH, the TCO, the Department of Census and Statistics, the Hong Kong Customs and Excise Department, the HA, the BA, the media, schools, non-governmental organizations, families and so forth. Agents of policing thus range from medical experts, public officers, legislators, to journalists, teachers, parents, and even children.

Perhaps more importantly, more citizens have come to govern themselves. Evidence suggests that in Hong Kong, fewer people have taken up smoking; and a number of smokers have tried to quit or have succeeded in quitting smoking. As I will discuss more in the concluding chapter, tobacco control normalizes the enlargement of state power and self-government which in turn serves to legitimate the state.

Chapter 5

COMPARING THE PUBLIC DISCOURSES ON CIGARETTE SMOKING AND ALCOHOL DRINKING

This chapter looks into the parallels and contrasts between cigarette smoking and alcohol drinking in terms of regimes of discourse and control in Hong Kong. All along, concurrent consumption of tobacco and alcohol has been commonplace. Tobacco and alcohol are therefore often juxtaposed in the public discourse. Cigarette smoking and alcohol drinking are traditionally seen as “bad habits” in the health and moral senses. In common with tobacco, alcohol is a legal commodity whose sales and consumption are regulated by legal codes, health and taxation policies etc. However, as I will present in this chapter, Hong Kong has gradually become a society that is intolerant of cigarette smoking while permissive of alcohol drinking. In the dominant public discourse, alongside with the growing denormalization of cigarette smoking, there is an increasing glamorization of alcohol drinking. While there is a decline in the popularity of cigarette smoking, it appears that alcohol consumption is a growing trend. Alcohol-related problems, except drink driving, receive far less public attention than tobacco control. Compared to alcohol, tobacco is trapped in a stricter socio-legal regulatory environment. Why has this been the case? Why has tobacco been singled out from other legal and harmful substances, in this case alcohol, as an imperative object

of intolerance and control?

To answer these questions, I will show discrepancies between public knowledge about tobacco and alcohol which delimit and direct public policies on these two substances in distinctive ways. Nevertheless, discrepancies do not necessarily mean conflicts. In particular, how cigarette smoking and particular alcohol-related problems become causes of public concern do share certain common rules. Identifications of these conformities will further help us to tease out the cultural and political contexts of how an issue becomes an object of concern and a real public problem, legitimatizing intolerant practices against the issue.

I begin by showing the political constraints that corrode the role of epidemiology in shaping the perception of alcohol-related problems. The de-emphasis of alcohol as a health risk, in addition to the reported benefits of moderate drinking and the popularity of alcohol drinking among the middle- and upper-class, allows alcohol to appear as an ordinary and high value-added commodity. The consequence is a highly permissive public policy towards alcohol, as exemplified by the elimination of duties on alcoholic beverages in 2008 with an objective to develop Hong Kong as a hub of wine businesses.

Another consequence is that public disapproval of and public policies toward alcohol-related problems are more attentive to “problem” drinkers than the role of

alcohol as an agent of these problems. However, all alcohol-related problems do not necessarily become central to the public concern and the policy agenda, as exemplified by public inattentiveness to alcoholism, binge drinking and youth drinking. Like the case with secondhand smoking, an alcohol-related problem that appears to constitute a threat to the public order and thus endangers the whole community is more likely to become central to public attention and the policy agenda. Threats to public health and public order are intolerable. I will illustrate this point by looking into the public discussion in the aftermath of the Lan Kwai Fong incident in 1993, the liquor license mechanism, and the public discourse and public policy on drink driving offence.

Erosion of Alcohol Control Advocacy

Normalization of Alcohol

By the early 1970s, public health had shifted its attention to the drinking habits of the general population, the acute consequences of drinking, the role of alcohol consumption as a risk factor in chronic illnesses and casualties, particularly liver cirrhosis and traumatic deaths, and the socio-economic implications of alcohol drinking (Gusfield, 1996, pp. 294-296; Room, 1984b, pp. 294-296). For instance, in 1980, the WHO Expert Committee on Problems Related to Alcohol Consumption (WHO ECAC) stated:

... acute episodes of heavy drinking are likely to bring about short-term impairment of functioning and control in the individual drinker, possibly leading to violence, accidents, physical disorders as a consequence of exposure to climatic conditions, or arrest for drunkenness. Prolonged heavy drinking may result in liver cirrhosis, aggravation of other physical disorders and malnutrition, more prolonged impairment of functioning and control, leading again to accidents and impairment of working capacity, and perhaps finally the alcohol dependence syndrome or alcoholic psychosis. These problems may possibly be accompanied by loss of friends, family, self-esteem, occupation, means of support and even liberty. Whether or not they reach the level of the alcohol dependence syndrome, there may be a variety of repercussions on the family, including marital discord, family disruption, poverty, child neglect and child development difficulties. Both individual and family problems may have consequences for the wider community, such as public disorder and property damage, increased expenditure on health, welfare and law-enforcement services, as well as output losses, not only in industry and agriculture, but also with respect to administrative and professional responsibilities (WHO ECAC, 1980, p. 18).

Alcohol, like tobacco, was identified by the field of public health as a harmful

substance involving threats to global health. For instance, the WHO ranks tobacco and alcohol, together with illicit drugs, on the list of major risk factors for global health under the category of psychoactive substances. It indicates that in 2000 alcohol-related death and disability accounted for 4% of the global burden of disease, accounting for about the same amount of disease as tobacco (4.1%) (WHO, 2002, pp. 64-66). In 2007, WHO ECAC (2007) concluded in its report that:

Alcohol has toxic effects that can harm almost any system or organ of the body; can exacerbate pre-existing mental and physical disorders; can adversely interact with other prescribed and illicit drugs in the body; as an intoxicating substance, is associated with a wide range of types of injury, intentional and unintentional; and can produce a dependence syndrome, with an abuse liability comparable to that of other dependence-producing substances under international control (p. 9).

The public health approach to alcohol-related problems is prevention: “to prevent [the occurrence of alcohol-related problems] in the first place” through “alcohol control” measures to “diminish the total consumption of alcohol” (Gusfield, 1996, p. 37; Room, 1984b, p. 296; WHO ECAC, 1980, p. 28). Alcohol control chiefly seeks to limit the availability of alcohol and reduce the demand for alcohol through legislations restricting the sales and promotions of alcohol beverages, drink-driving

countermeasures, increased taxation, education and persuasion (WHO ECAC, 1980, pp. 29-44; 2007, pp. 24-34).

According to Robin Room (1984b), the public health focuses on “alcohol-related problems” and “alcohol control” are set to challenge the conception of “alcoholism as a disease” (p. 294). The disease concept of alcoholism was developed in the aftermath of the repeal of the national prohibition of the sale, manufacture and transportation of alcohol in the United States in 1933. The national prohibition made in 1919 was highly influenced by the temperance doctrine of abstinence. This doctrine was based on a belief in the sinfulness and degradation of drinking *per se*. It was believed that the consumption of alcoholic beverages was inherently threatening to the self-control that marked the moral and potentially successful person (Gusfield, 1997, p. 213). The establishment of the Yale School of Alcohol Studies in 1940 marked a “major effort of an academic research university to address the problems of alcohol from the impartial and factually grounded approach of empirical science” (Gusfield, 1997, p. 201). The School developed a disease concept of alcoholism, as illustrated by the book of E. Morton Jellinek *The Disease Concept of Alcoholism* (1960). This rise of the disease model of alcoholism is regarded as an attempt to “reorient and ‘demoralize’ local and state government policy and popular thinking about people with drinking problems” (Conrad &

Schneider, 1992, p. 87). With the notion of “alcoholism is a disease,” habitual drunkenness is defined as a medical condition and alcohol problems as the problem of alcohol dependence, warranting medical treatments. As Morton Jellinek writes:

The disease conception of alcohol addiction does not apply to the excessive drinking, but solely to the loss of control which occurs in only one group of alcoholics and then only after many years of excessive drinking (cited by Conrad & Schneider, 1992, p. 92).

The attendant strategies are to identify and treat “alcoholics” – “deviant drinkers” whose heavy drinking patterns are “repetitive, highly consequential, impervious to all pleas of both emotion and reason” (Conrad & Schneider, 1992, p. 92). Alcoholics are hence differentiated from “normal drinkers” and “occasional drunks” and become an object of medical surveillance:

[The] distinction between people who get drunk and “common drunkards,” between someone who is acutely intoxicated and the “dipsomaniac” or “inebriate,” between the social drinker who sometimes “goes too far” and the “alcoholic,” identifies the latter as qualitatively rather than merely quantitatively different from the former (Schneider, 2003, p. 92)

The subject of alcohol problems and related policies is therefore the alcoholic – an addicted and sick person. In this sense, alcohol as a substance is “de-vilified”

(Conrad & Schneider, 1992, pp. 86-87; Gusfield, 1996, p. 36; 1997, pp. 201-214).

From the public health perspective, in Robin Room's phrase, the conception of alcoholism as a disease is a case of "problem deflation" (Room, 1984a). The shift from a focus on alcoholism to a focus on alcohol problems reveals the recognition of public health that dealing with alcoholism is an inadequate response to public health and social problems related to alcohol drinking (Room, 1984b, p. 294). For instance, the WHO ECAC states in 1980:

Until recently, there has been a widespread tendency to conceptualize the whole gamut of alcohol problems as manifestations of an underlying entity, alcoholism. Undoubtedly a wide variety of problems are related to the development of the "alcohol dependence syndrome" ... It should be pointed out, however, that there are many physical, mental and social problems that are not necessarily related to dependence. Alcohol dependence, while prevalent and itself a matter for serious concern, constitutes only a small part of the total alcohol-related problems (WHO ECAC, 1980, p. 17).

The public health perspective is therefore associated with a shift from a focus on "societal alcohol policy" to a focus on "alcohol control" (Room, 1984b, p. 296) to monitor and reduce the aggregate consumption of alcohol by the total population.

Robin Room (1984b) points out that the model of alcoholism which

de-emphasizes the role of alcohol as a risk factor in social and health problems was a product of the political and cultural climate against the “reactionary and sectarian politics of the temperance movement” (p. 298). In the aftermath of the repeal of the prohibition of alcohol, the “general political response on alcohol issues ... was avoidance: alcohol was an issue on which a politician was bound to antagonize someone” (p. 298). Alcoholic drinking was normalized and “became the symbol of a cultural divide in the country, with drinking becoming identified with progressive, urban, middle-class lifestyles” (p. 298). Given this political and cultural matrix, scientific emphasis was placed more on the role of pathological drinkers than the role of alcohol in health and social problems (p. 299).

However, it appears that public health researchers have shown less attention to alcohol drinking than cigarette smoking. The “deflationary tendency” of the alcohol problem actually carried over into the early public health literature (Room, 1984b, p. 299). Robin Room (1984b) explains: The “need of scientists to dissociate themselves from the temperance ideology and from being labeled as ‘drys’ may have profoundly influenced the questions that scientists were asking” and “the classic epidemiological paradigm of environment-host-agent pointed inexorably to alcohol as the ‘agent,’ and such a stance was politically acceptable as too reminiscent of temperance views.” As a result, unlike the case of tobacco, the field

of public health showed “a minimal attention to alcohol issues and there was also “a tendency to minimize alcohol’s role in health problems” (p. 299).

Medical Debate on the Health Benefits of Moderate Drinking

The relatively lax environment of alcohol study provides room for debate on the health effects of moderate levels of alcohol consumption. Since the late 1970s, there has been growing epidemiological evidence on the protective effects of moderate alcohol drinking against coronary heart disease – one of the major causes of death globally – and ischemic stroke. This body of literature gives rise to a concurrent debate on the “J-shaped curve” of mortality which suggests that heavy drinkers have an increased risk of death compared with moderate drinkers, and moderate drinkers are at lower health risks than non-drinkers (Gaziano & Hennekens, 1995, p. 3; Janghorbani, Ho, Lam, & Janus, 2003, p. 215; Marmot & Brunner, 1991, p. 565). Moreover, concerns are expressed that the effects of moderate drinking vary with age, gender, social and cultural context. For instance, the WHO ECAC (2007) notes:

With respect to heart disease, it seems that the effects of alcohol are both positive and negative. Epidemiological studies have found a preventive effect of regular light drinking (as little as a drink every second day), although the finding remains controversial, and appears to be confined to males over the age

of 45 years and females past menopause ... Even in societies where heart disease is a very important cause of death, the overall number of lost years of life attributable to drinking outweighs the saved years attributable to protective effects (p. 9).

In addition, a study does not find the J-shaped curve to be apparent in a Japanese sample (Casswell, 1993, p. 460). The greater protection from wine compared with other alcoholic beverages may arise from the fact that moderate drinkers of wine tend to be from a higher social class and this factor alone is associated with a lower health risk (Marmot & Brunner, 1991, p. 567). There is a concern that the sample of non-drinkers includes unhealthy people and people who have stopped drinking because of ill health (Donnan, 1989, p. 16; Marmot & Brunner, 1991, p. 565). There is also a worry that the public health recommendation on the benefits of moderation would influence people to drink more (Casswell, 1993, p. 567; Marmot & Brunner, 1991, p. 567).

Partly the result of the debate, there is conflicting medical advice and practices in regard to the beneficial level of alcohol intake. On the one hand, alcohol intake is quantified and classified into different levels: light, moderate, heavy, and binge (Janghorbani, et al., 2003, p. 215). In 1995, the Britain's Royal Colleges of Physicians, Psychiatrists, and General Practitioners made recommendations for

“sensible limits” of alcohol intake for the general public after a “comprehensive review” of evidence: “21 units (168g of ethanol) a week for men and 14 units (112g ethanol) for women.” The College acknowledges that setting “a weekly limit permits those who binge drink at weekends to regard their drinking habits as ‘sensible.’” It advises that “it may be more prudent to emphasize daily limits of 3 units a day for men and 2 units a day for women.” It further cautiously notes that any recommendations should be made individually by the person providing primary health care, based on the patient’s health status (Gaziano & Hennekens, 1995). On the other hand, it was a matter of debate of the Royal College of Physicians and Surgeons of Canada whether doctors should promote moderate consumption of alcohol at all (Harrison, 1998). The American Heart Association, backed by the British Heart Foundation, simply advised doctors not to tell their patients that drinking red wine was an effective way to protect against heart diseases (“Don’t prescribe wine,” 2001).

Liquor Industry’s Strategy: “Not in the Bottle But in the Man”

Consequently, unlike the case with tobacco, a strong, consensual and coherent medical message on alcohol drinking is absent. The ambiguous scientific rhetoric on alcohol allows room for the normalization of alcohol beverages, and a distinction of normal and pathological drinking and drinkers. This fits with the alcohol

industry's agenda to change the public perception of drinking behavior and drinking problems. All along, the industry has supported the disease model of alcoholism as it focuses on the notion of "not in the bottle but in the man" (Gusfield, 1997, p. 214; Morgan, 1988, pp. 188-189). The image of alcohol as an ordinary commodity steadily keeps the alcohol industry away from the label of a "sinful" industry (Morgan, 1988, p. 193).

Furthermore, the industry presents an image of responsibility in the problem of alcoholism by speaking publicly against "excessive" drinking. For instance, as early as the 1940s, the industry began to educate its members about "the scientific and medical basis of the 'alcoholism disease.'" The President of Allied Liquor Industries stated in 1946:

The spirit beverage industry considers the alcoholic its worst menace ... We commend any medium that promotes moderation in the use of alcoholic beverages. Our industry has consistently advocated moderation in drinking (cited by Morgan, 1988, p. 189).

In the postwar era, moderation became a key marketing, public relations, and advertising strategy (Morgan, 1988, p. 190). This strategy was further strengthened by the epidemiological data on the benefits of moderate drinking. The industry widely disseminated this data and the notion of "responsible drinking" to opinion

leaders and policy makers (Casswell, 1993, p. 462). The industry also funds research on alcoholism and lobbies to policy makers for policies targeting heavy or/and irresponsible drinkers, and directed at reducing the harms associated with them, such as motor vehicle accidents, assaults and suicides (Casswell, 1993, p. 462).

An illustrative example is the establishment of the International Centre for Alcohol Policies (ICAP) in 1995 under the support of the major producers of alcoholic beverages. The ICAP's philosophy statement places a high emphasis on the benefits of moderate consumption, and distinguishes responsible drinking from irresponsible bingeing:

As a basis for open dialogue with the scientific and public health communities, and as a contribution to meaningful discourse about beverage alcohol's role in society, the companies sponsoring ICAP believe that:

- The vast majority of people who consume beverage alcohol do so responsibly and to enhance the quality of their lives.
- When consumed moderately and in a responsible manner by individuals with good health and dietary habits, who have no medical reason to refrain from drinking, beverage alcohol is associated with few risks of harm and has been reported to have some beneficial effects on health.

- Irresponsible consumption of beverage alcohol is associated with a variety of risks both to the individual and to the public in health, social, economic, and safety contexts. Irresponsible consumption refers to high levels of intake, either on single occasions or repeatedly, or to drinking in inappropriate circumstances or by those who should not be drinking at all.
- Alcohol policies need to be based on an objective understanding of available research about alcohol and should aim to create a reasonable balance of government regulation, industry self-regulation, and individual responsibility (ICAP, n.d.).

Unlike the tobacco industry, the liquor industry does not deny the presence of alcohol related problems and it tactically attributes it to irresponsible drinkers. As such, it projects itself as a responsible corporation for being conscientious enough to ensure its customers drink in a responsible manner. It is therefore not surprising that the COSH executive director Christopher Leung distinguished the tobacco industry and the liquor industry by saying: “[A] difference is that alcohol companies don’t deny that if you drink too much it can be harmful ... If you go to the Tobacco Institute they are still denying that smoking has killed even one person” (Talt, 1989).

Abandonment of Alcohol Control

The normalization of alcohol as an ordinary commodity erodes the efforts of both national and international alcohol control. It in turn enables a growth of supranational common markets and international trade agreements on alcoholic beverages. In recent years, trade treaties have been extended to cover alcohol-related services and investments (Grieshaber-Otto, Sinclair, & Schacter, 2000; WHO ECAC, 2007, pp. 40-41; Zeigler, 2006). The issue was recognized in the WHA in May 2006 (WHO ECAC, 2007, p. 40). The WHA resolved to urge member states to “address the potential challenges that trade and trade agreements may have for health” (WHA, 2006). Measures proposed included adopting coordination mechanisms involving ministries of finance, health, trade and other relevant institutions to address public-health related aspects of international trade, developing a capacity at the national level to track and analyze the potential opportunities and challenges of trade agreements for health-sector performance and health outcomes, and creating constructive and interactive relationships across the public and private sectors for the purpose of generating coherence in national trade and health policies.

In the wake of the enactment of the FCTC in 2005, some alcohol control advocacies suggested an alcohol convention using the FCTC as a model (Room,

2006; Room, et al., 2003, p. 173; WHO ECAC, 2007, p. 42). Parties in support of this idea include the American Society of Addiction Medicine, the American Public Health Association, and the World Medical Association (ASAM, 2007; WMA, 2005; Zeigler, 2007). Their calls are based on the reason that alcohol creates a heavy burden on global health. Moreover, it is argued that as alcohol problems transcend national borders given the emergence of alcohol as a commodity in international trade and smuggling, they cannot be dealt with by countries in isolation, and there is a lack of any suitable pre-existing convention or other international agreement to deal with these problems (Room, 2006, p. 588; Zeigler, 2006).

However, the absence of sufficient attention to and consensual stance in the medical field on alcohol issues has proved to be unfavorable to a strong alcohol control advocacy. There is “an unwonted attachment to the provision of treatment as a sufficient ‘public health’ approach to the topic.” Alcohol issues have not received the sustained and serious attention accorded to cigarette smoking from international organizations (Room, 1984b, pp. 299-300).

It is illustrative to point out that by now, the WHO only convened two Expert Committees on alcohol problems in 1979 and in 2006 respectively (WHO ECAC, 1980; 2007). It was reported that the European office of the WHO had called for cutting per capita consumption of alcohol in Europe to 75% of the 1980 level by the

year of 2000. But the goal was not achieved and the WHO has not committed itself to any new targets for reducing alcohol consumption (Jones, 2003). Furthermore, the WHO takes a milder tone on alcohol issues than it does on smoking. In its first report, the WHO ECAC rules out total abstinence as a possible approach to prevention of alcohol problems because it “would be unacceptable or not feasible in most parts of the world” (WHO ECAC, 1980, p. 28). It advises that measures should be directed to moderate and responsible drinking:

In recognition of the regulatory role of norms in relation to alcohol use, a strategy to reduce demand should emphasize the moderate use of alcohol as the safer and more responsible course. Although it is not yet clear what (if any) levels of alcohol use can be considered safe under what circumstances and for what kinds of people, a norm of moderation can be specified in relation to certain circumstances (e.g. none before driving) or certain behaviors (e.g., intoxication) (WHO ECAC, 1980, p. 42).

In its second report, the WHO ECAC states that “the overall aim of alcohol policies is to prevent or *reduce* the harm done by alcohol” (WHO ECAC, 2007, p. 4, italics added). It defines “alcohol-related harm” and “problems related to alcohol consumption” as “the wide variety of health and social problems, to the drinker and to others, at individual and at collective levels, in which alcohol plays a causal role.”

However, this definition includes a relative notion of “harmful use of alcohol,” referring to a condition in which physical or psychological harm has occurred to the individual as a result of his or her drinking” (WHO ECAC, 2007, p. 4).

The WHO was reported to take a gentler attitude towards alcohol in order not to undermine its effort to control tobacco. In 1998, WHO Director-general Gro Harlem Brundtland made tobacco control a priority of the WHO (WHO, 2003). Two years later, the WHO started negotiating the FCTC. When asked why the WHO did not do something like that for alcohol, Brundtland claimed that tobacco was more dangerous than alcohol, although its organization reported that alcohol accounted for about the same amount of the global burden of disease as tobacco: “Tobacco is the only product sold on the market that kills half its users when it is used as intended. So tobacco is a very exceptional thing. It kills and the damage is indisputable” (Naim, 2002, p. 26). Former WHO executive director Derek Yach admitted that Brundtland “‘hasn’t really engaged substantially in the alcohol area’ for fear of compromising the WHO’s work in cutting tobacco use. The WHO was worried that the tobacco and alcohol lobbies would join forces to oppose it if Dr. Brundtland opened a second front against alcohol.” Instead, the WHO has been seeking a dialogue with the alcohol industry. For instance, alcohol beverage producers complained about not being invited to a May 2002 meeting that led the

WHO to claim that teenagers had become a target of alcohol promotion. The WHO officials subsequently invited representatives of some big alcohol companies to meet in February 2003. It was the first meeting of this kind, and such practice was “unthinkable for the WHO on tobacco” (Jones, 2003).

Medical researchers and advocacies on alcohol and tobacco are respectively found on distinctive political settings. On the one hand, epidemiology significantly constructs a link between smoking and a “modern epidemic” of lung cancer – one of the leading causes of morbidity and mortality in developed countries. This body of literature by itself has been considered as one of the crucial milestones of epidemiology. Evidence on the bad effects of smoking is therefore “indisputable” in this sense. On the other hand, in earlier times public health scientists were reluctant to touch alcohol issues in order to keep themselves from the reactionary label of temperance. The under-emphasis of the role of alcohol as a risk factor in health and social problems provides room for epidemiology to study and debate on the health benefits of moderate drinking, particularly its protective effects against heart diseases. As a result, as Robin Room (2006) observes, the health message on tobacco is clear and unambiguous: smoking is a threat to health, both for the individual and in terms of society. On the contrary, the alcohol message tends to be complicated. Some doctors say people should not drink. Some others say people

should not drink too much, although “moderate drinking” may be good for health (p. 588). The absence of a strong, coherent and certain medical statement on alcohol is corrosive to the public health advocacy for alcohol control. More importantly, tobacco has become an easy and common target of control by the medical arena. The centrality of public health in the tobacco issue leads to an imagination of tobacco as a public enemy for it brings about a global epidemic. Forces in the medical field thereby choose a gentle attitude towards alcohol producers in order to avoid their alliance with the tobacco industry.

Public Discourse on the Benefits of Moderation

Now, I turn to the high permissiveness of alcohol drinking in Hong Kong. A common faith on the benefits of moderate drinking is one of the reasons for the permissiveness towards alcohol drinking. A moderate intake of alcohol is traditionally believed to be beneficial for health, such as increase of blood circulation and production, improvement of appetite and complexion, and relief of rheumatism (Singer, 1979, p. 315). For instance, in a newspaper feature on longevity, a 99-year-old man shared his secret for not suffering from rheumatism: “drink plenty of wine” (“An active life,” 1988). Certain Chinese-type alcoholic beverages are regarded as having medicinal value, such as “snake wine” and glutinous rice wine (Singer, 1979, p. 317). The latter is commonly brewed at home

and taken by women after childbirth for health and well-being.

Epidemiological data on the benefits of moderate drinking provide scientific support for the traditional belief that moderation is beneficial. This body of epidemiological evidence has been well-received by the media, as it accords with the preconceptions and desired beliefs that moderate drinking can be good for health (Casswell, 1993, p. 461). By the mid-1990s, there has been constant media coverage on medical evidence on the beneficial health effects of a regular moderate intake of alcohol intake in simplified and definitive terms. For instance, an article of the *South China Morning Post* entitled “French Paradox for Healthy Living” (1995) reported that the French suffered 40% fewer heart attacks than Americans because of their habit of drinking wine, and stated that “research has found that drinking red wine leads to longer life”:

Initial studies in the early 1990s first indicated that drinking one or two glasses of wine a day was beneficial to health. Since then, world-wide research has *confirmed* that red wine, in particular, reduces the build-up damaging cholesterol in arteries which causes heart disease – the world’s No.1 killer. Most recently, a Danish study published in the *respected* British Medical Journal, found that three to five glasses of red wine – depending on the individual – was beneficial to health. Even those who drink wine as infrequently as once a week are less

prone to heart disease (“French Paradox,” 1995, italics added).

A report of the *Wen Wei Po* headlined “Little Intake is Better than Total Abstinence” (1999) and quoted an unnamed research that people who have one to two glasses of alcoholic drinks daily have less risk of stroke. The *Apple Daily* reported that drinking red wine moderately could reduce the harms of smoking by reducing the risk of chronic bronchitis among smokers, as it could enhance the functioning of heart as well as lung (“Red wine,” 2003).

Unlike in the case with tobacco, health messages on alcohol drinking in the media are complicated and sometimes conflicting. In particular, the term of “moderate drinking” is ill-defined. For one thing, there is a lack of consensus on the “sensible” level of alcohol intake for Hong Kong people. For example, in 1998, the Consumer Council developed a daily limit of drinking based on an advice from the US Food and Drug Administration – one glass of wine for men and only half a glass for women – and considered that intake above these daily levels was excessive for Hong Kong people. However, HKU medical professor Linda Koo chih-ling questioned that the Consumer Council’s standard was “half the daily limit recommended in countries such as the United States and Britain” and that the US Food and Drug Administration “made no specific recommendations” on the level of alcohol intake. It was also reported that the “Consumer Council levels are also

way below those recommended by researchers looking into the health benefits of red wine. For example, Harvard University heart researcher Dr. Charles Hennekens has proclaimed that two to three drinks a day for men protects against heart disease. Researchers from the French National Institute of Health have found that moderate amounts of alcohol appear to help brain function in women” (Moir, 1998a). In 2007, Director of Health Lam Pin-yan revealed in a newspaper interview that his department would develop a guideline of sensible drinking for Hong Kong people. At the same time, he acknowledged: “Levels of alcohol intake vary with regions and cultures. It is difficult to define the level of moderation” (Chen, 2007, trans.).

Some media reports stress the health benefits of moderate drinking without indicating the level of intake. An illustrative example is from a report of the *Ming Pao Daily News* entitled “Moderate Drinking Slows Down the Decline of Brain Functioning” (2000). The report began with a line: “Scientists have discovered that moderate drinking helps slow down the decline of body functioning.” Without giving a definition of moderate drinking, it stated: “Previous researches have proven that red wine and other alcoholic beverages are good to the health of heart. Recently, scientists have even found that moderate drinking helps reduce the impacts of senility on a human body” (trans.).

Some media reports tend to de-emphasize the medical advice that one should not

start to drink for health reasons. One more example is from a feature of the *South China Morning Post*. It was headlined “Drink Up and Enjoy Growing Old” with a byline “Research is confirming the benefits of drinking a few glasses of wine every day, especially in the elderly” (Cheng, 1998). The feature was based on a research of Professor Orgogozo, stating that advising the elderly to cut down on alcohol or give it up “could be doing more harm than good.” The feature did quote a warning from Professor Orgogozo that there is “no reason to advise people, who, by taste or personal choice, do not drink alcoholic beverages, to change their habits for health reasons: alcohol is not a cure and wine is not a medicine” and “there are plenty of people who should be advised not to drink.” Nevertheless, a large portion of the feature was devoted to discussing the merits of red wine of enhancing brain functioning of the elderly. It quoted the words of Professor Ellison, who was “so convinced of the benefits, especially to older people”: “I don’t think we should go by the old adage ‘leave well alone.’ I don’t think we drink enough.”

In fact, media coverage on the negative health consequences of alcohol drinking is less than those of cigarette smoking. Furthermore, in the media reportage, the health problems of drinking appear to be confined to “alcoholics” – pathological drinkers who are ill, lack self-control, and are psychologically abnormal. An example comes from a newspaper feature on the establishment of the Tuen Mun

Alcohol Problems Clinic (TMAPC) by the Castle Peak Hospital, a psychiatric hospital, which was headlined “Excessive Drinking Causes Impotence and Abnormality and 45 Alcoholics Admitted to Castle Peak Last Year” (Ceng, 1996). In the feature, Psychiatrist Leung Shun-pun defined alcoholism as drinking uncontrollably above “the British Safety Standards” – three glasses of beer for men and two glasses for women per day. He said alcoholism was related to diseases, cancers, “and also mood disorder and depression ... Furthermore, alcoholism leads to hallucination and delusion, and eventually develops mental illnesses” (trans.).

Given the complicated and sometimes conflicting health messages, message recipients tend to decode messages in ways which fit with preconceptions and desired beliefs. This suggests that “the message about health benefits is likely to be readily received and retained and may be well used to support beliefs about both one’s own drinking and the most appropriate societal approach to alcohol” (Casswell, 1993, p. 461). Indeed, it appears that the public has increasingly been convinced of the benefits of alcohol drinking. For example, a column of the *Apple Daily* referred to an unspecified research from the *Journal of American Medical Association*, which was described as an “authoritative journal,” that “people who drink one or more glasses a day, no matter beer, wine or spirits” have less risk of heart disease than non-drinkers” (“It’s not good,” 1999).

The reported benefits of alcohol drinking and the de-emphasis of its bad effects come with a perception that alcohol drinking is less harmful and dangerous than cigarette smoking. This justifies the practice of targeting tobacco as an imperative object of intolerance and control. For instance, COSH executive director Christopher Leung admitted that he was less concerned about alcohol sponsorship in sports, saying: “It depends on the degree of damage of consumer products to people.” He indicated that “about 2,400 people died in the territory each year from smoking-related diseases” while “about 200 died in accidents caused by drunkenness” (Talt, 1989). Commissioner for Narcotics Ken Woodhouse commented:

As for smoking, I can’t see the logic in it – anyone who takes up the habit is stupid. I think if I could tell someone when they were going to die as a result of their smoking maybe then they would realize how much damage it does to the body ... Alcohol is a problem ... If abused it does exactly the same thing as other drugs. But at least people have the choice to choose how much they drink and when they do it (Bennet, 1991).

A big problem with cigarette is secondhand smoke which is seen as a great danger to others’ health and even a killer. On the contrary, alcohol would only harm a drinker’s health but not others’. A columnist wrote:

Alcohol is my favorite drinks ... For better health, I mostly drink red wine ...

Drinking and smoking are often discussed in parallel. I am born to have a prejudice against smoking. Drinking is a private matter, as drinkers enjoy and harm themselves. However, cigarette smoking pollutes air and infringes others' rights (Gao, 2003, trans.).

James Middleton, chairman of an environment-concerned group Clear the Air, believed that "moderate consumption of red wine is proven to prevent heart disease. Alcoholics harm themselves but do not force their drink down the noses and throats of others, as is the case with sidestream smoke, which kills people" (Middleton, 2009).

It is apparent that alcohol as a substance is increasingly seen as inoffensive and even desirable if its consumption is moderate. In particular, in media coverage, alcohol is significantly associated with physical well-being on the condition of "sensible" drinking. Therefore, alcohol drinking is a matter of choice; it is acceptable and even desirable as long as drinkers drink sensibly. It follows that the alcohol-related health problem is not a problem of alcohol itself. Rather, it is a problem of a small number of pathological drinkers who are often represented as psycho-alcoholics. In contrast, tobacco is unpleasant and intolerable. There is no "sensible" smoking because tobacco is believed to be absolutely harmful. Smokers

are stupid as they inevitably undermine their own health. They are also irresponsible because they generate secondhand smoke and harm innocent others.

Prevalence of Alcohol Drinking in Hong Kong

Then, is alcohol drinking common in Hong Kong? I share with Jean Kim and others' observation (2008, p. 361) that there is a lack of comprehensive and sustained data on the prevalence of alcohol drinking and the drinking patterns in Hong Kong. It is therefore difficult to plot a trend of the drinking prevalence and patterns based on comparable studies. This lack reflects that, as I will discuss below, the alcohol issue has received less public attention and resources than cigarette smoking. It was not until 2004 that the government started to conduct an annual survey on the drinking patterns of Hong Kong people under the Behavioral Risk Factor Survey. While studies available suggest that most Hong Kong people are irregular and light drinkers, there is a high acceptability of occasional drinking at social gatherings in which alcohol may be consumed heavily. In fact, there are warnings about an increasing trend of episodic binge drinking (Benitez, 2007; Choi, 2005; "Regular drinkers," 2005; Wong, 2005). However, it appears that binge drinking does not constitute a cause for public concern. In addition, the shared perceptions that drinking is part of eating culture, and that drinking can make social occasions more enjoyable and pleasurable provide cultural justifications for

valorizing drinking as a social, ceremonial and celebratory practice.

In fact, studies on alcohol consumption in Hong Kong suggest that alcohol drinking is not uncommon in Hong Kong – about one-third to half of survey samples have ever consumed alcohol. Five Behavioral Risk Factor Surveys of the government conducted between 2004 and 2008 reported that 29.7 to 42.7% of some 2,000 respondents had consumed an alcoholic drink in the past month, and that 24 to 37.3% of these drinkers had engaged in binge drinking in the past month (Department of Health, 2004; 2006; 2007; 2008a; Department of Health, H. K., 2005). Furthermore, sale figures and marketing trends suggest that the consumption of alcoholic drinks is an increasing trend. The retail volume sales of alcoholic drinks have experienced a steady growth over the years (Appendixes 14 and 17).

Nevertheless, studies on alcohol in Hong Kong tend to suggest that alcohol drinking is an expatriate phenomenon and does not constitute a serious problem in Hong Kong. These studies emphasize that the prevalence rates of drinking, binge drinking and alcohol dependence are lower than western countries such as the United States and European countries, and that most Hong Kong people are irregular and light drinkers. The study of Cheung Yuet-wah (1995) revealed that 49.9% of 390 respondents were current drinkers, whilst their frequency and quantity of

drinking were lower than the drinking population in western countries. Similarly, the study of Mohsen Janhorbani and others (2003) indicated that, while half of its 2,900 informants have identified themselves as alcohol consumers, the frequency of drinking and the volume consumed were low in most cases and “much lower” than in western countries. The study of Jean Kim and others (2008) also highlighted the lower alcohol consumption and problems in Hong Kong:

Hong Kong has lower population rates of alcohol consumption, binge drinking, alcohol abuse and dependence than the prevalence reported in the USA and most of Western Europe. Nearly one-quarter of males and nearly 40% of females were lifetime non-drinkers in our sample. *Only* 60.7% of males and 39.3% of females had consumed alcohol in the past year in stark contrast to the USA (71% of males and 61% females), Canada (82.2% and 73.9% respectively) and such Western European countries such as France, Germany, and the United Kingdom (>90% of males and >85% of females) (p. 367, italics added).

Alcohol Drinking as a Social Recreational Activity

While it is suggested that regular and binge drinking are less common than in western countries, drinking at meals and social occasions is an accepted custom and a common practice in Hong Kong. An editorial of the *South China Morning Post* noted: “It is natural to drink while eating” (“Curing hangovers,” 1978). Cheng

Yuet-wah's survey (1995) indicates that "to make meals more enjoyable" is one of the common reasons for drinking (p. 135). Marketing research indicates that consumption of wine when having meals has become a more common practice (Dewald, 2003, p. 62; Euromonitor International, 2007, p. 23). In addition, certain Chinese-type alcoholic beverages such as rice wine, as well as red and white wines in recent years, have been used as an ingredient in cooking (Euromonitor International, 2007, p. 23).

Social gatherings, particularly those associated with eating, are accepted by the public as a proper and appropriate occasion for drinking, even if the alcohol consumption is an excessive one. Various studies report that drinking alone at home is less common, and drinking is positively associated with social gatherings with friends or relatives, especially happy events and collective celebrations including wedding banquets, dinners at restaurants, gatherings at pubs and karaoke boxes, and when friends come to visit at home (Cheung, 1995, p. 135; Dewald, 2003, p. 61; Euromonitor International, 2007, p. 5; Lou & Shek, 2006, p. 69; Smart, 2005). Surveys of Cheung Yuet-wah (1995, p. 135) and B.W.A. Dewald (2003, p. 63) find that people drank in order to "relax," "to add fun in group gathering," "to facilitate social interaction," and "to increase sociability." Drinking is also deemed playful, as illustrated by drinking games, such as "guessing fingers" (*tsai mui*), and drinking

competitions which are commonplace at social gatherings. It is worthy to note that the Chinese term for banquet is *yum* or “drink.” Banquets are given for various life events such as marriages and births and are attended by large number of relatives and friends. The celebratory and ceremonial meanings of drinking are evident in toasts, a regular ritual at banquets. Copious consumption is well tolerated as it is known that intoxication at banquets would only lead to “expansiveness and verbosity” (Kim, et al., 2008, p. 361; Ma, 2001, p. 128; Singer, 1979, pp. 315-316; Smart, 2005, p. 111).

At the setting of social functions, drinking is very much a “social recreational activity” (Cheung, 1995, p. 136). Drinking and thereby the serving of alcoholic beverages are integral components of social functions especially those associated with eating and merit celebrations or memorials. While no stigma necessarily attaches to the abstinent, drinking has been considered a social code. Legislator Martin Lee, who claimed that he “seldom drank,” shared his own experience: “I once said I would drink if [Legislator] Yeung Sum got married. He did and I drank a little bit on that occasion. After the election, the Democratic Party held a celebration and I pretended to drink” (Legislative Council, 1999, p. 10771).

Consequently, normal and social drinking is distinguished from pathological drinking. The former is well accepted as “a part of culture”, while the latter is a

kind of disease and a source of social problems that warrants medical intervention.

This interpretative framework can be found in health units of the government.

Consider the following statement of the Central Health Education Unit:

Drinking is a part of our eating culture. Many adults enjoy a drink or two, especially during social gatherings. However, drinking too much alcohol or drinking too often can be addictive, and the consequences of alcoholism can be serious (CHEU, n.d.-a).

Alcohol as an Emblem of Class Identity

It has been witnessed that “social drinking” is widely accepted and embedded in various cultural practices such as eating and rituals. On top of this, alcohol drinking as a cultural practice is interwoven with hierarchical meaning and class identity articulated to different alcoholic drinks (Ma, 2001). Along the cultural hierarchy of alcoholic drinks, Chinese-type alcoholic beverage is perceived at the bottom, beer is in the middle, and brandy and wine are at the top. Eric Ma (2001) finds that pricing and taste play a less important role than the “common sense” of the public in shaping the cultural hierarchy of different alcoholic beverages. The national origin of a drink is one of the key factors shaping the common sense of the public about the drink. Chinese-type alcoholic drinks are thought to be poor in quality and are associated with negative metaphorical terms such as “outdated” and

“vulgar.” They are “for people of low social class” and “suitable only for mainlanders” (p. 119). This “intuitive low positioning of Chinese goods” reflects “the general process of Sino-Hong Kong cultural differentiation which emerged in the 1960s and 1970s,” in which China was perceived to be culturally and economically inferior to Hong Kong (Ma, 2001, p. 121). In contrast, western-type alcoholic drinks project an image of modernity and sophistication. Their status is therefore more prestigious than the Chinese-type (Singer, 1979, p. 317; Smart, 2004, p. 227).

The social status of consumers of a drink is another crucial factor shaping the public’s common sense. For example, beer is conceived of “a product that the mass of people in society might drink” (Ma, 2001, p. 122). It is because beer is readily affordable and its consumption is common at a variety of places such as sidewalk food stalls, restaurants and pubs. Beers that are of European origin enjoy a higher social rank (Ma, 2001, p. 122).

In fact, in contrast to the case with cigarette smoking, high status groups tend to drink more. For example, figures of the Behavioral Risk Factor Surveys between 2005 and 2008 indicate that young people, people with higher education and higher monthly household income, and managerial and professional workers are likely to drink (Department of Health, 2005; 2006; 2007; 2008a).

High status groups were used to drinking cognac and currently prefer wine, contributing to the high social status of these two alcoholic beverages. Brandy appeared to be at the top of the cultural hierarchy of alcoholic drinks until the 1990s. Luxurious cognac made a successful entry into the Hong Kong market in the 1970s during the local economic takeoff, and Hong Kong was recorded to be the world's largest per capita market for cognac by the early 1990s (Mellish, 1990; Smart, 2004, p. 223; 2005, p. 107). Brandy was often associated with business and money, as it was thought to be consumed by "guys in suits and the big bosses" and hence is "vital for treating business guests." In addition, the serving of cognac was a regular practice at wedding banquets. The image of cognac as a symbol of luxury resonated with the image of wedding banquets as a form of conspicuous consumption (Smart, 2005, p. 123). Brandy therefore meant banquets, high-class Chinese restaurants and nightclubs. Its consumption was defined as "a demonstration of power and prestige." Eric Ma observes that throughout "the past few decades, a fat glass of brandy in Hong Kong television and movies has served as an image signifying success and wealth" (Ma, 2001, pp. 124-125). However, brandy drinkers have also been viewed as rich and uncultured parvenu "who want to show off their wealth in a superficial manner" (Ma, 2001, p. 130).

It appears that, since the mid-1990s, the leading status of brandy has steadily

been replaced by wine. Eric Ma (2001) points out that “fewer brandy commercials have been aired on television, a situation which has become especially obvious after the Asian financial crisis beginning in 1997” (Ma, 2001, p. 125). Statistics show that wine has achieved a rapid growth in both retail volume and value sales (Appendixes 14-19), whilst there was a slump in cognac buying (Metcalf, 1995).

The growing belief in the health benefits of wine undoubtedly carries weight in the social position and the popularity of red wine (Dewald, 2003, p. 54; Euromonitor International, 1997, pp. 135, 138, 154; Ma, 2001, p. 134; “Wine development,” 2008). Red wine has increasingly been accepted as a healthier alternative to other alcoholic drinks. It was reported that the emergence of “more value-conscious customers” in the wake of the economic downturn after the Asian financial crisis increased the consumption of red wine for health reasons (Dewald, 2003, p. 55).

In addition, young locals who have “Western experience” such as studying overseas are influential in the growing popularity of alcohol drinking in the 1990s, in particular with wine. A beer retailer described that the “pub scene is the trend for young Chinese now ... And their taste are fashionable” (Metcalf, 1995). The young educated middle-class have been said to tend to have “greater health awareness” (Metcalf, 1995) and “knowledge of red wine and cocktails and other kinds of drinks” (Ma, 2001, p. 125). They love to go out “after work and joining

colleagues for a Perrier or scotch or glass of wine” at traditional Western nightspots such as Wan Chai and Lan Kwai Fong (Metcalf, 1995), leading to more drinking establishments in these areas in the 1990s than there were a decade earlier (Jones, 1994). In particular, wine in Hong Kong is mainly consumed by “modern educated” 20-50-year-old consumers who are more willing to spend money on products such as wine to “enjoy life” (Euromonitor International, 2007, p. 23). Eric Ma (2001) points out that these young drinkers “destabilize(s) the social hierarchy of liquor consumption in Hong Kong” and propels a new trend in red wine consumption (p. 125).

The perception that pub patrons are middle-class elites “with money...who work in offices” (Ma, 2001, p. 127) is reflected and shaped by both electronic and printed media. A typical example is *The Files of Justice (Yihao huangting)*, one of a few popular “middle-class TV dramas” produced by a veteran Hong Kong TV producer Tang Tak-hei. The drama contains five series which were screened between 1992 and 1997. It features stories about legal professionals such as lawyers, prosecutors and judges. One of the key characteristics of the drama is that its main characters often gather and drink in pubs, shaping an idea that enjoying “happy hours” after work in pubs means a lifestyle of middle-class elites.

The popularity of alcohol drinking among young educated people characterizes

the habit as a “westernized,” “fashionable” and “sophisticated” pastime of elites.

Furthermore, drinking red wine by itself means being cultivated, knowledgeable and professional. In the words of an informant of Eric Ma’s study:

I don’t consider red wine a middle-class drink based on its price. Judging from price, red wine seems to be a product that belongs to the working class. But if you judge it from the perspective of taste ... honestly, I don’t know how to drink (red wine) ... What’s the difference between a bottle of red wine which costs a thousand, and another which costs less than a hundred dollars? I honestly don’t know. Middle-class or not? I don’t have an answer for that. Compared to brandy, red wine might not be middle-class at all ... but to know how to taste it is really different matter (cited by Ma, 2001, pp. 133-134).

The quote indicates that knowledge, instead of pricing, is crucial in determining the superiority of red wine. One has to understand “the language of red wine” and acquire “a specific body of knowledge” in order to taste, appreciate and differentiate red wine. The perception of wine drinkers as cultivated successful people supports a relative perception that brandy drinkers are “rich but uncultured.” In addition to its typical origin of France, red wine has been progressively glamorized as a symbol of refined taste, a concern for health, westernness and knowledge (Ma, 2001, p. 134).

The media is enthusiastic in introducing tips for wine appreciation and places in the area and overseas to have good wine. For instance, the *Ming Pao Daily News* presented a travel feature on wine bars in San Francisco, with aesthetic pictures of red wine bottles, and westerners who dine, talk and read when drinking wine (Guo, 2008). Further evidence of the rising popularity and social status of wine is the monthly publication of *Wine Now*. It is the first Hong Kong-based wine magazine in Chinese which has been available since January 1998 (Dewald, 2003, p. 56). The magazine contains features and columns on wine production, trends in the wine market, product recommendations, wine appreciation and international wine events. Wine is often pictured with sophisticated lighting, refined foods, white male westerners, and foreign vineyards. Consequently, wine drinking is characterized as trendy and tasteful.

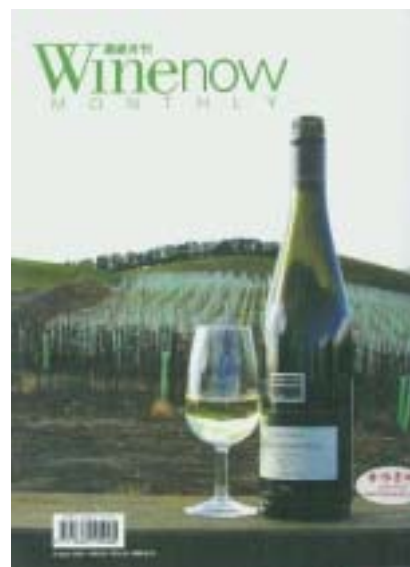
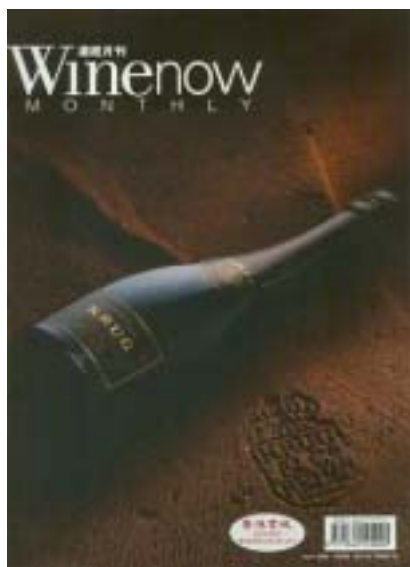


Figure 5.1. Covers of *Wine Now* of the issues of June 2006 (left) and August 2006 (right).

The rising popularity of wine drinking gives rise to a specialization of wine appreciation and related services. In particular, sommeliers have progressively gained an image as admirable professions in the local media. In newspaper and magazine stories, sommeliers are dressed in suits and served at high class hotels and restaurants. It is emphasized that being a sommelier is by no means easy. A sommelier has to acquire extensive knowledge from “Food and Wine Matching Theory” to geography and chemistry, so as to make good pairings of food with wine, and to taste the “specific story” of each bottle of wine, such as its origin and the brewing method. To obtain an “internationally recognized qualification,” a sommelier has to undergo various professional tests and competitions, such as those organized by the Hong Kong Sommelier Association, and the Wine and Spirit Education Trust of the UK (Chen, J., 2008; “PEAK,” 2009; Ye & Feng, 2009).



Figure 5.2 Well-paid professional sommelier and elegant wine drinker. Picture from *Ming Pao Daily News*, August 21, 2008, p. D11.

Apart from direct consumption as a beverage, red wine has a variety of uses including serving as an ingredient in cooking, red wine baths and red wine facial masks (Euromonitor International, 2007, p. 23). According to the media, these alternative uses of wine are popular among the rich, the socialites and the middle-class in the West (“Wine beauty,” 2000). The media is in turn keen to teach its audience to incorporate these usages of wine into their everyday life. An example is from a feature of the *Ming Pao Daily News* entitled “Turning Remaining Red Wine into a Tasty Sauce” (Wu, 2008). It was one of the features on red wine and cooking under the theme “Lifestyles of Health and Sustainability” (LOHAS).

The recipe was introduced by a young-looking and experienced chef who operated French and Spanish restaurants. The feature began with the following lines:

Unrestrained drinking is harmful to health. It is absolutely not an attitude of LOHAS. However, LOHAS does not mean total abstinence. It is a tasteful way of life to have self-restrained and moderate drinking and to enjoy the relaxation brought by alcohol. Nevertheless, if a drinker wishes to drink red wine, he/she have to open a bottle of it. He/she may easily consume excessively without a company; but if the remaining red wine is stored for future consumption, it will lose its taste. It would be good if we turn the remaining wine into an ingredient in cooking (trans.).

Here, drinking preference (red wine), drinking attitude (self-restrained and moderate wine drinking for physical well-being and relaxation), and taste (tastes of red wine and food) are combined to become a manifestation of the identity of an individual – LOHAS consumers, or “Lohasians.” LOHAS, in its original sense, is “a market segment focused on health and fitness, the environment, personal development, sustainable living, and social justice” which is expanding in countries such as the United States, the United Kingdom and France (GAIAM, n.d.; Howard, 2007). LOHAS consumers are defined by their social consciousness, rather than their generation or socioeconomic status (Everage, 2002). They are a group of people

who “make conscientious purchasing and investing decisions based on social and cultural values ... are passionate about the environment, sustainability, social values and health” (Howard, 2007). Their consumption pattern is often value-driven. They pay attention to issues such as fair trade, corporate social responsibility and sustainable development. They thus tend to buy healthy, environmentally and socially responsible products and services, such as organic and nutritional products, renewable energy, hybrid vehicles, eco-tourism and eco-adventure travel, among others.

In this regard, I contend that wine consumption in Hong Kong is less attached to LOHAS in its original sense that it is the social consciousness of a consumer. Rather, as indicated earlier, it is more an articulation of the socio-economic status of a consumer: cultivated and westernized middle- and upper-class. The adoption of the notion “LOHAS” in a local newspaper is actually an evidence of the prevalent imagination of red wine as a symbol of health, knowledge, westernness and success.

I suggest that David Brooks’s (2000) phrase “Bobos” is more helpful to understand wine as an emblem of class identity in Hong Kong. The term Bobos refers to a new class of elite in the twenty-first century: bourgeois bohemians. They are “highly educated folk who have one foot in the bohemian world of creativity and another foot in the bourgeois realm of ambition and worldly success”

(pp. 10-11). According to David Brooks, this class of elite lives in a distinctive set of values and way of life. Two aspects, namely consumption and pleasure, are particularly relevant here. First, the consumption of the Bobos follows the “code of financial correctness.” It is the kind of “consumption patterns of the educated class, encouraging some kinds of spending, which are deemed virtuous, and discouraging others that seem vulgar or elitist ... He must show, in the way he spends his money, that he is conscientious and not crass” (p. 84). To be a cultured person, a Bobo restricts his/her lavish spending to necessities and things that are of “professional quality” (pp. 85, 89).

Second, the Bobos adopt “a utilitarian view of pleasure” (Brooks, 2000, p. 199). Desires are regulated in the way that “bourgeois self-control and bohemian emancipation are synthesized ... Bobos have taken the bourgeois imperative to strive and succeed, and we have married it to the bohemian impulse to experience new sensations” (pp. 198, 200). It follows that any “sensual pleasure that can be edifying or life-enhancing is celebrated” (p. 198). Therefore, the Bobos are not straitlaced, but are responsible. They want to be excellent even in leisure (p. 216). They emphasize “useful pleasures,” so that “everybody is healthier, more orderly, and more success oriented” (p. 201). As such, the lifestyle of the Bobos demonstrates a kind of discipline and self-control. But it is not based on formal

and moral rules which the Bobos as half-bohemians despise. Instead, they regulate “carnal desires with health codes” (p. 216). It follows that any “sensual pleasure that can be edifying or life-enhancing is celebrated” (p. 198). There is “a set of social regulations constructed to encourage pleasures that are physically, spiritually, and intellectually useful while stigmatizing ones that are useless and harmful” (p. 200). As a result, “these physical regimes are ways to encourage moral behavior through the back door. People who follow them are leading lives of disciplined self-restraint, but they are doing so in the name of their bodies instead of their souls” (p. 216).

Wine consumption meets the consumption codes and the view of pleasure of the Bobos. The reported health benefits of wine and the increasing specialization of wine consumption provide scientific and intellectual justifications for the educated middle- and upper-class to valorize wine as a necessity of professional quality. It is therefore virtuous to enjoy gentle wine drinking despite the fact that spending on it may be lavish. Given their health awareness and value consciousness, wine drinkers distinguish themselves from superficial parvenu while projecting themselves as cultured elites. In addition, due to their faith in seemingly responsible leisure, they despise drunks and drink drivers as failed others.

Furthermore, smoking becomes more and more unacceptable for the Bobos

because of the established scientific judgments on smoking as absolutely harmful and on cigarettes as lethal products. Hidden moral messages against smoking and smokers are justified by scientific reasons. David Brooks (2000) explains: “Any pleasure that is counterproductive or dangerous is judged harshly ... Smoking is now considered a worse sin” (p. 199). Echoing the observation of Slavoj Žižek (2002, pp. 211-212), the multi-national tobacco companies become an easy target of condemnation to ease the conscience of the educated middle- and upper-class in the acceptable and politically correct anti-corporate clout.

Consequently, as Brooks describes, in the past, there were bohemian artists whose gatherings and parties were booze-filled and smoky. Journalists were often heavy smokers and drinkers. But today, alcohol has been consumed in a very gentle way. Binging is dealt with by medical diagnoses. Parties “tend to be work parties; a glass or two of white wine ... Nobody get drunk at journalist parties, and anybody who did would be regarded as a loser ... Bobo don’t denounce the evils of demon rum; we warn about the danger of drunk driving” (pp. 201-202, 216).

An observation of Robin Room (2006) is in line with Brooks’s description on how the Bobos do business:

In most countries, politicians, and middle- and upper-class people generally, are more likely to drink, and more likely to drink regularly than the population at

large. On the contrary, in many countries tobacco smoking is becoming associated with lower- rather than middle- or upper-class lifestyles. For politicians and journalists, alcohol tends to be “our drug,” while tobacco is increasingly “theirs” (p. 588).

The popularity of alcohol drinking among politicians and middle- and upper-class people constitutes a growth of supranational common markets of alcohol and erodes the likelihood of an international alcohol control campaign (Room, 2006, p. 588).

In the case of Hong Kong, wine consumption is popular not only among the young and educated, but also among businessmen, policymakers and the upper-class in general. Wealthy capitalist and now high-ranked official Henry Tang Ying-yen and Tycoon Peter Lam Gin-nogk, for instance, are on the top ten customers list of Acker Merrall and Condit, America’s leading wine trader and auctioneer (Lu, 2008).

Furthermore, as I will show through an analysis of alcohol policies in Hong Kong, the government has all along regarded alcohol as an ordinary commodity; and the privileged, policymakers and society at large have shown an increasing preference to wine. This results in the discrepancy between taxation policies toward tobacco and alcohol that can be observed in Hong Kong. While the former is incorporated as a biopolitical project of governance, the latter is adopted as part of a neoliberal economic policy. The recent elimination of alcohol duty with a view

to develop Hong Kong as a regional hub of wine trade and related businesses illustrates this economic policy approach. The argument is that such a policy would bring economic and social well-being to the whole community and consolidate Hong Kong's status as an international city. Given the highly permissive attitude towards alcohol, policies toward alcohol-related problems are limited to partial restrictions on promotion and sales and largely target deviant drinkers – alcoholics, young drinkers and drink drivers – in order to not to impinge on the social drinking activities of normal and occasional drinkers.

Delimiting Smoking and Drinking:

Discrepancy between Taxation Policies on Tobacco and Alcohol

In this section, I will analyze the discrepancy between the taxation policies on tobacco and alcohol, and the dominant public discourses attached to these policies. As mentioned in the previous chapter, the government has incorporated tobacco duty as a part of its intolerant health policy against cigarette smoking since the 1980s. From the viewpoint of the alcohol control advocacy groups, alcohol is a toxic substance and, in general terms, an equivalent amount of alcohol regardless of the type of alcoholic beverage carries much the same risk of harm. Therefore, there is no general reason to favor one type of alcoholic beverage over another (Room, et al., 2003, p. 168). The WHO ECAC recognizes that “taxation and pricing are

important mechanisms for reducing demand for alcohol beverages and levels of alcohol-related problems” (WHO, 2006, p. 28).

Nevertheless, unlike tobacco, alcohol is not perceived as a subject of risk in the dominant discourse. Rather, alcohol is seen as an ordinary commodity. Therefore, reducing demand by taxation does not appear to be an option for the government to resolve alcohol-related problems. Economic and fiscal considerations, including rising revenue, promoting economic growth and even assuring reasonable pricing in the interest of consumers, are central in formulating the alcohol duty policy. The media and the public willingly perceive the alcohol duty policy from the viewpoint of consumers, echoing the previous analysis that alcohol drinking is accepted as a normal and social practice. Furthermore, as I will show, taxation policy has been favorable to wine which is progressively perceived as an agent of economic development that benefits all.

In the first place, it seems that the government has interpreted alcohol drinking as an individual choice. Such a stance is unthinkable in the case of cigarette smoking. In his 1991 budget speech, Financial Secretary (FS) Piers Jacobs stated that, on the one hand, alcohol consumption was “a matter of choice.” On the other hand, he stated that “for health reasons a hefty increase [on the tobacco duty] is now justified.” He consequently adjusted the alcohol duty with a 15% increase in

accordance to the inflation rate, while proposed a 200% increase in the tobacco duty “with a particular view to reducing the attractiveness of smoking to young people” (Financial Secretary, 1991, para. 135-136). The diverse attitudes of the government on tobacco and alcohol did not receive public attention. As indicated in the previous chapter, public discussion instead focused on the impact of the proposed tobacco duty increase on low-income groups.

The sharp contrast between taxation policies on alcohol and tobacco can be further observed from the reduction and the subsequent exemption of alcohol duties, except spirits, in 2007 and 2008 respectively. The elimination of alcohol duties makes Hong Kong the first free wine port among major economies (Hong Kong SAR Government, 2008). It was followed by a range of supportive policies to promote wine-related businesses. They included the signing of the Memorandum of Understanding with France, the leading wine-producing country and the largest supplier of wine imports into Hong Kong and Australia (Hong Kong SAR Government, 2008; 2009c). These policies were framed by the government and were applauded by the public as an inducement to economic well-being – to boost the development of the catering industry, to increase employment opportunities, and to promote the development of Hong Kong as the region’s wine exhibition, trading and logistics centre. By so doing Hong Kong’s status as an international city

would be consolidated.

In fact, the idea of enhancing economic activities through a lower wine tax has been promoted by high status groups and appeared in the government policy agenda in the late 1990s. Consider the following statement of Donald Tsang Yam-kuen in 1997 when he was the FS:

In my period as Financial Secretary, one issue has plagued me more than most.

It comes up on visits overseas, in this Council, at meetings with bankers and businessmen, at dinner parties. Even one of my predecessors, who shall remain nameless, has lobbied me. I am talking, of course, about alcohol duty, particularly that on wine ... As the French proverb says, and as those of you who enjoy a glass of wine from time to time will know, it is only the first bottle which seems expensive. Once that has taken effect, so I understand, drinkers worry less about the price. As Financial Secretary, however, I need to be mindful of Hong Kong's status as a centre for trade, finance and tourism. The case has been put to me that our 90% duty on wine is too high and is affecting our tourist industry and our business generally. For this reason, I propose to reduce wine duty from 90% to 60% ... I am looking to shops, restaurants and hotels to pass on this duty reduction to their consumers. I shall ask the Consumer Council to monitor the price of wine in restaurants, hotels and other retail outlets to see that

they do so (Financial Secretary, 1997, para. 123-125).

This statement provides proof that economic considerations are the prime concern of the government in formulating its alcohol taxation policy. The government considers a lower alcohol duty to be beneficial to ordinary consumers as it enables consumers to enjoy cheaper alcoholic beverages. Tasking the Consumer Council with monitoring the retail prices of wine was a measure to ensure the actual implementation was in the interest of consumers. In particular, the government has shown a strong preference to wine. Above all, wine drinking has been a common pastime in both overseas and local communities among key political and economic players, including high-ranked officials, bankers and businessmen, and legislators. In fact, it was reported in 1998 that Henry Tang Ying-yen, who was members of the Executive Council and the LegCo, had strongly urged the government to abolish the duty on wine and follow the example of London to develop Hong Kong as a hub of wine trade in the Asia-Pacific Region. It was said that a prosperous wine trade would boost associated businesses including the catering industry and tourism, and hence increase employment opportunities and benefit the community at large. Chief Executive (CE) Tung Chee-hwa put Tang's suggestion under serious consideration by tasking the Treasury Bureau and the Trade and Industry Bureau to launch a comprehensive review on the bond system and other policies related to

wine (“Henry Tang,” 1998; Legislative Council, 2005a, p. 5492).

The government proposal to cut wine duty in 1997 did spark a controversy. However, the controversy was not about the likelihood of an increase in alcohol consumption because of cheaper alcohol and its public health implications. Instead, it surrounded the government’s refusal to increase social security payments to the elderly. As Legislator Chan Wing-chan noted, the community criticized the government of “caring more about red wine than the elderly” (Legislative Council, 1997a, p. 104). It reflects that wine was perceived more as a luxury good enjoyed by the upper-class than a risky substance. Therefore, advocacy groups did not seek to oppose the alcohol duty cut in the interest of public health, but rather to increase social security payments to the elderly. For example, Legislator Lee Cheuk-yan explicitly indicated that he did not oppose the reduction of wine duty because “it is really not a cause of concern.” He just wondered “why do we not do more for the elderly in Hong Kong” (Legislative Council, 1997a, p. 183).

LP Legislator James Tien further argued that a lower wine duty would be in the public’s interest because it would make wine affordable for people from all walks of life and hence the whole community would enjoy the health benefits of wine drinking:

Wine, far from being a vice, is a virtue according to recent medical studies which

show its regular consumption can lower cholesterol levels and heart attacks ...

Wines are not the drinks of the privileged any more, but are an aspect of a complete diet and healthy living. Are they for people enjoying themselves or are they for stifling the good life for those they claim to represent? Instead of keeping wine for the few, which is what high duty does, we should be opening it up to improve the quality of life for the mass. Nowadays, wines are not just sold in exclusive wine shops any more, but in supermarkets. Lowered duty has brought the price of a typical table wine to around \$30 to \$40 a bottle, well within reach of an average family and not much dearer than quality beer. I again congratulate the Financial Secretary for taking wine out of the cellar and onto the shelves for every citizen of Hong Kong (Legislative Council, 1997a, p. 142).

A review on the implications of alcohol duty became an agenda of the government soon after Henry Tang became the FS in 2003. In his first budget speech, Henry Tang indicated that “many people have ... suggested that reducing the duty on alcoholic beverages can stimulate our tourism and retail businesses, give rise to employment opportunities and enhance Hong Kong’s status as an international cosmopolitan city” (Financial Secretary, 2004, para. 21). The Government soon launched a public consultation exercise to review whether the present system and

rates for the duty on alcoholic beverages should be changed. The consultation paper revealed:

There are constant calls from the liquor industry and the catering sector for a reduction in the duty on alcoholic beverages. They are of the view that there is a “stigma” that Hong Kong imposes a heavy duty on such products and that there is a need to enhance the price competitiveness of alcoholic beverages in Hong Kong in order to achieve the objectives of enhancing Hong Kong’s popularity and status in particular as a wine enjoyment centre and distribution hub. They are of the view that such a move would help boost tourism. They argue that if reduction in duty leads to a corresponding reduction in the retail price of alcoholic beverages, it may boost consumption by residents and tourists (Financial Services and the Treasury Bureau, 2004, para. 11).

While the business sector including the liquor industry lobbied the government hard for a further reduction on the alcohol duty, the consultation paper cautiously noted that:

There is a general consensus amongst the community at large that the imposition of a certain duty on alcoholic beverage products is appropriate on a number of grounds including revenue generation, affordability and health ... All major jurisdictions in the world impose a duty on alcoholic beverages ... Our average

duties on wine ... for example are on the low side in comparison with other major jurisdictions (Financial Services and the Treasury Bureau, 2004, para. 12).

In order to conform to public consensus and international practice, the government indicated that it was inclined to retain the alcohol duty in some form rather than abolishing it (Financial Services and the Treasury Bureau, 2004, para. 13-14).

A year later, Henry Tang revealed that the government received “a diversity of views on the subject”:

Those in favor of maintaining the present rate consider that the duty provides a stable source of revenue for the Government and acts as a disincentive to drinking, consistent with the objective of protecting public health. Those in favor of lowering the duty rate think that this would boost consumption, as the rate is higher in Hong Kong than in neighboring jurisdictions such as the Mainland and Macau (Financial Secretary, 2005, para. 94-95).

While he left the alcohol duty system and rates unchanged, Henry Tang did not hide his favoritism to the wine industry, emphasizing that a reduction of alcohol duty would benefit all consumers and help develop Hong Kong as a trade centre of wine:

Some people believe that drinking wine, particularly red wine, is the preserve of only a few rich people. This is not the case ... Reducing the duty on alcoholic beverages, therefore, will not only benefit all consumers but also help promote

the culture of wine appreciation in Hong Kong. In fact, many in the tourism industry, along with other business people, have told me that Hong Kong has the potential to become a wine exhibition and trading centre (Financial Secretary, 2005, para. 96).

Few legislators commented on the alcohol duty policy at the debate on the 2005 budget. Interestingly, they were unanimously disappointed by no reduction on the alcohol duty. Legislator Albert Jinghan Cheng “criticized” Henry Tang for lacking “the courage to substantially reduce the duty on red wines” in order to avoid suspicion because of his personal favor to red wine (Legislative Council, 2005a, p. 5492).

It appears that the growing popularity of alcohol drinking, particularly wine consumption, nurtures a fertile ground for a permissive policy on alcohol. In 2007, Henry Tang proposed to reduce the duty rates on beer and other types of liquor containing not more than 30% of alcohol from 40% to 20%, and that on wine from 80% to 40%. He believed that the move would “help promote the development of our catering industry, tourism and wholesale and retail alcoholic beverage trade, thereby benefiting the community at large” (Financial Secretary, 2007, para. 69). He further explained during the budget consultation period:

Some people suggested that the Budget should be more visionary: for instance,

the duty on alcoholic beverages should be abolished to boost economic activities, increase employment and promote the development of Hong Kong as the region's wine exhibition, trading and logistics centre (Financial Secretary, 2007, para. 70). The duty reduction was applauded by the media, legislators and the general public. Some legislators from the business sector including Tommy Cheung Yu-yan, Andrew Leung Kwan-yuen and Jeffrey Lam Kin-fung further urged the government to abolish the duty on wine. This stance was supported by the *South China Morning Post* as its editorial stated:

Halving the wine duty to 40% doesn't mean a lot in terms of money for the government but will reduce a serious anomaly in the city's low-tax regime. If retailers and restaurant owners pass on the savings, it will go some way towards improving our quality of life, for residents and tourists alike. Mr. Tang's suggestion that he would be open to eliminating the tax in future was every bit as welcome ("Budget," 2007).

The public conservation focused on the impact of the duty reduction on the price of alcoholic beverages, particularly wine and beer. The *Ming Pao Daily News* expressed its concern the immediate day after the release of the budget that consumers might not directly benefit from the duty reduction as beer manufacturers had not assured the public a price cut. Legislator Lee Wah-ming held that liquor

producers should reduce retail prices to share the benefits with consumers; otherwise they were unscrupulous (“Duties,” 2007). Soon the Consumer Council found that there was only a minor price deduction and even an increase in the price of some beers. Legislators from different political affiliations including Sin Chung-kai (GA: DP), Lee Cheuk-yan (GA: HKFTU), Chan Yuen-han (GA: HKCTU) and Tommy Cheung (GA: LP) heavily criticized the brewing industry for being “unscrupulous” and “deceitful” for not passing on the tax savings directly to consumers (Crawford, 2007; Lau, 2007; “Pan-democrats,” 2007). Henry Tang also urged the brewing industry to cut price in order to benefit consumers. The Hong Kong Beer Industry Coalition finally decided to cut prices (Sun & Goh, 2007).

Later the Hong Kong Wine and Spirits Industry Coalition actively lobbied the government to abolish the alcohol duty to prevent Hong Kong from losing out to Macau, Shanghai, Beijing or Singapore as the region’s fine-wine hub. The suggestion was supported by various parties, including the LP, the DAB and the PricewaterhouseCoopers. The DP excluded itself from the alliance on the ground that the subsequent increased demand after the duty exemption would push retail prices up (Ng, 2008; “Wine coalition,” 2008).



Figure 5.3. The Hong Kong Wine and Spirits Industry Coalition lobbies for an abolition of alcohol duty. *Ming Pao Daily News*, February 2, 2008, p.A8.

Eventually Henry Tang's successor John Tsang Chun-wah proposed in 2008 to exempt the duties on wine, beer and all other alcoholic beverages except spirits and to remove the related administrative controls upon amendment of the relevant legislation, so as to facilitate the import, export and storage of these alcoholic beverages. This proposal served the objective of promoting wine trading and distribution businesses in Hong Kong (Financial Secretary, 2008, para. 114-115). Legislators from the business sector celebrated the proposal. The legislator representing the banking industry, David Li Kwok-po, gave high praise to the FS for showing "greater wisdom" than him and abolishing the duty entirely, which he described as a "far-sighted move" (Legislative Council, 2008, p. 5966). LP legislators toasted with red wine to the zero wine duty ("Liberal Party," 2008).

Urging the government to “develop long-term and forward-looking policy planning,” Tommy Cheung made further suggestions on supportive legislative measures and infrastructure investments. He believed that:

If Hong Kong can seize the new opportunity of zero wine duty, we can certainly take the lead to become the wine centre of the Asia-Pacific Region, secure a leading position in sales and storage of quality wine in the region, and compete neck and neck with London and New York in the wine market” (Legislative Council, 2008, pp. 6003-6006).

The duty exemption was welcomed by legislators from sectors other than business, except Andrew Cheng Kar-foo. However, instead of expressing a concern on the implications of cheaper alcohol on public health and social well-being, he criticized that the budget “only serves to gild the refined gold of the wealthy and disregards the requests of the grassroots” (Legislative Council, 2008, p. 6151).

Immediately after the elimination of duties on alcohol, the media focused their attention on the prices of wine and beer in restaurants, supermarkets and bars (“Duties,” 2008; “Elimination,” 2008; Eng, 2008). They further devoted their follow-up reports and features to explore the strengths and weaknesses of Hong Kong as a hub of wine trade (“High rent,” 2008), to update the government policies related to wine trade (“Commerce and Economic Development Bureau,” 2008;

“Govt,” 2009), to keep track of wine imports, prices and sales trends (“Wine sales,” 2009; Xie, 2009), to cover international wine auctions and fairs held in Hong Kong (“Liquor manufacturer,” 2008; “American largest liquor manufacturer,” 2008) and to introduce career and business opportunities arising from the growing wine trade (“Govt,” 2009; “PEAK,” 2009). It was also common to see full-page eye-catching wine advertisements posted by retail outlets such as Waston’s Wine Cellar, ParknShop, and its subsidiaries Taste and Gourmet in the printed media.

A handful of voices concerned about a rise of alcohol-related problems because of the cheaper alcohol were heard. For example, CUHK public health professor Sain Griffiths indicated that there was a rising trend in binge drinking among university students and warned that the problem was likely to become exaggerated given the cheaper alcohol (Benitez, 2007a). There were also complaints against the government for its inconsistent policies on cigarette smoking and alcohol drinking. For example, an editorial of the *Oriental Daily News* criticized that the permissive policy on alcohol would cause more alcohol-related problems, and that the government’s incoherent approaches to alcohol and smoking showed a bias against the lower social classes:

In recent years, the government endeavors to discourage cigarette smoking.

However, all along, alcohol drinking and cigarette smoking have been regarded

as twined problems. Negative health effects of alcohol drinking are absolutely not less than those of cigarette smoking. In addition, traffic accidents, injuries and deaths caused by drink driving has been increasing in recent years. Therefore, while the government steps up its tobacco control measures, it should not overlook the worsening problem of alcoholism in Hong Kong. Moreover, most smokers are from the lower social class, while most red wine drinkers are from the upper class. Waiving the red wine duty is no difference from benefiting the upper class indirectly. As such, the government will give the public an impression that it is partial to wine and the rich, and biased against cigarettes and the poor. It will not be conducive to the construction of a harmonious society (“Red wine duty,” 2008, trans.).

These warnings and complaints paled in comparison with the popular belief that alcohol, particularly wine, is a high value-added commodity in terms of physical and economic health; that alcoholism is not a serious problem in Hong Kong; and that cigarette smoking is a rampant public health problem. Legislator Tommy Cheung even urged the government to extend the duty exemption to spirituous liquors:

The Administration has all along explained that spirits are excluded from the duty exemption for the benefit of the health of Hong Kong people. Basically I think this is not reasonable, as alcohol addiction is not a serious problem in

Hong Kong. Only 14.6% of men and less than 5% of women have the habit of persistent consumption of alcohol. And among them, very few would consistently consume liquors. Most of them mix liquors with other beverages for consumption, such as cocktails, which are favorites of many people. Furthermore, since the Administration wishes to attract wine traders to invest in Hong Kong, it should aim at developing a balanced wine market of a great variety of wines and liquors, so that wine traders can develop a diversity of wine business, including the re-export trade of liquors (Legislative Council, 2008, p. 6006).

The 2009 Budget further presented a sharp contrast in government policies toward smoking and drinking. While the document proposed a 50% increase in tobacco duty for “public health reasons,” it celebrated the “notable growth” in wine trading, distribution and other related businesses. It indicated that the government would step up “the promotion of Hong Kong as an Asian wine and gourmet centre” with a view to “reinforce Hong Kong’s status as a regional hub for wine distribution and trading” (Financial Secretary, 2008, para. 56 & 108). As mentioned in the previous chapter, the LSD raised its opposition by organizing a protest and moving a motion to repeal the cigarette-tax increase. Apart from considering the policy discrepancy between alcohol and cigarette as class discrimination, the LSD warned that the

alcohol policy would exaggerate alcohol-related problems, which were largely under-recognized. The LSD therefore criticized the government for being negligent and irresponsible in making policies. Moving the motion to repeal the cigarette-tax increase, LSD legislator Albert Chan Wai-yip said:

I stated clearly in our study that cigarette smoking costs Hong Kong HK\$5.3 billion a year. I also presented the harms of alcohol drinking, alcoholism in particular, and cited a number of studies, including those conducted in Germany, France, Canada and so forth, on the harms of tobacco and alcohol to the general public and society at large. I hope that the SFH would study the results of these studies carefully and explain why the government reduces and waives the taxation for alcohol, whilst imposing a sharp increase in tobacco duty. This is ridiculous. I think this only happens in Hong Kong. In many foreign countries, tobacco gets the same treatment as alcohol in term of taxation ... In regard to the difference between tobacco and alcohol, cigarette smoking would certainly affect a smoker and generate secondhand smoke that affects the smoker's colleagues. Alcohol drinking nevertheless brings about similar harms. Of course, some people say that a drinker would not affect people around him. However, damages caused by alcohol drinking include traffic accidents which can incur many deaths. For example, recently, there was an accident by which

six people were killed. In addition, there were many disabilities [caused by traffic accidents induced by drink driving]. Moreover, alcohol drinking would cause another kind of scourge which was less reported and known. It refers to alcohol-related crimes ... The United Nations has conducted many studies on alcohol-related crimes. These crimes include violence, robbery, sexual assault, rape and domestic violence, to few just a few (Legislative Council, 2009a, pp. 260-261, trans.).

SFW York Chow responded with a commonly held belief that alcohol drinking was less dangerous than cigarette smoking, without dealing with the concerns about the possible exaggeration of alcohol-related problems arising from an increased consumption of cheaper alcohol:

From the viewpoint of medicine, secondhand smoke affects others for certain. It harms others' health directly. In addition, cigarette smoking is harmful to health no matter how many cigarettes are consumed. But alcohol drinking does not harm others' health directly as secondhand smoke does, and it is not necessarily harmful to health. Therefore, from the viewpoint of public health, we should not confuse tobacco products, which are absolutely harmful, with alcohol (Legislative Council, 2009a, p. 300, trans.).

York Chow further proclaimed that public resources had been invested in

publicizing the dangers of alcoholism. He also reiterated the importance and the urgency of tobacco control (Legislative Council, 2009a, pp. 300-301). He gave a similar statement in a radio phone-in program when he was challenged by a smoker over the inconsistent taxation policies on alcohol and tobacco. He said that “tobacco and alcohol are not twins” and then reiterated the importance of a high tobacco duty in discouraging cigarette smoking especially among young people (Leung, 2009).

In his response to Legislator Chan Wai-yip, Chan Ka-keung, Secretary for Financial Services and the Treasury, also held that we should not “confuse tobacco with alcohol” because “it is a recognized fact that cigarette smoking is harmful to health.” He further revealed that the government policy “does not aim to discourage general consumption of alcohol, but to deal with alcoholism and drink driving with specific measures.” He emphasized that the purpose of the elimination of wine duty was “to promote wine trading, distribution and related businesses and to create new job opportunities.” He further stressed that the policy had already brought economic benefits to society at large (Legislative Council, 2009a, p. 265, trans.). Legislator Tommy Cheung disapproved of Chan Wai-yip’s motion as he believed in the reported medical benefits of drinking wine and held that alcoholism was not a serious problem (Legislative Council, 2009a, pp. 268-269).

Legislator Pan Pey-chyou, who was a medical practitioner, dismissed Chan Wai-yip's motion solely based on medical evidence and figures on the bad effects of cigarette smoking.

Outside of LegCo, medical experts maintained that "linking the tobacco tax to liquor was illogical." HKU medical professor Lee Sun-ping based his criticism against the LSD's appeal on a prevalent belief that alcohol drinking does not harm others as secondhand smoke does: "When you drink wine, you won't affect others around you. But when a person smokes, [secondhand smoke] harms everyone around the smoker" (Lam, T., 2009). A physician wrote to the press to criticize the LSD for misleading the public under the guise of protecting the interest of the grassroots. She stated: "If they are really concerned about people's health, they should urge the government to increase alcohol duty. How come they propose to repeal an increase in tobacco duty instead?" Nevertheless, like many other physicians, she did not show any interest in urging the government to impose a higher alcohol duty. Instead, she emphasized the role of a high tobacco duty in helping smokers to quit and urged smokers to give up smoking (Chan, K.-l., 2009).

In a stark contrast to tobacco, alcohol is not seen as a dangerous and toxic substance. Instead, it is profoundly valorized as an ordinary, life-enhancing and investment-worthy commodity that benefits the whole community physically,

socially and economically. This view on alcohol is therefore incompatible with the public health preventive approach to reduce demand for alcohol beverages and levels of alcohol-related problems. Countermeasures on alcohol-related problems that target deviant drinkers then become more acceptable. Nevertheless, as I will show in the following sections, not all alcohol-related problems automatically generate public concern. Only those that appear to constitute a threat to public order and the safety of others, such as drink driving, become central to the public concern and policy agenda.

Alcoholism, Binge Drinking and Youth Drinking as Under-recognized Problems

In fact, the high-tolerance of alcohol in the community reflects that Hong Kong society is inattentive to alcohol-related problems. As Jean Kim and others (2008, p. 369) observe: “In contrast to recent actions taken by the European Union to reduce the harm of alcohol use, comparatively little attention had been paid to drinking in Hong Kong.” As mentioned earlier, there are few studies on alcohol issues, resulting in a lack of sustained data on the prevalence of alcohol drinking and drinking patterns in Hong Kong. There is also inadequate data on the health and socio-economic burdens attributable to alcohol drinking. For instance, the HKFYG finds that “focused and comprehensive alcohol related statistics and data are scattered and incomplete.” It also reports that there was no comprehensive and

standard computer system in the Hospital Authority to compile territory-wide statistics on alcohol-dependent patients (HKFYG, 2000, pp. 68-69). Similarly, Vivian Lou and Daniel Shek (2006, p. 71) observe that in Hong Kong, there is “a severe lack of studies” of directly attributable alcohol problems including cirrhosis mortality, inpatient-outpatient episodes of care for alcoholism or drunkenness, and fatal injuries sustained through inebriation.

As I have indicated earlier, not all alcohol-related problems immediately become objects of concern of the general public and policymakers. Cases in point include alcoholism, binge drinking, as well as underage drinking. Among these problems, alcoholism and binge drinking are largely reduced to individual problems that drinkers should be accountable for on their own.

Alcoholism and Binge Drinking

Various studies suggest that Hong Kong people disapprove of alcoholism, heavy drinking and intoxication (Cheung, 1995, p. 133; HKCSS, 1983, p. 76; Singer, 1979, p. 316). There is an old moral code that “womanizing, gambling, drinking and smoking (narcotics)” (*piao, du, yin, chui*) are the four worst vices. This adage deals largely with habitual heavy drinking which is often associated with problems including impairments of physical health and morals, increased risk of suicide and increase of criminal behavior (Singer, 1979, p. 315).

By the early 1980s, when cigarette smoking became an object of public concern, some voluntary organizations from health and social welfare sectors in Hong Kong attempted to raise public awareness of alcohol-related problems. Throughout these advocacies, as well as media coverage, the concept of alcoholism was the dominant perception of alcohol-related problems. As mentioned in the foregoing, under the framework of alcoholism, focus is put more on the alcoholic – his/her risk-taking behavior of heavy drinking for an extended period – rather than on the role of alcohol in disease and socio-economic problems including domestic violence, industrial accidents and absenteeism. Proposed measures hence stress more on locating and treating alcoholics. Preventive measures before the onset of severe alcohol-related problems have been less emphasized. Among preventive measures, education appears to be more common. Indeed, given the highly receptive public attitude to alcohol drinking, measures aiming at reducing the alcohol consumption of the population, such as limiting the availability of alcoholic drinks, are less likely to be accepted.

For instance, the Hong Kong Council of Social Service (HKCSS) held the Alcoholism Seminar in 1979. In view of “a genuine and serious concern on the emerging phenomena of the increasing consumption and the abuse of alcohol by certain sectors of society,” the Drug Abuse Committee of the HKCSS appointed a

Working Group on Alcoholism Study in 1979 “to explore the extent of alcoholism and alcohol abuse in Hong Kong.” The Working Group was chaired by representatives from the Society for the Aid and Rehabilitation of Drug Abusers and the Salvation Army, and included one member from the field of public health, one from the field of social work, and three private individuals (HKCSS, 1983, pp. i, iii, iv, 1). In its report, the Working Group warned about the emergence of alcohol abuse and alcoholism in Hong Kong as a “social problem” that leads to “serious social consequences” (HKCSS, 1983, p. 76). It drew “certain conclusions” that:

... the problem of excessive drinking is associated with industrial accidents in Hong Kong and alcohol beverages are increasingly used by some of the drug abusing population in conjunction with or as a substitute for their narcotic dependence ... an emerging problem of alcohol abuse that may affect our productivity in terms of absenteeism and sick leaves in our vital business sector and simultaneously aggregating a demand for welfare services (HKCSS, 1983, p. 72).

The Working Group consequently urged the government to “act promptly to stop alcoholism from becoming a rampant problem” (“Act,” 1983). It recommended in its report “alcohol abuse be given similar attention by the government and private sectors as to drug abuse and the preventive education thereof be implemented

systematically in schools, social institutions, community and youth centers as well as places of employment” (HKCSS, 1983, p. 77). A self-help group, Alcoholics Anonymous, supported the public stance of the HKCSS, although it lacked precise figures on alcohol consumption in Hong Kong: “Authoritative facts and figures on alcohol consumption in Hong Kong and the incidence of alcoholism are clouded with unknown quantities but a disturbing pattern is emerging” (Edmonds, 1983).

Medical practitioners undoubtedly play a role in raising public awareness of alcoholism. Yet it appears that, at least in the early years, they took a comparatively mild tone than tobacco control advocates. For example, public health professor S.P.B. Donnan commented in 1989 that although “alcohol consumption in Hong Kong is not as high as in Britain,” alcoholism “certainly exists as an emerging problem which has led to serious social consequences in individual cases” (Benitez, 1989). He also suggested that “[a]lcohol abuse is a part – albeit a small part – of the total spectrum of substance abuse in Hong Kong among the ethnic Chinese population” (Donnan, 1989, p. 17).

In recent years, doctors have expressed their concerns on the high social acceptability of drinking, and paid more efforts to distinguishing alcoholism and binge drinking and raising public awareness of the dangers of the latter. For example, public health professor Sian Griffiths held: “You ... get more people binge

drinking and more weekly drinking. So you start to get the seeds of more alcohol-related problems ... Among binge drinkers, there is social positive affirmation that use of alcohol is a good thing” (Benitez, 2007a). Psychiatrist Lam Ming, senior medical officer at the TMAPC, expressed his concern about the increasing trend of episodic binge drinking and attributed the phenomenon to the high acceptability of alcohol drinking as a sociable behavior. By citing the data of the WHO, he emphasized that alcohol consumption brought about the same amount of health and social burdens as cigarette smoking (Choi, 2005; “Drunks,” 2005).

However, medical messages in the media coverage are often ambiguous. First, the media sometimes confuses alcoholism with binge drinking and attributes undesirable consequences of drinking largely to alcoholism. For example, although Psychiatrist Lam Ming of the TMAPC appeared to stress both alcoholism and binge drinking (Choi, 2005; “Regular drinkers,” 2005; Wong, 2005), a report of the *Wen Wei Po* (“Drunks,” 2005) focused its attention on alcoholism and the problems of alcoholics in regard to health and personal relationships. For instance, while it noticed the role of the media in promoting a positive affirmation of drinking among the public, it reduced the problem to alcoholism:

The media often portrays drinking at bars as a common pastime of professionals and successful people, and drinking as a cool behavior. The public therefore

have a positive impression on alcohol drinking, leading to an increase in the number of alcoholics (trans.).

Second, in media reportage, medical warnings about the bad effects of alcoholism and binge drinking are often accompanied with drinking guidelines, although there is a lack of medical consensus on the definition of “sensible” drinking. Drinking guidelines are often assigned with positive descriptions and affirmative headings such as “tips for pleasurable drinking” (“Regular drinkers,” 2005) and “guidelines for wise drinking” (“Drunks,” 2005). Sometimes advice on alcohol is confusing. For example, in a report of the *Wen Wei Po* (“Drunks,” 2005), while Psychiatrist Lam Ming discouraged binge drinking, there was a tip for pleasurable drinking that advised not to “have any alcoholic beverage at least 48 hours after having a binge drinking.” Affirmative and sometimes confusing media presentation shapes and reflects the high tolerance of alcohol drinking in such a way that alcohol consumption by itself is a positive product. The blame is laid not on the bottle but on the man. Adverse effects of alcohol dependence and binge drinking are believed to be the results of the improper and unwise consumption of alcohol of a drinker.

Positive media presentation on alcohol drinking influences individuals to drink more (Casswell, 1993, p. 459) while denying having too many drinks.

Alcohol-related problems are believed to belong to a small group of people – psycho, ill-educated, irresponsible alcoholics. K. Singer (1979, p. 316) observes that the alcoholic is regarded as a “reprobate.” A magazine reported that “alcoholics [are perceived] to be derelicts, who stole, lied and cheated, taking advantage of their employers and abusing their families. They neglected their jobs, family and other social responsibilities. They were completely unreliable and wasted their material, mental and spiritual assets” (Jones, 1994, p. 36). Drinkers, especially irregular drinkers, are less likely to consider their drinking patterns problematic and do not associate themselves with alcoholics. Rather, drinkers are often confident of their ability to control their alcohol intake. They believe that not being drunk or not drinking daily means moderation and it is good for relaxation in as a stressful city as Hong Kong. In fact, it is a common belief that “one can learn how to drink,” “drinking capacity can be trained” and “one who drinks can know when he/she is drunk” (HKFYG, 2000, p. 66). Drinkers may be proud of and show off their competence for drinking a lot and be impressed when someone can “hold his liquor” (Gusfield, 1996, p. 123). Drinkers who fall behind in the ability to drink may want to train him or herself up. For example, in TV documentary *Pearl Report* (Choi, 2005), a pub patron said:

I don't think [drinking] is a problem. One of the reasons you go for a drink is

to relax. It does help you to relax. And I think because Hong Kong is generally very high stress, very high pressure ... For me, I drink a moderate amount in a week. But I wouldn't say I get drunk very often ... I may have six or seven drinks in a night but not be drunk. It's just a way to relax.

When a pub patron realized her company used to have 30 glasses once a week, she said she had about 20 glasses a week, and added: "I'm a much slower drinker ... I think I have to catch up."

For drinkers, intoxication is a sign of a lack of skill and even inferiority. As David Brooks (2000) notes, the Bobos regard a drunk as a loser (p. 201). Intoxication, instead of excessive drinking, is something that should be avoided and indeed can be avoided. In a stark contrast to the case with tobacco, copious consumption of alcohol without getting drunk can be used to make one stand out. As a columnist (Huang, 2009) observes:

Cigarette smoking is only a kind of hobby. Strictly speaking, it has no great difference with alcohol drinking and drinking coffee. We've often heard tell of brag of drinking for some ten years and being the highest in drinking competence. However, we haven't heard that smokers would brag of having a long history of smoking (trans.).

It is apparent that drinkers are not fully aware of the health advice on the limits of

alcohol intake. In the *Pearl Report*, a young drinker admitted that he did not know the limits of alcohol intake for men and women, although a health officer claimed that the government had been serious in promoting the concept of “sensible drinking” and disseminating drinking guidelines through various channels including school curriculums, health education seminars and leaflets (Choi, 2005).

After all, alcoholism and binge drinking are not the central objects of public concern in Hong Kong. There have been some complaints from the social welfare and medical sectors that, compared to cigarette smoking and drug abuse, alcoholism and binge drinking receive less attention from the government and society at large. As early as 1983, the Working Group on Alcoholism Study of the HKCSS found “very little relevant information on alcoholism and alcohol abuse was available in Hong Kong to serve as a preliminary guide and reference” and its study was made with “a shoestring budget and highly limited manpower.” It also found that the public was “not fully aware of the problem of alcoholism,” although there was strong social disapproval of alcoholism (HKCSS, 1983, pp. 72, 76). Ten years later, the HKFYG noticed:

The government has a firm policy against cigarette smoking and extensively publicizes the hazards of cigarette smoking. Youngsters generally know well about the harms of cigarette smoking. However, in regard to alcohol drinking,

especially the adverse effects of excessive consumption of alcoholic beverages, it has received less attention as few people have mentioned about it (HKFYG, 1993, p. 1).

Psychiatrist Leung Shun-pun described alcoholism as a “hidden menace” and worried about “a growing trend towards social drinking and the dangers inherent in allowing it to continue unmonitored” (Jones, 1994, pp. 34-35). He complained that the government appeared to be doing very little to curb alcohol abuse:

At present the main focus of drug education is concentrating on heroin, tranquillizers, amphetamines, giving the impression that alcohol is some kind of milk-and-water drug in comparison to them. Emphasis should be made that alcohol is drug among drugs, with its related problems currently under-estimated ... There are no plans to set up any special services for alcoholics ... It is not allocating more money to it, the resources are being ploughed into drug abuse instead” (Jones, 1994, pp. 35-36).

Psychiatrist Lam Ming of the TMAPC complained in 2005 that Hong Kong had long overlooked the problems of alcoholism and the resources put by the Hong Kong government on dealing with alcoholism were much less than those on put on cigarettes and drugs (“Drunks,” 2005).

Alcoholism and binge drinking fail to receive public attention because, as

indicated earlier, the general public believes that alcoholism and binge drinking are not their problems but the problems of the Others: ill-educated, irresponsible, self-indulged and psychopathic alcoholics. Hong Kong society appears to be reluctant to get involved in their personal problems. It is widely accepted that alcoholics should be accountable for their own failings and plights including illnesses and disability, unemployment, poverty, poor interpersonal relationships and unseemly behavior. As an interviewee said in the *Pearl Report*, “In our society, it seems that if one becomes an alcoholic, it is his problem. So he should ask himself to stop drinking, instead of thinking to get helps from somebody else” (Choi, 2005).

It is clear that drinking may do harm to others. Child and spousal abuse is a case in point (“Drunks,” 2005). Nevertheless, it is believed that, as an editorial of the *South China Morning Post* claimed, domestic violence is often caused by “the sheer pressure of life in Hong Kong rather than alcohol and drug abuse” (“Plight of battered wives,” 1991). Above all, “the government – especially the police force – has been reluctant to get involved in domestic disputes except as a last resort and in the most dire circumstances” (“Plight of battered wives,” 1991). Victims are usually unwilling to disclose their plights and seek for assistance. As the Hong Kong Federation of Women’s Centers states:

In fact, it has been pointed out that often, police officers dismiss wife battering

as “domestic dispute,” or merely as a playful row between the couple and will not take the matter seriously. And they generally do not encourage the battered woman to press charges against her husband. Many battered wives also do not report to the police for help (Hong Kong Federation of Women’s Centers, n.d., p. 18).

In addition, despite a lack of sustained and comprehensive data on alcohol drinking in Hong Kong, policymakers, as well as the general public, have ironically believed that alcohol-related problems are not serious because there is no such evidence. A typical example comes from a statement of a government spokeswoman:

The government does not encourage the drinking of alcohol, but it has to recognize that drinking is a “widely accepted social habit” in Hong Kong ... there is no evidence of any significant increase in the number of alcohol dependant cases (“Liquor ads,” 1983).

Police Commissioner Li Kwan-ha also stated: “The problem of adults and young people drinking is not a serious one – as far as alcohol is concerned, it is not a problem.” He also indicated that checking on licensed premises for illegal activities related to alcohol, such as underage drinking, was not a high priority because of other anti-crime tasks (Furlong, 1993c). In fact, as many studies emphasize, alcoholism and binge drinking are considered major problems in western

societies. For instance, Anthony Ha, Chairman of the educational organization Education Action Group believes that “alcoholism [does] not pose such a serious problem in Chinese society compared with Western ones” (“Moral education,” 1983).

It was reported that alcoholism has been given virtually no priority in Hong Kong in terms of government health spending (“Suffer,” 1986). As mentioned earlier, a health officer claimed in the *Pearl Report* that the government has been promoting the idea of “sensible drinking” (Choi, 2005). However, if we visit the web site of the Central Health Education Unit of the government, there are comparatively few health information and education resources on alcohol drinking, in stark contrast to cigarette smoking. Moreover, the information and resources are limited to warnings about alcoholism and “excessive” alcohol consumption without a handy access to a guideline for a “sensible” way of drinking (CHEU, n.d.-a; n.d.-b). It was reported that an expert working group on injuries and alcohol abuse would be set up only in 2009 to draw targets and action plans of alcohol control (Chen, P., 2008; Department of Health, 2008b, p. 4). When asked why the government has been doing little on alcoholism and binge drinking by a *Pearl Report* reporter, a health officer answered haltingly:

The government can’t do everything in one time. It needs to set priority.

Currently the priority is on the anti-smoking. There is an obesity epidemic going on ... The problems of cigarette smoking and alcohol drinking are not comparable because smoking causes much serious problems on the human health. Also recently we have some legislative amendments on the Smoking Ordinance. So the media as well as the public may put more attentions toward the anti-smoking activity.

Alcohol-related problems are not causes of concern for the government, the media and the general public. As a result, there are insufficient alcohol-related services in Hong Kong. The TMAPC is the only clinic to treat alcoholics (Choi, 2005). Kim and others note:

Currently, there are almost no integrated alcohol-related services in Hong Kong. Specialist medical clinics are segmentalized and deal largely with those suffering from advanced stages of alcohol-related medical or psychiatric complications, such as cirrhosis, depression or psychosis. The local Alcoholics Anonymous group is focused on expatriates and conducts sessions almost exclusively in English (Kim, et al., 2008, p. 369).

To sum up this section, I would like to quote an observation of Vivian Lou and Daniel Shek:

In Hong Kong, alcohol use is perceived as basically normal and is positively

associated with happy events and collective celebrations. Other than a seminar on Alcoholism in Hong Kong held in the late 1970s, alcohol problems have not attracted much attention from the public, the health and social services, or policymakers. Drinking alcoholic beverages is regarded as an individual lifestyle choice, but not a social concern. Alcohol related problems had not been identified as a dominant problem in the family service sector in the early 1980s. The first and the only alcohol clinic to date was not set up until 1996 and served fewer than a hundred cases annually in its first three years (Lou & Shek, 2006, p. 69).

Youth Drinking

It appears that drinking among youngsters has triggered more concern than drinking among adults from the public, the media and policymakers. In their advocacies, voluntary organizations, legislators, and experts put more emphasis on the popularity of drinking among the youth (e.g. "Alcoholism," 1982; Forestier & Clem, 2005; Fung, 1995; Grindrod, 1988; Wong, 2005). Both printed and electronic media tend to focus on youth drinking in their features and commentaries on alcoholism and binge drinking (e.g. Choi, 2005; Jones, 1994; Kay, 1986; Ruan, 2005; "The society," 2005; "Time," 1988; "Underage drinking," 1993). Among the comparatively few studies on alcohol consumption conducted by voluntary

organizations, local academics and government units, more attention was placed on drinking among adolescents (e.g. HKFYG, 1993; 2000; Lo & Globetti, 1999; 2000; Lou & Shek, 2006), and secondary and college students (e.g. Abdullah, Fielding, & Hedley, 2002; Griffiths, et al., 2006; ND, 2002; 2005).

Drinking among youngsters attracts more attention because youth drinking is traditionally interpreted, at least at the public level, as a social problem. Underlying the lower tolerance to drinking among youths than adults is an assumption that, similar to the case of youth smoking, young people are ignorant and lack the ability to make a sensible judgment. For example, Jeffrey Day, Chairman of voluntary organization Community Drug Advisory Council, held: “Alcohol, if used in a sensible way, is a social benefit in some sense. But the problem is that children do not have the experience to make that decision” (“Alcohol,” 1986). There is also a concern that, like tobacco, alcohol is addictive and the younger the drinking age, the greater the chance of becoming dependent on alcohol (HKFYG, 2000, p. 68).

Above all, the concern of youth drinking is indicative of the moral anxiousness of adults. Apart from psychical health, adults are anxious about youngsters’ stupid and unseemly behaviors after drinking which are readily seen as signs of juvenile deviance and delinquency. For example, Legislator Eric Li Ka-cheung, who also

chaired the Commission on Youth (COY) which was an advisory body on youth policy, held that after drinking, young people tended to have aggressive and socially unacceptable behaviors, including drug taking, fighting, drink-driving and sex (“COY,” 1994). Legislator Fung Kin-kee (1995) also maintained that “alcoholism does not only endanger the health of young people, but also drive young people to commit unlawful behaviors and behaviors that pose adverse impacts on society at large, including drug taking, criminal damage, fighting, sex crimes and drink-driving” (trans.). The HKFYG (2000) worried that alcohol consumption “adversely affects academic performance, health conditions and social life. Some types of behavior, spontaneously enhanced by alcohol, such as [lowered] sexual inhibitions, disobedience to law and order and traffic accidents, all require a high price to be paid” (p. 68).

Drinking among youth is typically associated with two other “major youth problems”: smoking and drug abuse. Surveys and studies do suggest that young people who smoke are more likely to be drinkers and drinkers are more likely to smoke (HKFYG, 1993, p. 21; Lou & Shek, 2006, p. 72). Very often, studies of the youth concurrently frame drinking, smoking, and drug abuse as “misconducts” and “deviant behaviors” (ND, 2002; 2005; “Pupils,” 1991; “Survey,” 2009). There is also a worry that drinking, as well as smoking, leads teenagers to drug abuse. For

instance, the HKCSS said it was worried that the trend in drinking and smoking might be “stepping stones” for taking illicit drugs (Lau, 1990). Police Commissioner Li Kwan-ha believed that “alcohol can impair the judgment and senses” of young people and drinking by them “could lead to more juvenile crime or serious youth problems such as drug abuse” (Furlong, 1993c).

It is therefore not rare to see that youth drinkers are represented by bored and desperate youngsters, or troubled deviants such as bad students, dropouts and gangsters who also smoke and are more likely to take drugs. For example, it was reported that, according to a survey of the HKCSS, “more than 90% of young children who drop out of school admit to drinking alcohol, while more than half smoke cigarettes.” The *South China Morning Post* featured a story of Kelly under the headline “Lonely Life Led a Youngster to Drink her Troubles Away” (1991). Kelly, whose parents were concentrated on their businesses, said:

I was packed off to boarding school in the US and given my own credit card ... I wanted for nothing but I was still very lonely ... I started off with spending binges and then moved on to drinking binges. Other friends of mine in Hong Kong took to drugs, some went from alcohol to soft or hard drugs ... I had an unhealthy relationship. I was drinking excessively and popping pills. My life became completely unmanageable.

Therefore, there is a concern that drinking is becoming a trend among youngsters which is accompanied by calls for more attention and prompt action from the government and society at large. For instance, Jeffrey Day, Chairman of the voluntary organization Community Drug Advisory Council (CDAC), believed that in order to avoid the “twin problems of smoking and drinking” rampant among youths in Western societies, it was necessary to restrict sales of alcohol as well as tobacco to those below 16 years of age (“Tighten law,” 1988). The HKFYG expressed its concerns on the high receptiveness of the youth to drinking and the increasing trend of underage drinking. It suggested that “the departments concerned pay attention to the situation, taking measures from overseas as reference points to send a clear message to the youth that ‘alcohol is addictive’ ... the society and people concerned provide more preventive education to alert youth to the potential danger of drinking alcohol” (HKFYG, 2000, pp. 68-69).

Indeed, there are legislative countermeasures and regulations to deal with youth smoking. Under the Dutiable Commodities (Liquor) Regulations, it is an offence for any liquor licensee to permit any person under the age of 18 years to drink any intoxicating liquor in licensed premises. Advertising and presentation of alcoholic beverages, like that of tobacco products, are regulated under the broadcasting codes of the BA. The Radio of Practice on Advertising Standards and the Generic Code

of Practice on Television Advertising Standards stipulate that advertising of alcoholic beverages should only target adult audiences. Alcoholic beverages cannot be advertised in proximity to children's programs and between the hours of 4:00 pm and 8:30 pm, the so-called "family prime time." Nor can these products be advertised as similar to or equated with non-alcoholic products, such as soft drinks and fruit drinks, which have particular appeal to children or young persons. Under the Generic Code of Practice on Television Program Standards, "the use of alcoholic drinks ... should be avoided except when it is necessary for the development of the plot or characterization." Particular care is required with programs likely to be watched by children and young viewers.

Although youth drinking has triggered more concerns than drinking among adults, the issue is not a major concern of the public and policymakers. The HKFYG suggests in its report on the alcohol drinking habits among youth:

In Hong Kong, the Hong Kong Council on Smoking and Health concentrated on anti-smoking strategies. Similarly, the Narcotics Division, which was supposed to handle an anti-alcohol drinking campaign, put its efforts into drugs and tobacco education, thereby limiting its focus on the issue (HKFYG, 2000, p. 68).

The public inattentiveness to youth drinking can be further observed from the fact that there is a lack of sustained study on the prevalence and the drinking patterns

among the youth. For instance, COY Chairman described the study of drinking habits of local youngsters as “very insufficient” (“COY,” 1994). Vivian Lou and Daniel Shek write: “Unfortunately, there is not a great deal of research information on alcohol abuse among Hong Kong adolescents. The superficial impression might be that it is not a real social problem or concern” (Lou & Shek, 2006, p. 74).

The lack of public concern on youth drinking can be attributed to a perception that it is a problem more common in expatriate families. An editorial of the *South China Morning Post* pointed out: “Traditionally, drinking among the young has been seen as an expatriate problem” (“Underage drinking,” 1993). Jeffrey Day of the CDAC also held that, “except for some students at international schools here, drinking among Hong Kong youths was still not a cause of concern” (“Tighten law,” 1988). Chan Joe-chak, who chaired an educational group and headed a secondary school, believed that “the problem was not as serious in Chinese schools as in international schools. It may happen in schools with academically weak students. The students got frustrated and turn to beers to soothe themselves” (Kwok & Wallis, 1993).

In fact, various surveys consistently indicate that while the prevalence of drinking among the youth is low, drinking is more common than cigarette smoking and drug taking among young people; more than half of youth drinkers started

drinking under the age of 18; and the trend of youth drinking, as some surveys suggest, is increasing (Abdullah, et al., 2002, p. 2002; HKFYG, 1993, p. 18; 2000, p. 64; ND, 2002, p. 235; 2005, p. 14). Judging from statistics – though they are limited— it is arguable that youth drinking is a more serious problem than youth smoking and drug abuse. The prevalent perception on youth problems and the extent of the public concern on youth drinking, however, show the opposite. This implies that our interpretation on social issues, as well as statistics, is largely based on our preconceptions and common sense. As alcohol is believed to be the least dangerous substances compared to tobacco and illicit psychoactive drugs, society tends to dismiss youth drinking as a smaller problem.

In addition, the higher prevalence of alcohol drinking among youngsters reflects a higher social receptiveness to alcohol drinking than to cigarette smoking and drug abuse. It has been suggested that home is an important source of alcoholic drinks among youths (HKFYG, 1993, p. 21). In two TV documentaries, a number of interviewees, including one primary student, indicated that their first taste of alcoholic drinks was made with permission from their family members (Choi, 2005; Ruan, 2005). It was also reported that youth drinkers could easily obtain liquors from shops, supermarkets and convenience stores. As Vivian Lou and Daniel Shek observe:

The cultural endorsement of drinking as “normal” and “positive” may also be observed in the implementation of the legislative constraint on the use of alcohol.

The Dutiable Commodities (Liquor) Regulations prohibit “permitting persons under 18 years to drink on licensed premises.” However, studies of both youth and adults have shown that about half of the subjects did not know the regulation clearly; and more than half of the youth subjects had used alcohol at places where doing so was, at least in theory, prohibited (Lou & Shek, 2006, pp. 69-70).

It is apparent that alcohol-related problems do not necessarily become objects of concern for the public and policymakers. Our interpretations on social issues – whether they are real serious problems, what kind of actions are needed, and whether immediate actions are warranted etc. – are highly influenced by our common sense of these issues. In the dominant public perception, alcohol is less dangerous and offensive than tobacco. Sensible consumption of alcohol is even seen as beneficial. While tobacco causes more serious problems in *our* society, alcoholism and youth drinking are others’ problems: an individual problem of an alcoholic and an adolescent deviant, and a problem of Western societies. Alcoholism and youth drinking are less likely to be regarded as real serious problems and draw public attention.

Then, under what circumstances can alcohol-related problems trigger wider

public attention and prompt government responses? Alcohol-related problems become central to the public concern and the policy agenda only when these problems appear to threaten the safety of others. I will illustrate this point in the next section with particular attention to the Lan Kwai Fong tragedy in 1993, the liquor license mechanism and the issue of drink-driving.

Public Order as an Object of Concern

Lan Kwai Fong Incident: From a Youth Drinking Issue to A Lesson for Crowd Control

An alcohol-related problem that appears to be a threat to public safety is more likely to become central to the attention of the public and policymakers. The Lan Kwai Fong incident, a tragic accident that happened in the nightlife spot of Lan Kwai Fong in 1993 which killed 13 young people, is a case in point. The incident generated concerns about youth drinking problem and crowd management. Nevertheless, as it was accepted that youth drinking was not a serious problem and a policy priority, the major policy consequence of the incident was stricter crowd control measures in order to ensure public order and people's safety at festival occasions.

Lan Kwai Fong is a popular nightlife spot for drinking, clubbing and dining. In 1993, 21 people died and at least 64 people were injured after a crowd of 15,000 to

20,000 moved downhill after the midnight countdown on New Year's Eve. 13 of 21 deaths were aged 15 to 19 and seven of them were under the legal drinking age of 18. Some of the injured victims were also young, including a 13-year-old boy (Cook, 1993; Furlong, Choy, & Chan, 1993; Yu & Torode, 1993). This tragic accident immediately sparked an intense public discussion on police crowd control measures. Meanwhile, given the disturbing toll of young people killed, the tragedy was soon turned into another topic of public discussion – youth drinking, particularly the sale of alcoholic drinks to teenagers under 18.

In fact, before the accident a concern was expressed about crowd management, instead of underage drinking, in Lan Kwai Fong. It was reported that district councilors had warned the police about overcrowding in the area and suggested the number of people being allowed into the area be limited at festival occasions. Immediately after the tragedy, crowd control and public safety became the central theme of the media and public concern. Governor Chris Patten soon ordered an independent inquiry to examine police crowd control measures ("Police," 1993). Concern was also expressed at the proliferation of bars and clubs in Lan Kwai Fong and the lack of planning laws for the area ("New measures," 1993). Urban Councilor and Liquor Licensing Board (LLB) member Chiang Sai-cheong held that alcohol licenses should not be issued in concentrated areas in order to avoid a repeat

of the tragedy. In the wake of the tragedy, the Hong Kong Rugby Football Union announced it would take strict measures to ensure “crowd safety” during the forthcoming international tournament, while regarded a ban of alcohol was “a pretty far-reaching thing to do” (Careem, 1993).

Amid the wide media coverage on the discussion on crowd management, it was reported that several bar owners accused rival establishments of serving alcohol to minors which “some say escalated the problems on New Year’s Eve.” Some witnesses said “youngsters as young as 13 and 14 were lurching about drunk amid the celebrations” (“Urban Council,” 1993). Responses from the Lan Kwai Fong Tenants’ Association (LKFTA) emphasized that the root of the accident was not youth drinking but overcrowding. It also held that the blame of the accident as well as youth drinking should not be laid on proprietors of bars and clubs. The association vice-chairman Barry Kalb claimed its members were not responsible for the tragedy, as it regularly discussed underage drinking and many nightclubs carried out age checks. Most of the casualties were not regular patrons and the youth probably brought alcohol in supermarkets and convenient stores. He further argued that teenagers were on the streets because “they had nowhere else to go” and hence urged the government and business to “develop youth entertainment venues” (Cook, 1993; Kalb, 1993; O’Neill, Zhu, Woo, & Lau, 1993).

Accompanying the defense of the LKFTA was a public appeal for stricter legislation and law enforcement against underage drinking. For example, in its editorial, the *South China Morning Post* held that underage drinking was under-recognized and the law on the sale of alcohol to teenagers was inconsistent:

What should be a matter of public concern, and one that is under-recognized is the ease with which minors can legally acquire alcoholic beverages without adult supervision and consume them anywhere, including on the streets ... It is rightly illegal for anyone to serve a child in a bar and for any adult, including parents, to buy drinks on behalf of a minor. Why should it then be acceptable for children to buy alcohol unsupervised from supermarkets, convenience stores or other shops? ("Underage drinking," 1993)

Legislator Albert Chan Wai-yip welcomed a ban of the sale of alcohol to teenagers, saying: "Liquor is too readily available in Hong Kong and what laws there are not properly enforced ... The problem of underage people drinking is getting more serious – this is the right time for the LegCo and the government to look into the matter" (Wallis, 1993c). A newspaper reader headlined her letter "Tighten Ban on Underage Drinkers" and claimed that she would "often see children from age 12 and up that we know" at Lan Kwai Fong restaurants. She in a way echoed with the LKFTA that "every 24-hour convenience store sells alcohol to ... minors. A

10-year-old walked out of such a store with a six-pack of beer on a dare.” She hoped that “more hardcore lessons than just crowd-control would be learned. Hong Kong has a tough lesson to learn about alcoholism among its young people.” Her suggestion was the police should “actively arrest underage drinkers, or publicly intoxicated underage drinkers” (Kuhn, 1993).

However, unlike the case of youth smoking, there was a lack of coherent and stiff advocacy for stringent legislations against youth drinking. For example, while his survey found a supportive attitude of Hong Kong people on tougher measures to forbid the sale of alcohol to minors, HKU researcher Robert Chung Ting-yiu stressed: “It must be cautioned however, that this survey was conducted in the aftermath of the Lan Kwai Fong incident and respondents might be carried away by their feelings over the incident” (Wallis, 1993c). More importantly, youth groups might not be necessary supportive of tougher legislations. Prompted by the Lan Kwai Fong incident, the HKFYG (1993) conducted a survey on attitudes to drinking and smoking among the youth conducted in February 1993. It found that drinking was not common among teenagers. Its chief executive Rosanna Wong Yick-ming cautiously questioned the feasibility of outlawing all sales of alcohol to teenagers – a stance that would be unthinkable for a youth group on smoking: “I think one ought to be very careful when we talk about legislation unless there is strict enforcement

... unless we're sure we can implement it." She believed that otherwise, such legislation could have a "downside," such as creating an alcohol black market catering to teenagers (Anderson, 1993a). In its report, the HKFYG (1993) took a gentler tone on the issue of drinking than it did on smoking, and put more emphasis on education to raise young people's awareness of the dangers of drinking too much:

Although a majority of the young people interviewed is [*sic*] in favor of legislation forbidding the sale of cigarettes and alcoholic drinks to those aged under 18, most of them think that legislation without effective enforcement cannot solve the problem. To consider whether legislation is an option, possible difficulties of enforcement and the consequent increase of illegal sales should be taken into account ... Education as a preventive measure should continue to reinforce the message that *any* smoking and *abuse* of alcohol are harmful to health ... The concerned authorities should also strengthen public education program, as well as the primary school curriculum, to alert the young to the dangers of *excessive* drinking (p. 21, italics added).

The COY, which was tasked by the government after the Lan Kwai Fong incident to advise on underage drinking, opined that "the government should not act rashly" because the extent of youth drinking was unclear (Furlong, 1993b). Its chairman Eric Li explained:

... before we have a clear picture of the extent of the problem, we are not suggesting major changes ... very little research has been done to allow any accurate estimate of the extent to which your people in Hong Kong abuse alcohol. No one is coordinating the work and no one is taking over to look at the issue (Wallis, 1993b).

Eric Li recognized that “a recent survey by the HKFYG suggests there is a fairly low rate of underage drinking but we need a large sample to get a more accurate picture.” The COY therefore sought research funding for a comprehensive survey (Furlong, 1993b). Its final report was not released until 1995, three years after the Lan Kwai Fong incident. It stated its longstanding stance that comprehensive information was not yet available to make an accurate assessment of the extent of youth drinking, and therefore there was no sufficient ground to have a total ban of the sale of alcohol to minors. Instead, it recommended the government to ban the alcohol sale in sports grounds, schools and public places frequented by teenagers and to conduct a comprehensive study on youth drinking. It also advised the BA to consider amending its codes on alcohol advertising (“COY,” 1995).

The stance of the COY was met with criticisms. For instance, an editorial of the *South China Morning Post* criticized the approach adopted by the COY was ineffective and hypocritical: “It will give the appearance of tackling the problem

while doing very little about it. The problem will tend to move out of sight but it will not go away (“Inconsistent approach,” 1994).

Nevertheless, it appeared that the stance of the COY was in tune with that of policymakers and law enforcers who were reluctant to take a stringent preventive approach that would affect the availability of alcohol beverages. For instance, while LLB chairman Stephen Wong Hon-ching claimed “the regulatory body would look into the ‘rampant problem’ of minors obtaining alcohol from conveniences,” he simultaneously stressed that the Lan Kwai Fong incident was “a problem of overcrowding” (Wong, 1993). Assistant Director of the Urban Services Department Robert Murby, whose department was responsible for enforcing liquor licensing policies, believed that banning the sale of alcohol to minors at all outlets might “ease some people’s conscience” but was unfeasible: “The difficulties that would arise with enforcement would be an absolute nightmare ... There are too many customers purchasing liquor in the tens of thousands of stores everyday. To control this would be a horrendous task” (Wallis, 1993a). LLB member Daniel Wong even commented that outlawing all alcohol purchases by underage people would not be popular as it would affect “people in housing estates who send their children out to buy beer for the family’s consumption” (“Time,” 1993a).

After all, policymakers stressed that youth drinking was not the direct cause of

the Lan Kwai Fong incident; and that youth drinking was a not serious problem that warranted an intensive government intervention. David Ford, Chief Secretary of the government, maintained that alcohol abuse in Hong Kong was not serious and a total ban of the sale of alcohol to teenagers was unfeasible. He believed that educating young people about the dangers of alcoholism was a better alternative (“Ford,” 1993). As mentioned earlier, Police Commissioner Li Kwan-ha indicated that youth drinking was not a problem and not a high policy priority (Furlong, 1993c).

The under-emphasis of youth drinking in the policy agenda can be further observed from the report of the independent inquiry on the Lan Kwai Fong incident and its policy consequences. High Court judge Justice Bokhary, who led the inquiry, characterized the incident as a “crowd control problem during festival.” He disagreed that underage drinking was a cause of the incident. He stressed that tackling “directly wider social problems” was not his terms of reference: “Underage drinking is a social problem that needs to be addressed and we all have to play a part – parents, government and the industry itself.” In order to “avoid allegations of abuse of power,” he chose to stop short of calling for alcohol bans (Furlong, 1993b; Torode & Kang-chung, 1993; Wallis, 1993d). As a result, strict crowd control measures were the main proposals in Bokhary’s report (Yu & Chan, 1993). Police

spokesman Eric Lockyear agreed with Bokhary's report that underage drinking was a "specific social problem," and said: "I would very much like to appeal to parents to discourage teenagers from areas where they might be encouraged to drink" (Wallis, 1993d).

Whilst major policy consequences of the Lan Kwai Fong incident were centered on stricter crowd control measures, it by no means suggests that the authorities did nothing to respond to the appeal for tackling youth drinking. Apart from tasking the COY to address the issue, law enforcers stepped up the enforcement of legislations against youth drinking. Drinking nightspots including bars and clubs then became an easy target. Soon after the tragedy, the police stepped up checks on bars and clubs for illegal practices. Bars were prosecuted for selling alcohol to teenagers and serving alcohol without license ("Bar," 1993; Furlong, 1993d; Yu, 1993). The penalty for selling liquor to underage people was increased by 10 times in 1994 (Lee, S., 1994a).

It is arguable that targeting drinking establishments was a strategy of the government to present itself as being responsive to public demand. As I will discuss below, a fundamental reason for having this particular strategy on the policy agenda was that regulating drinking establishments was by itself a governance of public order.

Liquor License Mechanism and Criminalization of Public Drunkenness as Measures of Order Maintenance

While drinking establishments are seen as places for leisure, they are at the same time regarded as hotbeds of troubles including impropriety, disruptive behaviors, and illegal and immoral activities. The latter perception is particularly attached to nightspots including bars, nightclubs and discos. This is accompanied by a public fear of nuisance, disorder and dangers, and the close surveillance of drinking establishments by the authorities, particularly the LLB and the police.

Drinking nightspots are seen as a threat to the community peace and public safety. Apart from underage drinking, bars, nightclubs and discos are notoriously associated with the following undesirable elements and even “vices” in media reports: noise pollution, violence, drug abuse and trafficking, triad activities, sex exchanges, and homosexual rendezvous (“Club,” 1978; “Disco,” 1979; Jensen, 1980; “Police,” 1979; “Residents,” 1993). District councilors, neighboring residents and tenants often express concerns about possible disturbances and troubles created by an opening of a drinking establishment. For example, they fear that a drinking establishment “would attract undesirable people” and it would operate “in an undesirable manner with known triad influences” (Leung, 1985). Residents in Tai Po Market complained that bars operated in the area were run by

gangs; and that drunks cried and fought in the midnight (“Residents,” 1993). Drinking nightspots are typically deemed dangerous to the personal safety of women (Leung, 1985). The police have described drinking establishments as “crime blackspots” (“Police,” 1979).

In Hong Kong any drinking establishment have to operate with a liquor license. The liquor license mechanism is in fact for of public order maintenance. The LLB is empowered by the Dutiable Commodities (Liquor) Regulations with the authority for granting and revoking liquor licenses. It considers whether license applications and licensed establishments satisfy stipulated conditions, including whether the license applicants and licensees are “fit and proper,” such as if they are affiliated with triad activities and have criminal records; whether the location of the premises are “suitable” for selling intoxicating liquors; and whether the grant of the licenses meets “public interests” in all circumstances. The LLB is also empowered to impose additional conditions on a license based on individual circumstances, including liquor selling hours and duty hours of the licensee. In particular, it may prohibit the supply, sale or drinking of liquor between 11:00 p.m. and 7:00 a.m. for premises located in a residential building or a composite commercial/residential building in a residential area. All these criteria are designed with a view to minimize the possibility of nuisances, disturbances and crimes (Hong Kong SAR

Government, 2006; LLB, n.d.-a; “Urban Services Department,” 1996).

The police play a critical role in advising the LLB on matters related to liquor licenses. For example, police officers, as well as the public, have a right to object to any license application if they deem the application constitutes a possibility for crimes and hence a threat to public order. Application for a liquor license which is objected by the police or the public would be followed by a public hearing by the LLB (LLB, n.d.-b).

From the liquor license mechanism, we can observe that impropriety and offensive behaviors of intoxicated people in public places is an alcohol-related problem that is particularly undesirable and fearful for the general public. Specifically, intoxicated people constitute a public fear as they are believed to be at a loss of control, aggressive and dangerous, endangering public safety. Drunkenness in public places is specially dealt with by the Summary Offences Ordinance. It is an offence to be drunk in any public place, at least in theory. Drunken people that behave in a “riotous or disorderly manner” in any public place are liable to fixed fine and imprisonment. In particular, it is an offence for a drunken person to be in charge of a vehicle in public roads or streets, which is the focus of my analysis of drink driving in the following sub-section.

Criminalization and Demonization of Drink Driving: Creating Public Order

Among alcohol-related offences, drink driving has become central to the public concern and the policy agenda. Drink driving has been regarded as “one of the main contributory factors to road accidents” and a severe criminal offence that is dealt with by the Road Traffic Ordinance. Secretary for Transport (ST) Haider Barma described: “Excessive drinking is a significant cause of serious traffic accidents” (Legislative Council, 1995b, p. 2178) and “drunken driving is a real problem in Hong Kong” (Legislative Council, 1995b, p. 4298). According to Legislator Leong Che-hung, drink driving was “a matter of public concern” (Legislative Council, 1995b, p. 4296).

In fact, according to the official data, road traffic accidents attributed to driving under the influence of alcohol accounted for less than 1% of the total number of accidents (Appendix 20).⁴ Since 1998, the number of arrests for and prosecutions against drink driving has remained rather stable (Appendixes 21 and 22). Drink driving is a central theme of public concern and policy agenda because, like cigarette smoking, it is considered as a menace that adversely affects everyone in the community. More specifically, drink driving has been increasingly perceived not only as a dangerous behavior, but also as a serious problem in Hong Kong that

⁴ Legislation on drink driving was difficult to enforce before 1995 because it did not specify a blood alcohol limit and suspected offenders were not required to provide samples of their breath, blood or urine for testing (Bennett, 1991; Legislative Council, 1995a, p. 2177). The number of traffic accident attributed to drivers’ consumption of alcohol was therefore rather low before 1995.

endangers, injures and even kills the driver as well as innocent others. For example,

Transport and Housing (STH) Eva Cheng said:

Drink driving is our longstanding concern. Although the number of road traffic accidents attributed to drink driving accounts for less than 1% of the total, the Killed and Serious Injuries rate for drink driving accidents was relatively high. In addition, drink driving accidents do not only affect drivers, but also harm other road users (Legislative Council, 2009b, p. 96, trans.).

According to a government paper presented to the LegCo, the average Killed and Serious Injuries (KSI)⁵ rate for drink driving accidents was 22.5%, while that for all traffic accidents was 15.8%. The paper further states that drink driving “has increasingly been regarded as a serious offence that can bring about grave consequences not only to the drivers of the vehicles concerned but also to other road users” (Transport and Housing Bureau, 2008, p. 3). Combating drink driving was at the top of the alcohol policy in Hong Kong, as DH Lam Pin-yan revealed: “It is important to let the general public to understand the bad effects of drinking. The primary thing is drink driving” (Chen, 2007, trans.).

I will argue that public perception of drink driving as a severe problem is based more on its perceived “grave consequences” than its actual rate of occurrence.

⁵ Killed casualties are those died within 30 days after the traffic accidents. Serious injuries are casualties detained in hospital as “in-patients” for over 12 hours after the traffic accidents. KSI rate is the percentage of KSI casualties over total casualties.

Similar to the case of cigarette smoking, subjects of victimhood of drink driving have been identified in media reports and public conservation. It has been emphasized that drink driving harms and even kills innocent citizens: passengers, passers-by and drivers of other vehicles; and therefore ruins others' families. Drink driving is therefore intolerable and should be severely dealt with. ST Haider Barma argued in a LegCo meeting that "drunken driving results in traffic accidents causing death and injuries, often to innocent third parties ... Action is needed" (Legislative Council, 1995b, p. 4299). The *Ming Pao Daily News* stated in its editorial:

Numerous real cases and studies have already proved that driving after drinking would greatly increase the risk of traffic accident which may involve casualties of innocent passengers or passers-by. Paying respect to invaluable life, drink driving has to be listed as a criminal offence by law to prevent it from happening" ("Drink driving," 1995, trans.).

Legislator Lau Kong-wah emphasized that every one of us could be a victim of drink driving and therefore the behavior was unacceptable:

In the past few years, the number of deaths due to drink driving was 77. Among them 39 were drivers who had drunk, while the other 38 were innocent people, who might be passengers or pedestrians. The ratio between them was

1:1 ... Similar situations may happen to those of us in this Chamber or our friends and relatives. So, why do we not tighten the limits? During the past few years, two people in Hong Kong were killed due to drink driving each month, and this is not acceptable” (Legislative Council, 1999, p. 10761).

It is therefore not surprising to hear Legislator Leong Che-hung described “driving under the influence of alcohol” as a “menace” (Legislative Council, 1995b, p. 4296). He also held that “drinking and driving would only pose a time bomb on traffic road in Hong Kong” (Leong, 1995, trans.).

Proposals to curb drink driving included diminishing either drinking or driving after drinking (Gusfield, 1981, p. 7). It reflects that there have been contestations over how “drunk” defines; at what levels of alcohol intake and therefore how far risk are tolerable; and whether it is a problem of “drunken driving” (driving under intoxication) or “drink driving” (driving after drinking). It is noteworthy that by 1995, the term “drink driving” has gradually superseded “drunken driving” in government documents and media reports. The year of 1995 marked a watershed moment for local legislation against drink driving. The Road Traffic Ordinance was amended in this year to prescribe a legal limit of alcohol concentration in a driver’s blood, urine and breath; and impose a legal obligation on drivers to provide samples of blood, urine or breath for testing if they are involved in a traffic accident,

have committed a traffic offence, or if police officers have reasonable cause to suspect that they had been drinking. In addition, legislative controls on drink driving legislation have progressively been tightened over the years, by which the statutory limit for alcohol concentration was lowered. The increasing usage of the term “drink driving” and the lowering of the legal limit of the alcohol concentration indicate that the act of driving after drinking, regardless of whether the driver is drunk or not, has increasingly become unacceptable, especially after the specification of drink driving legislation in 1995.

The increasing social intolerance of drink driving is accompanied by a call for separating the act of drinking and driving: if you drink at all, don’t drive. Although the statutory limit for alcohol concentration has never been lowered to zero, it has been the government advice that people should not drink before driving since 1995. For instance, the police have been calling on drivers not to drive after drinking and advice: “If you intend to drink, you can avoid driving by using public transport, taking a taxi, arranging for a non-drinker to drive, or staying overnight with friends” (“Drunken drivers,” 1995; Hong Kong SAR Government, 1998).

The lowering of the legal limit of the alcohol concentration met with the challenge that it infringed on individual habits. In addition, as psychological effects of alcohol consumption vary from person to person, a low legal limit was

said to be unfair to “competent drinkers.” For example, Legislator Tang Siu-tong described the lowering of the legal limit was “unnecessary nuisance to personal habits and social activities” (Legislative Council, 1999, p. 10766). Legislator James Tien Pei-chun argued that different people had a different “capacity for liquor.” A low legal limit was “overtly strict” to colleagues “who can always finish two bottles of wine and stay sober” (Legislative Council, 1999, p. 10768).

However, as the notion “if you drink, don’t drive” implies, it is believed that drinking itself is not a big deal because it is an individual lifestyle choice and is common in daily and social occasions. Nevertheless, whenever drinking is coupled with driving – no matter how much alcohol a driver has consumed – it constitutes a severe threat to others because it *causes* accidents. For instance, Legislator Miriam Lau Kin-yea stated: “... the tightening of the statutory limits of alcohol concentration does not seek to prohibit drinking on daily or social occasions, but to compel people who drink to use public transport services” (Legislative Council, 1999, p. 10753). Also consider the following statement made by Legislator Albert Ho Chun-yan:

In fact, we have a very efficient public transport service in Hong Kong. If members of the public choose to drink on social occasions, they may turn to other transport services or choose not to drive, even though they cannot drive

themselves. Therefore, I do not think tightening the law on alcohol limit will seriously inconvenience the public or drivers. Nor should it be regarded as discrimination against the lifestyle of certain members of the public or hampering their rights (Legislative Council, 1999, p. 10757).

Legislator Lau Kong-wah asked drivers to be considerate: “Even if one is hold enough to drive after drinking, one should be considerate towards the passengers in the car or the pedestrians on the roads” (Legislative Council, 1999, p. 10761).

Interestingly, these ideas have been supported by doctors. Consider the following statement of Legislator Leong Che-hung made in 1995:

With regrets, some Members of this Council have approached me to raise their objection to any amendment [to further lower the legal limit of the alcohol concentration]. They said, “This is too draconian.” They say, “You would not allow people even to have a couple of glasses of beer.” With respect, whilst the medical profession does realize that there could well be harmful effect in drinking, *we are not here to ban alcoholic consumption*. Rather, what we are saying is “*Drink any amount if you like*. But if you do, do not drive or if you want to drive, do not drink.” Remember, the danger is not only to yourself – the driver, but to the innocent pedestrians and the possibly sober passengers whom you may be carrying (Legislative Council, 1995b, p. 4297, italics added).

Four years later, Leung reiterated:

There have been many voices within and outside this Chamber against such tightening. Some claim that it is “draconian”, not allowing people to enjoy a glass or two of beer. Some say that it is unfair for those with better capacity for alcoholic influence. But do not forget, the influence of alcohol varies with different physiological states ... So, all these comments basically miss the very important spirit of the whole issue. It is not about banning drinking, it is simply to promulgate: “Don’t drink if you want to drive. *Drink if you like, drink like a fish if you like, but don’t drive.*” The medical profession is not promulgating a puritan lifestyle. Yet, we treasure the lives of many innocent road users more than protecting the transient drinking joy of some drivers ... in such a small place as Hong Kong, yet with busy traffic, any mistake or delay in assessing risk or making judgment during driving may result in serious accidents. The effect of alcohol on a driver’s response ability has been well proven by scientific evidence (Legislative Council, 1999, p. 10759, italics added).

Speaking in the capacity of a medical professional, Leung stressed on the risk of an accident induced by drink driving while de-emphasizing the health risks of alcohol consumption even if the consumption might be an excessive one. In a stark contrast to the case of cigarette smoking, Leung showed no intention to seek to diminish, let

alone stamp out, alcohol consumption, but rather to lessen the harms of drinking on innocent others by combating drink driving.

People are asked not to drive after drinking because drink drivers are said to be responsible for accidents. More specifically, this cognitive framework on the accident involving drink driving significantly emphasizes the risk-taking behavior of the driver, defined as driving after drinking, as the cause of accidents. Other factors, including the high accessibility of alcohol, inexpensive alcohol, the role of relevant stakeholders such as liquor producers and sellers, are overlooked. Joseph Gusfield (1981) has the following observation:

It was taken for granted by those I studied that the problems of auto safety and alcohol use were chiefly of individuals, of motorists. Institutional explanations and loci of responsibility were eloquently absent from the consciousness of officials, observers, and offenders. Two things struck me as especially significant by their absence: the lack of involvement of alcohol beverage distributors – bartenders, sellers, manufacturers – and the inability or unwillingness of people to see the problem of drinking-driving as a problem of transportation.

Like smokers, drink drivers have been seen as a threat to the lives of others and condemned for being inconsiderate, thoughtless and lacking a civic mind. For

instance, Cheng Hon-kwan, Chairman of the Transport Advisory Committee, made a commonly held interpretation of the drink driving problem, calling it “a problem of the drinking attitude of a driver” (Ceng, 1997, trans.). In media reports, drink drivers are said to be “selfish” and “irresponsible” for harming not only themselves but also others (“Drink drivers,” 1995; “Prevention,” 1994). A government document stated “drunken drivers have ... posed serious threats to pedestrians and passengers” (Transport Bureau, 1998, p. 2). Legislator Leong Che-hung stressed that drivers driving under the influence of alcohol would injure or kill non-drivers, or “passengers and ordinary pedestrians” (Legislative Council, 1995b, p. 4296).

As drink drivers are chiefly attributed to be *the* cause of traffic accidents, countermeasures mainly target drink driver offenders. Apart from lowering the legal level of alcohol concentration, penalties on the drink driving offence and the statutory power of the police have progressively been increased in legislation. In addition, there are longstanding concerns that the maximum imprisonment term for the offence is not commensurate with the severity of the offence and that the level of penalties imposed by the court in the past failed to reflect the seriousness of the offence. There is a call for heavier penalties not only for punitive purposes, but also for a stronger deterrent effect to reduce fatal traffic accidents (Legislative Council Secretariat, 2008, p. 10). Legislator Lee Wing-tat held that stringent

legislations would serve as “a reminder to the public, in particular drunken drivers, that drunken driving is detrimental to both the drivers and the other people” (Legislative Council, 1995b, p. 4298). As noted in various government documents, proposals of strict legislations and law enforcement were well-received by the media and the general public. The following quotations are examples:

- The Transport Advisory Committee has strongly endorsed the proposals and, indeed, there has been support from the general public and the media” (Legislative Council, 1995a, p. 2177).
- No adverse comments [on an information paper on the Road Traffic (Amendment) Bill 1998] have been received from the legislators, the public or the mass media (Transport Bureau, 1998, p. 6).
- We have consulted motoring associations, viz. the Hong Kong Automobile Association and the Institute of Advanced Motorists, the Road Safety Council, Transport Advisory Committee and the Legislative Council Panel on Transport, as well as goods vehicle, public light bus and taxi trades and related driver associations on the proposed package of measures to enhance road safety. These organizations had no strong views on the proposals in general. Some trades expressed support to the proposed power for the police to conduct screening breathalyzer tests at random. Many of the

transport trades indicated their support to the proposed disqualification of drink driving offenders from driving on first conviction ... Some legislators suggested that the proposed period of disqualification of not less than three months for drink driving offenders on first conviction should be increased (Legislative Council Secretariat, 2008, p. 17).

Legislator Albert Ho believed that tightening legislation against drink driving was “in the interest of the public and that of road users.” He also found that:

Trade associations of public light buses, taxis and vans ... almost unanimously agreed with the proposal and indicated the stance of the industry. Indeed, they are the people who use the roads more frequently than anyone else and they are concerned about the safety of every road user, including drivers and passengers. They have been encouraging and urging colleagues to refrain from drinking before driving because they are worried that their alertness and judgment may be impaired (Legislative Council, 1999, p. 10756).

In view of the increasing statutory power of the police, the possibility for the abuse of power became a concern. For instance, Legislator Lee Wing-tat noted that “nuisance may be caused to drivers when the police use the power ... and also the possibility of abusing that power. Since drunken driving can give rise to disputes between drivers and law enforcement officers, allegations involving human rights

may be easily entailed if that power is not exercised properly. Unnecessary troubles would then be created between drivers and police officers. In view of this, I hope that the Government can pay attention to this point when enforcing the law” (Legislative Council, 1995b, p. 4298). This concern often met with immediate responses that drink driving was a serious offence and that there were clear guidelines for law enforcement. For example, Legislator Leong Che-hung stated:

There are also those who worry that with tightened law, the police would be prone to abuse their power. Such an argument is tantamount to putting the cart before the horse. The police have promised that breath tests would only be conducted on drivers involved in traffic accidents, traffic offences or those that the police have reasonable grounds to suspect of drinking. If there is any worry of power abuse, the proper means would be to put it in stricter monitoring mechanism and not to raise the alcohol level (Legislative Council, 1999, p. 10759).

In 2008, the police was empowered to require drivers to consent to random breath tests (RBTs) without the need for reasonable suspicion. The government advised that the stipulation was “in conformity with the Basic Law, including the provisions concerning human rights” and emphasized that “drink driving can bring about grave consequences not only to the drivers of the vehicles concerned but also to other road

users” (Legislative Council Secretariat, 2008, p. 7). Legislator Miriam Lau, who chaired the Bills Committee on the Road Traffic (Amendment) Bill 2008, noted:

The Bills Committee notices that more and more citizens regard drink driving as a serious offence that can bring about grave consequences not only to the drivers of the vehicles concerned but also to other road users. As such, the Bills Committee agrees that the proposal of empowering the police to require drivers to conduct RBTs without the need for reasonable suspicion would be a strong deterrent. To give more confidence to the public that the police will discharge the added power in the most responsible manner, the Bills Committee has examined in detail the arrangements for conducting RBTs. The Bills Committee has also been assured by the police that a full record of all RBTs conducted would be kept to facilitate aggrieved parties to lodge their complaints (Legislative Council, 2009c, p. 261, trans.).

In addition, as it is the case in tobacco control, overseas measures against drink driving are used as an international benchmark. Attention has been particularly paid to strict measures in “advanced Western countries” such as the United States, the United Kingdom and Australia, and similar practices in Asian countries such as Japan and Singapore (Bennett, 1991; “Drink drivers,” 1995; “Drink driving,” 1995). As stringent measures to curb drink driving is accepted as an international norm,

there is again the concern that Hong Kong has fallen behind the international trend. For example, Mikel Mong, Deputy Chairman of the Institute of Advanced Motorists Hong Kong, pointed out in 1993 that current laws “lag behind the rest of the developed world” (“Time,” 1993b). A year later, the Medical Association of Hong Kong pointed out that “Hong Kong is one of the few developed places in the world which has no mandatory test for drivers suspected of being over the alcohol limit” and urged the government to introduce legislations against drink driving (Wiseman, 1994b). ST Haider Barma agreed with the Association, saying: “Hong Kong is one of the few places that does not have effective legislation to tackle the problem” (Legislative Council, 1995b, p. 4299). It was therefore accepted that action was needed and legislative proposals would be, as suggested by Legislator Miriam Lau, “in line with international trend of tightening control on drink driving” (Legislative Council, 1999, p. 10753).

Here, I would like to highlight the critical role of the dramatic media stories on traffic accidents involving drink driving in shaping, sustaining and reinforcing overwhelming negative views on drink drivers. By the 1990s, in particular after the enactment of drink driving legislation in 1995, the media had been attentive to drink driving cases, giving the public an impression that there was a wave of drink driving offences and accidents, and that drink driving was a real serious problem. In the

increasingly dramatic media reports, drink driving offenders were a subject of satire and condemnation; and the anguish of victims and their families were highlighted. These stories attracted public concern, leading to strong public opinion for stringent legislations and law enforcement.

In 2000, for example, Legislator Andrew Wong Wang-fat once again gained the attentions of the media and the public after he was arrested on suspicion of drink driving. According to the media, Wong was returning from a wedding reception in which he had a variety of alcoholic drinks, from beer and red wine to brandy. He smelled of alcohol and his face was red. He staggered, looked lethargic and failed to take a breath test after his car and a taxi collided (“Andrew Wong,” 2000a; “Support,” 2000). In its report on the case, the *Apple Daily* supplemented a list of intoxicated Wong’s unseemly behaviors at LegCo meetings, from falling asleep in 1995 to casting a “wrong vote” in 1998, which made him the “laughing stock” of his colleagues (“A list,” 2000). The *Ming Pao Daily News* described Wong as a “drinking immortal” who “would not leave his hands without cigarettes and alcohol” (“Falls into sleep,” 2000, trans.). It suggested in its editorial that Wong was a good candidate for the “ambassador of the campaign against drink driving” because “in that way Mr. Wong can turn what is detrimental into what is beneficial.” The editorial further made a bitter remark on Wong:

Last year he voted against a bill for tightening up the law against drink driving.

The bill subsequently went through the Legislative Council. He then said he had a way of dealing with the problem: “It’s not to quit drinking but to have my wife take the wheel.” However, in the small hours of yesterday, after the traffic accident in question had happened, we do not know why but he, unaccompanied and apparently drunk, was found slumped over the steering-wheel. When he left his car, he did not appear as he usually does in the legislative chamber – sedate, alert and astute. One may say he was then only a shadow of his usual self. Mrs Wong soon arrived, but she could barely conceal his drunkenness. Andrew Wong is a well-known legislator. He has knowingly violated the law. That has not only lowered him in the public’s estimation but also caused the Legislative Council embarrassment (“Andrew Wong,” 2000b, trans.).

A few legislators did come to Wong’s defense. Legislator James Tien said “the accident was not serious and would not hurt LegCo’s image.” Legislator Miriam Lau held that “drink driving did not warrant condemnation” and further said: “Drink driving isn’t as serious as, say, visiting prostitutes – it’s not something that would instantly affect the image of LegCo” (“Support,” 2000). These comments, especially that of Miriam Lau, triggered severe criticisms. The *South China Morning Post* stated in its editorial:

Two young people who happily celebrated the festive season in Sai Kung last year might be alive today, if the driver who crashed into their motorcycles had been sober. He was arrested at the scene with an alcohol level more than three times the legal limit. The victims were dragged under his car for 15 meters. One was 26, the other 15. The lives of those families are shattered forever, and the driver has a burden to bear that will haunt him all his life. The couple was his friends. That is why Miriam Lau Kin-yee's irresponsible remarks rating drink-driving as less reprehensible than visiting a prostitute should cause disbelief and outrage in the community. Such ignorance of the facts is the more shocking coming from a legislator who is spokesman for the transport industry. Sympathy for a colleague in trouble is one thing. Minimizing an offence that claims thousands of lives worldwide each year is inexcusable ("Inexcusable remarks," 2000).

According to a survey of the *Hong Kong Daily News*, 75% of respondents considered that the incident would adversely affect the image of Andrew Wong ("75pc of respondents," 2000). Five days after Andrew Wong was caught drink driving, there was a serious traffic accident in which three were killed and a bus driver was hurt. The police suspected that the killed driver was speeding under the influence of alcohol. The accident invited an editorial from the *Ming Pao Daily*

News:

The bus driver, hurt for no wrongs of his own, was the most unfortunate victim ... Since ancient times wine has almost been indispensable to people everywhere celebrating major festivals. While alcohol can certainly add to your merriment, this merriment in the absence of self-restraint may turn into a tragedy. In fact, in Hong Kong as well as in many other places, drink driving is the major cause of traffic accidents during festive holidays ... Drink driving is a social evil that hurts not only the offender but also others, and should be severely dealt with ... Of course the best and safest policy is not to drive after drinking. This is not only because drink driving is an offence. Think of the intense grief that suddenly descended on the family members of those who died in yesterday's traffic accident, of legislator Andrew Wong Wang-fat's unseemly behavior a few days ago when he was caught drink driving, and of the horrifyingly wrecked cars, and you will know why you should not take the risk of driving under alcoholic influence. For those unable to exercise sufficient self-restraint, their friends and relatives should remonstrate with them and if necessary take action to prevent them from drink driving ("Drink driving," 2000).

In January 2009, two days before the Lunar New Year, drink driving hit headlines as five construction workers and a taxi driver were killed when a container truck

crashed into the taxi at Lok Ma Chau. The truck driver, whose alcohol concentration in the blood was found to be nearly seven times the legal limit, was arrested for drink driving. The accident prompted calls from the families of the dead, legislators, the mass media, and the general public for far stiffer penalties. The media reportages and commentaries were occupied by overwhelming sympathy for the victims' families, outcry against drink driving and condemnation on the truck driver and other drink driving offenders in general. Here are some of newspaper headlines:

“Drink Driving Claims Six Lives; A Victim’s Family Member Pleads to the Chief Executive on Bended Knees for a Harsh Punishment on the Conscienceless Driver” (*Apple Daily*, January 24, 2009, trans.);

“Drink Driving Kills Six People; The New Year Comes with Blood and Tears” (*Hong Kong Daily News*, January 24, 2009, trans.);

“Drink Driving Genocide” (*Oriental Daily News*, January 24, 2009, trans.);

“The Old Lose Their Young Children; The Young Lose Their Fathers; The Widows Lose Their Husband; ‘Please Give Me Back My Son’” (*Ming Pao Daily News*, January 24, 2009, trans.)

“Drink Driving Killed Six Innocent People; A Taxi Driver Poorly Beheaded” (*Sing Tao Daily News*, January 24, 2009, trans.)

Anguishes and grievances of the victims' families were highlighted and the blame was laid on the truck driver. According to the media, the six victims were breadwinners for their families and were "good fathers and husbands" ("The accident," 2009; "The six deaths," 2009). The taxi driver was a good man who "did not smoke and drink" and was willing to help others ("The dead taxi driver," 2009). The uncle of one of the victims pleaded CE Donald Tsang Yam-kuen, who visited the scene of the crash, on bended knees for heavy penalty on the truck driver. His plea was televised in electronic news reports, highlighted in newspaper headlines and transcribed in newspaper reports ("Drink Driving," 2009a; "Mr. Tsang," 2009). Member of the Road Safety Campaign Committee Mong Hoi-keung held that the truck drinker acted like a robber armed with four guns and killed people on the street ("Drink driving," 2009b). Hong Kong Automobile Association chairman Wesley Wan Wai-hei suggested someone convicted of drink driving that caused the death of one or more people should be disqualified from driving for life (So & Wong, 2009). Radio phone-in programs received many calls from the audience asking for tougher legislations against drink driving offences. Some "netizens" regarded drink driving as "the best killing weapon." An email campaign was launched to urge Secretary of the Justice Wong Yan-lung to take stringent measures to curb the offence ("Drink driving," 2009c). A motorcyclist

organization Biker Force held a protest in February to call on the government to increase penalties against drink driving offenders. One of the protesters said “drink drivers know they might kill someone and they still drive. Their culpability is no less than murders” (Lam, A., 2009c). In fact, the Biker Force held a rally in 2008. Motorcyclists said that drink driving had taken the lives of innocent people, including one of their friends John Hew who was survived by his pregnant wife and a three-year-old child (Lam, 2008).

The media was a critical promoter of the public outcry and they themselves were a part of it. For example, an editorial of the *South China Morning Post* criticized some judges for being too lenient when dealing with drink driving offenders. It urged the community to act against drink driving to prevent further tragedies from happening:

Many people are still reluctant to tell their friends to stop drinking or stop them from driving when under the influence. Besides mobilizing legal and public resources, our society must act. We must not allow any more families to lose loved ones to such senseless acts (“Society,” 2009).

The *Apple Daily* attributed drink driving accidents solely to reckless and irresponsible drivers and called for stringent punishments on them:

Vehicles, heavy vehicles in particular, are a convenient means of transportation,

and also a dangerous weapon ... Therefore, it is a basic duty of a driver to drive carefully in order to prevent his/her vehicle from becoming a killing weapon. It is a reasonable social expectation on a driver. People who drive after drinking mean they ignore their duty and social expectation, endangering other road users and innocent people willfully. Therefore, penalties on drink driving offenders should not be comparable with other traffic offenders. After all, drink driving is a preventable offence. Society and the government have put a lot of resources to publicize the dangers of drink driving and to alter drivers not to drink excessive alcohol. As such, we can only say that drink drivers are extremely selfish and irresponsible. As they defy the law, how can we be lenient with them and their behavior? (Lu, 2009, trans.)

A TV documentary (Zhang, 2009) took a similar stance with the *Apple Daily*. While it offered alternative suggestions to lessen the possibility and the dangers of drink driving, such as making a vehicle difficult to start if the driver is drunk, it stuck heavily to the idea of “if you drink, don’t drive” and blamed drink drivers for accidents, injuries, deaths and the breakdown of victims’ families. It featured an interview with the wife of motorcyclist John Hew who blamed the drink driver for her husband’s death. Factors other than the role of the drink driver in the drink driving problem, such as the role of the permissive alcohol policy of the government,

appeared to be unthinkable. A pub manager in Lan Kwai Fong, whose establishment offered a service to drive intoxicated patrons home, was projected as a responsible business operator in the documentary: “As we are a seller of alcohol, we should take some kind of responsibility.” The program further portrayed intoxicated people as irrational and dangerous, and said: “Vehicles are potential weapons. It is not difficult to imagine the grave consequences if they are in the hands of drunken people” (trans.).

Some media further focus their attention on heavy vehicle drivers. The *Apple Daily* reported:

A truck driver admitted that some heavy vehicle drivers are fond of drinking. They have never left their hands without alcohol after work or during lunch break. Then they go to work while smell of alcohol. They completely ignore others’ safety” (“Most heavy vehicle drivers,” 2009, trans.).

The *Ming Pao Daily News* made a special feature on drink driving among cross-boundary heavy vehicle drivers on its front page. Its headline goes: “Drinking at Nights; Taking the Wheel in Early Mornings; Lok Ma Chau Tragedy Failed to Frighten Them: Drunken Truck Drivers Endanger the Mainland and Hong Kong” (2009). The feature stated:

Many cross-boundary drivers have lost in the cheap nightlife on the Mainland.

They often visited karaoke bars together to sing, drink and hug women. Some of them may stay at motels until dawn. Some of them may drive back to Hong Kong without a rest. Their drunkenness and sleepiness greatly increase the risks of traffic accident” (trans.).



Figure 5.4. Drunken truck drivers endanger the Mainland and Hong Kong. Front page of the *Ming Pao Daily News*, February 15, 2009, p.A2.

Prompted by the Lok Ma Chau tragedy, motions on tougher measures for combating drink driving were passed by legislators with no opposing votes in February. Legislators showed deep sympathy for the victims' families and heavily criticized drink drivers and their reckless behavior. While Legislator Leung Kwok-hung urged the government to allocate more resources to the treatment of alcoholics so as to uproot the problem, most legislators focused on the tightening of drink driving measures which targeted drink drivers (Lam, A., 2009a; Legislative

Council, 2009b, pp. 92-94). For instance, Legislator Lau Wong-fat regarded drink driving as “extremely irresponsible, inconsiderate and despicable behavior.” He held that “not to combat this behavior is no different from permitting terrorists who are armed with massive destructive weapons to rush on the streets ... It is a unavoidable and the most important responsibility of the government to protect public safety” (Legislative Council, 2009b, p. 99, trans.). Legislator Priscilla Leung Mei-fun said “drink driving is unacceptable” and called for a campaign to promote an idea of “conscientious driver” (Legislative Council, 2009b, pp. 100-101, trans.). Legislator Wong Kwok-hing asked drivers not to drink, otherwise they would easily become killers. He urged law enforcers “to target at certain people, including drivers by profession. They would visit the Mainland for relaxation and drive home in drunkenness” (Legislative Council, 2009b, p. 102, trans.).

Soon after the Lok Ma Chau accident, the government proposed measures to tighten drink driving regulations, chiefly targeting drivers. These measures included imposing a scale of penalties according to the amount of alcohol in the blood, imposing a blood-alcohol limit of zero for drivers of heavy vehicles, displaying car wrecks at border crossings and tunnel entrances, and producing more anti-drink-driving adverts featuring images of road incidents designed to shock viewers. There proposals have been under the review of the Transport Advisory

Committee (So, 2009).

Drink drivers are facing heavier penalties. The truck driver arrested at the Lok Ma Chau accident was charged with six counts of manslaughter, becoming the first person for 26 years to be prosecuted for this severe offence for his involvement in a fatal accident. He knelt down and begged for forgiveness from the victims' families who refused to accept his apologies. Instead, the victims' families made repeated petitions for a severe sentence outside the court (Lau, 2009). The drink driver who hit and killed motorcyclist John Hew was sentenced to four years in jail. Although it was one of the stiffest terms in years, John's widow, editorials of the *Wen Wei Po* and the *Oriental Daily News* maintained that the sentence was too lenient. Action group Biker Force planned to ask for a review ("Killing drink driver," 2009; Lam, A., 2009b; "Verdict," 2009).

Conclusion

It is apparent that alcohol and tobacco are in distinctive regimes of discourse and control (Table 5.1). In stark contrast to the case of cigarette smoking, the health risks of drinking are de-emphasized in the public understanding of the epistemology of alcohol. Rather, it is accepted that alcohol is an ordinary commodity, and the consumption of alcohol in a "proper" and "responsible" manner is a contributory factor of physical health and social well-being. The normalization, popularity and

glamorization of alcohol combine with the lax international climate of alcohol control, growing international trade of alcohol, utilitarian view of pleasure, traditional belief in and reported benefits of moderation, common consumption of alcohol in social and celebratory occasions and by high status groups, and permissive alcohol policies. All these erode the public health approach in framing the perception of alcohol as a subject of risk. Consequently, unlike tobacco, alcohol as a substance is not demonized as an agent of alcohol-related problems. While tobacco control is incorporated in a biopolitical project of governance that seeks to regulate individual lifestyles, alcohol is put under a neoliberal economic governance that chiefly serves to promote economic health. Alcohol drinking is regarded as a matter of choice. The approach of regulating alcohol is thus highly conditional, in which control measures are acceptable provided that these are targeted at problem drinkers.

Nevertheless, the ways that cigarette smoking and certain alcohol-related problems become central to the concern of the public and policymakers share certain common rules underpinned by civic neoliberal populism, the notion that I will explain in the following chapter. Public disorder is seen as the worst undesirable consequence of alcohol drinking because it puts innocent groups of the community at risk. In other words, what is less noticed are the health and interpersonal

problems of drinkers. What is emphasized is whether a drinker consumes alcohol appropriately, properly and responsibly with respect to the effects of his/her drinking behavior on a larger social group or society at large. The illustrated case in point is drink driving as it is seen to be a serious problem which causes injury, death and misfortune to innocent others. A growing intolerant approach against drink drivers has been introduced as a response. Put simply, a risk and an individual risk-taking behavior that appears to threaten innocent others are more likely to be defined as serious public problems and to become central to public concern. These problems are attributed to certain individuals who lack civic-mindedness. In turn, these people are constructed as the culprits of public problems and hence the adversaries of the people. Intolerance is a normal and legitimized response to serious public problems and the culprits in question.

Table 5.1. Discursive Dichotomies between Tobacco and Alcohol

	Tobacco	Alcohol
Nature	<ul style="list-style-type: none">• “Tobacco is an addictive, carcinogenic and poisonous substance.”• “Cigarette is a lethal product. Had the health effects of smoking been known, it would not be a legal substance.”	<ul style="list-style-type: none">• “Alcohol is potentially healthful and harmful depending on how much it is consumed.”• “Alcohol is a high value-added commodity of professional quality.”
Health effects	<ul style="list-style-type: none">• “Cigarette smoking is absolutely harmful. It causes lung cancer, a number of fatal diseases and disabilities.”• “Cigarette smoking is a rampant epidemic that puts all people at health risks.”	<ul style="list-style-type: none">• “Moderate and self-restrained drinking is good for health.”• “Bad health effects of alcohol consumption are limited to a small number of alcoholics.”
Socio-economic implications	<ul style="list-style-type: none">• “Cigarette smoking infringes the rights of the majority innocent non-smokers.”• “Cigarette smoking is not a matter of human rights or freedom but a matter of life and death.”• “Cigarette smoking creates heavy burden on the health care system and a variety of social-economic problems including loss of productivity, juvenile deviation, disputes and filthiness.”	<ul style="list-style-type: none">• “Alcohol drinking is a matter of choice.”• “Alcohol drinking is an integral part of social and festive events. Proper and responsible consumption induces merriment.”• “Alcoholism and youth drinking are the problems but not serious ones.”• “Drink driving is a problem of driving attitude of a drinker which puts all people’s safety at risk. It is a real serious problem.”

Consumption	“Cigarette smoking is a deadly, wasteful and contagious vice.”	“Alcohol drinking, particularly wine drinking, is a healthful, sophisticated and fashionable lifestyle.”
Consumer	“Smokers are uncivilized, thoughtless and obnoxious pariahs.”	<ul style="list-style-type: none"> • “Wine drinkers are cultivated and knowledgeable elites.” • “Drink drivers are irresponsible and uncivilized criminal offenders.”
Producer	“Tobacco multinational giants are deceitful, merciless and socially irresponsible.”	“Liquor companies are responsible producers and traders of quality commodity.”
Symbolism	Addiction; cancer; senility; death; messiness; Third World; the other; inferiority; impoverishment; devastation.	Lifestyle choice; health; relaxation; professionalism; First World; the self; superiority; affluence; prosperity.
Regulation	<ul style="list-style-type: none"> • “Tobacco and alcohol are incomparable. The former causes much serious problems and therefore intolerable. Tobacco control is the prime policy priority.” • “No-smoking is an international norm. Stringent tobacco control measures consolidate Hong Kong’s status as an international city.” 	<ul style="list-style-type: none"> • “Alcohol drinking is embedded in our culture and moderation has proven to be beneficial. Public policy should minimize its impingement on people’s choice and social life. Countermeasures on alcohol-related problems should focus on education and target at problem drinkers.” • “Promoting wine-related business creates job and business opportunities. It benefits the whole community.”

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- “A low alcohol duty meets demand from the expanding international alcohol market and consolidates Hong Kong’s status as an international city.”
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Chapter 6

CIVIC NEOLIBERAL POPULISM: A MODE OF GOVERNANCE IN HONG KONG

In the preceding chapters I give a critical account on the current and dominant discourse about cigarette smoking in Hong Kong. Erected from medical evidence, cigarette smoking has progressively been articulated as an imaginary “epidemic,” a neoliberal notion of citizenship and civic commitment. Tobacco control features the social deployment of intolerance as the technology of governmentality. It is widely believed that cigarette smoking inevitably harms not only smokers but also innocent groups; and that cigarette smoking is more dangerous than alcohol drinking because the latter does not harm others and moderation is proved to be beneficial. It follows that cigarette smoking causes much serious undesirable consequences than alcohol drinking because it is not only a public health problem but also a socio-economic problem that burdens all. Tobacco is thus singled out from alcohol as an imperative object of intolerance and control. Alcohol drinking causes an equivalent level of public attention only when it is coupled with driving. Drink driving is deemed as a serious threat to public safety bringing grave consequences to innocent groups. Cigarette smoking and drink driving are typically interpreted as problems of individuals – smokers and drink drinkers. They are constructed as intolerable subjects who are irresponsible and thoughtless for dragging innocent

others into hazard and misfortune. Intolerant condemnation and punishment for these people therefore become legitimate answers to cigarette problems and drink driving.

In Chapter 2, I contend that while the new public health critique has its contributions, it does not provide an adequate analysis on the formation of power in the case of tobacco control in Hong Kong. Tobacco control in Hong Kong reveals an overwhelming embrace of the objectiveness of scientific inquiry, a uncritical faith in the truthfulness of public health expertise, the critical role of health codes on the conception of morality and citizenship, and omnipresent regulations of others and the self in the name of health. Nevertheless, the public health critique is a highly decontextualized view in which tobacco control is presumed to be purely a public health imperative. As we have seen, in Hong Kong, the emergence of tobacco as an imperative object of control is more a governmentalist project in the name of building up a responsible and respectable citizenry than a project of building up a healthy city. Public health is not the sole formation of power, let alone the determinative one. Nor are medical experts a coherent source of power, as exemplified by the medical discord on tobacco control. Furthermore, as it is indicated in the comparison study between the discursive practices of tobacco and alcohol, our attention to medical advice is selective. Although alcohol is identified

by public health experts as a health risk which accounts for about the same amount of the global health burden as tobacco, and although the consumption of alcohol and binge drinking appear to be in an increasing trend, the Hong Kong public and the government have been comparatively inattentive to the negative health consequences of alcohol, the problems of alcoholism and binge drinking. Rather, we are inclined to embrace the reported claims of the benefits of moderation. Consequently, the public health advocacy of alcohol control is largely ignored, and alcohol-related health problems are claimed and perceived as a relatively minor problem. The normalization of alcohol justifies and shapes increasingly intolerant discursive practices against cigarette smoking.

Furthermore, evidence suggests that the public discourse around tobacco, as well as alcohol, is partial, self-contradictory, politically conditioned and agenda-driven. Research agenda and framework, our selection and interpretation of selected data and materials, public policies and measures etc. shape and are shaped by our cognition and presuppositions on tobacco. Things are subtly emphasized, ignored, distorted and obliterated consciously and unconsciously. This very process is experienced as “normal, natural, and self-evident.” It constructs a “factual reality” which appears as “unproblematic, certain, and devoid of ambiguity” (Gusfield, 1981, p. 52). Alternative opinions and practices are unthinkable and unacceptable

because they are at odds with the widely accepted facts. Every individual becomes a legally and socially responsible subject to conform to and sustain the accepted rules of thinking, talking and behaving, such as “no smoking” and “don’t drink if you drive,” otherwise he/she would be disciplined and punished. People are monitored by experts, the government, society at large as well as themselves. As such, a network of power relations is established and subtly covered up (Žižek, 2002, p. 321). Therefore, tobacco control in Hong Kong is a governmentalist project is a well-accepted one by which, smokers as well as drink drivers are typically identified as subjects of risk and an objects of intolerance. They are profoundly rejected and demonized in the public discourse.

Whether cigarette smoking is a serious problem, how serious the problem is, and why we need to adopt an intolerant approach to cigarette smoking are not my focus. My concerns are the utility of intolerance as the technology of government, in what way subjects of risk and objects of concern are made, and how this particular technology of government is activated and legitimized in contemporary Hong Kong. In order to answer these questions, we have to put the intolerant discourses and practices around cigarette smoking in context.

In this concluding chapter, I will focus on the implications of tobacco control for the mode of governance in contemporary Hong Kong. I will also discuss the utility

of the regime of intolerance in legitimating the exercise and expansion of state power. The question of state power is important in this work for four reasons. First, while Foucault's account of governmentality decentralizes "the state in formulating modern governmentality" and illuminates the circulation of power in a variety of non-state domains, it does not mean that "governmentality chronologically supersedes or fully replaces sovereignty and rule" (Brown, 2006, p. 82). Second, the state is always an important source of governance; and third, governmentalist practices in both state and non-state domains actually "serve important strengthening and legitimating functions" for a state (Brown, 2006, p. 82). Political legitimacy, which was not a matter of direct concern of Foucault, is important for a modern liberal government like that of Hong Kong. As Wendy Brown (2006) explains:

Although the state may be a minor apparatus of governmentality, although it is itself governmentized and survives only to the degrees that it is governmentalized, the state remains the fulcrum of political legitimacy in late modern nations ... Even as governmentality captures both the unboundedness of the state and the insufficiency of the state as a signifier of how modern societies are governed, it fails to convey the extent to which the state remains a unique and hence vulnerable object of political accountability ... Modern political

power not only manages populations and produces certain sorts of subjects, it also reproduces and enlarges itself ... A full account of governmentality, then, would attend not only to the production, organization, and mobilization of subjects by a variety of powers but also to the problem of legitimizing these operations by the singularly accountable object in the field of political power: the state ... This is not to say that the state is the only source of governance, or even always the most important ones; but where it is involved ... the question of legitimacy is immediately at issue (p. 83).

To acquire and secure political legitimacy, the state deploys a particular technology of government in response to a particular issue in a particular context and conjuncture. Finally, the question of state legitimacy is particularly important in Hong Kong because the source of power of both the colonial and SAR governments did and do not come from direct elections. Thus, they constantly experience a legitimacy deficit. In addition, it appears that there has been increasing social and political demands, and a politicization of society since the early 1980s. Persistently low public satisfaction further makes the question of legitimacy a critical issue for the SAR government.

I suggest that, with tobacco control as an indicative case, civic neoliberal populism is a specific mode of governance. An important implication of this

mode of governance is that the regime of intolerance has legitimately been utilized in good causes to differentiate tolerable from intolerable, to produce governable subjects, and to legitimate the exercise and expansion of state power. With the term “civic neoliberalism” I refer to the political rationality which emphasizes the social obligation of every citizen-subject to achieve self-help, self-maximization and civic-mindedness for the welfare of himself/herself and the community. For the term “populism,” I adopt the model of populism put forward by Ernesto Laclau (2005a) to unfold the mode of operation of the rationality of civic neoliberalism in Hong Kong.

In his work, Hui Po-keung (2007a; 2007b; 2007c; 2007d; 2008) suggests that since the sovereignty handover in 1997 a political logic of populism has increasingly dominated in cultural and political practices in Hong Kong. In particular, the government is a vital agent of populist practices. It manipulates neoliberal rhetoric to articulate diverse social demands to the common demands of the people, such as “free market,” “invisible hand” and “minimal government;” and to produce adversaries of the people, such as “welfareism” and “able-bodied welfare dependents.” Through these populist practices, the government consolidates the hegemony – the notion introduced by Antonio Gramsci referring to a combination of consensus and coercion – of neoliberalism, justifies social and economic inequalities,

and strengthens its governance. In this work, I extend Hui's concerns with an effort of combining the word "civic" with the notion of "neoliberal populism" to serve two purposes. The first is to highlight "civic-mindedness" as an essence of neoliberal citizenship in Hong Kong before and after the sovereignty handover. People have to manage and maximize themselves for their own well-being *and* public interests. Another purpose is to highlight "civic-mindedness" as an essence of state governance: both the colonial and the SAR governments have willfully attempted to establish Hong Kong as a civic-minded society in the name of the well-being of Hong Kong. Thus, the government activates and normalizes the self-government of those it governs, and simultaneously enlarges and legitimizes itself.

Civic Neoliberalism as a Political Rationality

In this section I will elaborate on the term "civic neoliberalism" and identify the elements of civic neoliberalism in tobacco control in Hong Kong. Neoliberalism, in the Foucauldian sense, is a governmental rationality (Barry, et al., 1996, p. 7; Brown, 2003; Ouellette & Hay, 2008, p. 9; Rose, 1999, pp. 27-28). It is an articulation of market rationales to "rationalize the nature, means, ends, limits for the exercise of power and styles of governing, the instruments, techniques and practices to which they become linked" (Brown, 2003, para. 7; Rose, 1999, p. 28).

The distinctive feature of neoliberal rationality from liberalism is that neoliberalism “is not only or even primarily focused on the economy; rather it involves *extending and disseminating market values to all institutions and social action*, even as the market itself remains a distinctive player” (Brown, 2003, para. 7, italics original). The extension of the free market rationale to all non-economic domains prescribes “citizen-subject conduct in a neoliberal order” (Brown, 2003, para. 15). More specifically, the neoliberal notion of freedom is a kind of “well-regulated and responsible liberty” (Barry, et al., 1996, p. 8). This form of freedom is possible on the basis of an exercise of self-government by entrepreneurial and prudent citizen-subjects. As Nikolas Rose (1999) contends, freedom is a key resource to government:

The achievement of the liberal arts of government was to begin to govern through making people free. People were to be “freed” in the realms of the market, civil society, the family: they were placed outside the legitimate scope of political authorities, subject only to the limits of law. Yet the “freeing” of these zones was accompanied by the invention of whole series of attempts to shape and manage conduct within them in desirable ways. On the one hand, the “public” activities of free citizens were to be regulated by codes of civility, reason and orderliness. On the other, the private conduct of free citizens was to

be civilized by equipping them with languages and techniques of self-understanding and self-mastery (p. 69).

Every “free” citizen subject should put his/her behavior under the analysis of costs, benefits and consequences. They should “maximize” and “govern [himself/herself] properly – to choose order over chaos and good behavior over deviance” (Ouellette & Hay, 2008, pp. 10-11). Individual citizens are therefore fully accountable for their own actions and well-beings. Individual success or failure is measured by his/her capacity of self-management regardless of institutional constraints.

I further highlight the notion of “civic-mindedness” as an essence of neoliberal rationality to illuminate the articulation of a responsible and disciplined individual autonomy to the well-being of society. Any individual behavior should not cause undesirable consequences to other people. Furthermore, citizen subjects are obligated to improve themselves for their own well-being and for their contribution to society. Civic neoliberalism therefore emphasizes social duties to the community the serve public interests. It claims to task citizen subjects with social obligations without compromising private liberty. Individual maximization is virtuous as it enhances productivity, efficiency and sufficiency, and reduces disruptive social forces and problems in the whole community. Regulatory powers are thus dispersed and operated in state and non-state procedures, devices and

apparatuses in a depoliticized way under the umbrella of citizen responsibility (Brown, 2003, para. 15; Rose, 1996, p. 55).

In Chapters 3 and 4, I present a dispersion of regulatory powers over the consumption, sale and promotion of cigarettes in both state and non-state domains. In the name of the welfare of every individual and the public, a wide range of institutions and agents are mobilized to monitor and reject cigarette smoking, and curb the “global tobacco epidemic.” Everyone, including legislators, businessmen, teachers, parents, the government and the community as a whole are duty-bound to take part in the anti-smoking campaign for public health, economic and social well-being of Hong Kong. In particular, people are obligated to choose a healthy way of life for the interests of the community. Conforming with paternalistic practices, smokers are said to be obligated to quit for their good health, good image, good family and social relationships. Quitters are honored by the media and institutionalized events as caring spouses, parents and citizens. The steady decline of the smoking population in Hong Kong shows that, at least to some extent, smokers have practiced self-government. Smokers deny the pleasure of smoking and choose to quit for the benefits of their own, their families and others’ well-being. It is not uncommon to see ex-smokers discourage smoking, and share their efforts and experience in successful quitting, as exemplified by pop stars

sharing their stories in no-smoking films. In addition, there is an absence of strong and organized opposition against tobacco control measures. While a handful of alternative views from some smokers can be found in the media, smokers, especially smoking public figures, do not appear to defend their lifestyle choice but tend to deny receiving any pleasure from smoking or cover up their smoking habit.

Furthermore, as indicated in the comparative study of tobacco and alcohol in Chapter 5, civic neoliberal rationality underpins intolerance to risk by a utilitarian view of pleasure. This echoes with the codes of consumption and pleasure of the Bobos. On the one hand, risk is believed to be disruptive and counterproductive and therefore it has to be avoided and banished. Individual strength and endeavor in eliminating risk is highly celebrated. Since cigarette smoking is believed to be absolutely harmful for both smokers and non-smokers, it is characterized as a totally unnecessary, unproductive and preventable risky behavior. Every rational, prudent and responsible citizen-subject should choose a healthful way of life by rejecting smoking. On the other hand, pleasure that is physically, spiritually and intellectually useful for excellence is celebrated. Every individual is expected to play cautiously, rationally, productively and responsibly. Largely due to the reported health benefits, self-restraint and responsible drinking is widely accepted, if

not encouraged. It is accepted that drinking at “proper” occasions, in “sensible” levels and a “responsible” manner is pleasurable and desirable.

The comparison study between tobacco and alcohol further illustrates another feature of civic neoliberalism: a risk or an individual behavior that appears to cause harm and victimization to the “innocent” public is more likely to be a cause of public concern. The word “innocent” emphasizes that the public is involuntarily subjected to some kind of danger and burden. They do not choose to take the risk but they are under risk because of the irresponsible behaviors of other people. Frank Furedi (2002) notices that in modern society the proliferation of risks is not confined to the sphere of health: “Every area of society is dominated by the explosion of risks” (p. 23). However, our concerns, fears and anxieties about risks are selective. People fear some risks more than others (pp. 26-27). In the case of alcohol, drink driving attracts a high level of attention from the media, the general public and the government because this risk-taking behavior threatens public safety and *causes* misfortune to innocent others. In the case of tobacco, public rejection of cigarette smoking is not only based on bad health consequences to innocent groups, but also the socio-economic burdens posed on society at large. Smokers are portrayed as inevitably placing the whole community under health and socioeconomic hazards. Therefore, smoking is intolerable even in open areas and

no-smoking becomes a norm and even a virtue.

Thus, a risk that appears to violate the interests of the “innocent” public is an imperative object of intolerance and control. When the whole community is under a certain threat, intolerance is a normal and legitimate response to the threat in question. In particular, everyone is said to be eligible and duty-bound to combat the threat. Alternative beliefs, opinions, behaviors and so forth are unthinkable and unacceptable. Zero tolerance practices are often introduced as a response. Furedi (2002) observes that when “the act of risk-taking ceases to be a private individual matter, as others are put at risk, society is entitled to take measures to protect itself from this danger. What is at issue is not a specific hazard but the act of risk-taking” (p. 56). In the case of cigarette smoking as well as drink driving, we overtly reject the very presence of smokers and drink drivers for their risk-taking behaviors infringe our right not to be threatened, victimized and burdened. This notion of right mirrors a notion of responsibility that an individual behavior should not cause any consequence for others (Furedi, 2002, p. 152).

The emphasis on self-maximization and social obligation to serve the community in civic neoliberalism leads to a tendency of individuating problems. Public problems are often attributed to the individual failings of “troublemakers.” They are accused of being irresponsible, ignorant, and lacking civic-mindedness.

Cigarette smoking, as well as drink driving, is considered symptomatic of a failure to manage the self that endangers society as a whole. People who continue to smoke in spite of mounting health warnings and advice from various sectors are believed to be “irrational” and “irresponsible” for bringing undesirable consequences to all. In particular, as I have shown in the preceding chapters, they are often associated with the deviant other. They are ranked as a part of the unwanted “underclass,” including the poor, street criminals, school dropouts, the hustlers and the traumatized drunks (Morris, 1994, p. 81). They are excluded from the entitlement of citizenship in the neoliberal sense. The state and society at large are entitled to penalize them with stiff disciplinary measures and condemnation.

So far I have presented how civic neoliberal rationality of government underpinned the tobacco control movement in Hong Kong. Still it is an inadequate explanation. How does this rationality operate? How does it work as a mode of state governance? In the following sections, I will address these questions through a discussion of “civic neoliberal populism.” I suggest that, in the case of tobacco control in Hong Kong, civic neoliberal rationality operates through populist practices; and that tobacco control is an exemplary case of civic neoliberal populism as a device of state legitimation in Hong Kong.

Populism as a Mode of Articulation

Adopting the approach put forward by Ernesto Laclau (2005a; 2005b), populism refers to a mode of articulation of diverse social demands to construct the “people” as a collective actor. Populism has traditionally been ascribed to “a *type* of movement that is identifiable with either a special base or a particular ideological orientation,” such as peasant movements, manipulation by marginalized elites and movements against economic modernization (2005a, p. 117, *italics original*). It is often dismissed as a “dangerous excess” and attached with pejorative labels such as “mere rhetoric” appealing to the masses, “‘vagueness,’ ‘imprecision,’ ‘intellectual poverty,’ a purely ‘transient’ phenomenon, ‘manipulative’ in its procedures” and so forth (2005a, pp. x, 16). Ernesto Laclau finds that this conventional approach is futile as it often confronts with either complicities in differentiating it from other movements such as “fascist” and “communist” or an avalanche of exceptions (2005b, p. 32). Working in contrast to the longstanding dismissal of populism, Laclau stresses that populism is a political form with a full rationality (2005a, p. 19):

Populism is an ontological and not an ontic category – i.e. its meaning is not to be found in any political or ideological content entering into the description of the practices of any particular group, but in a particular mode of articulation of whatever social, political or ideological contents (2005b, p. 34).

Laclau frames his work as a task to locate the specific logics inherent in populist politics and argues that “far from corresponding to marginal phenomena, [populist logics] are inscribed in the actual working of *any* communitarian space ... Populism is, quite simply, a way of constructing the political” (2005a, p. x, italics original). For Laclau, therefore, understanding the operation of populism is a key to understanding contemporary political practices (Hui, 2007c).

To put it simply, Laclau’s model of populism is found on the following interrelated discursive practices: (1) a construction of an internal frontier dividing the social space into two antagonistic camps, that is naming “the people” by naming its “other”; (2) a constitution of a popular subjectivity, that is an “imaginary unity of the people”; and (3) a production of “empty signifiers” whose conceptual contents are vague and imprecise to signify a totality of demand and identity (Laclau, 1998, p. 36; 2005a, p. x; 2005b, pp. 43-44; Panizza, 2005, pp. 6, 9).

Specifically, Laclau suggests that the unity of the people is the result of an articulation of social demands. He stresses that, however, this articulation by no means constitutes a stable and coherent totality given the plurality of heterogeneous demands and identities. The impossibility of fixing a coherent unity leads to “the centrality of *naming* in constituting that unity” (2005a, pp. ix-x, italics original; 2005b, p. 38). The process of naming involves a creation of an “equivalential

chain” between a series of social demands. It is an articulation of all the demands despite their differential character in which a particular demand functions as a signifier representing the chain as a totality and as a “common demand” (Hui, 2007b; 2005b, pp. 37, 43-44). Laclau calls this process by which “a certain demand comes to represent an equivalential chain incommensurable with it ... *hegemony*” (2005a, p. 115; 2005b, p. 39, italics original). The discursive aggregation of heterogeneous demands constitutes a popular subjectivity such as “the people” by dislocating “the specific identities of the holders of particularistic demands (neighbors, workers, peasants, the unemployed, women, ethnic groups, etc.) (Laclau, 2005b, p. 37; Panizza, 2005, p. 9). It simultaneously constructs an internal frontier by dichotomizing the social space into two antagonistic poles: “the powerful and the underdog;” the self and the other; the people and the adversaries. The construction of a popular identity mobilizes actors to transform their demands from “simple requests” to “fighting demands” (Laclau, 2005b, p. 38; Panizza, 2005, p. 10). The discursive production of empty signifiers plays a central role in the construction of a popular subjectivity. As Laclau (2005b) explains,

There is a feature of this process of constructing a universal popular signification which is particularly important for understanding populism. It is the following: the more the chain of equivalences is extended, the weaker will be its connection

with the particularistic demands which assume the function of universal representation. This leads us to a conclusion which is crucial for our analysis: the construction of a popular subjectivity is possible only on the basis of discursively producing tendentially empty signifiers. The so-called “poverty” of the populist symbols is the condition of its political efficacy – as their function is to bring equivalential homogeneity to a highly heterogeneous reality, they can only do so on the basis of reducing to a minimum their particularistic content (p. 40).

Laclau therefore contends that the construction of a hegemonic relation is possible on the basis of “attribute-performative” practices instead of “logico-conceptual connections” (2005a, p. 97). He further calls this process “radical investment,” pointing to the role of “affect” – rather than logico-conceptual connections – in constructing a hegemonic relation and the contingent nature of the hegemonic relation in question:

Once a certain part has assumed [a role of an impossible universality], it is its very materiality as a part which becomes a source of enjoyment. Gramsci formulated the political argument in similar terms: which social force will become the hegemonic representation of society as a whole is the result of a contingent struggle; but once a particular social force becomes hegemonic, it

remains so for a whole historical period. The object of the investment can be contingent, but it is most certainly not indifferent – it cannot be changed at will. With this we reach a full explanation of what radical investment means: marking an object the embodiment of a mythical fullness. Affect (that is, enjoyment) is the very essence of investment, while its contingent character accounts for the “radical” component of the formula (2005a, p. 115).

Laclau hence stresses on the “articulation moment” of the construction of a popular subjectivity which is “given at the nominal, not at the conceptual, level” (Hui, 2007c; 2005a, p. 118). He emphasizes that populist practices “operate performatively within a social reality which is to large extent heterogeneous and fluctuating”. Therefore, for Laclau, “vagueness” and “imprecision” do not have any pejorative connotation and are even essential components of any populist operation (2005a, p. 118).

In sum, populism in Laclau’s model is a “performative act endowed with a rationality of its own” (2005a, p. 18). It has no referential unity because it is ascribed “not to a delimitable phenomenon but to a social logic whose effects cut across many phenomena” (2005a, p. ix). It is argued that populist logics are embedded in political practices:

The discourses grounded in this articulatory logic can start from any place in the

socio-institutional structure: clientelistic political organizations, established political parties, trade unions, the army, revolutionary movements, and so on. “Populism” does not define the actual politics of these organizations, but is a way of articulating their themes – whatever those themes may be (2005b, p. 44).

Tobacco Control in Hong Kong as a Civic Neoliberal Populist Practice

I argue that tobacco control in Hong Kong is an indicative case of “civic neoliberal populism” in which “tobacco control” performs as an articulator of diverse demands, constructs an internal frontier by naming “the people” and by naming its adversaries, including thoughtless smokers and unscrupulous tobacco giants, and signifies social cohesion. In other words, tobacco control in Hong Kong operates in the form of a populism that is based on the rationality of civic neoliberalism.

All along, the state of Hong Kong has faced diverse public demands. By the 1960s, there had been increasing public demands for social welfare, economic fairness, public representation and a responsible and transparent government (Lam, 2004, pp. 193-203). Eric Ma Kit-wai (2009) points out that in Hong Kong social expectations have extended from economic progress to quality of life since the sovereignty handover. A series of social demands, including democratization, urban and heritage conservation, point to the growing public aspiration for a higher standard of living. He identifies two set of values on the city in Hong Kong: the

“functional city” and the “livable city.” The former is economy-oriented aiming at establishing Hong Kong as a global city, whilst the latter emphasizes quality of life in addition to economic development. He contends that “the government seems to center ‘functional city’ in its development plan, while the civil society seems to have comprehended inadequacies of functional city, and gradually hope that Hong Kong can transform into a ‘livable city’” (trans.).

I suggest that tobacco control is a kind of articulator that connects diverse social demands as well as state objectives. Through tobacco control, different types of public demands and state objectives appear to have been addressed, signifying a social cohesion. Tobacco control is constructed as a public health project that makes Hong Kong a healthful, clean and green city. It signifies the government as a responsible, responsive, strong and good government that promotes public welfare. Tobacco control is further constructed as a business friendly project that promotes labor productivity and business turnover. Furthermore, it is said that tobacco control furthers Hong Kong’s status as a civilized and advanced world-class city.

This articulation of different social demands and state objectives under the umbrella of tobacco control constructs an internal frontier and creates a sense of social cohesion. Above all, tobacco control identifies a range of adversaries of innocent people *and* the state: unscrupulous and deceitful tobacco giants,

thoughtless and irresponsible smokers, and opponents of tobacco control. In particular, as indicated earlier, cigarette smoking has been largely regarded as problems of the smokers who have been constructed as the underclass of this civilized society. They are increasingly associated with marginalized groups who endanger the social and moral health. This construction of a popular identity is possible on the basis of discursive production and circulation of a range of notions and rhetoric, including “cigarette smoking is hazardous to health,” “secondhand smoking is deadly,” “cigarette menace,” “global tobacco epidemic,” “smoking causes more serious problems than drinking” and so forth. These notions and rhetoric are claimed to be scientifically and statistically proven facts.

While Ernesto Laclau (2005a) does not add any pejorative connotation to “vagueness” and “imprecision” in the populist operation, he stresses that there is “an ethical imperative in intellectual work,” which he calls “obstinate rigour,” especially in dealing with political matters which are highly charged with emotion. That is to say, one should “never succumb to the terrorism of words” and “the replacement of analysis with ethical condemnation” (p. 249). Unfortunately, evidence suggests that tobacco control advocacy in Hong Kong is based more on plausible eloquence and ethical labeling than logico-conceptual reasoning and evidence-based discussion in order to make smoking socially unacceptable.

Let me identify symptoms of plausible and affective production of the dominant discourse about cigarette smoking. In the first place, the agenda and framework of academic research, policy advocacy and public policy are politically and culturally conditioned. As we have seen, for example, epidemiological literature that links cigarette smoking with the “epidemic” of lung cancer constitutes one of the crucial moments for epidemiology as a discipline. In this sense, the harmfulness of cigarette smoking is indisputable. This leads to a proliferation of research on the harms of cigarette smoking, a marginalization of “alternative” studies and findings on the possible benefits of smoking and a strong consensual medical message against smoking. With regard to alcohol drinking, medical researchers have traditionally dissociated themselves from reactionary temperance ideology, leading to less attention placed on the alcohol issue and a de-emphasis of the role of alcohol as a risk factor. The relatively lax environment of alcohol research provides room for a debate on the health effects of moderate levels of alcohol consumption, resulting in the absence of a strong consensual medical message on alcohol.

Second, the media and society at large trust heavily in the “objectiveness” of medical research. On top of this, evidence shows that in Hong Kong there is a selective use or even manipulation of “scientific” information, statistics and illustrations to support the anti-smoking advocacy. Situations are often interpreted

without or by ignoring evidence, and are based on preconceptions and desired beliefs. For example, the media, as well as the government, tend to de-emphasize the public health warning on alcohol as a risk factor of health and socio-economic problems, and emphasize epidemiological evidence on the negative effects of cigarette smoking and the health benefits of alcohol drinking. This body of evidence is presented as verified knowledge in ordered, condensed and definitive forms. The detriments of cigarette smoking thus appears as a “scientific truth,” an “indisputable fact,” and “commonsensical knowledge.” Smoking is said to cause more serious problems than alcohol, although there is a lack of comprehensive and sustained data on drinking. Youth smoking had been widely accepted as a worsening problem by the 1970s, although there were no statistical references before the 1980s, the official statistics showed the opposite, and the sample size of the underage smoking groups in both official and non-official surveys were often small. Overseas experiences are largely decontextualized and cited selectively by tobacco control advocates, the media and lawmakers, constructing a common perception that there is a coherent global tobacco epidemic and control without exceptions.

Third, supporters of tobacco control in Hong Kong tend to dismiss arguments and evidence whenever they are from opponents or whenever they contradict the anti-smoking advocacy, and preconceptions and desired beliefs around smoking

issues. A typical example is that “scientific” research that supports anti-smoking positions are regarded as impartial and objective, while those of opponents of tobacco control such as the tobacco industry and the catering industry are seen as biased and agenda-driven.

Fourth, rigorous analysis and explanation have largely given way to affection and ethical labeling. In particular, tobacco control advocates rely much on media strategies such as creative epidemiology, fearful images, catchy mottos and newsworthy stories to attract public attention and to undermine the social acceptability of cigarette smoking. Meanwhile, the media trusts heavily in tobacco control advocates to shape their reporting. Media stories about cigarette smoking are therefore highly biased, sentimental and dramatic. The increasing emphasis on sensationalism and illustrations by the market-driven media (Ma, 2003; So, 2003) further worsens the situation. There are sentimental presentations on the negative effects of smoking, dramatic coverage on the deaths of smokers, sympathetic coverage of the victims of smoking, glorification of tobacco control advocates, stigmatization of smokers and opponents of tobacco control. Subjects of victimhoods and the adversaries of the people are thus affectively identified and attached to an array of significations. Alternative views and behaviors are largely disregarded and condemned.

It is apparent that the civic neoliberal populist practice of tobacco control in Hong Kong fails to meet the intellectual ethics of “obstinate rigour” that is stressed by Ernesto Laclau (2005a, p. 249). Open public discussion about cigarette smoking is largely superficial, agenda-driven, one-sided and full of ethical condemnation. The absence of rigorous discussion has undesirable consequences. It covers up the complex relationship among control, construction of risk, governable objects, and formation of power involved. In particular, this populist practice of tobacco control in Hong Kong demonstrates a normalization of the tendency of individuating problems. It reduces social problems, whose definition is politically and culturally conditioned, to problems of individual troublemakers. It thus causes growing paternalistic and censorious governance on individual behaviors by various agents of power, including the state and the self, in the name of various good causes. The following section is a further analysis on the relationship between civic neoliberal populism and state governance in Hong Kong.

Civic Neoliberal Populism as a Mode of Governance

It is evident that tobacco control in Hong Kong is at least partially discursively constructed with a populist logic that has progressively articulated neoliberal citizenship and civic discourse of intolerance. I further suggest that tobacco control is suggestive of civic neoliberal populism as a specific mode of governance

in Hong Kong. In addition, based on sound evidence, I speculate that tobacco control might be a state projects to advance its legitimacy.

To begin with, it is important to recognize the essential role of depoliticization and government performance in state legitimacy in Hong Kong. As mentioned, the Hong Kong government in both colonial and post-colonial periods has been inherently in a legitimacy deficit. Given the not-fully-democratic political system, the Hong Kong government cannot legitimize its actions through electoral procedures. Full democratization is unlikely to be a possible legitimation device because of opposition from China (Ma, 2007, pp.29-30; Tsang, 2007, p.153). Furthermore, it seems that the increasing politicization of society since the 1980s, and the governance crisis of the SAR government, had contributed to the increasing reliance of the government on depoliticized devices to secure public support. The most significant political change in the 1980s was the signing of the Sino-British Joint Declaration between Britain and China which marked the preparation for the sovereignty changeover of 1997. It gave rise to political and social uncertainty in many sectors of Hong Kong society. More political groups were formed to put forward their proposals for the future of Hong Kong. Amid these changes was a rise of local identity and public demand for democratization to realize the promise of “Hong Kong people ruling Hong Kong.” The introduction of electoral reforms to

district councils and the LegCo in the 1980s and 1990s further changed the function and the functioning of the local administrative and law-making bodies and increased the level of public political participation. The British colonial government was caught in a dilemma in the face of the politicalization of society and the impossibility of full democratization (Ma, 2007, p.28; Tsang, 2007, 150).

The question of legitimacy is a particularly critical issue for the SAR government as it is often mired in a governance crisis. Soon after the sovereignty handover, the confidence of Hong Kong people in the SAR government has persistently been low because of various factors, including economic grievances, mishandling of crises, policy shortcomings, and the impotence of government officials and senior civil servants (Chan & Ma, 2009; Cheung, 2005). In particular, according to a survey, public dissatisfaction with the SAR government reached a record high of 59.4% and public dissatisfaction with CE Tung Chee-hwa was as high as 57.9% in April 2003 (Hong Kong Institute of Asia-Pacific Studies, 2003). On July 1, 2003, the sixth anniversary of the establishment of the SAR, there was a massive protest by over half a million people. Since then, the “July 1 protest” has been an annual event and a platform for demonstrating diverse public discontents. Deep public grievances led to the stepping down of CE Tung Chee-hwa in March 2005. Nevertheless, figures showed that Tung’s successor Donald Tsang

Kam-kuen also faces growing public discontent. A survey showed that between the period of October 2005 and April 2009, public dissatisfaction with the SAR government and Tsang climbed up from 10.7% to 25.1% and from 3.8% to 26.4% respectively (Hong Kong Institute of Asia-Pacific Studies, 2009).

The Hong Kong government in both colonial and post-colonial periods has been seeking for depoliticized devices to legitimize its power. Effective state performance plays a vital role. As Cheng Kai-ming notes, the Hong Kong government:

is always in a legitimacy deficit because it does not possess the necessary legitimacy which would otherwise be coming forth through election. In these circumstances, the government has always been extremely careful to secure popular support in each and every step of policy making (cited by Scott, 1989, p. 164).

Performance legitimacy serves an important function of depoliticization because it reduces state governance to policy management and administration. It justifies state governance whenever the state is “good” to its people in terms of its benevolence to the people, excellence in administration and policy achievements.

By becoming a part of civic neoliberal populism, tobacco control is a depoliticalized state legitimization project. Tobacco control is a depoliticized

project because it appears to be a scientifically impeachable and socially objective campaign. Through the project, the Hong Kong government seeks to secure public support to its exercise and expansion of state power and to normalize self-government in good causes which involves the regime of intolerance. Furthermore, tobacco control involves discursive differentiation between the tolerable and intolerable, the “civilized” and the “barbaric”, the civic-minded citizens and the irresponsible others of the community. By constructing cigarette smoking as an adversary and smokers as irresponsible subjects, the government seeks to create a coherent state-society unity. Tough tobacco control also performs as an articulator of diverse public demands, including public health, economic, social and environmental well-beings, and sound governance. In the name of the welfare of the people and society at large, tobacco control enlarges state power, tightens socio-legal regulations of individual behaviors, normalizes government of the self, and in turn serves strengthening and legitimating functions for the state.

Above all, as the preceding chapters show, tobacco control is a governmentalist project that is well-received. In the recent two decades the smoking population has been falling. More smokers have quit or have tried to quit smoking because of their beliefs on the harms of smoking on themselves and family members. More restrictive tobacco regulations have been put in place, supported by overwhelming

support from lawmakers from different political affiliations and society at large for stringent tobacco control measures. As such, showing a tough stance against cigarette smoking helps the government project itself as a responsible, responsive and strong government that safeguards the well-being of the people. In a way, tough tobacco control presents a seemingly win-win situation between the state and the people, despite the fact that it is accompanied by stronger surveillance and control from non-state regulations and the self.

In fact, elements of civic neoliberal populism can be found in other Hong Kong government policies. In the following I will present evidence to show that, in order to legitimate its political authority, the Hong Kong government has sought to present itself as a good government for the people. It has also strived to accommodate public demands and tame opposition by setting economic health and growth as the prime policy objective and building up a responsible citizenry to nurture its people as passive and obedient subjects. All these strategies attempt to depoliticize its governance and are conducted in good causes. Teasing out other elements of civic neoliberal populism in government policies in turn strengthens my speculation of tobacco control as a state legitimatization project.

Good Government for the People

The Hong Kong government has endeavored to present itself as a sound,

responsible and responsive administration which is willing to listen to the people and react promptly to public demands. This indicates a populist logic in the state governance. More specifically, establishing a consultative and accountable administration without democratization, and providing public goods and services come to be two essential means to reduce the state's legitimacy deficit. For the former, the government attempts to take sides with "the people" by introducing nominal rhetoric and practices such as "accountable and responsible government" and "people-based governance." For the latter, the government pursues policy achievements to address public concerns and to meet public demands. More importantly, social policy is underpinned by and aims to legitimize the state's civic neoliberal rationality regarding state-society collaboration for sustainable economic development and competitiveness. It is an attempt of the state to depoliticize politics, particularly in order to reduce public aspirations for democratization.

It is a well-documented argument that performance legitimacy came to be significant especially after the riots of 1966-1977 (e.g. Lo, 2001; Morris & Scott, 2005; Scott, 1989; Tsang, 2007). The riots started with a protest against a fare increase of the Star Ferry Company. The roots of the riots lay in the deep social and economic grievances which were themselves a product of policy-shortcomings, an alienated relationship between state and non-elites, and the over-centralized

political structure (Scott, 1989, pp. 81-94). One of the implications of the riots therefore was the need for changing and expanding the functions of the government and the bureaucratic structure to become “less remote and more accessible to the people it sought to govern” (Scott, 1989, p. 82). A policy consequence of the riots was the strengthening of local administration. For example, the establishment of the City District Offices (CDO) in 1968 was an integral part of a series of community building programs to “transform communication between the government and the people.” The purpose of the local administration policy was to ensure that the government “would not be caught out by growing discontent that went unreported prior to the riots of 1966” (Tsang, 2007, p. 95). More importantly, it served:

to legitimize the government’s role as a caring institution. The keyword was ‘consultation,’ an ambiguous term, which was never defined in any way which threatened the bureaucracy’s ultimate decision-making power, but which fulfilled the important cosmetic purpose of appearing to bridge the gap between the governors and the governed (Scott, 1989, p. 82).

This led to a “consensual politics” in which “consensus” largely referred to “what the government said constituted a consensus after views of the public had been considered” (Scott, 1989, p. 164).

Apart from the CDO scheme, the colonial government has constantly proposed schemes to reform the administration to better meet public demands and thus to legitimize its governance without undermining its decision-making power. Thus, the administration has progressively become a system of accountability without democracy. That is to say, the government claims to work for the people and to be accountable to the people, while it is not required to take political responsibilities institutionally. An example was the introduction of the practice of the governor delivering a policy address to the LegCo by Governor Murray MacLehose in 1972. Another example came from two initiatives of Governor Chris Patten in 1992 which ended the governor's dual membership of non-officials in the Executive Council and the LegCo, and introduced governor's question time to the LegCo. It followed that "the executive branch should be seen to be held accountable to the legislative branch in public on a routine basis" (Tsang, 2007, pp. 153-154). Governor Chris Patten (1994) further emphasized the ideas of "accountability" in his 1994 policy address, stating that accountable government is "a fundamental safeguard for every section of the community, the most effective of the integrity and efficiency of an executive-led administration" (para. 4).

Portraying the administration as accountable and responsive has remained to be a key means of state legitimation after the sovereignty handover. Given the

persistent low public ratings of the SAR government, government leaders have reiterated that the government is willing to listen to the people and act with their consent. For instance, CE Tung Chee-hwa (2000) claimed in 2000 that he would listen to the people and “pay greater attention to the need for effective communication and full consultation, and in particular, listen more carefully to dissenting voices” (para. 30). At the swearing-in ceremony for his second term in office, Tung stated:

We must adopt a new style of governance, feel the pulse of the community, take community sentiments fully into account, and enable different sectors of the community to participate extensively in the policy-making process, so that government policies will reflect properly the concerns and expectations of the people (Hong Kong SAR Government, 2002).

The new style of governance referred to the introduction of the Principal Officials Accountability System (POAS) to make the principal officials more accountable to the public. With the system, principal officers became political appointees who *could* be dismissed if they were involved in policy failures (Ma, 2007, p. 65, italics added). In 2005, CE Donald Tsang (2005) further proposed a vision of “strong governance for the people.” He explained: “A strong government does not work behind closed doors. Rather, it heeds public opinion, adopting the public interest

as the guiding principle and accepting wide public participation in policy formulation” (para. 6).

Nevertheless, proposals to establish an open and accountable administration in both the colonial and postcolonial periods were highly cosmetic because there was no fundamental change in the source of power and in the policy-making process at the institutional level. The decision-making power remained highly centralized. Public support for the government continued to depend on policy achievements of the government. As Governor Chris Patten stated (1994): “Accountability must begin with the government’s own performance” (para. 7).

Essentially, a government is good not only because it says it cares for the people, but also because it is responsive to public demand. It follows that, as my analysis of tobacco control and alcohol policy shows, whenever an issue becomes central to public concern, it is likely to become central to the policy agenda, and the government has to constantly appear responsive to public concern and make policy initiatives (Morris & Scott, 2005, p. 91). Tobacco control and drink driving policy serve to present the government as a responsible and responsive government that acts to protect people’s health and safety. Another significant example was in the aftermath of the riots of 1966-1977. During this period, the British colonial government spent greater expenditure on social policy to address public grievances.

Under the ten-year governorship of Murray MacLehose beginning in 1971, the government enormously expanded its involvement in housing, education, social welfare, and medical and health services, which MacLehose (1973) regarded as “four pillars on which the future well-being of our community can be built” (p. 8). Through these policy outputs, the government validated itself as a good and caring government for the people. As Paul Morris and Ian Scott (2005) observe: “More state welfare became increasingly identified with good government and, in providing these collective public goods, the regime gradually expanded its constituency of support” (p. 88).

Economic Health and Growth as the Policy Priority

The provision of public goods and services undoubtedly serves a function of performance legitimacy. Above all, provision of public goods and services serves the purpose of promoting sustainable economic development and competitiveness. As Paul Morris and Ian Scott (2005) state: “Social policy outputs are sometimes justified not as desirable ends in themselves but as a means towards a more productive, prosperous and healthy future” (p. 87). In other words, the government positions the promotion of economic growth as its prime role and a major source of legitimacy. In this sense, the political rationality underpinning social policy is neoliberalism. Wendy Brown (2003) points out:

Neoliberal rationality extended to the state itself indexes state success according to its ability to sustain and foster the market and ties state legitimacy to such success ... The health and growth of the economy is *the* basis of state legitimacy both because the state is forthrightly responsible for the health of the economy and because of the economic rationality to which state practices have been submitted (para. 12 & 14, italics original).

To justify its neoliberal governance, the government of Hong Kong further appeals to the populist logic by framing sustainable economic growth and strong economic competitiveness as the common interest of the people, and the preconditions for the social well-being of the people. Governor Murray MacLehose (1973) stated:

It is on the success of [our economy] that our future development depends ... the aim of this government was prosperity with social progress. Social progress can only be based on prosperity (p. 25).

“Prosperity” has been the keyword of state governance in Hong Kong. It refers to “the maintenance of a high rate of economic expansion.” It points to Hong Kong’s “competitive position in world markets,” “the resourcefulness of our people,” “the government’s ability to create and preserve an environment conducive to individual enterprise,” and “high productivity and profitable investment.” (MacLehose, 1972, p. 20). The SAR government has apparently inherited the line of thought that

prosperity is the precondition of social progress. Consider the following statement of CE Donald Tsang (2006):

The pursuit of social advancement is a holistic concept that should be people-oriented, comprehensive, well coordinated, harmonious and sustainable.

In the process, attention should be paid not only to the pace, but also to the promotion of the well-being of the people, society and the environment, as well as the economy. The promotion of humanities is about the conservation of our history and culture. The well-being of society is about sharing the fruits of our success and promoting social harmony. The well-being of the environment is about resource conservation and sustainable development. To attain these progressive goals, however, we must keep up the momentum of economic growth, otherwise this is all empty talk and we shall lack the resources to make things happen (para. 70).

Thus, social policy is always subordinated to economic objectives. An example is a quote from the Medical White Paper 1964, which provides a crucial reference to the neoliberal rationality underpinning tobacco control:

A good general standard of health throughout a community is an economic asset to it and helps to condition the levels of energy and initiative which determine productivity, particularly in a free enterprise economy such as Hong Kong ... the

economic loss due to sickness or disability, both to the individual and to the community, should not be underestimated (Hong Kong Government, 1964, para. 89).

Health policy is an agent of economic health and growth as “the guarantee of public health and the restoration of the sick to health were believed to be important in contributing to the increasing level of economic productivity in terms of healthy environmental conditions and healthy labor” (Wong, 1999, pp. 102-103). Similarly, as we have seen in the preceding chapters, tobacco control is accepted as a policy that reduces medical expenses, protects people’s health, preserves labor productivity, induces business returns, and enhances Hong Kong’s international image and position. All in all, it is claimed that tobacco control would not undermine capitalist interests but rather is conducive to profitable investment.

Building Up a Responsible Citizenry

While the Hong Kong government pledges to serve the people by striving for economic health and growth, and thereby achieving the social well-being of the whole community, it simultaneously appeals to the public for their contributions to the cause of prosperity and welfare in Hong Kong. Putting it in the framework of civic neoliberal populism, the government resorts to building up a civic-minded society to achieve a sense of social cohesion in which economic development and its

attendant social progresses are set to be the common goal of the state and the people.

The government stresses the obligation of every citizen-subject to contribute to the community and to fight against disruptive forces. It is said that it is on the close partnership of the state and the people that the “success” of Hong Kong depends.

Perhaps most importantly, civic neoliberal populism serves to shift the blame for undesirable economic and social conditions, which may be the results of policy shortcomings and officials’ deficiency, from the state itself to bad elements of society, particularly uncivilized and troubling subjects who lack civic-mindedness.

Intolerant practices are introduced to eliminate the bad elements identified, which in turn serves to legitimize the state.

The effort of the Hong Kong government to build up a responsible citizenry emerged in the late 1960s. As indicated above, the British colonial government launched a series of community building programs in the aftermath of the riots of 1966-1977. The purpose of these programs could be observed from a statement of Governor Murray MacLehose (1976):

[The government is] doing to protect our society against its bad elements ... But our aim must be to build a society which does not produce such elements, a society in which there is mutual care and responsibility. Our social programs are of course relevant because people will not care for a society which does not

care for them (p. 13).

The statement indicated the logic of civic neoliberal populism that the state alone could not guarantee the well-being of society; and the welfare of the people also depended on the quality of society and its constituency – the people themselves. Thus, while the government is responsible for the welfare of the people, the people are also responsible for themselves and society as a whole. They should work together with the government to fight against so-called “bad elements” of society.

With “bad elements,” MacLehose specifically referred to crimes and left-wing elements that undermined public safety, which had been identified by MacLehose as a prerequisite of “the very continuance of our community” alongside with “prosperity” (MacLehose, 1972, p. 1). In 1973, one of the community building programs, Mutual Aid Committees (MACs), was established in residential and factory blocks to curb the high crime rate, smash the force of the left-wing movement, and improve sanitary conditions. The government described the MACs as “a group of responsible citizens, resident in the same multi-storey building who work together to solve common problems of cleanliness and security” (Scott, 1989, p. 140).

Another community building program was the long-standing Keep Hong Kong Clean Campaign which commenced in 1972. The Campaign was coordinated by

several governmental departments and community leaders. There was intense publicity and promotional activities including pop stars. The government called for a combined effort by the government and the people to fight littering, unsanitary conditions and a particularly filthy subject – the irresponsible and inconsiderate “litter bug.” Consider the following remarks of Governor Murray MacLehose (1972):

Everyone in Hong Kong in their right mind wants the litter to go and the campaign to succeed ... I myself and all members of the government will do everything in our power to support it, and will continue to do so until the city is clean again ... and this is rather a different thought, when the campaign has succeeded it will have done so by means a concerted community effort. I find the implications of this – this is to say *this experiment in the mobilization of responsible citizenship for the benefit of each neighborhood – I find this quite as exciting as I do the prospect of having the city clean* (p. 15, italics added).

MacLehose’s statement revealed that this very campaign was an attempt of the government of Hong Kong to adopt civic neoliberal populism as a mode of governance. Through the Campaign, the government attempted to promote the idea that “the city was the people’s” (Lee, 2001, p. 163), to induce the notion of a responsible and respectable citizenry, to mobilize public participation in the state

project, and to create a sense of cohesion between the state and the people for good causes.



Figure 6.1. Keep Hong Kong Clean Campaign Publicity.

Keeping Hong Kong clean is a persistent state project. In May 2003, when the SAR government suffered a serious governance crisis partly due to the mishandling of the SARS outbreak (Chan & Ma, 2009), the government established an interdepartmental taskforce called “Team Clean.” It was one of the “rebuild measures” against SARS and was tasked with establishing and promoting a “sustainable, cross-sectoral approach to improve environmental hygiene in Hong Kong” (Hong Kong SAR Government, 2003; Loh & Civic Exchange, 2004, p. xxiv). In a way, the government shifted the blame for the spread of SARS from itself to unsanitary and reckless subjects. Head of the Team Clean Donald Tsang mobilized

the public to take part in the campaign, saying: “Cleaning up Hong Kong is a long-term project and that participation by the whole community is essential to its success” (Hong Kong SAR Government, 2003). Six years later, in the face of increasing cases of Influenza A (H1N1), the SAR government organized “Clean Hong Kong Day” as a part of its “Fight Against Pandemic” campaign. Senior government officials joined District Councilors and local organizations in a number of district activities, urging “members of the community to maintain a clean and healthy environment in the fight to prevent pandemic disease.” Among them, Henry Tang, Chief Secretary for Administration, said “to maintain personal, home and environmental hygiene, the full support of the community was of utmost importance apart from government efforts” (Hong Kong SAR Government, 2009b).

Building up a responsible citizenry is inseparable from civic education. For example, civic education in schools has been largely characterized by apolitical features. It is designed to equip students with desirable qualities which highly emphasize raising students’ consciousness of the citizen’s duty of serving the community. Since the sovereignty handover students have further been taught to serve the country.

In 1965, the colonial government introduced the subject “Economic and Public Affairs” in the English Hong Kong School Certificate Examinations as a way to

nurture a sense of belonging among students. The subject placed emphasis on local economic aspects, citizen's duty to obey the law and to serve society (Shui, 1997, pp. 89-90). The subject was progressively extended to both Chinese and English public examinations in the aftermath of the riots of 1966-1967, with a revised teaching syllabus stating an aim "to enable pupils to be well-informed and to become civic-minded enough to act as good citizens in the larger community to which they belong" (Education Department, 1985, para. 1.4).

Amid the talks between the British and Chinese governments on the future of Hong Kong, the colonial government introduced *Guidelines on Civic Education in Schools* in 1985. By that time, "stability" and "prosperity" had become two political keywords that were associated with Hong Kong's success, which chiefly referred to "economic prosperity" achieved by good social and political order. In 1982, the British and the Chinese governments stated in a joint statement that they agreed to enter talks on the future of Hong Kong "with a common aim of maintaining the stability and prosperity of Hong Kong" (Youde, 1982, para. 145). The notion of prosperity and stability induced an idea that political debate and democratization meant turbulence and fractionalism and therefore were unfavorable to economic and social progress. The keywords thus served to marginalize and tame oppositional discourses, appealed to the public to set aside discords and strive

for the economic and social betterment of Hong Kong. The 1985 Guidelines on Civic Education obviously severed the purpose of maintaining the “stability and prosperity” of Hong Kong. It defined “civic education” as “the process in which desirable qualities in people are developed to promote better and healthier relationships with government and other members of society” and “a politically socializing force for promoting stability and responsibility” (Education Department, 1985, para. 7). It also stated:

There is a widespread agreement among teachers, parents and the public at large that one of the main goals of education is to develop the character of pupils and to foster their capacity for assuming a responsible role in society ... There is a special need at this particular time in Hong Kong’s social and political development for schools to renew their commitment to the preservation of social order and the promotion of civic awareness and responsibility and these guidelines are designed to facilitate this renewal (Education Department, 1985, para. 1.1).

As Leung Sai-wing observes: “The Guideline is in fact depoliticized to the extent that political education does not play any important role in civic education” (cited by Shui, 1997, p. 287). The Guideline intended to nurture students as passive and obedient subjects who were willing to assume their social responsibilities and thus to

maintain the social and political order in status quo (Ng, 2006, p. 3).

The British colonial government introduced another *Guidelines on Civic Education in Schools* in 1996, a year before the return of the sovereignty of Hong Kong to China. The Guidelines stated that:

In the promotion of civic education, the school has to shoulder the responsibility of developing in young people not only the basic political knowledge, but also the skills, attitudes and competence necessary for them to observe the civic rights and responsibilities, to acquire critical thinking dispositions and civic awareness, and to become rational and responsible citizens who can play a constructive role in the civic mission of the nation, the state and the world (Education Department, 1996, para. 2.1).

Echoed with Governor Chris Patten's democratic reforms since 1992, the 1996 Guideline introduced the notions of "civic rights" and "critical and reflexive thinking" (Education Department, 1996, para. 1.2). It placed value on citizens' autonomy, political awareness and participation, and human rights (Ng, 2006, p. 4).

However, after the sovereignty handover, the idea of civic rights gave way to the notion of individual virtues, and civic and national responsibilities in civic education in schools (Ng, 2006, p. 11). This change was exemplified by the curriculum document *Learning to Learn: The Way Forward in Curriculum* released in 2001

(Curriculum Development Council, 2001). It stated that “moral and civic education is one of the essential learning experiences required for whole-person development and is vital in helping students build up positive values and attitudes” (p. 84). It further stated:

In domain of values and attitudes, national identity, a positive spirit, perseverance, respect for others, and commitment to society and nation are the five values and attitudes regarded as paramount to students’ personal development” (p. 84).

The government contended that these five values and attitudes were interrelated and helped students to develop as “knowledgeable and responsible citizens who commit themselves to the well-beings of humankind” (Ng, 2006, p. 5, trans.).

Simply put, civic education in Hong Kong places a high emphasis on civic duties while deemphasizes civic rights. Consider the following contention of CE Donald Tsang (2008):

We should maintain a proper balance between our rights and duties. Hong Kong people cherish freedom and the rule of law. They should also recognize that they have a duty to our community and our country. While the government accepts the responsibility to take care of the disadvantaged, our citizens have to shoulder their own responsibilities, care for their families and contribute to society (para. 131).

It is apparent that by setting economic growth as the common goal, the government of Hong Kong has endeavored to develop senses of civic-mindedness, commitment to the community, and social cohesion among its citizen subjects. Such a civic neoliberal populist practice can be further observed from the state's narrative of "the story of Hong Kong." There has been an old tale that Hong Kong is developed from a barren land to a fishing village, and eventually to a prosperous and internationally prestigious city. This story depoliticizes Hong Kong as an economic city. Apart from the government's effort, individual virtues of the people and concerted efforts of the state and the people are claimed to be the essences of the success of Hong Kong and its sustainability. For example, Governor Murray MacLehouse (1976) stated that an aim of the government was to "build in our society a balance" between "economic freedom" and "social provision," that is providing the essentials of life, namely "education; medical services; housing; where necessary relief through social welfare; protection through adequate labor legislation; and of course personal safety." He appealed to the people to live in line with "traditional virtues," that is to endeavor to contribute their labor and to account for themselves. He said:

The first side of the balance – comparative economic freedom – is perfectly compatible with social and commercial responsibility ... The other side – social

provision – is equally compatible with Hong Kong’s traditional virtues of realism, will to work and self reliance. These too are precious and essential to our society, and must be preserved. I am convinced that in the construction and preservation of this balance lie Hong Kong’s best prospect for prosperity, social harmony and international respect (p. 14).

Social harmony means unity of the state and the people. It also means political stability, and brings economic and social successes. As Governor Edward Youde (1985) claimed “Hong Kong is successful economically and socially because it is a stable society. Progress and stability must go hand in hand” (para. 2). Consider the following statement of Governor Youde (1986):

First and foremost is the objective of ensuring that Hong Kong remains prosperous and stable ... It requires ... political stability. There has been and is room for healthy dissent and debate. But the dramatic progress which Hong Kong has made over the last two decades was not built on conflict and turbulence. It was built on a constant search for consensus (para. 5).

In the late 1980s, the British colonial government claimed that it was the stability and prosperity of Hong Kong that brought the city international fame. As a way to retrieve public confidence in the aftermath of the June 4 incident, Governor David Wilson (1989) presented Hong Kong’s economic importance in the world to

demonstrate the success and the bright prospect of Hong Kong. He positioned the city as a “regional center,” “the gateway to China” and an active member in international organizations (para. 27-35). He described it as the fruit of a long-time endeavor:

For many years, Hong Kong’s international image was that of a producer of cheap, low quality goods. We fought very hard to overcome that image, with considerable success. People began to see Hong Kong for what it is – a bustling, modern city of successful entrepreneurs (para. 36).

The last governor Chris Patten (1996) explicitly regarded the concerted efforts of the hard-working and skilful Chinese and the British leadership as the essence of Hong Kong’s success story:

Success in Hong Kong is the result of a combination of factors. This is a Chinese city. Its success is the result of the hard work and skill of its Chinese men and women. It is also a city over which, for a century and half, Britain has held stewardship ... The framework of social, legal and economic values and policies created here has given the men and women of this city the opportunity to make the most of their formidable energy and talent, to thrive, excel and prosper in a fair, ordered and orderly society (para. 28-29).

Unsurprisingly, the SAR government’s narrative on the Hong Kong success

portrayed British rule as playing a minimal role. This narrative attributes the city's established success solely to the people. As CE Tung Chee-hwa (1997) stated in 1997: "In years gone by, the people of Hong Kong, mostly Chinese, have created the miracle that is Hong Kong" (para. 155). The SAR government's narrative celebrates the individual virtues of the people, including self-reliance, perseverance, diligence, resilience in times of adversity and sense of belonging to Hong Kong. It also emphasizes that the promising future of the city is founded on the strength and prosperity of the motherland – China; and that it is everybody's responsibility to contribute to the city and the nation. Such rhetoric was exemplified by the "Lion Rock legend" expressed by FS Antony Leung Kam-chung in 2002, when the SAR government suffered vast public discontent partly due to the economic downturn in the aftermath of the 9/11 Incident. Leung stated:

Hong Kong is a vibrant and dynamic place. With determination and hard work, we can achieve our goals. The Hong Kong that we treasure is caring, full of mutual respect, very free and a great believer in diversity ... Compared with so many other places, Hong Kong has a promising future. This is founded on the strength and prosperity of our hinterland ... We will continue to help build our nation. Hong Kong has always been an energetic, free, liberal and enterprising city. History made us the pearl of the convergence between East and West.

As we forge ahead, we have a special role to play at the vanguard of our motherland's integration with the rest of the world (Financial Secretary, 2002, para. 105-106).

Leung further quoted the lyrics of a pop song "Under the Lion Rock," calling for joint efforts of the state and the public to revitalize the economy and "to contribute to Hong Kong and our nation" (para. 107):

Of one mind in pursuit of our dream / All discord set aside / ... Hand in hand to
ends of the earth / Rough terrain no respite / Side by side we overcome ills / As
the Hong Kong story we write (para. 108).

The statements of Leung reveal that the SAR government has attempted to form a cohesive relationship between the government and the people by setting the revitalization and sustainability of the Hong Kong economy as the overarching common goal. The people should unite with the government to foster social harmony and the economic and social well-being of the city, the nation and in turn the people themselves.

In sum, with tobacco control as an indicative case, civic neoliberal populism is a mode of governance and a depoliticized device of state legitimation in Hong Kong. Through a civic neoliberal populist practice, the Hong Kong government seeks to absorb and tame competing interests in society, particularly political tensions,

conflicts and opposition. It attempts to enlarge and legitimize itself without the political empowerment of the people. In addition to this, the state strives to direct the conduct of the governed, to encourage the development of specific kinds of individuals – civic-minded, productive and passive citizens – and to mobilize self-government of the governed in the name of developing and preserving “good” qualities in people and building up a civilized, harmonious, livable and successful society. It further tries to shape a positive relationship between the state and the people by putting forward seemingly objective and desirable social missions, including economic prosperity, public health and public safety. The state also attempts to minimize and even shift the blame directed at it to “unwanted” elements and individuals of the community.

Conclusion

This work provides evidence that tobacco control, as a historical project, is discursively constructed. It shows that public health discourses are a critical but not determinative formation of power for making tobacco an imperative object of control and governance in Hong Kong. Tobacco control implicates a set of notions, including citizenship, right and duty, freedom and identity. It produces and reproduces an array of symbolic meanings of cigarette smoking, smokers and non-smokers which are overwhelmingly negative. A number of agents, institutions

and domains have participated in the discursive formation of tobacco control, including public authorities, law-making bodies and lawmakers, the media, non-governmental organizations and their members, pop stars, families, schools and so forth. Although there have been constant skepticisms and oppositions against tobacco control, the dominant discourse on cigarette smoking has progressively become one-sided and intolerant. Opposing views are increasingly demonized and regulated.

Based on the evidence presented, this work theorizes the formation of the dominant discourse against cigarette smoking in Hong Kong through the term civic neoliberal populism. The dominant discourse against cigarette smoking features the neoliberal notion of citizenship and the civic discourse of intolerance. This articulation is possible on the basis of a populist logic. With the production and circulation of plausible notions and rhetoric, as exemplified by “global tobacco epidemic” and “cigarette menace,” cigarette smoking is believed to necessarily bring health and socio-economic burdens and is framed as an intolerable menace that warrants stringent controls. People are said to be obligated to choose a healthy way of life by giving up smoking or not starting to smoke for the well-being of themselves and society at large. Deviant subjects, including smokers and opponents of tobacco control, are identified as the adversaries of the people and are

subjected to increasingly intolerant socio-legal regulations.

It is essential to emphasize that tobacco control as a civic neoliberal populist practice takes place under and in response to a particular context in Hong Kong. In other words, I do not contend that tobacco control necessarily emerges in the form of civic neoliberal populism across the globe. Rather, I argue that tobacco control is an indicative case of civic neoliberal populism as a specific mode of governance in Hong Kong. Civic neoliberal populism as the mode of practice of tobacco control in Hong Kong is a contingent that implicates a set of historical events and conjunctures. These events and conjunctures include the emergence of lung cancer as a leading cause of death since the mid-1960s, the emergence of cigarette smoking as a public concern since the 1980s, the positioning of Hong Kong as a successful and internationally prestigious city since the late 1980s, epidemic outbreaks such as the Avian Flu in 1997 and SARS in 2003, and constant mediated events and human-interest spectacles that shape the public perception on cigarette smoking.

In particular, I speculate that by operating through civic neoliberal populism, tobacco control might be a state project to bolster legitimacy. Given the wide public support, tobacco control is a successful case of such a practice. Tobacco control is a kind of articulator that links state objectives and diverse public demands, and allies the state and the governed. It is a combination of persuasive and

restrictive approaches to regulate the conduct of individual citizens. It works to construct the self and the other of the responsible citizenry, normalize the government of the self and institute intolerant practices against the other. All these serve to enlarge and legitimize state power. As we have seen, tobacco control is regarded as a responsible public policy. Through a tough stance against cigarette smoking, smokers and the tobacco industry, the government can present itself as a strong and responsive government. As Legislator Albert Cheng commented, the introduction of the total smoking ban policy reflected “the courage” of the government and “demonstrated its strong governance for the welfare of people” (Legislative Council, 2006a, p. 277).

It should be noted that while tobacco control policy is well-received, I do not intend to argue that tobacco control is the chief agent to makes the government of Hong Kong popular. Nor do I argue that civic neoliberal populism is the panacea for the inherent legitimacy deficit of the government of Hong Kong. After all, the effectiveness of civic neoliberal populism depends very much on the political skill of the state in capturing, articulating and absorbing public expectations, and the state capacity in policy formulation and implementation. In particular, as I have shown, public satisfaction with the SAR government and senior officials has persistently been low. Indeed, the SAR government has been notorious for its shortfall in

politics and accountability, policy and implementation failures, and crisis mismanagement, to name just a few criticisms (e.g. Chan & Ma, 2009; Cheung, 2005; Lau, 2002). Therefore, the question of state legitimation in Hong Kong remains a critical issue for the SAR government, and also for further academic discussion.

I hope this work contributes to unfolding the complex realities of tobacco control and modes of governance in contemporary Hong Kong. An important implication of this study is that it makes tobacco control in Hong Kong an important indicative case for examining the utility of the regime of intolerance as a technique of governmentality. Ultimately it illustrates civic neoliberal populism as a specific mode of governance in Hong Kong. In the name of various good causes, such as public health, economic and social well-being, and civilized citizenry, the government discursively differentiates the tolerable from the intolerable, produces governable subjects, normalizes self-government by the individual, and legitimately punishes the intolerable. All these put the governed under tighter socio-legal regulations and their own governance, which in turn serves to strengthen and enlarge the state.

I contend that considering the following two issues will further unfold the broader context of tobacco control as a civic neoliberal populist project in Hong

Kong. First is to address the inter-textual connection between tobacco-related statements and statements in other related discursive fields, such as discourses about family, medical financing, environmental protection, quality of life, and democracy. Second is to historicize civic neoliberal populism in the Hong Kong context. I propose to articulate tobacco control in the conjunctures of the rise of neoliberal populism especially in the US and the UK in the 1980s and local neoliberal transformation, and also the various social, economic and political changes in the recent two decades. For example, is it possible that the increasing polarization of society, partly due to unequal income distribution and mean social welfare system, contributes to the downward mobilization of larger population and thus smokers, and leads to marginalization of smoking? How far do the changes in the environment that accommodates the taste of middle- and upper classes – more air-conditioned shopping malls at the expense of open-air and freely accessible public spaces – give rise to more emphasis on “modern civilized” behaviors? To what extent do forces of conservative religious groups and their values on family and citizenship influence tobacco control? How far does the changing media environment, including marketization and tabloidization of the press, give rise to populism? What is the relationship between the increasing politicization of society and the emergence of civic neoliberal populism? These are some of the possible

extensions from this work.

Furthermore, as indicated in its methodologies, my work is concerned with the dominant discourse. While the anti-smoking discourse has been dominant, the positive discourses on smoking have been in the past and in some ways arguably remain powerful in the present. In addition, this work does not deal with specific institutional practices at the micro-level. My work thus adds to one of the many stories about tobacco control in Hong Kong. Another possible way to tell the story of tobacco control is to focus on the specific practices of particular cultural institutions, tensions and resistance against tobacco control. For instance, a proposal is to conduct fieldwork about different fields of human conduct, such as oppositional medical professions and female smokers given the rise of middle-aged smokers of this class. This practice will certainly be reflexive and enrich the project of understanding the formation of tobacco control policy in Hong Kong.

A concern of cultural studies, as Stuart Hall (1992) puts it, is to develop “intellectual and theoretical work as a political practice.” He reveals that efforts have been paid to finding “an institutional practice in cultural studies that might produce an organic intellectual.” He identifies two tasks of the “organic intellectual” – a term coined by Gramsci. First is “to know deeply and profoundly” and think otherwise from the hegemony. Second is that “the organic intellectual

cannot absolve himself or herself from the responsibility of transmitting those ideas, that knowledge, through the intellectual function, to those who do not belong, professionally, in the intellectual class.” Fulfilling the first task but not the second one would “get enormous theoretical advance without any engagement at the level of the political project” (p.281). This work serves to unveil the dominant discourse against cigarette smoking, the cultural politics of this discourse, and particularly the exercise and expansion of state power in the name of good causes. It is the very first step in a long, if not difficult, political project that encourages evidence-based, logico-conceptual and rigorous discussion on cigarette smoking and hence reflections on issues regarding control, freedom, identity and so forth in Hong Kong. It is also hoped that this work serves a ground for opening up the dialogue between cultural studies, the public health community and the community as a whole. In a way this work seeks to meet the intellectual ethics of achieving “obstinate rigour” that is emphasized by Ernesto Laclau.

As final remarks, I propose a research agenda, namely a study on disparities in tolerance toward different depravities, in the hope of extending the concern of this work about governmentality in practice in contemporary Hong Kong. In this work, I demonstrate that the emergence of tobacco as an imperative object of intolerance and control is based on civic neoliberal populism at a given conjuncture in

contemporary Hong Kong. Thus, tobacco control is a contextual and historical event. As a governmentalist project, it produces objects of knowledge, norms and deviances; produces and positions subjects (subjects of risks, governable objects, subjects of victimhood, modern civilized subjects); and prescribes and governs the conduct of individual citizens. Concerns, aversions, anxieties, and panics about risk or depravity are historical and social, rather than universal and ahistorical, phenomena. Society demonstrates different levels of tolerance toward different risks and depravities, and the configuration of risks and depravities itself varies historically and geographically. It is exemplified by growing intolerance towards cigarette smoking and growing receptiveness of alcohol drinking in Hong Kong, although both smoking and drinking are regarded as vices in popular belief, are identified as major health risks, and are regulated by public policies.

This work thus forges an opening for unfolding the cultural politics of socio-legal regulations of depravities in Hong Kong. A point of departure is the old Chinese moral codes, stating “womanizing, gambling, drinking and smoking (narcotic)” and “pornography, gambling and drug taking” (*huang du du*). In popular belief, drinking, sexual immorality, gambling and drug taking are four core vices. However, as we have seen, at the historical level, drinking has gradually been detached from smoking, its longtime complementary behavior, and become a

pleasurable and desirable behavior and lifestyle. What has happened to the socio-legal regulations of sexual behaviors, gambling and drug taking in contemporary Hong Kong? In what way are individual behaviors and ways of life being delimited and directed? With what principle(s) is Hong Kong society being shaped? In other words, what is/are the mode(s) of governance in practice? To what extent can civic neoliberal populism make sense of the cultural politics of disparities in tolerance toward and socio-legal regulations of different vices?

At the time of this writing, I witnessed disparities in tolerance toward and thus socio-legal regulations of sexual behaviors, gambling and drug taking in Hong Kong. First of all, there have been fierce contestations over sexual issues which reflect, and are based on intense social anxiety and aversion to a range of sexual “immoralities,” including homosexuality and erotica (World Association of Chinese Sexologists, 2009, pp. 14-16). For example, a documentary “Gay Lovers,” which was shown in 2006 on the RTHK-produced series *Hong Kong Connection*, provoked “strong advice” from the BA which described the documentary was “unfair, partial and biased towards homosexuality,” “promoted an acceptance of homosexual marriage” and was “unsuitable for broadcast within the family viewing hours.” Upon a judicial review brought by one of the interviewees in the documentary, the High Court declared the BA’s decision void and ruled that discrimination against sexual

orientation was unconstitutional (Benitez, 2007b; Tsui, 2008). However, proposed amendments of the Domestic Violence Ordinance (DVO) sparked another row over the issue of homosexuality. To enhance protection for victims of domestic violence, the government proposed to extend the scope of the DVO from married couples, to heterosexual former spouses, cohabitants and extended family members in 2007. Given a strong voice of opinion in the LegCo, the government further proposed to extend the protection under the DVO to cover cohabitation between persons of the same sex. Yet this proposal invoked a strong reaction especially from religious bodies and the educational sector. They considered that the Chinese title of the DVO aimed to cater for “family” violence, and that “family” was constituted as marriage between a man and a woman. They thus feared the government’s proposal would undermine the core values of “family” and “marriage” and move a step forward to recognizing same-sex marriage. The government eventually proposed to rename the DVO as the Domestic and Cohabitation Relationships Violence Ordinance and introduce a gender-neutral definition of cohabitation. It also reiterated that, in terms of government policy and legal status, the government did not recognize same-sex relationships, same-sex marriage and civil partnerships (Legislative Council Secretariat, 2009; Tsang, 2009).

Concurrent with the controversy over the DVO was a debate on the Control of

Obscene and Indecent Articles Ordinance (COIAO). In 2008 the government released a consultation paper entitled “Healthy Information for a Healthy Mind” to review the COIAO. The review was launched against the background of wide public concern about the prevalence of “obscene” materials in the media, publications, and internet, as exemplified by an outcry about sex columns in the Chinese University Student Press in 2007. Proposals made in the consultation paper included making it mandatory for Internet Service Providers to provide filtering services to their subscribers so that “children and youngsters would be protected from web content not suitable to them,” and establishing an access control system to authenticate the age of the web users. A recent opinion poll revealed that there was fair public support for the government proposals (Commerce and Economic Development Bureau, 2008; 2009; “Tight curbs,” 2009, pp. 14-16).

Second, Hong Kong society has been averse to drug abuse. For example, a number of drug cases involving students recently caused intense public concern about youth drug abuse. The students were reported to have fallen ill in schools, public parks and beaches after taking drugs and were arrested for drug trafficking. The city was particularly shocked when drug taking was spotted at one of the top schools. Police, legislators and social workers warned the city about the rising trend of drug taking and trafficking among teenagers (Lo & But, 2009; Lo, Lam, &

Tsui, 2009). It was said that drug abusers were getting younger and younger (But, 2009). The government issued a guideline to schools about how to handle students with drug abuse problems, to speed up the introduction of a voluntary drug testing pilot scheme in secondary schools, and to support the Christian Zheng Sheng College, a private school for young drug abusers, to reestablish a campus in Mui Wo (Lam, A., 2009a; 2009b; Lam, Anges & Joshua But, 2009). While the government largely gained support from the media and the general public, the proposal of relocating the Christian Zheng Sheng College met with fierce opposition from Mui Wo residents (Lam, A., 2009b). In a way it reflected the public anxiety and panic surrounding the drug problem and drug abusers.

In response to growing public concern and opposition from Mui Wo residents, the government waged a “war against drugs” with populist logic. For instance, Secretary for Security Ambrose Lee Siu-kwong said: “We cannot solely rely on police and the Security Bureau to win a war against drug abuse ... We have to mobilize everyone in society to fight this battle” (Lam, A., 2009b). The government particularly targeted youth drug abuse which was claimed to be a growing problem. CE Donald Tsang said “the government would spare no effort in combating the youth drug problem” (Lam, Anges & Joshua But, 2009). He further characterized drugs as “our adversaries” and the government’s anti-drug initiatives

as a “campaign of every citizen”: “Every member of the community, including parents, teachers, social workers, law enforcers, civil servants, legislators, lawyers, and religion leaders, should care about teenagers, give support to and participate in this campaign” (Hong Kong SAR Government, 2009a, trans.). While some Hong Kong schools are cautious towards voluntary drug testing, Daniel Shek, Chairman of the Action Committee Against Narcotics, said schools in Singapore had similarly taken a tough approach to combating the problem, reporting to the police whenever students were suspected of drug problems (Lam, Agnes & Joshua But, 2009).

Third, amid growing intolerance toward sexual immoralities and drug taking, Hong Kong society appears to be permissive of gambling. While it had waged war against drug abuse, the government concurrently approved an increase in race days and race simulcasts. The decision was made on basis of “the rapid growth of the gambling industry in the region, internet use by horse-racing punters, and the need to attract tourists and enhance Hong Kong’s status as Asia’s horse-racing capital.” Permanent Secretary for Home Affairs Carrie Yau Tsang Ka-lai said an increase in race simulcasts could enable people to see “the prestigious and vital overseas races” and it just served for “some minorities.” She also said: “There have been so many casinos opening recently in the region, not just Macau ... Even Singapore is also considering opening one. They all want to attract more tourists, offer more adult

entertainment. Hong Kong has no plans for a casino but increasing the number of race days is one of the ways to attract tourists” (Wong, 2009).

The government’s decision has given rise to some opposition, but not public concern. For instance, religious group Society for Truth and Light feared that gamblers would spend less time with their families and students might be “tempted by horse racing and become addicted to betting” (Wong, 2009). The Hong Kong Professional Teachers’ Union worried that there would be more “pathological gamblers.” Legislator Wong Sing-chi launched a hunger strike to protest against the government’s decision (“Groups,” 2009). Nevertheless, the media appeared to be inattentive to the issue. Only two newspaper editorials commented on the issue and both of them gave support to the government. The *Hong Kong Commercial Daily* claimed that an increase in race days would not enable gambling. It would increase the income of the Jockey Club and thus its charitable contributions. The *Wen Wei Po* said tourism and the catering industry would benefit from an increase in race days. Both editorials suggested that control measures should be targeted at pathological gamblers and youngsters (“Increase in race days,” 2009a; “Increase in race days,” 2009b).

It appears that certain depravities are tolerable (drinking and gambling), and some are intolerable (cigarette smoking, sexual immorality and drug taking). For

the former, the depravities themselves do not come to be deemed as risk factors of public problems. Rather, they emerge to be desirable, pleasurable and profitable choices; and public problems are attributed to problem individuals (including drink drivers and pathological gamblers). Under what conditions do disparities in tolerance to and socio-legal regulations of different depravities become possible? How are “depravity” and “aversion” defined? For disparities in tolerance to be widely accepted, what kind of things have been emphasized, covered up, distorted and obliterated? What are the rules that put these ideas into practice? Who has the agency in these discursive practices? What kind of citizen and social order do these practices project? How effective are these discursive practices in governmental governance and state legitimation?

These questions are highly pertinent to this work. Tackling them will help further our understanding on the mode(s) of governance in practice in Hong Kong; how it is/they are forged; what kinds of subjects are produced; and how tolerance and intolerance are activated as techniques of government in Hong Kong. All in all, critical consideration and theorization of these issues constitutes a way to reveal important features of the cultural and political conditions in contemporary Hong Kong.

Appendix 1: Chronology of Tobacco Control

Year	Hong Kong	Overseas Country	International Community
1950		[UK & US] Five important epidemiological studies suggest lung cancer patients are more likely to be smokers than other hospital patients.	
1954		[US & UK] Results from two prospective epidemiological studies show that smokers have higher lung cancer mortality rates than non-smokers.	
1957		<ul style="list-style-type: none"> • [US] Surgeon General of the United States issues “Joint Report of Study Group on Smoking and Health,” stating that “prolonged cigarette smoking was a causative factor in etiology of lung cancer.” • [UK] Medical Research Council advises the British Government that cigarette smoking is a cause of the increased incidence of lung cancer. It also issues a statement that air pollution does play a role in lung cancer, but it is a “relatively minor one in comparison with cigarette smoking.” 	
1962		<ul style="list-style-type: none"> • [UK] A report of the Royal College of Physicians <i>Smoking and Health</i> brings epidemiological link of 	

Year	Hong Kong	Overseas Country	International Community
		<p>smoking with lung cancer to the general public through its attendant publicity.</p> <ul style="list-style-type: none"> • [US] Surgeon General Luther Terry announces the formation of Advisory Committee on Smoking and Health. 	
1964	<ul style="list-style-type: none"> • Director of Education issues a circular to schools on smoking and lung cancer. • British Medical Association (Hong Kong and South China Branch) and the Hong Kong Chinese Medical Association refer proposals against cigarette smoking to the Medical Advisory Board. • The government releases a White Paper <i>Development of Medical Services in Hong Kong</i>, stating: “a good general standard of health throughout a community is an economic asset to it and helps to condition the levels of energy and initiative which determine productivity, particularly in a free enterprise economy such as Hong Kong.” 	<ul style="list-style-type: none"> • [US] <i>Smoking and Health: Report of the Advisory Committee to the Surgeon General</i>, the first comprehensive governmental report on smoking and health, concludes that smoking is a cause of lung cancer, laryngeal cancer and chronic bronchitis and “is a health hazard of sufficient importance of the United States to warrant appropriate remedial action.” • [US] The tobacco industry adopts voluntary advertising guideline. 	
1965	The government announces the launch	<ul style="list-style-type: none"> • [US] The US Congress passes the 	

Year	Hong Kong	Overseas Country	International Community
	of a “long-term” campaign against cigarette smoking.	<p>Federal Cigarette Labeling and Advertising Act to stipulate a health warning on cigarette packages which reads “Caution- cigarette smoking may be hazardous to your health.”</p> <ul style="list-style-type: none"> • [UK] The government bans cigarette advertisements on TV. 	
1969	<ul style="list-style-type: none"> • Television broadcasting companies introduce voluntary constraints on cigarette advertisements. • Chinese Medical Association, the British Medical Association (Hong Kong and South Asia Branch) and the Anti-Cancer Association of Hong Kong urge the government to step up anti-smoking measures. 		
1970		[US] The US Congress enacts the Public Health Cigarette Smoking Act of 1969 to ban cigarette advertising on television and radio.	World Health Assembly (WHA) of the World Health Organization (WHO) resolves to make the health consequences of smoking a subject of the World Health Day, urge countries to reduce smoking, recommend convening an expert group to propose further actions, emphasize education of young people not to begin smoking, and suggest the FAO to study crop substitution in tobacco-producing

Year	Hong Kong	Overseas Country	International Community
			countries.
1971	Director of Medical and Health Services Dr. Gerald Chao says he is “taking a fresh look,” from the standpoint of public health, into the problem of cigarette advertising and smoking in public places.		
1972	Ad Hoc Committee on Cigarette Smoking established.	[US] A Surgeon General report identifies secondhand smoking as a health risk.	
1974	Report of the Ad Hoc Committee on Cigarette Smoking released.		
1977	Cigarette advertising on television prohibited between 4:30 pm to 6:30 pm.		
1978			WHO recognizes the increasing and indisputable scientific evidence on health effects of smoking and expresses concern at the increase in the production and consumption of cigarettes.
1979	Legislative Council (LegCo) passes the Mass Transit Railway Corporation Ordinance which prohibits smoking on railway premises mainly for safety reason.		WHO Expert Committee on Smoking Control releases a report entitled <i>Controlling the Smoking Epidemic</i> .
1980	Consumer Council releases a report on the tar and nicotine content of 20 leading cigarettes sold in Hong Kong.		
1981	Home Affairs Branch launches a public	[Japan] A longitudinal study conducted	

Year	Hong Kong	Overseas Country	International Community
	opinion survey on smoking.	between 1966 and 1969 by Takeshi Hirayama published in the <i>British Medical Journal</i> indicates a higher risk of lung cancer in nonsmoking wives of smokers.	
1982	Smoking (Public Health) Ordinance of 1982 enacted.		
1983	<ul style="list-style-type: none"> Tobacco duty increased by 300% for fiscal reasons. Tobacco Institute of Hong Kong (TIHK) established. Consumer Council starts to report the test results of the government on the tar and nicotine content of individual brands of cigarettes at a half-year interval. 		
1984	<ul style="list-style-type: none"> Smoking (Public Health) (Amendment) Ordinance of 1984 enacted. 		
1986	<ul style="list-style-type: none"> Broadcasting Review Board recommends a ban of cigarette advertisements in the media. The government announces the establishment of an anti-smoking council. The government announces to introduce a phased ban on cigarette 	<ul style="list-style-type: none"> [US] Committee on Passive Smoking, National Research Council releases <i>Environmental Tobacco Smoking: Measuring Exposures and Assessing Health Effects</i>. [US] The US Surgeon General releases <i>The Health Consequences</i> 	WHO affirms that “the casual link between tobacco and a range of fatal and disabling diseases has been scientifically proven” and that “passive, enforced or involuntary smoking violates the right of health of non-smokers, who must be protected against this noxious form of

Year	Hong Kong	Overseas Country	International Community
	advertising on television and radio.	<i>of Involuntary Smoking.</i>	environmental pollution.” It calls for a global public health approach and action to combat the tobacco pandemic. It urges member states to establish a national focal point to stimulate, support, and coordinate all the above activities.
1987	<ul style="list-style-type: none"> • Television and Entertainment Licensing Authority requires a written warning on the health risks of smoking be carried for full duration of cigarette advertisements on television. • Hong Kong Council on Smoking and Health (COSH) established. 		
1988	Cigarette advertisements banned on television from 4:30 pm to 10:30 pm.	[US] <i>The Health Consequences of Smoking: Nicotine Addiction</i> , the first US Surgeon General report to deal exclusively with nicotine and its effects, describes nicotine as “a powerfully addicting drug.”	WHO designates April 4 as the World No-smoking Day.
1989	Cigarette advertising prohibited on radio from 4:30 pm to 10:30 pm.		
1990	Cigarette advertising prohibited on television and radio by conditions of license issued by the Broadcasting Authority.		WHO designates May 31 of each year as the World No-Tobacco Day.
1991	<ul style="list-style-type: none"> • The government issues a circular to 		World Bank recognizes the harmful

Year	Hong Kong	Overseas Country	International Community
	<p>urge government departments to ban smoking in common areas in buildings and in open-plan offices, as well as in conference rooms.</p> <ul style="list-style-type: none"> • The government proposes to increase tobacco duty by 200% for health reasons. • LegCo adjusts the increase rate of tobacco duty to 100%. 		effects of smoking on health and will not lend directly or indirectly, invest in, or guarantee investments or loans for tobacco production, processing, or marketing.
1992	Smoking (Public Health) (Amendment) Ordinance 1992 enacted.		International Civil Aviation Organization (ICAO) promotes smoking restrictions on international passenger flights.
1993			The ICAO resolves all air travel should ban smoking by 1996.
1994	<ul style="list-style-type: none"> • Government grants an additional \$7.5 million to the COSH in lieu of raising tobacco duty because of smuggling problem. • Smoking (Public Health) (Amendment) Ordinance 1994 enacted. 		
1995		[US] Food and Drug Administration of the United States indicates that nicotine is a kind of drug that should come under regulation.	
1996			WHA of the WHO resolves to request the Director-General to initiate the

Year	Hong Kong	Overseas Country	International Community
			development of a WHO Framework Convention on Tobacco Control (FCTC).
1997	<ul style="list-style-type: none"> • LegCo passes a motion for a total ban on direct and indirect tobacco advertising, and on tobacco sponsorship of social, cultural and sporting events. • Smoking (Public Health) Ordinance 1997 enacted. 		
1998		[US] The Multi-state Master Settlement Agreement (MSA) reached between the US States and the tobacco industry. Under the MSA, the states agree not to sue the tobacco industry and the industry agrees to pay the states a large sum of money, and to release to the public all the documents discovered in trails up to 1999. Any new documents discovered in future trails in the US courts will be released to the public and maintained by the industry on web sites, up until 30 June 2010.	WHO Director-General Dr. Gro Harlem Brundtland makes global tobacco control a priority of the WHO and starts the work on the FCTC.
2000	Smoking Cessation Health Centre, the first quit-smoking operation of its kind in Hong Kong, begins operation.		

Year	Hong Kong	Overseas Country	International Community
2001	<ul style="list-style-type: none"> • LegCo passes a motion to call on the government to review the existing anti-smoking law. • Tobacco Control Office established. • Committee on Youth Smoking Prevention established with the sponsorship of Philip Morris. 		
2003			WHA of the WHO adopts the final version of FCTC.
2004	<ul style="list-style-type: none"> • LegCo passes a motion calling for a total smoking ban in workplaces, restaurants and indoor public areas. • TIHK dissolved. 		
2005	Tobacco Association of Hong Kong established without Philip Morris.		FCTC enters into force.
2006	Smoking (Public Health) (Amendment) Ordinance 2006 enacted.		
2009	Tobacco duty increased by 50%.		

Appendix 2: Major Provisions of the Smoking (Public Health) Ordinance, 1982-2006

Nature	1982	1984	1992	1994	1997	2006
Statutory No Smoking Areas	<ul style="list-style-type: none"> Prohibits smoking in no less than 50% of each class of seating in cinema, theaters, concert halls, ferries, trains; public elevators; all single-decker public transport except taxis and hired vehicles, and lower decks of double-buses and trams. Requires managers of no smoking areas to display sufficient prescribed no smoking signs. 		<ul style="list-style-type: none"> Prohibits smoking in designated public areas including all seating accommodation in cinemas, theaters, concert halls, public lifts and amusement game centers. Prohibits smoking in public transport carriers, including any public bus, public light bus, taxi, train, light rail vehicle, car, tramcar or ferry vessel. 		<ul style="list-style-type: none"> Authorizes the management of all restaurants, schools, colleges, universities and the Hong Kong Academy for Performing Arts to designate the whole or part of the premises concerned as no smoking areas. Prohibits smoking in all indoor areas open to the public in a supermarket, bank, department store and shopping mall, except the restaurant within a department store or a shopping mall. Authorizes the principal officer of the Airport Authority to 	<ul style="list-style-type: none"> Prohibits smoking in all indoor workplaces and public places. Prohibits smoking in certain public outdoor places, including escalators, public pleasure grounds, bathing beaches and the vicinities including adjacent barbeque areas as well as public swimming pools and the vicinities including sidewalks, diving boards, and spectator stands, Hong Kong Wetland Park, the running tracks, sidewalks, and spectator stands at Hong Kong Stadium and Mong

Nature	1982	1984	1992	1994	1997	2006
					<p>designate any area of the passenger terminal complex of the Airport as no smoking areas.</p> <ul style="list-style-type: none"> Requires restaurants providing more than 200 seats to designate not less than one-third of the area as no smoking areas. 	Kok Stadium.
Advertisement and Promotion of Tobacco Products	<ul style="list-style-type: none"> Requires cigarette advertisements on the print media to carry prescribed health warning and tar content. Requires cigarette advertisements on radio to carry health warning. 	<ul style="list-style-type: none"> Removes the exemption allowed cigarette advertisements on the commercial vehicles of a manufacturer, distributor or wholesale dealer in cigarettes or cigarette tobacco. 	<ul style="list-style-type: none"> Prohibits cigarette advertisements on television and radio. Prohibits cigarette advertisement in cinemas Revises the definition of cigarette advertising. Advertisement under the guise of acknowledgment of sponsorship by companies whose line of business 	<ul style="list-style-type: none"> Prohibits all tobacco advertisements on radios and cinemas. Extends previous restrictions governing the advertisements of cigarettes to all tobacco products. Requires all tobacco advertisements in printed publications to bear a prescribed 	<ul style="list-style-type: none"> Prohibits tobacco advertisements on the Internet. Prohibits giving of tobacco products to any persons of any age for the purpose of promotion. Prohibits display of tobacco advertisements in writing or other permanent or semi-permanent form. Prohibits outdoor 	<ul style="list-style-type: none"> Imposes new requirements on price boards and price markers. Prohibits the package sale of a tobacco product with any other merchandise. Further restricts the appearance of brand name of tobacco product in the advertisement of non-tobacco products and in sponsored events.

Nature	1982	1984	1992	1994	1997	2006
			<p>includes tobacco products would also be restricted.</p> <ul style="list-style-type: none"> Requires health warning on outdoor cigarette advertising signs to be free from visual obstruction, properly lit up and clearly visible. 	health warning.	<p>display of tobacco advertisements.</p> <ul style="list-style-type: none"> Prohibits tobacco advertisements in all the printed media. 	<ul style="list-style-type: none"> Prohibits tobacco advertisements in printed publications printed, published or distributed in Hong Kong. Requires health warnings on price boards of tobacco products.
Packaging of Tobacco Products	<ul style="list-style-type: none"> Requires cigarette packets to display prescribed health warning, that is, “Cigarette smoking is hazardous to health,” and tar content. 		<ul style="list-style-type: none"> Replaces the single government health warning with stronger and more precise messages which are to be used in rotation. They are: <ul style="list-style-type: none"> - Smoking can kill - Smoking can cause cancer - Smoking harms yourself and others - Smoking can cause heart disease. Enlarges the size of health warning 	<ul style="list-style-type: none"> Requires all containers and packaging of tobacco products to display prescribed health warnings and be rotated in a prescribed manner. Confiscates all tobacco products without a prescribed health warning. 		<ul style="list-style-type: none"> Requires the package/container of tobacco products to bear health warnings with pictorial or graphic contents. Enlarges the area containing the health warnings of any tobacco product packet/container to at least 50% of the principal display surfaces.

Nature	1982	1984	1992	1994	1997	2006
			and tar group designation.			
Law Enforcement	<ul style="list-style-type: none"> • Authorizes managers of no smoking areas to enforce the smoking ban in their premises. 		<ul style="list-style-type: none"> • Increases the penalty level for smoking in no smoking areas. • Increases the penalty level for an offender who fails to give his name and address when required. • Increases the penalty level for selling cigarettes in packets or containers without the prescribed health warning and tar group designation. • Increases the penalty level for failing to display the required health warning and tar group designation in an advertisement. 		<ul style="list-style-type: none"> • Authorizes Secretary of Health and Welfare to empower any public officer to remove and dispose of illegal tobacco advertisements. 	<ul style="list-style-type: none"> • Enables the staff of the Tobacco Control Office to take enforcement actions against the offences in the Ordinance. • Authorizes managers of no smoking areas to enforce the smoking ban in their premises. • Increases the penalty level for incorrect indication of tar and nicotine yield on cigarette packs. • Increases the penalty level for offences relating to advertising tobacco products and display of tobacco advertisements.
Sale of Tobacco			• Prohibits the sale	• Prohibits the sale	• Prohibits the sale	

Nature	1982	1984	1992	1994	1997	2006
Products			of cigarettes with a tar content exceeding 20 mg.	or giving of tobacco products to minors under the age of 18.	of tobacco products through vending machines. <ul style="list-style-type: none"> • Prohibits the sale of any cigarettes in a packet of less than 20 sticks. • Prohibits the sale of cigarettes with tar yields exceeding 17 mg. 	
No Smoking Sign			<ul style="list-style-type: none"> • Requires managers of no smoking areas to display prominently a sufficient number of no smoking signs which include reference to the maximum penalty. 	<ul style="list-style-type: none"> • Requires all restaurants and eating places to display in a prescribed and prominent manner, in both English and Chinese, a sign stating whether they offer an area where smoking is not permitted. 		

Appendix 3: Tobacco Duty in Hong Kong, 1982-2010

Financial Year (Apr 1 - Mar 31)	Tobacco Duty Revenue (HK\$'000)	Tobacco Duty Revenue Growth Rate (%)	Govt Total Revenue (HK\$'000)	Tobacco Duty Revenue / Govt Total Revenue (%)	Govt Surplus/Deficit (HK\$m)	Budget highlights of the respective financial year
1982-83	397,730	N/A	31,097,602	1.28	-3,500	NIL
1983-84	996,131	150.45	30,399,728	3.28	-2,532	Tobacco duty increased by 300% for fiscal reasons.
1984-85	898,915	-9.76	36,342,531	2.47	2,424	NIL
1985-86	1,085,903	20.80	41,240,964	2.63	2,849	In response to allegations of Hong Kong protectionism made by US tobacco companies, duty on imported cigarettes increased by 17.98%; imported raw tobacco by 29.38%; cigars by 20%; Chinese prepared tobacco by 33.3%; manufactured tobacco by 21.43%.
1986-87	1,105,165	1.77	43,869,611	2.52	5,899	In response to continued allegations of Hong Kong protectionism made by the US tobacco companies, duty on imported raw tobacco increased by 11.76%, while the duty rate on the imported manufactured cigarettes remained unchanged.

Financial Year (Apr 1 - Mar 31)	Tobacco Duty Revenue (HK\$'000)	Tobacco Duty Revenue Growth Rate (%)	Govt Total Revenue (HK\$'000)	Tobacco Duty Revenue / Govt Total Revenue (%)	Govt Surplus/Deficit (HK\$m)	Budget highlights of the respective financial year
1987-88	637,424	-42.32	55,641,394	1.15	12,502	Duty on imported raw tobacco increased by 5.26%, and that on imported cigarettes by 4.76%, so that the duty differential between them is about 10%. Duty on cigars increased by 4.76% and that on Chinese prepared tobacco by 7.5%.
1988-89	1,234,777	93.71	65,780,699	1.88	16,067	Tobacco duty increased by 6% for inflation-related adjustment.
1989-90	1,411,263	14.29	74,365,169	1.90	11,063	Duty on cigarettes increased by 8.57%; cigars by 7.3%; manufactured tobacco by 8.49%; Chinese prepared tobacco by 9.89%.
1990-91	1,670,231	18.36	82,674,447	2.02	3,968	Tobacco duty increased by 25% for fiscal reasons.
1991-92	2,264,738	35.59	101,456,378	2.23	22,508	Tobacco duty proposed to be increased by 200% for health reasons, with a particular view to reducing the attractiveness of smoking to young people. The increase of duty rate finally was set at 100%.
1992-93	2,516,699	11.13	120,780,770	2.08	21,979	Tobacco duty increased by 10% for inflation-related adjustment.

Financial Year (Apr 1 - Mar 31)	Tobacco Duty Revenue (HK\$'000)	Tobacco Duty Revenue Growth Rate (%)	Govt Total Revenue (HK\$'000)	Tobacco Duty Revenue / Govt Total Revenue (%)	Govt Surplus/Deficit (HK\$m)	Budget highlights of the respective financial year
1993-94	2,099,279	-16.59	143,899,798	1.46	19,164	Tobacco duty increased by 9.5% for inflation-related adjustment.
1994-95	2,538,061	20.90	151,052,280	1.68	10,843	In view of increased smuggling of cigarettes, tobacco duty rate frozen. A task force set up in the Customs and Excise Department to tackle tobacco smuggling in April 1994.
1995-96	2,631,768	3.96	153,194,245	1.72	-3,113	Tobacco duty increased by 8% for inflation-related adjustment.
1996-97	2,741,272	4.16	173,857,385	1.32	25,678	Tobacco duty increased by 9% for inflation-related adjustment.
1997-98	2,537,729	-7.43	228,676,125	0.92	86,866	Tobacco duty increased by 6% for inflation-related adjustment.
1998-99	2,556,172	0.73	179,143,145	1.23	-23,241	Tobacco duty increased by 6% for inflation-related adjustment.
1999-2000	2,385,129	-6.69	162,104,739	1.02	9,952	Tobacco duty remains unchanged, in view of the increased smuggling of cigarettes.

Financial Year (Apr 1 - Mar 31)	Tobacco Duty Revenue (HK\$'000)	Tobacco Duty Revenue Growth Rate (%)	Govt Total Revenue (HK\$'000)	Tobacco Duty Revenue / Govt Total Revenue (%)	Govt Surplus/Deficit (HK\$'m)	Budget highlights of the respective financial year
2000-01	2,550,211	6.92	188,734,268	1.13	-13,976	Tobacco duty remains unchanged as smuggling and the sale of contraband cigarettes remain rampant. \$20 million reserved for the COSH to carry out a 3-year program aimed at enhancing anti-smoking education and services.
2001-02	2,413,639	-5.36	156,538,489	1.38	-57,775	Tobacco duty increased by 5% to increase government revenue.
2002-03	2,192,560	-9.16	147,517,978	1.24	-61,101	Quantities of duty-free tobacco that Hong Kong residents may bring back cut by 40%. The new duty-free quantities are 60 cigarettes or 15 cigars or 75 grams of tobacco.
2003-04	2,224,508	1.46	294,773,440	1.07	-40,128	NIL
2004-05	2,362,328	6.20	229,636,616	0.99	20,638	NIL
2005-06	2,176,617	-7.86	204,981,195	1.06	14,682	NIL
2006-07	2,770,357	27.28	228,924,964	1.21	58,601	NIL
2007-08	3,005,127	8.48	306,480,475	0.98	123,650	NIL
2008-09	3,024,325*	0.64*	269,567,485*	1.12*	-4,881*	NIL

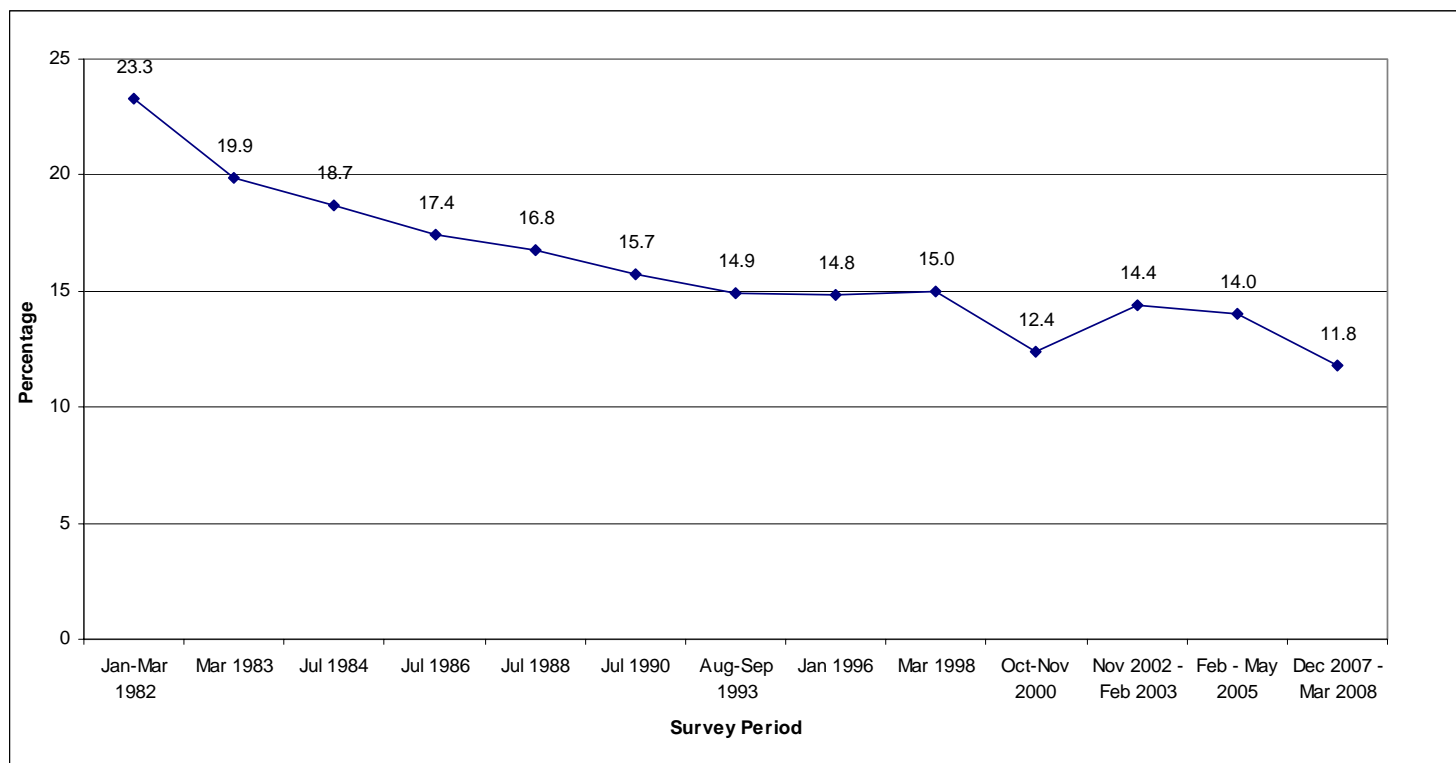
Financial Year (Apr 1 - Mar 31)	Tobacco Duty Revenue (HK\$'000)	Tobacco Duty Revenue Growth Rate (%)	Govt Total Revenue (HK\$'000)	Tobacco Duty Revenue / Govt Total Revenue (%)	Govt Surplus/Deficit (HK\$m)	Budget highlights of the respective financial year
2009-10	3,821,558*	26.36*	226,470,951*	1.69*	-39,876*	Tobacco duty increased by 50% for public health reasons. The government would continue to step up efforts on smoking cessation, publicity and enforcement in tobacco control.

* Estimated figure

Sources of data:

Budget of the Hong Kong Government, various years.

Appendix 4: Daily Cigarette Smokers as a Percentage of All Persons Aged 15 and Over, 1982-2008 (%)

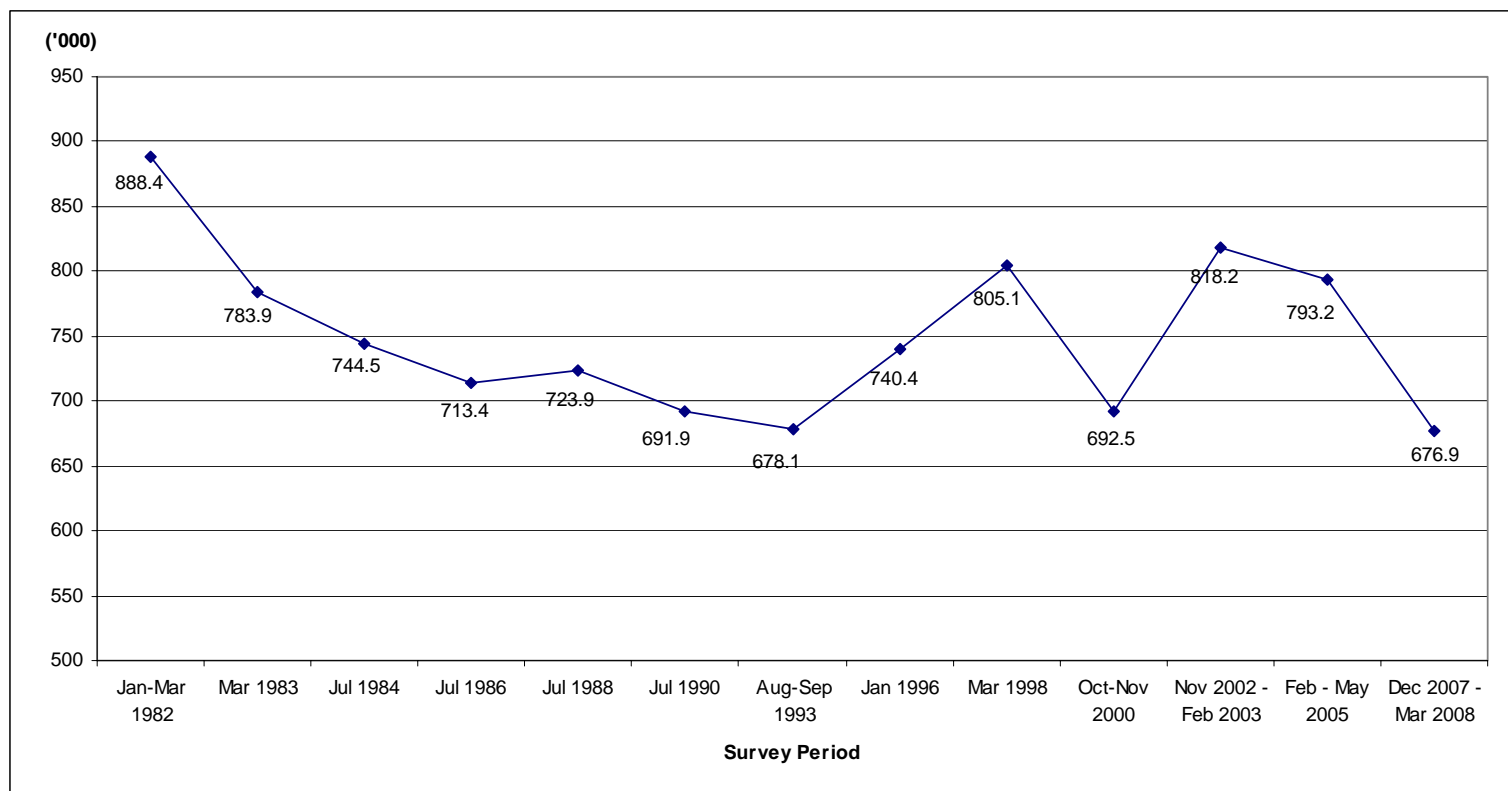


Sources of data:

Census and Statistics Department. *Social Data Collected via the General Household Survey*, various issues.

Census and Statistics Department. *Thematic Household Survey*, various issues.

Appendix 5: Number of Daily Cigarette Smokers Among All Persons Aged 15 and Over, 1982-2008 ('000)



Sources of data:

Census and Statistics Department. *Social Data Collected via the General Household Survey*, various issues.

Census and Statistics Department. *Thematic Household Survey*, various issues.

Appendix 6: Daily Cigarette Smokers as a Percentage of All Persons by Age, 1982-2008 (%)

Age Group	Jan-Mar 1982	Mar 1983	Jul 1984	Jul 1986	Jul 1988	Jul 1990	Aug-Sep 1993	Jan 1996	Mar 1998	Oct-Nov 2000	Nov 2002 - Feb 2003	Feb - May 2005	Dec 2007 - Mar 2008
15-19	4.2	3.4	2.3	4.0	3.4	4.6	4.2	3.8	2.8	4.5	3.8	3.5	2.4
20-29	17.5	14.1	14.1	13.2	12.1	12.8	12.5	12.5	13.8	12.1	14.4	14.3	12.2
30-39	25.9	21.5	19.4	18.4	19.6	16.3	14.8	15.2	15.7	12.1	14.7	16.6	15.3
40-49	32.8	26.9	24.3	22.1	21.2	20.8	18.6	16.8	18.3	14.1	16.0	14.9	13.2
50-59	35.4	31.2	29.2	25.5	23.9	21.2	20.7	20.9	19.9	14.8	17.9	15.4	13.2
60 and over	31.1	27.8	26.2	22.8	20.2	17.7	16.3	16.1	13.9	12.9	14.0	13.2	9.2
Overall	23.3	19.9	18.7	17.4	16.8	15.7	14.9	14.8	15.0	12.4	14.4	14.0	11.8

Sources of data:

Census and Statistics Department. *Social Data Collected via the General Household Survey*, various issues.

Census and Statistics Department. *Thematic Household Survey*, various issues.

Appendix 7: Composition of Daily Cigarette Smokers by Age, 1982-2008 (%)

Age Group	Jan-Mar 1982	Mar 1983	Jul 1984	Jul 1986	Jul 1988	Jul 1990	Aug-Sep 1993	Jan 1996	Mar 1998	Oct-Nov 2000	Nov 2002 - Feb 2003	Feb - May 2005	Dec 2007 - Mar 2008
15-19	2.6	2.2	1.5	2.4	2.2	3.0	2.4	2.2	1.5	3.0	2.0	2.0	1.5
20-29	20.7	20.2	20.6	21.3	18.0	18.6	17.5	16.4	16.9	16.4	16.4	15.4	15.9
30-39	19.5	20.5	21.3	22.9	26.5	25.0	25.1	25.6	26.1	22.6	22.5	23.2	23.1
40-49	18.6	16.5	15.6	14.8	16.6	18.3	20.4	21.6	25.0	24.7	25.1	24.8	24.6
50-59	19.0	20.0	20.0	18.6	17.4	15.6	14.4	14.8	14.3	14.7	16.8	17.2	19.7
60 and over	19.6	20.6	21.0	20.0	19.3	19.5	20.2	19.4	16.1	18.7	17.2	17.4	15.1
Overall	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Sources of data:

Census and Statistics Department. *Social Data Collected via the General Household Survey*, various issues.

Census and Statistics Department. *Thematic Household Survey*, various issues.

Appendix 8: Number of Daily Cigarette Smokers by Age, 1982-2008 ('000)

Age Group	Jan-Mar 1982	Mar 1983	Jul 1984	Jul 1986	Jul 1988	Jul 1990	Aug-Sep 1993	Jan 1996	Mar 1998	Oct-Nov 2000	Nov 2002 - Feb 2003	Feb - May 2005	Dec 2007 - Mar 2008
15-19	22.6	16.7	11.2	17.3	15.7	20.6	16.6	16.5	11.8	20.6	16.7	15.7	10.5
20-29	189.2	158.4	153.2	152.1	130.1	128.6	120.2	121.7	136.5	113.3	134.4	122.3	107.8
30-39	175.6	160.9	158.3	163.2	192.1	172.8	172.2	189.5	210.4	156.4	183.8	183.7	156.4
40-49	165.9	129.6	115.9	105.7	120.3	126.6	139.9	159.6	201.7	170.8	205.1	196.9	166.4
50-59	170.7	157.0	149.1	132.3	125.8	108.0	99.1	109.4	115.2	101.9	137.9	136.6	133.3
60 and over	164.3	161.2	156.8	142.8	139.9	135.2	139.0	143.7	129.6	129.4	140.4	138.1	102.5
Overall	888.4	783.9	744.5	713.4	723.9	691.9	687.1	740.4	805.1	692.5	818.2	793.2	676.9

Sources of data:

Census and Statistics Department. *Social Data Collected via the General Household Survey*, various issues.

Census and Statistics Department. *Thematic Household Survey*, various issues.

Appendix 9: Daily Female Cigarette Smokers as a Percentage of All Female by Age, 1982-2008 (%)

Age Group	Jan-Mar 1982	Mar 1983	Jul 1984	Jul 1986	Jul 1988	Jul 1990	Aug-Sep 1993	Jan 1996	Mar 1998	Oct-Nov 2000	Nov 2002 - Feb 2003	Feb - May 2005	Dec 2007 - Mar 2008
15-19	0.4	0.3	-	0.5	1.3	1.1	0.9	1.3	1.3	2.6	2.3	2.0	1.2
20-29	1.5	1.5	1.4	1.6	1.6	2.0	2.2	4.1	4.3	4.7	6.2	7.0	6.1
30-39	2.6	3.0	1.3	1.8	2.0	2.4	1.8	2.5	2.0	3.4	4.3	5.8	6.4
40-49	6.6	3.9	3.1	2.3	1.5	1.6	1.0	2.4	2.7	2.5	2.7	3.0	3.1
50-59	11.7	9.4	8.9	6.6	3.8	2.3	3.1	4.1	1.5	2.5	1.6	2.2	2.1
60 and over	14.8	12.9	11.7	10.5	7.3	5.2	6.4	4.0	4.4	4.9	3.6	3.0	1.7
Overall	5.6	4.8	4.1	3.8	2.9	2.6	2.7	3.1	2.9	3.5	3.6	4.0	3.6

Sources of data:

Census and Statistics Department. *Social Data Collected via the General Household Survey*, various issues.

Census and Statistics Department. *Thematic Household Survey*, various issues.

Appendix 10: Composition of Daily Female Cigarette Smokers by Age, 1982-2008 (%)

Age Group	Jan-Mar 1982	Mar 1983	Jul 1984	Jul 1986	Jul 1988	Jul 1990	Aug-Sep 1993	Jan 1996	Mar 1998	Oct-Nov 2000	Nov 2002 - Feb 2003	Feb - May 2005	Dec 2007 - Mar 2008
15-19	0.9	0.9	-	1.2	4.8	4.4	2.8	3.1	3.4	5.6	4.5	3.9	2.4
20-29	7.2	9.0	9.1	12.1	13.4	17.6	17.7	27.5	28.1	22.1	27.8	25.2	25.4
30-39	7.7	11.4	6.3	10.1	15.1	22.8	17.0	19.8	17.9	23.8	28.0	30.3	33.4
40-49	14.3	9.3	8.3	6.5	6.5	8.1	5.7	13.7	18.4	15.6	16.7	18.1	19.5
50-59	25.6	24.5	26.9	21.9	15.6	10.3	10.7	12.2	5.1	8.0	5.6	8.4	9.9
60 and over	44.3	44.9	49.4	48.2	44.6	36.8	46.1	23.7	27.0	25.0	17.5	14.1	9.4
Overall	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Sources of data:

Census and Statistics Department. *Social Data Collected via the General Household Survey*, various issues.

Census and Statistics Department. *Thematic Household Survey*, various issues.

Appendix 11: Number of Daily Female Cigarette Smokers by Age, 1982-2008 ('000)

Age Group	Jan-Mar 1982	Mar 1983	Jul 1984	Jul 1986	Jul 1988	Jul 1990	Aug-Sep 1993	Jan 1996	Mar 1998	Oct-Nov 2000	Nov 2002 - Feb 2003	Feb - May 2005	Dec 2007 - Mar 2008
15-19	0.9	0.8	-	0.9	3.0	2.5	1.8	2.4	2.7	5.7	4.9	4.4	2.5
20-29	7.9	8.2	7.3	9.3	8.2	9.9	11.2	22.0	22.2	22.7	30.0	28.8	26.9
30-39	8.0	10.4	5.1	7.7	9.2	12.8	10.8	15.9	14.1	24.4	30.1	34.6	35.4
40-49	14.9	8.5	6.7	4.9	3.9	4.5	3.6	11.0	14.5	16.0	18.0	20.7	20.7
50-59	26.9	22.5	21.7	16.7	9.5	5.8	6.7	9.8	4.0	8.2	6.0	9.7	10.5
60 and over	43.4	41.2	40.0	36.8	27.2	20.6	29.2	19.0	21.3	25.6	18.8	16.1	9.9
Overall	102.0	91.7	80.8	76.3	61.0	56.1	63.2	80.1	78.8	102.6	107.8	114.3	105.9

Sources of data:

Census and Statistics Department. *Social Data Collected via the General Household Survey*, various issues.

Census and Statistics Department. *Thematic Household Survey*, various issues.

Appendix 12: Average Number of Cigarettes Smoked Per Day Among All Persons Aged 15 and Over, 1982-2008

	Jan-Mar 1982	Mar 1983	Jul 1984	Jul 1986	Jul 1988	Jul 1990	Aug-Sep 1993	Jan 1996	Mar 1998	Oct-Nov 2000	Nov 2002 - Feb 2003	Feb - May 2005	Dec 2007 - Mar 2008
15-19	12	11	12	10	13	11	11	14	13	13	12	9	11
20-29	15	13	14	14	14	13	11	14	15	13	13	12	12
30-39	17	15	15	16	15	14	13	16	17	14	14	13	13
40-49	18	15	17	17	17	15	14	17	17	17	15	15	15
50-59	18	15	16	16	16	14	13	17	18	16	16	15	15
60 and over	15	13	13	13	13	12	12	15	14	14	14	13	13
Overall	16	14	15	15	15	13	13	16	16	15	14	13	14

Sources of data:

Census and Statistics Department. *Social Data Collected via the General Household Survey*, various issues.

Census and Statistics Department. *Thematic Household Survey*, various issues.

Appendix 13: Number of Daily Cigarette Smokers by Whether Had Tried / Wanted to Give Up Smoking ('000)

	Jul 1988	Jul 1990	Aug-Sep 1993	Jan 1996	Mar 1998	Oct-Nov 2000	Nov 2002 - Feb 2003	Feb - May 2005	Dec 2007 - Mar 2008
Had tried to give up smoking but failed	219.3 (30.3%)	196.3 (24.2%)	237.2 (34.5%)	305.7 (41.3%)	340.0 (42.2%)	289.6 (41.8%)	284.1 (34.7%)	322.1 (40.6%)	226.2 (33.4%)
Had never tried but wanted to give up smoking	75.7 (10.4%)	87.4 (10.8%)	41.7 (6.1%)	45.2 (6.1%)	34.7 (4.3%)	70.3 (10.2%)	59.6 (7.3%)	66.3 (8.4%)	75.3 (11.1%)
Had never tried and did not want to give up smoking	428.9 (59.3%)	527.4 (65.0%)	408.1 (59.4%)	389.4 (52.6%)	430.5 (53.5%)	332.5 (48.0%)	474.5 (58.0%)	404.9 (51.0%)	375.4 (55.5%)
Overall	723.9 (100.0%)	811.1 (100.0%)	687.1 (100.0%)	740.4 (100.0%)	805.1 (100.0%)	692.5 (100.0%)	818.2 (100.0%)	793.2 (100.0%)	676.9 (100.0%)

Sources of data:

Census and Statistics Department. *Social Data Collected via the General Household Survey*, various issues.

Census and Statistics Department. *Thematic Household Survey*, various issues.

Appendix 14. Sales of Alcoholic Drinks by Sector: Total Volume, 1992-1996

Million liters						% growth
	1992	1993	1994	1995	1996	1992-1996
Beer	115	118	123	125	129	12.2
Wine	8	8	9	10	11	37.5
Spirits	10	10	10	12	12	20.0
Total	133	136	142	147	152	14.3

Source of data: Euromonitor International (1997).

Appendix 15. Sales of Alcoholic Drinks by Sector: Total Value, 1992-1996

HK\$ million						% growth
	1992	1993	1994	1995	1996	1992-1996
Beer	971	1,000	1,094	1,180	1,320	35.9
Wine	122	132	151	187	230	88.5
Spirits	1,174	1,250	1,407	1,585	1,740	48.2
Total	2,267	2,382	2,652	2,952	3,290	45.1

Source of data: Euromonitor International (1997).

Appendix 16. Sales of Alcoholic Drinks by Sector: Total Volume 2001-2006

Million liters	2001	2002	2003	2004	2005	2006
Beer	166.6	171.6	168.3	173.1	168.0	165.7
Cider/perry	0.7	0.8	0.9	1.0	1.1	1.1
RTDs/High-strength premixes	0.4	0.4	0.4	0.4	0.4	0.4
Wine	7.9	8.0	8.1	8.4	8.8	9.1
Spirits	4.0	4.0	4.0	4.1	4.4	4.6
Alcoholic drinks	179.6	184.9	181.8	187.0	182.6	181.0

Source of data: Euromonitor International (2007).

Appendix 17. Sales of Alcoholic Drinks by Sector: % Total Volume Growth 2001-2006

% total volume growth			
	2005-06	2001-06 CAGR*	2001-06 Total
Beer	-1.3	-0.1	-0.5
Cider/perry	7.3	9.3	56.3
RTDs/High-strength premixes	5.5	3.2	17.1
Wine	4.0	2.9	15.3
Spirits	4.8	2.9	15.3
Alcoholic drinks	-0.9	0.2	0.8

* CARG denotes compound annual growth rate.

Source of data: Euromonitor International (2007).

Appendix 18. Sales of Wine by Sector: Total Volume, 2001-2006

Million liters						
	2001	2002	2003	2004	2005	2006
Still light grape wine	5.5	5.6	5.7	5.8	6.1	6.4
Still red wine	3.6	3.7	3.7	3.8	4.0	4.2
Still white wine	1.6	1.7	1.7	1.8	1.8	1.9
Still rosé wine	0.2	0.2	0.2	0.2	0.2	0.3
Sparkling wine	0.5	0.5	0.5	0.5	0.6	0.6
Champagne	0.4	0.4	0.4	0.4	0.4	0.4
Other sparkling wine	0.1	0.1	0.1	0.1	0.1	0.1
Fortified wine and vermouth	0.9	0.9	0.9	0.9	1.0	1.0
Non-grape wine	1.0	1.0	1.0	1.1	1.1	1.1
Rice wine	0.7	0.7	0.7	0.7	0.7	0.7
Sake	0.4	0.4	0.4	0.4	0.4	0.4
Wine	7.9	8.0	8.1	8.4	8.8	9.1

Source of data: Euromonitor International (2007).

Appendix 19. Sales of Wine by Sector: % Total Volume Growth, 2001-2006

% total volume growth	2005-06	2001-06 CAGR*	2001-06 Total
Still light grape wine	4.4	3.2	17.1
Still red wine	4.7	3.2	16.9
Still white wine	4.2	3.5	18.6
Still rosé wine	1.8	1.9	10.1
Sparkling wine	4.6	2.2	11.5
Champagne	5.2	2.8	15.1
Other sparkling wine	3.1	0.4	2.1
Fortified wine and vermouth	4.0	2.9	15.3
Non-grape wine	1.5	1.5	7.8
Rice wine	1.5	1.5	7.6
Sake	1.4	1.6	8.4
Wine	4.0	2.9	15.3

* CARG denotes compound annual growth rate.

Source of data: Euromonitor International (2007).

Appendix 20: Consumption of Alcohol Attributed to Driver's Consumption of Alcohol by Severity of Road Traffic Accident, 1991-2007

Year	Road traffic accident attributed to driver's consumption of alcohol				Total no. of all accident
	Severity of accident			Total	
	Fatal	Serious	Slight		
1991	1	13	10	24	15327
1992	1	1	1	3	15322
1993	0	0	1	1	15469
1994	2	3	3	8	15440
1995	0	0	7	7	14812
1996	4	10	28	42	14397
1997	2	7	18	27	14776
1998	0	5	13	18	14014
1999	0	13	43	56	14714
2000	0	21	53	74	14949
2001	3	25	32	60	15631
2002	1	22	58	81	15576
2003	3	33	70	106	14436
2004	4	27	66	97	15026
2005	3	23	63	89	15062
2006	2	19	79	100	14849
2007	3	24	80	107	15315

Notes:

Accident – An incident reported to the Police, involving personal injury occurring on roads in territory, in which one or more vehicles are involved.

Fatal accident – A fatal accident is where one or more persons dies within 30 days of the accident.

Serious accident – One or more persons injured and detained in hospital for more than twelve hours.

Slight accident – One or more persons injured and detention in hospital, if required, will not be more than twelve hours.

Source of data: Transport Department, *Road Traffic Accident Statistics*, various years.

Appendix 21. Number of Arrests for Drink Driving, 1998-2007

Year	Number
1998	989
1999	1,072
2000	1,302
2001	1,241
2002	1,262
2003	1,390
2004	1,487
2005	1,335
2006	1,341
2007	1,417

Source of data: Hong Kong Police Force, *Traffic Annual Report*, various years.

Appendix 22: Prosecutions Against Drink Driving Arising from Road Traffic Accidents, 1998-2007

Year	Number
1998	554
1999	674
2000	829
2001	687
2002	712
2003	755
2004	679
2005	622
2006	615
2007	633

Notes:

Accident - An incident reported to the police that may involve more than one vehicle and more than one casualty.

Source of data: Hong Kong Police Force, *Traffic Annual Report*, various years.

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- 6b people suffered from secondhand smoke (1999, June 1). *Ming Pao Daily News*, p. A22. (In Chinese)
- 7pc doctors smoke (2005, February 14). *Wen Wei Po*, p. 17. (In Chinese)
- 10pc junior secondary students in New Territories smoke (1983, November 20). *Oriental Daily News*. (In Chinese)
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- 25,000 students become smokers (2005, January 28). *Ming Pao Daily News*, p. A10. (In Chinese)
- 60pc children dislike parents smoke (1999, June 21). *Ming Pao Daily News*, p. A2. (In Chinese)
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