



# **Health Promotion Symposium** cum **Central Health Education Unit** 40th Anniversary Celebration

4 May 2018







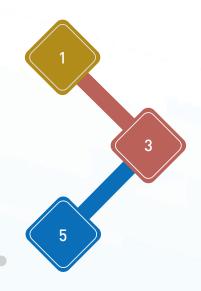


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# **WELCOME MESSAGE**



I would like to extend my warmest welcome to all of you who participate in the "Health Promotion Symposium cum Central Health Education Unit 40<sup>th</sup> Anniversary Celebration".

The Department of Health is the Hong Kong Special Administrative Region (HKSAR) Government's health adviser and agency to execute health policies and statutory functions. We safeguard the health of the people of Hong Kong through promotive, preventive, curative and rehabilitative services as well as fostering community partnership and international collaboration. The Central Health Education Unit (CHEU), established in 1978, has been at the forefront of health promotion and disease prevention.

Over the years, CHEU has transformed from a resource centre of health education materials to one that pursues the health promotion actions advocated by the Ottawa Charter on Health Promotion. In 2014, CHEU revisited its vision, mission and values, and re-affirmed its key priority action areas to include the promotion of healthy eating and physical activity through a life-course and setting-based approach, organ donation promotion, as well as prevention of communicable diseases. In 2015, promoting mental well-being and mental health has also been added to the agenda.

Looking back, CHEU has made significant progress in achieving its vision to be a health promotion leader to build a healthy Hong Kong. To name a few, the healthy eating programmes in schools by building a healthy school policy, creating a supportive school environment and developing personal skills, have contributed to the decreasing overweight and obesity rates in primary school students in recent years. CHEU has implemented programmes to create supportive environment for practising healthy eating in the community and healthy living in the workplace. By harnessing community support, CHEU has been promoting organ donation with the number of registrations in the Centralised Organ Donation Register increased by five folds in nine years.

In celebration of the 40<sup>th</sup> anniversary of the CHEU, we are pleased to hold the Symposium on 4 May 2018. It is timely for us to look back on the considerable success in health promotion and to consider how our strategies, actions and activities need to evolve in order to build on the success and respond to the changing environment. This Symposium, bringing together overseas and local experts in promoting healthy eating, physical activity, tobacco and alcohol control as well as mental health, provides an excellent platform for us to share knowledge and experience and exchange views.

On a related front, the need to accelerate actions to beat non-communicable diseases (NCD) is high on the global and local political agenda. The HKSAR Government is fully committed to protecting people's health. Since 2008, the Government has launched the "Promoting Health in Hong Kong: A Strategic Framework for Prevention and Control of NCD" (NCD Strategic Framework) to prevent and control NCD and set up a high-level multidisciplinary and intersectoral steering committee to oversee the overall implementation.

This Symposium is also a most timely occasion for us to revisit the outcome of implementation of the NCD Strategic Framework, and to look ahead and work more closely for NCD reduction, in line with the World Health Organization's Global NCD Action Plan and its Global Monitoring Framework.

I would like to extend my sincere thanks to our guests of honour for their gracious presence and to our overseas speakers for travelling all the way to Hong Kong to share their expertise with us.

I wish you all a most fruitful time at the Symposium, and for our overseas guests, an enjoyable stay in Hong Kong.

#### Dr Constance CHAN, JP

Director of Health
The Government of the Hong Kong Special Administrative Region

# PROGRAMME

#### 4 MAY 2018 (FRIDAY)

TIME	PROGRAMME
08:45 - 09:30	Registration
09:30 - 10:00	Opening speech  Mr Matthew CHEUNG, GBM, GBS, JP  Chief Secretary for Administration, Hong Kong SAR Government
	Welcome speech Professor Sophia CHAN, JP Secretary for Food and Health, Hong Kong SAR Government
	Welcome speech Dr Constance CHAN, JP Director of Health, Hong Kong SAR Government
	Opening Ceremony
	Broadcast of Central Health Education Unit 40th Anniversary video
10:00 - 10:30	and sustainable joined up local actions  Dr Fiona BULL MBE
10:30 - 11:00	Programme Manager, Prevention of Noncommunicable Diseases, World Health Organization  Keynote speech (2) - Protecting children from the harmful impact of food marketing  Dr Juliawati UNTORO
	Technical Lead Nutrition, Division of NCD and Health through the Life-Course,  World Health Organization Regional Office for the Western Pacific
	Tea Break
11:20 - 11:40	Professor CHUNG Pak-kwong
	Head and Professor, Department of Physical Education, Hong Kong Baptist University, Hong Kong SAR
11:40 - 12:00	Healthy eating promotion in Hong Kong - How far we've come and what's next  Dr Anne FUNG
	Assistant Director of Health (Health Promotion), Centre for Health Protection, Department of Health, Hong Kong SAR Government
12:00 – 12:30	Panel Discussion  Moderator: Dr Regina CHING, JP  Head, Surveillance and Epidemiology Branch, Centre for Health Protection, Department of Health, Hong Kong SAR Government
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TIME	PROGRAMME
12:30 - 14:00	Lunch break
14:00 - 14:30	Keynote speech (3) – Towards 2025: Strategy and Action Plan to Prevent and Control Non-Communicable Diseases in Hong Kong Dr Constance CHAN, JP Director of Health, Hong Kong SAR Government
14:30 - 15:00	Keynote speech (4) – Reducing harmful use of alcohol: where are we at and what can be done?  Professor Sally CASSWELL  Professor of Social and Health Research and the Co-director of the SHORE and Whariki Research Centre,  College of Health, Massey University, New Zealand
15:00 - 15:30	Keynote speech (5) – Building resilience and social connections to improve young people's mental wellbeing: VicHealth's Mental Wellbeing Strategy 2015-2019  Ms Irene VERINS  Manager, Mental Wellbeing, Victorian Health Promotion Foundation, Australia  Tea Break
15:50 - 16:10	Hong Kong's endeavour in reducing alcohol-related harm  Dr Eddy NG  Principal Medical & Health Officer (Non-Communicable Disease), Centre for Health Protection, Department of Health, Hong Kong SAR Government
16:10 - 16:30	Tobacco control policy and experience in Hong Kong Dr Jeff LEE Head (Tobacco Control Office), Tobacco Control Office, Department of Health, Hong Kong SAR Government
16:30 - 16:55	Panel discussion  Moderator: Dr Anne FUNG  Assistant Director of Health (Health Promotion), Centre for Health Protection, Department of Health, Hong Kong SAR Government
16:55 - 17:00	Concluding Remarks Dr WONG Ka-hing, JP Controller, Centre for Health Protection, Department of Health, Hong Kong SAR Government



Dr Fiona BULL MBE
Programme Manager,
Prevention of Noncommunicable Diseases,
World Health Organization
Previously, Director, Centre for Built Environment and Health, The
University of Western Australia, immediate Past President of the
International Society of Physical Activity and Health (www.ispah.org)

Dr Fiona Bull is Programme Manager in the Department of Prevention of Noncommunicable Diseases (NCDs) at the World Health Organization based in Geneva, Switzerland. She leads the development of WHO's global normative and standard setting work as well as country assistance and policy implementation related to healthy eating, physical inactivity, the prevention of obesity as well as providing leadership for global monitoring and surveillance of NCDs, their risk factors and country capacity. Dr Bull joined WHO in January 2017 after 25 years in applied research in Australia, the US and USA where recent positions included Professor of Public Health and Director of the Centre for Built Environment and Health, and Professor of Sports Science and Director of National Centre of Physical Activity at Loughborough University in the UK. Across her career Fiona has focussed on developing the scientific evidence to inform robust public policy and the implementation of policy into practice through multidisciplinary and multi sector teams to improve health. Her work has included contributions to the global burden of disease, national initiatives in worksites, primary health care, the built and natural environments, national surveillance initiatives and policy evaluations across many settings. Her interest is in bridging the knowledge-policypractice gap has and Dr Bull has co-authored over 180 scientific publications and reports. Dr Bull has been actively involved in the NCD civil society and she is immediate Past President of the International Society of Physical Activity. In 2014 Dr Bull was awarded a Member of the British Empire (MBE) for her services to public health. She is a keen skier, swimmer, sailor and dog walker.

# REACHING THE 2025 TARGET OF 10% MORE PEOPLE MOVING MORE THROUGH IMPACTFUL AND SUSTAINABLE JOINED UP LOCAL ACTIONS

Physical inactivity is one of the leading risk factors of non-communicable diseases (NCDs) and provides a wide range of benefits to health, wellbeing and sustainable development. The physical, social and mental health benefits are across all ages and evidence shows that it is never too late to start being more active. Reflecting this strong body of scientific evidence, in 2013 the World Health Organization (WHO) developed the 1st global target to reduce levels of inactivity by 10% by 2025 and this was agreed by 194 countries to contribute to preventing premature deaths from NCDs by 25% by 2025. In 2017, WHO was requested to develop a new Global Action Plan on Physical Activity which will be launched 2018 after the World Health Assembly. This presentation will provide an overview of the global agenda on physical activity, its position as a significant contributor to enabling achievement of the Sustainable Development Goals by 2030 and outline the policy and programmes that city and local communities can implement to increase participation in physical activity, sports and active recreation by all ages. The presentation will include how effective and feasible interventions in built environment and other key settings are a cornerstone to providing the safe accessible spaces, places and opportunities for everyone to be active in different ways.



Dr Juliawati UNTORO
Technical Lead Nutrition,
Division of NCD and Health through the Life-Course,
World Health Organization Regional Office for the Western Pacific

Dr Juliawati Untoro is a Technical Lead for Nutrition with WHO Regional Office for the Western Pacific Region (WPRO) in Manila since January 2018. She provides technical and strategic support on nutrition to 37 countries, territories and areas in the Western Pacific region. She has over 20 years global experiences in Nutrition programming and sciences with numerous multilateral agencies, including UNICEF, the World Bank, South East Asian Ministry of Education Organization - Tropical Medicine and others.

Her far-ranging experience has included postings around the world, from Indonesia to Canada and New York to Nairobi. Prior to this position, she was a Nutrition Specialist at UNICEF Regional Office for Eastern and Southern Africa and UNICEF Headquarters New York, USA and Health and Nutrition Officer at the World Bank Indonesia. She started her career as a researcher and lecturer in Nutrition. Her focus of work has been on nutrition, public health, health sector reform and public financing. She holds a PhD in Human Nutrition from Wageningen University in the Netherlands.

#### PROTECTING CHILDREN FROM THE HARMFUL IMPACT OF FOOD MARKETING

<u>BACKGROUND</u>: Nutrition landscape has been changing as a result of globalisation, rapid economic growth and shifts in the food system in the last several decades. In the current nutrition transition, the consumption of high-calorie, nutrient-poor food high in sugar, salt and fats is increasing in almost all countries in the western pacific region. This "nutrition transition" is causing increases in overweight and obesity and diet-related diseases such as diabetes and heart disease. Understanding the links between the nutrition transition, the food system and environment can thus help policy makers develop policies, including food policies, for addressing the global burden of chronic disease.

The obesity epidemic cannot be reversed without substantial improvements in the food environment that surrounds children. Evidence showed food marketing targeted to children almost exclusively promotes calorie-dense, nutrient-poor foods and takes advantage of children's vulnerability to persuasive messages. The unhealthy food and beverage marketing increased dietary intake and influenced dietary preference and choices in children during or shortly after exposure to advertisements and potentially profound effects of food marketing on children's lifelong eating behaviours and health.

RESOLUTION ON PROTECTING CHILDREN FROM FOOD MARKETING: Given the harmful effect of this marketing environment on children's health and the industry's reluctance to make necessary changes to its food marketing practices, government at all levels has an obligation to act. Restricting marketing of food and non-alcoholic beverage and breastmilk substitutes is part of a comprehensive package to reduce malnutrition in all its forms, a Sustainable Development Goal. Recognizing the importance of protecting children from potentially harmful marketing and the need to scale up action, Member States confirmed the agenda item of the sixty-eighth session of the WHO Regional Committee for the Western Pacific on restrictions on food marketing for and to children.

PROGRESS TO DATE: Promoting a healthy diet by improving the food environment, is central to preventing and controlling non-communicable diseases. Specific policy options recommended by WHO include setting school food standards, and restricting the marketing and sales of foods, where available based on the school food standards. An array of large-scale programmatic and policy shifts are being explored in several countries; however despite the major health challenges faced, progress in implementing these mandates has been slow across the Region. Few countries have developed enforceable legal frameworks to restrict the sale and marketing of foods in school environments, or food standards for school canteens. Only four countries in the Region reported having any legal measures on the marketing of foods rich in sugar, salt and fat to children, three of which are voluntary and one mandatory. Twelve restrict sales of selected unhealthy foods and non-alcoholic beverages in schools (10 of which are voluntary and two mandatory). A total of 17 countries have any type of guidelines for school meals, and only three have enforceable standards.

Few countries have successfully taken regulatory actions towards establishing protections for children from the harmful impact of food marketing. In Republic of Korea, Special Act on the Safety Management of Children's Dietary Life was developed in response to an increase in child obesity due to overnutrition and lack of physical activity, and as a measure to ensure food and nutrition safety for children. The Government of Chile proposed several actions to tackle obesity, including regulatory measures to protect breastfeeding, regulating marketing of foods and non-alcoholic beverages to children, implementing warning labels on the front of pre-packaged foods, and restricting the sale and marketing of unhealthy foods in schools. Reducing the burden of obesity is a big challenge, but increasingly policies such as those of Chile and South Korea have shown significant progress and been instrumental in creating healthier food environments and can help to move the needle on obesity prevention and reduction.

<u>CALL FOR ACTIONS</u>: The global and regional action plans have called upon Member States to restrict marketing of food and non-alcoholic beverages and breast milk substitute, through implementation of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions and the WHO Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children. It is the responsibility of policy-makers to recognise the new threat presented by marketing of food to children and to act swiftly.



**Professor CHUNG Pak-kwong**Head and Professor of the Department of Physical Education,
Hong Kong Baptist University, Hong Kong SAR

Professor Chung Pak-kwong currently is the Head and Professor of the Department of Physical Education, Hong Kong Baptist University (HKBU). Professor Chung's main duty as the Head is to provide leadership to the department to excel in teaching, research and services to the university and community. Professor Chung's research interest is in physical fitness, physical activity, and exercise psychology, particularly in relation to children and older adults. He has regularly published research papers in international peer-reviewed journals, over 10 books and numerous articles in sport and fitness in newspapers and magazines in Hong Kong. In addition to the headship at HKBU, Professor Chung has also provided professional services to different sporting organisations. He is the Chairman of the Executive Committee of Physical Fitness Association of Hong Kong, China; Chairman of the University Sport Federation of Hong Kong, China; Vice-President of Hong Kong Wushu Union, Council Member of the Society of Chinese Scholars on Exercise Physiology and Fitness, External Examiner of the Coaching Program of Hong Kong Sport Institute etc. Professor Chung was the Chief Executive of Hong Kong Sport Institute from 1998 to 2007. With hands-on experience in sport management as well as long service in sport field in the past 20 years, Professor Chung is looking forward to continuing his contributions to the society, especially in sport and health related areas in the near future

#### DEVELOPMENT OF PHYSICAL ACTIVITY ACROSS LIFESPAN -**CHALLENGES AND OPPORTUNITIES**

Benefits of PA: The World Health Organization (WHO) defines Physical activity (PA) as any bodily movement produced by skeletal muscles that requires energy expenditure. Many studies have proven that regular physical activity can reduce the risk of non-communicable diseases (NCDs), such as cardiovascular diseases, diabetes, cancer, and depression. Moreover, adequate levels of physical activity will decrease the risk of a hip or vertebral fracture and help control body weight. Physical inactivity has been identified as the fourth leading risk factor for global mortality causing an estimated 3.2 million deaths globally. People who are with insufficient PA would have a 20% to 30% increased risk of death compared to those who are with sufficient PA.

PREVALENCE OF PHYSICAL INACTIVITY: Although numerous evidences confirming the benefits of PA to people's health, WHO reported that more than 80% of the world's adolescent population is physically inactive. Similar situation has been found in Hong Kong. A recent study reported that Hong Kong's youngsters received a D grade for their overall physical activity levels, with less than half of those between age 2 and 17 meeting WHO's recommendation of having 60 minutes of PA per day. Another study also found that less than 1% of the local kindergartens have provided sufficient time (60min per day for half-day or 120min per day for full-day schooling) in the schools for the students to play and exercise. The Department of Health has recently reported that the number of overweight or obese people has increased from 38.8% of last survey (in 2003-2004) to 50% of latest survey (in 2014-2016). The survey also found that more people had high cholesterol, with the number jumping from 1.8 million to 2.9 million over the same period.

CHALLENGES AND OPPORTUNITIES: Although tremendous efforts have been putting into the promotion of physical activity in the past 5 years, the overall result is not encouraging and the prevalence of physical inactivity is still on rise. The WHO therefore at its 140th Executive Board Meeting decided to request the Director-General to develop a draft global action plan to promote physical activity. In Hong Kong, the Chief Executive's 2017 Policy Address has pledged to ensure our children will grow up healthily and happily in a caring environment as well as our senior citizens will have marvelous golden years. With the global leading health agent's global action plan as well as local government's commitment to promote health and quality living, all relevant sectors, including health, social welfare, education, sport, and technology, etc. should give priority to working together to promote PA across different age populations in Hong Kong.



**Dr Anne FUNG**Assistant Director of Health (Health Promotion),
Centre for Health Protection, Department of Health,
Hong Kong SAR Government

Dr Anne Fung is the Assistant Director of Health. Since 2013, she has been leading the Central Health Education Unit of the Department of Health. Her key portfolio includes driving life course and setting-based health promotion programmes on healthy living and mental health; undertaking measures for effective prevention and control of communicable diseases; overseeing research and evaluation on health promotion; and building up capacity in health promotion.

Dr Fung graduated from the University of Hong Kong, and obtained her Specialist registration in Public Health Medicine in 2007. She is also a Fellow of the Hong Kong Academy of Medicine (Community Medicine), Fellow of the Hong Kong College of Community Medicine and Fellow of the Faculty of Public Health (United Kingdom).

#### **HEALTHY EATING PROMOTION IN HONG KONG -**HOW FAR WE'VE COME AND WHAT'S NEXT

Non-communicable diseases (NCD) are preventable through effective interventions that tackle shared risk factors, namely: tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol. If the major risk factors for NCD were eliminated, about 80% of heart disease, stroke and Type 2 diabetes mellitus cases and 40% of cases of cancer could be prevented.

The Department of Health (DH) has been promoting healthy lifestyle using a life-course and setting-based approach. They include the Joyful@Healthy Workplace Programme which promotes healthy eating, physical activity and mental health targeting workforce, the EatSmart@restaurant.hk Campaign where we collaborated with catering industry to provide healthier dining choices and the "I'm So Smart" Community Health Promotion Programme which promotes healthy lifestyle in the community.

In schools, the DH launched two different programmes, namely the StartSmart@school.hk (SSS) Campaign, which targeted preschoolers, and the EatSmart@school.hk (ESS) Campaign, targeting primary school students. With concerted efforts between health and education sectors, there has been notable leveling off and downturn in the prevalence of childhood overweight/obesity among primary school students in recent years. This presentation will focus, in depth, these two school-based programs, including the strategies adopted, the experience gained and our way forward.

The SSS Campaign was launched back in 2012 to promote healthy eating and physical activity amongst preschoolers. By providing educational materials and training workshops, we aim to improve the health literacy of key stakeholders. They include the teaching staff and food preparers in kindergartens and child care centres as well as parents. We empower them to create an environment conducive to healthy eating and physical activity both in schools and at home and to cultivate a healthy lifestyle among preschoolers.

The ESS Campaign was launched in 2006/07 school year to promote healthy eating among primary school students and to combat childhood obesity. The "EatSmart School Accreditation Scheme" (ESAS) under the ESS Campaign encourages schools to develop and implement healthy eating policy, to create an environment favourable and sustainable for the practice of healthy eating, and to bring real improvements to school lunches and snacks.



**Dr Constance CHAN, JP**Director of Health, Hong Kong SAR Government

Dr. Constance Chan is the Director of Health of Hong Kong. She joined Government as Medical and Health Officer in 1988 and was appointed as Director of the Department of Health in 2012. Her past duties included leading the Central Health Education Unit in the early part of her career, health planning and administration, development of health legislation and code of practice for regulating private hospitals, and regulation of Chinese medicine. Before her current appointment, she served as Controller of the Centre for Food Safety of the Food & Environmental Hygiene Department between 2007 and mid-2012.

Dr. Chan is a specialist in Public Health Medicine. She graduated from the medical school of the University of Hong Kong and obtained a Master of Medicine degree in Public Health from the National University of Singapore. She is a Fellow of the Hong Kong Academy of Medicine (Community Medicine) and a Fellow of the Faculty of Public Health of the Royal Colleges of Physicians of the United Kingdom. She holds honorary appointment as Clinical Professor in the School of Public Health of the University of Hong Kong.

#### TOWARDS 2025: STRATEGY AND ACTION PLAN TO PREVENT AND CONTROL NON-COMMUNICABLE DISEASES IN HONG KONG

Non-communicable diseases (NCD) are the single most important cause of preventable illness, disability and mortality worldwide. Beyond the health dimension, NCD have significant social and economic consequence threatening society's sustainable development.

The HKSAR Government recognises the importance of the growing NCD problem and the cost of inaction. The Government has, in 2008, launched a strategic framework to prevent and control NCD and has set up a high-level steering committee (SC), chaired by the Secretary for Food and Health to deliberate on and oversee the overall roadmap for action implementation.

In January 2018, the SC endorsed a new strategy and action plan (SAP) which takes reference to the guidance laid down in the World Health Organization Global Action Plan for the Prevention and Control of NCD 2013-2020. The SAP defines a set of 9 local targets to be achieved by 2025 and a sustained and systematic portfolio of initiatives to address the NCD burden

To achieve these 9 local targets, the SAP adopts an upstream approach with focus on evidencebased interventions throughout key stages in the life-course, synergistic actions within and beyond government, and from public, non-governmental, private and academic sectors to create and strengthen social and physical environments that support personal healthy choices, thereby reducing NCD burden. Underpinning the SAP are effective partnerships with primary care professionals, strong government lead, making health enhancing school environments and supportive built-up environments for physical activities that help to achieve co-benefits for health and other common goods.



Professor Sally CASSWELL
Professor of Social and Health Research and
the Co-director of the SHORE and Whariki Research Centre,
College of Health, Massey University, New Zealand

Sally Casswell is Professor of Social and Health Research and the Co-director of the SHORE and Whariki Research Centre, College of Health at Massey University, New Zealand. Her research interests are in social and public health policy, particularly in relation to alcohol. She has carried out research on the development and implementation of public policy at the national and community level and in the evaluation of these initiatives. A focus for some years has been on commercial marketing of alcohol products. She is involved in international alcohol policy as a member of the WHO Expert Advisory Panel on Drug Dependence and Alcohol Problems and SHORE is a WHO Collaborating Centre. Professor Casswell also has an active involvement with the NGO sector as Chair of GAPA (Global Alcohol Policy Alliance). Professor Casswell is a Fellow of the Royal Society of New Zealand and an Officer of the Order of New Zealand.

#### REDUCING HARMFUL USE OF ALCOHOL: WHERE ARE WE AT AND WHAT CAN BE DONE?

Our global health governance arena is characterised by a contrast between strong tobacco control and the approach to our other widely legal recreational drug, alcohol which is the focus of a struggle to achieve recognition of the need to respond to harmful use. Alcohol is a different substance from tobacco with different harms but these harms are large (3.3 million deaths per annum and the main risk factor for DALYs among adolescents). The drivers of harm, over supply, marketing and affordability, are the same. The current laissez faire approach to alcohol is allowing fast expansion of the transnational alcohol corporations (TNACs) into the emerging markets of middle-income countries. The TNACs are in a race against time to expand and normalise commercial alcohol before effective alcohol policies are put in place.

Corporate Social Responsibility (CSR) activities have become a central platform for the TNACs as the alcohol producers have not tried to deny alcohol harm but instead to try and focus attention on the drinker and drinking and driving rather than supply and marketing. As part of their CSR activities, TNACs deliver ambiguous 'drinking responsibly' messages, support ineffective responses to drinking and driving and promote 'self-regulation' to subvert government control over alcohol marketing. The aim of CSR is to position themselves as partners at national and global level and to encourage ways to address harmful use of alcohol which will not impinge in sales and profits.

There is increasing recognition, however, in the global health governance arena of the importance of the commercial determinants of health and this recognition includes greater understanding of the role of the TNACs in harmful use of alcohol. Recent examples of partnerships between TNACs and global agencies have received strong critique from civil society as has the presence of TNACs at UN and WHO meetings.

At the national level attempts to put in place effective policies have often been delayed or subverted but there are, nevertheless, some good examples of effective policy implementation which address affordability, supply and marketing. These policies are effective with young people and are necessary to delay the recruitment of young drinkers.



**Ms Irene VERINS**Manager, Mental Wellbeing,
Victorian Health Promotion Foundation, Australia

Irene Verins is the Manager of Mental Wellbeing at VicHealth, the world's first health promotion foundation. She oversees the development of public health approaches to improving mental wellbeing in the arts, digital environments, workplaces, education and community settings. With a commitment to partnerships, she has established and leads local and international collaborations that share learnings about promising practice to achieve greater public health outcomes. Central to her own practice is Irene's interest in building the capacity of workers and organisations in health promotion and she was responsible for an innovative model of professional development at VicHealth.

Irene has provided recent advice on advancing mental wellbeing for those most in need to a range of organisations including the World Health Organization, Movember, the Melbourne Lord Mayor's Charitable Foundation, Victorian Department of Education, and others. She has a Masters degree in Public Health and Primary Healthcare, with Bachelor degrees in Criminology and Education. Her CV reflects the cross sectoral nature of modern public health.

#### **BUILDING RESILIENCE AND SOCIAL CONNECTIONS TO** IMPROVE YOUNG PEOPLE'S MENTAL WELLBEING: **VICHEALTH'S MENTAL WELLBEING STRATEGY 2015-2019**

An analysis of the trends shaping young people's futures indicates that they will require increasingly sophisticated skills in order to stay healthy and thrive, that the jobs they are being educated about may not exist by the time they graduate and they will experience the world in ways that are foreign to their parents and previous generations. The pace of these changes is breathtaking and we must prepare our institutions, families and community networks to be better informed and engaged in supporting our youth.

VicHealth's Mental Wellbeing Strategy 2015-2019 focused on this narrative of rapid change as the platform upon which to build better support and prepare our young people for their positive and exciting futures. The social connections of young people and their resilience skills were clearly the most important protective factors against mental disorder.

Presenting case studies and recent results from trials, this presentation will consider what works to build youth social connections and resilience in schools, workplaces, online and in the community.



**Dr Eddy NG**Principal Medical & Health Officer (Non-Communicable Disease),
Centre for Health Protection, Department of Health,
Hong Kong SAR Government

Dr Eddy Ng is the Principal Medical & Health Officer (Non-Communicable Disease) of the Hong Kong's Department of Health. Dr Ng obtained his medical degree from the University of Hong Kong and Master of Medicine from the National University of Singapore. He is a Fellow in the Hong Kong Academy of Medicine (Community Medicine).

Dr Ng is responsible for surveillance and control of non-communicable diseases (NCD) of significance to Hong Kong population. His work covers formulation of related strategies and action plans for preventing NCD, implementation of various health programmes, prevention of poisoning incidents, as well as provision of advice on environmental health issues.

#### HONG KONG'S ENDEAVOUR IN REDUCING ALCOHOL-RELATED HARM

Alcohol drinking is a common behaviour in many parts of the world including Hong Kong. Between 2007 and 2016, alcohol consumption per capita has gradually increased from 2.64 to 2.86 litres, corresponding to removal of duty for wine and liquor with alcoholic strength below 30% in 2008. The second Population Health Survey published by the Department of Health (DH) in 2017 shows that about 61.4% of people aged 15 or above had drunk alcohol occasionally or regularly in the past 12 months preceding the survey.

While alcohol drinking is becoming more common locally, few people are aware of the harm that it does to health. As early as 1988, consumption of alcoholic beverages has been classified as Group 1 carcinogen by the International Agency for Research on Cancer (IARC) of the World Health Organization (WHO). As far as carcinogenicity is concerned, there is no safe drinking level. Alcohol drinking is also an important causal factor of more than 200 diseases including cancer, liver diseases, stroke, etc. and injury conditions. Apart from physical and mental health problems, alcohol leads to social consequences such as absenteeism from work or school, interpersonal conflicts, domestic violence, sexual abuse, unwanted pregnancies, etc. that increase and pose significant costs to society.

It is now clear that alcohol is a toxin against youth brain development which by interfering with nervous system development, affects self-control ability, emotions and memory functions. Protecting young people from alcohol harm is the responsibility of every adult and society. The Hong Kong Special Administrative Region Government has recently amended the relevant legislation to prohibit the sale or supply of alcohol to minors in the course of business.

On the education and publicity front, the DH currently runs two health campaigns, namely "Young and Alcohol Free" campaign and "Alcohol Fails" campaign to raise public awareness of harmful effects of alcohol use and engage healthcare professionals in reducing alcohol-related harms. The DH will continue to engage stakeholders across a wide range of sectors to build environments supportive of an alcohol-free lifestyle.



**Dr Jeff LEE**Head (Tobacco Control Office), Tobacco Control Office,
Department of Health, Hong Kong SAR Government

Dr Jeff Lee is a medical doctor specialised in public health medicine. He received his master degree in public health at the University of Hong Kong and in Epidemiology at the London University School of Hygiene and Tropical Medicine. Currently he is the Head of Tobacco Control Office of the Department of Health, the Government of the Hong Kong Special Administrative Region.

#### TOBACCO CONTROL POLICY AND EXPERIENCE IN HONG KONG

The Hong Kong Government's tobacco control policy seeks to safeguard public health by discouraging smoking, containing the proliferation of tobacco use and minimising the impact of passive smoking on the public. As the public health authority, the Department of Health (DH) has been adamant to step up tobacco control on all fronts, having regard to the expectations and acceptance of our community. A dedicated unit, the Tobacco Control Office (TCO), was established in 2001 under the DH to implement Government's tobacco control measures. Our multi-pronged approach, comprising legislation and enforcement, taxation, smoking cessation services, as well as publicity and education, has gradually reduced the smoking prevalence from 23.3% in early 1982 to 10.5% in 2015, and further reduced to 10.0% in 2017.

The Smoking (Public Health) Ordinance stipulates statutory no-smoking areas and regulates the advertisement, promotion, packaging and labelling of tobacco products. Smoking is banned in all indoor areas of workplaces and public places, including restaurants and bars, as well as certain outdoor areas, including the open areas of schools, leisure grounds, bathing

beaches and public transport facilities. Persons who smoke or carry lighted cigarette, cigar or pipe in statutory no-smoking areas and on public transport carriers are liable to a fixed penalty of \$1,500 under the Fixed Penalty (Smoking Offences) Ordinance. All advertisements and promotions for tobacco products are prohibited in Hong Kong. As a principal enforcement agency under the Ordinance, the TCO conducted over 33,000 inspections and issued around 9,900 fixed penalty notices/ summonses for smoking offences in 2017.

The Government holds the view that smoking cessation is an integral and indispensable part of the Government's tobacco control policy to complement other tobacco control measures. At present, DH and the Hospital Authority provide smoking cessation services to the general public. In addition, DH has been funding local non-governmental organisations (NGOs) to provide free smoking cessation services. TCO also conducts seminars and issues materials to increase public awareness of the harmful effects of smoking and second-hand cigarette smoke, and works with local NGOs to organise health promotional activities at schools to promote a smoke-free culture.

To further strengthen our tobacco control efforts, we have implemented/ are working on the following key legislative proposals taking into account overseas experience and in response to new development in the tobacco market. As a first step, we have extended the statutory nosmoking areas to bus interchange (BIs) facilities located at the eight tunnel portal areas as statutory no-smoking areas in March 2016 to protect public waiting and queuing for change of bus at BIs. We will keep in view of implementation of this initiative and consider further extension of no-smoking areas to other public transport facilities. Secondly, in June 2017, we have enlarged pictorial health warnings on tobacco products from at least 50% to 85%. increasing number of forms of health warning from six to twelve, and displaying Quitline, etc., with a view to increasing its deterring effect and educating smokers on the health risk of smoking. Thirdly, given the potential impact of the use of novel tobacco products including electronic cigarette and heat-not-burn products on the tobacco control efforts, the Government proposed to strengthen the existing legislative framework to regulate these novel tobacco products.

Looking ahead, we will continue our effort to strengthen the tobacco control regime. With the concerted effort of the healthcare professionals, community organisations and the public, we would work towards our next target of a single-digit smoking prevalence.

