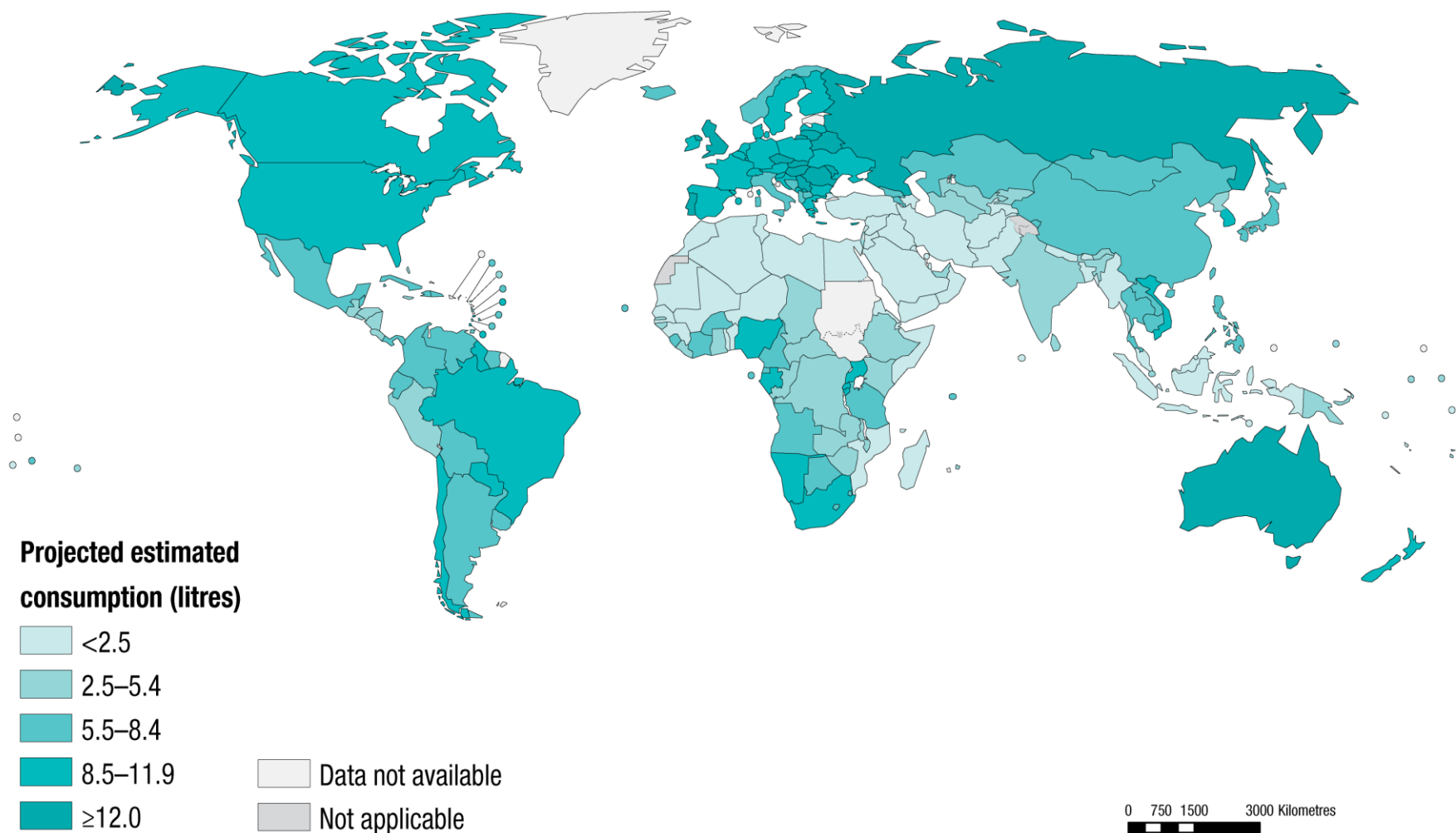


Hong Kong's endeavour in reducing alcohol-related harm

Dr NG Kwok Po, Eddy
Principal Medical and Health Officer(NCD)
Department of Health



Total alcohol per capita (>15 years of age) consumption, in litres of pure alcohol, projected estimates, 2015

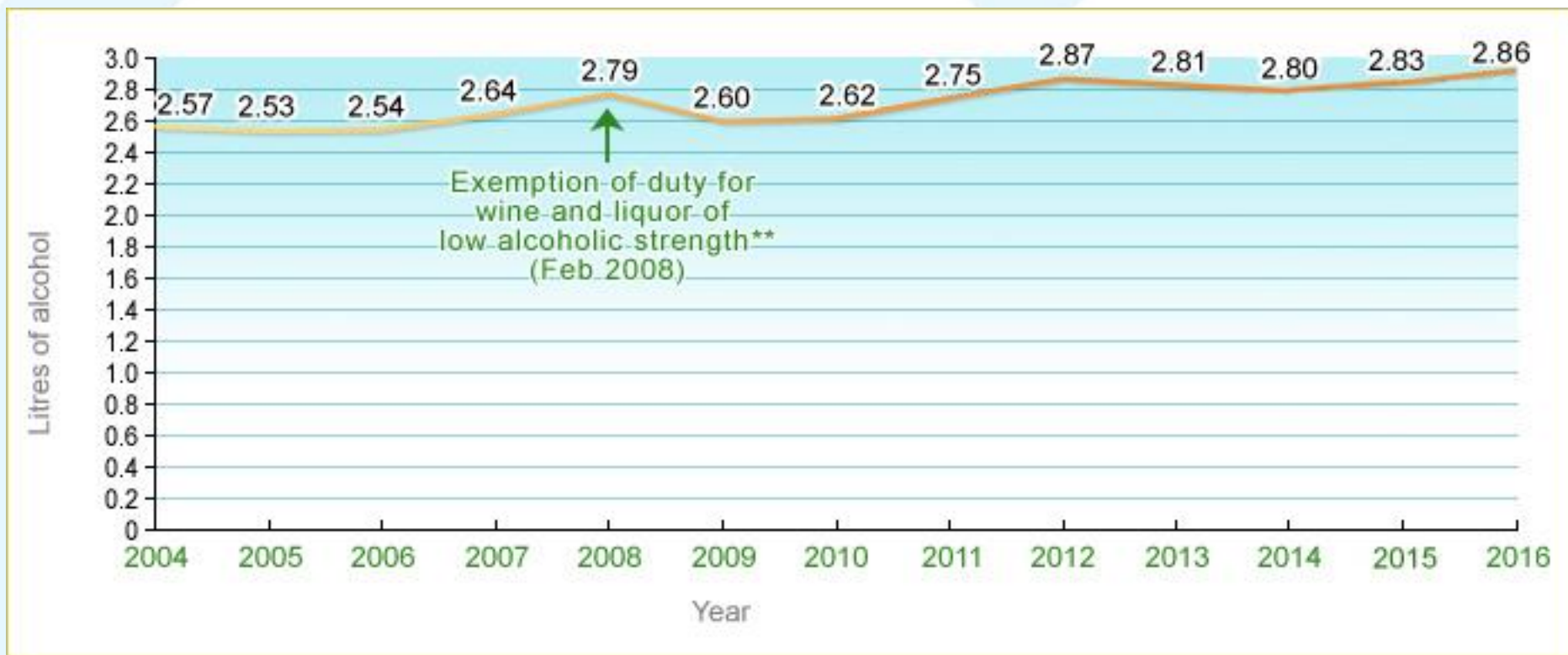


The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. © WHO 2016. All rights reserved.

Data Source: World Health Organization
 Map production: Information Evidence and Research (IER)
 World Health Organization



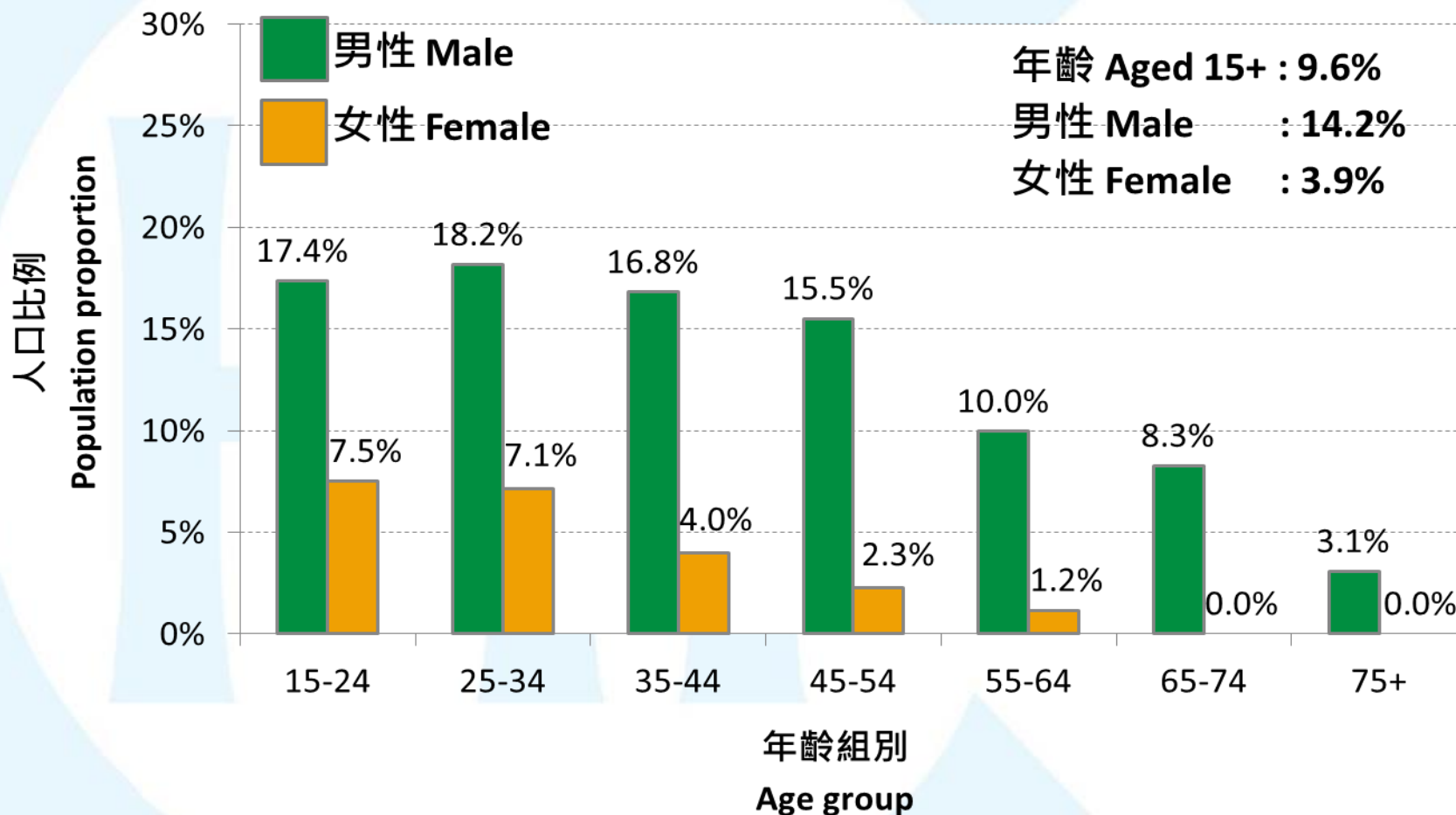
Alcohol Consumption Per Capita in Hong Kong



**The exemption of duty for wine and liquor with an alcoholic strength of not more than 30% has been implemented since February 2008.

Source: Census and Statistics Department, Customs and Excise Department, and company reports of local beer manufacturers.

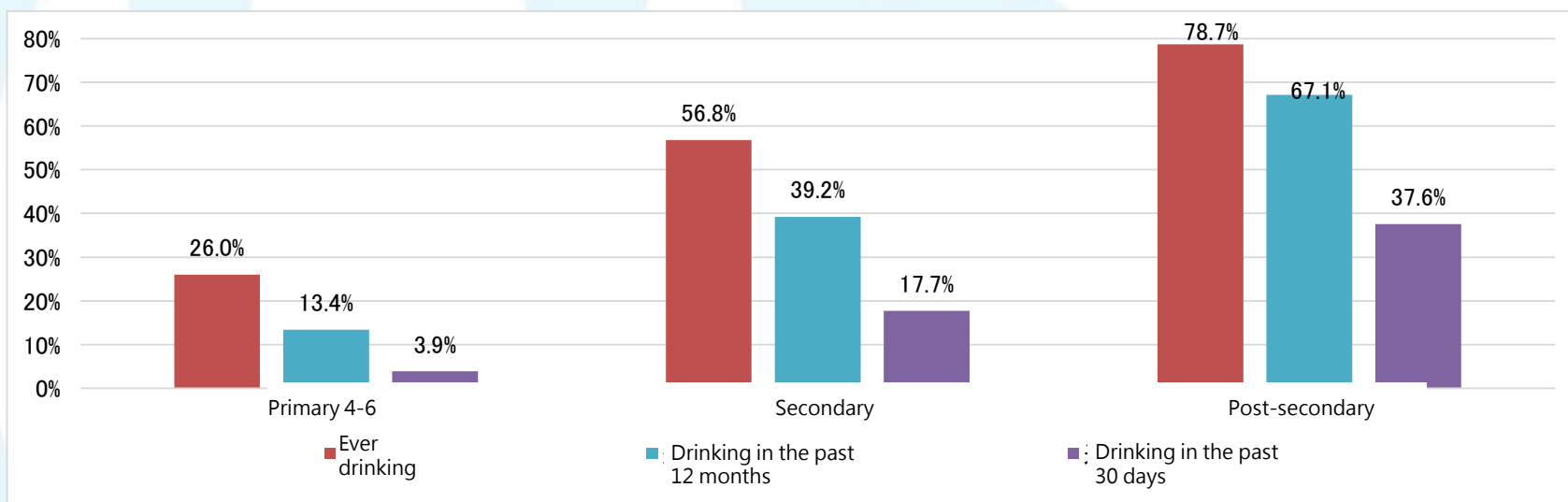
Proportion of binge drinking among persons aged 15+ who had drunk alcohol in the past 12 months



Note : Binge drinking means drinking at least 5 cans of beer, 5 glasses of table wines or 5 pegs of spirits on one occasion.

Source : Population Health Survey 2104/15, Department of Health

Youth drinking

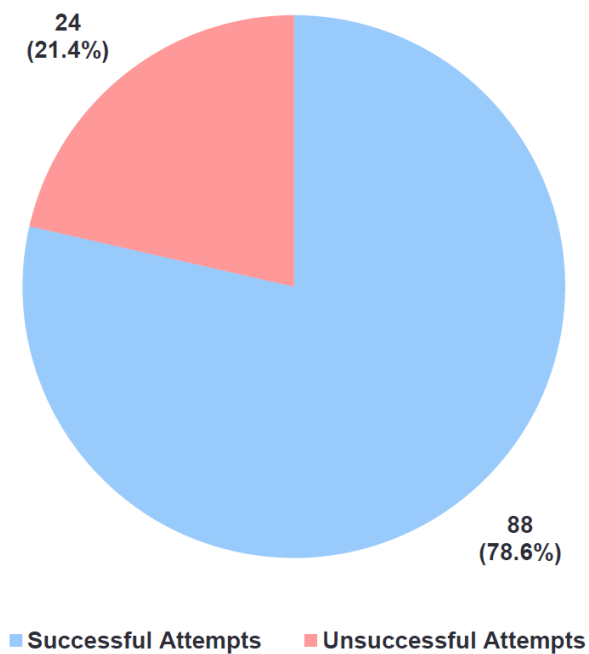


Note: This survey included 146,207 students of upper primary (P4 to P6), secondary and post-secondary
 Source: 2014/15 Survey of Drug Use among Students. Hong Kong SAR: Narcotics Division, Security Bureau.

Off-premise sales of alcohol to young people

General Statistics

Successful and Unsuccessful Attempts

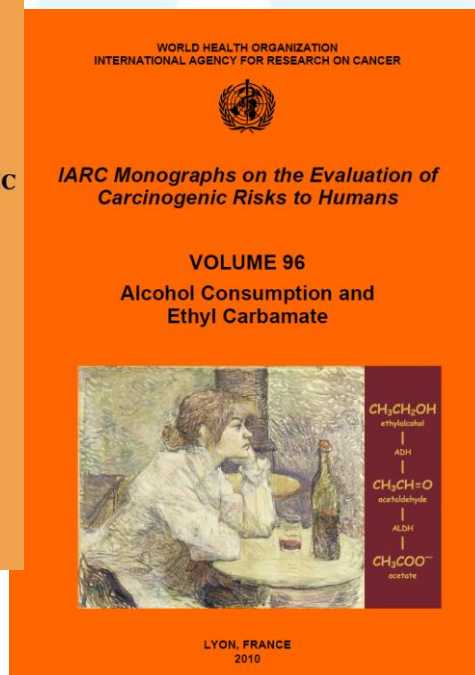
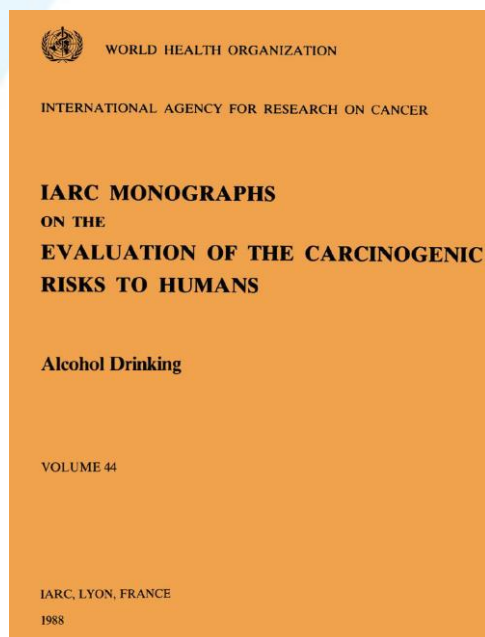


Source: KELLY SUPPORT GROUP, 2016.



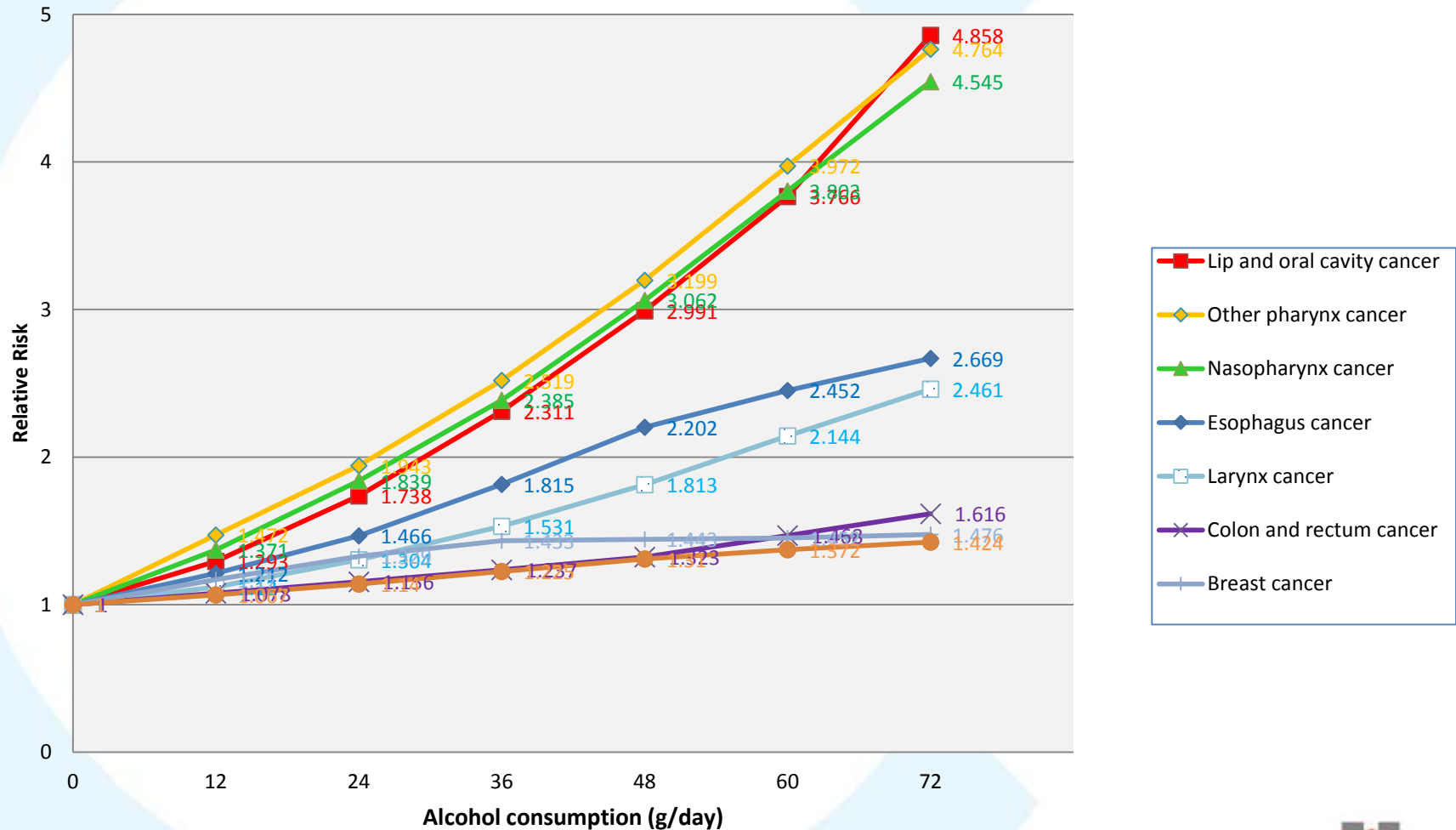
Alcohol: Group 1 Carcinogen

WHO International Agency for Research on Cancer (IARC) –



- Epidemiological evidence shows little indication that the carcinogenic effects depend on the type of alcoholic beverages, i.e. the same for beer, wine or spirits
- “Ethanol” and “Acetaldehyde associated with the consumption of alcoholic beverages” are carcinogenic to humans

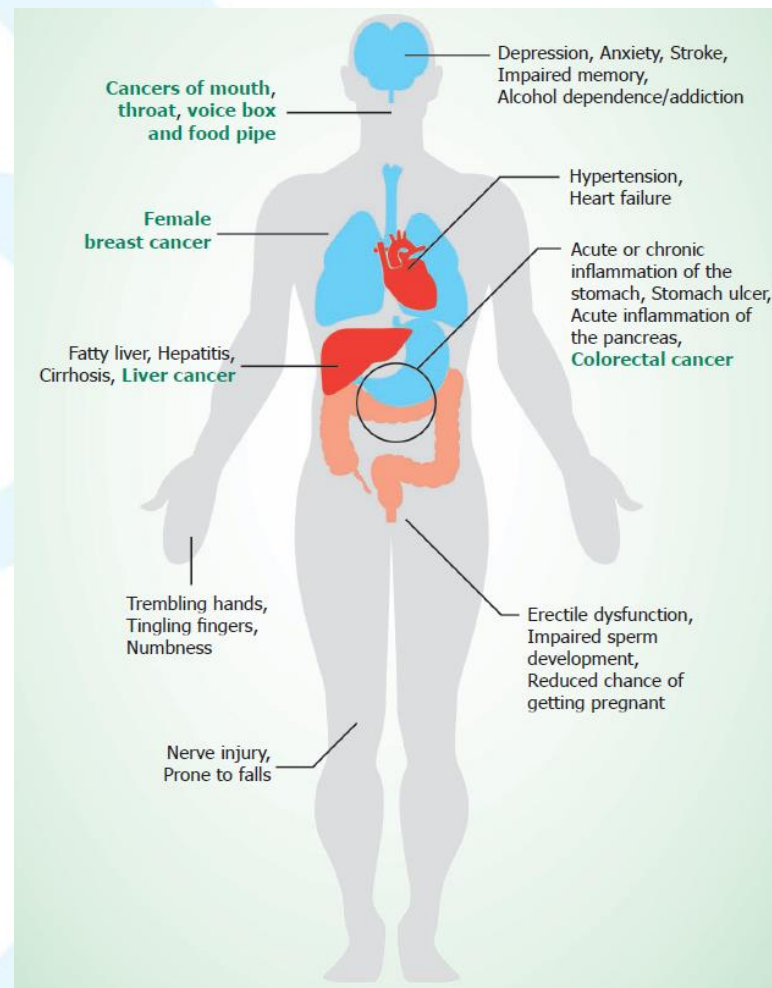
Relative Risks of Cancers by Amount of Alcohol Consumed



Source: Global, regional, and national comparative risk assessment of 84 behavioural, environmental and occupational, and metabolic risks or clusters of risks, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. Lancet 2017; 390: 1345–422

Understanding Alcohol Harm

- Lead to over 200 disease and injury conditions, e.g. alcohol dependence, mental illnesses, cirrhosis, hepatitis, stroke, heart disease, cancers...;
- Globally, alcohol is estimated to be the seventh-leading risk factor in 2016 in both DALYs (4.2% [3.7–4.6]) and deaths (5.2% [4.4–6.0]);
- Road traffic and other injuries, associated with alcohol use, are a major cause of significant mortality and morbidity among children and young people, as are violence and suicide.



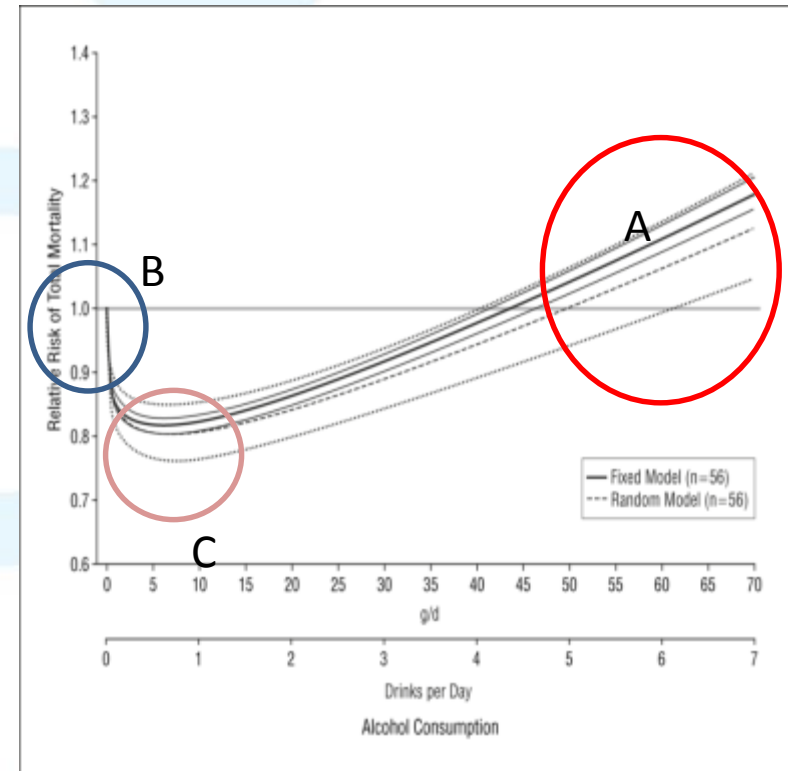
Source: Global Status Report on Alcohol and Health 2014, WHO

Global, regional, and national comparative risk assessment of 84 behavioural, environmental and occupational, and metabolic risks or clusters of risks, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet* 2017; 390: 1345–422

Young People and Alcohol: A Resource Book, WPRO, 2015

J-shaped Relationship - Overseas data

- A** Higher doses of alcohol were associated with increased mortality from coronary heart disease
- B** People never drink or do not drink might be due to one's ill health
- C** 'Healthy drinker effect'
 - More self constrained
 - More health conscious



Source: Di Castelnuovo A1, Costanzo S, Bagnardi V, Donati MB, Iacoviello L, de Gaetano G. Alcohol dosing and total mortality in men and women: an updated meta-analysis of 34 prospective studies. *Arch Intern Med.* 2006 Dec 11-25;166(22):2437-45.

'Cardiac Protection by Alcohol' in Chinese?

Studies in HK and Guangzhou showed NO heart protection effect by alcohol

- **Moderate alcohol use had NO effect on ischaemic heart disease mortality in older Chinese men**

Source: Schooling CM, et al. (2008) Moderate Alcohol Use and Mortality from Ischaemic Heart Disease: A Prospective Study in Older Chinese People. PLoS ONE 3(6): e2370.

- **The presence and severity of aortic arch calcification were associated with quantity or frequency of alcohol consumption in a dose-response pattern, suggesting that alcohol drinking, even when moderate, has no benefit for it.**

Source: Jiang CQ, et al. (2013) Alcohol consumption and aortic arch calcification in an older Chinese sample: The Guangzhou Biobank Cohort Study. International Journal of Cardiology 164: 349–354



WHO's Recommendation

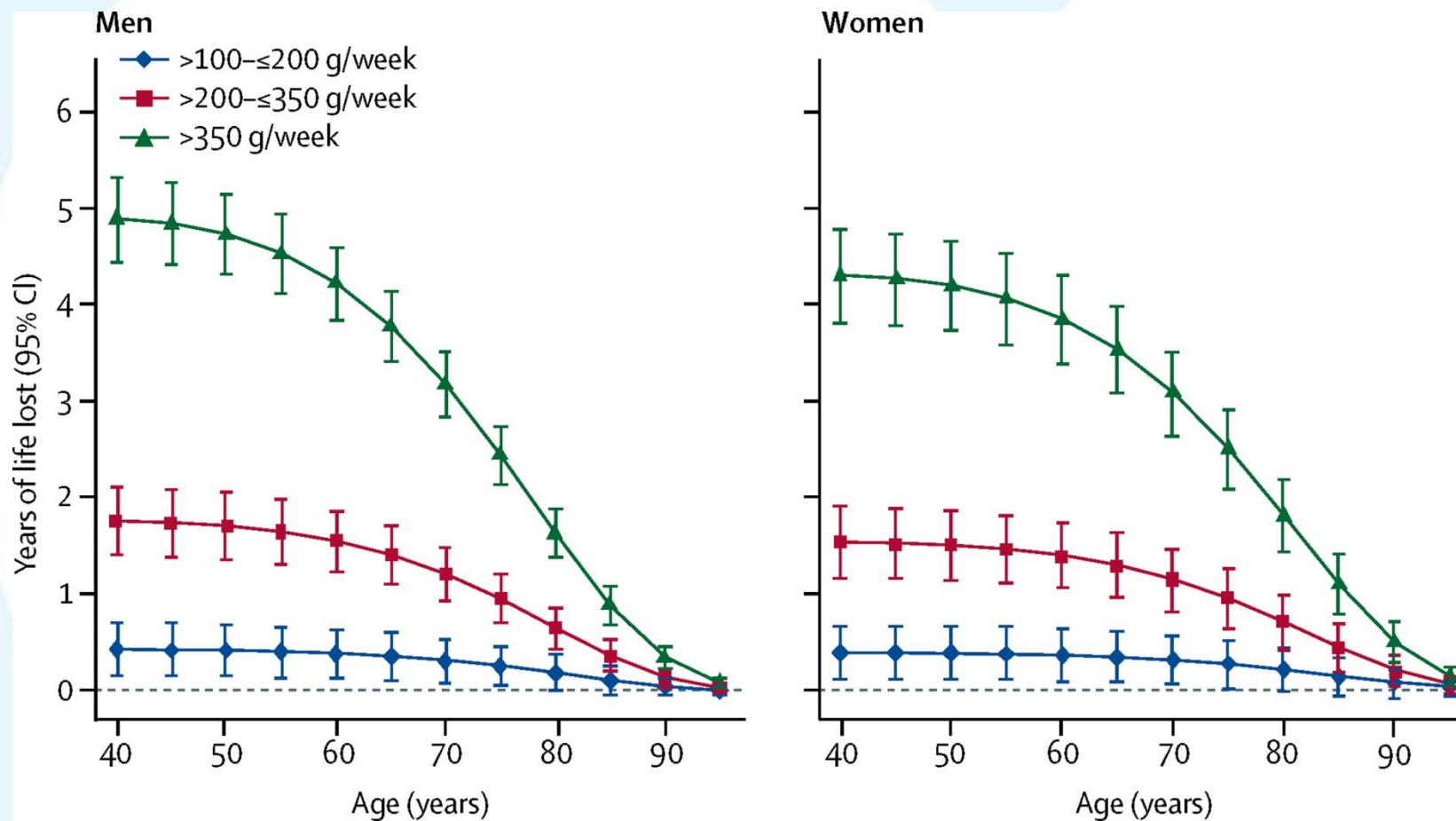
- **WHO has NEVER promoted moderate drinking for heart protection**

and particular patterns, of alcohol consumption in some populations may lower the risk of ischaemic heart disease and ischaemic stroke and associated mortality. However, controversy remains on the potential beneficial effect of low alcohol intake on cardiovascular diseases. Furthermore, beneficial effects of lower levels of alcohol consumption, if any, tend to disappear if the patterns of drinking are characterized by heavy episodic drinking (5), which is highly prevalent in many countries and population groups (1,6).

Extracted from WHO status report on NCDs 2014

- **Most cardiovascular diseases can be prevented by**
 - Tobacco and Alcohol abstinence
 - Blood pressure control
 - Blood lipid control
 - Exercise and Healthy diet
 - Diabetic control
 - Weight control

Estimated future years of life lost by extent of reported alcohol consumption



Source: Risk thresholds for alcohol consumption: combined analysis of individual-participant data for 599 912 current drinkers in 83 prospective studies. *The Lancet* 2018; 391,1513-1523

Informed Choice of Drinking

- **There is no safe drinking level as far as cancer causation is concerned. The WHO has never recommended alcohol drinking for the sake of improving health.**
- **Non-drinkers are advised not to start drinking while drinkers should gradually decrease their drinking to reduce harm.**
- **Pregnant women, children and youth and people who are ill or on medicine, as well as those operating machinery and driving should not drink.**



Legislative Council passed the Bill which prohibiting the sale and supply of intoxicating liquor to minors in the course of business



酒精傷害要認清
未成年咪掂酒精
PROTECT YOUNG PEOPLE from Harm
Say NO To ALCOHOL

- Publicity materials



- Mass Media



• Social Media



女性與酒

酒精妨礙青少年腦部發展。
作為母親或長輩的妳，別讓他們接觸酒精。

- 港大研究顯示，父母是子女獲得酒精的主要來源。中小學生與飲酒的家人同住，較大機會開始飲酒。
- 家長容許子女幫助買酒、斟酒、開酒樽等鼓勵飲酒行為，兒童特別是小學生較大機會從小開始飲酒。





- Schools



- Community



- Animated GIF Design Contest Hong Kong



飲酒與健康篩查問卷 (AUDIT-C 檢測)

前言
飲用酒精會對你的健康構成影響，而酒精亦會對多種藥物產生干擾，所以我們想向你詢問一些關於酒精使用的問題，所有資料將會保密，所以請盡可能準確地填寫，如有任何問題，可向醫護人員查詢。

甲部 (AUDIT-C) 請圈出合意的答案。

過去一年內...	評分					你的分數
	0	1	2	3	4	
1. 你有飲過酒嗎?	從不	每月一次或以下	每月二至四次	每星期兩至三次	每星期四次或更多	
2. 在你想飲的日子裡，通常一日會飲幾多酒精單位? (請參閱下圖，如常用多於一個酒精單位，請計算總數)	0-2	3-4	5-6	7-9	10+	
3. 你有意經常一次過飲至少 5 罐啤酒 / 5 杯葡萄酒 / 5 pint 烈酒? (請參閱下圖)	從不	每月少於一次	每月一次	每星期一次	幾乎每日或每日	

分數 (A): _____

如得 3 分或以上，請到有關醫護人員查詢

甚麼是酒精單位?

不同酒精飲品的酒精單位可用以下公式計算。

$$\frac{1}{\text{酒精單位}} = 10 \text{ 克酒精}$$

$$\text{酒精單位} = \frac{\text{酒精量 (毫升)} \times \text{酒精濃度 (\%)}}{1000} \times 0.789$$

酒精單位換算 1 個酒精單位 = 10 克純酒精



以上圖例為香港常見的酒精飲品，並按大概比例顯示所含的酒精份量 (單位)。

如何解讀 AUDIT-C 分數?

- 0-2 分：保持酒量不低於健康生活方式開始。
- 3-4 分：留意防癌及其他疾病，應考慮減少飲酒量至或戒酒。
- 5-6 分：如常飲酒，請飲有節量，男士一天不超過 2 個酒精單位，女士一天不超過 1 個酒精單位。
- 7-9 分：若有健康問題，正服用藥物，駕駛車輛或操作機械，懷孕或未成年，請勿飲酒。
- 10 或以上：請回答接下來的七個問題，以了解更多 (見頁 3)。

如得 3 分或以上，請到醫



飲酒與健康
篩查問卷



ALCOHOL SCREENING AND BRIEF INTERVENTION

乙部 (AUDIT) 請繼續圈出合意的答案。

過去一年內...	評分					你的分數
	0	1	2	3	4	
4. 過去一年中，你試過多少次一星期飲酒後不能停止?	從不	每月少於一次	每月一次	每星期一次	幾乎每日或每日	
5. 過去一年中，你有多少次因為飲酒而導致別本來重要的事?	從不	每月少於一次	每月一次	每星期一次	幾乎每日或每日	
6. 過去一年中，你有多少次醒來時頭暈眼花或感到身體不適?	從不	每月少於一次	每月一次	每星期一次	幾乎每日或每日	
7. 過去一年中，你有多少次因為飲酒而導致與你或你人不快?	從不	每月少於一次	每月一次	每星期一次	幾乎每日或每日	
8. 過去一年中，你有多少次因為飲酒而導致與你或你人不快?	從不	每月少於一次	每月一次	每星期一次	幾乎每日或每日	
9. 你或他人有沒因為飲酒而導致受傷?	沒有	有，但不是過去一年中	有，是在過去一年中	有，是在過去一年中	有，是在過去一年中	
10. 醫士有建議、朋友、醫生或其他醫療人員關注你飲酒的情況或建議你減少飲酒?	沒有	有，但不是過去一年中	有，是在過去一年中	有，是在過去一年中	有，是在過去一年中	

分數 (B): _____

將前一頁的分數加上本頁的分數，計出總分 (A+B): _____

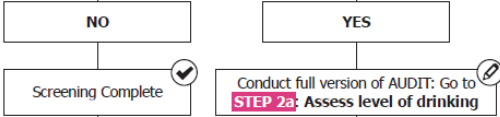
如何解讀 AUDIT 總分?



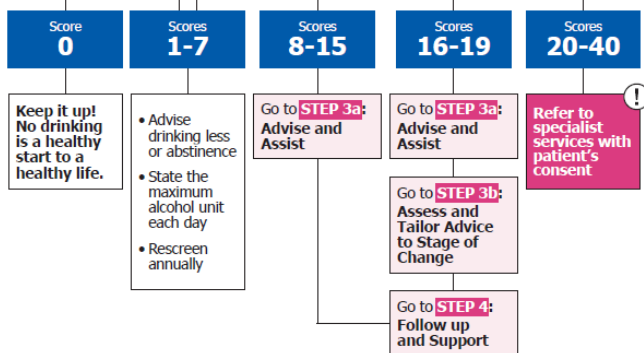
如欲獲取此問卷的電子版本，請到 <http://change4health.gov.hk/audit>

本篩查問卷由香港特別行政區衛生署提供。 www.change4health.gov.hk

STEP 1: Complete AUDIT-C and scored ≥ 3 ?

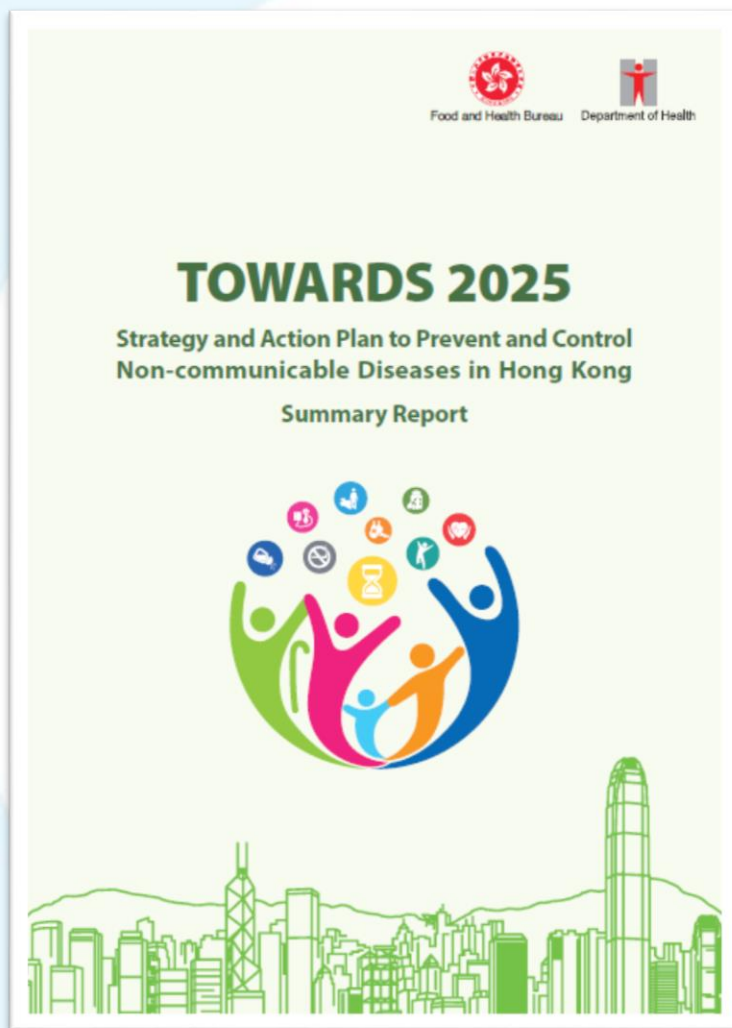


STEP 2b: Determine the level of risk



ASBI Briefings for Primary Care Practitioners





Target 2

At least 10% relative reduction in the prevalence of binge drinking and harmful use of alcohol (harmful drinking/ alcohol dependence) among adults and in the prevalence of drinking among youth





Thank you

