



東華三院
Tung Wah Group of Hospitals

戒煙綜合服務中心
Integrated Centre on Smoking Cessation

Tung Wah Group of Hospitals
Integrated Centre on Smoking Cessation
Drinking and Smoking Cessation
(2nd Edition)

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Drinking
and

Smoking
Cessation



Introduction

This booklet aims to help smokers who have drinking habits to understand their alcohol use level and how to reduce their drinking. It is hoped that their smoking cessation progress would not be affected by excessive drinking, so as to enjoy a smoke free life in the long run.

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Section I: Basic information about drinking and smoking



1.

Smoking and drinking

Tobacco and alcohol are often used together. Oversea studies have shown that people who are dependent on alcohol are three times more likely than those in the general population to be smokers, and those who are dependent on tobacco are four times more likely than the general population to be dependent on alcohol¹³.

Many smokers report that they usually smoke and drink at the same time, particularly in social situations such as parties, gatherings, and business meetings. According to our clinical experiences, many quitters are not aware of their excessive alcohol consumption and the relationship between drinking and smoking. Drinking not only hinders one's quitting smoking attempt, but also harms one's physical and psychological health.



The impact of drinking on smoking cessation

Drinking is a common trigger of smoking and it can make smokers experience stronger smoking urges. Alcohol is a central nervous system depressant. It affects people's judgment and self-control, making them more impulsive and forgetting the reasons for quitting. Studies have consistently demonstrated that alcohol consumption may precipitate smoking relapse^{13,15,16}.

Health risks associated with alcohol and tobacco

Alcohol and tobacco are among the top causes of preventable death. Apart from the other adverse effects of alcohol use, a number of studies suggested that combined use of alcohol and tobacco significantly increases the risk of certain cancers e.g. oral and larynx cancer and liver cancer²². (For details, please refer to page 4 Figure 1. Health risks associated with alcohol use.

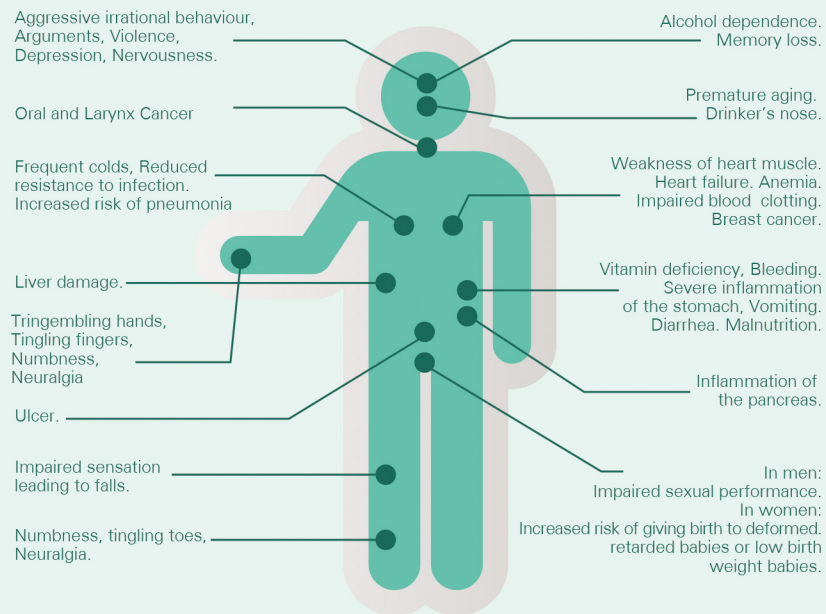
2.

Health risks associated with alcohol use

Drinking causes harm to all parts of the body. Alcohol (ethanol) is a central nervous system inhibitor, which can change people's consciousness, perception and functions. After drinking alcohol, it will be metabolized by the liver, which may cause pathological changes in the liver and other organs.

According to a medical journal of Lancet (2018)³⁰, 600,000 subjects without heart disease were recruited for analyzing their drinking habits. The results shown that people who drink 10 or more alcoholic units per week will die one to two years earlier than those who drink 5 or less alcoholic units per week. If people drink 18 alcoholic units or more per week, their life expectancy will be greatly reduced by four to five years.

Figure 1: Health risks associated with alcohol use



High-risk drinking may cause social, legal, health, family and financial problems, and shorten life expectancy. Drink driving may also lead to accidents or deaths.

source:
Babor, T.F. and Higgins-Biddle, J.C. (2001) Brief Intervention for hazardous and harmful drinking: A manual for use in primary care. Geneva: World Health Organization
Alcohol affects each person differently based on different factors including body weight, general health status and family health history etc.

1. Nervous system

Alcohol can damage nerve cells, and excessive drinking harms the central nervous system, including long-term insomnia²¹, depression, anxiety, epilepsy²⁵, memory loss or brain degeneration²⁴.

2. Cardiovascular disease

Alcohol can interfere with the sympathetic nervous system that controls the contraction and expansion of blood vessels. Excessive drinking can also lead to an increase in blood pressure, which may develop into hypertension⁶ which can cause other complications, including kidney disease, heart disease and stroke.

3. Digestive tract system

Alcohol damages liver cells, and excessive drinkers are more likely to have cirrhosis. If hepatitis carriers have the habit of drinking and smoking, their risk of liver cirrhosis will also increase significantly⁶.

4. Endocrine system

Alcohol can not only cause gastritis, but also chronic pancreatitis. Chronic pancreatitis can interfere with the digestive process, causing severe abdominal pain and persistent diarrhea. At the same time, it can also lead to a decrease in insulin production⁶, and further lead to diabetes mellitus⁴. Alcohol is high in calories, and excessive intake of calories will also increase the chances of obesity and diabetes.

5. Musculoskeletal system

Alcohol will increase uric acid in the body and form crystals in joints, which will lead to gout¹². Although gout still has certain genetic factors, alcohol and other eating habits can also affect the condition. Moreover, alcohol can also cause muscle atrophy, affect the absorption of calcium and lead to bone loss. and bone fracture.

6. Immune system

Excessive drinking will suppress the immune system and increase the risk of infection, such as tuberculosis and pneumonia⁵.

7. Genital system

Alcohol can damage peripheral nerves, leading to muscle weakness, incontinence, sexual dysfunction, etc³⁰.

8. Multiple cancers

Ethanol and its metabolite "acetaldehyde" in alcohol can destroy deoxyribonucleic acid (DNA), increase the level of estrogen and the risk of breast cancer. Drinking alcohol can cause oral cancer, pharyngeal cancer (excluding nasopharyngeal cancer), laryngeal cancer, esophageal cancer, liver cancer, colorectal cancer and breast cancer⁶. The risk of these cancers will increase with the increase in alcohol consumption.

3.

Myths of drinking

1. Is drinking a small amount of red wine good for our heart?

The saying "drinking red wine to protect your heart" comes from the fact that grape skins contain flavonoids and antioxidants, which can reduce the risk of heart disease to some extent, but this is not the effect of alcohol. Alcoholic beverages are classified by the International Agency for Research on Cancer (IARC) as a Group 1 carcinogen (carcinogenic to humans), and even drinking a small amount will increase the risk of cancer. The study also found that drinking alcohol can make the cardiac contractile function worse, and there is a higher probability of cardiovascular disease.²² On the whole, the disadvantages of drinking red wine outweigh the advantages¹.

The American Heart Association also said that regular exercise and healthy diet can also effectively raise high-density cholesterol to protect the heart, so it is not recommended to drink red wine or any alcohol to achieve potential benefits.

2. Can Drinking warm your body?

Wine will dilate blood vessels so that people will feel hot immediately. However, this is only a temporary illusion. After feeling a short period of warmth, the blood vessels cannot contract in time, which accelerates the heat dissipation of the body and makes people feel cold. Therefore, excessive drinking in cold weather may lead to hypothermia.

3. Is drinking beer or red wine safer than drinking spirit?

The degree of influence of drinking lies in the drinking volume and alcohol content, rather than the difference between alcoholic beverages. A 350ml can of beer can contains the same amount of alcohol as 150ml of red wine or 45ml of spirit in glass.

4. Drinking beer can relieve your thirst?

Drinking can only relieve your thirst for a short time because drinking will increase your excretion which will make you ever more thirsty.

5. Is alcohol high in calories?

Alcoholic beverages are high in calories¹⁸. Many cocktails are also often blended with sugar or syrup to sweeten it or make it easier to taste. A glass of beer or wine usually contains 100 to 150 calories. The calories of a glass of cocktail range from 100 calories to nearly 500 calories, depending on the mixture added, such as soda, juice, etc. If you drink alcohol, remember to include it in your diet plan so that you don't eat more calories than you need.



4.

Drinking taboos

According to the Dietary Guidelines for Americans 2020-2025²⁹, no alcohol should be used in the following situations .

1. Driving or operating machinery.
2. Taking part in activities that require attention, skills or coordination.
3. In situations where impaired judgment can cause injury or death.
4. Handling chemicals, sharp or dangerous goods.
5. Using ladders or working at heights.
6. Being pregnant / may become pregnant.
7. Have certain chronic medical conditions (e.g. liver disease, hypertriglyceridemia and pancreatitis).
8. Take certain medications that interact with alcohol.
9. Are recovering from alcohol use disorder or are unable to control the amount you drink.
10. Under the legal age for drinking.

No Drink Driving²⁸

According to Hong Kong Ordinances, CAP 374 Road Traffic Ordinance Section 39, it is illegal to drive with more than 35mcg of alcohol per 100ml of breath; or more than 80mg of alcohol per 100ml of blood; or more than 107mg of alcohol per 100ml of urine. Plan the transportation arrangements for going home before drinking. You can choose to take public transport or appoint a driver who does not drink alcohol to drive.



5.

How to calculate alcohol intake ?

The alcohol content of various alcoholic beverages varies greatly. How much pure alcohol you consume depends on the drinking amount and the percentage of alcohol in beverages.

Alcohol unit

"Alcohol unit" is a common measurement unit of alcohol. According to the World Health Organization, any drink containing 10g or 12.5ml of pure alcohol is quantified as "one" alcohol unit.

Alcohol by volume (ABV; vol)

"Alcohol by volume" represents how many milliliters of pure alcohol (ml) are contained in each milliliter of drink. When the bottle is marked "40 ABV", it means that the alcohol by volume is 40%. A bottle of 100 ml wine contains 40 ml of pure alcohol.

Alcohol density

The density of alcohol (the ratio of weight to volume) is about 0.789. After the volume of 40 ml of pure alcohol is multiplied by the density of alcohol, it contains 31.6 grams of pure alcohol.

You can calculate the number of "alcohol units" by using the following formula.

$$\text{alcohol units} = \frac{\text{Drink volume (ml)} \times \text{alcohol content (\% by volume)*}}{1000} \times \text{Alcohol density } 0.789$$











*Alcohol content is printed on the lable of the container.



Example of Calculating Alcohol Unit

The number of "alcohol units" of a can of 330 ml beer (containing 5% alcohol by volume)
 $= 330 \times 5 \div 1000 \times 0.789$
 $= 1.3$ "alcohol units"

Alcohol content in different drinks¹⁰

Alcohol by volume in different drinks*	Volume per usual serving	Alcohol units per Container*
 Shandy 仙地酒 0.5%	330ml (can)	0.1
 Beer 啤酒 5%	330ml (small can)	1.3
	500ml (king can)	2
	330ml (small bottle)	1.3
	640ml (large bottle)	2.5
 Cider 蘋果酒 5%	275ml (small bottle)	1.1
 Wine (Red / White) 葡萄酒 12% (11%-15%)	125ml (small glass)	1.2 (1.1-1.5)
	750ml (bottle)	7.1 (6.5-8.9)
 Champagne 香檳/Sparkling 汽酒 12%	125ml (small glass)	1.2
	750ml (bottle)	7.1
 Fortified Wine 加度葡萄酒 (Sherry 雪利酒 ; Port 砵酒) 15%-20%	125ml (small glass)	1.5-2
 Plum wine 梅酒 15%	300ml (small bottle)	3.6
 Sake 日本清酒 16%	300ml (small bottle)	3.8
 烈酒(威士忌;伏特加;杜松子酒; 朗姆酒;龍舌蘭酒;白蘭地) 40% (35%-57%)	30ml (pub measure)	0.9 (0.8-1.3)
 花雕酒 18%	approx. 50ml (1 tael)	0.7
	250ml (water glass)	3.6
 Glutinous Rice Wine 糯米酒 18%	approx. 50ml (1 tael)	0.7
	250ml (water glass)	3.6
 Shuang Zheng Jiu 雙蒸酒 30%	approx. 50ml (1 tael)	1.2
	250ml (water glass)	5.9
 San Zheng Jiu 三蒸酒 38%	approx. 50ml (1 tael)	1.5
	250ml (water glass)	7.5
 Chinese spirits/Baijiu 中式烈酒/白酒 52% (38%-67%)	approx. 50ml (1 tael)	2.1(1.5-2.6)
	250ml(water glass)	10.3 (7.5-13.22)

Remark: *These values are approximation only.

- These are approximate value by volume since different brands and types of beverages vary in their actual alcohol by volume.

- It can be difficult to estimate the number of alcohol units in a mixed drink made with hard liquor. Depending on the type of spirits and the recipe, a mixed drink can contain from one to three alcohol units.





Section II: Understanding your drinking risks



7.






Types of Drinking Pattern

Please calculate your drinking units for a week to understand your drinking patterns and risks (Please refer to "How to calculate alcohol intake? "and" Alcohol Content of Various Drinks ", page 9-10)

	 Moderate Drinking	 Excessive Drinking		 Binge Drinking
	In a day	In a day	In 1 week	Within 2 hours
 Men	2 Alcohol units or less	4 Alcohol units or more	14 Alcohol units or more	5 Alcohol units or more
 Women	1 Alcohol unit or less	3 Alcohol units or more	7 Alcohol units or more	4 Alcohol units or more

References: "The Dietary Guidelines for Americans 2020-2025"²⁹ & National Institute on Alcohol Abuse and Alcoholism²³

Warm Reminder:

-  Alcohol will weaken your ability to think and judge.
-  Excessive drinking will increase the risk of accidents, violent behavior, being sexual assault or unsafe sex. Alcohol-related harm could be long-lasting. The more you drink, the greater the risk of alcohol-related harm.
-  Excessive drinking will increase your risk of acute alcohol intoxication, acute pancreatitis, accidental injury, suicide, unsafe sex and violence.
-  Binge drinking is associated with stroke and sudden death¹⁷. There may be a potential death risk of asphyxia caused by vomit straying into the trachea. Even occasional "binge drinking" is very dangerous. Therefore "binge drinking" should be avoided on social occasions, such as wedding banquets or parties.
-  A local study has indicated that binge drinking more than once per month may adversely affect quit smoking¹⁶.

8.


Should I change my drinking behavior when I quit smoking?

Please answer the following questions.

- Do you usually smoke and drink at the same time?
- Have you ever experienced smoking urges while drinking?
- Have you lapsed due to drinking?
- Have you relapsed due to drinking?
- Have your drinking behavior caused you some concerns or troubles?
- Have you ever wanted to drink less?



Warm Reminder:

-  As long as you answer any "yes" to any one of the above questions, you may have to stop or reduce your drinking in order to prevent possible harm to yourself and relapse into smoking even if you are a moderate drinker.



Section III: Coping strategies for reducing alcohol consumption



9.

Understand your drinking behavior & high-risk situations

Drinking diary can help you know to understand when you drink too much or have binge drinking, so as to identify your high-risk situations of drinking and relationship between drinking and smoking. High risk situations are those situations, people, activities, time, and emotions that usually trigger your drinking behavior.

Please try to fill in the following log.

Date	Types of Alcoholic beverages	Alcohol Units	High risk situations						Pieces of Cigarette Smoked while Drinking
			When	With whom	Where	Action	Mood state	Others	
Example	Beer	4	10-11 pm	alone	home	Memorize the past	Feeling upset		10 pieces
Mon									
Tue									
Wed									
Thu									
Fri									
Sat									
Sun									
Total Weekly Intake of alcohol units									

Manage your high-risk situations

Understand your high-risk situations and plan how to cope with them beforehand.

Please select the following high-risk situations according to your drinking diary

Daily activities	Situation/people	Place	Mood/emotion
<input type="radio"/> After wake up	<input type="radio"/> Being alone	<input type="radio"/> Home	<input type="radio"/> Feeling happy
<input type="radio"/> After meals / While eating something	<input type="radio"/> Seeing other drinking	<input type="radio"/> Friend's home	<input type="radio"/> Feeling sad
<input type="radio"/> Smoking	<input type="radio"/> Staying with drinking friends	<input type="radio"/> Convenient stores	<input type="radio"/> Feeling lonely
<input type="radio"/> Watch TV/movies/ videos	<input type="radio"/> Family / Social gatherings	<input type="radio"/> Bars	<input type="radio"/> Feeling angry
<input type="radio"/> In the idle time	<input type="radio"/> Meeting with your clients / business partners	<input type="radio"/> Restaurants	<input type="radio"/> Feeling stressful
<input type="radio"/> Feeling thirsty	<input type="radio"/> Parties / Celebrations	<input type="radio"/> Street	<input type="radio"/> Feeling bored
<input type="radio"/> After work	<input type="radio"/> After argument / being criticized	<input type="radio"/> Beach	<input type="radio"/> Being afraid
<input type="radio"/> Before bed	<input type="radio"/> Hot weather	<input type="radio"/> Outdoor	<input type="radio"/> Feeling of failure
<input type="radio"/> Others:_____	<input type="radio"/> Others:_____	<input type="radio"/> Others:_____	<input type="radio"/> Others:_____
<input type="radio"/> Others:_____	<input type="radio"/> Others:_____	<input type="radio"/> Others:_____	<input type="radio"/> Others:_____

10.

Tips for changing your drinking habit

In daily life

- Record your daily alcohol consumption and fill in the "Drinking Diary" to understand your personal drinking behaviour and the high-risk situations, e.g. place, people, time, mood, etc., and then plan coping strategies in advance.
- Plan the time and drinking limit of every day and every week, and stick to your drinking limit of alcohol set by yourself and related coping methods.
- Avoid storing alcohol beverages at home to avoid drinking urges.
- Turn down unwanted drinks e.g. by just saying firmly and politely, "No, thank you."
- Affirm your efforts and progress and reward yourself in a healthy way to keep on controlling alcohol consumption.

When participating in drinking occasions

- Plan the leaving time in advance, and reduce the prolonged drinking time.
- Eat something before drinking to slow down and reduce alcohol absorption.
- Recognize your capacity for alcohol and the alcohol content of various drinks. Choose drinks with low alcohol content, or add ice to dilute alcohol.
- Take a sip at one time, and slow down the drinking to prevent the alcohol concentration in hemostasis from rising rapidly.
- Reduce alcohol absorption by sipping more slowly and taking smaller sips.
- Use the clock-watching method to space the drinks out.
- Drink non-alcoholic drinks in between drinks to reduce alcohol consumption, such as water and fruit juice.
- Do something you enjoy in between drinks to reduce the drinking time and amount, such as singing and chatting.
- Avoid eating salty snacks that makes you thirsty. Choose fruits and low-salt snacks during drinking.
- Seek support and companionship from your family and friends, such as inviting friends who always drink moderately.

When drinking urges occurs:

Delay:

- Don't drink and buy alcoholic beverages
- Think of doing something else to delay your act.
- Remember that your drinking urges will pass.

Distract:

- Focus on other activities, such as chatting, working, sports, etc.
- Have a drink of water or other non-alcoholic beverages
- Replace drinking with healthy snacks, such as sugar-free chewing gum and fruits.
- Take a deep breath
- Leave the situation

Stop and think:

- Remind yourself of your drinking limit and review the reasons for changing your drinking habits.
- Choose the appropriate way to respond without being dominated by drinking impulse.
- Remind yourself about the harm of drinking.



Warm reminder during smoking cessation

- 🍷 When you can reduce the amount of alcohol used during quitting smoking, you can effectively avoid the chance of relapse or occasional smoking of cigarettes products due to drinking.
- 🍷 Choose to drink at non-smoking places to avoid smoking while drinking, such as bars in hotels, indoor restaurants, etc.
- 🍷 Avoid drinking with smoking peers, so that alcohol will not weaken the control of smoking urges, especially in the first few weeks of quitting smoking.
- 🍷 After quitting smoking, it is common that you will sometimes experience smoking urges even if you are using smoking cessation medications. NEVER HANDLE YOUR SMOKING URGES BY DRINKING. THAT MAY JUST DEVELOP ANOTHER ADDITIVE BEHAVIOR INSTEAD. For effective smoking urges management, please refer to our Relapse Prevention Manual 3rd Edition.

11.

Are you ready to change? Make a plan to change drinking habit

My Change Goal:

- I will drink no more than _____ alcohol unit(s) on any day; And.
I will drink no more than _____ alcohol unit(s) per week
(Please refer to page 9-10 "How to calculate alcohol intake? "and"
Alcohol Content of Various Drinks ".)

OR

- I want to stop drinking totally

My Change/Quit Date: _____

My Major Reasons for Change: _____

What steps/ strategies will I take to achieve my change goal (please refer to "Tips for changing your drinking habit?" , P. 17-18):

My High-risk Situations (please refer to "Understand your drinking behavior and high-risk situations, P.15-16)

	My high-risk situations	Ways of Coping
1.		
2.		
3.		
4.		

From whom can I seek support? What types of support do I want to get from them?
(please refer to "Community services for people with drinking problem" , P.25)

Section IV: Drinking and Mental Health



12.

The relationship between drinking, depression and anxiety

Alcohol is a central nervous system inhibitor, which can slow people's response towards anxiety and stress temporarily, but it can't reduce feeling of depressed and anxious in the long run. At most, it can only achieve the effect of self-anesthesia, temporarily suppress negative emotions but fail to change the root causes of depression and anxiety.

Alcohol can change the endocrine of the brain, and prolonged drinking will worsen one's tolerance to alcohol, which will lead to more serious anxiety and depression, especially when you stop drinking (this is a withdrawal symptom)²⁴. As a result, they need to drink more and more alcohol to avoid feeling anxious and depressed. A vicious circle has developed.

Common depressive Symptoms

Emotional Symptoms

Feeling of sadness
Loss of interest in activities

Physical Symptoms

Sleeping disturbances
Eating disturbances
Weight loss
Decreased energy/fatigue

Cognitive Symptoms

Inappropriate guilt
Concentration difficulties
Loss of self confidence / Indecisiveness
Suicidal thoughts

Behaviors

Psychomotor agitation/retardation

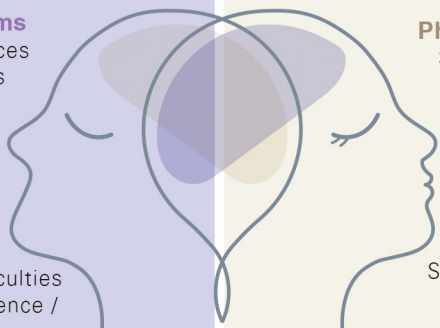
Common Anxiety Symptoms

Emotional Symptoms

Anxiety
Fear

Physical Symptoms

Shortness of breath
Chest Discomfort
Tremors/Shaking
Sweating
Hot and cold spells
Heart Racing
Faintness
Nausea or vomiting
Stomach discomfort
Insomnia



If you have had depressive symptoms for more than 2 weeks or if you have been distressed by anxiety symptoms for a period, please approach medical or helping professionals for further assessment and help.

13.

Drinking and insomnia

Can drinking help with your sleep?

Drinking before bedtime may decrease the time required to fall asleep due to the sedating effect of alcohol. However, alcohol use appears to disrupt the sleep cycle. Some people may wake up intermittently in the second half of the sleep period, or they may have difficulties in returning to sleep after waking up. Upon continued alcohol use before bedtime, the sleep-inducing effect of alcohol may decrease, while its sleep disruptive effect continues or increases. On the other hand, sudden stopping of heavy drinking can result in alcohol withdrawal symptoms including insomnia with marked sleep fragmentation²¹.



14.

When should I seek professional help for my drinking problem?

The formation of alcohol dependence is not a one-off event, but the accumulation of years of drinking habits. In general, if a person cannot control himself by excessive use of alcohol, which leads to cognitive, behavioral, physical, social dysfunction or interpersonal barriers or injuries, then he needs to seek professional help.

Do you experience the following situations?

Have to drink more to get the same effect	<input type="checkbox"/> Yes <input type="checkbox"/> No	Spend a lot of time drinking	<input type="checkbox"/> Yes <input type="checkbox"/> No
Persistent desire or unsuccessful effort to cut down or control alcohol use	<input type="checkbox"/> Yes <input type="checkbox"/> No	Your drinking has caused negative interpersonal problems, e.g. family conflicts	<input type="checkbox"/> Yes <input type="checkbox"/> No
The time you spend on your drinking and the amount you drink are more than you intended	<input type="checkbox"/> Yes <input type="checkbox"/> No	Give up recreations, family/social gatherings or jobs in order to drink	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have strong urges to drink	<input type="checkbox"/> Yes <input type="checkbox"/> No	Continue drinking despite knowledge of having physical or psychological problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fail to perform major role obligations at work or home	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have alcohol withdrawal symptoms like sweating, insomnia, shakiness, nausea, vomiting or anxiety after stopping drinking	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recurrent alcohol use in situations that increase your chances of getting hurt, e.g. driving, swimming, using machinery	<input type="checkbox"/> Yes <input type="checkbox"/> No		

All the above listed are common symptoms of alcohol use disorder (DSM-5) ². If you answer yes to two or more of these questions after trying all the strategies mentioned for changing alcohol behavior, we recommend that you should seek professional help for assessment.

15.

Community services for people with drinking problem

Tung Wah Group of Hospitals “Stay Sober Stay Free” Alcohol Abuse Prevention and Treatment Service

Tel: 2884 9876
 Fax: 2884 3262
 Email: cc-atp@tungwah.org.hk
 Web: <http://atp.tungwahcsd.org/>

Integrated Centre on Addiction Prevention & Treatment (ICAPT)

Tel: 2827 1000
 Email: icapt-online@tungwah.org.hk
 Web: <http://icapt.tungwahcsd.org>

Alcoholics Anonymous in Hong Kong

Tel: 61106405 (Chinese) 9073 6922(English)
 Web: <http://aa-hk.org/>

HA Substance Abuse Clinics

Pamela Youde Nethersole Eastern Hospital	Tel: 2595 4546
Queen Mary Hospital	Tel: 2517 8140
Kowloon Hospital	Tel: 3129 6710
Kowloon East Substance Abuse Clinic	Tel: 3949 5070
Kwai Chung Hospital	Tel: 2959 8082
Prince of Wales Hospital / North District Hospital	Tel: 3505 2584 / 2683 7644
Castle Peak Hospital	Tel: 2456 8260

Section V: Supplementary Information



16.

Drinking and health risks of special populations

Drinking and Older Adults

Q: Why lower levels of drinking are recommended for adults over 65?

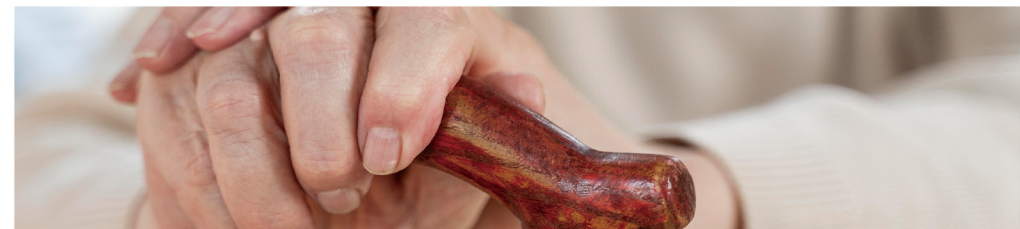
A: As people age, they may become more sensitive to alcohol effects. The same amount of alcohol intake can have a greater effect on an older person than on a younger person. Therefore, the National Institute on Alcohol Abuse and Alcoholism recommends people over 65 should limit daily alcohol intake to one alcohol unit per day¹⁹.

Q: How can drinking affect some common health problems among older people?

A: Older people are more likely to have health problems that can be worsened by alcohol use, such as stroke, hypertension, memory loss and mood disorders. Besides, heavy drinking can also cause health problems such as osteoporosis.

Q: What are problems of mixing medicine and alcohol?

A: Elderly people with chronic diseases require taking medications regularly to control their illness. There are some problems arised by mixing medicines and alcohol. Alcohol can interact with medicines used to treat conditions common in the elderly such as heart and blood vessel diseases, digestive problems, and diabetes. In particular, alcohol can increase the sedative effects of any medication that causes drowsiness, including cough and cold medicines and drugs for anxiety and depression. Severe cases can cause coma. When taking any medication, read package labels and warnings carefully. Should you have any questions, please seek consultation from your family doctor in advance.



Drinking and Women

Q: Why lower levels of drinking are recommended for women than for men?

A: Women are at greater risks than men for developing alcohol related problems. In general, men usually have a greater amount of body water than women. Thus, women's brains and organs are more susceptible to alcohol and its toxic metabolites.

Q: What are the risks of drinking for women?

A: No matter how much a woman drink during pregnancy can harm her fetus. It may result in certain birth defects e.g. premature birth, low birth weight and other developmental problems. Drinking during pregnancy can also lead to "fetal alcohol syndrome", which causes fetal brain damage and lifelong developmental problems²⁰. Therefore, if a woman is pregnant or wants to be pregnant, she should not drink alcohol. There is no safe drinking level during pregnancy.

Q: Are there any other risks of women drinking?

A: Excessive drinking increases a woman's risk of becoming a victim of sexual assault. In addition, women are more likely than men to suffer from alcoholic hepatitis, liver cirrhosis or alcohol-induced brain damage.

Studies show that alcohol consumption, even at moderate levels, is associated with increased breast cancer risk²⁷. The risk of head and neck cancers is particularly high among women who drink and smoke heavily. Besides, chronic and excessive drinking compromises bone health and increases the risk of osteoporosis²⁶.

Q: Can breastfeeding women drink?

A: Alcohol disrupts breast milk flow. Alcohol also passes through breast milk and impairs a child's psychomotor development. Therefore, alcohol drinking is not recommended for breastfeeding women. If you are breastfeeding but need to drink on special occasions, make sure you limit your drinks as little as possible, no earlier than 3 months after birth and to avoid breastfeeding your baby within 3 hours after drinking²⁰. Breastfeeding women should consult their family doctor in advance.

Should you have further questions concerning the above-mentioned questions, please consult your family doctor.

17.

References

1. American Heart Association. (2021, September 21). *Is drinking alcohol part of a healthy lifestyle?* www.heart.org. Retrieved April 21, 2022, from <https://www.heart.org/en/healthy-living/healthy-eating/eat-smart/nutrition-basics/alcohol-and-heart-health>
2. American Psychiatric Association. (2017). Alcohol-Related Disorders. *In Diagnostic and statistical manual of mental disorders: DSM-5* (pp. 490–497). essay.
3. Babor, T., & Higgins-Biddle, J. C. (2001). *Brief intervention for hazardous and harmful drinking: a manual for use in primary care*. World Health Organization, Dept. of Mental Health and Substance Dependence.
4. Baik, I., & Shin, C. (2008). Prospective study of alcohol consumption and metabolic syndrome. *The American Journal of Clinical Nutrition*, 87(5), 1455–1463. <https://doi.org/10.1093/ajcn/87.5.1455>
5. Cook, R. T. (1998). Alcohol Abuse, Alcoholism, and Damage to the Immune System—A Review. *Alcoholism: Clinical and Experimental Research*, 22(9), 1927–1942. <https://doi.org/10.1111/j.1530-0277.1998.tb05900.x>
6. Corrao, G. (2004). A meta-analysis of alcohol consumption and the risk of 15 diseases. *Preventive Medicine*, 38(5), 613–619. <https://doi.org/10.1016/j.ypmed.2003.11.027>
7. Department of Health, HKSAR. (2021, April 12). *Selected Examples*. Change4Health. https://www.change4health.gov.hk/en/alcohol_aware/facts/standard_drink/examples/index.html.
8. Department of Health, HKSAR. (2021, April 12). *Alcohol and Cancer*. change4health. <https://www.change4health.gov.hk/en/alcoholfails/cancer.html>.
9. Department of Health, HKSAR. (2021, April 12). *Alcohol, Energy and Diet*. change4health. <https://www.change4health.gov.hk/en/alcoholfails/energyanddiet.html>.
10. Department of Health, HKSAR. (2021, April 12). *How Much Alcohol Unit Have You Drunk?* Change4Health. https://www.change4health.gov.hk/en/alcohol_aware/facts/standard_drink/index.html.
11. Djoussé, L., & Gaziano, J. M. (2008). Alcohol consumption and heart failure: A systematic review. *Current Atherosclerosis Reports*, 10(2), 117–120. <https://doi.org/10.1007/s11883-008-0017-z>

12. Eggebeen, A. T. (2007, September 15). *Gout: An Update*. American Family Physician. <https://www.aafp.org/afp/2007/0915/p801.html>.
13. Fertig, J. B., Shiffman, S., Balabanis, M., & Allen, J. P. (1995). Association between alcohol and tobacco. In *Alcohol and tobacco from basic science to clinical practice* (pp. 17–36). essay, National Inst. of Health u.a.
14. Grant, B. F., Hasin, D. S., Chou, S. P., Stinson, F. S., & Dawson, D. A. (2004). Nicotine Dependence and Psychiatric Disorders in the United States. *Archives of General Psychiatry*, 61(11), 1107. <https://doi.org/10.1001/archpsyc.61.11.1107>
15. Haass-Koffler, C. L., Souza, R. D., Wilmott, J. P., Aston, E. R., & Song, J.-H. (2020). A combined alcohol and smoking cue-reactivity paradigm in people who drink heavily and smoke cigarettes: Preliminary findings. *Alcohol and Alcoholism*, 56(1), 47–56. <https://doi.org/10.1093/alcac/agaa089>
16. Ho, R., Fok, P., & Chan, H. (2021). Pattern and determinants of alcohol and tobacco co-use and its relationship with smoking cessation in Hong Kong. *Tobacco Prevention & Cessation*, 7(March), 1–9. <https://doi.org/10.18332/tpc/132288>
17. Mukamal, K. J., Maclure, M., Muller, J. E., & Mittleman, M. A. (2005). Binge Drinking and Mortality After Acute Myocardial Infarction. *Circulation*, 112(25), 3839–3845. <https://doi.org/10.1161/circulationaha.105.574749>
18. National Health Service. (2020, January 13). *Calories in alcohol*. National Health Service. <https://www.nhs.uk/live-well/alcohol-support/calories-in-alcohol/>.
19. National Institute on Aging. (2008). *Older Adults and Alcohol: You Can Get Help*. <https://doi.org/10.1037/e519592009-001>
20. National Institute on Alcohol Abuse and Alcoholism. (1994). In This Issue. In *Alcohol Health & Research World* (Vol. 18, Ser. 1, pp. 3–4). <https://pubs.niaaa.nih.gov/publications/ahrw18-1/03-04.pdf>
21. National Institute on Alcohol Abuse and Alcoholism. (1998). Alcohol and Sleep. In *Alcohol Alert* (Vol. 41). <https://pubs.niaaa.nih.gov/publications/aa41.htm>.
22. National Institute on Alcohol Abuse and Alcoholism. (2007). Alcohol and Tobacco. In *Alcohol Alert* (Vol. 71). <https://pubs.niaaa.nih.gov/publications/aa71/AA71.pdf>
23. National Institute on Alcohol Abuse and Alcoholism. (2020). *Drinking levels defined*. National Institute on Alcohol Abuse and Alcoholism. Retrieved April 27, 2022, from <https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking>
24. Peters, R., Peters, J., Warner, J., Beckett, N., & Bulpitt, C. (2008). Alcohol, dementia and cognitive decline in the elderly: a systematic review. *Age and Ageing*, 37(5), 505–512. <https://doi.org/10.1093/ageing/afn095>
25. Samokhvalov, A. V., Irving, H., Mohapatra, S., & Rehm, J. (2010). Alcohol consumption, unprovoked seizures, and epilepsy: A systematic review and meta-analysis. *Epilepsia*, 51(7), 1177–1184. <https://doi.org/10.1111/j.1528-1167.2009.02426.x>
26. Sampson, H. W. (2002). *Alcohol and Other Factors Affecting Osteoporosis Risk in Women*. National Institute on Alcohol Abuse and Alcoholism. <https://pubs.niaaa.nih.gov/publications/arrh26-4/292-298.htm>.
27. Smith-Warner, S. A., Spiegelman, D., Yaun, S. S., Brandt, P. A. van den, Folsom, A. R., Goldbohm, R. A., Graham, S., Holmberg, L., Howe, G. R., Marshall, J. R., Miller, A., Potter, J. D., Speizer, F., Willett, W. C., Wolk, A., & Hunter, D. J. (1998). Alcohol And Breast Cancer in women: A pooled analysis of cohort studies. *Journal of the American Medical Association*, 279(7), 535–540. <https://doi.org/10.1097/00007611-199807000-00020>
28. Transport Department, HKSAR. (2013, August 16). *The Penalties* https://www.td.gov.hk/en/road_safety/safe_motoring_guides/drink_driving/the_penalties/index.html.
29. U.S. Department of Agriculture and U.S. Department of Health and Human Services. (2020, December). *Dietary Guidelines for Americans, 2020-2025*. <https://www.dietaryguidelines.gov/resources/2020-2025-dietary-guidelines-online-materials>.
30. Vittadini, G. (2001). Alcohol polyneuropathy: A clinical and epidemiological study. *Alcohol and Alcoholism*, 36(5), 393–400. <https://doi.org/10.1093/alcac/36.5.393>
31. Wood, A. M., Kaptoge, S., Butterworth, A. S., Willeit, P., Warnakula, S., Bolton, T., Paige, E., Paul, D. S., Sweeting, M., Burgess, S., Bell, S., Astle, W., Stevens, D., Koulman, A., Selmer, R. M., Verschuren, W. M., Sato, S., Njølstad, I., Woodward, M., ... Danesh, J. (2018). Risk thresholds for alcohol consumption: Combined analysis of individual-participant data for 599 912 current drinkers in 83 prospective studies. *The Lancet*, 391(10129), 1513–1523. [https://doi.org/10.1016/s0140-6736\(18\)30134-x](https://doi.org/10.1016/s0140-6736(18)30134-x)

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