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Alcohol and health: Hong Kong situation



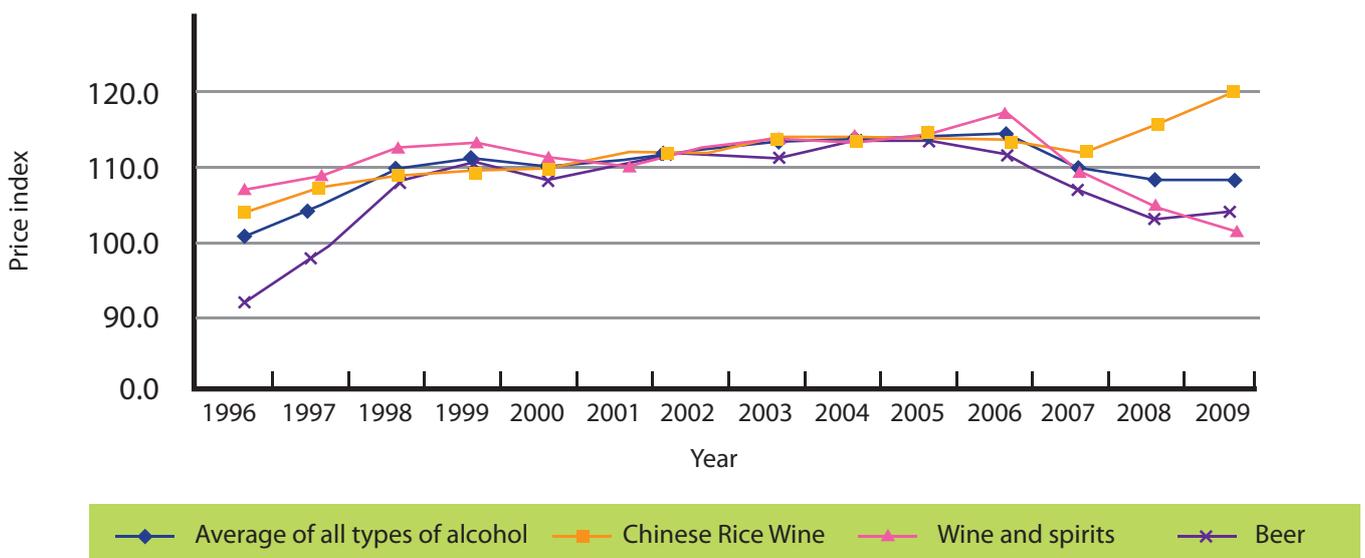


2. Alcohol and health: Hong Kong situation

Availability and price of alcohol in Hong Kong

- 2.1 Alcoholic beverages are readily accessible in Hong Kong. They are available for sale in retail shops such as supermarkets and convenience stores, and in premises granted with liquor licence including some restaurants and bars. There are also a variety of alcoholic beverages on the market, such as beer, wine, spirits, Chinese rice wine and sake. A brief summary on the common types of drinks available in Hong Kong and their alcohol content measured in “standard drink” units is listed in Table 5 in Annex 4³⁶.
- 2.2 In 2008, there was a sharp drop in average price for wine and beer following a decrease in the duty of wine and liquor with a low alcoholic strength (Figure 2).

Figure 2 : Price index of alcohol in Hong Kong, by type of alcohol, 1996-2009



Source: Consumer Price Index Section, Census and Statistics Department

³⁶ A “standard drink” is equivalent to 10g of pure alcohol and is the measure of alcohol used to work out consumption. To calculate alcohol units in a drink, the following formula is used:

$$\text{No. of standard drink} = \text{Drink volume (ml)} \times \text{alcohol content (\% by volume)} \times 0.789 / 1\,000$$

Alcohol consumption per capita in Hong Kong

2.3 Alcohol consumption per capita is closely related to the prevalence of alcohol-related harm and alcohol dependence *at the population level*. Alcohol consumption per capita in Hong Kong is estimated by the following formula:

$$\text{Alcohol consumption per capita (litres of pure alcohol)} = \frac{\text{Total alcohol consumption (A + B)}}{\text{Population aged 15 years or above}}$$

where (A) = local consumption of locally produced alcohol beverages
= local production – export of locally produced alcohol
(B) = net import
= import – re-export

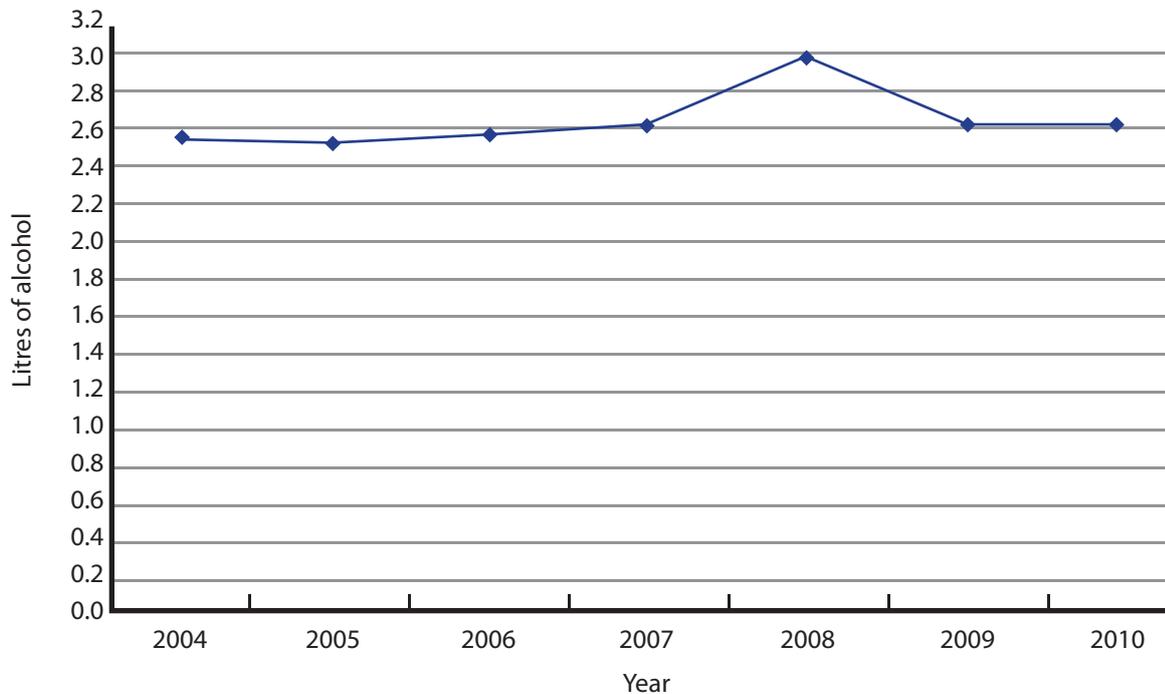
2.4 As the duty for wine and liquor with an alcoholic strength of less than 30% has been waived since February 2008 and the related licensing/permit arrangement on zero-rated goods was revoked, data for the estimation on local consumption of locally produced alcohol beverages (i.e. (A) in the formula) was not available after February 2008. Estimation of the total and per capita alcohol consumption in Hong Kong from 2004 to 2010, as shown in Table 3 and Figure 3, is based on the assumption that local consumption of locally produced alcohol beverages of an alcoholic strength of less than 30% in year 2008, 2009 and 2010 was the same as that in 2007.

Table 3: Estimated total and per capita alcohol consumption in Hong Kong (in litres), 2004-2010[#]

Year	Pure alcohol consumption from local production (A)			Pure alcohol consumption from net import (B)			Total pure alcohol consumption = (A) + (B)			Population aged ≥15 years	Alcohol consumption per capita
	Beer	Wine	Spirits	Beer	Wine	Spirits	Beer	Wine	Spirits		
2004	1 438 465	0	144 581	6 161 356	1 588 901	5 525 970	7 599 821	1 588 901	5 670 551	5 778 300	2.57
2005	1 328 790	0	172 328	6 283 786	1 770 057	5 204 485	7 612 576	1 770 057	5 376 813	5 844 300	2.53
2006	1 126 110	0	154 951	6 320 893	1 995 111	5 431 296	7 447 003	1 995 111	5 586 247	5 918 000	2.54
2007	1 359 455	0	164 088	6 139 077	2 379 850	5 763 158	7 498 532	2 379 850	5 927 246	6 004 700	2.63
2008	*1 359 455	0	*146 734	7 786 343	3 164 107	5 799 900	*9 145 798	3 164 107	*5 946 634	6 075 400	*3.00
2009	*1 359 455	0	*107 837	7 057 842	3 556 149	4 136 418	*8 417 297	3 556 149	*4 244 254	6 130 300	*2.65
2010	*1 359 455	0	*90 343	6 157 894	3 735 296	5 066 524	*7 517 349	3 735 296	*5 156 867	6 209 800	*2.64

Note: # the volume of pure alcohol consumed was estimated from the total volume of alcoholic beverages consumed by assuming that beer is 5% by volume, wine is 13.5% by volume, and spirits ≤ 30% and spirits > 30% are 30% and 40% by volume respectively.

* figures estimated by assuming that local consumption of locally produced alcohol beverages with an alcoholic strength of less than 30% in year 2008, 2009 and 2010 was the same as that in 2007.

Figure 3: Estimated per capita alcohol consumption among Hong Kong adults, 2004-2010

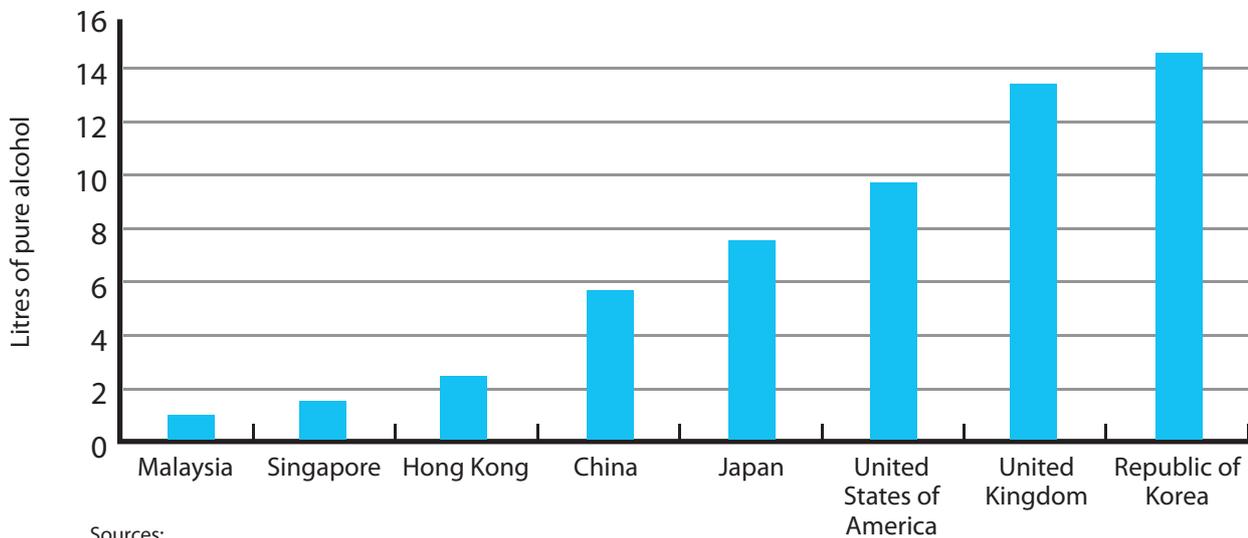
Source: Census and Statistics Department, and Customs and Excise Department

- 2.5 When all types of alcohol are considered as a whole, the alcohol consumption per capita of Hong Kong has been stable from 2004 to 2010, except for a surge in 2008 due to the increase in alcohol consumption from beer and wine, as shown in Figure 3. This observation is consistent with the evidence from overseas studies and experience that alcohol consumption was inversely proportional to its price³⁷. In 2009 and 2010, although the increase in wine consumption persisted, such increase was offset by a significant reduction in spirits consumption due to an increase in price. The alcohol consumption per capita in Hong Kong was estimated to be 2.64 litres in 2010 (1.21 litres of beer; 0.60 litres of wine and 0.83 litres of spirits), which has slightly dropped from 3.0 litres in 2008.
- 2.6 Due to cultural, religious and economic differences, alcohol consumption per capita varies greatly among countries. According to the WHO, Republic of Moldova had the highest alcohol consumption per capita amounting 23.01 litres in 2008, whereas those in the Middle East region were generally minimal due to religious reasons. In Asia, the Republic of Korea consumed 14.81 litres per capita; Japan consumed 7.79 litres per capita; China consumed 5.56 litres per capita; Singapore consumed 1.54 litres per capita and Malaysia consumed 0.87 litres per capita in 2008 (Figure 4)³⁸.

³⁷ World Health Organization (2009). *Evidence for the effectiveness and cost-effectiveness of interventions to reduce alcohol-related harm*. Copenhagen: WHO Regional Office for Europe. Available at: <http://www.euro.who.int/document/E92823.pdf>

³⁸ World Health Organization (2011). *Global status report on noncommunicable diseases 2010*. Geneva: World Health Organization.

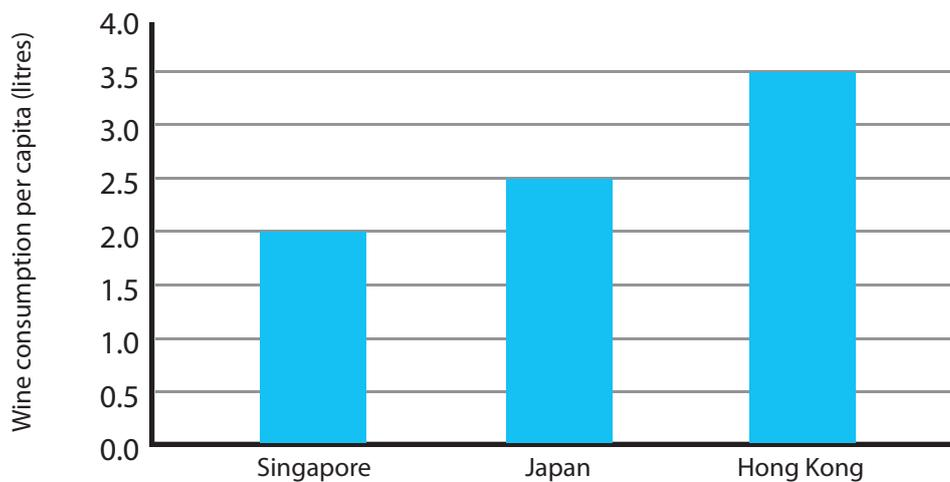
Figure 4: Per capita alcohol consumption among adults (>=15 years) in Hong Kong in year 2010 and other regions/countries in year 2008



Sources:
 Regions other than Hong Kong: World Health Organization
 Hong Kong: Census and Statistics Department, and Customs and Excise Department

2.7 However, according to the International Wine and Spirits Report 2010 study conducted by the trade, Hong Kong consumed 3.5 litres of wine per capita in 2008 (= 0.47 litres of pure alcohol, assuming that wine has 13.5% alcohol by volume), which was the highest and significantly ahead of other neighbouring countries in Asia such as Japan and Singapore (Figure 5)³⁹.

Figure 5: Wine consumption per capita among selected Asian countries/cities in 2008



Source: International Wine and Spirits Report 2010 Study

³⁹ International Wine and Spirits Report 2010 (<http://www.vinexpo.com/dyn/press/le-marche-hong-kong-2010---anglais.pdf>)

- 2.8 Although per capita consumption provides an overall estimate of alcohol consumed in Hong Kong, survey data are needed to link the consumption data with factors such as socio-demographic variables and alcohol-related harm *at the individual level*, which will be presented in the following paragraphs.

Local epidemiology of alcohol consumption behaviour and risk perception

Data sources for surveillance of alcohol consumption behaviour and risk perception

- 2.9 The DH, in collaboration with the Department of Community Medicine of the University of Hong Kong, conducted a population-based health survey (Population Health Survey, PHS) in 2003/2004 to report the patterns of health status and health-related issues of the general population in Hong Kong, including alcohol use. Around 7 000 land-based non-institutionalised population of Hong Kong (excluding foreign domestic helpers) aged 15 years and over were interviewed.
- 2.10 Following the initial assessment through the PHS in 2003/2004, the DH has continuously monitored the alcohol consumption behaviour of the local adult population, among other behavioural risk factors, through the Behavioural Risk Factor Surveillance System (BRFSS) since 2004. The BRFSS comprises a series of surveys conducted regularly enumerating about 2 000 people aged 18 - 64 years.
- 2.11 As for the surveillance among children and youth, the DH conducted the first population-based Child Health Survey (CHS) in 2005/2006 to collect health information of local children aged 14 years and below, including alcohol use. Separately, the Narcotics Division of the Security Bureau (ND) has been conducting a series of surveys of around 100 000 adolescent students every 4 years since 1992 about their use of alcohol (among other drug uses), the majority of whom were studying in secondary schools or equivalent. In the survey conducted in 2008, students in primary 4 to 6 and university were also included.
- 2.12 Apart from surveys, some local researchers also conducted ad-hoc qualitative and quantitative studies to investigate risk perception and patterns of alcohol consumption in different populations.

Alcohol consumption behaviour in the adult general population

- 2.13 The PHS in 2003/2004 revealed that 23.7% of the respondents (persons aged 15 years and above in Hong Kong) drank alcohol occasionally (drink 3 days or less a month); 9.4% were regular alcohol consumers drinking at least once a week; 61.6% were non-drinkers; and 4.7% were ex-drinkers. Among the drinkers, the majority (66.5%) reported that they usually drank beer, 19.6% drank table wine, whereas 10.6% drank Chinese rice wine and 6.9% drank spirits⁴⁰.
- 2.14 According to the PHS in 2003/2004, the prevalence of drinking was different between males and females. The male to female ratio among current drinkers was about 2:1. The proportions of current drinkers among males and females were 45.3% and 23.2% respectively. In addition, a higher proportion of men (11.3%) than women (3.7%) drank alcohol everyday. On the contrary, a higher proportion of females (84.0%) than males (63.6%) among current drinkers drank alcohol occasionally (drink 3 days or less a month).
- 2.15 Results of the BRFSS showed that there was an increase of 4.0 percentage points of the drinking prevalence among adult population in Hong Kong (i.e. proportion of people reported to have consumed at least one alcoholic drink during the 30 days prior to the survey), from 30.9% in 2005 to 34.9% in 2010. In particular, the rise in the drinking prevalence in females was steeper (5.1 percentage points), from 19.5% in 2005 to 24.6% in 2010⁴¹. This finding warrants concern for several reasons. Firstly, women are more vulnerable to the effects of alcohol because of their smaller physical build compared to men. Secondly, addiction to alcohol can be particularly hazardous for existing or subsequent pregnancies. Thirdly, women play a primary role in managing households and children in Asia. This primary responsibility can be seriously affected if women are habituated to alcohol⁴².
- 2.16 Also, according to the Behavioural Risk Factor Survey (BRFS) of 2010, 16.9% reported drinking beyond the recommended daily limit (exceeding 2 standard drinks for men and 1 standard drink for women on average on any drinking day), and 5.8% reported drinking so much that they exhibited signs of drunkenness (such as flushed face or reddened eyes, slurred or incoherent speech, unsteady or staggering gait, vomiting and hangover on the next day) during the month prior to the study.

⁴⁰ Population Health Survey 2003/2004. Hong Kong SAR: Department of Health and Department of Community Medicine, University of Hong Kong.

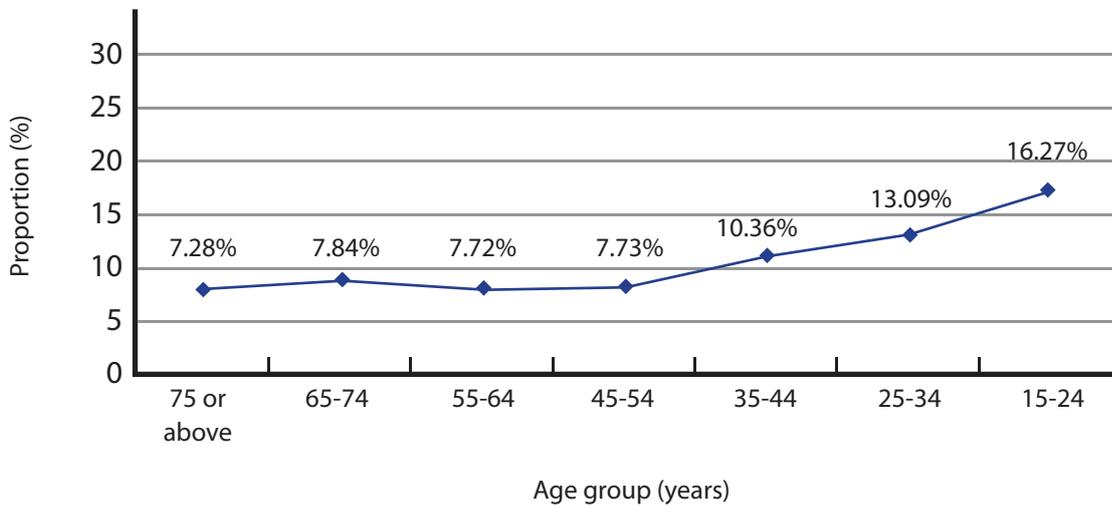
⁴¹ Behavioral Risk Factor Surveillance System. Hong Kong SAR: Department of Health.

⁴² WHO Regional Office for South-East Asia (2003). *Need for a Regional Alcohol Action Plan: 21st Meeting of Ministers of Health New Delhi, India, 8-9 September 2003*. Available at: <http://www.searo.who.int/en/Section1174/Section1199/Section2278.htm>

Alcohol consumption behaviour in the younger population

2.17 The CHS of 2005/2006 showed that 5.0% of children aged 11 to 14 years were ever alcohol users and 0.3% were current binge drinkers (who had five or more drinks of alcohol in a row within a couple of hours in the past month). Furthermore, the PHS in 2003/2004 showed that the prevalence of underage drinking (reported to have started drinking before 18 years of age) was higher among the younger cohorts⁴³ (Figure 6).

Figure 6: Proportion of respondents started drinking below age of 18 by age group



Source: Population Health Survey, 2003/2004

2.18 According to the most recent survey (2008) conducted by the ND, 64.9% of students studying in secondary schools had ever consumed alcohol. Furthermore, 24.2% of the secondary students reported that they had consumed alcohol in the preceding month⁴⁴.

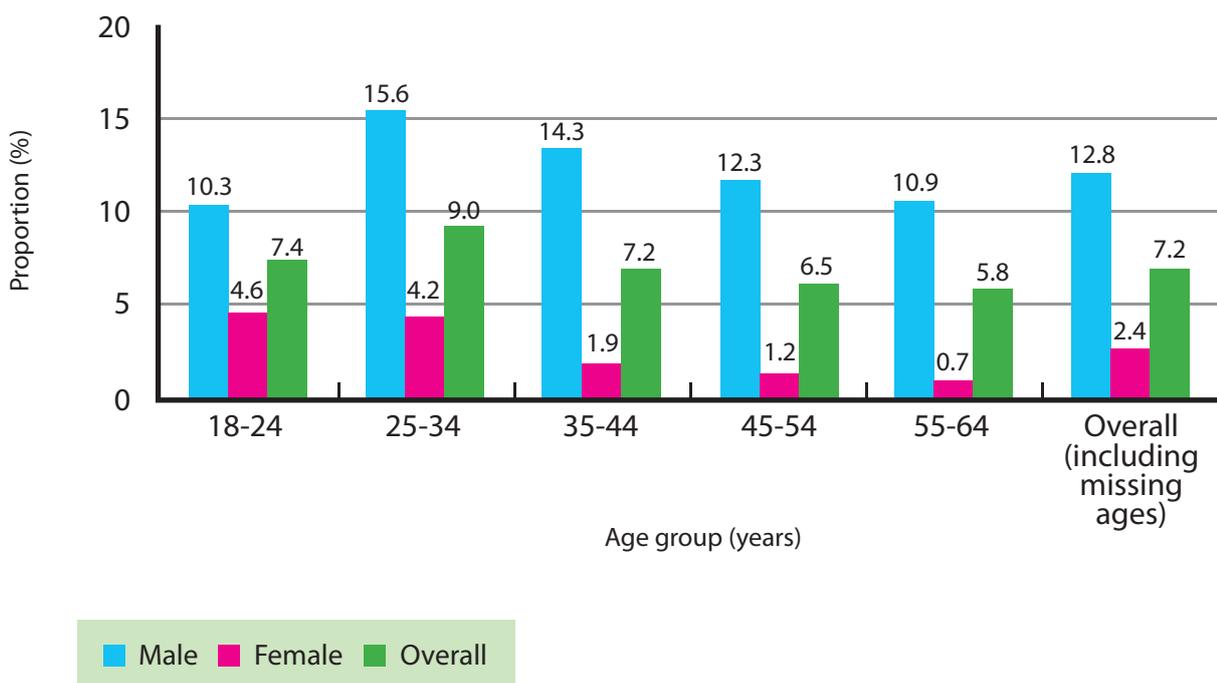
⁴³ Child Health Survey 2005/2006. Hong Kong SAR: Department of Health.

⁴⁴ The 2008/2009 Survey of Drug Use among Students. Hong Kong SAR: Narcotics Division of Security Bureau. Available at: http://www.nd.gov.hk/pdf/survey_drug_use/2008-2009/Report.pdf

Binge drinking

2.19 Apart from drinking frequency and the total amount consumed, alcohol consumption pattern, e.g. binge drinking, was another important aspect leading to alcohol-related harm. The BRFSS defines binge drinking as reported drinking of at least 5 cans/glasses of alcohol beverages on one occasion during the month prior to the survey, which is equivalent to an average of 62.5 grams (50 to 75 grams) of pure alcohol consumed in both men and women. In 2010, the BRFSS revealed that about 7.2% of the respondents were binge drinkers. It is worth noting that there was a higher proportion of binge drinkers among young adults. Among the various age groups, the highest proportion of binge drinkers was found in age group 25 – 34 in males (15.6%) and age group 18 – 24 in females (4.6%) (Figure 7).

Figure 7: Prevalence of binge drinking by sex and age group, 2010, Hong Kong



Source: Behavioural Risk Factor Survey (2010)

- 2.20 A local random telephone survey conducted among about 10 000 Chinese adults in Hong Kong in 2006 showed that the age-adjusted prevalence of binge drinking among adult men and women were 14.4% and 3.6% respectively. The prevalence of binge drinking was higher in younger age groups. An age distribution of binge drinkers similar to that in the BRFSS was observed. The prevalence of binge drinking were 23.3% and 12.3% in 21-30 year-old and 18-20 year-old men respectively; whereas the prevalence were 8.7% and 6.3% in 21-30 year-old and 18-20 year-old women respectively⁴⁵. These findings were consistent with those in the BRFSS and showed that binge drinking is a relatively common phenomenon among the younger age groups in Hong Kong.
- 2.21 In another local survey of 3 000 university students in 2003, the prevalence of binge drinking was found to be 7% (12% among men, 3% among women)⁴⁶. The study found that although the majority of first year university students in Hong Kong were not binge or regular drinkers in contrast with students in the West, there was a subgroup that drank more and used alcohol as a means of coping with stress.

Public awareness of harmful effects of alcohol and social/cultural meaning of drinking

- 2.22 It should be noted that despite its health effects, alcohol does play an important social and cultural role in society. In Chinese culture, alcohol may sometimes be treated as traditional health or medicinal products and may also be consumed during social events and collective celebrations, although drunkenness is usually frowned upon by the Chinese society⁴⁷.
- 2.23 Such cultural endorsement of drinking is also observed among Hong Kong people including youngsters and may affect their risk perception. A recent local study found that the perception of risk on alcohol use was low in a representative group of university students in Hong Kong⁴⁵. In another exploratory study on local young people's views on both positive and negative consequences of alcohol use, female youngsters perceived that drinking made it easier for them to interact with others, and male youngsters considered that alcohol promoted relaxation and enhanced sleep onset⁴⁸. For negative consequences, male youngsters' response was limited to physical effects such as flushing and drowsiness, whereas female respondents added strained relationships, irresponsible behaviour and accidents.

⁴⁵ Kim JH, Lee S, Chow J et al. (2008). Prevalence and the factors associated with binge drinking, alcohol abuse, and alcohol dependence: a population-based study of Chinese adults in Hong Kong. *Alcohol & Alcoholism*, 43(3):360-370.

⁴⁶ Griffiths S, Lau JT, Chow JK et al. (2006). Alcohol use among entrants to a Hong Kong University. *Alcohol & Alcoholism*, 41(5):560-565.

⁴⁷ 郭萬軍 等 (2007)。社會經濟文化變遷對酒精消費及其相關健康問題的影響—世界衛生組織及社會經濟文化快速變遷地區和國家的研究。 *國際精神醫學雜誌*，34(3): 168-171。

⁴⁸ Lo CC, Globetti G (2000). Gender differences in drinking patterns among Hong Kong Chinese youth: a pilot study. *Subst Use Misuse*, 35(9):1297-1306.

Local epidemiology of alcohol-related harm

Data sources for surveillance of alcohol-related harm

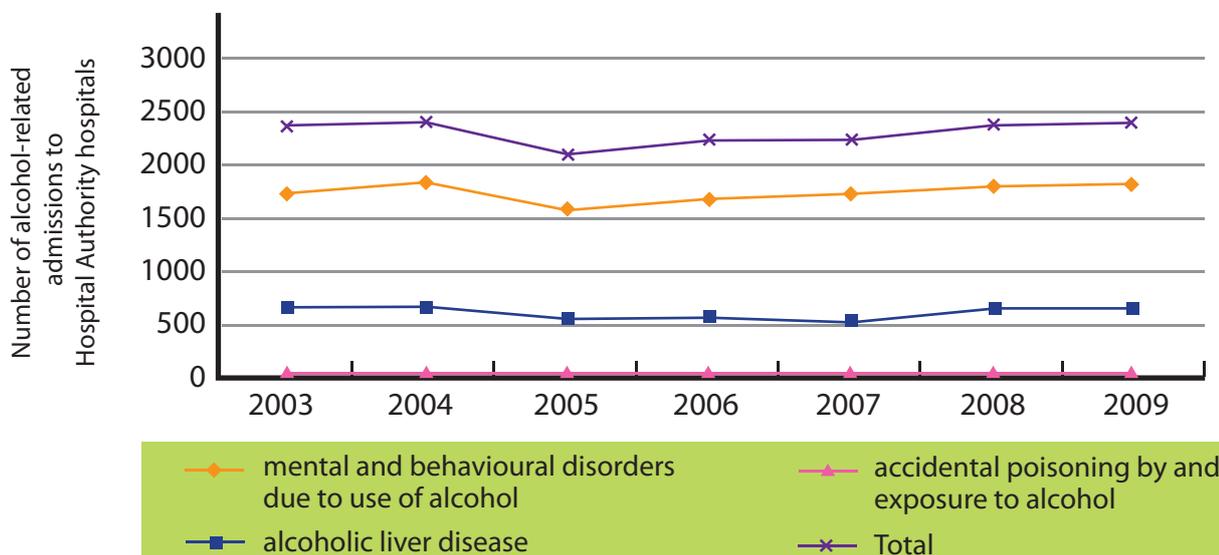
2.24 Statistics on alcohol-related hospital admissions and deaths are routinely collected by the Hospital Authority (HA). Statistics on traffic accidents associated with drink-driving are also regularly collected by the Transport Department (TD).

Alcohol-related hospital admissions

2.25 In 2009, alcohol-related illness or injuries (ICD-10: F10, K70 and X45) accounted for a total of 2 433 admissions into public/private hospitals in Hong Kong. More men than women were affected with a male to female ratio of about 5 to 1. Mental and behavioural disorders due to use of alcohol (73.6%) and alcoholic liver disease (26.4%) accounted for the majority of these admissions.

2.26 As shown in Figure 8, the number of alcohol-related admissions into public hospitals in 2009 was similar to those in the previous 6 years. The number of alcohol-related admissions into private hospitals was relatively small, amounting to fewer than 30 in 2009. However, it must be cautioned that only those admissions with alcohol-related disease marked as the principal diagnosis were counted and therefore it is expected that the figures have significantly underestimated the disease burden related to alcohol.

Figure 8: Number of alcohol-related admissions in HA hospitals, by principal diagnosis and by year, 2003-2009

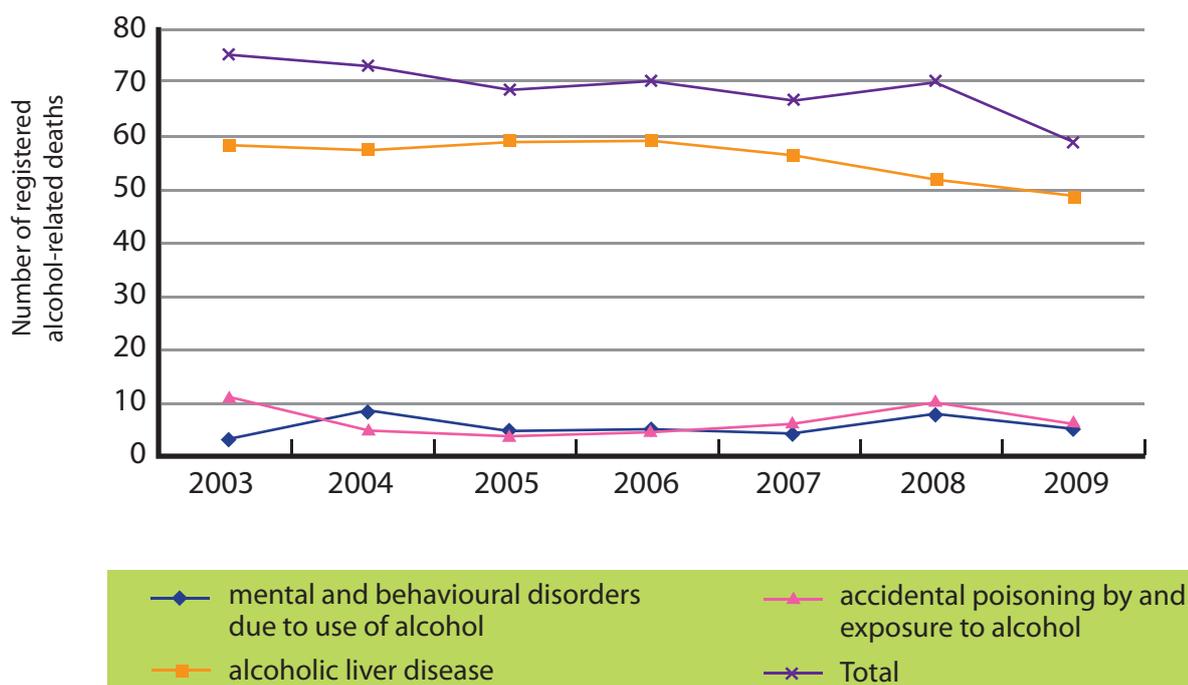


Sources: Census and Statistics Department, Department of Health & Hospital Authority

Alcohol-related deaths

2.27 In 2009, alcohol-related deaths (ICD-10: F10, K70 and X45) contributed to 0.14% of locally registered deaths in Hong Kong (58 out of 41 047). Of these, 48, 6 and 4 deaths (82.8%, 10.3% and 6.9% of the total number of alcohol-related deaths) were related to alcoholic liver disease, accidental poisoning by alcohol, and mental and behavioural disorders respectively. More men than women were affected with a ratio of about 9 to 1. Men aged 45 years or above accounted for 50 deaths (86.2% of the total number of alcohol-related deaths) in 2009. The trend was stable in the past 6 years (Figure 9). Nonetheless, taking similar limitations in hospital admissions statistics into account, significant under-estimation needs to be considered.

Figure 9: Number of alcohol-attributed registered deaths, by cause of deaths and by year, 2003-2009

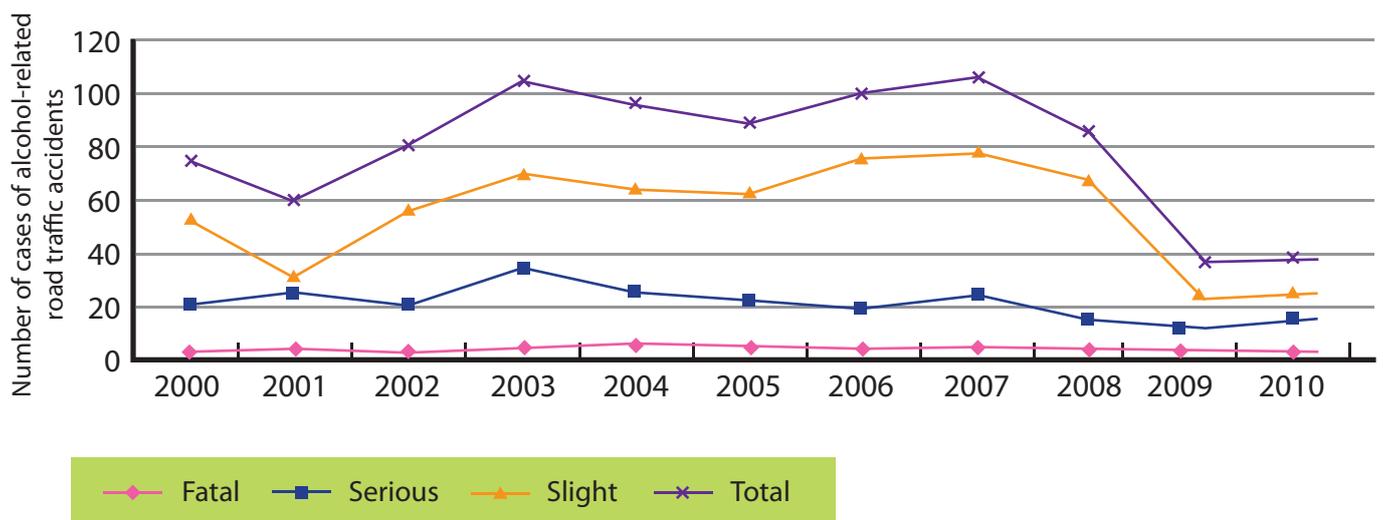


Sources: Census and Statistics Department, Department of Health & Hospital Authority

Drink-driving

- 2.28 A local random telephone survey conducted among 9 860 Chinese adults aged 18-70 years in Hong Kong in 2006 showed that the age-standardised past-year prevalence of driving within 2 hours of drinking among males and females were 5.2% and 0.8% respectively. The prevalence of drinking and driving across age showed an inverted U-shaped trend for males peaking at 8.2% between 36 and 45 years, while the prevalence was fairly stable between 26 and 55 years for females. The age-adjusted past-year prevalence of alcohol-related motor vehicle accidents was 0.15% among males and 0.02% among females, with the majority being in the 26-35 age group⁴⁹.
- 2.29 Drink-driving increases the risk of road traffic accidents. A local epidemiological study in 2001 showed that about one in ten (10.3%) of all motor vehicle deaths were associated with alcohol⁵⁰. According to the statistics from the TD, between 2000 and 2010, 874 vehicle accidents resulting in personal injury were related to alcohol use, including 24 fatal cases. An overall increasing trend was observed from year 2000 to 2008 (Figure 10), but then a sharp drop was seen in 2009 and 2010 following the implementation of random breath test from February 2009.

Figure 10: Number of drivers found to have consumed alcohol and involved in road traffic accidents by severity and by year, 2000-2010, Hong Kong



Source: Transport Department

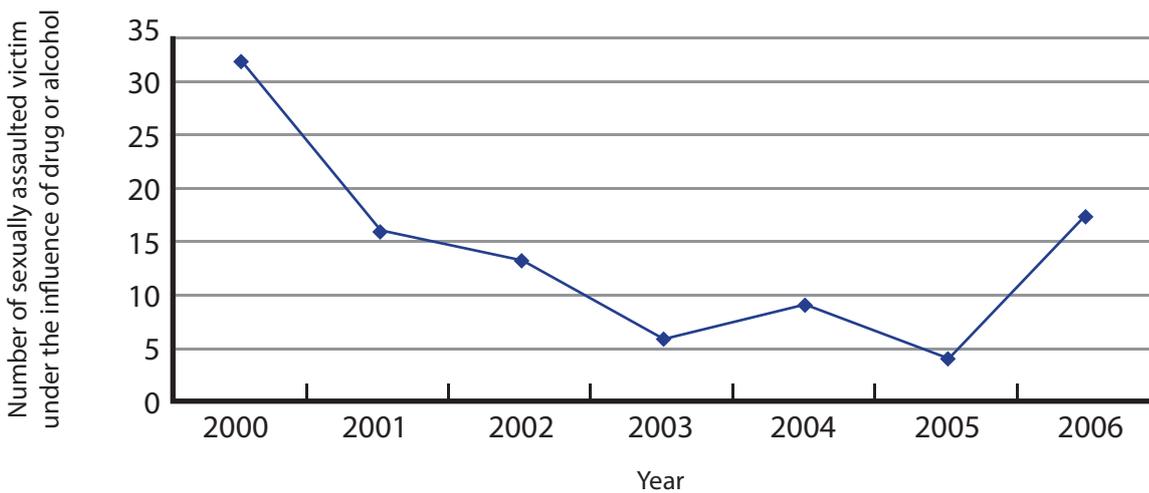
⁴⁹ Kim H et al. (2010). A population-based study on the prevalence and correlates of drinking and driving in Hong Kong. *Accident Analysis and Prevention*, 42: 944-1002.

⁵⁰ Cameron PA, Rainer TH, Mak P (2004). Motor vehicle deaths in Hong Kong: opportunities for improvement. *Journal of Trauma*, 56(4):890-893.

Domestic violence and sexual assault

2.30 Alcohol consumption triggers the occurrence and aggravates the severity of domestic violence and sexual assault. Currently, there is no up-to-date data on the local prevalence of domestic violence or sexual assault related to alcohol. Nonetheless, one local study found that alcohol abuse by the husband was a significant risk factor for domestic violence injuries among married women⁵¹. According to the statistics of the Family Planning Association of Hong Kong, the number of calls for help from victims sexually-assaulted under the influence of drug or alcohol ranged from 4 to 32 in the period from 2000 to 2006 (Figure 11).

Figure 11: Number of calls for help from victims sexually assaulted under the influence of drug or alcohol, 2000-2006



Source: Family Planning Association of Hong Kong

⁵¹ Tsui KL, Chan AY, So FL, Kam CW (2006). Risk factors for injury to married women from domestic violence in Hong Kong. *Hong Kong Medical Journal*, 12(4):289-293.

Local interventions to reduce alcohol-related harm

Raising public awareness to prevent alcohol-related harm

2.31 Currently, various government departments and local organisations actively participate in the prevention of alcohol-related harm. For example, the DH provides printed materials, 24-hour education hotline, website (Men's Health Programme) and electronic publications ("*NCD Watch*") to educate the public on the prevention of alcohol-related harm. The Tung Wah Group of Hospitals (TWGHs) and Tuen Mun Alcohol Problems Clinic of HA provide pamphlets and website for public education. The Education Bureau promotes healthy lifestyles, including prevention of alcohol use, to students through a holistic school curriculum which comprises knowledge, skills and attitudes. To support the delivery of the curriculum in schools, professional development programmes and resource materials are available for principals and teachers. Moreover, all schools are encouraged to implement the school-based Healthy School Policy starting from the 2010/11 school year. The TD, Road Safety Council, and the Hong Kong Police Force (HKPF) have produced Announcements in the Public Interest about drink-driving prevention for broadcast on TV and radio. Anti-drink-driving slogans are displayed on banners and advertisement boards to remind the public not to drive if they drink.

Health sector response on alcohol-related harm

2.32 In the public sector, the Tuen Mun Alcohol Problems Clinic of the HA provides various services including (a) comprehensive assessment; (b) alcohol detoxification; (c) treatment of co-existing psychiatric and psychological problems; (d) marital counselling, family therapy and social work service; (e) organisation of self-help group; and (f) referral to other treatment services. The other six substance abuse clinics of the HA also provide treatment services on alcohol-related problems upon referrals.

2.33 The NGOs contribute significantly to health services for people with alcohol-related problems. A special project known as “Stay Sober, Stay Free” run by the TWGHs provides comprehensive assessment, treatment and counselling services through a multi-disciplinary team including doctors, nurses, clinical psychologists, social workers and occupational therapists. Clients would be appropriately referred to in-patient treatment services, and would be offered family support service, hotline service and voluntary service as well as activities on well-balanced living by the project. Alcoholics Anonymous, a worldwide organisation, also provides local alcohol users with volunteer-conducted support group and alcohol abstinence services.

Drink-driving legislation and relevant alcohol-related harm reduction measures

2.34 According to the Road Traffic Ordinance (Cap. 374, Reg 39A), it is illegal for a person to drive or attempt to drive a motor vehicle, or be in possession of a motor vehicle, on any road with the proportion of alcohol in his breath, blood or urine exceeding the prescribed limit. Since 1 October 1999, the prescribed limit for drink-driving has been set as follows:

- 50 milligrams of alcohol per 100ml of blood; or
- 22 micrograms of alcohol per 100ml of breath; or
- 67 milligrams of alcohol per 100ml of urine.

2.35 With effect from 9 February 2009, uniformed police officers can require a person who is driving or attempting to drive a vehicle on a road to perform an alcohol breath test without the need for reasonable suspicion (Cap. 374, Reg 39B). The maximum fine for a person breaching the prescribed limit is HK\$25,000 and imprisonment for up to 3 years. With effect from 17 December 2010, 3-tier penalty system with a sliding scale was also introduced. The more a driver exceeds the prescribed limit for alcohol, the longer will be the driving disqualification period. The minimum disqualification period for drink drivers on first conviction is 6 months to 2 years; and on subsequent conviction is 2 to 5 years.

2.36 Some NGOs such as the Hong Kong Automobile Association have also started some designated driver services, which provide designated sober drivers to drive those who have consumed alcohol to return home.

Measures to control the availability of alcohol

- 2.37 It is an offence under the Dutiable Commodities (Liquor) Regulations (Cap. 109B) to sell liquor except on the authority of a liquor licence or a temporary liquor licence at any premises for consumption on those premises; or at a place of public entertainment or a public occasion for consumption at the place or occasion. It also stated that “no licensee shall permit any person under the age of 18 years to drink any intoxicating liquor on any licensed premises”.
- 2.38 However, there is currently no restriction on the minimum age for off-premise sales of alcohol in Hong Kong. Some organisations have adopted a voluntary code of conduct to restrict the sale of alcohol to young people. For example, the Hong Kong Retail Management Association, which is the major retail association in Hong Kong with more than 5 000 retail outlets, states in their code of conduct that its members should not sell any alcoholic beverages to people aged under 18 years.

Measures to control the marketing of alcohol beverages

- 2.39 Under the Broadcasting Ordinance (Cap. 562) and the Broadcasting Authority Ordinance (Cap. 391), all television programme service licensees have to comply with the Codes of Practice issued by the Broadcasting Authority. Under the Codes of Practice, there are restrictions on advertising alcoholic beverages to young people, some examples of which include:
- such advertising should only target the adult audience;
 - such matters should not be advertised in proximity to children's programmes; or programmes which target young persons under the age of 18;
 - the licensee should not broadcast any such advertisement between the hours of 4:00 p.m. and 8:30 p.m.;
 - such advertisements must not feature any personality whose example children or young persons are likely to follow or who has a particular appeal to children or young persons under the age of 18; and
 - advertising must not encourage, challenge or dare non-drinkers or young persons under the age of 18 to drink.

Pricing Policies

- 2.40 The duty on beer and wine has been exempted since February 2008. For spirits with 30% alcohol by volume (ABV), the duty is 100%.

Knowledge gaps identification and situation analysis

Knowledge gaps in alcohol use and alcohol-related harm in Hong Kong

2.41 A good surveillance system is essential to the accurate determination of the size and nature of alcohol use and alcohol-related harm in Hong Kong. Although a number of information sources are available, they are uncoordinated and there is still inadequate research to identify and examine the risk factors and protective factors of alcohol use in Hong Kong. Moreover, surveillance on alcohol consumption and its related harm is incomplete. There is a lack of information on violence or alcohol-related assault in particular.

Size and nature of alcohol use and alcohol-related harm

2.42 The BRFSS showed that a significant proportion (15.3%) of adults drank beyond the recommended daily limit and there was a rise in the proportion of drinkers from 2005 to 2010 in Hong Kong adult population. It is worth noting that the proportion of female drinkers was increasing from 2005 to 2010 although fewer females drank than males in general⁵². Different local studies consistently showed that binge drinking was prevalent in younger age groups (18-30 years old)⁵³. Furthermore, an increasing prevalence of underage drinking in the younger cohorts was noted from the PHS in 2003/2004⁵⁴. As for alcohol-related harm, various sources of information have demonstrated that alcohol use contributed to significant loss of lives and disease burden in Hong Kong^{55,56}.

Public awareness and current health education of alcohol-related harm

2.43 While the perceived benefits of drinking (proven and unproven) such as prevention of heart disease, improving sleep onset and maintenance of general health are better known in Hong Kong⁵⁷, public awareness of the harmful effects of alcohol needs to be strengthened.

⁵² Behavioral Risk Factor Surveillance System. Hong Kong SAR: Department of Health.

⁵³ Kim JH, S Lee, J Chow, et al. (2008). Prevalence and the factors associated with binge drinking, alcohol abuse, and alcohol dependence: a population-based study of Chinese adults in Hong Kong. *Alcohol & Alcoholism*, 43(3):360-370.

⁵⁴ Population Health Survey 2003/2004. Hong Kong SAR: Department of Health and Department of Community Medicine, University of Hong Kong.

⁵⁵ Census and Statistics Department, Department of Health, Hospital Authority and Transport Department, Hong Kong SAR Government.

⁵⁶ Cameron Pa, TH Rainer, P Mak (2004). Motor vehicle deaths in Hong Kong: opportunities for improvement. *Journal of Trauma*, 56(4):890-893.

⁵⁷ Lo CC, Globetti G (2000). Gender differences in drinking patterns among Hong Kong Chinese youth: a pilot study. *Subst Use Misuse*, 35(9):1297-1306.

Health sector response and community action

- 2.44 At present, there are some treatment and support services for people with alcohol-related problems provided by the public sector and the NGOs. Nonetheless, there is room for improvement in terms of active early identification and treatment.
- 2.45 Reducing alcohol-related harm has not been a popular agenda in community health actions and can be accorded a higher priority in policy agenda through enhanced preventive and control measures involving more government bureaux/departments.

Drink-driving policies and relevant harm-reduction measures

- 2.46 With the recent legislation of random alcohol breath tests that can be performed by uniformed police officers and the related education and publicity measures, it is worthwhile to study its effect on drink-driving.

Measures to control the availability of alcohol

- 2.47 Currently, there is no restriction on the minimum age for off-premise sales of alcohol in Hong Kong. Only some organisations have adopted a voluntary code of conduct to restrict the sale of alcohol to young people.

Measures to control the marketing of alcohol beverages

- 2.48 Restrictions on advertising alcoholic beverages to young people are only applicable to television programme service licensees. To date, there is no restriction on other forms of marketing and promotion of alcoholic beverages which are commonly accessible to children and young people.

Pricing Policies

- 2.49 In Hong Kong, duty on beer and wine has been waived since February 2008, while the duty is 100% for spirit of more than 30% alcohol by volume. This has made beer and wine more affordable, which may increase alcohol consumption in the population. However, alcohol pricing and its effect on consumption in the local setting warrants further study.