



Alcohol can cause cancer: To drink or to stop 酒能致癌 - 喝還是不喝？

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酒精飲品和酒精(乙醇) 可引致人類癌症(第一類)

國際癌症研究所 (世界衛生組織)

1988: 口腔、咽喉、食道、肝

2007: 女性乳癌
大腸癌

IARC, WHO, 2007

雖然適量飲酒對健康有些益處，
特別是對心血管病，世界衛生組
織指出飲酒是：

引致世界疾病負擔的十大風險之一


IARC 2007

2002年，超過19億人經常飲，平均每
天飲13克乙醇(約一單位)

過去40年，消耗量在世界大部份地區
維持平穩，除了西太平洋區

主要是中國，增加超過5倍

IARC 2007



世界癌症研究基金會2007

SUMMARY

Food, Nutrition, Physical Activity, and the Prevention of Cancer: a Global Perspective

RECOMMENDATION 6

ALCOHOLIC DRINKS

Limit alcoholic drinks¹

PUBLIC HEALTH GOAL

Proportion of the population drinking more than the recommended limits to be reduced by one third every 10 years^{1, 2}

PERSONAL RECOMMENDATION

If alcoholic drinks are consumed, limit consumption to no more than two drinks a day for men and one drink a day for women^{1, 2, 3}

¹ This recommendation takes into account that there is a likely protective effect for coronary heart disease

² Children and pregnant women not to consume alcoholic drinks

³ One 'drink' contains about 10-15 grams of ethanol

Justification

The evidence on cancer justifies a recommendation not to drink alcoholic drinks. Other evidence shows that modest amounts of alcoholic drinks are likely to reduce the risk of coronary heart disease.

飲酒引致癌症相對危險度

	相對危險度	95%可信間
口腔、咽喉 (≥37.7 vs 0 克/日)	2.80	(1.6-6.0)
食道 (飲酒vs不飲)	2.40	(1.2-4.0)
肝 (≥30 vs 0 克/日)	2.60	(0.53-13.58)
大腸 (≥20 vs 0 克/日)	1.27	(1.03-1.56)
乳腺 (≥15 vs 0 克/日)	1.60	(1.29-1.98)

(WCRF/AICR 2009)

飲酒致癌：無安全水平

- 證據支持不飲酒
- 其他證據指飲酒可能降低冠心病風險
- 致癌風險無安全水平，即使少量也應避免
- 所有酒精飲品同樣作用，酒精量最重要
- 小孩孕婦不應飲酒

(WCRF/AICR 2007)

世界癌症基金會建議

- 避免有糖飲品
- 限制酒類飲品

爲什麼建議對有糖飲品比酒更嚴？

公共衛生勸告

不要飲

如你飲

適量飲

健康建議

如你飲

適量飲

建議及推廣

你

適量飲

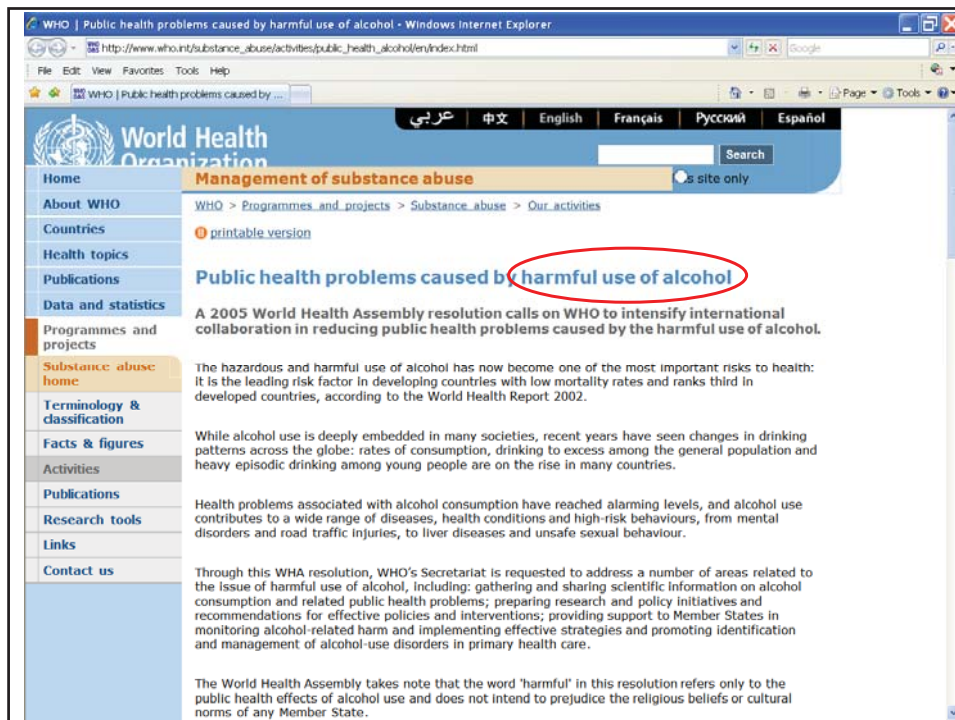
大家一齊
適量飲

最近十年，有多少人(成人及青少年)因為酒業和其他人的健康建議和推廣因而開始飲酒？

保護心臟， 是真還是“健康飲酒者效應”？

- J型關係機理不清
- 適量飲酒者有堅強自制能力和高度重視健康，所以少心臟病(不是因為酒的保護作用)
- 美洲非裔人：飲酒是冠心病危險因素
- 飲酒增高血壓
- 法國人多飲酒但少心臟病：“生態學”研究，證據軟弱
- 大量飲酒可致心肌病和心率不正
- 並無隨機對照研究的證據

(Fuchs et al 2007)



2008世界衛生大會

飲酒引致公共衛生問題

- 4%疾病負擔及3.2%所有死亡 (1.8百萬人)
(世界衛生報告2002)
- 疾病、傷害、暴力(家庭暴力-婦女兒童)
- 傷殘、社會問題、提早死亡
- 精神問題
- 醉酒駕駛、工作和懷孕飲酒
- 暴飲特別是青年
- 中毒、濫藥、不安全性交
- 經濟損失，衛生、社會福利、司法、生產力損失

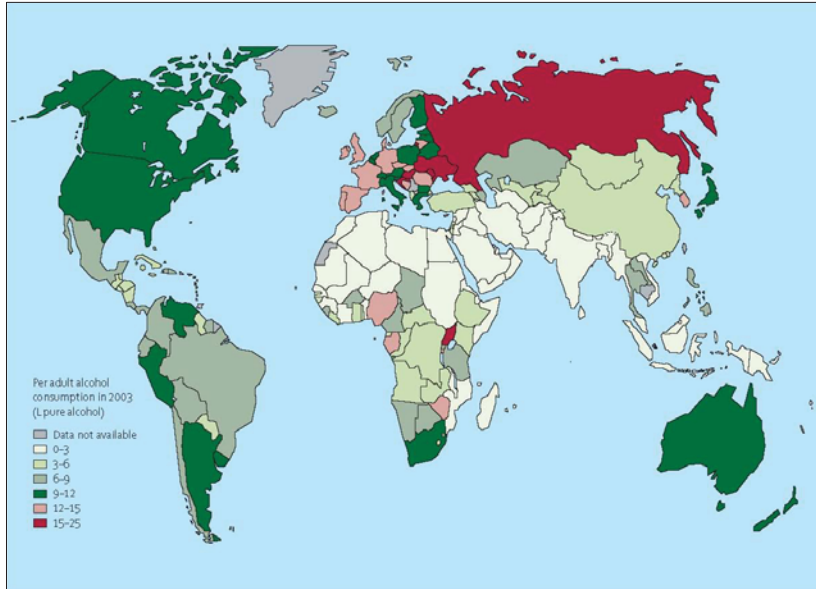
<p>世界衛生大會 2008</p> <p>減少酒害 的策略</p>	<p>SIXTY-FIRST WORLD HEALTH ASSEMBLY WHA61.4</p> <p>Agenda item 11.10 24 May 2008</p>
	<p>Strategies to reduce the harmful use of alcohol</p> <p>The Sixty-first World Health Assembly,</p> <p>Having considered the report on strategies to reduce the harmful use of alcohol and the further guidance on strategies and policy element options therein;</p> <p>Reaffirming resolutions WHA32.40 on development of the WHO programme on alcohol-related problems, WHA36.12 on alcohol consumption and alcohol-related problems; development of national policies and programmes, WHA42.20 on prevention and control of drug and alcohol abuse and WHA57.16 on health promotion and healthy lifestyles;</p> <p>Recalling resolution WHA58.26 on public-health problems caused by harmful use of alcohol and decision WHA60(10);</p> <p>Noting the report by the Secretariat presented to the Sixtieth World Health Assembly on evidence-based strategies and interventions to reduce alcohol-related harm, including the addendum on a global assessment of public health problems caused by harmful use of alcohol;¹</p> <p>Noting the second report of the WHO Expert Committee on Problems Related to Alcohol Consumption² and acknowledging that effective strategies and interventions that target the general population, vulnerable groups, individuals and specific problems are available and should be optimally combined in order to reduce alcohol-related harm;</p> <p>Mindful that such strategies and interventions must be implemented in a way that takes into account different national, religious and cultural contexts, including national public health problems, needs and priorities, and differences in Member States' resources, capacities and capabilities;</p> <p>Deeply concerned by the extent of public health problems associated with harmful use of alcohol, including injuries and violence, and possible links to certain communicable diseases, thereby adding to the disease burden, in both developing and developed countries;</p> <p>Mindful that international cooperation in reducing public-health problems caused by the harmful use of alcohol is intensifying, and of the need to mobilize the necessary support at global and regional levels,</p> <p><small>¹ Documents A60/14 and A60/14 Add.1. ² WHO Technical Report Series, No. 944, 2007.</small></p>

飲酒與全球健康2004

- 3.8% 死亡(2.3百萬人)
- 4.6%傷殘調整生命年(70.91百萬年)
- 疾病負擔與平均酒類消費有密切關係；特別在窮人和邊緣人士
- 在高及中收入國家，損失1%國民生產總值

(Rehm et al Lancet 2009)

不同國家成人酒精消費



(Rehm et al Lancet 2009)

2004 飲酒引致死亡(以千計)

	Men (%)*	Women (%)*	Total
Diseases for which alcohol has a detrimental effect			
產婦及初生嬰兒 (低出生體重)異常			
Maternal and perinatal disorders (low birthweight)	2 (0.1%)	1 (0.3%)	3
癌症	377 (18.5%)	111 (25.0%)	487
Diabetes mellitus	0 (0.0%)	0 (0.1%)	0
神經精神異常	109 (5.4%)	25 (5.7%)	135
Neuropsychiatric disorders			
心血管病	466 (22.8%)	80 (18.0%)	545
Cardiovascular diseases			
肝硬化	297 (14.6%)	76 (17.1%)	373
Cirrhosis of the liver			
非故意損傷	556 (27.3%)	110 (24.8%)	666
Unintentional injuries			
故意損傷	232 (11.4%)	40 (9.0%)	272
Intentional injuries			
Total detrimental effects attributable to alcohol	2039 (100.0%)	443 (100.0%)	2482
Diseases for which alcohol has a beneficial effect			
Diabetes mellitus	-8 (8.3%)	-4 (3.2%)	-12
Cardiovascular diseases	-88 (91.7%)	-128 (96.8%)	-215
Total beneficial effects attributable to alcohol	-96 (100.0%)	-132 (100.0%)	-227
All alcohol-attributable net deaths	1944	311	2255
All deaths	31063	27674	58738
Percentage of all net deaths attributable to alcohol	6.3%	1.1%	3.8%
CRA 2000 (for comparison)	5.6%	0.6%	3.2%

CRA=comparative risk assessment. *Numbers are rounded to the nearest thousand. Zero indicates fewer than 500 alcohol-attributable deaths in the disease category. Percentages refer to all deaths either caused or prevented by alcohol.

(Rehm et al Lancet 2009)

飲酒對他人的危害

- 好像被動吸煙
- 引致他人受到暴力或交通意外傷害

(Casswell et al Lancet 2009)

有效的減害政策

有效：

- 規限市場推廣，增加價格，減低供應
- 執法減少醉駕
- 幫助戒酒

無效

- 學校教育

(Anderson et al Lancet 2009)

最有經濟效益

- 增加價格，減少供應
- 禁止廣告

公眾教育

- 提高注意，使飲酒問題能進入政治和公眾議題

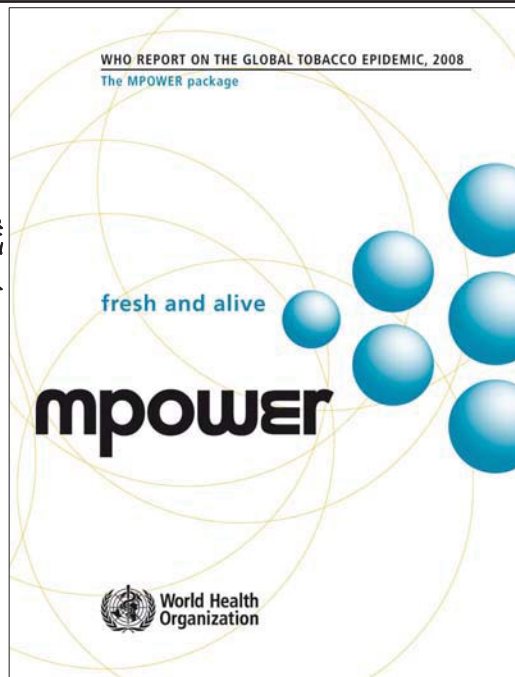
(Anderson et al Lancet 2009)

我們可以從控煙學到什麼？

- 越多人被一物所害
- 越難剷除此害

[煙草在上世紀已殺害1億人，
在本世紀會殺害10億人]

世界衛生組織
控煙報告



(http://www.who.int/tobacco/mpower/mpower_report_full_2008.pdf)

煙草：全球殺人兇手
瘟疫正在蔓延

六政策

- M:** 監測煙草使用和預防政策
- P:** 保護人們免受煙草煙霧危害
- O:** 提供戒煙幫助
- W:** 警示煙草危害
- E:** 禁止煙草廣告、推廣、贊助
- R:** 提高煙草稅

(WHO, MPOWER 2008)

酒精：全球殺人兇手 瘟疫正在蔓延

六政策

- M:** 監測酒精使用和預防政策
- P:** 保護人們免受酒精危害
- O:** 提供戒酒幫助
- W:** 警示酒精危害
- E:** 禁止酒精廣告、推廣、贊助
- R:** 提高酒精稅

飲(致癌物質)還是不飲

- 不單是個人問題
- 巨大及緊急公共衛生問題
- 爲什麼飲致癌物質去保護心臟，
即使真的有保護作用
- 爲什麼鼓勵他人開始飲或飲多些？
- 不飲酒不是不合群
- 不飲酒是健康