**Smoking cessation service development and implications in Hong Kong**

### Abstract

**專題摘要**

**香港戒煙服務的發展與意義**

To reduce the deaths caused by smoking, preventing children and youth smoking is the most important. 減少吸煙引致的死亡，防止兒童及青少年吸煙最重要。

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<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>I don’t know</th>
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**Quit smoking prevent more deaths more quickly**

- Targeting youth only, and supporting adults’ right to smoke is NOT effective in preventing young people smoke → can induce them to smoke (see tobacco industry funded “Youth Smoking Prevention”) 針對青少年而支持成人吸煙是失敗的。  
- By 2020, if adult’s smoking reduced by 50%, prevent 180 million deaths; if youth starting smoking reduced by 50%, prevent 20 million deaths. (World Bank 1999)  

至2020年，如果成人吸煙下降50%，可預防一億五千萬死亡；如果青少年開始吸煙減少50%，可預防二千萬死亡。(世界銀行 1999)

**Of 100 smokers, if they continue to smoke, how many will be killed prematurely by smoking?**

100 個吸煙者如果繼續吸，多少會被吸煙提早殺死？

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<th>5</th>
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1/2 could be 死亡風險 2/3  

If smoking starts at young age 年青時開始吸煙

Hong Kong: Stage of tobacco epidemic

In early 1970s:
• 20 years behind the USA (Lam et al. 2001)
• 20 years ahead of China Mainland 比大陸早20年
• Prevalence of smoking aged 15 and above:

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<th>Males</th>
<th>Females</th>
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<td>1982</td>
<td>39.7%</td>
<td>5.6%</td>
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<td>2007/08</td>
<td>20.5%</td>
<td>3.6%</td>
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Absolute reduction 19.2% 2.0%
Relative reduction 48.4% 35.7%

Hong Kong: Smoking prevalence in relation to increase in tobacco tax (1982-2005)

- Despite the many benefits of tax increases, tobacco tax has been frozen in Hong Kong since 2001
- In 2009, tobacco tax increases by 50%

Prevalence of daily smokers for age 15 and over in Hong Kong (1982 - 2007/08)

Age specific prevalence of daily smokers in males in Hong Kong (1974 - 2007/08)
First randomised controlled trial on smoking cessation in Hong Kong

戒煙：第一個隨機對照研究

Government General Outpatient Clinics, 1994-95

政府門診

Doctor giving a brief advice (1 minute) to old case patients. (n=532 old cases; total = 865)

醫生簡短勸告 (1分鐘)

Quitting at 1 year follow-up:

Advice 勸告

No Advice 無勸告

4% 0%

(Betson, Lam et al 1997)

First Smoking Cessation Health Care (SCHC) in Hong Kong

- 1203 smokers with 1 week free NRT
- Quit rate 27% (7-day point prevalence at 1 year) 一年後戒煙率27%

(Abduliah, Hedley, Chan…Lam 2004)

The HKU Smoking Cessation Counselor Training Centre

- HKU Department of Nursing Studies and School of Public Health developed a smoking cessation counselor training program, the first of its kind in Hong Kong and China
- Training for nurses, physicians, youth counsellors, social workers, pharmacists, traditional Chinese medicine, practitioners, volunteers: about 1,000 trained
- Always include tobacco control advocacy
- 已培訓超過1,000人

1st Quitline in Asia

亞洲第一條戒煙熱線

- University of Hong Kong and Hong Kong Council on Smoking and Health: 2001-02
- 1120 smokers
- Quit rate: 12% (7-day point prevalence at 5 m)

A month後戒煙率12%

**HK Hospital Authority (HA)**
- 16 smoking counselling and cessation centres and hotline (NRT)
- Counsellors trained by HKU since 2001

**Department of Health Tobacco Control Office**
- One smoking cessation clinic (NRT), one hotline and publicity campaigns

**HKU Smoking Cessation Services**
Department of Nursing Studies
School of Public Health
The Hong Kong Council on Smoking and Health
(moved to HKU since 2004)

**Youth Quitline: for youth (12-15 y)**
- **Aims:** To publicize the importance of quitting among youth smokers and to encourage and support those who want to quit through peer telephone counseling
- **Settings:** Telephone hotline: managed by trained counselors of HKU medical, nursing and social work students, 2005-
- Over 600 smokers: quit rate 25%
  六個月後戒煙率25%

(Chan... Lam 2008)

**Smoking cessation peer counselors 戒煙朋輩輔導**
- 大學生及高中生
  - A new batch trained peer counselors: 6 university students & 9 secondary-six students
  - 3 existing peer counselors as mentors

**A mobile smoking cessation service to community elderly smokers 移動戒煙服務：老人戒煙**
- **Aim:** To develop a multi-disciplinary demonstration project to promote smoking cessation for the elderly
- **Settings and subjects:** Community centres; elders in the general public, 2002-04
  - Health talks to 3266
  - Counselling to 365 smokers
  - Quit rate 28%
  戒煙率28%

(Abdulsh, Lam, et al 2008)
Empowering women’s effort in creating a smoke-free environment

Organizers
Department of Nursing Studies
Department of Community Health,
School of Public Health
Li Ka Shing Faculty of Medicine, HKU

Funded by
Food and Health Bureau
Health Care and Promotion Fund

Press Conference – WATT

Hong Kong Council on Smoking and Health (COSH) Campaign
• 7 Jan 2009 Ming Pao
Tax Increase Ads

= Booths for Signatures and Online Votes
= Support by Medical Students

COSH Campaign 2009
• Quit to Win, with a randomised controlled trial; with HKU and a TV company
• Over 1,000 smokers

Guangzhou 12th Hospital
Smoking Cessation Counsellor Training Workshop 1-3 July 2006

Department of Nursing Studies and School of Public Health,
University of Hong Kong, supported by Cancer Research UK
Added values of smoking cessation services

戒煙服務的價值

- Expand our team and allies on tobacco control 擴大控煙隊伍
- Attract publicity 宣傳
- Teaching medical / nursing students and postgraduates 教學
- Research and evaluation 研究
- Motivate government and others to provide funding and to promote quitting 促使政府支持

Randomised controlled trials on Smoking Cessation at HKU

港大隨機對照研究

- Brief doctor’s advice at outpatient clinics
- Helping fathers quit smoking through educating non-smoking fathers of sick children
- Smoking hygiene intervention to families of new born infants
- Smoking cessation and adhere counselling to patients with erectile dysfunction
- Smoking reduction intervention to smokers who do not want to quit

Difficulties/challenges in smoking cessation

1. Governments do not give any/enough funding 政府支持不足
2. Health care systems not supportive 醫療系統少支持
3. Health care professionals: many/some are smokers; many nonsmokers are not ready to act 醫護人員吸煙：不吸煙者不行動
4. Smoking is still a culture and people accept smoking and secondhand smoke 吸煙和二手煙仍被接受
5. Smokers are not ready to quit; most do not come for help 吸煙者不願戒
6. Treating nicotine dependence/addiction (a chronic disease) is difficult and NRT/drugs expensive 治療成癮困難，藥物太貴
7. Quit rate is low: Failure is more common than success 戒煙率低，失敗多于成功
8. Morale among smoking cessation counsellors is not high (lack of support and incentives; too busy) 戒煙服務士士氣低落
9. Tobacco industry and related sectors very powerful and influential 煙草及有關行業影響力大

Benefits of “Offer help to quit” 「主動幫助戒煙」的作用

1. Political/policy support 政策支援
   - Government tobacco policies need to have two arms (carrot and stick) 政府要有兩手
     - Ban smoking in public and work places, increasing tax, pictorial warning, etc 一是一手禁煙令、加稅、警告
     - Offer a helping hand to smokers 一手是支持戒煙
   - Opponents often ask: Where can smokers smoke? 反對者問：可在哪裡吸煙？
     Answer: Go to the smoking cessation clinics and we are keen to help them quit 答：去戒煙門診，我們熱心幫忙
   - Q: † tax hurts poor people most? 問：加稅傷害窮人最大？
     A: † quitting helps poor people most! 答：戒煙幫助窮人最大！

2. Life saving, a medical service 生命醫療服務
   - More readily acceptable to health care professionals (HCP) than other tobacco control measures (such as raising tobacco tax) 醫護人員較易接受
   - Can attract some HCP to join force, especially motivate non-smokers to act 吸引多些人特別是不吸煙者加入
   - A smoking cessation clinic is an entry point for tobacco control into a hospital (treatment of chronic disease) 戒煙門診進入醫院的切入點

3. Developments 發展
   - A smoking cessation clinic is a centre for information, education, training, research, publicity and tobacco control advocacy 戒煙門診是資訊、教育、培訓、科研、宣傳、推動控煙中心
   - Building up partnership, collaboration and alliance with HCP and other sectors 建立伙伴合作，同盟
   - A strategic base for tobacco control advocacy 戰略根據地
   - A focal point, especially for the mass media 傳媒焦點

What if a doctor says nothing about smoking? 醫生不提吸煙怎樣？

- Patients may suspect their illnesses are related to smoking or passive smoking and expect doctors to ask and advise 病人懷疑吸煙引致病患
- If a doctor says nothing: Patients may get a wrong message 醫生不提，有反效果

Minimal approach: AWARD 最少要 AWARD

- Ask for smoking and passive smoking 問題
- Warn against high risk of death - ½; and SHS toxicity 警告
- Advice to quit and to avoid exposure 勸告
- Refer to existing smoking cessation services (DH [1833183], HK [23007272], HKU and others) 轉介
- Do it again next time 下次再做