

# Quit to Win 2009 – Smoking Cessation Contest

May 2013, COSH Report No. 12



## “Quit to Win 2009” and smoking cessation

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### 1. Introduction

The smoking cessation competition was originated in Minnesota from a heart health initiative during the 1980s in the USA. It encouraged smokers to quit smoking for prizes and monetary rewards. Since then, smoking cessation competition has been promoted in other states within the U.S. and other countries. An international smoking cessation competition is run every two years since 1994. The record was made in 2002 when over 80 countries participated in the international competition, in which 700,000 smokers were recruited to quit smoking for the grand award.

In Hong Kong, with the implementation of a series of new policies under the 2006 Smoking (Public Health) (Amendment) Ordinance, the Government stepped up its efforts to encourage smokers to quit smoking. These included the expansion of designated smoke-free areas starting from 1 January 2007, the end of smoking ban exemption period in six types of entertainment establishments on 1 July 2009, the implementation of the HK\$1,500 fixed penalty for smoking offence from 1 September 2009, extending smoking ban to both indoor and outdoor public transport interchanges, and the big increase in tobacco tax in February 2009.

According to the Thematic Household Surveys of the Census and Statistics Department, the percentage of daily smokers among Hong Kong population aged 15 or above dropped from 14% (793,200 smokers) in 2005 to 11.8% (676,900 smokers) in 2008. Over 100,000 people quit the daily habit of smoking in 3 years, representing a 2.2% points drop. Of those daily cigarette smokers, 226,200 (33.4%) of them had tried but failed to give up smoking. The three most commonly cited reasons for their failure to give up smoking included “not determined enough” (53%), “cigarette smoking had formed a habit / favorite” (37.8%) and “most friends / colleagues were smokers” (16.5%). 375,400 (55.5%) daily cigarette smokers, however, had neither tried nor wanted to give up smoking. The remaining 75,300 (11.1%) smokers had never tried but wanted to give up smoking with similar reasons as those who tried to quit. The figures reflect that there is an urgency in promoting smoking cessation and it is important to study the characteristics of quitters and effectiveness of various cessation interventions.

Learning from the international smoking cessation competition, Hong Kong Council on Smoking and

Health (COSH) launched Quit to Win Contest in order to attract and encourage smokers to quit smoking in the community and assess the effectiveness of minimal intervention on smoking cessation. It aimed at promoting the notion of “quitting smoking to become a winner” through a series of cessation intervention and telephone follow ups by the School of Nursing and School of Public Health, the University of Hong Kong. A built-in 3-arm randomized controlled trial (RCT) also tested the effectiveness of brief smoking cessation advice by telephone or SMS on quit rate and change in smoking behaviors among smokers who joined the Quit to Win Contest.

All successful quitters were eligible to join the lucky draw and the shortlisted participants were invited to take part in “Quit to Win” game show broadcasted on TV by Television Broadcasts Limited (TVB) in which they competed on TV for championship.

### 2. Methods

#### 2.1 Recruitment Details

COSH conducted 23 recruitment activities in shopping malls and public areas across the territory from May to July 2009 to promote this campaign and recruit participants. Smokers were invited to visit the booths and join the Contest. Trained research assistants (RAs) screened participants with the following eligibility criteria for the Contest and randomized controlled trial (RCT): -

1. Hong Kong residents aged 18 or above;
2. Daily smoker who smoked at least 1 cigarette per day in the past 6 months;
3. Exhaled carbon monoxide (CO) of 4 ppm or above;
4. Ability to communicate in Cantonese and read Chinese; and
5. Had a mobile phone to receive SMS.

Smokers who were psychologically or physically unable to communicate, or currently following other forms of smoking cessation programme were excluded from this RCT.

After obtaining written consent from the participants, the RAs administered the baseline questionnaire, measured the exhaled CO level, distributed self-help smoking cessation materials to the participants and assigned a unique number to the eligible participants for RCT randomization. Eligible participants who were not willing to join

the RCT could join the Quit to Win Contest and were assigned to the Non-RCT group.

Block randomization was used in each recruitment date to allocate all consented RCT participants to three RCT arms. The interventions were (1) providing telephone brief advice (TEL group), (2) sending standard SMS messages (SMS group) and (3) no telephone brief advice and no SMS (CONTROL group).

## 2.2 Intervention and Follow-up

TEL group - Participants received a 5-minute proactive call from a qualified nurse smoking cessation counselor within 7 days after the baseline recruitment which included advice on quitting with a specific warning on the health hazard of smoking.

SMS group – Participants received 8 mobile phone text messages with smoking cessation advice and warning on the health hazards of smoking. The content of text messages is in Appendix 1.

CONTROL group and Non-RCT group – No counseling and SMS intervention was provided.

All participants, including the three RCT and the Non-RCT groups, were provided a self-help booklet on cessation with quitline numbers. They were followed up by trained interviewers at 2-, 6- and 12-month with standardized questionnaire after the baseline recruitment. Trained interviewers, who were blinded to the group assignment, made at least seven call attempts at different time period to contact each participant (Single blindness). Those who could not be contacted after all attempts were classified as lost to follow up.

Participants who reported to have stopped smoking at 6- and 12-month were invited for biochemical validation by exhaled CO level < 4 ppm and level of saliva cotinine < 10ng/ml. Participants who passed the biochemical validation were invited to enter into the lucky draw organized by COSH.

Three participants who passed the validation were randomly chosen to receive the grand prize (each HK\$10,000 gift voucher) and the other 3 prizes (each HK\$3,000 gift voucher) were awarded to the nominators of the Quit to Win participants who quitted successfully at 6-month follow up. Three more prizes (a gift package) were presented to the participants who passed the validation at 12-month follow up.

The analysis firstly described all subjects (N=1,119) together. For the RCT, the main comparison would be (a) TEL versus CONTROL group; and (b) SMS versus CONTROL group. However, because there were no significant differences in most of the outcomes, we presented the results for the 3 arms together, except there were significant differences in (a) or (b).

## 3. Results

During the recruitment period, about 21,000 “Quit to Win Contest” leaflets were distributed to the public; 1,153 people visited the smoking cessation booths and received the self-help materials, out of whom, 1,119 (97.1%) enrolled, with 1,003 being eligible and consented to the RCT and 116 were assigned to the Non-RCT group. The consented participants were randomized to the TEL group (N=338), SMS group (N=335) and CONTROL group (N=330) respectively.

### Baseline results

#### 3.1 Demographic characteristics of all participants

Most (81.7%) of the 1,119 participants were male; nearly two-third (64.3%) aged 40 or above; 76% were married. Slightly over half of participants (56.9%) had some education up to Form 3 and nearly one-third (32%) had attained Form 4-7. Nearly two-third (64.3%) were employed; most (78.3%) had monthly household income < HK\$20,000. For those who were married or single but with children, 61.3% had more than one child. The socio-economic profiles were similar among the 3 RCT arms (TEL, SMS and CONTROL) (p-values > 0.05).

**Table 1 Baseline demographic characteristics of all participants**

		Total (N=1119)	N	(%)
Gender	Male		914	(81.7)
	Female		205	(18.3)
Age group	18-29		157	(14.0)
	30-39		242	(21.6)
	40-49		290	(25.9)
	50-59		237	(21.2)
	60 or over		193	(17.2)
Marital status <sup>1</sup>	Single		228	(20.4)
	Married		848	(76.0)
	Others		40	(3.6)
Child <sup>2</sup> (N=909)	None		74	(8.1)
	One child		278	(30.6)
	Two children		351	(38.6)
	Three or more		206	(22.7)
Education level	Without formal education		31	(2.8)
	Form 3 or below		637	(56.9)
	Form 4 to Form 7		358	(32.0)
	College/University or higher		93	(8.3)
Employment status	Student		9	(0.9)
	Employed		718	(64.3)
	Unemployed		298	(26.7)
	House-wife		91	(8.2)
Monthly household income	Less than \$10,000		466	(42.0)
	\$10,000-19,999		403	(36.3)
	\$20,000-29,999		138	(12.4)
	\$30,000 or above		103	(9.3)

<sup>1</sup> Missing data were excluded

<sup>2</sup> Participants who were single and without children were excluded

### 3.2 Smoking profile

The majority started smoking before 20 years old (71.7%) (Figure 1). 67.3% had low nicotine dependency (Heaviness of Smoking Index below 4). 43.6% of the participants smoked 1-10 cigarettes and 41.3% smoked 11-20 cigarettes daily respectively (Figure 2). While 70.1% had ever attempted to quit smoking (smoking abstinence for over 24 hours), only 25.7% had quit attempts in the past 12 months. About two-third (67%) had intention to quit in the next 7 days and another 20.3% had intention to quit within the next 30 days. These smoking and quitting profiles were similar among the 3 RCT arms (TEL, SMS and CONTROL) (p-values > 0.05; Table not shown).

Figure 1

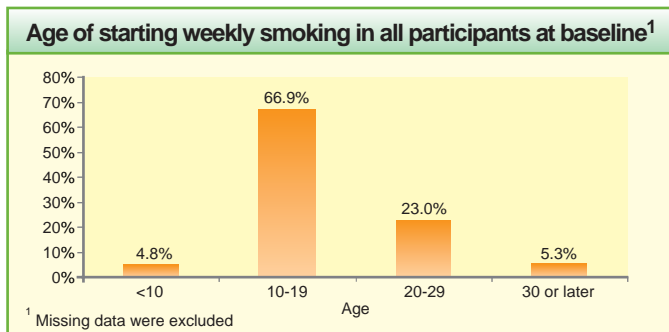
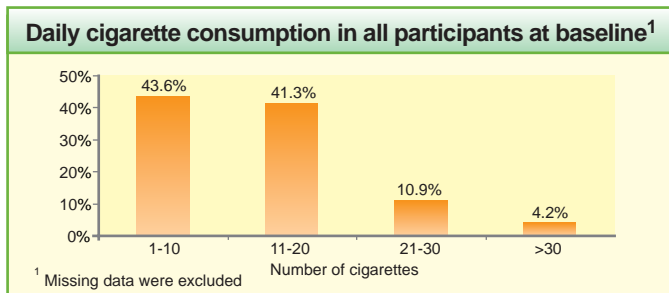


Figure 2



### 3.3 Environmental influence

At baseline, participants mainly received support to quit smoking from spouse (64.7%), children (61.0%), parents (23.3%) and friends (17.8%). In contrast, 8.5% did not expect to receive social support from others when they started to quit smoking.

30.9% participants lived with one or more smoking family members (Figure 3). 82.2% reported that half or more of their friends smoked cigarettes, and 56.5% reported that half or more of their colleagues smoked cigarettes (Figure 4). These were similar among the 3 RCT arms (p-values > 0.05).

Figure 3

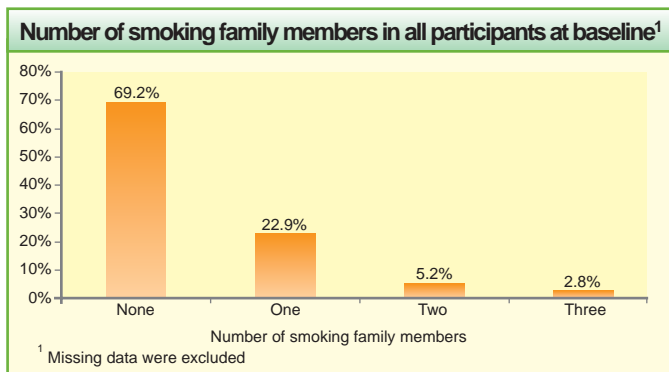
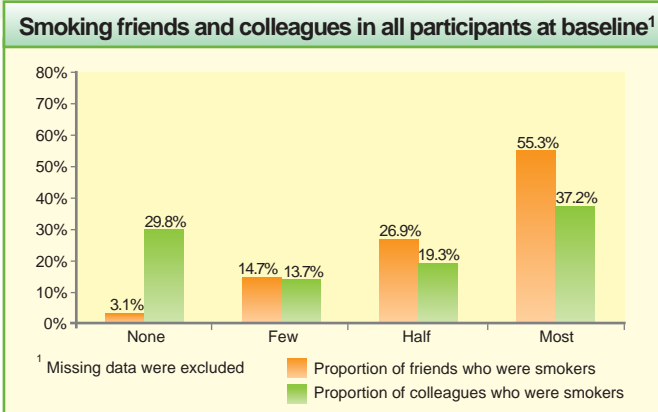


Figure 4



### 2-month, 6-month and 12-month follow-up results

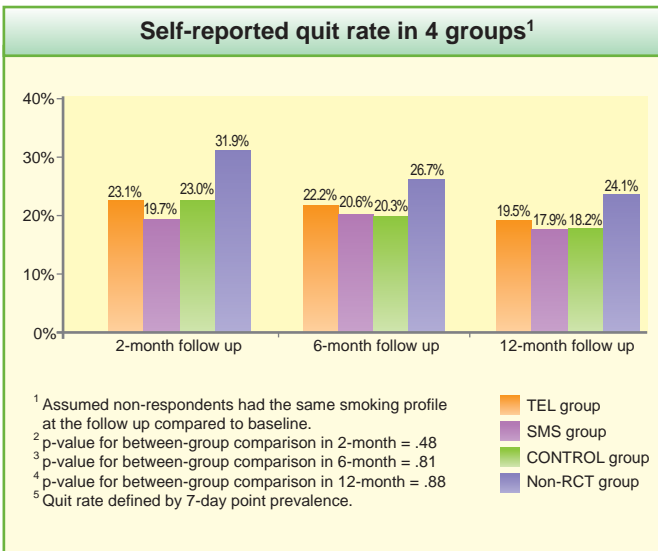
#### 3.4 Retention rate

Among the TEL, SMS and CONTROL groups, the retention rates ranged from 68.7% to 76.1% (p = 0.08) at 2-month follow-up; from 66.9% to 73.1% (p = 0.20) at 6-month follow-up; and from 63.6% to 66% (p = 0.82) at 12-month follow-up. The retention rates were similar among the 3 RCT arms (p-values > 0.05).

#### 3.5 Quit rate & rate of smoking reduction by half or more

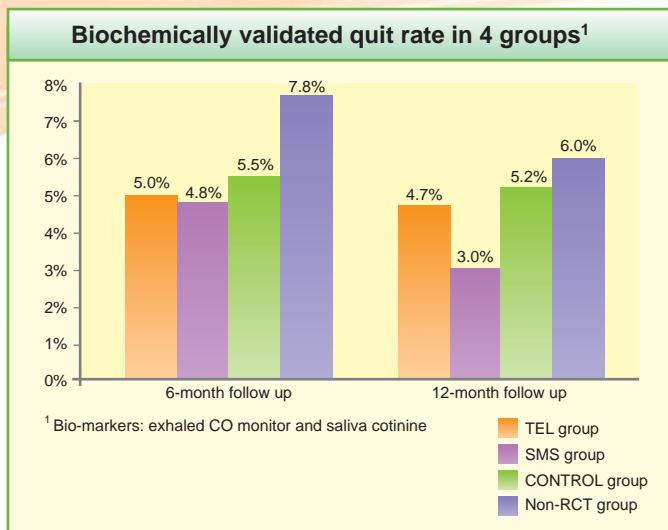
Overall, the self-reported quit rate (7-day point prevalence) of all participants at 2-, 6- and 12-month follow-ups were 23%, 21.6% and 19.1% respectively. The self-reported quit rates were similar among the three RCT arms (p-values > 0.05). The non-RCT group seemed to show greater quit rates but this was not significantly different from the RCT arms (Figure 5).

Figure 5



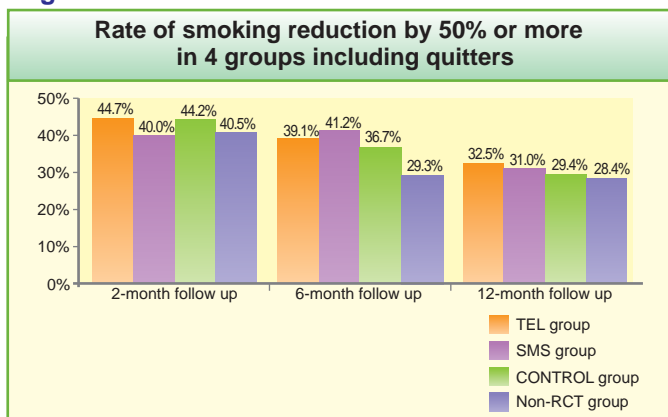
Among the self-reported quitters, 26.9% and 23.8% participated in the biochemical validation at 6- and 12-month follow-ups, and nearly all passed the validation (6-month: 60/65; 12-month: 50/51). The overall validated quit rates at 6- and 12-month follow-ups were 5.4% and 4.5%. Individual group data of three RCT arms and Non-RCT group are shown in Figure 6. The validated quit rates were similar among the three RCT arms (p-values > 0.05).

**Figure 6**



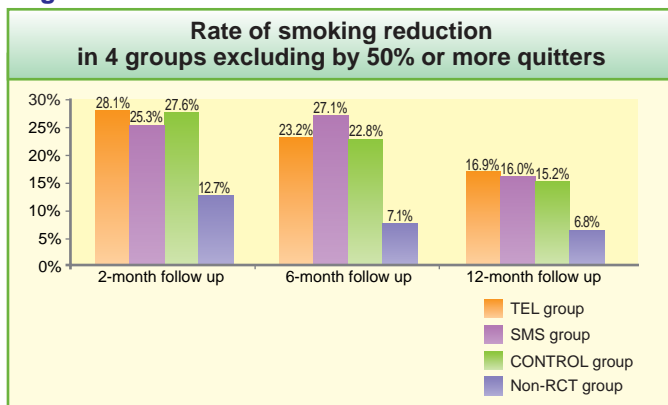
When we included participants who had quit smoking, the overall smoking reduction rates (reduced 50% compared to baseline daily cigarette consumption) at 2-, 6- and 12-month follow-ups were 42.7%, 38% and 30.7% respectively. Figure 7 shows that the smoking reduction rates were similar among the three RCT arms (p-values > 0.05).

**Figure 7**



When we excluded those who had quit smoking at follow-up, the corresponding smoking reduction rates at 2-, 6- and 12-month follow-ups were 25.6%, 22.7% and 15.1% (Individual data of three RCT arms and Non-RCT group are shown in Figure 8). The smoking reduction rates excluding quitters were also similar among the three RCT arms (p-values > 0.05).

**Figure 8**



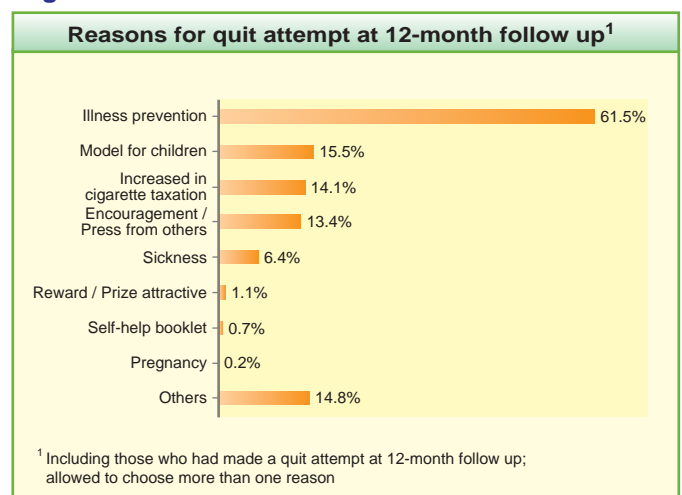
**3.6 Reasons of quit attempts, methods and relapse**

At 12-month follow-up, among those who had made a quit attempt (N=439), the five most common reasons for participants to initiate a quit attempt were:

- (1) illness prevention (61.5%),
- (2) being a role model for children (15.5%),
- (3) increased cigarette taxation (14.1%),
- (4) received encouragement or pressure from others to quit smoking (13.4%), and
- (5) sickness (6.4%) (Figure 9).

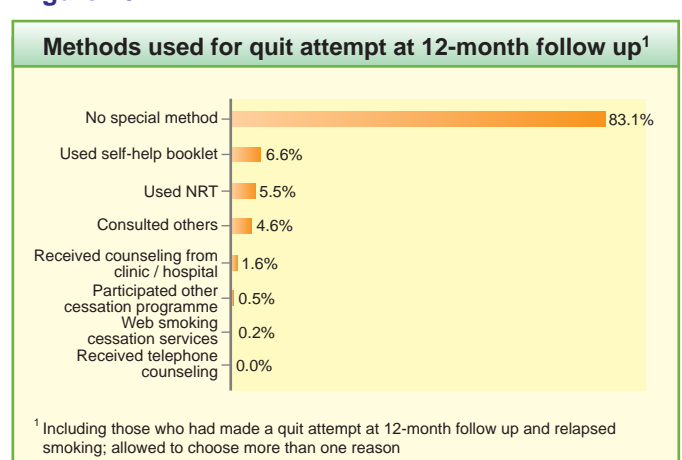
The pattern was similar among the 3 RCT arms (p-values > 0.05).

**Figure 9**



Most of those who had made a quit attempt (83.1%) did not use any specific method to quit smoking, while some used the self-help booklet (6.6%), nicotine replacement therapy (5.5%) or consulted others (4.6%) during the quit attempt (Figure 10). The pattern was similar among the three RCT arms (p-values > 0.05).

**Figure 10**



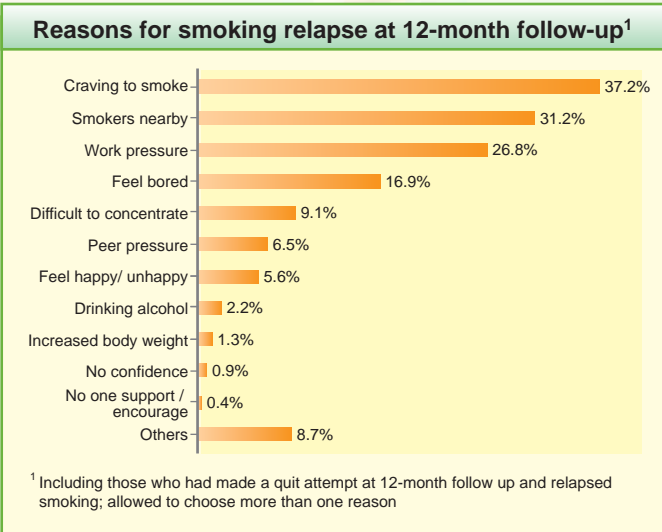
Among those who had made a quit attempt at the 12-month follow-up, the most common reasons of smoking relapse were:

- (1) craving to smoke (37.2%),
- (2) smokers nearby (31.2%),
- (3) work pressure (26.8%), and
- (4) feeling bored (16.9%) (Figure 11).

The pattern was similar among the 3 RCT arms (p-values > 0.05).



**Figure 11**



### 3.7 Social support during smoking cessation

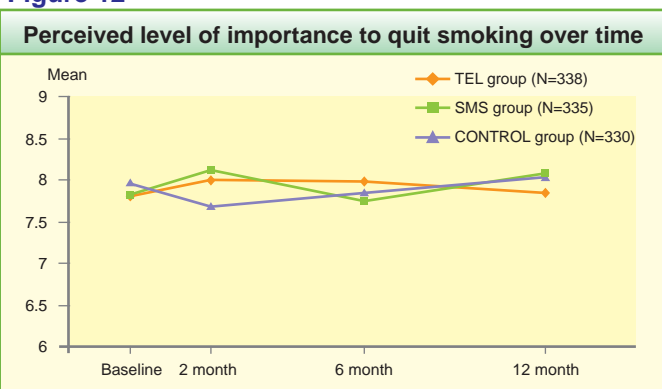
At 12-month follow-up, 508 participants in the three RCT arms (71.7%) received social support to quit smoking over the period. The major source of support came from spouse (49.4%), children (33.6%), parents (9.4%) and friends (8.5%). In contrast, 28.3% did not receive any social support to quit smoking over the period. The pattern was similar among the 3 RCT arms (p-values > 0.05).

### 3.8 Psycho-social factors (importance, confidence, and difficulty) related to quit smoking

In a scale of 0 (minimum) to 10 (maximum), the mean scores of “perceived level of importance of quit smoking”, “perceived level of difficulty of quit smoking” and “perceived level of confidence to quit smoking” at baseline were 7.90 (standard deviation=2.37), 6.88 (standard deviation=3.01) and 6.35 (standard deviation=2.66), respectively. All these psycho-social factors were similar among the 3 RCT arms (p-value > 0.05).

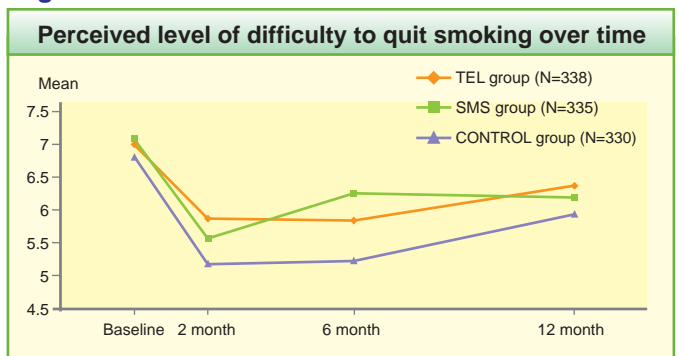
The mean scores of perceived importance at 2, 6 and 12 months were similar to the baseline for all RCT arms (p-values > 0.05). The scores were also similar among the three RCT arms, at all the follow-ups (p-values > 0.05). It can be concluded that the interventions of telephone counseling and SMS did not raise the level significantly (Figure 12).

**Figure 12**



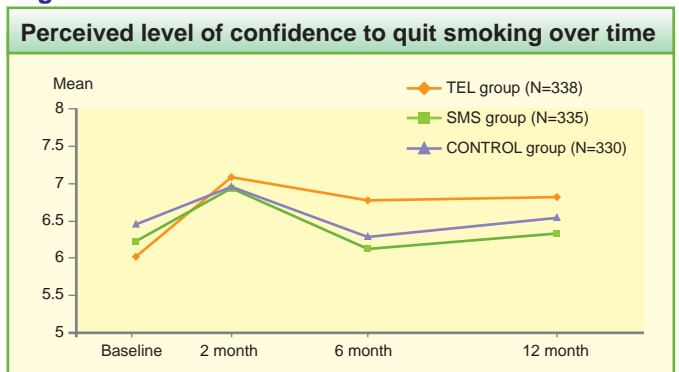
The mean score of perceived difficulty for TEL group significantly decreased from 6.99 at baseline to 5.82 at 2 months and 5.92 at 6 months (p-values < 0.01). For SMS group, the mean score significantly decreased from 7.13 at baseline to 5.54 at 2 months, 6.27 at 6 months and 6.24 at 12 months (p-values < 0.01). For the control group, the mean score also significantly decreased from 6.73 at baseline to 5.22 at 2 months, 5.25 at 6 months, and 5.91 at 12 months (p-values < 0.05). The mean scores among the three RCT arms were similar at all follow-ups, except the mean score for SMS group (6.27) was significantly greater than the control group (5.25) at 6 months (p-values < 0.01). It can be concluded that the perceived difficulty of participants in all RCT arms decreased after joining the Contest (Figure 13).

**Figure 13**



For TEL group, the mean score of perceived confidence significantly increased from 6.02 at baseline to 7.09 at 2 months, 6.78 at 6 months and 6.82 at 12 months (p-values < 0.01). For SMS group, the mean score significantly increased from 6.23 at baseline to 6.94 at 2 months (p-value < 0.01), but fell to 6.12 at 6 months (p-value < 0.01, compared with 2 months). For the CONTROL group, the mean score significantly increased from 6.47 at baseline to 6.97 at 2 months (p-value = 0.04), but fell significantly to 6.28 at 6 months (p-value = 0.02, compared with 2 months). The mean score of TEL group (6.78) was significantly greater than SMS group (6.12) (p-value = 0.03) at 6 months. At 12 months, the mean scores for the 3 RCT arms were similar (p-value > 0.05). It can be concluded that the perceived confidence of participants in all RCT arms increased after joining the Contest and such increase was sustained at 6-month and 12-month in the TEL group only (Figure 14).

**Figure 14**



The effectiveness of the brief telephone counseling and SMS on the three psycho-social factors were assessed by comparing the percentage change of mean scores from baseline to different follow-ups among the three groups (i.e.  $T_x - T_{\text{baseline}} / T_{\text{baseline}}$ , where  $x=1,2,3$  denotes the  $x^{\text{th}}$  follow-up). For perceived importance of quitting, all the percentage changes between follow-ups and baseline were within 5%. For perceived difficulty of quitting, the percentage changes between baseline and follow-ups for TEL, SMS and CONTROL groups were 7.6 - 16.7%, 12.1 - 22.3% and 12.2 - 22.4%, respectively. For perceived confidence, the percentage changes between baseline and follow-ups for TEL, SMS and CONTROL groups were 13.3 - 17.8%, 1.6 - 11.4% and 1.2 - 7.7%, respectively. These findings supported that the brief telephone counseling was more effective than the CONTROL group in raising the perceived confidence of quitting, but the mobile phone messages were not effective to improve these psycho-social factors.

### 3.9 Predictors on quitting, smoking reduction by 50% or more and quit attempt initiation

Using the generalized estimating equations (GEE) models on the 977 participants, the likelihood to quit smoking was higher among those who: (1) had a lower nicotine dependence at baseline (Heaviness of Smoking Index below 4) (Adj. OR = 1.55, 95% CI = 1.15 - 2.10), (2) aimed to quit smoking when they joined the Contest (Adj. OR = 1.45, 95% CI = 1.09 - 1.92), (3) perceived a higher level of importance (Adj. OR = 1.08 per score, 95% CI = 1.00 - 1.16); and (4) a higher level of confidence (Adj. OR = 1.18 per score, 95% CI = 1.11 - 1.26) to quit smoking. The likelihood was lower among participants who perceived a higher level of difficulty (Adj. OR = 0.88 per score, 95% CI = 0.84 - 0.92) to quit smoking.

**Table 2 Predictors on quitting, smoking reduction by 50% or more and quit attempt initiation using GEE**

Predictors to quit smoking (N = 977 <sup>1</sup> )	Adj. OR <sup>3</sup>	p-value	95% CI
Low nicotine dependency at baseline (HSI<4)	1.55	0.005	1.15 – 2.10
Purpose to join the Contest was to quit smoking	1.45	0.012	1.09 – 1.92
Perceived importance to quit smoking <sup>2</sup>	1.08	0.046	1.00 – 1.16
Perceived confidence to quit smoking <sup>2</sup>	1.18	<0.001	1.11 – 1.26
Perceived difficulty to quit smoking <sup>2</sup>	0.88	<0.001	0.84 – 0.92
Predictors to reduce daily cigarette consumption by 50% or more (N=977 <sup>1</sup> )			
Purpose to join the Contest was to quit smoking	1.36	0.011	1.08 – 1.72
Perceived confidence to quit smoking <sup>2</sup>	1.15	<0.001	1.09 – 1.20
Perceived difficulty to quit smoking <sup>2</sup>	0.92	<0.001	0.88 – 0.95

Predictors to initiate a quit attempt (N=977 <sup>1</sup> )	Adj. OR <sup>3</sup>	p-value	95% CI
Low nicotine dependency (HSI<4)	1.34	<0.001	1.08 – 1.65
Purpose to join the Contest was to quit smoking	1.24	0.036	1.01 – 1.52
Perceived confidence to quit smoking <sup>2</sup>	1.07	0.001	1.03 – 1.12
Predictors to quit smoking among those who had initiated a quit attempt (N=389 <sup>1</sup> )			
Employed <sup>4</sup>	0.60	0.030	0.38 – 0.95
Perceived confidence to quit smoking <sup>2</sup>	1.20	<0.001	1.10 – 1.31
Perceived difficulty to quit smoking <sup>2</sup>	0.84	<0.001	0.78 – 0.90

Adj. OR = adjusted odds-ratio; CI = confidence interval  
HSI: Heaviness of Smoking Index

<sup>1</sup> Excluding lost to follow up or missing responses

<sup>2</sup> In a scale of 0 – minimum to 10 – maximum; Adj. OR indicates the percentage increase in odds per unit increase of score.

<sup>3</sup> Adjusted for all other variables in the model.

The following variables were insignificant and excluded from the model: (1) RCT arm (TEL, SMS, CONTROL); (2) baseline smoking profile and quitting history; (3) baseline secondhand smoke exposure; (4) number of supporters to quit smoking; and (5) other demographic characteristics.

<sup>4</sup> Reference group: Students/unemployed/housewives

From the second regression model, the likelihood to reduce daily cigarette consumption ( $\geq 50\%$ ) was higher among participants who: (1) aimed to quit smoking when they joined the Contest (Adj. OR = 1.36, 95% CI = 1.08 - 1.72) and (2) perceived a higher level of confidence (Adj. OR = 1.15 per score, 95% CI = 1.09 - 1.20) to quit smoking. The likelihood was lower among participants who perceived a higher level of difficulty (Adj. OR = 0.92 per score, 95% CI = 0.88 - 0.95) to quit smoking.

Similarly, the likelihood to initiate a quit attempt would be higher among participants who: (1) had a lower nicotine dependency (Adj. OR = 1.34, 95% CI = 1.08 - 1.65), (2) aimed to quit smoking when they joined the Contest (Adj. OR = 1.24, 95% CI = 1.01 - 1.52), and (3) perceived a higher level of confidence (Adj. OR = 1.07 per score, 95% CI = 1.03 - 1.12) to quit smoking.

Among the 389 participants who had initiated a quit attempt, the likelihood to sustain abstinence was higher among participants who perceived a higher level of perceived confidence to quit smoking (Adj. OR = 1.20 per score, 95% CI = 1.10 - 1.31). The likelihood was lower among participants who were currently employed (Adj. OR = 0.60, 95% CI = 0.38 - 0.95) and perceived a higher level of difficulty (Adj. OR = 0.84 per score, 95% CI = 0.78 - 0.90) to quit smoking.

## 4. Discussion

In general, the Quit to Win Contest successfully promoted smoking cessation in the community. By setting up 23 booths in shopping malls or public areas in various geographical areas in Hong Kong, together with media promotion, over 1,000 smokers joined the Contest within one and half months (from 30 May to 15 Jul 2009). In

comparison, 2,854 smokers attended and received baseline counseling among 32 smoking cessation clinics from the Hospital Authority in the entire year (12 months) in 2009<sup>1</sup>. Furthermore, the Contest attracted the difficult-to-reach groups of smokers in the community (older in age and lower socio-economic status), who were less likely to seek help in smoking cessation<sup>2</sup>. Compared with the Hong Kong smoking population<sup>3</sup> and smokers who attended smoking cessation clinic<sup>4</sup>, the Contest attracted smokers who were more likely to be currently unemployed, started smoking at a younger age, and had heavier smoking. By using financial incentives, the Quit to Win Contest provided a good platform to motivate community smokers who did not seek existing cessation services to quit smoking.

As the key outcome of the Contest, the self-reported quit rate at 6-month follow-up reached 21.6% (by intention to treat analysis). This rate was higher than that of smoking cessation counseling offered by a local quitline which was about 12%<sup>4</sup>. Both the self-reported (19.1%) and biochemically validated (4.5%) quit rate at 12-month follow-up were also comparable to international Quit & Win contests as reported in a recent systematic review<sup>5</sup>.

In this RCT, no significant difference in the quit rate, rate of smoking reduction and rate of quit attempt was found among the TEL, SMS and CONTROL group.

These findings suggested that the 5-minute telephone counseling or the 8 mobile phone messages did not show any effect to increase quitting or smoking reduction. The ineffectiveness could be due to insufficient intensity of the interventions and/or the apparently much shorter effects of the monetary awards of the Contest. The very high quit rate in the CONTROL group (about 20%) could mean that a ceiling effect was reached and additional brief interventions could not add more benefits.

For all participants, the perceived difficulty decreased and the confidence of quitting increased after joining the Contest. However, participants in the TEL group had an increased confidence of quitting, which was higher than those in the SMS and CONTROL groups at 6 months (Figure 14). Additional smoking cessation counseling with direct communication with counselors seemed to be helpful to increase and maintain perceived confidence of smokers to quit smoking, which predicted quitting, smoking reduction by at least 50% and quit attempts as shown in the regression models.

The other variables found to predict successful quitting, smoking reduction by at least 50%, quit attempt initiation, as well as smoking abstinence after quit attempt initiation included lower nicotine dependence, aiming to quit smoking when joining the Contest, and a lower level of perceived difficulty to quit smoking.

## 5. Conclusions

To conclude, the Quit to Win Contest successfully reached a large group of smokers in the community who were otherwise unlikely to receive smoking cessation counseling through other means, with satisfactory outcomes in quitting or reducing smoking. The Contest has provided a positive environment to motivate smokers to quit. The RCT showed no significant impact from the brief telephone counseling and SMS service on quitting and reduction, but the former intervention could raise the confidence level of quitting.

## 6. Recommendations

This kind of cessation contest is recommended to be conducted on a regular basis preferably as an annual event to provide an alternative platform for smokers in the community who may not want to seek help in smoking cessation clinics. It can also provide opportunities for RCTs to test the effectiveness of different additional interventions.

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## 7. Clinical trial Registration

Clinical trial registration number: (ISRCTN092710, <http://www.controlled-trials.com>)

## 8. References

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## 9. Acknowledgements

We thank the student helpers, research assistants and smoking cessation counselors for recruitment of smokers, follow-up support, data entry and statistical analysis. We are grateful to COSH for funding and excellent support from COSH staff. Finally, we thank the smokers and quitters who joined the Contest and provided useful information for this study.



## Appendix 1

Date for sending SMS	SMS Message
<b>3 SMS were sent within 7 days after enrolled into the contest</b>	
3 <sup>th</sup> day after enrolled	戒煙大贏家：兩個吸煙的人會有一個死於吸煙引致的疾病，即是吸煙的人有五成機會會被煙草殺害；與不吸煙的人相比，吸煙者的壽命要減少10至15年。
5 <sup>th</sup> day after enrolled	戒煙大贏家：戒煙除了可以挽救自己生命外，還可以節省很多金錢。
7 <sup>th</sup> day after enrolled	戒煙大贏家：如果你需要協助，戒煙熱線幫到你，請致電到香港大學健康促進中心：2819 2671，衛生署戒煙服務熱線：1833 183，或是醫管局無煙熱線：2300 7272，都可以。
<b>1 SMS was sent on the quit date (Set by COSH for the contest)</b>	
1 <sup>st</sup> July, 2009	戒煙大贏家：請緊記，07月01日開始是戒煙的日子，請你不要再買煙，同時扔掉所有的煙、打火機及煙灰缸。
<b>4 SMS were sent after the quit date</b>	
1 <sup>st</sup> day after quit date	戒煙大贏家：煙癮出現時，深呼吸15次、喝一杯冷水、做一些鬆弛動作，如：擴胸伸懶腰，上洗手間洗洗臉，或撥電找別人傾訴一下。
2 <sup>nd</sup> day after quit date	戒煙大贏家：精神大不如前？工作不集中？可用尼古丁補充劑。如有需要協助，請致電到香港大學健康促進中心2819 2671衛生署戒煙服務熱線1833 183或是醫管局無煙熱線2300 7272都可以幫到你。
5 <sup>th</sup> day after quit date	戒煙大贏家：保持心情輕鬆及做一些適量運動吧，如散步、緩跑、游泳等，可助你強化心肺功能、控制體重，並令你精神振作和善用餘閒。
7 <sup>th</sup> day after quit date	戒煙大贏家：繼續努力戒煙，我們會分別在本年的8月、12月及2010年6月時，再打電話給你，跟進你的戒煙情況。



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