The 3rd Cross-Strait Conference on Tobacco Control

專題摘要 Abstract 香港戒煙服務的發展與意義



Smoking cessation service development and implications in Hong Kong

香港戒煙服務的發展與意義

3rd Cross-Strait Conference on Tobacco Control 第三屆兩岸四地煙害防制交流研討會 "Construct Smoke-free Community & Promote MPOWER" 「建構無煙社會 推動 MPOWER」

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To reduce the deaths caused by smoking	,
preventing children and youth smoking is	s
the most important.	

减少吸煙引致的死亡,防止兒童及青少年 吸煙最重要。

Strongly			Strongly	I don't
agree	Aaree		disagree	know
十分同意	同意	不同意	十分同意	不知道

Quitting prevent more deaths more quickly

- Targetting 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)

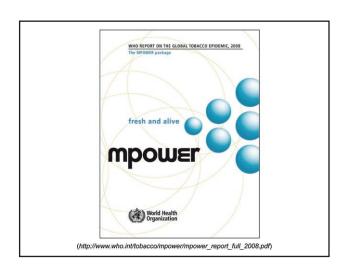
至2020年,如果成人吸煙下降50%,可預防一億五千萬死亡:如青少年開始吸煙減少50%,可預防二千萬死亡。(世界銀行1999)

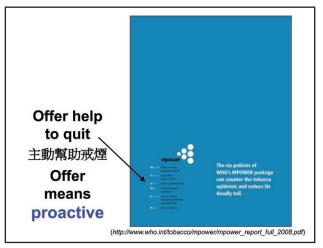


Of 100 smokers, if they continue to smoke, how many will be killed prematurely by smoking? 100 個吸煙者如果繼續吸,多少會被吸煙提早殺死?					
	5	10	20	30	50

1/2
could be
死亡風險
2/3
If smoking starts at young age
年青時開始吸煙
(Doll, et al, 2004)







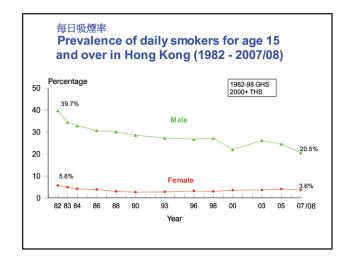
Hong Kong: Stage of tobacco epidemic

In early 1970s:

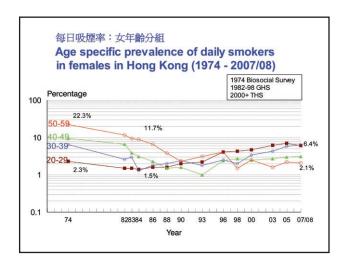
- 20 years behind the USA 比美國遲20年
- 20 years ahead of China Mainland 比大陸早20年 (Lam et al 2001)
- Prevalence of smoking aged 15 and above:

	Males	Females
1982	39.7%	5.6%
2007/08	20.5%	3.6%
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) 加煙稅減低吸煙率。 Despite the 350% many benefits of tax 3009 increases, 2509 15.7% 14.9% tobacco tax 2009 has been 150 frozen in Hong % 100% Kong since 2001 · In 2009, tobacco tax increases by 50%







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: 一年追踪戒煙:

Advice 勸告 4% No Advice 無勸告

0%

(Betson, Lam et al 1997)



第一個戒煙門診使用尼古丁代替療法 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%



(Abdullah, Hedley, Chan... Lam 2004)

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 6 m) 六個月後戒煙率12%



(Abdullah, Lam, et al 2003)

提明排泄

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 <u>first</u> 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
- 巳培訓超過1,000人



醫管局與衛生署戒煙服務

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

香港大學香港與吸煙與健康委員會





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
- <u>Settings</u>: 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 multidisciplinary 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%



(Abdullah, Lam, et al 2008)









COSH Campaign 2009

- Quit to Win, with a randomised controlled trial; with HKU and a TV campany
- Over 1,000 smokers









Trainers at Kunming, Yunnan, March 2006

Beijing: Opening of a new smoking cessation clinic at the top military hospital 2008





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

- Governments do not give any/enough funding 政府支持不足
- 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 治療戒煙困難,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) 戒煙服務者士氣低落
- 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) 政府要有二手
 - Ban smoking in public and work places, increasing tax, pictorial warning, etc —手是禁煙區、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 签: 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 救命醫療服務

- 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 nonsmokers 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? 醫牛不提吸煙怎樣?

- 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 問煙
- 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], HA [23007272], HKU and others) 轉介
- Do it again next time 下次再做