

# Smoking Cessation Information Kit

*I love smoke-free Hong Kong!*



衛生署控煙辦公室  
Tobacco Control Office  
Department of Health



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## Department of Health Smoking Cessation Hotline



# 1833 183

The Tobacco Control Office of the Department of Health wishes to acknowledge the contribution of

Hong Kong Council on Smoking and Health  
Department of Community Medicine, University of Hong Kong  
Professional Development and Quality Assurance, Department of Health

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# 1 Overview

- 1.1 ▼ Synopsis of Smoking Cessation Counselling Programme
- 1.2 ▼ Transtheoretical Model of Change



## 1. Overview

Smoking is the biggest preventable cause of death in Hong Kong and many developed countries. Diseases caused by smoking and secondhand smoke imposed heavy economic and medical burden on our society. As such, many countries have reinforced their tobacco control measures and legislations while the efforts in promoting smoking cessation have been strengthened.

To quit smoking is more easily said than done. According to the Thematic Household Survey 2003, 284,100 smokers (34.7% of the smoking population) in Hong Kong have tried to quit smoking but failed. Apart from dealing with the problem of nicotine dependence, behaviour modification and adjustment on lifestyle during the course of smoking cessation are also essential.

Family doctors have been all along playing a crucial role in our primary healthcare system. Studies showed that it only requires a physician to spare three minutes during consultation on offering smoking cessation advice to smoker in order to produce a significantly higher chance of successful quitting. Moreover, a professional and comprehensive smoking cessation service would not only broaden the scope of clinic service, but would help to build up doctor-patient relationship as well.

This information kit aims at sharing with various healthcare partners on the experience of providing smoking cessation service, with a view to encouraging their provision of such service in the community. There are three main parts of the content:

- 1. Counselling** — Elaboration on various counselling skills, such as assessment by means of the "Transtheoretical Model of Change", "Decisional Balance Worksheet", "5R' s" and "5A' s".
- 2. Medication** — The methods of use and points to note on different products of nicotine replacement therapy and non-nicotine medication.
- 3. Reference** — A guide on smoking cessation service provided by various overseas healthcare authorities; information on smoking cessation service provided by the Department of Health and the Hospital Authority and frequently asked questions.

## 1.1 Synopsis of Smoking Cessation Counselling Programme

The smoking cessation counselling programme illustrated in this information kit suits all smokers. Counselling is the focus of the programme and is supplemented by medication or devices where appropriate (Figure 1). Throughout the programme, various counselling skills such as “5R’s” are employed to motivate smokers who are not yet ready to quit and “5A’s” or “Decisional Balance Worksheet” are used to assist ready quitters to take decisive actions.

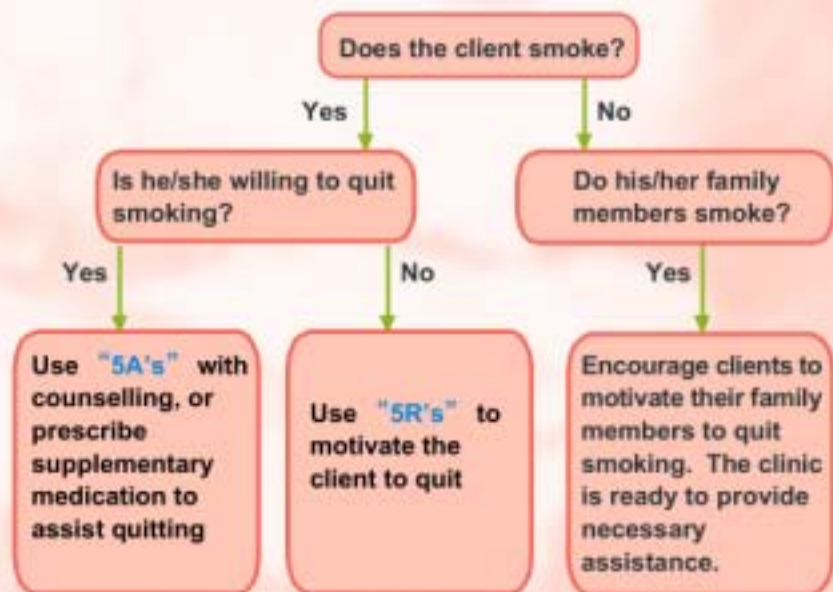


Figure 1 Assessment of decision on smoking cessation

## 1.2 Transtheoretical Model of Change<sup>1</sup>

Healthcare personnel can establish a sustainable mechanism to record the smoking status of individual clients, and to include all smoking clients as service targets and assess. The clients' intention to quit can be assessed by means of the "Transtheoretical Model of Change" (Figure 2).

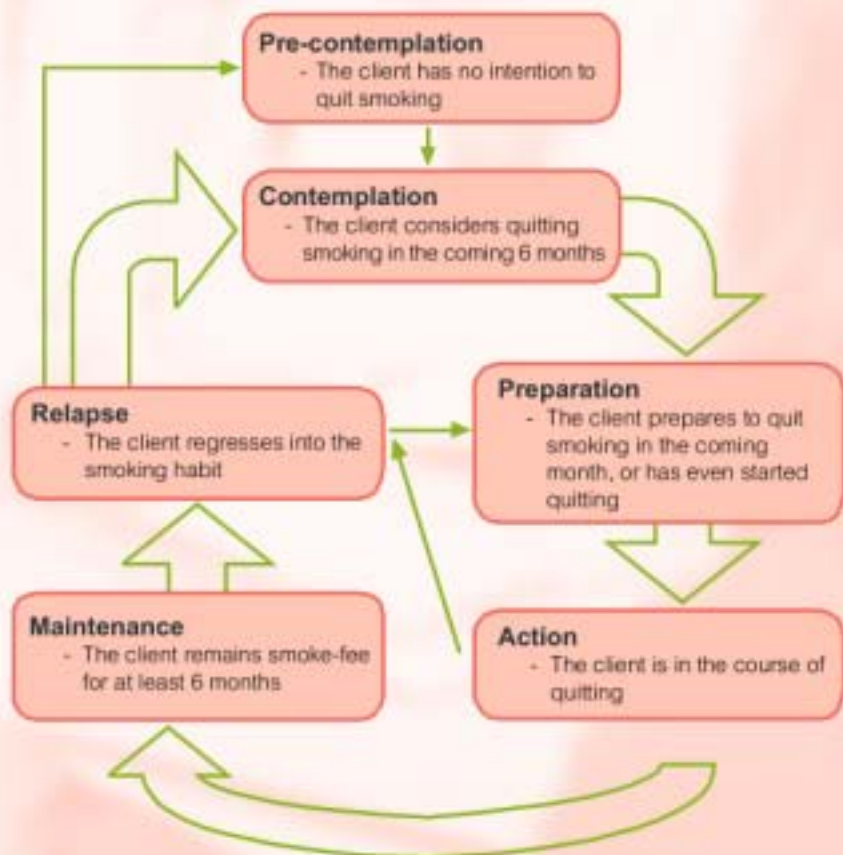


Figure 2 Transtheoretical Model of Change

<sup>1</sup> Prochaska JO, DiClemente CC. (1984). The transtheoretical approach: Crossing the traditional boundaries of theory. Mahwah, FL: Kluwer.

# 2 Counselling

- 2.1 ▼ "5A's"
- 2.2 ▼ "5R's"
- 2.3 ▼ Decisional Balance Worksheet
- 2.4 ▼ Contemplation Ladder



## 2. Counselling

### Introduction

The core of the smoking cessation programme lies in the provision of proper counselling to the quitters whose personal feelings should be accepted with “empathy”. Prospective quitters may refer to the “5A’s”<sup>2,3</sup>, approach which would help them devise or implement their cessation programmes.

#### 2.1 “5A’s”

The “5A’s” approach refers to:

##### (1) Ask

- Ask the client at every consultation about his/her smoking status, quantity smoked and years of smoking, and record the information accordingly. Such regular updating is especially necessary for children and adolescents.
- Include the “smoking status” of the client as one of the vital signs and record such information prominently.

##### (2) Assess

- Assess the desire to quit or the smoking cessation plan for each client.

##### (3) Advise

- Convince the client to quit smoking with a clear and strong manner.
- Clients who are adolescents, pregnant women or heart disease patients may require more in-depth counselling.
- Motivate the client to quit smoking by means of short tests like “Fagerstrom Test” (Appendix 3) or devices like the “Smokerlyzer” (Appendix 4).

2. Public Health Services. (2000). Clinical Practice Guideline - Treating tobacco use and dependence. U.S. Department of Health and Human Services, Public Health Service, U.S.A.

3. Mayo Clinic. (2004). 11<sup>th</sup> Annual Mayo Clinic Nicotine Dependence Conference. Mayo Clinic College of Medicine, Rochester, Minnesota

#### **(4) Assist**

##### **1 Work out with the client the smoking cessation plan**

- Set a quit day — preferably within the subsequent two weeks.
- Encourage the client to tell family members, colleagues and friends about his/her decision to quit smoking so as to enlist their support and encouragement.

##### **2 Provide appropriate techniques on problem solving**

- Hide cigarettes, lighters and all other smoking-related items. Before the quit day, try as far as possible to minimize the number of cigarettes smoked in places of prolonged stay.
- Commencing from the quit day, refrain from smoking completely.
- Assess the possible challenges at different levels including withdrawal symptoms, and help the client to identify the corresponding counteractions.
- The client may request cohabiting family members to join in quitting smoking or refrain from smoking in front of him/her.

### **3 Recommend the use of pharmacotherapy for smoking cessation**

- Recommend appropriate pharmacotherapy options to clients with different smoking habits (please see "Pharmacotherapy" for details).

### **4 Assist by making referral**

- Refer the client to receive smoking cessation service that suits his/her needs according to his/her wish (please see section 4.2 of "Reference" for details).

### **5 Provide relevant smoking cessation information such as pamphlets**

- The information provided should meet the needs of the client in terms of sex, age, etc. (If required, please fill out the application form at [Appendix 2](#) and fax or mail it to the Tobacco Control Office of the Department of Health to obtain copies of relevant pamphlets.)

## (5) Arrange

- Work out with the client follow-up schedule and approaches such as interviews and telephone calls. (Please see Appendix 1 for the content and details of follow-up actions.)
- It is preferable to conduct the first follow-up encounter within the first week after quit day and then the subsequent encounters regularly.
- Provide counselling and encouragement during each follow-up.
- Recognise the efforts of those who have successfully remained smoke-free, and remind those who are still unable to kick the habit to regard occasional “slips” as an alert.

For those who have no intention to quit smoking, i.e. smokers in pre-contemplation under the “Transtheoretical Model of Change” in Figure 2, arguments should be avoided and “Motivational Interviewing”<sup>4</sup> and the “5R’s” approach should be adopted instead to promote quitting.

## 2.2 "5R's"

The "5R's" approach refers to:

### (1) Relevance

- ▶ Encourage the client to indicate why his/her decision to quit is of close relevance to his/her own self and people around.
  - Deliver motivational information such as the client's family medical history and physical conditions, and analyse his/her experience, motives and reasons for failure in previous quit attempts so as to identify possible areas of improvement.

### (2) Risk

- ▶ Lead the client to analyse on his/her own the hazards of smoking.
  - Emphasize the fact that consumption of low tar or low nicotine tobacco products cannot reduce smoking-related risks such as cancer, heart disease, respiratory disease, damage to foetal health, impotence and infertility.
  - Stress the fact that active and passive smoking bring more or less the same undesirable effects.

### **(3) Rewards**

- ▼ Make the client understand the personally relevant benefits brought about by smoking cessation.
  - improvement to health and fitness of the client himself/herself and his/her family members
  - delay in aging
  - saving money

### **(4) Roadblocks**

- ▼ Guide the client to assess various barriers to quitting, e.g. interference of withdrawal symptoms or fear of repeated failure, and provide counselling accordingly.

### **(5) Repetition**

- ▼ Make good use of every contact opportunity by repeating motivational intervention.
  - Tell the client that most smokers make repeated quit attempts before they are successful, and encourage him/her to make a serious effort.

## 2.3 Decisional Balance Worksheet <sup>3,4</sup>

It should be realized that ambivalence is common in the process of making up one's mind to quit and in the course of quitting. The following "Decisional Balance Worksheet" (Table 1) provide a clear picture of such ambivalence and helps the client make the decision of smoking cessation.

**Table 1**

<b>Positive feelings brought by smoking</b> Examples: Smoking helps me think Smoking makes me feel happier Smoking helps me ease pressure	<b>Negative feelings brought by smoking</b> Examples: Yellowish teeth, fingers and skin Smell of smoke Excessive phlegm Feel short of breath easily during exercise Get tired easily
<b>Negative feelings brought by quitting</b> Examples: Fidget Irritable	<b>Positive feelings brought by quitting</b> Examples: Healthier Unobstructed breathing Better performance in sports Better skin
<b>Reasons for not quitting</b> Examples: Failure is imminent Quitting is difficult	<b>Reasons for quitting</b> Examples: Want to enjoy better health Want to live longer Do not want to suffer from lung cancer Want to carry my grandchild in my arms My family members' health will no longer be jeopardised by my secondhand smoke

## 2.4 Contemplation Ladder<sup>5</sup>

Different strategies (Figure 3) could be employed to help smokers in different stages of change to achieve optimal results.



Figure 3 Contemplation Ladder

<sup>5</sup> Brewer L, Abrams DR. The Contemplation Ladder: validation of a measure of readiness to consider smoking cessation. *Health Psychology*. 1991;10(5):360-6.

# 3 Pharmacotherapy

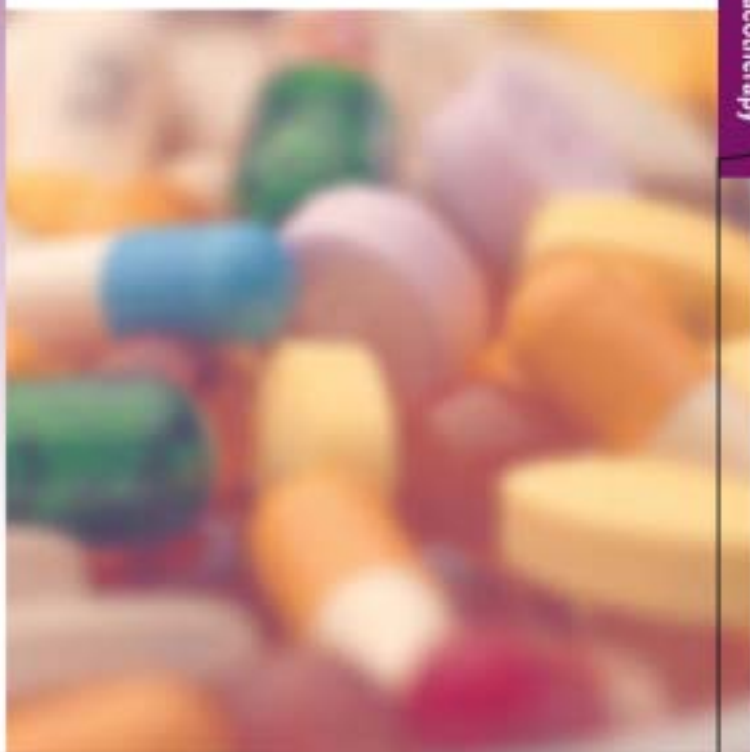
## 3.1 ▼ Nicotine Replacement Therapy

### 3.1.1 ▼ Nicotine Gum

### 3.1.2 ▼ Nicotine Patch

### 3.1.3 ▼ Nicotine Inhaler

## 3.2 ▼ Bupropion



## 3. Pharmacotherapy <sup>2.3</sup>

Smokers often have insufficient understanding of the possible withdrawal symptoms in the process of quitting. Once a smoker refrains from smoking, the nicotine inside his/her body will start to metabolize and leaves the body gradually. The quitter may experience short-term discomforts such as dizziness, headache, fatigue, poor concentration, dry mouth and throat, cough and hunger. All these symptoms increase the chance of failure in quit attempts, but most of them would subside in 2 or 3 weeks' time.

Studies showed that pharmacotherapies help alleviate withdrawal symptoms and hence increase the success rate effectively. Besides, the medication can also become an incentive for the quitter to attend follow-up consultation on schedule. Popular first-line supplementary medication for smoking cessation nowadays can be broadly divided into two categories: those of nicotine replacement therapy and those of non-nicotine replacement therapy.

### 3.1 Nicotine Replacement Therapy

An effective and safe aid for smoking cessation, Nicotine Replacement Therapy is available in different types and formulas at dispensaries or chain pharmacies with resident registered pharmacists. Doctors may select with the client the most suitable type of nicotine Replacement therapy. Details are given in the following pages.

### 3.1.1 Nicotine Gum

#### Reference Dosage and Regimen of Nicotine Gum:

Daily dosage should not exceed 15 pieces and the optimal treatment duration is 12 weeks. Healthcare professionals or pharmacists may make appropriate prescription according to the nicotine dependency level and quantity smoked.

Table 2 Reference Dosage and Regimen of Nicotine Gum

Cigarettes Consumption	Dosage	Regimen
Less than 20	2 mg	<ul style="list-style-type: none"><li>• 15 pieces per day for the first 8 weeks; 10 pieces per day for the following 2 weeks; 5 pieces per day for another 2 weeks.</li></ul>
20 or more	4 mg	<ul style="list-style-type: none"><li>• 15 pieces per day for the first 8 weeks; 10 pieces per day for the following 2 weeks; 5 pieces per day for another 2 weeks.</li></ul>

⚠ Please refer to section 4.1 of "Overseas Guidelines on Smoking Cessation Service" for details of prescription.



## Instructions for Use of Nicotine Gum:

Chewing nicotine gum is different from chewing ordinary gum. The correct way is as follows:



### ✗ Points to Note:

- Incorrect chewing may not only affect the absorption of the nicotine gum but also cause side effects such as sore mouth and throat, hiccups and stomachache.
- Acidic beverages such as soft drink, coffee and fruit juice will affect the efficacy of nicotine gum. Apart from water, do not eat or drink when chewing nicotine gum or 15 minutes before using it.
- Patients with severe angina and serious cardiac arrhythmias or individuals suffering from acute myocardial event in the recent two weeks should not use nicotine gum.
- Although nicotine gum has a lower nicotine content than cigarette, pregnant or breastfeeding women should be encouraged to quit first without pharmacologic treatment.

### 3.1.2 Nicotine Patch

#### Reference Dosage and Regimen of Nicotine Patch:

Both 16-hour and 24-hour patches are available to suit different people's needs. The optimal treatment duration of nicotine patch is 8 weeks.

Table 3 Reference Dosage and Regimen of Nicotine Patch

Cigarettes Consumption	Dosage	Regimen
Less than 20	14 or 10 mg	● One 14 or 10 mg patch per day for the first 4 to 6 weeks; one 7 or 5 mg patch per day for the following 2 to 4 weeks.
20 or more	21 or 15 mg	● One 21 or 15 mg patch per day for the first 4 weeks; one 15 or 10 mg patch per day for the following 2 weeks; one 7 or 5 mg patch per day for another 2 weeks.

- Please refer to section 4.1 of "Overseas Guidelines on Smoking Cessation Service" for details of prescription.



## Instructions for Use

- Apply the patch to clean and dry skin on the chest, back, upper arms, hips, etc.
- Do not apply any lotion, ointment or talcum powder over the patch site.
- Change the patch site daily to avoid skin irritation.
- After applying a nicotine patch, wash hands with water but not soap as it will cause more nicotine to permeate into the skin of the palms.

### ✘ Points to Note:

- Patients with severe angina and serious cardiac arrhythmias or individuals suffering from acute myocardial event in the recent two weeks should not use nicotine patch.
- Although nicotine patch has a lower nicotine content than cigarette, pregnant or breastfeeding women should be encouraged to quit first without pharmacologic treatment.

### 3.1.3 Nicotine Inhaler

#### Reference Dosage and Regimen of Nicotine Inhaler:

The nicotine inhaler consists of a plastic suction tube and a nicotine-containing cartridge.

The daily dosage should be 6 to 12 cartridges per day and the frequency of use should be determined by the quitter himself/herself. The quitter should decrease the dosage after using the inhaler for 2 to 3 months.

Table 4 Reference Dosage and Regimen of Nicotine Inhaler

Cigarettes Consumption	Dosage	Regimen
Less than 20	10 mg	<ul style="list-style-type: none"><li>12 cartridges per day for the first 8 weeks, then deduct 4 cartridges for every 1 to 2 weeks thereafter. The number of cartridges can be adjusted, as appropriate, by the healthcare professional or the pharmacist according to the nicotine dependency level and the cigarettes consumption of the smoker.</li></ul>
20 or more		

\* Please refer to section 4.1 of "Overseas Guidelines on Smoking Cessation Service" for details of prescription.



## Instructions for Use:

Insert the cartridge into the inhaler to break the seal, and it is ready for use.



## Two methods for using the nicotine inhaler:

(1) frequent and shallow inhalation;

(2) one deep inhalation

- The effects of both methods are more or less the same. Each cartridge can last for about 20 minutes.
- In the beginning, the user may experience mouth and throat irritation. Plenty of water intake can relieve the discomfort. The side effects would subside as the body get used to it.

### ✘ Points to Note:

- Acidic beverages such as soft drink, coffee and fruit juice will affect the absorption of nicotine. Apart from water, do not eat or drink when using nicotine inhaler or 15 minutes before using it.
- Patients with severe angina and serious cardiac arrhythmias or individuals suffering from acute heart attack in the recent two weeks should not use nicotine inhaler.
- Although nicotine inhaler has a lower nicotine content than cigarette, pregnant or breastfeeding women should be encouraged to quit first without pharmacologic treatment.

### 3.2 ▼ Bupropion

Bupropion is originally developed to treat depression and, it has also recently been used to help people quit smoking. It is the first non-nicotine smoking cessation medication approved by the US Food and Drug Administration.

**Action:** Bupropion contains the active ingredient amfebutamone which, by adjusting the level of dopamine and norepinephrine, helps in reducing the craving on nicotine and thus the withdrawal symptoms.

**Regimen:** Quitters should start to take 150 mg of Bupropion once daily a week before the quit day. The dosage should be increased to 150 mg twice daily after three days and then continue for a period of 8 or 12 weeks. The medication should be prescribed by a doctor and taken under medical supervision throughout the regimen.

**Side effects:** Common side effects include dry mouth, insomnia, headache, nausea, anxiety and allergy.

#### ✘ Points to Note:

Bupropion is contraindicated in individuals who:

- have history of seizure disorder (or are taking medication that might lower seizure threshold)
- are under 18, pregnant or breastfeeding
- had significant head trauma
- have brain tumour or had brain surgery
- have history of anorexia or bulimia
- have used monoamine oxidase inhibitor (MAOI) in the past 14 days.

# 4 Reference

- 4.1 ▼ Overseas Guidelines on Smoking Cessation Service
- 4.2 ▼ Smoking Cessation Service
  - 4.2.1 ▼ Smoking Cessation Service by Department of Health
  - 4.2.2 ▼ Smoking Cessation Service by Hospital Authority
- 4.3 ▼ Other Information
  - 4.3.1 ▼ Frequently Asked Questions
  - 4.3.2 ▼ Tips on Smoking Cessation



## 4. Reference

### 4.1 Overseas Guidelines on Smoking Cessation Service

World Health Organisation :

World Health Organization Tobacco Free Initiatives. Policy Recommendations for Smoking Cessation and Treatment of Tobacco Dependence. World Health Organization 2003.

[http://www.who.int/tobacco/health\\_impact/tobacco\\_dependence/en/print.html](http://www.who.int/tobacco/health_impact/tobacco_dependence/en/print.html)

Canada :

Tobacco Control Programme. Guide to Tobacco Use Cessation Programs in Canada. Health Canada. Ottawa, Canada 1997.

UK :

National Institute for Clinical Excellence. Guidance on the use of nicotine replacement therapy (NRT) and bupropion for smoking cessation. NHS, London. March 2002.

<http://www.nice.org.uk>

USA :

Public Health Service. Clinical practice guideline - Treating tobacco use and dependence. U.S. Department of Health and Human Services. June 2000.

New Zealand :

National advisory committee on health and disability. Guidelines for Smoking Cessation. National Health Committee. Wellington, New Zealand. May 2002.

Singapore :

Smoking Cessation. Clinical practice guidelines. Ministry of Health, Singapore. Apr 2002.

[http://www.gov.sg/cmaweb/attachments/publication/smoking\\_cessation.pdf](http://www.gov.sg/cmaweb/attachments/publication/smoking_cessation.pdf)

Australia :

NSW Health Department. Guide for the management of nicotine dependent inpatients - Summary of evidence. NSW Health Department. 2002.

<http://www.health.nsw.gov.au>

Scotland :

ASH Scotland and HEBS. Smoking cessation guidelines for Scotland. Health Education Board for Scotland. Edinburgh, Scotland. 2000.

## 4.2 Smoking Cessation Service

### 4.2.1 Smoking Cessation Service by Department of Health

i Cessation Hotline

Telephone: 1833 183

ii Cessation Clinics

#### (1) Education and Training Centre in Family Medicine of the Department of Health

Address: 2/F, Ngau Tau Kok Jockey Club Clinic,  
60 Ting On Street, Ngau Tau Kok, Kowloon

Telephone: 2753 8115

#### (2) Families Clinics

##### A. Hong Kong Families Clinic

Address: 4/F, Tang Chi Ngong Specialist Clinic,  
284 Queen's Road East, Wan Chai

Telephone: 2891 7750

##### B. Chai Wan Families Clinic

Address: 1/F, Main Block, Pamela Youde  
Nethersole Eastern Hospital, 3 Lok Man Road, Chai Wan

Telephone: 2595 6289

##### C. Kowloon Families Clinic

Address: 6/F Yau Ma Tei Jockey Club Polyclinic (Old Wing),  
145 Battery Street, Yau Ma Tei

Telephone: 2374 5369

## 4.2.2 Smoking Cessation Service by Hospital Authority

- i Quitline Telephone: 2300 7272
- ii Smoking Counselling and Cessation Centres (Cessation Clinics)

### **New Territories**

North District Hospital	Telephone: 2929 1080
Sheung Shui Shek Wu Hui Jockey Club Clinic	Telephone: 2670 0211
Fanling Family Medicine Centre	Telephone: 2639 4601
Ma On Shan Family Medicine Centre	Telephone: 2641 9792
Tuen Mun Hospital	Telephone: 2920 5091
Yuen Long Jockey Club Health Centre	Telephone: 2476 0221
Yan Oi General Outpatient Clinic (Education and Training Centre in Family Medicine)	Telephone: 2920 6148

## **Hong Kong Island**

Pamela Youde Nethersole Eastern Hospital Telephone: 2921 5085

Sai Ying Pun Jockey Club General Outpatient Clinic Telephone: 2922 6159

## **Kowloon**

Ha Kwai Chung General Outpatient Clinic Telephone: 2743 6377

Queen Elizabeth Hospital Telephone: 2928 6364

Yau Ma Tei General Outpatient Clinic Telephone: 2272 2417

Central Kowloon Health Centre Telephone: 2762 1456

Our Lady of Maryknoll Hospital Telephone: 2927 6101

West Kowloon General Out-patient Clinic Telephone: 2928 7157

Tseung Kwan O Jockey Club General Outpatient Clinic Telephone: 2927 2084

## 4.3 Other Information

### 4.3.1 Frequently Asked Questions

#### 1.Q: When assisting smokers to quit, what should healthcare personnel pay attention to?

**A :** Apart from the mastery of counselling skills and knowledge on supplementary medication, it is important for healthcare personnel to treat their clients with care and empathy.

- **Be clear -**

for example, "I believe that quitting smoking is important to you and I am ready to help" ; "It is simply not enough to cut cigarette consumption only in times of sickness."

- **Be strong -**

for example, "As your doctor, I wish you know that quitting smoking is crucial to protecting your health now and in future. I and my colleagues in this clinic will do our best to help you.

- **Be personalized -**

Show your client the connection between his/her health, family, financial implication and social life, and analyse the negatives of smoking and positives of quitting.

#### 2.Q : How should nicotine replacement therapy products be used?

**A :** Apart from referring to the methods as described in section 3, some countries adopt a combination of forms of nicotine replacement therapy to cater for specific needs of the quitter.

### **3.Q : How effective is personal counselling programme?**

**A :** Personal counselling programme works as effectively as various nicotine replacement therapy and non-nicotine medication in enhancing the chance of successful quitting. Researches<sup>6</sup> show that participants of personal counselling programmes enjoy a higher success rate than non-participants (odds ratio 1.74).

### **4.Q : Are nicotine replacement therapy products addictive?**

**A :** Nicotine replacement therapy products contain much less nicotine than cigarettes. There is no evidence on abusive use of nicotine replacement therapy products by smokers.

### **5.Q : Can pregnant women and adolescents use nicotine replacement therapy?**

**A :** Pregnant or breastfeeding women and adolescents should first receive counselling assistance. Despite the lower nicotine content than cigarettes, nicotine replacement therapy may still impair foetal health and may not suitable for children under the age of 12.

6. Lencaster T, Stead LF. Physician advice for smoking cessation (Cochrane Review).  
The Cochrane Library, 2005 Volume (1).

**6.Q : How can withdrawal symptoms relieved?**

- A :** Aerobic activities such as walking and running, taking deep breathing exercise, plenty of water intake and a balanced diet help relieve withdrawal symptoms.  
(Please see “[Tips on Smoking Cessation](#)” for details.)

**7. Q : Will there be significant weight gain after quitting smoking?**

- A :** Improvements in body functions and taste sensitivity of successful quitters may trigger a relatively rapid gain in weight if a balanced diet is not adopted. Therefore, it is important to do adequate exercise and maintain a balanced diet after quitting smoking.

**8.Q : Will serious illnesses such as lung cancer and heart disease develop after quitting smoking?**

- A :** Quitting smoking would only facilitate the recovery of body functions. If a quitter remains determined and resists smoking in the long run, his/her chance of developing serious illnesses would be no different from that of non-smokers. Smokers should be well aware of the fact that cigarettes contain over **4,000** harmful chemical substances and more than **60** carcinogens. To enjoy good health, quit smoking.

### 4.3.2 Tips on Smoking Cessation

For smokers who are inconvenient to receive smoking cessation service and wish to quit on their own, they can make reference to the following methods:

- Recognise your reasons for quitting smoking (please see “[Decisional Balanced Worksheet](#)” in Table 1).
- Assess the barriers you may encounter during smoking cessation, and figure out the corresponding counteractions.
- Dispose all smoking tools and cigarettes. Stay away from second-hand smoke and places frequented by smokers.
- When you feel craving for a cigarette, distract yourself as far as possible by calling friends who have successfully quit, or leaving your work for a while to take deep breaths or do stretching exercises.







Develop new interests

- Seek help from family members, friends, colleagues and smoking cessation partners. Tell them your feeling so as to seek their support and encouragement.
- Develop new interests to replace smoking with healthy activities such as reading, planting, keeping fish, knitting or participating in community activities.
- Maintain a balanced diet. Avoid high-fat, high-cholesterol or high-sugar food. Never eat excessively to compensate for tobacco cravings so as to prevent weight gain. Avoid alcoholic or caffeinated beverages such as strong tea, coffee, milk tea or coke to avoid stirring up the urge to smoke.
- When someone offers you a cigarette, tell him/her firmly that you have quit smoking and take the initiative to advise him/her to quit.



**Maintain a balanced diet**

# 5 Appendix

- 5.1  Sample Flowchart of Smoking Cessation Service by Department of Health
- 5.2  Application Form for Health Education Materials
- 5.3  Fagerstrom Test
- 5.4  Guidelines on Measurement of Exhaled Carbon Monoxide



## 5. Appendix

### 5.1 Appendix 1 Application Forms

Contact Us  
 Room 1801, 18F Wu Chung House  
 213 Queen's Road East, Wan Chai,  
 Hong Kong  
 Telephone: 2961 8823  
 Fax: 2575 8944  
 www.tco.gov.hk



#### Tobacco Control Office Department of Health Application Form for Health Education Materials (GP)

Code	Content	Category	Quantity
TCOL005	Smoking and Men (Chinese/English)	Pamphlet	
TCOL006	Smoking and Women (Chinese/English)	Pamphlet	
TCOL007	Smoking and Youth (Chinese/English)	Pamphlet	
TCOL008	Tobacco Control Office	Leaflet	
TCOL011	Quitting Smoking Sets You Free (Chinese/English)	Pamphlet	
TCOL012	Nicotine Patch (Chinese/English)	Leaflet	
TCOL013	Nicotine Inhaler (Chinese/English)	Leaflet	
TCOL014	Nicotine Gum (Chinese/English)	Leaflet	
TCOL015	保煙員工健康 進行禁煙工作坊	Leaflet	
TCOP015	放下手中煙 · 輕鬆又自然	Poster	
TCOP016	二手煙 · NO WAY	Poster	
TCOP017	吸煙會損害健康請吸煙者	Poster	
TCOP018	吸煙可導致性無能	Poster	
TCOP019	禁止吸煙區內 請勿吸煙 (A2A) Size	Poster	
TCOR011	No smoking sign sticker 4x4cm (gold)	Sticker	
TCOR012	No smoking sign sticker 4x4cm (silver)	Sticker	
TCOS001	No smoking sign sticker "8cm x 8cm" (gold)	Sticker	
TCOS002	No smoking sign sticker "8cm x 8cm" (silver)	Sticker	
TCOS003	No smoking sign sticker "16cm x 8cm" (gold)	Sticker	
TCOS004	No smoking sign sticker "16cm x 8cm" (silver)	Sticker	
TCOS005	Smoke-free workplace sticker "20cm x 9cm" (gold)	Sticker	
TCOS006	Smoke-free workplace sticker "20cm x 9cm" (silver)	Sticker	
TCOS008	No Smoking — Maximum Penalty \$2000 "16cm x 8cm" sticker (gold)	Sticker	
TCOS009	No Smoking — Maximum Penalty \$2000 "16cm x 8cm" sticker (silver)	Sticker	
TCOS010	No Smoking — Maximum Penalty \$2000 "24cm x 16cm" sticker (gold)	Sticker	
TCOS011	No Smoking — Maximum Penalty \$2000 "24cm x 16cm" sticker (silver)	Sticker	
TCOR007	Tobacco Control Bulletin (Issue...)	Pamphlet	
TCOL026	Smoking Cessation Education Materials	Education Materials	
TCOV006	"Smoke-free World Health for All" VCD and Education Materials (30 minutes)	VCD	

\* Please circle your options

**Place of Collection: G12, G/F, Wanchai Polyclinic, 99 Kennedy Road, Wanchai, Hong Kong**

Name of Department / Organisation: \_\_\_\_\_ Name of collecting person: \_\_\_\_\_

Contact number: \_\_\_\_\_ Address: \_\_\_\_\_

Purpose of use of education materials and place of distribution:

\_\_\_\_\_ Date: \_\_\_\_\_

Education materials are distributed on **Thursdays**. Please  the most suitable time slot. You will be notified by this Office to come and collect the materials.

10:30 am to 12 noon  2:30 pm to 4:30 pm

Note: Our office will contact you / your organisation to arrange for the date of collection and decide on the final quantity to be distributed.



## 5.2 Appendix 2

### Sample Flowchart of Smoking Cessation Service by Department of Health (for reference only)

Smoking cessation service provided by the Department of Health is as follows:

#### Assessment Day

This in-between period should preferably last no more than 2 weeks

#### Assessment Day

- Doctors and nurses make an assessment of the client's reasons and intentions to quit.
- For a client in the preparation / action stage: assess quitting methods such as counselling or supplementary medication, and set the quit day.
- For a client in the contemplation / pre-contemplation stage, apply the "5R's" approach to motivate him/her and set a day for follow-up actions.

#### Follow-up Day(1)

Allow an interval of about 1 week from follow-up day (1)

#### Follow-up Day(1)

- This is the "Quit Day" on which personal smoking cessation plan commences.
- Recommend if nicotine replacement therapy is required in addition to personal counselling.
- Explain the nicotine replacement dosage suitable to the client, the gradual reduction schedule, side effects and the method of disposal.
- Explain the possible withdrawal symptoms and relief measures.

### Follow-up Day (2), (3)and(4)

Allow an interval of 2 to 4 weeks between each follow-up day

#### Follow-up Day(2)

- Identify the client's progress, and assist him/her to continue quitting with perseverance.
- Assess the method and frequency of use, dosage and effectiveness of the nicotine replacement agent.
- Through an analysis on a balanced diet and life rebuilding, enhance the client's self-confidence and ability to quit smoking, with a view to helping him overcome problems / barriers.

#### Follow-up Day(3)

- Assist the client in identifying means to insist on quitting in the long run
- Introduce ways to rebuild life, focusing on a healthy lifestyle, and figure out counteractions according to personal needs.

#### Follow-up Day(4)

- Guide the client to trace the source of pressure, followed by analysis and discussion to enable the client to figure out corresponding counteractions.
- Encourage the client to urge family members, friends or colleagues to quit smoking.

Allow an interval of about 26 and 52 weeks from follow-up day (4)

#### Reunion Day

- Update the client's achievement and recent status.
- Give encouragement to successful quitters.
- Offer necessary personal counselling and arrangements to unsuccessful quitters.
- Encourage the client to stay alert to resist tobacco cravings, and call the Department of Health Smoking Cessation Hotline 1833 183 when necessary.
- Encourage the client to urge family members, friends or colleagues to quit smoking as well.

### Reunion Day

## 5.3 Appendix 3 Fagerstrom Test of Nicotine Dependence

Question	Option	Score
(a) How soon after you wake up do you smoke your first cigarette?	5 minutes <input type="checkbox"/>	3
	6 - 30 minutes <input type="checkbox"/>	2
	31 - 60 minutes <input type="checkbox"/>	1
	60 minutes or more <input type="checkbox"/>	0
(b) Do you find it difficult to refrain from smoking in places where it is forbidden (e.g. shopping mall, MTR train or lift)?	Yes <input type="checkbox"/>	1
	No <input type="checkbox"/>	0
(c) Which cigarette would you hate most to give up?	The first one in the morning <input type="checkbox"/>	1
	Any other <input type="checkbox"/>	0
(d) Do you smoke more frequently during the first hours after waking up than the rest of the day?	Yes <input type="checkbox"/>	1
	No <input type="checkbox"/>	0
(e) Do you smoke if you are so ill that you are in bed most of the day?	Yes <input type="checkbox"/>	1
	No <input type="checkbox"/>	0
(f) How many cigarettes do you smoke every day?	31 or more <input type="checkbox"/>	3
	21 - 30 <input type="checkbox"/>	2
	11 - 20 <input type="checkbox"/>	1
	10 or less <input type="checkbox"/>	0
	Total score	

Total Score	Nicotine Dependence
0-3	Low
4-5	Medium
6-10	High

- Fagerstrom Score 4-5: can use drugs of lower dosage
- Fagerstrom Score 6-10: can use drugs of higher dosage

## 5.4 Appendix 4 Guidelines on Measurement of Expired Carbon Monoxide

### Test for Measuring Expired Carbon Monoxide

Smoking and inhalation second-smoke will breath in harmful substances contained in tobacco. Among them, carbon monoxide combines with haemoglobin to reduce its oxygen carrying capacity, thus weakening physical ability and accelerating aging.

The “smokerlyzer” (Figure 4) measures the concentration of exhaled carbon monoxide of smokers and give them a better understanding of their physical conditions, and in turn motivate them to make a decision to quit.



Figure 4 Smokerlyzer

**Table for Exhaled Carbon Monoxide Measurement** <sup>7,8</sup>

0—4 ppm	The subject may not have smoked in the last 24 hours.
5—10 ppm	<ol style="list-style-type: none"><li>1. The subject may have inhaled second-hand smoke or environmental emission.</li><li>2. The subject, possibly a light smoker, may have smoked 10 hours ago.</li></ol>
11—20 ppm	The subject may have smoked in the last 10 hours.
21 ppm	The subject may be a daily smoker.

ppm= parts per million (content of carbon monoxide)

7. Hall J. *American Society of Addiction Medicine*. Atlanta, November 12, 1983.

8. David Burns. *Division of Chest Medicine*. December 1987, p. 833.

## Decisional Balance Worksheet

Positive feelings brought by smoking	Negative feelings brought by smoking
Negative feelings brought by quitting	Positive feelings brought by quitting
Reasons for not quitting	Reasons for quitting

1833 183

Department of Health  
Smoking Cessation Hotline



衛生署控煙辦公室  
Tobacco Control Office  
Department of Health



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