Smoking Cessation in Hong Kong Special Administrative Region
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Overview of Presentation

• Local situation of tobacco use
• Needs assessment
• Current Landscape
• New development: an enhanced community-based Smoking Cessation Programme
• Summary
Local situation of tobacco use

Smoking Prevalence in 2007/08
(≥15yo)

Total Population (≥15yo) : 5,700,000

- Current Daily Smokers: 4,658,400 (81.2%)
- Ex-smokers: 75300 (1.3%)
- Non-smokers: 679,500 (11.8%)
- Current Non-daily Smokers: 321,300 (5.6%)
Distribution of Daily Smokers by Sex (2007/08)

Total Population of Daily Smokers (≧15yo) : 679,500

Daily Smokers (≧15yo) by Age and Sex in 2007/08
**Trend of Daily Cigarette Smokers (≧15yo) prevalence from 1982 to 2007/08**

![Graph showing smoking prevalence from 1982 to 2007/08](image)

**Prevalence of Daily Smokers (≧15yo) from 1982 to 2007/08**

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<td>34.4</td>
<td>32.8</td>
<td>30.6</td>
<td>30.0</td>
<td>28.5</td>
<td>27.2</td>
<td>26.7</td>
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<td>22.0</td>
<td>26.1</td>
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<td>4.8</td>
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<td>Total</td>
<td>23.3</td>
<td>19.9</td>
<td>18.7</td>
<td>17.4</td>
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Top five leading Causes of Death, 2007
- All related to tobacco use

1) Cancers
2) Heart diseases
3) Pneumonia
4) Cerebrovascular diseases
5) Chronic lower respiratory diseases

Impact of Tobacco Use in HK

- HK$5.3 billion healthcare costs and productivity loss
- Responsible for 6920 deaths, and 1324 of them died due to secondhand smoke annually
- 3927 (57%) of all these deaths are premature deaths (<75 years)

Needs assessment for Smoking Cessation

International obligations

- The first international treaty negotiated under the auspices of the World Health Organization
- An evidence-based treaty that reaffirms the right of all people to the highest standard of health
- **National Obligation**: PRC became a party to FCTC in October 2005 and extended its application to HKSARG from January 2006.
- Article 14: Demand reduction measures concerning tobacco dependence and cessation
Article 14: Demand reduction measures concerning tobacco dependence and cessation

- Each Party shall take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence

- Each Party shall endeavour to:
  - design and implement effective programmes aimed at promoting the cessation of tobacco use;
  - include **diagnosis and treatment** of tobacco dependence on cessation of tobacco use in national programmes, with the participation of **health workers, community workers and social workers** as appropriate;
  - collaborate with other Parties to facilitate **accessibility** and **affordability** for treatment of tobacco dependence

MPOWER: WHO policy package
**Offer Help to Quit Tobacco Use**

**Intervention 01**

Strengthen health systems so they can make tobacco cessation advice available as part of primary health care. Support quit lines and other community initiatives in conjunction with easily accessible, low-cost pharmacological treatment where appropriate.

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**Population Demand**

- Over 40% of the current smokers would either want to or have attempted quitting smoking.

![Pie Chart]

- 56% Had tried to give up smoking but failed
- 33% Had never tried but wanted to give up smoking
- 11% Had never tried and did not want to give up smoking
Public Awareness and Utilization

- Public awareness and utilization of public smoking cessation services (clinic + hotline):
  - Only 60% of all smokers in Hong Kong aware of locally available smoking cessation services;
  - More than 90% reported that they had no interest to try the service even they were aware of it;
  - Only 2% had tried the service.

Policy commitment for tobacco control

- Step-by-step, multi-pronged strategies

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<th>Reduce the demand for tobacco use</th>
<th>Taxation</th>
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<td>Publicity &amp; education</td>
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<td>Enforcement</td>
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<td>Smoking Cessation</td>
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<td>Reduce supply of tobacco</td>
<td>Legislation &amp; enforcement on:</td>
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<td>- Sales to minors</td>
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<td>- Illicit trade in tobacco products</td>
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<td>- Restriction on tobacco growing</td>
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Projected Tobacco-Caused Mortality Patterns
Additive Effect of Treatment vs Prevention alone

Service providers

- DH
- HA
- NGO
- Academia
- Private

Department of Health

- Smoking Cessation Hotline
- Smoking Cessation Clinic
- Outreach Smoking Cessation Talks
- Counselling Workshops on Smoking Cessation in other service units e.g. elderly health service, etc.
- Education and Publicity on cessation.
Smoking Cessation Hotline at DH

Background
• Set up in September 2001
• 1833 183
• Operated by Registered Nurses
• A computerized Interactive Voice Response System (IVRS)

Functions
– Operates 24 hours
– Provides Information
– Counselling
– Referral

Smoking Cessation Hotline Functions

- Voice mail
- Fagerstrom Test
- Drugs Information
- Tips and Information
- Smoking Cessation Clinic
- TCO Enquiry
- Counsellor

Select Language
- Cantonese
- Putonghua
- English
DH’s cessation hotline utilization

- Since Sep 2003, DH smoking cessation hotline received over 20,000 telephone calls

- ~ 11,000 clients received counselling service

- Over 2,500 clients had been referred to DH Smoking Cessation Service

DH smoking cessation clinics
How effective is the DH Smoking Cessation Service in HK?

- Number of clients attended from Sept 03 – Dec 08: 2785
- Started NRT: 2100
- Cessation rate at 26-week: 45.8%
- Cessation rate at 52-week: 38.7%

Data from the Department of Health, HKSAR.

Smoking Cessation Service of Hospital Authority

Smoking Cessation Hotline:

2300 7272

- operate during office hours
- by nurses and pharmacists trained

Smoking Cessation Centres

- 2 full-time and 27 part-time centres
- set up in public hospitals and clinics targeting both inpatients and outpatients
- counselling and phone follow-up by trained nurses and pharmacists
Smoking Cessation Service of Non-profit making organization

United Christian Nethersole Community Health Service (UCNCHS)

Smoke-free Club
- a 2 year project under the Health Care and Promotion Fund
- creates virtual community of quitters on internet
- give mutual online support
- 4 health centres - provides professional behavioural intervention e.g. face-to-face counselling and group sharing sessions
- trains ex-smokers from the community to become volunteer quit ambassadors

Smoking Cessation Services of Private Sectors

50% of all doctors in Hong Kong are in private practice

The private sector provides approximately 85% of ambulatory care in Hong Kong

Only a small proportion of healthcare providers in private sector are providing cessation services.
Situation Analysis

| Strength | Political commitment, Government-subsidised
| | Adopt a combination of counselling and medication in treating tobacco dependence (Level A recommendation of US guidelines)
| | Effectiveness reach international standards (~40% abstinence rate at 52 weeks) |

| Gaps | Public awareness and utilization |
| | Accessibility and affordability |
| | Capacity and competency of professionals |

Situation Analysis

| Opportunities | WHO FCTC guidance |
| | Extension of smoking ban encourage more to become quitters |
| | Community participation |
| | Expertise in academia and clinical service in cessation |
| | Benchmarking to be set up |
New development

Vision

• Establish an evidence-based service on tobacco dependence for the local population

• Focus on effectiveness, sustainability and community ownership
Community-based Smoking Cessation Programme

A Pilot Project in collaboration of Tung Wah Group of Hospitals

Objectives

• Motivate and assist tobacco users to quit smoking
• Develop an evidence-based smoking cessation program for local population
• Conduct professional training for helping professionals
• Provide educational & publicity programmes in cultivating smoke free culture in the community
Four Pillars of the Programme

Programme Uniqueness

• Service Accessibility & Affordability
  – Evening hours & Weekends
  – Free medications

• Leverage on community resources
  – existing community and healthcare network of NGO
  – Increase community utilisation & awareness

• Multi-disciplinary Team
  – Doctors, Nurses, Clinical Psychologist, Social Workers & Counsellors
Government’s Publicity on smoking cessation

• Two new TV & Radio Advertisement with the theme on Smoking Cessation
• Targeted Audience:
  – Female Smokers
  – Elderly Smokers
• Aims:
  – Prevent the rise of female smoking prevalence as seen in some foreign countries
  – Correct myths and misconceptions perceived by elderly smokers

Publicity targeted to Female Smokers
Publicity Targeted to Elderly Smokers

Interactive Online Cessation Centre (IOCC)

- A free, interactive web-based platform providing smoking cessation information for quitters
- Automated e-mail messaging system that send individually timed educational e-mails to registered quitters
Interactive Online Cessation Centre (IOCC)

- Quitters will also be given a tailor-made printable quitting calendar with tips on supporting their quit attempts
- The system will be launched in late Feb 2009

Summary
Summary (1)

• Smoking cessation is effective to reduce tobacco-related mortality and morbidity.
• Providing smoking cessation services is an integral part of tobacco control strategies in HK
• Data from the Government smoking cessation clinics reveal satisfactory abstinence
• To develop best practice in line with WHO recommendations, DH is now collaborating with NGO for a three-year pilot community based smoking cessation programme.

Summary (2)

• Challenges remain as to how to reduce the smoking prevalence further. Effective engagement of the community and all sectors and professional disciplines are needed.