

Smoking Cessation in Hong Kong Special Administrative Region

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Overview of Presentation

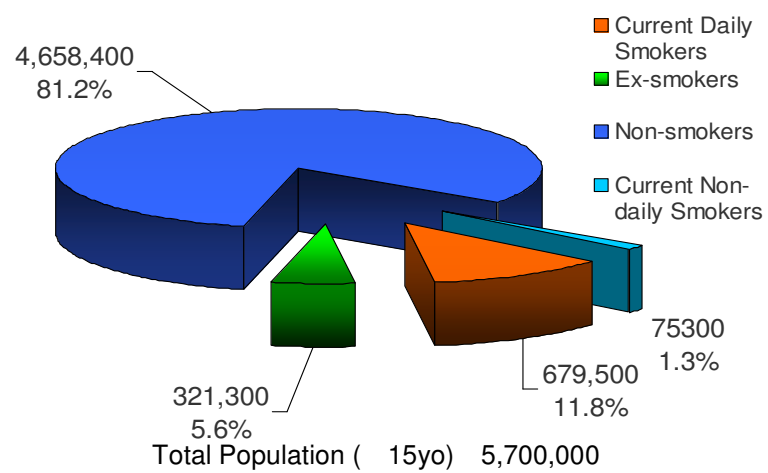
- Local situation of tobacco use
- Needs assessment
- Current Landscape
- New development: an enhanced community-based Smoking Cessation Programme
- Summary

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Local situation of tobacco use

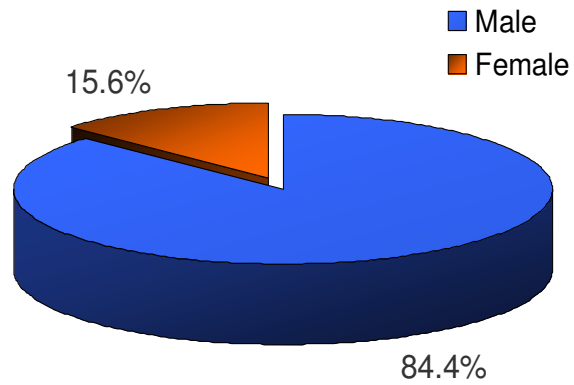
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Smoking Prevalence in 2007/08 (≥ 15 yo)



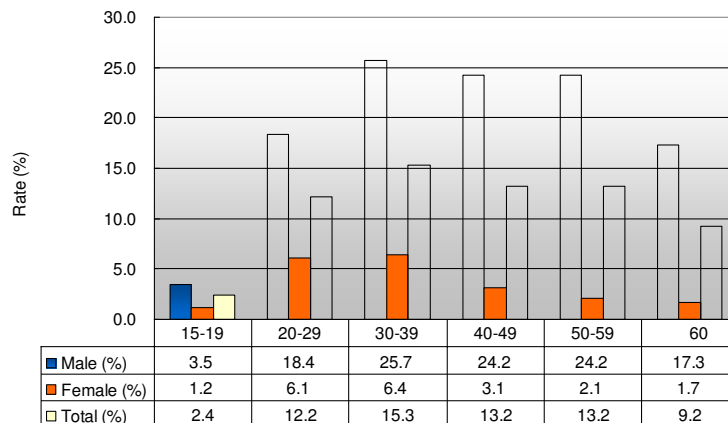
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Distribution of Daily Smokers by Sex (2007/08)



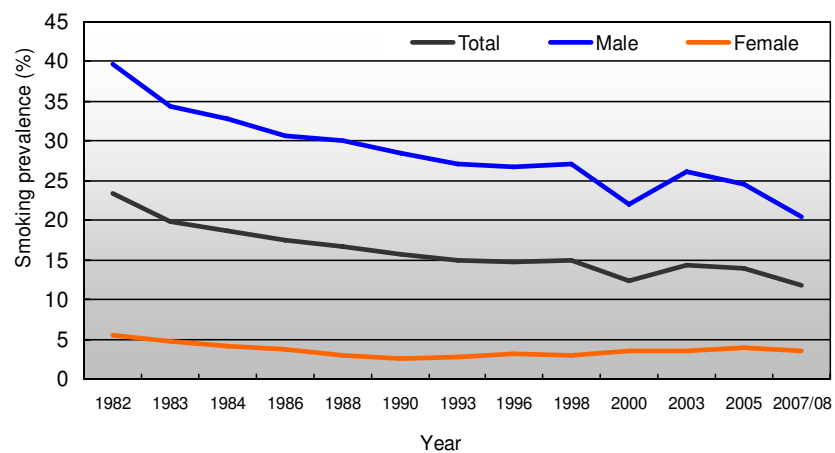
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Daily Smokers (≥ 15 yo) by Age and Sex in 2007/08



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Trend of Daily Cigarette Smokers (≥ 15 yo) prevalence from 1982 to 2007/08



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

	1982	1983	1984	1986	1988	1990	1993	1996	1998	2000	2003	2005	2007/08
Male	39.7	34.4	32.8	30.6	30.0	28.5	27.2	26.7	27.1	22.0	26.1	24.5	20.5
Female	5.6	4.8	4.1	3.8	2.9	2.6	2.7	3.1	2.9	3.5	3.6	4.0	3.6
Total	23.3	19.9	18.7	17.4	16.8	15.7	14.9	14.8	15.0	12.4	14.4	14.0	11.8

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Tobacco use as major risk factor

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**

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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 (<75years)

McGhee SM, et al (2005) The Cost of Diseases Caused by Tobacco in Hong Kong. HKU

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Needs assessment for Smoking Cessation

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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

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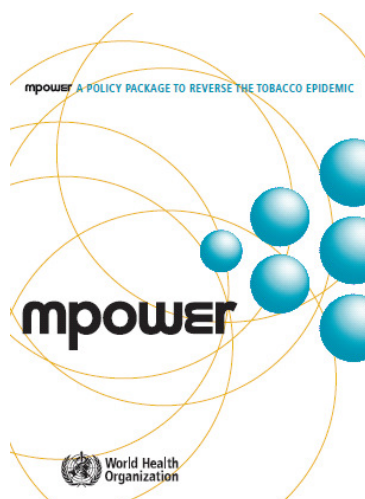
Article 14 : Demand reduction measures concerning tobacco dependence and cessation

- 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



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MPOWER :WHO policy package



Policies and interventions of the mpower package		
m MONITOR TOBACCO USE Cross-cutting activity m1 Obtain nationally representative and population-based periodic data on key indicators of tobacco use for youth and adults	P PROTECT PEOPLE FROM TOBACCO SMOKE Intervention P1	Enact and enforce completely smoke-free environments in health-care and educational facilities and in all indoor public places, including workplaces, restaurants and bars
	O OFFER HELP TO QUIT TOBACCO USE Intervention O1	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
	W WARN ABOUT THE DANGERS OF TOBACCO Intervention W1 Intervention W2 Intervention W3	Require effective package warning labels Implement counter-tobacco advertising Obtain free media coverage of anti-tobacco activities
	E ENFORCE BANS ON TOBACCO ADVERTISING, PROMOTION AND SPONSORSHIP Intervention E1 Intervention E2	Enact and enforce effective legislation that comprehensively bans any form of direct tobacco advertising, promotion and sponsorship Enact and enforce effective legislation to ban indirect tobacco advertising, promotion and sponsorship
	R RAISE TAXES ON TOBACCO PRODUCTS Intervention R1 Intervention R2	Increase tax rates for tobacco products and ensure that they are adjusted periodically to keep pace with inflation and rise faster than consumer purchasing power Strengthen tax administration to reduce the illicit trade in tobacco products

OFFER HELP TO QUIT TOBACCO USE

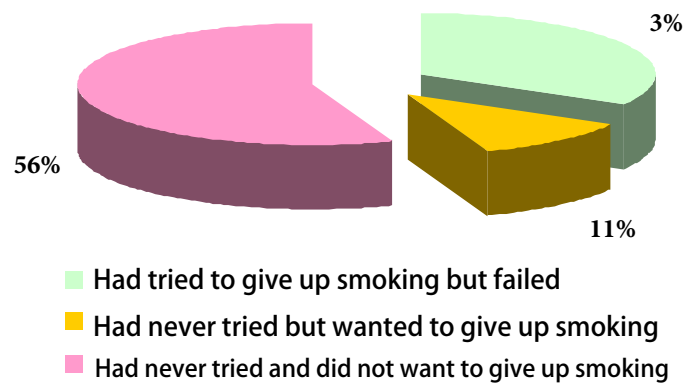
Intervention 01

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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

Population demand

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



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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.

Census and Statistics Department, Government of the Hong Kong Special Administrative Region.
Pattern of smoking. Thematic Household Survey Report No.36

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Policy commitment for tobacco control

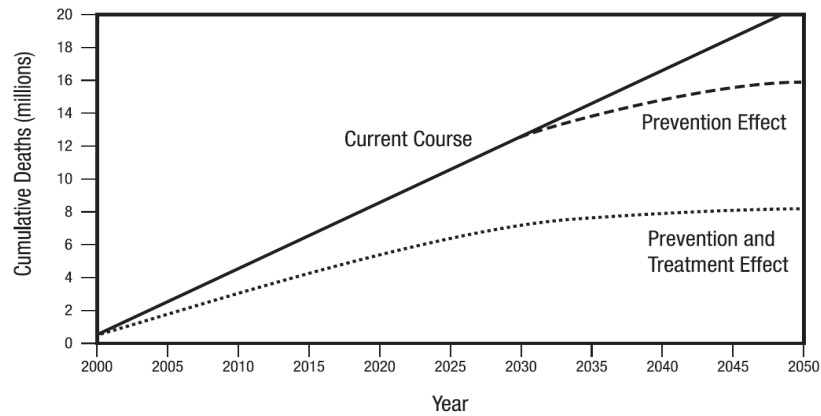
- Step-by-step, multi-pronged strategies

Reduce the demand for tobacco use	Taxation Legislation Publicity & education Enforcement <u>Smoking Cessation</u>
Reduce supply of tobacco	Legislation & enforcement on: -Sales to minors -Illicit trade in tobacco products -Restriction on tobacco growing

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Projected Tobacco-Caused Mortality Patterns

Additive Effect of Treatment vs Prevention alone



Peto, R., and A. D. Lopez. 2001. *The Future Worldwide Health Effects of Current Smoking Patterns.* In *Critical Issues in Global Health*, ed. C. E. Koop, C. E. Pearson, and M. R. Schwarz. New York: Jossey-Bass

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Current Service Provision

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Service providers

- DH
- HA
- NGO
- Academia
- Private

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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.

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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

Select Language

- Cantonese
- Putonghua
- English

Voice mail

Fagerstrom Test

Drugs Information

Tips and Information

Smoking Cessation Clinic

TCO Enquiry

Counsellor

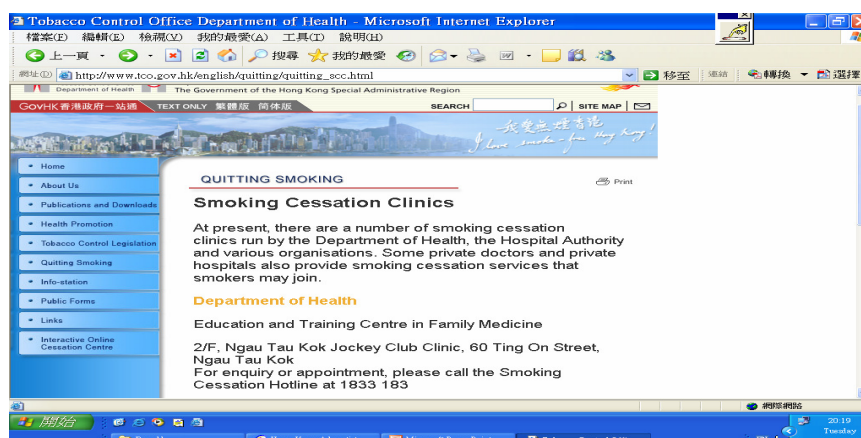
Step 1	1 Cantonese	2 Putonghua	3 English
Step 2	Choose content		
Talk to counselor	1		
Leave voice message	1		
Nicotine dependency test	2		
Smoking cessation drugs			
Fax information on smoking cessation drugs	3	1	
Nicotine gum	3	2	
Nicotine patch	3	3	
Nicotine inhaler	3	4	
Nicotine lozenge	3	5	
Bupropion	3	6	
Smoking cessation information and tips			
Quitting tips	4	1	
Withdrawal symptoms	4	2	
Smoking and you	4	3	
Secondhand smoke and you	4	4	
Smoking Cessation Service			
Department of Health smoking cessation service	5	1	
Hospital Authority smoking cessation service	5	1	
Other institutions	5	1	
Booking appointment for Department of Health smoking cessation service	5	2	
Inquire about tobacco control legislation			
6			
When you are listening to the information, you may press			
1	to contact counsellor		
2	to obtain information by fax		
3	back to the previous directory		
4	back to main directory (then press 1 to leave voice message)		

DH's cessation hotline utilization

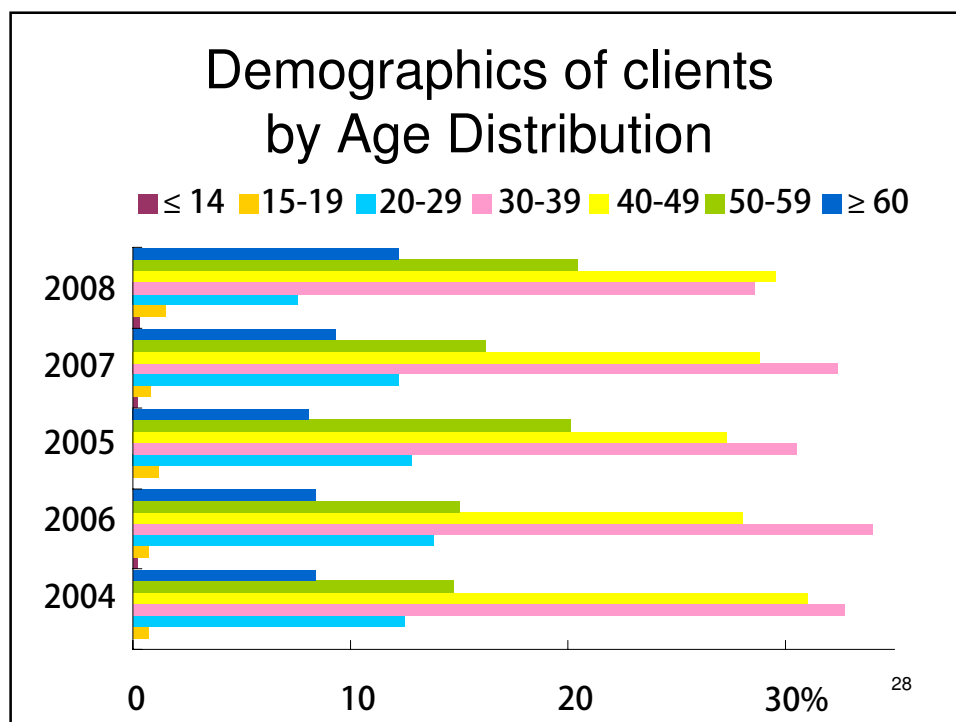
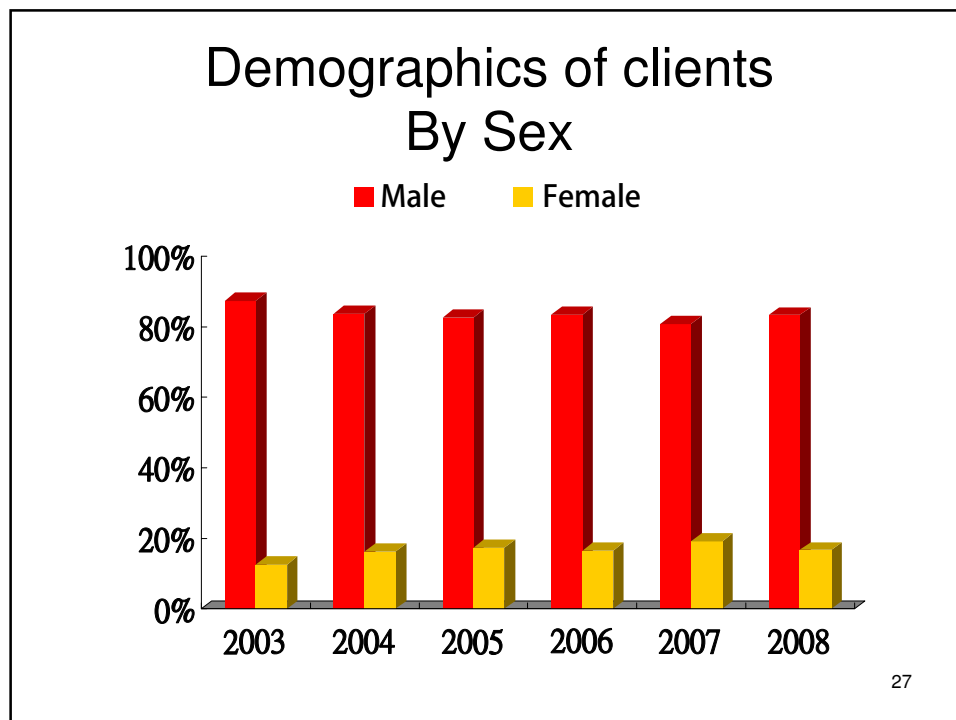
- Since Sep 2003, DH smoking cessation hotline received over **20 000** telephone calls
- ~ **11 000** clients received counselling service
- Over **2 500** clients had been referred to DH Smoking Cessation Service

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DH smoking cessation clinics



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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.

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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

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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

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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.

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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

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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
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New development

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Vision

- Establish an evidence-based service on tobacco dependence for the local population
- Focus on effectiveness, sustainability and community ownership

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Community-based Smoking Cessation Programme

A Pilot Project in collaboration of
Tung Wah Group of Hospitals

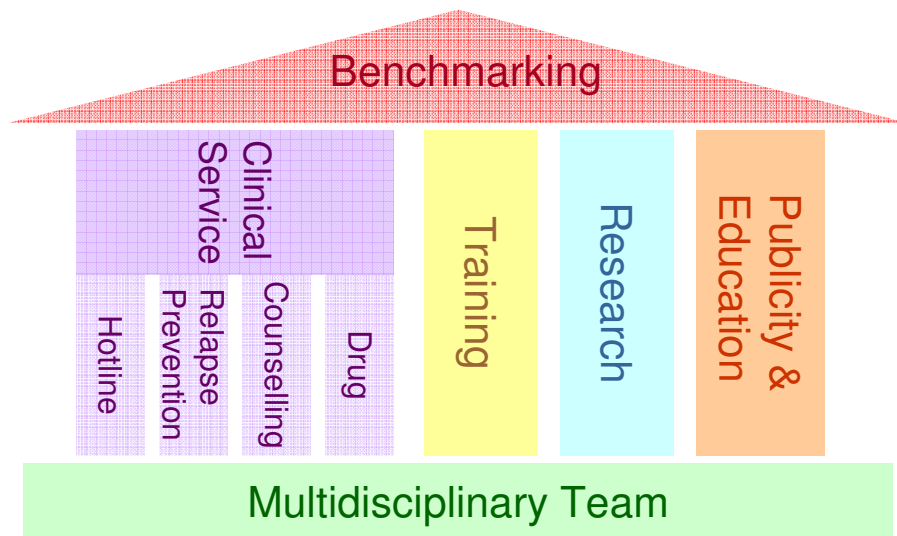
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Objectives

- 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

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Four Pillars of the Programme



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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

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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

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Publicity targeted to Female Smokers



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Publicity Targeted to Elderly Smokers



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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



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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



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Summary

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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.

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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.

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