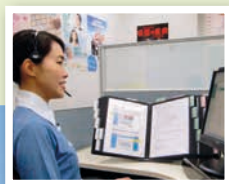


# 戒煙資料冊

# Smoking Cessation Information Kit



2015 年版  
Edition

2020 更新版 Updated Version



衛生署控煙酒辦公室

Tobacco and Alcohol Control Office  
Department of Health



# 衛生署戒煙熱線 Smoking Cessation Hotline Department of Health 1833 183

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Remarks: Some of the information has been updated and is applicable to Year 2020

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## 1 概要 Overview

1.1 戒煙輔導計劃簡介  
Synopsis of Counselling Programme

1.2 行為改變模式  
Transtheoretical Model of Change



# 1 概要

儘管每日吸煙人口從一九八二年的 23.3% 逐步下跌至二零一九年的 10.2%，<sup>1</sup> 對於香港來說，吸煙仍是眾多引致死亡的因素中最能夠避免的，情況跟很多國家都一樣。吸煙和二手煙引致的疾病為社會帶來了沉重的醫療負擔，因此，近年各國政府除了加強控煙措施及收緊相關法例外，亦積極鼓勵吸煙者戒煙。

據二零一九年進行的主題性住戶調查資料顯示，<sup>1</sup> 本港吸煙人口中約有 234,000 人（接近吸煙人口的一半）有戒煙的想法。所謂「知易行難」，要成功戒煙，戒煙者除了要克服尼古丁的「癮」外，還需在行為及生活模式上作出調節以配合。

家庭醫生在基層醫療系統中一直擔當著極為重要的角色。一項回顧研究顯示，家庭醫生在診症期間提供簡單的戒煙忠告，可增加戒煙者成功戒煙的機會。<sup>2</sup> 此外，一套專業和完善的戒煙服務不但可以令診所服務更多元化，更可促進醫生與病人的關係。

<sup>1</sup> 香港特別行政區政府統計處。主題性住戶統計調查第 70 號報告書。2020 年 6 月。

<sup>2</sup> Stead LF, Buitrago D, Preciado N, Sanchez G, Hartmann-Boyce J, Lancaster T. Physician advice for smoking cessation. *Cochrane Database of Systematic Reviews* 2013, Issue 5. Art. No.: CD000165. DOI: 10.1002/14651858.CD000165.pub4.

# 1 Overview

Although the daily cigarette smoking population has been decreasing steadily from 23.3% in 1982 to 10.2% in 2019,<sup>1</sup> smoking, like many other countries, remains the biggest preventable cause of death in Hong Kong. Diseases caused by smoking and second-hand smoke imposed heavy economic and medical burden on our society. As such, many countries have enhanced the efforts in promoting smoking cessation in addition to strengthening their tobacco control measures and legislations.

To quit smoking is easier said than done. According to the Thematic Household Survey conducted in 2019,<sup>1</sup> some 234,000 smokers (nearly half of the smoking population) in Hong Kong wanted to quit smoking. 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 all along been playing a crucial role in our primary healthcare system. A review shows that a brief advice on smoking cessation by a physician during the consultation increases the chance of successful quitting.<sup>2</sup> Moreover, a professional and comprehensive smoking cessation service would not only broaden the scope of clinic service, but also help to build up doctor-patient relationship as well.

<sup>1</sup> Census and Statistics Department, Hong Kong Special Administrative Region. Thematic Household Survey Report No. 70, June 2020.

<sup>2</sup> Stead LF, Buitrago D, Preciado N, Sanchez G, Hartmann-Boyce J, Lancaster T. Physician advice for smoking cessation. *Cochrane Database of Systematic Reviews* 2013, Issue 5. Art. No.: CD000165. DOI: 10.1002/14651858.CD000165.pub4.

本資料冊旨在與各醫護界伙伴分享提供戒煙服務的經驗，藉以鼓勵更多同業在社區參與或提供戒煙服務。本資料冊的內容主要分為三部份：

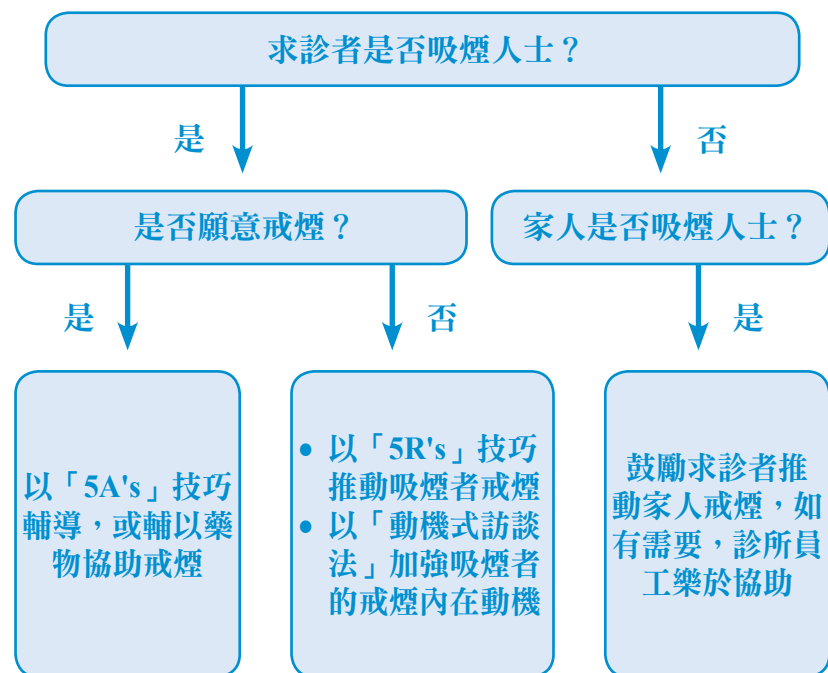
1. **輔導篇** - 各種輔導技巧的闡述，如行為改變模式評估、「5A's」、「5R's」及動機式訪談法等。
2. **藥物篇** - 尼古丁替代療法和非尼古丁類藥物治療所包含的各種藥物的使用方法和注意事項。
3. **資料** - 香港戒煙服務的資料、常見問題及戒煙小貼士。

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

1. **Counselling** - Elaboration on various counselling skills, such as assessment by means of the Transtheoretical Model of Change, “5A’s”, “5R’s” and motivational interviewing.
2. **Pharmacotherapy** - The methods of use and points to note on different products of nicotine replacement therapy and non-nicotine medications.
3. **Information** - Information on smoking cessation services provided in Hong Kong, frequently asked questions, as well as tips on smoking cessation.

## 1.1 戒煙輔導計劃簡介

本資料冊介紹的戒煙計劃適合任何吸煙人士。計劃內容以輔導為主，有需要時配以藥物或儀器協助。整個計劃採用了不同的輔導技巧（圖一），如「5R's 技巧」及「動機式訪談法」去鼓勵及推動未有心理準備的吸煙者戒煙，或以「5A's」技巧來協助準備戒煙者作出行動。



圖一 評估戒煙決定

## 1.1 Synopsis of 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” and “motivational interviewing” are employed to motivate smokers who are not yet ready to quit and “5A’s” are used to assist ready quitters to take decisive actions.

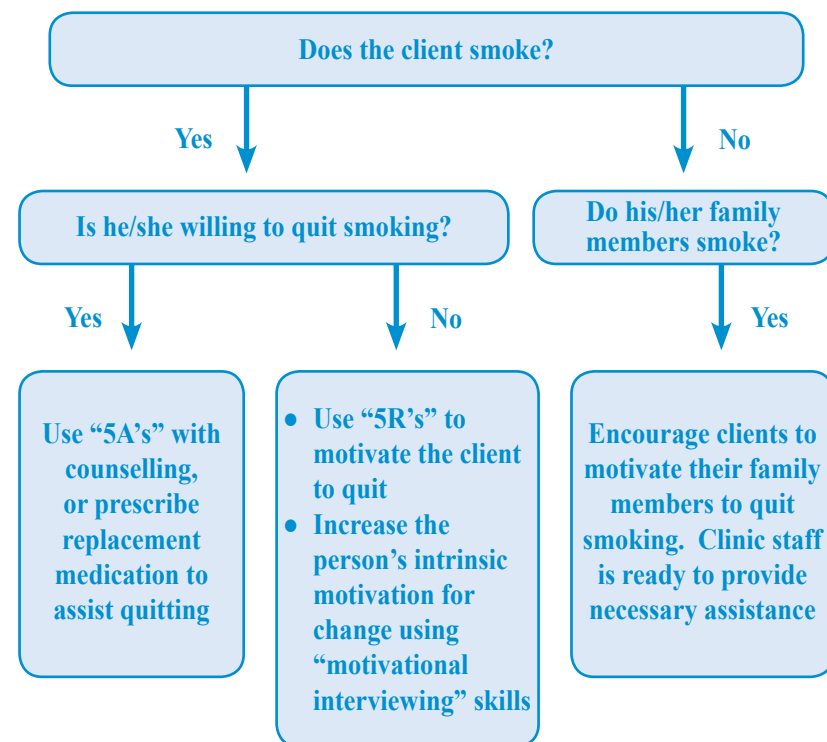
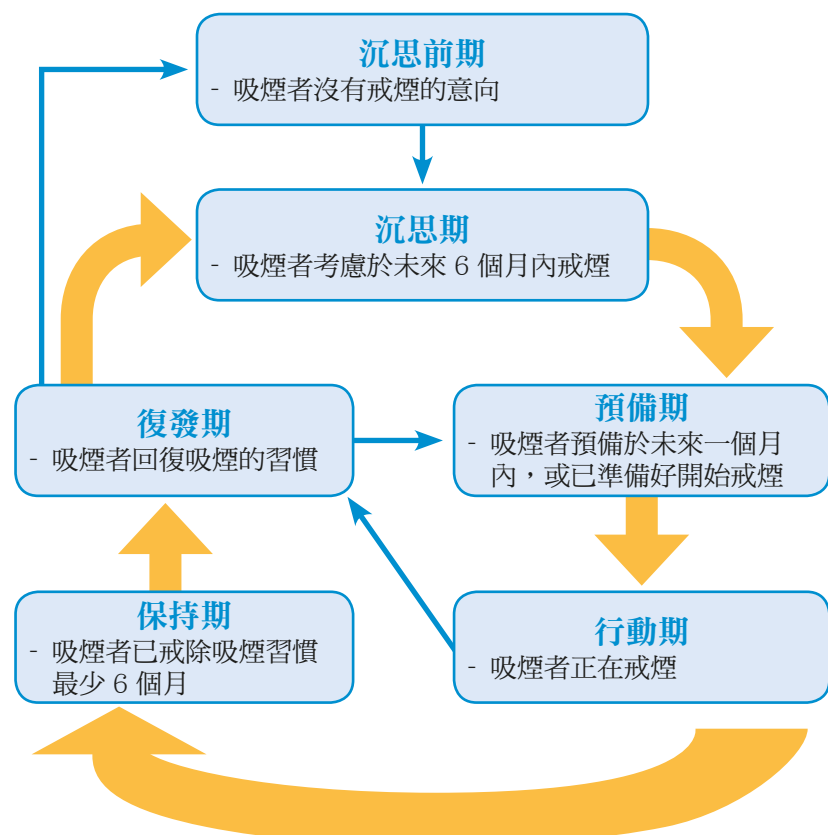


Figure 1 Assessment of decision on smoking cessation

## 1.2 行為改變模式

醫護人員可訂立一套持久的機制，為每位求診者記錄吸煙狀況，把每位吸煙求診者納入為戒煙服務的對象，並透過「行為改變模式」<sup>3</sup>（圖二）來評估求診者的意願。



圖二 行為改變模式

<sup>3</sup> Prochaska JO, DiClemente CC. The transtheoretical approach: crossing the traditional boundaries of therapy. Malabar, FL: Krieger, 1984.

## 1.2 Transtheoretical Model of Change

Healthcare personnel can establish a sustainable mechanism to record the smoking status of individual clients, and to include all smoking clients as service targets. The clients' intention to quit can be assessed by means of the Transtheoretical Model of Change (Figure 2).<sup>3</sup>

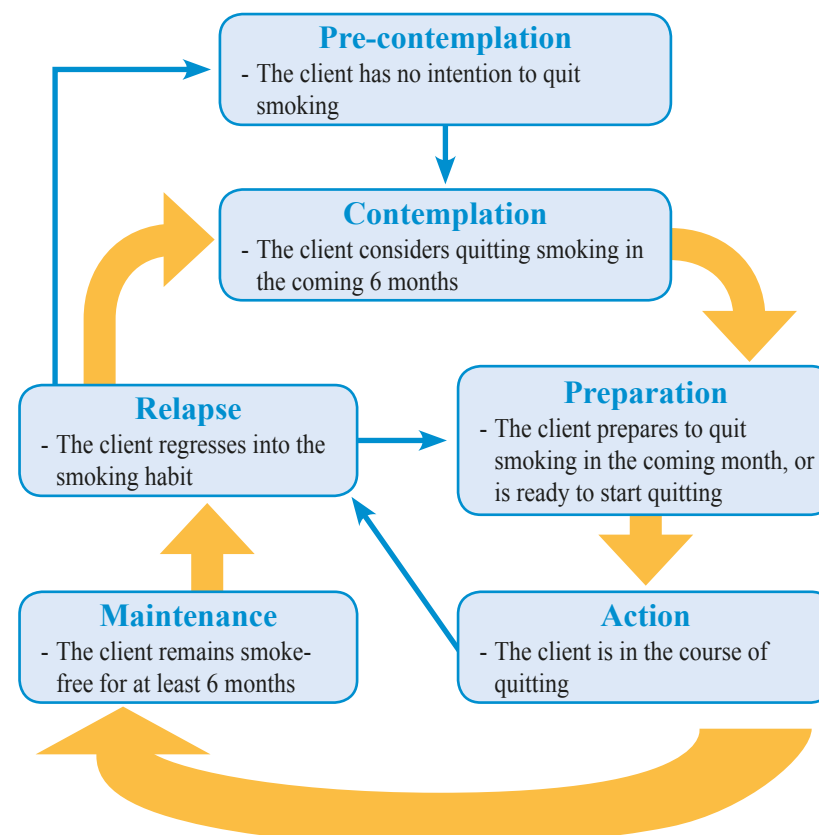


Figure 2 Transtheoretical Model of Change

<sup>3</sup> Prochaska JO, DiClemente CC. The transtheoretical approach: crossing the traditional boundaries of therapy. Malabar, FL: Krieger, 1984.

# 2 輔導篇 *Counselling*

- 2.1 「5A's」  
“5A's”
- 2.2 「5R's」  
“5R's”
- 2.3 動機式訪談法  
*Motivational Interviewing*
- 2.4 沉思階梯  
*Contemplation Ladder*





## 2 輔導篇

給予戒煙者合適的輔導是整個戒煙計劃的關鍵所在。我們必須要以「同理心」接納吸煙者的個人感受。對於有意戒煙人士，我們可參考「5A's」<sup>4,5</sup> 技巧來協助有意戒煙人士計劃或實行戒煙。

### 2.1 「5A's」

基層醫療專業人員透過「5A's」技巧，用3至5分鐘幫助求診者戒煙。根據求診者的戒煙情況，使用適當的方法，毋須每次都運用所有「5A's」技巧。重點是每次求診者到診時，都用數分鐘協助他們戒煙。<sup>4,5</sup>

「5A's」是指：

#### (一) 詢問 (Ask)

- 每次求診者到診時，詢問及記錄其吸煙狀況、每天吸煙數量和煙齡。定期更新這些資料對兒童及青少年來說尤為重要。
- 把求診者的「吸煙狀況」列作其中一項生命主徵，並將這些資料記錄於當眼處。
- 盡量用友善的方式去詢問吸煙狀況。

<sup>4</sup> Fiore MC, Jaen CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service, May 2008.

<sup>5</sup> World Health Organization. Strengthening health systems for treating tobacco dependence in primary care - Part III: Training for primary care providers: brief tobacco interventions. Geneva, Switzerland: World Health Organization, 2013.

## 2 Counselling

The crux of the smoking cessation programme lies in the provision of appropriate counselling to the quitters. We should also acknowledge their personal feelings with “empathy”. Take reference from the “5A's”<sup>4,5</sup> approach to help prospective quitters to devise or implement cessation plan.

### 2.1 “5A's”

The 5A's summarise all the activities that a primary care provider can do to help a tobacco user within 3-5 minutes in a primary care setting. It does not mean you have to do all of these five activities / steps at every visit. In fact, you can start and stop at any step based on tobacco user's different stages of quitting. The key is that you should routinely take a few minutes to support tobacco users to quit by using the 5A's model as a guide.<sup>4,5</sup>

The “5A's” approach stands for:

#### (1) Ask

- Ask ALL clients at each consultation about the smoking status, daily consumption and years of smoking, and record the information accordingly. Such regular updating is especially important for children and adolescents.
- Include the “smoking status” of the client as one of the vital signs and record such information prominently.
- Tobacco use should be asked about in a friendly way.

<sup>4</sup> Fiore MC, Jaen CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service, May 2008.

<sup>5</sup> World Health Organization. Strengthening health systems for treating tobacco dependence in primary care - Part III: Training for primary care providers: brief tobacco interventions. Geneva, Switzerland: World Health Organization, 2013.

## (二) 建議 (Advise)

- 以清楚明確及堅定的態度，和個人化的方式去建議求診者戒煙。例如：「要保障你的健康最重要而又能做到的就是戒煙」。
- 若求診者是青少年、孕婦、或心臟病患者，可能需要更深入的輔導。
- 透過「尼古丁依賴程度測試」（第 6.1 節）或「一氧化碳呼出量測試儀」的量度結果（第 4.2 節）來推動吸煙者戒煙。

## (三) 評估 (Assess)

- 評估每位戒煙者的戒煙意欲及是否已準備戒煙。
- 如戒煙者決定戒煙，我們可以詢問戒煙者戒煙對他 / 她的重要性和他 / 她對成功戒煙的信心。
- 可參考以下有關「重要性」和「信心」的問題：

一 你是否想成為一位非吸煙者？	是	不確定	否
二 你是否認為你今次能成功戒煙？	是	不確定	否

任何處於陰影區的答案表示求診者並未準備好戒煙。對於沒有戒煙意欲的求診者即處於圖二：行為改變模式的沉思前期的吸煙者，我們不要與他 / 她爭辯，應採用動機式訪談法和「5R's」技巧去輔導求診者戒煙。<sup>5</sup>

## (2) Advise

- Convince the client to quit smoking with a clear, personalised and strong manner, for example, “Quitting smoking is the most important thing you can do to protect your health.”
- 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” (section 6.1) or devices like the “Smokerlyzer” (section 4.2).

## (3) Assess

- Assess each client’s desire or readiness to quit.
- To be ready to quit, the smoker needs to see quitting as important and feel confident that he / she can quit.
- The two questions in relation to “importance” and “confidence” can be used:

1. Would you like to be a non-tobacco user?	Yes	Unsure	No
2. Do you think you have a chance of quitting successfully?	Yes	Unsure	No

Any answer in the shaded area indicates that the tobacco user is NOT ready to quit. 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. Motivational Interviewing and the “5R’s” approach should be adopted to promote quitting.<sup>5</sup>

- 我們也可以用重要尺和信心尺去評估戒煙對戒煙者的重要性及他 / 她的信心：

「請問你覺得戒煙對你來說有多重要呢？可用 0 至 10 分來表示，0 分表示完全不重要；10 分表示非常重要。」

完全不重要										非常重要				
0	1	2	3	4	5	6	7	8	9	10				

「如果你決定戒煙，請問你有多少信心自己能夠成功呢？可用 0 至 10 分來表示，0 分表示完成沒有信心；10 分表示非常有信心。」

完全沒有信心										非常有信心				
0	1	2	3	4	5	6	7	8	9	10				

以上述衡量式的問題詢問求診者，再以開放式問題跟進，可幫助醫護人員獲取更多資料，了解求診者對戒煙的重視程度及成功戒煙的信心，從而對未有預備戒煙的求診者，作出適當的輔導。<sup>6</sup>

<sup>6</sup> Miller WR, Rollnick S. Motivational interviewing: preparing people for change, 2nd Edition. New York: Guilford Press, 2002.

- The level of importance or confidence of the smoker to quit can also be assessed by using importance ruler and confidence ruler:

“How important would you say it is for you to quit smoking? On a scale from 0-10, where 0 is not at all important and 10 is extremely important, where would you say you are?”

Not at all important										Extremely important				
0	1	2	3	4	5	6	7	8	9	10				

“How confident would you say you are, that if you decided to quit smoking, you could do it? On the same scale from 0-10, where 0 is not at all confident and 10 is extremely confident, where would you say you are?”

Not at all confident										Extremely confident				
0	1	2	3	4	5	6	7	8	9	10				

Use of scaling questions and subsequent open questions can help care providers to get more information from patients about their perceived importance and confidence for change in order to conduct appropriate motivational interventions if patients are not ready to quit.<sup>6</sup>

<sup>6</sup> Miller WR, Rollnick S. Motivational interviewing: preparing people for change, 2nd Edition. New York: Guilford Press, 2002.

#### (四) 協助 (Assist)

##### 與求診者一同制定戒煙計劃

- 擬定戒煙日 - 訂於未來兩星期內較理想。
- 鼓勵求診者把戒煙的決定告知家人、同事和朋友，以獲取他們的支持及鼓勵。

##### 給予解決問題的合適技巧

- 認清戒煙的原因及戒煙的好處。
- 檢討過去戒煙的經驗，找出那些方法有幫助及那些因素導致復吸。
- 把一切與吸煙有關的東西如煙草產品、火機等棄掉。在戒煙日之前，嘗試減少吸煙的數量。
- 戒煙日起，要完全停止吸煙。
- 評估不同階段可能出現的挑戰，包括退癮徵狀，並協助求診者找出應對的方法。
- 求診者可要求同住的吸煙家人一同戒煙，或不要在他 / 她面前吸煙。

#### (4) Assist

##### Work out with the client on 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.

##### Provide appropriate techniques on problem solving

- Identify reasons for quitting and benefits of quitting.
- Review past quit attempts – what helped, what led to relapse.
- Discard cigarettes, lighters and all other smoking-related items. Before the quit day, try as far as possible to minimise the number of cigarettes smoked.
- 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 him/her in quitting or refrain from smoking in front of him/her.

### 給予成功戒煙的建議

- 必須完全停止吸煙。
- 飲用酒精類飲品會增加復吸的機會。
- 讓其他人在家中吸煙會成為成功戒煙的障礙。

### 建議使用戒煙藥物

- 建議合適的戒煙藥物以供有不同吸煙習慣的人士選擇（詳情可參考第 3 章“藥物篇”）。

### 協助轉介

- 按求診者的意願轉介至合適的戒煙服務（詳情見第 5.1 節）。

### 給予相關的戒煙資訊如小冊子、戒煙熱線咭等

- 根據求診者的性別、年齡等提供切合其需要的資料。

### Give advice for successful quitting

- Total abstinence is essential.
- Drinking alcohol is strongly associated with relapse.
- Allowing others to smoke in the household hinders successful quitting.

### Recommend the use of pharmacotherapy for smoking cessation

- Recommend appropriate pharmacotherapy options to clients with different smoking habits (please see chapter 3 “Pharmacotherapy” for details).

### 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 5.1 for details).

### Provide relevant smoking cessation information such as pamphlets or quitline card

- The information provided should meet the needs of the client in terms of sex, age, etc.

### (五) 安排跟進 (Arrange)

- 與求診者一同制訂合適的跟進程序和模式，如面談、電話跟進等（跟進的內容可詳見第 6.2 節）。
- 首次跟進最好訂於戒煙計劃開始的首星期內，然後安排定期跟進。
- 每次跟進都給予輔導和鼓勵。
- 對成功保持不吸煙者必須加以肯定。若求診者仍偶有吸煙的情況，可提醒他把這些「疏忽」作為警惕。
- 如求診者回復吸煙的習慣，應分析戒煙失敗的原因及鼓勵他重新戒煙。

### (5) Arrange

- Work out with the client on follow-up schedule and approaches such as interviews and telephone calls. (Please see section 6.2 for the content and details of follow-up actions).
- It is preferable to conduct the first follow-up within the first week after quit day and then subsequent encounters to be arranged 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.
- If a relapse occurs, encourage the client to repeat quit attempt and review cause of relapse.

## 2.2 「5R's」

求診者會因為過往戒煙失敗的經歷、謬誤或歪曲的觀念，令他對戒煙有些誤解。對被評估為未準備好戒煙的求診者，可用「5R's」技巧進行輔導。

「5R's」是以動機式訪談法為基礎，以求診者為中心的輔導模式。<sup>5</sup>（詳見第 2.3 節動機式訪談法）

「5R's」是指：

### （一） 相關 (Relevance)

引導求診者，令他 / 她明白戒煙對自己 and 身邊的人都是息息相關。

- 根據求診者的家族歷史和身體狀況，帶出增強動機的資訊，並分析過往的戒煙經驗、動機及失敗原因，以找出可改善的地方。

### （二） 危機 (Risk)

引導求診者分析吸煙給他 / 她帶來的負面影響，例如：

- 急性的風險：氣促、誘發哮喘、增加患上呼吸道感染的風險、增加與懷孕有關的疾病、陽痿及不育。

## 2.2 “5R's”

Tobacco users may be unwilling to quit due to misinformation, concern about the effects of quitting, or demoralisation because of previous unsuccessful quit attempts. 5R's intervention will be delivered to those who are not ready to quit tobacco use after the “Assess” stage of the 5A's.

The 5R's model is patient-centred counselling approach<sup>5</sup> that is based on principles of motivational interviewing (MI) (please see section 2.3 Motivational Interviewing).

The “5R's” approach refers to:

### (1) Relevance

**Get the client to understand why his/her quitting is relevant to him/her personally and to the 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

**Guide the client to identify potential negative consequences of tobacco use that are relevant to him/her**

Examples of risks are:

- Acute risks: shortness of breath, exacerbation of asthma, increased risk of respiratory infections, increased risk of pregnancy-related diseases, impotence and infertility.

- 長期的風險：心臟病及中風、肺癌及其他癌症（口腔癌、喉癌、腎癌及膀胱癌）、骨質疏鬆、慢性阻塞性肺病、永久傷殘並需要接受長期護理。
- 環境風險：令伴侶患肺癌及心臟病的風險增高；以及出現新生嬰兒體重過輕、哮喘、嬰兒猝死綜合症、中耳炎及兒童呼吸道感染的風險增高。
- 強調吸食低焦油或低尼古丁含量的煙草產品並不能減低吸煙相關的傷害，如引致癌症、心臟病和呼吸系統疾病、使胎兒健康受損、不舉、不育等。
- 強調二手煙與吸煙的禍害相若。

### (三) 得益 (Rewards)

讓求診者了解戒煙帶來的切身益處。

- 自己和家人的健康和體能得到改善
- 延緩衰老
- 節省金錢

### (四) 障礙 (Roadblocks)

引導求診者評估戒煙可能面對的種種障礙，如受退癮徵狀的影響，或害怕再次失敗等，然後加以輔導。

- Long-term risks: heart attack and stroke, lung and other cancers (oral cavity, pharynx, kidney, and bladder), osteoporosis, chronic obstructive pulmonary diseases, long-term disability and need for extended care.
- Environmental risks: increased risk of lung cancer and heart diseases in spouses; increased risk for low birth-weight baby, asthma, sudden infant death syndrome (SIDS), middle ear disease, and respiratory infections in children of smokers.
- Emphasise the fact that consumption of low tar or low nicotine tobacco products cannot reduce smoking-related harms such as causing cancers, heart diseases, respiratory diseases, damage to foetal health, impotence and infertility.
- Stress the fact that active and passive smoking bring similar hazards.

### (3) Rewards

**Get the client to understand the personally relevant benefits brought about by smoking cessation**

- Improvement in health and fitness of the client and his/her family members
- Delay in aging
- Save money

### (4) Roadblocks

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



## (五) 重覆 (Repetition)

把握每次與求診者接觸的機會，反覆地加強對方戒煙的動機。

- 讓求診者知道大多數吸煙者都經過多次嘗試才能成功戒掉煙癮，並鼓勵求診者多加努力。

### 2.3 動機式訪談法

動機式訪談法是由 William Miller 和 Stephen Rollnick 在 1980 年代創立，是一種協作性的對話方式，目的為強化個人改變的動機和承諾；也是一種以人為中心的諮詢方式，透過探索及處理關於改變的矛盾心態，幫助人們作出改變。<sup>7</sup>

動機式訪談法已被應用於幫助人們戒煙。不少對照研究顯示，在幫助人們戒除物質濫用包括戒煙的效用，動機式訪談法和沒有治療相比，優勝得多。這方面的文獻亦越來越多。<sup>8,9</sup>

#### 動機式訪談法的精神

動機式訪談法的精神包括以下四個互相關聯的主要元素：<sup>7</sup>

##### 1. 合作

輔導員與當事人之間是協作的關係，建議側重探索、喜好和支持；而不是遊說或爭辯。

<sup>7</sup> Miller WR, Rollnick S. *Motivational interviewing: helping people change*, 3rd Edition. New York: Guilford Press, 2013.

<sup>8</sup> Lundahl B, Burke BL. The effectiveness and applicability of motivational interviewing: a practice-friendly review of four meta-analyses. *J Clin Psychol* 2009; **65**: 1232-1245.

<sup>9</sup> Lundahl B, Moleni T, Burke BL, et al. Motivational interviewing in medical care settings: a systematic review and meta-analysis of randomized controlled trials. *Patient Educ Couns* 2013; **93**: 157-168.

## (5) Repetition

**Make good use of every contact opportunity by repeating motivational intervention**

- Tell the client that most smokers make repeated attempts before they succeed, and encourage him/her to make a serious effort.

### 2.3 Motivational Interviewing

Motivational Interviewing (MI) was developed by William Miller and Stephen Rollnick in the 1980s. MI is defined as a collaborative conversation style for strengthening a person's own motivation and commitment to change.<sup>7</sup> It is a patient-centered style of counselling designed to help people change through exploring and resolving ambivalence about change.

MI is being adopted in helping people to quit smoking. A large and increasing number of controlled research studies have shown that MI is significantly more effective than no treatment for substance use including tobacco use.<sup>8,9</sup>

#### The “Spirit” of Motivational Interviewing

The spirit of MI is based on the four key interrelated elements:<sup>7</sup>

##### 1. Partnership

It is collaboration between the counsellor and the patient. MI encourages exploration more than exhortation, interest and support rather than persuasion or argument.

<sup>7</sup> Miller WR, Rollnick S. *Motivational interviewing: helping people change*, 3rd Edition. New York: Guilford Press, 2013.

<sup>8</sup> Lundahl B, Burke BL. The effectiveness and applicability of motivational interviewing: a practice-friendly review of four meta-analyses. *J Clin Psychol* 2009; **65**: 1232-1245.

<sup>9</sup> Lundahl B, Moleni T, Burke BL, et al. Motivational interviewing in medical care settings: a systematic review and meta-analysis of randomized controlled trials. *Patient Educ Couns* 2013; **93**: 157-168.

## 2. 接納

要尊重當事人的自決權。改變的動力是源自當事人，輔導員可向當事人表達準確同感、肯定他 / 她的能力和努力，從而促進其自我效能感。

## 3. 至誠為人

輔導的目的是將當事人的需要及利益作為優先考慮。

## 4. 喚出

動機式訪談法是要引導當事人自己說出改變的想法和原因，而不是將輔導員的想法強加於當事人身上。如果改變的理由和決心由當事人自己發現，發生改變的機會會更高。動機式訪談法能引發和加強病人說出改變語句（揭示當事人考慮、意欲或承諾改變的語句）。

### 動機式訪談法的核心訪談技巧<sup>7</sup>

動機式訪談是使用特定的輔導技巧，與病人建立伙伴治療關係，並在整個輔導過程中引發有關改變的討論。這些技巧通常被稱為“OARS”（Open questions 開放式問題、Affirmations 肯定、Reflections 反映及 Summaries 摘要）。

#### 1. 開放式問題

不是簡單地用“是 / 否”或簡短回答的問題，而是讓當事人可自由表達，更深入地思考有關事項的問題。

## 2. Acceptance

The patient's autonomy is being respected. MI suggests the power for change rests within the patient. Counsellor can empower the patient through showing accurate empathy and affirming his/her strengths and efforts.

## 3. Compassion

The objective of the counselling is primarily for the benefit of the patient but not other's needs.

## 4. Evocation

MI is to draw out the patient's own thoughts and reasons to change, rather than imposing the counsellor's opinions. Change is more likely to occur when the clients discover their own reasons and determination to change. MI elicits and reinforces the person to make change talk (statement by the patient revealing consideration of, motivation for, or commitment to change).

### Core Interviewing Skills in Motivational Interviewing<sup>7</sup>

The practice of MI involves the use of certain counselling skills which help to establish a therapeutic alliance and elicit discussion about change throughout the process. These skills are often called as “OARS” (Open questions, Affirmations, Reflections, and Summaries) which is a brief way to remember.

#### 1. Open questions

They are questions not easily answered with a “yes/no” or short answers. They allow a freedom of expression and let the patient think more deeply about an issue.

## 2. 肯定

肯定是對當事人能力和努力的聲明，這是能協助輔導員與當事人建立互信關係，並幫助當事人覺得改變是可能的。

## 3. 反映

反映性傾聽是動機式訪談法中最重要技巧。反映是輔導員的聲明，意圖反映當事人說話的含意，讓當事人再次聆聽自己表達出來的想法和感受。輔導員需要選擇合適的反映，以支持動機式訪談法目標導向的一面，協助當事人步向改變。

## 4. 摘要

摘要是將當事人之前討論過的全部或部分內容結集一起，作概括的反映。摘要可以用來強調當事人關於改變的矛盾心態，協助當事人邁向改變。

## 2. Affirmations

Affirmations are statements that recognise the patient's strength and effort. They assist in building rapport and help the patient to feel that change is possible.

## 3. Reflections

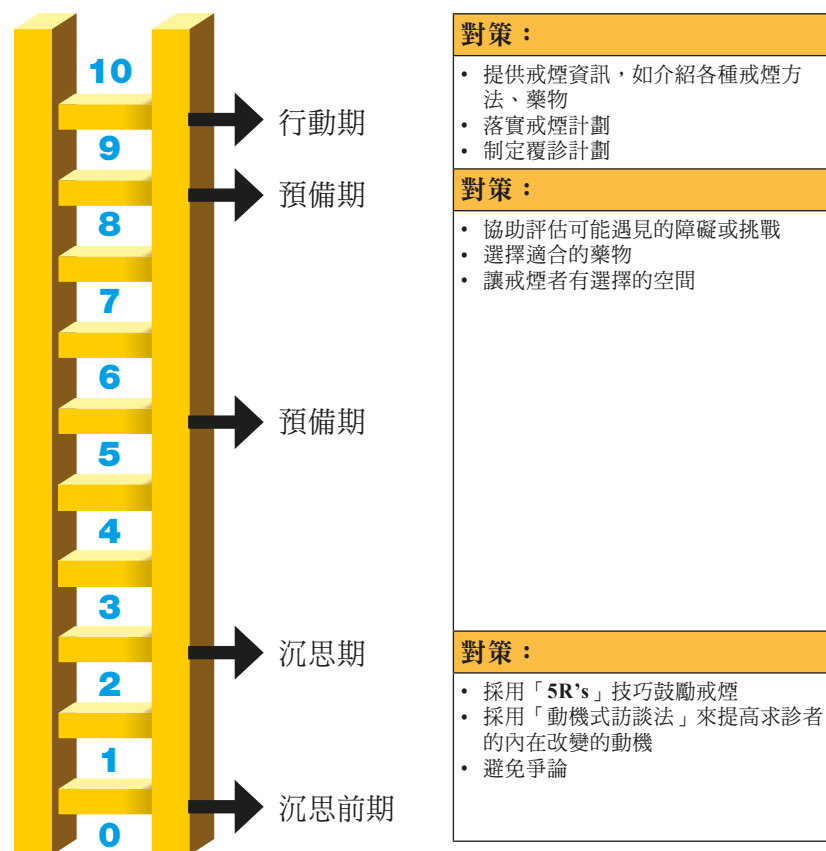
Reflective listening is the most crucial skill in MI. Reflection is to make a statement about the patient's meaning. They allow the patients to hear again the thoughts and feelings they are expressing. It is also necessarily selective in order to support the goal-directed aspect of MI and work towards change.

## 4. Summaries

Summaries are collection of reflections that recap what has been discussed in all or part of the counselling session. Summaries can emphasise both sides of the patient's ambivalence about change and help the patient to move along the process of change.

## 2.4 沉思階梯

我們可以基於改變行為模式，利用沉思階梯來評估求診者的戒煙意欲。我們可以採取不同的對策（圖三）來協助處於不同改變階段的吸煙者，以達至最佳效果。<sup>10</sup>



圖三 沉思階梯

<sup>10</sup> Biener L, Abrams DB. The Contemplation Ladder: validation of a measure of readiness to consider smoking cessation. *Health Psychol* 1991; 10: 360-5.

## 2.4 Contemplation Ladder

Contemplation ladder can be used as a tool to assess clients' readiness to change their behaviour in quitting smoking. It is based on stages of change model. Different strategies (Figure 3) could be employed to help smokers at different stages of change to achieve optimal results.<sup>10</sup>

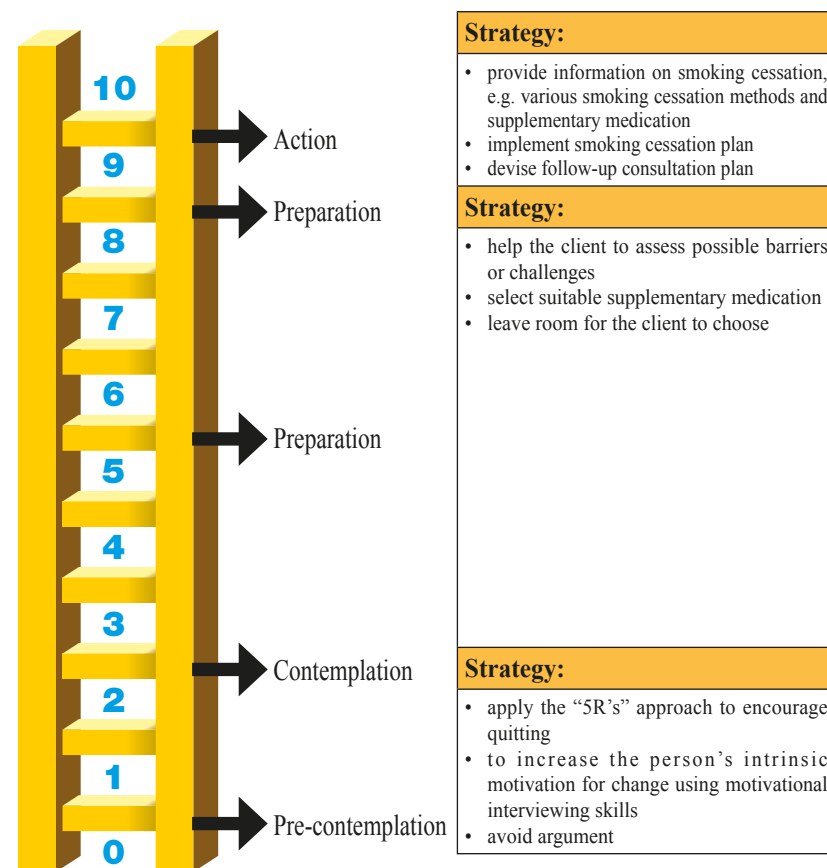


Figure 3 Contemplation Ladder

<sup>10</sup> Biener L, Abrams DB. The Contemplation Ladder: validation of a measure of readiness to consider smoking cessation. *Health Psychol* 1991; 10: 360-5.

# 3 藥物篇 *Pharmacotherapy*

## 3.1 尼古丁替代療法

*Nicotine replacement therapy*

### 3.1.1 戒煙香口膠

*Nicotine gum*

### 3.1.2 戒煙貼

*Nicotine patch*

### 3.1.3 戒煙吸劑

*Nicotine inhaler*

### 3.1.4 戒煙糖

*Nicotine lozenge*

## 3.2 非尼古丁類藥物

*Non-nicotine Medications*

### 3.2.1 瓦倫尼克林

*Varenicline*



### 3 藥物篇

吸煙者很多時在戒煙的過程中，對可能出現的退癮徵狀並不了解。當吸煙者停止吸煙，他／她體內尼古丁的水平就會開始逐漸下降，身體未能即時適應，便可能會出現一些短暫不適的情況，如頭暈、頭痛、疲倦、不能集中精神、喉乾舌燥、咳嗽和感覺饑餓等。這些徵狀都會減低戒煙的成功機會，然而，大部份不適的情況在兩至三個星期內便會減退。

研究指出，使用戒煙藥物能舒緩退癮徵狀，有效提高戒煙的成功率。此外，服用藥物亦能成為戒煙者準時覆診的動力。現時常用的戒煙藥物可分為兩大類，分別是尼古丁替代療法（NRT）和非尼古丁類藥物（如瓦倫尼克林）。根據 2013 年出版的 Cochrane Review，這兩類戒煙藥物都已證實可以增強戒煙的成功機率。<sup>11</sup> 這份審視摘要亦指出：瓦倫尼克林比各種尼古丁替代療法藥物有效，數據如下：瓦倫尼克林比戒煙貼有效（比數比 1.51；95% 可靠區間 1.22 至 1.87）、瓦倫尼克林比戒煙香口膠有效（比數比 1.72；95% 可靠區間 1.38 至 2.13）、瓦倫尼克林比其餘尼古丁替代療法藥物有效（戒煙噴劑、戒煙片劑、戒煙糖：比數比 1.42；95% 可靠區間 1.12 至 1.79）。不過，研究亦顯示，混合使用各種尼古丁替代療法藥物的效果可媲美瓦倫尼克林，亦比使用任何單一種尼古丁替代療法藥物有效。

我們採納世界衛生組織有關戒煙藥物治療之指引，在此新版本中，已就這一方面作出更新。

<sup>11</sup> Cahill K, Stevens S, Perera R, Lancaster T. Pharmacological interventions for smoking cessation: an overview and network meta-analysis. *Cochrane Database of Systematic Reviews* 2013, Issue 5. Art. No.: CD009329. DOI: 10.1002/14651858.CD009329.pub2.

### 3 Pharmacotherapy

Smokers often have insufficient understanding of the possible withdrawal symptoms in the process of quitting. Once a smoker refrains from smoking, the nicotine level inside his/her body will start to drop gradually. The quitter may experience short-term discomfort 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 these symptoms would subside in 2 or 3 weeks' time.

Studies showed that pharmacotherapies can alleviate withdrawal symptoms and increase the success rate effectively. Besides, the medication can also become an incentive for the quitter to attend follow-up consultation on schedule. Common first-line supplementary medication for smoking cessation nowadays can be broadly divided into two categories: nicotine replacement therapy (NRT) and non-nicotine medications (e.g. varenicline). According to the 2013 Cochrane Review, both NRT and non-nicotine medications have been demonstrated to improve the chance of successful quitting.<sup>11</sup> This review also indicated that: varenicline was more effective than nicotine patch (odds ratios 1.51; 95% credible interval 1.22 to 1.87), varenicline was more effective than nicotine gum (odds ratios 1.72; 95% credible interval 1.38 to 2.13), and varenicline was more effective than “other” NRT (spray, tablets, lozenges; odds ratios 1.42; 95% credible interval 1.12 to 1.79). However, combination use of NRT was shown to be as effective as varenicline, and more effective than single types of NRT.

We have adopted the World Health Organization (WHO) guidelines on pharmacotherapy used in smoking cessation. Some updates in pharmacotherapy have been made in this new edition.

<sup>11</sup> Cahill K, Stevens S, Perera R, Lancaster T. Pharmacological interventions for smoking cessation: an overview and network meta-analysis. *Cochrane Database of Systematic Reviews* 2013, Issue 5. Art. No.: CD009329. DOI: 10.1002/14651858.CD009329.pub2.

### 3.1 尼古丁替代療法

尼古丁替代療法是有效又安全的輔助戒煙方法，備有不同的種類和配方，在一般有註冊藥劑師駐店的西藥房或連鎖式藥房有售。醫生可與求診者一同選擇最合適的種類。詳情見以下數頁。

若求診者患有嚴重心絞痛及嚴重心律不正，或曾於最近兩星期出現急性心臟病的情況，便要先諮詢醫生 / 藥劑師的意見，才可使用戒煙藥物。而孕婦及餵哺母乳期間的婦女應先以輔導來戒煙。

#### 3.1.1 戒煙香口膠

戒煙香口膠的參考劑量和療程：<sup>5</sup>

戒煙香口膠的理想療程是 12 星期，每日的使用量不應超過 24 片。醫護人員或藥劑師可根據吸煙者的尼古丁依賴程度和吸煙的數量，作出適當的調整。

表一 戒煙香口膠參考劑量和療程

每日吸煙數量	習慣起床後吸首支煙的時間	療程
二十支或以下	起床 30 分鐘後	<ul style="list-style-type: none"><li>• 每一至兩個小時使用一至兩片（2 毫克），每天十至十二片。</li><li>• 逐漸把用量遞減至零。</li></ul>
二十支以上	起床 30 分鐘內	<ul style="list-style-type: none"><li>• 每一至兩個小時使用一至兩片（4 毫克），每天十至十二片。</li><li>• 逐漸把用量遞減至零。</li></ul>

### 3.1 Nicotine Replacement Therapy

Nicotine replacement therapy is an effective and safe aid to smoking cessation. It is available in different types and formulae at dispensaries or chain pharmacies with registered pharmacists. Doctors may, together with the client, select the most suitable type of therapy. Details are given in the following pages.

Patients with severe angina and serious cardiac arrhythmias or individuals suffering from an acute myocardial event in recent two weeks should consult doctor / pharmacist before use. Pregnant or breastfeeding women should be encouraged to quit with counselling first.

#### 3.1.1 Nicotine Gum

Reference Dosage and Regimen of Nicotine Gum:<sup>5</sup>

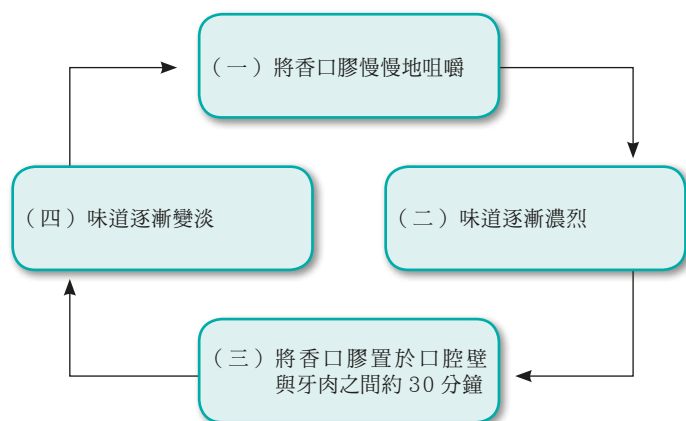
The optimal treatment duration is 12 weeks, and daily dosage should not exceed 24 pieces. Healthcare professionals or pharmacists may provide appropriate prescription according to the nicotine dependency level and cigarette consumption.

Table 1 Reference Dosage and Regimen of Nicotine Gum

Daily Cigarettes Consumption	Time to first cigarette	Regimen
≤ 20 cigarettes	> 30 minutes after waking	<ul style="list-style-type: none"><li>• 1-2 pieces (2 mg) every 1-2 hours (10-12 pieces / day).</li><li>• Gradually taper the dosage to nil.</li></ul>
> 20 cigarettes	≤ 30 minutes after waking	<ul style="list-style-type: none"><li>• 1-2 pieces (4 mg) every 1-2 hours (10-12 pieces / day).</li><li>• Gradually taper the dosage to nil.</li></ul>

使用方法：

咀嚼戒煙香口膠與咀嚼一般香口膠不同，以下是正確的使用方法：

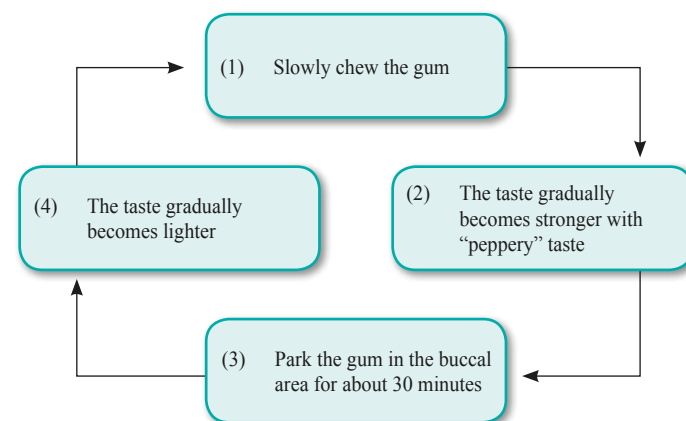


※ 注意事項：

- 不正確的咀嚼方法會影響藥效。
- 戒煙香口膠可能會引致一些副作用，如口腔及咽喉疼痛、打嗝、牙較痛和胃痛等。
- 酸性飲品如汽水、咖啡及果汁等都會影響尼古丁的吸收，所以在咀嚼香口膠時或使用前 15 分鐘，除清水外，應避免飲食。

Instructions for Use:

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



※ Points to Note:

- Incorrect chewing may affect the absorption of the nicotine.
- Nicotine gum may also cause side effects such as sore mouth and throat, hiccups, jaw ache and stomachache.
- 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 chewing nicotine gum or 15 minutes before use.



### 3.1.2 戒煙貼

戒煙貼的參考劑量和療程：<sup>5</sup>

現時市面上備有時效 16 小時及 24 小時的戒煙貼，提供不同劑量，適合不同戒煙人士的需要。戒煙貼的理想療程為 8 至 12 星期。

時效 24 小時戒煙貼：7 毫克、14 毫克、21 毫克  
時效 16 小時戒煙貼：5 毫克、10 毫克、15 毫克

表二 戒煙貼參考劑量和療程

每日吸煙數量	療程開始時之劑量 (時效 24 小時)	療程
四十支或以上	42 毫克	● 根據戒煙者之退癮徵狀、對吸煙的渴求及舒適的程度而調整。在停止吸煙四星期後，如戒煙者可以適應的話，每兩星期以 7 至 14 毫克的幅度調低。
二十一至三十九支	28-35 毫克	
十至二十支	14-21 毫克	
十支以下	14 毫克	

使用方法：

- 貼在清潔、乾爽的皮膚上，如胸部、背部、上臂或股側等。
- 切勿在附貼位置塗上潤膚露、軟膏或爽身粉。
- 每日將戒煙貼貼在不同位置，以減低皮膚過敏的機會。
- 貼完戒煙貼後用清水洗手，但切勿使用肥皂，否則過量的尼古丁會滲入手掌皮膚。
- 如使用時效 16 小時的戒煙貼，需於就寢前把膠貼移除。

### 3.1.2 Nicotine Patch

Reference Dosage and Regimen of Nicotine Patch:<sup>5</sup>

Both 16-hour and 24-hour patches are available to suit different people's needs. The optimal treatment duration of nicotine patch is 8-12 weeks.

Available dosage for 24-hr patch: 7mg, 14mg, 21mg

Available dosage for 16-hr patch: 5mg, 10mg, 15mg

Table 2 Reference Dosage and Regimen of Nicotine Patch

Daily Cigarettes Consumption	Starting Dosage (24-hr patch)	Regimen
≥ 40 cigarettes	42 mg	• Adjust based on withdrawal symptoms, urges and comfort. After 4 weeks of abstinence, taper every 2 weeks in 7-14 mg steps as tolerated.
21-39 cigarettes	28-35 mg	
10-20 cigarettes	14-21 mg	
< 10 cigarettes	14mg	

Instructions for Use:

- Apply the patch to clean and dry skin of 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 minimise the chance of skin irritation.
- After applying a nicotine patch, wash hands with water but without soap as it will cause excess nicotine to be absorbed into the skin of the palms.
- For 16-hour patch, remove the patch before sleep.

※ 注意事項：

- 戒煙貼可能引起局部皮膚過敏及失眠。
- 藥力傳送較緩慢。

### 3.1.3 戒煙吸劑

戒煙吸劑參考劑量和療程：<sup>5</sup>

戒煙吸劑由一支膠管和一支藥芯組成。使用戒煙吸劑時，尼古丁經由口腔黏膜傳送入體內，較吸煙時經肺部傳入緩慢很多。

每日劑量為 6 至 16 支藥芯，戒煙者可自行決定何時使用。使用 2 至 3 個月後，戒煙者應減少用量。療程不應超過 6 個月。

表三 戒煙吸劑參考劑量和療程

劑量	療程
10 毫克劑量	<ul style="list-style-type: none"><li>• 每支藥芯可輸出共 4 毫克的尼古丁，供吸用 80 次。建議每天使用 6 至 16 支藥芯，療程最長為 6 個月。指示戒煙者在最後三個月逐漸減少劑量。</li></ul>

使用方法：

將藥芯插入膠管內，藥芯封蓋會被刺破，之後即可使用。

※ Points to Note:

- Nicotine patch may cause local skin reactions and insomnia.
- Slow onset

### 3.1.3 Nicotine Inhaler

Reference Dosage and Regimen of Nicotine Inhaler:<sup>5</sup>

The nicotine inhaler consists of a plastic suction tube and a nicotine-containing cartridge. It delivers nicotine to oral mucosa, not the lung and enters the body much more slowly than the nicotine in cigarettes.

The daily dosage should be 6 to 16 cartridges per day and the frequency of use could be self-determined. The quitter should reduce the dosage after using the inhaler for 2 to 3 months. Treatment duration should not exceed 6 months.

Table 3 Reference Dosage and Regimen of Nicotine Inhaler

Dosage	Regimen
10 mg	<ul style="list-style-type: none"><li>• Each cartridge delivers a total of 4mg of nicotine over 80 inhalations. Recommended dosage is 6-16 cartridges/day. Recommended duration of therapy is up to 6 months. Instruct patient to taper dosage during the final 3 months of treatment.</li></ul>

Instructions for Use:

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

使用方法有兩種：

- ▶ 頻密地輕吸
- ▶ 慢而深地吸入
- 兩種方法效果大致相同。當你連續輕吸一支吸劑約二十分鐘，或間斷地分四次（每次約五分鐘）吸用，藥芯內的尼古丁便會耗盡。

※ 注意事項：

- 酸性飲品如汽水、咖啡及果汁等都會影響尼古丁的吸收，所以在使用戒煙吸劑時或使用前 15 分鐘，除清水外，應避免飲食。
- 當開始使用時，口腔和咽喉可能會感到不適，多喝開水可舒緩這些不適。當身體漸漸適應後，這些副作用便會減退。

### 3.1.4 戒煙糖

戒煙糖參考劑量和療程：<sup>5</sup>

戒煙糖有不同劑量可供選擇，理想的療程為 12 個星期。每日劑量不能超過 20 粒。

表四 戒煙糖參考劑量和療程

每日吸煙數量	習慣起床後吸首支煙的時間	劑量	療程
二十支或以下	起床 30 分鐘後	2 毫克	• 每 1-2 小時使用 1-2 粒，每天最少使用 9 粒。 • 逐漸把用量遞減至零。
二十支以上	起床 30 分鐘內	4 毫克	

Two methods for using the nicotine inhaler:

- ▶ rapid shallow sucking;
- ▶ slow and deep inhalation.
- The effects of both methods are more or less the same. Nicotine is used up from cartridge after about four 5-minute sessions or one 20-minute session of active puffing.

※ 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 use.
- In the beginning, the user may experience mouth and throat irritation. Enough water intake can relieve the discomfort. The side effects would subside as the body gets used to it.

### 3.1.4 Nicotine Lozenge

Reference Dosage and Regimen of Nicotine Lozenge:<sup>5</sup>

There are different dosages of nicotine lozenge available. The optimal treatment duration is 12 weeks. No more than 20 lozenges should be used per day.

Table 4 Reference Dosage and Regimen of Nicotine Lozenge

Daily Cigarettes Consumption	Time to first cigarette	Dosage	Regimen
≤ 20 cigarettes	> 30 minutes after waking	2 mg	• 1-2 lozenges every 1-2 hours (minimum of 9/day). • Gradually taper the dosage to nil.
> 20 cigarettes	≤ 30 minutes after waking	4 mg	

使用方法：

把戒煙糖間歇地含放在口腔的左右兩旁直至完全溶解，不可咬碎或整粒吞下。

※ 注意事項：

- 不正確的使用方法，不但會影響藥效，更可能會引致一些副作用，如口腔疼痛、打嗝、胃灼熱和胃痛等。
- 酸性飲品如汽水、咖啡及果汁等都會影響尼古丁的吸收，所以在使用戒煙糖時或使用前 15 分鐘，除清水外，應避免飲食。

## 3.2 非尼古丁類藥物

### 3.2.1 瓦倫尼克林

瓦倫尼克林是一種非尼古丁類戒煙藥物，於 2006 年獲美國食物及醫藥管理局認可。<sup>4,5,12</sup>

效能： 它是尼古丁受體的局部促效劑，能夠刺激尼古丁受體，從而舒緩退癮徵狀和對吸煙的渴求，同時又能封阻尼古丁受體，減低再吸煙的刺激效用。

<sup>12</sup> Zwar N, Richmond R, Borland R, Peters M, Litt J, Bell J, Caldwell B, Ferretter I. Supporting smoking cessation: a guide for health professionals. Melbourne: The Royal Australian College of General Practitioners, 2011.

Instructions for Use:

Place the lozenge in the mouth and allow it to dissolve; periodically move the lozenge in the mouth, and to avoid chewing or swallowing it.

※ Points to Note:

- Incorrect use of nicotine lozenge may not only affect the absorption of nicotine but also cause side-effects such as irritation to mouth, hiccups, heartburn and stomachache.
- 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 lozenge or 15 minutes before use.

## 3.2 Non-nicotine Medications

### 3.2.1 Varenicline

Varenicline is a non-nicotine smoking cessation medication. It was approved by the U.S. Food and Drug Administration in 2006.<sup>4,5,12</sup>

Action: Varenicline is a nicotine receptor partial agonist. It works by relieving the craving and withdrawal symptoms and blocking the reinforcing effects of nicotine at the same time.

<sup>12</sup> Zwar N, Richmond R, Borland R, Peters M, Litt J, Bell J, Caldwell B, Ferretter I. Supporting smoking cessation: a guide for health professionals. Melbourne: The Royal Australian College of General Practitioners, 2011.

療程： 不可空肚服用。戒煙者須在戒煙日前一個星期開始服用（首三天每天一次 0.5 毫克劑量，其後四天每天兩次 0.5 毫克劑量）。戒煙期間的標準劑量為每天兩次 1 毫克。整個療程通常需時十二個星期，認可的療程可延長至 6 個月。瓦倫尼克林可隨時停止使用，不需逐漸遞減劑量。

副作用： 常見的副作用包括噁心、睡眠失調、便秘、胃氣脹、作嘔和頭痛等。外國研究報告顯示，有病人於使用瓦倫尼克林期間報稱出現精神病的徵狀，包括憂鬱及有自殺的念頭。醫生及瓦倫尼克林使用者均要留意有否任何情緒或行為上的變化。

※ 注意事項：

- 如果戒煙者有任何以下的情況，不建議服用瓦倫尼克林：
  - 末期腎病（必須調整劑量）
  - 十八歲以下
  - 懷孕或餵哺母乳期間
- 留意使用者情緒、行為和精神上的變化以及有否出現自殺的念頭。
- 如使用者出現情緒波動及鬱悶，以及任何非典型退癮徵狀的行為變動，或者出現自殺的念頭或行為，便應該勸喻使用者立即停用，並尋求醫生意見。

Regimen: Take with food. Quitters should start to take varenicline one week before the quit day (0.5mg once daily for 3 days, then 0.5mg twice daily for 4 days). The standard maintenance dose is 1 mg twice daily. A treatment course usually takes 12 weeks to complete. Maintenance treatment may be used up to 6 months. Varenicline may be stopped abruptly and there is no need to taper.

Side effects: Common side effects include nausea, sleep disturbance, constipation, flatulence, vomiting and headache. There were overseas reports that patients using varenicline had experienced psychiatric symptoms including depression and suicidal ideation. Doctors and patients are advised to look out for behavioural and mood changes.

※ Points to Note:

- Varenicline is not recommended for individuals who:
  - have end stage renal diseases (dosage adjustment is necessary)
  - are under 18
  - are pregnant or breastfeeding
- Monitor the changes in mood, behaviour, psychiatric symptoms, and suicidal thoughts.
- Advise patients to stop varenicline and seek medical advice immediately if they experience agitation, depressed mood, and any changes in behaviour that are not typical of nicotine withdrawal, or if they have experienced suicidal thoughts or behaviour.

- 美國食物及藥物管理局於 2015 年 3 月宣布，使用者應減少飲酒份量，直至他們了解瓦倫尼克林如何影響他們飲用酒精後的反應。此外，使用者如在使用瓦倫尼克林時出現抽搐，應立即停用，並尋求醫生意見。<sup>13</sup>

- In March 2015, the U.S. Food and Drug Administration announced that patients should reduce the amount of alcohol they drink, until they know how varenicline affects their ability to tolerate alcohol. In addition, patients who have a seizure while taking varenicline should stop the medicine and seek medical attention immediately.<sup>13</sup>

<sup>13</sup> U.S. Food and Drug Administration. Drug Safety and Availability. <http://www.fda.gov/Drugs/DrugSafety/ucm436494.htm> (accessed on 13 March 2015).

<sup>13</sup> U.S. Food and Drug Administration. Drug Safety and Availability. <http://www.fda.gov/Drugs/DrugSafety/ucm436494.htm> (accessed on 13 March 2015).



# 4 量度成效篇 *Outcome Measure*

4.1 二十六週及五十二週戒煙率  
*Quit Rate at 26-week and 52-week*

4.2 生化驗證  
*Biochemical Validation*





## 4 量度成效篇

### 4.1 二十六週及五十二週戒煙率

一般而言，戒煙日後的二十六週（即六個月）是臨床試驗及大部分戒煙研究中量度成功率的標準時段，而比較嚴格的評核標準則為戒煙日後的五十二週（即十二個月）。衛生署及其資助機構所提供的戒煙服務均使用以上兩項指標來量度戒煙服務的成效。

美國 Department of Health and Human Services 出版的 Clinical Practice Guideline 建議使用點流行率（point prevalence）（主要是七天點流行率）量度成效。<sup>4</sup> 點流行率是量度吸煙者在特定時段內有否吸煙的方法，性質為吸煙者自我匯報。以七天點流行率為例，是量度跟進日前七天的吸煙情況。

當計算戒煙率時，建議使用「意向治療」（Intention-to-treat）的數據，即是分母為所有接受戒煙服務人士的數目；分子則為所有在跟進日能成功聯絡，並表示已戒煙人士的數目。原因是它為所有接受戒煙服務的人士提供最保守的估算。

## 4 Outcome Measure

### 4.1 Quit Rate at 26-week and 52-Week

In general, the standard period for measuring success rate in clinical trials and smoking cessation studies is 26-week (i.e. 6 months) follow-up after the quit date. For more stringent assessment, quit rate at 52-week (i.e. 12 months) is employed. Smoking cessation services provided by the Department of Health and its subvented organisations use both indicators to measure the outcome of cessation service.

The Clinical Practice Guideline issued by the U.S. Department of Health and Human Services suggests to use point prevalence outcome measure (7-day point prevalence is most commonly used).<sup>4</sup> Point prevalence abstinence is a method of measuring if a smoker has stopped smoking at a given point in time. It is self-reported by the smoker. For 7-day point prevalence, it measures the smoking status 7 days before the time of follow-up.

Intention-to-treat data (i.e. the denominator being the total number of subjects who have received cessation services and the numerator being the total number of abstinent subjects contacted at follow-up) is recommended when calculating the quit rate as it provides the most conservative estimate for all subjects who have received the services.

## 4.2 生化驗證

使用生物標記，例如可的寧、一氧化碳，能準確地評估吸煙情況。

### 可的寧程度

可的寧是尼古丁的代謝物，可從不同的生物樣本如唾液、尿液中量度。<sup>14</sup> 由於可的寧對量度煙草使用有高特定性及高敏感性，加上它有較長的半衰期（約 16 小時），可量度過去兩至三天吸煙或接觸二手煙的情況，因此可的寧被認定為量度吸煙和接觸二手煙的最佳生物標記。

### 一氧化碳呼出量測試

不論直接吸煙或吸入二手煙，都會吸入煙草內的有害化學物質。其中一氧化碳會與紅血蛋白結合減低其帶氧能力，令人運動力減低，加速衰老。

<sup>14</sup> SRNT Subcommittee on Biochemical Verification. Biochemical verification of tobacco use and cessation. *Nicotine Tob Res* 2002; 4: 149-159.

## 4.2 Biochemical Validation

The use of biomarkers, such as cotinine, carbon monoxide (CO), can provide more accurate estimates of smoking status.

### Cotinine Level

Cotinine is a metabolite of nicotine which can be measured through different biological specimens such as saliva and urine.<sup>14</sup> It is considered as the best biomarker for exposure of smokers and non-smokers to second-hand smoke because of its high specificity and sensitivity to tobacco use. In addition, cotinine has the relatively long half-life (about 16 hours), which allows the measure of tobacco exposure over the previous two to three days.

### Test for Measuring Expired Carbon Monoxide

Smoking and inhaling second-hand smoke will bring in harmful substances contained in tobacco. Among them, CO will combine with haemoglobin to reduce its oxygen carrying capacity, thus weakening physical ability and accelerating aging.

<sup>14</sup> SRNT Subcommittee on Biochemical Verification. Biochemical verification of tobacco use and cessation. *Nicotine Tob Res* 2002; 4: 149-159.

透過「一氧化碳呼出量測試儀」（圖四）來量度吸煙者體內的一氧化碳濃度，可以使吸煙者更清楚了解自己的身體狀況，藉以推動吸煙者作出戒煙決定。



圖四 一氧化碳呼出量測試儀

一般而言，一氧化碳水平介乎 8 兆比率（parts per million, ppm）至 10 兆比率是用作為區分吸煙者與非吸煙者的界定準則。<sup>15</sup> 醫護人員應參考測試儀的規格說明以決定吸煙者的吸煙情況。

<sup>15</sup> Cropsey KL, Eldridge GD, Weaver MF, et al. Expired carbon monoxide levels in self-reported smokers and nonsmokers in prison. *Nicotine Tob Res* 2006; 8: 635-659.

The “smokerlyzer” (Figure 4) measures the concentration of exhaled CO of smokers and gives them a better understanding of their physical conditions, which in turn, motivate them to quit.



Figure 4 Smokerlyzer

In general, the cutoff level of CO used to distinguish between smokers and non-smokers is ranged from 8 parts per million (ppm) to 10 ppm.<sup>15</sup> Healthcare professionals should refer to the specification of smokerlyzer in order to determine the smoking status of smokers.

<sup>15</sup> Cropsey KL, Eldridge GD, Weaver MF, et al. Expired carbon monoxide levels in self-reported smokers and nonsmokers in prison. *Nicotine Tob Res* 2006; 8: 635-659.

# 5 資料 Information

## 5.1 戒煙服務

### *Smoking Cessation Services*

#### 5.1.1 衛生署戒煙服務

*Smoking Cessation Services by the Department of Health*

#### 5.1.2 東華三院戒煙綜合服務中心

*Tung Wah Group of Hospitals Integrated Centre on Smoking Cessation*

#### 5.1.3 博愛醫院針灸戒煙服務

*Pok Oi Hospital Smoking Cessation Service using Acupuncture*

#### 5.1.4 醫院管理局戒煙服務

*Smoking Cessation Services by the Hospital Authority*

#### 5.1.5 青少年戒煙熱線

*Youth Quitline*

#### 5.1.6 基督教聯合那打素社康服務

*United Christian Nethersole Community Health Service*

## 5.2 常見問題

*Frequently Asked Questions*

## 5.3 戒煙小貼士

*Tips on Smoking Cessation*

## 5.4 基層醫療專業人員協助戒煙的實用方法

*Practical Approaches for Primary Care Providers*

# 5 資料

## 5.1 戒煙服務

### 5.1.1 衛生署戒煙服務

#### 5.1.1.1 綜合戒煙熱線 1833 183

衛生署戒煙熱線由註冊護士於辦公時間內提供專業戒煙輔導，亦設有 24 小時電腦來電處理系統，為使用者提供廣東話、普通話及英語的戒煙資訊和戒煙藥物資訊。使用者亦可透過電腦系統進行即時尼古丁依賴程度測試，及以傳真方式索取測試結果和戒煙資訊。

- 按 1 字：衛生署戒煙熱線
- 按 2 字：東華三院戒煙熱線
- 按 3 字：醫院管理局無煙熱線
- 按 4 字：博愛醫院針灸戒煙服務熱線
- 按 5 字：青少年戒煙熱線

# 5 Information

## 5.1 Smoking Cessation Services

### 5.1.1 Smoking Cessation Services by the Department of Health

#### 5.1.1.1 Integrated Smoking Cessation Hotline 1833 183

Counselling on smoking cessation is provided by registered nurses through the Smoking Cessation Hotline of the Department of Health (DH). Besides, a computerised call handling system is set up to provide information on smoking cessation and medication in Cantonese, Putonghua and English round the clock. Users may assess their nicotine dependence via the system and obtain the test result as well as other information by fax.

- Press 1 :Department of Health Smoking Cessation Hotline
- Press 2 :Tung Wah Group of Hospitals Smoking Cessation Hotline
- Press 3 :Hospital Authority Quitline
- Press 4 :Pok Oi Hospital Smoking Cessation Service using Acupuncture
- Press 5 :Youth Quitline

### 5.1.1.2 戒煙流動應用程式

衛生署控煙酒辦公室推出戒煙達人流動應用程式幫助吸煙者戒煙。

戒煙達人流動應用程式可以幫助使用者應付對煙癮，並提供保持無煙的貼士。可以跟進使用者的進度並告訴他節省了多少錢。



### 5.1.1.2 Quit Smoking Mobile App

The Tobacco and Alcohol Control Office (TACO) of DH launched this Quit Smoking App to assist smokers to overcome tobacco dependence.

The Quit Smoking Mobile App can help user to deal with cravings and offer tips on staying tobacco-free. It helps user track its progress and tells him/ her how much money is saved..



### 5.1.2 東華三院戒煙綜合服務中心

衛生署聯同東華三院合辦一項以社區為本的戒煙計劃。該計劃為市民提供更方便的戒煙臨床服務及教育活動。其專業團隊包括醫生、護士、社工、輔導員及臨床心理學家。

東華三院於各區共設立五間戒煙綜合服務中心，在不同時段包括夜間及週末為市民提供免費服務。

香港區：

- 東華三院戒煙綜合服務中心（灣仔服務處）  
灣仔駱克道193-197號東超商業中心10樓

九龍區：

- 東華三院戒煙綜合服務中心（觀塘服務處）  
觀塘成業街7號寧晉中心20樓G室

### 5.1.2 Tung Wah Group of Hospitals Integrated Centre on Smoking Cessation

DH collaborates with the Tung Wah Group of Hospitals (TWGHs) to launch a community-based smoking cessation programme. The programme provides the public with easily accessible smoking cessation clinical service and educational activities by a team of professionals, including doctors, nurses, social workers, counsellors and clinical psychologists.

Five integrated centres on smoking cessation are established by TWGHs to provide the community with free smoking cessation services in different time frames including evening hours and weekends.

Hong Kong:

- Tung Wah Group of Hospitals Integrated Centre on Smoking Cessation - Wan Chai Core Clinic  
10/F, Tung Chiu Commercial Centre, 193-197  
Lockhart Road, Wan Chai

Kowloon:

- Tung Wah Group of Hospitals Integrated Centre on Smoking Cessation - Kwun Tong Core Clinic  
Room G, 20/F, Legend Tower, 7 Shing Yip Street, Kwun Tong

新界區：

- 東華三院戒煙綜合服務中心（荃灣服務處）  
荃灣眾安街 68 號荃灣城市中心 1 期 16 樓  
1601 室
- 東華三院戒煙綜合服務中心（沙田服務處）  
沙田鄉事會路 138 號新城市中央廣場第二座  
17 樓 1705 室
- 東華三院戒煙綜合服務中心（屯門服務分處）  
屯門屯喜路2號屯門栢麗廣場22樓2216室

New Territories:

- Tung Wah Group of Hospitals Integrated Centre on Smoking Cessation - Tsuen Wan Core Clinic  
Room 1601, 16/F, City Landmark I, 68 Chung On Street, Tsuen Wan
- Tung Wah Group of Hospitals Integrated Centre on Smoking Cessation - Sha Tin Core Clinic  
Unit 1705, Level 17, Tower II, Grand Central Plaza, 138 Sha Tin Rural Committee Road
- Tung Wah Group of Hospitals Integrated Centre on Smoking Cessation - Tuen Mun Satellite Clinic  
Unit 2216, 22/F, Tuen Mun Parklane Square, 2 Tuen Hi Road, Tuen Mun, NT



### 5.1.3 博愛醫院針灸戒煙服務

衛生署與博愛醫院合作提供針灸戒煙服務。

博愛醫院的中醫師透過 20 部流動醫療車及 7 間診所提供免費戒煙服務，內容包括針灸及輔導，服務範圍遍及全港超過 100 個地點。博愛醫院亦設立中醫社區醫療中心，為流動醫療車提供支援。

博愛醫院亦設立電話熱線（2607 1222）以供查詢及預約服務。

### 5.1.4 醫院管理局戒煙服務

醫院管理局設有超過 50 間「無煙新天地」戒煙輔導中心，提供包括專業輔導及藥物治療等戒煙服務。服務對象主要為透過醫護人員轉介的病人，特別是長期病患者。戒煙輔導服務由跨專業團隊主理，當中包括受過特別訓練的護士、藥劑師及其他專職醫療人員，並由醫生提供支援，協助吸煙人士戒煙。此外，醫院管理局亦成立了無煙熱線（電話：2300 7272）提供服務查詢及電話輔導服務。

有關服務詳情，請瀏覽醫院管理局網址（[www.ha.org.hk](http://www.ha.org.hk) > 服務指引 > 其他醫療服務 > 戒煙輔導服務）。

### 5.1.3 Pok Oi Hospital Smoking Cessation Service using Acupuncture

The Department of Health collaborates with Pok Oi Hospital (POH) for the provision of smoking cessation services using acupuncture.

Free smoking cessation services including counselling and acupuncture are provided by POH Chinese medicine practitioners in 20 mobile clinics and 7 clinics which serve over 100 locations in different districts. Chinese Medicine Community Healthcare Centre is established to support these mobile clinics.

POH has also established the hotline (2607 1222) for enquiry or appointment arrangement.

### 5.1.4 Smoking Cessation Services by the Hospital Authority

The Hospital Authority (HA) operates over 50 Smoking Counselling and Cessation Centres, providing smoking cessation services through counselling and provision of pharmacological interventions. Key service targets are patients referred by healthcare professionals, particularly patients with chronic diseases. The services are provided by multidisciplinary teams comprised of specially trained nurses, pharmacists and other allied health professionals, who are supported by doctors. HA also has a “Quitline” (2300 7272) for enquiry and telephone counselling services.

For details, please visit HA website ([www.ha.org.hk](http://www.ha.org.hk) > Service Guides > Other Medical Services > Smoking Counseling and Cessation).

### 5.1.5 青少年戒煙熱線

青少年戒煙熱線，服務對象為 25 歲或以下的青少年吸煙者。青少年戒煙熱線旨在宣揚戒煙，並為想戒煙的青少年提供朋輩式電話戒煙輔導。

### 5.1.6 基督教聯合那打素社康服務

為擴大現行戒煙網絡，以提供戒煙服務予隱蔽羣組，衛生署與基督教聯合那打素社康服務合作，為少數族裔及新來港人士提供戒煙服務，以及提供多種語言的戒煙資訊，以迎合不同社羣的需要。電話查詢熱線為 3156 9012。

### 5.1.5 Youth Quitline

Youth Quitline, which is a smoking cessation hotline targeting for the youth smokers aged 25 or below in Hong Kong. The Youth Quitline publicises quitting among youth smokers and supports those who want to quit by providing peer-led smoking cessation counselling.

### 5.1.6 United Christian Nethersole Community Health Service

With the aim to broaden our smoking cessation network so as to provide cessation services to the hard-to-reach group, DH collaborates with United Christian Nethersole Community Health Service to provide cessation services targeting ethnic minorities and new immigrants. The service provides treatment to quit smoking and multilingual information on smoking cessation to cater for the need of this community. The enquiry telephone number is 3156 9012.

## 5.2 常見問題

1. 問：當協助吸煙者戒煙時，醫護人員需注意什麼？

答：除了對輔導技巧和藥物的認識外，醫護人員親切的態度，接納求診者的感受亦十分重要：

- **清楚明確** —

例如：「我相信戒煙對你來說十分重要，我準備好隨時給予協助。」、「當你患病時才把吸煙的數量減少是不足夠的。」、「即使間中吸煙或吸煙數量不多，仍是會危害健康。」

- **堅定地** —

例如：「作為你的醫生，我希望你知道，戒煙對於保障你現在及將來的健康是十分重要的。我與診所的員工都會盡力協助你。」

- **個人化** —

將求診者的身體、家庭、經濟、及社交狀況與吸煙聯繫起來，分析繼續吸煙的壞處，及戒煙的好處。

2. 問：如何使用尼古丁替代藥物？

答：有關各種尼古丁替代藥物的使用方法，除了第三章藥物篇所述外，部分國家亦會因應戒煙者的需要，同時使用多於一種尼古丁替代藥物。

## 5.2 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, “It is important that you quit smoking now, and I can help you.”, “Cutting down while you are ill is not enough”, “Occasional or light smoking is still dangerous.”

- **Be strong** —

For example, “As your clinician, I need you to know that quitting smoking is the most important thing you can do to protect your health now and in the future. The clinic staff and I will help you.”

- **Be personalised** —

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 chapter 3, some countries also adopt a combination of several forms of nicotine replacement therapy to cater for specific needs of the quitter.

3. 問：個人輔導計劃的成效如何？

答：個人輔導計劃與各種尼古丁替代藥物同樣能增加成功戒煙機會。據研究顯示，接受個人輔導計劃的成功戒煙機會比無接受輔導者為高。<sup>16</sup>

4. 問：尼古丁替代藥物會否令人上癮？

答：根據文獻顯示，極少出現吸煙者濫用尼古丁替代藥物的情況。

5. 問：孕婦和青少年可否使用尼古丁替代藥物？

答：孕婦、餵哺母乳期間的婦女和青少年戒煙應先以輔導協助，雖然尼古丁替代藥物的尼古丁含量比煙草產品少，但使用時仍可能會影響嬰兒的健康。十二歲以下小童亦不適合使用尼古丁替代藥物。

6. 問：如何舒緩退癮症狀？

答：多做帶氧運動，如步行、跑步，深呼吸；多飲水；注意均衡飲食等都可幫助舒緩退癮徵狀。（詳情可參考第 5.3 節“戒煙小貼士”）

7. 問：戒煙後體重會不會暴升？

答：戒煙後因為身體機能及味覺改善，假若不採取均衡飲食，可以引致體重急升，所以，保持適量的運動和均衡飲食是很重要的。

3. Q: How effective is individual behavioural counselling?

A: Individual behavioural counselling works as effectively as various nicotine replacement therapy in enhancing the chance of successful quitting. Researches show that participants of individual behavioural counselling enjoy a higher cessation rate than non-participants.<sup>16</sup>

4. Q: Are nicotine replacement therapy products addictive?

A: There is no significant evidence of dependence on nicotine replacement therapy products in the literature.

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 be suitable for children under the age of 12.

6. Q: How can withdrawal symptoms be relieved?

A: Aerobic activities such as walking and running, taking deep breathing exercise, plenty of water intake and a balanced diet help to relieve withdrawal symptoms. (Please see section 5.3 “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 exercise adequately and maintain a balanced diet after quitting smoking.

<sup>16</sup> Lancaster T, Stead LF. Individual behavioural counselling for smoking cessation. *Cochrane Database of Systematic Reviews* 2005, Issue 2. Art. No.: CD001292. DOI: 10.1002/14651858.CD001292.pub2.

<sup>16</sup> Lancaster T, Stead LF. Individual behavioural counselling for smoking cessation. *Cochrane Database of Systematic Reviews* 2005, Issue 2. Art. No.: CD001292. DOI: 10.1002/14651858.CD001292.pub2.

8. 問：戒煙後會否患上嚴重病患如肺癌、心臟病等？

答：戒煙只會讓身體機能恢復。只要戒煙者能保持堅定的意志，拒絕吸煙，長遠來說，患上嚴重疾病的機會與不吸煙者無異。吸煙者必須清楚知道煙草產品內含有超過 7,000 種有害化學物質及最少 69 種致癌物質。想身體健康，戒煙是必要的。

### 5.3 戒煙小貼士

在戒煙的過程中，戒煙者會不時面對煙癮的挑戰。但請記著，煙癮每次發作的時間一般只會維持幾分鐘，所以一定有辦法對付它！戒煙者可以參考以下的方法：

\*\*\*\*\*

- **拖延**

當你想買或拿起煙草產品之前，等一等！盡量把動作放慢，趁這時回想一下自己戒煙的原因。如果你真的拿了一支煙出來，請先把它握在手中並且不要點燃它。只要你能順利渡過那幾分鐘，你的煙癮就會退卻下來。

- **分散注意力**

你可以洗洗臉、聽你最喜愛的音樂、找人傾訴，讓自己冷靜下來。如有需要，可閉目養神數分鐘或做些伸展運動。

- **深呼吸、多飲水**

千萬不要小看深呼吸和飲水，這兩個簡單不過的方法同樣有助減退煙癮。

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 7,000 harmful chemical substances and at least 69 carcinogens. To enjoy good health, quit smoking.

### 5.3 Tips on Smoking Cessation

When smokers start to quit smoking, they'll still have urges for a cigarette. Remember, the craving for cigarette will last for just a few minutes and they will be able to get over it. They may refer to the following tips when they have an urge to smoke:

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- **Delay**

Whenever you want a cigarette, wait! Slow down and recall your reasons of quitting. If you are already holding a cigarette in your hand, try not to get it lighted. In a few minutes, you will get over your urge.

- **Distraction**

Wash your face; listen to your favourite music or talk to others in order to let yourself "cool down". You may also take a short break or do some stretching exercises for diverting your attention on the urge.

- **Deep Breathing and Drink Water**

Do not look down upon simple methods such as deep breathing and drinking water. These methods will help you defeat your urge to smoke.

多做幾次緩慢的深呼吸可以紓緩緊張情緒及重新提高注意力。除了對抗煙癮外，你亦要注意避免一些誘發煙癮的事物或環境：

- 避免充滿二手煙的環境及堅決拒絕別人吸煙的邀請。
- 酒精會減低你對吸煙的警覺性，所以在戒煙初期，避免飲酒。
- 避免含咖啡因的飲品，例如：咖啡、濃茶、可樂等，因為它會引發你吸煙的意欲。
- 如果你習慣在無聊和沉悶時吸煙，那麼你可以嘗試建立一些新的嗜好和興趣，例如種花、養寵物、看書、下棋、散步、做運動等，或使用社區資源和設施，如參加社區中心舉辦的課程等。



培養新興趣



保持均衡飲食

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You can relieve your stress and regain your concentration by doing breathing exercise slowly. Apart from dealing with cravings, you should also pay attention to avoid triggers:

- Avoid environment that is filled with second-hand smoke and refuse any invitation to smoke.
- Alcohol may lower your vigilance to smoking, so avoid drinking alcohol during the early stage of quitting.
- Avoid caffeine-containing drinks such as coffee, strong tea, cola, etc. These drinks may provoke cravings.
- If you used to smoke when you feel bored, why not do something else such as planting, reading, keeping pet, playing chess, jogging, doing exercise and making use of community resources, such as participating courses in community centres.



Develop new interests



Maintain a balanced diet

\*\*\*\*\*

## 5.4 基層醫療專業人員協助戒煙的實用方法

家庭醫生除了替病人治理疾病外，亦致力履行專業職責，如促進病人的健康、改變健康風險因素及預防各種疾病。<sup>17</sup> 根據世界衛生組織給協助戒煙的醫護專業人員培訓教材中指出，醫護人員其中一個角色便是協助吸煙者戒煙。<sup>5</sup> 研究亦顯示在香港的戒煙服務中，醫護人員擔當着重要角色。<sup>18</sup>

基層醫療專業人員可利用以下社區資源，為求診者提供簡要的戒煙資訊<sup>5</sup>（請參閱第 5.1 節），例如：

- 戒煙熱線
- 戒煙診所 / 中心
- 網上資源
- 免費自助教材

<sup>17</sup> 香港特別行政區衛生署基層醫療統籌處。基層醫療及家庭醫生的概念。 [http://www.pco.gov.hk/te\\_chi/careyou/concept.html](http://www.pco.gov.hk/te_chi/careyou/concept.html) (2014 年 11 月 6 日瀏覽)。

<sup>18</sup> Abdullah ASM, Hedley AJ, Chan SSC, et al. Establishment and evaluation of a smoking cessation clinic in Hong Kong: a model for the future service provider. *J Public Health* 2004; **26**: 239-244.

## 5.4 Practical Approaches for Primary Care Providers

Apart from managing illness, family doctors also aim to promote health, modify health risk factors and prevent diseases for the patients.<sup>17</sup> According to the World Health Organization's training package for primary care providers, one of the roles for primary care providers in tobacco control is assisting tobacco users to quit smoking.<sup>5</sup> Evidence also supports the significant role of healthcare professionals in smoking cessation in Hong Kong.<sup>18</sup>

Primary care providers can deliver brief tobacco interventions and make use of community resources available<sup>5</sup> (please see section 5.1 for details), such as:

- Tobacco quitlines;
- Smoking cessation clinic / centre services;
- Web-based assistance; and
- Free self-help materials

<sup>17</sup> Primary Care Office, Department of Health, HKSAR. Concept of Primary Health Care and Family Doctor. <http://www.pco.gov.hk/english/careyou/concept.html> (assessed on 6 November 2014).

<sup>18</sup> Abdullah ASM, Hedley AJ, Chan SSC, et al. Establishment and evaluation of a smoking cessation clinic in Hong Kong: a model for the future service provider. *J Public Health* 2004; **26**: 239-244.

除了 **5A's** 及 **5R's** 的輔導方法外，還有以下簡單而有效的模式，可協助求診者戒煙：<sup>5</sup>

#### 一. **AAR**：詢問（Ask）、建議（Advise）、轉介（Refer）

**詢問**求診者的吸煙狀況及記錄於病歷內。

**建議**求診者戒煙：「戒煙是你能為自己的健康所做最好的事情之一。」

**轉介**吸煙者到專業的戒煙服務機構：

- 對於願意戒煙的病人，可轉介他們到專業的戒煙服務機構（如戒煙熱線）。
- 對於沒準備戒煙的病人，可提供戒煙自助教材，並讓病人知道你可以在他準備戒煙的時候給予幫助。

#### 二. **AAA**：詢問（Ask）、建議（Advise）、行動（Act）

**詢問**求診者的吸煙狀況：

- 每次會面都詢問並記錄求診者吸煙的狀況。

**建議**戒煙：

- 以清楚明確及堅定的態度，個人化的方式建議求診者戒煙。

根據求診者的反應，作出**行動**：協助求診者訂定戒煙計劃及提供有效的戒煙方法。

When meeting the patients, other than **5A's** and **5R's** approaches, there are some suggested effective brief intervention models to help them quit tobacco.<sup>5</sup>

#### (1) **AAR: Ask, Advise, Refer**

**Ask** about tobacco use and document in the medical record.

**Advise** patients who use tobacco to quit. “Quitting is one of the best things you can do for your health”.

**Refer** to trusted resources:

- For patients who are ready to quit, provide referral to resources (such as quitline) that can provide assistance and follow-up.
- For patients who are not ready to quit, provide referral to self-help materials, and let the patients know you are available to help when they are ready.

#### (2) **AAA: Ask, Advise, Act**

**Ask** about tobacco use.

- A clinic-wide system will need to be put in place to ensure that tobacco-use status is obtained and recorded for every patient at every visit.

**Advise** tobacco users to quit.

- In a clear, strong, and personalised manner, urge every tobacco user to quit.

**Act** on patient's response, assist the tobacco user in developing a quit plan and give advice on successful quitting.



### 三.ABC：詢問(Ask)、簡明扼要的建議(Brief advice)、戒煙支援(Cessation support)

- A：詢問和記錄所有求診者的吸煙狀況。
- B：簡明扼要地建議有吸煙習慣的求診者戒煙。
- C：堅定地鼓勵吸煙者使用戒煙支援（最有效的是結合積極行為支持策略及戒煙藥物），並給予相關資訊。應轉介或提供戒煙支援予所有願意接受服務的戒煙人士。

有關 ABC 模式的詳細資料可從新西蘭衛生部獲取。<sup>19</sup>

#### 加強改變動機的工具

除了輔導外，醫護人員也可以利用以下的工具，加強吸煙者戒煙的動機：<sup>5</sup>

- 成本計算器（計算吸煙的開支及個人儲蓄）

戒煙與儲蓄：

每日買煙的支出	
每月買煙的支出	
每年買煙的支出	
每 10 年買煙的支出	

如果你戒煙，你可以節省多少金錢？ \_\_\_\_\_

你戒煙節省下來的金錢，能夠買甚麼呢？ \_\_\_\_\_

<sup>19</sup> Ministry of Health, New Zealand. The New Zealand Guidelines for Helping People to Stop Smoking. <http://www.health.govt.nz/publication/new-zealand-guidelines-helping-people-stop-smoking> (assessed on 6 November 2014).

### (3) ABC: Ask, Brief advice, Cessation support

- A - Ask about and document every person's smoking status.
- B - Give **B**rief advice to stop to every person who smokes.
- C - Strongly encourage every person who smokes to use **C**essation **s**upport (a combination of behavioural support and stop-smoking medicine works best) and offer to help them access it. Refer to, or provide, cessation support to everyone who accepts your offer.

The details of ABC model can be obtained from the Ministry of Health, New Zealand.<sup>19</sup>

#### Motivational Tools

In addition to talking to the patient, we can also use some tools to motivate tobacco users to quit.<sup>5</sup> Here are some examples:

- Cost calculators (cost of smoking calculator, personal savings calculator);

Quit & Save:

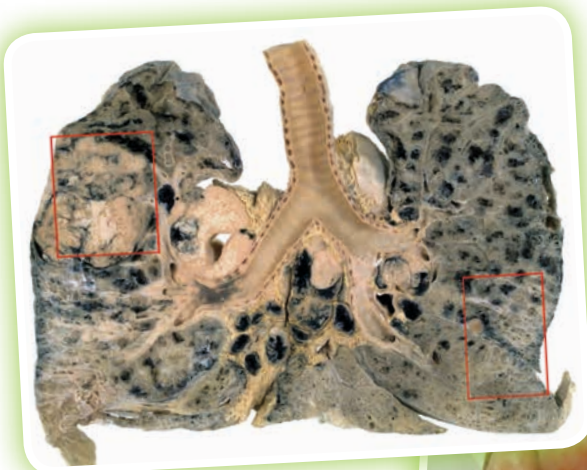
Total money spent on tobacco per day	
Amount of money spent per month	
Amount of money spent per year	
Amount of money spent in 10 years	

How much money can you save if you quit? \_\_\_\_\_

What you can buy with the money saved? \_\_\_\_\_

<sup>19</sup> Ministry of Health, New Zealand. The New Zealand Guidelines for Helping People to Stop Smoking. <http://www.health.govt.nz/publication/new-zealand-guidelines-helping-people-stop-smoking> (assessed on 6 November 2014).

- 因吸煙而引起的疾病圖片



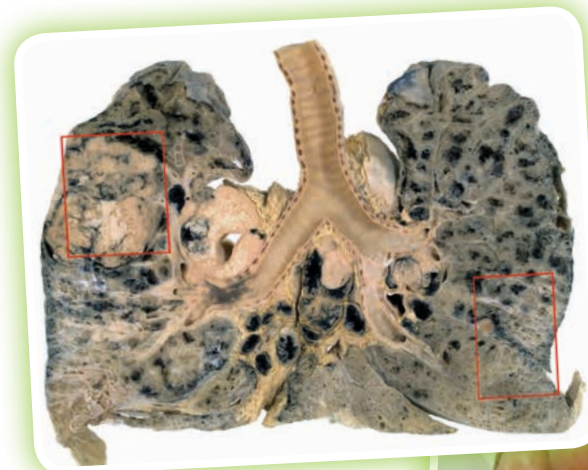
肺癌



末梢血管疾病

- 推動戒煙的工具，例如：
  - 一氧化碳量度器（請參閱第 4.2 節）
  - 肺功能測試（肺活量量度器）

- Photographs of tobacco-related disease



Lung cancer



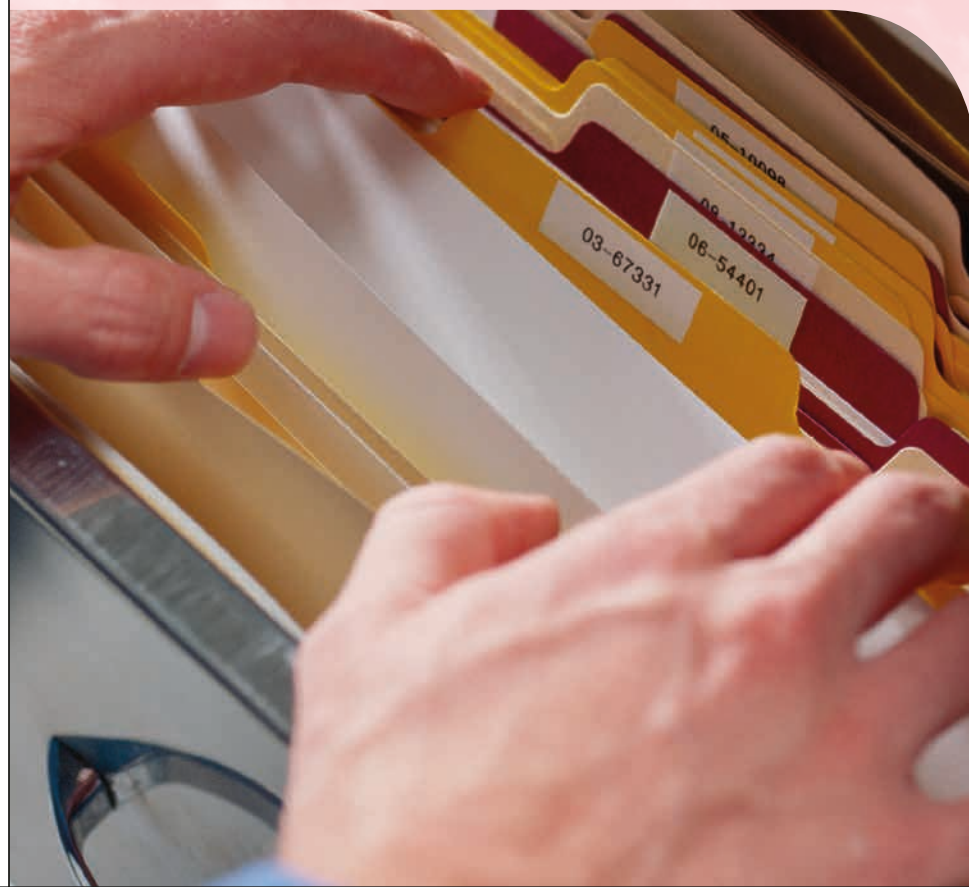
Peripheral vascular disease

- Motivational tools such as:
  - Smokerlyzer (section 4.2)
  - Pulmonary function test (Spirometer)

# 6 附錄 *Appendix*

6.1 尼古丁依賴程度測試  
*Fagerstrom Test*

6.2 衛生署戒煙服務流程參考樣本  
*Sample Flowchart of Smoking Cessation Service of  
the Department of Health*



# 6 附錄

## 6.1 尼古丁依賴程度測試

問題	選項	分數
(a) 你起床後多久才吸第一支煙？	5 分鐘 <input type="checkbox"/>	3
	6 至 30 分鐘內 <input type="checkbox"/>	2
	31 至 60 分鐘內 <input type="checkbox"/>	1
	60 分鐘後 <input type="checkbox"/>	0
(b) 當你身處非吸煙區內（例如商場、地鐵或升降機內）會否感到難於忍耐不吸煙？	會 <input type="checkbox"/>	1
	不會 <input type="checkbox"/>	0
(c) 你覺得那一支煙最難放棄？	早上第一支 <input type="checkbox"/>	1
	其他 <input type="checkbox"/>	0
(d) 起床後的數小時你吸煙的次數會否較其他時段頻密？	會 <input type="checkbox"/>	1
	不會 <input type="checkbox"/>	0
(e) 當你患病至大部分時間臥床時，你會否吸煙？	會 <input type="checkbox"/>	1
	不會 <input type="checkbox"/>	0
(f) 你每日吸多少支煙？	31 支以上 <input type="checkbox"/>	3
	21-30 支 <input type="checkbox"/>	2
	11-20 支 <input type="checkbox"/>	1
	10 支或以下 <input type="checkbox"/>	0
	總分	

# 6 Appendix

## 6.1 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	

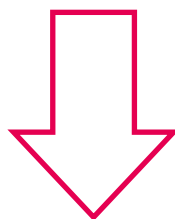
尼古丁 依賴程度分數	尼古丁 依賴程度	藥物治療
0-3	較輕	未必需要使用戒煙藥物
4-5	中等	可使用較低劑量戒煙藥物
6-10	偏高	可使用較高劑量戒煙藥物

Fagerstrom Score	Nicotine Dependence	Medication
0-3	Low	drugs may not be required
4-5	Medium	may use drugs of lower dosage
6-10	High	may use drugs of higher dosage

## 6.2 衛生署戒煙服務流程參考樣本（此樣本只供參考）

### 評估日

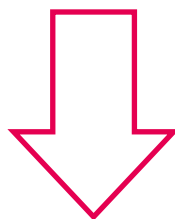
- 醫生和護士評估求診者的戒煙意欲、決心和信心。
- 如求診者已處於預備或行動期，評估他的吸煙習慣、過去戒煙經驗和是次戒煙原因等，以協助他計劃合適的戒煙方法，例如輔導或藥物治療，並訂下戒煙日期（建議最好於兩星期內開始戒煙）。
- 如求診者仍處於沉思期或沉思前期，則應以動機式訪談法和「5R's」技巧來推動他戒煙及安排日期再作跟進。



在預備期或行動期的求診者會被安排參加衛生署戒煙療程

### 跟進日（一）：即戒煙日，與評估日相距不多於兩星期

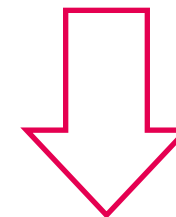
- 是日為戒煙計劃的開始，建議戒煙者向家人宣告和棄掉所有煙草產品，煙灰缸和打火機。
- 為未來戒煙的日子作準備，預計將會出現的困難，並與戒煙者訂立解決方案。
- 解釋可能會出現的退癮徵狀及其處理方法。
- 建議戒煙者考慮是否需要採用尼古丁替代療法以配合輔導療程。協助戒煙者選擇適合的尼古丁替代藥物和劑量，以及解釋治療計劃之詳情、使用方法和注意事項。



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

### Assessment Day

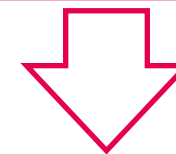
- Doctors and nurses assess the client's will, determination and confidence to quit smoking.
- For a client in the preparation / action stage, assess their pattern of smoking, previous experience on quitting smoking and the reasons to quit. Assist the clients to choose appropriate quitting methods such as counselling or pharmacotherapy and set a quit day (best to start quitting within 2 weeks).
- For a client in the contemplation / pre-contemplation stage, apply motivational interviewing and the "5R's" approach to motivate them and arrange a follow-up date.



Healthcare workers to arrange clients in the preparation / action stage to join the Smoking Cessation Programme of the Department of Health

### Follow-up Day (1) – Also known as the “Quit Day” which should be set within two weeks after the Assessment Day

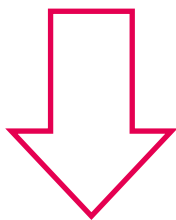
- This is the starting day of the smoking cessation plan. Advise the clients to announce the plan to family members and discard all cigarettes, ashtrays and lighters.
- To prepare for the quitting days and point out possible challenges at different stages. Advise the clients on relevant counteractions like methods to relieve cravings and refusal skills towards other smokers' offers.
- Explain the possible withdrawal symptoms and relief measures.
- When indicated, recommend nicotine replacement therapy (NRT) in addition to counselling therapy. Help the clients make appropriate choice on the type and dosage of NRT and provide detailed information on the treatment plan, usages and points to note for various medications.



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### 跟進日（二）和（三）：與戒煙日分別相距約一星期與四星期

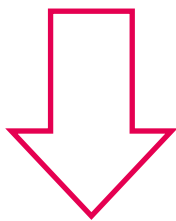
- 了解戒煙者的進度，並協助他繼續積極地面對戒煙期間遇到的困難，針對其個人需要而商討處理方法。
  - 評估戒煙者使用尼古丁替代藥物的情況，如方法、劑量及成效等。
  - 透過小組輔導形式增強戒煙者的自信心和能力，並支持他克服困難和障礙。
  - 探討均衡飲食和重整健康生活模式的重要性，如多做運動和培養良好興趣等。
- 



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### 跟進日（四）：與戒煙日相距約六至八星期

- 了解戒煙者的進度，並協助他繼續積極地面對戒煙期間遇到的困難，針對其個人需要而商討處理方法。
  - 透過小組輔導形式增強戒煙者的自信心和能力，並支持他克服困難和障礙。
  - 作防範煙癮復發的討論，如避免飲用酒精飲品和咖啡、處理壓力的技巧和控制體重的重要性。
  - 引導戒煙者反思壓力的來源，讓戒煙者找出吸煙之外一些正確處理壓力的方法。
  - 分享拒絕技巧，並鼓勵戒煙者推動身邊的親友和同事戒煙。
- 



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### Follow-up Day (2) and (3) – 1 weeks and 4 weeks respectively after the “Quit Day”

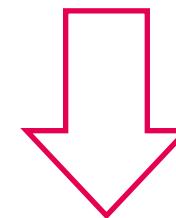
- Assess the clients' progress; assist them to handle difficulties encountered accordingly.
  - Assess the mode, dosage and effectiveness of NRT.
  - Coach and strengthen clients' confidence and skills to overcome difficulties and barriers.
  - Discuss the importance of balanced diet and healthy lifestyles. Encourage regular exercise and decent hobbies.
- 



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### Follow-up Day (4) – 6 to 8 weeks after the “Quit Day”

- Assess the clients' progress; assist them to handle difficulties encountered accordingly.
  - Coach and strengthen clients' confidence and skills to overcome difficulties and barriers.
  - Discuss relapse prevention such as avoiding alcohol and caffeinated beverages, stress management and the importance of weight control.
  - Guide the client to identify the source of pressure and figure out appropriate stress coping strategies.
  - Sharing of refusal skills and encourage the client to urge family members, friends or colleagues to quit smoking.
- 



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### 重聚日：與戒煙日相距約二十六至五十二星期

- 更新戒煙者的戒煙成績和近況。
  - 對成功的戒煙者予以讚許和鼓勵。
  - 對失敗個案予以建議和進一步的輔導安排，並指出很多吸煙者都經過多次嘗試才能成功戒煙。
  - 鼓勵戒煙者有需要時可聯絡衛生署戒煙熱線 1833 183。
  - 鼓勵戒煙者推動身邊的親友和同事戒煙，加入無煙生活的行列。
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### Reunion Day – 26 to 52 weeks after the “Quit Day”

- Follow up the clients' progress and recent smoking status.
  - Give encouragement to successful quitters.
  - Offer necessary counselling and arrangements to unsuccessful quitters, and point out that many smokers need several attempts to succeed.
  - Encourage the client to call the Department of Health Smoking Cessation Hotline 1833 183 when necessary.
  - Encourage successful quitters to urge family members, friends or colleagues to quit smoking as well.
-





Smoking Cessation Hotline  
Department of Health  
1833 183

網頁 Website : <http://www.livetobaccofree.hk/>

衛生署戒煙熱線

Smoking Cessation Hotline : 1833 183

Department of Health

