

**For information
on 8 April 2011**

**Subcommittee on the Public Revenue Protection
(Dutiable Commodities) Order 2011**

Provision and Enhancement of Smoking Cessation Services

Purpose

This paper briefs Members of our current efforts on smoking cessation in Hong Kong and the Administration's plan to expand smoking cessation services in the coming years.

Introduction

2. The Administration's tobacco control policy seeks to contain the proliferation of tobacco use and protect the public from second-hand smoke as far as possible. To this end, we adopt a progressive and multi-pronged approach comprising legislation, taxation, publicity, education, enforcement and smoking cessation. Smoking cessation is thus considered an integral part of our tobacco control measures to protect public health.

3. The Tobacco Control Office (TCO) of the Department of Health (DH) and the Hospital Authority (HA) have been actively promoting smoking prevention and cessation through providing cessation counselling telephone hotline, health talks and others health education programmes, and smoking cessation services in their respective clinics. Collaborative efforts are also undertaken with non-government organizations, academic institutions and healthcare professions to promote smoking cessation and provide smoking cessation services to the public.

4. The range of promotion, education, counselling and clinic services for smoking cessation provided are described in the next section below, and a summary table of key statistics on these services are at *Annex A*.

Current Smoking Cessation Services

Smoking Cessation Promotion and Education

5. Apart from enforcement of legislation, the TCO is responsible for health promotion and smoking cessation programmes. These include general publicity,

health education and promotional activities on tobacco control through TV and radio announcements of public interest, outdoor billboard advertisements, internet advertisements, enquiry hotline, promotion campaigns, on-line games, health education materials and seminars. The aim of these activities is to promote and educate the general public on the harmfulness of smoking, to prevent people especially younger people from picking up smoking habit, and to encourage smokers to quit smoking. A sample of these activities and materials are set out at *Annex B*.

6. In parallel, the Hong Kong Council on Smoking and Health (COSH) receives annual funding from DH to focus on promoting smoking cessation and a smoke-free living environment. COSH conducts publicity campaigns to encourage smokers to quit smoking and garner public support for a smoke-free Hong Kong. COSH has also continued its education and publicity efforts at kindergartens, primary and secondary schools through health talks and theatre programmes. The aim is to educate students on the hazards of smoking as well as how to resist the temptation of smoking and support a smoke-free environment.

Smoking Cessation Hotline and Counseling

7. DH operates a Smoking Cessation Hotline (1833 183) to provide general enquiry and counselling on smoking cessation, and coordinates the provision of smoking cessation services in Hong Kong. Clients who have the need can be referred for follow-up services in smoking cessation clinics operated by various providers including DH, HA and non-government organizations such as the Tung Wah Group of Hospitals and Pok Oi Hospital (see sub-sections below for information). Through concerted publicity efforts by the Government and non-government organizations, the Smoking Cessation Hotline is widely publicised as a source of information on smoking cessation for smokers.

8. The Smoking Cessation Hotline received 15 500 and 13 800 calls in 2009 and 2010 respectively, increased by more than three-fold from 4 335 calls received in 2008. In the first three months of 2011, the Hotline received 6 626 calls, representing some 280% increase over the same period in the previous year. Since the announcement of the proposal to increase tobacco duty by some 40%, the Hotline received an average of 189 calls per day during the first week after the Budget on 23 February 2011, a five-fold increase from the average number of calls per day in 2010. Similar pattern also happened after tobacco duty was increased by 50% in February 2009. This and similar trend of increase in demand for other smoking cessation services shows that increase in tobacco duty has a direct and positive effect in nudging smokers to contemplate quitting of smoking habits.

9. In addition to TCO, various service units in DH, e.g. the Central Health Education Unit, the Tuberculosis & Chest Service, the Elderly Health Service, and the Professional Development and Quality Assurance Service also contribute to the provision of smoking cessation service through their healthy lifestyle programmes and their health advice to patients and referrals to smoking cessation services. Currently,

there are 18 clinics under Tuberculosis & Chest Service and 18 centres under Elderly Health Service. HA operates a telephone service, providing both general enquiry and counselling services. The University of Hong Kong also provides quitline counselling service for youth and women smokers.

10. We understand that there are also healthcare professionals including doctors working in the private sector or non-government organizations who provide smoking cessation advisory services in the course of their healthcare service provision to their clients, and refer smokers to smoking cessation services. Certain healthcare professional bodies have promoted smoking cessation services among their respective healthcare professions and some have also provided training support for such.

Smoking Cessation Clinic Services

11. DH operates a total of 5 smoking cessation clinics (4 are targeting civil servants, and one is open to members of the public, list at *Annex C*). Services provided at these clinics include individual and group counselling for smokers, prescription of Nicotine Replacement Therapy (NRT) or other non-NRT medications to manage nicotine dependence. The enrolment of both public and civil servants in DH smoking cessation clinics was 567 in 2009 and 597 in 2010, representing some 80% increase since 2008. The smoking cessation rate one-year after treatment was 29.2% in 2009 which is comparable to the experience in overseas countries.

12. HA operates 3 full-time and 31 part-time smoking cessation clinics (list at *Annex C*) to provide smoking cessation services to the public through health talks, counselling and treatment. Clients are referred either by DH's Smoking Cessation Hotline or by doctors in public hospitals and clinics. Clients attending HA smoking cessation clinics, where clinically necessary according to protocol, are prescribed NRT drugs free-of-charge since August 2010. The new cases handled by HA's smoking cessation clinics was 4 156 in 2010, up from 2 109 in 2008 and 2 854 in 2009. The smoking cessation rate one-year after treatment was 49.4% in 2009 and 43% in 2010.

13. To leverage on community efforts in smoking cessation, DH has entered into a funding and service agreement with the Tung Wah Group of Hospitals (TWGHs) for the provision of a community-based smoking cessation programme. The programme, started in January 2009 with a funding of \$5 million and expanded to \$11 million in 2010-11. It covers a comprehensive range of activities and services including smoking cessation service, education for the public, training for health care professionals and research projects. There are currently four centres operating throughout the territory (list at *Annex C*) to provide free smoking cessation services. Similar to other public smoking cessation clinics, where clinically necessary NRT drugs are prescribed free-of-charge. The TWGH programme admitted 717 and 1 288 clients in 2009 and 2010 respectively, with smoking cessation rate one year after treatment at 40.3% (in 2009, figure for 2010 still being evaluated).

14. DH has also entered into a funding and service agreement with Pok Oi Hospital (POH) with effect from April 2010 for the provision of a smoking cessation pilot programme using acupuncture in Chinese Medicine. The programme, started in April 2010 with a funding of \$4 million in 2010-11, covers a comprehensive range of activities and services including smoking cessation service, education for the public and research projects. Free smoking cessation service is provided in 15 mobile clinics which serve 70 locations in different districts (list at *Annex C*). A Chinese Medicine Community Health Care Centre at Kwun Tong has been established to support these mobile clinics. The POH programme admitted 1 008 clients last year and its smoking cessation rate is still being evaluated.

15. To gain a better understanding on the need assessment and access to smoking cessation service for new immigrants and ethnic minorities, DH has commissioned the United Christian Nethersole Community Health Service to provide a Pilot Outreach Programme for the two groups, with the aim to facilitate future planning of smoking cessation service for these population groups. The Programme started in November 2010 and the results will be available in late 2011.

Enhancement of Smoking Cessation Services

16. The expenditure of the TCO in 2011-12 is estimated to amount to \$113.3 million, including \$36.6 million on enforcement and \$55.7 million for health education and cessation service. For 2011-12, there are 107 officers in DH responsible for enforcing the legislation and 14 officers in the provision of health education and cessation service. An additional \$21 million has been specifically earmarked for DH to enhance smoking cessation services in 2011-12. HA provides treatment services for smoking cessation as an integral part of its overall services provision, hence a separate breakdown of expenditure on the services is not available. However, an additional funding of \$19.6 million has been specifically earmarked in 2011-12 for HA to enhance its smoking cessation service in the primary care setting.

17. DH will further strengthen the efforts on smoking prevention and cessation with the additional \$21 million funding allocated in 2011-12. Due to constraints of venues and space, it is considered difficult to expand the smoking cessation services operated by DH. Instead, the current direction is to expand the provision of smoking cessation services by other providers, especially non-government agencies. These will include scaling up the existing community-based cessation services by TWGHs and POH. The targeted clients receiving smoking cessation service of TWGHs will be increased from 1 400 to 3 000 smokers per year, while that of POH will be increased from 1 200 to 2 000 smokers per year in the new funding and service agreement.

18. DH will also enhance smoking cessation service for young smokers. It plans to commission a non-government agency to operate a youth-oriented quit-line with trained peer counsellors, building on the experience of the quit-line services

operated by the School of Nursing of the University of Hong Kong. DH will further collaborate with other non-government organizations to organize school-based programmes to prevent students from picking up the smoking habit. DH will provide training for health care professionals in provision of smoking cessation service in the community as well as conduct researches on smoking related issues.

19. The HA will also be enhancing its smoking cessation service in 2011-12, making use of the \$19.6 million additional funding earmarked for enhancing smoking cessation in primary care services. It plans to provide smoking cessation services targeting chronic disease patients who are smokers using the chronic care model in primary care setting. The focus is to improve disease management and complication prevention through smoking cessation interventions including face-to-face behavioural support, telephone counseling, and pharmacotherapy.

20. In addition, COSH will also enhance its efforts to promote a smoke-free culture. It will organize various health promotion activities on the theme of smoking cessation by the mass media and at community levels via collaboration with the District Councils. COSH will launch a recognition scheme and identify best practice in the promotion and provision of smoking cessation programmes for employees in the workplaces.

Way Ahead

21. Smoking cessation is an integral and indispensable part of the Government's progressive and multi-pronged approach to tobacco control. We will put the focus of our next steps in tobacco control on smoking cessation. This will complement the series of tobacco control measures taken in the past few years including stepping up public education and health promotion, expanding no smoking areas to all indoor workplaces and public places, introducing smoking ban at outdoor leisure areas and indoor entertainment establishment, impose a complete ban on all forms of tobacco advertisements, tightening restrictions on packaging and sale of tobacco products, and the current proposal to increase tobacco duty.

22. Looking ahead, we will continue to explore different ways to enhance smoking cessation services for the smoker population in general, including services targeting specific groups, for instance, youth and female smokers, workplaces of industry with higher concentration of smokers, and also the elderly group. In this regard, we will continue to assess the effectiveness of different models of promoting and providing smoking cessation through objective evaluation, with a view to expanding smoking cessation in an evidence-based manner. Enhancing smoking cessation services will help sustain the momentum of tobacco control and the inclination of smokers to proactively participate in quitting smoking.

Food and Health Bureau
April 2011

Key Statistics on Smoking Cessation Services

Services	Clients served			Cessation rate		
	2008	2009	2010	2008	2009	2010
DH (hotline enquiries)	4 335	15 500	13 880	N/A	N/A	N/A
DH (clinic attendance)	329	567	597	36.7%	29.2%	N/A
TWGHs Programme (started in January 2009)	N/A	717	1 288	N/A	40.3%	N/A
POH Programme (started in April 2010)	N/A	N/A	1 008	N/A	N/A	N/A
HA (hotline enquiries)	6 782	6 778	6 844	N/A	N/A	N/A
HA (hotline counseling)	7 583	9 192	11 240	N/A	N/A	N/A
HA (clinic attendance)	2 109	2 854	4 156	N/A	49.4%	43.0%

Key:

DH Department of Health
 TWGHs Tung Wah Group of Hospitals
 POH Pok Oi Hospital
 HA Hospital Authority

N/A not available

Publicity and Promotion of Smoking Cessation Services



APIs on Promotion of Quitline (1833 183) & Announcement of Expansion of No-smoking areas



Mass Media Publicity Campaign on Expansion of No-smoking areas to Public Transport Interchanges



Health Education Talks, Roving Exhibitions and Game Booths on Smoking Cessation Services

Current Smoking Cessation Services

Smoking Cessation Clinics of DH

- Ngau Tau Kok Jockey Club Clinic #
- Chai Wan Families Clinic *
- Hong Kong Families Clinic *
- Kowloon Families Clinic *
- New Territories Families Clinic *

Note: * open for civil servants

open for general public

TWGHs Integrated Centre on Smoking Cessation

- Wan Chai
- Mong Kok
- Sha Tin
- Tuen Mun

Mobile Clinics of POH

- Tin Shui Wai
- Tseung Kwan O
- Wong Tai Sin
- Hong Kong Island
- Tsuen Wan
- Yuen Long
- Tuen Mun
- Sha Tin
- Tung Chung
- Ma On Shan
- San Po Kong
- North District
- Kwai Ching
- Kwun Tong
- Yau Tong
- Tai Po

Hospital Authority Smoking Counselling and Cessation Centre

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|----------------------|---|
| Hong Kong East | ● Pamela Youde Nethersole Eastern Hospital* |
| Hong Kong West | ● Sai Ying Pun Jockey Club General Out-Patient Clinic |
| Kowloon Central | ● Central Kowloon Health Centre |
| | ● Yau Ma Tei Jockey Club General Out-Patient Clinic |
| | ● Queen Elizabeth Hospital* |
| Kowloon East | ● Tseung Kwan O Jockey Club General Out-Patient Clinic |
| | ● Mona Fong General Out-Patient Clinic |
| | ● Kowloon Bay Health Centre General Out-Patient Clinic |
| | ● Lam Tin Polyclinic General Out-Patient Clinic |
| Kowloon West | ● Our Lady of Maryknoll Hospital |
| | ● Wang Tau Hom Jockey Club General Out-Patient Clinic |
| | ● Robert Black General Out-Patient Clinic |
| | ● East Kowloon General Out-Patient Clinic |
| | ● Li Po Chun General Outpatient Clinic |
| | ● Ha Kwai Chung General Out-Patient Clinic |
| | ● Tsing Yi Town General Out-Patient Clinic |
| | ● South Kwai Chung Jockey Club General Out-Patient Clinic |
| | ● Tung Chung General Out-Patient Clinic |
| | ● Princess Margaret Hospital Specialist Out-Patient Clinic |
| | ● Lady Trench General Out-Patient Clinic |
| | ● Cheung Sha Wan Jockey Club General Out-Patient Clinic |
| | ● Shek Kip Mei General Out-Patient Clinic |
| | ● Tai O Jockey Club General Out-Patient Clinic |
| | ● Mui Wo General Out-Patient Clinic |
| New Territories East | ● North District Hospital* |
| | ● Shek Wu Hui Jockey Club General Out-Patient Clinic |
| | ● Fanling Family Medicine Centre |
| | ● Ma On Shan Family Medicine Centre |
| | ● Yuen Chau Kok General Out-Patient Clinic |
| | ● Wong Siu Ching Family Medicine Centre |
| | ● Alice Ho Miu Ling Nethersole Hospital Specialist Out-Patient Clinic |
| New Territories West | ● Tuen Mun Hospital Ambulatory Care Centre |
| | ● Tuen Mun Yan Oi Polyclinic (Tuen Mun Community Care Centre) |
| | ● Yuen Long Jockey Club Health Centre |

**Full-Time Centre*