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Role of cessation in accelerating tobacco control and the status of cessation research in China

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Outline

- The global tobacco epidemic
- The importance of smoking cessation research in tobacco control
- Current smoking cessation research status in China
- Future directions
Global Tobacco Epidemic

- Today, 1 billion of men and 250 million of women smoke
- Nearly 2/3 of the world smokers lives in 10 countries

Smoking profile in the Western Pacific Region

With comprehensive tobacco control policy and free smoking cessation services available in the society, Hong Kong has a low smoking prevalence among the region.

<table>
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<th>Smoking prevalence (%)</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
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<tbody>
<tr>
<td>China</td>
<td>35.8%</td>
<td>57.4%</td>
<td>2.6%</td>
</tr>
<tr>
<td>S. Korea</td>
<td>29.1%</td>
<td>52.8%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Vietnam</td>
<td>24.8%</td>
<td>49.4%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Japan</td>
<td>N/A</td>
<td>43.3%</td>
<td>12.0%</td>
</tr>
<tr>
<td>Thailand</td>
<td>21.1%</td>
<td>40.2%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Singapore</td>
<td>12.6%</td>
<td>21.1%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Hong Kong</td>
<td>11.8%</td>
<td>20.5%</td>
<td>3.6%</td>
</tr>
</tbody>
</table>

Source:
(1) Census & Statistics Department, Hong Kong. Thematic household survey, report no. 36 (2008)
(2) WHO Report on the global tobacco epidemic (2008)
Situation in China

- China is the world's largest tobacco grower, cigarette producer, and consumer, with 35% of global tobacco market-share and 30% of the world's smokers.

- China’s 311 million male smokers exceed the entire population of the United States.

- Smoking prevalence by gender
  - Male: nearly 60%
  - Female: around 3 – 4%

Smoking prevalence in Hong Kong (1982 – 2010)

Reference: Hong Kong Census & Statistics Department (2008)
Prevention and cessation

Tobacco deaths (million)

Baseline

- If proportion of young adults taking up smoking halves by 2020
- If adult consumption halves by 2020

Year

WHO suggested the following six policies are effective to counter the tobacco epidemic and reduce its deadly toll.

**Monitor** - Tobacco use and prevention policies

**Protect** - People from tobacco smoke

**Offer** - Help to quit tobacco use

**Warn** - About the dangers of tobacco

**Enforce** - Bans on tobacco advertising, promotion and sponsorship

**Raise** - Taxes on tobacco

Building a Cessation System

Medical treatment

Intensive counseling

Brief Advice
Model for Treatment of Tobacco Use and Dependence

Best results
- Combine multiple sessions of counseling and medication
- Collaboratively address relapse
- Promote recycling as needed

From: Clinical Practice Guideline: Treating Tobacco Use and Dependence, U.S. DHHS, PHS, June 2000
PREVENTING EXPOSURE TO SECOND-HAND SMOKE

SOPHIA CHAN AND TAI HING LAM

Smoking Control

Helping Chinese Fathers Quit Smoking Through Educating Their Nonsmoking Spouses: A Randomized Controlled Trial

Sophia S.C. Chan, PhD, MPH, MEd, RN; Gabriel M. Leung, MD, MPH; David C.N. Wong, MSc; Tai-Hing Lam, MD, MSc
WNTD Theme in 2005 –
Health professionals against tobacco

Doctors, nurses, midwives, dentists, pharmacists, chiropractors, psychologists and all other professionals dedicated to health can help people change their behaviour. They are on the frontline of the tobacco epidemic and collectively speak to millions of people.

Dr LEE Jong-wook, former Director-General, World Health Organization (2005)
Research evidence: Healthcare Professionals can help smokers quit smoking

Patients who received smoking cessation intervention by *physicians* can increase the quit rate by 66%\(^1\)

Smokers who received smoking cessation intervention by *nurses* can increase the quit rate by 28%\(^2\)

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Participation of baccalaureate nursing schools in Mainland China and Hong Kong \((n=32)\) (Chan, Sarna et al 2008)

Building an Integrated Model of Tobacco Control Education in the Nursing Curriculum: Findings of a Students’ Survey (Chan, Wong, Lam et al)

Aim: To examine the outcome of a 2-hour introductory lecture on tobacco and health in improving the knowledge and attitudes of nursing students toward smoking and tobacco control.

Design: Cross-sectional survey using a self-administered pre- and post-lecture questionnaire

Setting & Sample: All 1st year undergraduate nursing students at the University of Hong Kong in 2002 (n=78)
Capacity building, establishing and evaluating smoking cessation clinics in China (Chan, Lam et al)

- 于广州及北京的三间医院设立戒烟门诊
  - 广州市第十二人民医院(由2006年8月开始服务)
  - 广州市胸科医院(由2008年9月开始服务)
  - 北京中国人民解放军总医院(由2008年10月开始服务)
China has ratified the WHO FCTC on 11 October 2005, and made a decision to confirm smoke-free hospitals in all provinces in 2011.
Implementation of smoke-free hospitals in China

無煙醫療衛生機構標準（試行）
一、成立控烟領導組織，將無煙機構建設納入本單位發展規劃；
二、建立健全控烟考評獎懲制度；
三、所屬區域有明顯的禁煙標識，室內完全禁烟；
四、各部門設有控烟監督員；
五、開展多種形式的控煙宣傳和教育；
六、明確規定全體職工負有勸阻吸煙的責任和義務；
七、鼓勵和幫助吸煙職工戒煙；
八、所屬區域內禁止銷售烟草製品；

無煙醫院在此基礎上還要符合以下標準
九、醫務人員掌握控烟知識、方法和技巧，對吸煙者至少提供簡短的勸阻指導；
十、在相應科室設戒烟醫生和戒烟諮詢電話。
Research on smoking cessation in China

Number of studies on smoking cessation is increasing in the past few years
Smoking cessation research in China (last 5 years)

主要研究热点（Research focus）

1. 中国居民戒烟现状 (smoking cessation situation in China)
2. 戒烟知信行调查（KAP on smoking cessation）
3. 戒烟的好处 (benefits of smoking cessation)
4. 戒烟成功相关因素 (factors associated with smoking cessation)
5. 戒烟的方法及理论 (methods and theories)
6. 戒烟药物的运用 (drug use in smoking cessation)
7. 护理干预在戒烟中的运用 (nursing intervention in smoking cessation)
Research focuses on smoking cessation in China

Research targets
• adults and adolescent (KAP, characteristics)
• patients and healthy persons
• health care professionals (KAP)

Research methods
• hospital-based
• quantitative research
• Survey and clinical trials
Research focus on smoking cessation in China

Effectiveness and availability of smoking cessation services

• Behavioral intervention
• Pharmacological intervention
• Alternative medicine

Healthcare policy review

• (MPOWER; smoke-free hospital; Workplace smoking policy)

Smoking cessation outcomes and benefits
Future Directions

- **Special target groups:**
  - Health care professionals: quitting; motivation; system
  - Women: smoking cessation, secondhand smoke exposure
  - Medical population: teachable moments
  - Elderly and youth

- **Research methods:** more RCTs, mixed methods, including qualitative research

- **Research settings:** rural vs. city; hospital vs. community

- **Best models of smoking cessation (intervention):** behavioral support (counseling vs. brief advice); quitlines; medication

- Behavioral change and quitting process
Challenges in China

- Low social norm against smoking
  - 82% smokers have never thought about quitting\(^1\)
  - Nearly 40% physicians (males) smoke\(^2\)

- Weak support from government and authority to enact/implement tobacco control policy\(^2\)

- Strong resistance from the tobacco industry\(^2\)

- Inadequate tobacco control contents are included in the curricular among medical and nursing students\(^2\)

- Relatively few hospitals offer smoking cessation services\(^2\)

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Summary & Conclusions

How to develop and test effective smoking cessation interventions?
- FCTC Article 14 is to
  - (1) encourage more people to make attempts to cease tobacco use and
  - (2) utilise effective interventions to improve success of these attempts
- Developing evidence-based effective strategies and interventions for relevant target groups
- Develop and test broad reach, low cost interventions

How to motivate health care professionals to deliver cessation interventions?
- Capacity building in KAP
- Using existing and building infra-structure
- Development of research capacity and collaboration

How to motivate smokers to quit?
- Environment; social marketing strategies; community-based
- Understanding of the quitting process- behaviour taxonomy

How to obtain more research funding
- China? International?
参考文献：

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