

PD-1350-21 The family approach to promote and support smoking cessation**A Kwong,¹ V Lai,¹ L Chu¹**¹Hong Kong Council on Smoking and Health, Hong Kong, Hong Kong. e-mail: lawrence_chu@cosh.org.hk

Background: In Hong Kong most of the smokers have never tried to quit nor wanted to use the smoking cessation services. These smokers are “hardcore” and judgmental to the smoking cessation advice. It is important to increase their cessation motives through soft and indirect promotion strategies. According to the Government statistics, nearly half of ex-smokers quitted for the considerations of family members’ goodness. Our survey showed that the top three sources of quitters’ support were spouses, children and parents. It showed that family members could play a critical role in driving and supporting smoking cessation. It is crucial to make use of their influence and empower them to mobilize smokers to quit.

Intervention: “Smoke-free family” and “smoke-free home” projects had been launched by the Council to motivate smokers to quit in past years, such as Education Theatre and Smoke-free Teens programmes. Through the activities organized in schools and community, smoke-free messages and information of smoking cessation were transmitted to the participants and their families.

Results: Over 13,000 students aged 3-15 participated in Smoke-free Teens programme in 2011 which involved 8,000 families. Together with the similar programme in previous years, nearly 30,000 families pledged to create a smoke-free home and 5,000 parents were encouraged to quit smoking by this children-to-parents approach. Over 20,000 primary 2 to 4 students joined the Education Theatre programme every year since 1995. Through the theatre performance, smoke-free worksheets were distributed to 745 students, which required to be read through and completed together with parents. Favourable effects on parents’ attitude on tobacco control, reduction of pro-smoking practices and slight reduction of SHS exposure at home were observed.

Conclusions: The success of the smoke-free family approach implied the effectiveness of soft promotion strategy to encourage smoking cessation. The family approach initiated from students is particularly effective to those families with children. The approach should be further extended to exert the influence of the other family members, especially wife and mother, to motivate more smokers to quit. In view of this, the Council introduced series of smoke-free publicity programmes in 2014-15 to establish a rigorous supportive force for smoking cessation.

PD-1351-21 Smoking cessation telephone counseling for youth: effective regardless of recruitment methods?**YW Wong,¹ HCW Li,¹ C Lam,¹ D Wong,¹ S Chan,¹ TH Lam²**¹School of Nursing, The University of Hong Kong, Hong Kong, Hong Kong, ²School of Public Health, The University of Hong Kong, Hong Kong, Hong Kong. e-mail: wongbonny@hotmail.com

Background: Proactive telephone counseling appears effective for smoking cessation in youth and passive recruitment rate has been decreasing. New recruitment methods should be adopted; however, whether effectiveness of counseling is differentiated by recruitment methods remains unclear. This study compared quitting, adherence to services, service satisfaction, and baseline characteristics among youth smokers recruited from different sources.

Design/Methods: 146 (32%) youth smokers who called the Youth Quitline of the Schools of Nursing and Public Health of The University of Hong Kong, 210 (45%) who were recruited proactively from outreach and 107 (23%) who were referred by school teachers/social workers were included. All smokers received five telephone counseling sessions at baseline and 3-day, 1- and 2-week and 1-month follow-ups. They were asked about their smoking and quitting history and related psychological and socio-demographic information at baseline. The quit rate and service satisfaction were assessed at 6-months. Logistic regression was used to examine whether recruitment methods predicted quitting adjusting for age, sex, stage of readiness at baseline, and adherence to services.

Results: At baseline, smokers recruited from school referral and outreach reported milder nicotine dependency than those who initiated the calls (referral=79% and outreach=71% vs. incoming=52%; p-values=0.001). Smokers in outreach group were also more likely to be at pre-contemplation stage than those in incoming call group (%out=26% vs. %in=12%; p=0.001). The rate of adherence to the programme was similar in the 3 groups (%ref=20% and %out=11% vs. %in=17%, p=0.55 and 0.21, respectively). The referral group were more likely to be satisfied with the service than the incoming call group (96% vs. 85%, p=0.06). The quit rate was similar in the 3 groups (%ref=32% and %out=28% vs. %in=26%, p=0.29 and 0.66, respectively). After adjustment, the school referral and outreach group were 61% (95% CI: 0.89-2.94) and 42% (95%CI: 0.71-2.86) more likely to quit than the incoming call group but the difference was not significant, probably due to small sample size.

Conclusion: Our results showed that youth smokers actively recruited had different baseline characteristics but slightly higher quit rates compared with those passively recruited. The results support active recruitment to recruit more youth smokers to increase utilisation of quitline services.