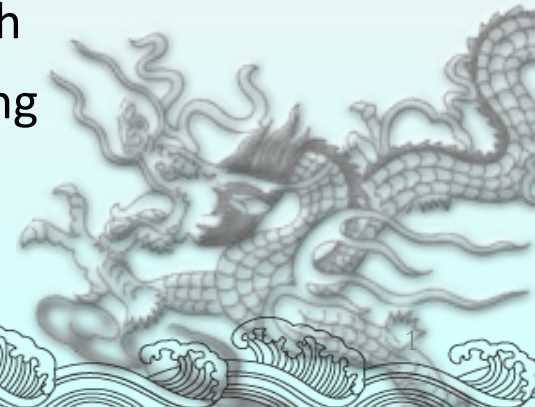




**China Tobacco Control Research Symposium- From Research to Action  
October, 2011, Lijiang, China**

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

Sophia Chan, PhD, MPH, MEd, RN, FFPH, FAAN  
Professor of Nursing and Director of Research  
School of Nursing, The University of Hong Kong



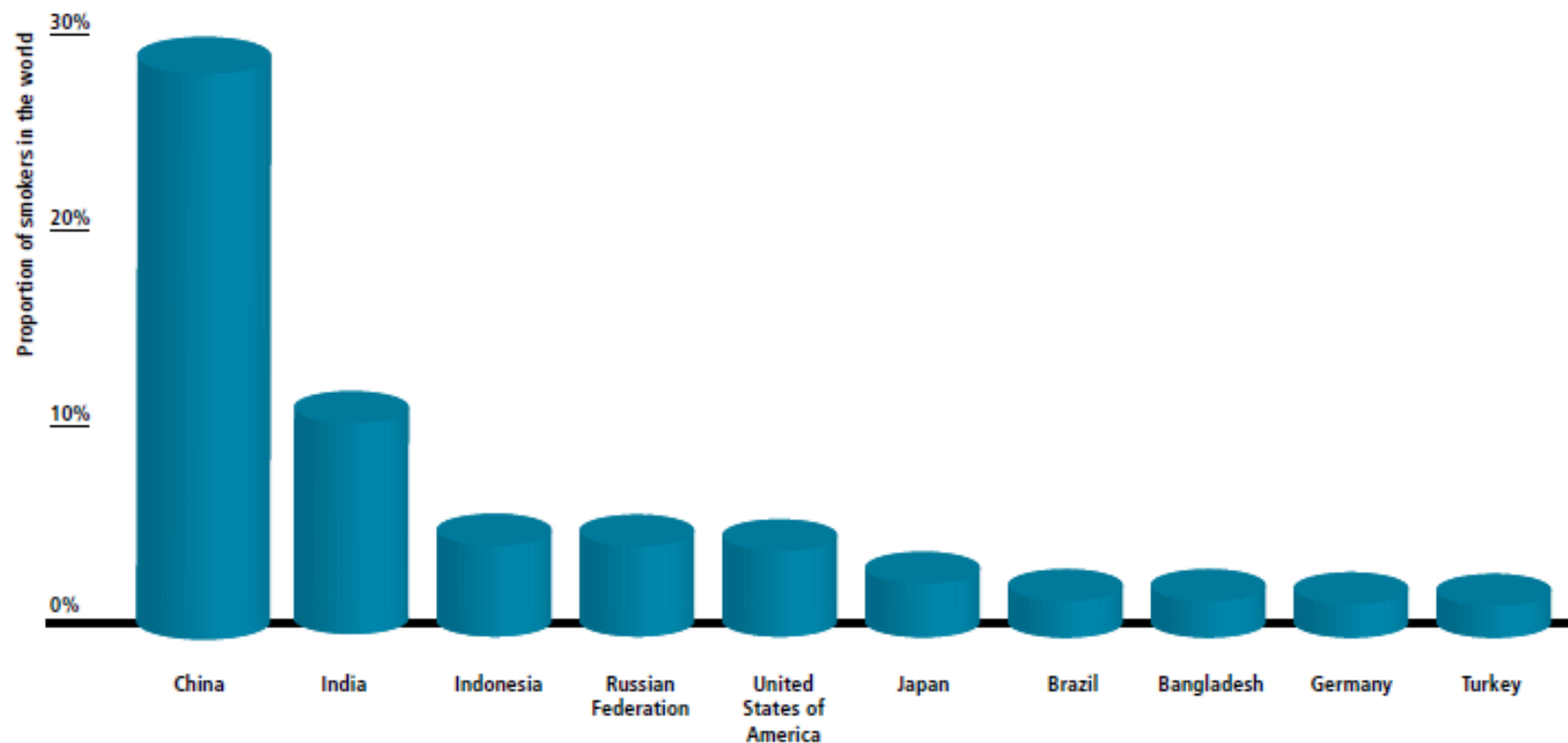
# Outline

- ◆ 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



Reference: WHO Report on the global tobacco epidemic 2008: the MPOWER package.  
Geneva, World Health Organization, 2008.

# 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

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

Source:

(1) Census & Statistics Department, Hong Kong. Thematic household survey, report no. 36 (2008)

(2) WHO Report on the global tobacco epidemic (2008)

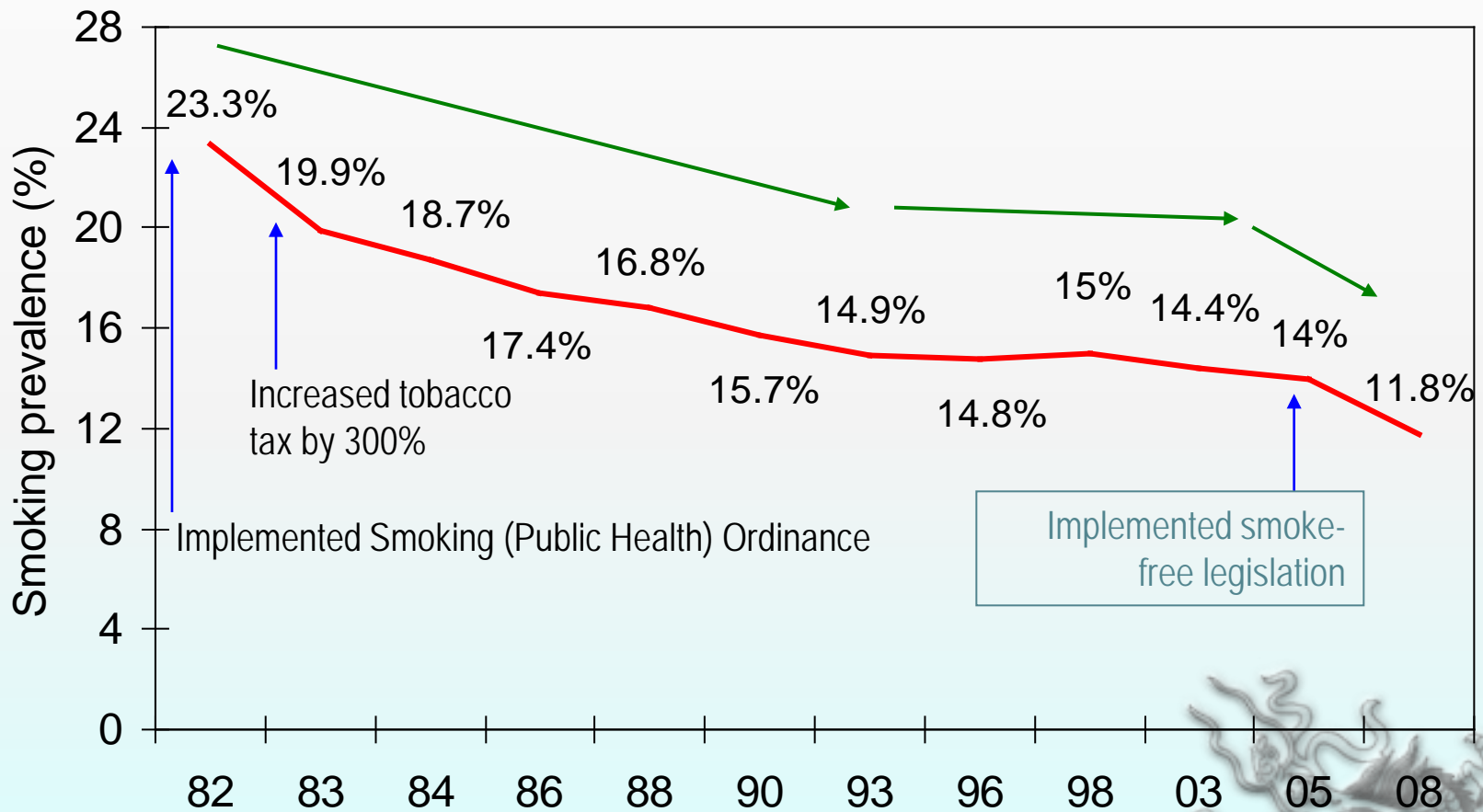
# Situation in China

- ❑ 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%



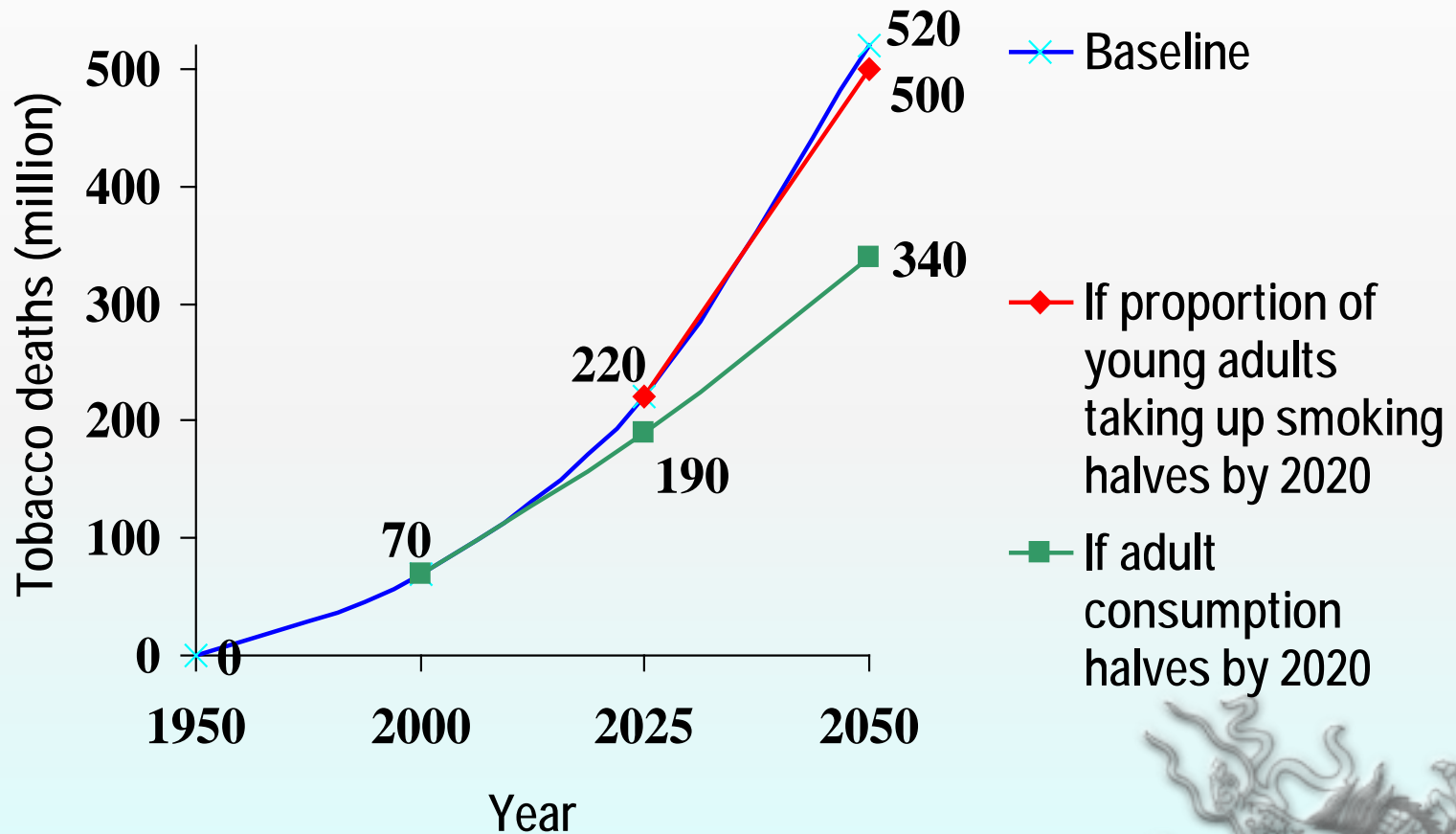
Reference: Shafey et al. The Tobacco Atlas, 3<sup>rd</sup> ed. American Cancer Society, 2009

# Smoking prevalence in Hong Kong (1982 – 2010)

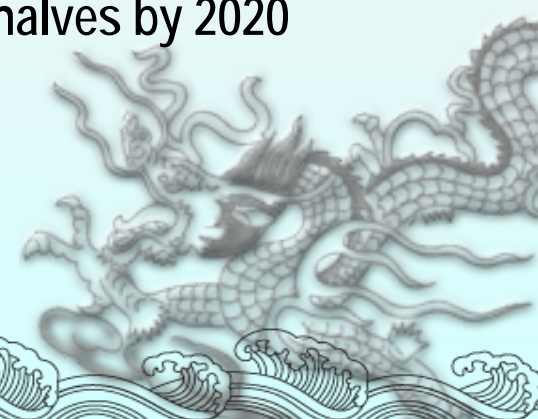


Reference: Hong Kong Census & Statistics Department (2008)

# Prevention and cessation



Source: Peto and others, 1994.



# World Health Organization (WHO) – MPOWER

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

**Monitor** - Tobacco use and prevention policies

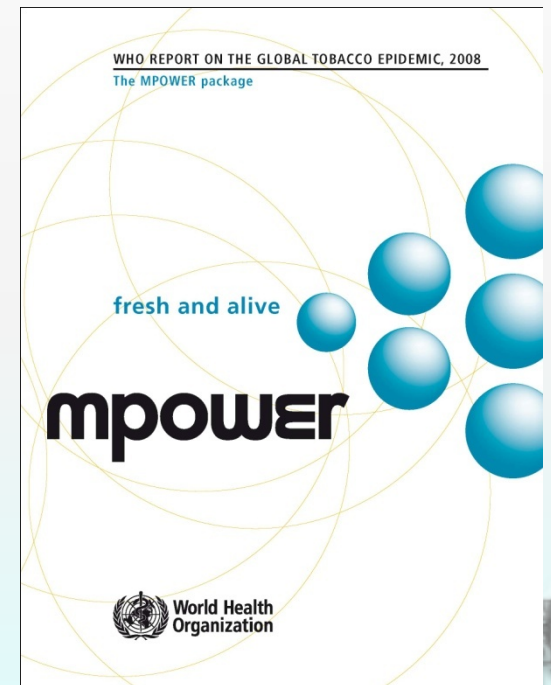
**Protect** - People from tobacco smoke

**Offer** - Help to quit tobacco use

**Warn** - About the dangers of tobacco

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

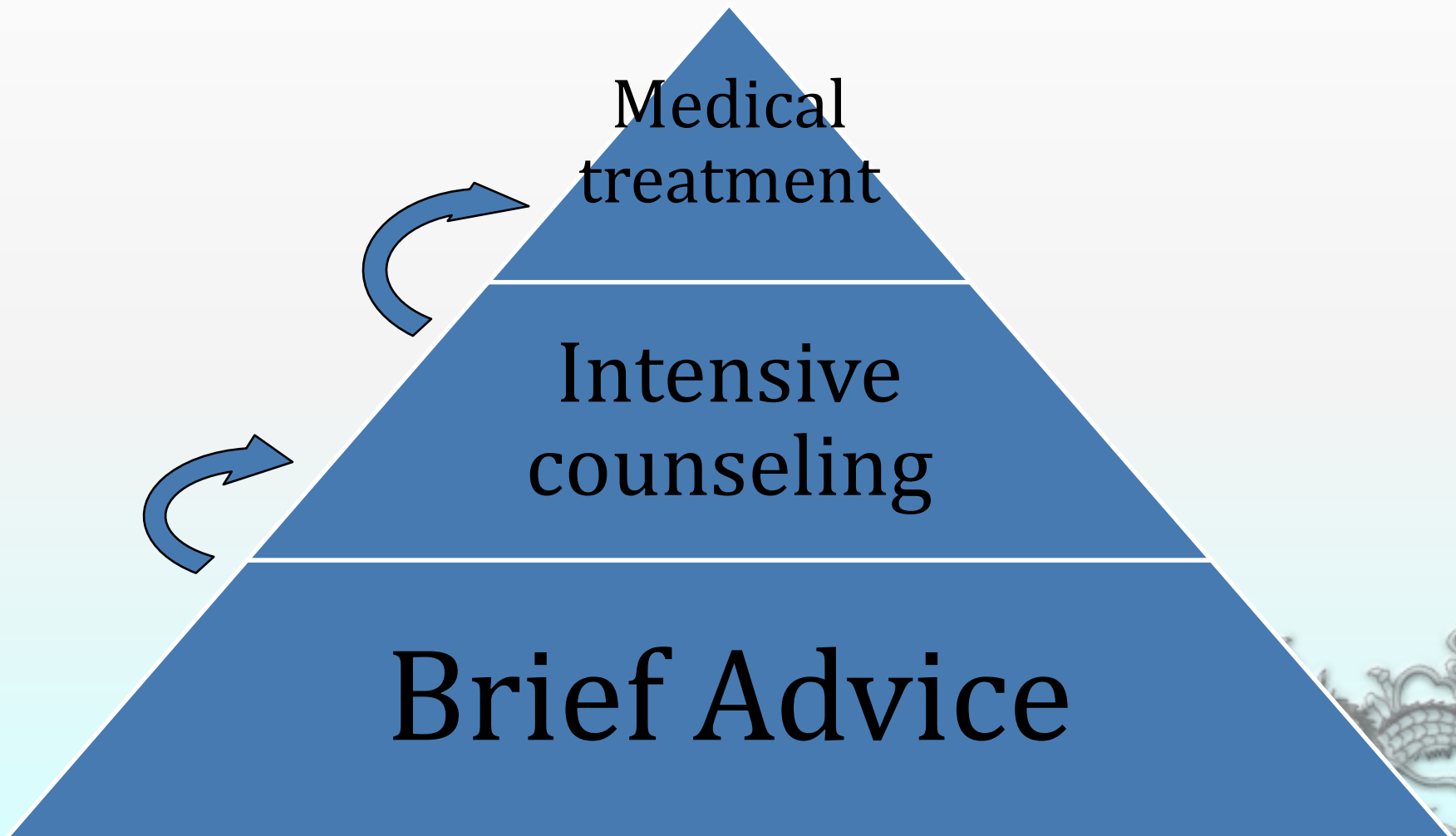
**Raise** - Taxes on tobacco



Reference: WHO Report on the global tobacco epidemic 2008: the MPOWER package.  
Geneva, World Health Organization, 2008.



# Building a Cessation System



Brief Advice

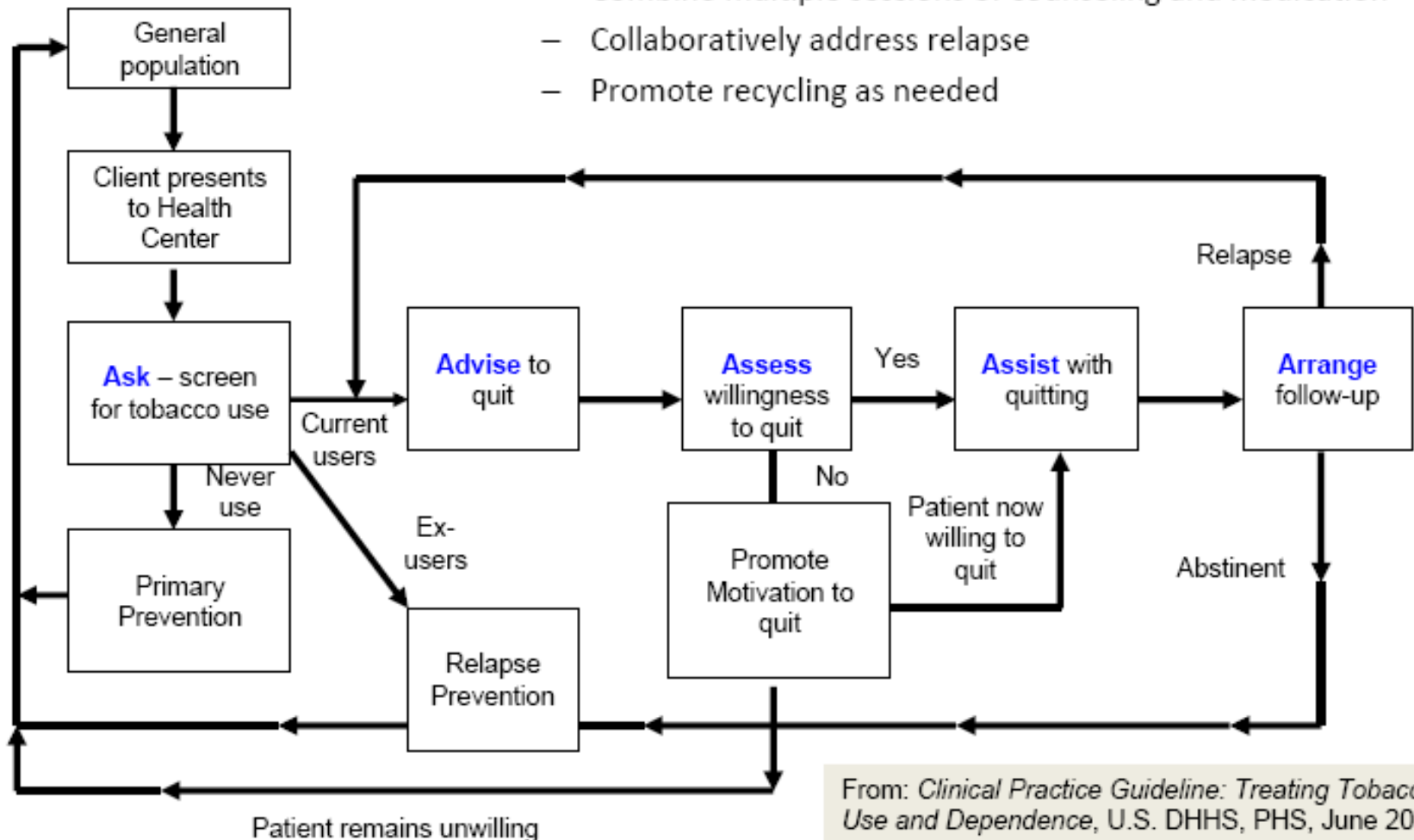
Intensive  
counseling

Medical  
treatment

# 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

# 父母吸烟逾半子女罹咳嗽

## 勸夫戒烟招數：開窗戶或帶離子女



吸夫吸烟影响健康，子女常患咳嗽哮喘等症甚或致有耳聾。



健康協會女工用招數，防止家中吸烟。

### 家有吸烟父母的子女常見疾病

疾病	患病率(%)
哮喘	51.7%
流鼻涕、打噴嚏	40.8%
患傷風	33%
哮喘發作	22%
呼吸困難	5.7%
患喉干癢	5.3%
心臟及肺	1%

**吸烟為禍** 香港大學醫學院的研究發現，家長吸烟影響子女健康。逾半子女患上咳嗽、哮喘問題，心臟加速及食慾不振等各種不同病症。研究同時發現，母親吸烟對子女健康入腦的影響，遠勝於「間歇」，例如父親吸烟僅為上癮子女健康，對他們造成或控制丈夫的吸烟則影響甚微。

香港大學醫學院的研究發現，家長吸烟影響子女健康。逾半子女患上咳嗽、哮喘問題，心臟加速及食慾不振等各種不同病症。研究同時發現，母親吸烟對子女健康入腦的影響，遠勝於「間歇」，例如父親吸烟僅為上癮子女健康，對他們造成或控制丈夫的吸烟則影響甚微。

**戒烟招數短期有效** 研究發現，這些技巧僅能短期有效。研究發現，這些技巧僅能短期有效。研究發現，這些技巧僅能短期有效。研究發現，這些技巧僅能短期有效。

**二手烟可引致肺炎** 最新研究指出，二手烟可引致肺炎。最新研究指出，二手烟可引致肺炎。最新研究指出，二手烟可引致肺炎。

研究發現，這些技巧僅能短期有效。研究發現，這些技巧僅能短期有效。研究發現，這些技巧僅能短期有效。研究發現，這些技巧僅能短期有效。

Seminars in Oncology Nursing, Vol 19, No 4 (November), 2003: pp 284-290

# PREVENTING EXPOSURE TO SECOND-HAND SMOKE

SOPHIA CHAN AND TAI HING LAM

THE SCIENCE OF HEALTH PROMOTION

### 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%<sup>1</sup>

Smokers who received smoking cessation intervention by *nurses* can increase the quit rate by 28%<sup>2</sup>



THE COCHRANE LIBRARY

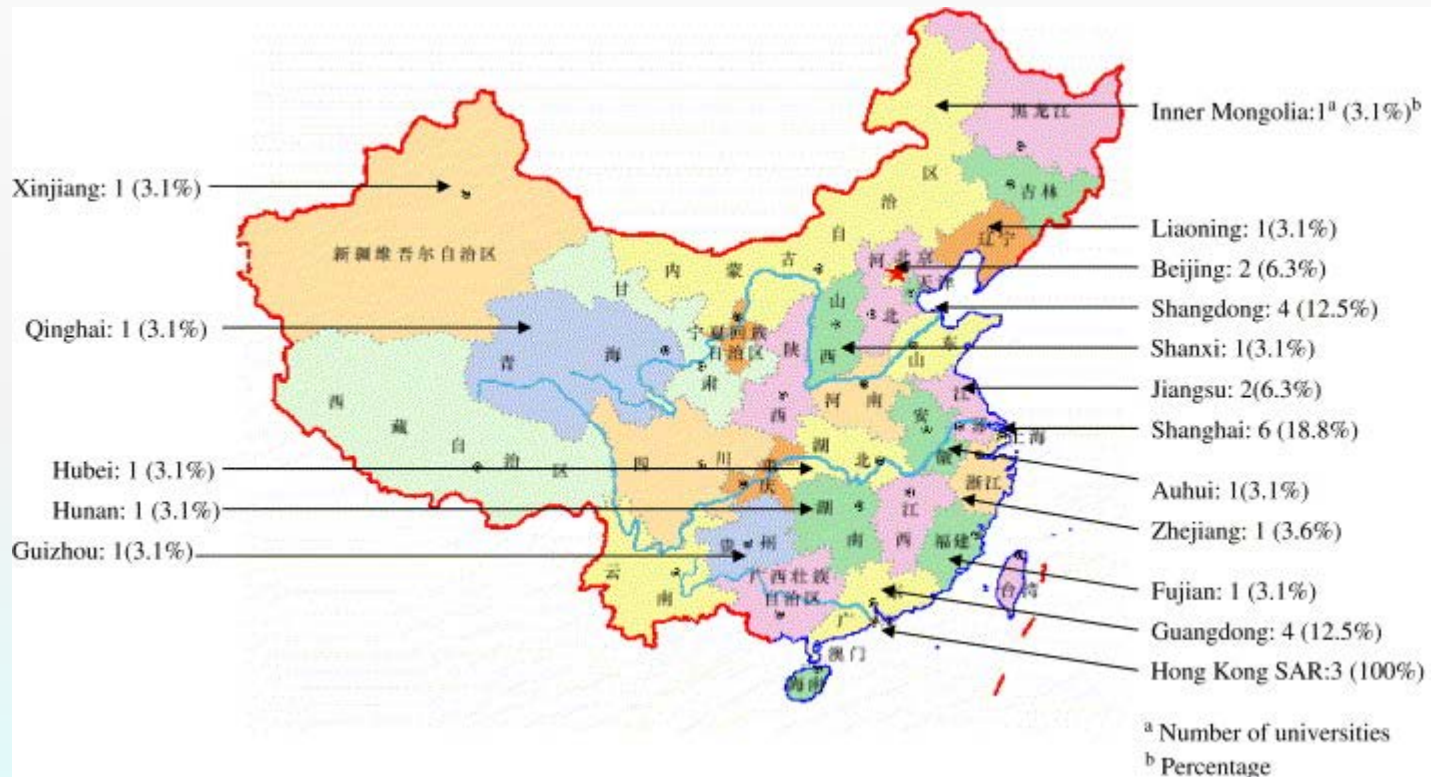
Independent high-quality evidence for health care decision making

---

<sup>1</sup> Stead LF, Bergson G, Lancaster T. Physician advice for smoking cessation. *Cochrane Database of Systematic Reviews* 2008, Issue 2. Art. No.: CD000165.

<sup>2</sup> Rice VH, Stead LF. Nursing interventions for smoking cessation. *Cochrane Database of Systematic Reviews* 2008, Issue 1. Art. No.: CD001188.

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



Ref: Int J Nurs Stud. 2008 May;45(5):706-13. Epub 2007 Mar 2.

# 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 1<sup>st</sup> year undergraduate nursing students at the University of Hong Kong in 2002 (n=78)

## RESEARCH BRIEF

### Building an Integrated Model of Tobacco Control Education in the Nursing Curriculum: Findings of a Students' Survey

Sophia S.C. Chan, PhD, RN; Winnie K.W. So, PhD, RN; David C.N. Wong, MSc; and Tai-Hing Lam, MD

# 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)



专为广州市民而设 免费戒烟服务

## 广州戒烟门诊

热线电话: 020-38665643  
quitnowhk@gmail.com  
一切资料 绝对保密

由经过专门戒烟培训的戒烟辅导专员免费为您提供量身定制的戒烟辅导:

- 讲解吸烟与健康的问题
- 解答有关戒烟的意向
- 帮助你制定适合自己的戒烟计划
- 分段采取不同干预措施
- 提供心理、社会支持
- 跟进你的戒烟情况
- 成功戒烟者可获免费的身体检查 (包括一氧化碳碳链吐量、尿酮可致学含量等)

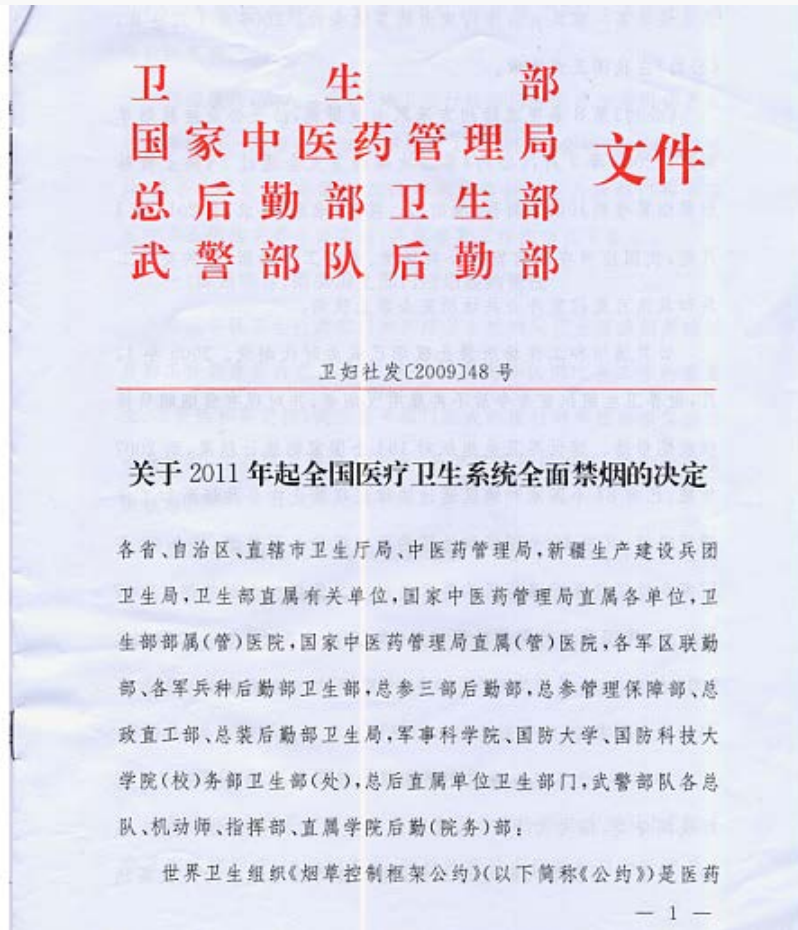
服务对象: 所有目前居住于广州的吸烟者  
医院地址: 广州市黄埔大道西关强路1号  
服务时间: 逢星期一、三、五晚上 6:30-9:00

主办单位: 广州市第十二人民医院戒烟门诊  
香港大学护理学系及公共卫生学院社会学系  
赞助: 英国癌症协会



# China has ratified the WHO FCTC

China has ratified the WHO FCTC on 11 October 2005, and made a decision to confirm smoke-free hospitals in all provinces in 2011



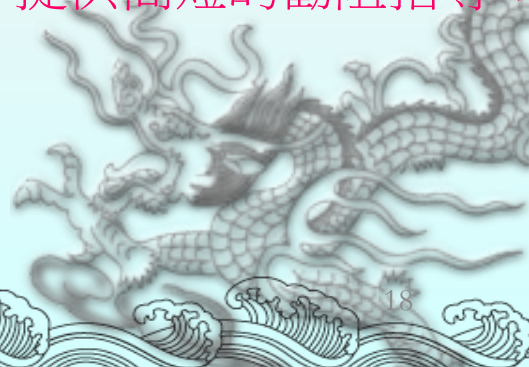
# Implementation of smoke-free hospitals in China

## 無烟醫療衛生機構標準（試行）

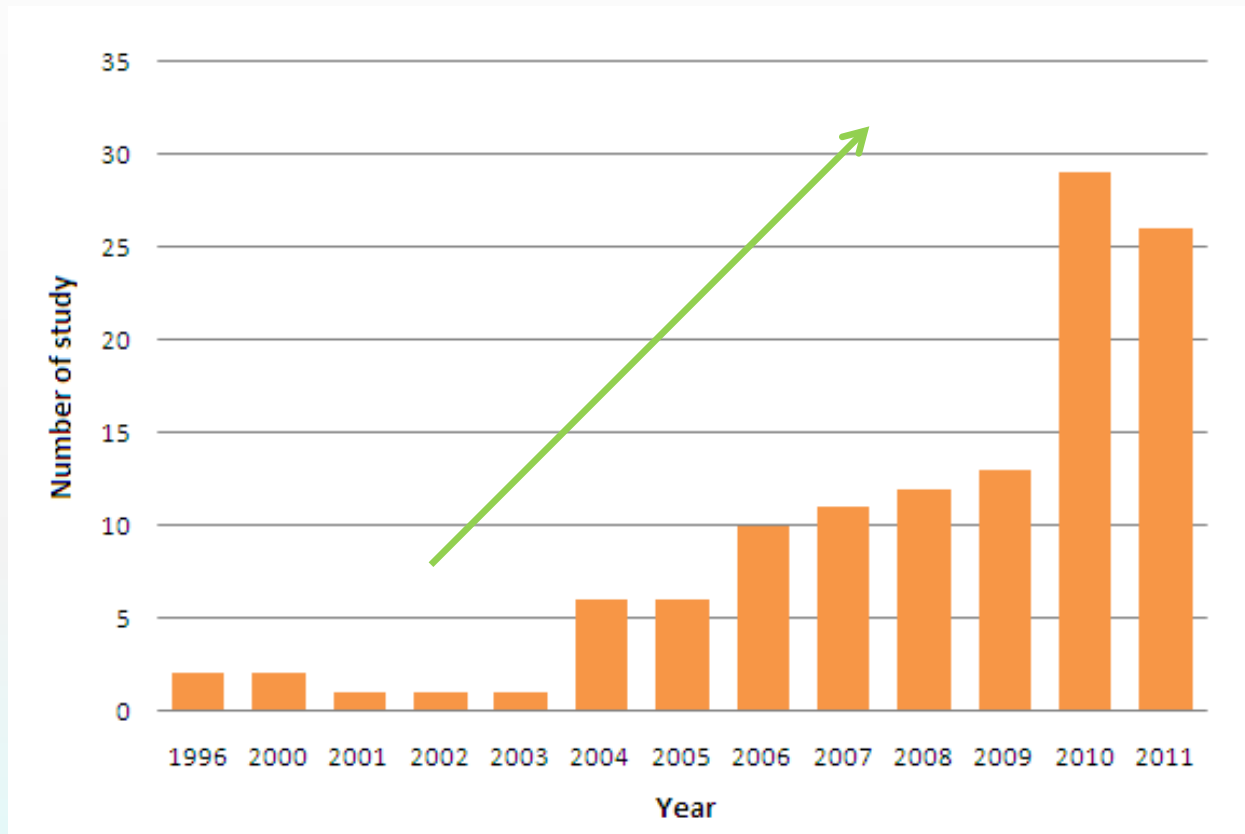
- 一、成立控烟領導組織，將無烟機構建設納入本單位發展規劃；
- 二、建立健全控烟考評獎懲制度；
- 三、所屬區域有明顯的禁烟標識，室內完全禁烟；
- 四、各部門設有控烟監督員；
- 五、開展多種形式的控烟宣傳和教育；
- 六、明確規定全體職工負有勸阻吸烟的責任和義務；
- 七、鼓勵和幫助吸烟職工戒烟；
- 八、所屬區域內禁止銷售烟草製品；

## 無烟醫院在此基礎上還要符合以下標準

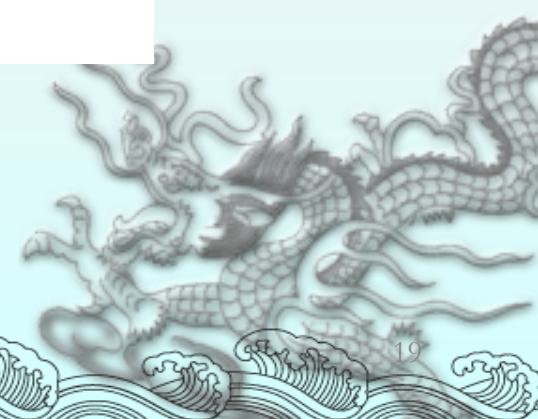
- 九、醫務人員掌握控烟知識、方法和技巧，對吸烟者至少提供簡短的勸阻指導；
- 十、在相應科室設戒烟醫生和戒烟諮詢電話。



# 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. 戒烟成功的相关因素(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)



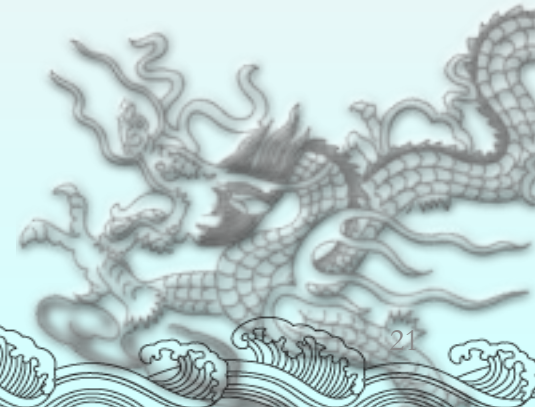
# Research focuses on smoking cessation in China

## 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

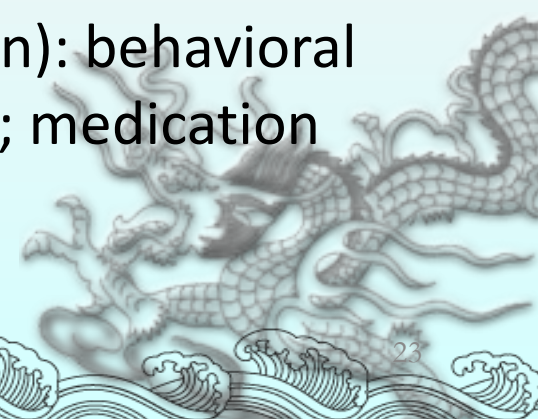
- (MPOWER; smoke-free hospital; Workplace smoking policy)

## 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**



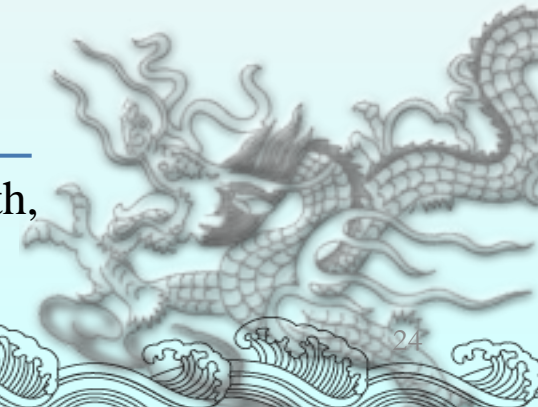
# Challenges in China

- ❑ Low social norm against smoking
  - 82% smokers have never thought about quitting<sup>1</sup>
  - Nearly 40% physicians (males) smoke<sup>2</sup>
- ❑ Weak support from government and authority to enact/ implement tobacco control policy<sup>2</sup>
- ❑ Strong resistance from the tobacco industry<sup>2</sup>
- ❑ Inadequate tobacco control contents are included in the curricular among medical and nursing students<sup>2</sup>
- ❑ Relatively few hospitals offer smoking cessation services<sup>2</sup>

---

<sup>1</sup> Center for Disease Prevention and Control, Chinese Ministry of Health, GATS China Report. Beijing: China CDC, 2010

<sup>2</sup> Liu Y, Chen L. *Lancet* (2011) 377:1218-1219





# 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?

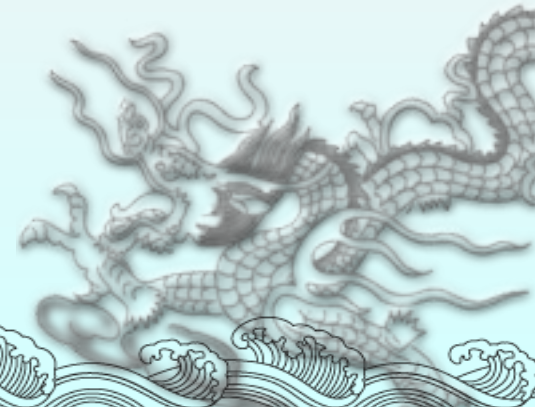
- ◆ Capacity building in KAP
- ◆ Using existing and building infra-structure
- ◆ Development of research capacity and collaboration

## 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:

1. 杨功焕&胡鞍钢.(2011) *控烟与中国未来: 中外专家中国烟草使用与烟草控制联合评估报告*. 北京: 经济日报出版社.
2. 姜垣,李新华,吴曦,等. 中国医生吸烟及戒烟行为 [J]. *中国慢性病预防与控制*,2009,17(3):224-228.
3. Xiaobing, T., Zhe, T., Jingmei, J., Xianghua, F., Xiaoguang, W., Wei, H., ... Fei, S. (2011). Effects of Smoking and Smoking Cessation on Life Expectancy in an Elderly Population in Beijing, China, 1992-2000: An 8-Year Follow-up Study. *Journal of Epidemiology*, 21(5), 376.
4. 宋欢欢,郑洪飞,刑志俐,等.戒烟对慢性阻塞性肺疾病患者临床症状的影响研究 [J]. *中国全科医学*,2011,14(2A):385-387.
5. 陈孝国, 施培华.戒烟对消化性溃疡复发治疗的影响 [J]. *南昌大学学报(医学版)*,2010,50(9):67-68.
6. 刘永欣,吕妍琨,张采红.吸烟及戒烟对健康男性动脉弹性和内皮功能的影响 [J]. *临床急诊杂志*, 2010,11(5):287-289.
7. 王小庆,孙艳,陈丽星,等.戒烟对冠心病患者血脂、血液流变学及颈动脉内膜中层厚度的影响 [J]. *广东医学*, 2009,30(11):1644-1646.
8. 陈江天,王岚,陈红.心血管病住院患者戒烟成功的影响因素分析 [J]. *临床心血管病杂志*,2010,26(9):663-667.
9. Yang, T. M., Abdullah, A. M. D. P., Mustafa, J. M. M., Chen, B. M., Yang, X. L., & Feng, X. M. (2009). Factors Associated With Smoking Cessation Among Chinese Adults in Rural China. *American Journal of Health Behavior*, 33(2), 125.
10. 陈锦辉,徐瑜,何水荣,等.福建省2006年参加国际戒烟竞赛者1个月及1年戒烟效果随访研究 [J]. *中国慢性病预防与控制*,2008,16(3):242-245.
11. 侯家祥,孙桐,周培静,等. 2008年山东省戒烟竞赛活动半年随访调查 [J]. *预防医学论坛*, 2010,16(11):985-987.
12. 卞坚强,路瑞芳,徐瑜,等. “2008年中国戒烟竞赛”福建赛区半年随访分析 [J]. *海峡预防医学杂志*, 2010,16(4):85-87.
13. 杨丽黎,钱颖,顾跃英. “五日戒烟班”效果初探 [J]. *全科医学临床与教育*,2011,9(1):104-105.
14. 赵菁,胡大一,丁荣晶,等. 心血管内科门诊戒烟服务效果分析与简化管理流程探讨 [J]. *心肺血管病杂志*, 2011,30(2):158-161.
15. 郑频频,郑力行,郭凤霞,等.基于社会认知理论的小组戒烟干预效果的2年随访评价 [J]. *卫生研究*,2008,37(1):53-56.

## 参考文献:

16. 李月清,何月好,温晓玲,等.戒烟健康教育辅以行为疗法对脑卒中患者戒烟行为的影响 [J].中国医药指南,2008,6(19):20-21.
17. 余春艳,史慧静,张珊,等.青少年戒烟的信息通信技术干预短期效果评价 [J].中国卫生学校,2010,31(12):1435-1438.
18. 高嘉宁,郑频频,高峻岭,等.组织改变理论在工厂戒烟干预中的应用研究 [J].卫生研究,2010,39(6):705-708.
19. 林永峰,孙健平.健康信念模式的社区控烟心理干预研究 [J].中国全科医学,2010,13(3A):775-777.
20. 徐磊.基层戒烟门诊应用伐尼克兰有效性研究 [J].中国初级卫生保健,2011,25(1):83.
21. 李清等.尼古丁药贴对慢性阻塞性肺疾病和肺心病患者的戒烟效果 [J].中国循环杂志,2010,25(2):114-116.
22. 彭荣立,王胜利.尼古丁舌下含片用于戒烟115例临床分析:多中心随机双盲安慰剂对照试验 [J].中国组织工程研究与临床康复,2007,11(52):10443.
23. 李君,张天亮,王斌,等.安非他酮应用于精神分裂症病人戒烟的疗效分析 [J].中国新药与临床杂志,2009,28(3):231-234.
24. 俞红霞,林江涛.缓释盐酸安非他酮联合尼古丁替代治疗对烟瘾戒断临床分析 [J].心肺血管病杂志,2008,27(4):246-249.
25. 刘红丽,叶志华,彭玲霞,等.护理干预对肺癌吸烟患者戒烟的影响 [J].护理管理杂志,2010,10(7):507-508.