HKU Youth Quitline

Introduction, Service Achievement and Prospect

May 31, 2018 (Thursday)

Dr William LI Ho-cheung

Director of the Youth Quitline Programme

Associate Professor

School of Nursing

Li Ka Shing Faculty of Medicine

The University of Hong Kong

Team members：

Prof LAM Tai-hing, Chair Professor of Community Medicine, Sir Robert Kotewall Professor in Public Health, School of Public Health

Dr Eva HO Ka-yan, Research Assistant Professor, School of Nursing

Dr Katherine LAM Ka-wai, Post-doctoral Fellow, School of Nursing

HKU Youth Quitline counsellors

Organised by:

SCHOOL OF NURSING
LI KA SHING FACULTY OF MEDICINE
THE UNIVERSITY OF HONG KONG
香港大學護理學院

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Content

- Introduction of HKU Youth Quitline
- Details of HKU Youth Quitline counselling service (Phase IV)
  - Participants' psychological status and risk behaviours
- Service achievement of HKU Youth Quitline (Phase IV)
- Prospect of HKU Youth Quitline

Introduction

Telephone Smoking Cessation Counselling Service
28559557 or 51114333(WhatsApp)

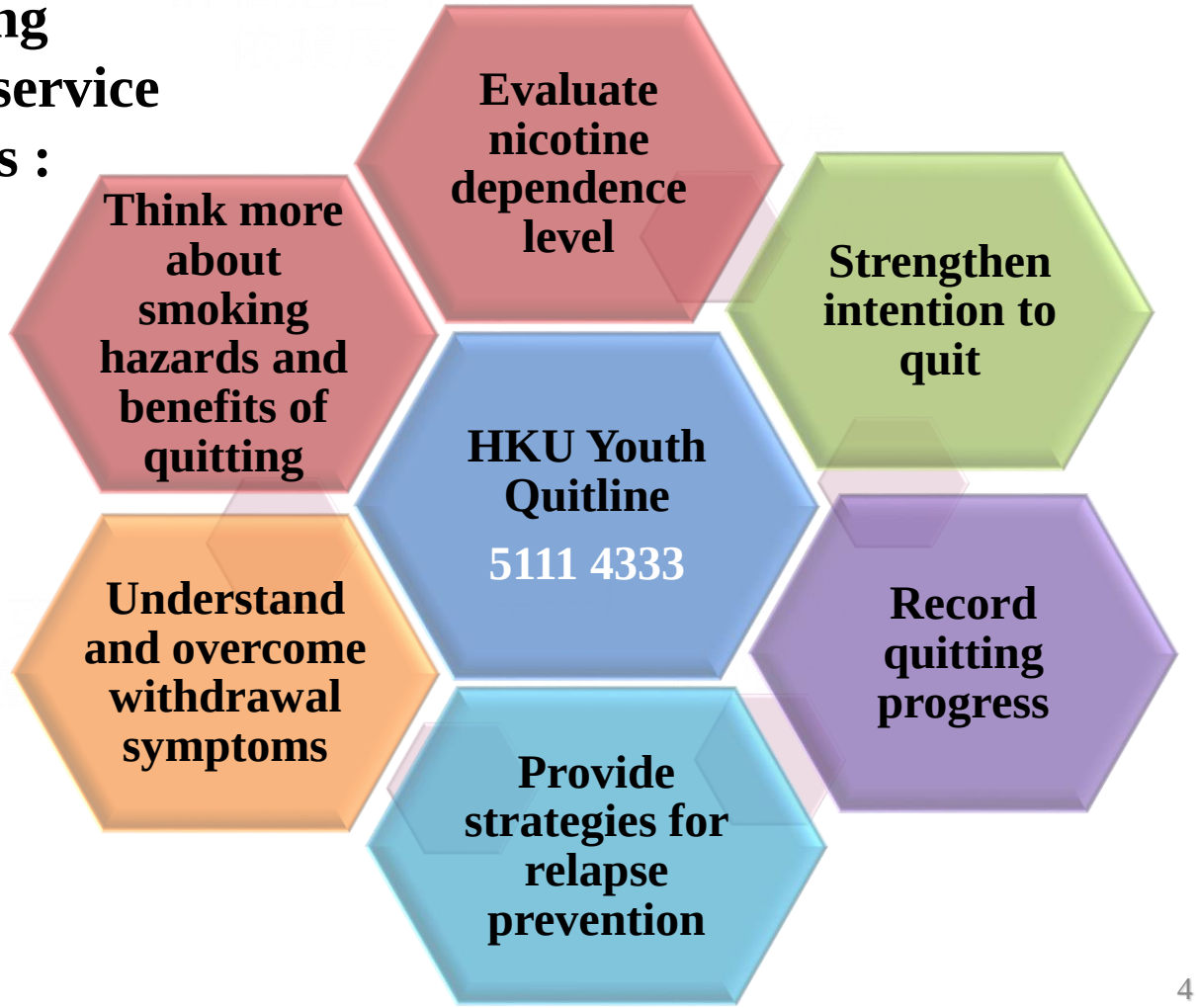
- established in August 2005
- the first smoking cessation hotline that provides smoking cessation counselling service for youth smokers aged ≤25 in Hong Kong
- funded by Tobacco Control Office Department of Health from October 2011 onwards

Aim

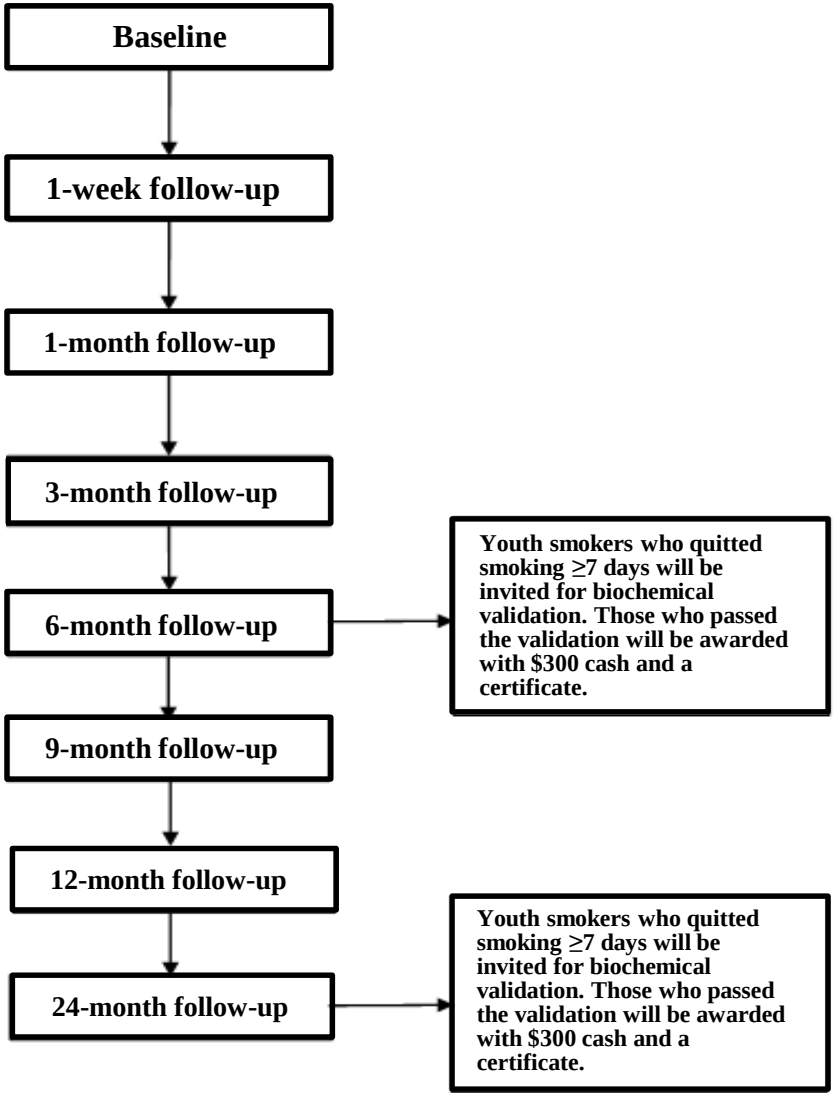
- to provide peer smoking cessation counselling service to youth smokers who intend to quit smoking. Each counselling follow-up lasts about 10 to 15 minutes
- to help youth smokers quit smoking or reduce smoking, and to prevent relapse

Telephone Smoking Cessation Counselling Content

Content of our smoking cessation counselling service covers 6 major aspects :



Telephone Smoking Cessation Counselling Service
Flow of follow-up



Telephone Smoking Cessation Counselling Service

Telephone Enquiries and Participant Count

- Since its establishment until March 31, 2018, HKU Youth Quitline has provided smoking cessation counselling **to 2,265 youth smokers** and **received 11,175 telephone enquiries**

- During its Phase IV operation (from Dec 1, 2016 to Mar 31, 2018), the hotline provided smoking cessation **counselling to 281 youth smokers** and **received 1,532 telephone enquiries**
  - 961 of the 1,532 telephone enquiries (62.7%) were related to smoking or smoking cessation

Findings from the Previous Studies

- According to the previous smoking cessation studies, the main reason for the participants to smoke is **stress**
- Apart from smoking habit, participants also had **depressive symptoms** or **habit of engaging in other risk behaviours**, such as drinking and lacking regular exercising
- Most of the participants had misunderstanding about **smoking and drinking**. They thought that **both smoking and drinking** could help them **cope with stress and negative emotions**

Focus of Services

- In light of this, smoking cessation counselling hotline is currently not only **focusing on the smoker's smoking status** and **encouraging them to quit smoking**, but also paying attention to their **overall health status** when providing smoking cessation counselling:
  - Encourage youth smokers to lead a healthy lifestyle and to avoid engaging in risk behaviours
    - E.g. avoid drinking, exercise regularly
  - Educate youth smokers on how to manage emotions
    - E.g. tips and skills on relieving stress and negative emotions

DETAILS OF HKU YOUTH QUITLINE COUNSELLING SERVICE (PHASE IV)

Phase IV (Dec 1, 2016 to Mar 31, 2018)

Demographic Characteristics of Participants
Phase IV (Dec 1, 2016 to Mar 31, 2018)

Participants

- **281** participants (Phase IV, from Dec 1, 2016 to Mar 31, 2018):
  there were 225 male participants (80.1%) and 49 female participants (17.4%)[†]

Among those participants, 160 participants have joined the service for 6 months

Sex[#]

- there were 135 male participants (84.4%) and 25 female participants (15.6%)

Age[*]

- mean age of participants was 19.4 (standard deviation= 2.7)

Marital status[@]

- the majority of participants were unmarried (n=139, 86.9%)

Employment status[^]

- Over 40% participants were full-time students who also worked as part-time employees (n=71, 44.4%)
- 30% participants were full-time students (n=48 · 30.0%)

[†]There were 7 missing data regarding the sex of participants (2.5% of the overall data)
[#]There was no missing data regarding the sex of participants. Calculations were based on the data from 160 participants who have joined the service for 6 months.
[*]There were 2 missing data regarding the age of participants (1.3% of the overall data). Calculations were based on the data from 160 participants who have joined the service for 6 months.
[@]There were 19 missing data regarding the marital status of participants (11.9% of the overall data). Calculations were based on the data from 160 participants who have joined the service for 6 months.
[^]There were 6 missing data regarding the employment status of participants (3.8% of the overall data). Calculations were based on the data from 160 participants who have joined the service for 6 months.

Smoking Profile of Participants (Baseline)
Phase IV (Dec 1, 2016 to Mar 31, 2018)

The starting age of smoking among participants[#]

- The mean was **15.1 years old**.

The number of days of smoking in the previous 30 days among participants[*]

- The mean was **25 days**.

The daily cigarette consumption among participants [@]

- The average daily cigarette consumption of participants was approximately **9.5**.

[#]There were 3 missing data regarding the starting age of participants (1.9% of the overall data). Calculations were based on the data from 160 participants who have joined the service for 6 months.

*There were 1 missing data regarding the number of days of smoking in the previous 30 days (0.6% of the overall data). Calculations were based on the data from 160 participants who have joined the service for 6 months.

[@]There were no missing data regarding the average daily cigarette consumption. Calculations were based on the data from 160 participants who have joined the service for 6 months.

DETAILS OF HKU YOUTH QUITLINE COUNSELLING SERVICE (PHASE IV) – PARTICIPANTS' PSYCHOLOGICAL STATUS AND RISK BEHAVIOURS

Phase IV (Dec 1, 2016 to Mar 31, 2018)

Level of Self-esteem of Participants (at Baseline)

Phase IV (Dec 1, 2016 to Mar 31, 2018)

Participants' level of depressive symptoms[1]

- 40% (n=64，40.0%) had levels of depressive symptoms at baseline higher than the normal range

Participants' drinking habit[2]

- 55% (n=88，55.0%) had drinking habit at baseline

Participants' exercising habit[3]

- Over 35% (n=60，37.5%) had no exercising habit at baseline

Note: [1]The Center for Epidemiologic Studies Depression Scale (Chinese version), scored from 0 to 60. A total score of 16 or above indicates having levels of depressive symptoms higher than the normal range.
[2]'Drinking habit' is defined as having drunk alcohol within the latest 30 days.
[3]'No exercising habit' is defined as not having a day with moderate-(or above) intensity exercise that was accumulated at least 30 minutes in the past 7 days.

Service Achievement of HKU Youth Quitline (Phase IV)

Telephone Smoking Cessation Counselling Helped Participants Quit smoking, Reduce Smoking or Attempt Quitting Smoking

Phase IV (Dec 1, 2016 to Mar 31, 2018)

- Among the 160 participants (whose 6-month follow-up was due)：
  - 37 participants **quitted smoking**, which accounted for 23.1% (37/160)*. The quit rate is about 3% higher than that of the previous phase (Phase III, 20.2%)
  - Compared with baseline, 32 participants **reduced their cigarette consumption at least by half**, which accounted for 26.0% (32/123) *,^
  - 82 participants **attempted to quit smoking**, which accounted for 66.7% (82/123) *,^

*Participants who were lost to follow-up were regarded as have not quitted smoking, have not reduced their cigarette consumption at least by half, or have not attempted quitting smoking. Lost to follow-up means participants who failed to be contacted after 7 call attempts at the time to follow up.
^Participants who quitted smoking were excluded from the denominators and numerators in the percentage calculations.

Achievement of Telephone Smoking Cessation Counselling Phase IV (1st Dec, 2016 to 31st Mar, 2018)

After telephone smoking cessation counselling:

- Participants' average daily cigarette consumption **decreased by 1.8**, and their levels of self-esteem **increased by 1.5 scores**.
- Among those who had levels of depressive symptoms at baseline higher than the normal range, **approximately 59% decreased their depressive symptoms**
- Among those who had drinking habit at baseline, **approximately 31% quitted drinking habit**
- Among those who had no exercising habit at baseline, **20% participated in exercise regularly**.

Missing data were processed using multiple imputation (5 imputations; 1000 maximum iteration: Predictive Mean Matching)

Prospect of HKU Youth Quitline

Prevent Youth Smokers from Relapse Smoking

Strengthen skills in preventing youth smokers from relapse smoking

One main reason for smoking relapse of youth is **stress**

Since youths are unable to find a suitable way to **ease their stress**, they use smoking as a way to cope with stress and emotions

- Strengthen coping skills for **managing emotions**
- Optimize our smoking counselling service with **technologies**
  - E.g. regularly sending messages to youth smokers via **Information and Communication Technology (ICT)** , to remind them of skills on handling withdrawal symptoms, managing stress and negative emotions

Enhancing the Awareness of HKU Youth Quitline among Smokers, Optimize the Content of Peer Counsellor Training Programme

Increase accessibility of Youth Quitline

- Deliver our publicity materials (such as leaflets, stickers, posters) to reach more communities and more youth smokers
- Enhance youth smokers' accessibility to HKU Youth Quitline, such as using social media and online platforms
- Strengthening the connection with schools and organizations: to actively approach more youth smokers via outreach programs and to invite them to join our telephone smoking cessation counselling service

Optimize the content of peer counsellor training programme

- Especially focus on training peer counsellors to teach youth smokers skills on managing emotions and leading a healthy lifestyle:
  - **Managing and coping with emotions and stress**
  - **Refrain from drinking**
  - **Engage in more exercise**

Conclusion

By doing the followings, HKU Youth Quitline can reach and help more youth smokers and deliver smoke-free messages to the wider community:

- Further strengthening the training on the areas of coping skills for managing emotions, and healthy lifestyle in the counsellor training programme, and the use of ICT in the Quitline service.
- Enhancing public awareness, strengthening the connection with schools and organisations, and exploring more outreach opportunities

Thank you!

Trends and Measures in Tobacco Control

May 31, 2018 (Thursday)

Professor LAM Tai-hing, BBS, JP

Sir Robert Kotewall Professor in Public Health

Chair Professor of Community Medicine

School of Public Health

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Content

- **Background**
- **Trends and measures in tobacco control**
  - Raising tobacco tax
  - Implementing plain packaging
  - Raising the tobacco sales age to 21
- **Prospect**
- **Conclusion**

Background

Smoking kills

1/2

(Loss: 10 years of life)

(WHO, 2008, Jha 2013)

Or even

2/3

(*Doll, et al, 2004*)

if smoking starts at young age

According to findings from the UK, US and Australia from 2012 to 2013: men/women 2/3

Quitting before the age of 40 can avoid almost all excess health risk

(*Pirie 2012, Thun 2013, Jha 2013, Banks 2015*)

Background

- Utilizing the data from **Guangzhou Biobank Cohort Study**, the University of Hong Kong, Guangzhou 12th Hospital and the University of Birmingham, UK have published a research on smoking and mortality in April 2018
- Research involved 21,658 female and 8,284 male participants (aged 50 or above) who were enrolled between 2003 and 2008, and followed up until January 2016
- Findings suggested:

  The **mortality risk of smokers** born after 1949 in Guangzhou and other regions with the longest smoking history could have reached **three fold that of non-smokers**. This finding **was consistent with the mortality risks found by research conducted in the UK, US and Australia**

(*Lam, et al, 2018*)

High relative risk of all-cause mortality attributed to smoking in China: Guangzhou Biobank Cohort Study

Tai Hing Lam[1‡], Lin Xu[2‡], Chao Qiang Jiang[3]*, Wei Sen Zhang[3], Feng Zhu[3], Ya Li Jin[3], G. Neil Thomas[4], Kar Keung Cheng[4]

1 School of Public Health, the University of Hong Kong, Hong Kong SAR, China, **2** School of Public Health, Sun Yat-sen University, Guangzhou, China, **3** Guangzhou No.12 Hospital, Guangzhou, China, **4** Institute of Applied Health Research, University of Birmingham, Birmingham, United Kingdom

‡ These authors are joint first authors on this work.
* cqjiang@hku.hk

Abstract

Background

Prediction of disease burden in China arising from smoking based on earlier cohorts in the West and China could not reflect the disease burden at the current stage accurately. No cohort studies in China focused specifically on people born since 1950. We examined the risk of all-cause mortality attributed to smoking in adults in Guangzhou, the city with the most rapidly expanding economy in China.

Methods and findings

This population-based prospective cohort included 21,658 women and 8,284 men aged 50+ years enrolled from 2003–2008 and followed until January 2016. During an average follow-up of 8.8 (standard deviation = 1.8) years, 2,986 (1,586 women, 1,400 men) deaths were recorded. After adjustment for confounders, the hazards ratios (95% confidence interval (CI)) of all-cause mortality in current versus never smokers increased from 1.61 (95% CI 1.45–1.80) in those born in 1920–1939 to 2.02 (95% CI 1.74–2.34), and 4.40 (95% CI 3.14–6.17), in those born in the 1940s and 1950s, respectively (P for trend 0.009).

Conclusions

In smokers born after 1949 in Guangzhou and other areas which have the longest history of smoking, the mortality risk could have reached three fold that of non-smokers, as in the UK, US and Australia. If confirmed, unless China quickly and strictly complies with the WHO Framework Convention on Tobacco Control with massive smoking cessation in the population, this is a more striking warning that China will be facing an even larger disease burden from tobacco use than previous forecasts.

Trends and measures in tobacco control

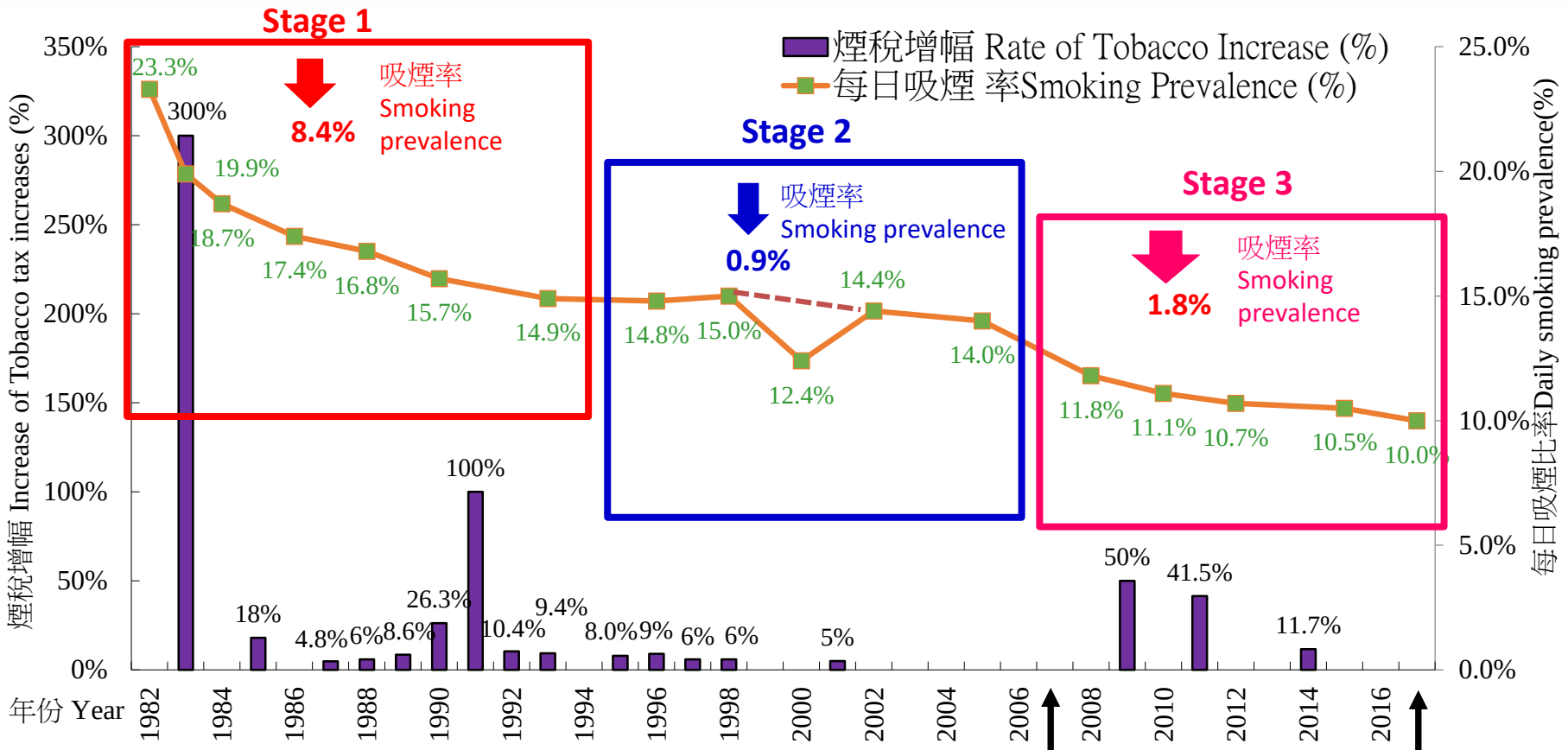
Trends and Measures in Tobacco Control
Raising Tobacco Tax

- World Health Organization suggested that **raising tobacco tax** has been shown to be **an effective measure to reduce tobacco use** in many countries and regions (including Hong Kong), and is **especially effective in preventing youth from starting to smoke**
- Raising tobacco tax is also one of the 6 tobacco control measures put forward by World Health Organization in 2008:

M	Monitor tobacco use and prevention policies 監測煙草使用與預防政策
P	Protect people from tobacco smoke 保護人們免受煙草煙霧危害
O	Offer help to quit tobacco use 提供戒煙幫助
W	Warn about the dangers of tobacco 警示煙草危害
E	Enforce bans on tobacco advertising, promotion and sponsorship 確保禁止煙草廣告、促銷和贊助
R	Raise taxes on tobacco 提高煙草稅

Source: World Health Organization & Hong Kong Council On Smoking and Health

Increase of Tobacco Tax & Smoking Prevalence in Hong Kong (1982-2017)

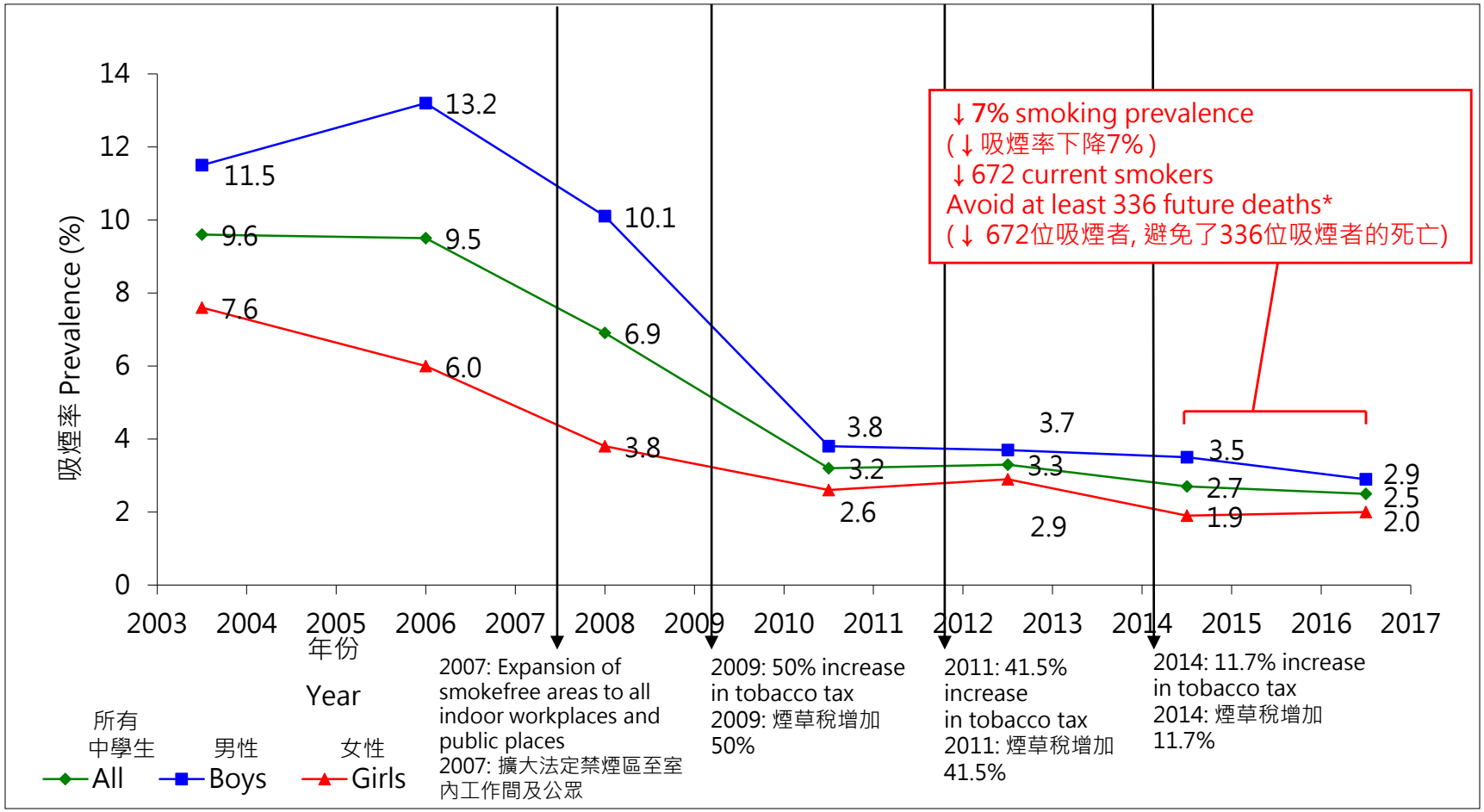


備註: 2000年吸煙率下降可能因為由「綜合性住戶統計調查」(1982-1998) 改為「主題性住戶統計調查」 (2000年起)所導致
Remark: The dip in 2000 could be the result of changing from General Household Survey (1982-1998) to Thematic Household Survey (2000-)

2007年: 室內工作間及公眾地方全面禁煙 → -2.2%
2007: Smoking ban expanded to all indoor workplaces and public places → -2.2%

2018年: 採用12款佔煙包面積八成半的煙害圖象警示
2018: adoption of 12 forms of pictorial health warning in 85% of cigarette pack area

Prevalence of current smoking in Hong Kong secondary school students



*Based on death risk of 2/3 for youth smoking, 448 future deaths will be avoided.
*以三位年輕時開始長期吸煙中有兩位會因吸煙的疾病而提早死亡的機率計算，有448位青少年的死亡可以避免。

School-based Survey on Smoking among Students 2003/4 (S1-5), 2010/11 (S1-7), 2012/13 (S1-6), 2014/15 (S1-7) and 2016/17 (S1-6)
Youth Education and Health Project 2006 (S1-5) and 2008 (S1-5)

Trends and Measures in Tobacco Control
Raising Tobacco Tax

- Retail price of cigarette packs (tax-inclusive) in other developed countries are far higher than that in Hong Kong

	Approx. retail price of cigarette packs (in $HKD)
Australia	$154
New Zealand	$133
the UK	$94
Canada	$78
Singapore	$75
Hong Kong	$57

- **However, tobacco tax in Hong Kong is only 67% of the retail price of cigarette packs, which is below 75%, the level suggested by World Health Organization**

Source: Hong Kong Council On Smoking and Health (the press release published on Feb 28, 2018)

Trends and Measures in Tobacco Control
Raising Tobacco Tax

- Other regions have already adopted long-term and continuous tobacco tax policy to increase tobacco tax

Region	Year	Annual tobacco tax increase
Australia	2013 to 2020	12.5%
New Zealand	2012 to 2020	10.0%
Hong Kong	2014	Since the last increase in 2014, the tobacco tax in Hong Kong has not been increased for 4 years

- The increase in inflation and per capita income has outweighed the increase in price of tobacco products in Hong Kong
  - According to the analysis by Dr. Hana Ross at School of Economics of University of Cape Town, South Africa, the relative price of tobacco products in 2015 is lower than that in 1991
  - Tobacco products become easier to afford, as compared to 1991
- To further reduce the smoker population, **tobacco tax** in Hong Kong **should be raised by 100%**

Source: Hong Kong Council On Smoking and Health

Trends and Measures in Tobacco Control Implementing Plain Packaging

- World Health Organization stated that **warning about the dangers of tobacco** and **enforcing bans on tobacco advertising, promotion and sponsorship** are also **effective measures to reduce tobacco use**
- They are also two of the 6 tobacco control measures put forward by World Health Organization in 2008:

M	Monitor tobacco use and prevention policies 監測煙草使用與預防政策
P	Protect people from tobacco smoke 保護人們免受煙草煙霧危害
O	Offer help to quit tobacco use 提供戒煙幫助
W	Warn about the dangers of tobacco 警示煙草危害
E	Enforce bans on tobacco advertising, promotion and sponsorship 確保禁止煙草廣告、促銷和贊助
R	Raise taxes on tobacco 提高煙草稅

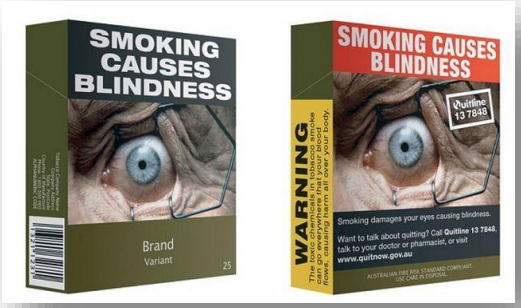
Source: World Health Organization & Hong Kong Council On Smoking and Health

Trends and Measures in Tobacco Control
Implementing Plain Packaging

Implement plain packaging — Unified packaging for all cigarette products

- Standardize the color and design of all cigarette packs
- Display of tobacco brand logo on cigarette pack is prohibited
- Brand name can only be shown in mandatory font, font size and location on the cigarette pack
- The content of the tobacco product, consumer information such as toxic constituents, and health warnings, are required to be shown on cigarette pack
- Display smoking cessation hotline on a prominent position of the cigarette pack
- Effects: removing the advertising through cigarette packs, increasing education and warning on smoking hazards, reducing attractiveness and satisfaction of tobacco products and increasing thought of smoking cessation

France, Hungary & the UK (2016), Ireland (2017); European Union (2019)
65% (front & back)



Australia (from 2012 onwards); New Zealand (2018)
90% (front), 75% (back)

Source: Hong Kong Council On Smoking and Health

Trends and Measures in Tobacco Control Implementing Plain Packaging

Regions	Requirements on the packaging of cigarette packs	Effective year
Australia	Plain packaging	2012
France	Plain packaging	2016
Hungary	Plain packaging	2016
United Kingdom	Plain packaging	2016
Ireland	Plain packaging	2017
New Zealand	Plain packaging	2017
European Union	Plain packaging	2019
Nepal	90%	2015
Vanuatu	90%	2017
Thailand	85%	2014
India	85%	2016
Hong Kong	85%	2017
Sri Lanka	80%	2015
Uruguay	80%	2010

- The implementation of plain packaging has been shown to be effective in reducing tobacco use in many regions. In light of such empirical evidence, Hong Kong should follow suit
- However, **Hong Kong is still lagging behind** in this aspect as **plain packaging has not been implemented**

Source: Hong Kong Council On Smoking and Health

HKU Youth Quitline Smoking Cessation Counselling Participants' Attitudes to Raising Tobacco Tax

- Among the participants of HKU Youth Quitline smoking cessation counselling (phase III & IV)[#]:
  - **Over 45%** agreed to double the tobacco tax (to HK$100 per cigarette pack) (45.1%, 97/215)
  - Participants suggested to raise the price of each cigarette pack to the following:

	Mean price (Standard deviation)	Median
Helping smokers to **quit smoking**	**$173.5** ($146.7)	$101.0
Helping smokers to **reduce smoking**	**$141.3** ($115.8)	$100.0

- Findings from Tobacco Control Policy-related Survey 2017 also suggested a similar trend* :
  - **Over 80%** respondents of the survey agreed to raise tobacco tax in 2018
  - The **mean price** for each cigarette pack current smokers thought would be able to help smokers to quit smoking was **$302.3,** whereas the **median price was $100.0**

[#]Missing data were excluded from percentage calculation. Data was sourced from HKU Youth Quitline smoking cessation counselling service (from Jun 1, 2015 to Mar 31, 2018).
*Source: Hong Kong Council On Smoking and Health

HKU Youth Quitline
Smoking Cessation Counselling

Participants' attitudes to implementing plain packaging and raising the tobacco sales age to 21

- Among the participants of HKU Youth Quitline smoking cessation counselling (phase III & IV)[#]:
  - Over **35%** agreed to implement plain packaging (35.7%, 74/207)[#]
  - Nearly **60%** agreed to raise the tobacco sales age to 21 (59.7%, 123/206)[#]
  - More than **45%** enquirers of HKU Youth Quitline were aged 21 or below (46.9%, 3,381/7,208)[*]

- Dr. Jonathan Winickoff (a practicing pediatrician and Assistant Professor of Pediatrics at Harvard Medical School) and statistics from "Tobacco 21" also suggested that:
  - Raising the tobacco sales age to 21 effectively reduced smoking rate in the US
  - More and more states are implementing such a policy, until now 18 states (almost 300 regions) have already raised tobacco sales age to 21

[#]Missing data were excluded from percentage calculation. Data was sourced from HKU Youth Quitline smoking cessation counselling service (from Jun 1, 2015 to Mar 31, 2018).
*Missing data were included from percentage calculation. Data was sourced from HKU Youth Quitline smoking cessation counselling service (from 2011 October when Tobacco Control Office Department of Health begin funding to Mar 31, 2018).

Prospect

Prospect

- **Raise tobacco tax** as soon as possible
- **To implement plain packaging**
- To raise the **tobacco sales age to 21**
- **To allocate more resources** for enhancing smoking cessation services and for promoting smoking cessation education among youths

Conclusion

- Raising tobacco tax is an effective tobacco control measure (especially in preventing youths from starting to smoke)
- Over **45%** participants of HKU Youth Quitline agrees to double the tobacco tax (to HK$100 per cigarette pack)
- Over **35%** participants agrees to implement plain packaging of cigarette packs
- Almost **60%** participants agrees to raise the tobacco sales age to 21

Raise tobacco tax as soon as possible

- Should also consider **implementing plain packaging** and **raising the tobacco sales age to 21**

- End -

Thank you!