## LCQ18: Smoking cessation services

Following is a question by Professor the Hon Chan Wing-kwong and a written reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (July 17):

## Question:

Regarding the smoking cessation services provided by the Government, will the Government inform this Council:

- (1) of the respective numbers of enquiries received by the Integrated Smoking Cessation Hotline 1833 183 of the Department of Health (DH) and cases requiring further referral for receiving various types of smoking cessation services in each of the past three years and this year to date;
- (2) whether it knows the cessation rate among the cases referred for receiving smoking cessation services mentioned in (1);
- (3) given that DH has collaborated with a local hospital for the provision of smoking cessation programme using traditional Chinese medicine since April 1, 2010, of the number of cases that have received smoking cessation services provided under the programme since the launch of the programme and the cessation rate among those cases; the number of cases that received smoking cessation services provided under the programme in each of the past five years;
- (4) given that DH first launched the Chinese Medicine Ear Points Patches for Smoking Cessation Trial Programme in May this year, of the implementation details of the programme, and whether it has assessed the response to the programme by people who wish to quit smoking; and
- (5) whether the authorities will allocate more resources in the future to help smokers to quit smoking; if so, of the details; if not, the reasons for that?

## Reply:

President,

To safeguard public health, the Government has been adopting a multipronged and progressive approach, including legislation, taxation, publicity, education, enforcement and promotion of smoking cessation services, in a bid to reduce the hazards caused by smoking products to the public and the society. Promoting smoking cessation is an important part of the tobacco control strategy. Through tobacco control measures and publicity and education, the Government provides smokers with incentives to quit smoking and also offers free and convenient smoking cessation services to help them quit successfully as early as possible.

Having consulted the Hospital Authority (HA), the reply to the various

parts of Professor the Hon Chan Wing-kwong's question in the ensuing paragraphs:

(1) to (3) The Department of Health (DH) co-ordinates the provision of smoking cessation services in Hong Kong and operates an Integrated Smoking Cessation Hotline (Quitline: 1833 183) to handle general enquiries and provide professional counselling on smoking cessation. The DH arranges referrals to various smoking cessation services in Hong Kong, including services provided by clinics under the HA, community-based cessation programmes operated by non-governmental organisations (NGOs), and will extend the referrals to cover all Districts Health Centres (DHCs)/DHC Expresses across the city shortly, with a view to facilitating persons quitting smoking in finding the most suitable and convenient way to guit smoking. Moreover, the DH collaborates with NGOs in providing a range of community-based smoking cessation services including counselling and consultation by doctors (including free postal services of smoking cessation medication) or Chinese medicine (CM) practitioners, and also targeted smoking cessation services for smokers among young people, ethnic minorities, new immigrants, as well as in the workplace.

Past experience from increasing tobacco duty shows that the greater the tax hike, the larger the number of calls received by the Quitline. According to figures from the DH, after the tobacco duty was increased last year, the number of calls received by the Quitline increased from about 7 400 calls in 2022 to about 9 700 calls in 2023, an increase of more than 30 per cent. During the period from the announcement of the tobacco duty increase in this year's Budget to July 2, the Quitline has received 4 475 calls, meaning an average of 249 calls per week, which is more than double the average number of calls per week (114) in the preceding three months before the duty increase. This demonstrates that smokers' willingness to consider to quit smoking has increased significantly in recent years as a result of various tobacco control measures implemented by the Government. The number of enquiry calls received by the Quitline from 2021 to May 2024, and the number of referrals to various smoking cessation services are set out at Annex I.

In addition to referrals through the DH's Quitline, many smokers will also choose to seek smoking cessation services directly or may receive referrals for smoking cessation services through other channels. From 2021 to 2024 (the first five months), there were respectively 25 965, 20 406, 27 715 and 11 632 (provisional figures) smokers each period receiving smoking cessation services provided by the Quitline, cessation clinics under the HA, and community-based programmes operated by NGOs.

The quit rates recorded by different smoking cessation programmes vary due to differences in target groups and treatment methods (for example counselling, pharmacotherapy and CM and acupuncture). Smokers should choose the smoking cessation service/method that best suits their personal needs in order to successfully quit smoking. Generally speaking, for users of the above smoking cessation services, the quit rates (i.e. the percentage of service users who self-reported to have stayed quit in the past seven days) at 52 weeks after the quit date ranged from 20 per cent to 60 per cent between 2021 and 2023, which were comparable to those in overseas countries.

As for CM smoking cessation services, since the launch of such services by the DH and Pok Oi Hospital (POH) on April 1, 2010, free smoking cessation services with CM and acupuncture have been provided to more than 15 000 smokers, with quit rates at 52 weeks close to 25 per cent in 2022. The number of cases receiving CM smoking cessation services in each of the years from 2019 to 2023 is at Annex II.

(4) Since 2021, the DH has launched the Quit in June campaign to promote smoking cessation services and one-week nicotine replacement therapy trial packs have been distributed for free at more than 250 designated community pharmacies, smoking cessation clinics and DHCs/DHC Expresses with a view to encouraging smokers to attempt quitting. This year, a trial programme on the use of CM ear-point patches for smoking cessation is introduced under the campaign, which involves the application of ear-point patches on the surface of the smoker's ear(s) to stimulate relevant ear points. Prospective quitters may try out such service at 46 designated POH CM clinics (covering more than 200 locations).

After the rollout of the Quit in June campaign this year, the number of telephone enquiries received by the Quitline has risen sharply. So far, over 2 000 trial packs of nicotine replacement therapy and over 250 trial packs of CM ear-point patches have been distributed. Most of the smokers who have tried the ear-point patches consider them useful in relieving the withdrawal symptoms, showing a very positive response. Due to the short launch time of the service, there is no concrete evaluation data yet.

(5) Promoting smoking cessation is one of the key components of the Government's overall tobacco control strategies. Various types of smoking cessation services have been provided by the Government, with the concept of facilitating every quit attempt. Moreover, the Government has been publicising to the public the hazards of smoking and the message of smoking cessation in the hope that smokers will consider quitting smoking, thereby achieving the aim of safeguarding public health.

The Government has announced in June this year the plan to introduce 10 tobacco control measures in the short term. Among these initiatives, the Government has proposed to strengthen smoking cessation services as well as publicity and education through measures such as increasing the number of smoking cessation service points, enhancing CM smoking cessation services, offering smoking cessation services through DHCs under a case-management model, enhancing smoking cessation training for primary healthcare practitioners, using mobile applications to assist smoking cessation, and incorporating more elements related to smoking hazards into regular curriculum of schools.

In this connection, the DH has subvented two more service providers (up from two to four in total) since last year to operate smoking cessation clinics focusing on counselling and pharmacotherapy. The number of smoking cessation clinics has increased from 10 to 17, including two additional mobile clinics. The total service attendance is expected to be increased by about 40 per cent. On enhancing CM smoking cessation services, the DH will continue to collaborate with local NGOs to bring in more smoking cessation

service providers of CM and acupuncture, and increase the number of service centres/clinics. The DH also plans to publish later this year a clinical guide applicable to Hong Kong on smoking cessation with CM and acupuncture, so as to provide guidance for clinical CM practitioners and professionals on the scientific knowledge, assessment and application of acupuncture for smoking cessation.

In addition, based on the framework of the Life Course Preventive Care Plan, medical professionals of DHCs/DHC Expresses in the 18 districts draw up personalised health plans for the public based on their age, gender, lifestyle, smoking habits and other factors to implement recommendations and healthy habits, such as providing smokers with smoking cessation counselling services, information on smoking cessation medication, and referral to relevant services of smoking cessation clinics for persons in need.

Besides, the HA will enhance the training of healthcare staff on the knowledge about smoking cessation, and encourage frontline healthcare staff to proactively identify patients with smoking habits and assist them to quit smoking. Manpower will also be deployed to strengthen smoking cessation counselling services as necessary to safeguard the public health.

On education, the DH has subvented the Hong Kong Council on Smoking and Health and NGOs to co-organise promotion, publicity and education programmes at schools and in the community, as well as promotion and publicity projects targeting specific populations or sectors, with a view to raising students' and the public's awareness of the hazards of smoking, second-hand smoke and third-hand smoke while fostering an atmosphere conducive to smoking cessation.

The Government will continue to step up the work on smoking cessation and explore various tobacco control measures in the medium and long term in order to eliminate the social hazards posed by tobacco products in all aspects and protect the health of the public under a progressive and multipronged approach.