

Information Note on Smoking Cessation

Smoking Cessation is Life-saving

Smoking is the leading preventable cause of mortality and morbidity in our population. Lung cancer caused the highest mortalities among all cancers¹. Heart and cerebrovascular diseases ranked the third and the fourth respectively, in the number of deaths from all causes in 2020². At least half of all smokers were killed by their cigarettes³. Being a major risk factor for cancers and various systemic diseases⁴, smoking is also a significant risk factor for dental complications^{5,6}. There is conclusive evidence showing that smoking causes diseases in nearly every organ and system of the body⁴.

Example of Organs and Systems Affected by Smoking ⁴	
Heart Coronary heart disease	Vascular Peripheral vascular disease, aortic aneurysm
Eye Cataracts, age-related macular degeneration	Brain Stroke
Head and neck Periodontitis, cancer of oropharynx, cancer of larynx	Lung Lung cancer, COPD, tuberculosis, asthma
Alimentary tract Cancer of esophagus, stomach, liver, pancreas, colon and rectum	Reproductive Erectile dysfunction in men, ectopic pregnancy and reduced fertility in women, and orofacial clefts
Urinary Cancer of kidney, ureter and bladder	Blood Acute myeloid leukaemia
Endocrine Diabetes	Autoimmune Rheumatoid arthritis

2. In spite of the substantial risks, more than 65% of daily smokers in Hong Kong have never attempted to quit. In 2019, less than 5% of current smokers have ever used smoking cessation services⁷.

Smokers are More Vulnerable to COVID-19

3. Smoking is associated with increased risk of progression to severe diseases (i.e. requiring mechanical ventilation or intensive care) and deaths in hospitalized COVID-19 patients^{8,9}. Patients with COPD and cardiovascular diseases, which are strongly associated with smoking, are at higher risk of severe COVID-19^{10,11}.

Cessation is Beneficial at All Ages

4. Quitting is beneficial to smokers of all ages and brings immediate and long-term health benefits¹². It significantly reduces risk of smoking related illnesses, and prevents disease progression and mortality in persons with chronic illness.

Immediate and Long Term Benefits of Quitting

- **Within 12 hours**
 - Carbon monoxide level in blood drops to normal¹³
- **Within 2 to 12 weeks**
 - Circulation and lung function improves¹³
- **After 1 to 9 months**
 - Coughing and shortness of breath decrease¹³
- **After 1 to 5 years**
 - The risk of **coronary heart disease** is reduced by 50%¹⁴
 - The risk of **stroke** is reduced to the level of never smokers¹⁵
- **After 5 to 10 years**
 - The risk of **lung cancer** is reduced by 50%, and will be further reduced with continued cessation¹⁵
 - The risk of acute myeloid leukaemia, **cancer** in stomach, pancreas, cervix, colon/rectum, liver, and kidney is reduced by various degree¹⁴
 - The risk of **developing diabetes** is reduced to that of never smokers¹⁶
- **After 10-15 years**
 - The risk of **coronary heart disease** is that of a non-smoker¹³
- **Other benefits of quitting**
 - Quitting is the only proven strategy to reduce the risk of developing **COPD** and the only intervention that reduces lung function decline in COPD¹⁴
 - The risk of **recurrent infarction** and premature death is reduced by more than 50% among persons diagnosed with coronary heart disease¹⁵

Evidence-based Cessation Interventions

5. Effective cessation methods include self-help, web-based intervention, brief advice by health professionals, behavioral support, and pharmacotherapy. Each intervention is effective independently, and quit rate increases with increasing intensity of intervention and when they are used in combination¹⁷. The most effective way to quit is the combination of pharmacotherapy with behavioural support^{17,18}.

6. Although the majority of smokers who quit did so without assistance, studies found the 6-month abstinence rates of unassisted quitting to be low, ranging from 3% to 5%¹⁹. Studies showed that brief advice by healthcare professionals can significantly improve abstinence^{20,21,22}. Brief advice provided by physicians increases quit rate by 66%²³, for example. Pharmacotherapy increases quit rate by 50% to 200%¹⁷. Currently two types of pharmacotherapy are available in Hong Kong: nicotine replacement therapy (“NRT”) and Varenicline. Using NRT alone nearly doubles the odds of quitting, while Varenicline or combination-NRT triples them²⁴.

Role of Healthcare Professionals

7. To achieve the greatest impact at the population level, delivering brief advice to most smokers may prove more effective and efficient than spending a long time with a few²⁵. “Very Brief Advice” is a 3-step tool by which healthcare workers advise smokers to quit and offer referral to smoking cessation services. “Brief Intervention”, using 5A’s and 5R’s models and lasting 3 to 5 minutes, enables healthcare workers to deliver brief cessation support in their everyday practice. The World Health Organization advocates delivery of brief advice by all health professionals to patients who smoke²⁶.

Very Brief Advice (VBA)

8. VBA is designed to be delivered to every smoker at every healthcare visit. VBA is an established and widely practiced cessation intervention model^{17,27,28,29,30} and is effective in triggering quit attempts and increasing smokers' access to cessation support¹. VBA can be delivered in less than 30 seconds and comprises 3 steps:

Three Steps of Very Brief Advice	
1.	Ask whether the patient smokes or has ever smoked
2.	Advise all smokers that combining counselling and pharmacotherapy yields the best result for quitting
3.	Offer referral to cessation services, irrespective of smoker's desire to quit, and provide information pamphlet. Smokers declining referral are encouraged to make use of the pamphlet and seek assistance any time.

9. Delivery of VBA does not require in-depth knowledge in smoking cessation. It is effective when delivered by a wide range of health professionals including doctors, dentists, nurses, pharmacists, dental hygienists, physiotherapists and other allied health professionals¹⁷.

10. It is crucial to revisit the issue of smoking in future visits, as nicotine dependence is a chronic relapsing condition requiring ongoing care³². VBA should be delivered again to smokers who have not yet quit. Those who have quit should be encouraged to remain abstinent.

Brief Intervention (BI)

11. Through BI, healthcare professionals provide brief counselling on smoking cessation in 3 to 5 minutes. They may also offer pharmacotherapy such as nicotine replacement therapy "NRT" (including patch, gum and lozenge) and Varenicline to assist patient to quit. The 5A's model is the gold standard for delivering BI²⁷:

The 5A's model	
Step	Content
Ask	<ul style="list-style-type: none">• Ask ALL patients at each consultation about their smoking status, daily consumption, and years of smoking, and record the information accordingly• Include smoking status of the patient as one of the vital signs and record such information prominently
Advise	<ul style="list-style-type: none">• Convince the patient to quit smoking in personalised and assertive manner, e.g. "quitting is the most important thing you can do for your health", "quitting slows down the progression of your COPD"
Assess	<ul style="list-style-type: none">• Assess each patient's desire and readiness to quit by asking - (1) Would you like to quit smoking? And (2) Do you think you have a chance of quitting successfully?• If answer is "yes" to EITHER question, move on to "Assist"• If answer is "no" to BOTH questions, or if patient is unsure, move to 5R's intervention (paragraph 12)
Assist	<ul style="list-style-type: none">• Work out with the patient on a quit plan, e.g. set a quit day, and tell family members, colleagues and friends to enlist their support and encouragement• Advise on the techniques to cope with cravings and problem solving• Recommend the use of pharmacotherapy and make referral if needed• Give written information such as pamphlets
Arrange	<ul style="list-style-type: none">• Work out with the patient on the follow-up plan• Recognise the efforts of successfully quitters, and encourage those who are still trying. Multiple attempts before successful quit are common• If a relapse occurs, review cause of relapse and motivate patients to try again

12. Smokers may be unwilling to quit because of misconceptions or past failed attempts. The 5R's intervention (Relevance, Risk, Rewards, Roadblocks, and Repetition) can be delivered to those who are not ready to quit²⁷:

The 5R's model	
Step	Content
Relevance	<ul style="list-style-type: none"> Help the patient to see why quitting is relevant to him/ her personally
Risk	<ul style="list-style-type: none"> Help the patient to recognize the harmful consequences of smoking that are relevant to him/ her
Rewards	<ul style="list-style-type: none"> Help the patient to see the benefits of smoking cessation
Roadblocks	<ul style="list-style-type: none"> Assess barriers to quitting, e.g. withdrawal symptoms and repeated failure. Provide counselling accordingly
Repetition	<ul style="list-style-type: none"> Motivate the patient at every visit until he/she successfully quits

Local Cessation Services

13. The Department of Health operates the Quitline (1833 183) to provide cessation counselling, information and referral to free cessation services. There are fixed and mobile clinics serving multiple locations with opening hours that include evenings and weekends.

Smoking Cessation Services	
Services	Features
<ul style="list-style-type: none"> DH Quitline 1833 183 	<ul style="list-style-type: none"> Telephone counselling, information, and referral to free cessation services
<ul style="list-style-type: none"> Behavioural intervention coupled with medication 	<ul style="list-style-type: none"> Fixed and mobile clinics Cessation services for people of diverse race and new immigrants Postal delivery of nicotine replacement therapy
<ul style="list-style-type: none"> Behavioural intervention coupled with acupuncture cessation service 	<ul style="list-style-type: none"> Fixed and mobile clinics
<ul style="list-style-type: none"> Youth Quitline 	<ul style="list-style-type: none"> For smokers aged 25 or below Telephone counselling by peer counsellors

Resources for Health Professionals

14. The following materials can be downloaded from www.livetobaccofree.hk or obtained from the Department of Health:

- | | |
|--|---|
| <ul style="list-style-type: none"> Online training course on VBA and BI VBA delivery flowchart BI with 5A's/5R's model delivery flowchart | <ul style="list-style-type: none"> Patient pamphlet Referral guide Comprehensive Practical Handbook for Smoking Cessation Treatments |
|--|---|



Reference can be found on the website of Department of Health
https://www.livetobaccofree.hk/pdfs/references_bi.pdf

Brief Intervention on Smoking Cessation with 5A's/5R's model



Ask

“Do you smoke?”

Yes →

Advise

“Quitting smoking is the most important thing you can do for your health”

Assess

“Would you like to quit smoking within the next 30 days?”

No ↙

Relevance

“How is quitting important to you?”

Risk

“What do you know about the risks of smoking to your health?”

Rewards

“Do you know how quitting can benefit your health?”

Roadblocks

“What would be the greatest barrier for you to quit?”

Repetition

“After our discussion, have you changed your mind about quitting? Would you like to quit smoking within the next 30 days?”

Yes →

Assist

- Set a date to stop smoking completely
- Suggest skills to quit smoking (e.g. discard cigarettes, lighters and all other smoking-related items, avoid scenarios that might trigger their smoking habit)
- Recommend smoking cessation methods
 - > Use of pharmacotherapy (e.g. nicotine replacement therapy)
 - > Refer to free smoking cessation services (quitline 1833183)
 - > Other methods (e.g. acupuncture, mobile apps)
- Provide relevant smoking cessation information e.g. pamphlets or quitline cards

No ↓

“I understand that this is not an easy job. But for yourself and your family’s health, please quit smoking as soon as possible. You may refer to the **pamphlet and quitline card** to obtain more information.”

Document smoking status ↓

Arrange

“I will check on your quitting progress in the next follow-up”



5A/5R簡短戒煙輔導



詢問 Ask

「你有沒有吸煙？」



建議 Advise

「戒煙是你為自己健康能做到最重要的事」

評估 Assess

「你是否想在未來三十天內戒煙？」



否

關聯 Relevance

「你覺得戒煙對你有甚麼重要性？」

風險 Risk

「你知道吸煙對你的健康有甚麼害處嗎？」

回報 Rewards

「你知道戒煙能怎樣改善你的健康嗎？」

障礙 Roadblocks

「你覺得戒煙最大的困難是甚麼？」

重覆 Repetition

「我們討論完這些，你的想法有沒有改變？你是否想在未來三十天內戒煙？」



協助 Assist

- 訂立完全停止吸煙日期
- 講解戒煙技巧
(例如：棄掉所有煙草產品、煙灰缸及打火機，盡量避免會引起煙癮的場合)
- 建議戒煙方法
 - > 使用戒煙藥物
(例如：尼古丁替代療法)
 - > 轉介免費戒煙服務
(戒煙熱線：1833183)
 - > 其他方法
(例如：中醫針灸, 使用流動電話應用程式)
- 給予相關的戒煙資訊如小冊子、戒煙熱線咭

否

「我們明白戒煙確實不容易，但為了你和你家人的健康著想，盡早戒煙吧。有需要可以參考**小冊子**、**戒煙熱線咭**，了解更多戒煙資訊。」

記錄吸煙狀況

安排跟進 Arrange

「下次覆診再跟進你的戒煙情況」



Very Brief Advice on Smoking Cessation

1 Ask

"Do you smoke?"

No

"Very good!"

May advise on the effect of smoking according to the patient's situation

Yes

Or the health hazards of smoking, e.g. "1 in 2 smokers will die prematurely due to smoking related illnesses"

I have quit

"Very good!
Never smoke again"

2 Advise

"The best way to quit is by combining counselling and medication"

And deliver the patient pamphlet

3 Offer Referral

"I can refer you to free cessation services"

Not agree for referral

"You can quit by going cold turkey, and you may find this pamphlet helpful. You can call the Quitline if you have any queries"

Agree for referral

"My colleague will arrange referral for you"

Document the smoking status, and **reassess in follow up**



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Department of Health



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極簡短戒煙建議指引

1 詢問

「你有沒有吸煙？」

無吸煙

「非常好」

已戒煙

「非常好！
以後別再吸煙」

可因應個別病人情況
說出吸煙對病情的影響

或吸煙對健康的危害，例如
「每兩個吸煙的人，有至少一個
會因為吸煙而提早死亡」

有吸煙

2 建議

「戒煙藥物配合輔導
是最有效的戒煙方法」

同時向病人遞上戒煙單張

3 轉介

「我可以替你轉介
免費戒煙服務」

拒絕轉介

「你可以自行戒煙，
給你一份戒煙資訊，
有任何疑問，可以
致電戒煙熱線」

同意轉介

「好，我安排同事幫你」

記錄吸煙狀況，並在覆診時再次評估



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Quitline

1833 183



Counselling, information and referral to **FREE** cessation services*

Pharmacotherapy combined with counselling

Tung Wah Group
of Hospitals

Fixed and mobile clinics
Postal delivery of
smoking cessation medication



United Christian
Nethersole
Community
Health Service

Fixed clinics
Cessation services for ethnic
minorities and new immigrants



Chinese Medicine Acupuncture combined with counselling

Pok Oi Hospital

Fixed and mobile clinics



Phone counselling 1833 183

DH Quitline

Counselling, information,
and referral to cessation services

Youth quitline
(Press **5** after
selecting language)

Counselling services for smokers
aged 25 or below

Smoking cessation is beneficial at any age

• Blood pressure, heart rate and the carbon monoxide level in blood returns to normal

In
1 day

• Senses of smell and taste
are heightened

After
2 days

• Lung function improves

In
2-12
weeks

• Coughing and shortness of
breath decreases

After
1-9
months

- Risk of lung cancer is reduced by 50%
- Risk of major cancers is reduced (including cancers of the oral cavity, nasopharynx, larynx, pancreas, etc.)
- Risk of having coronary heart disease is reduced by 50%
- Risk of stroke is reduced to that of a non-smoker

After
5-10
years

Quit smoking

In persons with COPD, quitting is the only way to reduce decline in lung function

In persons with diabetes or coronary heart disease, quitting can reduce risk of death by 20% to 40%

*All of these services are free of charge. The Hospital Authority also provide paid cessation services



Quitline

1833 183



Quit App

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香港大學護理學院

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Set a Quit Day

A week before your quit day

- ◆ **Write down your reason(s) for quitting**
- ◆ **Decide on your quit method**
 - Most smokers quit by themselves
 - Medication can double your success rate
 - A combination of counselling and medication is the most effective way to quit

A day before your quit day

- ◆ **Throw away all cigarettes, ashtrays and lighters**
- ◆ **Plan some activities to fight cravings**
 - Drinking water, deep breathing, washing your face, chewing sugar-free gum, physical exercises, and eating fruits and vegetables can distract you from smoking

On your quit day

- ◆ **Tell friends and family you are now a non-smoker and get their support**
- ◆ **Avoid temptation**
 - Refrain from being in situations that may tempt you to smoke
 - Say NO if someone passes you a cigarette

Withdrawal symptoms include:

- Headaches, coughing, cravings, increased appetite, mood changes, difficulty concentrating, insomnia, etc
- These symptoms usually peak in the first week of quitting and gradually subside in 2-3 weeks

Withdrawal Symptoms

Medications for quitting

In Hong Kong, there are two types of medication registered for smoking cessation. They can alleviate withdrawal symptoms and double your success rate of quitting

Over-the-counter medications

Nicotine replacement therapy (“NRT”)

NRT includes nicotine patch, lozenge, gum, etc. NRT can be used alone or in combination. If you have queries, you can always call 1833 183 or consult your doctor

Nicotine patch

- Apply to clean and dry skin on the chest, back, upper arms, hips, etc., and press for 10 seconds
- Change the patch daily and regularly
- Can keep it on during swimming or taking a shower
- The patch can be fixed by plaster if detached
- Rotate the patch site each time a new patch is applied to avoid skin irritation

(self-limiting sign present for 1-2 days: rash)

Nicotine gum

- Slowly chew for 10 to 15 times
- “Park” the gum between the cheek and gum
- When the taste gradually becomes lighter, chew slowly again-repeat the process until the gum becomes tasteless
- Avoid eating and acidic beverages, such as soft drink, coffee and fruit juice, 15 minutes before using gum
- Not suitable for individuals who have jaws-related illnesses, stomatitis, pharyngitis, stomachache and those with removable dentures

Medication by prescription

Varenicline is another type of cessation medication that is effective in quitting and relapse prevention

Want to know more?

Quitline
1833 183

戒煙輔導、資訊及轉介

1833 183



解答戒煙查詢、轉介和預約各類**免費**戒煙服務*

藥物配合戒煙輔導

東華三院

固定及流動診所
附設郵寄戒煙藥物



基督教聯合
那打素社康服務

固定診所
附為少數族裔及新移民
而設的戒煙服務



中醫針灸配合戒煙輔導

博愛醫院

固定及流動診所
中醫針灸戒煙



電話戒煙輔導 1833 183

綜合戒煙熱線

戒煙輔導、資訊及轉介

青少年戒煙熱線
(選擇語言後按 5)

為25歲或以下人士
提供輔導

*以上服務費用全免，此外醫院管理局亦提供收費戒煙服務

不論任何年齡 戒煙對健康均有裨益

- 血壓、心跳和血液中一氧化碳含量回復到正常水平

1天

- 味覺和嗅覺開始恢復

2天後

- 肺功能改善

2-12
星期內

- 咳嗽、呼吸短促的情況大大改善

1-9
個月後

- 減少一半患上肺癌的風險
- 減少患上主要癌症（包括口腔癌、喉癌、鼻咽癌、胰臟癌等）的風險
- 減少一半患上冠心病的風險
- 中風機會降低至非吸煙者的水平

5-10
年後

戒煙

戒煙是唯一延緩慢阻肺病惡化的方法
即使已患上冠心病或糖尿病，戒煙可以減低2至4成死亡率



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Tobacco and Alcohol Control Office
Department of Health



綜合戒煙熱線

1833 183



戒煙程式

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School of Public Health
香港大學公共衛生學院

定下戒煙日期

戒煙前一星期

- ◆ 寫下戒煙的原因
- ◆ 決定戒煙的方式
 - 大部分戒煙者自行戒煙
 - 戒煙藥物可令成功率倍增
 - 戒煙輔導配合藥物是最有效的戒煙方法

戒煙前一日

- ◆ 棄掉所有煙草產品、煙灰缸及打火機
- ◆ 計劃活動來對抗煙癮
 - 喝水、深呼吸、洗臉、咀嚼無糖香口膠、做運動和吃蔬果可分散注意力，紓緩煙癮

開始戒煙

- ◆ 向家人和朋友宣布自己正在戒煙，爭取他們的支持和鼓勵
- ◆ 避開吸煙誘惑
 - 避免到有人吸煙的地方、避免參與吸煙和飲酒的社交活動
 - 如有人把煙遞給你，堅定地告訴對方「我已戒煙！」

退癮徵狀包括：

- 頭痛、咳嗽、渴望吸煙、食慾增加、情緒變化、難以集中、失眠等
- 在戒煙首個星期較明顯，於2至3星期內慢慢消退

退癮徵狀

戒煙藥物

本港現時有兩類經證實安全有效的戒煙藥物，能紓緩退癮徵狀，並令你戒煙成功率倍增

毋須處方的戒煙藥物

尼古丁補充劑

戒煙貼、戒煙糖和戒煙香口膠等，可單獨或合併使用。有疑問可徵詢醫生意見或致電戒煙熱線查詢

戒煙貼

- 把戒煙貼貼在清潔乾爽的皮肤上，如胸部、背部、上臂或臀部，並按壓10秒
- 依每天慣常時間更換藥貼
- 游泳和洗澡期間也可以繼續使用
- 如藥貼脫落，可用膠布固定
- 必須每天更改黏附位置，以免皮膚敏感（紅印為正常反應，約1-2天後消退）

戒煙香口膠

- 慢慢咀嚼約10至15次
- 然後將香口膠置於面頰和牙肉之間，讓尼古丁吸收
- 當味道變淡時，重複以上的步驟，直到無味為止
- 使用前15分鐘避免進食和飲用酸性飲品，如汽水、咖啡及果汁
- 不適合有牙關疾病、口腔炎、喉炎、容易胃痛及配戴活動式假牙的人士

須處方的戒煙藥物

瓦倫尼克林

是另一種非常有效的戒煙藥物，亦有效預防復吸

有疑問或者想知多啲

戒煙熱線
1833 183

衛生署戒煙熱線

Department of Health Quitline

1833 183

24小時電腦來電處理系統
Round the clock computerised call handling system

專業電話輔導
Professional Counselling

戒煙服務轉介
Referral to Smoking Cessation Services

尼古丁依賴程度測試
Nicotine Dependency Assessment

戒煙資訊
Information on Smoking Cessation



衛生署控煙酒辦公室
Tobacco and Alcohol Control Office
Department of Health



戒煙流動應用程式
Quit Smoking Mobile App

www.livetobaccofree.hk

選擇語言 Select Language

- 1 廣東話 Cantonese
- 2 普通話 Putonghua
- 3 英文 English

選擇服務 Select Service

- 1 聯絡衛生署職員查詢戒煙資料及服務*
Talk to staff of the Department of Health for smoking cessation information and services*
- 2 查詢或預約戒煙服務
Obtain information or book appointment for smoking cessation services

由不同機構提供免費戒煙療程
(包括戒煙藥物、中醫針灸及電話輔導)
Free smoking cessation programmes provided by different organisations
(including drugs, acupuncture and phone counselling)

*於辦公時間內
*during office hours

- 3 戒煙資訊
Information on Smoking Cessation
- 1 戒煙藥物的種類及使用方法
Types of Smoking Cessation Drugs and Method of Use
 1. 戒煙香口膠 Nicotine Gum
 2. 戒煙貼 Nicotine Patch
 3. 戒煙糖 Nicotine Lozenge
 4. 瓦倫尼克林 Varenicline
- 2 戒煙小貼士及資訊
Tips and Information on Smoking Cessation
 1. 戒煙小貼士 Tips on Smoking Cessation
 2. 退癮徵狀 Withdrawal Symptoms
 3. 吸煙與你 Smoking and You
 4. 二手煙與你 Secondhand Smoke and You
 5. 水煙的禍害 Hazards of Waterpipe Smoking
 6. 電子煙 Electronic Cigarette
 7. 加熱煙 Heated Tobacco Products
- 3 聯絡衛生署職員*/留言
Talk to staff of the Department of Health* / Leave voice message
- 4 尼古丁依賴程度測試
Nicotine Dependency Assessment
- 5 查詢有關控煙法例
Enquire about Tobacco Control Legislation

Application Form for Supporting Materials for Health Professionals

Notes for Applicants

1. Please complete the form and **fax to 2575 8944** or **email to tobaccocontrol@dh.gov.hk**. For enquiries, please **call 2961 8823**.
2. The quantity of materials to be distributed is subject to availability. Applicants should agree and ensure that use of supporting materials for health professionals must not be related to any tobacco promotion and advertisement, and not related to any organisation or event which receive sponsorship or funds from tobacco related companies or tobacco industry.
3. All materials can only be used for smoking cessation purpose.
4. No duplication or extraction of supporting materials for health professionals is allowed without authorization from the Department of Health.

To be Completed by Applicant

The personal data provided in this form will be used for the purpose of processing applications for supporting materials for health professionals and other applications of the kind.

Name of Clinic/Organisation:	
Name of Applicant:	Tel.:
E-mail Address:	Fax:
Correspondence Address:	

Signature of Applicant &

Stamp of Organisation: _____ Date: _____

Statement of Purposes for Collection of Personal Data

Purpose of Collection

1. The personal data you provided to the Department of Health (DH) will be used for the following purposes:
 - (a) to facilitate communication and follow up actions as required in giving smoking cessation referrals; and
 - (b) for record/statistical purpose

If you do not provide sufficient information, we may not be able to accede to your request or giving you a referral to the suitable healthcare service.

Classes of Transferees

2. The personal data provided are mainly for use within this Department, but they may also be disclosed to other Government bureaux and departments for the purpose stated in paragraph 1 above, if required. Apart from this, the data may only be disclosed to parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance.

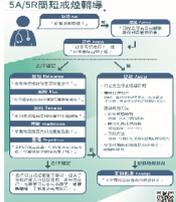
Access to Personal Data

3. You have the right of access and correction with respect to your personal data as provided for in Sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided by you during the occasions as mentioned in paragraph 1 above. A fee may be imposed for complying with a data access request.

Enquiries

4. Enquiries on the personal data you provided, including access and making corrections, should be addressed to Senior Executive Officer (TACO), Tobacco and Alcohol Control Office, Department of Health, Room 1801, 18/F, Wing On Kowloon Centre, 345 Nathan Road, Kowloon.

Please insert requested quantity of materials in the appropriate boxes.

Code	Item	Thumbnail	Requested Quantity	Approved Quantity#
V01	Flowchart for Very Brief Advice Delivery (A4 size) - A step-by-step flowchart on how to deliver Very Brief Advice			
V02/03	Quitting Pamphlet (A4 size, Chi[V02] / Eng[V03]) - A pamphlet for smokers with information on quitting and free smoking cessation services		(Chi)	
			(Eng)	
V04	Quitline Card (11cm x 9cm) - A pocket size card for smokers to obtain smoking cessation information and services through the quitline			
V05	Referral Guide (A4 size, bilingual) - A guide on phone and fax referral to cessation services with a notice of collection of personal data for such referral			
V06/07	Referral Form (A4 size, Chi[V05] / Eng[V06]) - A form for fax referral to cessation services		(Chi)	
			(Eng)	
V08	Reminder Sticker (3.5 cm x 4 cm, bilingual) - Post-it stickers as reminders for assessing smoking status upon follow-up			
V09	Flowchart for Brief Intervention Delivery (A4 size) - A step-by-step flowchart on how to deliver Brief Intervention with 5A's/5R's model			
V10	Practical Handbook for Smoking Cessation Treatments (Bilingual) - A toolkit for delivering a comprehensive smoking cessation treatment in clinical setting, including counselling and pharmacotherapy etc.			

Official use only

For softcopies or more information on Supporting Materials for Health Professionals, please visit www.livetobaccofree.hk.

Tobacco and Alcohol Control Office, Department of Health
Room 1801-03, 18/F, Wing On Kowloon Centre, 345 Nathan Road, Kowloon
Tel : 2961 8823 Fax : 2575 8944 Website : www.taco.gov.hk