

Smoking cessation for older smokers in Hong Kong- a descriptive analysis.

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Abstract

Many of the common morbidities among older people are caused by tobacco use. The prevalence of smoking was 14% in the Hong Kong population aged over 60 in the 1998 General Household Survey and 19% in other studies. Furthermore, non-smokers in households with elderly smokers, particularly children, also suffer from more health problems due to passive smoking at home. Older people can quit smoking and benefit from abstinence. Smoking cessation can reduce their risk of smoking related illnesses and promote more rapid recovery from illnesses that are exacerbated by smoking. Quitting smoking will also often improve interpersonal relationships with the rest of the family.

The Hong Kong Smoking Cessation Health Centre (SCHC) and the "*Quitline*"- a telephone based cessation service started its operation in mid-August 2000 and mid-December 2000 respectively, to provide free smoking cessation services to the Hong Kong public. By the end of April 2001, the SCHC had provided services to 74 elderly smokers (10% of the total attendees) and the *Quitline* to 34 smokers aged 60 or over. The 3-month continuous abstinence rate among the SCHC attendees was 31%. The interest and participation of these elderly people in these smoking cessation services indicates the need for and acceptance of smoking cessation services among this vulnerable group. Individual counselling, nicotine replacement therapy and self-help materials together with advice on personal coping skills play an important role in the process of successful quitting.

Introduction

Cigarette smoking is the leading cause of premature mortality among older persons¹. Many of the common morbidities among the older people are caused by tobacco use^{2,3}. Non-smoking household members, particularly grand-children of smoking grandparents suffer from more health problems due to passive smoking at home.

The prevalence of cigarette smoking was 14% in Hong Kong people aged over 60 in the 1998 General Household Survey and there were a total of 129,600 older smokers at that time⁴. A higher prevalence of current smoking was reported in studies conducted among older people aged 60 and over by the Hong Kong Society for the Aged (19%)⁵ and by the University of Hong Kong (19%)⁶.

Older people can quit smoking and benefit from abstinence. Smoking cessation can reduce their risk of smoking-related illnesses and promote more rapid recovery from illnesses that are exacerbated by smoking^{7,8}. Even moderately ill patients benefit from stopping smoking.⁹ Quitting smoking also improves the quality of life of smokers¹⁰ and might improve interpersonal relationships with the family.

In Hong Kong, there has been a lack of smoking cessation services and there is no evidence whether such services could help older people to quit smoking. Nevertheless, about 15% of smokers aged 60 and older wanted to quit within the next 6 months⁶ and evidence elsewhere shows that older smokers are more likely to be successful in quitting attempts than smokers aged 35-64.¹¹ This paper reports the acceptance and benefits of smoking cessation services among older smokers in Hong Kong.

Smoking Cessation Services in Hong Kong

Currently there are two publicly funded smoking cessation services in Hong Kong: (i) Hong Kong Smoking Cessation Health Centre (SCHC) with financial support from the Council on Smoking and Health and (ii) a telephone-based counselling service ("*Quitline*"), with financial support from the Health Care and Promotion Fund of the Hong Kong Government.

Smoking Cessation Health Centre (SCHC)

The SCHC, located in the Specialist Outpatient Department of the Ruttonjee Hospital, started its operation since 21 August 2000. The SCHC operates 3 days a week (Monday, Wednesday and Friday) with each session lasting for 3 hours (6:00-9:00pm). Three trained counsellors are on duty during each session to provide counselling and treatment to clients. Attendees are self-enrolled through the centre hotline (Telephone number: 2855 0787) and outreach programme organised by the SCHC at the Ruttonjee Hospital in-patient departments. The SCHC provides a package of services to each attendee to bring about behavioural change, which is based on the transtheoretical model^{12,13} of Prochaska and DiClemente. The following approaches are used: -

- Advancing clients' stage of readiness in quitting smoking
- Strengthening clients' motivation to quit smoking using "4R" approach:
 - (a) *Relevance*: make connection between smoking and clients' concerns/issues
 - (b) *Risks*: discuss the risks of smoking with clients and identify those that seem most relevant to the clients' situation
 - (b) *Rewards*: provide information on potential benefits of tobacco free lifestyle; discuss benefits that most relevant to the client

- (c) *Repetition*: repeat appropriate intervention based on smokers' concern and fear.
- Individually tailored behavioural interventions that cope with clients' physiological craving, psychological dependence and socio-cultural factors for tobacco dependency
 - Prescription of nicotine replacement therapy (NRT) that help to reduce or eliminate withdrawal symptoms. One week free supply of NRTs were provided to all those attendees who were prescribed with NRTs. Arrangements were also made to ensure supplies with a reduced price for the subsequent weeks.

Telephone based smoking cessation counselling (“Quitline”)

The *Quitline* is a free telephone counseling service based in the Hong Kong University's Department of Community Medicine with support from the Hong Kong Council on Smoking and Health and the Department of Nursing Studies of the University of Hong Kong. The *Quitline* started its operation on 13 December 2000. It is operated on a one line telephone system (Telephone number: 2855 9557), available on weekday afternoon and evening (from 2:00pm to 8:00pm) and weekend morning and afternoon (from 10:00am to 6:00pm). All calls are answered by trained smoking cessation counsellors. A telephone recording system is available to record calls received during the non-servicing or busy hours. The system enables callers to leave their name and phone number and invites them to call back later when the line is available.

Counselling is delivered based on the queries and the needs of individual clients, according to the smoking status, dependency level and the perceived barriers of each individual. The *Quitline* counsellors provide a non-directive approach to smoking cessation for clients which is based on Prochaska and DiClemente's transtheoretical model of change.^{12,13} Callers are

usually encouraged to learn from their own experiences, the difficulties they encountered in the past if they had tried quitting and to identify ways which could help them to overcome these problems in the future.

Utilisation by older smokers

SCHC

As of the end of April 2001, the SCHC has provided services to 74 smokers (more than 10% of the total attendees) aged 60 or above. Most (89%) of these smokers were male, and 78% were married (5% single, 17% widowed/separated). The mean number of cigarettes smoked daily by the respondents in the last month was 18 and they had smoked for an average of 46.5 years. Among these attendees, the 30 days and 90 days continuous abstinence rate was 39% and 31% respectively.

Quitline

As of the end of April 2001, the *Quitline* was contacted by 34 smokers (10% of the total contact) aged 60 or over. Of these 34 older smokers, 94% were male and 79% were married (6% single, 15% widowed/separated). Mean number of cigarettes smoked daily during the last month was 19 and they had smoked for an average of 48.4 years. Due to the shorter operational period, the follow-up for these older smokers is not yet completed.

Informal discussion with older smokers

Based on the informal discussions with older smokers and/or family members, many older smokers tried to quit smoking for several times but did not succeed. They said they were not well informed about how smoking is affecting their health and how quitting smoking can

benefit them. Some of them did not know if there was help available or who to ask for help while others blamed their lack of confidence. A few said that their doctors had advised them on some occasions but they did not receive any comprehensive counselling. Some reported their bad experiences of smoking while hiding in the toilet due to the pressure they received from other family members. One older smoker was very happy being able to quit and said that this will save him a lot of money, and this was what he wanted to do for a long time. He further said that this would bring peace to his mind, as he would no longer need to buy cigarettes from the black market. Another quitter said that quitting smoking has improved his relationship with the family as he does not need to quarrel with his grand-daughter, who always hated him for smoking.

Conclusion

The interest and participation of these older smokers in the SCHC and *Quitline* indicates the need for and acceptance of smoking cessation services among this vulnerable group. As this is only the early phase of the pilot studies, small number of older smokers have been included in this report. The results show that if services were made more readily available more would use the service. Individual counselling, nicotine replacement therapy and self-help materials together with advice on personal coping skills play an important role in the process of successful quitting. The currently available individualized counselling and treatment services in the SCHC and the *Quitline* would meet the needs of older smokers (as well as younger smokers), if they were informed. However, there is a need to promote smoking cessation services to older smokers in an acceptable and easily accessible manner. Some older smokers are sometimes disliked by their family due to their smoking habit and some are reportedly among the poorest in the population.¹⁴ They are also more likely to be long term and heavier smokers¹⁵ with a high nicotine dependency level. There is a need to develop specialized

services with a focus on older smokers to reduce the burden of illnesses among this vulnerable population group.

The personal experiences of two successful quitters and their feelings about quitting are reported below: -

Story 1:

Mr. X, 63 years old, smoked about 20 cigarettes per day for 45 years. Now he is a successful quitter with the help from the SCHC. He was diagnosed with chronic obstructive airway disease in a hospital and the nurse there suggested him to seek help from SCHC. His major motivation to quit smoking was to save money. "Before quitting I spent over HK\$1000 each month on smoking cigarette and I was not feeling well all the time", he said. After counselling by SCHC counsellors, Mr. X was determined to quit without any help from nicotine replacement therapy. His quitting attempt was very successful and he did not smoke any cigarettes for the last 4 months. In his words, "I'm more than happy now that I am a non-smoker. I have saved thousands of dollars and enjoying a better health since I have quit".

Story 2:

Ms. Y, 90 years old, smoked over 20 cigarettes per day for 63 years. He was living with his children and grand children all of whom were non-smokers. He said, "my family members always complained against my smoking habit, but I had never tried to kick the habit before". He was also suffering from chronic obstructive airway disease and palpitation. His doctor suggested that he should seek help from the SCHC to quitting smoking. He attended the SCHC but was uncertain whether he could quit. "I am afraid that I'll not be successful", he said. After counselling, he decided to set a quit date. With additional help of nicotine

replacement therapy he did not smoke for the last 8 months. "My family members and I are very happy now that I am a non-smoker. I feel very pleased to make my family happy", he said.

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