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135 YEARS

Food and Health Bureau: Journal Club

HKU Youth Quitline: an innovative service model with policy implications

Kelvin Wang

Associate Professor, HKU School of Nursing

Prof TH Lam

Emeritus Professor, HKU School of Public Health

21 March 2022



<https://sctc.nursing.hku.hk/>

Funding

- Health Care Promotion Fund, Food and Health Bureau (2005-2008)
- Hong Kong Council on Smoking and Health (2005-2010)
- Small Project Fund, The University of Hong Kong (2008-2010)
- Tobacco and Alcohol Control Office (2011-2020)
- Sir Robert Kotewall Professorship in Public Health (2020-now)



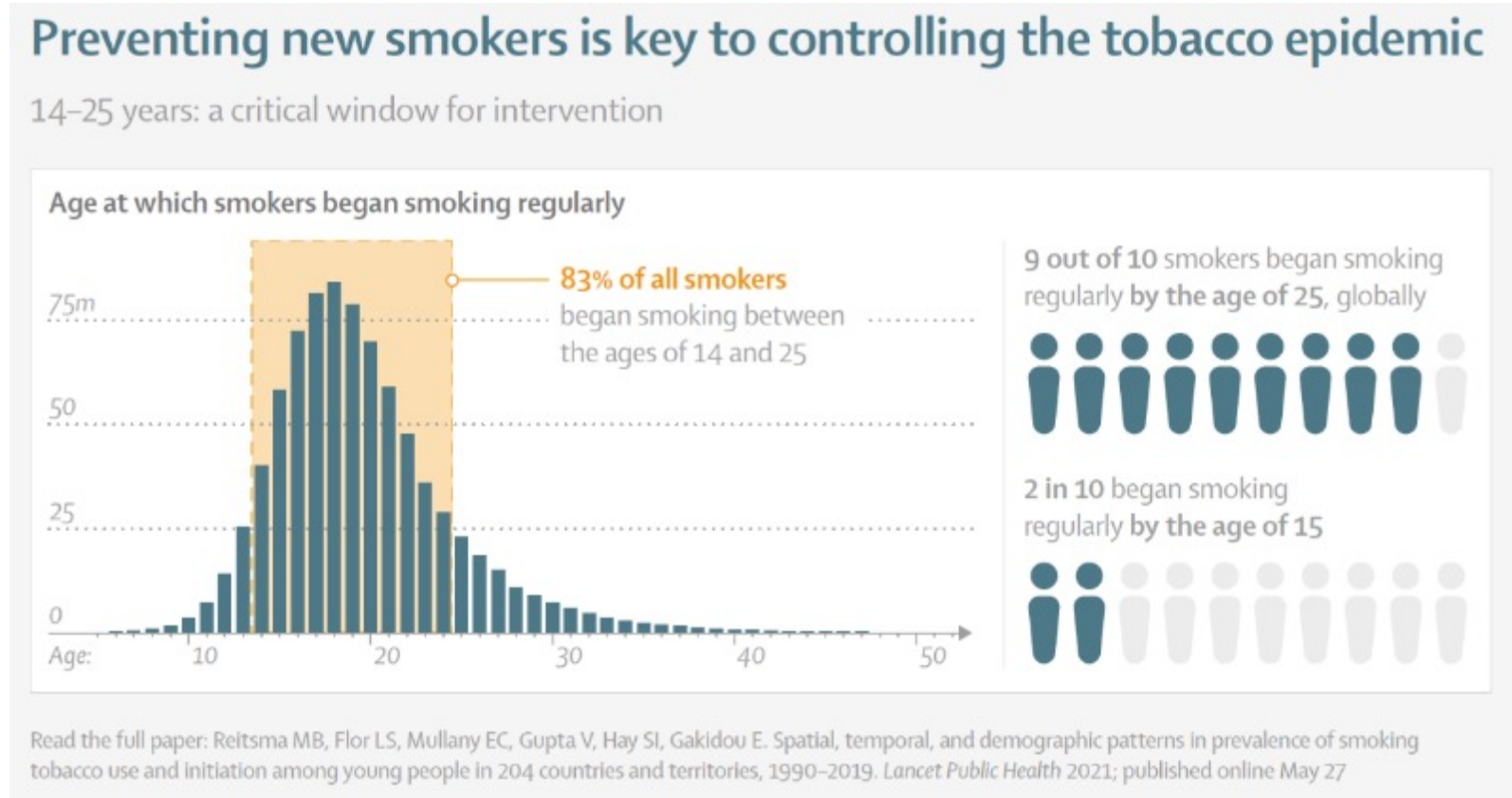
Food and Health Bureau
The Government of the Hong Kong Special Administrative Region



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



Adolescence as a critical period to prevent and quit smoking



- Smoking initiation at a younger age is associated with

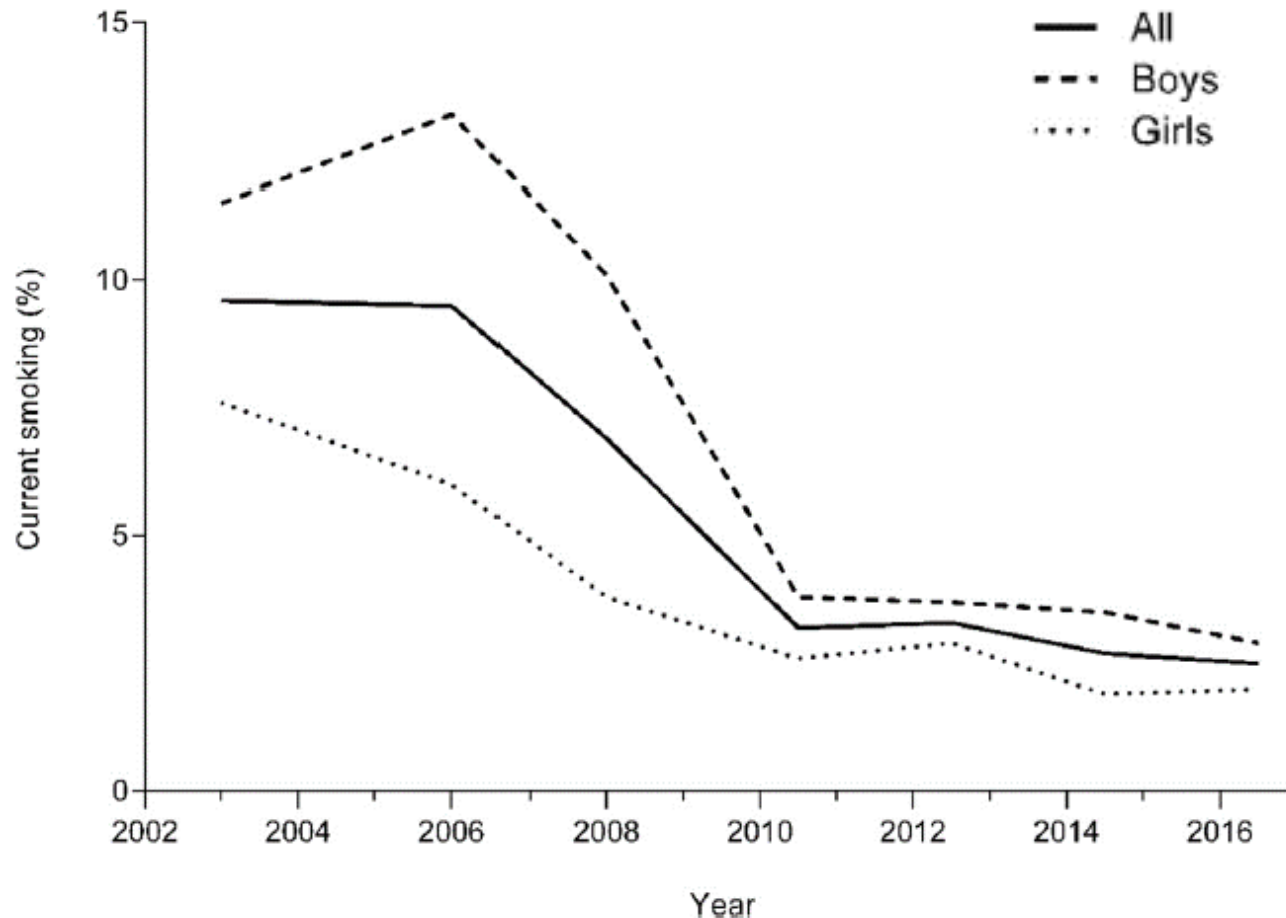
- Greater difficulty to quit smoking

- Higher risk of premature death in the future

1/2 → 2/3

Prevalence of youth smoking in Hong Kong

Figure. Prevalence of current smoking in secondary school students in Hong Kong from 2003 to 2017



- Youth smoking is monitored by the School-based Survey on Smoking and Health conducted by HKU School of Public Health (funded by FHB)
- In 2018/19, of all S1 to S6 students
 - 9.0% ever smoked
 - 1.5% were current smokers (0.4% in S1 to 2.9% in S6)
 - Boys > Girls

Challenges of helping adolescents quit smoking

- 2017 Cochrane review: most proven treatment for adult smokers (e.g., counselling, NRT) do not translate into similar effect sizes in youth smokers



Trusted evidence.
Informed decisions.
Better health.

Cochrane Database of Systematic Reviews

[Intervention Review]

Tobacco cessation interventions for young people

Thomas R Fanshawe¹, William Halliwell¹, Nicola Lindson¹, Paul Aveyard¹, Jonathan Livingstone-Banks¹, Jamie Hartmann-Boyce¹

- Two recent RCTs of varenicline did not show clear benefits in youth smokers

JAMA Pediatrics | Original Investigation

Efficacy and Safety of Varenicline for Adolescent Smoking Cessation A Randomized Clinical Trial

Kevin M. Gray, MD; Nathaniel L. Baker, MS; Erin A. McClure, PhD; Rachel L. Tomko, PhD; Lindsay M. Squeglia, PhD; Michael E. Saladin, PhD; Matthew J. Carpenter, PhD

Lancet Child Adolesc Health
2020; 4: 837-45

High-dose and low-dose varenicline for smoking cessation in adolescents: a randomised, placebo-controlled trial

Kevin M Gray, Mark L Rubinstein, Judith J Prochaska, Sarah J DuBrava, Ann R Holstein, Larry Samuels, Thomas D McRae

Challenges of helping adolescents quit smoking

- Youth smoking is much more variable than adult smoking
- Predictors of successful quitting in youth and adult smokers differ
 - Adults: mainly nicotine dependence
 - Youths: much more diverse, including many psychosocial processes

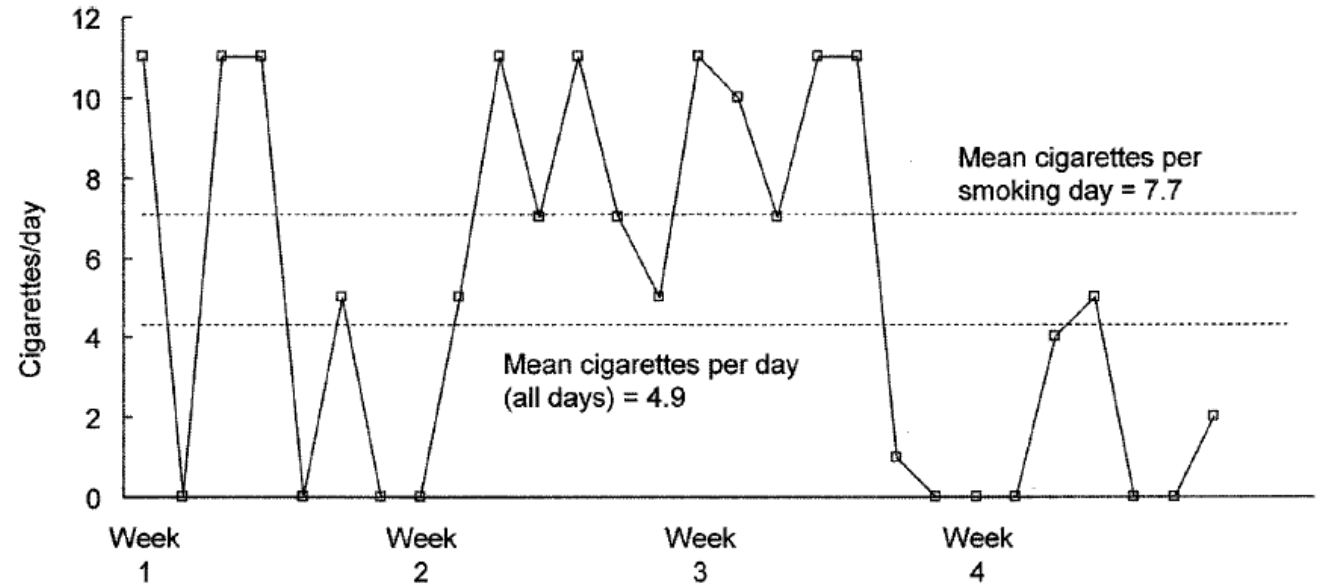


Figure 1. Daily smoking behavior for an adolescent over a 30-day baseline period. Maximum cigarettes per day was 11. Percent of smoking days was 63%. Longest period of abstinence was 3 days at week 4.

From: Mermelstein et al. *Nicotine Tob Res.* 2002;4(4):395-403

- General smoking cessation services could hardly reach youth smokers
 - Smoking cessation service for adult smokers may be perceived as irrelevant by youth smokers
 - Reluctance to receive face-to-face treatment because of concerns of underage smoking

HKU Youth Quitline

- Established in August 2005
 - Prof TH Lam & Prof Sophia Chan
 - First smoking cessation service targeting youth smokers aged ≤25 years
 - Provide peer-led telephone counselling with multiple follow-up sessions
- Service goals
 - To publicise quitting among youth smokers
 - To encourage and support those who want to quit by providing advice and counselling through telephone
- Recognised as a core partner to WHO Collaborating Centre for Smoking and Treatment of Tobacco Dependence



HKU Youth Quitline
香港大學青少年戒煙熱線



Training of peer counsellors

- HKU Youth Quitline is operated by peer counsellors
- Since 2005, 13 training workshop have been held to train 662 peer counsellors



Table 1
The changes in attitude, knowledge, and perceptions toward smoking cessation and tobacco control among peer counselors (N = 320) before and after the training workshop

	Mean (SD)		<i>p</i> value
	Before training	After training	
Attitude ^a	6.4 (1.8)	7.0 (2.1)	.004**
Knowledge ^a	6.7 (1.7)	7.1 (2.1)	.049*
Perceived effectiveness of the Quitline ^a	1.7 (.7)	1.9 (.7)	.027*
Importance of peer counseling to help smokers to quit smoking ^a	7.8 (1.1)	8.1 (1.1)	.008**

*Significant at $p < .05$; **Significant at $p < .01$.

Methods of recruitment

1. Outreach activities

- Smoking hotpots
- Secondary schools, vocational schools



2. Referral

- Referral from schools, NGOs, etc.
- Referral by families and friends
- Self-referral



3. Online

- Website (<https://yquit.nursing.hku.hk>)
- Social media (WhatsApp, Facebook and Instagram)
from March 2021 onward

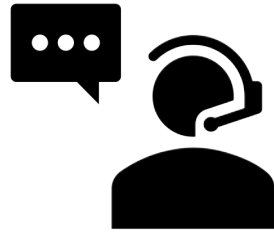


Services achievement



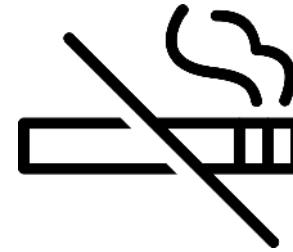
>15,800

Incoming calls received*



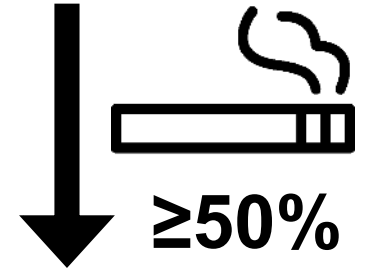
>3,100

Youth smokers counselled*



24%

Quit rate at 6 months**



16%

Smoking reduction
rate at 6 months**

* Since Aug 2005

** From Jun 2011 to Dec 2021

Users characteristics (2015 to 2021)

	Total	Phases, N (%) ^a				
	N (%)	2015/16	2016/17	2017/18	2018/2019	2020/21
Age, years						
Mean ± SD	19.3 ± 3.1	18.9 ± 3.0	19.2 ± 2.7	19.2 ± 3.0	19.1 ± 3.2	19.9 ± 3.6
<18 years old	490 (32.4)	124 (37.7)	90 (29.6)	75 (29.6)	102 (36.0)	99 (29.0)
Sex						
Female	289 (18.9)	48 (14.2)	55 (17.7)	42 (16.5)	59 (20.9)	85 (24.9)
Male	1240 (81.1)	291 (85.8)	255 (82.3)	213 (83.5)	224 (79.1)	257 (75.1)
Education						
Junior secondary or below	243 (17.0)	59 (18.7)	33 (11.5)	34 (14.4)	43 (15.6)	74 (23.6)
Senior secondary	330 (23.1)	58 (18.4)	64 (22.2)	46 (19.5)	63 (22.9)	99 (31.5)
Tertiary	818 (57.2)	161 (50.9)	191 (66.3)	156 (66.1)	169 (61.5)	141 (44.9)
Others	38 (2.7)	38 (12.0)	0	0	0	0
Cigarette per day						
Mean ± SD	9.2 ± 7.5	9.5 ± 6.4	9.3 ± 7.5	8.7 ± 7.2	9.7 ± 8.5	8.7 ± 7.8
Daily smoker						
No	573 (37.7)	112 (33.2)	115 (37.3)	115 (45.8)	112 (39.7)	119 (34.8)
Yes	947 (62.3)	225 (66.8)	193 (62.7)	136 (54.2)	170 (60.3)	223 (65.2)

Users characteristics (2011 to 2021)

	Total	Phases, n (%) ^a				
	n (%)	2015/16	2016/17	2017/18	2018/2019	2020/21
Nicotine dependence^a						
Mild (0–3)	988 (66.0)	225 (68.0)	193 (64.3)	178 (72.6)	184 (66.0)	208 (61.0)
Moderate (4–5)	336 (22.5)	65 (19.6)	74 (24.7)	47 (19.2)	69 (24.7)	81 (23.8)
Heavy (6–10)	172 (11.5)	41 (12.4)	33 (11.0)	20 (8.2)	26 (9.3)	52 (15.2)
Previous quit attempt						
No	370 (24.5)	71 (21.2)	74 (24.6)	64 (25.3)	80 (28.4)	81 (23.7)
Yes	1143 (75.5)	264 (78.8)	227 (75.4)	189 (74.7)	202 (71.6)	261 (76.3)
Intention to quit						
After 30 days or later	907 (64.1)	170 (60.9)	147 (56.3)	150 (59.3)	180 (63.8)	260 (76.7)
Within 30 days	507 (35.9)	109 (39.1)	114 (43.7)	103 (40.7)	102 (36.2)	79 (23.3)
Self-rated health						
Fine/good/very good	1123 (82.9)	263 (81.7)	243 (83.2)	196 (81.0)	227 (81.6)	294 (86.2)
Poor/very poor	252 (17.1)	59 (18.3)	49 (16.8)	46 (19.0)	51 (18.4)	47 (13.8)
Depressive symptoms^b						
Mean score ± SD	15.2 ± 11.7	NA	15.3 ± 11.2	16.3 ± 11.2	15.2 ± 12.6	14.5 ± 11.7
<16	642 (59.2)	NA	148 (56.5)	119 (57.5)	162 (59.3)	213 (62.3)
≥16	442 (40.8)	NA	114 (43.5)	88 (42.5)	111 (40.7)	129 (37.7)

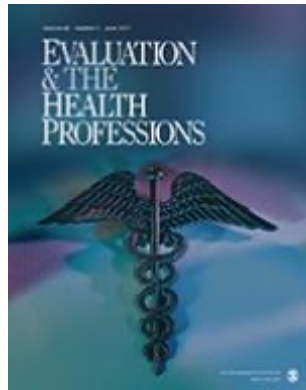
^a Measured by FTND (Fagerström Test for Nicotine Dependence)

^b Measured by CES-D (Center for Epidemiological Studies Depression)

Research findings from HKU Youth Quitline and policy implications

Research findings (1): Service evaluations

- Provided real-world evidence on the effectiveness of a youth-centred smoking cessation service



The Establishment and Promotion of the First Youth Quitline in Hong Kong **Challenges and Opportunities**

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Sophia S. C. Chan
David C. N. Wong
Daniel Y. T. Fong
Angela Y. M. Leung
Debbie O. B. Lam
Yim-Wah Mak
Tai-Hing Lam
University of Hong Kong

Original article

An Evaluation of the Youth Quitline Service Young Hong Kong Smokers



William H. C. Li, Ph.D. ^{a,*}, Sophia S. C. Chan, Ph.D. ^a, Man Ping Wang, Ph.D. ^a, Ka Yan Ho, Ph.D. ^a, Yannes T. Y. Cheung, Ph.D. ^a, Vivian W. F. Chan, Ph.D. ^a, and Tai Hing Lam, M.D., Ph.D. ^b

^aSchool of Nursing, University of Hong Kong, Hong Kong SAR, China

^bSchool of Public Health, University of Hong Kong, Hong Kong SAR, China

Publicity of HKU Youth Quitline

- The achievements of the HKU Youth Quitline have been disseminated through mass media to promote the service

28 健康情報 2016年4月12日 星期三

港大推出全港首條 青少年戒煙熱線服務「Youth Quitline」 獨特設計協助年輕人脫離煙癮

強調吸煙危害健康，甚至證明吸煙可以致癌，仍然未能有效阻止青少年吸煙。香港戒煙健康中心的數據顯示，青少年的持續戒煙率（於過去12個月內最少有8成時間持續停止吸煙）只有8%，較成年人的19%為低。而社工界人士亦表示吸煙是青少年濫用藥物的第一步，情況令人關注。香港大學醫學院護理學系一直密切關注青少年戒煙的問題，更聯合香港大學社會工作學系、社會工作及社會行政學系及香港吸煙與健康委員會推出本港首條專為青少年而設的電話戒煙服務，針對青少年的需要和特性，希望提高青少年戒煙的成功率，減低煙草對他們造成的傷害。

初步研究

上述數據於2005年12月一個由香港吸煙與健康委員會委託的刊物發表，負責調查的香港戒煙健康中心醫學研究員及社會工作學系助理教授及社會工作學系助理教授。研究調查分析了125名15歲以下，於2005年9月至2006年1月間曾戒煙的青少年，他們中絕大多數是青少年，包括他們的煙癮。

煙癮青少年特點

是於約吸煙青少年中，他們的第一支煙多來自朋友給他們的，他們每吸煙。

成人成功30%

經過三個月電話輔導後，有兩成半青少年成功在七日內沒有吸煙，近半數曾至少一次嘗試戒煙，平均每日減少吸食三點二五支香煙。港大李嘉誠醫學院助理院長陳肇基指成年人戒煙成功率為三成，對青少年戒煙成果感滿意。

熱線輔導員陳懷瑛稱，正協助一名在八歲時開始吸煙的廿歲青少年戒煙，他高峰時每日吸三十支煙，已訂下兩月內每日戒十支煙的目標。公共衛生學院社會醫學系系主任林大慶指吸煙與飲酒有莫大關係，批評政府降低酒稅是間接鼓勵青少年吸煙。

熱線新招募十五人進行朋輩輔導，若致電熱線28559557而成功戒煙，有機會獲得二千元獎金。

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【本報訊】青少年吸煙情況嚴重，青少年戒煙輔導熱線自○五年投入服務以來，共接獲二千一百七十多個求助電話，當中一成半需接受戒煙輔導。在三百多宗輔導個案中，半數為十八歲以下，平均在十四歲時開始吸煙，三成二人每日平均吸食約一包香煙，經過三個月輔導後，兩成半個案成功戒煙。

自禁煙條例實施以來，戒煙輔導熱線每月平均收到約一百一十個求助電話，較法例實施前增加近兩成，每月新增輔導個案亦上升一成。在三百三十九宗熱線輔導個案中，六成成人有飲酒習慣，五成半人的家人是煙民，逾六成人每日吸食少於十支香煙，但有百分之六人每日吸多於一包香煙。

成人成功率30%

經過三個月電話輔導後，有兩成半青少年成功在七日內沒有吸煙，近半數曾至少一次嘗試戒煙，平均每日減少吸食三點二五支香煙。港大李嘉誠醫學院助理院長陳肇基指成年人戒煙成功率為三成，對青少年戒煙成果感滿意。

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逾六成求助是學生 青少年戒煙熱線成效佳

青少年戒煙熱線「Youth Quitline」自二○一五年起投入服務，成立熱線的香港大學昨日公佈成效，發現熱線成功令接近四分之一的參加者，於六個月跟進時間內成功戒煙，亦令未能戒煙的參加者減少煙量。同時，逾四成參與者有輕微或以上的抑鬱情緒，經戒煙熱線電話輔導後，參加者的抑鬱情緒問題及對戒煙信心等情況均有所改善。

由港大設立的戒煙熱線，是港大第一條專為二十歲或以下青少年服務的熱線，自二○一一年十月起，獲衛生署控煙辦公室撥款資助，至今已獲第三期的資助。港大公佈，戒煙熱線成立至今共處理九千二百六十七個電話查詢，及為一千九百五十二名青少年提供電話輔導。而本年度的參加戒煙熱線的人數為一百六十二人，當中逾八成為男性，平均年齡為十九點九歲，逾六成為全職學生。

戒煙熱線成立至今，參加者對煙害的認識和對戒煙的信心，亦分別上升了約一成和百分之五，戒煙困難和抑鬱情緒分別下降百分之七和一成五。成立至今，已有約兩成三的參加者在六個月跟進時間內成功戒煙，另外逾一成參加者則減少煙量一半。

此外，有抑鬱情緒的吸煙青少年較多認為戒煙比較困難，並且對成功戒煙信心較低，參加者抑鬱情緒程度愈高，愈認同生活壓力是戒煙的障礙。

東方日報 11/8/07

Research findings (2): Determinants of smoking



Original Investigation

Patterns and Predictors of Quitting Among Youth Quitline Callers in Hong Kong

David C. N. Wong, Ph.D., C.Stat,¹ Sophia S. C. Chan, Ph.D., M.P.H.,¹ Daniel Y. T. Fong, Ph.D.,¹ Angela Y. M. Leung, Ph.D.,¹ Debbie O. B. Lam, Ph.D.,² & Tai-Hing Lam, M.D., M.Sc.³

- Factors that promote sustained quitting
 - Having a family member or friends who had quit smoking
 - Enjoyed physical health in the past month
 - Higher confidence and self-efficacy to quit
 - Used 5Ds strategies to stop smoking
- Factors that hinder sustained quitting
 - More depressive symptoms
 - Living with household members who smoked
 - High perceived difficulty to quit smoking

Research findings (3): Determinants of smoking



Original investigation

Depressive Symptoms Delayed Quit Attempts and Shortened Abstinence in Young Smokers of the Hong Kong Youth Quitline

David C. N. Wong PhD, CStat¹, Sophia S. C. Chan PhD, MPH¹,
Tai-hing Lam MD, MSc²

- Depressive symptoms stall quit attempt and hasten relapse
- Need of cessation treatment model that address co-occurring depression

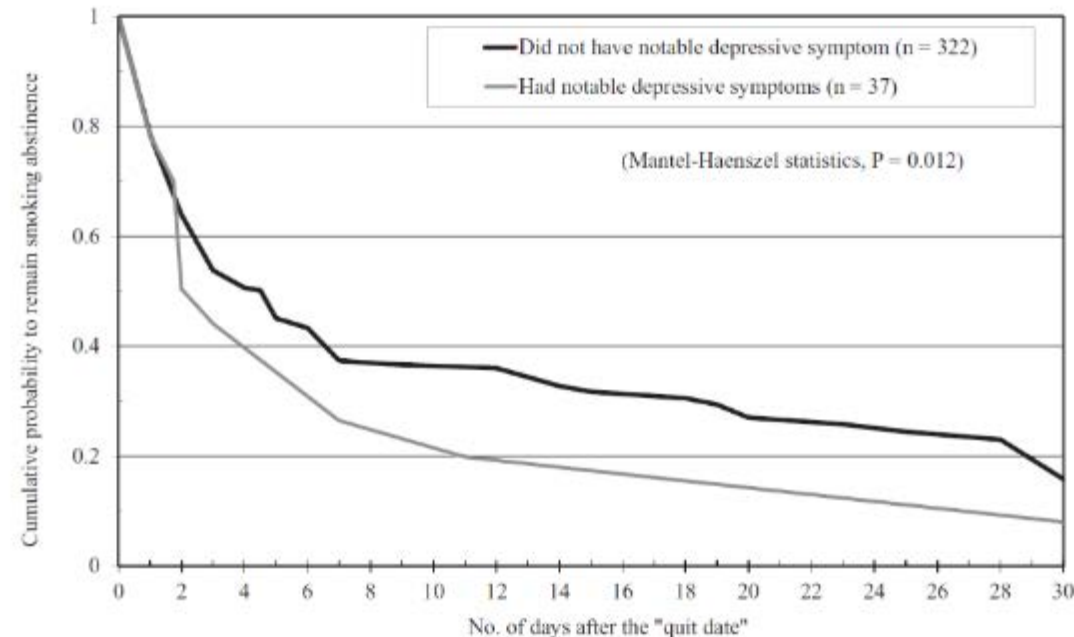


Figure 4. Number of days that smoking abstinence was maintained during quit attempts ($n = 359$). A total of 359 young smokers were successfully followed-up at least once after their baseline telephone counseling, and reported that they had started a quit attempt.

Research findings (4): Quitting process of Youth Quitline users

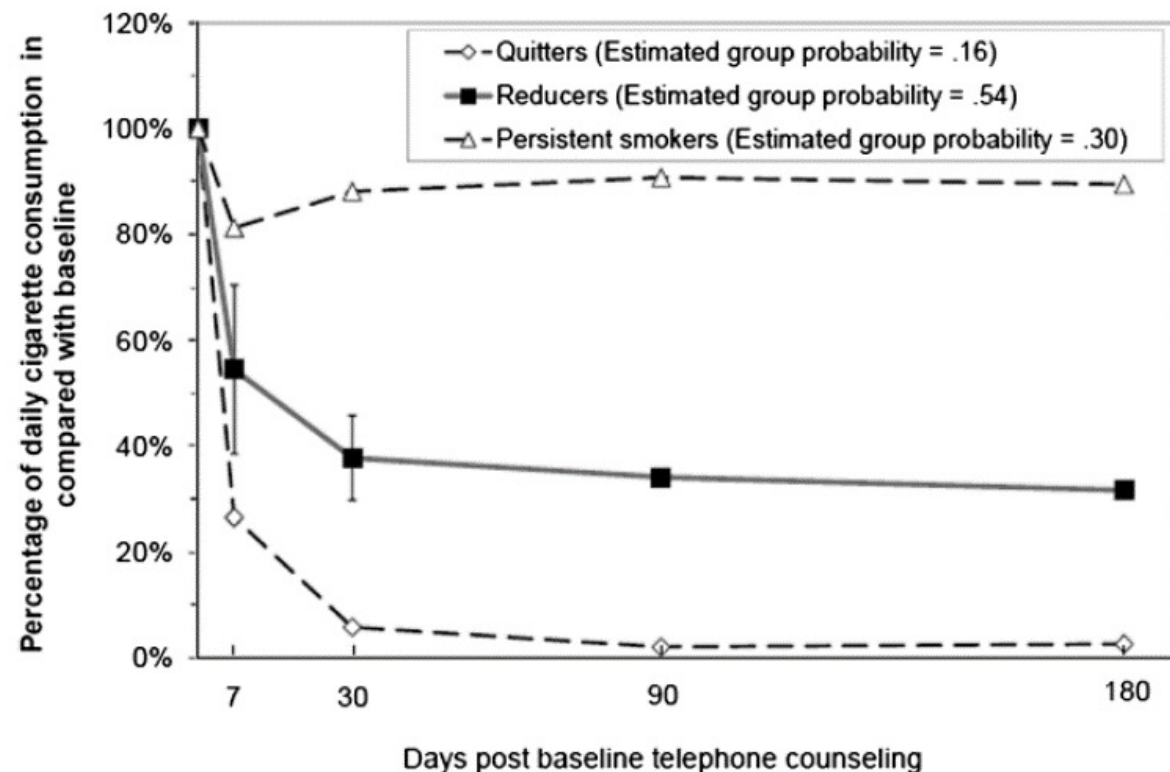


Original Investigation

Quitting Trajectories of Chinese Youth Smokers Following Telephone Smoking Cessation Counseling: A Longitudinal Study

David C. N. Wong, Ph.D., CStat,¹ Sophia S. C. Chan, Ph.D., M.P.H.,¹ Daniel Y. T. Fong, Ph.D.,¹ Angela Y. M. Leung, Ph.D.,¹ Debbie O.B. Lam, Ph.D.,¹ & Tai-Hing Lam, M.D., M.Sc.³

- Group-based trajectory modelling identified three distinct quitting trajectories
 - Quitter (16%)
 - Reducers (54%)
 - Persistent smokers (30%)



Research findings (5): Co-existing health risk behaviours



ORIGINAL ARTICLE

Exploratory study on the relationship between smoking and other risk behaviours among young smokers

Ho et al. Volume 27, Issue 13-14, 2859-67.

- 45.5% of Youth Quitline users reported engaging in at least one risk behaviour other than smoking
- Smoking serves as a gateway for more serious risk behaviours during adolescence
- Alcohol drinking is a significant barrier to quit smoking

TABLE 2 Prevalence of different risk behaviours in the participants (N = 1,147)

	N (%)
Drinking alcohol	
Yes	277 (24.2)
No ^a	870 (75.8)
Physical inactivity	
Yes ^b	450 (39.2)
No	697 (60.8)
Unhealthy diet	
Yes ^c	482 (42.0)
No	665 (58.0)
Drug abuse ^d	
Yes	42 (3.7)
No	1,105 (96.3)

^aDrank at least once over the past month.

^bDid not perform at least 30 min of moderate to vigorous physical activity in the past week.

^cHad breakfasts ≤ 6 days/week; fruits and vegetables ≤ 1 times/day; milk products ≤ 2 days/week; soft drinks ≥ 1 times/day or fast foods ≥ 2 times/day.

^dAbused drug in the past week.

Research findings (6): Impact of smoke-free legislation*



SSC Chan 陳肇始
DYP Leung 梁燕萍
AYM Leung 梁綺雯
DOB Lam 林愛冰
DYT Fong 方以德
TH Lam 林大慶

STUDIES IN HEALTH SERVICES

New anti-smoking legislation on youth smoking and quitting behaviours via a smoking cessation hotline

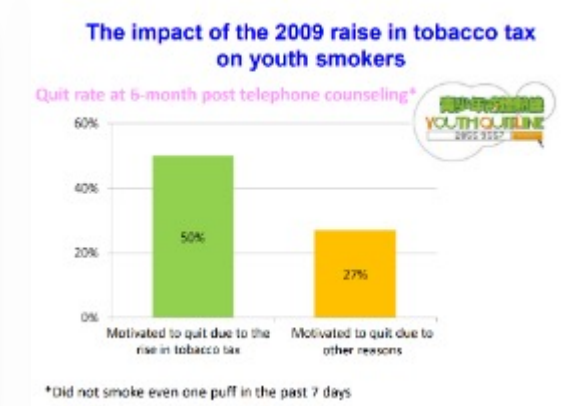
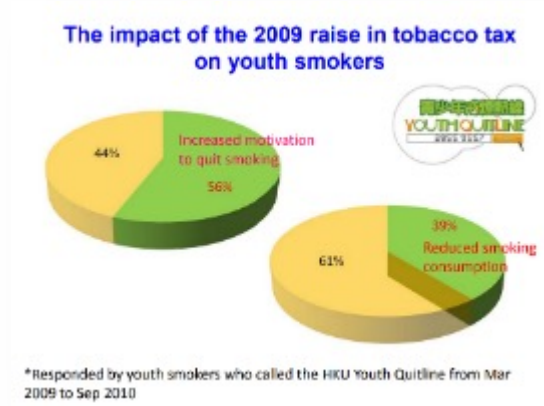
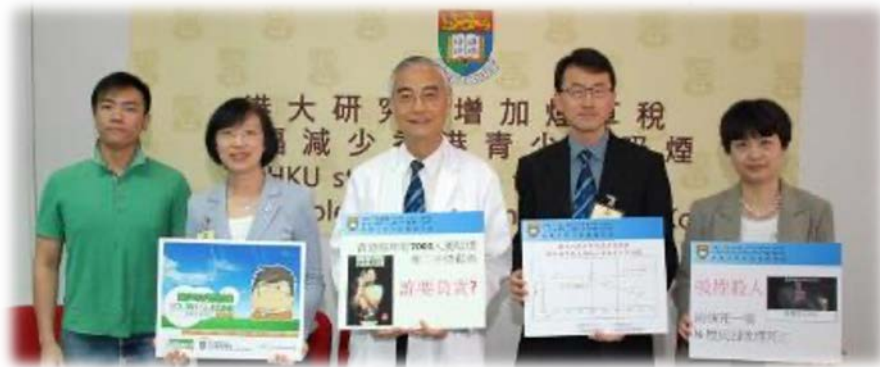
- Implementation of comprehensive smoke-free legislation on 1 January 2007
 - Initial increase of 16.5 incoming calls per week ($P < 0.001$)
 - Increased recruitment rate from 32% to 38% ($P < 0.008$)
- Denormalisation of smoking in youths
 - Reduced smoking at school (17% vs 7%; $P < 0.001$),
at social events (15% vs 6%; $P < 0.001$), and
at places for entertainment (from 24% to 12%; $P = 0.02$),

Policy implications of HKU Youth Quitline

- Established in 2005, the HKU Youth Quitline provided a model for future cessation service providers in Hong Kong



- Research findings from the HKU Youth Quitline have provided evidence to support more stringent tobacco control policies, e.g., raising tobacco tax by 41.5% in 2011



Public education and policy advocacy of HKU Youth Quitline

- 10+ press conferences were held to disseminate key research findings for policy advocacy and public education

- 21 Oct 2021 > HKUMed welcomes the approval of the Smoking (Public Health) (Amendment) Bill 2019
- 29 Apr 2021 > Use of new tobacco products hits record high among youth smokers, HKU Youth Quitline survey finds
- 31 May 2018 > HKU Youth Quitline Smoking Cessation Hotline Helps Youths Quit Smoking, Reduce Risk Behaviours and Promote Physical and Psychological Health
- 10 Nov 2016 > HKU Youth Quitline Smoking Cessation Hotline Helps a Quarter of the Participants Quit Smoking and Reduce Youth Smokers' Depressive Mood
- 22 Apr 2015 > HKU Youth Quitline appreciates peer smoking cessation counsellors in the 10th anniversary celebration ceremony
- 07 Jan 2014 > Tobacco Control Office funded "Youth Quitline" established by HKU to expand services for youth quitters
- 15 Mar 2012 > Opening ceremony of HKU's Youth Quitline Centre Relieving depressive symptoms facilitates youth smokers to quit successfully
- 28 Apr 2011 > HKU study provides first evidence that rise in tobacco tax curbs adolescent smoking



Electronic cigarette use is not associated with quitting of conventional cigarettes in youth smokers

Man Ping Wang¹, William H. Li¹, Yongda Wu¹, Tai Hing Lam² and Sophia S. Chan¹

- First report on the prospective associations of e-cigarette use with cigarette quitting in youth smokers

Table 2. Association between ever e-cig use and quitting cigarette smoking and quit attempts in all participants at the 6-month follow-up

	N	Outcome ^a		Effect size ^b	Raw coefficient (95% CI) ^c	
		No E-cig use	E-cig use		Model 1	Model 2 ^d
Quitting cigarette	189	20.8%	13.4%	0.10	0.59 (0.27 to 1.28)	0.56 (0.24 to 1.35) ^e
Quit attempts	89	2.1 ± 2.4	3.1 ± 3.2	0.35	1.32 (0.05 to 2.60) ^f	1.26 (-0.13 to 2.66)

Table 3. Association between ever e-cig use and quitting-related outcomes in non-quitters at the 6-month follow-up

	N	Outcome (mean ± SD) ^a		Effect size ^b	Raw coefficient (95% CI) ^c	
		No E-cig use	E-cig use		Model 1 ^d	Model 2 ^e
Intention to quit	61	80.8%	68.6%	0.14	0.51 (0.15 to 1.72)	0.55 (0.15 to 2.05)
Nicotine dependence ^f	57	1.5 ± 1.6	2.6 ± 2.1	0.61	1.02 (0.00 to 2.04)	0.75 (-0.39 to 1.90)
Number of cigarettes consumed per day ^g	65	7.2 ± 6.4	8.7 ± 6.9	0.22	1.38 (-1.98 to 4.73)	1.47 (-2.21 to 5.15)
<i>Perceived self-efficacy in quitting smoking^h</i>						
Importance in successfully quitting cigarette smoking	56	7.9 ± 1.9	6.6 ± 2.3	0.59	-0.85 (-1.93 to 0.24)	-0.76 (-2.01 to 0.49)
Confidence in successfully quitting cigarette smoking	55	5.0 ± 2.8	5.3 ± 2.5	0.09	0.06 (-1.49 to 1.62)	-0.13 (-1.80 to 1.54)
Difficulties in successfully quitting cigarette smoking	50	3.8 ± 2.9	3.2 ± 2.5	0.25	-1.06 (-2.69 to 0.56)	-0.75 (-2.38 to 0.88)

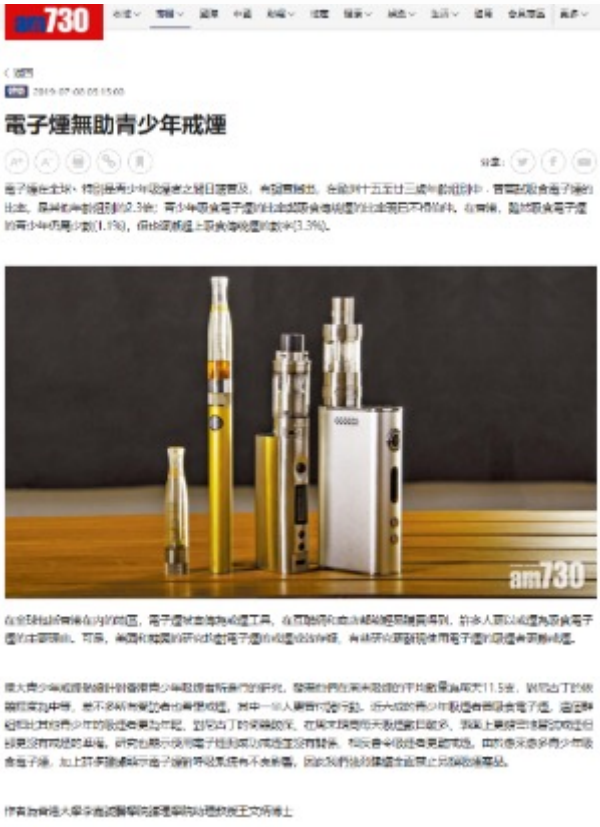
Policy implications of HKU Youth Quitline

- The HKU Youth Quitline has been a main proponent of a total ban of alternative smoking products, including electronic cigarettes and heated tobacco products
- Widespread publicity to raise public awareness and support
 - Press conferences
 - Mass petition



Policy implications of HKU Youth Quitline

- Widespread publicity to raise public awareness and support
 - Press media
 - Media interview
 - Signature campaign



支持「全面禁止電子煙及其他新煙草產品」
簽名行動



香港吸煙與健康委員會聯同多個醫學團體、控煙組織、學術團體及非政府組織發起簽名行動，邀請全港各界別市民、公司及機構參與和支持，促請政府儘快立法全面禁止電子煙及其他新煙草產品(包括加熱非燃燒煙草製品)，同時為全面禁煙訂立時間表，以保障公眾健康，建設無煙香港。

立即按此
簽名支持

已有**53657**市民及公司/機構
支持「全面禁止電子煙及其他新煙草產品」並訂立全
面禁煙的時間表

支持名單



Policy implications of HKU Youth Quitline

- In mid-2018, the Government originally proposed to regulate ASPs
- In the Policy Address, the Government revised the proposal to a total ban of ASPs:

182. Since the Government proposed to legislate for the regulation of e-cigarettes and other new smoking products in the middle of this year, the medical professions, education sector, parents and many members of the public have expressed concerns about the adoption of a regulatory approach for the issue. They are worried that allowing the sale of e-cigarettes and other new smoking products with restrictions in the market will not be adequate to protect public health, and will bring about very negative impact on children and adolescents in particular. After weighing the pros and cons of a regulatory approach as opposed to a full ban, I have decided that, with the protection of public health as the prime consideration, the Government will submit proposed legislative amendments in this legislative session to ban the import, manufacture, sale, distribution and advertisement of e-cigarettes and other new smoking products.

- The legislation to a total ban of ASPs eventually passed on 21 Oct 2021, which will come into effect on 30 April 2022

News

HKUMed welcomes the approval of the Smoking (Public Health) (Amendment) Bill 2019



Future development of the HKU Youth Quitline

Building social media presence

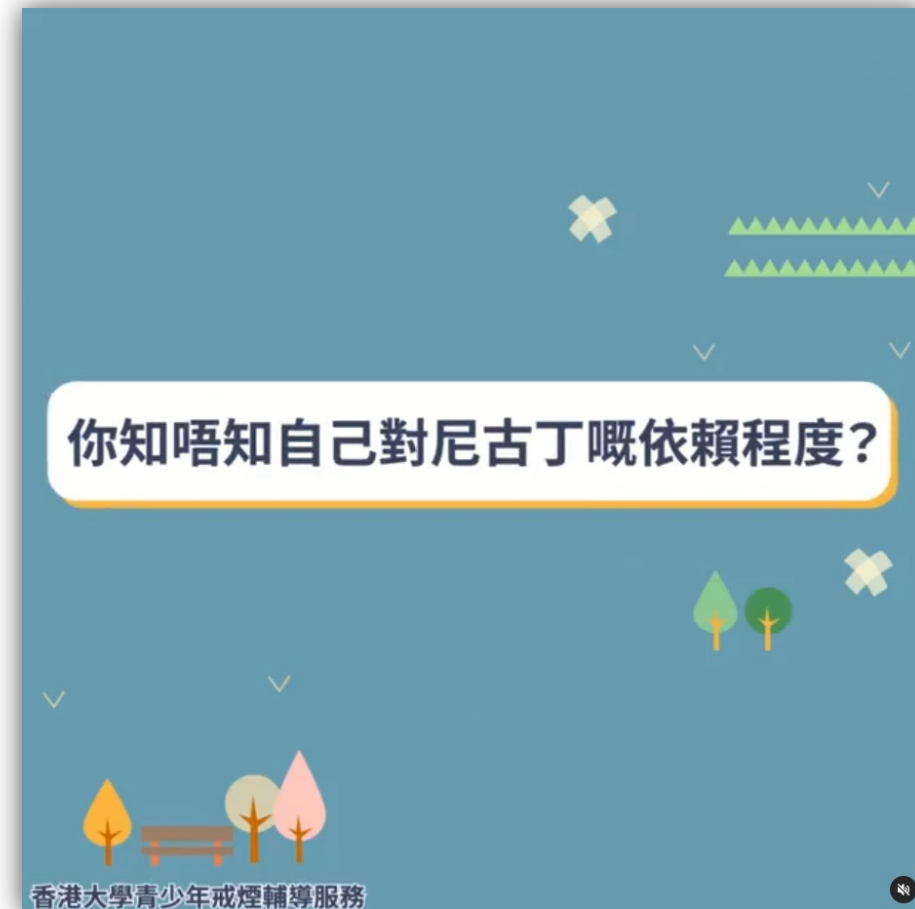
- Since March 2021, HKU Youth Quitline has strengthened the accessibility and reach of the YQL service via Facebook page, Instagram



Instagram posts



Social media posts (videos)

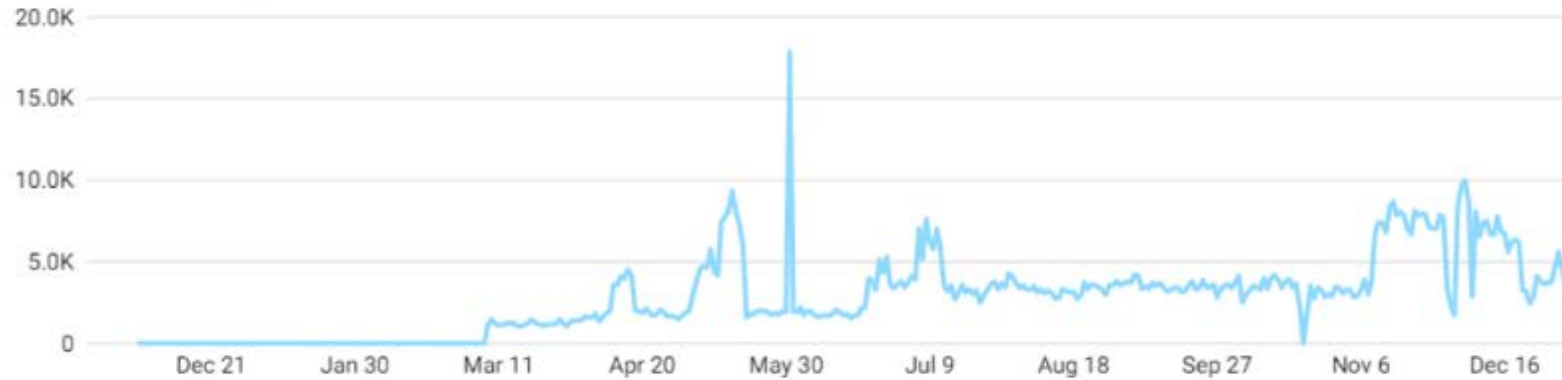


YQL Facebook and Instagram reach*

Figure. Facebook page and Instagram reach* of YQL from 1 Dec 2020 to 31 Dec 2021

Facebook Page Reach ⓘ

180,269 ↑ 429.1K%



Instagram Reach ⓘ

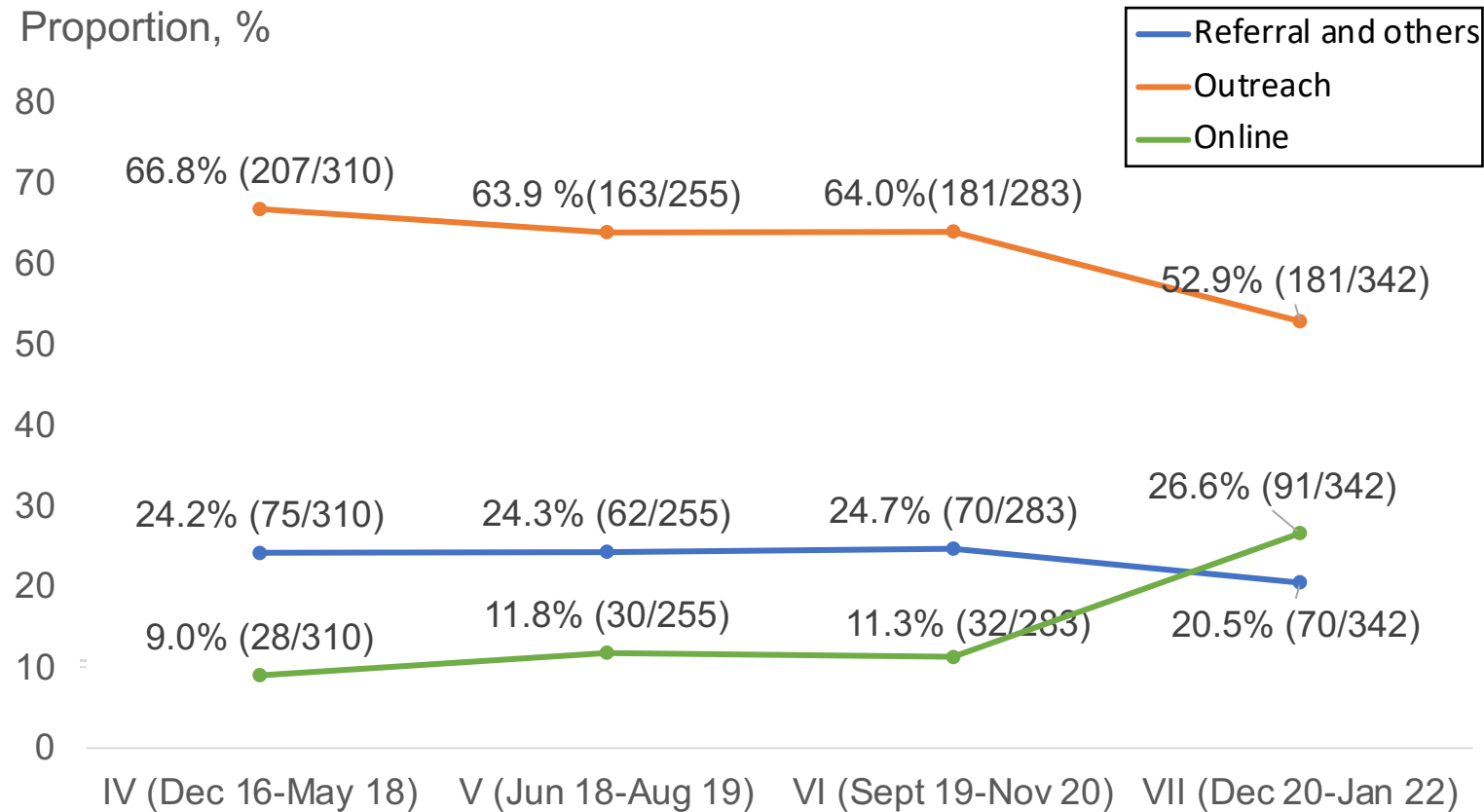
131,059 ↑ 100%



- Near zero social media activity before March 2021
- Number of posts in Facebook and Instagram was strongly correlated to number of users recruited online (Spearman's $\rho = 0.89$; $P < 0.0001$)

*No. of unique users exposed to any content from the Facebook page/ Instagram

Sources of recruitment by phases



- Online recruitment increased by 150% after using social media for promotion and recruitment
- Participants recruited online (vs other means) are older, more addicted to smoking, and more likely to be depressive

Emergence of waterpipe smoking

- Data from HKU Youth Quitline showed a growing trend of waterpipe smoking

Figure 1. Prevalence of ever waterpipe smoking

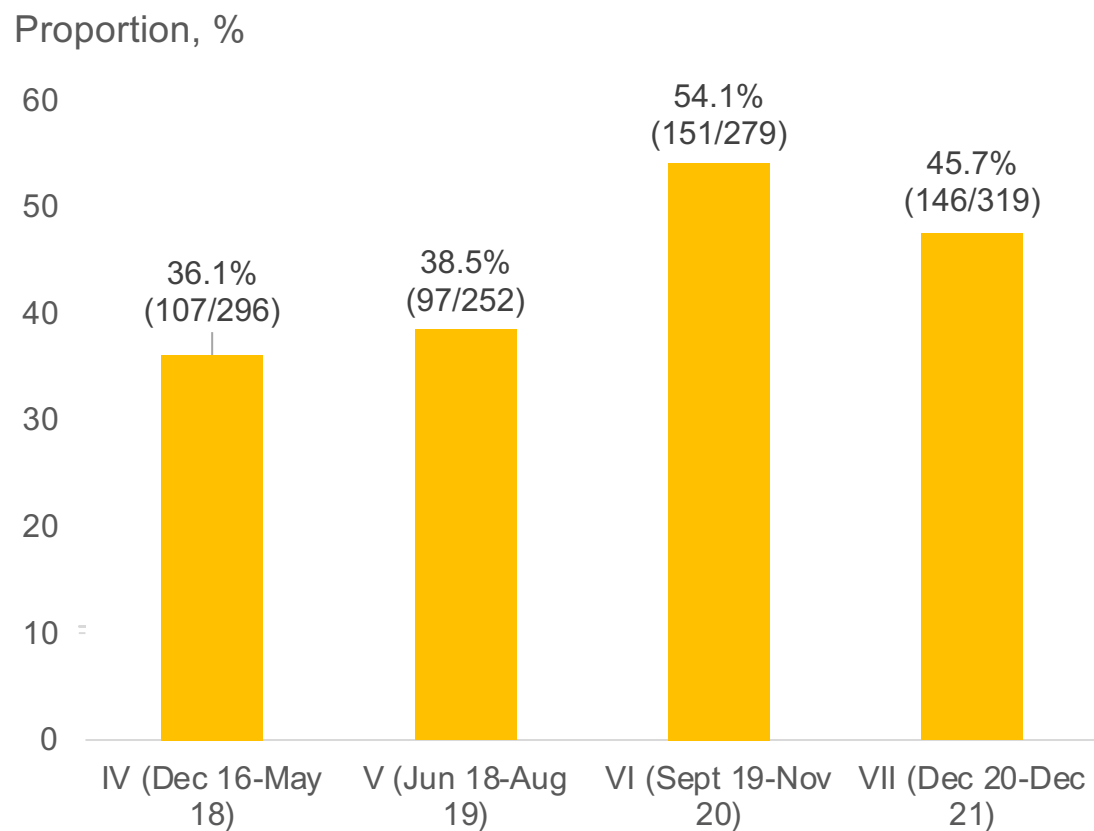
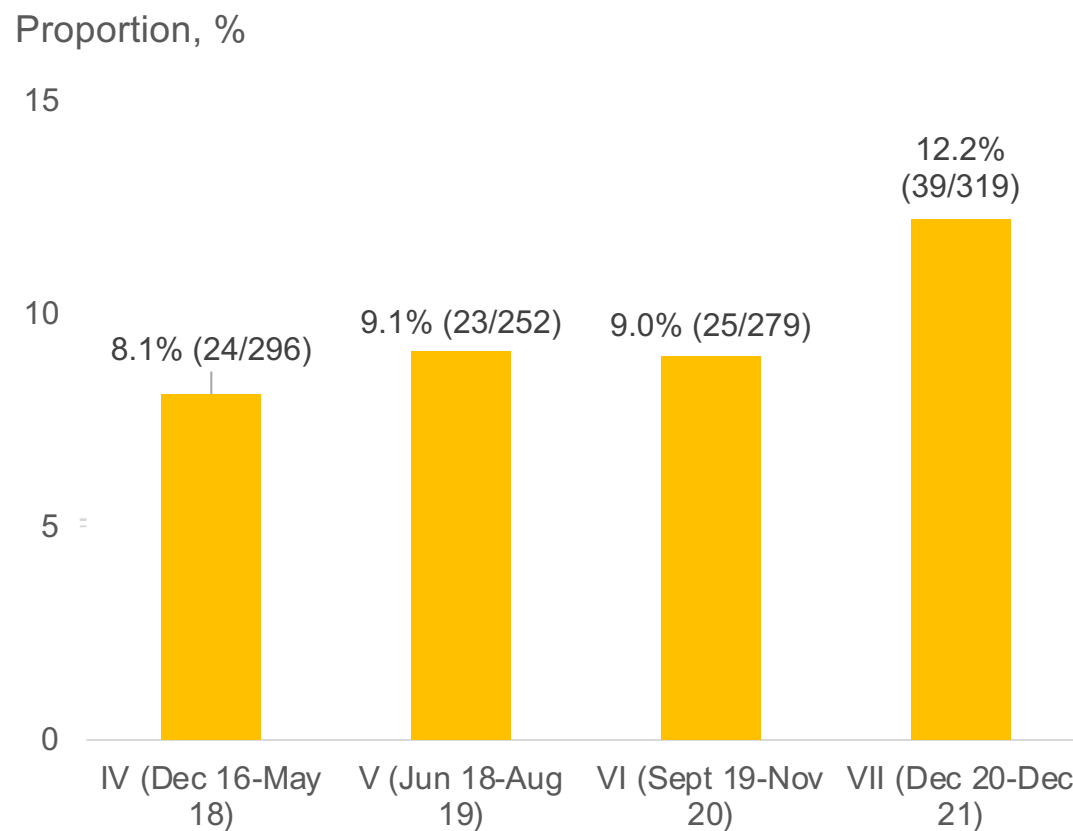
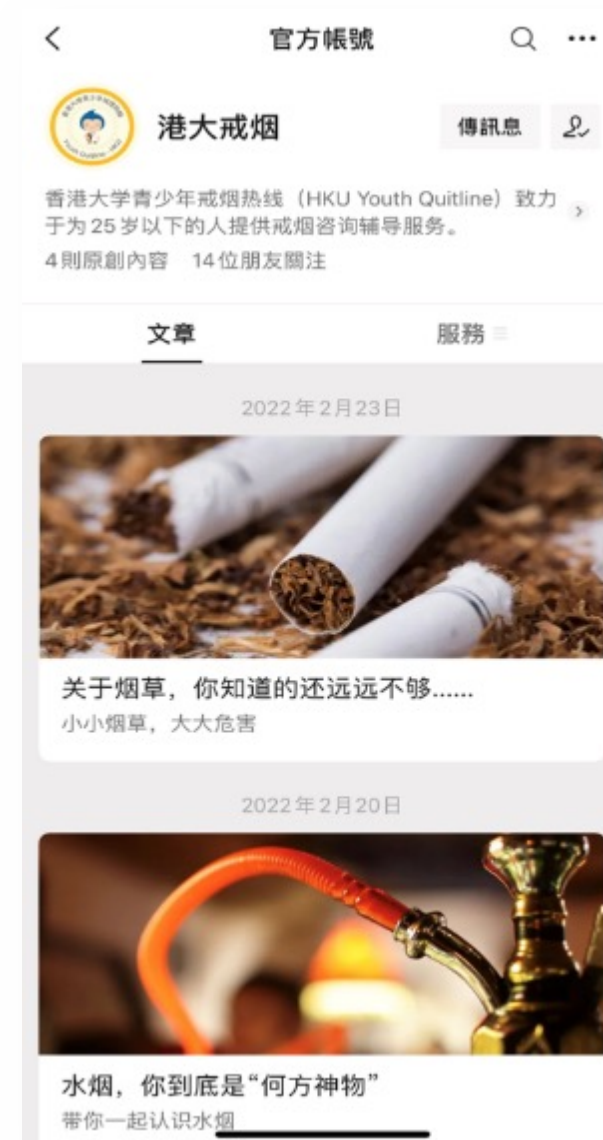


Figure 2. Prevalence of past-30 day waterpipe smoking



Other future developments

- Continue to provide high quality services
- Development of novel interventions e.g., chatbot, personalised data driven intervention
- Continue to support new tobacco control advocacy and policy
- Generate evidence to inform other youth services
- Provide service for youth in the Greater Bay Area



Acknowledgement

- Food and Health Bureau
- Peer counsellors
- Smoking Cessation Research Team, HKU School of Nursing

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Facebook page
www.facebook.com/yquitline

