

戒煙治療 實用手冊

PRACTICAL
HANDBOOK FOR
SMOKING CESSATION
TREATMENTS



衛生署控煙酒辦公室

Tobacco and Alcohol Control Office
Department of Health



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1 簡介

在香港，吸煙仍是最主要而可預防的致死原因。吸煙和二手煙引致的疾病為社會帶來了沉重的醫療和經濟負擔。本港每年與吸煙相關的死亡人數估計約 6 100 人（35 歲及以上），而因吸入二手煙致死的則超過 670 人。¹

不論任何年齡，戒煙都能為健康帶來即時和長遠裨益。²除了顯著降低患上與吸煙相關疾病的風險，亦有效延緩長期病患者病情惡化，以及降低死亡風險。要成功戒煙，戒煙者除了要克服尼古丁的「癮」外，還需調節行為及生活模式以作配合。

戒煙方法有很多種，包括自行戒煙、網上戒煙程式或短訊、醫護人員簡短戒煙建議、戒煙輔導和藥物治療。這些都是實證有效的方法，不同方法配合使用及增加使用次數更可提高戒煙成功率。³最有效的戒煙方式是以戒煙輔導配合藥物治療。^{3,4}

雖然大部分成功戒煙者都單靠意志戒煙，但不使用任何輔助戒煙方法的六個月戒煙成功率一般只有 3% 至 5%。⁵世界衛生組織提倡所有醫護人員皆應向吸煙者提供簡短戒煙建議。¹⁰由醫生、牙醫、護士、社區藥劑師及其他醫護人員提供的簡短戒煙建議均有效幫助戒煙。⁶⁻¹⁰研究顯示，三分鐘或以內的戒煙建議亦能把成功率提高 30%。³

戒煙藥物能有效提升戒煙成功率，單獨使用戒煙藥物的六個月戒煙成功率介乎 19.0% 至 33.2%。³目前香港有兩大類戒煙藥物：尼古丁替代藥物（包括戒煙貼、戒煙糖和戒煙香口膠）和瓦倫尼克林。單獨使用尼古丁替代藥物可增加戒煙成功率近一倍，而使用瓦倫尼克林或配合使用長效加短效尼古丁替代藥物的成功率可以增加接近兩倍。¹¹

如診症期間未能提供全套戒煙療程，「極簡短戒煙建議」是另一個有效的選擇。使用「極簡短戒煙建議」並不需要深入的戒煙知識，而且由各類醫護人員提供均有成效。³「極簡短戒煙建議」流程載於附錄

1 Introduction

Smoking remains the leading preventable cause of death in our population. Diseases caused by smoking and secondhand smoke have imposed heavy medical and economic burden on our society. Annually, about 6 100 deaths (aged 35 and over) in Hong Kong were related to active smoking, and over 670 deaths were attributed to secondhand smoke exposure.¹

Quitting is beneficial to smokers of all ages and brings immediate and long-term health benefits.² It significantly reduces risk of smoking related illnesses, and prevents disease progression and mortality in persons with chronic illness. Apart from dealing with the problem of nicotine dependence, behaviour modification and adjustment on lifestyle during the course of smoking cessation are also essential.

Effective cessation methods include self-help, web-based intervention, brief advice by health professionals, behavioural support, and pharmacotherapy. Each intervention is effective independently, and quit rate increases when they are used in combination and with increasing intensity of intervention.³ The most effective way to quit is the combination of pharmacotherapy with behavioural support.^{3,4}

Although the majority of smokers attempted to quit did so without assistance, studies found the 6-month abstinence rates of unassisted quitting to be low, ranging from 3% to 5%.⁵ Brief advice on smoking cessation is effective when it is delivered by physicians, dentists, nurses, community pharmacists, and other health professionals,⁶⁻¹⁰ and it is advocated by the World Health Organization (“WHO”).¹⁰ Offering advice as brief as three minutes or less has also been shown to increase quit rate by 30%.³

Pharmacotherapy effectively increases quit rate. The 6-month abstinence rates by pharmacotherapy alone ranged from 19.0% to 33.2%.³ Currently two types of pharmacotherapy are available in Hong Kong: nicotine replacement therapy (“NRT”, including patch, gum and lozenge) and varenicline. Using NRT alone can nearly double the odds of quitting, while

6.1，醫護人員亦可登入 <https://vba.livetobaccofree.hk> 參加「極簡短戒煙建議」的 15 分鐘網上課程及下載病人單張及轉介指南等實用資源。

戒煙能挽救生命。各醫護人員應在日常診症時提供戒煙治療，以提升醫療服務。為鼓勵更多同業在社區參與和提供戒煙服務，本手冊分享了全套戒煙療程（包括戒煙輔導及戒煙藥物）的資訊。本手冊的內容主要分為三部份：

戒煙輔導 闡述各種諮詢和輔導技巧，如「5A 和 5R 模式」、動機式訪談法及行為改變模式評估等。

戒煙藥物 尼古丁替代藥物和非尼古丁類藥物治療所包含的各種藥物的使用方法和注意事項。

資料 香港戒煙服務的資料及轉介方法

using varenicline or a combination of long-acting and short-acting NRT can nearly triple the odds.¹¹

If a comprehensive smoking cessation treatment is not feasible in a busy clinic setting, delivery of Very Brief Advice on Smoking Cessation (“VBA”) is an effective alternative. Delivery of VBA does not require detailed knowledge in smoking cessation and it is effective when delivered by a wide range of health professionals.³ The workflow of VBA is at **Appendix 6.1**. A 15-minute online training course and relevant information such as patient pamphlet, referral guide, etc., can be downloaded from <https://vba.livetobaccofree.hk>.

Smoking cessation is life-saving. Provision of smoking cessation treatment in day-to-day practice for better patient care is highly recommended. To encourage healthcare partners’ participation and provision of smoking cessation service in the community, this handbook shares with you the experience of providing a comprehensive smoking cessation treatment (including counselling and pharmacotherapy). There are three main parts in this handbook:

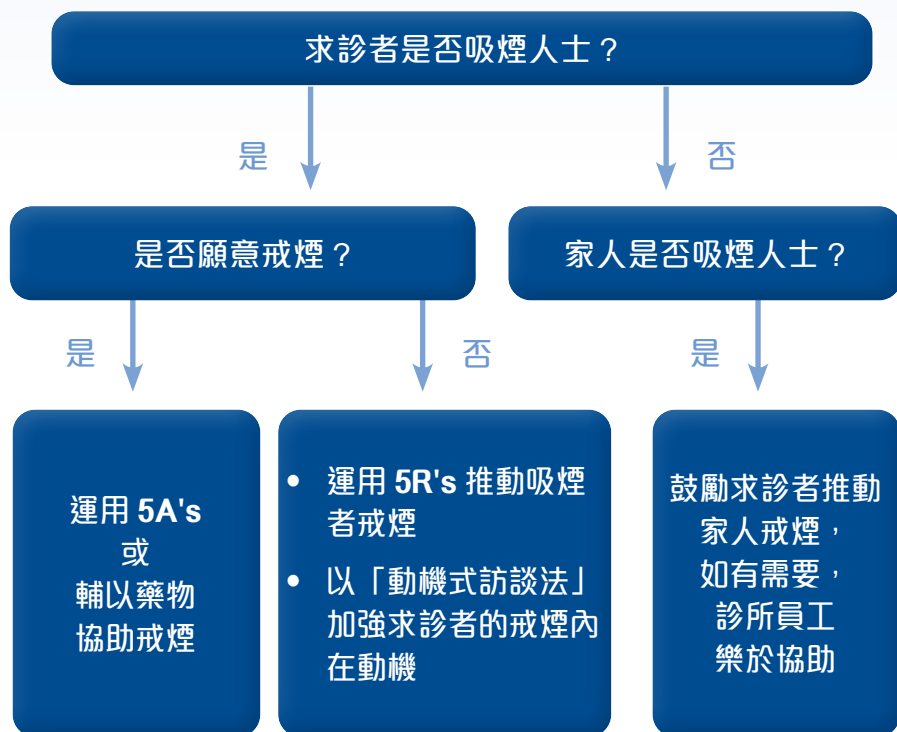
Smoking Cessation Counselling Elaboration on brief interventions and various counselling skills on smoking cessation, such as Brief Advice, Motivational Interviewing and assessment by means of the Transtheoretical Model of Change.

Pharmacotherapy The methods of use and points to note on different products of nicotine replacement therapy and non-nicotine medication.

Information Information on smoking cessation service provided in Hong Kong and mode of referral.

1.1 戒煙輔導簡介

本手冊介紹的戒煙計劃適合任何吸煙者，內容以輔導為主，有需要時配以藥物或儀器協助。整個計劃採用了不同的輔導技巧（圖一），如以 5A 技巧來協助準備戒煙者作出行動，或以 5R 及「動機式訪談法」去鼓勵及推動未有心理準備的吸煙者戒煙。



圖一 評估戒煙決定

1.1 Synopsis of Counselling Programme

The smoking cessation counselling programme illustrated in this information kit suits all tobacco users. Counselling is the focus of the programme and is supplemented by medication or devices where appropriate (Figure 1). Throughout the programme, various counselling skills such as 5A's are used to assist ready quitters to take decisive actions, or 5R's and motivational interviewing are employed to motivate smokers who are not yet ready to quit.

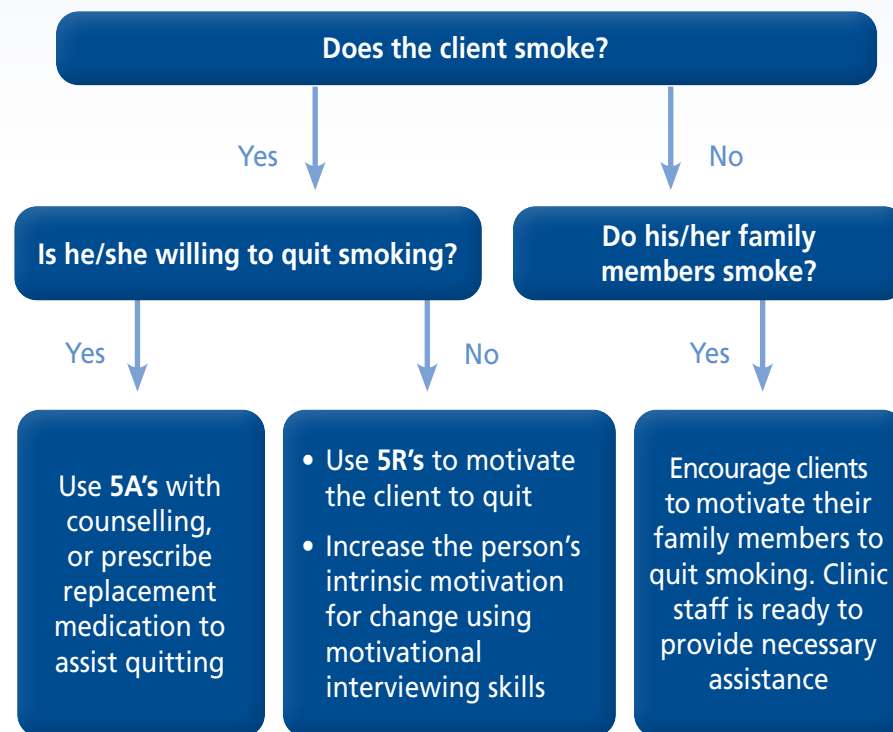
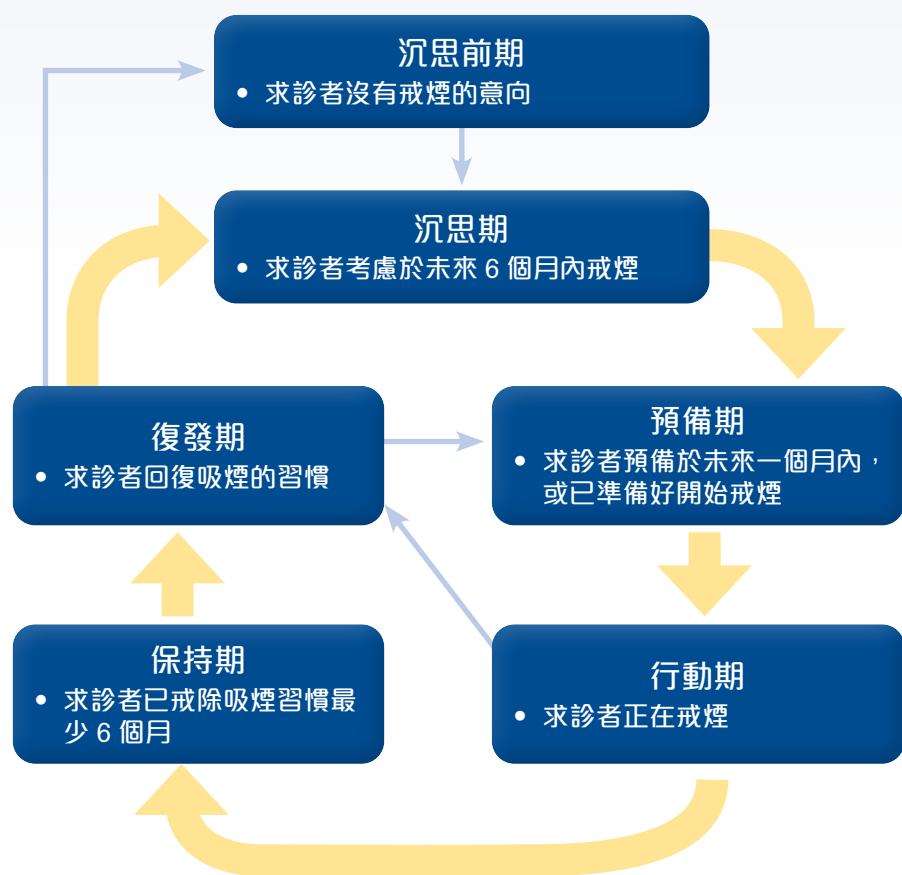


Figure 1 Assessment of decision on smoking cessation

1.2 行為改變模式

醫護人員應訂立一套機制，記錄每位求診者的吸煙狀況，把每位吸煙求診者納入為戒煙服務的對象，並透過「行為改變模式」¹²（圖二）來評估求診者的意願。



圖二 行為改變模式

1.2 Transtheoretical Model of Change

Health professionals should establish a sustainable mechanism to record the smoking status of individual clients, and to include all smoking clients as service targets. The clients' intention to quit can be assessed by means of the Transtheoretical Model of Change (Figure 2).¹²

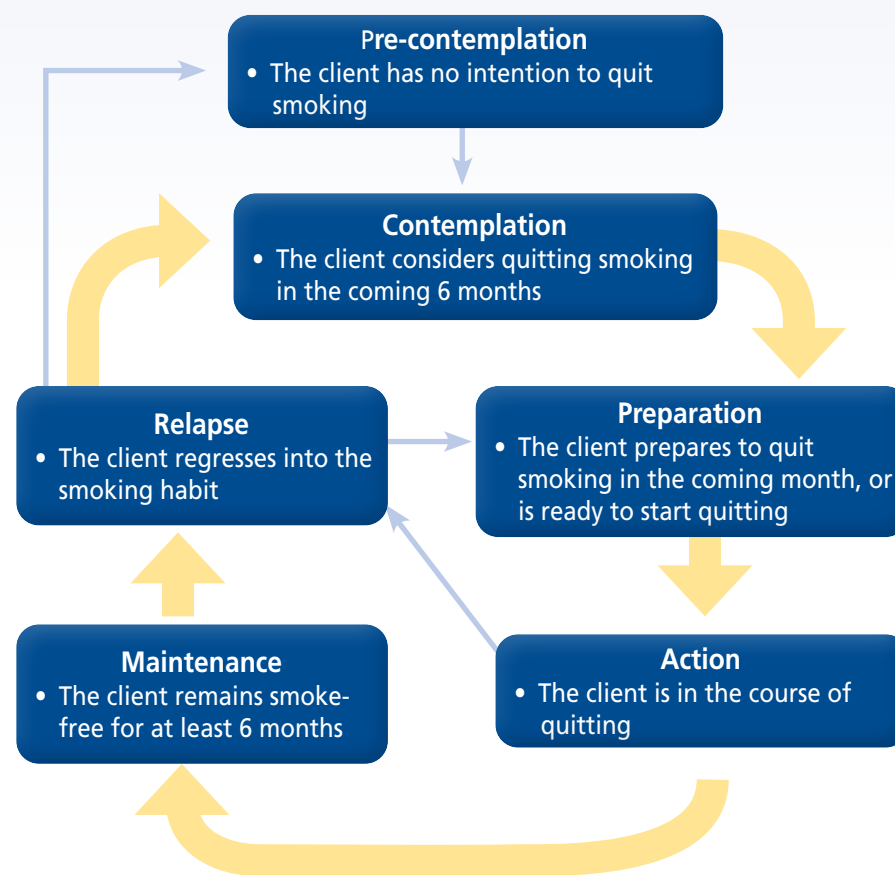


Figure 2 Transtheoretical Model of Change

1.3 基層醫護人員的角色

專業人員的意見可對個人健康選擇有非常大的影響力。基層醫護人員在日常服務過程中能接觸到超過八成吸煙者。¹⁰ 研究發現，由各類醫護人員所提供的簡短戒煙建議均有助增加戒煙率：

| 醫護人員 | 六個月跟進時的戒煙率 |
|---------------|---|
| 醫生 | 增加 66% (RR=1.66, 95% CI 1.42-1.94) ⁶ |
| 牙醫及牙科 輔助人員 | 增加 71% (OR=1.71, 95% CI 1.44-2.03) ⁷ |
| 護士 | 增加 27% (RR=1.27 95% CI 0.99-1.62) ⁸ |
| 社區藥劑師 | 增加約 2 倍 (RR=2.30, 95% 1.33-3.97) ⁹ |

RR – Relative risk 相對風險
OR – Odds ratio 比值比
CI – Confidence interval 置信區間

醫護人員在控煙工作上扮演著重要角色。世界衛生組織建議所有醫護人員應至少：

- 樹立無煙榜樣；
- 視治療煙草依賴為標準護理的一部分；
- 評估接觸二手煙的機會，並提供避免接觸二手煙的資訊，例如鼓勵有吸煙習慣的家庭成員戒煙、訂立無煙家庭規則。¹⁰

醫護人員可利用以下社區資源，為求診者提供簡要的戒煙資訊（詳情見第 5 節：戒煙支援），例如：

- 戒煙熱線
- 戒煙診所 / 中心
- 網上資源
- 免費自助素材

1.3 Role of Primary Care Providers

Advice from health professionals can have significant impact on an individual's health choices. Primary care providers have the potential to reach more than 80% of all smokers in their daily practice.¹⁰ Brief advice by all types of healthcare workers effectively increase quit rate:

| Providers | Change in tobacco abstinence rate at 6-month follow-up |
|---|---|
| Physicians | Increases by 66% (RR=1.66, 95% CI 1.42-1.94) ⁶ |
| Oral health professionals (Including dentists) | Increases by 71% (OR=1.71, 95% CI 1.44-2.03) ⁷ |
| Nurses | Increases by 27% (RR=1.27 95% CI 0.99-1.62) ⁸ |
| Community pharmacists | Increases by about 2-fold (RR=2.30, 95% 1.33-3.97) ⁹ |

RR – Relative risk
OR – odds ratio
CI – Confidence interval

Health professionals have important roles to play in comprehensive tobacco control. The World Health Organization (“WHO”) suggests that health professionals should at least:

- serves as tobacco-free role models for the general public;
- address tobacco dependence as part of your standard of care practice;
- assess exposure to secondhand smoke and provide information about avoiding all exposure, e.g. encourage family member who is smoker to quit, set up smoke-free home policy.¹⁰

Health professionals can make use of community resources available to help smokers quit (please see Section 5: Smoking Cessation Support for details), such as:

- Tobacco quitlines;
- Smoking cessation clinic / centre services;
- Web-based assistance; and
- Free self-help materials

2 戒煙輔導

SMOKING CESSATION COUNSELLING

2.1 簡短戒煙輔導

Brief Interventions

2.1.1 5A

The 5A's Model

2.1.2 5R

The 5R's Model

2.2 動機式訪談法

Motivational Interviewing

2.3 沉思階梯

Contemplation Ladder

2.4 加強戒煙動機的工具

Motivational Tools

2.5 戒煙小貼士

Tips on Smoking Cessation

2.6 常見問題

Frequently Asked Questions

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2 戒煙輔導

給予戒煙者建議及輔導是戒煙過程中的一個重要元素，原因是它可以幫助吸煙者了解相關問題，同時亦可計劃面對即將到來的轉變。因此我們必須要以同理心接納吸煙者的個人感受。

2.1 簡短戒煙輔導

世界衛生組織建議所有醫護人員利用三至五分鐘時間，以 **5A** 和 **5R** 模式為吸煙病人提供簡短戒煙。¹ 研究顯示，三分鐘或以內的戒煙亦能把成功率提高 30%。²

5A 指引你如何正確地與準備好戒煙的病人交談並提供輔導。¹ **5R** 涵蓋在動機式輔導治療時，幫助那些還沒有準備好戒煙的人應該處理的內容範圍。¹

2.1.1 5A 模式

5A 總結了基層醫護人員能在診所內，用 3 至 5 分鐘時間向吸煙者提供的幫助。¹ 假如時間緊絀，醫護人員可以根據病人的情況和需要，利用 **5A** 的元素制定合適方案。

以下是運用 **5A** 的方法和策略：

(一) 詢問 (Ask)

每次求診者到診時詢問及記錄其吸煙狀況、每天吸煙數量和煙齡。定期更新這些資料對兒童及青少年來說尤為重要。

把求診者的「吸煙狀況」列作其中一項生命主徵，並將這些資料記錄於當眼處。

盡量用友善的方式去詢問吸煙狀況。

2 Smoking Cessation Counselling

Provision of advice and counselling to the quitters is a very important element in smoking cessation as it helps smokers to understand the matter and make plan towards change. We should also acknowledge their personal feelings with empathy.

2.1 Brief Interventions

WHO advocates brief interventions to be delivered by all health professionals to smoking patients using **5A's** and **5R's** models, which typically take 3 to 5 minutes.¹ Offering advice as brief as three minutes or less has also been shown to increase quit rate by 30%.²

The **5As** guide you through the right process to talk to patients who are ready to quit and deliver advice.¹ The **5Rs** are the content areas that should be addressed in a motivational counseling intervention to help those who are not ready to quit.¹

2.1.1 The 5A's Model

The **5As** (Ask, Advise, Assess, Assist, Arrange) summarize all the activities that a primary care provider can do to help a smoker within 3-5 minutes in a primary care setting.¹ When there is time constraint, health professionals can tailor the elements from **5A's** model according to the situation and patient's need.²

Below are the actions and strategies for implementing the **5As**:

(1) Ask

- Ask ALL clients at each consultation about the smoking status, daily consumption and years of smoking, and record the information accordingly. Such regular updating is especially important for children and adolescents.
- Include the "smoking status" of the client as one of the vital signs and record such information prominently.
- Tobacco use should be asked in a friendly way.

(二) 建議 (Advise)

- 以清楚明確及堅定的態度及針對性的方式去建議求診者戒煙。例如：「戒煙是你為保障自己健康而能做到的最重要的事」，「戒煙對延緩你慢阻肺病的病情有幫助」。
- 若求診者屬青少年、孕婦、或心臟病患者，可能需要更深入的輔導。
- 透過「尼古丁依賴程度測試」（詳情見第 6.2 節：尼古丁依賴程度測試）或儀器如「一氧化碳呼出量量度儀」（Smokerlyzer）（詳情見第 4 節：量度成效 - 生化驗證）來推動吸煙者戒煙。

(三) 評估 (Assess)

- 評估每位戒煙者的戒煙意欲及是否已準備好。
- 如準備好戒煙，戒煙者會認為戒煙對他 / 她重要和有信心成功戒煙。
- 可參考以下有關「重要性」和「信心」的問題：

| | | | |
|-----------------|---|-----|----|
| 一 你想成為一位非吸煙者嗎？ | 是 | 不確定 | 不是 |
| 二 你認為你今次能成功戒煙嗎？ | 是 | 不確定 | 不是 |

任何處於陰影區的答案表示求診者並未準備好戒煙。對於沒意欲戒煙（即處於圖二：行為改變模式的沉思前期）的求診者，我們不要與他 / 她爭辯，應採用動機式訪談法和 5R 去輔導求診者戒煙。³

(2) Advise

- Convince the client to quit smoking with a clear, personalised and strong manner, for example, "Quitting smoking can delay the progression of your Chronic Obstructive Pulmonary Disease."
- Clients who are adolescents, pregnant women or heart disease patients may require more in-depth counselling.
- Motivate the client to quit smoking by means of short tests like "Fagerstrom Test" (please see Section 6.2: Fagerstrom Test) or devices like the "Smokerlyzer" (please see Section 4: Outcome Measure - Biochemical Validation).

(3) Assess

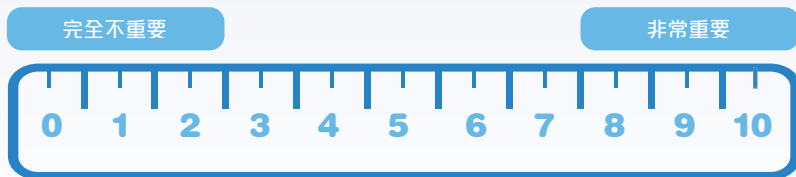
- Assess each client's desire and readiness to quit.
- To be ready to quit, the smoker needs to see quitting as important and feel confident that he/she can quit.
- The two questions in relation to "importance" and "confidence":

| | | | |
|---|-----|--------|----|
| 1. Would you like to be a non-smoker? | Yes | Unsure | No |
| 2. Do you think you have a chance of quitting successfully? | Yes | Unsure | No |

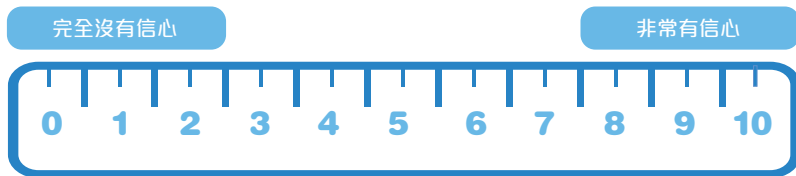
Any answer in the shaded area indicates that the client is NOT ready to quit. For those who have no intention to quit smoking, i.e. the clients in pre-contemplation under the "Transtheoretical Model of Change" in Figure 2, arguments should be avoided. Motivational Interviewing and the 5R's model should be adopted to promote quitting.³

我們也可以用準備尺和信心尺去評估戒煙者，戒煙對他 / 她的重要性及他的信心：

「請問你覺得戒煙對你來說有多重要呢？可用 0 至 10 分來表示，0 分表示完全不重要；10 分表示非常重要。」

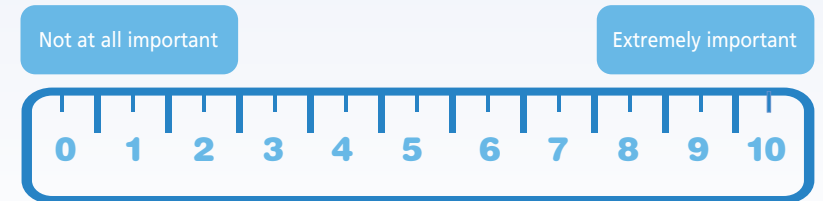


「如果你決定戒煙，請問你有多少信心自己能夠成功呢？可用 0 至 10 分來表示，0 分表示完全沒有信心；10 分表示非常有信心。」

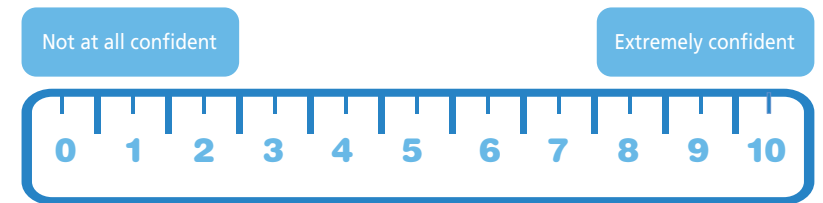


以上述形式詢問求診者，可幫助醫護人員獲取更多資料，了解求診者對戒煙的重視程度及成功戒煙的信心，尤其是對未預備戒煙的求診者，作出適當的動機式輔導治療。⁴

- The level of importance or confidence of the smoker to quit can also be assessed by using readiness ruler and confidence ruler:
“How important would you say it is for you to quit smoking? On a scale from 0-10, where 0 is not at all important and 10 is extremely important, where would you say you are?”



“How confident would you say you are, that if you decided to quit smoking, you could do it? On the same scale from 0-10, where 0 is not at all confident and 10 is extremely confident, where would you say you are?”



Use of scaling questions can help health care providers to get more information from clients about their perceived importance and confidence for change in order to conduct appropriate motivational counselling interventions if clients are not ready to quit.⁴

(四) 協助 (Assist)

與求診者一同制定戒煙計劃

擬定戒煙日 - 訂於未來兩星期內較理想。

鼓勵求診者把戒煙的決定告知家人、同事和朋友，以獲取他們的支持及鼓勵。

給予解決問題的合適技巧

認清戒煙的原因及戒煙的好處。

檢討過去戒煙的經驗，找出哪些方法有幫助及哪些因素導致再次吸煙。

把一切與吸煙有關的東西如煙草產品、火機等棄掉。戒煙日之前，嘗試於經常逗留的地方減少吸煙的數量。

戒煙日起，要完全停止吸煙。

評估不同方面可能出現的挑戰，包括退癮徵狀，並協助求診者找出應對的方法。

求診者可要求同住的家人一同戒煙，或不要在他 / 她面前吸煙。

給予成功戒煙的建議

必須完全停止吸煙。

飲用酒精類飲品會增加回復吸煙習慣的機會。

讓其他人在家中吸煙會成為戒煙的障礙。

(4) Assist

Work out with the client on the smoking cessation plan

- Set a quit day – preferably within the subsequent two weeks.
- Encourage the client to tell family members, colleagues and friends about his/her decision to quit smoking so as to enlist their support and encouragement.

Provide appropriate techniques on problem solving

- Identify reasons for quitting and benefits of quitting.
- Review past quit attempts – what helped, what led to relapse.
- Discard cigarettes, lighters and all other smoking-related items. Before the quit day, try as far as possible to minimise the number of cigarettes smoked in places of prolonged stay.
- Commencing from the quit day, refrain from smoking completely.
- Assess the possible challenges at different areas including withdrawal symptoms, and help the client to identify corresponding counteractions.
- The client may request cohabiting family members to join him/her in quitting or refrain from smoking in front of him/her.

Give advice for successful quitting

- Total abstinence is essential.
- Drinking alcohol is strongly associated with relapse.
- Allowing others to smoke in the household hinders successful quitting.

建議使用戒煙藥物

建議合適的戒煙藥物以供有不同吸煙習慣的人士選擇（詳情見第 3 節：戒煙藥物）。

協助轉介

按求診者的意願轉介至切合其需要的戒煙服務（詳情見第 5.3 節：戒煙服務），或透過綜合戒煙熱線進行轉介。

給予相關的戒煙資訊如小冊子、戒煙熱線咭等

根據求診者的性別、年齡等提供切合其需要的資料。

(五) 安排跟進 (Arrange)

與求診者一同制訂合適的跟進程序和模式，如面談、電話跟進等（詳情見第 6.3 節：戒煙服務流程參考）。

首次跟進最好訂於戒煙計劃開始的首星期內，然後安排定期跟進。

每次跟進都給予輔導和鼓勵。

對成功保持不吸煙者必須加以肯定。若求診者仍偶有吸煙的情況，可提醒他把這些「疏忽」作為警惕。

如求診者回復吸煙的習慣，應分析戒煙失敗的原因及鼓勵他重新戒煙。

Recommend the use of pharmacotherapy for smoking cessation

- Recommend appropriate pharmacotherapy options to clients with different smoking habits (please see **Section 3: Pharmacotherapy** for details).

Assist by making referral

- Refer the client to receive smoking cessation service that suits his / her needs according to his/ her wish (please see **Section 5.3: Smoking Cessation Services** for details), or through Integrated Smoking Cessation Hotline for referral.

Provide relevant smoking cessation information such as pamphlets or quitline card

- The information provided should meet the needs of the client in terms of sex, age, etc.

(5) Arrange

- Work out with the client on follow-up schedule and approaches such as interviews and telephone calls. (Please see **Section 6.3: Sample Flowchart of Smoking Cessation Service** for the content and details of follow-up actions).
- It is preferable to conduct the first follow-up within the first week after quit day and then subsequent encounters to be arranged regularly.
- Provide counselling and encouragement during each follow-up.
- Recognise the efforts of those who have successfully remained smoke-free, and remind those who are still unable to kick the habit to regard occasional "slips" as an alert.
- If a relapse occurs, encourage the client to repeat quit attempt and review cause of relapse.

2.1.2 5R 模式

吸煙者會因為過往戒煙失敗的經歷或錯誤的觀念，令他不想戒煙。對於在採用 **5A** 中的評估 (Assess) 為未預備好的戒煙者，可用 **5R** 為他們進行輔導。

5R 是以動機式訪談法為基礎，以求診者為中心的輔導模式。³（詳情見 **第 2.2 節** 動機式訪談法）

5R 是指：

（一）關聯 (Relevance)

引導求診者，令他 / 她明白戒煙與自身和身邊的人都是息息相關。

根據求診者的家族病史和身體狀況，帶出增強動機的資訊，並分析過往的戒煙經驗、動機及失敗原因，以找出可改善的地方。

（二）風險 (Risk)

引導求診者分析吸煙給他 / 她帶來的負面影響，例如：

急性的風險：氣促、誘發哮喘、增加患上呼吸道感染的風險、增加與懷孕有關的疾病、陽痿及不育的風險。

長期的風險：心臟病及中風、肺癌及其他癌症（口腔癌、喉癌、腎癌及膀胱癌）、骨質疏鬆、慢性阻塞性肺病、永久傷殘並需要接受長期護理。

2.1.2 The 5R's Model

Smokers may be unwilling to quit due to misconception or demoralisation because of previous unsuccessful quit attempts. **5R's** intervention will be delivered to those who are not ready to quit smoking after the "Assess" stage of the **5A's**.

The **5R's** model is a patient-centred counselling approach³ that is based on principles of motivational interviewing ("MI") (please see **Section 2.2: Motivational Interviewing**).

The **5R's** refer to:

(1) Relevance

Get the client to understand why his/her quitting is relevant to him/ her personally and to the people around

- Deliver motivational information such as the client's family medical history and physical conditions, and analyse his/ her experience, motives and reasons for failure in previous quit attempts so as to identify possible areas of improvement.

(2) Risk

Guide the client to identify potential negative consequences of tobacco use that are relevant to him/ her

Examples of risks are:

- Acute risks: shortness of breath, exacerbation of asthma, increased risk of respiratory infections, increased risk of pregnancy-related diseases, impotence and infertility.
- Long-term risks: heart attack and stroke, lung and other cancers (oral cavity, pharynx, kidney, and bladder), osteoporosis, chronic obstructive pulmonary diseases, long-term disability and need for extended care.

二手煙風險：令伴侶增加患肺癌及心臟病的風險；以及令吸煙者的子女出現新生嬰兒體重過輕、哮喘、嬰兒猝死綜合症、中耳疾病及呼吸道感染的風險增加。

強調吸食低焦油或低尼古丁含量的煙草產品並不能減低吸煙相關的傷害，如引致癌症、心臟病和呼吸系統疾病、不舉、不育、使胎兒健康受損等。

強調二手煙與吸煙的禍害相若。

(三) 回報 (Rewards)

讓求診者了解戒煙帶來的切身益處。

自己和家人的健康和體能得到改善

延緩衰老

節省金錢

(四) 障礙 (Roadblocks)

引導求診者評估戒煙可能面對的種種障礙，如受退癮徵狀的影響，或害怕再次失敗等，然後加以輔導。

(五) 重覆 (Repetition)

把握每次與求診者接觸的機會，反覆地加強對方戒煙的動機。

讓求診者知道大多數吸煙者都經過多次嘗試才能成功戒煙，並鼓勵求診者多加努力。

- Risks of secondhand smoke: increased risk of lung cancer and heart diseases in spouses; increased risk for low birth-weight baby, asthma, sudden infant death syndrome (“SIDS”), middle ear disease, and respiratory infections in children of smokers.
- Emphasise the fact that consumption of low tar or low nicotine tobacco products cannot reduce smoking-related harms such as causing cancers, heart diseases, respiratory diseases, impotence, infertility and damage to foetal health.
- Stress the fact that active and passive smoking bring similar hazards.

(3) Rewards

Get the client to understand the personally relevant benefits brought about by smoking cessation

- Improvement in health and fitness of the client and his/ her family members.
- Delay in aging
- Save money

(4) Roadblocks

Guide the client to assess various barriers to quitting, e.g. experience of withdrawal symptoms or fear of repeated failure, and provide counselling accordingly.

(5) Repetition

Make good use of every contact opportunity by repeating motivational intervention

- Tell the client that most smokers make repeated attempts before they succeed, and encourage him/ her to make a serious effort.

2.2 動機式訪談法

動機式訪談法是由 William Miller 和 Stephen Rollnick 在 1980 年代創立，是一種協作性的對話方式，目的為強化個人改變的動機和承諾。⁵

動機式訪談法包括以下重要元素：⁴

1. 表達同理心

使用反映式傾聽的方法表達對求診者的同理心，讓輔導者與求診者建立融洽和信任的關係，從而令求診者更願意分享自己的想法。

2. 建立差距

幫助求診者認識目前行為帶來的後果及其期望將來改變之後的差距。當求診者認識到當前行為與他們的價值觀或自我認定的目標有抵觸時，很可能會加強他們改變的動機。

3. 應對阻抗

輔導者在探討求診者關注的問題時，應邀請求診者考量新的觀點，而不要強加輔導者的想法。如輔導者試圖強迫求診者作出行為改變，可能會使求診者變得抗拒，並且影響與求診者的關係。當抗拒發生時，它是輔導者改變其治療方法的信號。

4. 支持自我效能

輔導員透過強調求診者過去的成功經驗及已經擁有的技能和優勢，以加強求診者作出改變的信心和效能。

2.2 Motivational Interviewing

Motivational Interviewing (“MI”) was developed by William Miller and Stephen Rollnick in the 1980s. It is defined as a collaborative conversation style for strengthening a person’s own motivation and commitment to change.⁵

MI comprises the following important elements:⁴

1. Express Empathy

By expressing empathy to clients using reflective listening, counsellors can build rapport and trust which, in turn, help clients become more willing to share their real thoughts.

2. Develop Discrepancy

Assist clients to develop discrepancies between the current self and what they want to be like in the future after a change has taken place. When clients recognize that their current behaviours conflict with their values or self-identified goals, they are more likely to experience increased motivation to make changes.

3. Roll with Resistance

When exploring client’s concerns, counsellor can invite client to examine new points of view, rather than impose his/ her own ways of thinking. If the counsellor tries to enforce a behavioural change, it could exacerbate the client to become more withdrawn and decrease rapport with the client. When resistance occurs, it is a signal for counsellor to respond differently.

4. Support Self-efficacy

Counsellor can support client’s confidence and efficacy to change by focusing on previous successes and highlighting skills and strengths that the client already has.

醫護人員應把握每次診症機會向所有吸煙者建議戒煙，並評估他們的戒煙意欲。² 吸煙者可能會因缺乏足夠的戒煙資訊，或者對戒煙有恐懼或憂慮而不想戒煙。² 醫護人員可對未有準備戒煙的病人採用動機式訪談法，以幫助他們找出戒煙的原因，並支持和加強他們戒煙的動機。²

動機式訪談法能有效鼓勵吸煙者戒煙。² 不少對照研究顯示，在幫助人們戒除藥物的濫用包括戒煙的效用，動機式訪談法和沒有治療相比，優勝得多。這方面的文獻亦越來越多。^{6,7}

動機式訪談法的精神

動機式訪談法的精神包括以下四個互相關聯的主要元素：⁵

1. 合作

輔導員與當事人之間是協作的關係，建議著重探索、喜好和支持；而不是遊說或爭辯。

2. 接納

要尊重當事人的自決權。改變的動力是源自當事人，輔導員可向當事人表達準確的同理心、肯定他 / 她的能力和努力，從而促進其自我效能感。

3. 至誠為人

輔導員應將當事人的需要和福祉作優先的考慮。

4. 喚出

動機式訪談法是要引導當事人自己說出改變的想法和原因，而不是將輔導員的想法強加於當事人身上。如果改變的理由和決心由當事人自己發現，發生改變的機會會更高。動機式訪談法能引導和鼓勵病人說出改變語句（顯示當事人考慮、意欲或承諾改變的語句）。

Clinicians should advise all smokers to quit and then assess their willingness to make a quit attempt at every clinic visit.² Smokers who are unwilling to quit smoking may lack information, have fears or concerns about quitting.² For patients not ready to quit smoking, health professionals can use MI to help them elicit their reasons for quitting, and to support and strengthen their motivation.²

MI is effective in increasing future quit attempts on smokers.² A large and increasing number of controlled research studies have shown that MI is significantly more effective than no treatment for substance use including tobacco use.^{6,7}

The "Spirit" of MI

The spirit of MI is based on the four key interrelated elements:⁵

1. Partnership

It is collaboration between the counsellor and the patient. MI encourages exploration more than exhortation, interest and support rather than persuasion or argument.

2. Acceptance

The patient's autonomy is being respected. MI suggests that the power for change rests within the patient. Counsellor can empower the patient through showing accurate empathy and affirming his/her strengths and efforts.

3. Compassion

The objective of the counselling is primarily for the benefit of the patient but not other's needs.

4. Evocation

MI is to draw out the patient's own thoughts and reasons to change, rather than imposing the counsellor's opinions. Change is more likely to occur when the client discover their own reasons and determination to change. MI elicits and reinforces the person to make change talk (statement by the patient revealing consideration of, motivation for, or commitment to change).

動機式訪談法的核心輔導技巧⁵

動機式訪談是使用特定的輔導技巧，與病人建立伙伴治療關係，並在整個輔導過程中引發有關改變的討論。這些技巧通常被稱為「OARS」（Open questions 開放式問題、Affirmations 肯定、Reflections 反映及 Summaries 摘要）。

1. 開放式問題（Open Questions）

這些問題不是簡單地用「是 / 否」或簡短的句子回答，而是讓當事人自由表達意見，並深入地思考有關問題。

2. 肯定（Affirmations）

肯定（Affirmations）是對當事人的能力和努力作出認同而說出的語句，能協助輔導員與當事人建立互信關係，並幫助當事人覺得改變是可能的。

3. 反映（Reflections）

反映性聆聽是動機式訪談法中最重要的技巧。反映（Reflections）是指說出能表達當事人意思的語句，讓當事人再次聆聽自己表達出來的想法和感受。輔導員需要適當地作出反映，以配合目標導向的動機式訪談法，協助當事人步向改變。

4. 摘要（Summaries）

摘要（Summaries）是指將所有或部分輔導的討論結集一起作概括的反映。摘要可以用作強調當事人對於改變的矛盾心態，協助當事人邁向改變的過程。

Core Counselling Skills in MI⁵

The practice of MI involves the use of certain counselling skills which help to establish a therapeutic alliance and elicit discussion about change throughout the process. These skills are often called as “OARS” (Open questions, Affirmations, Reflections, and Summaries) which is a brief way to remember.

1. Open questions

They are questions not easily answered with a “yes/ no” or short answers. They allow a freedom of expression and let the patient think more deeply about an issue.

2. Affirmations

Affirmations are statements that recognise the patient’s strength and effort. They assist in building rapport and help the patient to feel that change is possible.

3. Reflections

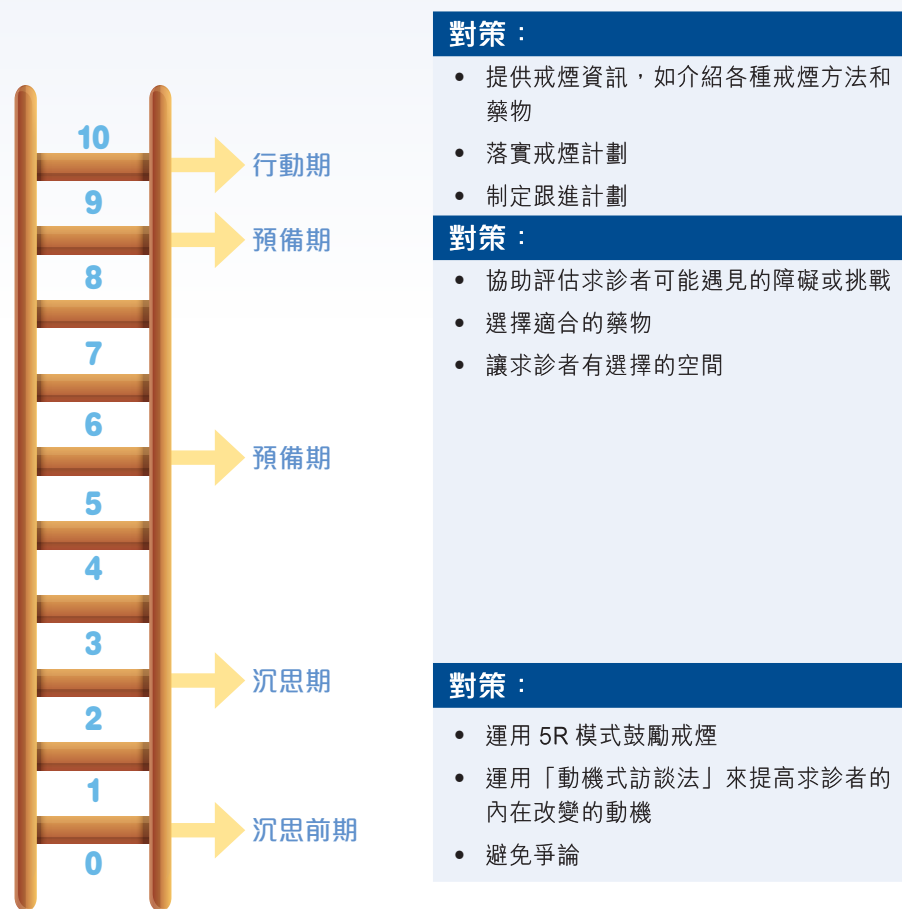
Reflective listening is the most crucial skill in MI. Reflection is to make a statement about the patient’s meaning. They allow the patients to hear again the thoughts and feelings they are expressing. It is also necessarily selective in order to support the goal-directed aspect of MI and work towards change.

4. Summaries

Summaries are collection of reflections that recap what has been discussed in all or part of the counselling session. Summaries can emphasis both sides of the patient’s ambivalence about change and help the patient move along the process of change.

2.3 沉思階梯 (Contemplation Ladder)

我們可以基於改變行為模式，利用沉思階梯來評估求診者的戒煙意欲。我們可以採取不同的對策（圖三）來協助處於不同改變階段的吸煙者，以達至最佳效果。⁸



圖三 沉思階梯 (Contemplation Ladder)

2.3 Contemplation Ladder

Contemplation ladder can be used as a tool to assess clients' readiness to change their behaviour in quitting smoking. It is based on stages of change model. Different strategies (Figure 3) could be employed to help smokers at different stages of change to achieve optimal results.⁸

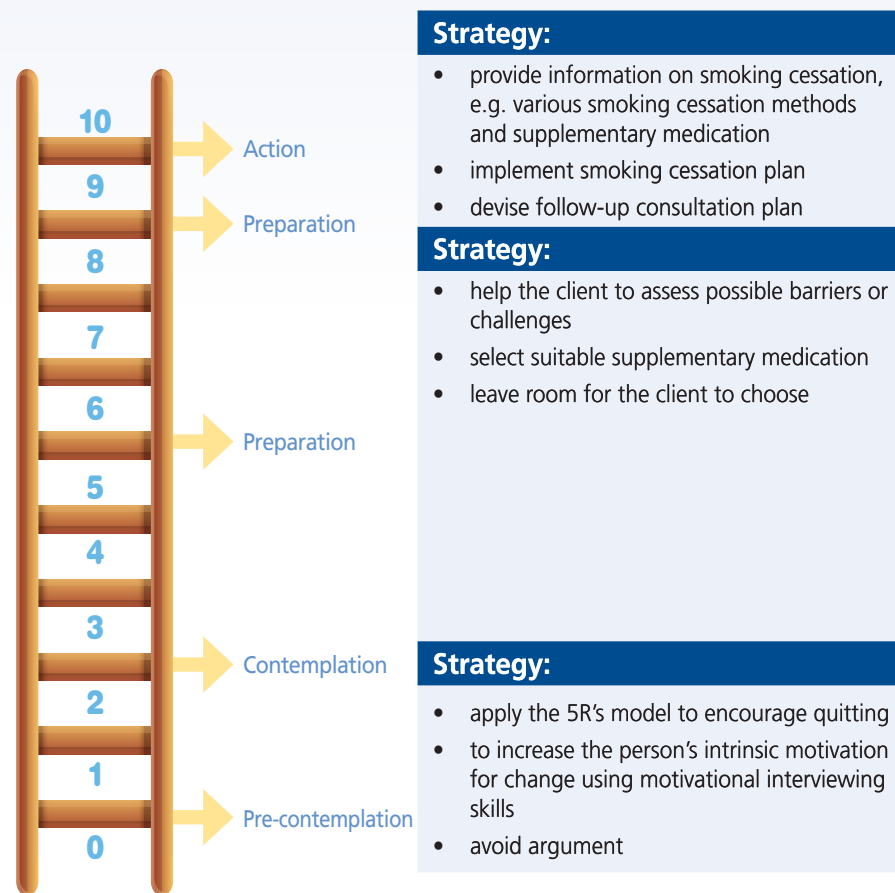


Figure 3 Contemplation Ladder

2.4 加強戒煙動機的工具

除了輔導外，醫護人員也可以利用以下的工具去加強吸煙者戒煙的動機：³

2.4.1 成本計算器（計算吸煙的開支及個人儲蓄）

戒煙與儲蓄：

| | |
|-------------|--|
| 每日買煙的支出 | |
| 每月買煙的支出 | |
| 每年買煙的支出 | |
| 每 10 年買煙的支出 | |

如果你戒煙，你可以節省多少金錢？ _____

你把戒煙節省下來的金錢，能夠買甚麼呢？ _____



成本計算器

2.4 Motivational Tools

In addition to talking to the patient, health professionals can also use some tools to motivate smokers to quit.³ Here are some examples:

2.4.1 Cost calculators (cost of smoking calculator, personal savings calculator):

Quit & Save:

| | |
|--|--|
| Total money spent on cigarette per day | |
| Amount of money spent per month | |
| Amount of money spent per year | |
| Amount of money spent in 10 years | |

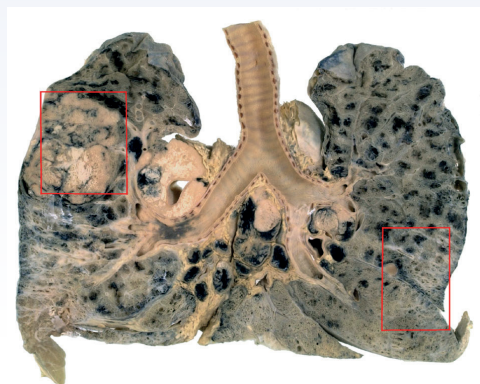
How much money can you save if you quit?

What you can buy with the money saved?



Cost calculator

2.4.2 因吸煙而引起的疾病圖片

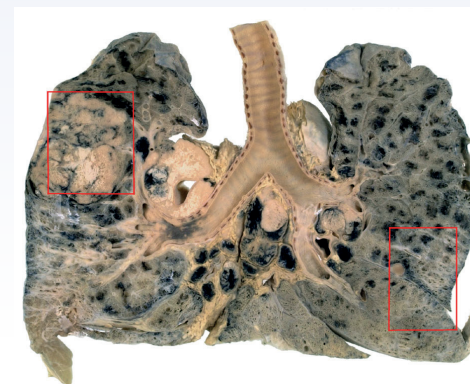


肺癌



末梢血管疾病

2.4.2 Photographs of tobacco-related disease



Lung Cancer



Peripheral vascular disease

2.4.3 其他工具

一氧化碳量度器（詳情見第 4.1 節：生化驗證）

尼古丁依賴程度測試（詳情見第 6.2 節：尼古丁依賴程度測試）

肺功能測試（肺活量量度器）

2.4.3 Other tools

Smokerlyzer (please see **Section 4.1**: Biochemical Validation)

Fagerstrom Test of Nicotine Dependence (please see **Section 6.2**: Fagerstrom Test)

Pulmonary Function Test (Spirometer)

2.5 戒煙小貼士

在戒煙的過程中，戒煙者會不時面對煙癮的挑戰。一般煙癮發作只會維持幾分鐘，你可向戒煙者提供以下的小貼士：

1. 拖延

想買或拿煙草產品之前，等一等！盡量把動作放慢，趁這時回想一下自己戒煙的原因。如果你已經拿了一支煙出來，請先把它握在手中並且不要點燃它。只要你能順利渡過那幾分鐘的時間，你的煙癮就可以減退下來。

2. 分散注意力

你可以洗臉、聽喜愛的音樂、找人傾訴，讓自己冷靜下來。你亦可閉目養神數分鐘或做些伸展運動以分散注意力。

3. 深呼吸、多飲水

千萬不要小看深呼吸和飲水，這兩個簡單不過的方法同樣有助減退煙癮。

多做幾次緩慢的深呼吸運動可以舒緩緊張情緒及重新集中注意力。除了對抗煙癮外，你亦要注意避免一些誘發煙癮的事物或環境：

避免身處於充滿二手煙的環境及當別人邀請你吸煙時，堅決拒絕。

酒精會減低你對煙的警覺性，所以在戒煙初期，避免飲酒。

避免含咖啡因的飲品，例如：咖啡、濃茶、可樂等，因為它會刺激你吸煙的意欲。

如果你習慣在無聊和沉悶時吸煙，那麼你可以嘗試建立一些新的嗜好和興趣，例如種花、養寵物、看書、下棋、散步、做運動等，或善用社區資源，如參加社區中心舉辦的課程等。

2.5 Tips on Smoking Cessation

When smokers start to quit smoking, they will still have urges for cigarette. Craving for cigarette will last for just a few minutes. You may provide your clients with the following tips when they have an urge to smoke:

1. Delay

Whenever you want a cigarette, wait! Slow down and recall your reasons of quitting. If you are already holding a cigarette in your hand, try not to get it lighted. In a few minutes, you will get over your urge.

2. Distraction

Wash your face, listen to your favourite music or talk to others in order to let yourself "cool down". You may also take a short break or do some stretching exercises to divert your attention from the urge.

3. Deep Breathing and Drink Water

Do not look down upon simple methods such as deep breathing and drinking water. These methods will help you defeat your urge to smoke.

You can relieve your stress and regain your concentration by doing breathing exercise slowly. Apart from dealing with cravings, you should also pay attention to avoid triggers:

Avoid environment that is filled with secondhand smoke and refuse any invitation to smoke.

Alcohol may lower your vigilance to smoking, so avoid drinking alcohol during the early stage of quitting.

Avoid caffeine-containing drinks such as coffee, strong tea, cola, etc. These drinks may provoke cravings.

If you used to smoke when you feel bored, why not do something else such as planting, reading, keeping pet, playing chess, jogging, doing exercise and making use of community resources, such as participating courses in community centres.

2.6 常見問題

1. 問：當協助吸煙者戒煙時，醫護人員需注意什麼？

答：除了輔導技巧和對藥物的認識外，醫護人員親切的態度，接納求診者的感受亦十分重要：

清楚明確 —

例如：「我相信戒煙對你來說十分重要，我準備好隨時給予協助。」、「當你患病時才把吸煙的數量減少是不足夠的。」、「即使間中吸煙或吸煙數量不多，仍是會危害健康。」

堅定地 —

例如：「作為你的醫生，我希望你知道，戒煙對於保障你現在及將來的健康是十分重要的。我與診所的員工都會盡力協助你。」

個人化 —

讓求診者知道吸煙對健康、家庭、經濟、及社交狀況的影響，分析繼續吸煙的壞處，及戒煙的好處。

2. 問：如何使用尼古丁替代藥物？

答：有關各種尼古丁替代藥物的使用方法，除了於第三章戒煙藥物的介紹外，部份國家亦會因應戒煙者的需要，同時使用多於一種尼古丁替代藥物。

2.6 Frequently Asked Questions

1. Q: When assisting smokers to quit, what should health professionals pay attention to?

A: Apart from the mastery of counselling skills and knowledge on supplementary medication, it is important for health professionals to treat their clients with care and empathy.

Be clear - For example, “it is important that you quit smoking now, and I can help you.”, “cutting down while you are ill is not enough”, “occasional or light smoking is still dangerous.”

Be strong - For example, “as your clinician, I want you to know that quitting smoking is the most important thing you can do to protect your health now and in the future. The clinic staffs and I will help you.”

Be personalised - Show your client the connection between his/ her health, family, financial implication and social life, and analyse the negatives of smoking and positives of quitting.

2. Q: How should nicotine replacement therapy products be used?

A: Apart from referring to the methods as described in **Section 3**, some countries also adopt a combination of several forms of nicotine replacement therapy to cater for specific needs of the quitter.

3. 問：個人輔導計劃的成效如何？

答：個人輔導計劃與各種尼古丁替代藥物同樣能增加成功戒煙機會。據研究顯示，接受個人輔導計劃的成功戒煙率比無接受輔導者為高。⁹

4. 問：尼古丁替代藥物會否令人上癮？

答：根據文獻，無證據顯示吸煙者出現濫用尼古丁替代藥物的情況。

5. 問：孕婦和青少年可否使用尼古丁替代藥物？

答：孕婦、餵哺母乳期間的婦女和青少年應先以輔導協助戒煙，雖然尼古丁替代藥物的尼古丁含量相對煙草產品少，但孕婦使用時仍可能會影響嬰兒的健康。

十二歲以下小童亦不適合使用尼古丁替代藥物。

6. 問：如何舒緩退癮症狀？

答：除了藥物治療外（詳情見第3節：戒煙藥物），多做帶氧運動，如步行、跑步，深呼吸運動；多飲水；注意均衡飲食等都可幫助舒緩退癮徵狀。（詳情見第2.5節：戒煙小貼士）

3. Q: How effective is individual behavioural counselling?

A: Individual behavioural counselling works as effectively as various nicotine replacement therapy in enhancing the chance of successful quitting. Researches show that participants of individual behavioural counselling enjoy a higher cessation rate than non-participants.⁹

4. Q: Are nicotine replacement therapy products addictive?

A: There is no significant evidence of dependence on nicotine replacement therapy products in the literature.

5. Q: Can pregnant women and adolescents use nicotine replacement therapy?

A: Pregnant or breastfeeding women and adolescents should first receive counselling assistance. Despite the lower nicotine content than cigarettes, nicotine replacement therapy may still impair foetal health and may not be suitable for children under the age of 12.

6. Q: How can withdrawal symptoms be relieved?

A: Apart from pharmacotherapy (Please see Section 3: Pharmacotherapy), aerobic activities such as walking and running, taking deep breathing exercises, drinking plenty of water and having a balanced diet can also help to relieve withdrawal symptoms. (Please see Section 2.5: Tips on Smoking Cessation for details.)

7. 問：戒煙後體重會不會暴升？

答：戒煙後因為身體機能及味覺改善，假若不採取均衡飲食的方法，可以引致體重急升，所以保持適量的運動和均衡飲食是很重要的。

8. 問：戒煙後會否患上嚴重病患如肺癌、心臟病等？

答：戒煙只會讓身體機能恢復。只要戒煙者能保持堅定的意志，拒絕吸煙，長遠來說，患上嚴重病患的機會與非吸煙者相若。吸煙者必須清楚知道煙草產品內含有超過 7000 種有害化學物質及最少 69 種致癌物質。想身體健康，戒煙是必要的。

7. Q: Will there be significant weight gain after quitting smoking?

A: Improvements in body functions and taste sensitivity of successful quitters may trigger a relatively rapid gain in weight if a balanced diet is not adopted. Therefore, it is important to exercise adequately and maintain a balanced diet after quitting smoking.

8. Q: Will serious illnesses such as lung cancer and heart disease develop after quitting smoking?

A: Quitting smoking would only facilitate the recovery of body functions. If a quitter remains determined and resists smoking in the long run, his/her chance of developing serious illnesses would be no different from that of non-smokers. Smokers should be well aware of the fact that cigarettes contain over 7 000 harmful chemical substances and at least 69 carcinogens. To enjoy good health, quit smoking.

3 戒煙藥物

PHARMACOTHERAPY

3.1 尼古丁替代藥物 Nicotine Replacement Therapy

3.1.1 煙香口膠

Nicotine Gum

3.1.2 戒煙貼

Nicotine Patch

3.1.3 戒煙糖

Nicotine Lozenge

3.2 非尼古丁類藥物 - 瓦倫尼克林 (Varenicline) Non-nicotine Medication - Varenicline

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3 戒煙藥物

吸煙者很多時在戒煙的過程中，並不了解可能出現的退癮徵狀。當吸煙者停止吸煙，他/她體內尼古丁的水平就會開始逐漸下降，身體未能即時適應，便可能會出現一些短暫不適的情況，如頭暈、頭痛、疲倦、不能集中精神、喉乾舌燥、咳嗽和感覺饑餓等。這些徵狀都會減低戒煙的成功機會，然而，大部份不適的情況在兩至三個星期內便會減退。

研究指出，使用戒煙藥物能舒緩退癮徵狀，有效提高戒煙的成功率。此外，服用藥物亦能成為戒煙者準時覆診的動力。現時常用的戒煙藥物可分為兩大類，分別是尼古丁替代藥物（NRT）和非尼古丁類藥物（如瓦倫尼克林）。根據一份考科藍文獻回顧（Cochrane review），這兩類戒煙藥物都已證實可以增加戒煙的成功機率。¹ 這份文獻亦指出：瓦倫尼克林比各種尼古丁替代藥物有效，數據如下：瓦倫尼克林比戒煙貼有效（比數比（odds ratio）1.51；95% 可靠區間（credible interval）1.22 至 1.87）、瓦倫尼克林比戒煙香口膠有效（比數比 1.72；95% 可靠區間 1.38 至 2.13）、瓦倫尼克林比其他尼古丁替代藥物有效（戒煙吸/噴劑、戒煙貼、戒煙糖：比數比 1.42；95% 可靠區間 1.12 至 1.79）。不過，研究亦顯示，混合使用各種尼古丁替代藥物的效果可媲美瓦倫尼克林，¹ 亦比使用任何單一種尼古丁替代藥物有效。^{1,2}

我們採納了世界衛生組織有關戒煙藥物治療之指引。請注意，以下的內容僅供參考，醫護人員如對吸煙者提供個別藥物治療時有任何疑問，應參考有關藥物的產品說明。

3 Pharmacotherapy

Smokers often have insufficient understanding of the possible withdrawal symptoms in the process of quitting. Once a smoker refrains from smoking, the nicotine level inside his/her body will start to drop gradually. The quitter may experience short-term discomfort such as dizziness, headache, fatigue, poor concentration, dry mouth and throat, cough and hunger. All these symptoms increase the chance of failure in quit attempts, but most of these symptoms would subside in 2 or 3 weeks' time.

Studies showed that pharmacotherapies can alleviate withdrawal symptoms and increase the success rate effectively. Besides, the medication can also become an incentive for the quitter to attend follow-up consultation on schedule. Common first-line supplementary medication for smoking cessation nowadays can be broadly divided into two categories: nicotine replacement therapy ("NRT") and non-nicotine medication (varenicline). According to a Cochrane review, both NRT and non-nicotine medications have been demonstrated to improve the chance of successful quitting.¹ This review also indicated that varenicline was more effective than nicotine patch (odds ratio 1.51; 95% credible interval 1.22 to 1.87), varenicline was more effective than nicotine gum (odds ratio 1.72; 95% credible interval 1.38 to 2.13), and varenicline was more effective "other" NRT (inhaler, spray, tablets, lozenges; odds ratio 1.42; 95% credible interval 1.12 to 1.79). However, combination use of NRT was shown to be as effective as varenicline,¹ and more effective than single type of NRT.^{1,2}

We have adopted the WHO guidelines on pharmacotherapy used in smoking cessation. Please note that the following contents are provided for reference only. In case of any doubt when providing specific pharmacotherapy to smokers, health professionals should refer to the product insert of the medicine concerned.

3.1 尼古丁替代藥物

尼古丁替代藥物是有效又安全的輔助戒煙方法，備有不同的種類和配方，在一般有註冊藥劑師駐店的西藥房或連鎖式藥房有售。醫生可與求診者一同選擇最合適的種類。詳情見以下數頁。

若求診者患有嚴重心絞痛及嚴重心律不正，或曾於最近兩星期出現急性心臟病的情況，便要先諮詢醫生 / 藥劑師的意見，才可使用戒煙藥物。而孕婦及餵哺母乳期間的婦女應先以輔導來戒煙。

3.1.1 戒煙香口膠

戒煙香口膠的參考劑量和療程：³

戒煙香口膠的療程最長為 12 星期，而每日的使用量不應超過 24 片。醫護人員或藥劑師可根據吸煙者的尼古丁依賴程度和吸煙的數量，作出適當的調整。

表一 戒煙香口膠參考劑量和療程

| 每日吸煙數量 | 療程 |
|--|---|
| <ul style="list-style-type: none">二十支或以下 | <ul style="list-style-type: none">每一至兩個小時使用一至兩片（2 毫克），每天十至十二片。逐漸把用量遞減至零。 |
| <ul style="list-style-type: none">二十支以上 | <ul style="list-style-type: none">每一至兩個小時使用一至兩片（4 毫克），每天十至十二片。逐漸把用量遞減至零。 |

3.1 Nicotine Replacement Therapy

Nicotine replacement therapy is an effective and safe aid to smoking cessation. It is available in different types and formulae at dispensaries or chain pharmacies with registered pharmacists. Doctors may, together with the client, select the most suitable type of therapy. Details are given in the following pages.

Patients with severe angina and serious cardiac arrhythmias or individuals suffering from an acute myocardial event in recent two weeks should consult doctor/ pharmacist before use. Pregnant or breastfeeding women should be encouraged to quit with counselling first.

3.1.1 Nicotine Gum

Reference dosage and regimen of nicotine gum:³

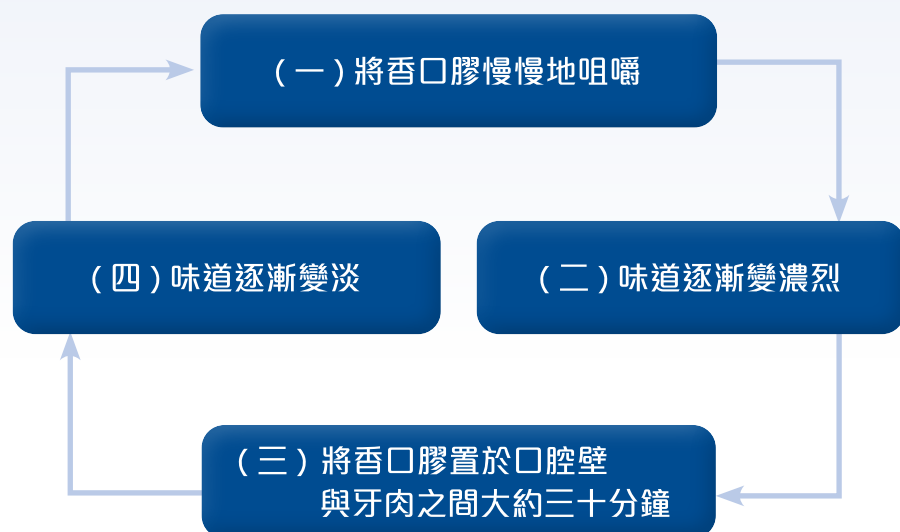
The treatment duration is up to 12 weeks, and daily dosage should not exceed 24 pieces. Health professionals or pharmacists may provide appropriate prescription according to the nicotine dependency level and cigarette consumption.

Table 1 Reference Dosage and Regimen of Nicotine Gum

| Daily Cigarettes Consumption | Regimen |
|--|--|
| <ul style="list-style-type: none">≤ 20 cigarettes | <ul style="list-style-type: none">1-2 pieces (2 mg) every 1-2 hours (10-12 pieces / day).Gradually taper the dosage to nil. |
| <ul style="list-style-type: none">> 20 cigarettes | <ul style="list-style-type: none">1-2 pieces (4 mg) every 1-2 hours (10-12 pieces / day).Gradually taper the dosage to nil. |

使用方法：

咀嚼戒煙香口膠與咀嚼一般香口膠不同，以下是正確的使用方法：



※ 注意事項：

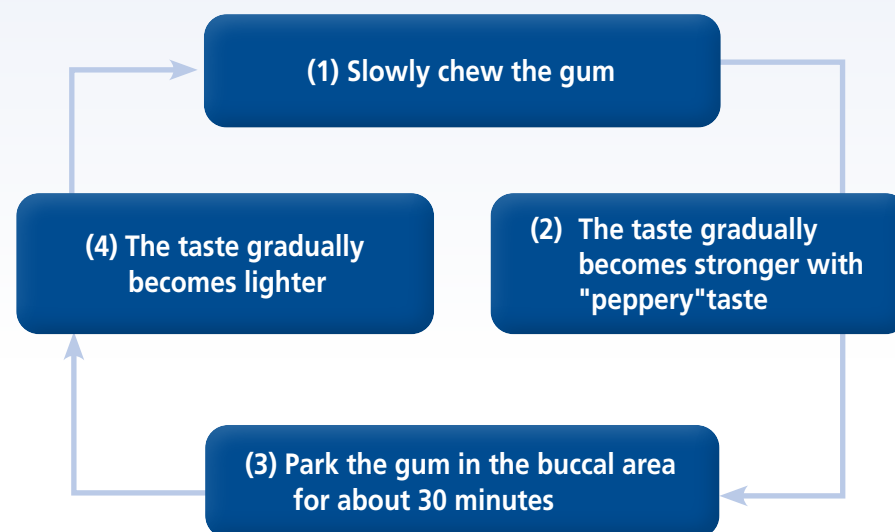
不正確的咀嚼方法會影響藥效。

戒煙香口膠可能會引致一些副作用，如口腔及咽喉疼痛、打嗝、牙較痛和胃痛等。

酸性飲品如汽水、咖啡及果汁等都會影響尼古丁的吸收，所以在咀嚼香口膠時或之前 15 分鐘，除清水外，應避免飲食。

Instructions for use:

Chewing nicotine gum is different from chewing ordinary gum. The correct way is as follows:



※ Points to note:

Incorrect chewing may affect the absorption of the nicotine.

Nicotine gum may also cause side effects such as sore mouth and throat, hiccups, jaw ache and stomachache.

Acidic beverages such as soft drink, coffee and fruit juice will affect the absorption of nicotine. Apart from water, do not eat or drink when chewing nicotine gum or 15 minutes before use.

3.1.2 戒煙貼

戒煙貼的參考劑量和療程：³

現時市面上備有時效 16 小時及 24 小時的戒煙貼，提供不同劑量，適合不同戒煙人士的需要。戒煙貼的療程為 8 至 12 星期。

表二 戒煙貼參考劑量和療程

| 每日吸煙數量 | 療程開始時之劑量 (時效 24 小時) | 療程 |
|----------|------------------------|---|
| 四十支或以上 | 42 毫克 | • 根據戒煙者之退癮徵狀、對吸煙的渴求及舒適的程度而調整。在停止吸煙四星期後，如戒煙者可以適應的話，每兩星期以 7 至 14 毫克的幅度調低。 |
| 二十一至三十九支 | 28-35 毫克 | |
| 十至二十支 | 14-21 毫克 | |
| 十支以下 | 14 毫克 | |

使用方法：

- 貼在清潔、乾爽的皮膚上，如胸部、背部、上臂或股側等。
- 切勿在附貼位置塗上潤膚露、軟膏或爽身粉。
- 每日將戒煙貼貼在不同位置，以減低皮膚過敏的機會。
- 貼完戒煙貼後用清水洗手，但切勿使用肥皂，否則過量的尼古丁會滲入手掌皮膚。
- 如使用時效 16 小時的戒煙貼，需於睡覺前把膠貼移除。

※ 注意事項：

- 戒煙貼可能引起局部皮膚過敏及失眠。
- 藥力傳送較緩慢。

3.1.2 Nicotine Patch

Reference dosage and regimen of nicotine patch:³

Both 16-hour and 24-hour patches are available to suit different people's needs. The treatment duration of nicotine patch is 8-12 weeks.

Table 2 Reference Dosage and Regimen of Nicotine Patch

| Daily Cigarettes Consumption | Starting Dosage (24-hr patch) | Regimen |
|------------------------------|-------------------------------|---|
| ≥ 40 cigarettes | 42 mg | • Adjust based on withdrawal symptoms, urges and comfort. After 4 weeks of abstinence, taper every 2 weeks in 7-14 mg steps as tolerated. |
| 21-39 cigarettes | 28-35 mg | |
| 10-20 cigarettes | 14-21 mg | |
| < 10 cigarettes | 14 mg | |

Instructions for use:

- Apply the patch to clean and dry skin of the chest, back, upper arms, hips, etc.
- Do not apply any lotion, ointment or talcum powder over the patch site.
- Change the patch site daily to minimise the chance of skin irritation.
- After applying a nicotine patch, wash hands with water but without soap as it will cause excess nicotine to be absorbed into the skin of the palms.
- For 16-hour patch, remove the patch before sleep.

※ Points to note:

- Nicotine patch may cause local skin reactions and insomnia.
- Slow onset.

3.1.3 戒煙糖

戒煙糖參考劑量和療程：³

戒煙糖有不同劑量可供選擇，療程最長為 12 個星期。每日劑量不能超過 20 粒。

表三 戒煙糖參考劑量和療程

| 每日吸煙數量 | 劑量 | 療程 |
|--------|------|--|
| 二十支或以下 | 2 毫克 | <ul style="list-style-type: none">每 1-2 小時使用 1-2 粒，每天最少使用 9 粒。 |
| 二十支以上 | 4 毫克 | <ul style="list-style-type: none">逐漸把用量遞減至零。 |

使用方法：

- 把戒煙糖間歇地含放在口腔的左右兩旁直至完全溶解，不可咬碎或整粒吞下。

※ 注意事項：

- 不正確地使用戒煙糖，不但會影響尼古丁的吸收，更可能會引致一些副作用，如口腔疼痛、打嗝、胃灼熱和胃痛等。
- 酸性飲品如汽水、咖啡及果汁等都會影響尼古丁的吸收，所以在使用戒煙糖時或之前 15 分鐘，除清水外，應避免飲食。

3.1.3 Nicotine Lozenge

Reference dosage and regimen of nicotine lozenge:³

There are different dosages of nicotine lozenge available. The treatment duration is up to 12 weeks. No more than 20 lozenges should be used per day.

Table 3 Reference Dosage and Regimen of Nicotine Lozenge

| Daily Cigarettes Consumption | Dosage | Regimen |
|------------------------------|--------|--|
| ≤ 20 cigarettes | 2 mg | <ul style="list-style-type: none">1-2 lozenges every 1-2 hours (minimum of 9/day). |
| > 20 cigarettes | 4 mg | <ul style="list-style-type: none">Gradually taper the dosage to nil. |

Instructions for use:

- Place the lozenge in the mouth and allow it to dissolve, periodically move the lozenge in the mouth, and avoid chewing or swallowing it.

※ Points to note:

- Incorrect use of nicotine lozenge may not only affect the absorption of nicotine but also cause side-effects such as irritation to mouth, hiccups, heartburn and stomachache.
- Acidic beverages such as soft drink, coffee and fruit juice will affect the absorption of nicotine. Apart from water, do not eat or drink when using nicotine lozenge or 15 minutes before use.

3.2 非尼古丁類藥物 - 瓦倫尼克林

瓦倫尼克林是一種非尼古丁類戒煙藥物，於 2006 年獲美國食物及醫藥管理局認可。³⁻⁵

效能： 它是尼古丁受體的局部促效劑，能夠刺激尼古丁受體，從而舒緩退癮徵狀和對吸煙的渴求，同時又能封阻尼古丁受體，減低再吸煙的刺激效用。

療程： 不可空肚服用。戒煙者須在戒煙日前一個星期開始服用（首三天每天一次 0.5 毫克劑量，其後四天每天兩次 0.5 毫克劑量）。戒煙期間的標準劑量為每天兩次 1 毫克。整個療程通常需時十二個星期，認可的療程可延長至 6 個月。瓦倫尼克林可隨時停止使用，不需逐漸遞減劑量。

副作用： 常見的副作用包括噁心、睡眠失調、便秘、胃氣脹、作嘔和頭痛等。

※ 注意事項：

- 如戒煙者有任何以下的情況，不建議服用瓦倫尼克林：
 - 末期腎病（必須調整劑量）
 - 十八歲以下
 - 懷孕或餵哺母乳期間
- 美國食物及藥物管理局於 2015 年 3 月宣布，使用者應減少飲酒份量，直至他們了解瓦倫尼克林如何影響他們飲用酒精後的反應為止。此外，使用者如果在使用瓦倫尼克林時出現抽搐，應立即停用，並尋求醫生意見。⁶

有關使用瓦倫尼克林與出現精神問題的風險：

- 一項考科藍文獻回顧（Cochrane review）的結果顯示，**沒有證據**

3.2 Non-nicotine Medications - Varenicline

Varenicline is a non-nicotine smoking cessation medication. It was approved by the US Food and Drug Administration in 2006.³⁻⁵

Action: Varenicline is a nicotine receptor partial agonist. It works by relieving the craving and withdrawal symptoms and blocking the reinforcing effects of nicotine at the same time.

Regimen: Take with food. Quitters should start to take varenicline one week before the quit day (0.5mg once daily for 3 days, then 0.5mg twice daily for 4 days). The standard maintenance dose is 1 mg twice daily. A treatment course usually takes 12 weeks to complete. Maintenance treatment may be used up to 6 months.⁴ Varenicline may be stopped abruptly and there is no need to taper.

Side effects: Common side effects include nausea, sleep disturbance, constipation, flatulence, vomiting and headache.

※ Points to note:

- Varenicline is not recommended for individuals who:
 - have end stage renal diseases (dosage adjustment is necessary)
 - are under 18
 - are pregnant or breastfeeding
- In March 2015, the U.S. Food and Drug Administration announced that patients should reduce the amount of alcohol they drink, until they know how varenicline affects their ability to tolerate alcohol. In addition, patients who have a seizure while taking varenicline should stop the medicine and seek medical attention immediately.⁶

證明瓦倫尼克林會增加使用者出現精神問題的風險⁷

瓦倫尼克林與安慰劑比較

- ◆ 抑鬱：風險比值 (risk ratio) 0.94 (95% 置信區間 (CI) 0.77-1.14) ;
〔36 項研究；16,189 位研究對象〕
- ◆ 產生自殺念頭：風險比值 0.68 (95% 置信區間 0.43-1.07)
〔24 項研究；11,193 位研究對象〕

一項薈萃分析共分析了 39 個隨機對照試驗 (10,761 位研究對象)，結果顯示，**沒有證據**證明瓦倫尼克林會增加使用者出現精神問題的風險⁸

瓦倫尼克林與安慰劑比較

- ◆ 自殺或嘗試自殺的風險：比值比 (odds ratio) 1.67 (95% 置信區間 0.33-8.57)
- ◆ 產生自殺念頭：比值比 0.58 (95% 置信區間 0.28-1.20)
- ◆ 抑鬱：比值比 0.96 (95% 置信區間 0.75-1.22)

精神健康與戒煙：

無論使用戒煙藥物與否，有些戒煙者在戒煙時或會出現新的精神健康問題或令原有的問題惡化，例如行為或思想上的異常變化、鬱悶或產生自殺想法及行為。相對沒有精神健康病史的人，上述提及的徵狀一般在那些戒煙前已有精神健康病史的人較為常見。⁹

如戒煙者出現鬱悶、自殺的念頭或行為，或任何非典型退癮徵狀的行為變化，應立即停用瓦倫尼克林，並尋求醫護人員意見。

Neuropsychiatric risk in the use of varenicline:

A Cochrane review shows no evidence of varenicline increasing the risk of neuropsychiatric adverse events,⁷

Varenicline vs. placebo comparison

- ◆ Depression : risk ratio 0.94 (95% CI 0.77 to 1.14);
[36 studies; n=16 189]
- ◆ Suicidal ideation : risk ratio 0.68 (95% CI 0.43 to 1.07).
[24 studies; n=11,193]

A meta-analysis of 39 randomised controlled trials (n=10 761) show no evidence of varenicline increasing the risk of neuropsychiatric adverse events,⁸

Varenicline vs. placebo comparison

- ◆ Risk of suicide or attempted suicide : odds ratio 1.67 (95% CI 0.33 to 8.57);
- ◆ Suicidal ideation : odds ratio 0.58 (95% CI 0.28 to 1.20);
- ◆ Depression : odds ratio 0.96 (95% CI 0.75 to 1.22).

Mental health and smoking cessation:

When trying to quit smoking with or without drug, some people may have new or worsening mental health problems such as changes in behaviour or thinking, depressed mood, or suicidal thoughts or actions. These symptoms happen more often in people with a history of mental health problems before trying to quit than those without.⁹

Patients are advised to stop varenicline and seek consultation from health professionals immediately if they experience depressed mood, suicidal thoughts or behaviours, or any changes in behaviour that are not typical of nicotine withdrawal.

4 量度成效篇 - 生化驗證

OUTCOME MEASURE- BIOCHEMICAL VALIDATION

4.1 可的寧程度 Cotinine Level

4.2 一氧化碳呼出量測試 Test for Measuring Expired Carbon Monoxide

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- ⁶ U.S. Food and Drug Administration. Drug Safety and Availability. <https://www.fda.gov/drugs/drug-safety-and-availability/fda-drug-safety-communication-fda-updates-label-stop-smoking-drug-chantix-varenicline-include> (accessed 7 June 2021).
- ⁷ Cahill K, Lindson-Hawley N, Thomas KH, Fanshawe TR, Lancaster T. Nicotine receptor partial agonists for smoking cessation. *Cochrane Database of Systematic Reviews* 2016, Issue 5. Art. No.: CD006103. DOI: 10.1002/14651858.CD006103.pub7.
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- ⁹ US Food and Drug Administration. FDA Drug Safety Communication: FDA revises description of mental health side effects of the stop-smoking medicines Chantix (varenicline) and Zyban (bupropion) to reflect clinical trial findings. <https://www.fda.gov/drugs/drug-safety-and-availability/fda-drug-safety-communication-fda-revises-description-mental-health-side-effects-stop-smoking> (accessed 7 June 2021).

4 量度成效篇 - 生化驗證

使用生物標記，例如可的寧和一氧化碳，能準確地評估吸煙者的吸煙狀況。

4.1 可的寧程度

可的寧是尼古丁的代謝物，可從不同的生物樣本如唾液、尿液中量度。¹ 由於可的寧對量度煙草使用有高特定性（specificity）及高敏感性（sensitivity），加上它有較長的半衰期（約 16 小時），可量度過去兩至三天吸煙或接觸二手煙的情況，因此可的寧被認定為量度吸煙和接觸二手煙的最佳生物標記。

4.2 一氧化碳呼出量測試

不論直接吸煙或吸入二手煙，都會吸入煙草內的有害化學物質。其中一氧化碳會與紅血蛋白結合減低其帶氧能力，從而減低運動力，加速衰老。

透過「一氧化碳呼出量測試儀」（圖四）來量度吸煙者體內的一氧化碳濃度，可以使吸煙者更清楚了解自己的身體狀況，藉以推動吸煙者作出戒煙的決定。

4 Outcome Measure- Biochemical Validation

The use of biomarkers, such as cotinine and carbon monoxide, can provide more accurate estimates of smoking status.

4.1 Cotinine Level

Cotinine is a metabolite of nicotine which can be measured through different biological specimens such as saliva and urine.¹ It is considered as the best biomarker of tobacco exposure for smokers and non-smokers to secondhand smoke because of its high specificity and sensitivity to tobacco use. In addition, cotinine has the relatively long half-life (about 16 hours), which allows the measure of tobacco exposure over the previous two to three days.

4.2 Test for Measuring Expired Carbon Monoxide

Smoking and inhaling secondhand smoke will bring in harmful substances contained in tobacco. Among them, carbon monoxide ("CO") will combine with haemoglobin to reduce its oxygen carrying capacity, thus weakening physical ability and accelerating aging.

The "smokerlyzer" (Figure 4) measures the concentration of exhaled CO of smokers and gives them a better understanding of their physical conditions, which in turn, motivates them to quit.



圖四 一氧化碳呼出量測試儀

一般而言，一氧化碳水平介乎 8 兆比率（parts per million, ppm）至 10 兆比率是用作界定和區分吸煙者與非吸煙者的準則。² 醫護人員應參考測試儀的規格說明以評估吸煙者的吸煙狀況。



Figure 4 Smokerlyzer

In general, the cutoff level of CO used to distinguish between smokers and non-smokers is ranging from 8 parts per million (“ppm”) to 10 ppm.² Health professionals should refer to the specification of smokerlyzer in order to determine the smoking status of smokers.

5 戒煙支援

SMOKING CESSATION SUPPORT

5.1 戒煙熱線 Quitline

5.1.1 綜合戒煙熱線 1833 183
Integrated Smoking Cessation Hotline
1833 183

5.1.2 青少年戒煙熱線
Youth Quitline

5.2 自助資源 Self-help Resources

5.3 戒煙服務 Smoking Cessation Services

參考資料：

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5 戒煙支援

5.1 戒煙熱線

5.1.1 綜合戒煙熱線 1833 183

註冊護士透過衛生署綜合戒煙熱線提供專業戒煙輔導。此外，護士亦會協助使用者制訂合適的戒煙計劃，及因應使用者的需要安排轉介至合適的戒煙服務。

戒煙熱線設有 24 小時電腦來電處理系統，為使用者提供廣東話、普通話及英語的戒煙資訊和戒煙藥物資訊。使用者可透過戒煙熱線直接聯絡各類戒煙服務，亦可透過電腦系統即時進行尼古丁依賴程度測試。

5.1.2 青少年戒煙熱線

青少年戒煙熱線的服務對象為 25 歲或以下的青少年吸煙者。青少年戒煙熱線旨在向青少年吸煙者宣傳戒煙，並為想戒煙的青少年提供朋輩式電話戒煙輔導。

5.2 自助資源

5.2.1 戒煙專題網站

衛生署控煙酒辦公室透過戒煙專題網站 <https://www.livetobaccofree.hk> 提供實用資訊，幫助吸煙者戒煙。網站亦為醫護人員提供資源，包括網上培訓課程、戒煙熱線轉診表格和可給予病人的單張及小冊子等資料。

5 Smoking Cessation Support

5.1 Quitline

5.1.1 Integrated Smoking Cessation Hotline 1833 183

Counselling on smoking cessation is provided by registered nurses through the Integrated Smoking Cessation Hotline (“Quitline”) of the Department of Health (“DH”). Nurses also help callers to work out a suitable smoking cessation plan and make referral to appropriate smoking cessation service according to their individual needs.

A computerised call handling system is set up to provide information on smoking cessation and medication in Cantonese, Putonghua and English round-the-clock. It also directly connects users to various smoking cessation service providers in Hong Kong. In addition, users may assess their nicotine dependence via the system.

5.1.2 Youth Quitline

The Youth Quitline provides peer-led smoking cessation counselling which targets smokers aged 25 or below. The Youth Quitline publicised quitting among youth smokers and to support those who want to quit.

5.2 Self-help Resources

5.2.1 Thematic Website on Smoking Cessation

The Tobacco and Alcohol Control Office (“TACO”) of DH provides practical information to help smokers quit smoking through a thematic website <https://www.livetobaccofree.hk>. The website also provides resources for health professionals, including online training course, referral forms to quitline, fact sheets and pamphlets which can be delivered to patients.

5.2.2 戒煙應用程式

衛生署控煙酒辦公室推出「戒煙達人」應用程式幫助吸煙者戒煙。

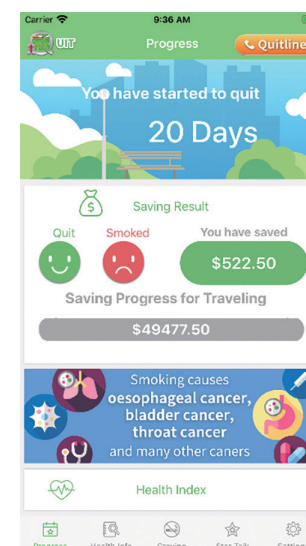
「戒煙達人」可以幫助使用者對抗煙癮，並提供保持無煙的貼士。它可以跟進使用者的戒煙進度並告訴他因戒煙節省了多少錢。



5.2.2 Quit Smoking Mobile App

This is a mobile application developed by TACO to assist smokers overcome tobacco dependence.

The application helps user to deal with cravings and offers tips on staying tobacco-free. It helps user to track his / her progress and tells him/ her how much money is saved.



5.3 戒煙服務

現時本港有各類以社區為本的戒煙服務，透過指定戒煙診所、流動診所，及工作間外展隊等多種渠道，提供免費服務。全面的戒煙治療及支援，由電話輔導、行為治療、藥物治療，以至針灸治療，均由跨專業團隊主理，當中包括醫生、護士、中醫師、社工及輔導員。這些服務地點位於戒煙人士方便前往的地方而服務時間包括夜晚和週末。

此外，戒煙診所現時亦會為合資格人士提供免費郵遞戒煙藥物和電話跟進。

除一般市民外，衛生署亦有為不同種族人士及新來港人士提供戒煙服務，包括戒煙治療及多種語言的戒煙資訊，以配合不同社羣的需要。

可查閱衛生署網頁得到有關戒煙服務的資料：



<https://www.livetobaccofree.hk/tc/free-quit-tools/free-cessation-services.html>

5.3 Smoking Cessation Services

A wide range of community-based smoking cessation services are available for free. They are provided in a variety of settings such as dedicated smoking cessation clinics, mobile clinics, and workplaces. Comprehensive smoking cessation treatment and support, ranging from telephone counselling, behavioural therapy, pharmacotherapy, to acupuncture, are provided by multidisciplinary teams comprising doctors, nurses, Chinese medicine practitioners, social workers, and counsellors. These services are easily accessible with opening hours that include evenings and weekends.

Free postal service of smoking cessation medications, supplemented by follow-up telephone counselling, is now provided by smoking cessation clinics to eligible persons after assessment.

Apart from the general public, DH also provides smoking cessation services targeting at people of diverse race and new immigrants, including treatment and multilingual information on smoking cessation to cater the needs of this community.

For details of smoking cessation services, please visit DH website:



<https://www.livetobaccofree.hk/en/free-quit-tools/free-cessation-services.html>

醫院管理局設有超過 60 間「無煙新天地」戒煙輔導中心，提供收費戒煙服務。服務對象主要為透過醫護人員轉介的病人，特別是長期病患者。戒煙輔導服務由跨專業團隊主理，當中包括受過特別訓練的護士、藥劑師及其他專職醫療人員，並由醫生提供支援，協助吸煙者戒煙。

此外，醫院管理局亦成立了無煙熱線（電話：2300 7272）提供服務查詢及電話輔導服務。有關服務詳情，請瀏覽醫院管理局網站 <https://www.ha.org.hk/HAquitsmoking/>。

The Hospital Authority ("HA") operates over 60 Smoking Counselling and Cessation Centres to provide smoking cessation services at a fee. Key service targets are patients referred by health professionals, particularly patients with chronic diseases. The services are provided by multidisciplinary teams comprised of specially trained nurses, pharmacists and other allied health professionals, who are supported by doctors.

HA also has a "Quitline" (2300 7272) for enquiries and telephone counselling services. For details, please visit HA website <https://www.ha.org.hk/HAquitsmoking/>.

6

附錄

APPENDIX

- 6.1 極簡短戒煙建議
Very Brief Advice on Smoking Cessation
- 6.2 尼古丁依賴程度測試
Fagerstrom Test
- 6.3 戒煙服務流程參考
Sample Flowchart of Smoking
Cessation Service

6 附錄

6.1 極簡短戒煙建議

衛生署控煙酒辦公室設計了一套「極簡短戒煙建議」工具，讓醫護人員以短至 30 秒時間內建議病人戒煙，並轉介病人接受戒煙服務。

「極簡短戒煙建議」得到海外及本地科學實證，醫護人員可用極短的時間，透過主動查詢吸煙狀況、建議戒煙方式及轉介戒煙服務三個步驟，鼓勵吸煙者戒煙，並提高戒煙成功率。

醫護人員可登入 <https://vba.livetobaccofree.hk> 的「極簡短戒煙建議」15 分鐘網上課程，透過三段約二至三分鐘的教學短片，掌握「極簡短戒煙建議」的要旨。

醫護人員亦可在網頁下載「極簡短戒煙建議」的流程圖、病人單張及轉介指南等實用資源，方便他們於臨床工作中使用。



「極簡短戒煙建議」網頁
<https://vba.livetobaccofree.hk>

6 Appendix

6.1 Very Brief Advice on Smoking Cessation

The Tobacco and Alcohol Control of the Department of Health has developed "Very Brief Advice on Smoking Cessation" ("VBA"), a tool for health professionals on how to deliver cessation advice in 30 seconds and refer patients to smoking cessation services.

VBA has been scientifically proven both overseas and locally to be effective in motivating smokers to quit and increasing tobacco abstinence rate in a very short period of time. It comprises only three steps: asking smoking status; advising smoking cessation methods; and referring to smoking cessation services.

To help health professionals deliver VBA, a 15-minute online training course which contains three training videos (2-3 minutes each) has been provided for them through the VBA website, <https://vba.livetobaccofree.hk/en/>.

Health professionals can also download a VBA delivery flowchart, a patient pamphlet and a referral guide from the VBA website for their daily practice.



Website of Very Brief Advice on Smoking Cessation
<https://vba.livetobaccofree.hk/en/>

極簡短戒煙建議指引



Very Brief Advice on Smoking Cessation



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 附有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 為25歲或以下人士
(選擇語言後按5) 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



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 **Counselling services for smokers
aged 25 or below**
(Press 5 after selecting language)

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

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.)

After
5-10
years

• Risk of having coronary heart disease is reduced by 50%
• Risk of stroke is reduced to that of a non-smoker

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%



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，舒緩煙癮

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

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

戒煙藥物

本港現時有兩類經證實安全有效的戒煙藥物，能舒緩退癮徵狀，
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
有疑問可查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
皮膚上，如胸部、臀部、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
- 必須每天更換貼附位置，
以免皮膚發癢 (紅印為正常反應，約1-2天後消滅)

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齒之間，
讓尼古丁吸收

- 當味覺變淡時，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
酸性飲料，如汽水、檸檬及果汁
- 不適合患有牙周疾病、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**

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

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

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-adhesive 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
jaw-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**

「極簡短戒煙建議」病人單張

Patient Pamphlet of Very Brief Advice on Smoking Cessation

6.26 尼古丁依賴程度根據程度測試 (Fagerstrom Test)

| 問題 | 選項 | 分數 |
|----------------------|--------------------------------------|----|
| (a) 你起床後多久才吸第一支煙？ | 5 分鐘 <input type="checkbox"/> | 3 |
| (a) 你起床後多久才吸第一支煙？ | 5 分鐘 <input type="checkbox"/> | 3 |
| | 6 至 30 分鐘內 <input type="checkbox"/> | 2 |
| | 31 至 60 分鐘內 <input type="checkbox"/> | 1 |
| | 60 分鐘後 <input type="checkbox"/> | 0 |
| (b) 當你身處非吸煙區內 (例如商場、 | 會 <input type="checkbox"/> | 1 |
| (b) 地鐵、升降機、巴士、飛機、 | 會 <input type="checkbox"/> | 1 |
| 辦公室、醫院、學校、圖書館、 | 不會 <input type="checkbox"/> | 0 |
| 耐不吸煙？ | | |
| (c) 你覺得那一支煙最難放棄？ | 早上第一支 <input type="checkbox"/> | 1 |
| (c) 你覺得那一支煙最難放棄？ | 其他第一支 <input type="checkbox"/> | 0 |
| | 其他 <input type="checkbox"/> | 0 |
| (d) 起床後的數小時你吸煙的次數會否 | 會 <input type="checkbox"/> | 1 |
| (d) 較其他時段頻密？ | 會 <input type="checkbox"/> | 1 |
| | 不會 <input type="checkbox"/> | 0 |
| (e) 當你患病至大部份時間臥床時， | 會 <input type="checkbox"/> | 1 |
| (e) 你會否吸煙？ | 會 <input type="checkbox"/> | 1 |
| | 不會 <input type="checkbox"/> | 0 |
| (f) 你每日吸多少支煙？ | 31 支以上 <input type="checkbox"/> | 3 |
| (f) 你每日吸多少支煙？ | 21-30 支 <input type="checkbox"/> | 2 |
| | 11-20 支 <input type="checkbox"/> | 1 |
| | 10 支或以下 <input type="checkbox"/> | 0 |
| | 10 支或以下 <input type="checkbox"/> | 0 |
| | 總分 | |
| | 總分 | |

6.2 Fagerstrom Test of Nicotine Dependence

| Question | Option | Score |
|---|---|-------|
| (a) How soon after you wake up do you smoke your first cigarette? | 5 minutes <input type="checkbox"/> | 3 |
| | 6-30 minutes <input type="checkbox"/> | 2 |
| | 31-60 minutes <input type="checkbox"/> | 1 |
| | 60 minutes or more <input type="checkbox"/> | 0 |
| | | |
| (b) Do you find it difficult to refrain from smoking in places where it is forbidden (e.g. shopping mall, MTR train or lift)? | Yes <input type="checkbox"/> | 1 |
| | No <input type="checkbox"/> | 0 |
| (c) Which cigarette would you hate most to give up? | The first one in the morning <input type="checkbox"/> | 1 |
| | Any other <input type="checkbox"/> | 0 |
| (d) Do you smoke more frequently during the first hours after waking up than the rest of the day? | Yes <input type="checkbox"/> | 1 |
| | No <input type="checkbox"/> | 0 |
| (e) Do you smoke if you are so ill that you are in bed most of the day? | Yes <input type="checkbox"/> | 1 |
| | No <input type="checkbox"/> | 0 |
| (f) How many cigarettes do you smoke every day? | 31 or more <input type="checkbox"/> | 3 |
| | 21-30 <input type="checkbox"/> | 2 |
| | 11-20 <input type="checkbox"/> | 1 |
| | 10 or less <input type="checkbox"/> | 0 |
| | | |
| Total score | | |

| 總分 | 尼古丁依賴程度 | 藥物治療 |
|------|---------|-------------|
| 0-3 | 較輕 | 未必需要使用戒煙藥物 |
| 4-5 | 中等 | 可使用較低劑量戒煙藥物 |
| 6-10 | 偏高 | 可使用較高劑量戒煙藥物 |

| Total Score | Nicotine Dependence | Medication |
|-------------|---------------------|--------------------------------|
| 0-3 | Low | Drugs may not be required |
| 4-5 | Medium | May use drugs of lower dosage |
| 6-10 | High | May use drugs of higher dosage |

6.3 戒煙服務流程（此樣本只供參考）

評估日

醫生、護士或輔導員評估求診者的戒煙意欲、決心和信心。
如求診者已處於預備或行動期，評估他的吸煙習慣、過去戒煙經驗和是次戒煙原因等，以協助他選擇合適的戒煙方法，例如輔導或藥物治療，並訂下戒煙日期（建議最好於兩星期內開始戒煙）。
如求診者仍處於沉思期或沉思前期，則應以動機式訪談法和 5R 來鼓勵他戒煙及安排日期再作跟進。



醫護人員安排在預備期或行動期的求診者參加戒煙療程

跟進日（一）：即戒煙日，與評估日相距不多於兩星期

是日為戒煙計劃的開始，建議戒煙者向家人宣告和棄掉所有煙草產品，煙灰缸和打火機。
為未來戒煙的日子作準備，預計將會出現的困難，並與戒煙者訂立解決方案，例如，如何應付煙癮和當別人邀請其吸煙時，如何作出拒絕。
解釋可能會出現的退癮徵狀及其處理方法。
建議戒煙者考慮是否需要採用尼古丁替代藥物以配合輔導療程。協助戒煙者選擇適合的尼古丁替代藥物和劑量，以及解釋治療計劃之詳情、使用方法和注意事項。



6.3 Sample Flowchart of Smoking Cessation Service (for reference only)

Assessment Day

Doctors, nurses or counsellors assess the client's will, determination and confidence to quit smoking.
For a client in the preparation / action stage: assess their pattern of smoking, previous experience on quitting smoking and the reasons to quit. Assist the clients to choose appropriate quitting methods such as counselling or pharmacotherapy and set a quit day (best to start quitting within 2 weeks).
For a client in the contemplation / pre-contemplation stage, apply motivational interviewing and the 5R's intervention to motivate them and arrange a follow-up date.



Healthcare workers arrange clients in the preparation / action stage to join the smoking cessation programme

Follow-up Day (1) - Also known as the "Quit Day" which should be set within two weeks after the Assessment Day

This is the starting day of the smoking cessation plan. Advise the clients to announce the plan to family members and discard all cigarettes, ashtrays and lighters.
To prepare for the quitting days and point out possible challenges at different stages. Advise the clients on relevant counteractions like methods to relieve cravings and refusal skills towards other smokers' offers.
Explain the possible withdrawal symptoms and relief measures.
When indicated, recommend nicotine replacement therapy (NRT) in addition to counselling therapy. Help the clients to make appropriate choice on the type and dosage of NRT and provides detailed information on the treatment plan, usages and points to note for various medications.



跟進日（二）和（三）：與戒煙日分別相距約一星期與四星期

了解戒煙者的進度，並協助他繼續積極地面對戒煙期間遇到的困難，針對其個人需要而商討處理方法。

評估戒煙者使用尼古丁替代藥物的情況，如方法、劑量及成效等。

透過輔導形式，增強戒煙者的自信心和技巧，以幫助他克服困難和障礙。

探討均衡飲食和健康生活模式的重要性，鼓勵多做運動和培養良好興趣等。



跟進日（四）：與戒煙日相距約六至八星期

了解戒煙者的進度，並協助他繼續積極地面對戒煙期間遇到的困難，針對其個人需要而商討處理方法。

透過輔導形式，增強戒煙者的自信心和技巧，以幫助他克服困難和障礙。作防範煙癮復發的討論，如避免飲用含酒精和咖啡因的飲品、處理壓力的技巧和控制體重的重要性。

引導戒煙者反思壓力的來源，讓戒煙者找出吸煙之外一些正確處理壓力的方法。

分享拒絕技巧，並鼓勵戒煙者推動身邊的親友和同事戒煙。



Follow-up Day (2) and (3) - 1 week and 4 weeks respectively after the "Quit Day"

Assess the clients' progress; assist them to handle difficulties encountered accordingly.

Assess the mode, dosage and effectiveness of NRT.

Coach and strengthen clients' confidence and skills to overcome difficulties and barriers.

Discuss the importance of balanced diet and healthy lifestyles. Encourage regular exercise and decent hobbies.



Follow-up Day (4) - 6 to 8 weeks after the "Quit Day"

Assess the clients' progress; assist them to handle difficulties encountered accordingly.

Coach and strengthen clients' confidence and skills to overcome difficulties and barriers.

Discuss relapse prevention such as avoiding alcohol and caffeinated beverages, stress management and the importance of weight control.

Guide the client to identify the source of pressure and figure out appropriate stress coping strategies.

Sharing of refusal skills and encourage the client to urge family members, friends or colleagues to quit smoking.

Reunion Day - 26 to 52 weeks after the "Quit Day"



重聚日：與戒煙日相距約二十六至五十二星期

跟進戒煙者的進度和戒煙狀況。

對成功的戒煙者予以讚許和鼓勵。

對失敗個案給予建議和進一步的輔導安排，並指出很多吸煙者都經過多次嘗試才能成功戒煙。

鼓勵戒煙者有需要時可聯絡衛生署綜合戒煙熱線 1833 183。

鼓勵戒煙者推動身邊的親友和同事戒煙，加入無煙生活的行列。

Follow up the clients' progress and recent smoking status.

Give encouragement to successful quitters.

Offer necessary counselling and arrangements to unsuccessful quitters, and point out that many smokers need several attempts to succeed.

Encourage the client to call the Department of Health Integrated Smoking Cessation Hotline 1833 183 when necessary.

Encourage successful quitters to urge family members, friends or colleagues to quit smoking as well.



Integrated Smoking Cessation Hotline
Department of Health
1833 183



戒煙應用程式
Quit Smoking App

戒煙熱線 Quitline
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