

COVID-19 Influence: Intention of Smoker and Different Mode of Service to Assist Smokers to Quit

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Introduction

Since 2013 UCNCHS has been providing one stop smoking cessation service. Flexible mode of service in community health setting can play a vital role in helping smokers to quit. UCNCHS is providing both clinic based and Mail-to-Quit (MTQ) service. It has been observed that self confidence of the smokers to quit is paramount in the process of quitting smoking.

Aims

- To assess the quit rate on Clinic-Based and MTQ mode
- To assess smoker intention and quit rate in relation to self-confidence level.

Methods

- Baseline assessment with structured questionnaire.
- Flexible approach was adopted, clinic based or online counselling, follow up and postage of Nicotine Replacement Therapy (NRT).
- Matrix Scale from 1 to 10 representing was used to assess client's self-confidence level



Photo: Clinic based counselling with demo on correct usage of NRT

自信心 Confidence

在 0-10 分的範圍內，0 分為完全沒有信心，10 分為非常有信心。
請在以下的量表中表示你對戒煙有多大信心？（請圈出你認為最適合表示你情況的數字）

On the same scale from 0-10, where 0 is not at all confidence and 10 is extremely confident, How confident would you say you are, that if you decided to quit smoking, you could do it? (Please circle the number below for the most suitable to you)

完全沒有信心 Not At All Confidence			少許信心 Somewhat Confidence			有信心 Confidence			非常有信心 Very Confidence		
0	1	2	3	4	5	6	7	8	9	10	

Matrix Scale for Self- Confidence Level

Results

From 1st April 2021 to 31st March 2022, total of 1006 smokers received service, of which 47% (478) used clinic-based and 57% (578) MTQ mode service. The quit rate of clinic-based service user was higher than MTQ in both 8 weeks (42% vs 23%) and 26 weeks (46% Vs 28%) follow up. (Figure 1, Table 2). A higher self-confidence level (>5) had higher quit rate (between 26% to 51% at week 8 and between 30% to 57% at week 26) (Table 1)

Table 2 Quit Rate and Service Mode

	Not Quit	Quit	Total
Quit rate upon week 8			
Clinic based	270 (58.4%)	192 (41.6%)	462 (100%)
Mail to quit	352 (76.7%)	107 (23.3%)	459 (100%)
Quit rate upon week 26			
Clinic based	164 (54.1%)	139 (45.9%)	303 (100%)
Mail to quit	256 (71.9)	100 (28.1%)	356 (100%)

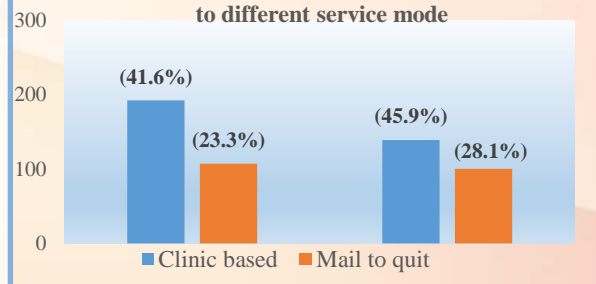
Table 1 Confidence Level and Quit Rate

Confidence level	Week 8 Quit Rate	N week 8	Week 26 Quit Rate	N week 26
0	28.6%	7	0.0%	4
1	0.0%	3	33.3%	3
2	14.3%	7	14.3%	7
3	8.7%	23	6.7%	15
4	7.1%	28	10.0%	20
5	26.1%	180	30.9%	139
6	27.2%	114	43.0%	79
7	31.1%	161	30.4%	115
8	37.2%	215	43.7%	151
9	51.6%	62	57.4%	47
10	43.0%	121	36.7%	79
Total		921*		659*

* N is different as some cases had not reached 26-weeks follow-up

Figure 1

Quit rate at week 8 and week 26 according to different service mode



Conclusion

Though during COVID-19 pandemic more smoker used online service, the quit rate was higher amongst clinic based service user. The finding reflects that clinic based service with counselling service that can motivate to increase self confidence of the smoker can be an optimal mode to assist smokers to quit. The flexible mode of service should be continued as it does give smokers more options. The counselling should include motivational interviewing skill to motive and improve confidence level of the smokers which consequently has direct effect in quitting.

For any questions related to this poster :

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