

Very Brief Advice on Smoking Cessation – Online Training

Module 3: Active Referral of Smoking Cessation Service

Handout

1. Active referral to smoking cessation services increase abstinence

 Active referral connects smokers with smoking cessation service providers after delivering quitting advice by transferring smokers' contact details to a cessation service provider¹, this can increase abstinence by about 80%, compared with giving advice alone.²

2. Referral method

a. Phone call by clinic staff

- Obtain smokers' verbal consent (display of privacy notice at the same time)
- o Call 1833 183, press "0" when connected to leave voice message containing
 - Clinic name and phone number
 - Smoker's name, phone number and time available to receive return call

b. Fax referral

- o Fill in the referral form and fax to 2156 0521, or email to quit@dh.gov.hk
- o Referral form could be downloaded from www.livetobaccofree.hk

3. Local cessation services (you can find the following information on the patient leaflet)

a. Quitline 1833 183

- o A hub of cessation service operated by Department of Health
- Referral to dedicated cessation services
- o Provide information on craving management and nicotine replacement therapy
- Counselling services and active follow up
- Operated 7 days × 24 hours

b. Integrated services

- The Department of Health has engaged local non-governmental organisations ("NGOs") to provide free smoking cessation services.
- These services are highly accessible, with:
 - Flexible opening hours including evenings and weekends
 - Multiple locations served by mobile clinics
 - Mail delivery of nicotine replacement therapy is available to quitters who pass initial assessment
- These services provided proven cessation interventions including behavioural treatment and pharmacotherapy:
 - Behavioural treatment: Face-to-face counselling, telephone counselling, group counselling, and self-help educational materials
 - Pharmacotherapy: Nicotine replacement therapy and varenicline
 - Smoking cessation treatment also includes acupuncture, which has been proven to increase success rate in quitting

Table 1. Summary of Providers of Free Smoking Cessation Services		
Organisation	Services	Features
Tung Wah Group of Hospitals	Behavioural intervention coupled with medication	Fixed and mobile clinicsMail delivery of NRT
United Christian Nethersole Community Health Service	Behavioural intervention coupled with medication	 Fixed clinics Also provide services for ethnic minorities and new immigrants
Pok Oi Hospital	Acupuncture cessation service	 Fixed and mobile clinics
Youth Quitline	Telephone counselling	For smokers aged 25 or belowService provided by peer- counsellors

4. Key points to motivate patients to use smoking cessation service^{1,2}

Table 2. Key points to motivate patients to use smoking cessation service		
Components	Definition/Suggested advice	
Free	Most smoking cessation services are <u>free</u>	
Access	Various kinds of smoking cessation services are <u>accessible</u> in 18 districts, and most are operated at nighttime or weekends	
Scientific	<u>Scientific evidences</u> support that smoking cessation services are effective to increase abstinence rate	
Telephone	Dial the Quitline 1833 183 to choose and refer service	

5. Frequently asked questions:

What if the patient has tried the service but failed to quit?

You can say, "Most quitters have more than one quit attempts. It can take several attempts to be successful. You learn something every time you try to quit smoking. So, every try counts. Please call Quitline 1833 183, the counsellors will help you to formulate the best treatment plan."

References

- 1. Weng X, Luk TT, Suen YN, et al. Effects of simple active referrals of different intensities on smoking abstinence and smoking cessation services attendance: a cluster-randomized clinical trial. *Addiction*. 2020;115(10):1902-1912. doi: 10.1111/add.15029.
- 2. Wang MP, Suen YN, Li WH, et al. Intervention With Brief Cessation Advice Plus Active Referral for Proactively Recruited Community Smokers: A Pragmatic Cluster Randomized Clinical Trial. *JAMA Intern Med.* 2017;177(12):1790-1797. doi:10.1001/jamainternmed.2017.5793.

Acknowledgements



