

Non-Communicable Diseases Watch

May 2015



Quit Smoking and Win

Key Messages

- ※ All tobacco products are harmful, causing various immediate and long-term damages to health. In fact, up to one in every two smokers will be killed by smoking.

- ※ In Hong Kong, the proportion of daily cigarette smokers among people aged 15 and above decreased from 23.3% in 1982, to 10.7% in 2012 which was among the lowest in the world. Nevertheless, there were still an estimated 645 000 daily cigarette smokers in 2012.

- ※ Quitting smoking is the single best thing smokers can do for themselves (and others). In 2012, some 346 400 people who previously had a daily cigarette smoking habit reported that they had given up smoking.

- ※ For those who want to quit smoking, there are tips and resources that can help them get started, stay smoke-free and enjoy a healthy life.

- ※ For free information, professional advice and support about smoking cessation, smokers and their family members can call the Integrated Smoking Cessation Hotline of the Department of Health (DH) at 1833 183.

- ※ To create a smoke-free Hong Kong, let us say **NO** to smoking.

Quit Smoking and Win

All tobacco products are harmful, irrespective of their forms (such as cigarettes, shisha, cigar or pipes), disguises (such as ‘light’, ‘ultra-light’ or ‘low tar’) or flavours (such as ‘menthol’, ‘chocolate’ or ‘fruit’ flavour). Tobacco smoke contains more than 7 000 chemicals and compounds. Hundreds of these are toxic and at least 69 of them are known to

cause cancer, including arsenic, benzene, carbon monoxide, formaldehyde, hydrogen cyanide and vinyl chloride.¹ For nicotine, it is the major chemical component responsible for addiction in tobacco products that reinforces its use and causes withdrawal symptoms when it is abstained.²

Overview of Major Smoking-related Diseases

Smoking is causally associated with a wide spectrum of diseases. For example, smoking causes cancer almost anywhere in the body, including colorectal cancer and liver cancer as concluded by the latest Report of the Surgeon General 2014.^{2, 3} Globally, 20% of all cancer deaths are attributed to tobacco use.⁴ The chemicals in cigarette smoke damage the breathing system and delicate lung tissues, causing lung cancer, chronic bronchitis, emphysema, and chronic obstructive pulmonary disease (COPD). Current smokers were about 8.4 times, 4.9 times, 3.5 times and 3.4 times as likely to have lung cancer, emphysema, COPD and chronic bronchitis as never smokers respectively. The corresponding risks for ever smokers were 5.5 times, 4.5 times, 2.9 times and 2.7 times.^{5, 6} Globally, smoking is responsible for about 90% of all lung cancer cases and 75% of chronic bronchitis and emphysema cases.⁷ Compromising the body’s immunity system, smoking is also linked to tuberculosis.² Compared with never smokers, current smokers had about 80% increased risk of tuberculosis infection and were twice as likely to develop pulmonary tuberculosis disease.^{8, 9} Smoking is a well-established cause of cardio-vascular diseases, including coronary heart disease (CHD), peripheral arterial disease, and stroke. Globally, smoking causes about 25% of CHD cases.⁷ Smoking would increase stroke risk by 50%.¹⁰ Besides, current smokers would also have 44% increased risk of type 2 diabetes compared to non-smokers.¹¹

Contemporary researches also suggest that smoking is causally associated with age-related macular degeneration of eyes, cataract and rheumatoid arthritis, and elevates dementia risk.² Compared to never smokers, current smokers had 86% increased risk of age-related macular degeneration,¹² 35% increased risk of rheumatoid arthritis,¹³ and 79% increased risk of incident Alzheimer’s disease.¹⁴ Ever smoking was also associated with 41% increased risk of age-related cataract.¹⁵ In women, any active smoking was associated with 23% increased risk of miscarriage.¹⁶ Smoking during pregnancy was significantly associated with a 47% increase in risk of stillbirth.¹⁷ Women who smoked in early pregnancy would be more likely to have children with birth defects such as cleft lip or palate.^{2, 18} The pregnancy could also be complicated by placental abruption, placenta previa, premature rupture of membranes, or premature birth.¹ In men, current smokers and former smokers had 51% and 29% increased risk of erectile dysfunction as compared with non-smokers respectively.¹⁹ Moreover, studies consistently showed a positive dose-response relationship between quantity or duration of smoking and various disease risks. Apparently, there is no safe level of smoking. Any tobacco smoke can cause both immediate and long-term damage to the body. Up to one in every two smokers will be killed by smoking.²⁰

Global Perspective

Despite tremendous progress made in tobacco control in many countries, the total number of smokers worldwide continues to grow and tobacco use remains as a major threat to global health. A study analysed surveys from more than 180 countries and found that the age-standardised prevalence of daily tobacco smoking for men and women aged above 15 declined from 41.2% and 10.6% in 1980 to 31.1% and 6.2% in 2012 respectively. Because of population growth, however, the absolute number of daily smokers worldwide actually increased from 721 million to

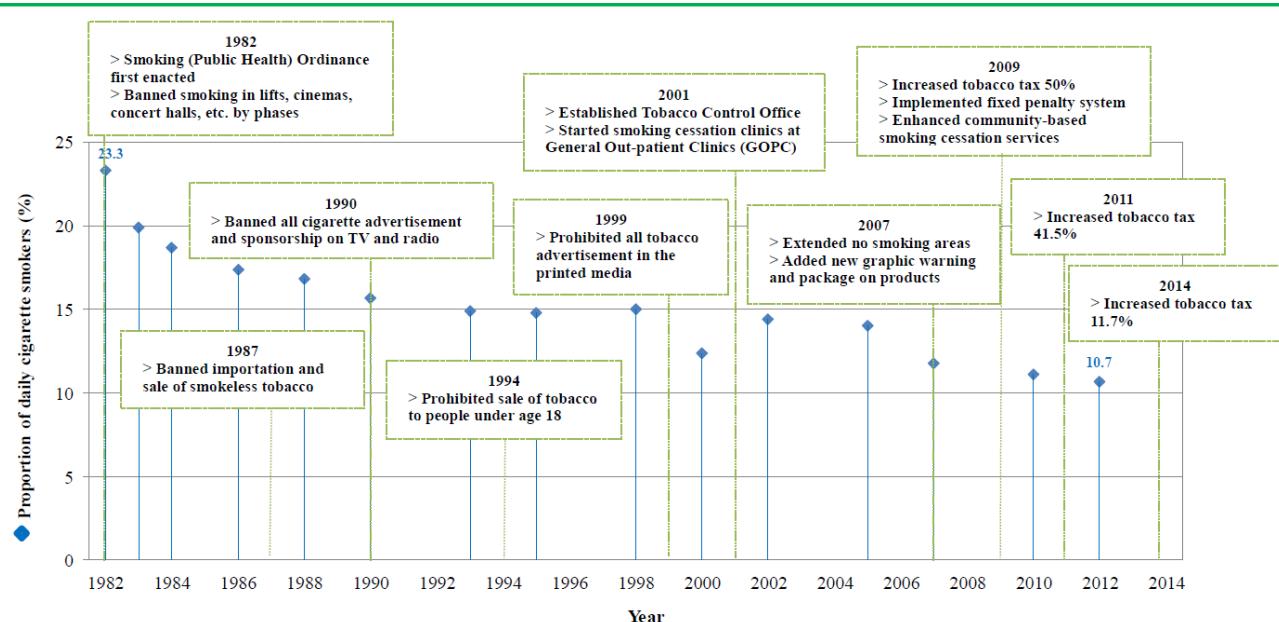
967 million between 1980 and 2012. While the average number of cigarettes consumed per smoker remained at around 18 per day, the total annual number of cigarettes smoked worldwide increased from 4.96 trillion in 1980 to 6.25 trillion in 2012.²¹ Smoking takes a high toll. Globally, tobacco kills nearly 6 million people each year, including more than 600 000 deaths which are the result of non-smokers being exposed to secondhand smoke. Unless intensified actions are taken to reduce smoking, the annual death toll from tobacco use can rise to 8 million people by 2030.^{1,22}

Local Situation

To protect people from tobacco-related harm, the Hong Kong Government adopts a progressive and multi-pronged approach comprising legislation, enforcement, publicity, education, smoking cessation and taxation. As a result of multi-sectoral collaboration and community participation in tobacco control for about three decades, the proportion of daily cigarette smokers among people aged 15 and above in Hong Kong decreased from 23.3% in 1982, to 10.7% in 2012 (Figure 1)²³ which was

among the lowest in the world. Nevertheless, there were an estimated 645 000 daily cigarette smokers in 2012. As shown in Table 1, daily cigarette smoking rates for males exceeded those for females from virtually all age groups. Overall, people aged 30-39 (14.3%) had the highest daily cigarette smoking rate. On average, daily cigarette smokers consumed 13.0 cigarettes per day — 13.5 for males and 9.9 for females.²³

Figure 1: Proportion of daily cigarette smokers aged 15 and above and major smoking control measures in Hong Kong



Once people get hooked to cigarette smoking, quitting is not easy. With determination and appropriate help, however, smokers can beat the habit. The Thematic Household Survey in 2012 showed that 37.9% of daily cigarette smokers had tried to give up smoking but failed. The most commonly cited reasons for failure to give up smoking included “not determined enough” (62.0%),

“cigarette smoking had formed a habit/favourite” (57.7%), and “most friends/colleagues were smokers” (25.8%). Meanwhile, some 346 400 ex-daily cigarette smokers (previously had a daily cigarette smoking habit for a continuous period of 6 months and more) reported that they had given up smoking at the time of enumeration.²³

Table 1: The number and rate of daily cigarette smokers by age and sex, 2012

Age group	Male		Female		Overall	
	No. of persons ('000)	Rate* (%)	No. of persons ('000)	Rate* (%)	No. of persons ('000)	Rate* (%)
15-19	6.6	3.1	1.8	0.8	8.4	2.0
20-29	57.5	13.0	11.7	2.6	69.2	7.7
30-39	107.8	23.5	35.7	6.5	143.4	14.3
40-49	128.0	24.6	26.3	4.2	154.3	13.4
50-59	141.6	24.4	11.0	1.8	152.6	13.0
60 and above	106.7	16.3	10.4	1.5	117.0	8.6
Overall	548.2	19.1	96.8	3.1	645.0	10.7

Note: * As a percentage of all persons in the respective age and sex sub-groups.

Source: Thematic Household Survey Report No.53, Census and Statistics Department.

Quit Smoking for Good

In fact, quitting smoking is the single best thing smokers can do for themselves (and others). There are immediate and long-term health benefits of smoking cessation (Box 1), and it is never too late to quit smoking. Compared with smokers who continue smoking, those who have smoked cigarettes since early adulthood but stopped at 30, 40, or 50 years of age would gain about 10, 9, and 6 years

of life expectancy respectively.^{1, 24} Hence, current smokers are encouraged to seriously think about the harms of smoking and appreciate how much there is to gain from quitting smoking. For those who want to quit smoking, there are tips and resources that can help them get started, stay smoke-free and enjoy a healthy life.

Box 1: Immediate and long-term health benefits of smoking cessation^{1, 24}

- ✓ In 20 minutes — heart rate and blood pressure drop
- ✓ In 12 hours — carbon monoxide level in blood drops to normal
- ✓ In 2 to 12 weeks — circulation improves and lung function increases
- ✓ In 1 to 9 months — coughing and shortness of breath decrease
- ✓ In 1 year — risk of coronary heart disease is about half that of a smoker
- ✓ In 5 to 15 years — risk of stroke is reduced to that of a never-smoker
- ✓ In 10 years — risk of lung cancer falls to about half that of a smoker; risk of many other cancers decreases
- ✓ In 15 years — risk of coronary heart disease is similar to that of a non-smoker

Preparing to Quit Smoking

People who attempted to quit smoking but failed because very often they were unprepared for the challenges that they encountered while quitting.

- * **Keep a smoking diary.** Some people may find a smoking diary useful. By recording when (e.g. soon after waking up in the morning or having a meal), why (e.g. when feeling stress or bored; being around smokers) and where (e.g. at home or in the workplace) they smoke each single cigarette, the diary can help the smokers find out what their smoking ‘triggers’ are and enable them to plan ahead how to deal with or stay away from them.
- * **Start exercising.** Exercise can decrease stress levels, bring down the urge to smoke and help control weight when quitting smoking. Smokers are encouraged to choose one or two activities that they enjoy doing, suit their lifestyle and level of fitness. Good choices include brisk walking or jogging, cycling, yoga and swimming. Start with a slow course, e.g. start with brisk walking 3 times a week for 10 to 15 minutes. Once it is easy to do, try to do it longer (e.g. increase to 30 minutes), more often (e.g. increase to 5 or more times a week) and with a greater intensity (e.g. walk faster).
- * **Change eating habits.** Eat a healthy diet that is low in fat, salt and sugar, and choose healthy foods such as fresh fruit and vegetables. Switch to water or Chinese tea instead of coffee, coke or alcohol.
- * **Learn new skills.** Smokers can use ‘tricks’ to keep their mind off cigarettes and overcome the urges for smoking. For example, learn to deep breathe (take a slow deep breath in through the nose and hold it for a count of five; breathe out slowly through the mouth to the count of seven; repeat this 3 times, and feel the relaxation). The smokers should also equip themselves with some refusal techniques in case they are offered a cigarette, such as practise saying “No, thank you. I don’t smoke”.
- * **Stock up substitutes.** Smokers can use substitutes if they miss the feeling of having a cigarette in their mouth or hand when quitting. Good oral substitutes include sugar-free or mint-flavoured gum, fresh fruits, cherry tomatoes, carrot or celery sticks. To keep the hand busy, some smokers may find squishing a stress ball or rubbing the pen between fingers helpful. Smokers can also put some ‘No Smoking’ signs or anti-smoking posters at home or in workplace.
- * **Get ready for the nicotine withdrawal, and find a medication that is right for you.** In preparation of a quit, smokers can try skipping a few cigarettes and observe for any nicotine withdrawal symptoms (such as headache and dizziness; dry mouth and throat; difficulty in concentrating; feeling tired, irritable or anxious; hunger and increased appetite). Medications can also help alleviate withdrawal symptoms. Smokers can consult their family doctor or a qualified pharmacist and learn which kind of medication(s) would be right for them or best fit their lifestyle, how to use and where to get the medication(s). Smokers who are living with a chronic health condition, taking other medications or pregnant should consult their family doctor prior to using any smoking cessation medications.
- * **Build a support network, use free effective resources.** Other than letting family, friends and co-workers know about the quitting plan, smokers can invite their smoking family members, friends and co-workers to join in and quit smoking together, call the Integrated Smoking Cessation Hotline of DH at 1833 183 for free information, professional advice and support, or download the free Quit Smoking Mobile App from the website of the Tobacco Control Office (TCO) at http://www.tco.gov.hk/english/quitting/quit_smoking_app.html.

- * **Set and announce the quit day.** No matter which is the day, it should give the smoker sufficient time to prepare. Avoid choosing a day that the smokers will be busy, stressed, or easily tempted to smoke (e.g. a night out with friends). Once the day is picked, mark the date on their calendar. Tell their families, friends and co-workers of the quit day and enlist their support.
- * **Plan some rewards.** With the money that would have been spent on cigarettes, smokers can think of a few small rewards (such as buying a sweatshirt or a pair of walking shoes) or plan for a major treat (such as a short trip overseas).
- * **Get rid of all smoking gear.** Just before the quit day, throw away all cigarettes, ashtrays, lighters or anything else that may remind smoking at home and workplace.

Electronic Cigarettes (E-cigarettes) Alert^{25, 26}

E-cigarettes are mechanical devices which resemble conventional cigarettes or cigars in appearance. A typical e-cigarette consists of a mouth piece, a heating apparatus (atomizer), a cartridge that contains liquid nicotine in various strengths and other chemicals, and a battery. When a user puffs an e-cigarette, that puffing activates the battery-powered heating device. The heat then turns the liquid in the cartridge to vapour, which is then inhaled.

E-cigarettes (and similar devices) are frequently marketed by manufacturers as aids to quit smoking, or as ‘healthier’ alternatives to tobacco. However, studies analysing the vapour from some e-cigarettes found potentially toxic and cancer-causing substances. Currently, there is inconclusive scientific evidence to support claims that e-cigarettes can be an effective cessation tool. While their long-term safety and health impact are unknown, they have **NOT** been approved by the U.S. Food and Drug Administration (and DH of Hong Kong) as aids in smoking cessation. To quit smoking and nicotine addiction, the World Health Organization (WHO) recommends smokers who are ready to quit should use already-approved treatments.

Becoming a Non-smoker

During the smoking cessation process, quitters very often have occasional cravings for a cigarette. Remember, cravings usually last only a very brief period of time. Recall the reason for quitting smoking, avoid the ‘triggers’, use the strategies and skills learnt. They can help overcome the urges.

- * **Avoid places and situations where the urge to smoke is strong.** Stay away from or limit contact with smokers. Say “Thank you. I don’t smoke” or “No. I am quitting” when being offered a cigarette.
- * **Drink more water** which can help flush the nicotine out of the body. **Avoid beverages containing caffeine** (such as coffee, strong tea and coke) because these drinks may provoke cravings. **Do not drink alcohol** as it may lower the quitter’s vigilance to smoking.
- * **Avoid sugary and spicy foods** that tend to enhance the cravings for cigarettes. **Have regular meals** with light snacks during the day to keep blood sugar levels steady and prevent the urge to smoke.
- * **Keep physically active.** Regular physical activities can make the quitters feel good. Even light- to moderate-intensity physical activities (such as isometric exercise, walking, and yoga) can help reduce cigarette cravings and ease the withdrawal symptoms.²⁷ Take a brisk walk instead of a smoke break.
- * **Use drugs properly for quitting smoking if prescribed and as instructed by health-care professionals.** Call the Integrated Smoking Cessation Hotline of DH at 1833 813 for professional help if necessary.
- * **Follow the self-reward plan** for not smoking.

Staying Smoke-free

Keeping off tobacco is critical for the first few days when nicotine withdrawal would be at its worst. Quitters should stay focused, continue to use the strategies and skills learnt to overcome the urges. If slipped, do not be discouraged. Many ex-smokers fail one or more times before achieving success. So, consider the slip a learning experience. Identify the triggers, refine or add more strategies to the smoking cessation plan, and keep trying. Because of increased appetite, a regain of the sense of taste and a reduction in metabolism after smoking cessation, it is fairly common among quitters to gain weight. However, weight gain is not inevitable with smoking cessation. A meta-analysis of weight gain in smokers after quitting cigarettes found that most weight gain occurred within three months of smoking cessation (average monthly weight gain of about 1 kg). Thereafter, the rate of increase would reduce. More importantly, 16% to 21% of cigarette quitters did lose weight at 12 months after cessation.²⁸ To minimise weight gain from smoking cessation, quitters are urged to make wise food choices, control portion size and eat in accordance with the Food Pyramid. Be more physically active. If quitters find it hard to control weight gain, consult family doctor or a registered dietitian.

To create a smoke-free Hong Kong requires every sector in the community to say **NO** to smoking. For more information about anti-smoking and smoking cessation services, visit TCO's website at <http://www.tco.gov.hk/>.

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World No Tobacco Day 2015

Stop illicit trade of tobacco products



Every year, on 31 May, WHO and partners mark World No Tobacco Day, highlighting the health risks associated with tobacco use and advocating for effective policies to reduce tobacco consumption. For World No Tobacco Day 2015, WHO calls on countries to work together to end illicit trade of tobacco products.

From many angles, the illicit trade of tobacco products is a major global concern, including health, legal and economic, governance and corruption. The illicit tobacco market may account for as many as one in every 10 cigarettes consumed globally, according to studies, including information supplied by the global customs community. Illicit tobacco products hook young people into tobacco experimentation and use because they are more affordable. Such illicit products also mislead young tobacco users by not displaying health warnings and sometimes involving children in illegal selling activities. Furthermore, illicit trade takes tax revenue away from the Government, which could have otherwise been spent on the provision of public services, instead of directing such funds into the hands of criminals.

For more information about the World No Tobacco Day 2015, please visit <http://www.who.int/campaigns/no-tobacco-day/2015/event/en/>.

Non-Communicable Diseases (NCD) WATCH is dedicated to promote public's awareness of and disseminate health information about non-communicable diseases and related issues, and the importance of their prevention and control. It is also an indication of our commitments in responsive risk communication and to address the growing non-communicable disease threats to the health of our community. The Editorial Board welcomes your views and comments. Please send all comments and/or questions to so_dp3@dh.gov.hk.

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