

戒烟咨询者控烟知识调查分析

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摘 要:[目的] 了解戒烟咨询者对吸烟危害和控烟知识的知晓率。[方法] 用统一培训和匿名方式对参加戒烟咨询的人群进行吸烟危害和控烟政策、措施及观点的问卷调查,用计分方法量化分析。[结果] 在 138 名调查对象中,非吸烟者 69 名,曾经吸烟者 33 名,现在吸烟者 36 名。有 68% 的吸烟者想戒烟。调查对象控烟知识总分平均值为 19.47,评分为 69.54%;按性别、年龄、受教育程度及吸烟状况统计控烟知识总分差异无统计学意义。对各项吸烟危害及控烟知识的知晓率达到 80% 的有 12 项,占 43%;80% 以下的有 16 项,占 57%。现在吸烟组(8.33%)对吸烟危害心脏、血管和呼吸系统的知晓率低于曾经吸烟组(40.58%)和从不吸烟组(30.30%) ($\chi^2=11.7868, P<0.01$)。对戒烟平均需要反复多次才能最后成功的知晓率为 13%。[结论] 控烟宣传尚需深入细致且有的放矢,密切关注宣传实效,努力提高控烟知识的知晓率和普及率。

关键词:戒烟咨询者;控烟知识;知晓;控烟宣传

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Investigation of Tobacco Control Knowledge among Smoke-Quitting Consulting Persons

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Abstract: [Purpose] To analysis the awareness of smoke-quitting consulting persons on the hazards of smoking and on the knowledge of tobacco controls. [Methods] An anonymous questionnaire survey was conducted among smoke-quitting consulting persons by trained volunteers, and investigating on the hazards of smoking and on the policies, measures and views of tobacco control, analyzed quantitatively in scoring method. [Results] There were 138 questionnaires completely collected from the attendances, consisting of 69 non-smokers, 33 former smokers and 36 current smokers, including 68% of current smokers or former smokers considering quitting smoking. The respondents' average score of the awareness was 19.47, evaluated as 69.54%. No statistically significant differences were found in the responders by gender, age, education or smoking status. There were 12 (43%) questions with awareness rate at or more than 80% and 16 (57%) with the rate less than 80%. The awareness rate on that smoking could harm the heart, blood vessels, and respiratory system in current smokers (8.33%) was lower than former smokers (40.58%) and non-smokers (30.30%), with statistically significant differences ($\chi^2=11.7868, P<0.01$). The awareness rate on quitting smoking generally needing repeatedly tries was 13.04%. [Conclusions] Tobacco control propaganda should be enforced and enriched for the target population to elevate the awareness rate and the popularizing rate.

Key words: smoke-quitting consulting persons; tobacco control knowledge; awareness; tobacco control propaganda

调查数据显示,我国目前有 3 亿多现在吸烟者^[1,2]。这些吸烟者是未来数十年可能罹患肿瘤、冠心病等慢性疾病的高风险人群^[3,4]。为降低烟草蔓延带来的健康危害,应劝阻和帮助吸烟者停止吸烟。医

疗卫生工作者有责任宣传吸烟的危害,向服务对象和大众传播戒烟知识和资讯,提高公众对自身健康的维护意识,知晓控烟对预防慢性疾病的重要意义^[5,6]。

为了解人们对吸烟危害健康的知晓和对控烟政策、措施及观点的认知,有针对性地开展控烟宣传,2013 年 5 月 31 日(世界无烟日)上午,北京市某肿

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瘤专科医院门诊大厅开展了戒烟咨询和调研活动。本文报告是在此活动中对戒烟咨询者吸烟危害和控烟观点的调查分析。

1 资料与方法

1.1 对象

以 2013 年 5 月 31 日上午在北京市某肿瘤专科医院门诊大厅参加戒烟咨询活动的咨询者为调查对象。

1.2 方法与内容

参考中国疾病预防控制中心控烟材料以及北京市控烟宣传手册设计问卷,内容主要有调查对象的人口学和吸烟史信息以及与控烟知识相关的 28 项问题,包括烟草毒物学及生理学、健康危害、控烟政策和措施、控烟和反控烟的观点。

1.3 数据分析

采用 Epidata 3.0 软件进行问卷录入,SAS 9.2 软件进行数据处理和统计分析。定义:从不吸烟为非吸烟者(non-smoker);现在已戒烟(曾经吸烟但至今不吸烟持续了 6 个月以上)为曾经吸烟者(former smoker);现在仍有时吸或每天吸为现在吸烟者(current smoker)。对 28 项吸烟危害及控烟相关问题的回答量化赋值,正确记 1 分,错误记 0 分,满分 28 分;评估分为总分与满分的百分比,采用三级标准分别评为高($\geq 80\%$)、中($60\% \sim 80\%$)、低($< 60\%$)。知识得分的两组比较采用 t 检验,多组比较采用方差分析;知晓率的组间比较采用卡方检验;控烟知识得分与研究因素的关联分析采用多元 Logistic 回归模型。 $P < 0.05$ 为差异有统计学意义。

2 结果

2.1 一般特征

本次调查回收问卷

共 148 份,剔除空白项 $> 50\%$ 、信息前后矛盾或不明确者,获得有效问卷 138 份进入分析,有效率为 93.24%。

在 138 名调查对象中,非吸烟者 69 名,曾经吸烟者 33 名,现在吸烟者 36 名。其中,117 名(84.78%)在调查前 30 天内曾在公共场所接触二手烟;有 47 名曾经吸烟者或现在吸烟者(68.12%)有意向戒烟;8.70%调查对象知道戒烟热线,11.59%调查对象知道戒烟门诊地址。调查对象控烟知识总平均为 19.47 ± 4.42 ,评分为 69.54%,为中级。按性别、年龄、受教育程度和吸烟状况统计,总分为 19.06~20.21,评分为 62.50%~72.18%,均为中级。各组总分之间的差异无统计学意义,详见 Table 1。

2.2 控烟知识的知晓

调查对象按各项控烟知识问题统计的知晓率为 13.04%~97.83%。调查问卷中,知晓率达到 80%及以上的问题有 12 项,占 43%,包括:吸烟导致肺癌(97.93%),吸烟导致其他肺部疾病(94.93%),吸入二手烟会危害健康(92.02%),应劝告周围人不要吸烟(92.15%),二手烟暴露导致肺癌(89.13%),暴露于二手烟会影响个体健康(89.86%),烟草尼古丁会使人成瘾(89.13%),公共场所应禁止吸烟(89.86%),烟盒上应印警示图(89.86%),应全面禁止烟草广告(89.86%),家庭成员的支持和鼓励有助于吸烟者戒烟(89.86%),吸烟可导致冠心病

Table 1 The scores and estimates of tobacco control knowledge

Features	Respon- dents (%)	Tobacco control knowledge			
		Score	Estimate*	t/F	P
Gender				0.140	0.707
Male	82 (58.42)	19.35	69.11		
Female	56 (40.58)	19.64	70.14		
Age(years)				0.085	0.4977
<35	43 (31.16)	19.02	67.93		
35~	48 (34.78)	20.21	72.18		
50~59	36 (26.09)	19.50	69.64		
Unspecified	11 (7.97)	17.91	63.96		
Education level				1.38	0.2506
Under middle technical school (MTS)	52 (37.68)	19.06	62.50		
MTS and junior college	46 (33.33)	19.26	68.21		
College and above	40 (28.99)	20.25	72.18		
Smoking status				0.02	0.9769
Non-smoker	69 (50.00)	19.52	69.71		
Former smoker	33 (23.91)	19.52	69.71		
Current smoker	36 (26.09)	19.33	69.04		

*: Estimates are the percent of the scores over the full scores.

(84.06%)。知晓率低于 80% 的问题有 16 项, 占 57%; 其中有 4 项低于 30%, 包括: 戒烟平均需要反复多次才能最后成功 (13.04%), 低焦油、低尼古丁卷烟不会降低健康危害 (23.91%), 吸烟时尼古丁约 5s 进入脑部 (27.54%), 吸烟危害心脏血管和呼吸系统 (29.71%)。

2.3 吸烟状况与控烟知识的知晓

按吸烟状况分组, 对 15 项合计知晓率低于 85% 的控烟问题进行分析, 见 Table 2。结果发现: 现在吸烟组对吸烟危害心脏、血管和呼吸系统问题的知晓率 (8.33%,) 低于非吸烟组 (40.58%) 和曾经吸烟组 (30.30%), 差异有显著性 ($\chi^2=11.7868, P<0.01$)。现在吸烟组 (22.22%) “只有烟瘾重才会早死、吸烟多年再戒已晚” 错误观念的识别率也低于非吸烟组 (46.38%) 和曾经吸烟组 (33.33%), 差异有显著性 ($\chi^2=6.7868, P<0.01$)。在吸烟时尼古丁、焦油、一氧化碳及 20 多种致癌物进入人体的知晓方面, 曾经吸烟组 (66.67%) 高于非吸烟组 (56.52%) 和现在吸烟组 (52.78%) ($\chi^2=11.787, P<0.01$)。各组对戒烟平均需要

反复多次尝试才能成功的知晓率均很低 (均 <20%), 差异无统计学意义。

2.4 受教育程度与控烟知识的知晓

按受教育程度分组, 对 15 项合计知晓率低于 85% 的控烟问题进行分析, 见 Table 3。结果发现: 本科及以上组对吸烟导致冠心病的知晓率 (100.00%) 高于大中专组 (89.13%) 和中专以下组 (67.31%), 差异有显著性 ($\chi^2=19.357, P<0.01$); 对二手烟暴露可导致冠心病的知晓率 (97.50%) 也高于大中专组 (76.09%) 和中专以下组 (78.85%), 差异有显著性 ($\chi^2=8.2730, P<0.01$)。在吸烟年久者应尽早戒烟问题上, 中专以下组的知晓率 (80.77%) 高于大中专组 (63.04%) 和本科以上组 (50.00%), 差异有显著性 ($\chi^2=9.7889, P<0.01$)。

2.5 戒烟服务资源的知晓

在 69 名现在吸烟者或曾经吸烟者组中, 有 47 名 (68.12%) 有意向戒烟。在戒烟服务资源问题中, 有 11 名调查对象 (7.97%) 知道戒烟咨询热线电话, 其中, 非吸烟组、曾经吸烟组和现在吸烟组的知晓率

Table 2 The awareness of the tobacco control knowledge between non-smokers, former-smokers and current smokers

Index	Non-smoker (%)	Former smoker (%)	Current smoker (%)	χ^2	P
Tobacco poison and physiological reaction					
Nicotine, tar, CO and the chemical carcinogens are smoked into the human body	56.52	66.67	52.78	1.4821	0.4766
Nicotine goes to the brain within about 5 seconds	26.09	33.33	25.00	0.7445	0.6892
Contents of indoor PM2.5 are mostly from tobacco smoking	79.71	66.67	82.56	2.5156	0.2843
Health risks of smoking					
Smoking is a leading cause of death each year	42.03	33.33	30.56	1.5810	0.4536
Smokers with one package daily for many years will lose an average of 6~10 years of life	36.23	33.33	52.78	3.4714	0.1763
Using low-tar cigarettes cannot reduce the health harm of smoking	21.74	36.36	16.67	4.0298	0.1333
Hazards of smoking include hit the heart, blood vessel and respiratory system	40.58	30.30	8.33	11.787	0.0028
Smoking can cause coronary heart disease	84.06	84.85	83.33	0.0295	0.9854
Exposed to the second-hand smoking can cause coronary heart diseases	82.61	87.88	80.56	0.7170	0.6987
Awareness of tobacco control					
Normally a successful quit needs repeated tries	11.59	9.09	19.44	1.8828	0.3901
Persons had smoked for a long-times should quit as early as possible	57.97	81.82	66.67	5.6641	0.0589
Best situation for quit include the willpower, the encourages of relatives and friends, the medical supports, and the healthy lifestyles	52.17	48.48	55.56	0.3450	0.8416
Tobacco control can reduce the risks from smoking, enrich both the country and the people	72.46	81.82	66.67	2.0512	0.3586
Quit assistants need the hearts of love, patience, attentive, determination, and external supports	68.12	72.23	72.22	0.3144	0.8545
Identifying the misleading information about quit	46.38	33.33	22.22	6.1686	0.0458

*: Estimates are the percent of the scores over the full scores.

Table 3 Estimates of awareness of the tobacco control knowledge by education

Index	Under MTS (%)	MTS and junior college (%)	College and above (%)	χ^2	P
Tobacco poison and physiological reaction					
Nicotine, tar, CO and the chemical carcinogens are smoked into the human body	61.54	54.35	57.50	0.5231	0.7699
Nicotine goes to the brain within about 5 seconds	28.85	23.91	30.00	0.4690	0.7910
Contents of indoor PM2.5 are mostly from tobacco smoking	69.23	80.43	82.50	2.7435	0.2537
Health risks of smoking					
Smoking is a leading cause of death each year	34.62	32.61	45.00	1.6063	0.4479
Smokers with one package daily for many years will lose an average of 6~10 years of life	30.77	43.48	47.50	3.0180	0.2211
Using low-tar cigarettes cannot reduce the health harm of smoking	30.77	17.39	22.50	2.4627	0.2919
Hazards of smoking include hit the heart, blood vessel and respiratory system	30.77	23.91	35.00	1.3042	0.5213
Smoking can cause coronary heart disease	67.31	89.13	100.00	19.357	<0.0001
Exposed to the second-hand smoking can cause coronary heart diseases	78.85	76.09	97.50	8.2730	0.0160
Awareness of tobacco control					
Normally a successful quit needs repeated tries	50.00	56.52	50.00	0.5227	0.7700
Persons had smoked for a long-times should quit as early as possible	80.77	63.04	50.00	9.7889	0.0075
Best situation for quit include the willpower, the encourages of relatives and friends, the medical supports, and the healthy lifestyles	19.23	10.87	7.50	3.0305	0.2197
Tobacco control can reduce the risks from smoking, enrich both the country and the people	76.92	67.39	75.00	1.2243	0.5422
Quit assistants need the hearts of love, patience, attentive, determination, and external supports	73.08	69.57	67.50	0.3541	0.8378
Identifying the misleading information about quit	40.38	23.91	47.50	5.5298	0.0630

*; Estimates are the percent of the scores over the full scores.

分别为 4.35%、0 和 22.22%，差异有显著性 ($\chi^2=14.060, P<0.01$)；16 名调查对象 (11.69%) 知道戒烟门诊地址，非吸烟组、曾经吸烟组和现在吸烟组的知晓率分别为 13.04%、6.06% 和 13.89%，差异无统计学意义 ($\chi^2=1.312, P=0.5190$)。

3 讨 论

世界卫生组织《烟草控制框架公约》指出，要为吸烟者提供戒烟服务，帮助吸烟者戒烟，减少因继续吸烟增加的患病和死亡风险^[5]。2012 年，全球有 110 个国家（包括我国）不同程度履行提供戒烟服务的控烟策略^[6]。

分析此次调研活动资料后显示，调查对象的控烟知识评分为 62%~72%，均为中级；对调查中 57% 的控烟知识的知晓率低于 80%；对吸烟危害心脏、血管和呼吸系统等知识的知晓率不足 30%。虽然大部分现在吸烟者有意向戒烟，但调查对象对戒烟服

务资源缺乏了解，85% 以上不知道戒烟热线和戒烟门诊地址。调查结果提示，现有的控烟宣传还需更深入细致和有的放矢，关注公众需求和宣传实效，提高控烟知识的知晓率和普及率。

吸烟者是我国城乡居民发生肺癌、食管癌、胃癌、口腔癌、喉癌等常见恶性肿瘤以及冠心病、脑卒中、高血压的高风险人群^[3,4]。激发吸烟者的戒烟意识，支持和鼓励吸烟者坚持戒烟行为并最终成功戒烟，既是重要的公共卫生措施，也是重要的肿瘤预防措施。知识、信念与态度是行为产生的必要条件。从源头做起，努力提高和普及公众，尤其是吸烟人群对吸烟危害和控烟知识的知晓，帮助吸烟者及早停止吸烟，应成为提高人群健康素养的日常工作。

有关控烟、戒烟的问题正在受到社会关注。在我们的前期调查研究中^[8,9]，分析了公众对控烟知识的认知度，发现吸烟者对吸烟危害的认知的评分 (61.08) 显著低于非吸烟者 (67.86)，尤其是关于被动吸烟的危害、吸低焦油卷烟不能降低吸烟危害的问

题。此外,现在吸烟者对成功戒烟的条件、二手烟危害和控烟策略的知晓率较低^[9]。

本研究对象来自前往北京某肿瘤专科医院参加戒烟咨询人群,主要为肿瘤患者、疑似肿瘤患者、健康查体者及其亲友。样本量较小,研究结果有一定局限,但是本研究的主要发现、反映的问题和结论与前期相关调查基本一致,如大多数调查对象对公共场所禁止吸烟、全面禁止烟草广告表示支持,对吸烟导致肺癌的健康危害的知晓度普遍较高,对吸烟导致其他慢性疾病的危害等问题的知晓不足。分析结果显示,不仅有现在吸烟者和曾经吸烟者关心戒烟问题,约半数非吸烟者也给予关注(主要是吸烟者的亲属),提示提供戒烟服务和宣传戒烟常识有较强的公众需求。因此,应进一步加强对控烟知识和戒烟知识的宣传力度^[1,6-8]。

本次调查还增加了有关烟草毒物及生理反应和认识正常戒烟的问题,发现调查对象普遍对烟草毒物及生理反应,尤其是尼古丁进入大脑的问题的认知度和戒烟需要反复尝试才能最后成功的认知偏低。现在吸烟者、曾经吸烟者和非吸烟者中,对于“吸烟可危害心脏、血管和呼吸系统,每年导致死亡最多的原因是吸烟”、“改吸低焦油、低尼古丁卷烟并不会减少危害”等问题,各组的知晓率均低于50%。此外,调查对象对戒烟服务资源的知晓率普遍较低,提示控烟宣传的目标不仅要提高吸烟者的认知,非吸烟者的控烟认知也需要提高。

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