

医务工作者烟草危害知晓情况调查

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摘要: [目的] 了解医务工作者对吸烟和接触二手烟的健康危害的知晓情况。[方法] 用非随机抽样和匿名方式对北京某三级综合医院医务人员进行控烟相关知识调查, 计算总知晓分和各项知识的知晓率, 使用 Logistic 回归分析相关因素与知晓水平的关系。[结果] 445 名调查对象对 23 项控烟知识的总评分 66.26, 其中女性为 70.22, 男性为 60.35; 非吸烟者为 71.22, 曾经吸烟者为 66.05, 现在吸烟者为 53.65; 高中及以下组为 51.39, 大中专组为 64.74, 本科组为 71.26, 硕士和博士组为 70.87; 有家庭成员吸烟组为 60.26, 无家庭成员吸烟组为 71.52, 组间差异均有显著统计学意义 ($P < 0.05$)。Logistic 回归分析发现, 调查对象的吸烟状况和受教育程度及家庭成员是否吸烟显著影响控烟知识的知晓程度。[结论] 医务人员对烟草造成疾病和危害及控烟知识的认知存在较严重不足, 尤其是受教育程度较低、现在吸烟和家庭成员吸烟的人员。

关键词: 烟草危害; 知晓; 医务人员; 调查

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Survey on Knowledge and Awareness of Tobacco Hazard Among Medical Staff in One Hospital in Beijing

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Abstract: [Purpose] To survey on the knowledge and awareness of the health hazard of smoking among medical staff. [Methods] A questionnaire survey on tobacco hazard was conducted among 445 medical staff from one tertiary comprehensive hospital in Beijing selected by non-random sampling. The related factors of awareness level were analyzed by Logistic regression. [Results] The total awareness score of 445 respondents for the 23 items of tobacco control knowledge was 66.26, with 70.22 for females and 60.35 for males. The total awareness scores for non-smokers, former smokers and current smokers were 71.22, 66.05 and 53.65, respectively ($P < 0.05$). The awareness scores for medical staff with secondary school or lower education, with junior college education, with undergraduate education and with postgraduate education were 51.39, 64.74, 71.26 and 70.87, respectively ($P < 0.05$). The awareness scores for medical staff with and without smoking family members were 60.26 and 71.52, respectively ($P < 0.05$). Logistic regression analysis showed that smoking status, education level and smoking status of family members significantly affected the awareness of tobacco control knowledge. [Conclusion] There is a deficiency in the knowledge of tobacco hazard and the awareness of tobacco control among medical staff in this hospital, especially for those with lower education level, current smokers or those with smoking family members.

Key words: tobacco hazard; awareness; medical staff; investigation

吸烟对人体造成慢性健康危害是不争的事实, 降低人群吸烟流行率是公共卫生和健康促进目标^[1-3]。调查显示, 我国民众包括医学院校学生对吸烟导致的健康危害的认知仍然有较多的不足^[4-6]。为了解目前医务人员对吸烟和接触二手烟的健康危害的知晓

度, 我们在航天中心医院 (北京大学航天临床医学院) 进行烟草危害知识调查。

1 资料与方法

1.1 研究对象

选择 2019 年航天中心医院 (北京大学航天临床

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医学院)职工为调查对象。

1.2 方法与内容

采用非随机抽样和匿名方式调查。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,内容包括人口学资料和知晓烟草危害机制、吸烟与疾病联系以及控烟措施相关的23个问题,包括:吸烟时进入人体的化学成分、吸烟减少寿命的年数、戒烟次数与戒烟成功、吸烟时尼古丁进入大脑的时间、死亡最多的原因、提供戒烟成功的最佳条件、对吸烟年久者的正确建议、提倡控烟的好处、帮助戒烟的最佳手段、吸烟导致的疾病(肺癌、其他肺部疾病、冠心病等)、二手烟导致疾病(肺癌、冠心病)、公共场所禁烟、劝告家属亲友同事不要吸烟、低焦油烟是否减少危害、二手烟危害健康、室内PM_{2.5}与烟草烟雾、烟草尼古丁成瘾、决心戒烟与成功戒烟、家庭成员鼓励对戒烟的作用。

1.3 统计学处理

采用Epidata 3.0软件进行问卷录入,SPSS 22.0软件进行数据处理和统计分析。定义:从不吸烟为非吸烟者;现在已戒烟(不吸烟持续6个月以上)为曾经吸烟者;现在仍有时吸或每天吸为现在吸烟者。对23个吸烟危害及吸烟相关问题的回答量化赋值,正确计1分,错误计0分,满分23分。两组知识得分比较采用 t 检验,多组比较采用方差分析。知晓率组间比较采用 χ^2 检验,用两级评价标准分为高分(总分评分 $\geq 70\%$)、低分(总分评分 $< 70\%$)。

对单因素分析中,分组统计控烟知识得分差异有显著统计学意义的因素,采用二元Logistic回归模型进行关联分析。

2 结果

2.1 一般特征

本次调查共回收问卷450份,剔除空白项 $>50.00\%$ 、信息前后矛盾或不明确者,最后获得有效问卷445份,有效率为98.89%。

445名调查对象中,男性178人,女性267人;20岁以下19人,20~34岁232人,35~49岁161人,50~59岁28人,60岁以上5人;受教育程度为高中及以下的49人,大中专188人,本科181人,硕士和博士27人;从不吸烟的305人,曾经吸烟的21人,现在吸烟的119人;家庭成员有吸烟的207人,无吸烟的238人(Table 1)。

2.2 控烟知识知晓总分和评分

调查对象控烟知识知晓总分平均为15.24,知晓评分(知晓总分除以满分的百分数)66.26。分组统计,女性知晓评分(70.22)高于男性(60.35);家庭成员无吸烟者(71.52)高于有吸烟者(60.26),差异有显著统计学意义($P<0.05$);在不吸烟(71.22)、曾经吸烟(66.05)和现在吸烟(53.65)组之间,或受教育程度为高中及以下(51.39)、中专和大专(64.74)、本科(71.26)、硕士和博士(70.87)组之间,差异均有显著统计学意义($P<0.05$);各年龄组之间未发现知晓评分的差异有显著统计学意义(Table 1)。

2.3 吸烟史与各项控烟知识知晓率的关系

调查对象应答23项控烟知识的知晓率为

Table 1 Awareness of tobacco control knowledge and evaluation in respondents

Characteristics	Respondents		Awareness of tobacco control knowledge			
	N	Proportion (%)	Mean score	Evaluation score	t/F	P
All	445	100.00	15.24	66.26		
Gender						
Male	178	40.00	13.88	60.35	34.446	<0.001
Female	267	60.00	16.15	70.22		
Age (years)						
<20	19	4.27	14.11	61.35	0.887	0.472
20~34	232	52.13	15.51	67.43		
35~49	161	36.18	14.95	65.00		
50~59	28	6.29	15.61	67.87		
≥ 60	5	1.12	14.60	63.48		
Education						
Secondary school or below	49	11.01	11.82	51.39	18.791	<0.001
Junior college	188	42.25	14.89	64.74		
Undergraduate	181	40.67	16.39	71.26		
Postgraduate	27	6.07	16.30	70.87		
Smoking status						
Non smoking	305	68.54	16.38	71.22	49.350	<0.001
Ever smoking	21	4.72	15.19	66.05		
Current smoking	119	26.74	12.34	53.65		
Family member smoking						
Yes	207	46.52	13.86	60.26	47.330	<0.001
No	238	53.48	16.45	71.52		

1.12%~93.71%(Table 2)。

知晓率高于 80.00% 的控烟知识占 12 项 (52.17%,12/23),包括公共场所应禁止吸烟,家庭成员支持有助于吸烟者戒烟,烟草中尼古丁会使人成瘾,吸入二手烟会危害人体健康,暴露与二手烟可影响身体健康,应劝告家属亲友同事不吸烟,吸烟可导致其他肺部疾病、肺癌,室内 PM2.5 主要来自烟草烟雾,暴露二手烟可导致肺癌、冠心病,吸烟可导致冠心病等。

知晓率低于 60.00% 的控烟知识占 7 项 (30.43%,7/23),包括吸烟者下决心不一定就能成功戒烟,低焦油低尼古丁烟不能减少对人体危害,成人戒烟一般需要 8~10 次才能成功,每天吸一包烟导致寿命将缩短 11~15 年,每年死亡人数最多的死因是吸烟,吸烟时烟中尼古丁大约 5s 进入脑部,吸烟时有多种毒物进入人体等(Table 2)。

按吸烟史分组统计知晓率,低于 60.00% 的控烟知识,非吸烟组 6 项 (26.09%,6/23),包括下决心不

一定能成功戒烟,低焦油低尼古丁烟不能减少对人体危害,成人戒烟一般需要 8~10 次才能成功,每年死亡人数最多的死因是吸烟,吸烟时烟草中尼古丁大约 5s 进入脑部;曾经吸烟组有 7 项 (30.40%,7/23),包括上述 6 项外,还有 1 项:吸烟时有多种毒物进入人体;现在吸烟组有 11 项 (47.83%,11/23),包括上述 7 项外还有 4 项:对于长期吸烟的人尽早戒烟是正确选择;戒烟成功的最佳条件;帮助烟民戒烟的最佳手段;提倡控烟的目的是烟害减少和富国强民。

2.4 受教育程度与各项控烟知识关系知晓率

按受教育程度分组统计知晓率,知晓率低于 60.00% 的控烟知识,本科及以上 6 项 (26.09%,6/23),大中专和高中及以下均为 7 项 (30.40%,7/23) (Table 3)。

2.5 调查对象吸烟史和受教育程度与各项控烟知识知晓率的关系

按吸烟史、受教育程度和性别分析,男性调查对象中,现在吸烟者知晓率低于 60.00% 的知识 9 项

Table 2 Evaluation of the awareness on tobacco control knowledge with different smoking status(%)

Items	Total	Smoking status			χ^2	P
		Current	Ever	Never		
Smoking should be banned in public places	93.71	85.71	95.24	96.72	17.677	<0.001
Supports from family members help smokers to quit	93.26	85.71	100.00	95.74	15.273	<0.001
Nicotine in tobacco causes addiction	90.56	75.63	100.00	95.74	42.788	<0.001
Secondhand smoking is harmful to human health	88.99	72.27	90.48	95.41	46.831	<0.001
Exposure to secondhand smoking effects human health	87.64	72.27	80.95	94.10	38.568	<0.001
It should be encourage your relatives and friends quit	87.42	72.27	76.19	94.10	39.605	<0.001
Smoking causes other pulmonary diseases	86.74	71.43	80.95	93.11	35.647	<0.001
Smoking causes lung cancer	84.94	69.75	76.19	91.48	32.918	<0.001
Indoor PM2.5 mainly come from tobacco smoking	84.49	70.59	95.24	89.18	24.527	<0.001
Secondhand smoking causes lung cancer	83.82	70.59	76.19	89.51	23.540	<0.001
Secondhand smoking causes coronary heart diseases	83.37	68.91	85.71	88.85	24.649	<0.001
Smoking causes coronary disease	83.14	68.91	80.95	88.85	24.375	<0.001
Purposes of tobacco control are reducing health hazards, strong state, and enrich people	74.38	52.10	76.19	82.95	42.792	<0.001
Optimal method for helping smokers to quit	73.26	49.58	76.19	82.30	46.863	<0.001
Optimal condition of success of quit	71.01	57.98	66.67	76.39	14.296	0.001
Quit as early as possible is right choice of smokers	71.01	55.46	71.43	77.05	19.380	<0.001
Various hazardous substances enter the human body when smokers smoking	56.62	38.66	57.14	63.61	21.700	<0.001
Smoking is the number one death causes	45.74	31.93	52.38	52.13	14.310	0.001
Nicotine takes about 5 seconds to enter the brain when smoker start smoking	23.14	34.45	19.05	19.02	11.676	0.003
Lifetime of a daily smoker can be shortened from 11 to 15 years	22.70	10.08	38.10	26.56	16.219	<0.001
It takes 8 to 10 times for a success of quit	19.55	5.88	19.05	24.92	19.725	<0.001
Low tar, low nicotine cigarette cannot reduce hazards to human body	15.85	13.45	4.76	19.02	4.196	0.123
Make up to quit is not always success for the smokers	1.12	0.84	0.00	1.31	0.421	0.810

Table 3 Evaluation of the awareness on tobacco control knowledge by education level

Items	Secondary school or below(n=49)	Junior college (n=188)	Undergraduate or above(n=208)	χ^2	P
Smoking should be banned in public places	85.71	93.09	96.15	7.544	0.023
Supports from family members help smokers to quit	81.63	93.62	95.67	12.501	0.002
Nicotine in tobacco causes addiction	69.39	90.96	95.19	30.954	<0.001
Secondhand smoking is harmful to human health	69.39	90.43	92.31	21.947	<0.001
Exposure to secondhand smoking effects human health	61.22	87.23	94.23	39.935	<0.001
It should be encourage your relatives and friends quit	73.47	86.17	91.83	12.608	0.002
Smoking causes other pulmonary diseases	57.14	87.77	92.79	44.112	<0.001
Smoking causes lung cancer	57.14	86.70	89.90	34.068	<0.001
Indoor PM2.5 mainly come from tobacco smoking	65.31	84.57	88.94	16.912	<0.001
Secondhand smoking causes lung cancer	59.18	84.57	88.94	26.032	<0.001
Secondhand smoking causes coronary heart diseases	61.22	85.11	87.02	19.740	<0.001
Smoking causes coronary disease	55.10	85.64	87.50	31.147	<0.001
Purposes of tobacco control are reducing health hazards, strong state,and enrich people	59.18	68.09	83.65	19.236	<0.001
Optimal method for helping smokers to quit	55.10	68.62	81.73	17.934	<0.001
Optimal condition of success of quit	65.31	64.89	77.88	8.966	0.011
Quit as early as possible is right choice of smokers	44.90	52.66	62.98	7.368	0.025
Various hazardous substances enter the human body when smokers smoking	32.65	42.02	54.33	10.397	0.006
Smoking is the number one death causes	30.61	25.00	19.71	3.278	0.194
Nicotine takes about 5 seconds to enter the brain when smoker start smoking	20.41	14.36	30.77	15.316	<0.001
Lifetime of a daily smoker can be shortened from 11 to 15 years	8.16	12.23	28.85	21.865	<0.001
It takes 8 to 10 times for a success of quit	59.18	67.02	77.40	8.913	0.012
Low tar, low nicotine cigarette cannot reduce hazards to human body	8.16	16.49	19.23	3.497	0.174
Make up to quit is not always success for the smokers	2.04	1.60	0.48	1.522	0.467

(39.13%),知晓率显著较低($P<0.05$,下同)的16项(占69.57%),有显著统计学意义;高中及以下受教育程度者的知晓率低于60%的16项(69.57%),知晓率显著较低的14项(占60.87%)(Table 4)。

女性调查对象中,现在或曾经吸烟者知晓率低于60.00%的知识11项(占47.83%),知晓率显著较低的6项(占26.09%);高中及以下受教育程度者的知晓率低于60%的9项(39.13%),知晓率显著较低的5项(占21.74%)(Table 5)。

2.6 控烟知识得分影响因素的 Logistic 回归分析

在调整性别、家人是否吸烟等因素后,调查对象的吸烟状况和受教育程度及家庭成员是否吸烟显著影响其控烟知识的掌握程度。非吸烟者($OR=2.943$, $P<0.05$)与曾经吸烟者和现在吸烟者相比更易获得较高的控烟知识得分,而受教育程度越高($OR=4.466$, $P<0.05$),更易获得较高的控烟知识得分,家庭成员不吸烟的比吸烟的得分更高($P=0.01$)(Table 6)。

3 讨 论

世界卫生组织制定的《烟草控制框架公约》中明确指出,应创建100%无烟环境,给国民提供普遍的保护。尽管烟草对健康的危害已经有大量充分的科学依据,但我国公民对烟草危害的认知仍处于较低的水平^[4]。本研究中调查对象为医务工作者,控烟知识平均得分为总分的66.26%。受访者对吸烟与肺癌、冠心病疾病的联系知晓率较高,对烟草有成瘾性、室内PM_{2.5}主要来源于烟草等问题中知晓度高于70.00%,但是对于“戒烟仅有决心不一定会成功”“低焦油、低尼古丁烟不能减少对人体危害”“吸烟时尼古丁5s进入脑部”“每天一包烟会缩短11~15年寿命”等知识的认识仍然存在明显不足(均<40.00%)。

我国肺癌死亡率从1973—1975年的7.30/10万上升至2004—2005年27.62/10万,是死亡率上升最快的恶性肿瘤^[3]。吸烟是全球第1位致死原因,吸

Table 4 Awareness of tobacco control knowledge by smoking history and educational level among male respondents (%)

Items	Smoking history					Education level					
	All	Current smoking (n=106)	Ever smoking (n=19)	Never smoking (n=53)	χ^2	P	Secondary school or below (n=34)	Junior college (n=80)	Under-graduate or above (n=64)	χ^2	P
Smoking should be banned in public places	89.33	83.96	94.74	98.11	8.074	0.018	85.29	86.25	95.31	3.779	0.151
Supports from family members help smokers to quit	89.33	84.91	100.00	94.34	5.840	0.054	79.41	88.75	95.31	5.938	0.051
Nicotine in tobacco causes addiction	83.15	73.58	100.00	96.23	17.237	<0.001	61.76	83.75	93.75	16.248	<0.001
Secondhand smoking is harmful to human health	80.34	69.81	89.47	98.11	19.040	<0.001	61.76	80.00	90.63	11.718	0.003
Exposure to secondhand smoking effects human health	79.21	69.81	78.95	98.11	17.189	<0.001	50.00	80.00	93.75	25.866	<0.001
It should be encourage your relatives and friends quit	78.09	68.87	78.95	96.23	15.466	<0.001	44.12	81.25	92.19	30.836	<0.001
Smoking causes other pulmonary diseases	76.97	68.87	73.68	94.34	13.060	<0.001	70.59	71.25	87.50	6.260	0.044
Smoking causes lung cancer	76.40	67.92	94.74	86.79	10.942	0.004	55.88	75.00	89.06	13.718	<0.001
Indoor PM2.5 mainly come from tobacco smoking	75.84	66.98	73.68	94.34	14.489	<0.001	44.12	78.75	89.06	25.151	<0.001
Secondhand smoking causes lung cancer	75.84	67.92	73.68	92.45	11.657	0.003	47.06	77.50	89.06	21.600	<0.001
Secondhand smoking causes coronary heart diseases	75.84	66.04	84.21	92.45	14.269	<0.001	52.94	75.00	89.06	15.869	<0.001
Smoking causes coronary disease	74.72	66.04	78.95	90.57	11.455	0.003	44.12	77.50	87.50	22.717	<0.001
Purposes of tobacco control are reducing health hazards, strong state,and enrich people	67.98	60.38	73.68	81.13	7.310	0.026	73.53	58.75	76.56	5.778	0.056
Optimal method for helping smokers to quit	66.85	62.26	68.42	75.47	2.805	0.246	61.76	60.00	78.13	5.762	0.056
Optimal condition of success of quit	66.85	56.60	78.95	83.02	12.530	0.002	58.82	60.00	79.69	7.442	0.024
Quit as early as possible is right choice of smokers	65.73	52.83	78.95	86.79	19.742	<0.001	47.06	63.75	78.13	9.766	0.008
Various hazardous substances enter the human body when smokers smoking	48.31	42.45	57.89	56.6	3.615	0.164	44.12	43.75	56.25	2.521	0.283
Smoking is the number one death causes	35.96	31.13	52.63	39.62	3.675	0.159	26.47	30.00	48.44	6.891	0.032
Nicotine takes about 5 seconds to enter the brain when smoker start smoking	28.65	33.02	21.05	22.64	2.462	0.292	32.35	32.50	21.88	2.245	0.325
Lifetime of a daily smoker can be shortened from 11 to 15 years	20.22	11.32	42.11	30.19	14.108	<0.001	20.59	13.75	28.13	4.557	0.102
It takes 8 to 10 times for a success of quit	15.17	6.60	21.05	30.19	15.846	<0.001	5.88	7.50	29.69	16.419	<0.001
Low tar, low nicotine cigarette cannot reduce hazards to human body	15.17	12.26	5.26	24.53	5.752	0.056	8.82	15.00	18.75	1.703	0.427
Make up to quit is not always success for the smokers	2.25	0.94	0	5.66	4.068	0.131	2.94	2.50	1.56	0.234	0.889

Table 5 Awareness of tobacco control knowledge by smoking history and educational level among female respondents (%)

Items	Smoking history				Educational level						
	All	Current or ever smoking (n=15)	Never smoking with family member smoking (n=88)	Never smoking without family member smoking (n=164)	χ^2	P	Secondary school or below (n=15)	Junior college (n=108)	Under-graduate or above (n=144)	χ^2	P
Smoking should be banned in public places	96.63	100.00	95.45	96.95	0.948	0.622	86.67	98.15	96.53	5.340	0.069
Supports from family members help smokers to quit	95.88	93.33	95.45	96.34	0.375	0.829	86.67	97.22	95.83	3.717	0.156
Nicotine in tobacco causes addiction	95.51	93.33	93.18	96.95	2.070	0.355	86.67	96.3	95.83	2.924	0.232
Secondhand smoking is harmful to human health	94.76	93.33	95.45	94.51	0.167	0.920	86.67	98.15	93.06	5.315	0.070
Exposure to secondhand smoking effects human health	94.38	100.00	92.05	95.12	1.968	0.374	80.00	97.22	93.75	7.603	0.020
It should be encourage your relatives and friends quit	93.26	93.33	89.77	95.12	2.607	0.272	86.67	92.59	94.44	1.435	0.488
Smoking causes other pulmonary diseases	92.51	93.33	90.91	93.29	0.485	0.785	86.67	92.59	93.06	0.802	0.670
Smoking causes lung cancer	91.01	93.33	87.50	92.68	1.985	0.371	86.67	92.59	90.28	0.771	0.680
Indoor PM2.5 mainly come from tobacco smoking	89.89	93.33	89.77	89.63	0.209	0.901	86.67	91.67	88.89	0.705	0.703
Secondhand smoking causes lung cancer	89.14	93.33	84.09	91.46	3.504	0.173	86.67	89.81	88.89	0.155	0.925
Secondhand smoking causes coronary heart diseases	88.76	93.33	85.23	90.24	1.778	0.411	80.00	91.67	87.5	2.298	0.317
Smoking causes coronary disease	88.39	93.33	86.36	89.02	0.774	0.679	80.00	92.59	86.11	3.616	0.164
Purposes of tobacco control are reducing health hazards, strong state,and enrich people	79.40	20.00	80.68	84.15	34.706	<0.001	60.00	74.07	85.42	8.512	0.014
Optimal method for helping smokers to quit	78.28	26.67	75.00	84.76	28.102	<0.001	73.33	72.22	83.33	4.709	0.095
Optimal condition of success of quit	73.78	26.67	75.00	77.44	18.415	<0.001	53.33	72.22	77.08	4.190	0.123
Quit as early as possible is right choice of smokers	73.03	20.00	68.18	80.49	27.100	<0.001	46.67	69.44	78.47	8.164	0.017
Various hazardous substances enter the human body when smokers smoking	62.17	13.33	69.32	62.8	17.152	<0.001	46.67	59.26	65.97	2.807	0.246
Smoking is the number one death causes	53.93	40.00	55.68	54.27	1.288	0.525	46.67	50.93	56.94	1.237	0.539
Nicotine takes about 5 seconds to enter the brain when smoker start smoking	24.34	0	20.45	28.66	7.207	0.027	20.00	14.81	31.94	9.995	0.007
Lifetime of a daily smoker can be shortened from 11 to 15 years	22.47	0	21.59	25.00	4.989	0.083	13.33	15.74	28.47	6.504	0.039
It takes 8 to 10 times for a success of quit	19.48	40.00	19.32	17.68	4.367	0.113	26.67	19.44	18.75	0.543	0.762
Low tar, low nicotine cigarette cannot reduce hazards to human body	17.98	20.00	12.50	20.73	2.676	0.262	6.67	17.59	19.44	1.522	0.467
Make up to quit is not always success for the smokers	0.37	0	0	0.61	0.630	0.730	0	0.93	0	1.478	0.478

Table 6 Logistic regression analysis of factors influencing tobacco control knowledge

Factor	OR	95% CI		P
		Lower	Upper	
Smoking status				
Current smoking	1.000			
Ever smoking	1.611	0.548	4.736	0.386
Never smoking	3.810	1.806	8.037	<0.001
Education				
Secondary school or below	1.000			
Junior or college	2.320	1.127	4.778	0.022
Undergraduate or above	3.146	1.483	6.673	0.003
Gender				
Male	1.000			
Female	0.891	0.449	1.769	0.741
Family member smoking				
Yes	1.000			
No	2.382	1.405	4.038	0.001

烟每年造成 700 多万人死亡,减少烟草暴露人群是全球最具成本效应的公共卫生政策^[7]。对吸烟危害的认知和态度可以直接影响吸烟行为改变。让吸烟者全面了解吸烟的危害、戒烟的益处,无论吸烟多久,尽早戒烟,身体将迅速获益^[8]。比如停止吸烟 20min 时心率和血压就会降低;8h 左右体内一氧化碳水平、血氧水平趋向正常;48h 左右手和脚的血液循环得到改善,嗅觉和味觉能力明显改善;72h 左右呼吸较轻松,肺活量开始增加;1.5~2 周时肺功能改善 30%;1~9 个月时咳嗽、鼻塞、疲劳和呼吸困难减少,肺内纤毛重生,减少感染;5 年以后患肺癌、心脏病的概率显著下降。帮助吸烟者成功戒烟,降低主动吸烟和二手烟暴露的风险,是维护健康和减少生命损失的强有力措施。

作为医疗卫生群体的医务工作者,对烟草造成的疾病及危害应有较深刻认知和积极行动。在调整性别、家人是否吸烟等因素后,本研究发现吸烟状况和教育程度仍与控烟知识得分显著性相关,与龙东波等^[4]对北京市居民进行的烟草危害知晓度调查和朱静芬等^[9]在上海市中学生中调查结果一致。我国医学院校研究生中,尝试吸烟率接近 25.00% (40.00%在 18 岁以后尝试),55.96%表示会对禁止吸烟的公共场所吸烟行为进行劝阻^[5,9]。本调查中男职工吸烟率仍远高于女职工,与全国其他地区一致^[10-12],提示对男职工应加强控烟知识普及和吸烟行为的管控。对医务人员的控烟宣教工作仍需进一步加强,从提高认识到将科学知识和健康生活方式

融入常规工作和日常生活中,使医务工作者始终是健康促进的先行者和倡导者。

本次调查是 2019 年在海淀区三级综合医院进行的,在时效上反映了仍有一些医疗卫生人员对控烟知识认知不足。作为提供医疗救治服务这一特殊意义的公众场所,理应成为禁止吸烟的示范单位。但是通过本次的调查分析发现,控烟效果尚有不足,还需提高医务人员控烟能力,发挥控烟的引领作用。周胜亮^[8]提到医院由于缺少具体的惩罚细则,执法主体过于模糊,禁烟措施难以执行到位,为应付上级检查实施的阶段性控烟的现象时有发生。建议医院应制订和实施更具体的控制吸烟措施,以提高医务人员对烟草造成疾病和危害及控烟知识的认知,改变流于表面形式的建设无烟医院的现状。吸烟者往往对烟草产生了依赖性,对于烟草危害健康认识不足,甚至有所怀疑。对这部分人应强化宣传烟草与疾病的关系,促使行为改变,逐步减少吸烟,并最终戒烟。对非吸烟者应加强被动吸烟危害知识的普及,包括被动吸烟除了刺激眼、鼻、咽喉以外,还会明显地增加肺癌、呼吸系统其他疾病以及心脏疾病的患病机会。此外,应使被吸烟者明白,他们都有权利和义务劝阻吸烟者在公共场所吸烟。在干预措施方面,一要加强健康教育,充分利用黑板报、病房走廊、食堂宣传栏等宣传媒介开展吸烟和被动吸烟危害的知识普及及健康教育,使他们明白烟草的危害及对吸烟者一生产生的一系列严重后果,从而做出戒烟的决定。二要推广有效的戒烟方法和戒烟产品:设立戒烟门诊,对需要帮助的戒烟人员给予戒烟咨询和方法指导。临床上还要研发戒烟药物、戒烟漱口水、戒烟贴、戒烟糖等,在戒烟门诊专科医师指导下戒烟。

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