



香港吸煙與健康委員會
HONG KONG COUNCIL ON SMOKING AND HEALTH

Annual Report 2017-2018 年報



TOWARDS A
TOBACCO
ENDGAME
IN HONG KONG

全力邁向
無煙香港



香港吸煙與健康委員會
Hong Kong Council on Smoking and Health

Annual Report 2017-2018 年報



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委員會憲章 Charter of COSH

委員會成立於1987年，屬一法定團體。《香港吸煙與健康委員會條例》（第389章）賦予以下職權，專責保障市民健康，以及提高公眾對煙草禍害之認識：

1. 提高及教育市民有關吸煙與健康之知識；
2. 進行或委託專人進行與吸煙有關的研究；
3. 向政府、社區衛生組織以及社會服務團體等提供有關吸煙與健康之意見。

根據憲章，委員會就本港各項有關煙草之問題，擔當主導角色，並時刻關注各項可影響煙草產品推廣及煙草蔓延的環境變異，於憲章賦予之職權範圍內，因時制宜，採取適度應變措施。

COSH was first established in 1987. It is a statutory body vested with functions, as set out in the "Hong Kong Council on Smoking and Health Ordinance" (Cap. 389), to protect and improve the health of the community by:

1. Informing and educating the public on the harm of smoking and its adverse effects on health;
2. Conducting and coordinating research into the cause, prevention and cure of tobacco dependence;
3. Advising the Government, community health organizations or any public body on matters relating to smoking and health.

Under such a charter, COSH has taken up the role as an active player and commentator on all issues relating to tobacco control. We aim to act within our charter in response to the changing local environment as it affects the promotion of tobacco and the epidemic caused by smoking.



委員會組織架構

Organization of COSH



委員會成員 Members of COSH			
主席	鄭祖盛先生 MH	Chairman	Mr Antonio KWONG Cho-shing, MH
副主席	伍婉婷女士 MH	Vice-chairman	Ms Yolanda NG Yuen-ting, MH
委員	何靜瑩女士	Member	Ms Ada HO Ching-ying
	何世賢博士		Dr Daniel HO Sai-yin
	徐小曼女士		Ms HSU Siu-man
	林家禮博士		Dr Lee George LAM
	林崇綏博士		Dr Susie LUM Shun-sui
	麥耀光博士		Dr MAK Yiu-kwong
	繆潔芝醫生		Dr Christina MAW Kit-chee
	彭芷君女士		Ms Gigi PANG Che-kwan
	唐少芬醫生		Dr Joyce TANG Shao-fen
	曾立基先生		Mr Richard TSANG Lap-ki
	黃仰山教授		Prof Samuel WONG Yeung-shan
	黃幸怡女士太平紳士		Ms Sandy WONG Hang-yee, JP
	余榮輝先生 MH		Mr Christopher YU Wing-fai, MH
當然委員	黎潔廉醫生太平紳士	Ex-officio Member	Dr Cindy LAI Kit-lim, JP
	吳綺媚女士		Ms Grace NG Yee-mei

行政委員會 Executive Committee			
主席	伍婉婷女士 MH	Chairman	Ms Yolanda NG Yuen-ting, MH
副主席	鄭祖盛先生 MH	Vice-chairman	Mr Antonio KWONG Cho-shing, MH
委員	黎潔廉醫生太平紳士	Member	Dr Cindy LAI Kit-lim, JP
	余榮輝先生 MH		Mr Christopher YU Wing-fai, MH

教育及宣傳委員會 Education & Publicity Committee

主席	余榮輝先生 MH	Chairman	Mr Christopher YU Wing-fai, MH
委員	鄭祖盛先生 MH	Member	Mr Antonio KWONG Cho-shing, MH
	何靜瑩女士		Ms Ada HO Ching-ying
	何世賢博士		Dr Daniel HO Sai-yin
	徐小曼女士		Ms HSU Siu-man
	林崇綏博士		Dr Susie LUM Shun-sui
	麥耀光博士		Dr MAK Yiu-kwong
	吳綺媚女士		Ms Grace NG Yee-mei
	伍婉婷女士 MH		Ms Yolanda NG Yuen-ting, MH
	彭芷君女士		Ms Gigi PANG Che-kwan
	曾立基先生		Mr Richard TSANG Lap-ki
	黃幸怡女士太平紳士		Ms Sandy WONG Hang-ye, JP
增選委員	周海傑先生	Co-opted member	Mr CHAU Hoi-kit
	關伯強先生		Mr KWAN Pak-keong

社區聯絡委員會 Community Liaison Committee

主席	伍婉婷女士 MH	Chairman	Ms Yolanda NG Yuen-ting, MH
委員	鄭祖盛先生 MH	Member	Mr Antonio KWONG Cho-shing, MH
	何世賢博士		Dr Daniel HO Sai-yin
	林家禮博士		Dr Lee George LAM
	麥耀光博士		Dr MAK Yiu-kwong
	余榮輝先生 MH		Mr Christopher YU Wing-fai, MH
增選委員	陳志球教授 BBS 太平紳士	Co-opted member	Prof Johnnie CHAN Chi-kau, BBS, JP
	周奕希先生 BBS 太平紳士		Mr CHOW Yick-hay, BBS, JP
	馮秀炎女士		Ms Maureen FUNG Sau-yim
	李銻發先生		Mr Herman LEE Yuk-fat

資訊及研究委員會 Information & Research Committee

主席	鄭祖盛先生 MH	Chairman	Mr Antonio KWONG Cho-shing, MH
委員	何世賢博士	Member	Dr Daniel HO Sai-yin
	麥耀光博士		Dr MAK Yiu-kwong
	繆潔芝醫生		Dr Christina MAW Kit-chee
	伍婉婷女士 MH		Ms Yolanda NG Yuen-ting, MH
	唐少芬醫生		Dr Joyce TANG Shao-fen
	黃仰山教授		Prof Samuel WONG Yeung-shan
增選委員	林大慶教授 BBS 太平紳士	Co-opted member	Prof LAM Tai-hing, BBS, JP
	吳文達醫生		Dr Alexander NG Man-tat

法例委員會 Legislation Committee

主席	鄭祖盛先生 MH	Chairman	Mr Antonio KWONG Cho-shing, MH
委員	麥耀光博士	Member	Dr MAK Yiu-kwong
	伍婉婷女士 MH		Ms Yolanda NG Yuen-ting, MH
	唐少芬醫生		Dr Joyce TANG Shao-fen
	黃幸怡女士 太平紳士		Ms Sandy WONG Hang-yee, JP
	余榮輝先生 MH		Mr Christopher YU Wing-fai, MH
增選委員	林大慶教授 BBS 太平紳士	Co-opted member	Prof LAM Tai-hing, BBS, JP
	劉文文女士 BBS, MH 太平紳士		Ms Lisa LAU Man-man, BBS, MH, JP
	李詠梅醫生		Dr Anne LEE Wing-mui
	李培文醫生		Dr Jeff LEE Pui-man
	麥龍詩迪教授 OBE, SBS 太平紳士		Prof Judith MACKAY, OBE, SBS, JP
	左偉國醫生 SBS, BBS 太平紳士		Dr Homer TSO Wei-kwok, SBS, BBS, JP

委員介紹 Members of COSH



主席 Chairman

鄭祖盛律師 MH

Mr Antonio KWONG Cho-shing, MH

鄭祖盛律師現職商人，於2009年加入委員會，並於2014年獲委任為委員會主席。鄭律師現為資訊及研究委員會和法例委員會主席、行政委員會副主席、社區聯絡委員會和教育及宣傳委員會委員。

Mr Antonio KWONG, a qualified solicitor, is a businessman. He joined COSH in 2009 and was appointed as COSH Chairman in 2014. He is the Chairman of the Information & Research Committee and Legislation Committee, Vice-chairman of the Executive Committee and also a member of the Community Liaison Committee and Education & Publicity Committee.

副主席 Vice-chairman

伍婉婷女士 MH

Ms Yolanda NG Yuen-ting, MH

伍婉婷女士是灣仔區區議員，亦擔任多項公職，於2008年獲委任為委員。伍女士現為行政委員會和社區聯絡委員會主席、教育及宣傳委員會、資訊及研究委員會和法例委員會委員。

Ms Yolanda NG is a Councilor of Wan Chai District and actively involved in public services. She joined COSH in 2008 and is the Chairman of the Executive Committee and Community Liaison Committee and also a member of the Education & Publicity Committee, Information & Research Committee and Legislation Committee.



委員 Member

何靜瑩女士
Ms Ada HO Ching-ying

何靜瑩女士現職科網企業行政總裁，曾創辦社會企業及非牟利機構。何女士於2014年加入委員會，現為教育及宣傳委員會委員。

Ms Ada HO is an entrepreneur, she founded a social enterprise and non-profit organization. She joined COSH in 2014 and is a member of the Education & Publicity Committee.



委員 Member

何世賢博士
Dr Daniel HO Sai-yin

何世賢博士為香港大學公共衛生學院副教授，於2017年加入委員會，現為教育及宣傳委員會、社區聯絡委員會和資訊及研究委員會委員。

Dr Daniel HO is an associate professor in the School of Public Health, The University of Hong Kong. He joined COSH in 2017 and is a member of the Education & Publicity Committee, Community Liaison Committee and Information & Research Committee.



委員 Member

徐小曼女士
Ms HSU Siu-man

徐小曼女士為一位青年服務機構註冊社工，於2014年加入委員會，現為教育及宣傳委員會委員。

Ms HSU Siu-man is a registered social worker in youth organization. She joined COSH in 2014 and is a member of the Education & Publicity Committee.



委員 Member

黎潔廉醫生太平紳士
Dr Cindy LAI Kit-lim, JP

黎潔廉醫生於年度內為衛生署副署長，於2012年加入委員會，為行政委員會委員。

Dr Cindy LAI is the Deputy Director of Department of Health from 2012-2018. She joined COSH as an ex-officio member in 2012 and is a member of the Executive Committee.

委員 Member

林家禮博士
Dr Lee George LAM

林家禮博士現為香港數碼港管理有限公司董事局主席、香港城市大學顧問委員及香港—東盟經濟合作基金會會長，於2015年加入委員會，現為社區聯絡委員會委員。

Dr George LAM is the Chairman of the Board of Directors of Hong Kong Cyberport Management Co Ltd, a member of the Court of the City University of Hong Kong and President of Hong Kong-ASEAN Economic Cooperation Foundation. He joined COSH in 2015 and is a member of the Community Liaison Committee.

委員 Member

林崇綏博士
Dr Susie LUM Shun-sui

林崇綏博士為香港護理專科學院前任院長，於2013年加入委員會，現為教育及宣傳委員會委員。

Dr Susie LUM is the Immediate Past President of The Hong Kong Academy of Nursing. She joined COSH in 2013 and is a member of the Education & Publicity Committee.



委員 Member

麥耀光博士
Dr MAK Yiu-kwong

麥耀光博士現職中學校長，於2012年加入委員會，現為社區聯絡委員會、教育及宣傳委員會委員、資訊及研究委員會和法例委員會委員。

Dr MAK Yiu-kwong is a secondary school principal. He joined COSH in 2012 and is a member of the Community Liaison Committee, Education & Publicity Committee, Information & Research Committee and Legislation Committee.



委員 Member

繆潔芝醫生
Dr Christina MAW Kit-chee

繆潔芝醫生現為醫院管理局總行政經理(基層及社區醫療服務)，於2015年加入委員會，現為資訊及研究委員會委員。

Dr Christina MAW is the Chief Manager (Primary & Community Services) of Hospital Authority. She joined COSH in 2015 and is a member of the Information & Research Committee.



委員 Member

吳綺媚女士
Ms Grace NG Yee-mei

吳綺媚女士現職政府新聞處助理處長，於2014年加入委員會，現為教育及宣傳委員會委員。

Ms Grace NG is the Assistant Director of Information Services Department. She joined COSH as an ex-officio member in 2014 and is a member of the Education & Publicity Committee.



委員 Member

彭芷君女士
Ms Gigi PANG Che-kwan

彭芷君女士現為青樹教育基金董事，亦擔任多項公職，致力推動青少年及體育活動，於2014年加入委員會，現為教育及宣傳委員會委員。

Ms Gigi PANG is the director of Evergreen Education Foundation and actively involved in public services, especially in the development of youth and sports. She joined COSH in 2014 and is a member of the Education & Publicity Committee.



委員 Member

唐少芬醫生
Dr Joyce TANG Shao-fen

唐少芬醫生於2012年加入委員會，現為資訊及研究委員會和法例委員會委員。

Dr Joyce TANG is a doctor. She joined COSH in 2012 and is a member of the Information & Research Committee and Legislation Committee.



委員 Member

曾立基先生
Mr Richard TSANG Lap-ki

曾立基先生現為公共關係顧問集團主席，於2016年加入委員會，現為教育及宣傳委員會委員。

Mr Richard TSANG is the Chairman of a public relations consultancy group. He joined COSH in 2016 and is a member of the Education & Publicity Committee.



委員 Member

黃幸怡女士太平紳士
Ms Sandy WONG
Hang-ye, JP

黃幸怡女士為律師行顧問律師及香港女律師協會前會長，亦擔任多項公職包括香港浸會大學校董會及諮議會成員及人體器官移植委員會副主席。黃女士於2017年加入委員會，現為教育及宣傳委員會和法例委員會委員。

Ms Sandy WONG is consultant solicitor at a law firm and the Past President of Hong Kong Federation of Women Lawyers. Ms Wong is actively involved in public service such as being a councilor and court member of the Hong Kong Baptist University and the vice chairman of Human Organ Transplant Board. She joined COSH in 2017 and is a member of the Education & Publicity Committee and Legislation Committee.



委員 Member

黃仰山教授
Prof Samuel WONG
Yeung-shan

黃仰山教授為香港中文大學醫學院教授，於2014年加入委員會，現為資訊及研究委員會委員。

Prof Samuel WONG is a professor of Faculty of Medicine of The Chinese University of Hong Kong. He joined COSH in 2014 and is a member of the Information & Research Committee.



委員 Member

余榮輝先生 MH
Mr Christopher YU
Wing-fai, MH

余榮輝先生現職顧問，於2012年加入委員會，現為教育及宣傳委員會主席、行政委員會、社區聯絡委員會和法例委員會委員。

Mr Christopher YU is a consultant. He joined COSH in 2012 and is the Chairman of the Education & Publicity Committee and also a member of the Executive Committee, Community Liaison Committee and Legislation Committee.





秘書處 Secretariat



黎慧賢
Vienna LAI Wai-yin
總幹事 **Executive Director**

秘書處編制及職員名單 Secretariat

總幹事 黎慧賢女士	Executive Director	Ms Vienna LAI Wai-yin
項目籌劃高級經理 朱偉康先生	Senior Project Manager	Mr Lawrence CHU Wai-hong
吳麗盈女士		Ms Annie NG Lai-ying
項目籌劃經理 羅詠儀女士	Project Manager	Ms Dorothy LAW Wing-yi
梁可欣女士		Ms Jacqueline LEUNG Ho-yan
鄧詩雅女士		Ms Cynthia TANG Sze-nga
陳慧芬女士 (至2018年2月)		Ms Faine CHAN Wai-fan (up to February 2018)
馮凱婷女士 (2018年3月履職)		Ms Florence FUNG Hoi-ting (from March 2018)
行政主任 李碧雲女士	Executive Officer	Ms Jessica LEE Pik-wan
資訊科技經理 潘志聰先生	Information and Technology Manager	Mr Lancelot POON Chi-chung
項目主任 何燕穎女士	Project Officer	Ms Christy HO Yin-wing
文君怡女士 (至2017年4月)		Ms June MAN Kwan-yi (up to April 2017)
孔浩雲先生 (至2017年9月)		Mr Jason HUNG Ho-wan (up to September 2017)
黃翠儀女士 (2017年5月履職)		Ms Tracy WONG Chui-yee (from May 2017)
葉芷晴女士 (2017年10月履職)		Ms Jasmine YIP Tsz-ching (from October 2017)
項目籌劃主任 譚雅雯女士	Project Executive	Ms Carmen TAM Nga-man
教育幹事 鍾翠媛女士	Educator	Ms Irene CHUNG Tsui-woon
關婉芳女士		Ms Susanna KWAN Yuen-fong
吳麗明女士		Ms NG Lai-ming
蘇倚倫女士		Ms Eilean SO Yee-lun
周麗敏女士 (至2017年8月)		Ms CHAU Lai-man (up to August 2017)
行政助理 陳明珠女士	Executive Assistant	Ms Charmaine CHAN Ming-chu
邱怡珠女士 (至2018年2月)		Ms Polly YAU Yi-chu (up to February 2018)
項目籌劃助理 嚴永嫦女士	Project Assistant	Ms Ella YIM Wing-sheung



主席報告 Chairman's Report

香港吸煙與健康委員會在過去30載一直以保障公眾健康為己任，通過不同渠道提高市民對煙草禍害的認識，並推動吸煙人士戒煙。2017年除了是香港控煙工作35周年及委員會成立30周年，亦是室內禁煙十周年，標誌著本港控煙歷程其中一個重要的里程碑。委員會藉此在2017至2018年度以「全力邁向無煙香港」為主題，舉辦了一連串活動，以凝聚社會各界的力量，一同為無煙香港定下藍圖。

Hong Kong Council on Smoking and Health ("COSH") has been striving to protect the public health in the past three decades through enhancing the knowledge on tobacco hazards among the citizens, as well as motivating smokers to kick the habit via various channels. 2017 was one of the key milestones for tobacco control in Hong Kong as the year marked the 35th anniversary of tobacco control, the 30th anniversary of COSH and also the decennial of the indoor smoking ban in Hong Kong. COSH has organized a series of activities under the theme of "Towards a Tobacco Endgame in Hong Kong", in order to join hands with every sector to develop the blueprint for a smoke-free Hong Kong.

主席 鄭祖盛 MH
Antonio KWONG Cho-shing, MH
Chairman



根據政府統計處的《主題性住戶統計調查第64號報告書》，2017年香港每日吸煙人數佔全港15歲及以上人口的10%，為1982年起有紀錄以來最低比率；而全港中學生的吸煙率亦逐步下降至2017年的2.5%。這些數字反映多年來的控煙工作成效顯著，實在令人鼓舞。惟香港仍有逾615,000名每日吸煙人士，要儘早實現無煙香港的願景，控煙工作絕不能鬆懈。

委員會聯同衛生署於2017年12月1日舉辦「全力邁向無煙香港」會議，並得到47間機構的支持，包括醫護團體、學術機構、控煙組織及戒煙服務機構。會議邀請了12位本港及外國著名學者以「成功遏止煙草流行的措施」及「檢測及規管新類型煙草產品」為主題進行演講，參加者獲益良多。委員會更於會議後舉行「香港控煙35周年」慶祝典禮，邀得逾百位嘉賓包括政府官員、海外與本地學者、醫護界人士、控煙工作者、戒煙服務機構及支持控煙的非政府組織的代表出席，同時舉行記者會及推出特刊，一同回顧35年來香港控煙工作的成效，以及探討未來挑戰，期望吸煙率於2027年下降至5%或以下，並在不久的將來實現無煙香港的目標。

According to the Thematic Household Survey Report No. 64 of the Census and Statistics Department, daily cigarette smokers accounted for 10% of all persons aged 15 and over in 2017 in Hong Kong, which is the lowest rate recorded since 1982. The smoking prevalence of secondary school students also gradually reduced to 2.5% in 2017. It is encouraging to see the remarkable effectiveness of tobacco control work over the years, but there are still over 615,000 daily smokers in Hong Kong. We must continue to strengthen our efforts in curbing the tobacco epidemic so as to achieve the goal of creating a smoke-free Hong Kong as soon as possible.

COSH and the Department of Health jointly organized the “Towards a Tobacco Endgame in Hong Kong” Conference on 1 December 2017. The Conference was supported by 47 organizations, including medical and healthcare institutes, academia, tobacco control groups and smoking cessation service providers. Twelve distinguished local and overseas speakers were invited to conduct plenary presentations under the theme of “Successful measures curbing tobacco epidemic” and “Testing and regulating novel tobacco products”. COSH also held the Reception for the 35th Anniversary of Tobacco Control in Hong Kong after the Conference which was attended by over a hundred guests including government officials, local and overseas academia, medical and healthcare professionals, tobacco control working partners, smoking cessation service providers and non-governmental organizations. In addition, a press conference was held and a booklet was published to review the accomplishments in tobacco control in Hong Kong and to prepare for future challenges. We hope that the smoking prevalence in Hong Kong will drop to 5% or below by 2027 and achieve the Tobacco Endgame goal in the near future.



另外，委員會亦與香港電台第一台合作，製作《精靈一點 無煙物語》系列短片，每集由不同界別的人士分享他們對無煙生活及戒煙的看法，將無煙文化傳播到社會每一角落。同時又透過舉辦「精靈一點 無煙物語 健康你主場」座談會，以「無煙香港·有可能嗎？」為題，邀請嘉賓及市民一同討論香港控煙政策的成效及分享實行「全面禁煙」的意見。委員會亦於社交媒體邀請公眾投票，選出最希望落實的控煙措施。我們很高興看見以上各項活動均獲得社會各界的鼎力支持及參與，足證市民大眾熱切期望香港早日成為無煙城市。

委員會一直積極透過多元化的活動及計劃，向社會不同階層人士宣揚煙草的禍害，教育大眾向煙草說不，推動吸煙人士戒煙。委員會今年以「無煙加油站」為主題，透過一系列的宣傳活動鼓勵市民承諾不吸煙，支持身邊的吸煙人士一同加入「無煙大家庭」。超過130間公司、非政府組織、醫院、戒煙服務機構及學校等積極響應，在全港各區設立「無煙加油站」，舉行各式各樣活動，成功吸引逾3,000名市民加入「無煙大家庭」及為戒煙人士寫下打氣留言。

另外，為了向吸煙率較高的行業加強傳遞無煙信息，委員會特別為他們度身訂造宣傳推廣活動。本年度以飲食業從業員為對象，推出「無煙飲食力量」計劃。我們欣見計劃獲得多個業界組織及戒煙服務機構大力支持，共吸引近100間食肆及飲食業公司加入成為「星級無煙食肆」，受惠員工人數超過12,700人。

Besides, COSH collaborated with Radio 1 of Radio Television Hong Kong to produce a series of “Health Pedia” smoke-free promotion videos by interviewing members from different sectors to spread the smoke-free culture to every corner of the society. The guests shared their views on living a smoke-free lifestyle and smoking cessation. Meanwhile, a public forum “Making Hong Kong a Smoke-free City” was organized to invite guests and the public to discuss the effectiveness of tobacco control policies and share their views on a Tobacco Endgame in Hong Kong. COSH also launched an online poll on social media to invite the public to vote for their most preferred tobacco control policy. We are glad that the above activities were well received and enlisted participation from all walks of life demonstrating that the general public have longed for a smoke-free Hong Kong.

COSH has spared no effort in raising public awareness on tobacco hazards, deterring citizens from smoking, and urging smokers to wean themselves off tobacco through a wide variety of activities and programmes. This year, COSH launched various promotional activities under the theme of “Smoke-free Support Station” to engage the community in promoting a smoke-free lifestyle, as well as mobilize the public to encourage smokers to join the “Smoke-free Family”. Over 130 companies, non-governmental organizations, hospitals, smoking cessation service providers and schools supported and promoted the programme by setting up “Smoke-free Support Stations” across the territory which attracted more than 3,000 people to join the “Smoke-free Family” and wrote supportive messages for quitters.

COSH also tailored publicity programme for industry with high smoking prevalence in order to enhance the smoke-free culture. “Smoke-free Catering Force” programme, fully supported by various industry associations and smoking cessation service providers, was launched in 2017-2018 for practitioners of catering industry. Around 100 restaurants and catering companies joined as “Premier Smoke-free Restaurant”, benefiting over 12,700 employees.

委員會亦透過講座、戒煙支援及無煙宣傳品等，協助業界實施各項無煙措施。計劃更包括「無煙有食神挑戰菜」食譜創作比賽，讓公眾一同參與，以一包捲煙價錢(約港幣60元)製作美食佳餚，支持「食煙不如食好餸」，鼓勵身邊的吸煙人士戒除煙癮。

控煙工作能夠持續取得良好進展，除了工商界的支持，亦有賴社區的參與。委員會延續「戒煙大贏家」的多年佳績，聯同香港大學護理學院及公共衛生學院，舉辦第八屆「戒煙大贏家」無煙社區計劃。計劃再次得到18區區議會及地區合作夥伴的全力支持，進行了超過100場招募及無煙宣傳活動。委員會更與香港賽馬會、領展資產管理有限公司，以及多個建造業及運輸業商會組織攜手合作，成功招募超過1,300名吸煙者參與戒煙比賽，並向約45,000名市民宣傳無煙信息。

另一方面，委員會相信向下一代從小開始灌輸無煙知識，是令香港成為無煙城市的關鍵之一。故此，我們透過推行一系列的教育活動，教導各成長階段的兒童及青少年堅拒吸煙。其中，由委員會舉辦、教育局協辦的「無煙Teens計劃2017-2018」不但加深了青少年對控煙工作及煙害的認識，同時提升了他們各方面的才能。我們樂見參加者學以致用，構思及舉辦極具創意的嶄新活動，將無煙信息傳遞至更多不同界別及年齡的人士，並善用社交媒體，呼籲大眾締造無煙的健康生活。

Health talks, smoking cessation service referrals and smoke-free marketing collaterals were provided to assist restaurants and companies of the industry in carrying out smoke-free measures. A "Smoke-free Cooking Contest" was also organized under the programme to invite the mass public to share menus equal to the cost of a pack of cigarettes (around HK\$60), spreading smoke-free messages and supporting smokers to kick the habit.

Apart from the business sector, community involvement is also a key to the continuous good progress of tobacco control work. Following the success in previous years, COSH organized the 8th "Quit to Win" Smoke-free Community Campaign with the School of Nursing and School of Public Health of The University of Hong Kong. The Campaign was again fully supported by the 18 District Councils and various district working partners. Over 100 recruitment and promotion activities were organized across the territory. Together with the support from Hong Kong Jockey Club, Link Asset Management Limited, companies and trade associations from construction and transportation industry, the Campaign successfully recruited more than 1,300 smokers to quit smoking and spread smoke-free messages to about 45,000 members of public.

Delivering smoke-free messages to the next generation at an early stage plays a significant role in turning Hong Kong into a smoke-free city. COSH has launched a series of education programmes that cater for the needs of children and teenagers at different development stages to deter them from smoking. The "Smoke-free Teens Programme 2017-2018" was organized by COSH and co-organized by the Education Bureau to instill knowledge on tobacco control and harms of smoking in youngsters, as well as provide training on various skills. We are glad that the participants made use of their creativity to hold innovative activities to get in touch with citizens from different backgrounds and of all ages, as well as utilized social media to call on the public to develop smoke-free healthy living.



同時，委員會獲教育局支持及協辦2017-2018年度「學校互動教育巡迴劇場」，並與中英劇團合作，透過全新劇目「健康爸爸在哪兒」，讓小學生學習拒絕吸煙誘惑的技巧，並鼓勵他們化身成為「無煙小先鋒」，推動家人戒煙，建立無煙家庭。巡迴劇場20多年來已先後於全港小學舉辦近1,900場表演，超過52萬名學生及教師觀賞及參與。除此之外，委員會於中小學及幼稚園舉辦「無煙新世代」健康講座，於2017至2018學年到訪逾100間學校，超過16,000名學生參與。

委員會亦非常關注長者的吸煙問題，自2012年推出「無煙老友記」計劃。至今，平均每年與超過2,000位長者分享無煙信息。2017-2018年度的「無煙老友記」計劃透過不同活動向長者澄清有關吸煙與戒煙的謬誤，並鼓勵他們戒煙，包括舉辦健康講座、探訪長者中心、製作「戒煙唔怕遲，由而家開始」為主題的電視宣傳短片及由「無煙老友大使」分享他們的戒煙故事等。

委員會致力提高市民對吸煙與健康的知識，多年來推出的宣傳片與時並進，深受大眾歡迎。委員會於本年度推出兩輯最新宣傳片，包括「煙禍禍延下一代」，鼓勵吸煙人士為自己及身邊的人儘早戒煙，以身作則，保護下一代免受二手煙危害。另一宣傳片「煙禍變種繼續害人」則讓市民大眾明白任何形式的煙草產品及電子煙均會損害健康。

Moreover, the “School Interactive Education Theatre Programme 2017-2018” was supported and co-organized by the Education Bureau. A brand-new interactive drama titled “Where is Daddy” was launched in collaboration with Chung Ying Theatre. Students were equipped with skills to reject cigarettes and were invited to be a “Smoke-free Pioneer” to urge their family members to quit smoking. Over the years, the Programme has contributed about 1,900 performances, reaching more than 520,000 students and teachers. COSH also organizes “Smoke-free New Generation” health talks in kindergartens, primary schools and secondary schools. During the school year 2017 to 2018, more than 100 talks were conducted and attended by over 16,000 students.

COSH pays close attention to the smoking prevalence among the elderly. The “Elderly Smoking Cessation Promotion Project 2017-2018” was organized to clarify the misconceptions about smoking cessation and encourage elder smokers to ditch the habit through health talks, visits to elderly centres, TV promotions and sharing of successful quit stories. The campaign has shared the smoke-free messages with more than 2,000 elderly each year since its launch in 2012.

Over the past decades, COSH has produced a series of Announcements in the Public Interest (APIs) to raise public awareness on the adverse effects of smoking on health which received wide support. Two new APIs under the theme of “Tobacco Harm” were produced this year, including an API titled “Smoking Harms Your Children” which encouraged smokers to protect the next generation from secondhand smoke and prevent them from picking up the smoking habit by being a smoke-free role model and quitting smoking. Another API titled “All Forms of Smoking and Vaping are Harmful” aimed to alert the public about the harmfulness of all forms of smoking and vaping.



香港的控煙工作在過去35年來不斷向前，取得堅碩成果。然而，控煙的步伐不能就此停下。我們未來將面對各種挑戰，包括煙草商不斷以層出不窮的手法於全球各地力圖阻礙控煙工作的推展，並積極研發及引進新的產品如電子煙及加熱非燃燒煙草製品等，吸引大眾吸煙。因此，香港需要制定更長遠及全面的控煙政策。

縱觀全球不少國家及地區已朝著終極目標「全面禁煙」訂下限期及時間表，並制定嶄新的控煙政策及措施。香港必須加快步伐，透過團結各界力量，迎難而上，使吸煙率儘快下降至單位數字，並於2027年或之前下降至5%或以下，實現全面禁煙的目標。

2017年是香港控煙工作35周年及委員會成立30周年。本人藉此機會，衷心感謝委員會歷任主席，包括梁定邦醫生、已故的李紹鴻教授和賀達理教授、左偉國醫生及劉文文女士的貢獻，並感激各委員齊心協力及付出寶貴的意見。同時，本人謹代表委員會特此鳴謝多年來支持香港控煙工作的政府及公共機構、醫護團體、學術及研究機構、地區組織、控煙組織、戒煙服務機構、傳播媒介及廣大市民。我們秉持建構無煙城市的使命，會繼續努力不懈，凝聚社會各界，攜手奮鬥，邁向無煙香港。

Hong Kong's tobacco control work has taken a big leap over the past 35 years with fruitful results. However, we have not reached our destination yet and need to prepare for the challenges ahead. The tobacco industry has been trying every means possible to obstruct the development of tobacco control and continuously using different manoeuvres to attract the public to smoke by introducing new products like electronic cigarettes and heat-not-burn tobacco products. The Government should adopt long-term and comprehensive policies to counter such moves.

Many countries have already set their Tobacco Endgame Plan with defined schedules and implemented innovative tobacco control policies and measures. With the united smoke-free power, we hope that the smoking rate in Hong Kong can be lowered to a single digit percentage as soon as possible and to achieve the Tobacco Endgame goal in 2027 of 5% or below.

2017 marked the 35th anniversary of tobacco control in Hong Kong and also the 30th anniversary of COSH. I would like to take this opportunity to express my heartfelt gratitude to the chairmen of COSH including Dr Ronald LEUNG Ding-bong, the late Prof LEE Shiu-hung and Prof Anthony Johnson HEDLEY, Dr Homer TSO Weikwok and Ms Lisa LAU Man-man for their contributions, as well as to the members of the Council for their devotion and invaluable recommendations. On behalf of COSH, I would also like to thank the Government and public organizations, healthcare organizations, academia and research institutes, district organizations, tobacco control associations, smoking cessation service providers, media and the mass public for their support to tobacco control throughout the years. We will continue our efforts and unite every sector in the community to strive for a smoke-free Hong Kong.



香港控煙 35 周年 全力邁向無煙香港

The 35th Anniversary of Tobacco Control in Hong Kong
Taking a Leap Towards a Tobacco Endgame





專題 Highlights

三十五年前的香港，室內外到處都烏煙瘴氣、煙霧瀰漫；隨處可見煙草廣告的蹤跡；不少大型體育運動比賽、演唱會及文化活動都是由煙草公司冠名贊助；而每四個成人之中更有一個是吸煙者。幸好自從《吸煙(公共衛生)條例》(第371章)於1982年訂立，政府與社會各界大力支持及推動控煙工作，使香港的吸煙率持續下降，成為全球吸煙率最低的地區之一，而且於不同的控煙範疇均取得驕人成績。2017年是香港控煙工作35周年，亦是室內禁煙十周年及香港吸煙與健康委員會成立30周年，就讓我們藉此機會一同回顧及前瞻。

Thirty-five years ago, both indoor and outdoor places were smoky and hazy in Hong Kong. Not only promotion on tobacco products was easily found everywhere, many public events such as sports tournaments, concerts and other cultural activities were also title sponsored by tobacco brands. At that time, one in every four adults was smoker. Thanks to the enactment of the Smoking (Public Health) Ordinance in 1982 (Cap 371), as well as the great efforts of the Government and different sectors of the community in supporting and driving tobacco control work, the smoking prevalence in Hong Kong has gradually reduced, and became one of the lowest in the world. 2017 marked the 35th anniversary of tobacco control, the decennial of the indoor smoking ban in Hong Kong and also the 30th anniversary of COSH. Let's review the achievements that have been made and prepare for the challenges ahead.

香港的吸煙率由80年代初的23.3%逐步降低至2017年的10%，實在有賴政府、醫療衛生界、學術界、非政府組織、社會各界、市民大眾及委員會於過去多年來的努力，一直多管齊下，循序漸進地透過立法、徵稅、宣傳及教育、執法及推廣戒煙服務等方式推動控煙工作，與世界衛生組織(世衛)提出的MPOWER措施不謀而合。

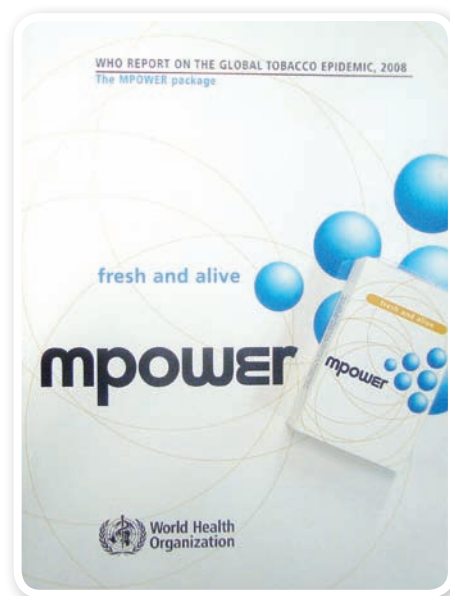
世衛根據《煙草控制框架公約》於2008年制定MPOWER措施，目標是減低煙草需求，為各國的煙草控制及管理提供基礎。截至2018年7月，全球已有181個締約方，覆蓋了全球90%以上人口。而中國於2003年簽署公約，並於2005年正式開始履行，適用範圍亦擴大至香港。

The smoking prevalence in Hong Kong has gradually reduced from 23.3% in the early 1980s to 10% in 2017 under the concerted efforts of the Government, healthcare sector, academia, non-governmental organizations, different sectors of the community, the general public and COSH over the years. A progressive and multi-pronged approach on tobacco control has been adopted, including legislation, taxation, publicity and education, law enforcement and promotion of smoking cessation, which aligns with the MPOWER measures suggested by the World Health Organization (WHO).

The WHO Framework Convention on Tobacco Control (FCTC) and its guideline provide the foundation for countries to implement and manage tobacco control. The MPOWER measures were introduced according to FCTC in 2008 to reduce the demand for tobacco. As of July 2018, FCTC has 181 parties covering more than 90% of the world population. China signed in 2003 and came to effect in 2005. Its application was also extended to Hong Kong.

MPOWER的六項煙草控制措施 MPOWER denotes

M onitor	: 監測煙草使用與預防政策 Monitor tobacco use and prevention policies
P rotect	: 保護人們免受煙草煙霧危害 Protect people from tobacco smoke
O ffer	: 提供戒煙幫助 Offer help to quit tobacco use
W arn	: 警示煙草危害 Warn about the dangers of tobacco
E nforce	: 確保禁止煙草廣告、促銷和贊助 Enforce bans on tobacco advertising, promotion and sponsorship
R aise	: 提高煙稅 Raise taxes on tobacco

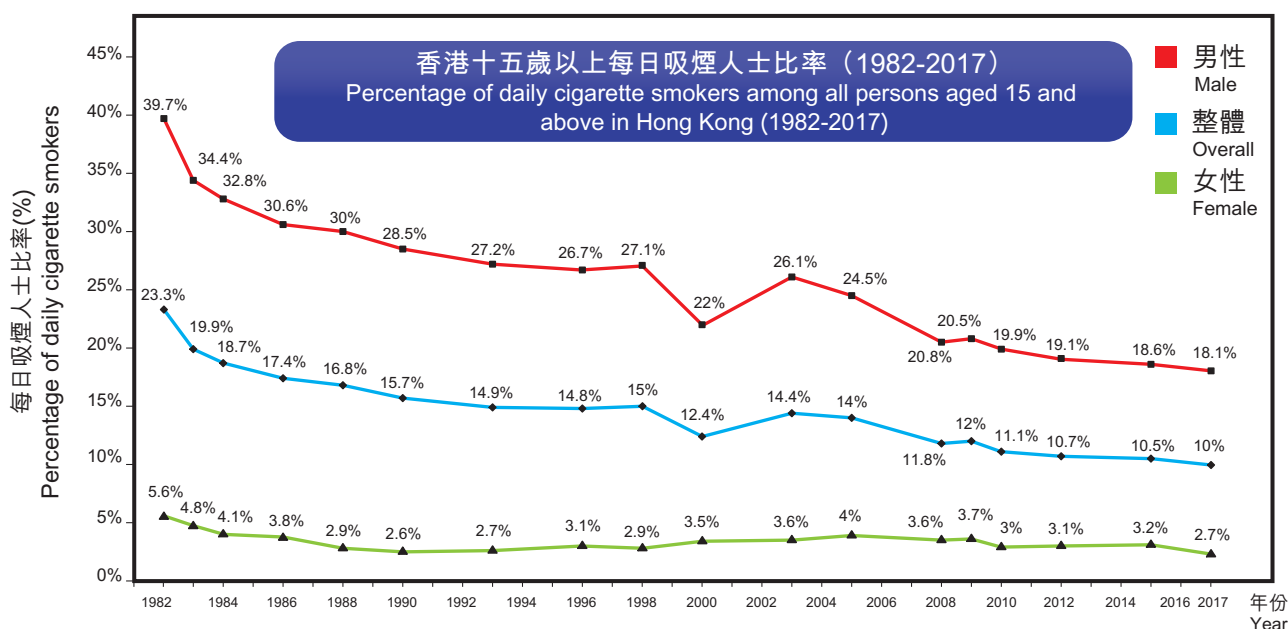


監測煙草使用與預防政策

監測是一項相當重要的控煙工作，以人口統計數據為基礎的本地及國際煙草使用監測數據，是有效規劃及實施控煙措施的關鍵。香港政府自1982年起定期進行有關本港人口吸煙情況的住戶統計調查，藉此掌握香港整體吸煙率、吸煙者性別比例、年齡分佈及每日平均吸煙量等資料。

Monitor tobacco use and prevention policies

Monitoring is a critical tobacco control activity. Population-based local and international monitoring data are essential for planning and implementing tobacco control policies effectively. Since 1982, the Census and Statistics Department has conducted Thematic Household Survey regarding the smoking pattern in the Hong Kong population regularly. The survey covers the overall smoking prevalence in Hong Kong, smoking pattern by gender and age, the daily consumption of cigarettes, etc.



資料來源：香港特別行政區政府主題性住戶統計調查第64號報告書(2018年)

Source: Thematic Household Survey Report No. 64, The Census and Statistics Department, HKSAR(2018)

而委員會亦進行或委託專人進行與吸煙有關的研究項目，以向政府、社區衛生組織及社會服務團體提供有關吸煙與健康之意見。另外，委員會自2012年起定期進行「控煙政策調查」，以廣泛收集有關吸煙與健康的資料，包括受訪者的吸煙習慣、接觸二手煙及三手煙的情況，以及對現行和未來控煙政策的意見，評估本港控煙政策成效等。

COSH has also conducted and coordinated a series of scientific research and study on the cause, prevention and cure of tobacco dependence in order to advise the Government, community health organizations or any public body on matters relating to smoking and health. Besides, COSH has carried out the Tobacco Control Policy-related Survey on a regular basis since 2012 to evaluate the effectiveness of tobacco control policies in Hong Kong. The Survey covers a wide scope of topics related to smoking and health, including pattern of smoking, secondhand and third-hand smoke exposure, opinions towards existing and future tobacco control measures, etc.

委員會部份研究項目

Some of COSH researches and studies

年份 Year	研究項目	Research and study
1994, 1999 & 2003	青少年吸煙與健康調查	The Youth Smoking and Health Survey
1995 & 2000	市民對飲食店舖禁止吸煙的意見調查	Public Opinion on Smoke-free Restaurants
1998	兒童吸煙與被動吸煙調查	Smoking and Passive Smoking in Children
2001	香港飲食從業員 – 二手煙與心臟病及癌病風險調查	Passive Smoking and Risks for Heart Disease and Cancer in Hong Kong Catering Workers
2007	兒童接觸二手煙與健康調查	Secondhand Smoking and Health Survey in Children
2010 - 2018	「戒煙大贏家」比賽 – 戒煙干預隨機對照試驗研究	“Quit to Win” Contest: Randomized Controlled Trial Study on Smoking Cessation Intervention
2014	香港女性吸煙與健康調查	Smoking and Health Survey in Hong Kong Women
2014 - 2018	控煙政策調查	Tobacco Control Policy-related Survey
2015	香港私煙消耗量實際評估	Realistic Estimation of Illicit Cigarette Consumption in Hong Kong
2016	電子煙分析測試報告	Report on E-Cigarette Analytical Testing



保護人們免受煙草煙霧危害

根據香港大學進行的研究顯示，香港每年有約6,800人因煙草而死亡，其中672人因間接吸入二手煙導致死亡，帶來每年約55.8億港元的經濟損失。政府及社會各界過去35年來努力推動擴大法定禁煙區，以保護市民免受煙草危害，成效令人鼓舞。

逐步擴大法定禁煙區

法定禁止吸煙區不但使市民免受二手煙影響，更有助建立推動吸煙人士戒煙的社會氛圍。《吸煙(公共衛生)條例》(第371章)在1982制定後經多次修訂，令法定禁煙區得以逐步擴大。當中最具標誌性的進程包括2007年起於室內食肆、工作間及多個公眾場所全面禁煙。

隧道口巴士轉乘處 無煙環境 乘客開心
Bus interchanges at tunnel portal areas
Smoke-free Environment Happy Passengers

2016年3月31日起八條隧道入口範圍的巴士轉乘處列為禁煙區
Bus interchanges at 8 tunnel portal areas are designated as No Smoking Areas with effect from 31 March 2016

海底隧道 Cross-Harbour Tunnel
大老山隧道 Tai Leng Tunnel
大欖隧道 Lai Lam Tunnel
東區海底隧道 Eastern Harbour Crossing
西區海底隧道 Western Harbour Crossing
城門隧道 Shing Mun Tunnel
獅子山隧道 Lion Rock Tunnel
青沙公路 Tsing Sha Highway

違例者會被定額罰款 \$1,500
Offenders are subject to a fixed penalty of \$1,500

衛生署控煙辦公室
Tobacco Control Office
Department of Health
www.tco.gov.hk

查詢及投訴熱線
Enquiry and Complaint Hotline
2961 8823
衛生署綜合控煙熱線
Department of Health Integrated Smoking Cessation Hotline
1833 183

Protect people from tobacco smoke

A study about the consequences of smoking and passive smoking conducted by The University of Hong Kong revealed that about 6,800 people died of tobacco annually in Hong Kong, and 672 of them were non-smokers who were attributed to exposure of secondhand smoke, resulting in a total of HK\$5.58 billion economic cost in Hong Kong every year. To safeguard the public against the harmful effect of secondhand and third-hand smoke, the Government and different sectors in the society have been advocating for an expansion of statutory no smoking areas in the past 35 years and the results were encouraging.

Expansion of statutory no smoking areas

The expansion of statutory no smoking areas not only helps protect the public from exposure to secondhand smoke, it also creates a supportive atmosphere for smoking cessation. The statutory no smoking areas have gradually expanded since the enactment of the Smoking (Public Health) Ordinance (Cap 371) in 1982 with several amendments subsequently. One of the most significant progress made was the extension of smoking ban to all indoor restaurants, workplaces and a number of public areas in 2007.



過去 35 年香港法定禁煙區範圍的擴展歷程

The progress of expansion of statutory no smoking areas in the past 35 years

實施年份 Effective Year	法定禁止吸煙區範圍	Statutory no smoking areas
1983	公共升降機及陸路公共交通工具下層實施禁煙。	Smoking ban implemented in public lifts and lower deck of public transport land vehicles.
1992	電影院、劇院、音樂廳、遊戲機中心及所有公共交通工具均被訂為法定禁煙區。	Smoking ban implemented in cinemas, theatres, concert halls, amusement game centres and all public transport carriers.
1998	超級市場、銀行、百貨公司或購物商場內任何對公眾開放的室內地方被列為法定禁煙區；機場管理局可指定機場客運大樓範圍為禁煙區。所有食肆、學校、專上學院、職業訓練中心可將指定範圍列為禁煙區。	All indoor areas open to the public in a supermarket, bank, department store or shopping mall were designated as no smoking areas. The Airport Authority may designate any area of the passenger terminal complex of the Airport as no smoking area. All restaurants, schools, post-secondary colleges, technical colleges could designate any area of the premises as no smoking area.
1999	規定所有提供超過 200 個座位的食肆，必須劃出最少三分之一的面積為禁煙區。	Restaurants with more than 200 seats were required to have not less than 1/3 no smoking area.
2007	所有食肆的室內地方、室內工作間及多個公眾場所均訂為法定禁煙區。	Smoking ban implemented at indoor areas of all restaurant premises, indoor workplaces and many public places.
2009	獲暫緩禁煙的六類場所包括酒吧、會所、夜總會、浴室、按摩院及麻將天九耍樂場所全面禁煙。另外 48 個有上蓋建築物的公共運輸設施亦禁煙。	Complete smoking ban extended to the six types of establishment including bars, clubs, nightclubs, bathhouses, massage establishment and mahjong and tin-kau premises. Also, 48 public transport facilities with superstructures were designated as no smoking areas.
2010	129 個露天和另外兩個有上蓋建築物的公共運輸設施被列為禁煙區。	Smoking ban extended to 129 open-air public transport facilities and two public transport facilities with superstructures.
2016	八個隧道出入口範圍內的巴士轉乘處(包括獅子山隧道、海底隧道、東區海底隧道、城門隧道、大老山隧道、西區海底隧道、大欖隧道及青沙公路)被列為禁煙區。	Smoking ban extended to eight bus interchanges at tunnel portal areas, including the Lion Rock Tunnel, Cross-Harbour Tunnel, Eastern Harbour Crossing, Shing Mun Tunnels, Tate's Cairn Tunnel, Western Harbour Crossing, Tai Lam Tunnel and Tsing Sha Highway.
2018	三個巴士轉乘處(包括屯門公路、大嶼山繳費廣場及香港仔隧道)被列為禁煙區。	Smoking ban extended to three bus interchanges, including the Tuen Mun Road, Lantau Toll Plaza and Aberdeen Tunnel.

衛生署控煙辦公室執行控煙法例

為了有效協調及進一步加強控煙工作，衛生署控煙辦公室於2001年成立，主要工作包括健康推廣、執行控煙法例《吸煙(公眾衛生)條例》(第371章)，以及協調和提供戒煙服務。

衛生署更於2009年9月1日起實施《定額罰款(吸煙罪行)條例》，以提高執法效率，任何人在法定禁煙區或公共交通工具內吸煙或攜帶燃著的捲煙、雪茄或煙斗，執法人員有權向他們發出定額罰款通知書，罰款港幣1,500元。



提供戒煙協助

根據政府統計處出版的《主題性住戶統計調查第64號報告書》，本港於2017年大約有615,000名每日吸煙人士，當中逾六成(63.5%)從未嘗試過戒煙亦不想戒煙，可見有必要加強宣傳及推動戒煙，若配合適當的支援，更能大大提升戒煙成功率。事實上，政府及不同團體近年紛紛開展及持續加強多元化的戒煙服務，幫助吸煙人士儘早重拾健康生活及體魄。

Tobacco Control Office, Department of Health enforces the tobacco control legislation

To effectively coordinate and strengthen all tobacco measures by the Government, the Department of Health established the Tobacco Control Office (TCO) in 2001. TCO is responsible for health promotion, enforcing the tobacco control legislation Smoking (Public Health) Ordinance (Cap 371), as well as coordinating and providing smoking cessation services.

The “Fixed Penalty (Smoking Offences) Ordinance” was implemented on 1 September 2009 to enhance the efficiency of the enforcement. Anyone who smokes or carries a lighted cigarette, cigar or pipe in statutory no smoking areas or on public transport carriers will be issued with a HK\$1,500 fixed penalty notice by the enforcement officers.

Offer help to quit tobacco use

According to the Thematic Household Survey Report No. 64 of the Census and Statistics Department, there were around 615,000 daily cigarette smokers in Hong Kong in 2017 and over 60% (63.5%) of them have not tried to and had no intention to quit smoking. It is necessary to strengthen the publicity and promotion of smoking cessation. The quit rate can also be enhanced with the assistance of appropriate smoking cessation services. In fact, the Government and non-governmental organizations have been actively introducing and continuously enhancing a wide range of services to help smokers adopt a smoke-free lifestyle.

本港戒煙服務

現時政府及不同團體均有提供戒煙服務，包括：

- 衛生署綜合戒煙熱線 1833 183
- 醫院管理局「無煙新天地」
- 東華三院戒煙綜合服務中心
- 博愛醫院免費中醫戒煙服務
- 香港大學青少年戒煙熱線
- 香港大學女性戒煙計劃
- 九龍樂善堂「愛·無煙」前線企業員工戒煙計劃
- 基督教聯合那打素社康服務少數族裔及新移民戒煙計劃



宣傳及推動戒煙

委員會宣傳及推廣戒煙的工作一直與時並進，得到社會各界的支持及參與。除了製作不同主題的電視宣傳短片，委員會亦與不同團體及組織合辦活動，包括自2009年起每年舉辦的「戒煙大贏家」無煙社區計劃、「無煙老友記」計劃、「加入無煙大家庭活動」、為吸煙率較高行業度身訂造之計劃如「我是無煙的」、「建造無煙力量」、「無煙飲食力量」等，將無煙信息及戒煙資訊宣揚到全港各區及各個社會階層，成功營造推動吸煙人士戒煙的氛圍，並鼓勵非吸煙人士幫助身邊的吸煙者戒煙。

Smoking cessation services in Hong Kong

Smoking cessation services in Hong Kong are mainly provided by the Government and non-governmental organizations, including:

- Integrated Smoking Cessation Hotline of Department of Health 1833 183
- Hospital Authority's Smoking Counselling and Cessation Service
- Tung Wah Group of Hospitals Integrated Centre on Smoking Cessation
- Pok Oi Hospital Free Smoking Cessation Service using Traditional Chinese Medicine
- HKU Youth Quitline
- HKU Women Quit
- Smoking Cessation Program in Workplace by The Lok Sin Tong Benevolent Society, Kowloon
- United Christian Nethersole Community Health Service Smoking Cessation Project for Ethnic Minorities and New Immigrants

Promote smoking cessation

COSH has held a wide variety of publicity and promotion programmes on smoking cessation which met the local trend and were well received. Apart from producing Announcements in the Public Interest (APIs) under different themes, COSH also works closely with different groups and organizations to launch various programmes, including "Quit to win" Smoke-free Community Campaign which has been organized annually since 2009, "Elderly Smoking Cessation Promotion Project" and "Let's join the Smoke-free Family Programme", as well as tailored programmes for industries with high smoking prevalence such as "Smoke-free Taxi", "Smoke-free Construction Force" and "Smoke-free Catering Force", to penetrate the smoke-free message across the territory and different sectors in the community. COSH has successfully created a supportive atmosphere for smoking cessation and motivated non-smokers to help smokers kick the habit.



警示煙草危害

大部分市民大眾都未必充分了解或會低估煙草對身體的危害。在煙包印上警示圖象及字句具有一定阻嚇性，不但能直接警告吸煙者在吸煙前三思及鼓勵他們戒煙，更可以阻止年輕人吸第一口煙。

在香港售賣的煙包自1983年起均須附有中英文字樣的健康忠告，以提醒市民吸煙的禍害。實施煙包健康警示起至今經歷多次轉變，包括由早期的純文字式警示演變為2007起生效的六款健康圖象警示，而且位置移到煙包頂部，面積亦逐步擴大。於2017年，立法會通過修例，將煙包上煙害圖象警示面積擴大至85%，圖象式樣增至12款，並加上戒煙熱線，於2018年6月21日起全面生效。

Warn about the dangers of tobacco

Most of the citizens either underestimate or do not fully understand the health risks of tobacco. Pictorial and written health warnings printed on tobacco packet are the most direct and effective admonition which not only warn smokers to think twice before they smoke, but also encourage them to kick the habit, as well as deter the youth from trying the first cigarette.

Bilingual health warnings have been required on all cigarette pack sold in Hong Kong since 1983 to remind citizens on the smoking hazards and have changed several times since then. They were enhanced from text-only warnings at the early stage to the six pictorial health warnings effective from 2007. The warning has to be positioned on the top of the packet taking up more spaces of the packet's surface gradually. The amendment on Smoking (Public Health) Ordinance was passed by the Legislative Council in 2017 to enlarge the size of pictorial health warnings to 85% of the cigarette pack area, increase the number of forms of warning to twelve and add the quitline. The measure has come into full operation from 21 June 2018.



實施健康警示的進程

Development of Health Warnings

年份 Year	健康警示的變遷	Changes on health warnings
1982	規定煙草廣告上必須註明吸煙危害健康，即使是在媒體播放，廣告後也必須加上「香港政府忠告市民吸煙危害健康」語句。	In all tobacco advertisements, including those in the print and broadcasting media, the message of “HK Government Health Warning: Smoking harms your health” must be added.
1983	煙草產品的封包須印有中英文式樣的健康忠告。	Bilingual text health warnings required on all cigarette packs.
1994	文字健康忠告由一款增至四款更強烈及明顯的忠告，並須輪流替換： 「吸煙可以致命」、 「吸煙可以致癌」、 「吸煙害己害人」及 「吸煙可引致心臟病」。	The single health warning was replaced by four stronger and more precise messages to be used in rotation: “SMOKING CAN KILL”, “SMOKING CAN CAUSE CANCER”, “SMOKING HARMS YOURSELF AND OTHERS” and “SMOKING CAN CAUSE HEART DISEASE”.
2000	煙包上半部須載有全新六款文字健康忠告，須輪流替換，並須標示焦油及尼古丁含量，以白底黑字展示： 「吸煙足以致命」、 「吸煙引致癌病」、 「吸煙引致心臟病」、 「吸煙引致肺癌」、 「吸煙引致呼吸系統疾病」及 「吸煙禍及子女」。	Cigarette packs must carry, in rotation, six new text health warnings, with indication of tar and nicotine yields. Health warning must be at the top of pack, black lettering on white background: “SMOKING KILLS”, “SMOKING CAUSES CANCER”, “SMOKING CAUSES HEART DISEASE”, “SMOKING CAUSES LUNG CANCER”, “SMOKING CAUSES RESPIRATORY DISEASES” and “SMOKING HARMS YOUR CHILDREN”.
2007	捲煙封包及零售盛器必須以訂明的式樣及方式展示健康圖象警示、焦油量及尼古丁含量。六款圖象警示須輪流替換，並至少覆蓋封包及零售盛器面積的50%，而「特醇」及「低焦油」等誤導性字眼亦被規管。	Packets of tobacco products and retail containers shall bear six pictorial health warnings in rotation, tar and nicotine yields in the prescribed form and manner. The pictorial health warnings shall be of a size that covers at least 50% of the surface area of the packet or retail container. The use of misleading information and wordings as “light” and “mild” is also regulated.
2017	立法會通過修例，將煙包上煙害圖象警示面積由50%擴大至85%，圖象式樣由六款增至十二款，並加上戒煙熱線，於2018年6月21日起全面生效。	The amendment was passed by the Legislative Council to enlarge the size of pictorial health warnings from 50% to 85% of the cigarette pack area, increase the number of forms of health warning from six to twelve and add the quitline. The measure has come into full operation from 21 June 2018.

推行「全煙害警示包裝」是全球控煙工作的趨勢之一，世衛呼籲所有國家為實施此措施作準備。澳洲於2012年成為全球率先實施此措施的國家，令當地吸煙人口顯著下降。及後，多個國家如法國、英國及愛爾蘭等亦相繼實行有關措施，而世界各地不少國家現時亦正在審議法案或考慮實施。「全煙害警示包裝」亦稱「平裝」或「標準化包裝」，即規定所有煙草產品必須以統一標準包裝，不能展示商標、圖案及標誌，品牌名稱只可以指定顏色、字體和位置顯示在煙包上。委員會自2012年起倡議政府採用此措施，期望於未來數年儘快在香港推行。

委員會宣傳煙草禍害

委員會透過健康講座、學校互動教育巡迴劇場、「無煙Teens計劃」及巡迴展覽等活動，廣泛地向不同年齡層的市民宣揚煙草禍害，向下一代從小灌輸無煙生活的重要。此外，委員會過去亦曾製作多齣令人印象難忘的宣傳短片，當中的煙害信息深入人心。

The implementation of plain packaging is a global trend of tobacco control work and WHO has called for more countries to adopt this measure. Australia was the first country to introduce plain packaging in 2012 and has achieved a substantial decrease in the smoking prevalence. Later, many countries also implemented plain packaging including France, the United Kingdom and Ireland while more countries are considering to adopt. Plain packaging is also known as standardized packaging which requires all forms of tobacco branding to be labeled with standardized regulation. Trade marks, graphics and logos should be detached. Brand name should be displayed in a standard font, colour and location of the cigarette pack. COSH has urged the Government to introduce plain packaging since 2012 and hoped that it will be implemented as soon as possible in the next few years.

COSH's effort in promoting smoking hazards

COSH organizes a variety of programmes including health talks, the School Interactive Education Theatre, "Smoke-free Teens Programme" and roving exhibitions to promote smoking hazards among citizens of different ages and disseminate the importance of smoke-free lifestyle to the next generation at an early age. Besides, COSH has introduced many impressive APIs on smoking hazards which made a strong impact on the community.



確保禁止煙草廣告、促銷及贊助

煙草業以往於香港鋪天蓋地大肆宣傳煙草產品，以圖淡化煙草的禍害，並以女性及青少年為主要宣傳對象。本港自80年代起逐步禁止各種形式的煙草廣告、促銷及贊助。《吸煙(公眾衛生)條例》在過去35年來經過多次修訂，現時煙草廣告宣傳已於香港的媒體上絕跡。

Enforce bans on tobacco advertising, promotion and sponsorship

The tobacco industry has invested tremendous resources on massive promotion to gloss over the harmful effects of tobacco and encourage smoking especially among teenagers and women. Since the 1980s, Hong Kong has gradually implemented bans on tobacco advertising, promotion and sponsorship. Throughout the past 35 years, the Smoking (Public Health) Ordinance has undergone several amendments which prohibited all types of advertising and promotion of tobaccos products on all local media.

禁止煙草宣傳推廣的進程

The progress of banning on tobacco advertising and promotion

年份 Year	禁止煙草廣告及贊助	Ban on tobacco advertising and sponsorship
1988	所有煙草廣告及贊助均不能於下午4時至晚上10時30分於電視播出(電台則於1989年實施)。	Ban on tobacco advertising and sponsorship from 4pm to 10:30pm on TV (extension to radio in 1989).
1990	全面禁止電視及電台的煙草廣告及贊助(電影院則於1992年實施)。	Total ban on tobacco advertising and sponsorship on TV and radio (extension to cinema in 1992).
1998	禁止互聯網上的煙草廣告。禁止以附送獎品、禮物、贈品或抽獎以交換任何具價值的物品來促銷煙草產品。	Prohibition of tobacco advertisement on the internet. Prohibition of promoting the sale of tobacco products by means of offering prizes, gifts, tokens or raffles in exchange for any valuable items.
1999	禁止所有展示式及在印刷刊物內刊登的煙草廣告。	Ban on tobacco display advertisements and prohibition of all tobacco advertisements in the print media.
2009	撤銷於持牌小販攤檔可展示煙草廣告的豁免。	Withdrawal of exemption for display of tobacco advertisement at licensed hawker stalls.



推動「全煙害警示包裝」及禁止陳列煙草產品

雖然法例已全面禁止煙草宣傳，惟煙草業現時仍利用法例漏洞，於便利店、報攤及免稅店等銷售點的當眼位置大規模陳列煙草產品，更運用設計千變萬化的煙包包裝吸引市民吸煙。要進一步降低香港的吸煙率，香港可參考外國例子，採用「全煙害警示包裝」，亦可禁止於銷售點陳列和展示煙草產品，消除任何促銷煙草的機會。



Support plain packaging and ban on tobacco products display

Despite tobacco advertisements and promotion have been banned by law, tobacco companies still exploit grey areas and loopholes to promote tobacco products by placing large and prominent display of tobacco products at points of sale including convenience stores, newsstands and duty-free stores, and using attractive tobacco packet designs to attract citizens to smoke. To further reduce the smoking prevalence in Hong Kong, the Government can consider the implementation of plain packaging with reference to other countries' successful experiences. Also, a total ban on the display of tobacco products at points of sale should be adopted to get rid of tobacco promotion.

已實施或即將實施「全煙害警示包裝」的國家 Countries implemented or confirmed implementing plain packaging	正審議法案或考慮實施「全煙害警示包裝」的國家 Countries considering plain packaging
澳洲(2012年)	比利時、加拿大、智利、歐盟、芬蘭、羅馬尼亞、新加坡、
法國、匈牙利、英國 (2016年)	斯洛文尼亞、南非、瑞典、泰國、土耳其及烏拉圭
愛爾蘭(2017年)	Belgium, Canada, Chile, European Union, Finland, Romania, Singapore, Slovenia, South Africa, Sweden, Thailand, Turkey and
新西蘭、挪威 (2018年)	Uruguay

已實施禁止於銷售點陳列煙草產品的國家	Countries banned display of tobacco products at points of sale
澳洲、白俄羅斯、英屬處女群島、加拿大、克羅地亞、芬蘭、匈牙利、冰島、愛爾蘭、肯雅、澳門、摩洛哥、新西蘭、挪威、俄羅斯、新加坡、泰國、烏克蘭、烏拉圭、英國及烏茲別克斯坦	Australia, Belarus, British Virgin Island, Canada, Croatia, Finland, Hungary, Iceland, Ireland, Kenya, Macao, Morocco, New Zealand, Norway, Russia, Singapore, Thailand, Ukraine, Uruguay, the United Kingdom and Uzbekistan



提高煙稅

增加煙草稅是最有效減少煙草使用及推動戒煙的單一措施。世界銀行的報告指出，煙草價格每提高10%，高收入地區如香港的煙草需求量會隨之下降4%。

加煙稅助戒煙

政府於2009年及2011年分別增加煙草稅50%及41.5%後，衛生署綜合戒煙熱線收到的來電數目按年分別上升246%及49%。然而，2014年煙草稅只是輕微調高11.8%，來電數目則只按年增長1%，反映大幅增加煙草稅才能有效鼓勵戒煙。另外，由於兒童及青少年對煙草價格較為敏感，增加煙草稅令煙草價格上升，可預防兒童及青少年吸煙。2009年及2011年大幅增加煙草稅後，中學生的吸煙率由2008年的6.9%下降至2013年的3%。

根據《2015年世界衛生組織全球煙草流行報告》，提升煙草稅至煙草零售價格75%以上是最有效的控煙措施之一。2018年本港主要品牌捲煙的煙草稅(港幣38元一包)只佔零售價格(平均約港幣59元一包)的64%。委員會認為香港必須大幅增加煙草稅，制定長遠的煙草稅政策，方能進一步降低吸煙人士對煙草之需求。



Raise taxes on tobacco

Raising tobacco tax is the single most effective measure to reduce tobacco use and encourage smoking cessation. According to the World Bank, a 10% increase on cigarette prices would reduce consumption by 4% in high-income places like Hong Kong.

Raise tobacco tax to encourage smoking cessation

Upon the announcement of tobacco tax increase in 2009 (50%) and 2011 (41.5%), the annual number of calls to the Integrated Smoking Cessation Hotline jumped by 246% and 49% respectively. However, when the tobacco tax was increased slightly by 11.8% in 2014, the annual number of calls to the hotline increased by 1% only compared to the year before. The above reflected that raising tobacco tax substantially can effectively motivate smokers to kick the habit. Increasing the retail price of cigarette with tobacco tax rise is also an effective deterrent for uptake of smoking among children and youth who are price sensitive. After the substantial tax increase in 2009 and 2011, the smoking prevalence among secondary school students dropped from 6.9% in 2008 to 3% in 2013.

According to the WHO Report on the Global Tobacco Epidemic 2015, increasing tobacco tax to more than 75% of the retail price is among the most effective tobacco control interventions. In 2018, the tobacco tax (HK\$38 per pack) of major cigarette brands in Hong Kong is only about 64% of the retail price (average HK\$59 per pack). COSH believes that the tobacco tax in Hong Kong has to be raised substantially and a long-term tobacco tax policy should be adopted in order to reduce the demand of tobacco.



年份 Year	2008	2009	2010	2011	2012	2013	2014
煙草稅增幅 Tobacco tax increment	0%	50%	0% ¹	41.5%	0%	0%	11.8%
全年致電戒煙熱線總數 Total no. of calls for Quitline	4,335	15,000	13,800	20,571	13,262	13,079	13,203

註：1. 實施新措施：年滿18歲的入境旅客只能攜帶19支煙或一支雪茄入境作自用

Note: 1. Implementation of new measure: The quantity of tobacco products exempted from duty for passenger aged 18 or above was tightened to 19 cigarettes, or one cigar for personal use

向「全面禁煙」目標進發

2017年為香港控煙工作35周年及室內禁煙十周年，亦是委員會成立30周年，過去的控煙歷程取得驕人成果，全賴各方各界的努力。然而我們絕不能鬆懈，應該效法不少國家，向終極目標「全面禁煙」進發，訂下限期及時間表，並制定嶄新的控煙政策及措施。

委員會相信邁向無煙香港的路上必定荊棘滿途，充滿挑戰，包括煙草業的干預，以及電子煙及其他新煙草產品的冒起等，但為了保障公眾健康，必須迎難而上。香港要加快步伐，緊隨國際控煙趨勢，全方位加強控煙工作及制定長遠和全面的政策，包括全面禁止電子煙及其他新煙草產品、大幅增加煙草稅、擴大禁煙區、增撥資源加強教育及宣傳推廣、提升戒煙服務及執法等，並參考國際的成功經驗，例如推行「全煙害警示包裝」、禁止在銷售點展示煙草產品等。委員會期望與政府、社會各界及每一位市民同心協力，上下一心，令香港吸煙率於2027年之前降低至5%或以下，繼而啟動研究「全面禁煙」，保障大眾免受煙草危害，實現無煙香港的願景。

Prospect for a Tobacco Endgame

2017 marked the 35th anniversary of tobacco control, the decennial of the indoor smoking ban in Hong Kong and also the 30th anniversary of COSH. The impressive progress of tobacco control journey in Hong Kong over the past decades would not have been possible without the concerted efforts of various sectors of the community. We must continue to strengthen our force in curbing the tobacco epidemic with reference to many countries that have already set their Tobacco Endgame Plan with defined schedules and implementation of innovative tobacco control policies and measures.

COSH believes the journey towards a smoke-free Hong Kong must be tough and full of obstacles, including the interference of tobacco industry and the emergence of electronic cigarettes and other new tobacco products. To protect public health, we have to be ready to meet the challenges ahead. Hong Kong should follow the global trend in strengthening tobacco control work on all fronts and developing long-term and comprehensive policies, including total ban on electronic cigarettes and other new tobacco products, substantial increase in tobacco tax, extension of smoke-free areas, allocation of more resources on smoke-free education and publicity, enhancement on smoking cessation services and tightened enforcement. We should also follow the best practices around the world such as the implementation of plain packaging and the ban on the display of tobacco products at points of sale. COSH looks forward to working with the Government, as well as every sector and citizen of the community to protect the public from smoking hazards by achieving the Tobacco Endgame goal in Hong Kong by 2027 when the smoking rate in Hong Kong is dropped to 5% or below.

全力邁向 無煙香港


TOWARDS A
TOBACCO ENDGAME
IN HONG KONG







活動 Events

宣傳及社區推廣活動
Publicity & Community Involvement Projects 

教育及青少年活動
Education & Youth Programmes 

與傳播媒介之聯繫
Working with the Mass Media 

會議及考察
Conferences & Visits 

資訊及研究項目計劃
Information & Research Projects 

活動紀要 2017-2018

Highlights of Events 2017-2018

宣傳及社區推廣活動 Publicity and Community Involvement Projects



推廣活動 Publicity Projects

2017/5 – 2018/3	「無煙加油站」宣傳推廣計劃	“Smoke-free Support Station” Publicity Campaign
2017/5/23	倡議擴大煙草產品包裝上的煙害圖象警示	Advocacy on the Enlargement of Pictorial Health Warnings on the Packet of Tobacco Products
2017/5/28	世界無煙日啟動禮	Kick-off event of Smoke-free Publicity Programme for World No Tobacco Day
2017/6/20	第八屆「戒煙大贏家」無煙社區計劃啟動儀式	The 8 th “Quit to Win” Smoke-free Community Campaign Launch Ceremony
2017/10/2	全新宣傳短片「煙禍禍延下一代」	New API “Smoking Harms Your Children”
2017/10 – 2017/12	「精靈一點 無煙物語」節目	“Health Pedia” Smoke-free Promotion
2017/10 – 2018/2	「無煙飲食力量」計劃	“Smoke-free Catering Force” Programme
2017/11/30	「全力邁向無煙香港」記者會	“Towards a Tobacco Endgame in Hong Kong” Press Conference
2017/12/1	「香港控煙 35 周年」慶祝典禮	Reception for the 35 th Anniversary of Tobacco Control in Hong Kong
2018/1/29	全新宣傳短片「煙禍變種繼續害人」	New API “All Forms of Smoking and Vaping are Harmful”
2018/1 – 2018/2	倡議增加煙草稅	Advocacy on Raising Tobacco Tax
2018/2/2	「無煙飲食力量」頒獎禮	“Smoke-free Catering Force” Programme Awards Presentation Ceremony
2018/3/21	第八屆「戒煙大贏家」無煙社區計劃頒獎禮	The 8 th “Quit to Win” Smoke-free Community Campaign Awards Presentation Ceremony

社區聯繫及推廣 Community Involvement and Promotion

2017/4 – 2018/3	香港賽馬會無煙推廣活動	Smoke-free Promotion Campaign of The Hong Kong Jockey Club
2017/5/24	2017 葵涌醫院支持世界無煙日暨無煙漫畫創作比賽頒獎禮	2017 Kwai Chung Hospital Support for World No Tobacco Day cum Prize Presentation of Smoke-free Comics Competition
2017/6 – 2017/9	領展資產管理有限公司無煙推廣活動	Smoke-free Promotion Activities of Link Asset Management Limited
2017/6 – 2018/3	「無煙老友記」計劃 2017-2018	Elderly Smoking Cessation Promotion Project 2017-2018
2017/7/16	香港警務處「綜合體健康管理日 2017」	"Integrated Health Management Afternoon 2017" of the Hong Kong Police Force
2017/8/4 – 6	香港國際牙科博覽暨研討會 2017	The Hong Kong International Dental Expo and Symposium 2017
2017/9/9	荃灣安健社區日	Tsuen Wan Safe and Healthy Community Day
2017/10/26	「戒煙唔怕遲，由而家開始」活動	"It's never too late, act now and quit smoking" Publicity Event
2017/11/4	中華電力安全健康環保日 2017	CLPP Safety, Health & Environment (SHE) Day 2017
2017/11/4 – 5	2017/2018 年度中西區健康節	Central and Western District Health Festival 2017/2018
2017/11/11	戒煙及器官捐贈推廣活動	Promotion Activity on Smoking Cessation and Organ Donation
2018/3/18	香港新聲會「戊戌狗年春節嘉年華暨無喉者中心開放日」	"Open Day cum Spring Carnival" of the New Voice Club of Hong Kong
2018/3/22	仁愛堂共築健康新界西 2018 暨服務開展典禮	Yan Oi Tong New Territories West Health Festival 2018 cum Health Services Opening Ceremony
2018/3/24	樂在嘉福耆趣日 2018	Ka Fuk Fun Day 2018
2018/3/24	「油尖旺區中小學生作文及書面問答比賽」頒獎典禮	Award Presentation Ceremony of "Yau Tsim Mong Primary and Secondary School Students Writing and Quiz Competition"

教育及青少年活動 Education and Youth Programmes

青少年教育活動 Youth Education Programmes

2017/4 – 2018/3	「無煙新世代」健康教育講座	Health Talks for “Smoke-free New Generation”
2017/7 – 2018/3	「無煙Teens計劃」2017-2018	“Smoke-free Teens Programme” 2017-2018
2017/10 – 2018/3	學校互動教育巡迴劇場「健康爸爸在哪兒」	School Interactive Education Theatre “Where is Daddy”
2018/3/16	「無煙Teens計劃」2017-2018 頒獎禮暨分享會	“Smoke-free Teens Programme” 2017-2018 Award Presentation Ceremony

與學界及社區聯繫 Liaison with Academia and Community

2017/5/2, 11/7 &11/14	香港大學護理學院課程	HKU School of Nursing – Nursing Programmes
2017/5/31	金鐘扶輪社 — 控煙研討會	Rotary Club of Admiralty – Tobacco Control Seminar
2017/9/21	葵涌醫院控煙政策及戒煙干預研討會	Kwai Chung Hospital’s Seminar on Smoke-free Policy Implementation and Smoking Cessation Interventions
2017/9/23	香港大學青少年戒煙熱線 — 戒煙輔導員培訓課程	HKU Youth Quitline – Smoking Cessation Counselor Training Workshop

會議及考察 Conferences and Visits



會議 Conferences

2017/9/3 – 5	第九屆兩岸四地煙害防制交流研討會	The 9 th Cross-strait Conference on Tobacco Control
2017/10/23 – 27	控煙專才培訓計劃2017	Fellowship Programme on Tobacco Control 2017
2017/12/1	「全力邁向無煙香港」會議	“Towards a Tobacco Endgame in Hong Kong” Conference
2017/12/15	「無煙香港·有可能嗎？」座談會	“Making Hong Kong a Smoke-free City” Public Forum
2018/3/7 – 9	第17屆世界煙草或健康會議	The 17 th World Conference on Tobacco or Health

考察活動 Visits

2017/4/24	國際煙草控制政策評估項目學者	A scholar of International Tobacco Control Policy Evaluation Project
2017/5/12	馬來西亞學者	A scholar from Malaysia
2017/10/24	美國研究員	A researcher from the United States
2017/12/5	澳門政府預防及控制吸煙辦公室	Tobacco Prevention and Control Office, Macao SAR Government

宣傳及社區推廣活動

Publicity and Community Involvement Projects

推廣活動

Publicity Projects



「無煙加油站」宣傳推廣計劃

世界衛生組織(世衛)將「煙草 — 對發展的威脅」訂為2017年「世界無煙日」(5月31日)的主題，鼓勵各地政府加強控煙工作，同時推動大眾堅決不吸煙或戒煙，為實現可持續的無煙世界作出貢獻。委員會以「無煙加油站」為主題，舉辦一系列的宣傳活動，包括啟動禮、動員各界在全港不同地區設立「無煙加油站」、Facebook抽獎活動及街站推廣等，鼓勵市民承諾不吸煙，並為身邊的吸煙人士打氣，支持他們響應世界無煙日，立即戒煙，並一同加入「無煙大家庭」。

啟動禮

委員會聯同香港電台第一台於2017年5月28日假赤柱廣場舉行活動啟動禮「無煙加油站 — 精靈健康音樂領航」。活動的主禮嘉賓包括食物及衛生局副局長陳肇始教授、衛生署署長陳漢儀醫生、香港電台總監(電台)周國豐、香港大學公共衛生學院社會醫學講座教授暨羅旭龢基金教授(公共衛生學)林大慶教授、委員會主席鄭祖盛及副主席伍婉婷。



“Smoke-free Support Station” Publicity Campaign

World Health Organization (WHO) has designated “Tobacco - a threat to development” as the theme of World No Tobacco Day 2017 (31 May) with the aims to encourage the governments to step up tobacco control efforts and motivate individuals to contribute to making a sustainable smoke-free world either by committing to never taking up tobacco products or by quitting the habit. COSH launched a variety of activities with the theme of “Smoke-free Support Station”, including a kick-off event, “Smoke-free Support Station” set up across the territory, Facebook lucky draw and street promotion, in order to engage different sectors of the community in promoting a smoke-free lifestyle, as well as to mobilize the public to encourage their family members and friends to quit smoking and join the “Smoke-free Family”.

Kick-off event

COSH, in collaboration with Radio Television Hong Kong Radio 1, organized a kick-off event on 28 May 2017 at Stanley Plaza. Officiating guests included Prof Sophia CHAN, Under Secretary for Food and Health, Dr Constance CHAN, Director of Health, Brian CHOW, Controller (Radio), Radio Television Hong Kong, Prof LAM Tai-hing, Chair Professor of Community Medicine & Sir Robert Kotewall Professor in Public Health, School of Public Health, The University of Hong Kong, Antonio KWONG, COSH Chairman and Yolanda NG, COSH Vice-chairman.



一眾醫護界人士、病友及藝人亦攜手透過音樂表演及演唱，向逾200名觀眾宣揚無煙信息，為戒煙人士及無煙香港打氣，發放正面無煙力量。演出陣容包括防癌會傅惠霖醫生帶領的MediMuse樂隊、香港前列腺基金創辦人及主席黃國田醫生、患有先天性心臟病及脊髓神經受損的再生勇士鄧卓謙、由傷殘人士組成的iPad Band「毛管嘅」、由兩位癌症康復者組成的癌症資訊網樂隊、藝人方健儀、林奕匡、黃浩琳及Robynn & Kendy。

「無煙加油站」

為了加強市民對世界無煙日的關注，委員會獲得超過130間公司、非政府組織、醫院、戒煙服務機構及學校等響應，於2017年5月至6月期間在全港各區舉行不同的「無煙加油站」宣傳推廣活動，藉著他們的滲透力，共吸引了逾3,000名市民加入「無煙大家庭」及為戒煙人士寫下打氣留言，將無煙信息傳遞至全港每一角落。（「無煙加油站」名單見第154頁至第158頁。）

Healthcare professionals, patients and artists joined hands to promote the benefits of living a smoke-free lifestyle among 200 mass public through live music and singing performances. They also shared information on smoking hazards and called upon the mass public to show support to quitters and a smoke-free Hong Kong. Performers included “MediMuse”, band of Dr William FOO, Hong Kong Anti-Cancer Society, Dr Martin WONG, Founder & Chairman of Hong Kong Prostate Foundation, TANG Cheuk-him, Regeneration Warrior who suffered from congenital heart disease, iPad Band “Goosebumps” formed by the handicapped, and Band of Cancer Information comprised of two former cancer patients, artists Akina FONG, Phil LAM, Lillian WONG and Robynn & Kendy.

“Smoke-free Support Station”

To enhance public awareness on World No Tobacco Day, over 130 companies, non-governmental organizations, hospitals, smoking cessation service providers and schools supported and promoted the programme by setting up “Smoke-free Support Stations” across the territory during May to June 2017. Over 3,000 people joined the “Smoke-free Family” and wrote supportive messages for quitters. (Please refer to page 154 to 158 for the list of “Smoke-free Support Stations”.)



Facebook 抽獎活動

另一方面，委員會亦於2017年5月28日至6月18日期間舉行Facebook抽獎活動，鼓勵市民透過網上平台加入「無煙大家庭」，承諾不吸煙之餘，亦可於各「無煙加油站」打卡和寫下打氣留言，積極鼓勵身邊吸煙人士戒煙，並透過社交平台將無煙信息分享予家人朋友，一同享受無煙健康生活。

街站推廣

為推動更多市民攜手宣揚無煙文化，委員會於2017年5月及6月在港九新界進行了六場「無煙加油站」街站推廣，邀請逾400名市民即時加入「無煙大家庭」及為無煙香港打氣，並向吸煙人士派發宣傳品，鼓勵他們儘快戒煙。

活動網頁：www.smokefree.hk/smokefreefamily

Facebook Lucky Draw

Besides, a lucky draw promotion was held from 28 May to 18 June 2017 to urge the public to join the “Smoke-free Family”, check-in and post supportive messages at “Smoke-free Support Stations” via the online platform and social media to support their family and friends to quit smoking.

Street Promotion

Six sessions of “Smoke-free Support Station” street promotion activities were organized in May and June 2017 in different regions which invited more than 400 people to join the “Smoke-free Family” and show support to a smoke-free Hong Kong. Promotion collaterals were also distributed to smokers to encourage them to kick the habit as soon as possible.

Activity website: www.smokefree.hk/smokefreefamily



倡議擴大煙草產品包裝上的煙害圖象警示

政府早於2015年5月首次提交加強控煙措施的立法建議，包括將煙害圖象警示面積擴大至最少佔煙包兩個表面的85%，並將警示的款式數目由六個增加至十二個，同時加上戒煙熱線1833 183。委員會於2017年5月23日聯同其他市民及團體，出席立法會《2017年吸煙(公眾衛生)(公告)(修訂)令》小組委員會會議發表意見，促請政府及立法會如期落實相關煙草產品包裝之修訂。

委員會進行的調查及立法會舉行的三次公眾諮詢均顯示，大部分市民及團體對建議措施表示支持，而且來自社會各界，包括醫護專業、學術界、健康推廣組織、青少年服務團體、學校及學生、社區服務團體、婦女組織、教育組織、病人組織、工商界以及海外學者等。有關建議經兩年討論後，立法會最終通過修例，於2017年12月21日生效，之後的六個月為過渡期，即於2018年6月21日起全面實施。

Advocacy on the Enlargement of Pictorial Health Warnings on the Packet of Tobacco Products

The Government briefed the legislative proposals to strengthen tobacco control in May 2015, including enlarging the size of pictorial health warnings to at least 85% of the two largest surfaces of the packet, increasing the number of forms of health warning from six to twelve and adding the quitline 1833 183. COSH, together with other citizens and organizations, urged the Government and Legislative Council at the meeting of the Subcommittee on Smoking (Public Health) (Notices) (Amendment) Order 2017 of the Legislative Council on 23 May 2017 to implement the proposed measures as scheduled.

Results from survey conducted by COSH and three rounds of public consultations organized by the Legislative Council showed that majority of citizens and organizations supported the proposed measures, including healthcare professionals, academia, health promotion organizations, youth service groups, schools and students, community service groups, women associations, education organizations, patient groups, commercial sector and overseas scholars. After two years of discussion, the Legislative Council passed the amendment. The proposed measures finally came into operation on 21 December 2017, with a transitional period of six months, and was fully implemented on 21 June 2018.



第八屆「戒煙大贏家」無煙社區計劃



委員會自2009年起舉辦「戒煙大贏家」比賽，為吸煙人士提供一個戒煙診所以外的平台，鼓勵及協助他們戒煙，每年均成功招募逾千名市民參與，下定決心戒煙，重拾無煙健康生活。

為了加強推動吸煙人士戒煙的社會氛圍及提升大眾對控煙工作的關注，委員會自2012年開始推出「戒煙大贏家」無煙社區計劃，多年來得到18區區議會和地區合作夥伴的支持，每年舉辦「戒煙大贏家」比賽以及一連串具地區特色的無煙推廣活動。計劃同時結合媒體宣傳、戒煙輔導和科學研究等元素，加強推動戒煙的成效。

第八屆「戒煙大贏家」無煙社區計劃在全港舉辦超過100場招募及宣傳活動，並與香港賽馬會、領展資產管理有限公司、多個建造業及運輸業商會和組織攜手合作，於社區宣傳戒煙。

啟動儀式

計劃的啟動儀式於2017年6月20日假鑽石山荷里活廣場舉行，主禮嘉賓包括食物及衛生局副局長陳肇始教授、衛生署控煙辦公室主管李培文醫生、香港大學護理學院副教授李浩祥博士、委員會主席鄭祖盛及副主席伍婉婷。多位區議會及地區夥伴代表亦出席支持。

The 8th “Quit to Win” Smoke-free Community Campaign

COSH has been organizing the “Quit to Win” Contest since 2009 to provide an alternative platform to motivate and assist smokers in quitting smoking, in addition to cessation clinics. The Contest recruited over 1,000 smokers to kick the habit each year.

To further strengthen an atmosphere for smoking cessation in the community and enhance community involvement in tobacco control, COSH has launched “Quit to Win” Smoke-free Community Campaign with the continued support from the 18 District Councils and community organizations since 2012. The “Quit to Win” Contest and a series of district-based smoke-free promotion activities are organized to promote smoking cessation every year. The campaign also consists of media promotion, smoking cessation counseling and scientific research.

Under the 8th “Quit to Win” Smoke-free Community Campaign, over 100 recruitment and promotion activities were organized across the territory. The Campaign was also supported by the Hong Kong Jockey Club, Link Asset Management Limited, companies and trade associations from construction and transportation industry to further spread the smoke-free messages.

Launch Ceremony

The launch ceremony was held on 20 June 2017 at Plaza Hollywood in Diamond Hill. Officiating guests included Prof Sophia CHAN, Under Secretary for Food and Health, Dr Jeff LEE, Head of Tobacco Control Office, Department of Health, Dr William LI, Associate Professor, School of Nursing, The University of Hong Kong, Antonio KWONG, COSH Chairman and Yolanda NG, COSH Vice-chairman. Representatives of the District Councils and district working partners also attended the ceremony to show their support.



委員會邀請了第七屆「戒煙大贏家」冠軍林藝蕾於活動上分享其戒煙經歷。林先生的煙齡逾20年，為了改善自己及兒子的氣管毛病並希望多添一名孩子，故參加「戒煙大贏家」比賽。除了接受戒煙服務機構的專人輔導外，他亦透過自訂短期目標，循序漸進地戒除煙癮，最終獲得冠軍殊榮。林先生戒煙後，咳嗽問題得到改善，呼吸更暢順，家人也十分高興。香港大學護理學院副教授李浩祥博士亦向在場人士分享三大實用戒煙秘訣，包括定下戒煙日、爭取親友支持及分散注意力，有效加強戒煙者的決心。另外，藝人C AllStar及林欣彤則透過遊戲及分享，向現場觀眾介紹具創意的戒煙方法及打氣字句。啟動儀式當日亦即場招募吸煙者參加「戒煙大贏家」比賽。

無煙大使戒煙輔導訓練課程

委員會與香港大學護理學院及公共衛生學院於2017年6月14日及27日舉辦「無煙大使戒煙輔導訓練課程」，共85位來自地區夥伴機構的職員、義工及大學生參與，以提升他們對控煙工作及戒煙輔導的知識，並協助他們日後在區內舉辦招募及無煙宣傳活動。完成課程後，參加者均獲發證書以示嘉許。

The champion of the 7th “Quit to Win” Contest, LIN Ngai-lui shared his successful experience in the event. Mr Lin had smoked for more than 20 years and determined to kick the habit with the aims to refrain his son and himself from the respiratory problems, as well as to have another child. After joining the Contest, he received professional advice from smoking cessation counselor and set short-term goals to fight against the addiction step by step. Once he successfully quitted smoking, his coughing problem relieved, breathing improved which made his family members really happy. Dr William LI, Associate Professor, School of Nursing, The University of Hong Kong also empowered quitters with three practical tips, including setting a quit day, gathering support from family and friends and shifting attention away from smoking. Artists C AllStar and Mag LAM motivated smokers to get rid of cigarettes through games and sharing. Smokers were also recruited to join the “Quit to Win” Contest after the launch ceremony.

Smoking Cessation Counseling Training

COSH collaborated with the School of Nursing and School of Public Health of The University of Hong Kong to conduct two sessions of Smoking Cessation Counseling Training on 14 and 27 June 2017. A total of 85 staff and volunteers from district working partners and university students joined the training to enhance their tobacco control knowledge and smoking cessation skills for conducting recruitment sessions and smoke-free promotion. All participants were awarded with certificates after completing the training.

課程由香港大學公共衛生學院社會醫學講座教授暨羅旭龢基金教授(公共衛生學)林大慶教授、香港大學護理學院助理教授王文炳博士、委員會總幹事黎慧賢及項目籌劃高級經理朱偉康，以及資深戒煙輔導員陳弄年姑娘主講，過往「戒煙大贏家」比賽的得獎者亦獲邀出席分享其成功戒煙故事。課程以講座、小組討論及理論實踐的形式進行，內容包括「戒煙大贏家」計劃簡介、吸煙、二手煙及三手煙的禍害、戒煙輔導技巧及活動籌劃技巧等。

地區招募及無煙宣傳活動

委員會於2017年6月至9月期間，聯同地區合作夥伴於全港18區進行了接近70場招募及逾30場無煙宣傳活動，成功招募1,300多名吸煙人士參加戒煙比賽，並將無煙信息傳遞予逾45,000名市民。超過400名地區合作夥伴的職員及義工協助於區內舉辦不同類型的無煙宣傳活動，如健康講座、社區宣傳、嘉年華會、繪畫比賽、標語創作比賽及無煙工作坊等，增加市民對「戒煙大贏家」比賽及控煙議題的關注。

Speakers included Prof LAM Tai-hing, Chair Professor of Community Medicine & Sir Robert Kotewall Professor in Public Health, School of Public Health, The University of Hong Kong, Dr WANG Man-ping, Assistant Professor, School of Nursing, The University of Hong Kong, Vienna LAI, COSH Executive Director, Lawrence CHU, COSH Senior Project Manager and Anita CHAN, an experienced smoking cessation counselor. Winners of previous “Quit to Win” Contests were also invited to share their successful quit stories. Through seminar, group discussion, role play and case studies, details of “Quit to Win” Smoke-free Community Campaign, hazards of smoking, secondhand and third-hand smoke, smoking cessation counseling skills and project management skills were shared.



District Recruitment and Smoke-free Promotion Activities

COSH and the district working partners organized about 70 recruitment sessions and more than 30 smoke-free promotion activities in 18 districts from June to September 2017. Over 1,300 smokers were recruited to join the cessation contest and smoke-free messages were disseminated to some 45,000 members of public. Around 400 staff and volunteers of the district working partners assisted in organizing different smoke-free promotion activities, including health talks, community promotion, carnivals, drawing competitions, slogan competitions and smoke-free workshops across the territory to increase public awareness on the “Quit to Win” Contest and tobacco control.

地區合作夥伴
District Working Partners

中西區 Central & Western	中西區圓玄軒婦女中心 Yuen Yuen V-Learn Women Centre 中西區區議會健康城市督導委員會 Steering Committee on Healthy City in the Central and Western District
離島 Islands	離島婦聯有限公司 Hong Kong Outlying Islands Women's Association Limited
九龍城 Kowloon City	九龍樂善堂 The Lok Sin Tong Benevolent Society, Kowloon
葵青 Kwai Tsing	葵青安全社區及健康城市協會 Kwai Tsing Safe Community and Healthy City Association
觀塘 Kwun Tong	宏施慈善基金社會服務處 Windshield Charitable Foundation Social Services 觀塘健康城市督導委員會 Kwun Tong Healthy City Steering Committee
北區 North	圓玄學院粉嶺社會服務中心 The Yuen Yuen Institute – Fanling Social Service Centre
深水埗 Sham Shui Po	宏施慈善基金深水埗社會服務處 Windshield Charitable Foundation Sham Shui Po Social Services
南區 Southern	南區健康安全協會有限公司 Southern District Healthy and Safe Association Limited 香港南區婦女會 Hong Kong Southern District Women's Association
大埔 Tai Po	大埔區婦女聯會 Tai Po District Federation of Women
荃灣 Tsuen Wan	荃灣安全健康社區督導委員會 Tsuen Wan Safe and Healthy Community Steering Committee
屯門 Tuen Mun	基督復臨安息日會山景綜合青少年服務中心 Shan King Integrated Children and Youth Services Centre of Seventh-day Adventists
黃大仙 Wong Tai Sin	黃大仙區健康安全城市 Wong Tai Sin District Healthy and Safe City 聖母醫院 Our Lady of Maryknoll Hospital
元朗 Yuen Long	天水圍婦聯有限公司 Tin Shui Wai Women Association Limited



「戒煙大贏家」地區招募及無煙宣傳活動

“Quit to Win” District Recruitment and Smoke-free Promotion Activities

日期 Date	地區 District	地點 Venue
2017/6/18	九龍城 Kowloon City	何文田廣場 Homantin Plaza
2017/6/25	元朗 Yuen Long	天瑞商場 Tin Shui Shopping Centre
2017/6/29 - 30	西貢 Sai Kung	新都城中心一期 Metro City Plaza I
2017/7/2	東區 Eastern	愛東商場 Oi Tung Shopping Centre
2017/7/2	北區 North	彩園商場 Choi Yuen Plaza
2017/7/6 & 9/10	深水埗 Sham Shui Po	元州邨 Un Chau Estate
2017/7/8	黃大仙 Wong Tai Sin	慈雲山中心 Tsz Wan Shan Shopping Centre
2017/7/9	離島 Islands	裕東苑 Yu Tung Court
2017/7/9	大埔 Tai Po	大明里廣場 Tai Ming Lane Square
2017/7/12	南區 Southern	香港仔海濱公園 Aberdeen Promenade
2017/7/15	觀塘 Kwun Tong	觀塘廣場 Kwun Tong Plaza
2017/7/15 & 9/10	中西區 Central & Western	中環戲院里 Theatre Lane, Central
2017/7/16	荃灣 Tsuen Wan	大窩口街市 Tai Wo Hau Market
2017/7/16 & 8/6	油尖旺 Yau Tsim Mong	尖沙咀海防道 Haiphong Road, Tsim Sha Tsui
2017/7/18	元朗 Yuen Long	天澤商場 Tin Chak Shopping Centre
2017/7/21 - 22	沙田 Sha Tin	馬鞍山廣場 Ma On Shan Plaza
2017/7/22	深水埗 Sham Shui Po	富昌商場 Fu Cheong Shopping Centre
2017/7/26	觀塘 Kwun Tong	建造業議會九龍灣訓練中心 CIC Kowloon Bay Training Centre

2017/7/29	東區 Eastern	柴灣吉勝街 Kut Shing Street, Chai Wan
2017/7/29	南區 Southern	香港仔成都道 Chengtu Road, Aberdeen
2017/7/29	黃大仙 Wong Tai Sin	樂富街市 Lok Fu Market
2017/7/30	沙田 Sha Tin	沙角商場 Sha Kok Commercial Centre
2017/8/5 & 9/16	九龍城 Kowloon City	愛民廣場 Oi Man Plaza
2017/8/6	西貢 Sai Kung	尚德廣場 Sheung Tak Plaza
2017/8/11	觀塘 Kwun Tong	香港賽馬會九龍灣德福大廈投注站 HKJC Kowloon Bay Telford Off-course Betting Branch
2017/8/12	元朗 Yuen Long	朗屏街市 Long Ping Market
2017/8/13	葵青 Kwai Tsing	梨木樹商場 Lei Muk Shue Shopping Centre
2017/8/13	屯門 Tuen Mun	富泰商場 Fu Tai Shopping Centre
2017/8/13	油尖旺 Yau Tsim Mong	海富商場 Hoi Fu Shopping Centre
2017/8/17	觀塘 Kwun Tong	德寶商場 TBG Mall
2017/8/17	灣仔 Wan Chai	銅鑼灣羅素街 Russell Street, Causeway Bay
2017/8/19	大埔 Tai Po	大元街市 Tai Yuen Market
2017/8/19 & 9/9	葵青 Kwai Tsing	葵涌廣場 Kwai Chung Plaza
2017/8/20	觀塘 Kwun Tong	大本型 Domain Mall
2017/8/20	屯門 Tuen Mun	H.A.N.D.S
2017/8/25	中西區 Central & Western	香港賽馬會上環德輔道西投注站 HKJC Sheung Wan Des Voeux Road West Off-course Betting Branch
2017/8/26	南區 Southern	鴨脷洲邨 Ap Lei Chau Estate
2017/8/26	元朗 Yuen Long	置富嘉湖 Fortune Kingswood

2017/8/26 & 9/10	大埔 Tai Po	太和街市 Tai Wo Market
2017/8/28	北區 North	香港賽馬會粉嶺名都投注站 HKJC Fanling Town Centre Off-course Betting Branch
2017/9/2	灣仔 Wan Chai	銅鑼灣記利佐治街 Great George Street, Causeway Bay
2017/9/2	黃大仙 Wong Tai Sin	慈雲山社區會堂 Tsz Wan Shan Community Hall
2017/9/3	沙田 Sha Tin	置富第一城 Fortune City One
2017/9/3	深水埗 Sham Shui Po	麗閣商場 Lai Kok Shopping Centre
2017/9/9	西貢 Sai Kung	厚德街市 Hau Tak Market
2017/9/9	大埔 Tai Po	大元邨 Tai Yuen Estate
2017/9/9	荃灣 Tsuen Wan	愉景新城 D·Park
2017/9/10	九龍城 Kowloon City	九龍城廣場 Kowloon City Plaza
2017/9/13	中西區 Central & Western	石塘咀街市 Shek Tong Tsui Market
2017/9/15 - 17	北區 North	上水中心購物商場 Sheung Shui Centre Shopping Arcade
2017/9/16	觀塘 Kwun Tong	坪石邨 Ping Shek Estate
2017/9/16	元朗 Yuen Long	天晴邨社區會堂 Tin Ching Community Hall
2017/9/17	離島 Islands	愉景廣場 DB Plaza
2017/9/17	荃灣 Tsuen Wan	賽馬會德華公園 Jockey Club Tak Wah Park
2017/9/21	北區 North	粉嶺港鐵站 Fanling MTR Station
2017/9/24	屯門 Tuen Mun	良景商場 Leung King Plaza
2017/9/24	油尖旺 Yau Tsim Mong	旺角中心 Argyle Centre
2017/9/30	葵青 Kwai Tsing	青衣海濱公園 Tsing Yi Promenade

「戒煙大贏家」比賽

「戒煙大贏家」比賽透過豐富獎品鼓勵吸煙人士踏出戒煙第一步。參賽者於招募現場即場接受戒煙輔導員的初步吸煙狀況評估及簡短的戒煙輔導，並由香港大學護理學院及公共衛生學院已受訓的戒煙輔導員於一個月、兩個月、三個月及六個月以電話形式跟進他們的戒煙情況，提供輔導和建議，同時亦會按他們的意願轉介至戒煙服務機構。在三個月跟進時，自我報告成功戒煙的參賽者會獲邀參與戒煙核實測試，成功通過者可參加大抽獎或經甄選面試，贏取豐富獎品。

另外，香港大學護理學院及公共衛生學院於比賽期間進行科學研究，收集數據檢討戒煙輔導及計劃的整體成效。根據初步結果，三個月及六個月跟進的自我報告成功戒煙率分別為 14.4% 及 16.6%。

頒獎禮

委員會於 2018 年 3 月 21 日舉行第八屆「戒煙大贏家」無煙社區計劃頒獎禮，以嘉許比賽的優勝者及答謝 18 區區議會、地區夥伴及各機構的支持。頒獎嘉賓包括食物及衛生局副局長徐德義醫生、衛生署助理署長(特別衛生事務)陳少梅醫生、香港大學公共衛生學院社會醫學講座教授暨羅旭龢基金教授(公共衛生學)林大慶教授、委員會主席鄭祖盛、副主席伍婉婷及總幹事黎慧賢。

比賽的得獎者獲邀於頒獎禮上分享他們勵志的成功戒煙故事。一眾嘉賓、成功戒煙人士、藝人岑麗香及楊潮凱亦到場支持活動，以遊戲及表演提醒市民吸煙的禍害及戒煙的好處等。

“Quit to Win” Contest

The “Quit to Win” Contest encourages smokers to quit smoking through prizes. Eligible participants received smoking status assessment and brief smoking cessation counseling by counselors during the recruitment sessions. The smoking cessation counselors from the School of Nursing and School of Public Health of The University of Hong Kong followed up the quit status of the participants and provided advice and assistance by telephone interview at one month, two months, three months and six months after enrolment. They were also referred to their preferred smoking cessation service providers. Participants who quitted successfully were invited to undertake a biochemical validation at the 3-month follow-up. Validated participants were eligible to join the lucky draw or to be selected for an interview to win fabulous prizes.

Besides, the School of Nursing and School of Public Health of The University of Hong Kong conducted a research study to evaluate the effectiveness of specific smoking cessation intervention as well as the campaign. According to the preliminary results, the self-reported quit rate was 14.4% and 16.6% at 3-month and 6-month follow-up respectively.

Prize Presentation Ceremony

A prize presentation ceremony was held on 21 March 2018 to award the winners of the 8th “Quit to Win” Contest and commend the 18 District Councils, district working partners and various organizations for their tremendous support to the Campaign. Honourable guests included Dr TSUI Tak-yi, Under Secretary for Food and Health, Dr Tina CHAN, Assistant Director of Health (Special Health Services), Prof LAM Tai-hing, Chair Professor of Community Medicine & Sir Robert Kotewall Professor in Public Health, School of Public Health, The University of Hong Kong, Antonio KWONG, COSH Chairman, Yolanda NG, COSH Vice-chairman and Vienna LAI, COSH Executive Director.

Winners were invited to share their successful quit stories at the ceremony. Other guests, quitters, as well as artists Eliza SAM and YEUNG Chiu-hoi also joined the ceremony to explain the harms of smoking and promote the benefits of quitting through interactive game and performance.



第八屆「戒煙大贏家」比賽得獎者：

冠軍得主鄭偉昌在18歲時受朋輩影響開始吸煙，已有20年煙齡。鄭先生今次戒煙主要是為了家人，他時常見到一些老婆婆照顧老公公的情景，擔心吸煙令健康變差，自己日後會成為太太的負擔。因此，鄭先生為了年老後有健康的體魄照顧妻子，以及令子女不用再受二手煙及三手煙的影響，他決心戒煙。由2013年起，鄭先生用減煙及延遲吸煙的方法，由戒掉起床後的第一支煙開始，逐步減少吸煙的數量。2017年8月，鄭先生在街上看到「戒煙大贏家」的宣傳街站，因而參加比賽並最終成功戒掉煙癮。在比賽期間，他嘗試使用針灸戒煙服務，有助舒緩壓力、煩惱及心癮等。另外，他認為戒煙輔導員的電話跟進很仔細及貼心，能提供戒煙動力。成功戒煙後，鄭先生覺得自己的意志力變得更強、感覺更健康、心肺功能亦有改善，踏單車的速度比以前更快之餘，家人也為他成功戒煙感到高興。

Winners of the 8th “Quit to Win” Contest:

The Champion, CHENG Wai-cheong, steeled his resolve to quit smoking once and for all because of his care for family. He had smoked for 20 years since he was 18. He often came across elder females looking after the males. To refrain from being a burden to his wife when he got old, he decided to quit smoking for a healthy body to take care of his wife in the future and let his children to be free from harms of secondhand and third-hand smoke. Since 2013, Mr Cheng has quitted the first cigarette after waking up and gradually reduced the number of cigarettes he smoked. However, he had not kicked the habit completely until he joined the “Quit to Win” Contest in August 2017 and received acupuncture service. He also credited the meticulous follow-up calls by the smoking cessation counselors that effectively motivated him to quit smoking. His family were thrilled about his successful quitting. He could cycle faster than before as his lung function improved.

亞軍得主林嘉傑是一名消防員，煙齡約26年，當初開始吸煙是受同學影響。林先生雖然曾經嘗試戒煙，但因抵受不住誘惑而失敗。及後，林先生在一次救援行動中，經多番努力才成功拯救一位昏迷的老人。林先生後來發現那位老人亦有吸煙的習慣，頓時有很大的感觸，想到「生存」原來可以變得這麼艱難，反思自己實在不應吸煙，傷害身體。那次經歷令林先生再度燃起戒煙的念頭。他透過網上搜尋得知「戒煙大贏家」比賽，於是報名參加，以增加戒煙的決心。他在戒煙時遇到最大的困難是心癮，特別是身邊的同事及朋友在應酬聚會中經常吸煙。但他不想半途而廢，於是堅決拒絕別人的誘惑，更成功鼓勵一位同事戒煙。戒煙後，林先生認為自己的形象得以改善，在會議時不會有三手煙的氣味及口氣影響他人，而且平日進行體能訓練時感到呼吸比以前更暢順。

季軍得主余佳由大學一年級開始吸煙，煙齡約30年。為了不讓身邊的人知道他吸煙，他吸煙時會戴上手套，並會用各種方法去除煙味。他曾經在家人要求下兩度嘗試戒煙，但卻因工作及家庭壓力而失敗。余先生在2017年9月參加了「戒煙大贏家」比賽，與前兩次不一樣，是次戒煙是出於自願。參加比賽後，他利用逐步減煙的方法，在約一個星期後成功戒煙。余先生是次戒煙更得到全家人的鼓勵和支持，與他一起訂下目標戒除不良習慣，包括太太戒喝奶茶、女兒減少上網觀看劇集、兒子減少打遊戲機，並於家中張貼進度表，互相監察和支持。家人喜見余先生成功戒煙，每當在街上看見別人吸煙時，都會讚揚他。

計劃網頁：www.quittowin.hk

Facebook專頁：www.facebook.com/quittowinhk

First runner-up LAM Ka-kit is a fireman. He lit up his first cigarette under peer influence at secondary school 26 years ago. He tried to kick the habit before but failed as he could not resist the temptation. Later, he rescued an old man who was a smoker in an operation with several rounds of cardiopulmonary resuscitation. He realized that when “survival” could be such a challenge, he should not smoke and ruin his health. He made up his mind for cessation and joined the Contest to strengthen his determination. He faced lots of temptation as some of his friends and colleagues smoked in their gatherings frequently. His strong will enabled him to decline the cigarettes offered by others and he also successfully motivated one of his colleagues to kick the habit. After quitting, Mr Lam found a better image for himself and breathing became smoother during physical training.

Second runner-up Davis YUE had smoked for nearly 30 years since his freshman year at the university. He put on gloves when he smoked and used different means to remove the smell of cigarettes to hide his smoking habit. He tried to wean himself off tobacco twice as requested by his family but relapsed due to pressure from work and family issue. He took the initiative to give up smoking this time and gradually reduced the consumption which facilitated him to successfully kick the habit one week after signing up for the Contest in September 2017. Mutual support in Mr Yue’s family was the key to his success. All of his family members set goals to quit their bad habits respectively. For example, his wife stopped drinking milk tea, his daughter watched less drama series online, while his son spent less time playing online games. They encouraged each other by setting and monitoring the progress schedule. Mr Yue’s family were so glad that he successfully ditched smoking and complimented him whenever they encountered other smokers.

Campaign website: www.quittowin.hk

Facebook page: www.facebook.com/quittowinhk



無煙宣傳片「煙禍禍延下一代」及「煙禍變種繼續害人」

委員會近年製作多輯宣傳短片，希望提高市民對煙草禍害的認識及推動戒煙，深受大眾歡迎。委員會兩輯最新的宣傳短片均以「煙禍」為主題，於2017年10月推出的宣傳片「煙禍禍延下一代」，鼓勵吸煙人士為自己及身邊人儘早戒煙，保護下一代免受二手煙危害，並以身作則，預防他們吸食第一口煙，同時鼓勵市民支持身邊家人、朋友投入無煙生活，共建清新香港。

另一宣傳片「煙禍變種繼續害人」亦於2018年1月推出，讓市民大眾明白任何形式的煙草產品及電子煙均會損害健康，推動吸煙人士早日徹底戒除煙癮，以及提醒非吸煙人士不要因好奇而嘗試第一口煙或電子煙。

New APIs “Smoking Harms Your Children” and “All Forms of Smoking and Vaping are Harmful”

In recent years, COSH produced a series of Announcements in the Public Interest (APIs) to publicize tobacco hazards and smoking cessation which were well received by the public. Two new APIs under the theme of “Tobacco Harm” were produced. API titled “Smoking Harms Your Children” was launched in October 2017 to explain the hazards of smoking and encourage smokers to protect the next generation from secondhand smoke and prevent them from picking up the smoking habit by being a smoke-free role model and quitting smoking. The API also urged the public to support their family and friends to build a healthy lifestyle and strive for a smoke-free Hong Kong.

Another API titled “All Forms of Smoking and Vaping are Harmful” was launched in January 2018 aiming to alert the public about the harmfulness of all forms of smoking and vaping, urge smokers to quit smoking completely as soon as possible; and remind non-smokers not to try any forms of tobacco products nor e-cigarettes.



「精靈一點 無煙物語」節目

2017年是香港控煙35周年，為回顧過去的控煙重要里程碑及前瞻未來的發展，委員會聯同香港電台第一台於2017年10月至12月期間，特別製作了十集《精靈一點 無煙物語》短片，每集邀請不同領域的嘉賓，分享他們對無煙生活及控煙工作的觀點與看法，希望將無煙文化傳播到社會每一角落，全力邁向無煙香港。

十位嘉賓包括食物及衛生局局長陳肇始教授、香港大學公共衛生學院社會醫學講座教授暨羅旭龢基金教授(公共衛生學)林大慶教授、委員會主席鄭祖盛、衛生署控煙辦公室高級控煙督察黎詠文、極地馬拉松選手盧俊賢、喉癌康復者韓文貴、成功戒煙的資深傳媒人倪秉郎、歌手張武孝及音樂人雷頌德、以及無煙藝人梁釗峰(C AllStar成員)。短片於香港電台第一台及電視31台的節目《精靈一點》內同步播出，供市民收聽及觀看。

“Health Pedia” Smoke-free Promotion

COSH is committed to promoting smoke-free messages to all walks of life for a smoke-free Hong Kong, as well as advancing tobacco control work. 2017 marked the 35th anniversary of tobacco control in Hong Kong, COSH collaborated with Radio 1 of Radio Television Hong Kong (RTHK) to produce ten episodes of interviews from October to December 2017 with members of different sectors to review the accomplishments in tobacco control and prepare for the challenges ahead, as well as share their views on living a smoke-free lifestyle.

The guests of the ten episodes included Prof Sophia CHAN, Secretary for Food and Health, Prof LAM Tai-hing, Chair Professor of Community Medicine & Sir Robert Kotewall Professor in Public Health, School of Public Health, The University of Hong Kong, Antonio KWONG, COSH Chairman, LAI Wing-man, Senior Tobacco Control Inspector of Tobacco Control Office, Department of Health, Steve LO, Extreme Marathon runner, HON Man-guai, Survivor of laryngeal cancer, successful quitters Simon NGAI, senior DJ, Albert CHEUNG, singer and Mark LUI, musician and smoke-free artist Andy LEUNG (member of C AllStar). The ten episodes were broadcasted on Radio 1 and TV 31 of RTHK during the programme “Health Pedia”.



「無煙飲食力量」計劃



香港有超過 24 萬名飲食業從業員，根據職業安全健康局的職業安全健康狀況調查，有約半數 (48.5%) 的中式酒樓廚師員工及近三成 (28.1%) 的樓面員工有吸煙習慣。為了保障飲食業員工及公眾健康，委員會於 2017 年 10 月推出「無煙飲食力量」計劃，並獲多個業界組織支持，以及由戒煙服務機構提供協助。計劃透過為業界設立「星級無煙食肆」認證及鼓勵公眾參與「無煙有食神挑戰菜」食譜創作比賽，加強飲食業推廣無煙飲食文化，以提升業界的健康、職業安全及專業形象，並藉著分享美食滋味，推動更多吸煙人士戒煙。

「星級無煙食肆」

計劃吸引近 100 間食肆及飲食業公司加入成為「星級無煙食肆」，當中包括飲食集團、快餐店、茶餐廳、健康食品連鎖店、卡拉 OK 集團、甜品店、小食店及酒吧等，受惠員工人數超過 12,700 人。為鼓勵業界積極推行無煙措施，委員會特設「特選星級無煙食肆」及「特選無煙戶外食肆」獎項，評審團於 2018 年 1 月 18 日進行會議，最後選出六間食肆及飲食業公司獲頒「特選星級無煙食肆」及一間食肆獲頒「特選無煙戶外食肆」，以嘉許其推動無煙文化的傑出表現，為業界樹立榜樣。（「星級無煙食肆」名單見第 159 至第 161 頁。）

Smoke-free Catering Force Programme

The catering industry in Hong Kong has over 240,000 labour force. According to the Survey conducted by the Occupational Safety and Health Council on the occupational safety and health conditions in Chinese restaurants, nearly half (48.5%) of kitchen staff and 28.1% of floor staff smoked regularly. To protect the health of catering employees and the public, COSH, with full support of various industry associations and smoking cessation service partners, launched the “Smoke-free Catering Force” programme in October 2017. Activities included a certificate of “Premier Smoke-free Restaurant” for catering industry to boost their participation in promoting smoke-free culture, so as to improve health, enhance occupational safety level and bring positive impacts on image of the catering industry. The “Smoke-free Cooking Contest” was also held to encourage the general public to support smokers to kick the habit through sharing healthy meals.

Premier Smoke-free Restaurant

Around 100 restaurants and catering companies joined as “Premier Smoke-free Restaurant”, including catering groups, fast food restaurants, Cha Chaan Teng, healthy food chain, karaoke, dessert shops, snack shops and pubs, benefiting over 12,700 employees. To motivate the industry to implement smoke-free measures, COSH introduced “Top Premier Smoke-free Restaurant” and “Top Premier Smoke-free Outdoor Restaurant” awards. The judging meeting was held on 18 January 2018 and concluded six restaurants and catering companies receiving the “Top Premier Smoke-free Restaurant” and one restaurant receiving the “Top Premier Smoke-free Outdoor Restaurant”. (Please refer to page 159 to 161 for the list of “Premier Smoke-free Restaurant”.)





「無煙有食神挑戰菜」

委員會聯同香港商業電台於2017年10月至12月期間合辦「無煙有食神挑戰菜」，邀請公眾分享一道成本約一包捲煙價錢（約港幣60元）的美食佳餚，以宣揚無煙信息及支持身邊的吸煙人士戒煙。藝人阮小儀及無煙飲食達人楊尚友亦為比賽拍攝短片，示範「無煙好煮意」，鼓勵市民以烹飪減壓，幫助戒煙。

比賽共收到超過60份創意及營養價值兼備的食譜作品，亦吸引逾1,400位市民透過社交媒體參與投票，支持「食煙不如食好餸」。而阮小儀亦與冠軍得主一同到街頭邀請市民試食得獎煮意「無油無煙蔬果福袋」，分享無煙生活的重要性，得到不少正面迴響。

「無煙有食神挑戰菜」得獎名單：

Winners of the "Smoke-free Cooking Contest":



冠軍：「無油無煙」蔬果福袋
Champion: Smoke-free Lucky Bag
得獎者 Winner: Ashley CHAN



亞軍：無煙養生家庭餐
1st Runner-up: Smoke-free Healthy Set
得獎者 Winner: Rainbow WONG



季軍：無煙笑哈哈
2nd Runner-up: Smoke-free Happy Dish
得獎者 Winner: Irene HUI



Smoke-free Cooking Contest

Collaborating with Hong Kong Commercial Broadcasting Co.,Ltd., the "Smoke-free Cooking Contest" was organized to invite the mass public to share menus with the cost of a pack of cigarettes (around HK\$60) which could spread smoke-free messages and support smokers to kick the habit from October to December 2017. Artist Kitty YUEN and Smoke-free Catering Ambassador Christian YANG promoted the contest via cooking demonstration videos to encourage citizens to relieve stress and help smokers kick the habit through cooking.

Over 60 creative and healthy menus were received and more than 1,400 citizens voted for their favourite menus through social media. Kitty YUEN and the Champion of the cooking contest demonstrated the winning dish and invited the mass public to taste, as well as promoted the importance of living a smoke-free lifestyle.



頒獎禮

委員會於2018年2月2日假將軍澳新都城中心二期舉行「無煙飲食力量」頒獎禮，以表揚一眾實施無煙措施的「星級無煙食肆」及嘉許「無煙有食神挑戰菜」的得獎者。主禮嘉賓包括衛生署控煙辦公室主管李培文醫生、委員會主席鄭祖盛及副主席伍婉婷。

得獎的「星級無煙食肆」推行各具特色及多元化的措施，包括與戒煙員工簽署戒煙約章、推出員工戒煙獎勵計劃、提供戒煙轉介、於「健康無煙日」向員工派發水果、邀請成功戒煙的管理層分享戒煙心得及於社交平台分享無煙信息等，以凝聚員工、業界及市民大眾的力量，共同營造支持無煙飲食文化的氛圍。其中獲選為「特選無煙戶外食肆」的餐廳更自發於戶外用餐位置全面禁煙，以保障食客及員工免受二手煙及三手煙的影響，為業界樹立榜樣。

香港大學公共衛生學院社會醫學講座教授暨羅旭龢基金教授(公共衛生學)林大慶教授於頒獎禮中向飲食業界講解戒煙好處及對抗煙癮的貼士。藝人林奕匡、JW(王灝兒)及葉巧琳則透過遊戲，鼓勵市民以美食佳餚發放「無煙飲食力量」，幫助身邊的吸煙人士戒除煙癮。另外，無煙飲食達人楊尚友及成功戒煙的廚師盧沛華亦分享吸煙對飲食業從業員的影響，鼓勵大家重投無煙健康生活。

計劃網頁：www.smokefree.hk/catering

Awards Presentation Ceremony

The awards presentation ceremony was held on 2 February 2018 at Metro City Plaza II in Tseung Kwan O to recognize the “Premier Smoke-free Restaurants” with outstanding smoke-free policies implemented and winners of the cooking contest. The ceremony was officiated by Dr Jeff LEE, Head of Tobacco Control Office, Department of Health, Antonio KWONG, COSH Chairman and Yolanda NG, COSH Vice-chairman.

A wide variety of smoke-free measures were adopted by the “Premier Smoke-free Restaurants” to effectively unite the employees, industry and the general public to create a supportive atmosphere for smoke-free catering culture, eg smoke-free charter for staff who are committed to quitting smoking, smoking cessation reward scheme, smoking cessation service referral, free fruits on “healthy smoke-free day”, sharing of quit tips by successful quitters and smoke-free promotion through social media. Also, a café, which was recognized as “Top Premier Smoke-free Outdoor Restaurant” introduced smoking ban at outdoor seating areas voluntarily to protect the customers and staff from the hazards of secondhand and third-hand smoke.

Prof LAM Tai-hing, Chair Professor of Community Medicine & Sir Robert Kotewall Professor in Public Health, School of Public Health, The University of Hong Kong shared the benefits and tips on kicking the smoking habit. Artist Phil LAM, Joey WONG and Mischa IP called on the general public to motivate their family and friends to quit smoking through games while Smoke-free Ambassador Christian YANG and successful quitter LO Pui-wah explained the smoking hazards and urged the chefs to get rid of cigarettes and adopt a smoke-free lifestyle.

Programme website: www.smokefree.hk/catering

「全力邁向無煙香港」記者會

委員會於2017年11月30日召開記者會，促請政府增加煙草稅100%，並制定長遠及全面的控煙政策，緊隨國際控煙趨勢，以令香港的吸煙率進一步降低至單位數字，朝著終極目標「全面禁煙」進發，保障市民健康。記者會的講者包括亞洲反吸煙諮詢所總監及世界衛生組織資深政策顧問麥龍詩迪教授、南非開普敦大學經濟學院教授羅夏麗博士、美國哈佛醫學院兒科教授 Jonathan WINICKOFF 教授、澳洲維多利亞省癌症協會控煙政策經理 Kylie LINDORFF、香港大學公共衛生學院社會醫學講座教授暨羅旭龢基金教授(公共衛生學)林大慶教授，以及委員會主席鄭祖盛。

鄭祖盛表示，「不少國家已就全面禁煙訂下限期及時間表，並制定嶄新的控煙政策及措施，朝著目標進發。委員會倡議政府大幅增加煙草稅百分之一百，使吸煙率儘快於短期內下降至單位數字，並制定長遠及多管齊下的控煙政策，令吸煙率於2027年下降至5%或以下，繼而啟動全面禁煙，實現無煙香港的願景。」

「全面禁煙」的最後階段目標為在宣佈的日期之前吸煙率降低至5%或以下。多國政府陸續公佈「全面禁煙」目標及訂下限期，包括新西蘭及愛爾蘭(2025年)、加拿大(2035年)及馬來西亞(2045年)等。



“Towards a Tobacco Endgame in Hong Kong” Press Conference

To protect public health, COSH hosted a press conference on 30 November 2017 to urge the Government to raise the tobacco tax by 100% and follow the global trend in developing long-term and comprehensive tobacco control policies to further lower the smoking prevalence. Speakers included Prof Judith MACKAY, Director, Asian Consultancy on Tobacco Control and Senior Policy Advisor, World Health Organization, Dr Hana ROSS, Professor of School of Economics of University of Cape Town, South Africa, Prof Jonathan WINICKOFF, Professor of Pediatrics of Harvard Medical School, USA, Kylie LINDORFF, Manager of Tobacco Control Policy of Cancer Council Victoria, Australia, Prof LAM Tai-hing, Chair Professor of Community Medicine & Sir Robert Kotewall Professor in Public Health, School of Public Health, The University of Hong Kong and Antonio KWONG, COSH Chairman.

Antonio KWONG remarked, “Many countries have already set their Tobacco Endgame Plan with defined schedules and implemented innovative tobacco control policies and measures to achieve the goal. COSH advocates the Government for increasing the tobacco tax by 100% to reduce the smoking prevalence in Hong Kong to a single digit percentage as soon as possible. Long-term and multi-pronged tobacco control policies should also be developed to further lower the smoking prevalence to 5% or below and achieve the Tobacco Endgame goal in 2027.”

Tobacco Endgame Plan refers to the smoking prevalence rate of 5% or below by an announced date. Many governments in different countries have set their goals with announced dates including New Zealand and Ireland (2025), Canada (2035) and Malaysia (2045).

大幅增加煙草稅在多個國家及地區(包括香港)均證實是最有效減低煙草使用的單一措施，可以鼓勵更多吸煙人士戒煙，以及預防兒童及青少年開始吸煙。香港2017年主要品牌的捲煙零售價格(每包約港幣57元)遠低於其他已發展地區，煙草稅只佔零售價格的67%，未達世界衛生組織建議的75%。而其他國家更制定長遠政策持續增加煙草稅，以保持價格對減低煙草需求的作用。

另外，根據委員會委託香港大學公共衛生學院進行的「控煙政策調查2017」，超過八成受訪者支持於2018年增加煙草稅；現時吸煙者認為捲煙價格平均增加至近港幣300元一包，方能有效令他們戒煙。另外，大部分(62.1%)受訪者同意當香港吸煙率降至百分之五或以下，應實施「全面禁煙」，支持的現時吸煙者亦有31.3%，可見市民大眾均期待早日達成無煙香港的目標。

隨著香港煙草使用情況的改變及全球控煙趨勢，委員會倡議政府除了大幅增加煙草稅，亦必須全方位加強控煙工作，制定長遠的控煙政策及訂下時間表，包括推行「全煙害警示包裝」、禁止於銷售點陳列煙草產品、擴大禁煙範圍及場所管理人須為違例吸煙負上刑責、提高法定煙草銷售年齡、全面禁止電子煙及新煙草產品、加強執法、增撥資源予戒煙服務及教育宣傳等，以進一步令吸煙率於2027年降至5%或以下，實施「全面禁煙」。

Raising tobacco tax has been proved as the single most effective tobacco control measure in encouraging smokers to kick the habit and preventing children and teenagers from initiating smoking in many countries and regions including Hong Kong. In 2017, cigarette price (around HK\$57 per pack) of the major brands in Hong Kong was low when compared to other developed regions; while the tobacco tax was only about 67% of the retail price, which was lower than the 75% recommended by WHO. Other countries have also adopted a long-term and continuous tobacco tax policy to maintain the price effect on the reduction of tobacco consumption.

The School of Public Health of The University of Hong Kong was commissioned by COSH to carry out the Tobacco Control Policy-related Survey 2017. It was found that over 80% of respondents supported raising tobacco tax in 2018. The current smokers commented that the cigarette retail price should be increased to around HK\$300 per pack on average to effectively motivate them to quit smoking. Besides, majority (62.1%) of respondents agreed to ban smoking if smoking prevalence in Hong Kong decreases to 5% or lower. The measures were also supported by 31.3% of current smokers. The general public are looking forward to a smoke-free Hong Kong.

In view of the tobacco epidemic in Hong Kong and the international tobacco control trend, COSH advocated the Government to raise the tobacco tax substantially and adopt long-term and comprehensive policies with defined schedules, including implementation of plain packaging, tobacco product display ban at points of sale, extension of smoke-free areas and venue managers should be liable for smoking offences, increasing the legal tobacco sales age, total ban on e-cigarettes and other new tobacco products, tightened enforcement, as well as allocation of more resources for smoking cessation services and smoke-free education in order to lower the smoking prevalence to 5% or below and achieve the Tobacco Endgame goal in Hong Kong in 2027.



「香港控煙 35 周年」慶祝典禮

委員會為紀念香港控煙 35 周年暨室內公眾場所禁煙十周年，於 2017 年 12 月 1 日舉辦「香港控煙 35 周年」慶祝典禮，邀得百多名嘉賓出席，包括政府官員、學術界人士、醫護界人士、控煙工作者、戒煙服務機構及支持控煙的非政府組織代表，一同回顧過往控煙工作的歷程，並期望早日實現無煙香港的願景。

慶祝典禮的主禮嘉賓包括世界衛生組織非傳染性疾病預防司司長 Douglas BETTCHER 博士、食物及衛生局局長陳肇始教授、衛生署署長陳漢儀醫生及委員會主席鄭祖盛。

Douglas BETTCHER 博士致辭時指出，《吸煙（公眾衛生）條例》為香港控煙工作奠定了基礎，過去 35 年，政府及社會各界均展現出控煙的決心及承擔，他祝願香港未來的控煙工作可以繼續成功。



Reception for the 35th Anniversary of Tobacco Control in Hong Kong

2017 was the 35th anniversary of tobacco control in Hong Kong as well as the 10th anniversary of indoor smoking ban. COSH organized the Reception for the 35th Anniversary of Tobacco Control in Hong Kong on 1 December 2017 to highlight the milestones in tobacco control and unite different sectors in the community to continue to strive for a smoke-free Hong Kong. Over a hundred guests, including government officials, academia, medical and healthcare professionals, tobacco control working partners, smoking cessation service providers and non-governmental organizations attended the event.

Officiating guests included Dr Douglas BETTCHER, Director, Department for Prevention of Noncommunicable Diseases, World Health Organization, Prof Sophia CHAN, Secretary for Food and Health, Dr Constance CHAN, Director of Health and Antonio KWONG, COSH Chairman.

At the reception, Dr Douglas BETTCHER said that the enactment of Smoking (Public Health) Ordinance was a critical first step in tobacco control in Hong Kong. Hong Kong has showed the commitment to work towards tobacco control policy. He wished a continuous success for Hong Kong in tobacco control in the future.

另一位主禮嘉賓陳肇始教授於典禮上表示，政府的控煙政策有賴委員會、社會各界及市民的支持。她特別感謝委員會歷任主席的貢獻，尤其是已故的李紹鴻教授及賀達理教授，為香港控煙工作寫下重要的里程碑。她表示，政府會繼續努力推動控煙工作，鼓勵市民尤其是青少年不吸煙，並推動成年人為下一代戒煙，同時加強戒煙服務。她期望市民積極參與，共建無煙香港。

鄭祖盛主席致辭時說，過去35年，香港在控煙方面取得不俗的成績，他期望能制定更長遠及全面的控煙政策，加上各界協力，使吸煙率於一至兩年內下降至單位數字，並於2027年或之前下降至5%或以下，繼而啟動研究全面禁煙。

在慶祝典禮上，委員會特別邀請由癌症患者及康復者組成的癌症資訊網樂隊擔任表演嘉賓，唱出分別由香港大學公共衛生學院社會醫學講座教授暨羅旭蘇基金教授(公共衛生學)林大慶教授，以及藝人區瑞強填上新詞的《獅子山下》及《問我》兩首經典廣東歌曲，宣揚無煙信息，並寓意社會各界攜手積極推動控煙工作，令香港成為無煙城市。

Another officiating guest, Prof Sophia CHAN thanked COSH, as well as partners from different sectors of the community for their support in Government's tobacco control policy. She expressed her gratitude to the Chairmen of COSH, especially the late Prof LEE Shiu-hung and Prof Anthony Johnson HEDLEY for their contributions to tobacco control in Hong Kong. She shared that the Government would continue to strengthen the tobacco control regime, in particular to encourage young people not to smoke, to appeal to adults to quit smoking for the benefits of their next generation and to enhance smoking cessation services. She hoped that the citizens of Hong Kong could work together towards a Tobacco Endgame.

Antonio KWONG remarked that Hong Kong had made a great progress in tobacco control over the past 35 years. It was hoped that a long-term and comprehensive policy on tobacco control could be established. With the united force of the community, the smoking rate would lower to a single-digit percentage in one to two years and drop to 5% or below in 2027 to achieve the Tobacco Endgame goal.

COSH also invited a band from Cancer Information, formed by a group of cancer patients and survivors, to perform two classic canton pop songs spreading smoke-free messages and calling upon the community to support tobacco control and strive for a smoke-free Hong Kong. The lyrics were rewritten by Prof LAM Tai-hing, Chair Professor of Community Medicine & Sir Robert Kotewall Professor in Public Health, School of Public Health, The University of Hong Kong and artist Albert AU.



倡議增加煙草稅

世界衛生組織(世衛)強調，提高煙草稅至煙草零售價格75%以上是最有效的單一控煙措施，能有效降低吸煙率和防止青少年開始吸煙。全球已有超過30個國家提升煙草稅至捲煙零售價格的75%或以上，超過60個國家定於70%或以上。於2017年香港的煙草稅只佔零售價格約67%，低於世衛建議水平。

委員會的「控煙政策調查2017」顯示，大部分(81.1%)的受訪者支持在2018年增加煙草稅，支持此項措施的現時吸煙者亦有31.9%。現時吸煙者認為捲煙價格平均增加至每包近港幣300元(2017年的價格為港幣57元)，方能有效令他們戒煙。(詳細調查結果請參閱第103頁至第108頁。)

調查結果充份顯示香港的煙草稅率存在極大的上調空間。有見及此，委員會聯同71個團體分別於2018年1月及2月致公開信予財政司司長，促請政府於2018至2019財政年度大幅增加煙草稅100%，並制定長遠增加煙草稅的政策及以多管齊下的方式推動控煙工作，以保障公眾健康。

惟政府於2018至2019財政年度連續第四年凍結煙草稅，委員會對此表示極度失望，但相關報道已引起大眾的關注。

Advocacy on Raising Tobacco Tax

World Health Organization (WHO) reiterates that raising tobacco tax to more than 75% of the retail price of tobacco products is the single most effective tobacco control intervention, which can effectively lower the smoking prevalence and prevent youth from starting smoking. Over 30 countries have raised tobacco tax to more than 75% of the retail price, and over 60 countries to more than 70%. Tobacco tax in Hong Kong accounted for about 67% of the cigarette price in 2017 which is below WHO's recommendation.

According to the "Tobacco Control Policy-related Survey 2017" conducted by COSH, 81.1% of all respondents supported raising tobacco tax in 2018, while 31.9% of the current smokers also supported this measure. Current smokers suggested that the cigarette retail price should be set at an average price of around HK\$300 per pack (retail price in 2017 was HK\$57) to effectively motivate them to quit. (For details of survey results, please refer to page 103 to 108.)

The survey findings reflected that there was huge capacity for tobacco tax increment. In view of this, COSH, together with 71 organizations, sent open letters to the Financial Secretary in January and February 2018 respectively to urge the Government to raise tobacco tax by 100% in 2018-2019 fiscal year, as well as formulate a long-term policy on raising tobacco tax and implement a multi-pronged approach in tobacco control to protect public health.

COSH was extremely disappointed that the tobacco tax was frozen again in 2018-2019 fiscal year for the 4th consecutive year. But the relevant media coverage aroused public awareness on this issue.

社區聯繫及推廣

Community Involvement and Promotion



香港賽馬會無煙推廣活動

委員會與香港賽馬會合作舉辦多元化的無煙活動，讓市民大眾認識煙草禍害及鼓勵戒煙。香港賽馬會於2017年10月至2018年3月期間為市民免費提供身體檢查，當中包括一氧化碳呼氣測試，讓吸煙者了解自己的狀況，踏出戒煙的第一步。此外，於2018年2月至3月期間，香港賽馬會以戒煙與運動為主題設置展板，推動市民建立無煙健康的生活模式。

委員會的教育幹事亦於2017年5月29日及6月5日分別到太子及觀塘投注站向市民講解吸煙的謬誤及戒煙方法。而委員會的全新無煙宣傳短片亦於2017年10月起在全港所有投注站的電視頻道播放，同時張貼海報，宣揚無煙信息。

Smoke-free Promotion Campaign of The Hong Kong Jockey Club

COSH collaborated with The Hong Kong Jockey Club to organize diversified smoke-free programmes to introduce smoking hazards and encourage smoking cessation among the general public. Body check including carbon monoxide breath test, was provided to the public during October 2017 to March 2018, boosting the determination of smokers to quit smoking. Besides, The Hong Kong Jockey Club set up exhibition panels in February to March 2018, with the theme of smoking cessation and exercises, to motivate citizens to establish a healthy smoke-free lifestyle.

COSH educator also delivered health talks on 29 May and 5 June 2017 at Prince Edward branch and Kwun Tong branch respectively to explain the fallacy of smoking and smoking cessation methods. Smoke-free videos and posters of COSH were also displayed at all branches across the territory starting from October 2017 to promote smoke-free messages.



2017 葵涌醫院支持世界無煙日暨無煙漫畫創作比賽頒獎禮

葵涌醫院於2017年5月24日舉辦「2017葵涌醫院支持世界無煙日暨無煙漫畫創作比賽頒獎禮」，嘉許參賽的醫院職員、院友及其家屬，創作以無煙為主題的傑出漫畫。

委員會總幹事黎慧賢女士獲邀出席，與在場人士分享鼓勵親友戒煙的貼士。其他出席的嘉賓包括食物及衛生局局長陳肇始教授、衛生署控煙辦公室高級醫生林民聰醫生等。由葵涌醫院職員組成的樂隊及話劇團亦於活動上表演，宣揚吸煙的禍害。

領展資產管理有限公司無煙推廣活動

委員會與領展資產管理有限公司(領展)合作，於2017年6月至9月期間在領展轄下的街市及商場舉辦無煙推廣活動，推動市民投入健康生活，並設置24個第八屆「戒煙大贏家」比賽的招募攤位，推廣戒煙的好處及鼓勵吸煙人士參加比賽，同時動員不吸煙人士支持身邊的人戒煙。



2017 Kwai Chung Hospital Support for World No Tobacco Day cum Prize Presentation of Smoke-free Comics Competition

Kwai Chung Hospital organized the “2017 Kwai Chung Hospital Support for World No Tobacco Day cum Prize Presentation of Smoke-free Comics Competition” on 24 May 2017 to commend the staff, patients and their family members for creating outstanding comics with smoke-free messages.

Vienna LAI, COSH Executive Director was invited to share tips on encouraging family and friends to quit smoking. Other guests included Prof Sophia CHAN, Secretary for Food and Health and Dr Manny LAM, Senior Medical and Health Officer of Tobacco Control Office, Department of Health. Music band and drama group of Kwai Chung Hospital performed during the event to raise awareness on smoking hazards.



Smoke-free Promotion Activities of Link Asset Management Limited

COSH collaborated with Link Asset Management Limited (Link) from June to September 2017 to urge the public to adopt a smoke-free healthy lifestyle. Promotion activities and 24 recruitment booths of the 8th “Quit to Win” Contest were organized in fresh markets and shopping malls under the management of Link to promote the benefits of smoking cessation, encourage smokers to join the contest and call on the non-smokers to support their family and friends to get rid of tobacco.

「無煙老友記」計劃2017-2018

年長的吸煙者一般對吸煙及戒煙存有誤解，長期與煙草為伍，需要以度身訂造的方法推動他們戒煙。政府統計處的《主題性住戶統計調查第64號報告書》指出，香港現時約有615,000名每日吸煙人士，當中23.9%為60歲或以上。為配合年長吸煙人士的需要，委員會舉辦「無煙老友記」計劃2017-2018，與地區長者中心、由安老事務委員會轄下的長者學苑發展基金委員會撥款支持成立的新界西長者學苑聯網，以及衛生署轄下的長者健康服務合作，舉辦不同類型的活動，包括健康講座、長者中心探訪、宣傳短片製作及戒煙故事分享等，向長者講解吸煙的禍害、澄清有關戒煙的謬誤及鼓勵長者戒煙。

健康講座

在2017年6月至2018年3月期間，委員會於全港的長者中心舉辦35場健康講座，以互動及有趣的方式把無煙生活的好處及戒煙的重要性等信息傳遞予約2,000名長者，並鼓勵他們與親友分享無煙信息。



Elderly Smoking Cessation Promotion Project 2017 - 2018

Elder smokers have smoked for years and generally have misconceptions about smoking and quitting. Tailor-made methods should be used to motivate them to kick the habit. According to the Thematic Household Survey Report No. 64 released by the Census and Statistics Department, among the 615,000 daily smokers in Hong Kong, 23.9% aged 60 years old or above. In order to cope with the needs of elder smokers, COSH organized the “Elderly Smoking Cessation Promotion Project 2017-2018”. In collaboration with elderly centres, New Territories West Elder Academies Cluster (NTWEAC) funded by the Elder Academy Development Foundation under the Elderly Commission and Elderly Health Service of Department of Health, a series of activities including health talks, visits to elderly centres, TV promotions and sharing of successful quit stories were organized to raise awareness on smoking hazards, clarify the misconceptions about smoking cessation and encourage elder smokers to quit.

Health Talks

From June 2017 to March 2018, COSH conducted 35 sessions of health talks at elderly centres across the territory. Through an interactive and interesting approach, the benefits of being smoke-free and the importance of smoking cessation were promoted to about 2,000 elderly. They were also encouraged to spread the smoke-free messages to family and friends.

社區宣傳活動

透過新界西長者學苑聯網，委員會成功招募了超過40位長者義工，並參與2017年6月的培訓，成為「無煙老友大使」。「無煙老友大使」透過到訪地區長者中心、參加地區活動及在日常生活中，向長者推廣無煙信息，並身體力行鼓勵身邊人士戒煙，同時向吸煙人士派發宣傳單張及戒煙承諾卡，以記錄戒煙的決心。

委員會編寫了兩篇有關吸煙禍害、戒煙方法和戒煙服務的文章，分別刊登於衛生署長者健康服務2017年7月及11月的通訊，超過18,000名長者接收到有關資訊。

電視宣傳短片

為了與更多長者和大眾分享無煙信息，委員會邀請藝人羅蘭拍攝了三條以「戒煙唔怕遲，由而家開始」為主題的宣傳短片，澄清有關戒煙的謬誤，鼓勵吸煙人士為了健康開心的生活而戒煙。



Community Promotion

COSH recruited over 40 elderly volunteers from NTWEAC to be “Smoke-free Elderly Ambassadors” and equip them with smoke-free knowledge through the training held in June 2017. The Ambassadors disseminated the smoke-free messages during elderly centre visits and community activities, as well as encouraged smokers encountered in their everyday life to quit smoking. Besides, they distributed smoke-free information and a pledge card to smokers to demonstrate their determination to kick the habit.

Two articles on harms of smoking, quit tips and smoking cessation services drafted by COSH were issued in the newsletters of Elderly Health Service of Department of Health in July and November 2017 respectively, reaching over 18,000 elderly.

TV promotion videos

To share the smoke-free messages to a wider scope of elderly and general public, COSH produced three promotion videos under the theme of “It’s never too late, act now and quit smoking”. Artist LAW Lan was invited to clear the misconceptions about smoking and advise smokers to quit for a healthy and happy life.



「戒煙唔怕遲，由而家開始」活動

委員會於2017年10月26日舉辦「戒煙唔怕遲，由而家開始」活動，主禮嘉賓包括食物及衛生局副局長徐德義醫生、衛生署控煙辦公室主管李培文醫生、安老事務委員會主席林正財醫生、委員會主席鄺祖盛及副主席伍婉婷。宣傳短片於活動中首播，以進一步宣傳無煙信息。

委員會更邀請了兩位「無煙老友大使」梁帶荷及辛婉珍分享鼓勵吸煙者戒煙的經歷。香港大學公共衛生學院社會醫學講座教授暨羅旭龢基金教授（公共衛生學）林大慶教授則客串短劇，以生動的方式拆解戒煙的謬誤。藝人羅蘭及林穎彤亦到場支持活動，透過遊戲提醒市民吸煙的禍害及戒煙的好處。

香港警務處「綜合體康管理日2017」

香港警務處於2017年7月16日假警察體育遊樂會舉辦「綜合體康管理日2017」，以鼓勵警員及其家屬建立恆常運動習慣及關注個人的身心健康，吸引逾2,500名警員及其家庭成員參與。委員會應邀於是次活動中設置攤位遊戲，以互動形式加強參加者對煙草禍害的認識，同時亦派發控煙宣傳刊物及紀念品，以宣揚無煙環境的重要性。

“It’s never too late, act now and quit smoking” Publicity Event

A publicity event “It’s never too late, act now and quit smoking” was held on 26 October 2017. Officiating guests included Dr CHUI Tak-yi, Under Secretary for Food and Health, Dr Jeff LEE, Head of Tobacco Control Office, Department of Health, Dr LAM Ching-choi, Chairman of Elderly Commission, Antonio KWONG, COSH Chairman and Yolanda NG, COSH Vice-chairman. The promotion videos were premiered to further spread the smoke-free messages.

Two Smoke-free Elderly Ambassadors, River LEUNG and Teresa SUN also shared their experience in motivating smokers to quit at the event. Prof LAM Tai-hing, Chair Professor of Community Medicine & Sir Robert Kotewall Professor in Public Health, School of Public Health, The University of Hong Kong, took part in the mini drama with artists to clear the misconceptions about quitting in an interesting way. Artists LAW Lan and Bella LAM also joined the event and informed the public on the smoking hazards and promoted the benefits of quitting through games.

“Integrated Health Management Afternoon 2017” of the Hong Kong Police Force

To encourage the force members and their families to do exercise regularly and pay more attention to physical and mental well-being, the Hong Kong Police Force hosted the “Integrated Health Management Afternoon 2017” at the Police Sports and Recreation Club on 16 July 2017, attracting more than 2,500 participants. COSH was invited to set up a game booth to propagate the smoking hazards in an interactive way. Tobacco control booklets and souvenirs were also distributed to promote the importance of a smoke-free environment.

香港國際牙科博覽暨研討會 2017

香港牙醫學會於2017年8月4日至6日假香港會議展覽中心舉辦「香港國際牙科博覽暨研討會2017」。委員會獲邀於展覽會上設置資訊攤位，向與會者介紹本港控煙概況及委員會的教育推廣工作。此外，委員會即場邀請參加者承諾支持無煙香港及派發控煙刊物及宣傳品，以促進與牙科專業人員在控煙工作上的交流及合作。



荃灣安健社區日

荃灣區議會轄下的荃灣安全健康社區督導委員會於2017年9月9日假荃灣愉景新城舉辦「荃灣安健社區日」，以提高荃灣區居民注重安全健康的意識。是次活動節目豐富，包括攤位遊戲、表演、頒獎禮及免費保健服務等，成功向約800名市民傳遞有關疾病預防、家居安全及個人衛生等信息。

委員會項目籌劃高級經理朱偉康應邀出席主持開幕典禮。委員會亦於是次活動設置攤位，提供免費一氧化碳呼氣測試及派發有關煙草禍害的小冊子，加強區內居民對煙害的了解及鼓勵吸煙人士戒煙。

Hong Kong International Dental Expo and Symposium 2017

The Hong Kong Dental Association hosted the “Hong Kong International Dental Expo and Symposium 2017” on 4 to 6 August 2017 at Hong Kong Convention and Exhibition Centre. COSH was invited to set up an information booth introducing the tobacco control work in Hong Kong and COSH’s education and publicity programmes. Participants were invited to pledge to support a smoke-free Hong Kong. Tobacco control publications and souvenirs were also distributed to enhance the collaboration with dental professionals.

Tsuen Wan Safe and Healthy Community Day

To raise the community’s awareness on safety and health, Tsuen Wan Safe and Healthy Community Steering Committee of Tsuen Wan District Council organized the “Tsuen Wan Safe and Healthy Community Day” on 9 September 2017 at D-Park in Tsuen Wan. A wide variety of activities including game booths, performance and prize presentation were held while free body checks were provided as well. The event had successfully delivered the messages of disease prevention, home safety and personal hygiene to about 800 citizens.

Lawrence CHU, COSH Senior Project Manager was invited to be the officiating guest at the event. COSH also set up a booth to provide free carbon monoxide breath test and distributed booklets on smoking hazards to enhance public awareness and encourage smokers to quit smoking.



中華電力安全健康環保日 2017

香港中華電力有限公司的年度活動「安全健康環保日」於2017年11月4日假屯門龍鼓灘發電廠舉行。活動透過不同類型的攤位遊戲、展覽及舞台表演向參加者宣揚「安全、健康及環保」的信息，並吸引超過5,000名員工及其家屬參與。委員會獲邀於活動設置「支持無煙香港」遊戲攤位，並派發無煙小冊子和單張，向逾1,000名參加者介紹煙草禍害及宣揚戒煙的好處，鼓勵他們建立健康生活模式，一同推廣無煙文化。



CLPP Safety, Health & Environment (SHE) Day 2017

CLP Power Hong Kong's annual event "Safety, Health & Environment (SHE) Day" was held on 4 November 2017 at Black Point Power Station in Tuen Mun. The event aimed to raise participants' awareness on safety, health and environment through a variety of game booths, exhibitions and stage performances, joined by over 5,000 staff and their family. COSH was invited to host a game booth "Support Smoke-free Hong Kong" and distribute smoke-free brochures and leaflets, reaching over 1,000 participants who were encouraged to live a healthy lifestyle and join hands to promote the smoke-free culture.

Central and Western District Health Festival 2017/2018

To enhance the awareness of local residents on the importance of health and to promote health education, the Steering Committee on Healthy City in the Central and Western District collaborated with the Central and Western District Office to host the "Central and Western District Health Festival 2017/2018" on 4 to 5 November 2017 at Smithfield Sports Centre. Vienna LAI, COSH Executive Director was invited to join the opening ceremony.

2017/2018 年度中西區健康節

為提高中西區居民對健康的關注，並推廣健康教育，中西區健康城市督導委員會與中西區民政事務處於2017年11月4日及5日假士美非路體育館舉辦「2017/2018年度中西區健康節」。委員會總幹事黎慧賢女士應邀主持開幕典禮。



各個單位透過不同方式如展覽、攤位遊戲及諮詢服務等，增強區內居民對健康的關注及知識，同時亦於場內舉辦健康講座、運動示範及免費身體檢查等，吸引近千名市民參與。

委員會亦獲邀於是次活動設置攤位，以輕鬆有趣的方式加強居民對煙草禍害的認識，更透過播放委員會的宣傳短片及即場派發有關煙草禍害及戒煙資訊的小冊子，鼓勵參加者推動吸煙人士儘早戒除煙癮，共建無煙清新香港。

戒煙及器官捐贈推廣活動

煙草對健康造成極大危害，全球八大死因中有六個都與煙草使用有關，包括心臟病、腦血管疾病、下呼吸道感染、慢性阻塞性肺病、肺結核、以及氣管、支氣管和肺癌。而二、二手煙亦會危害其他人尤其幼兒的健康。根據美國衛生部關於吸煙與被動吸煙的研究報告，煙草會損害人體的大部分器官。

委員會是「器官捐贈推廣約章」的簽署機構，除了鼓勵員工及其他持分者登記器官捐贈的意願，亦於不同的無煙宣傳活動加入相關信息，在推動控煙的同時，宣揚器官捐贈的文化。

為響應政府的「器官捐贈推廣運動」，委員會於2017年11月11日參與由衛生署舉辦的「器官捐贈日」推動活動，派員於屯門港鐵站的推廣攤位擔任義工，向市民派發有關器官捐贈的單張，同時傳遞戒煙資訊。



In order to raise the awareness and enrich the knowledge on living a healthy lifestyle, a variety of activities, including exhibitions, game booths, counseling services, health talks, exercise demonstrations and free body checks were held in the Festival, attracting nearly a thousand of participants.

COSH also set up a booth to promote smoking hazards in an interactive way. The latest APIs were also broadcasted and smoking cessation booklets were distributed to encourage participants to motivate smokers to quit smoking and join hands to strive for a smoke-free Hong Kong.

Promotion Activity on Smoking Cessation and Organ Donation

Smoking is hazardous to health. Six of the world's eight leading causes of death are caused by tobacco use, which include heart diseases, cerebrovascular diseases, lower respiratory infections, chronic obstructive pulmonary diseases, tuberculosis and cancers of trachea, bronchus and lung. Secondhand and third-hand smoke exposure is also harmful to health of other people especially infant and children. According to the US Surgeon General Report on smoking and passive smoking, tobacco is harmful to most of the organs of human body.

COSH is a signatory organization of the "Organ Donation Promotion Charter" launched by the Government to raise the public awareness on organ donation. Colleagues and different stakeholders were encouraged to register their wish to donate organs. Besides, the culture of organ donation was also promoted in COSH's smoke-free activities.

In response to the "Organ Donation Promotion Campaign" launched by the Government, colleagues of COSH joined the Department of Health's Organ Donation promotional activities and distributed leaflets to the public to encourage organ donation and smoking cessation at Tuen Mun MTR Station on 11 November 2017.

香港新聲會「戊戌狗年春節 嘉年華暨無喉者中心開放日」

香港新聲會以自助及互助精神，協助無喉者及喉癌患者恢復發聲能力，建立自信，支持他們重新投入社會。該會於2018年3月18日假石硤尾邨舉辦「戊戌狗年春節嘉年華暨無喉者中心開放日」，讓公眾深入了解其服務及中心設施。活動當日提供中醫義診、運動示範及身體檢查等多元化活動，以傳達健康信息。

委員會獲邀於是次嘉年華中設置攤位遊戲，以互動的方式加深參加者對煙草禍害的認識，同時亦向市民派發戒煙小冊子，鼓勵吸煙人士儘早戒除煙癮，減低患上喉癌及其他疾病的風險，活動吸引過百名市民參與。



仁愛堂共築健康新界西 2018 暨 服務開展典禮

仁愛堂為市民提供社會福利、教育、醫療及康體等服務，並拓展各項社區計劃。於2018年3月22日，仁愛堂假屯門仁愛廣場舉辦「仁愛堂共築健康新界西2018暨服務開展典禮」，聯同多個政府部門、屯門及元朗地區團體向參加者傳遞健康信息及醫療資訊，惠及不同階層人士。

“Open Day cum Spring Carnival” of the New Voice Club of Hong Kong

The New Voice Club of Hong Kong assists laryngectomies and laryngeal cancer patients in regaining their voice and reintegrating into the community through promoting self-help and mutual help spirit. The Club hosted an “Open Day cum Spring Carnival” on 18 March 2018 at Shek Kip Mei Estate to help the public understand their scope of services and facilities. In addition, Chinese medical consultation, exercise demonstration and body checks were provided to deliver health messages.

COSH was invited to set up a game booth to propagate the smoking hazards in an interactive way. Booklets were also distributed to encourage smokers to kick the habit as soon as possible in order to lower the risk of laryngeal cancer and other diseases. Over 100 participants joined the carnival.

Yan Oi Tong New Territories West Health Festival 2018 cum Health Services Opening Ceremony

Yan Oi Tong aims at launching social, educational, medical and recreational services, and different community programmes for every citizen. To deliver the information on health and healthcare services to the society, Yan Oi Tong collaborated with various government departments and community groups in Tuen Mun and Yuen Long to organize the “Yan Oi Tong New Territories West Health Festival 2018 cum Health Services Opening Ceremony” on 22 March 2018 at Tuen Mun Yan Oi Town Square.



委員會獲邀主持健康專題講座，解釋吸煙的謬誤及介紹戒煙方法，並設立攤位遊戲，以互動形式加深區內市民對於吸煙禍害的認識。委員會亦向參加人士派發控煙刊物及小冊子，鼓勵他們建立無煙家庭。當日活動亦提供健康檢查及中醫義診，同時有急救示範、醫療車參觀及舞台表演等，吸引近千名市民參與。

樂在嘉福耆趣日 2018

圓玄學院粉嶺社會服務中心於2018年3月24日假粉嶺嘉福邨羅馬廣場舉辦「樂在嘉福耆趣日 2018」嘉年華會。委員會獲邀設置攤位遊戲，以輕鬆有趣方式加強區內市民的控煙知識。此外，委員會亦向市民派發無煙小冊子及宣傳品，傳遞戒煙資訊，呼籲吸煙人士及早戒煙，活動吸引超過500名市民參與。



「油尖旺區中小學生作文及書面問答比賽」頒獎典禮

無毒油尖旺大聯盟關注中小學生的身心健康，透過舉辦不同活動，向學生灌輸正面的價值觀。大聯盟於2018年3月24日舉行「油尖旺區中小學生作文及書面問答比賽」頒獎典禮，委員會項目籌劃高級經理吳麗盈獲邀出席主禮，並以「提防電子煙」為題作演講。

COSH was invited to host a health talk clarifying the myths of smoking and introducing smoking cessation methods, as well as to set up a game booth to promote the smoking hazards to local residents. Brochures and booklets on smoking cessation were distributed to encourage participants to build a smoke-free family. Free health check and Chinese medical consultation, demonstration of first aid, visit of medical truck and stage performances were also held during the event which attracted almost a thousand of participants.

Ka Fuk Fun Day 2018

The Yuen Yuen Institute Fanling Social Service Centre organized “Ka Fuk Fun Day 2018” at Ka Fuk Estate in Fanling on 24 March 2018. COSH was invited to set up a game booth to raise awareness of local residents on tobacco control in an interesting approach. COSH also distributed smoke-free leaflets and collaterals to encourage smokers to quit smoking as soon as possible. Over 500 citizens participated in the event.

Award Presentation Ceremony of “Yau Tsim Mong Primary and Secondary School Students Writing and Quiz Competition”

Yau Tsim Mong No-drug Alliance cares about physical and psychological health of youngsters. The Alliance has organized various activities to spread positive values among primary and secondary school students. An award presentation ceremony of “Yau Tsim Mong Primary and Secondary School Students Writing and Quiz Competition” was held on 24 March 2018. Annie NG, COSH Senior Project Manager was invited to be one of the officiating guests and delivered a presentation titled “Beware of e-cigarette”.

教育及青少年活動

Education and Youth Programmes

青少年教育活動

Youth Education Programmes



「無煙新世代」健康講座

委員會深信控煙工作必須由教育下一代著手，從小開始灌輸無煙知識，令他們明白無煙環境的重要，決不嘗試第一口煙，並鼓勵他們勸喻身邊的家人及朋友戒煙。因此，委員會自1991年起，每年到訪全港各區幼稚園、中小學及大專院校舉辦健康講座，向兒童及青少年推廣無煙信息，讓他們及早認識煙草的禍害。

於2017至2018學年，委員會到訪逾100間學校舉行健康講座，超過16,000名學生參與。講座除了詳述吸煙、二手煙及三手煙的禍害，學生亦能從中了解最新的控煙資訊，如本港的控煙政策、現時的戒煙服務、電子煙及其他新煙草產品的禍害及煙草商的宣傳伎倆等。此外，委員會的教育幹事亦向學生介紹委員會的控煙工作及活動，以及播放最新的宣傳短片。講座另設問答環節，務求令學生能在愉快互動的學習環境下，更全面吸收無煙資訊。



Health Talks for “Smoke-free New Generation”

Education plays a vital role in tobacco control. Delivering smoke-free messages to the next generation at an early stage can help them recognize the importance of a smoke-free environment, deter them from lighting up the first cigarette and motivate them to encourage family and friends to quit smoking. Since 1991, COSH has organized health talks every year in kindergartens, primary schools, secondary schools and tertiary institutions across the territory to educate the children and youth on smoking hazards.

During the school year 2017 to 2018, more than 100 health talks were conducted, reaching over 16,000 students. The health talks covered the harmful effects of smoking, secondhand smoke and third-hand smoke, as well as the latest information on tobacco control, such as tobacco control policy in Hong Kong, existing smoking cessation services, the hazards of e-cigarettes and other new tobacco products and marketing tactics of the tobacco industry. COSH educators also introduced the works and programmes of COSH and played the latest promotion videos to the students. A question-and-answer session was included and souvenirs were given to students to enhance their smoke-free knowledge under a relaxing and interactive atmosphere.

「無煙Teens計劃」2017-2018



青少年不但是社會未來的領袖，更為推動香港控煙工作向前提供重要力量。委員會一直致力向青少年宣揚無煙知識，讓他們明白煙草的禍害，並建立健康生活態度，攜手締造清新無煙香港，故此於2012年開始每年舉辦「無煙Teens計劃」(前為「無煙青少年大使領袖訓練計劃」)，旨在將有關煙害、最新控煙及吸煙趨勢的資訊傳遞予青少年，讓參加者構思及舉辦各式各樣的活動宣揚無煙信息，拓展多方面才能，裝備他們成為未來領袖及模範。

計劃至今已成功培育約2,000名「無煙Teens」，成效顯著。2017-2018年度的計劃更由教育局協辦，共吸引逾250名來自超過20間中學的14至18歲青少年參與。

無煙大本營

四場名為「無煙大本營」的兩日一夜領袖訓練營於2017年暑假期間舉行。委員會為參加者舉行了營前簡報會，並特別邀請著名插畫家「塵話過Dustykid」的創作者Rap CHAN及其團隊成員分享推廣正面信息及網絡創作的心得，讓參加者為宣揚無煙信息作好準備。

“Smoke-free Teens Programme” 2017-2018

Youngsters are not only future leaders of the society but also an important force that drives the advancement of tobacco control work in Hong Kong. COSH has been sparing no effort to educate the youngsters on smoking hazards, encourage them to adopt a healthy lifestyle and strive for a smoke-free Hong Kong. “Smoke-free Teens Programme” (formerly known as “Smoke-free Youth Ambassador Leadership Training Programme”) has been organized annually since 2012 to instill knowledge of tobacco control and smoking hazards in youngsters, provide training on various skills, motivate them to organize different kinds of activities to promote smoke-free messages, as well as sustain their pioneering role in tobacco control.

About 2,000 Smoke-free Teens have been nurtured to take the leading role in establishing a smoke-free environment through the Programme. Over 250 youngsters, aged 14 to 18, from more than 20 secondary schools enrolled for the 2017-2018 Programme which was co-organized by the Education Bureau.

Smoke-free Training Camp

Four 2-day-1-night Smoke-free Training Camps were held during the summer holiday in 2017. In order to prepare the participants for disseminating smoke-free messages to the public, COSH organized a briefing session and invited famous illustrator Rap CHAN, who has created “Dustykid” to share the tips on spreading positive messages and producing creative works online.





「無煙大本營」透過多元化的活動讓「無煙Teens」掌握煙草禍害及控煙資訊，同時提升他們的領導才能、獨立、創意及批判思考、溝通及衝突管理、團隊及合作精神、項目策劃及戒煙輔導技巧等。

無煙行動

完成訓練的「無煙Teens」學以致用，於2017年9至12月期間進行「無煙行動」，構思及籌辦逾120項創新活動，於家庭、學校及社區成功將無煙信息傳遞予超過32,000名市民。參加者的活動籌劃方式漸趨成熟，更勇於走進社區，舉辦多元化的宣傳活動，接觸不同界別及年齡人士，更善用社交媒體宣傳，鼓勵更多市民建立無煙健康生活。活動包括邀請網絡紅人拍攝短片推廣無煙信息、到日本實地考察及製作短片探討當地實施定點吸煙的情況、自製服裝及道具並走到街頭向市民說明吸煙的禍害等。



The Smoke-free Training Camps equipped participants with knowledge on smoking hazards and tobacco control measures. Their skills on leadership, creative and critical thinking, communication, problem solving, team building, programme planning and smoking cessation counseling were enhanced through diversified training activities.

Smoke-free Programmes in Schools and the Community

Between September and December 2017, the trained Smoke-free Teens applied their knowledge to initiate more than 120 innovative smoke-free activities in their family, schools and the community, reaching more than 32,000 citizens from all walks of life. Smoke-free Teens became more proficient in organizing activities to reach the general public and well utilized the social media for publicity. Activities included inviting YouTubers to promote a smoke-free lifestyle through video, field trip to Japan and producing video to study the effectiveness of designated smoking areas on streets, and creating mascots and props for street promotion to educate the public on smoking hazards.



無煙 Teens 團及暑期實習

為使參加者能繼續積極參與推動無煙文化及控煙的活動，完成計劃的參加者均可以加入「無煙 Teens 團」，繼續參與及協助委員會舉辦活動如分享會、展覽、遊戲攤位及其他控煙活動等，宣揚無煙信息，發展領袖才能。

於「無煙 Teens 計劃」中表現優異之參加者更可於下年度暑假期間到委員會實習，學習及體驗籌辦活動及推動控煙工作，並於完成實習後獲發證書。

頒獎禮暨分享會

「無煙 Teens 計劃 2017-2018」頒獎禮暨分享會於 2018 年 3 月 16 日舉行，以嘉許表現出色的「無煙 Teens」。主禮嘉賓包括衛生署助理署長（特別衛生事務）陳少梅醫生、教育局總課程發展主任（德育、公民及國民教育）關伯強、香港大學公共衛生學院社會醫學講座教授暨羅旭龢基金教授（公共衛生學）林大慶教授及委員會主席鄭祖盛。

來自嶺南鍾榮光博士紀念中學的冠軍隊伍於頒獎禮上分享活動籌劃的心得和經驗，他們以「無煙·好生活計劃」作為活動主題，推出多項極具創意的無煙活動，共接觸超過 1,700 名市民，包括於校內舉辦徵文比賽，鼓勵同學寫信勸導身邊的吸煙人士戒煙，反應踴躍，共收到 930 份感人作品，最難得之處是超過三分之一同學親手將信件交予吸煙親友。此外，隊伍代表在校長帶領下到日本實地考察，探討當地實施定點吸煙的情況，並透過分享會及製作短片與其他隊員和同學進行交流。他們亦拍攝無煙宣傳短片於全校播放，提醒同學吸煙的禍害。

Smoke-free Teens Alumni Programme and Summer Internship Programme

In order to sustain the pioneering role of Smoke-free Teens in spreading smoke-free messages, participants were encouraged to join the Smoke-free Teens Alumni and assist in attending sharing sessions, managing game booths and exhibitions in the community and participating in other tobacco control activities organized by COSH.

Outstanding "Smoke-free Teens" will also have an opportunity to be a summer intern in COSH to experience and learn about programme planning and promoting tobacco control work. Participants will be given a certificate when the internship is completed.

Award Presentation Ceremony

An award presentation ceremony of Smoke-free Teens Programme 2017-2018 was held on 16 March 2018 to commend the outstanding Smoke-free Teens for their efforts. Honourable guests included Dr Tina CHAN, Assistant Director of Health (Special Health Services), KWAN Pak-keong, Chief Curriculum Development Officer (Moral, Civic and National Education), Education Bureau, Prof LAM Tai-hing, Chair Professor of Community Medicine & Sir Robert Kotewall Professor in Public Health, School of Public Health, The University of Hong Kong and Antonio KWONG, COSH Chairman.

The champion team from Lingnan Dr Chung Wing Kwong Memorial Secondary School shared their tips and experience in organizing a wide variety of creative activities under the theme of "Smoke-free, Good Life" which reached over 1,700 citizens. The essay competition in school was one of their successful activities, encouraging a total of 930 students to write a letter to persuade smokers to quit smoking and more than one-third of them handed the letter to their smoking relatives in person. Besides, representatives of the team conducted a field trip to Japan with their principal to study the effectiveness of designated smoking areas on streets, and exchanged views with other teammates and schoolmates through video and sharing session. They also produced a promotion video to remind schoolmates the harmful effects of smoking.

另一方面，為了將無煙信息傳遞至更多不同界別及年齡人士，他們籌劃全港學界無煙嘉年華，及與香港中文大學「健康校園網絡」合作舉辦全港學界無煙海報設計比賽，以靈活有趣的方式，向不同地區小學的師生推廣無煙健康文化。他們更組織了一隊郊野隊，邀請遠足及郊遊人士簽名承諾不吸煙及支持身邊的吸煙人士戒煙。他們希望透過一連串活動讓社會大眾明白創造好生活，應該由無煙開始。

得獎名單：

冠軍：嶺南鍾榮光博士紀念中學

亞軍：聖公會基孝中學

季軍：皇仁舊生會中學

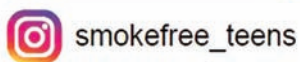
優異無煙Teens團隊：

- 宣道會陳瑞芝紀念中學(第一隊)
- 廠商會中學
- 樂善堂梁植偉紀念中學
- 樂善堂王仲銘中學
- 新界鄉議局元朗區中學(第二隊)
- 保祿六世書院
- 博愛醫院歷屆總理聯誼會梁省德中學

「無煙加油站」— 最積極參與學校大獎：
廠商會中學

計劃網頁：

www.smokefree.hk/smokefreeteens



On the other hand, a territory-wide Smoke-free Carnival was organized in order to deliver smoke-free message to people from different sectors and at all ages. To promote smoke-free lifestyle to primary school students and teachers across the territory in an interesting way, they launched a smoke-free poster design competition with the “Thematic Network on Healthy Schools” of The Chinese University of Hong Kong. They also formed a hiking team to invite hikers and countryside visitors to make a smoke-free pledge and encourage smoking family members and friends to kick the habit. They hoped that the public could understand a good life should start with a smoke-free lifestyle through these activities.

Winner List:

Champion: Lingnan Dr Chung Wing Kwong Memorial Secondary School

First runner-up: SKH Kei Hau Secondary School

Second runner-up: Queen’s College Old Boys’ Association Secondary School

Outstanding Smoke-free Teams:

- Christian Alliance S C Chan Memorial College (Team 1)
- CMA Secondary School
- Lok Sin Tong Leung Chik Wai Memorial School
- Lok Sin Tong Wong Chung Ming Secondary School
- NT Heung Yee Kuk Yuen Long District Secondary School (Team 2)
- Pope Paul VI College
- The Association of Directors & Former Directors of Pok Oi Hospital Ltd Leung Sing Tak College

“Smoke-free Support Station” Campaign - the Most Active Participating School Award: CMA Secondary School

Programme website:

www.smokefree.hk/smokefreeteens





學校互動教育巡迴劇場 「健康爸爸在哪兒」

委員會自1995年起，一直與學校及專業藝術團體合作，以「學校互動教育巡迴劇場」作為預防兒童及青少年吸煙的重點教育及宣傳活動之一，透過互動教育劇場的形式，加強同學的無煙知識，鼓勵他們與家人一起推動無煙生活。劇場先後於全港學校舉辦近1,900場表演，超過520,000名學生及教師觀賞及參與。

劇場以控煙為主題，配以音樂、舞台效果及生動有趣的演繹手法，讓同學於欣賞過程中認識吸煙、二手煙、三手煙及電子煙的禍害，了解吸煙的謬誤及拒絕二手煙等正面信息，並學習如何鼓勵親友戒煙，劇場同時亦歡迎家長參與。



School Interactive Education Theatre “Where is Daddy”

Since 1995, the “School Interactive Education Theatre Programme” has been one of COSH’s major education and publicity programmes to prevent youth smoking. Cooperating with schools and local professional troupe, COSH encourages the children and youngsters to promote a smoke-free lifestyle with their families. The Programme contributed about 1,900 performances, reaching more than 520,000 students and teachers over the years.

Key messages of tobacco control are delivered along with music, stage effects and interesting presentation. Through the performance, students learn about the harmful effects of smoking, secondhand smoke, third-hand smoke and e-cigarettes, as well as receive positive messages such as fallacies about smoking, say no to secondhand smoke, the benefits of a smoke-free environment and ways to encourage family members to kick the smoking habit. Parents are welcomed to attend the performances.

2017-2018年度「學校互動教育巡迴劇場」由教育局協辦，並與中英劇團合作，推出全新劇目「健康爸爸在哪兒」，讓學生學習拒絕吸煙誘惑的技巧，並化身成為「無煙小先鋒」，鼓勵家人戒煙，建立無煙家庭。此劇目共演出逾90場，超過25,000名學生及教師欣賞。委員會特別鳴謝林大慶教授擔任此劇的顧問。

故事講述主角毛健康有吸煙的惡習，一天在家中準備女兒毛毛的生日派對時，收到醫院來電告知自己患病的消息。毛健康為了不讓家人擔心，決定立即離開家園，甚至連女兒的生日派對也不參加。女兒毛毛和好友清清胡亂猜想爸爸離開的原因，並決定出發找尋爸爸。毛健康在前往醫院途中，意外地明白吸煙、二手煙及三手煙的禍害，同時毛毛及清清亦了解到有些人因為謬誤而開始吸煙，並學會拒絕吸煙的方法，而且認清電子煙的潛在風險及煙草商的宣傳伎倆。觀眾踴躍參與互動環節，並決心成為「無煙小先鋒」，拒絕吸第一口煙及鼓勵吸煙的家人儘早戒除煙癮。

The 2017-2018 Programme was co-organized by the Education Bureau. A brand-new interactive drama titled "Where is Daddy" was launched in collaboration with Chung Ying Theatre. Students were equipped with skills to reject cigarettes and were invited to be a "Smoke-free Pioneer" to urge their family members to quit smoking. Special thanks were given to Prof LAM Tai-hing for being the professional consultant of the drama. Over 90 performances were delivered and over 25,000 students and teachers were reached.

The story was about Mr MO Kin-hong, a smoker who was suspected to suffer from smoking-related diseases and was asked to conduct a medical check on his daughter's birthday. He decided to slip away quietly and absent for his daughter's birthday party to avoid anxiety among his family. Mo Mo, daughter of Mr Mo and Ching Ching, best friend of Mo Mo had doubts about Mr Mo's reasons of leaving and started to find him. Mr Mo realized the hazards of smoking, secondhand smoke and third-hand smoke on his way to the hospital. Mo Mo and Ching Ching also clarified the fallacies on smoking, learned how to say no to cigarettes and understood the potential risks of e-cigarettes and promotion tactics of tobacco industry. Students actively participated in the interactive sessions and were determined to be a "Smoke-free Pioneer" who promised to reject the first cigarette and motivate their family members to kick the bad habit.



劇場的首演禮於2017年10月12日假元朗劇院舉行，逾300名師生及嘉賓率先觀賞。嘉賓包括衛生署助理署長(特別衛生事務)陳少梅醫生、香港大學公共衛生學院社會醫學講座教授暨羅旭龢基金教授(公共衛生學)林大慶教授、委員會主席鄭祖盛及副主席伍婉婷。首演禮後，劇團隨即在全港各區學校展開巡迴演出。

除劇場外，委員會也為學生準備了一系列的配套活動，包括劇場網頁、小冊子及紀念品，讓學生觀賞劇場後隨時重溫無煙資訊，亦可參與「煙害圖象警示設計及口號創作比賽」，將無煙知識學以致用，並發揮創意。此外，委員會亦特別為老師設計了「無煙教學資源套」，老師可於課堂上利用小冊子及劇場網頁，加深同學的無煙知識，讓計劃的成效得以延續。

劇場網頁：www.educationtheatre.hk

Over 300 students, teachers and guests attended the premiere which was held at the Yuen Long Theatre on 12 October 2017. Honourable guests included Dr Tina CHAN, Assistant Director of Health (Special Health Services), Prof LAM Tai-hing, Chair Professor of Community Medicine & Sir Robert Kotewall Professor in Public Health, School of Public Health, The University of Hong Kong, Antonio KWONG, COSH Chairman and Yolanda NG, COSH Vice-chairman. The programme began its tours across the territory afterwards.

A designated website, bring-home educational material and souvenirs were provided for participants to review the smoke-free information. Through the “Smoke-free Health Warning and Slogan Design Competition”, students were encouraged to utilize the knowledge they acquired in the drama to spread the smoke-free messages in creative ways. In order to enhance students’ smoke-free knowledge and sustain the impact of the programme, a corresponding “Smoke-free Teaching Kit” was also developed for teachers to use in lessons, together with the programme website and bring-home educational material.

Programme website: www.educationtheatre.hk



冠軍 Champion



亞軍 First runner-up



季軍 Second runner-up

與學界及社區聯繫 Liaison with Academia and Community



香港大學護理學院課程

香港大學護理學院致力培育專業護理人員，並提供有關控煙和戒煙輔導的課程，推動香港控煙工作及保障公共衛生，是委員會多年來的合作夥伴。委員會獲邀為其學士課程及碩士課程擔任客席講者，以裝備學生有關建構無煙香港的知識。

委員會項目籌劃高級經理朱偉康在2017年5月2日以「香港的煙草控制及預防工作」為題，向約30位碩士學生介紹香港的控煙政策及委員會的教育、宣傳及政策倡議工作，同時講解香港的戒煙服務和控煙工作面對的挑戰，以及委員會在推動無煙香港的角色。

於2017年11月7日及14日朱偉康以「政治行動推廣公共衛生」為題，向大約340位學士學生講解委員會多年來在建構無煙香港的工作及成果。此外，他亦闡述了全球控煙趨勢，以及未來香港在減少煙草使用上的挑戰。

金鐘扶輪社 — 控煙研討會

委員會獲邀出席金鐘扶輪社於2017年5月31日舉辦的控煙研討會，委員會總幹事黎慧賢及項目籌劃高級經理朱偉康以「香港控煙工作的挑戰」為題，講解吸煙的禍害、委員會的工作、香港控煙政策及進一步加強控煙措施的挑戰。委員會副主席伍婉婷亦有出席會議。



HKU School of Nursing - Nursing Programmes

School of Nursing of The University of Hong Kong endeavors to provide professional nursing training. Courses on tobacco control and smoking cessation are provided to their students. The School has been a long-term partner of COSH in promoting tobacco control and safeguarding the public health. COSH was invited to be the guest speaker for their Bachelor and Master programmes to equip students with related knowledge on building a smoke-free Hong Kong.

Lawrence CHU, COSH Senior Project Manager delivered a presentation titled "Tobacco Control and Smoking Prevention Programmes in Hong Kong" to about 30 students in the Master of Nursing Programme on 2 May 2017. Tobacco control measures in Hong Kong, as well as COSH's education and publicity programmes and advocacy works were introduced. Mr Chu also shared the smoking cessation services, loopholes and challenges of tobacco control work in Hong Kong and COSH's role in striving for a smoke-free Hong Kong.

On 7 and 14 November 2017, a presentation titled "Political Action to Improve Public Health" was given to about 340 students in the Bachelor of Nursing Programme. Mr Chu shared the works and achievements of COSH in building a smoke-free Hong Kong over the years. He also introduced the global trend of tobacco control and the challenges ahead for Hong Kong in curbing tobacco use.

Rotary Club of Admiralty - Tobacco Control Seminar

Invited by Rotary Club of Admiralty, Vienna LAI, COSH Executive Director and Lawrence CHU, COSH Senior Project Manager attended the Tobacco Control Seminar on 31 May 2017. A presentation titled "Challenges of Tobacco Control in Hong Kong" was delivered to introduce the smoking hazards, COSH's works, Hong Kong's tobacco control policies and the challenges ahead. Yolanda NG, COSH Vice-chairman also attended the seminar.

葵涌醫院控煙政策及戒煙干預研討會

葵涌醫院一直積極參與控煙工作，更舉行不同活動推廣無煙信息。葵涌醫院反吸煙工作小組於2017年9月21日舉行「控煙政策及戒煙干預研討會」，探討關於控煙法例、電子煙與新煙草產品及戒煙方法的議題，以加強員工的相關知識。

委員會項目籌劃高級經理吳麗盈獲邀出席，以「提防電子煙及其他新煙草產品」為題，向與會人士講解各種新煙草產品的風險。其他演講嘉賓包括葵涌醫院副顧問醫生包始源醫生及控煙辦公室一級行政主任(執法)羅志江。



香港大學青少年戒煙熱線 — 戒煙輔導員培訓課程

香港大學護理學院的青少年戒煙熱線於2005年成立，主要為青少年提供朋輩式的戒煙輔導，以協助25歲或以下的吸煙者戒煙。多年來，青少年戒煙熱線已招募及訓練不少青少年戒煙輔導員。

委員會獲邀於2017年9月23日為戒煙輔導員培訓課程提供講座。委員會總幹事黎慧賢介紹香港吸煙情況、控煙政策及委員會在建構無煙香港上的角色。香港大學公共衛生學院社會醫學講座教授暨羅旭龢基金教授(公共衛生學)林大慶教授亦為課程的演講嘉賓，講解吸煙及二手煙的禍害。課程亦傳授戒煙輔導的貼士及方法，並由資深戒煙輔導護士分享動機性訪談技巧。透過小組討論的形式，輔導員在理論及實踐的層面上均獲益良多。

Kwai Chung Hospital's Seminar on Smoke-free Policy Implementation and Smoking Cessation Interventions

Kwai Chung Hospital has been supporting tobacco control work actively by organizing various activities to promote smoke-free message. The Anti-smoking Workgroup of Kwai Chung Hospital held the "Seminar on Smoke-free Policy Implementation and Smoking Cessation Interventions" on 21 September 2017 to discuss and strengthen the knowledge of their staff on the topics of tobacco control regulations, e-cigarettes and new tobacco products, as well as smoking cessation measures.

Annie NG, COSH Senior Project Manager delivered a presentation titled "Beware of electronic cigarettes and other new tobacco products" to illustrate the hazards and potential risks of these products. Other speakers included Dr Ronnie PAO, Associate Consultant of Kwai Chung Hospital and Ryan LAW, Executive Officer I (Enforcement) of Tobacco Control Office.

HKU Youth Quitline - Smoking Cessation Counselor Training Workshop

The "Youth Quitline" is a youth-oriented smoking cessation hotline established in 2005 by the School of Nursing of The University of Hong Kong to help smokers aged 25 or below kick the habit. Over the years, the "Youth Quitline" has been recruiting and nurturing many young smoking cessation counselors.

COSH was invited to deliver a lecture at the Smoking Cessation Counselor Training Workshop on 23 September 2017. Vienna LAI, COSH Executive Director shared Hong Kong's smoking prevalence, tobacco control policies and COSH's role in striving for a smoke-free Hong Kong. Prof LAM Tai-hing, Chair Professor of Community Medicine & Sir Robert Kotewall Professor in Public Health, School of Public Health, The University of Hong Kong also conducted lectures on hazards of smoking and secondhand smoke. The workshop also covered the tips and techniques on smoking cessation counseling and motivational interviewing by an experienced smoking cessation counseling nurse. Through group discussions, participants were well equipped with related theories and practical knowledge.

與傳播媒介之聯繫 Working with the Mass Media

為使控煙資訊及委員會之宣傳活動能有效傳達至社會各階層，委員會一直與媒體保持緊密聯繫。秘書處經常處理不同報刊、電視台、電台及其他媒體之訪問及查詢。此外，本會於年度內亦曾發放下列新聞稿予各大傳媒機構：

COSH maintains a close and longstanding relation with the mass media, enabling the messages of tobacco control and COSH's promotion activities to penetrate into all levels of the society effectively. COSH Secretariat regularly fields interviews and enquiries from different newspapers, publications, television and radio stations, as well as other media platforms. COSH issued the following press releases to the media during the year:

日期 Date	新聞稿	Press Release
2017/4/24	香港吸煙與健康委員會支持政府就煙草產品包裝上煙害圖象警示之修訂	COSH's response to the enlargement of pictorial health warnings proposed by the Government
2017/5/23	香港吸煙與健康委員會支持如期落實煙草產品包裝上煙害圖象警示之修訂	COSH supports the enlargement of pictorial health warnings
2017/5/28	「無煙加油站」動員各界支持吸煙人士戒煙	Mobilize different sectors in the community to encourage smokers to kick the habit at Smoke-free Support Station
2017/6/20	齊做「戒煙大贏家」享受無煙健康生活	Join the 8 th "Quit to Win" Smoke-free Community Campaign Enjoy a smoke-free lifestyle
2017/10/12	學校互動教育巡迴劇場「健康爸爸在哪兒」鼓勵同學成為「無煙小先鋒」	Premiere of School Interactive Education Theatre "Where is Daddy" Encourages students to be a "Smoke-free Pioneer"
2017/10/26	「無煙老友記」計劃 2017-2018 「戒煙唔怕遲，由而家開始」	Elderly Smoking Cessation Promotion Project 2017-2018 "It's never too late, act now and quit smoking"
2017/11/30	倡議加煙稅 100% 速降香港吸煙率 2027年實施全面禁煙	Raising tobacco tax by 100% to lower smoking rate in Hong Kong promptly and leap towards a Tobacco Endgame in 2027

日期 Date	新聞稿	Press Release
2017/12/1	「香港控煙 35 周年」慶祝典禮 回顧過去控煙成果 全力邁向無煙香港	Reception for the 35 th Anniversary of Tobacco Control in Hong Kong Marking the achievements in tobacco control and taking a leap towards a Tobacco Endgame in Hong Kong
2017/12/15	「無煙香港·有可能嗎？」座談會 探討市民對香港控煙措施的意見	Public Forum "Making Hong Kong a Smoke-free City" collects public views on tobacco control policies
2018/2/2	凝聚飲食業界力量 推廣無煙飲食文化	Smoke-free Catering Force Programme Joint industry efforts to promote smoke-free catering culture
2018/2/28	委員會回應財政預算案的控煙措施	COSH's response to the tobacco control policies proposed by The Budget
2018/3/16	「無煙Teens」實踐所學 發放無煙新力量	Smoke-free Teens committed to promoting smoke-free living in the community
2018/3/21	第八屆「戒煙大贏家」無煙社區計劃 頒獎禮	The 8 th "Quit to Win" Smoke-free Community Campaign Prize Presentation Ceremony
2018/3/22	委員會回應香港最新吸煙率	COSH's response to the latest smoking prevalence of Hong Kong

會議及考察 Conferences and Visits

會議 Conferences

第九屆兩岸四地煙害防制交流研討會

「兩岸四地煙害防制交流研討會」由中國控制吸煙協會、香港吸煙與健康委員會、台灣董氏基金會及澳門控煙聯盟四地控煙組織定期協辦，為各地的控煙工作者提供交流的平台，以促進中國大陸、香港、台灣及澳門的控煙工作。

第九屆「兩岸四地煙害防制交流研討會」由台灣董氏基金會主辦，在2017年9月3日至5日於台北舉行，以「煙品一對全球健康發展的威脅」暨「兩岸四地煙害防制建構及展望」為主題。逾420名來自各地的控煙專家及關注控煙工作的人士出席是次研討會。

委員會派出代表團參加，成員包括主席鄭祖盛、副主席伍婉婷、委員余榮輝、總幹事黎慧賢及秘書處職員。主席鄭祖盛為開幕儀式致詞，簡述香港的最新控煙措施和工作展望。總幹事黎慧賢及項目籌劃高級經理朱偉康亦於學術報告環節中分享，題目分別為「MPOWER為框架下建構無煙香港的成果與挑戰」，以及「年輕人對水煙的使用及認知」。另外，委員會有關「清新女人魅」女性戒煙推廣計劃的論文亦獲選參與海報展示。



The 9th Cross-strait Conference on Tobacco Control

To enhance effective tobacco control in mainland China, Hong Kong, Taiwan and Macao, Chinese Association on Tobacco Control, COSH, John Tung Foundation and Macao Tobacco Control Alliance co-organize the “Cross-strait Conference on Tobacco Control” regularly. The Conference provides a platform for exchanges among tobacco control workers from different places.

The 9th “Cross-strait Conference on Tobacco Control” was hosted by John Tung Foundation on 3 to 5 September 2017 in Taipei under the theme of “Tobacco – a threat to global health and the construction and outlook of cross-strait tobacco control”. It was attended by over 420 tobacco control experts and practitioners from cross-strait regions.

Representatives of COSH included Antonio KWONG, Chairman, Yolanda NG, Vice-chairman, Christopher YU, Council Member, Vienna LAI, Executive Director and Secretariat staff. Antonio KWONG was invited to deliver a speech at the opening ceremony in which he introduced Hong Kong’s latest tobacco control measures and the way forward. Besides, Vienna LAI, Executive Director and Lawrence CHU, Senior Project Manager conducted a presentation on “Achievements and Challenges of Building a Smoke-free Hong Kong Using the MPOWER approach” and “Situation and Perception of Waterpipe Use among Hong Kong Young Adults” respectively. COSH’s abstract on Women Smoking Cessation Promotion Programme was also selected for poster presentation.

香港大學公共衛生學院副教授何世賢博士獲頒第九屆「華人煙害防制貢獻獎」，以表揚他長期為煙害防制作出的努力與付出，尤其在有關吸煙與青少年方面的研究成果。

控煙專才培訓計劃 2017

世界衛生組織控煙及煙癮治療合作中心於2017年10月23日至27日在香港舉辦為期五天的「控煙專才培訓計劃2017」。計劃以世界衛生組織制定的「MPOWER」為綱領，透過講解最新的控煙措施、意見交流及經驗分享等，協助西太平洋區內政府及非政府組織的相關工作人員掌握控煙的技巧和策略，包括立法、執法、宣傳及推廣、以及戒煙服務的發展評估。

委員會主席鄭祖盛獲邀為講者，以「對抗香港的煙草流行 — 香港吸煙與健康委員會的倡議、教育及宣傳工作」為題，分享委員會多年來在教育、宣傳推廣及倡議政策上的經驗及挑戰。多位國際及本地控煙專家亦獲邀演講，分享相關工作經驗及最新的控煙進展，包括陳少梅醫生、Simon CHAPMAN教授、Kelvin KHOW、林大慶教授、麥龍詩迪教授、Timothy MILBRANDT及左偉國醫生等。除了講座及工作坊外，參加者亦參觀了社區的戒煙中心，加深對香港戒煙服務的認識。



Dr Daniel HO, Associate Professor of School of Public Health, The University of Hong Kong was awarded the “Contribution Award for Chinese in Tobacco Control” for his great efforts and achievements in promoting tobacco control in Hong Kong, especially on the research about issues related to smoking and youth.



Fellowship Programme on Tobacco Control 2017

“The Fellowship Programme on Tobacco Control 2017” was organized by the World Health Organization (WHO) Collaborating Centre for Smoking Cessation and Treatment of Tobacco Dependence in Hong Kong from 23 to 27 October 2017. Structured according to “MPOWER” laid down by WHO, the programme assisted the tobacco control personnel working in the government or non-governmental organizations in countries of West-Pacific Region in mastering the skills in tobacco control, through a comprehensive overview of the latest tobacco control measures and experience sharing. Participants’ knowledge including legislation, enforcement, advocacy and publicity, development and evaluation of cessation programmes was strengthened.

Antonio KWONG, COSH Chairman was invited to deliver a presentation titled “Role of COSH in Advocacy, Education and Publicity against Tobacco Use in Hong Kong” which highlighted the experience and challenges of COSH on education, publicity and policy advocacy over the years. International and local experts, including Dr Tina CHAN, Prof Simon CHAPMAN, Kelvin KHOW, Prof LAM Tai-hing, Prof Judith MACKAY, Timothy MILBRANDT and Dr Homer TSO, were also invited to share their expertise and the latest development on tobacco control. In addition to presentations and workshops, participants also visited community-based smoking cessation clinics for an in-depth understanding on the smoking cessation services in Hong Kong.



「全力邁向無煙香港」會議

衛生署聯同委員會於2017年12月1日舉辦「全力邁向無煙香港」會議，藉此回顧香港在過去35年來控煙工作的里程碑，探討繼續向前的挑戰，並為無煙香港定下藍圖。

食物及衛生局局長陳肇始教授、衛生署署長陳漢儀醫生及委員會主席鄭祖盛分別為會議致開幕辭。大會邀請了12位本港及外國著名學者擔任會議的講者，分別以「成功遏止煙草流行的措施」及「檢測及規管新類型煙草產品」為主題進行演講，與參加者分享嶄新及有效的控煙政策及建議，以及電子煙及加熱非燃燒煙草製品的國際檢測標準和規管措施。

會議得到47間機構的支持，包括醫護團體、學術機構、控煙組織及戒煙服務機構，並獲得相關專業的持續進修學分，包括醫學、護理教育、牙醫及藥劑學。大會更設置展覽板，概述香港控煙的成就及介紹香港主要的戒煙服務。會議吸引逾二百多名政府部門、學術界、醫護界、戒煙服務及支持控煙的非政府組織人員參加。

“Towards a Tobacco Endgame in Hong Kong” Conference

To mark the milestone for the achievements in tobacco control in Hong Kong over the past 35 years, prepare for future challenges ahead and develop blueprint for a smoke-free Hong Kong, Department of Health and COSH jointly organized the “Towards a Tobacco Endgame in Hong Kong” Conference on 1 December 2017.

Prof Sophia CHAN, Secretary for Food and Health, Dr Constance CHAN, Director of Health and Antonio KWONG, COSH Chairman delivered opening remarks at the Conference. Plenary presentations under the theme of “Successful measures curbing tobacco epidemic” and “Testing and regulating novel tobacco products” were conducted by twelve distinguished local and overseas speakers. Pioneer and effective tobacco control measures, strategies and recommendations for working towards Tobacco Endgame, as well as the global testing standard and regulatory approach of e-cigarettes and heat-not-burn tobacco were shared with the audience.

The Conference was supported by 47 organizations, including medical and healthcare institutes, academia, tobacco control groups and smoking cessation service providers. Continuing education credits were awarded, including CME for doctors, CNE for nurses, CEU for pharmacists and CPD for dentists. Exhibition panels were also set up to summarize the tobacco control achievements and the major smoking cessation services provided in Hong Kong. The Conference attracted over 200 participants from government departments, academia, medical and healthcare profession, smoking cessation service providers and non-governmental organizations supporting tobacco control.

「成功遏止煙草流行的措施」研討會

Seminars on “Successful measures curbing tobacco epidemic”

主題 Programme	演講嘉賓 Speaker
(i) 無煙環境與有效的煙草稅政策 Tobacco Endgame and effective tobacco tax policy	羅夏麗博士 Dr Hana ROSS <i>Professor, School of Economics, University of Cape Town, South Africa</i>
(ii) 二手煙與「煙草 21」：兩個重要的控煙策略 Thirdhand smoke & Tobacco 21: Two important endgame strategies	Jonathan WINICKOFF 教授 Prof Jonathan WINICKOFF <i>Professor of Pediatrics, Harvard Medical School, USA</i>
(iii) 澳洲全煙害警示包裝 — 成功與啟示 Plain packaging in Australia – successes and lessons learnt	Kylie LINDORFF 女士 Ms Kylie LINDORFF <i>Manager of Tobacco Control Policy, Cancer Council Victoria, Australia</i>
(iv) 邁向無煙環境的策略及煙草業的干預 Endgame strategies and industry's interference	麥龍詩迪教授 Prof Judith MACKAY <i>Director, Asian Consultancy on Tobacco Control</i>
(v) 如何邁向無煙香港 Towards a Tobacco Endgame in Hong Kong	林大慶教授 Prof LAM Tai-hing <i>Chair Professor of Community Medicine & Sir Robert Kotewall Professor in Public Health, School of Public Health, The University of Hong Kong</i>



「檢測及規管新類型煙草產品」研討會

Seminars on “Testing and regulating novel tobacco products”

主題 Programme	演講嘉賓 Speaker
(i) 檢測電子煙：實驗室檢定、藥物學及毒物學評估 Testing e-cigarettes: laboratory evaluation, pharmacological and toxicological assessment	Maciej GONIEWICZ 博士 Dr Maciej GONIEWICZ <i>Associate Professor, Roswell Park Cancer Institute, USA</i>
(ii) 檢定加熱非燃燒煙草製品的煙霧成份 Evaluating the smoke contents released by heat-not-burn tobacco products	Aurélie BERTHET 博士 Dr Aurélie BERTHET <i>Senior Researcher, Institute for Work and Health, Switzerland</i>
(iii) 普遍的電子煙檢測：標準研究物料、檢測裝置及方法 Universal e-cigarette test: standardized research materials, testing devices and testing methods	Bartosz KOSZOWSKI 博士 Dr Bartosz KOSZOWSKI <i>Research Scientist, Battelle Memorial Institute, USA</i>
(iv) 美國電子煙使用的蔓延情況 Epidemiology of e-cigarette use in the US	Brian KING 博士 Dr Brian KING <i>Deputy Director for Research Translation, Office for Smoking and Health, Centers for Disease Control and Prevention, USA</i>
(v) 日本使用加熱非燃燒煙草製品及電子煙的情況 Use of heat-not-burn tobacco products and e-cigarette in Japan	Takahiro TABUCHI 博士 Dr Takahiro TABUCHI <i>Associate Chief, Department of Cancer Control Center, Osaka International Cancer Institute, Japan</i>
(vi) 加拿大規管電子煙的情況—煙草及汽化產品法案建議 Regulating e-cigarettes in Canada – the proposed Tobacco and Vaping Products Act	Dana BEATON 女士 Ms Dana BEATON <i>Director, Office of Research and Surveillance, Health Canada</i>
(vii) 規管新類型煙草產品—全球概況 Regulation of novel tobacco products – a global perspective	Douglas BETTCHER 博士 Dr Douglas BETTCHER <i>Director, Department for Prevention of Noncommunicable Diseases, WHO</i>



「無煙香港·有可能嗎？」座談會

趁著香港控煙35周年及室內禁煙十周年，委員會聯同香港電台第一台於2017年12月15日舉辦「精靈一點 無煙物語 健康你主場」座談會，探討「無煙香港·有可能嗎？」，了解市民對香港控煙政策的意見，並邀請了香港大學公共衛生學院社會醫學講座教授暨羅旭穌基金教授（公共衛生學）林大慶教授、委員會主席鄭祖盛、藝人梁釗峰、第五屆「戒煙大贏家」比賽冠軍李興廉、年輕吸煙父親黃韋竣及無煙宣傳片創作人譚業文，分享及交流對香港實行「全面禁煙」的意見。

座談會上亦播放了較早前進行的街頭訪問，以了解市民對擴大禁煙區及推動無煙香港的意見。結果發現市民普遍希望擴大禁煙區，包括行人道或露天地方，並設立定點吸煙位置，同時亦認為無煙香港應從教育著手，預防青少年及兒童開始吸煙。委員會在2017年12月1日至13日期間於社交媒體邀請公眾投票，探討市民最希望落實的控煙措施，結果與街頭訪問吻合，在逾560個投票當中，約78%希望實行定點吸煙，禁止一邊走路一邊吸煙，其次是增加煙草稅（約14%）。

「無煙香港·有可能嗎？」座談會精華片段於2018年1月4日於香港電台第一台及港台電視31的節目《精靈一點》內同步播出。

“Making Hong Kong a Smoke-free City” Public Forum

To mark the 35th anniversary of tobacco control, as well as the 10th anniversary of indoor smoking ban in Hong Kong, COSH collaborated with Radio 1 of Radio Television Hong Kong (RTHK) to organize a public forum “Making Hong Kong a Smoke-free City” on 15 December 2017, to understand the views of the public on tobacco control policies in Hong Kong. Guests including Prof LAM Tai-hing, Chair Professor of Community Medicine & Sir Robert Kotewall Professor in Public Health, School of Public Health, The University of Hong Kong, Antonio KWONG, COSH Chairman, Andy LEUNG, Artist, Henry LEE, Champion of the 5th “Quit to Win” Smoking Cessation Contest, WONG Wai-chun, a young smoker with kid and Rodney TAM, Creative Director experienced in producing smoke-free advertisements were invited to share their views on a Tobacco Endgame in Hong Kong.

A series of man-on-the-street interviews were conducted asking for the views of the public on extending the smoke-free areas and ways to leap towards a smoke-free Hong Kong. The video was premiered at the forum. Most of the interviewees supported to extend the smoke-free areas, including pedestrian walkways and outdoor places, as well as set up designated smoking areas. They also suggested strengthening the smoke-free education to deter the youngsters and children from picking up the first cigarette. Besides, COSH launched an online polling on social media from 1 to 13 December 2017 to collect views on the most preferred tobacco control policy. The polling results coincided with the interviews. Among some 560 votes, around 78% would like to set up designated smoking areas and ban smoking while walking on the streets, followed by raising tobacco tax (14%).

The highlights of the forum was broadcasted on Radio 1 and TV 31 of RTHK during the programme “Health Pedia” on 4 January 2018.



第 17 屆世界煙草或健康會議

「世界煙草或健康會議」每三年舉辦一次，旨在加強國際間有關煙草控制資訊的交流，以及提供平台予各國分享控煙工作的經驗及當中的挑戰。

第 17 屆會議於 2018 年 3 月 7 日至 9 日在南非開普敦舉行，主題為「團結全球共建無煙世代」，逾 2,000 名來自 125 個國家及地區的學者、公共衛生界專業人士及非政府組織代表出席。委員會派出代表團參與是次會議，成員包括主席鄭祖盛、副主席伍婉婷、總幹事黎慧賢及秘書處職員。

委員會獲大會邀請口頭報告論文，題目為「透過行業為本的計劃促進商界推廣無煙企業文化」。另外兩份論文亦獲選以海報形式發表，分別為「應對煙草業的挑戰：動員社區力量倡導政策變更」及「透過特設的無煙宣傳計劃消除香港長者對吸煙的謬誤」。透過口頭報告和海報展示，委員會向與會者介紹香港控煙工作的最新情況及委員會的宣傳推廣計劃。

會議提出一系列的建議，包括倡議政府與民眾停止煙草商的干擾、拒絕或停止與由煙草業資助的無煙世界基金會合作及其他由煙草業界提出的建議、支持無煙世代的理念、優先加強相關的財政政策，以持續地減低人們對煙草產品的負擔能力及接觸，以及於 2021 年或之前制定計劃逐步停止煙草產品的銷售。



The 17th World Conference on Tobacco or Health

“The World Conference on Tobacco or Health”, held every three years, aims to strengthen the international exchange on tobacco control and related information, and provide a platform for different countries to share their experiences and challenges on tobacco control.

The 17th Conference was held from 7 to 9 March 2018 in Cape Town, South Africa. Over 2,000 academics, public health professionals and non-governmental organization advocates from 125 countries and regions joined the Conference with the theme of “Uniting the World for a Tobacco Free Generation”. COSH sent a delegation to attend the Conference, including Antonio KWONG, Chairman, Yolanda NG, Vice-chairman, Vienna LAI, Executive Director and Secretariat staff.

COSH was invited to give an oral presentation titled “Engage the business sector to promote smoke-free corporate culture through industry-oriented programmes”. Another two abstracts were also selected for poster presentation, namely “To Encounter the Challenges of Tobacco Industry: Concerted Community Effort to Advocate for Policy Change” and “Tailor-made Smoke-free Programme to Clear the Myths of Smoking among Hong Kong Elder People”. Through the presentations, COSH introduced the latest tobacco control work in Hong Kong and the education and publicity programmes of COSH.

The Conference ended with a number of recommendations, including calling on governments to unite with civil society to stop tobacco industry interference; to reject or cease engagement with the industry-funded Foundation for a Smoke-free World and other initiatives of the tobacco industry; to support the concept of a tobacco free generation; to extend the related fiscal policies as a priority to continually decrease the affordability and accessibility of tobacco products; and to develop a plan by 2021 for phasing out the sale of tobacco products.



考察活動 Visits



國際煙草控制政策評估項目學者

國際煙草控制政策評估項目 (ITC 項目) 創辦人及總首席研究員方智德教授於2017年4月24日到訪委員會，介紹ITC項目，並發表了2006年至2015年期間進行的ITC中國項目研究結果。委員會主席鄭祖盛及總幹事黎慧賢亦分享了委員會控煙政策調查的資料。

衛生署助理署長(特別衛生事務)陳少梅醫生、香港大學公共衛生學院社會醫學講座教授暨羅旭龢基金教授(公共衛生學)林大慶教授、亞洲反吸煙諮詢所總監麥龍詩迪教授、世界衛生組織總幹事傑出控煙獎得主左偉國醫生，以及衛生署控煙辦公室主管李培文醫生亦有出席，就控煙研究及政策交流意見及經驗。



馬來西亞學者

Amer Siddiq AMER NORDIN博士是馬來亞大學精神醫學系副教授，從事尼古丁成癮的研究，並致力推動馬來西亞的控煙工作。Amer Nordin博士於2017年5月12日到訪委員會，分享馬來西亞為實現全面禁煙所作的準備。委員會總幹事黎慧賢及項目籌劃高級經理吳麗盈則講解本港的控煙進程和所遇到的挑戰，以及委員會在控煙工作中扮演的角色。

A scholar of International Tobacco Control Policy Evaluation Project

Prof Geoffrey FONG, Founder and Chief Principal Investigator of the International Tobacco Control Policy Evaluation Project (the ITC Project), visited COSH on 24 April 2017 to introduce the project and presented the results of the ITC China Project conducted in 2006 to 2015. Antonio KWONG, COSH Chairman and Vienna LAI, COSH Executive Director shared the findings of COSH's Tobacco Control Policy-related Survey.

Dr Tina CHAN, Assistant Director of Health (Special Health Services), Prof LAM Tai-hing, Chair Professor of Community Medicine & Sir Robert Kotewall Professor in Public Health, School of Public Health, The University of Hong Kong, Prof Judith MACKAY, Director of Asian Consultancy on Tobacco Control, Dr Homer TSO, Winner of WHO Director-General's Award for Leadership in Global Tobacco Control and Dr Jeff LEE, Head of Tobacco Control Office, Department of Health were also invited to join the meeting to exchange views and experiences.

A scholar from Malaysia

Dr Amer Siddiq AMER NORDIN is an Associate Professor of the Department of Psychological Medicine of University of Malaya. He has spared no effort in conducting researches in nicotine addiction and advancing the tobacco control work in Malaysia. Dr Amer Nordin visited COSH on 12 May 2017 and shared the preparation of Malaysia for achieving Tobacco Endgame. Vienna LAI, COSH Executive Director and Annie NG, COSH Senior Project Manager delivered a presentation on the achievements and challenges of Hong Kong's tobacco control work, as well as the role of COSH in curbing tobacco epidemic.



美國研究員

Daniel AMOS 教授獲得由美國政府設立的傅爾布萊特研究資助，進行一個關於香港與美國華盛頓州制定青少年相關控煙政策的對比研究，以探討兩地有關保障兒童及青少年的控煙法例和政策。Daniel AMOS 教授於2017年10月24日到訪委員會，介紹美國華盛頓州的煙草使用情況及控煙法例。委員會委員何世賢博士及項目籌劃高級經理朱偉康講解香港青少年煙草使用情況，並分享進行以青少年為對象的煙草和健康研究的經驗。此外，Daniel AMOS 教授與委員會代表亦就兩地在新煙草產品的使用和規管上作出交流和討論。

澳門政府預防及控制吸煙辦公室

澳門政府預防及控制吸煙辦公室於2017年12月5日率團到訪委員會。委員會總幹事黎慧賢及項目籌劃高級經理朱偉康與代表團在各個控煙範疇作交流，包括澳門於2018年1月1日實施的最新措施，如將所有公共交通輪候處列為禁煙區、全面禁止銷售電子煙及禁止公開展示煙草產品等。



A researcher from the United States

Prof Daniel AMOS has been granted the United States Government-funded Fulbright Research Award to conduct a “Comparative Study of the Making of Tobacco Policy for Adolescents in Hong Kong and Washington State”. The research project particularly studied tobacco control legislation and policy that were directed towards children, adolescents and young adults in the two places. Prof Amos visited COSH on 24 October 2017 and introduced the smoke-free laws and situation of tobacco use in Washington State, the United States. Dr Daniel HO, COSH Council Member and Lawrence CHU, COSH Senior Project Manager, shared the information of youth smoking in Hong Kong and experience in carrying out tobacco and health-related research in adolescents. The use and regulations of new tobacco products in the United States and Hong Kong were also discussed.

Tobacco Prevention and Control Office, Macao SAR Government

Delegates of Tobacco Prevention and Control Office of Macao SAR Government visited COSH on 5 December 2017. Vienna LAI, COSH Executive Director and Lawrence CHU, COSH Senior Project Manager exchanged views with the delegates on various issues of tobacco control, including the extension of no smoking areas to all public transport terminals and stops, total ban on sale of e-cigarettes and prohibition of display of tobacco products that would be implemented on 1 January 2018 in Macao.

資訊及研究項目計劃

Information and Research Projects

資訊項目計劃

Information Projects



資源中心

委員會設有資源中心，供市民索取本會印製有關吸煙和健康的資料，包括研究報告書、無煙宣傳及教育資料如小冊子及海報等。

資源中心亦收藏各類有關煙草禍害、被動吸煙、控煙法例等的資料，包括本地和國際期刊、書籍、學術研究論文、控煙會議文獻、參考資料及影音資料。

到訪資源中心的人士主要包括學生、老師、家長、研究人員、醫護人員、控煙團體及公共衛生界別人士。委員會亦會接待本地及海外的考察代表團。

諮詢熱線

委員會裝設了一套自動電話系統，為市民提供24小時諮詢服務。市民可透過熱線(852) 2838 8822獲取各項有關吸煙與健康及香港控煙法例的資訊、查詢委員會的活動資料，以及就吸煙或其他相關的議題作出查詢、建議或投訴。

電話諮詢熱線協助委員會收集市民對各項控煙政策的意見，有助委員會計劃未來的工作。委員會在接收投訴及建議後，會即時處理或/及轉交有關的政府部門及相關團體跟進。

Resource Centre

COSH set up the Resource Centre to provide a variety of information related to smoking and health. The public can have access to the research reports, smoke-free promotional and educational materials such as leaflets and posters.

Collections of the Resource Centre include various local and international periodicals, journals, books, research papers, conference proceedings, reference materials and audio-visual materials about tobacco hazards, passive smoking and tobacco control legislation, etc.

Visitors of the Resource Centre include students, teachers, parents, researchers, medical and healthcare practitioners, tobacco control organizations and public health professionals. COSH also receives visits from local and overseas delegations.

Enquiry Hotline

A hotline system (852) 2838 8822 is set up to provide round-the-clock enquiry service. The public can acquire information about smoking and health, smoke-free legislations in Hong Kong and details of COSH's programmes. The public can also make enquiries, suggestions and complaints regarding smoking or other related issues via the hotline.

The hotline served as a means to collect public opinions on tobacco control policies which are useful for the formulation of COSH's future work plan. Any feedback, complaints or suggestions received will be responded instantly or/and referred to relevant government departments and organizations accordingly.

在2017年4月1日至2018年3月31日期間，委員會共收到市民提出301宗查詢、投訴及建議，主要個案類型包括查詢香港控煙法例、查詢委員會背景與活動資料、收聽兒童無煙教育熱線、申請委員會教育及宣傳物品和投訴違例吸煙等。

委員會網站、Facebook及電子通訊

委員會的網站(www.smokefree.hk)讓市民透過互聯網了解委員會的工作和活動，以及獲取與吸煙和健康相關的資訊。在2017年4月1日至2018年3月31日期間，委員會網站共錄得超過400,000瀏覽次數，當中有關煙害、電子煙及戒煙方法的資訊錄得較高瀏覽量。

委員會的網站採用無障礙網頁設計，令不同階層的市民包括殘疾人士更方便地獲取有關控煙的資訊及委員會的服務。委員會網站達至由政府資訊科技總監辦公室及平等機會委員會舉辦之「無障礙網頁嘉許計劃」的金獎級別，並獲得「三年卓越表現獎」。

此外，委員會亦定期發放電子通訊，內容包括世界各地有關吸煙和健康的研究、最新的控煙措施及委員會的最新活動等。公眾可於委員會網站登記接收電子通訊。

社交媒體逐漸流行，並成為大眾接收資訊的主要途徑之一，委員會設立「無煙大家庭」Facebook專頁(www.facebook.com/smokefreefamily)與市民互動。透過專頁，市民可獲得委員會最新動態和控煙資訊，並了解及參與委員會的活動。



無煙大家庭 smokefreefamily



Between 1 April 2017 and 31 March 2018, COSH received 301 calls from the public making enquiries, suggestions and complaints. Major categories of cases included enquiries on legislation on tobacco control in Hong Kong, enquiries on COSH's background information and projects, listen to the children smoke-free education programmes, applications for COSH's education and publicity materials and complaints on smoking offenses.

COSH Website, Facebook and E-Newsletter

COSH website (www.smokefree.hk) is developed to enable the public to keep updated on the activities of COSH as well as the latest information related to smoking and health via internet. Between 1 April 2017 and 31 March 2018, COSH website recorded over 400,000 page views. Pages of smoking hazards, e-cigarettes and methods of cessation had higher views.

COSH website adopted the accessibility design to facilitate different segments of the community including persons with disability to access to tobacco control information and COSH's services. The website attains the requirements of Gold Award of "Web Accessibility Recognition Scheme" organized by the Office of the Government Chief Information Officer and the Equal Opportunities Commission, and was awarded the Triple Gold Award.

E-Newsletter is also released regularly covering the studies on smoking hazards and smoking cessation in different countries, local and overseas tobacco control measures and the latest activities of COSH. The general public can subscribe the e-newsletter through COSH website.

As social media becomes popular and is one of the key information sources, a Facebook page "Smoke-free Family" (www.facebook.com/smokefreefamily) has been set up to interact with the public, as well as release the news of COSH and tobacco control. Members of public can also obtain the details of COSH's programmes and join via the Facebook page.

研究項目計劃 Research Projects



控煙政策調查 2017

委員會自 2012 年起定期進行「控煙政策調查」，以評估香港控煙政策的成效及了解市民對控煙措施的意見。此調查是一個具代表性的橫斷研究，廣泛收集有關吸煙與健康的資料，包括受訪者的吸煙習慣、接觸二手煙及三手煙的情況、對現行和未來控煙政策的意見等。

2017 年的調查由委員會委託香港大學公共衛生學院及護理學院進行，數據則由香港大學民意研究計劃以電話訪問形式收集，於 2017 年 4 月至 9 月期間成功隨機訪問了共 5,131 名 15 歲或以上可以廣東話或普通話溝通的市民，當中包括 1,712 名從不吸煙者、1,715 名已戒煙者及 1,704 名現時吸煙者，受訪者會被隨機分配回答不同問題組別的問卷。調查人員根據 2017 年的香港人口對最終樣本進行加權。

調查結果如下：

被動吸煙

- 在所有受訪者當中，有 9.9% 表示在過去七天曾在家中接觸二手煙，有 22.3% 在家中吸入在屋外傳入的二手煙。
- 市民在公共地方接觸二手煙的情況普遍，有 68.6% 受訪者表示於過去七天中最少有一天曾在公共地方接觸到二手煙，最常接觸到二手煙的地方是街道上 (78.9%)、公共交通等候處 (19.3%) 及公園等休憩地方 (13.8%)。

Tobacco Control Policy-related Survey 2017

COSH has conducted Tobacco Control Policy-related Survey regularly since 2012 to evaluate the effectiveness and investigate the views of public on tobacco control policy in Hong Kong. It is a representative cross-sectional survey and covers a wide scope of topics related to smoking and health, including pattern of smoking, secondhand and third-hand smoke exposure, opinions towards existing and future tobacco control measures, etc.

The School of Public Health and the School of Nursing of The University of Hong Kong were commissioned to conduct the Tobacco Control Policy-related Survey 2017. Data was collected by Public Opinion Programme of The University of Hong Kong via telephone interview. From April to September 2017, the survey successfully collected the information from the randomized sample of 5,131 respondents aged 15 years or above and spoke Cantonese or Putonghua, including 1,712 never smokers, 1,715 ex-smokers and 1,704 current smokers. Respondents were divided into different subsamples to answer different question subsets. The final samples were weighted to the Hong Kong population in 2017.

Results of the survey are shown below:

Passive smoking

- Among all respondents, 9.9% reported secondhand smoke (SHS) exposure at home in the past seven days while 22.3% reported SHS exposure at home from air drifted from outside.
- Exposure to SHS in public places was common. 68.6% of respondents reported that they had exposed to SHS in at least one day in the past seven days. The most common places were on the streets (78.9%), public transport stops (19.3%) and parks and leisure places (13.8%).

- 在過去30天曾經到訪過個別法定禁煙範圍的受訪者表示，於酒吧內(44.9%)、公共交通轉乘設施(41.4%)、食肆(15.2%)及商場(10.5%)接觸到二手煙。
- 不少室外公共地方未納入禁煙範圍，在這些地方接觸二手煙的情況嚴重，大部分受訪者表示於過去30天曾在行人路(88.1%)、酒吧室外座位(84.1%)、大廈出入口(69.2%)、公共交通等候處(62.9%)及餐廳室外座位(61.9%)接觸到二手煙。
- 超過一成受訪者(13.3%)在過去七天曾在家中接觸到三手煙，更有超過六成(64.4%)在家以外的地方接觸到三手煙。

擴大禁煙範圍

- 整體而言，大部分受訪者贊成進一步擴大法定禁煙範圍至公共交通等候處(92.3%)、公共地方的輪候隊伍(91.7%)、行人路(82.7%)、繁忙街道(81.8%)、住所公共地方(81.7%)、辦公大樓出入口三米範圍內(76.7%)、餐廳室外座位(65.5%)、所有室外公共地方(60.7%)及酒吧室外座位(52.6%)。
- 大部分受訪者支持在有兒童的地方禁止吸煙，包括私人車輛(88.4%)、所有公共地方(84.2%)及家中(76.4%)。
- 超過八成(84.1%)受訪者認為政府應調高達例吸煙的罰款(現時的罰款為港幣1,500元)。
- 絕大部分(81.1%)受訪者認為場所負責人應為其場所內的違例吸煙情況負上刑責。
- 近七成(69.3%)受訪者贊成政府應立法禁止吸煙人士在街道上一邊走路一邊吸煙。

- Among the respondents who had been to the respective statutory no-smoking areas in the past 30 days, exposure to SHS was reported in bars (44.9%), public transport interchanges (41.4%), restaurants (15.2%) and shopping malls (10.5%).
- Many outdoor public places were not listed as smoke-free in Hong Kong. Exposure to SHS in these areas was serious. Most respondents reported SHS exposure at pedestrian walkways (88.1%), seating-out areas of bars (84.1%), near doorways of buildings (69.2%), public transport stops (62.9%) and seating-out areas of restaurants (61.9%) in the past 30 days.
- Over 10% (13.3%) of respondents reported exposure to third-hand smoke at home in the past seven days and over 60% (64.4%) reported such exposure outside home.

Extension of smoke-free areas

- In general, respondents supported to extend no-smoking area to public transport stops (92.3%), queuing line in public places (91.7%), pedestrian walkways (82.7%), busy streets (81.8%), public areas of the residential buildings (81.7%), within three metres of doorways of office buildings (76.7%), seating-out areas of restaurants (65.5%), all public outdoor places (60.7%) and seating-out areas of bars (52.6%).
- Respondents overwhelmingly supported to ban smoking in the venue where children are present, including in private vehicles (88.4%), all public areas (84.2%) and home (76.4%).
- Over 80% (84.1%) of respondents thought that the Government should raise the fine of smoking offenses (the fine is HK\$1,500 at present).
- Majority (81.1%) of respondents supported that the person-in-charge should be liable and penalized for smoking offense in smoke-free premises under their management.
- Around 70% (69.3%) of respondents agreed that the Government should legislate to ban smoking while walking on the streets.

煙草產品包裝規管

- 大部分(77.6%)現時吸煙者表示，在過去30天有留意到煙包上的煙害圖象警示，比率遠較從不吸煙者(35.3%)及已戒煙者(27.1%)為高。
- 在曾留意到煙包上煙害圖象警示的現時吸煙者當中，有39.6%會因此而聯想起吸煙的危害、25.4%考慮戒煙及8.5%停止當時的吸煙行為。
- 大部分(79.7%)受訪者認為煙害圖象警示應該更加清晰及具警嚇性。另外，接近三分二(62.9%)受訪者贊成定期更換煙害圖象警示。
- 大多數(76.0%)受訪者贊成將煙害圖象警示擴大至佔煙包面積的85%，此措施亦得到過半數(57.2%)的現時吸煙者支持。(煙害圖象警示擴大至佔煙包面積的85%的措施於2017年12月開始生效，並於2018年6月21日起全面實施。)
- 「全煙害警示包裝」即統一及簡化煙草產品的包裝，任何形式的煙草品牌只可按規定及以簡單方式展現，並禁止在煙包上展示商標、圖案及標誌；品牌名稱只可以統一的字款、顏色及位置展現在煙包上。大部分(79.3%)的受訪者贊成推行「全煙害警示包裝」，當中亦有過半數(53.2%)的現時吸煙者支持。

Regulations on cigarette packs

- Majority (77.6%) of current smokers had noticed the pictorial health warnings (PHW) on cigarette packs in the past 30 days, which was much higher than never smokers (35.3%) and ex-smokers (27.1%).
- Among the current smokers who noticed the PHW, 39.6% would think of the risks of smoking, 25.4% would think of quitting smoking and 8.5% would stop to light a cigarette.
- Most (79.7%) respondents agreed that the PHW should be clearer and more threatening about the hazards of smoking. Nearly two-thirds (62.9%) of respondents agreed to rotate the PHW regularly.
- Majority (76.0%) of respondents agreed to enlarge the size of the PHW to 85% of the cigarette pack area, which was also supported by over half (57.2%) of current smokers. (The enlargement of PHW to 85% of cigarette pack area was enacted in December 2017 and fully implemented on 21 June 2018.)
- Plain packaging standardizes and simplifies the packaging of tobacco products. All forms of tobacco branding should be labeled according to the government prescriptions and in simple and plain format. Trademarks, graphics and logos are not allowed on cigarette packs, except for the brand name that is displayed in a standard font, colour and location on the package. Most (79.3%) respondents supported to adopt plain packaging. Over half (53.2%) of current smokers also supported.



煙草廣告及推廣

- 大多數(64.0%)受訪者於過去30天曾經在銷售點看到陳列的煙草產品。
- 大部分(74.9%)受訪者認為陳列煙草產品屬於廣告宣傳，近三分二(66.0%)的受訪者同意禁止於銷售點展示煙草產品，當中包括過半數(52.3%)的現時吸煙者。
- 過半數(61.1%)受訪者認為應該禁止煙草品牌延伸(即在其他產品如衣服上使用煙草品牌和名字)。
- 超過一半(54.9%)的受訪者表示於過去30天於電影、電視或互聯網上看見吸煙場景，大部分(70.2%)亦認為這些場景會鼓勵年輕人吸煙。



煙草稅

- 大部分(81.1%)受訪者同意政府於明年(2018年)增加煙草稅。支持每年增加煙草稅的受訪者數亦佔大多數(71.0%)。
- 接近三分二(62.1%)受訪者贊成調高煙價以推動吸煙人士戒煙，有超過一半(53.8%)的現時吸煙者亦表示贊成。
- 超過一半(58.5%)現時吸煙者表示會因為煙價調高而減少最少一半的吸煙數量或戒煙。他們認為，要令吸煙人士減少最少一半吸煙數量，煙價應該調高至平均每包港幣165元，中位數為港幣100元；而要令吸煙人士戒煙，煙價應該調高至平均每包港幣302元，中位數為港幣100元。

Tobacco advertising and promotion

- Most (64.0%) respondents had noticed the display of tobacco products at points of sale in the past 30 days.
- Majority (74.9%) of respondents thought that the display of tobacco products was a kind of advertisement and promotion. Nearly two-thirds (66.0%) of all respondents agreed to ban the display of tobacco products at points of sale, while over half (52.3%) of current smokers also supported.
- More than half (61.1%) of respondents thought that brand extension, which means the use of cigarette brand names and logos for other products such as clothing, should be prohibited.
- More than half (54.9%) of respondents reported that they had seen smoking scenes in movies, TV shows or internet in the past 30 days. Most (70.2%) respondents thought that the scenes would encourage youngsters to smoke.

Tobacco tax

- Majority (81.1%) of respondents supported the Government to raise tobacco tax next year (2018) and most (71.0%) respondents agreed to raise tobacco tax annually.
- Nearly two-thirds (62.1%) of all respondents agreed that cigarette price should be increased to help smokers quit smoking and it was supported by half (53.8%) of current smokers.
- Over half (58.5%) of current smokers said that they would reduce cigarette consumption at least by half or quit smoking if cigarette price increases. They said that the price of a pack of cigarettes should be raised to HK\$165 on average (median was HK\$100) to make them reduce cigarette consumption at least by half, while HK\$302 on average (median was HK\$100) to make them quit smoking.

電子煙、加熱非燃燒煙草製品及水煙

- 大部分受訪者曾聽說過電子煙 (88.4%)。在所有受訪者當中，有 3.5% 曾經使用過電子煙，主要的使用原因包括「好奇」(63.0%)、「朋友送的禮物」(14.6%) 及「幫助戒煙」(10.3%)。
- 約四成 (40.6%) 受訪者表示購買的電子煙含有尼古丁，另外有約三成 (33.1%) 表示電子煙不含尼古丁。不足三成 (29.2%) 受訪者表示購買的電子煙有成分標籤，近半數 (45.2%) 則表示沒有。
- 大部分 (63.6%) 受訪者認為電子煙不能幫助戒煙，有四分之一 (25.9%) 對此表示不確定，只有 10.5% 認為可以幫助戒煙。
- 受訪者普遍贊成各項規管電子煙的措施，包括禁止售賣予 18 歲以下的人士 (95.4%)、限制售賣所有電子煙 (包括不含尼古丁的電子煙) (88.9%)、領有牌照的店舖才可出售 (85.5%)、當作傳統捲煙規管 (85.3%) 及禁止廣告及宣傳 (71.6%)。近半數 (49.5%) 支持全面禁止電子煙。
- 約一成 (11.1%) 受訪者曾聽說過加熱非燃燒煙草製品。在所有受訪者當中，有 0.9% 曾經吸過加熱非燃燒煙草製品。主要的使用原因包括「好奇」(41.6%)、「對健康害處較少」(28.7%) 及「較傳統捲煙乾淨」(22.0%)。
- 大部分 (84.6%) 受訪者曾聽說過水煙。在所有受訪者當中，有 9.7% 曾經吸過水煙。主要的使用原因包括「好奇」(69.8%)、「社交需要」(15.7%) 及「朋友建議使用」(12.6%)。



E-cigarettes, heat-not-burn tobacco products and waterpipe tobacco

- Most respondents (88.4%) had heard about e-cigarettes. Among all respondents, about 3.5% had ever used e-cigarettes. The most common reasons for them to use e-cigarettes were “curiosity” (63.0%), “gifts from others” (14.6%) and “it can help quit smoking” (10.3%).
- About 40% (40.6%) of respondents said that the e-cigarettes they bought contained nicotine, while about 30% (33.1%) reported that their e-cigarettes were nicotine-free. Less than 30% (29.2%) reported that there was ingredient label on e-cigarettes whereas nearly half (45.2%) reported that there was not.
- Most (63.6%) respondents did not think e-cigarettes could help quit smoking and one-fourth (25.9%) were not sure about it. Only 10.5% thought that e-cigarettes could help quit smoking.
- Different regulatory measures on e-cigarettes were supported by the majority of respondents, including banning sales to people under 18 years old (95.4%), restricting sale regardless of containing nicotine or not (88.9%), requiring license for shops to sell e-cigarettes (85.5%), regulating as traditional cigarettes (85.3%), and banning promotion and advertising (71.6%). Nearly half (49.5%) supported a total ban on e-cigarettes.
- About 10% (11.1%) of respondents had heard about heat-not-burn tobacco products and 0.9% had ever used the products. The main reasons of use were “curiosity” (41.6%), “less harmful to health” (28.7%) and “cleaner than traditional cigarettes” (22.0%).
- Most (84.6%) respondents had ever heard about waterpipe tobacco and 9.7% had ever used. The most common reasons for them to use waterpipe tobacco were “curiosity” (69.8%), “social gathering” (15.7%) and “introduced by friends” (12.6%).

對未來控煙政策的意見

- 大部分 (81.1%) 受訪者贊成將法定購買煙草的年齡由 18 歲調高至 21 歲，現時吸煙者中亦有 67.3% 表示同意。
- 過半數 (51.7%) 受訪者同意禁止售賣煙草予某一年份或之後出生的人士。
- 超過六成受訪者支持香港全面禁止銷售煙草 (61.2%) 及全面禁止吸煙 (64.3%)；支持的現時吸煙者亦分別有 36.9% 及 35.2%。
- 大部分 (62.4%) 受訪者同意當香港吸煙率降至百分之五或以下，應實施全面禁煙。
- 政府於 2007 年對《吸煙 (公眾衛生) 條例》作重大修訂，距今已十年。大部分 (77.9%) 受訪者認為政府應再次對條例進行修訂。

為適時向政府倡議有效的控煙措施及提高公眾的關注，委員會已透過不同方式公佈部分題目的初步結果。委員會亦會以報告書形式發佈研究結果。

Opinions on future tobacco control policies

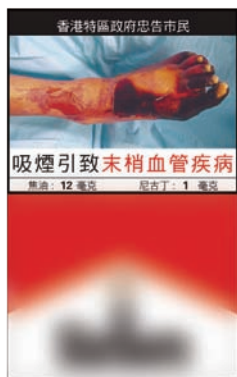
- A majority (81.1%) of respondents agreed to increase the legal age for purchasing cigarettes from the current 18 to 21 years old, and it was agreed by 67.3% of current smokers.
- More than half (51.7%) of respondents agreed that children born in and after a specific year should never have access to cigarettes.
- Over 60% of respondents supported a total ban on tobacco sale (61.2%) and total ban of smoking (64.3%) in Hong Kong. The measures were also supported by 36.9% and 35.2% of current smokers respectively.
- Most (62.4%) respondents agreed to ban smoking if smoking prevalence in Hong Kong decreases to 5% or lower.
- It has been ten years since the last significant update on Smoking (Public Health) Ordinance in 2007. Majority (77.9%) of respondents thought that the Government should carry out another amendment on the ordinance.

To advocate for appropriate measures and raise public awareness duly, COSH released the preliminary findings of specific topics in different occasions. Reports will also be produced to disseminate the survey results.

兒童及青少年對煙包的觀感之焦點小組研究

世界衛生組織呼籲各國採用「全煙害警示包裝」，以減低煙草產品的吸引力、提升公眾對煙害認識及提高吸煙人士的戒煙意欲。委員會與香港大學公共衛生學院於2017年2月至3月進行「兒童及青少年對煙包的觀感之焦點小組研究」，以了解中、小學生對四款採用相同煙害圖象警示的煙包、在不同警示面積和包裝下的反應和看法。是次研究共有35位來自六間學校的小四至中三學生參加。

四款煙包分別為(1)煙害圖象警示佔煙包面積50%的普通包裝、(2)煙害圖象警示佔煙包面積85%的普通包裝、(3)煙害圖象警示佔煙包面積85%的棕綠色「全煙害警示包裝」及(4)煙害圖象警示佔煙包面積85%的石灰綠色「全煙害警示包裝」。



研究結果顯示：

- 雖然很多受訪學生認為佔煙包面積50%的圖象警示恐怖，但有一些受訪中學生認為這些煙包色彩繽紛，引起對吸煙的好奇心。

Focus Group Study on Perceptions of Tobacco Packaging among Children and Youth

Plain packaging is recommended by World Health Organization to reduce attractiveness of tobacco products, enhance the general public's knowledge on smoking hazards and increase smokers' intention of quitting. To investigate the reactions and perceptions of primary and secondary school students on cigarette packets, COSH and the School of Public Health, The University of Hong Kong conducted the Focus Group Study on Perceptions of Tobacco Packaging among Children and Youth in February to March 2017. Four types of cigarette packets with the same pictorial health warnings but of different sizes and packaging were adopted and showed to a total of 35 primary 4 to secondary 3 students from six schools who participated in the study.

The four types of cigarette pack included (1) pictorial health warning covering 50% of cigarette packet area in ordinary packaging, (2) pictorial health warning covering 85% of cigarette packet area in ordinary packaging, (3) pictorial health warning covering 85% of cigarette packet area in drab brown plain packaging, and (4) pictorial health warning covering 85% of cigarette packet area in lime green plain packaging.

Results of the study showed that:

- While many students perceived the tobacco packet with 50% pictorial health warning as terrifying, some secondary school students thought that this packet was colourful and might raise curiosity about smoking.

- 受訪學生認為佔煙包面積85%的煙害圖象警示更能令他們感受到吸煙有害和會成癮，大部分學生更認為有阻嚇吸煙的作用。
- 兩款「全煙害警示包裝」的煙包均令受訪學生產生負面聯想，包括驚嚇、噁心、吸煙會上癮和有害等，他們亦認為「全煙害警示包裝」的煙包欠缺色彩及吸引力較低。當以兩款「全煙害警示包裝」的煙包進行比較，大多數認為棕綠色煙包較石灰綠色煙包更具傷害性和阻嚇性，吸引力亦更低。
- Students thought that the packet with 85% pictorial health warning raised the perceived harmfulness and addictiveness of smoking. Most students felt the enlarged warning was smoking-deterring.
- Students thought that both packets in plain packaging were linked to negative perceptions, included scary, disgusting, smoking is addictive and harmful, etc. They perceived the packets were less colourful and less attractive. Comparing to the plain packet in lime green, the students thought that the plain packet in drab brown was more harmful, more deterring and less attractive.

香港年輕成人對電子煙及水煙的認知研究

委員會與紐約大學醫學院人口健康學系的學者（前為香港大學公共衛生學院學者）合作進行研究，了解香港年輕成人對電子煙及水煙的認知，以及相關宣傳推廣的影響。研究分兩個部分進行，包括以電子煙及水煙使用者為對象的深入面談，及以年輕成人為對象的網上調查。

於2016年7月至9月期間，研究員分別與20名電子煙使用者（當中9人為曾經使用者，11人為現時使用者）及20名水煙使用者（當中4人為曾經使用者，16人為現時使用者）進行深入面談。所有水煙使用者表示自己在酒吧及夜場裏由朋友介紹下開始吸食水煙，而大部份電子煙使用者則表示出於好奇、戒煙或以為可以隨時隨地使用。受訪的電子煙和水煙使用者表示使用電子煙和水煙主要是因為產品的設計新穎、口味具吸引力及有大量煙霧，但他們一般表示對產品成份的認識有限。研究亦顯示，水煙酒吧和互聯網分別是水煙使用者和電子煙使用者接觸到相關產品宣傳的途徑。

Study on Perceptions of E-cigarettes and Waterpipe among Young Adults in Hong Kong

COSH collaborated with a scholar of Department of Population Health, School of Medicine, New York University (a former scholar of School of Public Health, The University of Hong Kong) to conduct a study to understand the perceptions of Hong Kong young adults on e-cigarettes and waterpipe and the related marketing impact. The study consisted of in-depth interviews with e-cigarette users and waterpipe smokers, and an online survey targeted young adults in Hong Kong.

The face-to-face interviews with 20 ever e-cigarette users (included 9 former users and 11 current users) and 20 waterpipe smokers (4 former users and 16 current users) were conducted during July to September 2016. All waterpipe smokers stated having first tried waterpipe with friends at bars and nightclubs, while most e-cigarette users started using due to curiosity, purpose of quit smoking and thought it was allowed to be used anytime and anywhere. Both interviewed waterpipe smokers and e-cigarette users were attracted by the two products' novel design, appealing flavours and the large amount of vapour produced. However, they generally claimed that they had limited knowledge about the ingredients of the two products. Most waterpipe smokers claimed that they were exposed to the products' advertisement in waterpipe lounges whereas e-cigarette users were on internet.

而網上調查則於2016年11月至2017年3月進行，透過電郵邀請由電話隨機招募的香港居民參加，結果有1,186名18至35歲的年輕成人完成問卷調查，當中包括811名非吸煙者及375名吸煙者。主要的調查結果如下：

- 在年輕成人中，曾經使用電子煙和水煙的比率分別為16.7%及30.4%，而現時使用的比率分別為4.8%及13.4%。
- 而在從來沒有使用過電子煙和水煙的受訪者中，分別有約三分之一表示可能會使用電子煙(33.5%)及水煙(34.7%)。
- 與傳統捲煙比較，受訪者認為電子煙、水煙以及其二手煙霧的危害較低、成癮性和流行程度亦較低。
- 年輕成人接觸到電子煙及水煙廣告和宣傳的途徑主要為互聯網(電子煙為34.0%，水煙為20.9%)、社交媒體(電子煙為32.6%，水煙為27.0%)及酒吧/夜場/餐廳(電子煙為20.1%，水煙為29.1%)。
- 大部分受訪者贊成禁止向未成年人士售賣電子煙(90.2%)及水煙(88.0%)。約半數受訪者同意全面禁止電子煙(46.3%)及水煙(45.0%)。



Online survey was conducted from November 2016 to March 2017. Invitation emails were sent to a pool of Hong Kong residents randomly selected via telephone with 1,186 respondents aged 18 to 35 years old, including 811 non-smokers and 375 current smokers, completed the survey. The key results were summarized as follows:

- Among the young adults, the prevalence of e-cigarette ever use was 16.7% and waterpipe ever use was 30.4%, while the current use rates were 4.8% and 13.4% respectively.
- About one-third of respondents who had never used e-cigarette (33.5%) and waterpipe (34.7%) were susceptible to the use of the respective products.
- When comparing with traditional cigarettes, respondents perceived using e-cigarettes and waterpipe and their secondhand aerosols as less harmful, less addictive and less popular.
- Young adults were exposed to e-cigarette and waterpipe marketing mainly through internet (34.0% for e-cigarettes and 20.9% for waterpipe), social media (32.6% for e-cigarettes and 27.0% for waterpipe) and bars/nightclubs/restaurants (20.1% for e-cigarettes and 29.1% for waterpipe).
- Majority of respondents agreed to ban the sale of e-cigarette (90.2%) and waterpipe (88.0%) to minors. About half of the respondents supported a complete ban of e-cigarette (46.3%) and waterpipe (45.0%).





Smoke-free Hong Kong
無煙香港

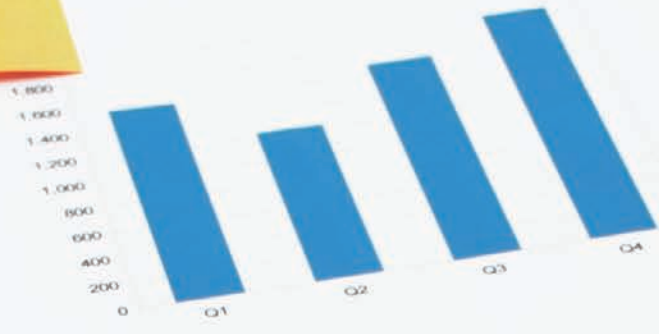


FIG.19

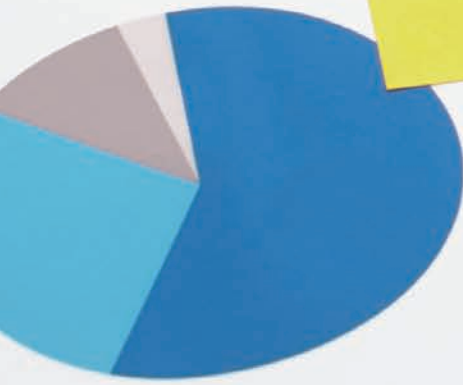


FIG.11



全力邁向
無煙香港

TOWARDS A
TOBACCO ENDGAME
IN HONG KONG





報告 Reports

環保工作報告
 Environmental Report

獨立核數師報告書
 Independent Auditor's Report

環保工作報告

Environmental Report

目標與政策

委員會支持可持續發展，在進行各項內務或對外工作時本著環保目標而行。為保護環境，委員會奉行以下綠色管理政策：

- 提升能源效益；
- 減少耗用紙張；
- 減廢及回收；及
- 提高環保意識。

環保措施

提升能源效益

委員會秘書處致力節約能源，各職員均自律省電，各種電器如電燈、冷氣機、電腦、電腦螢幕、影印機和打印機等，在毋須使用時均會關掉。

在採購電器時，委員會以能源效益作為其中一個考慮因素，另外秘書處的電腦設備如電腦主機、螢幕及打印機等一般亦帶有自動省電功能，以減少能源消耗。另外，委員會已使用節能燈取代傳統燈泡。

減少耗用紙張

為向公眾傳播最新的無煙資訊，委員會須印刷宣傳物品如海報、單張及小冊子等；另外，委員會與大眾及政府部門保持頻繁接觸和通訊，故委員會藉以下措施減少耗紙量：

- 在可行情況下以電子郵件及內聯網代替便箋、信件及列印本件內部及外部通訊及文件傳遞；

Aims and Strategies

To uphold sustainable development, COSH devises internal and external strategies to promote a sense of responsibility regarding environmental protection. To achieve this, COSH has adopted the following environmentally friendly policies:

- Enhance efficiency of energy consumption;
- Reduce paper consumption;
- Reduce waste and recycle; and
- Enhance awareness on environmental protection.

Environmental Protection Strategies

Enhance Efficiency of Energy Consumption

The Secretariat conserves energy by ensuring that staff members switch off lights, air-conditioners, computers, the monitors of computer, photocopiers, printers and other electrical appliances immediately after use.

Energy efficiency is one of the considerations in purchasing electrical appliances. IT equipment such as computers, the monitors of computer and photocopiers with automatic energy saving functions have also been used. Instead of using traditional light bulbs, COSH has used compact fluorescent lamps.

Reduce Paper Consumption

To disseminate updated smoke-free information to the public, promotional materials such as posters, leaflets and brochures are produced. COSH also maintains frequent communications with the community and government departments. To reduce the consumption of paper, the following measures are in place:

- Use of e-mail and intranet for internal and external communication and transfer of document instead of memorandums, letters and hardcopies, where possible;

- 使用電子傳真及電子檔案管理系統以減少列印文件；
- 縮減印刷宣傳品之尺寸及數量，並逐漸使用環保紙張印刷宣傳品；
- 上載委員會的控煙資訊、宣傳內容及刊物到委員會網頁供市民瀏覽，減少印刷品的需求；
- 在列印前使用列印預覽功能檢查列印文件的格式及編排，避免浪費紙張；及
- 採用雙面印刷，減省用紙。
- Utilization of electronic-fax system and electronic document management system to reduce the amount of printing;
- Reduction of the size and quantity of the printed promotional materials and use of environmentally friendly paper;
- Most of the tobacco control information, promotional materials and publications have been uploaded to COSH website for public access in order to reduce the demand for hardcopies;
- Use of “Print Preview” function to check the layout and style of document before printing to avoid wastage; and
- Use of both sides of paper to reduce consumption.

減廢及回收

委員會支持回收減廢，並參與環境保護署推出的「電腦及通訊產品回收計劃」，將已更換的電腦和電腦配件回收處理。另外，委員會使用可循環再用的打印機墨盒。

委員會鼓勵職員回收廢棄紙張，如錯誤列印的文件、草稿等，並於辦公室的方便地點放置廢紙回收箱。

提高環保意識

委員會秘書處不時透過舉行簡報會、電郵傳閱或張貼告示等，讓職員了解節約能源的目的，提醒他們遵行各項環保措施。

在可行情況下，委員會亦會鼓勵服務供應商及合作夥伴留意及實踐環保理念，如使用環保物料及透過電子方式遞交文件等。

委員會將繼續竭力執行各項環保措施。

Reduce Waste and Recycle

COSH supports waste reduction and recycling and joins the “Computer and Communication Products Recycling Programme” launched by the Environmental Protection Department. The unserviceable computers and computer accessories are delivered for recycling. In addition, recyclable printer toner cartridges have been used.

Unwanted papers such as drafts of documents or documents with printing errors have been collected for recycling. Recycling boxes have been placed at convenient locations in the office to encourage staff members to recycle waste paper.

Enhance Awareness on Environmental Protection

Staff have been informed on the aims and reminded to comply with the green measures via staff meetings, email reminders and notices.

Where applicable, service providers and working partners are encouraged to follow the principles of environmental protection, eg use of eco-friendly materials and submission of document in electronic format.

COSH will continue to make every endeavor to comply with the green measures.

獨立核數師報告書

Independent Auditor's Report

香港吸煙與健康委員會
財務報表
截至2018年3月31日止年度

致 香港吸煙與健康委員會成員

(根據香港吸煙與健康委員會條例於香港註冊成立)

意見

本核數師(以下簡稱「我們」)已審計列載於第116頁至第137頁香港吸煙與健康委員會「貴會」的財務報表，此財務報表包括於2018年3月31日的財務狀況表與截至該日止年度的全面收益表、權益變動表及現金流量表，以及財務報表附註，包括主要會計政策概要。

我們認為，該等財務報表已根據香港會計師公會頒布的《香港財務報告準則》真實而中肯地反映了貴會於2018年3月31日的財務狀況及截至該日止年度的財務表現及現金流量。

意見的基礎

我們已根據香港會計師公會頒布的《香港審計準則》進行審計。我們在該等準則下承擔的責任已在本報告「核數師就審計財務報表承擔的責任」部分中作進一步闡述。根據香港會計師公會頒布的《專業會計師道德守則》(以下簡稱「守則」)，我們獨立於貴會，並已履行守則中的其他專業道德責任。我們相信，我們所獲得的審計憑證能充足及適當地為我們的審計意見提供基礎。

Hong Kong Council on Smoking and Health
Financial Statements
For the year ended 31 March 2018

To the Council Members of Hong Kong Council on Smoking and Health

(incorporated in Hong Kong under the Hong Kong Council on Smoking and Health Ordinance)

Opinion

We have audited the financial statements of Hong Kong Council on Smoking and Health ("the Council") set out on pages 116 to 137, which comprise the statement of financial position as at 31 March 2018, and the statement of comprehensive income, statement of changes in equity and cash flow statement for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the financial statements give a true and fair view of the financial position of the Council as at 31 March 2018, and of its financial performance and its cash flows for the year then ended in accordance with Hong Kong Financial Reporting Standards ("HKFRSs") issued by the Hong Kong Institute of Certified Public Accountants ("HKICPA").

Basis for Opinion

We conducted our audit in accordance with Hong Kong Standards on Auditing ("HKSAs") issued by the HKICPA. Our responsibilities under those standards are further described in the **Auditor's Responsibilities for the Audit of the Financial Statements** section of our report. We are independent of the Council in accordance with the HKICPA's *Code of Ethics for Professional Accountants* ("the Code"), and we have fulfilled our other ethical responsibilities in accordance with the Code. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

財務報表及其核數師報告以外的信息

委員會成員須對其他信息負責。其他信息包括年報內的所有信息，但不包括財務報表及我們的核數師報告。年報預計會於本核數師報告簽發日後才能提供給我們。

我們對財務報表的意見並不涵蓋其他信息，我們亦不對該等其他信息發表任何形式的鑒證結論。

結合我們對財務報表的審計，我們的責任是當以上所指的其他信息提供給我們時閱讀這其他信息，在此過程中，考慮其他信息是否與財務報表或我們在審計過程中所了解的情況存在重大抵觸或者似乎存在重大錯誤陳述的情況。

委員會成員及治理層就財務報表須承擔的責任

委員會成員須負責根據香港會計師公會頒布的《香港財務報告準則》擬備真實而中肯的財務報表，並對其認為為使財務報表的擬備不存在由於欺詐或錯誤而導致的重大錯誤陳述所需的內部控制負責。

在擬備財務報表時，委員會成員負責評估 貴會持續經營的能力，並在適用情況下披露與持續經營有關的事項，以及使用持續經營為會計基礎，除非委員會成員有意將 貴會清盤或停止經營，或別無其他實際的替代方案。

治理層須負責監督 貴會的財務報告過程。

Information Other than the Financial Statements and Auditor's Report Thereon

The Council members are responsible for the other information. The other information comprises the information included in the annual report, but does not include the financial statements and our auditor's report thereon. The annual report is expected to be available to us after the date of this auditor's report.

Our opinion on the financial statements does not cover the other information and we will not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information identified above when it becomes available and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.

Responsibilities of Council Members and Those Charged Governance for the Financial Statements

The Council members are responsible for the preparation of the financial statements that give a true and fair view in accordance with HKFRSs issued by the HKICPA, and for such internal control as the Council members determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Council members are responsible for assessing the Council's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Council members either intend to liquidate the Council or to cease operations, or have no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Council's financial reporting process.

核數師就審計財務報表承擔的責任

我們的目標，是對財務報表整體是否不存在由於欺詐或錯誤而導致的重大錯誤陳述取得合理保證，並出具包括我們意見的核數師報告。我們是按照香港吸煙與健康委員會條例第十七(五)條的規定，僅向整體成員報告，除此以外本報告書別無其他目的。我們概不就本報告書的內容，對任何其他人士負上或承擔任何責任。合理保證是高水平的保證，但不能保證按照《香港審計準則》進行的審計，在某一重大錯誤陳述存在時總能發現。錯誤陳述可以由欺詐或錯誤引起，如果合理預期它們單獨或滙總起來可能影響財務報表使用者依賴財務報表所作出的經濟決定，則有關的錯誤陳述可被視作重大。

在根據《香港審計準則》進行審計的過程中，我們運用了專業判斷，保持了專業懷疑態度。我們亦：

- 識別和評估由於欺詐或錯誤而導致財務報表存在重大錯誤陳述的風險，設計及執行審計程序以應對這些風險，以及獲取充足和適當的審計憑證，作為我們意見的基礎。由於欺詐可能涉及串謀、偽造、蓄意遺漏、虛假陳述，或凌駕於內部控制之上，因此未能發現因欺詐而導致的重大錯誤陳述的風險高於未能發現因錯誤而導致的重大錯誤陳述的風險。
- 了解與審計相關的內部控制，以設計適當的審計程序，但目的並非對貴會內部控制的有效性發表意見。
- 評價委員會成員所採用會計政策的恰當性及作出會計估計和相關披露的合理性。

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. This report is made solely to you, as a body, in accordance with section 17(5) of the Hong Kong Council on Smoking and Health Ordinance, and for no other purpose. We do not assume responsibility towards or accept liability to any other person for the contents of this report. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with HKSAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with HKSAs, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Council's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Council members.

核數師就審計財務報表承擔的責任(續)

- 對委員會成員採用持續經營會計基礎的恰當性作出結論。根據所獲取的審計憑證，確定是否存在與事項或情況有關的重大不確定性，從而可能導致對 貴會的持續經營能力產生重大疑慮。如果我們認為存在重大不確定性，則有必要在核數師報告中提請使用者注意財務報表中的相關披露。假若有關的披露不足，則我們應當發表非無保留意見。我們的結論是基於核數師報告日止所取得的審計憑證。然而，未來事項或情況可能導致 貴會不能持續經營。
- 評價財務報表的整體列報方式、結構和內容，包括披露，以及財務報表是否中肯反映交易和事項。

除其他事項外，我們與治理層溝通了計劃的審計範圍、時間安排、重大審計發現等，包括我們在審計中識別出內部控制的任何重大缺陷。

Auditor's Responsibilities for the Audit of the Financial Statements (continued)

- Conclude on the appropriateness of the Council members' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Council's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Council to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.



李福樹會計師事務所
香港執業會計師

F. S. Li & Co.
Certified Public Accountants

香港，2018年6月26日

Hong Kong, 26 June 2018

全面收益表

Statement of Comprehensive Income

截至2018年3月31日止年度
For the year ended 31 March 2018

(港幣)	(HK\$)	附註 Note	二零一八年 2018	二零一七年 2017
收入	INCOME			
香港特別行政區政府 津貼	Subventions from the Government of the Hong Kong Special Administrative Region			
一般津貼	General subvention		23,869,886	22,917,565
銀行利息收入	Bank interest income		56	61
雜項收入	Sundry income		10,661	3,256
			23,880,603	22,920,882
支出	EXPENDITURE			
批準職位編製	Approved establishment	3	5,656,869	5,351,334
項目員工	Project staff	4	2,008,251	1,829,555
宣傳及推廣費用	Publicity and promotion expenses		12,559,540	12,081,237
會議費用	Conference expenses		185,043	103,220
參考書籍及刊物	Reference books and periodicals		8,027	8,121
辦公室租金、差餉及管理費	Office rent, rates and management fee		2,909,615	2,908,136
貨倉租金及費用	Warehouse rent and expenses		217,937	200,299
維修及保養費用	Repairs and maintenance		15,007	9,940
清潔工資及費用	Cleaning wages and fees		57,216	55,184
折舊	Depreciation		13,252	17,499
保險	Insurance		73,383	68,893
電費	Electricity		40,856	39,907
電話及通訊費用	Telephone and communication expenses		46,242	52,444
職工招募費用	Recruitment expenses		28,364	48,180
職工訓練及發展費用	Staff training and development expenses		3,250	3,500
法律、專業及核數費用	Legal, professional and audit fees		26,100	25,800
郵費	Postage		9,270	14,690
印刷及文具	Printing and stationery		58,879	63,626
雜項支出	Sundry expenses		31,725	29,223
			23,948,826	22,910,788
本年度(虧損)/盈餘	(DEFICIT)/SURPLUS FOR THE YEAR	5	(68,223)	10,094
本年度全面(支出)/收入	TOTAL COMPREHENSIVE (EXPENSE)/ INCOME FOR THE YEAR		(68,223)	10,094

財務狀況表

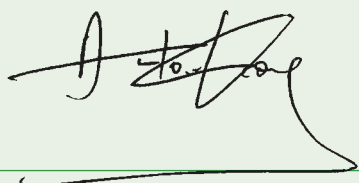
Statement of Financial Position

於2018年3月31日
At 31 March 2018

(港幣)	(HK\$)	附註 Note	二零一八年 2018	二零一七年 2017
非流動資產	NON-CURRENT ASSETS			
物業、機器及設備	Property, plant and equipment	7	16,496	26,390
流動資產	CURRENT ASSETS			
按金及預付款項	Deposits and prepayments	8	843,223	823,230
銀行及現金結存	Bank and cash balances		380,915	719,561
			1,224,138	1,542,791
減：流動負債	Less: CURRENT LIABILITIES			
應付費用	Accrued charges		1,010,469	1,324,516
年假撥備	Provision for annual leave entitlements		233,773	165,473
應退回衛生署之本年度 經調整盈餘	Adjusted surplus for the year refundable to the Department of Health	9	9,971	14,577
應退回衛生署之累積盈餘	Accumulated surpluses refundable to the Department of Health	10	203,640	203,640
			1,457,853	1,708,206
流動負債	NET CURRENT LIABILITIES		(233,715)	(165,415)
淨負債	NET LIABILITIES		(217,219)	(139,025)
等於：	representing:			
累積虧損	ACCUMULATED DEFICITS		(217,219)	(139,025)

委員會於2018年6月26日通過及批准發布於第116頁至第137頁的財務報表。

The financial statements on pages 116 to 137 were approved and authorized for issue by the Council on 26 June 2018.



鄭祖盛先生 MH
主席
Mr Antonio KWONG Cho-shing, MH
Chairman



伍婉婷女士 MH
副主席
Ms Yolanda NG Yuen-ting, MH
Vice-chairman



黎慧賢女士
總幹事
Ms Vienna LAI Wai-yin
Executive Director

權益變動表

Statement of Changes in Equity

截至2018年3月31日止年度
For the year ended 31 March 2018

(港幣)	(HK\$)	附註 Note	二零一八年 2018	二零一七年 2017
累積虧損	Accumulated deficit			
上年度轉來之虧損	Deficit brought forward		(139,025)	(134,542)
本年度(虧損)/盈餘/ 本年度全面(支出)/收入	(Deficit)/Surplus for the year/ Total comprehensive (expense)/income for the year		(68,223)	10,094
應退回衛生署之經調整盈餘	Adjusted surplus refundable to the Department of Health	9	(9,971)	(14,577)
本會應佔之虧損	Deficit attributable to the Council		(78,194)	(4,483)
撥入下年度之虧損	Deficit carried forward		(217,219)	(139,025)

現金流量表

Cash Flow Statement

截至2018年3月31日止年度
For the year ended 31 March 2018

(港幣)	(HK\$)	附註 Note	二零一八年 2018	二零一七年 2017
營運活動之現金流量	Cash flows from operating activities			
本年度(虧損)/盈餘	(Deficit)/surplus for the year		(68,223)	10,094
調整：	Adjustment for:			
利息收入	Interest income		(56)	(61)
折舊	Depreciation		13,252	17,499
營運資金變動前之 營運(虧損)/盈餘	Operating (deficit)/surplus before working capital changes		(55,027)	27,532
按金及預付款項之 (增加)/減少	(Increase)/decrease in deposits and prepayments		(19,993)	7,595
應付費用之(減少)/增加	(Decrease)/increase in accrued charges		(314,047)	166,188
年假撥備之增加/(減少)	Increase/(decrease) in provision for annual leave entitlements		68,300	(10,047)
營運活動所(使用)/產生之 淨現金	Net cash (used in)/from operating activities		(320,767)	191,268
投資活動之現金流量	Cash flows from investing activities			
購入物業、機器及設備	purchase of property, plant and equipment		(3,358)	(2,969)
已收利息	Interest received		56	61
投資活動所使用之淨現金	Net cash used in investing activities		(3,302)	(2,908)
融資活動之現金流量	Cash flows from financing activities			
盈餘退回衛生署	Surplus refunded to the Department of Health		(14,577)	(10,060)
融資活動所使用之淨現金	Net cash used in financing activities		(14,577)	(10,060)
現金及現金等值之淨 (減少)/增加	Net (decrease)/increase in cash and cash equivalents		(338,646)	178,300
年初現金及現金等值結存	Cash and cash equivalents at beginning of the year		719,561	541,261
年終現金及現金等值結存	Cash and cash equivalents at end of the year		380,915	719,561
現金及現金等值結存分析	Analysis of the balances of cash and cash equivalents			
銀行及現金結存	bank and cash balances		380,915	719,561

財務報表附註

Notes to the Financial Statements

1. 概述

香港吸煙與健康委員會「本會」乃根據香港吸煙與健康委員會條例於1987年10月1日註冊成立的機構。

本會辦公地址為香港灣仔皇后大道東183號合和中心44樓4402至4403室。

2. 主要會計政策

(a) 編製基準

本財務報表已按照香港會計師公會頒布所有適用的香港財務報告準則(其統稱已包括個別適用的香港財務報告準則、香港會計準則及詮釋)及香港公認會計準則編製。本財務報表以歷史成本慣例編製。

香港會計師公會頒布若干於本會計年度生效的全新及經修改香港財務報告準則。然而，採用該等香港財務報告準則修訂本，對本會於本會計年度及以往會計年度之業績及財務狀況並無重大影響。

本會並沒有提早採用本年度尚未生效之全新及經修改之香港財務報告準則。相關說明記載於附註14。

1. General

The Hong Kong Council on Smoking and Health ("the Council") is an organization incorporated under the Hong Kong Council on Smoking and Health Ordinance on 1 October 1987.

The office address of the Council is at Unit 4402-03, 44th Floor, Hopewell Centre, 183 Queen's Road East, Wanchai, Hong Kong.

2. Principal accounting policies

(a) Basis of preparation

These financial statements have been prepared in accordance with all applicable Hong Kong Financial Reporting Standards ("HKFRSs"), which collective term includes all applicable individual Hong Kong Financial Reporting Standards, Hong Kong Accounting Standards and Interpretations issued by the Hong Kong Institute of Certificate Public Accountants ("HKICPA"), and accounting principles generally accepted in Hong Kong. The financial statements have been prepared under the historical cost convention.

The HKICPA has issued certain new and revised HKFRSs that are first effective for the current accounting year of the Council. The adoption of these amendments to HKFRSs had no material effect on the results and financial position of the Council for the current and prior accounting years.

The Council has not early adopted new and revised HKFRSs that are not yet effective for the current accounting year. Explanation of this is included in Note 14.

2. 主要會計政策 (續)

(a) 編製基準 (續)

在編製符合香港財務報告準則之財務報表時，管理層需作出判斷、估計和假設，此等對會計政策之應用，以及對資產、負債、收入和支出之報告數額構成影響。這些估計和相關假設是根據以往經驗和管理層因應當時情況認為合理之多項其他因素作出的，其結果構成了管理層在無法依循其他途徑及時得知資產與負債之帳面值時所作出判斷之基礎。實際結果可能有別於估計數額。

管理層會不斷審閱各項估計和相關假設。如果會計估計之修訂只是影響某一期間，其影響便會在該期間內確認；如果修訂對當前和未來期間均有影響，則在作出修訂之期間和未來期間確認。

(b) 收入確認

- (i) 當本會可合理地確信能符合政府津貼的條款及可預期收到津貼時，政府津貼金額會在相關成本發生的期間有系統地確認為收入，從而對應政府援助打算補償的相關成本。已收但未符合收入確認準則的政府津貼需確認為負債。
- (ii) 銀行利息收入按實際利率法累計。

2. Principal accounting policies (continued)

(a) Basis of Preparation (continued)

The preparation of the financial statements in conformity with HKFRSs requires management to make judgements, estimates and assumptions that affect the application of policies and reported amounts of assets, liabilities, income and expenses. The estimates and associated assumptions are based on historical experience and various other factors that are believed to be reasonable under the circumstances, the results of which form the basis of making the judgements about carrying values of assets and liabilities that are not readily apparent from other sources. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognized in the period in which the estimates is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

(b) Revenue recognition

- (i) Government subventions are recognized as income over periods necessary to match them with the related costs they are intended to compensate, on a systematic basis when there is reasonable assurance that the Council will comply with the conditions attaching of them and the subventions will be received. Government subventions received before the revenue recognition criteria satisfied are recognized as a liability.
- (ii) Bank interest income is recognized as it accrues using the effective interest method.

2. 主要會計政策 (續)

(c) 外幣折算

本會以港元為功能及列帳貨幣。外幣交易均以交易當日的外幣匯率換算為港元。以外幣為單位的貨幣性資產及負債則按報告期末日的外幣匯率換算為港元。匯兌盈虧會記入盈餘或虧損內。

(d) 減值損失

於各報告期末，若有跡象顯示包含於物業、機器及設備項內的資產出現減值情況，則需要估計該資產的可收回價值。可收回價值乃其公允價值減出售費用及使用價值兩者中的較高者。若可收回價值低於帳面值，該資產須減值至其可收回價值，而減值虧損則記入盈餘或虧損內。倘用以釐定可收回價值的估計出現有利變動，則撥回減值虧損。惟撥回減值虧損不得導致資產帳面值超過如無過往年度確認減值虧損時所應釐定之資產帳面值。撥回減值虧損於撥回年度計入盈餘及虧損內。

2. Principal accounting policies (continued)

(c) Foreign currencies translation

The Council's functional currency and presentation currency are Hong Kong dollars. Transactions arising in foreign currencies are converted at exchange rates approximating to those ruling at transaction dates. Monetary assets and liabilities denominated in foreign currencies at the end of the reporting period are translated at rates of exchange approximating to those ruling at that date. All exchange differences are dealt with in surplus or deficit.

(d) Impairment losses

At the end of each reporting period, where there is any indication that an asset, including items of property, plant and equipment, is impaired, the recoverable amount of the asset should be estimated. The recoverable amount of an asset is the higher of its fair value less costs to sell and value in use. If the recoverable amount is less than the carrying amount, an impairment loss is recognized to reduce the asset to its recoverable amount. Such impairment losses are recognized in surplus or deficit. An impairment loss is reversed if there has been a favourable change in the estimates used to determine the recoverable amount. A reversal of an impairment loss should not result in the asset's carrying amount exceeding that which would have been determined had no impairment loss been recognized in prior years. Reversals of impairment losses are credited to surplus or deficit in the year in which the reversals are recognized.

2. 主要會計政策 (續)

(e) 物業、機器及設備

物業、機器及設備以成本價減已收或可收的資助、累積折舊及累積減值損失列帳。

折舊計算方法乃將物業、機器及設備以成本價減已收或可收的資助及累積減值損失，按其估計使用年期，以直線攤銷方法，依照下列比率按年撇除：

租賃物業改良工程	尚餘租賃年期
傢俬及裝置	每年百分之二十五
辦公室設備	每年百分之二十五

(f) 經營租賃

經營租賃乃擁有資產的風險及回報大致全歸出租人之租賃。經營租賃作出之付款，於租賃期內以直線法記入盈餘或虧損內。

(g) 按金

按金首先以公允價值確認，其後以攤銷成本列帳，若折現影響不大時，則以成本列帳。

(h) 應付費用

應付費用首先以公允價值確認，其後以攤銷成本列帳，若折現影響不大時，則以成本列帳。

2. Principal accounting policies (continued)

(e) Property, plant and equipment

Property, plant and equipment are stated at historical cost less any subsidies received or receivable, accumulated depreciation and any accumulated impairment losses.

Depreciation is calculated to write off the cost of property, plant and equipment less subsidies received or receivable and accumulated impairment losses over their estimated useful lives using a straight-line basis at the following rates:

Leasehold improvements	over unexpired period of lease
Furniture and fixtures	25 percent per annum
Office equipment	25 percent per annum

(f) Assets held under operating leases

Leases where substantially all the risks and rewards of ownership of assets remain with the lessor are accounted for as operating leases. Payments made under operating leases are charged to surplus or deficit on a straight-line basis over the lease periods.

(g) Deposits

Deposits are initially recognized at fair value and thereafter stated at amortized cost unless the effect of discounting would be immaterial, in which case they are stated at cost.

(h) Accrued charges

Accrued charges are initially recognized at fair value and thereafter stated at amortized cost unless the effect of discounting would be immaterial, in which case they are stated at cost.

2. 主要會計政策 (續)

(i) 現金及現金等值

就編製現金流量表而言，現金及現金等值包括現金和於存入後三個月內到期的銀行存款。

(j) 僱員獲享假期

僱員所享有的年假按有關年假應歸僱員時入帳。截至報告期末，本會已就僱員提供的服務所產生的有薪年假，作出評估及撥備。

(k) 有關連人士

就本財務報表而言，有關連人士包括符合以下定義的人士及實體：

- (i) 下列人士或其近親家屬將被視為與本會有關連，若該名人士：
 - (a) 控制或共同控制本會；
 - (b) 對本會有重大影響力；或
 - (c) 為本會之主要管理層成員。

2. Principal accounting policies (continued)

(i) Cash and cash equivalents

For the purposes of the cash flow statement, cash and cash equivalents comprise cash on hand and deposits with banks within 3 months to maturity from date of deposit.

(j) Employee leave entitlements

Employee entitlements to annual leave are recognized when they accrue to employees. A provision is made for the estimated liability for annual leave as a result of services rendered by employees up to the end of the reporting period.

(k) Related parties

For the purposes of these financial statements, related party includes a person and an entity as defined below:

- (i) A person or a close member of that person's family is related to the Council if that person:
 - (a) has control or joint control of the Council;
 - (b) has significant influence over the Council; or
 - (c) is a member of the key management personnel of the Council.

2. 主要會計政策 (續)

(k) 有關連人士 (續)

- (ii) 若下列任何一項條件吻合，則有關實體將被視為與本會有關連：
- (a) 該實體為本會或與本會有關連之實體就僱員利益設立之退休福利計劃。若本會便是該計劃，提供資助的僱主與本會有關連。
- (b) 該實體被就(i)所指人士控制或共同控制。
- (c) 就(i)(a)所指人士在對實體有重大影響力或為該實體之主要管理層成員。
- (d) 該實體或其所屬集團旗下任何成員公司向本會提供主要管理人員服務。

2. Principal accounting policies (continued)

(k) Related parties (continued)

- (ii) An entity is related to the Council if any of the following conditions applies:
- (a) The entity is a post-employment benefit plan for the benefit of employees of either the Council or an entity related to the Council. If the Council is itself such a plan, the sponsoring employers are also related to the Council.
- (b) The entity is controlled or jointly controlled by a person identified in (i).
- (c) A person identified in (i)(a) has significant over the entity or is a member of the key management personnel of the entity.
- (d) The entity, or any member of a group of which it is a part, provides key management personnel services to the Council.

3. 批准職位編製

3. Approved establishment

(港幣)	(HK\$)	二零一八年 2018	二零一七年 2017
薪金及津貼	Salaries and allowances	5,446,807	5,219,695
強積金供款	Mandatory provident fund contributions	145,597	143,049
年假撥備 / (撥備回撥)	Provision for annual leave entitlements made/(written back)	64,465	(11,410)
		5,656,869	5,351,334

4. 項目員工

4. Project staff

(港幣)	(HK\$)	二零一八年 2018	二零一七年 2017
薪金	Salaries	1,923,551	1,750,209
強積金供款	Mandatory provident fund contributions	80,865	77,983
年假撥備	Provision for annual leave entitlements	3,835	1,363
		2,008,251	1,829,555

5. 本年度(虧損)/盈餘

5. (Deficit)/Surplus for the year

本年度(虧損)/盈餘已扣除下列費用：

(Deficit)/Surplus for the year is stated after charging the followings:

(港幣)	(HK\$)	二零一八年 2018	二零一七年 2017
員工成本*	Staff costs*	7,718,040	7,231,290
土地及樓宇經營租賃租金支出	Rentals of land and buildings held under operating leases	2,637,656	2,620,656

* 包括支付定額供款退休保障計劃供款共港幣226,462元(2017年：221,032元)。

* including contribution of HK\$226,462 (2017: HK\$221,032) to defined contribution provident fund scheme.

6. 委員會成員的酬金

6. Council members' remuneration

本會所有委員會成員於本年度內均未有因向本會提供服務而收取酬金(2017年：無)。

None of the Council members received any remuneration in respect of their services to the Council during the year (2017: Nil).

7. 物業、機器及設備

7. Property, plant and equipment

(港幣)	(HK\$)	租賃物業 改良工程 Leasehold improvements	傢俬 及裝置 Furniture and fixtures	辦公室 設備 Office equipment	總額 Total
成本	Cost				
於2016年3月31日	At 31 March 2016	36,305	111,376	536,445	684,126
添置	Additions	–	–	2,969	2,969
於2017年3月31日	At 31 March 2017	36,305	111,376	539,414	687,095
添置	Additions	–	–	3,358	3,358
於2018年3月31日	At 31 March 2018	36,305	111,376	542,772	690,453
累積折舊	Accumulated depreciation				
於2016年3月31日	At 31 March 2016	36,305	105,787	501,114	643,206
截至2017年3月31日 止年度計提	Charge for the year ended 31 March 2017	–	2,222	15,277	17,499
於2017年3月31日	At 31 March 2017	36,305	108,009	516,391	660,705
截至2018年3月31日 止年度計提	Charge for the year ended 31 March 2018	–	1,800	11,452	13,252
於2018年3月31日	At 31 March 2018	36,305	109,809	527,843	673,957
帳面淨值	Net book value				
於2018年3月31日	At 31 March 2018	–	1,567	14,929	16,496
於2017年3月31日	At 31 March 2017	–	3,367	23,023	26,390

8. 按金及預付款項

8. Deposits and prepayments

預期會於一年後收回之按金為港幣547,552元(2017年：港幣544,152元)，預付款項港幣295,671元(2017年：港幣279,078元)將會於一年內全數記入費用。

The amount of deposits expected to be recovered after one year is HK\$547,552 (2017: HK\$544,152). The prepayments in sum of HK\$295,671 (2017: HK\$279,078) are expected to be recognized as expenses within one year.

9. 應退回衛生署之經調整盈餘

由於衛生署並不承認僱員年假撥備為費用而只在年假補償付出時承認，及視物業、機器及設備的添置為購入年度的費用而不承認撇銷及折舊。因此，在計算應退回衛生署之盈餘時，不包括年假撥備／撥備回撥、物業、機器及設備的撇銷及折舊，而扣除物業、機器及設備的添置。

9. Adjusted surplus refundable to the Department of Health

As the Department of Health does not recognize the provision for annual leave entitlements as expenses until actual payment is made, and regards additions to property, plant and equipment as expenses during the year of acquisition without recognition of write-off and depreciation, accordingly, for the purpose of calculating the surplus refundable to the Department of Health, the provision/provision written back for annual leave entitlements and write-off and depreciation of property, plant and equipment have been excluded, and additions to property, plant and equipment have been deducted.

(港幣)	(HK\$)	二零一八年 2018	二零一七年 2017
本年度(虧損)/盈餘	(Deficit)/Surplus for the year	(68,223)	10,094
加：折舊	Add: Depreciation	13,252	17,499
年假撥備	Provision for annual leave entitlements	68,300	-
減：物業、機器及設備的添置	Less: Additions to property, plant and equipment	(3,358)	(2,969)
年假撥備回撥	Provision for annual leave entitlements written back	-	(10,047)
應退回衛生署的經調整盈餘	Adjusted surplus refundable to the Department of Health	9,971	14,577

10. 應退回衛生署之累積盈餘

本會管理層認為截至1998年3月31日累積盈餘將會於衛生署要求時退回。

10. Accumulated surpluses refundable to the Department of Health

The management of the Council considers that the accumulated surpluses up to 31 March 1998 will be refunded to the Department of Health upon request.

11. 金融資產及金融負債

11. Financial assets and liabilities

(a) 金融資產及負債類別

(a) Categories of financial assets and liabilities

(港幣)	(HK\$)	二零一八年 2018	二零一七年 2017
金融資產	Financial assets		
流動資產 – 按攤銷成本值：	Current assets – at amortized cost:		
按金	Deposits	547,552	544,152
銀行及現金結存	Bank and cash balances	380,915	719,561
		928,467	1,263,713
金融負債	Financial liabilities		
流動負債 – 按攤銷成本值：	Current liabilities – at amortized cost:		
應付費用	Accrued charges	1,010,469	1,324,516
年假撥備	Provision for annual leave entitlements	233,773	165,473
應退回衛生署之本年度 經調整盈餘	Adjusted surplus for the year refundable to the Department of Health	9,971	14,577
應退回衛生署之 累積盈餘	Accumulated surpluses refundable to the Department of Health	203,640	203,640
		1,457,853	1,708,206

(b) 財務風險管理的目標及政策

(b) Financial risk management objectives and policies

在日常運作中，本會並不會存在重大的外幣風險、利率風險和商品及價格風險。其他風險敘述如下：

In the normal course of the operation, the Council does not expose to significant foreign currency risk, interest rate risk and commodity and price risks. Other risks are described below:

(i) 信貸風險

(i) Credit risk

本會之信貸風險基本上源自銀行存款，但由於對方為擁有高信用評級之銀行，所以信貸風險並不重大。

The Council's credit risk is primarily attributable to cash at bank and is insignificant because the counterparty is a bank with high credit rating.

11. 金融資產及金融負債(續)

(b) 財務風險管理的目標及政策(續)

(ii) 流動資金風險

本會會定期監管現時和預計的流動資金的需求，以確保維持充裕之現金儲備，滿足短期和較長期的流動資金需求。

於2018年及2017年3月31日，本會金融負債之剩餘合約還款期均在一年以內，該等金融負債之帳面值相等於其合約之未貼現現金流量。

(c) 合理價值

於2018年及2017年3月31日所有金融資產及金融負債之價值與其合理價值並無重大差異。合理價值乃按照日後現金流量以現時利率折算現值而估計。

12. 經營租約承擔

於報告期末，本會根據不可撤銷的土地及樓宇經營租賃而須於未來支付的最低租賃付款總額如下：

(港幣)	(HK\$)	二零一八年 2018	二零一七年 2017
第一年內	Not later than one year	2,641,056	2,467,656
第二至第五年內	Later than one year but not later than five years	34,000	2,437,056
		2,675,056	4,904,712

11. Financial assets and liabilities (continued)

(b) Financial risk management objectives and policies (continued)

(ii) Liquidity risk

The Council's policy is to regularly monitor current and expected liquidity requirements to ensure that it maintains sufficient reserves of cash to meet its liquidity requirements in the short and longer term.

As at 31 March 2018 and 2017, the contractual maturities of all the Council's financial liabilities, whose carrying amounts are equal to total contracted undiscounted cash flows, are due within one year.

(c) Fair values

All financial assets and liabilities are carried at amounts not materially different from their fair values as at 31 March 2018 and 2017. The fair value is estimated as the present value of future cash flows, discounted at current market interest rate.

12. Commitments under operating leases

At the end of the reporting period, the Council had the following future aggregate minimum lease payments under non-cancellable operating leases in respect of land and buildings:

13. 有關連人士交易

在年度內本會與有關連人士所進行的日常營運交易如下：

(港幣)	(HK\$)	二零一八年 2018	二零一七年 2017
主要管理人員的報酬	Remuneration for key management personnel		
短期員工福利	Short-term employee benefits	1,660,800	1,705,792
離職後福利	Post-employment benefits	18,000	18,000
		1,678,800	1,723,792

13. Related party transactions

During the year the Council undertook the following transactions with related parties in the normal course of its operation:

14. 已頒佈但尚未生效之修訂、新準則及詮釋可能產生之影響

香港會計師公會已頒佈於本年度尚未生效且並未在本財務報表內採納的多項修訂及新準則，包括可能與本會相關的下列各項。

香港財務報告準則第9號：金融工具 1
香港財務報告準則第16號：租賃 2

1 於2018年1月1日或之後開始之會計期間生效。
2 於2019年1月1日或之後開始之會計期間生效。

香港財務報告準則第9號：金融工具

本會管理層預計採用香港財務報告準則第9號對本會帳目影響並不重大。

14. Possible impact of amendments, new standards and interpretations issued but not yet effect

The HKICPA has issued a number of amendments and new standards which are not yet effective for the current accounting year and which have not been adopted in these financial statements. These include the following which may be relevant to the Council.

HKFRS 9, *Financial Instruments* 1
HKFRS 16, *Leases* 2

1 Effective for annual periods beginning on or after 1st January 2018.
2 Effective for annual periods beginning on or after 1st January 2019.

HKFRS 9, *Financial Instruments*

The management of the Council does not anticipate that the application of HKFRS 9 will have a material effect on the amounts recognized in the Council's financial statements.

14. 已頒佈但尚未生效之修訂、新準則及詮釋可能產生之影響 (續)

香港財務報告準則第16號：租賃

香港財務報告準則第16號於2016年5月頒佈，取代香港會計準則第17號：租賃、香港(國際財務報告詮釋委員會) – 詮釋第4號：釐定安排是否包括租賃、香港(詮釋常務委員會) – 詮釋第15號：經營租賃 – 優惠及香港(詮釋常務委員會) – 詮釋第27號：評估涉及租賃法律形式交易的實質。該準則載列確認、計量、呈列及披露租賃的原則，並要求承租人就大多數租賃確認資產及負債。該準則包括給予承租人兩項可選擇的租賃確認豁免 – 低價值資產租賃及短期租賃。

於租賃開始日期，承租人將確認於租賃期作出租賃付款為負債(即租賃負債)及代表可使用相關資產的權利為資產(即有使用權資產)。除非有使用權資產符合香港會計準則第40號投資物業的定義，或涉及應用重估模型的物業、廠房及設備類別，否則有使用權資產其後按成本減累計折舊及任何減值虧損計量。租賃負債其後會就反映租賃負債利息而增加及因租賃付款而減少。承租人將須分別確認租賃負債的利息開支及有使用權資產的折舊開支。承租人亦將須於若干事件發生時重新計量租賃負債，例如由於租賃期變更或用於釐定該等付款的一項指數或比率變更而引致未來租賃付款變更。承租人一般將重新計量租賃負債的數額確認為有使用權資產的調整。

14. Possible impact of amendments, new standards and interpretations issued but not yet effect (continued)

HKFRS 16, Leases

HKFRS 16, issued in May 2016, replaces HKAS 17, Leases, HK(IFRIC)-Int 4, Determining whether an Arrangement contains a Lease, HK(SIC)-Int 15, Operating Leases – Incentives and HK(SIC)-Int 27, Evaluating the Substance of Transactions Involving the Legal Form of a Lease. The standard sets out the principles for the recognition, measurement, presentation and disclosure of leases and requires lessees to recognize assets and liabilities for most leases. The standard includes two elective recognition exemptions for lessees – leases of low-value assets and short-term leases.

At the commencement date of a lease, a lessee will recognize a liability to make lease payments (i.e., the lease liability) and an asset representing the right to use the underlying asset during the lease term (i.e., the right-of-use asset). The right-of-use asset is subsequently measured at cost less accumulated depreciation and any impairment losses unless the right-of-use asset meets the definition of investment property in HKAS 40, or relates to a class of property, plant and equipment to which the revaluation model is applied. The lease liability is subsequently increased to reflect the interest on the lease liability and reduced for the lease payments. Lessees will be required to separately recognize the interest expense on the lease liability and the depreciation expense on the right-of-use asset. Lessees will also be required to remeasure the lease liability upon the occurrence of certain events, such as change in the lease term and change in future lease payments resulting from a change in an index or rate used to determine those payments. Lessees will generally recognize the amount of the remeasurement of the lease liability as an adjustment to the right-of-use asset.

14. 已頒佈但尚未生效之修訂、 新準則及詮釋可能產生之影響 (續)

香港財務報告準則第16號：租賃(續)

香港財務報告準則第16號大致沿用香港會計準則第17號內出租人的會計處理方式。出租人將繼續使用與香港會計準則第17號相同的分類原則對所有租賃進行分類，並將之分為經營租賃及融資租賃。

香港財務報告準則第16號要求承租人及出租人較根據香港會計準則第17號作出更多披露。出租人可選擇以全面追溯應用或部分追溯應用方式應用該準則。

本會預期於2019年4月1日起採納香港財務報告準則第16號。本會現正評估採納香港財務報告準則後的影響，且正考慮會否選擇利用現有可行權宜方式，以及將會採用的過渡方式及寬免。誠如財務報表附註12所披露，於2018年3月31日，本會根據不可撤銷經營租賃而須於未來支付的最低租賃付款總額約為2,675,000港元。採納香港財務報告準則第16號後，當中所列部分金額或需確認為新有使用權資產及租賃負債。然而，本會需作進一步分析，以確定將予確認的新有使用權資產及租賃負債，包括但不限於涉及低價值資產租賃及短期租賃的金額、所選其他可行權宜方式及寬免以及採用該準則日期前訂立的新租賃。

14. Possible impact of amendments, new standards and interpretations issued but not yet effect (continued)

HKFRS 16, Leases (continued)

Lessor accounting under HKFRS 16 is substantially unchanged from the accounting under HKAS 17. Lessors will continue to classify all leases using the same classification principle as in HKAS 17 and distinguish between operating leases and finance leases.

HKFRS 16 requires lessees and lessors to make more extensive disclosures than under HKAS 17. Lessees can choose to apply the standard using either a full retrospective or a modified retrospective approach.

The Council expects to adopt HKFRS 16 from 1 April 2019. The Group is currently assessing the impact of HKFRS 16 upon adoption and is considering whether it will choose to take advantage of the practical expedients available and which transition approach and reliefs will be adopted. As disclosed in Note 12 to the financial statements, at 31 March 2018, the Council had future aggregate minimum lease payments under non-cancellable operating leases of approximately HK\$2,675,000. Upon adoption of HKFRS 16, certain amounts included therein may need to be recognised as new right-of-use assets and lease liabilities. Further analysis, however, will be needed to determine the amount of new rights of use assets and lease liabilities to be recognised, including, but not limited to, any amounts relating to leases of low-value assets and short term leases, other practical expedients and reliefs chosen, and new leases entered into before the date of adoption.

鳴謝

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We would like to thank all those who have rendered great help and support to COSH during the year, in particular the following individuals, government departments, organizations, schools, uniform groups and youth centres.

個人 Individuals

歐燕芬女士	Ms Florence AU	陳捷貴先生 BBS, 太平紳士	Mr Stephen CHAN, BBS, JP
歐陽根先生	Mr AU YEUNG Kun	陳寶欣女士	Ms Suki CHAN
	Dr Douglas BETTCHER	陳少梅醫生	Dr Tina CHAN
	C Allstar	周裔智先生	Mr Eugene CHAU
常嘉慧女士	Ms Gloria CHAK	周海傑先生	Mr CHAU Hoi-kit
陳修杰先生	Mr Allen CHAN	陳健久先生	Mr Eric CHEN
陳麗儀女士	Ms Angel CHAN	陳敏先生	Mr Willy CHEN
陳弄年女士	Ms Anita CHAN	鄭仲恒先生	Mr Aaron CHENG
陳國華先生 BBS, MH	Mr Ben CHAN, BBS, MH	鄭遠成先生	Mr Gilbert CHENG
陳秋玉女士	Ms Clary CHAN	鄭德銓先生	Mr Patrick CHENG
陳漢儀醫生太平紳士	Dr Constance CHAN, JP	鄭偉波先生	Mr Samuel CHENG
	Mr Eagle CHAN	張武孝先生	Mr Albert CHEUNG
陳建強先生	Dr Eugene CHAN	張懿德博士	Dr Derek CHEUNG
陳麗歡女士	Ms Helen CHAN	張美雄先生	Mr CHEUNG Mei-hung
陳滢滢女士	Ms Jade CHAN	張璧賢女士	Ms Melissa CHEUNG
陳志球教授 BBS, 太平紳士	Prof Johnnie CHAN, BBS, JP	張榮星先生	Mr Winson CHEUNG
陳家駒測量師 SBS, 太平紳士	Ir CHAN Ka-kui, SBS, JP	張芷恩博士	Dr Yannes CHEUNG
陳繼偉先生	Mr CHAN Kai-wai	張艷玲女士	Ms CHEUNG Yim-ling
陳華裕先生 MH, 太平紳士	Mr Nelson CHAN, MH, JP	趙鴻娟女士	Ms CHIU Hung-kuen
陳倩揚女士	Ms Skye CHAN	趙文堅先生	Mr Kenny CHIU
陳肇始教授太平紳士	Prof Sophia CHAN, JP	左滙雄先生	Mr CHO Wui-hung

蔡堅醫生	Dr CHOI Kin	關嘉美醫生	Dr Betty KWAN
莊丹娜女士	Ms Tanna CHONG	關銘怡女士	Ms Eugenia KWAN
周國豐先生	Mr Brian CHOW	關韞琪女士	Ms Kiki KWAN
	Mr Issac CHOW	關愛冰女士	Ms KWAN Oi-ping
周聯僑先生 MH	Mr CHOW Luen-kiu, MH	關伯強先生	Mr KWAN Pak-keong
周奕希先生 BBS, 太平紳士	Mr CHOW Yick-hay, BBS, JP	郭予宏先生	Mr Eric KWOK
朱慶虹先生太平紳士	Mr CHU Ching-hong, JP	郭偉勳先生	Mr Franco KWOK
	Ms Eva CHU	郭燕妮女士	Ms Ivy KWOK
朱蓓蕾女士	Ms CHU Pui-lui	郭棟強先生	Mr Simon KWOK
朱子軒先生	Mr Roy CHU	郭偉強議員	Hon KWOK Wai-keung
鍾澤暉先生	Mr CHUNG Chak-fai	鄺月心女士	Ms KWONG Yuet-sum
鍾愛群博士	Dr Joyce CHUNG	黎詠文女士	Ms LAI Wing-man
鍾錦麟先生	Mr CHUNG Kam-lun	林穎彤女士	Ms Bella LAM
丁柏希先生	Mr DING Pak-hei	豪仔(林偉豪)先生	Mr Calvin LAM
霍偉賢先生	Mr Patrick FOK	林正財醫生 BBS, 太平紳士	Dr LAM Ching-choi, BBS, JP
方健儀女士	Ms Akina FONG	林家慧博士	Dr Katherine LAM
方國珊女士	Ms Christine FONG	林呂昌先生	Mr LAM Lu-cheong
傅曉琳女士	Ms Sammi FU	林欣彤女士	Ms Mag LAM
傅惠霖醫生	Dr William FU	林乃文醫生	Dr LAM Nai-man
何綉卿女士	Ms HE Siu-ying	林奕匡先生	Mr Phil LAM
何寶兒女士	Ms Anita HO	林大慶教授 BBS, 太平紳士	Prof LAM Tai-hing, BBS, JP
何重恩先生	Mr David HO	林耀君女士	Ms Vivian LAM
何家欣博士	Dr Eva HO	林玉珍女士 MH	Ms LAM Yuk-chun, MH
何浩源先生	Mr Mil HO	劉愛詩女士	Ms Alice LAU
何榮添博士	Dr HO Wing-tim	劉文文女士 BBS, MH, 太平紳士	Ms Lisa LAU, BBS, MH, JP
韓文貴先生	Mr HON Man-guai	劉正彥先生	Mr Matthew LAU
洪錦鉉先生 MH	Mr HUNG Kam-in, MH	羅詠詩女士 太平紳士	Ms Anthea LAW, JP
葉巧琳女士	Ms Mischa IP	羅偉雄先生	Mr Bigo LAW
	Mr Tate IP	羅振基醫生	Dr LAW Chun-key
奚炳松先生 MH	Mr Stephen KAI, MH	羅競成先生 MH	Mr LAW King-shing, MH
古天農先生	Mr KO Tin-lung	羅蘭女士	Ms LAW Lan
江倩瑩女士	Ms Kitty KONG	羅小明女士	Ms Susan LAW
顧慧賢女士	Ms Alice KU	李子榮先生	Mr Alvin LEE
鞠嘉琪女士	Ms Kiki KUNG	李秋茂先生	Mr LEE Chau-mou

李興廉先生	Mr Henry LEE	莫可茵女士	Ms MOK Hoi-yan
李鏊發先生	Mr Herman LEE	莫加欣女士	Ms Rain MOK
李培文醫生	Dr Jeff LEE	梅維浩博士	Dr Lancelot MUI
李錦帆醫生	Dr John LEE	伍海山先生	Mr Aaron NG
李家堅先生	Mr Larry LEE	吳偉麟先生	Mr Alan NG
李洪森先生 BBS, MH	Mr Lothar LEE, BBS, MH	伍焯先生	Mr NG Fong
李惠兒女士	Ms Susanna LEE	吳澤恆先生	Mr Matthew NG
梁釗峰先生	Mr Andy LEUNG	倪文玲女士太平紳士	Ms Malina NGAI, JP
梁子超醫生	Dr LEUNG Chi-chiu	倪秉郎先生	Mr Simon NGAI
梁樂彤女士	Ms Christy LEUNG	彭少衍先生	Mr PANG Siu-hin
梁國基先生	Mr Henry LEUNG	龐朝輝醫生	Dr Jeffery PONG
梁皓鈞先生 MH	Mr LEUNG Ho-kwan, MH	龐愛蘭女士 BBS, 太平紳士	Ms Scarlet PONG, BBS, JP
梁小雲女士	Ms Iris LEUNG	潘韻文女士	Ms Candy POON
梁健文先生 BBS, MH, 太平紳士	Mr LEUNG Kin-man, BBS, MH, JP	潘任惠珍女士 MH	Mrs Winnie POON, MH
梁永安先生	Mr Louis LEUNG	胡民輝先生	Mr PU Man-fai
梁翹賢女士	Ms Mandy LEUNG	潘國華先生 太平紳士	Mr PUN Kwok-wah, JP
梁帶荷女士	Ms River LEUNG	羅夏麗博士	Dr Hana ROSS
梁思樺女士	Ms LEUNG Sze-wa	岑麗香女士	Ms Eliza SAM
李翠娟女士	Ms LI Chui-kuen	石康兒女士	Ms Connie SHEK
李國棟教授	Prof Donald LI	岑浩彬先生	Mr SHUM Ho-pan
李浩祥博士	Dr William LI	沈達元先生	Mr Theo SHUM
林藝蕾先生	Mr LIN Ngai-lui	蘇麗珍女士 MH, 太平紳士	Ms SO Lai-chun, MH, JP
	Ms Kylie LINDORFF	蘇偉基先生	Mr SO Wai-kei
盧兆姿女士	Ms Amelia LO	孫曉慧女士	Ms Kenny SUEN
盧智樂先生	Mr Edmond LO	孫洛敏女士	Ms Linda SUEN
勞焯培先生	Mr Edward LO	辛婉珍女士	Ms Teresa SUN
盧沛華先生	Mr LO Pui-wah	戴詠琪女士	Ms Oliva TAI
盧俊賢先生	Mr Steve LO	談振偉博士	Dr TAM Chun-wai
雷頌德先生	Mr Mark LUI	譚榮勳先生 MH	Mr Eric TAM, MH
陸子璉先生	Mr Kevin LUK	譚天承先生	Mr Joe TAM
陸國林先生	Mr LUK Kwok-lum	譚銘康先生	Mr TAM Ming-hon
馬澤華先生	Mr Stephen MA	譚業文先生	Mr Rodney TAM
麥龍詩迪教授 OBE, SBS 太平紳士	Prof Judith MACKAY, OBE, SBS, JP	鄧善恩女士	Ms Angel Tang
麥國風先生	Mr Michael MAK	鄧永明先生	Mr Anthony TANG
莫海茵女士	Ms Cora MOK	鄧卓謙先生	Mr TANG Cheuk-him

鄧錦雄博士 MH	Dr TANG Kam-hung, MH	王世榮先生	Mr WONG Sai-wing
鄧佩玲女士	Ms Pauline TANG	黃雪盈女士	Ms Sharon WONG
田陸秀娟女士	Mrs Gloria TIEN	黃德祥醫生	Dr WONG Tak-cheung
丁江浩先生	Mr Eddie TING	王虎生先生	Mr Tiger WONG
刁廣浩先生	Mr Tim TIU	黃韋竣先生	Mr WONG Wai-chun
曾憲康先生	Mr TSANG Hin-hong	黃偉傑先生	Mr WONG Wai-kit
曾浩輝醫生	Dr Thomas TSANG	黃可宜女士	Ms Yo WONG
謝曼怡女士太平紳士	Ms Elizabeth TSE, JP	胡健民先生	Mr Clement WOO
謝雅儀女士	Ms Fion TSE	胡志標先生	Mr WU Chi-biu
蔡珍妮女士	Ms Jenny TSOI	甄美華女士	Ms Daphne YAN
徐德義醫生	Dr TSUI Tak-yi	甄子康先生	Mr Jim YAN
黃振雄先生	Mr Paulo VONG	楊尚友先生	Mr Christian YANG
王文炳博士	Dr WANG Man-ping	丘詠仙女士	Ms Olive YAU
	Ms Wei WANG	易國生醫生	Dr Wilson YEE
翁雪女士	Ms Snow WENG	楊美琪女士	Ms Maggie YEONG
	Prof Jonathan WINICKOFF	楊潮凱先生	Mr YEUNG Chiu-hoi
黃成焯先生	Mr Alfred WONG	楊超發醫生	Dr Henry YEUNG
黃嘉雯女士	Ms Carmen WONG	楊玉雲女士	Ms Joyce YEUNG
黃華純女士	Ms Chris WONG	楊麗霞女士	Ms Vanessa YEUNG
黃宏醫生	Dr Christine WONG	葉敏琪女士	Ms Mandy YIP
黃靜文女士	Ms Ivy WONG	葉晴晴女士	Ms Robynn YIP
王灝兒女士	Ms Joey WONG	姚銘先生	Mr Ming YIU
黃健暉先生	Mr John WONG	余國強先生	Mr YU Kwok-keung
	Mr WONG Ka-luen	余倩雯女士	Ms YUE Shin-man
黃嘉妍女士	Ms WONG Ka-yin	小儀 (阮佩儀) 女士	Ms Kitty YUEN
黃莉琪女士	Ms Ki WONG	袁少林先生	Mr YUEN Siu-lam
黃浩琳女士	Ms Lillian WONG	張韻女士	Ms Jenny ZHANG
黃國田醫生	Dr Martin WONG	周勇先生	Mr ZHOU Yong
黃龍德教授 BBS, 太平紳士	Prof Patrick WONG, BBS, JP		

政府部門 Government Departments

中西區區議會	Central & Western District Council
衛生署	Department of Health
東區區議會	Eastern District Council
教育局	Education Bureau
醫院管理局	Hospital Authority
離島區議會	Islands District Council
九龍城區議會	Kowloon City District Council
葵青區議會	Kwai Tsing District Council
觀塘區議會	Kwun Tong District Council
北區區議會	North District Council
香港電台	Radio Television Hong Kong
西貢區議會	Sai Kung District Council
沙田區議會	Sha Tin District Council
深水埗區議會	Sham Shui Po District Council
南區區議會	Southern District Council
大埔區議會	Tai Po District Council
衛生署控煙辦公室	Tobacco Control Office, Department of Health
荃灣區議會	Tsuen Wan District Council
屯門區議會	Tuen Mun District Council
灣仔區議會	Wan Chai District Council
黃大仙區議會	Wong Tai Sin District Council
油尖旺區議會	Yau Tsim Mong District Council
元朗區議會	Yuen Long District Council

組織 Organizations

萬國宣道浸信會長康浸信會長者鄰舍中心	ABWE Cheung Hong Baptist Church Neighbourhood Elderly Centre
萬國宣道浸信會荔景白普理長者鄰舍中心	ABWE Lai King Bradbury Neighbourhood Elderly Centre
萬國宣道浸信會元州邨浸信會耆樂中心	ABWE Un Chau Estate Baptist Church Elderly Centre
循道衛理亞斯理社會服務處長者鄰舍中心	Asbury Methodist Social Service Neighbourhood Elderly Centre
亞洲反吸煙諮詢所	Asian Consultancy on Tobacco Control
工程及醫療義務工作協會 – 展毅中心	Association for Engineering and Medical Volunteer Services (The Endeavor)
香港護士協會	Association of Hong Kong Nursing Staff

醫療輔助隊長官聯會有限公司	Auxiliary Medical Service Officers' Club Limited
浸信會愛群社會服務處佐敦長者中心	Baptist Oi Kwan Social Service Jordan Elderly Centre
浸信會愛羣社會服務處大埔浸信會區 張秀芳長者鄰舍中心	Baptist Oi Kwan Social Service Tai Po Baptist Church Au Cheung Sau Fong Neighbourhood Elderly Centre
浸信會愛群社會服務處青衣長者鄰舍中心	Baptist Oi Kwan Social Service Tsing Yi Neighbourhood Elderly Centre
利達土木工程有限公司	Build King Civil Engineering Limited
癌症資訊網	Cancer Information
明愛元朗長者社區中心(天澤中心)	Caritas District Elderly Centre – Yuen Long (Tin Chak Centre)
明愛西貢長者中心	Caritas Elderly Centre – Sai Kung
明愛專上學院	Caritas Institute of Higher Education
中國建築工程(香港)有限公司	China State Construction Engineering (Hong Kong) Limited
中國建築國際集團有限公司	China State Construction International Holdings Limited
建業建築有限公司	Chinney Construction Co. Ltd.
潮僑食品業商會有限公司	Chiu Chow Overseas Food Trade Merchants Association Ltd
基督教家庭服務中心	Christian Family Service Centre
鐘聲慈善社方王換娣長者鄰舍中心	Chung Sing Benevolent Society Fong Wong Woon Tei Neighbourhood Elderly Centre
鐘聲慈善社顏劉崑珠老人中心	Chung Sing Benevolent Society Gan Low Khoon Choo Social Centre for the Elderly
中英劇團	Chung Ying Theatre Company
爭氣行動	Clear The Air
香港護理學院	College of Nursing, Hong Kong
建造業議會	Construction Industry Council
香港公開大學護理及健康學部	Division of Nursing and Health Studies, The Open University of Hong Kong
飲食業職工總會	Eating Establishment Employees General Union
安老事務委員會	Elderly Commission
衛生署長者健康服務	Elderly Health Service of Department of Health
香港中文大學醫學院	Faculty of Medicine, The Chinese University of Hong Kong
中西區家長教師會聯會	Federation of Parent-Teacher Associations of the Central and Western District
香港東區家長教師會聯會	Federation of Parent-Teacher Associations of Hong Kong Eastern District
離島區家長教師會聯會	Federation of Parent-Teacher Associations of Islands District
九龍城區家長教師會聯會	Federation of Parent-Teacher Association, Kowloon City District
葵青區家長教師會聯會有限公司	Federation of Parent-Teacher Associations (Kwai Tsing District) Ltd.
觀塘區家長教師會聯會有限公司	Federation of Parent-Teacher Associations in Kwun Tong District Ltd.

西貢區家長教師會聯會	Federation of Parent-Teacher Associations of the Sai Kung District
深水埗區家長教師會聯會有限公司	Federation of Parent-Teacher Associations Sham Shui Po District Limited
香港南區家長教師會聯會	Federation of Parent-Teacher Association Southern District, H.K.
大埔區家長教師會聯會	Federation of Parent-Teacher Association, Tai Po District
屯門區家長教師會聯會	Federation of Parent-Teacher Associations, Tuen Mun
灣仔區家長教師會聯會	Federation of Parent-Teacher Associations, Wanchai District
黃大仙區家長教師會聯會有限公司	Federation of Parent-Teacher Associations Wongtaisin District Limited
元朗區家長教師會聯會有限公司	Federation of Parent-Teacher Associations of Yuen Long District Limited
友聯的士車主聯誼會	Fraternity Taxi Owners Association
鳳溪鄰舍長者中心	Fung Kai Neighbourhood Elderly Centre
夏利文物業管理有限公司	Harriman Property Management Limited
香港聖公會太和長者鄰舍中心	HKSKH Tai Wo Neighbourhood Elderly Centre
匡智松嶺綜合職業訓練中心	Hong Chi Pinehill Integrated Vocational Training Centre
香港醫學專科學院	Hong Kong Academy of Medicine
香港病人組織聯盟	Hong Kong Alliance of Patients' Organizations Limited
香港防癌會	Hong Kong Anti-Cancer Society
香港青少年發展聯會	Hong Kong Association of Youth Development
佛教張妙願長者鄰舍中心	Hong Kong Buddhist Association Buddhist Cheung Miu Yuen Neighbourhood Elderly Centre
香港麻醉科醫學院	Hong Kong College of Anaesthesiologists
香港社區及公共健康護理學院	Hong Kong College of Community and Public Health Nursing
香港社會醫學學院	Hong Kong College of Community Medicine
香港危重病護理學院	Hong Kong College of Critical Care Nursing
香港護理教育及科研學院	Hong Kong College of Education & Research in Nursing
香港急症科醫學院	Hong Kong College of Emergency Medicine
香港急症科護理學院	Hong Kong College of Emergency Nursing
香港家庭醫學學院	Hong Kong College of Family Physicians
香港老年學護理專科學院	Hong Kong College of Gerontology Nursing
香港內科護理學院	Hong Kong College of Medical Nursing
香港精神健康護理學院	Hong Kong College of Mental Health Nursing
香港助產士學院	Hong Kong College of Midwives
香港護理及衛生管理學院	Hong Kong College of Nursing & Health Care Management
香港婦產科學院	Hong Kong College of Obstetricians and Gynaecologists
香港骨科護理學院	Hong Kong College of Orthopaedic Nursing
香港兒科護理學院	Hong Kong College of Paediatric Nursing

香港兒科醫學院	Hong Kong College of Paediatricians
香港圍手術護理學院	Hong Kong College of Perioperative Nursing
香港內科醫學院	Hong Kong College of Physicians
香港放射科醫學院	Hong Kong College of Radiologists
香港建造商會	Hong Kong Construction Association
香港建造業總工會	Hong Kong Construction Industry Employees' General Union
香港牙醫學會	Hong Kong Dental Association
香港災難醫療學會	Hong Kong Disaster Medicine Association
香港西醫工會	Hong Kong Doctors Union
香港建築業承建商聯會	Hong Kong General Building Contractors Association
香港家庭教育學院	Hong Kong Institute of Family Education
男士健康學會	Hong Kong Men's Health Society
香港營養師學會	Hong Kong Nutritionists Society
離島婦聯有限公司	Hong Kong Outlying Islands Women's Association Limited
香港專業廚師總會	Hong Kong Professional Chefs General Union
香港南區婦女會	Hong Kong Southern District Women's Association
香港胸肺學會(有限公司)	Hong Kong Thoracic Society (Limited)
香港防癆心臟及胸病協會	Hong Kong Tuberculosis, Chest & Heart Diseases Association
香港基督教女青年會長青松柏中心	Hong Kong Young Women's Christian Association Cheung Ching Neighbourhood Elderly Centre
醫院管理局	Hospital Authority
稻苗學會	Institution of Dining Art
東華三院戒煙綜合服務中心	Integrated Centre on Smoking Cessation, Tung Wah Group of Hospitals
國際四方福音會建生堂耆年中心	International Church of the Foursquare Gospel Kin Sang Church Elderly Centre
啟勝管理服務有限公司 – 世貿中心服務處	Kai Shing Management Services Limited – World Trade Management Services Office
葵青安全社區及健康城市協會	Kwai Tsing Safe Community and Healthy City Association
果豐顧問及訓練有限公司	Kwok Fung Consulting & Training Company Limited
觀塘健康城市督導委員會	Kwun Tong Healthy City Steering Committee
香港大學李嘉誠醫學院	Li Ka Shing Faculty of Medicine, The University of Hong Kong
生命教育活動計劃	Life Education Activity Programme
領展資產管理有限公司	Link Asset Management Limited
新界的士車主司機同業總會	N.T. Taxi Owners & Drivers Fraternal Association
新界的士商會有限公司	New Territories Taxi Merchants Association Limited
新世界建築有限公司	New World Construction Company Limited

新世界第一巴士服務有限公司及城巴有限公司	New World First Bus Services Ltd. & Citybus Ltd.
北區家長教師會聯會	North District Federation of Parent-Teacher Associations
新界西長者學苑聯網	NT West Elder Academies Cluster
新界婦孺福利會社會服務部柏雨長者鄰舍中心	NTWJWA-SSDL Pak U Neighbourhood Elderly Centre
職業安全健康局	Occupational Safety and Health Council
油尖旺家長教師會聯會籌備委員會	Organizing Committee, Yau Tsim Mong Federation of Parent-Teacher Associations
聖母醫院	Our Lady of Maryknoll Hospital
白沙灣懲教所	Pak Sha Wan Correctional Institution
保良局	Po Leung Kuk
保良局方譚遠良健樂中心	Po Leung Kuk Fong Tam Yuen Leung Health Enhancement Centre for the Senior
保良局盧邱玉霜耆暉中心	Po Leung Kuk Lo Yau Yuk Sheung Neighbourhood Elderly Centre
博愛醫院	Pok Oi Hospital
博愛醫院長者日間護理中心(屯門)	Pok Oi Hospital Day Care Centre for the Elderly (Tuen Mun)
博愛醫院吳鴻茂紀念家庭多元智能中心	Pok Oi Hospital Mr Ng Hung Mow Memorial Family Multiple Intelligences Centre
博愛醫院李何少芳紀念兒童及家庭發展中心	Pok Oi Hospital Mrs Lee Ho Siu Fong Memorial Children and Families Development Centre
博愛醫院王東源夫人長者地區中心	Pok Oi Hospital Mrs Wong Tung Yuen District Elderly Community Centre
精神科日間醫院(容鳳書紀念中心)	Psychiatric Day Hospital (Yung Fung Shee Memorial Centre)
香港大學民意研究計劃	Public Opinion Programme, The University of Hong Kong
清新健康人協會	Quit-Winners Club
禮賢會樂齡中心	Rhenish Rejoice Centre for the Elderly
路德會采頤長者中心	Rhythm Garden Lutheran Centre for the Elderly
香港耆康老人福利會	SAGE Rotary Club of Hong Kong Northwest Neighbourhood
香港西北區扶輪社長者鄰舍中心	Elderly Centre
深水埔街坊福利會長者鄰舍中心	Shamshuipo Kaifong Welfare Advancement Association Neighbourhood Elderly Centre
基督復臨安息日會山景綜合青少年服務中心	Shan King Integrated Children & Youth Services Centre of Seventh-day Adventists
展亮技能發展中心(觀塘)	Shine Skills Centre (Kwun Tong)
嗇色園主辦可健耆英地區中心	Sik Sik Yuen Ho Kin District Community Centre for Senior Citizens
嗇色園可旺耆英鄰舍中心	Sik Sik Yuen Ho Wong Neighbourhood Centre for Senior Citizens

南區健康安全協會	Southern District Healthy and Safe Association
中西區區議會中西區健康城市督導委員會	Steering Committee on Healthy City in the Central and Western District
大埔區婦女聯會	Tai Po District Federation of Women
泰和車行有限公司	Tai Wo Motors Ltd.
香港餐務管理協會	The Association for Hong Kong Catering Services Management Ltd
香港專業人士協會	The Association of Hong Kong Professionals
香港醫務委員會執照醫生協會	The Association of Licentiates of Medical Council of Hong Kong
中華基督教禮賢會香港區會 – 禮賢會 沙田長者鄰舍中心	The Chinese Rhenish Church Hong Kong Synod – Shatin Rhenish Neighbourhood Elderly Centre
香港牙科醫學院	The College of Dental Surgeons of Hong Kong
香港眼科醫學院	The College of Ophthalmologists of Hong Kong
香港外科醫學院	The College of Surgeons of Hong Kong
香港醫學組織聯會	The Federation of Medical Societies of Hong Kong
香港護理專科學院	The Hong Kong Academy of Nursing
香港防癌會	The Hong Kong Anti-Cancer Society
香港骨科醫學院	The Hong Kong College of Orthopaedic Surgeons
香港耳鼻喉科醫學院	The Hong Kong College of Otorhinolaryngologists
香港病理學專科學院	The Hong Kong College of Pathologists
香港精神科醫學院	The Hong Kong College of Psychiatrists Limited
香港賽馬會	The Hong Kong Jockey Club
香港醫學會	The Hong Kong Medical Association
沙田區家長教師會聯會有限公司	The Joint Council of Parent-Teacher Associations of the Shatin District Limited
九龍巴士(一九三三)有限公司	The Kowloon Motor Bus Co. (1933) Ltd.
九龍樂善堂	The Lok Sin Tong Benevolent Society, Kowloon
鄰舍輔導會深水埗康齡社區服務中心	The Neighbourhood Advice-Action Council Shamshuipo District Elderly Community Centre
香港新聲會	The New Voice Club of Hong Kong
病人醫護權益協進會	The Patients and Healthcare Professionals Rights Association
香港藥學會	The Pharmaceutical Society of Hong Kong
香港執業藥劑師協會	The Practising Pharmacists Association of Hong Kong
香港戒毒會(成年婦女康復中心)	The Society for the Aid and Rehabilitation of Drug Abusers (Adult Female Rehabilitation Centre)
香港醫院藥劑師學會	The Society of Hospital Pharmacists of Hong Kong
圓玄學院粉嶺社會服務中心	The Yuen Yuen Institute – Fanling Social Service Centre

天水圍婦聯有限公司	Tin Shui Wai Women Association Limited
謝正楓議員辦事處	TSE Ching-fung District Councilor Office
荃灣區家長教師會聯會有限公司	Tsuen Wan District Parent Teacher Association Federation Limited
荃灣安全健康社區督導委員會	Tsuen Wan Safe and Healthy Community Steering Committee
屯門兒童及青少年院	Tuen Mun Children and Juvenile Home
東華學院	Tung Wah College
東華三院 – 戒煙綜合服務中心	Tung Wah Group of Hospitals – Integrated Smoking Cessation Centre
基督教聯合那打素社康服務	United Christian Nethersole Community Health Service
聯友的士同業聯會有限公司	United Friendship Taxi Owners & Drivers Association Ltd.
宏施慈善基金深水埗社會服務處	Windshield Charitable Foundation Sham Shui Po Social Services
宏施慈善基金社會服務處	Windshield Charitable Foundation Social Services
黃大仙區健康安全城市	Wong Tai Sin District Healthy & Safe City
仁濟醫院第三十五屆董事局長青輔助宿舍	Yan Chai Hospital 35 th Term Board of Directors Cheung Ching Supported Hostel
仁濟醫院朱佩音老人中心	Yan Chai Hospital Mrs. Annie Chan Social Centre for the Elderly
仁愛堂	Yan Oi Tong
路德會友安長者中心	Yau On Lutheran Centre for the Elderly
圓玄軒婦女中心	Yuen Yuen V-Learn Women Centre

學校、制服團隊及青少年中心 Schools, Uniform Groups and Youth Centres

香港仔聖伯多祿天主教小學	Aberdeen St Peter's Catholic Primary School
藍如溪盛成血教育基金邊陳之娟幼兒園	Alice Lan & Vera Shen Education Fund Delia Pei Kindergarten
藍如溪盛成血教育基金邊耀良幼稚園	Alice Lan & Vera Shen Education Fund Gordon Pei Kindergarten
鴨脷洲街坊學校	Aplichau Kaifong Primary School
基督教神召會梁省德小學	Assembly of God Leung Sing Tak Primary School
香港澳洲國際學校	Australian International School Hong Kong
浸信會天虹小學	Baptist Rainbow Primary School
佛教林炳炎紀念學校	Buddhist Lam Bing Yim Memorial School
佛教林金殿紀念小學	Buddhist Lim Kim Tian Memorial Primary School
佛教大雄中學	Buddhist Tai Hung College
道慈佛社楊日霖紀念學校	Buddhist To Chi Fat She Yeung Yat Lam Memorial School
明愛馬鞍山中學	Caritas Ma On Shan Secondary School
迦密愛禮信小學	Carmel Alison Lam Primary School
中華基督教會全完中學	CCC Chuen Yuen College
中華基督教會協和小學(長沙灣)	CCC Heep Woh Primary School (Cheung Sha Wan)
中華基督教會基朗中學	CCC Kei Long College
中華基督教會大澳小學	CCC Tai O Primary School
中華基督教會灣仔堂基道小學	CCC Wanchai Church Kei To Primary School
陳瑞祺(喇沙)小學	Chan Sui Ki (La Salle) Primary School
長洲聖心學校	Cheung Chau Sacred Heart School
香港潮陽小學	Chiu Yang Primary School of Hong Kong
彩雲聖若瑟小學	Choi Wan St Joseph's Primary School
宣道會陳瑞芝紀念中學	Christian Alliance S C Chan Memorial College
真鐸學校	Chun Tok School
廠商會中學	CMA Secondary School
中華傳道會呂明才小學	CNEC Lui Ming Choi Primary School
啟思幼稚園幼兒園(愛琴)	Creative Kindergarten (Aegean Coast)
胡素貞博士紀念學校	Dr Catherine F Woo Memorial School
基督教香港信義會南昌幼稚園	Evangelical Lutheran Church Of Hong Kong Nam Cheong Kindergarten
粉嶺官立中學	Fanling Government Secondary School
基督教香港信義會心誠中學	Fanling Lutheran Secondary School
五邑工商總會張祝珊幼兒園幼稚園	FDBWA Cheung Chuk Shan Kindergarten
五邑司徒浩中學	FDBWA Szeto Ho Secondary School
五邑工商總會學校	Five Districts Business Welfare Association School
富瑤幼稚園	Fu Yiu Kindergarten

鳳溪廖潤琛紀念學校	Fung Kai Liu Yun Sum Memorial School
東莞工商總會張煌偉小學	GCCITKD Cheong Wong Wai Primary School
綠茵幼稚園(上水校)	Greenfield Kindergarten (Sheung Shui Centre)
恒安浸信會幼兒學校	Heng On Baptist Nursery School
香海正覺蓮社佛教正覺蓮社學校	HHCKLA Buddhist Ching Kok Lin Association School
香港四邑商工總會新會商會學校	HK Sze Yap C&IA San Wui Commercial Society School
香港中國婦女會馮堯敬紀念中學	HKCWC Fung Yiu King Memorial Secondary School
香港道教聯合會純陽小學	HKTA Shun Yeung Primary School
香港道教聯合會雲泉吳禮和紀念學校	HKTA Wun Tsuen Ng Lai Wo Memorial School
香港大學附屬學院(九龍東分校)	HKU SPACE Community College (Kowloon East Campus)
旅港開平商會學校	Hoi Ping Chamber of Commerce Primary School
旅港開平商會中學	Hoi Ping Chamber of Commerce Secondary School
嘉諾撒聖家書院	Holy Family Canossian College
港澳信義會小學	Hong Kong & Macau Lutheran Church Primary School
香港浸信會聯會小學	Hong Kong Baptist Convention Primary School
香港基督教服務處培愛學校	Hong Kong Christian Service Pui Oi School
香港專業進修學校(港專賽馬會本科校園)	Hong Kong College of Technology (Jockey Club Undergraduate Campus)
佐敦道官立小學	Jordan Road Government Primary School
英皇書院同學會小學	King's College Old Boys' Association Primary School
九龍城浸信會禧年(恩平)小學	Kowloon City Baptist Church Hay Nien (Yan Ping) Primary School
九龍城浸信會嘉福幼稚園	Kowloon City Baptist Church Ka Fuk Kindergarten
九龍塘天主教華德學校	Kowloon Tong Bishop Walsh Catholic School
九龍塘官立小學	Kowloon Tong Government Primary School
九龍塘學校(中學部)	Kowloon Tong School
寶血會伍季明紀念學校	Kwai Ming Wu Memorial School of The Precious Blood
李鄭屋官立小學	Li Cheng Uk Government Primary School
李陞小學	Li Sing Primary School
天主教領島學校	Ling To Catholic Primary School
嶺南鍾榮光博士紀念中學	Lingnan Dr Chung Wing Kwong Memorial Secondary School
世界龍岡學校黃耀南小學	LKWFSL Wong Yiu Nam Primary School
樂善堂顧超文中學	Lok Sin Tong Ku Chiu Man Secondary School
樂善堂梁植偉紀念中學	Lok Sin Tong Leung Chik Wai Memorial School
樂善堂梁銻琚學校	Lok Sin Tong Leung Kau Kui Primary School
樂善堂梁銻琚學校(分校)	Lok Sin Tong Leung Kau Kui Primary School (Branch)
樂善堂梁蕙芳紀念學校	Lok Sin Tong Leung Wong Wai Fong Memorial School

樂善堂王仲銘中學	Lok Sin Tong Wong Chung Ming Secondary School
樂善堂楊葛小琳中學	Lok Sin Tong Young Ko Hsiao Lin Secondary School
馬鞍山靈糧小學	Ma On Shan Ling Liang Primary School
美樂中英文幼稚園	Melody Anglo-Chinese Kindergarten
慕光英文書院	Mu Kuang English School
寧波公學	Ning Po College
聖母院書院	Notre Dame College
新界鄉議局元朗區中學	NT Heung Yee Kuk Yuen Long District Secondary School
平安福音堂幼稚園(牛頭角)	Peace Evangelical Centre Kindergarten (Ngau Tau Kok)
竹園區神召會太和康樂幼兒學校	Pentecostal Church of HK Tai Wo Nursery School
五旬節靳茂生小學	Pentecostal Gin Mao Sheng Primary School
保良局朱正賢小學	Po Leung Kuk Chee Jing Yin Primary School
保良局蔡冠深幼稚園	Po Leung Kuk Choi Koon Shum Kindergarten
保良局方王錦全小學	Po Leung Kuk Fong Wong Kam Chuen Primary
保良局馮晴紀念小學	Po Leung Kuk Fung Ching Memorial Primary School
保良局金銀業貿易場張凝文學校	Po Leung Kuk Gold & Silver Exchange Society Pershing Tsang School
保良局香港道教聯合會圓玄小學	Po Leung Kuk Hong Kong Taoist Association Yuen Yuen Primary School
保良局李城璧中學	Po Leung Kuk Lee Shing Pik College
保良局陳維周夫人紀念學校	Po Leung Kuk Madam Chan Wai Chow Memorial School
保良局雨川小學	Po Leung Kuk Riverain Primary School
保良局何壽南小學	Po Leung Kuk Stanley Ho Sau Nan Primary School
保良局田家炳小學	Po Leung Kuk Tin Ka Ping Primary School
保良局黃永樹小學	Po Leung Kuk Wong Wing Shu Primary School
保祿六世書院	Pope Paul VI College
華富邨寶血小學	Precious Blood Primary School (Wah Fu Estate)
伊利沙伯中學舊生會小學	Queen Elizabeth School Old Students' Association Primary School
皇仁舊生會中學	Queen's College Old Boys' Association Secondary School
玫瑰崗中學	Rosaryhill School
慈幼葉漢小學	Salesian Yip Hon Primary School
香港理工大學護理學院	School of Nursing, The Hong Kong Polytechnic University
香港大學護理學院	School of Nursing, The University of Hong Kong
香港大學公共衛生學院	School of Public Health, The University of Hong Kong
滬江小學	Shanghai Alumni Primary School
筲箕灣官立小學	Shau Kei Wan Government Primary School

石籬天主教小學	Shek Lei Catholic Primary School
石籬聖若望天主教小學	Shek Lei St John's Catholic Primary School
上水禮賢會幼稚園	Sheung Shui Rhenish Church Kindergarten
順德聯誼總會翁祐中學	Shun Tak Fraternal Association Yung Yau College
天主教崇德英文書院	Shung Tak Catholic English College
寶血會思源學校	Si Yuan School of the Precious Blood
善正幼稚園	Sin Ching Kindergarten
官立嘉道理爵士小學	Sir Ellis Kadoorie (S) Primary School
聖公會奉基千禧小學	SKH Fung Kei Millennium Primary School
聖公會牧愛小學	SKH Good Shepherd Primary School
聖公會聖匠中學	SKH Holy Carpenter Secondary School
聖公會聖十架小學	SKH Holy Cross Primary School
聖公會基孝中學	SKH Kei Hau Secondary School
聖公會基恩小學	SKH Kei Yan Primary School
聖公會李福慶中學	SKH Li Fook Hing Secondary School
聖公會聖米迦勒小學	SKH St Michael's Primary School
聖公會田灣始南小學	SKH Tin Wan Chi Nam Primary School
聖公會將軍澳基德小學	SKH Tseung Kwan O Kei Tak Primary School
聖公會青衣鄒何澤芸小學	SKH Tsing Yi Estate Ho Chak Wan Primary School
柏立基教育學院校友會李一諤紀念學校	SRBCEPSA Lee Yat Ngok Memorial School
聖方濟愛德小學	St Francis of Assisi's Caritas School
德萃幼稚園·幼兒園	St Hilary's Kindergarten
德萃幼稚園·幼兒園(紅磡)	St Hilary's Kindergarten (Hung Hom)
聖瑪加利男女英文中小學	St Margaret's Co-educational English Secondary and Primary School
天主教聖保祿幼兒園(大圍)	St Paul's Catholic Day Nursery (Tai Wai)
聖保羅書院小學	St Paul's College Primary School
聖士提反堂中學	St Stephen's Church College
施德福英文幼稚園	Stafford English Kindergarten
培基小學	Stewards Pooi Kei Primary School
順德聯誼總會梁潔華小學	STFA Leung Kit Wah Primary School
順德聯誼總會胡少渠紀念小學	STFA Wu Siu Kui Memorial Primary School
崇基幼稚園	Sung Kei Kindergarten
大埔舊墟公立學校(寶湖道)	Tai Po Old Market Public School (Plover Cove)
德雅中學	Tak Nga Secondary School
德信學校	Tak Sun School

博愛醫院歷屆總理聯誼會梁省德中學	The Association of Directors & Former Directors of Poi Oi Hospital Limited Leung Sing Tak College
基督教香港信義會深信學校	The ELCHK Faith Lutheran School
香港中文大學醫學院賽馬會公共衛生及基層醫療學院	The Jockey Club School of Public Health and Primary Care, Faculty of Medicine, The Chinese University of Hong Kong
基督教聖約教會堅樂第二小學	The Mission Covenant Church Holm Glad No. 2 Primary School
香港中文大學醫學院那打素護理學院	The Nethersole School of Nursing, Faculty of Medicine, The Chinese University of Hong Kong
天水圍官立小學	Tin Shui Wai Government Primary School
塘尾道官立小學	Tong Mei Road Government Primary School
將軍澳天主教小學	Tseung Kwan O Catholic Primary School
青衣商會小學	Tsing Yi Trade Association Primary School
荃灣商會學校	Tsuen Wan Trade Association Primary School
慈雲山聖文德天主教小學	Tsz Wan Shan St. Bonaventure Catholic Primary School
惇裕學校	Tun Yu School
東涌天主教學校	Tung Chung Catholic School
上水東莞學校	Tung Koon School (Sheung Shui)
東華學院	Tung Wah College
東華三院馬陳景霞幼稚園	TWGHs Chan King Har Kindergarten
東華三院洪王家琪幼稚園	TWGHs Hung Wong Kar Gee Nursery School
東華三院李潤田紀念中學	TWGHs Lee Ching Dea Memorial College
東華三院李賜豪小學	TWGHs Li Chi Ho Primary School
東華三院力勤幼稚園	TWGHs Nickon Kindergarten
東華三院冼次雲小學	TWGHs Sin Chu Wan Primary School
東華三院王余家潔紀念小學	TWGHs Wong Yee Jar Jat Memorial Primary School
香港普通話研習社科技創意小學	Xianggang Putonghua Yanxishe Primary School of Science and Creativity
仁濟醫院蔡衍濤小學	Yan Chai Hospital Choi Hin To Primary School
仁濟醫院羅陳楚思小學	Yan Chai Hospital Law Chan Chor Si Primary School
仁濟醫院林李婉冰幼稚園幼兒中心	Yan Chai Hospital Nina Lam Kindergarten
約克國際幼稚園	York International Kindergarten
中華基督教會元朗堂真光幼稚園	Yuen Long Church (CCC) Chan Kwong Kindergarten
元朗朗屏邨東莞學校	Yuen Long Long Ping Estate Tung Koon Primary School
元朗朗屏邨惠州學校	Yuen Long Long Ping Estate Wai Chow School
元朗商會小學	Yuen Long Merchants Association Primary School
元朗寶覺小學	Yuen Long Po Kok Primary School

「無煙加油站」名單

List of Smoke-free Support Stations

置富資產管理有限公司 – 置富都會	ARA Asset Management (Fortune) Limited – Fortune Metropolis
亞洲反吸煙諮詢所	Asian Consultancy on Tobacco Control
百麗國際控股有限公司	Belle International Holdings Limited
利基控股有限公司 – 星光大道地盤	Build King Holdings Limited – Avenue of Star
家利物業管理有限公司 – 麗城花園一期	Cayley Property Management Limited – Belvedere Garden Phase I
家利物業管理有限公司 – 嘉雲中心	Cayley Property Management Limited – Cavendish Centre
家利物業管理有限公司 – 東達中心	Cayley Property Management Limited – Eastern Centre
家利物業管理有限公司 – 東南工業大廈	Cayley Property Management Limited – Southeast Industrial Building
家利物業管理有限公司 – 億利商業大廈	Cayley Property Management Limited – Yardley Commercial Building
陳沛然(立法會議員)辦事處	Pierre CHAN Office
中國農產品有限公司	China Agri-Product Exchange Limited
基督教家庭服務中心 – 醫療健康服務	Christian Family Service Centre – Medical & Health Services
科聯系統有限公司	Computer And Technologies International Limited
香港中文大學賽馬會公共衛生及基層醫療學院	CUHK JC School of Public Health and Primary Care
敦豪國際速遞(香港)有限公司	DHL Express Hong Kong
敦豪全球貨運物流(香港)有限公司	DHL Global Forwarding (Hong Kong) Limited
易易壹金融集團有限公司	Easy One Financial Group Limited
海桃灣客戶服務中心	Floriant Rise Customer Service Centre
洗樓王有限公司	Flyer King Ltd.
	GAL Graphics Consultants Ltd.
海名軒	Harbourfront Landmark Premium Services Limited
恒基兆業地產附屬機構尚悅管理有限公司 – 尚悅	Henderson Land Group Subsidiary The Reach Management Limited – The Reach
漢興企業有限公司 – 永興工業大廈	Hon Hing Enterprises Limited – Wing Hing Industrial Building
香港空氣淨化器中心有限公司	Hong Kong Air Purifier Center Limited
香港防癌會	Hong Kong Anti-Cancer Society
香港助產士學院	Hong Kong College of Midwives

「無煙加油站」名單
List of Smoke-free Support Stations

香港醫學會	Hong Kong Medical Association
香港南區婦女會	Hong Kong Southern District Women's Association
康業服務有限公司 – 怡德花園	Hong Yip Service Company Limited – Tang Court
醫院管理局	Hospital Authority
和黃物流中心管理有限公司	Hutchison Logistics Centre Management Limited
和記物業管理有限公司 – 華人行	Hutchison Property Management Company Limited – China Building
互動教育	i-education
國際物業管理有限公司 – 碧瑤灣	International Property Management Limited – Baguio Villa
啟勝管理服務有限公司 – 東港城商場	Kai Shing Management Services Limited – East Point City (Commercial)
啟勝管理服務有限公司 – 新都廣場	Kai Shing Management Services Limited – Metropolis Plaza
葵涌醫院	Kwai Chung Hospital
利達 – 實力聯營	Leader-Sunnic Joint Venture
樂善堂梁鈺琚學校(分校)	Lok Sin Tong Leung Kau Kui Primary School (Branch)
樂善堂梁蕙蕙芳紀念學校	Lok Sin Tong Leung Wong Wai Fong Memorial School
樂善堂小學	Lok Sin Tong Primary School
樂善堂楊仲明學校	Lok Sin Tong Yeung Chung Ming Primary School
民亮發展有限公司(翠峰小築)	Main Shine Development Limited (Verdant Villa)
萬士博(亞洲)有限公司	MaxiPro (Asia) Limited
新都城管理有限公司(恒基兆業地產集團成員) – 新都城二期	Metro City Management Limited (A Member of Henderson Land Group) – Metro City Phase II
港灣豪庭管理有限公司(恒基兆業地產集團成員)	Metro Harbourview Management Limited (A member of Henderson Land Group)
南豐集團 – 漢興企業有限公司(碧翠苑)	Nan Fung Group – Hon Hing Enterprises Limited (Green Park)
南豐集團 – 漢興企業有限公司(華業大廈)	Nan Fung Group – Hon Hing Enterprises Limited (Marvel Industrial Building)
南豐集團 – 漢興企業有限公司(寶業大廈)	Nan Fung Group – Hon Hing Enterprises Limited (Pao Yip Building)
南豐集團 – 漢興企業有限公司(兆豐大廈)	Nan Fung Group – Hon Hing Enterprises Limited (Shiu Fung Building)
南豐集團 – 民亮發展有限公司(海慧花園)	Nan Fung Group – Main Shine Development Limited (Aquamarine Garden)
南豐集團 – 民亮發展有限公司(金龍工業中心)	Nan Fung Group – Main Shine Development Limited (Golden Dragon Industrial Centre)
南豐集團 – 民亮發展有限公司(南豐商業中心)	Nan Fung Group – Main Shine Development Limited (Nan Fung Commercial Centre)

「無煙加油站」名單

List of Smoke-free Support Stations

南豐集團 – 民亮發展有限公司 (德豐工業中心)	Nan Fung Group – Main Shine Development Limited (Tak Fung Industrial Centre)
南豐集團 – 民亮發展有限公司 (永亨保險大廈)	Nan Fung Group – Main Shine Development Limited (Wing Hang Insurance Building)
南豐集團 – 新卓管理有限公司 (南豐大廈)	Nan Fung Group – New Charm Management Limited (Nan Fung Tower)
南豐集團 – 新卓管理有限公司 (雲咸街8號)	Nan Fung Group – New Charm Management Limited (No. 8 Wyndham Street)
南豐集團 – 新卓管理有限公司 (Queen's Cube)	Nan Fung Group – New Charm Management Limited (Queen's Cube)
南豐集團 – 新卓管理有限公司 (雲暉大廈)	Nan Fung Group – New Charm Management Limited (Winfield Building)
南豐集團 – 新卓管理有限公司 (The Wellington)	Nan Fung Group – New Charm Management Limited (The Wellington)
南豐集團 – 萬寶物業管理有限公司 (浪濤灣)	Nan Fung Group – Vineberg Property Management Limited (Aqua Blue)
南豐集團 – 萬寶物業管理有限公司 (南豐新邨)	Nan Fung Group – Vineberg Property Management Limited (Nan Fung Sun Chuen)
南豐集團 – 萬寶物業管理有限公司 (將軍澳廣場)	Nan Fung Group – Vineberg Property Management Limited (Tseung Kwan O Plaza)
聖母醫院	Our Lady of Maryknoll Hospital
博愛醫院社區健康中心	Pok Oi Hospital Community Health Care Center
彩虹甜品屋有限公司	Rainbow Dessert Company Limited
富安集團有限公司	Richform Holdings Limited
西貢區議會社會服務及健康安全城市委員會	Sai Kung District Council Social Services & Healthy and Safe City Committee
第一太平戴維斯物業管理有限公司	Savills Property Management Limited
第一太平戴維斯物業管理有限公司 – 皇廷廣場	Savills Property Management Limited – King Palace Plaza
第一太平戴維斯物業管理有限公司 – 京瑞廣場1期	Savills Property Management Limited – Kings Wing Plaza 1
第一太平戴維斯物業管理有限公司 – 京瑞廣場2期	Savills Property Management Limited – Kings Wing Plaza 2
信和物業管理有限公司 – 旺角中心第一座	Sino Estates Management Limited – Argyle Centre Phase I
信和物業管理有限公司 – 帝國中心	Sino Estates Management Limited – Empire Centre
信和物業管理有限公司 – 逸瓏	Sino Estates Management Limited – One Mayfair
信和物業管理有限公司 – 尖沙咀中心	Sino Estates Management Limited – Tsim Sha Tsui Centre
戒煙之友協會	Smoke Terminators Society
九龍樂善堂「愛無煙」前線企業員工戒煙計劃	Smoking Cessation Program in Workplace, Lok Sin Tong Benevolent Society, Kowloon

「無煙加油站」名單
List of Smoke-free Support Stations

	Spa Collection Group
聖類斯中學(小學部)	St. Louis School (Primary Section)
中西區區議會中西區健康城市督導委員會	Steering Committee on Healthy City in the Central and Western District
新昌管理服務有限公司 – 俊慧園	Synergis Management Services Limited – Fairland Gardens
新昌管理服務有限公司 – 金基工業大廈	Synergis Management Services Limited – Gold King Industrial Building
新昌管理服務有限公司 – 荷李活華庭	Synergis Management Services Limited – Hollywood Terrace
新昌管理服務有限公司 – 瓊軒苑	Synergis Management Services Limited – King Hin Court
御金·國峯物業管理有限公司	The Coronation Estates Management Limited
	The Graces – Providence Bay Property Management Co. Ltd
香港賽馬會 – 零售部	The Hong Kong Jockey Club – Retail Department
香港防癆會中醫診所暨香港大學中醫臨床教研中心	The Hong Kong Tuberculosis Association Chinese Medicine Clinic cum Training Centre of The University of Hong Kong
蘇麗珍議員辦事處	The Office of Miss So Lai Chun District Councillor
香港大學(李嘉誠醫學院、護理學院、公共衛生學院)	The University of Hong Kong (Li Ka Shing Faculty of Medicine, School of Nursing, School of Public Health)
圓玄學院粉嶺社會服務中心	The Yuen Yuen Institute – Fanling Social Service Centre
圓玄軒婦女中心	The Yuen Yuen Women Vlearn Centre
荃灣商會學校	Tsuen Wan Trade Association Primary School
東華三院(中醫服務)	Tung Wah Group of Hospitals (Chinese Medicine Services)
東華三院 – 戒煙綜合服務中心	Tung Wah Group of Hospitals – Integrated Smoking Cessation Centre
富邦物業管理有限公司 – 蝶翠峰	Urban-Wellborn Property Management Limited – Sereno Verde
富城物業管理有限公司	Urban Property Management Limited
富城物管有限公司 – 郝德傑道8-10號	Urban Property Management Limited – 8-10 Caldecott Road
富城物業管理有限公司 – 愛蝶灣	Urban Property Management Limited – Aldrich Garden
富城物業管理有限公司 – 富豪閣	Urban Property Management Limited – Beverley Heights
富城物業管理有限公司 – 布力徑26-36號	Urban Property Management Limited – Black's Link 26-30
富城物業管理有限公司 – 布力徑62-70號	Urban Property Management Limited – Black's Link 62-70
富城物業管理有限公司 – 殷樺花園一期	Urban Property Management Limited – Blessings Garden Phase I
富城物業管理有限公司 – 青華苑	Urban Property Management Limited – Ching Wah Court
富城物業管理有限公司 – 港暉中心	Urban Property Management Limited – Comfort Centre
富城物業管理有限公司 – 慧景園	Urban Property Management Limited – Flora Garden
富城物業管理有限公司 – 鳳輝閣	Urban Property Management Limited – Fung Fai Court
富城物業管理有限公司 – 君悅華庭	Urban Property Management Limited – Grand Villa

「無煙加油站」名單

List of Smoke-free Support Stations

富城物業管理有限公司 – 恒順園	Urban Property Management Limited – Handsome Court
富城物業管理有限公司 – 鴻福苑	Urban Property Management Limited – Hung Fuk Court
富城物業管理有限公司 – 鴻德大廈	Urban Property Management Limited – Hung Tak Building
富城物業管理有限公司 – 光明臺	Urban Property Management Limited – Illumination Terrace
富城物業管理有限公司 – 嘉隆苑	Urban Property Management Limited – Ka Lung Court
富城物業管理有限公司 – 畢架山一號	Urban Property Management Limited – One Beacon Hill
富城物業管理有限公司 – 博康邨	Urban Property Management Limited – Pok Hong Estate
富城物業管理有限公司 – 龍華花園	Urban Property Management Limited – Ronsdale Garden
富城物業管理有限公司 – 俊傑花園	Urban Property Management Limited – Scholastic Garden
富城物業管理有限公司 – 乘龍閣	Urban Property Management Limited – Shing Loong Court
富城物業管理有限公司 – 南濤閣	Urban Property Management Limited – South Wave Court
富城物業管理有限公司 – 東駿苑	Urban Property Management Limited – Tung Chun Court
富城物業管理有限公司 – 羅便臣道1號	Urban Property Management Ltd. – No. 1 Robinson Road
富城物業管理有限公司 – 倚嶺南庭	Urban Property Management Ltd. – South Hillcrat
富城物業管理有限公司 – 賢麗苑	Urban Property Management Ltd. – Yin Lai Court
惠康環境服務集團	Waihong Environmental Service Group
位元堂藥業控股有限公司	Wai Yuen Tong Medicine Holdings Limited
宏安集團有限公司	Wang On Group Limited
宏安地產有限公司	Wang On Properties Limited
偉邦物業管理有限公司(恒基兆業地產集團成員)	Well Born Real Estate Management Limited (A Member of Henderson Land Group)
香港西區隧道有限公司	Western Harbour Tunnel Company Limited
黃埔物業管理有限公司 – 長輝路99號	Whampoa Property Management Limited – 99 Cheung Fai Road
黃埔物業管理有限公司 – 春暉中心	Whampoa Property Management Limited – Chun Fai Centre
黃埔物業管理有限公司 – 藍澄灣商場	Whampoa Property Management Limited – Rambler Plaza
婦女服務聯會	Women Service Association
宏施慈善基金深水埗社會服務處	Worldshield Charitable Foundation Sham Shui Po Social Services
黃大仙慧蘭婦女會有限公司	WTS Bright Orchid Women's Association Limited

「星級無煙食肆」名單

List of Premier Smoke-free Restaurant

特選星級無煙食肆 Top Premier Smoke-free Restaurant

鴻福堂集團控股有限公司	Hung Fook Tong Group Holdings Limited
龍鳳冰室	Lung Fung Cafe
新時代卡拉OK	Neway Karaoke Box Ltd.
舞台文化餐飲服務有限公司	Stage Catering Services Limited
太興飲食集團	Tai Hing Catering Group
亞洲國際餐飲集團有限公司	Taste of Asia Group Limited

特選無煙戶外食肆 Top Premier Smoke-free Outdoor Restaurant

Rosie Jean's Café

星級無煙食肆 Premier Smoke-free Restaurant

	82 Eighty Two Bar
赤橋拉麵	Akabashi Ramen
ALI 爸爸餐廳	Ali-baba Restaurant
	Aziza
牛魔王清湯腩咖喱專門店	Beef King
星洲總廚	Chef de Singapore
一線軒雲南桂林過橋米線	Chez than noodle
1523 釗級廚房	Chiu's Kitchen
	Chow Chow Café
聰嫂私房甜品有限公司	Chung So Si Fong Dessert Ltd.
好包	Couple & The Bao
德國餐廳	Das Bier
德妙光幸福素食店	DMG Fortune Vegetarian Shop
小茄子泰菜	Eggplant Thai Viet Cuisine
放肆一番	Fang Si Yi Fan
	Food Oriental
糖森林甜品店(總店)	Forest Angel
糖森林甜品店(福星樓)	Forest Angel (Fuk Sing Building)
福膳便當	Fukuzen-Bento

「星級無煙食肆」名單
List of Premier Smoke-free Restaurant

金沙餐廳	Golden Restaurant
好日咖啡店	Goodday Café
好味屋冰室	Good taste house
好到極麵家	Great Noodle Gourmet Ltd.
伊人有約	Have a Date
興利粉麵茶餐	Hing Li
嘗樂	Joyous Restaurant
景霖正宗四川麻辣米線	King Lam Chinese Noodles Restaurant
麗聲冰室	Lai Sing
麗新美食坊	Lai Sun
叙福樓集團	LHGroup
意味館	Like Cafe
樂『膳』堂營養膳食服務中心	Lok Sin Tong Meal Delivery Service Centre
麥明記	Mak Ming Noodles
明師傅人氣甜品	Master Ming Dessert
明途聯繫有限公司 – 屯門醫院「喜点」 “Cheers Bakery”	MentalCare Connect Co., Ltd. – “Cheers Bakery” Tuen Mun Hospital
明途聯繫有限公司 – 教育局教育服務中心 “Cheers Café”	MentalCare Connect Co., Ltd. – “Cheers Café” Education Bureau Education Service Centre
明途聯繫有限公司 – 廣華醫院 “Cheers Café”	MentalCare Connect Co., Ltd. – “Cheers Café” Kwong Wah Hospital
明途聯繫有限公司 – 北區醫院 “Cheers Café”	MentalCare Connect Co., Ltd. – “Cheers Café” North District Hospital
明途聯繫有限公司 – 黃大仙醫院 “Cheers Café”	MentalCare Connect Co., Ltd. – “Cheers Café” Wong Tai Sin Hospital
御藏	Mikura
旺記燒味茶餐廳	Mong Kee BBQ Restaurant Ltd.
新軒尼詩茶餐廳	New Hennessy Restaurant
泰朝泰國菜	Nittaya Restaurant
15號	Number Fifteen
一蒲點	One Po Dian
百味川	Pak Mei House
	Pizza Go Lucky
博愛 Café	Pok Oi Café
	RACHA MOO YANG
	Second Bar
	Sp.Ace Cafe & Kitchen Limited
棟篤食	Stand-up-eating

鴻星集團	Super Star Group
太極樓	Tai Ji Restaurant
西班牙餐廳	Tapas Brew
嚐在心	Taste in Mind
香港餐務管理協會	The Association for Hong Kong Catering Services Management Ltd.
	The Oyster House
喝·茶	ThirsTea
	TicTacToe
雲川燒	Wan Chuen Siu
隨心(海南雞華人喇沙)	With your mind
	Yaki Biru
八方米線	
小雨天(中環士丹利街)	
小雨天(中環永吉街)	
小雨天(葵芳)	
小確幸	
川味閣	
文記車仔麵	
文華雞飯(新加坡)	
永年士多(元朗店)	
永年士多(尖沙咀店)	
生記山西刀削麵(第一分店)	
生記山西刀削麵(總店)	
米線達人	
金星餐廳	
金雞去骨海南雞	
飛陽砂鍋粥潮州打冷小廚	
偉記牛腩粉麵專家	
深燒酒	
麻辣川米線	
新海粥品	
新駿皇窩心小棧	
壽司部	
榮熙茶餐廳	
辣妹來了	
醉鮮靚湯特色粉麵	
震陞	

各常務委員會之職能範圍

Terms of Reference of Standing Committees

甲、行政委員會

1. 就策略性規劃本會各項活動及倡議工作提供意見。
2. 審議及批核委員會項目及活動之財政預算。
3. 監督秘書處的運作，尤以人事及財政事宜為首。
4. 監督委員會之資訊保安全管理。

乙、法例委員會

1. 監察《吸煙(公眾衛生)條例》及《定額罰款(吸煙罪)條例》的各項控煙措施之執行情況。
2. 檢討及向委員會建議與法例有關之適當行動。
3. 研究有效之方法以提升公眾對控煙法例之認識及鼓勵公眾遵守法例。

丙、教育及宣傳委員會

1. 研究有效之方法以教育公眾有關吸煙與被動吸煙之禍害及向社區宣揚無煙生活方式之信息。
2. 策劃及組織大型之社區宣傳活動，以異化吸煙及宣揚戒煙信息。

A. Executive Committee

1. To advise COSH on the strategic planning of COSH programmes and initiatives.
2. To consider and endorse the budget of COSH projects and activities.
3. To oversee the functioning of COSH secretariat, in particular staffing and financial matters.
4. To oversee the information security management of COSH.

B. Legislation Committee

1. To monitor the implementation of various tobacco control measures stipulated in the Smoking (Public Health) Ordinance and the Fixed Penalty (Smoking Offences) Ordinance.
2. To review and recommend to COSH appropriate action on legislative matters.
3. To consider ways and means to promote public awareness of the legislative requirements and encourage their compliance.

C. Education and Publicity Committee

1. To consider ways and means that can best educate the general public on the harm of smoking and passive smoking, and to promote a smoke-free lifestyle in the community.
2. To plan and organize territory-wide publicity campaigns to de-normalize smoking and promote smoking cessation.

3. 策劃及推行預防兒童及青少年吸煙之教育活動。
4. 監督宣傳物品之製作，包括：電視宣傳短片、海報、宣傳單張、紀念品及年報。
5. 檢討教育及宣傳活動之成效，並提出適切的改善方法。

丁、社區聯絡委員會

1. 與地區及社區組織保持聯繫，向他們推廣委員會之控煙及倡議工作。
2. 擔當委員會與社區在控煙工作上的聯繫點。
3. 與不同社區組織合作策劃及推行控煙項目及活動。

戊、資訊及研究委員會

1. 搜集及整理有關吸煙與健康之資料，並透過各種途徑傳遞給公眾。
2. 訂定調查研究項目及主題。
3. 就調查研究之設計及結果公佈提供意見。
4. 委託機構進行研究，並邀請機構就特定研究題目遞交計劃書；審查研究計劃書及向委員會推薦計劃以申請撥款。
5. 公佈調查研究結果，及建議跟進之工作。
6. 策劃及組織有關吸煙與健康的學術會議、研討會或工作坊。

3. To plan and implement education projects to prevent children and youth from taking up the habit of smoking.
4. To oversee the production of publicity materials such as TV Commercials, posters, leaflets, souvenirs and annual reports.
5. To evaluate the education and publicity campaigns and to initiate improvements where appropriate.

D. Community Liaison Committee

1. To communicate with district and community groups on COSH's tobacco control works and initiatives.
2. To serve as a focal point for community liaison on matters related to COSH and tobacco control.
3. To partner with various community groups in the planning and implementation of tobacco control programmes and activities.

E. Information and Research Committee

1. To collect and collate all information related to smoking and health and to disseminate such information through appropriate means and networks.
2. To identify appropriate themes of research and survey projects to be carried out.
3. To provide advice for the design of research and surveys and the subsequent presentation of results.
4. To commission out research projects; and to invite submission of research proposals on targeted research topics; to examine research proposals and recommend projects for funding to COSH.
5. To publicize the research/survey results and recommend follow-up actions having regard to such results.
6. To initiate and organize scientific conference, seminars or workshops on smoking and health research.

第六屆「戒煙大贏家」比賽 主動轉介對戒煙的成效

王文炳¹、孫伊南¹、林愛斌¹、李浩祥¹、張懿德²、鄺祖盛³、黎慧賢³、林大慶²

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³ 香港吸煙與健康委員會

1. 引言

2015年香港的吸煙率為10.5%，是世界上最低的地區之一¹。雖然香港的吸煙率在過去十年一直逐步下降，但在2015年仍有641,300名吸煙者。目前大多數吸煙者是重度吸煙者，他們的戒煙意圖較低並且高度依賴煙草。煙草會殺害一半的吸煙者²，並導致香港每年高達7,000人死亡³。吸煙也導致高達港幣五十三億元（相等於香港國民生產總值的0.6%）的醫療、長期護理開支及經濟損失^{4,5}。吸煙極易令人上癮，在沒有適當協助下，部分吸煙者難以擺脫對尼古丁的依賴。不過，香港只有約3.0%的吸煙者曾經使用現有的戒煙服務¹。

「戒煙大贏家」比賽是在全港18區推廣戒煙的活動，鼓勵社區大批吸煙者戒煙。它亦為隨機對照試驗研究(RCT)提供了一個黃金機會，測試不同的簡短和低成本戒煙干預措施的成效，為未來戒煙干預措施提供新的依據，以吸引和幫助大量吸煙者戒煙。在18區的參與下，這項活動也加強了無煙資訊的傳播和社區對吸煙者戒煙的支援。

戒煙比賽的理論是：假設吸煙者因為獎金鼓勵而戒煙，在參賽過程中會更有動力戒煙並得到更多的社交支持⁶。研究顯示戒煙比賽或獎勵活動能接觸大量吸煙者，與沒有獎勵的對照組相比，有更高的戒煙率⁷。自2009年(2011年除

外)，香港吸煙與健康委員會一直與香港大學護理學院與公共衛生學院合作舉辦「戒煙大贏家」比賽。自2009年起至2014年，在社區招募了超過5,000名吸煙者參加比賽⁸⁻¹²，而通過生物化學測試的戒煙者可以獲得少量現金獎及參加大抽獎。

戒煙服務能大幅提高戒煙率，世界衛生組織亦呼籲推廣戒煙服務¹³。世界衛生組織MPOWER策略中的“O”代表「提供戒煙協助」，建議採取積極主動的方法鼓勵吸煙者戒煙¹³。與中國大陸和其他地方的戒煙服務一樣，香港的戒煙服務亦未被充分使用。除了使用率偏低外，即使大多數的吸煙者知道有這些服務(65.0%)，他們都不願意嘗試戒煙服務¹。現有的戒煙服務主要依靠吸煙者主動尋求戒煙協助，但絕大多數吸煙者的戒煙意慾都偏低。主動轉介可能幫助一些吸煙者克服在積極尋求幫助時遇到的障礙。以往的研究顯示，與沒有轉介服務的吸煙者相比，被轉介到戒煙輔導服務的吸煙者，在12個月內成功戒煙的可能性有所增加¹⁴。最近的一項研究報告亦表明，使用社區轉介的吸煙者也比沒有社區轉介者更有可能成功戒煙(43.6%對15.3%，p值<0.001)¹⁵。

在 2015 年，香港吸煙與健康委員會、香港大學護理學院、香港大學公共衛生學院、18 區區議會和 15 個地區夥伴合作舉辦第六屆「戒煙大贏家」比賽，以推廣社區戒煙，並進行了一個三組比較的隨機對照試驗研究，以評估主動轉介吸煙者至現有的戒煙熱線 (1833 183) 及其他戒煙服務 (主動轉介組)，簡短戒煙忠告 (簡短忠告組)，與使用自助戒煙小冊子和一般戒煙忠告 (對照組) 的成效。

2. 方法

2.1 招募詳情

於 2015 年 6 月 20 日至 9 月 24 日期間，委員會在全港 18 區舉辦了共計 70 場招募活動，包括在公共場所或購物中心進行戒煙宣傳和擺設遊戲攤位，以招募吸煙者參加比賽。當中 66 場招募活動使用群組隨機方式 (Cluster randomization) (每個干預組有 22 場招募活動) 將每場活動招募的所有參賽者隨機分配到主動轉介組、簡短忠告組或對照組。

在所有的招募活動上，受過訓練的戒煙輔導員會測量參賽者呼出的一氧化碳指數，並篩選他們參加比賽的資格：

1. 年滿 18 歲及持有有效香港身份證；
2. 在過去三個月每天吸食至少一支煙或以上；
3. 懂廣東話及閱讀中文；
4. 一氧化碳呼氣測試結果達 4 ppm 或以上；

核實參賽資格後，戒煙輔導員會解釋並邀請吸煙者參與隨機對照試驗研究。在獲得參賽者的書面同意後，戒煙輔導員會協助他們填寫基線問卷，並根據研究分組進行戒煙干預。符合參賽資格但不欲參與隨機對照試驗研究的參賽者仍可以參加比賽，並被納入非研究組別。

研究使用區組隨機方式 (Block randomization) 來確保三個群組之間所招募的人數平衡。沒有參與招募工作的主要研究員使用 <http://www.random.org> (一個產生隨機整數的網站) 的隨機整數功能，設立大小為 3、6 和 9 的區組，並為各區組設立隨機的排列數字。負責招募的工作人員會在招募活動前一天獲知有關的隨機分組安排，而戒煙輔導員則在招募活動的當天才獲知分組情況。負責評估研究結果的人員都不會知道隨機分組的情況。

委員會分別在 2016 年 2 月及 3 月舉辦了大抽獎及「戒煙大贏家」宣傳活動。共有 5 名於三個月跟進時成功戒煙並通過生物化學測試的參賽者被抽中，各贏取價值港幣 10,000 元的購物禮券。在參加「戒煙大贏家」宣傳活動的 67 名參賽者中，成功通過生物化學測試的參賽者 (總數 = 11) 接受委員會的邀請，參加遴選面試，冠軍獲得價值港幣 25,000 元的澳洲旅遊禮券。亞軍及季軍分別獲得價值港幣 15,000 元的新加坡旅遊禮券及港幣 10,000 元的泰國旅遊禮券。

2.2 戒煙干預與跟進

主動轉介組：參賽者在招募時接收到簡短的戒煙輔導後會被轉介到香港現有的戒煙服務。在填寫基線問卷後 (約一分鐘)，戒煙輔導員使用 AWARD⁸ 方法為參賽者提供即場面對面的簡短戒煙輔導，此戒煙輔導亦會於第一及二個月的電話跟進時進行。AWARD 方法包括：(1) 詢問吸煙及戒煙史 (Ask)；(2) 使用健康警告宣傳單張忠告吸煙的害處 (Warn)；(3) 建議吸煙者儘快 / 於未來三個月內戒煙以獲得贏取獎品的資格 (Advice)；(4) 轉介吸煙者至現有戒煙服務 (Refer)；及 (5) 重覆以上步驟 (Do-it-again)。每名參賽者均獲得一張 A4 彩色雙頁印刷的健康警告宣傳單張，當中載有「每兩名吸煙者就有一名和每三名年輕吸煙者就有兩名因吸煙而死亡」的高風險警告語句。單張內容亦包括：(1) 由吸煙和二手煙引致的相關疾病列表；(2) 十張因吸煙引致的相關疾病的驚嚇圖片；(3) 成功戒煙的好處；及 (4) 鼓勵參賽者戒煙並使用衛生署綜合戒煙熱線。參賽者會於第一及二個月的電話跟進時接收加強戒煙干預。

參賽者會被轉介至香港現有的戒煙服務：衛生署戒煙輔導服務；東華三院戒煙綜合服務中心；醫院管理局 18 區戒煙輔導服務中心；博愛醫院中醫戒煙服務；及香港大學青少年戒煙熱線¹⁶。

戒煙輔導員會利用戒煙熱線卡向參賽者簡介每項戒煙服務的資料 (例如熱線號碼、地址和辦公時間)，及每項服務的特色 (如由擁有豐富經驗及專業資格的戒煙護士或醫生提供協助)。如果參賽者同意透過委員會將其聯繫方式 (電話號碼和姓名) 轉交給選定的戒煙服務機構，參賽者隨後會收到服務機構的電話，為他們進行電話輔導或預約戒煙診所服務。

簡短忠告組：參賽者僅會接收到與主動轉介組一樣的 AWARD 戒煙輔導及健康警告宣傳單張。參賽者會被鼓勵主動向戒煙服務機構預約時間 (AWARD 的 R)，但不會接收到戒煙熱線卡。此戒煙輔導亦會於第一及二個月的電話跟進時加強。

對照組：參賽者會接收到非常簡短 (<30 秒) 的戒煙忠告及獲派發由委員會設計並過往用於「戒煙大贏家」比賽的 12 頁自助戒煙小冊子。

非研究組：以下的參賽者會被列為「非研究組」：(1) 選擇參加委員會舉辦能獲得其他獎勵的「戒煙大贏家」宣傳活動；(2) 拒絕參加隨機研究；和 (3) 在工作場所招募並可能會獲得僱主提供額外獎勵的參賽者。在同一活動上招募到的非研究組的參賽者會獲得與隨機研究參賽者相同的戒煙干預，他們在三個月及六個月時通過生物化學測試後亦可獲得相同的獎金作為鼓勵。

所有參賽者都會於參加比賽後的一、二、三及六個月進行電話跟進以評估其吸煙狀況。主動轉介及簡短忠告組的參賽者會於一和兩個月電話跟進時獲得加強的戒煙干預，而在三和六個月時則只進行評估。加強的戒煙干預包括傳遞吸煙會導致死亡風險的信息：「兩個吸煙者中至少有一個會被煙草殺害」。每名參賽者會於每次的電話跟進時收到最多 7 次的來電及 1 個語音訊息，如仍然未能成功聯絡的參賽者，會被列為失訪個案。在三個月和六個月的電話跟進時，自我報告在過去七天沒有吸煙的參賽者會被邀請參加生物化學測試。香港大學研究員會測試參賽者呼出的一氧化碳水平及口水中的可的寧水平。所有通過測試的戒煙者可獲得港幣 500 元的現金獎勵。為提升電話跟進的成功率，成功完成全部 4 次電話跟進的參賽者可額外獲得港幣 100 元現金獎勵。

研究的主要結果包括：於三個月及六個月電話跟進時自我報告過去七天內完全沒有吸煙的戒煙率。次要結果包括：(1) 經生物化學測試核實的戒煙率；(2) 與基線比較，減少吸煙量一半或以上的比率；及 (3) 三個月及六個月電話跟進時自我報告使用戒煙服務的情況。

所有參賽者於基線調查時的人口特徵及吸煙概況會在報告中描述 (總數 =1,306)。我們比較了隨機對照試驗研究的三個研究組別的主要及次要結果，並採用治療意向分析法 (假設失訪的參賽者沒有改變於基線調查時的吸煙行為) 及完整資料分析法 (排除所有失訪個案) 去計算自我評估和生物化學測試核實的戒煙率及其他研究結果。

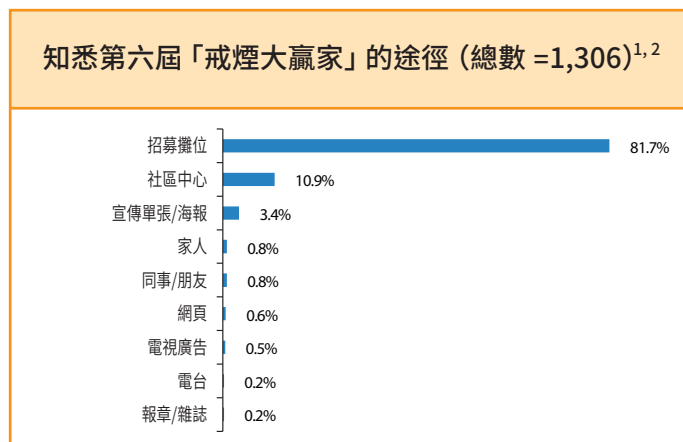
我們還報告了參賽者的戒煙原因、戒煙方法、退癮徵狀、戒煙的自我效能、戒煙時的社交支援、戒煙輔助工具的使用和電話跟進的情況。

3. 結果

於第六屆「戒煙大贏家」的 70 場招募活動中，有 60 名通過培訓的戒煙輔導員和 39 名來自非政府組織的員工參加了現場的推廣活動，並招募了 1,306 名成年吸煙者參加比賽。大約有 191,000 名市民曾行經過「戒煙大贏家」的招募攤位。另外，約有 12,600 名市民曾查詢關於戒煙的資訊或參與「戒煙大贏家」招募活動中的遊戲攤位。戒煙輔導員在所有活動中共接觸了超過 8,200 名吸煙者和 17,600 名非吸煙者。

在有意戒煙的 1,347 名吸煙者中，29 人 (2.2%) 未符合參加比賽的資格，12 人 (0.9%) 拒絕參加比賽。最終共招募了 1,306 位 (97.0%) 參賽者。「戒煙大贏家」比賽的主要資訊來源是「戒煙大贏家」招募攤位 (81.7%)，第二個來源是社區中心 (10.9%)，少數參賽者由傳單 / 海報 (3.4%) 得知 (圖一)。

圖一



¹ 缺失數據被排除在外。

² 參賽者可選多於一項。

在符合參加比賽資格的 1,306 名參賽者中，有 1,226 名 (93.9%) 同意參與隨機對照試驗研究。67 名 (5.1%) 參與「戒煙大贏家」宣傳活動和 13 名 (1.0%) 拒絕參與隨機對照試驗研究或在工作場所招募的參賽者合併作為非研究組分析。在 1,226 名參加隨機對照試驗研究的參賽者當中，402 名 (32.8%) 被分配到主動轉介組，416 名 (33.9%) 被分配到簡短忠告組，而 408 名 (33.3%) 則被分配到對照組。

表一 參賽者基線人口特徵 (總數 =1,306)

人數 (%)	總數 (人數 =1,306)	非研究組 (人數 =80)	主動轉介組 (人數 =402)	簡短忠告組 (人數 =416)	對照組 (人數 =408)
年齡, 平均值(標準差), 歲	41.9 ± 14.7	40.0 ± 13.3	40.8 ± 14.9	42.4 ± 14.7	42.8 ± 14.9
性別					
男性	1,065 (81.5)	74 (92.5)	317 (78.9)	328 (78.8)	346 (84.8)
女性	241 (18.5)	6 (7.5)	85 (21.1)	88 (21.2)	62 (15.2)
婚姻狀況					
單身	436 (33.4)	27 (33.8)	157 (39.1)	129 (31.0)	123 (30.1)
已婚/同居	749 (57.4)	47 (58.8)	214 (53.2)	249 (59.9)	239 (58.6)
其他	66 (5.1)	3 (3.8)	21 (5.2)	23 (5.5)	19 (4.7)
缺失數據	55 (4.2)	3 (3.8)	10 (2.5)	15 (3.6)	27 (6.6)
育有子女					
一名或以上	651 (49.8)	34 (42.5)	199 (49.5)	211 (50.7)	207 (50.7)
沒有	490 (37.5)	39 (48.8)	159 (39.6)	147 (35.3)	145 (35.5)
缺失數據	165 (12.6)	7 (8.8)	44 (10.9)	58 (13.9)	56 (13.7)
教育程度					
沒有正式接受教育	17 (1.3)	3 (3.8)	6 (1.5)	2 (0.5)	6 (1.5)
小學程度	101 (7.7)	7 (8.8)	21 (5.2)	29 (7.0)	44 (10.8)
初中程度	271 (20.8)	12 (15.0)	89 (22.1)	71 (17.1)	99 (24.3)
高中程度	499 (38.2)	29 (36.3)	170 (42.3)	161 (38.7)	139 (34.1)
大專或以上	267 (20.4)	27 (33.8)	88 (21.9)	85 (20.4)	67 (16.4)
缺失數據	151 (11.6)	2 (2.5)	28 (7.0)	68 (16.3)	53 (13.0)
就業情況					
學生	45 (3.4)	2 (2.5)	21 (5.2)	13 (3.1)	9 (2.2)
自僱/受僱	908 (69.5)	67 (83.8)	282 (70.1)	282 (67.8)	277 (67.9)
待業	51 (3.9)	2 (2.5)	21 (5.2)	12 (2.9)	16 (3.9)
家庭主婦	50 (3.8)	1 (1.3)	9 (2.2)	26 (6.3)	14 (3.4)
退休	119 (9.1)	6 (7.5)	35 (8.7)	32 (7.7)	46 (11.3)
缺失數據	133 (10.2)	2 (2.5)	34 (8.5)	51 (12.3)	46 (11.3)
家庭每月收入 (港幣)					
少於 10,000	192 (14.7)	10 (12.5)	59 (14.7)	53 (12.7)	70 (17.2)
10,000-19,999	401 (30.7)	29 (36.3)	140 (34.8)	113 (27.2)	119 (29.2)
20,000-29,999	271 (20.8)	17 (21.3)	91 (22.6)	97 (23.3)	66 (16.2)
30,000-39,999	127 (9.7)	9 (11.3)	35 (8.7)	45 (10.8)	38 (9.3)
40,000 或以上	106 (8.1)	10 (12.5)	36 (9.0)	27 (6.5)	33 (8.1)
缺失數據	209 (16.0)	5 (6.3)	41 (10.2)	81 (19.5)	82 (20.1)
居住情況					
租住公共房屋	497 (38.1)	27 (33.8)	144 (35.8)	146 (35.1)	180 (44.1)
自置公共房屋	112 (8.6)	6 (7.5)	48 (11.9)	16 (3.8)	42 (10.3)
自置居屋計劃	155 (11.9)	10 (12.5)	58 (14.4)	51 (12.3)	36 (8.8)
租住私人房屋	166 (12.7)	10 (12.5)	52 (12.9)	65 (15.6)	39 (9.6)
自置私人房屋	215 (16.5)	23 (28.8)	61 (15.2)	79 (19.0)	52 (12.7)
其他	17 (1.3)	2 (2.5)	7 (1.7)	3 (0.7)	5 (1.2)
缺失數據	144 (11.0)	2 (2.5)	32 (8.0)	56 (13.5)	54 (13.2)

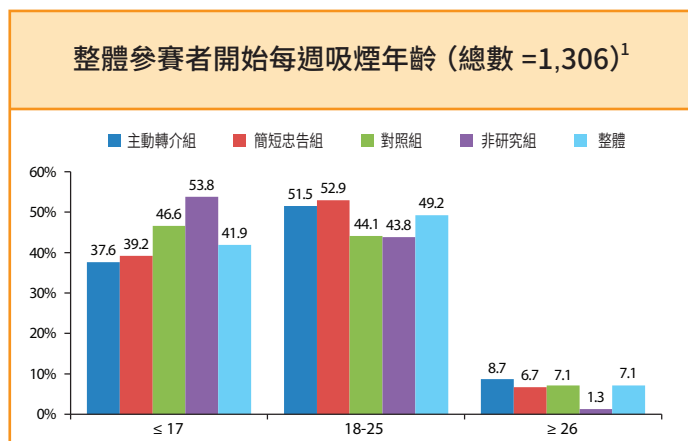
3.1 所有參賽者的基線人口特徵

參賽者平均年齡為 41.9 歲（標準差 =14.7 歲），大多數參賽者為男性（81.5%）、就業（69.5%）和擁有初中以上的教育程度（79.4%）。一半以上的參賽者已婚（57.4%）。約一半的參賽者有至少一名子女（49.8%）和每月家庭收入低於港幣 20,000 元（45.4%）。超過三分之一的參賽者居於租住的公屋（38.1%）(表一)。

3.2 吸煙概況

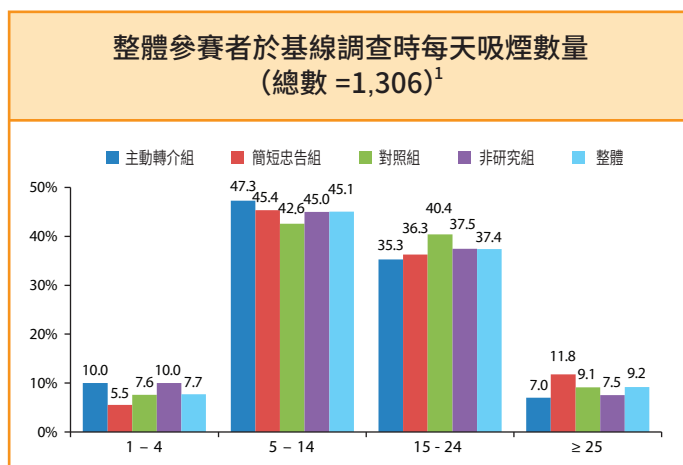
參賽者開始每週吸煙的平均年齡為 18.5 歲（標準差 = 5.5 歲），大約一半的參賽者在 18 歲前開始吸煙（41.9%）(圖二)。參賽者平均每日吸食 23.4 支煙（標準差 =14.6），其中 45.1% 的參賽者每日吸食 5-14 支，37.4% 的參賽者每日吸食 15-24 支（圖三）。約有一半（49.1%）的參賽者的尼古丁依賴程度為輕微（吸煙嚴重度指數 Heavy Smoking Index ≤ 2 ）(圖四)。超過一半（52.8%）的參賽者曾嘗試戒煙（停止吸煙最少 24 小時）。36.1% 的參賽者曾於一年前嘗試戒煙（圖五）。一半以上（50.7%）的參賽者決定在參加比賽後的 30 天內戒煙（圖六）。

圖二



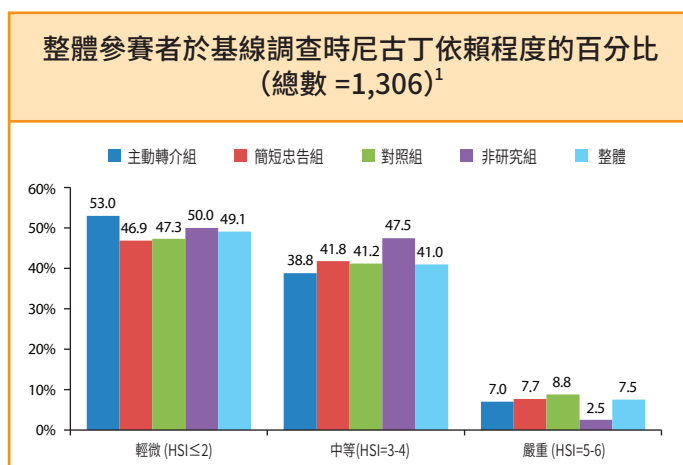
¹ 缺失數據被排除在外。

圖三



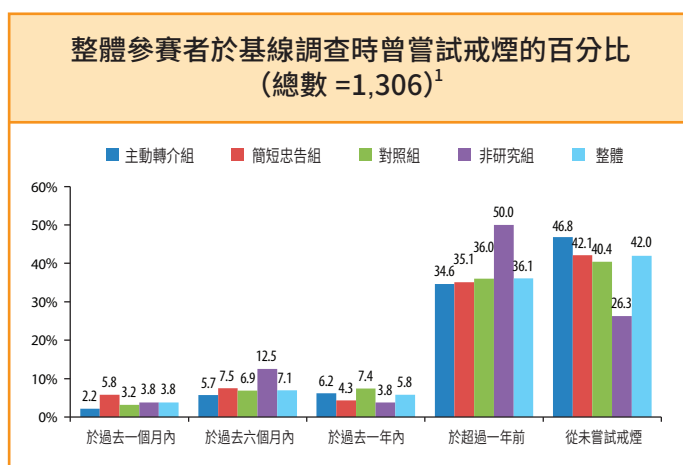
¹ 缺失數據被排除在外。

圖四



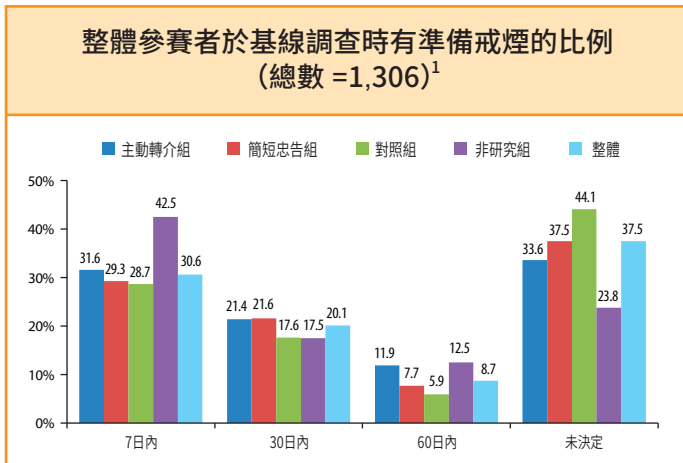
¹ 缺失數據被排除在外。

圖五



¹ 缺失數據被排除在外。

圖六



¹ 缺失數據被排除在外。

3.3 主動轉介組的參賽者在基線轉介狀況

共 428 名參賽者於招募時接受了主動轉介干預，其中 402 名 (93.9%) 為隨機對照試驗的主動轉介組的參賽者，26 名 (6.1%) 為非研究組的參賽者。大多數的參賽者 (80.8%) 選擇了戒煙服務機構，主動轉介組的選擇率為 82.1%，非研究組則為 61.5%。其餘參賽者尚未準備使用戒煙服務 (17.1%) 或拒絕轉介 (2.1%) (表二)。

表二 在基線時的轉介情況

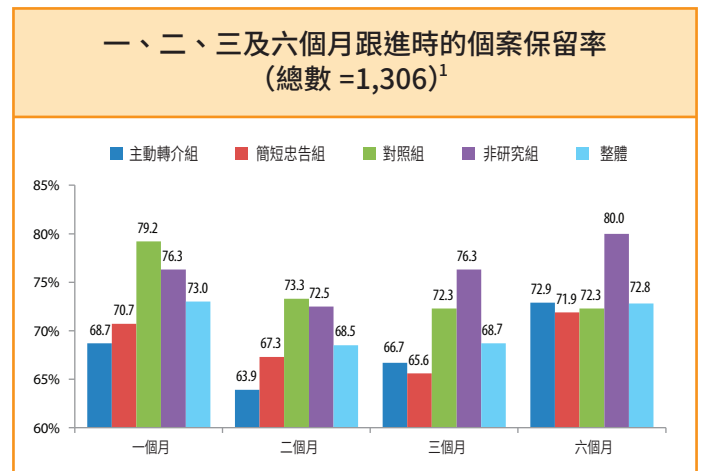
	總數 (人數 = 428)	非研究組 (人數 = 26)	隨機對照試驗 (主動轉介組) (人數 = 402)
選擇了戒煙服務機構	346 (80.8)	16 (61.5)	330 (82.1)
尚未準備使用戒煙服務	73 (17.1)	4 (15.4)	69 (17.2)
拒絕轉介	9 (2.1)	6 (23.1)	3 (0.7)

3.4 一、二、三及六個月電話跟進結果

個案保留率

所有參賽者會在參賽後的一、二、三及六個月接受電話跟進，相應的整體個案保留率 (包括非研究組) 為 73.0%、68.5%、68.7% 和 72.8%。第三個月主動轉介組、簡短忠告組和對照組的保留率分別為 66.7%、65.6% 和 72.3%。第六個月相應的保留率分別為 72.9%、71.9% 和 72.3%。各組別的保留率在統計學上沒有顯著差異 (圖七)。

圖七



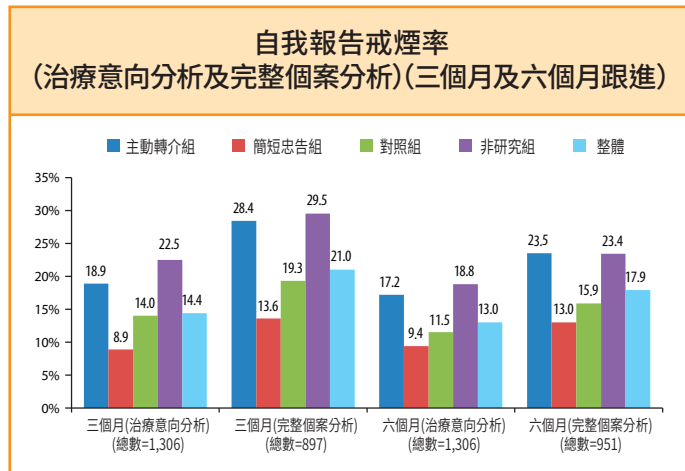
¹ 缺失數據被排除在外。

三個月及六個月的自我報告戒煙率

根據治療意向分析，三個月的整體自我報告戒煙率 (在過去七天內完全沒有吸煙) 是 14.4% (95% 信賴區間為 12.5% 至 16.3%)。與對照組 (14.0%；95% 信賴區間為 10.6% 至 17.4%) 相比，主動轉介組 (18.9%；95% 信賴區間為 15.1% 至 22.7%) 有較高的戒煙率 (p 值 = 0.06)，而簡短忠告組 (8.9%；95% 信賴區間為 6.2% 至 11.6%) 的戒煙率則顯著較低 (p 值 = 0.02)，這可能是因為簡短忠告組的個案保留率較低 (因為未成功跟進的參賽者被認為未能戒煙)。另外，主動轉介組的戒煙率明顯高於簡短忠告組 (p 值 < 0.001)。根據完整個案分析，主動轉介組 (28.4%；95% 信賴區間為 23.0% 至 33.8%) 的戒煙率明顯高於簡短忠告組 (13.6%；95% 信賴區間為 9.5% 至 17.7%；p 值 < 0.001) 和對照組 (19.3%；95% 信賴區間為 14.8% 至 23.8%；p 值 = 0.01)，而簡短忠告組與對照組在統計學上則沒有明顯的差別 (p 值 = 0.07) (圖八)。

根據治療意向分析，六個月的整體戒煙率為 13.0% (95%信賴區間為 11.2%至 14.8%)。主動轉介組 (17.2%；95%信賴區間為 13.5%至 20.9%) 的戒煙率明顯高於簡短忠告組 (9.4%；95%信賴區間為 6.6%至 12.2%； p 值 =0.001) 和對照組 (11.5%；95%信賴區間為 8.4%至 14.6%； p 值 =0.02)。簡短忠告組和對照組之間的差異不顯著 (p 值 =0.31)。完整個案分析亦顯示類似的結果 (圖八)。

圖八

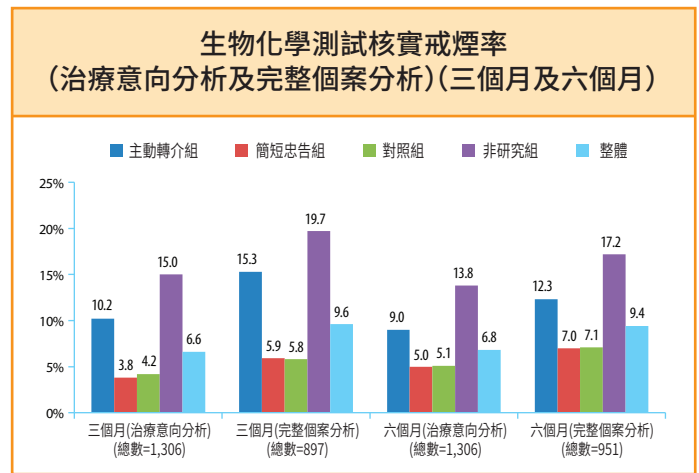


三個月及六個月的生物化學測試核實的戒煙率

在三個月時，188 名參賽者自我報告已戒煙 (包括非研究組)，當中 97 名參賽者參加了生物化學測試驗證 (51.6%)，通過測試的比率為 88.7%。根據治療意向分析，整體核實戒煙率為 6.6%。主動轉介組 (10.2%) 的核實戒煙率明顯高於簡短忠告組 (3.8%) 和對照組 (4.2%) (p 值均為 <0.001)。簡短忠告組和對照組的戒煙率則相似。完整個案分析亦顯示類似的結果 (圖九)。

在六個月時，170 名參賽者 (包括非研究組) 自我報告成功戒煙，當中的 89 人 (52.4%) 參加並通過了生物化學測試。根據治療意向分析，整體核實戒煙率為 6.8%。主動轉介組的核實戒煙率 (9.0%) 明顯高於簡短忠告組 (5.0%) 和對照組 (5.1%) (p 值均為 0.03)。簡短忠告組的比率則低於對照組 (p 值 = 0.95)。完整個案分析亦顯示類似的結果 (圖九)。

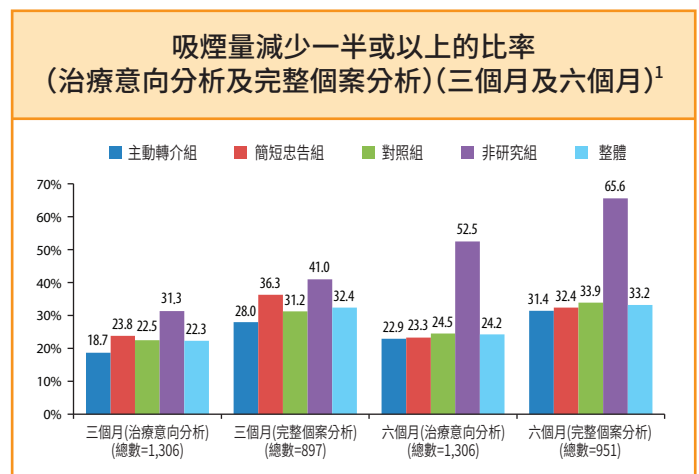
圖九



三個月和六個月的減煙率

根據治療意向分析，在排除戒煙者後，22.3%和 24.2%的整體參賽者在三個月及六個月的吸煙量比基線調查時降低一半或以上 (減少吸煙)，但差異不顯著 (p 值 >0.05)。根據完整個案分析，簡短忠告組 (36.3%) 的減煙率在三個月 (p 值 =0.04) 時明顯高於主動轉介組 (28.0%) (圖十)。

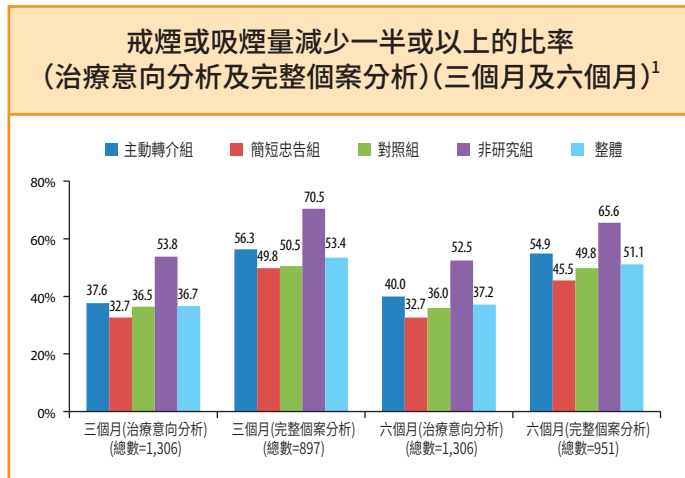
圖十



¹ 成功戒煙者不包括在分子內，但包括在分母內。

連同成功戒煙的參賽者計算在內，治療意向分析顯示 36.7% 和 37.2% 的整體參賽者分別在三個月及六個月時降低了一半或以上的吸煙量。在三個月時，主動轉介組 (37.6%) 的減煙率與簡短忠告組 (32.7%) 和對照組 (36.5%) 相似 (p 值均為 >0.05)。所有組別在六個月時的減煙率也相似 (主動轉介組：40.0%；簡短忠告組：32.7%；對照組：36.0%) (圖十一)。

圖十一

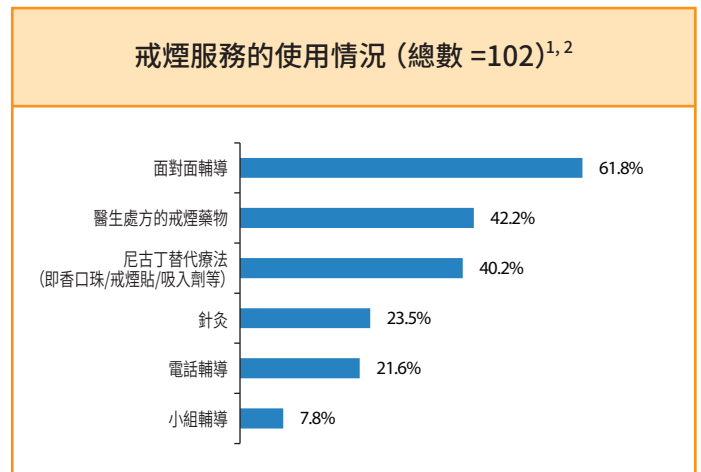


¹ 成功戒煙者包括在分子及分母內。

戒煙服務的使用情況

在主動轉介組中，87.3% 的參賽者在研究期間選擇了戒煙服務機構，其中 71.5% 接受了戒煙服務機構的主動聯繫。在接受戒煙服務機構的主動聯繫的 251 名參賽者中，有 40.6% 使用戒煙服務。四個最常被使用的服務有：(1) 面對面輔導 (61.8%)；(2) 醫生處方的戒煙藥物 (42.2%)；(3) 尼古丁替代療法 (即香口珠 / 戒煙貼 / 吸入劑等) (40.2%)；和 (4) 針灸 (23.5%) (圖十二)。

圖十二

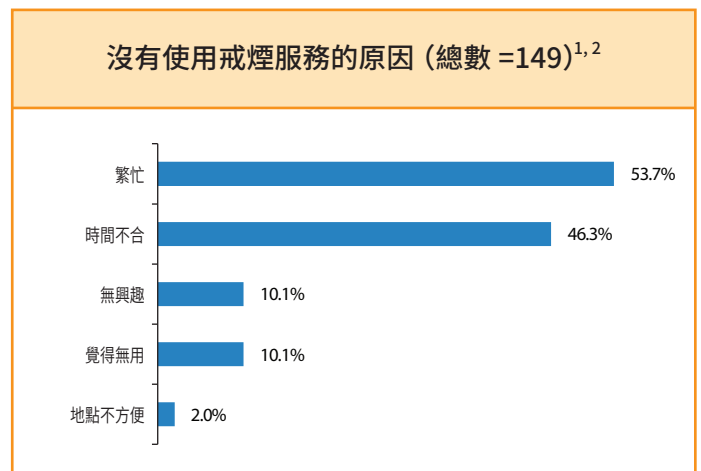


¹ 失訪數據被排除在外。

² 參賽者可選擇多於一個答案。

在研究期間接受主動聯繫但沒有使用戒煙服務的 149 名參賽者中，最常見的兩個原因是「繁忙」(53.7%) 和「時間不合」(46.3%) (圖十三)。

圖十三



¹ 失訪數據被排除在外。

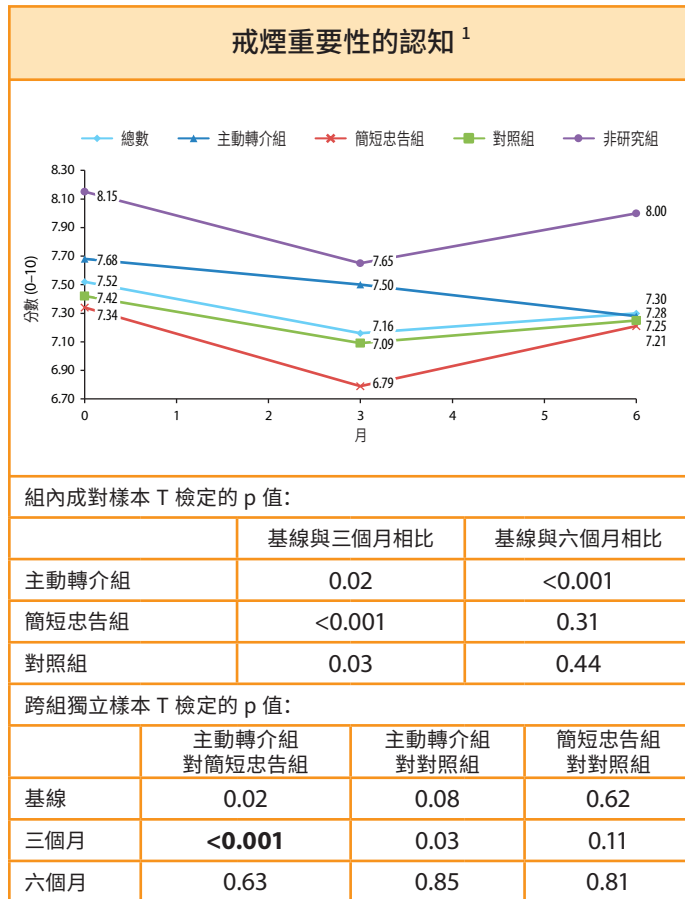
² 參賽者可選擇多於一個答案。

戒煙重要性的認知

參賽者在基線、三個月及六個月時對戒煙重要性認知的整體平均評分分別為 7.52 分、7.16 分和 7.30 分。與基線相比，所有組別的平均評分在三個月時顯著下降 (主動轉介組：由 7.68 分下降至 7.50 分，p 值 =0.02；簡短忠告組：由 7.34 分下降至 6.79 分，p 值 <0.001；對照組：由 7.42 分下降至 7.09 分，p 值 =0.03)。主動轉介組在其後三個月持續下降，但簡短忠告

組和對照組則表現反彈。基線和六個月之間的平均得分差異僅在主動轉介組中有顯著不同(由 7.68 分下降至 7.28 分, p 值 <0.001)，而在簡短忠告組(由 7.34 分下降至 7.21 分, p 值 $=0.31$) 和對照組(由 7.42 分下降至 7.25 分, p 值 $=0.44$) 並沒有顯著差異。主動轉介組和簡短忠告組對戒煙重要性的認知在基線 (p 值 $=0.02$) 和三個月時 ($p<0.001$) 有顯著的差異。同時，在第三個月時主動轉介組與對照組對戒煙重要性的認知上也有顯著差異 ($p=0.03$) (圖十四)。

圖十四



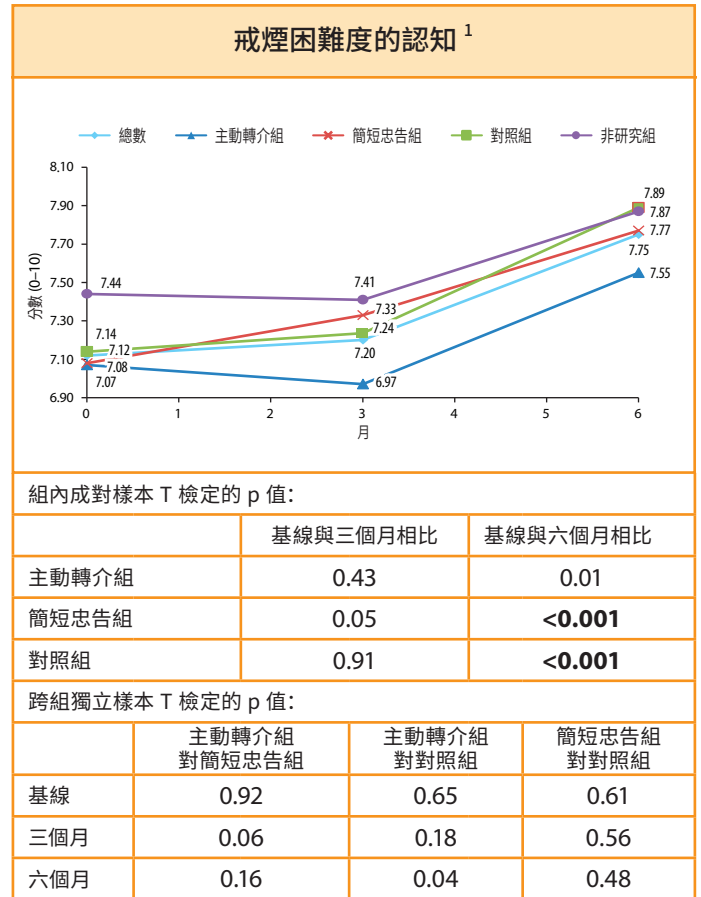
¹ 由 0 至 10 分, 0 最低, 10 最高; 缺失數據排除在外。

戒煙困難度的認知

參賽者對戒煙困難度認知的整體平均得分從基線的 7.12 分增加到三個月的 7.20 分和六個月的 7.75 分。與基線相比, 主動轉介組和對照組在六個月時有明顯的差異(主動轉介組: 由 7.07 分上升至 7.55 分, p 值 $=0.01$; 對照組: 7.14 分上升至 7.89 分, p 值 <0.001)。簡短忠告組在三個月和六個月的平均評分與基線評分相比亦有明顯的差異(平均評分從 7.08 分上升至 7.33 分和 7.77 分, p 值分別為 0.05 和 <0.001)。在六個月時,

僅在主動轉介組和對照組之間觀察到顯著性差異 (p 值 $=0.04$) (圖十五)。

圖十五

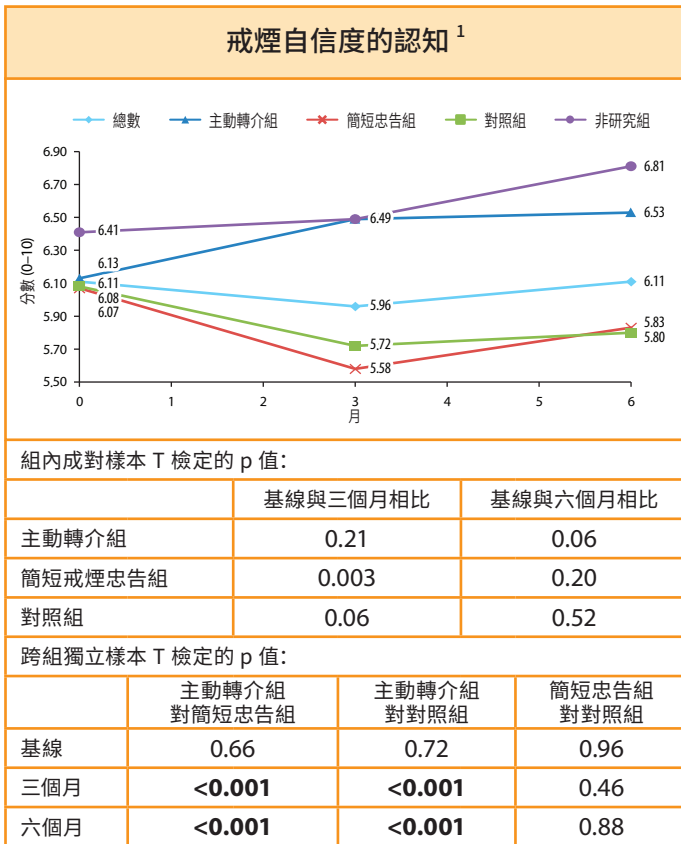


¹ 由 0 至 10 分, 0 最低, 10 最高; 缺失數據排除在外。

戒煙自信度的認知

參賽者在基線、三個月及六個月時整體的戒煙自信心平均分分別為 6.11 分、5.96 分和 6.11 分。與基線相比, 所有組別的平均分在三個月時都有下降, 然而只有簡短忠告組在統計學上有明顯的分別 (p 值 $=0.003$)。所有組別的平均分數在三個月後反彈, 使六個月時的評分與基線相似。主動轉介組的平均分在三個月和六個月時均高於簡短忠告組和對照組(所有 p 值 <0.001) (圖十六)。

圖十六



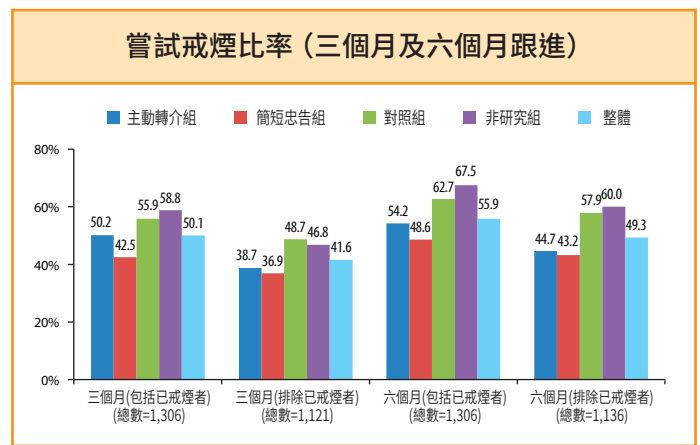
¹ 由 0 至 10 分，0 最低，10 最高；缺失數據排除在外。

三個月及六個月的嘗試戒煙比率

包括已成功戒煙的參賽者在內，50.1%和 55.9%的參賽者分別在三個月和六個月內至少有一次嘗試戒煙。在三個月跟進時，與簡短忠告組 (42.5%) 相比，主動轉介組 (50.2%) 和對照組 (55.9%) 的嘗試戒煙率均為較高 (p 值分別為 0.03 和 <0.001)。在六個月跟進時，對照組 (62.7%) 的嘗試戒煙率明顯高於主動轉介組 (54.2%，p 值=0.01) 和簡短忠告組 (48.6%，p 值 <0.001) (圖十七)。

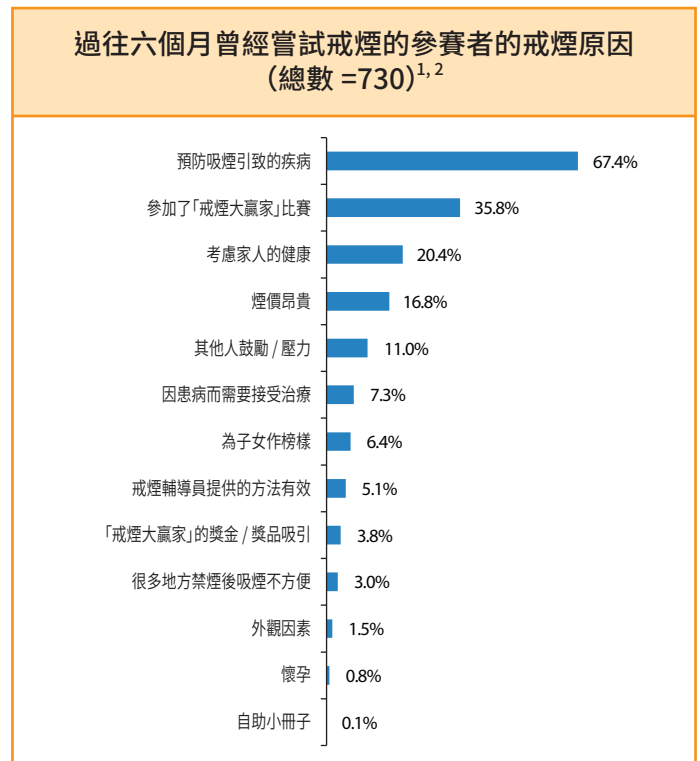
排除已戒煙者在外，41.6%和 49.3%的參賽者分別在三個月和六個月時有至少一次嘗試戒煙。與主動轉介組 (三個月：38.7%，p 值=0.008；六個月：44.7%，p 值 <0.001) 和簡短忠告組 (三個月：36.9%，p 值 <0.001；六個月：43.2%，p 值 <0.001) 相比，對照組 (三個月：48.7%；六個月：57.9%) 的嘗試戒煙率均明顯較高 (圖十七)。

圖十七



在研究期間，三個最主要的嘗試戒煙原因是：(1) 預防吸煙引致的疾病 (67.4%)；(2) 參加了「戒煙大贏家」比賽 (35.8%)；和 (3) 考慮家人的健康 (20.4%) (圖十八)。

圖十八

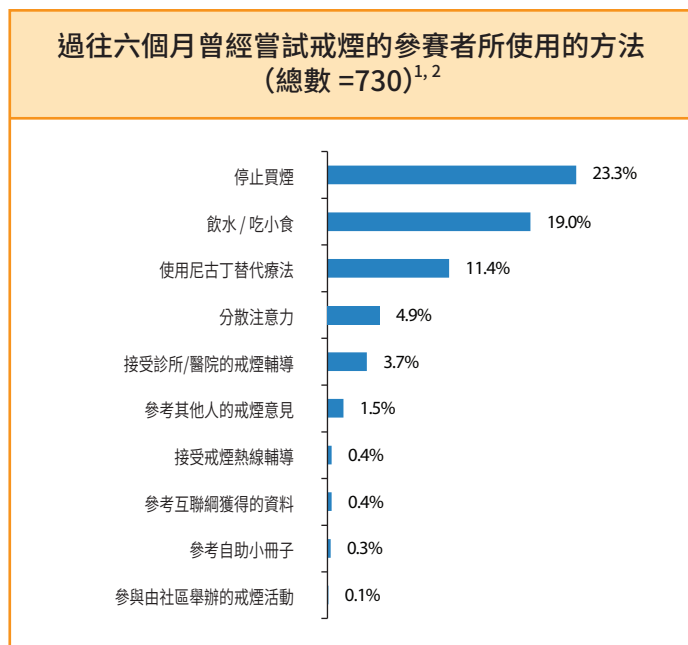


¹ 失訪數據被排除在外。

² 參賽者可選擇多於一個答案。

三個最普遍的戒煙方法是：(1) 停止買煙 (23.3%)；(2) 飲水 / 吃小食 (19.0%)；(3) 使用尼古丁替代療法 (11.4%) (圖十九)。約有一半參賽者曾經出現「渴望吸煙」的退癮徵狀 (43.6%)。其他常見的症狀包括感到「暴躁 / 發脾氣 / 憤怒」 (19.7%)、「難於集中精神」 (19.5%) 等 (圖二十)。

圖十九



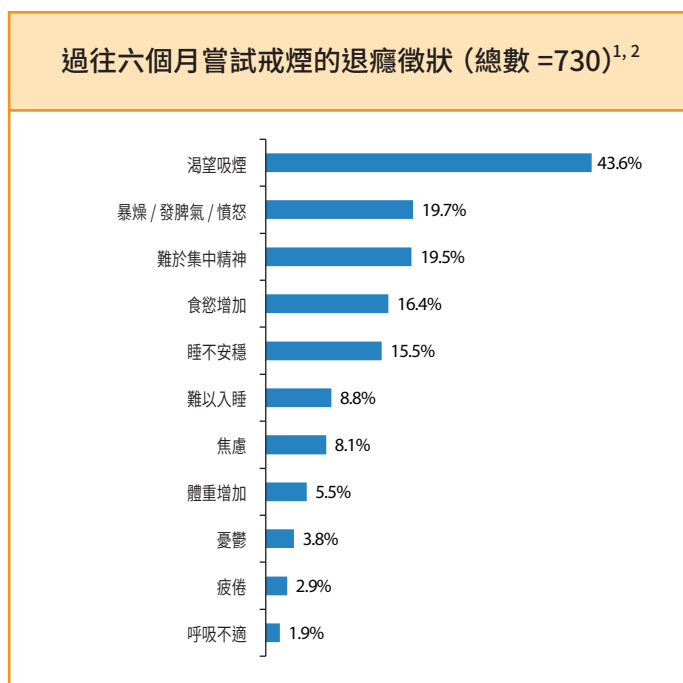
¹ 失訪數據被排除在外。

² 參賽者可選擇多於一個答案。

戒煙過程中的社交支持

於六個月電話跟進時，參賽者認為在戒煙過程中的社交支持主要源自他們的：(1) 朋友 (23.8%)；(2) 配偶 / 伴侶 (20.7%)；(3) 家庭 (14.5%) 和 (4) 父母 (11.8%)。然而，約三分之一 (31.8%) 的參賽者表示沒有得到任何的社交支持 (圖二十一)。

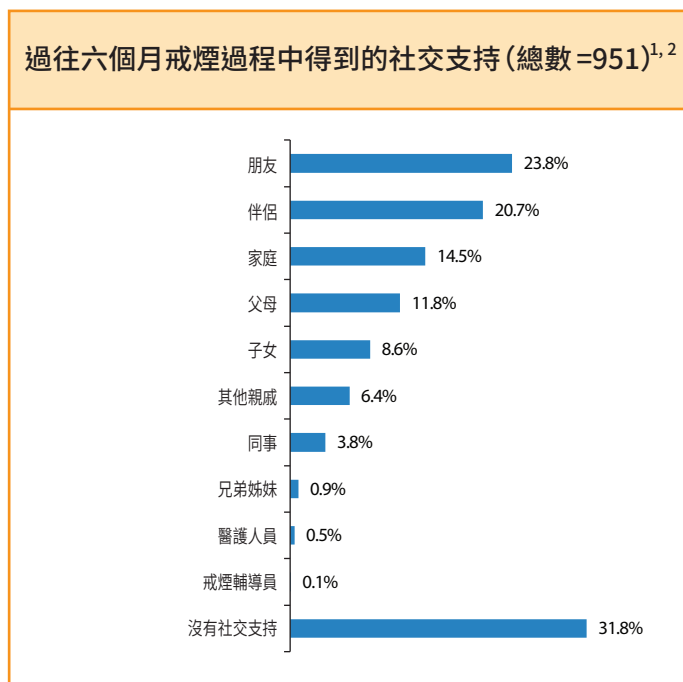
圖二十



¹ 失訪數據被排除在外。

² 參賽者可選擇多於一個答案。

圖二十一



¹ 失訪數據被排除在外。

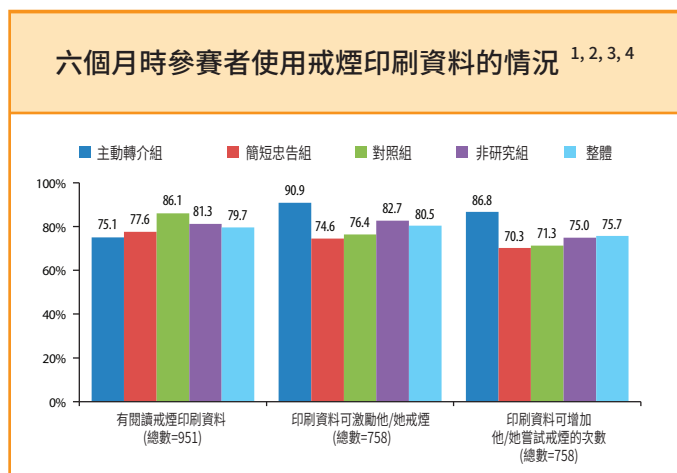
² 參賽者可選擇多於一個答案。

戒煙輔助工具的使用和滿意度

印刷資料

在六個月跟進時，大多數的參賽者 (79.7%) 都閱讀了有關戒煙的印刷資料 (圖二十二)。在曾閱讀印刷資料的 758 名參賽者中，主動轉介組有更多參賽者表示印刷資料可推動他們戒煙 (主動轉介組：90.9%；簡短忠告組：74.6%；對照組：76.4%；主動轉介組與簡短忠告組比較的 p 值 <0.001，主動轉介組與對照組比較的 p 值 <0.001；簡短忠告組與對照組比較的 p 值 =0.64)，並增加他們戒煙的嘗試 (主動轉介組：86.8%；簡短忠告組：70.3%；對照組：71.3%；主動轉介組與簡短忠告組比較的 p 值 <0.001，主動轉介組與對照組比較的 p 值 <0.001，及簡短忠告組與對照組比較的 p 值 = 0.81)。

圖二十二



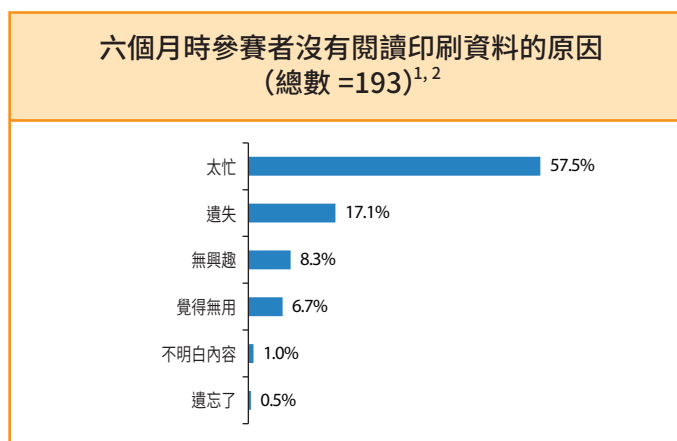
¹ 參賽者可選多於一個答案。

² 失訪數據被排除在外。

³ 缺失數據被排除在外。

⁴ 有閱讀戒煙印刷材料的參賽者。

圖二十三



¹ 參賽者可選擇多於一個答案。

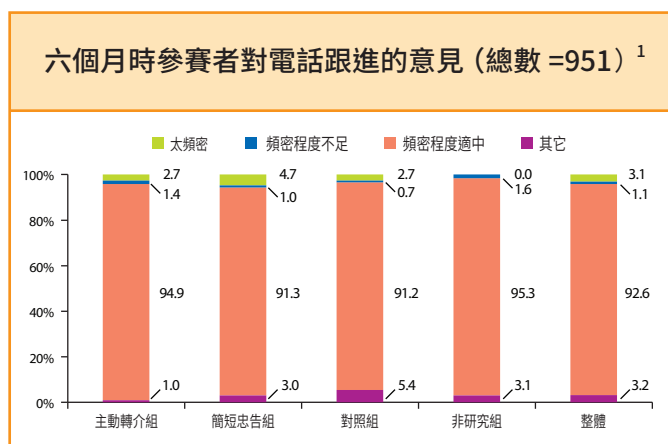
² 失訪數據及缺失數據被排除在外。

在沒有閱讀印刷資料的 193 名參賽者中 (20.3%)，最常見的三個原因是：(1)「太忙」(57.5%)；(2)「遺失」(17.1%)和 (3)「無興趣」(8.3%)(圖二十三)。

對電話跟進的意見

成功於六個月電話跟進時跟進的 951 名參賽者中，92.6%同意電話跟進的頻率是適當的。與對照組 (91.2%) 相比，主動轉介組有更多的參賽者認為頻率適當 (94.9%，p 值=0.008)(圖二十四)。

圖二十四



¹ 失訪數據及缺失數據被排除在外。

4. 討論

由 2015 年 6 月 20 日至 9 月 24 日期間，第六屆「戒煙大贏家」比賽在香港 18 區舉辦了共 70 場的招募活動，當中有 99 名來自非政府組織的員工 / 義工和大學生成功地在社區推廣戒煙及招募吸煙者參加戒煙計劃。戒煙輔導員接觸了超過 8,000 名吸煙者，超過 6,800 名吸煙者收到戒煙的宣傳單張，1,306 名吸煙者參加了「戒煙大贏家」比賽，當中 1,226 名吸煙者參加了群組隨機對照試驗研究。根據治療意向分析，參賽者的自我報告戒煙率在三個月時為 14.4%，而六個月時為 13.0%，較以往的比賽為高 (2012 年的三個月自我報告戒煙率為 10.6%，2013 年為 9.6%，2014 年為 9.9%)。和以前的比賽相比，2015 年的整體戒煙率也是最高，可能是因為被主動轉介和使用了現有戒煙服務的參賽者的戒煙率較高。

研究結果顯示，除了小額的現金獎勵外，用簡短戒煙輔導及主動轉介吸煙者使用戒煙服務能增加戒煙率，特別是經過核實的戒煙率幾乎是對照組的兩倍。此外，主動轉介使用戒煙服務被參賽者廣泛接受，主動轉介組的大多數人（87.3%）都同意被轉介至戒煙輔導服務。雖然當中只有約 30% 最終有使用戒煙機構所提供的戒煙服務（29.1%），但此數字仍高於其他海外試驗（5.0%至 28.2%的願意使用率）^{14,17}。在美國一個評估吸煙者接受不同戒煙策略意願的電話調查中，46.4%的吸煙者聲稱他們願意利用主動電話服務¹⁸。「香港 2015 年主題性住戶統計調查」顯示，68%吸煙者知道現有的戒煙服務，但當中大部分（96%）都不願意尋求服務。我們的研究結果顯示，62.4%被主動轉介的參賽者最終接受了他們選擇的戒煙服務機構的電話聯繫，表明了主動轉介加上簡短戒煙輔導能增加吸煙者對主動電話服務的接受程度。本研究報告中，使用面對面和小組輔導的吸煙者比例（25.1%和 3.6%）遠低於其他的研究結果（55.7%和 36.1%的吸煙者表示願意使用他們）¹⁸。對有效的戒煙療法缺乏認識是使用戒煙服務的主要障礙¹⁹。以面對面形式向主動轉介組的參賽者介紹全面的戒煙服務和提供戒煙熱線卡，可以提高他們戒煙的嘗試和戒煙率。然而，「繁忙」和「時間不合」是沒有使用戒煙服務的兩個主要原因。大多數參賽者是受僱員工，無法使用在平日早上九時至下午五時營運的戒煙診所服務。若要增加吸煙者使用這些服務，需要提高僱主對員工戒煙的支持度，如提供參加戒煙服務的休假津貼。未來的研究應探索使用網上平台（如網站或即時通訊等）來提供戒煙服務。

我們發現，與對照組（提供一般戒煙建議和自助戒煙小冊子）的研究結果相比，在現場使用 AWARD 戒煙忠告和健康警告宣傳單張（簡短忠告組）沒有額外的戒煙效果，與「戒煙大贏家 2010」使用類似的戒煙建議但更全面的自助戒煙小冊子的研究結果不一致⁹。我們發現，除了 2015 年（52.8%）比 2010 年（68.4%）有較少的參賽者曾經嘗試戒煙外，這兩次比賽的參賽者（2010 年和 2015 年）具有相似的社會人口特徵和吸煙行為。鑑於宣傳單張比小冊子便宜，在戒煙宣傳活動中使用宣傳單張可能更具成本效益。另外，研究結果亦建議改善及評估戒煙忠告、宣傳單張和轉介方式的有效程度。未來在有關簡短戒煙建議和主動轉介的研究應該注重測試不同強度的主動轉介的效果（例如：於面對面戒煙輔導時進行即場預約戒煙服務），或與其他具成本效益和簡短的戒煙干預措施（例如發放戒煙短訊）的綜合影響，即雞尾酒方式的干預措施，當中可包括幾個不同和非常簡短的戒煙干預措施。

值得注意的是，主動轉介組和簡短忠告組的一個月和二個月的電話跟進成功率低於對照組，因為接觸不到的參賽者無法接受加強干預，可能會降低干預的強度，亦可能會使主動轉介和簡短戒煙干預的效果被低估。

5. 結論

總括而言，第六屆「戒煙大贏家」比賽成功在社區裡推廣戒煙信息，並吸引了大批沒有意慾尋求戒煙支援的吸煙者參加比賽。「戒煙大贏家」比賽亦提供了一個重要的平台向大量吸煙者與非吸煙者宣傳戒煙及無煙信息。大多數的參賽者（79.7%）閱讀了我們印刷的戒煙資料（如健康警告單張、戒煙熱線卡和自助戒煙小冊子），並認為對戒煙有幫助。研究結果顯示主動轉介的干預措施能增加戒煙率，這表明吸煙者可以由受過訓練的社區健康服務員或義工輕易地轉介至現有的戒煙服務。早期主動聯繫和轉介吸煙者去戒煙服務能增加戒煙服務的使用率，並能大大提高戒煙率。未來應該推行長期跟進以檢測簡短戒煙輔導、主動轉介以及雞尾酒方式干預措施的效果，包括非常簡短戒煙干預措施的不同組合對戒煙的成效。

6. 臨床試驗註冊編號

臨床試驗註冊編號：NCT02539875 (<https://clinicaltrials.gov/>)

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The 6th “Quit to Win” Contest – Effectiveness of Active Referral Intervention on Smoking Cessation

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1. Introduction

Smoking prevalence in Hong Kong was 10.5% in 2015, which is one of the lowest in the world. However, there were still 641,300 daily smokers and the smoking prevalence has been decreasing slowly in the past decade. Most of the current smokers are heavy smokers with low intention to quit and have high dependence on tobacco. Smoking will kill half of them eventually² and causes about 7,000 deaths each year in Hong Kong³. Smoking also accounts for a large amount of medical costs, long-term healthcare costs and productivity loss of over HK\$5.3 billion a year (0.6% of Hong Kong GDP)^{4,5}. Smoking is a highly addictive behaviour and it is hard for smokers with strong nicotine dependence to quit without assistance. However, in Hong Kong, only about 3.0% of the current smokers had ever used the existing smoking cessation (SC) services¹.

The “Quit to Win” (QTW) Contest is a major campaign to promote smoking cessation in all 18 districts and motivate a large number of smokers in the community to quit in Hong Kong. It provides a golden opportunity to conduct a randomized controlled trial (RCT) to test different brief and low cost SC interventions so as to generate new evidence for future evidence-based interventions to reach, recruit and help a large number of smokers to quit. With the participation from the 18 districts, the campaign also strengthens the dissemination of smoke-free messages and community supports to SC.

Cohrane’s Quit and Win model posits that smokers participating in the contest will have a higher motivation to quit with incentives provided and better social support⁶.

Studies found that quitting contests or incentive programmes had reached many smokers and showed a significantly higher quit rate for the Quit and Win group than the control group⁷. Since 2009 (except 2011), Hong Kong Council on Smoking and Health (COSH) has been collaborating with the Schools of Nursing and Public Health of The University of Hong Kong (HKU), to organize the “Quit to Win” Contest. From 2009 to 2014, over 5,000 smokers were recruited from the community⁸⁻¹². Small cash incentives and lucky draw prizes were provided to participants whose abstinence was biochemically validated.

SC services substantially increased quit rate and the WHO has urged to promote SC services¹³. “O” of the WHO MPOWER strategies stands for “offer help to quit” which suggests a proactive approach¹³ to encourage smokers to quit. SC services in Hong Kong, like most SC services in mainland China and elsewhere, were under-used. Apart from the low prevalence of SC services used, most smokers (65%) were unwilling to try the services even they were aware of them¹. Existing SC services mostly relied on smokers’ initiative to seek assistance for quitting, but the intention to quit was low in most smokers. Active referral may overcome the barriers of some smokers in actively seeking for help. Previous studies suggested that active referral of smokers to SC hotline services might increase the likelihood of smoking abstinence at 12 months compared with no active referrals¹⁴. A recent study has also reported that individuals who used the community-based referral were also more likely to quit than those who did not (43.6% versus 15.3%, $p < 0.001$)¹⁵.

In 2015, COSH, HKU, 18 District Councils and 15 district working partners collaborated to organize the 6th “Quit to Win” Contest to promote SC in the community. A 3-armed RCT was conducted to evaluate the effectiveness of the active referral to existing SC services including the SC Hotline (1833 183) and other SC services (Active Referral group), or brief advice (Brief Advice group), compared to a self-help booklet with general SC advice (Control group).

2. Methods

2.1 Recruitment

From 20 June to 24 September 2015, participants were recruited from 70 recruitment sessions of the QTW Contest, including promotional and game booths in public areas or shopping malls, throughout 18 districts in Hong Kong. Sixty-six recruitment sessions were included in the cluster RCT with each recruitment session was a unit of cluster of randomization (22 recruitment sessions for each intervention group). All participants in a recruitment session were randomly allocated to the Active Referral group, Brief Advice group or Control group.

In all the recruitment sessions, the trained SC ambassadors measured smokers’ level of exhaled carbon monoxide (CO) and screened participants’ eligibility for the Contest:

1. Hong Kong residents aged 18 or above;
2. Daily smokers who smoked at least 1 cigarette per day in the past 3 months;
3. Able to communicate in Cantonese (including reading Chinese); and
4. Exhaled carbon monoxide (CO) of 4 parts per million (ppm) or above.

The SC ambassadors then explained and invited smokers to join the RCT. Written consents from eligible participants for voluntary participation in the trial were obtained. The baseline questionnaire was subsequently administered following with the delivery of the intervention. Eligible participants who were unwilling to join the RCT could still join the QTW Contest, but were excluded from the RCT analysis (Non-trial group).

Block randomization was used to ensure the number of recruitment sessions for the 3 RCT groups was balanced. The primary investigator, who was not involved in the recruitment, randomly generated blocks, with each block size equaled to 3, 6 and 9 containing random permutations of the 3 groups using the website <http://www.random.org> (a website for generating random integers). The primary investigator combined all the blocks and generated a list of group allocation for all recruitment sessions. The recruitment staff was informed about the group allocation one day prior to the recruitment

activities. The trained SC ambassadors were unknown about the group assignment until they attended the recruitment. All outcome assessors were blinded to the group assignment.

COSH organized a lucky draw and a publicity programme in February and March 2016, respectively. A total of 5 participants, whose abstinence were biochemically validated at 3 months, won the lucky draw prizes (each of HK\$10,000 gift voucher). Among the 67 participants who joined the publicity programme, the biochemically validated quitters (n=11) had been interviewed by COSH and a champion was selected to receive a prize of travel voucher at HK\$25,000 to Australia, where the 1st and the 2nd runner-up winners received a cash prize of travel voucher at HK\$15,000 to Singapore and HK\$10,000 to Thailand, respectively.

2.2 Interventions and follow-up

Active Referral group: Participants received brief SC advice and were actively referred to existing SC services in Hong Kong. Brief advice was delivered using the AWARD model⁸, face-to-face at baseline (~1 minute) and via telephones at follow-ups. The AWARD model consists of the following components: Ask about smoking history; Warn about the high risk with the use of the health warning leaflet; Advise to quit as soon as possible and to quit within 3 months (to become eligible to win the prizes); Refer smokers to SC services; and Do it again. Participants also received an A4 color double-page printed leaflet which contained highlights of the risks of 1/2 smokers and 2/3 young smokers died due to smoking, (1) a full list of diseases related to active and secondhand smoking, (2) 10 scary pictures featuring smoking-induced diseases, (3) information on the benefits of quitting, and (4) messages encouraging participants to quit and call the integrated SC hotline managed by the Department of Health (DH). Participants received brief booster advice at 1 and 2 months.

Participants were also assisted to make early appointment in the following SC services in Hong Kong: DH, Tung Wah Group of Hospitals Integrated Center on Smoking Cessation, Hospital Authority Smoking Counseling and Cessation Centre in 18 districts, Pok Oi Hospital Chinese Medicine Smoking Cessation Services and Youth Quitline of The University of Hong Kong¹⁶.

SC ambassadors introduced the SC services to participants using a pocket size SC services information card containing brief information (e.g. hotline, address and operation hours) and highlights (e.g. provision of assistance by experienced, professional SC nurses or physicians) of each SC service. Participants who consented for the transferal of their contact details (telephone numbers and names) through COSH to their selected SC service providers, received proactive phone calls from the service providers for telephone SC counseling or booking a SC clinic appointment.

Brief Advice group: Participants only received the same brief SC advice using the AWARD model and the health warning leaflet as the Active Referral group did. They were verbally encouraged to book an appointment with SC service providers by themselves (R of AWARD) but did not receive the SC information card. Participants also received brief booster advice at 1 and 2 months.

Control group: Participants received very brief, minimal general SC advice (<30 seconds) and a 12-page self-help SC booklet, which was designed by COSH and routinely used in QTW Contests.

Non-trial group: The following participants joined the QTW Contest and were classified as the “non-trial group”: (1) chose to participate in COSH’s publicity programme, which had other prizes; (2) refused to participate in the RCT; and (3) were recruited from the workplace where additional incentives were provided by the employers. The non-trial participants received the same intervention received by the RCT participants in the same recruitment session. All of them could receive the same monetary incentive after passing the biochemical validation for abstinence at 3 and 6 months.

All participants were assessed for their smoking status and quitting progress through telephone interviews at 1 and 2 months, followed by a booster advice (Active Referral group and Brief Advice group only), and then at 3 and 6 months for assessment only. The booster interventions included the message of absolute risk of death due to smoking (“one in two smokers are killed by smoking.”). About 7 calls and 1 voice message were made before a participant was treated as unreachable. Self-reported quitters (did not smoke, even a puff, in the past 7 days) at 3 and 6 months were invited to participate in the biochemical validations. HKU staff assessed self-reported quitter’s exhaled CO level and saliva cotinine level in the biochemical validation and all validated quitters could receive a cash incentive of HK\$500. To boost the retention rate, participants who completed all 4 follow-up interviews could receive another cash incentive (HK\$100).

The primary outcomes were the self-reported 7-day point prevalence (PP) quit rate at 3 and 6 months. The secondary outcomes were (1) biochemically validated quit rates, (2) rate of smoking reduction by at least half of the baseline cigarette consumption and (3) self-reported SC service used at 3 and 6 months.

The socio-demographic and smoking characteristics at baseline of all participants (N=1,306) were described. We compared the primary and secondary outcomes among the 3 groups. We adopted the intention-to-treat (ITT) analysis (assuming that non-respondents at the follow-up did not change their baseline smoking behavior) and complete-case (CC) analysis (excluding participants who were lost to follow-up) to calculate the self-reported and biochemically validated quit rates and other outcomes.

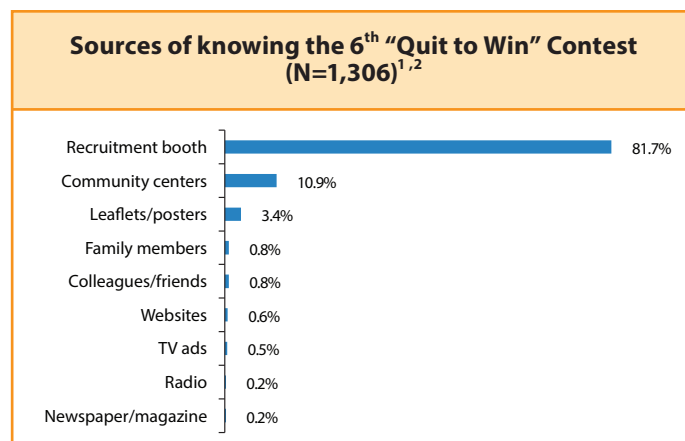
We also reported participants’ reasons to quit, methods to quit, withdrawal symptoms experienced, self-efficacy in quitting, perceived social support for quitting, use of SC aids and perception of follow-up calls.

3. Results

In all the 70 recruitment sessions of the 6th “Quit to Win” Contest, 60 trained SC ambassadors and 39 staff from NGOs participated in the on-site promotion and recruited 1,306 Chinese adult daily smokers to participate in the Contest. About 191,000 people passed by the recruitment booths. Besides, about 12,600 people made inquiries about smoking cessation or participated in the game booths. The recruitment staff approached over 8,200 smokers and over 17,600 non-smokers in all the activities.

Of the 1,347 screened smokers who intended to quit smoking, 29 (2.2%) did not meet the inclusion criteria, and 12 (0.9%) refused to participate in the Contest, making up a final of 1,306 (97.0%) participants in the Contest. The recruitment booth of the QTW Contest was the leading source of information about the QTW Contest for the participants (81.7%). The second source was community centers (10.9%) and few participants knew it from leaflets/posters (3.4%) (Figure 1).

Figure 1



¹ Missing data were not displayed.

² Participants could choose more than one option.

In the 1,306 eligible participants, 1,226 (93.9%) consented to participate in the RCT. Sixty-seven (5.1%) participants in the publicity programme and 13 (1.0%) participants who refused to join the RCT or were recruited from a specific workplace were combined and analyzed in the non-trial group. Of the 1,226 participants in the RCT, 402 (32.8%) were allocated to the Active Referral group, 416 (33.9%) to the Brief Advice group, and 408 (33.3%) to the Control group.

Table 1 Socio-demographic characteristics of all participants (N=1,306)

n (%)	Total	Non-trial	Active Referral	Brief Advice	Control
	(N=1,306)	(N=80)	(N=402)	(N=416)	(N=408)
Age, mean \pm SD, years	41.9 \pm 14.7	40.0 \pm 13.3	40.8 \pm 14.9	42.4 \pm 14.7	42.8 \pm 14.9
Gender					
Male	1,065 (81.5)	74 (92.5)	317 (78.9)	328 (78.8)	346 (84.8)
Female	241 (18.5)	6 (7.5)	85 (21.1)	88 (21.2)	62 (15.2)
Marital status					
Single	436 (33.4)	27 (33.8)	157 (39.1)	129 (31.0)	123 (30.1)
Married/ Cohabited	749 (57.4)	47 (58.8)	214 (53.2)	249 (59.9)	239 (58.6)
Others	66 (5.1)	3 (3.8)	21 (5.2)	23 (5.5)	19 (4.7)
Missing	55 (4.2)	3 (3.8)	10 (2.5)	15 (3.6)	27 (6.6)
Child					
1 or more	651 (49.8)	34 (42.5)	199 (49.5)	211 (50.7)	207 (50.7)
No	490 (37.5)	39 (48.8)	159 (39.6)	147 (35.3)	145 (35.5)
Missing	165 (12.6)	7 (8.8)	44 (10.9)	58 (13.9)	56 (13.7)
Education level					
No formal education	17 (1.3)	3 (3.8)	6 (1.5)	2 (0.5)	6 (1.5)
Elementary education	101 (7.7)	7 (8.8)	21 (5.2)	29 (7.0)	44 (10.8)
Junior secondary education	271 (20.8)	12 (15.0)	89 (22.1)	71 (17.1)	99 (24.3)
Senior secondary education	499 (38.2)	29 (36.3)	170 (42.3)	161 (38.7)	139 (34.1)
Post-secondary or above	267 (20.4)	27 (33.8)	88 (21.9)	85 (20.4)	67 (16.4)
Missing	151 (11.6)	2 (2.5)	28 (7.0)	68 (16.3)	53 (13.0)
Employment status					
Student	45 (3.4)	2 (2.5)	21 (5.2)	13 (3.1)	9 (2.2)
Self-employed/ employed	908 (69.5)	67 (83.8)	282 (70.1)	282 (67.8)	277 (67.9)
Unemployed	51 (3.9)	2 (2.5)	21 (5.2)	12 (2.9)	16 (3.9)
Housewife	50 (3.8)	1 (1.3)	9 (2.2)	26 (6.3)	14 (3.4)
Retired	119 (9.1)	6 (7.5)	35 (8.7)	32 (7.7)	46 (11.3)
Missing	133 (10.2)	2 (2.5)	34 (8.5)	51 (12.3)	46 (11.3)
Monthly household income (HK\$)					
Less than 10,000	192 (14.7)	10 (12.5)	59 (14.7)	53 (12.7)	70 (17.2)
10,000-19,999	401 (30.7)	29 (36.3)	140 (34.8)	113 (27.2)	119 (29.2)
20,000-29,999	271 (20.8)	17 (21.3)	91 (22.6)	97 (23.3)	66 (16.2)
30,000-39,999	127 (9.7)	9 (11.3)	35 (8.7)	45 (10.8)	38 (9.3)
40,000 or more	106 (8.1)	10 (12.5)	36 (9.0)	27 (6.5)	33 (8.1)
Missing	209 (16.0)	5 (6.3)	41 (10.2)	81 (19.5)	82 (20.1)
Housing condition					
Public rental housing	497 (38.1)	27 (33.8)	144 (35.8)	146 (35.1)	180 (44.1)
Public housing (purchased)	112 (8.6)	6 (7.5)	48 (11.9)	16 (3.8)	42 (10.3)
Home Ownership Scheme	155 (11.9)	10 (12.5)	58 (14.4)	51 (12.3)	36 (8.8)
Private housing (rental)	166 (12.7)	10 (12.5)	52 (12.9)	65 (15.6)	39 (9.6)
Private housing (purchased)	215 (16.5)	23 (28.8)	61 (15.2)	79 (19.0)	52 (12.7)
Others	17 (1.3)	2 (2.5)	7 (1.7)	3 (0.7)	5 (1.2)
Missing	144 (11.0)	2 (2.5)	32 (8.0)	56 (13.5)	54 (13.2)

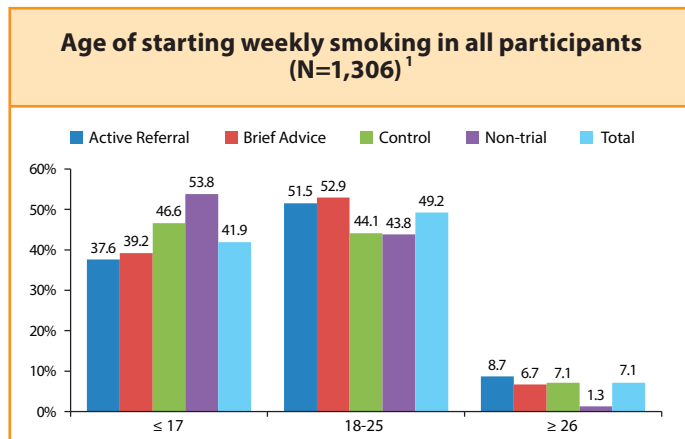
3.1 Socio-demographic characteristics of all participants

The average age of participants was 41.9 (SD=14.7) years and most participants were male (81.5%), employed (69.5%) and had received junior secondary or above education (79.4%). More than half (57.4%) were married and about half had at least 1 child (49.8%) and monthly household income less than HK\$20,000 (45.4%). More than one-third lived in public rental housing (38.1%) (Table 1).

3.2 Smoking profile

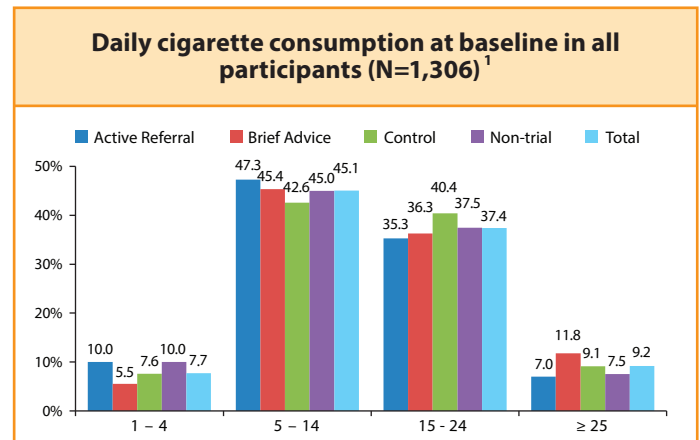
The average age of starting weekly smoking was 18.5 (SD=5.5) years and about half (41.9%) started smoking before 18 (Figure 2). The mean daily cigarette consumption was 23.4 (SD=14.6), while 45.1% consumed 5-14 cigarettes and 37.4% consumed 15-24 per day (Figure 3). About half (49.1%) had light nicotine dependence measured by the Heavy Smoking Index (HSI≤2) (Figure 4). More than half (52.8%) had made a quit attempt (smoking abstinence ≥24 hours) before, and 36.1% had attempted in more than 1 year ago (Figure 5). More than half (50.7%) decided to quit within 30 days since participating in the Contest (Figure 6).

Figure 2



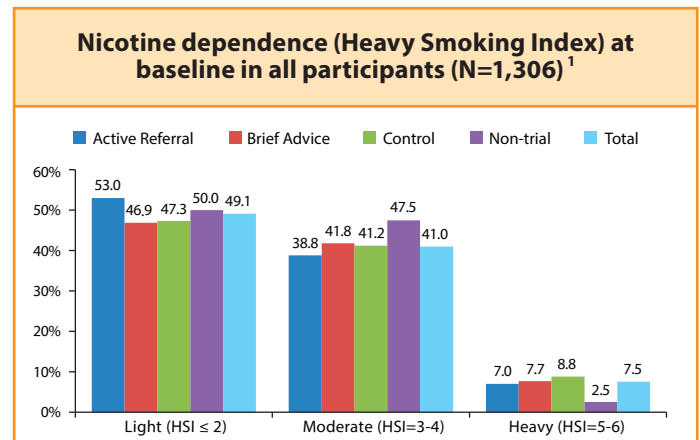
¹ Missing data were not displayed.

Figure 3



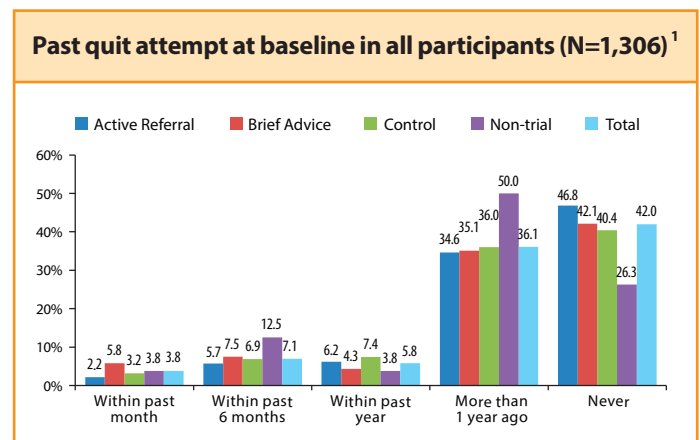
¹ Missing data were not displayed.

Figure 4



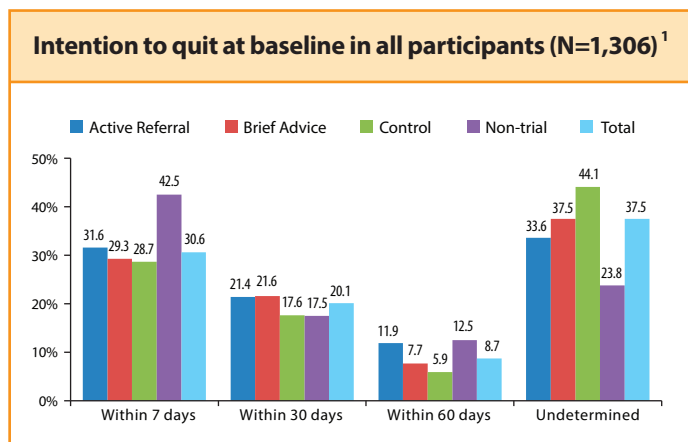
¹ Missing data were not displayed.

Figure 5



¹ Missing data were not displayed.

Figure 6



¹ Missing data were not displayed.

3.3 Baseline referral status of participants who received active referral intervention

At baseline, 428 participants received active referral intervention. 402 (93.9%) were participants in the Active Referral group of the RCT and 26 (6.1%) were in the non-trial group. Most of them (80.8%) had chosen an SC service provider at baseline and the proportion was 82.1% in the Active Referral group and 61.5% in the non-trial group. The remaining participants had not decided a smoking cessation service yet (17.1%) or refused to be referred (2.1%) (Table 2).

Table 2 Referral status at baseline

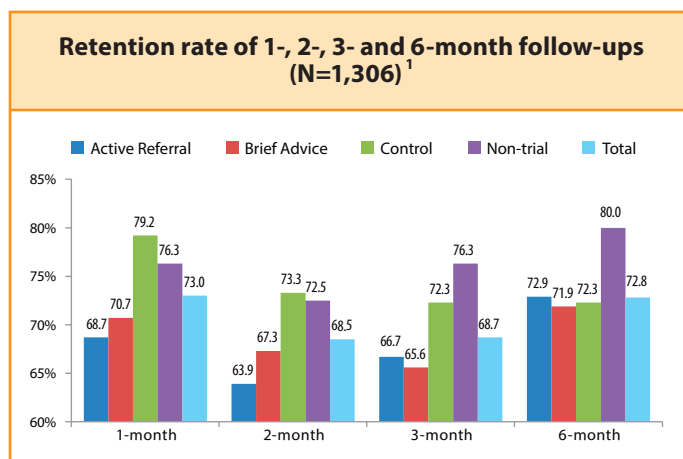
	Total (N=428)	Non-trial (N=26)	RCT (Active Referral group) (N=402)
Had chosen any smoking cessation services	346 (80.8)	16 (61.5)	330 (82.1)
Had not decided a smoking cessation service yet	73 (17.1)	4 (15.4)	69 (17.2)
Refused to be referred	9 (2.1)	6 (23.1)	3 (0.7)

3.4 1-, 2-, 3- and 6-month follow-ups results

Retention rate

All participants were followed through telephone interviews at 1, 2, 3 and 6 months with the corresponding overall retention rates (including non-trial group) of 73.0%, 68.5%, 68.7% and 72.8%. At 3 months, the retention rates of the Active Referral, Brief Advice and Control groups were 66.7%, 65.6% and 72.3%, respectively. The corresponding retention rates at 6 months were 72.9%, 71.9% and 72.3% and the differences were not statistically significant (Figure 7).

Figure 7



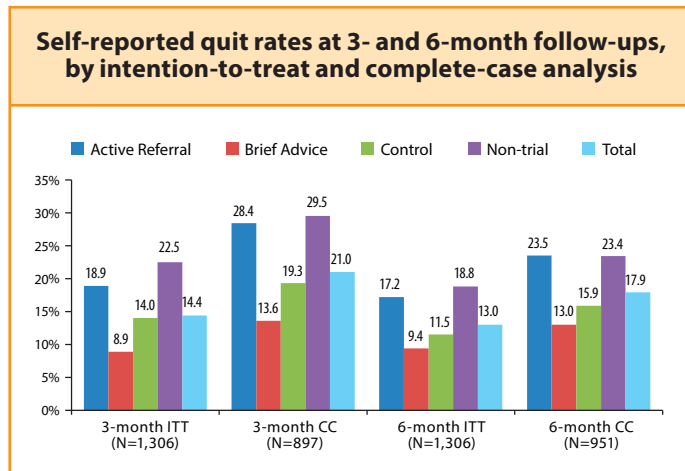
¹ Missing data were not displayed.

Self-reported quit rate at 3- and 6-month follow-ups

At 3-month follow-up, by ITT analysis, the overall 7-day PP quit rate was 14.4% (95% CI 12.5% to 16.3%). Compared with the Control group (14.0%; 95% CI 10.6% to 17.4%), the Active Referral group (18.9%; 95% CI 15.1% to 22.7%) had a marginally significantly higher quit rate ($p=0.06$) and the Brief Advice group had a significantly lower (8.9%, 95%CI 6.2% to 11.6%) quit rate ($p=0.02$), probably because the Brief Advice group had the lowest retention rate (as those unsuccessfully followed-up participants were assumed to have not quit). The Active Referral group also had a significantly higher quit rate than the Brief Advice group ($p<0.001$). By complete case (CC) analysis, the Active Referral group (28.4%, 95% CI 23.0% to 33.8%) had a significantly higher quit rate than the Brief Advice group (13.6%; 95% CI 9.5% to 17.7%; $p<0.001$) and the Control group (19.3%; 95% CI 14.8% to 23.8%; $p=0.01$) while the difference between the Brief Advice and Control groups was not statistically significant ($p=0.07$) (Figure 8).

At 6-month follow-up, by ITT analysis, the overall quit rate was 13.0% (95% CI 11.2% to 14.8%). The Active Referral group (17.2%; 95% CI 13.5% to 20.9%) had a significantly higher quit rate than the Brief Advice (9.4%; 95% CI 6.6% to 12.2%; $p=0.001$) and Control groups (11.5%; 95% CI 8.4% to 14.6% $p=0.02$). The difference between the Brief Advice group and Control group was non-significant ($p=0.31$). Similar results were observed using CC analysis (Figure 8).

Figure 8



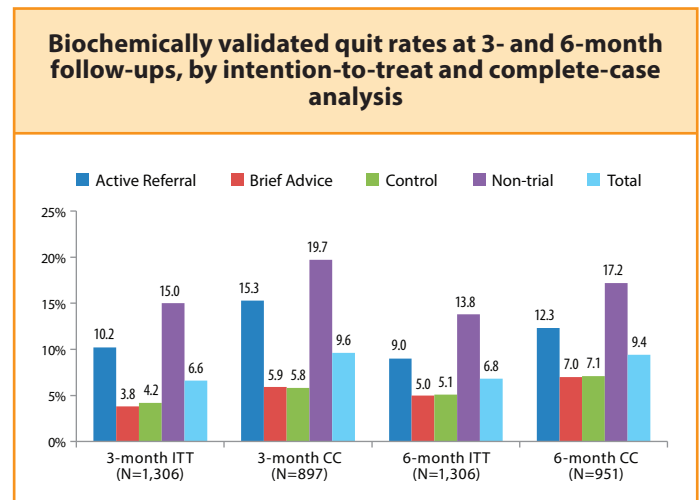
ITT: Intention-to-treat analysis; CC: Complete-case analysis

Biochemically validated quit rate at 3- and 6-month follow-ups

At 3-month follow-up, among the 188 self-reported quitters (including non-trial group), 97 (51.6%) participated in the biochemical validation and 88.7% passed the test. By ITT analysis, the overall validated quit rate was 6.6%. The Active Referral group (10.2%) had a significantly higher rate than the Brief Advice (3.8%) and Control groups (4.2%) (all $p<0.001$). The Brief Advice and Control groups had similar quit rates. Similar results were observed using CC analysis (Figure 9).

At 6-month follow-up, 89 out of 170 (52.4%) self-reported quitters (including non-trial group) participated in the biochemical validation and all passed the test resulting in an overall validated quit rate of 6.8%, by ITT analysis. The Active Referral group (9.0%) were significantly higher than the Brief Advice (5.0%) and Control groups (5.1%) (all $p=0.03$). The Brief Advice group had a non-significantly lower rate than the Control group ($p=0.95$). Similar results were observed using CC analysis (Figure 9).

Figure 9

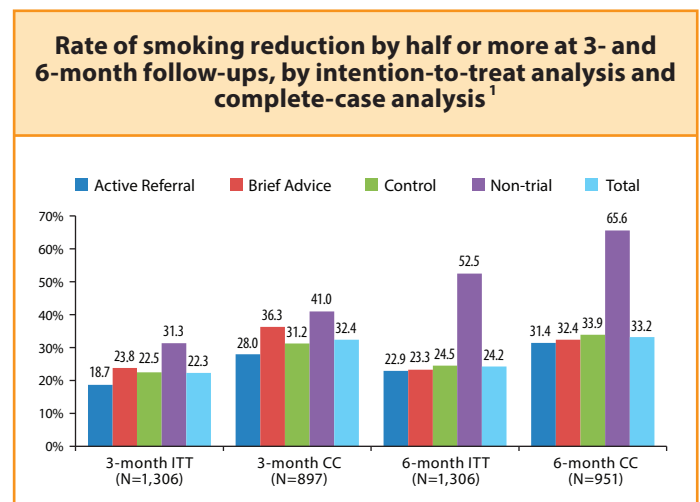


ITT: Intention-to-treat analysis; CC: Complete-case analysis

Smoking reduction rate at 3- and 6-month follow-ups

By ITT analysis and excluding quitters as reducers, 22.3% and 24.2% of all participants reduced daily cigarette consumption by half or more at 3 and 6 months and the difference was not significant ($p>0.05$). By CC analysis, the reduction rate in the Brief Advice group (36.3%) was significantly higher than the Active Referral group (28.0%) at 3 months ($p=0.04$) (Figure 10).

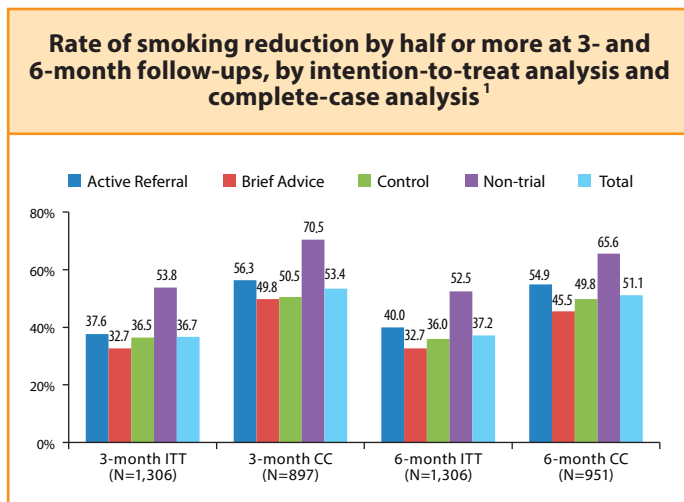
Figure 10



¹ Quitters were excluded in the numerator but included in the denominator.

By ITT analysis and including quitters as reducers, 36.7% and 37.2% of all participants had reduced daily cigarette consumption by more than half at 3 and 6 months respectively. At 3-month follow-up, the reduction rate in the Active Referral (37.6%) was similar to that in the Brief Advice group (32.7%) and Control group (36.5%) (all $p>0.05$). Reduction rates at 6 months were also similar in all groups (Active Referral: 40.0%; Brief Advice: 32.7%; and Control: 36.0%) (Figure 11).

Figure 11

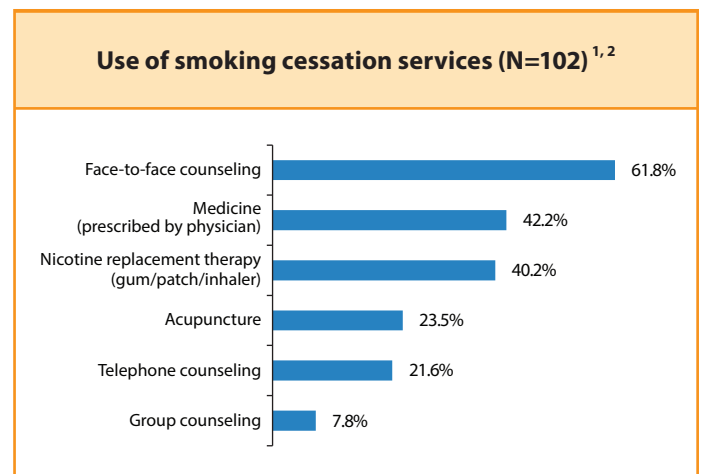


¹ Quitters were included in the numerator and denominator.

Smoking cessation services used

In the Active Referral group, 87.3% had chosen an SC service provider during the study period and 71.5% of them received proactive contacts from the SC service providers. Among 251 participants who received proactive contact from the SC service providers, 40.6% used the service for quitting. The 4 most commonly used services were: (1) face-to-face counseling (61.8%), (2) medicine (prescribed by physicians) (42.2%), (3) nicotine replacement therapy (i.e. gum/patch/inhaler) (40.2%) and (4) acupuncture (23.5%) (Figure 12).

Figure 12

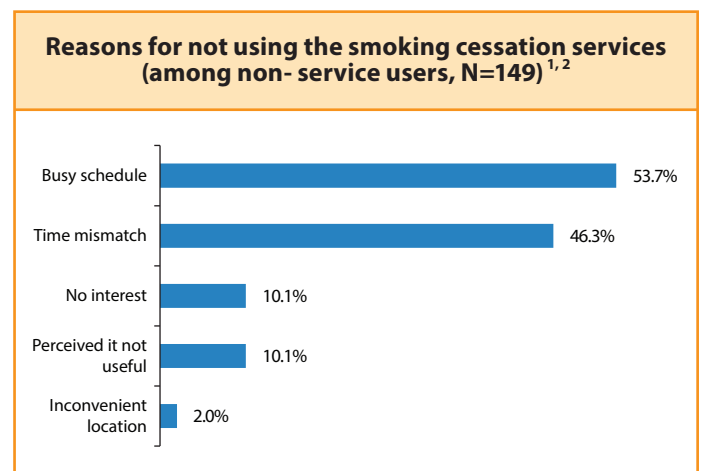


¹ Missing data were not displayed.

² Participants could choose more than one service.

Among the 149 participants who received proactive contact but had not used the SC service during the study period, busy schedule (53.7%) and time mismatch (46.3%) were the 2 most commonly reported reasons (Figure 13).

Figure 13



¹ Missing data were not displayed.

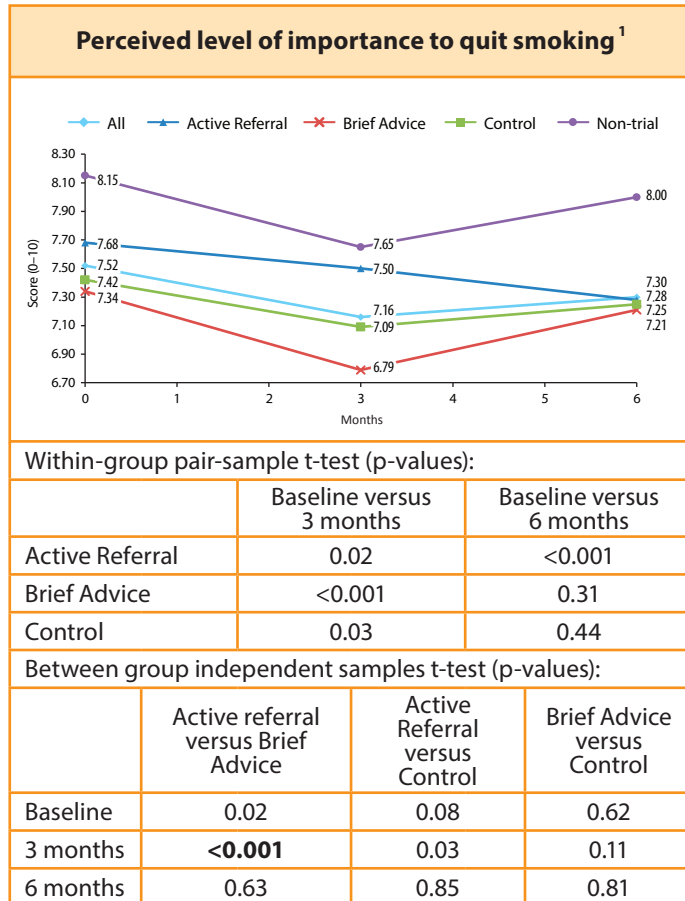
² Participants could choose more than one reason.

Perceived importance of quitting

The overall mean scores of perceived importance of quitting at baseline, 3- and 6-month follow-ups were 7.52, 7.16 and 7.30, respectively. Compared with the baseline, the mean scores of all the groups dropped significantly at 3 months (Active Referral: from 7.68 to 7.50, $p=0.02$; Brief Advice: from 7.34 to 6.79, $p<0.001$; and Control: from 7.42 to 7.09, $p=0.03$). The Active Referral group had a continuous drop after 3 months but the Brief Advice and Control groups rebounded after 3 months. The difference of mean scores between baseline and 6 months

was significantly different in the Active Referral group only (from 7.68 to 7.28, $p < 0.001$) but not in the Brief Advice (from 7.34 to 7.21, $p = 0.31$) and Control groups (from 7.42 to 7.25, $p = 0.44$). Significant difference was observed between Active Referral and Brief Advice groups at baseline ($p = 0.02$) and 3 months ($p < 0.001$), and between Active Referral and Control group at 3 months ($p = 0.03$) (Figure 14).

Figure 14

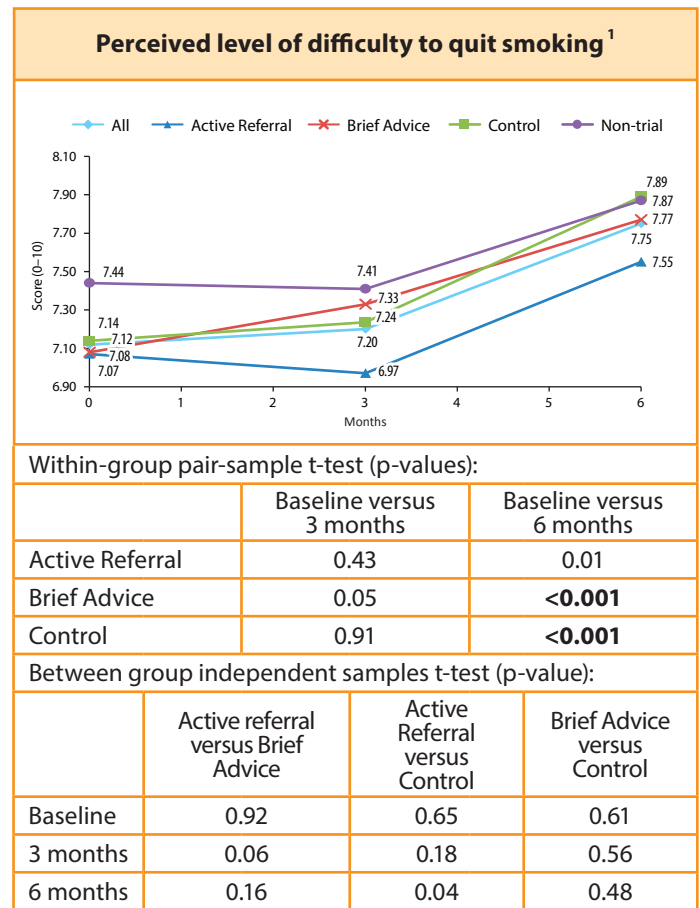


¹Scale 0-10, 0 lowest, 10 highest; analysis excluded missing data.

Perceived difficulty of quitting

The overall mean scores of perceived difficulty of quitting increased from baseline (7.12) to 3 months (7.20) and 6 months (7.75). Compared with the baseline, the Active Referral and Control groups had significantly higher mean scores at 6 months (Active Referral: from 7.07 to 7.55, $p = 0.01$; Control group: from 7.14 to 7.89, $p < 0.001$). The Brief Advice group had significantly higher mean scores at 3 and 6 months (from 7.08 to 7.33 and 7.77, $p = 0.05$ and < 0.001 , respectively) compared with the baseline score. Significant difference was observed only between Active Referral and Control groups at 6 months ($p = 0.04$) (Figure 15).

Figure 15

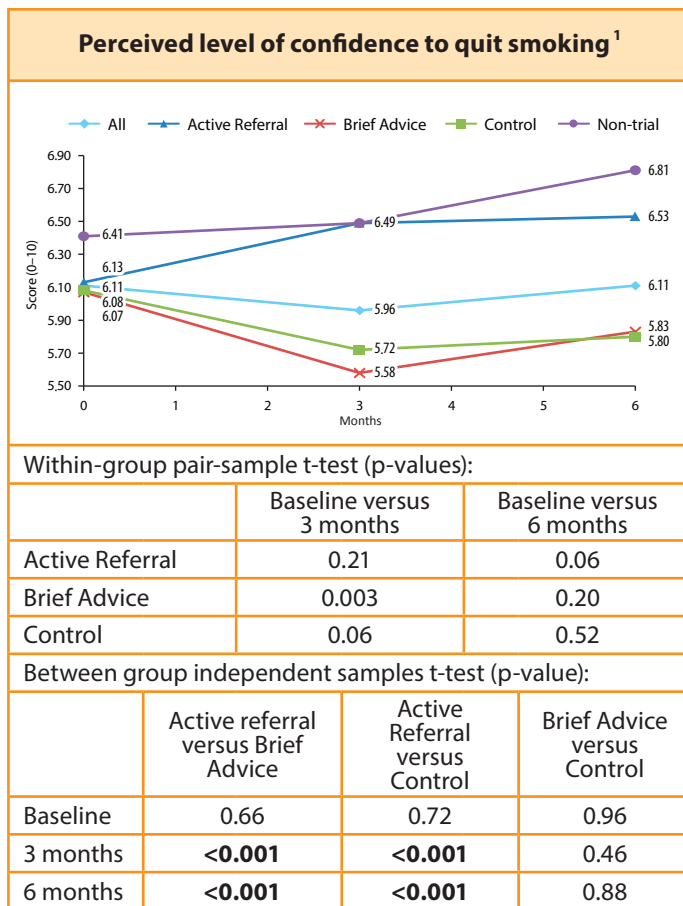


¹ Scale 0-10, 0 lowest, 10 highest; analysis excluded missing data.

Perceived confidence of quitting

The overall mean scores of perceived confidence on quitting at baseline, 3 and 6 months were 6.11, 5.96 and 6.11, respectively. Compared with the baseline, the mean scores of the Brief Advice and Control groups dropped at 3 months. Only the decrease in the Brief Advice group showed statistical significance ($p = 0.003$). The mean score in all groups rebounded after 3 months and the scores at 6 months became similar to those at the baseline. The Active Referral group had higher mean score than the Brief Advice and Control groups at 3 and 6 months (all $p < 0.001$) (Figure 16).

Figure 16



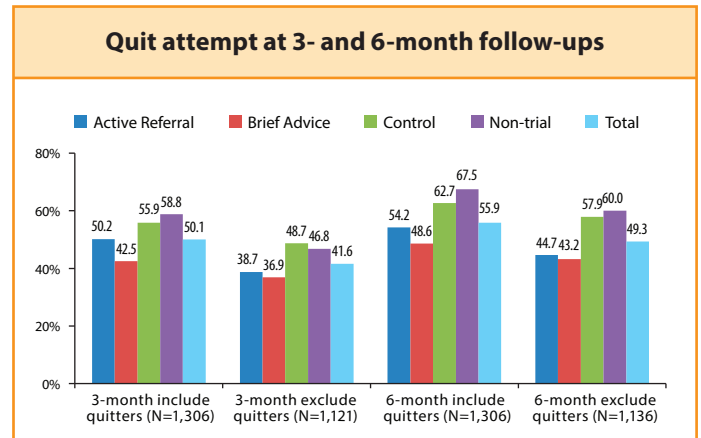
¹ Scale 0-10, 0 lowest, 10 highest; analysis excluded missing data.

Quit attempt at 3- and 6-month follow-ups

Including quitters, 50.1% and 55.9% of the participants had at least one quit attempt at 3 and 6 months, respectively. At 3 months, quit attempt rates were higher in the Active Referral group (50.2%) and the Control group (55.9%) compared with the Brief Advice group (42.5%) (p=0.03 and <0.001, respectively). At 6 months, the Control group (62.7%) had a higher quit attempt rate than the Active Referral group (54.2%, p=0.01) and the Brief Advice group (48.6%, p<0.001) (Figure 17).

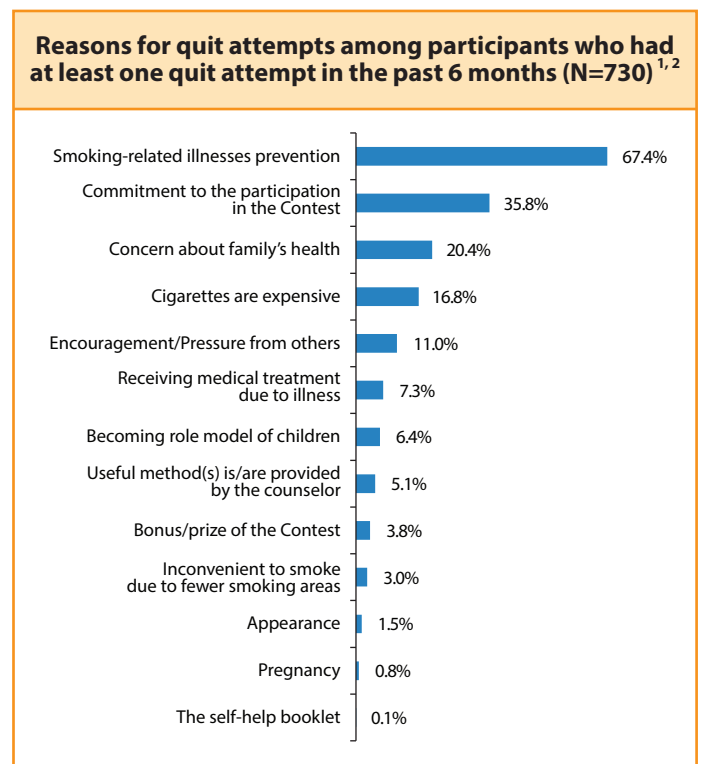
Excluding quitters, 41.6% and 49.3% of the participants had at least one quit attempt at 3 and 6 months, respectively. Control group (3 months: 48.7%; 6 months: 57.9%) had a higher quit attempt rate at both months when compared with Active Referral group (38.7%, p=0.008; 44.7%, p<0.001) and Brief Advice group (36.9%, p<0.001; 43.2%, p<0.001). (Figure 17).

Figure 17



During the study period, the top 3 reasons of having quit attempt were: (1) smoking-related illness prevention (67.4%), (2) commitment to the participation in the Contest (35.8%), and (3) concerned about family's health (20.4%) (Figure 18).

Figure 18

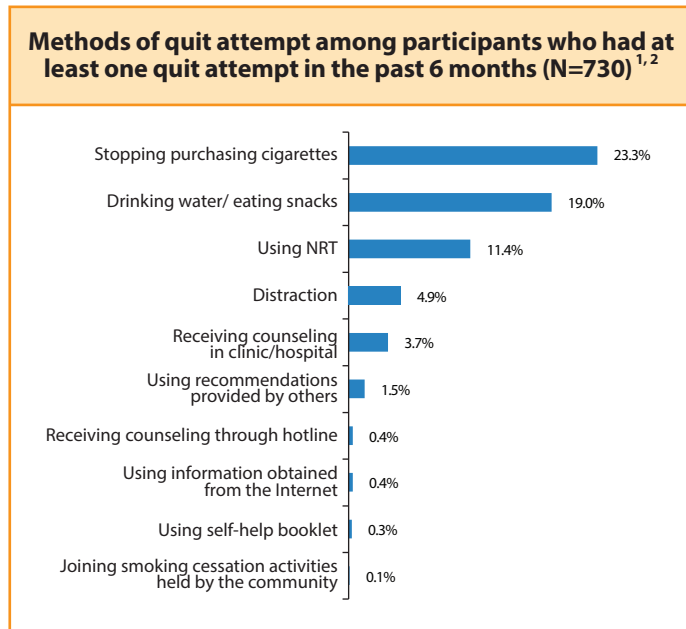


¹ Participants who were lost to follow-up were excluded.

² Participants could choose more than one reason.

The 3 most commonly used methods for quitting were: (1) stopping purchasing cigarettes (23.3%), (2) drinking water/eating snacks (19.0%), (3) using NRT (11.4%) (Figure 19). About half experienced the craving for tobacco (43.6%). Other commonly experienced symptoms included irritated/lose temper/angry (19.7%) and difficult to concentrate (19.5%) (Figure 20).

Figure 19



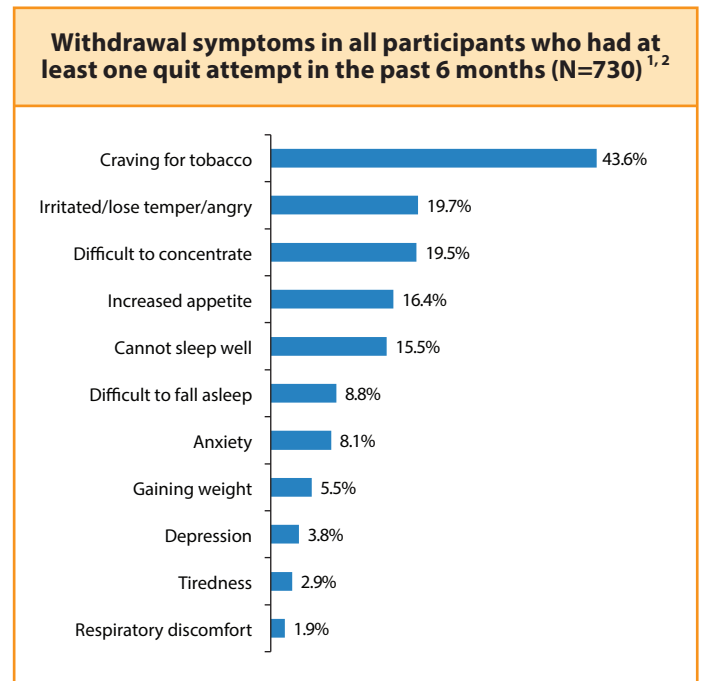
¹ Participants who were lost to follow-up were excluded.

² Participants could choose more than one method.

Social support during smoking cessation

Participants who responded to the 6-month follow-up perceived support for quitting from: (1) friends (23.8%), (2) spouse/partner (20.7%), (3) family (14.5%), and (4) parents (11.8%). However, about one-third (31.8%) perceived no social support (Figure 21).

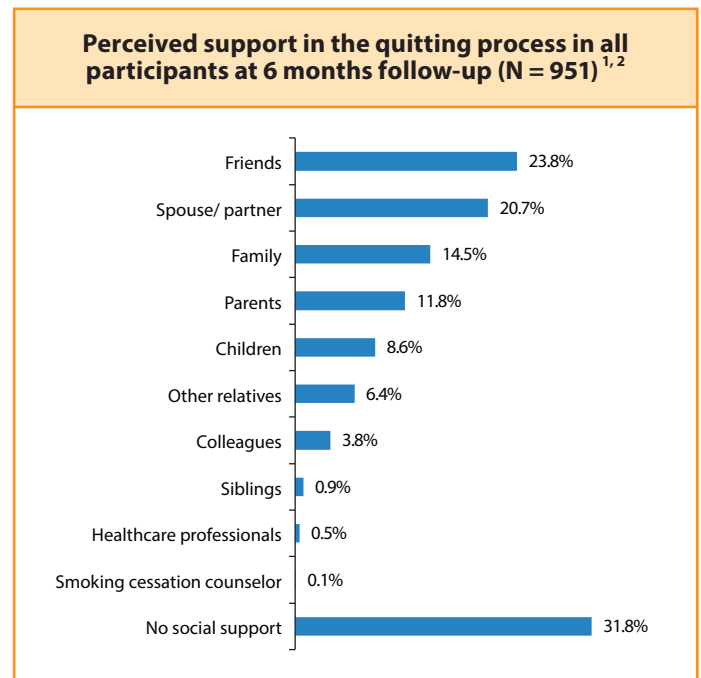
Figure 20



¹ Participants who were lost to follow-up were excluded.

² Participants could choose more than one symptom.

Figure 21



¹ Participants who were lost to follow-up were excluded.

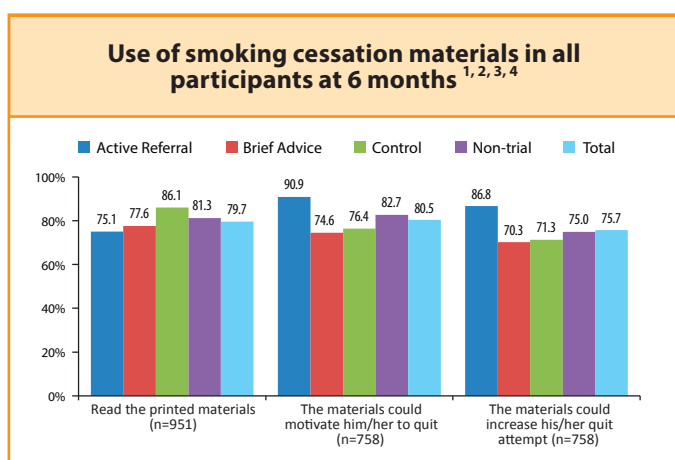
² Participants could choose more than one reason.

Use and satisfaction of smoking cessation aids

Printed materials

Among participants who responded to the 6-month follow-up, most of them (79.7%) read the printed SC materials (Figure 22). Of the 758 participants who read the materials, significantly more participants in the Active Referral group reported that the printed materials could motivate them to quit (Active Referral: 90.9%; Brief Advice: 74.6%; and Control: 76.4%; p for Active Referral versus Brief Advice <0.001 , for Active Referral versus Control <0.001 ; and Brief Advice versus Control $=0.64$), and increase their quit attempt (Active Referral: 86.8%; Brief Advice: 70.3%; and Control: 71.3%; p for Active Referral versus Brief Advice <0.001 , Active Referral versus Control <0.001 and Brief Advice versus Control $=0.81$).

Figure 22



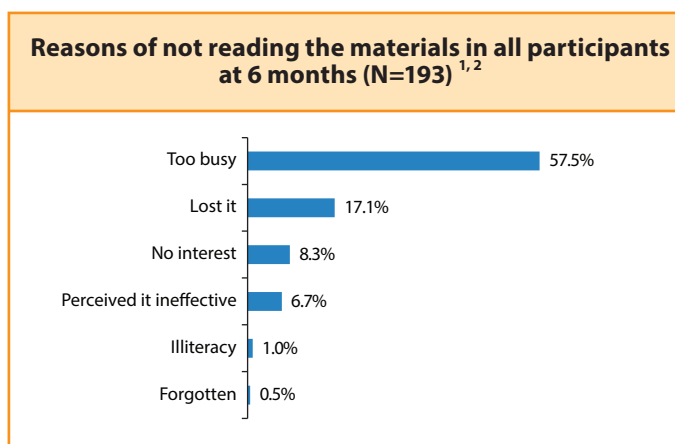
¹ Participants could choose more than one answer.

² Participants who were lost to follow-up were excluded.

³ Missing data were not displayed.

⁴ Participants who had read the printed materials only.

Figure 23



¹ Participants could choose more than one answer.

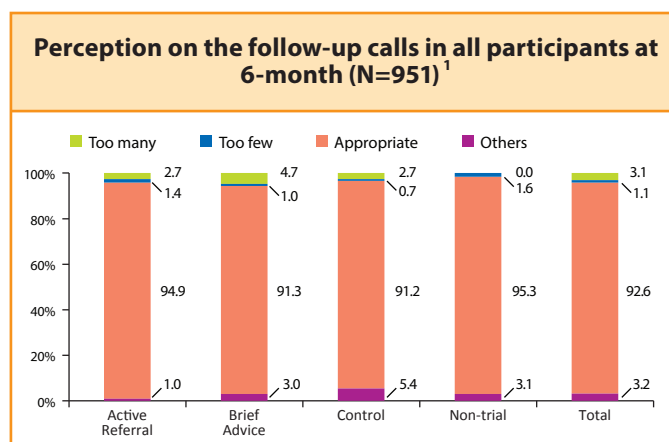
² Participants who were lost to follow-up at 6 months and missing data were excluded.

Of the 193 (20.3%) participants who did not read the materials, the 3 most common reasons were: (1) too busy (57.5%), (2) lost it (17.1%) and (3) no interest (8.3%) (Figure 23).

Perception on the follow-up calls

Of the 951 participants who responded to the 6-month follow-up, 92.6% agreed that the frequency of the follow-up calls was appropriate. When compared with the Control group (91.2%), more participants in the Active Referral group perceived the frequency as appropriate (94.9%; $p=0.008$) (Figure 24).

Figure 24



¹ Participants who were lost to follow-up at 6 months were excluded; missing data were not displayed.

4. Discussion

From 20 June to 24 September 2015, the 6th "Quit to Win" Contest successfully disseminated the smoke-free messages in the community by organizing 70 recruitment activities with 99 staff/volunteers from NGOs and university undergraduate students participating in the promotion and recruitment throughout all 18 districts in Hong Kong. Over 8,000 smokers were approached by the recruitment staff, over 6,800 smokers received the smoking cessation promotion leaflets, 1,306 smokers joined the Contest and 1,226 joined the RCT. By ITT analysis, the self-reported quit rate for all participants was 14.4% at 3 months and 13.0% at 6 months, which are higher than that observed in the previous Contests (3-month self-reported quit rate was 10.6% in 2012, 9.6% in 2013 and 9.9% in 2014). The overall quit rate in 2015 was also the highest compared with the previous Contests, probably due to the much higher quit rate in those who had been actively referred to and had used the existing SC services.

The findings suggested that, in addition to the small financial incentive, motivating smokers to quit using brief SC advice and actively referring smokers to SC services can increase abstinence, the validated quit rate nearly doubled that of the minimal cessation assistance. Moreover, the active referral intervention was widely accepted by the participants and most of them consented to be referred (87.3%) in Active Referral group. Although only about 30% of them used the SC service (29.1%), this was higher than that observed in other overseas trials which only showed 5.0% to 28.2% of usage^{14,17}. In a previous telephone survey on US smoker's willingness to receive different SC strategies, 46.4% smokers claimed that they were willing to utilize proactive telephone service¹⁸. The Hong Kong Thematic Household Survey (2015) showed that among the 68% smokers who were aware of the services and had never tried them, most of them (96%) were unwilling to seek SC services. Our results found that 62.4% actively referred smokers eventually received the proactive call from their chosen SC service providers suggesting that the active referral plus brief advice intervention would increase smokers' acceptance for proactive telephone services. Regarding the SC service usage among smokers who were proactively contacted, the proportions of smokers who reported having used the face-to-face counseling and group counseling in our study (25.1% and 3.6%) were far lower than the previous study which reported that 55.7% and 36.1% smokers showed their willingness to use them¹⁸. The lack of knowledge about effective SC treatments was a major barrier for SC service use¹⁹. The face-to-face introduction of comprehensive SC services and the SC service information card to the smokers in the active referral group can increase quit attempt and quitting. However, busy schedule and time mismatch were two main reasons of not using the referred services. Most participants were employees and unable to attend the SC clinic services which usually operated during weekdays from 9am to 5pm in Hong Kong. More support from the employers, such as provision of leave allowance for attending SC services, might increase smokers' use of the services. Future studies should also explore the use of online platforms (such as website and instant messaging) to deliver SC services.

We found that the on-site brief SC advice using AWARD model plus a health warning leaflet alone (Brief Advice group) did not have an additional effect compared with the Control group (general minimal SC advice and a booklet) on all study outcomes, which was inconsistent with the previous study in "Quit to Win" Contest 2010 using similar SC advice but with a more comprehensive SC self-help booklet⁹. We found that the participants in both studies (QW 2010 and QW 2015) had similar socio-demographic characteristics and smoking behavior, except fewer participants had past quit attempt in 2015 (52.8%) than 2010 (68.4%). Given that the leaflet is cheaper than a booklet, it may be more cost-effective to use the leaflet in subsequent SC promotion campaigns. Nevertheless, the results suggested the importance to design and evaluate the most effective advice, leaflet and methods of referring smokers to evidence-based SC services. Future studies on brief advice and active referral should test the effects of different intensity of active referral (e.g. more intensive such as booking the SC appointment on-site

during face-to-face intervention) and the combined effects with other cost-effective and brief SC interventions (e.g. SC SMS messaging), i.e. cocktail interventions including several different and very brief interventions.

It is worth-noting that the effects of the active referral and brief advice intervention might be underestimated as the retention rates at 1- and 2-month follow-ups of the Active Referral and Brief Advice groups were lower than that of the Control group. Unfollowed participants were not able to receive the booster intervention which might then reduce the intervention intensity.

5. Conclusions

In conclusion, the 6th QW Contest successfully promoted SC and reached a large number of smokers in the community who were otherwise unlikely to seek help from SC services. QW Contest provides an important platform to disseminate SC messages to a vast number of smokers and non-smokers. The majority (79.7%) of the 6th QW Contest participants read our printed SC material (e.g. health warning leaflet, SC service information card and self-help booklet) and perceived them as effective to quit smoking. The active referral intervention showed increased abstinence at 6 months, suggesting smokers can be readily referred to SC services by trained community health workers or volunteers. Early proactive contact and referring smokers to SC service providers enhanced SC service use, which significantly increased abstinence. Longer-term follow-up is warranted to detect the effects of brief advice and active referral, and cocktail interventions including different combinations of very brief interventions, on quitting.

6. Clinical Trial Registration

Clinical trial registration number: NCT02539875 (<https://clinicaltrials.gov/>)

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控煙政策調查 2017

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1. 引言

香港的吸煙率由 1982 年的 23.3% 降至 2017 年的 10.0%，是眾多已發展地區中最低。香港多年來已實施各項重要控煙措施，包括增加煙草稅、擴大室內及室外禁煙範圍、禁止煙草廣告、贊助及促銷及在煙包顯示煙害警示。煙害警示面積佔煙包面積 85% 的法定要求亦在 2018 年 6 月 21 日全面實施。

在 2017 年 12 月，香港吸煙與健康委員會倡議「全面禁煙」的終極目標，目標於 2027 年前將吸煙率下降至 5% 或以下¹。香港特別行政區政府亦於今年 5 月發表的「邁向 2025：香港非傳染病防控策略及行動計劃」策略文件中表示，於 2025 年前將成年人吸煙率降至 7.8%²。然而，由於香港近年並沒有推行重要的控煙措施，所以吸煙率跌幅放緩。以煙草稅為例，香港在過去 4 年未有增加稅率，而最近一次 2014 年的增加幅度 (11.7%) 亦非常小。現時已經有 7 個國家實施全煙害警示包裝，不少地區 (包括澳門) 亦禁止在零售點展示煙草產品。至少 6 個司法管轄區 (包括新西蘭、愛爾蘭、蘇格蘭、加拿大、芬蘭及馬來西亞) 的政府已經設定「全面禁煙」的終極目標 (吸煙人口下降至 5% 或以下)。故此，本港急需加強控煙措施，從而達成上述目標。

此外，再度流行的水煙及新興的電子煙和加熱非燃燒煙草已越來越吸引大眾 (特別是年輕人) 使用，部分人亦因這些產品聲稱較傳統捲煙安全或危害較少而被吸引使用。雖然電子煙及加熱非燃燒煙草被推廣為有效幫助戒煙的工具，但其實沒有實證支持，吸煙者應選擇有實證支持的方法及

使用免費戒煙服務。若這些產品被廣泛使用，可能會再次將吸煙普及化，更會鼓勵這些產品使用者轉吸可燃燒的捲煙。澳門自 2018 年 1 月已禁止銷售電子煙。香港政府至今仍未有推行禁止這些產品的計劃。若立法過程繼續拖延，將可能有更多人特別是年輕一代使用這些新興煙草產品。

控煙工作面臨新的挑戰，我們需要進行更多研究，以及持續監察，從而倡議可行政策及評估控煙措施的成效。香港吸煙與健康委員會定期進行具代表性的控煙政策調查 (下稱「調查」)，以橫斷面調查方式收集各類吸煙數據及公眾對控煙措施的意見。此調查自 2013 年起每年進行，而最近一次在 2017 年進行；自 2015 年起，每次調查都會訪問約 5,100 名受訪者，包括經過超取樣的現時吸煙者及已戒煙者。調查的結果為加強控煙措施提供有力證據，亦透過出版刊物及新聞發佈會形式，向公眾發佈結果以及倡議控煙政策。

本研究報告展示了 2017 年調查的重要結果，以引發討論及倡議嶄新的控煙政策。結果共分為 7 大部分：(1) 現時吸煙者的吸煙及戒煙特徵；(2) 吸入二手煙及三手煙的情況；(3) 對擴大禁煙區範圍的意見；(4) 對煙害圖象警示及煙草廣告的意見；(5) 公眾對增加煙草稅的支持度；(6) 對新興或再度流行煙草產品 (電子煙、加熱非燃燒煙草及水煙) 的認知、看法及使用情況；及 (7) 公眾對推行新控煙措施的支持度。

2. 方法

2.1 研究設計及受訪者

是次調查於 2017 年 4 月至 9 月期間，由香港大學民意研究計劃以電話和不記名形式進行。受過訓練的訪問員隨機抽取電話號碼，邀請 15 歲或以上、懂廣東話或普通話的人士接受訪問。受訪者按照吸煙狀況被分為三組：(1) 現時吸煙者（在調查時，每天或偶爾吸煙）；(2) 已戒煙者（過往曾吸煙，但現時已成功戒煙）及 (3) 從不吸煙者。電話訪問於平日及週末下午 2 時至晚上 10 時半進行，以覆蓋更多不同職業的受訪者。每個隨機抽取電話號碼會於不同時間及日子撥打，5 次嘗試後仍未能接觸受訪者的電話號碼會被歸類為「未能聯絡」。所有受訪者於接受電話訪問前均已提供口頭同意，並了解有權隨時退出研究而無須作出任何解釋。

2.2 抽樣方法及選取受訪者

受訪者是根據隨機抽取的住宅電話號碼選出。研究員先從住宅電話簿中隨機抽取電話號碼並成為種子號碼，再由電腦根據種子號碼使用「加 / 減 1/2」的方法以涵蓋未收錄於電話簿中的號碼。重覆的電話號碼會被篩除，其餘的號碼則以隨機次序打出。當成功接觸到一個目標住戶後，運用「下一個生日」的方法，從所有合資格的在場家庭成員中選出一位接受訪問。

2.3 問卷設計

在 2017 年調查所使用的問卷是根據 2016 年的調查問卷作出修改。與 2013、2014、2015 及 2016 年設計一樣，問卷包括核心問題及隨機問題。核心問題會由所有受訪者作答，包括性別、年齡、教育程度、家庭每月收入、就業情況、吸入二手煙的情況及電子煙和加熱非燃燒煙草的使用情況。所有現時吸煙者會被問到每日吸煙數量、戒煙意欲及起床後吸第一口煙的時間。隨機問題是設計予隨機子集的受訪者，並可針對特定的吸煙者組別。隨機問題包括煙包煙害圖象警示、煙草產品陳列、對不同控煙措施的支持度及水煙的使用情況。

2.4 權重及統計分析

2017 年調查共有 5,131 位受訪者，包括 1,712 位從不吸煙者、1,715 位已戒煙者及 1,704 位現時吸煙者。為抵銷在已戒煙者和現時吸煙者中的超取樣，以及增加樣本的代表性，收集到的整體樣本會根據 2017 年推算的香港人口的男女、年齡及吸煙狀況分佈進行加權處理。除非研究結果特別指明只包括特定組別的人口（例如在工作地方吸入二手煙的問題只針對在職的受訪人士），否則所有在結果部分顯示的百分比都是適用於整體人口的情況。

吸煙情況的變項採用單變量分析，類別變項採用卡方檢驗，以決定三個組別之間的差異是否具有統計學顯著意義。所有統計分析以 STATA (13.1 版本, TX: StataCorp LP) 進行，統計上的顯著性水平定為 $p < 0.05$ 。

3. 結果

3.1 現時吸煙者的吸煙及戒煙特徵

表一顯示現時吸煙者，於過去 7 日通常每日吸 5-14 支捲煙 (33.8%) 及 15-24 支捲煙 (30.6%)。約一半 (49.1%) 的現時吸煙者在起床後 30 分鐘內吸第一口煙。一半的現時吸煙者 (50.6%) 沒有計劃戒煙，但仍有 19.2% 的受訪者表示他們計劃在 6 個月內戒煙，餘下的 27.8% 受訪者計劃在 6 個月後才戒煙或待定。只有 13.3% 及 26.7% 的現時吸煙者表示曾經分別使用戒煙服務及戒煙產品。

3.2 吸入二手煙及三手煙的情況

有十分之一 (9.9%) 的受訪者表示過去 7 日曾在家中吸入二手煙，而現時吸煙者 (18.8%) 比從不吸煙者 (9.2%) 及已戒煙者 (5.1%) 更容易吸入二手煙 ($p < 0.01$) (圖一)。更有多一倍受訪者 (22.3%) 表示他們曾在過去 7 日在家中吸入由屋外飄入的二手煙。四分之一 (25.4%) 的在職受訪者表示他們曾在過去 7 日在工作場所吸入二手煙，而現時吸煙者錄得的數字 (54.5%) 更多達兩倍。三分之二 (68.6%) 的受訪者表示曾在過去 7 日在公眾地方吸入二手煙；大約 13.3% 表示曾在過去 7 日在家中吸入三手煙。

表一：現時吸煙者的吸煙及戒煙的特徵（按性別劃分）

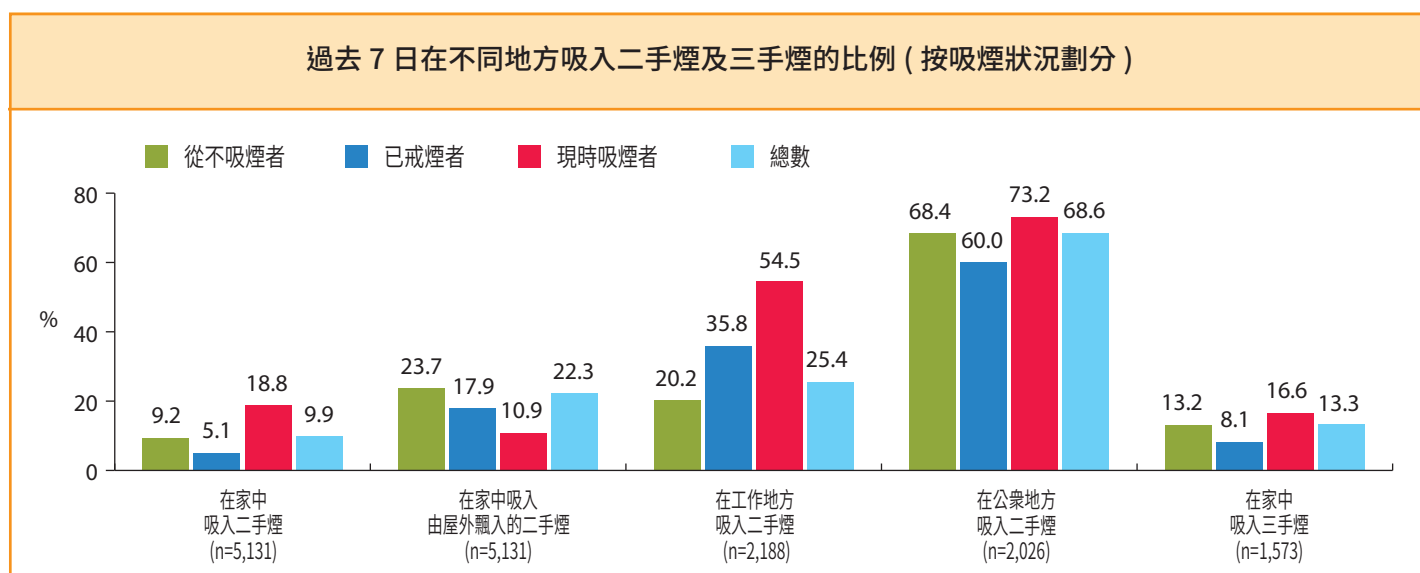
	男性	女性	總數
	%	%	%
過去 7 日每日吸食捲煙數量	(n=1,429)	(n=275)	(n=1,704)
沒有吸食	9.5	11.0	9.8
1-4 支	12.1	13.8	12.4
5-14 支	32.9	38.6	33.8
15-24 支	31.7	25.0	30.6
25 支或以上	5.4	3.8	5.2
不知道 / 拒答	8.3	7.7	8.2
平均值 (標準差)	13.2 (8.6)	11.4 (7.4)	12.9 (8.4)
起床後吸第一口煙的時間	(n=1,429)	(n=275)	(n=1,704)
5 分鐘或以下	22.2	27.2	23.0
6-30 分鐘	25.6	28.4	26.1
31-60 分鐘	11.8	10.3	11.5
60 分鐘以上	29.6	25.5	29.0
不知道 / 拒答	10.8	8.6	10.5
有沒有計劃戒煙？	(n=1,429)	(n=275)	(n=1,704)
有，在 6 個月之內	19.8	15.9	19.2
有，在 6 個月之後或待定	27.0	31.7	27.8
沒有	50.7	50.0	50.6
不知道 / 拒答	2.4	2.5	2.4
曾否使用戒煙服務？	(n=469)	(n=88)	(n=557)
有	13.3	13.5	13.3
沒有	83.4	85.7	83.8
不知道 / 拒答	3.4	0.8	3.0
曾否使用戒煙產品？	(n=469)	(n=88)	(n=557)
有	25.1	32.2	26.7
沒有	74.9	67.8	73.3

樣本數 (n) 為實際受訪人數；所有百分比根據 2017 年香港現時吸煙者的年齡及性別分佈加權處理。

3.3 對於擴大禁煙範圍的意見

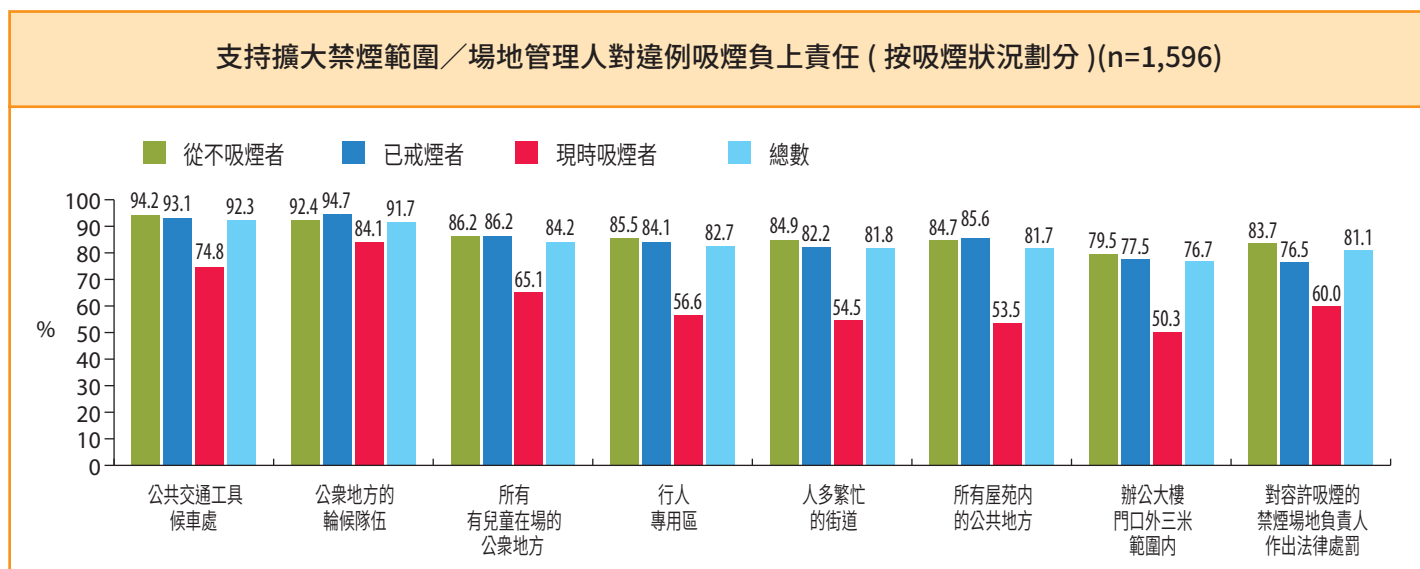
逾四分之三的受訪者支持將更多地方劃為禁煙區，包括公共交通工具候車處 (92.3%)、公眾地方的輪候隊伍 (91.7%)、所有有兒童在場的公眾地方 (84.2%)、行人專用區 (82.7%)、人多繁忙的街道 (81.8%)、所有屋苑內的公共地方 (81.7%) 及辦公大樓入口外三米範圍內 (76.7%) (圖二)。雖然現時吸煙者支持各項措施的比例較從不吸煙者及已戒煙者為低 ($p < 0.01$)，但所有措施都得到逾半現時吸煙者的支持。

圖一



在工作地方吸入二手煙的結果只包括在職的受訪者。樣本數 (n) 為實際受訪人數；所有百分比根據 2017 年香港人口的年齡、性別及吸煙狀況分佈加權處理。

圖二



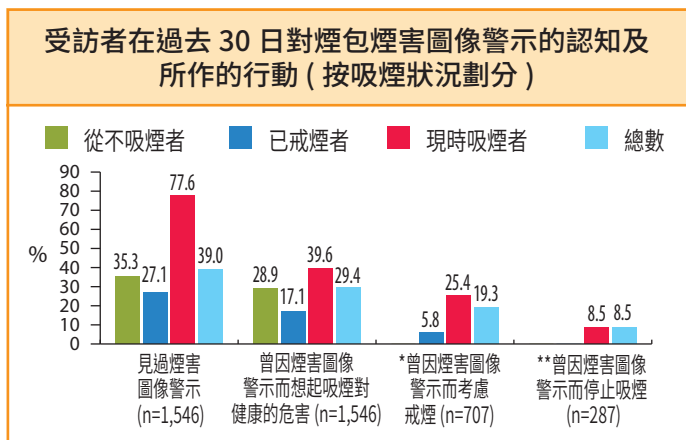
樣本數 (n) 為實際受訪人數；所有百分比根據 2017 年香港人口的年齡、性別及吸煙狀況分佈加權處理。

此外，絕大多數受訪者 (81.1%) (包括 60.0% 的現時吸煙者) 認為場地管理人應對其管轄範圍內的違例吸煙行為負上責任。

3.4 對煙害圖象警示及煙草廣告的意見

圖三顯示 77.6% 的現時吸煙者表示曾在過去 30 日見過煙包上的煙害圖象警示。39.6% 的現時吸煙者曾因煙包煙害圖象警示而想起吸煙對健康的危害。25.4% 的現時吸煙者曾因煙包煙害圖象警示而考慮戒煙。大概 8.5% 的現時吸煙者曾因這些警示而停止吸煙。

圖三



* 只包括已戒煙者及現時吸煙者

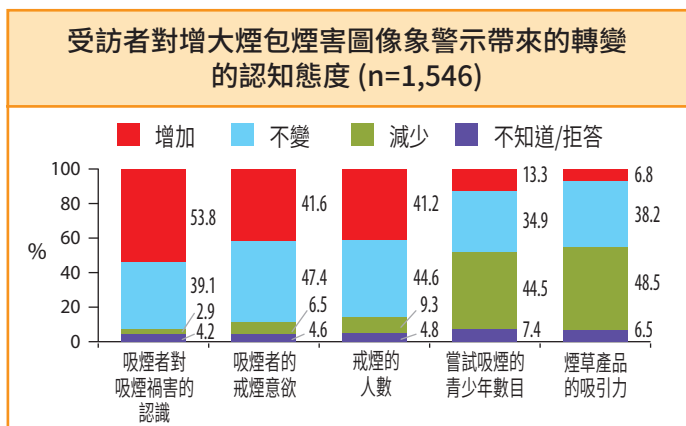
** 只包括現時吸煙者。

樣本數 (n) 為實際受訪人數；所有百分比根據 2017 年香港人口的年齡、性別及吸煙狀況分佈加權處理。

圖四顯示，若煙害圖像警示增大，超過 40% 受訪者認為會有下列正面影響，包括：吸煙者對吸煙禍害的認識會增加 (53.8%)、提高戒煙意欲 (41.6%)、增加戒煙人數 (41.2%)、減低嘗試吸煙的青少年數目 (44.5%) 及減低煙草產品的吸引力 (48.5%)。相比之下，認為產生正面影響的比例均比負面影響的比例 (介乎 2.9% 至 13.3%) 為高。

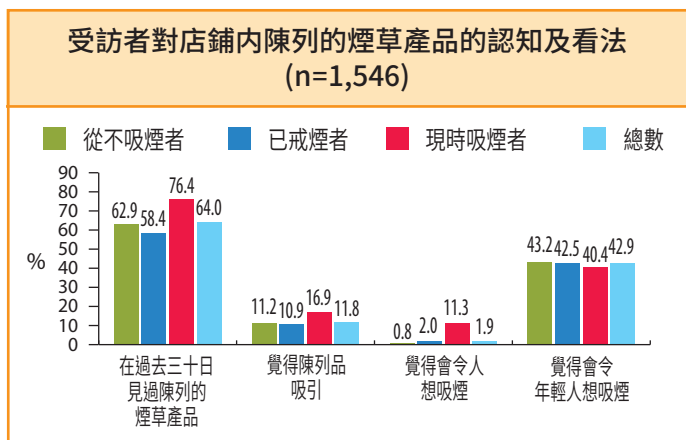
圖五顯示約三分之二 (64.0%) 的受訪者在過去三十日見過店舖內陳列的煙草產品，11.8% 的受訪者覺得這些陳列的煙草產品吸引，42.9% 的受訪者認為這些陳列的煙草產品會鼓勵年輕人吸煙。值得注意的是，11.3% 的現時吸煙者、2.0% 的已戒煙者及 0.8% 的從不吸煙者表示這些陳列的煙草產品令他們想吸煙。

圖四



樣本數 (n) 為實際受訪人數；所有百分比根據 2017 年香港人口的年齡、性別及吸煙狀況分佈加權處理。

圖五

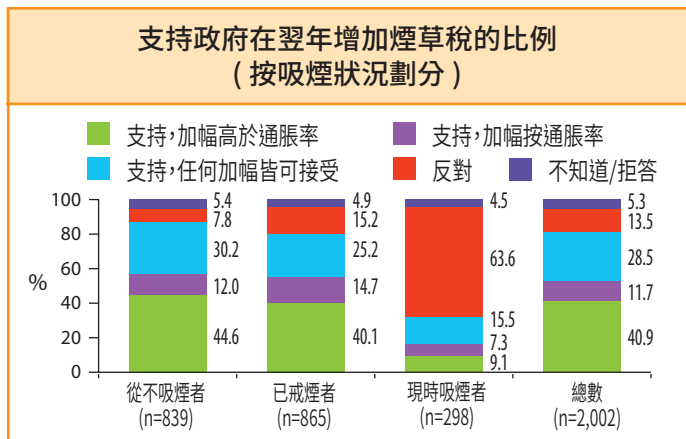


樣本數 (n) 為實際受訪人數；所有百分比根據 2017 年香港人口的年齡、性別及吸煙狀況分佈加權處理。

3.5 公眾對增加煙草稅的支持度

81.1% 的所有受訪者支持政府在翌年增加煙草稅，認為增加幅度應高於通脹率亦佔受訪者的 40.9%。31.9% 的現時吸煙者支持增加煙草稅 (圖六)。圖七顯示 71.0% 的受訪者支持政府每年增加煙草稅，認為每年增加幅度應該高於通脹率亦佔所有受訪者的 36.2%。約有四分之一 (24.3%) 的現時吸煙者支持每年增加煙草稅。

圖六



樣本數 (n) 為實際受訪人數；所有百分比根據 2017 年香港人口的年齡、性別及吸煙狀況分佈加權處理。

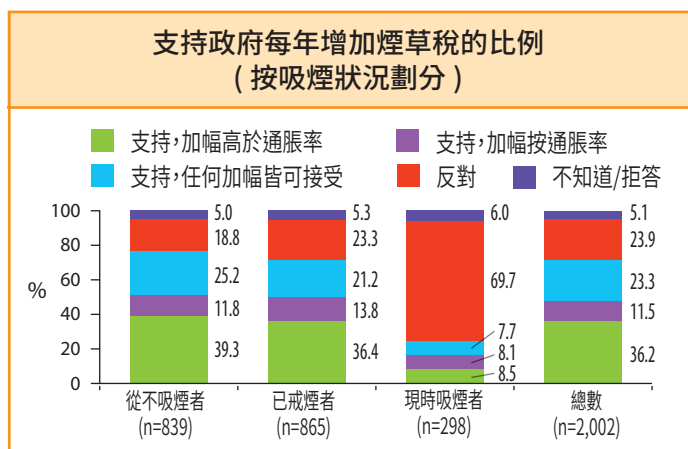
表二：現時吸煙者認為能促使他們減少每日吸煙量至少 50% 或戒煙的煙草零售價格（每包）（港元）（按性別劃分）

	男性 (n=248)	女性 (n=50)	總數 (n=298)
會因煙草零售價格增加而減少每日吸煙量至少一半 (%)	48.1	34.4	46.0
* 售價平均值	167.9	139.5	164.5
* 售價中位數	100	100	100
* 售價眾數	100	100	100
會因煙草零售價格增加而戒煙 (%)	47.3	46.2	47.1
* 售價平均值	325.9	174.6	302.3
* 售價中位數	100	100	100
* 售價眾數	100	100	100
會因煙草零售價格增加而減少吸煙或戒煙 (%)	58.2	60.3	58.5

* 只包括認為加煙草零售價格能促使他們減少每日吸煙量或戒煙的現時吸煙者。

樣本數 (n) 為實際受訪人數；所有百分比根據 2017 年香港現時吸煙者的年齡及性別分佈加權處理。

圖七



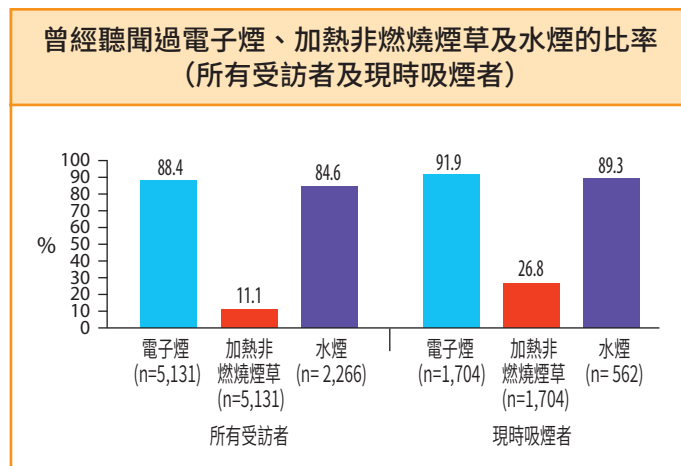
樣本數 (n) 為實際受訪人數；所有百分比根據 2017 年香港人口的年齡、性別及吸煙狀況分佈加權處理。

大約 58.5% 的現時吸煙者表示，若煙草零售價增加，他們會減少每日吸煙量至少一半或戒煙。促使現時吸煙者減少每日吸煙量至少一半的煙草零售價平均值及中位數分別為港幣 164.5 元及港幣 100 元；促使現時吸煙者戒煙的煙草零售價平均值及中位數分別為港幣 302.3 元及港幣 100 元（表二）。

3.6 對新興或再度流行煙草產品（電子煙、加熱非燃燒煙草及水煙）的認知、看法及使用情況

圖八顯示 88.4% 的所有受訪者及 91.9% 的現時吸煙者曾經聽聞過電子煙。約 84.6% 的受訪者及 89.3% 的現時吸煙者曾經聽聞水煙。只有 11.1% 的所有受訪者及 26.8% 的現時吸煙者曾經聽聞加熱非燃燒煙草。

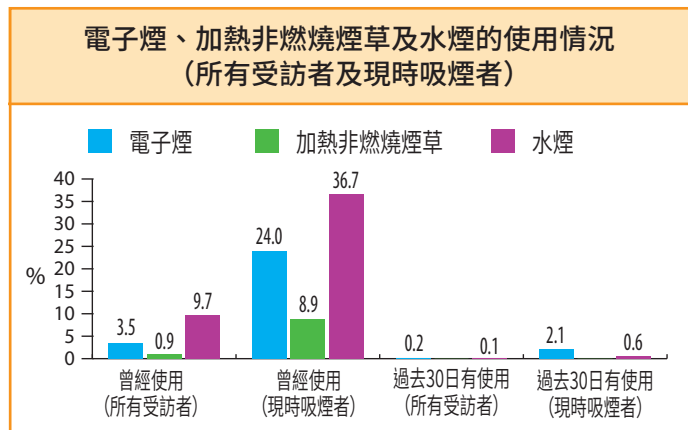
圖八



樣本數 (n) 為實際受訪人數；所有百分比根據 2017 年香港人口的年齡、性別及吸煙狀況分佈加權處理。

在所有受訪者中，分別只有 3.5%、0.9% 及 9.7% 曾經使用電子煙、加熱非燃燒煙草及水煙（圖九）。在現時吸煙者中，曾經使用該三樣產品的比率分別為 24.0%、8.9% 及 36.7%。在所有受訪者中，過去 30 日有使用電子煙及水煙的比率分別為 0.2% 及 0.1%。現時吸煙者在該兩項的比率分別為 2.1% 及 0.6%。

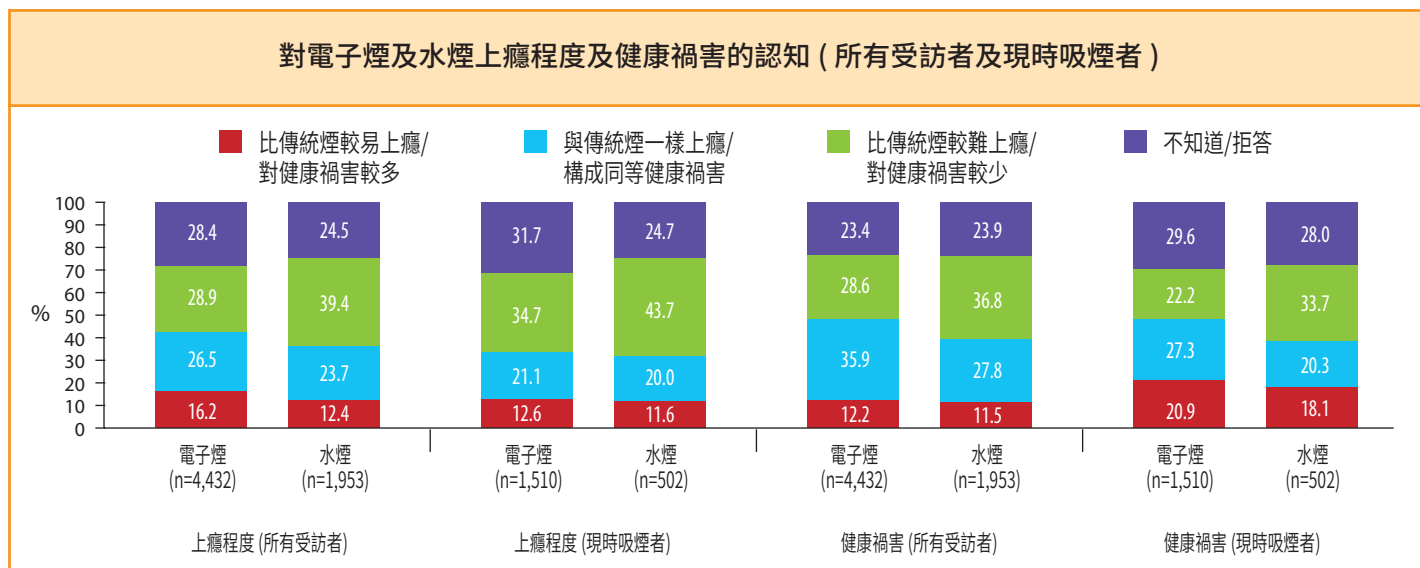
圖九



“過去 30 日使用”的問題並沒有包括在加熱非燃燒煙草組別。所有 5,131 位受訪者（包括 1,704 位現時吸煙者）回答有關“曾經使用電子煙”、“過去 30 日有使用電子煙”及“曾經使用加熱非燃燒煙草”的問題。隨機子集的 2,266 位受訪者（包括 562 位現時吸煙者）回答有關“曾經使用”及“過去 30 日有使用水煙”的問題。樣本數 (n) 為實際受訪人數；所有百分比根據 2017 年香港人口的年齡、性別及吸煙狀況分佈加權處理。

圖十顯示 28.9% 的所有受訪者及 34.7% 的現時吸煙者認為電子煙比傳統捲煙較低成癮性；約 39.4% 的所有受訪者及 43.7% 的現時吸煙者認為水煙比傳統捲煙有較低的成癮性。大約 28.4% 的所有受訪者及 31.7% 的現時吸煙者並

圖十



數據只包括曾聽聞電子煙及水煙受訪者。樣本數 (n) 為實際受訪人數；所有百分比根據 2017 年香港人口的年齡、性別及吸煙狀況分佈加權處理。

不知道使用電子煙的上癮程度；大約四分之一的所有受訪者 (24.5%) 及現時吸煙者 (24.7%) 不知道使用水煙的上癮程度。

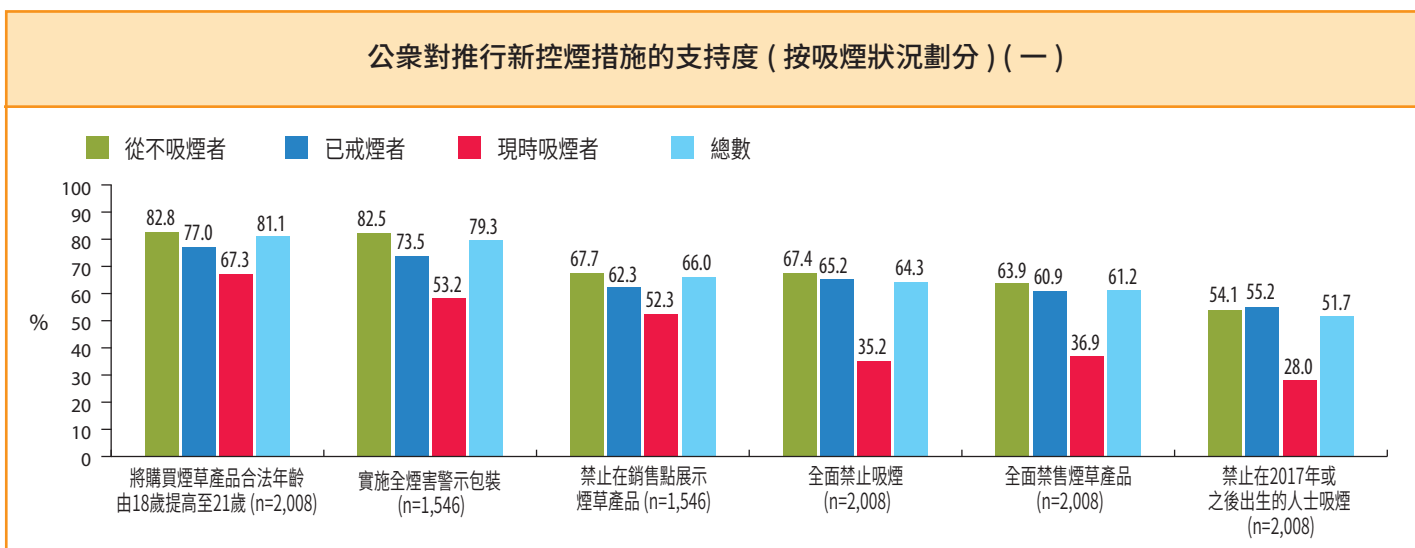
約 28.6% 的所有受訪者及 22.2% 的現時吸煙者覺得電子煙比傳統捲煙對健康的禍害較少。約三分之一的所有受訪者 (36.8%) 及現時吸煙者 (33.7%) 覺得水煙比傳統捲煙對健康的禍害較少。大約四分之一的所有受訪者 (23.4%) 及 29.6% 的現時吸煙者不知道使用電子煙對健康的禍害。約 23.9% 的所有受訪者及 28.0% 的現時吸煙者不知道使用水煙對健康的禍害。

3.7 公眾對推行新控煙措施的支持度

圖十一顯示所有受訪者中，支持將購買煙草產品的合法年齡由 18 歲提高至 21 歲 (81.1%) 的百分比最高，緊隨其後是全煙害警示包裝 (79.3%)、禁止在銷售點展示煙草產品 (66.0%)、全面禁止吸煙 (64.3%)、全面禁售煙草產品 (61.2%) 及支持禁止在 2017 年或之後出生的人士吸煙 (51.7%)。按吸煙狀況劃分，各項措施的支持度最高是從不吸煙者，其後是已戒煙者及現時吸煙者。

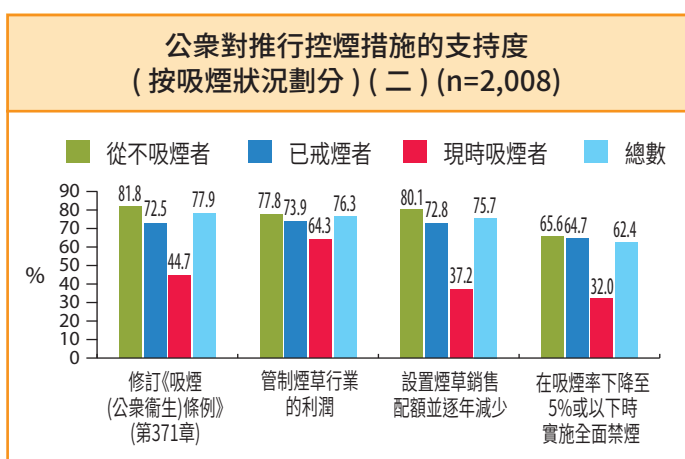
圖十二顯示大部分受訪者支持政府修訂《吸煙（公眾衛生）條例》（第 371 章）(77.9%)、政府管制煙草業的利潤 (76.3%)、設置煙草銷售配額並逐年減少 (75.7%) 及在吸煙率下降至 5% 或以下時實施全面禁煙 (62.4%)。至少三分之一的現時吸煙者支持上述措施。

圖十一



數據只包括曾聽聞電子煙及水煙受訪者。樣本數 (n) 為實際受訪人數；所有百分比根據 2017 年香港人口的年齡、性別及吸煙狀況分佈加權處理。

圖十二



樣本數 (n) 為實際受訪人數；所有百分比根據 2017 年香港人口的年齡、性別及吸煙狀況分佈加權處理。

4. 討論

2017 年調查顯示每日平均吸煙數量的結果與政府的主題性住戶統計調查吻合 (分別為 12.9 及 12.4)，調查亦發現大約四分之一的現時吸煙者有非常高的尼古丁依賴程度 (起床後 5 分鐘內吸第一口煙)。是次調查顯示大約一半的現時吸煙者 (50.6%) 沒有計劃戒煙。大約 28% 的現時吸煙者表示希望戒煙，但卻沒有決定戒煙日期。由於這些受訪者歸類為「有，在 6 個月之後或待定」，故有意戒煙人士的比例或會被高估。由於現時吸煙者的戒煙意欲較低，導致戒煙服務及產品的使用率偏低 (分別為 13.3% 及 26.7%)。政府宜投放更多資源，宣傳戒煙服務，並提高戒煙服務的使用率。

香港人口密集，不少市民居住在分成多個單位的高樓大廈內，所以在家中吸入由屋外飄入的二手煙 (22.3%)、在工作地點吸入二手煙 (25.4%) 及在公眾地方吸入二手煙 (68.6%) 的情況仍然普遍。現行的控煙法例尚未足以保障非吸煙者免在家中及公眾地方吸入二手煙。同時，是次調查反映公眾非常支持把禁煙範圍擴大至公共交通工具候車處、行人專用區、人多繁忙的街道、辦公大樓入口外等地點。這些結果凸顯公眾的強烈訴求。因此，我們促請香港特別行政區政府加快步伐，擴大法定禁煙區範圍。

增加煙草稅是減少吸煙及減低吸煙帶來的社會經濟不平等的最有效方法^{3, 4}。我們的調查多次顯示公眾非常支持增加煙草稅。為鼓勵吸煙人士戒煙或減少吸煙，捲煙零售價的中位數應定為每包港幣 100 元，即大約為現時捲煙零售價 (港幣 57 元) 的兩倍，此價格亦較接近澳洲 (約港幣 154 元)、新西蘭 (約港幣 133 元)、挪威 (約港幣 103 元) 及英國 (約港幣 94 元) 的捲煙零售價。新西蘭、澳洲、英國及加拿大的安大略省政府現已實行長遠及持續按年增加煙草稅的計劃。因此，我們建議香港特別行政區政府在翌年大幅增加煙草稅 100%；長遠而言，亦要定期大幅增加煙草稅。

是次調查顯示兩種新興煙草產品 (電子煙及加熱非燃燒煙草) 及再度流行的水煙的普及程度。其中電子煙較廣為人知，大約四分之一的現時吸煙者曾經使用，但較少現時吸煙者長期使用。加熱非燃燒煙草仍尚未廣泛普及，只有大約 8.9% 的現時吸煙者曾經使用加熱非燃燒煙草。水煙與電子煙的公眾認知度相若，有 36.7% 的現時吸煙者曾經使用水煙。我們需要進一步按年齡及吸煙狀況分析關於這些煙

草產品的使用情況，將來需要更多樣本數量作分析。此外，我們亦須繼續監察使用加熱非燃燒煙草及水煙的趨勢。由於大部分受訪者認為這些新興煙草產品比傳統煙草產品對身體危害較少，又或者不清楚這些產品對身體的危害，所以我們認為政府有需要推行公眾教育，解釋使用這些煙草產品的禍害。由於這些煙草產品的使用率在美國和歐洲急速上升，為免情況失控，香港應引以為鑑，立即全面禁止這些產品。

全煙害警示包裝^{5, 6, 7}、禁止在銷售點陳列煙草產品^{8, 9, 10}及把購買煙草產品的合法年齡由 18 歲提高至 21 歲^{11, 12}已在其他國家實行，而且被證實有效減少吸煙者、已戒煙者及年青一代使用煙草產品。是次調查反映公眾強烈支持上述政策，尤其逾半數現時吸煙者亦都支持，故此政府及政策制定者不應屈服於煙草業界及相關組織的反對意見。

從幾方面都顯示香港應實施新的控煙措施。第一，香港已推行多方面的控煙措施及提供免費戒煙服務數十年，為推行更嚴格的控煙措施提供理想的基礎及環境。第二，香港的吸煙人口比率是全球已發展地區中最低，相比其他地區能更快達致全面禁煙（吸煙人口低至 5% 或以下）的目標。最後，是次調查顯示公眾非常支持這些創新控煙措施。香港特別行政區政府理應把握機會，實行更多更嚴格的控煙政策，實現政府在 2025 年將吸煙率降至 7.8% 的目標。

5. 研究局限

是次研究有數個局限。第一，「現時吸煙者」是指每天及偶爾吸煙的人士，而「已戒煙者」是指曾經每天及曾經偶爾吸煙的人士。然而，為方便進行是次研究，每天使用及偶爾使用的數字並沒有需要明確分辨。第二，所有資料均由電話訪問收集，訪問員未能透過面談核實受訪者的吸煙狀況。縱然如此，以電話訪問方式收集資料可確保以匿名方式收集資料，從而收集較可靠的數據。第三，是次進行的是一項具代表性的調查。透過追蹤研究或固定樣本調查去評估同一樣本在不同時段的變化為較理想的研究方法。

6. 總結

2017 年調查顯示公眾強烈支持加強現有控煙措施、禁止或管制新興煙草產品及實行創新控煙措施。香港若在未來數年將吸煙率降至單位數字，以及達成香港特別行政區政府及香港吸煙與健康委員會的目標，政府必須投放更多資源

於推廣戒煙的媒體宣傳，推行創新控煙措施，以及持續的監察及評估。將來的調查需要檢討控煙工作的成效，提供科學證據，以加強控煙措施及有效推行「全面禁煙」。

7. 鳴謝

我們感謝香港大學民意研究計劃進行此次電話訪問，並感謝所有參加此次調查的受訪者。我們感謝香港大學護理學院金志勇先生整理此份報告，亦感謝香港吸煙與健康委員會撥款和參與本調查的問卷設計。

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Report on Tobacco Control Policy-related Survey 2017

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1. Introduction

The prevalence of daily smoking in Hong Kong has reduced from 23.3% in 1982 to 10.0% in 2017, which is among the lowest in developed regions. Key tobacco control policies were implemented to increase tobacco tax, enlarge indoor and outdoor smoke-free areas, ban tobacco advertising, sponsorship and promotion, and adopt health warnings on cigarette packs. Pictorial health warnings must cover 85% of the cigarette packs by 21 June 2018 by law.

In December 2017, the Hong Kong Council on Smoking and Health (COSH) advocated for the tobacco endgame towards a smoke-free Hong Kong with a smoking prevalence target of 5% or below by 2027¹. In May 2018, the Hong Kong Special Administrative Region (HKSAR) Government launched “Towards 2025: Strategy and Action Plan to Prevent and Control NCD in Hong Kong” with a smoking prevalence target of 7.8% by 2025². However, the drop in smoking prevalence has been slow in recent years without major advances in control strategies. For instance, tobacco tax has not been raised for 4 years since the small increase of 11.7% in 2014. Seven countries have adopted plain packaging and many regions (including Macau) have banned tobacco displays in retail outlets. At least six jurisdictions (New Zealand, Ireland, Scotland, Canada, Finland and Malaysia) have already announced their endgame goal (smoking prevalence below 5%). Therefore, much stronger tobacco control measures are urgently needed for Hong Kong to reach the above smoking prevalence targets.

Moreover, the re-emerging waterpipe tobacco and novel products including e-cigarettes and heat-not-burn (HNB) tobacco, have already drawn much public interest especially

among young people and those being attracted by the assertion that these products are safer or less harmful than conventional cigarettes. E-cigarettes and HNB tobacco are also promoted as effective smoking cessation aids despite the lack of evidence. Smokers should use the proven effective means and free cessation services instead. Widespread use of these new products risks renormalizing tobacco smoking as users may eventually turn to combustible cigarettes. Macau has banned the sale of e-cigarettes since January 2018. The HKSAR Government has not yet introduced a plan to ban these products. Further delay would lead to increasing growth and use of these products particularly in young people.

New research is needed to tackle these new challenges, along with frequent monitoring to inform and evaluate the effectiveness of tobacco control policies. COSH commissioned the Tobacco Control Policy-related Survey (TCPS), a regular cross-sectional survey, to collect population representative information on smoking and public opinion on tobacco control. It was first conducted in 2013 and repeated yearly through 2017. Since 2015, each survey recruited around 5,100 respondents, with over sampling of smokers and ex-smokers. Results of TCPS have been used to advocate for introducing more tobacco control measures by the Government, and key findings were disseminated in publications and press conferences for tobacco control advocacy.

This report aims to show the key findings from TCPS 2017, and to invite more discussion and advocacy on new and innovative tobacco control policies. The findings are divided into 7 themes: (1) Smoking and quitting characteristics of

current smokers; (2) Exposure to secondhand and thirdhand smoke; (3) Opinions on extending no smoking area; (4) Opinions about health warnings and point-of-sale (POS) tobacco displays; (5) Public support for increasing tobacco tax; (6) Awareness, attitude and use of new or re-emerging tobacco products (e-cigarettes, HNB tobacco and waterpipe tobacco); and (7) Public support for new tobacco control measures.

2. Methods

2.1 Study design and participants

Anonymous computer-assisted telephone interviews based on a structured questionnaire were conducted by a survey agent (Public Opinion Programme, The University of Hong Kong) from April to September 2017. Respondents aged 15 years or above, speaking Cantonese or Putonghua, were recruited. They were divided into 3 groups: (a) current smokers who, at the time of the survey, consumed cigarettes daily or occasionally; (b) ex-smokers, who consumed cigarettes previously but did not smoke at the time of the survey; and (c) never smokers, who had never consumed cigarettes in their life time. Initial calls took place during 2:00pm to 10:30pm on weekdays and weekends to cover respondents of different occupations and working hours. Each randomly selected telephone number was called back 5 times, at different hours and days of the week, before it was considered as “non-contact”. All respondents provided oral consent before the interview began, and could withdraw from the study at any time without providing any reasons.

2.2 Sampling methods and respondent selection

Telephone numbers were randomly selected from residential telephone directories. To capture unlisted numbers, another set of numbers were generated by a computer programme using the “plus/minus one/two” method and appended to the sampling frame. When a telephone contact was successfully established with a target household, one eligible person was selected from all eligible family members who were at home at the time of interview, using the “next birthday” procedure.

2.3 Questionnaire development

The questionnaire used in TCPS 2017 was modified from that in the 2016 survey. Similar to the 2013, 2014, 2015 and 2016 surveys, the questionnaire included: (a) core questions; and (b) random questions. Sex, age, education level, monthly household income, employment status, exposure to secondhand smoke (SHS), and use of e-cigarettes and HNB tobacco products were core questions for all respondents. Daily cigarette consumption, intention to quit and time to first smoking after waking were core questions for all current

smokers. Random question sets were designed for random subsamples of respondents with certain smoking status. Questions on health warnings, POS tobacco displays, support for tobacco control measures, waterpipe tobacco smoking were covered in various random subsets.

2.4 Weighting and statistical analysis

TCPS 2017 recruited 5,131 respondents, including 1,712 never smokers, 1,715 ex-smokers and 1,704 current smokers. The whole sample was weighted against the projected age and sex distribution of the Hong Kong population and smoking status in 2017 to produce population representative estimates. Unless specified as estimation for specific population (e.g. SHS exposure in workplace in the respondents who were working), all percentages shown in the results section are the estimation for the general population.

Univariate analysis of variables of interest was conducted by smoking status. Chi-square test was used to examine differences by smoking status. Statistical significance was set at $p < 0.05$. Statistical analysis was conducted using STATA (Version 13.1, TX: StataCorp LP).

3. Results

3.1 Smoking and quitting characteristics of current smokers

Table 1 shows that current smokers most commonly smoked 5-14 (33.8%) and 15-24 (30.6%) cigarettes per day in the past 7 days. Nearly half of the current smokers (49.1%) consumed the first cigarette within 30 minutes after waking up. Half of the current smokers (50.6%) had no intention to quit but 19.2% planned to quit within the next 6 months and 27.8% after 6 months or some other time. Only 13.3% and 26.7% of current smokers reported ever using the smoking cessation services and smoking cessation products, respectively.

3.2 Exposure to secondhand and thirdhand smoke

One in ten (9.9%) respondents reported SHS exposure from inside home in past 7 days, which was more common in current smokers (18.8%) than never (9.2%) and ex-smokers (5.1%) ($p < 0.01$) (Figure 1). Twice as many respondents (22.3%) reported SHS exposure at home from outside in past 7 days. One-fourth of all working respondents (25.4%) reported SHS exposure at work in past 7 days, doubling to 54.5% in current smokers. Two-thirds (68.6%) of respondents reported SHS exposure at public areas in past 7 days. Thirdhand smoke exposure at home in past 7 days was reported by 13.3% of respondents.

Table 1. Smoking and quitting characteristics of current smokers by sex

	Male	Female	Total
	%	%	%
Daily cigarette consumption in past 7 days	(n=1,429)	(n=275)	(n=1,704)
No consumption	9.5	11.0	9.8
1-4 sticks	12.1	13.8	12.4
5-14 sticks	32.9	38.6	33.8
15-24 sticks	31.7	25.0	30.6
25+ sticks	5.4	3.8	5.2
DK/RTA	8.3	7.7	8.2
Mean (SD)	13.2 (8.6)	11.4 (7.4)	12.9 (8.4)
Time to first cigarette after waking	(n=1,429)	(n=275)	(n=1,704)
5 minutes or below	22.2	27.2	23.0
6-30 minutes	25.6	28.4	26.1
31-60 minutes	11.8	10.3	11.5
Over 60 minutes	29.6	25.5	29.0
DK/RTA	10.8	8.6	10.5
Intention to quit smoking	(n=1,429)	(n=275)	(n=1,704)
Yes, within 6 months	19.8	15.9	19.2
Yes, after 6 months or some other time	27.0	31.7	27.8
No	50.7	50.0	50.6
DK/RTA	2.4	2.5	2.4
Ever use of smoking cessation services	(n=469)	(n=88)	(n=557)
Yes	13.3	13.5	13.3
No	83.4	85.7	83.8
DK/RTA	3.4	0.8	3.0
Ever use of smoking cessation products	(n=469)	(n=88)	(n=557)
Yes	25.1	32.2	26.7
No	74.9	67.8	73.3

DK/RTA: Don't know or refused to answer. Sample sizes (n) refer to the actual number of respondents; Percentages were weighted, where appropriate, by age, and sex of current smokers in Hong Kong in 2017.

3.3 Opinions about extension of no smoking area

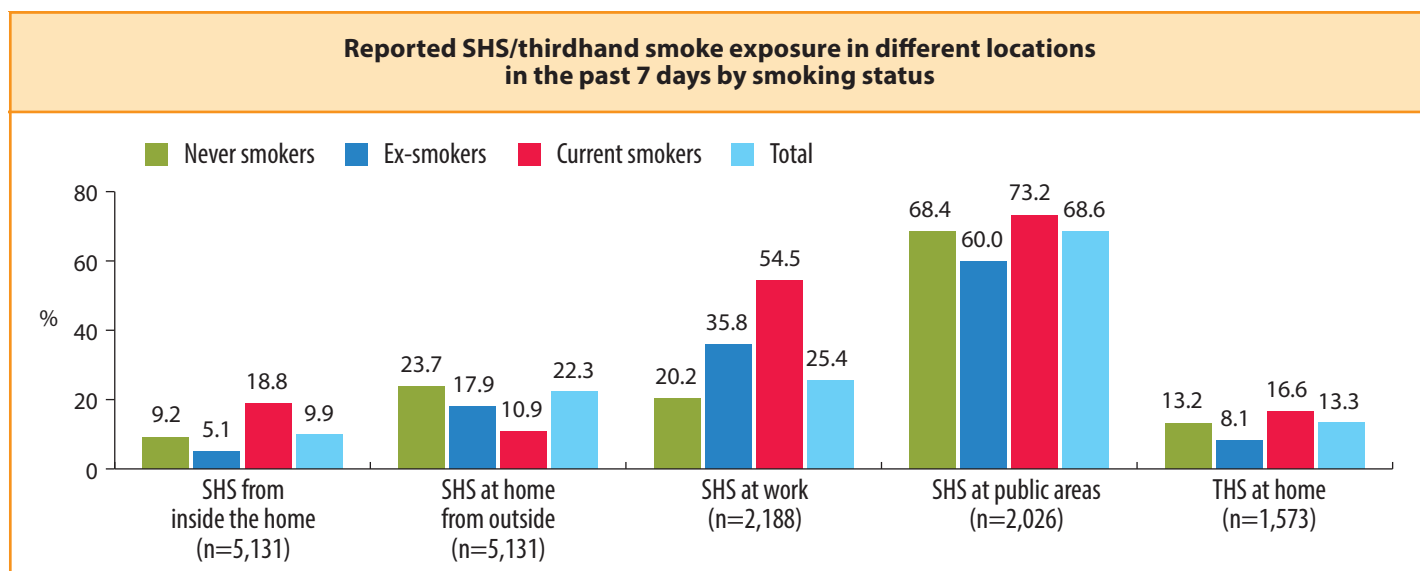
Over three-quarters of respondents supported designating various public places smoke-free, including all public transport stops (92.3%), queuing lines in public areas (91.7%), all public areas where children are present (84.2%), pedestrian walkways (82.7%), busy streets (81.8%), all common areas of residential areas (81.7%) and entrances of office buildings (within 3 meters) (76.7%) (Figure 2). Although the support by current smokers was lower than never and ex-smokers ($p < 0.01$), all measures were supported by more than half of current smokers. A vast majority (81.1%) of respondents,

including 60.0% of current smokers, supported to penalize the venue manager if smoking occurred in a designated no smoking area under their purview.

3.4 Opinions about health warnings and tobacco advertising

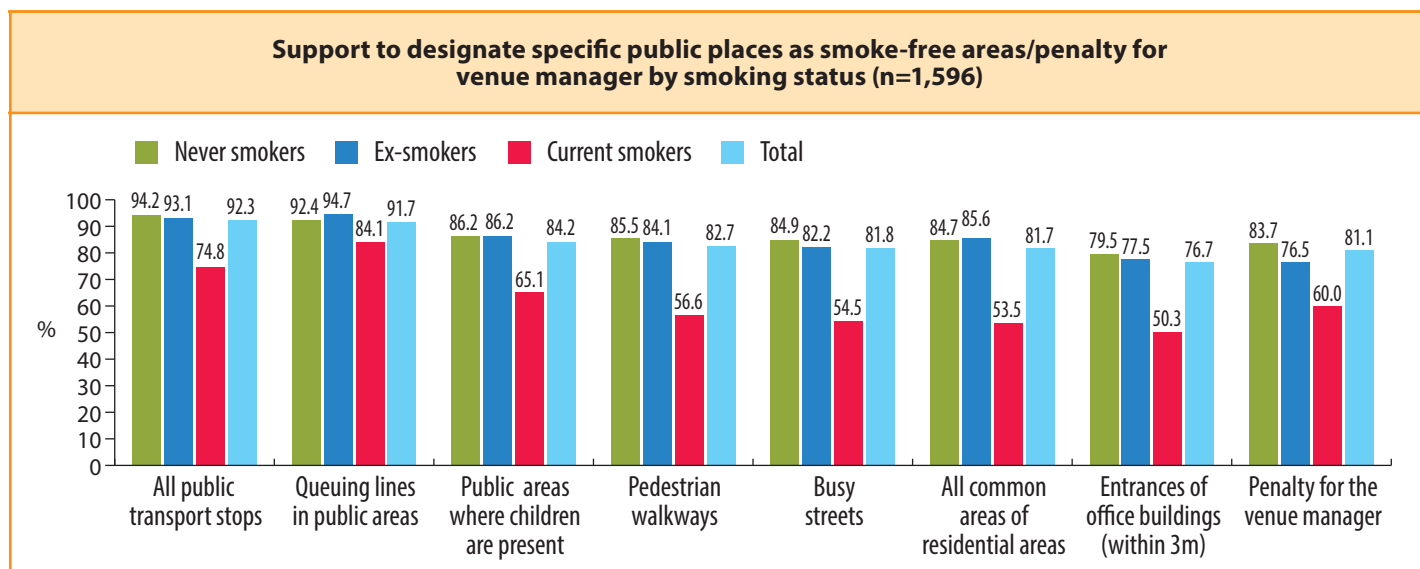
Figure 3 shows that among current smokers, 77.6% noticed the health warnings on cigarette packs in the past 30 days and as a result, 39.6% thought of the risks of smoking, 25.4% thought of quitting, and 8.5% smoked less.

Figure 1



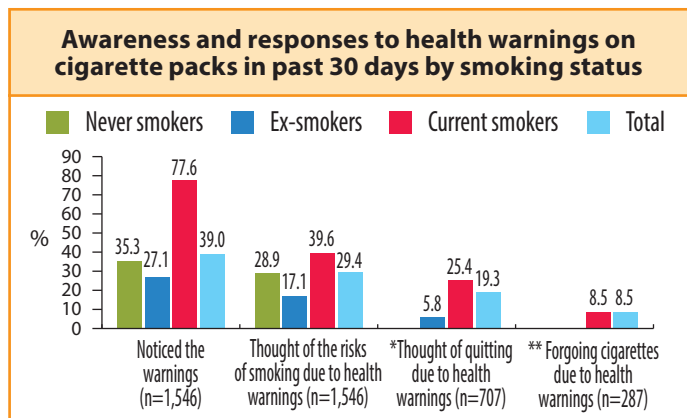
Proportion of SHS exposure at workplace were answered by the respondents who were working. Sample sizes (n) refer to the actual number of respondents. Percentages were weighted by age, sex and smoking status to the 2017 Hong Kong population.

Figure 2



Sample size (n) refers to the actual number of respondents. Percentages were weighted by age, sex and smoking status to the 2017 Hong Kong population.

Figure 3



*Ex- and current smokers only.

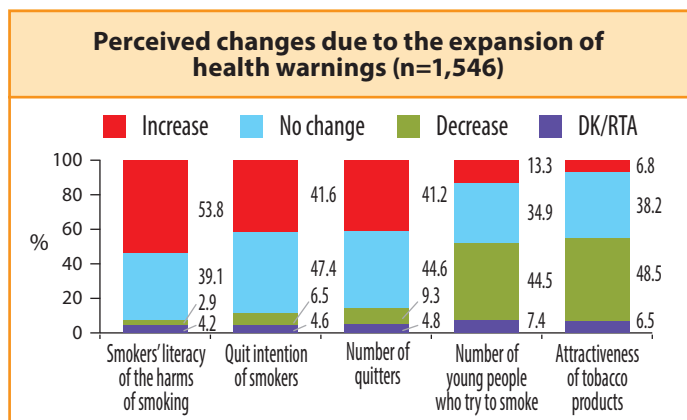
**Current smokers only.

Sample sizes (n) refer to the actual number of respondents. Percentages were weighted by age, sex and smoking status to the 2017 Hong Kong population.

Figure 4 shows that over 40% of respondents thought that enlarging the health warnings on cigarettes packs would bring favourable effects of increasing smokers' awareness on harms of smoking (53.8%), increasing smokers' intention to quit (41.6%), increasing the number of quitters (41.2%), reducing the number of young people who try to smoke (44.5%) and reducing the attractiveness of tobacco products (48.5%), which were much greater than those who expected unfavourable effects (2.9% to 13.3%).

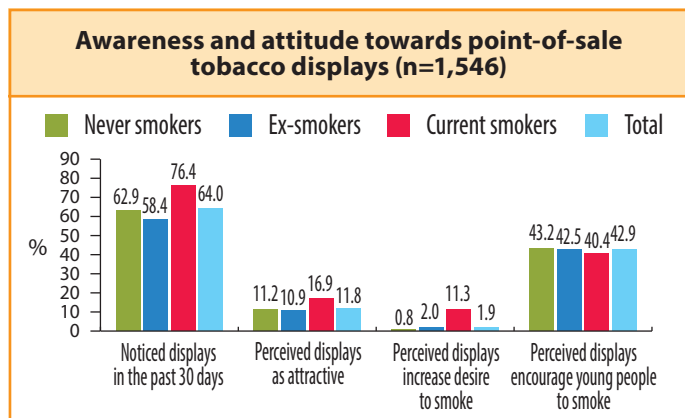
Figure 5 shows that two-thirds (64.0%) of all respondents had noticed POS tobacco displays in the past 30 days, 11.8% considered them attractive, and 42.9% thought such displays would encourage youth smoking. More importantly, 11.3% of current smokers, 2.0% of ex-smokers and 0.8% of never smokers reported that the displays had increased their desire to smoke.

Figure 4



DK/RTA: Don't know or refused to answer. Sample size (n) refers to the actual number of respondents. Percentages were weighted by age, sex and smoking status to the 2017 Hong Kong population.

Figure 5

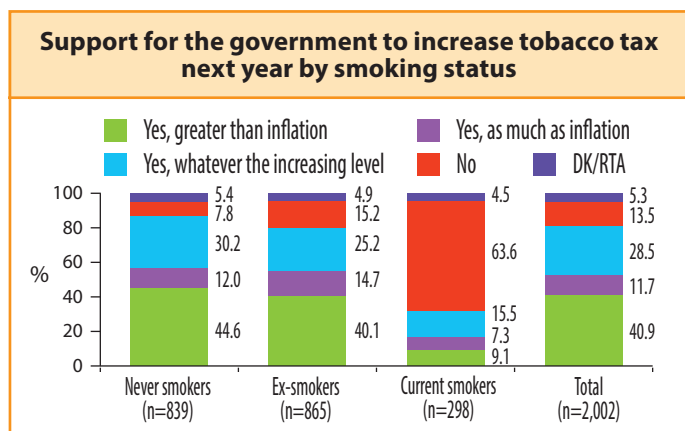


Sample size (n) refers to the actual number of respondents. Percentages were weighted by age, sex and smoking status to the 2017 Hong Kong population.

3.5 Support for tobacco tax increase

Of all respondents, 81.1% supported increasing tobacco tax next year, including 40.9% who thought the increase should be greater than inflation. Even 31.9% of current smokers supported an increase of tobacco tax (Figure 6). An annual increase in tobacco tax was supported by 71.0% of all respondents, including 36.2% who thought the increase should be greater than inflation. About one-quarter (24.3%) of current smokers supported an annual increase in tobacco tax (Figure 7).

Figure 6



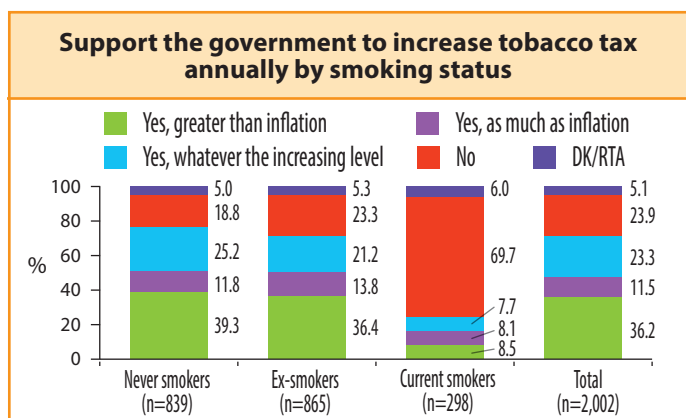
DK/RTA: Don't know or refused to answer. Sample sizes (n) refer to the actual number of respondents. Percentages were weighted by age, sex and smoking status to the 2017 Hong Kong population.

Table 2: The retail price (HK\$) of a pack of cigarettes that would make current smokers reduce the daily consumption (at least 50%) or quit smoking by sex

	Male (n=248)	Female (n=50)	Total (n=298)
Reduce daily consumption by at least 50% if price increases (%)	48.1	34.4	46.0
*Mean price	167.9	139.5	164.5
*Median price	100	100	100
*Modal price	100	100	100
Quit smoking if price increases (%)	47.3	46.2	47.1
*Mean price	325.9	174.6	302.3
*Median price	100	100	100
*Modal price	100	100	100
Either reduce or quit smoking if price increases (%)	58.2	60.3	58.5

*Only respondents who were current smokers and said they would reduce the daily consumption or quit smoking by an increase in price were included. Sample sizes (n) refer to the actual number of respondents; Percentages were weighted by age and sex of current smokers in Hong Kong in 2017

Figure 7



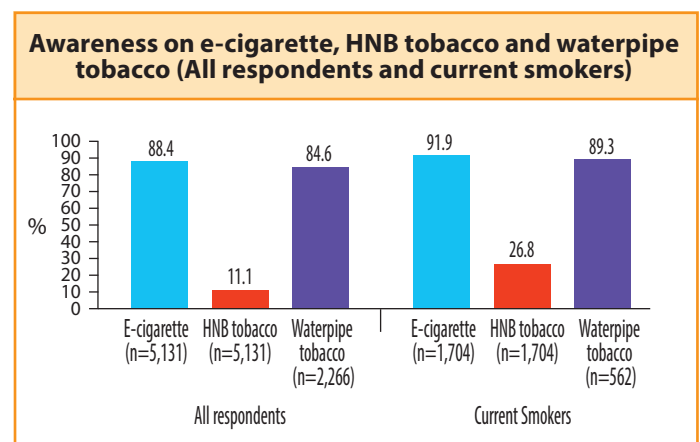
DK/RTA: Don't know or refused to answer. Sample sizes (n) refer to the actual number of respondents. Percentages were weighted by age, sex and smoking status to the 2017 Hong Kong population.

About 58.5% of current smokers would either reduce smoking by at least 50% or quit smoking if the retail price of cigarettes increases. The mean and median retail prices that would encourage them to reduce smoking by at least 50% was HK\$164.5 and HK\$100 respectively. The corresponding prices for motivating them to quit was HK\$302.3 and HK\$100 respectively (Table 2).

3.6 Awareness, attitude and use of new or re-emerging tobacco products (e-cigarettes, HNB tobacco and waterpipe tobacco)

Figure 8 shows that 88.4% of all respondents and 91.9% of current smokers had heard of e-cigarettes. Similarly, waterpipe tobacco was heard by 84.6% of all respondents and 89.3% of current smokers. HNB tobacco, by contrast, was heard by only 11.1% of all respondents and 26.8% of current smokers.

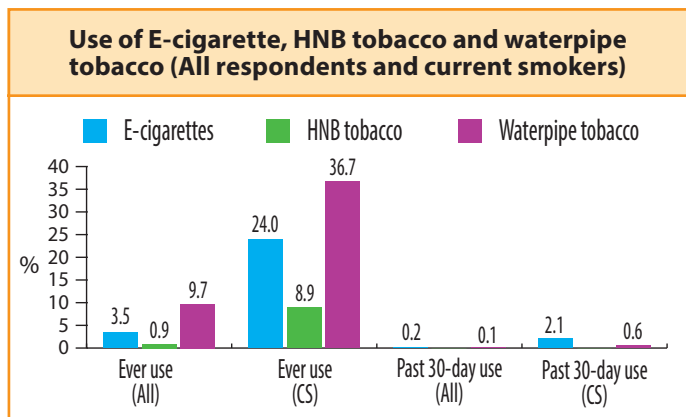
Figure 8



Sample sizes (n) refer to the actual number of respondents; Percentages were weighted by age, sex and smoking status to the 2017 Hong Kong population

In all respondents, only 3.5%, 0.9% and 9.7% had ever used e-cigarettes, HNB tobacco and waterpipe tobacco, respectively (Figure 9). In current smokers, the corresponding proportions were 24.0%, 8.9% and 36.7%. In all respondents, the prevalence of using e-cigarettes and waterpipe tobacco in past 30 days was 0.2% and 0.1% respectively. The corresponding proportions for current smokers were 2.1% and 0.6%.

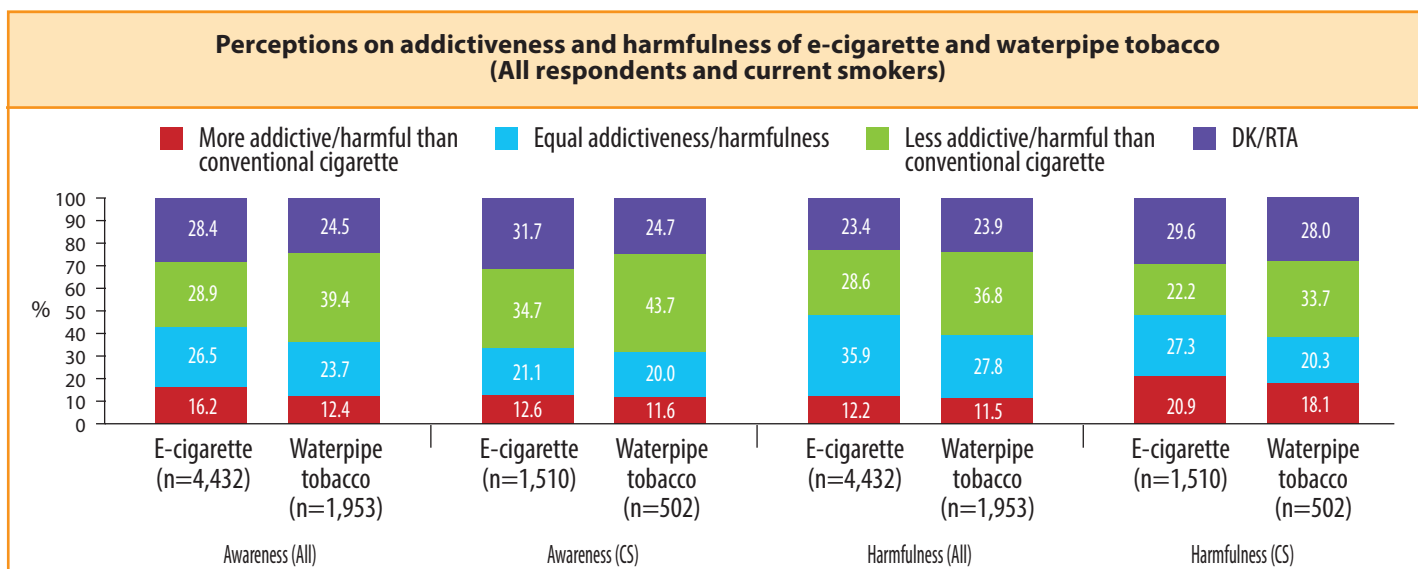
Figure 9



All: All respondents; CS: Current smokers. Use of HNB tobacco in past 30 days was not assessed in TCPS 2017. Ever use of e-cigarettes and HNB tobacco and use of e-cigarettes in past 30 days were answered by all the 5,131 respondents, including 1,704 current smokers. Ever use and use of waterpipe tobacco in past 30 days were reported by subset of 2,266 respondents, including 562 current smokers. Percentages were weighted by age, sex and smoking status to the 2017 Hong Kong population.

Figure 10 shows that 28.9% of all respondents and 34.7% of current smokers perceived e-cigarettes as less addictive than conventional cigarettes. The corresponding percentages for perceived addictiveness of waterpipe tobacco were 39.4% and

Figure 10



All: All respondents; CS: Current smokers; DK/RTA: Don't know or refused to answer. Only respondents who heard of e-cigarettes or waterpipe tobacco were included. Sample sizes (n) refer to the actual number of respondents; Percentages were weighted by age, sex and smoking status to the 2017 Hong Kong population.

43.7%. About 28.4% of all respondents and 31.7% of current smokers did not know the addictiveness of e-cigarettes. Similarly, about one-fourth of all respondents (24.5%) and current smokers (24.7%) did not know the addictiveness of waterpipe tobacco.

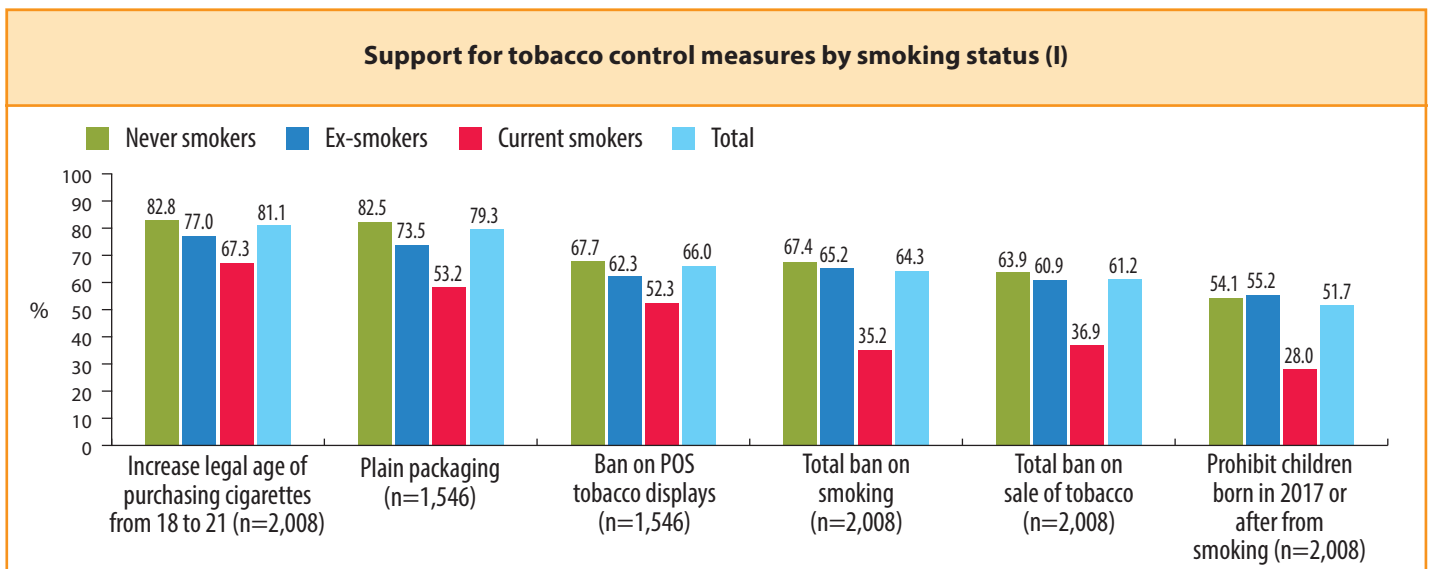
About 28.6% of all respondents and 22.2% of current smokers perceived e-cigarettes as less harmful than conventional cigarettes. About one-third of all respondents (36.8%) and current smokers (33.7%) perceived waterpipe tobacco as less harmful than conventional cigarettes. About one-fourth of all respondents (23.4%) and current smokers (29.6%) did not know the harmfulness of e-cigarettes. The corresponding results on harmfulness of waterpipe tobacco (All: 23.9% and CS: 28.0%) were similar.

3.7 Support for new tobacco control measures

Figure 11 shows that in all respondents, the most supported tobacco control measure was an increase in the legal age of purchasing cigarettes from 18 to 21 years (81.1%), followed by plain packaging (79.3%), a ban on POS tobacco displays (66.0%), a total ban on smoking (64.3%), a total ban on tobacco sale (61.2%), and to "prohibit children born in 2017 or after from smoking" (51.7%). Support was the greatest from never smokers, followed by ex-smokers and current smokers.

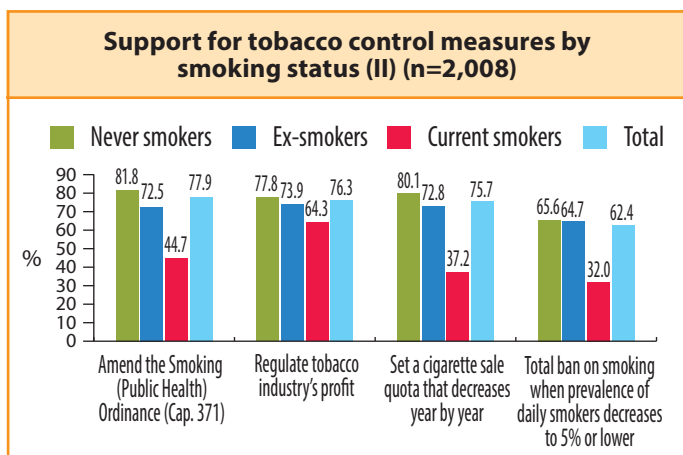
Figure 12 shows support of all respondents for amending the Smoking (Public Health) Ordinance (Cap. 371) (77.9%), regulating tobacco industry's profit (76.3%), setting a cigarette quota that decreases year by year (75.7%), and banning smoking when the smoking prevalence decreases to 5% or lower (62.4%). At least one-third of current smokers supported the above measures.

Figure 11



Sample sizes (n) refer to the actual number of respondents. Percentages were weighted by age, sex and smoking status to the 2017 Hong Kong population.

Figure 12



Sample size (n) refers to the actual number of respondents. Percentages were weighted by age, sex and smoking status to the 2017 Hong Kong population.

4. Discussion

TCPS 2017 showed consistent results with the government's Thematic Household Survey (THS) in mean daily cigarette consumption (TCPS: 12.9; THS: 12.4), and added that about one-fourth of the current smokers had strong nicotine dependence (time to the first smoking after waking up is within 5 minutes). Our TCPS showed that about half of current smokers (50.6%) had no intention to quit smoking. About 28% of them ambivalently expressed a wish to quit smoking but without a quit date. As they reported "Yes, after 6 months or some other time", the proportion of intending to quit may be inflated.

The low motivation to quit in current smokers is the main reason for the low utilization of smoking cessation service (13.3%) and products (26.7%). More resources for promoting smoking cessation and increasing the accessibility of the services are needed.

As Hong Kong is a densely populated area and most people live in multi-unit high-rise buildings, SHS exposure in homes from smoke drifted in from outside (22.3%), workplace (25.4%), and public areas (68.6%) is still common. The current smoke-free legislation is still insufficient to protect many non-smokers from SHS exposure in homes and many public areas. Meanwhile, our TCPS showed very strong public support for the extension of smoke-free areas in public transport stops, pedestrian walkways, busy streets, entrances of office buildings, etc. These findings highlight the urgent need and demand from a great majority of the public, and we strongly recommend the HKSAR Government to proceed quickly for further expansion of statutory no smoking areas.

Increasing tobacco tax is the most effective measure to reduce smoking and greatly reduce socioeconomic inequalities in smoking^{3,4}. Our TCPS over the years has repeatedly shown that public support for tax increase is very strong. To motivate smokers to quit or reduce smoking, the median retail price should be HK\$100, which means almost doubling the current price of around HK\$57 per pack, and is closer to the retail price in Australia (about HK\$154), New Zealand (about HK\$133), Norway (about HK\$103) and UK (about HK\$94). New Zealand, Australia, UK, and Canada (Ontario) have adopted a long-term and continuous plan to increase tobacco tax every year. Therefore, we strongly recommend the HKSAR Government to substantially increase tobacco tax by 100% next year, and adopt regular and substantial increases in tobacco tax in the long-run.

Our TCPS has demonstrated the different popularity in two new tobacco products: e-cigarettes and HNB tobacco, and re-emerging waterpipe tobacco. E-cigarettes have got a very high level of awareness, and had been ever used by about one-fourth of current smokers. However, very few habitually used it for a long time. HNB tobacco is at an earlier stage of popularity in Hong Kong. Only about 8.9% of current smokers had ever tried HNB tobacco. Waterpipe tobacco has similar awareness level as e-cigarettes and had been ever used by 36.7% of current smokers. Further breakdown of these figures by age and smoking characteristics would need studies of larger sample size. Also, the growing trend of using HNB and waterpipe tobacco should be monitored continuously. The majority of respondents perceived these products as less harmful than conventional cigarettes, or did not know clearly the harmfulness, suggesting the need for public education about the harms of these tobacco products. The prevalence of using these forms of tobacco has been increasing dramatically in the US and Europe. Hong Kong would follow and the problems would become out of control unless these products are prohibited promptly.

Plain packaging^{5, 6, 7}, banning POS tobacco displays^{8, 9, 10} and increasing the legal age of purchasing cigarettes from 18 to 21^{11, 12} are policies that have been implemented in other countries, and are effective to reduce tobacco use in smokers, ex-smokers and the younger generation. Our TCPS showed very strong public support for these new policies. Moreover, all these policies were supported by more than half of current smokers. The Government and policy makers should not yield to oppositions from the tobacco industry and related alliances in the legislation of these policies.

Several factors support Hong Kong to implement new tobacco control measures. First, a wide variety of tobacco control measures has been implemented and free smoking cessation services are available for decades. This forms a good foundation and environment for the implementation of more stringent policies. Second, it has one of the lowest smoking prevalence in the developed regions and hence is faster to achieve the endgame (<5% smoking prevalence) than other regions. Lastly, our TCPS has shown a strong support for those new strategies. The HKSAR Government should seize the opportunity to implement much more stringent tobacco control policies to achieve the Government's goal to lower the smoking prevalence to 7.8% by 2025.

5. Limitations

This study has several limitations. First, the term "current smokers" refers to both daily and occasional smokers and "ex-smokers" refers to ex-daily and ex-occasional smokers. Yet for the purposes of this survey, it was not necessary to distinguish between daily and occasional use. Second, all information was collected by telephone survey which did not allow face-to-face interaction with and verification of smoking status by the interviewer. However, this method can ensure anonymity and so might collect more truthful data.

Third, it was a cross-sectional survey. A cohort study or panel survey with longitudinal data would be better in measuring changes within the same individual over time.

6. Conclusions

TCPS 2017 findings showed very strong public support to strengthen the existing tobacco control measures, ban or regulate the new tobacco products and implement novel measures. Much more resources for the social marketing of smoking cessation, implementation of effective policies, and continuous monitoring and evaluations are needed to achieve a single digit smoking prevalence in the next few years, and to reach the HKSAR Government's and COSH's targets. Moreover, future TCPS should assess the effectiveness of the tobacco control efforts and provide scientific evidence to step up tobacco control measures towards the endgame and a smoke-free Hong Kong.

7. Acknowledgements

We thank the telephone interviewers and staff from the Public Opinion Programme of The University of Hong Kong for data collection and the respondents for participating in the survey. We also thank Mr Jackie KING (School of Nursing, The University of Hong Kong) for assisting the preparation of the survey, and COSH for providing funding and input to the questionnaire design of TCPS 2017.

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