



Join hands for a
SMOKE-FREE Hong Kong
攜手邁向無煙香港

香港吸煙與健康委員會

Hong Kong Council on Smoking and Health

Annual Report 2014 – 2015 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。

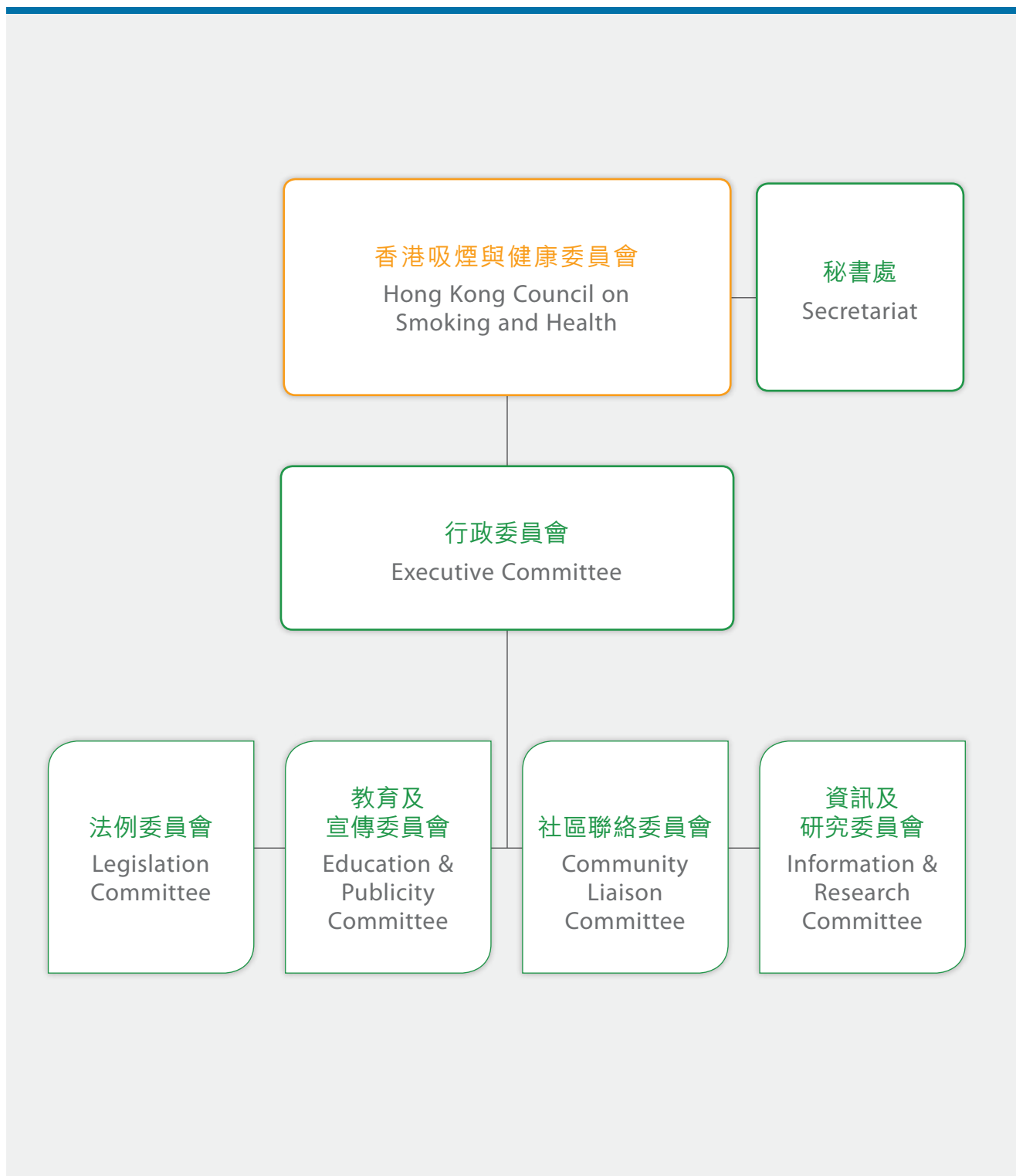
COSH was first established in 1987. It is a statutory body vested with functions, as set out in the "Hong Kong Council on Smoking and Health Ordinance" (Cap. 389), to protect and improve the health of the community by:

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 (2014年10月履職)	Chairman	Mr Antonio KWONG Cho-shing, MH (from October 2014)
副主席	伍婉婷女士 MH (2014年10月履職)	Vice-chairman	Ms Yolanda NG Yuen-ting, MH (from October 2014)
委員	陳志球教授 BBS 太平紳士	Member	Prof Johnnie CHAN Chi-kau, BBS, JP
	戴兆群醫生		Dr Daisy DAI Siu-kwan
	何靜瑩女士 (2014年10月履職)		Ms Ada HO Ching-ying (from October 2014)
	徐小曼女士 (2014年10月履職)		Ms HSU Siu-man (from October 2014)
	林崇綏博士		Dr Susie LUM Shun-sui
	麥耀光博士		Dr MAK Yiu-kwong
	彭芷君女士 (2014年10月履職)		Ms Gigi PANG Che-kwan (from October 2014)
	孫益華醫生		Dr David SUN Yee-wha
	唐少芬醫生		Dr Joyce TANG Shao-fen
	黃帆風先生 MH		Mr Jackson WONG Fan-foung, MH
	黃進達先生		Mr Jason WONG Chun-tat
	黃仰山教授 (2014年10月履職)		Prof Samuel WONG Yeung-shan (from October 2014)
	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
	斐博歷先生 (至2014年10月)		Mr Brett McEwan FREE (up to October 2014)
	吳綺媚女士 (2014年10月履職)		Ms Grace NG Yee-mei (from October 2014)
任期於 2014年9月 屆滿之委員	劉文文女士 BBS, MH 太平紳士	Outgoing members who served the Council for the year up to September 2014	Ms Lisa LAU Man-man, BBS, MH, JP
	陳宇齡先生		Mr Abraham CHAN Yu-ling
	周裔智先生		Mr Eugene CHAU Yui-chi

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	陳志球教授 BBS 太平紳士	Member	Prof Johnnie CHAN Chi-kau, BBS, JP
	黎潔廉醫生 太平紳士		Dr Cindy LAI Kit-lim, JP

教育及宣傳委員會 Education & Publicity Committee

主席	陳志球教授 BBS 太平紳士	Chairman	Prof Johnnie CHAN Chi-kau, BBS, JP
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
	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
	黃帆風先生 MH		Mr Jackson WONG Fan-foung, MH
	黃進達先生		Mr Jason WONG Chun-tat
	余榮輝先生 MH		Mr Christopher YU Wing-fai, MH
增選委員	周海傑先生	Co-opted member	Mr CHAU Hoi-kit
	葉蔭榮先生		Mr Stephen YIP Yam-wing

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
	陳志球教授 BBS 太平紳士		Prof Johnnie CHAN Chi-kau, BBS, JP
	麥耀光博士		Dr MAK Yiu-kwong
	孫益華醫生		Dr David SUN Yee-wha
	黃帆風先生 MH		Mr Jackson WONG Fan-foung, MH
	余榮輝先生 MH		Mr Christopher YU Wing-fai, MH
增選委員	周奕希先生 BBS 太平紳士	Co-opted member	Mr CHOW Yick-hay, BBS, JP
	馮秀炎女士		Ms Maureen FUNG Sau-yim
	李鏊發先生		Mr Herman LEE Yuk-fat
	吳鴻揮先生		Mr Myron NG Hung-fai

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	戴兆群醫生	Member	Dr Daisy DAI Siu-kwan
	麥耀光博士		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
	黃帆風先生 MH		Mr Jackson WONG Fan-foung, MH
	黃仰山教授		Prof Samuel WONG Yeung-shan
增選委員	何世賢博士	Co-opted member	Dr Daniel HO Sai-yin
	林大慶教授 BBS 太平紳士		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	陳志球教授 BBS 太平紳士	Member	Prof Johnnie CHAN Chi-kau, BBS, JP
	麥耀光博士		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
	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
	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
	黃宏醫生		Dr Christine WONG Wang

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，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. He is the Chairman of the Information & Research Committee and Legislation Committee, Vice-chairman of the Executive Committee and also 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 Councillor 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 member of the Education & Publicity Committee, Information & Research Committee and Legislation Committee.



委員 Member

陳志球教授BBS 太平紳士
Prof Johnnie CHAN
Chi-kau, BBS, JP

陳志球教授為醫療輔助隊副總監（行動），於2009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。

Prof Johnnie CHAN is the Deputy Commissioner (Operations) of Auxiliary Medical Service. He joined COSH in 2009 and is the Chairman of the Education & Publicity Committee and is a member of the Executive Committee, Community Liaison Committee and Legislation Committee.



委員 Member

戴兆群醫生
Dr Daisy DAI Siu-kwan

戴兆群醫生為前醫院管理局總行政經理（社區及基層健康服務），於2009年加入委員會，現為資訊及研究委員會委員。

Dr Daisy DAI is the ex-Chief Manager (Primary & Community Services) of Hospital Authority. She joined COSH in 2009 and is a member of the Information & Research Committee.



委員 Member

何靜瑩女士
Ms Ada HO Ching-ying

何靜瑩女士現職商人，並創辦了一所社會企業。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 a businesswoman and founded a social enterprise. She joined COSH in 2014 and is a member of the Education & Publicity 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

黎潔廉醫生現為衛生署副署長，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. She joined COSH as an ex-officio member in 2012 and is a member of the Executive Committee.



委員 Member

林崇綏博士
Dr Susie LUM Shun-sui

林崇綏博士現職臨時香港護理專科學院有限公司主席，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 President of The Provisional Hong Kong Academy of Nursing Limited. 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、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

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。

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.



委員 Member

孫益華醫生
Dr David SUN Yee-wha

孫益華醫生為牙科醫生，於2011年加入委員會，現為社區聯絡委員會委員。

Dr David SUN is a dentist. He joined COSH in 2011 and is a member of the Community Liaison 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

黃帆風先生 MH
Mr Jackson WONG
Fan-fung, MH

黃帆風先生現職商人，於2011年加入委員會，現為社區聯絡委員會、教育及宣傳委員會和資訊及研究委員會委員。

Mr Jackson WONG is a businessman. He joined COSH in 2011 and is a member of the Community Liaison Committee, Education & Publicity Committee and Information & Research Committee.



委員 Member

黃進達先生
Mr Jason WONG Chun-tat

黃進達先生現職商人，於2012年加入委員會，現為教育及宣傳委員會委員。

Mr Jason WONG is a businessman. He joined COSH in 2012 and is a member of the Education & Publicity 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，現為社區聯絡委員會、教育及宣傳委員會和法例委員會委員。

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





秘書處 Secretariat



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

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	陳慧芬女士	Project Manager	Ms Faine CHAN Wai-fan
	羅詠儀女士		Ms Dorothy LAW Wing-yi
	梁可欣女士		Ms Jacqueline LEUNG Ho-yan
	曾詠詩女士		Ms Wing TSANG Wing-sze
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	葉曉恩女士	Project Officer	Ms Lilian IP Hiu-yan
	呂蘊馨女士		Ms Christy LUI Wan-hing
	王志峰先生		Mr Fung WONG Chi-fung
	吳凱琪女士 (2014年10月履職)		Ms Kitty NG Hoi-ki (from October 2014)
項目籌劃主任	高靄琳女士 (至2014年5月)	Project Executive	Ms Koko KO Oi-lam (up to May 2014)
	黎彥妮女士 (至2015年3月)		Ms Christy LAI Yin-nei (up to March 2015)
教育幹事	余均達中醫師 (至2014年5月)	Educator	CMP, Mr Alex YU Kwan-tat (up to May 2014)
	古梅聲女士 (至2014年6月)		Ms Alice KU Mui-sing (up to June 2014)
	關婉芳女士		Ms KWAN Yuen-fong
	吳麗明女士		Ms NG Lai-ming
	鍾翠媛女士 (2014年7月履職)		Ms Irene CHUNG Tsui-woon (from July 2014)
行政助理	蘇敏皓女士 (至2014年9月)	Executive Assistant	Ms Pinky SO Man-ho (up to September 2014)
	丘瑾珉女士 (2014年11月履職)		Ms Fiona YAU Kan-man (from November 2014)
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

保障公眾健康一直是香港吸煙與健康委員會的首要任務。今年是我出任委員會主席的第一個年度，承接委員會、政府及社會各界過去多年於控煙方面的努力，委員會將繼續舉辦多元化的宣傳教育活動，向全港市民宣揚煙草的禍害，並鼓勵吸煙人士戒煙，同時積極向政府提供意見及倡議加強現行的控煙措施，以進一步降低吸煙率至單位數字，全力推動香港成為無煙城市。

Protecting the public health has always been a top priority for Hong Kong Council on Smoking and Health (COSH). This year is my first year being the Chairman of COSH. Following the achievements of tobacco control contributed by COSH, the Government and different sectors of the community in previous years, COSH will continue to organize diversified education and publicity programmes to raise public awareness on tobacco hazards and encourage smokers to quit smoking. COSH will also proactively advocate the Government for strengthening the tobacco control measures to further reduce the smoking prevalence to single digit. Let's strive 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《主題性住戶統計調查第53號報告書》，2012年香港每日吸煙人數佔全港15歲及以上人口的10.7%，相等於約645,000人，而當中近七成為30至59歲之人士。另外，雖然近年女性的吸煙率維持於百分之三至四，但女性每日吸煙人士數目卻呈上升趨勢。

有見及此，委員會於2014至2015年度針對這些群組，舉辦了多項嶄新的活動，並嘗試透過不同媒體及方式將無煙信息傳遞至社會每一角落，很高興有關工作獲得大眾的讚賞及認同。

其中以中年人士為對象的「藉口·實戒得甩」戒煙宣傳推廣計劃，運用社交網站平台、電視、電台、報章及雜誌等等，以輕鬆手法分享五位不同背景人士的勵志戒煙故事及心得，引起大眾的討論。委員會更推出為女性度身訂造的「清新女人魅」女性戒煙推廣計劃，有效地將無煙信息滲透至社會不同的層面。

According to the Thematic Household Survey Report No. 53 of the Census and Statistics Department, the prevalence of the daily cigarette smokers aged 15 or above in 2012 was 10.7% which is equivalent to around 645,000 smokers, and nearly 70% of them were aged 30 to 59. On the other hand, though the female smoking rate remained at around 3% to 4% in recent years, the number of female daily smokers increased.

In this regard, COSH tailor-made various innovative programmes in 2014 to 2015 targeting these smokers, as well as conveying the smoke-free messages to every corner of the society through different channels and media. We are glad that these programmes were extensively recognized by the public.

One of the examples is the publicity campaign targeting middle-aged smokers under the theme of "Quit smoking now! No excuse". The inspiring smoking cessation stories and tips of five successful quitters from different backgrounds were shared through social media, television, radio, newspaper and magazine that struck a chord with the public. Furthermore, the "Women Smoking Cessation Promotion Programme" was organized to penetrate the smoke-free messages to all levels of the society effectively.

此外，為延續社會上支持戒煙的氛圍，委員會再接再厲，聯同香港大學護理學院及公共衛生學院，舉辦第五屆「戒煙大贏家」無煙社區計劃，並再次得到18區區議會及地區服務團體的全力支持。透過在全港各區舉行數十場地區無煙宣傳活動，不但接觸超過30,000名市民，更成功招募逾1,000名吸煙人士下定決心戒煙。而「戒煙大贏家」得主更參與「藉口·實戒得甩」戒煙宣傳推廣計劃，分享其成功戒煙的經歷，鼓勵更多吸煙人士戒煙。

另一方面，委員會與本地卡通人物「麥兜」合作，舉辦以「錫住你 錫住我 不吸煙」為主題的活動，旨在呼籲全港市民關心身邊的吸煙人士，鼓勵他們為自己及家人的健康儘早戒煙，攜手建立無煙家庭及環境。當中以親子填色比賽反應最為熱烈，吸引逾400多間本地幼稚園及小學支持參與，共收到超過50,000份作品，成功將無煙信息傳遞至逾50,000個家庭。

委員會相信教育是控煙工作中的重要一環，必須預防兒童及青少年吸第一口煙。除了親子填色比賽外，委員會亦舉辦了學校互動教育巡迴劇場「開心大少的無煙魔法」、「無煙青少年大使領袖訓練計劃2014 – 15」，並於中小學及幼稚園舉辦「無煙新世代」健康教育講座，務求以不同形式的活動配合各發展階段的兒童及青少年。

COSH also collaborated with the School of Nursing and School of Public Health, The University of Hong Kong to roll out the 5th “Quit to Win” Smoke-free Community Campaign to maintain a supportive atmosphere towards smoking cessation. With the continuous support of the 18 District Councils and district organizations, a series of community-based promotion activities were launched across the territory reaching over 30,000 citizens and more than 1,000 smokers were recruited to join the smoking cessation contest. Winner of the contest was invited to participate in “Quit smoking now! No excuse” Publicity Campaign to share his successful experiences and motivate more smokers to kick the habit.

In addition, COSH partnered with local cartoon character “McDull” to launch the “Smoke-free Publicity Programme for World No Tobacco Day” for promoting the importance of a smoke-free family and encouraging the public to support their family and friends to quit smoking. The “Smoke-free Family Colouring Competition” received overwhelming response and attracted more than 50,000 entries from over 400 local kindergartens and primary schools. Smoke-free messages were successfully spread to over 50,000 families.

COSH believes that education is important for tobacco control and it is crucial to prevent children and youth from picking up their first cigarette. Apart from “Smoke-free Family Colouring Competition”, COSH organized School Interactive Education Theatre “Smoke-free Magic Boy”, “Smoke-free Youth Ambassador Leadership Training Programme 2014 – 15” and health talks for “Smoke-free New Generation” to match different development stages of children and teenagers.



《吸煙(公共衛生)條例》於1982年開始實施以來，政府、委員會及社會各界通力合作，透過多管齊下的方式包括立法、徵稅、宣傳、教育、執行法例及推廣戒煙等減低煙草的使用，成效顯著。惟上一次修訂有關控煙條例已是2006年，委員會認為實有需要進一步加強各方面的措施，遂收集市民意見及審視國際控煙趨勢後向政府提出建議。

委員會自2012年起每年均進行「控煙政策調查」，根據2014年的調查結果，發現受訪者認為捲煙價格平均增加至港幣106元一包(現時價格約為港幣55元)，方能有效推動吸煙人士戒煙，而國際煙草控制經濟學專家羅夏麗博士亦指出，香港市民的煙草產品可負擔能力偏高，煙草稅有提升的空間。因此，委員會於2015-16年財政預算案公佈前召開記者會，倡議政府大幅增加煙草稅百分之一百，使香港的吸煙率於一至兩年內下降至單位數字。雖然政府最後未有提高煙草稅，但有關報道於坊間引起不少迴響及關注。

Since the enactment of the Smoking (Public Health) Ordinance in 1982, the Government, COSH and various sectors of the community have worked diligently together to reduce the use of tobacco successfully through a multi-pronged approach including legislation, taxation, promotion, education, law enforcement and promotion of smoking cessation. As the last amendment on the Ordinance was in 2006, COSH advocated the Government for further strengthening the measures after collecting public opinions and analyzing the international trend in tobacco control.

COSH has conducted "Tobacco Control Policy-related Survey" annually since 2012. With reference to the Survey in 2014, the respondents commented that the cigarette retail price should be increased to HK\$106 per pack on average (current retail price is around HK\$55) to effectively motivate smokers to quit smoking. A world-renowned scholar, Dr Hana ROSS who conducted researches on the economics of tobacco control also pointed out that the affordability on tobacco products of Hong Kong smokers was quite high and there was room for increasing tobacco tax substantially. COSH held a press conference before the announcement of the 2015-16 Budget, in order to advocate the Government for raising the tobacco tax by 100% to lower the smoking prevalence in Hong Kong to single digit in one to two years. Although the tobacco tax was not raised, the related media coverage aroused public awareness on this issue.

調查又發現，大部分受訪者聽說過電子煙產品，而年輕人(15至29歲)使用電子煙的比率(4.4%)較30歲以上人士(1.0%)為高，使用電子煙的原因包括朋輩影響及認為電子煙很時髦、很新穎。現時香港電子煙產品種類繁多，營銷策略針對年輕人，潛在的健康風險不容忽視，而其成份、安全、銷售、推廣等多方面亦未有法例監管。

委員會促請政府儘快立法全面禁止電子煙，包括其銷售、宣傳推廣及贊助、分銷、進口及製造。委員會亦會加強宣傳及教育的工作，令市民認識電子煙對身體的危害，並進行有關電子煙的研究，以遏止電子煙風氣於香港普及，保障公眾健康。

另外，現時煙包上的煙害圖象警示已由2007年沿用至今，其威嚇性已減退，委員會亦於2015年3月去信政府，倡議推行「全煙害警示包裝」及使用更具威嚇性的圖象警示，以減少煙草使用及鼓勵戒煙。委員會同時建議政府增撥資源拓展戒煙服務，為決心戒煙人士提供適時服務。

The Survey also found that most of the respondents had heard of electronic cigarettes (e-cigarettes), while the rate of youngsters (aged 15 to 29) who had used e-cigarettes (4.4%) was higher than people aged 30 or above (1.0%). They cited various reasons that had caused them to try e-cigarettes, including peer influence and they thought e-cigarettes were modern and novel. A diverse range of e-cigarettes targeted at youngsters are available in Hong Kong. The potential health risks should not be underrated and its ingredients, safety, sales and promotion are not yet subject to any monitoring.

COSH has urged the Government to impose a total ban on the sales, advertising, promotion and sponsorship, distribution, importation and manufacturing of e-cigarettes in Hong Kong. In the meantime, COSH will spare no effort in educating the public on the health risks, as well as conducting research on e-cigarettes to prevent its epidemic in Hong Kong and further protect the public health.

Besides, the existing pictorial health warnings of cigarette pack have been used since 2007 and their deterring effect has faded. To reduce the use of tobacco and encourage smoking cessation, COSH sent a letter to the Government in March 2015 to advocate for adopting plain packaging of tobacco products and using more impactful pictures. COSH also advised the Government to increase resources on smoking cessation services.



為促進各地控煙工作經驗的交流，委員會主辦了「第七屆兩岸四地煙害防制交流研討會」，以「實踐MPOWER 履行《煙草控制框架公約》」為主題，吸引近200位來自中國大陸、香港、台灣及澳門的控煙工作者聚首一堂，就各地的控煙措施及成果進行研討，推動在控煙工作和公共衛生領域的合作。委員會亦安排與會者參觀本港第一所無煙懲教設施——「東頭懲教所」。

委員會於2014年獲得多個獎項，其中宣傳短片「煙、槍一樣，可以殺人。小心！」獲得「2015 TVB最受歡迎電視廣告大獎」的專業評審獎，而委員會網頁亦獲得「無障礙網頁嘉許計劃」三年卓越表現大獎。

本人藉此機會，特別向前任主席劉文文致謝，她擔任主席六載，對香港的控煙工作貢獻良多。此外，我必須多謝委員會各委員同心協力推動控煙，以及秘書處職員所付出的努力。另外，政府及社會各界人士亦投入了寶貴的時間及無限的力量，支持控煙工作，本人謹此致謝！展望未來，我們期望透過各界繼續共同努力，攜手建立無煙文化，將吸煙率進一步降低，早日實現無煙香港的目標。

To enhance the collaboration in tobacco control across the regions, COSH hosted the “7th Cross-strait Conference on Tobacco Control” under the theme of “MPOWER in Action, FCTC Implementation”. Around 200 tobacco control experts and professionals from mainland China, Hong Kong, Taiwan and Macau attended the Conference and shared their experiences and achievements to strengthen the force on curbing tobacco epidemic. Furthermore, the delegates were invited to visit Tung Tau Correctional Institution, the first “No Smoking Adult Correctional Facilities” in Hong Kong.

COSH received numerous recognitions in 2014. The API “Caution! Cigarettes are as Lethal as a Gun” won the Professional Selection Award in the “TVB Most Popular TV Commercial Awards 2015”, while COSH website received the Triple Gold Award of “Web Accessibility Recognition Scheme”.

I would like to express my deepest gratitude to COSH ex-Chairman, Lisa LAU, for her contribution to tobacco control works of Hong Kong during her six-year appointment term. Appreciations also go to COSH Council Members, secretariat, the Government and different sectors of the community for their efforts on tobacco control. With joint endeavors of various parties on promoting smoke-free culture, we hope that the smoking prevalence will further decrease and Hong Kong will become a smoke-free city in the near future.



Encourage Female Smokers to Quit
for Health and Beauty
鼓勵女性戒煙
重拾美麗健康人生



➤ 專題 Highlights

香港吸煙與健康委員會致力保障公眾健康，透過不同的宣傳及教育活動讓市民了解煙草禍害，並鼓勵吸煙人士戒除煙癮重拾健康。委員會一直密切留意香港的吸煙情況及趨勢，以針對不同群組人士推出度身訂造的計劃。有鑑於近年女性吸煙人數有所上升，委員會於2014至2015年度推出多個專為女士而設的活動，同時凝聚各界婦女團體的力量，務求將無煙信息傳遞到社區每一個角落，並動員家人及朋友支持吸煙女性儘早戒煙。

Hong Kong Council on Smoking and Health has been sparing no effort to protect the public health and motivate smokers to kick the habit through a variety of education and publicity programmes. Keeping abreast of the smoking trend in Hong Kong, tailor-made programmes have been launched for different sectors of the community. To combat the rise in number of female smokers in the territory, COSH organized a series of events in 2014 to 2015 with the support of women associations to convey smoke-free messages to every corner of the society and mobilize the wider public to encourage their smoking female family members and friends to quit.

根據政府統計處《主題性住戶統計調查第53號報告書》，香港的吸煙率現為10.7%，相當於約645,000人，男士及女士的吸煙率分別為19.1%及3.1%。雖然近年的女性吸煙率維持於百分之三至四，但女性每日吸煙人士數目卻呈上升趨勢，由1990年的低位56,100人上升至2012年的96,800人，增幅逾七成，當中以30至49歲的組別升幅最大(30至39歲由1990年的2.4%上升至2012年的6.5%；40至49歲由1.6%上升至4.2%)，而且有近六成女性吸煙者從未嘗試戒煙。



了解女性吸煙情況及特點

委員會早前委託香港大學護理學院及公共衛生學院，進行「香港女性吸煙調查」，以了解香港女性吸煙情況及特點。調查發現，本港女性開始及繼續吸煙的主要原因為情緒困擾及壓力，而《主題性住戶統計調查第53號報告書》亦指出女性因為「減壓需要」而導致戒煙失敗的比率較男性為高。吸煙危害健康幾乎無人不知，但香港大學的調查發現受訪女士普遍未意識到吸煙對女性外貌、健康及下一代帶來的影響，如加速皮膚老化、子宮頸癌、骨質疏鬆及提早更年期等。

According to the Thematic Household Survey Report No. 53 of the Census and Statistics Department, the smoking prevalence in Hong Kong is 10.7% now which is equivalent to around 645,000 smokers. The smoking rates of male and female in Hong Kong are around 19.1% and 3.1% respectively. Though the female smoking prevalence remained at around 3% to 4% in recent years, the number of female daily smokers increased by 70%, from the record low 56,100 in 1990 to 96,800 in 2012. Female daily smokers aged 30-49 increased drastically (30-39 age group: increased from 2.4% in 1990 to 6.5% in 2012; 40-49 age group: increased from 1.6% to 4.2%). Nearly 60% of female smokers have never tried to quit smoking.

Understanding the Trend and Characteristics of Smoking among Women

COSH commissioned the School of Nursing and School of Public Health of The University of Hong Kong to conduct the “Smoking and Health Survey in Hong Kong Women” to understand the trend and characteristics of women smoking in Hong Kong. The survey showed that emotional problems and stress were some of the most important factors explaining why female smokers started and continued to smoke. The results aligned with the Thematic Household Survey Report No. 53 which showed that more female smokers failed to give up smoking due to “necessity of easing tension” than male smokers. The survey also indicated that many respondents did not realize the impact of smoking on their next generation and outlook, nor the female-specific health consequences like premature skin aging, cervical cancer, osteoporosis and early menopause.

有見及此，委員會認為必須針對女性吸煙者的特質及需要，提供度身訂造的服務，方能協助更多女性成功戒煙，故於2014年年底推出「清新女人魅」女性戒煙推廣計劃。

鼓勵女性踏出戒煙第一步

計劃包括一系列富有特色的活動，旨在讓市民進一步認識煙草對女性的影響，早日決心戒煙，更希望推動大家支持身邊的女士投入無煙生活。其中包括於商場舉行宣傳活動，邀請化妝師以特別化妝效果將吸煙禍害於模特兒面上呈現，令煙草對女性外貌的影響更具體及形象化，如容易出現皺紋、皮膚暗啞及失去彈性、牙齒變黃等。人氣網絡博客及藝人朱千雪亦於活動中介紹無煙生活的好處，以及護膚化妝心得。

另外，針對女性主要因為情緒困擾及壓力而開始及繼續吸煙，委員會於全港各區舉辦一系列「清新女人魅」無煙學堂，邀請專業導師分別教授健身、化妝、中醫及營養學等知識。活動不但令參加者了解如何令身體內外也保持健美，亦可透過間接方式灌輸有關煙草禍害及戒煙的資訊，同時讓參加者學習新知識及培養新嗜好，以有益身心的活動紓緩生活中的壓力及負面情緒，預防女性吸第一口煙，亦鼓勵吸煙的女性戒除煙癮，投入健康無煙生活。

As female smokers have unique characteristics and special needs, tailor-made services should be provided to encourage them to kick the habit. Hence, COSH launched the “Women Smoking Cessation Promotion Programme” in late 2014.

Encourage Women to Take the Leap and Quit Smoking

A series of diversified events were organized, aiming to raise awareness on smoking hazards especially the women specific ones, promote smoking cessation among women, spread the smoke-free messages to the wider public and mobilize them to support their smoking female family members and friends to quit smoking. For example, a publicity event with special make-up demonstration was held to show the smoking hazards on skin and physical appearance, such as more wrinkles, decrease in skin elasticity and stains on teeth. Famous bloggers and artist Tracy CHU also shared the benefits of living a smoke-free lifestyle as well as their tips on stress relief and skincare.

Considering that emotional problems and stress are some of the main reasons of female smoking, Smoke-free Academy was launched across the territory. Through the district-based classes on fitness, personal grooming, Chinese medicine and dietary, participants could learn about keeping fit and beautiful with a smoke-free healthy lifestyle, as well as information on smoking hazards and cessation. They were encouraged to develop new hobbies to relieve stress and reduce negative emotions other than lighting up a cigarette.



身邊人的支持及鼓勵往往是吸煙者成功戒煙的要素，故無煙學堂歡迎吸煙女性與家人朋友一同參加，希望大家可以實際行動幫助吸煙女性踏出第一步。

動員各界力量支持戒煙

要將無煙信息傳遍香港，必須集合各界及不同地區團體的力量。「清新女人魅」女性戒煙推廣計劃共獲得超過30個婦女團體支持，他們為女性提供多元化的服務及支援，透過強大的網絡，協助宣傳計劃並招募會員及市民參與無煙學堂。

Peer support and encouragement are the keys for smokers to take the leap and quit smoking. Therefore, Smoke-free Academy welcomed female smokers to join with their family and friends.

Mobilize Different Sectors to Support Smoking Cessation

Support from different sectors and district organizations is crucial to effectively spread the smoke-free messages all over Hong Kong. “Women Smoking Cessation Promotion Programme” has gained support from over 30 women associations which helped promote and recruit participants through their sound network.





而委員會亦與不同媒體合作，透過針對女性的社交網站、網上平台、電視、報章、雜誌等，宣揚煙草對女性的禍害、釐清戒煙的謬誤(如戒煙會令體重上升等)及將戒煙資訊滲透至不同階層人士。另外，為使吸煙女性可以得到適切的專業支援，委員會亦與本港戒煙服務機構合作，跟進獲轉介的戒煙者。

吸煙對身體及容貌造成的影響，往往超乎想像。「清新女人魅」女性戒煙推廣計劃將於2015至2016年度繼續進行，希望令更多市民明白吸煙對個人外表、健康及下一代的傷害，早日決心戒煙。委員會亦將進一步倡議政府增撥資源拓展女性戒煙服務並提供心理及情緒支緩等，以解除她們對煙草的依賴，同時應加強針對女性的宣傳推廣，以減少香港女性吸煙人口，攜手建立無煙家庭。

COSH also disseminated information on female-specific smoking hazards and rectified the myths of smoking cessation (such as gaining weight after giving up smoking) through social network, online platform, television, newspapers and magazines. To provide female quitters with appropriate and professional support, COSH worked closely with local smoking cessation service providers and referred cases for their follow-up.

The harmful impact of smoking should never be underestimated. "Women Smoking Cessation Promotion Programme" will continue in 2015 to 2016 to further convey the message of smoking hazards on appearance, health and the next generation to the public and urge more smokers to toss the cigarette away. COSH will keep advocating the Government for increasing resources on women-oriented smoking cessation services together with psychological and emotional support to help reduce female smokers' dependency on tobacco. Smoke-free promotion specially-designed for women should also be enhanced to lower the population of female smokers. Let's join hands to build a smoke-free family.

Join hands for a smoke-free Hong Kong 攜手邁向無煙香港





活動 Events



- 宣傳及社區推廣活動
Publicity and Community Involvement Projects
- 教育及青少年活動
Education and Youth Programmes
- 與傳播媒介之聯繫
Working with the Mass Media
- 會議及考察
Conferences and Visits
- 資訊及研究項目計劃
Information and Research Projects

活動紀要

Highlights of Events

2014-2015

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

推廣活動 Publicity Projects

2014/5/26, 6/13 & 6/26	第五屆「戒煙大贏家」無煙社區計劃 無煙大使戒煙輔導訓練課程	The 5 th "Quit to Win" Smoke-free Community Campaign Smoking Cessation Counseling Training
2014/5/31	「錫住你 錫住我 不吸煙 支持世界無煙日」 啟動儀式	"Smoke-free Publicity Programme for World No Tobacco Day" Kick-off Event
2014/5 – 2014/11	「錫住你 錫住我 不吸煙 支持世界無煙日」 活動	Smoke-free Publicity Programme for World No Tobacco Day
2014/6/19	「關注女性吸煙 加強女性戒煙服務」記者會	"Strengthen Women-oriented Smoking Cessation Services" Press Conference
2014/6 – 2015/3	第五屆「戒煙大贏家」無煙社區計劃	The 5 th "Quit to Win" Smoke-free Community Campaign
2014/7/5	第五屆「戒煙大贏家」無煙社區計劃啟動儀式	The 5 th "Quit to Win" Smoke-free Community Campaign Launch Ceremony
2014/9/4	「香港煙草稅政策 何去何從」記者會	"Tobacco Tax Policy in Hong Kong: The Way Forward" Press Conference
2014/9 & 2015/1	全新宣傳短片「點勁抽 三手煙都竊住你全家」 及「煙、槍一樣，可以殺人。小心！」	New APIs "Stop Third-hand Smoke from Killing Your Family" and "Caution! Cigarettes are as Lethal as a Gun"
2014/9 – 2016/3	「清新女人魅」女性戒煙推廣計劃	Women Smoking Cessation Promotion Programme
2014/11 – 2015/1	「清新女人魅」女性戒煙推廣計劃 — 「無煙美麗日誌」短片	Women Smoking Cessation Promotion Programme – Infomercials "Smoke-free Beauty Diary"
2015/1/7	「倡議大幅加煙稅 速降香港吸煙率」記者會	"Substantial Tobacco Tax Increase to Lower Smoking Prevalence Quickly" Press Conference
2015/1/23	「清新女人魅」女性戒煙推廣計劃宣傳活動	"Women Smoking Cessation Promotion Programme" Publicity Event
2015/2	倡議增加煙草稅	Advocacy on Raising Tobacco Tax
2015/2 – 3	「藉口·實戒得用」戒煙宣傳推廣計劃	"Quit smoking now! No excuse" Publicity Campaign
2015/3/6	「藉口·實戒得用」分享會暨 「戒煙大贏家」頒獎禮	Successful Quitters' Sharing cum the 5 th "Quit to Win" Prize Presentation Ceremony
2015/3/30	「倡議立法全面禁止電子煙」記者會	"Support a Total Ban on Electronic Cigarettes" Press Conference

社區聯繫及推廣 Community Involvement and Promotion		
2014/5/27	2014 葵涌醫院支持世界無煙日暨「無煙」美食創作比賽頒獎禮	2014 Kwai Chung Hospital Support for World No Tobacco Day cum Prize Presentation of the Smoke-free Cooking Competition
2014/6 – 2015/3	「無煙老友記」計劃 2014 – 15	Elderly Smoking Cessation Promotion Project 2014 – 15
2014/8/22 – 24	香港國際牙科博覽暨研討會 2014	Hong Kong International Dental Expo and Symposium 2014
2014/9/21	無煙健康新世代嘉年華	Smoke-free New Generation Carnival
2014/10/24	「無煙老友記」計劃 2014 – 15 啟動儀式	“Elderly Smoking Cessation Promotion Project 2014 – 15” Launch Ceremony
2014/11/1 – 2	2014/15 年度中西區健康節	Central and Western District Health Festival 2014/15
2014/11/29	中華電力安全健康環保日 2014	CLPP Safety, Health & Environment (SHE) Day 2014
2014/12/13	仁愛堂共築健康新界西 2014	Yan Oi Tong New Territories West Health Festival 2014
2015/3/8	香港新聲會乙未羊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

➤ 教育及青少年活動
Education and Youth Programmes

青少年教育活動 Youth Education Programmes

2014/4 – 2015/3	「無煙新世代」健康教育講座	Health Talks for “Smoke-free New Generation”
2014/7 – 2015/3	無煙青少年大使領袖訓練計劃 2014 – 15	Smoke-free Youth Ambassador Leadership Training Programme 2014 – 15
2014/10 – 2015/3	學校互動教育巡迴劇場 「開心大少的無煙魔法」	School Interactive Education Theatre “Smoke-free Magic Boy”
2015/3/10	「無煙青少年大使領袖訓練計劃 2014 – 15」 頒獎禮暨分享會	“Smoke-free Youth Ambassador Leadership Training Programme 2014 – 15” Award Presentation Ceremony

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

2014/5/22	香港北區扶輪社 — 控煙研討會	Rotary Club of Hong Kong North – Tobacco Control Seminar
2014/10/12	香港中文大學醫學院院會健康展覽 2014	CUHK Medical Society Health Exhibition 2014
2014/10/15 & 2015/1/24	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
2014/10/28, 11/11 & 11/13	香港大學護理學院課程	HKU School of Nursing – Nursing Programme
2015/2/24	青蔥綠葉行動慈善基金會 — 義工嘉許典禮	Ching Chung Action Foundation – Volunteer Award Presentation Ceremony

會議及考察 Conferences and Visits

會議 Conferences

2014/9/2 – 3	第七屆兩岸四地煙害防制交流研討會	The 7 th Cross-strait Conference on Tobacco Control
2014/10/11 – 13	兒童健康與環境高峰研討會 2014	Summit on Child Health and the Environment 2014
2014/11/8	澳門戒煙論壇	Macau Smoking Cessation Forum
2014/11/17 – 21	第二屆世界衛生組織控煙專才培訓計劃	The 2 nd WHO Fellowship Programme on Tobacco Control
2015/3/17 – 21	第十六屆世界煙草或健康會議	The 16 th World Conference on Tobacco or Health

考察活動 Visits

2014/4/30	香港大學李嘉誠醫學院交換生	Exchange Students of Li Ka Shing Faculty of Medicine of The University of Hong Kong
2014/7/25	澳門衛生局官員	Officials of Macau Health Bureau
2014/11/6	美國兒科醫生	A Paediatrician from the USA
2014/11/7	越南吸煙與健康督導委員會	Vietnam Steering Committee on Smoking and Health

宣傳及社區推廣活動

Publicity and Community Involvement Projects



推廣活動

Publicity Projects

「錫住你 錫住我 不吸煙 支持世界無煙日」活動

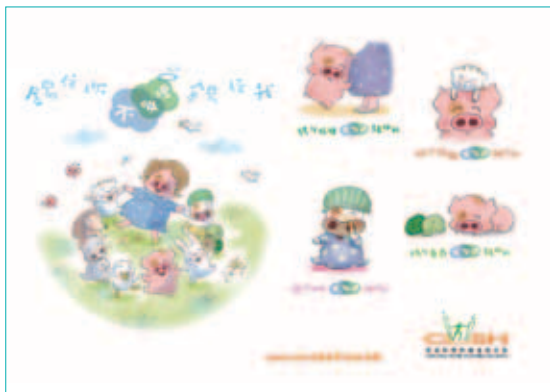
世界衛生組織訂定每年的5月31日為世界無煙日，希望提醒世界各地人士對煙草禍害的關注。為響應2014年的世界無煙日及國際家庭年二十周年，委員會舉辦以「錫住你 錫住我不吸煙 支持世界無煙日」為主題的活動，藉此宣揚無煙家庭的重要性，鼓勵吸煙人士戒煙，並特別邀請本地卡通人物「麥兜」合作，推動大眾支持家人及朋友戒煙，同享清新無煙生活。

為此，委員會特別製作了一式兩款以「錫住你 錫住我 不吸煙」為主題的麥兜無煙心意卡，於2014年5月30日由一班無煙大使在港九新界各區派發給市民，以宣揚無煙家庭的信息，並於當日隨免費報章附送，共派發逾60,000張。市民亦可以電郵方式發送電子版心意卡，以支持吸煙人士戒煙，同享清新無煙生活。

Smoke-free Publicity Programme for World No Tobacco Day

World Health Organization (WHO) dedicated every 31 May as World No Tobacco Day to raise public awareness on tobacco hazards around the world. To celebrate the World No Tobacco Day and the 20th Anniversary of International Year of the Family in 2014, COSH collaborated with local cartoon character “McDull” to launch the “Smoke-free Publicity Campaign for World No Tobacco Day” to promote the importance of a smoke-free family, motivate smokers to kick the habit, as well as encourage the public to support their family and friends to quit smoking.

COSH produced 2 versions of McDull smoke-free postcard to highlight the importance of smoke-free family and distributed to over 60,000 citizens through smoke-free ambassadors across the territory and circulation with a free newspaper on 30 May 2014. An electronic version was also available for the mass public to spread the smoke-free messages through emails.





委員會亦與商業電台第一台合作，透過一連四集的「無煙有愛」特輯，推廣無煙生活，並於2014年5月在「久久久但願人長久」節目內播出。聽眾踴躍致電予主持葛文輝，一同以輕鬆活潑的手法分享鼓勵家人戒煙的經驗及心得，為吸煙人士注入戒煙的原動力及決心。

啟動儀式

活動的啟動儀式於2014年5月31日假將軍澳東港城舉行，主禮嘉賓包括食物及衛生局局長高永文醫生、副局長陳肇始教授、衛生署署長陳漢儀醫生、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)林大慶教授及委員會主席劉文文。

活動當日亦邀請了於2011年參與「無煙少年獎勵計劃」的徐佩珊同學向在場觀眾分享如何成功勸喻及支持其母親戒煙。藝人Regen(張惠雅)、馮允謙及Hotcha的Winkie(黎美言)亦透過輕鬆的遊戲宣傳吸煙的禍害和戒煙的好處，呼籲青少年及兒童不要嘗試吸煙，同時鼓勵吸煙的市民重投無煙健康生活。此外，由委員會前任主席、委員及總幹事組成的「香港控煙聯盟」亦於當日成立。

COSH partnered with Commercial Radio One to produce four episodes of “Go smoke-free with love” programme broadcasted in May 2014 during the radio programme “Kot bless you” to promote a smoke-free living. Audiences called the host Eric KOT to convey caring messages to their smoking family members and shared how they enhanced the smokers’ determination and motivation to kick the habit.

Kick-off Event

The kick-off event was held on 31 May 2014 at East Point City, Tseung Kwan O. Officiating guests included Dr KO Wing-man, Secretary for Food and Health, Prof Sophia CHAN, Under Secretary for Food and Health, Dr Constance CHAN, Director of 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 and Lisa LAU, COSH Chairman.

CHUI Pui-shan, a student participated in the “Smoke-free Homes and Smoke-free Teens Campaign” in 2011 was also invited to share her experience in motivating her mother to quit smoking successfully. To prevent teenagers and children from picking up the first cigarette and motivate more smokers to kick the habit, artists Regen CHEUNG, Jay FUNG and Winkie LAI of Hotcha promoted the smoking hazards and benefits of smoking cessation through interactive games. “Hong Kong Tobacco Control Alliance”, comprising former Chairmen, Vice-chairmen, Council members and Executive Directors of COSH, was also united at the event.

「錫住你 錫住我 不吸煙」親子填色比賽

委員會於2014年9月至11月期間舉辦「錫住你 錫住我 不吸煙」親子填色比賽，邀請學生與家長為麥兜和朋友貓貓設計得意造型，填上顏色及寫上無煙心意，希望藉此宣揚推廣無煙家庭的重要性，同時鼓勵有吸煙習慣的家長儘快戒煙。比賽吸引400多間本地幼稚園及小學支持參與，共收到超過50,000份作品，成功將無煙信息傳遞至逾50,000個家庭。評審團於2014年12月以填色技巧、創意及表達無煙信息為評分標準，於幼稚園組、小學低年級組及小學高年級組各選出十份優異作品，得獎同學均獲發書券及證書。



「關注女性吸煙 加強女性戒煙服務」記者會

委員會於2014年6月19日召開記者會，倡議政府關注香港女性吸煙情況，並增撥資源加強女性戒煙服務。參與的講者包括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李浩祥博士、委員會主席劉文文及副主席鄭祖盛。

Smoke-free Family Colouring Competition

COSH organized the “Smoke-free Family Colouring Competition” to promote the smoke-free family message among students and parents during September to November 2014. The students designed and coloured a McDull-and-friend worksheet with family to spread smoke-free messages and motivate smoking parents to kick the habit. The competition received overwhelming response and attracted more than 50,000 entries from over 400 local kindergartens and primary schools, reaching over 50,000 families. The judging panel selected ten outstanding entries for each category (kindergarten, primary schools lower form and upper form) according to the colouring skills, creativity and delivery of smoke-free messages. Outstanding entries were awarded with book voucher and certificate.

“Strengthen Women-oriented Smoking Cessation Services” Press Conference

COSH hosted a press conference on 19 June 2014 to draw the public attention on women smoking in Hong Kong and advocate the Government for increasing resources on women-oriented smoking cessation services. 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 William LI, Assistant Professor, School of Nursing, The University of Hong Kong, Lisa LAU, COSH Chairman and Antonio KWONG, COSH Vice-chairman.



記者會上劉文文表示，「香港整體及男性每日吸煙人士數目持續下降，但女性每日吸煙人士數目近年卻有上升趨勢，對比1990年及2012年的數字，增加逾七成(72.5%)，必須加強關注女性吸煙情況。」

委員會委託香港大學護理學院及公共衛生學院，進行「香港女性吸煙調查」，以了解香港女性吸煙情況及特點。調查發現，情緒困擾及壓力為女性開始及繼續吸煙的重要因素之一，此結果與政府統計處《主題性住戶統計調查第53號報告書》膾炙人口，報告書指出女性因為「減壓需要」而導致戒煙失敗的比率較男性為高。調查亦顯示超過三成半(37%)的現時吸煙者並不是每日吸煙，而逾半的每日吸煙者對尼古丁的依賴程度亦屬輕微，反映只要為她們提供適合的戒煙服務，便可增加她們成功戒煙的機會。

委員會倡議政府關注女性吸煙情況，制定長遠的控煙策略，包括增撥資源協助女性戒煙，提供針對性的服務，令更多女性成功戒煙；教育市民有關吸煙對女性健康的影響，推出以女性為對象的宣傳策略，以喚醒市民對女性吸煙的關注及對戒煙服務的認識；動員女性參與無煙活動，藉此傳達無煙信息予社區及家庭，同時強化女性及婦女團體在無煙活動的角色，特別是非吸煙的女性，可以朋輩力量支持吸煙女性戒煙。

Lisa LAU remarked at the press conference, "The number of daily smokers, including male daily smokers has decreased gradually over the years. However, the number of female daily smokers in 2012 increased by 72.5% as compared with 1990. We deeply concern the prevalence of women smoking."

COSH has commissioned the School of Nursing and School of Public Health of The University of Hong Kong to conduct the "Smoking and Health Survey in Hong Kong Women" to understand the trend and characteristics of women smoking in Hong Kong. The survey showed that emotional problems and stress were some of the most important factors explaining why female smokers started and continued to smoke. The results aligned with the Thematic Household Survey Report No. 53 of the Census and Statistics Department which showed that more female smokers failed to give up smoking due to "necessity of easing tension" than male smokers. It was also found that around 37% of current smokers were occasional smokers and the nicotine dependency of more than half of the daily smokers was mild. It reflected that the quit rate of female smokers in Hong Kong could be enhanced if suitable smoking cessation services were provided.

COSH concerns the prevalence of women smoking in Hong Kong and advocated the Government for formulating long-term tobacco control policies which included setting aside sustainable funding for specially-designed women smoking cessation services, educating the public on gender-specific health hazards of smoking and developing tailor-made marketing strategies to raise the public awareness on the issues of women smoking and smoking cessation services, exerting the influence of female in the community and family, as well as motivating non-smokers as peer support group to women smokers.

第五屆「戒煙大贏家」 無煙社區計劃

根據政府統計處《主題性住戶統計調查第53號報告書》，2012年香港的吸煙率錄得有紀錄以來最低的10.7%，然而在約645,000名每日吸煙人士當中，超過六成未曾嘗試戒煙。為鼓勵更多吸煙人士戒煙及於社區推動戒煙風氣，委員會自2009年起舉辦「戒煙大贏家」比賽，每年成功招募超過1,000名吸煙人士加入戒煙行列，並向超過20,000名市民推廣無煙信息。

第五屆「戒煙大贏家」無煙社區計劃再度得到18區區議會的支持及地區團體的參與，並與香港大學護理學院及公共衛生學院合作，使無煙信息得以滲透至社區的每一個角落。

啟動儀式

計劃的啟動儀式於2014年7月5日假油塘大本型商場舉行。主禮嘉賓包括食物及衛生局副局長陳肇始教授、衛生署署長陳漢儀醫生、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、委員會主席劉文文及副主席鄭祖盛。區議會及地區夥伴代表亦出席支持是次計劃。



The 5th “Quit to Win” Smoke-free Community Campaign

According to the Thematic Household Survey Report No. 53 of the Census and Statistics Department, the smoking prevalence in Hong Kong reached its lowest record of 10.7% in 2012. However, among the 645,000 daily smokers, over 60% had not tried to quit smoking. In order to encourage more smokers to kick the habit and create a positive atmosphere for smoking cessation in Hong Kong, COSH has organized “Quit to Win” Contest since 2009. The contest has successfully motivated over 1,000 smokers to quit smoking and spread the smoke-free messages to over 20,000 citizens every year.

The 5th “Quit to Win” Smoke-free Community Campaign was again supported by the 18 District Councils and district organizations and co-organized with School of Nursing and School of Public Health of The University of Hong Kong (HKU) to disseminate the smoke-free messages to every corner of the community.

Launch Ceremony

The launch ceremony was held on 5 July 2014 at Domain Mall in Yau Tong. Officiating guests included Prof Sophia CHAN, Under Secretary for Food and Health, Dr Constance CHAN, Director of 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, Lisa LAU, COSH Chairman and Antonio KWONG, COSH Vice-chairman. Representatives of the District Councils and district working partners also attended to show their support.

第四屆「戒煙大贏家」比賽冠軍得主陳國祥亦到場分享其戒煙經驗及貼士，呼籲吸煙人士為自己及家人的健康著想及早戒煙。藝人鍾舒漫、洪卓立更以遊戲及歌唱表演方式宣揚無煙信息。儀式當日亦即場招募吸煙人士參加比賽。

無煙大使戒煙輔導訓練課程

委員會與香港大學於2014年5月26日、6月13日及26日合作舉辦無煙大使戒煙輔導訓練課程，藉此提升無煙大使及地區夥伴機構對控煙工作及戒煙輔導的知識，以協助他們日後在區內舉辦招募及無煙宣傳活動。

The champion of the 4th “Quit to Win” Contest, CHAN Kwok-cheung, was invited to share his quit tips and successful experience during the ceremony. He encouraged smokers to quit smoking as soon as possible to protect the health of themselves and their family members. Artists Sherman CHUNG and Ken HUNG also promoted the smoke-free messages through interactive games and singing performance. Smokers were motivated to take their first steps to kick the habit by joining the contest.

Smoking Cessation Counseling Training

The Smoking Cessation Counseling Training was co-organized with HKU for the smoke-free ambassadors and volunteers of district working partners on 26 May, 13 and 26 June 2014. The training was aimed to enhance their knowledge on tobacco control and smoking cessation counseling, which facilitated them to conduct recruitment and smoke-free promotion in different districts.



課程由香港大學公共衛生學院林大慶教授、委員會總幹事黎慧賢及資深戒煙輔導員主講，並邀請「戒煙大贏家」比賽的成功戒煙人士出席分享其戒煙故事。內容包括吸煙、二手煙及三手煙的禍害、戒煙輔導及舉辦宣傳活動的技巧等，並以講座、小組討論及理論實踐的形式進行。超過60位來自地區夥伴機構的職員、義工及大學生參加訓練課程。完成課程後，參加者均獲發證書以示嘉許。



地區無煙宣傳及招募活動

委員會於2014年6至9月期間，聯同各地區的合作夥伴機構進行了超過65場招募及宣傳活動，向逾30,000名市民宣傳煙草禍害及戒煙好處，並招募超過1,300名吸煙人士參加比賽。市民可透過活動中的遊戲攤位、展板及小冊子等獲取無煙信息。

The training was delivered by Prof LAM Tai-hing, School of Public Health, The University of Hong Kong, Vienna LAI, COSH Executive Director and experienced smoking cessation counselors. Successful quitters of “Quit to Win” Contest were also invited to share their quit stories. Harmful effects of smoking, secondhand and third-hand smoke, brief smoking cessation counseling skills and advices on organizing smoke-free publicity events were introduced through seminars, group discussions, role play and case studies. Over 60 staff and volunteers from district partners and university students attended the training. Participants were awarded with certificate.

District Smoke-free Promotion and Recruitment Activities

COSH and the district working partners organized more than 65 smoke-free promotion and recruitment activities across the territory from June to September 2015. The activities successfully promoted the tobacco hazards and benefits of smoking cessation to over 30,000 citizens and recruited some 1,300 smokers to join the 5th “Quit to Win” Contest. Smoke-free messages were conveyed to the public through game booths, exhibition panels and pamphlets.



地區夥伴機構 District Working Partners

中西區 Central & Western	圓玄軒婦女中心 Yuen Yuen v-learn Women Centre
離島 Islands	離島婦聯 Hong Kong Outlying Islands Women's Association 香港基督教女青年會大澳社區工作辦事處 Hong Kong Young Women's Christian Association Tai O Community Work Office
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	九龍婦女聯會 Kowloon Women's Organizations Federation
北區 North	路德會賽馬會雍盛綜合服務中心 Jockey Club Yung Shing Lutheran Integrated Service Centre
南區 Southern	南區健康安全協會 Southern District Healthy and Safe Association 香港南區婦女會 Hong Kong Southern District Women's Association
大埔 Tai Po	大埔區居民聯會 Tai Po District Residents Association 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 HKMCSDA Shan King Integrated Children and Youth Services Centre of Seventh-day Adventists
灣仔 Wan Chai	浸信會愛群社會服務處灣仔綜合兒童及青少年服務中心 Wan Chai Integrated Children and Youth Service Centre of Baptist Oi Kwan Social Service
黃大仙 Wong Tai Sin	黃大仙區健康安全城市 Wong Tai Sin District Healthy & Safe City 聖母醫院 Our Lady of Maryknoll Hospital
元朗 Yuen Long	天水圍婦聯 Tin Shui Wai Women Association

「戒煙大贏家」地區無煙宣傳及招募活動

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

日期 Date	地區 District	地點 Venue
2014/6/21	西貢 Sai Kung	尚德廣場 Sheung Tak Plaza
2014/6/21	黃大仙 Wong Tai Sin	黃大仙上邨 Upper Wong Tai Sin Estate
2014/6/22	沙田 Sha Tin	馬鞍山廣場 Ma On Shan Plaza
2014/6/22	沙田 Sha Tin	禾輦廣場 Wo Che Plaza
2014/6/27	屯門 Tuen Mun	兆禧苑 Siu Hei Court
2014/6/28	元朗 Yuen Long	嘉湖銀座 Kingswood Ginza
2014/6/28 – 29	黃大仙 Wong Tai Sin	荷里活廣場 Plaza Hollywood
2014/6/29	深水埗 Sham Shui Po	富昌商場 Fu Cheong Shopping Centre
2014/7/4	觀塘 Kwun Tong	觀塘廣場 Kwun Tong Plaza
2014/7/6	離島 Islands	富東邨 Fu Tung Estate
2014/7/6	南區 Southern	石排灣邨 Shek Pai Wan Estate
2014/7/9 – 10	北區 North	粉嶺中心 Fanling Centre
2014/7/12 & 8/26	九龍城 Kowloon City	九龍城廣場 Kowloon City Plaza
2014/7/12 – 13	屯門 Tuen Mun	屯門時代廣場 Tuen Mun Trend Plaza
2014/7/13	灣仔 Wan Chai	百德新街 Paterson Street
2014/7/19 – 20	西貢 Sai Kung	東港城 East Point City
2014/7/19 & 8/30	黃大仙 Wong Tai Sin	慈雲山中心 Tsz Wan Shan Shopping Centre
2014/7/20 & 9/27	觀塘 Kwun Tong	秀茂坪商場 Sau Mau Ping Shopping Centre
2014/7/24	中西區 Central & Western	皇后大道中 Queen’s Road Central

2014/7/26	深水埗 Sham Shui Po	元州邨 Un Chau Estate
2014/7/26 – 27	荃灣 Tsuen Wan	荃灣城市中心 City Landmark
2014/7/27	大埔 Tai Po	大埔廣場 Tai Po Plaza
2014/7/29 & 9/26	葵青 Kwai Tsing	葵涌廣場 Kwai Chung Plaza
2014/7/31	大埔 Tai Po	富善邨 Fu Shin Estate
2014/8/2	葵青 Kwai Tsing	葵涌邨 Kwai Chung Estate
2014/8/3	屯門 Tuen Mun	良景邨 Leung King Estate
2014/8/3 – 4	觀塘 Kwun Tong	淘大商場 Amoy Plaza
2014/8/5 & 8/16	灣仔 Wan Chai	駱克道 Lockhart Road
2014/8/9 – 10	西貢 Sai Kung	新都城中心 Metro City Plaza
2014/8/9 & 8/22	南區 Southern	成都道 Cheng Tu Road
2014/8/10	油尖旺 Yau Tsim Mong	奧海城 Olympian City
2014/8/15	東區 Eastern	吉勝街 Kut Shing Street
2014/8/15 – 16	沙田 Sha Tin	沙田廣場 Sha Tin Plaza
2014/8/17	九龍城 Kowloon City	何文田廣場 Homantin Plaza
2014/8/17	北區 North	華明商場 Wah Ming Shopping Centre
2014/8/19	灣仔 Wan Chai	白沙道 Pak Sha Road
2014/8/21	北區 North	雍盛商場 Yung Shing Shopping Centre
2014/8/23	中西區 Central & Western	中環碼頭 Central Pier
2014/8/24 & 8/31	油尖旺 Yau Tsim Mong	旺角中心 Argyle Centre

2014/8/27	屯門 Tuen Mun	山景邨 Shan King Estate
2014/8/30	大埔 Tai Po	大元商場 Tai Yuen Commercial Centre
2014/9/10 – 11	元朗 Yuen Long	千色廣場 Citimall
2014/9/13	元朗 Yuen Long	天悅邨 Tin Yuet Estate
2014/9/14	荃灣 Tsuen Wan	荃灣廣場 Tsuen Wan Plaza
2014/9/15	灣仔 Wan Chai	合和中心 Hopewell Centre
2014/9/17	中西區 Central & Western	石塘咀街市 Shek Tong Tsui Market
2014/9/20	葵青 Kwai Tsing	長發邨 Cheung Fat Estate
2014/9/20	南區 Southern	鴨脷洲邨 Ap Lei Chau Estate
2014/9/20	黃大仙 Wong Tai Sin	黃大仙廟宇廣場 Wong Tai Sin Temple Court
2014/9/22	北區 North	上水中心購物商場 Sheung Shui Centre Shopping Arcade
2014/9/29	離島 Islands	大澳社區會堂 Tai O Community Hall

除招募活動外，委員會與地區夥伴機構亦同時合作舉辦了一系列無煙宣傳活動，包括健康嘉年華、講座及展覽、綜合表演及才藝晚會等，以提高區內不同背景居民對煙草禍害及戒煙的認識。

「戒煙大贏家」比賽

合資格參加「戒煙大贏家」比賽的吸煙人士，於招募現場即時接受一氧化碳水平呼氣測試及簡單的戒煙輔導，並由已受訓的戒煙輔導員在其參加比賽後的一個星期、一個月、兩個月、三個月及六個月作五次電話跟進，了解其戒煙情況及提供輔導。

在三個月跟進時，自我報告成功戒煙的參賽者會獲邀請參加戒煙核實測試，成功通過測試的參賽者可獲得獎金作獎勵，並可參與大抽獎或經面試甄選，贏取豐富獎品。

In addition to the recruitment sessions, a series of smoke-free promotion activities were co-organized with district working partners, such as health carnivals, health talks, exhibitions, performance and talent shows to enhance knowledge on smoking hazards and smoking cessation among the residents in the community.

“Quit to Win” Contest

Eligible participants of the “Quit to Win” Contest were required to undertake the breath test on carbon monoxide and receive brief smoking cessation counseling at the recruitment sessions. Five times of telephone follow-up were provided to the participants by trained smoking cessation counselors at 1-week, 1-month, 2-month, 3-month and 6-month.

Participants who quit successfully were invited to undertake the biochemical validation at the 3-month follow-up. Validated quitters received monetary award and were eligible to join the lucky draw or interview to win fabulous prizes.



頒獎禮

委員會於2015年3月6日假油塘大本型商場舉行「藉口·實戒得甩」分享會暨「戒煙大贏家」頒獎禮，主禮嘉賓包括食物及衛生局副局長陳肇始教授、衛生署助理署長(特別衛生事務)蔡美儀醫生、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、委員會主席鄺祖盛及副主席伍婉婷。區議會及地區夥伴的代表亦出席支持及祝賀參賽者成功戒除煙癮。

「戒煙大贏家」的得獎者獲邀出席頒獎禮分享戒煙的喜悅及經驗。冠軍得主李興廉吸煙超過20年，曾經戒煙長達七年，直至2013年到內地工作期間，客戶於會議中不斷派發「煙仔」給與會人士，他因為不好意思拒絕而再次復吸。其後，他看到報章上「戒煙大贏家」的廣告，為了妻子及女兒的健康，故下定決心戒煙。李興廉認為戒煙主要靠意志力，同時亦要讓更多人知道及成為自己的監察者。他將成功戒煙的證書上載至社交網站，得到的「讚」是前所未有地多。



Prize Presentation Ceremony

The Successful Quitters' Sharing cum the 5th "Quit to Win" Prize Presentation Ceremony was held on 6 March 2015 at Domain Mall, Yau Tong. Officiating guests included Prof Sophia CHAN, Under Secretary for Food and Health, Dr Sarah CHOI, 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. Representatives of District Councils and district working partners also attended the ceremony to show their support and congratulations to the successful quitters.

Winners of the 5th "Quit to Win" Contest were invited to share their successful experiences in the ceremony. The champion Henry LEE Hing-lim, had smoked for over 20 years. He had quit for seven years but relapsed when worked in mainland China where the clients distributed cigarette to everyone in the meeting. He joined the "Quit to Win" smoking cessation contest to protect his wife and daughter from the hazards of secondhand and third-hand smoke. He claimed that determination was crucial to kick the habit. Quitters should also inform more people on their decision who could be their monitor. Mr Lee uploaded his certificate of smoking cessation to social media and got enormous "Like".

亞軍陳玉琴煙齡超過20年，平均每日吸一包煙。吸煙令陳女士個人自信和工作表現變差，因身上的煙味而不敢與人近距離交談，身體亦開始出現問題。她參加比賽後逐步減少每日吸煙的支數，如限制自己早上不吸煙及不攜帶煙回公司，到最後完全停止吸煙。陳女士成功戒煙後贏回健康之餘，最大的得著是獲得晉升，因為上司留意到她將更多時間花在工作上，同時消除了身上的煙味，令她與同事相處變得更親密融洽。

季軍得主張錦漢年輕時因為貪玩而開始吸煙，煙齡長達40多年。於2007年曾患淋巴癌，醫生也勸告戒煙，但他仍然無動於衷。今次戒煙主要是為了身體健康及不想家人受到二手煙和二手煙的傷害，憑著他不認輸的性格及決心，最後戒煙成功。太太知道後即笑到合不攞咀，而他抵抗煙癮的秘訣是深呼吸及食糖以分散注意力。成功戒煙後，他感覺空氣更清新，食物亦變得更美味。

The first runner-up CHAN Yuk-kam spent over 20 years as a smoker and smoked one packet everyday. Smoking brought negative impact on her health, self-confidence and working performance. From the time she joined the contest, she had started to reduce the use of cigarettes gradually such as not to smoke in the morning, not to bring cigarettes back to workplace, and finally kicked the habit entirely. She restored her health and a more active social life. She had also got promoted after quitting smoking successfully as her supervisor noticed that she spent more time on working and no longer had the bad smell of smoke.

The second runner-up CHEUNG Kam-hon started smoking due to curiosity when he was young and had smoked for more than 40 years. He got lymphoma cancer in 2007, but he continued to smoke even when the doctor advised him to stop. This time, he wanted to kick the habit for a better health and to protect his family members from secondhand and third-hand smoke. With his determination, he quitted finally and his wife was the happiest one. His tips on cessation were taking deep breath and eating candy to divert attention. His sense of smell and taste was improved now.



「戒煙大贏家」研究

比賽進行期間，由香港大學護理學院及公共衛生學院跟進參賽者的戒煙情況及進行科學研究，收集數據以檢討戒煙輔導及計劃的整體成效。

三個月及六個月的電話跟進已分別於2015年2月及4月完成，並由香港大學對數據進行深入分析。根據初步結果，三個月跟進的自我報告成功戒煙率為9.9%，約三分之一的參賽者吸煙量減少一半或以上。有關研究結果將於深入分析後公佈。

此外，計劃更推出「戒煙大贏家」手機應用程式，配以戒煙計劃、戒煙貼士、相機功能、小遊戲及社交平台等，透過輕鬆互動的方法傳遞無煙資訊及幫助戒煙。

計劃網頁：www.quittowin.hk

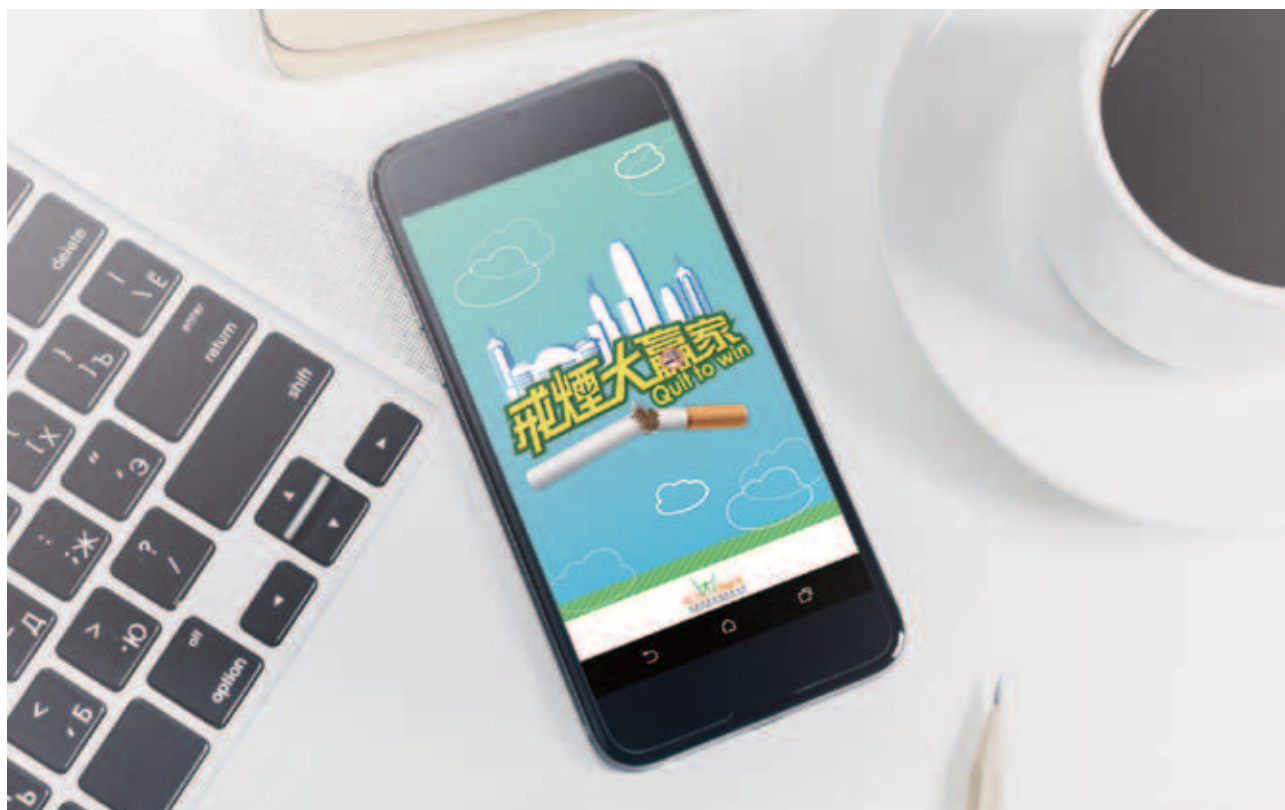
“Quit to Win” Research Study

School of Nursing and School of Public Health of HKU, which provided professional smoking cessation follow-up and counseling to the participants, were commissioned to conduct a research study to evaluate the effectiveness of specific smoking cessation intervention as well as the Campaign.

The 3-month and 6-month follow-up calls were completed in February and April 2015. According to the preliminary results, the self-reported quit rate was 9.9% in the 3-month follow-up, and nearly one-third of participants reduced daily cigarettes consumption by at least 50%. Final analysis is in progress and the result will be published afterwards.

The Campaign also launched the “Quit to Win” mobile application which was designed with special features such as cessation plans, quit tips, camera, mini games and social media platform to provide smoke-free information and assistance in an interactive and relaxing way.

Campaign Website: www.quittowin.hk



「香港煙草稅政策 何去何從」 記者會

增加煙草稅在多個國家及地區（包括香港）均證實為最有效的控煙政策之一，可以鼓勵更多吸煙人士戒煙及預防兒童及青少年開始吸煙。委員會於2014年9月4日召開記者會，特別邀請了國際著名學者、在煙草控制經濟學擁有超過17年研究經驗的羅夏麗博士 (Hana ROSS) 對香港煙草稅政策進行分析，並提出建議。

根據羅夏麗博士的分析，現時香港市民的煙草產品可負擔能力 (affordability，即購買煙草產品能力) 偏高，煙草稅有提升的空間。為令香港吸煙率進一步下降至單位數字，她建議於短期內大幅提升煙草稅至少57%。

羅夏麗博士指出，香港煙草稅自八十年代起，有過十數次不同的增幅，當中大部份加幅輕微。1989年至2013年期間，香港煙草價格雖然增加了3倍以上，但扣除通脹後的實際升幅只有25%。加上本港人均收入於這段期間亦有所增加，以致香港吸煙人士的煙草產品可負擔能力並未有因煙草稅增加而減低，反而有所上升，而且遠高於鄰近地區及其他已發展地區如新加坡、泰國、澳洲、英國及紐西蘭等。



“Tobacco Tax Policy in Hong Kong: The Way Forward” Press Conference

Raising tobacco tax has been proved as one of the most effective tobacco control policies in encouraging smokers to kick the habit and preventing children and teenagers from initiating smoking in many countries and regions including Hong Kong. COSH hosted a press conference on 4 September 2014 and invited Dr Hana ROSS, a world-renowned scholar who has over 17 years' experience in conducting researches on the economics of tobacco control, to analyze and give advice on the tobacco tax policy in Hong Kong.

According to the analysis of Dr Hana ROSS, the affordability on tobacco products of Hong Kong smokers is quite high. She recommended to increase the tobacco tax by at least 57% to further lower the smoking prevalence in Hong Kong to single digit.

Dr Hana ROSS pointed out that tobacco tax has been raised in Hong Kong for more than 10 times since the 1980s, however mostly with mild increment. Although the cigarette's price increased by over 300% from 1989 to 2013, the real price only increased by 25% after deducting inflation. Besides, the average income in Hong Kong also raised. The affordability on tobacco products of Hong Kong smokers had actually increased and is much higher (meaning that cigarettes are much cheaper) than that of the nearby regions and many developed countries such as Singapore, Thailand, Australia, the United Kingdom and New Zealand.

羅夏麗博士表示，「增加煙草稅可以減低香港市民的煙草產品可負擔能力，有效地為吸煙人士提供更大的戒煙誘因。」

除了增加煙草稅，委員會亦倡議政府加強及修訂控煙條例，包括擴大禁煙範圍、禁止陳列煙草產品、加強規管煙草產品及其推廣，以及增撥資源宣傳和協助戒煙。委員會主席劉文文解釋，「除增加煙草稅外，香港需要規劃長遠控煙藍圖，儘快實行多方面的控煙措施，更有效地預防兒童及青少年開始吸煙，以及鼓勵和幫助吸煙人士戒煙，令吸煙率能儘早降至百分之十以下。」

另外，近年亦有多項研究證實更多疾病與吸煙有關，所以委員會亦建議制定政策以定期更換煙包上的煙害圖象警示、加大圖象警示佔煙包面積，明確指出兩個吸煙者至少有一個會被煙草殺害，並加上衛生署綜合戒煙熱線1833 183。

香港大學公共衛生學院林大慶教授指出，多項醫學研究均證實，每兩個吸煙者有一個會因吸煙而提早死亡，年輕時開始吸煙和長期的重度吸煙者，更可能「三個死兩個」。委員會希望透過長遠及全面的控煙政策，以及多管齊下的控煙措施，進一步降低香港吸煙率以拯救人命，保障公眾健康。

Dr Ross elaborated, "Raising tobacco tax can reduce the affordability on tobacco products and motivate the smokers to quit smoking."

Apart from tobacco tax increase, COSH also urged the Government to strengthen and amend the current tobacco control policies including expanding the statutory no-smoking areas, banning display and all forms of promotion of tobacco products, regulating the sales of tobacco products and increasing resources on smoking cessation. Lisa LAU, COSH Chairman said, "Besides increasing tobacco tax, a long-term and comprehensive planning on tobacco control policies is needed to encourage smokers to quit smoking and prevent children and youth from smoking. We hope to reduce the smoking rate to below 10% as soon as possible".

In addition, there are more adverse health consequences causally linked to smoking have been identified recently. Therefore, COSH proposed to establish a policy to rotate the pictorial warnings on a regular basis, enlarge the coverage of the warnings on the cigarette packet's surface, highlight that "at least one out of two smokers would be killed by smoking" and add the smoking cessation hotline (1833 183).

Prof LAM Tai-hing of the School of Public Health, The University of Hong Kong remarked, many researches proved that one in every two smokers would die early from smoking, and for those who started smoking at young age and have smoked heavily for many years, two out of three could be killed by smoking. To protect the public health and save lives, the smoking prevalence in Hong Kong must be further reduced through the long-term, comprehensive and multi-pronged tobacco control policies.

全新宣傳短片「點勁抽 三手煙都竊住你全家」及「煙、槍一樣，可以殺人。小心！」

委員會近年製作多輯宣傳短片，積極向市民宣傳煙草禍害，並鼓勵大眾支持身邊的吸煙人士戒除煙癮。委員會先後於2014年及2015年初推出兩輯全新宣傳短片——「點勁抽 三手煙都竊住你全家」與「煙、槍一樣，可以殺人。小心！」，分別由成功戒煙的藝人單立文及本地卡通人物擔任片中主角，以幽默手法傳遞無煙信息。

很多吸煙者以為可利用抽氣扇驅散煙味及煙草中的有毒物質，減低對他人的影響。「點勁抽 三手煙都竊住你全家」短片糾正了這個謬誤，指出三手煙（煙草燃燒時所釋放的有毒及致癌物質）仍會殘留在吸煙者的衣服、頭髮、皮膚及傢俱上，損害家人的健康。最後片中的父親下定決心戒煙，保障家人免受二手煙及三手煙的禍害，共同建立無煙家庭。

New APIs “Stop Third-hand Smoke from Killing Your Family” and “Caution! Cigarettes are as Lethal as a Gun”

COSH produced various APIs in recent years to publicize smoking hazards and encourage the public to support smokers to kick the habit. COSH launched two new APIs, “Stop Third-hand Smoke from Killing Your Family” in 2014 and “Caution! Cigarettes are as Lethal as a Gun” in early 2015, to further promote smoke-free messages in a humorous way. Successful quitter, artist Pal Sinn, and local cartoon character participated in the two APIs respectively.

Many smokers misunderstand ventilating a room while smoking could reduce the harm to others' health. The API “Stop Third-hand Smoke from Killing Your Family” rectified this fallacy and remarked that third-hand smoke, the toxic residues of tobacco smoke contamination, would cling to clothing, hair and skin of smokers, as well as furniture which adversely affects the family. In order to protect his wife and daughter from secondhand smoke and third-hand smoke, the father in the API decided to kick the habit for a smoke-free family.



另外，委員會透過動畫短片「煙、槍一樣，可以殺人。小心！」呼籲中年吸煙人士儘早戒煙，重投健康無煙生活。短片主角於警察學院畢業後成為臥底探員，三十年來致力調查案件，卻在即將破案的時刻身亡，而致命原因竟是參與臥底工作時長期吸入的大量一手煙、二手煙，可見煙草與槍同樣對生命構成威脅。

兩條宣傳短片均在電視廣播有限公司舉辦的「2015 TVB 最受歡迎電視廣告大獎」中獲選為「最受歡迎電視廣告」的候選電視廣告，而「煙、槍一樣，可以殺人。小心！」更獲得專業評審獎。

另外，於2013年首次播出的「仲等? 即刻戒煙!」— 猶豫篇宣傳片亦榮獲由深圳市舉辦的「第九屆設計之都(中國深圳)公益廣告大賽」影視組的優秀作品獎，可見宣傳片能引起廣大觀眾共鳴，鼓勵市民投入無煙生活。

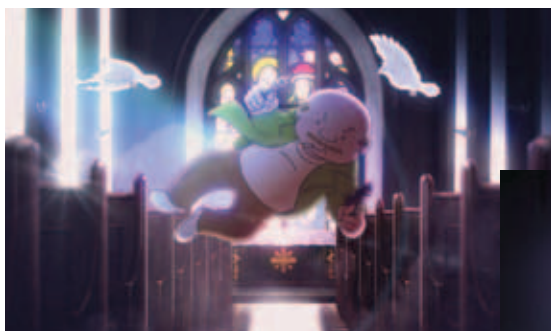
很高興得到各方的嘉許及認同，委員會將繼續嘗試用不同的方式、角度進行教育、宣傳及倡議工作，並以電視宣傳片及其他不同渠道將無煙信息傳遞予香港市民。

In addition, COSH inspired middle-aged smokers to give up smoking and develop a smoke-free lifestyle through API “Caution! Cigarettes are as Lethal as a Gun”. In the API, the undercover agent had investigated the case for 30 years after graduating from Police College. However, he perished in the line of duty not because of gunshots, but excessive inhalation of tobacco smoke and secondhand smoke.

The two APIs were listed as the finalist of “TVB Most Popular TV Commercial Awards 2015” organized by Television Broadcasts Limited. The API “Caution! Cigarettes are as Lethal as a Gun” also received the Professional Selection Award.

In addition, the API titled “Get started! Quit now” – Doubt Version (2013) was awarded the Excellent Award in the video category of “The 9th Public Service Advertising Competition City of Design (Shenzhen, China)” organized by Shenzhen city. It showed the effectiveness of the API in encouraging the citizens to adopt a smoke-free healthy lifestyle.

With the wide recognition, COSH will continue its education, promotion and advocacy works through a variety of forms and channels including API to disseminate the smoke-free messages to the citizens.



「清新女人魅」女性戒煙推廣計劃

香港現時女士的吸煙率約為3.1%。雖然近年女性吸煙率維持於百分之三至四，但女性每日吸煙人士數目卻呈上升趨勢。當中以30至49歲的組別升幅最大(30至39歲由1990年的2.4%上升至2012年的6.5%；40至49歲由1.6%上升至4.2%)。而女性吸煙者當中更有近六成從未嘗試戒煙。

有見及此，委員會於2014至2016年度舉辦「清新女人魅」女性戒煙推廣計劃，旨在讓女士明白吸煙禍害，包括對個人外表、健康及下一代的影響，早日決心戒煙，更希望推動家人及朋友支持吸煙人士戒煙，將無煙生活的好處宣揚到社會每個角落。計劃獲得逾30個婦女團體支持。

計劃包括舉辦一系列活動，如製作宣傳短片及舉辦宣傳活動、於社區派發宣傳品及舉辦健身、美容、中醫保健及營養學等課堂，以宣揚吸煙禍害及戒煙資訊等，希望女性了解無煙生活對其外表，以至健康的正面影響。

「無煙美麗日誌」電視宣傳短片

委員會於2014年11月至2015年1月與now TV合作，製作了一系列「無煙美麗日誌」電視宣傳短片，在now TV頻道及公共交通工具媒體上播放，目的是讓女士及公眾明白吸煙對皮膚、容貌及身體的影響，並提供戒煙貼士。



Women Smoking Cessation Promotion Programme

The smoking rate among female in Hong Kong is now around 3.1%. Though the female smoking prevalence remained at around 3% to 4% in recent years, the number of female daily smokers increased. Female daily smokers aged 30 – 49 increased drastically (30 – 39 age group: increased from 2.4% in 1990 to 6.5% in 2012; 40 – 49 age group: increased from 1.6% to 4.2%). Nearly 60% of female smokers have never tried to quit smoking.

In order to promote smoking cessation among women and the hazards of smoking especially the women specific ones, COSH launched the “Women Smoking Cessation Promotion Programme” with support of over 30 women associations. The Programme also aimed to spread the smoke-free messages to the wider public to mobilize them to support their smoking female family members and friends to quit.

The Programme contained a series of activities to inform the public about the smoking hazards, smoking cessation information and importance of a healthy smoke-free lifestyle. These activities included production of infomercials, organizing publicity event, distributing promotion materials in community and conducting fitness, personal grooming, Chinese medicine and dietary classes.



Infomercials “Smoke-free Beauty Diary”

From November 2014 to January 2015, COSH cooperated with now TV to produce a series of infomercials “Smoke-free Beauty Diary” to promote smoking hazards on skin, appearance and health, as well as cessation tips. The short films were broadcasted on now TV’s channels and some of the local public transports.

一連三集的「無煙美麗日誌」(各約60秒)，分別名為「美肌篇」、「準媽媽篇」及「戒煙方法篇」。短片中待嫁的女主角從與化妝師為婚禮試妝、向婦科醫生查詢生育問題，以及向戒煙輔導員詢問戒煙方法的過程中，了解到吸煙對女性外貌、生育及身體的影響，亦掌握到戒煙貼士而下定決心戒煙。短片亦提供相關戒煙熱線，方便有需要人士尋求協助。

星級化妝班

委員會與now TV合作，於2015年1月23日及30日舉辦「星級化妝班」，特別邀請星級化妝師Will OR親自教授2015年最流行妝容及護膚心得，並講解吸煙對女士皮膚及容貌的傷害，宣揚無煙生活的好處，讓一眾女士們保持健康美麗。

The infomercials contains three episodes (about 60 seconds each) namely "Skincare", "Mother-to-be" and "Smoking Cessation Methods". The actress Maggie was a bride-to-be who learned how smoking adversely affected her appearance, fertility and health, and got tips on smoking cessation when meeting the make-up artist, gynecologist and smoking cessation counsellor. Smoking cessation hotline was also introduced to facilitate the audience to seek assistance if needed.

Grand Make-up Class

Two "Grand Make-up Classes" were co-organized with now TV on 23 and 30 January 2015. Renowned make-up artist, Will OR introduced the latest make-up skills and skin care tips, as well as the smoking hazards towards women's appearance, to promote the benefits of kicking the habit and being smoke-free.



宣傳活動

計劃的宣傳活動於2015年1月23日假觀塘apm商場舉行，邀請了特技化妝師為模特兒化上特別效果的妝容，將長期吸煙對皮膚及容貌造成的傷害如提早出現皺紋、色斑等一一呈現眼前。委員會副主席伍婉婷指出，吸煙亦會為女性帶來各種健康問題如骨質疏鬆、提早更年期、減低受孕機會等，她鼓勵吸煙的女性為了保持肌膚和整體的健康，早日下定決心戒煙，重投無煙生活。

Publicity Event

A publicity event for the Programme was held at apm shopping mall in Kwun Tong on 23 January 2015 to promote women smoking cessation through special make-up demonstration showing the smoking hazards on skin and physical appearance such as early wrinkles and spots on skin. Yolanda NG, COSH Vice-chairman pointed out that smoking is hazardous to health such as lower bone density, earlier menopause and reduction of fertility. She encouraged the female smokers to kick the habit as soon as possible for their skin and health.

根據委員會早前委託香港大學護理學院及公共衛生學院進行的「香港女性吸煙調查」發現，情緒困擾及壓力為女性開始及繼續吸煙的重要因素之一。因此委員會亦特別邀請藝人朱千雪於活動中分享減壓美顏之道，而人氣網絡博客 Emmanuel 及 Queenie 龍鳳媽媽亦於活動中介紹護膚及化妝心得，同時宣傳無煙信息。為使市民更加了解吸煙對皮膚及外貌的傷害，委員會於活動中特設皮膚測試攤位，讓市民了解自己的肌膚質素。而市民亦可透過特製的相機拍照，預視自己吸煙十年後的樣貌變化，並可分享至個人社交網站，以鼓勵身邊朋友為改善健康和提升魅力儘快戒煙。

無煙學堂

委員會將於2015年4月至2016年2月於全港18區開辦「無煙學堂」，透過舉辦健身班、化妝班、中醫保健及營養學講座等，以間接方式宣揚吸煙禍害及戒煙資訊，讓參加者學會享受美麗健康的無煙生活。另外，下定決心戒煙者，更可透過計劃獲轉介至本港的戒煙服務。

計劃網頁：www.smokefree.hk/women

倡議增加煙草稅

大幅增加煙草稅是最有效的控煙措施之一，能有助降低香港的吸煙率。委員會於2015年1月7日召開「倡議大幅加煙稅 速降香港吸煙率」記者會，倡議政府大幅加煙稅。講者包括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。

鄭祖盛表示，「委員會建議政府於2015至2016財政年度大幅增加煙草稅百分之一百，使香港的吸煙率於一至兩年內下降至單位數字，保障公眾健康。」

According to the “Smoking and Health Survey in Hong Kong Women” conducted by COSH and the School of Nursing and School of Public Health of The University of Hong Kong, emotional problems and stress were some of the most important factors explaining why female smokers started and continued to smoke. Therefore, COSH invited artist Tracy CHU to share her experience on stress relief. Beauty bloggers, Emmanuel and Queenie also provided tips on skin care, make-up and smoke-free living during the event. COSH hosted a booth for the public to test their skin quality. The public could also use the photo booth with special effects to see the future of themselves if they smoke for 10 years and shared the photos to social media to encourage their family and friends to quit smoking for a better health and appearance.

Smoke-free Academy

District-based classes will be conducted from April 2015 to February 2016 across the territory covering fitness, personal grooming, Chinese medicine and dietary. Information on smoking hazards and smoking cessation will be delivered in the classes to encourage the participants to adopt a healthy and smoke-free lifestyle. The participants intended to quit will be referred to smoking cessation services in Hong Kong.

Programme Webpage: www.smokefree.hk/women

Advocacy on Raising Tobacco Tax

Raising tobacco tax is one of the most effective tobacco control measures to lower the smoking prevalence in Hong Kong. COSH hosted “Substantial Tobacco Tax Increase to Lower Smoking Prevalence Quickly” Press Conference on 7 January 2015 to advocate a substantial tobacco tax increase in Hong Kong. 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, Antonio KWONG, COSH Chairman, Yolanda NG, COSH Vice-chairman and Vienna LAI, COSH Executive Director.

Antonio KWONG said, “COSH advocated the Government for raising the tobacco tax substantially by 100% in 2015 – 2016 fiscal year to lower the smoking prevalence in Hong Kong to single digit in one to two years and protect public health.”

委員會於2014年5月至9月期間進行「控煙政策調查2014」，以隨機抽樣電話訪問形式進行，共訪問2,419位市民，包括819位從未吸煙者、800位已戒煙者及800位現在吸煙者。調查結果顯示，整體受訪者認為捲煙價格需大幅調升至平均港幣106元一包（2014年的價格約為港幣55元），方能有效推動吸煙人士戒煙，當中現在吸煙者更表示需加至171元，遠遠高於已戒煙者（123元）及從未吸煙者（98元）。



而政府於2014至2015財政年度僅調高煙草稅每支兩角，即約11.8%。調查顯示，逾六成半（65.3%）受訪者認為有關加幅不足以令吸煙人士戒煙，可見政府有必要大幅增加煙草稅，以鼓勵更多吸煙人士戒煙。

煙草業界及有關團體經常以加煙稅會助長走私煙草活動為藉口，大力反對政府加煙稅。早前更有報告指香港私煙情況嚴重，連續兩年佔市場消耗量超過三成。根據世界衛生組織的建議，對付私煙問題的最有效方法是嚴厲執法及加強打擊。

COSH conducted the “Tobacco Control Policy-related Survey 2014” and interviewed 2,419 citizens including 819 never smokers, 800 ex-smokers and 800 current smokers by telephone through random sampling during May to September 2014. The findings showed that overall respondents thought the cigarette retail price should reach HK\$106 per pack on average (retail price in 2014 was around HK\$55) to effectively motivate the smokers to quit while the current smokers commented that the price should be increased to HK\$171, which was much higher than the ex-smokers (HK\$123) and never smokers (HK\$98).

The Government raised the tobacco tax by only 20 cents per stick in 2014 – 2015 fiscal year, which was around 11.8%. Over 65% (65.3%) of the respondents commented that the increment failed to encourage smokers to kick the habit.

The tobacco industry and its allies always express strong opposition against tobacco tax increase under the pretext that it will lead to a surge in cigarette smuggling activities. A study claimed that illicit cigarettes proliferated in Hong Kong and composed for over 30% of cigarette consumption in two consecutive years. As recommended by the World Health Organization, the most effective measure against smuggling is tight control and aggressive enforcement.

委員會委託香港大學公共衛生學院以科學化及具透明度的計算方法評估香港的私煙消耗量，並客觀地推斷香港的私煙佔捲煙消耗量大約8.2%至15.4%。此研究所用的數據來自多個官方機構，包括香港政府統計處、香港海關、香港入境事務處、香港旅遊發展局等，論文並已獲英國醫學期刊(British Medical Journal)旗下的煙草控制(Tobacco Control)雜誌刊登，可見其認受性。

此外，委員會及後於2015年2月聯同多個醫護團體及學者去信財政司司長，重申增加煙草稅是最有效的控煙措施之一，促請政府於2015至2016年財政年度大幅增加煙草稅百分之一百，並制定積極及長遠的煙草稅政策。同時倡議增撥資源予控煙工作，包括加強教育及宣傳推廣、戒煙服務及打擊私煙等，務求多管齊下強化控煙措施，令香港吸煙率進一步降低，並於2022年前實現無煙香港。

COSH commissioned the School of Public Health, The University of Hong Kong to make an alternative estimation of illicit cigarette consumption in Hong Kong in a scientific way with transparent and testable assumptions. It was estimated that the consumption of illicit cigarettes in Hong Kong ranged from around 8.2% to 15.4% of total consumption. The estimation was based on reliable data from government departments including Census and Statistics Department, Customs and Excise Department, Immigration Department and Tourism Board. The abstract received wide recognition and was published in Tobacco Control of British Medical Journal.

Subsequent to the press conference, COSH sent an open letter, in co-signatory with medical and health organizations and academia, to the Financial Secretary in February 2015 to reiterate that raising tobacco tax was one of the most effective tobacco control measures. The Government was called on raising tobacco tax by 100% in 2015 – 2016 fiscal year, formulating a proactive and long-term policy on tobacco tax and allocating more resources on tobacco control, including smoke-free education, smoking cessation services and enforcement to combat smuggling, in order to further reduce the smoking prevalence and achieve a smoke-free Hong Kong by 2022.





「藉口·實戒得甩」戒煙宣傳推廣計劃

為鼓勵中年吸煙人士儘早戒煙，同時營造一個無煙香港的氛圍，委員會以「藉口·實戒得甩」為主題，邀請了五位不同背景的成功戒煙人士，分享他們的勵志戒煙故事及心得，包括藝人單立文、喉癌康復者韓文貴、第五屆「戒煙大贏家」無煙社區計劃冠軍李興廉、動畫師「夢特嬌·全」，以及會計師黃龍德教授，並製作了一系列短片及廣告，於不同媒體播放。

其中單立文更為是次活動創作了全新的戒煙歌曲「戒煙·世界返晒嚟」，一手包辦曲詞編唱，並找來早前成功戒煙的著名音樂人雷頌德作監製。歌曲讓觀眾瑯瑯上口，能為戒煙者打氣之餘，亦同時宣揚戒煙的好處。



“Quit smoking now! No excuse” Publicity Campaign

To motivate middle-aged smokers to quit as soon as possible and to create a social atmosphere for a smoke-free Hong Kong, COSH invited five successful quitters from different backgrounds to share their inspiring smoking cessation stories and tips under the theme of “Quit Smoking now! No excuse”. They were Pal SINN (artist), HON Man-kwai (laryngectomee), Henry LEE Hing-lim (champion of the 5th “Quit to Win” Smoke-free Community Campaign), Montagut CHUEN (animator) and Prof Patrick WONG Lung-tak (accountant). A series of short episodes were produced and broadcasted in various media platforms.

Pal SINN also composed a brand new cessation song for the Campaign by managing the melody, lyric, music arrangement and vocal. Famous musician, Mark LUI, who has quit smoking earlier, was invited to be the music director. The song was to support the quitters and to promote the advantages of cessation.

「藉口·實戒得甩」成功戒煙故事簡介

藝人單立文

單立文(豹哥)從17歲開始吸煙，煙齡達30年，他一直知道吸煙的禍害，但總給自己不同的藉口繼續吸煙，例如提神、增加創作靈感等等。直至九年前，在其47歲生日時，豹哥立下決心戒煙，將「健康」送給自己作為最好的生日禮物。豹哥認為沒有煙仔，對交際應酬、識朋友一點影響也沒有。



喉癌康復者韓文貴

韓文貴於13歲開始吸煙，因為在夜總會工作，所有同事均為吸煙者，高峰期一日食四至五包煙。1989年他聲音開始沙啞，甚至失聲，其後確診為喉癌，雖然立即戒煙，可惜病情嚴重，仍需要切除整個喉部。戒煙後，他覺得人放鬆了也精神了，更不斷勸身邊人戒煙。韓先生現為香港新聲會外務副會長，積極協助喉癌康復者重建生活，並擔任義工到處宣揚無煙信息。

「戒煙大贏家」冠軍李興廉

「戒煙大贏家」比賽冠軍李興廉煙齡超過20年，曾經戒煙七年，卻不敵工作應酬時的誘惑而復吸，令他完全失去戒煙的動力。去年，李先生於報章上看到「戒煙大贏家」的廣告，認為比賽能增加誘因及激勵意志，加上有專業戒煙輔導員免費跟進戒煙狀況，便於太太生日那天下定決心戒煙，作為給家人最好的禮物。李先生將成功戒煙的證書上載至社交網站，得到的「讚」是前所未有的多。

Stories of Successful Quitters

Pal SINN, artist

Pal SINN had smoked for 30 years since he was 17. He knew smoking was hazardous to health and yet he continued to smoke with different excuses such as for refreshment and inspiration. On his 47-year-old birthday, he decided to quit smoking and restore health as the best gift to himself. Pal has kicked the smoking habit for nine years and he reiterated that smoking had nothing to do with socializing.

HON Man-guai, recovered from laryngeal cancer

HON Man-guai picked up the smoking habit when he was 13. All of his colleagues in nightclub were smokers and he could consume four to five packs of cigarette per day. In 1989, Hon started to have a hoarse voice and even completely lost his voice. He was diagnosed with laryngeal cancer. Although he finally kicked the habit before the surgery, he still lost his ability to speak as his larynx was removed. HON felt relieved and more energetic after saying no to smoking and recovering from cancer. He is now the Vice-president (external affairs) of The New Voice Club of Hong Kong helping the laryngeal cancer survivors to rebuild their lives and actively disseminating smoke-free messages to every corner of the city.



LEE Hing-lim, champion of the 5th "Quit to Win" Contest

LEE Hing-lim, champion of the 5th "Quit to Win" Smoke-free Community Campaign, had smoked for more than 20 years. He had quitted for seven years but relapsed when he worked in mainland China and no longer had intention to quit. Mr Lee read the advertisement of "Quit to Win" smoking cessation contest one day which he believed could enhance his motivation and determination with the professional counseling service provided. He joined the contest on his wife's birthday last year which was the best gift he could have prepared for his loved one. When his certificate of smoking cessation was uploaded to the social media, he got enormous "Like".

動畫師夢特嬌·全

中三時，夢特嬌·全初嘗第一口煙，自始成為吸煙者，2005年（當時她22歲）證實患上三期鼻咽癌。在治療期間，她見盡人生苦樂，康復後透過自己的畫集，說出對人間的情感，希望用圖畫來安慰所有曾經患病的人，尤其是一班也曾受煙草所傷害的人。作為鼻咽癌康復者，她現在聞到煙味也會流鼻血。



會計師黃龍德教授

黃龍德教授15歲時在朋友的誘使下因貪玩而開始吸煙，每日吸三包煙。他身上的煙味，導致孩子不願意親近他，讓他流失了許多美好的親子時光。於1995年他終於下定決心戒煙，給孩子一份禮物，最終贏回了歡樂的健康家庭生活。戒煙後，他的健康大有改善，易喘的老毛病不見了，他更身體力行勸人戒煙，成立「清新健康人協會」。

Montagut CHUEN, animator

Montagut CHUEN tried her first cigarette when she was a form three secondary school student. In 2005, when she was 22 years old, Montagut was diagnosed with nasopharyngeal cancer (stage III). She has recovered and now records the sweets and bitters during her illness through painting to comfort the survivors from deadly diseases especially those who have been harmed by tobacco. As a nasopharyngeal cancer survivor, she still suffers from nosebleeds when she smells the cigarette smoke.

Prof Patrick WONG Lung-tak, accountant

Prof Patrick WONG Lung-tak started to smoke at 15 due to curiosity and peer pressure. He used to consume three packs of cigarettes a day. The bad smell of smoking caused him missing lots of valuable family time as his kids refused to get close to him. He restored his happy family life by quitting smoking as a gift to his kids in 1995. His health was greatly improved and he didn't have to gasp for breath anymore. In order to promote smoke-free messages, Prof Wong acts as a role model to encourage smokers to quit by setting up the Quit-Winners Club.





「藉口·實戒得甩」分享會

委員會於2015年3月6日假油塘大本型商場舉辦「藉口·實戒得甩」分享會暨「戒煙大贏家」頒獎禮。主禮嘉賓包括食物及衛生局副局長陳肇始教授、衛生署助理署長(特別衛生事務)蔡美儀醫生、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、委員會主席鄺祖盛及副主席伍婉婷。

藝人單立文及其他成功戒煙人士於活動上親述其戒煙經歷，同時單立文更即場演繹了戒煙歌曲《戒煙·世界返晒嚟》。而「藉口·實戒得甩」的五條宣傳短片於活動上首播後，隨即在不同媒體播放。藝人唐詩詠、羅孝勇、周志文及吳業坤亦於活動上以遊戲形式拆解吸煙人士拒絕戒煙的常見藉口，傳揚無煙信息。

計劃網頁：www.smokefree.hk/quitters

Successful Quitters' Sharing

COSH hosted the "Successful Quitters' Sharing" event under the theme of "Quit Smoking now! No excuse" on 6 March 2015 at Domain Mall in Yau Tong. Officiating guests included Prof Sophia CHAN, Under Secretary for Food and Health, Dr Sarah CHOI, 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.

Pal SINN and other successful quitters shared their smoking cessation experiences during the event. Pal SINN also interpreted the new cessation song. Five episodes of videos were premiered and broadcasted in various media platforms afterwards. Artists Adrian CHOW, Sheldon LO, James NG and Natalie TONG also spread the smoke-free messages through interesting games.

Campaign Webpage: www.smokefree.hk/quitters

「倡議立法全面禁止電子煙」 記者會

電子煙在全球各地日益流行，銷量於短短數年間迅速增長逾百倍。委員會發現現時在香港售賣的電子煙產品種類繁多，營銷策略更針對青少年，因此於2015年3月30日召開記者會，倡議政府立法全面禁止電子煙。參與的講者包括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、香港大學公共衛生學院副教授何世賢博士、委員會主席鄭祖盛、副主席伍婉婷及總幹事黎慧賢。

鄭祖盛表示，「委員會高度關注電子煙的趨勢，倡議政府立法全面禁止電子煙，以防止青少年開始使用，及避免電子煙成為開始吸煙的門檻，防患於未然，保障公眾健康。」

電子煙是電子尼古丁傳送系統最為常見的典型形式，通過加熱一種溶液傳送氣霧供使用者吸用。溶液按含量排列的主要成分，除了尼古丁(如有)，包括丙二醇，可能還有甘油和添味劑。一些電子煙的外形與煙草製品(如捲煙、雪茄、煙斗或水煙)相似，也有些是日常用品形狀，如鋼筆、USB記憶棒等。雖然現時香港出售的電子煙均標明不含尼古丁，但香港大學公共衛生學院指出，電子煙含有多種有害物質，其中包括丙烯乙二醇、甘油、乙醛、甲醛等，損害健康。

“Support a Total Ban on Electronic Cigarettes” Press Conference

Electronic cigarette (e-cigarette) has a rapid growth with hundredfold increase in global sales in recent years. A wide variety of e-cigarettes are easily accessible in Hong Kong which are mainly targeting the youngsters. COSH hosted a press conference on 30 March 2015 to advocate the Government for a total ban on e-cigarettes. 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 Daniel HO Sai-yin, Associate Professor, School of Public Health, The University of Hong Kong, Antonio KWONG, COSH Chairman, Yolanda NG, COSH Vice-chairman and Vienna LAI, COSH Executive Director.

Antonio KWONG remarked, “COSH has serious concern on the spread of e-cigarettes. To protect public health, we advocate the Government for a total ban on e-cigarette to prevent its prevalence among the youngsters and stop it from becoming the gateway to smoking.”

E-cigarettes are the most common prototype of electronic nicotine delivery systems. The battery-activated heating element in e-cigarette heats up a cartridge of solution. The e-cigarette then produces vapour inhaled by the user. Apart from nicotine (if available), the solution usually contains propylene glycol, glycerin, and flavourings. Some e-cigarettes look like tobacco products (e.g. cigarettes, cigars, pipes or shishas). Some may be produced in the form of everyday items such as pens and USB memory sticks. Currently e-cigarettes for sale in Hong Kong are labelled as nicotine-free. However, School of Public Health, The University of Hong Kong pointed out that e-cigarettes contain toxic chemical substances like propylene glycol, glycerin, formaldehyde and acetaldehyde which could bring health risks to human.



根據委員會的「控煙政策調查2014」，約七成半受訪者(75.4%)聽說過電子煙產品，而有約1.8%的受訪者曾經使用電子煙。調查結果顯示，年輕人(15 – 29歲)使用電子煙的比率(4.4%)較30歲或以上的人士(1.0%)為高。而香港大學公共衛生學院進行的「中學生吸煙情況調查2012/13」則發現，約有1.1%受訪中學生在過去30日曾使用電子煙。調查亦顯示，學生使用電子煙會增加呼吸道症狀的額外風險。

綜觀外國及香港的電子煙營銷策略均針對青少年為主，推出不同口味、形狀及包裝，迎合青少年好奇心、追求新鮮及潮流的心理，並於不同渠道進行宣傳促銷，對普羅大眾尤其是兒童及青少年而言，等同宣傳吸煙行為。電子煙的促銷手法與傳統捲煙相近，甚至利用社交網站作宣傳渠道拓展年輕人市場。而大部分電子煙的包裝均沒有提供詳細成分，只著重標榜不同味道，並配以「不會上癮」、「幫助戒煙」、「已獲認證」等字眼誤導消費者有關電子煙的安全性。

世界衛生組織表示目前沒有足夠證據斷定電子煙有助吸煙者戒煙，為保障公眾的健康，需要在全世界對其加以管制，以及約束電子煙的廣告、推銷和贊助活動，確保不以青少年和不吸煙者為銷售目標。現時全球已有13個國家全面禁止電子煙，當中包括新加坡、泰國、巴西等，可見此乃國際趨勢。為防患於未然，委員會促請政府儘快立法全面禁止電子煙，包括其銷售、宣傳推廣及贊助、分銷、進口及製造，以遏止電子煙風氣於香港普及，保障公眾健康。

According to the “Tobacco Control Policy-related Survey 2014” conducted by COSH, 75.4% of respondents had heard of e-cigarettes but only 1.8% of respondents had used e-cigarettes. The findings showed that rate of youngsters (aged 15 – 29) used e-cigarettes (4.4%) was higher than people aged 30 or above (1.0%). The “Secondary School Smoking Survey 2012/13” conducted by the School of Public Health of The University of Hong Kong found that 1.1% of secondary school students had used e-cigarettes in the past 30 days and e-cigarette users were more likely to have respiratory symptoms.

Youngsters are the main target of the marketing strategies adopted by Hong Kong and overseas e-cigarette suppliers and sellers. The flavours, designs and packaging are diverse and all appeal to the youth. Similar to the marketing strategies of traditional cigarettes in the past, e-cigarettes are promoted through different channels which normalize smoking behaviour among the mass public, especially the children and the youth. Social media are also commonly used to reach the youngsters. Besides, most e-cigarettes do not provide details on their ingredients but only address the variety of flavours. They are marketed as non-addictive, aid for smoking cessation, accredited and environmentally friendly which mislead consumers on their safety.

Insufficient evidence has been identified so far to support the claim that e-cigarettes help smokers kick the habit, said the World Health Organization (WHO). To safeguard the public against the potential harm of e-cigarettes, WHO urged countries to regulate e-cigarettes to minimize the risk of exposing the youngsters and non-smokers to e-cigarettes. Currently 13 countries have imposed a complete ban on e-cigarettes, including Singapore, Thailand and Brazil which is a global trend. To safeguard public health, COSH advocated the Government for a total ban on the sales, advertising, promotion and sponsorship, distribution, importation and manufacturing of e-cigarettes in Hong Kong.



社區聯繫及推廣

Community Involvement and Promotion

2014 葵涌醫院支持世界無煙日暨「無煙」美食創作比賽頒獎禮

葵涌醫院於2014年5月27日舉辦「2014葵涌醫院支持世界無煙日暨『無煙』美食創作比賽頒獎禮」，嘉許參賽的醫院職員、院友及其家屬運用創意設計以無煙為主題的菜式。

委員會項目籌劃高級經理吳麗盈獲邀出席頒發獎項予得獎者，並與在場人士分享戒煙貼士、最新控煙趨勢及煙害資訊，期望吸煙的院友及職員可儘早投入無煙健康生活。其他出席的嘉賓包括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)林大慶教授及前經濟發展及勞工局局長葉澍堃等。

「無煙老友記」計劃2014 – 15

不少醫學研究已證明戒煙對長者的健康有正面影響。而政府統計處《主題性住戶統計調查第53號報告書》顯示，習慣每日吸煙人口當中有接近120,000為65歲或以上的人士，約佔吸煙人口的18.1%。根據香港大學公共衛生學院聯同衛生署進行的一項長達近11年的追蹤研究，每兩個65至84歲的吸煙長者中，至少有一個因吸煙而死亡。與吸煙長者相比，戒煙長者因肺癌、心臟病及全部其他原因而死亡的風險明顯較低，可見戒煙能有效降低長者的死亡風險。

2014 Kwai Chung Hospital Support for World No Tobacco Day cum Prize Presentation of the Smoke-free Cooking Competition

Kwai Chung Hospital organized the “2014 Kwai Chung Hospital Support for World No Tobacco Day cum Prize Presentation of the Smoke-free Cooking Competition” on 27 May 2014 to commend the staff, patients and their family members for designing the creative cuisines to deliver smoke-free messages.

Annie NG, COSH Senior Project Manager was invited to present the awards, as well as share tips on smoking cessation, latest trend of tobacco control and information of smoking hazards to motivate the participants to live a smoke-free lifestyle. Other guests 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 and Stephen IP Shu-kwan, former Secretary for Economic Development and Labour.

Elderly Smoking Cessation Promotion Project 2014 – 15

The positive impacts of quitting smoking to the health of elderly had been proved by various medical studies. According to the Thematic Household Survey Report No. 53 of the Census and Statistics Department, nearly 120,000 daily cigarette smokers were aged 65 or above, which accounted for 18.1% of the smoking population in Hong Kong. According to a 11-year follow-up study conducted by School of Public Health, The University of Hong Kong and Department of Health, at least one out of two elderly smokers aged 65 to 84 was killed by smoking. Compared with smokers, the mortality risks of lung cancer, cardiovascular disease and all other causes in elderly quitters were reduced significantly. In other words, smoking cessation can help reduce the risk of death in the elderly effectively.



委員會一直關注長者吸煙的情況，為向他們推廣無煙健康生活，特別舉辦「無煙老友記」計劃2014 – 15，以提高長者對煙害的認識、鼓勵吸煙長者戒煙及動員非吸煙長者與身邊的家人及朋友分享無煙信息。

健康講座

「無煙老友記」計劃2014 – 15於2014年6月至2015年3月期間，於全港長者中心共舉辦38場健康講座，超過2,300位長者參與。講座由委員會的教育幹事講解有關吸煙禍害及戒煙等資訊，並鼓勵參與的長者與親友分享無煙信息及支持吸煙者戒煙。

COSH has been paying close attention to the smoking prevalence among the elderly. In order to promote a smoke-free healthy lifestyle, the “Elderly Smoking Cessation Promotion Project 2014 – 15” was organized to raise the knowledge on smoking hazards among elder people, encourage smokers to quit smoking and motivate non-smoking elderly to share the smoke-free messages with their families and friends.

Health Talks

A total of 38 health talks were conducted from June 2014 to March 2015 at elderly centres across the territory, reaching over 2,300 senior citizens. Information on smoking hazards as well as smoking cessation were delivered by COSH’s educators. Participants were invited to share the smoke-free messages with their family and friends, and support smokers to quit.

社區無煙宣傳活動

為進一步動員長者參與建設無煙環境，該計劃透過地區長者中心，邀請50位「長者無煙大使」參與社區無煙宣傳活動，與委員會攜手傳遞無煙信息。

委員會於2014年10月17日與香港電台第五台合作舉辦「無煙大使訓練課程」，向長者大使介紹吸煙與二手煙的禍害及簡單的戒煙輔導技巧，同時邀請2012年「戒煙大贏家」比賽冠軍麥新出席，以成功戒煙長者的身份分享其戒煙故事及心得。

「無煙老友記」計劃2014 – 15啟動儀式於2014年10月24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黃宏醫生、香港電台第五台節目總監何重恩、委員會主席鄭祖盛及總幹事黎慧賢。

一眾「長者無煙大使」亦參與了啟動儀式，展示他們對建設無煙香港的支持。同時，去年參與「戒煙誓師大會」的成功戒煙者陳偉雄及梁苟亦出席分享戒煙心得。藝員包括陳明恩、魯芬（張偉芬）、魯振順、羅孝勇及糖妹（黃山怡）則以遊戲及歌唱表演方式宣揚無煙信息。

Smoke-free Community Promotion

In order to mobilize the elderly to take part in constructing a smoke-free environment and further promote the smoke-free messages at community level, over 50 “Senior Smoke-free Ambassadors” were recruited through elderly centres to join hands with COSH to organize a series of smoke-free community promotion activities in their neighbourhoods.

“Smoke-free Ambassador Training” was co-organized with Radio 5 of Radio Television Hong Kong (RTHK) on 17 October 2014 to introduce hazards of active and passive smoking, as well as brief smoking cessation counseling skills to the senior ambassadors. The champion of “Quit to Win” Contest 2012, MAK Sun who was a senior quitter, was invited to share his quit story and tips with the participants.

“Elderly Smoking Cessation Promotion Project 2014 – 15” Launch Ceremony was held at Plaza Hollywood in Diamond Hill on 24 October 2014. Officiating guests included Prof Sophia CHAN, Under Secretary for Food and Health, Dr Christine WONG, Head, Tobacco Control Office, Department of Health, David HO, Head, Radio 5 of RTHK, Antonio KWONG, COSH Chairman and Vienna LAI, COSH Executive Director.

The “Senior Smoke-free Ambassadors” also attended the ceremony to show their support to constructing a smoke-free Hong Kong. CHAN Wai-hung and LEUNG Kau, successful quitters of “Smoke-free Campaign for the Elderly” Smoking Cessation Pledge Ceremony in 2013, were invited to share their quit stories. Artists including Corinna CHAMBERLAIN, Fun LO, Henny LO, Sheldon LO, and Kandy WONG also promoted smoke-free messages through interactive game and singing performance.

為推廣計劃的社區無煙宣傳活動，委員會透過香港電台第五台進行一連串的廣播，同時向公眾及年長人士推廣無煙資訊。

委員會於2014年10月至11月期間，在九龍城、葵青、觀塘、深水埗、南區及黃大仙展開共八場的無煙宣傳活動，「長者無煙大使」透過他們的社區網絡及朋輩影響力，鼓勵區內的吸煙長者戒煙。活動同時設有無煙展板及攤位遊戲。計劃共推動接近70位吸煙人士承諾戒煙，並由委員會轉介至衛生署綜合戒煙熱線接受戒煙輔導及跟進。



香港國際牙科博覽暨研討會 2014

香港牙醫學會於2014年8月22日至24日假香港會議展覽中心舉辦「香港國際牙科博覽暨研討會2014」。委員會主席劉文文應邀出席開幕儀式。此外，委員會亦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，並派發控煙刊物及宣傳品，促進與牙科專業人員在控煙工作上的交流及合作。

To promote the smoke-free activities organized in the community and disseminate smoke-free messages to the public, especially the elderly, a series of radio promotion was launched in Radio 5 of RTHK.

Eight sessions of smoke-free community promotion were conducted in Kowloon City, Kwai Tsing, Kwun Tong, Sham Shui Po, Southern District and Wong Tai Sin during October to November 2014. The trained "Senior Smoke-free Ambassadors" made use of their network and peer influence to encourage the elder smokers in their communities to kick the habit. Smoking hazards and knowledge on smoking cessation were also promoted through exhibition panels and game booths. The Project successfully motivated about 70 smokers to make a pledge for smoking cessation. They were referred to the Integrated Smoking Cessation Hotline of Department of Health for follow-up and counseling services.

Hong Kong International Dental Expo and Symposium 2014

The Hong Kong Dental Association hosted the "Hong Kong International Dental Expo and Symposium 2014" on 22 to 24 August 2014 at the Hong Kong Convention and Exhibition Centre. Lisa LAU, COSH Chairman, was invited to join the opening ceremony. COSH also set up an information booth at the Expo, introducing the tobacco control works in Hong Kong and COSH's education and publicity programmes. Publications and souvenirs were distributed to dental professionals to enhance the collaboration on tobacco control works.

無煙健康新世代嘉年華

基督復臨安息日會山景綜合青少年服務中心於2014年9月21日假屯門山景邨的服務中心舉辦「無煙健康新世代嘉年華」，於區內宣揚無煙信息，提醒市民吸煙的禍害。是次活動節目多元化，包括健康展覽、攤位遊戲、無煙大使嘉許禮及健康講座，以互動方式鼓勵屯門區居民及青少年投入無煙健康的生活，吸引超過100名市民參與。

委員會應邀出席，於活動中設置攤位遊戲及提供無煙健康講座，加強區內居民對煙草禍害的了解，並呼籲吸煙人士儘早戒除煙癮。



2014/15 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，中西區區議會轄下醫療衛生事務工作小組聯同多個政府部門、區內醫院、診所及社會服務機構，於2014年11月1日及2日假上環體育館舉辦「2014/15 年度中西區健康節」。

活動主禮嘉賓包括中西區區議會主席葉永成議員、中西區民政事務專員周可喬、中西區區議會副主席陳學鋒議員、中西區區議會文化康樂及社會事務委員會主席兼中西區健康城市督導委員會主席陳捷貴議員等，委員會總幹事黎慧賢亦應邀主持開幕典禮。

Smoke-free New Generation Carnival

With an aim to promote smoke-free messages to the community and remind the mass public on hazards of smoking, HKMCSDA Shan King Integrated Children and Youth Services Centre of Seventh-day Adventists organized the "Smoke-free New Generation Carnival" on 21 September 2014 at its centre in Shan King Estate, Tuen Mun. The carnival included a wide variety of activities such as health exhibition, game booths, smoke-free ambassador award ceremony and health talk to encourage the local residents and youth to live a smoke-free healthy lifestyle. Over a hundred of the mass public participated in the carnival.

COSH was invited to set up a game booth and deliver a smoke-free health talk to raise public awareness on health risks of smoking and encourage smokers to kick the habit.

Central and Western District Health Festival 2014/15

To enhance the community's awareness on the importance of health and to promote health education, Working Group on Health and Rehabilitation Service of Central and Western District Council collaborated with a number of government departments, local hospitals, clinics and social service organizations to host the "Central and Western District Health Festival 2014/15" on 1 and 2 November 2014 at Sheung Wan Sports Centre.

Officiating guests included YIP Wing-shing, Chairman of Central and Western District Council, CHOW Ho-kiu, District Officer (Central and Western), CHAN Hok-fung, Vice-Chairman of Central and Western District Council, CHAN Chit-kwai, Chairman of Culture, Leisure and Social Affairs Committee of Central and Western District Council and Chairman of the Steering Committee on Healthy City in Central and Western District Council. Vienna LAI, COSH Executive Director was also invited to join the opening ceremony.



場內活動多姿多彩，各個單位透過不同方式如展覽及諮詢服務，向市民傳達有關疾病預防及護理、家居安全及個人衛生等信息，同時亦於場內舉辦健康講座、運動示範及免費身體檢查等，吸引數百名市民參與。委員會應邀於是次活動設置攤位，以輕鬆有趣的方式向中西區居民宣揚無煙環境的重要性，更透過播放委員會歷年的宣傳短片以及即場派發有關煙草禍害及戒煙資訊的小冊子，讓他們進一步了解無煙生活的好處。

中華電力安全健康環保日 2014

香港中華電力有限公司邀請委員會參與他們的年度活動「安全健康環保日」，活動於2014年11月29日假屯門龍鼓灘發電廠舉行，成功吸引約5,000名員工及其家人參與。「安全健康環保日」成功舉辦多年，旨在以舞台表演，攤位遊戲及展覽向參加者宣傳安全、健康及環保的信息。委員會設置的攤位深受歡迎，超過1,000位參加者透過參與有趣的遊戲，了解到最新的控煙資訊及無煙信息。委員會職員亦向參加者派發控煙刊物及戒煙小冊子，鼓勵他們建立無煙家庭。

Messages of disease prevention and healthcare, home safety and personal hygiene were delivered through exhibitions, counseling services, health talks, exercise demonstrations and free body checks which successfully attracted hundreds of participants. COSH was invited to set up a booth to deliver the importance of a smoke-free environment in an interactive way. The latest APIs were broadcasted in order to enhance the local residents' knowledge on smoking hazards. COSH staff also distributed leaflets and smoking cessation booklets to encourage smokers to quit smoking.

CLPP Safety, Health & Environment (SHE) Day 2014

Invited by CLP Power Hong Kong, COSH hosted a game booth at CLP's annual staff family event "Safety, Health & Environment (SHE) Day" on 29 November 2014 at Black Point Power Station, Tuen Mun. This event has been organized successfully for many years and attracted around 5,000 CLP staff and their families to join in 2014. It aims to raise the awareness on safety, health and environment among participants through stage performance, game booths and exhibitions. The booth set up by COSH received overwhelming responses, reaching over 1,000 participants who received the up-to-date tobacco control information and smoke-free messages via interesting games. Brochures and booklets on smoking cessation were also distributed to encourage participants to build a smoke-free family.

仁愛堂共築健康新界西 2014

仁愛堂積極為市民提供社會福利、教育、醫療、康體等服務，拓展各項社區計劃，並於2014年12月13日假屯門仁愛廣場舉辦「仁愛堂共築健康新界西2014」，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。

活動除了提供健康檢查及中醫義診，亦舉辦了急救示範、醫療車參觀及舞台表演等，吸引數百名市民參與。委員會亦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，以互動形式加深市民對於吸煙禍害的認識，藉此推動大眾支持無煙香港。



香港新聲會乙未羊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，致力為喉癌患者及無喉者提供優質服務，協助他們恢復發聲能力和建立自信，重新投入社會。香港新聲會於2015年3月8日假石硤尾邨舉辦「乙未羊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內容及中心設施，並透過多元化節目傳達健康信息。

委員會於嘉年華中設置遊戲攤位，同時派發宣傳小冊子，加深區內居民對煙草禍害的認識，鼓勵吸煙人士儘早戒除煙癮，減低患上喉癌及其他疾病的機會。此外，活動更提供健康專題講座、中醫義診、簡單身體檢查及派發營養湯水食譜等，吸引過百名市民參與。

Yan Oi Tong New Territories West Health Festival 2014

Yan Oi Tong aims at launching social, educational, medical, recreational services and different community programmes for every citizen. To deliver the information on health and medical services to the public, Yan Oi Tong collaborated with various government departments and social service organizations in Tuen Mun and Yuen Long to organize "Yan Oi Tong New Territories West Health Festival 2014" on 13 December 2014 at Tuen Mun Yan Oi Town Square.

Free health checks, Chinese medical consultation, first aid demonstration, visit to the medical truck and stage performances were held in the festival attracting hundreds of participants. COSH was invited to deliver a health talk on the myths of smoking and methods of smoking cessation, as well as set up a game booth to promote the smoking hazards and importance of smoke-free environment.

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

The New Voice Club of Hong Kong provides services for the laryngectomies and laryngeal cancer patients, and assists them in regaining their voice and reintegrating into the community through the self-help and mutual help spirits. The Club hosted an "Open Day cum Spring Carnival" on 8 March 2015 at Shek Kip Mei Estate to allow the public to understand their scope of services and facilities, as well as deliver the health messages through diversified programmes.

COSH set up a game booth and distributed booklets in the carnival to promote smoking hazards to the local residents. COSH staff also encouraged the smokers to kick the habit as soon as possible in order to lower the risk of laryngeal cancer and other diseases. In addition, the Club arranged health talks, Chinese medical consultation, body checks and distributed healthy soup recipes in the carnival which attracted over 100 participants.

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」健康教育講座

控煙工作必須由教育下一代著手，從小開始灌輸無煙知識，能有效令他們明白無煙環境的重要性，決不嘗試第一口煙，並鼓勵他們勸喻身邊的家人和朋友戒煙。因此，委員會自1991年起，每年到全港各區幼稚園及中小學舉辦健康講座，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2014至2015年學年，委員會到訪接近110間學校舉行健康講座，多達20,000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、新興的電子煙及煙草商的宣傳技倆等。委員會的教育幹事亦會向學生介紹委員會的控煙工作及活動。講座另設有獎問答環節，務求令學生能在愉快的學習環境下，全面吸收無煙信息。

Health Talks for “Smoke-free New Generation”

Education is important for tobacco control. Delivering smoke-free messages to the next generation at an early age can help them recognize the importance of a smoke-free environment, deter them from trying 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 and secondary schools across the territory to educate the children and youth on smoking hazards.

During the school year 2014 – 2015, about 110 health talks were conducted, reaching over 20,000 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 legislation in Hong Kong, existing smoking cessation services, new trend of electronic cigarettes and marketing tactics of the tobacco industry. COSH educators also introduced the works and programme of COSH. A question-and-answer session was included and souvenirs were given to students to enhance their smoke-free knowledge under a relaxing atmosphere.





無煙青少年大使領袖訓練計劃 2014 – 15

青少年於成長期間容易因為對新事物感到好奇及受朋輩影響而嘗試吸第一口煙，對健康帶來嚴重及深遠的影響。有見及此，委員會自2012年起每年舉辦「無煙青少年大使領袖訓練計劃」，以提高青少年對煙草禍害、最新控煙資訊及吸煙趨勢的認識，並培育他們成為社會未來領袖，於校園及社區宣揚無煙文化。

2014 – 15 年度的計劃共吸引逾 300 名來自 30 多間中學、青少年中心及制服團隊的 14 至 18 歲青少年參與，而過去三屆計劃共成功培育近千名「無煙青少年大使」攜手建立無煙環境，取得顯著成效。

無煙青少年大使領袖訓練營

委員會於2014年暑假舉辦了四場兩日一夜的領袖訓練營，透過多元化的活動讓「無煙青少年大使」掌握煙草禍害的知識及控煙資訊，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。

Smoke-free Youth Ambassador Leadership Training Programme 2014 – 15

Youth are vulnerable to trying the lethal cigarettes due to curiosity and peer pressure. In order to educate the youngsters on smoking hazards and the latest trend of tobacco control, as well as to nurture them to sustain the pioneer role in spreading smoke-free messages, COSH has organized the “Smoke-free Youth Ambassador Leadership Training Programme” annually since 2012.

Over 300 youngsters, aged 14 to 18, from more than 30 secondary schools, youth centres and uniform groups enrolled for the 2014 – 15 programme. The Programme has successfully trained around 1,000 youth ambassadors to take the leading role in establishing a smoke-free environment over the past three years.

Smoke-free Youth Ambassador Leadership Training Camp

Four 2-Day-1-Night leadership training camps were held during summer holiday in 2014 to equip participants with knowledge on smoking hazards and tobacco control measures. Their skills on leadership, independence, creative and critical thinking, communication, problem solving, team building, programme planning and techniques of smoking cessation counseling were enhanced through diversified training activities.

無煙青少年大使行動

完成訓練的「無煙青少年大使」於2014年9月至12月期間學以致用，籌辦過百項創新活動以推廣無煙信息至學校及社區每一角落，接觸超過30,000名市民。活動包括漫畫創作比賽、短片拍攝、電台節目製作、街站宣傳、街頭短劇演出及開設網上專頁等等，旨在協助同學及市民認識煙草禍害，同時鼓勵身邊的家人、朋友及鄰舍戒煙，攜手建造清新健康的無煙社區。

無煙青少年團

為使參加者能繼續積極參與推廣無煙信息及控煙的活動，完成訓練的大使均獲邀加入「無煙青少年團」，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。

Smoke-free Programmes in Schools and the Community

Between September and December 2014, the trained Ambassadors applied their knowledge to initiate more than 100 innovative programmes to disseminate the smoke-free messages in their schools and community, reaching over 30,000 citizens. Programmes included comic drawing contest, video production, school radio programme, promotion and drama on streets, and establishment of fans page on social media. The Ambassadors raised public awareness on smoking hazards, as well as encouraged their friends, family members and neighbours to quit smoking and strive for a smoke-free Hong Kong.

Smoke-free Youth Ambassador Alumni Programme

To sustain the Ambassadors' pioneering role in spreading smoke-free messages, they were encouraged to join the "Smoke-free Youth Ambassador Alumni Programme" after the training to continue their support to tobacco control by attending sharing sessions, managing game booths and exhibitions in the community and participating in other publicity activities organized by COSH.





頒獎禮暨分享會

「無煙青少年大使領袖訓練計劃 2014 – 15」頒獎禮暨分享會於 2015 年 3 月 10 日舉行，以嘉許表現出色的「無煙青少年大使」。主禮嘉賓包括教育局副局長楊潤雄、衛生署助理署長(特別衛生事務)蔡美儀醫生、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、委員會主席鄭祖盛及副主席伍婉婷。

冠軍隊伍嶺南鍾榮光博士紀念中學獲邀分享活動籌劃的心得和經驗，他們以「無煙·關愛·承傳」作為活動構思藍本，致力以愛心和關懷推廣無煙理念，鼓勵市民決心戒煙，並期望無煙精神能夠以薪火相傳的方式延續下去。

他們舉辦多項無煙活動，共接觸超過 3,000 名市民。活動包括標語創作比賽、攤位遊戲、防癌講座、廣告拍攝、討論熱門控煙議題的無煙通識論壇、募集學生、教師及市民簽署無煙承諾、於社區設置印有無煙標語的宣傳橫額等等。部份活動更特別針對基層及女性吸煙人士而設，例如向街上的吸煙人士派發印有戒煙資訊的「無煙溫馨提示卡」。此外，他們更於社交網站開設專頁，向年輕人發放無煙信息，旨在以多方渠道推動無煙生活。

Award Presentation Ceremony

An award presentation ceremony was held on 10 March 2015 to commend the outstanding youth ambassadors of the 2014 – 15 programme. Honorable guests included Kevin YEUNG, Under Secretary for Education, Dr Sarah CHOI, 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 champion team, Lingnan Dr Chung Wing Kwong Memorial Secondary School, shared their tips and experience in organizing the activities under the theme of “Smoke-free, Love and Continuity”. They were determined to convey the smoke-free concept and encourage smokers to quit smoking with love, as well as to pass on the smoke-free spirits.

The team launched a series of activities which reached over 3,000 citizens, including slogan competition, game booths, anti-cancer health talk, video production, smoke-free liberal forum to discuss the hottest topics on tobacco control, inviting students, teachers and citizens to make a smoke-free pledge and display of banner with smoke-free slogan on busy streets. Besides, tailor-made activities were designed for the grass-root and female smokers, such as distribution of cards with warm reminders and smoking cessation information to smokers on street. A fans page on social media was also created to effectively disperse the smoke-free messages among the young generation through all-rounded channels.

**得獎名單如下：**

冠軍：嶺南鍾榮光博士紀念中學
 亞軍：仁濟醫院靚次伯紀念中學
 季軍：廠商會中學（第二隊）

優異無煙青少年大使團隊：

香港鄧鏡波書院
 樂善堂王仲銘中學
 寧波公學（第五隊）
 保祿六世書院
 寶血女子中學
 嘉諾撒培德書院
 東華三院李潤田紀念中學

計劃 Facebook 專頁：

www.facebook.com/SmokefreeYouthAmbassador

Winner List:

Champion: Lingnan Dr Chung Wing Kwong Memorial
 Secondary School
 First runner-up: Yan Chai Hospital Lan Chi Pat Memorial
 Secondary School
 Second runner-up: CMA Secondary School (Team 2)

Outstanding Smoke-free Teams:

Hong Kong Tang King Po College
 Lok Sin Tong Wong Chung Ming Secondary School
 Ning Po College (Team 5)
 Pope Paul VI College
 Precious Blood Secondary School
 Pui Tak Canossian College
 Tung Wah Group of Hospitals Lee Ching Dea Memorial College

Programme Facebook Page:

www.facebook.com/SmokefreeYouthAmbassador



學校互動教育巡迴劇場 「開心大少的無煙魔法」

委員會針對兒童及青少年各個成長階段的需要，舉辦不同的教育活動，務求更有效地讓他們了解無煙生活的好處，遠離煙草禍害。自1995年起，以小學生為目標觀眾的「學校互動教育巡迴劇場」成為委員會的重點教育及宣傳活動之一，先後於全港學校舉辦超過1,600場表演、逾440,000名學生及教師觀賞及參與。過去推出之劇目包括「無煙掌門人」、「無煙救地球」、「煙界歷險記」、「勁爆無煙 Super Show」、「小武的無煙城堡」、「無煙神探X」、「無煙能量超人」、「小紅帽的無煙旅程」和「小紅帽無煙大作戰」等，均深受學生及老師歡迎。

互動教育巡迴劇場以控煙為主題，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、二手煙及三手煙的禍害、了解吸煙的謬誤及拒絕二手煙等正面信息，從而領略無煙環境的好處，並參與推廣無煙健康生活模式，鼓勵身邊的吸煙人士戒煙。

School Interactive Education Theatre “Smoke-free Magic Boy”

COSH educates the children and youngsters on smoking hazards and the benefits of smoke-free living through a wide range of programmes which cater for their needs at different stages. “School Interactive Education Theatre Programme” has been one of COSH’s major education and publicity campaigns targeting primary students since 1995, the Programme has contributed about 1,600 performances, reaching more than 440,000 students and teachers. The previous performances were well-received, which included “Smoke-free Masters”, “Smoke-free Saves the Earth”, “Smokeland Adventure”, “Smoke-free Super Show”, “Mono’s Smoke-free Castle”, “Smoke-free Detective X”, “Smoke-free Superkids”, “The Smoke-free Journey of Red Hoodlet” and “The Smoke-free Battle of Red Hoodlet”.

The 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 and third-hand smoke and receive positive messages such as fallacies about smoking, say no to secondhand smoke and the benefits of a smoke-free environment. COSH aims to equip the students to promote a smoke-free lifestyle and encourage family members to quit smoking.

2014 – 15 年度委員會與中英劇團合作，推出全新劇目「開心大少的無煙魔法」，讓孩子明辨煙草商狡猾的宣傳技倆，除了學會拒絕吸煙，更可從多方面鼓勵家人戒煙。委員會特別鳴謝林大慶教授及劉文文擔任此劇的顧問。此教育劇場今年共舉辦 99 場，超過 24,000 名學生及教師欣賞。



故事講述劇中主角「常富友」是「托巴哥煙草公司」的富八代，過著無憂無慮的生活，閒時最愛表演魔術。有一天，管家「黑肺」及「白肺」帶來一個壞消息，就是公司業績近年節節下跌，快要倒閉了。這時候，「黑肺」提出一個鬼主意，如果想令公司起死回生，就要開拓兒童及青少年的新客源！為了拯救家族生意，「常富友」決定上街推銷煙仔，可惜處處碰壁，最後幸得「白肺」及觀眾的幫助，明白煙草的禍害，決定轉營業務，不再生產煙仔，更學會運用魔術勸人戒煙，得到真正的快樂。觀眾全情投入故事，吸收了不少無煙知識，與主角一起培養健康生活模式、推廣無煙家庭及建設無煙城市。

COSH launched a brand-new interactive musical titled “Smoke-free Magic Boy” in collaboration with Chung Ying Theatre in 2014 – 15. It aimed to educate students on the promotion tactics of tobacco industry, techniques to say no to cigarettes and various ways to encourage family members to kick the smoking habit. Special thanks were given to Prof LAM Tai-hing and Lisa LAU for being the professional consultants of the musical. 99 performances were delivered and over 24,000 students and teachers were reached.

“Smoke-free Magic Boy” was about the main character “Richman”, the owner of a tobacco company who loves magic performance. He was enticed by his housekeeper, “Black Lung” to promote cigarettes to children and youngsters in order to save his company from bankruptcy. Luckily, with the assistance of another housekeeper, “White Lung” and the audience, he understood the hazards of smoking and decided not to produce tobacco products anymore. On the contrary, he promoted smoking cessation through magic performance. The show created a favourable atmosphere for students to learn the importance of establishing a smoke-free lifestyle, building a smoke-free family and constructing a smoke-free city.





劇場的首演禮於2014年10月15日假香港理工大學賽馬會綜藝館舉行，嘉賓包括衛生署助理署長(特別衛生事務)蔡美儀醫生、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、前任主席劉文文及總幹事黎慧賢。委員會更邀請了接近400名小學生、老師及嘉賓率先欣賞，現場氣氛高漲。其後，劇團隨即在港、九、新界各區學校展開巡迴演出。

計劃網頁：www.educationtheatre.hk

COSH invited around 400 primary students, teachers and guests to attend the premiere held at Jockey Club Auditorium, The Hong Kong Polytechnic University on 15 October 2014. Honourable guests included Dr Sarah CHOI, Assistant Director (Special Health Services), Department of 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, Lisa LAU, COSH ex-Chairman and Vienna LAI, COSH Executive Director. The show was well-received by the audience. The Education Theatre began its tours in various districts afterwards.

Programme Webpage: www.educationtheatre.hk

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

香港北區扶輪社 — 控煙研討會

委員會主席劉文文獲香港北區扶輪社邀請，於2014年5月22日的例會上以「動員社區力量宣揚無煙信息」為題，分享委員會舉辦「戒煙大贏家」無煙社區計劃的經驗，闡述如何動員地區組織的滲透力，推動社區人士關注煙草禍害及支持地區控煙工作，從而將無煙信息傳遞至社區每一角落。



香港中文大學醫學院院會 健康展覽2014

香港中文大學醫學院院會舉辦一年一度的健康展覽，目的為提升公眾對健康議題的關注。今年活動的主題為「肺腑之言」，透過健康檢查、講座和教育展板等，推廣有關呼吸系統的健康知識。

委員會向主辦單位提供一氧化碳呼氣測試儀器、紀念品及小冊子，以解釋煙草的禍害及鼓勵參加者戒煙。展覽的開幕禮於2014年10月12日假將軍澳新都城中心三期舉行，委員會項目籌劃高級經理吳麗盈亦應邀出席。

Rotary Club of Hong Kong North – Tobacco Control Seminar

Lisa LAU, COSH Chairman was invited to present under the theme “Mobilize the Community to Spread Smoke-free Messages” at the luncheon meeting of Rotary Club of Hong Kong North on 22 May 2014. Ms Lau shared the experience of the “Quit to Win” Smoke-free Community Campaign to demonstrate how COSH mobilized the district organizations to raise public awareness and gain support for tobacco control at community level.

CUHK Medical Society Health Exhibition 2014

The annual health exhibition of the Medical Society of The Chinese University of Hong Kong aims to raise public awareness on health related issues. The theme of 2014 exhibition was “Priceless Breathing”, in which the importance of a healthy respiratory system was disseminated through health checks, featured talks and exhibition panels.

COSH provided smokerlyzers, souvenirs and booklets to the organizer to educate the public on smoking hazards and encourage smokers to kick the habit. Annie NG, COSH Senior Project Manager was invited to join the opening ceremony held on 12 October 2014 at Tseung Kwan O Metro City Plaza III.

香港大學青少年戒煙熱線 — 戒煙輔導員培訓課程

香港大學青少年戒煙熱線於2005年成立，為青少年提供朋輩式的戒煙輔導，及訓練年輕人成為戒煙輔導員。

委員會獲邀於2014年10月15日及2015年1月24日為戒煙輔導員的培訓課程提供講座。委員會總幹事黎慧賢向參加者介紹香港吸煙情況、控煙政策及委員會舉辦有關預防吸煙的活動及計劃。

HKU Youth Quitline – Smoking Cessation Counselor Training Workshop

The “Youth Quitline” of The University of Hong Kong was established in 2005 to provide smoking cessation services to youth smokers with peer support. Training programmes have been organized to nurture youngsters to become peer smoking cessation counselors.

COSH was invited to deliver a lecture in the Smoking Cessation Counselor Training Workshop on 15 October 2014 and 24 January 2015. Vienna LAI, COSH Executive Director, shared with the participants on Hong Kong’s current smoking pattern, tobacco control policies and COSH’s programmes on smoking prevention.



課程亦邀請了食物及衛生局副局長陳肇始教授及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)林大慶教授講解戒煙知識及吸煙禍害。同場亦有資深戒煙輔導護士分享動機性訪談及戒煙輔導技巧。課程內容豐富，吸引超過130位輔導員參加，在理論及實踐的層面上均獲益良多。

The workshop also consisted of lectures on smoking cessation and tobacco hazards conducted by Prof Sophia CHAN, Under Secretary for Food and Health and 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. Experienced smoking cessation counseling nurses were also invited to share techniques on motivational interviewing and smoking cessation counseling. Over 130 counselors attended the workshop and were well equipped with theories and real practices.

香港大學護理學院課程

香港大學護理學院致力培訓專業的前線護理人員，並推動香港的控煙工作及保障公共衛生，是委員會多年來的合作夥伴，曾舉辦不少有關控煙及戒煙的培訓課程。2014年委員會再次獲邀成為其護理學士及碩士課程的客席講者。

委員會項目籌劃高級經理朱偉康在2014年10月28日及11月11日的學士課程中，以「政治行動推廣公共衛生」為題，向超過300位學生介紹香港的控煙政策及委員會在教育、宣傳及政策倡議方面的工作。

此外，朱偉康亦於2014年11月13日，以「香港的煙草控制及預防工作」為題，向碩士課程的學生講解香港如同推行世界衛生組織提出的MPOWER控煙措施，並介紹委員會多年來在倡議及建構無煙香港方面的工作。

青蔥綠葉行動慈善基金會 — 義工嘉許典禮

青蔥綠葉行動慈善基金會以培育青少年的健康人生為宗旨，透過不同活動協助青少年建立健康生活模式。基金會於2015年2月24日假馬灣挪亞方舟舉辦義工嘉許典禮，邀請美容界義工、美容協會及社會服務機構等參與。委員會項目籌劃經理陳慧芬獲邀介紹委員會的女性戒煙推廣計劃、吸煙對女性的禍害及戒煙資訊，鼓勵美容業界攜手推動控煙工作。

HKU School of Nursing – Nursing Programme

School of Nursing of The University of Hong Kong has been a long-term partner of COSH in promoting tobacco control and safeguarding the public health. Over the years, it has been playing a key role in providing training to nursing professionals in Hong Kong. The school has organized numerous training on tobacco control and smoking cessation. COSH was again invited to be guest speaker for the Bachelor and Master of Nursing Programmes in 2014.

Lawrence CHU, COSH Senior Project Manager delivered a presentation titled “Political Action to Improve Public Health” which introduced Hong Kong’s tobacco control policies and COSH’s work on education, publicity and advocacy to over 300 bachelor students on 28 October and 11 November 2014.

In the lecture of the master programme on 13 November 2014, Mr Chu shared under the theme “Tobacco Control and Smoking Prevention Programmes in Hong Kong”, explained how the MPOWER measures suggested by the World Health Organization were implemented in Hong Kong and introduced the efforts of COSH in advocating for a smoke-free community over the years.

Ching Chung Action Foundation – Volunteer Award Presentation Ceremony

Ching Chung Action Foundation aims at helping the youngsters develop a healthy lifestyle through various programmes. Volunteer Award Presentation Ceremony was held at Noah’s Ark, Ma Wan on 24 February 2015 attended by volunteers, representatives of associations of beauty industry and social services organizations. Faine CHAN, COSH Project Manager was invited to introduce the publicity programmes on women smoking cessation, the women-specific smoking hazards and smoking cessation information, as well as to mobilize the beauty industry to support the work of tobacco control.

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 all levels of 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	主要新聞稿	Major Press Release
2014/5/31	錫住你錫住我不吸煙 支持世界無煙日	Celebrate the World No Tobacco Day Support your beloved ones to quit smoking
2014/6/19	關注女性吸煙 加強女性戒煙服務	Strengthen women-oriented smoking cessation services
2014/7/5	第五屆「戒煙大贏家」無煙社區計劃 全港攜手宣揚無煙生活態度	The 5 th "Quit to Win" Smoke-free Community Campaign fosters a smoke-free lifestyle across the territory
2014/9/2	「實踐MPOWER 履行《煙草控制框架公約》」 第七屆兩岸四地煙害防制交流研討會 近二百位參會者交流控煙經驗	"MPOWER in Action, FCTC Implementation" The 7 th Cross-strait Conference on Tobacco Control Some 200 participants exchange views on tobacco control
2014/9/4	倡議制定長遠煙草稅及控煙政策 進一步降低香港吸煙率	Advocate for a long-term policy on tobacco tax and tobacco control to further lower the smoking prevalence in Hong Kong
2014/9/9	多管齊下控煙保障公眾健康 加煙稅配合打擊私煙	Multi-prolonged tobacco control measures to protect public health Raising tobacco tax with stringent enforcement against illicit cigarettes
2014/10/15	學校互動教育巡迴劇場 「開心大少的無煙魔法」 以魔術鼓勵吸煙人士戒煙	Premiere of Education Theatre Programme 2014 – 15 "Smoke-free Magic Boy" Using magic to encourage smoking cessation

日期 Date	主要新聞稿	Major Press Release
2014/10/24	「無煙老友記」計劃 2014 – 15 啟動儀式 推廣無煙健康生活 與長者攜手支持戒煙	Elderly Smoking Cessation Promotion Project 2014 – 15 Launch Ceremony Promote smoke-free lifestyle and smoking cessation with the elderly
2015/1/7	倡議大幅加煙稅 速降香港吸煙率	Advocate for a substantial tobacco tax increase to lower the smoking prevalence quickly in Hong Kong
2015/1/23	「清新女人魅」女性戒煙推廣計劃宣傳活動 提醒女士吸煙損容顏	Publicity event for Women Smoking Cessation Promotion Programme Demonstrates smoking hazards on face
2015/2/3	致香港特別行政區財政司司長公開信 大幅增加煙草稅 速降香港吸煙率	Open letter to Financial Secretary, HKSAR Government Raising tobacco tax substantially to lower smoking prevalence
2015/2/25	委員會回應財政預算案的控煙措施	COSH response to the tobacco control policies proposed by The Budget
2015/3/6	「藉口·實戒得用」分享會暨「戒煙大贏家」頒獎禮 鼓勵吸煙人士別再找藉口 應儘快戒煙	Successful Quitters' Sharing cum the 5 th "Quit to Win" Prize Presentation Ceremony Quit smoking now! No excuse
2015/3/10	「無煙青少年大使」推動大眾建立 無煙生活態度	Smoke-free Youth Ambassadors take the lead to promote smoke-free living in the community
2015/3/30	倡議立法全面禁止電子煙	Support a total ban on electronic cigarettes

會議及考察

Conferences and Visits

會議 Conferences



第七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」自2007年開始，由中國、香港、台灣及澳門四地的控煙機構聯合定期舉辦，以推動兩岸四地在控煙工作和公共衛生領域的合作，提供一個良好的溝通平台，互相交流各地的經驗及成果。

「第七屆兩岸四地煙害防制交流研討會」由香港吸煙與健康委員會主辦，中國控制吸煙協會、台灣財團法人董氏基金會及澳門控煙聯盟協辦，於2014年9月2日至3日假香港會議展覽中心舉行。本屆會議以「實踐MPOWER 履行《煙草控制框架公約》」為主題，超過200位控煙專家、醫護人員、學者及非政府組織的代表參與。

The 7th Cross-strait Conference on Tobacco Control

Since 2007, the “Cross-strait Conference on Tobacco Control” has been jointly organized by tobacco control organizations in mainland China, Hong Kong, Taiwan and Macau on a regular basis to provide a communication platform to strengthen the collaboration in tobacco control and public health across the regions.

The “7th Cross-strait Conference on Tobacco Control” was hosted by Hong Kong Council on Smoking and Health at Hong Kong Convention and Exhibition Centre on 2 to 3 September 2014, in collaboration with Chinese Association on Tobacco Control, John Tung Foundation of Taiwan and Macao Tobacco Control Alliance. The theme of the Conference was “MPOWER in Action, FCTC Implementation”. Over 200 tobacco control experts, medical and health professionals, academia and representatives of non-governmental organizations attended the Conference and shared their experiences and achievements in tobacco control.

開幕禮

研討會開幕禮於2014年9月2日舉行，主禮嘉賓包括香港食物及衛生局局長高永文醫生、澳門衛生局局長李展潤醫生、香港食物及衛生局副局長陳肇始教授、香港衛生署署長陳漢儀醫生、委員會主席劉文文、中國控制吸煙協會會長黃潔夫醫生、澳門控煙聯盟召集人鄭成業醫生及台灣財團法人董氏基金會執行長姚思遠教授。

一眾嘉賓共同承諾實踐「第七屆兩岸四地煙害防制交流研討會」的控煙宣言，包括全面履行世界衛生組織《煙草控制框架公約》及落實執行MPOWER措施；制定更完善的無煙法例，減少煙草使用和接觸二手煙的風險；以及保障公眾衛生，創造有利的無煙及戒煙環境。劉文文期望會議能夠聚集華人力量，加強兩岸四地控煙組織的合作，一同保障市民健康。

為表揚兩岸四地致力推動控煙工作向前發展的傑出人士，大會於開幕禮上頒發「華人煙害防制貢獻獎」予周一嶽醫生（香港）、單國俊（中國大陸）、支修益醫生（中國大陸）、吳憲林醫師（台灣）及陳彥鳴（澳門）。另外，委員會特別頒發「控煙傑出貢獻獎」予麥龍詩迪教授，以表揚其超卓的控煙成就及對兩岸四地以至全球作出的重大貢獻。



Opening Ceremony

The Conference was unveiled by the opening ceremony on 2 September 2014. Officiating guests included Dr KO Wing-man, Secretary for Food and Health, Hong Kong SAR; Dr LEI Chin-ion, Director of Health Bureau, Macau SAR; Prof Sophia CHAN, Under Secretary for Food and Health, Hong Kong SAR; Dr Constance CHAN, Director of Health, Hong Kong SAR; Lisa LAU, COSH Chairman; Dr HUANG Jie-fu, Chairman of Chinese Association on Tobacco Control; Dr CHEANG Seng-ip, Convener of Macao Tobacco Control Alliance and Prof YAU Sea-wain, CEO of John Tung Foundation of Taiwan.

The officiating guests pledged to implement the Charter of the “7th Cross-strait Conference on Tobacco Control” including enforcing the World Health Organization’s (WHO) “Framework Convention on Tobacco Control (FCTC)” and putting MPOWER in action; establishing comprehensive legislation on tobacco control to reduce the use of tobacco and protect the public from exposure to secondhand smoke; as well as fostering a supportive environment for smoking cessation. Lisa LAU envisioned that the Conference could gather the strength of the Chinese to protect the public health and enhance the collaboration to curb tobacco epidemic.

At the opening ceremony, the “Contribution Awards for Chinese on Tobacco Control” were presented to recognize the contributions of the awardees in promoting the leap of tobacco control in the respective regions. The five awardees were Dr York CHOW (Hong Kong), SHAN Guo-jin (mainland China), Dr ZHI Xiu-yi (mainland China), Dr WU Hsein-lin (Taiwan) and Samuel CHAN (Macau). The “Special Award of Outstanding Contribution on Tobacco Control” was presented to Prof Judith MACKAY to commend her tremendous contributions and outstanding achievements on tobacco control across the cross-strait regions and around the world.

科學會議

研討會邀請了本地及國際控煙專家作專題演講，包括：

- 香港食物及衛生局副局長陳肇始教授 — 「香港的控煙政策：過去、現在、未來」；
- 香港衛生署署長陳漢儀醫生 — 「推行控煙措施：經驗與挑戰」；
- 美國艾默里大學及南非開普敦大學教授羅夏麗博士 — 「以煙稅作為控煙措施」；
- 澳洲維多利亞省癌症協會高級研究員 Sarah DURKIN 博士 — 「透過大眾媒體宣傳控煙：實證、信息和受眾」；及
- 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 — 「MPOWER 要加 Money 成為 MMPOWER：W 要強調至少兩個死一個」。

為紀念公共衛生專家李紹鴻教授的傑出成就及對兩岸四地控煙工作的貢獻，研討會特設「李紹鴻教授紀念講座」，以表敬忱。委員會主席劉文文以「實踐 MPOWER：香港的現況與挑戰」為題作專題演講，兩岸的控煙專家包括許桂華、鄭成業醫生及姚思遠教授亦從不同層面分析各地控煙工作的現況、挑戰和成就，並共同探討未來的發展策略。



Scientific Sessions

International and local tobacco control experts were invited to deliver presentations in the plenary sessions, including:

- “Tobacco Control Policy in Hong Kong: Past, Present and Future” by Prof Sophia CHAN, Under Secretary for Food and Health, Hong Kong SAR;
- “Implementation of Tobacco Control Measures: Experiences and Challenges” by Dr Constance CHAN, Director of Health, Hong Kong SAR;
- “Tobacco Tax Policy as a Tobacco Control Measure” by Dr Hana ROSS, Professor of Emory University, USA and University of Cape Town, South Africa;
- “Mass Communication in Tobacco Control: Evidence, Messages and Audiences” by Dr Sarah DURKIN, Senior Research Fellow – Tobacco, Cancer Council Victoria, Australia; and
- “To Add Money to Become MMPOWER and Emphasize “At Least One in Two Smokers Dies” in W” 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.

The “Memorial Lecture on Prof LEE Shiu-hung” was specially arranged as a tribute to Prof LEE Shiu-hung for his dedication and contributions to tobacco control in the cross-strait regions. Lisa LAU delivered a presentation on “Implementation of MPOWER: Development and Challenges in Hong Kong” in the session. Experts of the cross-strait regions, including XU Gui-hua, Dr CHEANG Seng-ip and Prof YAU Sea-wain also shared their views on the current trend, challenges and achievements, as well as strategies for future advancement in tobacco control.

研討會收到大量具水準的論文及摘要，全部均收錄於論文集。大會甄選了27份論文作口頭學術報告以及28份論文參與海報發表，而最佳海報設計獎分別由香港大學公共衛生學院及台灣財團法人董氏基金會共同獲得。

參觀無煙場所

大會安排與會者於2014年9月3日參觀香港首間成人無煙懲教所——東頭懲教所。香港懲教署代表分享了設立無煙懲教設施及推行控煙措施的經驗，包括通過教育、宣傳、輔導及戒煙課程等不同層面的工作，向在囚人士推廣無煙文化，最終東頭懲教所於2013年1月1日全面禁煙。

研討會網頁：www.csctc.hk

Numerous abstracts and papers in good quality were received and published in the abstract booklet. Totally 27 scientific papers were selected for oral presentation and 28 papers for poster presentation. The Best Poster Presentation Awards were given to the School of Public Health of The University of Hong Kong and John Tung Foundation of Taiwan.

Visit to Smoke-free Venue

A visit to Tung Tau Correctional Institution, Hong Kong's first "No Smoking Adult Correctional Facilities", was arranged for the participants on 3 September 2014. Representatives of Hong Kong Correctional Services shared their experience in establishing the smoke-free correctional facility and implementing various measures to promote a smoke-free culture among persons in custody through education, publicity, counseling and smoking cessation courses. Smoking has been prohibited in Tung Tau Correctional Institution since 1 January 2013.

Conference Webpage: www.csctc.hk



兒童健康與環境高峰研討會 2014

由香港兒科基金主辦的「兒童健康與環境高峰研討會 2014」，於2014年10月11日至13日假香港醫學專科學院舉行。研討會旨在匯聚各界專業人士，分享有關環境對兒童健康影響的最新研究結果，並推動多項維護兒童不受環境傷害的工作。委員會主席鄭祖盛獲邀出席研討會，委員會亦於會場內設置資訊攤位向與會者介紹香港的控煙情況，並派發刊物及宣傳品，分享無煙環境對兒童健康的重要性。



澳門戒煙論壇

「澳門戒煙論壇」由澳門戒煙保健會於2014年11月8日舉辦，主題為「讓青少年身心健康成長，遠離煙草禍害」，並邀請了澳門、香港及珠海多個政府部門、控煙及戒煙服務團體出席，交流各地的控煙工作經驗。

委員會項目籌劃高級經理朱偉康以「全方位的青少年無煙教育」為題，分享委員會在預防吸煙教育和推廣控煙工作的經驗。

Summit on Child Health and the Environment 2014

The Summit on Child Health and the Environment 2014 was organized by Hong Kong Paediatric Foundation from 11 to 13 October 2014 at Hong Kong Academy of Medicine. The Summit aimed to gather professionals to share their knowledge and insights on environmental impact on child health and to promote building a healthy environment for the benefit of future generations. Antonio KWONG, COSH Chairman was invited to join the Summit. COSH also set up an information booth and distributed leaflets and souvenirs to introduce the tobacco control works in Hong Kong as well as the importance of a smoke-free environment for child health.

Macau Smoking Cessation Forum

The "Macau Smoking Cessation Forum" was organized by Smoking Abstinence and Good Health Association on 8 November 2014 under the theme of "Prevent Youth from Tobacco Hazards for a Healthy Life". Representatives of government departments, tobacco control and smoking cessation groups from Macau, Hong Kong and Zhuhai were invited to exchange their experiences in tobacco control.

Lawrence CHU, COSH Senior Project Manager delivered a presentation titled "Integrated Approach in Smoke-free Education among Youth" and shared COSH's experiences in smoking prevention education and promoting tobacco control.

第二屆世界衛生組織控煙專才培訓計劃

世界衛生組織控煙及煙癮治療合作中心於2014年11月17日至21日在香港舉辦「第二屆控煙專才培訓計劃」，除香港以外，其他來自西太平洋區域國家及地區的代表包括中國大陸、澳門、基里巴斯、蒙古及菲律賓亦出席是次計劃。

為期五天的培訓計劃以參與控煙工作的中層管理人員為對象，傳授有關控煙政策的宏觀知識。計劃內容豐富，包括講座、實地視察、工作坊、小組討論和參觀社區戒煙中心，並邀請了國際及本地控煙專家分享工作經驗及最新的控煙進展，包括Simon CHAPMAN教授、Richard HURT教授、林大慶教授、麥龍詩迪教授、左偉國醫生及黃宏醫生等。

委員會總幹事黎慧賢亦獲邀成為講者之一，以「對抗香港的煙草流行——香港吸煙與健康委員會的倡議及宣傳工作」為題，分享委員會多年來在教育推廣工作及政策倡議上的經驗及挑戰。

The 2nd WHO Fellowship Programme on Tobacco Control

“The 2nd WHO Fellowship Programme on Tobacco Control” was organized by the World Health Organization Collaborating Centre for Smoking Cessation and Treatment of Tobacco Dependence in Hong Kong from 17 to 21 November 2014. Additional to the Hong Kong participants, the programme was attended by delegations from the Western Pacific Region, including mainland China, Macau, Kiribati, Mongolia and the Philippines.

The 5-day programme targeted middle management in tobacco control and provided a comprehensive overview of various tobacco control measures. It consisted of lecture, field immersion, workshop, group discussion and visit to community-based smoking cessation centres. International and local tobacco control experts including Prof Simon CHAPMAN, Prof Richard HURT, Prof LAM Tai-hing, Prof Judith MACKAY, Dr Homer TSO and Dr Christine WONG were invited to share their expertise and the latest development on tobacco control.

Vienna LAI, COSH Executive Director was invited as one of the speakers to conduct a presentation titled “Role of COSH in Advocacy, Education and Publicity Against Tobacco Use in Hong Kong”. Ms Lai introduced the experiences of COSH on education, publicity and policy advocacy.



第十六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。

第十六屆會議於2015年3月17日至21日在阿拉伯聯合酋長國阿布扎比舉行，主題為「煙草與非傳染性疾病」，逾2,000名來自100個國家及地區的學者、公共衛生界的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、委員陳志球教授、總幹事黎慧賢及秘書處職員。

The 16th World Conference on Tobacco or Health

Held every three years, "The World Conference on Tobacco or Health" 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 16th Conference was held from 17 to 21 March 2015 in Abu Dhabi, United Arab Emirates. Over 2,000 academics, public health professionals and non-governmental organization advocates from 100 countries and regions joined the Conference with the theme of "Tobacco and Non-Communicable Diseases". COSH sent a delegation to attend the Conference, including Antonio KWONG, Chairman, Yolanda NG, Vice-chairman, Prof Johnnie CHAN, Council Member, Vienna LAI, Executive Director and Secretariat staff.



委員會獲大會邀請在會場內以海報形式發表四份論文，分別為「『戒煙大贏家』— 社區參與的戒煙推廣及科研計劃」、「動員家庭推動及支持戒煙」、「邁向無煙環境：MPOWER在香港實施的現況與將來」及「抑制煙草於女性間流行：獨特的教育活動及適切的戒煙服務」。委員會透過海報展示，向與會者介紹香港的控煙法例及委員會的宣傳推廣工作。

會議提出一系列的建議，包括推行「全煙害警示包裝」及擴大煙包上的圖象警示、大幅度及持續增加煙草稅以減低煙草的可負擔能力、禁制任何形式的煙草廣告、推廣及贊助、加強管制電子煙及實踐世界衛生組織《煙草控制框架公約》中第5.3條，以避免與煙草業界的利益衝突等。大會期望透過各國實施全面的控煙政策，全球煙草的使用可於2025年減少30%。

Four abstracts of COSH were selected for poster presentation, namely “Quit to Win – A smoking cessation promotion and scientific research project with community participation”, “The family approach to promote and support smoking cessation”, “Work towards the endgame: MPOWER in Hong Kong and the next steps” and “To curb tobacco epidemic among women: unique education programmes and tailor-made cessation services in need”. COSH introduced the tobacco control policies in Hong Kong and its education and publicity programmes through the poster presentation.

The Conference ended with a number of recommendations, including the adaptation of plain packaging and enlargement of pictorial warning on cigarette packs, substantial and regular increase in tobacco taxes to reduce cigarette affordability, implementation of a complete ban of all forms of tobacco advertising, promotion and sponsorship, regulation on e-cigarettes and implementation of Article 5.3 of the World Health Organization’s Framework Convention on Tobacco Control to avoid conflict of interests with tobacco industry. Through the implementation of comprehensive tobacco control policies, it was aimed that the tobacco use prevalence of the world could be reduced by 30% by 2025.



考察活動
Visits

香港大學李嘉誠醫學院交換生

香港大學李嘉誠醫學院的交換生於2014年4月30日到訪委員會，項目籌劃高級經理朱偉康介紹了委員會的無煙教育及宣傳項目，當中特別提及「戒煙大贏家」無煙社區計劃，講解社區參與對建立無煙氛圍的重要。



澳門衛生局官員

澳門衛生局副局長鄭成業醫生、預防及控制吸煙辦公室主任鄧志豪醫生及負責控煙工作的團隊於2014年7月25日到訪委員會，交流兩地最新的控煙進程。委員會主席劉文文及總幹事黎慧賢特別介紹了由委員會主辦、於2014年9月舉行的「第七屆兩岸四地煙害防制交流研討會」，並邀請他們參與。

Exchange Students of Li Ka Shing Faculty of Medicine of The University of Hong Kong

Exchange students of Li Ka Shing Faculty of Medicine of The University of Hong Kong visited COSH on 30 April 2014. Lawrence CHU, COSH Senior Project Manager introduced COSH's smoke-free education and publicity programmes. "Quit to Win" Smoke-free Community Campaign was highlighted to demonstrate the importance of community involvement in sustaining a smoke-free atmosphere.

Officials of Macau Health Bureau

Dr CHEANG Seng-ip, Deputy Director of Health Bureau of Macau SAR, Dr TANG Chi-ho, Head of Tobacco Control Office of Macau SAR and a team of tobacco control practitioners paid a visit to COSH on 25 July 2014. Lisa LAU, COSH Chairman and Vienna LAI, COSH Executive Director exchanged with the delegates on the latest development of tobacco control in both regions. They also introduced the "7th Cross-strait Conference on Tobacco Control" hosted by COSH in September 2014 and invited the delegates to join.

美國兒科醫生

美國兒科醫生 Karen WILSON 於 2014 年 11 月 6 日到訪委員會，她是美國兒科學會其中一位致力關注煙草煙霧及兒童工作的領袖。委員會總幹事黎慧賢及項目籌劃高級經理朱偉康講解了香港兒童及青少年的吸煙情況，以及委員會的無煙教育和預防吸煙項目，Wilson 醫生亦分享了她在兒童接觸二手煙方面的研究及倡議經驗。

越南吸煙與健康督導委員會

越南吸煙與健康督導委員會組成代表團，率領政府衛生及旅遊部門官員於 2014 年 11 月 7 日到訪委員會。委員會項目籌劃高級經理吳麗盈以「以綜合策略建構無煙香港」為題，向代表團分享世界衛生組織提出的 MPOWER 措施在香港實施的情況。團員同時到訪衛生署控煙辦公室、世界衛生組織控煙及煙癮治療合作中心及葵涌醫院。

A Paediatrician from the USA

A paediatrician from the USA, Dr Karen WILSON, visited COSH on 6 November 2014. Dr Wilson is one of the leaders of the American Academy of Paediatric on tobacco smoke and children. Vienna LAI, COSH Executive Director and Lawrence CHU, COSH Senior Project Manager introduced the smoking pattern of children and youth in Hong Kong, as well as COSH's smoke-free education and smoking prevention programmes. Dr Wilson also shared her experiences on the research and advocacy works about children's exposure to secondhand smoke.

Vietnam Steering Committee on Smoking and Health

A study tour from Vietnam Steering Committee on Smoking and Health visited COSH on 7 November 2014. The delegation comprised government officials from the departments of health and tourism. Annie NG, COSH Senior Project Manager delivered presentation titled "An Integrated Approach to Construct a Smoke-free Hong Kong", to share Hong Kong's experience in implementing MPOWER measures suggested by the World Health Organization (WHO). The delegates also visited the Tobacco Control Office of Department of Health, WHO Collaboration Centre for Smoking Cessation and Treatment of Tobacco Dependence Centre and Kwai Chung Hospital.



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。

資源中心提供各類有關煙草禍害、二手煙、控煙法例等資料，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、醫護人員、控煙團體、公共衛生界別人士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的資訊及查詢委員會的活動資料，亦可就吸煙或其他相關的議題作出查詢、建議或投訴。

電話諮詢熱線可協助委員會收集市民對於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，會適時處理或/及轉交有關政府部門及相關團體跟進。

Resource Centre

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

The Centre's collections include various local and international periodicals, journals, books, research papers, conference proceedings, reference materials and audio-visual materials about tobacco hazards, passive smoking, tobacco control legislation, etc.

Visitors to the Resource Centre mainly include students, teachers, parents, medical and healthcare practitioners, tobacco control organizations, public health professionals and overseas delegations.

Enquiry Hotline

COSH set up a hotline system (852) 2838 8822 to provide round-the-clock enquiry service. The public can acquire information about smoking and health, as well as the details of COSH's programmes. They can also make enquiries, suggestions and complaints regarding smoking or other related issues via the hotline.

The hotline is 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2014年4月1日至2015年3月31日期間，委員會共收到市民提出1,281宗查詢、投訴及建議，個案分類見下表：
Between 1 April 2014 and 31 March 2015, COSH received 1,281 calls from the public making enquiries, suggestions or complaints. The cases are categorized as below:

個案類別	Categories	個案數目 No. of calls
查詢吸煙與健康的資料	General enquiries for information related to smoking and health	
香港控煙法例	Legislation on tobacco control in Hong Kong	134
吸煙對健康的影響	Health hazards of smoking	52
香港戒煙服務	Smoking cessation services available in Hong Kong	41
煙草產品成份	Contents of tobacco products	28
二手煙對健康的影響	Health hazards of passive smoking	22
戒煙方法及好處	Quit methods and benefits	20
其他吸煙與健康資訊	Other information related to smoking and health	13
查詢委員會資料及服務	General enquiries for COSH's information and services	
兒童無煙教育活動	Children smoke-free education programmes	605
申請委員會教育及宣傳物品	Application for COSH's education and publicity materials	104
委員會宣傳及社區推廣活動	COSH's publicity and community involvement projects	88
委員會背景及資料	Background and general information about COSH	70
投訴	Complaints	
法定禁煙區內違例吸煙	Smoking in statutory no-smoking areas	32
宣傳及推廣無煙活動	Promotion and publicity of smoke-free programmes	2
煙草產品的售賣規管	Regulations on the sale of tobacco products	2
非法定禁煙區內吸煙	Smoking in non-statutory no-smoking areas	2
建議	Suggestions	
對執法行動的意見	Opinions related to enforcement actions	19
對委員會活動的意見	Opinions related to COSH's programmes	18
調整煙草稅	Adjustment of tobacco tax	13
對控煙措施的意見	Opinions related to tobacco control measures	10
擴大非吸煙範圍	Extension of no-smoking areas	6
	總數 Total	1,281

委員會網站及電子通訊

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。

委員會的網頁採用無障礙網頁設計，令不同階層的市民包括殘疾人士更為方便地獲取有關控煙的資訊及委員會的服務。委員會網站連續三年達至「無障礙網頁嘉許計劃」的金獎級別，獲頒發「三年卓越表現大獎」。

此外，委員會亦定期發放電子通訊，提供最新的委員會動態和控煙資訊，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。公眾可於委員會網頁登記接收電子通訊。

委員會希望藉著便捷的網上平台提供無煙資訊，從而提高市民對吸煙禍害的關注，並鼓勵建立無煙的健康生活。

COSH Website and E-Newsletter

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, COSH website (www.smokefree.hk) is developed.

COSH website adopted the accessibility design to facilitate different segments of the community including persons with disability to access tobacco control information and COSH's services. COSH website attained the requirements of Gold Award of "Web Accessibility Recognition Scheme" for three years consecutively and was awarded the Triple Gold Award.

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

The e-platform provides a convenient channel for the public to acquire smoke-free information, with the aim to increase public awareness on smoking hazards and encourage them to build a healthy smoke-free lifestyle.



研究項目計劃 Research Projects



控煙政策調查 2014

委員會定期進行具代表性的「控煙政策調查」，收集有關吸煙、接觸二手煙和三手煙的情況及認識、使用戒煙服務等資料，以評估現時控煙措施的效用及收集市民對現行和未來控煙政策的意見。

委員會委託香港大學公共衛生學院及政策二十一有限公司進行「控煙政策調查2014」，於2014年5月至9月期間，以隨機電話訪問形式收集了819名從不吸煙人士、800名已戒煙人士及800名現時吸煙人士的意見，受訪人士年齡介乎15至65歲，而最終樣本以2014年香港人口進行加權。有關的調查數據重點如下：

Tobacco Control Policy-related Survey 2014

“Tobacco Control Policy-related Survey” is a regular cross-sectional survey which aims to gather wide scope of information related to smoking, secondhand and third-hand smoke exposure, awareness and utilization of cessation services to measure the impact of existing tobacco control measures and to collect public opinions towards current and future tobacco control policies.

COSH commissioned the School of Public Health of The University of Hong Kong and Policy 21 Limited to conduct “Tobacco Control Policy-related Survey 2014” from May to September 2014. The survey successfully collected information from the randomized sample of 819 never smokers, 800 ex-smokers and 800 current smokers who aged 15 to 65 through telephone interview. The final samples were weighted to the Hong Kong population composition in 2014. The major findings are as follows:

二手煙及三手煙

- 有不少受訪者表示於過去30天曾經在法定禁煙範圍接觸到二手煙，包括酒吧(41.7%)、公共交通轉乘設施(41.7%)及食肆(13.3%)。
- 非法定禁煙範圍的二手煙問題嚴重，大部分受訪者表示曾於不同地方接觸二手煙，包括酒吧室外位置(79.7%)、行人路(72.5%)、餐廳室外位置(68.2%)、公共交通輪候站(57.9%)及大廈出入口(42.2%)。
- 超過三分一受訪者(38.1%)表示於過去七天曾接觸三手煙；有約四分一表示於過去一個月曾在的士內(29.2%)及小巴內(24.4%)嗅到煙味。
- 超過八成受訪者(84.7%)支持立法禁止在載有兒童的車輛內吸煙。
- 大部分受訪者(79.0%)認為場所的負責人應為其禁煙場所內的違例吸煙行為負責及受到法律處罰。
- 大部分受訪者支持擴大禁止吸煙範圍至公共交通輪候站(88.4%)、住宅屋苑內的公共地方(87.1%)、行人路(82.5%)、繁忙街道(82.1%)、餐廳室外位置(73.6%)、所有室外公共地方(66.3%)及酒吧室外位置(53.9%)。
- 有34.7%的已戒煙人士及14.5%的現時吸煙人士表示，在2009年擴大禁煙範圍後停止吸煙或減少吸煙數量。

Exposure to secondhand smoke (SHS) and third-hand smoke (THS)

- A number of respondents reported exposure to SHS in statutory no-smoking area, including bars (41.7%), public transport interchanges (41.7%) and restaurants (13.3%) in the past 30 days.
- Exposure to SHS in non-statutory no-smoking area is serious in Hong Kong. Many respondents reported SHS exposure at seating-out area of bars (79.7%), pedestrian walkways (72.5%), seating-out area of restaurants (68.2%), public transport stops (57.9%) and doorways of buildings (42.2%).
- Over one-third (38.1%) of all respondents reported exposure to THS in the past seven days. Around a quarter of all respondents found smell of cigarettes in taxi (29.2%) or minibus (24.4%) in the previous month.
- Majority of the respondents (84.7%) would support a law banning smoking in cars when children are present.
- Most of the respondents (79.0%) supported that the person-in-charge should be liable and penalized for any smoking offense in their smoke-free premises.
- Respondents overwhelmingly supported the extension of no-smoking area to public transport stops (88.4%), public places of the residential areas (87.1%), pedestrian walkways (82.5%), busy roads (82.1%), seating-out area of restaurants (73.6%), all public outdoor places (66.3%) and seating-out area of bars (53.9%).
- 34.7% of ex-smokers and 14.5% of current smokers reported that they stopped smoking or reduced cigarette consumption when the smoke-free areas expanded in 2009.

煙草稅

- 現時吸煙人士當中，有 19.7% 及 10.6% 表示分別因為 2011 年及 2014 年煙草稅增加而停止吸煙或減少吸煙數量。
- 已戒煙人士當中，分別有 27.6% 及 25.5% 表示 2011 年及 2014 年增加煙草稅令他們有更大的決心戒煙。
- 大部分受訪者 (72.9%) 支持調高煙草稅。
- 超過一半受訪者 (54.0%) 同意增加煙價以推動吸煙人士戒煙，認為煙價應該平均增加至每包港幣 106 元才能有效推動吸煙人士戒煙。
- 現時吸煙人士當中，近半 (47.1%) 表示若煙價增加至每包港幣 117 元會減少一半煙量，41.2% 則表示若煙價增加至港幣 166 元會戒煙。

煙草產品包裝規管

- 大部分現時吸煙人士 (74.2%) 有留意煙包上的煙害圖象警示，當中有 46.6% 會因而聯想起吸煙的危害。有更多的從不吸煙人士 (69.9%) 及已戒煙人士 (60.9%) 會想到吸煙的危害。
- 約三分一現時吸煙人士 (32.6%) 會因為煙害圖象警示而考慮戒煙，但只有 12.1% 會於當刻停止點煙。由此可見，現時的煙害圖象警示已沿用八年，效力逐漸減退。

Tobacco tax

- Of all current smokers, 19.7% and 10.6% reported that they stopped or reduced smoking because of the tax increase in 2011 and 2014 respectively.
- Of all ex-smokers, 27.6% and 25.5% reported they were more determined to quit smoking because of the tax increase in 2011 and 2014 respectively.
- Most of all respondents (72.9%) supported an increase in tobacco tax.
- More than half (54.0%) of all respondents agreed that the cigarette price should be increased to help smokers quit smoking. They suggested the retail price of a pack of cigarettes at HK\$106 on average to effectively motivate smokers to quit smoking.
- Among all current smokers, almost half (47.1%) claimed that they would reduce cigarette consumption by half if the price were increased to HK\$117 a pack, and 41.2% would quit smoking if the price were increased to HK\$166.

Regulations on cigarette packs

- Majority of current smokers (74.2%) had noticed the pictorial health warnings (PHW) on cigarette packs and 46.6% would think of the risks of smoking because of the PHW. More never smokers (69.9%) and ex-smokers (60.9%) would think of the risks of smoking.
- About one-third (32.6%) of current smokers considered quitting and few of them (12.1%) stopped lighting a cigarette because of the PHW. The existing PHWs have been used for eight years. Effect in deterring smoking is fading.



- 大部分受訪者 (62.4%) 認為煙害圖象警示應該更加清晰顯示吸煙對健康的危害，平均認為圖象警示面積應佔煙包的七成，當中有21.1%更認為整個煙包應為警示。
- 澳洲於2012年12月起採用的「全煙害警示包裝」是新興的控煙措施，英國及愛爾蘭亦將在2016年及2017年實施。在香港，接近一半受訪者 (42.9%) 贊成推行「全煙害警示包裝」。



煙草廣告

- 多數受訪者 (60.7%) 曾經在銷售點看到煙草產品陳列。
- 大部分受訪者 (66.4%) 認為陳列煙草產品屬於廣告宣傳。有近兩成的現時吸煙人士 (19.6%) 表示煙草產品陳列令他們更渴望吸煙。
- 半數受訪者 (50.3%) 同意禁止於銷售點展示煙草產品。
- 有37.5%的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。

電子煙

- 大部分受訪者 (75.4%) 曾聽說過電子煙，但當中只有極少數 (1.8%) 曾經使用過電子煙，當中多數 (61.4%) 是15至29歲的年輕人士。
- 使用電子煙主要因為「朋友使用所以嘗試」(45.0%)、「電子煙特別/時尚/新穎」(34.9%) 及「可以幫助戒煙」(10.4%)。

- Most of all respondents (62.4%) thought that the PHW should be clearer about adverse health consequences linked to smoking. The respondents suggested the PHW should on average take 70% of the pack, in which 21.1% suggested it should take 100%.
- Plain packaging is a new tobacco control measure, which has been implemented by Australia since December 2012 and to be adopted by UK and Ireland in 2016 and 2017 respectively. In Hong Kong, almost half of all respondents (42.9%) supported the implementation of plain packaging.

Advertising of tobacco products

- Most of all respondents (60.7%) had noticed the display of tobacco products at points of sale.
- Majority (66.4%) thought that the display of tobacco products was a kind of cigarette advertisement and promotion and 19.6% of current smokers reported that the display increased the craving to smoke.
- Half of all respondents (50.3%) thought that display at the points of sale should be banned.
- Of all respondents, 37.5% thought brand extension, i.e. the use of cigarette brand names for other products such as clothing, should not be allowed.

E-cigarettes

- Most respondents (75.4%) had heard of e-cigarettes but very few had ever tried (1.8%) e-cigarettes. In those who had tried e-cigarettes, majority (61.4%) were young people aged 15 to 29.
- The most common reasons for them to try e-cigarettes were “their friends used it and they would like to try” (45.0%), “it is special/modern/novel” (34.9%) and “it can help quit smoking” (10.4%).

- 超過三分之一受訪者 (35.4%) 表示他們購買的電子煙含有尼古丁，39.7% 不清楚尼古丁的含量，只有約四分之一 (24.9%) 表示不含尼古丁。
- 大部分隨機抽樣的現時吸煙人士 (82.1%) 認為電子煙並不能取代傳統捲煙。

對未來控煙政策的意見

- 大多數受訪者 (56.7%) 支持全面禁止銷售煙草，現時吸煙人士當中亦有 38.5% 支持。
- 大部分受訪者 (76.2%) 同意將購買煙草產品的年齡由 18 歲調高至 21 歲。
- 半數受訪者 (50.5%) 贊成禁止售賣煙草予 2000 年或之後出生的人士。
- 63.8% 的受訪者認為當吸煙率降至 5% 或以下，應該全面禁止吸煙。

委員會將會進一步分析調查數據，並以報告書形式發佈個別题目的詳細結果。

- More than one-third (35.4%) of respondents said that the e-cigarettes they bought contained nicotine, whereas many (39.7%) did not know and only about a quarter (24.9%) reported no nicotine.
- Of the randomly-selected current smokers, 82.1% did not think e-cigarettes could take place of conventional cigarettes in their daily life.

Opinions on future tobacco control policies

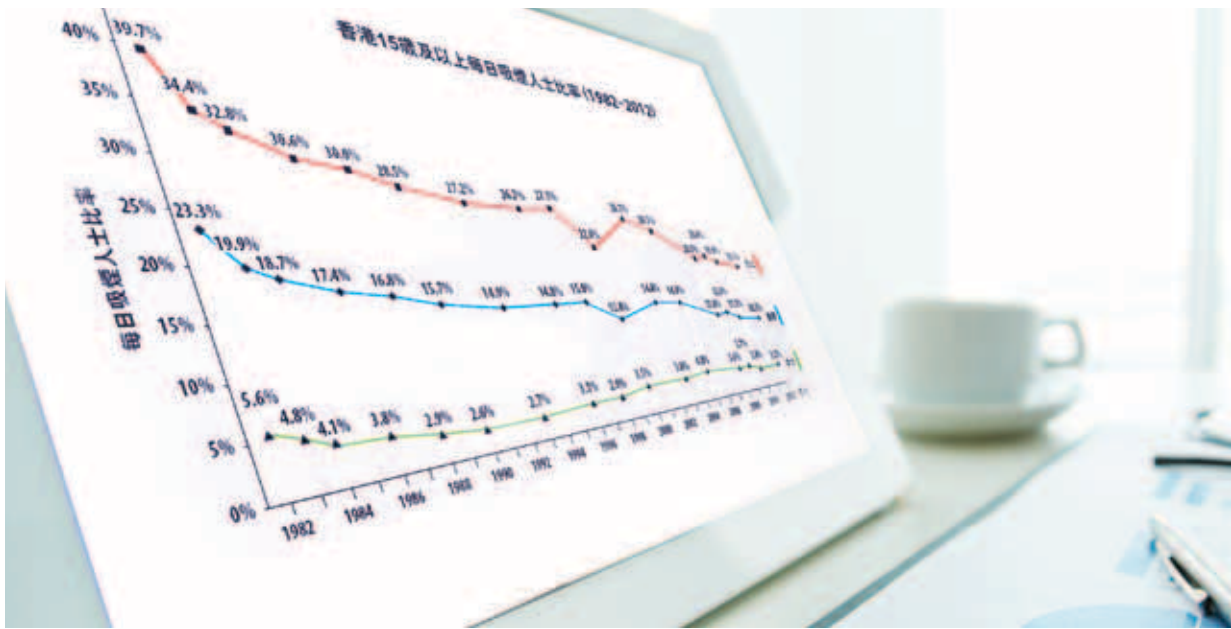
- A substantial proportion (56.7%) of respondents supported a total ban on tobacco sale, as did 38.5% of randomly-selected current smokers.
- Majority (76.2%) agreed a rise in the legal age for purchasing cigarettes from the present 18 to 21 years old.
- Half (50.5%) agreed that children born in and after 2000 should never have access to cigarettes.
- If smoking prevalence falls to 5% or lower, most of the respondents (63.8%) agreed that smoking should be banned altogether.

The survey findings will be further analyzed and more detailed results on specific topics will be disseminated in the form of report.





Join hands for a smoke-free Hong Kong
攜手邁向無煙香港



➤ 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向生態環境負責之環保目標而行。為保護環境，委員會奉行以下綠色管理政策：

- 善用資源；
- 減少耗用紙張；及
- 提高職員環保意識。

環保措施

善用資源

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。

另外委員會已逐步轉用節能燈取代傳統燈泡，前者耗電量僅為後者的六分之一。

Aims and Strategies

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

- Enhance efficiency of energy consumption;
- Reduce paper consumption; and
- Enhance staff 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, monitors of computer, photocopiers, printers and other electric appliances immediately after use.

Instead of using traditional light bulbs, COSH has started using compact fluorescent lamps which each consumes 1/6 of the energy used by a traditional globe.

減少耗用紙張

為向公眾傳播健康資訊，委員會須印刷宣傳物品如海報、小冊子、單張等等，故委員會藉以下措施減少耗紙量：

- 以電子郵件及內聯網代替便箋、信件及列印本作為內部通訊及文件傳遞；
- 使用電子傳真及電子檔案管理系統以減少列印文件；
- 縮減印刷宣傳品之數量及尺寸，並逐步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，以減少印刷品的需求；
- 採用雙面印刷，減省用紙；及
- 回收廢棄紙張，如草稿及錯誤列印的文件等循環再用。

提高職員環保意識

委員會秘書處不時舉行簡報會及張貼告示，讓職員了解節約能源的目的，及提醒他們遵行各項環保措施。

委員會將繼續竭力執行各項環保措施。

Reduce Paper Consumption

Promotional materials such as posters, brochures and leaflets are printed to promote the health message to the public. The following measures are applied to reduce the consumption of paper:

- E-mail and intranet are used among staff for internal communication and transfer of documents instead of memorandums, letters and hardcopies;
- 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 gradual adoption of environmentally friendly paper;
- Most of the tobacco control information, promotional materials and publications are available on COSH website for public access in order to reduce the demand of hardcopies;
- Use of both sides of paper to avoid wastage; and
- Unwanted paper such as drafts of documents and documents with printing errors are collected for recycling.

Enhance Staff Awareness on Environmental Protection

Staff meetings were held and notices were posted on notice board to remind staff on the aim of complying with and implementing all the green measures.

COSH will continue to make every endeavor to implement 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2015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)

本核數師(以下簡稱「我們」)已審核列載於第108頁至第127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2015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，以及主要會計政策概要及其他解釋資料。

委員就財務報表須承擔的責任

委員須負責根據香港會計師公會頒佈的香港財務報告準則編製真實而公平的財務報表，以及落實其認為編製財務報表所必要的內部控制，以使財務報表不存在由於欺詐或錯誤而導致的重大錯誤陳述。

核數師的責任

我們的責任是根據我們的審核對該等財務報表作出意見。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。我們已根據香港會計師公會頒佈的香港審計準則進行審核。這些準則要求我們遵守道德規範，並規劃及執行審核，以合理確定此等財務報表是否不存有任何重大錯誤陳述。

Hong Kong Council on Smoking and Health

Financial Statements

For the year ended 31 March 2015

To the Members of Hong Kong Council on Smoking and Health

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

We have audited the financial statements of Hong Kong Council on Smoking and Health ("the Council") set out on pages 108 to 127, which comprise the statement of financial position as at 31 March 2015, and the statement of comprehensive income, statement of changes in equity and cash flow statement for the year then ended, and a summary of significant accounting policies and other explanatory information.

Council Members' Responsibility for the Financial Statements

The Council members are responsible for the preparation of financial statements that give a true and fair view in accordance with Hong Kong Financial Reporting Standards issued by the Hong Kong Institute of Certified Public Accountants, 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 and error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. 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. We conducted our audit in accordance with Hong Kong Standards on Auditing issued by the Hong Kong Institute of Certified Public Accountants. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

核數師的責任 (續)

審核涉及執程序以獲取有關財務報表所載金額及披露資料的審核憑證。所選定的程序取決於核數師的判斷，包括評估由於欺詐或錯誤而導致帳項存有重大錯誤陳述的風險。在評估該等風險時，核數師考慮與該會編製真實而公平的財務報表相關的內部控制，以設計適當的審計程序，但並非為該會的內部控制的有效性發表意見。審計亦包括評價委員所採用的會計政策的合適性及所作出的會計估計的合理性，以及評價財務報表的整體列報方式。

我們相信，我們所獲得的審核憑證是充份及適當地為我們的審核意見提供基礎。

意見

我們認為，該等財務報表已根據香港財務報告準則真實而公平地反映 貴會於2015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。

Auditor's Responsibility (Continued)

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant of the entity's preparation of financial statements that give a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing the opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the council members, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements give a true and fair view of the financial position of the Council as at 31 March 2015 and of its financial performance and cash flows for the year then ended in accordance with Hong Kong Financial Reporting Standards.



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，2015年7月3日

Hong Kong, 3 July 2015

全面收益表

Statement of Comprehensive Income

截至2015年3月31日止年度
For the year ended 31 March 2015

(港幣)	(HK\$)	附註 Note	二零一五年 2015	二零一四年 2014
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		23,348,190	22,069,350
女性戒煙推廣計劃津貼	Women Smoking Cessation Promotion Programme subvention	3(b)	416,921	–
			23,765,111	22,069,350
銀行利息收入	Bank interest income		75	59
會議註冊費收入	Registration fee income on conference		125,800	–
雜項收入	Sundry income		6,088	7,930
			23,897,074	22,077,339
支出	Expenditure			
批準職位編製	Approved establishment	4	3,462,978	3,102,158
項目員工	Project staff	5	2,613,719	2,396,261
女性戒煙推廣計劃費用	Women Smoking Cessation Promotion Programme expenses	3(c)	416,921	–
宣傳及推廣費用	Publicity and promotion expenses		13,893,825	13,286,244
會議費用	Conference expenses		170,041	147,019
參考書籍及刊物	Reference books and periodicals		11,220	8,017
辦公室租金、差餉及管理費	Office rent, rates and management fee		2,614,338	2,548,378
貨倉租金及費用	Warehouse rent and expenses		189,480	183,426
維修及保養費用	Repairs and maintenance		86,847	5,032
清潔費	Cleaning fee		52,960	50,206
折舊	Depreciation		45,817	67,398
保險	Insurance		67,434	58,275
電費	Electricity		44,941	40,280
電話及通訊費用	Telephone and communication expenses		64,135	54,776
職工招募費用	Recruitment expenses		34,120	15,840
職工訓練及發展費用	Staff training and development expenses		–	2,500
法律及專業費用	Legal and professional fees		13,200	13,200
核數師酬金	Honorarium to auditors			
– 本年度應付	– provision for current year		14,000	14,000
– 上年度少計	– underprovision for prior year		–	1,000
郵費	Postage		11,564	838
印刷及文具	Printing and stationery		73,361	66,398
雜項支出	Sundry expenses		46,308	50,335
			23,927,209	22,111,581
本年度虧損	Deficit for the year	6	(30,135)	(34,242)
本年度全面支出	Total comprehensive expense for the year		(30,135)	(34,242)

財務狀況表

Statement of Financial Position

於2015年3月31日
At 31 March 2015

(港幣)	(HK\$)	附註 Note	二零一五年 2015	二零一四年 2014
非流動資產	Non-current assets			
物業、機器及設備	Property, plant and equipment	8	50,966	70,963
流動資產	Current assets			
按金及預付款項	Deposits and prepayments	9	732,712	699,901
銀行及現金結存	Bank and cash balances		999,072	525,645
			1,731,784	1,225,546
減：流動負債	Less: Current liabilities			
應付費用	Accrued charges		975,000	953,801
年假撥備	Provision for annual leave entitlements		210,704	180,559
預收女性戒煙推廣計劃津貼	Women Smoking Cessation Promotion Programme subvention received in advance	3(a)	533,079	-
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	10	20,007	68,047
應退回衛生署之累積盈餘	Accumulated surpluses refundable to the Department of Health	11	203,640	203,640
			1,942,430	1,406,047
流動負債	Net current liabilities		(210,646)	(180,501)
負債淨值	Net liabilities		(159,680)	(109,538)
等於：	representing:			
累積虧損	Accumulated deficits		(159,680)	(109,538)

經委員會於2015年7月3日通過。

Approved by the Council on 3 July 2015.

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

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

權益變動表

Statement of Changes in Equity

截至2015年3月31日止年度
For the year ended 31 March 2015

(港幣)	(HK\$)	附註 Note	二零一五年 2015	二零一四年 2014
累積虧損	Accumulated deficit			
上年度轉來之虧損	Deficit brought forward		(109,538)	(7,249)
本年度虧損／ 本年度全面支出	Deficit for the year/Total comprehensive expense for the year		(30,135)	(34,242)
應退回衛生署之經調整盈餘	Adjusted surplus refundable to the Department of Health	10	(20,007)	(68,047)
本會應佔之虧損	Deficit attributable to the Council		(50,142)	(102,289)
撥入下年度之虧損	Deficit carried forward		(159,680)	(109,538)

現金流量表

Cash Flow Statement

截至2015年3月31日止年度
For the year ended 31 March 2015

(港幣)	(HK\$)	二零一五年 2015	二零一四年 2014
營運活動之現金流量	Cash flows from operating activities		
本年度虧損	Deficit for the year	(30,135)	(34,242)
調整：	Adjustment for:		
利息收入	Interest income	(75)	(59)
折舊	Depreciation	45,817	67,398
營運資金變動前之營運盈餘	Operating surplus before working capital changes	15,607	33,097
按金及預付款項之增加	Increase in deposits and prepayments	(32,811)	(17,295)
應付費用之增加	Increase in accrued charges	21,199	49,404
年假撥備之增加	Increase in provision for annual leave entitlements	30,145	41,330
預收女性戒煙推廣計劃津貼之增加	Increase in Women Smoking Cessation Promotion Programme subvention received in advance	533,079	–
營運活動所產生之淨現金	Net cash from operating activities	567,219	106,536
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	(25,820)	(6,439)
已收利息	Interest received	75	59
投資活動所使用之淨現金	Net cash used in investing activities	(25,745)	(6,380)
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	(68,047)	(152,758)
融資活動所使用之淨現金	Net cash used in financing activities	(68,047)	(152,758)
現金及現金等值之淨增加／(減少)	Net increase/(decrease) in cash and cash equivalents	473,427	(52,602)
年初現金及現金等值結存	Cash and cash equivalents at beginning of the year	525,645	578,247
年終現金及現金等值結存	Cash and cash equivalents at end the year	999,072	525,645
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	999,072	525,645

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佈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。本帳目以歷史成本慣例編製。

香港會計師公會已頒佈若干於本會計年度首次生效之全新及經修訂香港財務報告準則。本會採用下列與本會運作相關的經修訂之香港財務報告準則：

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 accounts 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 Council has adopted the following revised HKFRSs which is relevant to its operations:

2. 主要會計政策 (續)

(a) 編製基準 (續)

(i) 經修正的香港會計準則第32號：金融資產及金融負債的抵銷

香港會計準則第32號修訂闡明了香港會計準則第32號的抵銷規定。由於本會沒有抵銷金融資產及金融負債，因此有關修訂沒有影響本會的財務報表。

(ii) 經修正的香港會計準則第36號：非金融資產可收回金額的披露

香港會計準則第36號的修訂更改了減值非金融資產的披露要求。當中，倘減值資產或現金產生單位的可收回數額是基於公允價值減出售成本計算時，該等修訂增加了相關的資料披露。這些修訂並無對本財務報表構成重大影響。

此外，本會並沒有提早採用本年度尚未生效之香港財務報告準則。本會管理層預計採用該等未生效的財務報告準則對本會帳目影響並不重大。

2. Principal Accounting Policies (Continued)

(a) Basis of Preparation (Continued)

(i) **Amendments to HKAS 32, Offsetting financial assets and financial liabilities**

The amendments to HKAS 32 clarify the offsetting criteria in HKAS 32. The amendments do not have an impact on these financial statements because the Council has not offset financial assets and financial liabilities.

(ii) **Amendments to HKAS 36, Recoverable amount disclosures for non-financial assets**

The amendments to HKAS 36 modify the disclosure requirements for impaired non-financial assets. Among them, the amendments expand the disclosure required for an impaired asset or cash-generating unit whose recoverable amount is based on fair value less cost of disposal. The amendments do not have a significant impact on these financial statements.

In addition, the Council has not early adopted new and revised HKFRSs that are not yet effective for the current accounting year. The management of the Council anticipates that the adoption of them is unlikely to have a significant impact on the Council's accounts.

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 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 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。

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, any 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.

2. 主要會計政策 (續)

(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。

(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。

2. Principal Accounting Policies (Continued)

(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.

(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 reporting period.

2. 主要會計政策 (續)

(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。
- (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。

2. Principal Accounting Policies (Continued)

(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 over the Council;
 - (b) has significant influence over the Council; or
 - (c) is a member of the key management personnel of the Council.
- (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.

3. 女性戒煙推廣計劃

在年度內本會從衛生署收到津貼為港幣950,000元用以開展女性戒煙推廣計劃。有關津貼確認、收入及支出之詳情如下：

(a) 津貼確認

(港幣)	(HK\$)	二零一五年 2015	二零一四年 2014
確認為收入	Recognized as income	416,921	-
確認為負債	Recognized as liability	533,079	-
津貼總額	Total subvention	950,000	-

(b) 收入

(港幣)	(HK\$)	二零一五年 2015	二零一四年 2014
已確認津貼	Recognized subvention	416,921	-

(c) 支出

(港幣)	(HK\$)	二零一五年 2015	二零一四年 2014
宣傳及推廣費用	Publicity and promotion expenses	320,000	-
薪金	Salaries	90,592	-
強積金供款	Mandatory provident fund contributions	4,530	-
保險	Insurance	1,799	-
		416,921	-

3. Women Smoking Cessation Promotion Programme

During the year the Council received a subvention of HK\$950,000 from the Department of Health to launch the Women Smoking Cessation Promotion Programme. The details of subvention recognition, income and expenditure are as follow:

(a) Subvention Recognition

(港幣)	(HK\$)	二零一五年 2015	二零一四年 2014
確認為收入	Recognized as income	416,921	-
確認為負債	Recognized as liability	533,079	-
津貼總額	Total subvention	950,000	-

(b) Income

(港幣)	(HK\$)	二零一五年 2015	二零一四年 2014
已確認津貼	Recognized subvention	416,921	-

(c) Expenditure

(港幣)	(HK\$)	二零一五年 2015	二零一四年 2014
宣傳及推廣費用	Publicity and promotion expenses	320,000	-
薪金	Salaries	90,592	-
強積金供款	Mandatory provident fund contributions	4,530	-
保險	Insurance	1,799	-
		416,921	-

4. 批准職位編製

4. Approved Establishment

(港幣)	(HK\$)	二零一五年 2015	二零一四年 2014
薪金及津貼	Salaries and allowances	3,337,162	2,990,804
強積金供款	Mandatory provident fund contributions	86,117	74,982
年假撥備	Provision for annual leave entitlements made	39,699	36,372
		3,462,978	3,102,158

5. 項目員工

5. Project Staff

(港幣)	(HK\$)	二零一五年 2015	二零一四年 2014
薪金	Salaries	2,506,085	2,286,269
強積金供款	Mandatory provident fund contributions	117,188	105,034
年假(撥備回撥)/撥備	Provision for annual leave entitlements (written back)/made	(9,554)	4,958
		2,613,719	2,396,261

6. 本年度虧損

6. Deficit for the year

本年度虧損已扣除下列費用：

Deficit for the year is stated after charging the followings:

(港幣)	(HK\$)	二零一五年 2015	二零一四年 2014
員工成本*	Staff costs*	6,219,447	5,544,283
土地及樓宇經營租賃租金支出	Rentals of land and buildings held under operating leases	2,346,396	2,339,596

* 包括支付定額供款退休保障計劃供款共港幣210,103元(2014年：182,200元)。

* including contribution of HK\$210,103 (2014: HK\$182,200) to defined contribution provident fund scheme.

7. 委員會成員的酬金

7. 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(2014年：無)。

None of the council members received any remuneration in respect of their services to the Council during the year (2014: Nil).

8. 物業、機器及設備

8. 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2013年3月31日	At 31 March 2013	36,305	104,176	492,623	633,104
添置	Additions	–	–	6,439	6,439
於2014年3月31日	At 31 March 2014	36,305	104,176	499,062	639,543
添置	Additions	–	1,840	23,980	25,820
於2015年3月31日	At 31 March 2015	36,305	106,016	523,042	665,363
累積折舊	Accumulated depreciation				
於2013年3月31日	At 31 March 2013	35,534	83,288	382,360	501,182
截至2014年3月31日 止年度計提	Charge for the year ended 31 March 2014	771	11,010	55,617	67,398
於2014年3月31日	At 31 March 2014	36,305	94,298	437,977	568,580
截至2015年3月31日 止年度計提	Charge for the year ended 31 March 2015	–	7,408	38,409	45,817
於2015年3月31日	At 31 March 2015	36,305	101,706	476,386	614,397
帳面淨值	Net book value				
於2015年3月31日	At 31 March 2015	–	4,310	46,656	50,966
於2014年3月31日	At 31 March 2014	–	9,878	61,085	70,963

9. 按金及預付款項

預期會於一年後收回之按金為港幣 480,794 元(2014年：港幣 450,794 元)，預付款項港幣 251,918 元(2014年：港幣 249,107 元)將會於一年內全數記入費用。

10. 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. Deposits and Prepayments

The amount of deposits expected to be recovered after one year is HK\$480,794 (2014: HK\$450,794). The prepayments in sum of HK\$251,918 (2014: HK\$249,107) are expected to be recognized as expenses within one year.

10. 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\$)	二零一五年 2015	二零一四年 2014
本年度虧損	Deficit for the year	(30,135)	(34,242)
加：折舊	Add: Depreciation	45,817	67,398
年假撥備	Provision for annual leave entitlements	30,145	41,330
減：物業、機器及設備的添置	Less: Additions to property, plant and equipment	(25,820)	(6,439)
應退回衛生署的經調整盈餘	Adjusted surplus refundable to the Department of Health	20,007	68,047

11. 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。

11. 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.

12. 金融資產及金融負債

(a) 金融資產及負債類別

(港幣)	(HK\$)	二零一五年 2015	二零一四年 2014
金融資產	Financial assets		
流動資產 – 按攤銷成本值：	Current assets – at amortized cost:		
按金	Deposits	480,794	450,794
銀行及現金結存	Bank and cash balances	999,072	525,645
		1,479,866	976,439
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	975,000	953,801
年假撥備	Provision for annual leave entitlements	210,704	180,559
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	20,007	68,047
應退回衛生署之 累積盈餘	Accumulated surpluses refundable to the Department of Health	203,640	203,640
		1,409,351	1,406,047

(b) 財務風險管理的目標及政策

(i) 外幣風險

在日常運作中，本會並不會存在重大的外幣風險。

(b) Financial Risk Management Objectives and Policies

(i) Foreign Currency Risk

In the normal course of the operation, the Council does not expose to significant foreign currency risk.

12. 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) 利率風險

在日常運作中，本會並不會存在重大的利率風險。

(iii) 其他價格風險

本會無需面對商品及證券價格風險。

(iv) 信貸風險

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。

(v) 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2015年及2014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2015年及2014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. Financial Assets and Liabilities (Continued)

(b) Financial Risk Management Objectives and Policies (Continued)

(ii) Interest Rate Risk

In the normal course of the operation, the Council does not expose to significant interest rate risk.

(iii) Other Price Risk

The Council is not exposed to commodity and security price risk.

(iv) Credit Risk

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.

(v) Liquidity Risk

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

As at 31 March 2015 and 2014, 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 2015 and 2014. The fair value is estimated as the present value of future cash flows, discounted at current market interest rate.

13. 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\$)	二零一五年 2015	二零一四年 2014
第一年內	Not later than one year	2,210,396	2,346,396
第二至第五年內	Later than one year but not later than five years	-	2,210,396
		2,210,396	4,556,792

13. Commitments Under Operating Leases

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

14. 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\$)	二零一五年 2015	二零一四年 2014
主要管理人員的報酬 (即總幹事)	Remuneration for key management personnel (i.e. Executive Director)		
短期員工福利	Short-term employee benefits	1,414,283	1,238,280
離職後福利	Post-employment benefits	17,500	15,000
		1,431,783	1,253,280

14. Related Party Transactions

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

鳴謝

Acknowledgement

委員會於年度內推行之各項工作，獲下列個別人士、政府部門、組織、學校、制服團隊及青年中心之鼎力協助及支持，委員會謹此致謝。

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

個人 Individuals			
歐家輝博士	Dr Johnny AU	張雅賢教授	Prof Annie CHEUNG Nga-yin
陳明恩女士	Ms Corinna CHAMBERLAIN	張家禎女士	Ms Chelsia CHEUNG
陳弄年女士	Ms Anita CHAN	張懿德博士	Dr Derek CHEUNG Yee-tak
陳國華先生 MH	Mr Ben CHAN Kok-wah, MH	張俊聲先生	Mr Johnson CHEUNG Chun-sing
陳漢儀醫生	Dr Constance CHAN Hon-yeo	張錦漢先生	Mr CHEUNG Kam-hon
陳靜嫻女士	Ms Helen CHAN	張惠雅女士	Ms Regen CHEUNG
陳耀星先生 SBS 太平紳士	Mr CHAN Iu-seng, SBS, JP	張國慧先生	Mr William CHEUNG Kwok-wai
陳梓兒女士	Ms Jenny CHAN Tsz-yeo	張榮星先生	Mr Winson CHEUNG
陳國祥先生	Mr CHAN Kwok-cheung	詹滿祥先生	Mr Bobby CHIM Moon-cheung
陳美德女士	Ms CHAN Mei-tak	蔡美儀醫生 太平紳士	Dr Sarah CHOI Mei-yeo, JP
陳平先生	Mr CHAN Ping	周奕希議員 BBS 太平紳士	Mr CHOW Yick-hay, BBS, JP
陳肇始教授	Prof Sophia CHAN Siu-chee	朱慶虹議員 太平紳士	Mr CHU Ching-hong, JP
陳捷貴先生 BBS 太平紳士	Mr Stephen CHAN Chit-kwai, BBS, JP	朱家賢先生	Mr CHU Ka-yin
陳偉雄先生	Mr CHAN Wai-hung	朱凱琪女士	Ms Katie CHU
陳玉琴女士	Ms CHAN Yuk-kam	夢特嬌·全女士	Ms Montagut Chuen
鄭成業醫生	Dr CHEANG Seng-ip	李秀連(徐太)女士	Mrs CHUI
陳健久先生	Mr Eric CHEN Jian-jiu	徐佩珊女士	Ms CHUI Pui-shan
陳靜女士	Ms Jing CHEN	鍾振邦先生	Mr CHUNG Chun-bong
陳敏先生	Mr Willy CHEN Min	鍾嘉敏女士	Ms Jacqueline CHUNG Ka-man
鄭麗琼議員	Ms CHENG Lai-king	鍾港武先生 太平紳士	Mr CHUNG Kong-mo, JP

鍾舒漫女士	Ms Sherman CHUNG	李興廉先生	Mr Henry LEE Hing-lim
	Dr Sarah DURKIN	李家仁醫生 MH 太平紳士	Dr LEE Ka-yan, MH, JP
霍偉賢先生	Mr Patrick FOK	李桂珍女士 MH	Ms LEE Kwai-chun, MH
方平先生 BBS 太平紳士	Mr FONG Ping, BBS, JP	李瑞蘭女士	Ms LEE Shui-lan
馮允謙先生	Mr Jay FUNG	李蕙芬女士	Ms LEE Wai-fun
陳仲海先生	Mr Stanley J GARCIA	梁浩輝先生	Mr Andy LEUNG
何寶兒女士	Ms Anita HO	梁樂彤女士	Ms Christy LEUNG Lok-tung
何世賢博士	Dr Daniel HO Sai-yin	梁苟先生	Mr LEUNG Kau
韓文貴先生	Mr HON Man-guai	梁皓鈞先生 MH	Mr Raymond LEUNG, MH
許可琦女士	Ms Kiki HUI	森美 (梁志健先生)	Mr Sammy LEUNG
許倩華女士	Ms Wako HUI	李德康先生 MH 太平紳士	Mr LI Tak-hong, MH, JP
洪卓立先生	Mr Ken HUNG	李浩祥教授	Dr William LI Ho-cheung
阿翹 (裘媛娜女士)	Ms Janice KAU	魯芬 (張偉芬女士)	Ms Fun LO
高威林先生 BBS, MH	Mr William KO, BBS, MH	魯振順先生	Mr Henry LO
葛民輝先生	Mr Eric KOT	盧沛華先生	Mr LO Pui-wah
龔栢祥先生 MH	Mr KUNG Pak-cheung, MH	羅孝勇先生	Mr Sheldon LO
郭振華先生 BBS, MH 太平紳士	Mr Jimmy KWOK Chun-wah, BBS, MH, JP	羅永順先生	Mr LO Wing-shun
鄭月心女士	Ms KWONG Yuet-sum	雷頌德先生	Mr Mark LUI Chung-tak
賴慧詩女士	Ms Iris LAI	馬紹良先生 MH	Mr MA Siu-leung, MH
黎美言女士	Ms Winkie LAI	麥龍詩迪教授 OBE, SBS, MBE 太平紳士	Prof Judith MACKAY, OBE, SBS, MBE, JP
豪仔 (林偉豪先生)	Mr Calvin LAM	麥倩屏醫生 BBS	Dr MAK Sin-ping, BBS
林愛斌女士	Ms Christina LAM Oi-bun	麥新先生	Mr MAK Sun
林兆強醫生	Dr LAM Siu-keung	文春輝先生 BBS, MH	Mr MAN Chen-fai, BBS, MH
林大慶教授 BBS 太平紳士	Prof LAM Tai-hing, BBS, JP	吳清聯醫生	Dr Ng Ching-luen
林玉珍議員 MH	Ms LAM Yuk-chun, MH	吳仕福先生 GBS 太平紳士	Mr George NG Sze-fuk, GBS, JP
劉愛詩女士	Ms Alice LAU Oi-Sze	吳祖宜女士	Ms Joey NG
劉文文女士 BBS, MH 太平紳士	Ms Lisa LAU Man-man, BBS, MH, JP	吳凱孚先生	Mr Terry NG Hoi-fu
劉文頌女士	Ms Nita LAU	顏汶羽先生	Mr NGAN Man-yu

羅夏麗博士	Dr Hana ROSS	龐朝輝醫生	Dr Jeffrey PONG Chiu-fai
岑素圓女士	Ms Alice SHAM So-yuen	潘國華先生	Mr PUN Kwok-wah
史立德博士 MH 太平紳士	Dr Allen SHI Lop-tak, MH, JP	黃建彬先生 MH	Mr WONG Kin-pan, MH
單立文先生	Mr Pal SINN Lap-man	黃麗莉女士	Ms WONG Lai-lee
蘇麗珍議員 MH 太平紳士	Ms SO Lai-chun, MH, JP	黃龍德博士 BBS 太平紳士	Prof Patrick WONG Lung-tak, BBS, JP
蘇西智先生 SBS, MH	Mr SO Sai-chi, SBS, MH	黃達明先生	Mr Richard WONG
蘇偉基醫生	Dr William SO Wai-ki	黃德祥醫生	Dr WONG Tak-cheung
戴雅穎女士	Ms Anna TAI	黃可宜女士	Ms Yo WONG
譚領律先生	Mr Stanley TAM Lanny	許桂華女士	Ms XU Gui-hua
譚佩雯女士	Ms Wendy TAM	丘詠仙女士	Ms Olive YAU
鄧永明先生	Mr Anthony TANG Wing-ming	姚思遠教授	Prof YAU Sea-wain
鄧國強先生	Mr TANG Kwok-keung	嚴中明女士	Ms Grace YEN Chung-ming
田陸秀娟女士	Mrs Gloria TIEN LUK Sau-kuen	楊美琪女士	Ms Maggie YEONG
曾浩輝醫生 太平紳士	Dr Thomas TSANG Ho-fai, JP	楊美娟女士	Ms Cecilia YEUNG Mi-kuen
謝淑珍女士	Ms TSE Suk-chun	楊建強先生	Mr Frederick YEUNG
徐耀良先生 太平紳士	Mr William TSUI, JP	楊潤雄先生 太平紳士	Mr Kevin YEUNG Yun-hung, JP
溫國雄先生	Mr Joseph WAN Kwok-hung	葉錦洪先生	Mr YIP Kam-hung
王文炳教授	Dr Kelvin WANG Man-ping	葉永成先生 BBS, MH 太平紳士	Mr YIP Wing-shing, BBS, MH, JP
黃宏醫生	Dr Christine WONG Wang	姚子樑先生	Mr Ivan YIU
黃曉欣女士	Ms Cordy WONG	姚銘先生	Mr YIU Ming
黃綺馨博士	Dr Esther WONG	余衍深先生	Mr Marcus YU Yin-sum
黃健暉先生	Mr John WONG	阮德鏘先生	Mr Johnson YUEN
黃潔如女士	Ms Ju WONG	袁翠霞女士	Ms Marisa YUEN Chui-ha
糖妹(黃山怡女士)	Ms Kandy WONG		

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
食物及衛生局	Food and Health Bureau
香港懲教署	Hong Kong Correctional Services Department
醫院管理局	Hospital Authority
政府新聞處	Information Services Department
離島區議會	Islands District Council
九龍城區議會	Kowloon City District Council
九龍城民政事務處	Kowloon City District Office
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	
香港仔街坊福利會社會服務中心 南區長者綜合服務處	Aberdeen Kai-fong Welfare Association Social Service Centre – Southern District Integrated Elderly Service Centre
青鳥	Action for REACH OUT
義務工作發展局西園長者中心	Agency for Volunteer Service Western Garden Neighbourhood Elderly Centre
亞洲反吸煙諮詢所	Asian Consultancy on Tobacco Control
明愛中區長者中心	Caritas Elderly Centre – Central District
婦女健康促進及研究中心	Centre of Research and Promotion of Women's Health
青蔥綠葉行動慈善基金會	Ching Chung Action Foundation Limited
青暉婦女會	Ching Fai Women Association Ltd
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
鐘聲慈善社胡陳金枝長者鄰舍中心	Chung Sing Benevolent Society Mrs Aw Boon Haw Neighbourhood Elderly Centre
中英劇團	Chung Ying Theatre Company
爭氣行動	Clear the Air
大本型商場	Domain Mall
基督教香港信義會頌安長者鄰舍中心	ELCHK Chung On Neighbourhood Elderly Centre
荃灣區議會環境及衛生事務委員會	Environmental and Health Affairs Committee, Tsuen Wan District Council
循理會竹園耆樂會所	Free Methodist Church Chuk Yuen IVY Club
福來滿樂賢毅社	Fuk Loi Moon Lok Yin Ngai Society
和諧之家	Harmony House
曉麗婦女協會	Hiu Lai Women's Association
路德會馬頭圍長者中心	HKLSS Ma Tau Wai Lutheran Centre for the Elderly
路德會茜草灣長者中心	HKLSS Sai Cho Wan Lutheran Centre for the Elderly
路德會茜草灣長者中心(恩景軒)	HKLSS Sai Cho Wan Lutheran Centre for the Elderly Grace Sceneway Sub-office
基督復臨安息日會山景綜合青少年服務中心	HKMCSDA Shan King Integrated Children and Youth Services Centre of Seventh-day Adventists
香港聖公會聖路加福群會長者鄰舍中心	HKSKH St Luke's Settlement Neighbourhood Elderly Centre
香港聖公會太和長者鄰舍中心	HKSKH Tai Wo Neighbourhood Elderly Centre
香港基督教女青年會長青松柏中心	HKYWCA Cheung Ching Neighbourhood Elderly Centre
香港基督教女青年會大澳社區工作辦事處	HKYMCA Tai O Community Work Office

香港醫科專科學院	Hong Kong Academy of Medicine
香港佛教聯合會佛教傳黃合長者鄰舍中心	Hong Kong Buddhist Association Buddhist Foo Wong Hop Neighbourhood Elderly Centre
香港基督教服務處元洲長者鄰舍中心	Hong Kong Christian Service Un Chau Neighbourhood Elderly Centre
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
香港婦產科學院	Hong Kong College of Obstetricians and Gynaecologists
香港兒科護理學院	Hong Kong College of Paediatric Nursing
香港牙醫學會	Hong Kong Dental Association
香港各界婦女聯合協進會	Hong Kong Federation of Women
香港婦女中心協會	Hong Kong Federation of Women's Centre
香港島婦女聯會	Hong Kong Island Women's Association
離島婦聯有限公司	Hong Kong Outlying Islands Women's Association Limited
香港南區婦女會	Hong Kong Southern District Women's Association Ltd
香港婦聯總部	Hong Kong Women Development Association Limited
香港婦女健康大使總會	Hong Kong Women Health Ambassador Association
香港基督教女青年會	Hong Kong Young Women's Christian Association
國際四方福音會建生堂耆年中心	ICFG Kin Sang Church Elderly Centre
國際四方福音會隆亨堂耆年中心	ICFG Lung Hang Church Elderly Centre
佛香講堂羅陳楚思老人中心	International Buddhist Progress Society Law Chan Chor Sze Social Centre for the Elderly
國際婦女會老人中心	International Women's League Social Centre for the Elderly
香港理工大學賽馬會綜藝館	Jockey Club Auditorium, The Hong Kong Polytechnic University
路德會賽馬會雍盛綜合服務中心	Jockey Club Yung Shing Lutheran Intergrated Service Centre
九龍城浸信會長者鄰舍中心	Kowloon City Baptist Church Neighbourhood Elderly Centre
九龍婦女聯會	Kowloon Women's Organizations Federation
葵涌醫院	Kwai Chung Hospital
葵青安全社區及健康城市協會	Kwai Tsing Safe Community and Healthy City Association
生活教育活動計劃	Life Education Activity Programme
旺角街坊會陳慶社會服務中心	Mongkok Kai-Fong Association Limited Chan Hing Social Service Centre
	Moon Studio

鄰舍輔導會天瑞鄰里康齡中心	Neighbourhood Advice-Action Council Tin Shui Neighbourhood Elderly Centre
聖母醫院	Our Lady of Maryknoll Hospital
竹園區神召會彩雲長者鄰舍中心	Pentecostal Church of Hong Kong Choi Wan Neighbourhood Elderly Centre
保良局張麥珍耆樂中心	Po Leung Kuk Mrs Maria Cheung Lifelong Learning Institute for the Senior
博愛醫院	Pok Oi Hospital
政策二十一	Policy 21 Limited
灣仔區議會衛生健康活力城推廣委員會	Promotion Committee of "Hygienic, Healthy & Dynamic City", Wan Chai District Council
清新健康人協會	Quit-Winners Club
耆康會東區長者地區中心	SAGE Eastern District Day Care Centre for the Elderly
耆康會王華湘紀念長者鄰舍中心	SAGE Mr Wong Wha San Memorial Neighbourhood Elderly Centre
嗇色園可寧耆英康樂中心	Sik Sik Yuen Ho Ning Social Centre for Senior Citizens
嗇色園可平耆英鄰舍中心	Sik Sik Yuen Ho Ping Neighbourhood 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
聖公會聖匠堂長者地區中心	SKH Holy Carpenter Church District Elderly Community Centre
戒煙之友協會	Smoke Terminators Society
西貢區議會社區服務及健康安全城市委員會	Social Services & Healthy and Safe City Committee, Sai Kung District Council
南區健康安全協會	Southern District Healthy and Safe Association
大埔區婦女聯會	Tai Po District Federation of Women
大埔區居民聯會	Tai Po District Residents Association
電視廣播有限公司	Television Broadcasts Limited
香港家庭計劃指導會	The Family Planning Association of Hong Kong
香港家庭計劃指導會將軍澳婦女會	The Family Planning Association of Hong Kong Tseung Kwan O Women's Club
香港基督女少年軍	The Girls' Brigade Hong Kong
香港防癌會	The Hong Kong Anti-Cancer Society
香港病理學專科學院	The Hong Kong College of Pathologists

香港工會聯合會婦女事務委員會	The Hong Kong Federation of Trade Unions Women Affairs Committee
九龍樂善堂	The Lok Sin Tong Benevolent Society, Kowloon
香港新聲會	The New Voice Club of Hong Kong
香港護士管理局	The Nursing Council of Hong Kong
圓玄學院荃灣西長者鄰舍中心	The Yuen Yuen Institute – Tsuen Wan West Neighbourhood Elderly Centre
天水圍婦聯有限公司	Tin Shui Wai Women Association Limited
青衣群芳會	Tsing Yi Lady's Forum
荃灣安全健康社區督導委員會	Tsuen Wan Safe and Healthy Community Steering Committee
屯門婦聯	Tuen Mun District Women's Association
基督教聯合那打素社康服務愛鄰網絡	United Christian Nethersole Community Health Service Good Neighbour Network
聚賢社基督教香港信義會新來港人士樂聚軒	Virtuous Lady Club ELCHK Login Club for New Arrivals
浸信會愛群社會服務處灣仔綜合兒童及青少年服務中心	Wan Chai Integrated Children and Youth Service Centre of Baptist Oi Kwan Social Service
灣仔賢毅社	Wan Chai Yin Ngai Society
港灣婦女會	Wanchai District Women's Association
禮賢會禾輦耆年中心	Wo Che Rhenish Social Centre for the Elderly
婦女服務聯會	Women Service Association
婦女事務委員會	Women's Commission
香港西區婦女福利會松鶴老人中心	Women's Welfare Club Western District Hong Kong Chung Hok Social Centre for the Elderly
黃大仙區健康安全城市	Wong Tai Sin District Healthy & Safe City
北區區議會健康城市工作小組	Working Group on Healthy City, North District Council
仁濟醫院朱佩音老人中心	Yan Chai Hospital Mrs Annie Chan Social Centre for the Elderly
仁濟醫院尹成紀念老人中心	Yan Chai Hospital Wan Shing Memorial Day Care Centre for the Elderly
元朗區婦女會	Yuen Long District Women's Association Limited
元朗大會堂梁學樵夫人老人中心	Yuen Long Town Hall Mrs Leung Hok Chiu Neighbourhood Elderly Centre
圓玄軒婦女中心	Yuen Yuen v-Learn Women Centre

學校、制服團隊及青年中心 Schools, Uniform Groups and Youth Centres	
第一幼稚園	A-one Kindergarten
香港仔聖伯多祿天主教小學	Aberdeen St Peter's Catholic Primary School
翰林幼稚園(天水圍)	Academy Kindergarten (Tin Shui Wai)
博愛醫院歷屆總理聯誼會梁省德中學	AD & FD POHL Leung Sing Tak College
香港基督教播道會聯會中國基督教播道會寶雅幼兒學校	AEFCHK-EFCC Po Nga Nursery School
香港基督教播道會聯會中國基督教播道會茵怡幼兒學校	AEFCHK-EFCC Verbena Nursery School
雅麗斯俊宏軒幼稚園	Agnes Kindergarten (Grandeur Terrace)
愛秩序灣官立小學	Aldrich Bay Government Primary School
大坑東宣道小學	Alliance Primary School, Tai Hang Tung
九龍塘宣道小學	Alliance Primary School, Kowloon Tong
安基司國際幼兒園(滌濤山)	Anchors International Nursery (Constellation Cove)
安基司幼稚園暨國際幼兒園(粉嶺)	Anchors Kindergarten & International Nursery (Fanling)
安基司幼稚園暨國際幼兒園	Anchors Kindergarten & International Nursery
鴨脷洲街坊學校	Aplichau Kaifong Primary School
亞斯理衛理小學	Asbury Methodist Primary School
神召會麥嘉倫紀念幼稚園	Assembly of God Mcleod Memorial Kindergarten
神召會馬理信書院(小學部)	Assembly of God Morrison College (Primary Section)
香港醫療輔助隊少年團	Auxiliary Medical Service Cadet Corps
浸信會沙田圍呂明才小學	Baptist (Sha Tin Wai) Lui Ming Choi Primary School
香港浸信會聯會耀興幼稚園	Baptist Convention of HK Yiu Hing Kindergarten
浸信會呂明才小學	Baptist Lui Ming Choi Primary School
浸信會天虹小學	Baptist Rainbow Primary School
慈光幼稚園	Benevolent Light Kindergarten
香港小童群益會樂緻幼兒園暨幼稚園(灣仔)	BGCA Cheerland Nursery School cum Kindergarten (Wanchai)
香港小童群益會樂緻幼兒園暨幼稚園(黃大仙)	BGCA Cheerland Nursery School cum Kindergarten (Wong Tai Sin)
福德學校	Bishop Ford Memorial School
華德學校	Bishop Walsh Primary School
般咸道官立小學	Bonham Road Government Primary School
寶兒中英文幼稚園	Bowie Anglo-Chinese Kindergarten

佛教陳榮根紀念學校	Buddhist Chan Wing Kan Memorial School
佛教慈敬學校	Buddhist Chi King Primary School
佛教真如幼稚園(東涌)／ 佛教真如幼兒中心(東涌)	Buddhist Chun Yue Kindergarten (Tung Chung)/ Buddhist Chun Yue Nursery (Tung Chung)
佛教中華康山學校	Buddhist Chung Wah Kornhill Primary School
佛教林炳炎紀念學校(香港佛教聯合會主辦)	Buddhist Lam Bing Yim Memorial School (SPSD by HKBA)
佛教林金殿紀念小學	Buddhist Lim Kim Tian Memorial Primary School
佛教善德英文中學	Buddhist Sin Tak College
佛教沈東福幼稚園	Buddhist Sum Tung Fook Kindergarten
佛教大雄中學	Buddhist Tai Hung College
佛教大光慈航中學	Buddhist Tai Kwong Chi Hong College
佛教曾果成中英文幼稚園	Buddhist Tsang Kor Sing Anglo-Chinese Kindergarten
佛教葉紀南紀念中學	Buddhist Yip Kei Nam Memorial College
基督教宣道會徐澤林紀念小學	C&MA Chui Chak Lam Memorial School
基督教宣道會太和幼稚園	C&MA Church Tai Wo Kindergarten
基督教宣道會茵怡幼稚園	C&MA Church Verbena Kindergarten
基督教宣道會錦綉幼稚園	C&MA Fairview Park Kindergarten
基督教宣道會頌安幼稚園	C&MA Joyful Peace Kindergarten
基督教宣道會寶湖幼兒學校	C&MA Plover Cove Nursery School
迦南幼稚園(海濱花園)	Cannan Kindergarten (Riviera Garden)
嘉諾撒小學(新蒲崗)	Canossa Primary School (San Po Kong)
香港嘉諾撒學校	Canossa School (Hong Kong)
明愛元朗陳震夏中學	Caritas Yuen Long Chan Chun Ha Secondary School
迦密梁省德學校	Carmel Leung Sing Tak School
嘉德麗中英文幼稚園	Catiline Anglo-Chinese Kindergarten
嘉德麗幼稚園(粉嶺)	Catiline Kindergarten (Fanling)
中華基督教會長洲堂錦江小學	CCC Cheung Chau Church Kam Kong Primary School
中華基督教會全完第二小學	CCC Chuen Yuen Second Primary School
中華基督教會協和小學(長沙灣)	CCC Heep Woh Primary School (Cheung Sha Wan)
中華基督教會何福堂小學	CCC Hoh Fuk Tong Primary School
中華基督教會基真幼稚園	CCC Kei Chun Kindergarten
中華基督教會基法小學	CCC Kei Faat Primary School
中華基督教會基法幼稚園	CCC Kei Faat Kindergarten
中華基督教會基全小學	CCC Kei Tsun Primary School
中華基督教會基華小學(九龍塘)	CCC Kei Wa Primary School (Kowloon Tong)

中華基督教會基慧小學	CCC Kei Wai Primary School
中華基督教會蒙黃花沃紀念小學	CCC Mong Wong Far Yok Memorial Primary School
中華基督教會深愛堂幼稚園	CCC Shum Oi Church Kindergarten
中華基督教會大澳小學	CCC Tai O Primary School
中華基督教會屯門堂何福堂幼稚園	CCC Tuen Mun Church Hoh Fuk Tong Kindergarten
中華基督教會灣仔堂基道小學	CCC Wanchai Church Kei To Primary School
中華基督教會灣仔堂基道小學(九龍城)	CCC Wanchai Church Kei To Primary School (Kowloon City)
中西區聖安多尼學校	Central and Western District Saint Anthony's School
路德會陳恩美幼兒園	Chan En Mei Lutheran Day Nursery
陳樹渠紀念中學	Chan Shu Kui Memorial School
陳瑞祺(喇沙)小學	Chan Sui Ki (La Salle) Primary School
啟基學校	Chan's Creative School
啟基學校(港島)	Chan's Creative School (HK Island)
新界西貢坑口區鄭植之中學	Cheng Chek Chee Secondary School of Sai Kung & Hang Hau District, NT
長洲聖心學校	Cheung Chau Sacred Heart School
長沙灣街坊福利會林譚燕華幼稚園／幼兒中心	Cheung Sha Wan Kfwa Lam Tam Yin Wah Kindergarten/Day Nursery
慈航學校	Chi Hong Primary School
佛教志蓮小學	Chi Lin Buddhist Primary School
丹拿山循道學校	Chinese Methodist School, Tanner Hill
香港中華基督教青年會 顯徑會所賽馬會綜合青少年服務中心	Chinese YMCA of Hong Kong Hin Keng Centre Jockey Club Integrated Children & Youth Services Centre
中華基督教青年會上水幼稚園	Chinese YMCA Sheung Shui Kindergarten
青松興東幼稚園	Ching Chung Hing Tung Kindergarten
青松湖景幼稚園	Ching Chung Wu King Kindergarten
肖霞幼稚園	Chiu Ha Kindergarten
潮陽幼稚園	Chiu Yang Kindergarten
潮陽百欣小學	Chiu Yang Por Yen Primary School
香港潮陽小學	Chiu Yang Primary School of Hong Kong
天主教彩霞邨潔心幼稚園	Choi Ha Estate Kit Sam Kindergarten
彩雲聖若瑟小學	Choi Wan St Joseph's Primary School
基督教安得兒幼稚園／幼兒園	Christian Adrienne Kindergarten/Nursery
宣道會陳李詠貞紀念幼稚園	Christian Alliance Chen Lee Wing Tsing Memorial Kindergarten

宣道會陳元喜小學	Christian Alliance H C Chan Primary School
宣道會雷蔡群樂幼稚園	Christian Alliance Louey Choy Kwan Lok Kindergarten
香港九龍塘基督教中華宣道會陳瑞芝紀念中學	Christian Alliance S C Chan Memorial College
宣道會葉紹蔭紀念小學	Christian Alliance S Y Yeh Memorial Primary School
基督教小天使(錦豐)幼稚園	Christian Little Angel Kindergarten (Kam Fung Court)
基督徒信望愛堂逸東幼稚園	Christian the Faith Hope Love Church Yat Tung Kindergarten
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
孔教學院大成小學	Confucian Tai Shing Primary School
浸信宣道會呂明才小學	Conservative Baptist Lui Ming Choi Primary School
啟思幼稚園幼兒園(愛琴)	Creative Kindergarten (Aegean Coast)
啟思小學附屬幼稚園	Creative Primary School's Kindergarten
香港中文大學校友會聯會張煊昌學校	CUHK FAA Thomas Cheung School
金巴崙長老會耀道小學	Cumberland Presbyterian Church Yao Dao Primary School
明我幼稚園(奧運校)	Dominic Savio Kindergarten (Olympic Branch)
胡素貞博士紀念學校	Dr Catherine F Woo Memorial School
基督教香港信義會信愛學校	ELCHK Faith Love Lutheran School
基督教香港信義會紅磡信義學校	ELCHK Hung Hom Lutheran Primary School
基督教香港信義會健明幼兒學校	ELCHK Kin Ming Nursery School
基督教香港信義會葵盛信義學校	ELCHK Kwai Shing Lutheran Primary School
基督教香港信義會南昌幼稚園	ELCHK Nam Cheong Kindergarten
基督教香港信義會將軍澳幼稚園	ELCHK Tseung Kwan O Kindergarten
英揚樂兒中英文幼稚園	Elite Kids Anglo-Chinese Kindergarten
靈光小學	Emmanuel Primary School
播道書院	Evangel College
深信堂幼稚園	Faith Lutheran Church Kindergarten
基督教粉嶺神召會小學	Fanling Assembly of God Church Primary School
粉嶺官立小學	Fanling Government Primary School
基督教香港信義會心誠中學	Fanling Lutheran Secondary School
郭怡雅神父紀念學校	Father Cucchiara Memorial School
五邑工商總會張祝珊幼稚園	FDBWA Cheung Chuk Shan Kindergarten
五邑鄒振猷學校	FDBWA Chow Chin Yau School
五邑司徒浩中學	FDBWA Szeto Ho Secondary School

神召第一小學暨幼稚園	First Assembly of God Primary School & Kindergarten
循理會白普理循理幼兒學校	Free Methodist Church Bradbury Chun Lei Nursery School
福建中學(北角)	Fukien Middle School (North Point)
福建中學附屬學校	Fukien Secondary School Affiliated School
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
天主教善導小學	Good Counsel Catholic Primary School
康傑中英文幼稚園(鴨脷洲)	Good Health Anglo-Chinese Kindergarten (Ap Lei Chau)
康傑中英文幼稚園(青衣)	Good Health Anglo-Chinese Kindergarten (Tsing Yi)
好時光幼兒學校(沙田廣場)	Good Time Play School (Shatin Plaza)
綠茵幼稚園(上水校)	Greenfield Kindergarten (Sheung Shui Centre)
嘉言中英文幼稚園	Greenville Anglo-Chinese Kindergarten
軒尼詩道官立下午小學	Hennessy Road Government Primary PM School
香海正覺蓮社佛教陳式宏學校	HHCKLA Buddhist Chan Shi Wan Primary School
香海正覺蓮社佛教正覺蓮社學校	HHCKLA Buddhist Ching Kok Lin Association School
香海正覺蓮社佛教慧光幼稚園	HHCKLA Buddhist Wai Kwong Kindergarten
香海正覺蓮社佛教正慧小學	HHCKLA Buddhist Wisdom Primary School
香海正覺蓮社佛教黃藻森學校	HHCKLA Buddhist Wong Cho Sum School
興德學校	Hing Tak School
港澳信義會翠恩幼稚園	HK and Macau Lutheran Church Tsui En Kindergarten
香港漢文師範同學會學校	HK Vernacular Normal School Alumni Association School
香港浸會大學附屬學校王錦輝中小學	HKBUAS Wong Kam Fai Secondary and Primary School
僑港伍氏宗親會伍時暢紀念學校	HKECA Wu Si Chong Memorial School
香港教育工作者聯會黃楚標學校	HKFEW Wong Cho Bau School
香港紅卍字會屯門卍慈小學	HKRSS Tuen Mun Primary School
香港聖公會何明華會督中學	HKSKH Bishop Hall Secondary School
香港聖公會麥理浩夫人中心幼稚園	HKSKH Lady Macle hose Centre Kindergarten
香港聖公會聖尼哥拉幼兒學校	HKSKH St Nicholas' Nursery School
香港聖公會聖西門大興幼兒學校	HKSKH St Simon's Tai Hing Nursery School
香港保護兒童會百佳員工慈善基金幼兒學校	HKSPC Park'n Shop Staff Charitable Fund Nursery School
香港保護兒童會譚雅士幼兒學校	HKSPC Thomas Tam Nursery School
香港四邑商工總會陳南昌紀念中學	HKSYC & IA Chan Nam Chong Memorial College
香港四邑商工總會新會商會學校	HKSYC & IA San Wui Commercial Society School
香港道教聯合會純陽小學	HKTA Shun Yeung Primary School

香港道教聯合會圓玄學院石圍角小學	HKTA The Yuen Yuen Institute Shek Wai Kok 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
香港道教聯合會雲泉學校	HKTA Wun Tsuen School
香港道教聯合會圓玄幼稚園(東頭邨)	HKTA Yuen Yuen Kindergarten (Tung Tau Est)
港大同學會小學	HKUGA Primary School
香港布廠商會朱石麟中學	HKWMA Chu Shek Lun Secondary School
香港基督教女青年會宏恩幼稚園	HKYWCA Athena Kindergarten
香港基督教女青年會趙靄華幼兒學校	HKYWCA Chiu Oi Wah Nursery School
香港基督教女青年會隆亨幼兒學校	HKYWCA Lung Hang Nursery School
香港基督教女青年會安定幼兒學校	HKYWCA On Ting Nursery School
香港基督教女青年會荃灣幼兒學校	HKYWCA Tsuen Wan Nursery School
嗇色園主辦可立幼稚園	Ho Lap Kindergarten (Sponsored By Sik Sik Yuen)
嗇色園主辦可銘學校	Ho Ming Primary School (Sponsored by Sik Sik Yuen)
嗇色園主辦可愛幼兒園	Ho Oi Day Nursery (Sponsored By Sik Sik Yuen)
嗇色園主辦可信學校	Ho Shun Primary School (Sponsored by Sik Sik Yuen)
嗇色園主辦可仁幼稚園	Ho Yan Kindergarten (Sponsored By Sik Sik Yuen)
嗇色園主辦可譽中學暨可譽小學	Ho Yu College and Primary School (Sponsored by Sik Sik Yuen)
旅港開平商會學校	Hoi Ping Chamber Of Commerce Primary School
路德會聖十架學校	Holy Cross Lutheran School
聖家學校	Holy Family School
何文田浸信會幼稚園	Homantin Baptist Church Kindergarten
香港浸信會聯會小學	Hong Kong Baptist Convention Primary School
香港幼稚園協會幼兒學校	Hong Kong Kindergarten Association Pre-School
樂基幼兒學校(九龍塘)	Hong Kong Preschool (Kowloon Tong)
香港紅十字會青年團	Hong Kong Red Cross Youth Unit
香港創價幼稚園	Hong Kong Soka Kindergarten
香港聖約翰救傷隊少青團	Hong Kong St John Ambulance Brigade Youth Command
香港學生輔助會寶達幼兒園	Hong Kong Student Aid Society Po Tat Nursery
香港鄧鏡波書院	Hong Kong Tang King Po College
香港真光幼稚園(堅道)	Hong Kong True Light Kindergarten (Caine Road)
康盈中英文幼稚園	Hong Ying Anglo-Chinese Kindergarten
合一堂學校	Hop Yat Church School
香島道官立小學	Island Road Government Primary School
殷翠幼稚園	Jade Kindergarten

晶晶幼稚園(順利校)	Jing Jing Kindergarten (Shun Lee Branch)
佐敦谷聖若瑟天主教小學	Jordan Valley St Joseph's Catholic Primary School
裘錦秋中學(屯門)	Ju Ching Chu Secondary School (Tuen Mun)
嘉福浸信會幼兒園	Ka Fuk Baptist Church Pre-School
寶血會嘉靈學校	Ka Ling School of The Precious Blood
錦田公立蒙養學校	Kam Tin Mung Yeung Public School
金錢村何東幼稚園	Kam Tsin Village Ho Tung Kindergarten
珈琳中英文幼稚園(龍門居分校)	Karlam Anglo-Chinese Kindergarten (Oasis Garden)
珈琳幼稚園(屯門分校)	Karlam Kindergarten (Tuen Mun Branch)
救恩學校	Kau Yan School
建生浸信會白普理幼兒園	Kin Sang Baptist Church Bradbury Pre-School
英皇書院同學會小學	King's College Old Boys' Association Primary School
英皇書院同學會小學第二校	King's College Old Boys' Association Primary School No 2
九龍灣聖若翰天主教小學	Kowloon Bay St John The Baptist Catholic Primary School
九龍迦南中英文幼稚園	Kowloon Cannan Anglo-Chinese Kindergarten
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
九龍城浸信會幼稚園	Kowloon City Baptist Church Kindergarten
九龍城浸信會慈愛幼稚園	Kowloon City Baptist Church Tsz Oi Kindergarten
九龍靈糧堂幼兒園	Kowloon Ling Liang Church Day Nursery
九龍禮賢學校	Kowloon Rhenish School
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 (Secondary Section)
九龍真光中學(小學部)	Kowloon True Light Middle School (Primary Section)
九龍婦女福利會李炳紀念學校	Kowloon Women's Welfare Club Li Ping Memorial School
葵涌浸信會幼稚園	Kwai Chung Baptist Church Kindergarten
寶血會伍季明紀念學校	Kwai Ming Wu Memorial School of The Precious Blood
國民學校	Kwok Man School
觀塘官立小學(秀明道)	Kwun Tong Government Primary School (Sau Ming Road)
觀塘官立中學	Kwun Tong Government Secondary School
李榮基紀念中英文幼稚園	Lee Andrew Memorial Anglo-Chinese Kindergarten
梨木樹天主教小學	Lei Muk Shue Catholic Primary School
路德會良景幼兒園	Leung King Lutheran Day Nursery

李鄭屋官立小學	Li Cheng Uk Government Primary School
李陞小學	Li Sing Primary School
靈糧堂秀德小學	Ling Liang Church Sau Tak Primary School
嶺南鍾榮光博士紀念中學	Lingnan Dr Chung Wing Kwong Memorial Secondary School
嶺南大學香港同學會小學	Lingnan University Hong Kong Alumni Association (HK) Primary School
獅子會何德心小學	Lions Clubs International Ho Tak Sum Primary School
世界龍岡學校黃耀南小學	LKWFSL Wong Yiu Nam Primary School
樂富禮賢會幼稚園	Lok Fu Rhenish Church Kindergarten
樂善堂張葉茂清幼稚園	Lok Sin Tong Cheung Yip Mou Ching Kindergarten
樂善堂幼稚園	Lok Sin Tong Kindergarten
樂善堂顧超文中學	Lok Sin Tong Ku Chiu Man Secondary School
樂善堂顧李覺鮮幼稚園	Lok Sin Tong Ku Lee Kwok Sin Kindergarten
樂善堂梁植偉紀念中學	Lok Sin Tong Leung Chik Wai Memorial School
樂善堂梁鈺琚書院	Lok Sin Tong Leung Kau Kui College
樂善堂梁鈺琚學校	Lok Sin Tong Leung Kau Kui Primary School
樂善堂梁鈺琚學校(分校)	Lok Sin Tong Leung Kau Kui Primary School (Branch)
樂善堂小學	Lok Sin Tong Primary School
樂善堂王仲銘中學	Lok Sin Tong Wong Chung Ming Secondary School
樂善堂楊仲明學校	Lok Sin Tong Yeung Chung Ming Primary School
樂善堂楊葛小琳中學	Lok Sin Tong Young Ko Hsiao Lin Secondary School
樂善堂余近卿中學	Lok Sin Tong Yu Kan Hing Secondary School
朗屏邨聖恩幼稚園	Long Ping Estate Sing Yan Kindergarten
路德會愛心幼稚園	Loving Heart Lutheran Kindergarten
馬鞍山循道衛理小學	Ma On Shan Methodist Primary School
馬鞍山聖若瑟小學	Ma On Shan St Joseph's Primary School
文娜雅拔國際幼兒園及幼稚園(九龍塘)	Manhabit International Nursery & Kindergarten (Kowloon Tong)
路德會包美達幼兒園	Martha Boss Lutheran Day Nursery
天佑小學	Mary of Providence Primary School
瑪利諾神父教會學校(小學部)	Maryknoll Fathers' School (Primary Section)
瑪利曼小學	Marymount Primary School
美東邨安琪幼稚園	Mei Tung Estate On Kee Kindergarten
天主教明德學校	Meng Tak Catholic School

循道學校	Methodist School
明慧國際幼稚園(北角分校)	Ming Wai International Kindergarten (North Point Branch)
滿樂幼稚園	Moon Lok Kindergarten
慕光英文書院	Mu Kuang English School
鄰舍輔導會粉嶺幼兒園	NAAC Fanling Day Nursery
鄰舍輔導會東欣幼兒園	NAAC Tung Yan Day Nursery
新一代英文幼稚園(屯門)	New Generation English Kindergarten (Tuen Mun)
吳氏宗親會泰伯紀念學校	Ng Clan's Association Tai Pak Memorial School
天主教伍華小學	Ng Wah Catholic Primary School
寧波公學	Ning Po College
南丫北段公立小學	Northern Lamma School
新界鄉議局元朗區中學	NT Heung Yee Kuk Yuen Long District Secondary School
新界婦孺福利會長發邨幼兒學校	NTW&JWA Ltd Cheung Fat Estate Nursery School
新界婦孺福利會梁省德學校	NTW&JWA Ltd Leung Sing Tak Primary School
新界婦孺福利會上水幼兒學校	NTW&JWA Ltd Sheung Shui Nursery School
新界婦孺福利會元朗幼兒學校	NTW&JWA Ltd Yuen Long Nursery School
獻主會小學	Oblate Primary School
天主教佑華小學	Our Lady of China Catholic Primary School
八鄉中心小學	Pat Heung Central Primary School
平安福音堂幼稚園(牛頭角)	Peace Evangelical Centre Kindergarten (Ngau Tau Kok)
竹園區神召會南昌康樂幼兒學校	Pentecostal Church of HK Nam Cheong Nursery School
竹園區神召會太和康樂幼兒學校	Pentecostal Church of HK Tai Wo Nursery School
竹園區神召會將軍澳康樂幼兒學校	Pentecostal Church of HK Tseung Kwan O Nursery School
五旬節于良發小學	Pentecostal Yu Leung Fat Primary School
坪石天主教小學	Ping Shek Estate Catholic Primary School
寶覺分校	Po Kok Branch School
寶覺小學	Po Kok Primary School
保良局蝴蝶灣幼稚園暨幼兒園	Po Leung Kuk Butterfly Bay Kindergarten-Cum-Nursery
保良局陳守仁小學	Po Leung Kuk Camoes Tan Siu Lin Primary School
保良局世德小學	Po Leung Kuk Castar Primary School
保良局陳溢小學	Po Leung Kuk Chan Yat Primary School
保良局鄭關巧妍幼稚園暨幼兒園	Po Leung Kuk Cheng Kwan How Yin Kindergarten-Cum-Nursery
保良局張潘美意幼稚園	Po Leung Kuk Cheung Poon Mei Yee Kindergarten

保良局蔡冠深幼稚園	Po Leung Kuk Choi Koon Shum Kindergarten
保良局朱李月華幼稚園暨幼兒園	Po Leung Kuk Chu Lee Yuet Wah Kindergarten-Cum-Nursery
保良局朱敬文中學	Po Leung Kuk CW Chu College
保良局王賜豪(田心谷)小學	Po Leung Kuk Dr Jimmy Wong Chi-Ho (Tin Sum Valley) Primary School
保良局張心瑜幼稚園	Po Leung Kuk Fiona Cheung Sum Yu Kindergarten
保良局方譚遠良幼稚園暨幼兒園	Po Leung Kuk Fong Tam Yuen Leung Kindergarten-cum-Nursery
保良局方王錦全小學	Po Leung Kuk Fong Wong Kam Chuen Primary School
保良局方王換娣幼稚園	Po Leung Kuk Fong Wong Woon Tai Kindergarten
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
保良局錦泰小學	Po Leung Kuk Grandmont Primary School
保良局志豪小學	Po Leung Kuk Horizon East Primary School
保良局金卿幼稚園	Po Leung Kuk Kam Hing Kindergarten
保良局黃樹雄幼稚園暨幼兒園	Po Leung Kuk Kim Huynh Kindergarten-Cum-Nursery
保良局觀塘幼稚園暨幼兒園	Po Leung Kuk Kwun Tong Kindergarten-Cum-Nursery
保良局林文燦英文小學	Po Leung Kuk Lam Man Chan English Primary School
保良局劉陳小寶幼稚園	Po Leung Kuk Lau Chan Siu Po Kindergarten
保良局李城璧中學	Po Leung Kuk Lee Shing Pik College
保良局李筱參幼稚園暨幼兒園	Po Leung Kuk Lee Siu Chan Kindergarten-cum-Nursery
保良局梁周順琴小學	Po Leung Kuk Leung Chow Shun Kam Primary School
保良局李徐松聲紀念幼稚園	Po Leung Kuk Li Tsui Chung Sing Memorial Kindergarten
保良局呂陳慧貞幼稚園暨幼兒園	Po Leung Kuk Lui Chan Wai Ching Kindergarten
保良局呂錦泰幼稚園暨幼兒園	Po Leung Kuk Lui Kam Tai Kindergarten-cum-Nursery
保良局陸慶濤小學	Po Leung Kuk Luk Hing Too Primary School
保良局陳南昌夫人小學	Po Leung Kuk Mrs Chan Nam Chong Memorial Primary School
保良局雨川小學	Po Leung Kuk Riverain Primary School
保良局蕭漢森小學	Po Leung Kuk Siu Hon Sum Primary School
保良局何壽南小學	Po Leung Kuk Stanley Ho Sau Nan Primary School
保良局譚歐陽少芳紀念幼稚園	Po Leung Kuk Tam Au-Yeung Siu Fong Memorial Kindergarten
保良局鄧碧雲紀念幼稚園	Po Leung Kuk Tang Bik Wan Memorial Kindergarten
保良局田家炳千禧小學	Po Leung Kuk Tin Ka Ping Millennium Primary School
保良局田家炳小學	Po Leung Kuk Tin Ka Ping Primary School

保良局田家炳兆康幼稚園	Po Leung Kuk Tin Ka Ping Siu Hong Kindergarten
保良局謝黃沛涓幼稚園暨幼兒園	Po Leung Kuk Tse Wong Pui Kuen Kindergarten-cum-Nursery
保良局莊啟程幼稚園	Po Leung Kuk Vicwood Chong Kee Ting Kindergarten
保良局莊啟程第二小學	Po Leung Kuk Vicwood KT Chong No 2 Primary School
保良局西區婦女福利會馮李佩瑤小學	Po Leung Kuk Women's Welfare Club Western District Fung Lee Pui Yiu Primary School
保良局黃永樹小學	Po Leung Kuk Wong Wing Shu Primary School
保良局友愛幼稚園暨幼兒園	Po Leung Kuk Yau Oi Kindergarten-Cum-Nursery
保良局易澤峰幼稚園	Po Leung Kuk Yick Chark Fung Kindergarten
保良局易桂芳幼稚園	Po Leung Kuk Yick Kwai Fong Kindergarten
寶安商會王少清中學	Po On Commerical Association Wong Siu Ching Secondary School
獻主會溥仁小學	Po Yan Oblate Primary School
樂蓆幼稚園	Pods Kindergarten & Preschool
博愛醫院八十週年鄧英喜中學	Pok Oi Hospital 80 th Anniversary Tang Ying Hei College
博愛醫院陳國威小學	Pok Oi Hospital Chan Kwok Wai Primary School
博愛醫院施淑鎮幼稚園／幼兒中心	Pok Oi Hospital Sy Siok Chun Kindergarten/Day Nursery
博愛醫院朱國京夫人紀念幼稚園	Pok Oi Hospital Mrs Chu Kwok King Memorial Kindergarten
香港培道小學	Pooi To Primary School
保祿六世書院	Pope Paul VI College
寶血小學	Precious Blood Primary School
海怡寶血小學	Precious Blood Primary School (South Horizons)
華富邨寶血小學	Precious Blood Primary School (Wah Fu Estate)
寶血女子中學	Precious Blood Secondary School
香港培正小學	Pui Ching Primary School
培僑書院	Pui Kiu College
寶血會培靈學校	Pui Ling School of The Precious Blood
嘉諾撒培德學校	Pui Tak Canossian Primary School
嘉諾撒培德書院	Pui Tak Canossian College
伊利沙伯中學舊生會小學	Queen Elizabeth School Old Students' Association Branch Primary School
皇仁舊生會中學	Queen's College Old Boys' Association Secondary School
高主教書院小學部	Raimondi College Primary Section
禮賢會學校	Rhenish Mission School
右思維幼稚園	Rightmind Kindergarten

路德會恩石幼稚園	Rock of Ages Lutheran Kindergarten
嘉諾撒聖心幼稚園	Sacred Heart Canossian Kindergarten
嘉諾撒聖心學校私立部	Sacred Heart Canossian School Private Section
天主教聖母聖心小學	Sacred Heart of Mary Catholic Primary School
香港耀能協會石圍角幼兒中心	SAHK Shek Wai Kok Pre-school Centre
西貢崇真天主教學校(小學部)	Sai Kung Sung Tsun Catholic School (Primary Section)
聖美雅學校	Saint May School
慈幼學校	Salesian School
慈幼葉漢小學	Salesian Yip Hon Primary School
三水同鄉會禰景榮學校	Sam Shui Natives Association Huen King Wing School
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
深培中英文幼稚園	Semple Kindergarten
沙田循道衛理中學	Sha Tin Methodist College
深水埗浸信會幼稚園	Sham Shui Po Baptist Church Kindergarten
深水埗官立小學	Sham Shui Po Government Primary School
深井天主教小學	Sham Tseng Catholic Primary School
路德會沙崙學校	Sharon Lutheran School
沙田官立小學	Shatin Government Primary School
沙田崇真學校	Shatin Tsung Tsin School
筲箕灣官立小學	Shau Kei Wan Government Primary School
筲箕灣崇真學校	Shaukiwan Tsung Tsin 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
上水堂幼稚園	Sheung Shui Church Kindergarten
上水禮賢會幼稚園	Sheung Shui Rhenish Church Kindergarten
善一堂逸東幼稚園	Shin Yat Tong Yat Tung Kindergarten
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
官立嘉道理爵士中學(西九龍)	Sir Ellis Kadoorie Secondary School (West Kowloon)
官立嘉道理爵士小學	Sir Ellis Kadoorie(S) Primary School
聖公會白約翰會督中學	SKH Bishop Baker Secondary School
聖公會主愛小學(梨木樹)	SKH Chu Oi Primary School (Lei Muk Shue)

聖公會主恩小學	SKH Chu Yan Primary School
聖公會荊冕堂葵涌幼稚園	SKH Crown of Thorns Church Kwai Chung Kindergarten
聖公會奉基千禧小學	SKH Fung Kei Millennium Primary School
聖公會奉基小學	SKH Fung Kei Primary School
聖公會何澤芸小學	SKH Ho Chak Wan Primary School
聖公會聖匠中學	SKH Holy Carpenter Secondary School
聖公會主誕堂幼稚園	SKH Holy Nativity Church Kindergarten
聖公會嘉福榮真小學	SKH Ka Fuk Wing Chun Primary School
聖公會基愛小學	SKH Kei Oi Primary School
聖公會基德小學	SKH Kei Tak Primary School
聖公會基恩小學	SKH Kei Yan Primary School
聖公會九龍灣基樂小學	SKH Kowloon Bay Kei Lok Primary School
聖公會聖安德烈小學	SKH St Andrew's Primary School
聖公會聖紀文小學	SKH St Clement's Primary School
聖公會聖約翰小學	SKH St John's Primary School
聖公會聖約瑟小學	SKH St Joseph's Primary School
聖公會聖馬太小學	SKH St Matthew's Primary School
香港聖公會青山聖彼得堂幼稚園	SKH St Peter's Church Castle Peak Kindergarten
聖公會青山聖彼得堂兆麟苑幼稚園	SKH St Peter's Church Castle Peak Siu Lun Court Kindergarten
聖公會青山聖彼得堂山景邨幼稚園	SKH St Peter's Church Shan King Estate Kindergarten
聖公會聖多馬小學	SKH St Thomas' Primary School
聖公會聖提摩太小學	SKH St Timothy's Primary School
聖公會天水圍靈愛小學	SKH Tin Shui Wai Ling Oi Primary School
聖公會將軍澳基德小學	SKH Tseung Kwan O Kei Tak Primary School
聖公會青衣邨何澤芸小學	SKH Tsing Yi Estate Ho Chak Wan Primary School
聖公會榮真小學	SKH Wing Chun Primary School
聖公會日修小學	SKH Yat Sau Primary School
南屯門官立中學	South Tuen Mun Government Secondary School
柏立基教育學院校友會何壽基學校	SRBCEPSA Ho Sau Ki School
天主教聖安德肋幼稚園	St Andrew's Catholic Kindergarten
聖樂兒教育機構天后中英文幼稚園	St Angela Education Regina Coeli Anglo-Chinese Kindergarten
聖樂兒教育機構天后中英文幼稚園(二校)	St Angela Education Regina Coeli Anglo-Chinese Kindergarten (Second Branch)
聖安當小學	St Antonius Primary School
聖文德書院	St Bonaventure College & High School

聖嘉祿學校	St Charles School
聖嘉勒小學	St Clare's Primary School
聖愛德華天主教小學	St Edward's Catholic Primary School
聖芳濟愛德小學	St Francis of Assisi's Caritas School
聖芳濟書院	St Francis Xavier's College
聖雅各福群會銅鑼灣幼稚園	St James' Settlement Causeway Bay Kindergarten
天主教聖葉理諾幼稚園	St Jerome's Catholic Kindergarten
聖類斯中學	St Louis School
聖瑪加利男女英文中小學	St Margaret's Co-educational English Secondary and Primary School
路德會聖馬太學校(秀茂坪)	St Matthew's Lutheran School (Sau Mau Ping)
聖文嘉中英文幼稚園	St Monica's Anglo-Chinese Kindergarten
聖文嘉中英文幼稚園(興東)	St Monica's Anglo-Chinese Kindergarten (Hing Tung)
聖文嘉幼稚園	St Monica's Kindergarten
聖文嘉幼兒園幼稚園(荃灣)	St Monica's Play School & Kindergarten (Tsuen Wan)
聖保羅男女中學	St Paul's Co-educational College
聖保羅書院小學	St Paul's College Primary School
聖保祿學校(小學部)	St Paul's Convent School (Primary Section)
聖保祿天主教小學	St Paul's Primary Catholic School
聖伯多祿天主教小學	St Peter's Catholic Primary School
聖斯德望天主教幼稚園	St Stephen's Catholic Kindergarten
聖士提反堂中學	St Stephen's Church College
聖士提反女子中學附屬幼稚園	St Stephen's Girls' College Kindergarten
天主教聖雲先幼兒學校	St Vincent De Paul Nursery School
香港神託會培真幼稚園	Stewards Pooi Chun Kindergarten
培基小學	Stewards Pooi Kei Primary School
順德聯誼總會何日東小學	STFA Ho Yat Tung Primary School
順德聯誼總會李金小學	STFA Lee Kam Primary School
順德聯誼總會梁潔華小學	STFA Leung Kit Wah Primary School
順德聯誼總會胡兆熾中學	STFA Seaward Woo College
順德聯誼總會屯門梁李秀娛幼稚園	STFA Tuen Mun Leung Lee Sau Yu Kindergarten
順德聯誼總會伍冕端小學	STFA Wu Mien Tuen Primary School
順德聯誼總會胡少渠紀念小學	STFA Wu Siu Kui Memorial Primary School
宣美幼稚園	Suen Mei Kindergarten
太陽島英文幼稚園(葵興分校)	Sun Island English Kindergarten (Kwai Hing Branch)

太陽島幼稚園(港灣豪庭分校)	Sun Island Kindergarten (Metro Harbour Branch)
太陽島幼稚園(東涌分校)	Sun Island Kindergarten (Tung Chung Branch)
崇基幼稚園	Sung Kei Kindergarten
大埔崇德黃建常紀念學校	Sung Tak Wong Kin Sheung Memorial School
大角嘴天主教小學	Tai Kok Tsui Catholic Primary School
太平幼稚園	Tai Ping Kindergarten
大埔浸信會幼稚園天澤邨分校	Tai Po Baptist Kindergarten Tin Chak Estate Branch
大埔浸信會幼稚園運頭塘邨分校	Tai Po Baptist Kindergarten Wan Tau Tong Estate Branch
大埔浸信會公立學校	Tai Po Baptist Public School
天主教大埔幼稚園	Tai Po Catholic Kindergarten
大埔官立小學	Tai Po Government Primary School
大埔商會張學明幼稚園(將軍澳)	Tai Po Merchants Association Cheung Hok Ming Kindergarten (Tseung Kwan O Branch)
大埔商會幼稚園	Tai Po Merchants Association Kindergarten
大埔循道衛理幼稚園	Tai Po Methodist Kindergarten
大埔循道衛理小學	Tai Po Methodist School
大埔舊墟公立學校	Tai Po Old Market Public School
大埔舊墟公立學校(寶湖道)	Tai Po Old Market Public School (Plover Cove)
大埔禮賢會幼稚園(正校)	Tai Po Rhenish Church Kindergarten (Main School)
大同新邨聖德肋撒幼稚園	Tai Tung Sun Chuen St Teresa Kindergarten
太古小學	Taikoo Primary School
德雅小學	Tak Nga Primary School
德信學校	Tak Sun School
天樂幼稚園暨幼兒園	Talent Kindergarten & Nursery
道教青松小學(湖景邨)	Taoist Ching Chung Primary School (Wu King Estate)
香港基督教播道會聯會中國基督教播道會 厚恩堂厚恩幼兒學校	The Association of Evangelical Free Churches of HKEFCC AGC Abundant Grace Nursery School
香港浸信會聯會香港西北扶輪社幼稚園	The Baptist Convention of Hong Kong Rotary Club of HK Northwest Kindergarten
基督教香港信義會深信學校	The ELCHK Faith Lutheran School
基督教香港信義會禾輦信義學校	The ELCHK Wo Che Lutheran School
基督教海面傳道會仁愛幼稚園	The HKHMC Yan Oi Kindergarten (Nursery)
香港中國婦女會丘佐榮學校	The Hong Kong Chinese Women's Club Hioe Tjo Yoeng Primary School
香港青年協會鄭堅固幼稚園	The Hong Kong Federation of Youth Groups KK Cheng Kindergarten

香港中文大學賽馬會公共衛生及基層醫療學院	The Jockey Club School of Public Health and Primary Care of The Chinese University of Hong Kong
基督教聖約教會堅樂小學	The Mission Covenant Church Holm Glad Primary School
救世軍中原慈善基金幼稚園	The Salvation Army Centaline Charity Fund Kindergarten
救世軍中原慈善基金學校	The Salvation Army Centaline Charity Fund School
救世軍富強幼稚園	The Salvation Army Fu Keung Kindergarten
救世軍林拔中紀念學校	The Salvation Army Lam Butt Chung Memorial School
救世軍吳國偉紀念幼稚園	The Salvation Army Ng Kwok Wai Memorial Kindergarten
救世軍荃灣幼兒學校	The Salvation Army Tsuen Wan Nursery School
救世軍華富幼兒學校	The Salvation Army Wah Fu Nursery School
聖母潔心會福音秀茂坪幼稚園	The Sisters of the Immaculate Heart of Mary Gospel SMP Kindergarten
圓玄學院妙法寺內明陳呂重德紀念中學	The Yuen Yuen Institute MFBM Nei Ming Chan Lui Chung Tak Memorial College
紡織學會美國商會胡漢輝中學	TIACC Woo Hon Fai Secondary School
天水圍官立小學	Tin Shui Wai Government Primary School
天水圍循道衛理小學	Tin Shui Wai Methodist Primary School
宏福中英文幼稚園	Tivoli Anglo-Chinese Kindergarten
台山商會學校	Toi Shan Association Primary School
塘尾道官立小學	Tong Mei Road Government Primary School
真理浸信會富泰幼稚園	Truth Baptist Church Empower Kindergarten
真理浸信會恩典幼稚園	Truth Baptist Church Grace Kindergarten
真理浸信會碧濤幼稚園	Truth Baptist Church Pictorial Kindergarten & Nursery
曾梅千禧學校	Tsang Mui Millennium School
將軍澳天主教小學	Tseung Kwan O Catholic Primary School
將軍澳官立小學	Tseung Kwan O Government Primary School
將軍澳循道衛理小學	Tseung Kwan O Methodist Primary School
青衣商會小學	Tsing Yi Trade Association Primary School
青衣商會石蔭幼稚園	Tsing Yi Trade Association Shek Yam Kindergarten
青衣商會天水圍幼稚園	Tsing Yi Trade Association Tin Shui Wai Kindergarten
荃灣官立小學	Tsuen Wan Government Primary School
荃灣商會朱昌幼稚園	Tsuen Wan Trade Association Chu Cheong Kindergarten
荃灣商會學校	Tsuen Wan Trade Association Primary School
慧中(中英文)幼稚園暨國際幼兒園	Tsuen Wan Wisdom Anglo-Chinese Kindergarten & International Play School
崇真會美善幼稚園	Tsung Tsin Mission Graceful Kindergarten

崇真會美善幼稚園(馬鞍山)	Tsung Tsin Mission Graceful Kindergarten (Ma On Shan)
基督教香港崇真會安強幼兒學校	Tsung Tsin Mission of Hong Kong On Keung Nursery School
基督教香港崇真會安怡幼兒學校	Tsung Tsin Mission of Hong Kong On Yee Nursery School
崇真會白田美善幼稚園	Tsung Tsin Mission Pak Tin Graceful Kindergarten
惇裕學校	Tun Yu School
東涌天主教學校	Tung Chung Catholic School
東華三院鶴山學校	TWGHs Hok Shan School
東華三院港九電器商聯會小學	TWGHs Hong Kong and Kowloon Electrical Appliances Merchants Association Limited School
東華三院洪王家琪幼稚園	TWGHs Hung Wong Kar Gee Kindergarten
東華三院高可寧紀念小學	TWGHs Ko Ho Ning Memorial Primary School
東華三院李潤田紀念中學	TWGHs Lee Ching Dea Memorial College
東華三院李東海小學	TWGHs Leo Tung-hai LEE Primary School
東華三院廖恩德紀念幼稚園	TWGHs Liu Yan Tak Memorial Kindergarten
東華三院呂馮鳳紀念幼稚園	TWGHs Lui Fung Faung Memorial Kindergarten
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
東華三院黃士心小學	TWGHs Wong See Sum Primary School
東華三院王胡麗明幼稚園	TWGHs Wong Wu Lai Ming Kindergarten
東華三院王余家潔紀念小學	TWGHs Wong Yee Jar Jat Memorial Primary School
東華三院姚達之紀念小學	TWGHs Yiu Dak Chi Memorial Primary School
慈雲山聖文德天主教小學	TWS St Bonaventure Catholic Primary School
維多利亞(寶翠園)幼稚園	Victoria (Belcher) Kindergarten
上水惠州公立學校	Wai Chow Public School (Sheung Shui)
惠僑英文中學	Wai Kiu College
世佛會真言宗幼兒學校	WFB Mantra Institute Nursery School
威廉(睿智)幼稚園	William (Smart) Kindergarten
黃大仙天主教小學	Wong Tai Sin Catholic Primary School
黃大仙官立小學	Wong Tai Sin Government 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
仁愛堂葉德海幼稚園	Yan Oi Tong Allan Yap Kindergarten
仁愛堂陳鄭玉而幼稚園	Yan Oi Tong Chan Cheng Yuk Yee Kindergarten
仁愛堂劉皇發幼稚園暨幼兒園	Yan Oi Tong Lau Wong Fat Kindergarten
仁愛堂龐盧淑燕幼稚園	Yan Oi Tong Pong Lo Shuk Yin Kindergarten
仁愛堂田家炳小學	Yan Oi Tong Tin Ka Ping Primary School

油蔴地天主教小學	Yaumati Catholic Primary School
油蔴地街坊會學校	Yaumati Kaifong Association School
仁濟醫院陳耀星小學	YCH Chan Lu Seng Primary School
仁濟醫院趙曾學韞小學	YCH Chiu Tsang Hok Wan Primary School
仁濟醫院蔡衍濤小學	YCH Choi Hin To Primary School
仁濟醫院蔡百泰幼稚園／幼兒中心	YCH Choi Pat Tai Kindergarten/Child Care Centre
仁濟醫院何式南小學	YCH Ho Sik Nam Primary School
仁濟醫院裘錦秋幼稚園／幼兒中心	YCH Ju Ching Chu Kindergarten/Child Care Centre
仁濟醫院靚次伯紀念中學	YCH Lan Chi Pat Memorial Secondary School
仁濟醫院羅陳楚思小學	YCH Law Chan Chor Si Primary School
仁濟醫院林李婉冰幼稚園／幼兒中心	YCH Nina Lam Kindergarten/Child Care Centre
仁濟醫院董之英紀念中學	YCH Tung Chi Ying Memorial Secondary School
仁濟醫院董伯英幼稚園／幼兒中心	YCH Tung Pak Ying Kindergarten/Child Care Centre
仁濟醫院永隆幼稚園／幼兒中心	YCH Wing Lung of Kowloon Kindergarten/Child Care Centre
仁濟醫院友愛幼稚園	YCH Yau Oi Kindergarten/Child Care Centre
仁濟醫院嚴徐玉珊幼稚園	YCH Yim Tsui Yuk Shan Kindergarten
英華小學	Ying Wa Primary School
愉田苑耀榮中英文幼稚園	Yue Tin Court Yiu Wing Anglo-Chinese Kindergarten
元岡幼稚園	Yuen Kong Kindergarten
元朗天主教中學	Yuen Long Catholic Secondary School
元朗官立小學	Yuen Long Government Primary School
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
元朗信義會生命幼稚園	Yuen Long Lutheran Life Kindergarten
元朗商會幼稚園	Yuen Long Merchants Association Kindergarten
元朗商會小學	Yuen Long Merchants Association Primary School
元朗三育幼稚園	Yuen Long Sam Yuk Kindergarten
元朗東莞同鄉會熊定嘉幼稚園	Yuen Long Tung Koon District Association Hung Ting Ka Kindergarten
元朗東莞同鄉會王少強夫人幼稚園	Yuen Long Tung Koon District Association Mrs Wong Siu Keung Kindergarten
育賢學校	Yuk Yin School
路德會錫安堂幼稚園	Zion Lutheran Kindergarten

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。
3. 策劃及推行預防兒童及青少年吸煙之教育活動。

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. To plan and implement education projects to prevent children and youth from taking up the habit of smoking.

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。

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.

「戒煙大贏家」2012戒煙活動

陳肇始^{1*}、王中嶽^{1*}、張懿德²、林愛斌¹、劉文文³、黎慧賢³、林大慶²

¹香港大學護理學院

²香港大學公共衛生學院

³香港吸煙與健康委員會

*上述研究人員現時不在香港大學護理學院工作，我們感謝他們在不同階段對是次研究所作出的貢獻

1. 引言

香港政府統計處資料顯示，香港2012年的吸煙率為10.7%¹。每年因吸煙致死人數高達7,000人²。1998年吸煙所引起的相關醫療、長期護理開支及經濟損失高達六億八千幾萬美元³，相等於當年國民生產總值的0.6%⁴。吸煙會令人上癮，如沒有適當協助，部分吸煙者難以擺脫煙癮。香港每日吸煙者中有超過一半從未嘗試亦不願戒煙，故此他們尋求專業的戒煙服務的機會較低¹。

「戒煙大贏家」比賽提供了一個機會去接觸大量的吸煙者及在社區推廣戒煙，並提供誘因鼓勵吸煙者戒煙⁵。由2009年開始，香港吸煙與健康委員會(委員會)聯同香港大學護理學院及香港大學公共衛生學院(香港大學)舉辦「戒煙大贏家」比賽，提供簡短戒煙輔導並評估其成效。2009年的「戒煙大贏家」比賽進行三組隨機對照試驗研究，測試參加者接受簡短電話輔導或電話短訊(SMS)對改變戒煙率和吸煙行為的成效⁶。委員會在一個半月內在全港十八區中的十四個地區舉辦31場招募活動，共有1,119名吸煙者參加比賽。是次比賽在六個月跟進時，自我報告戒煙率達到22%，而三個研究組別的自我報告戒煙率沒有明顯差異。2010年委員會再次舉辦「戒煙大贏家」比賽鼓勵吸煙者戒煙，並進行兩組隨機對照試驗研究，由已受訓的輔導員即場提供簡短戒煙輔導，測試有關輔導對戒煙和改變吸煙行為的成效。在為期兩個半月的招募活動中有1,139名吸煙者報名參加比賽。在六個月跟進時，輔導組的戒煙率(18.4%)比對照組高(13.8%)，但兩組的差異只是邊緣地顯著(p值=0.08)⁷。總括而言，兩次「戒煙大贏家」比賽共吸引超過2,000名吸煙者參加，並通過簡短的戒煙輔導協助他們戒煙。

在2012年，委員會聯同香港大學、18區區議會及10個非牟利機構再次舉辦「戒煙大贏家」比賽，招募吸煙者戒煙，並提升大眾對戒煙的關注。今次比賽進行三組隨機

對照試驗研究，比對及測試參賽者接受由已受訓的輔導員提供的即場簡短戒煙輔導(輔導組)及戒煙手機短訊(短訊組)，相對只接受自助戒煙小冊子(對照組)的成效。

2. 方法

2.1 招募詳情

委員會和協辦機構於2012年7月19日至9月30日期間，在全港18個地區舉行161場招募活動。參賽者需要經過已受訓的戒煙輔導員核實以下參賽資格後，才可參加比賽：

1. 年滿18歲及持有有效的香港身份證；
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. 持有本地手提電話並可接收短訊；及
5. 一氧化碳呼氣測試結果達4ppm或以上。

在獲得參賽者的書面同意後，戒煙輔導員會於現場為參賽者填寫基線問卷，進行一氧化碳測試及向參賽者派發自助戒煙小冊子。合資格的參賽者會獲派予一個參賽號碼。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。如參賽者因心理或生理因素未能溝通或正在接受其他戒煙輔導，會被排除在隨機對照試驗研究。

研究使用群組隨機方式(Cluster randomization)按參加者所招募的社區分成三組：輔導組、短訊組及對照組。研究使用微軟的試算表軟體(EXCEL)的隨機功能分配十八個數字予十八個區議會分區。數字最細的六區所招募的參賽者被分配為輔導組，第7到第12的六區被分配為短訊組，餘下的分區被分配為對照組。

2.2 戒煙干預及追蹤

輔導組 – 參賽者於招募活動時接受已受訓的戒煙輔導員即場提供的五分鐘簡短戒煙輔導(AWARD)，當中包括戒煙建議及有關煙害的警告：(1)詢問吸煙及戒煙資料(Ask)；(2)警告吸煙的害處(兩個吸煙者當中有一個會因吸煙引致的疾病死亡)(Warn)；(3)建議戒煙(Advise)；(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健康教育卡，卡內載有戒煙資訊及關於「吸煙與戒煙平衡」的自我評估工具。他們在參賽後一星期及一個月後接受電話跟進及輔導服務。

短訊組 – 參賽者於參加比賽後接收有關煙害警告及戒煙建議的電話文字短訊。參賽者在基線調查時稱在三十天以內戒煙被分配為「準備戒煙」組；參賽者稱在三十天以後才戒煙或未準備戒煙則被分配為「未準備戒煙」組。兩個組別的電話文字短訊各有16個，訊息在招募後四星期內發出(電話文字短訊內容請參考附錄一)。

對照組 – 參賽者除獲派發12頁的自助戒煙小冊子外，沒有接受任何額外戒煙輔導。

非研究組別 – 參賽者表示願意參加「戒煙大贏家」的電視節目會獲派發自助戒煙小冊子，但並不會接受任何戒煙輔導。他們並不包括在隨機對照試驗研究中。

所有參賽者均可獲派發12頁的自助戒煙小冊子，並於基線調查後三個月和六個月接受由已受訓的戒煙輔導員的電話跟進，回答標準化的問卷調查，訪問員並不知道參賽者的所屬組別。在不同時段致電七次或以上依然未能成功聯絡的參賽者，會被列為失訪個案。在電話跟進時報稱在過去七天沒有吸煙的參賽者會被邀請接受一氧化碳呼氣測試及可的寧口水測試。參賽者的一氧化碳水平測試結果低於4ppm及可的寧口水測試低於10ng/ml，會被核實為成功戒煙。在三個月跟進時，成功通過生物化學測試的參賽者可參加抽獎，5名被抽中的參賽者各獲得港幣10,000元購物禮券。願意參加由電視廣播有限公司負責錄製的「戒煙大贏家」電視節目的參賽者可獲得現金獎勵，冠軍為港幣\$20,000現金獎、亞軍及季軍分別為港幣\$10,000及\$5,000。

研究的主要結果測量是在三個月及六個月電話跟進時自我報告的戒煙率(在過去七天內完全沒有吸煙)，次要結果測量是在三個月及六個月時經生物化學測試核實的戒煙率、減少吸煙量一半或以上的比率及嘗試戒煙(停止吸煙達二十四小時以上)的比率。

本報告描述所有參賽者於基線調查時的人口及吸煙特徵(總數=1,193)。隨機對照試驗研究會比較三個研究組別的主要及次要結果測量、戒煙原因(自我報告的戒煙者)、戒煙方法(自我報告的戒煙者)、繼續吸煙原因(吸煙者)、「戒煙重要性的認知」、「戒煙困難度的認知」及「戒煙自信度的認知」。研究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)計算自我評估和生物化學測試核實的戒煙率。同時是次研究亦採用完整資料分析法(排除所有失訪個案)去計算研究結果。

3. 結果

在161場招募活動裏，共有1,247名參賽者到訪招募攤位，其中1,193名(95.7%)符合參賽資格及同意參加比賽。在1,193名參賽者當中，265名(22.2%)參賽者被分配到輔導組，419名(35.1%)參賽者被分配到短訊組，而432名(36.2%)參賽者被分配到對照組，另外77名(6.5%)參賽者被分配到非研究組。

基線調查結果

3.1 所有參賽者的基線人口特徵

表一顯示在所有參賽者當中，79.0%是男性，平均年齡為42.1歲(標準差=16.9歲)。近六成的參賽者(58.2%)已婚。超過一半的參賽者(52.9%)擁有超過一名子女。42.6%的教育程度是中三或以下；大部份(69.7%)為在職人士。接近三成的參賽者(28.2%)家庭每月收入少於港幣10,000元。對照組的學生(輔導組：2.6%，短訊組：4.5%，對照組：8.3%， p 值小於0.01)及退休人士(輔導組：12.1%，短訊組：12.4%，對照組：19.1%， p 值小於0.01)比率多過輔導組和短訊組。

表一 加權樣本的基線人口特徵 (總數=1,193)¹

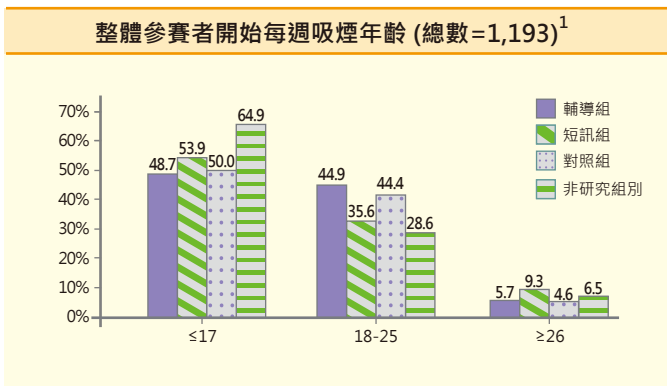
	總數	非研究組	輔導組	短訊組	對照組
	總數=1,193 (人數·%)	總數=77 (人數·%)	總數=265 (人數·%)	總數=419 (人數·%)	總數=432 (人數·%)
性別					
男性	943 (79.0)	62 (80.5)	209 (78.9)	344 (82.1)	328 (75.9)
女性	250 (21.0)	15 (19.5)	56 (21.1)	75 (17.9)	104 (24.1)
年齡·均值(標準差)					
	42.1 (16.9)	38.5 (14.9)	41.6 (15.2)	43.0 (16.3)	42.6 (18.6)
婚姻狀況					
單身	463 (38.8)	37 (48.1)	89 (33.6)	153 (36.5)	184 (42.6)
已婚/同居	694 (58.2)	38 (49.4)	166 (62.6)	254 (60.6)	236 (54.6)
其他	25 (2.1)	2 (2.6)	8 (3.0)	5 (1.2)	10 (2.3)
子女數目					
無	538 (45.1)	43 (55.8)	113(42.6)	174 (41.5)	208 (48.1)
一名	241 (20.2)	15 (19.5)	66 (24.9)	85 (20.3)	75 (17.4)
兩名	252 (21.1)	13 (16.9)	54 (20.4)	98 (23.4)	87 (20.1)
三名或以上	138 (11.6)	6 (7.8)	27 (10.2)	49 (11.7)	56 (13.0)
教育程度					
沒有正式接受教育	19 (1.6)	0 (0.0)	3 (1.1)	6 (1.4)	10 (2.3)
小學程度	165 (13.8)	6 (7.8)	36 (13.6)	60 (14.3)	63 (14.6)
初中程度	325 (27.2)	15 (19.5)	77 (29.1)	127 (30.3)	106 (24.5)
高中程度	443 (37.1)	34 (44.2)	96 (36.2)	145 (34.6)	168 (38.9)
大專或以上	231 (19.4)	22 (28.6)	50 (18.9)	76 (18.1)	83 (19.2)
就業情況					
學生	65 (6.4)	3 (3.9)	7 (2.6)	19 (4.5)	36 (8.3)
自僱/受僱	831 (69.7)	54 (70.1)	197 (74.3)	301 (71.8)	279 (64.6)
失業	55 (4.6)	7 (9.1)	15 (5.7)	24 (5.7)	9 (2.1)
家庭主婦	46 (3.9)	2 (2.6)	7 (2.6)	17 (4.1)	20 (4.6)
退休	174 (14.6)	8 (10.4)	32 (12.1)	52 (12.4)	82 (19.0)
家庭收入 (港幣)					
少於\$10,000	336 (28.2)	19 (24.7)	78 (29.4)	104 (24.8)	135 (31.3)
\$10,000-19,999	455 (38.1)	27 (35.1)	83 (31.3)	177 (42.2)	168 (38.9)
\$20,000-29,999	171 (14.3)	11 (14.3)	47 (17.7)	58 (13.8)	55 (12.7)
\$30,000-39,999	88 (7.4)	7 (9.1)	22 (8.3)	37 (8.8)	22 (5.1)
\$40,000或以上	109 (9.1)	10 (13.0)	30 (11.3)	28 (6.7)	41 (9.5)

¹ 缺失數據被排除在外

3.2 吸煙概況

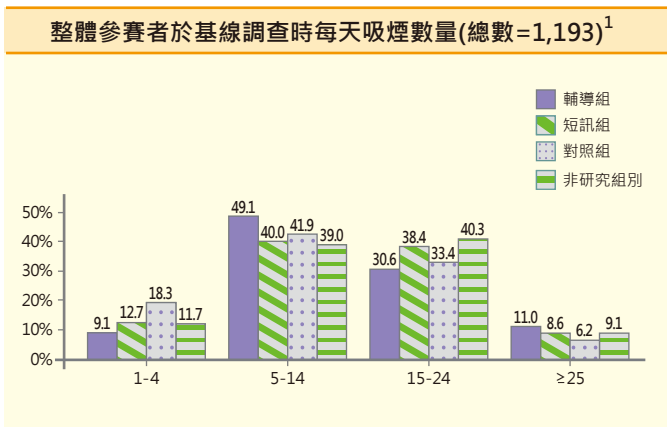
開始每週吸煙的平均年齡是18歲(標準差=5.7)，超過一半(52.1%)的參賽者於18歲前開始吸煙(圖一)。參賽者平均每日吸食捲煙支數為13.5支(標準差=9.0)，42.6%每日吸食5-14支，34.7%每日吸食15-24支(圖二)。62.9%的參賽者曾嘗試戒煙(曾停止吸煙超過二十四小時)。比較對照組，輔導組有較多的參賽者曾作出戒煙嘗試(輔導組：67.6%，對照組：58.6%，p值等於0.02)(圖三)。69.3%打算在參加比賽三十天內開始戒煙(準備戒煙者)；較多對照組的參賽者沒有準備戒煙(輔導組：28.3%，短訊組：20.0%，對照組：41.6%，p值小於0.01)。

圖一



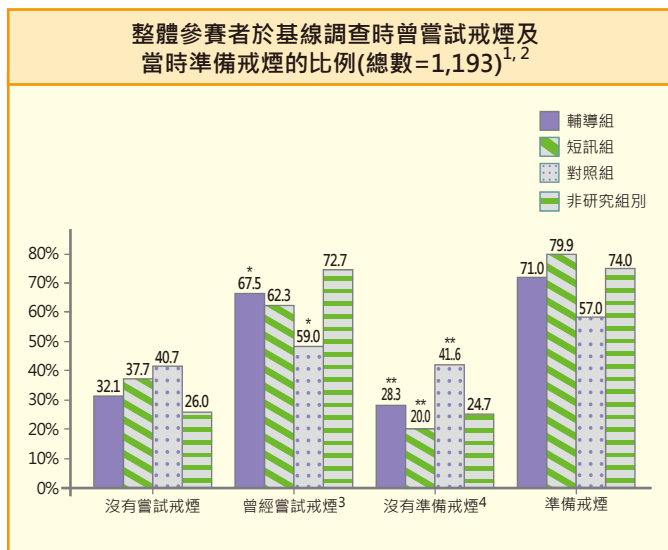
¹ 缺失數據被排除在外

圖二



¹ 缺失數據被排除在外

圖三



¹ 缺失數據被排除在外

² 準備戒煙的參賽者包括那些準備在參賽三十天內開始戒煙的參賽者；未決定準備戒煙的參賽者包括那些準備在參賽三十天或以後開始戒煙及未決定戒煙的參賽者

³ 輔導組比對照組的p值等於0.02

⁴ 輔導組比對照組的p值少於0.01，短訊組比對照組的p值少於0.01

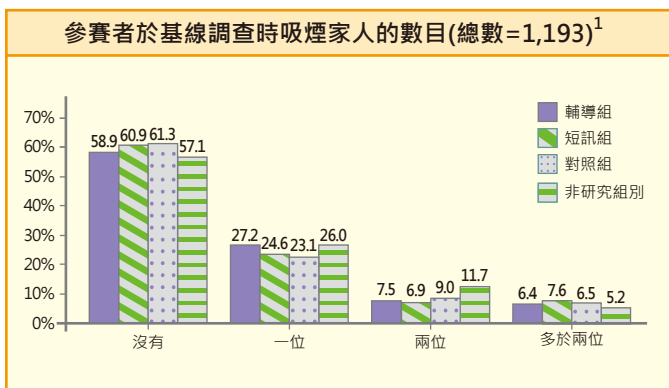
*p<0.05, **p<0.01

3.3 環境因素影響

在基線調查中，參賽者表示他們戒煙的支持主要來自(1)配偶(45.4%)、(2)子女(32.6%)、(3)父母(29.7%)及(4)朋友(18.4%)，相反有12.2%的參賽者表示沒有在戒煙期間得到任何人支持。三個研究組別得到配偶和子女的支持於統計上沒有顯著差別，但短訊組從父母(短訊組：24.3%，對照組：32.9%，p值小於0.01)及兄弟姊妹(短訊組：6.7%，對照組：12.5%，p值小於0.01)所得到的戒煙支持比率少過對照組。

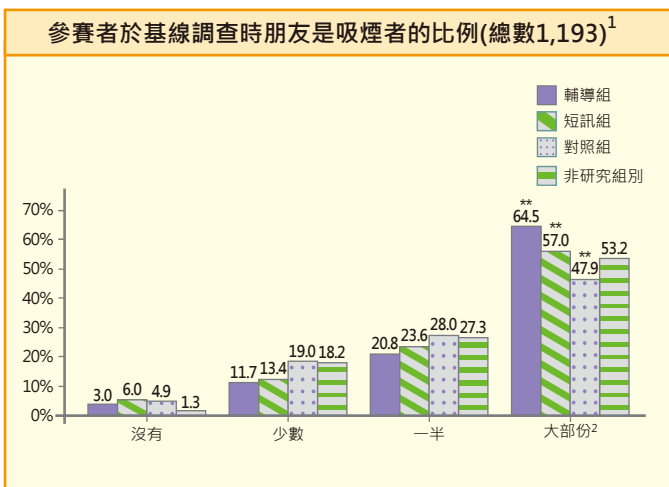
39.6%的參賽者與一位或多於一位的吸煙家人同住，三個研究組別在統計上沒有顯著差異(輔導組：41.1%，短訊組：39.1%，對照組：38.7%，p值大於0.05)(圖四)。大部份的參賽者(80%)表示超過一半的朋友是吸煙者(圖五)，60.1%表示超過一半的同事是吸煙者(圖六)。三個研究組別同住的吸煙家人人數在統計上沒有顯著差異，但朋友和同事是吸煙者的比率在三個研究組別中有顯著差別。相對於對照組(47.9%)，較多輔導組(64.5%)和短訊組(57.0%)的朋友是吸煙者(p值小於0.01)。同時，相對於對照組(32.9%)，較多輔導組(44.2%)和短訊組(38.4%)的同事是吸煙者(p值小於0.01)。

圖四



¹ 缺失數據被排除在外

圖五

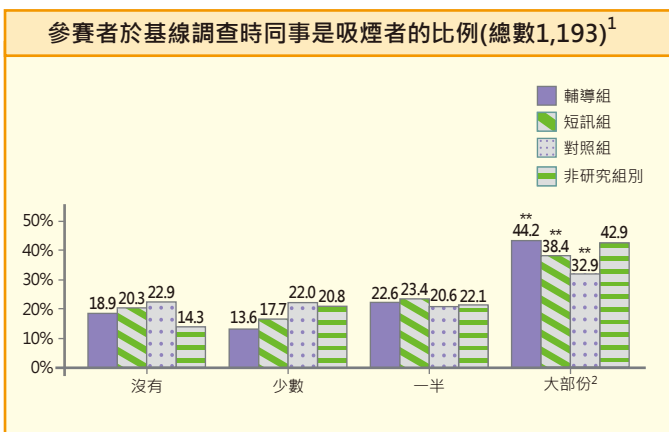


¹ 缺失數據被排除在外

² 輔導組比對照組的p值少於0.01，短訊組比對照組的p值少於0.01

**p<0.01

圖六



¹ 缺失數據被排除在外

² 輔導組比對照組的p值少於0.01，短訊組比對照組的p值少於0.01

**p<0.01

三個月及六個月的跟進結果

3.4 個案保留率

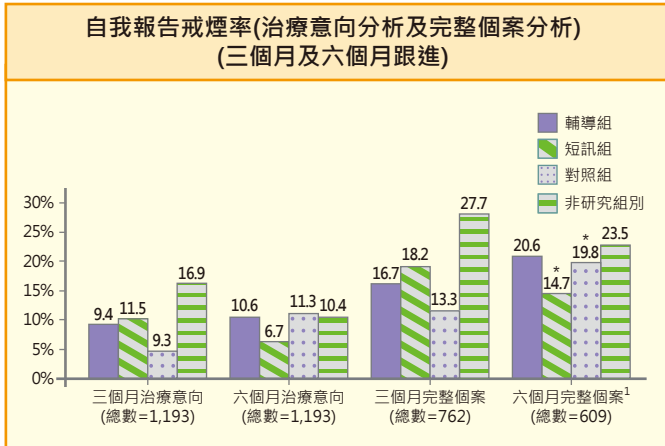
在三個月跟進時，整體個案保留率是64.0%，輔導組56.6%，短訊組63.0%，對照組69.7%。三個研究組別的保留率在統計上沒有顯著差異(p值等於0.11)。在六個月的跟進時，整體個案保留率是51.5%，輔導組51.3%，短訊組45.6%，對照組57.4%，三個研究組別的保留率在統計上有顯著差異(p值等於0.01)。

3.5 自我報告成功戒煙率及生物化學測試核實的戒煙率

根據治療意向分析，在三個月和六個月跟進時，整體自我報告戒煙率(在過去七天內完全沒有吸煙)分別是10.6%(95%信賴區間為8.9%-12.6%)及9.5%(95%信賴區間為7.9%-11.4%)(圖七)。三個研究組別在三個月和六個月跟進時的自我報告戒煙率沒有顯著差異(p值均大於0.05)。根據完整個案分析，在三個月和六個月跟進時整體自我報告戒煙率分別是16.5%及18.6%。對照組在六個月跟進時的戒煙率比短訊組顯著地高(短訊組：14.7%，對照組：19.8%，p值等於0.02)，但輔導組和對照組的差別在統計上並不顯著(輔導組：20.6%，對照組：19.8%，p值大於0.05)。

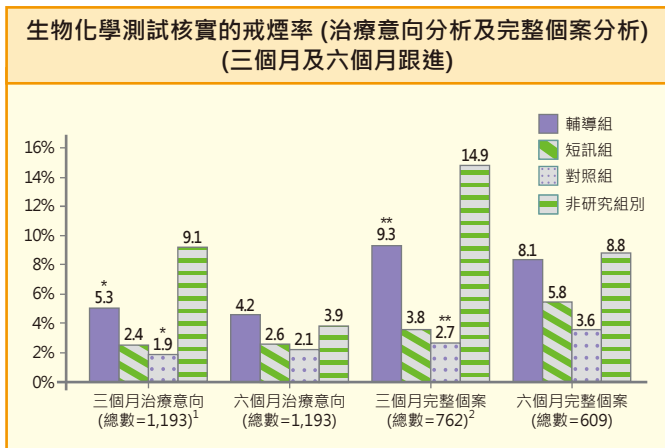
在三個月跟進時的126名自我報告成功戒煙者當中，48位接受生物化學測試，當中有81.3%(39/48)成功通過測試(圖八)。在六個月跟進時的113名自我報告成功戒煙者當中，37位接受生物化學測試，當中有91.9%(34/37)成功通過測試。根據治療意向分析，在第三個月和第六個月經生物化學測試核實後的戒煙率分別是3.3%(95%信賴區間為2.4%-4.5%)及2.8%(95%信賴區間為2.0%-3.9%)。根據治療意向分析和完整個案分析，輔導組(治療意向：5.3%，完整個案：9.3%)的生物化學測試核實的戒煙率比對照組高(治療意向：1.9%，完整個案：2.7%)(治療意向分析的p值等於0.03；完整個案分析的p值小於0.01)。

圖七



¹ 短訊組比對照組的p值等於0.02
*p<0.05

圖八



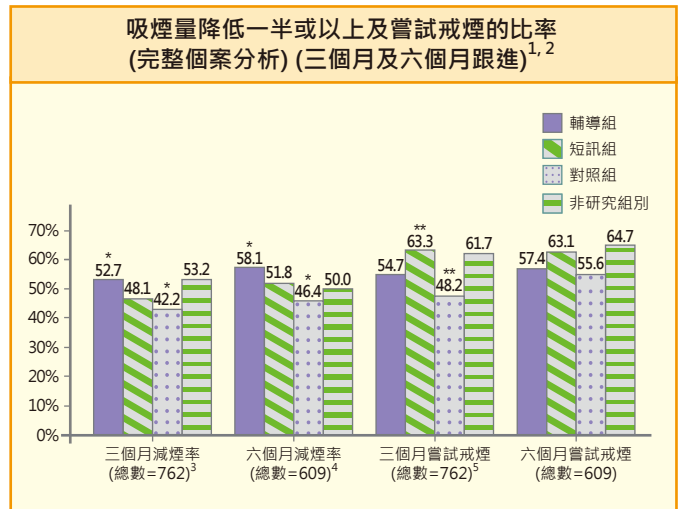
¹ 輔導組比對照組的p值等於0.03
² 輔導組比對照組的p值少於0.01
*p<0.05, **p<0.01

3.6 吸煙量降低一半或以上及嘗試戒煙比率

在三個月跟進時，包括成功戒煙的參賽者在內，47%的參賽者的吸煙量降低一半或以上(減少吸煙)(與基線調查時相比)(圖九)。而在六個月跟進時的減少吸煙比率為50.9%。輔導組(三個月：52.7%，六個月：58.1%)的減少吸煙比率高過對照組(三個月：42.2%，六個月：46.4%)(三個月的p值等於0.04，六個月的p值等於0.03)。短訊組與對照組的減少吸煙比率在統計上沒有顯著差異。

三個月及六個月跟進時的整體嘗試戒煙率(停止吸煙超過二十四小時，包括成功戒煙的參賽者在內)分別是55.4%和58.3%(圖九)。在三個月的跟進時，短訊組的嘗試戒煙率較對照組高(短訊組：63.3%，對照組：48.2%，p值小於0.01)。三個研究組別在六個月跟進時在統計上沒有顯著差異。

圖九

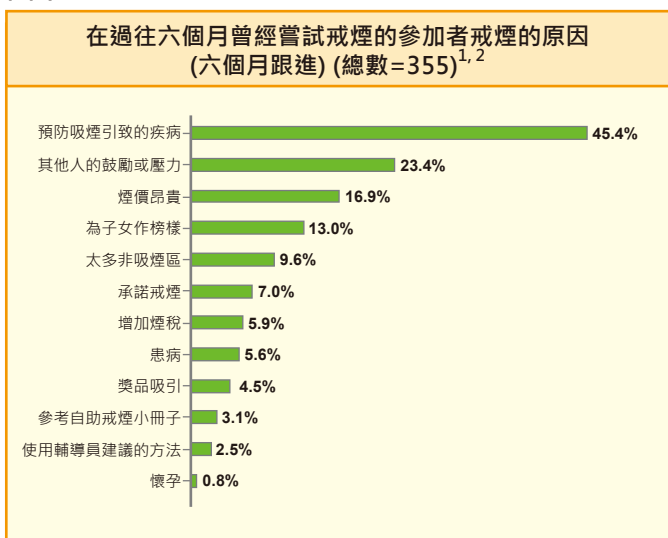


¹ 失訪數據被排除在外
² 以上減少吸煙量及嘗試戒煙的數據包括已成功戒煙者
³ 輔導組比對照組的p值等於0.04
⁴ 輔導組比對照組的p值等於0.03
⁵ 短訊組比對照組的p值少於0.01
*p<0.05, **p<0.01

3.7 戒煙原因及戒煙方法

在六個月跟進時，參賽者曾經嘗試戒煙的主要原因是(1)預防吸煙引致的疾病(45.4%)、(2)得到其他人的鼓勵及壓力(23.4%)、(3)煙價昂貴(16.9%)及(4)為子女作榜樣(13.0%)(圖十)。較多輔導組和短訊組的參賽者因為預防吸煙引致的疾病而嘗試戒煙(輔導組：67.9%，短訊組：47.9%，對照組：35.5%，p值少於0.01)。對照組有較多參賽者因為煙價昂貴(輔導組：16.7%，短訊組：10.3%，對照組：23.2%，p值等於0.02)、太多非吸煙區(輔導組：5.1%，短訊組：0.9%，對照組：21.0%，p值少於0.01)、政府增加煙草稅(輔導組：0%，短訊組：1.7%，對照組：13.8%，p值少於0.01)及為子女作榜樣(輔導組：6.4%，短訊組：10.3%，對照組：18.1%，p等於0.03)而嘗試戒煙。

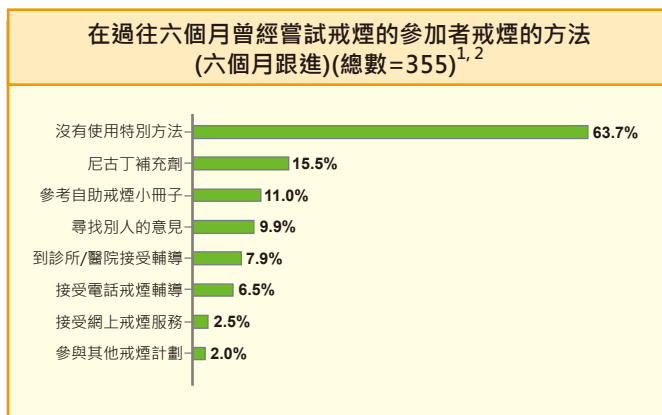
圖十



¹ 失訪數據被排除在外
² 參賽者可選擇多於一個答案

大部份參賽者(63.7%)在六個月跟進時表示沒有用任何特別方法去嘗試戒煙(圖十一)。參賽者最常用的戒煙方法包括尼古丁補充劑(15.5%)及參考自助戒煙小冊子(11.0%)。較多輔導組和短訊組的參賽者沒有使用任何特別戒煙方法去戒煙(輔導組：66.7%，短訊組：82.9%，對照組：45.7%， p 值少於0.01)。較多對照組參賽者曾經使用尼古丁補充劑戒煙(輔導組：12.8%，短訊組：7.7%，對照組：25.4%， p 值少於0.01)、尋求別人意見(輔導組：1.3%，短訊組：0.9%，對照組：23.9%， p 值少於0.01)、參考自助戒煙小冊子(輔導組：5.1%，短訊組：2.6%，對照組：21.0%， p 值少於0.01)、到診所或醫院接受戒煙輔導(輔導組：5.1%，短訊組：2.6%，對照組：15.2%， p 值少於0.01)及接受電話輔導(輔導組：3.8%，短訊組：0%，對照組：14.5%， p 值少於0.01)。

圖十一

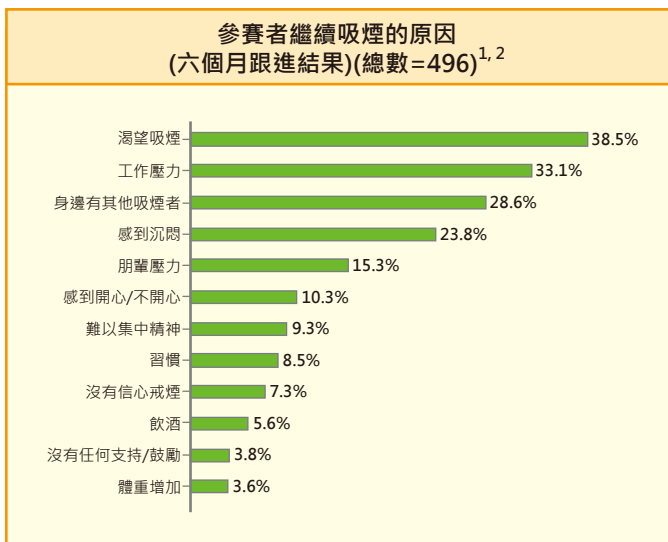


¹ 失訪數據被排除在外
² 參賽者可選擇多於一個答案

3.8 繼續吸煙的原因

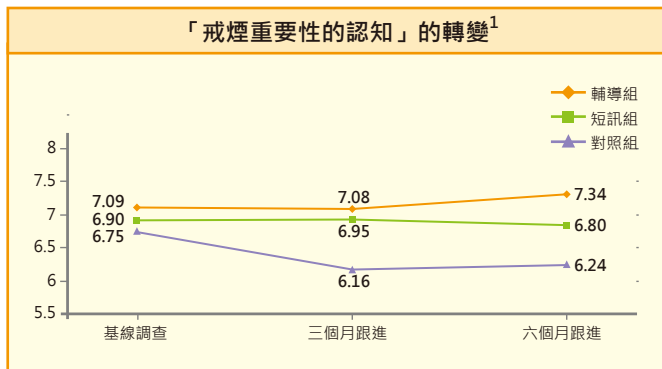
在六個月跟進時，未戒煙的參賽者最常見的四個繼續吸煙原因分別為：(1)渴望吸煙(38.5%)、(2)工作壓力(33.1%)、(3)身邊有其他吸煙者(28.6%)及(4)感到沉悶(23.8%)(圖十二)。相比輔導組和短訊組，較多對照組的參賽者會因渴望吸煙而繼續吸煙(輔導組：31.5%，短訊組：32.1%，對照組：48.0%， p 值少於0.01)。輔導組比對照組有較多的參賽者會因工作壓力而繼續吸煙(輔導組：45.4%，短訊組：25.9%，對照組：31.5%， p 值少於0.01)。而有較少短訊組的參賽者會因身邊有其他吸煙者而繼續吸煙(輔導組：37.0%，短訊組：19.8%，對照組：31.5%， p 值少於0.01)。

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

圖十三



組內成對樣本T檢定(前後對比):
 輔導組: 基線調查比三個月的p值等於0.57
 基線調查比六個月的p值等於0.38
 短訊組: 基線調查比三個月的p值等於0.91
 基線調查比六個月的p值等於0.13
 對照組: 基線調查比三個月的p值等於0.02
 基線調查比六個月的p值等於0.34
 跨組獨立樣本T檢定:
 基線調查: 輔導組比對照組的p值等於0.12
 短訊組比對照組的p值等於0.40
 三個月數據: 輔導組比對照組的p值少於0.01
 短訊組比對照組的p值少於0.01
 六個月數據: 輔導組比對照組的p值少於0.01
 短訊組比對照組的p值等於0.04
¹ 失訪數據被排除在外

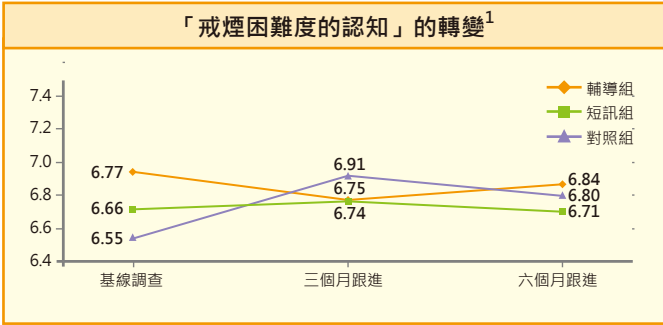
3.9 對戒煙的重要性、困難度及自信度的認知

從0(最低)至10(最高)分的量度下，在基線調查中的「戒煙重要性的認知」、「戒煙困難度的認知」及「戒煙自信度的認知」的平均值分別是6.89(標準差=2.68)、6.64(標準差=2.84)及5.53(標準差=2.51)。

對照組的「戒煙重要性的認知」平均值由基線調查時的6.75下跌至三個月跟進時的6.16(p值等於0.02)。在三個月和六個月跟進時，輔導組和短訊組的平均值與基線調查時相約(所有p值均大於0.05)。在三個月跟進時，輔導組(7.08)和短訊組(6.95)的平均值都明顯大於對照組(6.16)(輔導組對比對照組的p值少於0.01；短訊組對比對照組的p值少於0.01)。而在六個月跟進時，輔導組和短訊組的平均值亦大於對照組(輔導組對比對照組的p值少於0.01；短訊組對比對照組的p值等於0.04)。由此可見即場輔導與電話短訊能維持對戒煙重要性的認知，但對照組的參賽者沒有接受即場戒煙輔導，在整個計劃中對戒煙重要性的認知有下降的趨勢(圖十三)。

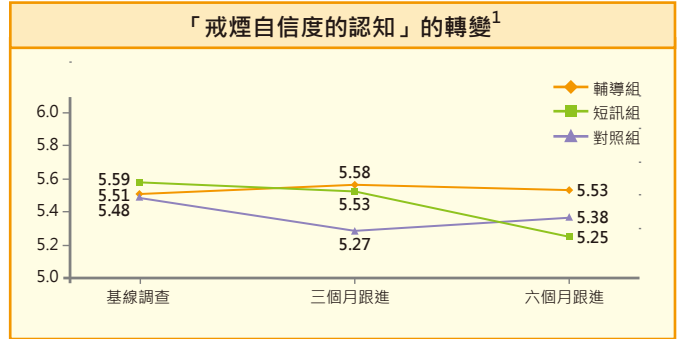
三個研究組別的「戒煙困難度的認知」於三個月及六個月跟進時的平均值和基線調查時的平均值相約(p值均大於0.05)，而三個研究組別的平均值於每次跟進時均相約(p值均大於0.05)(圖十四)。

圖十四



組內成對樣本T檢定(前後對比)：
 輔導組：基線調查比三個月的p值等於0.75
 基線調查比六個月的p值等於0.84
 短訊組：基線調查比三個月的p值等於0.49
 基線調查比六個月的p值等於0.17
 對照組：基線調查比三個月的p值等於0.07
 基線調查比六個月的p值等於0.58
 跨組獨立樣本T檢定：
 基線調查：輔導組比對照組的p值等於0.34
 短訊組比對照組的p值等於0.58
 三個月數據：輔導組比對照組的p值等於0.49
 短訊組比對照組的p值等於0.38
 六個月數據：輔導組比對照組的p值等於0.90
 短訊組比對照組的p值等於0.71
¹ 失訪數據被排除在外

圖十五



組內成對樣本T檢定(前後對比)：
 輔導組：基線調查比三個月的p值等於0.92
 基線調查比六個月的p值等於0.43
 短訊組：基線調查比三個月的p值等於0.50
 基線調查比六個月的p值等於0.07
 對照組：基線調查比三個月的p值等於0.49
 基線調查比六個月的p值等於0.81
 跨組獨立樣本T檢定：
 基線調查：輔導組比對照組的p值等於0.90
 短訊組比對照組的p值等於0.52
 三個月數據：輔導組比對照組的p值等於0.25
 短訊組比對照組的p值等於0.23
 六個月數據：輔導組比對照組的p值等於0.62
 短訊組比對照組的p值等於0.62
¹ 失訪數據被排除在外

三個研究組別的「戒煙自信度的認知」於三個月及六個月跟進時的平均值和基線調查時的平均值相約(p值均大於0.05)，而三個研究組別的平均值於所有跟進時均相約(p值均大於0.05)(圖十五)。

3.10 六個月跟進時預測成功戒煙的因素

根據治療意向分析，運用廣義估計方程式(GEE)評估，得出以下提高成功戒煙機會的預測因素：(1)在基線調查時表示過去一個月曾嘗試戒煙(調整對比值：2.04，95%信賴區間為1.03-4.01)或過去六個月曾經嘗試戒煙(調整對比值：1.72，95%信賴區間為1.03-2.85)對比從未戒煙者；(2)已婚及同居人士(調整對比值：1.82，95%信賴區間為1.15-2.86)或喪偶及離婚人士(調整對比值：3.89，95%信賴區間為1.85-8.19)對比單身人士；(3)在基線調查時表示每日吸食1至4支捲煙(調整對比值：1.64，95%信賴區間為1.05-2.56)，對比在基線調查時表示每日吸食5至14支捲煙的人士；及(4)擁有較高「戒煙自信度的認知」(每分調整對比值：1.16，95%信賴區間為1.01-1.34)。另外，與在基線調查時每日吸食5至14支捲煙的參賽者相比，每日吸食15至24支捲煙的參賽者在六個月時的戒煙率較低(調整對比值：0.57，95%信賴區間為0.34-0.98)(表二)。

表二 根據廣義估計方程式(GEE)預測成功戒煙的因素(六個月跟進)(總數=1,085)¹

預測成功戒煙的因素	調整對比值	p值	95%信賴區間
干預組別			
對照組	1.00		
輔導組	1.03	0.94	0.47-2.29
短訊組	0.76	0.62	0.25-2.28
性別			
女性	1.00		
男性	0.87	0.59	0.52-1.45
年齡			
	1.00	0.58	0.98-1.01
婚姻狀況			
單身	1.00		
已婚/同居	1.82	0.01	1.15-2.86
喪偶/離婚	3.89	<0.01	1.85-8.19
最近一次嘗試戒煙			
從未	1.00		
一個月內	2.04	0.04	1.03-4.01
六個月內	1.72	0.04	1.03-2.85
今年內	1.09	0.84	0.48-2.47
多於一年或以上	1.23	0.19	0.90-1.69
每日吸煙量			
1-4支	1.64	0.03	1.05-2.56
5-14支	1.00		
15-24支	0.57	0.04	0.34-0.98
25支或以上	0.89	0.76	0.41-1.91
「戒煙自信度的認知」			
	1.16	0.03	1.01-1.34

¹ 31個缺失數據被排除在外
根據治療意向分析，在六個月跟進時失去聯絡的參賽者被視為繼續吸煙
以下變數沒有造成明顯影響及已被排除在外：

- (1) 教育程度；
- (2) 家庭收入；
- (3) 吸煙年齡；
- (4) 開始吸煙年齡；
- (5) 「戒煙重要性的認知」；及
- (6) 「戒煙困難度的認知」

4. 討論

2012年的「戒煙大贏家」比賽於7月中旬至9月下旬在全港18區招募了1,193名吸煙者，高於2009(總數=1,119)及2010(總數=1,103)年的參加人數。總括而言，根據治療意向分析，在三個月及六個月跟進時的戒煙率分別為10.6%及9.5%。47%的參賽者在三個月跟進時的吸煙量已降低一半或以上(包括戒煙者)，而55.4%的參賽者曾經嘗試戒煙。在六個月跟進時，相應的數據分別為50.9%和58.3%。三個研究組別的自我報告戒煙率在統計上沒有明顯差異。輔導組的生物化學測試核實的戒煙率和減少吸煙率(包括戒煙者)均高過對照組，而短訊組的戒煙嘗試比率高過對照組。

在六個月跟進時，每10位2012年「戒煙大贏家」參賽者中，有1位報告能成功戒煙，比率較2009年及2010年為低。2009及2010年「戒煙大贏家」在六個月跟進時的自我報告戒煙率分別為21.6%及16.4%。雖然較少2012年「戒煙大贏家」的參賽者在基線調查時的尼古丁依賴程度偏高(2009：32.7%；2010：35%；2012：26.7%)，但同時較少2012年的參賽者曾嘗試戒煙(2009：70.1%；2010：68.8%；2012：62.9%)及有意欲在七天內戒煙(2009：67.0%；2010：66.8%；2012：52.6%)。這些發現與近年本地吸煙率下降但頑固煙民(被定義為有高尼古丁依賴程度、從未嘗試戒煙及沒有戒煙意欲)有上升的趨勢是一致的⁸，所以2012年「戒煙大贏家」的戒煙率下降的最主要原因可能是愈來愈多參加者沒有準備戒煙，或者未曾嘗試戒煙。而另一個戒煙率下降的原因可能是2012年「戒煙大贏家」的招募策略。在2012年「戒煙大贏家」中，247名參賽者(22.2%)是透過「流動招募」的方法參加比賽，即是指招募人員在特定的地方主動邀請街上的吸煙者參與比賽。相比那些在招募攤位招募的參賽者，流動招募可能鼓勵了一些戒煙意欲較低的吸煙者參加比賽，因而降低以後的戒煙率。儘管如此，非牟利機構於2012年「戒煙大贏家」的參與有助在社區推廣戒煙，同時可能招募了較多缺乏戒煙意欲的吸煙者，都令是次活動的戒煙率下降。

是次研究亦發現即場戒煙輔導和手提電話的短訊並沒有提升戒煙率。這個結果與以往的「戒煙大贏家」隨機對照研究是一致的，顯示簡單的行為干預較難顯著增加戒煙率。另一個原因就是三個研究組別在基線調查時的不同吸煙概況。對照組在基線調查時的每日吸煙量較其他組別顯著低，而較多對照組的參賽者表示沒有準備戒煙，所以行為干預的效果可能被三個研究組別不同的吸煙概況所影響。群組隨機方式假設了不同區域所招募的參賽者的吸煙概況是相約的，但我們的研究結果並不支持這個假設。為了提高研究組別的可比較性，將來「戒煙大贏家」的研究組別應在可行的情況下採用個人隨機分組法(Individual randomization)分配參賽者。

不過，輔導組比對照組有較高的減少吸煙比率，而短訊組比對照組有較高的嘗試戒煙比率。另外，輔導組及短訊組於三個月和六個月跟進時的「戒煙重要性的認知」，相對於基線調查時維持不變，而對照組就顯著下跌。這些結果顯示今次所使用的簡單干預是有助其他戒煙結果，及維持吸煙者的戒煙動力。另外，除了基線調查時簡單的行為干預，參賽者可能需要更多的輔導或延長干預時期，以幫助他們成功戒煙和防止已戒煙者恢復吸煙。

研究亦發現沒有使用任何特別方法戒煙的吸煙者有下降的趨勢，由2009年的91.8%跌至2010年的83.5%及2012年的63.7%。今年有15.5%的參賽者使用尼古丁補充劑，較2009年的5.5%及2010年1.8%為高。由於這個活動沒有提供任何藥物與使用藥物的輔導，故是次研究發現越來越多吸煙者尋求方便和容易使用的方法去幫助自己戒煙，例如尼古丁補充劑。未來的研究及「戒煙大贏家」比賽可探索提供藥物治療的可行性和成效。

5. 結論

總括而言，2012年的「戒煙大贏家」比賽成功接觸社區內一大群較低戒煙意欲及較少接受戒煙服務的吸煙者，並成功推動他們戒煙。隨機對照試驗顯示簡短的即場戒煙輔導和短訊服務有助維持對「戒煙重要性的認知」、增加嘗試戒煙次數及減少吸煙有正面影響，但沒有提升戒煙率。將來的比賽可考慮提供更多獎金作為鼓勵或藥物治療去推動更多吸煙者成功戒煙。

6. 臨床試驗註冊編號

臨床試驗註冊編號: NCT01670864 · (<http://www.controlled-trials.gov>)

7. 參考文獻

- ¹ Census & Statistics Department, Hong Kong SAR government. (2013). *Pattern of smoking. Thematic Household Survey Report No. 48*. Hong Kong: Census & Statistics Department.
- ² Lam TH, Ho SY, Hedley AJ, Mak KH, Peto R. (2001). Mortality and smoking in Hong Kong: Case-control study of all adult deaths in 1998. *British Medical Journal*, 323, 1-6.
- ³ McGhee SM, Ho LM, Lapsley HM, Chau J, Cheung WL, Ho SY, Pow M, Lam TH, Hedley AJ. (2006). Cost of tobacco-related diseases, including passive smoking, in Hong Kong. *Tobacco Control*, 15, 125-130.
- ⁴ Census & Statistics Department, Hong Kong SAR government. (2001). *Hong Kong Annual Digest of Statistics 2001*. Hong Kong: Census and Statistics Department.
- ⁵ Cahill K, Perera R. (2008). Quit and Win contests for smoking cessation. *Cochrane Database of Systematic Reviews*, 2008, Issue 4.
- ⁶ Chan SSC, Leung DYP, Wong CND, Lau L, Lai V, Cheung DYT, Lam TH. (2013). “Quit to Win 2009” and smoking cessation. *COSH Report No. 12*. Hong Kong Council on Smoking and Health.
- ⁷ Chan SSC, Wong BY, Wong CND, Lau L, Lai V, Lam COB, Lam TH. (2013). “Quit to Win 2010” and smoking cessation. *COSH Report No. 13*. Hong Kong Council on Smoking and Health.
- ⁸ Leung DYP, Chan SSC, Lam TH. (2011). Prevalence and characteristics of hardcore smokers in Hong Kong, Hong Kong: The University of Hong Kong.

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附錄一 「戒煙大贏家」2012 – 短訊組的電話文字短訊

R = 已準備戒煙 (打算在三十天內戒煙)

NR = 未準備戒煙 (打算在三十天或以後戒煙或未決定戒煙)

分類	R	NR	短訊內容
歡迎短訊	✓	✓	歡迎你參加《戒煙大贏家》比賽！只要你於參賽後3個月內完全停止吸煙，就有機會贏取港幣一萬元超市現金券！
參加比賽後第一個星期完結時的短訊 – 換領禮物	✓	✓	恭喜你參加了《戒煙大贏家》比賽一個星期！為鼓勵你戒煙，請憑此短訊到報名機構換領神秘禮物！
停止短訊及鼓勵	✓	✓	我們會在未來三星期內繼續發放戒煙短訊。你可隨時發一個空白短訊到5109-6918終止這項服務。你可以上網www.smokefree.hk，或下載「戒煙達人」app，知多點戒煙貼士！
完結短訊	✓	✓	加油！你已經參加了《戒煙大贏家》比賽一個月。隨時重溫戒煙短訊，成功戒煙有機會贏取港幣一萬元超市現金券！
5R: 危害 #1	✓	✓	每兩個煙民，會有一個因食煙提早死亡。食煙成身煙味，皮膚都差D。越食越冇型。戒煙啦！
5R: 危害#2		✓	食煙會減低血液帶氧能力，越食體能越差。二手煙含有害物質，襲著你全身，影響身邊人。戒煙啦！
5R: 獎勵 #1		✓	戒煙永遠唔會太遲！唔食煙可以立刻改變血液循環，同埋咳番積聚在氣管內的有害物出來。
5R: 獎勵 #2		✓	計下戒煙慳到多少錢？如果平時每日食一包，唔食煙一個月已經可以慳千五元！
5R: 障礙 (平行決策)		✓	有決心戒煙嗎？寫低吸煙的壞處，戒煙的好處，你就會知道點解要戒煙！
誤解和事實 #1		✓	吸煙可以減壓？尼古丁七秒上腦，影響記憶力，工作表現也較差。戒煙啦！
誤解和事實 #2		✓	吸「特醇」或「薄荷」煙只會令你越食越多煙。唯有戒煙才真正保障你及家人健康。
定立戒煙日期	✓	✓	準備好戒煙嗎？立即定下戒煙日期，寫低戒煙原因，搵支持你戒煙的人！
尋求幫助去戒煙		✓	想戒煙？主動告訴身邊的親人及朋友啦。他們的支持及提醒可以防止你繼續吸煙。
尋求幫助去戒煙	✓		戒煙前，主動告訴身邊的親人及朋友啦。他們的支持及提醒可以防止你繼續吸煙。
戒煙提示#1	✓	✓	想避開吸煙的誘惑？拋棄所有吸煙用品，避免去多人吸煙的地方。避免飲酒。
戒煙提示#2	✓		煙癮最多只會停留十五分鐘。每次想吸煙時就盡量拖延，深呼吸放鬆自己，大量飲水減低煙癮。
戒煙提示#3	✓		如果屋企人食煙，叫佢地一齊戒，或唔好在家食煙！他們的支持及提醒可以防止你繼續吸煙。
戒煙提示#4	✓		隨身帶備無糖香口膠或薄荷糖。當有人請你食煙前放定一粒入口先，避免吸煙！
尼古丁依賴及藥物治療	✓	✓	覺得自己上癮太深？可以嘗試去藥房尋求戒煙藥物協助，又或者打去1833-183問下！
轉介 – 戒煙熱線1833-183	✓	✓	戒煙有時並唔容易，但係你每嘗試戒煙多一次，成功戒煙的機會就多一次！立即致電衛生署戒煙熱線1833-183。
退癮症狀	✓		戒煙後身體不適？由於尼古丁上癮，停煙可能短暫令人煩躁、難以集中精神、失眠、抑鬱或體重增加，但會在兩星期內慢慢減退。
鼓勵	✓		隨住你戒煙日子增加，你煙癮發作的次數會減少。有一半吸煙者停煙7日後最終可以成功戒煙！
復吸	✓		萬一唔小心食番煙？唔駛灰心，戒煙係一個過程。記住自己點解失敗，再接再厲！

“Quit to Win 2012” and smoking cessation

Sophia SC CHAN^{1*}, David CN WONG^{1*}, Derek YT CHEUNG², Christina OB LAM¹,
Lisa MM LAU³, Vienna WY LAI³ & TH LAM²

¹School of Nursing, The University of Hong Kong

²School of Public Health, The University of Hong Kong

³Hong Kong Council on Smoking and Health

**Currently these members are not working in the School of Nursing, HKU, but we are grateful for their contribution in the different phrases of the project.*

1. Introduction

According to Census & Statistics Department, the prevalence of smoking in Hong Kong was 10.7% in 2012¹. Smoking kills over 7,000 people per year². Smoking led to an annual medical cost, long-term care and productivity loss of US\$688 million in 1998³, which was equivalent to 0.6% of GDP in the region⁴. Tobacco is addictive and it is difficult for some smokers to quit smoking without assistance. Furthermore, over half of the daily smokers in Hong Kong had never tried to quit and did not want to quit, so they were unlikely to seek professional help from the smoking cessation services¹.

The Quit and Win Contest provided an opportunity to reach a large group of smokers. It aimed to promote smoking cessation in the community and use incentives to motivate smokers to quit⁵. Since 2009, Hong Kong Council on Smoking and Health (COSH), School of Nursing and School of Public Health of the University of Hong Kong (HKU) have launched Quit to Win Contests to deliver brief smoking cessation interventions to the smokers in the community and assess their effectiveness. In 2009, a 3-arm randomized controlled-trial (RCT) tested the effectiveness of brief smoking cessation advice by telephone or short message services (SMS), compared to delivering a self-help smoking cessation booklet, on quit rates and changes in smoking behaviors in smokers of the Quit to Win Contest⁶. A

total of 1,119 participants were recruited from 31 recruitment activities in 14 districts within one and half months. At 6-month follow-up, the self-reported quit rate was 22%. However, no difference in the self-reported quit rate was found among the 3 RCT groups. In 2010, we conducted another 2-arm RCT in the Quit to Win Contest 2010 to assess the effectiveness in achieving abstinence and changing smoking behavior of an on-site face-to-face brief smoking cessation advice compared to delivering the self-help smoking cessation booklet only. We recruited 1,139 participants during a period of two and a half months. A higher quit rate was observed in the intervention group (18.4%) than the control group (13.8%) at 6-month follow-up, but it was marginally significant ($p=0.08$)⁷. In total, both Quit to Win Contests attracted over 2,000 smokers in the community to participate and helped them to quit with the brief advices and incentives.

In 2012, COSH, HKU, 18 District Councils and 10 non-government organizations (NGOs) collaborated to organize the Quit to Win Contest to raise public awareness on smoking cessation and recruit smokers to join the Contest. A 3-arm RCT was conducted to evaluate the effectiveness of a brief smoking cessation advice delivered by a trained counselor onsite (Counseling group), or sending them mobile phone messages (SMS group), compared to delivering a self-help smoking cessation booklet only (Control group).

2. Methods

2.1 Recruitment

To recruit participants in the Contest, 161 recruitment sessions were held in shopping malls and public areas in 18 districts in Hong Kong from 19 July to 30 September 2012. Trained smoking cessation counselors screened participants with the following 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 and read Chinese;
4. Had a local network mobile phone to receive SMS; and
5. Exhaled carbon monoxide (CO) of 4 ppm or above.

After obtaining written consent from the participants, the trained smoking cessation counselors administered the baseline questionnaire, measured the exhaled CO level, provided the self-help smoking cessation booklet to the participants and assigned them a unique participation number. Eligible participants who were unwilling to join the RCT could join the Quit to Win Contest, but were allocated to the Non-RCT group. Smokers who were physiologically or physically unable to communicate or currently following other forms of smoking cessation programme were excluded from RCT.

Cluster randomization method was used to allocate participants into one of the following 3 groups: Counseling group, SMS group or Control group. Eighteen numbers were generated and randomly assigned to the 18 districts, with the random function in EXCEL. The 6 districts with the 6 smallest numbers were allocated to the Counseling group, and the other 6 districts ranked from 7th to 12th were allocated to the SMS group. The rest of the districts were allocated to the Control group.

2.2 Intervention and Follow-up

Counseling group: Participants in the Counseling group received 5-minute brief smoking cessation counseling by our trained smoking cessation counselors at the recruitment sites. They received advice on quitting smoking and specific warning about the health hazards of smoking, based on the AWARD model including (1) Ask the smoking and quitting history; (2) Warn them about the harm of smoking (1 in 2 smokers would die of diseases due to smoking); (3) Advise them to quit; (4) Refer them to smoking cessation services and (5) Repeat the above steps (Do-it-again). A health education card containing brief advices and self-assessment of decision balance between smoking and quitting was also provided to the participants. Additional telephone counseling at the 1-week & 1-month follow-up was provided to the participants in this group.

SMS group: Participants in the SMS group received SMS text messages of smoking cessation advice and warning on the health hazards of smoking. Participants who reported that they started to quit within 30 days or less were classified as “ready to quit”, whereas those reported to quit after 30 days or more, or had not decide to quit were classified as “not ready to quit”. Two sets of 16 messages tailored for the two groups of smokers were sent within 4 weeks after recruitment (Appendix 1).

Control group: Participants in the Control group received a 12-page self-help smoking cessation booklet but did not receive any additional quitting assistance.

Non-trial group: This group included participants who wanted to join the TV programme. They received a self-help smoking cessation booklet but not any additional smoking cessation counseling and were not included in the RCT.

All participants were provided the 12-page self-help smoking cessation booklet, and followed up at 3 months and 6 months after baseline recruitment. Trained smoking cessation counselors, who were blinded to the group assignment, conducted the telephone survey using a standardized questionnaire. The interviewers made at least seven call attempts, at different time of a day, to reach each participant. Those who failed to be contacted in all attempts were classified as loss to follow-up. Those who reported no

smoking in the past 7 days were invited to participate in a biochemical validation including measurement of exhaled carbon monoxide (CO) and salivary cotinine levels. The standard for validated abstinence was that exhaled CO level below 4 ppm and salivary cotinine below 10ng/ml. Participants who passed the biochemical validation at the 3-month follow-up were included in the lucky draw, which selected 5 participants to win a HK\$10,000 gift voucher for each. For those who joined the TV programme co-produced with Television Broadcasts Limited (TVB), the champion received a cash prize of HK\$20,000, 1st runner-up received HK\$10,000 and 2nd runner-up received HK\$5,000.

The primary outcome of the RCT was self-reported 7-day point prevalence (PP) quit rate at the 3- and 6-month follow-ups. The secondary outcomes were biochemically validated quit rate, rate of smoking reduction by at least 50%, and quit attempts (stopped smoking for at least 24 hours since participating in the Contest) at the 3-month and 6-month follow-ups.

The socio-demographic and smoking characteristics at baseline of all subjects (N=1,193) were described. We compared the primary and secondary outcomes, reasons to quit (in self-reported quitters), methods to quit (in self-reported quitters), reasons of continuing smoking (in smokers), perceived importance, difficulty and confidence to quit among the three groups. We adopted the intention-to-treat (ITT) analysis (assuming that non-respondents at the follow-up did not change their baseline smoking behavior) to calculate the self-reported and biochemically validated quit rates, and used complete-case (CC) analysis (excluding participants who were lost to follow-up) for other outcomes.

3. Results

In all the 161 recruitment sessions, a total of 1,247 smokers visited the smoking cessation booths. 1,193 (95.7%) of them were eligible and consented to participate in the Contest. Of the 1,193 participants, 265 (22.2%) were allocated to the Counseling group, 419 (35.1%) to the SMS group, 432 (36.2%) to the Control group and 77 (6.5%) were allocated to the Non-trial group.

Baseline results

3.1 Demographic characteristics of all participants

Table 1 shows that, in all participants, 79.0% were male, and the average age was 42.1 years (SD=16.9). Nearly 60% of the participants (58.2%) were married. More than half (52.9%) had one or more children. 42.6% had junior secondary education level or below, and the majority (69.7%) were employed. 28.2% had monthly household income less than HK\$10,000. The Control group had slightly higher proportion of students (Counseling: 2.6%, SMS: 4.5%, Control: 8.3%, $p<0.01$) and retired persons (Counseling: 12.1%, SMS: 12.4%, Control: 19.1%, $p<0.01$) than the Counseling and SMS groups.

Table 1 Demographic characteristics of all participants (N=1,193)¹

	Total	Non-trial	Counseling	SMS	Control
	N=1,193	N=77	N=265	N=419	N=432
	(n, %)	(n, %)	(n, %)	(n, %)	(n, %)
Gender					
Male	943 (79.0)	62 (80.5)	209 (78.9)	344 (82.1)	328 (75.9)
Female	250 (21.0)	15 (19.5)	56 (21.1)	75 (17.9)	104 (24.1)
Age, mean (SD)					
	42.1 (16.9)	38.5 (14.9)	41.6 (15.2)	43.0 (16.3)	42.6 (18.6)
Marital status					
Single	463 (38.8)	37 (48.1)	89 (33.6)	153 (36.5)	184 (42.6)
Married/ Cohabited	694 (58.2)	38 (49.4)	166 (62.6)	254 (60.6)	236 (54.6)
Other	25 (2.1)	2 (2.6)	8 (3.0)	5 (1.2)	10 (2.3)
Child					
None	538 (45.1)	43 (55.8)	113 (42.6)	174 (41.5)	208 (48.1)
One child	241 (20.2)	15 (19.5)	66 (24.9)	85 (20.3)	75 (17.4)
Two children	252 (21.1)	13 (16.9)	54 (20.4)	98 (23.4)	87 (20.1)
Three or more children	138 (11.6)	6 (7.8)	27 (10.2)	49 (11.7)	56 (13.0)
Education level					
No formal education	19 (1.6)	0 (0.0)	3 (1.1)	6 (1.4)	10 (2.3)
Elementary education	165 (13.8)	6 (7.8)	36 (13.6)	60 (14.3)	63 (14.6)
Junior secondary education	325 (27.2)	15 (19.5)	77 (29.1)	127 (30.3)	106 (24.5)
Senior secondary education	443 (37.1)	34 (44.2)	96 (36.2)	145 (34.6)	168 (38.9)
Post-secondary or above	231 (19.4)	22 (28.6)	50 (18.9)	76 (18.1)	83 (19.2)
Employment status					
Student	65 (6.4)	3 (3.9)	7 (2.6)	19 (4.5)	36 (8.3)
Self-employed/Employed	831 (69.7)	54 (70.1)	197 (74.3)	301 (71.8)	279 (64.6)
Unemployed	55 (4.6)	7 (9.1)	15 (5.7)	24 (5.7)	9 (2.1)
Housewife	46 (3.9)	2 (2.6)	7 (2.6)	17 (4.1)	20 (4.6)
Retired	174 (14.6)	8 (10.4)	32 (12.1)	52 (12.4)	82 (19.0)
Monthly household income (HKD)					
Less than \$10,000	336 (28.2)	19 (24.7)	78 (29.4)	104 (24.8)	135 (31.3)
\$10,000-19,999	455 (38.1)	27 (35.1)	83 (31.3)	177 (42.2)	168 (38.9)
\$20,000-29,999	171 (14.3)	11 (14.3)	47 (17.7)	58 (13.8)	55 (12.7)
\$30,000-39,999	88 (7.4)	7 (9.1)	22 (8.3)	37 (8.8)	22 (5.1)
\$40,000 or more	109 (9.1)	10 (13.0)	30 (11.3)	28 (6.7)	41 (9.5)

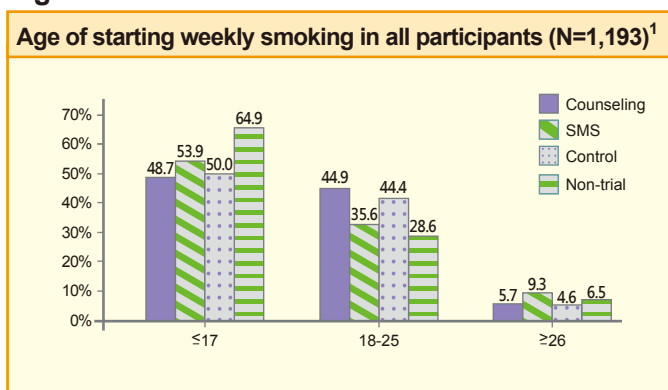
¹Missing data was excluded

3.2 Smoking profile

Overall, the mean age of starting smoking was 18 (SD=5.7), and more than half (52.1%) started smoking before 18 (Figure 1). Their mean daily cigarette consumption was 13.5 (SD=9.0), 42.6% consumed 5-14 cigarettes and 34.7% consumed 15-24 per day (Figure 2). 62.9% had previous quit attempts (stopped smoking for at least 24 hours in lifetime). More participants in the

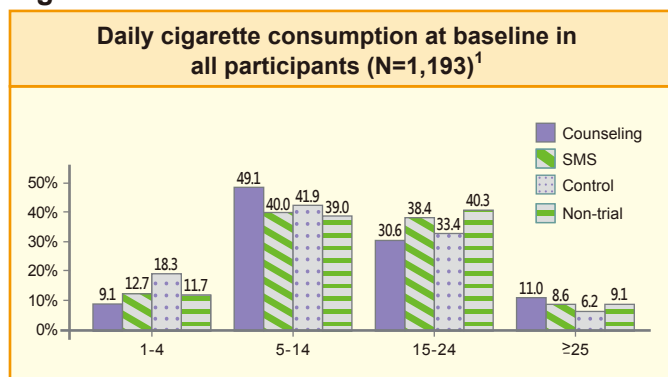
Counseling group had previous quit attempts than the Control group (Counseling: 67.6%, Control: 58.6%, $p=0.02$) (Figure 3). 69.3% wanted to quit within 30 days (ready to quit), with more participants in the Control group than the other groups being not ready to quit (Counseling: 28.3%, SMS: 20.0%, Control: 41.6%, $p<0.01$).

Figure 1



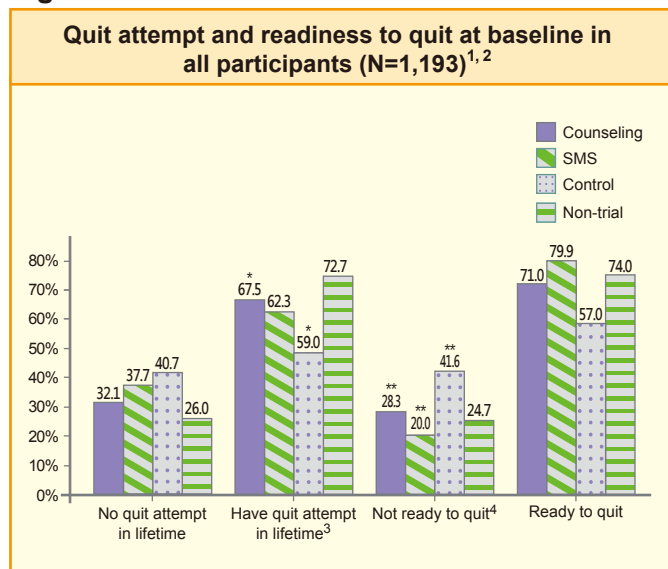
¹ Missing data were excluded

Figure 2



¹ Missing data were excluded

Figure 3



¹ Missing data were excluded

² Participants who were ready to quit included those who wanted to quit within 30 days, while those not ready to quit included those who wanted to quit after 30 days or more, and those who had not decided to quit

³ p-value for comparing Counseling and Control group = 0.02

⁴ p-value for comparing Counseling and Control group < 0.01; p-value for comparing SMS and Control group < 0.01

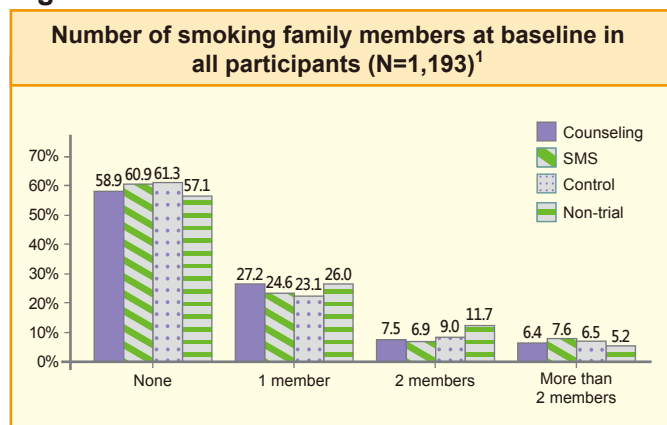
*p<0.05, **p<0.01

3.3 Environmental influence

The major sources of perceived support in the quitting process at baseline were (1) spouse (45.4%), (2) children (32.6%), (3) parents (29.7%) and (4) friends (18.4%). On the contrary, 12.2% of them did not receive any support from others. There was no significant difference in receiving support from the spouse and children among the three RCT groups, but a smaller proportion of SMS group received support from parents (SMS: 24.3%, Control: 32.9%, p<0.01) and siblings (SMS: 6.7%, Control: 12.5%, p<0.01) than the Control group.

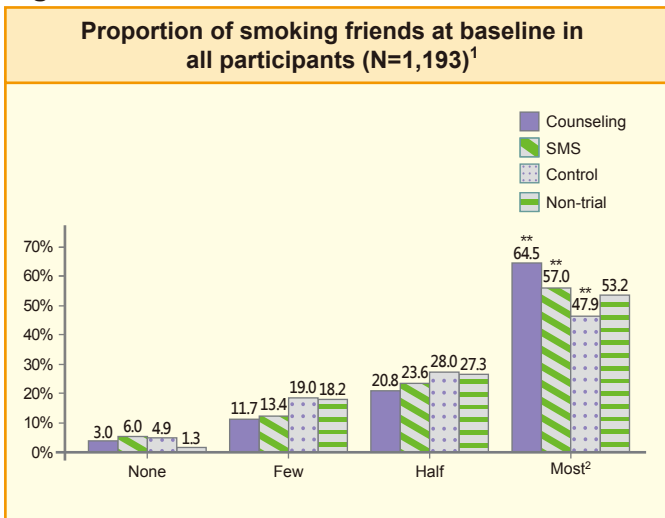
In all participants, 39.6% lived with smoking family members, and there was no significant difference among the three RCT groups (Counseling: 41.1%, SMS: 39.1%, Control: 38.7%, p>0.05) (Figure 4). The majority (80.0%) claimed that more than half of their friends were smokers (Figure 5), while 60.1% mentioned that more than half of their colleagues were smokers (Figure 6). There was no significant difference in the number of smoking family members among the three RCT groups, but the differences in proportion of smoking friends and colleagues among the three RCT groups were significant. A higher proportion of the Counseling group (64.5%) and SMS group (57.0%) had most of their friends smoking than the Control group (47.9%) (p<0.01). A higher proportion in the Counseling group (44.2%) and SMS group (38.4%) had most of their colleagues smoking than the Control group (32.9%) (p<0.01).

Figure 4



¹ Missing data were excluded

Figure 5

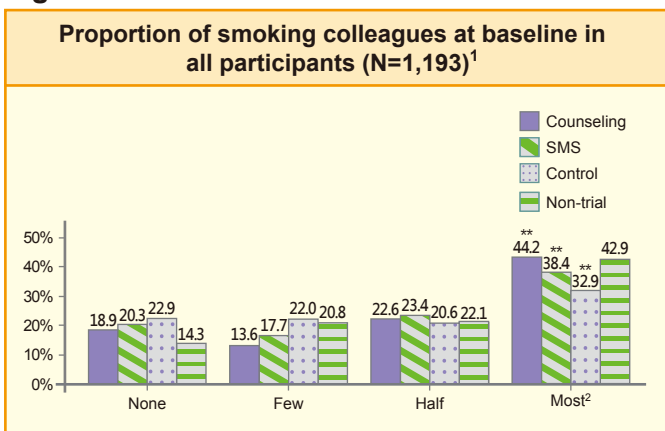


¹ Missing data were excluded

² p-value for comparing Counseling and Control group < 0.01; p-value for comparing SMS and Control group < 0.01

**p<0.01

Figure 6



¹ Missing data were excluded

² p-value for comparing Counseling and Control group < 0.01; p-value for comparing SMS and Control group < 0.01

**p<0.01

3- and 6-month follow-up results

3.4 Retention rate

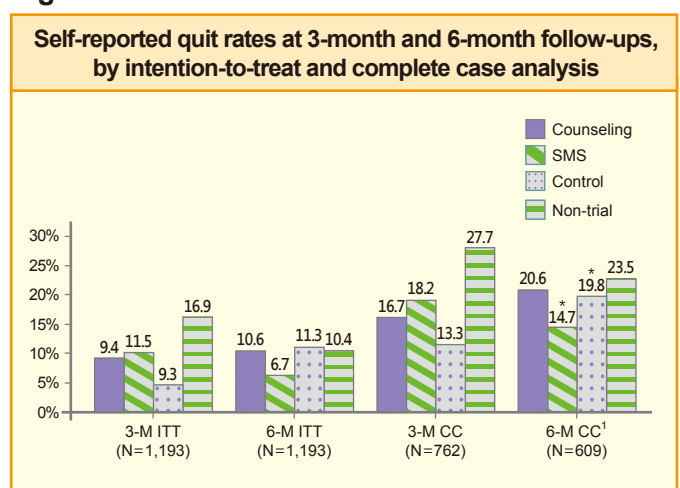
At the 3-month follow-up, the overall retention rate was 64.0%, with 56.6% in the Counseling group, 63.0% in the SMS group and 69.7% in the Control group. There was no significant difference in the retention rate among the three RCT groups (p=0.11). At the 6-month follow-up, the overall retention rate was 51.5%, with 51.3% in the Counseling group, 45.6% in the SMS group and 57.4% in the Control group, and the difference among the 3 groups was significant (p=0.01).

3.5 Self-reported and biochemically validated quit

By ITT analysis, the overall self-reported 7-day point prevalence quit rate at 3-month and 6-month follow-up was 10.6% (95% CI=8.9%-12.6%) and 9.5% (95% CI= 7.9%-11.4%), respectively (Figure 7). No significant difference in the 3-month and 6-month quit rate by ITT analysis among the three RCT groups was found (all p>0.05). By CC analysis, the overall self-reported quit rate at 3 months and 6 months were 16.5% and 18.6%, respectively. The Control group had a significantly higher quit rate by CC analysis than the SMS group at the 6-month follow-up (SMS: 14.7%, Control: 19.8%, p=0.02). The difference in the self-reported quit rate between Counseling and Control group was not significant (Counseling: 20.6% ; Control: 19.8% , p>0.05).

In the 126 self-reported quitters at 3 months, 48 participated in the biochemical validation, and 81.3% (39/48) passed (Figure 8). At 6 months, 37 of the 113 self-reported quitters participated in the validation, and 91.9% (34/37) passed. By ITT analysis, the validated quit rate for all the participants at 3 and 6 months was 3.3% (95% CI=2.4%-4.5%) and 2.8% (95% CI= 2.0%-3.9%), respectively. By both ITT and CC analysis, the Counseling group (ITT: 5.3%, CC: 9.3%) had a higher validated quit rate than the Control group (ITT: 1.9%, CC: 2.7%) (p for ITT analysis=0.03; p for CC<0.01).

Figure 7

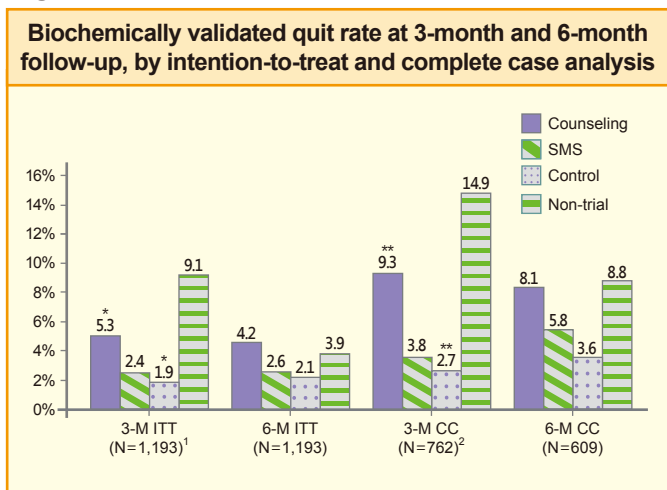


ITT: Intention-to-treat analysis; CC: Complete-case analysis

¹ p-value for comparing SMS and Control group =0.02

*p<0.05

Figure 8



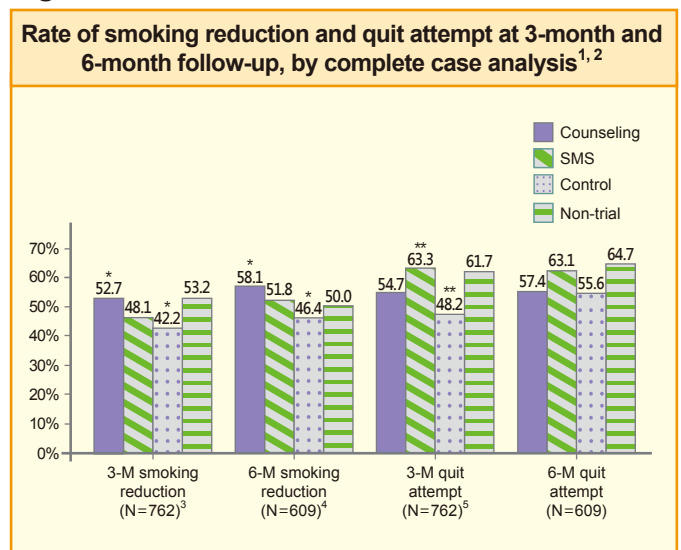
ITT: Intention-to-treat analysis; CC: Complete-case analysis
¹ p-value for comparing Counseling and Control group = 0.03
² p-value for comparing Counseling and Control group < 0.01
 *p<0.05, **p<0.01

3.6 Quit attempt and smoking reduction at the 3- and 6-month follow-up

At the 3-month follow-up, 47% of participants (including quitters), who were successfully followed up, reduced cigarette consumption by at least 50% compared to baseline (Figure 9). The proportion of smoking reduction at the 6-month follow-up was 50.9%. The rate of smoking reduction was higher in the Counseling group (3-month: 52.7%, 6-month: 58.1%) than Control group (3-month: 42.2%, 6-month: 46.4%) at the 3- and 6-month follow-up (p for 3-month=0.04, p for 6-month=0.03). No significant difference between SMS and Control group was found in both follow-ups.

The overall rate of quit attempt (stopped smoking for at least 24 hours since participating in the Quit to Win Contest, including quitters) for the 3- and 6-month follow-up was 55.4% and 58.3%, respectively (Figure 9). The SMS group had a higher rate of quit attempt than the Control group at the 3-month follow-up (SMS: 63.3%, Control: 48.2%, p<0.01). There was no significant difference at the 6-month follow-up among the 3 RCT groups.

Figure 9



¹ Missing data were excluded
² Quitters were included in those who reduced cigarette consumption and quit attempt
³ p-value for comparing Counseling and Control group = 0.04
⁴ p-value for comparing Counseling and Control group = 0.03
⁵ p-value for comparing SMS and Control group < 0.01
 *p<0.05, **p<0.01

3.7 Reasons and methods of quit attempts at the 6-month follow-up

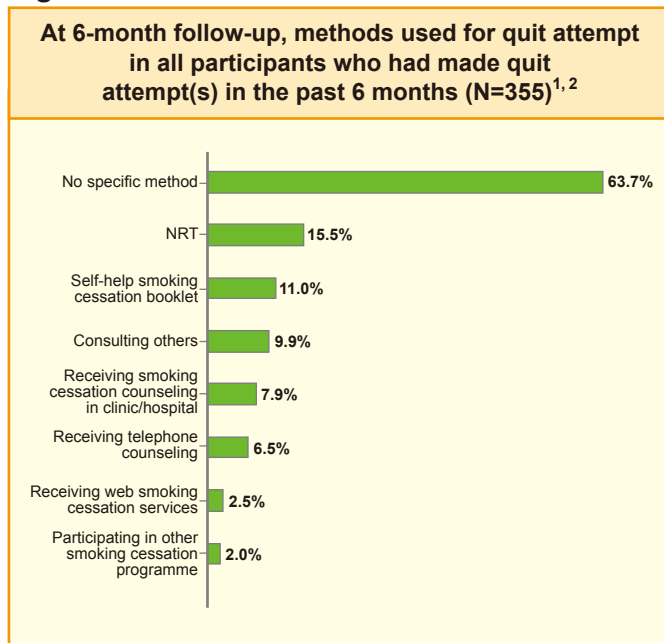
At 6-month follow-up, in the participants who had made quit attempt(s) in the study period, the most common reasons of quit attempt were: (1) illness prevention (45.4%), (2) received encouragement or pressure from others to quit smoking (23.4%), (3) expensive cigarettes (16.9%) and (4) being a role model for children (13.0%) (Figure 10). More participants in the Counseling group and SMS group made their quit attempt because of illness prevention (Counseling: 67.9%, SMS: 47.9%, Control: 35.5%, p<0.01). More participants in the Control group had made their quit attempt because of expensive cigarettes (Counseling: 16.7%, SMS: 10.3%, Control: 23.2%, p=0.02), too many smoke-free areas (Counseling: 5.1%, SMS: 0.9%, Control: 21.0%, p<0.01), increase in cigarette taxation (Counseling: 0%, SMS: 1.7%, Control: 13.8%, p<0.01), and being a role model for children (Counseling: 6.4%, SMS: 10.3%, Control: 18.1%, p=0.03)

Figure 10



¹ Participants who were lost to follow up were excluded
² Participants were allowed to choose more than one reason

Figure 11



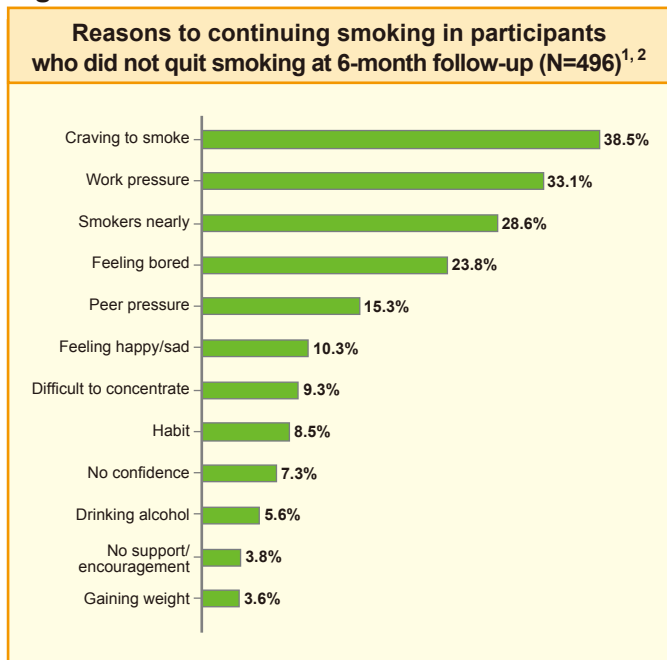
¹ Participants who were lost to follow up were excluded
² Participants were allowed to choose more than one method

At the 6-month follow-up, the majority (63.7%) in participants who had made quit attempt(s) did not use any specific methods to quit (Figure 11). The most common methods were using nicotine replacement therapy (NRT) (15.5%) and self-help smoking cessation booklet (11.0%). More participants who had made a quit attempt in the Counseling group and SMS group did not use specific methods to quit smoking compared with the Control group (Counseling: 66.7%, SMS: 82.9%, Control: 45.7%, $p < 0.01$). Moreover, more participants in the Control group than the other groups used NRT (Counseling: 12.8%, SMS: 7.7%, Control: 25.4%, $p < 0.01$), consulted others (Counseling: 1.3%, SMS: 0.9%, Control: 23.9%, $p < 0.01$), read self-help smoking cessation booklet (Counseling: 5.1%, SMS: 2.6%, Control: 21.0%, $p < 0.01$), received counseling from clinic/hospital (Counseling: 5.1%, SMS: 2.6%, Control: 15.2%, $p < 0.01$) and received telephone counseling (Counseling: 3.8%, SMS: 0%, Control: 14.5%, $p < 0.01$).

3.8 Reasons of continuing smoking

The four most common reasons of continuing smoking in participants who had not quit at 6 months were: (1) craving to smoke (38.5%), (2) work pressure (33.1%), (3) smokers nearby (28.6%), and (4) feeling bored (23.8%) (Figure 12). Participants in the Control group were more likely to continue smoking than the Counseling group and SMS group due to “craving to smoke” (Counseling: 31.5%, SMS: 32.1%, Control: 48.0%, $p < 0.01$). More participants in the Counseling group than the Control group continued to smoke due to “work pressure” (Counseling: 45.4%, SMS: 25.9%, Control: 31.5%, $p < 0.01$). Fewer participants in the SMS group continued to smoke due to “smokers nearby” (Counseling: 37.0%, SMS: 19.8%, Control: 31.5%, $p < 0.01$).

Figure 12



¹ Participants who were lost to follow up were excluded

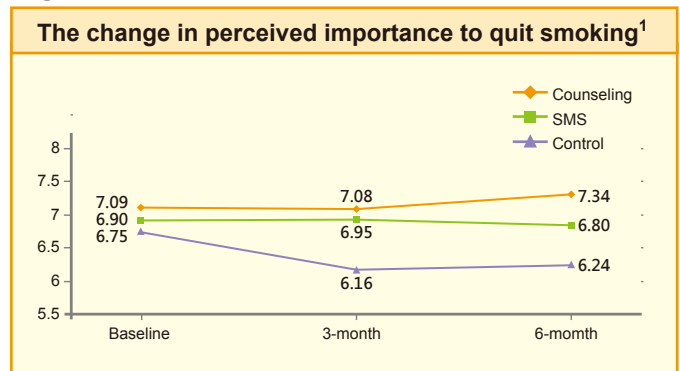
² Participants were allowed to choose more than one reason

3.9 Self-perceived importance, confidence, and difficulty to quit smoking

In a scale of 0 (minimum) to 10 (maximum), the mean score of “perceived level of importance to quit smoking”, “perceived level of difficulty to quit smoking”, and “perceived level of confidence to quit smoking” at baseline was 6.89 (SD = 2.68), 6.64 (SD = 2.84), 5.53 (SD = 2.51), respectively.

The mean score of perceived importance in the Control group decreased significantly from 6.75 at baseline to 6.16 at 3 months ($p = 0.02$). In the Counseling and SMS groups, the mean score of perceived importance at 3 and 6 months was similar to the baseline (all $p > 0.05$). The mean score of the Counseling group (7.08) and SMS group (6.95) was greater than the Control group (6.16) at 3 months (p for Counseling versus Control < 0.01 ; p for SMS versus Control < 0.01). The greater mean score in the Counseling and SMS group was also observed at the 6-month follow-up (p for Counseling versus Control < 0.01 , p for SMS versus Control $= 0.04$). It can be concluded that the on-site brief counseling and SMS maintained the perceived importance, while participants without the brief intervention had decreased perceived importance over the study period (Figure 13).

Figure 13



Within-group pair-sample t-test:

Counseling: p -value for Baseline versus 3-month=0.57
 p -value for Baseline versus 6-month=0.38
 SMS: p -value for Baseline versus 3-month=0.91
 p -value for Baseline versus 6-month=0.13
 Control: p -value for Baseline versus 3-month=0.02
 p -value for Baseline versus 6-month=0.34

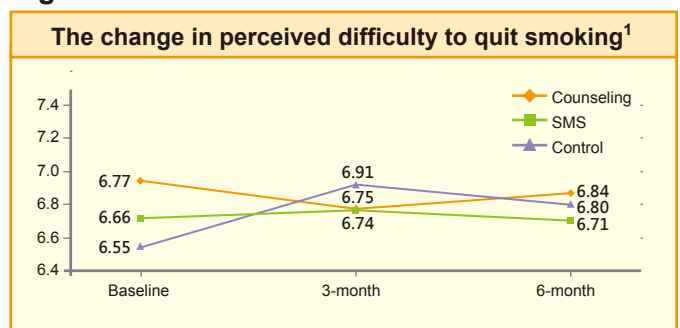
Between group independent t-test

Baseline: p -value for Counseling versus Control=0.12
 p -value for SMS versus Control=0.40
 3-month: p -value for Counseling versus Control<0.01
 p -value for SMS versus Control<0.01
 6-month: p -value for Counseling versus Control<0.01
 p -value for SMS versus Control=0.04

¹ Participants who were lost to follow up were excluded

The mean score of perceived difficulty to quit at 3 and 6 months was similar to the baseline in the three RCT groups (all $p > 0.05$). The scores were also similar among the three RCT groups at all the follow-ups (all $p > 0.05$) (Figure 14).

Figure 14



Within-group pair-sample t-test:

Counseling: p -value for Baseline versus 3-month=0.75
 p -value for Baseline versus 6-month=0.84
 SMS: p -value for Baseline versus 3-month=0.49
 p -value for Baseline versus 6-month=0.17
 Control: p -value for Baseline versus 3-month=0.07
 p -value for Baseline versus 6-month=0.58

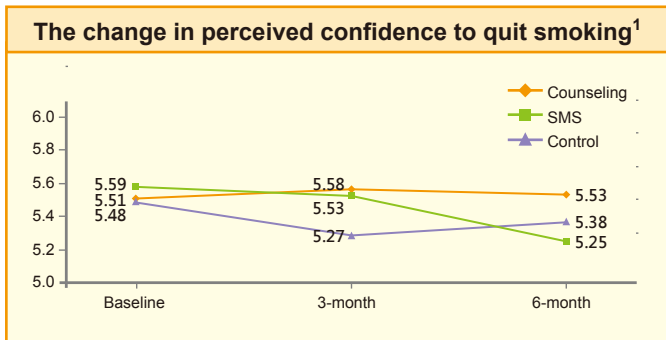
Between group independent t-test

Baseline: p -value for Counseling versus Control=0.34
 p -value for SMS versus Control=0.58
 3-month: p -value for Counseling versus Control=0.49
 p -value for SMS versus Control=0.38
 6-month: p -value for Counseling versus Control=0.90
 p -value for SMS versus Control=0.71

¹ Participants who were lost to follow up were excluded

The mean score of perceived confidence to quit at 3 and 6 months was similar to the baseline in the three RCT groups (all $p>0.05$). The scores were also similar among the three RCT groups at all the follow-ups (all $p>0.05$) (Figure 15).

Figure 15



Within-group pair-sample t-test:

Counseling: p-value for Baseline versus 3-month=0.92

p-value for Baseline versus 6-month=0.43

SMS: p-value for Baseline versus 3-month=0.50

p-value for Baseline versus 6-month=0.07

Control: p-value for Baseline versus 3-month=0.49

p-value for Baseline versus 6-month=0.81

Between group independent t-test

Baseline: p-value for Counseling versus Control=0.90

p-value for SMS versus Control=0.52

3-month: p-value for Counseling versus Control=0.25

p-value for SMS versus Control=0.23

6-month: p-value for Counseling versus Control=0.62

p-value for SMS versus Control=0.62

¹ Participants who were lost to follow up were excluded

3.10 Predictors of abstinence at 6-month follow-up

Using the generalized estimating equations (GEE) model, with ITT analysis for abstinence, the predictors of abstinence included (1) having previous quit attempts within the past month (Adjusted OR=2.04, 95% CI=1.03-4.01) or within the past 6 months (Adjusted OR=1.72, 95% CI=1.03-2.85), compared to those who never tried to quit; (2) married/cohabited (Adjusted OR=1.82, 95% CI=1.15-2.86) or widowed/divorced (Adjusted OR=3.89, 95% CI=1.85-8.19), compared with those who were single; (3) smoked 1-4 cigarettes a day at baseline (Adjusted OR=1.64, 95% CI=1.05-2.56), compared with those who smoked 5-14 cigarettes a day at baseline; and (4) higher perceived confidence to quit (Adjusted OR per score=1.16, 95% CI=1.01-1.34). On the contrary, consuming 15-24 cigarettes a day at baseline was associated with lower abstinence, compared with those who smoked 5-14 cigarettes to quit at 6 months (Adjusted OR=0.57, 95% CI=0.34-0.98) (Table 2).

Table 2 Predictors to quit smoking at 6-month follow-up by generalized estimating equation model (N=1,085)¹

Predictors to quit smoking	Adj. OR	p-value	95%CI
Intervention			
Control	1.00		
Counseling	1.03	0.94	0.47-2.29
SMS	0.76	0.62	0.25-2.28
Gender			
Female	1.00		
Male	0.87	0.59	0.52-1.45
Age			
	1.00	0.58	0.98-1.01
Marital status			
Single	1.00		
Married/Cohabited	1.82	0.01	1.15-2.86
Widowed/Divorced	3.89	<0.01	1.85-8.19
Recent Experience of quitting			
Never tried to quit	1.00		
Within past month	2.04	0.04	1.03-4.01
Within 6 months	1.72	0.04	1.03-2.85
Within this year	1.09	0.84	0.48-2.47
More than 1 year before	1.23	0.19	0.90-1.69
Daily cigarette consumption			
1 to 4 cigarettes	1.64	0.03	1.05-2.56
5 to 14 cigarettes	1.00		
15 to 24 cigarettes	0.57	0.04	0.34-0.98
25 cigarettes or above	0.89	0.76	0.41-1.91
Perceived confidence of quitting			
	1.16	0.03	1.01-1.34

Adj. OR = adjusted odds ratio; CI = confidence interval

¹ Excluding 31 incomplete responses

Participants who were lost to follow-up were treated as continued smoking status at 6 months, by intention-to-treat analysis

The following variables were insignificant and excluded in the model:

- (1) Education level;
- (2) Household income;
- (3) Years of smoking;
- (4) Age of starting smoking;
- (5) Perceived importance of quitting; and
- (6) Perceived difficulty of quitting

4. Discussion

The Quit to Win Contest 2012 recruited 1,193 smokers from mid-July to late-September 2012 in the 18 districts in Hong Kong, which was higher than 2009 (N=1,119) and 2010 (N=1,103). In summary, by ITT analysis, 10.6% and 9.5% of the participants quit smoking at 3 and 6 months, respectively. At 3 months, 47.0% of the participants reduced smoking (including quitters) by at least 50%,

and 55.4% had quit attempt. The corresponding figures at the 6-month follow-up were 50.9% and 58.3%, respectively. No significant difference in the self-reported quit rate among the 3 RCT groups was found. The Counseling group had a higher biochemically validated quit rate and rate of smoking reduction (including quitters) than the Control group, and the SMS group had a higher rate of quit attempt than the Control group.

One in ten participants of the Quit to Win Contest 2012 reported abstinence at 6 months, which was lower than the Contest in 2009 and 2010. The 6-month self-reported quit rate for the Quit to Win Contest 2009 and 2010 was 21.6% and 16.4%, respectively. Although fewer participants at the baseline in the 2012 Contest had heavy nicotine dependence (2009: 32.7%; 2010: 35.0%; 2012: 26.7%), fewer participants had previous quit attempts (2009: 70.1%; 2010: 68.8%; 2012: 62.9%) and intention to quit smoking within 7 days (2009: 67.0%; 2010: 66.8%; 2012: 52.6%). These findings are consistent with a recent local study which showed that the proportion of hardcore smokers, defined as having high nicotine dependence, no previous quit attempt and no intention to quit, has increased in Hong Kong in the recent decade, accompanied by the declining smoking prevalence⁸. Therefore, the increase in participants who were not ready to quit and had no quitting experience at the baseline among the three Contests could be a major reason for the declining quit rate. Another possible reason for the declining quit rate was the recruitment strategy in the 2012 Contest. In the 2012 Contest, 247 participants (22.2%) were recruited through “mobile recruitment”, which means that our recruitment staff walked through the specific public places and proactively asked the smoking passers-by to participate in the Contest. This recruitment method might recruit more smokers who had lower intention to quit than those who were recruited from the recruitment booths, thereby reducing the later abstinence. Nevertheless, with the participation of the non-government organizations, the 2012 Contest had promoted smoking cessation in the public but also might have recruited more unmotivated smokers than before and reduced the abstinence rate.

The findings suggested that the on-site counseling and the mobile phone messages did not boost up the quit rate. This finding was consistent with the previous RCTs of the Quit to Win Contest, which showed that the brief behavioral interventions could not increase abstinence significantly. Another explanation is the heterogeneity of smoking profiles among the three RCT groups. We found that the Control group at baseline had significantly lower daily cigarette consumption than the other groups, and more participants in the Control group were not ready to quit. The effectiveness of the additional intervention might be contaminated by the different baseline smoking profiles of the 3 RCT groups. The assumption of the cluster randomization that the smoking profiles of the participants recruited in different districts were similar might not be true. To increase comparability between the RCT groups, future RCTs for Quit to Win Contest should apply individual randomization if feasible.

However, the Counseling group had significantly higher rate of reducing smoking than the Control group, whereas the SMS group showed a significantly higher proportion of having quit attempts than the Control group. Also, both Counseling and SMS groups maintained the perceived importance to quit at 3- and 6-month follow-ups, whereas this indicator in the Control group dropped significantly. These findings supported that these brief interventions were beneficial for other smoking cessation outcomes and maintaining their motivation to quit. In addition to the intervention at the baseline, more counseling in the follow-up or extension of the intervention period might be needed to help smokers to quit and those who did not maintain long-term abstinence.

There was a decreasing trend of smokers who did not use any specific methods, from 91.8% in 2009, to 83.5% in 2010 and 63.7% in 2012. 15.5% of the participants in the present study reported that they used nicotine replacement therapy for quitting, compared with 5.5% in 2009 and 1.8% in 2010. As we did not provide any medication and counseling on the use of medication in the intervention, our finding suggests that smokers are becoming more likely to seek available and accessible methods to quit smoking, such as NRT. Future studies and Quit to Win Contest can explore the feasibility and effectiveness of providing pharmaceutical therapy for the smokers.

5. Conclusions

In conclusion, the Quit to Win Contest 2012 successfully promoted smoking cessation to a large group of smokers, as many of them had low intention to quit and were unlikely to seek help from smoking cessation services. The brief on-site counseling and messaging services could maintain participants' perceived importance

to quit and increase quit attempt and smoking reduction, but these additional interventions did not boost up the quit rate. In future, other interventions including more monetary incentives and pharmaceutical therapy can be provided to attract more smokers to quit.

6. Clinical trial Registration

Clinical trial registration number: NCT01670864 · (<http://www.controlled-trials.gov>)

7. References

- ¹ Census & Statistics Department, Hong Kong SAR government. (2013). *Pattern of smoking. Thematic Household Survey Report No. 48*. Hong Kong: Census & Statistics Department.
- ² Lam TH, Ho SY, Hedley AJ, Mak KH, Peto R. (2001). Mortality and smoking in Hong Kong: Case-control study of all adult deaths in 1998. *British Medical Journal*, 323, 1-6.
- ³ McGhee SM, Ho LM, Lapsley HM, Chau J, Cheung WL, Ho SY, Pow M, Lam TH, Hedley AJ. (2006). Cost of tobacco-related diseases, including passive smoking, in Hong Kong. *Tobacco Control*, 15, 125-130.
- ⁴ Census & Statistics Department, Hong Kong SAR government. (2001). *Hong Kong Annual Digest of Statistics 2001*. Hong Kong: Census and Statistics Department.
- ⁵ Cahill K, Perera R. (2008). Quit and Win contests for smoking cessation. *Cochrane Database of Systematic Reviews*, 2008, Issue 4.
- ⁶ Chan SSC, Leung DYP, Wong CND, Lau L, Lai V, Cheung DYT, Lam TH. (2013). "Quit to Win 2009" and smoking cessation. *COSH Report No. 12*. Hong Kong Council on Smoking and Health.
- ⁷ Chan SSC, Wong BY, Wong CND, Lau L, Lai V, Lam COB, Lam TH. (2013). "Quit to Win 2010" and smoking cessation. *COSH Report No. 13*. Hong Kong Council on Smoking and Health.
- ⁸ Leung DYP, Chan SSC, Lam TH. (2011). Prevalence and characteristics of hardcore smokers in Hong Kong, Hong Kong: The University of Hong Kong.

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Appendix 1 Quit to Win 2012 - SMS Text Message for the SMS group

R = Ready to quit (intend to quit within the next 30 days);

NR = Not ready to quit (intend to quit after 30 days or more or has not decided to quit)

Classification	R	NR	Message
Welcoming message	✓	✓	歡迎你參加《戒煙大贏家》比賽！只要你於參賽後3個月內完全停止吸煙，就有機會贏取港幣一萬元超市現金券！
End of 1 st week message – gift redemption	✓	✓	恭喜你參加了《戒煙大贏家》比賽一個星期！為鼓勵你戒煙，請憑此短訊到報名機構換領神秘禮物！
Ending message & encouragement	✓	✓	我們會在未來三星期內繼續發放戒煙短訊。你可隨時發一個空白短訊到5109-6918終止這項服務。你可以上網 www.smokefree.hk ，或下載「戒煙達人」app，知多點戒煙貼士！
Final message	✓	✓	加油！你已經參加了《戒煙大贏家》比賽一個月。隨時重溫戒煙短訊，成功戒煙有機會贏取港幣一萬元超市現金券！
5R: Risk #1	✓	✓	每兩個煙民，會有一個因食煙提早死亡。食煙成身煙味，皮膚都差D。越食越冇型。戒煙啦！
5R: Risk #2		✓	食煙會減低血液帶氧能力，越食體能越差。二手煙含有害物質，襲著你全身，影響身邊人。戒煙啦！
5R: Reward #1		✓	戒煙永遠唔會太遲！唔食煙可以立刻改變血液循環，同埋咳番積聚在氣管內的有害物出來。
5R: Reward #2		✓	計下戒煙慳到多少錢？如果平時每日食一包，唔食煙一個月已經可以慳千五元！
5R: Roadblocks (Decisional balance)		✓	有決心戒煙嗎？寫低吸煙的壞處，戒煙的好處，你就會知道點解要戒煙！
Myth and reality #1		✓	吸煙可以減壓？尼古丁七秒上腦，影響記憶力，工作表現也較差。戒煙啦！
Myth and reality #2		✓	吸「特醇」或「薄荷」煙只會令你越食越多煙。唯有戒煙才真正保障你及家人健康。
Set quit date	✓	✓	準備好戒煙嗎？立即定下戒煙日期，寫低戒煙原因，搵支持你戒煙的人！
Seek support to quit		✓	想戒煙？主動告訴身邊的親人及朋友啦。他們的支持及提醒可以防止你繼續吸煙。
Seek support to quit	✓		戒煙前，主動告訴身邊的親人及朋友啦。他們的支持及提醒可以防止你繼續吸煙。
Quitting tips #1	✓	✓	想避開吸煙的誘惑？拋棄所有吸煙用品，避免去多人吸煙的地方。避免飲酒。
Quitting tips #2	✓		煙癮最多只會停留十五分鐘。每次想吸煙時就盡量拖延，深呼吸放鬆自己，大量飲水減低煙癮。
Quitting tips #3	✓		如果屋企人食煙，叫佢地一齊戒，或唔好在家食煙！他們的支持及提醒可以防止你繼續吸煙。
Quitting tips #4	✓		隨身帶備無糖香口膠或薄荷糖。當有人請你食煙前放定一粒入口先，避免吸煙！
Nicotine dependence & medication	✓	✓	覺得自己上癮太深？可以嘗試去藥房尋求戒煙藥物協助，又或者打去1833-183問下！
Referral – Quitline 1833-183	✓	✓	戒煙有時並唔容易，但係你每嘗試戒煙多一次，成功戒煙的機會就多一次！立即致電衛生署戒煙熱線1833-183。
Withdrawal symptoms	✓		戒煙後身體不適？由於尼古丁上癮，停煙可能短暫令人煩躁、難以集中精神、失眠、抑鬱或體重增加，但會在兩星期內慢慢減退。
Encouragement	✓		隨住你戒煙日子增加，你煙癮發作的次數會減少。有一半吸煙者停煙7日後最終可以成功戒煙！
Relapse	✓		萬一唔小心食番煙？唔駛灰心，戒煙係一個過程。記住自己點解失敗，再接再厲！

支持全面禁制電子煙 控煙政策調查2014

陳靜¹、林大慶²、麥潔儀²、何世賢²、王文炳¹、鄺祖盛³、黎慧賢³

¹香港大學護理學院

²香港大學公共衛生學院

³香港吸煙與健康委員會

1. 引言

1.1 電子煙

電子尼古丁或非尼古丁傳送系統，或簡稱電子煙，大部份透過充電式裝置經霧化器加熱尼古丁或非尼古丁溶液來模擬吸煙時產生的煙霧及氣味。電子煙溶液以多種味道(如水果、薄荷、朱古力、傳統捲煙等)作為賣點，主要吸引年青人使用。雖然電子煙對健康的害處仍未確定，但初步研究顯示電子煙產生的極細微粒、重金屬及添味劑會危害呼吸系統。跨國煙草公司正迅速拓展電子煙市場，全球的電子煙銷量由2008年時2千萬美元激增至2014年時25億美元。

1.2 吸煙與戒煙效果

使用電子煙輔助戒煙的效果仍不確定，現時只有一個隨機對照研究顯示電子煙與尼古丁戒煙貼使用者的戒煙率相約，分別為7.3%及5.8% (Bullen et al., 2013)¹¹。使用電子煙與戒煙的觀察性研究結果並不一致。研究顯示在青少年吸煙者中電子煙的使用與低戒煙率相關 (Dutra et al., 2014)¹²，而使用電子煙更可能是令非吸煙者轉變成為吸煙者的途徑。電子煙的普及或會削弱控煙政策的成效並令吸煙重新正常化。

1.3 對電子煙的認識及使用

於英美兩國當中，近80%的成年人有聽過電子煙，吸煙者及年輕的成年人較多表示認識電子煙。電子煙的使用與吸煙習慣呈強烈的正向關係，吸食傳統煙草同時使用電子煙的情況普遍(佔30.3%的美國吸煙人口)，而兩者同時使用對尼古丁成癮及健康方面的影響所知甚少。

1.4 管制

好幾個國家已實施全面管制電子煙的措施，包括限制及禁止進口/銷售、推廣、及使用。在香港，銷售及管有含尼古丁成份的電子煙或標籤為尼古丁替代療法的產品必須註冊，禁煙區內亦禁止使用電子煙。世界衛生組織已催促各國監管及控制電子煙的使用(World Health Organization, 2014)¹⁰，特別是要預防青少年及非吸煙者使用電子煙。

我們曾進行兩次有關電子煙的調查，於2013年對電子煙的認識、使用及風險認知進行意見調查，另於2014年的意見調查新加入有關電子煙的購買、使用原因及對電子煙的認知等問題。

2. 方法

2.1 研究設計及受訪者

是次調查於2014年5月至9月期間，由政策二十一有限公司以電話和不記名形式進行，隨機抽取電話號碼並邀請15至65歲，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，(a) 現時吸煙者(在調查時，每天或偶爾吸食任何煙草產品)；(b) 戒煙者(過往曾吸煙，但現時已成功戒煙)及 (c) 從不吸煙者(從不吸食任何煙草產品)。電話訪問於平日及週末下午2時至晚上10時間進行，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至10次，10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。電話號碼先從住宅電話簿中隨機抽取並成為種子號碼，再由電腦根據種子號碼使用「加/減1/2」方法以包括未收錄於電話簿中的號碼。重覆的電話號碼會先篩除，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。雖然同一住戶可能多於一位合資格的受訪者，但每次只會訪問一位合資格的家庭成員。

亞組分析需要每組同等數目的樣本(800位受訪者)，由於現時吸煙者及戒煙者的比例相對較少(2012年的每日吸煙率分別為男性19.1%及女性3.1%；曾經每日吸煙但已成功戒煙的比率為男性10.4%及女性1.5%)，因此超取現時吸煙者及戒煙者的樣本以達致每組別同等數目的樣本。電話訪問員先獲得足夠樣本量的從不吸煙者(800位)，再隨機抽取現時吸煙者和曾經吸煙者直到每組800位受訪者的樣本量達標。

2.3 問卷設計

問卷分為兩部份：(a)核心問題及(b)隨機問題。不論任何組別，所有受訪者均被問到核心問題，但部份問題只適合不同吸煙狀況的受訪者回答，分別是從不吸煙者、非吸煙者(包括從不吸煙者及戒煙者)、戒煙者、曾經吸煙者(包括戒煙者及現時吸煙者)和現時吸煙者。隨機問題是設計給隨機子集的受訪者使用，並可針對特定的吸煙者組別。9組包括核心和隨機問題的問題組會預先分成2組給從不吸煙者、4組給現時吸煙者和3組給戒煙者。

有關電子煙的問題是隨機問題的部份，所有不同吸煙狀況組別都會隨機問及有關問題。問題量度受訪者對電子煙的認識和使用、與電子煙相關的知識和意見。

2.4 權重及統計分析

為彌補在戒煙者和現時吸煙者中的超取樣，收集到的總體樣本會根據2014年的香港人口推算和2012年更新的吸煙率進行加權處理。吸煙組別的變項採用單變量分析(univariate analysis)，類別變項採用卡方檢驗(chi-square test)，連續變項則使用單因素回歸分析(regression analysis)，以決定三個組別之間的差異是否具有統計學顯著意義。由於缺失數據的情況罕見(小於3%)，在此報告中所有分析都根據以完整個案，並以加權樣本進行。所有受訪者的結果均以年齡、性別及吸煙狀況作加權處理，其中個別吸煙組別以該組的年齡及性別作加權指標。所有統計分析以STATA(版本13，TX：StataCorp LP)進行，統計上的顯著性水平定為 $p < 0.05$ 。

3. 結果

3.1 隨機抽取受訪者的特徵

是次電子煙的問題隨機訪問了809位受訪者，當中包含3個吸煙組別。表一顯示樣本經加權處理後的特徵。從不吸煙者和現時吸煙者較戒煙者年輕($p < 0.001$)。在從不吸煙者中，45.1%的教育程度為大專/大學或以上，該比率高於戒煙者(31.1%)和現時吸煙者(22.0%)($p < 0.001$)。現時吸煙者中有67.4%為受僱人士，該比率高於從不吸煙者(55.0%)和戒煙者(63.7%)($p < 0.001$)。

表一 加權樣本的社會人口特徵

特徵	從不吸煙者	戒煙者	現時吸煙者	總計	p 值 [§]
	(n=357)	(n=269)	(n=183)	(n=809)	
性別 (%)					<0.001
男性	40.0	83.4	75.9	43.8	
年齡 (%) [†]	n=308	n=239	n=168	n=715	<0.001
15-29	26.9	3.6	17.2	25.5	
30+	73.1	96.4	82.8	74.5	
教育程度 (%)	n=347	n=265	n=177	n=789	<0.001
小學或未接受過正式教育	4.6	12.5	13.7	5.5	
中學	50.2	56.4	64.3	51.3	
大專/大學或以上	45.1	31.1	22.0	43.3	
就業情況 (%)	n=347	n=262	n=176	n=785	<0.001
僱員	55.0	63.7	67.4	56.0	
學生	15.1	2.5	7.0	14.2	
無酬家庭從業者	20.7	6.8	12.4	19.7	
失業人士	3.7	6.3	4.9	3.9	
退休	5.6	20.7	8.3	6.3	

[§] p 值由卡方檢驗得出

[†] p 值由線性迴歸分析及遲得檢驗得出

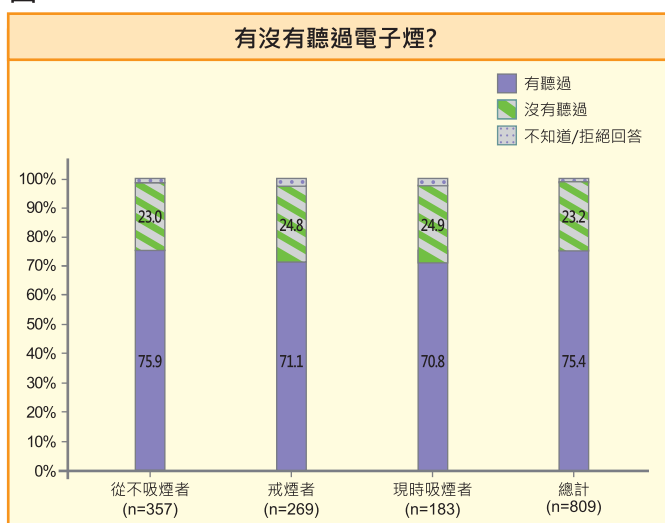
樣本數(n)為實際受訪者人數；不同吸煙組別的結果的百分比根據2014年香港人口的年齡和性別比例進行加權處理，而整體結果的百分比根據2012年香港的吸煙率進一步加權處理。

3.2 對電子煙的關注及其使用情況

在隨機抽取的受訪者(809位)中，75.4%曾經聽過電子煙，而從不吸煙者的比例(75.9%)較戒煙者(71.1%)和現時吸煙者(70.8%)的比例為高(p=0.02)(圖一)。

在隨機抽取的受訪者(809位)中，只有1.8%曾使用電子煙。現時吸煙者曾使用電子煙的比例(12.8%)，明顯高於從不吸煙者(1.0%)和戒煙者(4.6%)(p<0.001)(表二)。同時，相較於較年長的受訪者(30歲以上)，更多年輕受訪者(15-29歲)曾使用電子煙，比率分別為1.0%及4.4%(p<0.001)(圖二)。這情況可見於3個吸煙組別。而曾使用電子煙的從不吸煙者中更全為年齡界乎15至29歲的年輕人。

圖一



所有組別比較的p=0.002，p值由卡方檢驗得出

樣本數(n)為實際受訪者人數；不同吸煙組別的結果的百分比根據2014年香港人口的年齡和性別比例進行加權處理，而整體結果的百分比根據2012年香港的吸煙率進一步加權處理。

表二 受訪者使用電子煙的情況

吸煙組別	使用電子煙的比率 (%)	95%置信區間	
從不吸煙者 (n=357)	1.0	0.4	2.6
戒煙者 (n=269)	4.6	2.3	8.8
現時吸煙者 (n=183)	12.8	8.4	19.0
總計 (n=809)	1.8	1.1	3.0

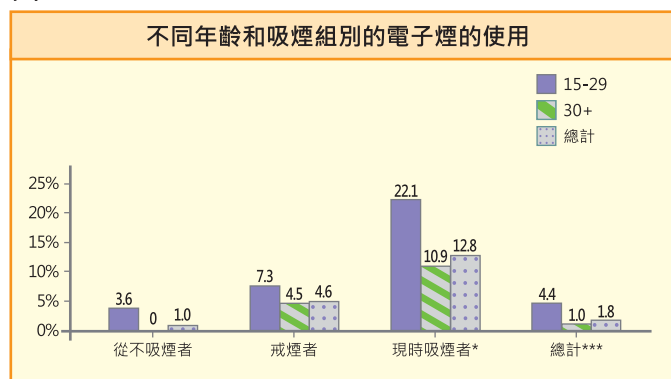
所有組別比較的 $p < 0.001$ ， p 值由卡方檢驗得出
 樣本數(n)為實際受訪者人數；不同吸煙組別的結果的百分比根據2014年香港人口的年齡和性別比例進行加權處理，而整體結果的百分比根據2012年香港的吸煙率進一步加權處理。

表三 聽過電子煙的受訪者是否曾經買過電子煙？

	從不吸煙者 (n=268) %	戒煙者 (n=180) %	現時吸煙者 (n=127) %	總計 (n=575) %
有·自用	0.6	3.3	5.6	1.0
有·作禮物送給別人	0.8	1.2	1.1	0.8
沒有	97.4	95.7	91.3	97.0
不知道/拒絕回答	1.2	0.1	2.0	1.2

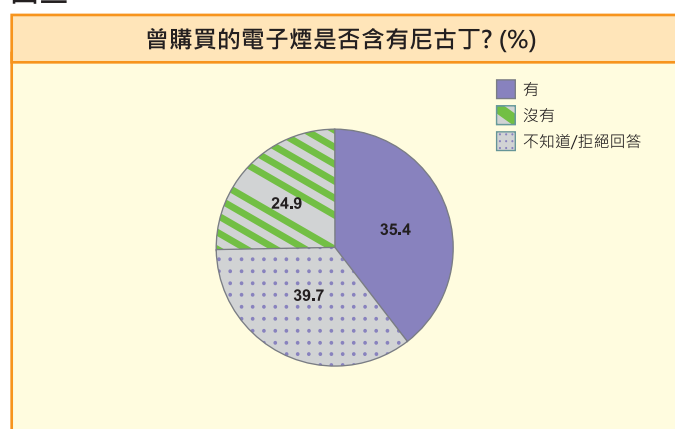
受訪者可選多項
 樣本數(n)為實際受訪者人數；結果根據2014年香港人口的年齡、性別和吸煙情況進一步加權處理，而整體結果根據2012年香港吸煙率進一步加權處理。

圖二



* 表示組別比較 $p = 0.02$ ，由卡方檢驗得出
 *** 表示組別比較 $p < 0.001$ ，由卡方檢驗得出
 樣本數(n)為實際受訪者人數；不同吸煙組別的結果的百分比根據2014年香港人口的年齡和性別比例進行加權處理，而整體結果的百分比根據2012年香港的吸煙率進一步加權處理。

圖三



結果根據2014年香港人口的年齡、性別和吸煙情況進行加權處理；而整體結果根據2012年香港吸煙率進一步加權處理。

3.3 購買電子煙

在曾聽過電子煙的人士當中，只有非常少(1.8%)曾購買電子煙(表三)。現時吸煙者、戒煙者及從不吸煙者購買電子煙作自用的比例分別為5.6%、3.3%及0.6%。他們購買電子煙的途徑有經外地(例如中國大陸、外國)(33.9%)、流行服飾/文具/玩具店(33.5%)及網上購入(24.6%)。

在香港，含有尼古丁成份的電子煙或標籤為尼古丁替代療法的產品乃受藥劑業及毒藥條例(第138章)監管的醫藥產品，公開銷售前必須註冊。直至現時為止，當局未有為任何類型的電子煙註冊。但曾經購買電子煙的受訪者當中，有35.4%表示其電子煙平均含有2.2毫克尼古丁，亦有39.7%表示不知道所買的電子煙是否含有尼古丁，只有24.9%表示他們所購買的電子煙不含任何尼古丁(圖三)。

3.4 使用電子煙的原因

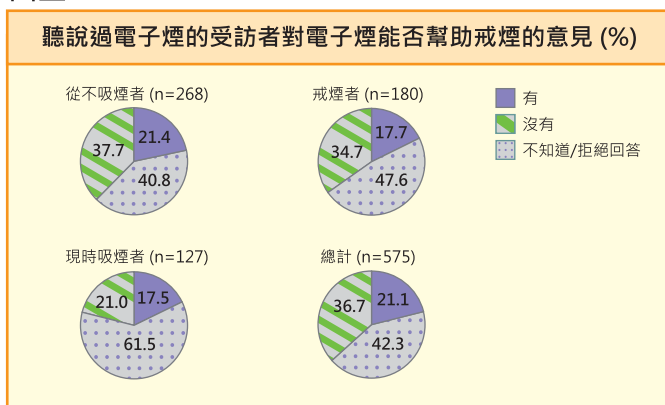
在三個吸煙的群組當中，曾經使用電子煙的受訪者大部份都受朋輩影響而嘗試(表四)。在從不吸煙者當中，「電子煙是特別、富現代感和新穎的」是他們其中一個使用電子煙的原因。戒煙者認為「電子煙可以幫助戒煙」及「電子煙對他們和身邊的人的健康沒有損害」。現時吸煙者也因認為電子煙是特別和富現代感而使用電子煙。

多種電子煙味道推出市場。在曾經使用過電子煙的受訪者當中，最常見的味道為薄荷(52.8%)、水果(42.4%)、煙草味道(9.2%)及糖果/甜品味道(8.0%)，亦有部份(14.2%)受訪者指他們使用的電子煙並沒有標明味道(圖四)。

表四 使用電子煙的原因

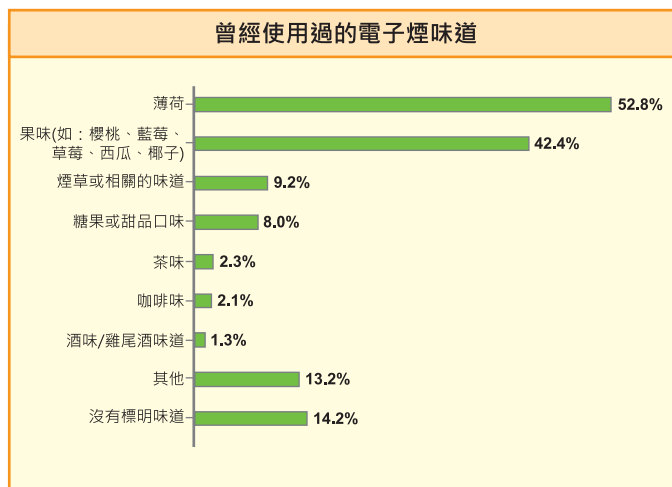
從不吸煙者	<ul style="list-style-type: none"> - 朋友也使用，所以我想嘗試(n=2) - 電子煙是特別、富現代感(n=1)和新穎的(n=1)
戒煙者	<ul style="list-style-type: none"> - 電子煙可以幫助戒煙 (n=5) - 朋友也使用，所以我想嘗試(n=6) - 電子煙沒有損害我的健康 (n=5) 和身邊的人的健康 (n=5)
現時吸煙者	<ul style="list-style-type: none"> - 電子煙是特別和富現代感的(n=6) - 朋友也使用，所以我想嘗試(n=8)

圖五



所有組別比較的p值等於0.002，p值由卡方檢驗得出
樣本數(n)為實際受訪者人數；不同吸煙組別的結果的百分比根據2014年香港人口的年齡和性別比例進行加權處理，而整體結果的百分比根據2012年香港的吸煙率進一步加權處理。

圖四



樣本數(n)為實際受訪者人數；結果根據2014年香港人口的年齡、性別和吸煙情況進行加權處理；而整體結果根據2012年香港吸煙率進一步加權處理。

表五 聽說過電子煙的現時吸煙者認為電子煙能否代替傳統煙草? (以性別劃分)

	男性 (n=95)%	女性 (n=32)%	總計 (n=127)%
可以	6.9	0	5.3
不可以	80.9	86.1	82.1
不知道/拒答	12.2	14	12.6
總結	100.0	100.0	100.0

p=0.40, p值由卡方檢驗得出
樣本數(n)為實際受訪者人數；不同吸煙組別的結果的百分比根據2014年香港人口的年齡和性別比例進行加權處理，而整體結果的百分比根據2012年香港的吸煙率進一步加權處理。

3.5 對電子煙的認識和意見

在聽過電子煙的受訪者(n=575)當中，大約五分之一(21.1%)相信電子煙可以幫助戒煙，但有更多的受訪者(42.3%)不相信這種說法(圖五)。相對於從不吸煙者(40.8%)和戒煙者(47.6%)，更多現時吸煙者(61.5%)不認為電子煙可以幫助戒煙(p<0.001)。

在聽說過電子煙的現時吸煙者當中(N=127)，82.1%不認為電子煙將會取代傳統煙草(表五)。

4. 討論

4.1 香港的電子煙

是次調查的大部份受訪者(75.4%)有聽過電子煙但只有少數(1.8%)用過電子煙。香港人對電子煙的認識比美國的成年人低(2013年：79.7%)³。但從不吸煙者對電子煙的認識(75.9%)高於美國(2014年：73%)⁴和英國(2012年：37.5%)⁵。另外現時吸煙者對電子煙的認識(71%)比在英國(2011年：56%)、加拿大(2011年：40%)和澳洲的(2013年：69%)⁶為高。現時吸煙者和戒煙者使用電子煙的比率為12.8%和4.6%。這些比率比英國(2014年：50.6%)⁷、美國(2013年：36.5%)³、澳洲(2013年：24%)⁶和二十七個歐洲國家(2012年：20.3%)⁸吸煙者的比率為低，但比加拿大(2010-2011年：4%)⁶吸煙者的比率高。是次調查顯示現今香港人對電子煙的認識(75%)比2013年的63%有所上升。

使用電子煙的趨勢仍然是未知之數，但很有可能上升，必須密切監測。雖然香港人對於電子煙的認識較其他的西方國家低，但一旦零售商使用更積極的營銷策略。使用電子煙的比率可能會在短期內上升，就如美國和英國的情況一樣。現在電子煙的宣傳和營銷策略變得更積極和注目來吸引非用家。對香港的青少年來說，現在電子煙變得更易接觸和使用。是次研究發現有1.0%從不吸煙者曾使用電子煙，在年齡介乎15-29的青少年(3.6%)中更為明顯。我們的本地中學調查發現大約1.1%的學生曾使用電子煙。從不吸煙的青少年可能會受電子煙引誘而嘗試吸煙，從而推高香港的吸煙率。

是次研究的受訪者嘗試使用電子煙的原因包括：(1) 受朋輩影響，令自己有興趣嘗試電子煙、(2) 覺得電子煙很時髦和追得上潮流和(3) 覺得電子煙可以幫助戒煙。這些原因都與美國一個研究結果十分相似⁹。事實上只有少部分受訪者認為電子煙可以幫助吸煙者戒煙，及認為電子煙可以代替傳統煙草。直至現時，使用電子煙戒煙的證據尚無定論。有些初步調查結果發現電子煙對呼吸系統造成短期不良影響，但長期會否有影響仍未能確定。如同時使用電子煙和傳統煙草更可能產生額外的健康風險，這些風險我們必需進一步研究。

6. 鳴謝

我們感謝政策二十一有限公司的職員及電話訪問員為是次調查收集數據和所有參加是此研究的受訪者。香港吸煙與健康委員會為是次調查提供資助、協助問卷設計和支持是次調查。

不相信電子煙可以幫助戒煙的受訪者是相信者的兩倍，而表示不肯定的受訪者佔五分之二。迷人的包裝及富有魅力的營銷策略隱瞞了使用電子煙的安全風險，銷售商也經常用「安全認證」、「環保」和「不會上癮」等字眼等作宣傳噱頭。受訪者可能錯誤地認為電子煙，尤其是不含尼古丁電子煙是無害的。有見及此，當局須加強教育公眾，令更多人了解使用電子煙的風險。

電子煙的使用、銷售及規管需納入香港的健康監測系統之中，以協助當局制訂控煙政策和相關措施。在電子煙被廣泛使用之前，當局須對電子煙制訂更具體和嚴格的調控政策。為預防青少年及公眾健康以吸食電子煙作吸食傳統煙草的開端，我們建議當局仿效現時在最少13個國家或地區的措施，全面禁止電子煙。

4.2 調查的局限性和優勢

是次調查是一個橫斷面調查，僅收集了受訪者自我報告的數據。有關電子煙使用數據的真確性是不確定的。由於樣本數量少，是次調查不能使用多變量分析去量度使用電子煙的相關性。所有數據都使用電話調查方式收集，而非面談方式；但這也容讓受訪者在不記名的情況下提供資料，令數據更可信。我們建議可在將來的調查增加樣本數量，從而得到更準確的估計和容許加入更多隨機的問題。

5. 結論

在2014年香港人對電子煙的認識百分比是75.4%，比2013年的63.1%相對有所增加。雖然電子煙的使用率只有1.8%，但年輕人，尤以從不吸煙者的使用率較高，這會增加電子煙的使用率，情況令人關注。使用電子煙與現時吸煙有關，但大部分的現時吸煙者不覺得電子煙有助戒煙，這意味著在香港使用電子煙並不能增加戒煙率。

我們必須監察電子煙的使用。控煙工作也應多關注推廣電子煙的訊息，尤其是未經證實的安全訊息和電子煙對戒煙的作用。研究對象應集中在青少年、較年輕的成年人和現時吸煙者身上。

7. 參考文獻

1. Census and Statistics Department.(2013). *Thematic Household Survey Report, No.53*. Hong Kong. Retrieved Sep 17, 2014 from: <http://www.censtatd.gov.hk/hkstat/sub/sp140.jsp?productCode=B1130201>.
2. Census and Statistic Department.(2012). *Hong Kong Population Projections, 2012-2041*. Retrieved Sep 17, 2014 from: <http://www.statistics.gov.hk/pub/B1120015052012XXXXB0100.pdf>.
3. King BA, Patel R, Nguyen K & Dube SR.(2014). Trends in awareness and use of electronic cigarettes among US adults, 2010-2013. *Nicotine Tob Res*;17:219-27.
4. Tan AS & Bigman CA.(2014). E-cigarette awareness and perceived harmfulness: prevalence and associations with smoking-cessation outcomes. *American Journal of Preventive Medicine*, 47(2):141-149.
5. Dockrell M, Morison R, Bauld L & McNeill A.(2013). E-cigarettes: prevalence and attitudes in Great Britain. *Nicotine & Tobacco Research*, 15:1737-44.
6. Gravely S, Fong GT, Cummings KM, et al.(2014). Awareness, trial, and current use of electronic cigarettes in 10 countries: Findings from the ITC Project. *International Journal of Environmental Research and Public Health*, 11(11): 11691-11704.
7. Action on Smoking and Health (U.K.). (2014) *ASH factsheet on the Use of electronic cigarettes in Great Britain 2014*. Retrieved Sep 17, 2014 from: http://www.ash.org.uk/files/documents/ASH_891.pdf.
8. Vardavas CI, Filippidis FT & Agaku IT. (2014). Determinants and prevalence of e-cigarette use throughout the European Union: a secondary analysis of 26 566 youth and adults from 27 countries. *Tobacco Control*, doi:10.1136/tobaccocontrol-2013-051394
9. Pepper JK, Ribisl KM, Emery SL & Brewer NT.(2014). Reasons for starting and stopping electronic cigarette use. *International Journal of Environmental Research and Public Health*, 11(10):10345-10361.
10. World Health Organization. (2014). *Electronic Nicotine Delivery Systems Report (FCTCCOP/6/10), WHO Framework Convention on Tobacco Control, 21 July 2014 & Decision (FCTC/COP/(9)), WHO Framework Convention on Tobacco Control, 2014*.
11. Bullen C, Howe C, Laugesen M, McRobbie H, Parag V, Williman J & Walker N.(2013). Electronic cigarettes for smoking cessation: a randomised controlled trial. *Lancet*, 382:1629-1637.
12. Dutra LM & Glantz SA.(2014). Electronic cigarettes and conventional cigarette use among US adolescents: a cross-sectional study. *JAMA Pediatrics*, 168: 610-7.

Support a Total Ban on Electronic Cigarettes Tobacco Control Policy-related Survey 2014

J CHEN¹, TH LAM², SM MCGHEE², SY HO²,
MP WANG¹, CS KWONG³ & WY LAI³

¹School of Nursing, The University of Hong Kong

²School of Public Health, The University of Hong Kong

³Hong Kong Council on Smoking and Health

1. Introduction

1.1 Electronic cigarettes

Electronic nicotine/non-nicotine delivery systems or electronic cigarettes (e-cigarettes) typically contain an electronic vaporization system for heating nicotine or non-nicotine liquid in a refillable cartridge to mimic smoking. Such e-liquid comes in numerous flavours (e.g. fruit, mints, chocolate and traditional cigarette flavour) to attract usage, especially by young people. Harms of e-cigarette use are uncertain but preliminary findings reported adverse effects of ultrafine particles, heavy metals and flavouring substances released from e-cigarettes on the respiratory system. Transnational tobacco companies are expanding the e-cigarette market rapidly with global sales increasing from 20 million in 2008 to 2,500 million US dollars in 2014.

1.2 Effects on smoking and smoking cessation

Effects of e-cigarette use on smoking cessation were uncertain. Only one randomized controlled trial was published, which found similar quit rates in e-cigarette users (7.3%) and nicotine patch users (5.8%)¹¹ (Bullen et al., 2013). Findings from observational studies on e-cigarette use and smoking cessation were inconsistent. There is some evidence that e-cigarette use was associated with lower odds of smoking abstinence in adolescent smokers¹² (Dutra et al., 2014) and may serve as a gateway to smoking in never smokers. Popular use of e-cigarettes may undermine tobacco control policies and renormalize smoking.

1.3 Prevalence of awareness and use

Awareness of e-cigarettes is high with nearly 80% of adults in the United States (US) and United Kingdom (UK) having heard about e-cigarettes, and smokers and young adults were more likely to report being aware of e-cigarettes. E-cigarette use was strongly associated with being smokers. Dual use of traditional cigarettes and e-cigarettes is common (30.3% of US smokers) and little is known about the effect of dual use on nicotine addiction and health.

1.4 Regulation

Several countries have comprehensive measures on regulating e-cigarettes including import/sales restriction, promotion restriction and prohibition on usage. In Hong Kong, e-cigarettes containing nicotine or marketed as nicotine replacement therapy must be registered before sales and possession. E-cigarette use in non-smoking areas is banned. The World Health Organization has urged for actions to monitor and control e-cigarette use (World Health Organization, 2014)¹⁰, especially preventing the initiation by youths and non-smokers.

We have conducted two studies on e-cigarettes use in Hong Kong. In the previous 2013 survey, we assessed the awareness, use and risk perception of e-cigarettes. In the present 2014 survey, we added new questions on purchase behaviours, reasons for use, perception and opinions on e-cigarette.

2. Methods

2.1 Study design and participants

Computer-assisted telephone interviews based on an anonymous and structured questionnaire were sub-contracted to a survey agent (Policy 21 Ltd.) and conducted from May to September 2014, by trained telephone interviewers. Participants aged 15 to 65 years speaking Cantonese or Putonghua were recruited. They were divided into 3 smoking status groups: (a) current smokers who, at the time of the survey, smoked any tobacco product daily or occasionally; (b) ex-smokers, who smoked previously but did not smoke at the time of the survey; and (c) never smokers, who had never smoked in their entire life. Initial calls took place between 2:00pm and 10:00pm on weekdays and weekends in order to cover participants with diversified working hours from different occupations. Each randomly selected telephone number was dialled for 5 to 10 times at different times and on different days, before it was dropped as "non-contact". All participants provided oral consents before the telephone interview started. They could withdraw from the study at any time without providing any reasons.

2.2 Sampling methods and participant selection

Participants were randomly selected through their residential telephone numbers. Telephone numbers were first drawn randomly from residential telephone directories as seed numbers, from which another set of numbers were generated by a computer programme using the "plus/minus one/two" method in order to capture unlisted numbers. Duplicated numbers were filtered, and the remaining numbers were mixed in a random order to produce the final sampling frame. When 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. Only one eligible person from the household was interviewed even if more than one eligible member in the same household might be available at the time of interview.

Equal numbers of participants (n=800) in each smoking status group were required for sub-group

analysis. Due to the relatively small proportion of current- and ex-smokers (current daily smokers: 19.1% and 3.1% for males and females respectively in 2012; ex-daily smokers: 10.4% and 1.5% for males and females respectively in 2012¹), current- and ex-smokers were oversampled. As soon as the target number of never smokers (n=800) was reached, interviewers stopped recruiting never smokers and went on to recruit current- and ex-smokers only until the target of 800 was reached for both.

2.3 Questionnaire development

The questionnaire was divided into two parts: part (a) with core questions; and part (b) with random questions. The core questions were used by all participants, but some were specifically used by never smokers, non-smokers (never and ex-smokers), ex-smokers, ever smokers (ex- and current smokers) and current smokers. The random questions were used by random subsets of respondents and again could be aimed at specific smoking status sub-groups. Nine question sets with mixed core and random questions were pre-grouped into 2 sets for never smokers, 4 sets for current smokers and 3 sets for ex-smokers.

Questions about e-cigarettes were random questions for a random subsets of respondents from each smoking status group. The questions measured the awareness and use of e-cigarettes, knowledge and opinions on e-cigarettes.

2.4 Weighting and statistical analyses

The whole sample was weighted to compensate for the oversampling of ex- and current smokers using the projected population in 2014 in Hong Kong² and the most updated smoking prevalence in 2012¹. Univariate analysis of variables of interest was conducted by smoking status. The chi-square test was used to test whether the difference by smoking status was statistically significant if the variable was categorical and univariate regression was used if the variable was continuous. All the analyses were based on complete cases, as missing data were scarce (less than 3%). All analyses were done using the weighted sample. The results from all respondents were weighted as above for age,

sex and smoking status. The results within each smoking status group were weighted by the age and sex in that group. Statistical significance was defined as $p < 0.05$. Statistical analysis was conducted using STATA (Version 13, TX: StataCorp LP).

3. Results

3.1 Characteristics of randomly-selected subsample

The questions about e-cigarettes were asked in a

subset of 809 randomly-selected respondents including all 3 smoking status groups. Table 1 shows the characteristics of the randomly-selected subsample. Never smokers and current smokers were younger than ex-smokers ($p < 0.001$). Among never smokers, 45.1% were post-secondary graduates or above, which were higher than ex- (31.1%) and current smokers (22.0%) ($p < 0.001$). Higher proportion of current smokers (67.4%) was employed than never (55.0%) and ex-smokers (63.7%) ($p < 0.001$).

Table 1 Demographic characteristics of the random sample

Characteristics	Never smokers	Ex-smokers	Current smokers	Total	P value [§]
	n=357	n=269	n=183	n=809	
Sex (%)					<0.001
Male	40.0	83.4	75.9	43.8	
Age (%)[¶]	n=308	n=239	n=168	n=715	<0.001
15-29	26.9	3.6	17.2	25.5	
30+	73.1	96.4	82.8	74.5	
Education level (%)	n=347	n=265	n=177	n=789	<0.001
Primary or below	4.6	12.5	13.7	5.5	
Secondary	50.2	56.4	64.3	51.3	
Post-secondary or above	45.1	31.1	22.0	43.3	
Employment status (%)	n=347	n=262	n=176	n=785	<0.001
Employed	55.0	63.7	67.4	56.0	
Students	15.1	2.5	7.0	14.2	
Homemakers	20.7	6.8	12.4	19.7	
Unemployed	3.7	6.3	4.9	3.9	
Retired	5.6	20.7	8.3	6.3	

[§]p-value of Chi square test

[¶]p-value of linear regression and Wald test

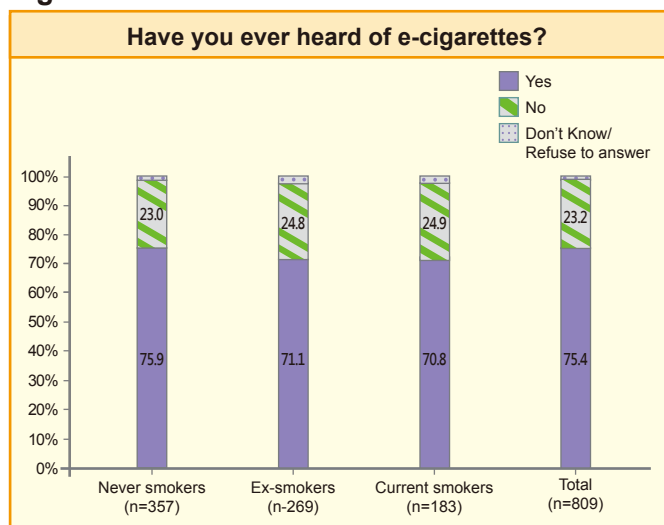
Sample sizes (n) refer to the actual number of respondents; percentages for smoking groups were weighted to 2014 Hong Kong population by age and sex for each smoking group; percentages for total were further weighted to 2012 Hong Kong smoking prevalence.

3.2 Awareness and use of e-cigarettes

Of all randomly selected respondents (n=809), 75.4% had heard of e-cigarettes with more in never smokers (75.9%) than ex- (71.1%) and current smokers (70.8%)($p = 0.02$)(Figure 1).

Of all randomly selected respondents (n=809), only 1.8% had used e-cigarettes. A significantly greater proportion of current smokers (12.8%) than never (1.0%) and ex-smokers (4.6%) had used e-cigarettes ($p < 0.001$) (Table 2). Younger respondents (aged 15-29) were more likely to have used e-cigarettes (4.4%) than older respondents (aged 30 and above) (1.0%)($p < 0.001$) (Figure 2) and it was the case across all 3 smoking status groups. Particularly, in never smokers those who had used e-cigarettes were all aged 15-29.

Figure 1



$p = 0.02$ for the difference in smoking groups, tested by chi-square

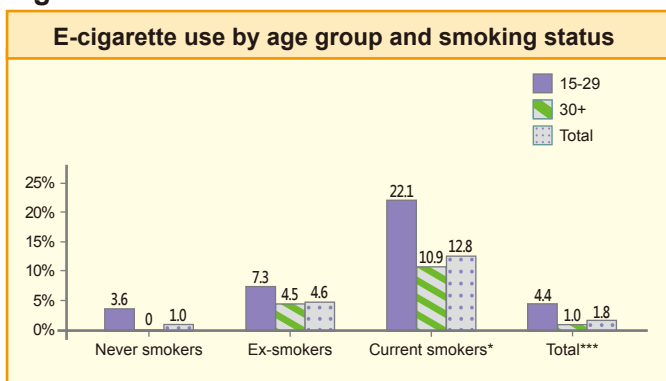
Sample sizes (n) refer to the actual number of respondents; percentages for smoking groups were weighted to 2014 Hong Kong population by age and sex for each smoking group; percentages for total were further weighted to 2012 Hong Kong smoking prevalence.

Table 2 Use of e-cigarettes in all randomly-selected respondents

Smoking status	Use of e-cigarette (%)	95% CI	
Never smokers (n=357)	1.0	0.4	2.6
Ex-smokers (n=269)	4.6	2.3	8.8
Current smokers (n=183)	12.8	8.4	19.0
Total (n=809)	1.8	1.1	3.0

p<0.001 for the difference by smoking status, tested by chi-square
 Sample sizes (n) refer to the actual number of respondents; percentages for smoking groups were weighted to 2014 Hong Kong population by age and sex for each smoking group; percentages for total were further weighted to 2012 Hong Kong smoking prevalence.

Figure 2



*p=0.02 for the difference between age groups, tested by chi-square
 ***p<0.001 for the difference between age groups, tested by chi-square
 Sample sizes (n) refer to the actual number of respondents; percentages for smoking groups were weighted to 2014 Hong Kong population by age and sex for each smoking group; percentages for total were further weighted to 2012 Hong Kong smoking prevalence.

3.3 Purchase of e-cigarettes

In those who had heard of e-cigarettes, very few (1.8%) had bought them (Table 3). While 5.6% of current smokers bought for self-use, 3.3% of ex- and 0.6% of never smokers reported to have bought e-cigarettes for self-use. They bought e-cigarettes most commonly from outside Hong Kong (e.g. China mainland, foreign countries) (33.9%), followed by boutiques / stationeries / toy stores (33.5%) and internet (24.6%).

In Hong Kong, e-cigarettes containing nicotine or marketed as nicotine replacement therapy are considered as pharmaceutical products under the Pharmacy and Poisons Ordinance (Cap 138) and must be registered before sale. None has been registered at the moment. However, in those who had bought e-cigarettes, 35.4% of respondents reported that the e-cigarettes they bought contained nicotine with an average of 2.2 mg nicotine whereas

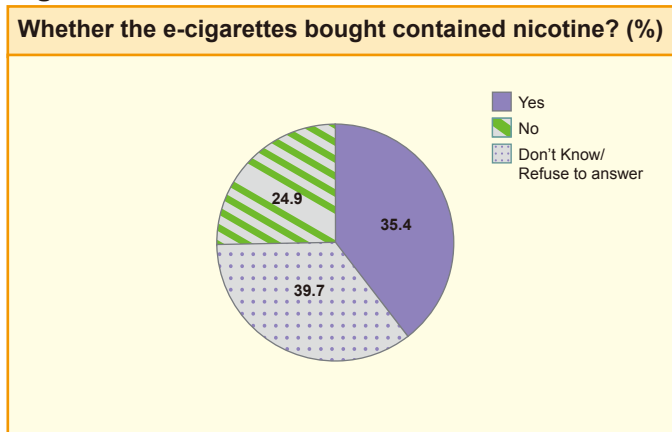
39.7% of respondents did not know whether nicotine was present. Only 24.9% of respondents reported that the e-cigarettes they bought did not have any nicotine (Figure 3).

Table 3 Purchase of e-cigarettes in those who had heard of e-cigarettes by smoking status

	Never-smokers (n=268) %	Ex-smokers (n=180) %	Smokers (n=127) %	Total (n=575) %
Yes, for self-use	0.6	3.3	5.6	1.0
Yes, as a gift for others	0.8	1.2	1.1	0.8
No	97.4	95.7	91.3	97.0
Don't know / Refuse to answer	1.2	0.1	2.0	1.2

Participants were allowed to select more than 1 option
 Sample sizes (n) refer to the actual number of respondents; percentages for smoking groups were weighted to 2014 Hong Kong population by age and sex for each smoking group; percentages for total were further weighted to 2012 Hong Kong smoking prevalence.

Figure 3



Results were weighted to 2014 Hong Kong population by age and sex for each smoking group; results for total were further weighted to 2012 Hong Kong smoking prevalence.

3.4 Reasons to use e-cigarettes

In subjects who had used e-cigarettes regardless of smoking status, the most commonly stated reason that they used e-cigarettes was because their friends used it (Table 4). In never smokers, "e-cigarette is special, modern and novel"

was also mentioned as one of the reasons to use e-cigarettes. Ex-smokers mentioned “e-cigarette can help quit smoking” and “e-cigarette does less harm to their health and people around them” as the reasons to use e-cigarettes. Current smokers used e-cigarettes also because they thought that e-cigarette was special and modern.

A wide variety of e-cigarette flavours are offered in the market. Mint/menthol (52.8%) and fruit (42.4%) were the most common flavours among those who had used e-cigarettes, followed by tobacco flavours (9.2%) and candy or dessert flavours (8.0%). A number (14.2%) of respondents reported there was no information about the flavour of the e-cigarettes they used (Figure 4).

3.5 Knowledge and opinions on e-cigarettes

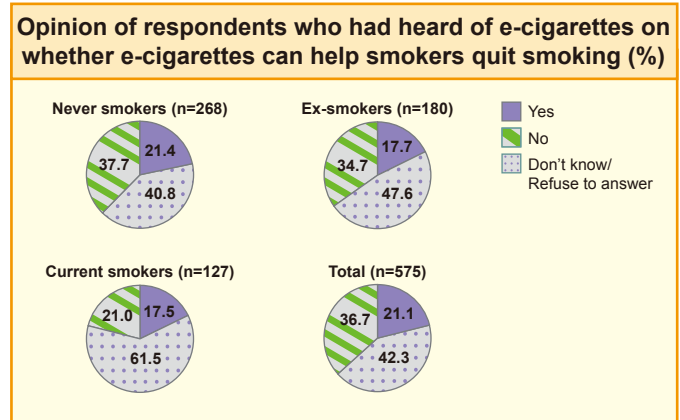
About one-fifth (21.1%) of the randomly selected respondents who had heard of e-cigarettes (n=575) believed e-cigarettes could help smokers quit smoking but more (42.3%) did not believe so (Figure 5). Greater proportion of current (61.5%) than never (40.8%) and ex-smokers (47.6%) did not think e-cigarettes could help smokers quit (p<0.001).

In randomly selected smokers who had heard of e-cigarettes (n=127), 82.1% did not think e-cigarettes would replace conventional cigarettes (Table 5).

Table 4 Reasons to use e-cigarettes

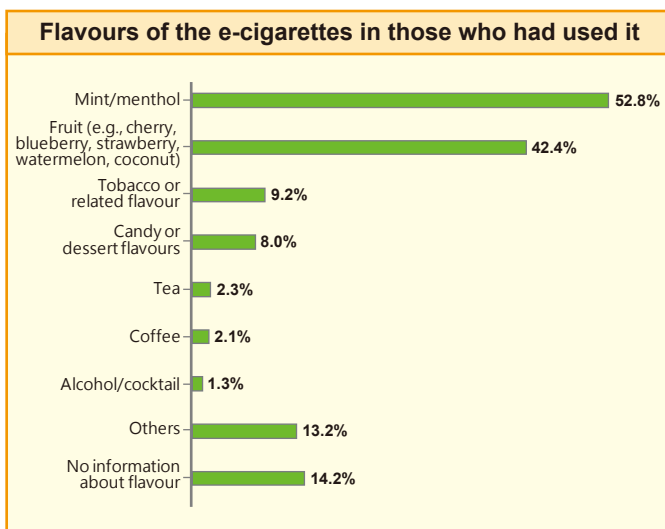
Never smokers	- Friends used it, so I would like to try (n=2) - E-cigarette is special, modern (n=1) and novel (n=1)
Ex-smokers	- E-cigarette can help quit smoking (n=5) - Friends used it, so I would like to try (n=6) - E-cigarette does less harm to my health (n=5) and people around me (n=5).
Current smokers	- E-cigarette is special and modern (n=6) - Friends used it, so I would like to try (n=8)

Figure 5



p=0.002 for the difference in smoking groups, tested by chi-square
Sample sizes (n) refer to the actual number of respondents; percentages for smoking groups were weighted to 2014 Hong Kong population by age and sex for each smoking group; percentages for total were further weighted to 2012 Hong Kong smoking prevalence.

Figure 4



Sample sizes (n) refer to the actual number of respondents; percentages for smoking groups were weighted to 2014 Hong Kong population by age and sex for each smoking group; percentages for total were further weighted to 2012 Hong Kong smoking prevalence.

Table 5 Whether e-cigarettes would replace conventional cigarettes in current smokers who had heard of it, by sex

	Male (n=95)%	Female (n=32)%	Total (n=127)%
Yes	6.9	0	5.3
No	80.9	86.1	82.1
Don't know / Refuse to answer	12.2	14.0	12.6
Total	100	100	100

p=0.40, significance was tested by chi-square
Sample sizes (n) refer to the actual number of respondents; percentages for smoking groups were weighted to 2014 Hong Kong population by age and sex for each smoking group; percentages for total were further weighted to 2012 Hong Kong smoking prevalence.

4. Discussion

4.1 E-cigarettes in Hong Kong

Most respondents (75.4%) in the present survey had heard of e-cigarettes but very few (1.8%) reported having used e-cigarettes. The awareness was lower than that in US adults (79.7% in 2013)³. However, a high awareness in never smokers (75.9%) was reported, which was higher than that in the US (73% in 2012)⁴ and the UK (37.5% in 2012)⁵. Also the awareness in current smokers (71%) was higher than that in the UK (56% in 2011), Canada (40% in 2011) and Australia (69% in 2013)⁶. For e-cigarette use, 12.8% of current smokers and 4.6% of ex-smokers had used e-cigarettes. These rates were much lower than those reported by smokers in the UK (50.6% in 2014)⁷, US (36.5% in 2013)³, Australia (24% in 2013)⁶ and 27 EU countries (20.3% in 2012)⁸, but were higher than smokers in Canada (4% in 2010-2011)⁶. Awareness of e-cigarettes in Hong Kong has increased somewhat from 63% in the 2013 survey to 75% in the 2014 survey.

The trend of use remains unknown, but likely to be increasing, which needs to be closely monitored. Although the awareness and the use of e-cigarettes in Hong Kong were lower than many western countries, the prevalence of e-cigarette use may increase quickly like the US³ and the UK⁷, when more aggressive marketing strategies are used. The promotion and marketing strategies have become more intense and glamorous to attract non-users. E-cigarettes have become more available and accessible, especially to the youth in Hong Kong. Our survey found 1.0% never smokers used e-cigarettes and they were predominantly young people aged 15-29 with a prevalence of 3.6%. Our local secondary school survey found about 1.1% students had ever used e-cigarettes. Never smoking youth may use e-cigarettes as a gateway to start smoking leading to rebound in smoking prevalence in Hong Kong.

The reasons to try e-cigarettes for the respondents in the 2014 survey were “used by friends and interest in trying”, “it is modern/fashionable” and “can help quit smoking”, which were similar to the findings from the US⁹. But only 17.5% of smokers

thought e-cigarettes could help smokers quit and few smokers thought e-cigarettes could replace conventional cigarettes. The evidence of e-cigarette on smoking cessation is inconclusive. Some preliminary findings on short term adverse health effects of e-cigarettes on respiratory systems were reported but long term effects were uncertain. Dual use of e-cigarettes and conventional cigarettes may create additional health risks which need to be investigated in future studies.

Twice as many respondents did not believe e-cigarettes could help quit smoking than those who believed so, and about two-fifths were unsure. The attractive packaging and design and the glamorous marketing strategies may conceal the harmful substances contained in and released by e-cigarettes. Terms such as “safe and accredited”, “environmental friendly” and “non-addictive” are gimmicks often used by sellers. The respondents may have wrong perceptions that e-cigarettes are harmless, especially those nicotine-free. Public awareness on the risks of e-cigarette use should be increased.

In Hong Kong, health surveillance systems must incorporate e-cigarette use patterns into the surveys and monitor the sale of e-cigarettes to inform tobacco control policies and interventions. Specific and strict control policies on e-cigarettes are urgently needed before they have become widely used. To protect public health and prevent young people from initiating e-cigarette and subsequent conventional cigarette use, a total ban on e-cigarettes, currently adopted by at least 13 jurisdictions, is recommended.

4.2 Limitations and strengths of the survey

This was a cross-sectional survey which collected only self-reported data. The validity of data on e-cigarette use was uncertain. The small sample size for e-cigarette users did not allow multivariable analysis of the correlates of e-cigarette use. All information was collected by telephone survey, which did not allow face to face interaction with the interviewers. However, it also gave a degree of anonymity and might collect more truthful data. The

validity of the data collected appeared high when consistency between different questions was checked. We recommend that the sample size of future surveys should be increased to allow for more precise estimates and more random questions.

5. Conclusions

The rate of e-cigarette awareness increased from 63.1% in 2013 to 75.4% in 2014. Although the use rate was only 1.8%, its correlation with younger age, especially in never smokers, is of concern

which will result in increasing use of e-cigarettes. E-cigarette use was associated with current smoking and relatively few current smokers thought e-cigarette would help quitting, indicating that e-cigarette is unlikely to increase quitting in Hong Kong.

Surveillance of e-cigarette use is needed. Tobacco control efforts should address the marketing claims of e-cigarettes, especially the messages of unproved safety and uncertain effect of e-cigarette on smoking cessation. Interventions should target particularly youths, young adults and current smokers.

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7. References

1. Census and Statistics Department.(2013). *Thematic Household Survey Report, No.53*. Hong Kong. Retrieved Sep 17, 2014 from: <http://www.censtatd.gov.hk/hkstat/sub/sp140.jsp?productCode=B1130201>.
2. Census and Statistic Department.(2012). *Hong Kong Population Projections, 2012-2041*. Retrieved Sep 17, 2014 from: <http://www.statistics.gov.hk/pub/B1120015052012XXXXB0100.pdf>.
3. King BA, Patel R, Nguyen K & Dube SR.(2014). Trends in awareness and use of electronic cigarettes among US adults, 2010-2013. *Nicotine Tob Res*;17:219-27.
4. Tan AS & Bigman CA.(2014). E-cigarette awareness and perceived harmfulness: prevalence and associations with smoking-cessation outcomes. *American Journal of Preventive Medicine*, 47(2):141-149.
5. Dockrell M, Morison R, Bauld L & McNeill A.(2013). E-cigarettes: prevalence and attitudes in Great Britain. *Nicotine & Tobacco Research*, 15:1737-44.
6. Gravely S, Fong GT, Cummings KM, et al.(2014). Awareness, trial, and current use of electronic cigarettes in 10 countries: Findings from the ITC Project. *International Journal of Environmental Research and Public Health*, 11(11): 11691-11704.
7. Action on Smoking and Health (U.K.). (2014) *ASH factsheet on the Use of electronic cigarettes in Great Britain 2014*. Retrieved Sep 17, 2014 from: http://www.ash.org.uk/files/documents/ASH_891.pdf.
8. Vardavas CI, Filippidis FT & Agaku IT. (2014). Determinants and prevalence of e-cigarette use throughout the European Union: a secondary analysis of 26 566 youth and adults from 27 countries. *Tobacco Control*, doi:10.1136/tobaccocontrol-2013-051394
9. Pepper JK, Ribisl KM, Emery SL & Brewer NT.(2014). Reasons for starting and stopping electronic cigarette use. *International Journal of Environmental Research and Public Health*, 11(10):10345-10361.
10. World Health Organization. (2014). *Electronic Nicotine Delivery Systems Report (FCTCCOP/6/10), WHO Framework Convention on Tobacco Control, 21 July 2014 & Decision (FCTC/COP/(9)), WHO Framework Convention on Tobacco Control, 2014*.
11. Bullen C, Howe C, Laugesen M, McRobbie H, Parag V, Williman J & Walker N.(2013). Electronic cigarettes for smoking cessation: a randomised controlled trial. *Lancet*, 382:1629-1637.
12. Dutra LM & Glantz SA.(2014). Electronic cigarettes and conventional cigarette use among US adolescents: a cross-sectional study. *JAMA Pediatrics*, 168: 610-7.

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香港灣仔皇后大道東 183 號合和中心 44 樓 4402 – 03 室

Unit 4402 – 03, 44th Floor, Hopewell Centre, 183 Queen's Road East, Wanchai, Hong Kong

諮詢熱線 Enquiry Hotline: (852) 2838 8822

傳真 Facsimile: (852) 2575 3966

電郵地址 E-mail: enq@cosh.org.hk

網址 Website: www.smokefree.hk



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