



Annual Report 2016 – 2017 年報

香港吸煙與健康委員會

Hong Kong Council on Smoking and Health

← 😊 無煙大家庭 SMOKE-FREE family





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# 委員會憲章

## Charter of COSH

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

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

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

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

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

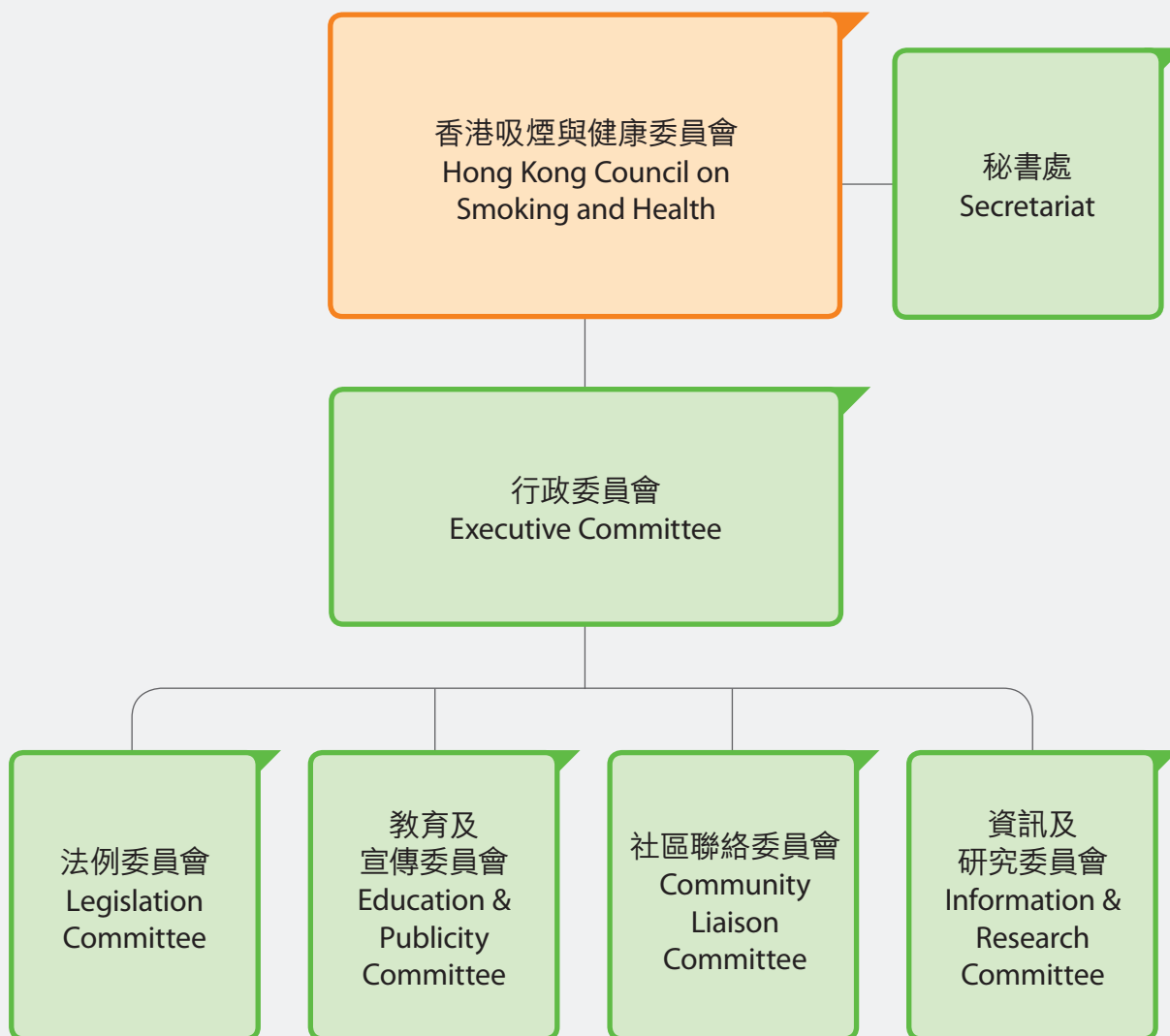
Under such a charter, COSH has taken up the role as an active player and commentator on all issues relating to tobacco control. We aim to act within our charter in response to the changing local environment as it affects the promotion of tobacco and the epidemic caused by smoking.





# 委員會組織架構

## Organization of COSH



## 委員會成員 Members of COSH

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

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

委員 何靜瑩女士 Member Ms Ada HO Ching-ying

徐小曼女士 Ms HSU Siu-man

林家禮博士 Dr Lee George LAM

林崇綏博士 Dr Susie LUM Shun-sui

麥耀光博士 Dr MAK Yiu-kwong

繆潔芝醫生 Dr Christina MAW Kit-chee

彭芷君女士 Ms Gigi PANG Che-kwan

孫益華醫生 Dr David SUN Yee-wha

唐少芬醫生 Dr Joyce TANG Shao-fen

曾立基先生 Mr Richard TSANG Lap-ki

黃帆風先生BBS, MH Mr Jackson WONG Fan-foung, BBS, MH

黃仰山教授 Prof Samuel WONG Yeung-shan

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

當然委員 黎潔廉醫生太平紳士 Ex-officio Member Dr Cindy LAI Kit-lim, JP

吳綺媚女士 Ms Grace NG Yee-mei

## 行政委員會 Executive Committee

主席 伍婉婷女士MH Chairman Ms Yolanda NG Yuen-ting, MH

副主席 鄭祖盛先生MH Vice-chairman Mr Antonio KWONG Cho-shing, MH

委員 黎潔廉醫生太平紳士 Member Dr Cindy LAI Kit-lim, JP

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

## 教育及宣傳委員會 Education & Publicity Committee

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

**委員** 鄭祖盛先生MH **Member** Mr Antonio KWONG Cho-shing, MH

何靜瑩女士 Ms Ada HO Ching-ying

徐小曼女士 Ms HSU Siu-man

林崇綏博士 Dr Susie LUM Shun-sui

麥耀光博士 Dr MAK Yiu-kwong

吳綺媚女士 Ms Grace NG Yee-mei

伍婉婷女士MH Ms Yolanda NG Yuen-ting, MH

彭芷君女士 Ms Gigi PANG Che-kwan

曾立基先生 Mr Richard TSANG Lap-ki

黃帆風先生BBS, MH Mr Jackson WONG Fan-foung, BBS, MH

**增選委員** 周海傑先生 **Co-opted Member** Mr CHAU Hoi-kit

關伯強先生 Mr KWAN Pak-keong

## 社區聯絡委員會 Community Liaison Committee

**主席** 伍婉婷女士MH **Chairman** Ms Yolanda NG Yuen-ting, MH

**委員** 鄭祖盛先生MH **Member** Mr Antonio KWONG Cho-shing, MH

林家禮博士 Dr Lee George LAM

麥耀光博士 Dr MAK Yiu-kwong

孫益華醫生 Dr David SUN Yee-wha

黃帆風先生BBS, MH Mr Jackson WONG Fan-foung, BBS, MH

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

**增選委員** 陳志球教授BBS太平紳士 **Co-opted Member** Prof Johnnie CHAN Chi-kau, BBS, JP

周奕希先生BBS太平紳士 Mr CHOW Yick-hay, BBS, JP

馮秀炎女士 Ms Maureen FUNG Sau-yim

李銒發先生 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** 麥耀光博士 **Member** Dr MAK Yiu-kwong

繆潔芝醫生 Dr Christina MAW Kit-chee

伍婉婷女士MH Ms Yolanda NG Yuen-ting, MH

唐少芬醫生 Dr Joyce TANG Shao-fen

黃帆風先生BBS, MH Mr Jackson WONG Fan-foung, BBS, 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** 麥耀光博士 **Member** Dr MAK Yiu-kwong

伍婉婷女士MH Ms Yolanda NG Yuen-ting, MH

唐少芬醫生 Dr Joyce TANG Shao-fen

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

**增選委員** 林大慶教授BBS太平紳士 **Co-opted Member** Prof LAM Tai-hing, BBS, JP

劉文文女士BBS, MH太平紳士 Ms Lisa LAU Man-man, BBS, MH, JP

李詠梅醫生 Dr Anne LEE Wing-mui

李培文醫生 Dr Jeff LEE Pui-man

麥龍詩迪教授OBE, SBS太平紳士 Prof Judith MACKAY, OBE, SBS, JP

左偉國醫生SBS, BBS太平紳士 Dr Homer TSO Wei-kwok, SBS, BBS, JP

# 委員介紹

## Members of COSH



主席 Chairman

### 鄺祖盛律師MH

Mr Antonio KWONG Cho-shing, MH

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

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



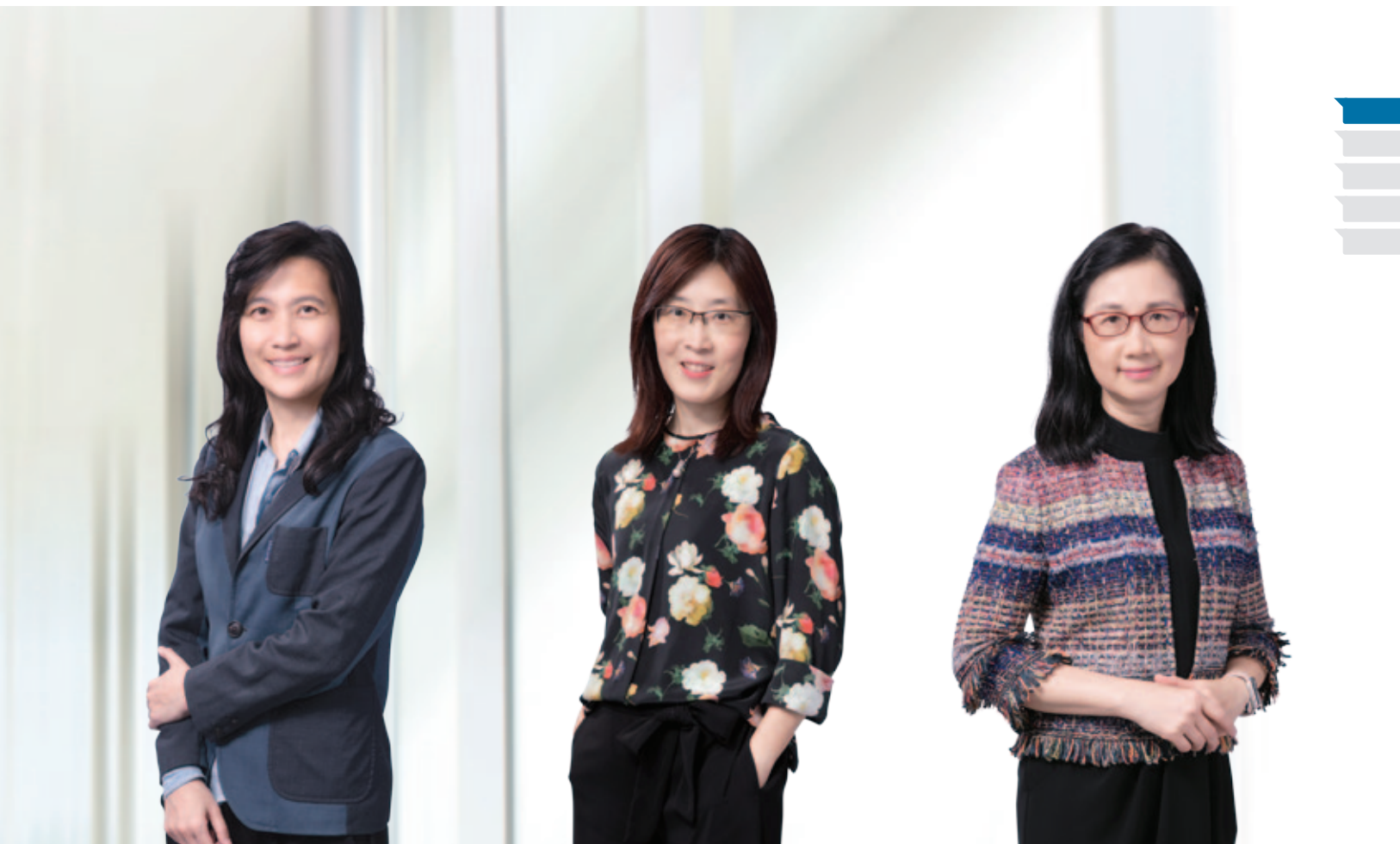
副主席 Vice-chairman

### 伍婉婷女士MH

Ms Yolanda NG Yuen-ting, MH

伍婉婷女士是灣仔區議員，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 a member of the Education & Publicity Committee, Information & Research Committee and Legislation Committee.



委員 Member

### 何靜瑩女士

Ms Ada HO Ching-ying

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

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

委員 Member

### 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

### 林家禮博士

Dr Lee George LAM

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

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



委員 Member

### 林崇綏博士

Dr Susie LUM Shun-sui

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

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



委員 Member

### 麥耀光博士

Dr MAK Yiu-kwong

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

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



委員 Member

### 繆潔芝醫生

Dr Christina MAW Kit-chee

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

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

委員 Member

### 吳綺媚女士

Ms Grace NG Yee-mei

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

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

委員 Member

### 彭芷君女士

Ms Gigi PANG Che-kwan

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

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



委員 Member

### 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

### 曾立基先生

Mr Richard TSANG Lap-ki

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

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





委員 Member

### 黃帆風先生BBS, MH

Mr Jackson WONG Fan-foung,  
BBS, 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

### 黃仰山教授

Prof Samuel WONG Yeung-shan

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

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



委員 Member

### 余榮輝先生MH

Mr Christopher YU Wing-fai, MH

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

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







# 秘書處 Secretariat

黎慧賢女士

Ms Vienna LAI Wai-yin

總幹事 Executive Director



## 秘書處編制及職員名單 Secretariat

總幹事	黎慧賢女士	Executive Director	Ms Vienna LAI Wai-yin
項目籌劃 高級經理	朱偉康先生	Senior Project Manager	Mr Lawrence CHU Wai-hong
	吳麗盈女士		Ms Annie NG Lai-ying
項目籌劃經理	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
	鄧詩雅女士		Ms Cynthia TANG Sze-nga
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	蘇煥發先生(至2016年4月)	Project Officer	Mr Harry SO Wun-fat (up to April 2016)
	張雪穎女士(至2016年7月)		Ms Samantha CHEUNG Suet-wing (up to July 2016)
	周穎君女士(至2016年8月)		Ms Iris CHOW Wing-kwan (up to August 2016)
	唐藝詩女士(至2016年9月)		Ms Iris TONG Ngai-sze (up to September 2016)
	曾婉玲女士(至2016年9月)		Ms Amy TSANG Yuen-ling (up to September 2016)
	張紹謙先生(至2016年11月)		Mr Tim CHEUNG Siu-him (up to November 2016)
	文君怡女士(2016年9月履職)		Ms June MAN Kwan-yi (from September 2016)
	何燕穎女士(2016年12月履職)		Ms Christy HO Yin-wing (from December 2016)
	孔浩雲先生(2016年12月履職)		Mr Jason HUNG Ho-wan (from December 2016)
項目籌劃主任	吳尚賢女士(至2016年6月)	Project Executive	Ms Queenie NG Sheung-yin (up to June 2016)
	譚雅雯女士(2016年7月履職)		Ms Carmen TAM Nga-man (from July 2016)
教育幹事	鍾翠媛女士	Educator	Ms Irene CHUNG Tsui-woon
	關婉芳女士		Ms KWAN Yuen-fong
	吳麗明女士		Ms NG Lai-ming
	蘇倚倫女士(2017年3月履職)		Ms SO Yee-lun (from March 2017)
行政助理	邱怡珠女士	Executive Assistant	Ms Polly YAU Yi-chu
	丘瑾珉女士(至2016年6月)		Ms Fiona YAU Kan-man (up to June 2016)
	陳明珠女士(2016年9月履職)		Ms Charmaine CHAN Ming-chu (from September 2016)
項目籌劃助理	嚴永嫦女士	Project Assistant	Ms Ella YIM Wing-sheung





# 主席報告

## Chairman's Report



香港吸煙與健康委員會一直以保障公眾健康為首要任務。於2016至2017年度，委員會以「無煙大家庭」為主題，透過一系列的教育及宣傳活動，鼓勵市民承諾不吸煙之餘，亦推動家人、朋友、同事及街坊等戒煙，一同投入無煙生活。另一方面，委員會亦積極倡議政府及立法會加強控煙措施，尤其是擴大煙包上的煙害圖象警示，以減低煙草的吸引力、鼓勵更多人士戒煙及預防青少年開始吸煙，進一步降低香港的吸煙率。

Protecting the public health is at the top of the agenda of Hong Kong Council on Smoking and Health ("COSH"). Under the theme of "Smoke-free Family", citizens were encouraged to adopt a smoke-free lifestyle and motivate family members, friends, colleagues and neighbours to quit smoking through a series of education and publicity programmes in 2016-2017. Meanwhile, COSH actively advocates the Government and the Legislative Council for strengthening the tobacco control measures, particularly on the enlargement of pictorial health warnings of cigarette packets, in order to reduce the attractiveness of tobacco, motivate more smokers to quit, deter youth from trying the first cigarette and further reduce the smoking prevalence in Hong Kong.

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



根據政府統計處的《主題性住戶統計調查第59號報告書》，於2015年香港的習慣每日吸煙人士佔所有15歲及以上人士的10.5%，相等於約640,000人，為有記錄以來的新低。為進一步推動無煙文化，委員會以「無煙大家庭」為題舉辦一系列活動，動員全港市民推廣無煙信息，承諾不吸煙之餘，同時鼓勵家人、朋友、同事及街坊儘早戒煙。公眾反應熱烈，逾5,000名市民透過網上平台或街頭推廣站加入「無煙大家庭」。

為吸引更多市民的注意，委員會推出「無煙大家庭」主題曲「捨·得」，由早年成功戒煙的音樂人雷頌德創作，並由無煙大使方力申主唱，以愛情故事作比喻，道出明知煙仔對自己造成傷害，應儘快放下。「捨·得」於多個電台播放率高企，排名更高踞流行榜首三位；其音樂錄像於網上亦錄得超過100,000次的瀏覽，成績令人鼓舞。

此外，委員會特別與本地插畫家Nothing Serious合作，創作一系列有趣的插圖，分享如何支持及鼓勵家人、朋友、同事及戀人加入「無煙大家庭」。延續插畫的有趣推廣手法，委員會舉辦了「戒煙招式」插畫設計比賽，鼓勵青少年積極參與建設無煙社會，同時發揮設計潛能，透過圖畫及標語，推動及幫助吸煙人士早日戒除煙癮。是次活動共收到來自50多間中學逾1,800份極具水準的作品。

According to the Thematic Household Survey Report No. 59 of the Census and Statistics Department, the daily cigarette smokers accounted for 10.5% of all persons aged 15 and over in 2015 in Hong Kong (around 640,000 smokers) which is the lowest on record. To further promote the smoke-free culture, COSH organized a variety of activities under the theme of "Smoke-free Family" to encourage the general public to adopt a smoke-free lifestyle and motivate family members, friends, colleagues and neighbours to kick the bad habit. The campaign received overwhelming response and attracted over 5,000 citizens to join the "Smoke-free Family" through online platforms and street promotion counters.

To raise the public awareness, a campaign's theme song, "Give Up" was produced by musician Mark LUI who had quit smoking and performed by Alex FONG, Smoke-free Ambassador of the campaign. A love story was used as a metaphor to encourage the audience to get rid of cigarettes and their harmful effect. The song made the Top 3 in a few radio station charts and the music video recorded over 100,000 online views.

Besides, COSH collaborated with a local artist, Nothing Serious, to create a set of keyarts sharing how to support family members, friends, colleagues and lovers to quit smoking. The interesting presentation was further extended to the "Quit Tips Keyart Design Competition" which was held to encourage teenagers to motivate smokers to kick the habit with their design talent through keyart and slogan. Over 1,800 high-quality entries were received from more than 50 secondary schools.



要建設「無煙大家庭」，企業的積極參與實是不可或缺的一環。委員會於2016年與職業安全健康局合辦「香港無煙領先企業大獎2016」，共吸引480多間來自不同行業的企業踴躍參與，受惠員工人數超過65,000人，同為歷屆之冠。大獎旨在鼓勵企業及機構藉著他們的滲透及凝聚力，向員工、客戶及社會大眾等不同持分者持續推廣無煙文化。委員會感謝近50間來自不同行業的商會及組織全力支持，動員旗下會員參與，以及多個戒煙服務機構的協助。

今年有三間持續推行無煙政策的企業獲發「三年卓越金獎」，有十間企業獲頒「金獎」，其中一間更憑藉其推行的創新措施，同時奪得「最具創意無煙企業政策獎」；另有九間企業獲頒「銀獎」；以及逾450間企業獲頒「優異獎」。得獎的企業推行各具特色的無煙措施，包括舉辦「世界無煙日」宣傳活動、員工戒煙獎勵計劃、成立戒煙互助小組及設立「戒煙閣」讓同事們為戒煙者打氣等。

委員會亦針對吸煙率較高之行業，度身設計宣傳推廣活動，例如「建造無煙力量」計劃，目標對象是有吸煙習慣的建造業從業員(約佔四成半)。這項計劃獲得香港建造業議會、香港建造商會、香港建造業總工會及香港建築業承建商聯會全力支持。委員會透過舉辦講座、提供戒煙支援及宣傳品，成功將健康信息傳遞予建造業工友。

The active participation of the business sector is crucial for building a "Smoke-free Family". COSH organized the "Hong Kong Smoke-free Leading Company Awards 2016" together with the Occupational Safety and Health Council, attracting over 480 companies from various industries and benefiting over 65,000 employees, both figures were the highest on record. The Awards aimed to encourage businesses to promote smoke-free messages and smoking cessation to their employees, customers, the general public and other stakeholders for creating a smoke-free culture. Immense gratitude also goes out to nearly 50 major commerce chambers and associations, as well as various smoking cessation service providers for their tremendous ongoing support.

This year, 3 companies received Triple Gold Awards for their continuous commitment; 10 companies received Gold Awards, and one of them also received the Most Creative Smoke-free Policy Award for recognition of its innovative smoke-free initiatives; 9 companies received Silver Awards and over 450 companies received Certificates of Merit. A wide variety of smoke-free measures including "World No Tobacco Day" promotion activity, smoking cessation reward scheme, smoking cessation support group and smoke-free corner to gather co-workers' support for quitters, were adopted by the award-winning companies.

COSH also tailored publicity programme for industry with high smoking prevalence. "Smoke-free Construction Force", as an example, was launched for the construction industry whose smoking rate was around 45%. The programme was fully supported by the Construction Industry Council, Hong Kong Construction Association, Hong Kong Construction Industry Employees General Union and Hong Kong General Building Contractors Association. Through health talks, smoking cessation support and promotion collaterals, smoke-free messages were spread among the construction industry.

除了企業的支持，社區的參與亦十分重要。委員會承接過往「戒煙大贏家」的佳績，聯同香港大學護理學院及公共衛生學院，舉辦第七屆「戒煙大贏家」無煙社區計劃，並再次得到18區區議會及地方服務團體的全力支持，進行了超過100場招募及地區宣傳活動，成功招募逾1,300名吸煙者參加戒煙比賽，並向超過40,000名市民宣傳無煙信息。

另一方面，委員會本著預防勝於治療的理念，繼續推行一系列的教育活動，教導兒童及青少年拒絕吸第一口煙，其中包括「無煙青少年大使領袖訓練計劃2016-2017」，將有關煙害、最新控煙及吸煙趨勢的資訊傳遞予青少年，同時幫助參加者發展多方面才能，裝備他們成為推廣無煙文化的新動力。我們樂見更多青少年大使走進社區，舉辦具規模及創意的宣傳推廣活動，將無煙種子散播至整個社區。他們的努力、勇氣和活動籌劃能力都值得我們讚賞。

小學教育方面，委員會透過與學校及藝術團體的緊密合作，推出「學校互動教育巡迴劇場」全新劇目「無煙聯盟」，讓學生領略無煙環境的好處。而為了將無煙信息灌輸予各發展階段的兒童及青少年，委員會亦於中小學及幼稚園舉辦「無煙新世代」健康講座。委員會很高興以上活動均獲教育局推薦。

Apart from the business sector, community involvement also plays a significant role in building a smoke-free Hong Kong. Following the success in previous years, COSH organized the 7<sup>th</sup> "Quit to Win" Smoke-free Community Campaign with the School of Nursing and School of Public Health, The University of Hong Kong. The campaign was again fully supported by the 18 District Councils and district organizations. Over 100 recruitment and promotion activities were organized, recruiting over 1,300 smokers to join the smoking cessation contest and reaching over 40,000 citizens.

Prevention is better than cure. COSH has spared no effort in deterring the next generation from lighting up the first cigarette by launching a series of education programmes such as "Smoke-free Youth Ambassador Leadership Training Programme 2016-2017". The programme aims to instill knowledge of tobacco control and smoking hazards in youngsters, provide training on various skills, as well as sustain their pioneering role in spreading smoke-free culture. It was encouraging that the ambassadors sowed the seeds in the community to gather the support from every sector for a smoke-free Hong Kong through various innovative activities. Their efforts, courage and organizing ability were much appreciated.

Through the cooperation with schools and local professional troupe, COSH conducted a brand-new interactive drama for the "School Interactive Education Theatre", titled "Smoke-free Alliance" to raise the awareness of primary school students on building a smoke-free environment. Smoke-free messages were also promoted among students at different development stages by "Smoke-free New Generation" health talks in schools. We are glad that the above programmes were recommended by the Education Bureau.





雖然市民對煙害的意識已日漸提高，不過仍然有部份吸煙人士未能下定決心戒煙，特別是煙齡較長、煙癮較深者，他們可能受到坊間有關吸煙與戒煙的謬誤所影響。故委員會自2012年起舉辦「無煙老友記」計劃，向年長人士宣傳吸煙的禍害，去年再接再厲，舉辦「無煙老友記」計劃2016-2017，透過舉辦健康講座、長者中心探訪、「無煙清新娃娃」工作坊、街站宣傳活動及電台廣播等，把無煙信息傳遞給更多長者，並鼓勵吸煙者戒煙。

委員會亦促請及支持政府加強控煙措施，以保障公眾健康。其中包括政府早於2015年5月提出將煙害圖象警示面積擴大至最少佔煙包上最大的兩個表面的85%，並將警示的款式數目由六個增加至十二個，同時加入戒煙熱線1833183。委員會很高興有關措施經兩年討論後，終於可以確定於2017年12月21日起開始實施。根據委員會早前進行的「控煙政策調查2016」，有72.5%的受訪者支持擴大煙害警示至佔煙包面積的85%。而委員會亦自2015年5月起，從街頭及網上收集了超過26,500個來自各界市民及機構的簽名支持有關措施。

Although the effects of smoking were well known among the public, some smokers, especially those heavily addicted to nicotine, were not willing to take their first step to quit smoking as they held misconceptions about smoking and quitting. COSH has organized the "Elderly Smoking Cessation Promotion Project" since 2012 for enhancing the knowledge of smoking hazards among senior citizens. Thanks to the positive feedback, COSH again held the programme in 2016-2017. Through health talks, elderly centre visits, "Smoke-free Doll" workshops, street promotions and radio promotions, smoke-free messages were disseminated to the elderly.

In order to protect public health, COSH actively urges and supports the Government to further strengthen tobacco control measures, including the enlargement of the size of pictorial health warning to at least 85% of the two largest surfaces of the packet, increasing the number of forms of health warning from six to twelve and adding quitline 1833 183. The measure was first proposed to the Legislative Council in May 2015 by the Government. We are delighted that the measure will come into operation on 21 December 2017 after a two-year discussion. According to the Tobacco Control Policy-related Survey 2016, about 72.5% of all respondents supported the increase in the coverage of the health warnings to 85%. In addition, COSH has collected over 26,500 signatures from citizens and organizations through street counters and an online platform supporting the related measure since May 2015.

另外，委員會關注電子煙於全球迅速興起，惟其對健康的影響及安全均成疑，因此於不同活動及計劃均提醒市民使用電子煙的潛在風險，不要因好奇心或誤以為有助戒煙而嘗試使用，希望政府儘快落實全面禁止電子煙的立法建議，防患於未然。(更多資料請參閱第24頁「專題」)

隨着社交媒體逐漸普及，委員會亦新增了無煙大家庭Facebook專頁([www.facebook.com/smokefreefamily](http://www.facebook.com/smokefreefamily))，發放委員會的活動及與控煙相關的資訊，增進與市民的互動及溝通。

踏入2017年度，為香港控煙工作35周年，亦是委員會成立30周年的紀念，本人藉此機會感謝委員會各委員的熱心參與及寶貴意見，以及秘書處職員的努力。此外，對於多年來支持控煙工作的政府、機構、醫護人員、學術團體、社區組織、傳媒及社會上不同持份者，本人謹此致謝，希望憑藉各界的力量，使香港的吸煙率儘快下降至單位數字，攜手共建無煙香港。

COSH has serious concerns on the widespread and rapid growth of e-cigarettes as their health risks and safety remain unknown. The potential risks of e-cigarettes and misconceptions on their usage for smoking cessation were explained through various programmes and campaigns. COSH urged the Government to enact a total ban on e-cigarettes in Hong Kong promptly to prevent its epidemic. (Please refer to page 24 "Highlights" for details)

To enhance interaction and communication with the public, COSH launched a Smoke-free Family Facebook page ([www.facebook.com/smokefreefamily](http://www.facebook.com/smokefreefamily)) to introduce COSH's activities and disseminate information related to smoking and health.

Stepping into 2017, the year that marks the 35<sup>th</sup> anniversary of tobacco control in Hong Kong and also the 30<sup>th</sup> anniversary of COSH, I want to show the loftiest appreciation from my heart towards the enthusiasm and invaluable recommendations of COSH Council members, as well as the contributions of the Secretariat's staff. In addition, I would like to express my sincere gratitude to the Government, organizations, healthcare professionals, academia, district organizations, media and different stakeholders in the community for their support to tobacco control in Hong Kong. With everyone's effort, we hope the smoking prevalence will be dropped to a single digit percentage in the near future.



提防電子煙及新興煙草產品 健康風險安全成疑  
**Beware of the potential health risks and safety of**  
electronic cigarettes and emerging tobacco products







## 專題

### Highlights

香港的吸煙率自八十年代起逐步下降，惟近年電子煙及其他新興煙草產品如水煙及加熱非燃燒煙草製品等火速冒起，於全球各地日益流行，部分產品標榜所產生的有害物質及對身體的傷害較傳統捲煙少，其營銷策略更針對青少年，變相鼓吹吸煙行為，助長煙草流行，情況令人擔憂。香港吸煙與健康委員會希望透過多元化的教育及宣傳推廣活動，令市民明白這些產品均可能影響健康，世界上根本沒有安全的煙草產品，部分有毒或致癌物質是沒有安全水平的。由於現時未有太多有關此類產品的研究，其健康風險及安全成疑，吸煙或非吸煙人士都應避免使用。

The smoking prevalence in Hong Kong has dropped gradually since the 1980s. However, the swift popularity of electronic cigarettes (e-cigarettes) and emerging tobacco products such as waterpipe and heat-not-burn tobacco all over the world in recent years is alarming. Some of these products are claimed to be less harmful than conventional cigarettes. Their marketing strategies are mainly targeting young people and renormalize smoking behaviour which may encourage an epidemic of tobacco use. To raise the public awareness on the potential risks and safety problems of these products, Hong Kong Council on Smoking and Health launched a series of education and publicity programmes. There is no safe tobacco product in the world and no safe level of exposure to harmful substances and carcinogens. While studies on their impacts may take decades, both smokers and non-smokers should refrain from using these products.

全賴社會各界過去三十多年的努力，香港的控煙工作取得不俗的成果。根據政府統計處的《主題性住戶統計調查第59號報告書》，香港的吸煙率現為10.5%，而中學生及小學生的吸煙率分別為2.7%及0.2%，均為有紀錄以來的新低。

## 塑造為時興玩意 聲稱危害較少

但近年電子煙及一些新興煙草產品在世界各地日漸普及，被塑造為新興潮流玩意，尤如八十年代的捲煙一樣，並針對年輕人於社交媒體及互聯網進行銷售及宣傳推廣，而且聲稱對身體危害較少。委員會擔心有關產品除吸引吸煙者用作代替傳統捲煙外，亦有機會吸引部分非吸煙人士，尤其是青少年因好奇心而使用，甚至變成開始吸煙的門檻。

世界上根本沒有安全的煙草產品，委員會認為必須了解此類產品對身體的影響，惟有關研究需時。我們鼓勵吸煙者早日戒除煙癮，停止使用所有對身體造成傷害之產品，重拾健康生活，而不是轉用電子煙或另一種煙草產品取代捲煙。而非吸煙人士，亦不應接觸此類產品。

## 電子煙含有害物質 潛在健康風險

電子煙於2003年由一名中國人發明，近十年於全球尤其是歐美國家日漸流行，銷量於短短數年間迅速增長逾百倍。電子煙並不會燃燒或使用煙草，而是將溶液予以汽化，再傳遞予使用者。部分電子煙外型與一般捲煙相似，亦有設計成原子筆、鋼筆、外置記憶體或其他形狀。現時在全球銷售的電子煙約有8,000多種不同口味，如水果、汽水、朱古力及薄荷等，以滿足消費者尤其是青少年貪新鮮及好奇的心態，並營造為健康和時尚的產品。

With the concerted efforts of different sectors in Hong Kong over the past three decades, the achievements in tobacco control are encouraging and remarkable. The prevalence of daily cigarette smokers in Hong Kong was 10.5% according to the Thematic Household Survey Report No. 59 of the Census and Statistics Department. The smoking rate of secondary school students and primary school students in Hong Kong were 2.7% and 0.2% respectively, which hit a record low.

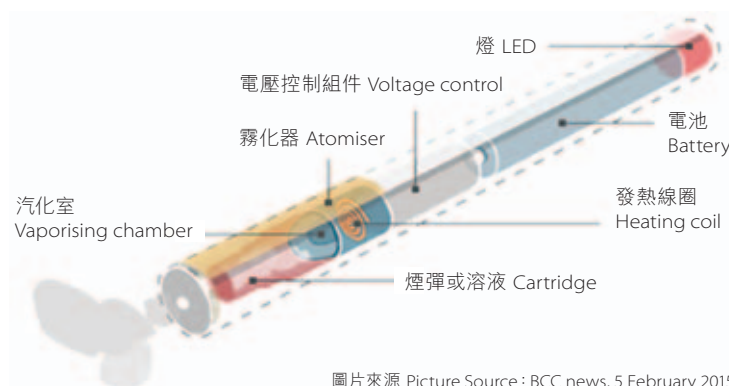
## Marketed as trendy products. Safety in doubt

Yet, COSH has serious concern on the emergence of e-cigarettes and new forms of tobacco products in recent years. Similar to the marketing tactics of cigarettes in the 1980s, these products are marketed as trendy and novel. The youth are being targeted through the easily accessible and sweeping sales and promotion on social media and online platforms. Some of them are claimed to be less harmful which may attract smokers to use as a substitute to conventional cigarette, as well as induce curious youngsters to try and become a gateway to smoking.

More studies should be conducted to investigate the impact of these new products on health. There is no safe form of tobacco. COSH recommends smokers to kick the bad habit completely and not to use e-cigarettes or other tobacco products that will also harm their health. Non-smokers are also advised not to pick up these products.

## E-cigarettes contain harmful substances that cause health risks

Invented by a Chinese in 2003, e-cigarettes had a rapid growth with hundredfold increase in global sales, especially in Europe and the United States, over the past 10 years. E-cigarettes are devices that do not burn or use tobacco but instead vaporize a solution the user then inhales. The design is generally similar to traditional cigarettes while some are produced in the form of everyday items such as pens, USB memory sticks or other shapes. With almost 8,000 flavours like fruits, soft drinks, chocolate and mint, e-cigarettes are marketed as healthy and trendy products, which pander to the curiosity of consumers, in particular the youth.



圖片來源 Picture Source : BCC news, 5 February 2015

電子煙的營銷策略針對青少年，多數於商場、精品店、格仔舖及潮流用品店出售，更可於社交網站、團購網站及網上專門店等購買。電子煙一般沒有成分說明及標籤，其所含有及加熱時會產生的化學物質亦不明，對健康造成風險。此外，電子煙裝置的安全亦成疑，偶有在使用時及充電時爆炸的情況。

有鑑於此，委員會於2015年委託香港浸會大學測試市面上13種電子煙的成分。測試證實電子煙含有多種有害化學物質，包括甲醛、甘油、多環芳香烴(PAHs)及多溴聯苯醚(PBDEs)等，其中甲醛及多環芳香烴是已知的致癌物質，而多溴聯苯醚是常用於電子產品的阻燃劑，會干擾甲狀腺分泌、影響生殖能力和胎兒發展，更有機會致癌，嚴重損害市民健康。(詳情請參閱第158頁「第二十號報告書」)

They can be found easily in shopping malls, boutiques, consignment stores and fashion stores, as well as online platforms like social media, group purchase website and online specialty stores. Generally, no information and label on their ingredients, chemicals contained and produced during heating are provided, which may bring risk to the health of users. The safety of e-cigarettes device is also in doubt. There were cases of e-cigarettes explosion during using and charging.

COSH commissioned the Hong Kong Baptist University to carry out a laboratory test on the components of thirteen e-cigarettes in the market in 2015. Harmful chemicals including formaldehyde, glycerin, polycyclic aromatic hydrocarbons (PAHs) and poly-brominated diphenyl ethers (PBDEs) were found. Formaldehyde and PAHs are known carcinogens while PBDEs has been associated with thyroid hormone disruption and reduction of fertility. It also affects fetal development and can cause cancers. (Please refer to page 154 "COSH Report No. 20" for details)

政府的《主題性住戶統計調查第59號報告書》顯示，香港有約2.6%小學生曾經使用電子煙，更有約9.0%中學生曾經使用。另一方面，委員會委託香港大學公共衛生學院進行「控煙政策調查2016」，就電子煙在香港的使用情況及市民對禁止電子煙的意見進行調查。結果顯示，逾八成受訪者(83.8%)聽說過電子煙產品，當中三成(31.1%)認為電子煙比傳統捲煙不易上癮。而過往曾經使用電子煙的受訪者則有2.6%，惟年輕人(15-29歲)的使用比率高達34.3%，顯著高於30歲或以上的人士。大部分電子煙使用者並非用其作戒煙，43.5%使用者更表示不知道其成分。

現時並沒有詳盡的科學研究證明電子煙有效幫助戒煙，外國更有研究指，吸煙人士使用電子煙戒煙，有機會造成雙重使用尼古丁的情況。世界衛生組織已經指出，電子煙並不屬於認可的戒煙方法，並對電子煙的逐漸流行表示關注。

現時，根據《藥劑業及毒藥條例》(第138章)，含尼古丁的電子煙屬藥劑製品，必須符合條例要求的安全、素質和效能方面的規定，並獲香港藥劑業及毒藥管理局註冊才可在本地銷售或分銷。此外，根據《吸煙(公眾衛生)條例》(第371章)，任何人士不得在禁止吸煙區內吸煙或攜帶燃點的捲煙、雪茄或煙斗。任何人在法定禁煙區內吸煙(包括電子煙)即屬違法，定額罰款為港幣1,500元。



The Thematic Household Survey Report No. 59 showed that 2.6% and 9.0% of primary school students and secondary school students had ever used e-cigarettes respectively. On the other hand, COSH commissioned the School of Public Health of The University of Hong Kong to conduct the Tobacco Control Policy-related Survey 2016 to monitor the prevalence of e-cigarette use and measure public opinion on its ban in Hong Kong. The survey found that 83.8% of respondents had heard of e-cigarettes. Around one-third (31.1%) of them believed that e-cigarettes were less addictive than conventional cigarettes. Although only 2.6% of respondents had used e-cigarettes, the rate (34.3%) among young people aged 15 to 29 years was significantly higher than that of other people aged 30 years or above. It was also found that the main reason for e-cigarette use was not to aid smoking cessation and 43.5% of the users did not know what they inhaled.

There is insufficient scientific evidence so far to support the claim that e-cigarettes can help quit smoking. On the other hand, there are foreign researches showing that smokers using e-cigarettes to quit smoking will cause dual use of nicotine. World Health Organization does not recognize e-cigarettes as a legitimate tool for smoking cessation and expressed concerns over the growing trend of e-cigarettes use.

According to the Pharmacy and Poisons Ordinance (Cap. 138), e-cigarettes containing nicotine are considered pharmaceutical products in Hong Kong. They have to comply with the relevant requirements on safety, quality and efficacy under the ordinance, and must be registered with the Pharmacy and Poisons Board of Hong Kong before they can be put up for sale or distribution in Hong Kong. In addition, the Smoking (Public Health) Ordinance (Cap. 371) stipulates that no person shall smoke or carry a lighted cigarette, cigar or pipe in a no smoking area. Any person who smokes (including e-cigarettes) in a statutory no smoking area commits an offence and is subject to a fixed penalty of HK\$1,500.



委員會早於2015年倡議政府全面禁止電子煙，很高興政府接納有關意見，並正研究相關的立法工作，惟暫時未有確實實施的時間表。委員會亦就有關議題訪問市民的意見，調查結果顯示，受訪者均支持以不同措施規管電子煙，包括不准售予未成年人士(95.5%)、限制售賣所有含或不含尼古丁的電子煙(92.4%)、只准持有牌照的商舖售賣電子煙(90.1%)、禁止於禁煙範圍使用(85.5%)、當作傳統捲煙規管(85.2%)、禁止其宣傳和廣告(69.8%)，約半數受訪者(48.1%)更表示支持全面禁止電子煙，包括銷售、廣告、分發、入口及製造。委員會希望政府及立法會儘快通過實施法例，以防止市民尤其是青少年染上使用電子煙及吸煙的習慣。

## 吸食一小時水煙等於百支捲煙

近年委員會亦留意到本港部分餐廳提供水煙產品，更有多元化的口味以供選擇，並將此宣傳為新興社交活動，對身體無害，引起年輕人的好奇。水煙起源於印度和中東，吸煙者透過軟管吸食，煙霧會通過一個盛水器皿，進入吸煙者身體。有人以為水可以過濾煙霧中的有毒物質，加上水煙通常混合不同的水果口味，比傳統捲煙較易入口，令使用者放下戒心，但其實水煙所產生的煙霧在通過水後仍含有大量有毒化合物，包括焦油、一氧化碳、重金屬和致癌化合物。



COSH has been advocating the Government to enact a total ban on e-cigarettes since 2015. We are pleased that the Government had adopted our recommendation though the date of enactment is to be scheduled. Public opinions on the related measures were also collected. The results showed that majority of respondents supported various regulatory measures on e-cigarettes including banning sales to minors (95.5%), restricting sale of all e-cigarettes with or without nicotine (92.4%), requiring license for shops to sell e-cigarettes (90.1%), banning use in no-smoking areas (85.5%), regulating as conventional cigarettes (85.2%), banning promotion and advertising (69.8%). Around half of the respondents (48.1%) supported a total ban on e-cigarettes, including sale, advertising, distribution, import and manufacturing. COSH urges the Government and Legislative Council to enact the total ban on e-cigarettes promptly in order to deter citizens, especially youngsters from picking up e-cigarettes and the smoking habit.

## An hour of waterpipe smoking equivalents to 100 cigarettes

COSH also noticed that waterpipe smoking with diversified flavours was offered by some restaurants in Hong Kong. Waterpipe smoking is positioned as a trendy social gathering among the youth and its adverse health effects are underestimated. Waterpipe is a tobacco-smoking device that originated from India and the Middle East. The tobacco is heated to give off smoke which passes through a water bowl and is inhaled by the smoker through the hose of the waterpipe. As the smoke is believed to be purified through water and mild due to the various fruit flavours, users may feel at ease. In fact, it contains numerous toxicants including tar, carbon monoxide, heavy metals and cancer-causing chemicals.

委員會早前委託香港大學公共衛生學院就年輕人對水煙的使用及認知進行調查，結果顯示大部分(94.5%)受訪者曾經聽過水煙。曾經及現時使用水煙的比率分別為30.4%及13.4%。在從未使用過水煙的受訪者當中，超過四分之一受訪者有意使用水煙(27.4%)。在0(最低)至10(最高)的量度下，整體受訪者認為傳統捲煙(9.05)較水煙(7.65)有害；認為傳統捲煙(8.56)比水煙(6.84)容易上癮。數據反映年輕人低估了水煙對身體帶來的影響。

由於吸食水煙的次數多、吸入煙霧的深度大及每次吸煙的時間長，水煙使用者吸入的有毒化合物份量比吸食傳統捲煙者更多。通常吸食一小時水煙涉及的煙霧吸入量是吸食一支煙的100至200倍，吸食後身體的一氧化碳水平也是一支煙所導致的至少四至五倍。

水煙使用者亦會患上吸煙所導致的疾病，包括口腔癌、肺癌、胃癌、食道癌、心臟疾病、降低肺功能和降低生育能力等。而水煙釋出的尼古丁，同樣會令人上癮。更甚的是，水煙所用的助燃物例如煤炭，在燃燒時會產生高濃度的一氧化碳、金屬和碳氫化合物，進一步增加吸煙者的健康風險。而共用水煙吸嘴會較易傳染其他疾病，如肺結核和肝炎。根據吸煙(公眾衛生)條例，任何人在禁煙區內吸食水煙亦會被檢控。



The School of Public Health of The University of Hong Kong was commissioned by COSH to conduct a survey to understand the perception of waterpipe among young adults. The survey found that majority (94.5%) of respondents reporting awareness of waterpipe. Around 30.4% and 13.4% of respondents had ever used waterpipe and were current waterpipe smokers respectively. Over one-fourth (27.4%) of respondents who have never smoked waterpipe were susceptible to waterpipe smoking. Ranging from 0 (lowest) to 10 (highest), majority of respondents perceived traditional cigarettes (9.05) were more harmful than waterpipe (7.65); and traditional cigarettes (8.56) were more addictive than waterpipe (6.84). This reflected that young adults underestimated the adverse effects of waterpipe smoking to one's health.

Due to the mode of smoking, including frequency of puffing, depth of inhalation, and length of the smoking session, waterpipe smokers may inhale more toxins than smoking cigarettes. A typical one-hour waterpipe smoking session exposes the user to 100 to 200 times the volume of smoke inhaled from a single cigarette. It also results in a carbon monoxide level at least four to five times higher than the amount produced by one cigarette.

Waterpipe smokers are at risk for the same kind of diseases as are caused by cigarette smoking, including oral cancer, lung cancer, stomach cancer, cancer of the oesophagus, heart disease, reduced lung function and decreased fertility. Waterpipe smoking delivers the addictive drug nicotine and causes dependence. Charcoals or embers are commonly used to heat tobacco during waterpipe smoking. The combustion of them increases the health risks by producing high levels of carbon monoxide, heavy metals and hydrocarbons. Sharing a waterpipe mouthpiece also poses a serious risk of transmission of communicable diseases, including tuberculosis and hepatitis. According to the Smoking (Public Health) Ordinance, anyone who smokes waterpipe in statutory no smoking areas will also be prosecuted.



## 加熱非燃燒煙草製品同樣有害

除了電子煙及水煙，煙草商亦積極研發不同種類的煙草產品，如加熱非燃燒煙草製品等。新產品聲稱只是將煙草加熱，並非燃燒，溫度會較低，釋出的化學物較傳統捲煙少九成或以上，減少對身體的傷害，同時避免二手煙的問題。委員會認為此舉只是煙草商的宣傳技倆，企圖淡化吸煙對身體帶來的傷害。此外，早前有本地傳媒報道指，部份銷售商除了售賣加熱器外，亦有銷售未完稅的加熱煙草。根據《應課稅品條例》，任何人若處理、管有、售賣或購買私煙均屬違法行為。

## 立法禁止電子煙及規管新興煙草產品

所謂預防勝於治療，為有效預防兒童及青少年開始吸煙，以及提高他們對電子煙及新興煙草產品禍害之認識，委員會已加強不同形式的教育宣傳活動，當中包括於「學校互動教育巡迴劇場」、「無煙青少年大使領袖訓練計劃」及「無煙新世代」健康講座等加入有關產品潛在健康風險的資訊。同時，委員會亦會進行相關的研究，了解電子煙及新興煙草產品於香港的使用情況等。

香港的控煙法例於過去十年均未有進行重大修改，有必要儘快加強及新增不同的措施，包括禁止電子煙及加入對新興煙草產品的規管，以防患於未然。委員會亦促請政府制定長遠及全面的控煙政策，包括增加煙草稅、擴大禁煙區、加強教育及宣傳推廣、提升戒煙服務及執法等，以進一步降低香港的吸煙率。

## Heat-not-burn tobacco products pose health threat

Besides e-cigarettes and waterpipe, the tobacco industry continues to explore new products, such as heat-not-burn tobacco products which are claimed to be free of secondhand smoke and containing 90% less toxins than conventional cigarettes as there is no combustion and burning. COSH believed that it is just a promotional strategy of the tobacco industry to conceal the harmful effects of the emerging tobacco products. On the other hand, the local media also reported that the device, as well as the duty-not-paid tobacco sticks were sold in Hong Kong. Under the Dutiable Commodities Ordinance, anyone involved in buying, selling or dealing with illicit cigarettes commits an offence.

## E-cigarettes and the emerging tobacco products should be regulated

Prevention is always better than cure. COSH has been launching comprehensive education and publicity programmes to deter children and youth from picking up the smoking habit and raise their awareness on the potential risks of e-cigarettes and emerging tobacco products. They were introduced in programmes like "School Interactive Education Theatre", "Smoke-free Youth Ambassador Leadership Training Programme" and Health Talk for "Smoke-free Generation". In the meantime, COSH will continue to conduct surveys to investigate the usage of these new products in Hong Kong.

It has been a decade since the last major amendment of the Smoking (Public Health) Ordinance. It is necessary to strengthen and develop diversified measures to counter the tobacco epidemic, including regulating e-cigarettes and new forms of tobacco products. COSH also urges the Government to consider formulating long-term and comprehensive tobacco control policies, including raising tobacco tax substantially, expanding no-smoking areas, increasing resources on education, publicity, smoking cessation services and enforcement to further reduce the smoking prevalence in Hong Kong.

齊來加入無煙大家庭  
Join the SMOKE-FREE Family



學校互動教育巡迴劇場  
School Interactive Education Theatre



香港無煙領先企業大獎  
Hong Kong Smoke-free Leading  
Company Awards



「戒煙大贏家」無煙社區計劃  
"Quit to Win" Smoke-free Community







# 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 Visit

資訊及研究項目計劃

Information and Research Projects

## 活動紀要

### Highlights of Events 2016-2017

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

推廣活動 Publicity Projects		
2016/5 - 2017/3	「無煙大家庭」宣傳推廣計劃	"Smoke-free Family" Publicity Campaign
2016/5 - 2016/6	加入「無煙大家庭」活動	"Let's join the Smoke-free Family" Programme
2016/5/31	世界無煙日啟動儀式	Kick-off event of Smoke-free Publicity Programme for World No Tobacco Day
2016/6/28	第七屆「戒煙大贏家」無煙社區計劃啟動儀式	The 7 <sup>th</sup> "Quit to Win" Smoke-free Community Campaign Launch Ceremony
2016/6 - 2017/2	香港無煙領先企業大獎2016	Hong Kong Smoke-free Leading Company Awards 2016
2016/6 - 2017/3	第七屆「戒煙大贏家」無煙社區計劃	The 7 <sup>th</sup> "Quit to Win" Smoke-free Community Campaign
2016/7 - 2017/3	「建造無煙力量」活動	"Smoke-free Construction Force" Programme
2016/9/13	全新宣傳短片「聽佢哋勸，戒煙啦」及「借個膊頭俾妳，戒煙啦」	New APIs "Quit Now" and "Urge Smokers to Quit"
2016/12	倡議增加煙草稅	Advocacy on Raising Tobacco Tax
2017/1/16	「促請儘快落實擴大煙害圖象警示」記者會	"Enact Enlargement of Pictorial Health Warnings Promptly" Press Conference
2017/2/27	「香港無煙領先企業大獎2016」頒獎典禮	"Hong Kong Smoke-free Leading Company Awards 2016" Awards Presentation Ceremony
2017/3/17	第七屆「戒煙大贏家」無煙社區計劃頒獎禮	The 7 <sup>th</sup> "Quit to Win" Smoke-free Community Campaign Prize Presentation Ceremony

## 社區聯繫及推廣 Community Involvement and Promotion

2016/4 - 2017/3	香港賽馬會無煙推廣活動	Smoke-free Promotion Campaign of The Hong Kong Jockey Club
2016/5/25	2016葵涌醫院支持世界無煙日暨「無煙」健康操比賽頒獎禮	2016 Kwai Chung Hospital Support for World No Tobacco Day cum Prize Presentation of the Smoke-free Fitness Exercise Competition
2016/5 - 2017/3	「無煙老友記」計劃2016-2017	Elderly Smoking Cessation Promotion Project 2016-2017
2016/6/17 - 19	第38屆亞太區口腔會議	The 38 <sup>th</sup> Asia Pacific Dental Congress
2016/6/22	渣打銀行六月健康週	Standard Chartered Bank Well-being June
2016/6 - 2016/9	領展資產管理有限公司無煙推廣活動	Smoke-free Promotion Activities of Link Asset Management Limited
2016/9/24, 10/15	戒煙及器官捐贈推廣活動	Promotion Activities on Smoking Cessation and Organ Donation
2016/10/3	「好心情@健康工作間」約章簽署儀式	"Joyful@Healthy Workplace" Charter Signing Ceremony
2016/10/27	「無煙老友記」計劃2016-2017 無煙是福長者清新日	Elderly Smoking Cessation Promotion Project 2016-2017 Closing Ceremony
2016/11/5 - 6	2016/2017年度中西區健康節	Central and Western District Health Festival 2016/2017
2016/11/5	中華電力安全健康環保日2016	CLPP Safety, Health & Environment (SHE) Day 2016
2017/2/19	香港新聲會「丁酉雞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

2016/4 - 2017/3	「無煙新世代」健康教育講座	Health Talks for "Smoke-free New Generation"
2016/7 - 2017/3	無煙青少年大使領袖訓練計劃2016-2017	Smoke-free Youth Ambassador Leadership Training Programme 2016-2017
2016/10 - 2017/3	學校互動教育巡迴劇場「無煙聯盟」	School Interactive Education Theatre "Smoke-free Alliance"
2017/3/7	「無煙青少年大使領袖訓練計劃2016-2017」頒獎禮暨分享會	"Smoke-free Youth Ambassador Leadership Training Programme 2016- 2017" Award Presentation Ceremony

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

2016/5/26, 11/1 & 11/3	香港大學護理學院課程	HKU School of Nursing - Nursing Programmes
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## 會議及考察 Conferences and Visit

### 會議 Conferences

2016/6/6	中國控煙伙伴 — 無煙城市項目培訓研討會	Tobacco Free Cities - China Tobacco Control Partnership Program Training Workshop
2016/6/22 - 24	第八屆海峽兩岸暨港澳地區煙害防制交流研討會	The 8 <sup>th</sup> Cross-Strait Conference on Tobacco Control
2016/9/9 - 11	第九屆國際護士會國際高級全科護士 / 高級實踐護理聯盟大會	The 9 <sup>th</sup> International Council of Nurses (ICN) International Nursing Practitioner / Advanced Practice Nursing (INP/APN) Network Conference
2016/9/23 - 25	第十一屆亞太區煙草或健康會議	The 11 <sup>th</sup> Asia Pacific Conference on Tobacco or Health
2016/11/14 - 18	第四屆世界衛生組織控煙專才培訓計劃	The 4 <sup>th</sup> WHO Fellowship Programme on Tobacco Control

### 考察活動 Visit

2016/11/25	天津市疾病預防控制中心	Tianjin Center for Disease Control and Prevention
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## 宣傳及社區推廣活動

### Publicity and Community Involvement Projects

#### 推廣活動 Publicity Projects

#### 「無煙大家庭」宣傳推廣計劃

委員會以「無煙大家庭」作為2016至2017年度的宣傳主題，貫穿不同活動，例如「加入無煙大家庭」活動、第七屆「戒煙大贏家」無煙社區計劃、「香港無煙領先企業大獎2016」及「無煙青少年大使領袖訓練計劃2016-2017」等，並於2016年5月至2017年3月期間與香港電台第二台合作進行推廣，務求於社會營造有利吸煙人士戒煙的氛圍，動員各界支持，鼓勵全港市民加入「無煙大家庭」。

#### “Smoke-free Family” Publicity Campaign

“Smoke-free Family” was the theme of COSH’s publicity programmes in 2016 to 2017, including “Let’s Join the Smoke-free Family” Programme, the 7<sup>th</sup> “Quit to Win” Smoke-free Community Campaign, “Hong Kong Smoke-free Leading Company Awards 2016” and “Smoke-free Youth Ambassador Leadership Training Programme 2016-2017”. From May 2016 to March 2017, COSH also collaborated with Radio 2 of Radio Television Hong Kong (RTHK2) to create a positive atmosphere for smoking cessation in the community, urge smokers to quit smoking and invite the public to join the “Smoke-free Family”.





為吸引公眾關注，更推出主題曲「捨·得」，由早年成功戒煙的音樂人雷頌德作曲及監製，並由「無煙大使」方力申主唱。歌詞以愛情故事作比喻，道出明知道會對自己造成傷害，便應儘快學會放下，鼓勵吸煙人士為自己的健康，應早日捨棄煙仔，重投無煙健康生活。

此外，香港電台第二台製作及於不同時段播放了14集「通識60秒」節目，讓市民吸收更多無煙知識。同時亦邀請了八位女藝人，包括鄭希怡、葉德嫻、江美儀、顧美華、林建明、李彩樺、盧巧音及王馨平，於「敏感時刻」節目內以女性角度分享無煙生活的好處，並將有關短片上載至電台網頁及手機應用程式，供市民觀看。

A theme song, "Give Up" was produced by musician Mark LUI, who had quitted smoking and performed by Alex FONG, Smoke-free Ambassador. The song was packaged as a love story to attract attention and encourage the audience to give up the bad habits which are harmful to oneself, for example smoking and live a healthy smoke-free lifestyle.

A series of promotions were also produced and launched by RTHK2, including 14 episodes of on-air promos in the programme "60 seconds for Liberal Studies" to enhance smoke-free knowledge of the public. Besides, eight female artists were invited to share the benefits of living a smoke-free lifestyle in the programme "Curiouser & Curiouser", including Yumiko CHENG, Deanie IP, Elena KONG, Josephine KOO, Victoria LAM, Rain LI, Candy LO and Linda WONG. Corresponding videos were also uploaded to RTHK2's website and mobile applications.





## 「加入無煙大家庭」活動

世界衛生組織將每年的5月31日定為「世界無煙日」，旨在提醒世界各地人士關注煙草禍害。委員會舉辦不同的活動響應世界無煙日，邀請市民大眾一同加入「無煙大家庭」，更特別與本地插畫家Nothing Serious合作，創作一系列有趣的插圖，分享如何鼓勵家人、朋友、同事及戀人戒煙。超過5,000名市民透過網上平台加入「無煙大家庭」，自己不吸煙之餘，亦支持身邊人儘快戒除煙癮，同享無煙生活的好處。

### 啟動禮

活動啟動禮於2016年5月31日假將軍澳新都城中心二期舉行，除了介紹活動內容，亦邀請市民大眾一同加入「無煙大家庭」。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、助理廣播處長(電台及節目策劃)陳耀華、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，以及「無煙大使」方力申。

## “Let’s join the Smoke-free Family” Programme

World Health Organization designates 31 May as World No Tobacco Day every year in order to raise public awareness on smoking hazards around the world. COSH organized various publicity activities for World No Tobacco Day 2016 with the aim to call upon every member in the community to join the “Smoke-free Family”. A set of keyarts was designed by local artist, Nothing Serious to share how to support our family members, friends, colleagues and lovers to quit smoking. Over 5,000 citizens joined the “Smoke-free Family” through the online platform and pledged to adopt a smoke-free lifestyle, as well as encourage smokers to kick the habit.

### Kick-off Event

The kick-off event of the programme was held on 31 May 2016 at Metro City Plaza II, Tseung Kwan O to introduce the programme’s details and invite the public to join the Smoke-free Family. Officiating guests included Prof Sophia CHAN, Under Secretary for Food and Health, Dr Constance CHAN, Director of Health, CHAN Yiu-wah, Assistant Director (Radio & Corporate Programming), 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 Alex FONG, Smoke-free Ambassador.

## Facebook抽獎活動

為進一步推廣無煙生活，委員會於2016年5月30日至6月12日期間舉辦Facebook抽獎活動，吸引逾1,400名市民參加，將無煙信息透過社交媒體推廣予身邊人，一同建立一個「無煙大家庭」。

## 街站推廣

街站推廣於2016年5月及6月期間進行，委員會邀請市民即時加入「無煙大家庭」，更派發由Nothing Serious設計的白板，讓參加者為戒煙人士寫下鼓勵的字句。



## 「戒煙招式」插畫設計比賽

為推動青少年積極參與建設無煙社會，同時發揮設計潛能，委員會於2016年10月1日至12月9日期間舉辦「戒煙招式」插畫設計比賽，邀請全港中學生或11至18歲之青少年透過本地中學、青少年中心或制服團隊參加。

委員會共收到來自50多間中學逾1,800份作品。參加者以圖畫及不多於十五字的標語或口號設計「戒煙招式」插畫，鼓勵及幫助吸煙人士早日戒除煙癮，一同加入「無煙大家庭」。評審團根據主題表達、創意及美感作評分標準，選出冠、亞、季軍及十份優異作品，得獎者各獲得獎座及書券，而參賽人數最多的學校亦獲頒「最積極參與學校大獎」，以茲嘉許。所有獎項於2017年3月7日舉行的「無煙青少年大使領袖訓練計劃2016-2017」頒獎禮暨分享會上頒發。

## Lucky Draw Promotion on Facebook

To further promote a smoke-free living, a lucky draw promotion was held from 30 May to 12 June 2016 on Facebook which encouraged more than 1,400 citizens to join the “Smoke-free Family” and disseminated the smoke-free messages among their network through social media.

## Street Promotion

Street promotion activities were organized in May and June 2016 to invite the public to join the “Smoke-free Family”. A whiteboard designed by Nothing Serious was distributed as souvenir for the participants to write down messages to support smokers to quit smoking.

## Quit Tips Keyart Design Competition

The “Quit Tips Keyart Design Competition” was organized from 1 October to 9 December 2016 to encourage the youth to help construct a smoke-free environment with their design talent. Local secondary school students and teenagers aged 11 to 18 were invited to join the competition through their schools, youth centres and uniform groups.

The competition received overwhelming response and attracted more than 1,800 entries from over 50 secondary schools. Participants created the quit tips keyart with a slogan of less than 15 words to motivate and help smokers kick the habit and join the “Smoke-free Family”. The judging panel selected the champion, first runner-up, second runner-up and ten outstanding entries based on the delivery of smoke-free messages, creativity and aesthetic appeal. Winners were awarded a trophy and book voucher. Besides, the school with the most entries received the “Most Active Participating School Award”. All awards were presented in the “Smoke-free Youth Ambassador Leadership Training Programme 2016-2017 Award Presentation Ceremony” on 7 March 2017.

## 得獎名單如下：

冠軍：香港布廠商會朱石麟中學 - 丁錦茹

亞軍：仁濟醫院林百欣中學 - 蘇茵琪

季軍：天主教崇德英文書院 - 曾憲琪

優異獎(排名不分先後)：

- 香港道教聯合會圓玄學院第二中學 - 李汶淇
- 香港道教聯合會圓玄學院第二中學 - 陸心賢
- 賽馬會體藝中學 - 李翠翹
- 賽馬會體藝中學 - 蕭芊允
- 聖傑靈女子中學 - 張穎琳
- 屯門天主教中學 - 梁曉培
- 東華三院李潤田紀念中學 - 李曉晴
- 東華三院李潤田紀念中學 - 徐鳳霞
- 匯基書院 - 江樂融
- 匯基書院 - 李虹霽

最積極參與學校大獎：五邑司徒浩中學

## Winner List:

Champion: Hong Kong Weaving Mills Association Chu Shek

Lun Secondary School - DING Jinru

First runner-up: Yan Chai Hospital Lim Por Yen Secondary School - SO Yan Ki

Second runner-up: Shung Tak Catholic English College - TSANG Hin Ki Hinky

Merits (in alphabetical order):

- HKTA The Yuen Yuen Institute No.2 Secondary School - LEE Man Ki
- HKTA The Yuen Yuen Institute No.2 Secondary School - LUK Sum Yin, Samantha
- Jockey Club Ti-I College - LEE Chui Kiu
- Jockey Club Ti-I College - SIU Chin Wan
- St Catharine's School for Girls - CHEUNG Wing Lam
- Tuen Mun Catholic Secondary School - LEUNG Pearlie
- TWGHs Lee Ching Dea Memorial College - LI Hiu Ching
- TWGHs Lee Ching Dea Memorial College - TSUI Fung Ha
- United Christian College - KONG Lok Yung
- United Christian College - LI Hung Pui

The Most Active Participating School Award:

FDBWA Szeto Ho Secondary School



冠軍 Champion



亞軍 First runner-up



季軍 Second runner-up

## 第七屆「戒煙大贏家」 無煙社區計劃

委員會自2009年起舉辦「戒煙大贏家」比賽，為吸煙人士提供一個戒煙診所以外的平台，鼓勵及協助他們戒煙，早日遠離煙草禍害，每年均成功招募逾千名市民參與，下定決心戒煙，並將無煙資訊傳遞予超過20,000名市民。

為了在社會營造戒煙的氛圍及加強社區人士對控煙工作的關注，委員會自2012年開始推出「戒煙大贏家」無煙社區計劃，多年來得到18區區議會和地區合作夥伴的支持，舉辦一連串多元化、具地區特色的無煙推廣活動。計劃同時結合媒體宣傳、戒煙輔導和科學研究等元素，加強推動戒煙的成效。第七屆「戒煙大贏家」無煙社區計劃更加獲得香港賽馬會及領展資產管理有限公司支持，一同宣揚無煙信息。



## The 7<sup>th</sup> “Quit to Win” Smoke-free Community Campaign

COSH has been organizing the “Quit to Win” Contest since 2009 to provide an alternative platform to motivate and assist smokers in quitting smoking, in addition to cessation clinics. The contest recruited over 1,000 smokers to kick the habit and spread smoke-free messages to more than 20,000 citizens each year.

In order to create a supportive social atmosphere for smoking cessation and enhance community involvement in tobacco control, COSH has solicited support from the 18 District Councils and community organizations for launching the “Quit to Win” Smoke-free Community Campaign since 2012. A series of district-based smoke-free promotion activities have been organized at community level. The campaign also comprises media promotion, smoking cessation counseling and scientific research to maximize the impact. The 7<sup>th</sup> “Quit to Win” Smoke-free Community Campaign was also supported by the Hong Kong Jockey Club and Link Asset Management Limited.





## 啟動儀式

計劃的啟動儀式於2016年6月28日假油塘大本型商場舉行，主禮嘉賓包括衛生署控煙辦公室主管李培文醫生、香港大學公共衛生學院社會醫學講座教授暨羅旭龢基金教授(公共衛生學)林大慶教授、委員會主席鄭祖盛及副主席伍婉婷。多位區議會及地區夥伴代表亦出席是次活動。

委員會邀請了第六屆「戒煙大贏家」冠軍黃偉健分享其戒煙經歷及提供戒煙貼士。他認為戒煙除了靠家人支持外，亦可以藉著運動分散注意力。黃先生在戒煙後發掘了更多健康的興趣如行山、跑步等，亦擴闊了自己的社交圈子，成為真正的大贏家。而藝人許廷鏗、梁嘉琪、麥美恩及湯洛雯亦透過遊戲及分享，向現場觀眾解釋吸煙的謬誤，宣揚戒煙的好處，並鼓勵吸煙人士戒除煙癮，早日重投無煙健康生活。啟動儀式當日亦即場招募吸煙人士參加「戒煙大贏家」比賽。

## Launch Ceremony

The launch ceremony was held on 28 June 2016 at Domain Mall in Yau Tong. Officiating guests included Dr Jeff LEE, Head of Tobacco Control Office of the 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 and Yolanda NG, COSH Vice-chairman. Representatives of the District Councils and district working partners also attended the ceremony to show their support.

The champion of the 6<sup>th</sup> "Quit to Win" Contest, WONG Wai-kin, shared his successful experience and quit tips. Apart from the support from family, he claimed that doing exercise was crucial to a successful quit which can distract his attention from smoking. After quitting, he got started in new hobbies, such as hiking and jogging which broadened his social network. Artists Alfred HUI, LEUNG Ka-ki, Mayanne MAK and Roxanne TONG also shared the benefits of quitting smoking and urged the public to live a smoke-free lifestyle through interesting games. Smokers were motivated to join the "Quit to Win" Contest and get rid of cigarettes.

## 無煙大使戒煙輔導訓練課程

委員會與香港大學護理學院及公共衛生學院於2016年6月16日及27日舉辦「無煙大使戒煙輔導訓練課程」，超過90位來自地區夥伴機構的職員、義工及大學生參與，以提升他們對控煙工作及戒煙輔導的知識，並協助他們日後在區內舉辦招募及無煙宣傳活動。完成課程後，參加者均獲發證書以示嘉許。

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

## Smoking Cessation Counseling Training

COSH collaborated with the School of Nursing and School of Public Health of The University of Hong Kong to conduct two sessions of Smoking Cessation Counseling Training on 16 and 27 June 2016. More than 90 staff and volunteers from district working partners and university students joined the training to enhance their tobacco control knowledge and smoking cessation skills for conducting recruitment sessions and smoke-free promotion. All participants were awarded with certificates after completing the training.

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



## 地區招募及無煙宣傳活動

委員會於2016年6月至9月期間，聯同地區合作夥伴於全港18區進行了接近70場招募及逾35場無煙宣傳活動，成功招募1,300多名吸煙人士參加戒煙比賽，並將無煙信息傳遞予逾40,000名市民。超過300名地區合作夥伴的職員及義工協助於區內舉辦不同類型的無煙宣傳活動，如健康講座、社區宣傳、嘉年華會、繪畫比賽、攝影比賽及無煙工作坊等，增加市民對「戒煙大贏家」比賽及控煙議題的關注。

## District Recruitment and Smoke-free Promotion Activities

COSH and the district working partners organized about 70 recruitment sessions and over 35 smoke-free promotion activities in 18 districts from June to September 2016. More than 1,300 smokers were recruited to join the cessation contest and smoke-free messages were disseminated to over 40,000 members of public. More than 300 staff and volunteers of the district working partners assisted in organizing different smoke-free promotion activities, including health talks, community promotion, carnivals, drawing competition, photo shooting competition and smoke-free workshop across the territory to increase public awareness on the "Quit to Win" Contest and tobacco control.

### 地區合作夥伴 District Working Partners

中西區	圓玄軒婦女中心
Central & Western	Yuen Yuen v-Learn Women Centre
	中西區區議會健康城市督導委員會
	Steering Committee on Healthy City in the Central and Western District
離島	離島婦聯
Islands	Hong Kong Outlying Islands Women's Association
九龍城	九龍樂善堂
Kowloon City	The Lok Sin Tong Benevolent Society, Kowloon
葵青	葵青安全社區及健康城市協會
Kwai Tsing	Kwai Tsing Safe Community and Healthy City Association
觀塘	宏施慈善基金社會服務處
Kwun Tong	Windshield Charitable Foundation Social Services
	觀塘健康城市督導委員會
	Kwun Tong Healthy City Steering Committee
北區	路德會賽馬會雍盛綜合服務中心
North	Jockey Club Yung Shing Lutheran Integrated Service Centre
	圓玄學院粉嶺社會服務中心
	The Yuen Yuen Institute - Fanling Social Service Centre



深水埗 Sham Shui Po	宏施慈善基金深水埗社會服務處 Windshield Charitable Foundation Sham Shui Po Social Services
南區 Southern	南區健康安全協會 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 大埔青年協會 Tai Po Youths Association
荃灣 Tsuen Wan	荃灣安全健康社區督導委員會 Tsuen Wan Safe and Healthy Community Steering Committee
屯門 Tuen Mun	基督復臨安息日會山景綜合青少年服務中心 Shan King Integrated Children and Youth Services Centre of Seventh-day Adventists
灣仔 Wan Chai	卓師會 Percy Club 灣仔區議會屬下食物及環境衛生委員會 Food & Environmental Hygiene Committee, Wan Chai District Council
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」地區招募及無煙宣傳活動

"Quit to Win" District Recruitment and Smoke-free Promotion Activities

日期 Date	地區 District	地點 Venue
2016/6/19	九龍城 Kowloon City	何文田廣場 Homantin Plaza
2016/6/25	元朗 Yuen Long	天瑞商場 Tin Shui Shopping Centre
2016/6/25 - 26	黃大仙 Wong Tai Sin	荷里活廣場 Plaza Hollywood
2016/6/26	西貢 Sai Kung	尚德商場 Sheung Tak Plaza
2016/6/28	觀塘 Kwun Tong	大本型 Domain Mall
2016/7/2	深水埗 Sham Shui Po	元州邨 Un Chau Estate
2016/7/2	黃大仙 Wong Tai Sin	慈雲山中心 Tsz Wan Shan Shopping Centre
2016/7/3	大埔 Tai Po	富善邨 Fu Shin Estate
2016/7/3	沙田 Sha Tin	禾輦廣場 Wo Che Plaza
2016/7/7 & 9/10	北區 North	彩園商場 Choi Yuen Plaza
2016/7/9	葵青 Kwai Tsing	梨木樹商場 Lei Muk Shue Shopping Centre
2016/7/9	油尖旺 Yau Tsim Mong	伊利沙伯醫院 Queen Elizabeth Hospital
2016/7/10 & 8/6	灣仔 Wan Chai	百德新街 Paterson Street
2016/7/15 - 16	觀塘 Kwun Tong	觀塘廣場 Kwun Tong Plaza
2016/7/16	東區 Eastern	柴灣古勝街 Kut Shing Street, Chai Wan
2016/7/17 & 9/10	荃灣 Tsuen Wan	荃新天地 Citywalk
2016/7/17 & 9/17	離島 Islands	富東邨 Fu Tung Estate
2016/7/22 - 23	沙田 Sha Tin	馬鞍山廣場 Ma On Shan Plaza
2016/7/23	元朗 Yuen Long	置富嘉湖 Fortune Kingswood

2016/7/24	南區 Southern	香港仔成都道 Chengtu Road, Aberdeen
2016/7/24 & 9/10	中西區 Central & Western	戲院里 Theatre Lane
2016/7/28 & 8/27	油尖旺 Yau Tsim Mong	海防道 Haiphong Road
2016/7/31	油尖旺 Yau Tsim Mong	旺角中心 Argyle Centre
2016/8/6 - 7	黃大仙 Wong Tai Sin	樂富街市 Lok Fu Market
2016/8/7	荃灣 Tsuen Wan	大窩口街市 Tai Wo Hau Market
2016/8/13 - 14	觀塘 Kwun Tong	得寶商場 TBG Mall
2016/8/13 & 9/11	葵青 Kwai Tsing	葵涌廣場 Kwai Chung Plaza
2016/8/14	油尖旺 Yau Tsim Mong	海富商場 Hoi Fu Shopping Centre
2016/8/16	深水埗 Sham Shui Po	麗閣商場 Lai Kok Shopping Centre
2016/8/19	荃灣 Tsuen Wan	荃灣廣場 Tsuen Wan Plaza
2016/8/20	離島 Islands	逸東街市 Yat Tung Market
2016/8/20	沙田 Sha Tin	威爾斯親王醫院 Prince of Wales Hospital
2016/8/21 - 22	屯門 Tuen Mun	H.A.N.D.S
2016/8/25	大埔 Tai Po	大元街市 Tai Yuen Market
2016/8/26	東區 Eastern	小西灣廣場 Siu Sai Wan Plaza
2016/8/27 - 28	九龍城 Kowloon City	愛民廣場 Oi Man Plaza
2016/8/28	西貢 Sai Kung	厚德街市 Hau Tak Market
2016/8/28	深水埗 Sham Shui Po	富昌商場 Fu Cheong Shopping Centre
2016/9/3	九龍城 Kowloon City	九龍城廣場 Kowloon City Plaza

2016/9/3	元朗 Yuen Long	朗屏街市 Long Ping Market
2016/9/4	葵青 Kwai Tsing	長發廣場 Cheung Fat Plaza
2016/9/4	大埔 Tai Po	太和街市 Tai Wo Market
2016/9/8	北區 North	嘉福邨 Ka Fuk Estate
2016/9/10	觀塘 Kwun Tong	坪石邨 Ping Shek Estate
2016/9/11	南區 Southern	鴨脷洲邨 Ap Lei Chau Estate
2016/9/13 & 9/23	觀塘 Kwun Tong	建造業議會九龍灣訓練中心 CIC Kowloon Bay Training Centre
2016/9/14	中西區 Central & Western	西區社區中心 Western District Community Centre
2016/9/18	大埔 Tai Po	大元邨 Tai Yuen Estate
2016/9/20	元朗 Yuen Long	朗屏八號地盤 The Spectra Construction Site
2016/9/24	葵青 Kwai Tsing	青衣海濱公園 Tsing Yi Promenade
2016/9/24	屯門 Tuen Mun	海趣坊 Ocean Walk
2016/9/24	元朗 Yuen Long	天晴邨 Tin Ching Estate
2016/9/30	灣仔 Wan Chai	堅拿道天橋 Canal Road Flyover





## 「戒煙大贏家」比賽

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

另外，香港大學護理學院及公共衛生學院於比賽期間進行科學研究，收集數據檢討戒煙輔導及計劃的整體成效。根據初步結果，三個月及六個月跟進的自我報告成功戒煙率分別為12.7%及16.0%。

## 頒獎禮

委員會於2017年3月17日舉行第七屆「戒煙大贏家」頒獎禮，以嘉許比賽的優勝者及答謝18區區議會、地區夥伴及各機構的支持。頒獎嘉賓包括食物及衛生局局長高永文醫生、衛生署助理署長(特別衛生事務)陳少梅醫生、香港大學公共衛生學院社會醫學講座教授暨羅旭龢基金教授(公共衛生學)林大慶教授、委員會主席鄭祖盛、副主席伍婉婷及總幹事黎慧賢。

## “Quit to Win” Contest

The “Quit to Win” Contest encouraged smokers to quit smoking through prizes. Eligible participants received smoking status assessment and brief smoking cessation counseling by counselors during the recruitment sessions. The smoking cessation counselors from the School of Nursing and School of Public Health of The University of Hong Kong would follow up the quit status of the participants and provide advice and assistance by telephone interview at 1 month, 2 months, 3 months and 6 months after enrolment. They would also be referred to their preferred smoking cessation service providers. Participants who quitted successfully were invited to undertake a biochemical validation at the 3-month follow-up. Validated participants were eligible to join the lucky draw or to be selected for an interview to win fabulous prizes.

Besides, the School of Nursing and School of Public Health of The University of Hong Kong conducted a research study to evaluate the effectiveness of specific smoking cessation intervention as well as the campaign. According to the preliminary results, the self-reported quit rate was 12.7% and 16.0% at 3-month and 6-month follow-up respectively.

## Prize Presentation Ceremony

COSH held a prize presentation ceremony on 17 March 2017 to award the winners of the 7<sup>th</sup> “Quit to Win” Contest and commend the 18 District Councils, district working partners and various organizations for their tremendous support to the Campaign. Honourable guests included Dr KO Wing-man, Secretary for Food and Health, Dr Tina CHAN, Assistant Director of Health (Special Health Services), Prof LAM Tai-hing, Chair Professor of Community Medicine & Sir Robert Kotewall Professor in Public Health, School of Public Health, The University of Hong Kong, Antonio KWONG, COSH Chairman, Yolanda NG, COSH Vice-chairman and Vienna LAI, COSH Executive Director.

比賽的得獎者獲邀於頒獎禮上分享他們勵志的成功戒煙故事。藝人周家怡、林德信及黃劍文亦身體力行到場支持活動，並透過遊戲及分享加深市民對戒煙好處及香港戒煙服務的認識，同時呼籲吸煙人士儘快戒煙。

第七屆「戒煙大贏家」比賽得獎者：

冠軍得主林藝蕾在讀小學的時候受朋輩影響嘗試第一口煙，自此養成吸煙的習慣，煙齡超過20年。林先生在兒子出生時曾經嘗試戒煙，但最終因不夠決心而失敗，今次戒煙除了希望改善自身支氣管炎的毛病，更重要的是兒子亦曾因氣管問題而入院診治，並有聽力和專注力不足等問題，他自責是二手煙影響了兒子的健康。此外，林先生希望再添一名孩子，惟太太要求他必須先行戒煙。為了重拾健康體魄照顧太太和兒子，並讓下一代在無煙環境中健康成長，林先生今次戒煙的決心更堅定。透過第七屆「戒煙大贏家」比賽，林先生被轉介至戒煙服務機構，通過專人輔導和適當的戒煙方法，加上家人的支持，令他成功戒煙。戒煙之後，林生很有成就感，而且咳嗽問題得到改善，呼吸亦更暢順。

Winners were invited to share their successful quit stories at the ceremony. Artists Catherine CHAU, Alex LAM and Kimman WONG also encouraged smokers to ditch the habit for better health, introduced the benefits of quitting and the smoking cessation services in Hong Kong.

Winners of the 7<sup>th</sup> “Quit to Win” Contest:

The champion, LIN Ngai-lui, had smoked for more than 20 years. He was influenced by peers in primary school to pick up his first cigarette. He tried to get rid of tobacco when his son was born but was unsuccessful. This time, Mr Lin determined to kick the smoking habit with the aim to improve his respiratory problems. More importantly, his son was hospitalized because of trachea problem, and also suffered from other health problems such as hearing impairment and attention deficit. It made him feel guilty as he thought these problems were caused by secondhand smoke exposure. Moreover, Mr Lin would like to have one more child. Yet, his wife urged him to quit smoking before planning for a baby. For his health and his family, Mr Lin made up his mind to give up the addiction to guarantee a smoke-free environment for the next generation. After joining the 7<sup>th</sup> “Quit to Win” Contest, he was referred to a smoking cessation service provider and received professional advice from counselor. Added to the support from his family, he quit smoking successfully and had a strong sense of achievement, alongside with improvement on breathing and less coughing.



亞軍得主郭偉文在14歲開始吸煙，煙齡超過30年。郭先生在與家人共處時，因經常要外出吸煙而感到內疚。另外，經歷過身邊人因吸煙而患上肺癌過身後，他警覺戒煙對健康的重要。郭先生曾參加第六屆「戒煙大贏家」比賽，但未能成功戒煙，今屆再接再厲，汲取上次經驗，終於成功戒煙。郭先生建議有心戒煙的人士採用逐步減煙的方法，例如先戒掉睡前及起床後第一支煙，並改變日常的行為和習慣如戒酒等。郭先生表示參賽期間定時收到短訊，覺得很貼心，令他在有動搖之時得到提醒和鼓勵，而戒煙輔導員提供的建議及支持，讓他有更大動力，家人都為他成功戒煙感到十分高興。

季軍得主吳嘉蕙煙齡超過15年，平日吸煙量不多，但高峰時平均一天吸兩至三包捲煙。她在初次懷孕時曾停止吸煙，但因誤以為吸煙對胎兒和孩子健康的影響不大，因而在大兒子出生後復吸。除了大兒子之外，吳女士其餘三位兒女都有氣管問題或鼻敏感，令她意識到吸煙對兒童健康的傷害，為了向孩子樹立不吸煙的好榜樣，吳女士決心參加「戒煙大贏家」比賽並成功戒煙。吳女士認為戒煙後最大的得著是消除二、三手煙的顧慮，可與孩子有更多和更親密的相處時間。

計劃網頁：[www.quittowin.hk](http://www.quittowin.hk)

Facebook專頁：[www.facebook.com/quittowinhk](https://www.facebook.com/quittowinhk)

The first runner-up KWOK Wai-man had smoked for more than 30 years. Mr Kwok had hard feeling when he was always not around during family times due to smoking. Also, he was aware of the importance of quitting when his close one had lung cancer and passed away. Mr Kwok had participated in the 6<sup>th</sup> "Quit to Win" Contest but failed. This time, he learnt from the past experience and succeeded. He suggested smokers to kick start the journey of weaning off cigarettes by stopping the one before sleeping and after waking up, while ditching other habits such as drinking alcohol at the same time. He thanked the regular text messages from the Campaign that backed him up when his will was weak. The follow-up service of the smoking cessation counselor also boosted his motivation to quit. His family was very delighted towards his successful quit.

The second runner-up NG Ka-yan had spent more than 15 years as a smoker. Although the overall cigarette consumption was not high, she sometimes smoked two to three packs per day. Ms Ng stopped smoking when she was pregnant for the first time, but relapsed after her child was born due to the misconception that secondhand smoke would not affect the health of the fetus and children. Except her eldest son, her children were either having trachea problem or allergic rhinitis. She realized the harms of secondhand smoke on her children's health and determined to quit smoking so as to be a smoke-free role model of her children. After quitting, Ms Ng had a closer relationship and more time to spend with her children.

Campaign Website: [www.quittowin.hk](http://www.quittowin.hk)

Facebook Page: [www.facebook.com/quittowinhk](https://www.facebook.com/quittowinhk)







## 香港無煙領先企業大獎2016

為鼓勵商界向員工、客戶、社會大眾及不同持分者推動無煙文化，以維護公眾健康，委員會自2011年起舉辦「香港無煙領先企業大獎」，希望商界推行可持續的無煙措施，並透過表揚傑出的無煙領先企業，締造員工、企業及社會皆贏的局面。委員會於2016年再度推出「香港無煙領先企業大獎」，並與職業安全健康局合辦，以及獲得近50多間不同業界的商會及組織全力支持，一同推動各行各業的企業攜手建設無煙香港。

委員會推動企業建立無煙文化及訂定無煙政策，並舉辦多元化的無煙活動，以及與多個戒煙服務機構合作，協助企業提供不同的戒煙服務予員工及持分者，希望鼓勵更多吸煙人士戒煙。



## Hong Kong Smoke-free Leading Company Awards 2016

To encourage businesses to promote smoke-free messages to their stakeholders, including employees, customers and the general public on a continuous basis, COSH has organized the "Hong Kong Smoke-free Leading Company Awards" since 2011 to commemorate businesses that have demonstrated commitment in advocating smoke-free culture and fostering an all-win situation for employees, business sector and the society. COSH, with full support of nearly 50 major commerce chambers and associations in Hong Kong, organized the "Hong Kong Smoke-free Leading Company Awards" together with Occupational Safety and Health Council in 2016 aiming to gather the business sector in building a smoke-free Hong Kong.

COSH assisted businesses in setting smoke-free guidelines and internal policies, organizing smoke-free activities and providing different smoking cessation services to their employees and stakeholders in collaboration with various smoking cessation service providers to encourage smokers to kick the habit.



大獎獲得食物及衛生局局長高永文醫生擔任榮譽贊助人，委員會亦特別籌組獨立評審團，成員包括委員會主席鄭祖盛、職業安全健康局總幹事游雯、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、衛生署控煙辦公室主管李培文醫生、清新健康人協會主席黃龍德教授及中文大學賽馬會公共衛生及基層醫療學院家庭醫學及基層醫療學部主管黃仰山教授。

2016年大獎的成績令人鼓舞，有超過480間企業及機構參加，較2013年上升近四成，受惠員工人數更超過65,000人，兩者均是歷年之冠，行業的分佈亦更廣，包括建造、零售、物流、物業管理及政府部門等。參與企業經初步評估、詳細考察及獨立評審團於2016年12月1日的評審會議，最後選出三間企業獲頒「三年卓越金獎」，以表揚其持續推行無煙措施的努力；十間企業獲頒「金獎」，其中一間更憑藉其推行的創新無煙措施，同時奪得「最具創意無煙企業政策獎」；九間企業獲頒「銀獎」；以及逾450間企業獲頒「優異獎」，以嘉許其推動無煙文化的傑出表現，為商界樹立榜樣。(得獎名單見第140頁)

Dr KO Wing-man, Secretary for Food & Health was the Honourable Patron of the Awards. An independent judging panel was set up which comprised Antonio KWONG, COSH Chairman, Bonnie YAU, Executive Director of Occupational Safety and Health Council, 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 Jeff LEE, Head of Tobacco Control Office, Department of Health, Prof Patrick WONG, Chairman of Quit-Winners Club and Prof Samuel WONG, Head of Division of Family Medicine and Primary Healthcare, The Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong.

The Awards received overwhelming response with over 480 applications in 2016, a significant increase of 40% as compared with 2013, benefiting some 65,000 employees from a wide variety of industries, including construction, retail, logistics, property management and government departments. Applications were assessed through preliminary and in-depth assessments. The judging meeting was held on 1 December 2016 and concluded three companies to receive the Triple Gold Awards for their continuous commitment; ten companies to receive the Gold Awards, and one of them also received the Most Creative Smoke-free Policy Award for its innovative smoke-free initiatives; nine companies to receive the Silver Awards and over 450 companies to receive the Certificates of Merit for their support to smoke-free culture. (Please refer to page 140 for the Awards list)



## 「建造無煙力量」活動

委員會亦針對吸煙率較高之行業，度身訂造宣傳推廣活動。根據建造業從業員職業安全健康調查，約四成半的建造業從業員有吸煙的習慣，當中約兩成半於工作時候吸煙，調查亦發現吸煙習慣也是工傷意外的元兇之一。有見及此，委員會舉辦「建造無煙力量」活動，獲得香港建造業議會、香港建造商會、香港建造業總工會及香港建築業承建商聯會支持。委員會透過提供講座、戒煙支援及宣傳品，協助業界宣揚無煙信息，獲得超過40間建造業公司及地盤參與，成功將信息傳遞逾16,000名工友。



## 頒獎典禮

委員會與香港電台第二台於2017年2月27日假香港會議展覽中心合辦「香港無煙領先企業大獎2016」頒獎典禮，以表揚傑出的無煙領先企業。主禮嘉賓包括食物及衛生局副局長陳肇始教授、衛生署副署長黎潔廉醫生、署理副廣播處長(節目)陳耀華、職業安全健康局總幹事游雯、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、衛生署控煙辦公室主管李培文醫生、清新健康人協會主席黃龍德教授、中文大學賽馬會公共衛生及基層醫療學院家庭醫學及基層醫療學部主管黃仰山教授、委員會主席鄭祖盛及副主席伍婉婷，以及「無煙大使」方力申、區瑞強。

## “Smoke-free Construction Force” Programme

COSH also tailored programme for industry with high smoking prevalence to promote smoke-free culture and encourage smoking cessation. According to the Survey on the Occupational Safety and Health of Construction Workers, around 45 percent of construction workers smoked regularly and a quarter of them smoked at work. The survey also found that the injury rate of smokers was higher than that of non-smokers. COSH launched the “Smoke-free Construction Force” Programme with full support of Construction Industry Council, Hong Kong Construction Association, Hong Kong Construction Industry Employees General Union and Hong Kong General Building Contractors Association to spread smoke-free messages through tailored health talks and promotion collaterals, as well as provide smoking cessation support among the construction industry. More than 40 construction companies and sites participated in the programme, reaching over 16,000 workers.

## Awards Presentation Ceremony

Co-organized with Radio 2 of Radio Television Hong Kong, the awards presentation ceremony was held on 27 February 2017 at Hong Kong Convention and Exhibition Centre. Officiating guests included Prof Sophia CHAN, Under Secretary for Food and Health, Dr Cindy LAI, Deputy Director of Health, CHAN Yiu-wah, Acting Deputy Director of Broadcasting (Programmes), Bonnie YAU, Executive Director of Occupational Safety and Health Council, 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 Jeff LEE, Head of Tobacco Control Office, Department of Health, Prof Patrick WONG, Chairman of Quit-Winners Club, Prof Samuel WONG, Head of Division of Family Medicine and Primary Healthcare, The Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong, Antonio KWONG, COSH Chairman, Yolanda NG, COSH Vice-chairman and Smoke-free Ambassadors Alex FONG and Albert AU.

委員會主席鄭祖盛喜見企業越來越重視員工及公眾的健康，並推行成效顯著、具創意及多元化的無煙措施，同時亦善用不同的網絡及方式向社會大眾推廣無煙生活。

獲獎的企業均推行各具特色的無煙措施，包括舉行世界無煙日宣傳活動、員工戒煙獎勵計劃、成立戒煙互助小組及設立「戒煙閣」讓同事們為戒煙者打氣等，成功於工作間營造鼓勵戒煙的氛圍。

「無煙大使」方力申於典禮分享無煙生活的好處，區瑞強及歌手林奕匡亦透過輕鬆的歌曲鼓勵戒煙者可多聽音樂減壓，有助分散注意力以對抗煙癮。另外，香港國術總會透過武術表演及示範伸展運動，推廣健康的無煙生活方式。

大獎網頁：[www.smokefreeleadingcompany.hk](http://www.smokefreeleadingcompany.hk)

Antonio KWONG, COSH Chairman remarked that it was very encouraging to see more and more businesses valued the health of their employees and the general public. Many innovative, diverse and effective smoke-free measures were implemented to promote the smoke-free lifestyle through various ways and networks.

A wide variety of smoke-free measures were adopted by the award-winning companies which effectively created a supportive atmosphere for smoking cessation, eg World No Tobacco Day promotion activity, smoking cessation reward scheme, smoking cessation support group and smoke-free corner to gather co-workers' support for quitters.

Smoke-free Ambassador Alex FONG shared the benefits of smoke-free living at the ceremony while Albert AU and singer Phil LAM encouraged quitters to enjoy music in order to get rid of the craving for smoking. Besides, Hong Kong Guoshu Association promoted a healthy smoke-free lifestyle by martial art performance and stretching exercise demonstration.

Awards Website: [www.smokefreeleadingcompany.hk](http://www.smokefreeleadingcompany.hk)





## 全新宣傳短片 「聽佢哋勸，戒煙啦」及 「借個膊頭俾妳，戒煙啦」

委員會多年來致力提高公眾對吸煙禍害之認識，近年以「戒煙」為主題拍攝一系列宣傳短片，深受大眾歡迎。2016年9月委員會推出兩輯全新宣傳短片「聽佢哋勸，戒煙啦」及「借個膊頭俾妳，戒煙啦」，希望宣傳片能引起共鳴，推動更多吸煙人士戒除煙癮，同時鼓勵市民支持身邊家人、朋友投入無煙生活，共建清新香港。

「聽佢哋勸，戒煙啦」宣傳片帶出吸煙不但會令吸煙者患上致命疾病，二手煙更會危害他們身邊的人，故建議吸煙人士為人為己，立即戒煙。「借個膊頭俾妳，戒煙啦」宣傳片則針對女性吸煙者，她們較容易因情緒困擾或壓力而吸煙。作為家人及朋友，可以幫助她們解憂減壓，同時支持她們戒煙。



## New APIs “Quit Now” and “Urge Smokers to Quit”

In recent years, COSH produced a series of Announcement of Public Interest (APIs) under the theme of “Quit Smoking” which received wide public support. Two new APIs titled “Quit Now” and “Urge Smokers to Quit” were launched in September 2016 to motivate more smokers to say no to tobacco and encourage family and friends to support smokers to build a healthy lifestyle and strive for a smoke-free Hong Kong.

API “Quit Now” aimed to remind smokers to protect themselves, their families and friends from the hazards of smoking and secondhand smoke by quitting smoking. API “Urge Smokers to Quit” targeted female smokers who smoke mainly due to emotional problems and stress. Their family and friends can help them relieve stress and get rid of the negative emotion, as well as support them to kick the habit.





## 倡議增加煙草稅

世界衛生組織(世衛)強調，提高煙草稅至煙草零售價格75%以上是最有效的單一控煙措施，能有效降低吸煙率和防止青少年開始吸煙。全球已有超過30個國家提升煙草稅至捲煙零售價格的75%或以上，超過50個國家定於70%或以上。香港的煙草稅只佔零售價格約67%，低於世衛建議水平。

委員會的「控煙政策調查2016」顯示，大部分受訪者(76.3%)對每年增加煙草稅表示支持，其中接近五成的受訪者認為煙草稅的增幅必須等同或高於通脹，以保持價格對降低煙草需求的影響力。整體受訪者同時認為捲煙價格應定為平均每包港幣168元，比現時的價格高出接近三倍(2016年主要品牌的捲煙每包約港幣57元)；現時吸煙人士甚至認為捲煙價格應定為平均每包港幣199元，才能加強吸煙人士戒煙的決心。(詳細調查結果請參閱第95頁)

調查結果充份顯示香港的煙草稅率存在極大的上調空間。有見及此，委員會聯同49個團體於2017年1月致公開信予財政司司長，促請政府於2017至2018財政年度大幅增加煙草稅100%，並制定長遠增加煙草稅的政策，同時以多管齊下的方式推動控煙工作，包括加強教育宣傳、立法、強化戒煙服務及執法工作等，以保障公眾健康。

惟政府於2017至2018財政年度連續第三年凍結煙草稅，委員會對此表示失望，但相關報道已引起大眾的關注。

## Advocacy on Raising Tobacco Tax

World Health Organization (WHO) reiterates that raising tobacco tax to more than 75% of the retail price of tobacco products is the single most effective tobacco control intervention, which can effectively lower the smoking prevalence and prevent youth from starting smoking. Over 30 countries have raised tobacco tax to more than 75% of the retail price, and over 50 countries to more than 70%. Tobacco tax in Hong Kong accounts for about 67% of the cigarette price which is below WHO's recommendation.

According to the "Tobacco Control Policy-related Survey 2016" conducted by COSH, majority of the citizens (76.3%) supported an increase in tobacco tax annually, in which almost 50% thought that the increment should be equivalent to or higher than the inflation rate in order to maintain the pricing effect on the demand of tobacco products. The respondents also opined that cigarette retail price should be set at HK\$168 per pack on average, which was almost three times higher than the current retail price (retail price of the major brands in 2016 was around HK\$57 per pack). Current smokers even thought that the price should be increased to HK\$199 on average to effectively motivate smokers to quit. (For details of survey results, please refer to page 95)

The survey findings reflected that there was huge capacity for tobacco tax increment. In view of this, COSH, together with 49 organizations, sent an open letter to the Financial Secretary in January 2017 to urge the Government to raise tobacco tax by 100% in 2017-2018 fiscal year and formulate a long-term policy on raising tobacco tax to maintain the price effect on the demand of tobacco products. COSH also recommended the Government to implement a multi-pronged approach in tobacco control, including strengthening education and publicity, legislations, enhanced smoking cessation services and enforcement to protect public health.

COSH was disappointed that the tobacco tax was frozen again in 2017-2018 fiscal year. But relevant media coverage aroused public awareness on this issue.

## 「促請儘快落實擴大煙害圖象警示」記者會

政府早於2015年5月18日首次提交加強控煙措施的立法建議，包括將煙害圖象警示面積擴大至最少佔煙包兩個表面的85%，並將警示的款式數目由六個增加至十二個，同時加上戒煙熱線1833 183。有見措施落實時間仍然無期，委員會於2017年1月16日召開記者會，倡議政府及立法會儘快落實擴大煙包上的煙害圖象警示。參與的講者包括亞洲反吸煙諮詢所總監及世界衛生組織資深政策顧問麥龍詩迪教授、香港大學公共衛生學院社會醫學講座教授暨羅旭龢基金教授(公共衛生學)林大慶教授、委員會主席鄭祖盛及總幹事黎慧賢。

鄭祖盛表示，「委員會進行的調查及立法會舉行的兩次公眾諮詢均顯示，大部份市民及團體均支持擴大煙害圖象警示至85%，政府及立法會應聽取公眾意見，儘快落實有關措施。」

立法會就此進行兩次公眾諮詢並舉行特別會議，主席鄭祖盛亦代表委員會出席及陳述立場。於2015年7月收到百多份有關擴大煙害圖象警示的公眾意見書，當中逾八成表示支持。而於2017年1月17日舉行的衛生事務委員會特別會議，亦收到過百份意見書，當中約七成支持擴大煙害圖象警示，由此可見各界對加強控煙工作的期望。

## “Enact Enlargement of Pictorial Health Warnings Promptly” Press Conference

The Government briefed the legislative proposals to strengthen tobacco control on 18 May 2015, including enlarging the size of pictorial health warnings to at least 85% of the two largest surfaces of the packet, increasing the number of forms of health warning from six to twelve and adding the quitline 1833 183. The date of enactment was yet to be scheduled. COSH hosted a press conference on 16 January 2017 to advocate the Government and Legislative Council for enacting the enlargement of pictorial health warnings promptly. Speakers included Prof Judith MACKAY, Director, Asian Consultancy on Tobacco Control and Senior Policy Advisor, World Health Organization, 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 Vienna LAI, COSH Executive Director.

Antonio KWONG said, “Results from survey conducted by COSH and two rounds of public consultations organized by the Legislative Council showed that majority of citizens and organizations supported the enlargement of pictorial health warnings to 85%. The Government and Legislative Council should take full account of public opinions and enact the proposed tobacco control measure as soon as possible.”

The Legislative Council collected views of the public and held special meetings on the enlargement of pictorial health warnings twice. Antonio KWONG, COSH Chairman also attended the meetings to remark the stance of COSH. Among the hundred submissions received in July 2015 regarding the increase in the size of pictorial health warnings, more than 80% supported. Besides, over 100 submissions were received for the special meeting of Legislative Council Panel on Health Services held on 17 January 2017, in which around 70% agreed the proposed measure.

另外，根據委員會早前委託香港大學公共衛生學院進行的「控煙政策調查2016」，公眾對於加強煙包煙害圖象警示的支持度很高，接近八成(79.5%)的受訪者支持顯示更具警嚇力的煙害警示，亦有72.5%的受訪者支持擴大煙害警示至佔煙包面積的85%，而現時吸煙者中亦有近半數支持，大部分受訪者更支持實施「全煙害警示包裝」。此外，自2015年5月起，委員會從街頭及網上收集了超過26,500個來自各界市民及機構的簽名，支持擴大煙害圖象警示。

近年不少國家均已對煙草產品包裝推行更嚴格及有效的措施以遏止煙草的流行，在實行煙害圖象警示的世界排名當中，香港位列72<sup>nd</sup>，比更多發展中國家如老撾、緬甸或斯里蘭卡更落後。世界衛生組織亦鼓勵其他國家擴大圖象警示至佔煙包面積85%，並以「全煙害警示包裝」作為2016年世界無煙日的主題，呼籲所有國家為實施「全煙害警示包裝」作準備。

隨著香港煙草使用情況的改變及全球控煙趨勢，委員會促請政府及立法會議員聆聽民意，儘快落實擴大煙包上的煙害圖象警示，以減低煙草的吸引力，推動更多吸煙人士戒煙，同時預防青少年開始吸煙。

The School of Public Health of The University of Hong Kong was commissioned by COSH to carry out the "Tobacco Control Policy-related Survey 2016". It was found that public support on enhancing the pictorial health warnings was overwhelming, 79.5% of all respondents agreed to display more threatening messages about the health risks of smoking. About 72.5% of all respondents supported to increase the coverage of the health warnings to 85% while about half of the current smokers also supported. Majority of respondents opted for plain packaging of cigarettes as well. In addition, COSH has collected over 26,500 signatures from citizens and organizations through street counters and online platform supporting the enlargement of pictorial health warnings since May 2015.

In recent years, many countries successfully introduced more stringent measures to regulate tobacco packaging. Hong Kong ranked the 72<sup>nd</sup> in the world regarding the implementation of pictorial health warning and was behind many developing countries like Laos, Myanmar and Sri Lanka. World Health Organization called for more countries to enlarge pictorial warnings covering more than 85% and implement plain packaging. "Get ready for plain packaging" was designated as the theme of World No Tobacco Day 2016.

In view of the tobacco epidemic in Hong Kong and the international tobacco control trend, COSH advocated the Government and Legislative Councilors to take account of public opinions and implement the enlargement of pictorial health warnings as soon as possible in order to reduce the attractiveness of tobacco, motivate more smokers to quit and deter youth from trying the first cigarette.





## 社區聯繫及推廣

### Community Involvement and Promotion

#### 香港賽馬會無煙推廣活動

委員會與香港賽馬會合作舉辦多元化的活動，向市民大眾推廣無煙信息及鼓勵戒煙。香港賽馬會於2016年4月至6月、2016年7月及2017年2月至3月期間分別就吸煙禍害、戒煙方法及二手煙等主題設置展板，以加深市民的無煙知識。此外，於2016年12月至2017年3月期間為市民免費提供身體檢查，當中包括一氧化碳呼氣測試，讓吸煙者了解自己的狀況，踏出戒煙的第一步。

而委員會的全新無煙宣傳短片亦於2016年10月起在全港所有投注站的電視頻道播放，同時張貼海報，宣揚無煙健康生活。委員會亦派員於2017年1月13日到天水圍投注站向近40名市民講解吸煙的謬誤及戒煙方法。



#### Smoke-free Promotion Campaign of The Hong Kong Jockey Club

COSH collaborated with The Hong Kong Jockey Club to organize diversified programmes to spread smoke-free messages and encourage smoking cessation among the general public. The Hong Kong Jockey Club set up exhibition panels in April to June 2016, July 2016 and February to March 2017 to introduce smoking hazards, smoking cessation methods and health risks of secondhand smoke to citizens. Besides, body check including carbon monoxide breath test, was provided to the public during December 2016 to March 2017, boosting the determination of smokers to quit smoking.

Smoke-free videos and posters of COSH were also displayed at all branches across the territory starting from October 2016 aiming to promote smoke-free lifestyle. COSH educator delivered a health talk to around 40 participants on 13 January 2017 at Tin Shui Wai branch to explain the fallacy of smoking and smoking cessation methods.



## 2016葵涌醫院支持世界無煙日暨「無煙」健康操比賽頒獎禮

葵涌醫院於2016年5月25日舉辦「2016葵涌醫院支持世界無煙日暨『無煙』健康操比賽頒獎禮」，嘉許參賽的醫院職員、院友及其家屬，以無煙為主題設計健康操。

委員會總幹事黎慧賢女士獲邀出席，與在場人士分享戒煙貼士、最新控煙趨勢及煙害資訊。其他出席的嘉賓包括食物及衛生局副局長陳肇始教授、香港大學公共衛生學院社會醫學講座教授暨羅旭龢基金教授(公共衛生學)林大慶教授及衛生署控煙辦公室主管李培文醫生等。

## 2016 Kwai Chung Hospital Support for World No Tobacco Day cum Prize Presentation of the Smoke-free Fitness Exercise Competition

Kwai Chung Hospital organized the “2016 Kwai Chung Hospital Support for World No Tobacco Day cum Prize Presentation of the Smoke-free Fitness Exercise Competition” on 25 May 2016 to commend the staff, patients and their family members for designing the fitness exercise to deliver smoke-free messages.

Vienna LAI, COSH Executive Director was invited to share tips on smoking cessation, latest trend of tobacco control and information of smoking hazards with the participants. Other guests included Prof Sophia CHAN, Under Secretary for Food and Health, Prof LAM Tai-hing, Chair Professor of Community Medicine & Sir Robert Kotewall Professor in Public Health, School of Public Health, The University of Hong Kong and Dr Jeff LEE, Head, Tobacco Control Office, Department of Health.



## 「無煙老友記」計劃2016-2017

年長的吸煙者一般煙齡較長、煙癮較深，對吸煙及戒煙存有誤解，以致戒煙的決心較低。政府統計處的《主題性住戶統計調查第59號報告書》指出，香港現時有約641,300名每日吸煙人士，當中21.4%為60歲或以上。為配合年長人士的需要，委員會舉辦「無煙老友記」計劃2016-2017，與地區長者中心合作，舉辦不同類型的活動，包括健康講座、無煙工作坊、電台廣播及社區宣傳活動等，向長者講解吸煙的禍害、澄清有關戒煙的謬誤及鼓勵長者戒煙。

### 健康講座

在2016年6月至2017年3月期間，委員會於全港的長者中心舉辦超過40場健康講座，以互動及有趣的方式把無煙生活的好處及戒煙的重要性等信息傳遞予2,400多名長者，並鼓勵他們與親友分享無煙信息。

### 「無煙清新娃娃」工作坊

委員會於2016年8月至9月期間到訪10個長者中心，舉辦「無煙清新娃娃」工作坊，邀請超過500位老友記一起製作「無煙清新娃娃」，表達他們對無煙環境的願望，並藉此鼓勵吸煙的親友儘早戒煙。



## Elderly Smoking Cessation Promotion Project 2016-2017

Elder smokers generally smoke for years and have heavy nicotine dependence. Due to the misconceptions about smoking and quitting, their intention to quit is low. According to the Thematic Household Survey Report No. 59 released by the Census and Statistics Department, among the 641,300 daily smokers in Hong Kong, 21.4% aged 60 years or above. In order to cope with the needs of elder smokers, COSH organized the "Elderly Smoking Cessation Promotion Project 2016-2017". In collaboration with elderly centres, a series of activities, including health talks, "Smoke-free" workshops, radio promotions and community promotions were organized to raise awareness on smoking hazards, clarify the misconceptions about smoking cessation and encourage elder smokers to quit.

### Health Talks

From June 2016 to March 2017, COSH conducted over 40 sessions of health talks at elderly centres across the territory. Through an interactive and interesting approach, the benefits of being smoke-free and the importance of smoking cessation were promoted to more than 2,400 elderlies. They were also encouraged to spread the smoke-free messages to their family and friends.

### "Smoke-free Doll" Workshops

From August to September 2016, COSH visited 10 elderly centres and organized the "Smoke-free Doll" Workshops for more than 500 elderlies. The "Smoke-free Doll" symbolized their wish for a smoke-free environment and encouragement to their family and friends to kick the smoking habit as soon as possible.

## 電台廣播

委員會與商業電台製作一連五集的節目，於2016年10月至11月期間播出，並邀請三位資深藝人胡楓、羅蘭及肥媽瑪俐亞以及兩位「戒煙大贏家」比賽得獎者黃偉健和張錦漢，與市民分享成功戒煙的故事和建立無煙生活的心得。此外，亦於電台節目《18樓C座》中播放短劇，以輕鬆幽默的手法向長者講解戒煙的謬誤，呼籲吸煙人士戒煙。

## 「無煙是福長者清新日」活動

委員會於2016年10月27日假將軍澳新都城中心二期舉辦「無煙是福長者清新日」活動，向長者及市民宣傳無煙信息。主禮嘉賓包括衛生署控煙辦公室主管李培文醫生、安老事務委員會主席林正財醫生、委員會主席鄭祖盛及副主席伍婉婷。

## Radio Promotions

COSH collaborated with Commercial Radio to produce five radio segments to spread the smoke-free messages to the general public from October to November 2016. Artists Bowie WU, Helena LAW and Maria CORDERO, as well as winners of the “Quit to Win” Contest WONG Wai-kin and CHEUNG Kam-hon, shared their quit stories and tips. A short drama was also broadcasted in the radio programme “18/F Block C” to clear the misconceptions of smoking cessation and advise smokers to quit in an interesting way.

## “Be Smoke-free for Good Fortune” Elderly Day

A publicity event “Be Smoke-free for Good Fortune” Elderly Day was held on 27 October 2016 at Metro City Plaza II, Tseung Kwan O, to spread the smoke-free messages to the elderly as well as the mass public. Officiating guests included Dr Jeff LEE, Head of Tobacco Control Office, Department of Health, Dr LAM Ching-choi, Chairman of Elderly Commission, Antonio KWONG, COSH Chairman and Yolanda NG, COSH Vice-chairman.



大會亦邀請了第五屆「戒煙大贏家」比賽季軍得主張錦漢及其太太出席，分享戒煙心得及為家人帶來的好處。香港大學公共衛生學院社會醫學講座教授暨羅旭龢基金教授(公共衛生學)林大慶教授亦即場為觀眾拆解戒煙的謬誤和分享戒煙秘訣。藝人C AllStar及林奕匡亦出席支持，以遊戲方式宣揚無煙信息。現場更展出由老友記製作的「無煙清新娃娃」，而新界西長者學苑聯網的長者義工亦出席支持活動，一同為戒煙人士和長者打氣。

## 社區宣傳活動

委員會在2016年11月5日及11月6日分別於尖沙咀栢麗購物大道及銅鑼灣東角道行人專用區設置無煙街站，並派發「無煙清新娃娃」，藉此提高社會大眾對無煙生活的關注和支持吸煙人士戒煙。活動邀請了新界西長者學苑聯網的長者義工參與，成功向超過100名吸煙人士派發戒煙資訊和戒煙承諾咭，推動及協助他們戒除煙癮，同時向4,000多名市民推廣無煙信息。

Second runner-up of the 5<sup>th</sup> “Quit to Win” Contest, CHEUNG Kam-hon, attended the event with his wife to share his experience and the benefits of quitting. 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, cleared the misconception of quitting and provided quit tips to the audience. Artists C AllStar and Phil LAM further promoted a smoke-free lifestyle through interactive games. Besides, “Smoke-free Dolls” produced by the elderly were displayed. Elderly volunteers of the New Territories West Elder Academies Cluster also joined the Ceremony to cheer for the smokers who intended to quit.

## Community Promotions

In order to raise the public awareness on smoke-free lifestyle and support smokers to quit, street promotions were organized on 5 and 6 November 2016 at Park Lane Shopper’s Boulevard, Tsim Sha Tsui and public pavement of East Point Road, Causeway Bay respectively. Volunteers from the New Territories West Elder Academies Cluster were invited to hand out the “Smoke-free Dolls” to the public. The activities successfully distributed cessation information and pledge cards to more than 100 smokers and disseminated smoke-free messages to more than 4,000 members of the public.





## 第38屆亞太區口腔會議

香港牙醫學會聯同亞太區牙科組織聯盟於2016年6月17日至19日假香港會議展覽中心舉辦「第38屆亞太區口腔會議」，委員會主席鄭祖盛應邀出席開幕儀式。此外，委員會亦於會議上設置資訊攤位，向與會者介紹本港控煙概況及委員會的教育推廣工作，並邀請參加者承諾支持無煙香港，促進與牙科專業人員在控煙工作上的交流及合作。



## 渣打銀行六月健康週

委員會獲渣打銀行邀請，參與於2016年6月22日舉行的六月健康週，並於活動中設置互動遊戲攤位，希望提高參加者對煙害及控煙工作之關注，接觸逾200位員工。除此之外，參加者更獲邀即時加入「無煙大家庭」，承諾不吸煙，同時鼓勵家人、朋友、同事及身邊人共享無煙生活。委員會職員亦向參加者派發控煙刊物及戒煙小冊子，鼓勵他們宣揚無煙文化。

## The 38<sup>th</sup> Asia Pacific Dental Congress

The Hong Kong Dental Association, in collaboration with the Asia Pacific Dental Federation, hosted the "38<sup>th</sup> Asia Pacific Dental Congress" on 17 to 19 June 2016 at the Hong Kong Convention and Exhibition Centre. Antonio KWONG, COSH Chairman, was invited to join the opening ceremony. COSH also set up an information booth introducing the tobacco control works in Hong Kong and COSH's education and publicity programmes to enhance the collaboration with dental professionals. Participants were encouraged to pledge to support a smoke-free Hong Kong.

## Standard Chartered Bank Well-being June

Invited by Standard Chartered Bank, COSH hosted an interactive game booth at their "Well-being June" activity on 22 June 2016 with an aim to increase participants' awareness on smoking hazards and tobacco control works. The game booth received enthusiastic response and reached around 200 staff. Participants were also invited to make a pledge and join the "Smoke-free Family" by saying no to cigarette and encouraging their family members, friends, colleagues and neighbours to live a smoke-free lifestyle. Leaflets and smoking cessation booklets were also distributed to encourage participants to spread the smoke-free messages.



## 領展資產管理有限公司無煙推廣活動

委員會與領展資產管理有限公司(領展)合作，於2016年6月至9月期間在領展轄下的八個街市及11個商場舉辦無煙推廣活動，鼓勵市民投入健康生活，同時設置24個第七屆「戒煙大贏家」比賽的招募攤位，推廣戒煙的好處及鼓勵吸煙人士參加比賽，並動員不吸煙人士支持身邊人戒煙。



## 戒煙及器官捐贈推廣活動

委員會響應政府推廣器官捐贈，於2016年6月成為「器官捐贈推廣約章」簽署機構，協助提高市民的關注。委員會除了鼓勵員工及其他持份者登記器官捐贈的意願，亦於不同的無煙宣傳活動加入相關信息，一方面推動控煙，同時推廣器官捐贈的文化，相得益彰。

其中包括於2016年9月24日及10月15日分別於天水圍及銅鑼灣舉行街頭宣傳活動。食物及衞生局副局長陳肇始教授、委員會副主席伍婉婷及總幹事黎慧賢更身體力行，於銅鑼灣向市民派發有關器官捐贈及戒煙的小冊子。

## Smoke-free Promotion Activities of Link Asset Management Limited

COSH collaborated with Link Asset Management Limited (Link) in June to September 2016 to encourage the public to adopt a smoke-free healthy lifestyle. Promotion activities and 24 recruitment booths of the 7<sup>th</sup> “Quit to Win” Contest were organized in eight fresh markets and 11 shopping malls under the management of Link to promote the benefits of smoking cessation, encourage smokers to join the contest and call on the non-smokers to support their family and friends to quit smoking.

## Promotion Activities on Smoking Cessation and Organ Donation

COSH became a signatory of the “Organ Donation Promotion Charter” launched by the Government in June 2016 to raise the public awareness on organ donation. Colleagues and other stakeholders were encouraged to register their wish to donate organs. The culture of organ donation was also spread in various smoke-free promotion activities of COSH.

For example, street promotions were held in Tin Shui Wai and Causeway Bay on 24 September and 15 October 2016 respectively. Prof Sophia CHAN, Under Secretary for Food and Health, Yolanda NG, COSH Vice-chairman and Vienna LAI, COSH Executive Director distributed leaflets to citizens to promote organ donation and smoking cessation in Causeway Bay.



## 好心情@健康工作間

委員會一直關顧員工健康，並已簽署「好心情@健康工作間」約章，承諾以三大行動領域包括健康飲食、體能活動及心理健康為重點，於工作間推廣身心健康。

「好心情@健康工作間」計劃由衛生署及職業安全健康局開展，已有超過500間機構參與。計劃透過舉行一系列活動，讓僱主及僱員一同攜手創造健康及愉快的工作環境，同時藉此宣揚無煙信息。約章簽署儀式於2016年10月3日假荃灣愉景新城舉行。



## 2016/2017年度中西區健康節

為提高中西區居民對健康的關注，並推廣健康教育，中西區健康城市督導委員會及中西區民政事務處聯同多個政府部門、區內醫院、診所及社會服務機構，於2016年11月5日及6日假上環體育館舉辦「2016/2017年度中西區健康節」。

場內活動多元化，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。

## Joyful@Healthy Workplace

Employee well-being tops the agenda of COSH. We signed the “Joyful@Healthy Workplace Charter” and pledged to promote physical and mental well-being in workplace with emphasis on healthy eating, physical activity and mental well-being.

The “Joyful@Healthy Workplace” programme was launched by the Department of Health and the Occupational Safety and Health Council and joined by over 500 organizations. A series of activities were organized to assist employers and employees in creating a joyful and healthy working environment. Smoke-free messages were also delivered. The Charter Signing Ceremony was held on 3 October 2016 at D•Park in Tsuen Wan.

## Central and Western District Health Festival 2016/2017

To enhance the community's awareness on the importance of health and to promote health education, the Steering Committee on Healthy City in the Central and Western District and the Central and Western District Office collaborated with a number of government departments, local hospitals, clinics and social service organizations to host the “Central and Western District Health Festival 2016/2017” on 5 to 6 November 2016 at Sheung Wan Sports Centre.

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.



委員會項目籌劃高級經理朱偉康應邀主持開幕典禮。委員會亦於是次活動設置攤位，以輕鬆有趣的方式加強中西區居民對煙草禍害的認識，更透過播放委員會的宣傳短片及即場派發有關煙草禍害及戒煙資訊的小冊子，鼓勵吸煙人士儘早戒除煙癮，共同推動無煙生活。

## 中華電力安全健康環保日2016

香港中華電力有限公司的年度活動「安全健康環保日」於2016年11月5日假屯門龍鼓灘發電廠舉行。活動透過舞台表演、展覽及攤位遊戲提升參加者對活動主題「安全、健康及環保」的關注，並吸引超過5,000名員工及其家屬參與。委員會獲邀於活動設置遊戲攤位，以生動有趣的方式讓參加者了解煙草禍害，同時向在場人士派發小冊子和單張，將無煙信息及戒煙方法傳遞予超過1,000名參加者。

## 香港新聲會「丁酉雞年春節嘉年華暨無喉者中心開放日」

香港新聲會以自助及互助精神，協助無喉者及喉癌患者恢復發聲能力和建立自信，重新投入社會。該會於2017年2月19日假石硤尾邨舉辦「丁酉雞年春節嘉年華暨無喉者中心開放日」，讓公眾深入了解其服務及中心設施。活動當日提供中醫義診、健康專題講座及身體檢查等多元化活動傳達健康信息。

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

Lawrence CHU, COSH Senior Project Manager was invited to join the opening ceremony. COSH also set up a booth to enhance the local residents' knowledge on smoking hazards in an interactive way. The latest APIs were also broadcasted and smoking cessation booklets were distributed to encourage smokers to quit smoking and promote a smoke-free lifestyle.

## CLPP Safety, Health and Environment (SHE) Day 2016

CLP Power Hong Kong's annual event "Safety, Health & Environment (SHE) Day" was successfully held on 5 November 2016 at Black Point Power Station, Tuen Mun. Over 5,000 staff and their family joined the event. Through stage performance, exhibition and game booths, participants' awareness on safety, health and environment were enhanced. COSH was invited to host a game booth to introduce smoking hazards in an interesting way. Smoke-free brochures and leaflets on smoking cessation were also distributed, reaching over 1,000 participants.

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

The New Voice Club of Hong Kong assists laryngectomies and laryngeal cancer patients in regaining their voice and reintegrating into the community through promoting self-help and mutual help spirit. The Club hosted an "Open Day cum Spring Carnival" on 19 February 2017 at Shek Kip Mei Estate to help the public understand their scope of services and facilities. Health messages were delivered through diversified programmes, including Chinese medical consultation, health talks and body check.

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



# 教育及青少年活動

## Education and Youth Programmes

### 青少年教育活動 Youth Education Programmes

#### 「無煙新世代」健康講座

委員會深信控煙工作必須由教育下一代著手，透過從小灌輸無煙知識，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及朋友戒煙。因此，委員會自1991年起，每年到訪全港各區幼稚園、中小學及大專院校舉辦健康講座，向兒童及青少年推廣無煙信息，讓他們及早認識煙草的禍害。

於2016至2017年學年，委員會到訪逾100間學校舉行健康講座，超過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伎倆等。此外，委員會的教育幹事會向學生介紹委員會的控煙工作及活動。講座另設問答環節，務求令學生能在愉快互動的學習環境下，更全面吸收無煙資訊。

#### Health Talks for “Smoke-free New Generation”

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

During the school year 2016 to 2017, more than 100 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 policy in Hong Kong, existing smoking cessation services, trend of e-cigarettes and marketing tactics of the tobacco industry. COSH educators also introduced the works and programmes of COSH. A question-and-answer session was included and souvenirs were given to students to enhance their smoke-free knowledge under a relaxing and interactive atmosphere.





## 無煙青少年大使領袖訓練計劃 2016-2017

委員會一直積極宣揚無煙知識予下一代，讓他們明白煙草的禍害，並建立健康生活態度，攜手締造清新無煙香港，故此於2012年開始每年舉辦「無煙青少年大使領袖訓練計劃」，旨在將煙害、最新控煙及吸煙趨勢等資訊傳遞予青少年，同時幫助參加者發展多方面才能，裝備他們成為未來領袖及模範。

計劃至今已成功培育約1,700名「無煙青少年大使」，成效顯著。2016-2017年度的計劃更獲教育局推薦，共吸引逾300名來自超過35間中學、青少年中心及制服團隊的14至18歲青少年參與。

### 無煙青少年大使領袖訓練營

委員會與香港電台第二台「太陽計劃」合作，由唱片騎師李志剛於營前簡介會與一眾「無煙青少年大使」分享公眾演講心得，為參加者向市民大眾宣揚無煙信息作好準備。



## Smoke-free Youth Ambassador Leadership Training Programme 2016-2017

COSH has been sparing no effort to educate the youngsters on smoking hazards, encourage them to adopt a healthy lifestyle and strive for a smoke-free Hong Kong. "Smoke-free Youth Ambassador Leadership Training Programme" has been organized annually since 2012 to instill knowledge of tobacco control and smoking hazards in youngsters, provide training on various skills, as well as sustain their pioneering role in spreading smoke-free culture.

Over 1,700 Youth Ambassadors have been nurtured to take the leading role in establishing a smoke-free environment through the programme. Some 300 youngsters, aged 14 to 18, from more than 35 secondary schools, youth centres and uniform groups enrolled for the 2016-2017 programme which was recommended by the Education Bureau.

### Smoke-free Youth Ambassador Leadership Training Camp

COSH collaborated with the "Solar Project" of Radio 2 of Radio Television Hong Kong (RTHK2) and invited DJ Alex LEE to share tips on public speaking with the Ambassadors during the briefing session in order to prepare them for disseminating smoke-free messages to the public.

四場兩日一夜的領袖訓練營於2016年暑假舉行，透過多元化的活動讓「無煙青少年大使」掌握煙草禍害及控煙資訊，同時提升他們的領導才能、獨立、創意及批判思考、溝通及衝突管理、團隊及合作精神、項目策劃及戒煙輔導技巧等。香港電台第二台亦派出約20位「太陽計劃」參加者參與訓練營。

### 無煙青少年大使行動

完成訓練的「無煙青少年大使」於2016年9月至12月期間學以致用，構思及籌辦約200項創新活動，為歷屆之冠，成功將無煙信息傳遞予超過40,000名市民。參加者參考歷屆無煙活動的成功經驗，籌劃技巧大有進步，而且越來越多隊伍勇於走出校園，於社區舉辦多元化的宣傳活動，接觸更多不同界別及年齡人士，令無煙信息廣泛植根社區。活動包括邀請市民簽名加入「無煙大家庭」、推動立法會及區議會議員簽署無煙承諾書、為市民進行肺活量吹氣測試、街頭表演傳遞無煙信息、邀請情侶及新婚夫婦作出無煙承諾、於小學、幼稚園及長者中心舉辦宣傳活動等。

Four 2-Day-1-Night leadership training camps were held during the summer holiday in 2016 to equip the participants with knowledge on smoking hazards and tobacco control measures. Their skills on leadership, creative and critical thinking, communication, problem solving, team building, programme planning and smoking cessation counseling were enhanced through diversified training activities. Around 20 participants from the "Solar Project" also joined the training camp.

### Smoke-free Programme in Schools and the Community

Between September and December 2016, the trained Ambassadors applied their knowledge to initiate a record high of more than 200 innovative activities to disseminate the smoke-free messages in their family, schools and the community. Having learnt from predecessors' experiences, the Youth Ambassadors successfully engaged over 40,000 citizens through a wide variety of community-based activities, including inviting the public to sign up for the "Smoke-free Family", urging the Legislative Council and District Council members to make smoke-free pledges, conducting forced vital capacity test for citizens at busy streets, busking and inviting couples and newlyweds to make smoke-free promise, as well as organizing activities in kindergartens, primary schools and elderly centres.





## 無煙青少年團

為使參加者能繼續積極參與推動無煙文化及控煙的活動，完成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。

## 頒獎禮暨分享會

「無煙青少年大使領袖訓練計劃2016-2017」頒獎禮暨分享會於2017年3月7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局長吳克儉、衛生署助理署長(特別衛生事務)陳少梅醫生、委員會主席鄭祖盛、副主席伍婉婷，以及教育及宣傳委員會主席余榮輝。

來自聖傑靈女子中學的冠軍隊伍於頒獎禮上分享活動籌劃的心得和經驗，她們以「無煙香港，從小做起」為主題，舉辦多項極具創意的無煙活動，共接觸超過3,600名市民。其中包括於校內進行宣傳推廣，舉辦展覽及攤位、定向比賽、急口令比賽等，以生動有趣的方式於同學友儕間推廣無煙健康文化。

此外，她們更有系統地發信邀請區內幼稚園及小學合作，舉辦標語設計比賽、親子連線及填色比賽，使學童愉快地學習吸煙的禍害，從小學會堅決拒絕第一口煙及推動家人戒煙。她們亦致力將無煙信息推廣至社區，分別於銅鑼灣及旺角街頭邀請市民拍照支持無煙文化，並為途人進行肺活量吹氣測試，推廣吸煙禍害及戒煙資訊。



## Smoke-free Youth Ambassador Alumni Programme

In order 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.

## Award Presentation Ceremony

An award presentation ceremony was held on 7 March 2017 to commend the outstanding Ambassadors of the 2016-2017 programme. Honourable guests included Eddie NG, Secretary for Education, Dr Tina CHAN, Assistant Director of Health (Special Health Services), Antonio KWONG, COSH Chairman, Yolanda NG, COSH Vice-chairman and Christopher YU, Chairman of COSH Education and Publicity Committee.

The Champion team from St Catharine's School for Girls shared their tips and experience in organizing activities under the theme of "Start Young for a Smoke-free Hong Kong" in the ceremony. They launched a series of innovative activities reaching over 3,600 citizens, which included exhibition, game booths, orienteering competition and tongue twister competition to instill knowledge of smoking hazards and tobacco control in schoolmates in an interesting way.

Besides, they systematically sent letters to invite kindergartens and primary schools in the district to participate in a series of activities, such as slogan design competition and colouring competition. In a joyful learning environment, children got to know the importance of having a smoke-free healthy lifestyle and refrained themselves from taking the first cigarette in the future. The team also strived to cultivate smoke-free culture in the community by inviting citizens to take photos to show support to a smoke-free Hong Kong and providing forced vital capacity test to disseminate information of smoking hazards in Causeway Bay and Mongkok.



得獎名單如下：

冠軍：聖傑靈女子中學

亞軍：嶺南鍾榮光博士紀念中學

季軍：新界鄉議局元朗區中學(第一隊)

優異無煙青少年大使團隊：

- 宣道會陳瑞芝紀念中學
- 廠商會中學(第一隊)
- 樂善堂王仲銘中學
- 保祿六世書院(第一隊)
- 保祿六世書院(第四隊)
- 皇仁舊生會中學
- 聖公會基孝中學

加入「無煙大家庭」活動 — 最積極參與學校  
大獎：新界鄉議局元朗區中學

計劃Facebook專頁：

[www.facebook.com/](http://www.facebook.com/SmokefreeYouthAmbassador)

[SmokefreeYouthAmbassador](http://SmokefreeYouthAmbassador)

Winner List:

Champion: St Catharine's School for Girls

First runner-up: Lingnan Dr Chung Wing Kwong Memorial Secondary School

Second runner-up: NT Heung Yee Kuk Yuen Long District Secondary School (Team 1)

Outstanding Smoke-free Teams:

- Christian Alliance S C Chan Memorial College
- CMA Secondary School (Team 1)
- Lok Sin Tong Wong Chung Ming Secondary School
- Pope Paul VI College (Team 1)
- Pope Paul VI College (Team 4)
- Queen's College Old Boys' Association Secondary School
- SKH Kei Hau Secondary School

"Let's join the Smoke-free Family" Campaign – The Most Active

Participating School Award: NT Heung Yee Kuk Yuen Long District Secondary School

Programme Facebook Page:

[www.facebook.com/SmokefreeYouthAmbassador](http://www.facebook.com/SmokefreeYouthAmbassador)



## 學校互動教育巡迴劇場 「無煙聯盟」

自1995年起，委員會一直與學校及專業藝術團體合作，以「學校互動教育巡迴劇場」作為預防兒童及青少年吸煙的重點教育及宣傳活動之一，透過互動的手法傳授無煙知識，鼓勵他們與家人一起建立無煙生活環境。劇場先後於全港學校舉辦近1,800場表演，超過480,000名學生及教師觀賞及參與。

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

## School Interactive Education Theatre “Smoke-free Alliance”

The “School Interactive Education Theatre Programme” has been one of COSH’s major education and publicity programmes to prevent youth smoking since 1995. Cooperating with schools and local professional troupe, COSH encourages the children and youngsters to promote a smoke-free lifestyle among their family. About 1,800 performances were conducted, reaching more than 480,000 students and teachers over the years.

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





2016-2017年度委員會與中英劇團合作，推出全新劇目「無煙聯盟」，加入了近年興起的電子煙題材，讓學生認清煙草商的宣傳技倆及明白建立無煙環境的重要。此劇目共演出逾90場，超過22,000名學生及教師欣賞，教育局亦鼓勵學校參與。委員會特別鳴謝林大慶教授擔任此劇的顧問。

故事講述「無煙聯盟」主席路德先生號召世界各地的城市加入「無煙聯盟」，一起建立無煙環境，但托巴哥煙草集團主席托巴哥夫人認為此舉令她的煙草生意下滑，竟然派出部隊「臭煙十一人」追擊路德先生。路德先生慌忙下頭部受創及失去所有記憶，流落於經濟倚賴製造及售賣煙草的衛星小城，並遇上主張加入「無煙聯盟」的居民程靜宜。程靜宜為幫助路德先生回復記憶，施展渾身解數，最後衛星小城成功加入「無煙聯盟」，讓更多市民享受清新健康的生活。觀眾全情投入劇情，踴躍參與互動環節，吸收了不少無煙知識，並決心與主角一起成為「無煙聯盟」的成員。

COSH launched a brand-new interactive drama titled "Smoke-free Alliance" in collaboration with Chung Ying Theatre in 2016-2017. The newly-added messages on e-cigarettes, together with the marketing tactics of tobacco industry and the importance of a smoke-free environment were promoted. Special thanks were given to Prof LAM Tai-hing for being the professional consultant of the musical. Over 90 performances were delivered and over 22,000 students and teachers were reached. The 2016-2017 programme was also recommended by the Education Bureau.

The story was about Mr Luther, Chairman of Smoke-free Alliance, called on cities to join the Alliance to build a smoke-free environment. Madam Tobacco, Chairman of a tobacco group, sent a troop to attack Mr Luther as she believed that the Alliance would lead to a drop in her business. Mr Luther hurt his head and lost all memory. He wandered in a Satellite City whose economy was heavily relied on the manufacture and sale of tobacco, and met CHING ching-yee who advocated the city for joining the Smoke-free Alliance. She tried every means to help Mr Luther restore his memory and finally the Satellite City became part of the Alliance. The drama created a favourable atmosphere for students to learn the hazards of tobacco and they were determined to join the Smoke-free Alliance.

劇場的首演禮於2016年10月13日假香港浸會大學大學會堂舉行，逾600名師生及嘉賓率先觀賞。嘉賓包括衛生署助理署長(特別衛生事務)陳少梅醫生、香港大學公共衛生學院社會醫學講座教授暨羅旭龢基金教授(公共衛生學)林大慶教授、委員會主席鄭祖盛及副主席伍婉婷。是次首演禮亦獲葵青區議會及葵青安全社區及健康城市協會全力支持。首演禮後，劇團隨即在全港各區學校展開巡迴演出。

除劇場外，委員會也為學生準備了一系列的配套活動，包括無煙互動遊戲熱線、劇場網頁、工作紙及紀念品等，讓控煙教育得以持續。學生觀賞劇場後，亦可參與「無煙T-shirt設計及口號創作比賽」，將無煙知識學以致用，並發揮創意。

劇場網頁：[www.educationtheatre.hk](http://www.educationtheatre.hk)

Over 600 students, teachers and guests attended the premiere which was held at the Academic Community Hall, Hong Kong Baptist University on 13 October 2016. Honourable guests included Dr Tina CHAN, Assistant Director of Health (Special Health Services), Prof LAM Tai-hing, Chair Professor of Community Medicine & Sir Robert Kotewall Professor in Public Health, School of Public Health, The University of Hong Kong, Antonio KWONG, COSH Chairman and Yolanda NG, COSH Vice-Chairman. The premiere was also supported by Kwai Tsing District Council and Kwai Tsing Safe Community and Healthy City Association. The programme began its tours across the territory afterwards.

An interactive hotline, a designated website, bring-home educational material and souvenirs were provided for participants to sustain the impact of the programme. Through the "Smoke-free T-shirt and Slogan Design Competition", students were encouraged to utilize the knowledge they acquired in the drama to spread the smoke-free messages.

Programme webpage: [www.educationtheatre.hk](http://www.educationtheatre.hk)



冠軍 Champion



亞軍 First runner-up



季軍 Second runner-up





## 與學界及社區聯繫

### Liaison with Academia and Community

#### 香港大學護理學院課程

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

委員會項目籌劃高級經理朱偉康在2016年5月26日，以「香港的煙草控制及預防工作」為題，向約25位碩士學生介紹香港的控煙政策及委員會的教育、宣傳及政策倡議工作，同時更講解了香港控煙工作面對的挑戰，以及委員會在推動無煙香港的角色。

於2016年11月1日及3日，朱偉康以「政治行動推廣公共衛生」為題，向大約350位學士學生講解委員會多年來在建構無煙香港的工作及成果。此外，他亦闡述了全球控煙趨勢，以及未來香港在減少煙草使用上的挑戰。

#### HKU School of Nursing – Nursing Programmes

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

Lawrence CHU, COSH Senior Project Manager delivered a presentation titled “Tobacco Control and Smoking Prevention Programmes in Hong Kong” to about 25 students in the Master of Nursing Programme on 26 May 2016. Tobacco control measures in Hong Kong, as well as COSH’s education and publicity programmes and advocacy works were introduced. Mr Chu also shared the loopholes and challenges of tobacco control works in Hong Kong and COSH’s role in striving for a smoke-free Hong Kong.

On 1 and 3 November 2016, a presentation titled “Political Action to Improve Public Health” was given to about 350 students in the Bachelor of Nursing Programme. Mr Chu shared the works and achievements of COSH in building a smoke-free Hong Kong over the years. He also introduced the global trend of tobacco control and the challenges ahead for Hong Kong in curbing tobacco use.

## 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	新聞稿	Press Release
2016/5/31	為你重視的人加入「無煙大家庭」	Join the Smoke-free Family for your loved ones
2016/6/28	「戒煙大贏家」無煙社區計劃 凝聚十八區力量締造無煙香港	The 7 <sup>th</sup> "Quit to Win" Smoke-free Community Campaign Uniting the 18 districts for a smoke-free Hong Kong
2016/10/3	致香港特別行政區食物及衛生局局長公開信 促請政府儘快立法全面禁止電子煙及擴大煙包上的煙害圖象警示	Open Letter to Secretary for Food and Health, HKSAR Government Enact total ban on e-cigarettes and enlargement of pictorial health warnings promptly
2016/10/13	學校互動教育巡迴劇場「無煙聯盟」 全城結盟攜手共建無煙城市	Premiere of Education Theatre Programme "Smoke-free Alliance" Join hands in building a smoke-free city
2016/10/27	「無煙老友記」計劃2016-2017 無煙是福長者清新日	Elderly Smoking Cessation Promotion Project 2016-2017 "Be Smoke-free for Good Fortune" Elderly Day
2016/12/18	促請儘快落實擴大煙包上的煙害圖象警示	Enact enlargement of pictorial health warnings promptly
2017/1/16	委員會促請政府聆聽公眾意見 儘快落實擴大煙包上的煙害圖象警示	COSH urges the Government to take full account of public opinions Enact enlargement of pictorial health warnings promptly
2017/1/17	香港吸煙與健康委員會回應 擴大煙包上煙害圖象警示的立法建議	COSH responds to the legislative proposal of the enlargement of pictorial health warnings

日期 Date	新聞稿	Press Release
2017/1/23	致香港特別行政區財政司司長公開信 增加煙草稅100% 速降香港吸煙率	Open letter to Financial Secretary, HKSAR Government Raising tobacco tax by 100% to lower smoking prevalence
2017/2/22	委員會回應財政預算案的控煙措施	COSH's response to the tobacco control policies proposed by The Budget
2017/2/27	香港無煙領先企業大獎 凝聚商界無煙力量	Hong Kong Smoke-free Leading Company Awards Joint business efforts to build a smoke-free Hong Kong
2017/3/7	「無煙青少年大使」走進社區 積極散播無煙種子	Smoke-free Youth Ambassadors sowed the seeds of a smoke-free living in the community
2017/3/17	第七屆「戒煙大贏家」無煙社區計劃 頒獎禮	The 7 <sup>th</sup> "Quit to Win" Contest cum Smoke-free Community Campaign Prize Presentation Ceremony
2017/3/20	香港吸煙與健康委員會回應 擴大煙包上煙害圖象警示的立法建議	COSH responds to the legislative proposal of the enlargement of pictorial health warnings

## 會議及考察 Conferences and Visit

### 會議 Conferences

#### 中國控煙伙伴—無煙城市項目 培訓研討會

美國喬治亞州立大學公共衛生學院籌辦「中國控煙伙伴項目」，以推動中國內地五個城市包括成都、重慶、武漢、廈門及西安的無煙立法。項目於2016年6月6日至7日於香港舉辦工作坊及進行考察，五個城市的政府官員均有出席，參考香港控煙工作的成就。

亞洲反吸煙諮詢所總監麥龍詩迪教授獲邀為工作坊的主題發言人，講解全球的控煙政策。委員會總幹事黎慧賢亦獲邀以「社會動員支持無煙法律」為題，與參加者分享委員會的教育、宣傳及政策倡議工作。其他演講嘉賓包括食物及衛生局副局長陳肇始教授、衛生署控煙辦公室主管李培文醫生及衛生署榮譽顧問左偉國醫生。



#### Tobacco Free Cities – China Tobacco Control Partnership Program Training Workshop

The School of Public Health of the Georgia State University organized the "China Tobacco Control Partnership Program" to push forward the smoke-free legislation in five cities in mainland China, including Chengdu, Chongqing, Wuhan, Xiamen and Xian. A training workshop and site visit were conducted on 6 to 7 June 2016 in Hong Kong to introduce the achievements of tobacco control in Hong Kong to the government officials of the five cities.

The workshop's keynote speaker, Prof Judith MACKAY, Director, Asian Consultancy on Tobacco Control, explained the global tobacco control policies. Vienna LAI, COSH Executive Director was invited to share COSH's education, publicity and policy advocacy works with the participants in a presentation titled "Mobilizing to Support for Smoke-free Laws". Other speakers included Prof Sophia CHAN, Under Secretary for Food and Health, Dr Jeff LEE, Head, Tobacco Control Office, Department of Health and Dr Homer TSO, Honorary Consultant, Department of Health.



## 第八屆海峽兩岸暨港澳地區煙害防制交流研討會

為促進中國大陸、香港、台灣及澳門的控煙工作，中國控制吸煙協會、香港吸煙與健康委員會、台灣財團法人董氏基金會、無煙澳門健康生活協會、戒煙保健會及澳門醫護志願者協會定期協辦「兩岸四地煙害防制交流研討會」，為各地的控煙工作者提供交流的平台，加強合作及分享工作經驗。第八屆「海峽兩岸暨港澳地區煙害防制交流研討會」由無煙澳門健康生活協會、戒煙保健會及澳門醫護志願者協會聯合主辦，在2016年6月23日至24日於澳門舉行，以「推動無煙文化共享綠色生活」為主題。

委員會派出代表團參加，成員包括主席鄭祖盛、副主席伍婉婷、總幹事黎慧賢及秘書處職員。主席鄭祖盛於會上獲頒發「華人煙害防制貢獻獎」，以表揚他多年來積極推動及領導香港控煙工作的貢獻。鄭主席更以「全面禁止電子煙以防患於未然」作專題演講，分享香港倡議全面禁止電子煙的進程，而總幹事黎慧賢亦就「『無煙老友記計劃』聯繫社區與長者攜手推動戒煙」作學術報告，分享委員會推行針對長者的無煙宣傳活動之經驗。

## The 8<sup>th</sup> Cross-strait Conference on Tobacco Control

To provide a platform to share experiences and strengthen collaboration on tobacco control issues in mainland China, Hong Kong, Taiwan and Macau, Chinese Association on Tobacco Control, COSH, John Tung Foundation of Taiwan, Smoke-free & Healthy Life Association of Macau, Smoking Abstinence and Good Health Association of Macau and The Macao Association of Medicals Volunteers conduct the "Cross-Strait Conference on Tobacco Control" on a regular basis. The 8<sup>th</sup> "Cross-strait Conference on Tobacco Control" was co-hosted by the Smoke-free & Healthy Life Association of Macau, Smoking Abstinence and Good Health Association of Macau and The Macao Association of Medicals Volunteers on 23 to 24 June 2016 in Macau under the theme, "Promote Smoke-free Culture for a Green Lifestyle".

Representatives of COSH included Antonio KWONG, Chairman, Yolanda NG, Vice-chairman, Vienna LAI, Executive Director and Secretariat staff. Antonio KWONG, COSH Chairman was awarded the "Contribution Award for Chinese in Tobacco Control" to recognize his contributions and leadership in tobacco control in Hong Kong over the years. Mr Kwong was also invited to conduct a presentation on "Enact Total Ban on E-cigarettes" to share the advocacy on banning e-cigarettes in Hong Kong. Besides, Vienna LAI was invited to deliver a presentation on "Elderly Smoking Cessation Promotion Project" to share COSH's experience in organizing smoke-free publicity programmes targeting the elderly.



委員會亦在會場設置展覽攤位，向各地代表及參觀人士派發刊物與宣傳品，並介紹委員會的教育、宣傳及推廣工作。來自兩岸四地的過百位控煙專家、學者、醫護人員及非政府組織代表出席是次研討會，互相分享各地煙草控制及預防工作的經驗。



## 第九屆國際護士會國際高級全科護士 / 高級實踐護理聯盟大會

「國際護士會國際高級全科護士/高級實踐護理聯盟大會」每兩年舉辦一次，旨在促進來自世界各地的高級全科護士、高級實踐護士、專科護士、護士、研究員、學者、政策制定者及經理之交流。第九屆會議於2016年9月9日至11日在香港舉行，主題為「推進護理，促進健康：新興的機遇」。會議由香港護理專科學院主辦，香港護理學院及香港理工大學世界衛生組織社區健康服務合作中心協辦，委員會亦為支持機構之一。

於會議上，委員會項目籌劃高級經理吳麗盈以「護理界控煙行動—護士積極於社區推動戒煙」為題，分享委員會與香港護理專科學院攜手推動護士向公眾宣揚無煙信息之經驗。

COSH also set up an exhibition booth at the conference to distribute COSH's publicity materials and introduce the works of COSH in education, promotion and publicity. Over 100 tobacco control experts, academia, medical and health professionals and representatives of non-governmental organizations from cross-strait regions participated in the conference to share their experiences on tobacco control and prevention.

## The 9<sup>th</sup> International Council of Nurses International Nurse Practitioner / Advanced Practice Nursing Network Conference

"The International Council of Nurses (ICN) International Nurse Practitioner / Advanced Practice Nursing Network (INP/APNN) Conference" is the leading biennial conference for nurse practitioners, advanced practice nurses, clinical nurse specialists, nurses, researchers, educators, policy makers, and managers from all over the world. With the theme of "Advancing nursing, advancing health: Emerging possibilities", the 9<sup>th</sup> ICN INP/APNN Conference was conducted on 9 to 11 September 2016 in Hong Kong. The Conference was hosted by The Hong Kong Academy of Nursing, and co-organized by the College of Nursing Hong Kong and the World Health Organization Collaborating Centre for Community Health Services at The Hong Kong Polytechnic University. COSH was one of the supporting organizations.

Annie NG, COSH Senior Project Manager delivered a presentation titled "The Nurses Initiatives on Tobacco Control – Nurses' commitment to promoting smoking cessation with community involvement" to introduce the collaboration between COSH and The Hong Kong Academy of Nursing in engaging nurses in smoke-free promotion.



## 第十一屆亞太區煙草或健康會議

「第十一屆亞太區煙草或健康會議」於2016年9月23日至25日在北京舉行，逾800名來自20多個國家的代表參與。會議以「消除煙草危害，保護健康權益」為主題，希望藉此分享各地實踐「煙草控制框架公約」及推行控煙政策的進程，以互相學習。

委員會派出代表團參加是次會議，成員包括主席鄭祖盛、副主席伍婉婷、委員孫益華醫生、總幹事黎慧賢及秘書處職員。委員會獲大會邀請在會場內作海報展示，分別為「香港戒煙大贏家比賽—積極轉介戒煙服務」、「電子煙含有害物質—全面禁止以防範於未然」及「以創新方式向女性推廣戒煙」，向參會者介紹香港推動控煙法例及宣傳推廣的工作，促進交流。

## The 11<sup>th</sup> Asia Pacific Conference on Tobacco or Health

"The 11<sup>th</sup> Asia Pacific Conference on Tobacco or Health" (APACT) was held in Beijing on 23 to 25 September 2016, attended by over 800 delegates from some 20 countries. The theme of the Conference was "Eradicate Tobacco Caused Hazards; Protect the Right to Live Healthy" which provided a platform for the delegates to exchange views and share experiences on the implementation of Framework Convention on Tobacco Control and tobacco control policies.

COSH sent a delegation comprising Antonio KWONG, Chairman, Yolanda NG, Vice-chairman, Dr David SUN, Council Member, Vienna LAI, Executive Director and Secretariat staff. Three abstracts of COSH were selected for poster presentation, including "Active Referral to Smoking Cessation Services in Hong Kong 'Quit to Win' Contest", "E-cigarettes contain harmful substances: total ban before too late" and "An innovative approach to promote smoking cessation in women". COSH's advocacy on tobacco control policies in Hong Kong, as well as its education and publicity programmes were introduced.

## 第四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2016年11月14日至18日在香港舉辦為期五天的「第四屆控煙專才培訓計劃」。除香港代表外，其他來自西太平洋區政府或非政府組織的控煙人員亦參與是次計劃，包括韓國、老撾、中國大陸、澳門、馬來西亞及蒙古。

計劃以世界衛生組織制定的「MPOWER」為綱領，透過講解最新的控煙措施、意見交流及經驗分享，加強參加者的控煙技巧，促進實施和評估控煙措施的知識。國際及本地控煙專家獲邀為主講嘉賓，分享其相關工作經驗和最新的控煙進展，包括Simon CHAPMAN教授、David MCFADDEN醫生、林大慶教授、麥龍詩迪教授、左偉國醫生及陳少梅醫生。除了講座及工作坊之外，參加者亦參觀了社區的戒煙中心，加深對香港戒煙服務的認識。

委員會主席鄭祖盛獲邀為講者，以「對抗香港的煙草流行—香港吸煙與健康委員會的倡議、教育及宣傳工作」為題，分享委員會多年來在教育、宣傳推廣及倡議政策上的經驗及挑戰。



## The 4<sup>th</sup> WHO Fellowship Programme on Tobacco Control

“The 4<sup>th</sup> WHO Fellowship Programme on Tobacco Control” was organized by the World Health Organization (WHO) Collaborating Centre for Smoking Cessation and Treatment of Tobacco Dependence in Hong Kong from 14 to 18 November 2016. Besides Hong Kong participants, government officials and representatives of non-governmental organizations in tobacco control in the Western Pacific Region also attended the programme, including Korea, Laos, mainland China, Macau, Malaysia and Mongolia.

Under the structure of “MPOWER” laid down by WHO, the programme strengthened the participants’ skills in tobacco control and knowledge in implementing and evaluating smoke-free measures through a comprehensive overview of the latest tobacco control measures and experience sharing. International and local tobacco control experts, including Prof Simon CHAPMAN, Dr David MCFADDEN, Prof LAM Tai-hing, Prof Judith MACKAY, Dr Homer TSO and Dr Tina CHAN, were invited to share their expertise and the latest development on tobacco control. In addition to presentations and workshops, participants also visited various community-based smoking cessation clinics for an in-depth understanding on the smoking cessation services in Hong Kong.

Antonio KWONG, COSH Chairman was invited to deliver a presentation titled “Role of COSH in Advocacy, Education and Publicity against Tobacco Use in Hong Kong” which highlighted the experience and challenges of COSH on education, publicity and policy advocacy over the years.



## 考察 Visit

### 天津市疾病預防控制中心

天津市疾病預防控制中心代表團，聯同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)林大慶教授及其學生，於2016年11月25日到訪委員會，由委員會總幹事黎慧賢及項目籌劃高級經理吳麗盈接待，並以「建構無煙香港的宣傳教育策略」為題，講解委員會的無煙教育及宣傳項目。

### Tianjin Center for Disease Control and Prevention

Delegates of Tianjin Center for Disease Control and Prevention, together with 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 his students visited COSH on 25 November 2016. Vienna LAI, COSH Executive Director and Annie NG, Senior Project Manager delivered a presentation titled "An Integrated Approach to Construct a Smoke-free Hong Kong" and introduced COSH's smoke-free education and publicity programmes.



## 資訊及研究項目計劃 Information and Research Projects

### 資訊項目計劃 Information Projects

#### 資源中心

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

資源中心亦提供各類有關煙草禍害、二手煙、控煙法例等的資料，包括本地和國際期刊、書籍、學術研究論文、控煙會議文獻、參考資料及影音資料。

到訪資源中心的人士主要包括學生、老師、家長、研究人員、醫護人員、控煙團體、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及香港控煙法例的資訊，以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。

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

#### Resource Centre

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

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

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

#### Enquiry Hotline

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

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

在2016年4月1日至2017年3月31日期間，委員會共收到市民提出906宗查詢、投訴及建議，個案分類見下表：

Between 1 April 2016 and 31 March 2017, COSH received 906 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
<b>查詢吸煙與健康的資料</b>	<b>General enquiries for information related to smoking and health</b>	
香港控煙法例	Legislation on tobacco control in Hong Kong	99
戒煙方法及好處	Quit methods and benefits	20
香港戒煙服務	Smoking cessation services available in Hong Kong	12
吸煙對健康的影響	Health hazards of smoking	11
煙草產品成份	Contents of tobacco products	7
二手煙對健康的影響	Health hazards of passive smoking	5
香港控煙工作	Tobacco control in Hong Kong	4
其他吸煙與健康資訊	Other information related to smoking and health	1
<b>查詢委員會資料及服務</b>	<b>General enquiries for COSH's information and services</b>	
兒童無煙教育活動	Children smoke-free education programmes	505
申請委員會教育及宣傳物品	Application for COSH's education and publicity materials	79
委員會背景及資料	Background and general information about COSH	72
委員會宣傳及社區推廣活動	COSH's publicity and community involvement projects	40
<b>投訴</b>	<b>Complaints</b>	
法定禁煙區內違例吸煙	Smoking in statutory no-smoking areas	46
宣傳及推廣無煙活動	Promotion and publicity of smoke-free programmes	1
<b>建議</b>	<b>Suggestions</b>	
對委員會將來政策倡議的意見	Opinions on future direction of COSH in policy advocacy	1
對委員會活動的意見	Opinions related to COSH's programmes	1
對執法行動的意見	Opinions related to enforcement actions	1
對控煙政策的意見	Opinions related to tobacco control measures	1
總數 Total		906

## 委員會網站、Facebook及電子通訊

委員會的網站([www.smokefree.hk](http://www.smokefree.hk))讓市民透過互聯網了解委員會的工作和活動，以及獲取與吸煙和健康相關的資訊。在2016年4月1日至2017年3月31日期間，委員會網頁共錄得超過383,500瀏覽次數，當中有關煙害、電子煙及戒煙方法的頁面錄得較高瀏覽量。

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。委員會網頁達至由政府資訊科技總監辦公室及平等機會委員會舉辦之「無障礙網頁嘉許計劃」的金獎級別，並獲得「三年卓越表現獎」。

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

有鑑於社交媒體逐漸流行，並成為大眾接收資訊的主要途徑之一，委員會特別設立「無煙大家庭」Facebook專頁([www.facebook.com/smokefreefamily](http://www.facebook.com/smokefreefamily))與市民互動，除了發佈委員會的最新動態和控煙資訊，亦讓市民了解及參與委員會的活動。

## COSH Website, Facebook and E-Newsletter

COSH website ([www.smokefree.hk](http://www.smokefree.hk)) is developed to enable the public to keep updated on the activities of COSH as well as the latest information related to smoking and health via internet. Between 1 April 2016 and 31 March 2017, COSH website recorded over 383,500 page views. Pages such as smoking hazards, e-cigarettes and methods of cessation had higher views.

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

E-Newsletter is also released regularly to report the development of COSH and tobacco control. 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 general public can subscribe the e-newsletter through COSH website.

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



## 研究項目計劃 Research Projects

### 控煙政策調查2016

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

2016年的調查由委員會委託香港大學公共衛生學院進行，數據則由香港大學民意研究計劃以電話訪問形式收集，於2016年2月至9月期間成功隨機訪問了5,151名15歲或以上可以廣東話或普通話溝通的市民，當中包括1,734名從不吸煙者、1,714名已戒煙者及1,703名現時吸煙者，受訪者會被隨機分配回答不同問題組別的問卷。調查人員根據2016年的香港人口對最終樣本進行加權。

### Tobacco Control Policy-related Survey 2016

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

The School of Public Health of The University of Hong Kong was commissioned to conduct the Tobacco Control Policy-related Survey 2016. Data was collected by Public Opinion Programme of The University of Hong Kong via telephone interview. From February to September 2016, the survey successfully collected the information from the randomized sample of 5,151 respondents aged 15 or above and spoke Cantonese or Putonghua, including 1,734 never smokers, 1,714 ex-smokers and 1,703 current smokers. Respondents were divided into different subsamples to answer different question subsets. The final samples were weighted to the Hong Kong population in 2016.



## 調查結果如下：

### 被動吸煙

- 市民在公共地方接觸二手煙的情況普遍，有69.7%受訪者表示於過去七天中最少有一天曾在公共地方接觸到二手煙。
- 在過去三十天曾經到訪過個別法定禁煙範圍的受訪者表示，於酒吧內(53.1%)、公共交通轉乘設施(40.4%)、食肆(15.0%)及商場(11.6%)接觸到二手煙。
- 不少室外公共地方未納入禁煙範圍，在這些地方接觸二手煙的情況嚴重，大部分受訪者表示於過去30天曾在行人路(88.7%)、酒吧室外位置(80.8%)、大廈出入口(65.7%)、餐廳室外座位(64.8%)及公共交通等候處(58.7%)接觸到二手煙。
- 超過三分之一(35.6%)受訪者表示於過去七天中最少有一天曾接觸三手煙，主要地點包括街道(14.6%)、公共交通工具內(11.3%)及工作場所(7.0%)。

## Results of the survey are shown below:

### Passive smoking

- Exposure to secondhand smoke (SHS) in public places was common. 69.7% of respondents reported that they had exposed to SHS in at least 1 day in the past 7 days.
- Among the respondents who had been to the respective statutory no-smoking areas in the past 30 days, exposure to SHS was reported in bars (53.1%), public transport interchanges (40.4%), restaurants (15.0%) and shopping malls (11.6%).
- Many outdoor public places were not listed as smoke-free in Hong Kong. Exposure to SHS in these areas was serious. Most respondents reported SHS exposure at pedestrian walkways (88.7%), seating-out areas of bars (80.8%), near doorways of buildings (65.7%), seating-out areas of restaurants (64.8%) and public transport stops (58.7%) in the past 30 days.
- Over one-third (35.6%) of respondents reported exposure to third-hand smoke in at least 1 day in the past 7 days. Streets (14.6%) was the most common place, followed by inside public transport (11.3%) and workplaces (7.0%).



## 擴大禁煙範圍

- 近半數(49.8%)受訪者認為現行的控煙法例足夠，另有39.7%認為不足夠。整體來說，大部分受訪者贊成進一步擴大法定禁煙範圍至公共交通等候處(91.5%)、住所公共地方(81.5%)、行人路(81.4%)、繁忙街道(79.4%)、辦公大樓出入口三米範圍內(76.1%)、餐廳室外座位(68.1%)、所有室外公共地方(62.6%)及酒吧室外座位(56.4%)。
- 大部分受訪者支持在有兒童的地方禁止吸煙，包括私人車輛(86.4%)、所有公共地方(83.3%)及家中(75.2%)。
- 絕大部分(82.5%)受訪者認為場所負責人應為其場所內的違例吸煙情況負上刑責。
- 超過七成(70.6%)受訪者贊成政府應立法禁止吸煙人士在街道上一邊走路一邊吸煙。



## Extension of smoke-free areas

- Nearly half (49.8%) of respondents thought that the current smoke-free legislation was adequate, while 39.7% did not think so. Overall, respondents supported to extend no-smoking area to public transport stops (91.5%), public areas of the residential buildings (81.5%), pedestrian walkways (81.4%), busy streets (79.4%), within three metres of doorways of office buildings (76.1%), seating-out areas of restaurants (68.1%), all public outdoor places (62.6%) and seating-out areas of bars (56.4%).
- Respondents overwhelmingly supported to ban smoking in the venue where children are present, including in private vehicles (86.4%), all public areas (83.3%) and home (75.2%).
- Majority (82.5%) of respondents supported that the person-in-charge should be liable and penalized for smoking offense in smoke-free premises under their management.
- Over 70% (70.6%) of respondents agreed that the Government should legislate to ban smoking while walking on the streets.

## 煙草產品包裝規管

- 大部分(80.1%)現時吸煙者表示，在過去30天有留意到煙包上的煙害圖象警示，比率遠較已戒煙者(35.1%)及從不吸煙者(30.1%)為高。
- 在曾留意到煙包上煙害圖象警示的現時吸煙者當中，有43.4%會因此而聯想起吸煙的危害、31.4%考慮戒煙及11.2%停止當時的吸煙行為，可見現行煙害圖象警示有提高戒煙動機的效力，但已逐漸減弱。
- 大部分(79.5%)受訪者認為煙害圖象警示應該更加清晰及具警嚇性。另外，超過三分二(69.9%)受訪者贊成定期更換煙害圖象警示。
- 超過七成(72.5%)受訪者贊成將煙害圖象警示擴大至佔煙包面積的85%，此措施亦得到近半(45.3%)的現時吸煙者支持。
- 「全煙害警示包裝」即統一及簡化煙草產品的包裝，任何形式的煙草品牌只可按規定及以簡單方式展現，並禁止在煙包上展示商標、圖案及標誌；品牌名稱只可以統一的字款、顏色及位置展現在煙包上。澳洲於2012年12月成為首個實施「全煙害警示包裝」的國家，吸煙率亦因此下降。在香港，大部分(79.2%)的受訪者均贊成推行「全煙害警示包裝」，當中亦有近半(48.5%)的現時吸煙者支持。



## Regulations on cigarette packs

- Majority (80.1%) of current smokers had noticed the pictorial health warnings (PHW) on cigarette packs in the past 30 days, which was much higher than ex-smokers (35.1%) and never smokers (30.1%).
- Among the current smokers who noticed the PHW, 43.4% would think of the risks of smoking, 31.4% would think of quitting smoking and 11.2% would stop to light a cigarette. The findings showed the existing PHWs were able to motivate the quit intention but the effectiveness was diminishing.
- Most (79.5%) respondents agreed that the PHW should be clearer and more threatening about the hazards of smoking. Over two-thirds (69.9%) of respondents agreed to rotate the PHW regularly.
- Over 70% (72.5%) of respondents agreed to enlarge the size of the PHW to 85% of the cigarette pack area, which was also supported by nearly half (45.3%) of current smokers.
- Plain packaging standardizes and simplifies the packaging of tobacco products. All forms of tobacco branding should be labeled according to the government prescriptions and in simple and plain format. Trademarks, graphics and logos are not allowed on cigarette packs, except for the brand name that is displayed in a standard font, colour and location on the package. In Australia, smoking prevalence has declined since the implementation of the unprecedented plain packaging in December 2012. In Hong Kong, most (79.2%) respondents supported the Government to adopt plain packaging. Nearly half (48.5%) of current smokers also supported.



## 煙草廣告及推廣

- 香港已禁止煙草廣告、促銷及贊助，但仍有28.8%的受訪者表示於過去30天曾看到推廣煙草的廣告及標示。
- 過半數(59.1%)受訪者於過去30天曾經在銷售點看到陳列的煙草產品。
- 大部分(69.0%)受訪者認為陳列煙草產品屬於廣告宣傳，超過半數(59.0%)的受訪者同意禁止於銷售點展示煙草產品。
- 過半數(60.4%)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）。
- 大多數(64.2%)的受訪者表示於過去30天於電影、電視或互聯網上看見吸煙場景。

## 煙草稅

- 大部分(76.3%)受訪者支持每年增加煙草稅，當中51.8%認為加幅應等同或高於通脹幅度。
- 超過一半(53.8%)受訪者贊成調高煙價以推動吸煙人士戒煙，有超過一半(50.7%)的現時吸煙者亦表示贊成。整體受訪者認為煙價應該調高至平均每包港幣168元才能有效令吸煙人士戒煙，而現時吸煙者更表示應為每包港幣199元。
- 在受訪的現時吸煙者當中，分別有44.3%及38.3%表示會因為煙價提高而減少最少一半的吸煙數量及戒煙。

## Tobacco advertising and promotion

- Despite tobacco advertising, promotion and sponsorship have been banned in Hong Kong, 28.8% of all respondents said that they had noticed advertisements or signs promoting cigarettes in the past 30 days.
- Over half (59.1%) of respondents had noticed the display of tobacco products at points of sale in the past 30 days.
- Most (69.0%) respondents thought that the display of tobacco products was a kind of cigarette advertisement and promotion. More than half (59.0%) agreed to ban the display of tobacco products at points of sale.
- Of all respondents, 60.4% thought that brand extension, which means the use of cigarette brand names and logos for other products such as clothing, should not be allowed.
- Majority (64.2%) of respondents reported that they had seen smoking scenes in movies, TV shows or internet in the past 30 days.

## Tobacco tax

- Most (76.3%) of all respondents supported the Government to raise tobacco tax annually, in which 51.8% thought that the rate of increment should be equivalent to or greater than the inflation rate.
- More than half (53.8%) of all respondents agreed that cigarette price should be increased to help smokers quit smoking and it was supported by half (50.7%) of current smokers. Overall, the respondents suggested that the retail price of a pack of cigarettes should set at HK\$168 on average to effectively motivate smokers to kick the habit. Current smokers even thought that it should be HK\$199.
- Among current smokers, 44.3% and 38.3% said that they would reduce cigarette consumption by half and quit smoking respectively if cigarette price is increased.

## 電子煙

- 大部分(83.8%)受訪者曾聽說過電子煙。
- 有約2.6%的受訪者表示曾經使用過電子煙，主要的使用原因包括「好奇」(61.8%)、「幫助戒煙」(17.1%)及「朋友送的禮物」(14.6%)。
- 超過三分之一(37.5%)受訪者表示購買的電子煙含有尼古丁，另外有約三分之一(36.5%)表示電子煙不含尼古丁。
- 約三成(33.0%)受訪者表示購買的電子煙有成分標籤，近半數(43.5%)則表示沒有。
- 超過一半(56.0%)受訪者認為電子煙不能幫助戒煙，有30.0%對此表示不確定，只有14.0%認為可以幫助戒煙。
- 受訪者普遍贊成各項規管電子煙的措施，包括禁止售賣予十八歲以下的人士(95.5%)、限制售賣所有電子煙(包括不含尼古丁的電子煙)(92.4%)、領有牌照的店舖才可出售(90.1%)、禁止於禁煙區使用(85.5%)、當作傳統捲煙規管(85.2%)及禁止廣告及宣傳(69.8%)。近半數(48.1%)支持全面禁止電子煙。



## E-cigarettes

- Most respondents (83.8%) had heard about e-cigarettes.
- About 2.6% of respondents had ever used e-cigarettes. The most common reasons for them to try e-cigarettes were "curiosity" (61.8%), "it can help quit smoking" (17.1%) and "gifts from others" (14.6%).
- Over one-third (37.5%) of respondents said that the e-cigarettes they bought contained nicotine, while another one-third (36.5%) reported their e-cigarettes were nicotine-free.
- Of all respondents, 33.0% reported that there was ingredient label on e-cigarettes whereas nearly half (43.5%) reported that there was not.
- More than half (56.0%) of respondents did not think e-cigarettes could help quit smoking and 30.0% were not sure about it. Only 14.0% thought that e-cigarettes could help quit smoking.
- Different regulatory measures for e-cigarettes were supported by the majority of respondents, including banning sales to people under 18 years old (95.5%), restricting sale regardless of containing nicotine or not (92.4%), requiring license for shops to sell e-cigarettes (90.1%), banning use in smoke-free areas (85.5%), regulating as traditional cigarettes (85.2%), and banning promotion and advertising (69.8%). Nearly half (48.1%) supported a total ban on e-cigarettes.

## 對未來控煙政策的意見

- 大部分(79.6%)受訪者贊成將法定購買煙草的年齡由18歲調高至21歲，現時吸煙者中亦有61.3%表示同意。
- 過半數(53.3%)受訪者同意禁止售賣煙草予2010年或之後出生的人士。
- 接近三分二受訪者支持於香港全面禁止銷售煙草(66.1%)及全面禁止吸煙(66.8%)；支持的現時吸煙者亦分別有42.3%及40.1%。
- 大部分(62.8%)受訪者同意當香港吸煙率降至百分之五或以下，應實施全面禁煙。
- 政府於2007年對《吸煙(公眾衛生)條例》作重大修訂，距今已十年。大部分(77.7%)受訪者認為政府應再次對條例進行修訂。

為適時向政府倡議有效的控煙措施及提高公眾的關注，委員會已透過不同方式公佈部分題目的初步結果，如煙草產品包裝規管及煙草稅。委員會將就其他個別數據作進一步分析，並以報告書形式發佈。



## Opinions on future tobacco control policies

- A majority (79.6%) agreed to increase the legal age for purchasing cigarettes from the current 18 to 21 years old, and it was agreed by 61.3% of current smokers.
- More than half (53.3%) of respondents agreed that children born in and after 2010 should never have access to cigarettes.
- Nearly two-thirds of respondents supported a total ban on tobacco sale (66.1%) and total ban of smoking (66.8%) in Hong Kong. The measures were also supported by 42.3% and 40.1% of current smokers respectively.
- Majority (62.8%) of all respondents agreed to ban smoking if smoking prevalence in Hong Kong decreases to 5% or lower.
- It has been 10 years since the last significant update on Smoking (Public Health) Ordinance in 2007. Majority (77.7%) of respondents thought that the Government should carry out another amendment on the ordinance.

To advocate for appropriate measures and raise public awareness duly, COSH has released the preliminary findings of specific topics, eg regulations on cigarette packs and tobacco tax, in different occasions. Some of the other findings will also be extracted for further analysis and be disseminated in the form of report.



齊來加入無煙大家庭  
Join the **SMOKE-FREE** family







# 報告

## *Reports*

環保工作報告

Environmental Report

獨立核數師報告書

Independent Auditor's Report

# 環保工作報告

## Environmental Report

### 目標與政策

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

- 善用資源；
- 減少耗用紙張；
- 減廢及回收；及
- 提高環保意識。

### 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。

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

#### 減少耗用紙張

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

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

### Aims and Strategies

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

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

### Environmental Protection Strategies

#### Enhance Efficiency of Energy Consumption

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

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

#### Reduce Paper Consumption

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

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

- 使用電子傳真及電子檔案管理系統以減少列印文件；
- 縮減印刷宣傳品之尺寸及數量，並逐漸使用環保紙張印刷宣傳品；
- 上載委員會的控煙資訊、宣傳內容及刊物到委員會網頁供市民瀏覽，減少印刷品的需求；
- 在列印前使用列印預覽功能檢查列印文件的格式及編排，避免浪費紙張；及
- 採用雙面印刷，減省用紙。

### 減廢及回收

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

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

### 提高環保意識

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

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

委員會將繼續竭力執行各項環保措施。



- Utilization of electronic-fax system and electronic document management system to reduce the amount of printing;
- Reduction of the size and quantity of the printed promotional materials and use of environmentally friendly paper;
- Most of the tobacco control information, promotional materials and publications have been uploaded to COSH website for public access in order to reduce the demand of hardcopies;
- Use of "Print Preview" function to check the layout and style of document before printing to avoid wastage; and
- Use of both sides of paper to avoid wastage.

### Reduce Waste and Recycle

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

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

### Enhance Awareness on Environmental Protection

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

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

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

# 獨立核數師報告書

## Independent Auditor's Report

香港吸煙與健康委員會

### 財務報表

截至2017年3月31日止年度

致 香港吸煙與健康委員會成員

(根據香港吸煙與健康委員會條例於香港註冊成立)

### 意見

本核數師(以下簡稱「我們」)已審計列載於第102頁至第121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2017年3月31日的財務狀況表與截至該日止年度的全面收益表、權益變動表及現金流量表,以及財務報表附註,包括主要會計政策概要。

我們認為,該等財務報表已根據香港會計師公會頒布的《香港財務報告準則》真實而中肯地反映了貴會於2017年3月31日的財務狀況及截至該日止年度的財務表現及現金流量。

### 意見的基礎

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

Hong Kong Council on Smoking and Health

### Financial Statements

For the year ended 31 March 2017

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)

### Opinion

We have audited the financial statements of Hong Kong Council on Smoking and Health ("the Council") set out on pages 102 to 121, which comprise the statement of financial position as at 31 March 2017, and the statement of comprehensive income, statement of changes in equity and cash flow statement for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the financial statements give a true and fair view of the financial position of the Council as at 31 March 2017, and of its financial performance and its cash flows for the year then ended in accordance with Hong Kong Financial Reporting Standards ("HKFRSs") issued by the Hong Kong Institute of Certified Public Accountants ("HKICPA").

### Basis for Opinion

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



## 財務報表及其核數師報告以外的信息

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

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

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

## 委員會成員及治理層就財務報表須承擔的責任

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

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

治理層須負責監督 貴會的財務報告過程。

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

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

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

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

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

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

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

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

## 核數師就審計財務報表承擔的責任

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

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

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

## Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

## 核數師就審計財務報表承擔的責任 (續)

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

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

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

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

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



李福樹會計師事務所  
香港執業會計師

F. S. Li & Co.  
Certified Public Accountants

香港，2017年7月6日

Hong Kong, 6 July 2017

# 全面收益表

## Statement of Comprehensive Income

截至2017年3月31日止年度  
For the year ended 31 March 2017

(港幣)	(HK\$)	附註 Note	二零一七年 2017	二零一六年 2016
<b>收入</b>	<b>Income</b>			
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		22,917,565	22,364,439
女性戒煙推廣計劃津貼	Women Smoking Cessation Promotion Programme subvention	3(b)	-	533,079
			22,917,565	22,897,518
銀行利息收入	Bank interest income		61	74
雜項收入	Sundry income		3,256	-
			22,920,882	22,897,592
<b>支出</b>	<b>Expenditure</b>			
批准職位編製	Approved establishment	4	5,351,334	4,929,554
項目員工	Project staff	5	1,829,555	1,677,040
女性戒煙推廣計劃費用	Women Smoking Cessation Promotion Programme expenses	3(c)	-	533,078
宣傳及推廣費用	Publicity and promotion expenses		12,081,237	12,290,497
會議費用	Conference expenses		103,220	37,861
參考書籍及刊物	Reference books and periodicals		8,121	9,667
辦公室租金、差餉及管理費	Office rent, rates and management fee		2,908,136	2,632,648
貨倉租金及費用	Warehouse rent and expenses		200,299	203,837
維修及保養費用	Repairs and maintenance		9,940	65,972
清潔工資及費用	Cleaning wages and fees		55,184	57,612
折舊	Depreciation		17,499	28,809
保險	Insurance		68,893	77,647
電費	Electricity		39,907	42,900
電話及通訊費用	Telephone and communication expenses		52,444	45,220
職工招募費用	Recruitment expenses		48,180	38,944
職工訓練及發展費用	Staff training and development expenses		3,500	2,600
法律、專業及核數費用	Legal, professional and audit fees		25,800	28,100
郵費	Postage		14,690	13,196
印刷及文具	Printing and stationery		63,626	88,307
雜項支出	Sundry expenses		29,223	58,905
			22,910,788	22,862,394
<b>本年度盈餘</b>	<b>Surplus for the year</b>	6	10,094	35,198
<b>本年度全面收入</b>	<b>Total comprehensive income for the year</b>		10,094	35,198



# 財務狀況表

## Statement of Financial Position

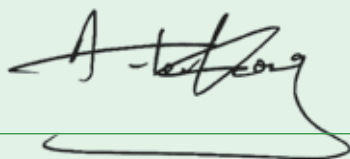
於2017年3月31日

At 31 March 2017

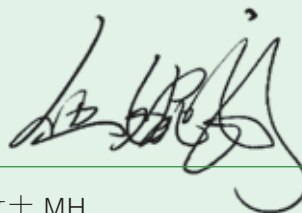
(港幣)	(HK\$)	附註 Note	二零一七年 2017	二零一六年 2016
<b>非流動資產</b>	<b>Non-current assets</b>			
物業、機器及設備	Property, plant and equipment	8	26,390	40,920
<b>流動資產</b>	<b>Current assets</b>			
按金及預付款項	Deposits and prepayments	9	823,230	830,825
銀行及現金結存	Bank and cash balances		719,561	541,261
			1,542,791	1,372,086
<b>減：流動負債</b>	<b>Less: Current Liabilities</b>			
應付費用	Accrued charges		1,324,516	1,158,328
年假撥備	Provision for annual leave entitlements		165,473	175,520
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	14,577	10,060
應退回衛生署之累積盈餘	Accumulated surpluses refundable to the Department of Health	11	203,640	203,640
			1,708,206	1,547,548
流動負債	Net current liabilities		(165,415)	(175,462)
淨負債	Net liabilities		(139,025)	(134,542)
等於：	representing:			
累積虧損	Accumulated deficits		(139,025)	(134,542)

委員會於2017年7月6日通過及批准發布於第102頁至第121頁的財務報表。

The financial statements on pages 102 to 121 were approved and authorized for issue by the Council on 6 July 2017.



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2017年3月31日止年度  
For the year ended 31 March 2017

(港幣)	(HK\$)	附註 Note	二零一七年 2017	二零一六年 2016
<b>累積虧損</b>	<b>Accumulated deficit</b>			
上年度轉來之虧損	Deficit brought forward		(134,542)	(159,680)
本年度盈餘／本年度全面收入	Surplus for the year/Total comprehensive income for the year		10,094	35,198
應退回衛生署之經調整盈餘	Adjusted surplus refundable to the Department of Health	10	(14,577)	(10,060)
本會應佔之（虧損）／盈餘	(Deficit)/Surplus attributable to the Council		(4,483)	25,138
撥入下年度之虧損	Deficit carried forward		(139,025)	(134,542)

# 現金流量表

## Cash Flow Statement

截至2017年3月31日止年度

For the year ended 31 March 2017

(港幣)	(HK\$)	二零一七年 2017	二零一六年 2016
營運活動之現金流量	Cash flows from operating activities		
本年度盈餘	Surplus for the year	10,094	35,198
調整：	Adjustment for :		
利息收入	Interest income	(61)	(74)
折舊	Depreciation	17,499	28,809
營運資金變動前之營運盈餘	Operating surplus before working capital changes	27,532	63,933
按金及預付款項之減少／(增加)	Decrease/(increase) in deposits and prepayments	7,595	(98,113)
應付費用之增加	Increase in accrued charges	166,188	183,328
年假撥備之減少	Decrease in provision for annual leave entitlements	(10,047)	(35,184)
預收女性戒煙推廣計劃津貼之減少	Decrease in Women Smoking Cessation Promotion Programme subvention received in advance	-	(533,079)
營運活動所產生／(使用)之淨現金	Net cash from/(used in) operating activities	191,268	(419,115)
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	(2,969)	(18,763)
已收利息	Interest received	61	74
投資活動所使用之淨現金	Net Cash used in investing activities	(2,908)	(18,689)
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	(10,060)	(20,007)
融資活動所使用之淨現金	Net Cash used in financing activities	(10,060)	(20,007)
現金及現金等值之淨增加／(減少)	Net increase/(decrease) in cash and cash equivalents	178,300	(457,811)
年初現金及現金等值結存	Cash and cash equivalents at beginning of the year	541,261	999,072
年終現金及現金等值結存	Cash and cash equivalents at end of the year	719,561	541,261
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	719,561	541,261

# 財務報表附註

## Notes to the Financial Statements

### 1. 概述

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

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

### 2. 主要會計政策

#### (a) 編製基準

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

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

本會並沒有提早採用本年度尚未生效之全新及經修改之香港財務報告準則。相關說明記載於附註15。

### 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, 44<sup>th</sup> Floor, Hopewell Centre, 183 Queen's Road East, Wanchai, Hong Kong.

### 2. Principal accounting policies

#### (a) Basis of preparation

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

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

The Council has not early adopted new and revised HKFRSs that are not yet effective for the current accounting year. Explanation of this is included in Note 15.



## 2. 主要會計政策 (續)

### (a) 編製基準 (續)

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

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

### (b) 收入確認

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

(ii) 銀行利息收入按實際利率法累計。

## 2. Principal accounting policies (continued)

### (a) Basis of preparation (continued)

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

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

### (b) Revenue recognition

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

(ii) Bank interest income is recognized as it accrues using the effective interest method.

## 2. 主要會計政策 (續)

### (c) 外幣折算

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

### (d) 減值損失

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

### (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。

## 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, including items of property, plant and equipment, is impaired, the recoverable amount of the asset should be estimated. The recoverable amount of an asset is the higher of its fair value less costs to sell and value in use. If the recoverable amount is less than the carrying amount, an impairment loss is recognized to reduce the asset to its recoverable amount. Such impairment losses are recognized in surplus or deficit. An impairment loss is reversed if there has been a favourable change in the estimates used to determine the recoverable amount. A reversal of an impairment loss should not result in the asset's carrying amount exceeding that which would have been determined has 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.

### (e) Property, plant and equipment

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

## 2. 主要會計政策 (續)

### (e) 物業、機器及設備 (續)

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

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

### (f) 經營租賃

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

### (g) 按金

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

### (h) 應付費用

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

### (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。

## 2. Principal accounting policies (continued)

### (e) Property, plant and equipment (continued)

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

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

### (f) Assets held under operating leases

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

### (g) Deposits

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

### (h) Accrued charges

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

### (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.

## 2. 主要會計政策 (續)

### (j) 僱員獲享假期

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

### (k) 有關連人士

就本財務報表而言，有關連人士包括符合以下定義的人士及實體：

(i) 下列人士或其近親家屬將被視為與本會有關連，若該名人士：

- (a) 控制或共同控制本會；
- (b) 對本會有重大影響力；或
- (c) 為本會之主要管理層成員。

(ii) 若下列任何一項條件吻合，則有關實體將被視為與本會有關連：

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

## 2. Principal accounting policies (continued)

### (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.

### (k) Related parties

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

(i) A person or a close member of that person's family is related to the Council if that person:

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

(ii) An entity is related to the Council if any of the following conditions applies:

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



### 3. 女性戒煙推廣計劃

本會從衛生署收到津貼港幣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\$)	二零一七年 2017	二零一六年 2016
確認為收入	Recognized as income	-	533,079
從負債轉往收入	Transfer from liability to income	-	(533,079)
津貼總額	Total subvention	-	-

### 3. Women Smoking Cessation Promotion Programme

The Council had 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

#### (b) 收入

(港幣)	(HK\$)	二零一七年 2017	二零一六年 2016
已確認津貼	Recognized subvention	-	533,079

#### (b) Income

#### (c) 支出

(港幣)	(HK\$)	二零一七年 2017	二零一六年 2016
宣傳及推廣費用	Publicity and promotion expenses	-	362,719
薪金	Salaries	-	160,534
強積金供款	Mandatory provident fund contributions	-	8,026
保險	Insurance	-	1,799
		-	533,078

#### (c) Expenditure

#### 4. 批准職位編製

#### 4. Approved establishment

(港幣)	(HK\$)	二零一七年 2017	二零一六年 2016
薪金及津貼	Salaries and allowances	5,219,695	4,807,482
強積金供款	Mandatory provident fund contributions	143,049	144,175
年假撥備回撥	Provision for annual leave entitlements written back	(11,410)	(22,103)
		5,351,334	4,929,554

#### 5. 項目員工

#### 5. Project staff

(港幣)	(HK\$)	二零一七年 2017	二零一六年 2016
薪金	Salaries	1,750,209	1,614,414
強積金供款	Mandatory provident fund contributions	77,983	75,707
年假撥備／(撥備回撥)	Provision for annual leave entitlements made/ (written back)	1,363	(13,081)
		1,829,555	1,677,040

#### 6. 本年度盈餘

#### 6. Surplus for the year

本年度盈餘已扣除下列費用：

Surplus for the year is stated after charging the followings:

(港幣)	(HK\$)	二零一七年 2017	二零一六年 2016
員工成本 *	Staff costs *	7,231,290	6,824,237
土地及樓宇經營租賃租金支出	Rentals of land and buildings held under operating leases	2,620,656	2,363,396

\* 包括支付定額供款退休保障計劃供款共港幣  
221,032元(2016年：229,112元)

\* including contribution of HK\$221,032 (2016 : HK\$229,112) to  
defined contribution provident fund scheme.

## 7. 委員會成員的酬金

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(2016年：無)。

## 7. Council members' remuneration

None of the Council members received any remuneration in respect of their services to the Council during the year (2016 : 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
<b>成本</b>	<b>Cost</b>				
於2015年3月31日	At 31 March 2015	36,305	106,016	523,042	665,363
添置	Additions	-	5,360	13,403	18,763
於2016年3月31日	At 31 March 2016	36,305	111,376	536,445	684,126
添置	Additions	-	-	2,969	2,969
於2017年3月31日	At 31 March 2017	36,305	111,376	539,414	687,095
<b>累積折舊</b>	<b>Accumulated depreciation</b>				
於2015年3月31日	At 31 March 2015	36,305	101,706	476,386	614,397
截至2016年3月31日止 年度計提	Charge for the year ended 31 March 2016	-	4,081	24,728	28,809
於2016年3月31日	At 31 March 2016	36,305	105,787	501,114	643,206
截至2017年3月31日止 年度計提	Charge for the year ended 31 March 2017	-	2,222	15,277	17,499
於2017年3月31日	At 31 March 2017	36,305	108,009	516,391	660,705
<b>帳面淨值</b>	<b>Net book value</b>				
於2017年3月31日	At 31 March 2017	-	3,367	23,023	26,390
於2016年3月31日	At 31 March 2016	-	5,589	35,331	40,920

## 9. 按金及預付款項

預期會於一年後收回之按金為港幣544,152元(2016年：港幣544,152元)，預付款項港幣279,078元(2016年：港幣286,673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出時承認，及視物業、機器及設備的添置為購入年度的費用而不承認撇銷及折舊。因此，在計算應退回衛生署之盈餘時，不包括年假撥備／撥備回撥、物業、機器及設備的撇銷及折舊，而扣除物業、機器及設備的添置。

## 9. Deposits and prepayments

The amount of deposits expected to be recovered after one year is HK\$544,152 (2016:HK\$544,152). The prepayments in sum of HK\$279,078 (2016:HK\$286,673) 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\$)	二零一七年 2017	二零一六年 2016
本年度盈餘	Surplus for the year	10,094	35,198
加：折舊	Add: Depreciation	17,499	28,809
減：物業、機器及設備的添置	Less: Additions to property, plant and equipment	(2,969)	(18,763)
年假撥備回撥	Provision for annual leave entitlements written back	(10,047)	(35,184)
應退回衛生署之經調整盈餘	Adjusted surplus refundable to the Department of Health	14,577	10,060

## 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

## 12. Financial assets and liabilities

## (a) 金融資產及負債類別

## (a) Categories of financial assets and liabilities

(港幣)	(HK\$)	二零一七年 2017	二零一六年 2016
<b>金融資產</b>	<b>Financial assets</b>		
流動資產 - 按攤銷成本值：	Current assets - at amortized cost:		
按金	Deposits	544,152	544,152
銀行及現金結存	Bank and cash balances	719,561	541,261
		1,263,713	1,085,413
<b>金融負債</b>	<b>Financial liabilities</b>		
流動負債 - 按攤銷成本值：	Current liabilities - at amortized cost:		
應付費用	Accrued charges	1,324,516	1,158,328
年假撥備	Provision for annual leave entitlements	165,473	175,520
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	14,577	10,060
應退回衛生署之累積盈餘	Accumulated surpluses refundable to the Department of Health	203,640	203,640
		1,708,206	1,547,548

## (b) 財務風險管理的目標及政策

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

## (i) 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。

## (ii) 流動資金風險

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

於2017年及2016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。

## (b) Financial risk management objectives and policies

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

## (i) 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.

## (ii) Liquidity risk

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

As at 31 March 2017 and 2016, 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.

## 12. 金融資產及金融負債 (續)

### (c) 合理價值

於2017年及2016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)

### (c) Fair values

All financial assets and liabilities are carried at amounts not materially different from their fair values as at 31 March 2017 and 2016. 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：

## 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:

(港幣)	(HK\$)	二零一七年 2017	二零一六年 2016
第一年內	Not later than one year	2,467,656	2,437,056
第二至第五年內	Later than one year but not later than five years	2,437,056	183,600
		4,904,712	2,620,656

## 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：

## 14. Related party transactions

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

(港幣)	(HK\$)	二零一七年 2017	二零一六年 2016
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	1,705,792	1,521,000
離職後福利	Post-employment benefits	18,000	18,000
		1,723,792	1,539,000

## 15. 尚未生效之全新及經修訂之香港財務報告準則

本會並沒有提早採用以下本年度尚未生效之全新及經修訂之香港財務報告準則：

*2014年至2016年週期香港財務報告準則的年度改進*<sup>1, 2</sup>

經修正的香港會計準則7：

現金流量表—披露計劃<sup>1</sup>

香港財務報告準則第9號：金融工具<sup>2</sup>

香港財務報告準則第16號：租賃<sup>3</sup>

<sup>1</sup> 於2017年1月1日或之後開始之會計期間生效

<sup>2</sup> 於2018年1月1日或之後開始之會計期間生效

<sup>3</sup> 於2019年1月1日或之後開始之會計期間生效

本會管理層將會評估採用香港財務報告準則第16號之影響，在完成詳細分析前，現階段未能就採用香港財務報告準則第16號之影響作出合理估算。

除以上所述外，本會管理層預計採用其他未生效的財務報告準則對本會帳目影響並不重大。

## 15. New and revised HKFRSs that are not yet effective

The Council has not early applied the following new and revised HKFRSs that are not yet effective for the current accounting year:

*Annual Improvements to HKFRSs 2014-2016 Cycle 1, 2*

*Amendments to HKAS 7, Statement of Cash Flows:*

*Disclosure Initiative*<sup>1</sup>

*HKFRS 9, Financial Instruments*<sup>2</sup>

*HKFRS 16, Leases*<sup>3</sup>

<sup>1</sup> Effective for annual periods beginning on or after 1 January 2017

<sup>2</sup> Effective for annual periods beginning on or after 1 January 2018

<sup>3</sup> Effective for annual periods beginning on or after 1 January 2019

The management of the Council will assess the impact of the application of HKFRS 16. For the moment, it is not practicable to provide a reasonable estimate of the effect of HKFRS 16 until a detailed review has been completed.

Except as described above, the management of the Council do not anticipate that the application of other new and revised HKFRSs will have a material effect on the amounts recognized in the Council's financial statements.

# 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、制服團隊及青少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 support to COSH during the year, in particular the following individuals, government departments, organizations, schools, uniform groups and youth centres.

### 個人 Individuals

區瑞強先生	Mr Albert AU	周家怡女士	Ms Catherine CHAU
歐燕芬女士	Ms Florence AU	陳健久先生	Mr Eric CHEN
畢東尼先生	Mr Anthony BUX	陳靜博士	Dr CHEN Jing
	C Allstar	陳敏先生	Mr Willy CHEN
車錫英教授	Prof CHAIR Sek-ying	鄭遠成先生	Mr Gilbert CHENG
陳鳳雯女士	Ms Angel CHAN	張淑鳳女士	Ms Christa CHEUNG
陳國華先生 BBS, MH	Mr Ben CHAN, BBS, MH	張懿德博士	Dr Derek CHEUNG
陳漢儀醫生太平紳士	Dr Constance CHAN, JP	張錦漢先生	Mr CHEUNG Kam-hon
陳佩芳女士	Ms Daisy CHAN	張琪騰先生	Mr CHEUNG Ki-tang
陳靜嫻女士	Ms Helen CHAN	張文勇教授	Prof CHEUNG Man-yung
陳志球教授	Prof Johnnie CHAN, BBS, JP	張美雄先生	Mr CHEUNG Mei-hung
BBS太平紳士		張天心先生	Mr Samuel CHEUNG
陳博智先生	Mr Jonathan CHAN	張榮星先生	Mr Winson CHEUNG
陳繼偉先生	Mr CHAN Kai-wai	張仁康工程師 MH	Ir CHEUNG Yan-hong, MH
陳潔玲女士	Ms CHAN Kit-ling	張芷恩博士	Dr Yannes CHEUNG
陳舜瑜女士	Ms Kristy CHAN	張艷玲女士	Ms CHEUNG Yim-ling
陳李佩英女士	Mrs CHAN LEE Pui-ying	程潔瑩女士	Ms Catherine CHING
陳華裕先生	Mr Nelson CHAN, MH, JP	趙資強先生	Mr CHIU Chi-keung
MH 太平紳士		莊任明先生	Mr CHONG Yam-ming
陳平先生	Mr CHAN Ping	周奕希先生	Mr CHOW Yick-hay, BBS, JP
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陳偉明先生 MH	Mr CHAN Wai-ming, MH	朱凱琪女士	Ms Katty CHU
陳佩儀女士	Ms Win CHAN		
陳耀華先生	Mr CHAN Yiu-wah		



朱子軒先生	Mr Roy CHU	林愛斌女士	Ms Christina LAM
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鍾錦麟先生	Mr CHUNG Kam-lun	林奕匡先生	Mr Phil LAM
霍偉賢先生	Mr Patrick FOK	林奕創先生	Mr Sunny LAM
方力申先生	Mr Alex FONG	林大慶教授	Prof LAM Tai-hing, BBS, JP
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福田敬二教授	Prof Keiji FUKUDA	林思嫻女士	Ms Yvonne LAM
馮偉棠先生	Mr FUNG Wai-tong	劉愛詩女士	Ms Alice LAU
何寶兒女士	Ms Anita HO	劉美儀女士	Ms Helen LAU
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江南博士	Dr JIANG Nan	李家堅先生	Mr Larry LEE
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關秀玲女士	Ms KWAN Sau-ling	梁嘉琪女士	Ms LEUNG Ka-ki
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鄭月心女士	Ms KWONG Yuet-sum	李玉蓮女士	Ms Helena LI
黎銘澤先生	Mr Jacky LAI	李浩祥博士	Dr William LI
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吳克儉先生	Mr Eddie NG, SBS, JP	黃慧莊女士	Ms Catherine WONG
SBS 太平紳士		王英女士	Ms Elsie WONG
顏汶羽先生	Mr NGAN Man-yu	黃綺馨博士	Dr Esther WONG
柯創盛先生 MH	Mr Wilson OR, MH	黃健暉先生	Mr John WONG
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潘國華先生	Mr PUN Kwok-wah	黃德祥醫生	Dr WONG Tak-cheung
蘇逸傑先生	Mr Kit SO	黃偉健先生	Mr WONG Wai-kin
孫洛敏女士	Ms Linda SUEN	黃可宜女士	Ms Yo WONG
孫伊南博士	Dr SUEN Yi-nam	黃宇翰先生	Mr WONG Yue-hon
	Super Girls	胡子正先生	Mr Francis WOO
施家殷先生	Mr Kyran SZE	胡綺珊女士	Ms Carol WU
譚榮勳先生	Mr Eric TAM	甄美華女士	Ms Daphne YAN
譚天承先生	Mr Joe TAM	游雯女士	Ms Bonnie YAU
譚穎欣女士	Ms Karen TAM	丘詠仙女士	Ms Olive YAU
鄧錦雄博士 MH	Dr TANG Kam-hung, MH	楊子熙先生 MH	Mr Benny YEUNG, MH
田陸秀娟女士	Mrs Gloria TIEN	楊玉雲女士	Ms Joyce YEUNG
刁廣浩先生	Mr Tim TIU	楊位款先生	Mr Raymond YEUNG, MH, JP
		MH 太平紳士	
湯洛雯女士	Ms Roxanne TONG	姚銘先生	Mr YIU Ming
曾婉明女士	Ms Dawn TSANG	余衍深先生	Mr Marcus YU
謝淑珍女士	Ms TSE Suk-chun		
蔡珍妮女士	Ms Jenny TSOI		

## 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
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	
香港仔坊會社會服務中心	Aberdeen Kai-fong Welfare Association Social Service Centre
方王換娣長者鄰舍中心	Fong Wong Wun Tei Neighbourhood Elderly Centre
萬國宣道浸信會長康浸信會長者鄰舍中心	ABWE Cheung Hong Baptist Church Neighbourhood Elderly Centre
亞洲反吸煙諮詢所	Asian Consultancy on Tobacco Control
醫療輔助隊長官聯會有限公司	Auxiliary Medical Service Officers' Club Limited
浸信會愛群社會服務處大埔浸信會	Baptist Oi Kwan Social Service Tai Po Baptist Church
區張秀芳長者鄰舍中心	Au Cheung Sau Fong Neighbourhood Elderly Centre
浸信會愛群社會服務處青衣長者鄰舍中心	Baptist Oi Kwan Social Service Tsing Yi Neighbourhood Elderly Centre
明愛元朗長者社區中心	Caritas District Elderly Centre - Yuen Long
明愛中區長者中心	Caritas Elderly Centre - Central District
香港中文大學健康教育及促進健康中心	Centre for Health Education and Health Promotion, The Chinese University of Hong Kong
基督教家庭服務中心真光苑長者地區中心	CFSC True Light Villa Day Care Centre for the Elderly
禮賢會禾輦耆年中心	Chinese Rhenish Church, Wo Che Rhenish Social Centre for the Elderly
香港中華基督教青年會天平長者鄰舍中心	Chinese YMCA Hong Kong Tin Ping Neighbourhood Elderly Centre
建業建築有限公司	Chinney Construction Company Limited
駿輝建築有限公司	Chun Fai Construction Co Ltd
鍾錫熙長洲安老院有限公司	Chung Shak Hei (Cheung Chau) Home for the Aged Ltd
溫浩根長者鄰舍中心	Wan Ho Kan Neighbourhood Elderly Centre
鐘聲慈善社方王換娣長者鄰舍中心	Chung Sing Benevolent Society Fong Wong Woon Tei Neighbourhood Elderly Centre
鐘聲慈善社陳守仁長者鄰舍中心	Chung Sing Benevolent Society Tan Siu Lin Neighbourhood Elderly Centre
中英劇團	Chung Ying Theatre Company
國際四方福音會建生堂耆年中心	Church of the Foursquare Gospel Kin Sang Elderly Centre
爭氣行動	Clear the Air
香港牙科醫學院	College of Dental Surgeons of Hong Kong
香港眼科醫學院	College of Ophthalmologists of Hong Kong
建造業議會	Construction Industry Council
大本型商場	Domain Mall
安老事務委員會	Elderly Commission
香港僱主聯合會	Employers' Federation of Hong Kong
基督教香港信義會頌安長者鄰舍中心	Evangelical Lutheran Church Social Service - Hong Kong Chung On Neighbourhood Elderly Centre



油尖旺健康城市執行委員會	Executive Committee of Yau Tsim Mong Healthy City
香港工業總會	Federation of Hong Kong Industries
灣仔區議會屬下食物及環境衛生委員會	Food & Environmental Hygiene Committee, Wan Chai District Council
土力資源有限公司	Geotech Engineering Limited
香港路德會富欣花園長者中心	HKLSS Harmony Garden Lutheran Centre for the Elderly
香港路德會茜草灣長者中心 (恩景軒)	HKLSS Sai Cho Wan Lutheran Centre for the Elderly
香港路德會友安長者中心	HKLSS Yau On Lutheran Centre for the Elderly
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
香港聖公會聖馬太長者鄰舍中心	HKSKH St Matthew's Neighbourhood Elderly Centre
香港大學附屬學院	HKU SPACE Community College
港九電器商聯會	Hong Kong & Kowloon Electrical Appliances Merchants Association Ltd
香港九龍玉器工商聯會	Hong Kong & Kowloon Jade Merchants & Workers Union Association
香港醫學專科學院	Hong Kong Academy of Medicine
香港優質顧客服務協會有限公司	Hong Kong Association for Customer Service Excellence Limited
香港青少年發展聯會	Hong Kong Association of Youth Development
香港品牌發展局	Hong Kong Brand Development Council
香港潮州商會有限公司	Hong Kong Chiu Chow Chamber of Commerce Ltd
香港基督教服務處元州長者鄰舍中心	Hong Kong Christian Service Un Chau Neighbourhood Elderly Centre
香港麻醉科醫學院	Hong Kong College of Anaesthesiologists
香港心臟護士專科學院	Hong Kong College of Cardiac Nursing
香港社區及公共健康護理學院	Hong Kong College of Community and Public Health Nursing
香港社會醫學學院	Hong Kong College of Community Medicine
香港危重病護理學院	Hong Kong College of Critical Care Nursing
香港護理教育及科研學院	Hong Kong College of Education & Research in Nursing
香港急症科醫學院	Hong Kong College of Emergency Medicine
香港急症科護理學院	Hong Kong College of Emergency Nursing
香港家庭醫學學院	Hong Kong College of Family Physicians
香港老年學護理專科學院	Hong Kong College of Gerontology Nursing
香港內科護理學院	Hong Kong College of Medical Nursing
香港精神健康護理學院	Hong Kong College of Mental Health Nursing
香港助產士學院	Hong Kong College of Midwives
香港護理及衛生管理學院	Hong Kong College of Nursing & Health Care Management

香港婦產科學院	Hong Kong College of Obstetricians and Gynaecologists
香港骨科護理學院	Hong Kong College of Orthopaedic Nursing
香港骨科醫學院	Hong Kong College of Orthopaedic Surgeons
香港耳鼻喉科醫學院	Hong Kong College of Otorhinolaryngologists
香港兒科護理學院	Hong Kong College of Paediatric Nursing
香港兒科醫學院	Hong Kong College of Paediatricians
香港圍手術護理學院	Hong Kong College of Perioperative Nursing
香港內科醫學院	Hong Kong College of Physicians
香港放射科醫學院	Hong Kong College of Radiologists
香港外科護理學院	Hong Kong College of Surgical Nursing
香港建造商會	Hong Kong Construction Association
香港建造業總工會	Hong Kong Construction Industry Employees General Union
香港貨櫃拖運業聯會	Hong Kong Container Drayage Services Association Ltd
香港牙醫學會	Hong Kong Dental Association
香港經貿商會	Hong Kong Economic and Trade Association
香港教育城有限公司	Hong Kong Education City Limited
香港電器工程商會有限公司	Hong Kong Electrical Contractors' Association Ltd
香港家庭福利會（九龍城）長者中心	Hong Kong Family Welfare Society Senior Citizen Centre (Kowloon City)
香港傢俬裝飾廠商總會	Hong Kong Furniture & Decoration Trade Association Ltd
香港建築業承建商聯會	Hong Kong General Building Contractors Association
香港總商會	Hong Kong General Chamber of Commerce
香港金銀首飾工商總會	Hong Kong Gold & Silver Ornament Workers and Merchants General Union
香港美髮美容業商會	Hong Kong Hair & Beauty Merchants Association
香港家庭教育學院	Hong Kong Institute of Family Education
香港地產行政師學會	Hong Kong Institute of Real Estate Administrators
香港發明協會	Hong Kong Invention Association Ltd
香港物流協會	Hong Kong Logistics Association
香港影業協會有限公司	Hong Kong Motion Picture Industry Association Ltd
離島婦聯有限公司	Hong Kong Outlying Islands Women's Association Limited
香港紙業商會有限公司	Hong Kong Paper Association Limited
香港專業及資深行政人員協會	Hong Kong Professionals and Senior Executives Association
香港房地產代理業聯會有限公司	Hong Kong Property Agencies Association Ltd
香港中小企促進聯會	Hong Kong Small & Medium Enterprises Development Federation Ltd
香港中小型企業聯合會	Hong Kong Small and Medium Enterprises Association
香港南區婦女會	Hong Kong Southern District Women's Association

香港表面處理學會	Hong Kong Surface Finishing Society
香港基督教女青年會長青松柏中心	Hong Kong Young Women's Christian Association Cheung Ching Neighbourhood Elderly Centre
中華基督教會合一堂耆年中心	Hop Yat Church, The Church of Christ in China, Social Centre for the Elderly
東華三院戒煙綜合服務中心	Integrated Centre on Smoking Cessation, Tung Wah Group of Hospitals
路德會賽馬會雍盛綜合服務中心	Jockey Club Yung Shing Lutheran Integrated Service Centre
九龍總商會	Kowloon Chamber of Commerce
九龍城浸信會長者鄰舍中心 (樂富)	Kowloon City Baptist Church Neighbourhood Elderly Centre (Lok Fu Centre)
九龍城浸信會長者鄰舍中心 (龍翔)	Kowloon City Baptist Church Neighbourhood Elderly Centre (Lung Cheung Centre)
葵青安全社區及健康城市協會	Kwai Tsing Safe Community and Healthy City Association
果豐顧問及訓練有限公司	Kwok Fung Consulting & Training Company Limited
觀塘健康城市督導委員會	Kwun Tong Healthy City Steering Committee
藍田街坊福利會長者鄰舍中心	Lam Tin Estate Kai-fong Welfare Association Ltd Neighbourhood Elderly Centre
香港大學李嘉誠醫學院	Li Ka Shing Faculty of Medicine, The University of Hong Kong
生活教育活動計劃	Life Education Activity Programme
領展資產管理有限公司	Link Asset Management Limited
樂善堂尹立強敬老鄰舍中心	Lok Sin Tong Wan Lap Keung Neighbourhood Elderly Centre
路德會馬頭圍長者中心	Ma Tau Wai Lutheran Centre for the Elderly
旺角街坊會陳慶社會服務中心	Mong Kok Kai Fong Association Limited Chan Hing Social Service Centre
香港鐵路有限公司	MTR Corporation Limited
鄰舍輔導會雅研社鄰里康齡中心	Neighbourhood Advice-Action Council Nga Yin Association Neighbourhood Elderly Centre
新西蘭商會	New Zealand Chamber of Commerce in Hong Kong
新界西長者學苑聯網	NT West Elder Academies Cluster
職業安全健康局	Occupational Safety and Health Council
聖母醫院	Our Lady of Maryknoll Hospital
卓師會	Percy Club
美國輝瑞科研製藥	Pfizer Corporation Hong Kong Limited
保良局曹金霖夫人耆暉中心	Po Leung Kuk Mrs Chao King Lin Neighbourhood Elderly Centre
博愛醫院	Pok Oi Hospital
博愛醫院王東源夫人長者地區中心	Pok Oi Hospital Mrs Wong Tung Yuen District Elderly Community Centre

威爾斯親王醫院	Prince of Wales Hospital
香港專業保險經紀協會	Professional Insurance Brokers Association
香港大學民意研究計劃	Public Opinion Programme, The University of Hong Kong
伊利沙伯醫院	Queen Elizabeth Hospital
清新健康人協會	Quit Winners Club
耆康會東區老人日間護理中心	SAGE Eastern District Day Care Centre for the Elderly
禮賢會沙田長者鄰舍中心	Sha Tin Rhenish Neighbourhood Elderly Centre
深水埗街坊福利會長者鄰舍中心	Shamshui Po Kaifong Welfare Advancement Association Neighbourhood Elderly Centre
基督復臨安息日會山景綜合青少年服務中心	Shan King Integrated Children & Youth Services Centre of Seventh-day Adventists
聖公會聖匠堂長者地區中心	Sheng Kung Hui Holy Carpenter Church District Elderly Community Centre
展亮技能發展中心 (屯門)	Shine Skills Centre (Tuen Mun)
嗇色園主辦可耆耆英鄰舍中心	Sik Sik Yuen Ho Hong Neighbourhood Centre for Senior Citizens
嗇色園主辦可健耆英地區中心	Sik Sik Yuen Ho Kin District Community Centre for Senior Citizens
嗇色園主辦可旺耆英地區中心	Sik Sik Yuen Ho Wong Neighbourhood Centre for Senior Citizens
註冊財務策劃師協會	Society of Registered Financial Planners
南區健康安全協會	Southern District Healthy and Safe Association
互動教育	Sparks 21 Ltd
中西區區議會中西區健康城市督導委員會	Steering Committee on Healthy City in the Central and Western District
大埔區居民聯會	Tai Po District Residents Association
大埔青年協會	Tai Po Youths Association
香港台灣工商協會	Taiwan Business Association (HK) Ltd
香港及澳門澳洲商會	The Australian Chamber of Commerce in Hong Kong & Macau
香港中華總商會	The Chinese General Chamber of Commerce
香港中華廠商聯合會	The Chinese Manufacturers' Association of Hong Kong
香港外科醫學院	The College of Surgeons of Hong Kong
香港鐘表業總會	The Federation of Hong Kong Watch Trades & Industries Ltd
港九電業總會	The Hong Kong & Kowloon Electric Trade Association
香港護理專科學院	The Hong Kong Academy of Nursing



香港防癌會	The Hong Kong Anti-Cancer Society
香港物業管理公司協會	The Hong Kong Association of Property Management Companies
香港科研製藥聯會	The Hong Kong Association of the Pharmaceutical Industry
香港中華出入口商會	The Hong Kong Chinese Importers & Exporters' Association
香港病理學專科學院	The Hong Kong College of Pathologists
香港精神科醫學院	The Hong Kong College of Psychiatrists
香港保險顧問聯會	The Hong Kong Confederation of Insurance Brokers
香港建造商會有限公司	The Hong Kong Construction Association Limited
香港保險業聯會	The Hong Kong Federation of Insurers
香港食品委員會	The Hong Kong Food Council
香港中小型企業總商會	The Hong Kong General Chamber of Small and Medium Business
香港海南商會	The Hong Kong Hainan Commercial Association
香港健康促進及教育協會	The Hong Kong Health Education and Health Promotion Foundation
香港特許秘書公會	The Hong Kong Institute of Chartered Secretaries
香港測量師學會	The Hong Kong Institute of Surveyors
香港工程師學會	The Hong Kong Institution of Engineers
香港賽馬會	The Hong Kong Jockey Club
香港醫學會	The Hong Kong Medical Association
香港塑膠業廠商會有限公司	The Hong Kong Plastics Manufacturers Association Ltd
香港布廠商會	The Hong Kong Weaving Mills Association
九龍樂善堂	The Lok Sin Tong Benevolent Society, Kowloon
香港新聲會	The New Voice Club of Hong Kong
香港地產建設商會	The Real Estate Developers Association of Hong Kong
救世軍海嵐長者中心	The Salvation Army Hoi Lam Centre for Senior Citizens
香港戒毒會	The Society for the Aid and Rehabilitation of Drug Abusers
香港醫院藥劑師學會	The Society of Hospital Pharmacists of Hong Kong
圓玄學院粉嶺社會服務中心	The Yuen Yuen Institute — Fanling Social Service Centre
天水圍婦聯有限公司	Tin Shiu Wai Women Association Limited
海悅建築工程有限公司	Treasure Construction Engineering Limited
荃灣區安全健康社區督導委員會	Tsuen Wan Safe and Healthy Community Steering Committee
屯門兒童及青少年院	Tuen Mun Children and Juvenile Home
東華三院	Tung Wah Group of Hospitals

泰昇地基工程有限公司	Tysan Foundation Ltd
聯力建築有限公司	Unistress Building Construction Ltd
基督教聯合那打素社康服務	United Christian Nethersole Community Health Service
宏施慈善基金深水埗社會服務處	Windshield Charitable Foundation Sham Shui Po Social Services
宏施慈善基金社會服務處	Windshield Charitable Foundation Social Services
黃大仙區健康安全城市	Wong Tai Sin District Healthy & Safe City
香港東區婦女福利會梁李秀娛長者鄰舍中心	WWCEDHK Leung Lee Sau Yu Neighbourhood Elderly Centre
香港西區婦女福利會關啟明紀念松鶴老人中心	WWCWDHK Kwan Kai Ming Memorial Chung Hok Elderly Centre
仁愛堂田家炳長者鄰舍中心	Yan Oi Tong Tin Ka Ping Neighbourhood Elderly Centre
有利建築有限公司	Yau Lee Construction Company Limited
怡輝建築有限公司	Yee Fai Construction Co Ltd
圓玄軒婦女中心	Yuen Yuen v-Learn Women Centre

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

博愛醫院歷屆總理聯誼會鄭任安夫人千禧小學	AD & FD of Pok Oi Hospital Mrs Cheng Yam On Millennium 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
上水宣道小學	Alliance Primary School (Sheung Shui)
大坑東宣道小學	Alliance Primary School (Tai Hang Tung)
醫療輔助隊少年團	Auxiliary Medical Service Cadet Corps
浸信會天虹小學	Baptist Rainbow Primary School
佛教中華康山學校	Buddhist Chung Wah Kornhill Primary School
佛教覺光法師中學	Buddhist Kok Kwong Secondary School
佛教林炳炎紀念學校	Buddhist Lam Bing Yim Memorial School
佛教林金殿紀念小學	Buddhist Lim Kim Tian Memorial Primary School
佛教善德英文中學	Buddhist Sin Tak College
佛教大雄中學	Buddhist Tai Hung College
佛教大光慈航中學	Buddhist Tai Kwong Chi Hong College
香港佛教聯合會主辦佛教曾果成中英文幼稚園	Buddhist Tsang Kor Sing Anglo-Chinese Kindergarten
嘉諾撒小學(新蒲崗)	Canossa Primary School (San Po Kong)
廣東道官立小學	Canton Road Government Primary School
明愛馬鞍山中學	Caritas Ma On Shan Secondary School
明愛聖若瑟中學	Caritas St Joseph Secondary School
迦密唐賓南紀念中學	Carmel Bunnan Tong Memorial Secondary School
迦密主恩中學	Carmel Divine Grace Foundation Secondary School
迦密聖道中學	Carmel Holy Word Secondary School
中華基督教會全完中學	CCC Chuen Yuen College
中華基督教會協和小學(長沙灣)	CCC Heep Woh Primary School (Cheung Sha Wan)
中華基督教會基朗中學	CCC Kei Long College
中華基督教會基道中學	CCC Kei To College
中華基督教會大澳小學	CCC Tai O Primary School
中華基督教會灣仔堂基道小學(九龍城)	CCC Wanchai Church Kei To Primary School (Kowloon City)
中西區聖安多尼學校	Central & Western District St Anthony's School
陳瑞祺(喇沙)小學	Chan Sui Ki (La Salle) Primary School
長沙灣天主教英文中學	Cheung Sha Wan Catholic Secondary School
佛教志蓮小學	Chi Lin Buddhist Primary School
肖霞幼稚園	Chiu Ha Kindergarten
香港潮陽小學	Chiu Yang Primary School of Hong Kong
基督教宣道會宣基中學	Christian & Missionary Alliance Sun Kei Secondary School
宣道會雷蔡群樂幼稚園	Christian Alliance Louey Choy Kwan Lok Kindergarten

宣道會陳瑞芝紀念中學	Christian Alliance S C Chan Memorial College
真鐸學校	Chun Tok School
鐘聲學校	Chung Sing 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
文理書院 (九龍)	Cognitio College (Kowloon)
孔教學院大成小學	Confucian Tai Shing Primary School
啟思幼稚園幼兒園 (愛琴)	Creative Kindergarten (Aegean Coast)
地利亞修女紀念學校 (協和)	Delia Memorial School (Hip Wo)
拔萃男書院附屬小學	Diocesan Boys' School Primary Division
胡素貞博士紀念學校	Dr Catherine F Woo Memorial 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
靈光小學	Emmanuel Primary School
播道書院	Evangel College
基督教香港信義會心誠中學	Fanling Lutheran Secondary School
粉嶺禮賢會中學	Fanling Rhenish Church Secondary School
農圃道官立小學	Farm Road Government Primary School
五邑工商總會張祝珊幼兒園幼稚園	FDBWA Cheung Chuk Shan Kindergarten
五邑司徒浩中學	FDBWA Szeto Ho Secondary School
五邑工商總會學校	Five Districts Business Welfare Association School
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
德望學校	Good Hope School
綠茵幼稚園 (上水校)	Greenfield Kindergarten (Sheung Shui)
協康會康苗幼兒園	Heep Hong Society Healthy Kids Nursery School
香海正覺蓮社佛教正覺蓮社學校	HHCKLA Buddhist Ching Kok Lin Association School
香海正覺蓮社佛教馬錦燦紀念英文中學	HHCKLA Buddhist Ma Kam Chan Memorial English Secondary School
港九潮州公會中學	HK & KLN Chiu Chow Public Association Secondary School
港澳信義會小學	HK & Macau Lutheran Church Primary 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
香港保護兒童會滙豐銀行慈善基金幼兒學校	HKSPC Hong Kong Bank Foundation Nursery School
香港四邑商工總會黃棣珊紀念中學	HKSYPIC Wong Tai Shan Memorial College
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第二中學	HKTA The Yuen Yuen Institute No 2 Secondary 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
香港布廠商會朱石麟中學	HKWMA Chu Shek Lun Secondary School
香港基督教女青年會趙靄華幼兒學校	HKYWCA Chiu Oi Wah Nursery School
嗇色園主辦可銘學校	Ho Ming Primary School (Sponsored by Sik Sik Yuen)
海壩街官立小學	Hoi Pa Street Government Primary School
旅港開平商會中學	Hoi Ping Chamber of Commerce Secondary 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
香港基督教服務處滙豐幼兒學校	Hong Kong Christian Service Wayfoong Nursery School
香港鄧鏡波書院	Hong Kong Tang King Po College
香島道官立小學	Island Road Government Primary School
賽馬會體藝中學	Jockey Club Ti-I College
永樂創新英文幼稚園	Jonathan Innovative English Kindergarten
裘錦秋中學 (元朗)	Ju Ching Chu Secondary School (Yuen Long)
寶血會嘉靈學校	Ka Ling School of the Precious Blood
金錢村何東學校	Kam Tsin Village Ho Tung School
路德會景林幼兒園	King Lam Lutheran Day Nursery
九龍城浸信會禧年 (恩平) 小學	Kowloon City Baptist Church Hay Nien (Yan Ping) Primary School
九龍嘉心中英文幼稚園	Kowloon Gar Sum Anglo-Chinese Kindergarten
九龍塘天主教華德學校	Kowloon Tong Bishop Walsh Catholic School
九龍塘官立小學	Kowloon Tong Government Primary School
寶血會伍季明紀念學校	Kwai Ming Wu Memorial School of the Precious Blood
天主教領島學校	Ling To Catholic Primary School
嶺南鍾榮光博士紀念中學	Lingnan Dr Chung Wing Kwong Memorial Secondary School
樂善堂梁植偉紀念中學	Lok Sin Tong Leung Chik Wai Memorial School
樂善堂梁銑琚學校 (分校)	Lok Sin Tong Leung Kau Kui Primary School (Branch)
樂善堂梁黃蕙芳紀念學校	Lok Sin Tong Leung Wong Wai Fong Memorial School
樂善堂小學	Lok Sin Tong Primary School
樂善堂王仲銘中學	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
馬頭涌官立小學 (紅磡灣)	Ma Tau Chung Government Primary School (Hung Hom Bay)
妙法寺劉金龍中學	Madam Lau Kam Lung Secondary School of Miu Fat Buddhist Monastery
瑪利諾中學	Maryknoll Secondary School
慕光英文書院	Mu Kuang English School
梅窩學校	Mui Wo School

吳氏宗親總會泰伯紀念學校	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
聖母院書院	Notre Dame College
新界鄉議局元朗區中學	NT Heung Yee Kuk Yuen Long District Secondary School
聖母書院	Our Lady's College
加拿大神召會嘉智中學	PAOC Ka Chi Secondary School
平安福音堂幼稚園 (牛頭角)	Peace Evangelical Centre Kindergarten (Ngau Tau Kok)
坪石天主教小學	Ping Shek Estate Catholic Primary School
保良局陳黎惠蓮幼稚園暨幼兒園	Po Leung Kuk Chan Lai Wai Lin Kindergarten
保良局朱正賢小學	Po Leung Kuk Chee Jing Yin Primary School
保良局蔡繼有幼稚園	Po Leung Kuk Choi Kai Yau Kindergarten
保良局方王錦全小學	Po Leung Kuk Fong Wong Kam Chuen Primary School
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
保良局志豪小學	Po Leung Kuk Horizon East Primary School
保良局李城璧中學	Po Leung Kuk Lee Shing Pik College
保良局梁周順琴小學	Po Leung Kuk Leung Chow Shun Kam Primary School
保良局馬錦明中學	Po Leung Kuk Ma Kam Ming College
保良局陳南昌夫人小學	Po Leung Kuk Mrs Chan Nam Chong Memorial Primary School
保良局莊啟程夫人 (華貴) 幼稚園暨幼兒園	Po Leung Kuk Mrs Vicwood KT Chong (Wah Kwai) Kindergarten
保良局第一張永慶中學	Po Leung Kuk No 1 WH Cheung College
保良局譚歐陽少芳紀念幼稚園	Po Leung Kuk Tam Au-Yeung Siu Fong Memorial Kindergarten
保良局田家炳小學	Po Leung Kuk Tin Ka Ping Primary School
保良局莊啟程幼稚園幼兒園	Po Leung Kuk Vicwood KT Chong Kindergarten & Nursery
保良局莊啟程第二小學	Po Leung Kuk Vicwood KT Chong No 2 Primary School
保良局胡忠中學	Po Leung Kuk Wu Chung College
保良局姚連生中學	Po Leung Kuk Yao Ling Sun College
寶安商會王少清中學	Po On Commercial Association Wong Siu Ching Secondary School
博愛醫院八十週年鄧英喜中學	Pok Oi Hospital 80th Anniversary Tang Ying Hei College
博愛醫院陳楷紀念中學	Pok Oi Hospital Chan Kai Memorial College
香港培道中學	Pooi To Middle School
保祿六世書院	Pope Paul VI College
海怡寶血小學	Precious Blood Primary School (South Horizons)
培僑書院	Pui Kiu College

培英中學	Pui Ying Secondary School
伊利沙伯中學舊生會中學	Queen Elizabeth School Old Students' Association Secondary School
皇仁舊生會中學	Queen's College Old Boys' Association Secondary School
嘉諾撒聖心書院	Sacred Heart Canossian College
嘉諾撒聖心學校(私立部)	Sacred Heart Canossian School Private Section
慈幼葉漢小學	Salesian Yip Hon Primary 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
沙田圍胡素貞博士紀念學校	Sha Tin Wai Dr Catherine F Woo Memorial School
深水埗浸信會幼稚園	Sham Shui Po Baptist Church Kindergarten
深水埗德善幼稚園	Sham Shui Po Tak Shin Kindergarten
滬江小學	Shanghai Alumni Primary School
筲箕灣官立小學	Shau Kei Wan Government Primary School
石籬聖若望天主教小學	Shek Lei St John's Catholic Primary School
善一堂安逸幼稚園	Shin Yat Tong On Yat Kindergarten
禮賢會順天幼兒園	Shun Tin Rhenish Nursery
天主教崇德英文書院	Shung Tak Catholic English College
聖言中學	Sing Yin Secondary School
官立嘉道理爵士中學(西九龍)	Sir Ellis Kadoorie Secondary School (West Kowloon)
聖公會主愛小學(梨木樹)	SKH Chu Oi Primary School (Lei Muk Shue)
聖公會奉基千禧小學	SKH Fung Kei Millennium Primary School
聖公會聖匠中學	SKH Holy Carpenter Secondary School
聖公會聖十架小學	SKH Holy Cross Primary School
聖公會基福小學	SKH Kei Fook Primary School
聖公會基孝中學	SKH Kei Hau Secondary School
聖公會基顯小學	SKH Kei Hin Primary School
聖公會聖米迦勒小學	SKH St Michael's Primary School
聖公會聖多馬小學	SKH St Thomas' Primary School
聖公會田灣始南小學	SKH Tin Wan Chi Nam Primary School
聖公會將軍澳基德小學	SKH Tseung Kwan O Kei Tak Primary School
聖公會青衣邨何澤芸小學	SKH Tsing Yi Estate Ho Chak Wan Primary School
聖公會蔡功譜中學	SKH Tsoi Kung Po Secondary School
聖公會仁立小學	SKH Yan Laap Primary School
聖公會油塘基顯小學	SKH Yau Tong Kei Hin 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李一鶚紀念學校	SRBCEPSA Lee Yat Ngok Memorial School
聖傑靈女子中學	St Catharine's School for Girls
德萃幼稚園•幼兒園	St Hilary's Kindergarten
聖約瑟書院	St Joesph's College

聖類斯中學	St Louis School
聖類斯中學 (小學部)	St Louis School (Primary Section)
聖瑪加利男女英文中小學	St Margaret's Co-educational English Secondary and Primary School
香港聖瑪加利女書院	St Margaret's Girls' College, Hong Kong
聖馬可中學	St Mark's School
聖保羅書院小學	St Paul's College Primary School
聖羅撒書院	St Rose of Lima's College
聖士提反堂中學	St Stephen's Church College
聖士提反書院	St Stephen's College
香港神託會培敦中學	Stewards Pooi Tun Secondary School
順德聯誼總會梁潔華小學	STFA Leung Kit Wah Primary School
順德聯誼總會胡少渠紀念小學	STFA Wu Siu Kui Memorial Primary School
大埔崇德黃建常紀念學校	Sung Tak Wong Kin Sheung Memorial School
太古小學	Tai Koo Primary School
大埔官立小學	Tai Po Government Primary School
德雅小學	Tak Nga Primary School
德愛中學	Tak Oi Secondary School
博愛醫院歷屆總理聯誼會梁省德中學	The Association of Directors and Former Directors of Pok Oi Hospital Limited Leung Sing Tak College
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 Hong Kong Northwest Kindergarten
中華基督教會基真幼稚園	The Church of Christ In China Kei Chun Kindergarten
民安隊少年團	The Civil Aid Service Cadet Corps
基督教香港信義會深信學校	The ELCHK Faith Lutheran School
香港中文大學醫學院賽馬會 公共衛生及基層醫療學院	The Jockey Club School of Public Health and Primary Care, Faculty of Medicine, The Chinese University of Hong Kong
衛理中學	The Methodist Church Hong Kong Wesley College
基督教聖約教會堅樂小學	The Mission Covenant Church Holm Glad Primary School
香港中文大學醫學院那打素護理學院	The Nethersole School of Nursing, Faculty of Medicine, The Chinese University of Hong Kong
救世軍卜凱賽琳幼兒學校	The Salvation Army Catherine Booth Nursery School
救世軍陳昆棟幼稚園	The Salvation Army Chan Kwan Tung Kindergarten
天水圍官立小學	Tin Shui Wai Government Primary School
塘尾道官立小學	Tong Mei Road Government Primary School
將軍澳官立小學	Tseung Kwan O Government Primary School
青衣商會小學	Tsing Yi Trade Association Primary School
荃灣天主教小學	Tsuen Wan Catholic Primary School
荃灣官立小學	Tsuen Wan Government Primary School
荃灣商會學校	Tsuen Wan Trade Association Primary School

崇真小學暨幼稚園	Tsung Tsin Primary School and Kindergarten
屯門天主教中學	Tuen Mun Catholic Secondary School
惇裕學校	Tun Yu School
東莞學校	Tung Koon School
東華三院陳兆民中學	TWGHs Chen Zao Men College
東華三院李潤田紀念中學	TWGHs Lee Ching Dea Memorial College
東華三院馬錦燦紀念小學	TWGHs Ma Kam Chan Memorial Primary School
東華三院力勤幼稚園	TWGHs Nickon Kindergarten
東華三院冼次雲小學	TWGHs Sin Chu Wan Primary School
東華三院黃鳳翎中學	TWGHs Wong Fung Ling College
東華三院姚達之紀念小學(元朗)	TWGHs Yiu Dak Chi Memorial Primary School (Yuen Long)
東華三院邱金元中學	TWGHs Yow Kam Yuen College
慈雲山聖文德天主教小學	TWS St Bonaventure Catholic Primary School
匯基書院	United Christian College
上水惠州公立學校	Wai Chow Public School (Sheung Shui)
香港普通話研習社科技創意小學	Xianggang Putonghua Yanxishe Primary School of Science and Creativity
仁愛堂田家炳中學	Yan Oi Tong Tin Ka Ping Secondary School
仁濟醫院羅陳楚思小學	YCH Law Chan Chor Si Primary School
仁濟醫院林百欣中學	YCH Lim Por Yen Secondary School
仁濟醫院林李婉冰幼稚園幼兒中心	YCH Nina Lam Kindergarten
元朗天主教中學	Yuen Long Catholic Secondary School
中華基督教會元朗堂真光幼稚園	Yuen Long Church (CCC) Chan Kwong Kindergarten
元朗朗屏邨東莞學校	Yuen Long Long Ping Estate Tung Koon Primary School
元朗朗屏邨惠州學校	Yuen Long Long Ping Estate Wai Chow School
元朗商會小學	Yuen Long Merchants Association Primary School



# 「香港無煙領先企業大獎2016」得獎名單

## Awards List of "Hong Kong Smoke-free Leading Company Awards 2016"

### 三年卓越金獎 Triple Gold Awards

置富資產管理有限公司	ARA Asset Management (Fortune) Limited
中信証券國際有限公司	CITIC Securities International Company Limited
葵涌醫院	Kwai Chung Hospital

### 金獎 Gold Awards

百麗國際控股有限公司	Belle International Holdings Limited
利基控股有限公司	Build King Holdings Limited
香港懲教署	Correctional Services Department
敦豪國際速遞(香港)有限公司	DHL Express Hong Kong
青洲英坭(集團)有限公司	Green Island Cement (Holdings) Limited
領展資產管理有限公司	Link Asset Management Limited
富安集團有限公司	Richform Holdings Limited
香港賽馬會 - 零售部	The Hong Kong Jockey Club - Retail Department
天星小輪有限公司	The 'Star' Ferry Company, Limited
偉邦物業管理有限公司 (恒基兆業地產集團成員)	Well Born Real Estate Management Limited (A Member of Henderson Land Group)

### 銀獎 Silver Awards

亞洲信貸監察(控股)有限公司	Asia Credit Monitors (Holdings) Limited
中國建築工程(香港)有限公司	China State Construction Engineering (Hong Kong) Limited
無添加化妝品有限公司	Fantastic Natural Cosmetics Limited
康泰旅行社	Hong Thai Travel Services Ltd
啟勝管理服務有限公司 - 創紀之城五期	Kai Shing Management Services Limited - Millennium City 5
南豐集團 - 民亮發展有限公司 (葵涌廣場)	Nan Fung Group - Main Shine Development Limited (Kwai Chung Plaza)
佳定集團	Savills Guardian Group
土地註冊處	The Land Registry
惠康環境服務集團	Waihong Environmental Service Group

### 最具創意無煙企業政策獎 Most Creative Smoke-free Policy Award

利基控股有限公司	Build King Holdings Limited
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### 優異獎 Certificates of Merit

置富資產管理有限公司 - 銀禧薈	ARA Asset Management (Fortune) Limited - Jubilee Square
置富資產管理有限公司 - 馬鞍山廣場	ARA Asset Management (Fortune) Limited - Ma On Shan Plaza
珀圖有限公司	Brighspect Limited
滙秀企業有限公司	Broadway - Nassau Investments Limited
家利物業管理有限公司 - 嘉雲中心	Cayley Property Management Limited - Cavendish Centre
家利物業管理有限公司 - 城市花園	Cayley Property Management Limited - City Garden
家利物業管理有限公司 - 東達中心	Cayley Property Management Limited - Eastern Centre
家利物業管理有限公司 - 東南工業大廈	Cayley Property Management Limited - Southeast Industrial Building
家利物業管理有限公司 - 億利商業大廈	Cayley Property Management Limited - Yardley Commercial Building
中環至半山自動扶手電梯系統	Central - Mid Levels Escalators System
其士(建築)有限公司 - 元朗西鐵朗屏站(北)發展項目	Chevalier (Construction) Co Ltd - Property Development at West Rail YLTL513, Long Ping Station (North), Yuen Long, NT
中信國際電訊(信息技術)有限公司	CITIC Telecom International CPC Limited
港基物業管理有限公司 - 康宏廣場管理服務中心	Citybase Property Management Limited - Concordia Plaza
港基物業管理有限公司 - 盈暉臺管理服務中心	Citybase Property Management Limited - Nob Hill Management Services Centre
港基物業管理有限公司 - 四季名園管理服務中心	Citybase Property Management Limited - Seasons Monarch Management Services Centre
港基物業管理有限公司 - 峻瀝管理服務中心	Citybase Property Management Limited - The Beaumont Management Services Centre
港基物業管理有限公司 - 中環中心	Citybase Property Management Limited - The Center
港基物業管理有限公司 - 尚城管理服務中心	Citybase Property Management Limited - Uptown Management Services Centre
科聯系統有限公司	Computer And Technologies International Limited
華豐正凌國際有限公司	Crossover International Co Limited
敦豪全球貨運物流(香港)有限公司	DHL Global Forwarding (Hong Kong) Limited
潛水歷險會	Diving Adventure Limited
	Dream Beauty Pro
易易壹金融集團有限公司	Easy One Financial Group Limited
安怡音樂教室	Emily Music Workshop
愛都大廈管理有限公司	Estoril Court Management Company Limited
洗樓王有限公司	Flyer King Ltd
未來照明有限公司	Future Lighting Collection Ltd

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Awards List of "Hong Kong Smoke-free Leading Company Awards 2016"

高衛物業管理有限公司 - 創業街9號	Goodwell Property Management Limited - 9 Chong Yip Street
高衛物業管理有限公司 - 海柏花園	Goodwell Property Management Limited - Bayshore Towers
高衛物業管理有限公司 - 壹號名薈	Goodwell Property Management Limited - Celestial Place
高衛物業管理有限公司 - 康力投資大廈	Goodwell Property Management Limited - Conic Investment Building
高衛物業管理有限公司 - DIVA	Goodwell Property Management Limited - DIVA
高衛物業管理有限公司 - 富商工業中心	Goodwell Property Management Limited - Focal Industrial Centre
高衛物業管理有限公司 - 維港中心第一座	Goodwell Property Management Limited - Harbour Centre Tower 1
高衛物業管理有限公司 - 總公司	Goodwell Property Management Limited - Head Office
高衛物業管理有限公司 - 浩文苑	Goodwell Property Management Limited - Homan Villa
高衛物業管理有限公司 - 康瑞苑	Goodwell Property Management Limited - Hong Shui Court
高衛物業管理有限公司 - 銀禧花園	Goodwell Property Management Limited - Jubilee Garden
高衛物業管理有限公司 - 葵昌中心	Goodwell Property Management Limited - Kwai Cheong Centre
高衛物業管理有限公司 - 瑤堡	Goodwell Property Management Limited - Le Chateau
高衛物業管理有限公司 - 尚御	Goodwell Property Management Limited - Meridian Hill
高衛物業管理有限公司 - 寶康大廈	Goodwell Property Management Limited - Po Hong Mansion
高衛物業管理有限公司 - 泓富廣場	Goodwell Property Management Limited - Prosperity Place
高衛物業管理有限公司 - 麗和閣	Goodwell Property Management Limited - Reve Plaza
高衛物業管理有限公司 - 滙景花園	Goodwell Property Management Limited - Sceneway Garden
高衛物業管理有限公司 - 維港·星岸	Goodwell Property Management Limited - Stars By The Harbour
高衛物業管理有限公司 - 興業工商大廈	Goodwell Property Management Limited - Summit Building
高衛物業管理有限公司 - 渣甸山名門	Goodwell Property Management Limited - The Jardine Lookout
高衛物業管理有限公司 - 海逸坊	Goodwell Property Management Limited - The Laguna Mall
高衛物業管理有限公司 - 盈峰翠邸	Goodwell Property Management Limited - The Paramount
高衛物業管理有限公司 - 柏濤灣	Goodwell Property Management Limited - The Portofino
高衛物業管理有限公司 - 港景峯	Goodwell Property Management Limited - The Victoria Towers
高衛物業管理有限公司 - 聽濤雅苑	Goodwell Property Management Limited - Vista Paradiso
高衛物業管理有限公司 - 裕民中心	Goodwell Property Management Limited - Yue Man Centre
海滴工作室	Hadil Workshop
恆堡有限公司	Hanberg Limited
恒益物業管理有限公司 (恒基兆業地產集團成員)	Hang Yick Properties Management Limited (A Member of Henderson Land Group)
海名軒	Harbourfront Landmark Premium Services Limited
恒基兆業地產附屬機構	Henderson Land Group Subsidiary
偉邦物業管理有限公司 - 新寶城	Well Born Real Estate Management Limited - La Cite Noble
恒基兆業地產附屬機構	Henderson Land Group Subsidiary
偉邦物業管理有限公司 - 疊茵庭	Well Born Real Estate Management Limited - Parkland Villas
恒華(香港)裝飾工程有限公司	Heng Wah (Hong Kong) Decoration Co Ltd

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衍生行有限公司	Hin Sang Hong Company Limited
康樂居僱傭中心有限公司	HL&C Employment Agency Ltd
何文田保齡球體育館	Ho Man Tin Bowling Sports Centre
香港空氣淨化器中心有限公司	Hong Kong Air Purifier Center Limited
康業服務有限公司 - 威力貨運大廈	Hong Yip Service Company Limited - Air Goal Cargo Building
康業服務有限公司 - 駱駝漆大廈第一及二座	Hong Yip Service Company Limited - Camelpaint Buildings Block I & II
康業服務有限公司 - 駱駝漆大廈第三座	Hong Yip Service Company Limited - Camelpaint Buildings Block III
康業服務有限公司 - 冠力工業大廈	Hong Yip Service Company Limited - Crown Industrial Building
康業服務有限公司 - 港貿中心	Hong Yip Service Company Limited - Entrepot Centre
康業服務有限公司 - 毅力工業中心	Hong Yip Service Company Limited - Everest Industrial Centre
康業服務有限公司 - 新城工商中心	Hong Yip Service Company Limited - New City Centre
康業服務有限公司 - 獅子石道一號	Hong Yip Service Company Limited - No. 1 Lion Rock Road
康業服務有限公司 - 鴻力工業中心	Hong Yip Service Company Limited - Proficient Industrial Centre
康業服務有限公司 - 怡德花園	Hong Yip Service Company Limited - Tang Court
康業服務有限公司 - 聯合興業工業大廈	Hong Yip Service Company Limited - Union Hing Yip Factory Building
康業服務有限公司 - 宏光工業大廈	Hong Yip Service Company Limited - Wang Kwong Industrial Building
和黃物流中心管理有限公司	Hutchison Logistics Centre Management Limited
和記物業管理有限公司	Hutchison Property Management Company Limited
和記物業管理有限公司 - 華人行	Hutchison Property Management Company Limited - China Building
互動教育	i-education
無限極廣場管理處	Infinitus Plaza Management Office
一心旅遊有限公司	Instant Travel Service Limited
國際物業管理有限公司	International Property Management Limited
國際物業管理有限公司 - 碧瑤灣	International Property Management Limited - Baguio Villa
國際物業管理有限公司 - 傲龍軒	International Property Management Limited - Dragon Pride
仲量聯行物業管理有限公司	Jones Lang LaSalle Management Services Limited
嘉誠管理顧問有限公司	Ka Shing Management Consultant Limited
啟勝管理服務有限公司 - 新都廣場	Kai Shing Management Services Limited - Metropolis Plaza
啟勝管理服務有限公司 - 創貿廣場	Kai Shing Management Services Limited - APEC Plaza
啟勝管理服務有限公司 - 東港城商場	Kai Shing Management Services Limited - East Point City (Commercial)
啟勝管理服務有限公司 - 新城市中央廣場	Kai Shing Management Services Limited - Grand Central Plaza
啟勝管理服務有限公司 - HomeSquare	Kai Shing Management Services Limited - HomeSquare
啟勝管理服務有限公司 - 上水廣場	Kai Shing Management Services Limited - Landmark North

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啟勝管理服務有限公司 - One Harbour Square	Kai Shing Management Services Limited - One Harbour Square
啟勝管理服務有限公司 - 浪翠園三期	Kai Shing Management Services Limited - Sea Crest Villa Phase III
啟勝管理服務有限公司 - 新屯門中心	Kai Shing Management Services Limited - Sun Tuen Mun Centre
啟勝管理服務有限公司 - 世貿中心	Kai Shing Management Services Limited - World Trade Centre
金永城信貸有限公司	Kin Wing Cheng Finance Limited
毅力醫護健康集團有限公司	Kinetics Medical & Health Group Co Limited
高明科技工程有限公司	KML Engineering Limited
	KOHO Facility Management Limited
萬泰服務有限公司 - 麗都花園管理服務中心	Mantex Services Limited - Lido Garden Management Services Centre
愛完美婚禮服務	Marry Go Round
萬士博(亞洲)有限公司	MaxiPro (Asia) Limited
美樂保齡球場	Mei Lok Bowling Centre
新都城管理有限公司 (恒基兆業地產集團成員) - 新都城二期	Metro City Management Limited (A Member of Henderson Land Group) - Metro City Phase II
美國萬利理財控股有限公司	Money Concepts (Asia) Holdings Limited
安栢市場策劃(香港)有限公司	MPEG (HK) Limited
美姿谷有限公司	MZG Mei Zi Gu Limited
南豐集團 - 漢興企業有限公司 (福康工業大廈)	Nan Fung Group - Hon Hing Enterprises Limited (Fook Hong Industrial Building)
南豐集團 - 漢興企業有限公司 (福慧大廈)	Nan Fung Group - Hon Hing Enterprises Limited (Fortuna Court)
南豐集團 - 漢興企業有限公司 (富華工業大廈)	Nan Fung Group - Hon Hing Enterprises Limited (Fu Wah Industrial Building)
南豐集團 - 漢興企業有限公司 (碧翠苑)	Nan Fung Group - Hon Hing Enterprises Limited (Green Park)
南豐集團 - 漢興企業有限公司 (興華工業大廈)	Nan Fung Group - Hon Hing Enterprises Limited (Hing Wah Industrial Building)
南豐集團 - 漢興企業有限公司 (金豐大廈)	Nan Fung Group - Hon Hing Enterprises Limited (Kam Fung Building)
南豐集團 - 漢興企業有限公司 (嘉華工業大廈)	Nan Fung Group - Hon Hing Enterprises Limited (Kar Wah Industrial Building)
南豐集團 - 漢興企業有限公司 (麗華大廈)	Nan Fung Group - Hon Hing Enterprises Limited (Lever Building)
南豐集團 - 漢興企業有限公司 (華業大廈)	Nan Fung Group - Hon Hing Enterprises Limited (Marvel Industrial Building)
南豐集團 - 漢興企業有限公司 (南豐中心)	Nan Fung Group - Hon Hing Enterprises Limited (Nan Fung Centre)
南豐集團 - 漢興企業有限公司 (寶業大廈)	Nan Fung Group - Hon Hing Enterprises Limited (Pao Yip Building)



「香港無煙領先企業大獎2016」得獎名單

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南豐集團 - 漢興企業有限公司 (北河大廈)	Nan Fung Group - Hon Hing Enterprises Limited (Pei Ho Building)
南豐集團 - 漢興企業有限公司 (盈業大廈)	Nan Fung Group - Hon Hing Enterprises Limited (Profit Industrial Building)
南豐集團 - 漢興企業有限公司 (兆豐大廈)	Nan Fung Group - Hon Hing Enterprises Limited (Shiu Fung Building)
南豐集團 - 漢興企業有限公司 (荃豐中心)	Nan Fung Group - Hon Hing Enterprises Limited (Tsuen Fung Centre)
南豐集團 - 漢興企業有限公司 (福仁大廈)	Nan Fung Group - Hon Hing Enterprises Limited (Wonder Building)
南豐集團 - 民亮發展有限公司 (海慧花園)	Nan Fung Group - Main Shine Development Limited (Aquamarine Garden)
南豐集團 - 民亮發展有限公司 (南源)	Nan Fung Group - Main Shine Development Limited (Bay Villas)
南豐集團 - 民亮發展有限公司 (寶能閣及寶能閣二期)	Nan Fung Group - Main Shine Development Limited (Boland Court I & II)
南豐集團 - 民亮發展有限公司 (綠悅)	Nan Fung Group - Main Shine Development Limited (Fiori)
南豐集團 - 民亮發展有限公司 (海桃灣)	Nan Fung Group - Main Shine Development Limited (Floriant Rise)
南豐集團 - 民亮發展有限公司 (金龍工業中心)	Nan Fung Group - Main Shine Development Limited (Golden Dragon Industrial Centre)
南豐集團 - 民亮發展有限公司 (豐景園)	Nan Fung Group - Main Shine Development Limited (Good View Garden)
南豐集團 - 民亮發展有限公司 (錦豐園)	Nan Fung Group - Main Shine Development Limited (Kam Fung Garden)
南豐集團 - 民亮發展有限公司 (湖景花園)	Nan Fung Group - Main Shine Development Limited (Lakeview Garden)
南豐集團 - 民亮發展有限公司 (南豐商業中心)	Nan Fung Group - Main Shine Development Limited (Nan Fung Commercial Centre)
南豐集團 - 民亮發展有限公司 (南豐廣場)	Nan Fung Group - Main Shine Development Limited (Nan Fung Plaza)
南豐集團 - 民亮發展有限公司 (新蒲崗廣場)	Nan Fung Group - Main Shine Development Limited (San Po Kong Plaza)
南豐集團 - 民亮發展有限公司 (新豐中心)	Nan Fung Group - Main Shine Development Limited (Sun Fung Centre)
南豐集團 - 民亮發展有限公司 (德豐工業中心)	Nan Fung Group - Main Shine Development Limited (Tak Fung Industrial Centre)
南豐集團 - 民亮發展有限公司 (翠峰小築)	Nan Fung Group - Main Shine Development Limited (Verdant Villa)
南豐集團 - 民亮發展有限公司 (華豐園)	Nan Fung Group - Main Shine Development Limited (Wah Fung Garden)

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南豐集團 - 民亮發展有限公司 (宏業工業大廈)	Nan Fung Group - Main Shine Development Limited (Wang Yip Industrial Building)
南豐集團 - 民亮發展有限公司 (慧安園)	Nan Fung Group - Main Shine Development Limited (Well On Garden)
南豐集團 - 民亮發展有限公司 (永亨保險大廈)	Nan Fung Group - Main Shine Development Limited (Wing Hang Insurance Building)
南豐集團 - 新卓管理有限公司 (柯士甸山道5號)	Nan Fung Group - New Charm Management Limited (5 Mount Austin Road)
南豐集團 - 新卓管理有限公司 (南豐大廈)	Nan Fung Group - New Charm Management Limited (Nan Fung Tower)
南豐集團 - 新卓管理有限公司 (甘道9號)	Nan Fung Group - New Charm Management Limited (No 9 Coombe Road)
南豐集團 - 新卓管理有限公司 (甘道11號)	Nan Fung Group - New Charm Management Limited (No 11 Coombe Road)
南豐集團 - 新卓管理有限公司 (甘道21號)	Nan Fung Group - New Charm Management Limited (No 21 Coombe Road)
南豐集團 - 新卓管理有限公司 (羅便臣道80號)	Nan Fung Group - New Charm Management Limited (No 80 Robinson Road)
南豐集團 - 新卓管理有限公司 (山頂道84號)	Nan Fung Group - New Charm Management Limited (No 84 Peak Road)
南豐集團 - 新卓管理有限公司 (傲騰廣場)	Nan Fung Group - New Charm Management Limited (Octa Tower)
南豐集團 - 新卓管理有限公司 (晉名峰)	Nan Fung Group - New Charm Management Limited (The Grandville)
南豐集團 - 新卓管理有限公司 (The Wellington)	Nan Fung Group - New Charm Management Limited (The Wellington)
南豐集團 - 滙玥·天賦海灣	Nan Fung Group - Providence Peak
南豐集團 - 萬寶物業管理有限公司 (浪濤灣)	Nan Fung Group - Vineberg Property Management Limited (Aqua Blue)
南豐集團 - 萬寶物業管理有限公司 (南豐新邨)	Nan Fung Group - Vineberg Property Management Limited (Nan Fung Sun Chuen)
南豐集團 - 萬寶物業管理有限公司 (順寧苑)	Nan Fung Group - Vineberg Property Management Limited (Peaceful Mansion)
南豐集團 - 萬寶物業管理有限公司 (將軍澳廣場)	Nan Fung Group - Vineberg Property Management Limited (Tseung Kwan O Plaza)
安永國際(亞洲)有限公司	Nu Life International (Asia) Limited
超越乒乓球訓練中心	Overstep Table Tennis Training Centre
栢蕙苑物業管理有限公司	Park Vale (Management) Limited

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美國輝瑞科研製藥有限公司	Pfizer Corporation Hong Kong Limited
筆克(香港)有限公司	Pico International (HK) Limited
鋒生有限公司	Pioneer Dynamic Limited
領先管理有限公司 - 石硤尾邨二至五期	Pioneer Management Ltd - Shek Kip Mei Estate Phase 2 to 5
彩虹甜品屋有限公司	Rainbow Dessert Company Limited
帝都酒店	Royal Park Hotel
第一太平戴維斯物業管理有限公司	Savills Property Management Limited
第一太平戴維斯物業管理有限公司 - 康宏匯	Savills Property Management Limited - @ Convoy
第一太平戴維斯物業管理有限公司 - 東亞銀行港灣中心	Savills Property Management Limited - Bank of East Asia Harbour View Centre
第一太平戴維斯物業管理有限公司 - 鱷魚恤中心	Savills Property Management Limited - Crocodile Center
第一太平戴維斯物業管理有限公司 - 皇廷廣場	Savills Property Management Limited - King Palace Plaza
第一太平戴維斯物業管理有限公司 - 京瑞廣場1期	Savills Property Management Limited - Kings Wing Plaza 1
第一太平戴維斯物業管理有限公司 - 京瑞廣場2期	Savills Property Management Limited - Kings Wing Plaza 2
第一太平戴維斯物業管理有限公司 - 寧晉中心	Savills Property Management Limited - Legend Tower
第一太平戴維斯物業管理有限公司 - 力寶中心	Savills Property Management Limited - Lippo Centre
第一太平戴維斯物業管理有限公司 - 藍塘道23-39號	Savills Property Management Limited - No 23-29 Blue Pool Road
第一太平戴維斯物業管理有限公司 - OLIV	Savills Property Management Limited - OLIV
第一太平戴維斯物業管理有限公司 - 2000年廣場	Savills Property Management Limited - Plaza 2000
第一太平戴維斯物業管理有限公司 - 金鐘廊	Savills Property Management Limited - Queensway Plaza
第一太平戴維斯物業管理有限公司 - The Loop	Savills Property Management Limited - The Loop
信德置業管理有限公司	Shun Tak Properties Limited
信和物業管理有限公司 - 旺角中心第一座	Sino Estates Management Limited - Argyle Centre Phase I
信和物業管理有限公司 - 金馬倫廣場	Sino Estates Management Limited - Cameron Plaza
信和物業管理有限公司 - 帝景峰	Sino Estates Management Limited - Dynasty Heights
信和物業管理有限公司 - 帝國中心	Sino Estates Management Limited - Empire Centre
信和物業管理有限公司 - 亞太中心	Sino Estates Management Limited - Hong Kong Pacific Centre
信和物業管理有限公司 - 畢架山峰	Sino Estates Management Limited - Mount Beacon
信和物業管理有限公司 - 華海廣場	Sino Estates Management Limited - Ocean Building
信和物業管理有限公司 - 逸瓏	Sino Estates Management Limited - One Mayfair
信和物業管理有限公司 - 麗斯中心	Sino Estates Management Limited - Ritz Plaza
信和物業管理有限公司 - 尖沙咀中心	Sino Estates Management Limited - Tsim Sha Tsui Centre
信和物業管理有限公司 - 盈豐商業大廈	Sino Estates Management Limited - Winfield Commercial Building

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Awards List of "Hong Kong Smoke-free Leading Company Awards 2016"

信和物業管理有限公司 - 夏威夷花園	Sino Estates Management Limited - Hawaii Garden
信和物業管理有限公司 - 海悅豪園	Sino Estates Management Limited - Maritime Bay
信和物業管理有限公司 - 海天灣花園	Sino Estates Management Limited - The Villa Horizon
滙寶醫療用品配套有限公司	Solutions Health Care Products & Services Limited
	Spa Collection Group
華偉音樂藝術中心	ST Music & Art Center
舞台文化餐飲服務有限公司	Stage Catering Services Limited
瑞科(香港)有限公司	Survforce Company Limited
新昌設施管理有限公司 - 機場行政大樓	Synergis Facility Management Limited - Hong Kong International Airport Tower
新昌設施管理有限公司 - 香港大學專業進修學院九龍東分校	Synergis Facility Management Ltd - HKU SPACE Kowloon East Campus
新昌管理服務有限公司 - 歌和老街7-11號	Synergis Management Services Limited - 7-11 Cornwall Street
新昌管理服務有限公司 - 喇沙利道18A號	Synergis Management Services Limited - 18A La Salle Road
新昌管理服務有限公司 - 88廣場	Synergis Management Services Limited - 88 Square
新昌管理服務有限公司 - 荃威花園	Synergis Management Services Limited - Allway Gardens
新昌管理服務有限公司 - 雅苑	Synergis Management Services Limited - Arden Court
新昌管理服務有限公司 - 宏亞大廈	Synergis Management Services Limited - Asia One Tower
新昌管理服務有限公司 - 海灣閣	Synergis Management Services Limited - Beach Pointe
新昌管理服務有限公司 - BNPP	Synergis Management Services Limited - BNPP
新昌管理服務有限公司 - 雅景臺	Synergis Management Services Limited - Broadview Terrace
新昌管理服務有限公司 - 金倫樓	Synergis Management Services Limited - Cameron Mansion
新昌管理服務有限公司 - 金百利大廈	Synergis Management Services Limited - Canbury Court
新昌管理服務有限公司 - 嘉朗豪庭	Synergis Management Services Limited - Carlton Court
新昌管理服務有限公司 - 欣翠花園	Synergis Management Services Limited - Cheerful Park
新昌管理服務有限公司 - 頌雅苑	Synergis Management Services Limited - Chung Nga Court
新昌管理服務有限公司 - 康定舍	Synergis Management Services Limited - Content Lodge
新昌管理服務有限公司 - 香港中文大學專業進修學院 - 將軍澳教學中心	Synergis Management Services Limited - CUSCS TKO Learning Centre
新昌管理服務有限公司 - 德星樓	Synergis Management Services Limited - Edward Court
新昌管理服務有限公司 - 富雅花園	Synergis Management Services Limited - Elegance Garden
新昌管理服務有限公司 - 疊翠豪庭	Synergis Management Services Limited - Emerald Palace
新昌管理服務有限公司 - 帝文苑	Synergis Management Services Limited - Emperor Place
新昌管理服務有限公司 - 雲景台	Synergis Management Services Limited - Evelyn Towers
新昌管理服務有限公司 - 俊慧園	Synergis Management Services Limited - Fairland Gardens
新昌管理服務有限公司 - 蔚林居	Synergis Management Services Limited - Forest Hill
新昌管理服務有限公司 - 富善邨	Synergis Management Services Limited - Fu Shin Estate
新昌管理服務有限公司 - 富欣閣	Synergis Management Services Limited - Fu Yan Court

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新昌管理服務有限公司 - 富雅花園	Synergis Management Services Limited - Full Wealth Garden
新昌管理服務有限公司 - 光榮工業大廈	Synergis Management Services Limited - Glory Industrial Building
新昌管理服務有限公司 - 金基工業大廈	Synergis Management Services Limited - Gold King Industrial Building
新昌管理服務有限公司 - 翠巒	Synergis Management Services Limited - Green Crest
新昌管理服務有限公司 - 衡峰閣	Synergis Management Services Limited - Hacienda
新昌管理服務有限公司 - 恒豐園	Synergis Management Services Limited - Harvest Garden
新昌管理服務有限公司 - 總公司	Synergis Management Services Limited - Head Office
新昌管理服務有限公司 - 芊紅居	Synergis Management Services Limited - Hibiscus Park
新昌管理服務有限公司 - 顯明苑	Synergis Management Services Limited - Hin Ming Court
新昌管理服務有限公司 - 嘉林別墅	Synergis Management Services Limited - Hiram's Villa
新昌管理服務有限公司 - 香港濕地公園	Synergis Management Services Limited - HK Wetland
新昌管理服務有限公司 - 香港大學專業進修學院港島東分校	Synergis Management Services Limited - HKU SPACE Island East Campus
新昌管理服務有限公司 - 荷李活華庭	Synergis Management Services Limited - Hollywood Terrace
新昌管理服務有限公司 - 怡和苑	Synergis Management Services Limited - Homestead Mansion
新昌管理服務有限公司 - 康利中心	Synergis Management Services Limited - Honley Court
新昌管理服務有限公司 - 嘉盛苑	Synergis Management Services Limited - Ka Shing Court
新昌管理服務有限公司 - 瓊軒苑	Synergis Management Services Limited - King Hin Court
新昌管理服務有限公司 - 景雅苑	Synergis Management Services Limited - King Nga Court
新昌管理服務有限公司 - 景盛苑	Synergis Management Services Limited - King Shing Court
新昌管理服務有限公司 - 廣明苑	Synergis Management Services Limited - Kwong Ming Court
新昌管理服務有限公司 - 龍門居	Synergis Management Services Limited - Lung Mun Oasis
新昌管理服務有限公司 - 龍欣苑	Synergis Management Services Limited - Lung Yan Court
新昌管理服務有限公司 - 逍遙雋岸	Synergis Management Services Limited - L'Utopie
新昌管理服務有限公司 - 文翠閣	Synergis Management Services Limited - Mansion Court
新昌管理服務有限公司 - 文田閣	Synergis Management Services Limited - Martin Court
新昌管理服務有限公司 - 馬寶花園	Synergis Management Services Limited - Marbella Gardens
新昌管理服務有限公司 - 悅海華庭	Synergis Management Services Limited - Marina Habitat
新昌管理服務有限公司 - 城市花園商場	Synergis Management Services Limited - Maximall
新昌管理服務有限公司 - 景峰閣	Synergis Management Services Limited - Mountainville Court
新昌管理服務有限公司 - MTRC	Synergis Management Services Limited - MTRC
新昌管理服務有限公司 - 康福台2號	Synergis Management Services Limited - No 2 Comfort Terrace
新昌管理服務有限公司 - 巴富花園	Synergis Management Services Limited - Perth Garden
新昌管理服務有限公司 - 松翠小築	Synergis Management Services Limited - Pine Villa
新昌管理服務有限公司 - 海韻臺	Synergis Management Services Limited - Rhine Terrace
新昌管理服務有限公司 - 麗莎灣別墅	Synergis Management Services Limited - Rise Park Villas
新昌管理服務有限公司 - 樂怡小築	Synergis Management Services Limited - Rosary Villas



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新昌管理服務有限公司 - 豪峰嶺	Synergis Management Services Limited - Royal Knoll
新昌管理服務有限公司 - 豐景花園	Synergis Management Services Limited - Scenery Garden
新昌管理服務有限公司 - 銀巒閣	Synergis Management Services Limited - Silver Crest
新昌管理服務有限公司 - 先達廣場	Synergis Management Services Limited - Sincere Podium
新昌管理服務有限公司 - 薈學坊	Synergis Management Services Limited - Smart A
新昌管理服務有限公司 - 愛護動物協會	Synergis Management Services Limited - SPCA
新昌管理服務有限公司 - 文星樓	Synergis Management Services Limited - Star Court
新昌管理服務有限公司 - 新業大廈	Synergis Management Services Limited - Summit Industrial Building
新昌管理服務有限公司 - 健峰保險大廈	Synergis Management Services Limited - Summit Insurance Building
新昌管理服務有限公司 - 新興花園	Synergis Management Services Limited - Sun Hing Garden
新昌管理服務有限公司 - 朗峰園	Synergis Management Services Limited - Symphony Garden
新昌管理服務有限公司 - 大埔花園	Synergis Management Services Limited - Tai Po Garden
新昌管理服務有限公司 - 太和邨	Synergis Management Services Limited - Tai Wo Estate
新昌管理服務有限公司 - 丹拿花園	Synergis Management Services Limited - Tanner Garden
新昌管理服務有限公司 - 仁禮花園	Synergis Management Services Limited - The Crescent
新昌管理服務有限公司 - 大夫第	Synergis Management Services Limited - The Dahfuldy
新昌管理服務有限公司 - 天頌苑	Synergis Management Services Limited - Tin Chung Court
新昌管理服務有限公司 - 天富苑	Synergis Management Services Limited - Tin Fu Court
新昌管理服務有限公司 - 天平邨	Synergis Management Services Limited - Tin Ping Estate
新昌管理服務有限公司 - 翠林邨	Synergis Management Services Limited - Tsui Lam Estate
新昌管理服務有限公司 - 新翠山莊	Synergis Management Services Limited - Villa Castell
新昌管理服務有限公司 - 華貴邨	Synergis Management Services Limited - Wah Kwai Estate
新昌管理服務有限公司 - 永安臺	Synergis Management Services Limited - Wing On Court
新昌管理服務有限公司 - 和明苑	Synergis Management Services Limited - Wo Ming Court
新昌管理服務有限公司 - 盈力工業中心	Synergis Management Services Limited - Yale Industrial Centre
新昌管理服務有限公司 - 欣明苑	Synergis Management Services Limited - Yan Ming Court
新昌管理服務有限公司 - 英華小學及書院	Synergis Management Services Limited - Ying Wa Primary School & College
新昌管理服務有限公司 - 元朗建輝大廈	Synergis Management Services Limited - Yuen Long Kin Fai Building
新昌管理服務有限公司 - 煜明苑	Synergis Management Services Limited - Yuk Ming Court
新昌管理服務有限公司 - 仁孚工業大廈	Synergis Management Services Limited - Zung Fu Industrial Building
亞洲國際餐飲集團	Taste of Asia Group Ltd
御金·國峯物業管理有限公司	The Coronation Estates Management Limited
	The Graces - Providence Bay Property Management Co Ltd
香港生物科技研究院有限公司	The Hong Kong Institute of Biotechnology Ltd

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星影匯	The Metroplex
通力技術服務有限公司	Turning Technical Services Limited
香港德國萊茵技術監護顧問股份有限公司	TUV Rheinland Hong Kong Limited
荃灣迪高保齡球場	US Dacos Bowling Centre (Tsuen Wan) Ltd
超敏科技有限公司	Ultra Active Technology Limited
香港聯合利華有限公司	Unilever Hong Kong Limited
欣德製作及培訓有限公司	Unlimited Power Production and Training Limited
富邦物業管理有限公司 - 蝶翠峰	Urban - Wellborn Property Management Limited - Sereno Verde
富城物業管理有限公司	Urban Property Management Limited
富城物業管理有限公司 - 聖佛蘭士街15號	Urban Property Management Limited - 15 St Francis Street
富城物業管理有限公司 - 何文田山道23號	Urban Property Management Limited - 23 Homantin Hill Road
富城物業管理有限公司 - 域多利道60號	Urban Property Management Limited - 60 Victoria Road
富城物業管理有限公司 - 均樂大廈	Urban Property Management Limited - A Kun Lock Building
富城物業管理有限公司 - 愛蝶灣	Urban Property Management Limited - Aldrich Garden
富城物業管理有限公司 - 艾麗大廈	Urban Property Management Limited - Attilio Building
富城物業管理有限公司 - 盤谷銀行大廈	Urban Property Management Limited - Bangkok Bank Building
富城物業管理有限公司 - 畢架山花園	Urban Property Management Limited - Beacon Heights
富城物業管理有限公司 - 寶翠閣	Urban Property Management Limited - Belcher Court
富城物業管理有限公司 - 寶雅山	Urban Property Management Limited - Belcher's Hill
富城物業管理有限公司 - 清暉大廈	Urban Property Management Limited - Belmont Court
富城物業管理有限公司 - 雲景道富豪閣	Urban Property Management Limited - Beverley Heights
富城物業管理有限公司 - 布力徑62-70號	Urban Property Management Limited - Black's Link 62-70
富城物業管理有限公司 - 殷樺花園一期	Urban Property Management Limited - Blessings Garden Phase I
富城物業管理有限公司 - 殷樺花園二期	Urban Property Management Limited - Blessings Garden Phase II
富城物業管理有限公司 - 藍塘別墅	Urban Property Management Limited - Blue Pool Court
富城物業管理有限公司 - 雍慧閣	Urban Property Management Limited - Bon-Point
富城物業管理有限公司 - 加惠臺	Urban Property Management Limited - Cayman Rise
富城物業管理有限公司 - 芝蘭閣	Urban Property Management Limited - Cherry Court
富城物業管理有限公司 - 長沙灣政府合署	Urban Property Management Limited - Cheung Sha Wan Government Offices
富城物業管理有限公司 - 青華苑	Urban Property Management Limited - Ching Wah Court
富城物業管理有限公司 - 青宏苑	Urban Property Management Limited - Ching Wang Court
富城物業管理有限公司 - 周大福商業中心	Urban Property Management Limited - Chow Tai Fook Centre
富城物業管理有限公司 - 港暉中心	Urban Property Management Limited - Comfort Centre
富城物業管理有限公司 - 深灣畔	Urban Property Management Limited - Deep Bay Grove
富城物業管理有限公司 - 龍苑大廈	Urban Property Management Limited - Dragon Villa
富城物業管理有限公司 - 龍暉花園	Urban Property Management Limited - Dragonfair Garden
富城物業管理有限公司 - 環保園	Urban Property Management Limited - EcoPark
富城物業管理有限公司 - 美景台	Urban Property Management Limited - Elegant Garden

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富城物業管理有限公司 - 伊利沙伯大廈	Urban Property Management Limited - Elizabeth House
富城物業管理有限公司 - 慧景園	Urban Property Management Limited - Flora Garden
富城物業管理有限公司 - 富嘉閣	Urban Property Management Limited - Fu Kar Court
富城物業管理有限公司 - 鳳輝閣	Urban Property Management Limited - Fung Fai Court
富城物業管理有限公司 - 金都商場	Urban Property Management Limited - Golden Plaza
富城物業管理有限公司 - 君悅華庭	Urban Property Management Limited - Grand Villa
富城物業管理有限公司 - 匯翠台	Urban Property Management Limited - Greenway Terrace
富城物業管理有限公司 - 康翠臺	Urban Property Management Limited - Greenwood Terrace
富城物業管理有限公司 - 恒順園	Urban Property Management Limited - Handsome Court
富城物業管理有限公司 - 幸俊苑	Urban Property Management Limited - Hang Chun Court
富城物業管理有限公司 - 豪景	Urban Property Management Limited - Ho King View
富城物業管理有限公司 - 何文田政府合署	Urban Property Management Limited - Ho Man Tin Government Offices
富城物業管理有限公司 - 冬青閣	Urban Property Management Limited - Holly Court
富城物業管理有限公司 - 鴻福苑	Urban Property Management Limited - Hung Fuk Court
富城物業管理有限公司 - 鴻德大廈	Urban Property Management Limited - Hung Tak Building
富城物業管理有限公司 - 光明臺	Urban Property Management Limited - Illumination Terrace
富城物業管理有限公司 - 入境事務處李鄭屋員佐級職員宿舍	Urban Property Management Limited - Immigration Department Lei Cheng Uk Rank and File Staff Quarters
富城物業管理有限公司 - 信用街入境事務處主任宿舍	Urban Property Management Limited - Immigration Department Officers Quarters
富城物業管理有限公司 - 翠河花園	Urban Property Management Limited - Jade Garden
富城物業管理有限公司 - 華翠臺	Urban Property Management Limited - Jade Terrace
富城物業管理有限公司 - 嘉隆苑	Urban Property Management Limited - Ka Lung Court
富城物業管理有限公司 - 根德閣	Urban Property Management Limited - Kent Court
富城物業管理有限公司 - 嘉峰臺	Urban Property Management Limited - Kingsford Terrace
富城物業管理有限公司 - 九龍政府合署	Urban Property Management Limited - Kowloon Government Offices
富城物業管理有限公司 - 葵芳商業中心	Urban Property Management Limited - Kwai Fong Commercial Centre
富城物業管理有限公司 - 冠暉苑	Urban Property Management Limited - Kwun Fai Court
富城物業管理有限公司 - 冠熹苑	Urban Property Management Limited - Kwun Hei Court
富城物業管理有限公司 - 荔枝角政府合署	Urban Property Management Limited - Lai Chi Kok Government Offices
富城物業管理有限公司 - 李節花園	Urban Property Management Limited - Li Chit Garden
富城物業管理有限公司 - 龍豐花園	Urban Property Management Limited - Lung Fung Garden
富城物業管理有限公司 - 俊賢花園	Urban Property Management Limited - Lyttelton Garden
富城物業管理有限公司 - 萬年大廈	Urban Property Management Limited - Manning House
富城物業管理有限公司 - 萬豪閣	Urban Property Management Limited - Manrich Court

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富城物業管理有限公司 - 明報工業中心	Urban Property Management Limited - Ming Pao Industrial Building Centre
富城物業管理有限公司 - 爾登豪庭	Urban Property Management Limited - Monte Carlton
富城物業管理有限公司 - 怡峰	Urban Property Management Limited - Mount Davis 33
富城物業管理有限公司 - 楠氏大樓	Urban Property Management Limited - Nairn House
富城物業管理有限公司 - 新世界大廈	Urban Property Management Limited - New World Tower
富城物業管理有限公司 - 寧養臺	Urban Property Management Limited - Ning Yeung Terrace
富城物業管理有限公司 - 寶珊道1號	Urban Property Management Limited - No 1 Po Shan Road
富城物業管理有限公司 - 柏道2號	Urban Property Management Limited - No 2 Park Road
富城物業管理有限公司 - 郝德傑道8-10號	Urban Property Management Limited - No 8-10 Caldecott Road
富城物業管理有限公司 - 高陞街28號	Urban Property Management Limited - No 28 Ko Shing Street
富城物業管理有限公司 - 香島道33號	Urban Property Management Limited - No 33 Island Road
富城物業管理有限公司 - 廣播道87-91號	Urban Property Management Limited - No 87-91 Broadcast Road
富城物業管理有限公司 - 賀龍居	Urban Property Management Limited - Parc Regal
富城物業管理有限公司 - 栢苑	Urban Property Management Limited - Park Height (Park RD)
富城物業管理有限公司 - 恆柏園	Urban Property Management Limited - Park View Court
富城物業管理有限公司 - 珠城大廈	Urban Property Management Limited - Pearl City Mansion
富城物業管理有限公司 - 名珠城	Urban Property Management Limited - Pearl City Plaza
富城物業管理有限公司 - 寶麗苑	Urban Property Management Limited - Po Lai Court
富城物業管理有限公司 - 博康邨	Urban Property Management Limited - Pok Hong Estate
富城物業管理有限公司 - 培正道政府合署	Urban Property Management Limited - Pui Ching Road Government Offices
富城物業管理有限公司 - 帝后華庭	Urban Property Management Limited - Queen's Terrace
富城物業管理有限公司 - 彩華花園	Urban Property Management Limited - Rainbow Garden
富城物業管理有限公司 - 采頤花園	Urban Property Management Limited - Rhythm Garden
富城物業管理有限公司 - 海濱花園	Urban Property Management Limited - Riviera Gardens
富城物業管理有限公司 - 海濱廣場	Urban Property Management Limited - Riviera Plaza
富城物業管理有限公司 - 龍華花園	Urban Property Management Limited - Ronsdale Garden
富城物業管理有限公司 - 豪峰一期	Urban Property Management Limited - Royalton I
富城物業管理有限公司 - 豪峰二期	Urban Property Management Limited - Royalton II
富城物業管理有限公司 - 御景臺	Urban Property Management Limited - Scenic Rise
富城物業管理有限公司 - 俊傑花園	Urban Property Management Limited - Scholastic Garden
富城物業管理有限公司 - 香港大學高級職員宿舍	Urban Property Management Limited - Senior Staff Quarters of The University of Hong Kong
富城物業管理有限公司 - 深水埗政府合署	Urban Property Management Limited - Sham Shui Po Government Offices
富城物業管理有限公司 - 石硤尾職員宿舍	Urban Property Management Limited - Shek Kip Mei Staff Quarters

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富城物業管理有限公司 - 乘龍閣	Urban Property Management Limited - Shing Loong Court
富城物業管理有限公司 - 力生軒	Urban Property Management Limited - Silverwood
富城物業管理有限公司 - 南濤閣	Urban Property Management Limited - South Wave Court
富城物業管理有限公司 - 詩濤花園	Urban Property Management Limited - Stubbs Villa
富城物業管理有限公司 - 太源閣	Urban Property Management Limited - Tai Yuen Court
富城物業管理有限公司 - 科技中心	Urban Property Management Limited - Technology Plaza
富城物業管理有限公司 - 雅閣花園	Urban Property Management Limited - The Arcadia
富城物業管理有限公司 - 富豪閣	Urban Property Management Limited - The Beverley Heights
富城物業管理有限公司 - 泓都	Urban Property Management Limited - The Merton
富城物業管理有限公司 - 帝景閣	Urban Property Management Limited - The Royal Court
富城物業管理有限公司 - 天麗苑	Urban Property Management Limited - Tin Lai Court
富城物業管理有限公司 - 田灣畔	Urban Property Management Limited - Tin Wan Court
富城物業管理有限公司 - 天祐苑	Urban Property Management Limited - Tin Yau Court
富城物業管理有限公司 - 青州街海關人員宿舍	Urban Property Management Limited - Tsing Chau Street Customs Staff Quarters
富城物業管理有限公司 - 東駿苑	Urban Property Management Limited - Tung Chun Court
富城物業管理有限公司 - 旭逸閣	Urban Property Management Limited - Unique Tower
富城物業管理有限公司 - 騰黃閣	Urban Property Management Limited - United Mansion
富城物業管理有限公司 - 爾登華庭	Urban Property Management Limited - Villa Carlton
富城物業管理有限公司 - 華聯工業中心	Urban Property Management Limited - Wah Luen Industrial Centre
富城物業管理有限公司 - 宏昌大廈	Urban Property Management Limited - Wang Cheong Building
富城物業管理有限公司 - 西九龍紀律部隊宿舍	Urban Property Management Limited - West Kowloon Disciplined Services Quarters
富城物業管理有限公司 - 永隆銀行大廈	Urban Property Management Limited - Wing Lung Bank Building
富城物業管理有限公司 - 永安新邨	Urban Property Management Limited - Wing On Lodge
富城物業管理有限公司 - 慧苑	Urban Property Management Limited - Wisdom Court
富城物業管理有限公司 - 世和中心	Urban Property Management Limited - World Peace Centre
富城物業管理有限公司 - 忻怡閣	Urban Property Management Limited - Yan Yee Court
富城物業管理有限公司 - 油麻地停車場大廈	Urban Property Management Limited - Yaumatei Carpark Building
富城物業管理有限公司 - 殷豪閣	Urban Property Management Limited - Yukon Court
富城物業管理有限公司 - 嘉田苑	Urban Property Management Limited - Ka Tin Court
富城物業管理有限公司 - 凱旋工商中心	Urban Property Management Limited - Kaiser Estate
富城物業管理有限公司 - 旺角政府合署	Urban Property Management Limited - Mong Kok Government Offices
富城物業管理有限公司 - 豐盛創建大廈	Urban Property Management Ltd - Prosperity Tower
富城物業管理有限公司 - 綠悠軒業主立案法團	Urban Property Management Ltd - The Incorporated Owners of Belair Monte



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俊才系統有限公司	VTL-Solutions Ltd
惠康環境服務有限公司 - 新城市廣場	Waihong Environmental Service Group - New Town Plaza
惠康環境服務有限公司 - 1號客運大樓 入境大堂、離境大堂及北衛星客運廊	Waihong Environmental Service Group - Terminal 1 (Departure & Arrival Level) and North Satellite Concourse at HKIA
惠康環境服務有限公司 - 香港科技大學	Waihong Environmental Service Group - The Hong Kong University of Science and Technology
科俊健康藥品公司及科俊藥廠有限公司	Wellpro Health Care Co and Wellpro Pharmaceutical Co Limited
香港西區隧道有限公司	Western Harbour Tunnel Company Limited
黃埔物業管理有限公司 - 28號白加道	Whampoa Property Management Limited - 28 Barker Road
黃埔物業管理有限公司 - 長輝路99號商業大樓	Whampoa Property Management Limited - 99 Cheung Fai Road Office Building
黃埔物業管理有限公司 - 嘉樂苑	Whampoa Property Management Limited - Cameron House
黃埔物業管理有限公司 - 富麗苑	Whampoa Property Management Limited - Provident Villas
黃埔物業管理有限公司 - 藍澄灣商場	Whampoa Property Management Limited - Rambler Plaza
王榮記菓子廠有限公司	Wong Wing Kee Preserved Fruits Factory Limited

## 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。

#### A. Executive Committee

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

#### B. Legislation Committee

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

#### C. Education and Publicity Committee

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

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

## 丁、社區聯絡委員會

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

## 戊、資訊及研究委員會

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

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

## D. Community Liaison Committee

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

## E. Information and Research Committee

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

## 電子煙分析測試報告

鍾姍姍<sup>1</sup>、鄭金樹<sup>1</sup>、鄺祖盛<sup>2</sup>、黎慧賢<sup>2</sup>

<sup>1</sup>香港浸會大學裘槎環境科學研究所

<sup>2</sup>香港吸煙與健康委員會

### 1. 研究背景

電子煙自2003年推出以來，其使用量於全球迅速增長。在英國，使用電子煙的人數已經由2012年的七十萬增加到2015年的二百六十萬 (Action on Smoking and Health, 2015)，而且越來越多年輕人使用。有市場推算2015年電子煙全球銷量已達三十五億美元，相比2008年增長170倍。電子煙最初用作煙草的替代品，然而時下逐漸流行，吸引學生及非吸煙者使用。

有說法稱電子煙有助戒煙，然而，許多電子煙使用者亦同時使用傳統捲煙，導致雙重煙草使用的情況，因而延遲或妨礙戒煙。世界衛生組織指出，現時並沒有足夠的證據證明電子煙可以幫助吸煙者戒煙，其安全性亦為未知數。因此，電子煙並未被列為認可的戒煙工具。

若干國外研究已經確定電子煙含有有毒化學物質和致癌物質，例如尼古丁、多種添加劑、重金屬、丙二醇、甘油、甲醛及乙醛，當中大多數已被證實可導致各種健康問題，如噁心、心搏徐緩、呼吸抑制及肺病等。電子煙在霧化過程中釋放的其他未知成分及物質亦可能對使用者及其他人造成健康影響。兒童意外接觸電子煙溶液可能引起嘔吐、咳嗽、窒息及死亡。

為獲得更多關於電子煙的資料，並提高公眾對電子煙產品的安全意識和了解其潛在健康危害，香港吸煙與健康委員會(委員會)委託香港浸會大學(浸大)進行電子煙產品化學成分的實驗測試及分析。

### 2. 研究目的

為了解電子煙煙霧中的化學物質以保障公眾健康，本實驗測試分析電子煙煙霧中的化學物質並確定其濃度，結果有助了解在香港出售的電子煙中的化學成分及其相關健康風險。

### 3. 研究樣本

浸大於2015年8月收到委員會呈遞的13份電子煙樣本，並隨即對樣本展開化學試驗及分析。

由委員會提供的13份樣本中，4份為電子煙添加液(電子煙1至電子煙4)，其餘為電子煙煙彈，詳細資料見表一。為了與傳統捲煙煙霧的化學化合物進行比較，浸大為此項研究購買了兩包傳統捲煙。

表一 電子煙樣本資料

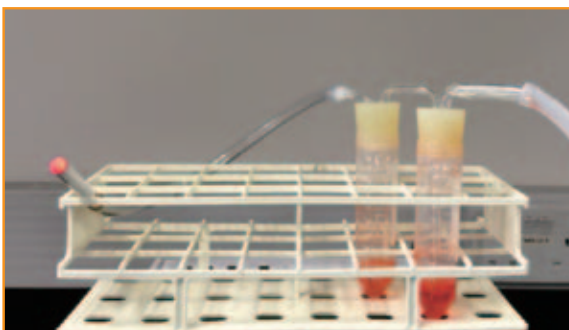
	種類	口味
電子煙1	添加液	煙草
電子煙2		薄荷
電子煙3		薄荷
電子煙4		可樂
電子煙5	煙彈	Marbo 淡薄荷 (仿煙草味)
電子煙6		Marbo 黑冰 (仿煙草味)
電子煙7		士多啤梨
電子煙8		煙草
電子煙9		朱古力
電子煙10		煙草
電子煙11		薄荷
電子煙12		煙草
電子煙13		薄荷

## 4. 實驗方法及步驟

### 4.1 實驗裝置及步驟

使用的實驗裝置(圖一)旨在模仿人類吸煙行為。實驗裝置由一組以玻璃管連接在一起的兩個50毫升聚丙烯錐形試管，並連接至一個抽氣泵(型號DQA-P104-AA、115伏特、4.2安培、60赫茲、美國；連接到CT-1000AC-AC變壓器、1000瓦特、50/60赫茲、美國)。此抽氣泵裝置再連接到一個中國製CT-1000AC-AC、1000瓦特、50/60赫茲的變壓器上，使受測試之電子煙樣本運作產生煙霧，煙霧會通過兩個聚丙烯錐形吸收試管，而每個吸收試管內裝有25毫升溶劑混合物(1：1正己烷、二氯甲烷)，用作吸收煙霧中的目標分析物。

圖一 實驗裝置照片，並未顯示抽氣泵



裝置啟動後，由於煙霧會經過兩個吸收管，因此便可更完整地吸收煙霧中的目標分析物。是次研究每個樣本測試時間為12分鐘，雖然正常吸煙行為一般不會持續那麼長久，但因為是次研究會包括一些未知及以微量狀態存在的有害化合物，所以研究員刻意用一個較正常長的「吸食」時間，希望儘可能吸收電子煙中的所有目標化學物。當電子煙一端紅色或藍色的燈光閃亮時，則表示是次為有效的吸入過程。本次測試以12分鐘為一次的電子煙使用，每次約有111次有效的吸入。為設置準確的吸入力度，我們把抽氣泵由最低的強度開始，慢慢提升到一個可以令電子煙指示燈閃亮的水平，並以此為是次實驗的標準吸入強度。

### 4.2 分析方法

測試12分鐘後，兩個吸收試管中的溶劑會被混合，並集中於旋轉減壓蒸發儀或通過自然蒸發，將溶劑混合物容量減少到大約1毫升，然後轉移到預先淋洗過的1.5毫升樣本瓶中。隨後進行氣相色譜—質譜(Gas Chromatography – Mass Spectrum)測定。



氣相色譜—質譜測定是由安捷倫公司7890A氣相色譜系統連接5975C質譜檢測器(三軸檢測器)，並使用氣相色譜—質譜的掃描(SCAN)模式進行，測定電子煙添加液和煙霧中化學物的結構及質荷比，然後與儲存於數據庫中超過20,000種揮發性化合物質荷比進行比較。因此，通過掃描模式(其中質譜儀可以掃描50-550的質荷比)，色譜—質譜會自動分析鑑定化合物的分子結構，隨後根據質譜峰峰值的大小顯示該化合物的含量。

透過選擇離子監測(SIM)模式測量氣體可以準確測定目標分析物的濃度，當中的四個目標化合物為多環芳香烴類、多溴聯苯醚類、甲醛和尼古丁。上述掃描模式的資料庫通常不包含一些新出現的化合物，如多溴聯苯醚類化合物，所以，我們必須用<sup>13</sup>C標誌的標準溶液來測定多溴聯苯醚化合物。選擇離子監測模式是測定化合物的公認標準方法，而且其敏感度是掃描模式20倍以上。本測定用於4類目標分析物的標準是：

- <sup>13</sup>C-PBDE標準(加拿大安大略惠靈頓實驗公司)；
- (S)-(-)-尼古丁98% 18637-6 & 1521 SDO EO 5 克98%；
- ULTRA科學SMA-300芳香烴標準4X1毫升；  
ULTRA pak 401-294-9400；及
- Fluka Analytical 00071 – 100毫升甲醛，純度 >99.0 % 保存於2-8°C。

#### 4.3 煙霧收集

在測定電子煙添加液成份時，我們從電子煙1-4(添加液)中每份取0.5毫升，並將其溶解在丙酮和己烷(1:1)混合物中，然後將該混合物加入到電子煙內芯，以4.1節中描述的方式產生煙霧，並收集和測定。

重金屬測定也是以相同方式收取煙霧樣本，不同的是在兩個試管內的溶液是1:1:5比例混合的鹽酸：硝酸：純水。這種混合物將徹底有效地吸收通過它的任何金屬分子或離子。每次完成後，混合各反應試管中的酸性溶液(共50毫升)，通過電感耦合等離子體質譜儀 (Inductively Coupled Plasma Mass Spectrum)進行測定，識別各金屬離子的質荷比，以確定其重金屬種類，並同時確定含量。

#### 5. 結果

表二列出4類分析物，即多環芳香烴、多溴聯苯醚、尼古丁和甲醛的測試結果。

##### 5.1 多環芳香烴類

多環芳香烴(PAHs)類包含數百個品種的化學物質。大多數多環芳香烴具有高分子量和低揮發性。這項研究選擇了15種多環芳香烴標誌物進行分析(表三)。根據主要環保部門，如美國環保局以及世界上其他科學團體，這些標誌物對人類健康方面的影響最顯著。

表二 樣本中目標分析物濃度

	多環芳香烴	多溴聯苯醚	尼古丁	甲醛
單位	ppb或 納克 / 毫升			ppm或 微克 / 毫升
重複次數	2	2	3	1
電子煙1	8.4 (0.28)	2.5 (0.28)	28.5 (0.28)	3,711.8
電子煙2	7.9 (0.07)	2.1 (0.07)	12.5 (0.07)	5,782.4
電子煙3	11.3 (0.42)	9.0 (0.28)	10.5 (0.14)	6,676.5
電子煙4	23.5 (0.78)	191.9 (0.07)	8.5 (0.21)	6,217.6
電子煙5	10.8 (0.28)	7.2 (0.57)	5.0 (0.07)	6,329.4
電子煙6	504.5 (7.78)	1,490.0 (7.07)	5.5 (0.07)	5,276.5
電子煙7	15.6 (0.14)	149.3 (3.82)	6.5 (0.28)	5,129.4
電子煙8	5.1 (0.42)	46.8 (0.28)	8.4 (0.57)	4,911.8
電子煙9	6.7 (0.07)	145.7 (4.24)	9.9 (0.07)	4,594.1
電子煙10	2.9 (0.57)	3.5 (0.57)	4.5 (0.00)	3,841.2
電子煙11	4.3 (0.14)	158.1 (2.97)	7.4 (0.00)	3,482.4
電子煙12	27.8 (0.14)	2.3 (0.07)	14.0 (0.07)	4,182.4
電子煙13	5.8 (0.14)	1.7 (0.07)	3.5 (0.07)	不適用
傳統捲煙A	134.5 (0.49)	6.3 (0)	266.0 (5.29)	110
傳統捲煙B	182.0 (1.41)	5.6 (0.42)	270.3 (5.03)	130
控制組	0.0 (0)	0.0 (0)	0.03 (0.06)	8.7

注：所有重複次數的平均值(括號內為標準偏差)

表三 本研究分析的多環芳香烴

1. 萘	9. 蒽
2. 芴烯	10. 苯並(b)芘++
3. 芴	11. 苯並(k)芘
4. 芴	12. 苯並(a)芘++++
5. 菲	13. 二苯並(a, h)芘+++
6. 蒽	14. 苯並(g, h, i)芘
7. 芘	15. 芘並(1,2,3-cd)芘+
8. 芘	

多環芳香烴主要來自石油烴污染或有機材料的不完全燃燒。它們具有毒性，對人體健康產生有害的影響。苯並(a)芘是一種眾所周知的強致癌性物質。接觸多環芳香烴將大大增加人體組織誘變和畸形的風險，甚至導致癌症。如表二所示，傳統捲煙燃點時會產生高濃度的多環芳香烴類，雖然大多數電子煙產品的多環芳香烴濃度較低，但最高的一個有504.5ppb，而部分則處於10-30ppb的範圍內。我們的測試結果亦表明，儘管沒有真正燃燒，電子煙內芯中的電子煙液體在電池加熱過程仍然會產生多環芳香烴類(Zheng and Richardson, 1999)。

由於只能找到部分種類多環芳香烴的安全參考劑量(RfD)<sup>1</sup>的文獻，本報告以芘為例分析電子煙中多環芳香烴的危害。美國環保局於2012年頒布用於非致癌芘的參考劑量為0.003毫克 / 公斤 / 天。假設電子煙煙霧中測量到的多環芳香烴均為芘，以使用電子煙6(多環芳香烴濃度最高的樣本)作為例子，一名體重60公斤的成年人每天吸357次電子煙的使用量仍屬於「安全」。然而這個「安全」的水平並未考慮到其他致癌化合物如苯並(a)芘帶來的健康風險。此外，電子煙並非大多數人接觸多環芳香烴的唯一來源。所以，為了「享受」電子煙而增加了由多環芳香烴這組致癌物質帶來的健康風險是否明智之舉？

## 5.2 多溴聯苯醚類

多溴聯苯醚209(BDE 209)是有效的阻燃劑，二十世紀每年約生產80,000噸。一般用於聚合性製品、傢俱、汽車內艙、紡織品、塑膠製品、電子和電氣產品。多溴聯苯醚污染無處不在。我們身處的環境中，如空氣、水、土壤、沉積物等都含有一定濃度的多溴聯苯醚。多溴聯苯醚在室內環境中的濃度一般高於室外，原因是多溴聯苯醚存在於多種室內用品、電子產品和傢具(Zheng, et al., 2012)。

作為一種電子產品，電子煙內芯添加阻燃劑不足為奇。添加後的多溴聯苯醚，很容易連同電子煙液體被霧化，使吸煙者直接吸入。多溴聯苯醚會對甲狀腺激素產生干擾並具有生殖發育毒性，包括神經毒性和致癌性。本研究測試選擇了27個多溴聯苯醚的同類物作分析。根據表二，五個樣本中發現高含量的多溴聯苯醚，而整體來說，多溴聯苯醚總濃度比傳統捲煙高。

美國環保局(2014年)對多溴聯苯醚中的幾個同系物頒布安全參考劑量。根據多溴聯苯醚最常見的同系物的參考量，使用多溴聯苯醚濃度最高的樣本(電子煙6)，對於一名體重60公斤的成年人，安全上限為每日吸入282次。假設多溴聯苯醚同系物中最有害的同系物為是次多溴聯苯醚測定的總量，則安全上限減少至每天不能吸食多於4次的電子煙。

<sup>1</sup>安全參考劑量是對人類包括脆弱群體在內一生中每天對某一物質的安全(即不會產生顯著有害影響)接觸量的估計，這估計亦已考慮不確定的因素。

### 5.3 尼古丁

吡啶-3-(1-甲基-2-吡咯烷基)-(s)，常稱尼古丁，在樣本中廣泛被分析出來。我們發現即使有些電子煙產品包裝上標明「0尼古丁」，但所有的樣本中皆發現尼古丁。然而，電子煙中尼古丁水平比傳統捲煙低很多。尼古丁是一種致癮物質，由於電子煙中發現水平較低，相比使用傳統捲煙，使用電子煙或需更長時間令使用者對尼古丁的使用成癮。儘管如此，市民(尤其是年輕人)可能會被電子煙的眾多口味吸引而成為電子煙使用者。

### 5.4 甲醛

甲醛是許多其他的材料和化學物的重要原料。1996年，用於生產甲醛的數量估計為每年870萬噸。主要用於生產工業樹脂，例如粘合板及塗料。甲醛亦經常用於日常用品，尤其是用作水產保鮮。國際癌症研究機構已經確認甲醛為第一類人類致癌物。第一類致癌物質即為有充分證據顯示該物質可令人患癌，亦即「有充分證據證明這物質與惡性腫瘤發生率升高」或「良性及惡性腫瘤發生率有因果關係」(International Agency for Research on Cancer, 2006)。甲醛同時也可引起咳嗽，且對眼睛和皮膚具有刺激性。鑑於其廣泛使用，並有致癌毒性，甲醛對電子煙使用者的健康構成顯著威脅。

甲醛的分子量為30，質荷比為29。這意味著它在氣相色譜—質譜系統中會與溶劑如正己烷、甲醇或丙酮等一起出峰，因而被掩蓋。因此，需要先進行鹽

酸五氟苄基—羥基胺衍生反應及進行固相微萃取，然後用氣相色譜—質譜測定(Zhong et al., 2006)。

根據表二，所有電子煙樣本中都發現高含量的甲醛，且比傳統捲煙的含量高得多。美國環保局制定的甲醛每日安全口服參考劑量為0.2毫克 / 公斤(體重)(1989年)。此處選擇使用安全口服參考劑量是因為我們以1毫升液體作為測量基礎。假設一個成年人體重60公斤，以上述甲醛口服參考劑量為基準，每天使用電子煙11 ( 甲醛含量最低的樣本 ) 的安全上限為3.45次，使用電子煙3 ( 甲醛含量最高的樣本 ) 的安全上限為1.8次。

### 5.5 電子煙產品中的重金屬

大多數重金屬對人體有害。其中鎳可導致腫瘤甚至癌症。鎘在人體會代替鈣以形成比碳酸鈣脆弱的碳酸鎘，因而導致骨質疏鬆症，情況嚴重的病人甚至只是在床上翻動也會骨折。其它重金屬，如汞、鉛是眾所周知的有毒物質(Williams et al., 2013)。鉛中毒可能導致成人雙腕下垂及兒童認知功能障礙。長期接觸鉛會引起慢性腎功能衰竭及間質性腎炎(Gordon et al., 2002)。汞毒性很強，上個世紀發生在日本最臭名昭著的水俣病其實就是汞中毒。水俣病患者通常會神經失調、手腳顫抖、產生感覺障礙、語音障礙、聽覺障礙和視野收縮(Harada, 1995)。(表四)列出電子煙煙霧中重金屬的濃度。

表四 顯示電子煙煙霧中重金屬的平均濃度

	銅	鋅	銀	鎘	汞	鉛	鎳
	納克 / 毫升 (酸性混合物)						
電子煙1	14.5	126.0	2.4	14.0	11.5	1.0	12.4
電子煙2	13.1	133.8	7.0	11.2	21.7	2.0	12.9
電子煙3	18.9	126.4	4.5	15.0	11.2	1.0	15.4
電子煙4	11.3	135.2	8.4	11.6	1.1	3.0	17.5
電子煙5	4.5	96.1	4.0	11.0	30.2	1.3	5.3
電子煙6	29.0	81.4	3.7	14.4	20.2	7.0	6.1
電子煙7	11.4	78.7	3.1	10.2	10.1	6.0	8.4
電子煙8	13.6	115.9	5.3	11.8	0.5	4.0	2.7
電子煙9	10.8	107.8	5.6	10.9	0.0	1.0	3.8
電子煙10	11.6	88.9	2.8	8.1	0.6	3.0	2.3
電子煙11	10.6	71.8	3.2	10.0	0.8	4.8	8.1
電子煙12	10.7	75.9	4.9	9.0	0.3	2.8	11.1
電子煙13	21.4	65.3	1.8	11.3	0.0	2.5	10.8

注：酸性混合物的組成於4.3節中提及。

總體上，鎘、汞、鉛及鎳對人類的毒性比銅、鋅和銀要大。應該注意的是，即使是次測試所得出的重金屬濃度不高，吸入一次不會帶來急性中毒，但仍然不應該忽視其毒性長期積累的影響，尤其是電子煙於青年及兒童間日趨流行。

## 5.6 電子煙煙霧中其他化學品

在電子煙煙霧中還發現其它揮發性化學物質，如1,2,3-丙三醇二乙酸酯、三乙酸甘油酯、植物油酸二乙基酯、丙醇、鄰苯二甲酸二丁酯和甘油。這些化合物的準確濃度不能僅僅通過掃描模式來確定。由於資源和時間所限，沒有使用選擇離子監測模式和購買標準物來進一步確定其含量。



## 6. 結論

這項研究顯示，電子煙的煙霧中存在多種有害甚至致癌的物質。電子煙添加液是電子煙煙霧中化學化合物的主要來源。電子煙添加液通常含有丙二醇、甘油、尼古丁和調味劑的混合物。一些電子煙液體甚至含有大麻、煙草萃取物或摻雜物(Giroud et al., 2015)。用於製造電子煙煙彈的材料本身或添加液含有有害物質，當揮發到煙霧中，會被人體吸入。

總括而言，這項研究顯示電子煙煙霧含有：

- 較高和不同含量的多溴聯苯醚和多環芳香烴；
- 普遍較低含量的尼古丁；
- 高含量的甲醛；
- 中度含量的各種重金屬；和
- 大量其它可能有害的化學化合物。

多環芳香烴、多溴聯苯醚和尼古丁濃度在樣本間差異很大。與傳統捲煙煙霧相比，電子煙煙霧存在高水平的多溴聯苯醚，原因在於電子煙內芯及其配件使用了這種應用廣泛的阻燃劑。電子煙煙霧另一個獨有的特點就是，電子煙煙霧中甲醛的濃度大大高

於傳統捲煙。然而，相對於傳統捲煙煙霧，電子煙煙霧中的尼古丁含量一般較低。關於使用電子煙的「安全」上限，最嚴重的健康損害來自於煙霧中高濃度的甲醛。

世界衛生組織建議各國考慮禁止或管制電子煙，以防止非吸煙者和青少年開始使用電子煙，儘量預防潛在的健康風險並且阻止未經證實的健康宣稱及廣告(World Health Organization, 2014)。現時至少有46個國家已限制銷售電子煙，26個國家禁止或限制使用，另有18個國家已經實施全面禁止電子煙，包括銷售、宣傳推廣及贊助、分銷、進口及製造。所以，香港政府於2015年5月提出全面禁止電子煙以保障公眾健康。至於電子煙是吸煙的門檻或是較少危害的戒煙工具，則仍存在爭議。但為防止電子煙如上世紀的煙草般迅速蔓延，應採取嚴格的規管措施。在預防勝於治療的和公眾健康的大前提下，除非有足夠的證據證明使用電子煙的安全性，否則不應允許電子煙的使用。

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# Report on E-Cigarette Analytical Testing

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## Report on E-Cigarette Analytical Testing

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### 1. Background

Since the introduction of e-cigarette in 2003, global use has grown exponentially. For instance, in the UK, number of users has increased from 700,000 in 2012 to 2.6 million in 2015 (Action on Smoking and Health, 2015). E-cigarette has become a rising trend, particularly among the youth. Some market estimations suggested that its global sales has reached US\$3.5 billion in 2015, which was a 170-fold increase compared to 2008. E-cigarette was preliminarily used as an alternative for smoking. However, e-cigarette nowadays is gaining popularity and becoming widely-used in students and non-smokers.

There is the claim that e-cigarette can help people to quit smoking. Yet, many vapers also smoke traditional cigarettes, leading to the concern that such dual use is delaying or deterring smoking cessation. According to World Health Organization, there is no sufficient evidence to prove that e-cigarettes help smokers quit the habit and its safety remains unknown. Thus, e-cigarette has not yet been recognized as a legitimate tool for smoking cessation.

Several overseas research studies have identified toxic chemicals and carcinogenic substances in e-cigarettes, for instance, nicotine, various additives, heavy metals, propylene glycol, glycerin, formaldehyde and acetaldehyde. Most of these substances have been shown to cause various health problems, such as nausea, bradycardia, respiratory depression and lung diseases, etc. Other unknown ingredients and substances released during the vaping process may also cause negative effects on the health of users and other people. Unintended exposure of e-liquid to children could cause vomiting, cough, choke and death.

In order to obtain more information and raise public awareness on the safety and potential health hazards of e-cigarette products, Hong Kong Council on Smoking and Health (COSH) initiated a laboratory test on e-cigarette products. Hong Kong Baptist University (BU) was commissioned to conduct this analytical test to explore the chemical compositions of e-cigarette.

## 2. Objectives

With the aim to understand the chemicals in e-cigarette aerosol to safeguard public health, the analytical test was designed to identify the chemical substances in the aerosol of e-cigarettes and determine their concentrations. The results throw light on the chemical compositions and the associated health risks from e-cigarette use in Hong Kong.

## 3. Samples

BU received 13 e-cigarette samples from COSH in August 2015. Chemical tests and analyses on the samples have since started.

Out of the 13 samples provided by COSH, 4 are e-liquids (EC1 to EC4) and the rest are e-cigarettes with capsules. Details are stated in Table 1. To make comparison with the chemical compounds in the smoke of traditional cigarettes, two packs of conventional cigarettes were purchased by BU for this study.

Table 1. Sample details

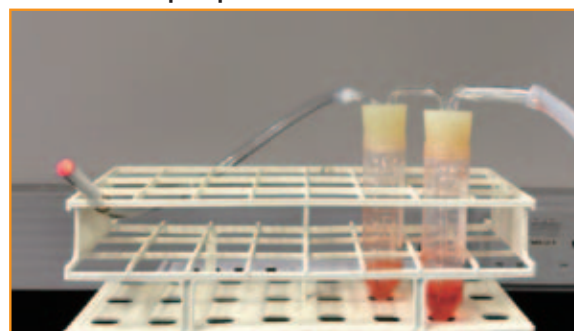
	Forms	Flavours
EC1	Liquid	Tobacco
EC2		Mint
EC3		Mint
EC4		Cola
EC5	Capsule	Light Mint Marbo (imitate tobacco)
EC6		Black-ice Marbo (imitate tobacco)
EC7		Strawberry
EC8		Tobacco
EC9		Chocolate
EC10		Tobacco
EC11		Mint
EC12		Tobacco
EC13		Mint

## 4. Test method and Procedure

### 4.1 Setup and procedure

The experimental set-up (Figure 1) was designed to imitate human cigarette smoking. The set-up consisted of two 50 ml polypropylene conical test tubes connected together with glass tubes, and further connected to a pump (Model DQA-P104-AA, Volts:115, Amps:4.2, HZ 60, USA; connecting with CT-1000AC-AC, Converter, 1000 Watt, 50/60 HZ, USA) to suck air from the e-cigarette samples being tested. The pump was further connected to a CT-1000AC-AC Converter, 1000 Watt, 50/60 HZ, China. Each polypropylene conical test tube contained 25 ml of solvent mixture (hexane:dichloromethane,1:1). Sucked-in air will pass through the e-cigarette sample and the e-cigarette aerosol will pass the two absorption tubes.

Figure 1. A photo showing the experimental set-up. The pump is not shown



The solvent mixture in the absorption tubes will absorb the target analytes in the aerosol. By allowing the aerosol to go through two absorption tubes, the absorption of target analytes in vaping would be made more complete. Each sample was tested for 12 minutes to ensure maximal exposure of relevant chemicals in human lungs although a normal smoking activity does not last that long. A valid suck-in is indicated by the red or blue light at one end of the e-cigarette. About 111 mouthfuls of vaping would occur in the 12-minute duration (one bout). To set the correct pumping power, we began with the lowest power and slowly raised it to a level where it was strong enough to light the e-cigarette.

#### 4.2 Analytical methods

After 12 minutes of absorption, the solvents in the two test tubes would be mixed together and be concentrated in a Rotary Reduced Pressure Evaporator or through natural evaporation to reduce the solvent mixture volume to around 1 ml and then be transferred to a 1.5ml vial which needed to be washed by pure hexane. This was followed by Gas Chromatography – Mass Spectrum (GC-MS) determination.

GC-MS determination was carried out by Agilent Technologies 7890A GC System connecting with 5975 C Inert Mass Spectrum Detector (triple-Axis Detector), Agilent Company, USA. Using the Scan model in GC-MS, the embedded computer would compare the structure and M/Z ratio of the chemical compounds in the e-liquid and e-cigarette aerosol with the stored database which contained information of more than 20,000 species of volatile compounds. Thus, through the Scan model (in which the MS detector can identify M/Z ratio from 50-550) the molecular structure of the chemical compounds would be compared and be identified after chromatographic separation. The quantities of each chemical compound were indicated by the size of their relevant peaks in the chromatograph.

The selected ion monitoring (SIM) model was deployed to measure the concentration of all target analytes in the aerosol but the detailed determination of four target analytes (PAHs, PBDEs, formaldehydes and nicotine) through SIM model was carried out by spiking each sample with the standards of the target analytes. SIM, as opposed to Scan, was used to identify newly emerging chemical compounds, such as polybrominated diphenyl ethers (PBDEs), as the Scan library usually would not contain these newly emerged chemical compounds. Also, SIM was the standard method to accurately determine chemical compounds as it is 20 times more sensitive than Scan. The standards used for the 4 target analytes were:

- $^{13}\text{C}$ -PBDE standards (Wellington Laboratories Inc. ON, Canada);
- (S)-(-)-Nicotine 98% 18637-6 & 1521 SDO EO 5g 98%;
- ULTRA Scientific SMA-300 aromatic hydrocarbons standard 4X1 ml. ULTRA pak 401-294-9400; and
- Fluka Analytical 00071 – 100ml >99.0 % pure at 2-8°C formaldehyde (GC).

#### 4.3 Collection of aerosol

To prepare the e-liquids for the aerosol generating experiment, we took 0.5ml from each of the four samples and have it dissolved in an acetone and hexane (1:1) mixture. Then the mixture with e-liquid was added to an e-cigarette cartridge and the aerosol was generated in the manner described in section 4.1.



Separate aerosol samples were collected using the same methods described above for heavy metal determination with the exception that the solution in the two test tubes was an acid mixture consisting hydrochloric acid, nitric acid and water (HCl:HNO<sub>3</sub>:Milli Q water in a ratio of 1:1:5). This mixture would completely and effectively capture any metal molecules or their ions passing through it. After each bout, the acid solutions in each test tube would be combined together (50ml in total) in another tube and be determined by Inductively Coupled Plasma Mass Spectrometry (ICP-MS).

The M/Z ratio of each metal in standard mixture metal solution was used to identify the heavy metal species and at the same time have the quantities determined.

## 5. Results

Table 2 lists the results of the 4 analytes, namely, PAHs, PBDEs, nicotine and formaldehydes.

**Table 2. Concentration of targeted analytes in samples**

	PAHs	PBDEs	Nicotine	Formaldehydes
unit	ppb or ng/ml			ppm or µg/ml
replicates	2	2	3	1
EC1	8.4 (0.28)	2.5 (0.28)	28.5 (0.28)	3,711.8
EC2	7.9 (0.07)	2.1 (0.07)	12.5 (0.07)	5,782.4
EC3	11.3 (0.42)	9.0 (0.28)	10.5 (0.14)	6,676.5
EC4	23.5 (0.78)	191.9 (0.07)	8.5 (0.21)	6,217.6
EC5	10.8 (0.28)	7.2 (0.57)	5.0 (0.07)	6,329.4
EC6	504.5 (7.78)	1,490.0 (7.07)	5.5 (0.07)	5,276.5
EC7	15.6 (0.14)	149.3 (3.82)	6.5 (0.28)	5,129.4
EC8	5.1 (0.42)	46.8 (0.28)	8.4 (0.57)	4,911.8
EC9	6.7 (0.07)	145.7 (4.24)	9.9 (0.07)	4,594.1
EC10	2.9 (0.57)	3.5 (0.57)	4.5 (0.00)	3,841.2
EC11	4.3 (0.14)	158.1 (2.97)	7.4 (0.00)	3,482.4
EC12	27.8 (0.14)	2.3 (0.07)	14.0 (0.07)	4,182.4
EC13	5.8 (0.14)	1.7 (0.07)	3.5 (0.07)	n.a.
Traditional cigarette A	134.5 (0.49)	6.3 (0)	266.0 (5.29)	110
Traditional cigarette B	182.0 (1.41)	5.6 (0.42)	270.3 (5.03)	130
Control	0.0 (0)	0.0 (0)	0.03 (0.06)	8.7

Notes: average value of all replicates (s.d.)

## 5.1 Poly-nuclear Aromatic Hydrocarbons

Poly-nuclear Aromatic Hydrocarbons (PAHs) is a group of chemicals consisting of hundreds of individual species. Most PAHs have high molecular weights and low volatility. In this study, 15 marker species of PAHs were selected for analysis. They are considered most significant in terms of their health effects on humans by major environmental authorities, such as the Environmental Protection Agency in the US (USEPA) and other scientific groups in the world. The PAHs concentration reported in Table 3 shows these 15 marker species of PAHs.

**Table 3. PAH species analyzed in this study**

1. Naphthalene	9. Chrysene
2. Acenaphthylene	10. Benzo(b)fluoranthene ++
3. Acenaphthene	11. Benzo(k)fluoranthene
4. Fluorene	12. Benzo(a)pyrene ++++
5. Phenanthrene	13. Dibenzo(a,h)anthracene +++
6. Anthracene	14. Benzo(g,h,i)perylene
7. Fluoranthene	15. Indeno(1,2,3-cd)pyrene+
8. Pyrene	

PAHs mainly come from petroleum hydrocarbon contamination or combustion of organic materials. They are toxic and have deleterious impacts on human health. Benzo(a)pyrene is a very strong and well-known carcinogenic compound. Exposure to PAHs would substantially increase human risk of mutagenic and malformation and even result in cancer. It is shown in Table 2 that traditional cigarettes have high concentrations of PAHs. Although most e-cigarette products had much lower concentrations of PAHs, one was very high at 504.5 ppb and a few were within the 10-30 ppb range. Our test results also showed that

although no real combustion occurs, heating of e-liquid in e-cigarette cartridge still produced PAHs (Zheng and Richardson, 1999).

Since only the reference dose (RfD)<sup>1</sup> for some species of PAHs could be found, pyrene was used as an example. USEPA established in 2012 a RfD of 0.003mg/kg/day for non-carcinogenic pyrene. If it was assumed that all measured PAHs in the aerosols were represented by pyrene, and using EC6 (highest in PAHs) as an illustration, it is “safe” to vape 357 bouts per day for an adult of 60 kg in weight. However, this “safe” limit had not taken into account the health risk from the other carcinogenic compounds, such as Benzo(a)pyrene. In addition, e-cigarette was not the only source of PAH for the majority of human population. Thus, the appropriate question to ask is if it is sensible to add to the health risk from this group of carcinogenic substances in exchange for the “enjoyment” from vaping.

## 5.2 Polybrominated Diphenyl Ethers (PBDEs)

BDE-209 is an efficient flame retardant with about 80,000 tonnes being produced each year during the 20<sup>th</sup> century. They have been used in polymer products, furniture, car cabins, textiles and plastic products, electronic and electric products. PBDE contamination exists everywhere. All our environmental media such as air, water, soil, sediment etc., contain some levels of PBDEs. The concentration of PBDEs in indoor environment tends to be higher than that at outdoor owing to the existence of multiple sources of PBDEs in an indoor setting (Zheng, et al., 2012).

<sup>1</sup>*It is an estimate of a daily exposure to the human population, including the vulnerable groups, that is likely to be without significant risk of harmful effects during a human's lifetime while taking into account uncertainties.*

As an electronic product, adding flame retardants on the cartridge of an e-cigarette is not surprising. If PBDEs are added, they will easily be vaporized together with the e-liquid aerosols and be inhaled directly by vapers. PBDEs are associated with thyroid hormone disruption, reproductive developmental toxicity including neurotoxicity and carcinogenicity. Informed by literature, 27 typical species of PBDEs were selected for testing in this study. Based on Table 2, elevated levels of total PBDEs were found with 5 samples and in general, total PBDEs levels in e-cigarettes were higher than those in traditional cigarettes.

USEPA (2014) has established RfDs for several congeners of PBDEs only. Based on the RfDs of the most commonly found congener of PBDEs and using the sample with the highest concentration of total PBDEs (EC6), the safe limit for vaping for a person with 60kg of body weight is 282 bouts per day. If the RfDs for the most harmful congener of PBDEs is used to represent total PBDEs, then the safe limit is reduced to 4 bouts per day of EC6 per person of 60 kg in body weight.

### 5.3 Nicotine

Pyridine-3-(1-methyl-2-pyrrolidinyl)-(s), commonly called nicotine, was extensively found in the samples. It is concluded that nicotine was found in all e-cigarette samples even though some products were labelled with

"0 nicotine" on packaging. Yet, in comparison, the levels of nicotine in e-cigarette were much lower than those in traditional cigarettes. While nicotine is an addictive substance, with the low levels found in e-cigarette, it will take longer for vapers to be addicted to the nicotine when compared to tobacco cigarettes. Still, people (especially youths) may be attracted to vaping because of the availability of a large range of flavours in e-cigarettes.

### 5.4 Formaldehyde

Formaldehyde is an important precursor to many other materials and chemical compounds. In 1996, the installed capacity for the production of formaldehyde was estimated to be 8.7 million tonnes per year. It is mainly used in the production of industrial resins, e.g., for particle board and coatings. It is also often used in everyday items especially in keeping aquatic food fresh. International Agency for Research on Cancer (IARC) has confirmed that formaldehyde is a Group 1 human carcinogen. A Group 1 human carcinogen is one that "there is sufficient evidence of carcinogenicity in humans" for this substance. This means that "a causal relationship has been established between" this substance "and an increased incidence of malignant" or "an appropriate combination of benign and malignant neoplasms in animals" (IARC, 2006). It can also cause coughing and is an irritant to eye and skin. In view of its widespread use, toxicity, and volatility, absorption of formaldehyde is a significant threat for human health.

Based on Table 2, elevated levels of formaldehyde were found in all e-cigarette samples and all of them were much higher than those found in tobacco cigarettes. USEPA established an oral reference dose (RfD) of 0.2mg/kg (of body weight)/day for formaldehydes (1989). The oral RfD is used in this case because the concentration of formaldehydes is measured using 1 ml of solvent as basis. Assuming a human being of 60 kg, the “safe” dose for formaldehydes from EC11 (lowest in formaldehyde) is 3.45 bouts per day and for EC3 (highest in formaldehyde), the “safe” dose is 1.8 bouts.

## 5.5 Heavy metals in e-cigarettes products

Most heavy metals are harmful to human. Among them, nickel (Ni) could cause tumor and even cancer. Cadmium (Cd) would cause osteoporosis as Cd replaces calcium to form CdCO<sub>3</sub> which is weaker than CaCO<sub>3</sub>. Other heavy metals such as mercury and lead are well-known toxicants (Williams et al., 2013). Lead poisoning could lead to bilateral wrist drop in adults and cognitive impairment in children. Chronic exposure to lead is associated with chronic renal failure and interstitial nephritis (Gordon et al., 2002). The most infamous mercury poisoning, Minamata disease, occurred in Japan last century. Patients with Minamata disease typically have ataxia, sensory disturbances, dysarthria, auditory disturbances, constriction of the visual field, and tremor (Harada, 1995). Table 4 shows the averaged duplicate concentrations of heavy metals in e-cigarette aerosol.

**Table 4. Heavy metals in e-cigarette aerosol**

	Cu	Zn	Ag	Cd	Hg	Pb	Ni
	ng/ml (of acid mixture)						
EC1	14.5	126.0	2.4	14.0	11.5	1.0	12.4
EC2	13.1	133.8	7.0	11.2	21.7	2.0	12.9
EC3	18.9	126.4	4.5	15.0	11.2	1.0	15.4
EC4	11.3	135.2	8.4	11.6	1.1	3.0	17.5
EC5	4.5	96.1	4.0	11.0	30.2	1.3	5.3
EC6	29.0	81.4	3.7	14.4	20.2	7.0	6.1
EC7	11.4	78.7	3.1	10.2	10.1	6.0	8.4
EC8	13.6	115.9	5.3	11.8	0.5	4.0	2.7
EC9	10.8	107.8	5.6	10.9	0.0	1.0	3.8
EC10	11.6	88.9	2.8	8.1	0.6	3.0	2.3
EC11	10.6	71.8	3.2	10.0	0.8	4.8	8.1
EC12	10.7	75.9	4.9	9.0	0.3	2.8	11.1
EC13	21.4	65.3	1.8	11.3	0.0	2.5	10.8

Cu:copper, Zn:zinc, Ag:silver, Cd:cadmium, Hg:mercury, Pb:lead, Ni:nickel  
Note: composition of the acid mixture is mentioned in section 4.3.

On the whole, cadmium, mercury, lead and nickel are more toxic than copper, zinc and silver to humans. It should be reminded that while one bout will not bring acute poisoning to the vapers with the tested levels of heavy metals, the long term cumulative toxicity effects should never be overlooked, in particular, e-cigarettes are getting more popular in youth and children.

#### 5.6 Other chemicals found in e-cigarette aerosol

Other volatile chemical compounds found in e-cigarette aerosols included but do not limit to 1,2,3-propanetriol diacetate; triacetin; propenedioic acid diethyl ester; cyclohexanone 5-methyl-2-(1-methyl ethyl)-trans, methane diethoxy-; propanol, dibutyl phthalate; and glycerin. Accurate concentrations of these compounds could not be determined by Scan model alone. Owing to the lack of resource and time, they were not determined by the SIM model.

### 6. Conclusion

Findings from this study showed that a whole array of harmful and even carcinogenic substances was found in the aerosols of e-cigarette. E-liquid was the main source of chemical compounds in e-cigarette aerosols. E-liquids usually contained a mix of propylene glycol, glycerin, nicotine, and flavorings. Some e-liquids may even contain ingredients such as cannabis, tobacco extract, or adulterants (Giroud et al., 2015). The materials used to make e-capsules may also contain harmful substances that may escape to the aerosols during vaping.

In sum, this study showed that e-cigarette aerosols contains

- varying to elevated levels of PBDEs and PAHs;
- generally low but varying levels of nicotine;
- elevated levels of formaldehyde;
- varying to moderate levels of various heavy metals; and
- a myriad of many other chemical compounds.

The concentrations of PAHs, PBDEs and nicotine varied widely among samples. When compared with the aerosol from traditional cigarettes, high levels of PBDE was present only in e-cigarette aerosols and this can be explained by use of this popular flame-retardant in the e-cigarette cartridges. Also, exclusive to e-cigarette aerosols, the concentration of formaldehydes in the aerosols of e-cigarette was consistently much higher than that from traditional cigarette. However, when compared to the smoke from traditional cigarettes, e-cigarettes aerosol generally contained lower levels of nicotine. Regarding the "safe" consumption limit of e-cigarette, it appeared that the most severe health damage comes from the high concentration of formaldehydes in the aerosol.

World Health Organization recommends organizations or governments to consider prohibiting or regulating e-cigarettes to prevent the initiation of e-cigarettes by non-smokers and youth, minimize its possible health risk and prevent unproven health claims and advertising (World Health Organization, 2014). At least 46 countries have restricted the sale of e-cigarettes, 26 have banned or restricted the use and 18 have implemented a complete ban on sale, advertising, promotion and sponsorship, import, distribution and manufacturing of e-cigarettes. As a result, Hong Kong Government proposed a total ban in May 2015 in order to safeguard public health. It remains controversial whether e-cigarette is a gateway of smoking or a less harmful alternative tool to quit smoking. Thus, a stringent approach on e-cigarettes should be adopted for preventing its rapid spread in the same manner as tobacco in the last century. To take a precautionary approach in public health, e-cigarettes should not be allowed until sufficient evidence to prove the safety of e-cigarette use is established.



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# 第五屆「戒煙大贏家」比賽

2017年3月 第二十一號報告書



## 第五屆「戒煙大贏家」比賽 一個前瞻性隨機對照試驗研究

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### 1. 引言

儘管香港的吸煙率不斷下降 (2015 年為 10.5%)，現時本港仍有約 641,300 位每日吸煙人士<sup>1</sup>。這些吸煙者之中，至少有一半將會被煙草所殺害<sup>2</sup>。香港每年因吸煙致死的人數高達 7,000 人<sup>3</sup>。與此同時，每年因吸煙導致的相關醫療、長期護理開支及經濟損失高達五十三億七千萬港元，相等於香港國民生產總值的 0.6%<sup>4,5</sup>。吸煙極易上癮，如果沒有適當的協助，部分吸煙者很難成功戒煙。由於只有極少數吸煙者 (3.3%) 曾經尋求專業的戒煙服務<sup>1</sup>，「戒煙大贏家」比賽提供了一個接觸大量吸煙者並鼓勵他們戒煙的黃金機會。

#### 過往「戒煙大贏家」的成果

以獎金鼓勵戒煙的理論假設吸煙者在參賽過程中會更有動力戒煙並得到更多的社交支持<sup>6</sup>。許多研究顯示這類戒煙比賽或獎勵活動不僅能接觸到大量吸煙者，而且比沒有獎勵的對照組有更高的戒煙率<sup>7</sup>。香港吸煙與健康委員會 (委員會) 與香港大學護理學院及公共衛生學院於 2009、2010、2012 及 2013 年合辦了四次「戒煙大贏家」比賽<sup>8,9,10</sup>，通過傳媒以及社區活動倡導戒煙，歷年共招募了逾四千名吸煙者參加。成功通過生物化學測試的戒煙者可參加大抽獎，贏取豐富獎金或獎品。「戒煙大贏家」比賽提升了參賽者戒煙的信心和動力，同時提供了獨有的平台，並設計新的戒煙干預方法及測量其效用。

#### 減煙與直接停止吸煙干預

一些外國的隨機對照試驗結果顯示，透過逐步減煙的方法戒煙是有效的<sup>11,12,13</sup>，減煙也因此成為推動戒煙的一種重要策略。一項本地研究指出，在沒有戒煙意願的吸煙者中，減煙輔導與尼古丁替代療法並用比僅給予簡短戒煙建議更有效 (戒煙率分別為 17.0% 和 10.2%，

$p=0.01$ ；減煙率分別為 50.9% 和 25.7%， $p=0.01$ )<sup>14</sup>。然而，一份整合分析總結了 10 個試驗，發現直接停煙與逐步減煙的戒煙率相若<sup>15</sup>。另一個研究結果亦顯示這兩種戒煙方法的成功率沒有顯著區別<sup>16</sup>。但由於大部分研究都向參賽者提供了免費的尼古丁替代療法，因此透過非藥物性的減煙干預，例如行為輔導，是否有效減少吸煙仍不清楚。不過，一個最近的研究表明直接停煙比通過減煙而戒煙的成功率高<sup>17</sup>。據我們所知，目前還沒有研究比較過在沒有提供尼古丁替代療法的前提下，簡單的直接停煙干預和減煙干預的效用。

#### 透過逐步減煙的方法戒煙：理論依據

自我效能是指人們對運用自身能力去完成難題的自信程度<sup>18</sup>；自我效能是作出行為改變及維持其改變的決定性因素之一。使用逐步減煙的方法能增加吸煙者在戒煙方面的自我效能，因為減煙的成果是按照吸煙者自己的步伐逐步達到的，從而避免了立刻停煙的壓力。支持這個理論的證據顯示，使用減煙方法的吸煙者擁有更高的自我效能去抗拒吸煙，往後亦有較多戒煙嘗試的次數<sup>19</sup>。最重要的是，減煙能夠降低吸煙者的尼古丁依賴程度，這與日後戒煙有著密切的關係<sup>20</sup>。

### 2. 方法

#### 2.1 招募詳情

委員會在全港 18 區舉辦了共計 67 場招募活動。招募場次被隨機分組 (34 場為干預組，33 場為對照組)。某一場次的全部參加者會被隨機分派到逐步減煙組 (干預組) 或者直接停煙組 (對照組)。吸煙者需要滿足下列全部條件方符合資格參加比賽：

1. 年滿 18 歲及持有效的香港身份證；
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；及
4. 一氧化碳呼氣測試結果達 4 ppm 或以上。

已受訓的戒煙輔導員會向吸煙者解釋計劃內容，為吸煙者進行一氧化碳呼氣測試，以核實其參賽資格，並派發由委員會設計的自助戒煙小冊子，隨後會邀請吸煙者參與隨機對照試驗。在獲得參賽者的書面同意後，戒煙輔導員會協助他們填寫基線問卷，並根據試驗分組，進行戒煙干預。

所有參加者根據所報名的場次被隨機分派到逐步減煙組或直接停煙組。研究使用區組隨機方式(Cluster randomization)，以確保兩組招募場次數量相若。本研究的首席研究員並不會參與招募活動，他首先將全部場次分成 4 個區組。每個區組中，由網上隨機整數功能(<http://www.random.org>)產生干預組和對照組的隨機排列。之後，首席研究員再將 4 個區組合併，產生全部場次的分組清單。負責招募的工作人員只會在招募活動前一天獲知會隨機分組的結果。

委員會在 2015 年 3 月舉辦了大抽獎並製作「戒煙大贏家」宣傳活動。5 名成功通過生物化學測試的參賽者被抽中，各贏取價值港幣 10,000 元的購物禮券。在參加「戒煙大贏家」宣傳活動的參賽者中，冠軍贏取了價值約港幣 25,000 元的澳洲旅遊禮券。亞軍及季軍分別獲得了價值約港幣 15,000 元及約港幣 10,000 元的新加坡和泰國的旅遊禮券。

## 2.2 戒煙干預與跟進

**逐步減煙組的干預：**表示自己無法在 7 天內戒煙的參賽者會收到一張減煙策略及路線圖的單張。戒煙輔導員使用 AWARD 方法為參賽者提供簡短建議。AWARD 是指：(a) 詢問吸煙史(Ask)，(b) 警示健康風險（每兩個吸煙者就有一個因吸煙引致的疾病死亡）(Warn)，(c) 建議吸煙者在未來 3 個月按照自己的步伐逐步減煙至完全戒煙(Advise)，(d) 轉介吸煙者至戒煙診所(Refer)，和 (e) 重複：每次跟進重複上述步驟並鼓勵複吸人士再次減煙(Do it again)。逐步減煙的標準建議是：「世界衛生組織聲明，根據醫學研究，煙草導致多達半數使用者死亡，風險極高。你已經決定通過減煙逐步戒煙，因為你明白戒煙對你的健康有好處。」簡短建議一般不超過 5 分鐘，但如有需要，會適當加長時間。

如果參賽者希望在 7 天之內戒煙，他們仍然會收到一張減煙單張作為參考，也會像直接停煙組一樣收到 AWARD 方法的簡短建議。一個星期之後，他們會收到電話跟進，以了解過去一個星期的戒煙情況。未能戒煙的參賽者會獲得逐步減煙的方法戒煙；而成功戒煙的參賽者則會被鼓勵保持戒煙狀態並不會再收到逐步減煙的干預。

一系列逐步減煙的策略會在單張及招募現場的簡短輔導中提供，包括 (1) 第一個星期減煙 25%，第一個月減煙 50%，第二個月減煙 75%，第三個月結束時完全不吸煙(戒煙的日子)，(2) 在特定時間吸煙並盡可能延長每次吸煙的相距時間<sup>21</sup>，(3) 由戒除最容易放棄的那支煙開始，或者 (4) 由戒除最難放棄的那支煙開始<sup>22</sup>。

單張和建議亦會提供一些對抗煙癮的策略，包括 (1) 識別並避免觸發煙癮的情境，(2) 延遲吸煙 10 分鐘或分散注意力，(3) 嚼無糖香口膠，吃硬糖、胡蘿蔔或堅果，(4) 提醒自己假若一時鬆懈吸一口煙便會導致吸更多煙，(5) 做 30 分鐘運動，(6) 練習放鬆技巧，例如做深呼吸練習、放鬆肌肉、瑜伽和按摩，(7) 尋求家人和朋友的支持，(8) 提醒自己戒煙的好處。

在後續的電話跟進中，戒煙輔導員會再次提醒參賽者「兩個吸煙者中至少有一個會被煙草殺害」，並建議設定下一個減煙的目標。如果參賽者表示他們已經減煙或戒煙，戒煙輔導員會祝賀參賽者並建議他們進一步減少煙量。如果參賽者沒有達到減煙目標，戒煙輔導員會再次建議他們使用對抗煙癮的逐步減煙策略。

**對照組(直接停煙組)：**這些參賽者會收到由委員會提供一本 14 頁的自助戒煙小冊子，一張包含對抗煙癮策略的健康教育帖，以及 AWARD 方法的簡短戒煙建議。在後續的電話跟進中，戒煙輔導員亦會再次提醒參賽者「兩個吸煙者中至少有一個會被煙草殺害」，並鼓勵他們儘早戒煙。

**非研究組別：**下列參賽者被分配到非研究組別：(1) 選擇參加由委員會舉辦及有額外獎項的宣傳活動，(2) 在工作場所招募，正接受其他戒煙輔導，(3) 拒絕或不合資格參與隨機對照試驗。上述參賽者仍可參與「戒煙大贏家」比賽，並在 3 個月及 6 個月成功通過生物化學測試時得到相同的獎勵，不過，他們的數據並不包括在隨機對照試驗研究中。

所有參與隨機對照試驗研究的參賽者會在基線調查後一星期、一個月、兩個月、三個月和六個月接受由已受訓的戒煙輔導員的電話跟進和問卷調查，以評估他們的吸煙狀況和戒煙進度。在三個月和六個月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由香港大學職員進行的一氧化碳呼氣測試及可的寧口水測試。為提升電話訪問的整體個案保留率，成功接受全部 5 次電話跟進的參賽者可獲額外獎勵(價值港幣 100 元)。

研究的主要結果包括三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)，次要結果包括(i) 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)·(ii) 經生物化學測試核實的戒煙率·(iii) 減少吸煙量一半或以上的比率及(iv) 三個月及六個月電話跟進時嘗試戒煙(停止吸煙達廿四小時以上)的比率。是第五屆「戒煙大贏家」整體參加者的戒煙和減煙結果。

結果主要以描述性統計方式報告例如頻率、百分比及平均數等。組別之間結果的差異比較則採用卡方檢驗和T檢定。研究亦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)計算自我報告和生物化學測試核實的戒煙率。同時研究亦採用了完整個案分析法(排除所有失訪個案)去計算研究結果。

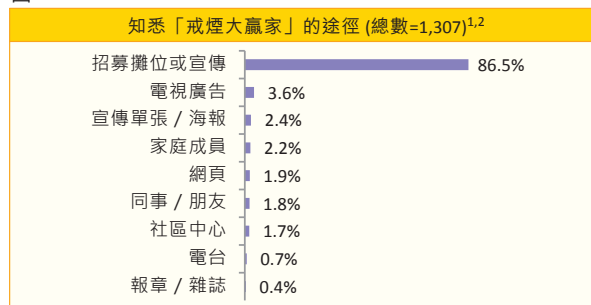
### 3. 結果

2014年6月21日至9月29日,委員會在全港18區舉辦了共67場招募活動。來自17個非牟利機構、經過訓練的工作人員和義工參與了第五屆「戒煙大贏家」比賽的宣傳及招募活動。約有211,800名市民曾行經「戒煙大贏家」的招募攤位,約有10,800名市民曾查詢關於戒煙的資訊或參與「戒煙大贏家」的攤位遊戲。在招募過程中,負責招募的工作人員接觸到超過7,500位吸煙者和超過20,500位非吸煙者。

在全部1,328名經核查、有興趣參賽的吸煙者中,2名(0.2%)不合資格,19名(1.4%)最終拒絕參賽。餘下1,307名合資格的參賽者中,1,077名(82.4%)同意參與隨機對照試驗。另外230名(17.6%)參與「戒煙大贏家」宣傳活動、拒絕參與隨機對照試驗研究或由工作場所招募來的吸煙者被分配為非研究組別。在1,077名同意參與隨機對照試驗的參賽者中,559名(51.9%)被隨機分派到逐步減煙組,518名(48.1%)被隨機分派到直接停煙組。

「戒煙大贏家」招募攤位是參加者知悉比賽信息的主要途徑(86.5%)。少數參加者由電視(3.6%)、宣傳單張和海報(2.4%)、家庭成員(2.2%)得知(圖一)。

圖一



¹缺失數據被排除在外

²參賽者可選多於一項

#### 3.1 所有參賽者的基線人口特徵

所有參賽者當中,約八成是男性(81.2%),平均年齡為42.6歲(標準差=15.3歲)。約六成(58.2%)參賽者的教育程度是中學或以上。接近半數的參賽者(42.7%)居住在公屋。約半數參賽者(51.2%)家庭每月收入低於港幣20,000元(表一)。兩個研究組別的人口特徵在統計上無顯著差異。

#### 3.2 吸煙概況

參賽者開始每週吸煙的平均年齡是17.6歲(標準差=5.9),而過半數(58.5%)的參賽者於十八歲前開始吸煙(圖二)。參賽者平均每日吸食15.7支煙(標準差=9.4),39.1%每日吸食5-14支,43.2%每日吸食15-24支(圖三)。根據吸煙嚴重度指數(Heavy Smoking Index),大約三分之一的參賽者(35.6%)有嚴重尼古丁依賴程度(高於或等於4)。約四分之三的參賽者(74.8%)曾嘗試戒煙(戒煙最少24小時),48.9%曾於一年或之前戒煙。約六成(60.4%)的參賽者曾嘗試減少吸煙,28.8%曾於一年或之前減少吸煙。約四分之三逐步減煙組(77.6%)及約一半直接停煙組(53.1%)的參賽者有意欲在七日內減少吸煙或停止吸煙(圖四)。

逐步減煙組的參賽者平均每日吸煙支數較直接停煙組高(16.2與14.7,  $p<0.01$ )。嚴重依賴尼古丁的吸煙者亦較直接停煙組多(37.9%與31.7%,  $p=0.03$ )。直接停煙組比逐步減煙組有較多吸煙者曾嘗試於一個月前嘗試戒煙(11.6%與5.9%,  $p=0.03$ )。

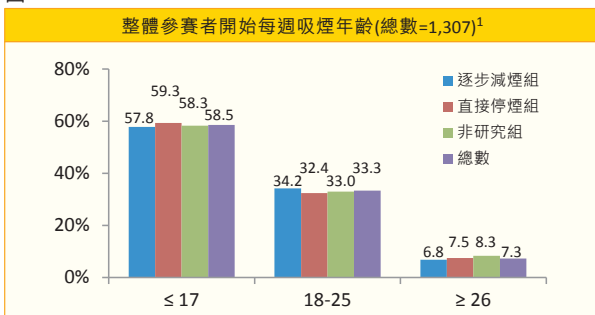


表一

參賽者基線人口特徵 (總數=1,307) <sup>1</sup>						
			隨機分組試驗 (總數= 1,077)			
		總數 (總數=1,307) 人數 (%)	非研究組 (總數=230) 人數 (%)	逐步減煙 (總數=559) 人數 (%)	直接停煙 (總數=518) 人數 (%)	p 值 <sup>1</sup>
性別	男性	1,061 (81.2)	184 (80.0)	462 (82.6)	415 (80.1)	0.27
	女性	246 (18.8)	46 (20.0)	97 (17.4)	103 (19.9)	
年齡，平均值 (標準差)，歲		42.6 (15.3)	42.1 (14.4)	42.8 (14.7)	42.6 (16.4)	0.86
教育程度	沒有正式接受教育	23 (1.8)	2 (0.9)	9 (1.6)	12 (2.3)	0.50
	小學程度	175 (13.4)	26 (11.3)	78 (14.0)	71 (13.7)	
	初中程度	322 (24.6)	57 (24.8)	138 (24.7)	127 (24.5)	
	高中程度	500 (38.3)	91 (39.6)	224 (40.1)	185 (35.7)	
	大專或大學	207 (15.8)	43 (18.7)	76 (13.6)	88 (17.0)	
	大學或以上	54 (4.1)	10 (4.3)	21 (3.8)	23 (4.4)	
	缺失數據	26 (2.0)	1 (0.4)	13 (2.3)	12 (2.3)	
	就業情況	學生	36 (2.8)	6 (2.6)	13 (2.3)	
	自僱	180 (13.8)	31 (13.5)	91 (16.3)	58 (11.2)	
	受僱	795 (60.8)	144 (62.6)	339 (60.6)	312 (60.2)	
	待業	67 (5.1)	14 (6.1)	24 (4.3)	29 (5.6)	
	家庭主婦	54 (4.1)	14 (6.1)	19 (3.4)	21 (4.1)	
	退休	156 (11.9)	20 (8.7)	63 (11.3)	73 (14.1)	
	缺失數據	19 (1.5)	1 (0.4)	10 (1.8)	8 (1.5)	
居住情況	租住公共房屋	558 (42.7)	93 (40.4)	236 (42.2)	229 (44.2)	0.33
	自置公共房屋	85 (6.5)	14 (6.1)	41 (7.3)	30 (5.8)	
	居者有其屋計劃	155 (11.9)	30 (13.0)	59 (10.6)	66 (12.7)	
	租住私人房屋	180 (13.8)	35 (15.2)	86 (15.4)	59 (11.4)	
	自置私人房屋	245 (18.7)	40 (17.4)	100 (17.9)	105 (20.3)	
	其他	50 (3.8)	14 (6.1)	21 (3.8)	15 (2.9)	
	缺失數據	34 (2.6)	4 (1.7)	16 (2.9)	14 (2.7)	
	家庭每月收入 (港幣)	少於 5,000	139 (10.6)	17 (7.4)	55 (9.8)	
5,000-9,999		103 (7.9)	18 (7.8)	42 (7.5)	43 (8.3)	
10,000-19,999		428 (32.7)	81 (35.2)	180 (32.2)	167 (32.2)	
20,000-29,999		244 (18.7)	50 (21.7)	113 (20.2)	81 (15.6)	
30,000-39,999		134 (10.3)	29 (12.6)	51 (9.1)	54 (10.4)	
40,000 或以上		163 (12.5)	23 (10.0)	73 (13.1)	67 (12.9)	
缺失數據		96 (7.3)	12 (5.2)	45 (8.1)	39 (7.5)	

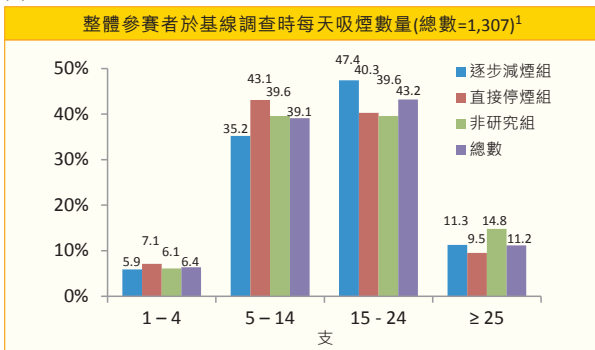
<sup>1</sup>以卡方檢驗分析類別變數及以t檢驗分析連續變數; 非研究組別被排除在外

圖二



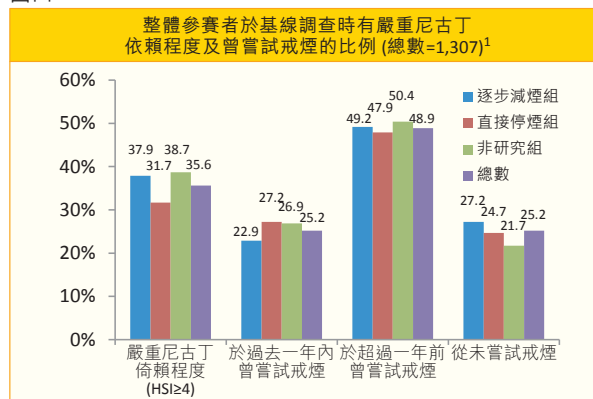
<sup>1</sup>缺失數據被排除在外

圖三



<sup>1</sup>缺失數據被排除在外

圖四



<sup>1</sup>缺失數據被排除在外

### 3.3 個案保留率

所有參賽者於一星期, 一個月, 兩個月, 三個月及六個月接受電話跟進, 整體個案 (包括研究組別及非研究組別) 的保留率分別為 78.8%、69.2%、65.0%、62.9% 及 60.4%。在三個月電話跟進時, 逐步減煙組及直接停煙組的保留率分別為 65.3% 及 60.8%, 在統計上沒有顯著差異 ( $p=0.13$ )。在六個月電話跟進時, 逐步減煙組及直接停煙組的保留率分別為 63.9% 及 58.7%, 在統計上有輕微顯著差異 ( $p=0.08$ )。



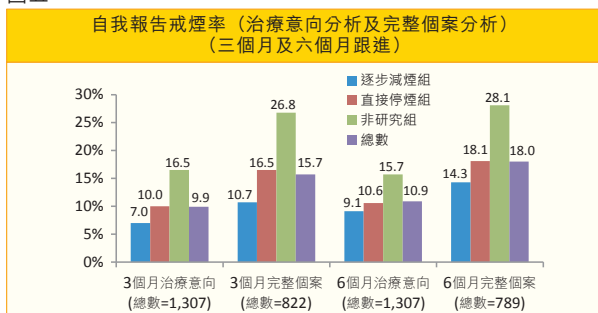
### 3.4 三個月跟進的戒煙率

根據治療意向分析，在三個月電話跟進時，整體自我報告戒煙率（在過去七天內完全沒有吸煙）是 9.9%。逐步減煙組（7.0%）的戒煙率比直接停煙組（10.0%）低，在統計上有輕微顯著差異（ $p=0.07$ ）。根據完整個案分析，直接停煙組的自我報告戒煙率（16.5%）比逐步減煙組（10.7%）較高（ $p=0.03$ ）。在三個月跟進時的 129 名自我報告成功戒煙者（包括非研究組別）當中，80 位接受生物化學測試，其中有 97.5% 成功通過測試。在三個月電話跟進時，經驗證的整體戒煙率是 6.0%，逐步減煙組（3.8%）和直接停煙組（5.6%）的戒煙率在統計上沒有顯著差異（ $p=0.15$ ）（圖五至六）。

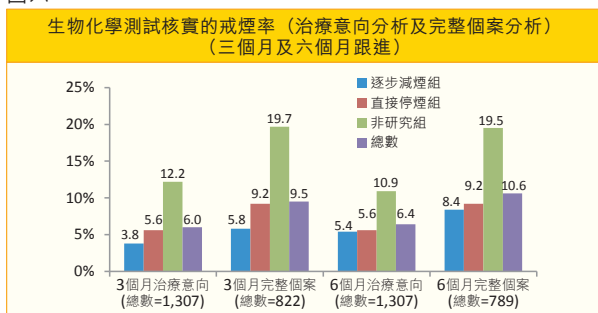
### 3.5 六個月跟進的戒煙率

根據治療意向分析，在六個月電話跟進時，整體自我報告戒煙率（在過去七天內完全沒有吸煙）是 10.9%。逐步減煙組（9.1%）和直接停煙組（10.6%）的自我報告戒煙率在統計上沒有顯著差異（ $p=0.41$ ）。根據完整個案分析，在統計上也沒有顯著差異（逐步減煙組：14.3% 與停煙戒煙組：18.1%， $p=0.18$ ）。成功通過生物化學測試的整體戒煙率是 6.4%，逐步減煙組為 5.4%，而直接停煙組為 5.6%（ $p=0.87$ ）（圖五至六）。

圖五



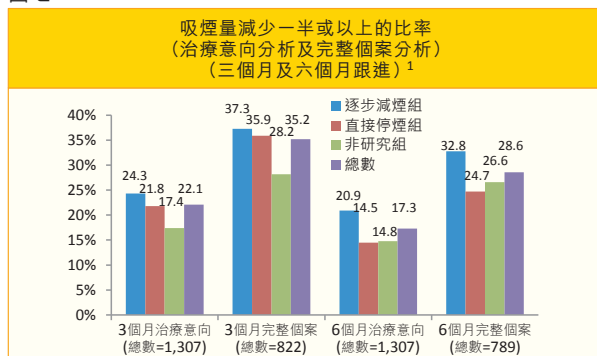
圖六



### 3.6 三個月和六個月的減煙情況

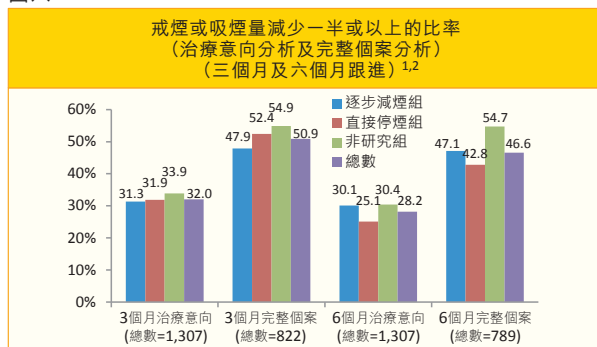
排除戒煙者後，22.1% 的參賽者在三個月電話跟進時比基線減少 50% 或更多的每日吸煙量，而逐步減煙組（24.3%）及直接停煙組（21.8%）亦顯示類似結果（ $p=0.33$ ）。當戒煙者被納入為減煙者，兩組的減煙率在統計上亦沒有顯著差異（31.3% 與 31.9%， $p=0.85$ ）。在六個月電話跟進時，排除戒煙者後，整體減煙率是 17.3%，逐步減煙組（20.9%）的減煙率在統計上比直接停煙組（14.5%）顯著較高（ $p<0.01$ ）。如戒煙者被納入為減煙者，逐步減煙組（30.1%）的減煙率仍比直接停煙組較高（25.1%），在統計上有輕微顯著差異（ $p=0.07$ ）（圖七至八）。

圖七



<sup>1</sup>成功戒煙者不包括在分子內，但包括在分母裏

圖八



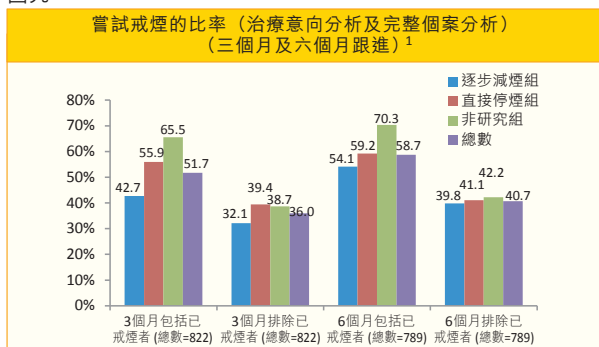
<sup>1</sup>缺失數據被排除在外

<sup>2</sup>成功戒煙者包括在分子及分母裏

### 3.7 嘗試戒煙的比率（三個月及六個月跟進）

包括已戒煙者在內，在三個月電話跟進時，約一半（51.7%）的參賽者曾經嘗試戒煙至少一次。直接停煙組（55.9%）比逐步減煙組（42.7%）在統計上有較高嘗試戒煙的比率（ $p<0.01$ ）。排除戒煙者在外，在統計上仍有顯著差異（逐步減煙組 32.1%；直接停煙組 39.4%； $p=0.047$ ）。在六個月電話跟進時，嘗試戒煙率是 58.7%，兩個組別在統計上沒有顯著差異（ $p=0.18$ ）（圖九）。

圖九

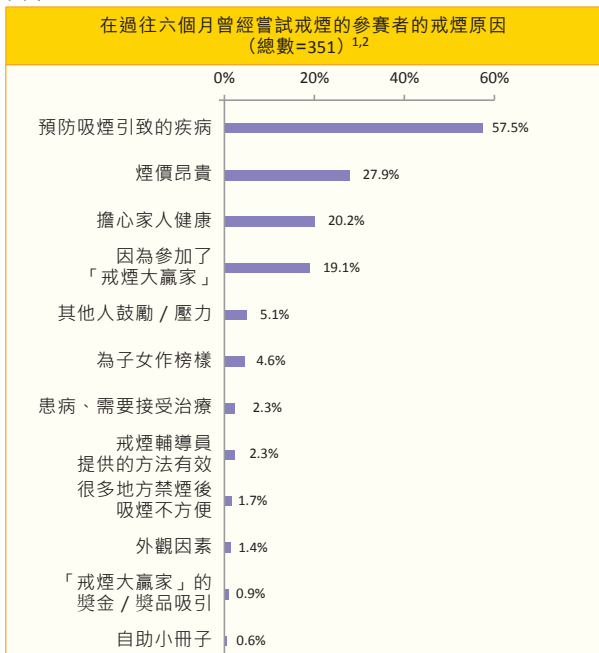


<sup>1</sup>失訪數據被排除在外

### 3.8 戒煙原因及戒煙方法（六個月跟進）

在六個月電話跟進時，成功跟進的參賽者中，四個最普遍的戒煙原因是：(1) 預防吸煙引致的疾病 (57.5%)，(2) 煙價昂貴 (27.9%)，(3) 擔心家人健康 (20.2%)，及 (4) 參加了「戒煙大贏家」比賽 (19.1%) (圖十)。直接停煙組有較多參賽者因煙價昂貴而嘗試戒煙 (直接停煙組：41.4%；逐步減煙組：19.6%； $p < 0.01$ )。

圖十

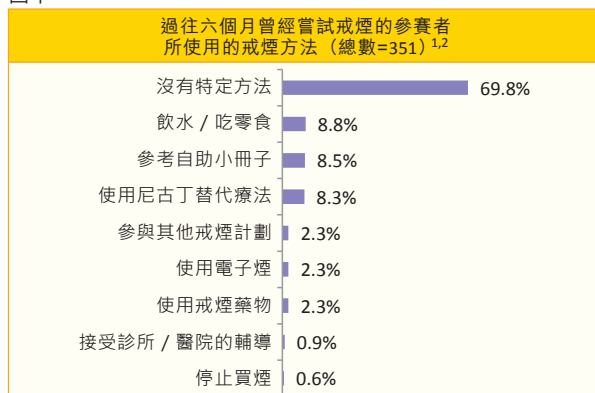


<sup>1</sup>失訪數據被排除在外

<sup>2</sup>參賽者可選擇多於一個答案

大部份參賽者 (69.8%) 表示沒有用任何特別方法戒煙。三個最普遍的戒煙方法是「飲水 / 吃零食」(8.8%)，「參考自助小冊子」(8.5%) 及「使用尼古丁替代療法」(8.3%)。逐步減煙組和直接停煙組在統計上沒有顯著差異 (圖十一)。

圖十一



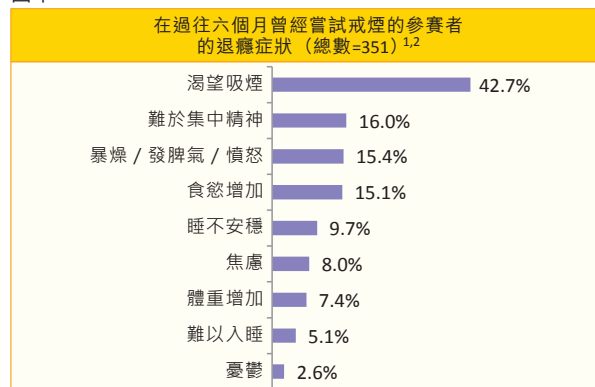
<sup>1</sup>失訪數據被排除在外

<sup>2</sup>參賽者可選擇多於一個答案

### 3.9 嘗試戒煙的退癮症狀（六個月跟進）

嘗試戒煙者表示，四個最普遍的退癮症狀分別為：(1) 渴望吸煙 (42.7%)，(2) 難於集中精神 (16.0%)，(3) 感到暴躁 / 發脾氣 / 憤怒 (15.4%)，以及 (4) 食慾增加 (15.1%)。逐步減煙組和直接停煙組的退癮症狀相似 (圖十二)。

圖十二



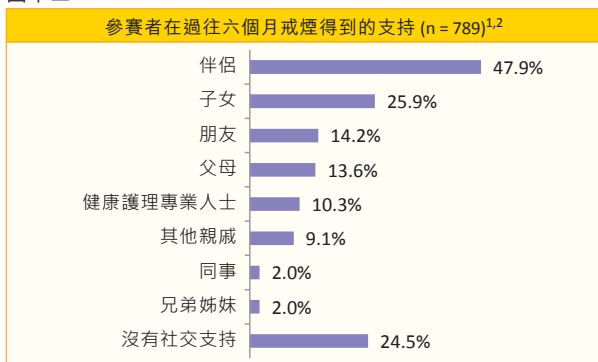
<sup>1</sup>失訪數據被排除在外

<sup>2</sup>參賽者可選擇多於一個答案

### 3.10 戒煙過程中的社交支持

在六個月電話跟進時，參賽者在戒煙過程中的社交支持主要源自他們的：(1) 伴侶 (47.9%)，(2) 子女 (25.9%)，(3) 朋友 (14.2%)，以及 (4) 父母 (13.6%)。另一方面，約四分之一 (24.5%) 的參賽者沒有任何社交支持。直接停煙組比逐步減煙組在統計上有較多來自健康護理專業人士 (13.8% 與 7.6%， $p < 0.01$ )，以及其他親戚的社交支持 (13.8% 與 6.4%， $p < 0.01$ ) (圖十三)。

圖十三

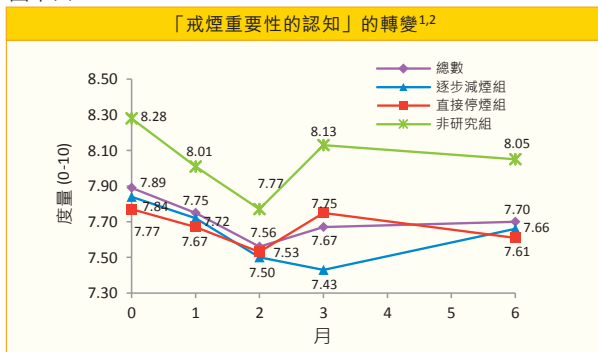
<sup>1</sup>失訪數據被排除在外<sup>2</sup>參賽者可選擇多於一個答案

### 3.11 對戒煙認知的轉變

從 0 (最低) 至 10 (最高) 分的度量下，參賽者在基線調查中對「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 7.89 (標準差 = 2.20)、7.29 (標準差 = 2.47) 和 5.78 (標準差 = 2.40)。

逐步減煙組和直接停煙組的「戒煙重要性的認知」平均值，在兩個月跟進時 (逐步減煙組：7.50 與直接停煙組：7.53)，較基線調查時 (逐步減煙組：7.84 與直接停煙組：7.77) 輕微下跌。在三個月電話跟進時，逐步減煙組的平均值進一步輕微下降 (平均值 = 7.43)，而且在統計上比直接停煙組的平均值低 (7.75) ( $p=0.049$ )。在六個月電話跟進時，逐步減煙組的平均值上升至 7.66 (標準差 = 1.94)，而直接停煙組的平均值則輕微下跌至 7.61 (標準差 = 1.98)。兩組隨機對照試驗組在統計上沒有顯著差異 (圖十四)。

圖十四



組內成對樣本 T 檢定：

逐步減煙組 基線與一個月的 p-值=0.49

基線與兩個月的 p-值=&lt;0.01

基線與三個月的 p-值=&lt;0.01

基線與六個月的 p-值=0.24

直接停煙組 基線與一個月的 p-值=0.13

基線與兩個月的 p-值=0.048

基線與三個月的 p-值=0.38

基線與六個月的 p-值=0.13

跨組獨立樣本 T 檢定：

基線調查 逐步減煙組與直接停煙組的 p-值=0.57

一個月數據 逐步減煙組與直接停煙組的 p-值=0.71

兩個月數據 逐步減煙組與直接停煙組的 p-值=0.82

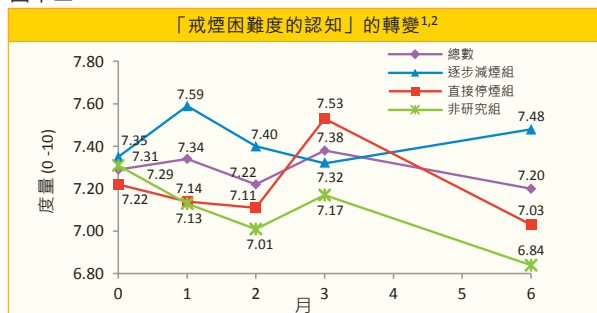
三個月數據 逐步減煙組與直接停煙組的 p-值=0.049

六個月數據 逐步減煙組與直接停煙組的 p-值=0.74

<sup>1</sup>缺失數據排除在外<sup>2</sup>未能跟進的參賽者排除在外

在六個月電話跟進時，逐步減煙組和直接停煙組的「戒煙困難度的認知」平均值與基線調查時在統計上沒有顯著差異。在一個月 (7.59 與 7.14,  $p<0.01$ ) 和六個月電話跟進時 (7.48 與 7.03,  $p<0.01$ )，逐步減煙組的平均值比直接停煙組在統計上顯著較高 (圖十五)。

圖十五



組內成對樣本 T 檢定

逐步減煙組 基線與一個月的 p-值=0.13

基線與兩個月的 p-值=0.94

基線與三個月的 p-值=0.90

基線與六個月的 p-值=0.33

直接停煙組 基線與一個月的 p-值=0.21

基線與兩個月的 p-值=0.50

基線與三個月的 p-值=0.25

基線與六個月的 p-值=0.10

跨組獨立樣本 T 檢定

基線調查 逐步減煙組與直接停煙組的 p-值=0.37

一個月數據 逐步減煙組與直接停煙組的 p-值=&lt;0.01

兩個月數據 逐步減煙組與直接停煙組的 p-值=0.08

三個月數據 逐步減煙組與直接停煙組的 p-值=0.22

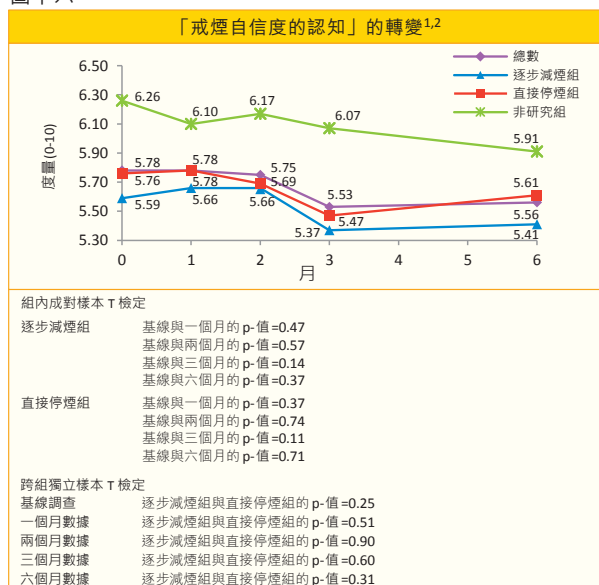
六個月數據 逐步減煙組與直接停煙組的 p-值=&lt;0.01

<sup>1</sup>缺失數據排除在外<sup>2</sup>未能跟進的參賽者排除在外

在六個月電話跟進時，逐步減煙組和直接停煙組的「戒煙自信度的認知」平均值比基線調查時在統計上沒有顯著差異 (逐步減煙組：基線：5.59，一個月：5.66，兩個月：5.66 三個月：5.37，及六個月：5.41,  $p>0.05$ ；直接停煙

組：基線：5.76，一個月：5.78，兩個月：5.69，三個月：5.47及六個月：5.61， $p>0.05$ ）。在所有跟進中，兩組隨機對照試驗組在統計上沒有顯著差別 ( $p>0.05$ ) (圖十六)。

圖十六



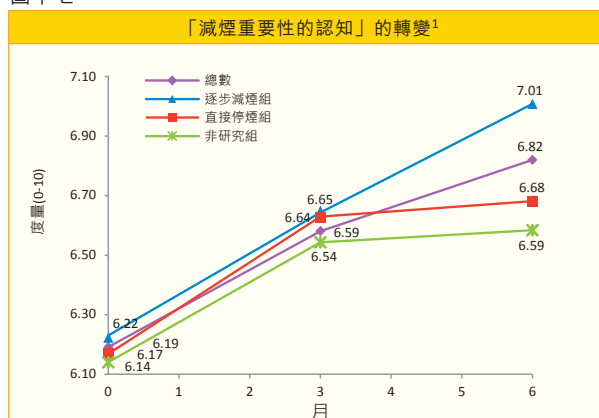
<sup>1</sup>缺失數據排除在外

<sup>2</sup>未能跟進的參賽者排除在外

### 3.12 對減煙認知的轉變

從 0 (最低) 至 10 (最高) 分的度量下，對減少吸煙量至少一半的「減煙重要性的認知」、「減煙困難度的認知」、「減煙自信度的認知」的平均值分別是 6.19 (標準差 = 3.00) · 5.19 (標準差 = 2.79) · 和 6.71 (標準差 = 2.50)。

圖十七



組內成對樣本 T 檢定

逐步減煙組

- 基線與三個月的  $p$ -值 = 0.058

- 基線與六個月的  $p$ -值 = **<0.01**

直接停煙組

- 基線與三個月的  $p$ -值 = 0.20

- 基線與六個月的  $p$ -值 = **0.02**

跨組獨立樣本 T 檢定

基線調查

- 逐步減煙組與直接停煙組的  $p$ -值 = 0.75

三個月數據

- 逐步減煙組與直接停煙組的  $p$ -值 = 0.66

六個月數據

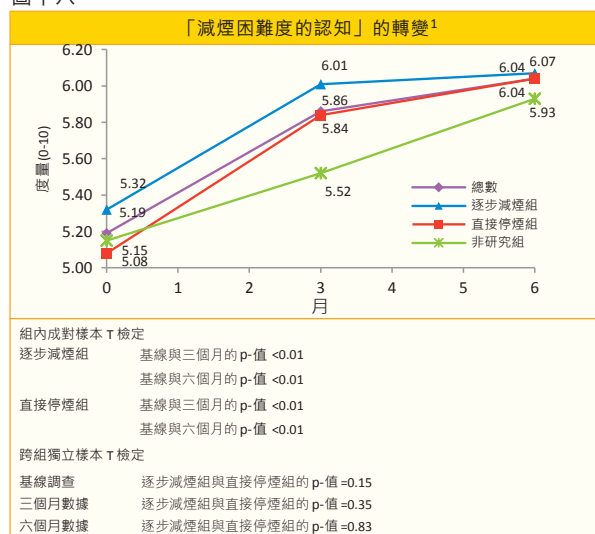
- 逐步減煙組與直接停煙組的  $p$ -值 = **0.05**

<sup>1</sup>缺失數據排除在外

與基線調查時比較，兩組的「減煙重要性的認知」的平均值在六個月跟進時均有所上升 (逐步減煙組：6.22 與 7.01， $p<0.01$ ；直接停煙組：6.17 與 6.68， $p<0.01$ )。在六個月電話跟進時，逐步減煙組的平均值在統計上顯著比直接停煙組更高 (7.01 與 6.68， $p=0.05$ ) (圖十七)。

在三個月和六個月電話跟進時，逐步減煙組的「減煙困難度的認知」的平均值比基線調查時有所上升 (基線：5.32，三個月：6.01，六個月：6.07， $p<0.01$ )。直接停煙組有相似的趨勢 (基線：5.15，三個月：5.84，六個月：6.04， $p<0.01$ )。在所有跟進中，兩組並無統計上的顯著差別 (圖十八)。

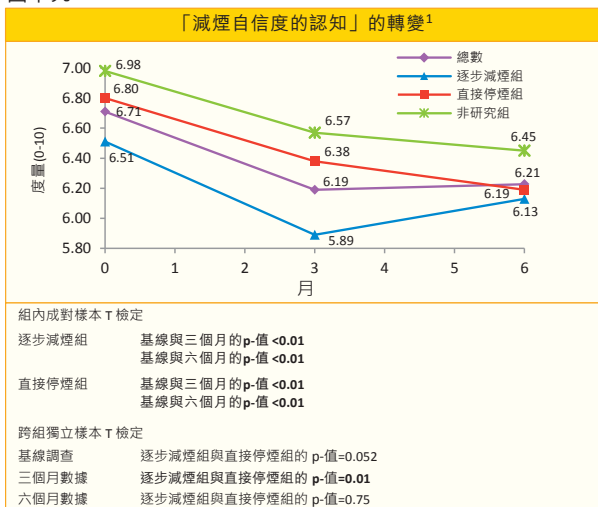
圖十八



<sup>1</sup>缺失數據排除在外

在三個月和六個月電話跟進時，逐步減煙組的「減煙自信度的認知」平均值比基線調查時在統計上有顯著下降 (基線：6.51，三個月：5.89，六個月：6.13%， $p<0.01$ )。直接停煙組有相似的下降趨勢 (基線：6.80，三個月：6.38，六個月：6.19， $p<0.01$ )。在三個月電話跟進時，直接停煙組的平均值比逐步減煙組在統計上顯著較高 (6.38 與 5.89， $p=0.01$ ) (圖十九)。

圖十九



<sup>1</sup>缺失數據排除在外

### 3.13 戒煙輔助工具的使用和滿意度

#### 健康教育卡

在六個月電話跟進時，大部分 (73.4%) 參賽者曾經閱讀健康教育卡，逐步減煙組 (75.9%) 比直接停煙組 (70.1%) 在統計上輕微顯著較高比例 ( $p=0.09$ ) (圖二十)。在曾經閱讀健康教育卡的參賽者中，逐步減煙組有較少參賽者跟從健康教育卡上的建議 (逐步減煙組：55.7% 與直接停煙組：70.0%， $p<0.01$ )。從 0 (最低) 至 5 (最高) 分的度量下，「健康教育卡的有用程度」整體平均值是 3.3 (標準差 = 0.83)，而逐步減煙組及直接停煙組在統計上沒有顯著差別 (3.2 與 3.3， $p=0.69$ )。三個最普遍沒有跟從健康教育卡上的建議的原因是：「太忙」(32.9%)、「覺得無用」(23.7%) 及「無興趣」(15.5%)。

#### 自助小冊子

過半數 (63.1%) 的參賽者表示曾經閱讀自助小冊子，兩個組別在統計上沒有顯著差別 (逐步減煙組：63.0% 與直接停煙組：63.5%， $p=0.90$ ) (圖二十)。從 0 (最低) 至 5 (最高) 分的度量下，「自助小冊子的有用程度」整體平均值是 3.0 (標準差 = 0.87)。逐步減煙組 (2.9) 比直接停煙組 (3.1) 在統計上有顯著較低的平均值 ( $p=0.047$ )。三個最普遍沒有閱讀該小冊子的原因是：「太忙」(30.9%)、「無興趣」(19.6%) 及「覺得無用」(17.9%)。

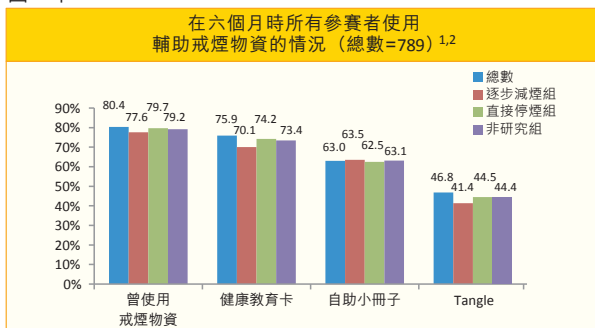
#### Tangle

在六個月電話跟進時，44.4% 的參賽者表示曾經使用戒煙輔助工具「Tangle」，兩個干預組別在統計上並沒有

顯著差異 (圖二十)。「『Tangle』的有用程度」的平均值是 2.5 (標準差 = 0.99)，兩組的平均值相似 (逐步減煙組 2.4 與直接停煙組 2.5， $p=0.42$ )。三個最普遍沒有使用「Tangle」的原因是：「太忙」(37.1%)、「覺得無用」(23.5%) 及「無興趣」(21.2%)。

總括而言，大部分 (79.2%) 參賽者曾經使用健康教育卡、自助小冊子或「Tangle」去戒煙。兩個隨機對照試驗組別在統計上並沒有顯著差別 ( $p>0.05$ ) (圖二十)。

圖二十



<sup>1</sup>參賽者可選多於一個答案

<sup>2</sup>在六個月時缺失的參賽者已排除在外

## 4. 討論

第五屆「戒煙大贏家」比賽是其中一個最具成本效益的社區宣傳戒煙計劃。是次比賽接觸了超過 7,000 名吸煙者，以及招募了 1,307 名吸煙者參加「戒煙大贏家」比賽。超過 210,000 人接觸了「戒煙大贏家」宣傳，並有超過 28,000 人接收過控煙和戒煙資訊。這表示「戒煙大贏家」不只是一個有效增加戒煙率的計劃，正如科克倫<sup>6</sup>所說，它還是一個寶貴的宣傳戒煙項目，教育公眾將吸煙非規範化和加強公眾對未來控煙政策的支持。

相比以往的「戒煙大贏家」比賽，2014 年的參賽者人數有所上升 (2009 年有 1,119 名，2010 年有 1,103 名，2012 年有 1,193 名及 2013 年有 1,254 名)，這可能是因為逐步減煙策略受部份吸煙者歡迎。總括而言，根據治療意向分析，所有參賽者 (包括非研究組別) 在六個月時的自我報告戒煙率為 10.9%，比 2012 年的 9.8% 及 2013 年的 9.9% 稍微上升。每三名參賽者當中約有一名在三個月電話跟進時成功戒煙或減煙至少 50%，另外有四分之一的參賽者在六個月電話跟進時成功戒煙或減煙。大約一半 (51.7%) (包括已戒煙者) 參賽者在三個月電話跟進時表示曾經嘗試戒煙，另外有 58.7% 在六個月電話跟進時表示曾經嘗試戒煙。在三個月和六個月的



電話跟進中，兩組隨機對照試驗組的自我報告戒煙率在統計上沒有顯著差異。

這些結果指出「逐步減煙」及「直接停煙」干預在三個月和六個月時的戒煙率相似，而逐步減煙組在六個月時有顯著較高的減煙率。不論吸煙者有意戒煙或是有意減煙，研究發現「逐步減煙」及「直接停煙」的方法，在沒有任何戒煙藥物的輔助下都能達致相似的短期戒煙結果。由於逐步減煙組預計需要較長時間才能達致完全停止吸煙，超過六個月逐步減煙的長期影響仍未確定，需要日後進一步研究。研究結果顯示，建議吸煙者先減少吸煙可能不會減低他／她以後戒煙的機會，但這會是一個幫助吸煙者減少吸煙量的方法。此外，儘管逐步減煙組在一個月和兩個月的電話跟進時的戒煙率和減煙率不比直接停煙組高，但其戒煙率和減煙率在研究期間逐漸上升，而且在六個月電話跟進時超過直接停煙組。這表示逐步減煙的干預影響可能較大及更長遠，但需進行過長期的電話跟進以進一步確認。為了進一步了解減煙策略潛在的延遲及長期影響，必須進行一年（甚至更長）的電話跟進，並運用小組分析研究在跟進期間吸煙量的轉變，以評估最終的戒煙結果。

研究顯示逐步減煙組比直接停煙組有較多嚴重依賴尼古丁的吸煙者，以及較多在超過一年前嘗試戒煙或從未試過戒煙的吸煙者。基線特徵上的差異可能在兩組比較及評估干預的影響時出現偏差。未來可以通過隱匿分配，及個別隨機分配來分派參賽者和招募工作人員，以盡量減低這些偏差。

## 6. 臨床試驗註冊編號

臨床試驗註冊編號：NCT02188433 (<http://www.controlled-trials.gov>)

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大部分 (73.4%) 參賽者曾經閱讀健康教育卡，兩組在統計上沒有顯著差異。在曾經閱讀健康教育卡的參賽者中，64.2% 遵從卡上的建議去減少吸煙量或戒煙。直接停煙組的依從率比逐步減煙組顯著較高。由於有關減煙的有效程度及減煙方法的文獻稀少，逐步減煙組的健康教育卡只能提供 3 個貌似合理的減煙方法。相比直接停煙的健康教育卡，逐步減煙組的健康教育卡包含較少實際的減煙方法、較多鼓勵性的訊息及理論性的工具，這樣可能引致逐步減煙組有較低的依從率和減煙率。未來的研究有必要評估更多逐步減煙的具體策略以及根據指引去監察干預組在實施時的準確性。度身訂造的逐步減煙或直接停煙的戒煙方法／輔導、評估吸煙者戒煙或減煙的意欲、以及評估吸煙者對不同策略的喜好有可能進一步增加戒煙率。

## 5. 結論

總括而言，第五屆「戒煙大贏家」比賽成功推動戒煙並接觸了大量社區裡不會尋求戒煙服務的吸煙者。「戒煙大贏家」比賽提供一個重要平台向大量吸煙者與非吸煙者宣傳戒煙及無煙訊息。大部份 (79.2%) 第五屆「戒煙大贏家」比賽的參賽者使用了我們的戒煙物資（例如：健康教育卡、自助小冊子及「Tangle」）輔助戒煙。逐步減煙及直接停煙干預的戒煙結果在六個月時相似，這表示戒煙輔導員可以提供直接停煙及逐漸減煙的意見。為了探究逐步減煙對戒煙的影響，長期跟進是有必要的。度身訂造的逐步減煙／直接停煙干預亦有待進一步研究。

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## The 5<sup>th</sup> “Quit to Win” Contest – A prospective study and a randomized controlled trial

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### 1. Introduction

Although smoking prevalence is decreasing in Hong Kong (10.5% in 2015), there are still about 641,300 daily smokers<sup>1</sup>. At least half of these smokers will be killed by smoking<sup>2</sup>, and about 7,000 deaths in Hong Kong were due to tobacco per year<sup>3</sup>. Smoking also leads to a large burden of medical costs, long-term care and productivity loss of HK\$5.37 billion a year (0.6% of Hong Kong GDP)<sup>4,5</sup>. Smoking is a highly addictive behaviour and it is difficult for some smokers to quit without assistance. As only few smokers (3.3%) have ever sought help from smoking cessation services<sup>1</sup>, the “Quit to Win” (QTW) Contest provides a golden opportunity to recruit a large number of smokers in community and motivate them to quit.

#### *Findings of previous “Quit to Win” Contests*

The quit and win model posits that smokers participating in the contest will have higher motivation to quit with incentives and better social support<sup>6</sup>. Studies have found that such quitting contests or incentive programmes appeared to reach a large number of smokers and demonstrated a significantly higher quit rate for the quit and win group than for the control group<sup>7</sup>. Hong Kong Council on Smoking and Health (COSH), in collaboration with School of Nursing and School of Public Health of The University of Hong Kong, has organized four “Quit to Win” Contests in Hong Kong (2009, 2010, 2012 and 2013)<sup>8,9,10</sup> to promote smoking cessation through the mass media and numerous community activities, and recruited over 4,000 smokers from the community. Participants whose abstinence was validated would be eligible to join the lucky draw to win prizes. The competition boosted up participants’ confidence and motivation to quit. The QTW Contest provided a unique platform to design and evaluate the effectiveness of new modes of smoking cessation interventions.

#### *Smoking reduction and abrupt cessation interventions*

Smoking reduction or cut down to quit (CDTQ) approach is an important alternative strategy for promoting smoking cessation with several overseas randomized controlled trials (RCTs)

showing the effectiveness<sup>11,12,13</sup>. A local study showed that smoking reduction counseling plus free nicotine replacement therapy (NRT) was more effective than solely providing brief advice among the smokers unwilling to quit (quit rate 17.0% vs. 10.2%,  $p=0.01$ ; reduction rate 50.9% vs. 25.7%  $p=0.01$ )<sup>14</sup>. In contrast, a meta-analysis of 10 trials found similar effects on quit rates when comparing quit immediately (QI) and CDTQ<sup>15</sup> approaches. Some further suggested that quitting gradually might be associated with similar successful quit rate as quitting immediately<sup>16</sup>. However, most of the studies provided free NRT to the participants. It remains unclear whether non-pharmaceutical intervention such as behavioural counseling is effective on reducing cigarette smoking. A recent trial suggested that quitting abruptly has higher quit rate than gradually<sup>17</sup>. To the best of our knowledge, no previous intervention studies has examined the effectiveness of a brief intervention without NRT for gradual reduction compared with abrupt cessation.

#### *Rationale of cut down to quit (CDTQ) approach*

Self-efficacy is defined as the belief in one’s capability to engage in behaviour to solve difficult tasks<sup>18</sup>, which is an important determinant to initiate a change in behaviour and maintain it. Using CDTQ approach for smoking cessation might increase smoker’s self-efficacy on smoking cessation, as the outcome of reduction could be achieved step by step at smoker’s own pace without placing too much pressure on stopping completely at once. This was supported by the evidence that smoking reduction approach led to a greater self-efficacy to resist smoking and increased subsequent quitting<sup>19</sup>. Most importantly, reducing cigarette consumption lowers the nicotine dependence, which is associated with later abstinence<sup>20</sup>.

### 2. Methods

#### 2.1 Recruitment

Participants were recruited from 67 recruitment activities of the 5<sup>th</sup> QTW Contest in all 18 districts in Hong Kong. Randomization was done based on the recruitment activities (34 sessions for

intervention, 33 sessions for control), and all participants in a recruitment day were randomly allocated to either the CDTQ or QI group (control). Eligibility for participating in the Contest included:

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. Exhaled carbon monoxide (CO) of 4 parts per million (ppm) or above.

At the recruitment sessions, trained smoking cessation ambassadors measured the smokers' level of carbon monoxide (CO) in their exhaled air, screened their eligibility for entering the contest and RCT, and provided the self-help smoking cessation booklets designed by COSH and used in previous QTW Contests. The ambassadors explained and invited the participants to join the RCT on smoking cessation intervention. Written consent for voluntary participation in the trial was obtained, followed by administering the baseline questionnaire and the intervention.

Participants were allocated to either the CDTQ or the QI group based on the recruitment activities. Cluster randomization (RCT) was used to allocate the recruitment days into the 2 RCT groups to ensure the number of recruitment activities for the 2 RCT groups was balanced. The primary investigator, who was not involved in the recruitment, randomly generated blocks, with each block size equalled to 4 and contained a random permutation of the 2 groups. The numbers for the permutation of a block were generated from the website <http://www.random.org> (a website for generating random integers). The primary investigator combined all the blocks and generated a list of group allocation for all recruitment days. The recruitment staff were informed about the group allocation one day prior to the recruitment activities.

COSH organized a lucky draw and a publicity programme in March 2015. A total of 5 participants, whose abstinence were biochemically validated, won the lucky draw prize (HK\$10,000 gift voucher). Among the participants who joined the publicity programme, a champion was selected to receive a prize of travel voucher at HK\$25,000 to Australia, where the 1<sup>st</sup> and the 2<sup>nd</sup> runner-up received a cash prize of travel voucher at HK\$15,000 to Singapore and at HK\$10,000 to Thailand, respectively.

## 2.2 Intervention and follow-up

**CDTQ intervention:** Smokers who claimed that they could not quit smoking within 7 days received a smoking reduction leaflet, which included a roadmap of smoking reduction strategy. The ambassadors offered a brief advice using the AWARD model: (a) **Ask** about smoking history, (b) **Warn** about the health risk (that one out of two smokers would be killed by smoking), (c) **Advise** to quit by cutting down cigarette consumption at their own pace within 3 months, (d) **Refer** the smokers to a smoking cessation clinic, and (e) **Do** it again: Repeat the intervention and encourage smokers who relapse to reduce again during each telephone

follow-up. The standardized script for the CDTQ advice was:

'The World Health Organization states that based on medical research, one out of two smokers will be killed by smoking. This risk is very high. You have decided to reduce and then quit smoking as you know this is good for you.' The brief advice was limited to about 5 minutes and might be longer if necessary.

If the participants wanted to quit smoking within 7 days, they still received a smoking reduction leaflet as reference and the brief advice using AWARD model as in QI group. They were followed up by a telephone interviewer at 1-week follow-up, and would be asked whether they had been abstinent. Participants who had not quit would be advised to use the CDTQ strategy through the telephone follow-up, whereas participants abstinent from smoking would be encouraged to remain abstinence and would not receive the intervention for the CDTQ.

A series of gradual reduction strategies were provided in the leaflet and the onsite brief advice counselling, included (1) Reduce smoking by 25% in the 1<sup>st</sup> week, 50% in the 1<sup>st</sup> month, 75% in the 2<sup>nd</sup> month and smoking abstinence (quit day) by the end of the 3<sup>rd</sup> month, (2) Scheduled reduction by delaying smoking as long as possible<sup>21</sup>, (3) Eliminate cigarette consumption from the easiest one to give up, or (4) Eliminate cigarette consumption starting from the hardest one to give up<sup>22</sup>.

Some strategies to combat craving were also provided in the leaflet and the advice, included: (1) Identify and avoid smoking triggers, (2) Delay smoking by waiting for 10 minutes or more using distraction techniques, (3) Chew sugarless gum, hard candy, carrots and nuts, (4) Remind themselves that a smoking lapse would lead to more cigarette consumption, (5) Be physically active for a 30-minute exercise, (6) Practise relaxation techniques such as deep breathing exercise, muscle relaxation, yoga and massage, (7) Ask for support from family and friends, and (8) Remind themselves about the benefits of quitting.

In the subsequent telephone follow-up, the participants were warned again that 'one in two smokers will be killed by smoking' and advised about their next smoking reduction target. For example, if participants reported that they had reduced or stopped smoking, the interviewer would congratulate him/her and advise him/her to further increase the reduction amount. If his/her smoking reduction target was not met, the interviewer would advise them to use our CDTQ strategy and methods of combating craving again.

**Control Group (Quit Immediately):** Participants received a 14-page smoking cessation booklet (provided by COSH), a health education card with strategies to combat craving and the brief advice using AWARD model. In the subsequent telephone follow-up, they were warned again that 'one in two smokers will be killed by smoking' and encouraged to quit as soon as possible.

**Non-trial group:** The following participants were as assigned to "non-trial group" : (1) Chose to participate in the publicity

programme organized by COSH, which provided other prizes; (2) Recruited from a workplace, which additional interventions might be received; and (3) Refused or ineligible to participate in the RCT. All these participants could participate in the QTW Contest and received the same monetary incentive after validation at 3 and 6 months, but they were not included in the RCT analysis.

All participants in the RCT were followed up at 1 week, 1, 2, 3 and 6 months by telephone to assess their smoking status and quitting progress. Self-reported quitters (did not smoke in the past 7 days) at 3 months and 6 months were invited to the biochemical validation which measured quitter's exhaled carbon monoxide level and the saliva cotinine level by the staff of The University of Hong Kong. To boost the retention rate of the follow-up survey, incentives (HK\$100) was provided for participants who completed all the 5 follow-up telephone surveys.

The primary outcome was the self-reported 7-day point prevalence (PP) quit rate at 3-month follow-up. The secondary outcomes included (i) self-reported 7-day PP quit rate at 6-month follow-up, (ii) biochemically validated quit rates, (iii) rate of smoking reduction defined by reducing at least half of the baseline cigarette amount, and (iv) any quit attempts (no smoking for at least 24 hours) at 3- and 6-month follow-up.

Descriptive statistics such as frequency, percentage, and mean were used to summarize the outcomes and other variables. Chi-square tests and t-tests were used to compare outcome variables between groups. Intention-to-treat (ITT) analysis was used such that participants who were lost to or refused the follow-up were treated as having no change in cigarette consumption. Sensitivity analysis using complete-case was also conducted by excluding participants with missing data.

### 3. Results

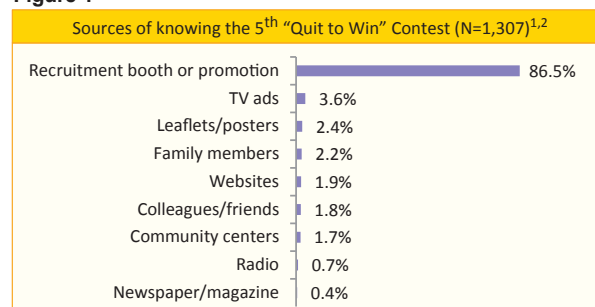
From 21 June to 29 September 2014, a total of 67 recruitment activities were organized in all 18 districts throughout Hong Kong. Seventeen non-government organizations (NGOs) participated in the promotion and recruitment of the 5<sup>th</sup> QTW Contest. About 211,800 people passed by the smoking cessation promotion booths. Besides, about 10,800 people made enquiries about smoking cessation or participated in the game booth. The recruitment staff approached over 7,500 smokers and over 20,500 non-smokers in all the activities.

Of the 1,328 screened smokers who were interested to join the Contest, 2 (0.2%) did not meet the inclusion criteria, and 19 (1.4%) refused to participate in the Contest. In the remaining 1,307 eligible participants, 1,077 (82.4%) consented to participate in the RCT, and 230 (17.6%) participated in the publicity programme, refused to join the RCT or were recruited from a specific workplace were combined as the non-trial group in the analysis. Of the 1,077 participants in the RCT, 559 (51.9%) were allocated to the CDTQ group, and 518 (48.1%) to the QI

group.

The recruitment booth of the QTW Contest was the main source of information about the QTW Contest for the participants (86.5%). Few participants knew it from TV (3.6%), leaflets/posters (2.4%) and family members (2.2%) (Figure 1).

**Figure 1**



<sup>1</sup>Missing data were excluded

<sup>2</sup>Participants could choose more than one option

### 3.1 Demographic characteristics of all participants

About 80% of participants were male (81.2%), and the average age was 42.6 years (SD=15.3). About 60% (58.2%) had senior secondary education level or above. Nearly half of the participants (42.7%) lived in public rental housing. About half (51.2%) had monthly household income less than HK\$20,000 (Table 1). No significant difference in the socio-demographic characteristics between the 2 RCT groups was found.

### 3.2 Smoking profile

The mean age of starting smoking was 17.6 (SD=5.9) years and more than half (58.5%) started smoking before 18 (Figure 2). The mean daily cigarette consumption was 15.7 (SD=9.4), while 39.1% consumed 5-14 cigarettes and 43.2% consumed 15-24 per day (Figure 3). About one-third of participants (35.6%) had heavy nicotine dependence measured by the Heavy Smoking Index (HSI  $\geq 4$ ). About three quarters (74.8%) had made quit attempt (smoking abstinence  $\geq 24$  hours) before, and 48.9% had attempted more than 1 year ago. About 60% (60.4%) had experience of reducing smoking with 28.8% had tried to reduce more than a year ago. About three quarters in the CDTQ (77.6%) and half in the QI group (53.1%) intended to reduce or quit within 7 days (Figure 4).

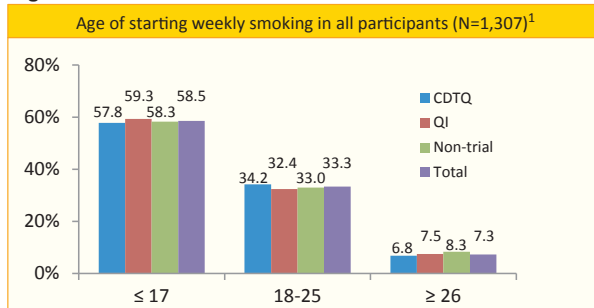
The CDTQ group had higher mean daily cigarette consumption (16.2 vs 14.7,  $p<0.01$ ), and a larger proportion of smokers having heavy nicotine dependence (37.9% vs 31.7%,  $p=0.03$ ) than the QI group. The QI group had a larger proportion of smokers who had quit attempt in the past month than the CDTQ group (11.6% vs 5.9%,  $p=0.03$ ).



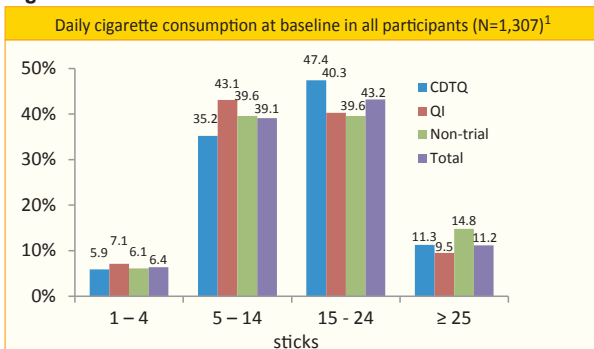
**Table 1**

Demographic characteristics of all participants (N=1,307) <sup>1</sup>						
				RCT (N=1,077)		
		Total (N=1,307) N (%)	Non-trial (N=230) N (%)	CDTQ (N=559) N (%)	QI (N=518) N (%)	p-value <sup>1</sup>
Gender	Male	1,061 (81.2)	184 (80.0)	462 (82.6)	415 (80.1)	0.27
	Female	246 (18.8)	46 (20.0)	97 (17.4)	103 (19.9)	
Age, mean (SD), years		42.6 (15.3)	42.1 (14.4)	42.8 (14.7)	42.6 (16.4)	0.86
Education level	No formal education	23 (1.8)	2 (0.9)	9 (1.6)	12 (2.3)	0.50
	Elementary education	175 (13.4)	26 (11.3)	78 (14.0)	71 (13.7)	
	Junior secondary education	322 (24.6)	57 (24.8)	138 (24.7)	127 (24.5)	
	Senior secondary education	500 (38.3)	91 (39.6)	224 (40.1)	185 (35.7)	
	Undergraduate	207 (15.8)	43 (18.7)	76 (13.6)	88 (17.0)	
	Postgraduate	54 (4.1)	10 (4.3)	21 (3.8)	23 (4.4)	
	Missing	26 (2.0)	1 (0.4)	13 (2.3)	12 (2.3)	
Employment status	Student	36 (2.8)	6 (2.6)	13 (2.3)	17 (3.3)	0.18
	Self-employed	180 (13.8)	31 (13.5)	91 (16.3)	58 (11.2)	
	Employee	795 (60.8)	144 (62.6)	339 (60.6)	312 (60.2)	
	Unemployed	67 (5.1)	14 (6.1)	24 (4.3)	29 (5.6)	
	Housewife	54 (4.1)	14 (6.1)	19 (3.4)	21 (4.1)	
	Retired	156 (11.9)	20 (8.7)	63 (11.3)	73 (14.1)	
	Missing	19 (1.5)	1 (0.4)	10 (1.8)	8 (1.5)	
Housing condition	Public rental housing	558 (42.7)	93 (40.4)	236 (42.2)	229 (44.2)	0.33
	Public housing (bought)	85 (6.5)	14 (6.1)	41 (7.3)	30 (5.8)	
	Home Ownership Scheme	155 (11.9)	30 (13.0)	59 (10.6)	66 (12.7)	
	Private housing (rental)	180 (13.8)	35 (15.2)	86 (15.4)	59 (11.4)	
	Private housing (bought)	245 (18.7)	40 (17.4)	100 (17.9)	105 (20.3)	
	Other	50 (3.8)	14 (6.1)	21 (3.8)	15 (2.9)	
	Missing	34 (2.6)	4 (1.7)	16 (2.9)	14 (2.7)	
Monthly household income (HK \$)	Less than 5,000	139 (10.6)	17 (7.4)	55 (9.8)	67 (12.9)	0.30
	5,000-9,999	103 (7.9)	18 (7.8)	42 (7.5)	43 (8.3)	
	10,000-19,999	428 (32.7)	81 (35.2)	180 (32.2)	167 (32.2)	
	20,000-29,999	244 (18.7)	50 (21.7)	113 (20.2)	81 (15.6)	
	30,000-39,999	134 (10.3)	29 (12.6)	51 (9.1)	54 (10.4)	
	40,000 or more	163 (12.5)	23 (10.0)	73 (13.1)	67 (12.9)	
	Missing	96 (7.3)	12 (5.2)	45 (8.1)	39 (7.5)	

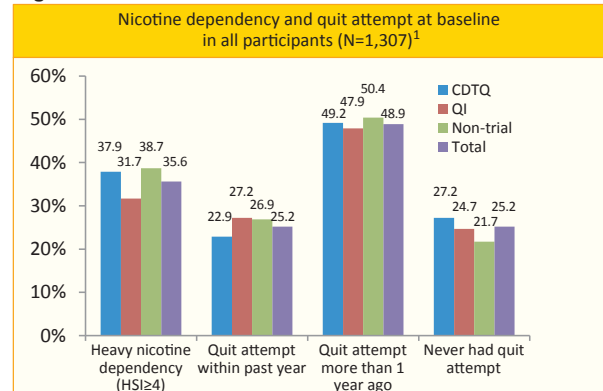
<sup>1</sup>Chi-square test for categorical variables and t-test for continuous variables; all tests excluded non-trial group  
CDTQ=Cut Down To Quit, QI = Quit Immediately

**Figure 2**

<sup>1</sup>Missing data were excluded

**Figure 3**

<sup>1</sup>Missing data were excluded

**Figure 4**

<sup>1</sup>Missing data were excluded

### 3.3 Retention rate

All participants were followed up by telephone at 1 week, 1, 2, 3 and 6 months, and the overall retention rate (including trial and non-trial groups) were 78.8%, 69.2%, 65.0%, 62.9% and 60.4%, respectively. At 3-month follow-up, the retention rate of the CDTQ group and the QI group were 65.3% and 60.8% , respectively without significant difference (p=0.13). The corresponding figures

at 6-month follow-up were 63.9% and 58.7%, with marginally significant group difference ( $p=0.08$ ).

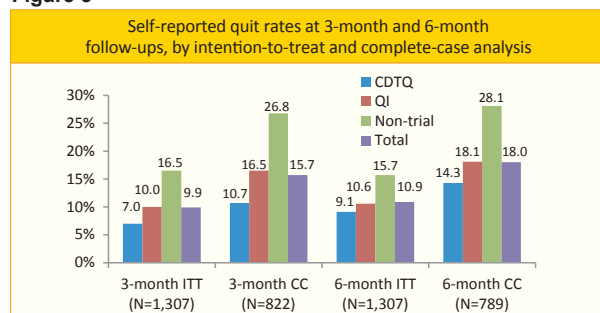
### 3.4 Quit rate at 3-month follow-up

At 3-month follow-up, by ITT analysis, the overall self-reported 7-day PP quit rate was 9.9%. The CDTQ group (7.0%) had a lower quit rate than the QI group (10.0%), and the difference was marginally significant ( $p=0.07$ ). By complete-case (CC) analysis, the QI group (16.5%) had a significantly greater self-reported quit rate than the CDTQ group (10.7%) ( $p=0.03$ ). Among the 129 self-reported quitters (including the non-trial group), 80 (62.0%) participated in the biochemical validation, and 97.5% passed. The overall validated quit rate at 3-month follow-up was 6.0%, and no significant difference was found between the CDTQ group (3.8%) and QI group (5.6%) ( $p=0.15$ ) (Figure 5 & 6).

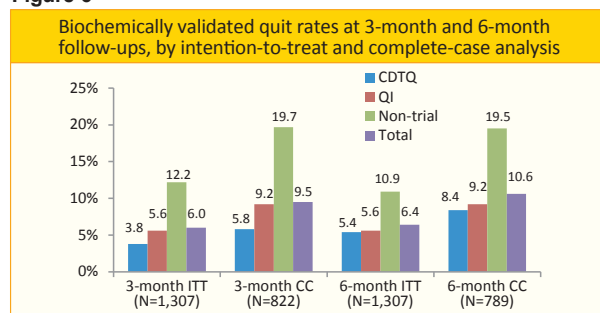
### 3.5 Quit rate at 6-month follow-up

At 6-month follow-up, the overall self-reported 7-day PP quit rate, by ITT, was 10.9%. No significant difference ( $p=0.41$ ) was found between the CDTQ group (9.1%) and QI group (10.6%). By complete case analysis, the difference was also non-significant (CDTQ: 14.3% vs QI: 18.1%,  $p=0.18$ ). Biochemical validated quit rates were 6.4% in overall, 5.4% in CDTQ and 5.6% in QI ( $p=0.87$ ) (Figure 5 & 6).

**Figure 5**



**Figure 6**

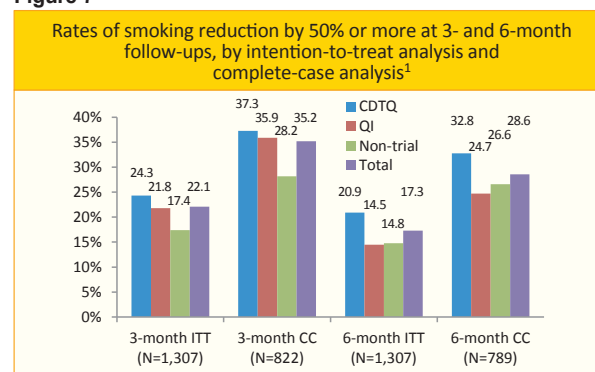


### 3.6 Smoking reduction at the 3- and 6-month follow-ups

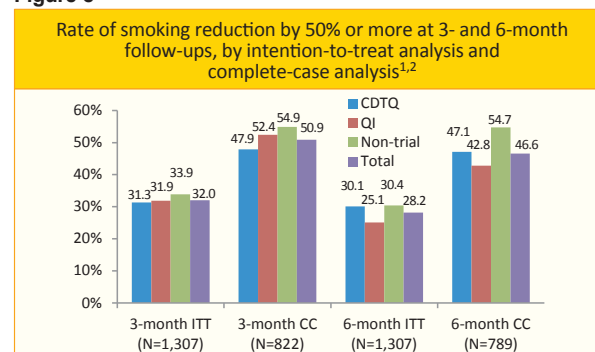
Excluding quitters, 22.1% of all participants reduced daily cigarette consumption by 50% or more at 3 months compared to the baseline, and similar results were found between the CDTQ group

(24.3%) and QI group (21.8%) ( $p=0.33$ ). No difference between the two groups was found when quitters were included as reducers (31.3% vs 31.9%,  $p=0.85$ ). At 6-month follow-up, excluding quitters as reducers, the overall rate of smoking reduction was 17.3%, and the CDTQ group (20.9%) had a significantly higher rate of smoking reduction than the QI group (14.5%) ( $p<0.01$ ). If quitters were included as reducers, the CDTQ group (30.1%) still had a higher smoking reduction rate than QI group (25.1%) and the difference was marginally significant ( $p=0.07$ ) (Figure 7 & 8).

**Figure 7**



**Figure 8**

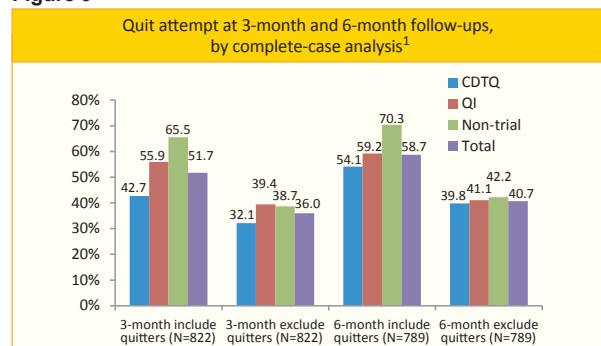


### 3.7 Quit attempt at 3- and 6-month follow-ups

Including quitters, about half (51.7%) of the participants had made one or more quit attempts at 3-month follow-up. The QI group (55.9%) had significantly ( $p<0.01$ ) greater proportion of quit attempters than the CDTQ group (42.7%). The difference remained significant when quitters were excluded (CDTQ group: 32.1%; QI group: 39.4%;  $p=0.047$ ). At 6-month follow-up, the rate

of quit attempt was 58.7%, with no significant difference between the 2 groups ( $p=0.18$ ) (Figure 9).

**Figure 9**

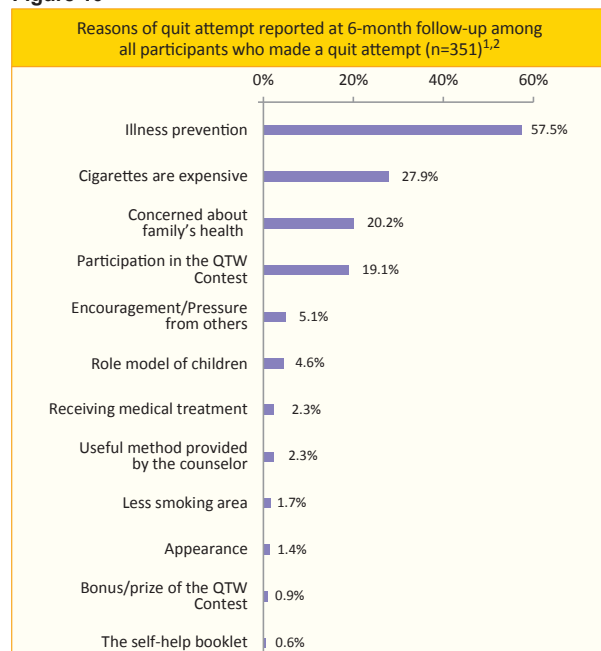


<sup>1</sup>Missing data were excluded

### 3.8 Reasons and methods of quit attempts at 6-month follow-up

At 6-month follow-up, in those who could be followed up, the 4 most common reasons of having quit attempts were: (1) illness prevention (57.5%), (2) cigarettes are expensive (27.9%), (3) concerned about family's health (20.2%), and (4) participation in the QTW Contest (19.1%) (Figure 10). More participants in the QI group (41.4%) made a quit attempt due to expensive cigarettes comparing to the CDTQ group (19.6%) ( $p<0.01$ ).

**Figure 10**



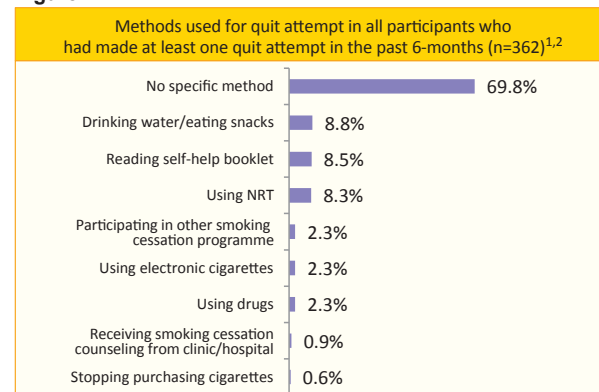
<sup>1</sup>Participants who were lost to follow up were excluded

<sup>2</sup>Participants could choose more than one reason

Most participants (69.8%) did not use any specific methods to quit. The 3 most common methods used by participants were "drinking

water/eating snack" (8.8%), "reading self-help booklet" (8.5%) and "using NRT" (8.3%). There was no significant difference between the CDTQ and QI groups (Figure 11).

**Figure 11**



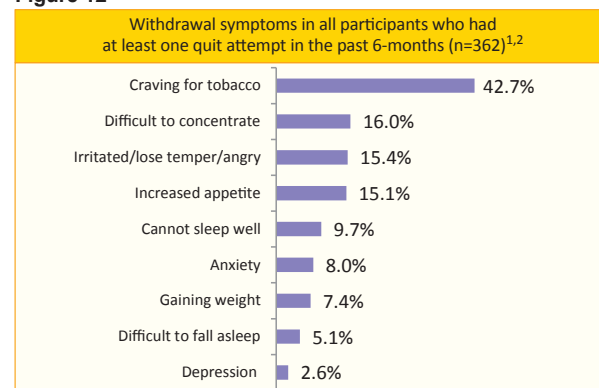
<sup>1</sup>Participants who were lost to follow up were excluded

<sup>2</sup>Participants could choose more than one method

### 3.9 Withdrawal symptoms of quit attempt at 6-month follow-up

The 4 most common withdrawal symptoms reported by the quit attempters were: (1) craving for tobacco (42.7%), (2) difficult to concentrate (16.0%), (3) feeling irritated or losing temper or angry (15.4%), and (4) increased appetite (15.1%). The withdrawal symptoms between CDTQ group and QI group were similar (Figure 12).

**Figure 12**



<sup>1</sup>Participants who were lost to follow up were excluded

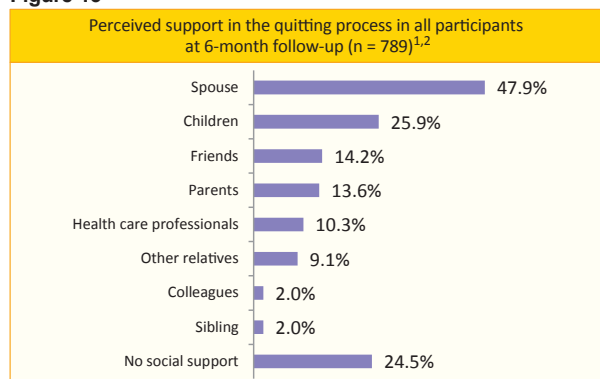
<sup>2</sup>Participants could choose more than one reason

### 3.10 Social support during smoking cessation

At 6-month follow-up, support for smoking cessation was mostly received from their: (1) spouse (47.9%), (2) children (25.9%), (3) friends (14.2%), and (4) parents (13.6%). On the other hand, about one quarter (24.5%) of the participants did not receive any social support. Compared to the CDTQ group, the QI group received significantly more support from health care professionals

(7.6% vs 13.8%,  $p<0.01$ ), and from other relatives (6.4% vs 13.8%,  $p<0.01$ ) (Figure 13).

**Figure 13**



<sup>1</sup>Participants who were lost to follow up were excluded

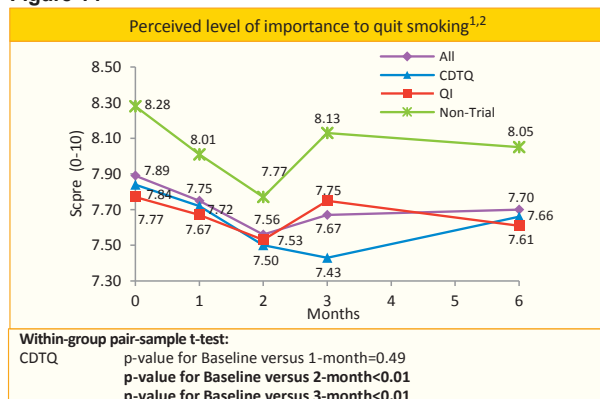
<sup>2</sup>Participants could choose more than one reason

### 3.11 Change in perceptions to quit smoking

In a scale of 0 (minimum) to 10 (maximum), the mean scores 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 were 7.89 (SD = 2.20), 7.29 (SD = 2.47) and 5.78 (SD = 2.40), respectively.

The mean score of perceived importance to quit smoking in CDTQ group and QI group dropped slightly from baseline (CDTQ group: 7.84 and QI group: 7.77) to 2-month follow-up (CDTQ group: 7.50 and QI group: 7.53). At 3-month follow-up, the mean score of the CDTQ group declined further (mean=7.43), and was slightly and significantly lower than the QI group (7.75) ( $p=0.049$ ). The mean score of the CDTQ group increased to 7.66 (SD=1.94) at 6-month follow-up, and the score of the QI group slightly dropped to 7.61 (SD=1.98). No significant difference was found between the two RCT groups (Figure 14).

**Figure 14**



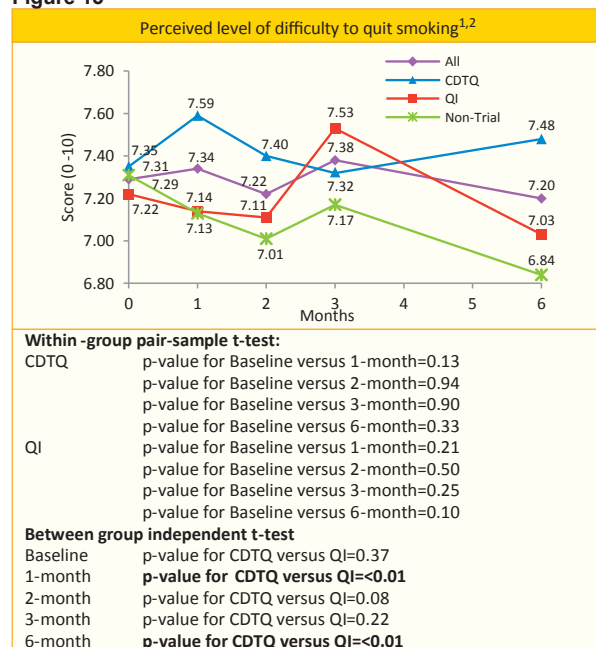
QI	p-value for Baseline versus 6-month=0.24
	p-value for Baseline versus 1-month=0.13
	<b>p-value for Baseline versus 2-month=0.048</b>
	p-value for Baseline versus 3-month=0.38
	p-value for Baseline versus 6-month=0.13
<b>Between group independent t-test</b>	
Baseline	p-value for CDTQ versus QI=0.57
1-month	p-value for CDTQ versus QI=0.71
2-month	p-value for CDTQ versus QI=0.82
3-month	<b>p-value for CDTQ versus QI=0.049</b>
6-month	p-value for CDTQ versus QI=0.74

<sup>1</sup>Excluded missing data

<sup>2</sup>Participants who were lost to follow up were excluded

No significant change in the mean score of perceived difficulty to quit smoking in the CDTQ and QI group from baseline to 6-month follow-up was found. The mean score of the CDTQ group was significantly higher than the QI group at 1-month (7.59 vs 7.14,  $p<0.01$ ) and 6-month follow-up (7.48 vs 7.03,  $p<0.01$ ) (Figure 15).

**Figure 15**



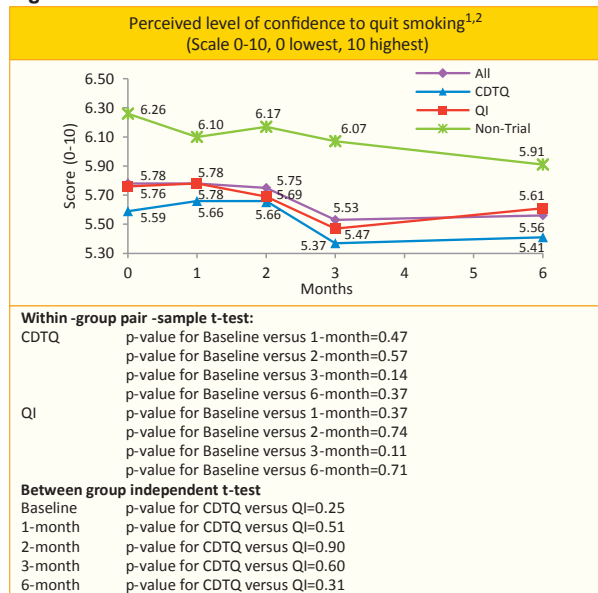
<sup>1</sup>Missing data were excluded

<sup>2</sup>Participants who were lost to follow up were excluded

No significant change in the mean score of perceived confidence to quit smoking in the CDTQ and QI group from baseline to 6-month follow-up (CDTQ group: baseline: 5.59, 1-month: 5.66, 2-month: 5.66, 3-month: 5.37, and 6-month: 5.41,  $p>0.05$ . QI group: baseline: 5.76, 1-month: 5.78, 2-month: 5.69, 3-month: 5.47, and 6-month: 5.61,  $p>0.05$ ) was found. There was no

significant difference ( $p>0.05$ ) between the 2 RCT groups at all follow-ups (Figure 16).

**Figure 16**



<sup>1</sup>Missing data were excluded

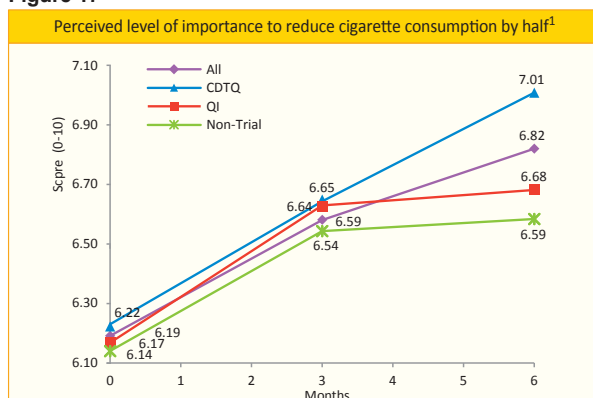
<sup>2</sup>Participants who were lost to follow up were excluded

### 3.12 Change in perceptions to reduce cigarette consumption by half

In a scale of 0 (minimum) to 10 (maximum), the mean scores of "perceived level of importance to reduce cigarette consumption by half (i.e. smoking reduction)", "perceived level of difficulty of smoking reduction", "perceived level of confidence of smoking reduction" were 6.19 (SD = 3.00), 5.19 (SD = 2.79), and 6.71 (SD = 2.50), respectively.

The mean score of perceived importance of smoking reduction increased from baseline to 6-month follow-up in the CDTQ (6.22 vs 7.01,  $p<0.01$ ) and QI group (6.17 vs 6.68,  $p<0.01$ ). The mean score of the CDTQ group was significantly greater than the QI group (7.01 vs 6.68,  $p=0.05$ ) (Figure 17).

**Figure 17**



#### Within-group pair-sample t-test:

CDTQ p-value for Baseline versus 3-month=0.058  
 p-value for Baseline versus 6-month<0.01

QI p-value for Baseline versus 3-month=0.20  
 p-value for Baseline versus 6-month=0.02

#### Between group independent t-test

Baseline p-value for CDTQ versus QI=0.75

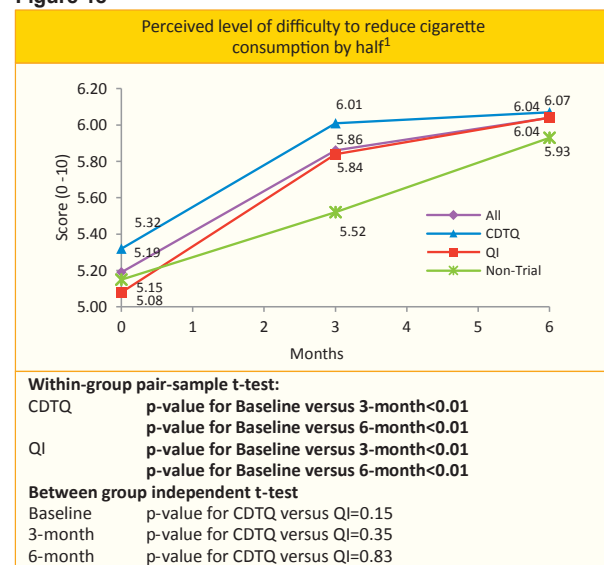
3-month p-value for CDTQ versus QI=0.66

6-month p-value for CDTQ versus QI=0.05

<sup>1</sup>Excluded missing data

Compared to baseline, the mean score of perceived difficulty of smoking reduction increased at 3- and 6-month follow up for the CDTQ group (baseline: 5.32, 3-month: 6.01, 6-month: 6.07,  $p<0.01$ ). The QI group had a similar increasing trend (baseline: 5.08, 3-month: 5.84, 6-month: 6.04,  $p<0.01$ ). No significant difference between the 2 groups was found at all follow-ups (Figure 18).

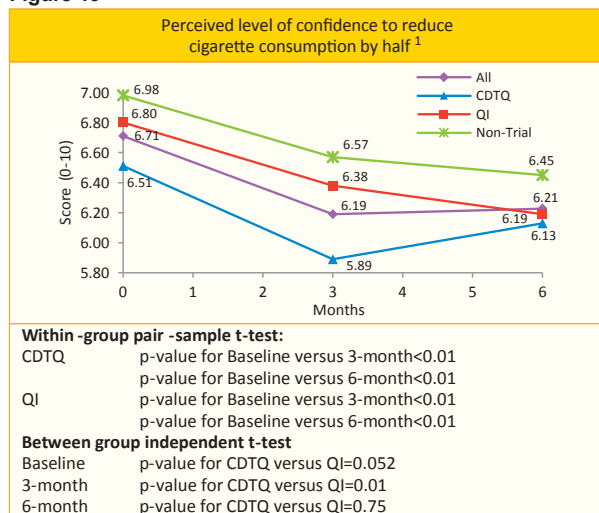
**Figure 18**



<sup>1</sup>Excluded missing data

Compared to baseline, the mean score of perceived confidence of smoking reduction significantly decreased at 3- and 6-month follow-up for the CDTQ group (baseline: 6.51, 3-month: 5.89, 6-month: 6.13,  $p<0.01$ ). The QI group had a similar declining trend (baseline: 6.80, 3-month: 6.38, 6-month: 6.19,  $p<0.01$ ). The QI group had a significant higher mean score than the CDTQ group at 3-month follow-up (6.38 vs 5.89,  $p=0.01$ ) (Figure 19).



**Figure 19**<sup>1</sup>Excluded missing data

### 3.13 Use and satisfaction of smoking cessation aids

#### Health Education Card

At 6-month follow-up, majority (73.4%) of participants read the health education card, with CDTQ group (75.9%) had marginally significant higher proportion than QI group (70.1%) ( $p=0.09$ ) (Figure 20). Among the participants who read the card, fewer participants in CDTQ group (55.7%) than the QI group (70.0%) ( $p<0.01$ ) followed the suggestions mentioned in the card. On a scale of “helpfulness of health education card” from 1 (minimum) to 5 (maximum), the overall mean score was 3.3 (SD=0.83), with no significant difference between the CDTQ group and QI group (3.2 vs 3.3,  $p=0.69$ ). The 3 most common reasons for not following the suggestions in the health education card were: “Too busy” (32.9%), “Perceived it as useless” (23.7%), and “Not interested” (15.5%).

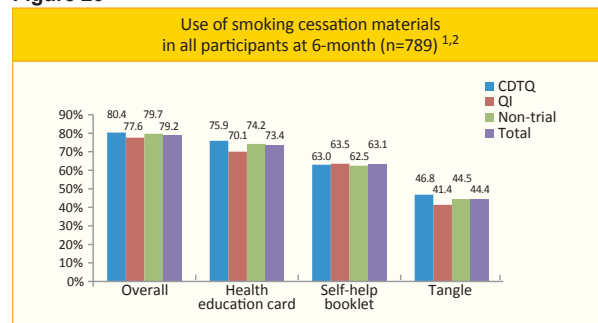
#### Self-help booklet

More than half (63.1%) of participants indicated that they read the self-help booklet, with no significant difference between the 2 groups (CDTQ 63.0% vs QI 63.5%,  $p=0.90$ ) (Figure 20). On a scale of “helpfulness of the self-help booklet” from 1 (minimum) to 5 (maximum), the overall mean score was 3.0 (SD=0.87). The CDTQ group (2.9) had significantly lower mean score than QI group (3.1) ( $p=0.047$ ). The 3 most common reasons for not reading the booklet were “Too busy” (30.9%), “Not interested” (19.6%), and “Perceived it as useless” (17.9%).

#### Tangle

At 6-month follow-up, 44.4% of participants reported using the cessation aid “Tangle”, with no significant difference between the 2 groups (Figure 20). The mean scores of the usefulness scale of “Tangle” was 2.5 (SD=0.99) with similar mean scores between the 2 groups (CDTQ group: 2.4 vs QI Group: 2.5,  $p=0.42$ ). The 3 most common reasons for not using it were “Too busy” (37.1%), “Perceived it as useless” (23.5%), and “Not interested” (21.2%).

In summary, most participants (79.2%) had used either health education card, or self-help booklet, or “Tangle” to quit smoking. No significant difference ( $p>0.05$ ) was found between the 2 cRCT groups (Figure 20).

**Figure 20**<sup>1</sup>Participants could choose more than one answer<sup>2</sup>Participants who were lost to follow up at 6-months and missing data were excluded

## 4. Discussion

The 5<sup>th</sup> QTW Contest is one of the most cost-effective programmes to motivate smoking cessation in the community by reaching over 7,000 smokers and recruiting 1,307 smokers to join the Contest. Over 210,000 people were exposed to the QTW promotion and over 28,000 people received information on tobacco control or smoking cessation messages. This demonstrated that QTW is not only an effective mode for increasing quit rate in smokers, as also suggested by Cochrane<sup>6</sup>, a valuable promotional project for public education on denormalization of smoking and strengthening public support for tobacco control policy in the future.

Compared to the previous Contests (N=1,119 in 2009, 1,103 in 2010, 1,193 in 2012 and 1,254 in 2013), the number of participants in 2014 increased probably because the CDTQ strategies were welcomed by some smokers. In summary, by ITT analysis, among all participants (including non-trial), self-reported quit rate was 10.9% at 6-month, which was slightly higher than that observed in 2012 (9.8%) and 2013 (9.9%). About 1 in 3 participants quit or reduced smoking by at least 50% at 3-month follow-up, and a quarter of the participants quit or reduced smoking at 6-month follow-up. About half (51.7%) (including quitters) reported quit attempts at 3-month follow-up, and 58.7% at 6-month follow-up. No significant difference was found in the self-reported quit rate between the RCT groups at 3- and 6-month follow-up.

The findings suggested that the intervention of “Cut Down To Quit” and “Quit Immediately” had similar outcomes on the abstinence at 3 and 6 months and CDTQ had significantly higher rate of reduction at 6 month. Our findings add to the knowledge that both “CDTQ” and “QI” approaches achieved similar short-term cessation outcomes in the absence of smoking cessation medications, regardless of the intention to quit or reduce. As CDTQ is expected to take more time to achieve total

abstinence, the longer term effect of CDTQ beyond 6 months is uncertain and need to be further examined. It supported that advising a smoker to reduce smoking first might not reduce his/her likelihood of later abstinence, but could provide an alternative method for those who were willing to reduce cigarette consumption. Furthermore, we found a gradual increase in the quit and reduction rate in the CDTQ group over the study period, which surpassed the QI group at 6-month follow-up, although the outcome of the CDTQ group was not better than the QI group at 1- and 2-month follow-ups. This suggested that the effect of CDTQ intervention might be increasing and more detectable with longer follow-up. To further understand the potential delayed and longer term effects of smoking reduction strategy, a 1-year (and preferably longer) follow-up to evaluate the long-term cessation outcomes, with sub-group analysis by change of smoking quantity over the study period, are warranted.

We found more smokers in the CDTQ group had heavy nicotine dependency, had quit attempt more than 1 year or never had quit attempt, than the QI group. The difference in the baseline characteristics might lead to a biased comparison of the 2 heterogeneous groups and biased estimation of the intervention effect. These biases can be minimized by allocation concealment for the participants and the recruitment staff, as well as individual randomization in the future.

Most (73.4%) participants read the health education card, with no significant difference between the 2 groups. In those who read the card, 64.2% followed the suggestions in the card to reduce cigarette consumption or quit smoking. This adherence rate was significantly higher in the QI group than the CDTQ group. With

scarce evidence in the literature on the effectiveness of smoking reduction and reduction strategies, our card for the CDTQ group could provide only 3 plausible ways of reducing smoking. Compared to the health education card provided to the QI group, it contained less practical measures in reducing smoking, more motivational messages and theory-driven tools, which might lead to a lower adherence and less reduction in the CDTQ group. Future studies in evaluating more CDTQ strategies and monitoring the intervention fidelity according to the protocol are warranted. More tailor made CDTQ or QI cessation methods / counselling, after assessing the smokers' intention to quit or reduce, and their preference of different strategies might increase the quit rate further.

## 5. Conclusions

In conclusion, the 5<sup>th</sup> QTW Contest successfully promoted smoking cessation and reached a large number of smokers in the community who were otherwise unlikely to seek help from smoking cessation services. QTW Contest provides an important platform to disseminate smoking cessation messages to a vast number of smokers and non-smokers. Majority (79.2%) of the 5<sup>th</sup> QTW Contest participants used our smoking cessation materials (e.g. health education card, self-help booklet and "Tangle" ) to quit smoking. The CDTQ and QI interventions showed similar outcomes in smoking cessation at 6 months, suggesting smoking cessation counsellors can offer advice on either abrupt or gradual cessation. Longer-term follow-up is warranted to detect the effects of CDTQ on quitting. Further research on more tailor made CDTQ / QI interventions is needed.

## 6. Clinical Trial Registration

Clinical trial registration number: NCT02188433 (<http://www.controlled-trials.gov>)

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# 擴大法定禁煙範圍至室外公眾地方

2017年6月 第二十二號報告書



## 擴大法定禁煙範圍至室外公眾地方 控煙政策調查 2016

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### 1. 引言

#### 1.1 二手煙的禍害

吸入二手煙可導致成年人和兒童患上嚴重疾病，並因此造成龐大的經濟損失。二手煙中含有超過 4,000 種化學物質，其中至少 250 種已被證實有害，更有超過 50 種被證實致癌<sup>1</sup>。每年，香港有超過 1,300 位非吸煙者死於由二手煙引致的冠心病、急性中風和肺癌<sup>2</sup>。二手煙亦能引致嬰兒猝死綜合症、兒童急性呼吸道感染、耳部疾病、和頻發或急性哮喘<sup>1</sup>。在香港，每年因吸入二手煙而產生的醫療、長期護理開支和生產力損失高達 15 億港幣<sup>2</sup>。由於二手煙沒有安全的暴露水平，世界衛生組織建議政府在公眾地方實施全面禁煙。

#### 1.2 香港的禁煙區法例

香港於 1982 年實施《吸煙（公眾衛生）條例》，規定公共升降機及陸上公共交通工具下層禁止吸煙。1992 年，電影院、戲院、音樂廳、遊戲機中心和所有公共交通工具禁止吸煙。1998 年，禁煙區擴大至部分公共場所的室內地方，例如購物商場和銀行。2007 年 1 月，禁煙區大幅擴大至所有室內公共場所，例如室內工作間、餐廳、街市、卡拉 OK 場所、安老院、幼稚園的室內室外、學校、醫院，及部分室外公眾地方，如泳池、泳灘、扶手電梯及公眾遊樂場地<sup>3</sup>。由 2009 年至 2016 年，更多室外公眾地方，例如公共運輸設施及 8 個隧道入口範圍內的巴士轉乘處均被劃入禁煙區<sup>4</sup>。

#### 1.3 香港禁煙區法例的成效

很多本地研究已經確認 2007 年擴大禁煙範圍的成效。青少年戒煙熱線的來電數量在立法後 9 個月內增加了 26%<sup>5</sup>。由母親報告嬰兒在家中吸入二手煙的百分比由 87.2% 下降至 29.3%；同時，母親保護兒童避免吸入二手煙的行動亦有所增加，這意味著控煙法例的實施增強了大眾對「二手煙」的意識，並深化了社會的不吸煙文化<sup>6</sup>。長遠來看，2007 年的控煙法例減少了因為下呼吸道感染而住院的兒童的數目<sup>7</sup>及每年挽救近 1,000 人的生命<sup>8</sup>。

#### 1.4 擴大禁煙區

擴大禁煙區至室外公眾地方及有兒童在場的地方是全球趨勢<sup>9</sup>。很多國家和城市已將禁煙區範圍擴展至巴士站（澳洲）<sup>10</sup>、輪候隊伍（新加坡、北京）<sup>11,12</sup>、有上蓋的行人路和天橋（新加坡）<sup>11</sup>、有兒童乘坐的私家車內（法國、愛爾蘭、意大利、斯洛伐克、英國）<sup>9</sup>以及部分街道（日本）<sup>13</sup>。香港最近一次擴大法定禁煙區是 2016 年，規定了 8 個隧道出入口範圍內的巴士轉乘處禁止吸煙。

#### 1.5 報告書的目的

香港吸煙與健康委員會聯同香港大學公共衛生學院和護理學院進行控煙政策調查（以下簡稱為「調查」），以了解公眾對控煙措施的支持度。本報告書分析了香港市民在公眾地方吸入二手煙的比率、對二手煙的感受和反應及對於擴大禁煙區的支持度。

## 2. 方法

### 2.1 研究設計及受訪者

本調查於 2016 年 2 月至 9 月期間，由香港大學民意研究計劃以電話和不記名的形式，隨機抽取電話號碼並由經過訓練的訪問員邀請 15 歲或以上、懂廣東話或普通話的人士接受訪問。訪問方法與 2015 年的調查相似。受訪者按吸煙狀況被分為三組：(a) 現時吸煙者（在調查時，每天或偶爾吸食捲煙）；(b) 已戒煙者（過往曾吸食捲煙，但接受電話訪問時已成功戒煙）及 (c) 從不吸煙者（從不吸食捲煙）。電話訪問於平日及週末下午 6 時半至晚上 10 時半進行，以覆蓋更多不同職業的受訪者。每個隨機抽取的電話號碼會於不同時間及日子撥打，5 次嘗試後仍未能聯絡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」的方法以涵蓋未收錄於電話簿中的號碼。重複的電話號碼會被篩除，其餘的號碼則以隨機次序打出。當成功接觸到一個目標住戶後，運用「下一個生日」的方法，從所有合資格的在場家庭成員中選出一位接受訪問。雖然同一住戶可能有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。

### 2.3 問卷設計

控煙政策調查 2016 使用的問卷是根據 2015 年的調查問卷作出修改。問卷分為兩部分：(a) 核心問題及 (b) 隨機問題。所有受訪者均被問到核心問題，包括社會人口特徵及與電子煙相關的問題。所有現時吸煙者亦會被問到尼古丁依賴程度和戒煙意欲的問題。隨機問題是設計給隨機子集的受訪者，亦可針對特定的吸煙者組別。隨機子集的分組方法與之前的調查相似，現時吸煙者被隨機分為 6 組，已戒煙者被分為 4 組，從不吸煙者被分為 2 組。本報告書所涵蓋的問題（在公眾地方吸入二手煙的比率、對二手煙的感受和反應及對擴大禁煙區的支持度）屬於 3 個隨機問題集。於本次調查的 5,151 位受訪者當中，電腦隨機分別抽取了 2,216 (43.0%)、1,924 (37.4%) 和 1,560 (30.3%) 位受訪者 (3 個子樣本) 回答這 3 個隨機問題集。

### 2.4 加權及統計分析

是次控煙政策調查成功向 1,734 位從不吸煙者，1,714 位已戒煙者及 1,703 位現時吸煙者收集意見。為彌補在已戒煙者和現時吸煙者中的超取樣並增加樣本的代表性，整體樣本根據 2016 年香港人口的性別、年齡分佈及根據 2015 年香港吸煙率<sup>14</sup> 估算的 2016 年吸煙狀況進行了加權處理。

為確定三個「吸煙組別」是否具有統計學上的顯著差異，類別變項採用卡方檢驗進行處理。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 社會人口特徵

表一顯示本項研究中經加權處理後隨機抽選的 3 組子樣本的人口特徵。由於受訪者被隨機抽選至子樣本，3 個子樣本的社會人口特徵相似。

表二展示了子樣本 1 (即回答「在公眾地方吸入二手煙情況」相關問題的受訪者) 的社會人口特徵 (以吸煙狀況劃分)。從不吸煙者和現時吸煙者較已戒煙者更為年輕 ( $p < 0.01$ )。從不吸煙者中，教育水平達到大專 / 大學或以上的比例 (44.7%) 較已戒煙者 (27.2%) 和現時吸煙者 (27.4%) 更高 ( $p < 0.01$ )。現時吸煙者中，僱員的比例 (68.4%) 高於從不吸煙者 (42.7%) 和已戒煙者 (45.6%) ( $p < 0.01$ )；已戒煙者中有 45.6% 為退休人士，較從不吸煙者 (20.5%) 和現時吸煙者 (18.1%) 比例高 ( $p < 0.01$ )。社會人口特徵在不同吸煙狀況的組別中均在統計學上有顯著差異。另外兩個子樣本亦顯示出類似的差異。



表一 加權子樣本的社會人口特徵

特徵	在公眾地方吸入二手煙的情況 (子樣本 1)	對二手煙的感受和反應 (子樣本 2)	對擴大禁煙區的支持度 (子樣本 3)
性別	n=2,216	n=1,924	n=1,560
男性	44.3	42.8	41.8
女性	55.6	57.2	58.2
年齡 (%) 歲	n=2,208	n=1,918	n=1,533
15-19	8.1	8.4	8.6
20-29	11.9	11.9	12.5
30-39	17.9	17.7	17.4
40-49	16.3	16.1	16.3
50-59	20.0	19.9	20.0
60+	25.8	26.0	25.2
教育程度 (%)	n=2,207	n=1,920	n=1,536
小學或以下	11.5	11.5	11.1
中學	46.1	45.6	45.5
大專 / 大學或以上	42.4	43.0	43.4
就業狀況 (%)	n=2,212	n=1,920	n=1,537
僱員	44.7	43.8	44.0
學生	12.9	13.2	13.6
無酬家庭從業者	17.9	18.4	18.7
失業	2.8	2.6	2.6
退休	21.7	21.9	21.1

缺失數據排除在外。

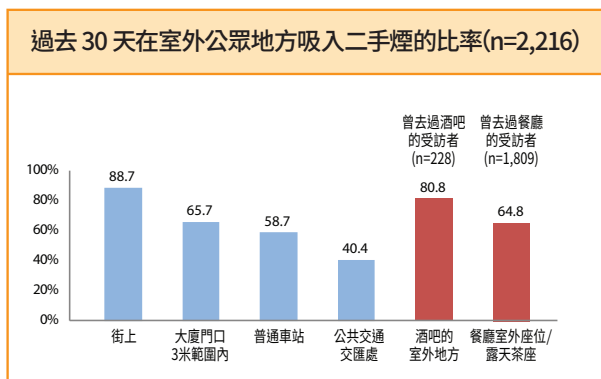
表二 加權子樣本 1 的社會人口特徵 (按吸煙狀況劃分)

特徵	從不吸煙者	已戒煙者	現時吸煙者	總計	p 值
性別 (%)	n=833	n=829	n=554	n=2,216	<0.01
男性	38.5	84.7	81.7	44.3	
女性	61.5	15.3	18.3	55.6	
年齡 (%) 歲	n=829	n=827	n=552	n=2,208	<0.01
15-19	9.2	0.6	1.2	8.1	
20-29	12.8	2.0	9.3	11.9	
30-39	17.8	10.7	24.0	17.9	
40-49	15.8	16.0	21.4	16.3	
50-59	19.8	19.5	23.4	20.0	
60+	24.6	51.2	20.7	25.8	
教育程度 (%)	n=831	n=827	n=549	n=2,207	<0.01
小學或以下	10.7	21.4	13.4	11.5	
中學	44.6	51.4	59.2	46.1	
大專 / 大學或以上	44.7	27.2	27.4	42.4	
就業狀況 (%)	n=832	n=826	n=554	n=2,212	<0.01
僱員	42.7	45.6	68.4	44.7	
學生	14.5	1.3	2.6	12.9	
無酬家庭從業者	19.8	4.7	5.5	17.9	
失業	2.5	2.8	5.4	2.8	
退休	20.5	45.6	18.1	21.7	

### 3.2 在公眾地方 (室外) 吸入二手煙的比率

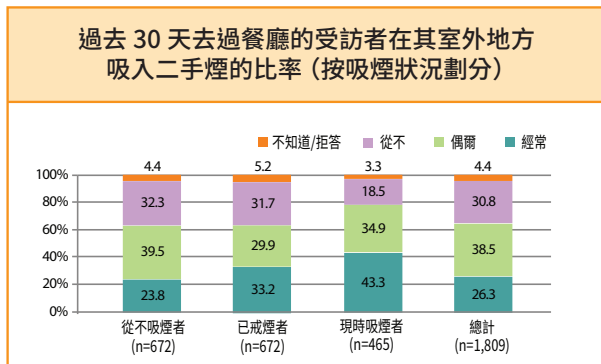
在過去 30 天，2,216 位受訪者中分別有近九成 (88.7%) 和約三分之二 (65.7%) 表示曾在街上或大廈的門口 3 米範圍內吸入過二手煙。分別有超過半數 (58.7%) 和 40.4% 的受訪者表示曾分別在普通車站 (例如巴士站、小巴站、的士站) 及公共交通交匯處 (法定禁煙區) 等車時吸入二手煙。過去 30 天，有 228 位受訪者去過酒吧和 1,809 位去過餐廳，當中分別有 80.8% 和 64.8% 在酒吧或餐廳的室外地方吸入過二手煙 (圖一)。

圖一



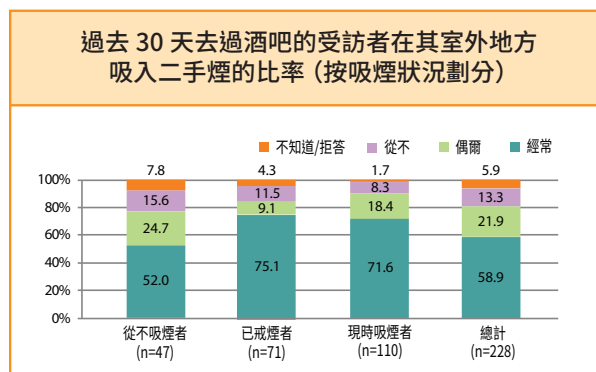
在 1,809 位過去 30 天曾去過餐廳的受訪者中，分別有 26.3% 和 38.5% 表示他們經常或偶爾在餐廳室外座位／露天茶座吸入二手煙。現時吸煙者在這些地方吸入二手煙的比例 (43.3%) 顯著高於已戒煙者 (33.2%) 和從不吸煙者 (23.8%) ( $p < 0.01$ ) (圖二)。

圖二



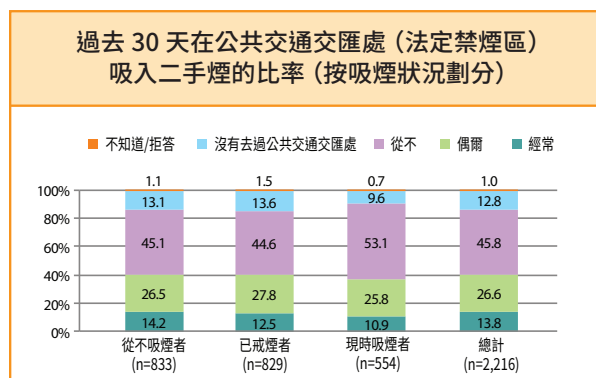
在 228 位過去 30 天曾去過酒吧的受訪者中，分別有 58.9% 和 21.9% 表示他們經常或偶爾在酒吧的室外地方吸入二手煙。已戒煙者 (75.1%) 和現時吸煙者 (71.6%) 吸入二手煙的比例顯著高於從不吸煙者 (52.0%) ( $p < 0.01$ ) (圖三)。

圖三



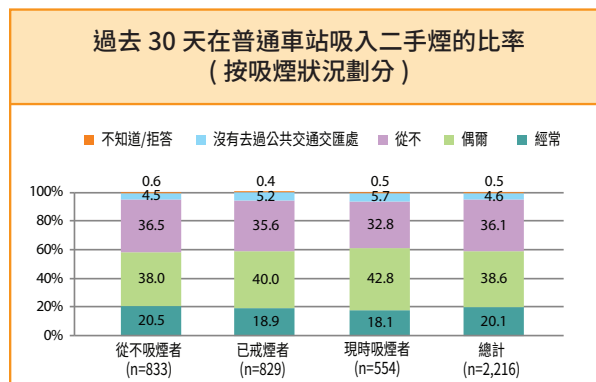
在 2,216 位受訪者中，分別有 13.8% 和 26.6% 在過去 30 天經常或偶爾在公共交通交匯處 (法定禁煙區) 吸入二手煙。經常或偶爾吸入二手煙的比例在不同吸煙狀況的組別中沒有顯著差異 ( $p = 0.10$ ) (圖四)。

圖四



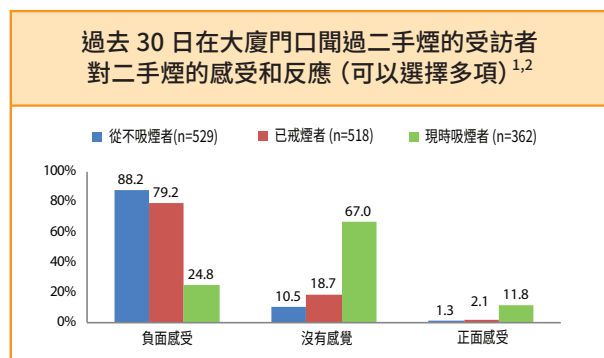
在 2,216 位受訪者中，分別有 20.1% 和 38.6% 在過去 30 天經常或偶爾在普通車站吸入二手煙。經常或偶爾吸入二手煙的比例在不同吸煙狀況的組別中沒有顯著差異 ( $p = 0.80$ ) (圖五)。

圖五



有 529 位從不吸煙者、518 位已戒煙者和 362 位現時吸煙者表示過去 30 天曾經在大廈門口附近聞到來自別人的二手煙。當中 88.2% 的從不吸煙者、79.2% 的已戒煙者和 24.8% 的現時吸煙者對吸入二手煙有負面感受（圖六）。這些感受包括覺得二手煙臭、憤怒、被二手煙滋擾、希望盡快離開有二手煙的地方等。只有 10.5% 的從不吸煙者和 18.7% 的已戒煙者對二手煙沒有特別感覺。對二手煙有正面感受的人更少。大部分現時吸煙者（67.0%）對來自別人的二手煙沒有特別感覺。

圖六

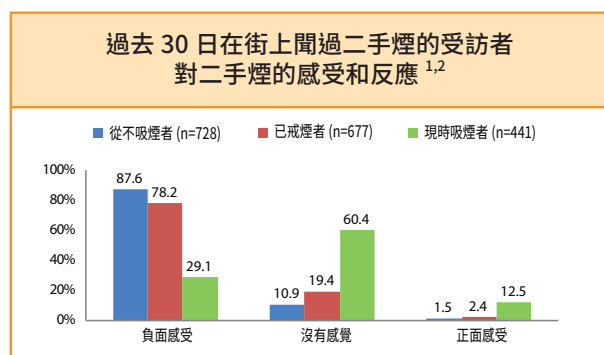


1. 樣本量 (n) 為實際受訪人數，包括回答「不知道」及拒絕回答的人數；負面感受包括覺得憤怒、被滋擾及希望盡快離開有二手煙的地方；正面感受包括「聞到二手煙令我也想吸煙」以及「好聞」。

2. 受訪者可選擇多項。

有 728 位從不吸煙者、677 位已戒煙者和 411 位現時吸煙者表示過去 30 天曾經在街上聞到來自別人的二手煙（圖七）。87.6% 的從不吸煙者、78.2% 的已戒煙者及 29.1% 的現時吸煙者對吸入二手煙有負面感受。只有 10.9% 的從不吸煙者和 19.4% 的已戒煙者對二手煙沒有特別感覺。對二手煙有正面感受的人更少。大部分現時吸煙者（60.4%）對來自別人的二手煙沒有特別感覺。

圖七



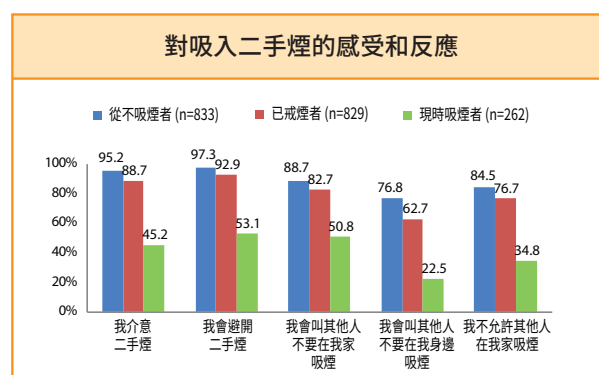
1. 樣本量 (n) 為實際受訪人數，包括回答「不知道」及拒絕回答的人數；負面感受包括覺得憤怒、被滋擾及希望盡快離開有二手煙的地方；正面感受包括「聞到二手煙令我也想吸煙」以及「好聞」。

2. 受訪者可選擇多項。

### 3.3 對吸入二手煙的感受和反應

在 833 位從不吸煙者和 829 位已戒煙者中，分別有 95.2% 和 88.7% 表示介意吸入二手煙，97.3% 和 92.9% 表示會避開二手煙，及 88.7% 和 82.7% 表示會叫其他人不要在自己家裡吸煙。超過四分之三（76.8%）的從不吸煙者和 62.7% 的已戒煙者會叫其他人不要在自己身邊吸煙。84.5% 的從不吸煙者和 76.7% 的已戒煙者不允許任何人（包括家人）在自己家裡吸煙。在 262 位現時吸煙者中，超過半數會避開二手煙（53.1%），亦有超過半數會叫其他人不要在自己家吸煙（50.8%）（圖八）。

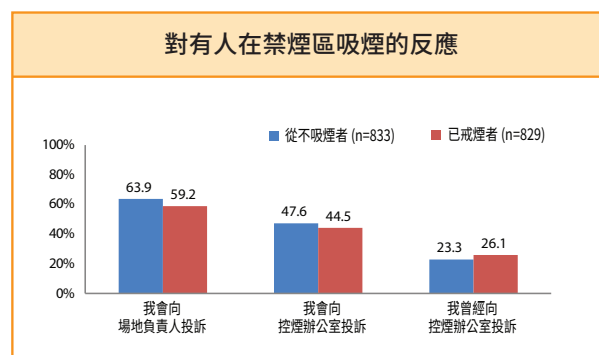
圖八



樣本量 (n) 為實際受訪人數，包括回答「不知道」及拒絕回答的人數。

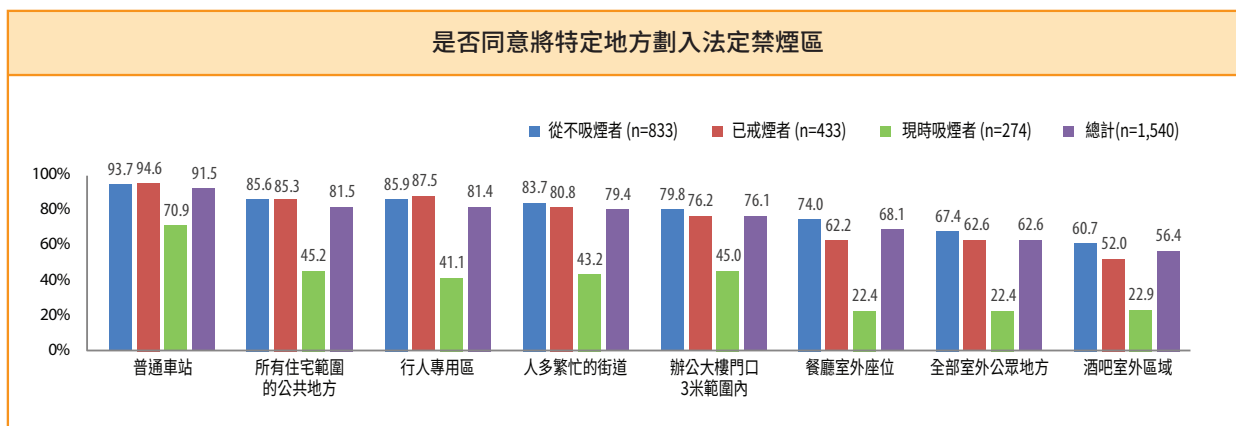
如果看到有人在禁煙區吸煙，約三分之二的非吸煙者（63.9% 的從不吸煙者和 59.2% 的已戒煙者）會向場地的負責人投訴，較少人（47.6% 和 44.5%）會向控煙辦公室投訴，更少人（23.3% 和 26.1%）曾經向控煙辦投訴（圖九）。在 472 位曾向控煙辦公室投訴的受訪者中，大部分人（61.1%）認為投訴是有效的。

圖九



樣本量 (n) 為實際受訪人數，包括回答「不知道」及拒絕回答的人數。

圖十



樣本量 (n) 為實際受訪人數，包括回答「不知道」及拒絕回答的人數；行人專用區是指在指定時間全路段車輛封閉，只允許行人步行的區域。

### 3.4 公眾對擴大禁煙區的意見

大部分從不吸煙者和已戒煙者支持政府立法將下列地方劃為禁煙區：普通車站（從不吸煙者及已戒煙者的支持率分別為 93.7% 和 94.6%，整體支持率 91.5%）、所有住宅範圍的公共地方例如樓梯間（85.6% 和 85.3%，整體 81.5%）、行人專用區（85.9% 和 87.5%，整體 81.4%）、人多繁忙的街道（83.7% 和 80.8%，整體 79.4%）、辦公大樓門口 3 米範圍內（79.8% 和 76.2%，整體 76.1%）、餐廳室外座位／露天茶座（74.0% 和 62.2%，整體 68.1%）、全部室外公眾地方（67.4% 和 62.6%，整體 62.6%）及酒吧室外區域（60.7% 和 52.0%，整體 56.4%）（圖十）。

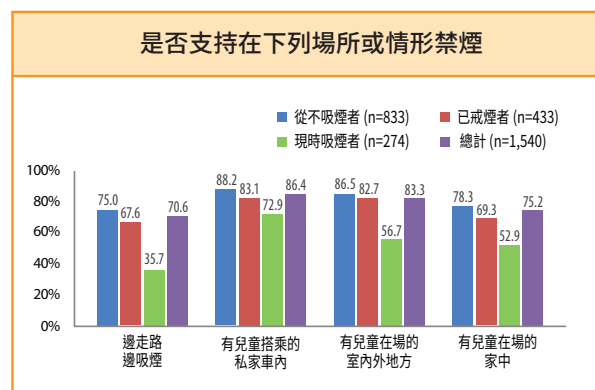
雖然現時吸煙者對於將上述地方劃為禁煙區的支持率顯著低於從不吸煙者和已戒煙者（全部  $p < 0.01$ ），但他們大多數支持在普通車站禁煙（70.9%）。同時，近一半現時吸煙者支持將所有住宅範圍的公共地方（45.2%）、辦公大樓門口 3 米範圍內（45.0%）、人多繁忙的街道（43.2%）和行人專用區（41.1%）劃為禁煙區。

在 1,540 位受訪者中，整體超過三分之二（70.6%）（包括 75.0% 從不吸煙者，67.6% 已戒煙者和 35.7% 現時吸煙者）支持禁止邊走路邊吸煙。不論是否吸煙，大部分受訪者（86.4%）都支持立法禁止在有兒童的私家車內吸煙，分別包括 88.2% 從不吸煙者，83.1% 已戒煙者和 72.9% 現時吸煙者。此外，將有兒童

在場的所有室內外公眾地方及家中劃為禁煙區整體上分別得到 83.3% 和 75.2% 的支持（圖十一）。超過半數（分別 56.7% 和 52.9%）的現時吸煙者支持這兩項政策以保護兒童免於接觸二手煙。

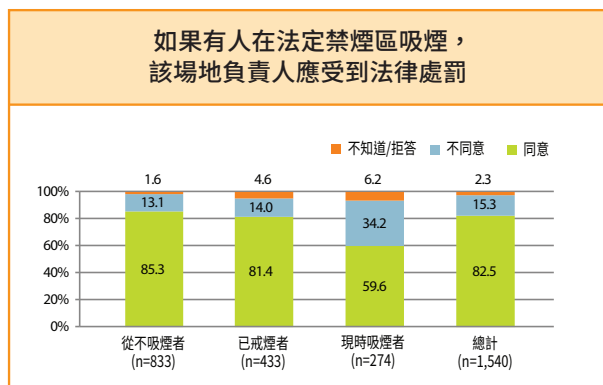
在 1,540 位受訪者中，超過八成（82.5%）同意如果有人在法定禁煙區吸煙，該場地的負責人應受到法律處罰。從不吸煙者對這項建議的支持率（85.3%）顯著高於已戒煙者（81.4%）和現時吸煙者（59.6%）（ $p < 0.01$ ）（圖十二）。

圖十一



樣本量 (n) 為實際受訪人數，包括回答「不知道」及拒絕回答的人數；

圖十二



## 4. 討論

### 4.1 調查總結

本調查發現市民在街上和大廈門口附近吸入二手煙的比率很高。市民在公共交通匯處（法定禁煙區）和普通車站（巴士、小巴和的士站）亦經常吸入二手煙。大部分受訪者都表示二手煙會引起負面感受。市民強烈支持將更多戶外公眾地方劃為禁煙區。幾乎全部非吸煙者（包括從不吸煙者和已戒煙者）及超過七成的現時吸煙者都支持在普通車站禁煙。在連續兩年的調查中，將下列地方劃入禁煙區亦得到較高的整體支持率：載有兒童在私家車內（2016 年整體支持率 86.4%，2015 年整體支持率 88.9%）、有兒童在場的室內外公眾地方（2016 年 83.3%；2015 年 86.9%）、有兒童在場的家裡（2016 年 75.2%；2015 年 74.5%）、人多繁忙的街道（2016 年 79.4%；2015 年 81.2%）及餐廳和酒吧的室外地方（2016 年分別是 68.1% 和 56.4%；2015 年分別是 69.9% 和 58.0%）。現時吸煙者中，亦有超過七成支持在有兒童乘坐的私家車內禁煙。這些數字顯示將更多地方，特別是上述地方劃入禁煙區得到市民廣泛的支持。

### 4.2 相關政策建議

本調查顯示了在普通車站禁煙的必要性和市民對這項提議的強烈支持。幾乎全部受訪者（94.9%）在過去 30 天都去過普通車站，而近六成人在車站吸入過二手煙。在車站，市民需要排隊候車所以很難避開二手煙。在香港，市民一直非常支持將車站劃入禁煙區（2016 年整體支持率 91.5%；2015 年 93.9%）。這個支持率比澳洲南部通過類似法例之前的支持率還高（2002 年 79.6%；2005 年 78.3%）。

2013 年立法後的調查顯示，澳洲南部公眾對於車站禁止吸煙法例的支持率增加至 93.5%，現時吸煙者的支持率都有顯著提升<sup>10</sup>。這意味著市民贊同該法例，並感受到其帶來的好處。

很多國家已經清晰地將車站的特定範圍劃為禁煙區，例如新加坡將「任何車站或候車亭上蓋邊緣的 5 米範圍內，或者如果車站沒有上蓋，則為巴士站牌 5 米範圍內」列為禁煙區<sup>11</sup>。

我們亦倡議將有兒童在場的室內外地方劃為禁煙區。2007 年開始實施的室內公共地方禁煙顯著地降低了本港因下呼吸道感染而入院的兒童的數目<sup>7</sup>。另外，控煙法例可以保護一些青少年，特別是女孩，免於成為吸煙者<sup>15</sup>。在歐洲，至少有 5 個國家已經禁止在有兒童的私家車內吸煙<sup>9</sup>。我們強烈建議政府儘快開展相關政策的研究和立法工作以保護兒童遠離二手煙。

政府亦應該考慮在人多繁忙的街道、餐廳和酒吧的室外地方禁煙。在各種室外公眾地方中，受訪者在街道上吸入二手煙的比率最高，而且在街道上吸入二手煙令大部分受訪者反感。在曾到訪過餐廳露天茶座和酒吧室外地方的受訪者中，超過八成在這些地方吸入過二手煙。身處露天茶座或酒吧室外地方與在普通車站的情況類似，受訪者很難避開二手煙。世界其他國家或地區，例如英國、愛爾蘭、澳洲西部和美國加州一些城市的餐飲場所的室外範圍都已逐步實施禁煙，市民對於將這些地方劃入禁煙區的支持度亦一直增加<sup>16</sup>。因此，香港需要進一步研究如何立法並實施類似的政策。

最後，我們強烈建議場地負責人應該對其場地內的違例吸煙行為負責並受到法律處罰。本調查顯示約六成的受訪者會向場地負責人舉報違例吸煙行為，同時超過八成受訪者同意如果有人在禁煙區吸煙，場地負責人應受到處罰。這意味著市民認同場地負責人應有責任執行場地的禁煙條例。在不少國家，例如愛爾蘭、英國、泰國、印度、土耳其、阿根廷、墨西哥，都有對於違例吸煙場地擁有者/管理者的處罰<sup>17</sup>。在中國大陸實施控煙管制的 18 個城市中，大部分控煙條例都清楚地列明了對於違例吸煙者和場地負責人的罰款額。香港是少數幾個豁免違例吸煙場地負責人受懲罰的城市或國家之一<sup>17</sup>。我們預計罰款或其他處罰能夠有效地推動場地負責人切實執行場地的禁煙條例。

## 5. 調查的局限和優勢

本調查有一些局限和優勢。首先，「現時吸煙者」包括現時每日吸煙者和偶爾吸煙者。不過，根據此調查的目的，並無必要區分這兩種現時吸煙者。第二，研究使用電話調查收集數據，訪問員無法與受訪者面對面接觸，以核實其吸煙狀況。但是，這個方式確保了匿名調查，故能提升數據的可信性。第三，這是一個橫斷面調查。追蹤研究或者具有固定樣本的縱向研究能更好地評估受訪者隨時間的變化。最後，礙於訪問時間所限，在公眾地方吸入二手煙的比率、對二手煙的感受和反應及對擴大禁煙區的支持程度分別由 3 個子樣本的受訪者回答。我們希望未來的調查中，相關題目能夠由同一個子樣本的受訪者回答，從而幫助評估對二手煙的態度與控煙政策支持度之間的因果關係。



## 6. 總結

本調查顯示現時香港的禁煙區不足夠保障公眾免於吸入二手煙。將普通車站、有兒童在場的地方及餐廳和酒吧的室外地方劃為禁煙區已得到公眾的強烈支持。政府應繼續擴大禁煙區，特別是在室外公眾地方，並改善現有的舉報和懲罰機制。

## 7. 控煙政策調查 2016 的其他結果如下：

### 7.1 煙草產品包裝規管

- 大部分 (80.1%) 現時吸煙者於過去 30 天有留意到煙包上的煙害圖象警示，比率遠較已戒煙者 (35.1%) 及從不吸煙者 (30.1%) 高。
- 在曾留意到煙包上煙害圖象警示的現時吸煙者當中，有 43.4% 會因此聯想起吸煙的危害、31.4% 考慮戒煙及 11.2% 停止當時的吸煙行為，可見煙害圖象警示能提高戒煙動力，但其效力已逐漸減弱。
- 大部分 (79.5%) 受訪者認為煙害圖象警示應該更加清晰及具警嚇性。另外，超過三分二 (69.9%) 受訪者贊成定期更換煙害圖象警示。
- 超過七成 (72.5%) 受訪者贊成將煙害圖象警示擴大至佔煙包面積的 85%，此亦得到近半 (45.3%) 的現時吸煙者支持。
- 「全煙害警示包裝」主要統一簡化煙盒包裝，而任何形式的煙草品牌只可按規定及以簡單方式展現，並禁止在煙包上展示商標、圖案及標誌；品牌名稱只可以統一的字款、顏色及位置展現在煙包上。澳洲於 2012 年 12 月成為首個實施「全煙害警示包裝」的國家後，吸煙率因此下降。在香港，大部分 (79.2%) 的受訪者均贊成推行「全煙害警示包裝」，當中亦有近半 (48.5%) 的現時吸煙者支持。

### 7.2 煙草廣告及推廣

- 香港已禁止煙草廣告、促銷及贊助，但仍有 28.8% 的受訪者表示於過去 30 天曾看到推廣煙草的廣告及標示。
- 過半數 (59.1%) 受訪者於過去 30 天曾經在銷售點看到陳列的煙草產品。
- 大部分 (69.0%) 受訪者認為陳列煙草產品屬於廣告宣傳，超過半數 (59.0%) 的受訪者同意禁止於銷售點展示煙草產品。
- 過半數 (60.4%) 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）。
- 大多數 (64.2%) 受訪者表示於過去 30 天於電影、電視或互聯網上看見吸煙場景。

### 7.3 煙草稅

- 大部分 (76.3%) 受訪者支持每年增加煙草稅，當中 51.8% 認為加幅應等同或高於通脹幅度。
- 超過一半 (53.8%) 受訪者贊成調高煙價以推動吸煙人士戒煙，有超過一半 (50.7%) 的現時吸煙者亦表示贊成。整體受訪者認為煙價應該調高至平均每包港幣 168 元才能有效令吸煙人士戒煙。
- 在受訪的現時吸煙者當中，分別有 44.3% 及 38.3% 表示會因為煙價提高而減少最少一半的吸煙數量及戒煙。

### 7.4 電子煙

- 大部分 (83.8%) 受訪者曾聽說過電子煙。
- 有約 2.6% 的受訪者表示曾經使用過電子煙，主要的使用原因包括「好奇」(61.8%)、「可以幫助戒煙」(17.1%) 及「朋友送的禮物」(14.6%)。
- 超過三分一 (37.5%) 受訪者表示購買的電子煙含有尼古丁，另外有約三分一 (36.5%) 表示電子煙不含尼古丁。
- 約三成 (33.0%) 表示購買的電子煙有成分標籤，近半數 (43.5%) 則表示沒有成分標籤。
- 超過一半 (56.0%) 受訪者認為電子煙不能幫助戒煙，有 30.0% 對此表示不確定，只有 14.0% 認為可以幫助戒煙。
- 受訪者普遍贊成各項規管電子煙的措施，包括禁止售賣予十八歲以下的人士 (95.5%)、限制售賣所有電子煙（包括不含尼古丁的電子煙）(92.4%)、領有牌照的店舖才可出售 (90.1%)、禁止於禁煙區使用 (85.5%)、當作傳統捲煙規管 (85.2%) 及禁止廣告及宣傳 (69.8%)。近半數 (48.1%) 支持全面禁止電子煙。

### 7.5 對未來控煙政策的意見

- 大部分 (79.6%) 受訪者贊成將法定購買煙草的年齡由 18 歲調高至 21 歲，現時吸煙者中亦有 61.3% 表示同意。
- 過半數 (53.3%) 受訪者同意禁止售賣煙草予 2010 年或之後出生的人士。
- 接近三分二 (66.1%) 受訪者支持全面禁止銷售煙草及全面禁止吸煙 (66.8%)；支持的現時吸煙者亦有分別有 42.3% 及 40.1%。
- 大部分 (62.8%) 受訪者同意當香港吸煙率降至百分之五或以下，應實施全面禁煙。
- 《吸煙（公眾衛生）條例》曾於 2007 年大幅修訂，距今近十年，大部分 (77.7%) 受訪者認為政府應再次對條例進行修訂。

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## Extension of Smoking Ban in Public Outdoor Areas Tobacco Control Policy-related Survey 2016

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### 1. Introduction

#### 1.1 Harms of secondhand smoke

Secondhand smoke (SHS) exposure causes serious diseases in adults and children, and huge economic loss. SHS contains more than 4,000 chemicals, of which at least 250 are known to be harmful and more than 50 are known to cause cancer<sup>1</sup>. Every year, over 1,300 non-smokers lose their lives due to SHS-attributed coronary heart disease, acute stroke and lung cancer in Hong Kong<sup>2</sup>. SHS exposure also causes sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more frequent and severe asthma attacks in children<sup>1</sup>. In Hong Kong, the annual economic loss due to SHS-attributed medical cost, long-term care and productivity loss was over HK\$ 1.5 billion<sup>2</sup>. With no safe level of exposure to SHS, the World Health Organization (WHO) recommends governments to implement a total smoking ban in public places.

#### 1.2 Smoke-free area legislation in Hong Kong

In Hong Kong, the Smoking (Public Health) Ordinance was enacted in 1982 to ban smoking in public lifts and lower deck of public transport land vehicles. In 1992, smoking was banned in cinemas, theatres, concert halls, amusement game centres and all public transportation carriers. In 1998, smoke-free area was expanded to some public indoor areas such as shopping malls and banks. In January 2007, the smoking ban was substantially extended to all indoor public places, including workplaces, restaurants, markets, nursing homes, and both indoor and outdoor areas of kindergartens, schools and colleges, hospitals, etc. and some outdoor public places,

such as public swimming pools and beaches, escalators and public pleasure grounds<sup>3</sup>. From 2009 to 2016, more outdoor public places like public transport facilities and eight bus interchanges at tunnel portal areas were included<sup>4</sup>.

#### 1.3 Effects of smoke-free legislation in Hong Kong

Many local studies have confirmed the positive impact of the smoke-free legislation in 2007 in Hong Kong. Calls to the Youth Quitline increased 26% within 9 months after the legislation<sup>5</sup>. Mother-reported infant exposure to SHS at home decreased from 87.2% to 29.3%. Their actions to protect children from SHS increased, suggesting an increased awareness of SHS and denormalization of smoking due to the legislation<sup>6</sup>. In the long run, the legislation reduced hospital admissions of children due to lower respiratory tract infection<sup>7</sup>, and saved around 1,000 peoples' lives per year in Hong Kong<sup>8</sup>.

#### 1.4 Extension of smoke-free areas

Extending smoke-free areas to outdoor public areas and places with children is a continuing global trend<sup>9</sup>. In many countries and cities, smoke-free areas have been extended to bus stops (Australia)<sup>10</sup>, queues (Singapore and Beijing)<sup>11,12</sup>, sheltered walkways and bridges (Singapore)<sup>11</sup>, private cars carrying children (France, Ireland, Italy, Slovakia and the United Kingdom)<sup>9</sup> and some outdoor streets (Japan)<sup>13</sup>. In Hong Kong, the latest extension of smoke-free areas was the eight bus interchanges at tunnel portal areas in 2016.

## 1.5 Aims of this report

Hong Kong Council on Smoking and Health (COSH) collaborated with the School of Public Health and School of Nursing of The University of Hong Kong (HKU) to conduct the Tobacco Control Policy-related Survey (hereafter referred to as "the survey") to gauge public support for tobacco control policies. In the present report, we examined the prevalence of and perception towards SHS exposure in public places in Hong Kong. Public support for extending smoke-free areas in specific places was also evaluated.

## 2. Methods

### 2.1 Study design and participants

Computer-assisted telephone interviews (CATI) based on an anonymous and structured questionnaire were sub-contracted to a survey agent (Public Opinion Programme, The University of Hong Kong) to conduct the survey by trained telephone interviewers from February to September 2016. The fieldwork methods were similar to those in the 2015 wave. Respondents aged 15 or above speaking Cantonese or Putonghua were recruited. They were divided into 3 "smoking groups": (a) current smokers who, at the time of the survey, consumed cigarettes daily or occasionally; (b) ex-smokers, who consumed cigarettes previously but did not smoke at the time of the survey; and (c) never smokers, who had never consumed cigarettes in their lifetime. Initial calls took place during 6:30pm to 10:30pm on weekdays and weekends in order to cover respondents with diversified working hours from different occupations. Each randomly selected telephone number was called back for 5 times, at different hours and on different days, before it was considered as "non-contact". All respondents provided oral consent before the interview began, and could withdraw from the study at any time without providing any reasons.

### 2.2 Sampling method and respondent selection

Respondents were randomly selected from residential telephone numbers from directories. Another set of telephone numbers were generated by a computer programme using the "plus/minus one/two" method to capture unlisted numbers in the sampling frame. When a telephone contact was successfully established with a target household, one eligible person was selected from all eligible family members who were at home at the time of interview, using the "next birthday" procedure. Only one eligible person from the household was interviewed even though more than one eligible member in the same household might be available at the time of interview.

### 2.3 Questionnaire design

The questionnaire used in the present survey was modified from that in the 2015 survey. The questions were divided into 2 categories: (a) core questions; and (b) random questions. The core questions, including socio-demographics and e-cigarettes, were posed to all participants. Nicotine dependence and intention to quit were core questions for current smokers. The random question sets were designed for random subsample in the respondents, and could be aimed at specific smoker sub-groups. Similar to the previous waves of the survey, 6 subsets of current smokers, 4 subsets of ex-smokers and 2 subsets of never smokers were formed within the full sample. Questions on SHS exposure in public places, perceptions towards SHS exposure and support for smoke-free legislation were included in 3 random question sets. In all the 5,151 respondents in the survey, 2,216 (43.0%), 1,924 (37.4%) and 1,560 (30.3%) respondents (3 subsamples) were selected to answer these question sets, respectively.

### 2.4 Weighting and statistical analysis

The survey successfully collected views from 1,734 never smokers, 1,714 ex-smokers and 1,703 current smokers. The whole sample was weighted to compensate for the oversampling of ex- and current smokers and to make the sample more representative of the Hong Kong population. According to the projected Hong Kong population and predicted smoking status in 2016 based on 2015 smoking prevalence in Hong Kong<sup>14</sup>, a weight matrix was produced using sex, age and smoking status and used for the weighting.

To examine differences among smoking groups, Chi-square test was used for categorical variables. STATA (Version 13, TX: StataCorp LP) was used for all analyses on complete cases with statistical significance set at  $p < 0.05$ .

## 3. Results

### 3.1 Sample characteristics

Table 1 shows that the 3 weighted subsamples had similar characteristics as the respondents were randomly assigned.

Table 2 shows the characteristics of the weighted subsample 1 whose respondents answered the questions on SHS exposure in public places, by smoking status. Never smokers and current smokers were younger than ex-smokers ( $p < 0.01$ ). More never smokers (44.7%) attained post-secondary school education or above than ex- (27.2%) and current smokers (27.4%) ( $p < 0.01$ ). Employment was higher in current smokers (68.4%) than never (42.7%) and ex-smokers (45.6%) ( $p < 0.01$ ). More ex-smokers (45.6%) had retired than never smokers (20.5%) and current smokers (18.1%) ( $p < 0.01$ ). Demographic characteristics were significantly different among "smoking groups". The other two subsamples showed similar pattern.

**Table 1 Demographic characteristics of weighted random subsamples**

Characteristics	SHS exposure in public places (Subsample 1)	Perception towards SHS exposure (Subsample 2)	Support for smoke-free legislation (Subsample 3)
Sex	n=2,216	n=1,924	n=1,560
Male	44.3	42.8	41.8
Female	55.6	57.2	58.2
Age(%), years	n=2,208	n=1,918	n=1,533
15-19	8.1	8.4	8.6
20-29	11.9	11.9	12.5
30-39	17.9	17.7	17.4
40-49	16.3	16.1	16.3
50-59	20.0	19.9	20.0
60+	25.8	26.0	25.2
Education level (%)	n=2,207	n=1,920	n=1,536
Primary or below	11.5	11.5	11.1
Secondary	46.1	45.6	45.5
Post-secondary	42.4	43.0	43.4
Employment status (%)	n=2,212	n=1,920	n=1,537
Employed	44.7	43.8	44.0
Student	12.9	13.2	13.6
Homemaker	17.9	18.4	18.7
Unemployed	2.8	2.6	2.6
Retired	21.7	21.9	21.1

Missing data were excluded.

**Table 2 Demographic characteristics of the weighted subsample 1, by smoking status**

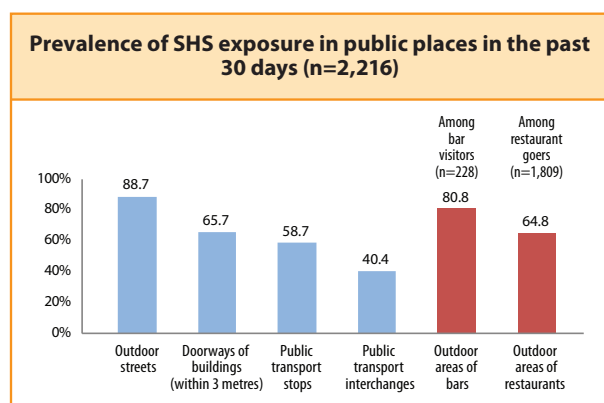
Characteristics	Never smokers	Ex-smokers	Current smokers	Total	p-value
Sex (%)	n=833	n=829	n=554	n=2,216	<0.01
Male	38.5	84.7	81.7	44.3	
Female	61.5	15.3	18.3	55.6	
Age (%)	n=829	n=827	n=552	n=2,208	<0.01
15-19	9.2	0.6	1.2	8.1	
20-29	12.8	2.0	9.3	11.9	
30-39	17.8	10.7	24.0	17.9	
40-49	15.8	16.0	21.4	16.3	
50-59	19.8	19.5	23.4	20.0	
60+	24.6	51.2	20.7	25.8	
Education level (%)	n=831	n=827	n=549	n=2,207	<0.01
Primary or below	10.7	21.4	13.4	11.5	
Secondary	44.6	51.4	59.2	46.1	
Post-secondary	44.7	27.2	27.4	42.4	
Employment status (%)	n=832	n=826	n=554	n=2,212	<0.01
Employed	42.7	45.6	68.4	44.7	
Student	14.5	1.3	2.6	12.9	
Homemaker	19.8	4.7	5.5	17.9	
Unemployed	2.5	2.8	5.4	2.8	
Retired	20.5	45.6	18.1	21.7	



### 3.2 Prevalence of SHS exposure in outdoor areas

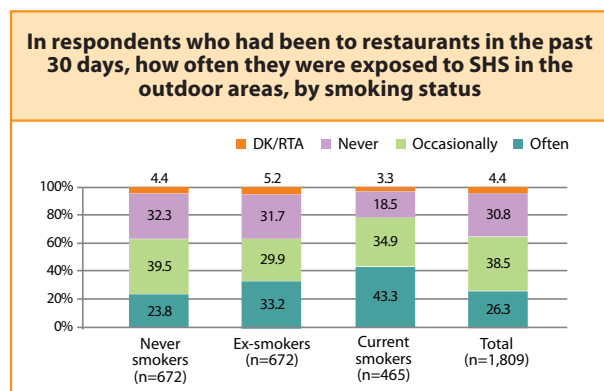
In the past 30 days, nearly 90% (88.7%) and two-thirds (65.7%) of 2,216 respondents reported SHS exposure in outdoor streets or near doorways of buildings (within 3 metres), respectively. Over half (58.7%) and 40.4% reported SHS exposure at public transport stops and interchanges (statutory no smoking areas), respectively. 80.8% of the 228 bar visitors and 64.8% of the 1,809 restaurant goers reported SHS exposure in outdoor areas of the two places in the past 30 days (Figure 1).

**Figure 1**



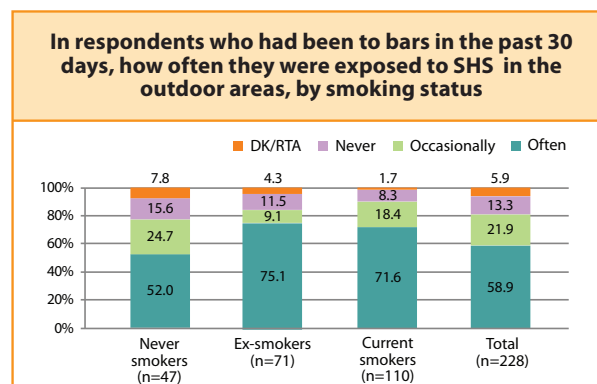
Of the 1,809 respondents who had been to restaurants in the past 30 days, 26.3% and 38.5% reported they had been exposed to SHS often or occasionally, respectively, in outdoor areas of restaurants. The proportion of being often exposed was significantly higher in current smokers (43.3%) than ex-smokers (33.2%) and never smokers (23.8%) ( $p < 0.01$ ) (Figure 2).

**Figure 2**



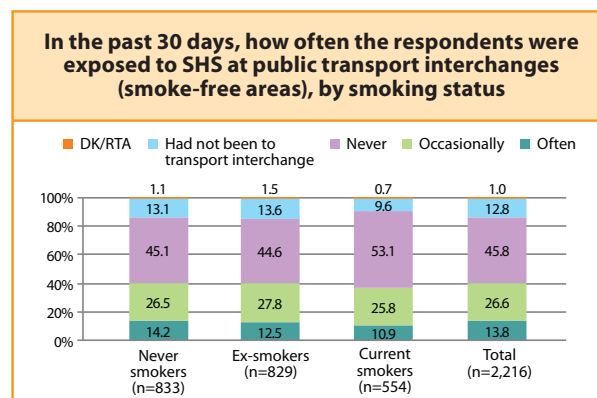
Of the 228 respondents who had been to bars in the past 30 days, 58.9% and 21.9% reported that they had been exposed to SHS often or occasionally, respectively, in outdoor bar areas. The proportion of often being exposed to SHS was significantly higher in ex-smokers (75.1%) and current (71.6%) than never smokers (52.0%) ( $p < 0.01$ ) (Figure 3).

**Figure 3**



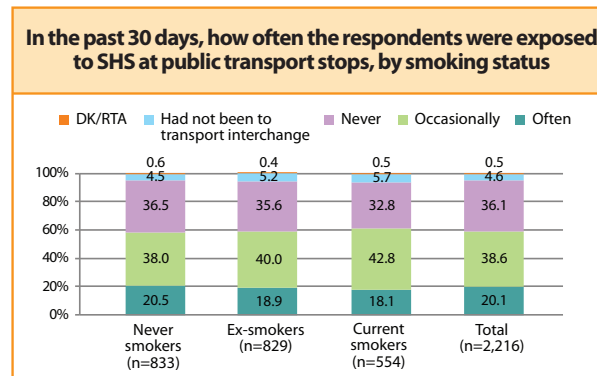
In the past 30 days, 13.8% and 26.6% of the 2,216 respondents reported that they had been often or occasionally, respectively, exposed to SHS at public transport interchanges. No significant difference among the three "smoking groups" was found ( $p = 0.10$ ) (Figure 4).

**Figure 4**



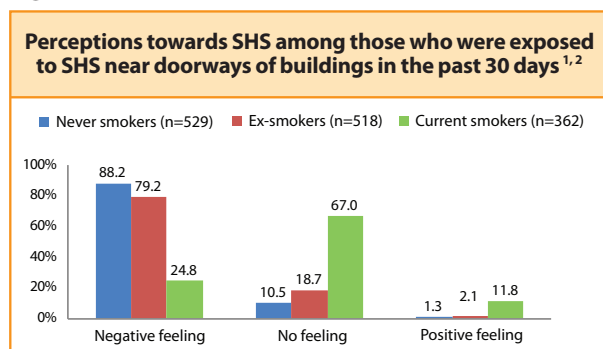
In the past 30 days, 20.1% and 38.6% of the 2,216 respondents reported that they had been often or occasionally, respectively, exposed to SHS at public transport stops. No significant difference among the three "smoking groups" was found ( $p = 0.80$ ) (Figure 5).

**Figure 5**



Of 529 never, 518 ex- and 362 current smokers who smelled tobacco smoke from others near doorways of buildings in the past 30 days, 88.2%, 79.2% and 24.8% had negative perception towards SHS exposure, respectively (Figure 6). These perceptions included stinky, disturbing, inducing anger and desire to leave the areas with SHS as soon as possible. Only 10.5% and 18.7% of never and ex-smokers, respectively, had no feeling about SHS and even fewer had positive feeling. Majority of current smokers (67.0%) had no feeling about SHS from smokers.

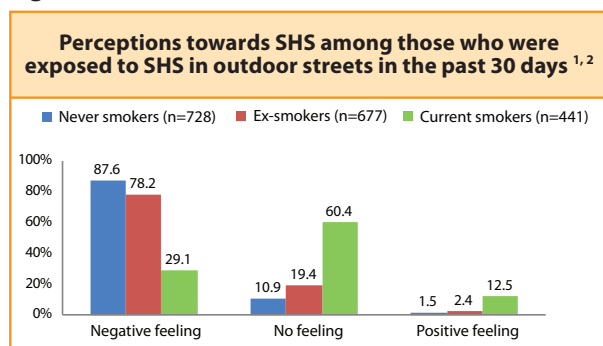
**Figure 6**



1. Sample size (n) refers to the actual number of respondents, including those who answered "don't know" or refused to provide answer. Negative feeling included angry, annoying, and respondents wanted to leave the spot as soon as possible. Positive feeling included "it made me want to smoke" and "smelled good".
2. Respondents could choose more than one option.

Of 728 never, 677 ex- and 441 current smokers who smelled tobacco smoke from others in outdoor streets in the past 30 days, 87.6%, 78.2% and 29.1% perceived the SHS negatively, respectively (Figure 7). Only 10.9% and 19.4% of never and ex-smokers, respectively, had no feeling and even fewer had positive feeling. Majority of current smokers (60.4%) had no feeling about SHS from smokers.

**Figure 7**

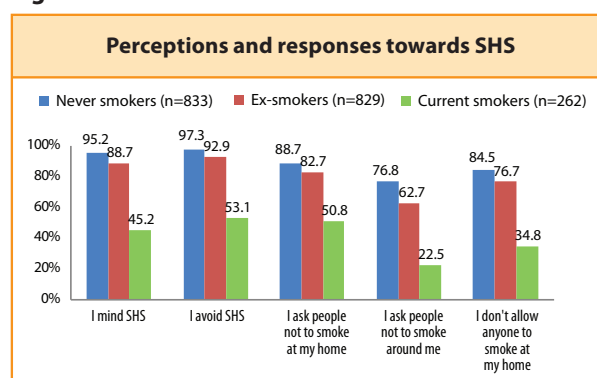


1. Sample size (n) refers to the actual number of respondents, including those who answered "don't know" or refused to provide answer. Negative feeling included angry, annoying, and respondents wanted to leave the spot as soon as possible. Positive feeling included "it made me want to smoke" and "smelled good".
2. Respondents could choose more than one option.

### 3.3 Perception and responses towards SHS exposure

Of 833 never and 829 ex-smokers, 95.2% and 88.7%, respectively, minded SHS exposure, 97.3% and 92.9% avoided SHS exposure, and 88.7% and 82.7% had asked people not to smoke at their home. Three-quarters of the never smokers (76.8%) had asked people not to smoke around them, and 62.7% of the ex-smokers had done so. 84.5% of the never smokers did not allow people, including family members, to smoke at their home, so did 76.7% of the ex-smokers. Of 262 current smokers, over half would avoid SHS themselves (53.1%) and had asked others not to smoke at their home (50.8%) (Figure 8).

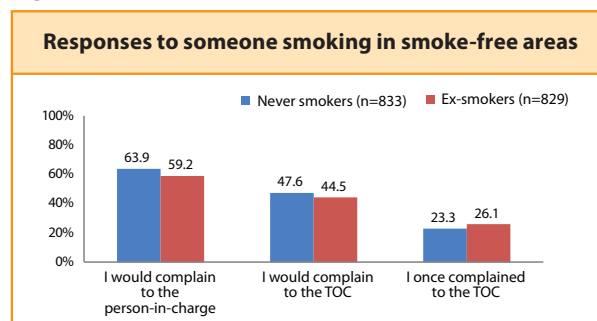
**Figure 8**



Sample size (n) refers to the actual number of respondents, including those who answered "don't know" or refused to provide answer.

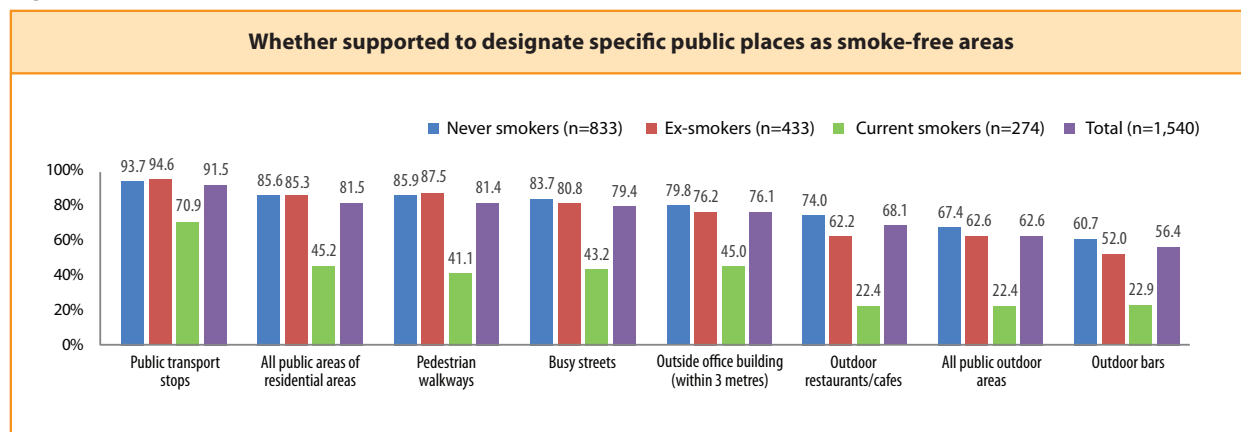
About two-thirds of non-smoking respondents (63.9% never and 59.2% ex-smokers) would complain to the person-in-charge if they saw someone smoking in a smoke-free area, but fewer (47.6% and 44.5%) would report to the Tobacco Control Office (TCO). Even fewer had ever reported to the TCO (23.3% and 26.1%) (Figure 9). Among the 472 respondents who had ever reported to the TCO, majority (61.1%) thought that it was effective.

**Figure 9**



Sample size (n) refers to the actual number of respondents, including those who answered "don't know" or refused to provide answer.

**Figure 10**



Sample size (n) refers to the actual number of respondents, including those who answered “don’t know” or refused to provide answer. Pedestrian walkway refers to roads reserved for pedestrians only and automobile traffic are prohibited at specific time period.

### 3.4 Public support for extension of smoke-free legislation

Most never and ex-smokers agreed that the Government should legislate to include public transport stops (93.7% never smokers and 94.6% ex-smokers, overall 91.5%), all public areas of residential areas (e.g. stairways) (85.6% and 85.3%, overall 81.5%), pedestrian walkways (85.9% and 87.5%, overall 81.4%) and busy streets (83.7% and 80.8%, overall 79.4%), areas within 3 metres outside office buildings (79.8% and 76.2%, overall 76.1%), outdoor restaurants/cafés (74.0% and 62.2%, overall 68.1%), all public outdoor areas (67.4% and 62.6%, overall 62.6%) and outdoor bars (60.7% and 52.0%, overall 56.4%) as designated smoke-free areas (Figure 10).

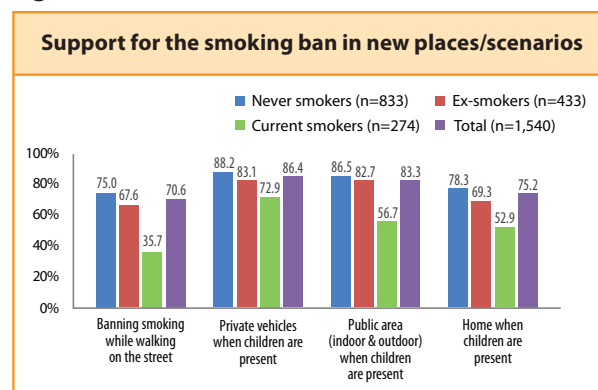
Although the level of support from current smokers was lower than never and ex-smokers (all  $p < 0.01$ ), smoke-free public transport stops (70.9%) had high level of support by current smokers. In addition, nearly half of current smokers support to designate public places of residential areas (45.2%), within 3 metres outside office buildings (45.0%), busy streets (43.2%) and pedestrian walkways (41.1%) as smoke-free.

Over two-thirds (70.6%) of the 1,540 respondents agreed to ban smoking while walking on the streets, with 75.0%, 67.6% and 35.7% of never, ex- and current smokers, respectively. Smoking ban in private cars when children are present was supported by most of the respondents (86.4%) regardless of their smoking status (88.2%, 83.1% and 72.9% of never, ex- and current smokers, respectively). In addition, inclusion of

all public areas (indoor and outdoor) and home as smoke-free area when children are present was supported by 83.3% and 75.2% of the respondents, respectively (Figure 11). Over half of current smokers (56.7% and 52.9%, respectively) also supported these 2 policies for protecting children from SHS exposure.

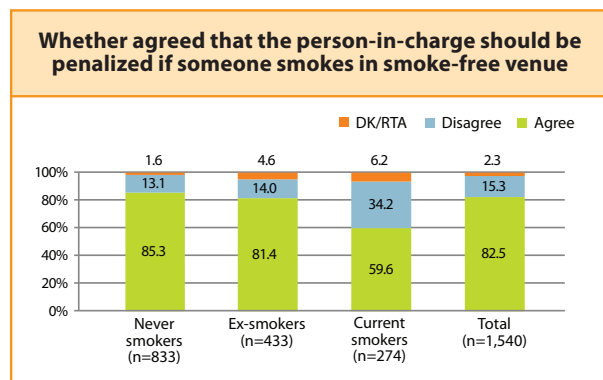
About 80% of the 1,540 respondents (82.5%) agreed that the person-in-charge of the smoke-free venue should be penalized when someone smokes in the venue, with a greater proportion in never smokers (85.3%) than ex-smokers (81.4%) and current smokers (59.6%) ( $p < 0.01$ ) (Figure 12).

**Figure 11**



Sample size (n) refers to the actual number of respondents, including those who answered “don’t know” or refused to provide answer.

**Figure 12**



## 4. Discussion

### 4.1 Summary of survey findings

This survey found high prevalence of exposure to SHS in outdoor streets and doorways of buildings. Exposure in public transport interchanges (no smoking areas) and stops (bus, minibus and taxi stops) was also common. Most of the respondents claimed SHS aroused negative feeling. Public support for designating more outdoor public places as no smoking areas is very strong. Nearly all non-smokers (never and ex-smokers) and over 70% of current smokers supported to ban smoking at public transport stops. The overall high level of support was also consistently observed in 2 years for including the following places as no smoking areas: private vehicles with children inside (86.4% in 2016; 88.9% in 2015), all indoor public area with children present (83.3% in 2016; 86.9% in 2015) home with children present (75.2% in 2016; 74.5% in 2015), busy streets (79.4% in 2016; 81.2% in 2015) and outdoor areas of restaurants (68.1% in 2016; 69.9% in 2015) and bars (56.4% in 2016; 58.0% in 2015). In current smokers, over 70% supported to ban smoking in private cars when children are present. These figures showed that further extension of smoke-free areas, particularly in the above mentioned places was supported by most of the general public.

### 4.2 Policy implications

This survey highlighted the need and support to designate public transport stops as smoke-free areas. Nearly all (94.9%) respondents had been to public transport stops in the past 30 days and nearly 60% of them reported SHS exposure at these locations. At stops, people have to stay in a queue, so they can hardly avoid the SHS exposure. Public support for including stops in no smoking areas has been strong in Hong Kong (overall 91.5% in 2016; 93.9% in 2015). It was also higher than the pre-legislation support rate in South Australia (79.6% in 2002 and 78.3% in 2005).

Post-legislation survey in South Australia showed that the support rate increased to 93.5% in 2013, with significant increase in current smokers as well<sup>10</sup>. This suggested that people favored the new policy and experienced its benefit. Many countries have designated public transport stops as smoke-free areas by making clear definition of the no smoking areas (e.g. Singapore "Any bus stop or bus shelter, including any area within a radius of five metres from the outer edge of the shelter or, where there is no such shelter, from the bus stop pole.")<sup>11</sup>.

We also advocate designating indoor and outdoor places where children are present as smoke-free areas. The comprehensive smoking ban in indoor public places implemented in Hong Kong in 2007 has significantly decreased children's hospital admission due to lower respiratory tract infection<sup>7</sup>. In addition, smoke-free legislation may help reduce smoking uptake in teenagers, especially in girls<sup>15</sup>. In Europe, at least 5 countries have prohibited smoking in private cars when children are present<sup>9</sup>. We strongly recommend the Government to start the policy research and legislation of the smoking ban to further protect children from SHS exposure.

The Government should also consider banning smoking in busy streets, outdoor areas of restaurants and bars in the near future. Reported SHS exposure in outdoor streets has been the highest among all outdoor public places, and most respondents perceived outdoor SHS was disturbing. In the respondents who had been to outdoor areas of restaurants and bars, over 80% had been exposed to SHS in these places. Similar to public transport stops, people in outdoor restaurants and bars can hardly avoid smelling SHS. Outdoor smoke-free areas of catering facilities have been adopted in the U.K., Ireland, Western Australia and some cities in California of the United States. Study also shows public support for banning smoking in outdoor areas of restaurants and bars increased over time<sup>16</sup>. Thus, the legislation and enforcement of similar policies in Hong Kong warrants further investigation.

Finally, penalizing the person-in-charge of smoke-free areas for violation is highly recommended. This survey showed around 60% respondents would complain to person-in-charge for violations in smoke-free areas, and a strong support (over 80%) for penalizing the person-in-charge. These figures suggested that the public agreed that the person-in-charge is responsible for the enforcement of smoke-free legislation. Many countries, such as Ireland, UK, Thailand, India, Turkey, Argentina and Mexico, have penalty for both smokers and venue owners/managers for violations<sup>17</sup>. In the 18 cities in Mainland China which have implemented smoking ban in public places, most of the regulations clearly stated the amount of penalty to both smokers who infringe the law and person-in-charge of the smoke-free venue. Hong Kong is one of the few cities and countries in the world that exempt liability of person-in-charge for the implementation of smoke-free law<sup>17</sup>. We expect the fines and other penalties will motivate the person-in-charge of premises to enforce smoke-free legislation effectively.

## 5. Limitations and Strengths of the Survey

This survey had several limitation and strengths. First, the term “current smokers” refers to both daily and occasional smokers and “ex-smokers” refers to ex-daily and ex-occasional smokers. Yet for the purposes of this survey, it was not necessary to distinguish between daily and occasional use. Second, all information was collected by telephone survey which did not allow face-to-face interaction with and verification of smoking status by the interviewer. However, this method can ensure anonymity and so might collect more truthful data. Third, it was a cross-sectional survey. A cohort study or panel survey with longitudinal data would be better in measuring changes within the same individual over time. Finally, reported SHS exposure in public places, perception towards SHS exposure and support for smoke-free legislation questions were answered by respondents from 3 subsamples due to interview time limitation. We recommend that related questions to be answered by respondents from the same subsample to better determine the causality between perceptions towards SHS and support for tobacco control policies in future surveys.

## 6. Conclusion

This survey found that the current smoke-free areas in Hong Kong are not enough to protect people from SHS exposure. Inclusion of public transport stops, all places where children are present, outdoor areas of restaurants and bars as smoke-free areas had strong public support. The Government should proceed to extend smoke-free areas, especially in outdoor public areas, and to improve the current reporting and penalty policy.

## 7. Other Results of the Tobacco Control Policy-related Survey 2016

### 7.1 Regulations on cigarette packs

- Majority (80.1%) of current smokers had noticed the pictorial health warnings (PHW) on cigarette packs in the past 30 days, which was much higher than ex- (35.1%) and never smokers (30.1%).
- Among the current smokers who noticed the PHW, 43.4% would think of the risks of smoking, 31.4% would think of quit smoking and 11.2% would stop lighting a cigarette. The findings showed the existing PHWs are able to motivate the quit intention but the effect had diminished.
- Most (79.5%) respondents agreed that the PHW should be clearer and more threatening about the hazards of smoking. Over two-thirds (69.9%) of respondents agreed to rotate the PHW regularly.
- Over 70% (72.5%) of respondents agreed to enlarge the size of the PHW to 85% of the cigarette pack area, and it was supported by nearly half (45.3%) of current smokers.

Plain packaging standardizes and simplifies the packaging of tobacco products. All forms of tobacco branding should be labeled according to the Government prescriptions and with simple and plain format. This means that trademarks, graphics and logos are not allowed on cigarette packs. Only brand name can be displayed in a standard font size, colour and location on the package. In Australia, smoking prevalence has declined after the implementation of the unprecedented plain packaging in December 2012. In Hong Kong, most (79.2%) respondents supported the Government to adopt plain packaging. Nearly half (48.5%) of current smokers also supported it.

### 7.2 Tobacco advertising and promotion

- Despite tobacco advertising, promotion and sponsorship are banned in Hong Kong, 28.8% of all respondents said that they had noticed advertisements or signs promoting cigarettes in the past 30 days.
- Over half (59.1%) of respondents had noticed the display of tobacco products at points of sale in the past 30 days.
- Most (69.0%) respondents thought that the display of tobacco products was a kind of cigarette advertisement and promotion. More than half (59.0%) agreed to ban the display of tobacco products at the points of sale.
- Of all respondents, over half (60.4%) thought that brand extension, which means the use of cigarette brand names and logos for other products such as clothing, should not be allowed.
- Majority (64.2%) of respondents reported that they had seen smoking scenes in movies, TV shows or internet in the past 30 days.

### 7.3 Tobacco tax

- Most (76.3%) respondents supported the Government to raise tobacco tax annually, in which 51.8% thought that the rate of increment should be equivalent to or higher than the inflation rate.
- More than half (53.8%) of all respondents and half of current smokers (50.7%), agreed that cigarette price should be increased to help smokers quit smoking. Overall, the respondents suggested that the retail price of a pack of cigarettes should be set at HK\$168 on average to effectively motivate smokers to quit smoking.
- Among current smokers, 44.3% and 38.3% said that they would reduce cigarette consumption by half and quit smoking, respectively, if cigarette price is increased.



## 7.4 E-cigarettes

- Most respondents (83.8%) had heard about e-cigarettes.
- About 2.6% of respondents had ever used e-cigarettes. The most common reasons for them to try e-cigarettes were “curiosity” (61.8%), “it can help quit smoking” (17.1%) and “gifts from others” (14.6%)
- Over one-third of respondents said that the e-cigarettes they bought contained nicotine (37.5%), while another one-third (36.5%) reported that their e-cigarettes contained no nicotine.
- Of all respondents, 33.0% reported that there was ingredient label on the packaging of e-cigarette products, whereas nearly half (43.5%) reported that there was not.
- More than half (56.0%) of respondents did not think e-cigarettes could help quit smoking and 30.0% were not sure about it. Only 14.0% thought that e-cigarettes could help quit smoking.
- Different regulatory measures for e-cigarettes were supported by the majority of respondents, included banning sales to people under 18 years old (95.5%), restricting sales regardless of containing nicotine or not

(92.4%), requiring license for selling e-cigarettes (90.1%), banning the use in smoke-free areas (85.5%), regulating e-cigarettes as traditional cigarettes (85.2%), and banning promotion and advertising (69.8%). Nearly half (48.1%) supported a total ban on e-cigarettes.

## 7.5 Opinions on future tobacco control policies

- A majority of all respondents (79.6%) and 61.3% of current smokers, agreed to increase the legal age for purchasing cigarettes from the current 18 years to 21 years.
- More than half (53.3%) of respondents agreed that children born in or after 2010 should not be allowed to smoke.
- Nearly two-thirds of respondents supported a total ban on tobacco sale (66.1%) and a total ban of smoking (66.8%) in Hong Kong. The measures were also supported by 42.3% and 40.1% of current smokers, respectively.
- Majority (62.8%) of all respondents agreed to ban smoking when the smoking prevalence in Hong Kong decreases to 5% or lower.
- There was no significant update on Smoking (Public Health) Ordinance since 2007. Majority (77.7%) of respondents thought that the Government should revise the Ordinance.

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