



Annual Report 年報  
2020-2021

The logo for 'UIT for Changes' features the word 'uit' in a large, green, lowercase sans-serif font. A green shield with a white cross is positioned above the 'i'. Below 'uit', the words 'for Changes' are written in a smaller, green, lowercase sans-serif font.

# 逆中求變・戒煙防疫

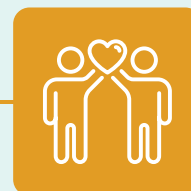


傳遞無煙信息予

**810,000+** 位市民  
people received smoke-free messages



**950+** 學校、  
機構及公司支持  
schools, organizations and  
corporations supported



**>64%** 全港市民支持全面禁煙  
citizens supported total ban on smoking



# 目錄 Contents

3	委員會憲章	Charter of COSH
4	委員會組織架構	Organization of COSH
8	委員介紹	Members of COSH
16	秘書處	Secretariat
18	主席報告	Chairman's Report

## 專題 Highlights

24	逆中求變新轉機 無煙宣傳不停步	Smoke-free Promotion Turned Crisis into Opportunities under the Pandemic
----	--------------------	--

## 活動 Events

34	活動紀要 2020-2021	Highlights of Events 2020-2021
36	宣傳及社區推廣活動	Publicity and Community Involvement Projects
77	教育及青少年活動	Education and Youth Programmes
90	與傳播媒介之聯繫	Working with the Mass Media
92	資訊及研究項目計劃	Information and Research Projects

## 報告 Reports

106	環保工作報告	Environmental Report
108	獨立核數師報告書	Independent Auditor's Report

## 附錄 Appendices

133	鳴謝	Acknowledgement
150	各常務委員會之職能範圍	Terms of Reference of Standing Committees
152	第二十八號報告書	COSH Report No. 28
180	第二十九號報告書	COSH Report No. 29

# 逆中求變 · 戒煙防疫

## Quit for Changes



# 委員會憲章 Charter of COSH

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

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

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

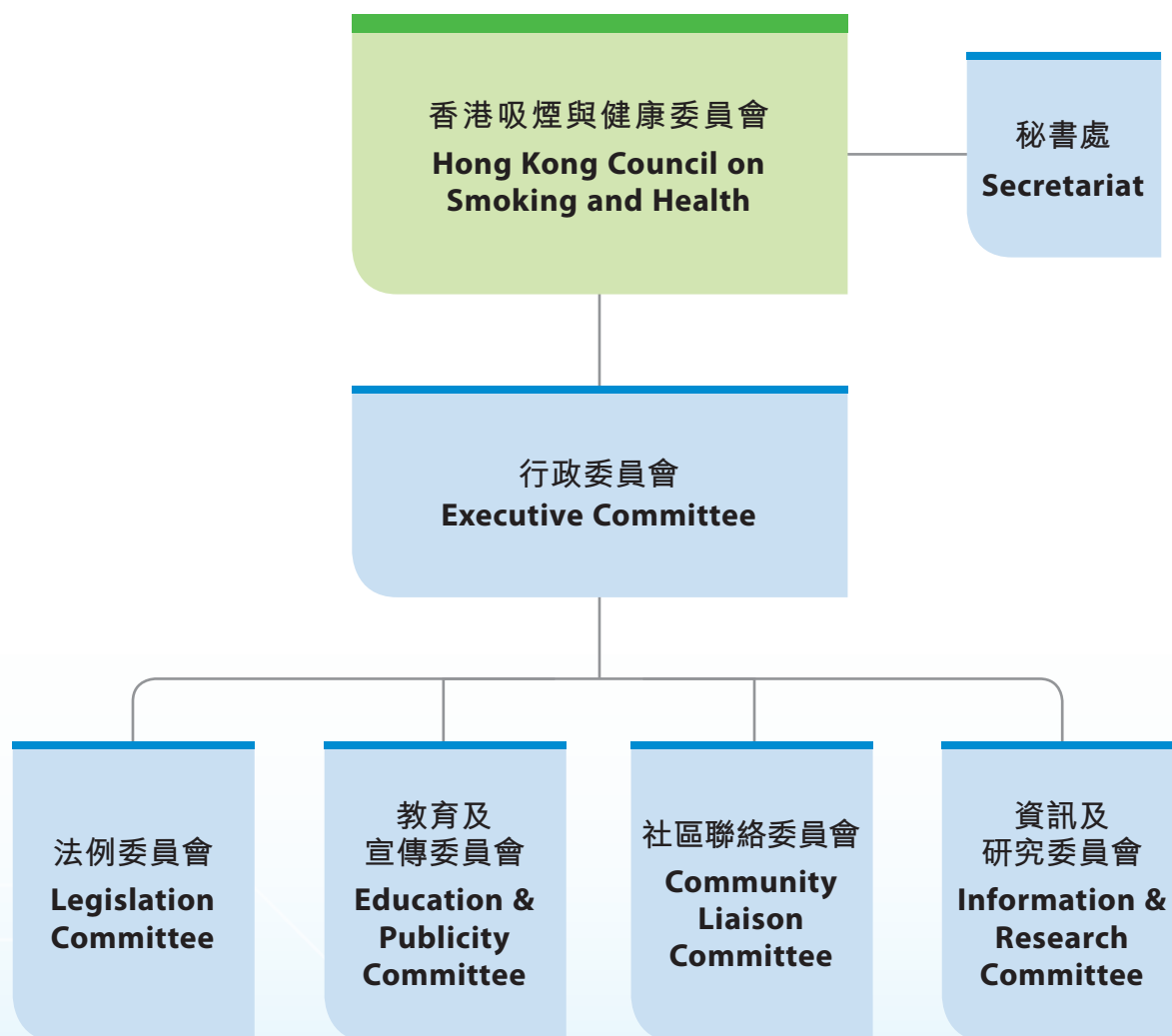
COSH was first established in 1987. It is a statutory body vested with functions, as set out in the "Hong Kong Council on Smoking and Health Ordinance" (Cap. 389), to protect and improve the health of the community by:

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

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



# 委員會組織架構 Organization of COSH



委員會成員 Members of COSH



<b>主席</b>	湯修齊先生 MH 太平紳士	<b>Chairman</b>	Mr Henry TONG Sau-chai, MH, JP
<b>副主席</b>	陳志球博士 SBS, BBS 太平紳士	<b>Vice-chairman</b>	Dr Johnnie CHAN Chi-kau, SBS, BBS, JP
<b>委員</b>	張勇邦先生 MH	<b>Member</b>	Mr Langton CHEUNG Yung-pong, MH
	馮卓能先生 MH		Mr Clement FUNG Cheuk-nang, MH
	古龍沙美娜女士 MH		Ms Sharmila GURUNG, MH
	夏敬恒醫生		Dr Tony HA King-hang
	何世賢博士		Dr Daniel HO Sai-yin
	林哲玄醫生		Dr David LAM Tzit-yuen
	廖偉明醫生		Dr Haston LIU Wai-ming
	巫潔嫻教授		Prof Phoenix MO Kit-han
	蘇潔瑩醫生		Dr Loletta SO Kit-ying
	鄧振強先生 MH 太平紳士		Mr Teddy TANG Chun-keung, MH, JP
	曾立基先生		Mr Richard TSANG Lap-ki
	董煜醫生 太平紳士		Dr Stewart TUNG Yuk, JP
	王文炳博士		Dr Kelvin WANG Man-ping
	黃幸怡女士 太平紳士		Ms Sandy WONG Hang-yee, JP
<b>當然委員</b>	趙佩燕醫生 太平紳士	<b>Ex-officio Member</b>	Dr Amy CHIU Pui-yin, JP

行政委員會 Executive Committee



<b>主席</b>	陳志球博士 SBS, BBS 太平紳士	<b>Chairman</b>	Dr Johnnie CHAN Chi-kau, SBS, BBS, JP
<b>委員</b>	湯修齊先生 MH 太平紳士	<b>Member</b>	Mr Henry TONG Sau-chai, MH, JP
	曾立基先生		Mr Richard TSANG Lap-ki

教育及宣傳委員會 Education & Publicity Committee



<b>主席</b>	曾立基先生	<b>Chairman</b>	Mr Richard TSANG Lap-ki
<b>委員</b>	湯修齊先生 MH 太平紳士	<b>Member</b>	Mr Henry TONG Sau-chai, MH, JP
	陳志球博士 SBS, BBS 太平紳士		Dr Johnnie CHAN Chi-kau, SBS, BBS, JP
	張勇邦先生 MH		Mr Langton CHEUNG Yung-pong, MH
	何世賢博士		Dr Daniel HO Sai-yin
	廖偉明醫生		Dr Haston LIU Wai-ming
	蘇潔瑩醫生		Dr Loletta SO Kit-ying
	鄧振強先生 MH 太平紳士		Mr Teddy TANG Chun-keung, MH, JP
	董煜醫生 太平紳士		Dr Stewart TUNG Yuk, JP
	黃幸怡女士 太平紳士		Ms Sandy WONG Hang-ye, JP
<b>增選委員</b>	陳玉玲女士	<b>Co-opted Member</b>	Ms Kelly CHAN Yuk-ling
	張翠芬女士		Ms Connie CHEUNG Chui-fan
	方綺文女士		Ms Joanne FONG Yee-man
	譚家強博士		Dr Andy TAM Ka-keung
	譚劍虹先生		Mr TAM Kim-hung
	胡豔芬女士		Ms VU Im-fan

社區聯絡委員會 Community Liaison Committee



<b>主席</b>	陳志球博士 SBS, BBS 太平紳士	<b>Chairman</b>	Dr Johnnie CHAN Chi-kau, SBS, BBS, JP
<b>委員</b>	湯修齊先生 MH 太平紳士	<b>Member</b>	Mr Henry TONG Sau-chai, MH, JP
	馮卓能先生 MH		Mr Clement FUNG Cheuk-nang, MH
	古龍沙美娜女士 MH		Ms Sharmila GURUNG, MH
	何世賢博士		Dr Daniel HO Sai-yin
	林哲玄醫生		Dr David LAM Tzit-yuen
<b>增選委員</b>	方奕展先生	<b>Co-opted Member</b>	Mr Eugene FONG Yick-jin
	劉文文女士 BBS, MH 太平紳士		Ms Lisa LAU Man-man, BBS, MH, JP
	梁永義先生 MH		Mr LEUNG Wing-yu, MH
	葉永堂先生		Mr Charlie YIP Wing-tong

## 資訊及研究委員會 Information &amp; Research Committee



<b>主席</b>	湯修齊先生 MH 太平紳士	<b>Chairman</b>	Mr Henry TONG Sau-chai, MH, JP
<b>委員</b>	陳志球博士 SBS, BBS 太平紳士	<b>Member</b>	Dr Johnnie CHAN Chi-kau, SBS, BBS, JP
	何世賢博士		Dr Daniel HO Sai-yin
	巫潔嫻教授		Prof Phoenix MO Kit-han
	蘇潔瑩醫生		Dr Loletta SO Kit-ying
	王文炳博士		Dr Kelvin WANG Man-ping
<b>增選委員</b>	林大慶教授 BBS 太平紳士	<b>Co-opted Member</b>	Prof LAM Tai-hing, BBS, JP
	唐少芬醫生		Dr Joyce TANG Shao-fen
	余榮輝先生 MH		Mr Christopher YU Wing-fai, MH

## 法例委員會 Legislation Committee



<b>主席</b>	湯修齊先生 MH 太平紳士	<b>Chairman</b>	Mr Henry TONG Sau-chai, MH, JP
<b>委員</b>	陳志球博士 SBS, BBS 太平紳士	<b>Member</b>	Dr Johnnie CHAN Chi-kau, SBS, BBS, JP
	張勇邦先生 MH		Mr Langton CHEUNG Yung-pong, MH
	何世賢博士		Dr Daniel HO Sai-yin
	廖偉明醫生		Dr Haston LIU Wai-ming
	鄧振強先生 MH 太平紳士		Mr Teddy TANG Chun-keung, MH, JP
	王文炳博士		Dr Kelvin WANG Man-ping
	黃幸怡女士 太平紳士		Ms Sandy WONG Hang-yee, JP
<b>增選委員</b>	封瑩醫生	<b>Co-opted Member</b>	Dr FUNG Ying
	鄭祖盛先生 MH		Mr Antonio KWONG Cho-shing, MH
	林大慶教授 BBS 太平紳士		Prof LAM Tai-hing, BBS, JP
	黃仰山教授		Prof Samuel WONG Yeung-shan



# 委員介紹 Members of COSH



主席 Chairman

**湯修齊先生 MH 太平紳士**

**Mr Henry TONG Sau-chai, MH, JP**

湯修齊先生現職為企業董事總經理，於2018年加入委員會，並於2020年獲委任為委員會主席，現為資訊及研究委員會和法例委員會主席，行政委員會、社區聯絡委員會和教育及宣傳委員會委員。

Mr Henry TONG is the Managing Director of an enterprise. He joined COSH in 2018 and was appointed as COSH Chairman in 2020. He is the Chairman of the Information & Research Committee and Legislation Committee, and also a member of the Executive Committee, Community Liaison Committee and Education & Publicity Committee.



副主席 Vice-chairman

**陳志球博士 SBS, BBS 太平紳士**

**Dr Johnnie CHAN Chi-kau, SBS, BBS, JP**

陳志球博士為國際房地產服務集團的行政總裁，於2009年加入委員會。陳博士於2012年至2014年擔任社區聯絡委員會主席及於2014年至2015年擔任教育及宣傳委員會主席，並於2020年獲委任為委員會副主席。陳博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。

Dr Johnnie CHAN is the Chief Executive Officer of an international real estate services group and joined COSH in 2009. Dr Chan was the Chairman of the Community Liaison Committee from 2012 to 2014 and the Chairman of the Education & Publicity Committee from 2014 to 2015. He was appointed as COSH Vice-chairman in 2020. He is now the Chairman of the Executive Committee and Community Liaison Committee. He is also a member of the Education & Publicity Committee, Information & Research Committee and Legislation Committee.





委員 Member

**趙佩燕醫生太平紳士**  
**Dr Amy CHIU Pui-yin, JP**

趙佩燕醫生現為衛生署規管事務總監，於2018年加入委員會。

Dr Amy CHIU is the Controller, Regulatory Affairs of Department of Health. She joined COSH as an ex-officio member in 2018.



委員 Member

**張勇邦先生 MH**  
**Mr Langton CHEUNG**  
**Yung-pong, MH**

張勇邦先生為小學校長，並為香港資助小學校長會名譽主席，於2020年加入委員會，現為教育及宣傳委員會和法例委員會委員。

Mr Langton CHEUNG is a primary school principal and also the Honorary Chairman of the Hong Kong Aided Primary School Heads Association. He joined COSH in 2020 and is a member of the Education & Publicity Committee and Legislation Committee.



委員 Member

**馮卓能先生 MH**  
**Mr Clement FUNG**  
**Cheuk-nang, MH**

馮卓能先生現職為企業董事，並為前仁濟醫院董事局主席，於2020年加入委員會，現為社區聯絡委員會委員。

Mr Clement FUNG is a Director of an enterprise and the former Chairman of Yan Chai Hospital. He joined COSH in 2020 and is a member of the Community Liaison Committee.



委員 Member

**古龍沙美娜女士 MH**  
**Ms Sharmila GURUNG, MH**

古龍沙美娜女士為非牟利醫療團體的服務經理，於2020年加入委員會，現為社區聯絡委員會委員。

Ms Sharmila GURUNG is a service manager in a not-for-profit medical organization. She joined COSH in 2020 and is a member of the Community Liaison Committee.



委員 Member

**夏敬恒醫生**  
**Dr Tony HA King-hang**

夏敬恒醫生現為醫院管理局基層及社區醫療服務總行政經理，於2019年加入委員會。

Dr Tony HA is the Chief Manager of Primary and Community Services, Hospital Authority. He joined COSH in 2019.



委員 Member

**何世賢博士**  
**Dr Daniel HO Sai-yin**

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

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



委員 Member

**林哲玄醫生**

**Dr David LAM Tzit-yuen**

林哲玄醫生為外科醫生，亦擔任醫護誠信同行主席，於2018年加入委員會，現為社區聯絡委員會委員。

Dr David LAM is a surgeon and the Chairman of Medical Conscience. He joined COSH in 2018 and is a member of the Community Liaison Committee.



委員 Member

**廖偉明醫生**

**Dr Haston LIU Wai-ming**

廖偉明醫生為牙科醫生，並為香港牙醫學會卸任會長，於2018年加入委員會，現為教育及宣傳委員會和法例委員會委員。

Dr Haston LIU is a dentist and also the Immediate Past President of Hong Kong Dental Association. He joined COSH in 2018 and is a member of the Education & Publicity Committee and Legislation Committee.



委員 Member

**巫潔嫻教授**

**Prof Phoenix MO Kit-han**

巫潔嫻教授為心理學家及香港中文大學公共衛生及基層醫療學院副教授，於2020年加入委員會，現為資訊及研究委員會委員。

Prof Phoenix MO is a psychologist and an Associate Professor in the School of Public Health and Primary Care, The Chinese University of Hong Kong. She joined COSH in 2020 and is a member of the Information & Research Committee.





委員 Member

**蘇潔瑩醫生**  
**Dr Loletta SO Kit-ying**

蘇潔瑩醫生現為東區尤德夫人那打素醫院顧問醫生，於2018年加入委員會，現為教育及宣傳委員會和資訊及研究委員會委員。

Dr Loletta SO is a Consultant in Pamela Youde Nethersole Eastern Hospital. She joined COSH in 2018 and is a member of the Education & Publicity Committee and Information & Research Committee.



委員 Member

**鄧振強先生 MH 太平紳士**  
**Mr Teddy TANG**  
**Chun-keung, MH, JP**

鄧振強先生為退休中學校長，於2018年加入委員會，現為教育及宣傳委員會和法例委員會委員。

Mr Teddy TANG is a retired secondary school principal. He joined COSH in 2018 and is a member of the Education & Publicity 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主席和行政委員會委員。

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



委員 Member

**董煜醫生太平紳士**  
**Dr Stewart TUNG Yuk, JP**

董煜醫生現為屯門醫院顧問醫生，於2018年加入委員會，現為教育及宣傳委員會委員。

Dr Stewart TUNG is a Consultant in Tuen Mun Hospital. He joined COSH in 2018 and is a member of the Education & Publicity Committee.



委員 Member

**王文炳博士**  
**Dr Kelvin WANG Man-ping**

王文炳博士為香港大學護理學院副教授，於2018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 Kelvin WANG is the Associate Professor in the School of Nursing, The University of Hong Kong. He joined COSH in 2018 and is a member of the Information & Research Committee and Legislation Committee.



委員 Member

**黃幸怡女士太平紳士**  
**Ms Sandy WONG**  
**Hang-yee, JP**

黃幸怡女士為律師行顧問律師及香港女律師協會前會長，亦擔任多項公職。黃女士於2017年加入委員會，現為教育及宣傳委員會和法例委員會委員。

Ms Sandy WONG is Consultant Solicitor at a law firm and the Past President of Hong Kong Federation of Women Lawyers. Ms Wong is actively involved in public service. She joined COSH in 2017 and is a member of the Education & Publicity Committee and Legislation Committee.











# 秘書處 Secretariat ✨



黎慧賢  
Vienna LAI Wai-yin  
總幹事 Executive Director

## 秘書處編制及職員名單 Secretariat



總幹事 黎慧賢女士	Executive Director	Ms Vienna LAI Wai-yin
項目籌劃 朱偉康先生	Senior Project	Mr Lawrence CHU Wai-hong
高級經理	Manager	
梁可欣女士		Ms Jacqueline LEUNG Ho-yan
項目籌劃經理 林穎薇女士	Project Manager	Ms Kavita LAM Wing-mei
麥梓駿先生		Mr Davy MAK Tsz-chun
謝婕怡女士		Ms Irene TSE Tsit-yi
謝結齡女士		Ms Jacqueline TSE Kit-ling
王志峰先生		Mr Fung WONG Chi-fung
行政經理 李碧雲女士	Executive Manager	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
研究經理 梁樂彤女士	Research Manager	Ms Christie LEUNG Lok-tung
項目主任 張釗文先生	Project Officer	Mr Kevin CHEUNG Chiu-man
盧苑翹女士		Ms Katie LO Yuen-kiu
譚雅雯女士		Ms Carmen TAM Nga-man
黃沛衡女士		Ms Esther WONG Pui-hang
項目籌劃主任 何子瑩女士	Project Executive	Ms Eunis HO Tze-ying
教育幹事 鍾翠媛女士	Educator	Ms Irene CHUNG Tsui-woon
曾文燕女士		Ms Alison TSANG Man-yin
黃穎怡女士		Ms Gladys WONG Wing-yee
行政助理 丘潔盈女士	Executive Assistant	Ms Katie YAU Kit-ying
袁奕彤女士		Ms Amy YUEN Yik-tung
項目籌劃助理 何雋謙先生	Project Assistant	Mr Ivan HO Chun-him







# 主席報告 Chairman's Report ✨

過去30多年來，香港吸煙與健康委員會一直以保障公眾健康為首要任務。今年是我出任委員會主席的首個年度，亦是極具挑戰的一年。新冠肺炎疫情期間，委員會堅守崗位，透過不同的跨媒體宣傳及教育活動，深入社會各個階層宣揚煙草的禍害，鼓勵吸煙人士於疫情下立即戒煙。承接委員會、政府及社會各界過去多年的控煙成果，委員會將以更務實積極的方式，開展不同的教育、宣傳及研究項目，並致力倡議政府加強現行的控煙措施，抑制本港煙草的廣泛使用，保障公眾免受煙草危害。

Protecting the public health has always been the top priority of Hong Kong Council on Smoking and Health (COSH) over the past three decades. This year is my first year being the Chairman of COSH. It is also a challenging one during the COVID-19 pandemic. COSH has upheld her principles while serving the community with dedication. Through various cross-media publicity and education programmes, the health consequences of smoking and benefits of smoking cessation were widely promoted in the society. Following the achievements of tobacco control contributed by COSH, the Government and different sectors of the community in previous years, COSH will take a pragmatic approach to contain the proliferation of tobacco use and safeguard public health by launching variety of education, publicity and research projects, and advocating the Government to strengthen the tobacco control measures proactively.



主席 湯修齊 MH 太平紳士  
Henry TONG, MH, JP  
Chairman



根據政府統計處於2020年6月公佈之《主題性住戶統計調查第70號報告書》，最新香港吸煙率為10.2%，與2017年吸煙率比較不跌反升，而吸食電子煙及加熱煙人數更為倍增，情況令人憂慮。因此，全力倡議政府及立法會通過《2019年吸煙（公眾）（修訂）條例草案》以全禁另類吸煙產品，為我接任委員會主席後首要重點工作。委員會為此加強與傳播媒體之間的聯繫及溝通，本人感謝委員會各委員及控煙友好夥伴的努力，以專業知識及經驗接受不同媒體採訪，並舉行記者會，釋除公眾及立法會議員對全禁另類吸煙產品的疑慮。同時，委員會亦馬不停蹄團結各界別團體如醫學界、學術界、教育及家長界等，並約見立法會議員進行游說工作，以表達市民對全禁另類吸煙產品的期望。

在新冠肺炎疫情爆發初期，委員會認為當務之急是讓市民掌握新冠狀病毒病與吸煙的關係，從而更有效地推動戒煙。委員會為此積極運用社交媒體平台（「無煙大家庭」及「煙害2.0」Facebook專頁），讓市民更快、更準確地獲取戒煙資訊。同時，委員會善用平台擊破煙草商的誤導宣稱及另類吸煙產品的營銷伎倆，鼓勵市民在家抗疫期間摒棄任何形式的煙草使用，以減低患上新冠肺炎和增加其重症及死亡風險，從而減輕因吸煙所構成的公共醫療系統負擔。

According to the Thematic Household Survey Report No. 70 released by the Census and Statistics Department in June 2020, the smoking prevalence of Hong Kong slightly increased to 10.2%, compared with 2017. A sharp rise in the use of electronic cigarettes (e-cigarettes) and heated tobacco products (HTPs) was raising concerns. First and foremost, being the Chairman of COSH, I took the lead to urge the Government and Legislative Council for the passage of the Smoking (Public Health) (Amendment) Bill 2019 (The Bill) to impose a total ban on all alternative smoking products (ASPs) with my utmost endeavour. COSH has built close relationship and enhanced the communications with mass media. I would express my sincere gratitude to COSH Council members and tobacco control friends who actively engaged in media activities and supported in press conferences with their professional knowledge and experience to allay public and Legislative Council members' concerns over a total ban on ASPs. Meanwhile, COSH united different sectors including the medical profession, academia, parents and education sectors, to meet and lobby the Legislative Council members to express public aspiration and solicit support for the Bill.

During the early stage of COVID-19 pandemic, the most pressing task for COSH was to inform the public on the correlation between novel coronavirus and smoking, in order to motivate more smokers quit smoking. Therefore, COSH utilized social medial platforms (Facebook pages "Smoke-free Family" and "Smoking Hazards 2.0") to disseminate smoke-free information promptly and precisely, also to debunk the industry's misleading claims and marketing strategies of ASPs. When staying home to fight against the virus, the public was encouraged to give up all forms of tobacco use to reduce the risk of infection, severe disease and death from COVID-19, which could alleviate the burden on the public healthcare system associated with smoking.





為加強與公眾互動，委員會於2021年初首次設計吉祥物「咪點我」，並由「咪點我」擔任無煙代言人，憑著他一顆正義之心及身上攜帶的喇叭，到處為公眾解開吸煙常見的迷思。「咪點我」除了透過社交媒體平台（「wisemike\_hk」Instagram帳戶）定期宣傳及警惕公眾吸煙危害健康，亦於委員會最新一輯宣傳短片「吸煙實有害 乜煙都咪點」中亮相，並出席不同的宣傳及教育活動，提醒公眾煙草禍害及呼籲吸煙者徹底戒煙。

疫情對社會各行各業及經濟帶來沉重打擊，不少市民或會出現情緒困擾。委員會意識到心理壓力容易誘使市民開始或加劇吸煙行為，故聯同香港電台第一台於世界無煙日，透過各大社交媒體平台推出「深呼吸·煙不吸」宣傳推廣計劃，邀請藝人、唱片騎師、網紅連同多位社會賢達參與，製作宣傳短片、電視及電台訪問，鼓勵市民每日進行深呼吸，紓緩戒煙時的不適及疏導負面情緒。活動亦鼓勵參加者聯同家人朋友互相分享減壓秘訣，推動吸煙人士儘早戒煙，保持身心健康。

To enhance interactions with mass public, a new mascot “Wise Mike” was designed and appointed by COSH as smoke-free ambassador in early 2021. He is righteous and good at busting myths of smoking by an iconic horn. In addition to the regular promotions on the harms of smoking via social media platform (Instagram account “wisemike\_hk”), Wise Mike also appeared in the new Announcement in the Public Interest “Smoking harms. Don’t smoke at all!”. He is committed to reminding the public on tobacco hazards and encouraging smoking cessation by showing up in different publicity and education events.

COVID-19 pandemic has severe impact on different sectors and may cause emotional instability among members of the public. COSH realized that this may trigger initial or more intense smoking behaviours. As such, in collaboration with Radio 1 of Radio Television Hong Kong, COSH launched a social publicity programme with the theme of “Breathe In. Tobacco Out” on World No Tobacco Day. Artists, disc jockeys and social media influencers together with community leaders were invited to promote the benefits of deep breathing in coping with withdrawal symptoms and handling emotions through promotional videos, TV and radio interviews. The Programme also encouraged the public to motivate quit attempts and share stress-relieving tips among family members and friends for physical and mental wellness.



考慮到全球吸煙人士因疫情而開始戒煙，委員會乘勝追擊為本港社區營造戒煙氛圍，舉辦第11屆「戒煙大贏家」無煙社區計劃，並獲得18區區議會、地區合作夥伴、政府部門、各界商會及機構共80多個單位的支持，以線上線下模式進行招募及宣傳活動。委員會樂見疫情下不少吸煙人士的健康意識有所提升，並下定決心戒煙，超過1,300名吸煙人士參與戒煙比賽。而委員會亦透過「二手煙，不再見」宣傳推廣計劃，推廣有關二手煙的禍害，提醒市民避免於疫情下在家中使用任何形式的吸煙產品，以保障家人健康。計劃於港九新界設多場宣傳街站、機構推廣的宣傳活動，並印製一套四款無煙賀年揮春與WhatsApp貼圖，向市民宣傳拒絕二手煙的信息及送上新春祝福。

委員會了解市民居住環境與抗疫息息相關，因此與香港房屋委員會、香港房屋協會及物業管理業監管局合辦「無煙安居樂業」計劃，舉辦一連串的推廣活動包括電台及短片宣傳、健康講座、戒煙服務轉介及繪畫設計比賽，透過房屋管理業將無煙信息滲透社區，鼓勵從業員及住戶投入無煙生活。房屋管理業界反應非常踴躍，最終有近400間業界公司及機構參與，受惠員工人數超過25,000人。其中逾百間業界公司於推行無煙管理上有傑出表現，更自發於非法定禁煙物業範圍推行全面禁煙及設立戒煙獎勵制度等，保障持分者免受二手煙危害。

Considering many smokers worldwide have started giving up smoking during COVID-19 pandemic, COSH sustained the momentum by organizing the 11<sup>th</sup> "Quit to Win" Smoke-free Community Campaign in Hong Kong. A mix of online and offline recruitment and promotions were conducted with the support of over 80 supporting units including the 18 District Councils, district working partners, government departments, trade associations and organizations. The overall health consciousness was enhanced and the Contest attracted over 1,300 smokers to attempt quitting. COSH also launched "Say No to Secondhand Smoke" Publicity Programme to publicize the harmful effect of passive smoking and alert using any forms of smoking products at home will expose family members to secondhand smoke. Street promotions and propaganda were held across the territory to spread smoke-free messages. A wide range of promotional collaterals such as a set of four faichuns and WhatsApp stickers were distributed to urge citizens saying no to secondhand smoke and send smoke-free blessings during the Lunar New Year.

Living environment closely links with the anti-epidemic work. This inspired COSH to organize the "Smoke-free Housing Management" Programme, together with Hong Kong Housing Authority, Hong Kong Housing Society and Property Management Services Authority. With aims to spread smoke-free messages and promote smoking cessation among housing management industry practitioners and the residents, a series of promotion activities, for instance, radio promotion, video promotion, health talks, smoking cessation referral services and drawing competition, were held with encouraging results. Nearly 400 companies of the industry joined the Programme, reaching over 25,000 employees. In particular, over 100 companies with outstanding smoke-free policies were recognized. They initiated voluntary smoking bans in outdoor areas, introduced cessation reward scheme and offered smoking cessation support to protect the stakeholders from secondhand smoke exposure.



鑑於香港女性吸煙率有上升趨勢，委員會推出「無煙女性宣傳計劃」，並獲得17個婦女團體支持，協助宣傳和舉辦健康講座。計劃包括拍攝一系列宣傳短片，以啟發更多女性戒煙，短片在網上串流媒體及社交媒體平台錄得逾344,000次觀看。委員會亦與六位本地知名插畫家合作創作有趣的插圖，透過網上互動，鼓勵公眾向吸煙女性分享戒煙的好處。

香港大學公共衛生學院進行的統計調查發現，近半曾經吸煙的小四至小六學生在七歲或以前時吸第一口煙。我參與家長教育界工作多年，深明學校教育對兒童及青少年拒絕煙草及健康成長非常重要。儘管疫情反覆，學校斷斷續續地停止面授課程，委員會仍然堅持無煙教育不間斷，並配合學校的網課模式，將恆常教育重點計劃「學校互動教育巡迴劇場」及「無煙Teens計劃」以跨平台形式於網上和實體進行，推出以來均得到家長教育界的好評。

委員會亦為「學校互動教育巡迴劇場」適時推出網上直播版及互動學習輔助教材，讓小學生善用在家學習的時間欣賞劇場及參與延伸學習活動，以預防兒童開始吸煙。而「無煙Teens計劃」更首次舉行虛擬訓練營、網上無煙學堂及混合模式成果發佈暨分享會，以加強中學生對煙草禍害的認知，培養他們運用應變及解難能力，於學校及社區推行無煙宣傳活動。

In view of the upward trend of female smoking prevalence in Hong Kong, COSH launched the “Smoke-free Women Project” with the concerted support of 17 women associations in organizing promotion activities and health talks. A series of promotional videos were produced to engage more female smokers to kick the habit. More than 344,000 views of promotional videos were generated via over-the-top platforms and social media platforms. To enhance promotion synergy, COSH also collaborated with six renowned local illustrators to design eye-catching illustrations and drive online interactions to highlight the benefits of living smoke-free for females.

A school-based survey conducted by The School of Public Health of The University of Hong Kong revealed that nearly half of ever smoking Primary four to Primary six students smoked for the first time at or before seven years old. Having years of experience in parents and education sector, I believed that empowering children and youth to deny tobacco use at an early stage of development through school education is crucial. In spite of the subsequent face-to-face classes suspension since the COVID-19 outbreak, COSH's smoke-free education never ceased. The two recurrent education programmes, “School Interactive Education Theatre” and “Smoke-free Teens Programme” adapted both learning modes on multiple online platforms and onsite which gained positive feedback from parents and schools.

COSH introduced online live streaming version of the “School Interactive Education Theatre” and interactive learning kit for learning at home to prevent smoking uptake among children. “Smoke-free Teens Programme” also switched from physical to virtual training camps, smoke-free online workshops and showcase cum sharing session in hybrid mode for the first time. Secondary school students were equipped with knowledge on tobacco hazards, contingency planning and problem solving skills to organize smoke-free programmes in schools and the community.



此外，為鼓勵家長善用留家抗疫的時間，培養親子閱讀習慣，以引導兒童拒絕第一口煙，故委員會與本地插畫家合作，製作全港首套結合擴增實境技術的無煙兒童繪本《無煙的家在哪裡？》與《無煙的街道在哪裡？》，吸引全港逾200間小學參與，免費派發八萬多本繪本予全港小學生，讓兒童及家長一同深入淺出認識吸煙和二手煙的害處，齊齊建立無煙家居。

我十分榮幸獲委任為委員會主席，參與推動無煙香港的工作。本人藉此機會，特別向前任主席鄭祖盛致謝，他擔任主席六載並服務委員會逾十年，推動控煙持續發展不遺餘力，建樹良多。同時，我亦衷心感謝委員會各委員於過去一年合力支持控煙工作，以及秘書處職員團結互助，在這艱難時間能夠迅速應變，迎難而上。展望未來，縱然控煙進程可能荊棘滿途，但委員會必竭盡所能，加速邁向「煙草終局」的目標，並熱切期盼疫情早日完結，全港市民身體健康，享受無煙健康生活！

Besides, parents were encouraged to develop reading habits with children while staying at home to avoid any smoking uptake. COSH collaborated with a local illustrator to publish the first set of smoke-free picture books incorporated the augmented reality technology in Hong Kong titled "Where is Our Smoke-free Home?" and "Where is Our Smoke-free Street?". Over 80,000 picture books were distributed to some 200 primary schools. Parents could guide the children to identify the health consequences of smoking and passive smoking to build a smoke-free family.

I am very honoured to be appointed as Chairman of COSH to join fostering a smoke-free Hong Kong. I would like to express my deepest gratitude to the immediate past Chairman, Antonio KWONG, for his exemplary leadership for the past six years and remarkable contribution to the work of COSH as well as tobacco control development for over a decade. Appreciations also go to COSH Council members and the Secretariat's staff for their concerted efforts to overcome different hurdles in tobacco control in the past year. Looking ahead, despite the development of tobacco control is probably fraught with obstacles, we will do our utmost to leap towards the Tobacco Endgame goal and wish the pandemic will soon be over. We wish everyone good health and enjoy a smoke-free Hong Kong.





# 逆中求變新轉機 無煙宣傳不停步

Smoke-free Promotion Turned Crisis into  
Opportunities under the Pandemic





## 專題 Highlights ✨



突如其來的2019冠狀病毒病(新冠肺炎)疫情蔓延全球及香港，喚醒公眾須提高對健康及公共衛生的意識，尤其是肺部及呼吸系統的健康，並締造彌足珍貴的契機，推動市民戒掉吸煙這個損害健康的壞習慣。響應全球各地紛紛湧現戒煙潮，香港吸煙與健康委員會於過去一年加緊步伐，因應疫情所衍生新常態的考驗，靈活調配資源以改變恆常的無煙宣傳教育模式，把握契機，善用更快更直接的網上渠道，加強推廣吸煙與新冠肺炎的關係，進一步提升本港吸煙人士的戒煙意欲。而各項革新的無煙宣傳及教育活動均廣受市民歡迎，成功營造支持戒煙的社會氛圍。

The novel coronavirus (COVID-19) swept across the world and Hong Kong. It raised the health consciousness in particular on lung and respiratory health among individuals and in the community. It also created an invaluable opportunity to engage the smoking population in kicking this bad habit that harms health. In response to the global surge in smoking cessation, COSH has stepped up education and publicity efforts to turn the regular execution into new formats with greater flexibility in resources allocation. The enhancement of promotion on the association of smoking and COVID-19 via online platforms efficiently and directly boosted up smokers' determination to stop smoking in the face of the challenges posed by the pandemic. The revamped publicity and education activities were well received by the public and successfully fostered a social atmosphere supporting smoking cessation.

## 防疫首要 戒煙保健康

眾所周知吸煙嚴重損害肺部健康，煙草之有害成分會削弱肺部防護系統，增加患上肺炎的機會。新冠肺炎是一種主要侵害呼吸道的傳染病，並透過飛沫和接觸傳播。現時已有研究證實新冠肺炎確診者中，吸煙者病情惡化機會（例如需接受深切治療和使用呼吸器）高一至兩倍，亦比非吸煙者有更大機會因感染病毒而死亡。而吸食任何吸煙產品亦會增加雙手觸摸面部和口部的機會，以致增加感染及傳播新冠肺炎的風險，所以吸煙者在疫情期間更須儘快戒煙，以降低患上吸煙相關疾病和死亡風險。



面對疫情威脅，公眾普遍支持吸煙人士戒煙，委員會認為有必要維持展開第11屆「戒煙大贏家」無煙社區計劃，並採取更積極主動的方式，鼓勵及招募吸煙者踏出戒煙第一步。在配合政府防疫措施的情況下，儘管是次實體招募活動的規模較往年縮減接近四成，委員會亦迅速應變及制定新招募策略。除加強宣傳網上報名外，亦為有意戒煙的人士提供便利，將用作測試身體尼古丁含量之可的寧唾液測試套裝郵寄予參加者，並透過視像會談核實吸煙者的參賽資格，藉此減少社交接觸，保障參加者及職員的健康。

## Stop Smoking to Combat the Pandemic

As everyone knows smoking damages lung health. The toxicants in tobacco weaken the lung defense mechanism and expose smokers to higher risk of pneumonia. COVID-19 is respiratory tract infection mainly through the transmission of droplets and contact. The latest research suggested that smokers who have contracted COVID-19 are one to two times more likely than non-smokers to develop severe symptoms (for example, admitted to an Intensive Care Unit and need mechanical ventilation). Also, smokers are more likely to touch their face and mouth with their hands during smoking, leading to an increased chance of infection. Smokers are advised to quit smoking immediately to reduce the risk of smoking-related diseases and death.

Under the COVID-19 threat, the community had a supportive atmosphere for smoking cessation. COSH found it was essential to sustain a proactive approach in recruiting smokers to trigger quit attempt by organizing the 11<sup>th</sup> “Quit to Win” Smoke-free Community Campaign. Tying in with the Government’s preventive measures, COSH made prompt reaction to formulate new recruitment plans despite the number of physical recruitment sessions and activities had been scaled down by 40 percent as compared with previous years. Apart from the enhancement of online enrollment support, the saliva cotinine tests to validate the nicotine intake were delivered to participants by post for the sake of convenience. To protect the health of participants and staff, participants could complete the eligibility verification process by video conference to reduce social contact.



此外，委員會亦主動聯繫過往曾參與比賽但尚未戒煙成功的人士，鼓勵他們重新考慮及嘗試戒煙。活動最終成功招募逾1,300名吸煙者參加比賽，三個月後的自我報告戒煙成功率更高達21.4%，為歷年最高之一，反映市民在疫情下堅定改善健康的決心。同時，香港大學護理學院及公共衛生學院亦將今屆比賽的戒煙輔導干預訂為新冠肺炎。初步數據顯示，對新冠肺炎的認知與戒煙嘗試有正面關聯。

而「戒煙大贏家」無煙社區計劃中的地區合作夥伴團體亦各出奇謀，應用科技，例如舉辦網上音樂會、製作微電影、創作主題曲及動畫等，持續將無煙信息融入地區推廣活動中。



## 停辦實體活動 善用媒體宣傳

應對疫情高峰時期，委員會配合政府的防疫措施，取消或暫延部分實體活動。原定於2020年3月舉行的「香港無煙領先企業大獎2019」頒獎典禮邀請數百間獲獎企業出席，最終延至同年8月改以製作成電台及電視特備節目，讓更多公眾可觀賞及了解企業的傑出無煙政策。而於世界無煙日以「深呼吸·煙不吸」為主題的宣傳推廣計劃亦改變固有實體活動模式，於不同的媒體播放主題宣傳短片及嘉賓訪問，透過社交媒體的互動，推動無煙生活，共錄得逾50萬人次瀏覽。

Besides, COSH also approached the participants of previous Contests who failed to quit, to reconsider quit attempts. In the end, the Contest successfully recruited over 1,300 smokers with 21.4% self-reported quit rate at 3-month follow-up, which is one of the highest among all Contests. It demonstrated high commitment of the population in maintaining good health under the pandemic. Meanwhile, The School of Nursing and The School of Public Health, The University of Hong Kong had set COVID-19 as the smoking cessation counseling intervention in the Contest for evaluation purpose. According to the preliminary result, a positive correlation between quit attempt and awareness on COVID-19 was found.

District working partners of the “Quit to Win” Smoke-free Community Campaign also utilized the technology to develop different promotion activities, such as organizing online music concert, producing microfilm, creating theme songs and animations, to widely and persistently spread smoke-free messages in the community.

## Enhanced Media Promotions During the Suspension of Physical Events

To align with the Government's preventive measures, COSH either cancelled or postponed some physical events when Hong Kong was severely hit by COVID-19. “Hong Kong Smoke-free Leading Company Awards 2019” Awards Presentation Ceremony originally scheduled for March 2020 was postponed to August 2020 to award a few hundred company awardees. A special radio and TV programme was produced to showcase the outstanding smoke-free policies of the awardees and broadcast lively for reaching the wider public. Physical events of publicity programmes were replaced by online activities such as promotional videos and video interviews were publicized on different media platforms with the theme of “Breathe In. Tobacco Out” for echoing the World No Tobacco Day, resulting in more than 500,000 views and engagements via social media.





同時，委員會增撥資源製作更多針對不同年齡、性別及行業的宣傳短片，在委員會網頁及各大社交媒體平台內播放，讓市民隨時隨地接收無煙信息。其中「給...失蹤了很多年的你」宣傳短片提醒市民煙害禍延摯愛，鼓勵及早戒煙，瀏覽次數超過120萬。此外，委員會亦推出由無煙代言人「咪點我」拍攝之全新宣傳短片「吸煙實有害 乜煙都咪點」，於電視及網上平台播放，並為「咪點我」開設Instagram帳戶，加強與公眾互動，以揭穿各種煙害謬誤及煙草商詭計，鼓勵市民向任何吸煙產品說不。



In addition, COSH allocated more resources to produce promotional videos targeting specific groups of ages, genders and sectors. These videos were uploaded to COSH website and multiple social media platforms which allowed easy access to smoke-free messages at all times. A record high of over 1.2 million views were traced for the video titled "To... the long missing you" to remind the public that smoking harms their loved ones and encourage quit smoking as soon as possible. Besides, COSH launched a new Announcement in Public Interest (API) titled "Smoking harms. Don't smoke at all!" on TV channels and online platforms. The API was presented by "Wise Mike", a new mascot of COSH. A designated Instagram account was also created for Wise Mike to debunk misconceptions on smoking hazards, reveal tobacco industry manipulation and enhance public interactions to foster a smoke-free atmosphere.

## Higher Chance of Secondhand Smoke Exposure under Stay-at-home

The Government and some private sectors implemented working from home protocol during pandemic. Schools also suspended face-to-face classes for children and youth. This prolonged period of time staying at home would expose the smokers' family members and neighbours to secondhand smoke (SHS). In particular those heated tobacco product users who may have mistaken less odor less SHS, are more likely to increase smoking at home, compared to exclusive conventional cigarette users. The School of Nursing and The School of Public Health of The University of Hong Kong were commissioned by COSH to conduct the Tobacco Control Policy-related Survey 2020. The result showed that around 15% (14.8%) of respondents lived with at least one smoker and 12.7% were exposed to SHS at home in the past seven days.

## 居家抗疫 增二手煙接觸

政府部門及不少企業在疫情期間推行在家工作，而學齡兒童及青少年亦暫停面授課程，以致增加居家抗疫時間，讓吸煙者的家人及鄰居更長時間暴露於二手煙環境中，損害他們健康。尤其使用加熱煙的人士可能因誤導以為吸加熱煙煙味少代表二手煙較少，相比只吸傳統煙的人士增加在家吸煙的情況更為普遍。根據委員會委託香港大學護理學院及公共衛生學院進行的「控煙政策調查2020」顯示，有近一半(14.8%)受訪者與最少一名吸煙者同住，並有12.7%表示在過去七天曾在家中接觸二手煙。



有見及此，委員會積極推動家庭持續關注二手煙的禍害，故分別舉辦「無煙安樂窩」設計比賽及創作一套兩本「二手煙·不再見」擴增實境兒童繪本，藉此提醒家中各成員無煙生活對健康家庭的重要性，避免二手煙影響兒童及青少年成長。根據委員會的成效調查顯示，兩本兒童繪本均深受老師、家長及學生歡迎。當中大部分家長(80.7%)及學生(88.3%)表示繪本有助學習如何遠離二手煙。



委員會亦於本年度推出「無煙安居樂業」計劃，加強向房屋管理業相關公司(包括物業管理、保安及清潔服務行業)宣傳無煙文化，並推動業界從業員及住戶等不同持分者戒煙，減低二手煙對公眾的影響。計劃共吸引近400間業界公司及機構參與，受惠員工人數超過25,000人。其中逾百間業界公司自發地於非法定禁煙物業範圍推行全面禁煙或設立戒煙獎勵制度等，致力為市民建立無煙居住及工作環境。

In view of this, COSH has been actively promoting the health consequences of passive smoking among families. "Smoke-free Home Design Competition" and a set of two augmented reality picture books of "Say No to Secondhand Smoke" were launched to draw public attention on the importance of a smoke-free lifestyle and protect children and youth from secondhand smoke exposure. According to the evaluation survey conducted by COSH, two picture books were well received by teachers, parents and students. A majority of parents (80.7%) and students (88.3%) agreed that these two picture books facilitated them to learn the way to stay away from secondhand smoke.

This year, COSH organized "Smoke-free Housing Management" Programme with focuses to strengthen the role of housing management industry (including property management, security services and cleansing services) in cultivating smoke-free culture, as well as encouraging the industry practitioners, tenants and other stakeholders to quit tobacco and minimize the impact of passive smoking on the public. The Programme had attracted nearly 400 companies of the industry participated, benefiting over 25,000 employees. More than 100 industry companies introduced voluntary smoking bans in outdoor areas or cessation reward scheme to build a smoke-free living and working environment.



### 停課不停學 線上無煙教學

學校在2020至2021學年間斷地停止面授課堂，對委員會的無煙教育及學校活動帶來前所未有的挑戰。為配合教育局提倡之「停課不停學」，擁有25年到校巡迴演出經驗的「學校互動教育巡迴劇場」迅速引入嶄新模式，包括推出預錄版劇場、校園轉播及安排遙距網上直播，讓劇場演員透過視像軟件演出，並於直播過程中保留與學生的互動交流，增添學生投入感，成功將無煙信息傳達予逾15,000名師生。

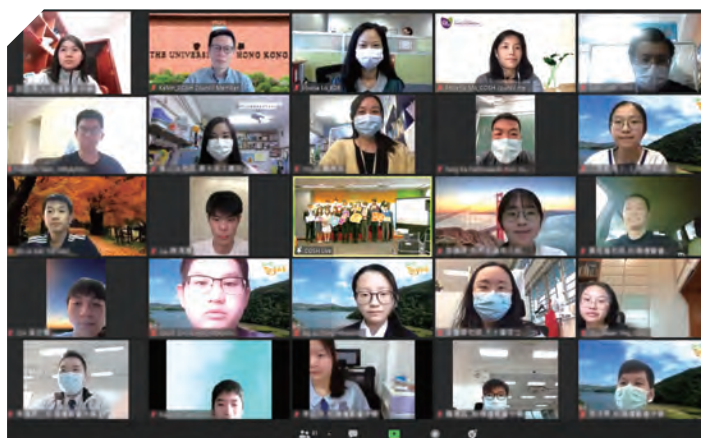


縱然停止面授課堂令推行學校無煙教育的工作變得舉步維艱，仍無阻委員會順利完成「無煙Teens計劃」2020-2021，計劃共吸引28間中學及制服團隊之近200名中學生參與。為保障學生的健康及安全，委員會將一連兩天的「無煙大本營」移師網上舉行，透過虛擬訓練營內精彩的活動及團體遊戲，加深參加者對各種煙害的認知，並協助他們善用科技實踐於校內或社區籌辦70多個線上及線下無煙活動，接觸超過17,000名學生及市民。最後，計劃於2021年3月亦以實體及線上混合模式舉行成果發佈暨分享會，嘉許一眾參加者及向公眾展示計劃成果。

### Suspending Classes without Suspending Smoke-free Education Online

Face-to-face classes were suspended intermittently during the school year 2020 to 2021 which brought unprecedented challenges to COSH's education and school programmes. To meet the Education Bureau's principle of "suspending classes without suspending learning", the "School Interactive Education Theatre" with 25 years of school touring experiences, reacted promptly to introduce brand new operation modes like pre-recording version, live broadcast by campus TV and remote live streaming. Students were still engaged in direct interaction with actors on live streaming for better sense of engagement. Over 15,000 students and teachers received smoke-free messages from the drama performances.

Despite the challenges for implementation of smoke-free education programmes under suspension of face-to-face classes, "Smoke-free Teens Programme" 2020-2021 was completed smoothly with the participations of nearly 200 youngsters from 28 secondary schools and uniform organizations. To protect the health and safety of students, the two-day training camps went online with a wide range of activities and group games. The training camp enhanced the participants' understanding on smoking hazards and equipped them to organize smoke-free programmes in schools or community. Over 70 online and offline activities were conducted to disseminate smoke-free messages among 17,000 students and citizens. A showcase cum sharing session of "Smoke-free Teens Programme" 2020-2021 was also held in hybrid mode in March 2021 to commend the outstanding Smoke-free Teens for their efforts and achievements.





## 另類煙荼毒市民 全禁防煙疫

無論吸食傳統煙、電子煙或加熱煙人士均是感染新冠肺炎的高危群組。在2020年8月，美國史丹福大學研究發現吸電子煙感染新冠病毒病的機率是非吸電子煙者高五倍，若同時吸電子煙和傳統煙的人感染風險較非吸煙者更高出七倍。與此同時，《2019年吸煙（公眾衛生）（修訂）條例草案》尚未於立法會通過，加上煙草商凌厲的營銷及公關攻勢混淆公眾視聽，例如宣稱加熱煙及電子煙為減害替代及可作戒煙之用，降低市民對其構成健康風險的戒心，引誘非吸煙者尤其青少年使用。

有見及此，委員會於2020年12月召開首個網上記者會，向公眾消除誤解，並公佈全港首個本土研究發現加熱煙無助戒煙，藉此倡議立法會儘早通過全禁另類吸煙產品，並提醒公眾遠離所有吸煙產品（包括加熱煙及電子煙）。委員會主席及各委員亦積極向傳統及電子傳媒主動發表文章及回應報導，第一時間為公眾提供最新的本地及海外研究數據，以正公眾視聽，爭取市民支持全禁另類吸煙產品。



鑑於世界各地流行病學專家指出疫情難以於短期內消失，委員會將檢視過去一年應對疫情的寶貴經驗，進一步推行無煙宣傳及教育數碼化，以確保在新常態下更有效地持續推動控煙工作，倡議加強各項控煙政策，以減低吸煙人口，從而達到政府制定於2025年前將吸煙率降至7.8%的目標。

## Devastating Impacts Escalated the Urgency for a Total Ban on Alternative Smoking Products

No matter the people use conventional cigarette, electronic cigarette (e-cigarette) or heated tobacco product (HTP), they are at greater risk of COVID-19 infection. In August 2020, the research of The Stanford University found that ever e-cigarette users were 5 times more likely to be positive for COVID-19 than non-e-cigarette users, and those who had used both e-cigarettes and conventional cigarettes were up to 7 times more likely to be diagnosed. Meanwhile, the Smoking (Public Health) (Amendment) Bill 2019 has not yet been passed into law. Tobacco industry is also adopting aggressive marketing and public relations strategy that caused confusions to the public. They alleged HTP and e-cigarette are less harmful alternatives and cessation aids, to lower the public's vigilance on the health risks and lure non-smokers to try these products, especially the youth.

Considering this, COSH held the first-ever online press conference in December 2020 to clear misconceptions and announce the results of the first local research, which found that HTP could not help smokers to quit smoking. COSH urged the Legislative Council to pass the total ban on all alternative smoking products and appealed the public to stay away from all smoking products, including HTP and e-cigarette. COSH Chairman and Council members also issued articles and made responses proactively through traditional and electronic media to provide the latest results of local and overseas research, dispel misconceptions and solicit public support for a total ban on all alternative smoking products.

As international epidemiologists predicted that the pandemic won't be over in a short period of time, COSH will review the valuable anti-epidemic experience in the past year and push forward the digital transformation of smoke-free promotions and education, to continue the development of tobacco control effectively under the new normal. COSH will also advocate the Government to strengthen different tobacco control measures for bringing down the smoking prevalence to 7.8% by 2025 as promulgated by the Government.

# 逆中求變 · 戒煙防疫

## Quit for Changes





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

# 活動紀要 2020-2021

## Highlights of Events 2020-2021



### 宣傳及社區推廣活動

### Publicity and Community Involvement Projects

#### 推廣活動 Publicity Projects



2020/4 – 2021/3	「煙害 2.0 另類煙害你要知」健康教育宣傳	"Smoking Hazards 2.0" Health Education and Publicity Programme
2020/5 – 2021/3	「深呼吸 · 煙不吸」宣傳推廣計劃	"Breathe In. Tobacco Out" Publicity Programme
2020/6 – 2021/3	第 11 屆「戒煙大贏家」無煙社區計劃	The 11 <sup>th</sup> "Quit to Win" Smoke-free Community Campaign
2020/6/24	「戒煙大贏家」無煙社區計劃頒獎暨啟動禮	"Quit to Win" Smoke-free Community Campaign Awarding cum Kick-off Ceremony
2020/6/24	「全面加強控煙政策 全禁另類煙保護下一代」記者會	"Strengthen Tobacco Control Policies and Enact a Total Ban on ASPs to Protect the Next Generation" Press Conference
2020/8/21	「香港無煙領先企業大獎 2019」頒獎典禮 特備節目	Special Programme of "Hong Kong Smoke-free Leading Company Awards 2019" Awards Presentation Ceremony
2020/11 – 2021/3	「無煙安居樂業」計劃	"Smoke-free Housing Management" Programme
2020/12/10	「本地研究發現加熱煙無助戒煙 從速全禁保障下一代健康」記者會	"HTPs Could Not Help Quitting COSH Urges a Total Ban on All ASPs to Protect the Next Generation" Press Conference
2021/1 – 2021/2	倡議增加煙草稅	Advocacy on Raising Tobacco Tax
2021/1 – 2021/3	「二手煙 · 不再見」宣傳推廣計劃	"Say No to Secondhand Smoke" Publicity Programme
2021/3/23	第 11 屆「戒煙大贏家」無煙社區計劃 頒獎禮	The 11 <sup>th</sup> "Quit to Win" Smoke-free Community Campaign Prize Presentation Ceremony
2021/3/29	「無煙安居樂業」計劃認證典禮暨業界 分享會	Recognition Ceremony cum Seminar of the "Smoke-free Housing Management" Programme
2021/3/30	全新宣傳短片 「吸煙實有害 乜煙都咪點」	New API "Smoking Harms. Don't Smoke at All!"

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



2020/4 – 2021/3	「無煙老友記」計劃 2020-2021	Elderly Smoking Cessation Promotion Project 2020-2021
2020/10 – 2021/3	無煙女性宣傳計劃	Smoke-free Women Project
2021/1/22-24	香港國際牙科博覽暨研討會	Hong Kong International Dental Expo and Symposium



## 教育及青少年活動

## Education and Youth Programmes

## 青少年教育活動 Youth Education Programmes



2020/4 – 2021/3	「無煙新世代」健康講座	Health Talks for “Smoke-free New Generation”
2020/7 – 2021/3	「無煙 Teens 計劃」2020-2021	“Smoke-free Teens Programme” 2020-2021
2020/9 – 2021/3	學校互動教育巡迴劇場「無煙大搜查」	School Interactive Education Theatre “Smoke-free Detective Adventure”
2021/3	「二手煙・不再見」兒童無煙擴增實境繪本	Augmented Reality Picture Books of “Say No to Secondhand Smoke”
2021/3/25	「無煙 Teens 計劃」2020-2021 成果發佈暨 分享會	“Smoke-free Teens Programme” 2020-2021 Showcase cum Sharing Session

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



2020/9/21	啟德扶輪社 – 控煙研討會	Rotary Club of Kai Tak – Tobacco Control Seminar
2020/12/1	香港城北扶輪社 – 控煙研討會	Rotary Club of Hong Kong City North – Tobacco Control Seminar
2021/1/12	香港中文大學醫學院公共衛生及基層 醫療學院 – 健康教育工作坊	The Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong – Health Promotion Experience Sharing Workshop
2021/2/26	香港理工大學青少年戒煙熱線啟動禮	Kick-off Ceremony of the Youth Quitline, The Hong Kong Polytechnic University
2021/2/26	香港大學護理學院課程	HKU School of Nursing – Nursing Programme

## 宣傳及社區推廣活動

## Publicity and Community Involvement Projects



推廣活動

Publicity Projects

### 「煙害 2.0 另類煙害你要知」健康教育宣傳

根據政府統計處《主題性住戶統計調查第70號報告書》，習慣每日吸食電子煙及加熱煙草產品（加熱煙）的人數達20,300人，約佔習慣每日吸煙人士的3.1%，較2017年急增達2.5倍。

### “Smoking Hazards 2.0” Health Education and Publicity Programme

According to the Thematic Household Survey Report No. 70 released by Census and Statistics Department, there were around 20,300 daily users of electronic cigarettes (e-cigarettes) and heated tobacco products (HTPs), which accounted for 3.1% of daily smokers and a 2.5-fold increase as compared to 2017.

#### 青少年曾經使用另類煙的比率

#### Alternative Smoking Products Ever Use Rate Among Youth

中學生  
(Secondary School Students)

電子煙：  
E-cigarette: **7.7%**  
  
加熱煙：  
HTP: **2.3%**



小學生  
(Primary School Students)

電子煙：  
E-cigarette: **1.4%**  
  
加熱煙：  
HTP: **0.8%**

雖然加熱煙及電子煙等另類吸煙產品（另類煙）的危害逐漸廣為人知，社會上仍存有不少錯誤資訊及誤導性宣傳，降低市民對其產品的戒心。因此，委員會於2020-2021年度延續「煙害2.0另類煙害你要知」健康教育宣傳，利用不同途徑如地區展覽、社交媒體及廣播媒體平台等，加強公眾教育，拆穿煙草商的掩飾行為。同時向市民講解使用另類煙的健康風險和澄清相關謬誤，推動社會各界人士支持全面禁止另類煙。

Hazards of alternative smoking products (ASPs) including HTPs and e-cigarettes are gradually exposed, however false information and misleading promotions still exist and undermine public alertness on these products. With aims to divulge the tobacco industry's tricks, promote health risks of alternative smoking products, bust the common myths and mobilize public support for the total ban on ASPs, COSH extended the “Smoking Hazards 2.0” Health Education and Publicity Programme in 2020-2021 to step up public education through community exhibitions, social media and broadcasting platforms.





## 地區巡迴教育展覽

委員會於2020年5月至10月期間在全港各區舉辦了四場「煙害2.0另類煙害你要知」巡迴教育展覽，以內容豐富的展板及多媒體互動繪畫遊戲，向近3,300名市民講解加熱煙及電子煙的禍害，並提醒市民於抗疫期間在家使用另類煙同樣會產生二手煙，損害家人健康。同時，展覽亦揭露煙草商的誤導宣稱及宣傳伎倆，並介紹香港的控煙進程。

## Roving Health Promotion Exhibitions

COSH organized four sessions of roving health promotion exhibitions during May to October 2020 to promote harmful effect of ASPs use including HTPs and e-cigarettes, and urge vigilance against secondhand smoke released by ASPs at home during pandemic, reaching nearly 3,300 members of the public. Citizens were informed about the misleading claims and marketing tactics of tobacco industry, as well as the tobacco control development of Hong Kong through exhibition panels and digital interactive drawing game.

日期 Date	地區 District	地點 Venue	☆	☰
2020/5/11-15	觀塘 Kwun Tong	創紀之城五期 Millennium City 5		
2020/6/1-30	葵青 Kwai Tsing	葵青地區康健中心 Kwai Tsing District Health Centre		
2020/6/13-14	九龍灣 Kowloon Bay	淘大商場 Amoy Plaza		
2020/10/10-11	灣仔 Wan Chai	時代廣場 Times Square		

## 專題健康講座

為預防另類煙成為大眾吸煙的門檻，委員會舉辦專題健康講座，以提高公眾對另類煙禍害的關注。鑑於疫情關係，委員會於2020年6月至2021年3月期間，分別以網上直播及現場演講等模式，於各區中學及地區康健中心舉辦了九場講座，接觸近1,600名學生、教職員及市民，加深他們了解煙草業界針對青少年的宣傳策略和另類煙的全球使用趨勢等。

## Health Seminars

In order to prevent ASPs from becoming the gateway to smoking, COSH organized health seminars to increase awareness on their hazards. Nine sessions of health seminars were conducted onsite or through online live streaming under the pandemic in secondary schools and district health centre across the territory from June 2020 to March 2021, reaching around 1,600 students, teaching staff and members of public. The health seminars also covered the marketing plot targeting youth adopted by the tobacco industry and the global prevalence of these products.



### 「新型煙咪又係煙」主題曲及音樂短片

任何形式的煙草使用均會影響肺部健康。委員會與香港商業電台於暑假期間合作推出主題曲「新型煙咪又係煙」，並製作音樂短片。電台主持人阿正（黃正宜）及梁子（梁子健）於音樂短片內以搞鬼的肺部造型，模擬吸食電子煙及加熱煙對肺部造成的傷害，呼籲青少年不要嘗試，亦鼓勵吸煙人士及早徹底戒煙，而非轉用其他有害產品。主題曲及音樂短片於針對年青人之電台及各社交媒體平台上廣泛播放，接觸超過16萬人次。

### Facebook專頁宣傳

另類煙不僅為使用者帶來健康風險，亦會誘使非吸煙人士尤其青少年開始吸煙行為，對公共衛生構成嚴重威脅。其流行蔓延離不開煙草商進取的包裝及市場推銷手法，以及其他既得利益者和前線組織的積極推廣。委員會自2019年起設立「煙害2.0」Facebook專頁，以生動有趣的方式，向公眾講解有關另類煙的禍害、煙草業意圖淡化吸煙對身體傷害的宣傳手段，以及干預控煙政策的伎倆。同時，專頁亦分享另類煙煙害的最新研究調查、全球各地禁制另類煙的情況以及應對煙草流行的控煙措施。

### “Smoking Hazards of Alternative Smoking Products” Theme Song and Music Video

All forms of tobacco use damages lung function. To discourage youth from trying ASPs, COSH produced a theme song titled “Smoking Hazards of Alternative Smoking Products” and music video in collaboration with Hong Kong Commercial Radio during summer holiday. Bonnie WONG and LEUNG Chi-kin, radio programme hosts, wore funny costumes in the music video imitated how e-cigarettes and HTPs damaged lung health. The video appealed smokers to quit smoking completely, not switching to other harmful products. The theme song and music video were broadcast on popular radio channel and multiple social media platforms among adolescents which successfully got over 160,000 reach.



### Facebook Page Promotion

ASPs lure non-smokers especially the youngsters to start smoking, posing serious health threat to users as well as the public. The aggressive packaging and selling techniques adopted by the tobacco companies, their front groups and parties with vested interests lead to ASPs' emergence. COSH created a designated Facebook page “Smoking Hazards 2.0” in 2019 to update the public on the harm of ASPs in a lively and interesting way. The Page also revealed the marketing tactics which downplayed the health risks of smoking, tobacco industry interference with tobacco control policies, shared the latest research findings on harm of ASPs, global perspective on banning ASPs, and also measures to curb tobacco epidemic around the world.



煙害 2.0 smoking hazards 2.0



## 「深呼吸·煙不吸」宣傳推廣計劃

世界衛生組織將每年5月31日定為「世界無煙日」，並將2020年的主題定為「保護青少年免受煙草業操縱，並防止他們使用煙草和尼古丁」。為響應世界無煙日，委員會推出「深呼吸·煙不吸」宣傳推廣計劃，旨在宣揚深呼吸及無煙生活的好處。因疫情緣故，計劃採納多個渠道包括電台、電視台、網上影片分享及社交媒體平台等，呼籲市民每日深呼吸，鼓勵吸煙人士向所有吸煙產品說不，推動大眾建立健康無煙生活。公眾亦可親手設計色彩繽紛的無煙風車，與家人朋友分享減壓要訣，為健康注入無煙能量。

## “Breathe In. Tobacco Out” Publicity Programme

World Health Organization has designated 31 May as World No Tobacco Day every year and assigned “Protecting youth from industry manipulation and preventing them from tobacco and nicotine use” as the theme of World No Tobacco Day 2020. To echo the World No Tobacco Day, COSH launched a publicity programme with the theme of “Breathe In. Tobacco Out”, aiming to promote the benefits of deep breathing and a smoke-free lifestyle. In view of the COVID-19 pandemic, the Programme utilized different platforms including radio, TV channel, online video sharing platform and social media platforms to promote daily deep breathing, motivate smokers quit all forms of tobacco products and live smoke-free. The public were invited to design a personalized smoke-free pinwheel and share stress-relieving tips with family and friends to spread smoke-free messages.



### 宣傳活動

委員會聯同香港電台第一台，透過於不同社交媒體專頁發佈一系列的主題宣傳短片、個人訪問短片及宣傳硬照，協助於社會營造無煙氛圍，鼓勵吸煙人士戒煙。參與嘉賓包括食物及衛生局局長陳肇始教授、衛生署署長陳漢儀醫生、香港大學公共衛生學院社會醫學講座教授暨羅旭龢基金教授（公共衛生學）林大慶教授、香港中文大學醫學院賽馬會公共衛生及基層醫療學院院長黃仰山教授、委員會主席鄭祖盛及副主席伍婉婷。

### Publicity Work

COSH, partnered with Radio 1 of Radio Television Hong Kong (RTHK), launched a series of promotional videos, video interviews and portraits on social media platforms to create a smoke-free social atmosphere in the community and empower smokers to stop smoking. Participating guests included Prof Sophia CHAN, Secretary for Food and Health, Dr Constance CHAN, Director of Health, Prof LAM Tai-hing, Chair Professor of Community Medicine & Sir Robert Kotewall Professor in Public Health, School of Public Health, The University of Hong Kong, Prof Samuel WONG, Director of The Jockey Club School of Public Health and Primary Care, Faculty of Medicine, The Chinese University of Hong Kong, Antonio KWONG, COSH Chairman, and Yolanda NG, COSH Vice-chairman.



而「無煙大使」方力申亦率領一眾藝人及唱片騎師包括陳倩揚、鄭萃雯、方健儀、劉美娟、梁嘉琪、葉韻怡、香港浸會大學體育及運動學系副教授雷雄德博士、沙灘排球港隊代表江卓儀，以及戒煙大贏家林嘉傑參與拍攝，而15條嘉賓的個人訪問短片亦上載至香港電台第一台網頁及手機應用程式，供市民觀看，並於不同網上媒體平台內錄得逾48萬瀏覽次數。

### 電台及電視節目

為了與大眾分享更多無煙資訊，香港電台第一台於2020年5月期間分別邀請林大慶教授、黃仰山教授及委員會主席鄭祖盛，於香港電台第一台節目內概述另類煙對香港控煙工作的威脅，並推介吸煙人士以靜觀及零時間運動減低吸煙欲望，促進身心健康。此外，香港大學護理學院副教授王文炳博士及委員會總幹事黎慧賢亦於香港電台第一台及電視31台節目《精靈一點》內講解如何透過即時通訊軟件提高吸煙人士戒煙成功率及介紹委員會的戒煙活動。過往「戒煙大贏家」比賽的得獎者鄭偉昌及林嘉傑亦於節目內分享戒煙的好處及如何透過比賽幫助他們戒煙。

Smoke-free Ambassador, Alex FONG led a group of artists and DJs, including Skye CHAN, Karen CHENG, Akina FONG, Eugina LAU, LEUNG Ka-ki, Vivian YIP, together with Dr LOUIE Hung-tak, Associate Professor of Department of Sport and Physical Education, Hong Kong Baptist University, Sonia KONG, Hong Kong Women's Beach Volleyball Team, and quitter LAM Ka-kit, to participate in the videos. Corresponding 15 video interviews were uploaded to Radio 1 of RTHK's website and mobile applications and gained over 480,000 views on various online platforms.

### Radio and Television Programmes

Prof LAM Tai-hing, Prof Samuel WONG and Antonio KWONG, COSH Chairman were invited to speak and share smoke-free tips with the general public at radio programmes on RTHK Radio 1 in May 2020. The speakers explained the potential threat of alternative smoking products on tobacco control development in Hong Kong. They also promoted using mindfulness and Zero Time Exercise to overcome tobacco cravings for strengthening physical and mental health. Besides, Dr Kelvin WANG, Associate Professor, School of Nursing, The University of Hong Kong and Vienna LAI, COSH Executive Director introduced the smoking cessation activities of COSH and how the chat-based instant messaging help quitters boost success rate. Winners of the previous "Quit to Win" Contests, Jerry CHENG and LAM Ka-kit also promoted the benefits of quitting smoking and shared their successful quit stories via the competition. Interviews were broadcast on Radio 1 and TV31 of RTHK during the programme "Healthpedia".





## 集合無煙能量

為加強市民對世界無煙日的關注，委員會邀請並獲得超過170間公司、非政府組織、醫院、戒煙服務機構及學校響應，於2020年5月至7月期間透過其網頁、社交媒體平台、活動和刊物等協助宣傳活動，鼓勵旗下員工、學生及持分者踴躍支持「深呼吸·煙不吸」宣傳推廣計劃，而成功號召最多人支持的五間支持機構獲頒發「最積極參與獎」以作嘉許。活動共吸引逾1,750名市民支持，承諾向所有吸煙產品說不，並分享減壓方法，鼓勵親友一同投入無煙健康生活。

「最積極參與獎」得獎機構：

- 癌症資訊網
- 葵涌醫院
- 嶺南中學
- 南豐物業管理 – 南豐商業中心
- 南豐物業管理 – 將軍澳廣場(商場)



## Supporting Organizations

To enhance public awareness on World No Tobacco Day, COSH invited and had over 170 companies, non-governmental organizations, hospitals, smoking cessation service providers and schools supported the Programme. They promoted via websites, social media platforms, events and publications to reach their staff, students and their stakeholders during May to July 2020. The top five supporting organizations with the highest number of participants supporting “Breathe In. Tobacco Out” Publicity Programme were awarded “The Most Active Participation Award” as recognition. The Programme successfully concluded with the support of more than 1,750 citizens, to say no to all forms of smoking products and share stress-relieving tips for living smoke-free.

Awardees of “The Most Active Participation Award”:

- Cancerinformation.com.hk Limited
- Kwai Chung Hospital
- Lingnan Secondary School
- Nan Fung Property Management – Nan Fung Commercial Centre
- Nan Fung Property Management – TKO Plaza (Mall)



### 無煙風車

委員會鼓勵公眾練習深呼吸時吹動風車，以訓練專注力、減輕壓力及放鬆心情，亦有助吸煙者戒煙。「無煙大使」方力申拍攝短片介紹自製無煙風車，市民可從活動網頁下載製作風車懶人包，當中包括風車紙模、所需材料及工具建議，完成後可於風車上加入喜歡的裝飾，並寫上無煙願望，向身邊人宣揚無煙能量。



### Smoke-free Pinwheel

By taking deep breaths to blow the pinwheels, the public were motivated to stay focused and at ease which aid smoking cessation. A tutorial video featuring Smoke-free Ambassador, Alex FONG demonstrated to make a smoke-free pinwheel. Smoke-free pinwheel DIY Kit was available to download at activity website, including the pinwheel papercraft, materials and DIY steps. People could add favourite decorations and smoke-free wishes for sharing among their families and friends.



### Facebook 抽獎活動及 WhatsApp 無煙貼圖

委員會於2020年5月31日至7月20日期間舉行「深呼吸·煙不吸」Facebook抽獎活動，鼓勵市民透過社交媒體平台分享無煙信息。同時，委員會設計了一系列幽默有趣的WhatsApp貼圖，讓市民於日常生活中時刻向身邊的家人表達關懷，勸勉他們儘早戒煙。

活動網頁：[www.smokefree.hk/deepbreathing](http://www.smokefree.hk/deepbreathing)

### Facebook Lucky Draw and Smoke-free WhatsApp Stickers

A Facebook lucky draw promotion was held from 31 May to 20 July 2020 to encourage the public to support “Breathe In. Tobacco Out” Publicity Programme and disseminate smoke-free messages in social networks. A set of funny WhatsApp stickers was created to engage smoking family members and friends in smoking cessation through daily chit-chat at all times.



Activity Website: [www.smokefree.hk/deepbreathing](http://www.smokefree.hk/deepbreathing)

## 第11屆「戒煙大贏家」 無煙社區計劃



委員會自2009年起舉辦「戒煙大贏家」比賽，為吸煙人士提供一個戒煙診所以外的平台，鼓勵及協助他們戒煙，每年均成功招募逾千名市民參與，決心戒煙，遠離各種煙害。

為進一步加強與地區的聯繫，委員會自2012年開始推出「戒煙大贏家」無煙社區計劃，旨在透過走進社區接觸不同市民推廣無煙，營造有利戒煙的氛圍，並提高社區人士對控煙工作的關注。計劃多年來得到區議會、地區合作夥伴和其他機構的支持，舉辦一連串具地區特色的無煙推廣活動，配合媒體宣傳、戒煙輔導和科學研究等元素推動戒煙，提倡健康生活。

第11屆「戒煙大贏家」無煙社區計劃再次得到18區區議會及地區合作夥伴的支持，並與懲教署、香港賽馬會、領展資產管理有限公司、多個戒煙服務團體及餐飲業、建造業、房屋管理業及運輸業的商會和機構合作，在全港舉辦超過90場招募及宣傳活動，將無煙信息推廣至不同界別，培養市民建立無煙社區的態度。

### 無煙大使戒煙輔導訓練課程

「無煙大使戒煙輔導訓練課程」以網上直播形式進行。委員會與香港大學護理學院及公共衛生學院邀請了近80名地區合作夥伴義工及大學生，於2020年6月17日參與，以提升他們對控煙工作及戒煙輔導的認知，協助他們日後在區內舉辦招募及無煙宣傳活動。參加者均於完成課程後獲發證書，以示嘉許。

## The 11<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 in the community to motivate and assist smokers to quit smoking, in addition to cessation clinics. Every year, the Contest recruits over 1,000 smokers to make up their minds to quit for staying away smoking hazards.

COSH has launched the “Quit to Win” Smoke-free Community Campaign with participation of District Councils, district working partners and other supporting organizations since 2012 to strengthen close ties with all sectors of the community, create a positive social atmosphere for smoking cessation and increase public awareness on tobacco control. The Campaign motivates smokers to quit and promotes the smoke-free lifestyle through a series of district-based smoke-free promotion activities, media promotion, smoking cessation counseling and scientific research.

The 11<sup>th</sup> “Quit to Win” Smoke-free Community Campaign solicited the continuous support from the 18 District Councils, district working partners and various organizations, including Correctional Services Department, The Hong Kong Jockey Club, Link Asset Management Limited, smoking cessation service providers as well as trade associations from the catering, construction, housing management and transportation industries. The Campaign successfully conducted over 90 recruitment and promotion activities in different sectors to foster a smoke-free community.

### Smoking Cessation Counseling Training

In collaboration with the School of Nursing and School of Public Health of The University of Hong Kong, Smoking Cessation Counseling Training was organized via online live streaming on 17 June 2020. Some 80 volunteers of district working partners and university students joined the training. They gained a deeper understanding of tobacco control knowledge and smoking cessation counseling skills. The training also prepared them to organize recruitment sessions and smoke-free promotion activities in districts. All participants were recognized with certificates after completing the training.



課程由香港大學公共衛生學院社會醫學講座教授暨羅旭龢基金教授(公共衛生學)林大慶教授、委員會總幹事黎慧賢、項目籌劃高級經理朱偉康、戒煙輔導資深護士陳弄年、香港大學護理學院戒煙治療研究組關銘祺及劉正彥主講。第十屆「戒煙大贏家」比賽亞軍鄭智聰出席分享成功戒煙故事和應對煙癮的心得。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」無煙社區計劃簡介、吸煙、二手煙及三手煙的禍害、香港控煙工作的現況、戒煙輔導技巧及動機性訪談法等。

### 頒獎暨啟動禮

為延續戒煙的社會氛圍，委員會於2020年6月24日舉行「戒煙大贏家」無煙社區計劃頒獎暨啟動禮，正式開展第11屆「戒煙大贏家」無煙社區計劃，與各機構共同呼籲吸煙人士儘快戒煙，以減低感染新冠肺炎的風險。同時，於活動上嘉許第十屆「戒煙大贏家」比賽的優勝者和成功戒煙的參賽者，並答謝區議會和各機構的熱心支持。主禮嘉賓包括食物及衛生局局長陳肇始教授、衛生署控煙酒辦公室主管封瑩醫生、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。藝人安俊豪及王灝兒亦到場支持活動，以唱歌表演分享無煙健康生活。

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, Vienna LAI, COSH Executive Director, Lawrence CHU, COSH Senior Project Manager, Anita CHAN, an experienced smoking cessation nurse, Sammy KWAN and Matthew LAU, Smoking Cessation Research Team, School of Nursing, The University of Hong Kong. First runner-up of the 10<sup>th</sup> "Quit to Win" Contest, CHENG Chi-chung was invited to share his successful quit story and tips to resist tobacco cravings. Details of the "Quit to Win" Smoke-free Community Campaign, hazards of smoking, secondhand and third-hand smoke, tobacco control in Hong Kong, skills in smoking cessation counseling and motivational interviewing were introduced in seminar, group discussion and case studies formats.

### Awarding cum Kick-off Ceremony

To sustain the social atmosphere supporting smoking cessation and appeal smokers to stub out the habit as soon as possible to minimize the risks of COVID-19 infection, COSH held the "Quit to Win" Smoke-free Community Campaign Awarding cum Kick-off Ceremony on 24 June 2020 to kick-off the 11<sup>th</sup> Campaign. Winners and successful quitters of the 10<sup>th</sup> "Quit to Win" Contest were awarded. Appreciation was expressed to the District Councils and various supporting organizations at the ceremony. Honourable guests included Prof Sophia CHAN, Secretary for Food and Health, Dr FUNG Ying, Head of Tobacco and Alcohol Control Office, 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, Yolanda NG, COSH Vice-chairman and Vienna LAI, COSH Executive Director. Artists Simon ON and Joey WONG also participated in the ceremony to promote a smoke-free lifestyle through singing performance and sharing.





## 戒煙宣傳短片

為加強吸煙人士的戒煙決心，委員會以「給...失蹤了很多年的你」為主題製作宣傳短片，描繪吸煙令自己和家人失去多年無煙健康生活，以及與親人相處的美好時光。宣傳短片的尾段更邀請過往「戒煙大贏家」比賽的得獎者分享戒煙經驗和得著，包括第十屆冠軍柯文武、第九屆冠軍劉偉明、第八屆冠軍鄭偉昌、第七屆季軍吳嘉蕙、第五屆冠軍李興廉及第三屆冠軍麥新。宣傳短片廣泛地於多個網上平台播出，向市民推廣戒煙，並獲得超過120萬瀏覽次數。



## 地區招募及無煙宣傳活動

委員會於2020年6月至10月期間，在全港18區進行了逾50場實體招募活動，並聯同地區合作夥伴及支持機構舉辦約40場地區無煙宣傳活動，將戒煙資訊傳遞予接近六萬名市民。逾200名地區合作夥伴的職員及義工協助，於區內以線上線下模式舉辦無煙展覽及不同類型的宣傳活動，例如網上音樂會及問答比賽、微電影製作、健康講座、故事創作比賽、攝影比賽、巴士巡遊及外展宣傳等，將煙草禍害的資訊滲透至社區每一角落，提高市民對控煙工作的認識和支持。

## Smoking Cessation Promotional Video

To enhance smokers' determination to quit, COSH produced a promotional video with the theme "To... the long missing you". The video narrated the negative effects on health and loss of precious family time due to smoking. Winners of the previous "Quit to Win" Contests, including KE Wen-wu, Champion of the 10<sup>th</sup> Contest, LAU Wai-ming, Champion of the 9<sup>th</sup> Contest, Jerry CHENG, Champion of the 8<sup>th</sup> Contest, NG Ka-yan, Second runner-up of the 7<sup>th</sup> Contest, Henry LEE, Champion of the 5<sup>th</sup> Contest and MAK Sun, Champion of the 3<sup>rd</sup> Contest, shared their experiences and benefits of quitting smoking in the ending of the video. The video recorded over 1,200,000 views on various online platforms and successfully promoted smoking cessation to the wider public.

## District Recruitment and Smoke-free Promotion Activities

From June to October 2020, COSH conducted over 50 physical recruitment sessions in 18 districts while around 40 district-based smoke-free promotion activities were held in collaboration with district working partners and supporting organizations, reaching about 60,000 citizens. More than 200 staff and volunteers of the district working partners participated in organizing various exhibitions and promotion activities via online and offline solutions to advocate a smoke-free culture in the community. Promotion activities included online music show and quiz, microfilm production, health talks, story writing contest, photography competition, bus parade and outreach promotions. These activities successfully disseminated smoking hazards information to every corner of the community and raised public awareness on tobacco control.



另外，為減低疫情在社區傳播的風險，委員會亦加強網上及不同渠道宣傳，包括增設電話熱線、即時通訊程式及網上報名平台等，讓有意戒煙的人士更便利地參加第11屆「戒煙大贏家」比賽。

Besides, in order to reduce the risk of spreading COVID-19 virus in the community, COSH enhanced the online promotion and registration by setting up hotline, introducing instant messaging application and webpages to provide a convenient contest enrollment experience for the public intended to quit smoking.

### 地區合作夥伴 District Working Partners



中西區 Central & Western	香港中西區婦女會 Hong Kong Central & Western District Women's Association
離島 Islands	離島婦聯有限公司 Hong Kong Outlying Islands Women's Association Limited
九龍城 Kowloon City	九龍樂善堂 The Lok Sin Tong Benevolent Society, Kowloon
葵青 Kwai Tsing	醫護行者 Health in Action
觀塘 Kwun Tong	宏施慈善基金社會服務處 Windshield Charitable Foundation Social Services
北區 North	香港青年協會賽馬會祥華青年空間 The Hongkong Federation of Youth Groups Jockey Club Cheung Wah Youth SPOT
西貢 Sai Kung	基督教靈實協會 Haven of Hope Christian Service
沙田 Sha Tin	香港青少年服務處馬鞍山青少年外展社會工作隊 Hong Kong Children and Youth Services Ma On Shan Youth Outreaching Social Work Team
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	香港南區婦女會 Hong Kong Southern District Women's Association 南區健康安全協會有限公司 Southern District Healthy and Safe Association Limited
荃灣 Tsuen Wan	荃灣安全健康社區督導委員會 Tsuen Wan Safe and Healthy Community Steering Committee
屯門 Tuen Mun	基督復臨安息日會山景綜合青少年服務中心 Shan King Integrated Children and Youth Services Centre of Seventh-day Adventists
黃大仙 Wong Tai Sin	香港聖公會黃大仙長者綜合服務中心 HKSCH Wong Tai Sin District Elderly Community Centre
油尖旺 Yau Tsim Mong	基督教聯合那打素社康服務 United Christian Nethersole Community Health Service
元朗 Yuen Long	香港青年協會洪水橋青年空間 The Hongkong Federation of Youth Groups Hung Shui Kiu Youth SPOT

## 「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
2020/6/13 – 14	觀塘 Kwun Tong	淘大商場 Amoy Plaza
2020/6/20	葵青 Kwai Tsing	葵青地區康健中心 Kwai Tsing District Health Centre
2020/6/20	灣仔 Wan Chai	港鐵銅鑼灣站出口 Exit of Causeway Bay MTR Station
2020/6/21	沙田 Sha Tin	港鐵大圍站出口 Exit of Tai Wai MTR Station
2020/6/26	油尖旺 Yau Tsim Mong	尖沙咀海防道 Haiphong Road, Tsim Sha Tsui
2020/6/27	東區 Eastern	筲箕灣東大街 Main Street East, Shau Kei Wan
2020/6/28	南區 Southern	香港仔海珠閣 Hoi Chu Court, Aberdeen
2020/6/30	中西區 Central & Western	上環文咸東街 Bonham Strand, Sheung Wan
2020/7/4	荃灣 Tsuen Wan	荃新天地 Citywalk
2020/7/4	油尖旺 Yau Tsim Mong	佐敦白加士街 Parkes Street, Jordan
2020/7/5	沙田 Sha Tin	顯徑商場 Hin Keng Shopping Centre
2020/7/5	大埔 Tai Po	港鐵大埔墟站出口 Exit of Tai Po Market MTR Station
2020/7/9	中西區 Central & Western	中環皇后大道中 Queen's Road Central, Central
2020/7/11	葵青 Kwai Tsing	長發廣場 Cheung Fat Plaza
2020/7/11	北區 North	港鐵粉嶺站出口 Exit of Fanling MTR Station
2020/7/12	中西區 Central & Western	中環碼頭 Central Ferry Piers
2020/7/12	西貢 Sai Kung	TKO Spot
2020/7/16	東區 Eastern	港鐵鰂魚涌站出口 Exit of Quarry Bay MTR Station



2020/7/18	元朗 Yuen Long	朗屏商場 Long Ping Commercial Centre
2020/7/19	東區 Eastern	愛東商場 Oi Tung Shopping Centre
2020/9/19	黃大仙 Wong Tai Sin	黃大仙中心 Temple Mall
2020/9/19	元朗 Yuen Long	T Town
2020/9/20	北區 North	彩園廣場 Choi Yuen Plaza
2020/9/20	大埔 Tai Po	太和廣場 Tai Wo Plaza
2020/9/24	灣仔 Wan Chai	港鐵銅鑼灣站出口 Exit of Causeway Bay MTR Station
2020/9/26	九龍城 Kowloon City	九龍城廣場 Kowloon City Plaza
2020/9/27	大埔 Tai Po	大埔寶湖里 Po Wu Lane, Tai Po
2020/9/27	屯門 Tuen Mun	屯門市廣場 Tmtplaza
2020/9/29	葵青 Kwai Tsing	葵青地區康健中心 Kwai Tsing District Health Centre
2020/10/3	西貢 Sai Kung	TKO Spot
2020/10/3	黃大仙 Wong Tai Sin	港鐵樂富站出口 Exit of Lok Fu MTR Station
2020/10/4	葵青 Kwai Tsing	葵涌廣場 Kwai Chung Plaza
2020/10/4	沙田 Sha Tin	港鐵沙田站出口 Exit of Sha Tin MTR Station
2020/10/5	離島 Islands	DHL 中亞區樞紐中心 DHL's Central Asia Hub
2020/10/6	葵青 Kwai Tsing	中國招商局物流中心 China Merchants Logistics Centre
2020/10/7	深水埗 Sham Shui Po	長沙灣 DHL 速遞中心 DHL Service Point, Cheung Sha Wan
2020/10/10	屯門 Tuen Mun	屯門時代廣場 Trend Plaza
2020/10/10 – 11	灣仔 Wan Chai	時代廣場 Times Square

2020/10/11	油尖旺 Yau Tsim Mong	旺角中心 Argyle Centre
2020/10/14	觀塘 Kwun Tong	南豐商業中心 Nan Fung Commercial Centre
2020/10/16	中西區 Central & Western	上環文咸東街 Bonham Strand, Sheung Wan
2020/10/17	九龍城 Kowloon City	何文田廣場 Homantin Plaza
2020/10/17 – 18	西貢 Sai Kung	新都城一期 MCP One
2020/10/18	南區 Southern	香港仔南寧街 Nam Ning Street, Aberdeen
2020/10/21	黃大仙 Wong Tai Sin	彩雲商場 Choi Wan Commercial Complex
2020/10/22	深水埗 Sham Shui Po	港鐵荔枝角站出口 Exit of Lai Chi Kok MTR Station
2020/10/24	離島 Islands	逸東商場 Yat Tung Shopping Centre
2020/10/24	元朗 Yuen Long	元朗教育路及大棠路 Kau Yuk Road and Tai Tong Road, Yuen Long
2020/10/25	荃灣 Tsuen Wan	賽馬會德華公園 Jockey Club Tak Wah Park
2020/10/25	油尖旺 Yau Tsim Mong	旺角中心 Argyle Centre
2020/10/31	葵青 Kwai Tsing	葵涌廣場 Kwai Chung Plaza
2020/10/31	元朗 Yuen Long	+WOO 嘉湖 +WOO



### 「戒煙大贏家」比賽

第11屆「戒煙大贏家」比賽透過豐富獎品提高吸煙人士戒煙意欲，並成功招募超過1,300名吸煙人士參加。為減少社交接觸，參賽者於報名時可按需要選擇現場登記或郵寄戒煙資料和測試工具，以即時視像通訊或到會形式為他們進行初步吸煙情況評估，並提供簡短的戒煙輔導。之後由香港大學護理學院及公共衛生學院的已受訓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。其後，參賽者會定期收到鼓勵及提醒戒煙的電話短訊。委員會更為參賽者提供新型冠狀病毒病與吸煙的相關資訊作為戒煙干預方法，藉此加深認識吸煙與新型冠狀病毒病的關係，鞏固戒煙動機及決心。

另外，戒煙輔導員亦為參賽者提供戒煙支援，按照其意願轉介至戒煙服務機構，從而提高成功戒煙的機會。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「戒煙大使」甄選面試，贏取豐富獎品。



>1,300名

成功招募有意戒煙的吸煙人士

Number of smokers recruited who intended to quit



~60,000名

接收無煙信息的市民

Number of people who have been reached



>90場

地區招募及無煙宣傳活動場次

Number of district recruitment & smoke-free promotion activities

### “Quit to Win” Contest

The 11<sup>th</sup> “Quit to Win” Contest recruited over 1,300 smokers to quit smoking through contest and prizes. To reduce social contact, smoking cessation kit and smoking status test were offered to eligible participants by post upon requests to complete smoking status assessments. They received brief smoking cessation advice at registration counter or through video calls. The trained smoking cessation counselors from the School of Nursing and School of Public Health of The University of Hong Kong then followed up the quit status of participants at one month, two months, three months and six months respectively by telephone interviews. Thereafter participants would also receive regular instant messages from counselors as reminders and support in quitting. Smoking cessation intervention comprising information related to COVID-19 and smoking was also offered to enhance participants’ awareness on the correlation, and strengthen their determination to quit.

To increase chance of success, participants were also referred to their preferred smoking cessation service providers. Those participants who quit were invited to undertake a biochemical validation at 3-month follow-up. Validated quitters were eligible to join the lucky draw or invited to the Smoking Cessation Ambassador interview to win fabulous prizes.





為鼓勵及協助在囚人士戒煙，委員會繼續與懲教署合作，將「戒煙大贏家」比賽推廣至轄下的羅湖懲教所、壁屋監獄、赤柱監獄及塘福懲教所。最終共招募51位有意戒煙的在囚人士參加比賽，並接受了特別設計的定期戒煙輔導及跟進，核實成功戒煙後亦可獲得獎勵。

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整體成效，以進一步了解戒煙人士的需要。根據初步結果，三個月跟進的自我報告成功戒煙率分別為21.4%。

### 頒獎禮

委員會於2021年3月23日舉辦第11屆「戒煙大贏家」無煙社區計劃頒獎禮。頒獎嘉賓包括懲教署副署長黃國興、衛生署控煙酒辦公室主管封瑩醫生、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、委員會主席湯修齊、副主席陳志球博士及總幹事黎慧賢。食物及衛生局局長陳肇始教授亦透過錄像表達對計劃的支持，並恭賀「戒煙大贏家」比賽的得獎者及成功戒煙者。同時，委員會邀請第11屆及過往「戒煙大贏家」比賽的成功戒煙人士，聯同藝人周志康、高海寧與胡諾言透過遊戲和表演提醒市民吸煙的禍害及戒煙的好處。第11屆比賽的得獎者亦於活動上分享其戒煙經歷及心得。

To motivate and assist persons in custody to quit smoking, COSH collaborated with Correctional Services Department and extended the “Quit to Win” Contest in Lo Wu Correctional Institution, Pik Uk Correctional Institution, Stanley Prison and Tong Fuk Correctional Institution. A total of smoking 51 inmates joined the Contest to receive tailor-made smoking cessation counseling and regular follow-ups. Those validated quitters were also eligible to the smoking cessation incentive.

To better understand the needs of quitters, the School of Nursing and School of Public Health of The University of Hong Kong conducted a research study to evaluate the effectiveness of the smoking cessation intervention as well as the Campaign. According to the preliminary results, the self-reported quit rate was 21.4% at 3-month follow-up.

### Prize Presentation Ceremony

COSH held the 11<sup>th</sup> “Quit to Win” Smoke-free Community Campaign Prize Presentation Ceremony on 23 March 2021. Honourable guests included WONG Kwok-hing, Deputy Commissioner of Correctional Services Department, Dr FUNG Ying, Head of Tobacco and Alcohol Control Office, 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, Henry TONG, COSH Chairman, Dr Johnnie CHAN, COSH Vice-chairman and Vienna LAI, COSH Executive Director. Prof Sophia CHAN, Secretary for Food and Health, expressed her support to the Campaign and congratulated the winners and successful quitters via a pre-recorded video speech. Successful quitters of the Contests as well as artists Daniel CHAU, Samantha KO and Jack WU attended to remind the public about the adverse effects of smoking and encourage quitting through interactive games and performances. The winners of the 11<sup>th</sup> “Quit to Win” Contest shared their experiences and tips of smoking cessation.



### 第11屆「戒煙大贏家」比賽得獎者：

冠軍得主喻文瀚於15歲時，受朋友影響開始吸煙。太太多年來都希望他能夠戒煙，他卻以加熱煙草產品（加熱煙）作為推搪，遲遲未能下定決心戒除煙癮。吸食加熱煙後，他發現健康愈來愈差，即使上樓梯時也會感到心跳急速及氣喘。他與太太有生育計劃，在諮詢醫生後得知不論加熱煙或傳統煙，同樣會損害生育能力，而二、三手煙更會危害家人健康，因此明白不應再吸食任何形式的吸煙產品。在太太的支持下，喻先生決定報名參加「戒煙大贏家」比賽。他不但向家人朋友宣佈自己的戒煙計劃，並拒絕所有吸煙邀請。他認為計劃定期的跟進，加上在疫情期間市民要佩戴口罩外出，令吸煙變得不便，增加他的戒煙意欲。

憑藉對家人的關愛，他克服所有退癮徵狀，成功戒除煙癮。喻先生表示，現在行山不會感到氣喘，太太也不再嗅到二手煙。他認為即使戒煙過程可能遇到困難，只要堅持下去，為了自己及家人健康是非常值得的。



亞軍得主黃芷彤25歲時在澳洲工作，因為生活壓力及無聊，在同事引誘下而開始吸煙。回港後，她曾嘗試戒煙，但不敵心癮而復吸。直至她在大廈大堂看到「戒煙大贏家」的海報，因喜歡接受比賽的挑戰而再度戒煙。有別於上次戒煙單憑自己的意志，黃女士透過不同的興趣及運動，例如健身及拳擊，幫助自己分散注意力。當煙癮起時，她會不斷提醒自己，吸煙會影響個人外表及形象，為了美觀一定要堅持。

### Winners of the 11<sup>th</sup> “Quit to Win” Contest:

The Champion, YU Man-hon lit up his first cigarette at 15 years old under peer influence. His wife urged him to kick the habit, but he tried using heated tobacco products (HTPs) and shirked giving up smoking. After using HTPs, he found his health condition got worse, he had palpitation and shortness of breath when climbing up stairs. He consulted the doctor for family planning and understood that all forms of smoking, no matter HTPs or cigarettes, harm fertility, and release secondhand and third-hand smoke that adversely affect family members' health. With Mrs Yu's encouragement, he determined to enroll the “Quit to Win” Contest and quit all smoking products. He announced his quit plan to friends and family members, also rejected smoking invitations. He got hesitated to take off the masks to smoke on the streets during pandemic. After receiving constant encouragement from follow-ups of the Contest, his determination was strengthened.

At last, Mr Yu successfully overcame all withdrawal symptoms and kicked the habit with support by his loved ones. Now, he enjoys hiking without being winded and his wife is thrilled for being free from the secondhand smoke. He encouraged quitters to be perseverant and shared that it is worthwhile to quit for the health of own self and family despite barriers during the quit process.

First runner-up, WONG Tsz-tung took up smoking due to stress, boredom and temptation from colleagues at 25 years old when she worked in Australia. She had tried to quit after coming back to Hong Kong, but relapsed quickly due to cravings. She loved challenges and signed up for “Quit to Win” Contest after spotting the contest promotion poster at the lift lobby. Instead of just relying on willpower like previous attempt, Ms Wong took up different kinds of sport hobbies such as gym and boxing to distract herself. She constantly reminded herself that smoking affects appearance and personal image whenever she got tempted to smoke.

現在即使感到情緒低落，黃女士會選擇與朋友傾訴，不會再想吸煙。以往為了掩飾吸煙習慣，接見客戶前需要以香水及口香糖掩蓋難聞的煙味。成功戒煙後，她發現皮膚明顯變好，亦不再受口氣及煙味問題困擾，更培養了定期運動的習慣。她鼓勵吸煙人士為自己健康應儘快戒煙，愈遲戒煙將愈大機會患上因吸煙引致的嚴重疾病。



季軍得主李明達的煙齡接近30年，即使兩年前因中風引致身體半身行動不便，他仍未意識到吸煙是導致中風的其中一個原因，不理會醫生的勸告繼續吸煙。在家休養期間，他更因心煩而頻密吸煙，吸煙不但沒有幫助減壓，更助長他的負面情緒，愈吸愈苦惱。直至去年，李先生在社交媒體留意到「戒煙大贏家」的廣告，考慮到自己的身體狀況，加上朋友的鼓勵，終於下定決心戒煙。透過比賽，他接受了適當的戒煙輔導，利用戒煙貼及戒煙糖等認可戒煙方法紓緩退癮徵狀。他表示感受到計劃工作人員的定期關心及鼓勵，令他更要努力戒煙。成功戒煙後，李先生感覺自己精神變好，不再感到鬱鬱寡歡，人亦變得更正面和積極。

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



戒煙大贏家 [quittowin.hk](http://quittowin.hk)



Now, Ms Wong chooses to talk with friends instead of smoking when feels down. Previously, she would wear strong perfume and take chewing gum to cover the stinky smell before meeting with clients. After successfully kicked the habit, her skin condition had improved, bad breath and unpleasant smell no longer existed. She also developed regular exercising habit to keep fit. She encouraged smokers to quit as soon as possible for health. She reminded that the later to start quitting, they would be more likely to suffer from serious diseases caused by smoking.

Second runner-up, LEE Ming-tat had smoked for nearly 30 years. He had suffered from stroke and hemiplegia two years ago. However, he did not sense that smoking is one of the main causes of stroke, ignored medical advice and carried on smoking. During the recovery period at home, he always felt upset and smoked more frequently. However, cigarettes did not help him deal with stress. Instead, smoking triggered negative emotions and feeling. Until last year, Mr Lee learnt the "Quit to Win" Contest in social media and took his friend's advice, he decided to give it a try. He got referred and received appropriate smoking cessation counseling, also started nicotine replacement therapy using nicotine patch and lozenges which helped him ease the withdrawal symptoms. He credited the Contest's staff in providing strong support through regular calls and motivated him to persist in quitting. He felt optimistic, energetic and positive after successfully quitting smoking.



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



倡議全面禁止所有另類吸煙產品

近年，電子煙及加熱煙草產品（加熱煙）等另類吸煙產品（另類煙）於全球迅速興起，其使用率可在幾年間大幅攀升。同時，越來越多研究證實另類煙害處，其營銷手法針對年青人，誤導公眾以為這些產品減害或較健康，從而鼓吹吸煙行為。為防止另類煙於香港蔓延流行，委員會支持政府提出的《2019年吸煙（公眾衛生）（修訂）條例草案》（條例草案），以禁止進口、製造、售賣、分發及宣傳另類煙，並促請立法會在2020-2021年度會期內從速通過。

為爭取更多市民及不同界別團體支持條例草案，委員會透過公眾教育、宣傳、研究及倡議等工作，向社會各界傳遞有關另類煙對健康危害的正確資訊。例如與學校及地區團體推動煙害教育、會見不同界別人士交流最新控煙資訊、鼓勵不同團體及市民向立法會提交意見書、舉行記者會及加強媒體宣傳等。

## 媒體宣傳

鑑於另類煙對公眾健康及社會的禍害影響深遠，委員會於跨媒體加強宣傳推廣包括報章、網上媒體、電台、電視台及社交媒體平台等，並邀請與來自不同界別的專家及學者例如醫學界、家長及教育界、非政府組織等，接受媒體訪問、專題報導及撰寫專欄文章，讓市民清楚掌握另類煙的害處及煙草商的誤導宣稱、釋除公眾及立法會議員對條例草案的疑慮，以爭取更多市民支持全禁所有另類煙。

## Advocacy on a Total Ban on All Alternative Smoking Products

In recent years, emerging alternative smoking products (ASPs) including electronic cigarettes (e-cigarettes) and heated tobacco products (HTPs) have gained popularity around the world with dramatic rise in the usage. Meanwhile, an increasing number of studies proved the harms caused by the use of ASPs. Their sophisticated marketing strategy targeting youngsters and misleading claims on risk reduction or “healthier option” which promote smoking behaviour have raised eyebrows. To prevent the proliferation of ASPs in Hong Kong, COSH supported the Smoking (Public Health) (Amendment) Bill 2019 (the Bill) proposed by the Government to prohibit the import, manufacture, sale, distribution and advertisement of ASPs, and urged the Legislative Council to pass the Bill promptly in the 2020-2021 session.

COSH has been soliciting public support for the Bill proactively through public education, promotion, research and advocacy. For example, COSH collaborated with schools and community organizations to promote smoke-free education, arranged meetings with different sectors to share the latest trend on tobacco control, appealed to the parties and the public to send written submissions to Legislative Council, held press conferences and enhanced media promotions. These actions helped spread accurate information about hazards of ASPs in the community.

## Media Promotions

In view of the devastating impact of ASPs on public health and society, COSH strengthened the propaganda via multiple media channels, including newspapers, online media, radios, TV stations and social media platforms. Experts across sectors, such as medical professions, parents and education sector and non-governmental organizations, were invited to share in media interviews, write articles, featured stories and newspaper columns. The media promotions aimed to illustrate the health risk associated with ASPs' uses, debunk misleading claims by tobacco industry, and the misperceptions on ASPs, in order to solicit the public and Legislative Council members' support for the Bill to ban all ASPs.





### 「全面加強控煙政策 全禁另類煙保護下一代」記者會

儘管社會上存有共識支持全面禁止另類煙，立法會法案委員會於2020年6月2日因會期不足而決定終止審議條例草案。委員會憂慮煙草業界會趁立法真空期，以搶灘形式入侵年青人市場，嚴重影響香港的控煙進程。因此，委員會聯同家長及教育界於2020年6月24日召開聯合記者會，倡議政府儘快全禁另類煙，並全面審視現行控煙政策，保障下一代免受煙草禍害。

記者會的講者包括家庭與學校合作事宜委員會主席聯同18區家長教師會聯會湯修齊、香港小學教育領導學會副主席張勇邦、香港資助小學校長會主席鍾麗金、津貼小學議會司庫陳文燕、香港津貼中學議會義務司庫譚劍虹、香港中學校長會執委羅紹明及委員會主席鄭祖盛。另外，委員會亦邀請第十屆「戒煙大贏家」冠軍柯文武、第八屆「戒煙大贏家」冠軍鄭偉昌及成功戒煙人士鄭先生作過來人分享。

### “Strengthen Tobacco Control Policies and Enact a Total Ban on ASPs to Protect the Next Generation” Press Conference

Despite a wise consensus in support of a total ban of ASPs in the community, Bills Committee of Smoking (Public Health) (Amendment) Bill 2019 discontinued its scrutiny work on the Bill on 2 June 2020 due to meeting schedule constraints. COSH worried the door might be widely opened for ASPs in entering the market and harming the youths in a period of legal vacuum, which would hinder the development of tobacco control in Hong Kong. Hence, COSH held a joint press conference on 24 June 2020 together with the parent-teacher sector to advocate the Government to impose a total ban on ASPs promptly and conduct a comprehensive review to strengthen tobacco control policies to protect the next generation.

Speakers included Henry TONG, Chairman of Committee on Home-School Co-operation with Federation of Parent-Teacher Associations in 18 districts, Langton CHEUNG, Vice-chairman of Hong Kong Primary School Leaders Association, Kathy CHUNG, Chairman of Hong Kong Aided Primary School Heads Association, CHAN Man-yin, Treasurer of Subsidized Primary Schools Council, TAM Kim-hung, Honorary Treasurer of Hong Kong Subsidized Secondary Schools Council, Tommy LO, Member of Executive Committee of The Hong Kong Association of the Heads of Secondary Schools and Antonio KWONG, COSH Chairman. Besides, quitters including KE Wen-wu, Champion of the 10<sup>th</sup> Contest, Jerry CHENG, Champion of the 8<sup>th</sup> Contest and Roy KWONG also shared the negative impact of ASPs use.

委員會主席鄭祖盛強調，「香港控煙工作現面臨前所未有的重大威脅，煙草業不斷研發及營銷另類煙，吸引吸煙者及從不吸煙者使用。最新的調查顯示吸煙率輕微上升，而本港吸食電子煙及加熱煙人數於兩年間錄得明顯倍增，可見控煙工作響起嚴重的警號。而且有從不吸煙的小學生及中學生開始使用這些產品及吸煙行為，情況令人十分憂慮。」

講者在記者會上指出煙草商一直以不同宣傳伎倆如新穎設計及香味，意圖淡化另類煙對健康的危害，並透過社交媒體平台及名人效應進行營銷，吸引青少年及兒童使用。而根據食物及衛生局委託香港大學公共衛生學院於2018年10月至2019年7月期間，進行一項有關學生吸煙情況的學校統計調查顯示，香港已有0.8%及0.1%小學生曾經及現時使用加熱煙，而曾經吸電子煙及加熱煙的小學生分別為2,530人及1,510人，當中有超過一半(51.5%)及近三成半(34.9%)從不吸煙。調查亦發現約兩成至四成從不吸煙的中學生分別透過加熱煙及電子煙而開始吸煙，可見兒童透過另類煙開始吸煙的行為，令家長及教育界感到非常震驚。

此外，有超過七成現時吸另類煙的中學生同時吸傳統煙，成為雙重吸煙者。家長及教育界擔心立法會於臨近暑假前終止審議條例草案，讓煙草商有機會趁暑假期間加強宣傳，使另類煙廣泛流行，令日後禁止這些產品及其他控煙工作更舉步維艱。委員會倡議立法會儘快重啟及通過條例草案，並全面檢討及加強控煙政策。同時，將全禁傳統捲煙一併納入法例框架，制定「全面禁煙」的時間表，以加快將吸煙率降至5%或以下，實現「全面禁煙」的目標。



Antonio KWONG, COSH Chairman emphasized, "We are now facing unprecedented threats on tobacco control in Hong Kong. The tobacco industry invented and marketed ASPs targeting both smokers and non-smokers. The smoking prevalence of Hong Kong in the latest survey has slightly increased and the numbers of people using e-cigarettes and HTPs have raised significantly in the past two years. Primary and secondary school students who have never smoked also tried to use these products and started smoking which is alarming."

Speakers pointed out that the novel designs and flavours of ASPs adopted by tobacco companies downplay the hazards. These products are promoted via social media platforms and use celebrities as spokespersons which attract youngsters and children. According to a school-based survey on smoking commissioned by the Food and Health Bureau and conducted by The School of Public Health of The University of Hong Kong during October 2018 to July 2019, 0.8% and 0.1% of primary school students have ever used and currently using the HTPs respectively. Also, 2,530 and 1,510 primary school students have ever used e-cigarettes and HTPs respectively, in which more than half (51.5%) and 34.9% of them are never smokers. According to the survey, around 20% to 40% of secondary school students who have never smoked lighted up their first cigarette by using HTPs and e-cigarettes. These products could lure youngsters starting to smoke which shocked the parent and education sector.

Besides, over 70% of secondary school students who currently used ASPs were dual-users of both conventional cigarettes and ASPs. The sector expressed deep concern since the Legislative Council discontinued its scrutiny work on the Bill right before the summer holidays. Tobacco industry may take the chance to promote the ASPs and cause a surge in the usage exponentially, constituting an obstacle in a total ban of these products and tobacco control works. COSH advocated the Government to resume the legislation work of the Bill as soon as possible, review and strengthen the tobacco control policies. COSH suggested the Government to include the conventional cigarettes in the legislative framework and set a bold schedule for Tobacco Endgame goal, to further lower the smoking rate to 5% or below for achieving the Tobacco Endgame.



## 「本地研究發現加熱煙無助戒煙 從速全禁保障下一代健康」記者會

直至2020年11月，香港立法會內務委員會開始繼續審議條例草案。委員會隨即於2020年12月10日舉行網上記者會，聯同香港大學學者率先公佈本港首個研究發現加熱煙無助吸煙人士戒煙的結果，藉此釐清社會上對「加熱煙減害」的誤導宣稱，並倡議立法會儘快通過條例草案，全禁所有另類煙包括電子煙及加熱煙。記者會的講者包括香港大學護理學院副教授王文炳博士、委員會主席湯修齊及總幹事黎慧賢。

委員會主席湯修齊表示，「儘管煙草商不斷以語言藝術試圖淡化吸食另類煙對身體帶來的禍害，減低市民對其危害之警覺性，從而游說各界支持規管加熱煙而不採取全禁，但有關『加熱煙減害』之說不但沒有獲認可，同時誤導公眾。參照外國現時電子煙或加熱煙的使用情況及規管經驗，不少國家在沒有全禁另類煙下已付出了沉重代價，青少年之使用率急速上升。故委員會促請立法會從速全面禁止所有另類煙包括加熱煙及電子煙，以防患於未然。」

## “HTPs Could Not Help Quitting COSH Urges a Total Ban on All ASPs to Protect the Next Generation” Press Conference

Until November 2020, the House Committee of the Legislative Council continued to consider the Bill. COSH immediately held an online press conference on 10 December 2020, together with the academia from The University of Hong Kong (HKU) to announce the results of first local research, which found that HTPs could not help smokers to quit smoking. In addition, speakers also debunked the fallacies of “Harm Reduction of HTPs” to urge the Legislative Council to pass the Bill promptly to enact a total ban on ASPs including e-cigarettes and HTPs. Speakers included Dr Kelvin WANG, Associate Professor, The School of Nursing, HKU, Henry TONG, COSH Chairman and Vienna LAI, COSH Executive Director.

Henry TONG, COSH Chairman remarked, “Tobacco companies had downplayed the health risks associated with smoking while selling ASPs which made the public less vigilant on the hazards. The industry attempted to lobby various sectors in support of a regulatory approach on HTPs instead of a total ban. However, the “Harm Reduction” claims are misleading and haven’t been approved. Overseas experiences had shown that regulatory approaches on e-cigarettes or HTPs may result in a surge in the prevalence of ASPs’ uses among the youth. In this connection, COSH urges the Legislative Council to impose a total ban on all ASPs promptly, including HTPs and e-cigarettes, to nip it in the bud.”



香港大學最新一項研究追蹤本港有意戒煙的吸煙人士六個月，是首個研究了解使用加熱煙與戒煙成果的關係。研究結果發現加熱煙無助戒煙，即使有約四成半(44%)使用加熱煙的吸煙人士為助戒煙而使用加熱煙，然而六個月後成功戒煙的機會沒有提高。另一方面，對比沒有使用戒煙服務的吸煙人士，有使用戒煙服務的成功戒煙機會在第六個月提高了七成(70%)。研究結果表明，吸煙人士如需戒煙協助，應尋求經實證有效之戒煙服務而非轉用加熱煙或其他另類煙，相關研究已經學術同行評審及刊登於國際醫學期刊。

講者在記者會上亦解說美國食品藥物管理局對某品牌加熱煙批出「調整接觸」許可令，是建基於吸煙人士完全轉用加熱煙而作的決定，但實際上大部分加熱煙使用者同時吸傳統煙，當局亦否定加熱煙「減害」宣稱。同時，加熱煙會釋放比傳統煙更高或沒有的有害物質，包括致癌物，因此加熱煙可較傳統煙更為有害。委員會亦提醒市民加熱煙的煙支含有煙草，同樣會釋出有毒及致癌物質，其二手煙亦會危害他人健康，市民不應低估在疫情期間在家中使用的另類煙的健康危害。

鑑於不少海外經驗引證規管加熱煙無助遏止於青少年間流行，並會引致雙重吸煙的情況及令不吸煙人士染上煙癮，委員會強烈呼籲政府及立法會儘早通過全禁另類煙，阻止加熱煙以規管形式進入本港市場，讓煙草商乘機擴闊顧客群吸納新吸煙人士(尤其兒童及青少年)，否則屆時必嚴重影響公眾健康，吸煙率更有機會進一步回升，香港全面禁煙的目標亦將遙遙無期。



HKU investigated the prospective association of HTP use and quitting among smokers who had intention to quit in Hong Kong. The smokers were followed up for six months. It was the first study to find that HTPs could not help smokers to quit smoking. 44% of smokers used HTPs for smoking cessation, eventually the likelihood of successful quitting at six months was not enhanced. In contrast, smokers who used smoking cessation services were 70% more likely to abstain from cigarettes at 6-month follow-up, compared with those who did not use the services. The findings highlight that smokers who need helps for quitting should seek smoking cessation services, which are empirically proved effective, rather than HTPs and other ASPs. The research results had been peer-reviewed and published in an international medical journal.

At the press conference, speakers also explained the Food and Drug Administration (FDA) of the United States's permission on the sale of a HTP with "exposure modification" claim was based on complete switch from cigarettes to HTPs, but most HTP users smoke cigarettes concurrently. FDA also rejected the "risk modification" claim. Besides, some harmful chemicals, including carcinogens, released by HTPs are in higher levels than or absent in cigarette smoke, thus HTPs could be more harmful than conventional cigarettes. COSH reminded members of the public that tobacco is the main ingredient of HTPs. The products also emit harmful secondhand smoke with toxic chemicals and carcinogens which damage the health of bystanders. The health consequences of using ASPs at home during pandemic should not be underestimated.

Since a number of overseas experiences of regulatory approach could not stop HTPs from gaining swift popularity among youth, while smokers became dual users of HTPs and conventional cigarettes, and HTPs lure non-smokers to initiate smoking, COSH strongly urged the Government and the Legislative Council to impose a total ban on all ASPs promptly to avoid HTPs from entering Hong Kong market exploiting a new customer base among children and youth. Otherwise, the smoking rate might further rebound, result in a longer way to achieve the target of a smoke-free Hong Kong.

## 團結各界支持全禁措施

香港大學護理學院及公共衛生學院受委員會委託於2020年3月至7月進行「控煙政策調查」。這調查以手提電話形式訪問了超過900名市民，發現大部分市民支持全面禁止電子煙(61.9%)、加熱煙(61.6%)及其他另類吸煙產品(64.1%)。由此可見，條例草案普遍獲得市民和社會整體支持，政府及立法會應從速回應社會期望，並及早落實全面禁止另類煙。

委員會除向立法會提交透過地區宣傳活動及網頁收集的公眾支持外，亦動員社會各界向立法會遞交書面意見，表達支持全禁的訴求及促請儘早通過條例草案，當中包括來自醫學團體、控煙組織、學術界、教育及家長界、病人組織及社會服務團體等。

此外，委員會亦進行多方面的社區及政治聯繫工作，約見行政會議成員、不同界別的黨團、立法會議員及社會領袖等進行游說工作，並向他們轉達市民對全禁另類煙的期望。在會議上，委員會提交最新的科學研究報告及國際醫學權威組織的立場。醫學界陳沛然議員更邀請委員會主席湯修齊拍攝訪問短片，一同擊破另類煙常見的謬誤，呼籲市民支持條例草案。短片被上載至社交媒體以供市民觀看及轉發。



然而，立法會法案委員會經過多次會議的討論，至今仍未通過條例草案，委員會對立法進程緩慢表示失望並重申，若然條例草案一拖再拖，是對社會百害而無一利，並且呼籲立法會議員不應將任何個人利益凌駕於公共衛生之上，應儘早禁止所有另類煙，保障市民免受煙草煙霧危害。

## Concerted Efforts to Support a Total Ban

The School of Nursing and The School of Public Health of HKU were commissioned by COSH to conduct Tobacco Control Policy-related Survey and over 900 respondents were interviewed in March to July 2020 by mobile phone. The results revealed that a majority of citizens supported the total ban on e-cigarettes (61.9%), HTPs (61.6%) and other ASPs (64.1%). The Bill was supported by the society in a whole. The Government and Legislative Council were advised to make quick response on public views by passing the Bill.

Apart from conveying the public and social aspiration through community promotions and signatory webpage, COSH also mobilized different sectors of the community including medical associations, tobacco control organizations, academia, education and parent sector, patient groups and social service organizations, to submit written submissions to the Legislative Council pressing the passage of the Bill promptly.

In addition, COSH also conducted a wide range of community and political liaisons including meeting with Executive Council members, different political parties, Legislative Council members and community leaders to lobby for a total ban on ASPs and convey the public and social aspirations. In the meetings, the latest research findings and stance of global medical authorities were presented. Dr Hon Pierre CHAN invited Henry TONG, COSH Chairman for video interviews to publicize the harms of smoking and dispel the common misconceptions about ASPs, in order to call for public support for the Bill. Videos were launched on social media for viewing and sharing.

Nevertheless, the scrutiny of the Bill in Legislative Council had not completed yet after several meetings and discussions. COSH expressed disappointment for the slow progress of the scrutiny work and reckoned the Bill should not be subject to further delay. Any individual interest should not override on public health interest for lawmakers. The expedition of passing of the Bill could protect people from tobacco smoke.



## 「香港無煙領先企業大獎 2019」 頒獎典禮特備節目



委員會與職業安全健康局及香港電台第一台於2019年至2020年期間合辦「香港無煙領先企業大獎2019」（大獎），旨在鼓勵商界持續將無煙信息推廣至員工、客戶、社會大眾及不同持分者，同時表揚有傑出無煙政策表現的企業。大獎共吸引530多間來自不同行業的企業及機構踴躍參與，受惠員工人數更超過13萬人，創歷年新高。行業的分佈亦更為廣泛，包括銀行、物業管理、零售、物流、運輸、建築及政府部門等。

配合政府防疫措施減低社交接觸，委員會聯同香港電台第一台聯合製作「香港無煙領先企業大獎2019」頒獎典禮特備節目，以代替實體頒獎禮表揚一眾得獎企業，並在2020年8月21日於香港電台第一台及港台電視31之《精靈一點》節目內播出，活動亦首次以Facebook直播形式進行，讓更多市民分享得獎企業的傑出無煙政策及成果。

參與特備節目嘉賓包括大獎榮譽贊助人食物及衛生局局長陳肇始教授、合辦機構職業安全健康局總幹事游雯、兩間獲得「金獎」暨「傑出無煙社區參與大獎」的得獎公司中華電力有限公司人力資源總監林翠華及金門建築有限公司人力資源董事龐燕妮，以及委員會主席鄺祖盛。而歌手盧巧音以過來人身份，分享戒煙經驗及勉勵同路人要有決心遠離煙草誘惑。

## Special Programme of “Hong Kong Smoke-free Leading Company Awards 2019” Awards Presentation Ceremony

COSH organized the Hong Kong Smoke-free Leading Company Awards (the Awards) together with Occupational Safety and Health Council and Radio 1 of Radio Television Hong Kong (RTHK) in 2019 and 2020 which aimed to encourage business sector to promote smoke-free messages to their employees, customers, members of the community and other stakeholders on a continuous basis as well as commend the outstanding companies for their efforts in implementing smoke-free policies. The Awards in 2019 scaled a new height with more than 530 companies participating. Over 130,000 employees from a wide variety of industries were benefited, including banking, property management, retail, logistics, transportation, construction, government departments, etc.

To reduce social contact under the Government's anti-epidemic measures, a special programme jointly produced by COSH and RTHK was broadcast on 21 August 2021 during the programme “Healthpedia” on RTHK Radio 1 and TV31, to recognize the accomplished companies and highlight their remarkable smoke-free policies. It was also the first online live streaming Awards ceremony on Facebook reaching out more audience.



Honourable Patron, Prof Sophia CHAN, Secretary for Food and Health, Co-organizer, Bonnie YAU, Executive Director of Occupational Safety and Health Council, Two Gold Awardees and Winners of the “Outstanding Smoke-free Community Involvement Award”, Connie LAM, Director of Human Resources, CLP Power Hong Kong Limited and Jenny PONG, Director of Human Resources, Gammon Construction Limited and Antonio KWONG, COSH Chairman participated in the special programme. Singer, Candy LO shared her successful experience in overcoming the tobacco cravings and encouraged smokers to strengthen their quit will.

委員會主席鄭祖盛指出企業實行無煙政策可以推動吸煙員工戒煙，提升工作效率，減低公司及社會的醫療開支，達致員工、公司及社會三贏局面。食物及衛生局局長陳肇始教授在節目中提及企業和機構支持無煙工作間是實現無煙香港的重要助力，並為企業越來越重視員工的健康生活模式感到鼓舞。



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

## 「無煙安居樂業」計劃



香港有超過24萬名房屋管理從業員於物業管理、保安及清潔服務行業中工作。根據職業安全健康局進行的調查發現，逾四分之一(27.4%)的房屋管理業從業員有吸煙習慣，而近一成半(13.7%)的受訪者會於工作時間內吸煙，顯示非吸煙員工、住客、租戶或公眾有機會暴露於二手煙及三手煙的環境中，影響健康。因此，委員會與香港房屋委員會、香港房屋協會及物業管理業監管局合辦「無煙安居樂業」計劃，並獲得多個業界組織全力支持，動員旗下會員參與，藉此加強房屋管理業界推動戒煙的角色及鼓勵從業員投入無煙生活，保障房屋管理業從業員及公眾健康。

Antonio KWONG, COSH Chairman remarked that smoke-free policies at workplaces help motivate smoking employees to go smoke-free, improve work efficiency and minimize healthcare expenses, creating a win-win situation for employees, company and the society. Prof Sophia CHAN, Secretary for Food and Health was delighted to see the raising awareness on employees' well beings among companies. Companies and organizations implementing smoke-free policies at workplace was essential in achieving a smoke-free Hong Kong.

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

## “Smoke-free Housing Management” Programme

The housing management industry in Hong Kong has over 240,000 labour force, including property management, security services and cleansing services. According to the survey conducted by the Occupational Safety and Health Council, more than a quarter (27.4%) of practitioners in housing management industry had smoking habits. About 13.7% of respondents had smoked at workplace indicating that non-smokers (including employees, residents, tenants and the public) had risk of secondhand smoke and third-hand smoke exposure. Thus, COSH organized the “Smoke-free Housing Management” Programme together with Hong Kong Housing Authority, Hong Kong Housing Society and Property Management Services Authority. The Programme was also supported by various industry associations in mobilizing members to join, aiming to strengthen the industry role in cultivating a smoke-free culture and encourage the practitioners to go smoke-free in order to safeguard the staff and public health.

### 「無煙房屋管理」認證

「無煙安居樂業」計劃設有「無煙房屋管理」認證，共吸引近400間業界公司及機構踴躍參與，受惠員工人數超過25,000人，展示業界在新冠肺炎疫情下期望透過參與計劃改善員工健康的決心，並站在社區前線向公眾推廣無煙信息，保障他們免受二、三手煙危害。當中超過200間業界公司獲得「優質無煙管理認證」。另外，逾百間業界公司於推行無煙管理上有傑出表現，獲得「甲級無煙管理認證」，成為推動無煙文化的先鋒。

### 宣傳及推廣

為提升房屋管理業從業員對煙害的認識，委員會特別製作無煙短片，邀請「無煙健儀」方健儀及唱片騎師化身成房屋管理從業員，擊破業界對吸煙的相關迷思，並提醒公眾人士遵守禁煙法例，締造無煙生活環境。委員會亦提供健康講座、工作坊、戒煙轉介服務及無煙宣傳品等，以協助公司將無煙信息傳遞至員工及不同持分者（包括住戶、業戶、租戶及公眾），推動更多吸煙人士戒煙。



### 認證典禮暨業界分享會

委員會聯同香港商業電台於2021年3月29日假香港會議展覽中心舉辦「無煙安居樂業」計劃認證典禮暨業界分享會，答謝業界組織及機構支持。主禮嘉賓包括衛生署控煙酒辦公室主管封螢醫生、房屋署物業管理總經理（支援服務）黎雪葵、香港房屋協會總經理（物業管理）黃潘靜文、物業管理業監管局總經理（營運及服務）陳彥彰、委員會主席湯修齊及副主席陳志球博士。

### Smoke-free Housing Management Recognition Scheme

A recognition scheme was introduced under the “Smoke-free Housing Management” Programme with active participation of nearly 400 industry companies and benefiting over 25,000 employees. This encouraging result demonstrated the industry’s commitment to improve staff health and protect the public from secondhand and third-hand smoke exposure under the COVID-19 pandemic. Over 200 companies received the “Premier Smoke-free Housing Management Recognition”. Another 100 companies received the “Top Premier Smoke-free Housing Management Recognition” in appreciation of their outstanding performance on implementing smoke-free policies.

### Promotional Videos

To enhance the awareness on smoking hazards among housing management practitioners, COSH invited Akina FONG and disc jockey to role play as industry practitioners in short videos to bust the myths about smoking. The videos reminded the public to comply with the Smoking (Public Health) Ordinance for a smoke-free living environment. COSH also provided health talks, workshops, smoking cessation referrals and promotional collaterals to assist companies in delivering smoke-free messages to employees and stakeholders, including householders, home owners, tenants and members of public.

### Recognition Ceremony cum Seminar

COSH, in collaboration with Hong Kong Commercial Radio, organized the recognition ceremony cum seminar of the “Smoke-free Housing Management” Programme on 29 March 2021 at Hong Kong Convention and Exhibition Centre to appreciate industry associations and corporates for their support and participation. The event was officiated by Dr FUNG Ying, Head of Tobacco and Alcohol Control Office, Department of Health, LAI Suet-kwai, Chief Manager/Management (Support Services), Housing Department, Annie WONG, General Manager (Property Management), Hong Kong Housing Society, Pandora CHAN, General Manager, Property Management Services Authority, Henry TONG, COSH Chairman and Dr Johnnie CHAN, COSH Vice-chairman.





獲得「優質無煙管理認證」的公司透過實施無煙房屋管理政策，向不同持分者宣揚煙害信息，包括於管理之物業範圍（如大堂、電梯、梯間等當眼位置）張貼無煙標示及海報、向住戶及業戶派發戒煙宣傳刊物等，並舉辦多元化的活動於社區建立支持戒煙氛圍。獲發「甲級無煙管理認證」的公司更自發於非法定禁煙物業範圍如戶外地方推行全面禁煙、設立戒煙獎勵制度及提供戒煙支援等，為業界樹立榜樣。

活動亦進行業界分享會，講者包括香港物業管理公司協會會長陳志球博士及香港大學公共衛生學院社會醫學講座教授暨羅旭龢基金教授（公共衛生學）林大慶教授。講者分享如何透過日常管理協助房管業締造無煙環境及講解於疫情下推動戒煙的好處。同時，歌手林欣彤及林奕匡到場支持活動，並分享耳穴戒煙按法及鼓勵吸煙人士戒煙。

Companies received the "Premier Smoke-free Housing Management Recognition" spread smoke-free messages and implemented smoke-free policies. They displayed smoke-free posters at prominent locations of properties such as lobbies, lifts and staircases, distributed smoke-free leaflets and held community events to create a supportive atmosphere for smoking cessation. Smoking ban was voluntarily adopted in outdoor areas by some of the "Top Premier Smoke-free Housing Management Recognition" awardees. They also introduced cessation reward scheme and provided smoking cessation support for smokers.

Two speakers, Dr Johnnie CHAN, President of The Hong Kong Association of Property Management Companies and Prof LAM Tai-hing, Chair Professor of Community Medicine & Sir Robert Kotewall Professor in Public Health, School of Public Health, The University of Hong Kong shared the tips on smoke-free policies for the housing management industry and the advantages of promoting smoking cessation under COVID-19 pandemic respectively at the seminar. Artists Mag LAM and Phil LAM also joined the event to demonstrate ear acupuncture for easing tobacco cravings and motivate smokers to quit smoking.



## 「無煙安樂窩」設計比賽

為鼓勵公眾參與，委員會舉辦「無煙安樂窩」設計比賽。親子組及小學組兩個組別共收到超過370份作品及逾4,000人投票支持活動。參加者與家長在家抗疫期間設計理想的安樂窩，鼓勵吸煙的家人及鄰舍儘早戒煙，保障家人免受二、三手煙危害。參賽作品各具特色，並以不同的創意手法呈現無煙生活環境。而各組別的冠、亞及季軍作品於2021年4月1日至30日在灣仔港鐵站的港鐵社區畫廊內展出，將無煙信息帶入社區。

## Smoke-free Home Design Competition

To increase public participation, COSH organized the Smoke-free Home Design Competition. The family and primary school categories received over 370 entries for the competition and more than 4,000 individual members supported by voting for their favourite entries. The competition aimed to encourage participants' family members and neighbors to quit smoking, so as to stay away from the hazards of secondhand and third-hand smoke through creative "Dream Smoke-free Home" drawings. Drawings of the champion, first and second runner-up of each category were displayed at a community exhibition located at MTR Community Art Gallery inside Wanchai MTR station from 1 to 30 April 2021.

得獎作品 Winning Entries :



親子組冠軍  
Family Category  
Champion



親子組亞軍  
Family Category  
First runner-up



親子組季軍  
Family Category  
Second runner-up



小學組冠軍  
Primary School Category  
Champion



小學組亞軍  
Primary School Category  
First runner-up



小學組亞軍  
Primary School Category  
First runner-up



小學組季軍  
Primary School Category  
Second runner-up



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

Programme Website: [www.smokefree.hk/housing](http://www.smokefree.hk/housing)

請掃描二維碼瀏覽「無煙房屋管理」認證名單。

Please scan the QR code for the list of Smoke-free Housing Management Recognition Scheme.

## 倡議增加煙草稅

世界衛生組織(世衛)指出，增加煙草稅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，並建議各國及地區將煙草稅率調高至佔煙草零售價格75%或以上。世衛更在最新發佈有關煙草稅政策和管理的指引強調，在2019冠狀病毒病肆虐下，政府應實施高煙草稅以進一步減少吸煙，並定期增加或按特定機制自動增加稅率，以避免通脹和收入增長削弱煙草稅的成效。

現時已有近40個國家如澳洲、巴西及泰國，提升煙草稅至佔捲煙零售價格的75%或以上。然而，香港的煙草稅自2014年以來一直維持於每包約港幣38元，只佔主要捲煙品牌的零售價格約63%，低於世衛建議水平。

委員會的「控煙政策調查2020」顯示，大部分(79.5%)的受訪者支持定期增加煙草稅，支持此項措施的現時吸煙人士亦超過三成(30.5%)。現時吸煙人士認為有效推動他們戒煙或減少吸煙至少一半的煙草價格中位數為每包港幣100元，而平均價格更為每包港幣155元(2020年的價格為每包港幣60元)。

## Advocacy on Raising Tobacco Tax

World Health Organization (WHO) indicates that raising tobacco tax is the single most effective tobacco control intervention, which can effectively lower the smoking prevalence and prevent youth from starting smoking. WHO also recommends countries and territories to increase tobacco tax to 75% or above of the retail price of tobacco products. According to the latest technical manual on tobacco tax policy and administration, WHO stressed high tobacco tax should be imposed to effectively discourage smoking, with regular increase or automatic adjustments to avoid tax erosion by inflation and income growth, especially in the COVID-19 pandemic.

Currently, the tobacco tax of nearly 40 countries, including Australia, Brazil and Thailand, have already reached 75% or above of their retail prices. However, the tobacco tax of the major cigarette brands in Hong Kong remained at HK\$38 per cigarette pack since 2014, which accounted for only around 63% of the cigarette price and far below the WHO's recommendation.

According to COSH's Tobacco Control Policy-related Survey 2020, the majority of respondents (79.5%) supported raising tobacco tax regularly, including 30.5% of current smokers. Current smokers suggested that the cigarette retail price should be set at a median price of HK\$100 and a mean price of HK\$155 per pack to effectively motivate them to quit or reduce the daily cigarette consumption by at least 50% (retail price in 2020 is HK\$60 per pack).



# 79.5%

受訪者支持定期增加煙草稅  
respondents supported regular tax increase

\* 其他為不知道或拒絕回答

Others refer to Don't know/ Refused to answer

備註：由於進位關係，統計圖表內的數字加起來可能不等於100%。

Remark: Percentages may not add up to 100% due to rounding.



調查結果充分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85個團體於2021年2月致公開信予財政司司長，促請政府於2021至2022財政年度大幅增加煙草稅100%，並按年增加煙草稅率，以加快降低吸煙人口，推動香港的控煙進程。委員會主席湯修齊亦於2021年2月接受多間傳媒訪問，重申大幅增加煙草稅有效防止青少年開始吸煙及提高吸煙人士戒煙意慾，有助減低吸煙人口，訪問獲傳媒廣泛報導。



惟政府於2021至2022財政年度連續第七年凍結煙草稅，並已連續十年沒有大幅增加煙草稅，委員會為此表示非常失望，但相關報道已引起大眾的關注。

### 「二手煙·不再見」宣傳推廣計劃

委員會委託香港大學護理學院及公共衛生學院進行的「控煙政策調查2019」顯示，有16.9%受訪者與最少一名吸煙者同住，並有14.2%表示在過去七天曾在家中接觸二手煙。而市民在工作場所接觸二手煙的情況亦不罕見，有兩成半（25.4%）在職受訪者於過去七天中最少有一天在工作時有人在其三米範圍內吸煙。

The survey findings reflected that Hong Kong had huge capacity for tobacco tax increment. In view of this, COSH, together with 85 organizations, sent an open letter to the Financial Secretary in February 2021 to urge the Government to raise tobacco tax substantially by 100% in FY2021-2022, as well as to increase annual tax subsequently so as to reduce smoking prevalence and accelerate the development of tobacco control. Meanwhile, Henry TONG, COSH Chairman was interviewed by some media in February 2021 to reiterate the effectiveness of raising tobacco tax in preventing youngsters from lighting up the first cigarettes and boosting smoking cessation to reduce the smoking rate. The interview was widely covered by different media.

However, the tobacco tax was frozen again in FY2021-2022 for seven consecutive years and no substantial increment in the past decade, COSH expressed strong disappointment on this. But relevant media coverage aroused public awareness on this issue.

### “Say No to Secondhand Smoke” Publicity Programme



COSH commissioned The School of Nursing and The School of Public Health of The University of Hong Kong to conduct the Tobacco Control Policy-related Survey 2019 which revealed that 16.9% of the respondents lived with at least one smoker and 14.2% were exposed to secondhand smoke (SHS) at home in the past seven days. 25.4% of employed respondents were exposed to SHS by smokers smoking within three meters at workplace in at least one day in the past seven days.

而調查亦發現，在疫情期間分別有15.5%使用加熱煙的人士及6.2%只吸傳統煙的人士增加在家吸煙，證明同住家人暴露於二、三手煙的環境較以往更長，危害他們的健康。為了讓大眾了解更多二手煙的禍害，委員會舉辦「二手煙·不再見」宣傳推廣計劃，讓更多市民認識煙害，鼓勵身邊的吸煙人士戒煙，一同拒絕吸煙和二手煙，建立無煙的生活態度。

### 無煙插畫宣傳

委員會與本地插畫家張壑甯合作，創作一套兩本「二手煙·不再見」兒童擴增實境繪本《無煙的家在哪裡？》及《無煙的街道在哪裡？》，並免費派發予全港小學生。同時亦於社交媒體平台內刊登無煙四格插畫，提醒市民二手煙對鄰居的影響。另外，插畫亦提醒行山人士不要吸煙影響他人健康，也有機會引起山火破壞生態環境。

### 街站宣傳活動

為加強宣傳二手煙的禍害，委員會於2021年1月至2月期間於港、九、新界多區舉行五場宣傳街站，邀請市民承諾不吸煙，呼籲吸煙人士戒煙及支持家人朋友向二手煙說不。活動期間正值農曆新年前夕，委員會亦向市民派發無煙賀年揮春及宣傳單張，一同歡度無煙春節。不少市民亦下載無煙WhatsApp貼圖，方便與摯愛於電話聊天程式內推廣無煙信息，近2,800名市民參與活動。



Besides, during the COVID-19 pandemic, 15.5% of heated tobacco products (HTPs) users and exclusive conventional cigarette smokers (6.2%) increase tobacco consumption at home. Smoking at home may expose family members to health risks of SHS and third-hand smoke. "Say No to Secondhand Smoke" Publicity Programme was launched to publicize the hazards of SHS, encourage smokers to kick the habit, say no to smoking and SHS, to live a smoke-free lifestyle.

### Smoke-free Illustration Promotion

COSH collaborated with a local illustrator, Kian CHEUNG to publish and distribute two augmented reality picture books titled "Where is Our Smoke-free Home?" and "Where is Our Smoke-free Street?" for Hong Kong primary school students. Two four-grid illustrations were also published on the social media platforms to educate the public on how SHS harm neighbours. Also, the illustration appealed to hikers to be considerate and do not smoke during hiking trips to prevent fire and eco-vandalism.



### Street Promotion

Five sessions of street promotion activities were held from January to February 2021 across the territory to publicize the hazards of SHS. Citizens were invited to pledge smoke-free, motivate their families and friends to say no to SHS together to strive for a smoke-free Hong Kong. The activities were held near Chinese Lunar New Year, smoke-free faichuns and leaflets were distributed to celebrate the festival. Many members of the public also downloaded WhatsApp stickers to encourage their loved ones to stay smoke-free via mobile communication applications, reaching about 2,800 citizens.

## 全新宣傳短片「吸煙實有害 乜煙都咪點」

委員會留意到公眾對另類煙認知不足，故於2021年3月推出最新宣傳短片「吸煙實有害 乜煙都咪點」，向市民大眾宣揚吸煙危害健康及另類煙的禍害，鼓勵大家堅拒所有吸煙產品。宣傳短片於各大電台、電視台及網上平台播放，均深受大眾歡迎。

宣傳短片邀請善於踢爆歪理的「咪點我」成為無煙代言人，並於短片中正式首次亮相，透過他挺身而出，提醒市民吸煙引致多種致命疾病，而加熱煙及電子煙同樣會產生二手煙，傷害身邊的人，鼓勵吸煙人士徹底戒煙，遠離煙害。

## New API “Smoking Harms. Don’t Smoke at All!”

COSH realized that public awareness on alternative smoking products shall be raised, thus COSH launched a new Announcement in Public Interest (API) titled “Smoking Harms. Don’t Smoke at All!” in March 2021 to promote hazards of smoking and alternative smoking products. The API aimed to remind the public to stay away from all forms of tobacco products. It was broadcast on radio channels, TV stations and online platforms with overwhelmed responses.

The API was presented by “Wise Mike”, the new smoke-free ambassador of COSH. Wise Mike is good at busting myths and reminds the public that smoking is responsible for many fatal diseases in the API, even heated tobacco products and electronic cigarettes emit secondhand smoke, as well as harm people around the smokers. Smokers were advised to quit smoking completely.





## 無煙代言人「咪點我」

為更有效傳達無煙信息及加強與市民的互動，委員會於2021年3月30日正式委任「咪點我」成為無煙代言人，並建立Instagram帳戶及推出最新一輯宣傳短片。委員會主席湯修齊連同藝人方力申與「咪點我」亦拍攝不同的宣傳短片於社交媒體平台發佈。同時，藝人方力申、花式溜冰運動員馬曉晴及網紅黃嘉樂等於Instagram參與濾鏡遊戲，透過互動提醒年輕一族吸煙會影響儀容，鼓勵他們向煙草說不。



「咪點我」有一顆正義之心，身上的喇叭為最大特色，可「砵」走煙草商的大話，口頭禪為「吸煙實有害，乜煙都咪點！」。「咪點我」將定期於社交媒體平台以有趣幽默方式向公眾拆解吸煙謬誤和宣揚煙草的禍害，推動吸煙人士戒煙，亦會在日後委員會的無煙教育及宣傳活動中亮相。

## Smoke-free Ambassador “Wise Mike”

To enhance promotion effectiveness and interactions with the mass public, COSH appointed “Wise Mike” as the smoke-free ambassador, developed an Instagram account and featured him in the latest API on 30 March 2021. “Wise Mike” was also featured in a series of promotional videos with Henry TONG, COSH Chairman and Alex FONG, artist. Besides, artist Alex FONG, figure skating athlete Maisy MA and social media influencer Ted WONG engaged in the interactive filter at Instagram to remind the youngsters that smoking damages physical appearance and highlight the importance of staying smoke-free.

“Wise Mike”, who carries an iconic horn, is righteous and good at busting myths as well as the marketing tactics of tobacco industry. With the catchphrase “Smoking Harms. Don’t Smoke at All!”, “Wise Mike” will debunk misconceptions on smoking hazards, promote smoking cessation and deter the youngsters from smoking via social media platform in an interactive and humorous way. He will also show up in future COSH education and publicity events.





社區聯繫及推廣

Community Involvement and Promotion

## 「無煙老友記」計劃 2020-2021

香港現時 60 歲或以上的每日吸煙人士有近 17 萬人，約佔全港吸煙人口的四分之一。吸煙的長者一般煙齡較長及煙癮較深，再者受到有關吸煙與戒煙的謬誤所影響，誤以為戒煙會誘發嚴重疾病，並低估吸煙對身體的害處，因此未能下定決心戒煙。

委員會為鼓勵吸煙長者重建健康生活，故推出「無煙老友記」計劃 2020-2021，透過舉辦健康講座，釐清有關吸煙與戒煙的謬誤，並介紹本地戒煙支援服務，藉此加深長者對吸煙禍害的了解，鞏固他們戒煙的決心。此外，委員會與多個長者服務中心及團體合作，推動長者向身邊人士宣傳無煙資訊，建議及協助他人戒煙。

## Elderly Smoking Cessation Promotion Project 2020-2021

There are currently around 170,000 daily cigarette smokers aged 60 or above, accounting for about a quarter of the smoking population in Hong Kong. Many elderly smokers have a long smoking history and with high level of nicotine addiction. Some may underestimate the health consequences or mistakenly relate an increased risk of developing serious illnesses with smoking cessation. These entrenched misconceptions on smoking and quitting deteriorate their willingness to kick the smoking habit.

To encourage elderly smokers to adopt a healthy lifestyle, COSH launched the Elderly Smoking Cessation Promotion Project 2020-2021 with the aims to inform tobacco hazards, dispel myths about smoking cessation, promote smoking cessation services and strengthen elderlies' quit will. COSH also collaborated with elderly centres and service organizations to mobilize elderlies to spread out smoke-free messages and advise others to quit smoking.

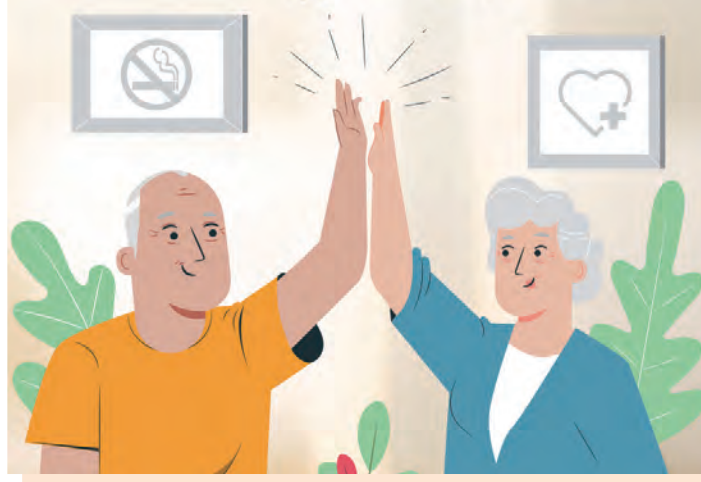
### 任何年紀都適宜戒煙

眾所周知，吸煙是引致肺癌的最主要原因。煙草煙霧中的致癌物會損害肺部的細胞並導致基因突變，繼而引致癌症。**戒煙則能大大減低吸煙帶來的健康風險。**英國研究發現，當吸煙人士戒煙後不但**能停止損害肺部**，肺部中沒受損害的健康細胞可能會繁殖並取代受損細胞，從而降低患上肺癌的風險。即使是已經吸煙 40 年並吸超過 15,000 包煙的人士，在戒煙幾年後亦有同樣效果。研究結果反映**在任何年紀戒煙均有好處**，戒煙永遠不會太遲！



# 戒煙

## 有心唔怕遲！



在疫情下，長者被列為感染新冠肺炎後出現併發症或死亡的高危風險群組，而政府亦針對安老院舍及中心作出預防病毒的感染控制措施。為保障長者健康及加強宣傳戒煙的重要性，委員會改變以往計劃的模式，提供不同形式的健康講座，包括現場演講、網上直播演講及預錄版本，以減少社交接觸。長者中心可按需要選擇最合適的形式，令長者於疫情期間繼續接收無煙信息，並鼓勵吸煙長者儘早戒煙，以消除健康隱憂。

委員會於2020年6月至2021年3月期間於各區長者中心舉辦約20場健康講座，以生動有趣的方式向約600名長者宣揚無煙生活的好處，講座內設有即時互動問答環節及送出無煙紀念品，鼓勵長者與親友分享無煙信息。此外，委員會亦與14間長者中心及長者服務團體合作如中華基督教會合一堂耆年中心、新界西長者學苑聯網等，向約2,000名長者及市民派發宣傳單張，讓他們認清吸煙的各種害處及推廣戒煙。

In view of the tightened guidelines imposed by the Government on infection control in residential care homes for the elderly, to protect this group with high risk of complication and death from COVID-19 disease under the pandemic, COSH introduced different modes of health talks including onsite presentation, online live streaming presentation and pre-recorded video to accommodate the needs of different elderly centres and motivate them in smoking cessation on a continual basis while minimizing the social contact.

From June 2020 to March 2021, COSH conducted about 20 sessions of health talks at elderly centres across the territory. The benefits of a smoke-free lifestyle and the importance of smoking cessation were promoted to around 600 elderlies. Interactive question-and-answer sessions were included and souvenirs were given out to encourage the elderlies sharing the smoke-free information with families and friends. Besides, in collaboration with 14 elderly centres and elderly service organizations including Hop Yat Church Neighbourhood Elderly Centre, The Church of Christ in China and New Territories West Elder Academies Cluster, COSH further enhanced elderlies' awareness on tobacco hazards and promoted smoking cessation by distributing leaflets to around 2,000 members of public.



### 戒煙小貼士

- ☑ 定下戒煙日期，作好準備
- ☑ 多飲水以減低吸煙意欲
- ☑ 做深呼吸運動，紓緩緊張的情緒
- ☑ 做伸展運動
- ☑ 分散注意力，學習新技能或培養健康嗜好
- ☑ 向家人、朋友及同事宣佈戒煙，取得支持及鼓勵
- ☑ 尋求醫護人員或戒煙服務機構的協助





30  
 ©2020香港戒煙服務機構



## 無煙女性宣傳計劃



根據政府統計處的《主題性住戶統計調查第70號報告書》，女性吸煙率由2017年的2.7%升至2019年的3.2%，相當於約105,700人，其中過半數(51%)為40至59歲女性。

吸煙對女性的危害很多，除影響外表儀容，更會引致女性相關的疾病和問題，例如損害生育能力、影響孕婦及胎兒的健康、提早出現更年期等。委員會舉辦無煙女性宣傳計劃，透過與婦女團體及組織合作進行宣傳和舉辦健康講座，以及利用不同的網絡平台發放多媒體資訊，不僅提升公眾對女性吸煙問題的認識和關注，更動員公眾支持女性吸煙者戒煙及防止年輕女性開始吸煙。

### 吸煙女性聚焦小組研究

委員會於2020年10月舉行兩場聚焦小組討論，透過便利抽樣，邀請共16位女性參與討論，包括八名現時吸煙者及八位已戒煙者。每場小組討論以半結構性訪問形式進行，為時約一小時，探討女性開始吸煙的原因及習慣、戒煙與復吸的情況。

#### 主要的研究結果如下：

- 受訪者普遍於青少年時期開始吸煙，主要原因是和朋友一時貪玩或爭取朋輩認同。
- 鑑於吸煙的負面社會形象，大部分受訪者都避免在家以外的地方吸煙。在家中吸煙時，她們多數只會在浴室內吸煙，以儘量減低對子女及寵物的影響。
- 幾乎所有受訪者都嘗試過戒煙，主要原因是懷孕、子女不接受其吸煙行為、保障子女健康、為子女樹立榜樣及健康考量。

## Smoke-free Women Project

According to the Thematic Household Survey Report No. 70 published by the Census and Statistics Department, the smoking prevalence in women raised from 2.7% in 2017 to 3.2% in 2019, which was equivalent to around 105,700 people. Among them, over half (51%) was aged 40 to 59.

Smoking poses grave risks to the health of female. In addition to the deterioration of skin and appearance, it also causes gender-specific diseases and problems to female, such as lower fertility, health effects on pregnant women and fetus and early menopause. Smoke-free Women Project was initiated by COSH with the purposes to educate the public on the harms of women's health caused by tobacco, empower female smokers to quit and prevent young female from picking up the habit. The Project included collaboration with women groups or organizations for joint promotion and health talks, spreading multimedia information and promotions on network-based platforms.

### Focus Group Study on Women Smokers

Two focus group interviews were conducted in October 2020. A total of 16 females, including eight current smokers and eight ex-smokers, were recruited through convenience sampling. The semi-structured interviews lasted for about an hour each, exploring smoking initiation, smoking pattern, quitting and relapse in females.

#### Key results of the study are shown below:

- Smoking was usually initiated during adolescence, with friends for fun or for peer recognition.
- Being aware of the negative social images associated with female smoking, most of the participants avoided smoking outside home. Most smoked only in the toilet when smoking at home to minimize the impacts on children and pets.
- Almost all participants had attempted to quit smoking. Major motivations included being pregnant, disapproval from children, protecting the health of children, being a role model for children and health concerns.

- 戒煙失敗的主因包括缺乏家人和朋友支持、退癮徵狀及信心不足。
- 復吸的主因包括朋友影響、壓力及尼古丁成癮。
- 部分受訪者認為現時的煙價(每包約港幣60元)算高，增加煙草稅會推動她們戒煙。
- 受訪者留意到電子煙有多種口味，又認為電子煙或加熱煙草產品(加熱煙)比傳統捲煙的氣味較少，但只有幾位受訪者有曾經使用過電子煙或加熱煙。
- 幾位受訪者曾經在香港的酒吧或在外地旅遊時吸食過水煙。

### 無煙女性宣傳短片

委員會邀請香港資深傳媒人張文采拍攝一系列宣傳短片，鼓勵吸煙的女士儘快戒煙，以求活出健康、自信、美麗的無煙生活。委員會主席湯修齊在短片中提及煙草商的宣傳伎倆，呼籲女性切勿墮入煙草圈套及堅拒使用任何形式的吸煙產品。香港大學女性戒煙計劃統籌葉安妮亦於短片中講解女性吸煙者戒煙所遇到的困難，並分享協助她們對抗煙癮的方法。這系列短片在網上串流平台及社交媒體平台錄得逾344,000次觀看。



- Unsuccessful quit attempts were mainly due to lack of support from family and friends, withdrawal symptoms and weak determination.
- Peer influence, stress and nicotine addiction were the main reasons for relapse.
- Some participants considered the current cigarette price (HK\$60 per pack) as high, and a tobacco tax increase would motivate them to quit.
- Participants noticed a wide variety of electronic cigarette (e-cigarette) flavours available. They thought e-cigarette and heated tobacco product (HTP) were with less odor compared with conventional cigarette, but only a few participants had tried e-cigarette or HTP.
- A few participants had tried waterpipe tobacco, with friends in local bars or when travelling overseas.

### Smoke-free Women Promotional Videos

A series of promotional videos were produced, with the participation of an experienced journalist Wendy CHEUNG, to motivate female smokers to stop smoking for a healthy, confident and beautiful smoke-free life. Henry TONG, COSH Chairman mentioned the tobacco industry's marketing tactics in the video, reminded the public to stay vigilant to any misleading tobacco advertising and refuse all forms of smoking products. YIP On-ni, Project Coordinator, Women Quit, The University of Hong Kong also explained the difficulties that female smokers may encounter in quit attempts and shared the methods in overcoming the cravings. The promotional videos recorded more than 344,000 views on the online video streaming and social media platforms.



## 無煙插畫及社交媒體帖文

委員會與六位本地知名插畫師包括癲嘯家族、診所低能奇觀、草日漫畫、月球租客、Nothing Serious及The Art of Bonnie Pang合作，運用生活化和富趣味的方式透過繪畫插畫，以喚起公眾關注吸煙對女性的影響、澄清吸煙的謬誤、提醒大眾防範新款吸煙產品、分享戒煙的好處和建立無煙生活的方法。無煙插畫作品於社交媒體平台上廣泛傳播，並成功將無煙信息傳遞至超過94萬名市民。

## Smoke-free Illustrations and Facebook Feeds

COSH collaborated with six well-known local illustrators including din-dong's Family, Funny Clinic, Chao Yat Comics, Mzcca, Nothing Serious, and The Art of Bonnie Pang to create smoke-free illustrations aligning with life experience as content. The illustrations helped promote smoke-free messages in a causal way to increase public awareness on the problems of female smoking, clarify the misconceptions about smoking, warn the public to stay away from novel smoking products, promote the benefits of quitting smoking, and share tips on maintaining a smoke-free life. The smoke-free illustrations were uploaded to social media platforms, reaching over 940,000 people.



由癲嘯家族創作  
Created by din-dong's Family



由診所低能奇觀創作  
Created by Funny Clinic



由草日漫畫創作  
Created by Chao Yat Comics



由月球租客創作  
Created by Mzcca



由 Nothing Serious 創作  
Created by Nothing Serious



由 The Art of Bonnie Pang 創作  
Created by The Art of Bonnie Pang

## 網上教育及自助資料

為進一步向女性宣傳和提供無煙信息，委員會特設無煙女性宣傳計劃網站，介紹吸煙對女性的影響，同時揭露煙草商針對女性的銷售手法，提醒市民使用新形式的吸煙產品（例如水煙、電子煙及加熱煙等）的風險。此外，網站亦提供戒煙資訊，包括女性戒煙時會遇到的問題及常見疑問。為協助吸煙人士戒煙，網站亦設有網上表格登記戒煙轉介服務，更可自行規劃戒煙計劃。

## Online Education and Self-help Collaterals

A thematic website was set up to introduce the smoking hazards in particular the female-specific diseases, uncover tobacco companies' marketing strategies to induce women to smoke, as well as address the risks of novel smoking products, such as waterpipe tobacco, e-cigarettes and HTPs. Smoking cessation information, tips and cessation referral services were also available on the website to assist smokers to kick the habit and formulate their own quit plan.



另外，委員會針對女性吸煙問題製作及派發宣傳刊物和紀念品，宣揚無煙生活對個人和家人的好處，啟發她們戒煙。計劃獲得17個婦女團體及組織支持，透過參與宣傳和舉辦健康講座，將信息分享予約4,700名社區各階層的女性和其他市民。

### 支持機構

東九龍婦女協會  
婦女健康促進及研究中心  
長洲婦女會  
青暉婦女會有限公司  
福來滿樂賢毅社  
香港中西區婦女會  
香港東區婦女聯會  
離島婦聯有限公司  
香港南區婦女會  
香港婦聯有限公司  
九龍婦女聯會  
沙田婦女會有限公司  
大埔區婦女聯會  
香港家庭計劃指導會  
天水圍婦聯  
荃灣葵青區婦女會  
屯門婦聯

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

In addition, tailor-made printing collaterals and souvenirs embedding smoke-free messages for women were produced and distributed to promote the benefit of a smoke-free lifestyle in personal and family perspective to boost cessation. Through the joint promotions and health talks organized with support of the 17 women associations, around 4,700 female and public members of different sectors received smoke-free messages.

### Supporting Organizations

Association of Women East Kowloon District  
Centre of Research and Promotion of Women's Health  
Cheung Chau Island Women's Association  
Ching Fai Women Association Limited  
Fuk Loi Moon Lok Yin Ngai Society  
Hong Kong Central and Western District Women Association  
Hong Kong Eastern District Women's Association Ltd  
Hong Kong Outlying Islands Women's Association Limited  
Hong Kong Southern District Women's Association  
Hong Kong Women Development Association Limited  
Kowloon Women's Organisations Federation  
Shatin Women's Association Limited  
Tai Po District Federation of Women  
The Family Planning Association of Hong Kong  
Tin Shui Wai Women Association Limited  
Tsuen Wan Kwai Ching District Women's Association  
Tuen Mun District Women's Association

Programme Website: [www.smokefree.hk/women](http://www.smokefree.hk/women)



## 香港國際牙科博覽暨研討會

香港牙醫學會於2021年1月22日至24日假香港會議展覽中心舉辦「香港國際牙科博覽暨研討會」。委員會主席湯修齊應邀出席開幕儀式。此外，為宣傳吸煙與口腔健康的關係，委員會於展覽會上設置資訊攤位，向與會者派發控煙刊物及宣傳品，介紹委員會的教育推廣工作及本港控煙概況，促進與牙科專業人員在控煙工作上的交流及合作。另類吸煙產品同樣威脅口腔健康，因此，委員會亦邀請與會者簽名支持全面禁止所有另類吸煙產品及承諾拒絕二手煙。

## Hong Kong International Dental Expo and Symposium

The Hong Kong Dental Association hosted the “Hong Kong International Dental Expo and Symposium” on 22 to 24 January 2021 at Hong Kong Convention and Exhibition Centre. Henry TONG, COSH Chairman, was invited to join the opening ceremony. To raise public awareness on the correlation between smoking and oral health, COSH set up an information booth to introduce COSH’s education and publicity programmes and the tobacco control works in Hong Kong. Smoke-free publications and souvenirs were distributed to enhance the collaboration with dental professionals. Alternative smoking products also posed threat to oral health, participants were encouraged to support the total ban on all alternative smoking products and say no to passive smoking by signing the pledges.

# 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

向下一代從小灌輸無煙知識為控煙工作的關鍵，須教育兒童及青少年堅拒第一口煙，明白無煙環境的重要性，鼓勵他們支持家人及朋友戒煙。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，讓他們及早認清及遠離煙草禍害。

在新冠肺炎疫情下，委員會於2020至2021學年特別提供實體及網上學習兩種健康講座模式供學校選擇，舉辦近80場講座共吸引逾一萬名師生參與。而學生可善用在家學習的時間，透過觀賞錄影或直播健康講座，再配以「無煙健康學習資源套」參與延伸學習，加深學生對煙草禍害的認識。

講座內容涵蓋各種吸煙禍害，當中包括二手煙、三手煙及另類吸煙產品。學生能從中了解香港最新的控煙政策及煙草商的宣傳伎倆等。此外，教育幹事亦會向學生介紹委員會的控煙工作，並播放最新的宣傳短片。每場講座後均設問答環節，務求讓學生在輕鬆愉快的環境下學習，更全面吸收無煙資訊。



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

Delivering smoke-free messages to the next generation at an early stage is significant to tobacco control in promoting a smoke-free environment among children and youngsters to deter them from lighting up the first cigarette and motivate them to encourage family members and friends to quit smoking. Since 1991, COSH has been organizing health talks every year in kindergartens, primary schools, secondary schools and tertiary institutions across the territory to educate the children and youngsters on smoking hazards.

Under the COVID-19 pandemic, COSH provided onsite and online version of health talks to accommodate schools' needs during the school year 2020 to 2021. Nearly 80 health talks were held reaching over 10,000 students and teachers. Students could view the pre-recorded or online live streaming version of health talks to learn about smoking hazards. A set of education tools was also developed for students to extend learning beyond the classrooms.

The health talks covered harms of smoking, secondhand smoke, third-hand smoke and alternative smoking products. The students were equipped with the latest trend on tobacco control policy in Hong Kong and marketing tactics of the tobacco industry. Besides, COSH educators also introduced COSH's programmes, broadcast promotional videos and hosted an interactive question-and-answer session.



委員會鳴謝各學校支持與舉辦健康講座，請掃描二維碼瀏覽參與名單。

COSH acknowledged the participating schools for the support of health talks, please scan QR code for the list.



## 「無煙Teens計劃」2020-2021



自2012年起，委員會每年舉辦「無煙Teens計劃」，讓青少年透過多元化的無煙活動提升對煙害、控煙及吸煙趨勢的認知，並學習策劃無煙推廣活動，從而培育他們成為未來領袖，持續將無煙文化宣揚至社會各階層。

計劃舉辦至今已成功培育超過2,600名「無煙Teens」，可見取得顯著成效。2020-2021年度的計劃由教育局協辦，縱然受到疫情影響曾暫停面授課堂，反應依然踴躍，吸引近200名來自28間中學及制服團體的14至18歲青少年參與。

### 網上無煙學堂

為配合教育局「停課不停學」的政策，委員會推出一系列的網上無煙學堂，讓參加者安在家中接收無煙知識、項目策劃、戒煙輔導技巧及參與「無煙手機剪片技巧工作坊」等，內容豐富，為他們之後於校內及社區進行無煙行動作好準備。而委員會亦特別邀請呼吸系統科專科醫生陳真光醫生，為學生講解另類吸煙產品對肺部及呼吸系統的影響，鼓勵參加者勸告朋輩免墮入煙草商的宣傳圈套。

## “Smoke-free Teens Programme” 2020-2021

Since 2012, COSH has organized the “Smoke-free Teens Programme” annually to instill knowledge of smoking hazards and tobacco control in youngsters, provide trainings on different skills, in order to groom them become the future leaders in advocating the smoke-free culture to all walks of life.

More than 2,600 Smoke-free Teens have been trained since the Programme launched. Despite temporary face-to-face class suspension during the year, nearly 200 youngsters, aged 14 to 18, from 28 secondary schools and uniform groups enrolled in the Programme in 2020-2021, which was co-organized by the Education Bureau (EDB).

### Smoke-free Online Workshops

To echo “Suspending Classes without Suspending Learning” underlined by EDB, COSH launched a series of online workshops covering knowledge on smoking hazards, project management, smoking cessation counseling skills, smoke-free video production techniques with mobile phones, etc. Dr Jane CHAN, a specialist in respiratory medicine, was invited to share about the harms of alternative smoking products on lung and respiratory system, so as to alert the participants and reveal the promotional tactics by tobacco industry. These workshops would get them prepared for organizing the smoke-free programmes in schools and community.

## 虛擬無煙大本營

為保障參加者的安全，委員會首次將兩日一夜的實體訓練營移師網上舉行，於聖誕假期進行了兩場一連兩日的「虛擬無煙大本營」。參加者可透過一系列精彩訓練、工作坊及團體遊戲如線上狼人殺、虛擬密室逃脫等，增進控煙知識之餘，亦提升其解難能力、團體合作精神等。委員會亦邀請遺體防腐師伍桂麟分享生命教育及展示吸煙對器官帶來的嚴重傷害，讓「無煙Teens」裝備自己，向社區人士推廣健康信息。



## 無煙行動

完成訓練後，「無煙Teens」學以致用，於2020年11月至2021年3月期間於校內及社區籌辦逾70個線上及線下無煙活動，將無煙信息傳遞予超過17,000名來自不同階層的市民。儘管疫情反覆令活動存在不少挑戰，隊伍仍發揮傑出應變能力及創意，善用網上不同平台舉行活動，包括短片拍攝、網上課堂廣播、不同形式的設計及創作比賽、校內攤位遊戲、街頭宣傳及與社區服務中心合作進行疫情戒煙推廣等，以協助同學及社區人士掌握煙草禍害資訊。他們亦主動鼓勵身邊的家人、朋友及鄰舍戒煙，並關注及推動公共衛生政策。

## Virtual Training Camps

To ensure safety of the participants, two two-day virtual training camps were conducted during the Christmas holiday instead of the traditional 2-days-1-night physical training camps. The training camp provided a broad range of activities, workshops, group games like mafia and virtual room escape, to enhance the participants' tobacco control knowledge, problem solving skills and team work. COSH also invited Pasu NG, an embalmer, to share his perspective on life and death and demonstrate how smoking affects different organs of human. Consequently, Smoke-free Teens were able to put their learning to plan and execute the subsequent smoke-free programmes in the community.

## Smoke-free Programmes in Schools and the Community

After completing all trainings, the Smoke-free Teens applied their knowledge to organize over 70 innovative online and offline activities for disseminating smoke-free messages among some 17,000 members of the public. Despite the challenges under COVID-19 pandemic, the teams of Smoke-free Teens put together a variety of smoke-free activities such as short films, broadcast at online classes, various design competitions, game booths in schools, street promotions as well as collaboration with district community centres with excellent contingency planning and creativity. They proactively engaged in public health policy advocacy and motivated smoking family members, friends and neighbours to kick the habit.



### 無煙 Teens 團、暑期實習及遊學團

為使參加者能繼續秉持「無煙 Teens」使命，並為推動無煙文化作出貢獻，完成訓練的參加者均可加入「無煙 Teens 團」，參與委員會延伸活動，包括協助舉辦活動，如分享會、展覽、遊戲攤位及其他控煙活動等，宣揚無煙信息及發展領袖才能。



於「無煙 Teens 計劃」中表現優異之參加者亦可於暑假期間到委員會秘書處進行實習，體驗籌辦推廣活動，亦讓學生為未來投身社會累積經驗，完成實習後將獲發證書。同時，獲獎隊伍於本年度暑假獲安排參與虛擬澳門遊學團，透過知識與趣味並重的遊學交流、澳門歷史文化景點深度遊及手製特色小食工作坊等，讓參加者進一步認識澳門的控煙政策及措施，與當地政府控煙部門、機構及學生交流，增進國際控煙趨勢的知識及拓展學生視野。

### 成果發佈暨分享會

「無煙 Teens 計劃」2020-2021 成果發佈暨分享會於 2021 年 3 月 25 日以實體及網上直播混合形式舉行，以嘉許表現出色的「無煙 Teens」及向公眾展示傑出無煙行動的成果。頒獎嘉賓包括委員會主席湯修齊、教育及宣傳委員會主席曾立基及總幹事黎慧賢。

### Smoke-free Teens Alumni Programme, Summer Internship and Study Tour

In order to sustain the Smoke-free Teens' mission and engage them in advocating a smoke-free culture, trained participants were invited to join the Smoke-free Teens Alumni Programme. They would be assisting COSH in organizing activities, for example, sharing sessions, exhibitions, game booths and other tobacco control events to demonstrate their leadership.

Outstanding teams of "Smoke-free Teens Programme" could join the internship to work in COSH office during the summer holiday and get working experiences in event management. Certificates will be issued upon completion of internship. Meanwhile, they could also join the virtual Macao study tour during the summer holiday. Through sharing by Macao government officials, knowledge exchange with Macao tobacco control organization and students, in-depth historical and cultural tour as well as local snacks handmade workshop, students could broaden their horizons, learn about the tobacco control measures of Macao and around the globe.

### Showcase cum Sharing Session

A showcase cum sharing session of "Smoke-free Teens Programme" 2020-2021 was held in hybrid mode on 25 March 2021 to commend the outstanding Smoke-free Teens for their efforts and achievements. Henry TONG, COSH Chairman, Richard TSANG, Chairman of COSH Education & Publicity Committee, and Vienna LAI, COSH Executive Director presented the prizes for the winners.





得獎隊伍於分享會上分享活動籌劃的心得和經驗。冠軍隊伍新界鄉議局元朗區中學推出多項無煙活動，充分展示傑出的項目籌劃能力，例如自製教育短片連同有獎問答環節予全校播放；他們亦把握復課的時間製作無煙資訊板，在校內進行雙語廣播為活動宣傳，同時提供網上版本讓同學可隨時傳閱，成功推動近300名師生承諾不吸煙。

亞軍隊伍棉紡會中學不僅製作無煙宣傳短片，以風趣幽默的手法帶出吸煙的禍害，並建立社交媒體平台分享短片，提醒同學提防另類吸煙產品，亦向社區街坊宣傳無煙信息。季軍隊伍樂善堂梁植偉紀念中學則以真人真事改編，拍攝「無煙新人生」影片，與同學分享正確無煙價值觀，堅拒吸煙誘惑。



The winning teams shared their experiences and tips in organizing smoke-free programmes. The champion team from NT Heung Yee Kuk Yuen Long District Secondary School organized a series of online and offline activities, such as tailor-made educational video to be broadcast in all classes with quizzes which demonstrated their capability in project management. They also designed a smoke-free exhibition panel when class resumed with an online version, and conducted a few bilingual broadcast for promotion, which attracted around 300 students and teachers to pledge not to smoke.



The first runner-up team, Cotton Spinners Association Secondary School produced a creative and humorous video to highlight the risks associated with smoking and alert the students on the hazards of alternative smoking products via social media platform. The second runner-up team, Lok Sin Tong Leung Chik Wai Memorial School also produced a short film named "Smoke-free New Life" which was inspired by a true story to share the importance of healthy life.



得獎名單：

冠軍：新界鄉議局元朗區中學（第二隊）

亞軍：棉紡會中學

季軍：樂善堂梁植偉紀念中學（第二隊）

「優異無煙Teens團隊」：（排名不分先後）

- 薈色園主辦可藝中學
- 香港青少年軍總會（第一隊）
- 皇仁舊生會中學

計劃網頁：

[www.smokefree.hk/smokefreeteens](http://www.smokefree.hk/smokefreeteens)



[smokefree\\_teens](https://www.instagram.com/smokefree_teens)



委員會鳴謝各學校及制服團體踴躍參加「無煙Teens計劃」2020-2021，請掃描二維碼瀏覽參與名單。

COSH acknowledged the participating schools and uniform groups for joining "Smoke-free Teens Programme" 2020-2021, please scan QR code for the list.

Winner List:

Champion: NT Heung Yee Kuk Yuen Long District Secondary School (Team 2)

First runner-up: Cotton Spinners Association Secondary School

Second runner-up: Lok Sin Tong Leung Chik Wai Memorial School (Team 2)

Outstanding Smoke-free Teams:

- Ho Ngai College (Sponsored by Sik Sik Yuen)
- Hong Kong Army Cadets Association (Team 1)
- Queen's College Old Boys' Association Secondary School

Programme Website:

[www.smokefree.hk/smokefreeteens](http://www.smokefree.hk/smokefreeteens)

## 學校互動教育巡迴劇場 「無煙大搜查」

自1995年起，「學校互動教育巡迴劇場」是委員會預防兒童及青少年吸煙的重點教育及宣傳活動之一。透過與學校及專業藝術團體合作，以互動教育劇場的形式，提高同學對拒煙的意識，鼓勵他們與家人一起支持無煙生活。過去25年，委員會已先後於全港學校舉辦逾2,000場表演，累積超過59萬名學生和老師觀賞及參與。2020-2021年度「學校互動教育巡迴劇場」口碑載道，逾八成學生表示喜歡及希望再次欣賞劇場。

互動教育劇場以控煙為主題，配以音樂、舞台效果及生動有趣的演繹手法，讓學生可以在輕鬆愉快的氣氛下認識吸煙、二手煙、三手煙及另類吸煙產品的禍害，了解吸煙的謬誤及拒絕二手煙等正面信息，並學習如何鼓勵親友戒煙。

2020-2021年度「學校互動教育巡迴劇場」由教育局協辦，委員會與iStage劇團合作，重演劇目《無煙大搜查》，除了幫助小學生了解煙草的危害、亦涵蓋拒絕第一口煙的重要理念，同時揭露煙草商以青少年及兒童為對象推廣另類煙的手段，藉此推動小學生勸喻親友戒煙。委員會特別鳴謝香港海洋公園的支持，派出角色小紅熊參與演出，一同宣揚無煙信息。

## School Interactive Education Theatre “Smoke-free Detective Adventure”

Since 1995, the “School Interactive Education Theatre” has been one of the COSH’s major education and publicity programmes to prevent smoking uptake amongst youth. Through collaboration with schools and local professional troupe, the education theatre reinforces students’ awareness on tobacco hazards and encourages them to live a smoke-free lifestyle with their families. The Programme contributed over 2,000 drama performances, reaching more than 590,000 students and teachers over the past 25 years. The Programme in 2020-2021 has earned a fine reputation with over 80% of students liked the programme and would love to re-watch it again.

The key messages of tobacco control are delivered along with music, stage effects and interesting presentation. Through the performance, students learn about the impacts of smoking, passive smoking, third-hand smoke and alternative smoking product uses, as well as the fallacies about smoking and ways to motivate smokers to kick the habit.

The Programme in 2020-2021 re-ran the drama titled “Smoke-free Detective Adventure” by iStage Theatre. It was co-organized by Education Bureau with aims to educate students on health consequences associated with smoking and alternative smoking products, ways to resist tobacco temptation and to empower their family members to stop smoking. The performance also revealed the tactics of tobacco industry using for promoting alternative smoking products among youngsters. With the support of Ocean Park Hong Kong, a character Redd, was also featured in the drama to spread smoke-free messages.





故事講述一名來自2050年的天才科學家哈飛博士，經過醫療機械人健康號3.0的檢查後，發現自己身上有多種由吸煙引致的疾病，但奇怪的是哈飛博士根本沒有吸煙習慣。為了尋根究底，他帶同最愛的小紅熊，乘坐自己研發的時光機回到過去進行搜查。哈飛博士回到2020年後，遇上小學時期的自己(康仔)、青梅竹馬的同學曾寶珠，還有爸爸和媽媽。他發現煙害源頭都指向身邊的親人和朋友，百感交集。最後，哈飛博士與所有同學合作偵破多個煙害危機，並成功勸勉好朋友拒絕吸煙誘惑及鼓勵家人戒煙。觀眾踴躍參與劇中的互動環節，與主角們一同偵查煙害，承諾拒絕吸第一口煙，並肩負向吸煙的家人宣揚無煙信息之使命。

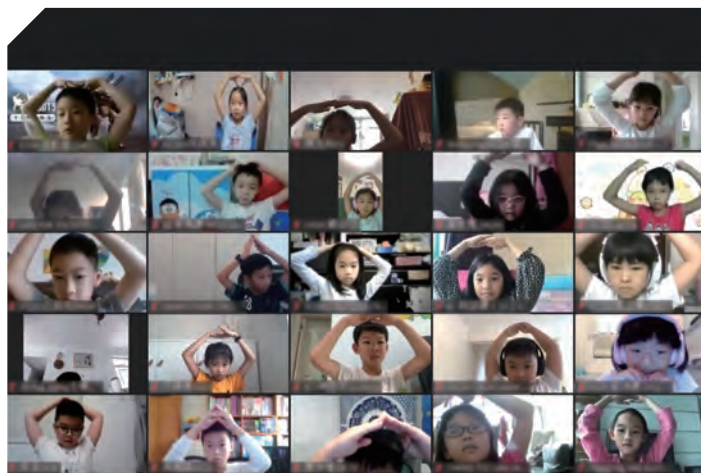


由於小學於本學年多於網上授課，委員會為劇場加入全新的演出模式，推出網上直播及預錄版方便學校繼續參與。學校可選擇讓學生在家以網上直播模式觀賞，演員透過視像軟件演出，並保留與學生互動的元素，例如以動作答問、與演員合唱歌曲擊退煙害危機等。校方亦可安排校園電視台於禮堂現場轉播的形式或觀賞預錄版。本年度已有超過17,300名學生及老師透過不同模式欣賞劇場演出。

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

The story was about Dr Healthy, a scientist who came from 2050, found himself suffering from smoking related diseases after the check-up by his medical robot Healthy 3.0, despite the fact that he had never smoke. To find out the root cause, he travelled back to 2020 with his favorite Redd by the time-travelling machine he invented. In 2020, he met Hong Jai (his childhood), Bo Chu (his best friend) and his parents. He was puzzled to find all smoking hazards attributed to his family and friends. With the assistance of all students, he detected the tobacco risks, convinced his best friend to stay away from the temptation to smoke and successfully encouraged his family member to quit smoking. Audience actively participated in the interactive sessions with actors, promised to reject the first cigarette and share smoke-free messages with their families.

Since primary schools spent majority of time on online teaching in this school year, COSH launched new forms of drama performance including online live streaming and pre-recorded version. Students could enjoy the drama via online live streaming performance at home. Actors engaged the audience to increase interaction, for example, the students could answer the questions by poses and joined the actors to sing the theme song. The schools could also arrange live broadcast by campus TV or the pre-recorded version. In total, over 17,300 students and teachers watched the drama performance through different formats.



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

為顧及學生的學習需要，委員會加強「無煙小偵探互動學習資源套」內容，以便老師利用資源套作常識、德育或生命教育等網課教材，學生可於停課期間持續接收無煙信息。資源套內容包括《無煙大搜查》小冊子、紀念品、無煙短片及網上小遊戲。委員會鼓勵學生與家長一同瀏覽劇場網頁，隨時重溫無煙資訊，建立無煙家庭。學生亦可運用於劇場所學的無煙知識和發揮創意，參與「《無煙大搜查》工具設計及戒煙口號創作比賽」，比賽共收到逾400份作品。

To accommodate the learning needs of students during class suspension, an enriched “Smoke-free Detective Interactive Learning Kit” including the “Smoke-free Detective Adventure” gamebook, souvenirs, smoke-free short videos and online mini-games, was introduced. Teachers could utilize the learning kit to deliver smoke-free messages in general studies, moral education or life education online classes. COSH encouraged students browsing the Programme website with parents to build a smoke-free family. Students could also participate in the “Smoke-free Detective Tool and Slogan Design Competition” which received over 400 entries.



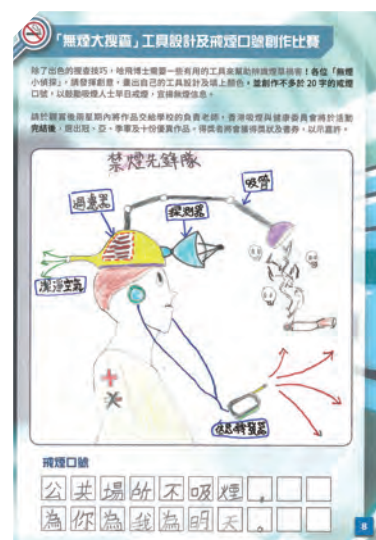
委員會鳴謝各學校支持「學校互動教育巡迴劇場」，請掃描二維碼瀏覽參與名單。COSH acknowledged the participating schools for the support of School Interactive Education Theatre, please scan QR code for the list.



冠軍 Champion



亞軍 First runner-up



季軍 Second runner-up

## 「二手煙·不再見」兒童無煙擴增實境繪本

根據委員會的觀察，子女鼓勵長期吸煙的家長、長輩戒煙的成效甚高。為加強宣傳二手煙的禍害，委員會與本地插畫家張壑甯合作，創作一套兩本「二手煙·不再見」擴增實境兒童繪本，包括《無煙的家在哪裡？》及《無煙的街道在哪裡？》，並免費派發予全港小學生作無煙教育，鼓勵他們與家長或老師一起閱讀，學習向二手煙說不。



學生可藉閱讀生動有趣的繪本故事，透過色彩豐富的圖畫和簡單文字，結合擴增實境的立體場景設計及互動遊戲，深入淺出了解吸煙和二手煙對健康的影響。繪本亦包含「無煙樂遊遊」康樂棋，讓學生以遊戲方式了解更多煙害資訊，從而提升學習興趣及建立正確觀念，實踐無煙健康生活。計劃成功吸引超過200間本地學校參與及支持，送出逾八萬本繪本及電子版予小學生。

## Augmented Reality Picture Books of “Say No to Secondhand Smoke”

Based on COSH's observation, parents or family members with long smoking history tend to have higher intention to quit smoking if they were motivated by their children. To enhance public awareness on the health consequences of secondhand smoke, COSH collaborated with a local illustrator, Kian CHEUNG to publish two augmented reality picture books (“Where is Our Smoke-free Home?” and “Where is Our Smoke-free Street?”) for complimentary distribution among all Hong Kong primary school students. COSH encouraged students to read the books with parents or teachers and say no to secondhand smoke.

Interesting stories and colorful illustration with three-dimensional elements and interactive games using the augmented reality technology equipped students with knowledge on harms of smoking and passive smoking. Smoke-free board games were included for arousing students' interest and urging them to live smoke-free. More than 200 local schools supported the programme. Over 80,000 picture books and electronic copies were circulated among primary school students.

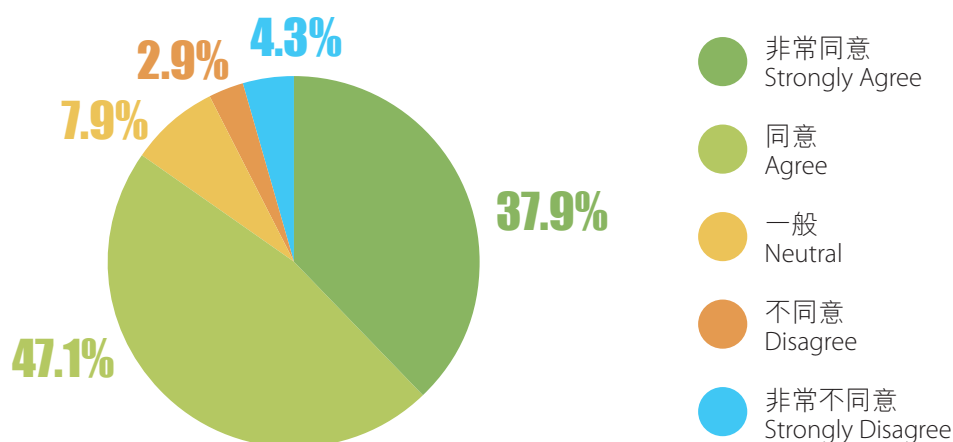




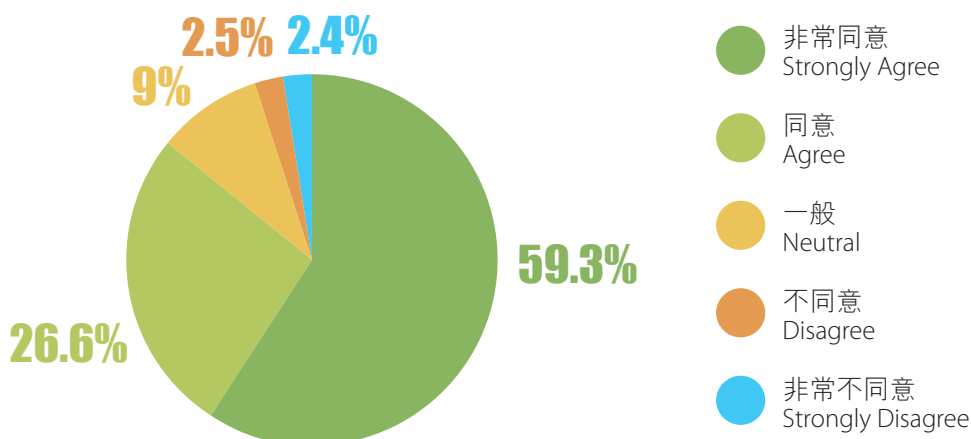
根據委員會就繪本成效進行的調查，當中有八成五受訪家長認同繪本有助了解二手煙和三手煙對健康的影響（圖一）。同時，大部分（85.9%）受訪學生表示能夠從繪本中學習拒絕煙草誘惑（圖二）。

According to COSH's evaluation survey to measure the effectiveness, 85% parents agreed that the picture books help understanding the adverse effects of secondhand and third-hand smoke (Figure 1). Also, a majority (85.9%) of the students reckoned that they were equipped with skills to reject smoking temptation through the picture books (Figure 2).

圖一\*  
Figure 1\*



圖二\*  
Figure 2\*



\* 由於進位關係，統計圖表內個別項目加起來可能與總數略有出入。

Owing to rounding, there may be a slight discrepancy between the sum of individual items and the total as shown in the figures.



委員會鳴謝各學校支持「二手煙・不再見」兒童繪本，請掃描二維碼瀏覽參與名單。  
COSH acknowledged the participating schools for the support of picture books of "Say No to Secondhand Smoke", please scan QR code for the list.

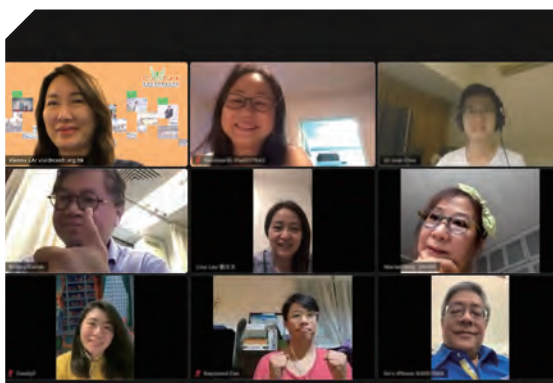


## 與學界及社區聯繫

## Liaison with Academia and Community

### 啟德扶輪社 - 控煙研討會

委員會總幹事黎慧賢獲啟德扶輪社邀請擔任講者，於2020年9月21日透過網上研討會演講，向該社會員闡述傳統捲煙及另類吸煙產品（包括電子煙及加熱煙草產品）的健康風險，加強會員對煙草禍害之認識，爭取他們支持香港的控煙政策。



### Rotary Club of Kai Tak - Tobacco Control Seminar

Vienna LAI, COSH Executive Director was invited by Rotary Club of Kai Tak to make a presentation on the health risks of conventional cigarettes and alternative smoking products including electronic cigarettes and heated tobacco products at an online seminar for its members on 21 September 2020. Members' support was solicited for tobacco control policy in Hong Kong.

### Rotary Club of Hong Kong City North - Tobacco Control Seminar

Rotary Club of Hong Kong City North conducted a tobacco control seminar to share the current challenges on Hong Kong tobacco control with members on 1 December 2020. Henry TONG, COSH Chairman delivered a presentation titled "Total Ban on All Alternative Smoking Products for a Smoke-free Hong Kong". He introduced the hazards and misconceptions of alternative smoking products and encouraged the participants to support the total ban through live broadcast.

### 香港城北扶輪社 - 控煙研討會

香港城北扶輪社於2020年12月1日舉辦控煙研討會，與會員分享現時香港控煙工作面對的威脅。委員會主席湯修齊以「禁止另類吸煙產品，建構無煙香港」為題作交流，透過視像直播介紹有關另類吸煙產品的危害與謬誤，鼓勵參會者支持全面禁止所有另類煙。

### 香港中文大學醫學院公共衛生及基層醫療學院 - 健康教育工作坊

委員會項目籌劃高級經理朱偉康接受香港中文大學賽馬會公共衛生及基層醫療學院邀請，於2021年1月12日網上直播的健康教育工作坊中講解煙草禍害，出席者為約50名學院之公共衛生及社區健康理學士課程的學生，期望推動學生投入控煙相關工作。

### The Jockey Club School of Public Health and Primary Care of The Chinese University of Hong Kong - Health Promotion Experience Sharing Workshop

Lawrence CHU, COSH Senior Project Manager was invited by The Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong to give a guest lecture at the online live streamed Health Promotion Experience Sharing Workshop on 12 January 2021, with an aim to motivate the participants to join tobacco control related works. Around 50 students of the Bachelor of Science in Public Health Programme and The Bachelor of Science in Community Health Practice Programme attended to learn about the smoking hazards.



## 香港理工大學青少年戒煙熱線 啟動禮

香港理工大學護理學院營運的青少年戒煙熱線服務正式投入服務，由護士學生協助，為青少年提供免費電話戒煙輔導及外展戒煙服務。其啟動禮於2021年2月26日假香港理工大學舉行。委員會主席湯修齊獲邀為主禮嘉賓及為啟動禮致辭，與在場嘉賓分享最新香港控煙進展及鼓勵一眾護士學生推動戒煙。其他出席的嘉賓包括香港護理專科學院院長車錫英教授及香港護理學院會長顧慧賢等。

## 香港大學護理學院課程

委員會項目籌劃高級經理朱偉康獲邀為香港大學護理學院學士課程擔任客席講者，在2021年2月26日以視像形式進行「改善公眾健康的政策及行動」為題的演講，向超過100位護理學系學生介紹香港吸煙的情況和戒煙服務，以及委員會在推動無煙香港的角色。

## Kick-off Ceremony of the Youth Quitline, The Hong Kong Polytechnic University

“Youth Quitline” service operated by The School of Nursing, The Hong Kong Polytechnic University was launched, the nursing students provided free telephone counseling and outreach cessation services for adolescents. The kick-off ceremony was held on 26 February 2021 at The Hong Kong Polytechnic University. Henry TONG, COSH Chairman was invited as an officiating guest and made a speech at the ceremony. He shared the progress on tobacco control development in Hong Kong and motivated the nursing students to promote smoking cessation. Other guests included Prof Sek-ying CHAIR, President, The Hong Kong Academy of Nursing, Ellen KU, President, College of Nursing Hong Kong, etc.

## HKU School of Nursing – Nursing Programme

Lawrence CHU, COSH Senior Project Manager was invited as guest speaker to deliver a presentation titled “Political actions to improve public health” to over 100 undergraduate students of The School of Nursing of The University of Hong Kong through online live streaming on 26 February 2021. The lecture covered smoking prevalence and smoking cessation services in Hong Kong, as well as COSH’s role in fostering a smoke-free Hong Kong.



## 與傳播媒介之聯繫

### Working with the Mass Media

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

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

日期 Date	新聞稿	Press Release	☆
2020/5/31	支持「深呼吸·煙不吸」為健康注入無煙能量	Support “Breathe In. Tobacco Out” to live smoke-free	
2020/6/2	委員會回應《2019年吸煙（公眾衛生）（修訂）條例草案》	COSH's response to the Smoking (Public Health) (Amendment) Bill 2019	
2020/6/8	委員會回應香港最新吸煙率	COSH's response to the latest smoking prevalence of Hong Kong	
2020/6/24	「戒煙大贏家」無煙社區計劃攜手於全港推動戒煙提倡無煙健康生活	“Quit to Win” Smoke-free Community Campaign Reassures significance of smoke-free lifestyle	
2020/6/24	全面加強控煙政策全禁另類煙保護下一代	Strengthen tobacco control policies and enact a total ban on alternative smoking products to protect the next generation	
2020/8/21	香港無煙領先企業大獎2019企業同心共建無煙香港	Hong Kong Smoke-free Leading Company Awards 2019 Concerted efforts of business community to create a smoke-free Hong Kong	
2020/10/5	歡迎政府委任香港吸煙與健康委員會新主席及委員	Welcoming the Government appointment of new Chairman and Council members to Hong Kong Council on Smoking and Health	
2020/11/2	委員會歡迎立法會繼續審議《2019年吸煙（公眾衛生）（修訂）條例草案》	COSH welcomes the Legislative Council continues to consider the Smoking (Public Health) (Amendment) Bill 2019	
2020/11/17	委員會重申支持全禁另類吸煙產品	COSH reiterates the stance to support a total ban on alternative smoking products	
2020/12/10	本地研究發現加熱煙無助戒煙從速全禁保障下一代健康	Heated tobacco products could not help quitting COSH urges a total ban on all alternative smoking products to protect the next generation	

2021/2/2	致香港特別行政區財政司司長公開信 大幅增加煙草稅並按年增加稅率 以推動香港的控煙進程	Open letter to Financial Secretary, HKSAR Government Substantial tobacco tax increase and subsequent annual tax hike to accelerate the development of tobacco control in Hong Kong
2021/2/24	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
2021/3/23	第 11 屆「戒煙大贏家」無煙社區計劃 鼓勵戒煙防疫 投入無煙健康生活	The 11 <sup>th</sup> "Quit to Win" Smoke-free Community Campaign Quit smoking to fight the virus and adopt a smoke-free healthy life
2021/3/25	疫情無阻「無煙 Teens」籌辦活動 線上線下推廣無煙生活	Smoke-free Teens organized online and offline activities to promote smoke-free messages under COVID-19 pandemic
2021/3/29	房管業界推動「無煙安居樂業」 齊心站社區前線保公眾健康	Industry joined "Smoke-free Housing Management Programme" to promote smoking cessation in the community and safeguard public health with concerted efforts
2021/3/30	「吸煙實有害 乜煙都咪點」無煙宣傳 片首播 「咪點我」成為無煙代言人專踢爆吸煙 謬誤	Smoke-free Ambassador "Wise Mike" was featured in the latest API "Smoking harms. Don't smoke at all!" to debunk misconceptions on smoking hazards

## 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，供市民到訪和查閱有關吸煙和健康的資料。資源中心收藏各類有關煙草禍害、被動吸煙、戒煙及控煙法例等的資料，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、統計數據、教育資料及影音資料。市民亦可索取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。

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

### 有關吸煙與健康的諮詢

市民透過不同渠道包括電話、傳真或電郵等，獲取各項有關吸煙與健康及香港控煙法例的資訊、了解戒煙的方法和好處、查詢委員會的活動資料，以及就吸煙或其他相關議題作出查詢、建議或投訴。委員會在接獲投訴及建議後，會即時處理或/及轉交有關的政府部門及相關團體跟進。

在2020年4月1日至2021年3月31日期間，委員會共收到市民提出過百宗查詢、投訴及建議，主要個案類型包括查詢另類吸煙產品和其他吸煙產品如電子煙、加熱煙草產品及水煙的資料、投訴違例吸煙、查詢委員會及無煙活動資料，以及反映加強控煙措施的意見等。

### Resource Centre

COSH Resource Centre had been set up to provide a variety of information related to smoking and health. Collections of the Resource Centre include local and international periodicals, books, research papers, conference proceedings, reference materials, statistics, education materials and audio-visual materials about tobacco hazards, passive smoking, smoking cessation and tobacco control legislation. Members of public can also access to the research reports, smoke-free promotion and education materials such as leaflets and posters.

Visitors of the Resource Centre include students, teachers, parents, researchers, medical and healthcare practitioners, tobacco control organizations and public health professionals. Visits from local and overseas delegations will also be received.

### Enquiry on Smoking and Health

The public can acquire information about smoking and health, smoke-free legislations in Hong Kong, methods and benefits to quit smoking and details of COSH's programmes via different means including telephone, fax or email, etc. The public can also make enquiries, suggestions and complaints regarding smoking or other related issues. Any feedback, suggestions or complaints received will be responded instantly or/and referred to the government departments and organizations concerned respectively.

Between 1 April 2020 and 31 March 2021, COSH received over 100 enquiries from the public requesting for information, making suggestions and complaints. Major categories of cases included enquiries on alternative smoking products and other forms of smoking, including electronic cigarettes, heated tobacco products and waterpipe tobacco, complaints on smoking offenses, information about COSH and smoke-free projects, as well as opinions to strengthen tobacco control measures.



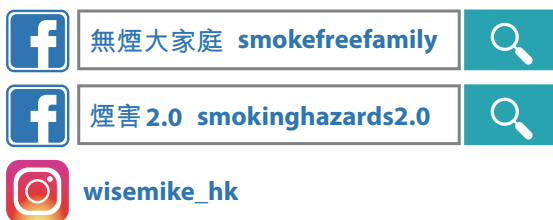
## 委員會網站、社交媒體平台及電子通訊

委員會的網站 ([www.smokefree.hk](http://www.smokefree.hk)) 讓市民獲取與吸煙和健康相關的資訊，以及了解委員會的工作和活動。在2020年4月1日至2021年3月31日期間，委員會網站共錄得超過434,000瀏覽次數，其中以吸煙禍害、電子煙及戒煙方法的相關頁面錄得較高瀏覽量。

為方便不同階層的市民包括殘疾人士獲取有關控煙的資訊及委員會的服務，委員會網站採用無障礙網頁設計，並達至由香港互聯網註冊管理有限公司主辦、政府資訊科技總監辦公室協辦及平等機會委員會支持之「無障礙網頁嘉許計劃」的金獎級別，並由2018-2019年起獲得「三連金獎」。此外，委員會的活動網站「戒煙大贏家」無煙社區計劃 ([www.quittowin.hk](http://www.quittowin.hk)) 及學校互動教育巡迴劇場 ([www.educationtheatre.hk](http://www.educationtheatre.hk)) 亦獲得「三連金獎」，而「香港無煙領先企業大獎」 ([www.smokefreeleadingcompany.hk](http://www.smokefreeleadingcompany.hk)) 活動網站則獲得「金獎」。

同時，委員會定期發放電子通訊，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。歡迎公眾於委員會網站登記接收電子通訊。

社交媒體近年成為大眾接收資訊的主要途徑，為加強與市民互動，委員會設立「無煙大家庭」Facebook專頁 ([www.facebook.com/smokefreefamily](http://www.facebook.com/smokefreefamily))，市民可透過專頁獲得最新控煙新聞、煙害資訊和認識戒煙的好處及方法，亦可了解及參與委員會的活動。另外，委員會亦設立「煙害2.0」Facebook專頁 ([www.facebook.com/smokinghazards2.0](http://www.facebook.com/smokinghazards2.0)) 及無煙代言人「咪點我」Instagram帳戶 ([www.instagram.com/wisemike\\_hk](http://www.instagram.com/wisemike_hk))，提醒公眾另類吸煙產品的害處，爭取市民支持加強控煙措施及香港全面禁煙的目標。



## COSH Website, Social Media Platform and E-Newsletter

COSH's website ([www.smokefree.hk](http://www.smokefree.hk)) is developed to inform the public about the latest information related to smoking and health, as well as the updated activities of COSH. From 1 April 2020 to 31 March 2021, COSH's website recorded over 434,000 page views. The top viewed pages included smoking hazards, electronic cigarettes and methods of cessation.

To facilitate different segments of the community including persons with disability to access to tobacco control information and COSH's services, COSH's website adopted the accessibility design and attained the Gold Award requirements of "Web Accessibility Recognition Scheme" organized by the Hong Kong Internet Registration Corporation Limited. This scheme is co-organized by the Office of the Government Chief Information Officer and supported by Equal Opportunities Commission. COSH's website had been awarded the Triple Gold Award since 2018-2019. The other project websites "Quit to Win" Smoke-free Community Campaign ([www.quittowin.hk](http://www.quittowin.hk)) and "School Interactive Education Theatre" ([www.educationtheatre.hk](http://www.educationtheatre.hk)) also achieved the Triple Gold Awards while "Hong Kong Smoke-free Leading Company Awards" ([www.smokefreeleadingcompany.hk](http://www.smokefreeleadingcompany.hk)) achieved the Gold Award.

Meanwhile, e-newsletter is released regularly covering the recent findings on smoking hazards and smoking cessation across the globe, local and international development on tobacco control and the latest activities of COSH. The public is welcomed to subscribe the e-newsletter through COSH's website.

As social media becomes a popular information source, a Facebook page "Smoke-free Family" ([www.facebook.com/smokefreefamily](http://www.facebook.com/smokefreefamily)) had been set up to enhance interaction with the public, as well as release the latest news on tobacco control, hazards of smoking, tips and benefits of smoking cessation. Members of public can also obtain the details of COSH's programmes and join via the Facebook page. Another Facebook page "Smoking Hazards 2.0" ([www.facebook.com/smokinghazards2.0](http://www.facebook.com/smokinghazards2.0)) and COSH's official mascot WiseMike Instagram account ([www.instagram.com/wisemike\\_hk](http://www.instagram.com/wisemike_hk)) were also launched to inform about the harms of alternative smoking products, solicit public support for strengthening tobacco control measures for tobacco endgame goal in Hong Kong.



## 研究項目計劃 Research Projects

### 控煙政策調查 2020

自2012年起，委員會進行「控煙政策調查」以定期評估香港控煙政策的成效及監測市民對控煙措施的意見。此調查是一個具代表性的橫斷研究，廣泛收集有關吸煙與健康的資料，包括吸煙習慣、戒煙、接觸二手煙的情況、對現行和未來控煙政策的意見等。

香港大學護理學院及公共衛生學院受委員會委託進行控煙政策調查2020，並為調查設計問卷及進行數據分析。調查由香港民意研究所於2019年12月至2020年9月期間以隨機家居固網電話訪問5,111名受訪者及於2020年3月至7月期間以隨機手提電話訪問938名受訪者。在兩項調查中，「吸煙」均指使用任何吸煙產品，包括傳統捲煙、電子煙、加熱煙草產品（加熱煙）等。受訪者為15歲或以上可以廣東話溝通的香港居民。

#### 家居電話調查

調查中5,111名受訪者由1,708名從不吸煙者、1,702名已戒煙者及1,701名現時吸煙者組成。除了核心問題，受訪者被隨機分配回答不同隨機問題。調查人員亦根據2019年的香港人口分佈對最終樣本進行加權。

#### 調查結果如下：

##### 吸煙情況

- 大部分 (79.6%) 現時吸煙者表示現時只使用一種吸煙產品，20.4% 表示使用至少兩種吸煙產品。

### Tobacco Control Policy-related Survey 2020

COSH has conducted the Tobacco Control Policy-related Survey since 2012 to regularly investigate the effectiveness of tobacco control policies in Hong Kong and keep track of the public's views opinions on the policies. It is a representative cross-sectional survey and covers a wide scope of topics related to smoking and health, including pattern of smoking and cessation, secondhand smoke exposure, and opinions towards current and future tobacco control measures.

The School of Nursing and School of Public Health of The University of Hong Kong were commissioned by COSH to conduct Tobacco Control Policy-related Survey 2020 to develop questionnaires and perform data analysis. Hong Kong Public Opinion Research Institute Limited successfully collected the information from a random sample of 5,111 respondents via landline between December 2019 and September 2020 while another random sample of 938 respondents were interviewed via mobile phone between March and July 2020. In both surveys, smoking refers to the use of any smoking products, including conventional cigarettes, electronic cigarettes (e-cigarettes) and heated tobacco products (HTPs). Respondents were Hong Kong residents who aged 15 years or above and could speak Cantonese.

#### Landline Survey

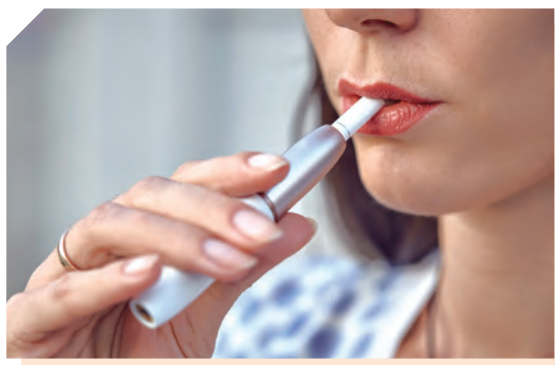
The 5,111 respondents of the survey were comprised of 1,708 never smokers, 1,702 ex-smokers and 1,701 current smokers. Besides core questions, respondents were divided into different subsamples to answer different random questions. The final sample was weighted to the Hong Kong population in 2019.

#### Key results of the survey are shown below:

##### Use of Smoking Products

- Majority (79.6%) of current smokers reported current use of a single smoking product, while 20.4% currently used two or more smoking products.

- 曾經及現時吸食傳統捲煙的比率分別為15.1%及10.1%。在吸食傳統捲煙的現時吸煙者中，平均每天吸煙量為11.3支捲煙。近一半(48.2%)在起床後半小時內吸第一支煙，顯示他們對尼古丁有較高的依賴。
- 曾經及現時使用加熱煙的比率分別為3.0%及0.9%。在知道加熱煙的受訪者中，有73.1%認為加熱煙不能幫助戒煙，大多數(91.6%)認為由傳統捲煙轉用加熱煙並不等於戒煙。
- 曾經及現時使用電子煙的比率分別為4.0%及0.8%。在知道電子煙的受訪者中，有76.0%認為電子煙不能幫助戒煙，有90.6%認為由傳統捲煙轉用電子煙並不等於戒煙。



- The prevalence of ever and current cigarette smoking was 15.1% and 10.1%, respectively. On average, current cigarette smokers consumed 11.3 cigarettes per day. Nearly half (48.2%) smoked the first cigarette within half an hour after waking up, indicating a higher nicotine dependence.
- The prevalence of ever and current HTP use was 3.0% and 0.9% respectively. Among respondents who were aware of HTPs, 73.1% perceived that HTPs could not help quitting cigarettes, and most of them (91.6%) did not perceive switching to HTPs as quitting.
- The prevalence of ever and current e-cigarette use was 4.0% and 0.8% respectively. In respondents who were aware of e-cigarettes, most of them (76.0%) perceived that e-cigarettes could not help quitting cigarettes, and 90.6% did not perceive switching to e-cigarettes as quitting.
- The prevalence of ever and current waterpipe tobacco smoking was 5.2% and 0.7% respectively.
- Among all respondents, 10.1% had ever used other smoking products (including cigar, hand rolled cigarettes, pipe tobacco, herbal cigarettes, snuff, chewing tobacco and snus).
- 曾經及現時吸食水煙的比率分別為5.2%及0.7%。
- 所有受訪者中，有一成(10.1%)曾經吸食其他吸煙產品(包括雪茄、手捲煙、煙斗、草本煙、鼻煙、咀嚼煙及口含煙)。



## 2019 冠狀病毒病及吸煙行為

- 吸煙會損害肺功能，吸煙者有較高機會感染2019冠狀病毒病。美國加州大學舊金山分校一項整合分析發現，曾經吸煙的感染者患上重症（如入住深切治療病房、需要氧氣治療、使用人工呼吸機）或死亡的機會比從不吸煙的感染者高近一倍。
- 現時吸煙者認為吸煙增加感染2019冠狀病毒病的機會低。由0分（機會極低）至10分（機會極高），他們評分吸煙會增加感染病毒的機會平均為3.5分。
- 自2020年1月疫情爆發，有7.7%的現時吸煙者減少在家中吸煙，7.1%則增加；有43.1%的現時吸煙者減少在街上吸煙，1.2%則增加。
- 疫情期間，傳統捲煙及加熱煙雙重使用者（20.5%）和加熱煙使用者（15.5%）比吸食傳統捲煙者（6.2%）更普遍增加在家中吸煙

### 戒煙情況

- 約五分之一（19.6%）現時吸煙者在過去12個月內曾經嘗試戒煙。
- 只有六分之一（14.6%）現時吸煙者曾經使用戒煙服務。



## COVID-19 and Smoking Behaviours

- Smoking deteriorates lung function and smokers have an increased chance of COVID-19 infection. A meta-analysis by the University of California San Francisco, the United States, showed that the likelihood of progression to severe conditions (e.g. admission to the intensive care unit, needs for supplemental oxygen therapy and intensive mechanical ventilators) or deaths in ever smoking COVID-19 patients nearly doubled that in never smoking patients.



- Current smokers perceived low likelihood of increased COVID-19 infection risk due to smoking. Out of a 11-point scale ranging from 0 (extremely unlikely) to 10 (extremely likely), current smokers rated 3.5 points on average.
- Since the COVID-19 outbreak in January 2020, 7.7% of current smokers reduced smoking at home while 7.1% increased; 43.1% of current smokers reduced smoking on streets while 1.2% increased.
- Increased smoking at home was found more common in current cigarette and HTP dual users (20.5%) and current HTP users (15.5%) than in current cigarette users (6.2%) during COVID-19 outbreak.

### Smoking Cessation

- About one-fifth (19.6%) of current smokers tried to quit smoking in the past twelve months.
- Only one-sixth (14.6%) of current smokers had ever used smoking cessation services.

### 接觸二手煙及三手煙

- 在所有受訪者當中，有 14.8% 與最少一名吸煙者同住，並有 12.7% 表示在過去七天曾在家中接觸二手煙。
- 市民在工作場所接觸二手煙的情況並不罕見，有 22.2% 的在職受訪者於過去七天曾經在工作時有人在其三米範圍內吸煙。
- 超過一成半 (15.5%) 及逾四分之一 (26.0%) 受訪者在過去七天分別曾在家中及家以外的室內地方接觸三手煙。



### 煙草產品包裝規管

- 近九成 (89.7%) 現時吸煙者表示，在過去 30 天有留意到煙包上的煙害圖象警示。比率遠較從不吸煙者 (50.7%) 及已戒煙者 (47.9%) 為高。
- 近六成 (59.8%) 在過去 30 天有看過煙害圖象警示的現時吸煙者有聯想起吸煙的危害、近三成 (29.4%) 考慮戒煙及約一成 (9.3%) 曾停止當時的吸煙行為。
- 多數 (72.4%) 受訪者認為煙害圖象警示應該更清晰及具警嚇性。另外，近一半 (47.3%) 受訪者贊成定期更換煙害圖象警示。
- 「全煙害警示包裝」即統一及簡化煙草產品的包裝，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。近三分二 (63.6%) 受訪者及超過三分之一 (35.9%) 現時吸煙者贊成採用「全煙害警示包裝」。

### Exposure to Secondhand Smoke (SHS) and Third-hand Smoke (THS)

- Among all respondents, 14.8% lived with at least one smoker and 12.7% were exposed to secondhand smoke at home in the past seven days.
- Exposure to SHS at workplace was not rare. 22.2% of employed respondents were exposed to SHS by smokers smoking within three meters at workplace in the past seven days.
- 15.5% and 26.0% of respondents reported THS exposure at home and in indoor places outside home in the past seven days respectively.

### Regulations on Cigarette Packaging

- Almost 90% (89.7%) of current smokers noticed the pictorial health warnings (PHWs) on cigarette packs in the past 30 days. The rate was much higher than in never smokers (50.7%) and ex-smokers (47.9%).
- Among the current smokers who noticed the PHWs in the past 30 days, 59.8% thought about the harms of smoking, 29.4% thought about quitting smoking and 9.3% held back from smoking.
- Many (72.4%) respondents agreed that the PHWs should be clearer and more threatening about the harms of smoking. Nearly half (47.3%) agreed to change the PHWs regularly.
- Plain packaging standardizes and simplifies the packaging of tobacco products. Trademarks, graphics and logos are not allowed on cigarette packs, while brand names can only be displayed in a standard font, colour and location on the package. Nearly two-thirds (63.6%) of respondents and over one-third (35.9%) of current smokers supported to adopt plain packaging.

### 煙草廣告及推廣

- 過半數 (58.5%) 受訪者於過去 30 天曾經在銷售點看到陳列的煙草產品。
- 近七成 (68.4%) 受訪者認為陳列煙草產品屬於廣告宣傳。
- 近三分二 (64.8%) 受訪者及 33.2% 現時吸煙者同意禁止於銷售點展示煙草產品。

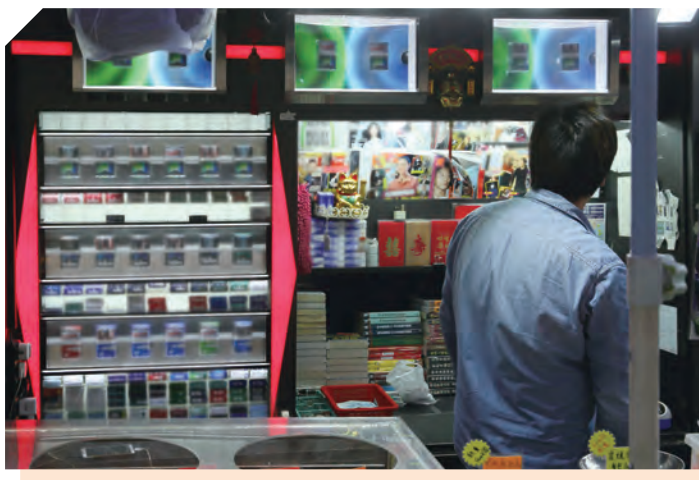
### 煙草稅

- 大部分 (79.5%) 受訪者同意政府定期增加煙草稅，有 40.2% 認為加幅應高於通脹。
- 超過一半已戒煙者 (53.0%) 及接近三分二 (63.9%) 現時吸煙者認為現時的煙價未能有效推動戒煙。
- 大部分 (78.3%) 現時吸煙者表示會因為煙價調高而戒煙或減少最少一半的吸煙量。他們認為煙價應該調高至平均每包港幣 155 元 (中位數為港幣 100 元)，才能令他們戒煙。



### Tobacco Advertising and Promotion

- Over half (58.5%) respondents noticed point-of-sale tobacco product displays in the past 30 days.
- 68.4% of respondents thought that the display of tobacco products was advertisement and promotion.
- Nearly two-thirds (64.8%) of respondents and one-third of (33.2%) current smokers agreed to ban point-of-sale tobacco product displays.



### Tobacco Tax

- A majority (79.5%) of respondents supported the Government to raise tobacco tax regularly, while 40.2% supported the tax increase shall be greater than inflation.
- Over half (53.0%) of ex-smokers and 63.9% of current smokers thought that the current cigarette price was not effective in motivating smokers to quit smoking.
- Majority (78.3%) of the current smokers would quit smoking or reduce smoking consumption at least by half if the cigarette price increased. On average, they reckoned that the price should be raised to HK\$155 per pack of cigarettes (median was HK\$100) to make them quit smoking.



## 對未來控煙政策的意見

- 大部分 (86.1%) 受訪者認為收受煙草商利益的政黨及立法會議員應被禁止參與制定控煙政策。
- 大部分 (86.3%) 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 76.9% 表示同意。
- 近三分二的受訪者同意香港禁止銷售 (64.8%) 及使用 (65.2%) 任何類型的吸煙產品，包括傳統捲煙、加熱煙及電子煙等；支持的現時吸煙者亦分別有 34.7% 及 32.3%。
- 近七成 (68.5%) 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。

## 手提電話調查

938 名受訪者由 322 名從不吸煙者、303 名已戒煙者及 313 名現時吸煙者組成。調查人員根據 2019 年的香港人口分佈對最終樣本進行加權。整體而言，是次結果與家居電話調查一致。

以下為家居電話調查未有涵蓋的結果：

## 戒煙意欲

- 吸食傳統捲煙的現時吸煙者 (45.7%)、加熱煙現時使用者 (42.0%) 及電子煙 (39.2%) 現時使用者均表示有意戒掉相關吸煙產品。

## Opinions on Future Tobacco Control Policies

- Respondents overwhelmingly agreed (86.1%) that political parties and Legislative Council members who accept advantages from the tobacco industry should be prohibited from formulating tobacco control policies.
- A majority (86.3%) of respondents and current smokers (76.9%) agreed to increase the legal age for purchasing cigarettes from 18 to 21 years old.
- Nearly two-thirds of respondents supported a total ban on the sale (64.8%) and on the use (65.2%) of all smoking products, including cigarettes, HTPs and e-cigarettes in Hong Kong. The measures were also supported by 34.7% and 32.3% of current smokers respectively.
- Almost 70% (68.5%) of respondents agreed to ban smoking if the smoking prevalence in Hong Kong decreases to 5% or lower.



## Mobile Phone Survey

The 938 respondents of the survey were comprised of 322 never smokers, 303 ex-smokers and 313 current smokers. Data were weighted to the Hong Kong population in 2019. In general, the results were comparable to those of the landline survey.

Key results not covered by the landline survey are shown below:

## Intention to Quit Smoking

- Quit intention was reported by 45.7% of current cigarette users, 42.0% of current HTP users and 39.2% of current e-cigarette users.

### 擴大法定禁煙區

- 調查顯示擴大法定禁煙範圍得到廣泛公眾支持。大部分受訪者支持擴大禁煙範圍至所有公共交通等候處(95.2%)、公共地方的輪候隊伍(92.6%)、載有兒童的私家車(90.7%)、繁忙街道(86.2%)、行人路(86.1%)、住所公共地方(82.4%)、辦公大樓及商場出入口三米範圍內(81.7%)、所有室外公共地方(71.6%)及餐廳室外座位(71.1%)。
- 接近八成(78.9%)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。
- 過半數(61.4%)受訪者認為場所管理人應為其場所內的違例吸煙情況負上刑責。



### 對未來控煙政策的意見

- 逾半(61.6%)受訪者贊成全面禁止加熱煙，現時吸煙者中亦有38.2%表示同意。
- 超過六成(61.9%)受訪者及41.1%現時吸煙者贊成全面禁止電子煙。
- 近三分二(64.1%)受訪者贊成全面禁止其他另類吸煙產品，當中包括逾三成半(36.3%)現時吸煙者。

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，並會繼續向政府及公眾發佈主要結果。

### Expansion of Statutory No Smoking Areas

- The survey showed expansion of statutory no smoking areas had wide public support. For instance, majority of respondents supported to extend no smoking areas to all public transport stops (95.2%), queues in public places (92.6%), private vehicles with children (90.7%), busy streets (86.2%), pedestrian walkways (86.1%), public areas in residential buildings (82.4%), within three meters of doorways of buildings and shopping malls (81.7%), all public outdoor places (71.6%) and seating-out areas of restaurants (71.1%).
- 78.9% of respondents agreed that the Government should legislate to ban smoking while walking on streets.
- Over half (61.4%) of respondents agreed that the person-in-charge of smoke-free premises should be liable to a penalty upon smoking offences in the premises.

### Opinions on Future Tobacco Control Policies

- Over half (61.6%) of respondents, in which 38.2% of current smokers, supported a total ban on HTPs.
- 61.9% of respondents and 41.1% of current smokers supported a total ban on e-cigarettes.
- Nearly two-thirds (64.1%) of respondents, including 36.3% of current smokers, supported a total ban on other alternative smoking products.

To advocate for appropriate measures and raise public awareness duly, COSH released the preliminary findings on specific topics in different occasions, and the key results will be announced to the Government and the community.

## 香港青年人吸食水煙及酒吧職員提供水煙的質性研究

源於中東地區的水煙逐漸在全球的青年人中流行。水煙煙霧含有多種同樣存在於捲煙煙霧的有毒物質，如尼古丁、焦油、一氧化碳、甲醛及多環芳香氫。雖然經常被誤解為較少危害，水煙對健康的風險卻與捲煙相若。同時，香港越來越多地方開始供應水煙，尤其是酒吧。委員會與香港大學護理學院進行了一項質量研究，探討青年人吸食水煙及酒吧職員提供水煙的情況。

這項研究在2019年5月至10月期間招募了37位18至30歲在過去30天有吸食過水煙的青年及20位酒吧職員接受面對面的半結構性訪問。每名受訪者單獨接受平均90分鐘的訪問。吸食水煙人士被問及有關吸食水煙的經驗、模式及原因；酒吧職員則被問及有關準備及提供水煙的經驗。



## Qualitative Study on Young Adults' Experience of Waterpipe Smoking and Bar Staff's Experience of Offering Waterpipe Tobacco in Hong Kong

Originated from the Middle East, waterpipe smoking is gaining popularity among young adults worldwide. Waterpipe tobacco smoke contains various toxicants that also exist in cigarette smoke, such as nicotine, tar, carbon monoxide, formaldehyde and polycyclic aromatic hydrocarbons. Although it is often perceived as less harmful, it poses similar health risks as cigarette smoke. In Hong Kong, more and more venues, especially bars, are offering waterpipe tobacco. COSH and The School of Nursing, The University of Hong Kong conducted a qualitative study to explore the experience of waterpipe smoking among young adults and the experience of offering waterpipe tobacco among bar staff.

This study was conducted by face-to-face semi-structured interviews with a total of 37 young adults aged 18 -30 who had smoked waterpipe tobacco in the past 30 days and 20 bar staff between May and October 2019. Each participant received the interview individually for 90 minutes on average. Waterpipe smokers were asked about their experience, patterns and motivation of waterpipe smoking, while bar staff was asked about the experience of preparing and offering waterpipe tobacco.



主要的研究結果如下：

### 吸食水煙人士

- 吸食水煙被視為社交活動。他們主要因「朋輩壓力」、「渴望融入社交圈子」及「水煙帶來的感官刺激」而吸食水煙。
- 現時無煙教育多著重於捲煙的危害，受訪者因而缺乏對水煙禍害的認知。
- 青年多數在酒吧邊吸食水煙邊飲酒，認為是雙重享受。然而，同時吸食水煙及飲酒可能會增加健康風險。
- 吸食水煙的女性特別認為水煙是時髦及高尚的活動。她們透過上傳吸食水煙的照片至社交媒體來提升自我形象及滿足對社交的歸屬感。
- 鑑於缺乏有關水煙禍害的教育，加上酒吧不忌諱地提供水煙，可能令青年對水煙產生好感。



Key results of the study are shown below:

### Waterpipe Smokers

- Waterpipe smoking was considered as a social gathering activity. The major reasons of using waterpipe tobacco were “peer pressure”, “the desire to fit in” and “the sensory stimulation from waterpipe smoking”.
- Current smoke-free education focused predominantly on cigarettes that respondents lacked awareness on the harms of waterpipe smoking.
- Young adults commonly used waterpipe tobacco in conjunction with alcohol in bars, enjoying the synergistic effects. However, the concurrent use may expose waterpipe smokers to greater health risks.
- Female waterpipe smokers particularly perceived waterpipe smoking as a trendy and high-end activity. They would share photos of waterpipe smoking on social media to enhance self-image and satisfy the need for social affiliation.
- The explicit offering of waterpipe tobacco and the lack of education on harms of waterpipe smoking contributed to the positive perceptions of waterpipe smoking among young adults.

**酒吧職員**

- 青年喜歡邊吸食水煙邊飲酒，成為酒吧提供水煙的誘因，可促進生意盈利。
- 提供水煙的過程涉及違反控煙法例的行為，包括在法定禁煙區內吸煙、購買走私水煙或網購水煙以逃避煙草稅。
- 酒吧有策略規避執法部門的執法行動，如安裝監視鏡頭以監察執法人員巡查，並在執法人員進入酒吧前提醒顧客。
- 準備水煙時吸入水煙煙霧以及長時間接觸二手煙均增加酒吧職員的健康風險。
- 酒吧職員在提供予不同客人使用前甚少清潔水煙煙管，除非煙管有阻塞，故增加顧客感染傳染病的風險。

鑑於水煙在青年間越來越受歡迎及對相關存有普遍誤解，委員會已加強有關水煙禍害的教育及建議政府加強巡查。未來仍有需要持續異化吸食水煙行為及加強執法。

**Bar Staff**

- The concurrent use of waterpipe tobacco and alcohol motivated bars to offer waterpipe tobacco to boost profits.
- Tobacco control laws were violated in the course of offering waterpipe tobacco, including smoking in statutory no smoking areas, tobacco tax evasion through purchasing smuggled waterpipe tobacco or online ordering.
- Bars had developed strategies to circumvent inspections by law enforcement officers, such as installing surveillance cameras to monitor when the officers would come and warning customers before the officers entered the bars.
- Inhalation of waterpipe smoke when setting up the device and prolonged secondhand smoke exposure posed bar staff at increased health risks.
- Bar staff rarely cleaned the hose of a waterpipe device before the same device offering for other customers, unless the hose was blocked. The poor hygiene practice put customers at higher risks of communicable diseases.

Due to the increased popularity of waterpipe tobacco among young adults and common misperception, COSH had enhanced the education on the harms of waterpipe smoking and advised the Government to strengthen inspection. Further denormalisation of waterpipe smoking and tightened enforcement are warranted.

# 逆中求變 · 戒煙防疫

## Quit for Changes





# 報告 Reports



- 環保工作報告  
Environmental Report
- 獨立核數師報告書  
Independent Auditor's Report

# 環保工作報告

## Environmental Report

### 目標與政策

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

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

### 環保措施

#### 提升能源效益

委員會秘書處致力節約能源，各職員均自律省電，各種電器如電燈、冷氣機、電腦、螢幕、影印機和列印機等，在毋須使用時均會關掉。配合政府建議，辦公室溫度普遍維持在攝氏25.5度。

在採購電器時，委員會以能源效益作為其中一個考慮因素，電腦設備如電腦主機、螢幕及列印機等一般帶有自動省電功能，以減少能源消耗。此外，秘書處亦採用耗電量為傳統燈泡六分一的節能燈泡。

#### 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。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 computers, photocopiers, printers and other electrical appliances immediately after use. Office room temperature is generally maintained at 25.5°C as recommended by the Government.

Energy efficiency is one of the considerations when purchasing electrical appliances. IT equipment with automatic energy saving functions has also been used, such as computers, the monitors of computers and printers. In addition, the Secretariat uses compact fluorescent lamps which consume one sixth of the energy of traditional globes.

#### 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；
- 定期評估印刷品的需求量並作出調整，以減少紙張消耗；
- 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站供市民瀏覽，減少印刷品的需求；
- 在活動及節日時使用電子邀請函及節日賀卡，以取代傳統邀請函及賀卡；
- 在列印檔案前使用列印預覽功能檢查格式及編排，並採用雙面印刷避免浪費紙張。

### 減廢及回收

委員會支援回收減廢，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列印機墨水匣。

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

進行會議及接待訪客時提供可重用的水杯，避免使用紙杯及膠杯。

### 提高職員環保意識

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注意及實踐環保理念，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;
- Review on the needs for quantity of printing materials and adjust regularly to reduce paper consumption;
- Reduction of the size and quantity of the printed promotional materials and gradual use of environmentally friendly paper;
- The tobacco control information, promotional materials and publications have been uploaded to COSH website for public access in order to reduce the demand for hardcopies;
- Use electronic invitation and greeting cards in replacement of printed invitation and cards for events and on festive occasions;
- Use of "Print Preview" function to check the layout and style of document before printing 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. In addition, recyclable printer toner cartridges have been used.

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

Instead of paper cups and plastic cups, reusable cups were provided for guests during meetings and visits.

### Enhance Awareness on Environmental Protection

Staff members are 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, e.g. use of eco-friendly materials and submission of documents 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2021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108頁至第132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2021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2021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 2021

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

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

### Opinion

We have audited the financial statements of Hong Kong Council on Smoking and Health ("the Council") set out on pages 108 to 132, which comprise the statement of financial position as at 31 March 2021, 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 2021, 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資訊負責。其他資訊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資訊，我們亦不對該等其他資訊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資訊提供給我們時閱讀這其他資訊，在此過程中，考慮其他資訊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。合理保證是高水準的保證，但不能保證按照《香港審計準則》進行的審計，在某一重大錯誤陳述存在時總能發現。錯誤陳述可以由欺詐或錯誤引起，如果合理預期它們單獨或滙總起來可能影響財務報表使用者依賴財務報表所作出的經濟決定，則有關的錯誤陳述可被視作重大。

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

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

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

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

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

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



## 核數師就審計財務報表承擔的責任 (續)

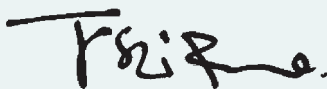
- 對委員會成員採用持續經營會計基礎的恰當性作出結論。根據所獲取的審計憑證，確定是否存在與事項或情況有關的重大不確定性，從而可能導致對貴會的持續經營能力產生重大疑慮。如果我們認為存在重大不確定性，則有必要在核數師報告中提請使用者注意財務報表中的相關披露。假若有關的披露不足，則我們應當發表非無保留意見。我們的結論是基於核數師報告日止所取得的審計憑證。然而，未來事項或情況可能導致貴會不能持續經營。
- 評價財務報表的整體列報方式、結構和內容，包括披露，以及財務報表是否中肯反映交易和事項。

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

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

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

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



李福樹會計師事務所  
香港執業會計師

F. S. Li & Co.  
Certified Public Accountants

香港，2021年7月5日

Hong Kong, 5 July 2021

# 全面收益表

## Statement of Comprehensive Income

截至 2021 年 3 月 31 日止年度  
For the year ended 31 March 2021

(港幣)	(HK\$)	附註 Note	二零二一年 2021	二零二零年 2020
<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			
一般津貼	Region General subvention		<b>26,007,800</b>	28,273,500
銀行利息收入	Bank interest income		<b>131</b>	4,349
雜項收入	Sundry income		<b>420</b>	4,482
			<b>26,008,351</b>	28,282,331
<b>支出</b>	<b>Expenditure</b>			
批准職位編製	Approved establishment	3	<b>7,093,698</b>	6,342,430
項目員工	Project staff	4	<b>2,227,771</b>	3,165,247
宣傳及推廣費用	Publicity and promotion expenses		<b>12,271,326</b>	11,531,469
會議費用	Conference expenses		<b>–</b>	14,010
參考書籍及刊物	Reference books and periodicals		<b>9,348</b>	11,884
辦公室租金、差餉及管理費	Office rent, rates and management fee		<b>490,912</b>	512,203
貨倉租金及費用	Warehouse rent and expenses		<b>16,838</b>	60,324
維修及保養費用	Repairs and maintenance		<b>13,945</b>	94,452
清潔工資及費用	Cleaning wages and fees		<b>68,877</b>	67,013
物業、機器及設備之折舊	Depreciation on property, plant and equipment		<b>33,201</b>	16,824
使用權資產之折舊	Depreciation on right-of-use assets		<b>2,924,578</b>	2,889,259
保險	Insurance		<b>81,988</b>	77,239
電費	Electricity		<b>44,167</b>	45,377
電話及通訊費用	Telephone and communication expenses		<b>44,659</b>	57,416
職工招募費用	Recruitment expenses		<b>26,460</b>	40,596
職工訓練及發展費用	Staff training and development expenses		<b>790</b>	–
法律、專業及核數費用	Legal, professional and audit fees		<b>30,800</b>	33,100
辦公室設備	Office equipment		<b>38,240</b>	–
郵費	Postage		<b>35,363</b>	13,855
印刷及文具	Printing and stationery		<b>92,223</b>	100,211
租賃負債之利息支出	Interest expense on lease liabilities		<b>87,705</b>	129,750
雜項支出	Sundry expenses		<b>51,085</b>	51,614
			<b>25,683,974</b>	25,254,273
<b>本年度盈餘</b>	<b>Surplus for the Year</b>	5	<b>324,377</b>	3,028,058
<b>本年度全面收入</b>	<b>Total Comprehensive Income for the Year</b>		<b>324,377</b>	3,028,058

# 財務狀況表

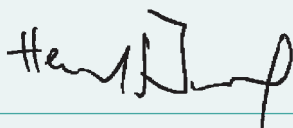
## Statement of Financial Position

於 2021 年 3 月 31 日  
At 31 March 2021

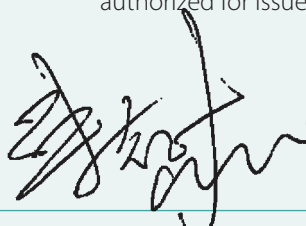
(港幣)	(HK\$)	附註 Note	二零二一年 2021	二零二零年 2020
<b>非流動資產</b>	<b>Non-Current Assets</b>			
物業、機器及設備	Property, plant and equipment	7	<b>184,636</b>	81,250
使用權資產	Right-of-use assets	8	<b>2,747,981</b>	5,672,559
			<b>2,932,617</b>	5,753,809
<b>流動資產</b>	<b>Current Assets</b>			
按金及預付款項	Deposits and prepayments	9	<b>997,147</b>	955,704
銀行及現金結存	Bank and cash balances		<b>672,822</b>	3,419,730
			<b>1,669,969</b>	4,375,434
<b>減：流動負債</b>	<b>Less: Current Liabilities</b>			
應付費用	Accrued charges		<b>1,178,529</b>	1,167,500
租賃負債 – 短期部份	Lease liabilities - current portion	10	<b>2,798,353</b>	2,920,755
年假撥備	Provision for annual leave entitlements		<b>287,996</b>	225,068
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	11	<b>287,742</b>	3,004,236
應退回衛生署之累積盈餘	Accumulated surpluses refundable to the Department of Health	12	<b>203,640</b>	203,640
			<b>4,756,260</b>	7,521,199
<b>流動負債</b>	<b>Net Current Liabilities</b>		<b>(3,086,291)</b>	(3,145,765)
<b>總資產減流動負債</b>	<b>Total Assets Less Current Liabilities</b>		<b>(153,674)</b>	2,608,044
<b>非流動負債</b>	<b>Non-Current Liabilities</b>			
租賃負債 – 長期部份	Lease liabilities - non-current portion	10	–	(2,798,353)
<b>淨負債</b>	<b>Net Liabilities</b>		<b>(153,674)</b>	(190,309)
等於：	representing:			
<b>累積虧損</b>	<b>Accumulated Deficits</b>		<b>(153,674)</b>	(190,309)

委員會於 2021 年 7 月 5 日通過及批准發布於第 108 頁至第 132 頁的財務報表

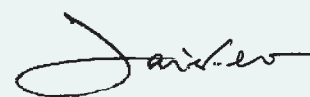
The financial statements on pages 108 to 132 were approved and authorized for issue by the Council on 5 July 2021.



湯修齊先生 MH 太平紳士  
委員會主席  
Mr Henry TONG Sau-chai, MH, JP  
Chairman



陳志球博士 SBS BBS 太平紳士  
委員會副主席  
Dr Johnnie CHAN Chi-kau, SBS, BBS, JP  
Vice-chairman



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



# 權益變動表

## Statement of Changes in Equity

截至 2021 年 3 月 31 日止年度  
For the year ended 31 March 2021

(港幣)	(HK\$)	附註 Note	二零二一年 2021	二零二零年 2020
<b>累積虧損</b>	<b>Accumulated deficits</b>			
上年度轉來之虧損	Deficit brought forward		<b>(190,309)</b>	(214,131)
本年度盈餘 / 本年度全面收入	Surplus for the year/ Total comprehensive income for the year		<b>324,377</b>	3,028,058
應退回衛生署之經調整盈餘	Adjusted surplus refundable to the Department of Health	11	<b>(287,742)</b>	(3,004,236)
本會應佔之盈餘	Surplus attributable to the Council		<b>36,635</b>	23,822
撥入下年度之虧損	Deficit carried forward		<b>(153,674)</b>	(190,309)

# 現金流量表

## Cash Flow Statement

截至 2021 年 3 月 31 日止年度  
For the year ended 31 March 2021

(港幣)	(HK\$)	附註 Note	二零二一年 2021	二零二零年 2020
營運活動之現金流量	Cash flows from operating activities			
本年度盈餘	Surplus for the year		<b>324,377</b>	3,028,058
調整：	Adjustments for:			
利息收入	Interest income		<b>(131)</b>	(4,349)
利息支出	Interest expense		<b>87,705</b>	129,750
物業、機器及設備之折舊	Depreciation on property, plant and equipment		<b>33,201</b>	16,824
使用權資產之折舊	Depreciation on right-of-use assets		<b>2,924,578</b>	2,889,259
營運資金變動前之營運盈餘	Operating surplus before working capital changes		<b>3,369,730</b>	6,059,542
按金及預付款項之(增加)/減少	(Increase)/Decrease in deposits and prepayments		<b>(41,443)</b>	6,050
應付費用之增加	Increase in accrued charges		<b>11,029</b>	79,039
年假撥備之增加/(減少)	Increase/(Decrease) in provision for annual leave entitlements		<b>62,928</b>	(20,027)
營運活動所產生之淨現金	Net cash from operating activities		<b>3,402,244</b>	6,124,604
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		<b>(136,587)</b>	(67,168)
已收利息	Interest received		<b>131</b>	4,349
投資活動所使用之淨現金	Net Cash Used In Investing Activities		<b>(136,456)</b>	(62,819)
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		<b>(3,004,236)</b>	(184,096)
已付租賃租金之資本部份	Capital element of lease rentals paid		<b>(2,920,755)</b>	(2,842,710)
已付租賃租金之利息部份	Interest element of lease rentals paid		<b>(87,705)</b>	(129,750)
融資活動所使用之淨現金	Net cash used in financing activities		<b>(6,012,696)</b>	(3,156,556)
現金及現金等值之淨(減少)/增加	Net (decrease)/increase in cash and cash equivalents		<b>(2,746,908)</b>	2,905,229
年初現金及現金等值結存	Cash and cash equivalents at beginning of the year		<b>3,419,730</b>	514,501
年終現金及現金等值結存	Cash and cash equivalents at end of the year		<b>672,822</b>	3,419,730
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		<b>672,822</b>	3,419,730

# 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。採用全新及經修改香港財務報告準則，對本會於本會計年度及以往會計年度之業績及財務狀況及／或此等財務報表所載的披露並無重大影響。

### 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 Certified 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 application of new and revised HKFRSs has no material effect on the results and financial position of the Council for the current and prior accounting years and/or on the disclosures set out in these financial statements.



## 2. 主要會計政策(續)

### (a) 編製基準(續)

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16。

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 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 16.

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

## 2. Principal Accounting Policies (continued)

### (c) Foreign Currencies Translation

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

### (d) Impairment Losses

At the end of each reporting period, where there is any indication that an asset, including items of property, plant and equipment, and right-of-use assets 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.

## 2. 主要會計政策 (續)

### (e) 物業、機器及設備

物業、機器及設備以成本價減已收或可收的資助、累積折舊及累積減值損失列帳。

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

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

### (f) 租賃

本會於合約開始時評估合約是否為或包含租賃。倘合約為換取代價而給予在一段時間內控制可識別資產使用之權利，則該合約為或包含租賃。

本會對所有租賃（惟短期租賃及低價值資產租賃除外）採取單一確認及計量方法。本會確認租賃負債以作出租賃付款，而使用權資產指使用相關資產之權利。

## 2. Principal Accounting Policies (continued)

### (e) Property, Plant and Equipment

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

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

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

### (f) Lease

The Council assesses at contract inception whether a contract is, or contains, a lease. A contract is, or contains, a lease if the contract conveys the right to control the use of an identified asset for a period of time in exchange for consideration.

The Council applies a single recognition and measurement approach for all leases, except for short-term leases and leases of low-value assets. The Council recognizes lease liabilities to make lease payments and right-of-use assets representing the right to use the underlying assets.

## 2. 主要會計政策 (續)

### (f) 租賃 (續)

使用權資產於租賃開始日期(其為相關資產可供使用之日期)確認。使用權資產乃按成本減任何累計折舊及任何減值虧損計量，並就租賃負債之任何重新計量作出調整。使用權資產之成本包括已確認租賃負債金額、已產生初始直接成本及於開始日期或之前作出之租賃付款減任何已收取之租賃優惠。使用權資產於租賃期內按直線法折舊。

租賃負債於租賃開始日期按租賃期內作出的租賃付款之現值確認。租賃付款包括固定付款(包括實質固定付款)減任何應收租賃優惠、取決於某一指數或比率之浮動租賃付款以及預期根據剩餘價值擔保支付之金額。租賃付款亦包括本會合理確定將予行使之購買選擇權之行使價，以及在租賃條款反映了本會行使選擇權終止租賃之情況下因終止租賃而支付之罰款。並非取決於某一指數或比率之浮動租賃付款於觸發付款之事件或條件發生期間確認為開支。

## 2. Principal Accounting Policies (continued)

### (f) Lease (continued)

Right-of-use assets are recognized at the commencement date of the lease (that is the date the underlying asset is available for use). Right-of-use assets are measured at cost, less any accumulated depreciation and any impairment losses, and adjusted for any remeasurement of lease liabilities. The cost of right-of-use assets includes the amount of lease liabilities recognized, initial direct costs incurred, and lease payments made at or before the commencement date less any lease incentives received. Right-of-use assets are depreciated on a straight-line basis over the lease terms.

Lease liabilities are recognized at the commencement date of the lease at the present value of lease payments to be made over the lease term. The lease payments include fixed payments (including in-substance fixed payments) less any lease incentives receivable, variable lease payments that depend on an index or a rate, and amounts expected to be paid under residual value guarantees. The lease payments also include the exercise price of a purchase option reasonably certain to be exercised by the Council and payments of penalties for termination of a lease, if the lease term reflects the Council exercising the option to terminate. The variable lease payments that do not depend on an index or a rate are recognized as an expense in the period in which the event or condition that triggers the payment occurs.



## 2. 主要會計政策 (續)

### (f) 租賃 (續)

於計算租賃付款之現值時，由於租賃中隱含之利率不易確定，本會使用其於租賃開始日期之增量借貸利率。於開始日期後，租賃負債之金額會增加以反映利息之增長，並就所作出之租賃付款作出扣減。此外，倘存在修改、租賃期更改、租賃付款更改（即某一指數或比率發生變化而導致未來租賃付款更改）或購買相關資產之選擇權評估變更，則重新計量租賃負債之帳面值。

本會就其樓宇之短期租賃（即自開始日期起計租期12個月或以下，並且不包含購買選擇權之租賃）應用短期租賃確認豁免。其亦應用低價值資產租賃確認豁免。

當本會就低價值資產訂立租賃時，本會按個別租賃基準決定是否將租賃資本化。

短期租賃及低價值資產租賃之租賃付款於租賃期內按直線法確認為開支。

### (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。

## 2. Principal Accounting Policies (continued)

### (f) Lease (continued)

In calculating the present value of lease payments, the Council uses its incremental borrowing rate at the lease commencement date because the interest rate implicit in the lease is not readily determinable. After the commencement date, the amount of lease liabilities is increased to reflect the accretion of interest and reduced for the lease payments made. In addition, the carrying amount of lease liabilities is remeasured if there is a modification, a change in the lease term, a change in lease payments (e.g. a change to future lease payments resulting from a change in an index or rate) or a change in assessment of an option to purchase the underlying asset.

The Council applies the short-term lease recognition exemption to its short-term leases of buildings (that is those leases that have a lease term of 12 months or less from the commencement date and do not contain a purchase option). It also applies the recognition exemption for leases of low-value assets.

When the Council enters into a lease in respect of a low-value asset, the Council decides whether to capitalize the lease on a lease-by-lease basis.

Lease payments on short-term leases and leases of low-value assets are recognized as an expense on a straight-line basis over the lease term.

### (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.

## 2. 主要會計政策 (續)

### (h) 應付費用

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

### (i) 現金及現金等值

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

### (j) 僱員獲享假期

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

### (k) 有關連人士

就本財務報表而言，有關連人士包括符合以下定義的人士及實體：

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

## 2. Principal Accounting Policies (continued)

### (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 three months to maturity from date of deposit.

### (j) Employee Leave Entitlements

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

### (k) Related Parties

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

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

## 2. 主要會計政策(續)

### (k) 有關連人士(續)

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

## 2. Principal Accounting Policies (continued)

### (k) Related Parties (continued)

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

### 3. 批准職位編製

### 3. Approved Establishment

(港幣)	(HK\$)	二零二一年 2021	二零二零年 2020
薪金及津貼	Salaries and allowances	<b>6,823,545</b>	6,228,770
強積金供款	Mandatory provident fund contributions	<b>188,939</b>	155,735
年假撥備 / (撥備回撥)	Provision for annual leave entitlements made/(written back)	<b>81,214</b>	(42,075)
		<b>7,093,698</b>	6,342,430

### 4. 項目員工

### 4. Project Staff

(港幣)	(HK\$)	二零二一年 2021	二零二零年 2020
薪金	Salaries	<b>2,145,801</b>	3,008,399
強積金供款	Mandatory provident fund contributions	<b>100,256</b>	134,800
年假(撥備回撥)/ 撥備	Provision for annual leave entitlements (written back)/made	<b>(18,286)</b>	22,048
		<b>2,227,771</b>	3,165,247

### 5. 本年度盈餘

### 5. 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 following items:

(港幣)	(HK\$)	二零二一年 2021	二零二零年 2020
員工成本 *	Staff costs *	<b>9,383,881</b>	9,564,797
土地及樓宇短期租賃租金支出	Rentals of land and buildings held under short-term lease	—	34,000

\* 包括支付定額供款退休保障計劃供款共港幣289,195元(2020年：港幣290,535元)

\* including contribution of HK\$289,195 (2020: HK\$290,535) to defined contribution provident fund scheme.



## 6. 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(2020年：無)。

## 6. Council Members' Remuneration

None of the Council members received any remuneration in respect of their services to the Council during the year (2020: Nil).

## 7. 物業、機器及設備

## 7. Property, Plant and Equipment

(港幣)	(HK\$)	租賃物業 改良工程 Leasehold improvements	傢俬 及裝置 Furniture and fixtures	辦公室 設備 Office equipment	總額 Total
<b>成本</b>	<b>Cost</b>				
於2019年3月31日	At 31 March 2019	36,305	115,261	566,070	717,636
添置	Additions	–	8,470	58,698	67,168
於2020年3月31日	At 31 March 2020	36,305	123,731	624,768	784,804
添置	Additions	–	59,100	77,487	136,587
於2021年3月31日	At 31 March 2021	36,305	182,831	702,255	921,391
<b>累積折舊</b>	<b>Accumulated depreciation</b>				
於2019年3月31日	At 31 March 2019	36,305	111,669	538,756	686,730
截至2020年3月31日 止年度計提	Charge for the year ended 31 March 2020	–	2,494	14,330	16,824
於2020年3月31日	At 31 March 2020	36,305	114,163	553,086	703,554
截至2021年3月31日 止年度計提	Charge for the year ended 31 March 2021	–	8,487	24,714	33,201
於2021年3月31日	At 31 March 2021	36,305	122,650	577,800	736,755
<b>帳面淨值</b>	<b>Net book value</b>				
於2021年3月31日	At 31 March 2021	–	60,181	124,455	184,636
於2020年3月31日	At 31 March 2020	–	9,568	71,682	81,250

## 8. 使用權資產

## 8. Right-of-use Assets

(港幣)	(HK\$)	
<b>成本</b>	<b>Cost</b>	
於 2020 及 2021 年 3 月 31 日	At 31 March 2020 and 2021	8,561,818
<b>累積折舊</b>	<b>Accumulated depreciation</b>	
於 2020 年 3 月 31 日	At 31 March 2020	2,889,259
截至 2021 年 3 月 31 日止年度計提	Charge for the year ended 31 March 2021	2,924,578
於 2021 年 3 月 31 日	At 31 March 2021	5,813,837
<b>帳面淨值</b>	<b>Net book value</b>	
於 2021 年 3 月 31 日	At 31 March 2021	2,747,981
於 2020 年 3 月 31 日	At 31 March 2020	5,672,559

## 9. 按金及預付款項

## 9. Deposits and Prepayments

預期會於一年後收回之按金為港幣 617,566 元(2020 年：港幣 617,566 元)，預付款項港幣 379,581 元(2020 年：港幣 330,138 元)將會於一年內全數記入費用。

The amount of deposits expected to be recovered after one year is HK\$617,566 (2020: HK\$617,566). The prepayments in sum of HK\$379,581 (2020: HK\$330,138) are expected to be recognized as expenses within one year.

## 10. 租賃負債

## 10. Lease Liabilities

(港幣)	(HK\$)	二零二一年 2021	二零二零年 2020
年初結餘	Balance at beginning of the year	5,719,108	–
應付租賃付款的現值	Present value of the lease payments	–	8,561,818
利息支出	Interest expense	87,705	129,750
已付租賃付款	Lease payment made	(3,008,460)	(2,972,460)
年末結餘	Balance at end of the year	2,798,353	5,719,108

## 10. 租賃負債 (續)

租賃負債在財務狀況表中列示如下：

(港幣)	(HK\$)	二零二一年 2021	二零二零年 2020
短期部份	Current portion	2,798,353	2,920,755
長期部份	Non-current portion	–	2,798,353
		2,798,353	5,719,108

於報告期末根據合約未貼現付款之租賃負債之到期情況如下：

Lease liabilities are presented in the statement of financial position as follows:

The maturity profile of the lease liabilities, as at the end of the reporting period, based on the contractual undiscounted payments, was as follows:

(港幣)	(HK\$)	二零二一年 2021	二零二零年 2020
帳面值	Carrying amount	2,798,353	5,719,108
合約未折現現金流總額	Total contractual undiscounted cash flow		
– 應要求即付或於一年內	– Within one year or on demand	2,828,460	3,008,460
– 超過一年但少於兩年	– More than one year but less than two years	–	2,828,460
		2,828,460	5,836,920

## 11. 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，並視物業、機器及設備的添置及租賃付款為年度的費用而不承認折舊及租賃負債之利息支出。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、機器及設備及使用權資產的折舊及租賃負債之利息，而扣除物業、機器及設備的添置及租賃付款。

## 11. 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 addition to property, plant and equipment and lease payment as expenses during the year without recognition of depreciation and interest expense on lease liabilities, accordingly, for the purpose of calculating the surplus refundable to the Department of Health, the provision/provision written back for annual leave entitlements, depreciation of property, plant and equipment and right-of-use assets and interest expense on lease liabilities have been excluded, and the addition to property, plant and equipment and lease payment have been deducted.

# 11. 應退回衛生署之經調整盈餘 (續)

# 11. Adjusted Surplus Refundable to the Department of Health (continued)

(港幣)	(HK\$)	二零二一年 2021	二零二零年 2020
本年度盈餘	Surplus for the year	<b>324,377</b>	3,028,058
加：物業、機器及 設備之折舊	Add: Depreciation on property, plant and equipment	<b>33,201</b>	16,824
使用權資產之折舊	Depreciation on right-of-use assets	<b>2,924,578</b>	2,889,259
年假撥備	Provision for annual leave entitlements	<b>62,928</b>	–
租賃負債之利息支出	Interest expenses on lease liabilities	<b>87,705</b>	129,750
減：物業、機器及 設備的添置	Less: Additions to property, plant and equipment	<b>(136,587)</b>	(67,168)
租賃付款	Lease payment	<b>(3,008,460)</b>	(2,972,460)
年假撥備回撥	Provision for annual leave entitlements written back	<b>–</b>	(20,027)
應退回衛生署之經調整盈餘	Adjusted surplus refundable to the Department of Health	<b>287,742</b>	3,004,236

# 12. 應退回衛生署之累積盈餘

# 12. Accumulated Surpluses Refundable to the Department of Health

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。

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.



## 13. 其他現金流資料

## 13. Other Cash Flow Information

## (a) 融資活動所產生的負債變動

## (a) Changes in Liabilities Arising from Financing Activities

租賃負債(附註10) (港幣)	Lease liabilities (Note 10) (HK\$)	二零二一年 2021	二零二零年 2020
年初結餘	Balance at beginning of the year	5,719,108	–
融資現金流量的變動：	Changes from financing cash flows:		
已付租賃租金之資本部份	Capital element of lease rentals paid	(2,920,755)	(2,842,710)
已付租賃租金之利息部份	Interest element of lease rentals paid	(87,705)	(129,750)
融資現金流量的變動總額	Total changes from financing cash flows	(3,008,460)	(2,972,460)
其他變動：	Other changes:		
新租賃	New lease	–	8,561,818
利息支出	Interest expenses	87,705	129,750
其他變動總額	Total other changes	87,705	8,691,568
年末結餘	Balance at end of the year	2,798,353	5,719,108

## (b) 租賃現金流量總額

## (b) Total Cash Flow for Leases

計入現金流量表之租賃現金流出總額  
如下：

Amounts included in the cash flow statement for  
leases comprise the following:

(港幣)	(HK\$)	二零二一年 2021	二零二零年 2020
經營業務內	Within operating activities	–	34,000
融資項目內	Within financing activities	3,008,460	2,972,460
		3,008,460	3,006,460

## 14. 金融資產及金融負債

## 14. Financial Assets and Liabilities

## (a) 金融資產及負債類別

## (a) Categories of Financial Assets and Liabilities

(港幣)	(HK\$)	二零二一年 2021	二零二零年 2020
<b>金融資產</b>	<b>Financial assets</b>		
流動資產 – 按攤銷	Current assets - at amortized cost:		
成本值：			
按金	Deposits	617,566	625,566
銀行及現金結存	Bank and cash balances	672,822	3,419,730
		<b>1,290,388</b>	4,045,296
<b>金融負債</b>	<b>Financial liabilities</b>		
流動負債 – 按攤銷	Current liabilities - at amortized cost:		
成本值：			
應付費用	Accrued charges	1,178,529	1,167,500
租賃負債 – 短期部份	Lease liabilities – current portion	2,798,353	2,920,755
年假撥備	Provision for annual leave entitlements	287,996	225,068
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	287,742	3,004,236
應退回衛生署之 累積盈餘	Accumulated surpluses refundable to the Department of Health	203,640	203,640
非流動負債 – 按攤銷	Non-current liabilities – at amortized cost:		
成本值：			
租賃負債 – 長期部份	Lease liabilities – non-current portion	–	2,798,353
		<b>4,756,260</b>	10,319,552

## 14. 金融資產及金融負債(續)

## (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2021年及2020年3月31日，本會金融負債之剩餘合約還款期均在一年以內，該等金融負債之帳面值相等於其合約之未貼現現金流量。

## (c) 合理價值

於2021年及2020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。

## 14. Financial Assets and Liabilities (continued)

## (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 2021 and 2020, the contractual maturities of all the Council's financial liabilities, whose carrying amounts are equal to total contracted undiscounted cash flows, are due within one year.

## (c) Fair Values

All financial assets and liabilities are carried at amounts not materially different from their fair values as at 31 March 2021 and 2020. The fair value is estimated as the present value of future cash flows, discounted at current market interest rate.

## 15. 有關連人士交易

在年度內本會與有關連人士所進行的日常營運交易如下：

(港幣)	(HK\$)	二零二一年 2021	二零二零年 2020
主要管理人員的報酬	Remuneration for key management personnel		
短期員工福利	Short-term employee benefits	1,870,500	2,076,189
離職後福利	Post-employment benefits	18,000	18,000
		1,888,500	2,094,189

## 15. Related Party Transactions

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

## 16. 已頒佈但尚未生效之修訂、新準則及詮釋可能產生之影響

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

《香港財務報告準則》第3號(修訂本)，  
概念框架的提述  
《香港會計準則》第16號(修訂本)，物業、  
廠房及設備：於作擬定用途前之  
所得款項  
《香港會計準則》第37號(修訂本)，虧損  
性合約－履行合約之成本  
2018年至2020年週期之  
《香港財務報告準則》(修訂本)

於2022年1月1日或之後開始之會計期間  
生效

本會管理層預計採用這些經修改財務報告  
準則及會計準則對本會帳目影響並不重  
大。

## 16. Possible Impact of Amendments, New Standards and Interpretations Issued But Not Yet Effect

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

Amendments to HKFRS 3, Reference to the Conceptual Framework  
Amendments to HKAS 16, Property, Plant and Equipment: Proceeds before Intended Use  
Amendments to HKAS 37, Onerous Contracts - Cost of Fulfilling a Contract  
Annual Improvements to HKFRS 2018-2020 Cycle

Effective for annual periods beginning on or after 1 January 2022

The management of the Council does not anticipate that the application of these revised HKFRSs and HKASs 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，委員會謹此感謝。

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



陳弄年女士	Ms Anita CHAN	錢豐先生	Mr CHIN Fung
陳穎兒女士	Ms Apple CHAN	趙華娟女士 MH	Ms CHIU Wah-kuen, MH
陳漢儀醫生太平紳士	Dr Constance CHAN, JP	周治平先生	Mr Jude CHOW
陳偉恒先生	Mr Jacky CHAN	鍾麗金女士	Ms Kathy CHUNG
陳真光醫生	Dr Jane CHAN	方健儀女士	Ms Akina FONG
陳樹英女士	Ms Josephine CHAN	方力申先生	Mr Alex FONG
陳健波議員 GBS, 太平紳士	Hon CHAN Kin-por, GBS, JP	方浩軒先生	Mr FONG Ho-hin
陳文燕女士	Ms CHAN Man-yin	馮志豐先生	Mr FUNG Chi-fung
陳彧彰女士	Ms Pandora CHAN	馮國雄博士	Dr FUNG Kwok-hung
陳沛然議員	Dr Hon Pierre CHAN	封螢醫生	Dr FUNG Ying
陳倩揚女士	Ms Skye CHAN	許錦成先生	Mr HUI Kam-shing
陳肇始教授太平紳士	Prof Sophia CHAN, JP	洪志明女士	Ms Miranda HUNG
陳琬琛先生	Mr Sumly CHAN	葉劉淑儀議員 GBM, GBS, 太平紳士	Hon Regina IP LAU, GBM, GBS, JP
陳緯烈先生	Mr CHAN Wai-lit	柯文武先生	Mr KE Wen-wu
陳敏先生	Mr Willy CHAN	高琳女士	Ms KO Lam
周志康先生	Mr Daniel CHAU	高海寧女士	Ms Samantha KO
鄭智聰先生	Mr CHENG Chi-chung	江卓儀女士	Ms Sonia KONG
鄭偉昌先生	Mr Jerry CHENG	關銘祺先生	Mr Sammy KWAN
鄭萃雯女士	Ms Karen CHENG	郭子健先生	Mr KWOK Tsz-kin
張志文先生	Mr German CHEUNG	郭偉強議員太平紳士	Hon KWOK Wai-keung, JP
張錦雄先生	Mr Kenneth CHEUNG	鄺祖盛先生 MH	Mr Antonio KWONG, MH
張壑甯女士	Ms Kian CHEUNG		Mr Doy KWONG
張文采女士	Ms Wendy CHEUNG	黎韻琪女士	Ms Esther LAI

黎雪葵女士	Ms LAI Suet-kwai	龐燕妮女士	Ms Jenny PONG
林正財議員 SBS, 太平紳士	Dr Hon LAM Ching-choi, SBS, JP	潘任惠珍女士 BBS, MH	Ms POON YAM Wai-chun, BBS, MH
林翠華女士	Ms Connie LAM	葛珮帆議員 BBS, 太平紳士	Hon Elizabeth QUAT, BBS, JP
林嘉傑先生	Mr LAM Ka-kit	石紫瑩女士	Ms Jessica SHEK
林欣彤女士	Ms Mag LAM	沈達元先生	Mr Theo SHUM
林奕匡先生	Mr Phil LAM	蘇冠聰先生	Mr Kevin SO
林寶珠女士	Ms LAM Po-chu	譚劍虹先生	Mr TAM Kim-hung
林大慶教授 BBS, 太平紳士	Prof LAM Tai-hing, BBS, JP	謝妙儀女士	Ms TSE Miu-yee
劉美娟女士	Ms Eugina LAU	曹明悌先生	Mr Marcus TSO
劉正彥先生	Mr Matthew LAU	翁雪博士	Dr WENG Xue
劉偉明先生	Mr LAU Wai-ming	黃潘靜文女士	Mrs Annie WONG
李興廉先生	Mr Henry LEE	阿正(黃正宜女士)	Ms Bonnie WONG
李嘉豪先生	Mr LEE Ka-ho	王灝兒女士	Ms Joey WONG
李明達先生	Mr LEE Ming-tat	黃健暉先生	Mr John WONG
梁碧琮女士	Ms Alice LEUNG	黃嘉妍女士	Ms Kathy WONG
梁家儀女士	Ms Bibi LEUNG	黃國興先生	Mr WONG Kwok-hing
梁子(梁子健先生)	Mr LEUNG Chi-kin	黃仰山教授	Prof Samuel WONG
梁皓鈞先生 MH	Mr LEUNG Ho-kwan, MH	黃嘉樂先生	Mr Ted WONG
梁嘉琪女士	Ms LEUNG Ka-ki	黃定光議員 GBS, 太平紳士	Hon WONG Ting-kwong, GBS, JP
梁永義先生 MH	Mr LEUNG Wing-yu, MH	黃芷彤女士	Ms WONG Tsz-tung
李浩祥博士	Dr William LI	黃永傑先生	Mr WONG Wing-kit
盧巧音女士	Ms Candy LO	王靖翔先生	Mr WONG Zing-coeng
羅紹明先生	Mr Tommy LO	胡諾言先生	Mr Jack WU
雷雄德博士	Dr LOUIE Hung-tak	胡偉全先生	Mr WU Wai-chuen
羅漢華先生	Mr LOW Hon-wah	甄美華女士	Ms Daphne YAN
馬曉晴女士	Ms Maisy MA	游雯女士	Ms Bonnie YAU
麥慧儀女士	Ms Bernice MAK	丘詠仙女士	Ms Olive YAU
麥新先生	Mr MAK Sun	楊美琪女士	Ms Maggie YEONG
麥億昌先生	Mr MAK Yik-cheong	楊雪盈女士	Ms Clarisse YEUNG
莫健成先生	Mr MOK Kin-shing	楊協和醫生	Dr Victor YEUNG
吳嘉嫻女士	Ms NG Ka-yan	葉永堂先生	Mr Charlie YIP
伍桂麟先生	Mr Pasu NG	葉安妮女士	Ms YIP On-ni
伍婉婷女士 MH	Ms Yolanda NG, MH	葉韻怡女士	Ms Vivian YIP
魏建興先生	Mr Roger NGAI	喻文瀚先生	Mr Roy YU
安俊豪先生	Mr Simon ON	余德寶先生	Mr YU Tak-po

## 政府部門 Government Departments



中西區區議會	Central and Western District Council
懲教署	Correctional Services Department
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
香港房屋委員會	Hong Kong Housing 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
土地註冊處	The Land Registry
衛生署控煙酒辦公室	Tobacco and Alcohol 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



置富資產管理有限公司	ARA Asset Management (Fortune) Limited
亞洲反吸煙諮詢所	Asian Consultancy on Tobacco Control
東九龍婦女協會	Association of Women East Kowloon District
醫療輔助隊	Auxiliary Medical Service
佛教何黃昌寶長者鄰舍中心	Buddhist Ho Wong Cheong Po Neighbourhood Elderly Centre
利基 – SKEC 聯營	Build King – SKEC Joint Venture
利基土木工程有限公司	Build King Civil Engineering Limited
利基控股有限公司	Build King Holdings Limited
癌症資訊網有限公司	Cancerinformation.com.hk Limited
明愛荃灣日間護理中心	Caritas Day Care Centre for the Elderly – Tsuen Wan
家利物業管理有限公司	Cayley Property Management Limited
婦女健康促進及研究中心	Centre of Research and Promotion of Women's Health
保安業商會	Chamber of Security Industry
草日漫畫	Chao Yat Comics
長洲婦女會	Cheung Chau Island Women's Association
中國路橋工程有限責任公司	China Road & Bridge Corporation
青暉婦女會有限公司	Ching Fai Women Association Limited
建業建築有限公司	Chinney Construction Co Ltd
潮僑食品業商會有限公司	Chiu Chow Overseas Food Trade Merchants Association Ltd
基督教家庭服務中心	Christian Family Service Centre
基督教家庭服務中心真光苑長者日間護理中心	Christian Family Service Centre True Light Villa Day Care Centre for the Elderly
中信國際電訊(信息技術)有限公司	CITIC Telecom International CPC Limited
城巴有限公司及新世界第一巴士服務有限公司	Citybus Limited & New World First Bus Services Limited
爭氣行動	Clear the Air
中電源動有限公司	CLPe Solutions Limited
香港商業電台	Commercial Radio Hong Kong
家庭與學校合作事宜委員會	Committee on Home-School Co-operation
社區藥物教育輔導會	Community Drug Advisory Council
再思社區健康組織	Community Health Organization for Intervention, Care and Empowerment
敦豪國際速遞(香港)有限公司	DHL Express (Hong Kong) Limited
癲噹家族	din-dong's Family
環保工程商會有限公司	Environmental Contractors Management Association Limited
惠都投資有限公司	Faith Oriental Investment Limited



無添加化粧品有限公司	Fantastic Natural Cosmetics Limited
觀塘區家長教師會聯會有限公司	Federation of Parent Teacher Associations in Kwun Tong District Ltd
香港東區家長教師會聯會	Federation of Parent Teacher Associations of Hong Kong Eastern District
離島區家長教師會聯會	Federation of Parent Teacher Associations of Islands District
香港南區家長教師會聯會	Federation of Parent-Teacher Association Southern District, HK
九龍城區家長教師會聯會	Federation of Parent-Teacher Association, Kowloon City District
大埔區家長教師會聯會	Federation of Parent-Teacher Association, Tai Po District
葵青區家長教師會聯會有限公司	Federation of Parent-Teacher Associations (Kwai Tsing District) Ltd
屯門區家長教師會聯會	Federation of Parent-Teacher Associations, Tuen Mun
灣仔區家長教師會聯會	Federation of Parent-Teacher Associations, Wanchai District
中西區家長教師會聯會	Federation of Parent-Teacher Associations of the Central and Western District
西貢區家長教師會聯會	Federation of Parent-Teacher Associations of the Sai Kung District
元朗區家長教師會聯會有限公司	Federation of Parent-Teacher Associations of Yuen Long District Limited
深水埗區家長教師會聯會有限公司	Federation of Parent-Teacher Associations Sham Shui Po District Limited
黃大仙區家長教師會聯會有限公司	Federation of Parent-Teacher Associations Wongtaisin District Limited
工總第26分組(環保工業協會)	FHKI Group 26 (Environmental Industries Council)
友聯的士車主聯誼會	Fraternity Taxi Owners Association
豐盛機電工程集團有限公司	FSE Engineering Group Limited
福來滿樂賢毅社	Fuk Loi Moon Lok Yin Ngai Society
診所低能奇觀	Funny Clinic
未來照明有限公司	Future Lighting Collection Limited
蓬瀛仙館祥華長者鄰舍中心	FYSK Cheung Wah Neighbourhood Elderly Centre
高衛物業管理有限公司 – 海逸豪園	Goodwell Property Management Limited – Laguna Verde
青洲英坭有限公司	Green Island Cement Company Limited
綠壹研究所有限公司	Green One Lab Limited
尊家管業有限公司 (恒基兆業地產集團成員)	H-Privilege Limited (A Member of Henderson Land Group)
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)
興勝建築有限公司	Hanison Construction Company Limited
路德會富欣花園長者中心	Harmony Garden Lutheran Centre for the Elderly
夏利文物業管理有限公司 – 中保集團大廈	Harriman Property Management Limited – China Insurance Group Building

夏利文物業管理有限公司 – Kensington Hill	Harriman Property Management Limited – Kensington Hill
基督教靈實協會	Haven of Hope Christian Service
醫護行者	Health in Action
恒基兆業地產附屬機構恒益物業管理有限公司 – 富麗花園	Henderson Land Group Subsidiary Hang Yick Properties Management Limited – Finery Park
香港聖公會太和長者鄰舍中心	HKSKH Tai Wo Neighbourhood Elderly Centre
香港聖公會黃大仙長者綜合服務中心	HKSKH Wong Tai Sin District Elderly Community Centre
香港大學女性戒煙計劃	HKU Women Quit
香港大學青少年戒煙熱線	HKU Youth Quitline
香港萬國宣道浸信會社會服務 – 元洲邨浸信會耆樂中心	Hong Kong ABWE Social Services – Un Chau Estate Baptist Elderly Centre
香港資助小學校長會	Hong Kong Aided Primary School Heads Association
香港病人組織聯盟有限公司	Hong Kong Alliance of Patients' Organizations Limited
香港防癌會	Hong Kong Anti-Cancer Society
香港中西區婦女會	Hong Kong Central and Western District Women's Association
香港青少年服務處馬鞍山青少年外展社會工作隊	Hong Kong Children and Youth Services Ma On Shan Youth Outreaching Social Work Team
香港中國婦女會油麗長者日間護理中心	Hong Kong Chinese Women's Club Yau Lai Day Care Centre for The Elderly
香港建造商會有限公司	Hong Kong Construction Association, Limited
香港貨櫃拖運業聯會有限公司	Hong Kong Container Drayage Services Association Ltd
香港牙醫學會	Hong Kong Dental Association
香港西醫工會	Hong Kong Doctors Union
香港東區婦女聯會	Hong Kong Eastern District Women's Association
香港房屋協會	Hong Kong Housing Society
香港物業管理師學會	Hong Kong Institute of Certified Property Managers
香港島校長聯會	Hong Kong Island School Heads Association
香港債務重組中心有限公司	Hong Kong IVA Professional Centre Limited
離島婦聯有限公司	Hong Kong Outlying Islands Women's Association Limited
香港病人政策連線	Hong Kong Patients' Voices
香港專業廚師總會	Hong Kong Professional Chefs General Union
香港南區婦女會	Hong Kong Southern District Women's Association
香港津貼中學議會	Hong Kong Subsidized Secondary Schools Council
香港的士商會有限公司	Hong Kong Taxi Owners' Association Ltd
香港婦聯有限公司	Hong Kong Women Development Association Limited
康業服務有限公司 – 環薈中心	Hong Yip Service Company Limited – CEO Tower
康業服務有限公司 – 長江工廠大廈	Hong Yip Service Company Limited – Cheung Kong Factory Building

康業服務有限公司 – 昌隆工業大廈	Hong Yip Service Company Limited – Cheung Lung Industrial Building
康業服務有限公司 – 經達廣場	Hong Yip Service Company Limited – Comweb Plaza
康業服務有限公司 – 恒發工業大廈	Hong Yip Service Company Limited – Hang Fat Industrial Building
康業服務有限公司 – 香港工業中心 A 座	Hong Yip Service Company Limited – Hong Kong Industrial Centre Block A
康業服務有限公司 – 香港工業中心 B 座	Hong Yip Service Company Limited – Hong Kong Industrial Centre Block B
康業服務有限公司 – 香港工業中心 C 座	Hong Yip Service Company Limited – Hong Kong Industrial Centre Block C
康業服務有限公司 – 栢裕工業中心	Hong Yip Service Company Limited – Precious Industrial Centre
康業服務有限公司 – 新昌工業大廈	Hong Yip Service Company Limited – Sun Cheong Industrial Building
康業服務有限公司 – 宏昌工業大廈	Hong Yip Service Company Limited – Wang Cheong Industrial Building
康業服務有限公司 – 裕明苑	Hong Yip Service Company Limited – Yu Ming Court
醫院管理局	Hospital Authority
和記物業管理有限公司 – 華人行	Hutchison Property Management Company Limited – China Building
一心旅遊	Instant Travel Service Limited
稻苗學會	Institution of Dining Art
iStage 劇團	iStage Theatre Limited
怡中航空公司	Jardine Airport Services Limited
怡中航空服務集團	Jardine Aviation Services Group
仲量聯行物業管理有限公司	Jones Lang LaSalle Management Services Limited
正道愛心行動	June Do Caring Action
啟勝管理服務有限公司 – 絲寶國際大廈	Kai Shing Management Services Limited – C-BONS International Center
啟勝管理服務有限公司 – 東港城商場 (坑口站)	Kai Shing Management Services Limited – East Point City Commercial (Hang Hau Station)
啟勝管理服務有限公司 – 俊匯中心	Kai Shing Management Services Limited – Elite Centre
啟勝管理服務有限公司 – 荔欣苑	Kai Shing Management Services Limited – Lai Yan Court
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 – One Harbour Square	Kai Shing Management Services Limited – One Harbour Square

啟勝管理服務有限公司 – 浪翠園四期	Kai Shing Management Services Limited – Sea Crest Villa Phase 4
啟勝管理服務有限公司 – 新葵興花園	Kai Shing Management Services Limited – Sun Kwai Hing Gardens
啟勝管理服務有限公司 – Two Harbour Square	Kai Shing Management Services Limited – Two Harbour Square
毅力醫護健康集團有限公司	Kinetics Medical & Health Group Company Limited
	KOHO Facility Management Limited
九龍汽車駕駛教師公會	Kowloon Motor Driving Instructors Association
九龍地域校長聯會	Kowloon Region School Heads Association
九龍婦女聯會	Kowloon Women's Organisations Federation
葵涌醫院	Kwai Chung Hospital
葵青地區康健中心	Kwai Tsing District Health Centre
立基工程(控股)有限公司	Lap Kei Engineering (Holdings) Limited
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「愛·無煙」前線企業員工戒煙計劃	Lok Sin Tong Smoking Cessation Program in Workplace
民亮發展有限公司 – 長豐工業大廈	Main Shine Development Limited – Cheung Fung Industrial Building
萬士博(亞洲)有限公司	MaxiPro (Asia) Limited
醫護誠信同行	Medical Conscience
循道愛華村服務中心社會福利部 – 愛華耆樂中心	Methodist Epworth Village Community Centre Social Welfare – Epworth Neighbourhood Elderly Centre
月球租客	Mzcca
南豐物業管理 – 亞洲貿易中心	Nan Fung Property Management – Asia Trade Centre
南豐物業管理 – 豐寓	Nan Fung Property Management – Edition 178
南豐物業管理 – 海桃灣	Nan Fung Property Management – Florient Rise
南豐物業管理 – 福業大廈	Nan Fung Property Management – Fook Yip Building
南豐物業管理 – 金龍工業中心	Nan Fung Property Management – Golden Dragon Industrial Centre
南豐物業管理 – 香島	Nan Fung Property Management – Island Garden
南豐物業管理 – 葵涌廣場	Nan Fung Property Management – Kwai Chung Plaza
南豐物業管理 – 尚珩	Nan Fung Property Management – La Cresta



南豐物業管理 – 馬鞍山中心 (商場及停車場)	Nan Fung Property Management – MOS Centre (Shopping Arcade & Carpark)
南豐物業管理 – 南豐中心	Nan Fung Property Management – Nan Fung Centre
南豐物業管理 – 南豐商業中心	Nan Fung Property Management – Nan Fung Commercial Centre
南豐物業管理 – 北河大廈	Nan Fung Property Management – Pei Ho Building
南豐物業管理 – 盈業大廈	Nan Fung Property Management – Profit Industrial Building
南豐物業管理 – 華基中心	Nan Fung Property Management – Ricky Centre
南豐物業管理 – 新蒲崗廣場	Nan Fung Property Management – San Po Kong Plaza
南豐物業管理 – 泰豐工業大廈	Nan Fung Property Management – Tai Fung Industrial Building
南豐物業管理 – 德豐工業中心	Nan Fung Property Management – Tak Fung Industrial Centre
南豐物業管理 – 將軍澳廣場 (商場)	Nan Fung Property Management – TKO Plaza (Mall)
南豐物業管理 – 華寶中心	Nan Fung Property Management – Treasure Centre
南豐物業管理 – 福仁大廈	Nan Fung Property Management – Wonder Building
科研資訊系統有限公司	NetMon Information Systems Limited
新創富興業有限公司	New Rich Inc Limited
新界校長會	New Territories School Heads Association
新界西長者學苑聯網	New Territories West Elder Academies Cluster
新世界第一渡輪服務有限公司	New World First Ferry Services Limited
北區家長教師會聯會	North District Federation of Parent-Teacher Associations
北區的士商會	North District Taxi Merchants Association
	Nothing Serious
新界的士車主司機同業總會	NT Taxi Owners & Drivers Fraternal Association
職業安全健康局	Occupational Safety and Health Council
香港海洋公園	Ocean Park Hong Kong
百利保物業管理有限公司 – 尚都	Paliburg Estate Management Limited – The Ascent
保良局劉陳小寶耆暉中心	PLK Lau Chan Siu Po Neighbourhood Elderly Centre
保良局馬錦明馬章馥仙長者日間護理中心	PLK Ma Kam Ming Ma Cheung Fook Sien Day Care Centre for the Elderly
保良局	Po Leung Kuk

博愛醫院	Pok Oi Hospital
博愛醫院社區健康中心	Pok Oi Hospital Community Health Care Centre
物業管理業監管局	Property Management Services Authority
清新健康人協會	Quit-Winners Club
路德會采頤長者中心	Rhythm Garden Lutheran Centre for the Elderly
富安集團有限公司	Richform Holdings Limited
香港城北扶輪社	Rotary Club of Hong Kong City North
啟德扶輪社	Rotary Club of Kai Tak
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 – 亞洲物流中心 – 順豐大廈	Savills Property Management Limited – Asia Logistic Hub – SF Centre
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
沙田婦女會有限公司	Shatin Women's Association Limited
薈色園	Sik Sik Yuen
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 – 尖沙咀中心	Sino Estates Management Limited – Tsim Sha Tsui Centre
無煙澳門健康生活協會	Smoke-free & Healthy Life Association of Macau
金朝陽集團有限公司	Soundwill Holdings Limited
南區健康安全協會有限公司	Southern District Healthy & Safe Association Limited
聖雅各福群會退休人士服務中心	St James' Settlement Continuing Care Retired Person Service Center
聖雅各福群會蘇屋長者鄰舍中心	St James' Settlement So Uk Neighbourhood Elderly Centre
舞台文化餐飲服務有限公司	Stage Catering Services Limited
津貼小學議會	Subsidized Primary Schools Council
瑞科(香港)有限公司	Survforce Company Limited
大埔區婦女聯會	Tai Po District Federation of Women
天星小輪有限公司	The "Star" Ferry Company, Limited
	The Art of Bonnie Pang
香港餐務管理協會	The Association for Hong Kong Catering Services Management Limited
香港小童群益會	The Boys' & Girls' Clubs Association of Hong Kong
中華基督教會合一堂耆年中心	The Church of Christ in China Hop Yat Church Neighbourhood Elderly Centre
香港建造業議會	The Construction Industry Council
香港家庭計劃指導會	The Family Planning Association of Hong Kong
中港澳環衛總商會	The Federation of Environmental and Hygienic Services

香港醫學組織聯會	The Federation of Medical Societies of Hong Kong
香港物業管理公司協會有限公司	The Hong Kong Association of Property Management Companies
香港中學校長會	The Hong Kong Association of the Heads of Secondary Schools
香港護衛及物業管理從業員總會	The Hong Kong General Union of Security And Property Management Industry Employees
香港設施管理學會	The Hong Kong Institute of Facility Management
香港房屋經理學會	The Hong Kong Institute of Housing
香港測量師學會	The Hong Kong Institute of Surveyors
香港賽馬會	The Hong Kong Jockey Club
香港肝臟移植協康會	The Hong Kong Liver Transplant Patients' Association
香港醫學會	The Hong Kong Medical Association
香港青年協會洪水橋青年空間	The Hongkong Federation of Youth Groups Hung Shui Kiu Youth SPOT
香港青年協會賽馬會祥華青年空間	The Hongkong Federation of Youth Groups Jockey Club Cheung Wah Youth SPOT
沙田區家長教師會聯會有限公司	The Joint Council of Parent-Teacher Associations of the Shatin District Ltd
九龍巴士 (一九三三) 有限公司	The Kowloon Motor Bus Company (1933) Limited
九龍樂善堂	The Lok Sin Tong Benevolent Society, Kowloon
香港新聲會	The New Voice Club of Hong Kong
香港藥學會	The Pharmaceutical Society of Hong Kong
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
香港理工大學青少年戒煙熱線	The Youth Quitline, The Hong Kong Polytechnic University
天水圍婦聯	Tin Shui Wai Women Association Limited
澳門預防及控制吸煙辦公室	Tobacco Prevention and Control Office of Macao
運輸及物流業職工會	Transport and Logistics Workers Union
荃灣區家長教師會聯會有限公司	Tsuen Wan District Parent Teacher Association Federation Limited
荃灣葵青區婦女會	Tsuen Wan Kwai Ching District Women's Association
荃灣安全健康社區督導委員會	Tsuen Wan Safe and Healthy Community Steering Committee
屯門婦聯	Tuen Mun District Women's Association
東華三院	Tung Wah Group of Hospitals
東華三院戒煙綜合服務中心	Tung Wah Group of Hospitals Integrated Centre on Smoking Cessation
東華三院王澤森長者地區中心	Tung Wah Group of Hospitals Wilson T S Wang District Elderly Community Centre
泰富物業管理有限公司	Tylfull Realty Management Company Limited

超敏科技有限公司	Ultra Active Technology Limited
基督教聯合那打素社康服務	United Christian Nethersole Community Health Service
聯友的士同業聯會有限公司	United Friendship Taxi Owners & Drivers Association Ltd
香港中文大學(保健處)	University Health Service, The Chinese University of Hong Kong
富城集團(富城物業管理有限公司)	Urban Group (Urban Property Management Limited)
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 – 廣播道87-91號	Urban Property Management Limited – 87-91 Broadcast Drive
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 – 荃威花園管業處	Urban Property Management Limited – Allway Gardens Management Office
富城物業管理有限公司 – 富豪閣	Urban Property Management Limited – Beverley Heights
富城物業管理有限公司 – 雍慧閣	Urban Property Management Limited – Bon-Point
富城物業管理有限公司 – 青山政府宿舍	Urban Property Management Limited – Castle Peak Government Quarters
富城物業管理有限公司 – 長沙政府度假別墅6及8至9號	Urban Property Management Limited – Cheung Sha Government Holiday Bungalows No 6 & 8-9
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 – 振華苑	Urban Property Management Limited – Chun Wah Court
富城物業管理有限公司 – 依利沙伯大廈	Urban Property Management Limited – Elizabethan Court
富城物業管理有限公司 – 逸峯	Urban Property Management Limited – Green Code
富城物業管理有限公司 – 何文田政府合署	Urban Property Management Limited – Homantin Government Offices
富城物業管理有限公司 – 康利苑	Urban Property Management Limited – Hong Lee Court
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 – 凱旋工商中心(第一、二及三期)	Urban Property Management Limited – Kaiser Estate (Phase 1, 2 & 3)
富城物業管理有限公司 – 錦泰苑	Urban Property Management Limited – Kam Tai Court



富城物業管理有限公司 – 嘉峰臺	Urban Property Management Limited – Kingford 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 – 葵馥苑	Urban Property Management Limited – Kwai Fuk Court
富城物業管理有限公司 – 葵興政府合署	Urban Property Management Limited – Kwai Hing Government Offices
富城物業管理有限公司 – 葵蓉苑	Urban Property Management Limited – Kwai Yung Court
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 – 荔景紀律部隊宿舍	Urban Property Management Limited – Lai King Disciplined Services Quarters
富城物業管理有限公司 – 荔景臺職員宿舍	Urban Property Management Limited – Lai King Terrace Staff Quarters
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 – 梅窩合署	Urban Property Management Limited – Mui Wo Government Offices
富城物業管理有限公司 – 楠氏大廈	Urban Property Management Limited – Nairn House
富城物業管理有限公司 – 碧麗閣	Urban Property Management Limited – Phoenix Court
富城物業管理有限公司 – 坪州政府合署	Urban Property Management Limited – Ping Chau Government Offices Building
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 – 盛境居	Urban Property Management Limited – Prosperity Villa
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 – 采頤花園	Urban Property Management Limited – Rhythm Garden
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

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 – 大興政府合署	Urban Property Management Limited – Tai Hing Government Offices
富城物業管理有限公司 – 大帽山雷達站	Urban Property Management Limited – Tai Mo Shan Radar Station
富城物業管理有限公司 – 大澳政府合署	Urban Property Management Limited – Tai O Government Offices Building
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 – 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 – 青松觀道政府宿舍	Urban Property Management Limited – Tsing Chung Koon Road Government Quarters
富城物業管理有限公司 – 青衣已婚警察宿舍	Urban Property Management Limited – Tsing Yi Police Married Quarters
富城物業管理有限公司 – 荃灣政府合署及荃灣公共圖書館	Urban Property Management Limited – Tsuen Wan Government Offices and Tsuen Wan Public Library
富城物業管理有限公司 – 荃灣多層停車場	Urban Property Management Limited – Tsuen Wan Multi-storey Carpark Building
富城物業管理有限公司 – 屯富路紀律部隊宿舍	Urban Property Management Limited – Tuen Fu Road Disciplined Services Quarters
富城物業管理有限公司 – 屯門政府合署	Urban Property Management Limited – Tuen Mun Government Offices
富城物業管理有限公司 – 屯門政府貯物中心	Urban Property Management Limited – Tuen Mun Government Storage Centre
富城物業管理有限公司 – 屯門湖康警察宿舍	Urban Property Management Limited – Tuen Mun Wu Hong Police Quarters
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 – 西九龍政府合署	Urban Property Management Limited – West Kowloon Government Offices
富城物業管理有限公司 – 榮輝中心	Urban Property Management Limited – Wing Fai Centre
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 – 元朗民政事務處	Urban Property Management Limited – Yuen Long District Offices Building

富城物業管理有限公司 – 元朗政府合署	Urban Property Management Limited – Yuen Long Government Offices
富城物業管理有限公司 – 元朗已婚警察宿舍	Urban Property Management Limited – Yuen Long Police Married Quarters
惠康環境服務有限公司	Waihong Environmental Services 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 – 香港仔中心住宅	Whampoa Property Management Limited – Aberdeen Centre Residential
宏施慈善基金深水埗社會服務處	Windshield Charitable Foundation Sham Shui Po Social Services
宏施慈善基金社會服務處	Windshield Charitable Foundation Social Services
黃大仙區健康安全城市	Wong Tai Sin District Healthy & Safe City
仁濟醫院	Yan Chai Hospital
仁愛堂香港台山商會長者鄰舍中心	Yan Oi Tong Hong Kong Toi Shan Association Neighbourhood Elderly Centre
油尖旺家長教師會聯會	Yau Tsim Mong Federation of Parents Teachers Association

請掃描以下二維碼瀏覽「無煙房屋管理」認證名單。

Please scan below QR code for the list of Smoke-free Housing Management Recognition Scheme.



獲得「甲級無煙管理認證」及「優質無煙管理認證」公司

Companies received “Top Premier Smoke-free Housing Management Recognition” and “Premier Smoke-free Housing Management Recognition”.

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



迦密唐賓南紀念中學	Carmel Bunnan Tong Memorial Secondary School
香港四邑商工總會陳南昌紀念中學	HKSYC&IA Chan Nam Chong Memorial College
香港醫學專科學院	Hong Kong Academy of Medicine
香港心臟護士專科學院	Hong Kong College of Cardiac Nursing
香港心臟專科學院	Hong Kong College of Cardiology
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
香港骨科護理學院	Hong Kong College of Orthopaedic Nursing
香港兒科護理學院	Hong Kong College of Paediatric Nursing
香港兒科醫學院	Hong Kong College of Paediatricians
香港圍手術護理學院	Hong Kong College of Perioperative Nursing
香港內科醫學院	Hong Kong College of Physicians
香港放射科醫學院	Hong Kong College of Radiologists
香港外科護理學院	Hong Kong College of Surgical Nursing
香港大學李嘉誠醫學院	Li Ka Shing Faculty of Medicine, The University of Hong Kong
嶺南中學	Lingnan Secondary School
樂善堂劉德學校	LST Lau Tak Primary School
樂善堂余近卿中學	LST Yu Kan Hing Secondary School
天主教新民書院	Newman Catholic College
香港大學李嘉誠醫學院護理學院	School of Nursing, Li Ka Shing Faculty of Medicine, The University of Hong Kong
東華學院護理學院	School of Nursing, Tung Wah College
香港大學李嘉誠醫學院公共衛生學院	School of Public Health, Li Ka Shing Faculty of Medicine, The University of Hong Kong
順德聯誼總會梁銑琚中學	STFA Leung Kau Kui College
香港牙科醫學院	The College of Dental Surgeons of Hong Kong



香港眼科醫學院	The College of Ophthalmologists of Hong Kong
香港外科醫學院	The College of Surgeons of Hong Kong
香港護理專科學院	The Hong Kong Academy of Nursing Limited
香港麻醉科醫學院	The Hong Kong College of Anaesthesiologists
香港家庭醫學學院	The Hong Kong College of Family Physicians
香港精神健康護理學院	The Hong Kong College of Mental Health Nursing
香港婦產科學院	The Hong Kong College of Obstetricians and Gynaecologists
香港骨科醫學院	The Hong Kong College of Orthopaedic Surgeons
香港耳鼻喉科醫學院	The Hong Kong College of Otorhinolaryngologists
香港病理學專科學院	The Hong Kong College of Pathologists
香港精神科醫學院	The Hong Kong College of Psychiatrists
香港中文大學賽馬會公共衛生及基層醫療學院	The Jockey Club School of Public Health and Primary Care, Faculty of Medicine, The Chinese University of Hong Kong
香港中文大學那打素護理學院	The Nethersole School of Nursing, Faculty of Medicine, The Chinese University of Hong Kong
香港理工大學護理學院	The School of Nursing, The Hong Kong Polytechnic University
香港大學	The University of Hong Kong
慈雲山聖文德天主教小學	Tsz Wan Shan St Bonaventure Catholic Primary School
滙基書院	United Christian College

請掃描以下二維碼瀏覽更多鳴謝名單。

Please scan below QR codes for more acknowledgement list.



「無煙新世代」健康講座  
Health Talks for "Smoke-free New Generation"



「無煙 Teens 計劃」2020-2021  
"Smoke-free Teens Programme" 2020-2021



學校互動教育巡迴劇場「無煙大搜查」  
School Interactive Education Theatre "Smoke-free Detective Adventure"



「二手煙·不再見」兒童無煙擴增實境繪本  
Augmented Reality Picture Books of "Say No to Secondhand Smoke"

## 各常務委員會之職能範圍

### Terms of Reference of Standing Committees

#### 甲、行政委員會

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

#### 乙、法例委員會

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

#### 丙、教育及宣傳委員會

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

#### A. Executive Committee

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

#### B. Legislation Committee

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

#### C. Education and Publicity Committee

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

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

## 丁、社區聯絡委員會

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

## 戊、資訊及研究委員會

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

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

## D. Community Liaison Committee

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

## E. Information and Research Committee

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

# 第九屆「戒煙大贏家」比賽

## 簡短戒煙建議、主動轉介及獎金鼓勵對提升戒煙服務使用和戒煙率的成效

翁雪<sup>1</sup>、王文炳<sup>1</sup>、劉正彥<sup>1</sup>、李浩祥<sup>1</sup>、張懿德<sup>1</sup>、  
湯修齊<sup>2</sup>、黎慧賢<sup>2</sup>、林大慶<sup>3</sup>

<sup>1</sup> 香港大學護理學院

<sup>2</sup> 香港吸煙與健康委員會

<sup>3</sup> 香港大學公共衛生學院

### 1. 引言

研發新穎而簡短的戒煙干預，鼓勵及幫助吸煙人士戒煙，對促進公共衛生是必要的。雖然香港的吸煙率持續下降，但 2019 年仍有約 637,900 名每日吸煙人士<sup>1</sup>，其中至少有一半會因吸煙而提早死亡<sup>2</sup>。香港每年有接近 7,000 人因為吸煙或吸入二手煙所引致的疾病而死亡<sup>3</sup>。2011 年因吸煙造成的醫療、長期護理開支和生產力損失高達 7.16 億美元，相等於香港國民生產總值的 0.3%<sup>4</sup>。吸煙極易令人上癮，大部分吸煙人士，尤其那些對尼古丁高度依賴的，在沒有輔助的情況下，都難以自行戒煙。另一方面，大部分吸煙人士不願意尋求戒煙服務的專業幫助，因此，接觸及幫助這些無意戒煙的人士是一個挑戰。

戒煙比賽提供了一個機會接觸和鼓勵大批吸煙人士戒煙<sup>5</sup>。香港吸煙與健康委員會與香港大學護理學院和公共衛生學院每年合作舉辦「戒煙大贏家」無煙社區計劃，其目標包括 (1) 鼓勵吸煙人士戒煙；(2) 動員非吸煙人士支持身邊吸煙人士戒煙；(3) 推動公眾關注煙草禍害及支持控煙工作；及 (4) 發展及強化無煙社區推廣，共建無煙香港。自 2009 年以來 (2011 年除外)，委員會已舉辦共八屆「戒煙大贏家」比賽，成功吸引了逾 9,000 名吸煙人士戒煙。「戒煙大贏家」比賽亦提供了一個獨特的平台來進行隨機對照試驗研究，設計新穎的戒煙干預方法並進行評估和改善，以幫助社區的吸煙人士戒煙<sup>6</sup>。

雖然使用戒煙服務能有效提高戒煙率，但香港的戒煙服務仍未被充分使用，僅有 2.7% 的現時吸煙人士曾使用過戒煙

服務<sup>1</sup>。2015 年第六屆「戒煙大贏家」比賽的研究結果充分顯示了主動轉介參加者至戒煙服務能提高戒煙服務使用和戒煙率<sup>7</sup>。2016 年第七屆「戒煙大贏家」比賽評估了不同強度的主動轉介干預方法<sup>8</sup>，主動轉介的成效亦得到印證。由此可見，主動轉介是在社區層面提高戒煙服務使用和戒煙率的重要干預方法。2016 年第七屆「戒煙大贏家」主動轉介組中逾四分之三的參加者 (77.0%) 選擇轉介至戒煙服務，但只有小部分參加者 (34.9%) 實際使用了這些服務。

獎金鼓勵可作為一種提高戒煙服務使用的方法，能夠消除吸煙人士因服務收費 (如門診費)、交通費以及其他可能產生的障礙，同時為他們提供使用戒煙服務的外在誘因。研究表明，獎金鼓勵可以促進吸煙人士登記使用戒煙服務<sup>9</sup> 及戒煙治療 (如藥物治療、尼古丁替代療法、輔導及諮詢)<sup>10,11</sup>。近期研究表明，主動轉介結合獎金鼓勵能使更多社會經濟地位較低的吸煙人士使用戒煙治療<sup>10,12,13</sup>。給予獎金鼓勵並協助轉介可能會有效增加在社區招募的吸煙人士使用戒煙服務。

在 2018 年，香港吸煙與健康委員會與香港大學、18 區區議會、眾多地區合作夥伴及支持機構合作舉辦第九屆「戒煙大贏家」比賽，並進行了一項兩組比較的隨機對照試驗研究，以評估簡短戒煙建議 (AWARD) 結合主動轉介及獎金鼓勵對增加戒煙率的有效性。



## 2. 方法

### 2.1 招募詳情

於 2018 年 6 月 16 日至 9 月 30 日期間，委員會在全港 18 區舉辦了共 70 場招募活動，並於赤柱監獄及羅湖懲教所進行懲教署組別招募活動。受過訓練的無煙大使於招募活動中主動接觸社區內的吸煙人士，邀請合資格的吸煙人士參加「戒煙大贏家」比賽和隨機對照試驗研究，並根據研究分組進行戒煙干預。隨機對照試驗的詳細研究方法已在一份國際同行評審的學術期刊中發表<sup>14</sup>。

參加隨機對照試驗研究的資格包括：

1. 年滿 18 歲及持有效香港身份證；
2. 在過去三個月每天吸食至少一支煙或以上；
3. 懂廣東話及閱讀中文；
4. 一氧化碳呼氣測試結果達 4 ppm 或以上；
5. 打算戒煙或減少吸煙；
6. 擁有手提電話以供電話跟進。

所有合資格參加者必須簽署書面同意，才可以接受其研究分組的戒煙干預。

隨機分組在社區層面上進行。運用集體分組方法，同一場招募活動的參加者都得到相同的戒煙干預，以防止干預污染 (Intervention contamination)。隨機順序由提供隨機整數的網站產生，並設立大小為 2、4 或 6 隨機排列的區組。分組順序由沒有參與招募工作的研究員在每次招募活動開始前分配，並通知無煙大使。即使分組結果無法對參加者和無煙大使保密，但對結果分析員進行了保密。

參加者可選擇參加「戒煙大贏家」大抽獎組別或「戒煙大使」組別。大抽獎組別中，共有五名於三個月跟進時通過生物化學測試核實成功戒煙的參加者各贏取價值港幣 10,000 元的超級市場購物禮券。在參加「戒煙大使」組別的參加者中，三名在三個月跟進時通過生物化學測試核實成功戒煙的參加者，經由委員會的遴選面試，獲選為「戒煙大贏家」得主，分別獲取價值港幣 25,000 元的澳洲旅遊禮券 (冠軍)、價值港幣 15,000 元的新加坡旅遊禮券 (亞軍) 及價值港幣 10,000 元的泰國旅遊禮券 (季軍)。兩個組別得獎者的提名人亦分別可獲取價值港幣 2,000 元的超級市場購物禮券。

### 2.2 戒煙干預與跟進

**干預組：**參加者在招募時獲得以 AWARD 方法提供的簡短戒煙建議<sup>15,16</sup>。AWARD 方法需時約 3-5 分鐘，內容包括：(1) 詢問吸煙及戒煙背景 (Ask)；(2) 忠告吸煙的害處 (Warn)；(3) 建議參加者儘快戒煙 (Advice)；(4) 轉介參加者至現有戒煙服務 (Refer)；及 (5) 通過即時通訊程式重覆以上步驟 (Do-it-again)。每位參加者均獲得一張健康警示宣傳單張，內容涵蓋了吸煙對全球和香港所構成的負擔、因吸煙和二手煙引致的相關疾病列表以及衛生署綜合戒煙熱線 1833 183 等相關資訊。該單張內容亦包含三個聲明，包括 (1)「世界衛生組織警告，每兩個吸煙人士便有一個死於吸煙。」；(2)「最新研究指出，每三個年輕時開始吸煙、煙量大或煙齡長的吸煙人士，便有兩個死於吸煙」；和 (3)「吸煙人士的平均壽命比非吸煙人士短十年」。

干預組的參加者亦會接受主動轉介至戒煙服務。與前幾屆「戒煙大贏家」比賽相似，無煙大使會於基線使用戒煙熱線卡向參加者介紹香港現有的戒煙服務，包括 (1) 衛生署綜合戒煙熱線、(2) 東華三院戒煙綜合服務中心、(3) 醫院管理局戒煙輔導服務中心、(4) 博愛醫院中醫戒煙服務、(5) 香港大學青少年戒煙熱線，並鼓勵參加者選擇其中一項服務，及填寫主動轉介表。取得參加者的同意後，他們的聯絡資料將轉交至他們所選擇的戒煙服務，以提供進一步的戒煙治療。

此外，干預組參加者獲告知三個月內使用任何戒煙服務便可獲得小額獎金鼓勵。獎金為一所本地大型連鎖超市價值港幣 300 元 (約 38 美元) 的購物禮券。同意預約戒煙服務的參加者必須簽署兩份轉介表格，表明其願意使用所選服務，表格同時註明獲得獎勵的所需條件，其中一份由參加者保管，另一份則由研究人員保存。獎勵資格包括但不限於戒煙治療的類型，包括藥物治療 (如尼古丁替代治療)，行為支持 (如面對面 / 電話諮詢、團體治療)，或綜合治療。干預組參加者在一、二或三個月的跟進中自我報告使用戒煙服務後，會得到相應獎金。

**對照組：**參加者在招募時獲得基於 AWARD 方法的戒煙建議，另外，於招募時亦會獲發一本予所有參加者、由委員會設計、12 頁的「踏出第一步」自助戒煙小冊子。

**非研究組：**「戒煙大使」組別、無法閱讀中文或以中文溝通、或於特定工作場所招募的參加者，會被分配到「非研究組」。在同一活動上招募到的非研究組別的參加者會獲得與隨機對照試驗研究的參加者相同的戒煙干預。赤柱監獄及羅湖懲教所的參加者屬於懲教署組別。

所有參加者於基線時完成問卷後在第一、二、三和六個月接受共四次的電話跟進。其中隨機對照試驗組和非研究組參加者接受電話跟進，懲教署參加者接受自行填寫的問卷跟進。為提高跟進的參與率，成功完成全部四次跟進的參加者可額外獲得港幣 100 元的現金獎勵。每名參加者於每次電話跟進時收到最多七次的來電及一個語音訊息，如仍然未能聯絡上，將會被列為是次跟進的失訪個案。在三個月和六個月跟進時自我報告已成功戒煙的參加者（在過去七天內完全沒有吸煙）會獲邀請參加生物化學測試（一氧化碳呼氣測試和可的寧口水測試），以核實戒煙情況。所有通過測試的參加者可在三個月及六個月跟進時獲得價值港幣 500 元的現金獎勵。

研究的主要結果為三個月及六個月跟進時經生物化學測試核實的戒煙率。次要結果包括：(1) 自我報告過去七天內完全沒有吸煙的戒煙率；(2) 與基線調查比較，減少吸煙量達一半或以上的比率；和 (3) 使用戒煙服務的情況。

所有參加者（總數 =1,231）於基線調查時的人口特徵及吸煙情況會在報告中描述。我們通過卡方檢驗比較了兩個研究組別的主要和次要結果。我們採用治療意向分析法進行分析，假設數據缺失參加者的吸煙行為於基線調查後沒有變化，亦採用完整資料個案分析，將失訪的參加者排除在外。我們還評估參加者使用戒煙服務的情況、戒煙認知的改變、戒煙嘗試及其原因、退癮徵狀、戒煙時得到的社交支持、戒煙輔助工具的使用和對電話跟進的意見。

### 3. 結果

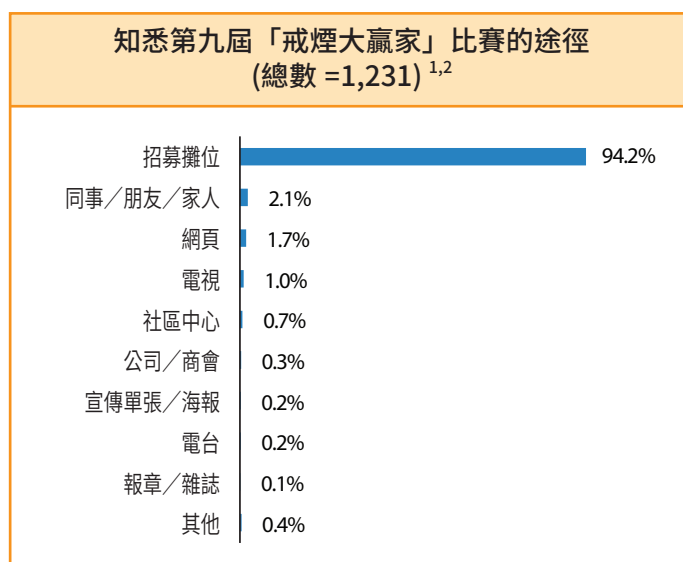
在第九屆「戒煙大贏家」比賽的 70 場招募活動中，約 88,000 名市民曾行經「戒煙大贏家」的招募攤位，其中超過 11,000 人查詢戒煙資訊、詢問比賽詳情或參與招募活動中的遊戲攤位。99 名接受過培訓的無煙大使於現場協助進行推廣和招募活動，共接觸了約 7,600 名吸煙人士和約 16,800 名非吸煙人士。

在 1,343 名招募到的吸煙者當中，有 82 人 (6.1%) 未符合參加比賽的資格。共有 1,261 名 (93.9%) 吸煙人士參加了「戒煙大贏家」比賽。當中共有 1,093 名 (86.7%) 參加者參與隨機對照試驗研究，並被隨機分配至干預組 (563 人) 或對照組 (530 人)。非研究組別的參加者會作獨立分析，他們包括 91 名 (7.2%) 參加「戒煙大使」組別的參加者，及 47 名 (3.7%) 無法以中文溝通或於特定工作場所招募的參加者。

為確保研究結果來自社區吸煙者的數據，30 名 (2.4%) 懲教署組別參加者的相關數據會排除在數據分析之外。

大部分參加者主要透過招募攤位 (94.2%) 知悉第九屆「戒煙大贏家」比賽 (圖一)。其次的知悉途徑包括同事、朋友或家人 (2.1%)、網頁 (1.7%) 以及電視 (1.0%)。

圖一



<sup>1</sup> 沒有顯示缺失數據

<sup>2</sup> 參加者可選擇多於一個答案

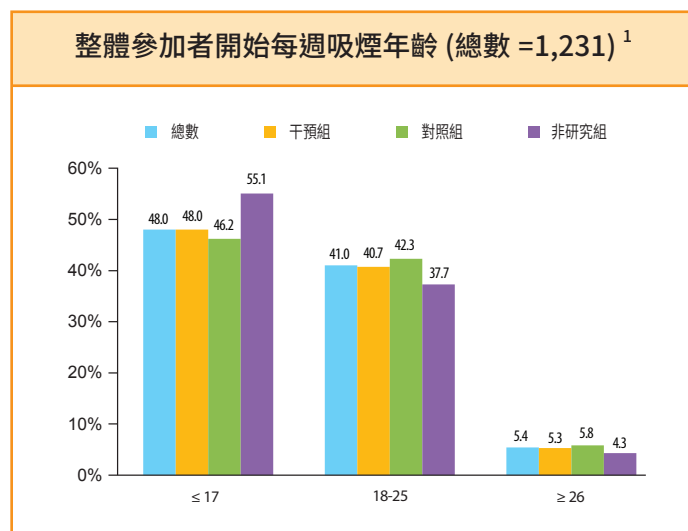
#### 3.1 基線人口特徵

表一顯示在 1,231 位參加者中，大多數為男性 (83.7%)，年齡在 30-59 歲之間 (59.1%)。一半以上已婚 / 同居 (53.4%)，約三分之一 (31.1%) 至少有一名子女。過半具有中學或以上學歷 (65.3%)，45.1% 居住在租住的公共房屋，33.1% 的家庭每月收入低於港幣 25,000 元，64.4% 為自僱或受僱人士。

## 3.2 吸煙概況

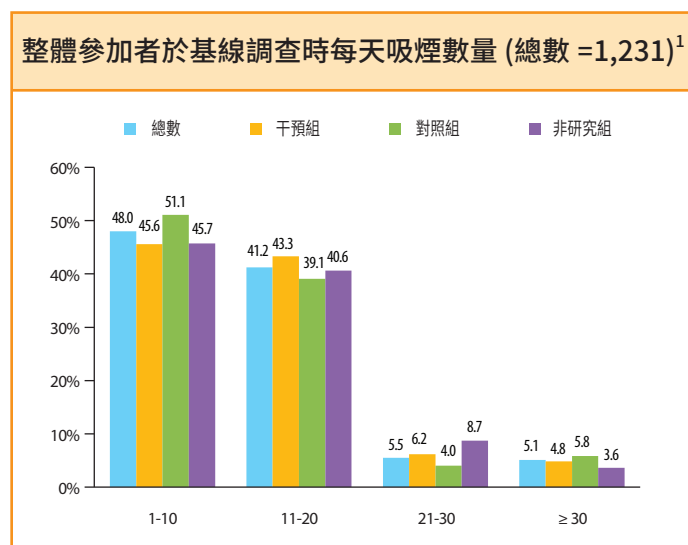
參加者開始吸煙的平均年齡為 18.6 歲 (標準差 =9.5)，其中 48.0% 的參加者在 18 歲前開始每週吸煙 (圖二)。參加者平均每日吸食 15.0 支捲煙 (標準差 =10.2)。接近一半的參加者 (48.0%) 每天吸食少於 10 支捲煙 (圖三)。

圖二



<sup>1</sup> 沒有顯示缺失數據

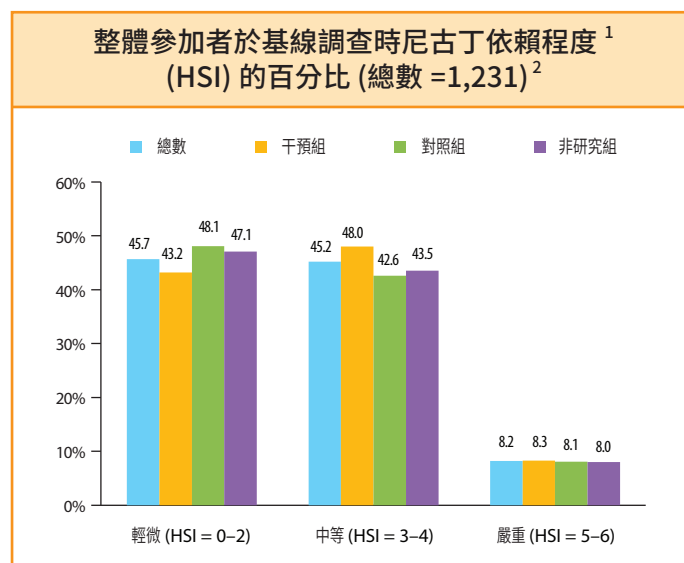
圖三



<sup>1</sup> 沒有顯示缺失數據

約五分之二的參加者 (41.3%) 在起床後的 5 分鐘內吸食第一支煙。依據吸煙嚴重度指數 (Heaviness of Smoking Index, HSI)，超過一半參加者的尼古丁依賴程度為中等至嚴重 (53.4%) (圖四)。約三分之一參加者從未嘗試戒煙 (35.9%) (圖五)。大部分參加者無意於基線調查後的 30 天內戒煙 (63.7%) (圖六)。相比於隨機對照試驗組別，有更多非研究組別的參加者計劃於基線調查後七天內戒煙 (P 值 <0.001)。

圖四



<sup>1</sup> 尼古丁依賴程度以 HSI 項目測量：(1) 每日吸第一支煙的時間和 (2) 每日吸煙量

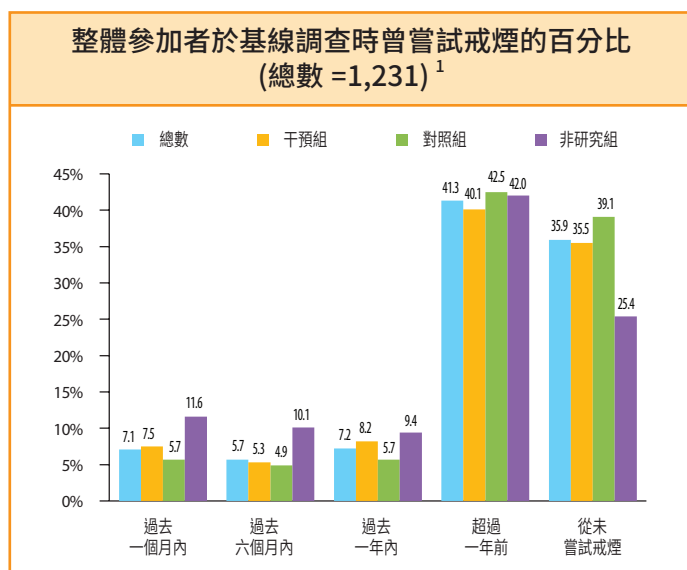
<sup>2</sup> 沒有顯示缺失數據

表一 參加者基線人口特徵 (總數 =1,231)

人數 (%)	總數	干預組	對照組	非研究組
	(N=1,231)	(N=563)	(N=530)	(N=138)
性別				
男	1,030 (83.7)	472 (83.8)	434 (81.9)	124 (89.9)
女	201 (16.3)	91 (16.2)	96 (18.1)	14 (10.1)
年齡 (歲)				
≤29	227 (18.4)	107 (19.0)	93 (17.5)	27 (19.6)
30-59	728 (59.1)	312 (55.4)	325 (61.3)	91 (65.9)
≥60	238 (19.3)	118 (21.0)	104 (19.6)	16 (11.6)
缺失數值	38 (3.1)	26 (4.6)	8 (1.5)	4 (2.9)
婚姻狀況				
單身	359 (29.2)	154 (27.4)	159 (30.0)	46 (33.3)
已婚 / 同居	657 (53.4)	302 (53.6)	276 (52.1)	79 (57.2)
其他	50 (4.1)	22 (3.9)	21 (4.0)	7 (5.1)
缺失數值	165 (13.4)	85 (15.1)	74 (14.0)	6 (4.3)
育有子女				
否	597 (48.5)	273 (48.5)	252 (47.5)	72 (52.2)
是	383 (31.1)	171 (30.4)	160 (30.2)	52 (37.7)
缺失數值	251 (20.4)	119 (21.1)	118 (22.3)	14 (10.1)
教育程度				
小學程度或以下	136 (11.0)	73 (13.0)	51 (9.6)	12 (8.7)
中學程度	610 (49.6)	275 (48.8)	248 (46.8)	87 (63.0)
大專或以上	194 (15.8)	76 (13.5)	92 (17.4)	26 (18.8)
缺失數值	291 (23.6)	139 (24.7)	139 (26.2)	13 (9.4)
就業情況				
自僱 / 受僱	793 (64.4)	338 (60.0)	349 (65.8)	106 (76.8)
待業	100 (8.1)	56 (9.9)	31 (5.8)	13 (9.4)
退休	139 (11.3)	76 (13.5)	53 (10.0)	10 (7.2)
缺失數值	199 (16.2)	93 (16.5)	97 (18.3)	9 (6.5)
家庭每月收入 (港幣)				
少於 25,000	407 (33.1)	193 (34.3)	158 (29.8)	56 (40.6)
25,000-60,000	326 (26.5)	148 (26.3)	138 (26.0)	40 (29.0)
60,000 以上	62 (5.0)	18 (3.2)	30 (5.7)	14 (10.1)
缺失數值	436 (35.4)	204 (36.2)	204 (38.5)	28 (20.3)
居住情況				
租住公共房屋	555 (45.1)	266 (47.2)	224 (42.3)	65 (47.1)
自置公共房屋	103 (8.4)	43 (7.6)	47 (8.9)	13 (9.4)
私人房屋	250 (20.3)	115 (20.4)	101 (19.1)	34 (24.6)
其他	32 (2.6)	12 (2.1)	10 (1.9)	10 (7.2)
缺失數值	291 (23.6)	127 (22.6)	148 (27.9)	16 (11.6)

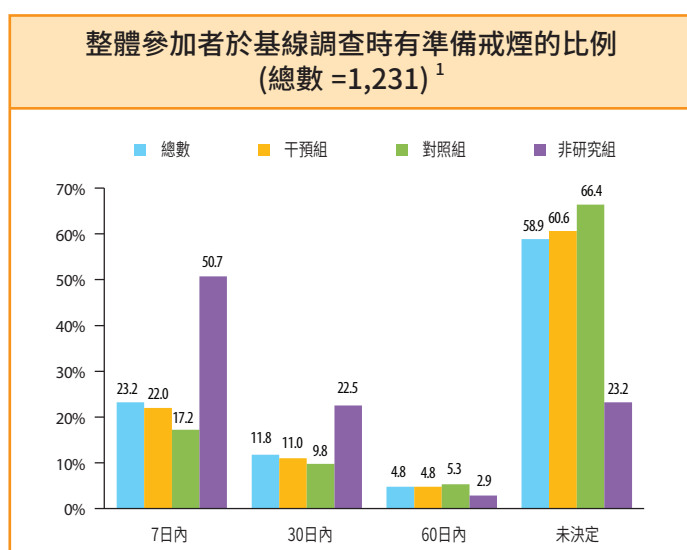


圖五



<sup>1</sup> 沒有顯示缺失數據

圖六



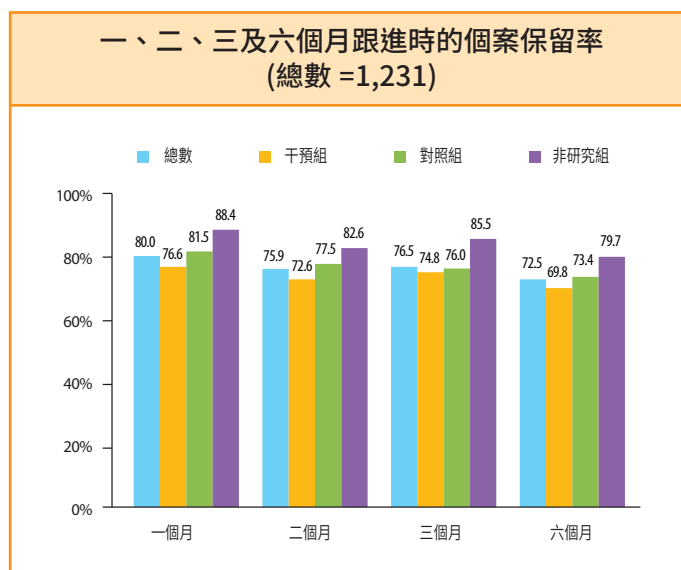
<sup>1</sup> 沒有顯示缺失數據

### 3.3 研究結果

#### 個案保留率

第一、二、三和六個月跟進訪問的整體個案保留率分別為 80.0%、75.9%、76.5% 和 72.5%。干預組與對照組於第一個月 (76.6% 比 81.5%；P 值 = 0.10)，第二個月 (72.6% 比 77.5%；P 值 = 0.13)，第三個月 (74.8% 比 76.0%；P 值 = 0.89) 和第六個月 (69.8% 比 73.4%；P 值 = 0.19) 的保留率相近 (圖七)。

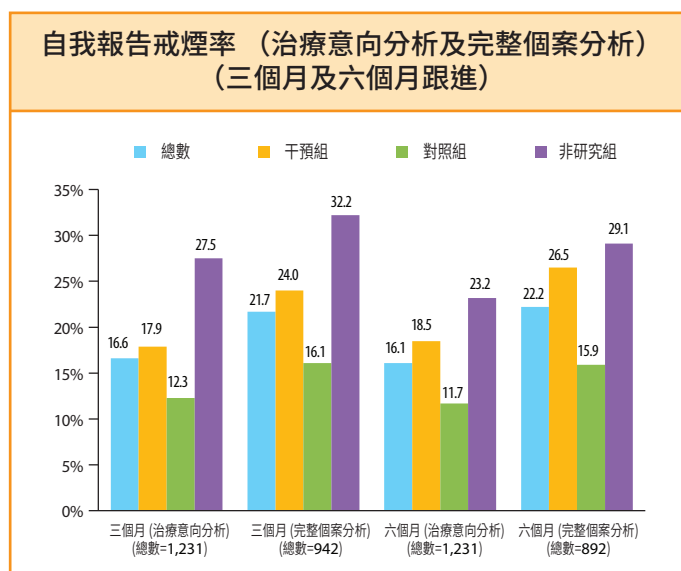
圖七



#### 主要結果：三個月及六個月跟進的自我報告戒煙率

根據治療意向分析，三個月和六個月跟進時的整體自我報告戒煙率 (在過去七天內完全沒有吸煙) 分別為 16.6% 和 16.1%。干預組於三個月 (17.9% 比 12.3%；P 值 = 0.01) 和六個月 (18.5% 比 11.7%；P 值 < 0.01) 的自我報告戒煙率都顯著高於對照組約 46% 至 58%。完整個案分析亦得出類似的結果 (圖八)。

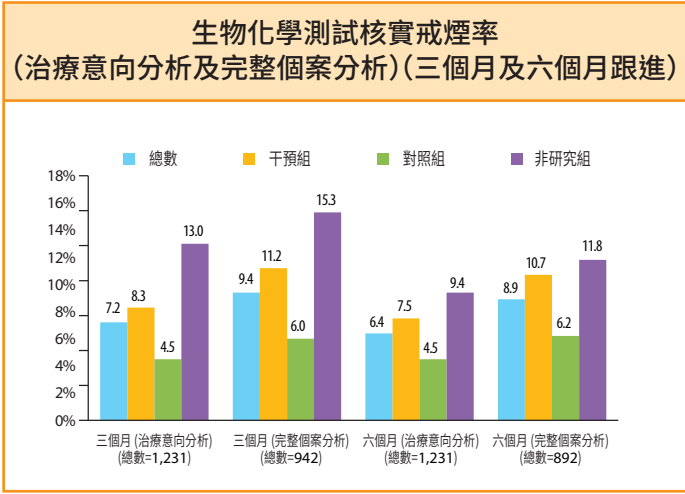
圖八



三個月及六個月跟進的生物化學測試核實的戒煙率

治療意向分析顯示，整體在三個月及六個月的生物化學測試核實的戒煙率分別為 7.2% 及 6.4%。干預組在三個月（8.3% 比 4.5%；P 值 =0.01）和六個月（7.5% 比 4.5%；P 值 =0.04）的核實戒煙率顯著高於對照組約 67% 至 84%。完整個案分析亦得到類似的結果（圖九）。

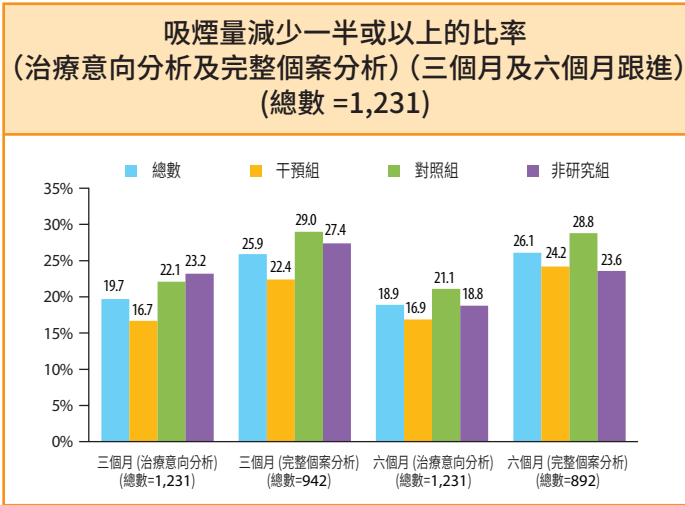
圖九



三個月和六個月跟進的減煙率

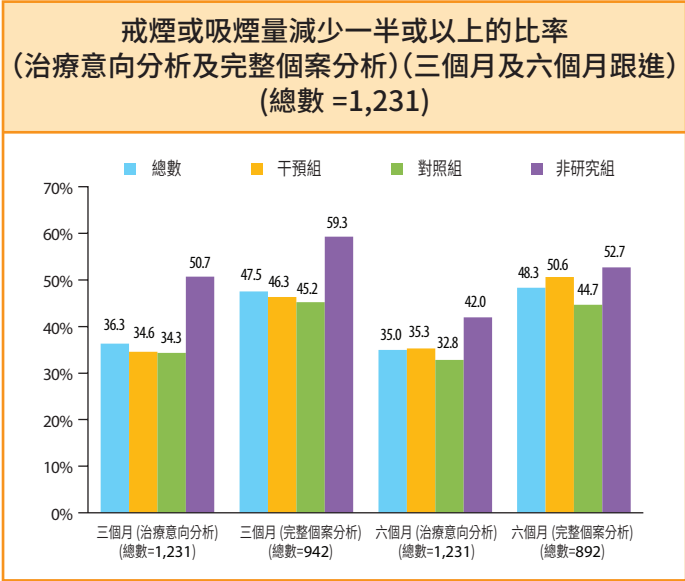
根據治療意向分析，整體有 19.7% 和 18.9% 未能成功戒煙的參加者分別在三個月和六個月時的吸煙量比基線調查時減低了至少一半（圖十）。雖然干預組在所有跟進的減煙率都比對照組稍高，但在組間比較中沒有顯著差異（所有 P 值 >0.05）。

圖十



根據治療意向分析，整體參加者在三個月和六個月的戒煙或減煙比率分別為 36.3% 和 35.0%（圖十一）。干預組於三個月（34.6% 比 34.3%；P 值 =0.92）和六個月（35.3% 比 32.8%；P 值 =0.38）的戒煙或減煙率，均顯著高於對照組。完整個案分析亦得到相似的結果。

圖十一



戒煙服務的使用情況（一、二、三及六個月跟進）

根據隨機對照試驗研究的設計，只有干預組的參加者獲主動轉介至戒煙服務。在整個研究期間，38.7% 參加者共提出了 476 次轉介戒煙服務的請求（表二）。干預組的累計次數為 368 次，而對照組則為 37 次。

表二 整體參加者的戒煙服務轉介情況  
(總數 =1,231)

	總數 (人數 =1,231)	干預組 (人數 =563)	對照組 (人數 =530)	非研究組 (人數 =138)
請求轉介至戒煙服務	476 (38.7)	368 (65.4)	37 (7.0)	71(51.4)

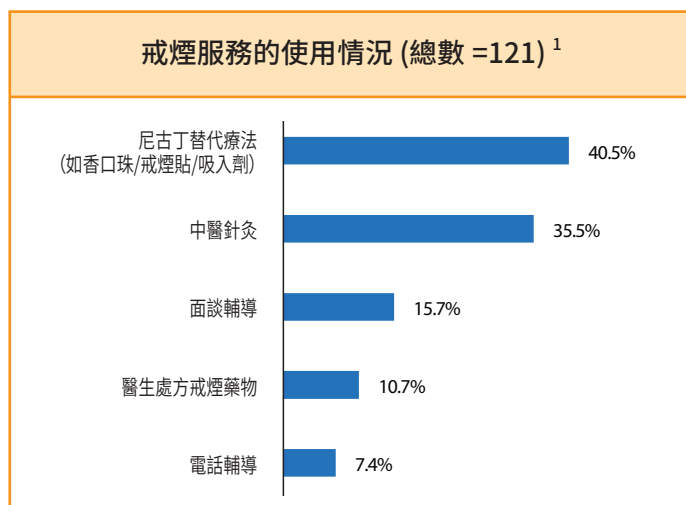
曾使用戒煙服務的參加者人數隨著跟進時間增加。整體而言，14.9%的參加者曾使用過至少一次戒煙服務（表三）。在所有跟進中，干預組的累計戒煙服務使用率均顯著高於對照組（所有 P 值 <0.001）。有 134 名參加者（包括 108 名干預組和 26 名非研究組參加者）於三個月內使用戒煙服務因而達到獲得獎金鼓勵資格，當中 88 名（65.7%）接受了獎金鼓勵。

**表三 戒煙服務使用情況（總數=1,231）**

	總數 (人數=1,231)	干預組 (人數=563)	對照組 (人數=530)	非研究組 (人數=138)
一個月	94 (7.6)	68 (12.1)	6 (1.1)	20 (14.5)
二個月	131 (10.6)	97 (17.2)	9 (1.7)	25 (18.1)
三個月	145 (11.8)	108 (19.2)	11 (2.1)	26 (18.8)
六個月	184 (14.9)	121 (21.5)	36 (6.8)	27 (19.6)

在 121 名曾使用戒煙服務的干預組參加者中，最常用的服務為尼古丁替代療法（40.5%），其次為中醫針灸（35.5%）和面談輔導（15.7%）（圖十二）。

**圖十二**

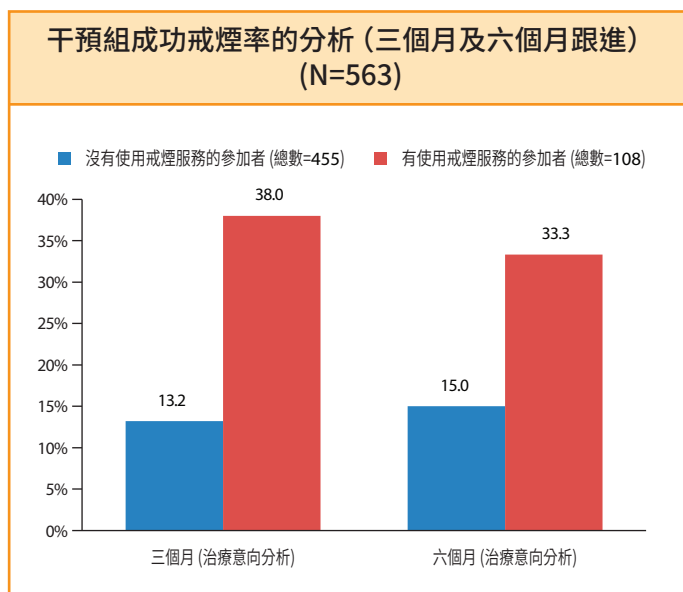


<sup>1</sup> 參加者可選擇多於一個答案

### 戒煙服務使用與戒煙率之間的關聯

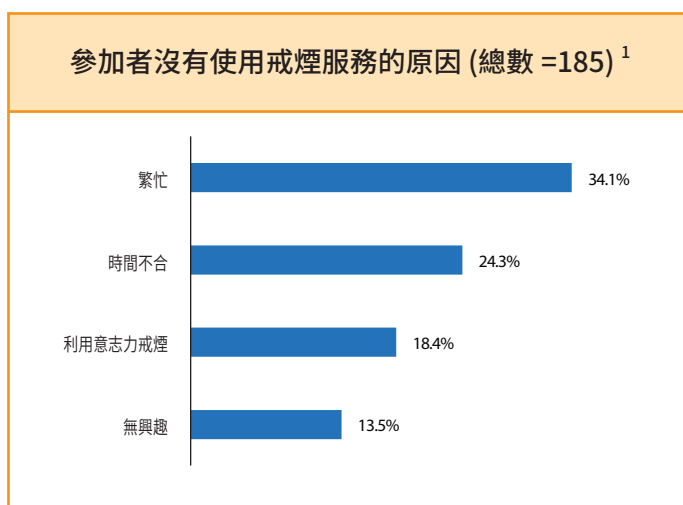
108 名在三個月內曾使用戒煙服務的干預組參加者，其三個月和六個月跟進時的自我報告戒煙率和生物化學測試核實的戒煙率均顯著高於 455 名沒有使用戒煙服務的參加者（所有 P 值 <0.001）（圖十三）。

**圖十三**



185 名干預組參加者沒有使用戒煙服務，首要原因為「繁忙」（34.1%），其次為「時間不合」（24.3%）、「利用意志力戒煙」（18.4%）、「無興趣」（13.5%）（圖十四）。

**圖十四**



<sup>1</sup> 參加者可選擇多於一個答案

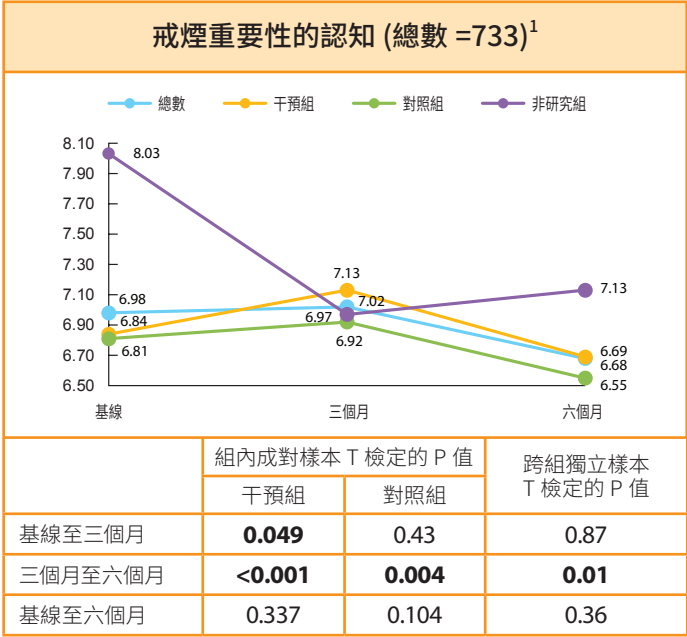
### 戒煙的自我效能

由 0 分（最小）到 10 分（最大）的量表中，基線調查時所有參加者的「戒煙重要性」、「戒煙困難度」、「戒煙自信度」的認知平均得分（標準差）分別為 6.98 分 (2.54)、6.67 分 (2.54) 和 5.44 分 (2.50)。

戒煙重要性的認知

在基線調查、三個月及六個月跟進時均提供了完整數據的參加者中，干預組的戒煙重要性認知的整體平均分從基線到三個月跟進顯著增加（6.84 比 7.13；P 值 =0.049），而在對照組中則略有增加（6.81 比 6.92；P 值 =0.43）。從三個月到六個月跟進中，干預組（7.13 比 6.69；P 值 <0.001）和對照組（6.92 比 6.55；P 值 =0.004）的平均分都有顯著下降。兩組的平均得分從基線到六個月跟進均無顯著變化（P 值 >0.05）（圖十五）。

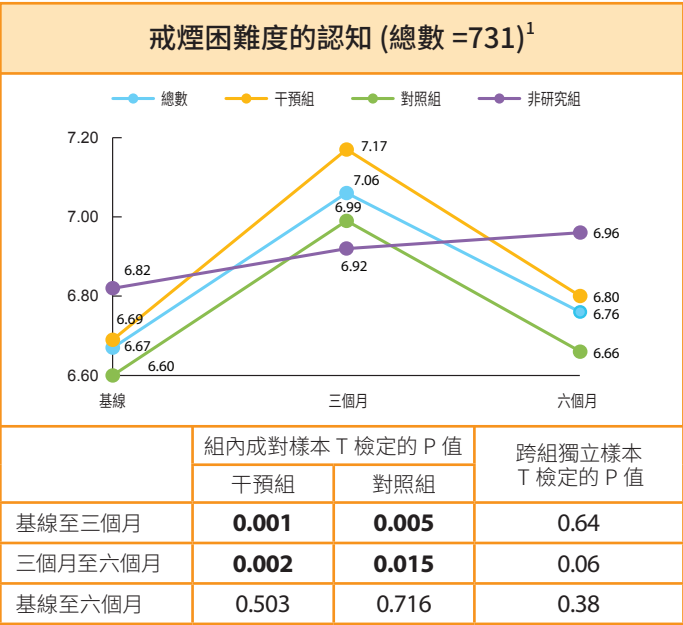
圖十五



戒煙困難度的認知

在基線調查、三個月及六個月跟進均回答了相關問題的參加者中，干預組和對照組的三個月跟進時的戒煙困難度認知的整體平均分比基線調查顯著增加，其中干預組由 6.69 上升至 7.17（P 值 =0.001），對照組由 6.60 上升至 6.99（P 值 =0.005）。其後干預組（7.17 至 6.80；P 值 =0.002）和對照組（6.99 至 6.66；P 值 =0.015）的平均分於三個月跟進至六個月跟進之間下降。基線和六個月跟進之間的平均得分變化無顯著差異（P 值 > 0.05）（圖十六）。

圖十六

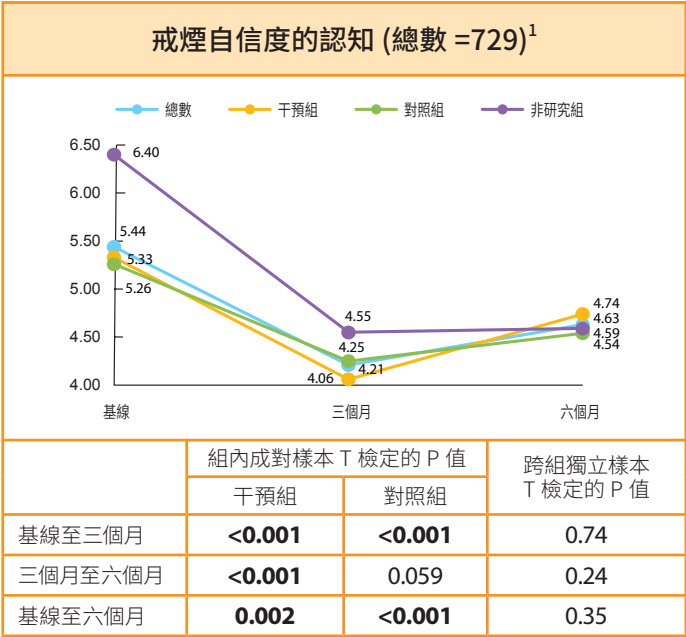


戒煙自信度的認知

在提供了完整數據的參加者中，干預組（5.33 至 4.06；P 值 <0.001）和對照組（5.26 至 4.25；P 值 <0.001）的戒煙自信度認知的整體平均分在基線調查和三個月跟進之間顯著下降，其後在三個月至六個月的跟進中上升，其中干預組由 4.06 上升至 4.74（P 值 <0.001），對照組由 4.25 上升至 4.54（P 值 =0.059）。由基線開始至六個月的研究期間，平均分的改變在組間比較中有顯著差異（P 值 <0.05）（圖十七）。



圖十七

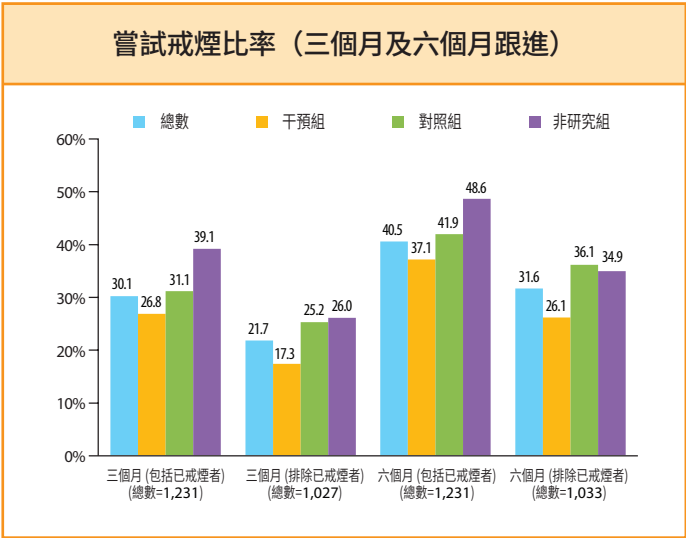


<sup>1</sup> 由 0 分（完全有信心）至 10 分（非常有信心）；缺失數據排除在外。

### 三個月及六個月跟進的嘗試戒煙率

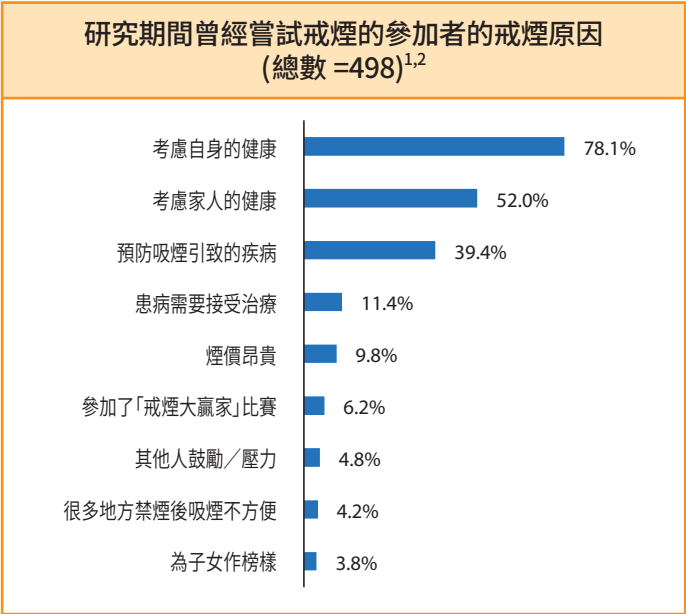
根據治療意向分析，分別有 30.1% 和 40.5% 的參加者在基線調查後三個月和六個月內曾作至少一次戒煙嘗試（圖十八）。在未能成功戒煙的參加者當中，三個月和六個月的嘗試戒煙比率為 21.7% 和 31.6%。不管有否計算成功戒煙者在內，對照組嘗試戒煙的比率在三個月和六個月跟進時均稍高於干預組。

圖十八



在研究期間曾作至少一次戒煙嘗試的參加者中，戒煙的主要原因為「考慮自身的健康」（78.1%），其次是「考慮家人的健康」（52.0%）及「預防吸煙引起的疾病」（39.4%）（圖十九）。

圖十九

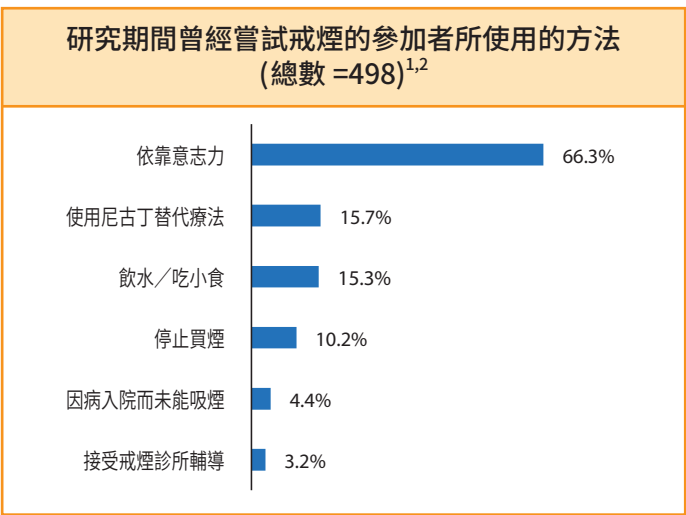


<sup>1</sup> 失訪數據被排除在外

<sup>2</sup> 參加者可選擇多於一個答案

所有在研究期間曾作至少一次戒煙嘗試的參加者中，最常用的戒煙方法包括「依靠意志力」（66.3%）、「使用尼古丁替代療法」（15.7%）和「飲水 / 吃小食」（15.3%）（圖二十）。

圖二十

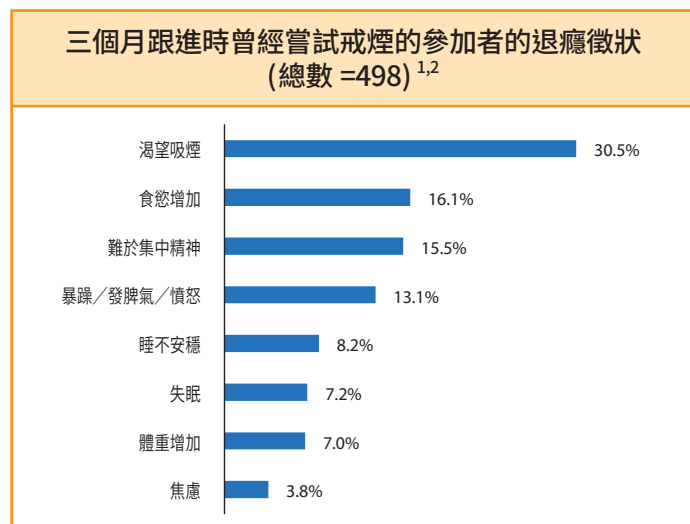


<sup>1</sup> 失訪數據被排除在外

<sup>2</sup> 參加者可選擇多於一個答案

一、二和三個月跟進訪問時評估了參加者的退癮徵狀。在三個月內曾作至少一次戒煙嘗試的參加者中，最普遍的退癮徵狀為「渴望吸煙」（30.5%），其次為「食慾增加」（16.1%）和「難於集中精神」（15.5%）（圖二十一）。

圖二十一



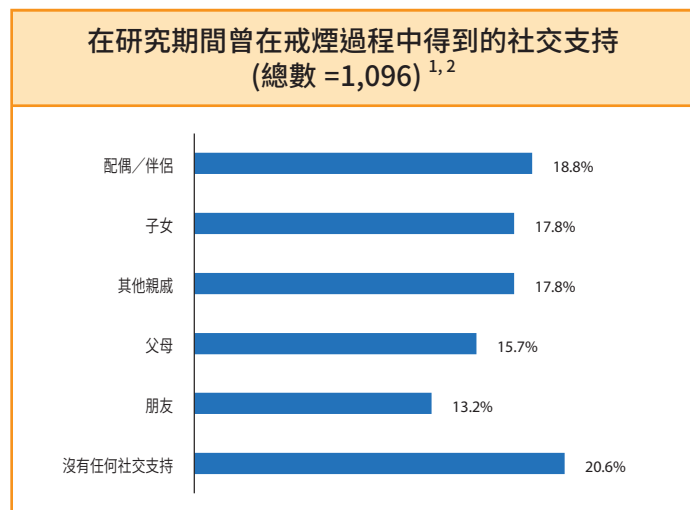
<sup>1</sup> 失訪數據被排除在外

<sup>2</sup> 參加者可選擇多於一個答案

## 戒煙過程中的社交支持

在六個月完成跟進訪問的參加者中，最常見的社交支持來自「配偶／伴侶」（18.8%），其次為「子女」（17.8%）和「其他親戚」（17.8%）及父母（15.7%）（圖二十二）。然而，約兩成的參加者（20.6%）得不到任何社交支持。

圖二十二



<sup>1</sup> 失訪數據被排除在外

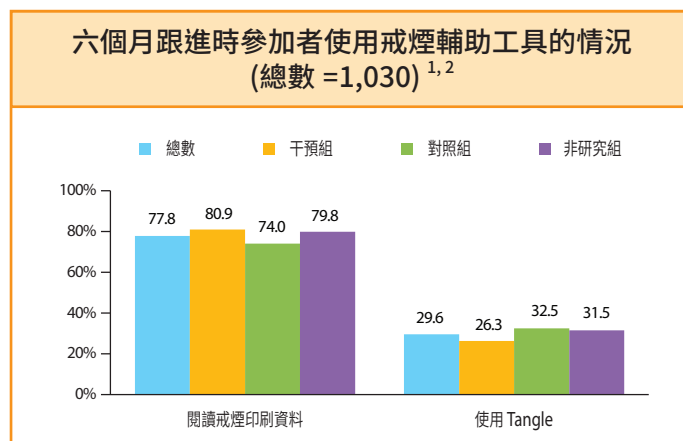
<sup>2</sup> 參加者可選擇多於一個答案

## 戒煙輔助工具的使用和滿意度

### 印刷資料和「Tangle」

所有參加者均收到戒煙小冊子和舒緩手癮的工具「Tangle」，干預組參加者額外收到健康警示宣傳單張和戒煙熱線卡。在六個月跟進時，大部分參加者（77.8%）曾閱讀過戒煙印刷資料，29.6%的參加者曾使用過「Tangle」（圖二十三）。較多干預組的參加者閱讀過戒煙印刷資料（80.9%比74.0%；P值=0.01），而略多對照組的參加者使用了「Tangle」（26.3%比32.5%；P值=0.08）。

圖二十三

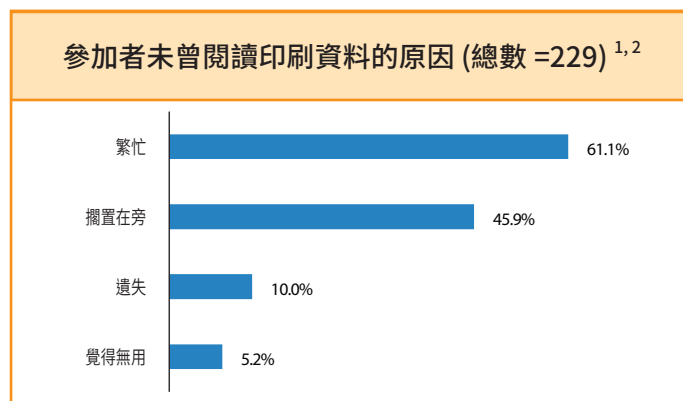


<sup>1</sup> 在六個月跟進時的失訪數據被排除在外

<sup>2</sup> 沒有顯示缺失數據

在未曾閱讀戒煙印刷資料的參加者中，最常見未有閱讀資料的原因是「繁忙」（61.1%），其次是「擱置在旁」（45.9%）和「遺失」（10.0%）（圖二十四）。

圖二十四

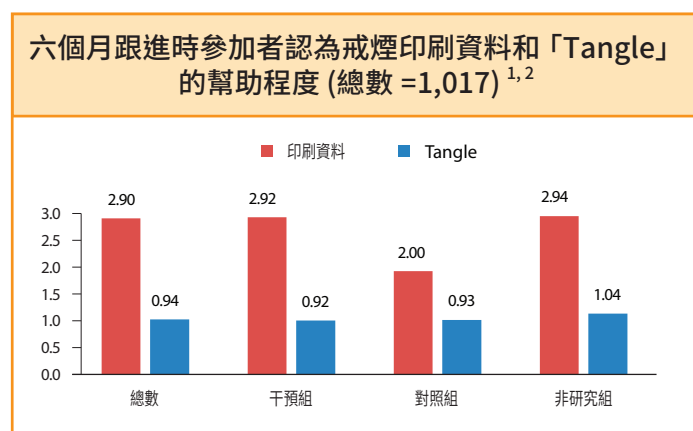


<sup>1</sup> 參加者可選多於一個答案

<sup>2</sup> 在六個月跟進時的失訪數據被排除在外，沒有顯示缺失數據

在 1 分（完全沒有幫助）到 5 分（非常有幫助）的量表上，在六個月跟進時曾經閱讀過資料並使用過「Tangle」的參加者中，認為印刷資料和「Tangle」對幫助戒煙的平均分（標準差）分別為 2.90 分 (1.70) 和 0.94 分 (1.40) (圖二十五)。干預組和對照組的得分相近 (P 值 =0.13)。

圖二十五



<sup>1</sup> 由 1 分（完全沒有幫助）到 5 分（非常有幫助）

<sup>2</sup> 在六個月跟進時的失訪數據被排除在外，沒有顯示缺失數據

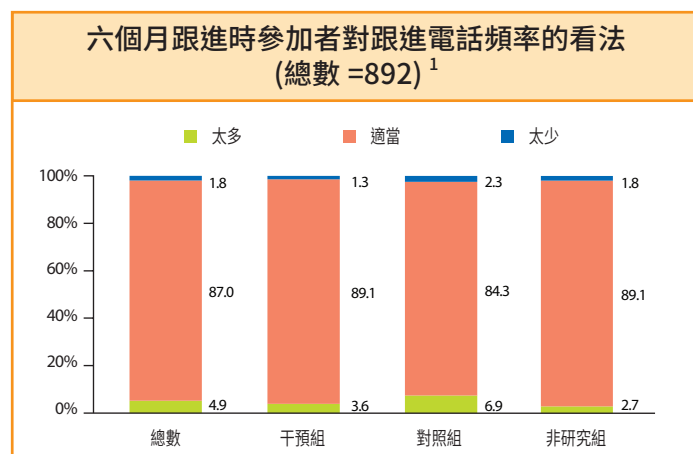
### 對使用獎金鼓勵提高戒煙服務使用的看法

在 1 分（完全沒有幫助）到 5 分（非常有幫助）的量表上，參加者認為以獎金鼓勵提高戒煙服務使用，對於幫助戒煙和嘗試戒煙的平均分（標準差）分別為 3.05 (1.20) 和 2.89 (1.07)。

### 對跟進電話頻率的看法

大多數接受六個月跟進的參加者 (87.0%) 認為跟進電話的頻率是適當的。所有組別的結果相近 (P 值 =0.17) (圖二十六)。

圖二十六



<sup>1</sup> 在六個月跟進時的失訪數據被排除在外，沒有顯示缺失數據

## 4. 討論

從 2018 年 6 月至 9 月，第九屆「戒煙大贏家」無煙社區計劃培訓了 99 名大學生和非政府機構義工的戒煙輔導能力，通過在全港十八區舉辦 70 場招募活動，成功向超過 50,000 名的公眾傳遞無煙信息，並推動了超過 1,200 名吸煙人士參與比賽戒煙。參加者在六個月跟進訪問時的自我報告過去七天的戒煙率為 17.3%，高於第四屆 (9.4%)，第五屆 (10.9%)，第六屆 (13.0%)，第七屆 (16.0%) 和第八屆 (16.5%) 的「戒煙大贏家」比賽。

如同過往幾屆「戒煙大贏家」比賽，第九屆「戒煙大贏家」比賽中進行了一項群組隨機對照試驗，評估一項綜合干預方法 (面對面簡短戒煙建議、主動轉介戒煙服務及獎金鼓勵) 能否有效增加在社區招募的吸煙人士的戒煙率。是次隨機試驗研究結果顯示，干預組在六個月跟進時的自我報告戒煙率較對照組高 58.1%，核實戒煙率則高 66.7%。由於干預方法簡短且成本較低，儘管效應值為中等 (戒煙率增加約 50%–70%)，其干預效果是顯著的。干預組的累計戒煙服務使用率 (從基線的 12.1% 到六個月跟進時的 21.5%) 顯著高於對照組 (從 1.1% 到 6.8%) (所有 P 值 <0.001)。由此可見，主動轉介和獎金鼓勵可以提高戒煙率和戒煙服務的使用。

與第六屆「戒煙大贏家」比賽的主動轉介干預相比，本屆的主動轉介增設了獎金鼓勵予吸煙人士，鼓勵他們使用戒煙服務。這種綜合的干預方法得到吸煙人士的廣泛接受，干預組中約三分之二的參加者 (65.4%) 同意轉介，29.3% 的人在三個月內至少使用了一次服務，69.2% 的人最終獲得了獎金鼓勵。獎金鼓勵干預的策略可以幫助吸煙人士克服使用戒煙服務的一些阻礙 (如時間不匹配、缺乏興趣) 和成本考慮 (如交通成本，時間 (請假) 成本)<sup>17</sup>。

本研究表明，作為簡短 AWARD 戒煙模式的輔助，在社區採用小額且有條件的獎勵是有效的。過往在高收入國家開展以獎勵為基礎的試驗大多採用大額的獎勵<sup>18-21</sup>，但過大的獎勵措施在財政上是無法持續的<sup>22</sup>。鑒於香港是全世界人均國內生產總值最高的地區之一 (2018 年為 48,675.6 美元)<sup>23</sup>，是次試驗所提供的獎勵僅針對戒煙服務的使用，而且獎勵金額 (38 美元) 不大。結果發現與最近的研究相互吻合，獎勵的金額不必很大，但若與其他戒煙服務並聯可以增強干預效果<sup>10,11</sup>。以往研究表明，缺乏對戒煙服務的了解是使用戒煙服務的主要障礙之一<sup>24</sup>。以面對面介紹的方式增強對戒煙服務的了解，並配合少量獎勵措施，可提高戒煙服務的使用和戒煙率。這與以往的研究發現互相呼應，

即在群體層面提供小額獎勵 (20 美元) 並結合人際交流和社會互動，可增加戒煙服務使用和長期戒煙率<sup>25</sup>。

是次集體隨機對照試驗仍存在一定局限。首先，是次試驗考慮到實際操作而無法完全分離出每個干預成分 (簡短戒煙建議、主動轉介、獎金鼓勵) 的效果。但我們更感興趣是干預的綜合效果，多個元素的試驗同時針對戒煙的不同阻礙，應具有更大的效應值。其次，由於經費限制，我們無法評估是次干預的長期效果 (如十二個月)。儘管如此，連續四次跟進 (在第一、二、三和六個月) 使我們能夠追蹤長達六個月的戒煙效果和戒煙服務使用情況。第三，由於香港的女性吸煙率較低 (2019 年為 3.2%)<sup>1</sup>，此集體隨機對照試驗中的男性參加者多於女性參加者。這可能限制是次研究結果推廣至女性吸煙較普遍的國家。此外，是次研究結果亦難以普及於缺乏便利和廉價戒煙服務的國家。

## 5. 結論

總括而言，第九屆「戒煙大贏家」比賽成功地接觸了眾多社區吸煙人士和非吸煙人士，並推廣了戒煙信息和現有的戒煙服務。「戒煙大贏家」比賽亦提供了一個向大眾傳播戒煙信息的重要平台，並透過隨機對照試驗來檢測戒煙干預的新方法。研究結果顯示主動轉介和獎金鼓勵措施可以有效提高三個月和六個月的戒煙率。未來的研究應測試使用小型獎勵措施對戒煙成果的長期影響。獎金鼓勵的設計和內容有待進一步研究，例如獎勵的頻率、支付方式、獎勵是固定還是隨個人制定等。

## 6. 臨床試驗註冊編號

臨床試驗註冊編號：NCT03565796 (ClinicalTrials.gov)。

## 7. 參考文獻

1. Census & Statistics Department, Hong Kong SAR Government. (2020). Pattern of Smoking. *Thematic Household Survey, Report No.70*: Hong Kong: Census & Statistics Department.
2. Lam, T. H. (2012). Absolute risk of tobacco deaths: one in two smokers will be killed by smoking: comment on "Smoking and all-cause mortality in older people". *Archives Internal Medicine*, 172(11), 845-846.
3. Lam, T. H., Ho, S. Y., Hedley, A. J., Mak, K. H., & Peto, R. (2001). Mortality and smoking in Hong Kong: case-control study of all adult deaths in 1998. *BMJ (Clinical Research ed.)*, 323(7309), 361.
4. Chen, J., McGhee, S., & Lam, T. H. (2019). Economic Costs Attributable to Smoking in Hong Kong in 2011: A Possible Increase From 1998. *Nicotine & Tobacco Research*, 21(4), 505-512.
5. Cahill, K., & Perera, R. (2008). Quit and Win contests for smoking cessation. *The Cochrane Database of Systematic Reviews*, (4), CD004986.
6. Fanshawe, T. R., Hartmann-Boyce, J., Perera, R., Lindson, N. (2019). Competitions for smoking cessation. *Cochrane Database of Systematic Reviews*. Issue 2.
7. Wang, M. P., Suen, Y. N., Li, W. H. & et al. (2017). Intervention With Brief Cessation Advice Plus Active Referral for Proactively Recruited Community Smokers: A Pragmatic Cluster Randomized Clinical Trial. *JAMA Internal Medicine*. 177(12), 1790-1797.
8. Wang, M. P., Wu, W. D., Suen, Y. N. & et al. (2019). The 7<sup>th</sup> "Quit to Win" Contest – Effectiveness of High Intensity of Active Referral Intervention on Smoking Cessation. Hong Kong Council on Smoking and Health.
9. Volpp, K. G., Gurmankin Levy, A., Asch, D. A., Berlin, J. A., Murphy, J. J., Gomez, A., Sox, H., Zhu, J., & Lerman, C. (2006). A randomized controlled trial of financial incentives for smoking cessation. *Cancer Epidemiology, Biomarkers & Prevention*, 15(1), 12-18.
10. Fraser, D. L., Fiore, M. C., Kobinsky, K., Adsit, R., Smith, S. S., Johnson, M. L., & Baker, T. B. (2017). A Randomized Trial of Incentives for Smoking Treatment in Medicaid Members. *American Journal of Preventive Medicine*, 53(6), 754-763.
11. Anderson, C. M., Cummins, S. E., Kohatsu, N. D., Gamst, A. C., & Zhu, S. H. (2018). Incentives and Patches for Medicaid Smokers: An RCT. *American Journal of Preventive Medicine*, 55(6 Suppl 2), S138-S147.
12. Lasser, K. E., Quintiliani, L. M., Truong, V., Xuan, Z., Murillo, J., Jean, C., & Pbert, L. (2017). Effect of Patient Navigation and Financial Incentives on Smoking Cessation Among Primary Care Patients at an Urban Safety-Net Hospital: A Randomized Clinical Trial. *JAMA Internal Medicine*, 177(12), 1798-1807.
13. Parks, M. J., Hughes, K. D., Keller, P. A., et al. (2019). Financial incentives and proactive calling for reducing barriers to tobacco treatment among socioeconomically disadvantaged women: A factorial randomized trial. *Preventive Medicine*, 129, 105867.
14. Weng, X., Wang, M. P., Li H. C. W., et al. (2020). Effects of Active Referral Combined with A Small Financial Incentive on Smoking Cessation: Study Protocol for A Cluster Randomised Controlled Trial. *BMJ Open*, 2020;10(10), e038351.
15. Chan, S. S., Wong, D. C., Cheung, Y. T. & et al. (2015). A block randomized controlled trial of a brief smoking cessation counselling and advice through short message service on participants who joined the Quit to Win Contest in Hong Kong. *Health Education Research*. 2015. 30(4), 609-621.



16. Chan, SS., Cheung, YTD., Wong, YMB., Kwong, A., Lai, V., Lam, TH. (2018). A brief smoking cessation advice by youth counselors for the smokers in the Hong Kong Quit to Win contest 2010: a cluster randomized controlled trial. *Prevention Science*. 2018. 19(2), 209 -219.
17. Weng, X., Luk, T. T., Suen, Y. N., et al. (2020). Effects of simple active referrals of different intensities on smoking abstinence and smoking cessation services attendance: a cluster-randomized clinical trial. *Addiction*, 115(10), 1902–1912.
18. Ladapo, J. A., Tseng, C. H., & Sherman, S. E. (2020). Financial Incentives for Smoking Cessation in Hospitalized Patients: A Randomized Clinical Trial. *The American Journal of Medicine*, 133(6), 741–749.
19. Volpp, K. G., Troxel, A. B., Pauly, M. V., et al. (2009). A randomized, controlled trial of financial incentives for smoking cessation. *The New England Journal of Medicine*, 360(7), 699–709.
20. Halpern, S. D., French, B., Small, D. S., et al. (2015). Randomized trial of four financial-incentive programs for smoking cessation. *The New England Journal of Medicine*, 372(22), 2108-2117.
21. Etter, J. F., & Schmid, F. (2016). Effects of Large Financial Incentives for Long-Term Smoking Cessation: A Randomized Trial. *Journal of the American College of Cardiology*, 68(8), 777–785.
22. Notley, C., Gentry, S., Livingstone-Banks, J., Bauld, L., Perera, R., & Hartmann-Boyce, J. (2019). Incentives for smoking cessation. *The Cochrane Database of Systematic Reviews*, 7(7), CD004307.
23. World Bank. (2021, March 19). GDP per capita (current US\$). <https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?locations=HK>.
24. Trinidad, D. R., Pérez-Stable, E. J., White, M. M., Emery, S. L., & Messer, K. (2011). A nationwide analysis of US racial/ethnic disparities in smoking behaviors, smoking cessation, and cessation-related factors. *American Journal of Public Health*, 101(4), 699–706.
25. Parks, M. J., Slater, J. S., Rothman, A. J., & Nelson, C. L. (2016). Interpersonal communication and smoking cessation in the context of an incentive-based program: survey evidence from a telehealth intervention in a low-income population. *Journal of Health Communication*, 21(1), 125–133.

## 鳴謝

我們感謝所有參加者、進行招募的無煙大使以及統籌研究工作的香港大學護理學院及公共衛生學院的戒煙治療研究組。

# The 9<sup>th</sup> “Quit to Win” Contest – Effectiveness of a Combined Intervention of Brief Advice, Active Referral and Financial Incentives to Enhance Service Use and Abstinence

X WENG<sup>1</sup>, MP WANG<sup>1</sup>, CY LAU<sup>1</sup>, William HC LI<sup>1</sup>, Derek YT CHEUNG<sup>1</sup>,  
Henry SC TONG<sup>2</sup>, Vienna WY LAI<sup>2</sup>, TH LAM<sup>3</sup>

<sup>1</sup> School of Nursing, The University of Hong Kong

<sup>2</sup> Hong Kong Council on Smoking and Health

<sup>3</sup> School of Public Health, The University of Hong Kong

## 1. Introduction

Developing novel and brief interventions to motivate and assist smokers to quit is essential for public health implications. Although smoking prevalence is decreasing in Hong Kong, there were still 637,900 daily cigarette smokers in Hong Kong in 2019<sup>1</sup> and half will be killed by smoking<sup>2</sup> which accounts for about 7,000 deaths per year<sup>3</sup>. Smoking also accounted for a large amount of medical cost, long-term care and productivity loss of US\$716 million in 2011 (0.3% of Hong Kong GDP)<sup>4</sup>. Smoking is a highly addictive behaviour and it is difficult for smokers with strong nicotine dependence to quit without assistance. On the other hand, reaching and helping the smokers who have no intention to quit is a challenge as most of them are unlikely to seek professional help from smoking cessation services.

Smoking cessation competitions or “Quit and Win” contests provide an opportunity to reach and encourage a large number of smokers to make quit attempt and maintain abstinence<sup>5</sup>. “Quit to Win” (QTW) Smoke-free Community Campaign is an annual event organized by Hong Kong Council on Smoking and Health (COSH) in collaboration with School of Nursing and School of Public Health, The University of Hong Kong (HKU). The goals include (1) motivating smokers to get rid of their smoking habit; (2) encouraging non-smokers to support their family members and friends to quit; (3) raising public awareness on smoking hazards and community participation in tobacco control; and (4) strengthening the promotion of smoke-free community and to strive for a smoke-free Hong Kong. Eight QTW Contests have been conducted since 2009 (except in 2011), which have

recruited over 9,000 smokers from the community. The QTW Contests provided a unique platform to design and conduct RCTs to develop, evaluate and refine novel interventions for promoting quitting in community smokers<sup>6</sup>.

Smoking cessation services are effective in increasing quit rate but are severely underused in Hong Kong — only 2.7% current smokers had ever sought professional help from smoking cessation services<sup>1</sup>. The 6<sup>th</sup> QTW Contest in 2015 provided strong evidence that actively referring participants to a smoking cessation service could increase smoking cessation service use and quit rate<sup>7</sup>. The results were also corroborated by the 7<sup>th</sup> QTW Contest in 2016, which evaluated active referral interventions of different intensities<sup>8</sup>. Active referral presents an important intervention to promote smoking cessation use and quitting in the community. In 7<sup>th</sup> QTW Contest, over three quarters of participants (77.0%) in the active referral group had chosen a smoking cessation service, but only a small proportion (34.9%) actually used the smoking cessation services.

One approach to increase use of smoking cessation services is to offer financial incentives, which help smokers to overcome the service charge (e.g. outpatient fee from clinics), traveling cost and other perceived barriers, and provide extrinsic motivation to use the smoking cessation services. Evidence has shown that financial incentives increased service enrolment<sup>9</sup> and use of tobacco dependence treatment (medications, nicotine replacement therapies, and counseling)<sup>10,11</sup>.

Recent trials have shown that referral assistance combined with a financial incentive increased treatment engagement and abstinence among smokers of low socioeconomic status<sup>10,12,13</sup>. Offering a financial incentive combined with referral assistance may be effective to increase the use of smoking cessation services in community-recruited smokers.

In 2018, COSH collaborated with HKU, 18 District Councils, various districts working partners and supporting organizations to organize the 9<sup>th</sup> QTW Contest. A two-arm randomized controlled trial (RCT) was conducted to examine the effectiveness of a combined intervention of face-to-face brief cessation advice (AWARD model), active referral of smoking cessation services plus financial incentives in promoting quitting.

## 2. Methods

### 2.1 Recruitment

From 16 June to 30 September 2018, 70 recruitment booths in shopping malls and public areas were set up in all 18 districts in Hong Kong and 2 recruitment sessions in Correctional Services Department (CSD) were conducted in Stanley Prison and Lo Wu Correctional Institution. Trained smoke-free counselors proactively approached smokers in the community, screened for their eligibility, recruited eligible smokers into the QTW Contest and RCT, and delivered smoking cessation interventions to participants. Details of the research method of the RCT have been published in an international, peer-referred journal<sup>14</sup>.

Eligibility criteria for RCT participation included:

1. Hong Kong residents aged 18 years 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;
5. Intended to quit/ reduce smoking; and
6. Owned a mobile phone for follow-up

Written informed consents were obtained from all eligible participants who enrolled in the QTW Contest prior to delivery of the assigned treatment to the participants.

Randomization was conducted at the community level. By cluster randomization, participants recruited in the same recruitment session were given the same interventions to prevent contamination. The randomization sequence (random permuted blocks of 2, 4 and 6) was generated using a web-based system. One investigator who was not involved in participant recruitment implemented the allocation sequence and notified smoke-free counselors just before the

start of each recruitment session. Blinding of the participants and the counselors were not possible, but outcome assessors were blinded to the group assignment.

Participants were given the options of participating in either the Lucky Draw programme or Smoking Cessation Ambassador programme. A total of five biochemically validated quitters at 3-month in the Lucky Draw programme won a lottery prize of HK\$10,000 supermarket coupon each. Among the participants joining the Smoking Cessation Ambassador programme, three validated quitters at 3-month were interviewed and chosen by a selection committee formed by COSH to win travel vouchers of HK\$25,000 to Australia (champion), HK\$15,000 to Singapore (1<sup>st</sup> runner-up) and HK\$10,000 to Thailand (2<sup>nd</sup> runner-up). The nominators of winners from both programmes were awarded HK\$2,000 supermarket coupon each.

### 2.2 Interventions and Follow-up

**Intervention group:** Participants received brief smoking cessation advice based on the AWARD model<sup>15,16</sup>. AWARD-guided advice lasted 3-5 minutes and comprised the following components: **A**sking about the participants' smoking history, **W**arning about the harm of continuing smoking, **A**dvising them to quit as soon as possible, **R**eferring them to smoking cessation services, and **D**oing-it-again to repeat the intervention through instant messaging applications. Participants also received a 2-sides color printed A4 health warning leaflet, which covered information about the burden of smoking in the world and in Hong Kong, a list of diseases with pictures attributable to active and passive smoking, and the Department of Health Integrated Smoking Cessation Hotline 1833 183. The leaflet also contained three statements of (1) "The World Health Organization warns that 1 in 2 smokers will die prematurely due to smoking"; (2) "Emerging evidence suggests that 2 in 3 smokers who began smoking at a younger age, are heavy smokers, or have smoked for a longer time will die prematurely because of smoking"; and (3) "The life expectancy of smokers is on average 10 years shorter than non-smokers".

Participants in the intervention group also received active referral to smoking cessation services. Similar to the previous QTW Contests, smoking cessation counselors used a 3-fold referral card to introduce the existing smoking cessation services in Hong Kong at baseline, which included (1) Integrated Smoking Cessation Hotline of Department of Health, (2) Tung Wah Group of Hospitals Integrated Centre on Smoking Cessation, (3) Hospital Authority Smoking Counseling and Cessation Centres, (4) Pok Oi Hospital Smoking Cessation Service, (5) Youth Quitline of HKU. Participants were encouraged to select a service. With the consent of the participants, their contacts were then sent to the respective smoking cessation service for further actions.

Participants in the intervention group were informed that they would receive a small financial incentive for using any of smoking cessation services within 3 months. The incentive

was a HK\$300 ( $\approx$  US\$38) coupon of a large local supermarket chain. Participants who consented to book smoking cessation services signed two copies of the referral form stating that they were willing to use the selected services. Participants kept one copy as record/ reminder; research staff retained one copy for retention. The conditions for receiving the incentive were also outlined in the referral form. Eligibility of incentive was not confined to the type of smoking cessation treatments used, which included pharmacotherapy (e.g. nicotine replacement therapy), behavioural support (e.g. face-to-face/ phone counseling, group therapy), or a combination thereof. Post-treatment financial incentives were distributed to participants in the intervention group who self-reported using the smoking cessation service at 1-, 2-, or 3-month follow-ups.

**Control group:** Participants received AWARD-guided advice and a 12-page self-help smoking cessation booklet which was designed by COSH and routinely used in QTW Contests.

**Non-trial group and CSD group:** Participants of the Smoking Cessation Ambassador programme, or those who were unable to read or communicate in Chinese, or recruited from a specific workplace, were assigned to the non-trial group. The non-trial participants received the same intervention(s) received by the RCT participants in the same recruitment session. Participants from Stanley Prison and Lo Wu Correctional Institution of the CSD were enrolled as the CSD group.

All participants completed a questionnaire at baseline and were contacted at 1-, 2-, 3- and 6-month after baseline to assess smoking status and other characteristics. RCT and non-trial participants were followed up by telephone survey and CSD participants were followed up by self-administrated questionnaire. To enhance the retention rate, an incentive of HK\$100 was given to participants who completed all 4 follow-up interviews. For those unreachable participants at the scheduled follow-up time, further calls up to a maximum of 7 calls and 1 voice message made, were considered lost to follow-ups. Self-reported quitters (stopped smoking in the past 7 days) at 3- and 6-month were invited for biochemical and non-biochemical validations (exhaled CO and salivary cotinine tests). Those who passed the validations could receive a cash incentive of HK\$500 each at 3- and 6-month follow-ups.

The *primary outcomes* were biochemically validated abstinence at 3- and 6-month. Secondary outcomes included (1) self-reported 7-day point prevalence abstinence (PPA), (2) smoking reduction by at least half of the baseline number of cigarettes consumed per day, and (3) smoking cessation service use.

The baseline socio-demographic and smoking profile of all participants at baseline (N=1,231) were presented descriptively. The primary and secondary outcomes were compared between the two study groups by chi-square

tests. Analyses were by intention-to-treat (ITT), such that participants with missing data were assumed to have no change in their smoking behaviour, and by complete case (CC), in which participants with missing outcomes were excluded. We also assessed participants' use of smoking cessation services, change in perception of quitting, quit attempt and reasons, withdrawal symptoms experienced, perceived social support for quitting, perceptions and use of smoking cessation aids provided, and perception of follow-up calls.

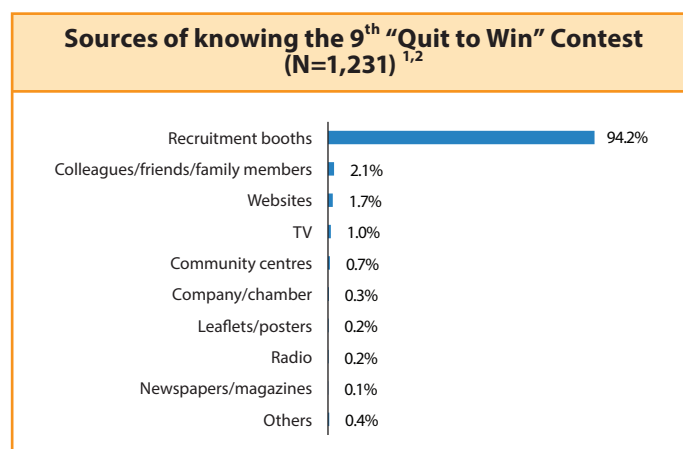
### 3. Results

A total of 70 recruitment sessions were held with about 88,000 people passers-by. Over 11,000 people enquired about the QTW Contest and smoking cessation, or participated in the anti-smoking game booth. 99 trained smoking cessation counselors were involved in promotional activities and recruitment sessions. They have approached about 7,600 smokers and 16,800 non-smokers.

Of 1,343 smokers screened for inclusion, 82 (6.1%) did not meet the eligibility criteria and were excluded and 1,261 (93.9%) smokers joined the QTW Contest. Of all participants, 1,093 (86.7%) participated in the RCT and were randomized to either the intervention (n=563) or control groups (n=530). The non-trial group, which was analyzed separately, consisted of 91 (7.2%) participants who joined the Smoking Cessation Ambassador programme and 47 (3.7%) participants who were unable to communicate in Chinese, or recruited from a specific workplace. 30 (2.4%) CSD participants were recruited and were excluded from data analyses to ensure the homogeneous results of community smokers.

Most participants reported recruitment booths as the primary source from which they learnt about the 9<sup>th</sup> QTW Contest (94.2%) (Figure 1). This was followed by colleagues, friends or family members (2.1%), websites (1.7%), and TV (1.0%).

**Figure 1**



<sup>1</sup> Missing data were not shown.

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



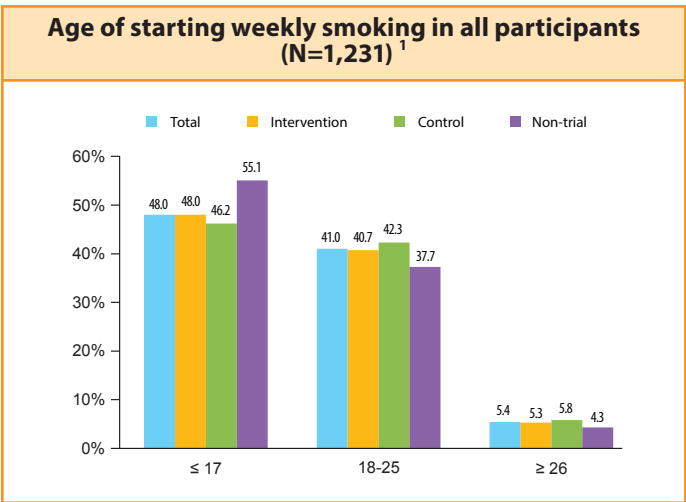
### 3.1 Socio-demographic characteristics

Table 1 shows among 1,231 participants, most were male (83.7%) and aged 30-59 years (59.1%). Over half were married/cohabited (53.4%) and about one-third (31.1%) were living with at least a child; 65.3% attained secondary education or above, 45.1% resided in rented public housing; 33.1% had monthly household income below HK\$25,000; and 64.4% were self-employed/employed.

### 3.2 Smoking profile

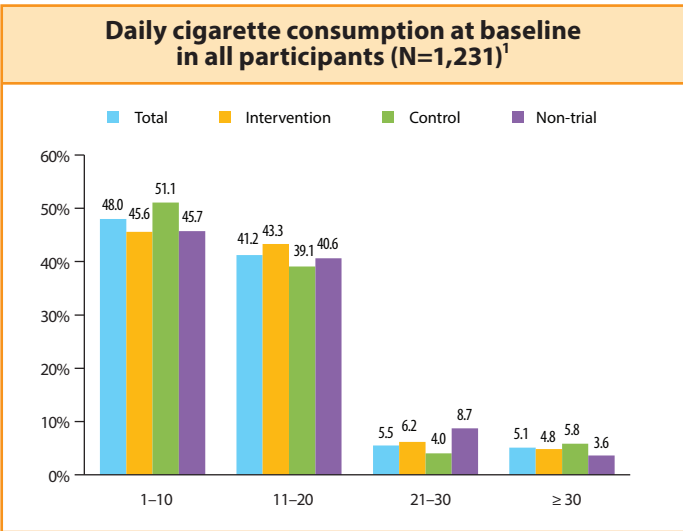
The participants' mean age of smoking initiation was 18.6 (SD=9.5) years, and 48.0% participants began smoking weekly before the age of 18 years (Figure 2). The participants smoked on average 15.0 (SD=10.2) cigarettes per day. Nearly half of the participants smoked 10 cigarettes or below daily (48.0%) (Figure 3).

**Figure 2**



<sup>1</sup> Missing data were not shown.

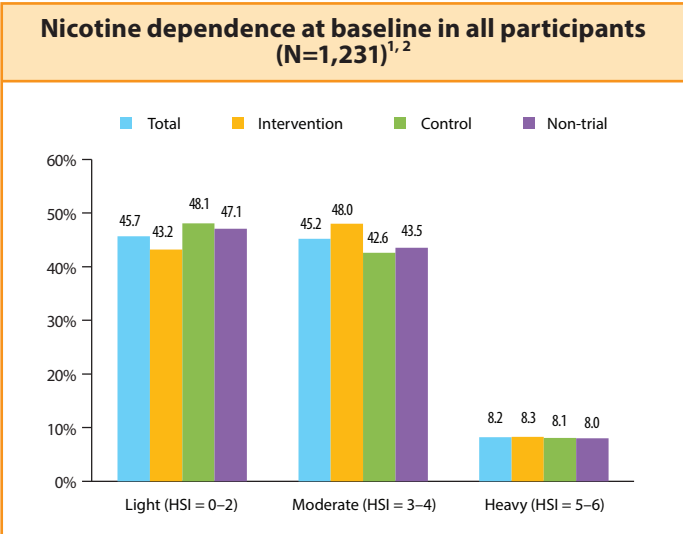
**Figure 3**



<sup>1</sup> Missing data were not shown.

About two-fifths of participants smoked their first cigarette of the day within 5 minutes after waking up (41.3%). More than half had moderate to heavy nicotine dependence assessed by Heaviness of Smoking Index (HSI) (53.4%) (Figure 4). About one-third had no previous quit attempt (35.9%) (Figure 5). Most participants had no intention to quit within 30 days at baseline (63.7%) (Figure 6). The non-trial group had significantly more participants with intention to quit within 7 days after baseline than the RCT groups ( $P<0.001$ ).

**Figure 4**



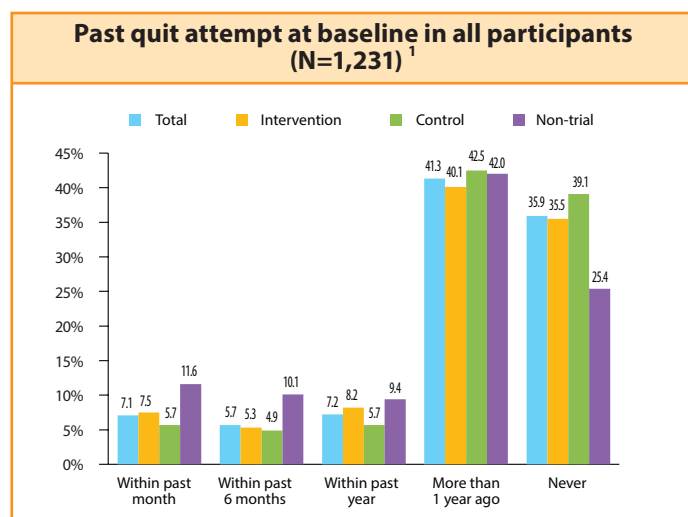
<sup>1</sup> Nicotine dependence was measured by HSI items : (1) time to first cigarette and (2) number of cigarettes smoked per day.

<sup>2</sup> Missing data were not shown.

**Table 1. Socio-demographic characteristics of all participants (N=1,231)**

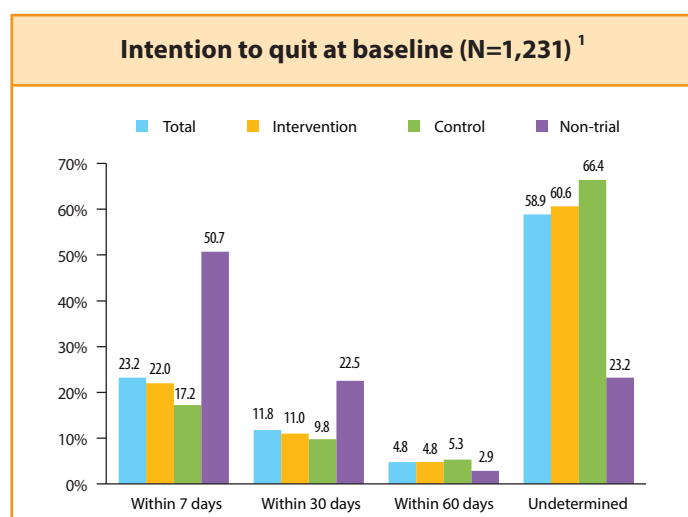
n (%)	Total	Intervention	Control	Non-trial
	(N=1,231)	(N=563)	(N=530)	(N=138)
Gender				
Male	1,030 (83.7)	472 (83.8)	434 (81.9)	124 (89.9)
Female	201 (16.3)	91 (16.2)	96 (18.1)	14 (10.1)
Age group (years)				
≤29	227 (18.4)	107 (19.0)	93 (17.5)	27 (19.6)
30-59	728 (59.1)	312 (55.4)	325 (61.3)	91 (65.9)
≥60	238 (19.3)	118 (21.0)	104 (19.6)	16 (11.6)
Missing	38 (3.1)	26 (4.6)	8 (1.5)	4 (2.9)
Marital status				
Single	359 (29.2)	154 (27.4)	159 (30.0)	46 (33.3)
Married/ Cohabited	657 (53.4)	302 (53.6)	276 (52.1)	79 (57.2)
Others	50 (4.1)	22 (3.9)	21 (4.0)	7 (5.1)
Missing	165 (13.4)	85 (15.1)	74 (14.0)	6 (4.3)
Had a child				
No	597 (48.5)	273 (48.5)	252 (47.5)	72 (52.2)
Yes	383 (31.1)	171 (30.4)	160 (30.2)	52 (37.7)
Missing	251 (20.4)	119 (21.1)	118 (22.3)	14 (10.1)
Education level				
Primary education or below	136 (11.0)	73 (13.0)	51 (9.6)	12 (8.7)
Secondary education	610 (49.6)	275 (48.8)	248 (46.8)	87 (63.0)
Post-secondary or above	194 (15.8)	76 (13.5)	92 (17.4)	26 (18.8)
Missing	291 (23.6)	139 (24.7)	139 (26.2)	13 (9.4)
Employment status				
Self-employed/ employed	793 (64.4)	338 (60.0)	349 (65.8)	106 (76.8)
Unemployed	100 (8.1)	56 (9.9)	31 (5.8)	13 (9.4)
Retired	139 (11.3)	76 (13.5)	53 (10.0)	10 (7.2)
Missing	199 (16.2)	93 (16.5)	97 (18.3)	9 (6.5)
Monthly household income (HK\$)				
Less than 25,000	407 (33.1)	193 (34.3)	158 (29.8)	56 (40.6)
25,000-60,000	326 (26.5)	148 (26.3)	138 (26.0)	40 (29.0)
Over 60,000	62 (5.0)	18 (3.2)	30 (5.7)	14 (10.1)
Missing	436 (35.4)	204 (36.2)	204 (38.5)	28 (20.3)
Housing condition				
Public housing (rental)	555 (45.1)	266 (47.2)	224 (42.3)	65 (47.1)
Public housing (purchased)	103 (8.4)	43 (7.6)	47 (8.9)	13 (9.4)
Private housing	250 (20.3)	115 (20.4)	101 (19.1)	34 (24.6)
Others	32 (2.6)	12 (2.1)	10 (1.9)	10 (7.2)
Missing	291 (23.6)	127 (22.6)	148 (27.9)	16 (11.6)

**Figure 5**



<sup>1</sup> Missing data were not shown.

**Figure 6**



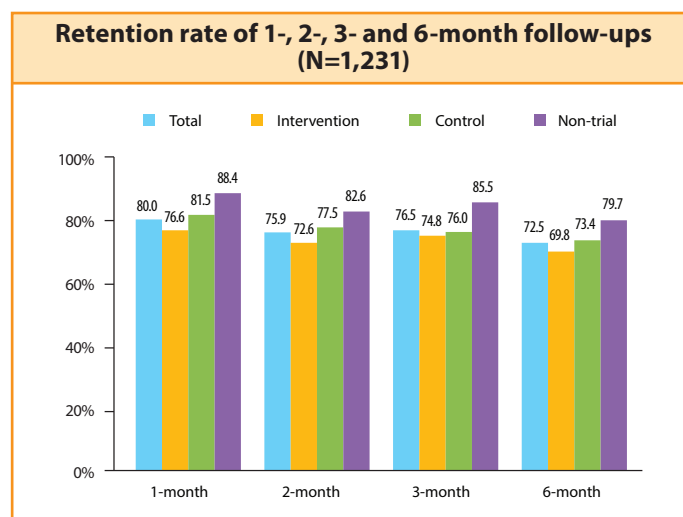
<sup>1</sup> Missing data were not shown.

### 3.3 Study outcomes

#### Retention rate

The overall retention rates were 80.0%, 75.9%, 76.5% and 72.5% at 1-, 2-, 3- and 6-month follow-ups, respectively. The retention rates were similar between the intervention and control groups at 1-month (76.6% vs 81.5%;  $P=0.10$ ), 2-month (72.6% vs 77.5%;  $P=0.13$ ), 3-month (74.8% vs 76.0%;  $P=0.89$ ) and 6-month (69.8% vs 73.4%;  $P=0.19$ ) follow-ups (Figure 7).

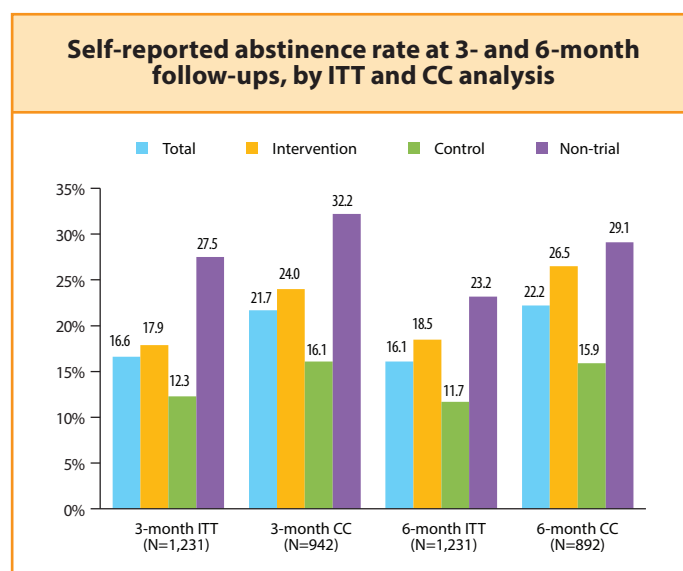
**Figure 7**



#### Primary outcome: Self-reported 7-day point prevalence abstinence rate at 3- and 6-month follow-ups

By ITT analysis, the overall self-reported 7-day PPA was 16.6% at 3-month and 16.1% at 6-month follow-ups. Significantly more participants in the intervention group reported abstinence in the past 7 days than in the control group at 3-month (17.9% vs 12.3%;  $P=0.01$ ) and 6-month follow-ups (18.5% vs 11.7%;  $P<0.01$ ), equivalent to about 46% to 58% increase in quitting in the intervention group than in the control group. The CC analysis yielded similar results (Figure 8).

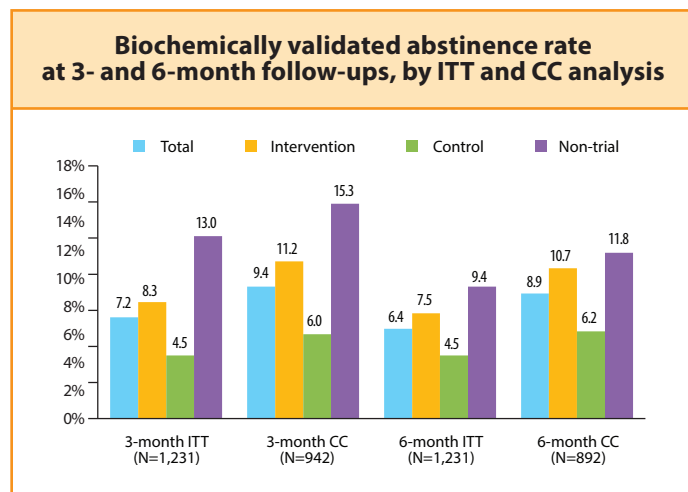
**Figure 8**



### Biochemically validated abstinence rate at 3- and 6-month follow-ups

The overall biochemically validated quit rate was 7.2% at 3-month and 6.4% at 6-month by ITT analysis. The figures were significantly higher in the intervention group than in the control group at both 3-month (8.3% vs 4.5%;  $P=0.01$ ) and 6-month (7.5% vs 4.5%;  $P=0.04$ ) follow-ups, which were amounted to about 67% to 84% higher in the intervention than in the control group. The results were supported by the CC analysis (Figure 9).

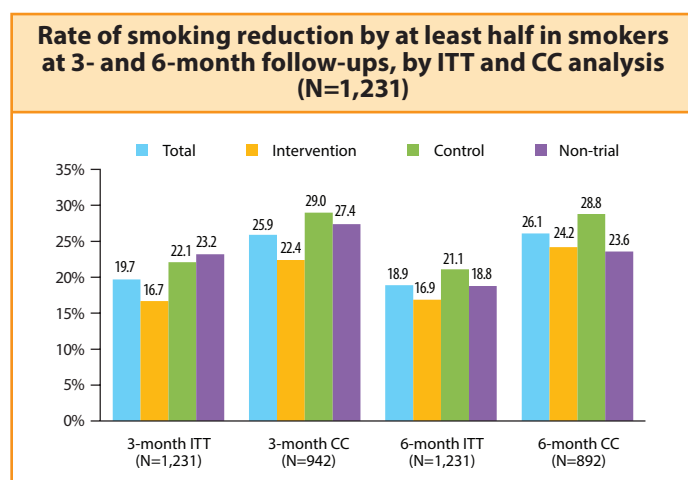
**Figure 9**



### Smoking reduction rate at the 3- and 6-month follow-ups

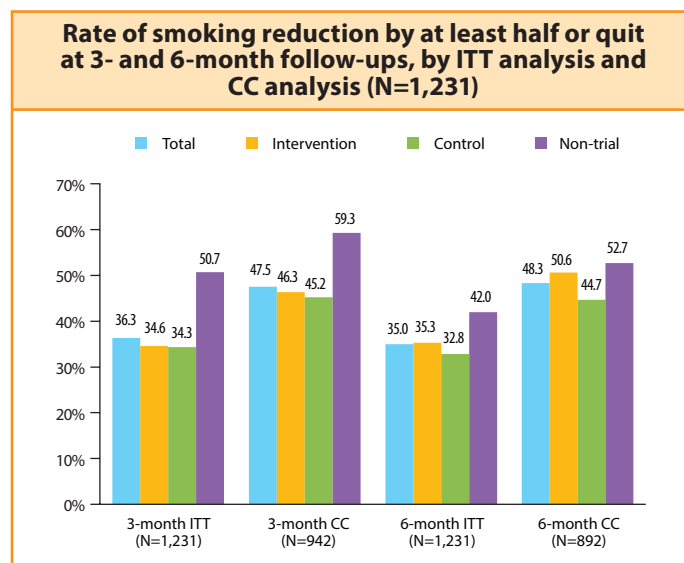
By ITT analysis, the proportion of participants who cut their daily cigarette consumption by half or more after joining the QTW Contest was 19.7% at 3-month and 18.9% at 6-month among those who failed to quit (Figure 10). The smoking reduction rates were higher in the intervention group than in the control group at all follow-up time points, although the differences were statistically insignificant (all  $P>0.05$ ).

**Figure 10**



By ITT analysis, the overall smoking reduction or quit rate was 36.3% and 35.0% at 3- and 6-month follow-ups, respectively (Figure 11). The smoking reduction or quit rates were similar in the intervention and control groups at 3-month (34.6% vs 34.3%;  $P=0.92$ ) and at 6-month (35.3% vs 32.8%;  $P=0.38$ ) follow-ups. CC analysis yielded similar results.

**Figure 11**



### Use of smoking cessation services at 1-, 2-, 3- and 6-month follow-ups

In accordance with the study design, only participants in the intervention group were actively referred to smoking cessation services. Throughout the entire study period, there were 476 referral requests to smoking cessation services made by 38.7% participants of the QTW Contest (Table 2). The cumulative number of referral requests were 368 in the intervention group, compared with 37 in the control group.

**Table 2 Referral status to smoking cessation service for all participants (N=1,231)**

	Total (N=1,231)	Intervention (N=563)	Control (N=530)	Non-trial (N=138)
Had made a referral request	476 (38.7)	368 (65.4)	37 (7.0)	71 (51.4)



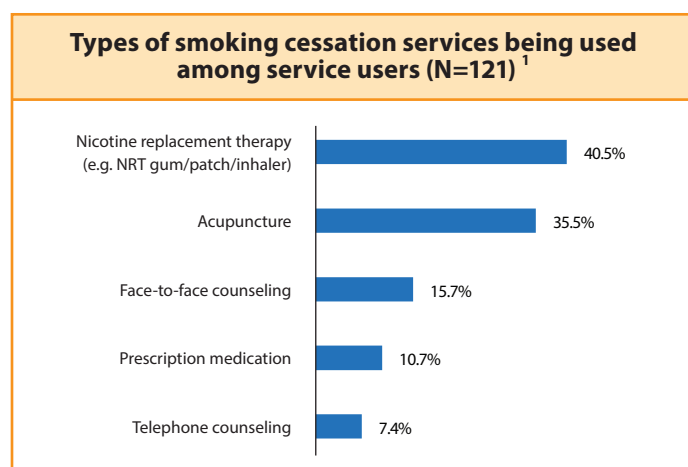
The number of participants who ever used a smoking cessation service increased through follow-up time points. Overall, 14.9% of all participants had used a smoking cessation service at least once by the 6-month follow-up (Table 3). The cumulative prevalence of smoking cessation service use was significantly higher in the intervention group than in the control group at all follow-up time points (All  $P < 0.001$ ). Of 134 participants in the intervention group ( $n = 108$ ) and non-trial group ( $n = 26$ ) who used smoking cessation services within 3 months and were eligible for the financial incentives, 88 (65.7%) received incentives.

**Table 3 Use of smoking cessation service (N=1,231)**

	Total (N=1,231)	Intervention (N=563)	Control (N=530)	Non-trial (N=138)
<b>1-month</b>	94 (7.6)	68 (12.1)	6 (1.1)	20 (14.5)
<b>2-month</b>	131 (10.6)	97 (17.2)	9 (1.7)	25 (18.1)
<b>3-month</b>	145 (11.8)	108 (19.2)	11 (2.1)	26 (18.8)
<b>6-month</b>	184 (14.9)	121 (21.5)	36 (6.8)	27 (19.6)

Among all service users in the intervention group, 121 reported the type of treatment used. The most frequently received treatment from the smoking cessation services were nicotine replacement therapy (NRT) (40.5%), followed by acupuncture (35.5%) and face-to-face counseling (15.7%) (Figure 12).

**Figure 12**

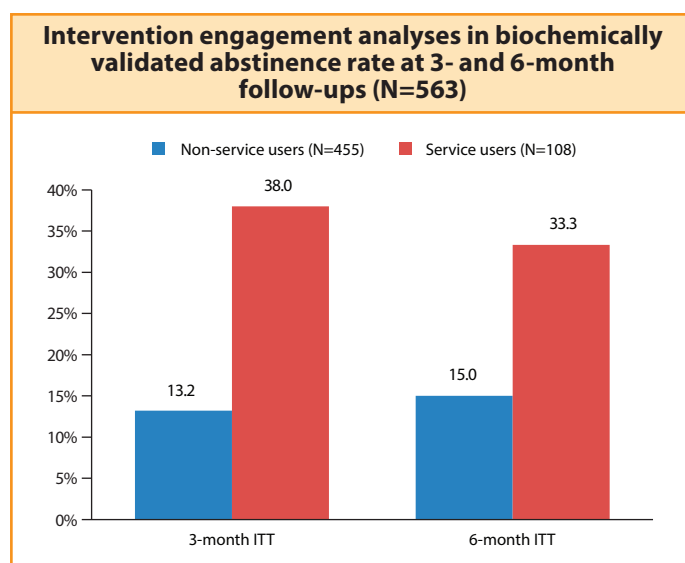


<sup>1</sup> Participants could choose more than one option.

### **Association between smoking cessation service use and smoking cessation outcomes**

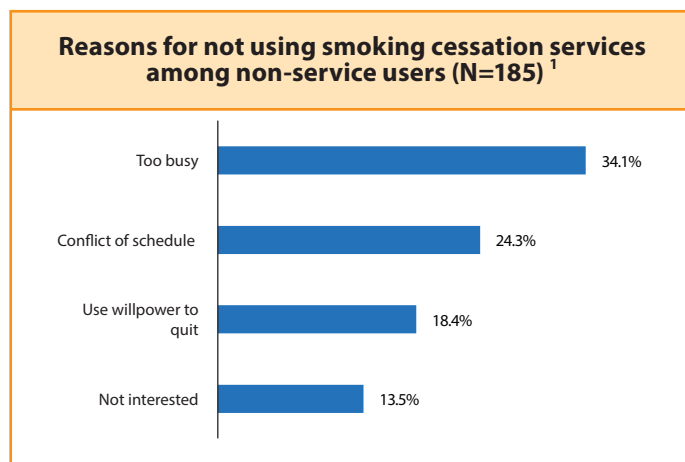
In the intervention group, participants who used smoking cessation services within 3 months ( $n = 108$ ) reported significantly higher in 7-day PPA and biochemically validated quit rate at 3- and 6-month compared to those who did not use smoking cessation services ( $n = 455$ ) (all  $P < 0.001$ ) (Figure 13).

**Figure 13**



In the intervention group, 185 participants who did not use smoking cessation service provided a reason for not using. The primary reasons were “too busy” (34.1%), followed by “conflict of schedule” (24.3%); “use willpower to quit” (18.4%), “not interested” (13.5%) (Figure 14).

**Figure 14**



<sup>1</sup> Participants could choose more than one option.

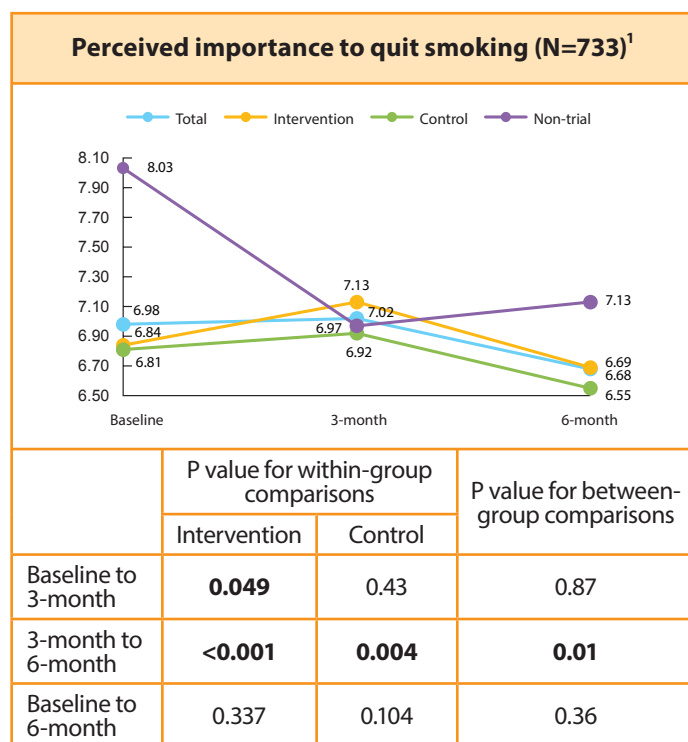
### **Self-efficacy of quitting**

In a scale of 0 (minimum) to 10 (maximum), the mean (SD) score of perceived importance to quit smoking, perceived difficulty to quit smoking, and perceived confidence to quit smoking in all participants at baseline was 6.98 (2.54), 6.67 (2.54) and 5.44 (2.50), respectively.

## Perceived importance to quit smoking

Among participants whose data were available at all time-points, the mean scores of perceived importance to quit smoking significantly increased from baseline to 3-month follow-up in intervention group (from 6.84 to 7.13;  $P=0.049$ ) and slightly increased in control group (from 6.81 to 6.92;  $P=0.43$ ), but significantly decreased from 3-month to 6-month follow-up for both intervention (from 7.13 to 6.69;  $P<0.001$ ) and control groups (from 6.92 to 6.55;  $P=0.004$ ). The mean scores in both groups were not significantly changed from baseline to 6-month follow-up ( $P>0.05$ ) (Figure 15).

**Figure 15**

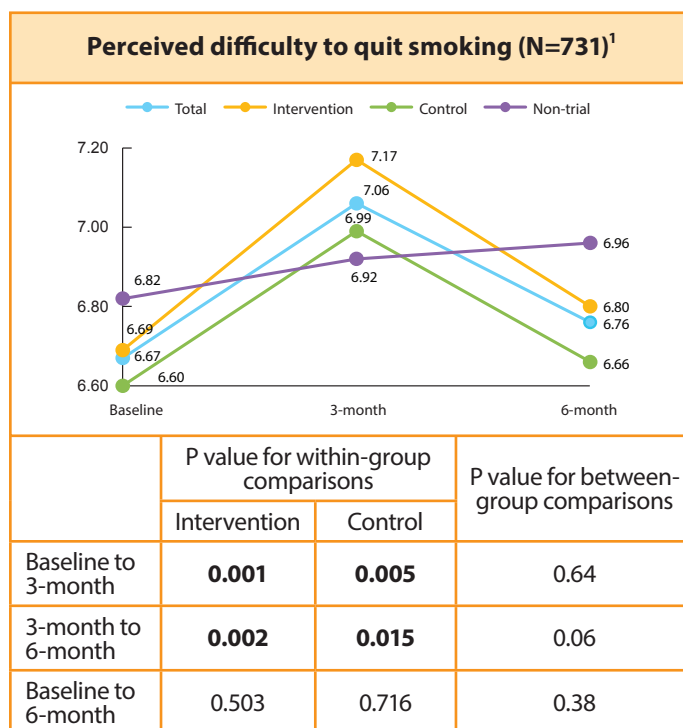


<sup>1</sup> From 0 (not important at all) to 10 (very important); missing data were excluded.

## Perceived difficulty to quit smoking

In participants whose data were available at all time-points, the mean scores of perceived difficulty from baseline to 3-month follow-up for both groups significantly increased in intervention group (from 6.69 to 7.17;  $P=0.001$ ) and in control group (from 6.60 to 6.99;  $P=0.005$ ). Then the scores significantly decreased from 3-month to 6-month follow-ups in both intervention group (from 7.17 to 6.80;  $P=0.002$ ) and control group (from 6.99 to 6.66;  $P=0.015$ ). There was no significant difference in change of mean scores between baseline and 6-month follow-up ( $P>0.05$ ) (Figure 16).

**Figure 16**

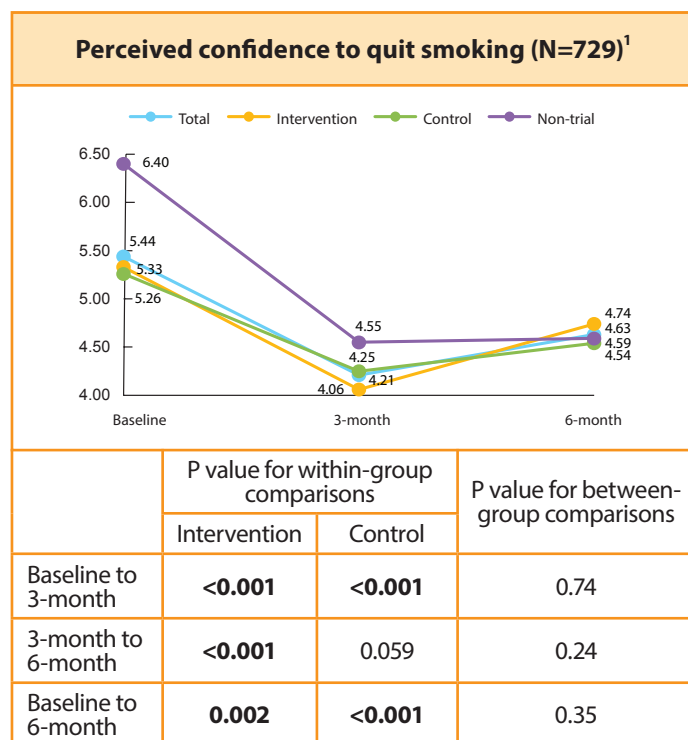


<sup>1</sup> From 0 (not difficult at all) to 10 (very difficult); missing data were excluded.

## Perceived confidence to quitting

In participants with complete data, the mean scores from baseline to 3-month follow-up for both groups significantly decreased in intervention group (from 5.33 to 4.06;  $P<0.001$ ) and in control group (from 5.26 to 4.25;  $P<0.001$ ). Then the scores increased from follow-ups at 3-month to 6-month in both intervention group (from 4.06 to 4.74;  $P<0.001$ ) and control group (from 4.25 to 4.54;  $P=0.059$ ). There was significant difference in change of mean scores between baseline and 6-month follow-up ( $P<0.05$ ) (Figure 17).

**Figure 17**

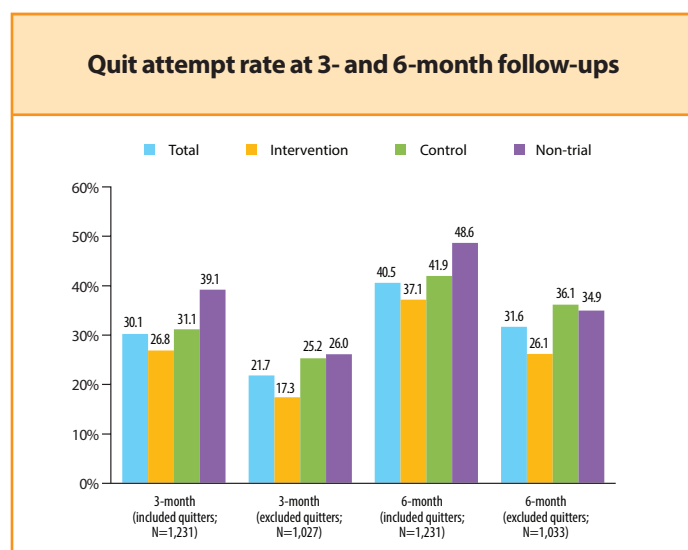


<sup>1</sup> From 0 (not confident at all) to 10 (very confident); missing data excluded.

### Quit attempt at 3- and 6-month follow-ups

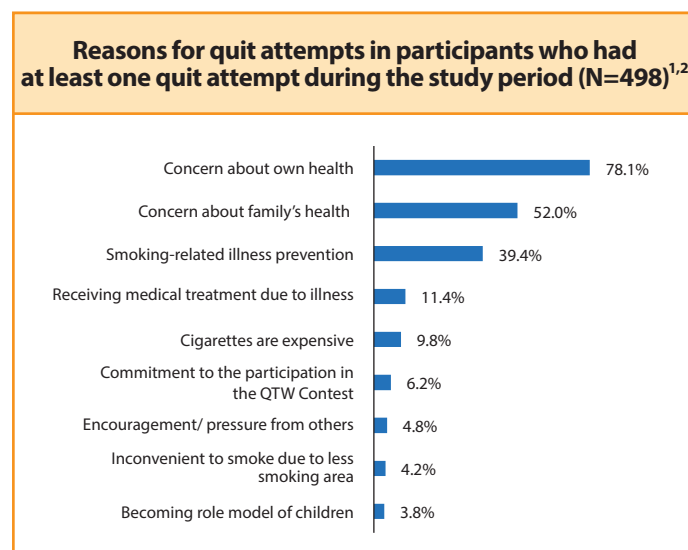
By ITT analysis, the proportion of participants with at least one quit attempt was 30.1% by 3-month and 40.5% by 6-month follow-ups (Figure 18). Excluded those successful quitters, the corresponding figures in those continued to smoke were 21.7% and 31.6%, respectively. The proportion of participants with at least one quit attempt by 3- and 6-month were slightly greater in the control group than in the intervention group with or without inclusion of quitters.

**Figure 18**



Among participants who made at least one quit attempt during the study period, the leading reasons for making the quit attempts were "concern about own health (78.1%), followed by "concern about family's health" (52.0%) and "smoking-related illness prevention" (39.4%) (Figure 19).

**Figure 19**

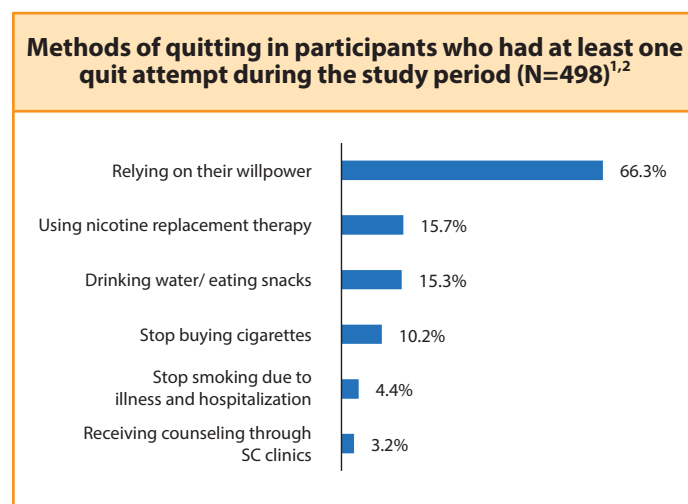


<sup>1</sup> Participants who were lost to follow-up were excluded.

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

Among all participants who made at least one quit attempt, the most common methods to quit smoking were "relying on their willpower" (66.3%), "using nicotine replacement therapy" (15.7%) and "drinking water/eating snacks" (15.3%) (Figure 20).

**Figure 20**

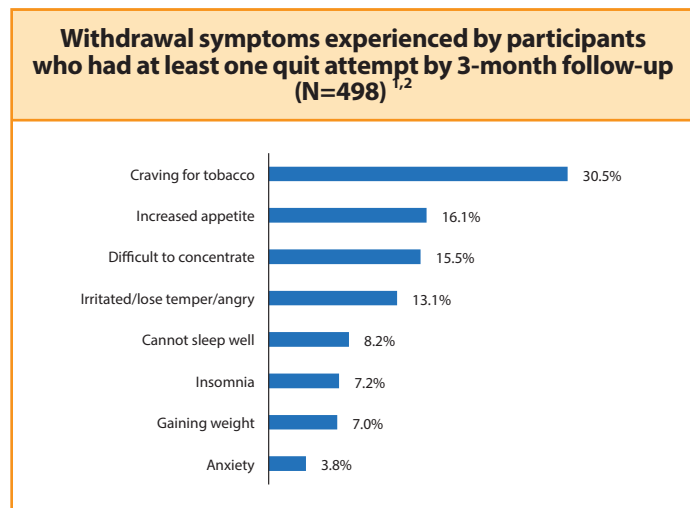


<sup>1</sup> Participants who were lost to follow-up were excluded.

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

Withdrawal symptoms were assessed in 1-, 2- and 3-month follow-ups. Among the participants who had at least one quit attempt up to the 3-month follow-up, the most common withdrawal symptoms were “craving for tobacco” (30.5%), followed by “increased appetite” (16.1%) and “difficult to concentrate” (15.5%) (Figure 21).

**Figure 21**



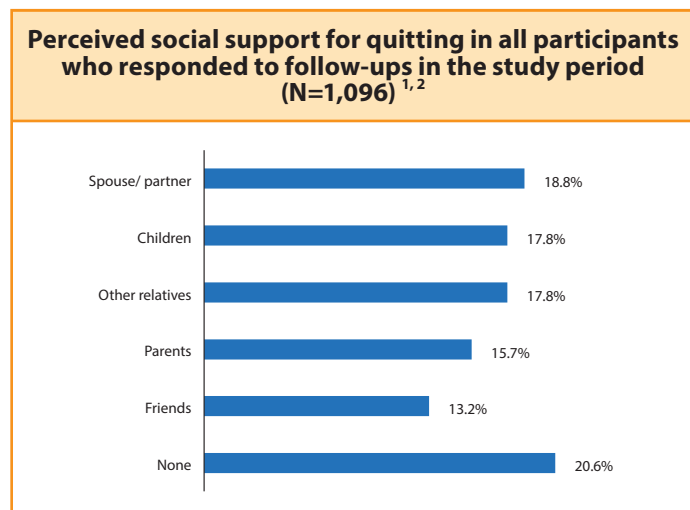
<sup>1</sup> Participants who were lost to follow-up were excluded.

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

### Perceived social support for quitting

Among the participants who responded to this question by 6 months, the most common sources of perceived support were from “spouse/partner” (18.8%), followed by “children” (17.8%), “other relatives” (17.8%), and “parents” (15.7%) (Figure 22). However, about one-fifth (20.6%) of participants did not perceive any social support.

**Figure 22**



<sup>1</sup> Participants who were lost to follow-up were excluded.

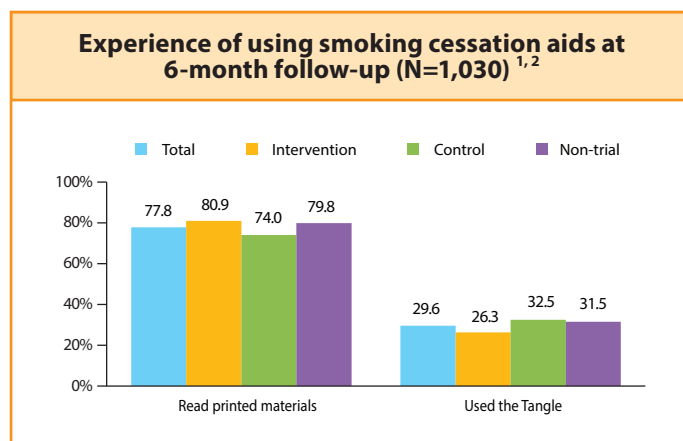
<sup>2</sup> Participants could choose more than one option.

## Use and satisfaction of smoking cessation aids provided

### Printed materials and Tangle

All participants received smoking cessation booklet and Tangle and intervention group additionally received health warning leaflet and referral card. Among participants who responded to the follow-up at 6-month, most (77.8%) reported having read the printed smoking cessation materials and 29.6% used “Tangle” (Figure 23). More participants in the intervention group read the printed smoking cessation materials (80.9% vs 74.0%;  $P=0.01$ ) and slightly more participants in the control group used Tangle (26.3% vs 32.5%;  $P=0.08$ ).

**Figure 23**

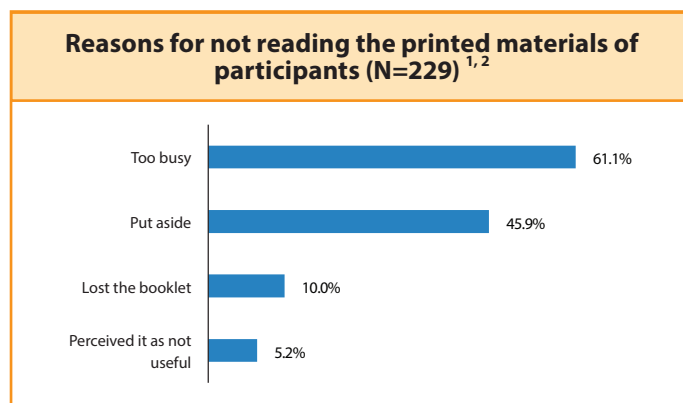


<sup>1</sup> Participants who were lost to follow-up at 6 months were excluded.

<sup>2</sup> Missing data were not shown.

Among the participants who had never read the printed smoking cessation materials, “too busy” was the most frequently reported reason (61.1%), which was followed by “put aside” (45.9%) and “lost the booklet” (10.0%) (Figure 24).

**Figure 24**



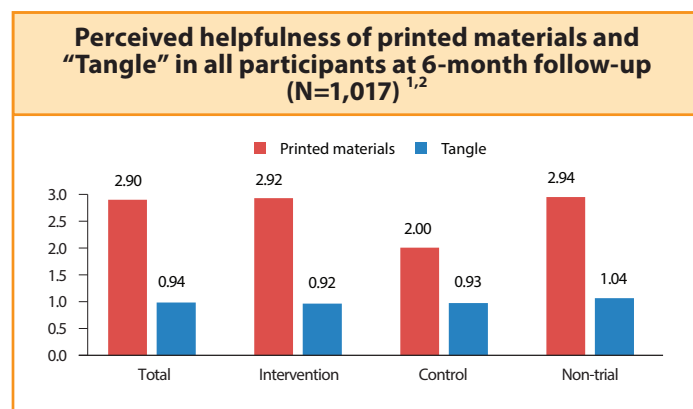
<sup>1</sup> Participants could choose more than one option.

<sup>2</sup> Participants who were lost to follow-up at 6-month or with missing data were excluded.



On a scale of 1 (not helpful at all) to 5 (very helpful), the mean (SD) scores of perceived helpfulness of printed smoking cessation materials and “Tangle” for smoking cessation were 2.90 (1.70) and 0.94 (1.40) in participants who had ever read printed materials and used the “Tangle” at the 6-month follow-up (Figure 25). The scores were similar among participants in the intervention and control groups ( $P=0.13$ ).

**Figure 25**



<sup>1</sup> From 1 (not helpful at all) to 5 (very helpful)

<sup>2</sup> Participants who were lost to follow-up at 6-month were excluded; missing data were not shown.

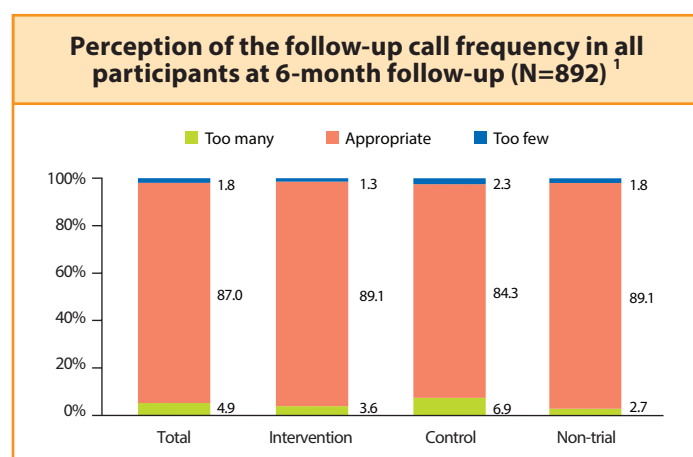
#### **Perception of financial incentives upon smoking cessation service use**

In a scale of 1 (not helpful at all) to 5 (very helpful), the mean (SD) score of perceived helpfulness of incentives upon smoking cessation service use on smoking cessation and quit attempts was 3.05 (1.20) and 2.89 (1.07), respectively.

#### **Perception on the frequency of follow-up calls**

The frequency of the follow-up calls was considered appropriate by most participants responding to the 6-month follow-up (87.0%). All groups had similar results ( $P=0.17$ ) (Figure 26).

**Figure 26**



<sup>1</sup> Participants who were lost to follow-up at 6-month were excluded; missing data were not shown.

## **4. Discussion**

From June to September 2018, the 9<sup>th</sup> QTW Smoke-free Community Campaign trained 99 university students and NGO volunteers on smoking counseling, spread the smoke-free messages to over 50,000 members of public and engaged over 1,200 smokers in smoking cessation through 70 recruitment activities organized in all 18 districts in Hong Kong. The self-reported past 7-day PPA was 17.3% at 6-month, which was higher than those reported in 4<sup>th</sup> QTW (9.4%), 5<sup>th</sup> QTW (10.9%), 6<sup>th</sup> QTW (13.0%), 7<sup>th</sup> QTW (16.0%) and 8<sup>th</sup> QTW (16.5%) Contests.

As in most previous QTW Contests, a cluster RCT (cRCT) nested within the 9<sup>th</sup> QTW Contest was successfully conducted to examine the effectiveness of a combined intervention of face-to-face brief cessation advice (AWARD), active referral of smoking cessation services plus financial incentives for increasing smoking abstinence in proactively recruited smokers in the community. Our cRCT findings showed that the combined intervention increased self-reported abstinence rate by 58.1% and the biochemically validated abstinence rate by 66.7% compared to the brief cessation assistance at 6-month follow-up. The effect size of about 50% to 70% increase in abstinence was moderate, but was remarkable given the intervention was simple and low cost. Cumulative use of smoking cessation services was significantly higher in the intervention group (ranging from 12.1% at baseline to 21.5% at 6-month follow-up) than in the control group (ranging from 1.1% to 6.8%) (all  $P<0.001$ ). We concluded that active referral plus financial incentives can boost smoking abstinence and cessation service use.

Compared with 6<sup>th</sup> QTW Contest’s active referral intervention, this year’s active referral was intensified by providing incentives to motivate smokers to use smoking cessation services. The combined intervention was well accepted by the smokers as about two-thirds of participants (65.4%) in the intervention group consented to be referred, 29.3% attended at least one session of services within the 3-month period and 69.2% received the incentive eventually. The strategy of incentivizing intervention adherence may motivate smokers to overcome some of the barriers (e.g. time mismatch and low interest) and costs (e.g. travel, taking leave from work) of using the services<sup>17</sup>.

Our study showed the effectiveness of a small and conditional incentive that was used as an adjuvant to the brief AWARD model with active referral approach in the community setting. Prior financial-based trials in high-income countries mostly used large incentive<sup>18-21</sup>. But overly large incentives are not financially sustainable<sup>22</sup>. Our trial provided incentives contingent upon the use of smoking cessation services, and the reward amount (US\$38) was small, given Hong Kong has one of the highest gross domestic product per capita in the world (US\$48,675.6 in 2018)<sup>23</sup>. Our findings converged with recent evidence that the size of the incentive does not have to be large, and its effect can be augmented when combined

with other cessation services<sup>10,11</sup>. Previous research showed that one of the major barriers to accept smoking cessation services was lack of understanding towards smoking cessation treatments<sup>24</sup>. With more explanation and knowledge about smoking cessation treatments through the face-to-face introduction, combined with small incentives, cessation service use and quitting could be enhanced. These echoed previous findings suggesting that small incentives (US\$20) with interpersonal communication and social interactions provided at the population level could increase service utilization and prolonged abstinence<sup>25</sup>.

Our cRCT had several limitations. First, the trial was pragmatic and could not completely disentangle the effect of each intervention component (brief advice, active referral, financial incentive). However, we were more interested in the combined effect of the multicomponent trial, which targeted several barriers for maintaining abstinence, and should have greater effect size. Second, we were unable to assess the long-term effects of the intervention (e.g. 12-month) because of budget constraints. Nevertheless, four consecutive follow-ups (at 1-, 2-, 3-, and 6-month) allowed us to keep track of cessation outcomes and service use up to 6-month. Third, as women's smoking prevalence was quite low in Hong Kong (3.2% in 2019)<sup>1</sup>, the cRCT had many more male than female participants. This might limit the generalizability of our findings to other countries where female smoking is more prevalent. Our findings might also be less generalizable to other countries lacking of accessible and affordable smoking cessation services.

## 5. Conclusions

In conclusion, the 9<sup>th</sup> QTW Contest successfully approached a large number of smokers and non-smokers in the community and promoted smoking cessation messages and the existing services. QTW Contest provides an important platform to disseminate smoking cessation messages to a large number of mass public and to test new smoking cessation interventions by cRCT. The active referral with financial incentives intervention effectively increased abstinence rate at 3- and 6-month. Future research should test the long-term effects of using small incentives on cessation outcomes. Design features of financial incentives warrant further investigation, such as the frequency and delivery of incentives, and whether the incentive should be fixed or personalized.

## 6. Clinical trial registration

Trial registry: ClinicalTrials.gov, number NCT03565796

## 7. Reference

1. Census & Statistics Department, Hong Kong SAR Government. (2020). Pattern of Smoking. *Thematic Household Survey, Report No.70*: Hong Kong: Census & Statistics Department.
2. Lam, T. H. (2012). Absolute risk of tobacco deaths: one in two smokers will be killed by smoking: comment on "Smoking and all-cause mortality in older people". *Archives Internal Medicine*, 172(11), 845-846.
3. Lam, T. H., Ho, S. Y., Hedley, A. J., Mak, K. H., & Peto, R. (2001). Mortality and smoking in Hong Kong: case-control study of all adult deaths in 1998. *BMJ (Clinical Research ed.)*, 323(7309), 361.
4. Chen, J., McGhee, S., & Lam, T. H. (2019). Economic Costs Attributable to Smoking in Hong Kong in 2011: A Possible Increase From 1998. *Nicotine & Tobacco Research*, 21(4), 505-512.
5. Cahill, K., & Perera, R. (2008). Quit and Win contests for smoking cessation. *The Cochrane Database of Systematic Reviews*, (4), CD004986.
6. Fanshawe, T. R., Hartmann-Boyce, J., Perera, R., Lindson, N. (2019). Competitions for smoking cessation. *Cochrane Database of Systematic Reviews*. Issue 2.
7. Wang, M. P., Suen, Y. N., Li, W. H. & et al. (2017). Intervention With Brief Cessation Advice Plus Active Referral for Proactively Recruited Community Smokers: A Pragmatic Cluster Randomized Clinical Trial. *JAMA Internal Medicine*. 177(12), 1790-1797.
8. Wang, M. P., Wu, W. D., Suen, Y. N. & et al. (2019). The 7<sup>th</sup> "Quit to Win" Contest – Effectiveness of High Intensity of Active Referral Intervention on Smoking Cessation. Hong Kong Council on Smoking and Health.
9. Volpp, K. G., Gurmankin Levy, A., Asch, D. A., Berlin, J. A., Murphy, J. J., Gomez, A., Sox, H., Zhu, J., & Lerman, C. (2006). A randomized controlled trial of financial incentives for smoking cessation. *Cancer Epidemiology, Biomarkers & Prevention*, 15(1), 12-18.
10. Fraser, D. L., Fiore, M. C., Kobinsky, K., Adsit, R., Smith, S. S., Johnson, M. L., & Baker, T. B. (2017). A Randomized Trial of Incentives for Smoking Treatment in Medicaid Members. *American Journal of Preventive Medicine*, 53(6), 754-763.
11. Anderson, C. M., Cummins, S. E., Kohatsu, N. D., Gamst, A. C., & Zhu, S. H. (2018). Incentives and Patches for Medicaid Smokers: An RCT. *American Journal of Preventive Medicine*, 55(6 Suppl 2), S138-S147.
12. Lasser, K. E., Quintiliani, L. M., Truong, V., Xuan, Z., Murillo, J., Jean, C., & Pbert, L. (2017). Effect of Patient Navigation and Financial Incentives on Smoking Cessation Among Primary Care Patients at an Urban Safety-Net Hospital: A Randomized Clinical Trial. *JAMA Internal Medicine*, 177(12), 1798-1807.
13. Parks, M. J., Hughes, K. D., Keller, P. A., et al. (2019). Financial incentives and proactive calling for reducing barriers to tobacco treatment among socioeconomically disadvantaged women: A factorial randomized trial. *Preventive Medicine*, 129, 105867.
14. Weng, X., Wang, M. P., Li H. C. W., et al. (2020). Effects of Active Referral Combined with A Small Financial Incentive on Smoking Cessation: Study Protocol for A Cluster Randomised Controlled Trial. *BMJ Open*, 2020;10(10), e038351.

15. Chan, S. S., Wong, D. C., Cheung, Y. T. & et al. (2015). A block randomized controlled trial of a brief smoking cessation counselling and advice through short message service on participants who joined the Quit to Win Contest in Hong Kong. *Health Education Research*. 2015. 30(4), 609-621.
16. Chan, SS., Cheung, YTD., Wong, YMB., Kwong, A., Lai, V., Lam, TH. (2018). A brief smoking cessation advice by youth counselors for the smokers in the Hong Kong Quit to Win contest 2010: a cluster randomized controlled trial. *Prevention Science*. 2018. 19(2), 209 -219.
17. Weng, X., Luk, T. T., Suen, Y. N., et al. (2020). Effects of simple active referrals of different intensities on smoking abstinence and smoking cessation services attendance: a cluster-randomized clinical trial. *Addiction*, 115(10), 1902–1912.
18. Ladapo, J. A., Tseng, C. H., & Sherman, S. E. (2020). Financial Incentives for Smoking Cessation in Hospitalized Patients: A Randomized Clinical Trial. *The American Journal of Medicine*, 133(6), 741–749.
19. Volpp, K. G., Troxel, A. B., Pauly, M. V., et al. (2009). A randomized, controlled trial of financial incentives for smoking cessation. *The New England Journal of Medicine*, 360(7), 699–709.
20. Halpern, S. D., French, B., Small, D. S., et al. (2015). Randomized trial of four financial-incentive programs for smoking cessation. *The New England Journal of Medicine*, 372(22), 2108-2117.
21. Etter, J. F., & Schmid, F. (2016). Effects of Large Financial Incentives for Long-Term Smoking Cessation: A Randomized Trial. *Journal of the American College of Cardiology*, 68(8), 777–785.
22. Notley, C., Gentry, S., Livingstone-Banks, J., Bauld, L., Perera, R., & Hartmann-Boyce, J. (2019). Incentives for smoking cessation. *The Cochrane Database of Systematic Reviews*, 7(7), CD004307.
23. World Bank. (2021, March 19). GDP per capita (current US\$). <https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?locations=HK>.
24. Trinidad, D. R., Pérez-Stable, E. J., White, M. M., Emery, S. L., & Messer, K. (2011). A nationwide analysis of US racial/ethnic disparities in smoking behaviors, smoking cessation, and cessation-related factors. *American Journal of Public Health*, 101(4), 699–706.
25. Parks, M. J., Slater, J. S., Rothman, A. J., & Nelson, C. L. (2016). Interpersonal communication and smoking cessation in the context of an incentive-based program: survey evidence from a telehealth intervention in a low-income population. *Journal of Health Communication*, 21(1), 125–133.

## Acknowledgements

We thank all participants for taking part into the study; smoke cessation counselors for participant recruitment and the Smoking Cessation Research Team, HKU School of Nursing and School of Public Health, for project coordination.

# 控煙政策調查 2020

伍永達<sup>1</sup>、王志杰<sup>1</sup>、張懿德<sup>1</sup>、何世賢<sup>2</sup>、湯修齊<sup>3</sup>、黎慧賢<sup>3</sup>、林大慶<sup>2</sup>、王文炳<sup>1</sup>

<sup>1</sup> 香港大學護理學院

<sup>2</sup> 香港大學公共衛生學院

<sup>3</sup> 香港吸煙與健康委員會

## 1. 引言

吸煙是導致早逝的主因。每年全球有超過800萬人因煙草而死亡，當中有120萬是受二手煙影響的非吸煙者。我們推算香港每年有近7,000人因吸煙或二手煙引致的癌症、心血管疾病等的非傳染病而死亡<sup>2</sup>。過去數十年間，煙草控制工作顯著提升公眾健康。《世界衛生組織煙草控制框架公約》是全球首份由世界衛生組織（世衛）支持下商定的條約，公約將控煙推進新時代<sup>3</sup>。中國（包括香港）已由2006年起開始履行公約。

世衛目標在2025年前，將15歲或以上人士的吸煙率從2010年的水平降低30%，從而預防及控制非傳染病。依照世衛目標，香港政府於2018年發表《邁向2025：香港非傳染病防控策略及行動計劃》，以於2025年前降低吸煙率至7.8%為其中一個目標。

香港政府採取了一系列的措施，包括立法、徵稅、教育及戒煙服務等，令本港吸煙率由1982年的23.3%降至2019年的10.2%。然而，近年控煙措施力度不足。除在2018年將煙害圖象警示的面積擴大至煙包兩個最大表面的85%外，法定禁煙區只有輕微擴大。對上一次大幅增加煙草稅（41.5%）已經是2011年，而煙草稅自2014年輕微增加11.7%後一直被凍結於每包港幣38元。政府提出《2019年吸煙（公眾衛生）（修訂）條例草案》以全面禁止加熱煙草產品（加熱煙）及電子煙等的另類吸煙產品（另類煙），但自2019年2月刊憲後仍未獲通過。

一些海外研究曾評估控煙政策的影響，包括美國「國家健康與營養調查」<sup>4</sup>、「國際煙草控制調查」<sup>5</sup>及「全球成人煙草調查」<sup>6</sup>。香港吸煙與健康委員會亦曾以家居電話訪問形

式進行過七次「控煙政策調查」（下稱「調查」）。調查收集有關吸煙的數據，如吸煙情況、接觸二手煙的情況、控煙政策的影響、對目前及將來控煙政策（例如煙草稅、煙害圖象警示等）的意見。調查結果用於表達公眾對控煙政策的支持度及倡議不同的政策，如全煙害警示包裝、禁止零售點吸煙產品陳列、增加煙草稅及禁止另類煙。新款擴大的煙包煙害圖象警示於2018年6月全面實施，前兩輪的控煙政策調查分別於措施生效前後進行，以評估其成效。結果顯示有更多現時吸煙者會在看到新警示後想到吸煙的禍害，惟新警示對於增加他們考慮戒煙和因警示而放棄吸煙的效用並不明確。新警示的效用需被持續監察，為制定未來控煙政策提供參考。

本報告展示2020年調查的主要結果，並探討控煙政策的不足及未來需倡議的政策。報告聚焦以下八個方面：(1) 吸食吸煙產品的情況；(2) 尼古丁依賴度及戒煙意欲；(3) 在2019冠狀病毒病疫情下的吸煙行為和看法；(4) 接觸二手煙及三手煙的情況；(5) 煙草廣告；(6) 全煙害警示包裝；(7) 煙草稅；及(8) 煙草終局（全面禁煙）及其他禁煙措施。

## 2. 方法

### 2.1 研究設計及受訪者

本調查是一個橫斷面電話調查，於2019年12月至2020年9月期間進行。受訪者為15歲或以上及懂廣東話之香港居民，共分為三組：(1) 現時吸煙者—每天或偶爾吸食任何吸煙產品；(2) 已戒煙者—曾經吸食任何吸煙產品但已停用；



及(3) 從不吸煙者—從未吸食過任何吸煙產品。香港民意研究所負責為調查收集數據。為顧及從事不同行業受訪者的工作時間，電話訪問於平日及週末下午2時30分至晚上10時30分之間進行。訪問員於不同日子及時間致電每個隨機選出的電話號碼，若致電5次後仍無法聯絡，該號碼則被歸類為「未能聯絡」。除願意參與後續調查的受訪者外，所有訪問均為匿名進行。受訪者有權隨時退出研究而無須提供原因，並且沒有後果。

## 2.2 抽樣方法及選取受訪者

本調查訪問了5,111位受訪者，當中1,701位為現時吸煙者、1,702位為已戒煙者及1,708位從不吸煙者。我們首先從住宅電話簿中隨機抽取電話號碼作為種子號碼，然後由電腦程式對種子號碼「加減1或2」產生新一組號碼，從而涵蓋未收錄的電話號碼。重覆的號碼會被刪除，剩餘號碼會以隨機次序建立最終抽樣框架。當成功聯絡到一個目標住戶時，我們會以「下一個生日」方法，選出一位合符資格的家庭成員作為受訪者。因為香港大多數人口為不吸煙者，當成功訪問1,700位從不吸煙者後，隨後只會邀請現時吸煙者或已戒煙者。該兩組的超取樣使吸煙率的推算更準確，而數據會進行加權處理，以抵銷該兩組的超取樣。

## 2.3 問卷設計

本調查所使用的問卷是根據過往調查的問卷修改而成，當中分為核心問題及隨機問題兩個部分。所有受訪者均需回答核心問題，包括吸食吸煙產品的情況、2019冠狀病毒病與吸煙習慣、接觸二手煙的情況及尼古丁依賴等。受訪者會被隨機分配至一個亞組（現時吸煙者分為6組，已戒煙者分為4組，從不吸煙者分為2組）回答與其吸煙狀況相關的隨機問題。這些隨機問題包括接觸二手煙的情況、煙草廣告、全煙害警示包裝、增加煙草稅及煙草終局等。同一個亞組的受訪者回答同樣的隨機問題。

## 2.4 權重及統計分析

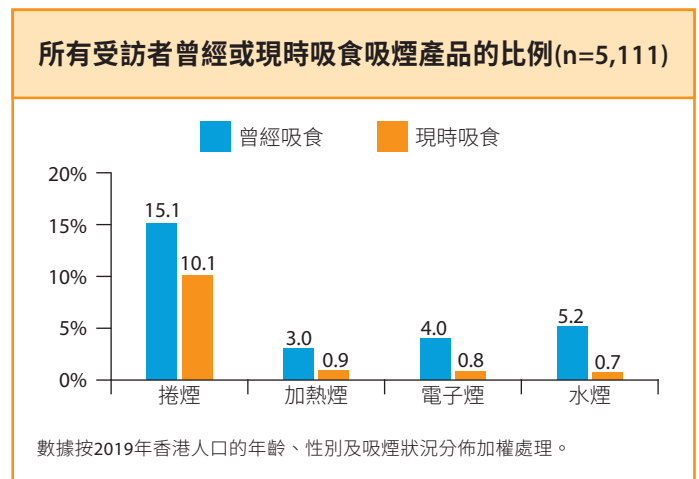
整體樣本按2019年香港人口的性別、年齡及吸煙狀況分佈加權處理。我們對目標變量進行了單變量分析，並將結果按吸煙狀況、吸食特定吸煙產品（不論有否吸食其他產品）或性別劃分。組別間的差異以卡方檢驗及線性迴歸測定。所有統計分析以STATA（15.1版本, TX: StataCorp LP）進行，統計上顯着性水平定為 $P < 0.05$ 。

# 3. 結果

## 3.1 吸食吸煙產品的情況

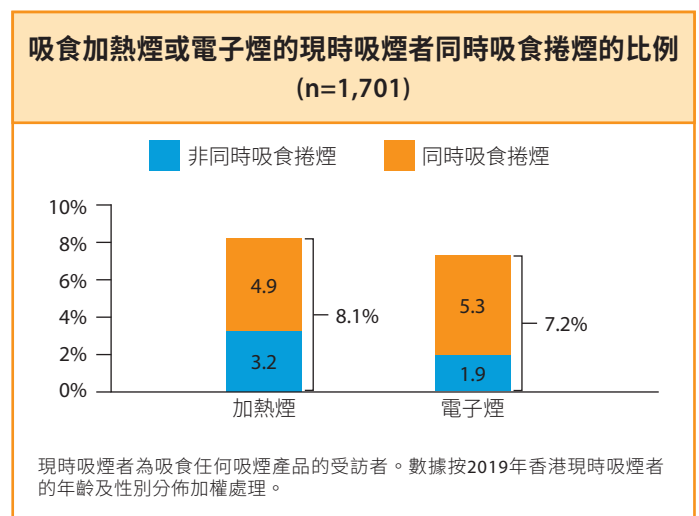
圖一顯示所有受訪者中，曾經和現時吸食捲煙的比率分別為15.1%和10.1%；曾經和現時吸食加熱煙的比率分別為3.0%和0.9%；曾經和現時吸食電子煙的比率分別為4.0%及0.8%，而吸食水煙的相關比率則分別是5.2%和0.7%。

圖一



圖二顯示8.1%的現時吸煙者現時有吸食加熱煙，當中超過一半同時吸食捲煙（60.5%）。同樣地，7.2%的現時吸煙者現時有吸食電子煙，當中大部分同時吸食捲煙（73.6%）。

圖二



表一顯示79.6%的現時吸煙者只吸食一種吸煙產品，大多數為捲煙（72.4%），少部分為加熱煙（2.2%）、水煙（1.9%）和電子煙（1.1%）。每八位現時吸煙者中有一位

(13.7%)同時吸食兩種吸煙產品，包括捲煙及雪茄（5.4%）、捲煙及加熱煙（2.4%）和捲煙及電子煙（2.3%）。6.7%的現時吸煙者同時吸食至少三種吸煙產品。

**表一 現時吸煙者所吸食的吸煙產品組合**

	總數 (n=1,701)	
	(人數)	(%)
<b>一種產品</b>	<b>1,355</b>	<b>79.6</b>
捲煙	1,231	72.4
加熱煙	38	2.2
水煙	33	1.9
電子煙	20	1.1
其他	33	1.9
<b>兩種產品</b>	<b>232</b>	<b>13.7</b>
捲煙及雪茄	91	5.4
捲煙及加熱煙	40	2.4
捲煙及電子煙	39	2.3
其他組合	62	3.6
<b>三種產品或以上</b>	<b>114</b>	<b>6.7</b>

數據（包括人數及百分比）按2019年香港現時吸煙者的年齡及性別分佈加權處理。  
現時吸煙者為吸食任何吸煙產品的受訪者。

### 3.2 尼古丁依賴度及戒煙意欲

**表二 現時吸捲煙者的尼古丁依賴度及戒煙意欲**

	男性 (n=1,322) (%)	女性 (n=255) (%)	總數 (n=1,577) (%)	P值
在有吸煙的一日中通常吸捲煙數量				
10支或以下	53.8	64.9	55.6	0.02
11-20支	38.6	31.0	37.4	
21-30支	4.2	2.1	3.9	
31支或以上	1.9	1.2	1.8	
不知道或拒絕回答	1.5	0.8	1.4	
起床後至吸第一口捲煙的時間				
5分鐘以內	19.5	26.9	20.7	0.06
6-30分鐘	27.5	27.6	27.5	
31-60分鐘	12.7	7.6	11.9	
60分鐘以上	33.3	32.2	33.2	
不知道或拒絕回答	6.9	5.7	6.7	
戒煙意欲				
有，在6個月之內	12.1	12.8	12.2	0.22
有，在6個月之後或待定	30.6	37.4	31.7	
沒有	55.5	48.5	54.4	
不知道或拒絕作答	1.9	1.4	1.8	

數據按2019年香港現時吸煙者的年齡及性別分佈加權處理。  
P值的計算是利用卡方檢驗，由性別差異所算出。

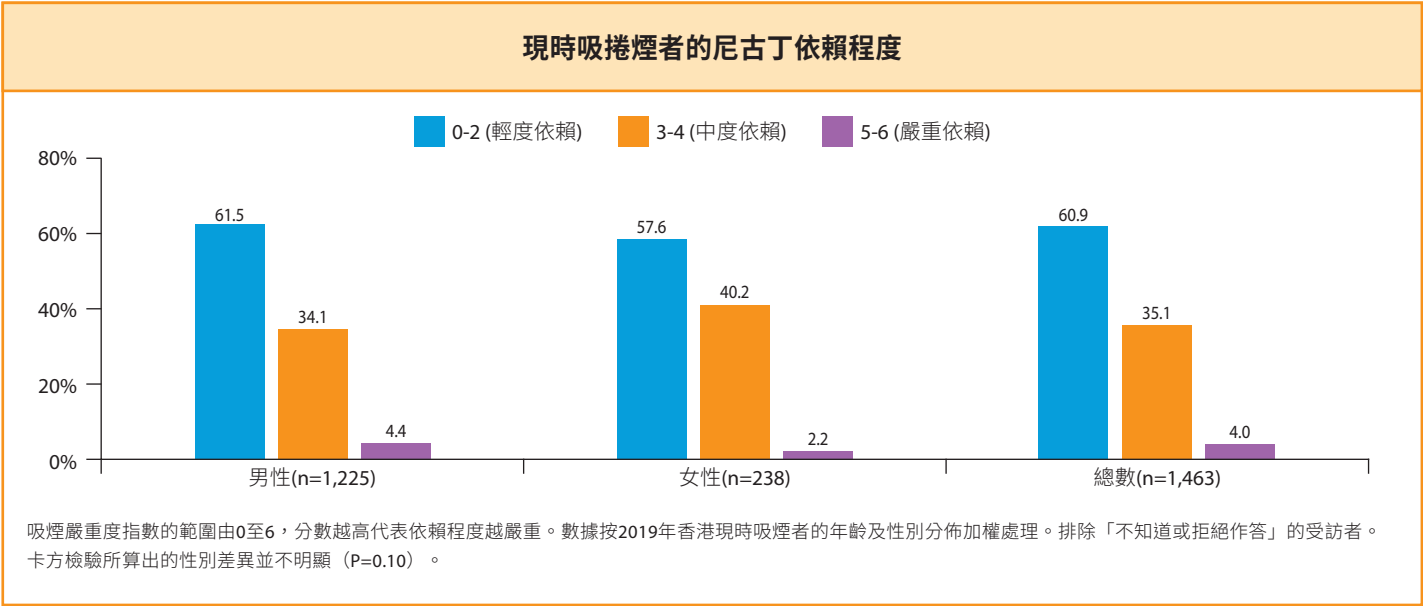
表二顯示93.0%的現時吸捲煙者通常每日吸食不多於一包捲煙（55.6%吸10支或以下，37.4%吸11-20支）。約一半現時吸捲煙者起床後半小時內會吸食吸第一口捲煙，包括20.7%在起床後5分鐘以內及27.5%在起床後6-30分鐘之間。

吸煙嚴重度指數（Heaviness of Smoking Index）是透過每日吸食捲煙量和起床後至吸食第一支捲煙的時間估計尼

古丁依賴程度。圖三顯示，根據該指數，有60.9%的現時吸捲煙者為輕度依賴、35.1%為中度依賴。嚴重依賴的現時吸捲煙者為4.0%，比例在男性當中（4.4%）稍高於女性（2.2%），但差異並不顯著。

表二亦顯示43.9%的現時吸捲煙者有意戒煙，包括12.2%希望於六個月內戒煙。

圖三



3.3 2019冠狀病毒病疫情下的吸煙行為和看法

現時吸煙者在11點量表上評分，表達對於吸煙會增加感染2019冠狀病毒病風險的看法，0分為完全沒可能，10分為非常有可能。表三顯示現時吸煙者認為吸煙不太會增加感

染2019冠狀病毒病風險，平均分數和中位數分別只有3.5和5.0。女性（平均值：4.0；中位數：5.0）評分比男性（平均值：3.3；中位數：4.0）略高。

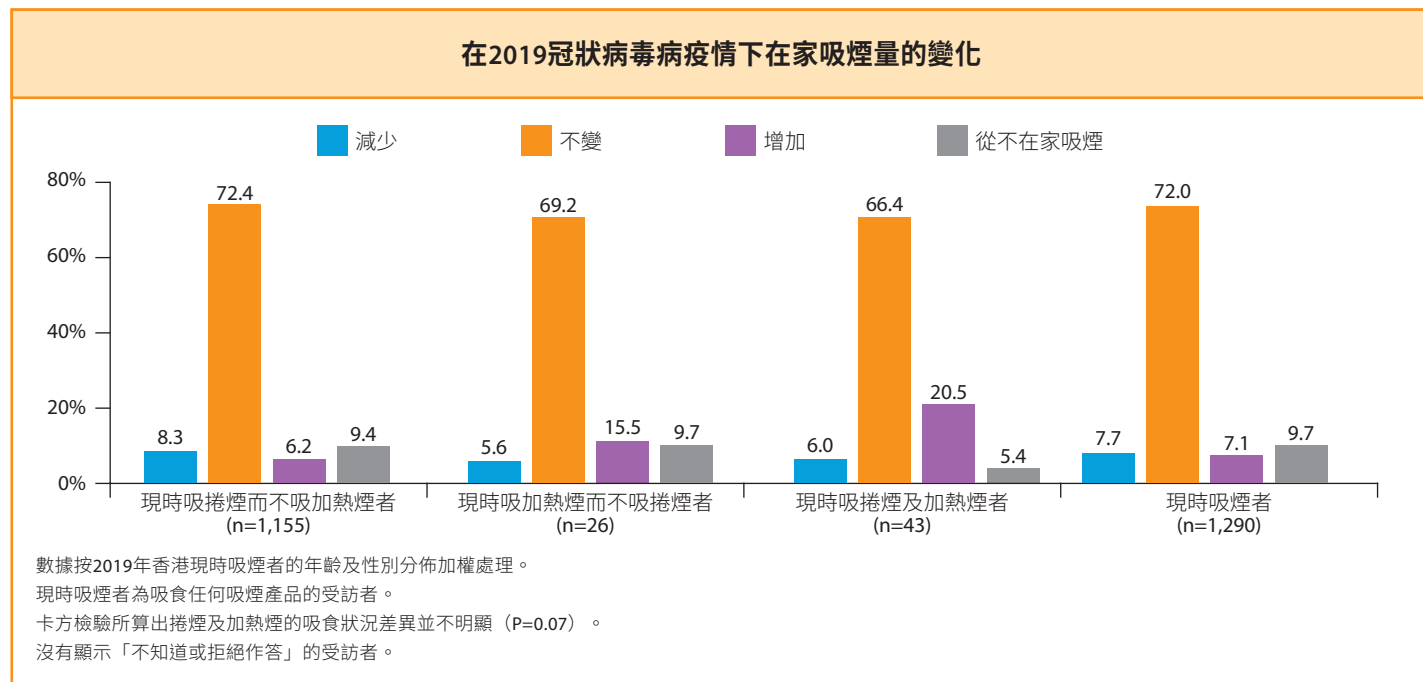
表三 現時吸煙者對於吸煙會增加感染2019冠狀病毒病風險的看法

	平均值 (分數)	標準差 (分數)	中位數 (分數)	四分位距 (分數)
男性 (n=915)	3.3	2.9	4.0	0.0-5.0
女性 (n=187)	4.0	2.9	5.0	0.0-6.0
總數 (n=1,102)	3.5	2.9	5.0	0.0-5.0

現時吸煙者在量表上評分，表達對吸煙會增加感染2019冠狀病毒病風險的看法，最低0分（完全沒有可能），最高10分（非常有可能）。數據按2019年香港現時吸煙者的年齡及性別分佈加權處理。數據只包含有提供分數的現時吸煙者。現時吸煙者為吸食任何吸煙產品的受訪者。只有有評分的現時吸煙者被納入分析。線性迴歸計算出明顯性別差異（ $P=0.02$ ）。

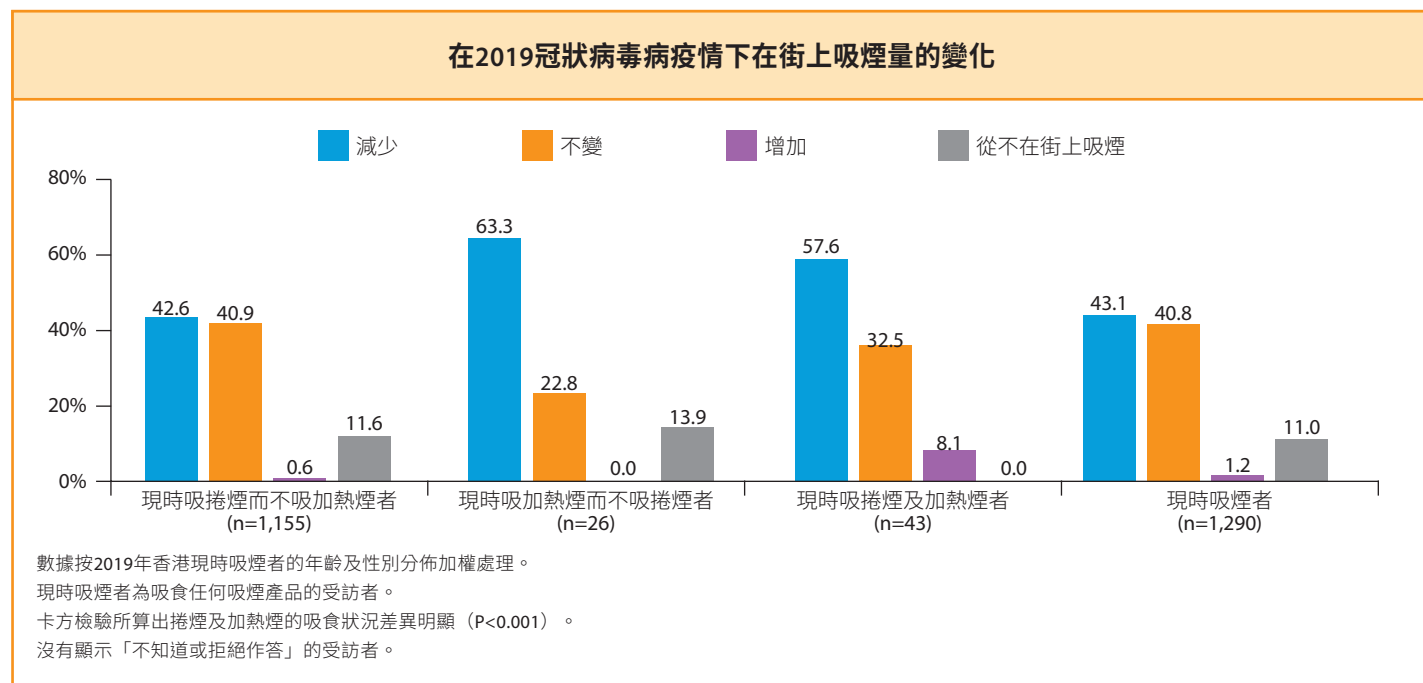
圖四顯示在2019冠狀病毒病疫情下，在家吸食吸煙產品數量因應所吸食的吸煙產品而稍有不同。相比現時吸捲煙而不吸加熱煙者（6.2%），有更多現時吸捲煙及加熱煙者（20.5%）和現時吸加熱煙而不吸捲煙者（15.5%）增加了在家吸煙。

圖四



圖五顯示，近四成半現時吸煙者（43.1%）在疫情期間減少了在街上吸煙。相比現時吸捲煙而不吸加熱煙者（42.6%），更多現時吸加熱煙而不吸捲煙者（63.3%）和現時吸捲煙及加熱煙者（57.6%）減少了在街上吸食煙。

圖五



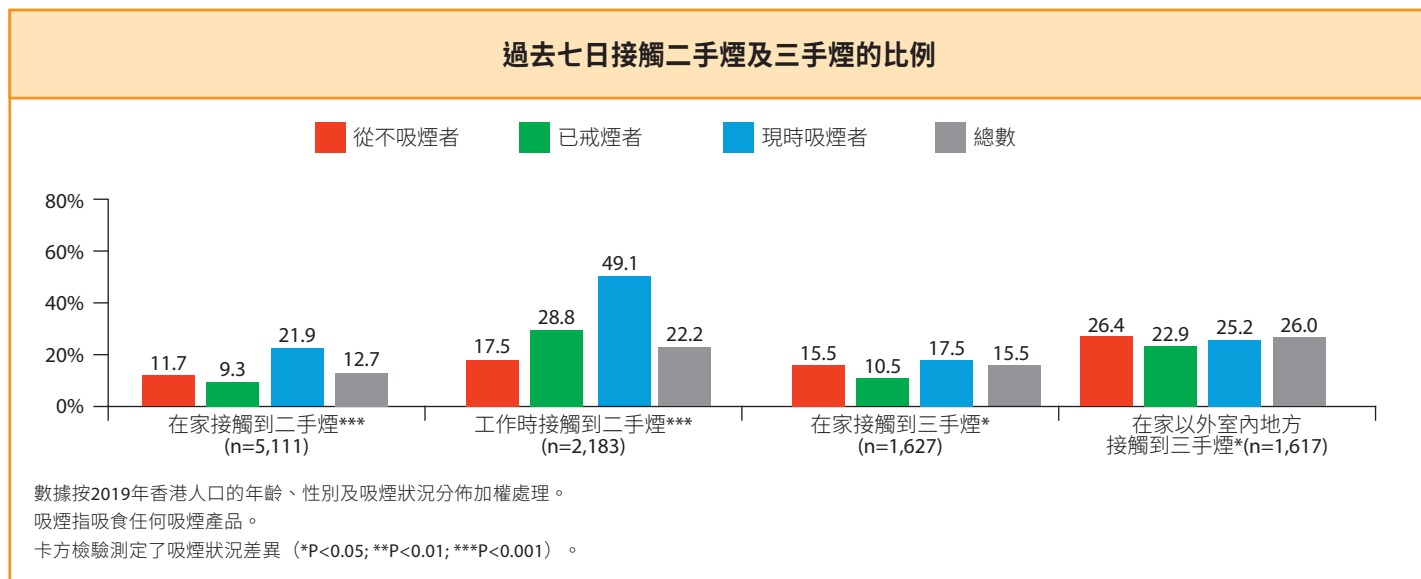


### 3.4 接觸二手煙及三手煙的情況

圖六顯示在過去七日內，分別有12.7%和22.2%的受訪者在家中及工作時接觸到二手煙。現時吸煙者無論在家中（21.9%）或工作中（49.1%）都比已戒煙者（9.3%及28.8%）和從不吸煙者（11.7%及17.5%）更普遍接觸

二手煙。已戒煙者（10.5%）比現時吸煙者（17.5%）和從不吸煙者（15.5%）較少在家接觸到三手煙。已戒煙者（22.9%）亦比現時吸煙者（25.2%）和從不吸煙者（26.4%）較少在家以外的室內地方接觸到三手煙。

圖六

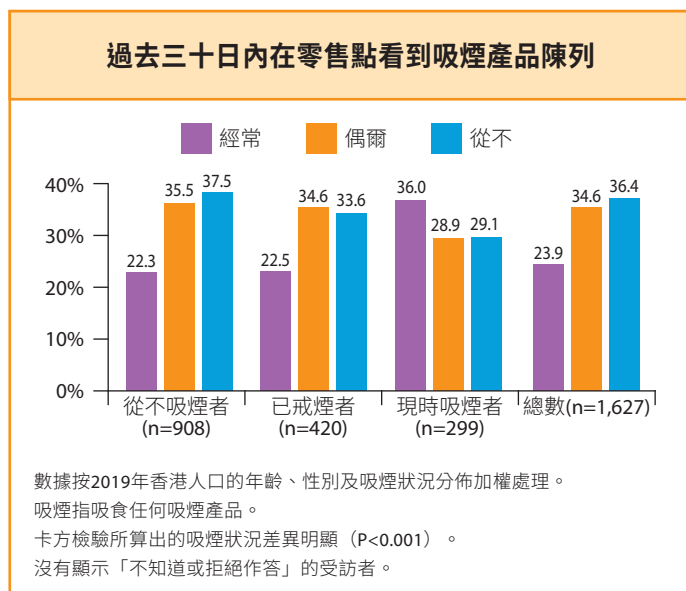


### 3.5 煙草廣告

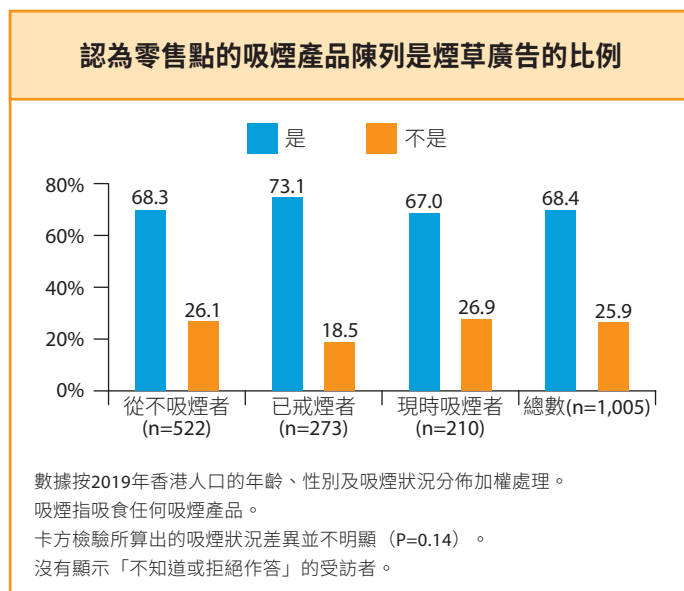
圖七顯示64.9%的現時吸煙者在過去三十日內經常或偶爾在零售點看到吸煙產品陳列，在已戒煙者和從不吸煙者中的比例分別為57.1%和57.8%。

圖八顯示68.4%的受訪者認為零售點的吸煙產品陳列是煙草廣告。比例在不同吸煙狀況組別之間的差異不明顯。

圖七

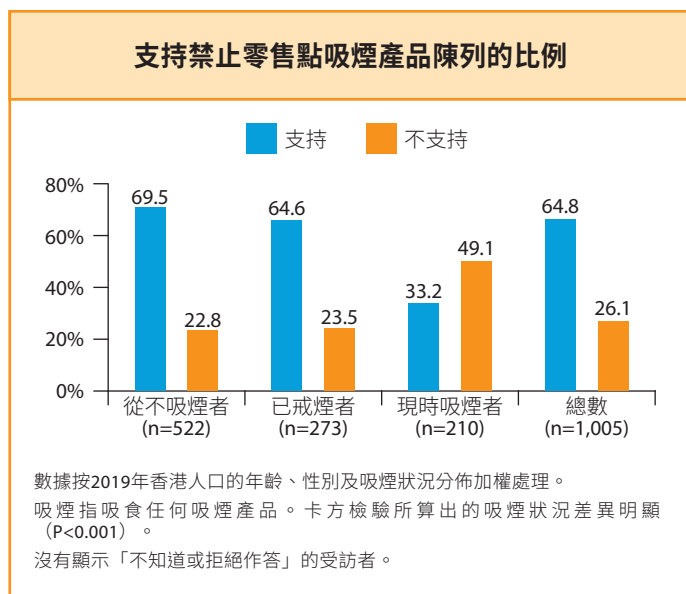


圖八



圖九顯示64.8%的受訪者支持禁止在零售點陳列吸煙產品。支持度在從不吸煙者（69.5%）及已戒煙者（64.6%）中比現時吸煙者（33.2%）高。

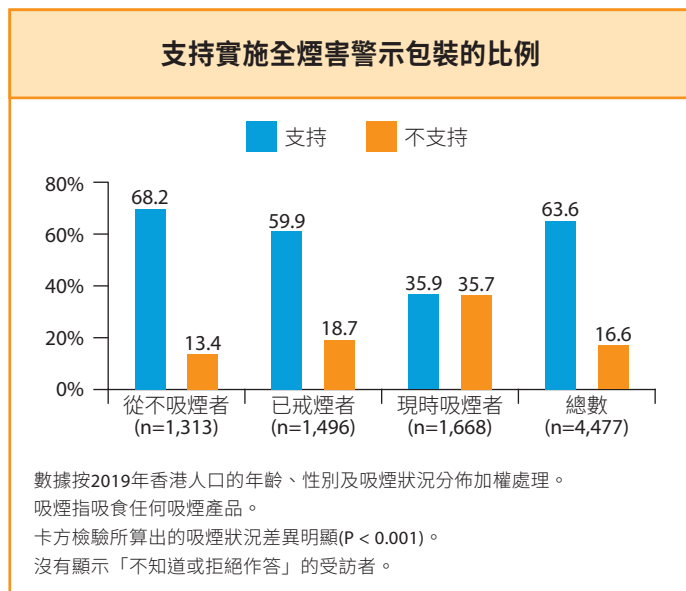
圖九



### 3.6 全煙害警示包裝

圖十顯示63.6%的受訪者支持實施全煙害警示包裝。支持度在從不吸煙者（68.2%）及已戒煙者（59.9%）中比現時吸煙者（35.9%）高。支持（35.9%）和不支持（35.7%）有關措施的現時吸煙者的比例相若。

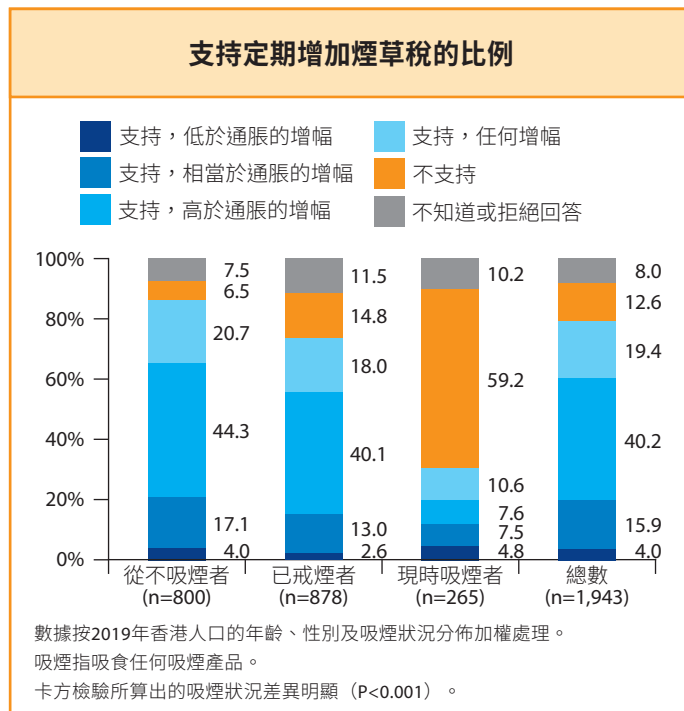
圖十



### 3.7 煙草稅

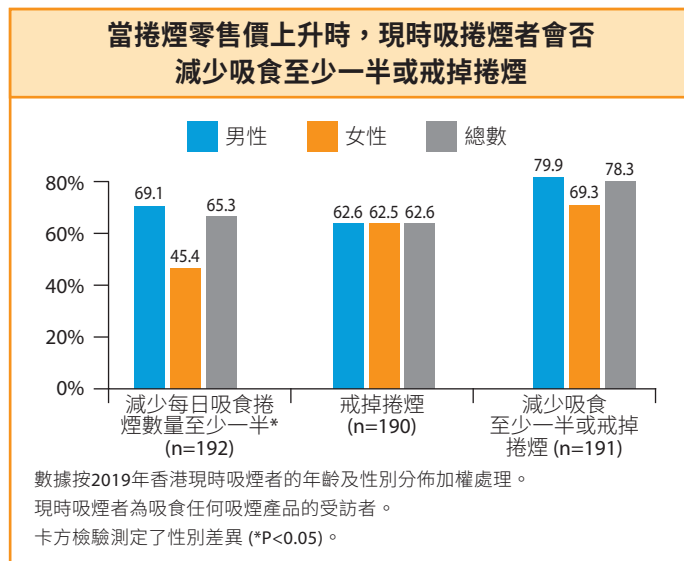
圖十一顯示79.5%的所有受訪者以及30.5%的現時吸煙者支持定期增加煙草稅。每10位受訪者有4位（40.2%）認為煙草稅增幅應比通脹高。

圖十一



圖十二顯示，如果捲煙零售價上升，65.3%的現時吸捲煙者會減少其每日吸食捲煙數量至少一半，而62.6%會戒掉捲煙。大多數（78.3%）現時吸捲煙者會減少吸食至少一半或戒掉捲煙。

圖十二



表四顯示可推動現時吸捲煙者減少每日吸食捲煙數量至少一半的捲煙零售價的平均值和中位數分別為港幣101.6元及

港幣100.0元。而推動戒掉捲煙的捲煙零售價的平均值和中位數分別為港幣155.1元及港幣100.0元。

**表四 可推動減少吸食或戒掉捲煙的捲煙零售價**

	男性 (港幣\$)	女性 (港幣\$)	總數 (港幣\$)
減少每日吸食捲煙數量至少一半(n=99)			
平均值 (標準差)	100.0 (28.2)	112.0 (50.9)	101.6 (32.6)
中位數 (四分位距)	100.0 (80.0-100.0)	100.0 (80.0-100.0)	100.0 (80.0-100.0)
戒掉捲煙 (n=92)			
平均值* (標準差)	161.7 (116.0)	114.9 (35.9)	155.1 (109.6)
中位數 (四分位距)	100.0 (100.0-200.0)	100.0 (90.0-150.0)	100.0 (100.0-200.0)
減少吸食至少一半或戒掉捲煙 (n=116)			
平均值 (標準差)	100.7 (34.0)	110.9 (46.2)	102.2 (36.4)
中位數 (四分位距)	100.0 (80.0-100.0)	100.0 (80.0-100.0)	100.0 (80.0-100.0)

數據按2019年香港現時吸煙者的年齡及性別分佈加權處理。

數據只包含有提供可推動減少吸捲煙或戒掉捲煙的零售價的現時吸捲煙者。

就「減少吸捲煙至少一半或戒掉捲煙」，可推動減少吸食及戒捲煙的零售價中只有較低者會納入分析。

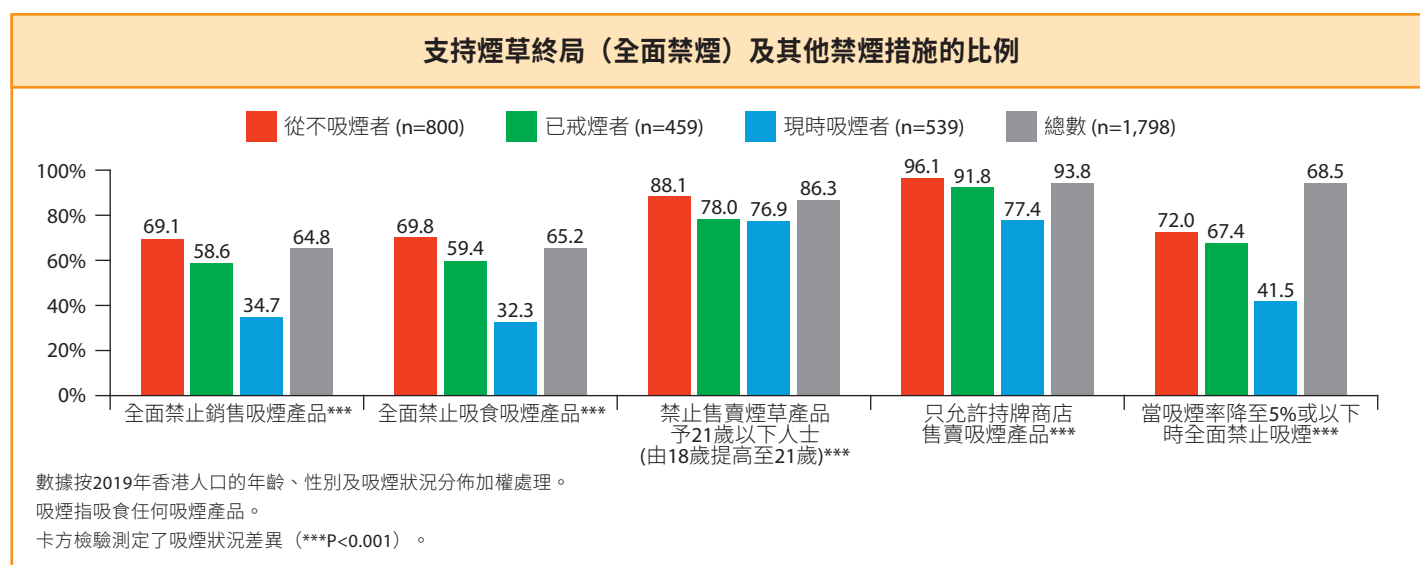
線性迴歸測定了性別差異 (\*P<0.05; \*\*P<0.01)。

### 3.8 煙草終局（全面禁煙）及其他禁煙措施

圖十三顯示64.8%的受訪者支持全面禁止在港銷售吸煙產品，而65.2%則認同全面禁止吸食吸煙產品。大部份的受訪者（86.3%）支持禁止售賣吸煙產品予21歲以下人士（由18歲提高至21歲）、93.8%支持只允許特定持牌商店售賣吸

煙產品、68.5%支持當吸煙率降至5%或以下時全面禁止吸煙。現時吸煙者對以上各項政策支持力度較弱，比例由支持全面禁止吸食吸煙產品的32.3%至支持只允許持牌商店販賣吸煙產品的77.4%。

**圖十三**



## 4. 討論

根據政府統計處的主題性住戶統計調查第70號報告書，2019年香港有10.5%人口每日吸食任何吸煙產品、10.2%吸食捲煙、0.2%吸食加熱煙、0.1%吸食電子煙及0.1%吸食其他吸煙產品<sup>7</sup>。在本調查中，現時吸食捲煙、加熱煙和電子煙的比率分別為10.1%、0.9%及0.8%。雖然兩個調查的結果不能直接比較，但均顯示現時香港吸食加熱煙或電子煙的情況不算普遍。不過，超過一半現時吸加熱煙者（60.5%）和電子煙者（73.6%）同時吸食捲煙。這類產品或用作捲煙的替代品，尤其是在不容許或不方便吸食捲煙的情況下（例如與非吸煙家庭成員同在家中）。我們需要密切留意這些新興的吸煙產品。

一項研究綜合分析了19篇經同儕評閱的學術文獻，發現吸煙與患上2019冠狀病毒病後出現嚴重徵狀的風險有關<sup>8</sup>。風險的增加部份是由於煙草中的致癌物會削弱身體的免疫系統<sup>9</sup>。與其他國際權威的公共衛生機構一樣（如世衛），衛生署一直呼籲吸煙者在疫情下戒煙。然而，本調查中的現時吸煙者卻認為吸煙不太會增加感染2019冠狀病毒病的風險。這可能解釋到三分二吸煙者在疫情下也沒有改變到他們在家吸煙的數量，有部分甚至增加了在家吸煙的數量。此情形在吸加熱煙者中更常見，可能是因為吸加熱煙者認為這種吸煙產品的有害程度遠低於捲煙。

儘管所有室內工作場所、室內公眾場所及部分戶外公共空間自2007年1月1日起已被劃為法定禁煙區，近四分一的受訪者和一半的現時吸煙者表示工作時會接觸到二手煙。這顯示禁煙區的覆蓋範圍或執法力度不足。另外，近四分一受訪者表示曾在家以外的室內地方接觸到三手煙。因此，政府應立即擴大禁煙區及加強執法。

全面禁止煙草廣告及推廣對於控煙相當有效。根據《吸煙（公眾衛生）條例》（第371章），在印刷刊物、電影、互聯網、公眾地方等展示煙草廣告均屬違法<sup>10</sup>。但是，零售點的吸煙產品陳列成為了一個漏洞。煙草商一直以不同手法在零售點中推廣其產品，例如提供上架費和津貼予店鋪、設置店內推廣物品，以保持人氣<sup>11</sup>。在香港，零售點陳列吸煙產品於華麗燈箱和展示架上。這些產品陳列很有機會激發從不吸煙者（尤其是年輕人）的好奇心和刺激現時吸煙者購買。在過去三十日內，有六成受訪者經常或偶爾會看到零售點的吸煙產品陳列。這反映了吸煙產品陳列將吸煙產品變成常態，並使它們於市民的日常生活當中更為凸顯。澳門自2018年起禁止在零售點陳列吸煙產品，香港政府應該仿效。

自從2018年6月21日起，所有吸煙產品包裝上兩個最大的表面必須印有覆蓋最少85%面積的煙害圖象警示、展示新警告語句和戒煙熱線。不過此措施在使吸煙者考慮戒煙或

放棄吸煙的效果尚不明確。政府應儘快加強煙害圖象警示以提升效用，例如加上世衛的警告「每兩個吸煙者就有一個被吸煙殺死」。這個有關吸煙導致死亡的訊息相當簡單、直接和易明。我們曾於「戒煙大贏家」無煙社區計劃中宣揚此訊息，發現吸煙者對此不甚瞭解，而得知後變得有意欲戒煙。有些國家（如愛爾蘭）亦曾於健康推廣活動中宣揚這個訊息，但截至2021年6月，從沒有國家將此訊息用於煙害圖象警示上。我們強烈呼籲香港政府再次考慮將這個曾於2018年被建議採用的訊息加入煙害圖象警示中。

全煙害警示包裝可以加強吸煙者對於煙害圖象警示的注意。澳洲於2012年開始採用全煙害警示包裝，是首個實施有關措施的國家。當地的全國健康調查顯示18歲或以上人士的吸煙率由2011-12年的16.1%跌至2014-15年的14.5%<sup>12</sup>。<sup>13</sup>。現時已有近20個國家已立法或實施全煙害警示包裝。在本調查中，近三分二的受訪者支持有關措施。政府應考慮實施全煙害警示包裝，以減低吸煙產品的吸引力。

雖然96.0%的現時吸捲煙者只有輕微至中度尼古丁依賴，54.4%沒有戒煙的意欲，31.7%只有較低意欲戒煙（希望在六個月後戒煙或未定時間）。現時控煙政策似乎未能有效推動吸煙者戒煙。例如前兩輪的控煙政策調查顯示，即使新煙害圖象警示令更多吸煙者想到吸煙禍害，但沒有令他們更多考慮戒煙和放棄吸煙。現時吸煙者或多數是「忠實吸煙者」，可能需要更嚴厲的措施才能推動戒煙。大幅增加煙草稅是最有效的單一措施去推動吸煙者戒煙和預防青少年開始吸煙。為達至2025年前將吸煙率減至7.8%的目標，這措施刻不容緩。

本調查發現79.5%受訪者強烈支持定期增加煙草稅及41.2%希望加幅高於通漲。然而，煙草稅已連續七年被凍結，只佔捲煙零售價約63%，低於世界衛生組織建議的至少75%。本調查亦帶出可以推動吸捲煙者減少一半吸煙數量或戒煙的平均零售價，分別為港幣101.6元和港幣155.1元。這反映香港有迫切需要大幅上調煙草稅。香港吸煙與健康委員會多年一直倡議增加煙草稅一倍（由每包港幣38元增加至每包港幣76元），令捲煙零售價提高至每包港幣98元，接近上述由吸捲煙者所建議的價錢。不過，這個零售價仍較其他發達地方為低，例如澳洲（約港幣210元）、新西蘭（約港幣180元）、挪威（約港幣121元）及英國（約港幣120元）<sup>14</sup>。

香港吸煙與健康委員會亦一直倡議「無煙香港2027」，希望吸煙率可減至5%或以下。煙草終局政策得到強烈的公眾支持，有三分二受訪者支持全面禁止吸食和售賣吸煙產品，九成人支持禁止售賣吸煙產品予21歲以下人士和設立煙草銷售的發牌制度。控煙措施必須加強，以實現無煙香港。



## 5. 研究局限

本調查具有一定局限。第一，所有資料均由電話訪問中收集，其準確度可能較面對面訪談低，但電話訪問的匿名性質可以鼓勵訪問者作出更真確的回覆。第二，受訪對象雖然只限於15歲或以上操廣東話人士，惟他們在2016年中期人口統計中已佔大部份香港15歲或以上人口（96.7%）。第三，以橫斷面方式進行調查無法追蹤同一受訪者於不同時間，對控煙政策看法或吸食吸煙產品的改變等資料。

## 6. 總結

本調查顯示公眾，包括近三分一現時吸煙者，強烈支持政府不同的控煙政策，政府應在不同範疇加強規管，例如大幅增加煙草稅、實施全煙害警示包裝、甚至全面禁止吸煙等。另外，為達成於2025年之前減低吸煙率至7.8%的目標，政府應推動和協助更多吸煙者戒煙。未來控煙政策調查將繼續評估公眾意見和控煙政策帶來的影響，並嘗試發掘不同收集意見的渠道，如手提電話及網上問卷等。

## 7. 其他結果

### 7.1 使用其他吸煙產品

- 10.1%的受訪者曾經吸食其他吸煙產品（捲煙、加熱煙、電子煙和水煙以外的吸煙產品），包括雪茄（8.5%）、手捲煙（6.8%）、煙斗（4.2%）、草本煙（0.7%）、鼻煙（0.3%）、口嚼煙（0.2%）及口含煙（0.2%）。

### 7.2 在室內或有兒童在場時吸食吸煙產品

- 在過去三十日內，12.5%的現時吸捲煙者曾在室內吸捲煙、12.1%曾在家中有兒童在場時吸捲煙、16.4%曾在戶外有兒童在場時吸捲煙。
- 在過去三十日內，20.4%的現時吸加熱煙者曾在室內吸加熱煙，11.2%曾在家中有兒童在場時吸加熱煙，22.6%曾在戶外有兒童在場時吸加熱煙。
- 在過去三十日內，18.8%的現時吸電子煙者曾在室內吸電子煙，12.1%曾在家中有兒童在場時吸電子煙，15.8%曾在戶外有兒童在場時吸電子煙。

## 7.3 對另類吸煙產品的看法

### 7.3.1 加熱煙

- 大部分（91.6%）的受訪者不認為由捲煙轉吸加熱煙是戒煙。近七成半受訪者（73.1%）和59.2%的現時吸煙者認為加熱煙無助戒煙。
- 近三分二受訪者（65.0%）認為加熱煙和捲煙一樣或更有害健康。57.4%的受訪者認為加熱煙和捲煙一樣或更易令人上癮。

### 7.3.2 電子煙

- 近九成受訪者（90.6%）不認為由捲煙轉吸電子煙是戒煙。七成半受訪者（76.0%）和68.2%的現時吸煙者認為電子煙無助戒煙。
- 近三分二（63.1%）受訪者認為電子煙和捲煙一樣或更有害健康。55.8%的受訪者認為電子煙和捲煙一樣或更易令人上癮。

## 7.4 煙害圖象警示

- 近九成（89.7%）現時吸煙者於最近三十日內有看過捲煙包裝上的煙害圖象警示。較少從不吸煙者（50.7%）和已戒煙者（47.9%）有注意到警示。
- 在最近三十日內有看過煙害圖象警示的現時吸煙者中，有70.6%曾看到戒煙熱線、59.8%看到警示後有想到吸煙的危害、29.4%考慮戒煙及9.3%看到警示後停止當時的吸煙行為。
- 大部分（72.4%）受訪者認為煙害圖象警示應該更清晰及更具警嚇性。
- 近一半（47.3%）受訪者贊成定期更換煙害圖象警示。

## 7.5 戒煙嘗試和戒煙服務

- 約五分之一（19.6%）現時吸煙者在過去十二個月內曾嘗試戒煙。
- 約六分之一（14.6%）現時吸煙者曾使用戒煙服務。
- 最常用的戒煙服務為面對面輔導（12.1%），其次為電話諮詢（6.2%）、電話輔導（5.7%）及小組輔導（2.2%）。

- 近四分之一（23.6%）現時吸煙者曾使用任何戒煙產品。最常用為戒煙香口膠（13.5%）和戒煙貼（13.4%），其次為戒煙糖（8.3%）、戒煙藥物（3.0%）和針灸（2.6%）。

## 7.6 煙草廣告

- 十分一（10.1%）的受訪者認為在零售點的吸煙產品陳列吸引。
- 看到零售點陳列的吸煙產品後，9.5%和5.6%的現時吸煙者分別地產生吸食和購買的渴望。

## 7.7 煙草稅

- 超過一半的已戒煙者（53.0%）和現時吸煙者（63.9%）認為目前捲煙零售價未能有效推動戒煙。

## 7.8 禁煙措施

- 大部分受訪者（92.1%）支持強制立法會議員及其政黨申報與煙草業界之利益關係。大部分受訪者（86.1%）支持禁止與煙草業有利益關係的立法會議員參與制定控煙政策的工作。

## 8. 參考文獻

1. World Health Organization. Tobacco, Key facts. WHO website. <https://www.who.int/news-room/fact-sheets/detail/tobacco>. Published May 27, 2020. Accessed May 11, 2021.
2. McGhee SM, Ho LM, Lapsley HM, et al. Cost of tobacco-related diseases, including passive smoking, in Hong Kong. *Tobacco Control*. 2006; 15(2):125-130. doi: 10.1136/tc.2005.013292.
3. World Health Organization. WHO Framework Convention on Tobacco Control. WHO website. [https://www.who.int/fctc/text\\_download/en/#:~:text=The%20WHO%20Framework%20Convention%20on,the%20highest%20standard%20of%20health](https://www.who.int/fctc/text_download/en/#:~:text=The%20WHO%20Framework%20Convention%20on,the%20highest%20standard%20of%20health). Published 2003. Accessed May 11, 2021.
4. Max W, Sung HY, Shi Y. Who is exposed to secondhand smoke? Self-reported and serum cotinine measured exposure in the U.S., 1999-2006. *International Journal of Environmental Research and Public Health*. 2009; 6(5): 1633-1648. doi: 10.3390/ijerph6051633.
5. International Tobacco Control Policy Evaluation Project. Smoke-free Policies: ITC Cross-Country Comparison Report. ITC website. <https://itcproject.org/findings/reports/itc-cross-country-comparison-report-smoke-free-policies-march-2012/>. Published 2012. Accessed May 11, 2021.
6. World Health Organization & Centers for Disease Control (U.S.). Tobacco questions for surveys: A subset of key questions from the Global Adult Tobacco Survey (GATS): global tobacco surveillance system. WHO website. <https://apps.who.int/iris/handle/10665/87331>. Published 2011. Accessed May 11, 2021.
7. Census and Statistics Department, Hong Kong Special Administrative Region. Thematic Household Survey Report No. 70. <https://www.statistics.gov.hk/pub/B11302702020XXXXB0100.pdf>. Published June 8, 2020. Accessed May 11, 2021.
8. Patanavanich R, Glantz S. Smoking Is Associated With COVID-19 Progression: A Meta-analysis. *Nicotine & Tobacco Research*. 2020;22(9): 1653-1656. doi: 10.1093/ntr/ntaa082.
9. Information Services Department, Hong Kong Special Administrative Region. Smoking increases COVID-19 risk. [https://www.news.gov.hk/eng/2020/05/20200528/20200528\\_143051\\_218.html](https://www.news.gov.hk/eng/2020/05/20200528/20200528_143051_218.html). Published May 28, 2020. Accessed May 11, 2021.
10. Tobacco and Alcohol Control Office, Department of Health, Hong Kong Special Administrative Region. Tobacco Control Legislation. [https://www.taco.gov.hk/t/english/legislation/legislation\\_ta.html](https://www.taco.gov.hk/t/english/legislation/legislation_ta.html). Accessed 11 May, 2021.
11. Lavack AM, Toth G. Tobacco point-of-purchase promotion: examining tobacco industry documents. *Tobacco Control*. 2006;15(3):377-384. doi: 10.1136/tc.2005.014639.
12. Department of Health, Commonwealth of Australia. Tobacco plain packaging. <https://www.health.gov.au/health-topics/smoking-and-tobacco/tobacco-control/tobacco-plain-packaging#:~:text=Plain%20packaging%20aims%20to%20improve,making%20health%20warnings%20more%20effective>. Accessed May 11, 2021.
13. Department of the Prime Minister and Cabinet, Australian Government. Post-implementation Review !V Department of Health. <https://ris.pmc.gov.au/2016/02/26/tobacco-plain-packaging>. Published February 26, 2016. Accessed May 11, 2021.
14. Numbeo. Price Rankings by Country of Cigarettes 20 Pack (Marlboro) (Markets). [https://www.numbeo.com/cost-of-living/country\\_price\\_rankings?itemId=17&displayCurrency=HKD](https://www.numbeo.com/cost-of-living/country_price_rankings?itemId=17&displayCurrency=HKD). Accessed June 6, 2021.

## 鳴謝

我們感謝香港民意研究所進行此次電話訪問及收集意見，並感謝所有參加本調查的受訪者。

## Tobacco Control Policy-related Survey 2020

Socrates Y WU<sup>1</sup>, Ken CK WONG<sup>1</sup>, Derek YT CHEUNG<sup>1</sup>, SY HO<sup>2</sup>,  
Henry SC TONG<sup>3</sup>, Vienna WY LAI<sup>3</sup>, TH LAM<sup>2</sup>, MP WANG<sup>1</sup>

<sup>1</sup> School of Nursing, The University of Hong Kong

<sup>2</sup> School of Public Health, The University of Hong Kong

<sup>3</sup> Hong Kong Council on Smoking and Health

### 1. Introduction

Smoking is a major cause of premature death. Each year, tobacco kills more than 8 million people globally, including around 1.2 million non-smokers by secondhand smoke (SHS)<sup>1</sup>. In Hong Kong, we estimated that smoking causes nearly 7,000 deaths each year from both smoking and exposure to SHS, from mainly non-communicable diseases such as cancers and cardiovascular diseases<sup>2</sup>. During the past few decades, tobacco control has contributed prominently to international health, and the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC), the first international health treaty negotiated under the auspices of WHO has propelled tobacco control into a new era<sup>3</sup>. The application of FCTC in China, including Hong Kong, started in 2006.

WHO set a goal of a 30% reduction relative to the 2010 prevalence of current tobacco use in persons aged 15 years or above by 2025 to prevent and control non-communicable diseases. In accordance with WHO's goal, the Hong Kong Government launched "Towards 2025: Strategy and Action Plan to Prevent and Control Non-Communicable Diseases in Hong Kong" in 2018, with reducing the smoking prevalence to 7.8% by 2025 as one of the targets.

The Hong Kong Government has adopted a multi-pronged approach, including legislation, taxation, education and smoking cessation services, and the smoking prevalence reduced from 23.3% in 1982 to 10.2% in 2019. However, tobacco control efforts in recent years have not been strong enough. Other than enlarging the area of the pictorial health warning to be at least 85% of the two largest surfaces of cigarette packets in 2018, there was only minor expansion of statutory no smoking areas. The last substantial tobacco tax increase was in 2011 (by 41.5%), and the tax has been frozen at HK\$38 per pack since the modest increase in 2014 (by 11.7%). The amendment bill that aims at a total ban on

alternative smoking products, including heated tobacco products (HTPs) and electronic cigarettes (e-cigarettes), has not been enacted since first gazetted in February 2019.

Several overseas surveys have assessed the impact of tobacco control policies, including the National Health and Nutrition Examination Survey in the United States<sup>4</sup>, the International Tobacco Control Surveys<sup>5</sup> and the Global Adult Tobacco Survey<sup>6</sup>. In Hong Kong, COSH conducted seven waves of the Tobacco Control Policy-related Survey (TCPS) via landline interviews. The surveys gathered information such as smoking prevalence and SHS exposure, impact of tobacco control policies, and opinions on current and future policies (such as tobacco tax and pictorial health warnings [PHWs]). The results have been used to demonstrate public support for tobacco control and to advocate various measures, such as plain packaging, a ban on point-of-sale (POS) smoking product displays, tobacco tax increase and a ban on alternative smoking products. The previous two waves of TCPS were pre- and post-surveys to evaluate the effects of new and enlarged pictorial health warnings, which came into full effect in June 2018. It found that more current smokers thought about the harms of smoking after seeing the new pictorial health warnings, but the effects on thinking about quitting and restraining from using cigarettes were not clear. These behaviours have warranted continuous monitoring to inform future policies.

The present report highlights the key findings of TCPS 2020 and discusses tobacco control issues to be addressed and advocated in the future. The report mainly focuses on the following 8 aspects: (1) smoking product use; (2) nicotine dependence and intention to quit; (3) smoking perception and behaviours during COVID-19 outbreak; (4) exposure to SHS and third-hand smoke (THS); (5) tobacco advertising; (6)



plain packaging; (7) tobacco tax; and (8) tobacco endgame (total ban on smoking) and other smoke-free policies.

## 2. Methods

### 2.1 Study design and participants

TCPS 2020 was a cross-sectional telephone survey conducted from December 2019 to September 2020. Hong Kong residents aged 15 years or above who spoke Cantonese were recruited. Three target groups were included: (1) current smokers who used any forms of smoking products daily or occasionally, (2) ex-smokers who had used any form of smoking products in the past but stopped, and (3) never smokers who had never used any forms of smoking products. Data collection of the survey was contracted to the Hong Kong Public Opinion Research Institute Limited (HKPORI). Initial calls took place during 2:30 pm to 10:30 pm on weekdays and weekends in order to cover respondents of diversified working hours of different industries. Each randomly selected telephone number was called 5 times, at different times and on different days, before it was dropped as “non-contact”. All interviews were conducted anonymously except for those who were willing to participate in follow-up surveys. Participants could withdraw from the study at any time without providing a reason, and with no consequences.

### 2.2 Sampling methods and respondent selection

TCPS 2020 recruited 5,111 participants, including 1,701 current smokers, 1,702 ex-smokers and 1,708 never smokers. Telephone numbers were first drawn randomly from residential telephone directories as seed numbers, from which another set of numbers was generated by a computer programme using the “plus/minus one/two” method to capture unlisted numbers. Duplicated numbers were then filtered, and the remaining numbers were mixed in random order to produce the final sampling frame. When a telephone contact was successfully established with a target household, one person of the household was selected from all eligible household members using the “next birthday” rule. As never smokers consist of the majority of the population, recruitment switched to current and ex-smokers only once the number of recruited never smokers exceeded 1,700. Oversampling of the two groups allowed for better estimation of the prevalence of tobacco use within them and weighting was applied to adjust for oversampling.

### 2.3 Questionnaire development

The questionnaire was modified from previous TCPS surveys, and included two sections: core questions and random questions. Core questions were answered by all respondents, and consisted of questions on tobacco use, COVID-19 and

smoking, SHS exposure, nicotine dependence, etc. Random questions were designed for random subsets of respondents with specific smoking status (6 for current smokers, 4 for ex-smokers and 2 for never-smokers), including THS exposure, tobacco advertising, plain packaging, tobacco tax increase and tobacco endgame, etc. All respondents in a subset answered the same sets of random questions.

### 2.4 Weighting and statistical analysis

The whole sample was weighted against the sex, age and smoking status distribution of the 2019 Hong Kong population. Univariate analysis of variables of interest by overall smoking status, status of using specific smoking products (regardless of use of other products) or sex was conducted. Chi-squared test and linear regression were used to examine differences by sub-groups. Statistical significance was set at  $P < 0.05$ . All analyses were conducted using STATA (Version 15.1, TX: StataCorp LP).

## 3. Results

### 3.1 Smoking product use

Figure 1 shows that, in all respondents, the prevalence of ever use and current use was 15.1% and 10.1% for cigarettes, 3.0% and 0.9% for HTPs 4.0% and 0.8% for e-cigarettes, and 5.2% and 0.7% for waterpipe tobacco.

Figure 1

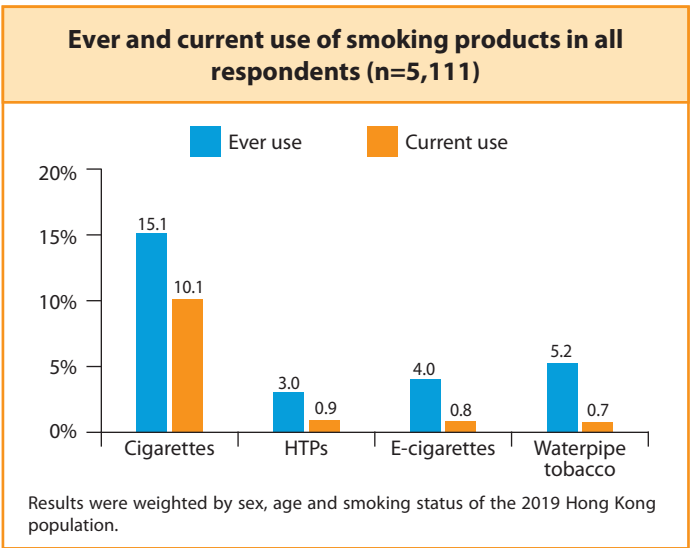


Figure 2 shows that 8.1% of current smokers were current HTP users and over half of them (60.5%) concurrently used cigarettes. A similar proportion of current smokers were current e-cigarette users (7.2%), majority of whom also used cigarettes (73.6%).

**Figure 2**

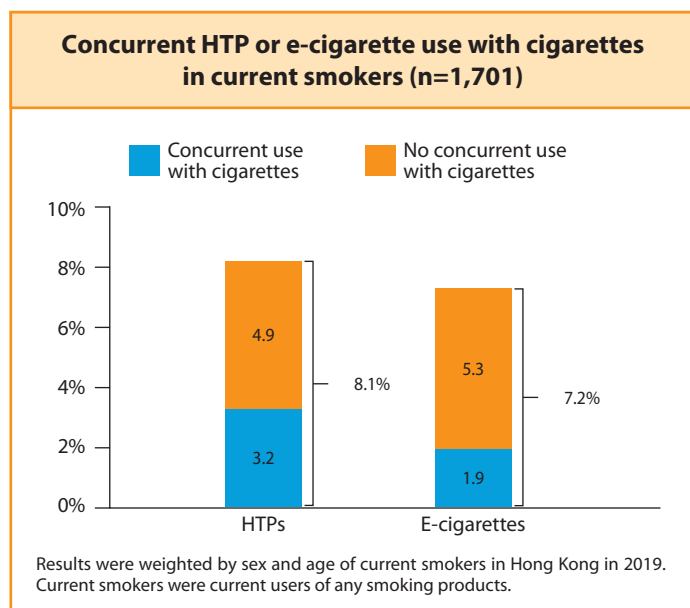


Table 1 shows 79.6% of current smokers used only one smoking product, predominantly cigarettes (72.4%), but also HTPs (2.2%), waterpipe tobacco (1.9%), and e-cigarettes (1.1%). Around 1 in 8 (13.7%) current smokers used two products, including cigarettes and cigars (5.4%), cigarettes and HTPs (2.4%), and cigarettes and e-cigarettes (2.3%). Use of three or more smoking products was reported by 6.7% of current smokers.

**Table 1. Combinations of smoking products currently used by current smokers**

	Total (n=1,701)	
	(n)	(%)
<b>One product</b>	<b>1,355</b>	<b>79.6</b>
Cigarettes	1,231	72.4
HTPs	38	2.2
Waterpipe tobacco	33	1.9
E-cigarettes	20	1.1
Others	33	1.9
<b>Two products</b>	<b>232</b>	<b>13.7</b>
Cigarettes and Cigars	91	5.4
Cigarettes and HTPs	40	2.4
Cigarettes and e-cigarettes	39	2.3
Other combinations	62	3.6
<b>Three or more products</b>	<b>114</b>	<b>6.7</b>

Results, including number of respondents and percentages, were weighted by sex and age of current smokers in Hong Kong in 2019. Current smokers were current users of any smoking products.

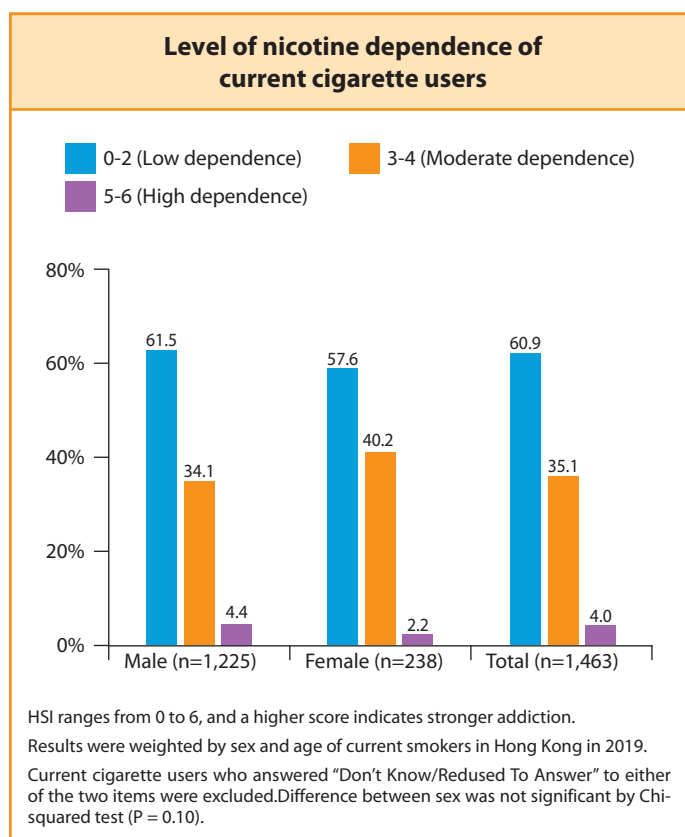
### 3.2 Nicotine dependence and intention to quit

Table 2 shows 93.0% of current cigarette users usually smoked no more than a pack of cigarettes per day (10 cigarettes or fewer, 55.6%; 11 to 20 cigarettes, 37.4%). About half smoked the first cigarette within 5 minutes (20.7%) or 6 - 30 minutes (27.5%) after waking up.

Heaviness of Smoking Index (HSI) measures the level of nicotine dependence based on the daily cigarette consumption and time to first cigarette after waking up. Figure 3 shows that based on HSI, 60.9% of current cigarette users had low dependence and 35.1% had moderate dependence. High dependence was observed in 4.0% of current cigarette users, which was insignificantly higher in males (4.4%) than in females (2.2%).

Table 2 also shows that 43.9% of current cigarette users had an intention to quit cigarettes, including 12.2% who intended to quit within 6 months.

**Figure 3**



**Table 2. Nicotine dependence and intention to quit in current cigarette users**

	Male (n=1,322) (%)	Female (n=255) (%)	Total (n=1,577) (%)	P-value
Usual cigarette consumption in a smoking day				
10 sticks or fewer	53.8	64.9	55.6	0.02
11-20 sticks	38.6	31.0	37.4	
21-30 sticks	4.2	2.1	3.9	
31 sticks or more	1.9	1.2	1.8	
DK/RTA	1.5	0.8	1.4	
Time to first cigarette after waking up				
Within 5 minutes	19.5	26.9	20.7	0.06
6-30 minutes	27.5	27.6	27.5	
31-60 minutes	12.7	7.6	11.9	
After 60 minutes	33.3	32.2	33.2	
DK/RTA	6.9	5.7	6.7	
Intention to quit cigarettes				
Within 6 months	12.1	12.8	12.2	0.22
After 6 months or undecided	30.6	37.4	31.7	
No intention to quit	55.5	48.5	54.4	
DK/RTA	1.9	1.4	1.8	

DK/RTA: Don't know/Refused to answer.

Results were weighted by sex and age of current smokers in Hong Kong in 2019.

P-values were for differences between sex from Chi-squared tests.

### 3.3 Smoking perception and behaviours during COVID-19 outbreak

Current smokers rated the perceived likelihood that smoking would increase the risk of contracting COVID-19 on an 11-point scale from 0 (extremely unlikely) to 10 (extremely likely). Table 3 shows that current smokers perceived the risk

as unlikely, with a mean score of 3.5 and median score of 5.0. Female smokers rated higher (mean: 4.0, median: 5.0) than male smokers (mean: 3.3, median: 4.0).

**Table 3. Perceptions of increased risk of COVID-19 infection due to smoking in current smokers**

	Mean (score)	SD (score)	Median (score)	IQR (score)
Male (n=915)	3.3	2.9	4.0	0.0-5.0
Female (n=187)	4.0	2.9	5.0	0.0-6.0
Total (n=1,102)	3.5	2.9	5.0	0.0-5.0

Current smokers rated the perceived likelihood of increased COVID-19 risk due to smoking from 0 (extremely unlikely) to 10 (extremely likely),

SD: Standard Deviation; IQR: Interquartile Range.

Results were weighted by sex and age of current smokers in Hong Kong in 2019.

Current smokers were current users of any smoking products.

Only current smokers who provided a score were included.

Difference between sex was significant by linear regression (P= 0.02).

Figure 4 shows that changes in tobacco consumption at home during COVID-19 outbreak marginally differed across cigarette and HTP user groups. Increased tobacco consumption at home was more common in current dual users of cigarette

and HTPs (20.5%) and current HTP users who did not use cigarettes (15.5%) than in current cigarette users who did not use HTPs (6.2%).

**Figure 4**

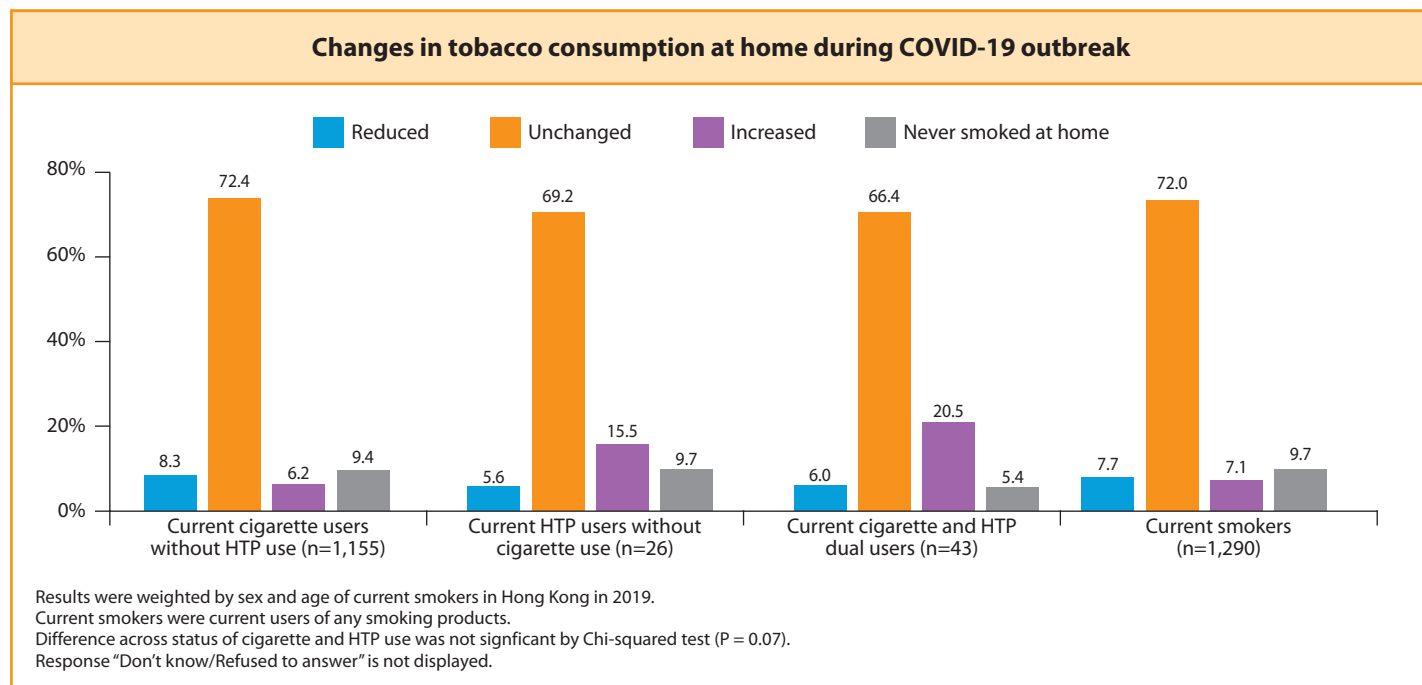
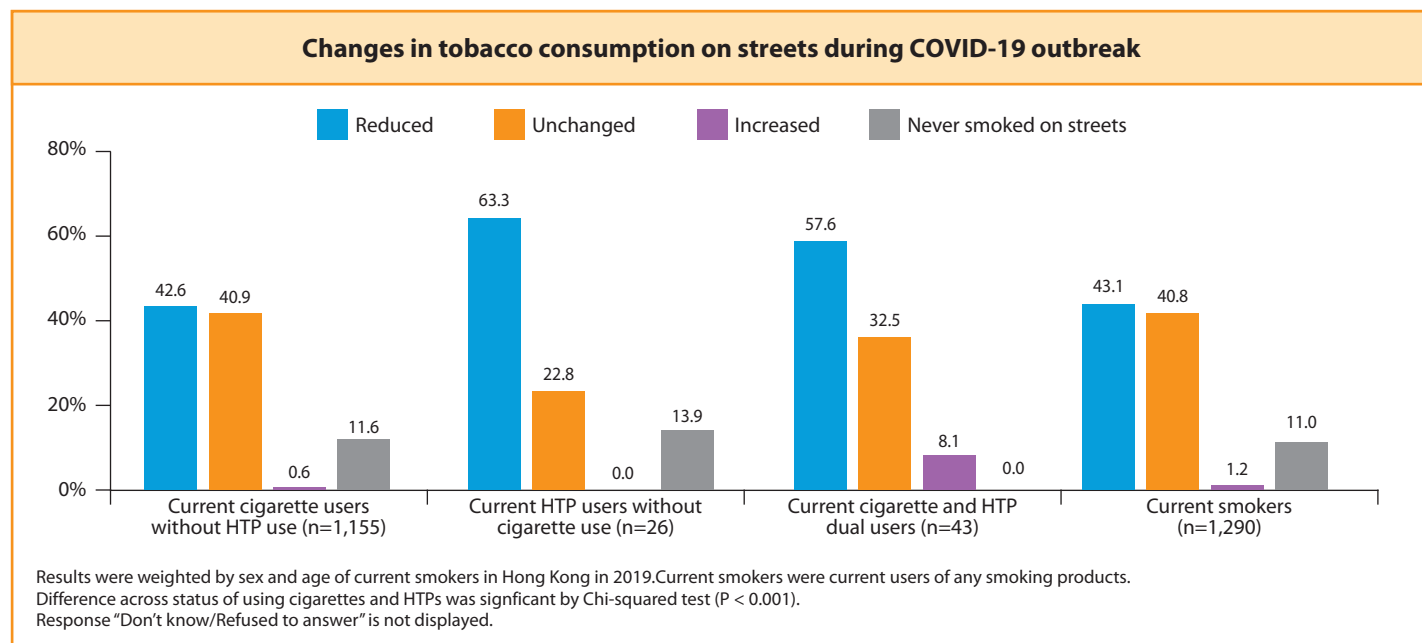


Figure 5 shows 43.1% of current smokers reduced tobacco consumption on streets. The reduction was more prevalent in current HTP users who did not use cigarettes (63.3%) and

current dual users of cigarette and HTPs (57.6%) than in current cigarette users who did not use HTPs (42.6%).

**Figure 5**



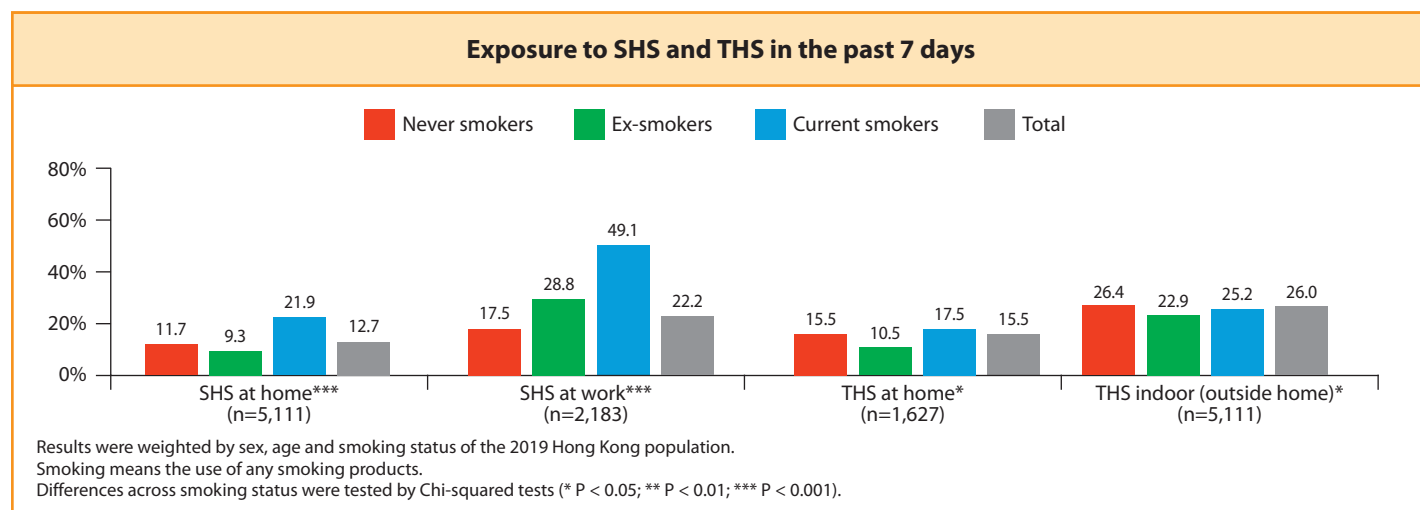


### 3.4 Exposure to SHS and THS

Figure 6 shows 12.7% and 22.2% of respondents were exposed to SHS at home and at work in the past 7 days, respectively. More current smokers were exposed to SHS at home (21.9%) and at work (49.1%) than ex-smokers (9.3% and 28.8%) and never smokers (11.7% and 28.8%). The prevalence

of THS exposure at home was lower in ex-smokers (10.5%) than in current (17.5%) or never (15.5%) smokers. Lower prevalence of THS exposure at indoor places outside home was also observed in ex-smokers (22.9%), compared with current (25.2%) or never (26.4%) smokers.

**Figure 6**

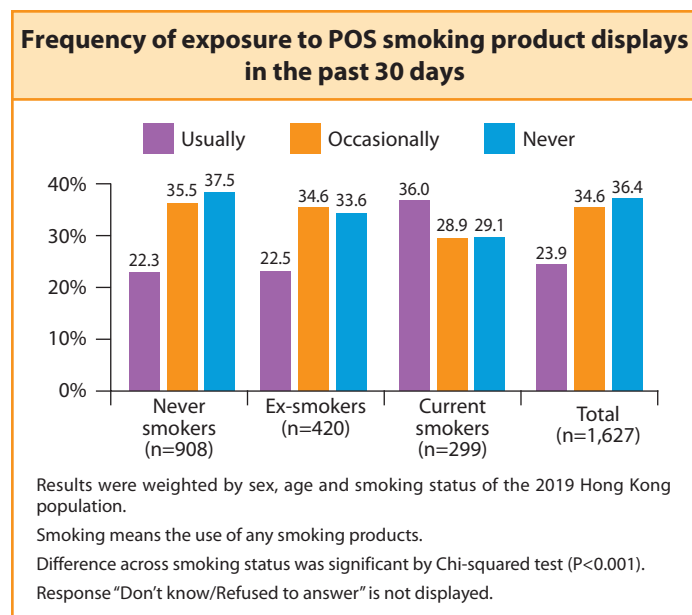


### 3.5 Tobacco advertising

Figure 7 shows 64.9% of current smokers usually or occasionally exposed to POS smoking product displays in the past 30 days. The corresponding prevalence was 57.1% in ex-smokers and 57.8% in never smokers.

Figure 8 shows 68.4% of respondents regarded POS smoking product displays as tobacco advertisement, and the perception did not significantly differ by smoking status.

**Figure 7**



**Figure 8**

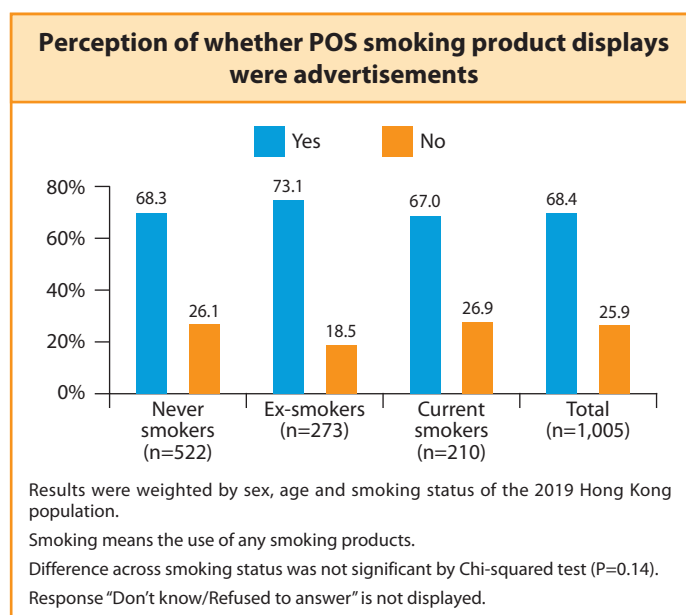
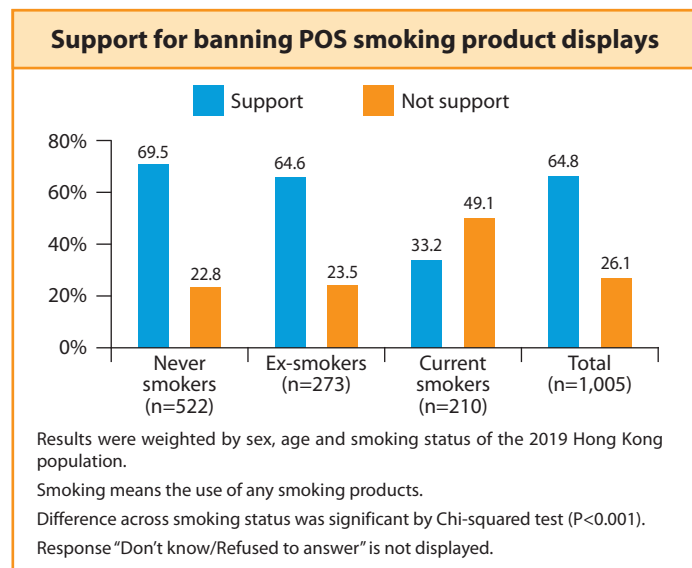


Figure 9 shows 64.8% of respondents supported banning POS smoking product displays. The support was stronger in never smokers (69.5%) and ex-smokers (64.6%) than in current smokers (33.2%).

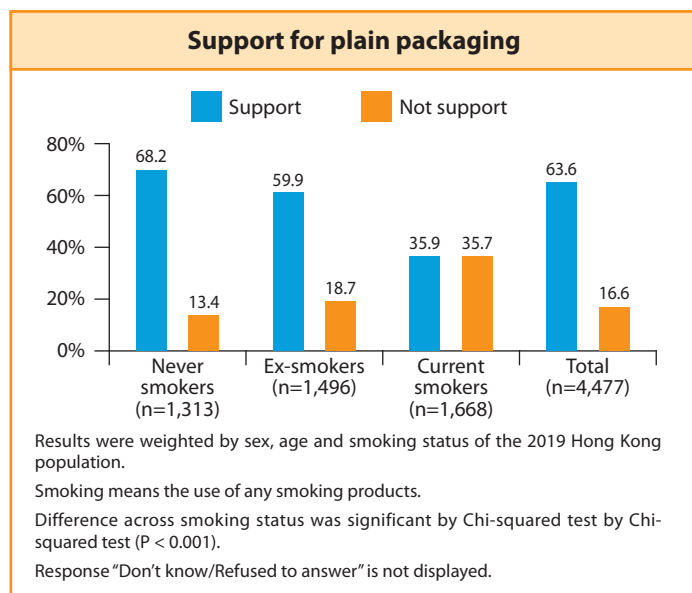
**Figure 9**



### 3.6 Plain packaging

Figure 10 shows 63.6% of respondents supported plain packaging. Support in never smokers (68.2%) and ex-smokers (59.9%) was greater than that in current smokers (35.9%). Proportions of current smokers who supported (35.9%) and did not support (35.7%) plain packaging were similar.

**Figure 10**



### 3.7 Tobacco tax

Figure 11 shows 79.5% of respondents and 30.5% of current smokers supported a regular increase in tobacco tax. Four in 10 (40.2%) respondents supported a tax increase greater than inflation.

**Figure 11**

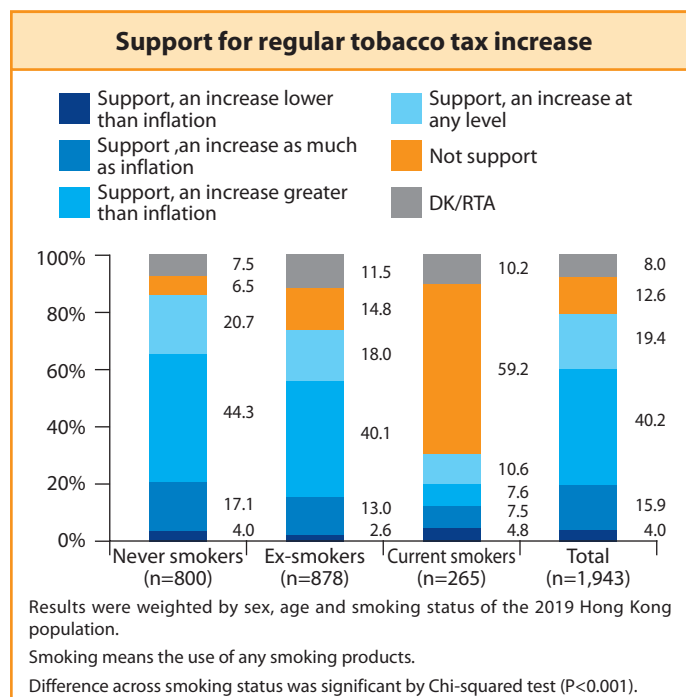


Figure 12 shows that, if cigarette retail price increased, 65.3% of current cigarette users would reduce their daily cigarette consumption by at least half and 62.6% would quit cigarette use. Majority (78.3%) of current cigarette users would reduce cigarette consumption by at least half or quit cigarettes.

**Figure 12**

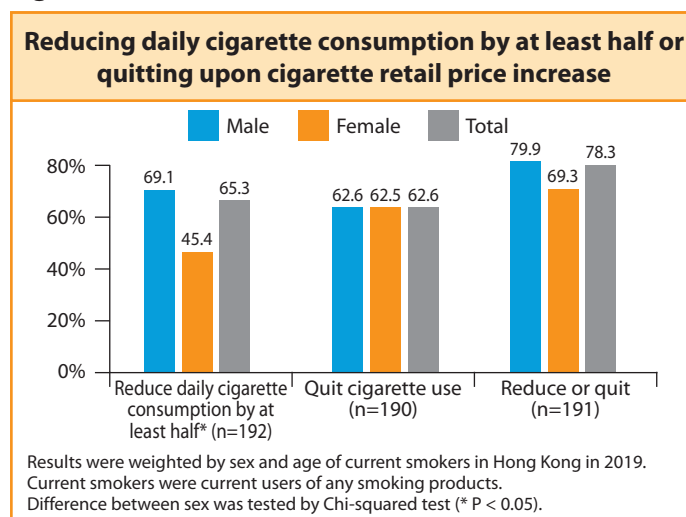


Table 4 shows the mean and median retail price that would make current cigarette users reduce their consumption by at least half was HK\$101.6 and HK\$100.0, respectively. The mean

and median retail price that would make current cigarette users quit cigarettes was HK\$155.1 and HK\$100.0, respectively.

**Table 4. Cigarette retail price that would result in reduction in daily cigarette consumption or quitting**

	Male (HK\$)	Female (HK\$)	Total (HK\$)
Reduce daily cigarette consumption by at least half (n=99)			
Mean (SD)	100.0 (28.2)	112.0 (50.9)	101.6 (32.6)
Median (IQR)	100.0 (80.0-100.0)	100.0 (80.0-100.0)	100.0 (80.0-100.0)
Quit cigarettes (n=92)			
Mean* (SD)	161.7 (116.0)	114.9 (35.9)	155.1 (109.6)
Median (IQR)	100.0 (100.0-200.0)	100.0 (90.0-150.0)	100.0 (100.0-200.0)
Reduce by at least half or quit (n=116)			
Mean (SD)	100.7 (34.0)	110.9 (46.2)	102.2 (36.4)
Median (IQR)	100.0 (80.0-100.0)	100.0 (80.0-100.0)	100.0 (80.0-100.0)

SD: Standard Deviation; IQR: Interquartile Range.

Results were weighted by sex and age of current smokers in Hong Kong in 2019.

Only current cigarette users who provided the retail price that would make them reduce cigarette consumption by at least half or quit cigarette use were included. For "reduce or quit", either the price for reducing daily cigarette consumption by at least half or for quitting cigarettes, whichever lower, was adopted for estimation.

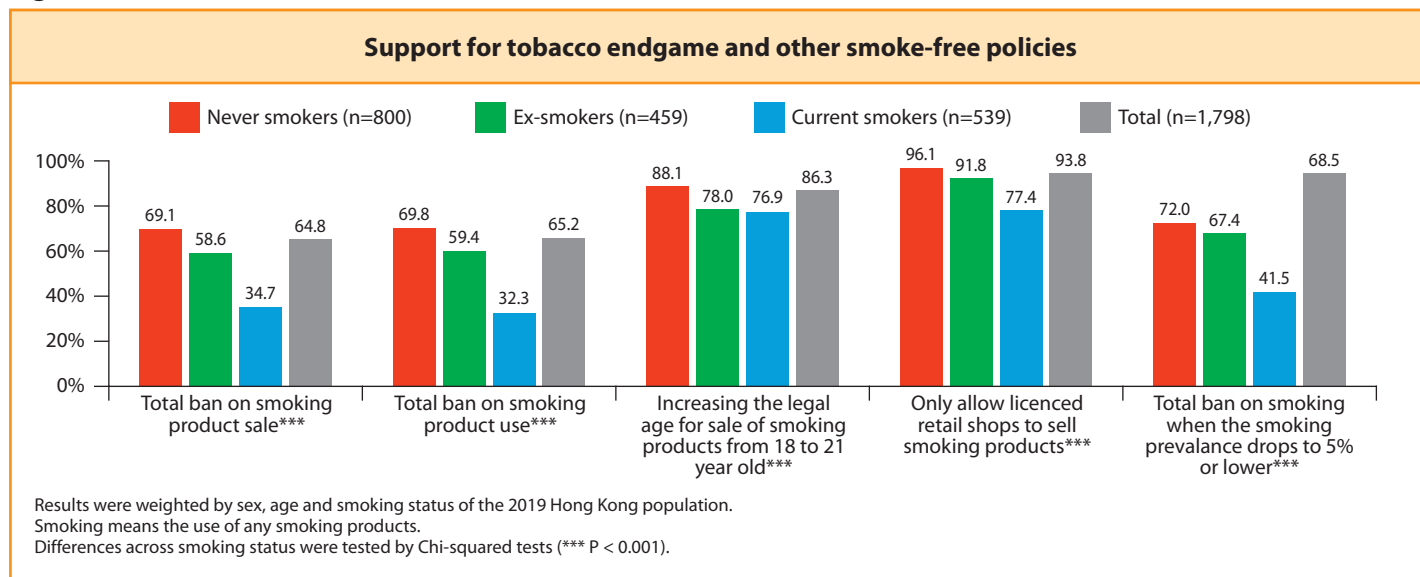
Differences between sex were tested by linear regression (\* P < 0.05; \*\* P < 0.01).

### 3.8 Tobacco endgame (total ban on smoking) and other smoke-free policies

Figure 13 shows 64.8% of respondents supported banning smoking product sale and 65.2% supported banning smoking product use. Most (86.3%) respondents supported prohibiting sales of smoking products to people under the age of 21 years (increase from 18 years old), 93.8% supported allowing only licenced retail shops to sell smoking products and 68.5% only licenced retail shops to sell smoking products and 68.5%

supported banning smoking when the smoking prevalence drops to 5% or lower. Support for the above policies in current smokers was lower, ranging from 32.3% for banning smoking product use to 77.4% for allowing only licenced retail shops to sell smoking products.

**Figure 13**



## 4. Discussion

According to the Thematic Household Survey Report No. 70 by the Census and Statistics Department, the prevalence of daily use in 2019 was 10.5% for any form of smoking products, 10.2% for cigarettes, 0.2% for HTPs, 0.1% for e-cigarettes and 0.1% for other smoking products<sup>7</sup>. In TCPS 2020, the prevalence of current use of cigarettes, HTPs and e-cigarettes were 10.1%, 0.9% and 0.8%, respectively. Although the results are not directly comparable, both suggested that the current use of HTP or e-cigarette was still uncommon in Hong Kong. However, more than half of current users of these products concurrently used cigarettes (HTPs: 60.5%, e-cigarettes: 73.6%), suggesting they may be used as complements to cigarettes when cigarette use is not permitted or desired (e.g. at home with non-smoking family members). Close monitoring of these emerging smoking products is needed.

Smoking was associated with increased risk of severe COVID-19 symptoms in a meta-analysis of 19 peer-reviewed studies<sup>8</sup>, partly due to carcinogens in smoking products that weaken the immune system<sup>9</sup>. In line with international health authorities such as WHO, the Department of Health of the Hong Kong Government has been advocating smokers to quit during the pandemic. However, current smokers thought smoking was unlikely to increase risk of COVID-19 infection, which may explain why two-thirds of them did not change tobacco consumption at home during the COVID-19 outbreak. Some smokers even increased tobacco consumption at home, which was more prevalent in those who used HTPs. HTP users probably increased use at home due to perceived lower harmfulness of HTPs relative to cigarettes.

Almost a quarter of respondents and half the current smokers reported exposure to SHS at workplaces, although all indoor workplaces, indoor public places and some outdoor public areas had been designated as no-smoking areas since 1 January 2007. This indicates insufficient coverage or inadequate enforcement of the regulations. In addition, approximately a quarter of respondents were exposed to THS in indoor areas outside home. The Government should expand no-smoking areas with no further delay and strengthen enforcement.

A total and complete ban on tobacco advertising and promotion is effective in curbing tobacco use. Exhibition of tobacco advertisement in printed publications, in public places, by film, or on the internet is prohibited by the Smoking (Public Health) Ordinance (Cap 371)<sup>10</sup>. However, POS smoking product displays remain as a loophole. Tobacco companies have been exploiting retail settings for promotion in various ways, such as provision of slotting or promotional allowance to store manager and setting up new in-store advertising items, to maintain popularity<sup>11</sup>. In Hong Kong, smoking products are displayed in glamorous light boxes and display racks at POS. These POS smoking product displays are likely to trigger curiosity in never smokers, especially adolescents,

and stimulate purchase by current smokers. About 6 in 10 respondents were occasionally or frequently exposed to POS smoking product displays in the past 30 days, which shows that POS had made smoking products normal and prominent in people's daily life. The Government should ban POS smoking product displays following the success in Macau since 2018.

Since 21 June 2018, all smoking product packets must carry a pictorial health warning covering at least 85% of the two largest surfaces, and show new health warning messages and smoking cessation hotline number. However, the effect on thinking about quitting and restraining from using cigarettes was not clear. To increase the effectiveness of PHWs on quitting, enhancements are urgently needed. The warning from WHO that 1 in 2 smokers will be killed by smoking is a potential candidate. This information on the all-cause mortality of smoking is simple, direct, and can be easily understood. Our experience of disseminating it as part of the brief advice intervention in "Quit-to-Win" Smoke-free Community Campaigns suggests this is not well recognised by smokers and could evoke smokers' interest in quitting. Some countries (e.g. Ireland) have also disseminated this warning information in health promotion campaigns, but we found no countries using such warning on PHWs as of June 2021. The Hong Kong Government is strongly advised to consider adopting this warning on cigarette packs as it was subsequently dropped out in 2018.

Plain packaging for smoking products can also further enhance the effects of the PHWs. Australia is the first country to implement such policy in 2012 and its National Health Survey showed that the smoking prevalence for Australians aged 18 or above dropped from 16.1% in 2011-12 to 14.5% in 2014-15<sup>12,13</sup>. Currently, nearly 20 countries have implemented or legislated for plain packaging. In the current TCPS, almost two-thirds of respondents supported the legislation on plain packaging. To continuously reduce the attractiveness of smoking products, the Government should consider this effective method in the near future.

Although 96.0% of current cigarette users had low to moderate nicotine dependence, 54.4% had no intention to quit smoking and 31.7% had only low intention (quit after 6 months or undecided). The existing tobacco control policies appear to be ineffective in promoting abstinence. For example, the results in the previous two waves of TCPS showed that new and enlarged pictorial health warnings did not increase thinking of quitting or forgoing a cigarette, even though more smokers thought about the harm of smoking. These results suggest that current smokers are hardening and stronger measures are needed. A substantial increase in tobacco tax, which is proven to be the single most effective approach to motivate smokers to quit and to prevent adolescents from smoking initiation, is urgently needed to reduce the smoking prevalence to 7.8% by 2025.



Consistent with previous TCPS surveys, this study found strong support for regular tobacco tax increase (79.5%) and for an increase greater than inflation (41.2%). However, tobacco tax has been frozen for 7 consecutive years, accounting for only about 63% of the retail price of cigarettes and much lower than the level suggested by WHO (at least 75%). This study also showed the mean retail price that would make current cigarette users to reduce consumption by half and to quit smoking was HK\$101.6 and HK\$155.1, respectively, indicating the urgent need to raise cigarette retail price substantially. COSH has been advocating for a tax increase of 100% (from HK\$38 to HK\$76 per 20 cigarettes) for many years, which will bring the cigarette price (HK\$98) close to the aforementioned price suggested by current cigarette users. It would however be still cheaper than other developed places, such as Australia (~HK\$210), New Zealand (~HK\$180), Norway (~HK\$121), United Kingdom (~HK\$120)<sup>14</sup>.

COSH has also been advocating for “Tobacco Endgame 2027” in Hong Kong for years, especially when the smoking prevalence dropped to 5% or below. Support for endgame policies remained strong in the Hong Kong population with two-thirds supported for a total ban on tobacco sale or on tobacco use, while around 9 in 10 of them supported for prohibition on selling smoking products to people under the age of 21 years and licensing tobacco retail shops. Vigorous measures are necessary to achieve tobacco endgame in Hong Kong.

## 5. Limitations

This study had some limitations. First, all information was collected through telephone. While the data precision may be inferior relative to face-to-face interview, the anonymous nature would encourage more truthful responses. Second, only Cantonese-speaking respondents were interviewed, but they consisted of 96.7% of the population aged 15 years or above in the 2016 Population By-Census. Third, as a cross-sectional survey, it cannot track changes in tobacco consumption and opinions towards tobacco control policies from the same respondent over time.

## 6. Conclusions

TCPS 2020 found strong support from the public, including nearly one-third of current smokers, for various kinds of tobacco control policies. The Government should strengthen regulations in multiple aspects such as tobacco tax increase, plain packaging and even a total ban on smoking. To reach the goal of reducing smoking prevalence to 7.8% by 2025, the Government should motivate and assist more smokers to quit. Future TCPS shall continue to assess public opinions on and impact of tobacco control policies, and may explore various

opinion-collecting channels such as mobile phone and online surveys.

## 7. Others results

### 7.1 Use of other smoking products

- Ever use of any other smoking products (apart from cigarettes, HTPs, e-cigarettes and waterpipe tobacco) in all respondents was 10.1%, including cigars (8.5%), hand-rolled cigarettes (6.8%), pipe tobacco (4.2%), herbal cigarettes (0.7%), snuff tobacco (0.3%), chewing tobacco (0.2%) and snus tobacco (0.2%).

### 7.2 Smoking products used indoor or in the presence of children

- In the past 30 days, 12.5% of current cigarette users used cigarettes indoor, 12.1% used cigarettes at home in the presence of children, and 16.4% used cigarettes outdoor in the presence of children.
- In the past 30 days 20.4% of current HTP users used HTPs indoor, 11.2% used HTPs at home in the presence of children, and 22.6% used HTPs outdoor in the presence of children.
- In the past 30 days, 18.8% of current e-cigarette users used e-cigarettes indoor, 12.1% used e-cigarettes at home in the presence of children, and 15.8% used e-cigarettes outdoor in the presence of children.

### 7.3 Perception of alternative smoking products

#### 7.3.1 Heated tobacco products

- Most (91.6%) respondents did not perceive switching from cigarettes to HTPs as quitting. Nearly three quarters (73.1%) of respondents and 59.2% of current smokers perceived HTPs ineffective for quitting cigarettes.
- About two-thirds (65.0%) of respondents perceived HTPs at least as harmful as cigarettes, and 57.4% perceived HTPs at least as addictive as cigarettes.

#### 7.3.2 E-cigarettes

- Nine in 10 (90.6%) respondents did not perceive switching from cigarettes to e-cigarettes as quitting. Three-quarters (76.0%) of respondents and 68.2% of current smokers perceived e-cigarettes ineffective for quitting cigarettes.

- Nearly two-thirds (63.1%) of respondents perceived e-cigarettes at least as harmful as cigarettes and 55.8% perceived e-cigarettes at least as addictive as cigarettes.

## 7.4 Pictorial health warnings

- Nine in 10 (89.7%) current smokers were aware of (had seen) PHWs on cigarette packs in the past 30 days. The awareness was less common in never smokers (50.7%) or ex-smokers (47.9%).
- In current smokers who had seen PHWs in the past 30 days, 70.6% saw the quitline number. 59.8% thought about harms of smoking, 29.4% thought about quitting smoking and 9.3% forwent a cigarette after noticing PHWs.
- Almost three quarters (72.4%) of respondents agreed that PHWs should be clearer and more threatening about harms of smoking.
- Near half (47.3%) of respondents agreed changing PHWs regularly.

## 7.5 Quit attempt and smoking cessation services

- About one-fifth (19.6%) of current smokers had their most recent quit attempt in the past 12 months.
- About one-sixth (14.6%) of current smokers had ever used smoking cessation services.
- The most commonly used smoking cessation service was face-to-face counseling (12.1%), followed by telephone inquiry (6.2%), telephone counseling (5.7%) and group counseling (2.2%).
- Around one-fourth (23.6%) current smokers had ever used any smoking cessation products. The most commonly used products were nicotine gum (13.5%) and nicotine patch (13.4%), followed by nicotine lozenge (8.3%), smoking cessation medication (3.0%) and acupuncture (2.6%).

## 7.6 Tobacco advertisement

- One-tenth (10.1%) of respondents perceived POS smoking product displays attractive.
- Upon seeing POS smoking product displays, 9.5% and 5.6% of current smokers had desire to smoke and buy cigarettes, respectively.

## 7.7 Tobacco tax

- Over half ex-smokers (53.0%) and current smokers (63.9%) perceived the current cigarette price ineffective in motivating smokers to quit smoking.

## 7.8 Smoke-free policies

- Most (92.1%) respondents supported a mandatory declaration of conflicts of interest with the tobacco industry by Legislative Council members and their parties. Most (86.1%) supported prohibition of these Legislative Council members and their parties from formulating tobacco control policies.

## 8. References

1. World Health Organization. Tobacco, Key facts. WHO website. <https://www.who.int/news-room/fact-sheets/detail/tobacco>. Published May 27, 2020. Accessed May 11, 2021.
2. McGhee SM, Ho LM, Lapsley HM, et al. Cost of tobacco-related diseases, including passive smoking, in Hong Kong. *Tobacco Control*. 2006;15(2):125-130. doi: 10.1136/tc.2005.013292.
3. World Health Organization. WHO Framework Convention on Tobacco Control. WHO website. [https://www.who.int/fctc/text\\_download/en/#:~:text=The%20WHO%20Framework%20Convention%20on,the%20highest%20standard%20of%20health](https://www.who.int/fctc/text_download/en/#:~:text=The%20WHO%20Framework%20Convention%20on,the%20highest%20standard%20of%20health). Published 2003. Accessed May 11, 2021.
4. Max W, Sung HY, Shi Y. Who is exposed to secondhand smoke? Self-reported and serum cotinine measured exposure in the U.S., 1999-2006. *International Journal of Environmental Research and Public Health*. 2009;6(5):1633-1648. doi: 10.3390/ijerph6051633.
5. International Tobacco Control Policy Evaluation Project. Smoke-free Policies: ITC Cross-Country Comparison Report. ITC website. <https://itcproject.org/findings/reports/itc-cross-country-comparison-report-smoke-free-policies-march-2012/>. Published 2012. Accessed May 11, 2021.
6. World Health Organization & Centers for Disease Control (U.S.). Tobacco questions for surveys: A subset of key questions from the Global Adult Tobacco Survey (GATS): global tobacco surveillance system. WHO website. <https://apps.who.int/iris/handle/10665/87331>. Published 2011. Accessed May 11, 2021.

7. Census and Statistics Department, Hong Kong Special Administrative Region. Thematic Household Survey Report No. 70. <https://www.statistics.gov.hk/pub/B11302702020XXXXB0100.pdf>. Published June 8, 2020. Accessed May 11, 2021.
8. Patanavanich R, Glantz S. Smoking Is Associated With COVID-19 Progression: A Meta-analysis. *Nicotine & Tobacco Research*. 2020;22(9):1653-1656. doi: 10.1093/ntr/ntaa082.
9. Information Services Department, Hong Kong Special Administrative Region. Smoking increases COVID-19 risk. [https://www.news.gov.hk/eng/2020/05/20200528/20200528\\_143051\\_218.html](https://www.news.gov.hk/eng/2020/05/20200528/20200528_143051_218.html). Published May 28, 2020. Accessed May 11, 2021.
10. Tobacco and Alcohol Control Office, Department of Health, Hong Kong Special Administrative Region. Tobacco Control Legislation. [https://www.taco.gov.hk/t/english/legislation/legislation\\_ta.html](https://www.taco.gov.hk/t/english/legislation/legislation_ta.html). Accessed 11 May, 2021.
11. Lavack AM, Toth G. Tobacco point-of-purchase promotion: examining tobacco industry documents. *Tobacco Control*. 2006;15(3):377-384. doi: 10.1136/tc.2005.014639.
12. Department of Health, Commonwealth of Australia. Tobacco plain packaging. <https://www.health.gov.au/health-topics/smoking-and-tobacco/tobacco-control/tobacco-plain-packaging#:~:text=Plain%20packaging%20aims%20to%20improve,making%20health%20warnings%20more%20effective>. Accessed May 11, 2021.
13. Department of the Prime Minister and Cabinet, Australian Government. Post-implementation Review – Department of Health. <https://ris.pmc.gov.au/2016/02/26/tobacco-plain-packaging>. Published February 26, 2016. Accessed May 11, 2021.
14. Numbeo. Price Rankings by Country of Cigarettes 20 Pack (Marlboro) (Markets). [https://www.numbeo.com/cost-of-living/country\\_price\\_rankings?itemId=17&displayCurrency=HKD](https://www.numbeo.com/cost-of-living/country_price_rankings?itemId=17&displayCurrency=HKD). Accessed June 6, 2021.

## Acknowledgements

We thank the telephone interviewers and staff from HKPORI for data collection and respondents for participating this survey.



香港吸煙與健康委員會

Hong Kong Council on Smoking and Health

Annual Report 2020-2021 年報







二零二一年九月出版  
Published in September 2021

© 2020-2021 年香港吸煙與健康委員會版權所有  
© 2020-2021 Hong Kong Council on Smoking and Health. All Rights Reserved.

香港灣仔皇后大道東 183 號合和中心 44 樓 4402-03 室  
Unit 4402-03, 44<sup>th</sup> Floor, Hopewell Centre, 183 Queen's Road East, Wanchai, Hong Kong

諮詢熱線 Enquiry Hotline: (852) 2838 8822  
傳真 Facsimile: (852) 2575 3966  
電郵地址 E-mail: [enq@cosh.org.hk](mailto:enq@cosh.org.hk)  
網址 Website: [www.smokefree.hk](http://www.smokefree.hk)



[www.smokefree.hk](http://www.smokefree.hk)

