

支持香港 實現無煙願景

Towards a Tobacco-free
Hong Kong



Annual Report 年報 2022-2023





目錄 Contents

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

| | | |
|------------|--|----|
| 專題 | Highlights | |
| 香港控煙 40 周年 | 40 th Anniversary of Tobacco Control in | 26 |
| 你我同行邁向無煙香港 | Hong Kong Towards a Tobacco-free Future | |

| | | |
|----------------|--|-----|
| 活動 | Events | |
| 活動紀要 2022-2023 | Highlights of Events 2022-2023 | 52 |
| 宣傳及社區推廣活動 | Publicity and Community Involvement Projects | 54 |
| 教育及青少年活動 | Education and Youth Programmes | 85 |
| 與傳播媒介之聯繫 | Working with the Mass Media | 98 |
| 會議 | Conferences | 100 |
| 資訊及研究項目計劃 | Information and Research Projects | 105 |

| | | |
|-----------|------------------------------|-----|
| 報告 | Reports | |
| 環保工作報告 | Environmental Report | 118 |
| 獨立核數師報告書 | Independent Auditor's Report | 120 |

| | | |
|-------------|---|-----|
| 附錄 | Appendices | |
| 鳴謝 | Acknowledgement | 146 |
| 各常務委員會之職能範圍 | Terms of Reference of Standing Committees | 148 |
| 第三十二號報告書 | COSH Report No. 32 | 150 |
| 第三十三號報告書 | COSH Report No. 33 | 178 |

支持香港 實現無煙願景

Towards a Tobacco-free
Hong Kong



委員會憲章 *Charter of COSH*

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

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

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

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

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

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



委員會組織架構 Organization of COSH



委員會成員 Members of COSH

| | | | |
|------------------------|-------------------|--|---------------------------------------|
| 主席 | 湯修齊先生MH太平紳士 | Chairman | Mr Henry TONG Sau-chai, MH, JP |
| 副主席 | 陳志球博士SBS, BBS太平紳士 | Vice-chairman | Dr Johnnie CHAN Chi-kau, SBS, BBS, JP |
| 委員 | 張勇邦先生MH | Member | 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 |
| | 夏敬恆醫生 | | Dr Tony HA King-hang |
| | 何世賢博士 | | Dr Daniel HO Sai-yin |
| | 林哲玄議員 | | Dr Hon 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 |
| | 董煜醫生太平紳士 | | Dr Stewart TUNG Yuk, JP |
| | 王文炳教授 | | Prof Kelvin WANG Man-ping |
| | 黃幸怡女士太平紳士 | | Ms Sandy WONG Hang-yee, JP |
| 當然委員 | 趙佩燕醫生太平紳士 | Ex-officio Member | Dr Amy CHIU Pui-yin, JP |
| 任期於2022年9月屆滿之委員 | | Outgoing members who served the Council for the year up to September 2022 | |
| | 曾立基先生 | | Mr Richard TSANG Lap-ki |

行政委員會 Executive Committee

| | | | |
|-----------|-------------------|-----------------|---------------------------------------|
| 主席 | 陳志球博士SBS, BBS太平紳士 | Chairman | Dr Johnnie CHAN Chi-kau, SBS, BBS, JP |
| 委員 | 湯修齊先生MH太平紳士 | Member | Mr Henry TONG Sau-chai, MH, JP |
| | 張勇邦先生MH | | Mr Langton CHEUNG Yung-pong, MH |

教育及宣傳委員會 Education & Publicity Committee

| | | | |
|-------------|-------------------|------------------------|---------------------------------------|
| 主席 | 張勇邦先生MH | Chairman | Mr Langton CHEUNG Yung-pong, MH |
| 委員 | 湯修齊先生MH太平紳士 | Member | 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 |
| | 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-yee, JP |
| 增選委員 | 陳玉玲女士 | Co-opted Member | 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 |
| | 曾立基先生 | | Mr Richard TSANG Lap-ki |
| | 蘇幟欣女士 | | Ms Isabella SO Kwok-yun |
| | 胡豔芬女士 | | Ms VU Im-fan |

社區聯絡委員會 Community Liaison Committee

| | | | |
|-------------|-------------------|------------------------|---------------------------------------|
| 主席 | 陳志球博士SBS, BBS太平紳士 | Chairman | Dr Johnnie CHAN Chi-kau, SBS, BBS, JP |
| 委員 | 湯修齊先生MH太平紳士 | Member | 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 |
| | 林哲玄議員 | | Dr Hon David LAM Tzit-yuen |
| 增選委員 | 方奕展先生 | Co-opted Member | 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 |
| | 馬澤華先生MH, CStJ | | Mr Stephen MA Chak-wa, MH, CStJ |
| | 黃俊碩議員 | | Hon Edmund WONG Chun-sek |
| | 葉永堂先生 | | Mr Charlie YIP Wing-tong |

資訊及研究委員會 Information & Research Committee

| | | | |
|-------------|-------------------|------------------------|---------------------------------------|
| 主席 | 湯修齊先生MH太平紳士 | Chairman | Mr Henry TONG Sau-chai, MH, JP |
| 委員 | 陳志球博士SBS, BBS太平紳士 | Member | 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 |
| | 王文炳教授 | | Prof Kelvin WANG Man-ping |
| | 董煜醫生太平紳士 | | Dr Stewart TUNG Yuk, JP |
| 增選委員 | 何明惠博士 | Co-opted Member | Dr Celine HO Ming-wai |
| | 林大慶教授BBS太平紳士 | | Prof LAM Tai-hing, BBS, JP |
| | 余榮輝先生MH | | Mr Christopher YU Wing-fai, MH |

法例委員會 Legislation Committee

| | | | |
|-------------|-------------------|------------------------|---------------------------------------|
| 主席 | 湯修齊先生MH太平紳士 | Chairman | Mr Henry TONG Sau-chai, MH, JP |
| 委員 | 陳志球博士SBS, BBS太平紳士 | Member | 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 |
| | 王文炳教授 | | Prof Kelvin WANG Man-ping |
| | 黃幸怡女士太平紳士 | | Ms Sandy WONG Hang-yee, JP |
| | 林哲玄議員 | | Dr Hon David LAM Tzit-yuen |
| 增選委員 | 封瑩醫生 | Co-opted Member | 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



1 湯修齊先生 MH 太平紳士
Mr Henry TONG Sau-chai, MH, JP

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

7 夏敬恒醫生
Dr Tony HA King-hang

10 廖偉明醫生
Dr Haston LIU Wai-ming

2 陳志球博士 SBS, BBS 太平紳士
Dr Johnnie CHAN Chi-kau, SBS, BBS, JP

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

8 何世賢博士
Dr Daniel HO Sai-yin

11 巫潔嫻教授
Prof Phoenix MO Kit-han

3 趙佩燕醫生 太平紳士
Dr Amy CHIU Pui-yin, JP

6 古龍沙美娜女士 MH
Ms Sharmila GURUNG, MH

9 林哲玄議員
Dr Hon David LAM Tzit-yuen

12 蘇潔瑩醫生
Dr Loletta SO Kit-ying



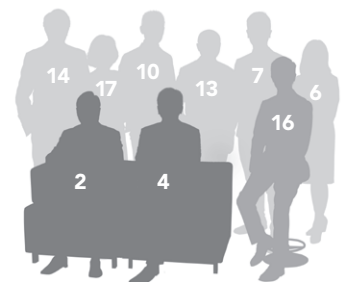
13 鄧振強先生MH太平紳士
Mr Teddy TANG Chun-keung, MH, JP

14 曾立基先生
Mr Richard TSANG Lap-ki

15 董煜醫生太平紳士
Dr Stewart TUNG Yuk, JP

16 王文炳教授
Prof Kelvin WANG Man-ping

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





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

張勇邦先生為退休小學校長，現擔任香港資助小學校長會名譽主席、香港教育大學學校協作及體驗事務處及宗教教育與心靈教育中心專業顧問，於2020年加入委員會，現為教育及宣傳委員會主席、行政委員會及法例委員會委員。

Mr Langton CHEUNG is a retired primary school principal. He is now the Honorary Chairman of the Hong Kong Aided Primary School Heads Association, and also the professional consultant of School Partnership and Field Experience Office and Centre for Religious and Spirituality Education of the Education University of Hong Kong. He joined COSH in 2020. He is now the Chairman of the Education & Publicity Committee and also a member of the Executive 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

古龍沙美娜女士於2020年加入委員會。現為社區聯絡委員會委員。

Ms Sharmila GURUNG joined COSH in 2020. She is a member of the Community Liaison Committee.



委員 Member

夏敬恒醫生
Dr Tony HA King-hang

夏敬恒醫生於2019年加入委員會。

Dr Tony HA 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

林哲玄議員
Dr Hon David LAM Tzit-yuen

林哲玄議員為外科醫生，現為立法會議員（醫療衛生界），於2018年加入委員會，現為社區聯絡委員會和法例委員會委員。

Dr Hon David LAM is a surgeon and the current Legislative Council Member (Medical and Health Services). He joined COSH in 2018 and is a member of the Community Liaison Committee and Legislation Committee.



委員 Member

廖偉明醫生
Dr Haston LIU Wai-ming

廖偉明醫生為牙科醫生，香港牙醫學會前會長，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 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

蘇潔瑩醫生現為港島東醫院聯網總監及東區尤德夫人那打素醫院、長洲醫院及黃竹坑醫院行政總監，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 the Cluster Chief Executive of Hong Kong East Cluster and Hospital Chief Executive of Pamela Youde Nethersole Eastern Hospital, St John Hospital and Wong Chuk Hang 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

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和資訊及研究委員會委員。

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

委員 Member

王文炳教授
Prof Kelvin WANG
Man-ping

王文炳教授為香港大學護理學院教授，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。

Prof Kelvin WANG is the 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



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

秘書處編制及職員名單 Secretariat

| | | | |
|--------------|-------|--|----------------------------|
| 總幹事 | 黎慧賢女士 | Executive Director | Ms Vienna LAI Wai-yin |
| 項目籌劃 高級經理 | 朱偉康先生 | Senior Project Manager | Mr Lawrence CHU Wai-hong |
| | 黃靖玢女士 | | Ms Shelby WONG Ching-bun |
| 項目籌劃經理 | 趙慧渝女士 | Project Manager | Ms Debby JIU Wai-yu |
| | 謝結齡女士 | | Ms Jacqueline TSE Kit-ling |
| | 謝婕怡女士 | | Ms Irene TSE Tsit-yi |
| | 王鋁鋁女士 | | Ms Cath WONG Lui-lui |
| | 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 | 陳珮琳女士 | Project Officer | Ms Christie CHAN Pui-lam |
| | 周穎嫻女士 | | Ms Hody CHAU Wing-han |
| | 何沅鋌女士 | | Ms Isabelle HO Yuen-ting |
| | 鄧樂希女士 | | Ms Tiffany TANG Lok-hei |
| 項目籌劃主任 | 陳浩銘先生 | Project Executive | Mr Calvin CHAN Ho-ming |
| 教育幹事 | 陳穎心女士 | Educator | Ms Samantha CHAN Wing-sum |
| | 鍾翠媛女士 | | Ms Irene CHUNG Tsui-woon |
| | 郭麗嬋女士 | | Ms Vivian KWOK Lai-sim |
| | 黃思敏女士 | | Ms Vicky WONG Sze-man |
| 行政助理 | 黃敏儀女士 | Executive Assistant | Ms Michelle WONG Man-yee |
| 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



控煙工作是一場耐力賽，需要全盤策略與無比決心。經過政府及社會各界40載的共同努力，香港吸煙率穩步下降至9.5%，屬全球最低之列。為了下一代的健康，我們須果斷尋求突破。委員會將繼續以實現無煙香港為目標，凝聚力量，積極推動控煙發展，以保障公眾免受煙草危害。

Tobacco control is journey of stamina which demands comprehensive strategies and unwavering determination. Thanks to the concerted efforts of the Government and community at large over the past four decades, Hong Kong has achieved a remarkable reduction in smoking prevalence to 9.5%, which stands as one of the lowest in the world. However, we must be resolute in seeking a breakthrough for the sake of our next generation's health. With the aim of attaining a tobacco-free Hong Kong, COSH will work in continuous collaboration with all sectors to safeguard the public health from tobacco hazards.

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

香港自1982年起實施《吸煙(公眾衛生)條例》(第371章)，吸煙率從八十年年代初的23.3%下降至2021年的9.5%，是有紀錄以來首次錄得單位數，此鼓舞成果全賴政府、社會各界與香港吸煙與健康委員會一直同心協力。不過，值得注意的是，本港吸煙率近十年來下降速度放緩，已陷入樽頸位，委員會強調控煙工作是一場耐力賽，煙草商以層出不窮的手法阻礙控煙的推展工作，為鞏固香港在控煙工作的領先地位，政府必須把握契機，進一步加強控煙措施，以尋求突破，否則煙草危害禍延下一代。

Since the enactment of the Smoking (Public Health) Ordinance (Cap 371) in 1982, Hong Kong's smoking prevalence has dropped from 23.3% in the early 1980s to 9.5% in 2021, marking the first instance of a single-digit figure being recorded. This encouraging outcome is a testament to the unwavering dedication and collaborative efforts of the Government, diverse sectors of the community, and COSH. However, it is noteworthy that the decline in Hong Kong's smoking prevalence has experienced a slowdown over the past decade, reaching a bottleneck in its process. COSH emphasizes that tobacco control is a journey of stamina, and notes that tobacco industry employ a myriad of tactics to impede the advancement of tobacco control initiatives. To uphold Hong Kong's leading role in tobacco control, it is essential for the Government to seize this opportunity to further strengthen tobacco control measures and strive for a breakthrough; otherwise, the pernicious effects of tobacco will persist and afflict future generation.



增加煙草稅是被國際公認為最有效減低煙草使用的單一控煙措施。惟香港的煙草稅政策發展長期停滯不前，煙草稅自2015年起已經連續八年被凍結，隨著多年來物價通脹上升，在目前欠缺有效加稅機制以抵銷通脹影響的情況下，難以促進長遠的控煙工作。

委員會積極向當局進行倡議工作，表達增加煙草稅的重要性和逼切性，包括與不同界別的專家及學者舉行記者招待會，並聯同120個團體去信財政司司長，促請政府大幅增加煙草稅百分之一百，打破煙草稅凍結僵局，並隨後按年增加稅率，既促使推動吸煙人士戒煙，減輕其生活成本及因吸煙而導致之醫療負擔，同時保障下一代免受煙草危害。委員會歡迎政府聽取各界意見，於2023年2月提出增加煙草稅約31.5%，進一步加快降低吸煙率，以儘早達至《邁向2025：香港非傳染病防控策略及行動計劃》中，訂下於2025年達至7.8%吸煙率的目标。

Raising tobacco tax is the single most effective measure to reduce tobacco use which is proven to encourage smokers to quit and prevent the uptake of smoking in adolescents. However, the development of tobacco tax policies in Hong Kong has remained stagnant for an extended period. Since 2015, tobacco tax has been frozen for eight consecutive years. Given the escalating inflation over the years, the absence of an effective mechanism for tax increase to offset the impact of inflation poses a significant challenge to promoting long-term tobacco control initiatives.

COSH has actively advocated to the Government with emphasize on the importance and urgency of increasing tobacco tax. These efforts include hosting press conferences that gathered experts and scholars from different sectors, and collaboratively submitted a letter with 120 organizations to the Financial Secretary, urging the Government to implement a substantial 100% increase in tobacco tax. The Government should subsequently increase the tax rate on a yearly basis. This approach aims not only to encourage smokers to quit, helping them alleviate the financial burdens and medical costs incurred by smoking, but also to safeguard the well-being of future generations from the detrimental effects of tobacco. COSH appreciated the Government's receptiveness to the perspectives of various sectors. The decision to raise tobacco tax by approximately 31.5% was proposed in February 2023, represents a significant stride towards accelerating the decline in smoking prevalence. This move aligns with the objective of achieving a smoking prevalence of 7.8% by 2025, as outlined in the "Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong".

控煙形勢依然嚴峻，煙草商利用另類吸煙產品，誘使市民尤其青少年使用尼古丁。委員會馬不停蹄地透過多方面渠道向公眾解說另類煙對公共衛生的危害。《2021年吸煙（公眾衛生）（修訂）條例》最終於2022年4月30日起生效，全面禁止另類吸煙產品，任何人不得進口、推廣、製造、售賣或為商業目的而管有另類吸煙產品。委員會相信能有效阻止這些另類吸煙產品在港落地生根，避免讓另類煙破壞香港多年來來的控煙工作成果。

委員會一直與政府及各界持份者攜手合作，在控煙歷程克服不同難關。2022年是香港控煙40周年及委員會成立35周年。委員會於2022年11月舉辦「香港控煙四十周年座談會」，邀請國際及本地專家介紹有效的控煙政策，並就不同控煙議題分享見解。同日下午邀請逾百名嘉賓，當中包括政府官員、學術界、醫護界、控煙工作者、戒煙服務機構及支持控煙的非政府組織出席「香港控煙四十周年」慶祝典禮，一同回顧過往控煙工作的重要進程，同時前瞻未來的控煙策略及挑戰，期望透過團結各界力量，早日實現無煙香港的願景，同時為香港未來長遠控煙政策奠下堅實基礎。

The current tobacco control landscape remains critical, as tobacco industry employs alternative smoking products (ASPs) to entice the public, particularly young individuals, into nicotine consumption. COSH has tirelessly endeavored to educate the public on the public health risks associated with ASPs through various channels. Smoking (Public Health) (Amendment) Ordinance 2021 eventually came into effect on 30 April 2022, which enacted a total ban on alternative smoking products. No person may import, promote, manufacture, sell, or possess for commercial purposes ASPs. COSH believes that it can effectively thwart the establishment of these new types of smoking products in Hong Kong and prevent alternative smoking products from jeopardizing the tobacco control achievements in Hong Kong throughout the years.

COSH has been collaborating with the Government and stakeholders from various sectors to overcome different challenges encountered in the tobacco control journey. The year 2022 held special significance as it marked both the 40th anniversary of tobacco control in Hong Kong and the 35th anniversary of the establishment of COSH. COSH organized the Symposium for the 40th Anniversary of Tobacco Control in Hong Kong in November 2022, where esteemed international and local experts were invited to shed light on effective tobacco control policies and share their insights into various tobacco control issues. On the same day, more than 100 guests, including government officials, academia, medical and healthcare professionals, tobacco control practitioners, smoking cessation service providers and non-government organizations devoted to tobacco control attended the reception for The 40th Anniversary of Tobacco Control in Hong Kong. This event offered an opportunity to reflect on past milestones while directing our attention towards future tobacco control strategies and challenges. By fostering collaboration across all sectors, we aim to expedite the realization of a tobacco-free Hong Kong, while simultaneously establishing the foundational pillars for sustainable tobacco control policies in the long run.

降低吸煙率不僅是香港首要工作之一，更是全球各地的共同目標，而各地通力合作加強連繫，可儘早構建無煙環境。委員會深信一個經驗交流平台相當重要，有力推動多地控煙工作，在去年11月主辦「第十一屆海峽兩岸及香港澳門地區煙害防治研討會」，吸引來自兩岸四地的控煙工作者出席，並對不同的控煙範疇作深入交流，藉此推動各地公共衛生領域的合作。委員會亦積極參與不同交流活動，如聯同內地和香港公共衛生專家以線上方式參與，由中國控制吸煙協會及香港特區政府衛生署控煙酒辦公室組織的《2022年內地-香港控煙學術交流活動》，分享香港過往40年顯著的控煙工作經驗，共同推動內地落實《健康中國(2019-2030)》之控煙行動目標。

委員會定期製作宣傳短片，喚起公眾對吸煙禍害的關注。委員會於2023年1月推出全新宣傳片「支持香港邁向零煙世代！」，推動吸煙人士及早戒煙，務求減低二手煙對公眾的影響，讓香港早日實現零煙害願景。

宣傳片透過身在未來的無煙代言人「咪點我」回憶昔日街頭到處充斥著煙味的情景，並道出吸煙時產生的二手煙同樣含有害物質和致癌物，危害了身邊人的健康，從而帶出他對「零煙害」美好生活的嚮往，呼籲公眾為自己及下一代戒煙，一起締造無煙香港。

Efforts to reduce smoking prevalence not only take precedence in Hong Kong but also stand as a shared objective globally. By fostering collaboration and strengthening relationships, we can expedite the creation of a tobacco-free environment and effectively curb the proliferation of smoking worldwide. COSH strongly believes in the importance of a platform for experience exchange to advance tobacco control initiatives across various regions. COSH organized the 11th Cross-Straits and Hong Kong-Macau Tobacco Control Conference in November 2022. This conference convened tobacco control practitioners across the four regions, facilitating in-depth discussions on various aspects of tobacco control. COSH has also actively participated in various exchange activities. A sharing session on tobacco control was jointly organized by Chinese Association on Tobacco Control and Tobacco and Alcohol Control Office, Department of Health, Hong Kong Special Administrative Region. COSH attended the sharing session, and exchanged views on tobacco control with the Mainland and Hong Kong public health experts in an online format. COSH shared Hong Kong's remarkable experience in tobacco control over the past four decades. The sharing session envisioned to advance the tobacco control goal of Healthy China (2019-2030) in the Mainland.

COSH regularly produces promotional videos to raise public awareness regarding the detrimental effects of smoking. In January 2023, COSH launched a new Announcements in the Public Interest (API) titled "Towards a tobacco-free Hong Kong!", aiming to encourage smokers to quit as soon as possible, with the goal of reducing the impact of secondhand smoke on the general public and seeking to realize a tobacco-free Hong Kong.

In the API, "Wise Mike", Smoke-free Ambassador of COSH, was reminded of the past when the streets were filled with the smell of smoke, while bystanders were harmed by secondhand smoke containing harmful and cancer-causing substances. Hence, there was a hope for a better life without the hazards of smoking. Smokers were encouraged to quit smoking for themselves and the next generation, and join hands with others to move towards a tobacco-free Hong Kong.

委員會亦一直推動多元化的無煙教育，防止兒童和青少年開始吸煙，鼓勵學生從小開始建立無煙健康生活模式。由教育局協辦，透過多元學習模式及加強生涯規劃，裝備青少年成為社區未來領袖的「無煙Teens精英計劃」，吸引超過200名來自27間中學及青少年制服團隊的青少年參與，於校園及社區籌辦超過170項活動，較上一屆增加三成，同時創下歷屆以來的新高，成功將無煙信息傳遞予逾50,000名不同地區的師生及市民。

除於幼稚園及中小學舉辦逾100場「無煙新世代」健康講座外，委員會的恆常無煙教育活動——「學校互動教育巡迴劇場」亦有突破，無煙代言人「咪點我」再度現身，更首次擔任主要角色，推動學生堅拒吸煙，並鼓勵其吸煙的家人戒煙。

COSH has been proactively launching a diverse range of smoke-free education initiatives to prevent children and youths from initiating smoking habit, and encourage students to develop a smoke-free and healthy lifestyle from an early age. Co-organized by COSH and the Education Bureau, the "Smoke-free Elite Teens Programme" introduced diversified learning experiences and enhanced life planning, with an aim to equip teenagers to become future leaders in the society. The programme attracted the participation of more than 200 teenagers from 27 secondary schools and youth uniformed team. Compared to the previous year, the number of activities organized within schools and the community this year increased by 30% to over 170, reaching a new milestone of record-high activities. The program successfully conveyed the smoke-free message to over 50,000 teachers, students and citizens across different districts.

In addition to organizing more than 100 health talks in kindergartens, primary and secondary schools, COSH has achieved a noteworthy advancement in its regular smoke-free educational initiatives known as the "School Interactive Education Theatre". This breakthrough entailed the introduction of "Wise Mike", who played a key role in the drama to persuade students to abstain from smoking, and encourage their family members who are smokers to quit this habit.

無煙Teens精英計劃 Smoke-free Elite Teens Programme

>200名

來自27間中學及青少年制服
團隊的青少年參與

Over 200 teenagers from 27
participated secondary schools and
youth uniformed team.



>170項活動

於校園及社區籌辦，較上一屆增
加三成，創下歷屆以來的新高

This year increased by 30%
to over 170 schools and
community activities, reaching
a new milestone of record-
high activities.

委員會為鼓勵更多吸煙人士戒煙，非吸煙人士透過運動支持及推動吸煙人士遠離煙草，舉辦以「煙草終局：零煙害·無煙世代」為主題的一系列宣傳推廣活動，響應世界無煙日，並呼籲全港市民參與「無煙跑服日」，於世界無煙日當天穿着跑服及多做運動，獲得超過190間公司、機構、非牟利團體、醫院及學校全力支持，動員員工、會員、老師及學生參與，一同實現無煙害願景。

疫情下市民越來越重視健康，並鼓勵身邊人士戒煙，委員會乘勝追擊為本港社區營造戒煙氛圍，舉辦第13屆「戒煙大贏家」無煙社區計劃，並獲得區議會、地區康健中心、地區服務團體、多個行業商會和公司等超過90個機構支持，共舉辦超過80場招募活動，成功推動接近1,300名吸煙人士戒煙。此外，計劃亦在全港各區舉行超過70場實體及線上的無煙宣傳活動，向超過150,000名市民分享無煙信息。

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

>150場

地區招募及無煙宣傳活動
district recruitments &
smoke-free promotion
activities



~1,300名

有意戒煙的吸煙人士參加
participating smokers
who intended to quit

To support and facilitate smokers in their journey to quit smoking through exercise, COSH launched the "Tobacco Endgame: Zero Hazard•Smoke-free Generation" Publicity Programme in 2022, to echo the World No Tobacco Day and encouraged the citizens to wear sportswear and do exercises on 31 May. With support from over 190 companies, organizations, non-profit-making organizations, hospitals and schools, we were able to rally their employees, members, teachers and students to participate in this meaningful cause.

In view of the growing public concern for health, people took the initiative to encourage smokers around them to quit smoking. COSH seized the opportunity to foster a smoking cessation atmosphere in the local community by launching the 13th "Quit to Win" Smoke-free Community Campaign. This campaign was supported by more than 90 organizations, including District Councils, district health centers, local service groups, and various trade associations and companies. Over 80 recruiting sessions were held, and nearly 1,300 smokers were successfully convinced to quit smoking. In addition, more than 70 physical and online smoke-free promotion activities were organized in various districts across the city, sharing the smoke-free message with more than 150,000 members of the public.

即使香港整體吸煙率有所下跌，女性吸煙率多年來沒有明顯改善，委員會舉辦「無煙女性宣傳計劃」，與23間婦女組織及地區康健中心緊密合作，透過不同渠道提醒市民吸煙對女性的禍害、呼籲大眾支持女性吸煙者戒煙，以及宣揚無煙生活的好處。計劃鼓勵女性為了自己、家人和寵物的健康而戒煙，亦於全港不同地區舉辦了約40場以無煙女性為主題的社區宣傳活動，包括舉辦健康講座、無煙工作坊、無煙資訊展覽等，把無煙信息傳遞予約3,800名市民，並發派了超過5,000份無煙單張及宣傳品。

委員會樂見特區政府定下於2025年將吸煙率降至7.8%的目標，亦同時積極呼籲社會各界關注長遠控煙政策發展，凝聚社會共識，儘早實現無煙香港的願景。

此外，作為現任委員會主席，我亦特別多謝創會以來六位前任主席，包括梁定邦醫生、已故的李紹鴻教授和賀達理教授、左偉國醫生、劉文文女士及鄭祖盛先生多年來推動控煙所作出的貢獻。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，展望未來，委員會必繼續竭盡所能，推動邁向無煙香港！

Despite the decline in the overall smoking prevalence in Hong Kong, there has been a lack of substantial progress in reducing the prevalence of smoking among women over the years. COSH launched the Smoke-free Women Project, collaborating closely with 23 women's organizations and district health centers. The programme aimed to raise public awareness about the adverse effects of smoking on women, seek public support in assisting female smokers to quit, and promote the benefits of a smoke-free life through various communication channels. The programme encouraged women to quit smoking for the sake of their health, as well as that of their family members and pets. Around 40 community promotional activities were organized across Hong Kong. These activities included health talks, smoke-free workshops, and smoke-free information exhibitions. These initiatives conveyed the smoke-free message to about 3,800 members of the public, and more than 5,000 smoke-free leaflets and promotional materials were distributed.

Hong Kong's overall tobacco control endeavors will continue to progress. While appreciating the Government's target of reducing smoking prevalence to 7.8% by 2025, COSH actively calls upon the community to stay tuned with the long-term tobacco control policies development with an aim to foster a collective consensus and realize the vision of a tobacco-free Hong Kong.

Furthermore, as the current Chairman of COSH, I would like to extend my sincere gratitude to the six former chairpersons since COSH's inception, including Dr Ronald LEUNG, the late Professor LEE Shiu-hung, the late Professor Anthony Johnson HEDLEY, Dr Homer TSO, Ms Lisa LAU and Mr Antonio KWONG, for their contributions to the advancement of tobacco control over the years. Meanwhile, I would like to express my heartfelt thanks to COSH Council members and the Secretariat staff for their concerted efforts to tobacco control. Moving forward, COSH will remain committed to fulfilling our mission with the ultimate goal of achieving a tobacco-free Hong Kong.

香港控煙40周年

你我同行

邁向無煙香港

40th Anniversary

of Tobacco Control in Hong Kong

Towards a Tobacco-free Future



專題 Highlights



40年前的香港，吸煙行為普遍，室內外地方煙霧瀰漫，煙草廣告的蹤跡遍佈市民的日常生活，近至報章雜誌、電視節目廣告和士多報販小攤檔上琳瑯滿目煙草品牌宣傳品，遠至商場外的大型宣傳海報、煙草公司冠名贊助體育運動比賽、演唱會等。

政府為保障公眾健康，於1982年正式訂立《吸煙(公眾衛生)條例》(第371章)，立法推行控煙工作，加上社會各界的共同努力，香港的吸煙率由23.3%穩步下降至2021年史上新低的9.5%，成為香港控煙工作一個非常重要的里程碑。

2022年是香港控煙工作40周年，亦是香港吸煙與健康委員會成立35周年，以及室內禁煙15周年，就讓我們藉此機會一同回顧過去，並前瞻邁向吸煙率降至7.8%的目標。

Forty years ago, smoking was prevalent in indoor and outdoor areas in Hong Kong. Massive promotions of tobacco products were easily found everywhere, from the streets to the alleys, permeating the daily lives of citizens. Tobacco promotions were spread in newspapers, magazines, TV commercials, and even small stalls in convenience stores, showcasing a wide variety of tobacco brands. Large promotional posters outside shopping malls, tobacco company-sponsored sports events and concerts also contributed to the pervasive presence of tobacco.

To safeguard public health, Smoking (Public Health) Ordinance (Cap 371) was enacted in 1982, legislating and implementing tobacco control measures. With the collective efforts of various sectors in society, Hong Kong's smoking prevalence steadily declined from 23.3% to a historic low of 9.5% in 2021, marking a significant milestone in Hong Kong's tobacco control efforts.

2022 marked the 40th anniversary of tobacco control in Hong Kong, as well as the 35th anniversary of the Hong Kong Council on Smoking and Health and the 15th anniversary of the indoor smoking ban. Let us take this opportunity to look back on the past and courageously strive towards the goal of achieving a further drop to 7.8% smoking prevalence.

控煙措施多管齊下

香港目前位列全球吸煙率最低的地區之一。由八十年代的23.3%逐步下降至2021年的9.5%，是有紀錄以來首次單位數字，反映香港多年來透過多管齊下的控煙措施包括立法、徵稅、宣傳及教育、執法，以及推廣戒煙服務等，取得顯著的成效。而這實在有賴政府、醫療衛生界、學術界、非政府組織、社會各界、市民大眾及委員會於過去多年來的努力。在控煙歷程中，縱然經歷不少困難和挑戰，香港仍然秉持世界衛生組織(世衛)提出的MPOWER方向，循序漸進地抑制煙草使用，保障公眾健康。

世衛在2008年推出MPOWER的控煙措施，以遏制煙草流行及更有效履行《煙草控制框架公約》的承諾，協助各國實施煙草控制和管理。截至2022年3月，全球已有182個締約方，而中國亦於2003年11月10日簽署公約，並於2005年正式開始履行。根據《基本法》第153條，中央人民政府決定該條約適用於香港。

Multi-pronged Tobacco Control Measures

The smoking prevalence in Hong Kong has gradually declined from 23.3% in the early 1980s to a record low of 9.5% in 2021, which is among the lowest globally. This significant reduction reflects Hong Kong's efforts over the years in implementing comprehensive tobacco control measures, including legislation, taxation, promotion and education, enforcement, and promoting smoking cessation services. These achievements would not have been possible without the contributions of the Government, the healthcare sector, the academic community, non-governmental organizations, various sectors of society, the general public, and COSH. Over the past forty years, Hong Kong has faced numerous difficulties and challenges in its tobacco control journey. Nonetheless, it has remained committed to the MPOWER framework proposed by the World Health Organization (WHO), progressively curbing tobacco use and safeguarding public health.

WHO introduced MPOWER measures in 2008 to assist countries in implementing and managing tobacco control so as to curb the tobacco epidemic and effectively meet the commitments under the WHO Framework Convention on Tobacco Control (FCTC). As of March 2022, FCTC has 182 parties including China signing the treaty on 10 November 2003 and entered into force in China in 2005. In accordance with the provision of article 153 of the Basic Law, the Central People's Government decided that the treaty applies to Hong Kong.



提高煙草稅

增加煙草稅是最有效減低煙草使用和鼓勵戒煙的單一控煙措施。委員會一直聯同多個團體以不同形式倡議政府增加煙草稅，促使推動吸煙人士戒煙，減輕其生活成本及因吸煙而導致之醫療負擔，同時保障下一代免受煙草危害。

加煙稅助戒煙

增加煙草稅對即時及長遠降低吸煙率有明顯的作用。世衛指出，增加煙草稅每10%，高收入地區如香港，煙草需求量會隨之下降約4%，更可減少中低收入地區煙草使用約5%。

香港在六十、七十年代已開始透過向煙草徵收入口關稅作為間接稅。政府分別於2009-2010及2011-2012財政年度宣佈增加煙草稅50%及41.5%後，衛生署綜合戒煙熱線收到的來電數目分別上升258%及49%。2014-2015財政年度，煙草稅只是輕微調高11.7%，來電數目對比前一年則只錄得1%增長。由此可見，大幅增加煙草稅才能有效地鼓勵戒煙及持續加強吸煙人士戒煙的決心。另外，由於兒童及青少年對煙草價格較為敏感，透過增加煙草稅提升煙草價格，可預防兒童及青少年養成吸煙習慣，2009年及2011年大幅增加煙草稅後，中學生的吸煙率由2008年的6.9%下降至2013年的3.3%。

Raise taxes on tobacco

Raising tobacco tax is the single most effective measure to reduce tobacco use and encourage smoking cessation. COSH advocates the Government to raise tobacco tax together with different organizations in various formats every year to encourage smoking cessation, reduce smokers' financial burden associated with smoking, alleviate the healthcare costs resulting from smoking, and protect the next generation from the hazards of tobacco.

Raise tobacco tax to encourage smoking cessation

Raising tobacco tax substantially has immediate and long-term effects on reducing tobacco use. World Health Organization (WHO) indicated, a 10% increase on tobacco taxes would reduce consumption by 4% in high-income places like Hong Kong and by around 5% in low-and middle-income countries.

Import tariff was imposed on tobacco as indirect tax in the 1960s and 1970s in Hong Kong. Upon the announcement of tobacco tax increase in the Budgets of FY2009-2010 (50%) and FY2011-2012 (41.5%), the annual number of calls to the Integrated Smoking Cessation Hotline jumped by 258% and 49% respectively. When the tobacco tax was increased slightly by 11.7% in FY2014-2015, the annual number of calls to the hotline increased by 1% only compared to the year before. These figures reflected the effectiveness of substantial tax increase on motivating smoking cessation and sustainably enhancing smokers' determination to kick the habit. Increasing the retail price of cigarette with tobacco tax rise is also an effective deterrent for picking up smoking among children and youths who are price sensitive. After the substantial tax increases in 2009 and 2011, the smoking prevalence among secondary students dropped from 6.9% in 2008 to 3.3% in 2013.

根據多年經驗和數據所見，增加煙草稅是行之有效的措施，可以大幅降低吸煙率。委員會於2022年12月13日與控煙專家和學者舉行記者會，促請政府大幅增加煙草稅百分之一百，打破煙草稅凍結僵局，並隨後按年增加稅率，以鼓勵吸煙人士戒煙、預防青少年開始吸煙，以及防止已戒煙人士復吸。

委員會樂見政府聽取各界意見，積極加強控煙力度，於2023年2月提出增加煙草稅約31.5%。委員會建議政府應持續檢視增加煙草稅的政策，以充分發揮其推動減少吸煙的效用。

《2015年世界衛生組織全球煙草流行報告》指出，煙草稅應佔煙草零售價格75%或以上是最有效的控煙措施。全球有接近30個國家已訂立機制定期增加煙草稅。反觀香港，儘管政府於2023年增加煙草稅，惜仍未合乎世衛建議煙草稅率應佔煙草零售價格75%或以上，政府未來應考慮制訂按年增加稅率政策。

Based on years of experience and data, increasing tobacco taxes is an effective measure that can significantly reduce smoking prevalence. A press conference was held by COSH with tobacco control experts and scholars on 13 December 2022, urging the Government to substantially increase tobacco taxes by one hundred percent, breaking the deadlock of frozen tobacco taxes and subsequently raise the tax rates annually, with the result of encouraging smoking cessation, preventing youth from starting smoking and former smokers from relapsing.

COSH welcomed the Government proposed to raise tobacco tax by about 31.5% in February 2023 and advocated the Government to continue to review the policy of increasing tobacco taxes to fully maximize its effectiveness in promoting smoking reduction.

The “WHO Report on the Global Tobacco Epidemic 2015” suggested that increasing tobacco tax to more than 75% of the retail price is among the most effective tobacco control interventions. Across the world, about 30 countries introduced an automatic mechanism on raising tobacco tax. In Hong Kong, although the Government increased tobacco taxes in 2023, the increment fell short of the WHO’s recommendation that tobacco taxes should account for 75% or more of the retail price of tobacco products. In the future, the Government should consider formulate the regular mechanism of increasing tobacco taxes.

煙草商經常企圖以私煙問題為由反對增加煙草稅。世衛重申增加煙草稅和走私煙並沒有必然關係，同時揭露煙草業所贊助的機構就私煙情況提出偏頗的數據，政策制定者及公眾應謹慎處理有關數據。他們提出凍結煙稅以解決私煙問題欠缺理據，加強執法才是打擊私煙的最有效方法。香港海關多年來全方位嚴厲打擊私煙活動，包括電話訂購私煙，反映海關打擊私煙的決心及執法策略的成效，保障政府稅收及香港市民健康。香港實行高煙草稅是必須及切實可行的重要控煙政策之一。

The tobacco industry always expresses opposition against tobacco tax increase under the pretext that it will lead to a surge in illicit cigarettes. WHO reaffirmed that there is no causal link between tobacco tax increase and illicit cigarette smuggling. WHO also rejected the skewed and distorted data of tobacco industry-funded organizations on the prevalence of illicit cigarettes. Policy-makers and the public should be particularly cautious about such information. They suggested to freeze the tobacco tax to combat smuggling which stands without acceptable reasoning. The most effective measure against illegal trade of tobacco products is strict enforcement. Over the years, the Hong Kong Customs and Excise Department has strengthened enforcement against illicit cigarette activities on all fronts, including telephone ordering of illicit cigarettes. This showed the determination of the Department in combating illicit cigarette trade and the effectiveness of its enforcement strategy to protect the Government's tax revenue and public health. High tobacco tax in Hong Kong is an essential and practicable tobacco control policy.



保護人們免受煙草煙霧危害

全球每年有約120萬非吸煙人士因二手煙而提早死亡。而香港大學曾經研究吸煙及二手煙帶來的影響，結果顯示，香港每年有近7,000人因煙草而死亡，其中約670名非吸煙者因吸入二手煙致死，每年帶來的經濟損失更高達55.8億港元，包括因提早死亡損失的生產力（20億元）、醫療（26.4億元）及護理費用（9.4億元）。呼吸清新空氣是所有人的基本權利，唯有無煙的環境才能有效保障公眾健康。政府、社會各界與委員會過去40年來一直攜手合作，並肩前行推動擴大法定禁煙區和防止另類吸煙產品流入香港，保護市民免受煙草危害，在整個控煙工作完成多個里程碑。

逐步擴大法定禁止吸煙區

香港於1982年訂立《吸煙（公眾衛生）條例》（第371章），期後經多次修訂，法定禁止吸煙區範圍逐步擴大，不但有效保護市民免受二手煙影響，同時營造了一個有利戒煙的社會氛圍。當中最重要里程碑可算是2007年起於室內食肆及工作間全面禁煙，雖然有關修訂草案當年遭煙草業、飲食業及娛樂業界等強烈反對，但憑著政府對保護市民健康的堅持，加上其他醫護人員、學術界、控煙工作者及各界的支持，市民大眾最終得以享受無煙清新的室內環境，而2022年正是室內禁煙15周年。

Protect people from tobacco smoke

Globally, around 1.2 million individuals die prematurely because of exposure to secondhand smoke every year. A study about the consequences of smoking and passive smoking conducted by The University of Hong Kong revealed that about 7,000 people died of tobacco annually in Hong Kong and around 670 of them are non-smokers, which cost Hong Kong HK\$5.58 billion each year, including the loss of productivity of premature death (HK\$2 billion), health care costs (HK\$2.64 billion) and nursing costs (HK\$940 million). Breathing clean air is a basic human right. Smoke-free environments with no exceptions are the proven way to protect people. Over the past 40 years, the Government, various sectors of society, and COSH have been working hand in hand, pushing forward the expansion of designated no-smoking areas and preventing the influx of alternative smoking products into Hong Kong. It protects the public from the hazards of tobacco and has achieved several milestones in the field of tobacco control.

Expansion of statutory no smoking areas

The statutory no smoking areas have gradually expanded since the enactment of the Smoking (Public Health) Ordinance (Cap 371) in 1982 with several amendments subsequently. Expansion of statutory no smoking areas are not only for the protection of the public from secondhand smoke exposure, it also helps create a supportive atmosphere for smoking cessation. The most significant progress should be the extension of smoking ban to all indoor restaurants and workplaces in 2007. Despite the tremendous opposition from the tobacco, catering and entertainment industries against the Amendment Bill, the Government upheld the mission of protecting public health with the support of medical and healthcare professionals, academia, tobacco control practitioners and different sectors of the community. The general public can eventually now enjoy a smoke-free indoor environment. 2022 marked the 15th anniversary of the indoor smoking ban.

過去40年法定禁止吸煙區範圍的擴展歷程

The progress of expansion of statutory no smoking areas in the past 40 years

| 實施年份 Effective year | 法定禁止吸煙區範圍 | Statutory no smoking areas |
|------------------------|---|--|
| 1983 | 公共升降機及陸路公共交通工具下層實施禁煙。 | Smoking ban implemented in public lifts and lower deck of public transport land vehicles. |
| 1992 | 電影院、劇院、音樂廳、遊戲機中心及所有公共交通工具均被訂為法定禁煙區。 | Smoking ban implemented in cinemas, theatres, concert halls, amusement game centres and all public transport carriers. |
| 1998 | 超級市場、銀行、百貨公司或購物商場內任何對公眾開放的室內地方被列為禁煙區；機場管理局可指定機場客運大樓範圍為禁煙區。 所有食肆、學校、專上學院、職業訓練中心可將指定場所範圍列為禁煙區。 | All indoor areas open to the public in a supermarket, bank, department store or shopping mall were designated as no smoking areas. The Airport Authority may designate any area of the passenger terminal complex of the Airport as no smoking area. All restaurants, schools, post-secondary colleges, technical colleges could designate any area of the premises as no smoking area. |
| 1999 | 規定提供超過200個座位的食肆，必須劃出最少三分一的面積為禁煙區。 | Restaurants with over 200 seats were required to have not less than 1/3 no smoking area. |
| 2007 | 所有食肆的室內地方、室內工作間及多個公眾場所均訂為法定禁煙區。 | Smoking ban implemented at indoor areas of all restaurant premises, indoor workplaces and many public places. |
| 2009 | 獲暫緩禁煙的六類場所包括酒吧、會所、夜總會、浴室、按摩院及麻將天九耍樂場所全面禁煙。另外，48個有上蓋建築物的公共運輸設施亦禁煙。 | Complete smoking ban extended to the six types of establishments including bars, clubs, nightclubs, bathhouses, massage establishment and mahjong and tin-kau premises. Also, 48 public transport facilities with superstructures were designated as no smoking areas. |
| 2010 | 129個露天和另外兩個有上蓋建築物的公共運輸設施被列為禁煙區。 | Smoking ban extended to 129 open-air public transport facilities and two public transport facilities with superstructures. |
| 2016 | 八個隧道出入口範圍內的巴士轉乘處被列為禁煙區。 | Smoking ban extended to eight bus interchanges at tunnel portal areas. |
| 2018 | 三個通往快速公路或隧道的巴士轉乘處新增為禁煙區包括香港仔隧道、大嶼山繳費廣場及屯門公路。 | Smoking ban extended to three additional bus interchanges leading to expressways or tunnels including Aberdeen Tunnel, Lantau Toll Plaza and Tuen Mun Road. |
| 2021 | 三個新增通往快速公路或隧道的巴士轉乘處以及兩個公共運輸設施被列為禁煙區。 | Smoking ban extended to three additional bus interchanges leading to expressways or tunnels and two public transport facilities. |
| 2022 | 新增四個巴士總站和一個公共運輸交匯處被列為禁煙區 | Smoking ban extended to four additional terminus bus and one temporary public transport interchange. |

Note: Please visit Tobacco and Alcohol Control Office website for details of statutory no-smoking areas.

註：請參考控煙酒辦公室網頁以了解詳細的法定禁煙區地點。

衛生署控煙酒辦公室執行控煙法例

為了進一步加強及協調政府的控煙工作，衛生署於2001年成立了控煙酒辦公室（前身為控煙辦公室），主要工作包括健康推廣、執行控煙法例《吸煙（公眾衛生）條例》（第371章）、協調及提供戒煙服務。

為提高執法效率及增加違例吸煙罰款的阻嚇性，衛生署於2009年9月1日起實施《定額罰款（吸煙罪行）條例》，引入定額罰款制度，任何人在法定禁止吸煙區或公共交通工具內吸煙或攜帶燃著的捲煙、雪茄或煙斗，執法人員有權向他們發出定額罰款通知書，罰款港幣1,500元。

全禁另類吸煙產品

全球吸煙人口數目持續下降及傳統煙市場日漸式微，煙草商為延續利潤不斷研發新吸煙產品，令近年另類吸煙產品（另類煙）如電子煙及加熱煙草產品（加熱煙）等火速冒起，並於全球各地日益流行，重蹈八十年代時傳統捲煙盛行的覆轍。加上部分產品標榜對身體的傷害較傳統捲煙少，其營銷策略更針對青少年及非吸煙人士，變相鼓吹吸煙行為，對公眾健康構成嚴重威脅。

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

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

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

Total Ban on Alternative Smoking Products

Smoking rates and the conventional cigarette market have been declining globally. The tobacco industry launched new smoking products for sustaining revenue, thereby the swift popularity of alternative smoking products (ASPs) such as electronic cigarettes (e-cigarettes) and heated tobacco products (HTPs) is rising all over the world in recent years, similar to the tobacco epidemic of conventional cigarettes in the 1980s. Some of these products are claimed to be less harmful than conventional cigarettes. Their marketing propaganda are mainly targeting young people and non-smokers, and renormalize smoking behavior, causing grave threat to public health.



煙草商聘用年輕的網絡紅人進行間接和軟性宣傳。(圖片來源：Campaign for Tobacco-Free Kids)

The tobacco industry paid the young internet influencers and KOLs to deliver indirect and soft marketing. (Source: Campaign for Tobacco-Free Kids)

另類煙標奇立異的包裝設計、五花八門的口味及煙草商的誤導性宣傳手法，不但降低大眾對這些產品禍害的警覺性，吸引市民尤其青少年及非吸煙人士嘗試，同時亦令家長及教師難以察覺學生使用。在2019年，美國使用電子煙的人數高達近1,100萬，中學生的使用人數亦高達500萬。根據政府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，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。

政府統計處於2022年發表的《主題性住戶統計調查第75號報告書》提到，在2021年習慣每日使用電子煙的15歲及以上人士佔人口比率0.3%，實際人數約17,500人，相比2019年調查時比率的人數約7,200人的0.1%大幅增加，情況令人擔憂。

ASPs are marketed with novel designs and plenty of flavours. Their sophisticated promotion tactics downplay the health risks associated with smoking and tempt the youngsters and non-smokers to try, while students used them unnoticed in homes and schools. In the United States, there were about 11 million people using e-cigarettes in total and more than 5 million secondary school students were using e-cigarettes in 2019. According to a school-based survey on smoking commissioned by the Government and conducted by the School of Public Health of The University of Hong Kong during October 2018 to July 2019, around 20% to 40% of secondary school students who have never smoked lighted up their first cigarette by using HTPs and e-cigarettes.

According to the Thematic Household Survey Report No.75 released by Census and Statistics Department, the percentage of daily electronic cigarette (e-cigarette) smokers aged 15 and above in the population was 0.3 per cent in 2021 (some 17,500 persons in actual figure), while the corresponding percentage was 0.1 per cent in 2019 (some 7,200 persons in actual figure). This upward trend is concerning.

另一方面，愈來愈多研究證實另類煙含有有害物質和致癌物質，當中部分有害物質的含量可較傳統捲煙為高或為另類煙獨有。例如加熱煙裝置所產生的熱力能熔化煙支內的聚合物濾紙，釋出傳統捲煙中不常見的甲醛氰醇，在體內會分解成甲醛和山埃。香港大學的研究亦發現，使用電子煙及加熱煙的青少年，出現呼吸道徵狀包括咳嗽、鼻塞及有痰（即慢性支氣管炎徵兆）的風險較吸食傳統捲煙者更高，反映另類煙對健康風險不容忽視，並有必要及早遏止這類產品於香港流通。

現時並沒有證據顯示另類煙可以幫助吸煙人士戒煙。然而，另類煙含有尼古丁等成份，同樣令人上癮，並只為吸煙人士提供更多選擇，從而減低戒煙意欲。而且不少外國經驗引證大多數使用另類煙人士同時吸食傳統捲煙，成為雙重吸煙者，並可能引致門戶效應，令不吸煙人士開始吸煙。

On the other hand, an increasing number of research found that ASPs could release detrimental chemicals and carcinogens. Some harmful chemicals are found to be either present in higher concentration in aerosols of that ASPs or absent in conventional cigarette smoke. For example, the heat produced by the device is hot enough to melt the polymer-film filter of the heat stick, releasing formaldehyde cyanohydrin (rarely found in conventional cigarettes), which is metabolized into formaldehyde and cyanide. The findings from The University of Hong Kong showed that the risk of respiratory symptoms (such as cough, congestion or phlegm, which are the symptoms of chronic bronchitis) among the adolescent e-cigarette users and HTP users was higher than that of cigarette users. The threat of ASPs to population health must therefore not be ignored and curb the epidemic sooner.

Currently there is no evidence to show that ASPs can help smokers quit smoking. However, ASPs contain nicotine and other substance, and are addictive. The emergence of ASPs only offers a wider range of choices for smokers instead of considering smoking cessation. From many overseas experiences, most of ASP users smoked conventional cigarettes concurrently. They may act as a gateway to cigarette smoking in non-smokers.

同時，另類煙與傳統捲煙一樣，亦會釋放二手煙，危害他人健康，市民亦可能因其香味或較少的煙霧降低對暴露於有害的二手煙霧之中的戒心。世界衛生組織亦強調接觸二手煙霧並沒有安全的水平，並認為吸煙人士戒掉所有吸煙產品才能杜絕二手煙帶來的健康風險及保護身邊人。

鑑於任何形式的煙草使用均損害健康，也無助戒煙，行政長官於《行政長官2018年施政報告》中提出禁止另類煙法例建議，立法會於2021年10月三讀通過《2019年吸煙（公眾衛生）（修訂）條例草案》。《2021年吸煙（公眾衛生）（修訂）條例》於2022年4月30日起正式生效，任何人不得進口、推廣、製造、售賣或為商業目的而管有另類吸煙產品，包括電子煙、加熱煙及草本煙。

Similar to conventional cigarettes, ASPs emit secondhand smoke which damage the health of bystanders. The public might underestimate the health risks of secondhand smoke exposure due to its variety of flavors and less odor. WHO addressed that there is no safe level of exposure to secondhand tobacco smoke. All smokers are advised to quit smoking completely to eliminate the risks of passive smoking and protect others.

Given that all forms of tobacco use are harmful and could not help quit smoking, The Chief Executive proposed the legislation of total ban on ASPs in the “The Chief Executive’s 2018 Policy Address”. The Smoking (Public Health) (Amendment) Bill 2019 was passed by the Legislative Council in October 2021. Smoking (Public Health) (Amendment) Ordinance 2021 came into effect from 30 April 2022, no person may import, promote, manufacture, sell or possess for commercial purposes alternative smoking products, including e-cigarettes, HTPs and herbal cigarettes.

由2022年4月30日起

任何人不得進口、推廣、製造、售賣或為商業目的而管有另類吸煙產品，包括電子煙，加熱煙產品及草本煙。違例最高刑罰為監禁6個月及罰款\$50,000。

From 30 April 2022, no person may import, promote, manufacture, sell, or possess for commercial purposes alternative smoking products, including electronic smoking products, heated tobacco products, and herbal cigarettes. The maximum penalty is imprisonment for 6 months and a fine of \$50,000.



查詢及投訴電話熱線
Enquiry and Complaint Hotline
2961 8823

戒煙熱線
Quitline
1833 183



www.sdhc.gov.hk

衛生署健康服務處
Department of Health

欲了解詳情，可參閱《2021年吸煙(公眾衛生)(修訂)條例》全文。
For details, please refer to the full text of the Smoking (Public Health) (Amendment) Ordinance 2021.

警示煙草危害

雖然吸煙危害健康人人皆知，但大多數吸煙者和非吸煙者都仍然低估了煙草對身體所帶來的健康風險。在煙包上印有煙害圖象警示及字句是對吸煙者最直接的當頭棒喝，不但增加他們的戒煙意欲，也可以產生阻嚇作用，防止年輕人吸第一口煙。根據委員會於本港更新及擴大煙包煙害圖象警示前後進行的「控煙政策調查2018」，結果顯示這些新的煙害圖象警示有效宣揚煙害信息並可能推動戒煙。

煙包上的健康忠告可全天候每天24小時接觸每一位吸煙者。如果吸煙者每天吸一包煙，他/她每天會取出煙包20次，一年7,300次。其身邊的家人、朋友及同事也有機會留意到煙包上的健康忠告。他們是有權知道煙草產品對健康造成的眾多危害，而煙包是傳播信息的最佳途徑之一。



煙包於2000年開始須於上半部載有六款文字健康忠告，並輪流替換。

Cigarette packs must carry, in rotation, six text health warnings at the top of pack starting from 2000.

Warn about the dangers of tobacco

Everyone knows smoking is hazardous to health. However, most of the smokers and even non-smokers still underestimate the health risks associated with tobacco use. Pictorial and textual health warnings on cigarette packet is the most direct and effective admonition which not only promote intention to kick the habit, but also deter the youth from trying the first cigarette. According to COSH's Tobacco Control Policy-related Survey 2018 conducted before and after the introduction of new and enlarged pictorial health warnings (PHWs), the new PHWs disseminated the harms of smoking efficiently and appeared to promote smoking cessation.

The warnings on packet reach every smoker every day and are always working – 24 hours a day, 7 days a week. A smoker who smokes a pack a day would take his or her pack out 20 times per day, 7,300 times per year. Warnings may also have noticed by those around the smokers, such as family, friends and coworkers. They are entitled to be fully informed of the many health effects of tobacco products, and the package is one of the best ways to do that.

實施健康忠告的進程

在1983年，香港規定於售賣的捲煙煙包均須附有中英文式樣的健康忠告，期後經歷多次轉變，由早期的純文字式警示演變至2007年起生效的六款煙害圖象警示，而且位置移至煙包頂部，並擴大覆蓋範圍至佔煙包正面及背面的一半面積，以提高市民對吸煙禍害的意識，減少煙草使用。由2018年6月21日起，政府加強警示效用，規定煙害圖象警示須至少覆蓋煙包面積85%，圖象式樣亦增至12款，並加上戒煙熱線及必須顯示「請為你的下一代戒煙」的健康忠告。

Development of health warnings

Since 1983, textual health warnings in bilingual have been required on all cigarette packs sold in Hong Kong and have changed several times. They were enhanced from text-only warnings at the early stage to the six pictorial health warnings in effect since 2007. The warning must be positioned on the top of the packet taking up half of the front and back of packet's surface to better raise the public awareness of smoking hazards. Starting from 21 June 2018, the Government enlarged the size of pictorial health warnings to at least 85% of the cigarette pack area, increased the number of forms of warning to twelve, added the quitline number and mandated a health warning message ("Quit smoking for future generations").



由2018年6月21日起全面生效的12款煙害圖象警示。

The new twelve pictorial health warnings which came into full operation from 21 June 2018.

| 年份 Year | 健康忠告的變遷 | Changes on health warnings |
|---------|---|---|
| 1982 | 規定煙草廣告上必須註明吸煙危害健康，即使是在媒體播放，廣告後也必須加上「香港政府忠告市民吸煙危害健康」語句。 | In all tobacco advertisements, including those in the print and broadcasting media, the message of "HK Government Health Warning: Smoking harms your health" must be added. |
| 1983 | 煙草產品的封包須印有中英文式樣的健康忠告。 | Bilingual text health warnings required on all cigarette packs. |
| 1994 | 文字健康忠告由一款增至四款更強烈及明顯的忠告，並須輪流替換： 「吸煙可以致命」、 「吸煙可以致癌」、 「吸煙害己害人」及 「吸煙可引致心臟病」。 | The single health text warning was replaced by four stronger and more precise messages to be used in rotation: "SMOKING CAN KILL", "SMOKING CAN CAUSE CANCER", "SMOKING HARMS YOURSELF AND OTHERS" and "SMOKING CAN CAUSE HEART DISEASE". |
| 2000 | 煙包上半部須載有全新六款文字健康忠告，須輪流替換，並須標示焦油及尼古丁含量，以白底黑字展示： 「吸煙足以致命」、 「吸煙引致癌病」、 「吸煙引致心臟病」、 「吸煙引致肺癌」、 「吸煙引致呼吸系統疾病」及 「吸煙禍及子女」。 | Cigarette packs must carry, in rotation, six new text health warnings, with indication of tar and nicotine yields. Health warning must be at the top of the pack, black lettering on white background: "SMOKING KILLS", "SMOKING CAUSES CANCER", "SMOKING CAUSES HEART DISEASE", "SMOKING CAUSES LUNG CANCER", "SMOKING CAUSES RESPIRATORY DISEASES" and "SMOKING HARMS YOUR CHILDREN". |
| 2007 | 捲煙封包及零售盛器必須以訂明的式樣及方式展示煙害圖象警示、焦油量及尼古丁含量。六款煙害圖象警示須輪流替換，並至少覆蓋封包及零售盛器面積的50%，而「特醇」及「低焦油」等誤導性字眼亦被規管。 | Packets of tobacco products and retail containers shall bear six pictorial health warnings in rotation, tar and nicotine yields in the prescribed form and manner. The pictorial health warnings shall be of a size that covers at least 50% of the surface area of the packet or retail container. The use of misleading information and wordings as "light" and "mild" is also regulated. |
| 2018 | 煙包上煙害圖象警示面積由50%擴大至85%，圖象式樣由六款增至12款，並加上戒煙熱線及必須顯示「請為你的下一代戒煙」的健康忠告。 | The size of pictorial health warnings was enlarged from 50% to 85% of the cigarette pack area, the number of forms of health warning was increased from six to twelve and the quitline number and a health warning message ("Quit smoking for future generations") was added. |

隨著澳洲於2012年成為首個國家實施「全煙害警示包裝」後，愈來愈多國家仿效，世界衛生組織總幹事亦在2015年第16屆世界煙草與健康會議上，特別指出「全煙害警示包裝」的控煙成效，鼓勵其他國家推行。現時已有近40個國家計劃實施。委員會亦希望政府能推行此措施，以防止煙草商利用煙包作宣傳及減低煙草產品的吸引力。

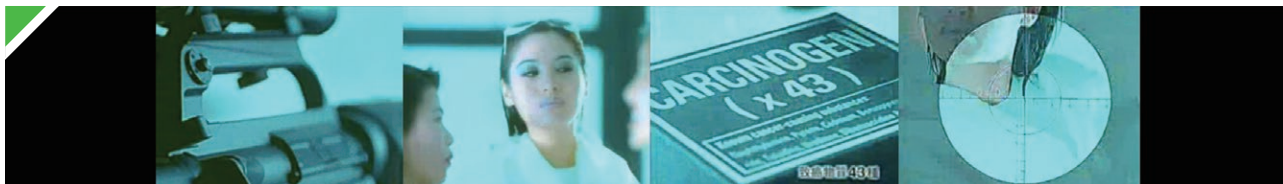
委員會宣傳煙草禍害

委員會不斷針對不同群組的需要，度身訂造多元化的宣傳及教育活動以介紹吸煙禍害及推廣無煙文化，包括健康講座、學校互動教育巡迴劇場、地區展覽等。此外，委員會亦曾推出多輯令人印象深刻的電視宣傳短片，以不同手法令市民大眾進一步認識煙草對身體的危害。

Following the successful experience of Australia which first implemented plain packaging in 2012, more and more countries plan to introduce this measure. Director-General of World Health Organization particularly highlighted the effectiveness of plain packaging in the 16th World Conference on Tobacco or Health in 2015 and encouraged other countries to adopt. Currently nearly 40 countries considered to implement plain packaging. COSH has urged the Government to implement plain packaging in Hong Kong in order to remove advertising through cigarette pack and reduce attractiveness of tobacco products.

Promotion on smoking hazards by COSH

To promote smoking hazards and foster a smoke-free culture, COSH has been implementing a variety of tailor-made education and publicity programmes targeting different segments in the community, e.g., health talks, School Interactive Education Theatre and district exhibitions. Besides, COSH has introduced many impressive APIs to further educate the public and raise awareness on the smoking hazards.



1996年「女性殺手篇」電視宣傳短片(致命點：鼻、喉、心肺、子宮，甚至胎死腹中)：吸煙後患無窮，女性不應吸煙。

1996 "Women Killer" TV API (Targets: nose, throat, heart, lungs, uterus and even your baby): Smoking kills. Women should not smoke.



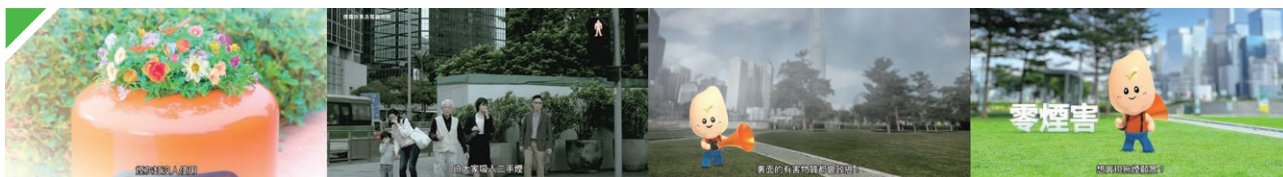
2012年「兩個吸煙一個早死」電視宣傳短片(兩個長期吸煙者中，一個因吸煙而提早死亡)：醫學研究指出，長期吸煙會導致提早死亡，平均損失壽命為15年，喚醒公眾不要低估吸煙對身體帶來的嚴重後果。

2012 "One in two smokers will die early" TV API (One in two smokers will eventually die from smoking-attributable diseases): Numerous medical research has shown that smoking causes loss of 15 years life span on average. The public should not underestimate the harmful effects caused by smoking.



2021年「吸煙實有害 乜煙都咪點！」電視宣傳短片(另類吸煙產品同樣危害健康)：世界衛生組織強調，世上沒有安全而健康的吸煙產品，使用相關產品也令旁人吸入二手煙，損害健康。現時並沒有證據顯示另類吸煙產品能夠減害，市民應徹底戒煙，遠離煙害。

2021 "Smoking harms. Don't smoke at all!" TV API (Alternative smoking products are hazardous to health): World Health Organization stressed that there are no safe and healthy smoking products in the world. The use of these products also exposes bystanders to secondhand smoke which damages to health. Currently there is no evidence to show that alternative smoking products can reduce harm. All smokers were advised to quit smoking completely.



2023年「支持香港邁向零煙世代！」電視宣傳短片，透過身在未來的無煙代言人「咪點我」回憶昔日街頭到處充斥著煙味的情景，並提到吸煙時產生的二手煙同樣含有害物質和致癌物，危害了身邊人的健康，從而帶出他對「零煙害」美好生活的嚮往，呼籲公眾為自己及下一代戒煙，一起締造無煙香港。

2023 "Towards a tobacco-free Hong Kong!" TV API: "Wise Mike," the Smoke-free Ambassador of COSH, appears to remind members of the public that they have been exposed to tobacco smoke on the streets, while bystanders have been harmed by secondhand smoke containing harmful and cancer-causing substances. Consequently, he expresses an aspiration for a better life without the hazards of smoking. Smokers were encouraged to quit for their own well-being and for the sake of future generations, and to join hands in moving towards a tobacco-free Hong Kong.

監測煙草使用與預防政策

監測是一項重要的控煙工作，以人口統計數據為基礎的本地和國際煙草使用監測數據對有效規劃和實施控煙措施意義重大。

香港政府統計處吸煙統計調查報告

香港政府自1982年起，定期進行有關本港人口吸煙情況的住戶統計調查，藉此掌握香港整體吸煙率、吸煙者性別比例、年齡分佈，以及每日平均吸煙量等，以制定合適的政策及措施。



委員會科研項目

委員會於過去進行或委託專人進行一系列與吸煙有關的研究項目包括吸食原因、預防吸煙及戒煙等，以向政府、社區衛生組織及社會服務團體提供有關吸煙與健康之意見。委員會為評估香港控煙政策的成效，以及監測市民對相關措施的意見，自2012-2013年度起定期進行「控煙政策調查」。此調查是一個具代表性的橫斷研究，廣泛收集有關吸煙與健康的資料，包括吸煙習慣、戒煙、接觸二手煙及三手煙的情況、對現行和未來控煙政策的意見等。

Monitor tobacco use and prevention policies

Monitoring is a critical tobacco control activity. Population based local and international monitoring data are necessary to effectively plan and implement the tobacco control policies.

Survey of smoking pattern conducted by Census and Statistics Department of Hong Kong

Since 1982, the Government has regularly conducted Thematic Household Survey regarding the smoking pattern in the Hong Kong population in order to facilitate the formulation and implementation of related policies and measures. The survey covers the overall smoking prevalence in Hong Kong, smoking pattern by gender and age, daily consumption of cigarettes, etc.

COSH scientific research and studies

For the past years, COSH has conducted and coordinated a series of scientific research and studies into the cause, prevention and cure of tobacco dependence in order to advise the Government, community health organizations or any public body on matters relating to smoking and health. To evaluate the effectiveness and keep track of public opinion on tobacco control policy in Hong Kong, COSH has conducted Tobacco Control Policy-related Survey regularly since FY 2012-2013. 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 and third-hand smoke exposure, opinions towards existing and future tobacco control measures, etc.

香港吸煙與健康委員會部分研究項目：

Some of COSH research and studies:

| 年份Year | 研究項目 | Research and study |
|--------------------------|-------------------------|--|
| 1994, 1995 & 1999 & 2006 | 青少年吸煙與健康調查 | Youth Smoking and Health Survey |
| 1995 & 2000 | 市民對飲食店鋪禁止吸煙的意見 | Public Opinion on Smoke-free Restaurants |
| 1996 | 市民對禁止煙草廣告及煙草公司贊助活動的意見 | Public Opinion on Banning of Tobacco Advertisements and Sponsorship |
| 1998 | 兒童吸煙與被動吸煙調查 | Smoking and Passive Smoking in Children |
| 2001 | 香港飲食從業員二手煙與心臟病及癌病風險調查 | Passive Smoking and Risks for Heart Disease and Cancer in Hong Kong Catering Workers |
| 2001 | 香港實行食肆無煙政策對顧客的影響 | The Impact of Smoke-free Policies on the Patronage Restaurants in Hong Kong |
| 2008 | 兒童接觸二手煙與健康調查 | Secondhand Smoking and Health Survey in Children |
| 2012 - 2022 | 控煙政策調查 | Tobacco Control Policy-related Survey |
| 2013 - 2022 | 「戒煙大贏家」比賽－戒煙干預隨機對照試驗研究 | “Quit to Win” Contest: Randomized Controlled Trial Study on Smoking Cessation Intervention |
| 2014 | 香港女性吸煙與健康調查 | Smoking and Health Survey in Hong Kong Women |
| 2015 | 香港私煙消耗量實際評估 | Realistic Estimation of Illicit Cigarette Consumption in Hong Kong |
| 2015 - 2016 | 電子煙分析測試 | Electronic Cigarettes Analytical Testing |
| 2016 | 兒童及青少年對煙包的觀感之焦點小組研究 | Focus Group Study on Perceptions of Tobacco Packaging among Children and Youth |
| 2019 | 減少小學生接觸煙草煙霧的集群隨機對照研究 | Cluster Randomized Controlled Trial on Reducing Exposure to Tobacco Smoke among Primary School Students |
| 2020 | 香港青少年吸食水煙及酒吧職員提供水煙的質性研究 | Qualitative Study on Young Adults’ Experience of Waterpipe Smoking and Bar Staff’s Experience of Offering Waterpipe Tobacco in Hong Kong |

提供戒煙幫助

根據政府統計處最新的數字，香港現時大概有約58萬名每日吸煙人士，當中有三成(31.5%)曾嘗試戒煙但不成功。戒煙對煙草使用者來說並非易事，但若配合適當的戒煙服務必定事半功倍。世界衛生組織亦指出戒煙藥物能增加成功戒煙機會兩至三倍。政府與不同團體於近年亦大力開展及加強多元化的服務，協助吸煙人士重拾健康生活。



香港戒煙服務

現時政府及多個團體均有提供不同類型的戒煙服務，包括：

- 衛生署綜合戒煙熱線1833 183
- 東華三院戒煙綜合服務中心
- 基督教聯合那打素社康服務
- 基督教家庭服務中心
- 博愛醫院免費中醫針灸戒煙服務
- 香港理工大學青少年戒煙熱線
- 醫院管理局「無煙新天地」
- 九龍樂善堂「愛·無煙」前線企業員工戒煙計劃
- 香港大學青少年戒煙輔導服務
- 香港大學女性戒煙計劃

Offer help to quit tobacco use

According to the latest statistics released by Census and Statistics Department, Hong Kong has around 580,000 daily cigarette smokers, 31.5% of them had tried but failed to give up smoking. Tobacco is a deadly habit that is hard to kick. However, the successful rate can be effectively enhanced with the assistance of appropriate smoking cessation services. The World Health Organization also stated that these medications can double or triple the likelihood of successfully quitting. The Government and non-governmental organizations have been actively introducing and enhancing a wide range of services in recent years to help smokers adopt a smoke-free lifestyle.

Smoking cessation services in Hong Kong

The Government and non-governmental organizations provide various smoking cessation services in Hong Kong, including:

- Integrated Smoking Cessation Hotline of Department of Health 1833 183
- Tung Wah Group of Hospitals Integrated Centre for Smoking Cessation
- United Christian Nethersole Community Health Service
- Christian Family Service Centre
- Pok Oi Hospital Free Smoking Cessation Services with Chinese Medicine and Acupuncture
- Youth Quitline, PolyU
- Hospital Authority's Smoking Counselling & Cessation Service
- Smoking Cessation Programme in Workplace by The Lok Sin Tong Benevolent Society, Kowloon
- HKU Youth Quitline
- HKU Women Quit

宣傳及推動戒煙

委員會多年來向不同年齡和階層的受眾積極宣傳戒煙的重要性，以鼓勵更多吸煙人士投入無煙生活。委員會舉辦全港性的宣傳推廣及教育活動，例如「戒煙大贏家」無煙社區計劃、「無煙加油站活動」、「無煙Teens精英計劃」等，並推出電視宣傳短片，旨在凝聚社會力量，營造推動戒煙的濃厚氛圍。此外，委員會在加強與地區組織及非政府組織的合作，推動非吸煙人士支持身邊的吸煙人士戒煙，同時亦針對高吸煙率的行業及性別人士而度身訂造宣傳推廣活動，讓更多市民和多個行業的從業員認識戒煙服務，包括「建造無煙力量」、「無煙車樂部」、「無煙女性宣傳計劃」、「無煙老友記」計劃等，為有意戒煙的人士提供支援，戒除煙癮，重拾健康。



委員會於全港18區設立「戒煙大贏家」招募攤位招募吸煙人士戒煙。

COSH conducted "Quit to Win" recruitment sessions across the territory to recruit smokers to quit smoking.

Promotion of smoking cessation

To encourage more smokers to kick the habit, COSH has been actively promoting smoking cessation through territory-wide publicity campaigns and education programmes to audiences of different ages and from different walks of life, such as "Quit to Win" Smoke-free Community Campaign, "Smoke-free Support Station Programme", "Smoke-free Elite Teens Programme" and so on. Impactful Announcements in the Public Interest were also produced and received overwhelming response to create a supportive atmosphere for quitting smoking. Besides, COSH launched some programmes tailored for industries and gender with high smoking prevalence including "Smoke-free Construction Force", "Smoke-free Drivers Club", "Smoke-free Women Project" and "Elderly Smoking Cessation Promotion Project" to offer support to anyone who wanted to stop smoking while working closely with different district and non-governmental organizations in motivating non-smokers to encourage smoking cessation among their family and friends.



委員會針對吸煙率較高之行業度身訂造不同宣傳推廣活動。COSH organized programmes tailored for industries with high smoking prevalence.

確保禁止煙草廣告、促銷和贊助

煙草業每年投入大量資源，進行鋪天蓋地式的宣傳，企圖塑造吸煙人士為有型、有品味之士，從而刺激一些潛在的使用者嘗試吸煙，進而變成長期上癮，當中青少年及女性便成為主要對象。同時，煙草商費盡心思利用誤導性、甚至不實的廣告宣傳煙草產品，意圖淡化煙草的禍害，降低市民戒心。政府必須實施全方位措施禁止煙草的市場營銷，杜絕所有直接及間接的廣告、促銷和贊助，藉此防止美化吸煙行為，減低市民購買吸煙產品意欲，保障公眾健康。

自八十年代起，香港已逐步禁止煙草的廣告、促銷和贊助，包括禁止所有電視、電台、印刷刊物、互聯網及展示式的煙草廣告，禁止煙草業贊助體育項目及歌星音樂錄像，以及禁止煙草產品附送獎品、禮物、贈品或抽獎作促銷用途等。過去四十年來，《吸煙(公眾衛生)條例》經過多次修訂，致使各類型直接宣傳及推廣的煙草廣告幾乎完全絕跡於香港所有媒體。

Enforce bans on tobacco advertising, promotion and sponsorship

The tobacco industry invests tremendous resources on massive promotion every year to position smoking as stylish and fashionable. It urges potential users to try smoking and become long-term addiction, especially among teenagers and women. The tobacco industry has also been desperate for years to make use of misleading and fraudulent strategies to promote their products and downplay risks of smoking. The Government must impose a total ban on direct and indirect advertising, promotion and sponsorship to prevent the normalization of smoking behaviour, thereby lowering intention to smoking products purchase and protect public health.

Since the 1980s, Hong Kong has gradually implemented bans on tobacco advertising, promotion and sponsorship. All tobacco advertisements on television, radio, printed media and internet, as well as display advertisements were banned. Tobacco companies were not allowed to sponsor sports events and music videos. It was also prohibited to promote the sale of tobacco products by means of offering prizes, gifts, tokens or raffle in exchange for any valuable items. Throughout the past four decades, the Smoking (Public Health) Ordinance has undergone several amendments to ensure all types of direct advertising and promotion of tobacco products vanish from all local media.

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



在香港，各類煙草廣告、促銷和贊助已經幾乎完全絕跡。
All tobacco advertising, promotion and sponsorship have vanished in Hong Kong.

推動「全煙害警示包裝」及禁止陳列煙草產品

儘管法例已全面禁止煙草宣傳，惟煙草業仍利用法律的灰色地帶及漏洞作間接宣傳，包括在銷售點當眼位置大規模陳列煙草產品，部分更於便利店、報攤及免稅店等以亮麗及特別設計的燈箱展示產品，同時以煙包包裝作為廣告工具，透過凸顯煙包上的商標和品牌特徵，繼續宣傳吸煙及鼓勵煙草消費。香港可參考外國的成功例子，推行「全煙害警示包裝」以劃一煙包包裝及擴大煙害圖象警示，有效禁止煙草商以精美的設計作為產品宣傳渠道，避免市民誤以為不同包裝的煙草產品對身體的危害有所分別，亦可大大減低吸煙的吸引力。另一方面，亦可引進禁止於銷售點陳列和展示煙草產品，以確保銷售點不會成為促銷煙草的平台和刺激衝動性的購買煙草產品行為，從而預防青少年及女性開始吸煙。

邁向無煙香港

委員會將繼續致力倡議全面加强控煙措施，積極呼籲倡議透過大幅增加煙草稅、擴大法定禁吸煙區、禁調味煙、逐步提高最低合法購買煙草年齡等，進一步管制煙草在本港流行，並保障非吸煙人士免受到二、三手煙的危害，儘早實現無煙香港的願景。

Support plain packaging and ban on point-of-sale tobacco display

Despite all tobacco advertisements and promotion have been banned by law, tobacco companies still exploit grey areas and loopholes to promote tobacco products indirectly, such as visually appealing display of tobacco products in large and glamorous light box at prominent areas of at points of sale including convenience stores, newsstands and duty-free shops. Cigarette packet has become a key marketing and brand promotion vehicle for tobacco industry to continue to boost smoking and tobacco consumptions. Hong Kong can consider the implementation of plain packaging with reference to other countries' successful experience to standardize the packets and enlarge the pictorial health warnings. This measure is effective in prohibiting the use of packet design for promotion and preventing misconceptions on the relative harmfulness of cigarettes in different packets, as well as reducing the overall appeal of smoking. Also, a total ban on the display of tobacco products at points of sale should also be adopted to protect the public from exposure to tobacco promotion and stimulate impulse purchases of tobacco, thereby preventing uptake of smoking particularly among teenagers and women.

Prospect for a Tobacco-free Hong Kong

COSH will continue to dedicate efforts to advocate for strengthening multipronged tobacco control measures, including significant increase in tobacco tax, expansion of designated no-smoking areas, a ban on flavouring tobacco products, raising legal age of tobacco purchase, to protect non-smokers from the harms of secondhand and third-hand smoke, thereby advancing the vision of a Tobacco-free Hong Kong.

支持香港 實現無煙願景

Towards a Tobacco-free
Hong Kong



活動 Events



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

活動紀要 2022-2023

Highlights of Events 2022-2023



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

推廣活動 Publicity Projects

| | | |
|------------------|---------------------------------|--|
| 2022/5 - 2022/6 | 「煙草終局：零煙害・無煙世代」 宣傳推廣計劃 | "Tobacco Endgame: Zero Hazard • Smoke-free Generation" Publicity Programme |
| 2022/5/24 | 「煙草終局：零煙害・無煙世代」 活動啟動禮 | Kick-off Event of "Tobacco Endgame: Zero Hazard • Smoke-free Generation" Publicity Programme |
| 2022/6 - 2023/3 | 第13屆「戒煙大贏家」無煙社區計劃 | The 13 th "Quit to Win" Smoke-free Community Campaign |
| 2022/9/17 - 18 | 「戒煙服務大募集」活動 | "Mega Recruitment Days for Smoking Cessation" Event |
| 2022/11/8 | 「香港控煙40周年」慶祝典禮 | Reception for the 40 th Anniversary of Tobacco Control in Hong Kong |
| 2022/12 - 2023/2 | 倡議增加煙草稅 | Advocacy on Raising Tobacco Tax |
| 2022/12/3 | 「大幅增加煙草稅100%推動戒煙 減社會經濟負擔」記者會 | "Raising Tobacco Tax by 100% to Motivate Smoking Cessation and Lessen Financial Burden" Press Conference |
| 2023/1/31 | 全新宣傳短片 「支持香港邁向零煙世代！」 | New API "Towards a tobacco-free Hong Kong!" |
| 2023/3/21 | 第13屆「戒煙大贏家」無煙社區計劃 頒獎禮 | The 13 th "Quit to Win" Smoke-free Community Campaign Prize Presentation Ceremony |

社區聯繫及推廣 Community Involvement and Promotion

| | | |
|-----------------|---|---|
| 2022/4 - 2023/3 | 「無煙老友記」計劃2022-2023 | Elderly Smoking Cessation Promotion Project 2022-2023 |
| 2022/4 - 2023/3 | 無煙女性宣傳計劃2022-2023 | Smoke-free Women Project 2022-2023 |
| 2022/10/13 | 「無煙・靚得喜動禮」社區宣傳活動 | Smoke-free Women Project Publicity Event |
| 2022/12/2 - 4 | 香港國際牙科博覽暨研討會 | Hong Kong International Dental Expo and Symposium |
| 2022/12/4 | 慶祝中華人民共和國成立七十三周 年暨國家憲法日活動「正向親子運動 嘉年華」 | Positive Parent-Child Sports Carnival in celebration of the 73 rd anniversary of the founding of the People's Republic of China |
| 2023/2/18 - 19 | 健康科技@深水埗地區宣傳活動 | "HealthTech@Sham Shui Po" District Publicity Event |



教育及青少年活動 Education and Youth Programmes

青少年教育活動 Youth Education Programmes

| | | |
|-----------------|------------------------|--|
| 2022/4 - 2023/3 | 「無煙新世代」健康講座 | Health Talks for "Smoke-free New Generation" |
| 2022/8 - 2023/3 | 「無煙Teens精英計劃」2022-2023 | "Smoke-free Elite Teens Programme" 2022-2023 |
| 2022/9 - 2023/3 | 學校互動教育巡迴劇場 「無煙奇遇記」 | School Interactive Education Theatre "Smoke-free Dream Adventure" |

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

| | | |
|----------------------------------|--------------------------------|--|
| 2022/4-2023/3 | 與行政會議成員及立法會議員會面 | Meetings with Executive Council Members and Legislative Council Members |
| 2022/4/4, 4/11, 11/5 & 2023/2/24 | 香港大學護理學院課程 | HKU School of Nursing - Nursing Programmes |
| 2022/8/4 | 屯門商會 — 控煙研討會 | Tuen Mun Chamber of Commerce - Tobacco Control Seminar |
| 2022/9/20 | 九龍東區扶輪社 — 控煙研討會 | Rotary Club of Kowloon East - Tobacco Control Seminar |
| 2023/1/19 | 香港中文大學賽馬會公共衛生及基層醫療學院 — 健康推廣工作坊 | The Jockey Club School of Public Health and Primary Care of The Chinese University of Hong Kong - Health Promotion Experience Sharing Workshop |



會議 Conferences

會議 Conferences

| | | |
|------------|-------------------------------|---|
| 2022/6/10 | 2022年內地 — 香港控煙學術交流活動 | Mainland-Hong Kong Expert Sharing Forum on Tobacco Control 2022 |
| 2022/11/8 | 香港控煙40周年座談會 加強控煙政策 實現零煙害環境 | Symposium for the 40 th Anniversary of Tobacco Control in Hong Kong Priority Issues of Tobacco Control to Achieve Zero-smoking Hazard Environment |
| 2022/11/11 | 第11屆海峽兩岸及香港澳門地區煙害防治研討會 | The 11 th Cross-Strait, Hong Kong and Macau Tobacco Control Conference |
| 2022/12/8 | 控煙專才培訓2022 | Fellowship Programme on Tobacco Control 2022 |

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



推廣活動 Publicity Projects

「煙草終局：零煙害・無煙世代」 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」，希望透過宣傳活動，引起全球對煙草流行及其致命影響的關注。委員會為響應此全球呼籲，以「煙草終局：零煙害・無煙世代」為主題舉辦一系列宣傳推廣活動，包括：啟動禮、「無煙跑服日」、攤位宣傳活動等，以鼓勵更多吸煙人士戒煙，非吸煙人士可透過運動支持及推動吸煙人士遠離煙草，營造鼓勵戒煙的氛圍，推進社會邁向煙草終局。



啟動禮

委員會聯同香港電台於2022年5月24日舉行「煙草終局：零煙害・無煙世代」啟動禮。主禮嘉賓包括食物及衛生局局長陳肇始教授、衛生署署長林文健醫生、助理廣播處長(電台及節目策劃)李慶華、香港電台中文台台長何翠峰、安老事務委員會主席林正財醫生、香港大學榮休教授及公共衛生學院名譽臨床教授林大慶教授、委員會主席湯修齊、副主席陳志球博士、教育及宣傳委員會主席曾立基及總幹事黎慧賢，而無煙代言人「咪點我」於啟動禮上亮相。

“Tobacco Endgame: Zero Hazard • Smoke-free Generation” Publicity Programme

COSH launched the “Tobacco Endgame: Zero Hazard • Smoke-free Generation” Publicity Programme in 2022, to echo the World No Tobacco Day on 31 May and World Health Organization’s appeal to draw global attention to the preventable death and disease it causes. A kick-off event, “Smoke-free Sportswear Day” and roadshow promotion were featured to motivate smokers for smoking cessation, and call for non-smokers to support the Programme and encourage smokers to quit smoking by doing exercise, in order to create a smoke-free social environment and step forward to achieve the Tobacco Endgame goal.

Kick-off Event

COSH, in collaboration with Radio Television Hong Kong organized a kick-off event on 24 May 2022. Officiating guests included Prof Sophia CHAN, Secretary for Food and Health, Dr Ronald LAM, Director of Health, Vincent LEE, Assistant Director, Radio & Corporate Programming, Ivory HO, Head of Chinese Programme Service, Radio Television Hong Kong, Dr LAM Ching-choi, Chairman of Elderly Commission, Prof LAM Tai-hing, the Emeritus Professor and Honorary Clinical Professor of The School of Public Health of The University of Hong Kong, Henry TONG, COSH Chairman, Dr Johnnie CHAN, COSH Vice-chairman, Richard TSANG, COSH Education & Publicity Committee Chairman and Vienna LAI, COSH Executive Director. Smoke-free Ambassador, “Wise Mike” also came to meet the public at the event.

啟動禮上更邀請了陳肇始教授、林正財醫生、林大慶教授，聯同委員會主席湯修齊，參與專題討論環節，就香港如何達至「煙草終局」及當中所面對的挑戰分享真知灼見。香港前首席單車運動員洪松蔭連同歌手馮允謙、陳明憲及雲浩影透過遊戲宣揚戒煙信息。洪松蔭及馮允謙更挑戰一邊跳繩一邊分享運動對身心的好處，鼓勵大家多做運動，建立健康人生。



無煙跑服日

超過190間機構及個人積極支持「煙草終局：零煙害·無煙世代」宣傳推廣計劃，並響應5月31日的「無煙跑服日」，鼓勵持分者和公眾支持活動，宣揚無煙信息，攜手共建無煙香港。部分支持機構亦於網頁、網上平台或內聯網宣傳活動，如派發無煙紀念宣傳物資及張貼活動海報。

Panelist discussion session was specially arranged in the event. Prof Sophia CHAN, Dr LAM Ching-choi and Prof LAM Tai-hing together with Henry TONG were invited to share views on “How to achieve Tobacco Endgame in Hong Kong and the encountering challenges”. Former Hong Kong cyclist HUNG Chung Yam and Singers Jay FUNG, Jocelyn CHAN as well as Cloud WAN joined the event and disseminated smoke-free messages through games and sharing. HUNG Chung Yam and Jay FUNG even took the challenge to share the physical and mental benefits of exercises while doing rope-skipping. They encouraged public to exercise more for a healthy life.



Smoke-free Sportswear Day

Over 190 companies, organizations, non-profit organizations, hospitals and schools motivated the stakeholders and public to participate and supported the event by wearing sportswear and doing exercise on 31 May, with an aim to encourage all the employees/ members /teachers and students/stakeholders/ families to support the Programme and promote smoke-free messages so as to create a smoke-free Hong Kong in joint hands. In addition, some supporting organizations promoted the Programme via website, social media and Intranet for the smoke-free souvenir's distribution and poster display.

攤位宣傳活動

委員會於2022年6月期間在港九新界進行六場流動宣傳推廣活動，向市民派發無煙紀念品，更設無煙任務與市民互動，以宣揚無煙信息。



WhatsApp及Signal無煙貼圖

委員會設計了一系列無煙代言人「咪點我」的WhatsApp及Signal無煙貼圖，讓市民於日常生活中透過即時通訊軟件，鼓勵身邊的家人及朋友一起透過做運動，支持無煙健康生活。

活動網頁：<https://exercise.smokefree.hk/>



Roadshow Promotions

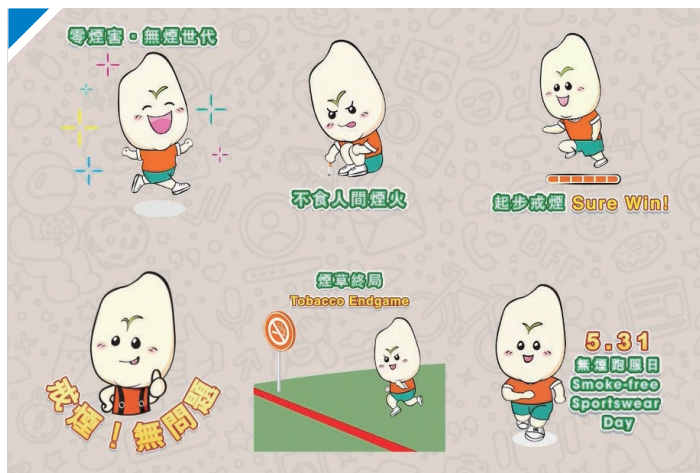
Six sessions of smoke-free promotions were held across the city in June 2022 to encourage the public to spread the smoke-message while smoke-free missions were involved for interaction with the public and smoke-free promotional collaterals were distributed.



Smoke-free WhatsApp & Signal Stickers

A set of smoke-free WhatsApp and Signal stickers featuring the Smoke-free Ambassador, "Wise Mike" was created for the public to promote a healthy lifestyle by doing exercise and share with families and friends through daily mobile or online chat.

Activity Website: <https://exercise.smokefree.hk>



第13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，鼓勵及協助吸煙人士踏出戒煙第一步，每年均成功招募逾千名市民參與，重拾無煙健康生活。

自2012年起，委員會加強與地區的聯繫，推出「戒煙大贏家」無煙社區計劃，營造有利戒煙的社會氛圍及加強社區人士對控煙工作的關注。計劃多年來得到區議會、地區服務團體、戒煙服務機構、不同界別的商會和組織的支持，舉辦一連串具地區特色的無煙推廣活動及配合媒體宣傳推動戒煙，提倡無煙健康生活。

第13屆「戒煙大贏家」無煙社區計劃，與19個地區合作夥伴攜手舉辦地區無煙宣傳活動，宣揚戒煙的好處，向市民傳達無煙信息。此外，區議會、超過60間來自不同界別的團體及機構，包括政府部門、戒煙服務機構、地區康健中心、餐飲業、建造業、運輸業和房屋管理業的商會和機構參與計劃，更廣泛地向社會不同層面和界別推廣無煙資訊。



The 13th “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, and regain smoke-free healthy lifestyle. Every year, the Contest recruits over 1,000 smokers to kick the smoking habit.

Since 2012, COSH has launched the “Quit to Win” Smoke-free Community Campaign with support from District Councils, community service organizations, smoking cessation service providers, trade association and organizations from different industries. Smoke-free lifestyle is promoted through a series of district-based smoke-free promotion activities and media promotion. The Campaign develops close ties with a wide scope of the community, creates a positive social atmosphere for smoking cessation and increases public awareness on tobacco control.

The 13th “Quit to Win” Smoke-free Community Campaign was organized in collaboration with 19 district working partners to promote the quit benefits and share the smoke-free message with general public. In addition, the Campaign gained the unfailing support from District Councils and over 60 diversified organizations, including government department, smoking cessation service providers, district health centres, as well as trade associations and companies from catering, construction, transportation and housing management industry. All parties joined hands to disseminate smoke-free messages in different sectors of society.

無煙大使戒煙輔導訓練課程

委員會與香港大學護理學院及公共衛生學院於2022年6月13日及15日以網上直播及實體並行的形式舉辦「無煙大使戒煙輔導訓練課程」，吸引超過150名來自地區合作夥伴、支持機構及地區康健中心的義工及工作人員，以及大學生透過線上及線下參與，了解基礎的戒煙知識。

課程的主講嘉賓包括香港大學榮休教授暨公共衛生學院名譽臨床教授林大慶教授、香港大學護理學院助理教授王文炳博士、委員會總幹事黎慧賢、項目籌劃高級經理朱偉康、香港大學護理學院助理教授(研究)陸子璉博士及香港大學護理學院戒煙治療研究組麥天純主講。第12屆「戒煙大贏家」比賽冠軍蔡國威亦應邀出席分享其成功戒煙故事以及戒煙心得。課程以講座、小組討論、案例練習形式進行，並教授「戒煙大贏家」計劃內容、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、動機性訪談法及以運動幫助戒煙理論等。

Smoking Cessation Counseling Trainings

COSH collaborated with the School of Nursing and School of Public Health of The University of Hong Kong (HKU) to conduct Smoking Cessation Counseling Training on 13 and 15 June 2022, which attracted over 150 volunteers, staff members from district working partners, supporting organizations and district health centres as well as university students to attend and equip themselves the basic skills on smoking cessation.

Speakers included Prof LAM Tai-hing, Emeritus Professor, and Honorary Clinical Professor of School of Public Health, The University of Hong Kong, Dr Kelvin WANG, Associate Professor, The School of Nursing, The University of Hong Kong, Vienna LAI, COSH Executive Director, Lawrence CHU, COSH Senior Project Manager, Dr Kevin LUK, Research Assistant Professor, The School of Nursing, The University of Hong Kong and Titan MAK from Smoking Cessation Research Team, The School of Nursing, The University of Hong Kong. The Champion of the 12th "Quit to Win" Contest, CHOI Kwok-wai was invited to share his successful quit story. Details of the "Quit to Win" Smoke-free Community Campaign, hazards of smoking, secondhand and third-hand smoke, tobacco control in Hong Kong, smoking cessation counseling Skills and motivational interviewing, relationship of smoking cessation, exercises, group discussion and case studies were introduced in trainings.



地區招募及無煙宣傳活動

委員會於2022年6月至10月期間，在全港18區進行了超過80場招募活動，吸引近1,300名吸煙人士報名參加比賽，向超過38,000名市民傳遞無煙資訊。

District Recruitment and Smoke-free Promotion Activities

From June to October 2022, COSH organized over 80 recruitment sessions across 18 districts with about 1,300 smokers attracted to enroll the Contest. Over 38,000 members of public received smoke-free messages.

「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 |
|-----------|----------------------|--|
| 2022/6/18 | 東區 Eastern | 愛東商場 Oi Tung Shopping Centre |
| 2022/6/19 | 葵青 Kwai Tsing | 葵涌廣場 Kwai Chung Plaza |
| 2022/6/25 | 黃大仙 Wong Tai Sin | 黃大仙中心北館 Temple Mall North |
| 2022/6/26 | 油尖旺 Yau Tsim Mong | 旺角中心 Argyle Centre |
| 2022/6/28 | 屯門 Tuen Mun | 欣寶路地盤 Construction site located at Yan Po Road |
| 2022/7/3 | 灣仔 Wan Chai | 銅鑼灣港鐵站D1/D3出口對出駱克道行人路 Pavement at Lockhart Road outside Causeway Bay MTR Station Exit D1/D3 |
| 2022/7/3 | 九龍城 Kowloon City | 何文田廣場 Homantin Plaza |
| 2022/7/7 | 觀塘 Kwun Tong | 開源道與興業街交界行人路 Pavement at the junction between Hoi Yuen Road and Hing Yip Street |
| 2022/7/9 | 荃灣 Tsuen Wan | 安樂街榮安大廈對出行人路 Pavement outside Wing On Building, On Wing Street |
| 2022/7/9 | 油尖旺 Yau Tsim Mong | 柏麗購物大道對出行人路 Pavement near Park Lane Shopper's Boulevard |
| 2022/7/10 | 離島 Island | 美東街近東堤灣畔第六座對出行人路 Pavement near Tung Chung Crescent Block 6, Mei Tung Street |
| 2022/7/10 | 屯門 Tuen Mun | 良景廣場 Leung King Plaza |
| 2022/7/12 | 灣仔 Wan Chai | 灣仔地區康健站 Wan Chai DHC Express |
| 2022/7/13 | 東區 Eastern | 鰂魚涌港鐵站A出口對出行人路 Public pavement outside Quarry Bay MTR Station Exit A |

| | | |
|-----------|----------------------------|--|
| 2022/7/16 | 北區 North | 上水彩園商場 Choi Yuen Plaza |
| 2022/7/16 | 深水埗 Sham Shui Po | 港鐵美孚站A出口對出荔枝角道行人路 Pavement outside Mei Foo MTR Station Exit A, Lai Chi Kok Road |
| 2022/7/17 | 黃大仙 Wong Tai Sin | 景福街與崇齡街交界對出行人路 Pavement at the junction of King Fuk Street and Shung Ling Street |
| 2022/7/17 | 南區 Southern | 香港仔南寧街香港仔中心對出行人路 Pavement of Nam Ning Street outside Aberdeen Centre |
| 2022/7/21 | 中西區 Central and Western | 皇后大道中怡安華人行對出行人路 Pavement of Queen's Road Central outside Aon China Building |
| 2022/7/23 | 元朗 Yuen Long | 朗屏商場 Long Ping Commercial Centre |
| 2022/7/23 | 大埔 Tai Po | 港鐵大埔墟站A2出口對出行人路 Pavement outside Tai Po Market MTR Station Exit A2 |
| 2022/7/24 | 油尖旺 Yau Tsim Mong | 港鐵旺角東站對出行人路 Pavement outside Mongkok East MTR Station |
| 2022/7/24 | 葵青 Kwai Tsing | 長發廣場 Cheung Fat Plaza |
| 2022/7/26 | 葵青 Kwai Tsing | 葵青地區康健中心 Kwai Tsing District Health Centre |
| 2022/7/29 | 黃大仙 Wong Tai Sin | 黃大仙地區康健中心 Wong Tai Sin District Health Centre |
| 2022/7/30 | 東區 Eastern | 筲箕灣東大街行人路 Pavement outside Shau Kei Wan Main Street East |
| 2022/7/30 | 觀塘 Kwun Tong | 油麗商場 Yau Lai Shopping Centre |
| 2022/7/31 | 油尖旺 Yau Tsim Mong | 佐敦白加士街行人路 Public Pavement on Parkes Street |
| 2022/7/31 | 元朗 Yuen Long | 元朗西鐵站G1出口對出朗日路 Open area outside Yuen Long West Rail Line Station Exit G1, near Long Yat Road |
| 2022/8/5 | 葵青 Kwai Tsing | 葵涌廣場 Kwai Chung Plaza |
| 2022/8/6 | 深水埗 Sham Shui Po | 元州商場 Un Chau Shopping Centre |
| 2022/8/6 | 中西區 Central and Western | 中環5號碼頭 Central Pier No.5 |
| 2022/8/7 | 離島 Island | 逸東商場 Yat Tung Shopping Centre |

| | | |
|-----------|----------------------|---|
| 2022/8/7 | 沙田 Sha Tin | 沙田港鐵站B出口對出行人路 Pavement outside Sha Tin MTR Station Exit B |
| 2022/8/8 | 東區 Eastern | 東區地區康健站 Eastern District Health Express |
| 2022/8/10 | 九龍城 Kowloon City | 啟德第4A區地盤 Construction site located at Kai Tak Area 4A |
| 2022/8/13 | 黃大仙 Wong Tai Sin | 黃大仙中心北館 Temple Mall North |
| 2022/8/13 | 沙田 Sha Tin | 大圍港鐵站A出口對出行人路 Pavement outside Tai Wai MTR Station Exit A |
| 2022/8/14 | 大埔 Tai Po | 太和廣場 Tai Wo Plaza |
| 2022/8/14 | 灣仔 Wan Chai | 銅鑼灣港鐵站F出口對出渣甸坊行人路 Pavement of Jardine's Crescent outside Causeway Bay MTR Station Exit F |
| 2022/8/16 | 觀塘 Kwun Tong | 南豐商業中心 Nam Fung Commercial Centre |
| 2022/8/16 | 荃灣 Tsuen Wan | 荃灣街市對出行人路 Pavement outside Tsuen Wan Market |
| 2022/8/19 | 九龍城 Kowloon City | 九龍城地區康健站 Kowloon City District Health Express |
| 2022/8/19 | 屯門 Tuen Mun | 屯門青山發電廠 Castle Peak Power Station, Tuen Mun |
| 2022/8/20 | 南區 Southern | 香港仔中心海珠閣對出行人路 Pavement of Chengtu Road outside Aberdeen Centre Hoi Chu Court |
| 2022/8/20 | 北區 North | 上水港鐵站B2出口往上水中心之行人天橋 Footbridge of Sheung Shui MTR Station Exit B2 towards Sheung Shui Centre |
| 2022/8/21 | 九龍城 Kowloon City | 黃埔港鐵站A出口對出紅磡道行人路 Pavement of Hung Hom Road outside Whampoa MTR Station Exit A |
| 2022/8/21 | 油尖旺 Yau Tsim Mong | 旺角中心 Argyle Centre |
| 2022/8/22 | 深水埗 Sham Shui Po | 港鐵荔枝角站B2出口對出行人路 Pavement outside Lai Chi Kok MTR Station Exit B2 |
| 2022/8/23 | 東區 Eastern | 東區地區康健站 Eastern DHC Express |
| 2022/8/26 | 灣仔 Wan Chai | 灣仔地區康健站 Wan Chai DHC Express |
| 2022/8/27 | 荃灣 Tsuen Wan | 仁濟醫院維拉律敦治 • 荻茜銀齡健康管理中心 Yan Chai Hospital Vera Ruttonjee Desai Health Management Centre for the Seniors |

| | | |
|--------------|--------------------------|---|
| 2022/8/27-28 | 西貢 Sai Kung | 新都城中心一期 Metro City Plaza 1 |
| 2022/8/28 | 東區 Eastern | 愛東商場 Oi Tung Shopping Centre |
| 2022/8/30 | 中西區 Central & Western | 上文咸東街中遠大廈對出行人路 Pavement of Bonham Strand outside Cosco Tower |
| 2022/9/3 | 大埔 Tai Po | 安慈路與安祥路行人道交界 Pavement at the junction of On Chee Road and On Cheung Road |
| 2022/9/3 | 屯門 Tuen Mun | 鄉事會路與杯渡路交界近錦華花園行人路空地 Pavement at junction of Tuen Mun Heung Sze Wui Road and Pui To Road near the Kam Wah Garden |
| 2022/9/4 | 黃大仙 Wong Tai Sin | 彩雲商場 Choi Wan Commercial Complex |
| 2022/9/4 | 元朗 Yuen Long | +WOO嘉湖 +WOO |
| 2022/9/7 | 沙田 Sha Tin | 沙田港鐵站B出口對出行人路 Pavement outside Sha Tin MTR Station Exit B |
| 2022/9/7 | 深水埗 Sham Shui Po | 美孚孚佑堂 Mei Foo Community Centre |
| 2022/9/9 | 觀塘 Kwun Tong | 建造業議會服務中心(九龍灣) Construction Industry Council Service Centre (Kowloon Bay) |
| 2022/9/10 | 深水埗 Sham Shui Po | 又一城連接港鐵九龍塘站對出空地 Public Pavement Festival Walk and Kowloon Tong MTR Station |
| 2022/9/14 | 灣仔 Wan Chai | 灣仔港鐵站A3出口對出行人路 Pavement outside Wan Chai MTR Station Exit A3 |
| 2022/9/17-18 | 西貢 Sai Kung | 將軍澳廣場 TKO Plaza |
| 2022/9/22 | 中西區 Central & Western | 戲院里行人路 Pavement of Theatre Lane |
| 2022/9/24 | 西貢 Sai Kung | TKO Spot(尚德) TKO Spot (Sheung Tak) |
| 2022/9/24-25 | 油尖旺 Yau Tsim Mong | 白加士街行人路 Pavement of Parkes Street outside Pak Shing Building |
| 2022/9/25 | 觀塘 Kwun Tong | 慶田街(近德田商場)對出行人路 Pavement of Hing Tin Street (near Tak Tin Plaza) |
| 2022/9/28 | 荃灣 Tsuen Wan | 城市廣場與遠東愛麗絲之間的空地 Open area between Tsuen Wan Town Square and Silka Far East Hotel |

| | | |
|------------|--------------------------|---|
| 2022/9/29 | 九龍城 Kowloon City | 香港戒毒會 — 東九龍社會服務中心 East Kowloon Social Service Centre, Society for the Aid and Rehabilitation of Drug Abusers |
| 2022/9/30 | 中西區 Central & Western | 文咸街中遠大廈對出行人路 Pavement of Bonham Strand outside Cosco Tower |
| 2022/10/2 | 元朗 Yuen Long | 元朗大廈對出行人路(鐘聲徑) Pavement outside Yuen Long Building, Yuen Long (Chung Sing Path) |
| 2022/10/7 | 灣仔 Wan Chai | 銅鑼灣港鐵站F出口對出渣甸坊行人路 Pavement of Jardine's Crescent outside Causeway Bay MTR Station Exit F |
| 2022/10/8 | 大埔 Tai Po | 港鐵大埔墟站A2出口對出行人路 Pavement outside Tai Po Market MTR Station Exit A2 |
| 2022/10/9 | 黃大仙 Wong Tai Sin | 黃大仙中心北館 Temple Mall North |
| 2022/10/14 | 離島 Island | 國泰航空貨運站 Cathay Pacific Cargo Terminal |
| 2022/10/15 | 北區 North | 上水港鐵站B2出口往大水中心之行人天橋 Footbridge of Sheung Shui MTR Station Exit B2 towards Sheung Shui Centre |
| 2022/10/16 | 深水埗 Sham Shui Po | 元州商場 Un Chau Shopping Centre |
| 2022/10/17 | 九龍城 Kowloon City | 香港房屋委員會總部 Hong Kong Housing Authority Headquarters |
| 2022/10/20 | 黃大仙 Wong Tai Sin | 黃大仙地區康健中心 Wong Tai Sin District Health Centre |
| 2022/10/22 | 東區 Eastern | 柴灣港鐵站/新翠花園往環翠邨之行人天橋 Footbridge of Chai Wan MTR Station/New Jade Garden towards Wan Tsui Estate |
| 2022/10/23 | 屯門 Tuen Mun | 啟發徑近萬成樓行人路空地位置 Pavement at Kai Fat Path near Man Shing Building, Tuen Mun |
| 2022/10/29 | 沙田 Sha Tin | 大圍港鐵站C出口對出行人路 Pavement outside Tai Wai MTR Station Exit C |
| 2022/10/30 | 葵青 Kwai Tsing | 葵涌廣場 Kwai Chung Plaza |
| 2022/10/31 | 油尖旺 Yau Tsim Mong | 尖沙咀紅磡港鐵站前往香港理工大學行人天橋通道 Public footbridge towards The Hong Kong Polytechnic University outside Hung Hom MTR Station |

社區合作與地區無煙宣傳活動

為建立正面的社會氣氛鼓勵戒煙，委員會邀請不同地區及社會界別的機構參與無煙社區計劃，共19個地區服務團體成為計劃的地區合作夥伴，舉辦地區無煙宣傳活動。此外，超過70個機構組織包括政府部門、公營機構、戒煙服務機構、地區康健中心、餐飲業、建造業、物業管理業、運輸及物流業等公司商會支持計劃並協助宣傳予其員工和會員。當中，地區合作夥伴舉辦超過70場實體及線上的無煙宣傳活動，如健康講座、無煙展覽、標語創作比賽、網上嘉年華及問答遊戲、微電影拍攝、巴士巡遊、歌曲創作、音樂會、街頭招募及外展宣傳等，向超過110,000名市民宣揚無煙信息，鼓勵建立無煙健康生活。另有逾350名地區合作夥伴的職員及義工參與宣揚無煙信息，加強了宣傳戒煙的地區網絡和力量。

Community Partnership and District-based Smoke-free Promotion Activities

To build a positive atmosphere for smoking cessation, COSH invited 19 non-governmental organizations as district working partners to organize district-based smoke-free promotion activities. The Campaign also extended the partnerships to over 70 organizations and companies from different sectors, including government department, public organizations, smoking cessation service providers, district health centres, as well as trade associations and companies from catering, construction, transportation and housing management industry. The district working partners conducted over 70 smoke-free promotion activities, including health talks, smoke-free exhibitions, slogan design competition, online carnival and quizzes, microfilm production, bus parade, song production, live music truck, roadshow and outreach promotion in the respective districts. Smoke-free messages were disseminated to over 110,000 members of public. More than 350 staff and volunteers of the district working partners participated in the smoke-free promotion and motivating smoking cessation, which consolidated districts network and created supportive force for smoking cessation.

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 |
| 東區 Eastern | 東區地區康健站 (營運機構：香港復康會) Eastern DHC Express (operated by The Hong Kong Society for Rehabilitation) |
| 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 | 仁濟醫院楊溫先生夫人長者鄰舍中心 Yan Chai Hospital Mr. & Mrs. Yeung Wan Neighbourhood Elderly Centre |
| 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 Hong Kong Federation of Youth Groups Jockey Club Cheung Wah Youth S.P.O.T. |
| 西貢 Sai Kung | 基督教靈實協會 - 靈實白普理景林社區健康發展中心 Haven of Hope Christian Service - Haven of Hope Bradbury King Lam Community Health Development Centre |
| 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 | 南區健康安全協會有限公司 Southern District Healthy & Safe Association Limited 香港南區婦女會 Hong Kong Southern District Women's Association |
| 大埔 Tai Po | 香港善導會 The Society of Rehabilitation and Crime Prevention, Hong Kong |
| 荃灣 Tsuen Wan | 仁濟醫院社會服務部 Yan Chai Hospital Social Service Department |
| 屯門 Tuen Mun | 基督復臨安息日會山景綜合青少年服務中心 Shan King Integrated Children and Youth Services Centre of Seventh-day Adventists |
| 灣仔 Wan Chai | 循道衛理中心 Methodist Centre |
| 黃大仙 Wong Tai Sin | 黃大仙地區康健中心 (營運機構：香港聖公會福利協會有限公司) Wong Tai Sin DHC (operated by Hong Kong Sheng Kung Hui Welfare Council) |
| 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 Hong Kong Federation of Youth Groups Hung Shui Kiu Youth S.P.O.T. |

「戒煙服務大募集」活動

為鼓勵吸煙人士尋求適切的戒煙輔導服務，提升他們成功戒煙的機會，委員會聯同七間戒煙服務機構，包括醫院管理局、博愛醫院、東華三院戒煙綜合服務中心、基督教聯合那打素社康服務、香港理工大學青少年戒煙熱線、九龍樂善堂、香港大學護理學院及西貢地區康健站，於2022年9月17日及18日舉行「戒煙服務大募集」活動，為有意戒煙人士提供一站式的戒煙諮詢服務。各機構即場介紹不同形式的戒煙服務、提供初步戒煙輔導，為戒煙人士登記「戒煙大贏家」及提供其他適切的服務，市民亦可登記地區康健站的基層醫療服務。

活動設有展覽及攤位遊戲，更透過無煙有獎問答遊戲加深市民對吸煙禍害及控煙工作的認識。活動吸引超過8,000名市民參與，成功向大眾宣傳無煙資訊，在社區營造推廣戒煙及健康生活的氛圍。



“Mega Recruitment Days for Smoking Cessation” Event

In order to motivate smokers to actively seek assistance from smoking cessation for maximizing chance of quitting, COSH, together with seven smoking cessation service providers including Hospital Authority, Pok Oi Hospital, Tung Wah Group of Hospitals Integrated Centre on Smoking Cessation, United Christian Nethersole Community Health Service, Youth Quitline, Hong Kong Polytechnic University, The Lok Sin Tong Benevolent Society, Kowloon, The School of Nursing, The University of Hong Kong and Sai Kung District Health Centre Express, organized the “Mega Recruitment Days for Smoking Cessation” event on 17 and 18 September 2022 to provide one-stop smoking cessation counseling assistance to smokers in need as well as acquire information and advice on different quit methods, and onsite cessation counseling and registration to the “Quit to Win” Contest and other cessation services, while the general public could register into the primary care services offered by district health centre for chronic disease management.

The event also featured with smoke-free exhibition, game booth and smoke-free quiz to enhance citizens knowledge on tobacco control. Over 8,000 participants joined the event and had understanding on the hazards of smoking, information of smoking cessation, benefits of a smoke-free life and tobacco control policies, which helped build up a healthy smoke-free lifestyle and a positive atmosphere to promote smoking cessation in the community.



「戒煙大贏家」比賽

第13屆「戒煙大贏家」比賽以現場登記及網上報名方式，成功招募近1,300名吸煙人士參加。參賽者於報名時即場接受香港大學戒煙輔導員的初步吸煙情況評估及簡短的戒煙輔導，其後在一個月、兩個月、三個月及六個月獲以電話跟進戒煙情況。除了有關吸煙害處和戒煙方法等資料外，參賽者亦會獲得簡易運動器材及小工具協助舒緩煙癮、並通過通訊軟件接收與戒煙相關資料、應對退癮症狀方法及運動建議，以鼓勵他們決心戒除煙癮及減少吸煙數量。

戒煙輔導員亦會轉介參加者至其挑選的戒煙服務，提高成功戒煙的機會。在三個月和六個月跟進時，自我報告成功戒煙的參賽者會獲邀參與戒煙核實測試。成功在三個月跟進通過核實的可參加大抽獎或出席「戒煙大使」甄選面試，贏取豐富獎品。

委員會今年亦再次與懲教署合作，將「戒煙大贏家」比賽推廣至其轄下的羅湖懲教所、壁屋監獄、赤柱監獄及塘福懲教所，藉此擴大「戒煙大贏家」比賽支援戒煙的覆蓋面。今屆共有46位有意戒煙的在囚人士經「懲教署轉介計劃」參加比賽，定期接受特設的戒煙輔導及跟進。

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，比賽三個月及六個月跟進的自我報告成功戒煙率分別為23.1%及23.4%。

“Quit to Win” Contest

The 13th “Quit to Win” Contest recruited about 1,300 smokers to kick the habit through onsite and online registration. Eligible participants received brief smoking cessation advice from The University of Hong Kong’s smoking cessation counselors at the recruitment sessions, telephone follow-up at one month, two months, three months and six months as well as regular instant messages from quit assistance. Participants received instruction, tools and instant messaging advice on doing simple physical exercises, benefits of exercise in smoking cessation, smoking hazards and quitting methods, etc.

Where appropriate, some participants were referred to their preferred smoking cessation service providers to increase their success rate. Participants who successfully quit were invited to undergo biochemical validation at the 3-month and 6-month follow-up. Validated quitters were eligible to join the lucky draw or invited to the Smoking Cessation Ambassador interview to win fabulous prizes.

COSH continued to collaborate with Correctional Services Department and extended the “Quit to Win” Contest to Lo Wu Correctional Institution, Pik Uk Prison, Stanley Prison and Tong Fuk Correctional Institution. A total of 46 smoking inmates were motivated to join the Contest and received tailor-made smoking cessation counseling and follow-up.

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 to further understand the needs of quitters. According to the preliminary results, the self-reported quit rate was 23.1% and 23.4% at 3-month and 6-month follow-up respectively.

媒體及網上宣傳



為更加強宣傳計劃和鼓勵戒煙的效果，委員會今年與網絡頻道「Mill Milk」合作製作宣傳短片，以「試一次·戒煙」為題，邀請主持人親身嘗試戒煙及記錄其過程，當中亦訪問戒煙專家及成功戒煙人士以協助戒煙，藉此探討戒煙過程常見的困難及介紹不同戒煙方法和貼士。宣傳短片在多個網上和社交平台播出，共錄得超過50萬觀看次數，成功吸引不少吸煙人士報名參加「戒煙大贏家」比賽，更獲得不少觀眾分享自身經歷及鼓勵吸煙人士戒煙，在網絡營造了正面的戒煙氛圍。

「戒煙大贏家」無煙社區計劃頒獎禮

委員會於2023年3月21日舉辦第13屆「戒煙大贏家」無煙社區計劃頒獎禮，嘉許比賽的優勝者及成功戒煙的參賽者，以及答謝各個機構的支持。頒獎嘉賓包括醫務衛生局副局長李夏茵醫生、衛生署控煙酒辦公室主任封螢醫生、香港大學榮休教授暨公共衛生學院名譽臨床教授林大慶教授、委員會主席湯修齊、副主席陳志球博士及總幹事黎慧賢。「戒煙大贏家」比賽的得獎者於活動上講述其戒煙經歷及心得。今屆「戒煙大贏家」成功戒煙的參賽者及歷屆得主亦參與活動，分享成功戒煙的喜悦；藝人馮盈盈和孔德賢亦到場支持活動，以遊戲及表演宣傳戒煙的好處。

Media and Online Promotions

To strengthen the promotion and motivate smokers' attempt to quit, COSH collaborated with YouTube channel, Mill MILK to produce a promotional video to appeal for smokers' persistence to quit, introduce quit tips and attract smokers to join the "Quit to Win" Contest. The feature video narrated the experience and process of YouTuber's quit attempt, discussed the challenges and difficulties for quitting and interviewed cessation expert and quitters on the effective quit methods. The video recorded over 500,000 views on various online and social media platforms which is successfully spread the smoke-free messages to the mass public with, while motivating enrolments into the contest and generating positive feedback and discussion on smoking cessation among the audiences.

"Quit to Win" Smoke-free Community Campaign Prize Presentation Ceremony

A prize presentation event of the 13th "Quit to Win" Contest was conducted to award the winners and commend the enthusiastic support from all collaborating organizations on 21 March 2023. Honourable guests included Dr Libby LEE, Under Secretary, Health Bureau, Dr FUNG Ying, Head of Tobacco and Alcohol Control Office, Department of Health, Prof LAM Tai-hing, the Emeritus Professor and Honorary Clinical Professor of The School of Public Health of The University of Hong Kong, Henry TONG, COSH Chairman, Dr Johnnie CHAN, COSH Vice-chairman and Vienna LAI, COSH Executive Director. Winners of the 13th "Quit to Win" Contest shared their experiences and tips of smoking cessation in the ceremony. Successful quitters of the 13th "Quit to Win" Contests and previous winners participated to celebrate and share the joy of being smoke-free. Artists Crystal FUNG and Danny HUNG also attended and promoted the cessation benefits via games and performance.



第13屆「戒煙大贏家」比賽得獎者

冠軍得主鄭煒杰因為工作壓力而開始吸煙，煙齡超過20年。太太一直很希望他能夠戒煙，多年來軟硬兼施地鼓勵他戒煙，雖然他勉強答應太太，但總是以減壓作藉口，認為吸煙可作為宣洩情緒的出口。直至去年他在街頭吸煙的時候，受到計劃的無煙大使邀請參加「戒煙大贏家」，他希望將成功戒煙作為結婚15週年的禮物送給太太，便踏出戒煙的第一步。



戒煙期間，鄭先生認為最大的挑戰是往外地公幹獨自隔離時，需要長時間抵抗煙癮，以及情緒不穩、精神難集中等退癮徵狀。他以計劃提供的感官指尖工具Tangle及運動器材緩解手癮及分散注意力，憑著意志在長達近一個月的隔離期間保持不吸煙，最終克服退癮徵狀，擺脫煙癮。戒煙後，他醒覺吸煙對舒緩壓力毫無幫助，而無煙的生活環境對自己和太太的健康體魄則十分重要。此外，鄭先生表示成功戒煙亦證明自己可以克服不同挑戰，做任何事變得更有動力，心態亦變得正面，容易體會和察覺日常生活中的「小確幸」。

Winners of the 13th "Quit to Win" Contest

The Champion, CHENG Wai-kit who had smoked for over 20 years due to the working pressure. His wife hoped that he could kick the habit and encouraged him by carrot and stick approach over the years. Mr CHENG kept delaying his promise to quit with an excuse of stress and emotion release, and continued to smoke. Until last year, he was invited by smoking cessation counselors of the Campaign to join the "Quit to Win" Contest when he was smoking in the street. Motivated by the thought that presenting it a gift of their 15th wedding anniversary, Mr CHENG determined to make a quit attempt.

In the cessation process, the most challenging experience was to resist the carve and temptation of smoking during the long quarantine period at duty travels, while combatting withdrawal symptoms, such as being emotional and hard to concentrate, made his quit attempt harder. He used the Tangle, a sensory fingertip tool, provided by the Contest to divert attention and get over the urge of smoking. Finally, he successfully overcame all withdrawal symptoms and maintained smoke-free in the one-month quarantine period. Having quitted smoking, he was aware that smoking can't help relieving stress and anxiety, while good health and smoke-free living environment is vital to himself and his beloved one. Moreover, Mr CHENG became more passionate and positive to cope with various challenges in life, feel bliss and joy in daily life.



亞軍得主溫鐵亮是一名退休人士，在15歲時開始吸煙，曾嘗試戒煙但未能成功。直至去年，因確診新冠肺炎需要被隔離而短暫停止吸煙。隔離期間，他在社交媒體留意到「戒煙大贏家」的招募廣告，他萌生戒煙念頭並決心參加比賽。溫先生的戒煙決心非常強，報名後立即完全停止吸煙，並在計劃提供的自助戒煙小冊子填上「我要贏」勉勵自己毋忘戒煙的決心，一定要戰勝煙癮。他更在小冊子的戒煙日程中紀錄一個月的戒煙進度及當中的困難，藉此自我提醒、加強決心及分散注意力。成功戒煙後，溫先生的健康明顯好轉，呼吸不但順暢了，氣喘及咳嗽情況得到改善，以往咳出黑痰的情況亦不再復見。他成功擺脫尼古丁的束縛後，生活作息變得更有規律，更有精神和時間投入義工和社會服務。他認為成功戒煙最大得著是改善自己健康狀況，賺回更多的時間享受退休生活，和家人往各地旅遊。

First runner-up, WAN Tit-leung was a retiree who started smoking when he was 15 years old. He had made several quit attempts but failed. Until last year, he temporarily stopped smoking during the quarantine period after being diagnosed with COVID-19. Noticing the advertisement of the “Quit to Win” Contest in social media during the quarantine period, he made up the mind to quit and enrolled into the contest. Strong determination drove Mr WAN to stop smoking immediately since the first day of enrolment. To reinforce himself to stay away from smoking and divert attention from smoking urge, he wrote “I must win” in the self-help smoking cessation booklet provided by the Contest and recorded every day of the progress, difficulties and experiences of the one-month quit process. Having quit smoking, his health condition was apparently improved with smooth breath. He has no longer asthma, coughing and black phlegm due to the intake of harmful substances from cigarettes. Without the constraint of nicotine, he maintained a healthy and consistent life routine with regular rest time. He became more energetic for voluntary and social services. He valued much that he re-gains health and time to enjoy retirement life and make family trips after kicking the smoking habit.



季軍得主列靜昌煙齡近40年，過往平均每天都會吸食一包捲煙，下班及用餐後情況更甚。吸煙令他的健康每況愈下，晚上睡覺時會經常因為手腳麻痺及抽筋而痛醒，他一直都想嘗試戒煙，惟欠缺動力及契機。直到他50歲生日翌日，與伴侶在街上遇到「戒煙大贏家」的招募攤位，他認為人生踏入下半場是時候需要改變，加上伴侶的鼓勵，便即場報名並希望把成功戒煙當成送給自己的生日禮物。決定戒煙後，列先生坐言起行，立即停止吸煙，更參加健身計劃，希望以運動抵抗煙癮。以往，為了可在用餐時間吸煙，他大都在露天大排檔晚餐，同時更會飲酒，以致身形變胖。成功戒煙後，他的生活習慣變得前所未有的健康，每天下班後便往健身室做運動，不再吸煙和飲酒，更成功鍛鍊了一身健美的身型。以往睡眠時手腳抽筋的問題亦不再出現，感覺更精神和年輕，生活亦變得更積極、更有意義。

計劃網頁：www.quittowin.hk



Second runner-up, LIT Ching-cheong had smoked for about 40 years. He used to smoke one pack of cigarettes daily, and heavier after work and at mealtime. Smoking worsened his health condition and caused insomnia frequently due to muscle twitching in the midnight. Because of lack of motivation, he did not take any action to quit smoking. On the day after his 50th birthday, he met the recruitment booth of the "Quit to Win" Contest in the street. With the encouragement from his beloved one, he made quitting as his birthday wish and intended to bring some changes for the second half of life. Decided to kick the habit, Mr LIT planned to resist tobacco craving by exercises. He started gym workout and stopped smoking immediately. In the past, he always smoked a lot with alcohol while dining in "Dai Pai Dong" and became obese. Successful quitting improved his health condition along with healthy lifestyle. No longer smoke and drink, Mr LIT went to gym room after work every day. He trained up with a fit body and the muscle twitching problem no longer exists. He felt spirited and youthful, and found that life becomes more positive and meaningful.

Campaign Website: www.quittowin.hk

「香港控煙40周年」慶祝典禮

委員會為慶祝香港控煙工作踏入四十周年，於2022年11月8日舉辦「香港控煙40周年」慶祝典禮。當日逾百名嘉賓應邀出席，包括各政府官員、控煙工作者、醫護界、健康推廣團體、支持控煙的非政府組織及學界代表，一同回顧香港四十年的重要控煙進程，並前瞻未來的策略及挑戰。慶祝典禮的主禮嘉賓包括行政會議成員林正財醫生、醫務衛生局局長盧寵茂教授、衛生署署長林文健醫生、醫院管理局主席范鴻齡、海關副關長黎流栢、懲教署副署長吳超覺，委員會主席湯修齊及副主席陳志球博士。

在典禮上，國家衛生健康委員會規劃發展與信息化司司長毛群安司長透過錄影視像發表開幕辭，除肯定了香港特區政府在控制煙害方面的努力外，亦展望將來香港和內地保持密切交流和合作，持續推進健康中國建設。



Reception for the 40th Anniversary of Tobacco Control in Hong Kong

To commemorate 40th Anniversary of tobacco control in Hong Kong, COSH hosted a Reception on 8 November 2022. Over a hundred guests and representatives from tobacco control scholars, experts and practitioners from medical and healthcare institutions, academia, non-governmental organizations and schools attended. Officiating guests include Dr Hon LAM Ching-choi, Member of the Executive Council, Prof LO Chung-mau, Secretary for Health, Dr Ronald LAM, Director of Health, Henry FAN, Chairman of Hospital Authority, Ellis LAI, Deputy Commissioner of Customs and Excise, NG Chiu-kok, Deputy Commissioner of Correctional Services, Henry TONG, COSH Chairman and Dr Johnnie CHAN, COSH Vice-chairman.

MAO Qunan, Director General, Department of Planning and Information of National Health Commission, acknowledged the efforts of HKSAR Government put into curbing tobacco epidemic via a pre-recorded video and addressed Hong Kong's achievements as a model of tobacco control advocacy in the country. He also highlighted the aspirations of the Central Committee of the Communist Party and the State Council for greater cooperation between Hong Kong and the Mainland to advance the Healthy China Initiative.

Dr TEDROS Adhanom Ghebreyesus sent his warm congratulations to people celebrating fruitful achievements of tobacco control in Hong Kong. He added that Hong Kong has launched series of tobacco control measures to bring daily smoking rates in Hong Kong now less than 10% for the first time, and make it as a global exemplar. Dr Hiromasa OKAYASU, Director of Division of Healthy Environments and Populations, Regional Office for the Western Pacific, World Health Organization also delivered pre-recorded congratulation messages to the 40th anniversary of tobacco control in Hong Kong.

世界衛生組織總幹事譚德塞博士亦透過錄像恭賀香港在抑制煙草使用方面取得令人鼓舞的成就。他表示，香港先後推出多項不同的控煙措施，促成香港吸煙率首次下降至10%以下，為全球樹立榜樣。而世界衛生組織西太平洋區域辦事處Director of Division of Healthy Environments and Populations Dr Hiromasa Okayasu*亦有錄製祝賀辭，恭賀香港控煙工作踏入四十周年。

醫務衛生局局長盧寵茂教授於致辭時提及，香港在過去四十年推行了全面及持續的控煙措施，成功將吸煙率從八十年代初約23%降至今時今日的9.5%，並表示政府有計劃就下階段控煙措施進行公眾諮詢，聆聽香港市民對不同控煙措施的意見，同時政府會加強戒煙服務，透過全方位的措施，與不同持份者攜手合作，為達至7.8%吸煙率的目標共同努力。

此外，委員會主席湯修齊表示，隨著全禁另類煙的條例於2022年4月30日起正式生效，相信能有效阻止另類吸煙產品在港落地生根及引誘市民成為吸煙者，亦期望政府能夠制定更全面的控煙政策，回應市民對「零煙害」的訴求。

在慶祝典禮上，一眾控煙專家包括行政會議成員林正財醫生、香港大學公共衛生學院榮休教授及名譽臨床教授林大慶教授，以及世界家庭醫學組織前任主席李國棟醫生，亦與中學生討論控煙政策，課題涵蓋大幅增加煙草稅、擴大法定禁煙區、推行全煙害警示包裝、禁止加添味道的煙草產品、提高戒煙成功機會等各方面，而小學生亦向現場嘉賓表達無煙未來的心願。

委員會於典禮上亦播出香港控煙40周年短片。另外，特別邀得多名控煙翹楚包括衛生署前任署長林秉恩醫生及陳漢儀醫生、委員會前任主席左偉國醫生及劉文文，向與會者分享各項控煙範疇的重大成果。

(*註：只有英文名字及稱謂)

Prof LO Chung-mau, Secretary for Health, mentioned with the effective policy implementation over the four decades, the smoking prevalence in Hong Kong has been declining from about 23% in the 1980s to now 9.5%. He indicated the Government has planned to conduct the public consultation with regard to tobacco control strategy and would be eager to listen to people from all walks of life. The smoking cessation services would also be enhanced in order to achieve 7.8% smoking rate through continuous and collaborative efforts with stakeholders.

Henry TONG, COSH Chairman also believed that the total ban on alternative smoking products came into effect on 30 April 2022 could effectively prevent its hazards in alternative forms and the possible gateway into cigarette smoking among children and youth. He hoped that the Government can formulate comprehensive policy on tobacco control in response to public demands concerning zero-smoking hazard environment.

Tobacco control experts including Dr Hon LAM Ching-choi, Member of Executive Council, Prof LAM Tai-hing, the Emeritus Professor and Honorary Clinical Professor of The School of Public Health of The University of Hong Kong, and Dr Donald LI, Immediate Past President, World Organization of Family Doctors, enjoyed frank exchanges with secondary students on issues of how Hong Kong to take full advantage of low smoking prevalence to achieve smoke-free Hong Kong. The discussion covered a wide range of issues including substantial tobacco tax, expansion of no smoking areas, implementation of plain packaging, prohibitions of flavours in tobacco products, smoking cessation promotion, etc. Primary students also expressed the hopes for tobacco-free future at the event.

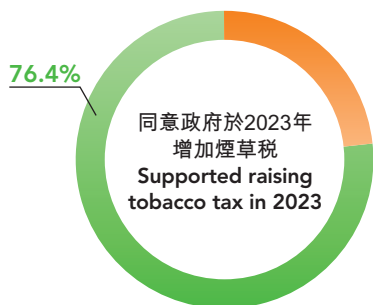
A video on the 40th anniversary of tobacco control was premiered at the Reception. The remarkable achievements of various measures in tobacco control were shared by tobacco control leaders including former Director of Health, Dr LAM Ping-yan and Dr Constance CHAN Hon-yee, and COSH Ex-chairman, Dr Homer TSO Wei-kwok and Lisa LAU Man-man.

倡議增加煙草稅

世界衛生組織(世衛)指出增加煙草稅為單一最有效的控煙措施，能有效降低吸煙人口和防止青少年開始吸煙，因此建議各國及地區應將增加煙草價格及煙草稅列為優先控煙措施，而煙草稅佔煙價的比例應為最少75%。然而，香港煙草稅於近十年大部分時間均被凍結，煙草稅佔主要品牌的捲煙零售價格的比例由2015年高峰約69% 跌至2022年約61.5%，距離世衛建議水平愈來愈遠。

煙草稅必須持續增加，否則煙草產品會變得愈來愈容易負擔，其降低吸煙率的功效亦會相應倒退。有見及此，全球有接近30個國家已設立機制定期增加煙草稅。根據著名煙草控制經濟學專家羅夏麗博士的分析，香港煙草稅的名義稅額多年來維持每包約港幣38.1元，但煙草稅率連續八年凍結後，經調整收入增加和通貨膨脹後，2022年實際稅額只有約港幣26.9元，未能發揮促進戒煙的效用。

委員會的「控煙政策調查2022」顯示，超過四分之三(76.4%)受訪者同意政府於2023年增加煙草稅，當中56.6%的支持者認為加幅應追平或高於通脹。三分二(66.5%)的現時吸煙人士表示會因煙價調高而戒煙或減少吸煙量至少一半。他們認為煙價應該調高至平均每包港幣116.9元(中位數為每包港幣100元)，才能推動他們戒煙。調查結果充份顯示，市民普遍支持增加煙草稅，同時香港的煙草稅率存在極大的上調空間，才能重拾煙草價格的效用。



控煙政策調查2022
Tobacco Control Policy-related Survey 2022

Advocacy on Raising Tobacco Tax

The World Health Organization (WHO) pinpointed that raising tobacco taxes is the single most effective measure to effectively reduce the smoking population and prevent the youth from smoking initiation. Therefore, it is recommended raising tobacco price and implementing tobacco tax as the prioritized measure and the tax rate should account for at least 75% of the retail price. However, the tobacco tax in Hong Kong has been frozen for most of the past decade, and the proportion of tobacco tax to the retail price of major cigarette brands has dropped from a peak of about 69% in 2015 to only about 61.5% in 2022, which is farther from the WHO's recommended level.

If tobacco tax is not increased consecutively, tobacco products will become increasingly affordable, and hence the effectiveness of reducing smoking prevalence will correspondingly regress. To effectiveness of tobacco tax being eroded, about 30 countries in the globe introduced an automatic mechanism on raising tobacco tax. In contrast, according to the analysis performed by Dr Hana ROSS, a world-renowned expert in tobacco control economics, the nominal tax value of cigarette pack in Hong Kong was about HK\$38.1 in 2022, the real tax value after discounting income growth and inflation was only about HK\$26.9 per pack, which was incapable to enhance smoking cessation, due to eight-years freezing in tobacco tax.

According to COSH's Tobacco Control Policy-related Survey 2022, more than three-quarters (76.4%) of respondents supported raising tobacco tax in 2023, while 56.6% of them agreed that the increment should be equal to or exceed the inflation rate. Two-thirds (66.5%) of current smokers suggested that the cigarette retail price should be set at a median price of HK\$100 and a mean price of HK\$116.9 to effectively motivate them to quit or reduce the daily cigarette consumption by at least half. The survey findings reflected that there was huge capacity for tobacco tax increment and the majority of citizens supported raising tobacco tax, to regain the effectiveness of tobacco price in reducing smoking population.

「大幅增加煙草稅100% 推動戒煙 減社會經濟負擔」記者會

增加煙草稅是被國際公認為最有效減低煙草使用的單一控煙措施。委員會於2022年12月13日舉行記者會，促請政府大幅增加煙草稅百分之一百，打破煙草稅凍結僵局，並隨後按年增加稅率，既推動吸煙人士戒煙，減輕其生活成本及因吸煙而導致之醫療負擔，同時保障下一代免受煙草危害。記者會的講者包括香港大學榮休教授暨公共衛生學院名譽臨床教授林大慶教授、香港大學公共衛生學院副教授何世賢博士、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。

“Raising Tobacco Tax by 100% to Motivate Smoking Cessation and Lessen Financial Burden” Press Conference

Raising tobacco tax is the single most effective measure to reduce tobacco use which is proven to encourage smokers to quit and prevent the uptake of smoking in adolescents. To ease smokers' cost of living and healthcare spending associated with tobacco use and safeguard the next generation from smoking hazards, COSH hosted a press conference on 13 December 2022 to urge the Government to raise tobacco tax by 100% and subsequent annual tax hikes, in order to motivate the smokers to kick the habit. Speakers included Prof LAM Tai-hing, Emeritus Professor and Honorary Clinical Professor of School of Public Health, The University of Hong Kong, Dr Daniel HO, Associate Professor, The School of Public Health, The University of Hong Kong, Dr Kelvin WANG, Associate Professor, The School of Nursing, The University of Hong Kong, Henry TONG, COSH Chairman and Vienna LAI, COSH Executive Director.



委員會主席湯修齊表示，「儘管本港吸煙率持續下降，委員會留意到近年的下降速度緩慢，2012年至今在沒有推出重大的煙草稅調整政策下，吸煙率僅僅下跌了1.2個百分點。」另外，在香港過去40年的控煙進程中，唯獨香港煙草稅政策是長期未合乎世界衛生組織標準（佔煙價75%或以上）的控煙措施，至今一直維持於每包港幣約38元的水平，佔零售價格的比例約為61.5%。

Henry TONG, COSH Chairman said, “The decline of smoking prevalence has been slowing down in Hong Kong as there were no major breakthroughs on tobacco tax policy since 2012. The smoking prevalence had been reduced merely by 1.2 percentage point.” Over the past four decades, tobacco tax has been among all tobacco control measures the only policy that fails to meet the World Health Organization’s standard (tax should account for 75% or above of cigarette retail price). Tobacco tax remained at around HK\$38, which accounted for around 61.5% of the retail price.

香港煙草稅於近十年大部分時間均被凍結，同時因隨市民收入增加及通脹因素，煙草稅的效用已經逐漸被削弱。以2011年為基線，2021年錄得累計通脹率為30%，然而煙草稅一直維持於不足11.7%的增幅水平，明顯追不上通脹的速度，從而未能提供更大的戒煙誘因及減少煙草使用意欲，甚至間接加劇吸煙行為。

南非開普敦大學經濟學院首席研究員羅夏麗博士指出雖然香港現時捲煙的名義價格為每包港幣62元，但在調整收入和通脹升幅後，實際價格只約港幣43元，較2009年的更低、煙草更易負擔。她以控煙經濟學方法推算，若香港大幅增加煙草稅100%後，將有助減少逾一成半的捲煙消費及促使吸煙人士徹底戒煙，有望將現時吸煙率降至8.7%。

講者在記者會上亦指出，2023年增加煙草稅的措施得到市民的廣泛支持，支持率高達七成半以上。此外，香港成人及學生的吸煙率一直下降，但兒童及青少年接觸二手煙的情況於香港十分普遍，並處於上升趨勢，2020年兒童及青少年在家中接觸二手煙的比率分別高達47.3%及58.5%，較十年前大幅攀升。大幅增加煙草稅是其中一個重要的手段使家長進一步減少煙草使用，保障下一代健康。

The tobacco tax in Hong Kong has almost remained unchanged in a decade. Due to the increase in income and accelerated inflation, the effectiveness of tobacco taxes is being weakened over the time. With the data in 2011 as the baseline, the cumulative Consumer Price Index rose by 30% in 2021 while the change of tobacco tax stood at less than 11.7%. Current tobacco tax was lagging behind inflation that led to the increased cigarette affordability and hence encourage cigarette consumption.

Dr Hana ROSS, Principal Research Officer, The School of Economics, University of Cape Town, South Africa also indicated the nominal cigarette price in Hong Kong is HK\$62 per pack but the real cigarette price is just HK\$43 after discounting the income growth and inflation, which means cigarette prices is lower and more affordable than that in 2009. She conducted an estimation on impact on the smoking behaviour of the 100% tobacco tax increment in Hong Kong. The cigarette consumption would fall by 17.7% and smokers would quit smoking completely, thereby the smoking prevalence would be expected to drop to 8.7%.

Speakers also pointed out at the press conference that most citizens widely supported the tobacco tax increase in 2023 with a support rate over 75%. In addition, despite the decline of smoking prevalence among adults and students, an increasing trend of secondhand smoke exposure in children and adolescents was found, as high as 47.3% and 58.5% respectively in 2020. Tobacco tax is an important means to further reduce the tobacco use among parents and hence protect the health of next generation.

委員會認為，香港必須採取更進取及具有顯著效果的措施如大幅增加煙草稅，才可在短短三年間將吸煙率由現時9.5%降低至2025年的7.8%的吸煙率（即需減少約十萬名吸煙人士），達致《邁向2025：香港非傳染病防控策略及行動計劃》及行政長官2022年施政報告中訂下的目標。政府應整全地檢視及制定長遠煙草稅政策，並參考其他國家經驗，啟動自動增加煙草稅機制或按年增加煙草稅，以保持價格對減低煙草需求的作用，加強戒煙動機。同時，增加資源協助吸煙人士戒煙，提升他們的戒煙成功機會，以進一步降低吸煙人口。

委員會樂見政府聽取各界意見，積極加強控煙力度，政府於2023年2月提出增加煙草稅約31.5%，然而煙草稅佔煙草零售價格的比例仍遠低於世衛建議水平（75%或以上），委員會建議政府未來應持續檢視增加煙草稅的政策，以充分發揮其推動減少吸煙的效用。

COSH considered that aggressive and effective policies shall be adopted in Hong Kong such as increasing tobacco tax substantially, in order to reduce the prevalence from currently 9.5% to reach the target of 7.8% (approximate to reducing 100,000 smokers) in three years as stated in “Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Disease in Hong Kong” as well as the Chief Executive’s 2022 Policy Address. Besides, the Government should review and formulate a long-term tobacco tax policy by drawing reference from the experience of other countries to establish an automatic mechanism on raising tobacco tax or impose annual tobacco tax which will be able to maintain the price effect on the demand of tobacco products and motivate tobacco users to quit, while offering quitting assistance to increase the chances of success, to further reduce the smoking population.

COSH appreciated that the Government has taken into account opinions from various sectors and is actively strengthening tobacco control. The Government has proposed to increase tobacco tax by approximately 31.5% since 22 February 2023. However, the proportion of tobacco tax to the retail price of tobacco products is still far below the recommended level by the World Health Organization (75% or above). It is suggested that the Government should continue to review its tobacco tax policy in the future to fully leverage its effectiveness in promoting smoking cessation.

全新宣傳短片「支持香港邁向零煙世代！」

委員會定期製作宣傳短片，喚起公眾對吸煙禍害的關注。為了向公眾宣揚零煙害未來的願景，委員會推出全新宣傳片「支持香港邁向零煙世代！」，透過身在未來的無煙代言人「咪點我」回憶昔日街頭到處充斥著煙味的情景，並道出吸煙時產生的二手煙同樣含有害物質和致癌物，危害了身邊人的健康，從而帶出他對「零煙害」美好生活的嚮往，呼籲公眾為自己及下一代戒煙，一起締造無煙香港。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。

New API "Towards a tobacco-free Hong Kong!"

COSH produces Announcements in Public Interest (APIs) regularly to address smoking hazards as an issue of concern. A new API titled "Towards a tobacco-free Hong Kong!" was launched with the aim of motivating smokers to quit as soon as possible. In the API, "Wise Mike," the Smoke-free Ambassador of COSH, appears to remind members of the public that they have been exposed to tobacco smoke on the streets, while bystanders have been harmed by secondhand smoke containing harmful and cancer-causing substances. Consequently, he expresses an aspiration for a better life without the hazards of smoking. Smokers are encouraged to quit for their own well-being and for the sake of future generations, and to join hands in moving towards a tobacco-free Hong Kong. The API was broadcast on radio channels, TV stations and online platforms with overwhelmed responses.





社區聯繫及推廣 Community Involvement and Promotion

「無煙老友記」計劃2022-2023

根據香港政府統計處數字顯示，2021年香港有581,500名吸煙人士，當中60歲或以上人士佔整體吸煙人口高達27.6%，相約等於16萬名吸煙長者。隨着吸煙者吸煙的時間越長，身體的毒素便累積越多，引發煙草相關疾病的風險越高。

委員會為鼓勵年長人士建立無煙健康生活，舉辦「無煙老友記」計劃，與長者服務機構合作，舉辦健康講座，加深長者對吸煙禍害的意識，並鼓勵有吸煙習慣的長者戒煙。計劃於2022年6月至2023年3月期間，在各區長者中心以線上及線下形式舉辦近30場健康講座，向約800名長者推廣無煙信息。講座內容涵蓋各種吸煙產品的禍害、長者戒煙問題及謬誤、戒煙的好處及方法等。



Elderly Smoking Cessation Promotion Project 2022-2023

According to the Census and Statistics Department, there were approximately 581,500 smokers in Hong Kong in 2021. Among all smokers, 27.6% were aged 60 years above, which is equivalent to about 160,000 elderly smokers. The more smokers smoke, the greater amount of toxins will accumulate in their bodies, increasing the risk of smoking-attributable diseases.

In order to encourage the elderly to adopt a smoke-free and healthy lifestyle, COSH has launched the Elderly Smoking Cessation Promotion Project. In collaboration with elderly organizations, the Project aimed to raise awareness of smoking hazards among the elderly and encourage those with smoking habits to quit. About 30 health talks at elderly centres were held online and offline from June 2022 to March 2023 across the territory to promote smoke-free messages to about 800 elderlies. The health talks covered the harms of various smoking products, common problems and misconceptions about cessation, and the benefits and methods of quitting smoking.



無煙女性宣傳計劃2022-2023

香港2021年的吸煙率跌至歷史新低的9.5%，然而女性吸煙人口多年來並沒有明顯下降趨勢，維持在約3%的吸煙率，反映女性吸煙的情況令人關注。有見及此，委員會舉辦無煙女性宣傳計劃，持續加強公眾對女性吸煙問題的認識和關注。計劃於2022-2023年度得到共23間婦女團體及地區康健中心的支持，加強向大眾傳揚無煙信息，尤其是吸煙對女性的害處。

Smoke-free Women Project 2022-23

In 2021, the smoking prevalence in Hong Kong dropped to a historic low of 9.5%. However, it was worth concern that the smoking prevalence of women remained at about 3% over the years. In view of this situation, COSH initiated the Smoke-free Women Project to continue to raise public awareness and knowledge on the problems of smoking among women. In 2022-2023, the Project received support from 23 women organizations and district health centres to spread the smoke-free messages, particularly the harms of smoking to women, to the members of the public.



「無煙 • 靚得喜動禮」社區宣傳活動

委員會聯同商業電台於2022年10月13日舉行「無煙 • 靚得喜動禮」社區宣傳活動，教育市民吸煙對女性的禍害、呼籲大眾支持女性吸煙者戒煙，以及宣揚無煙生活的好處。主禮嘉賓包括衛生署控煙酒辦公室主任封螢醫生、九龍婦女聯會主席蘇麗珍、委員會主席湯修齊、副主席陳志球博士及總幹事黎慧賢。醫務衛生局局長盧寵茂教授亦以視像方式參與活動，以示對計劃和控煙工作的支持，並鼓勵吸煙人士儘快建立無煙健康生活。

Smoke-free Women Project Publicity Event

COSH, partnered with Commercial Radio Hong Kong, organized a publicity event on 13 October 2022 to educate the public of the harms of smoking to women, encourage the public to support female smokers to quit smoking, and promote the benefits of living a smoke-free life. Officiating guests included Dr FUNG Ying, Head, Tobacco and Alcohol Control Office, Department of Health, SO Lai-chun, President, Kowloon Women's Organisations Federation, Henry TONG, COSH Chairman, Dr Johnnie CHAN, COSH Vice-chairman, and Vienna LAI, COSH Executive Director. Prof LO Chung-mau, Secretary for Health, also sent a video message to show his support for the Project and tobacco control, and to encourage smokers to embark on a smoke-free and healthy journey as soon as possible.

此外，歌手林奕匡、梁釗峰、雲浩影及黃妍亦有參與支持，一眾嘉賓透過交流對話及遊戲，分享了本港女性吸煙趨勢及針對女性的吸煙陷阱、女性吸煙對自身及家人的禍害、及輔助女性吸煙者的戒煙方法，帶出投入無煙生活後所能獲得的欣喜。九龍婦女聯會主席蘇麗珍、香港大學女性戒煙計劃統籌葉安妮及成功戒煙人士吳嘉蕙一同交流有關戒煙的心得，並提示女士在戒煙過程中絕不孤單，有需要時亦可向戒煙熱線和其他團體尋求協助。

電台宣傳

委員會亦製作四段無煙宣傳電台廣告，鼓勵女性為了自己、家人和寵物的健康而戒煙。另外，委員會主席湯修齊、臨床心理學家翁婉雯博士、香港大學護理學院副教授王文炳博士及成功戒煙人士吳嘉蕙在節目中就香港女性吸煙的情況、煙草業以女性為銷售對象的宣傳手法、應對壓力及戒煙建議、吸煙對女性的危害及親身戒煙經歷等多角度分享以鼓勵女性戒煙。

社區宣傳及教育活動



委員會為進一步向女士宣揚無煙生活，於2022年5月至2023年3月期間與23間婦女團體及地區康健中心合作，於全港各區舉辦近40場以無煙女性為主題的社區宣傳及教育活動，包括舉辦健康講座、無煙工作坊、無煙資訊展覽等，把無煙信息傳遞予接近3,800名市民，並派發了超過5,000份無煙單張及宣傳品。

Moreover, singers Phil LAM, Andy LEUNG, Cloud WAN and Cath WONG took part in the event and spread out the smoke-free messages. Through dialogues and games, the guests introduced the trend of female smoking in Hong Kong, marketing tactics to lure women to smoke, the harmful effects of smoking on women and their families, and the ways to assist them to quit smoking, and brought out the joyful experiences of being smoke-free. SO Lai-chun, President of Kowloon Women's Organisations Federation, YIP On-ni, Project Coordinator, Women Quit, The University of Hong Kong and successful quitter NG Ka-yan exchanged views on the benefits of quitting smoking and reminded female smokers that they were never alone in the process of smoking cessation.

Radio Appeals

COSH also produced and broadcasted four radio appeals to encourage women to quit smoking for the health of their families and pets. In addition, Henry TONG, COSH Chairman, Dr Samantha YUNG, Clinical Psychologist, Dr Kelvin WANG, Associate Professor, The School of Nursing, The University of Hong Kong, and successful quitter NG Ka-yan shared the situation of women smoking in Hong Kong, tobacco industry's marketing tactics to lure women to initiate smoking, advice for dealing with pressures and cessation, the gender-specific hazards of women smoking and smoking cessation experience in a radio programme to encourage smoking female to quit.

Community Promotion and Education Activities

To further promote a smoke-free lifestyle to women, COSH collaborated with 23 women associations and district health centres to conduct around 40 sessions of smoke-free women promotion and education activities including health talks, smoke-free workshops, smoke-free exhibitions, etc. across the territories from May 2022 to March 2023. Smoke-free messages were delivered to about 3,800 people and over 5,000 smoke-free collaterals and giveaway items were distributed to the public.

無煙女性工作坊



Smoke-free Women Workshops



委員會亦舉辦無煙工作坊，向女性宣揚煙害資訊的同時，透過輕鬆減壓的活動，提醒參加者保持無煙生活態度，培養健康興趣或習慣，堅拒任何形式的煙草產品。工作坊由註冊香薰治療師擔任導師，參加者反應熱烈，最後舉辦25個工作坊。

COSH organized a series of DIY workshops to disseminate smoke-free messages along with stress-relieving activities to help women to build a positive and healthy life, and resist pressure and crave of smoking. The workshops were conducted by a registered aromatherapist and were well received by the participants. Totally 25 workshops were organized with overwhelming responses.

計劃網頁：www.smokefree.hk/women

Programme Website: www.smokefree.hk/women





香港國際牙科博覽暨研討會

香港牙醫學會於2022年12月2日至4日舉辦「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。委員會於展覽會上亦設置資訊攤位，介紹香港控煙概況，並宣傳吸煙與口腔健康的關係，以加深牙科專業人員對控煙議題的了解。

慶祝中華人民共和國成立七十三周年暨國家憲法日活動「正向親子運動嘉年華」



香港道教聯合會、通善壇、香港區家長教師會聯合會、香港島校長聯會及中西區民政事務處於2022年12月4日於中環遮打道行人專用區舉辦慶祝中華人民共和國成立七十三周年暨國家憲法日活動「正向親子運動嘉年華」。委員會主席湯修齊應邀出席開幕儀式。與此同時，委員會亦設置攤位，透過遊戲及派發宣傳物資，介紹委員會的控煙工作，同時讓參加者認識吸煙的禍害，並邀請參加者追蹤委員會之社交平台帳戶，以掌握最新煙害資訊及本港控煙情況。

Hong Kong International Dental Expo and Symposium

The Hong Kong Dental Association hosted the “Hong Kong International Dental Expo and Symposium” on 2 to 4 December 2022. Henry TONG, COSH Chairman was invited to attend the opening ceremony. COSH set up an information booth to introduce the tobacco control in Hong Kong as well as the correlation between smoking and oral health to raise the awareness on the tobacco control works to the dental professionals.

Positive Parent-Child Sports Carnival in celebration of the 73rd anniversary of the founding of the People's Republic of China

Hong Kong Taoist Association, Tung Sin Tan, Federation of Parent Teacher Associations Hong Kong Island, Hong Kong Island School Heads Association, Home Affairs Department (Central and Western District) hosted the Positive Parent-Child Sports Carnival in celebration of the 73rd anniversary of the founding of the People's Republic of China on 4 December 2022 at Chater Road, Central. Henry TONG, COSH Chairman, was invited to join the opening ceremony. A booth was set up to introduce COSH's programme and increase the public awareness on smoking hazards via games and distribution of smoke-free promotion collaterals. Participants were also invited to follow COSH's social media pages so as to gain the latest smoke-free information and local tobacco control works.

「健康科技@深水埗」地區宣傳活動

為提高深水埗居民對健康的關注，深水埗區議會及大灣區生物科技聯盟於2023年2月18至19日聯合舉辦「健康科技@深水埗」公眾活動。委員會獲邀設置教育攤位，加強區內居民對煙害的認知及鼓勵吸煙人士戒煙。同場亦邀請參加者追蹤委員會之社交平台帳戶，讓市民掌握本港最新控煙情況及繼續支持委員會的控煙宣傳活動。



“HealthTech@Sham Shui Po” District Publicity Event

To raise Sham Shui Po residents' health awareness, Sham Shui Po District Council and Greater Bay Area Biotechnology Alliance co-hosted “HealthTech@Sham Shui Po” public event on 18 to 19 February 2023. COSH was invited to host an educational promotion booth with an aim to raise participant's awareness on smoking hazards and encourage smokers quit smoking. Participants were also invited to follow COSH's social media pages to be informed of the latest local tobacco control works and continue to support COSH's programmes.



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

從小教育下一代無煙知識是其中一項重要的控煙工作，令兒童及青少年明白無煙健康生活的重要性，堅拒第一口煙，並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。

委員會於2022至2023學年繼續提供實體及網上學習兩種健康講座模式供學校選擇以配合課堂需要，期間舉行超過100場講座，共吸引逾二萬五千名師生參與。學生可善用在家學習的時間，透過觀賞直播或錄影健康講座，再配以「無煙健康學習資源套」參與延伸學習，加深對吸煙禍害的認識。

講座除了講解各種煙草禍害，包括吸煙、二手煙、三手煙及另類吸煙產品，亦涵蓋香港最新的控煙資訊及煙草商的宣傳伎倆等。此外，講座透過播放短片及互動問答環節，讓學生在輕鬆愉快的環境下學習，更全面吸收無煙知識。



Health Talks for “Smoke-free New Generation”

Educating the next generation on smoke-free knowledge at an early age is an essential part of tobacco control, helping children and youngsters understand the importance of smoke-free healthy lifestyle, learn to refuse the first cigarette and encourage family members and friends to quit smoking. Since 1991, COSH has been organizing health talks every year in kindergartens, primary and secondary schools; and tertiary institutions across the territory to educate children and teenagers on the harmful effects of tobacco.

COSH continued to provide onsite and online health talks to accommodate schools' needs during the school year 2022 to 2023. Over 100 health talks were held reaching over 25,000 students and teachers. Students could learn about smoking hazards online through live streaming or pre-recorded health talks. A set of education tools was also developed for students to extend learning beyond the classroom.

In addition to the harms of tobacco, including smoking, secondhand smoke, third-hand smoke and alternative smoking products, the health talks covered the latest information on tobacco control in Hong Kong and marketing tactics of the tobacco industry. Besides, promotional videos and an interactive question-and-answer session were included to allow students to enhance smoke-free knowledge in a relaxing environment.

「無煙Teens精英計劃」 2022-2023

委員會自2012年起舉辦「無煙Teens計劃」，及後優化為「無煙Teens精英計劃」。計劃由教育局協辦，至今已累積得到逾160間中學、青少年中心及制服團體支持，成功培育超過3,000名青少年領袖。計劃透過多元學習模式、生涯規劃及師友分享，提升青少年各項技能、增進煙害及控煙知識，裝備他們成為社會未來領袖。計劃亦提供機會讓參加者學以致用，於學校及社區籌辦不同類型的推廣活動。本年度計劃得到來自27間學校及機構，約200名14至18歲「無煙Teens精英」踴躍參加。

計劃內容圍繞知識及技能培訓、活動策劃及實踐兩大部分，結合實體及網上學習項目，並採取學分制度，讓學生靈活參與及獲取學分。

無煙學堂

「無煙學堂」結合實體及網上學習兩種形式，旨在加深參加者對控煙工作及煙草禍害的認識、了解活動策劃宣傳及戒煙輔導技巧，同時提升他們的領導、獨立、創意、溝通及衝突管理等才能，並具備慎思明辨、團隊合作的精神。



“Smoke-free Elite Teens Programme” 2022-2023

Since 2012, COSH has been organizing “Smoke-free Teens Programme” which was revamped as “Smoke-free Elite Teens Programme” and co-organized with the Education Bureau. The Programme gained support from over 160 secondary schools, youth centres and uniform groups and trained over 3,000 teenagers as young leaders over the past years. The Programme introduced elements of life planning and mentor sharing and offered diversified learning experiences with aimed to enhance teenagers’ knowledge of smoking hazards and tobacco control, equip them with multifaceted skills and nurture them to become future leaders. It also provided the opportunity for participants to organize smoke-free programmes in schools and the community. Around 200 teenagers aged 14 to 18 from 27 secondary schools and organization enrolled in the Programme in the school year 2022-2023.

The Programme revolved around knowledge and skills training, as well as project planning and execution. Combining physical and online learning activities with credit system, it allowed students to flexibly participate and obtain credits.

Smoke-free Academy

The hybrid Smoke-free Academy with a combination of offline and online learning aimed to enhance students’ knowledge of tobacco control and smoking hazards, as well as the event planning and smoking cessation counseling skills. The Programme aims to enhance their abilities in leadership, independence, creativity, communication, and conflict management, while also fostering a spirit of critical thinking, discernment, and teamwork.



迎新營及大學參觀

無煙精英迎新營及大學參觀於2022年暑假期間舉行，包括安排參觀香港大學護理學院及參與不同工作坊，讓「無煙Teens精英」了解大學的無煙教育及研究工作，加深對控煙及煙草禍害的認識，學習戒煙輔導和活動策劃及宣傳等技巧。

網上無煙課堂

委員會為參加者準備一系列內容多元化的必修及選修網上課堂。除了觀看必修課講解煙害知識及了解香港及世界各地的控煙政策，學生可按個人喜好及需求選擇選修課堂，學習手機剪片技巧及提升對另類吸煙產品的認識，為他們於校內及社區進行「無煙行動」推廣無煙信息作好準備。此外，網上課堂亦包括計劃友師退休中學校長鄧振強於線上分享生涯規劃及畢業升學要訣，讓參加者可為未來個人發展及規劃作準備。

Orientation Camp and Visit to University

Smoke-free orientation camp and visit to University were organized during summer holidays in 2022. A visit to the School of Nursing, The University of Hong Kong and various workshops, were arranged for Smoke-free Elite Teens to learn about the University's education and research on tobacco control, as well as skills of smoking cessation counselling and project planning and promotion.

Smoke-free Online Classes

COSH launched a series of compulsory and elective online classes. In addition to attending compulsory classes introducing the knowledge of smoking hazards, local and international tobacco control policies, students could select elective classes according to their own preferences and needs to learn about video production techniques with mobile phone and enhance knowledge of alternative smoking products. These classes would get them prepared for organizing the smoke-free programmes on campus and in the community. Besides, an online class in which former principal Teddy TANG, one of the Programme mentors, provided sharing on study and life planning to allow participants to prepare for future personal development.

無煙精英大本營

委員會於2022年12月舉行跨校實體「無煙精英大本營」，讓「無煙Teens精英」透過團隊合作任務及歷奇活動提升他們的領導才能、溝通及解難能力，加強參加者之間的團體合作精神。



無煙行動

縱然本年度計劃進行期間受到疫情的影響，「無煙Teens精英」完成無煙學堂後仍能實踐所學，在2022年10月至2023年2月期間於校內及社區籌辦逾170項多元線上及線下推廣活動，把無煙信息傳遞予超過五萬名來自不同地區的市民及學生。各參加隊伍發揮創意及善用不同平台進行無煙推廣，主要活動包括攤位遊戲、工作坊、各類設計及創作比賽，以及於早會、課堂和社交媒體進行推廣等。參加者亦進行街頭宣傳及訪問，以及與社區機構合協活動，將無煙推廣擴展至社區。此外，為配合受眾需要，他們製作了各式短片，例如街訪、短劇、主題曲音樂影片等，加強無煙信息的宣傳成效。



Smoke-free Training Camp

An inter-school physical training camp was also held in December 2022 to enable Smoke-free Elite Teens to enhance leadership skills, including team work, communication and problem solving through team missions and adventure-based coaching activities.

Smoke-free Programmes

Despite the epidemic, the Smoke-free Elite Teens overcame different challenges and utilized their knowledge and creativity in organizing over 170 diversified online and offline activities for promotion of smoke-free messages to over 50,000 students, teachers and members of the public from October 2022 to February 2023. They utilized their creativity and different platforms to organize a wide variety of promotion activities, ranging from booth games, workshops, design competitions to promotion via morning assemblies, classes and social media. Participants also conducted street interviews and promotion collaborating with community organizations to extend the smoke-free promotion to the community. To meet the needs of the audience and enhance the impact of promotion, they produced short videos, such as street interviews, drama and music videos.

無煙精英團、暑期實習及遊學團

為使「無煙Teens精英」繼續參與推動無煙文化，延續使命，完成計劃的參加者均可加入「無煙精英團」，協助委員會舉辦控煙活動，如分享會、展覽、遊戲攤位等，發揮領袖才能。

計劃中表現優異的參加者將有機會到委員會秘書處實習，接觸機構日常營運，學習及體驗籌辦活動，有助做好生涯規劃。於「無煙行動」中獲得冠、亞、季軍隊伍之參加者獲安排參與一天澳門考察參觀遊學團。活動將邀請澳門預防及控制吸煙辦公室的控煙專家分享控煙經驗，亦安排景點遊覽，期望透過知識與趣味並重的遊學體驗，讓參與學生了解澳門的控煙工作及成果，擴闊視野。

成果發佈暨分享會

計劃透過舉行成果發佈暨分享會，以嘉許表現出色的「無煙Teens精英」。頒獎嘉賓包括醫務衛生局局長盧寵茂教授、教育局高級課程發展主任(德育、公民及國民教育)周安琪、香港吸煙與健康委員會主席湯修齊、副主席陳志球博士、教育及宣傳委員會主席張勇邦，以及總幹事黎慧賢。委員會亦邀請計劃友師劉駿楷先生分享如何在企業推動無煙文化。

Smoke-free Alumni Programme Summer Internship and Study Tour

To enable participants to continue their mission to promote smoke-free culture, participants who have completed the Programme were invited to join the Smoke-free Alumni Programme, where alumnus could assist COSH in organizing smoke-free activities such as sharing session, exhibition and booth game, enabling them to develop leadership skills.

Participants with outstanding performance would have the opportunity to participate in the summer internship programme, where students could get involved in organization's daily operations and learn to organize smoke-free projects for career and life planning. Champion, 1st Runner-up and 2nd Runner-up would have the opportunity to join the one-day Macao study tour during summer holidays to learn about the tobacco control policies in Macao and broaden their horizons through knowledge-based and fun-filled activities, including sharing by the tobacco control expert from the Tobacco Prevention and Control Office, Macao SAR Government and a walking tour.

Showcase cum Sharing Session

A Showcase cum Sharing Session was held to commend outstanding Smoke-free Elite Teens for their achievements. Prof LO Chung-mau, the Secretary for Health, Angela CHOW, Senior Curriculum Development Officer (MCNE), Education Bureau, Henry TONG, COSH Chairman, Dr Johnnie CHAN, COSH Vice-chairman, Langton CHEUNG, COSH Education & Publicity Committee Chairman and Vienna LAI, COSH Executive Director presented the prizes to the winners. Terence LAU, one of the Programme mentors, was invited to conduct sharing on how to promote smoke-free culture at workplace.

來自聖傑靈女子中學的冠軍隊伍於分享會上分享活動籌劃的心得和經驗。有別傳統設計比賽，他們舉行校內郵票設計比賽，並向香港郵政申請，將優秀作品印製成郵票，派發給校內學生，以新穎方式宣揚無煙信息。亞軍由新界鄉議局元朗區中學(第三隊)奪得，透過採訪立法會議員去帶出無煙信息，並妥善分工，推出多項校內及社區無煙活動，接觸多名師生及市民，成效顯著。季軍隊伍皇仁舊生會中學留意到家長在預防青少年吸煙的角色及其重要性，配合家長日及其他校內活動，邀請校內學生及家長一同支持無煙生活，同時亦向社區內的特殊教育需要學童講解吸煙的禍害及傳遞無煙信息。



得獎名單：

冠軍：聖傑靈女子中學

亞軍：新界鄉議局元朗區中學(第三隊)

季軍：皇仁舊生會中學



The champion team from St. Catharine's School for Girls shared their fruitful experience in organizing smoke-free activities at the event. They launched a stamp design competition of which the outstanding piece was printed and mass produced as stamps after the successful application to Stamps Customised Service of Hong Kong Post. N.T. Heung Yee Kuk Yuen Long District Secondary School (Team 3) won the first runner-up. They spread the smoke-free messages through an interview with the Member of Legislative Council. The second runner-up was Queen's College Old Boys' Association Secondary School. Recognizing the indispensable roles of parents in the smoking prevention among teenagers, they invited parents and students to support smoke-free lives on Parents' Day and other school activities. They also instilled the importance of smoke-free Hong Kong to students with special educational needs in community activities.

List of Winners:

Champion: St Catharine's School for Girls

First runner-up: N.T. Heung Yee Kuk Yuen Long District Secondary School (Team 3)

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

「優異無煙Teens團隊」：

- 香港道教聯合會鄧顯紀念中學
- 香港青少年軍總會(第一隊)
- 新界鄉議局元朗區中學(第四隊)
- 伊利沙伯中學舊生會湯國華中學
- 東華三院伍若瑜夫人紀念中學(第一隊)

計劃網頁：

<https://smokefree.hk/smokefreeteens>



計劃Facebook：

<https://www.facebook.com/smokefreeteens/>



計劃Instagram：

https://www.instagram.com/smokefree_teens/



Outstanding Smoke-free Teams:

- HKTA Tang Hin Memorial Secondary School
- Hong Kong Army Cadets Association (Team 1)
- N.T. Heung Yee Kuk Yuen Long District Secondary School (Team 4)
- Queen Elizabeth School Old Students' Association
Tong Kwok Wah Secondary School
- Tung Wah Group of Hospitals Mrs. Wu York Yu Memorial College (Team 1)

Programme website:

<https://smokefree.hk/smokefreeteens>

Programme Facebook:

<https://www.facebook.com/smokefreeteens/>

Programme Instagram:

https://www.instagram.com/smokefree_teens/

學校互動教育巡迴劇場 「無煙奇遇記」

委員會自1995年起以「學校互動教育巡迴劇場」作為預防兒童及青少年吸煙的重點教育及宣傳活動之一，透過與學校及專業藝術團體合作，以互動教育劇場的形式，讓學生建立正確無煙觀念，鼓勵他們與家人一起支持無煙健康生活。委員會累計於全港小學舉辦逾2,100場表演，獲超過60萬名學生及老師觀賞及參與。

互動教育劇場透過互動參與模式，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，同時更了解吸煙的謬誤，學習拒絕第一口煙及鼓勵親友戒煙。

2022-2023年度「學校互動教育巡迴劇場」由教育局協辦，委員會與大細路劇團合作，製作及演出全新劇目《無煙奇遇記》，幫助小學生了解煙草禍害，明白拒絕第一口煙的重要性外，亦加深認識戒煙的好處及保障家人免受二手煙及三手煙的健康風險，並推動小學生勸籲親友戒煙，一同支持無煙香港。委員會亦特別鳴謝香港大學榮休教授暨公共衛生學院名譽臨床教授林大慶教授擔任此劇目的顧問。



School Interactive Education Theatre “Smoke-free Dream Adventure”

Since 1995, the “School Interactive Education Theatre Programme” has been a focal activity of COSH’s education and publicity programmes to prevent smoking among children and youth. Collaborating with schools and local professional troupe, the Education Theatre helps students develop a positive smoke-free attitude and encourages them to live a smoke-free healthy lifestyle with their families. Since its launch, the Programme delivered over 2,100 performances in primary schools across the territory, reaching over 600,000 students and teachers.

The performances delivered along with music, stage effects, interesting presentation and interactive session enables students to learn about the harmful effects of smoking, secondhand smoke, third-hand smoke and alternative smoking products, fallacies about smoking, as well as to say no to the first cigarette and encourage family members to quit smoking.

The Programme in 2022-2023 was co-organized by Education Bureau and collaborated with Jumbo Kids Theatre to produce and deliver a new drama “Smoke-free Dream Adventure”. It aimed to educate students on smoking hazards and deter them from trying the first cigarette. It helped students understand the harms of tobacco and recognize the importance of rejecting the first cigarette. Moreover, the Programme aimed to enhance their understanding of the benefits of quitting smoking and safeguard their family members from the health risks of secondhand and third-hand smoke. Students were invited to encourage their families and friends to quit smoking and support a smoke-free Hong Kong. In addition, special credit was given to Prof LAM Tai-hing, the Emeritus Professor and Honorary Clinical Professor of The School of Public Health of The University of Hong Kong, as the professional consultant of the drama.



故事講述小學生一心的爸爸因吸煙多年身體狀況愈來愈差，令一心非常擔心。此時，正義的使者「咪點我」出現，帶領一心進入爸爸的體內，一同找出爸爸的病因，幫助他回復健康。在過程中，觀眾可透過劇中的多個互動環節參與其中，跟一心和「咪點我」辨識煙草三大殺手包括焦油、尼古丁及一氧化碳對身體的禍害，以及如何協助吸煙的家人對抗煙癮，最後擊退三大殺手及煙癮大魔王，成功協助爸爸戒煙。

The story centred on Cory's father who had been a smoker for many years and his health was getting worse which made Cory worried. At that moment, "Wise Mike" appeared and led Cory into her father's body to find out what was going wrong and tried to help him stay healthy. Audience could join Cory and "Wise Mike" through various interactive sessions to identify the health effects brought by three major killers including "Tar", "Nicotine" and "Carbon Monoxide" and learn how to help family members resist tobacco addiction, helping repel the three major killers and "Devil Tobacco" and assist Cory's father to quit smoking.



劇場首演禮於2022年9月29日在北角衛理小學舉行，約300名師生及嘉賓參與，為新一年的巡迴劇場揭開序幕。主禮嘉賓包括衛生署控煙酒辦公室主任封螢醫生、香港大學公共衛生學院榮休教授暨名譽臨床教授林大慶教授、北角衛理小學校長黃侶詩、香港吸煙與健康委員會主席湯修齊、教育及宣傳委員會主席曾立基及總幹事黎慧賢。

委員會為配合各項預防2019 冠狀病毒病的措施，提供不同的演出模式供學校靈活參與。開放面授課程期間，劇場如常到學校巡迴演出，或以校園電視台於轉播現場演出至班房令更多同學可同時欣賞。學校亦可選擇觀看網上直播，演員透過視像軟件演出，並保留與學生互動的元素，又或安排學生觀賞預錄版，並配合互動學習資源進行延伸活動。本年度已有超過二萬二千名學生及老師透過不同模式欣賞劇場演出。

為配合教與學的需要，委員會特別設計一套「互動學習資源套」，以便老師利用資源套作常識、德育或生命教育等網上或課堂教材，學生可於停課期間持續接收無煙信息。資源套包括《無煙奇遇記》小冊子、紀念品、網上無煙小遊戲及短片，讓學生觀賞劇場後可與家長一同隨時重溫無煙資訊，建立無煙家庭。學生亦可參與「《無煙奇遇記》戒煙心意卡設計比賽」，將無煙知識學以致用，發揮創意。本年度比賽共收到1,366份作品。

劇場網頁：www.educationtheatre.hk



The premiere was held at North Point Methodist Primary School on 29 September 2022 with around 300 primary school students, teachers and guests attended to kick off the territory-wide school tour. Officiating guests of the premiere included Dr FUNG Ying, Head, Tobacco and Alcohol Control Office, Department of Health, Prof LAM Tai-hing, the Emeritus Professor and Honorary Clinical Professor of The School of Public Health of The University of Hong Kong, WONG Lui-sze, Principal of North Point Methodist Primary School, Henry TONG, COSH Chairman, Richard TSANG, COSH Education & Publicity Committee Chairman and Vienna LAI, COSH Executive Director.

In response to preventive measures of COVID-19, COSH delivered drama performance in various modes. Apart from regular touring at schools and broadcasting to classrooms via campus TV, the schools could arrange live streaming for which actors interacted with students through streaming softwares, or the pre-recorded version and utilize the interactive learning kit for extended activities. This year, over 22,000 students and teachers watched the drama performance through different modes.

To accommodate the teaching and learning needs of students, an enriched interactive learning kit, including the "Smoke-free Dream Adventure" gamebook, souvenirs, online smoke-free minigames and short videos, was introduced. Teachers could utilize the learning kit to deliver smoke-free messages in general studies, moral education or life education online or offline. Students were encouraged to revisit the smoke-free messages with parents after watching the drama to build a smoke-free family. Students could also utilize the acquired knowledge and creativity in the "Smoke-free Dream Adventure Message Card Design Competition". Over 1,366 entries were received in this year.

Programme Website: www.educationtheatre.hk



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

與行政會議成員及立法會議員會面

委員會致力推動多個範疇的控煙工作，包括科研、宣傳、教育、立法及執法等，當中立法對控煙進展至為重要。有見及此，委員會一直向政府及社會提供最新控煙資訊，約見不同的社會領袖及政策制定者，倡議落實有效的控煙政策。於2022至2023年度期間，委員會與22位行政會議成員、立法會議員及政黨代表進行九次會面，闡述增加煙草稅及倡議香港推行創新控煙措施。委員會亦就放寬聯運轉運另類吸煙產品一事，與議員及政黨代表作深入交流和分享，表達社會各界的憂慮，呼籲堅守保障公眾衛生及守護下一代的健康。

香港大學護理學院課程

香港大學護理學院一直以來對戒煙工作及控煙研究不遺餘力。學院亦致力培訓專業護理人員，提供有關控煙和戒煙輔導的課程，以提高學生對控煙的關注和鼓勵他們參與戒煙工作。委員會獲邀為其課程的客席講者，分享控煙工作經驗。

Meetings with Executive Council Members and Legislative Council Members

To improve tobacco control, COSH advocates to enhance efforts in various spectrums, including scientific research, promotion and publicity, education, legislation and law enforcement. Among these, legislation is the utmost important to advancement in tobacco control. COSH continuously provides latest information of tobacco control to the Government and the community, and liaises with community leaders and policy makers to advocate effective tobacco control policy. In 2022-2023, COSH arranged 9 meetings with 22 Executive Council members, Legislative Council members and political parties to illustrate the effectiveness of raising tobacco tax and recommend the adoption of the innovative tobacco control measures in Hong Kong. COSH particularly shared the communities' concern about the exemption of the intermodal transshipment of alternative smoking products, and appealed for the persistence in safeguarding public health and protecting our next generations.

HKU School of Nursing – Nursing Programmes

The School of Nursing of The University of Hong Kong is a keen advocate of smoking cessation and tobacco control over the years. The school endeavors to provide professional nursing training and courses on tobacco control and smoking cessation counseling to enhance their students' awareness and involvement in the works of curbing and quitting tobacco use. COSH was invited as guest speaker to share tobacco control experience with students of different programmes.

委員會項目籌劃高級經理朱偉康於2022年4月4日、4月11日、11月5日及2023年2月24日，向合共超過500位學士學生及近100位碩士學士講解全球控煙進展，介紹香港的控煙情況及戒煙服務、委員會推動無煙香港的角色以及教育、宣傳及政策倡議工作，並鼓勵醫護人員投入促進戒煙和建構無煙環境的工作。

屯門商會－無控座談會

委員會主席湯修齊應邀出席屯門商會於2022年8月24日舉辦的會議，介紹委員會的無煙教育及宣傳項目，講解香港近年控煙工作的發展及成果，增強商界認同控煙工作的重要性，並呼籲商會及一眾會員與委員會攜手推動戒煙並倡議落實更多控煙政策。

九龍東區扶輪社－控煙研討會

委員會主席湯修齊應邀出席九龍東區扶輪社於2022年9月20日舉辦的控煙研討會，與參會者講述吸煙對健康的危害，重申吸煙加劇新冠肺炎的影響，以及介紹委員會的工作，並闡述委員會爭取通過《2019吸煙（公眾衛生）（修訂）條例草案》禁止另類吸煙產品的倡議工作，亦展示全球各地邁向煙草終局的目標和嶄新控煙政策，呼籲香港應儘快推行。



On 4 April, 11 April, 5 November 2022 and 24 February 2023, Lawrence CHU, COSH Senior Project Manager delivered talks to over 500 undergraduate students and nearly 100 master students regarding local and global development of tobacco control and smoking cessation. He explained the role of COSH in promoting a smoke-free Hong Kong and its efforts in education, publicity and advocacy works, and encouraged medical and nursing professionals to participate in helping smokers to quit and striving for a smoke-free environment.

Tuen Mun Chamber of Commerce – Smoke-free Seminar

Henry TONG, COSH Chairman attended the meeting of Tuen Mun Chamber of Commerce on 24 August 2022 and delivered a presentation to introduce COSH's smoke-free education and promotion projects, development and achievement of tobacco control in recent years and highlighted the importance of tobacco control. The Chamber and the members were appealed to join with COSH to promote smoking cessation, with a view to soliciting support for tobacco control policies in future.

Rotary Club of Kowloon East – Tobacco Control Seminar

Henry TONG, COSH Chairman was invited to share the health risks of smoking, particularly the impact of smoking on COVID-19, as well as works of COSH in the tobacco control seminar organized by Rotary Club of Kowloon East on 20 September 2022. In the seminar, he illustrated COSH's advocacy actions that contributed to the enactment of the Smoking (Public Health) (Amendment) Bill 2019 to ban alternative smoking products (ASPs). He also showcased the global examples of tobacco endgame target and the innovative tobacco control policies to achieve it, and appealed for the immediate implementation in Hong Kong.

香港中文大學賽馬會公共衛生及基層醫療學院－健康推廣工作坊

委員會項目籌劃高級經理朱偉康獲香港中文大學賽馬會公共衛生及基層醫療學院邀請，於2023年1月19日以「委員會建構無煙香港的角色」為題，向約30位公共衛生及社區健康理學士課程的學生講解香港的控煙政策及委員會不同範疇的工作，並以推動全禁另類煙為案例，闡述控煙政策的倡議過程，及如何爭取落實保障市民健康的措施，期望推動他們投入控煙相關工作。

The Jockey Club School of Public Health and Primary Care, 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 seminar titled “Strive for a smoke-free Hong Kong: The role of COSH” to about 30 students of Bachelor of Science in Public Health Programme and Community Health Practice on 19 January 2023. The seminar covered the tobacco control policies in Hong Kong and COSH’s work in different aspects. The experience in advocating the total ban on all alternative smoking products were shared as case study, in order to illustrate the advocacy actions during policy making process, striving for the implementation of public health measures. Students were encouraged to engage in tobacco control related work.

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 |
|------------|--|---|
| 2022/4/30 | 委員會與社會各界樂見正式實施全禁另類吸煙產品 | COSH and all sectors of community are glad to see the enforcement of total ban on alternative smoking products |
| 2022/5/24 | 響應無煙跑服日以運動戒煙邁向煙草終局 | Exercise Together to Support "Smoke-free Sportswear Day" and Step Forward to Tobacco Endgame |
| 2022/5/26 | 委員會回應香港最新吸煙率 | COSH's response to the latest smoking prevalence of Hong Kong |
| 2022/6/10 | 委員會與兩地專家及官員進行控煙學術交流會 | COSH attended sharing session on tobacco control with the Mainland and Local experts and officials |
| 2022/6/25 | 委員會優化無煙Teens計劃培育未來社會領袖精英團隊籌辦創意活動推廣無煙文化 | COSH "Smoke-free Elite Teens Programme" nurtures future leaders Innovative activities promote smoke-free culture |
| 2022/9/29 | 學校互動教育巡迴劇場教育兒童辨識煙草禍害 無煙代言人「咪點我」擔綱推動無煙家庭 | Smoke-free ambassador "Wise Mike" as leading actor School Interactive Education Theatre educates students on smoking hazards and promotes smoke-free families |
| 2022/10/13 | 「無煙•靚得喜動禮」鼓勵女性戒煙感受無煙生活之喜 | Calling on Women to Stay Away from Tobacco and Embrace Joy and Beauty of a Smoke-free Life |
| 2022/10/19 | 委員會回應施政報告的控煙措施 | COSH's response to the tobacco control policies proposed in the 2022 Policy Address |

| 日期 Date | 新聞稿 | Press Release |
|------------|--|---|
| 2022/11/8 | 「香港控煙四十周年」慶祝典禮 回顧過去控煙成果 邁向「零煙害」世代 | Reception for the 40 th Anniversary of Tobacco Control in Hong Kong Marking the achievements in tobacco control and taking a leap towards a tobacco-free future |
| 2022/11/11 | 「第十一屆海峽兩岸及香港澳門地區煙 害防治研討會」 加強四地合作交流 推動無煙害環境的進程 | The 11 th Cross-Strait, Hong Kong and Macau Tobacco Control Conference Strengthening ties across strait to accelerate the progress of tobacco-free environment |
| 2022/12/13 | 大幅增加煙草稅100%推動戒煙 減社會經濟負擔 | Raising Tobacco Tax by 100% to Motivate Smoking Cessation and Lessen Financial Burden |
| 2023/1/19 | 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 實現政府速降吸煙率目標 全力邁向「零煙害」世代 | Open Letter to Financial Secretary, Hong Kong SAR Government Substantial and Annual Tobacco Tax Increases Achieve Government's Goal in Reducing Smoking Prevalence and Work towards a Tobacco-free Future |
| 2023/2/22 | 委員會回應財政預算案的控煙措施 歡迎政府增加煙草稅 冀進一步制定按年加稅政策 | COSH's response to the tobacco control policies proposed by the Budget Welcomes tobacco tax hike but formulation of regular tax mechanism needed |
| 2023/3/21 | 第13屆「戒煙大贏家」無煙社區計劃 頒獎禮 全城攜手推動戒煙 投入無煙健康新生活 | 13 th "Quit to Win" Smoke-free Community Campaign Community-wide effort to promote smoking cessation and smoke-free healthy lifestyle |
| 2023/3/23 | 委員會回應有關另類吸煙產品轉運的 立法修訂 | COSH's response to legislative proposals for transshipment of alternative smoking products |

會議 Conferences

2022年內地—香港控煙學術交流活動

中國控制吸煙協會與香港特區政府衛生署控煙辦公室得到國家衛生健康委員會(國家衛健委)港澳台辦公室及香港特區政府支持，於2022年6月10日舉辦線上研討會「2022年內地—香港控煙學術交流活動」，讓兩地專家學者互相分享經驗，以推動控煙進程，為實現健康中國做出努力。

活動由國家衛健委規劃司司長毛群安致開幕辭。毛司長讚揚香港特區政府高度重視控煙工作，從法律制定、執行、監督，到教育、戒煙服務，實施了「一條龍」式全方位禁煙。2021年，吸煙率首次在香港地區降至10%以下，是香港控煙工作的一個里程碑，是全國控煙工作的典範。

委員會主席湯修齊及中國控制吸煙協會副會長廖文科一同主持交流活動其中一節，探討內地及香港的控煙進程及挑戰。委員會總幹事黎慧賢亦應邀擔任另外一節以「電子煙及青少年吸煙」為題的其中一位講者。

Mainland-Hong Kong Expert Sharing Forum on Tobacco Control 2022

Chinese Association on Tobacco Control (CATC) and Tobacco and Alcohol Control Office, Department of Health, Hong Kong Special Administrative Region (HKSAR), held the Mainland-Hong Kong Expert Sharing Forum on Tobacco Control 2022 on 10 June 2022, with support from National Health Commission of the People's Republic of China, Office of Hong Kong, Macao and Taiwan, and the HKSAR Government. Experts from the Mainland and Hong Kong exchanged experience, facilitating tobacco control development and contributing to achieving healthy China.

The forum was commenced with an opening remark by MAO Qunan, Director, National Health Commission of China. He commended that the HKSAR Government attached the utmost importance to the tobacco control on all fronts, including the making of laws, enforcement, monitor, education and smoking cessation services. In 2021, the smoking prevalence in Hong Kong first declined to below 10%, through continuous efforts. It marked a milestone in tobacco control of Hong Kong and served as a model in the country.

Henry TONG, COSH Chairman moderated a session with LIAO Wen-ke, CATA Vice-chairman, discussing the tobacco control progress and challenges in the Mainland and Hong Kong. Vienna LAI, COSH Executive Director, was one of the speakers of the session in theme of "e-cigarettes and youth smoking".

香港控煙四十周年座談會 加強控煙政策 實現零煙害環境

為紀念香港控煙40周年及促進控煙政策發展，委員會於2022年11月8日舉辦「香港控煙四十周年座談會」，邀請國際及本地專家介紹有效的控煙政策，並就不同控煙議題分享見解。超過100名政府官員、學者、醫護專家、控煙工作者、戒煙機構及非政府組織參與座談會。

醫務衛生局局長盧寵茂教授、衛生署署長林文健醫生及委員會主席湯修齊為座談會開幕致詞。座談會共有三個環節，分別由香港中文大學賽馬會公共衛生及基層醫療學院院長黃仰山教授、大灣區商學校長陳志輝教授及世界家庭醫生組織前任主席李國棟醫生主持。第一節邀請到世界衛生組織（世衛）西太平洋區域辦事處無煙草行動區域顧問印曦博士、世衛高級政策顧問麥龍詩迪教授及美國約翰霍普金斯大學彭博公共衛生學院疾病預防教授喬安娜科恩教授分享國際控煙經驗及各地對煙草終局的策略。香港大學護理學院副教授王文炳博士和深圳控制吸煙協會秘書長熊靜帆醫生在第二節討論大灣區控煙發展的機遇與挑戰。在第三節，南非開普敦大學經濟學院榮譽研究員羅夏麗博士、香港大學公共衛生學院榮休教授暨名譽臨床教授林大慶教授、以及行政會議成員林正財醫生為香港的重點控煙措施提供建議。

Symposium for the 40th Anniversary of Tobacco Control in Hong Kong Priority Issues of Tobacco Control to Achieve Zero-smoking Hazard Environment

COSH held a symposium to commemorate the 40th anniversary of tobacco control in Hong Kong and facilitate advancement on 8 November 2022. International and local experts were invited to introduce effective measures and share insights on different topics of tobacco control. Over 100 government officials, academic, healthcare professionals, tobacco control working partners, smoking cessation service providers and non-governmental organizations attended the Symposium.

Opening speeches were delivered by Prof LO Chung-mau, Secretary for Health, Dr Ronald LAM, Director of Health and Henry TONG, COSH Chairman. The Symposium consisted of three sessions respectively moderated by Prof Samuel WONG, Director, JC School of Public Health and Primary Care, The Chinese University of Hong Kong, Prof Andrew CHAN, President, Greater Bay Area Business School and Dr Donald LI, Immediate Past President, World Health Organization of Family Doctors. The first session invited Dr YIN Xi, Coordinator, Tobacco Free Initiative, World Health Organization (WHO) Regional Office for the Western Pacific, Prof Judith MACKAY, Senior Policy Advisor, World Health Organization and Prof Joanna COHEN, Bloomberg Professor of Disease Prevention, John Hopkins Bloomberg School of Public Health, United States to share global experience in tobacco control and strategies for tobacco endgame. In the second session, Dr Kelvin WANG, Associate Professor, School of Nursing, The University of Hong Kong and Dr XIONG Jing-fan, Secretary General, Shenzhen Tobacco Control Association discussed opportunities and challenges for collaboration in tobacco control in the Greater Bay Area. The third session had Dr Hana ROSS, Honorary Research Associate, The University of Cape Town, Prof LAM Tai-hing, the Emeritus Professor and Honorary Clinical Professor of The School of Public Health of The University of Hong Kong and Dr the honorable LAM Ching-choi, Member of the Executive Council recommending priority smoke-free measures for Hong Kong.

第十一屆海峽兩岸及香港澳門地區煙害防治研討會

第十一屆「海峽兩岸及香港澳門地區煙害防治研討會」由委員會主辦，於2022年11月11日以線上形式舉行，並以「實踐控煙目標 邁向無煙害環境」為主題，邀請了約40名來自兩岸四地的控煙工作者包括政府官員、學者、從事公共衛生的專業人士及非政府組織代表匯報各地的控煙措施成果和目標，以及探討如何在世界衛生組織《煙草控制框架公約》的框架下更全面落實執行MPOWER政策，從而跟隨全球禁煙趨勢，構建無煙環境，進一步防止煙害蔓延。

研討會開幕禮的主禮嘉賓包括國家衛生健康委員會規劃發展與信息化司司長毛群安、香港特別行政區政府醫務衛生局局長盧寵茂教授、國家疾病預防控制中心一級巡視員賀青華、香港特別行政區政府衛生署署長林文健醫生、中國控制吸煙協會會長胡大一教授、澳門控煙聯盟召集人鄭成業醫生、委員會主席湯修齊、副主席陳志球博士及總幹事黎慧賢。

國家衛生健康委員會規劃發展與信息化司司長毛群安致辭時表示，研討會為四地控煙人士提供了重要的經驗交流平台，有力推動四地控煙工作。他亦強調四地控煙人士要堅守初心、堅定信心、聚攏合力、總結經驗，為了人民健康，努力為控煙作出更大貢獻。



The 11th Cross-Strait, Hong Kong and Macau Tobacco Control Conference

The 11th Cross-Strait, Hong Kong and Macau Tobacco Control Conference was hosted by COSH on 11 November 2022 in webinar format, under the theme "Achieve Smoke-free Goals, Towards a Zero-Hazard Environment". Some 40 tobacco control working partners including government officials, academia, public health professions and representatives of non-government organizations, were invited to share their achievements and goals while exploring the ways to comprehensively strengthen tobacco control policies in line with The WHO Framework Convention on Tobacco Control, to follow the international trend of combating tobacco epidemic for tobacco-free environment.

Officiating guests of opening ceremony included MAO Qunan, Director General, Department of Planning and Information of National Health Commission, Prof LO Chung-mau, Secretary for Health, HKSAR Government, HE Qinghua, First-level Inspector of the Disease Prevention and Control Bureau of National Health Commission, Dr Ronald LAM Man-kin, Director of Health, HKSAR Government Prof HU Dayi, President of Chinese Association on Tobacco Control, Dr CHEANG Seng-ip, Convener of Macao Tobacco Control Alliance, Henry TONG, COSH Chairman, Dr Johnnie CHAN, COSH Vice-chairman and Vienna LAI, COSH Executive Director.

MAO Qunan, Director General, Department of Planning and Information of National Health Commission, mentioned in his speech that the Conference played a pivotal role in bringing together tobacco control practitioners to share experiences which helped accelerate progress in tobacco control development across four regions. He also encouraged participants to come together to protect the people from tobacco smoke in the light of experience, so as to make greater contribution to its development.

委員會主席湯修齊在致辭時表示，海峽兩岸及香港澳門地區均有許多值得互相借鑒的地方，期望四地在未來日子共同努力、緊密連繫，並聚焦保護弱勢社群免受二、三手煙危害，以及防止不吸煙人士染上煙癮，一同實現無煙害環境。其後香港特別行政區政府醫務衛生局局長盧寵茂教授、香港特別行政區政府衛生署署長林文健醫生、中國控制吸煙協會會長胡大一教授以及澳門控煙聯盟召集人鄭成業醫生亦有分別致辭。

在研討會上，主講嘉賓就「各地控煙進展報告」及「另類吸煙產品規管方案的控煙啟示」進行專題報告。其他講者則圍繞「電子及社交媒體無煙宣傳教育」、「協助和鼓勵戒煙」、「聯合社會各界推動無煙環境」、「另類吸煙產品的研究、宣教及倡議」、「實踐控煙公約及MPOWER政策」和「新型冠狀病毒與嶄新控煙研究及政策」議題分享經驗和成果。

中國控制吸煙協會在北京特設線下會場，亦同步轉播是次研討會。

In the opening address, Henry TONG, COSH Chairman, remarked that four regions across the strait could gain insights from each other in many aspects. He wished to enhance the cooperation in particular focusing on the protection of vulnerable groups from the harm of secondhand smoke and third-hand smoke as well as preventing tobacco use among non-smokers." Prof LO Chung-mau, Secretary for Health of the HKSAR Government, Dr Ronald LAM Man-kin, Director of Health of the HKSAR Government, Prof HU Dayi, President of Chinese Association on Tobacco Control and Dr CHEANG Seng-ip, Convener of Macao Tobacco Control Alliance also delivered keynote speech respectively.

The plenary sessions were arranged afterwards. Guest speakers spoke on their experiences, namely Updates on Tobacco Control in Four Regions and Implications of alternative smoking product regulations on tobacco control. Other symposiums covered a wide range of topics, namely Smoke-free education and promotion via digital and social media, Smoking cessation programmes and assistance to quit, Engaging the community to strive for a smoke-free environment, Research, education and policy advocacy on alternative smoking products, Implementation of Framework Convention on Tobacco Control and MPOWER measures, and COVID-19, innovative research and policies to reduce tobacco use.

A physical event was also specially arranged by Chinese Association on Tobacco Control in Beijing to simulcast the Conference.



控煙專才培訓計劃2022

香港衛生署控煙辦公室轄下的世界衛生組織（世衛）控煙及煙癮治療合作中心，於2022年12月5日至9日在線上舉辦為期五天的「控煙專才培訓計劃2022」，為在西太平洋區域從事控煙範疇的政府或非政府組織人員提供培訓。香港及西太平洋區域國家的控煙機構均派員參加。委員會主席湯修齊獲邀擔任其中一位講者，以「倡議全禁另類吸煙產品 — 非政府組織的角色」為題，分享委員會推動全面禁止另類吸煙產品的經驗及挑戰。

計劃按世衛制定的MPOWER綱領而編排，透過講座和工作坊模式講解最新的控煙措施、意見交流及經驗分享等，協助控煙工作人員掌握控煙的技巧和策略，包括立法、執法、宣傳及推廣，以及戒煙服務的發展和評估。

國際及本地控煙專家獲邀為主講嘉賓，包括世衛西太平洋區域辦事處無煙草行動區域顧問印曦博士、世衛資深政策顧問麥龍詩迪教授、美國Mayo Clinic尼古丁依賴中心煙草依賴治療專家培訓課程總監Therese SHUMAKER*、澳洲悉尼大學公共衛生學院副教授Becky FREEMAN博士*、香港大學公共衛生學院榮休教授暨名譽臨床教授林大慶教授、及世衛總幹事傑出控煙獎得主左偉國醫生等。

Fellowship Programme on Tobacco Control 2022

World Health Organization (WHO) Collaborating Centre for Smoking Cessation and Treatment of Tobacco Dependence, Department of Health, Hong Kong SAR organized the “Fellowship Programme on Tobacco Control 2022” virtually from 5 to 9 December 2022. The 5-day programme aimed to provide training for the tobacco control personnel of governments and non-government organizations in Western Pacific countries. Tobacco control organizations in Hong Kong and Western Pacific region participated in the programme. Henry TONG, COSH Chairman, was invited to deliver a presentation titled “Role of Non-governmental Organization in Advocacy for Legislation Proposed for Banning of Alternative Smoking Products”, which highlighted the experience and challenges of motivating the total ban on alternative smoking products.

Structured according to MPOWER laid down by the WHO, the programme assisted participants to master tobacco control skills through a comprehensive overview of the latest tobacco control measures and experience sharing through talks, presentations and workshops. Participants’ knowledge of legislation, enforcement, advocacy and publicity, and development and evaluation of cessation programme were strengthened.

International and local experts, including Dr YIN Xi, Coordinator, Tobacco Free Initiative, WHO Regional Office for the Western Pacific, Prof Judith MACKAY, WHO Senior Policy Advisor, Ms Therese SHUMAKER, Programme Director, Tobacco Treatment Specialist Training Programme, Nicotine Dependence Center, Mayo Clinic, the United States, Dr Becky FREEMAN, Associate Professor, School of Public Health, The University of Sydney, Australia, Prof LAM Tai-hing, the Emeritus Professor and Honorary Clinical Professor of The School of Public Health of The University of Hong Kong and Dr Homer TSO Winner of WHO Director-General’s Award for Leadership in Global Tobacco Control were invited to share their experience and latest development in tobacco control.

(*註: 只有英文名字及稱謂)

資訊及研究項目計劃

Information and Research Projects



資訊項目計劃

Information Projects

委員會廣泛利用網頁及新媒體以提高機構的透明度，並向社會各界宣揚無煙信息。

COSH makes broad use of the website and new media to enhance its transparency and publicize smoke-free messages to different segments of the community.

網站及電子通訊

委員會透過網站(www.smokefree.hk)讓市民了解委員會的工作和活動，以及獲取與吸煙和健康相關的資訊，包括多媒體資源、科學報告及全新控煙發展消息。

Website and E-Newsletter

COSH website (www.smokefree.hk) is developed to inform the public about the activities of COSH as well as the information related to smoking and health, including multimedia resources, scientific reports, updated news about tobacco control development, etc.

2022-2023年委員會網站共製作了四輯控煙專題，內容包括煙草產品對環境的禍害、煙草終局、禁止煙草產品陳列，以及全煙害警示包裝，有關影片在委員會網站及社交媒體上共錄得近21萬次觀看次數。

Four feature stories in specific topics of tobacco control were produced in 2022-2023, covering the environmental hazards of tobacco products, the tobacco endgame, the ban on displaying tobacco products at point-of-sale, and the plain packaging. The feature stories received totally about 211,000 views on COSH website and COSH's social media platforms.



To facilitate different segments of the community including persons with disability to access to tobacco control information, COSH website adopted the accessibility design and attained the Triple Gold Award of the "Web Accessibility Recognition Scheme" organized by the Hong Kong Internet Registration Corporation Limited. Meanwhile, elementary smoke-free information is also available in eight languages other than Chinese and English, including Bahasa Indonesia, Hindi, Nepali, Punjabi, Tagalog, Thai, Urdu and Vietnamese.

為使不同階層的市民包括殘疾人士均可透過瀏覽網頁獲取控煙資訊，委員會網站採用無障礙網頁設計，並獲得由香港互聯網註冊管理有限公司舉辦之「無障礙網頁嘉許計劃」的「三連金獎」級別。同時，委員會網站除設中、英文版外，另提供八種語言(即印尼語、印度語、尼泊爾語、旁遮普語、他加祿語、泰語、烏爾都語及越南語)的基本無煙資訊。

在2022年4月1日至2023年3月31日期間，委員會網站共錄得超過63萬瀏覽次數，其中關於吸煙禍害、戒煙方法及控煙專題的頁面錄得較高瀏覽量。

此外，委員會定期發放電子通訊，內容包括世界各地有關吸煙及健康的研究、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。

社交媒體平台

社交媒體是大眾接收資訊的主要途徑之一，委員會設立了三個主要社交媒體平台，各有不同重點和主題，以生動有趣的文字、圖像及短片向市民推廣無煙及健康信息，希望藉着時下社會熱門話題鼓勵大眾思考及討論煙害問題。

「無煙大家庭」Facebook專頁

專頁分享最新控煙和煙害資訊，以及推廣戒煙的好處及方法，呼籲市民為健康著想，組織無煙家庭，令家人及朋友免受二手煙危害，亦介紹委員會的活動。



www.facebook.com/smokefreefamily



From 1 April 2022 to 31 March 2023, COSH website recorded over 630,000 page views. The top viewed pages included smoking hazards, methods of cessation and feature story.

Besides, 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 website.

Social Media Platforms

As social media becomes a popular information source, three social media platforms had been established with respective focuses to engage the public in a discussion on the smoking hazards through hot issues in the society, and to disseminate smoke-free messages among the public with the use of vivid and interesting post content, visuals and videos.

Facebook Page "Smoke-free Family"



The page releases the latest news on tobacco control, hazards of smoking, tips and benefits of smoking to appeal the public to formulate smoke-free family for health to protect family members and friends from secondhand smoke hazards. Details of COSH's activities also included.

無煙代言人「咪點我」Instagram帳戶



帳戶以無煙代言人「咪點我」(@wisemike_hk)的第一身角度出發，透過分享他的一舉一動和無煙生活點滴，識破吸煙謬誤和宣揚煙草的禍害，提醒市民任何煙草使用均有害，推動市民締造零煙害的生活環境。



www.instagram.com/wisemike_hk



「無煙勢 • 待」Facebook專頁

前身為「煙害2.0」Facebook專頁，並於2023年2月更名為「無煙勢 • 待」，以推動實施創新控煙政策，與大眾一同期待和達至無煙新世代。本專頁持續向市民普及控煙知識及拆解煙草商的誤導宣傳，鼓勵市民支持香港加強控煙措施。



<https://www.facebook.com/smokefreegoal>



Smoke-free Ambassador Instagram Account "Wise Mike"

The account (@wisemike_hk) shares the act and move of "Wise Mike", Smoke-free Ambassador in his smoke-free life with the public, clarifies the myths of smoking and addresses the smoking harms to promote the goal for zero smoking hazards in the living environment. He also reminds the public that all forms of tobacco use are hazardous to health.

Facebook Page "Smoke-free • Go Goal"



The page, formerly known as "Smoking Hazards 2.0", was rebranded in February 2023 with a vision to the implementation of innovative policies in achieving a smoke-free era. The page continues to promote public awareness of tobacco control and uncover the misleading promotion strategies of tobacco industry, so as to encourage public support for strengthening tobacco control measures in Hong Kong.

有關吸煙與健康的查詢

市民可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2022年4月1日至2023年3月31日期間，委員會共收到市民提出近百宗查詢、投訴及建議，主要個案類型包括違例吸煙投訴及相關執法事宜、查詢委員會及無煙活動資料、索取無煙資訊及宣傳品、

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。

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 2022 and 31 March 2023, COSH received about a hundred of enquiries from the public requesting for information, making suggestions and complaints. Major categories of cases included complaints on smoking offenses and related enforcement actions, enquiries about COSH and smoke-free projects, and application for smoke-free resources and promotion materials.

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 the 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.



研究項目計劃 Research Projects

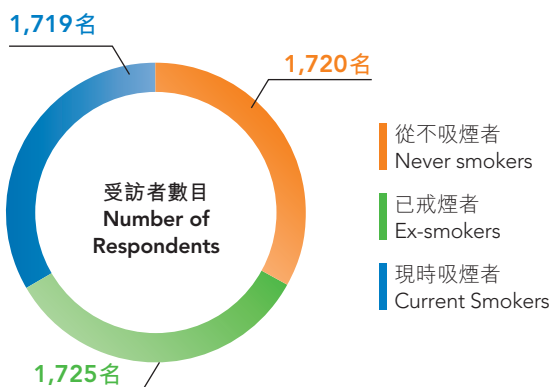
控煙政策調查2022

委員會為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，自2012-2013年度起每年進行「控煙政策調查」。此調查是一個具代表性的橫斷研究，廣泛收集有關吸煙與健康的數據，包括吸煙習慣、戒煙、接觸二手煙的情況、公眾對控煙政策的意見等。

控煙政策調查2022於2022年2月至7月期間，以家居電話及手提電話訪問形式進行。委員會委託香港大學護理學院及公共衛生學院為調查設計問卷及進行數據分析。在本項調查中，「吸煙」均指使用何任吸煙產品，包括傳統捲煙、電子煙、加熱煙草製品（加熱煙）及雪茄等。

調查結果

被隨機選中的5,164名受訪者包括1,720名從不吸煙者、1,725名已戒煙者及1,719名現時吸煙者。除了核心問題，受訪者被隨機分配回答包括不同非核心問題。調查人員根據2021年的香港人口分佈對最終樣本進行加權。主要結果如下：



Tobacco Control Policy-related Survey 2022

To monitor the effectiveness of tobacco control policy in Hong Kong and keep track of the public opinions on the policy, COSH has conducted the Tobacco Control Policy-related Survey every year since FY2012-2013. 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 public opinions on tobacco control measures, etc.

Tobacco Control Policy-related Survey 2022 was conducted via landline and mobile phone interviews between February and July 2022. COSH commissioned the School of Nursing and School of Public Health of The University of Hong Kong to develop questionnaires and perform data analysis. Hong Kong Public Opinion Research Institute Limited conducted the interviews. Smoking refers to the use of any smoking products, including conventional cigarettes, electronic cigarettes (e-cigarettes) and heated tobacco products (HTPs) and cigars, etc.

Survey results

The sample consisted of 5,164 randomly selected respondents, including 1,720 never smokers, 1,725 ex-smokers and 1,719 current smokers. In addition to core questions, respondents were divided into different subsamples to answer different non-core questions. Data were weighted to the Hong Kong population in 2021. Key results are shown below:

吸煙情況

- 根據現時吸食比率，最多人吸食的煙草產品是傳統捲煙(9.5%)，其次為雪茄(1.1%)、電子煙(1.0%)、手捲煙或煙斗(0.9%)、水煙(0.6%)及加熱煙(0.5%)。
- 在現時吸傳統捲煙者中，平均每天吸14.4支捲煙。近三分二(64.0%)對尼古丁有較高的依賴，在起床後半小時內吸第一支煙。
- 在現時吸傳統捲煙者中，41.2%的第一支捲煙是調味煙，其中薄荷味(31.6%)最為普遍。
- 在現時吸傳統捲煙者中，46.0%吸食調味煙。最普遍的口味為薄荷味(36.6%)、水果味(5.1%)及水果薄荷味(2.3%)。
- 香港由2022年4月30日起禁止進口、推廣、製造、售賣或為商業目的而管有另類吸煙產品(另類煙)。現時吸煙者中，有吸食加熱煙的比例由在另類煙禁令生效前的4.5%輕微減至4.2%；而有吸食電子煙的比例則由13.2%跌至7.5%。



Use of smoking products

- The prevalence of current use was highest for conventional cigarettes (9.5%), followed by cigars (1.1%), e-cigarettes (1.0%), hand-rolled/pipe tobacco (0.9%) waterpipe tobacco (0.6%), and HTPs (0.5%).
- On average, current cigarette smokers consumed 14.4 cigarettes per day. Nearly two-thirds (64.0%) had heavier nicotine dependence that they smoked the first cigarette within half an hour after waking up.
- In current cigarette users, 41.2% had a flavoured cigarette as their first cigarette, with menthol (31.6%) being most common.
- In current cigarette users, 46.0% used flavoured cigarettes. Menthol (36.6%), fruit (5.1%), and menthol and fruit (2.3%) flavour were the most common flavours.
- Hong Kong has banned the import, promotion, manufacture, sale and possession for commercial purposes of alternative smoking products (ASPs) since 30 April 2022. In current cigarette smokers, prevalence of HTP use dropped slightly from 4.5% before the ban to 4.2% after the ban; while e-cigarette use dropped from 13.2% to 7.5%.

戒煙情況

- 超過一半(62.5%)的現時吸煙者曾經嘗試戒煙，包括19.2%在過去十二個月內有曾經嘗試戒煙。
- 約五分之一(18.0%)現時吸煙者曾經使用戒煙服務。
- 一成(11.5%)現時吸煙者考慮使用戒煙香口膠、戒煙貼或戒煙糖戒煙，其次為中藥(9.3%)、針灸(7.5%)、戒煙藥物(7.4%)及戒煙輔導(6.6%)。



二手煙及三手煙接觸情況

- 在所有受訪者當中，27.1%在過去七天曾在家中接觸在家裡產生或從外面飄入的二手煙。
- 約五分之一(19.4%)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。
- 在所有受訪者當中，32.2%在過去七天在家或工作場所以外的地方，曾經有人在其三米範圍內吸煙。他們主要在街上(78.1%)、公園及其他休憩地方(13.3%)、公共交通工具候車處(12.4%)及垃圾桶附近(10.3%)接觸到二手煙。
- 在所有受訪者當中，12.2%在過去七天在家中接觸到第三手煙，17.6%在家以外的室內場所接觸到第三手煙。

Smoking cessation

- More than half (62.5%) of current smokers had ever made a quit attempt, including 19.2% trying to quit in the past 12 months.
- Nearly one-fifth (18.0%) of current smokers had ever used smoking cessation services.
- One-tenth (11.5%) of current smokers intended to use nicotine gum, patch, or lozenge to quit smoking, followed by Chinese medication (9.3%), acupuncture (7.5%), smoking cessation medication (7.4%) and counselling (6.6%).

Secondhand smoke and thirdhand smoke exposure

- In all respondents, 27.1% were exposed to secondhand smoke (SHS) at home from inside or outside the home.
- Nearly one-fifth (19.4%) of employed respondents were exposed to SHS from smoking within 3 meters at workplace in the past 7 days.
- In all respondents, 32.2% were exposed to SHS from smoking within 3 meters at locations other than home and workplace. The most common location of exposure was streets (78.1%), followed by parks and other resting areas (13.3%), public transport stops (12.4%) and areas around rubbish bins (10.3%).
- In all respondents, 12.2% were exposed to thirdhand smoke (THS) at home in the past 7 days and 17.6% were exposed to THS in indoor areas besides home.

煙草產品包裝規管

- 大部份(96.3%)現時吸煙者表示，在過去三十天有留意到煙包上的煙害圖象警示。比率在從不吸煙者(48.8%)及已戒煙者(53.4%)中較低。
- 在過去三十天有看過煙害圖象警示的現時吸煙者中，46.7%看到警示後有想起吸煙的危害、15.6%考慮戒煙及7.6%停止當時的吸煙行為。
- 「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；而品牌名稱只可以統一的字款、顏色及位置展現在煙包上。近一半(45.5%)受訪者贊成採用「全煙害警示包裝」。



Regulations on cigarette packaging

- Majority (96.3%) of current smokers noticed the pictorial health warnings (PHWs) on cigarette packs in the past 30 days. The prevalence was relatively lower in never smokers (48.8%) and ex-smokers (53.4%).
- In current smokers who saw the PHWs in the past 30 days, 46.7% thought about the harms of smoking, 15.6% thought about quitting smoking and 7.6% held back from smoking upon seeing PHWs.
- 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 half (45.5%) of respondents supported plain packaging.

煙草廣告及推廣

- 近四分之三(71.8%)受訪者於過去三十天曾經在銷售點看到煙草產品陳列，當中61.2%認為煙草產品陳列屬於廣告宣傳、58.3%同意禁止於銷售點展示煙草產品。

煙草稅

- 超過四分之三(76.4%)受訪者同意政府於2023年增加煙草稅，當中56.6%的支持者認為加幅應追平或高於通脹。
- 三分二(66.5%)受訪者同意政府每年增加煙草稅，當中62.9%的支持者認為加幅應追平或高於通脹。
- 三分二(66.5%)現時吸煙者表示會因煙價調高而戒煙或減少吸煙量至少一半。他們認為煙價應該調高至平均每包港幣116.9元(中位數為每包港幣100元)，才能推動他們戒煙。



Tobacco advertising and promotion

- About three-fourths (71.8%) of respondents were exposed to point-of-sale tobacco product displays in the past 30 days, of which 61.2% perceived the displays as advertising and 58.3% supported to ban the displays.

Tobacco tax

- Over three quarters (76.4%) of respondents supported tobacco tax increase in 2023, of which 56.6% of the supporters agreed that the increase should be at or above inflation.
- Two-thirds (66.5%) of respondents supported annual tobacco tax increase, of which 62.9% of the supporters agreed that the increase should be at or above inflation.
- Two-thirds (66.5%) of current smokers would quit smoking or reduce smoking at least by half if the cigarette price increased. On average, they suggested to raise the cigarette price to HK\$116.9 per pack (median was HK\$100 per pack) to motivate smoking cessation.

擴大法定禁煙區

- 擴大法定禁煙區得到了公眾的普遍支持。例如，受訪者同意擴大法定禁煙區至公共交通等候處(94.8%)、公眾地方的任何輪候隊伍(94.6%)、學校或補習社的十米範圍內(90.8%)、公眾地方兒童的三米範圍內(89.7%)、載有兒童的私家車(88.6%)等。
- 大部分(82.4%)受訪者同意政府禁止在街上一邊走路一邊吸煙。
- 大部分(84.9%)受訪者支持增加人手，檢控在禁煙區吸煙的人士。
- 過半(56.9%)受訪者同意場所管理人應為場所內的違例吸煙行為負上法律責任。
- 近五分四(78.0%)受訪者同意增加違例吸煙的定額罰款額。



Extension of statutory no smoking areas

- Extension of statutory no smoking areas gained strong public support. For instance, respondents supported to extend no smoking areas to public transport stops (94.8%), queues in public places (94.6%), area within 10 meters of schools or tutorial centres (90.8%), area within 3 meters of children in public places (89.7%), private cars with children inside (88.6%), etc.
- Most (82.4%) respondents agreed that smoking while walking on streets should be banned.
- Most (84.9%) supported to increase manpower to carry out law enforcement towards individuals who smoke in no-smoking areas.
- Over half (56.9%) of respondents agreed that venue managers should be liable to penalty for smoking offences in statutory no-smoking areas.
- Nearly four-fifths (78.0%) of respondents supported to increase the fixed penalty for smoking offences.

對未來控煙政策的意見

- 過半數(56.0%)受訪者贊成禁止在煙草產品中加入任何調味，包括薄荷和水果等口味。
- 一半受訪者同意香港禁止銷售(50.8%)及使用(51.2%)任何類型的吸煙產品，包括傳統捲煙。
- 超過一半(61.5%)受訪者同意當香港吸煙率降至百分之五或以下時，應實施全面禁煙。
- 超過一半(56.1%)受訪者同意禁止2022年或之後出生的人士吸煙。

委員會為適時向政府倡議有效的控煙措施及提高公眾的關注，已透過不同方式公佈部分題目的初步結果，其他主要結果亦會按需要適時公佈。

Opinions on future tobacco control policies

- Over half (56.0%) the respondents agreed to ban flavours in tobacco products, including menthol and fruit flavours.
- Half the respondents supported to ban the sales (50.8%) and use (51.2%) of any smoking products in Hong Kong, including cigarettes.
- Over half (61.5%) respondents agreed to ban smoking if the smoking prevalence of Hong Kong decreases to 5% or below.
- Over half (56.1%) the respondents agreed to ban smoking in people born in or after 2022.

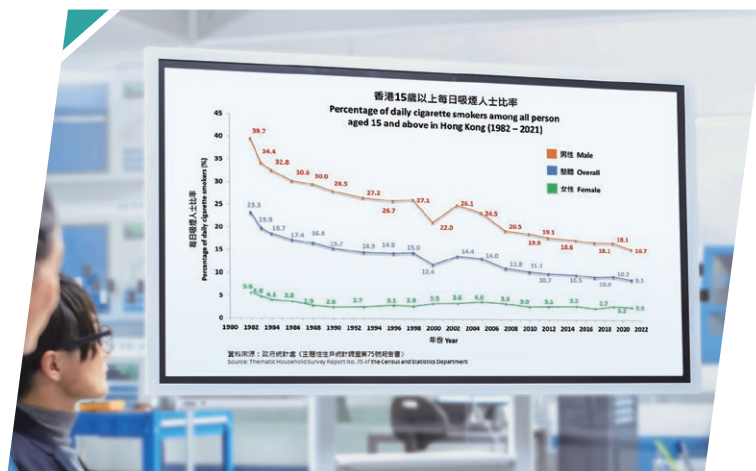
To advocate for appropriate measures and raise public awareness duly, COSH released the preliminary findings on specific topics in different occasions. Other key results will also be released duly when appropriate.

支持香港 實現無煙願景

Towards a Tobacco-free
Hong Kong



報告 Reports



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

環保工作報告

Environmental Report

目標與政策

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

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

環保措施

提升能源效益

委員會秘書處致力節約能源，各職員均自律省電，各種電器如電燈、冷氣機、電腦、顯示器、影印機和打印機等，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、顯示器及打印機等一般帶有自動省電功能，以減少能源消耗。此外，秘書處亦採用發光二極管燈。

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 Measures

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 LED lamps.

Reduce Paper Consumption

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

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

- 使用電子傳真及電子檔案管理系統以減少列印文件；
- 縮減印刷宣傳品之尺寸及數量，並逐漸使用環保紙張印刷宣傳品；
- 上載控煙資訊、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，以取代印刷邀請函及賀卡；及
- 在列印文件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

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

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

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 the needs for quantity of printing materials regularly while also gradually reducing the size and quantity of printed promotional materials and transitioning to the 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 copies for events and on festive occasions; and
- 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 document in electronic format.

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

獨立核數師報告書

Independent Auditor's Report

香港吸煙與健康委員會
財務報表
截至2023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120頁至第145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2023年3月31日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2023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 2023

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 120 to 145, which comprise the statement of financial position as at 31 March 2023, 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 2023, and of its financial performance and its cash flows for the year then ended in accordance with Hong Kong Financial Reporting Standards ("HKFRSs") issued by the Hong Kong Institute of Certified Public Accountants ("HKICPA").

Basis for Opinion

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

財務報表及其核數師報告以外的信息

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

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

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

委員會成員及治理層就財務報表須承擔的責任

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

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

治理層須負責監督貴會的財務報告過程。

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

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

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

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

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

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

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

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

核數師就審計財務報表承擔的責任

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

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

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

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 HKSA's 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 HKSA's, 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.

核數師就審計財務報表承擔的責任 (續)

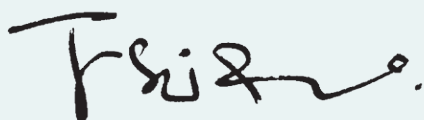
- 評價委員會成員所採用會計政策的恰當性及作出會計估計和相關披露的合理性。
- 對委員會成員採用持續經營會計基礎的恰當性作出結論。根據所獲取的審計憑證，確定是否存在與事項或情況有關的重大不確定性，從而可能導致對貴會的持續經營能力產生重大疑慮。如果我們認為存在重大不確定性，則有必要在核數師報告中提請使用者注意財務報表中的相關披露。假若有關的披露不足，則我們應當發表非無保留意見。我們的結論是基於核數師報告日止所取得的審計憑證。然而，未來事項或情況可能導致貴會不能持續經營。
- 評價財務報表的整體列報方式、結構和內容，包括披露，以及財務報表是否中肯反映交易和事項。

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

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

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

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



李福樹會計師事務所
香港執業會計師

F. S. Li & Co.
Certified Public Accountants

香港，2023年7月4日

Hong Kong, 4 July 2023

全面收益表

Statement of Comprehensive Income

截至2023年3月31日止年度
For the year ended 31 March 2023

| (港幣) | (HK\$) | 附註 Note | 二零二三年 2023 | 二零二二年 2022 |
|----------------|--|------------|---------------|---------------|
| 收入 | Income | | | |
| 香港特別行政區政府津貼 | Subventions from the Government of the Hong Kong Special Administrative Region | | | |
| 一般津貼 | General subvention | | 26,805,576 | 26,241,200 |
| 銀行利息收入 | Bank interest income | | 5,075 | 86 |
| 雜項收入 | Sundry income | | 3,472 | 4,210 |
| | | | 26,814,123 | 26,245,496 |
| 支出 | Expenditure | | | |
| 批准職位編製 | Approved establishment | 3 | 7,589,977 | 7,343,167 |
| 項目員工 | Project staff | 4 | 1,842,085 | 1,937,456 |
| 宣傳及推廣費用 | Publicity and promotion expenses | | 12,498,682 | 12,006,055 |
| 會議費用 | Conference expenses | | 359,764 | 13,300 |
| 參考書籍及刊物 | Reference books and periodicals | | — | 22 |
| 辦公室租金、差餉及管理費 | Office rent, rates and management fee | | 489,988 | 490,312 |
| 貨倉租金及費用 | Warehouse rent and expenses | | 54,901 | 310,952 |
| 維修及保養費用 | Repairs and maintenance | | 242,843 | 6,223 |
| 清潔工資及費用 | Cleaning wages and fees | | 75,387 | 83,920 |
| 物業、機器及設備之折舊 | Depreciation on property, plant and equipment | | 195,339 | 75,214 |
| 使用權資產之折舊 | Depreciation on right-of-use assets | | 2,421,561 | 2,823,169 |
| 保險 | Insurance | | 92,589 | 81,976 |
| 電費 | Electricity | | 69,389 | 66,663 |
| 電話及通訊費用 | Telephone and communication expenses | | 51,508 | 44,020 |
| 職工招募費用 | Recruitment expenses | | 75,462 | 37,940 |
| 法律、專業及核數費用 | Legal, professional and audit fees | | 32,900 | 41,800 |
| 辦公室設備 | Office equipment | | 26,494 | 6,671 |
| 郵費 | Postage | | 6,350 | 18,017 |
| 印刷及文具 | Printing and stationery | | 73,944 | 85,777 |
| 租賃負債之利息支出 | Interest expense on lease liabilities | | 111,351 | 32,988 |
| 雜項支出 | Sundry expenses | | 58,445 | 87,292 |
| | | | 26,368,959 | 25,592,934 |
| 本年度盈餘 | Surplus for the Year | 5 | 445,164 | 652,562 |
| 本年度全面收入 | Total Comprehensive Income for the Year | | 445,164 | 652,562 |

財務狀況表

Statement of Financial Position

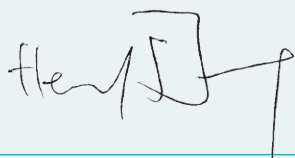
於2023年3月31日

At 31 March 2023

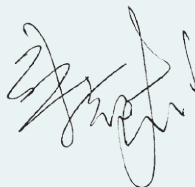
| (港幣) | (HK\$) | 附註 Note | 二零二三年 2023 | 二零二二年 2022 |
|---------------------|--|------------|---------------|---------------|
| 非流動資產 | Non-Current Assets | | | |
| 物業、機器及設備 | Property, plant and equipment | 7 | 692,179 | 575,922 |
| 使用權資產 | Right-of-use assets | 8 | 4,767,933 | 827,070 |
| | | | 5,460,112 | 1,402,992 |
| 流動資產 | Current Assets | | | |
| 按金及預付款項 | Deposits and prepayments | 9 | 808,199 | 849,307 |
| 銀行及現金結存 | Bank and cash balances | | 821,188 | 472,177 |
| | | | 1,629,387 | 1,321,484 |
| 減：流動負債 | Less: Current Liabilities | | | |
| 應付費用 | Accrued charges | | 1,254,358 | 1,058,896 |
| 租賃負債 – 短期部份 | Lease liabilities – current portion | 10 | 2,418,713 | 531,993 |
| 年假撥備 | Provision for annual leave entitlements | | 344,901 | 338,953 |
| 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 | 374,971 | 262,530 |
| | | | 4,392,943 | 2,192,372 |
| 流動負債 | Net Current Liabilities | | (2,763,556) | (870,888) |
| 總資產減流動負債 | Total Assets Less Current Liabilities | | 2,696,556 | 532,104 |
| 非流動負債 | Non-Current Liabilities | | | |
| 租賃負債 – 長期部份 | Lease liabilities – non-current portion | 10 | (2,390,005) | (295,746) |
| 淨資產 | Net Assets | | 306,551 | 236,358 |
| 等於： | representing: | | | |
| 累積盈餘 | Accumulated Surplus | | 306,551 | 236,358 |

委員會於2023年7月4日通過及批准發布於第120頁至第145頁的財務報表。


The financial statements on pages 120 to 145 were approved and authorized for issue by the Council on 4 July 2023.



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2023年3月31日止年度
For the year ended 31 March 2023

| (港幣) | (HK\$) | 附註 Note | 二零二三年 2023 | 二零二二年 2022 |
|-------------------|---|------------|------------------|---------------|
| 累積盈餘／(虧損) | Accumulated surplus/(deficits) | | | |
| 上年度轉來之盈餘／ (虧損) | Surplus/(Deficit) brought forward | | 236,358 | (153,674) |
| 本年度盈餘／ 本年度全面收入 | Surplus for the year/ Total comprehensive income for the year | | 445,164 | 652,562 |
| 應退回衛生署之 經調整盈餘 | Adjusted surplus refundable to the Department of Health | 11 | (374,971) | (262,530) |
| 本會應佔之盈餘 | Surplus attributable to the Council | | 70,193 | 390,032 |
| 撥入下年度之盈餘 | Surplus carried forward | | 306,551 | 236,358 |

現金流量表

Cash Flow Statement

截至2023年3月31日止年度
For the year ended 31 March 2023

| (港幣) | (HK\$) | 二零二三年 2023 | 二零二二年 2022 |
|------------------|---|---------------|---------------|
| 營運活動之現金流量 | Cash flows from operating activities | | |
| 本年度盈餘 | Surplus for the year | 445,164 | 652,562 |
| 調整： | Adjustments for: | | |
| 利息收入 | Interest income | (5,075) | (86) |
| 利息支出 | Interest expense | 111,351 | 32,988 |
| 物業、機器及設備之折舊 | Depreciation on property, plant and equipment | 195,339 | 75,214 |
| 使用權資產之折舊 | Depreciation on right-of-use assets | 2,421,561 | 2,823,169 |
| 營運資金變動前之營運盈餘 | Operating surplus before working capital changes | 3,168,340 | 3,583,847 |
| 按金及預付款項之減少 | Decrease in deposits and prepayments | 41,108 | 147,840 |
| 應付費用之增加／(減少) | Increase/(Decrease) in accrued charges | 195,462 | (119,633) |
| 年假撥備之增加 | Increase in provision for annual leave entitlements | 5,948 | 50,957 |
| 營運活動所產生之淨現金 | Net cash generated from operating activities | 3,410,858 | 3,663,011 |
| 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 | (311,596) | (466,500) |
| 已收利息 | Interest received | 5,075 | 86 |
| 投資活動所使用之淨現金 | Net cash used in investing activities | (306,521) | (466,414) |
| 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 | (262,530) | (491,382) |
| 已付租賃租金之資本部份 | Capital element of lease rentals paid | (2,381,445) | (2,872,872) |
| 已付租賃租金之利息部份 | Interest element of lease rentals paid | (111,351) | (32,988) |
| 融資活動所使用之淨現金 | Net cash used in financing activities | (2,755,326) | (3,397,242) |
| 現金及現金等值之淨增加／(減少) | Net increase/(decrease) in cash and cash equivalents | 349,011 | (200,645) |
| 年初現金及現金等值結存 | Cash and cash equivalents at beginning of the year | 472,177 | 672,822 |
| 年終現金及現金等值結存 | Cash and cash equivalents at end of the year | 821,188 | 472,177 |
| 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 | 821,188 | 472,177 |

財務報表附註

Notes to the Financial Statements

截至2023年3月31日止年度
For the year ended 31 March 2023

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, 44th Floor, Hopewell Centre, 183 Queen's Road East, Wanchai, Hong Kong.

2. Principal Accounting Policies

(a) Basis of preparation

These financial statements have been prepared in accordance with all applicable Hong Kong Financial Reporting Standards ("HKFRSs"), which collective term includes all applicable individual Hong Kong Financial Reporting Standards, Hong Kong Accounting Standards and Interpretations issued by the Hong Kong Institute of 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15。

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。

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 15.

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.

2. 主要會計政策(續)

(b) 收入確認(續)

- (ii) 銀行利息收入按實際利率法累計。

(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)

(b) Revenue recognition (continued)

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

(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 had no impairment loss been recognized in prior years. Reversals of impairment losses are credited to surplus or deficit in the year in which the reversals are recognized.

2. 主要會計政策(續)

(e) 物業、機器及設備

物業、機器及設備以成本價減已收或可收的資助、累積折舊及累積減值損失列帳。

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

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

(f) 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。

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。

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.

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.

2. 主要會計政策(續)

(f) 租賃(續)

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。

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賬面值。

2. Principal Accounting Policies *(continued)*

(f) Lease *(continued)*

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.

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.

2. 主要會計政策(續)

(f) 租賃(續)

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。

(h) 應付費用

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

2. Principal Accounting Policies *(continued)*

(f) Lease *(continued)*

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.

(h) Accrued charges

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

2. 主要會計政策(續)

(i) 現金及現金等值

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

(j) 僱員獲享假期

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

(k) 有關連人士

就本財務報表而言，有關連人士包括符合以下定義的人士及實體：

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

2. Principal Accounting Policies (continued)

(i) Cash and cash equivalents

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

(j) Employee leave entitlements

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

(k) Related parties

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

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

2. 主要會計政策(續)

(k) 有關連人士(續)

(ii) 若下列任何一項條件吻合，則有關實體將被視為與本會有關連：

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

2. Principal Accounting Policies (continued)

(k) Related parties (continued)

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

- (a) The entity is a post-employment benefit plan for the benefit of employees of either the Council or an entity related to the Council. If the Council is itself such a plan, the sponsoring employers are also related to the Council.
- (b) The entity is controlled or jointly controlled by a person identified in (i).
- (c) A person identified in (i)(a) has significant 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\$) | 二零二三年 2023 | 二零二二年 2022 |
|-------|---|---------------|---------------|
| 薪金及津貼 | Salaries and allowances | 7,384,116 | 7,100,767 |
| 強積金供款 | Mandatory provident fund contributions | 189,836 | 196,382 |
| 年假撥備 | Provision for annual leave entitlements | 16,025 | 46,018 |
| | | 7,589,977 | 7,343,167 |

4. 項目員工

4. Project Staff

| (港幣) | (HK\$) | 二零二三年 2023 | 二零二二年 2022 |
|-------------|---|---------------|---------------|
| 薪金 | Salaries | 1,775,169 | 1,849,165 |
| 強積金供款 | Mandatory provident fund contributions | 76,993 | 83,352 |
| 年假(撥備回撥)/撥備 | Provision for annual leave entitlements (written back)/made | (10,077) | 4,939 |
| | | 1,842,085 | 1,937,456 |

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\$) | 二零二三年 2023 | 二零二二年 2022 |
|---------------|---|---------------|---------------|
| 員工成本* | Staff costs * | 9,492,542 | 9,341,103 |
| 土地及樓宇短期租賃租金支出 | Rentals of land and buildings held under short-term lease | — | 204,000 |

* 包括支付定額供款退休保障計劃供款共港幣266,829元(2022年：港幣279,734元)

* including contribution of HK\$266,829 (2022: HK\$279,734) to defined contribution provident fund scheme.

6. 委員會成員的酬金

6. Council Members' Remuneration

本會所有委員會成員於本年度內均未有因向本會提供服務而收取酬金(2022年：無)。

None of the Council members received any remuneration in respect of their services to the Council during the year (2022: Nil).

7. 物業、機器及設備

7. Property, Plant and Equipment

| (港幣) | (HK\$) | 租賃物業 改良工程 Leasehold improvements | 傢俬 及裝置 Furniture and fixtures | 辦公室 設備 Office equipment | 總額 Total |
|-----------------------|--|---|--|----------------------------------|-------------|
| 成本 | Cost | | | | |
| 於2021年3月31日 | At 31 March 2021 | 36,305 | 182,831 | 702,255 | 921,391 |
| 添置 | Additions | 150,340 | 106,200 | 209,960 | 466,500 |
| 於2022年3月31日 | At 31 March 2022 | 186,645 | 289,031 | 912,215 | 1,387,891 |
| 添置 | Additions | – | – | 311,596 | 311,596 |
| 撇除 | Disposal | – | – | (3,358) | (3,358) |
| 於2023年3月31日 | At 31 March 2023 | 186,645 | 289,031 | 1,220,453 | 1,696,129 |
| 累積折舊 | Accumulated depreciation | | | | |
| 於2021年3月31日 | At 31 March 2021 | 36,305 | 122,650 | 577,800 | 736,755 |
| 截至2022年3月31日止年度 計提 | Charge for the year ended 31 March 2022 | 9,487 | 20,077 | 45,650 | 75,214 |
| 於2022年3月31日 | At 31 March 2022 | 45,792 | 142,727 | 623,450 | 811,969 |
| 截至2023年3月31日止年度 計提 | Charge for the year ended 31 March 2023 | 49,627 | 44,009 | 101,703 | 195,339 |
| 撇除時回撥 | Written-back on disposal | – | – | (3,358) | (3,358) |
| 於2023年3月31日 | At 31 March 2023 | 95,419 | 186,736 | 721,795 | 1,003,950 |
| 帳面淨值 | Net book value | | | | |
| 於2023年3月31日 | At 31 March 2023 | 91,226 | 102,295 | 498,658 | 692,179 |
| 於2022年3月31日 | At 31 March 2022 | 140,853 | 146,304 | 288,765 | 575,922 |

8. 使用權資產

8. Right-of-use Assets

| (港幣) | (HK\$) | |
|-------------------|--|-------------|
| 成本 | Cost | |
| 於2021年3月31日 | At 31 March 2021 | 8,561,818 |
| 添置 | Additions | 902,258 |
| 租賃屆滿撇銷 | Written off upon expiry of lease | (8,561,818) |
| 於2022年3月31日 | At 31 March 2022 | 902,258 |
| 添置 | Additions | 6,362,424 |
| 於2023年3月31日 | At 31 March 2023 | 7,264,682 |
| 累積折舊 | Accumulated depreciation | |
| 於2021年3月31日 | At 31 March 2021 | 5,813,837 |
| 截至2022年3月31日止年度計提 | Charge for the year ended 31 March 2022 | 2,823,169 |
| 租賃屆滿撇銷 | Written off upon expiry of lease | (8,561,818) |
| 於2022年3月31日 | At 31 March 2022 | 75,188 |
| 截至2023年3月31日止年度計提 | Charge for the year ended 31 March 2023 | 2,421,561 |
| 於2023年3月31日 | At 31 March 2023 | 2,496,749 |
| 帳面淨值 | Net book value | |
| 於2023年3月31日 | At 31 March 2023 | 4,767,933 |
| 於2022年3月31日 | At 31 March 2022 | 827,070 |

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540,898元(2022年：港幣540,898元)，預付款項港幣267,301元(2022年：港幣266,959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\$540,898 (2022: HK\$540,898). The prepayments in sum of HK\$267,301 (2022: HK\$266,959) are expected to be recognized as expenses within one year.

10. 租賃負債

10. Lease Liabilities

| (港幣) | (HK\$) | 二零二三年 2023 | 二零二二年 2022 |
|-----------|-------------------------------------|---------------|---------------|
| 年初結餘 | Balance at beginning of the year | 827,739 | 2,798,353 |
| 應付租賃付款的現值 | Present value of the lease payments | 6,362,424 | 902,258 |
| 利息支出 | Interest expense | 111,351 | 32,988 |
| 已付租賃付款 | Lease payment made | (2,492,796) | (2,905,860) |
| 年末結餘 | Balance at end of the year | 4,808,718 | 827,739 |

租賃負債在財務狀況表中列示如下：

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

| (港幣) | (HK\$) | 二零二三年 2023 | 二零二二年 2022 |
|------|---------------------|---------------|---------------|
| 短期部份 | Current portion | 2,418,713 | 531,993 |
| 長期部份 | Non-current portion | 2,390,005 | 295,746 |
| | | 4,808,718 | 827,739 |

於報告期末根據合約付款之租賃負債之到期情況如下：

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

| (港幣) | (HK\$) | 二零二三年 2023 | 二零二二年 2022 |
|-------------|--|---------------|---------------|
| 帳面值 | Carrying amount | 4,808,718 | 827,739 |
| 合約現金流總額 | Total contractual cash flow | | |
| －應要求即付或於一年內 | － Within one year or on demand | 2,492,796 | 309,600 |
| －超過一年但少於兩年 | － More than 1 year but less than 2 years | 2,415,396 | 541,800 |
| | | 4,908,192 | 851,400 |

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.

| (港幣) | (HK\$) | 二零二三年 2023 | 二零二二年 2022 |
|---------------|---|---------------|---------------|
| 本年度盈餘 | Surplus for the year | 445,164 | 652,562 |
| 加：物業、機器及設備之折舊 | Add: Depreciation on property, plant and equipment | 195,339 | 75,214 |
| 使用權資產之折舊 | Depreciation on right-of-use assets | 2,421,561 | 2,823,169 |
| 年假撥備 | Provision for annual leave entitlements | 5,948 | 50,957 |
| 租賃負債之利息支出 | Interest expenses on lease liabilities | 111,351 | 32,988 |
| 減：物業、機器及設備的添置 | Less: Additions to property, plant and equipment | (311,596) | (466,500) |
| 租賃付款 | Lease payment | (2,492,796) | (2,905,860) |
| 應退回衛生署的經調整盈餘 | Adjusted surplus refundable to the Department of Health | 374,971 | 262,530 |

12. 其他現金流資料

12. 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\$) | 二零二三年 2023 | 二零二二年 2022 |
|--------------------|---|---------------|---------------|
| 年初結餘 | Balance at beginning of the year | 827,739 | 2,798,353 |
| 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 | (2,381,445) | (2,872,872) |
| 已付租賃租金之利息部份 | Interest element of lease rentals paid | (111,351) | (32,988) |
| 融資現金流量的變動總額 | Total changes from financing cash flows | (2,492,796) | (2,905,860) |
| 其他變動： | Other changes: | | |
| 新租賃 | New lease | 6,362,424 | 902,258 |
| 利息支出 | Interest expenses | 111,351 | 32,988 |
| 其他變動總額 | Total other changes | 6,473,775 | 935,246 |
| 年末結餘 | Balance at end of the year | 4,808,718 | 827,739 |

(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\$) | 二零二三年 2023 | 二零二二年 2022 |
|-------|-----------------------------|---------------|---------------|
| 經營業務內 | Within operating activities | — | 204,000 |
| 融資項目內 | Within financing activities | 2,492,796 | 2,905,860 |
| | | 2,492,796 | 3,109,860 |

13. 金融資產及金融負債

(a) 金融資產及負債類別

13. Financial Assets and Liabilities

(a) Categories of financial assets and liabilities

| (港幣) | (HK\$) | 二零二三年 2023 | 二零二二年 2022 |
|---------------------|--|---------------|---------------|
| 金融資產 | Financial assets | | |
| 流動資產－按攤銷成本值： | Current assets – at amortized cost: | | |
| 按金 | Deposits | 540,898 | 582,348 |
| 銀行及現金結存 | Bank and cash balances | 821,188 | 472,177 |
| | | 1,362,086 | 1,054,525 |
| 金融負債 | Financial liabilities | | |
| 流動負債－按攤銷成本值： | Current liabilities – at amortized cost: | | |
| 應付費用 | Accrued charges | 1,254,358 | 1,058,896 |
| 租賃負債－短期部份 | Lease liabilities – current portion | 2,418,713 | 531,993 |
| 年假撥備 | Provision for annual leave entitlements | 344,901 | 338,953 |
| 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 | 374,971 | 262,530 |
| 非流動負債－按攤銷 成本值： | Non-current liabilities – at amortized cost: | | |
| 租賃負債－長期部份 | Lease liabilities – non-current portion | 2,390,005 | 295,746 |
| | | 6,782,948 | 2,488,118 |

13. 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2023年及2022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2023年及2022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。

13. 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 2023 and 2022, 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 2023 and 2022. The fair value is estimated as the present value of future cash flows, discounted at current market interest rate.

14. 有關連人士交易

在年度內本會與有關連人士所進行的日常營運交易如下：

14. Related Party Transactions

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

| (港幣) | (HK\$) | 二零二三年 2023 | 二零二二年 2022 |
|-----------|---|---------------|---------------|
| 主要管理人員的報酬 | Remuneration for key management personnel | | |
| 短期員工福利 | Short-term employee benefits | 2,205,634 | 1,923,600 |
| 離職後福利 | Post-employment benefits | 18,000 | 18,000 |
| | | 2,223,634 | 1,941,600 |

15. 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。

《香港會計準則》第1號及《香港財務報告準則》實務公告第2號之修訂本，會計政策之披露¹

《香港會計準則》第8號之修訂本，會計估計之定義¹

《香港會計準則》第12號之修訂本，與單一交易產生之資產及負債相關之遞延稅項¹

《香港會計準則》第1號之修訂本，負債分類為流動或非流動²

《香港會計準則》第1號之修訂本，附帶契諾之非流動負債²

《香港財務報告準則》第16號之修訂本，售後租回之租賃負債²

《香港財務報告準則》第10號及《香港會計準則》第28號之修訂本，投資者與其聯營公司或合營企業之間之資產出售或注資³

¹ 於2023年1月1日或之後開始之會計期間生效

² 於2024年1月1日或之後開始之會計期間生效

³ 未確定強制生效日期，惟可供採納

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。

15. 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 HKAS 1 and HKFRS Practice Statement 2, Disclosure of Accounting Policies¹

Amendments to HKAS 8, Definition of Accounting Estimates¹

Amendments to HKAS 12, Deferred Tax related to Assets and Liabilities arising from a Single Transaction¹

Amendments to HKAS 1, Classification of Liabilities as Current or Non-current²

Amendments to HKAS 1, Non-current Liabilities with Covenants²

Amendments to HKFRS 16, Lease Liability in a Sales and Leaseback²

Amendments to HKFRS 10 and HKAS 28, Sale or Contribution of Assets between an Investor and its Associate or Joint Venture³

¹ Effective for annual periods beginning on or after 1 January 2023

² Effective for annual periods beginning on or after 1 January 2024

³ No mandatory effective date yet determined but available for adoption

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

| | | | |
|----------------|---------------------------------|----------------|--|
| 車錫英教授 | Prof CHAIR Sek-ying | 封瑩醫生 | Dr FUNG Ying |
| 陳志輝教授SBS, 太平紳士 | Prof Andrew CHAN, SBS, JP | 馮志恒女士 | Ms Cheryl FUNG |
| 陳漢儀醫生SBS, 太平紳士 | Dr Constance CHAN, SBS, JP | 侯健敏先生 | Mr Ken HAU |
| 陳浩源先生MH | Mr Daniel CHAN, MH | 何家欣博士 | Dr Eva HO |
| 陳靜嫻女士 | Ms Helen CHAN | 何翠峰女士 | Ms Ivory HO |
| 陳健平先生BBS, 太平紳士 | Mr CHAN Kin-ping, BBS, JP | 何重文醫生 | Dr James HO |
| 陳肇始教授GBS, 太平紳士 | Prof Sophia CHAN, GBS, JP | 何蕙均女士 | Ms HO Wai-kwan |
| 鄭希穎先生 | Mr CHENG Hay-wing | 洪志明女士 | Ms Miranda HUNG |
| 張翠芬女士 | Ms Connie CHEUNG | 洪育賢女士 | Ms Yuki HUNG |
| 張懿德博士 | Dr Derek CHEUNG | 江玉歡議員 | Hon Doreen KONG |
| 張丹圖醫生 | Dr CHEUNG Tan-to | 管浩鳴議員BBS, 太平紳士 | Revd Canon Hon Peter Douglas KOON, BBS, JP |
| 邱珮馨醫生 | Dr CHIU Pui-hing | 鄭月心女士BBS | Ms KWONG Yuet-sum, BBS |
| 蔡國威先生 | Mr Frankie CHOI | 林正財議員SBS, 太平紳士 | Dr Hon LAM Ching-choi, SBS, JP |
| 蔡德昇先生太平紳士 | Mr Stanley CHOI, JP | 林偉珊女士 | Ms Jovi LAM |
| 周安琪女士 | Ms Angela CHOW | 林家慧博士 | Dr Katherine LAM |
| 周瑞玲女士 | Ms Katherine CHOW | 林賽卿博士 | Dr Margaret LAM |
| 李金珠女士 | Ms Connie CHU | 林翠玲女士MH 太平紳士 | Ms Nancy LAM, MH, JP |
| 朱楊珀瑜女士BBS 太平紳士 | Mrs Patricia CHU YEUNG, BBS, JP | 林文健醫生太平紳士 | Dr Ronald LAM, JP |
| 鍾慧怡女士 | Ms Florence CHUNG | 林秉恩醫生SBS, 太平紳士 | Dr LAM Ping-yan, SBS, JP |
| 喬安娜科恩教授 | Prof Joanna COHEN | 林大慶教授BBS, 太平紳士 | Prof LAM Tai-hing, BBS, JP |
| 方奕展先生 | Mr Engene FONG | | |
| 方綺文女士 | Dr Joanne FONG | | |

| | | | |
|-------------------|----------------------------------|--------------------|---------------------------|
| 藍詠德博士 | Dr Wendy LAM | 萬雪芬女士 | Ms Cathy MAN |
| 劉文文女士 | Ms Lisa LAU, BBS, MH, JP | 吳偉麟先生 | Mr Alan NG |
| BBS, MH太平紳士 | | 吳嘉慈女士 | Ms NG Ka-yan |
| 婁小君女士 | Ms Maple LAU | 伍崑初先生 | Mr NG Kwan-yun |
| 李麗賢博士 | Dr Irene LEE | 吳澤恒先生 | Mr Matthew NG |
| 李小霞女士 | Ms Judy LEE | 彭飛舟醫生 | Dr PANG Fei-chau |
| 李夏茵醫生太平紳士 | Dr Libby LEE, JP | 潘偉剛博士 | Dr POON Wai-kwong |
| 李慶華先生 | Mr Vincent LEE | 羅夏麗博士 | Dr Hana ROSS |
| 梁達智醫生 | Dr Godwin LEUNG | 史立德博士BBS, MH, 太平紳士 | Dr Allen SHI, BBS, MH, JP |
| 梁永義先生MH | Mr LEUNG Wing-yu, MH | 蘇麗珍女士MH 太平紳士 | Ms SO Lai-chun, MH, JP |
| 梁日輝先生 | Mr LEUNG Yat-fai | 鄧鳳琪女士OStJ | Ms Ivy TANG, OStJ |
| 李國章議員GBM, GBS太平紳士 | Prof Hon Arthur LI, GBM, GBS, JP | 鄧聲興博士 | Dr Kenny TANG |
| 李國棟醫生SBS 太平紳士 | Dr Donald LI, SBS, JP | 黃重雅女士 | Ms Florence WONG |
| 廖鳳香女士 | Ms LIU Fung-heung | 黃雅婷女士 | Ms Grace WONG |
| 盧寵茂教授BBS 太平紳士 | Prof LO Chung-mau, BBS, JP | 黃健暉先生 | Mr John WONG |
| 盧鼎儒先生 | Mr Eddie LO | 黃侶詩女士 | Ms WONG Lui-sze |
| 羅少傑先生MH | Mr LO Siu-kit, MH | 黃仰山教授 | Prof Samuel WONG |
| 雷美詩醫生 | Dr Macy LUI | 黃傑龍教授BBS 太平紳士 | Prof Simon WONG, BBS, JP |
| 陸子璿博士 | Dr Kevin LUK | 熊靜帆醫生 | Dr XIONG Jing-fan |
| 馬澤華先生MH, OStJ | Mr Stephen MA, MH, OStJ | 楊明霞博士 | Dr Jenny YEUNG |
| 馬麗霞女士 | Ms Zoe MA | 楊耀昌醫生 | Dr YEUNG Yiu-cheong |
| 麥龍詩迪教授SBS 太平紳士 | Prof Judith MACKAY, SBS, JP | 印曦博士 | Dr YIN Xi |
| | | 葉安妮女士 | Ms Annie YIP |
| | | 葉永堂先生 | Mr Charlie YIP |

請掃描以下二維碼瀏覽更多鳴謝名單。

Please scan below QR code for more acknowledgement list.



政府部門 Government Departments

組織 Organizations

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

各常務委員會之職能範圍

Terms of Reference of Standing Committees

甲、行政委員會

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

乙、法例委員會

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

丙、教育及宣傳委員會

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

A. Executive Committee

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

B. Legislation Committee

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

C. Education and Publicity Committee

1. To consider ways and means that can best educate the general public on the harm of smoking and passive smoking, and to promote a smoke-free lifestyle in the community.
2. To plan and organize territory-wide publicity campaigns to de-normalize smoking and promote smoking cessation.
3. To plan and implement education projects to prevent children and youth from taking up the habit of smoking.

4. 監督宣傳物品之製作，包括：電視宣傳短片、海報、宣傳單張、紀念品及年報。
5. 檢討教育及宣傳活動之成效，並提出適切的改善方法。

丁、社區聯絡委員會

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

戊、資訊及研究委員會

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

4. To oversee the production of publicity materials such as TV commercials, posters, leaflets, souvenirs and annual reports.
5. To evaluate the education and publicity campaigns and to initiate improvements where appropriate.

D. Community Liaison Committee

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

E. Information and Research Committee

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

第十一屆「戒煙大贏家」比賽

傳遞與吸煙相關的新冠肺炎即時訊息對提升戒煙率的成效

翁雪^{1,2}、趙盛之²、張懿德²、湯修齊³、黎慧賢³、林大慶⁴、王文炳²

¹ 北京師範大學人文和社會科學高等研究院

² 香港大學護理學院

³ 香港吸煙與健康委員會

⁴ 香港大學公共衛生學院

1. 引言

香港的吸煙率多年來逐步下降，在2019年下降至10.2%¹，是全球吸煙率最低的地區之一。然而，對比2017年的10.0%，2019年的吸煙率已略為回升，仍有637,900名習慣每日吸煙人士。大量吸煙人士受煙草禍害，每年更有一半會因吸煙而提早死亡²。香港每年因吸煙增加的發病率導致約7,000人死亡。2011年，因吸煙而引致的疾病亦會大大提高了醫療支出及長期護理開支，並造成約56億港元的經濟損失，相等於香港國民生產總值的0.3%³。吸煙是一種容易上癮的行為，對於具有強烈尼古丁依賴性的吸煙人士而言，難以在沒有任何輔助的情況下戒煙。不同機構現時在社區提供免費的戒煙服務，可是吸煙人士很少主動向這些服務尋求協助。因此，研發簡短而新穎的戒煙干預措施來鼓勵及幫助吸煙人士戒煙是非常重要的。

「戒煙大贏家」比賽是由香港吸煙與健康委員會(委員會)與香港大學護理學院和公共衛生學院合作舉辦的一項戒煙比賽，旨在通過提供專業輔導、獎品和獎勵，為社區上大量吸煙人士提供嘗試戒煙的誘因⁴。比賽亦提供了一個獨特的平台來進行隨機對照試驗研究，以開發和改善可應用在公共衛生層面上的新穎戒煙干預措施。

有關吸煙對增加患上2019冠狀病毒病(下稱「新冠肺炎」)的風險和嚴重程度的資訊可能會影響吸煙及戒煙行為。在2020年疫情初期時，一些未經證實的消息指出吸煙可以保護吸煙人士免受新冠肺炎感染廣為流傳⁵。我們的一項調查發現，此類錯誤訊息與增加煙草使用有關⁶。另一方面，美國和英國的觀察性研究表明，對吸煙增加新冠肺炎風險有更高認知可增加其戒煙相關行為(例如減少吸煙、戒煙嘗試和意欲)^{7,8}，香港的研究亦有類似的結果⁹。幾項線上實驗發現，接收有關吸煙患上新冠肺炎風險的訊息可能會增加吸煙人士戒煙的動機^{10,11}。這可歸因於對患上新冠肺炎的憂慮¹²。第八屆「戒煙大贏家」比賽顯示了使用即時通訊互動促進戒煙的有效性¹³。我們隨後的試驗結果顯示，在新冠肺炎大流行期間，使用即時通訊互動提供戒煙支援是可行的¹⁴。因為在疫情期間，實體戒煙服務可能受到限制。

在2020年，委員會與香港大學、區議會，地區合作夥伴和支持機構合作舉辦了第十一屆「戒煙大贏家」比賽，並進行一項兩組比較的隨機對照試驗研究，以比較透過使用即時通訊傳遞與吸煙相關的新冠肺炎即時訊息配以戒煙支援與只提供有關煙害及戒煙好處訊息，對增加戒煙成功率的成效。

2. 方法

2.1 招募詳情

參加者主要是在全港18區的吸煙熱點及從線上平台招募，或致電邀請以往未能成功戒煙的參加者。在2020年6月13日至10月30日期間，委員會共舉辦55次社區招募活動(地點包括購物中心攤位、公共場所和由合作夥伴提供的場地)，以及4場於赤柱監獄、壁屋監獄、羅湖懲教所和塘福懲教所的懲教署組別的招募活動。共176名大學生及義工參加了為期一天的線上工作坊，接受無煙大使的培訓。與以往的試驗類似，受過訓練的無煙大使在吸煙熱點主動接觸、篩選和邀請合資格的吸煙人士參加「戒煙大贏家」比賽和隨機對照研究，並根據研究分組進行戒煙干預。由於疾病預防措施生效之下，市民禁止脫下口罩吸煙，戶外吸煙熱點觀察到的吸煙人士數量相對疫情前減少。此外，在當時社交距離措施生效期間，招募攤位未能舉辦。因此委員會採取應變措施，分別透過網上廣告和致電給以前未能成功戒煙的參加者，以招募參加者。無煙大使其後會透過視象通話作出跟進。隨機對照試驗研究的詳細內容已在國際同行評審學術期刊發表¹⁵。

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. 在過去三個月每天至少吸食至少一支煙或加熱煙或每天使用電子煙；
3. 懂廣東話及閱讀中文；
4. 唾液中可的寧水平達30ng/ml或以上；
5. 打算戒煙或減少吸煙；
6. 能夠使用即時通訊應用程式進行溝通；
7. 報名時沒有參加其他戒煙輔導服務。

所有合資格的參加者必須先簽署書面同意後，才可以接受其研究分組的戒煙干預。

一名沒有參與招募活動的獨立研究員使用電腦生成的隨機分組列表，並設立大小為2、4、6隨機排列的區組。參加者會被隨機分配到比例為1:1的組別中。由於干預的性質，無法對研究者和參加者對分組情況完全保密。負責評估結果的人員和結果分析員在預先指定的分析完成之前不會知道隨機分組的情況。

每名參加者在招募時可以選擇參加「戒煙大贏家」大抽獎組別或「戒煙大使」組別。在三個月時，「大抽獎」組別中的五名通過生物化學測試核實成功戒煙的參加者，可贏取價值港幣10,000元的超級市場購物禮券。另外，在「戒煙大使」組別通過生物化學測試的三名「戒煙大使」組別

的參加者，在接受委員會遴選面試後，獲選為「戒煙大贏家」的得主。分別獲得獎品價值港幣25,000元的電器購物禮券(冠軍)、價值港幣15,000元的電器購物禮券(亞軍)和價值港幣10,000元的電器購物禮券(季軍)。兩個組別的得獎者的提名人亦可分別獲得價值港幣2,000元的超級市場購物禮券。

2.2 戒煙干預與跟進

干預組：在基線時，所有參加者在招募活動或視像聯繫接受面對面簡短的干預，包括AWARD簡短建議、積極轉介和獲得一本12頁的自助戒煙小冊子。AWARD方法由以下部分組成：(1) 詢問參加者的吸煙背景 (Ask)；(2) 使用唾液測試結果和健康警告單張警告他們繼續吸煙的危險性 (Warn)；(3) 建議他們儘快戒煙 (Advice)；(4) 轉介他們接受戒煙服務，並再次進行干預 (Refer)；(5) 在每次電話跟進期間，鼓勵未能戒煙或復吸的參加者再次戒煙(已戒煙的參加者將被鼓勵防止復吸) (Do-it-again)。

干預組的參加者會收到強調吸煙與新冠肺炎相關風險的特定建議。另外，他們所收到的健康警告單張中都會強調吸煙會增加患上新冠肺炎的風險，並被建議在疫情期間儘快戒煙。內容包括吸煙會令呼吸道感染、免疫力受損和增加患上新冠肺炎併發症的風險。吸煙人士會比普通人高出1.4至2.4倍需要緊急治療、使用呼吸機和死亡的風險。此外，內容亦提及於吸煙時脫下口罩、吸煙時的手對口的動作、吸煙人士聚集、暴露於二手煙中會令吸煙人士更容易暴露在病毒當中。

干預組的參加者在招募後會透過手機即時通訊軟件接受為期三個月的戒煙輔導。除了吸煙與新冠肺炎相關風險的資訊外，干預組接收訊息的頻率與對照組相同，內容亦相似。這些資訊參考了世界衛生組織、香港特別行政區衛生防護中心及香港大學的推特和Facebook帖子內容而制定。與以往的即時通訊試驗研究相似，干預組參加者可以回覆訊息並與輔導員在辦公時間(星期一至星期五，上午9時至下午6時)進行實時戒煙輔導。輔導員會根據參加者的需要和戒煙進度，調整干預內容並使用行為改變技巧(例如引導和回答問題、提供有關當前行為的反饋、提高動機和自我效能)幫助吸煙人士戒煙。

對照組：參加者在招募時會獲得AWARD簡單戒煙建議和由委員會設計的12頁自助戒煙小冊子。參加者會在基線後三個月內收到戒煙建議的訊息，頻率從第一個月的每週兩次逐漸減少到兩個月的每週一次(總共16條訊息)。這些訊息包括關於吸煙的危害和戒煙的好處，戒煙的應對策略以及嘗試戒煙的心理支持和鼓勵。

非研究組別和懲教署組別：參加「戒煙大使」組別、沒有安裝即時通訊應用程式的智能手機或不能使用中文進行交流的參加者會被分配到非研究組。非研究組別的參加者會接受與從同一招募場次中的對照試驗研究參加者相同的干預。為了確保社區吸煙人士的同質性結果，從懲教署招募的參加者被編入懲教署組別，並被排除在數據分析之外。

所有參加者都在基線時完成了問卷調查，並在基線後的第一、二、三和六個月接受共四次電話訪問。研究組別和非研究組別的參加者進行了電話調查，而懲教署的參加者進行了自我評核問卷調查。為了提高跟進的參與率，完成所有四次電話訪問的參加者可額外獲得港幣100元的現金獎勵。在預定的電話跟進時間中會收到最多七次的來電和一個語音留言，如仍未能聯絡上的參加者會被視為失訪個案。在三個月和六個月的電話跟進中，自我報告過去七天完全沒有吸煙的參加者會獲邀請透過視像通話或親身接受生物化學測試（一氧化碳呼氣測試或可的寧口水測試）。所有在三個月及六個月跟進時通過測試的參加者均可獲得港幣500元的現金獎勵。

研究的主要結果為三個月及六個月透過生物化學測試核實的戒煙率，驗證方法是唾液可的寧濃度低於30ng/mL或呼氣中一氧化碳濃度低於4ppm。次要結果包括自我報告過去七天內的完全沒有吸煙的戒煙率、減煙率和干預參與度，後者定義為是否有在各自的干預條件下閱讀即時訊息或短信（無/部分/全部）。

所有參加者（總數=1,261）於基線調查時的人口特徵及吸煙概況會在報告中描述。兩個研究組的主要和次要結果會以卡方檢驗進行比較。數據的分析是採用治療意向分析進行，即假定缺失數據的參加者的吸煙行為在基線調查後沒有改變，以及採用完整資料個案分析，排除了失數據的參加者。我們還評估了參加者使用戒煙服務的情況、對戒煙的認知、戒煙嘗試和其原因、退癮症狀、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

在委員會舉辦的55場招募活動中，總共有超過80,770名市民曾經過招募攤位，其中超過11,000人查詢了有關比賽和戒煙的資訊，或者參與了招募攤位中的遊戲。176名接受過培訓的無煙大使於在宣傳活動和招募活動中接觸了約7,700名吸煙人士和17,000名非吸煙人士。

在1,340名被招募的吸煙人士中，除去28名（2.1%）拒絕簽署同意書的吸煙人士，1,312名吸煙人士參加了第十一屆「戒煙大贏家」比賽。在排除參加「戒煙大使」組別和非研究

組別（95人）及懲教署組別（51人）的參加者後，有1,166名（88.9%）參與隨機對照試驗研究，並被隨機分配到干預組或對照組，每組各有583人。

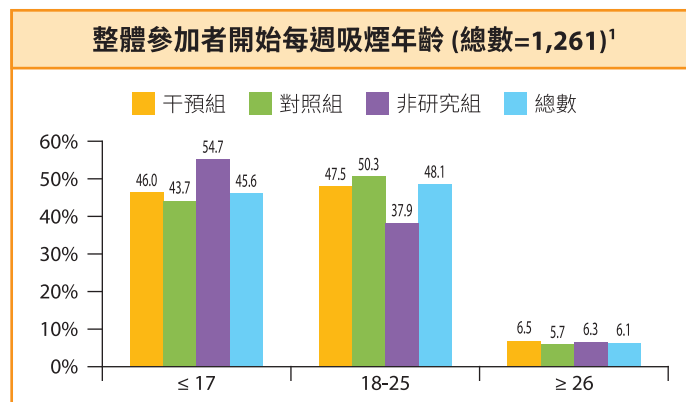
3.1 基線人口特徵

表一顯示，在1,261名參加者中，大多數是男性（79.8%），年齡介乎30-59歲之間（63.6%）。51.5%的參加者已婚或同居，65.7%非與子女同住；近三分之二具有中學教育程度（59.6%）。近一半居於租住的公共房屋中（42.1%），家庭月收入低於港幣25,000元（40.0%）；大多數是自僱或受僱人士（77.8%）。

3.2 吸煙概況

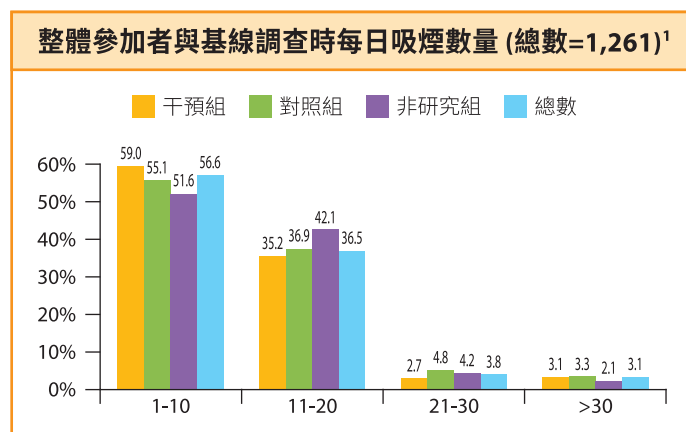
參加者開始吸煙的平均年齡為18.2歲（標準差=5.2），45.6%的參加者在18歲之前開始吸煙（圖一）。參加者平均每日吸食13.4支捲煙（標準差=9.4），超過一半的參加者（56.6%）每天吸煙不多於10支捲煙（圖二）。

圖一



¹ 沒有顯示缺失數據

圖二



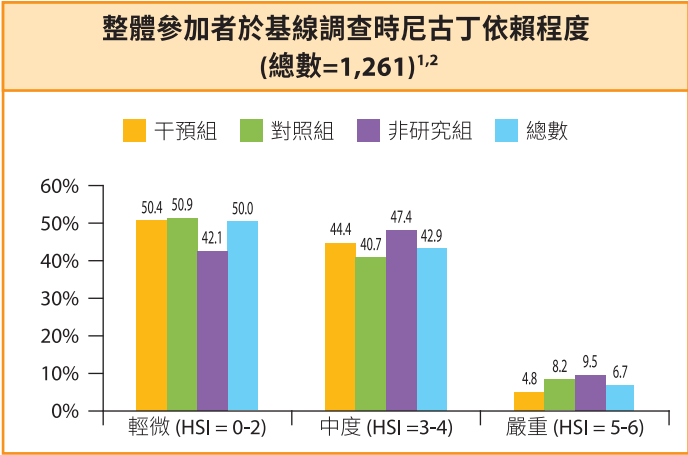
¹ 沒有顯示缺失數據

表一 參加者基線人口特徵 (總數=1,261)

| 人數 (%) | 總數 (N=1,261) | 干預組 (N=583) | 對照組 (N=583) | 非研究組 (N=95) |
|-----------------|--------------|-------------|-------------|-------------|
| 性別 | | | | |
| 男 | 1006 (79.8) | 452 (77.5) | 470 (80.6) | 84 (88.4) |
| 女 | 255 (20.2) | 131 (22.5) | 113 (19.4) | 11 (11.6) |
| 年齡 (歲) | | | | |
| 18-29 | 283 (22.4) | 118 (20.2) | 143 (24.5) | 22 (23.2) |
| 30-39 | 323 (25.6) | 151 (25.9) | 149 (25.6) | 23 (24.2) |
| 40-49 | 277 (22.0) | 136 (23.3) | 123 (21.1) | 18 (18.9) |
| 50-59 | 202 (16.0) | 90 (15.4) | 93 (16.0) | 19 (20.0) |
| ≥60 | 164 (13.0) | 81 (13.9) | 71 (12.2) | 12 (12.6) |
| 缺失數據 | 12 (1.0) | 7 (1.2) | 4 (0.7) | 1 (1.1) |
| 婚姻狀況 | | | | |
| 單身 | 509 (40.4) | 225 (38.6) | 254 (43.6) | 30 (31.6) |
| 已婚/同居 | 650 (51.5) | 311 (53.3) | 282 (48.4) | 57 (60.0) |
| 離婚/喪偶 | 90 (7.1) | 43 (7.4) | 39 (6.7) | 8 (8.4) |
| 缺失數據 | 12 (1.0) | 4 (0.7) | 8 (1.4) | 0 (0.0) |
| 與子女同住 | | | | |
| 否 | 828 (65.7) | 371 (63.6) | 395 (67.8) | 62 (65.3) |
| 是 | 389 (30.8) | 189 (32.4) | 170 (29.2) | 30 (31.6) |
| 缺失數據 | 44 (3.5) | 23 (3.9) | 18 (3.1) | 3 (3.2) |
| 教育程度 | | | | |
| 小學程度或以下 | 71 (5.6) | 35 (6.0) | 27 (4.6) | 9 (9.5) |
| 中學程度 | 751 (59.6) | 354 (60.7) | 350 (60.0) | 47 (49.5) |
| 大專或以上 | 400 (31.7) | 170 (29.2) | 193 (33.1) | 37 (38.9) |
| 缺失數據 | 39 (3.1) | 24 (4.1) | 13 (2.2) | 2 (2.1) |
| 就業情況 | | | | |
| 學生 | 43 (3.4) | 19 (3.3) | 19 (3.3) | 5 (5.3) |
| 自僱/受僱 | 981 (77.8) | 455 (78.0) | 460 (78.9) | 66 (69.5) |
| 待業 | 73 (5.8) | 30 (5.1) | 34 (5.8) | 9 (9.5) |
| 家庭主婦 | 32 (2.5) | 17 (2.9) | 12 (2.1) | 3 (3.2) |
| 退休 | 106 (8.6) | 47 (8.1) | 48 (8.2) | 11 (11.6) |
| 缺失數據 | 26 (2.1) | 15 (2.6) | 10 (1.7) | 1 (1.1) |
| 居住情況 | | | | |
| 租住公共房屋 | 531 (42.1) | 256 (43.9) | 226 (38.8) | 49 (51.6) |
| 自置公共房屋 | 167 (13.2) | 71 (12.2) | 91 (15.6) | 5 (5.3) |
| 租住私人房屋 | 294 (23.3) | 138 (23.7) | 136 (23.3) | 20 (21.1) |
| 自置私人房屋 | 208 (16.5) | 90 (15.4) | 103 (17.7) | 15 (15.8) |
| 其他 | 24 (1.9) | 9 (1.5) | 12 (2.1) | 3 (3.2) |
| 缺失數據 | 37 (2.9) | 19 (3.3) | 15 (2.6) | 3 (3.2) |
| 家庭月收入 (港幣) | | | | |
| 少於25,000 | 505 (40.0) | 243 (41.7) | 220 (37.7) | 42 (44.2) |
| 25,000 - 60,000 | 545 (43.2) | 240 (41.2) | 267 (45.8) | 38 (40.0) |
| 60,000 以上 | 166 (13.2) | 75 (12.9) | 78 (13.4) | 13 (13.7) |
| 缺失數據 | 45 (3.6) | 25 (4.3) | 18 (3.1) | 2 (2.1) |

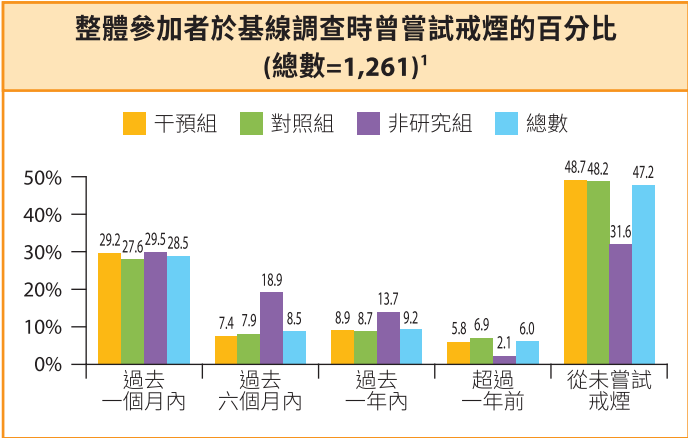
超過三分之一的參加者 (35.1%) 在起床後的五分鐘內吸第一支煙。近一半的參加者的尼古丁依賴程度為中等到嚴重 (49.6%) (圖三)。約一半的參加者從未嘗試過戒煙 (47.2%)(圖四)。近一半的人在基線時沒有準備在30天內戒煙 (47.8%)，根據跨理論模式顯示其戒煙意欲較低 (圖五)。干預組和對照組的吸煙行為及習慣相似。

圖三



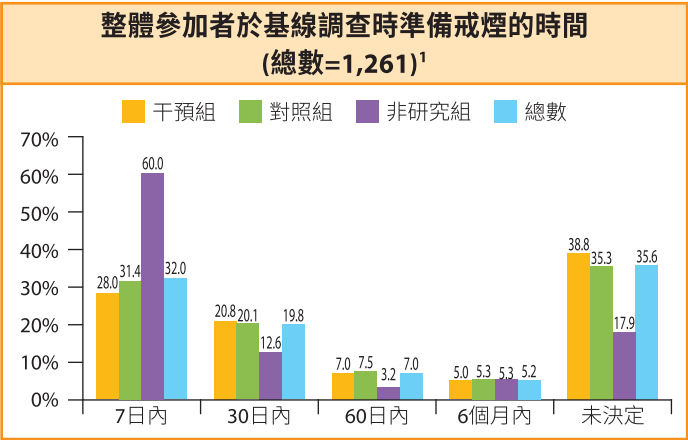
¹ 尼古丁依賴程度以Heaviness of Smoking Index (HSI) 項目測量：(1) 每日吸第一支煙的時間和 (2) 每日吸煙量
² 沒有顯示缺失數據

圖四



¹ 沒有顯示缺失數據

圖五



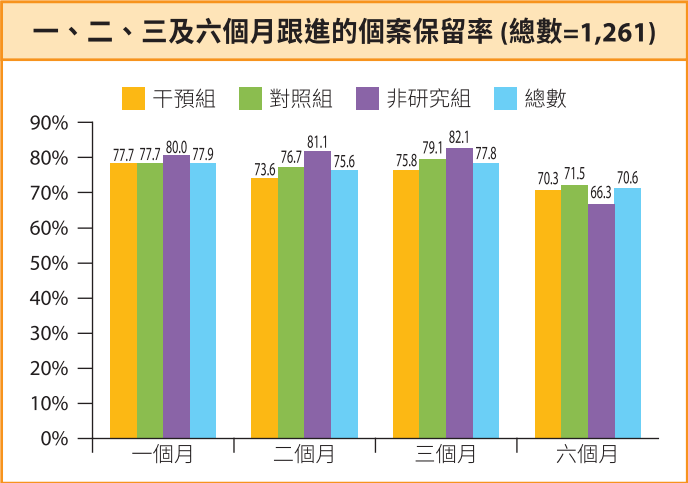
¹ 沒有顯示缺失數據

3.3 研究結果

個案保留率

圖六顯示，在參加比賽的所有1,261名參加者中，分別有982名 (77.9%)、953名 (75.6%)、981名 (77.8%)和890名 (70.6%) 在第一、二、三和六個月跟進時完成電話跟進。干預組和對照組於不同跟進時期個案保留率相約，第一個月同為77.7%、第二個月 (73.6%比76.7%；P值=0.22)、第三個月 (75.8%比79.1%；P值=0.18) 和第六個月 (70.3%比71.5%；P=0.65)。

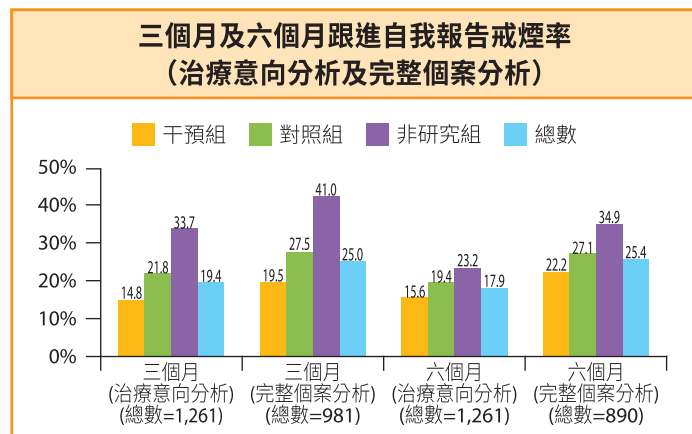
圖六



三個月和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19.4%和17.9%。干預組自我報告戒煙率於第三個月時顯著地低於對照組（14.8%比21.8%；P值<0.01），但在第六個月時則沒有明顯差異（15.6%比19.4%，P值=0.09）。完整個案分析結果也得出了類似的結果（圖七）。

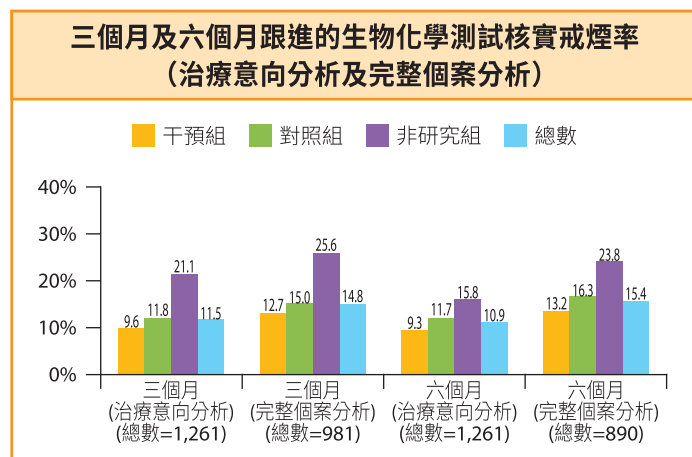
圖七



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，經過生物化學測試核實的整體戒煙率於三個月和六個月跟進時分別為11.5%和10.9%。干預組和對照組的生物化學測試核實的戒煙率在第三個月（9.6%比11.8%；P=0.22）及六個月（9.3%比11.7%；P=0.18）跟進時沒有顯著差異（圖八）。

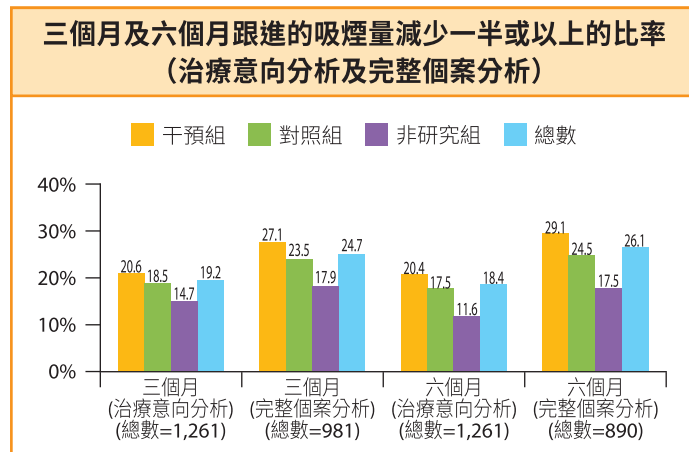
圖八



三個月和六個月跟進的減煙率

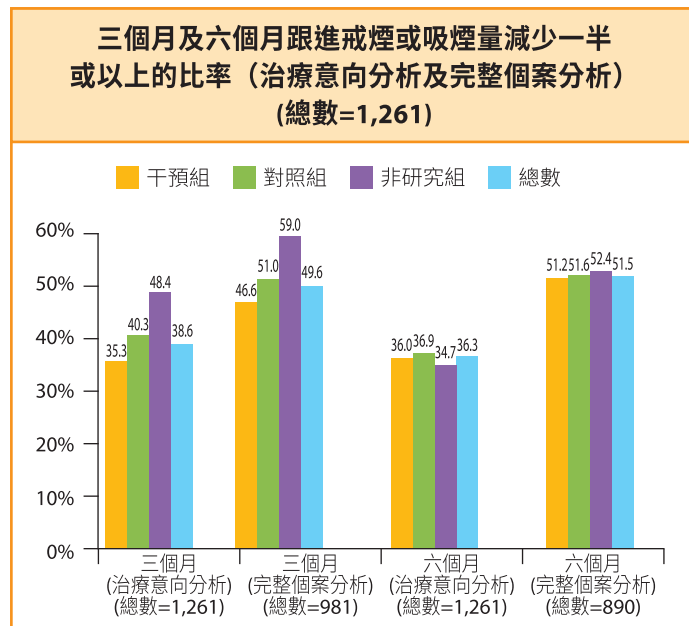
根據治療意向分析，整體有19.2%和18.4%的參加者分別在三個月和六個月時的吸煙量比基線調查時減低了至少一半（圖九）。兩組在電話跟進期間減煙率並無顯著差異（所有P值>0.05）。

圖九



根據治療意向分析，整體參加者在三個月和六個月跟進的戒煙或減煙比率分別為38.6%和36.3%（圖十）。干預組在三個月時的戒煙或減煙率低於對照組（35.3%比40.3%；P值=0.08），但在六個月跟進時兩組減煙率顯示類似結果（36.0%比36.9%；P值=0.76）。完整個案分析亦得出了相似的結果。

圖十



戒煙服務的使用情況 (一、二、三及六個月跟進)

在整個研究期間，有417位參加者 (33.1%) 提出了戒煙服務轉介請求 (表二)。干預組的累計轉介請求數量為172次，而對照組為204次。

表二 整體參加者的戒煙服務轉介情況 (總數=1,261)

| | 總數 (人數=1,261) | 干預組 (人數=583) | 對照組 (人數=583) | 非研究組 (人數=95) |
|---------------|------------------|-----------------|-----------------|-----------------|
| 請求轉介至 戒煙服務 | 417 (33.1) | 172 (29.5) | 204 (35.0) | 41 (43.2) |

表三顯示，12.5%的參加者在基線後六個月內至少使用過一次戒煙服務。干預組與對照組於第一、三、六個月電話跟進時戒煙服務累計使用率相似 (所有P值>0.05)，但第二個月跟進時有顯著的差異 (P值<0.001)。

表三 戒煙服務使用情況 (總數=1,261)

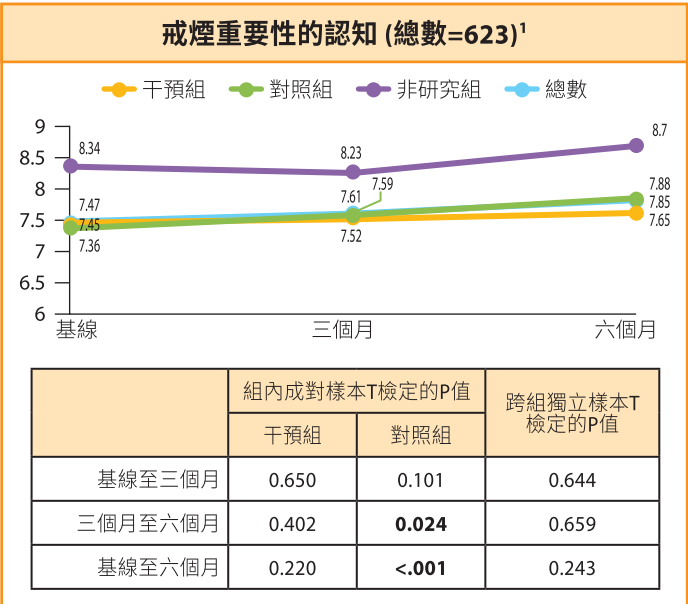
| | 總數 (人數=1,261) | 干預組 (人數=583) | 對照組 (人數=583) | 非研究組 (人數=95) |
|-----|------------------|-----------------|-----------------|-----------------|
| 一個月 | 61 (4.8) | 24 (4.1) | 28 (4.8) | 9 (9.5) |
| 二個月 | 124 (9.8) | 51 (8.7) | 54 (9.3) | 19 (20) |
| 三個月 | 145 (11.5) | 57 (9.8) | 63 (10.8) | 25 (26.3) |
| 六個月 | 158 (12.5) | 57 (9.8) | 73 (12.5) | 28 (29.5) |

戒煙的自我效能

戒煙重要性的認知

在所有跟進時間點都提供完整數據的參加者中，戒煙重要性認知的整體平均分在基線時為7.47，在六個月跟進時為7.85。干預組 (7.45至7.52；P值=0.65) 和對照組 (從7.36至7.59；P值=0.101) 的評分於基線至三個月跟進略有上升，對照組評分於基線至六個月跟進顯著上升 (7.36至7.88；P值<0.001)。至於第三個月至第六個月跟進期間，兩組平均分均無顯著變化 (P值>0.05) (圖十一)。

圖十一

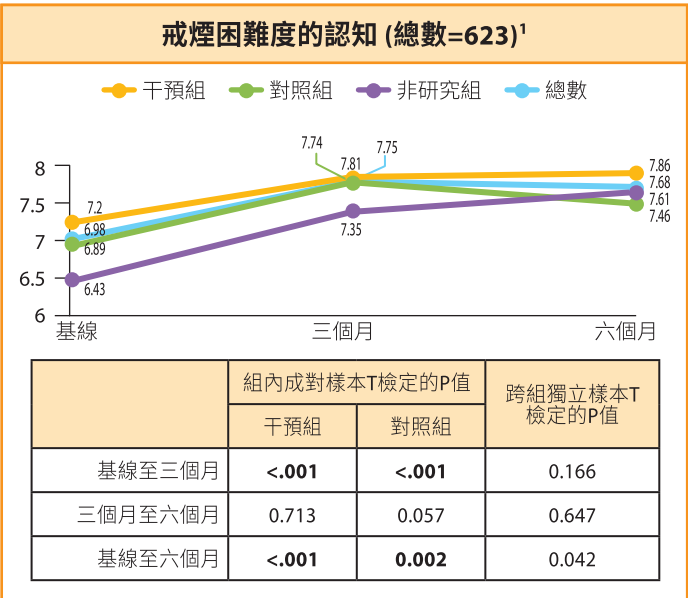


¹ 由0分 (完全不重要) 至10分 (非常重要)；缺失數據排除在外。

戒煙困難度的認知

在所有跟進均回答相關問題的參加者中，戒煙困難度認知的平均分從基線時的6.98增加到三個月時的7.75分和六個月時的7.68分。兩個研究組別的評分從基線到三個月跟進有顯著增加 (7.2至7.81；P值<0.001，6.89至7.74；P值<0.001)，從基線到六個月也有顯著差異。(7.2至7.86；P值<0.001，6.89至7.46；P值=0.002)。兩組的平均分從三個月到六個月沒有顯著變化。兩個組別的戒煙困難度認知的平均分無顯著性差異 (所有P值>0.05)(圖十二)。

圖十二

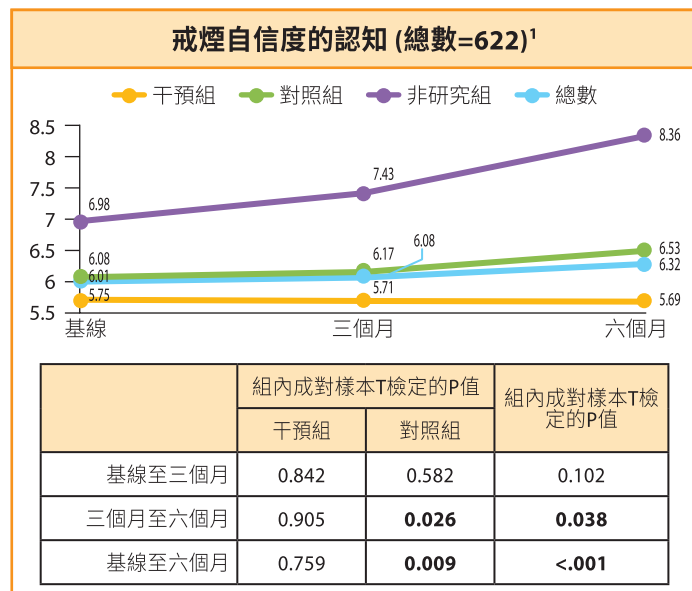


¹ 由0分 (完全不困難) 至10分 (非常困難)；缺失數據排除在外。

戒煙自信度的認知

圖十三可見，在整個研究期間，戒煙自信度認知的整體平均分從6.01增加到6.32。在研究組中，對照組的平均分從三個月到六個月跟進顯著增加 (6.17至6.53； P 值=0.026)，但干預組的平均分沒有顯著變化。從三個月到六個月 (P 值=0.038) 跟進以及從基線到六個月跟進 (P 值<0.001)，組間的平均分數都存在顯著差異。

圖十三

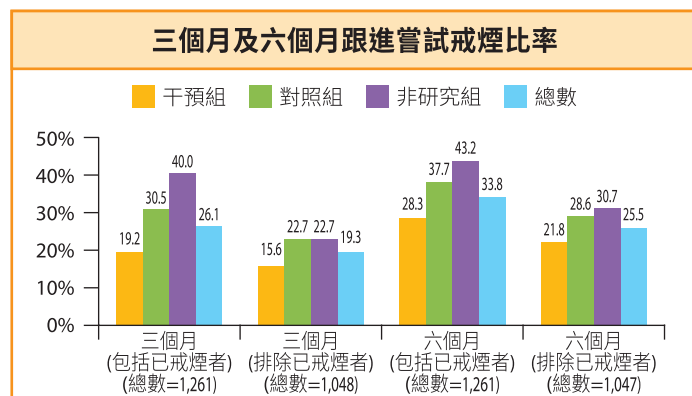


¹ 由0分（完全沒有信心）至10分（非常有信心）；缺失數據排除在外。

三個月和六個月跟進的嘗試戒煙比率

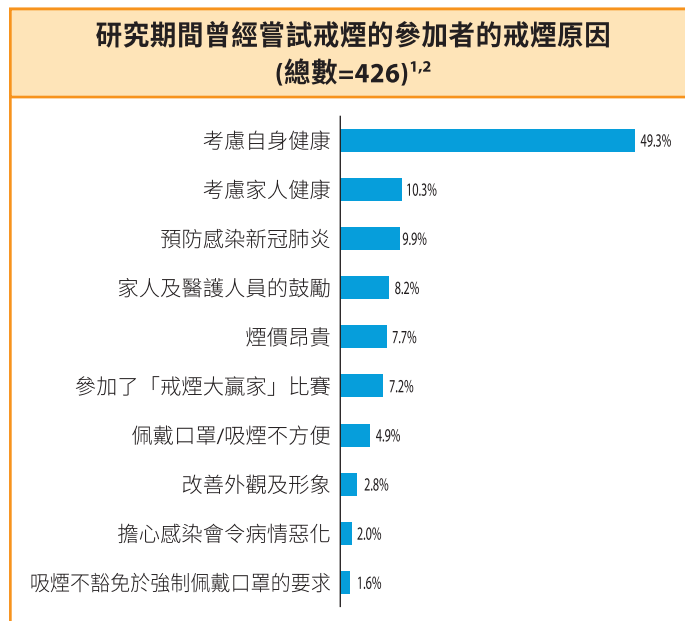
根據治療意向分析，分別有26.1%和33.8%的參加者在三個月和六個月內至少作出一次戒煙嘗試。在未能成功戒煙的參加者當中，三個月和六個月的嘗試戒煙比率分別為19.3%和25.5%。無論是否有計算成功戒煙者在內，對照組在三個月和六個月時嘗試戒煙的比例顯著高於干預組 (P 值<0.01) (圖十四)。

圖十四



在研究期間至少作出一次戒煙嘗試的參加者中，嘗試戒煙的主要原因是「考慮自身健康」(49.3%)，其次是「考慮家人健康」(10.3%)和「預防感染新冠肺炎」(9.9%) (圖十五)。

圖十五

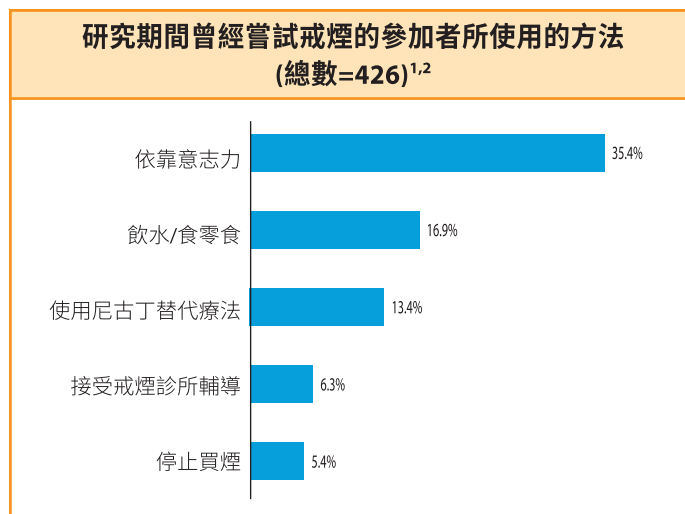


¹ 失訪數據被排除在外

² 參加者可選擇多於一個答案

對於曾至少作出一次戒煙嘗試的參加者來說，最常見的戒煙方法是「依靠意志力」(35.4%)、「飲水/食零食」(16.9%)和「使用尼古丁替代療法」(13.4%)(圖十六)。

圖十六

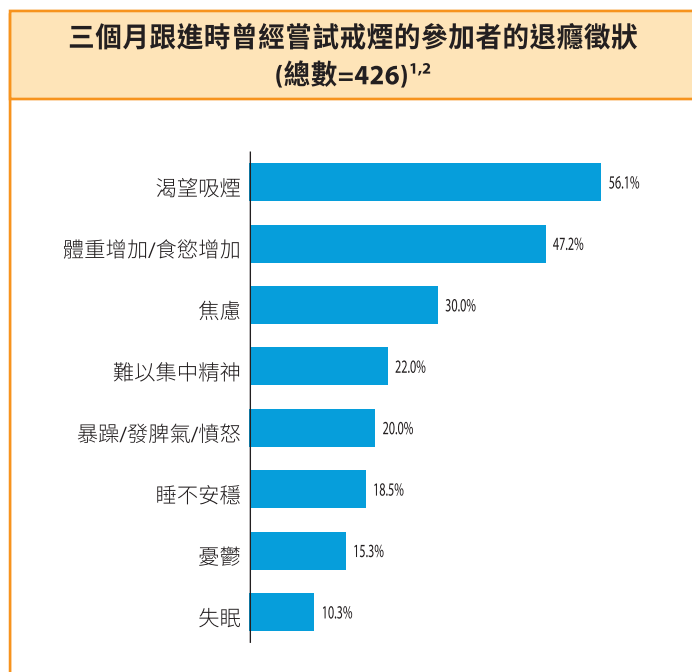


¹ 失訪數據被排除在外

² 參加者可選擇多於一個答案

在第一、二和三個月的跟進訪問中評估了參加者的退癮症狀。在曾至少作出一次戒煙嘗試的參加者中，最常見的退癮徵狀是「渴望吸煙」(56.1%)，其次是「體重增加/食慾增加」(47.2%)和「焦慮」(30.0%)。(圖17)。

圖十七



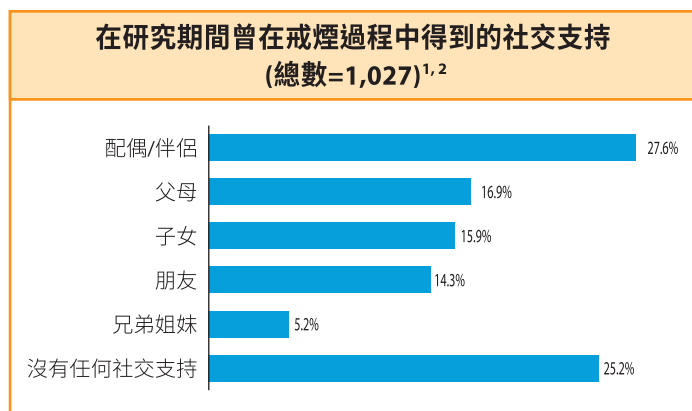
¹ 失訪數據被排除在外

² 參加者可選擇多於一個答案

戒煙過程中的社交支持

在完成三個月或/及六個月跟進訪問的1,027名參加者中，最常見的社交支持主要來源是「配偶/伴侶」(27.6%)，其次是「父母」(16.9%)、「子女」(15.9%)和「朋友」(14.3%)(圖十八)。然而，近四分之一 (25.2%) 的參加者表示沒有任何社交支持。

圖十八



¹ 失訪數據被排除在外

² 參加者可選擇多於一個答案

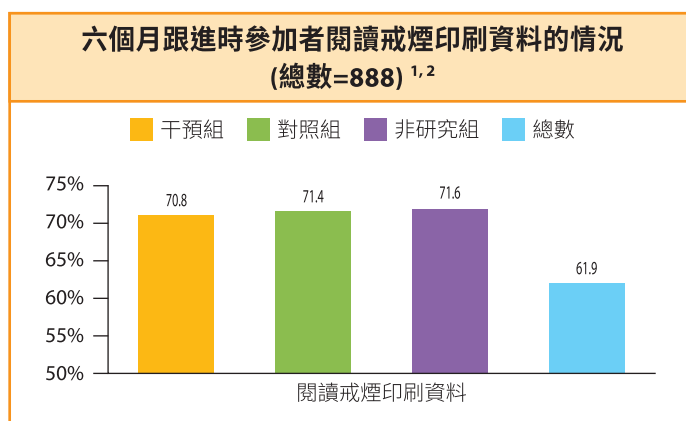
戒煙輔助工具的使用和滿意度

印刷資料

大多數完成六個月跟進訪問的參加者(70.8%) 表示曾閱讀戒煙印刷資料(圖十九)。對照組閱讀戒煙印刷資料的人數稍微高於干預組(71.6%比71.4%；P值<0.01)。

在1 (完全沒有幫助) 至5 (非常有幫助) 的量表上，曾閱讀戒煙印刷資料的參加者認為有助戒煙的程度的平均分為3.8分(標準差=0.94)。對照組參加者的得分顯著高於干預組(3.92比3.79；P值<0.001)。

圖十九

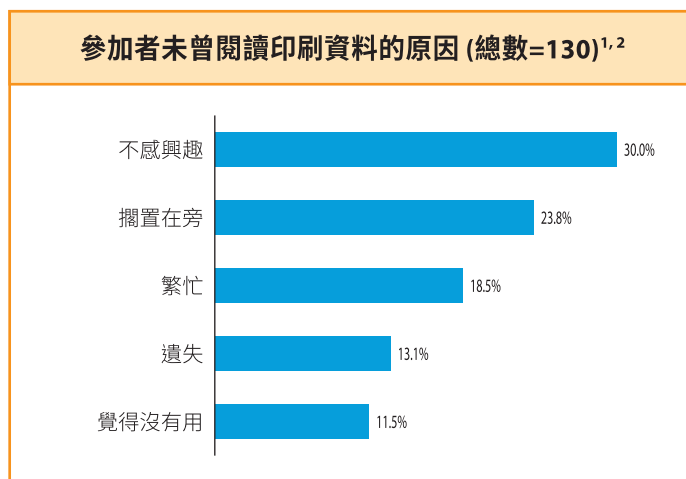


¹ 六個月跟進失訪的參加者排除在外

² 失訪數據被排除在外

在從未讀過戒煙印刷資料的受訪者中，最常見的原因是「不感興趣」(30.0%)，其次是「擱置在旁」(23.8%)和「繁忙」(18.5%)(圖二十)。

圖二十



¹ 參加者可選多於一個答案

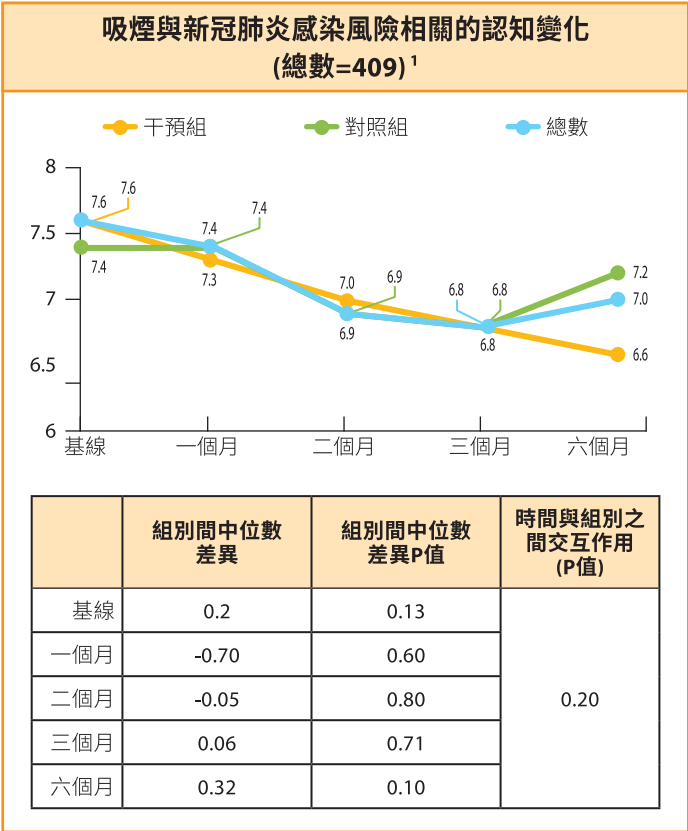
² 在六個月跟進時的失訪數據被排除在外，沒有顯示缺失數據

吸煙與新冠肺炎感染的相關風險和嚴重程度認知變化

參加者對吸煙與新冠肺炎感染風險和嚴重程度相關的認知變化程度，按0 (完全不同意) 到10 (完全同意) 的量表進行了評估。圖二十一和二十二顯示，在基線和各個跟進訪問時各組之間對吸煙與新冠肺炎感染風險和嚴重程度的認知沒有顯著差異，只是干預組對嚴重程度的認知在基線時 (6.4比 5.9；P值=0.02) 和二個月跟進時 (7.3比7.1；P值=0.04) 較對照組高。混合效應模型顯示，從基線到六個月，對與吸煙相關的新冠肺炎感染風險認知 (時間與組別之間交互作用：P值=0.2) 和嚴重程度認知 (時間與組別之間交互作用：值=0.28) 的變化沒有顯著干預效果。

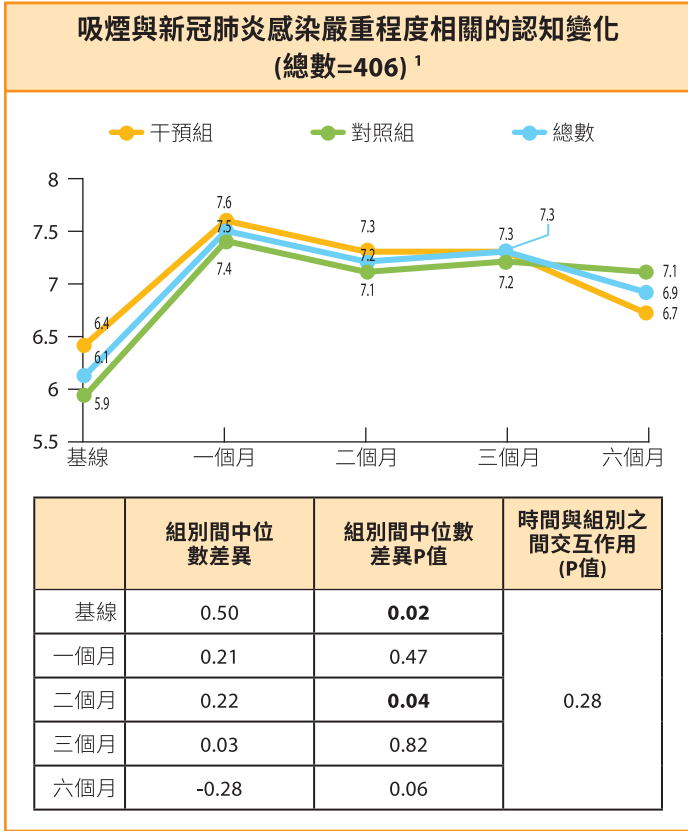
二次分析亦顯示，調整所有成功戒煙的已知決定因素後，整體對吸煙與新冠肺炎的相關嚴重程度認知與六個月通過生物化學核實的戒煙率相關。然而，我們沒有發現兩個研究組別之間的認知變化存在任何顯著差異，這可能解釋了戒煙率的零效應 (實驗結果與預期假設不同)。

圖二十一



¹ 由0分 (最小) 到10分 (最大) 的量表表示吸煙與新冠肺炎感染風險認知

圖二十二



¹ 由0分 (最小) 到10分 (最大) 的量表表示吸煙與新冠肺炎感染嚴重程度認知

研究干預參與度和評分

表四顯示，兩組中閱讀過即時/文字訊息的參加者比例相似。儘管干預組認為訊息頻密程度合適的比例明顯低於對照組 (72.6%比73.1%；P值=0.04)，但整體而言，兩組對訊息頻密程度的評分都較高。同樣，就訊息能增加戒煙動機 (2.3比2.4；P值=0.02) 和戒煙嘗試 (2.2比2.4；P值=0.02) 方面，干預組的評分顯著較低。

干預組中近一半的參加者 (49.4%) 曾通過即時通訊與輔導員進行對話，以滿意度由0分 (完全不滿意) 到10 (非常滿意) 的量表進行評估，平均滿意度得分為 8.5 (標準差=1.9)。「太忙」(49.5%) 和「不想在網上談論戒煙相關話題」(32.9%) 是不進行對話的兩個最常見原因。

對比兩組在不同跟進時期接觸與新冠肺炎和吸煙相關資訊情況，干預組在一個月跟進時顯著高於對照組 (P<0.001)，而相關差異在二個月及三個月跟進時收窄，到六個月跟進時兩組累積接觸資訊情況已經相若 (P=0.09)。

表四 研究干預參與度和評分 (總數=1,166)

| 人數(%) | 干預組 (總數=583) | 對照組(總數=583) | P值 |
|---|--------------|-------------|------------------|
| 研究干預參與度 | | | |
| 是否曾閱讀即時/文字訊息 | | | 0.81 |
| 沒有 ^a | 111 (19.0) | 113 (19.4) | |
| 一些 | 125 (21.4) | 116 (19.9) | |
| 全部 | 347 (59.5) | 354 (60.7) | |
| 訊息評分 | | | |
| 訊息的頻密程度適當, 人數 (%) | 423 (72.6) | 426 (73.1) | 0.04 |
| 訊息的內容增加戒煙動機 ^b , 中位數 (標準差) | 2.3 (1.0) | 2.4 (1.1) | 0.02 |
| 訊息的內容增加嘗試戒煙的次數 ^b , 中位數 (標準差) | 2.2 (1.0) | 2.4 (1.1) | 0.01 |
| 接觸與新冠肺炎和吸煙相關資訊情況 | | | |
| 基線 | 192 (33.3) | 207 (36.1) | 0.32 |
| 一個月 (累積值) | 372 (64.2) | 309 (53.4) | <0.001 |
| 二個月 (累積值) | 426 (73.6) | 388 (66.7) | 0.01 |
| 三個月 (累積值) | 482 (83.2) | 448 (77.0) | 0.008 |
| 四個月 (累積值) | 489 (84.5) | 470 (80.8) | 0.09 |

^a 在分析中缺失數據視為“沒有”

^b 數值0-4，數值越大代表訊息有越高的有用性

4. 討論

2020年6月至10月期間，第十一屆「戒煙大贏家」無煙社區計劃在176名大學生、非政府機構義工的協助下，在街頭及商場舉辦了55場招募活動。活動一共接觸了約7,700名吸煙人士，超過1,260名吸煙人士參加了比賽。與疫情前相比，較少吸煙人士在疫情期間於吸煙熱點吸煙。有見及此採取網上廣告形式招募吸煙人士，並由無煙大使通過視像通話進行篩選。通過治療意向分析，所有參加者的三個月和六個月整體自我報告戒煙率分別為19.4%和17.9%，結果與過往紀錄相近。

第十一屆「戒煙大贏家」比賽中進行了一項群組隨機對照試驗，評估傳遞吸煙與感染新冠肺炎相關風險的訊息能否有效提高戒煙率。結果顯示傳遞額外吸煙與新冠肺炎相關風險的警告訊息，和一般簡短的戒煙建議比較，並沒有提升戒煙率。然而，與過往研究結果相比，兩組的核實戒煙率(約10%)相當高，亦顯示了高水平的干預參與度(80%閱讀了訊息，約50%參與了即時戒煙訊息互動)，而部份參加者亦指出其曾經嘗試戒煙原因與新冠肺炎或防疫措施有關，這表明新冠肺炎疫情期間是推動戒煙的黃金時機。

對於各組之間相近的戒煙率有以下幾種可能性。首先，參加者在基線時表現出相對較高與吸煙相關的新冠肺炎感染風險和嚴重性的認知(平均分為7.7分和6.2分(滿分10分))。這種「天花板效應」可能限制了風險認知水平提升的空間。其次，兩組中超過80%的參加者表示在研究期間從其他渠道接觸過有關新冠肺炎的資訊，例如公共衛生機構和戒煙服務機構的宣傳，可能會導致干預效果難以發揮作用。最後，干預組的參加者對訊息的評分顯著低於對照組，這表明與一般支持戒煙的訊息相比，內容有關吸煙相關的新冠肺炎風險的訊息明顯不太受歡迎。根據以往對即時訊息傳遞的定性研究，吸煙人士偏向不會接受反復強調吸煙禍害的訊息(訊息框架效應失效)^{15,16}。我們需要進一步的研究，以決定與吸煙相關的新冠肺炎風險的訊息的最適合強度，以不影響吸煙人士戒煙的積極性。

是次研究的優點是在現實環境中對大量吸煙人士(總數=1,166)進行隨機對照試驗。另一個優勢是，儘管在疫情期間進行實體生物化學測試存在一定困難，但測試參與率仍然理想。然而，研究並沒有發現兩組之間對吸煙和新冠肺炎相關風險的認知變化存在顯著差異，這可能亦是無法達到干預效果的原因。

這項研究存在一定的限制。首先，試驗在設有固定招募時期的戒煙比賽中進行，令到研究未能長遠地在整個疫情期間招募和跟進吸煙人士的戒煙相關行為。其次，上文提及到，對照組中的大多數參加者都曾接觸過與吸煙相關的新冠肺炎風險資訊，這可能會降低干預效果的程度。然而，考慮到真實世界的試驗設計，這種對干預的污染實屬難以控制¹⁷。第三，研究使用了組合干預措施，無法辨別各個干預措施的獨立效果。第四，我們的研究在香港進行，由於本地吸煙率較低(2019年9.5%)，而且吸煙人士主要是男性¹⁸，研究結果不確定能否適用於其他地方。

5. 結論

總括而言，第十一屆「戒煙大贏家」比賽，以及其配套活動，包括無煙大使訓練課程、無煙社區推廣、社區參與、媒體宣傳等，成功向社區內很多非吸煙人士傳達了無煙信息，及推動吸煙人士戒煙。研究結果顯示在傳遞一般支援戒煙訊息的基礎上，增加吸煙與新冠肺炎風險相關的訊息，並未能顯著提高戒煙率。更多相關研究值得在未來進行，探討如何以傳遞相關資訊推動戒煙的方向。

6. 臨床試驗註冊編號

臨床註冊編號：NCT04399967 (ClinicalTrials.gov).

7. 參考文獻

1. Thematic household survey report - Report no. 70- Pattern of smoking. Census and statistics department, Hong Kong SAR Government. Published 2020. Accessed January 17, 2021. <https://www.censtatd.gov.hk/hkstat/sub/sp453.jsp?productCode=C0000047>
2. Lam TH. Absolute risk of tobacco deaths: one in two smokers will be killed by smoking: comment on “Smoking and all-cause mortality in older people.” *Arch Intern Med.* 2012;172(11):845-846. doi:10.1001/archinternmed.2012.1927
3. McGhee SM, Ho LM, Lapsley HM, et al. Cost of tobacco-related diseases, including passive smoking, in Hong Kong. *Tob Control.* 2006;15(2):125-130. doi:10.1136/tc.2005.013292
4. Cahill K, Perera R. Competitions and incentives for smoking cessation. *Cochrane Database Syst Rev.* 2011;(4):CD004307. doi:10.1002/14651858.CD004307.pub4
5. Van Westen-Lagerweij NA, Meijer E, Meeuwssen EG, Chavannes NH, Willemsen MC, Croes EA. Are smokers protected against SARS-CoV-2 infection (COVID-19)? The origins of the myth. *NPJ Prim Care Respir Med.* 2021;31(1):10.
6. Luk TT, Zhao S, Weng X, et al. Exposure to health misinformation about COVID-19 and increased tobacco and alcohol use: a population-based survey in Hong Kong. *Tob Control.* 2021;30(6):696-699.
7. White AM, Li D, Snell LM, et al. Perceptions of tobacco product-specific COVID-19 risk and changes in tobacco use behaviors among smokers, e-cigarette users, and dual users. *Nicotine Tob Res.* 2021;23(9):1617-1622.
8. Brown CRH. The relationship between COVID-19-specific health risk beliefs and the motivation to quit smoking: A UK-based survey. *Drug Alcohol Depend.* 2021;227:108981.
9. Li Y, Luk TT, Wu Y, et al. High perceived susceptibility to and severity of COVID-19 in smokers are associated with quitting-related behaviors. *Int J Environ Res Public Health.* 2021;18(20):10894.
10. Pettigrew S, Jun M, Roberts I, Nallaiah K, Bullen C, Rodgers A. The potential effectiveness of COVID-related smoking cessation messages in three countries. *Nicotine Tob Res.* 2021;23(7):1254-1258.
11. Massey ZB, Duong HT, Churchill V, Popova L. Examining reactions to smoking and COVID-19 risk messages: an experimental study with people who smoke. *Int J Drug Policy.* 2022;102:103607.
12. Duong HT, Massey ZB, Churchill V, Popova L. Are smokers scared by COVID-19 risk? How fear and comparative optimism influence smokers' intentions to take measures to quit smoking. *PLoS One.* 2021;16(12):e0260478.
13. Wang MP, Luk TT, Wu Y, et al. Chat-based instant messaging support integrated with brief interventions for smoking cessation: a community-based, pragmatic, cluster-randomised controlled trial. *Lancet Digit Health.* 2019;1(4):e183-e192.

14. Luk TT, Cheung DY, Chan HC, et al. Mobile chat messaging for preventing smoking relapse amid the COVID-19 pandemic: a pilot randomized controlled trial. *Nicotine Tob Res.* 2022.
15. 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
16. Whittaker R, McRobbie H, Bullen C, Rodgers A, Gu Y. Mobile phone-based interventions for smoking cessation. *Cochrane Database Syst Rev.* 2016;4:CD006611.
17. Jamison J, Naughton F, Gilbert H, Sutton S. Delivering smoking cessation support by mobile phone text message: what information do smokers want? A focus group study. *J Appl Behav Research.* 2013;18(1):1-23.
18. Keogh-Brown MR, Bachmann MO, Shepstone L, et al. Contamination in trials of educational interventions. *Health Technol Assess.* 2007;11(43):iii, ix-107.
19. Census and Statistics Department. Thematic Household Survey, Report No.75: Pattern of Smoking. In. Hong Kong SAR: Hong Kong SAR Government; 2022.

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 11th “Quit to Win” Contest – A Pragmatic Randomized Controlled Trial on Smoking-related COVID-19 Risk Messaging to Increase Abstinence

X WENG^{1,2}, SZ ZHAO², Derek YT CHEUNG², Henry SC TONG³, Vienna WY LAI³, TH LAM⁴, MP WANG²

¹ Institute of Advanced Studies in Humanities and Social Sciences, Beijing Normal University, Zhuhai

² School of Nursing, The University of Hong Kong

³ Hong Kong Council on Smoking and Health

⁴ School of Public Health, The University of Hong Kong

1. Introduction

Smoking prevalence in Hong Kong decreases steadily in the past few decades and dropped to 10.2% in 2019¹. Although it is one of the lowest in the world, there were still 637,900 daily smokers in Hong Kong and in fact the smoking prevalence had slightly rebounded from 10.0% in 2017. A large number of smokers were threatened by smoking and half of them were killed each year². Increased morbidity of smoking resulted in about 7,000 deaths each year in Hong Kong. Smoking also accounts for a large amount of medical costs, long-term healthcare costs and productivity loss of about HK\$5.6 billion a year (0.3% of Hong Kong GDP) in 2011³. Smoking is a highly addictive behaviour, and it is hard for smokers with strong nicotine dependence to quit without assistance. Free smoking cessation (SC) service provided by various organizations is available in community. However, current smokers seldom actively sought advices from those service providers. Therefore, it is important to develop brief and novel interventions to motivate and assist smokers to quit smoking.

Hong Kong “Quit to Win” (QTW) Contest, which is a smoking cessation competition, annually 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). It provides an opportunity to reach and motivate a large number of community smokers to make quit attempts by providing professional support, prizes and incentives⁴. The contest also provides a unique platform to conduct and evaluate the effect of randomized controlled trials (RCTs) in order to develop and refine novel smoking cessation interventions for public health application.

Messages regarding the risk of smoking on COVID-19 susceptibility and severity may influence smoking and quitting behaviours. Unverified claims that smoking can protect against COVID-19 have been widely disseminated, especially during the early phase of the pandemic in 2020⁵. Our population-based survey found that exposure to such misinformation was associated with increased tobacco use⁶. On the other hand, observational studies in the US and UK showed that a higher perceived risk of COVID-19 related to smoking was associated with increased cessation-related behaviours (e.g., smoking reduction, quit attempts, and intentions)^{7,8}. Similar results were also shown in our study in Hong Kong⁹. Several online experiments have found that exposure to messaging on smoking-related COVID-19 risk can increase smokers’ motivations to quit^{10,11}, which may be mediated by fear arousal¹². The 8th QTW showed the effectiveness of mobile instant messaging in promoting smoking cessation¹³. Our subsequent trial showed the feasibility of using mobile instant messaging to deliver cessation support amid the COVID-19 pandemic¹⁴, in which access to in-person cessation services might be constrained.

In 2020, COSH collaborated with HKU, District Council, various district partners and supporting organizations to organize the 11th QTW Contest. It included a two-arm, pragmatic randomized controlled trial which compared the effectiveness of communications on smoking-related COVID-19 risks on top of generic cessation support using mobile instant messaging with generic cessation support versus text messaging with generic information on smoking hazards and quitting benefit, in increasing abstinence on participated community smokers.

2. Methods

2.1 Recruitment

Participants were recruited from smoking hotspots in all 18 districts of Hong Kong, online platforms and calls to previous participants. From 13 June to 30 October 2020, a total of 55 recruitment activities (booths in shopping malls, public areas and venues provided by supporting organizations) were organized and 4 recruitment sessions were conducted to inmates of Correctional Services Department (CSD) in Stanley Prison, Pik Uk Prison, Lo Wu Correctional Institution and Tong Fuk Correctional Institution. 176 university students and volunteers from non-governmental organizations attended a full-day online workshop and were trained as smoking cessation counselors. Similar to previous trials, trained smoking cessation counselors proactively approached, screened and recruited eligible smokers at smoking hotspots into the QTW Contest and RCT using the “foot-in-the-door” approach, and delivered assigned interventions to participants. Compared with the pre-pandemic period, fewer smokers were observed in outdoor smoking hotspots because putting off masks for smoking was prohibited due to diseases prevention measures. Also, recruitment booths were unable to be held due to social distancing measures. Therefore, online advertisements and calls to previous participants who were failed to quit, were the contingent measures to recruit current smokers. Those smokers enrolled by online and phone call promotion were followed-up and screened by smoking cessation counselors through video calls. Details of the research method of the RCT has been published in an international peer-refereed journal¹⁵.

Eligibility criteria for RCT participation included:

1. Hong Kong residents aged 18 years or above;
2. Daily smokers who smoked at least 1 stick of cigarette or heated tobacco product (HTP) per day or used e-cigarettes daily in the past 3 months;
3. Able to communicate in Cantonese and read Chinese;
4. Salivary cotinine level of ≥ 30 ng/ml;
5. Intended to quit/ reduce smoking
6. Able to use an instant messaging mobile app for communication
7. Currently did not participate in other smoking cessation programmes in enrollment

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

A computer-generated randomization list was produced by an independent statistician using a randomized blocking schema (2, 4, or 6). Participants were individually assigned at random to groups with a 1:1 allocation ratio. Blinding of the interventionists and participants was not possible because

of the nature of the intervention. Outcome assessors and statistical analysts remained masked until the pre-specified analyses were completed.

At recruitment, QTW participants were given the option to participate in two parallel programmes: the QTW Lucky Draw Programme or Smoking Cessation Ambassadors Programme. A total of 5 biochemically validated quitters at 3-month in the Lucky Draw Programme won a lottery prize of HK\$10,000 supermarket coupon each. Three validated quitters in Smoking Cessation Ambassador Programme at 3-month were interviewed and chosen by a selection committee to win electronic appliance coupon valued at HK\$25,000 (champion), HK\$15,000 (1st runner-up) and HK\$10,000 (2nd runner-up). Nominators of winners from both programmes were awarded HK\$2,000 supermarket coupon each.

2.2 Interventions and Follow-up

Intervention group:

At baseline, all participants received the face-to-face brief interventions, including the AWARD brief advice, active referral, and a 12-page self-help booklet at recruitment site or video contact. AWARD-guided advice comprised the following components: **A**sking about the participants’ smoking history, **W**arning about the hazard of continuing smoking using the result of saliva test and a health warning leaflet, **A**dvising them to quit as soon as possible, **R**eferring them to SC services, and **D**oing-it-again, i.e. to repeat the intervention; participants who fail to quit or relapse will be encouraged to quit again (and those who have quitted will be encouraged to prevent relapse) during each telephone follow-up.

Participants in the intervention group received COVID-specific advice which emphasized the risks of smoking associated with the COVID-19. They received a health warning leaflet that highlighted the smoking-related COVID-19 risk and be advised to quit as soon as possible during the pandemic. Content included the risk of respiratory infection, impaired immunity and COVID-19 complications in smokers, i.e. 1.4- to 2.4-fold increased risk of requiring intensive care, using ventilators and death, as well as the higher risk of viral exposure because of mask removal, the hand-to-mouth action of smoking, the clustering of smokers and secondhand smoke.

They also received cessation advice via mobile instant messaging for three months. The messaging schedule was the same as that in the control group. The contents were similar to those of the control group except the messages on smoking hazards focused on smoking-related COVID-19 risk. These messages were adopted from tweets and Facebook posts from the World Health Organization, Centre for Health Protection of the Hong Kong Government, and The University of Hong Kong. Similar to our previous trials on mobile instant messaging support, the participants of intervention group could respond to the messages and initiate conversations

with a research nurse to receive cessation coaching in real time during office hours (9 am – 6 pm, Monday to Friday). Behavioural change techniques (e.g., eliciting and answering questions, providing feedback on current behaviours, boosting motivation and self-efficacy) were used based on the needs of the participants.

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. They also received text messages with generic cessation advice for three months from baseline, with a tapering schedule from twice a week in the first month to once a week in the following two months (16 messages in total). The messages included advice on smoking hazards and quit benefits, strategies for quitting and coping, psychosocial support, and encouragement to initiate a quit attempt.

Non-trial group and CSD group:

Participants who joined the Smoking Cessation Ambassador Programme, those who did not own a smartphone with an instant messaging app installed, or those who were unable to read or communicate in Chinese were assigned to the non-trial group. The non-trial participants received the same intervention as the trial group recruited from the same recruitment sessions. To ensure the homogenous results of community smokers, participants recruited from prisons or correctional institutions were enrolled as the CSD Group and were excluded from data analyses.

All participants completed the baseline questionnaire and were followed at 1-, 2-, 3- and 6-month from baseline. RCT and non-trial participants were followed by telephone survey and CSD participants were followed by self-administrated questionnaire. To enhance the retention rate, an incentive of HK\$100 was given to participants who completed all four telephone follow-up interviews. Those participants who failed to be contacted after a maximum of seven telephone calls and a voice message at the scheduled follow-up time points were considered as lost to follow-up. Participants who self-reported quit in the past seven days at 3- and 6- month follow-ups were invited for biochemical validation. All validated quitters received a small cash incentive of HK\$500 each at 3- and 6-month follow-ups.

The primary outcome was biochemically validated abstinence at 3-month (end of treatment) and 6-month after treatment initiation, verified by salivary cotinine concentrations of <30 ng/mL or exhaled carbon monoxide concentrations of <4 ppm. Biochemical validations were conducted via in-person visit and real time video call for those participants who reported having abstained from smoking for at least seven days at 3- and 6-month.

The baseline socio-demographic and smoking profile of all participants at baseline (N=1,261) were presented descriptively. The primary and secondary outcomes were compared between the two study groups by chi-square tests. The primary outcomes were biochemically validated abstinence (exhaled carbon monoxide<4 ppm and salivary cotinine<10 ng/mL) at 3- and 6-month. The secondary outcomes include self-reported past 7-day point prevalence abstinence (PPA), smoking reduction rate and intervention engagement defined as having read the instant messages or text messages in the respective intervention condition (none/some/all). 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 55 recruitment sessions were held with over 80,770 people passers-by. Over 11,000 people made enquiries about the QTW Contest and smoking cessation, or visited the recruitment booth. The 176 trained smoking cessation counselors have approached about 7,700 smokers and 17,000 non-smokers in the promotional activities and recruitment sessions. A total of 1,340 smokers were recruited and screened for eligibility by the smoking cessation counselors. 28 smokers (2.1%) declined to give consent were excluded. Finally, 1,312 smokers joined the 11th QTW contest. After excluding participants who joined the Smoking Cessation Ambassador Programme, non-trial group (n=95) or CSD group (n=51), 1,166 (88.9%) participated in the RCT and were randomized to either the intervention group (n=583) or the control group (n=583).

3.1 Socio-demographic characteristics

Table 1 shows among 1,261 participants, most were male (79.8%) and aged 30-59 years (63.6%). 51.5% were married or cohabited and 65.7% were not living with a child; nearly two-third attained secondary education (59.6%). Nearly half resided in rented public housing (42.1%) and had monthly household income below HK\$25,000 (40.0%); and most were self-employed or employed (77.8%).

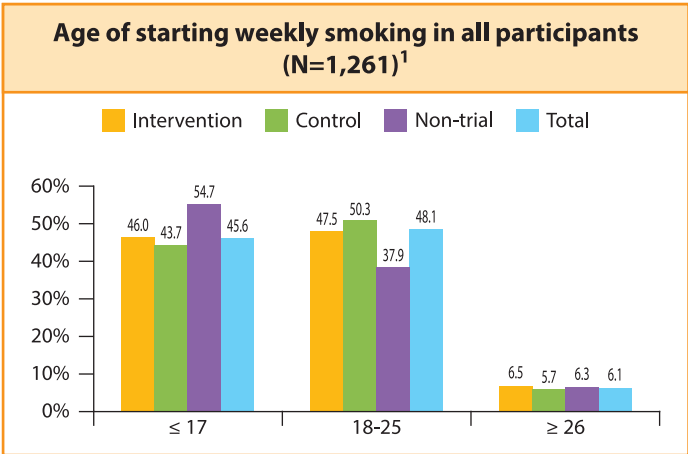
3.2 Smoking profile

The participants' mean age of smoking initiation was 18.2 (SD=5.2) years, 45.6% started smoking before the age 18 (Figure 1). More than half of the participants smoked not greater than 10 cigarettes daily (56.6%) (Figure 2). Participants smoked 13.4 (SD=9.4) cigarettes on average.

Table 1. Participants' baseline demographic characteristics (N=1,261)

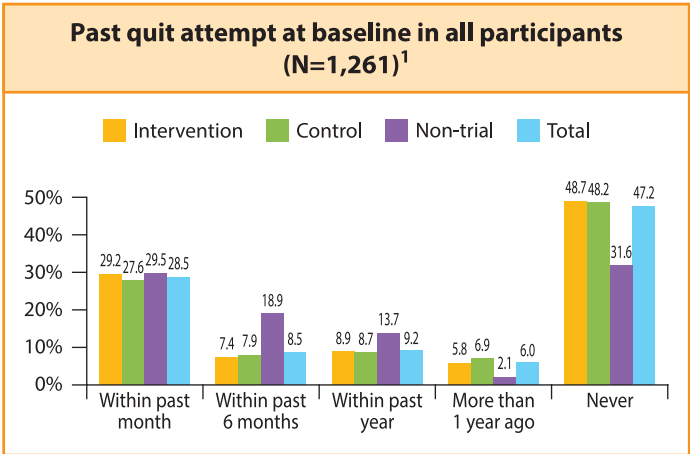
| n (%) | Total (N=1,261) | Intervention (N=583) | Control (N=583) | Non-trial (N=95) |
|-----------------------------|-----------------|----------------------|-----------------|------------------|
| Gender | | | | |
| Male | 1,006 (79.8) | 452 (77.5) | 470 (80.6) | 84 (88.4) |
| Female | 255 (20.2) | 131 (22.5) | 113 (19.4) | 11 (11.6) |
| Age group (years) | | | | |
| 18-29 | 283 (22.4) | 118 (20.2) | 143 (24.5) | 22 (23.2) |
| 30-39 | 323 (25.6) | 151 (25.9) | 149 (25.6) | 23 (24.2) |
| 40-49 | 277 (22.0) | 136 (23.3) | 123 (21.1) | 18 (18.9) |
| 50-59 | 202 (16.0) | 90 (15.4) | 93 (16.0) | 19 (20.0) |
| ≥60 | 164 (13.0) | 81 (13.9) | 71 (12.2) | 12 (12.6) |
| Missing | 12 (1.0) | 7 (1.2) | 4 (0.7) | 1 (1.1) |
| Marital status | | | | |
| Single | 509 (40.4) | 225 (38.6) | 254 (43.6) | 30 (31.6) |
| Married/Cohabited | 650 (51.5) | 311 (53.3) | 282 (48.4) | 57 (60.0) |
| Divorced/Widowed | 90 (7.1) | 43 (7.4) | 39 (6.7) | 8 (8.4) |
| Missing | 12 (1.0) | 4 (0.7) | 8 (1.4) | 0 (0.0) |
| Living with a child | | | | |
| No | 828 (65.7) | 371 (63.6) | 395 (67.8) | 62 (65.3) |
| Yes | 389 (30.8) | 189 (32.4) | 170 (29.2) | 30 (31.6) |
| Missing | 44 (3.5) | 23 (3.9) | 18 (3.1) | 3 (3.2) |
| Education level | | | | |
| Primary education or below | 71 (5.6) | 35 (6.0) | 27 (4.6) | 9 (9.5) |
| Secondary education | 751 (59.6) | 354 (60.7) | 350 (60.0) | 47 (49.5) |
| Post-secondary or above | 400 (31.7) | 170 (29.2) | 193 (33.1) | 37 (38.9) |
| Missing | 39 (3.1) | 24 (4.1) | 13 (2.2) | 2 (2.1) |
| Employment status | | | | |
| Student | 43 (3.4) | 19 (3.3) | 19 (3.3) | 5 (5.3) |
| Self-employed/employed | 981 (77.8) | 455 (78.0) | 460 (78.9) | 66 (69.5) |
| Unemployed | 73 (5.8) | 30 (5.1) | 34 (5.8) | 9 (9.5) |
| Housewife | 32 (2.5) | 17 (2.9) | 12 (2.1) | 3 (3.2) |
| Retired | 106 (8.6) | 47 (8.1) | 48 (8.2) | 11 (11.6) |
| Missing | 26 (2.1) | 15 (2.6) | 10 (1.7) | 1 (1.1) |
| Housing Condition | | | | |
| Public rental housing | 531 (42.1) | 256 (43.9) | 226 (38.8) | 49 (51.6) |
| Public housing (purchased) | 167 (13.2) | 71 (12.2) | 91 (15.6) | 5 (5.3) |
| Private housing (rented) | 294 (23.3) | 138 (23.7) | 136 (23.3) | 20 (21.1) |
| Private housing (purchased) | 208 (16.5) | 90 (15.4) | 103 (17.7) | 15 (15.8) |
| Others | 24 (1.9) | 9 (1.5) | 12 (2.1) | 3 (3.2) |
| Missing | 37 (2.9) | 19 (3.3) | 15 (2.6) | 3 (3.2) |
| Monthly household income | | | | |
| Less than (HK\$)25,000 | 505 (40.0) | 243 (41.7) | 220 (37.7) | 42 (44.2) |
| (HK\$)25,000 - (HK\$)60,000 | 545 (43.2) | 240 (41.2) | 267 (45.8) | 38 (40.0) |
| Above (HK\$)60,000 | 166 (13.2) | 75 (12.9) | 78 (13.4) | 13 (13.7) |
| Missing | 45 (3.6) | 25 (4.3) | 18 (3.1) | 2 (2.1) |

Figure 1



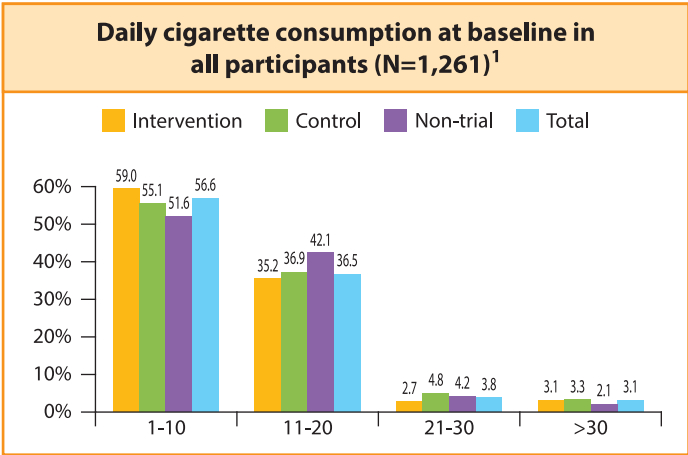
¹ Missing data were not shown.

Figure 4



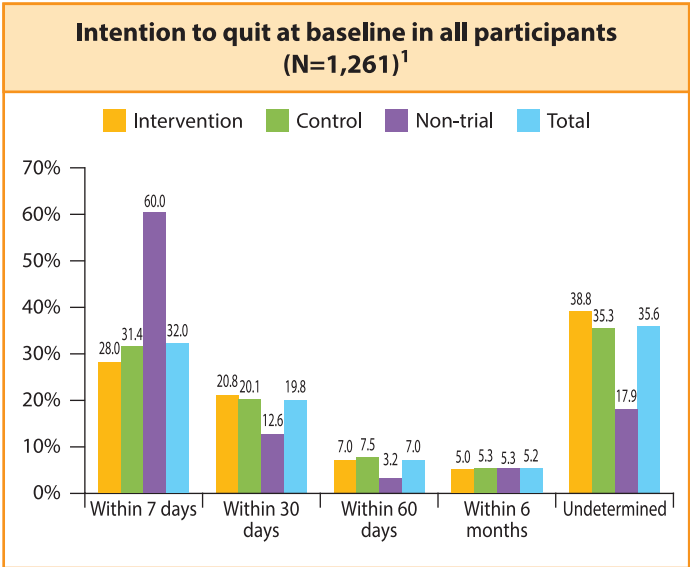
¹ Missing data were not shown.

Figure 2



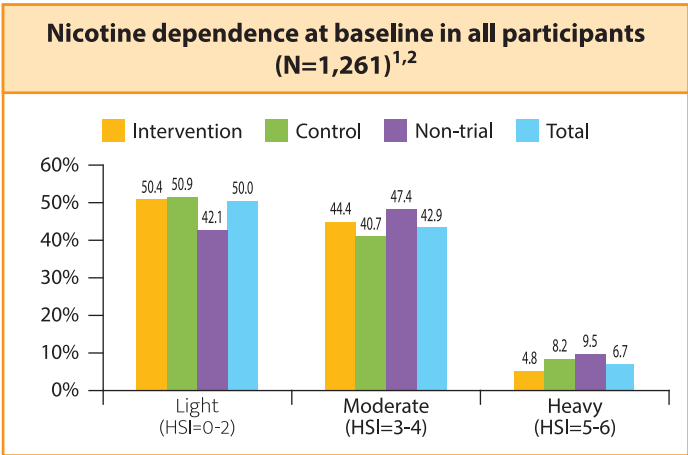
¹ Missing data were not shown.

Figure 5



¹ Missing data were not shown.

Figure 3



¹ Nicotine dependence was measured by Heaviness of Smoking Index (HSI) items (1) time to first cigarette of the day and (2) number of cigarettes smoked per day.

² Missing data were not shown.

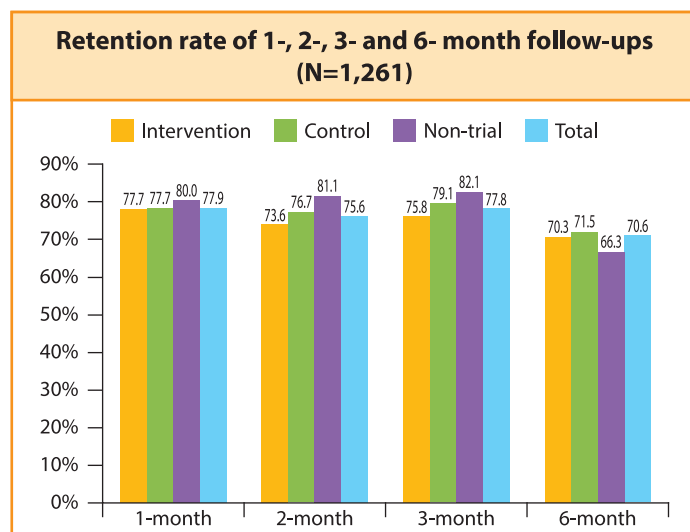
Over one-third of the participants (35.1%) smoked their first cigarette of the day within five minutes after waking up. Nearly half had moderate to heavy nicotine dependence (49.6%) (Figure 3). Around half had no previous quit attempt (47.2%) (Figure 4). Nearly half was not ready to quit within 30 days at baseline (47.8%), indicating a low intention to quit according to the Transtheoretical Model (Figure 5). The intervention and control groups showed similar smoking behaviours and history.

3.3 Study outcomes

Retention rate

Figure 6 shows that of all 1,261 participants joining the QTW Contest, 982 (77.9%), 953 (75.6%), 981 (77.8%) and 890 (70.6%) were successfully followed at 1, 2, 3 and 6 months, respectively. The retention rates were similar between the intervention and control groups at 1-month (77.7% vs. 77.7%), 2-month (73.6% vs. 76.7%; $P=0.22$), 3-month (75.8% vs. 79.1%; $P=0.18$) and 6-month (70.3% vs. 71.5%; $P=0.65$).

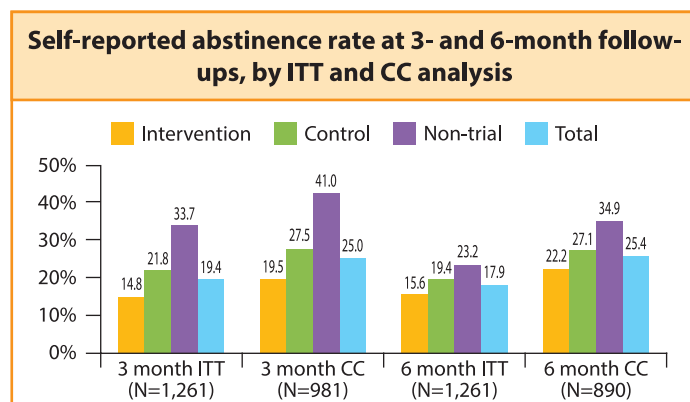
Figure 6



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

By ITT analysis, the overall self-reported 7-day point prevalence abstinence (PPA) was 19.4% at 3-month and 17.9% at 6-month follow-ups. Significantly, the self-reported 7-day PPA in the intervention group is lower than in the control group at 3-month (14.8% vs. 21.8%, $P<0.01$), but not at 6-month (15.6% vs. 19.4%, $P=0.09$). The CC analysis also corroborated the ITT results and yielded similar results (Figure 7).

Figure 7

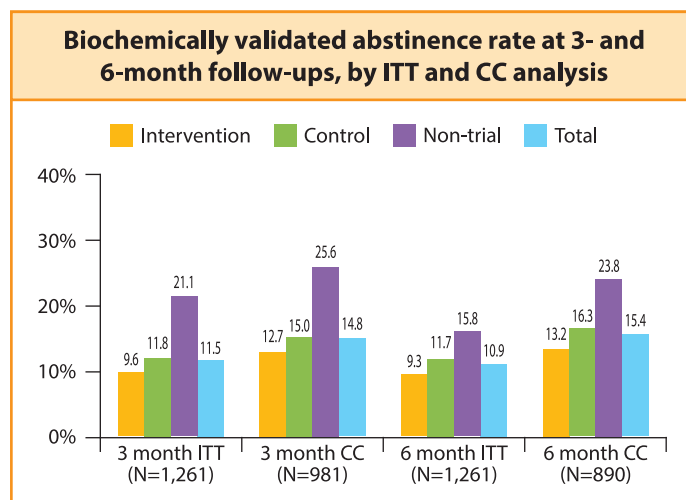


ITT: Intention-to-treat analysis; CC: Complete-case analysis

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

The overall biochemically validated quit rate was 11.5% at 3-month and 10.9% at 6-month by ITT analysis. The biochemically validated abstinence was not significantly different between the intervention and control groups at 3-month (9.6% vs 11.8%, $P=0.22$) or 6-month (9.3% vs 11.7%, $P=0.18$) (Figure 8).

Figure 8

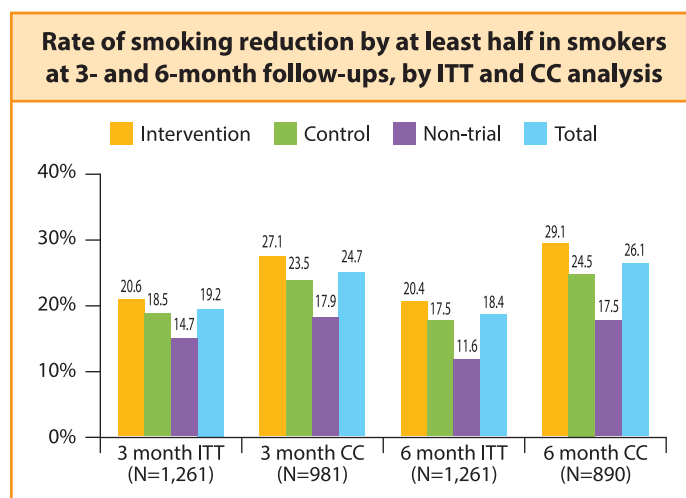


ITT: Intention-to-treat analysis; CC: Complete-case analysis

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

By ITT analysis, the proportion of participants who cut down their daily cigarette consumption by half or more after joining the 11th QTW Contest was 19.2% at 3-month and 18.4% at 6-month among those who failed to quit (Figure 9). The smoking reduction rate is not significantly different in two groups at all follow-ups (all $P>0.05$).

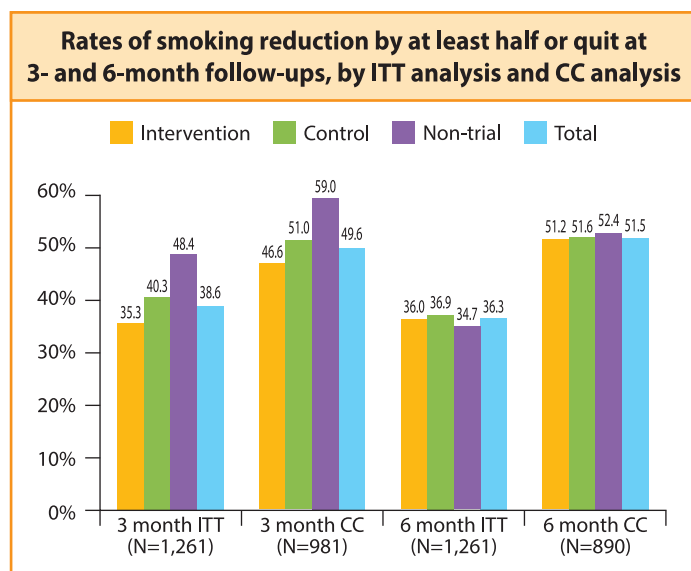
Figure 9



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

By ITT analysis, the overall smoking reduction or quit rate were 38.6% and 36.3% at 3- and 6-month follow-ups, respectively (Figure 10). The smoking reduction or quit rates were lower in the intervention than in control groups at 3-month (35.3% vs 40.3%; $P=0.08$), but were similar at 6-month (36.0% vs 36.9%; $P=0.76$) follow-ups. CC analysis yielded similar results.

Figure 10



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

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

Throughout the entire study period, there were 417 participants (33.1%) had made a referral request for the smoking cessation services (Table 2). The cumulative number of referral requests were 172 in the intervention group, compared with 204 in the control group.

Table 2 Status of referral to smoking cessation service in all participants (N=1,261)

| n (%) | Total (N=1,261) | Intervention (N=583) | Control (N=583) | Non-trial (N=95) |
|-----------------------------|-----------------|----------------------|-----------------|------------------|
| Had made a referral request | 417 (33.1) | 172 (29.5) | 204 (35.0) | 41 (43.2) |

Table 3 shows that 12.5% of all participants had used smoking cessation services at least once during the 6-month period after baseline. The cumulative prevalence of smoking cessation service use was similar in the intervention group and the control group at 1-, 3- and 6-month follow-ups (all $P>0.05$), but showed significant difference at 2-month follow-up ($P<0.001$).

Table 3 Use of smoking cessation service (N=1,261)

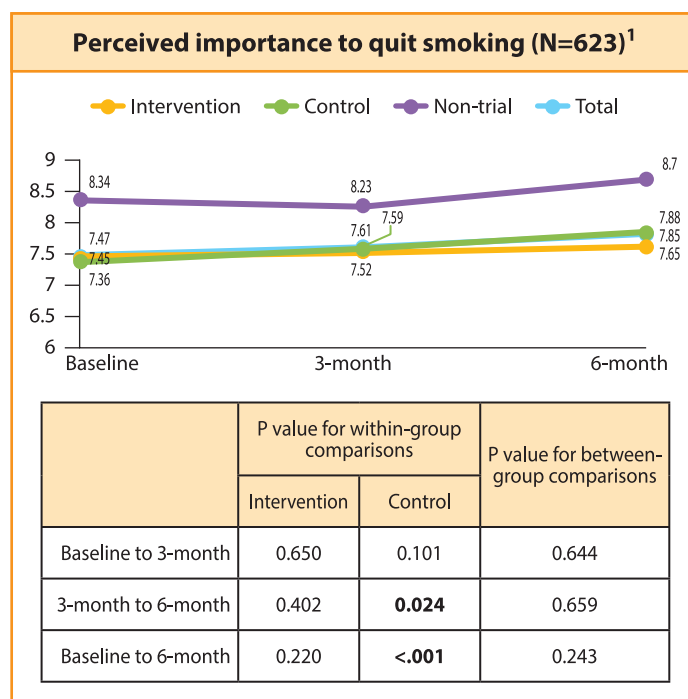
| n (%) | Total (N=1,261) | Intervention (N=583) | Control (N=583) | Non-trial (N=95) |
|---------|-----------------|----------------------|-----------------|------------------|
| 1-month | 61 (4.8) | 24 (4.1) | 28 (4.8) | 9 (9.5) |
| 2-month | 124 (9.8) | 51 (8.7) | 54 (9.3) | 19 (20) |
| 3-month | 145 (11.5) | 57 (9.8) | 63 (10.8) | 25 (26.3) |
| 6-month | 158 (12.5) | 57 (9.8) | 73 (12.5) | 28 (29.5) |

Self-efficacy of quitting

Perceived importance to quit smoking

Among participants whose data were available at all time-points, the mean scores of perceived importance to quit smoking was 7.47 at baseline and 7.85 at 6-month follow-up. Scores of the intervention group (from 7.45 to 7.52, $P=0.65$) and control group (from 7.36 to 7.59, $P=0.101$) slightly increased from baseline to 3-month, and the score of control group significantly increased from baseline to 6-month (from 7.36 to 7.88, $P<0.001$). The mean scores in both groups were not significantly changed from 3-month to 6-month follow-up ($P>0.05$) (Figure 11).

Figure 11

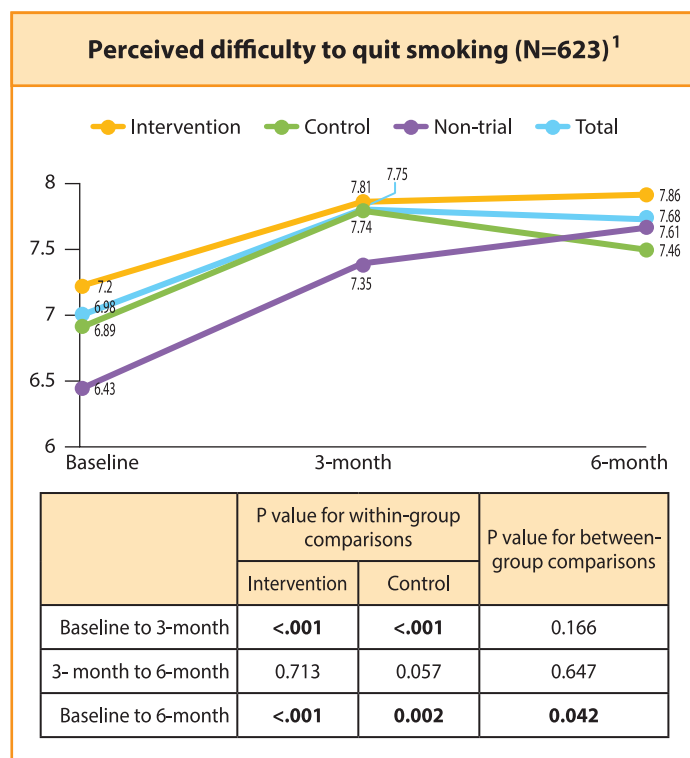


¹ From 0 (not important at all) to 10 (very important); missing data excluded.

Perceived difficulty to quit smoking

In participants whose data were available at all time-points, the mean score of perceived difficulty to quit smoking increased from 6.98 at baseline to 7.75 to 3-month and 7.68 at 6-month. In both RCT groups, the scores significantly increased from baseline to 3-month (7.2 to 7.81 $P<0.001$; 6.89 to 7.74, $P<0.001$), also from baseline to 6-month (7.2 to 7.86, $P<0.001$; 6.89 to 7.46, $P<0.001$). There was no notable change of mean score from 3-month to 6-month in both groups. No significant difference was found in the mean score of perceived difficulty to quit smoking between the intervention and control groups (all $P>0.05$) (Figure 12).

Figure 12

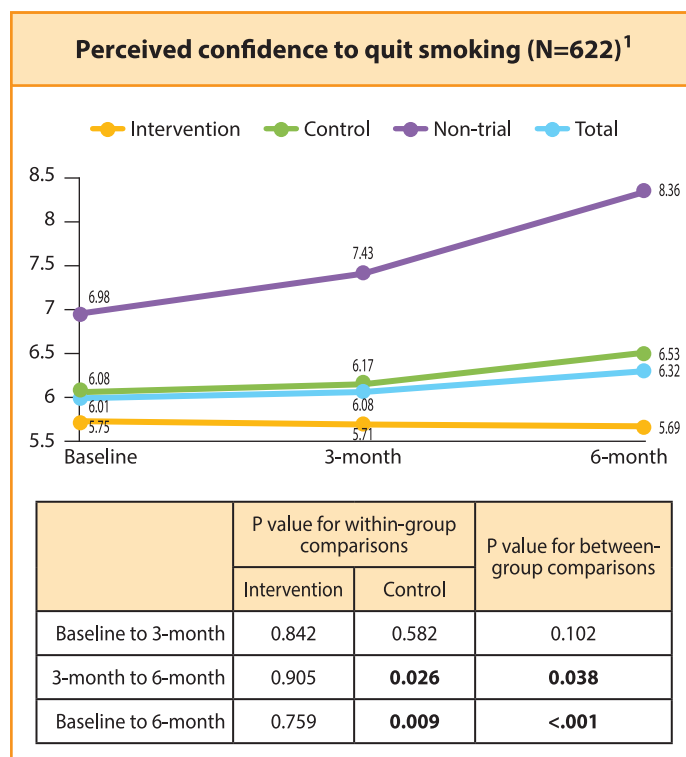


¹ From 0 (not difficult at all) to 10 (very difficult); missing data excluded.

Perceived confidence to quit smoking

Figure 13 indicates increases in the mean scores of perceived confidence to quit smoking increased from 6.01 to 6.32 throughout the study period. In the RCT groups, there were significant increases in the mean scores in the control group from 3-month to 6-month (from 6.17 to 6.53, $P=0.026$), but no significant change in the mean scores of the intervention group. There are significant difference of the mean scores between groups from 3-month to 6-month ($P=0.038$) and from baseline to 6-month ($P<0.001$).

Figure 13

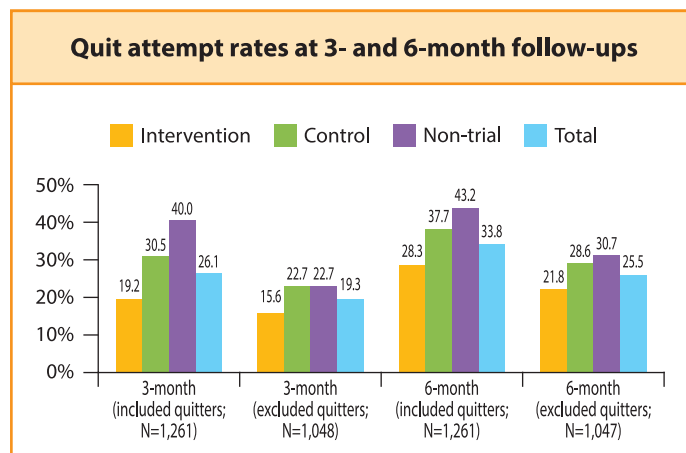


¹ From 0 (not confident at all) to 10 (very confident); missing data excluded.

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

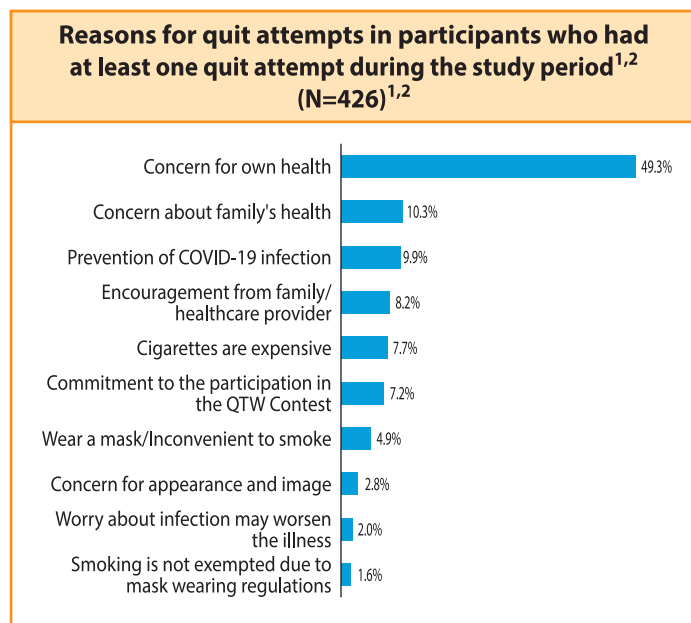
By ITT analysis, with inclusion of quitters, the proportion of participants with at least one quit attempt was 26.1% at 3-month and 33.8% at 6-month follow-up. The respective rates were 19.3% and 25.5% when quitters were excluded. The proportion of participants with a quit attempt at 3- and 6-month were significantly higher in the control group than in the intervention group with inclusion of quitters ($P<0.01$), and the results were consistent when excluding quitters ($P<0.01$) (Figure 14).

Figure 14



Among participants who made at least one quit attempt during the study period, the leading reasons for making the quit attempts were “concern for own health” (49.3%), followed by “concern about family’s health” (10.3%) and “prevention of COVID-19 infection” (9.9%) (Figure 15).

Figure 15

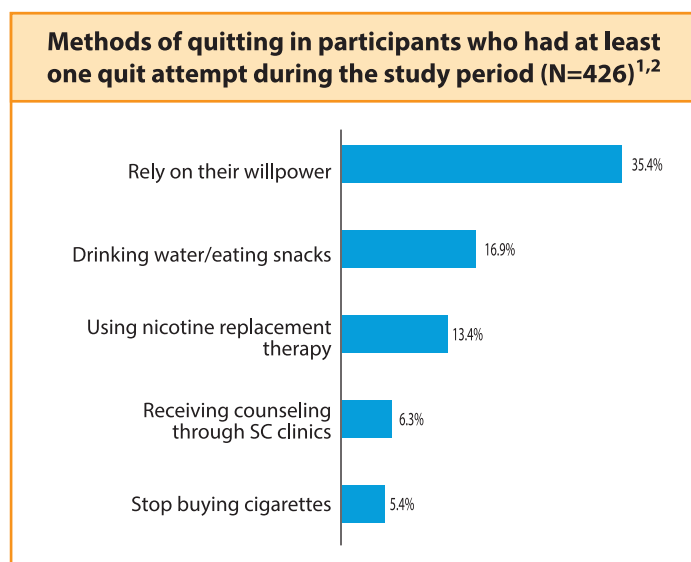


¹ Participants who were lost to follow-up were excluded.

² Participants could choose more than one option.

For participants who made at least a quit attempt, the most common methods to quit smoking were “relying on willpower” (35.4%), “drinking water/ eating snacks” (16.9%) and “using Nicotine Replacement Therapy” (13.4%) (Figure 16).

Figure 16

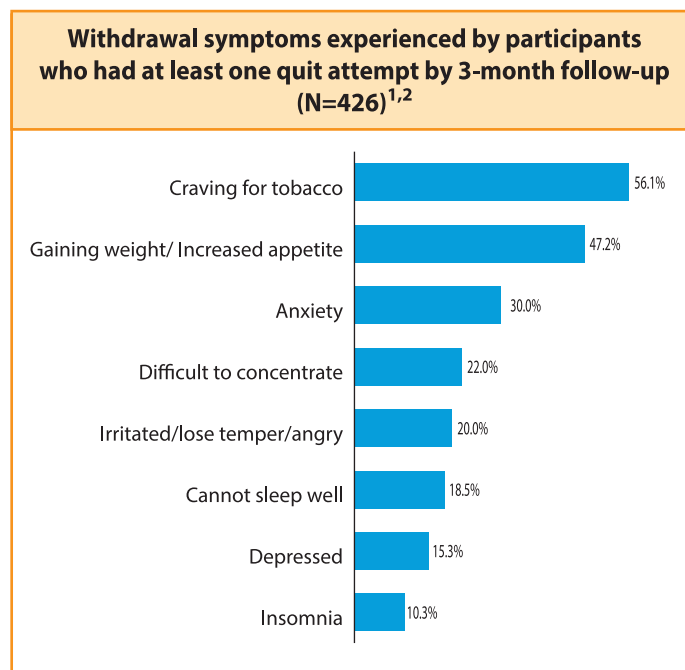


¹ Participants who were lost to follow-up were excluded.

² Participants could choose more than one option.

Withdrawal symptoms were assessed at 1-, 2- and 3-month follow-ups. Among the participants who had at least one quit attempt, the most common withdrawal symptoms were “craving for tobacco” (56.1%), followed by “gaining weight/ Increased appetite” (47.2%) and “anxiety” (30.0%) (Figure 17).

Figure 17



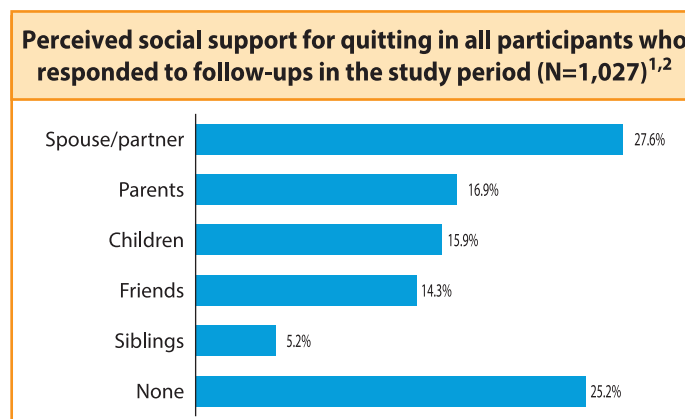
¹ Participants who were lost to follow-up were excluded.

² Participants could choose more than one option.

Perceived social support for quitting

Among the 1,027 participants who responded to 3- and/or 6-month follow-ups, the major sources of perceived support for quitting were from “spouse/partner” (27.6%), followed by “parent” (16.9%) and “children” (15.9%), and “friends” (14.3%) (Figure 18). However, nearly a quarter (25.2%) of participants perceived no social support.

Figure 18



¹ Participants who were lost to follow-up were excluded.

² Participants could choose more than one option.

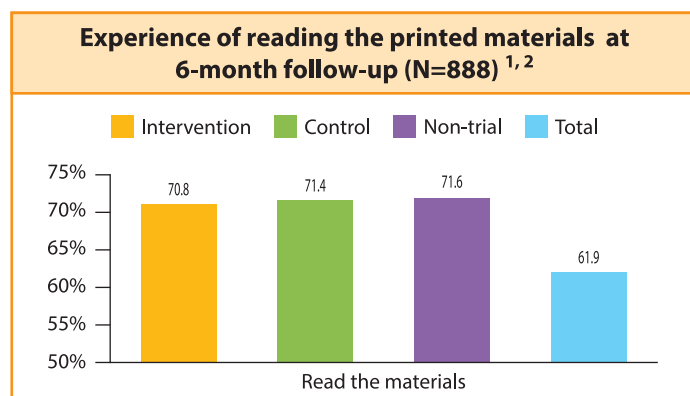
Use and satisfaction of smoking cessation aids provided

Printed materials

Among the participants who responded to the 6-month follow-up, most (70.8%) reported having read the printed SC materials (Figure 19). Slightly more participants in control group had read the printed materials (71.6% vs 71.4%, $P < 0.01$).

On a scale of 1 (not helpful at all) to 5 (very helpful), the mean (SD) score of perceived helpfulness of printed SC materials was 3.8 (0.94) in participants who had ever read printed materials at the follow-up at 6 months. The score was significantly higher among participants in the control group than in the intervention group (3.92 vs 3.79; $P < 0.001$).

Figure 19

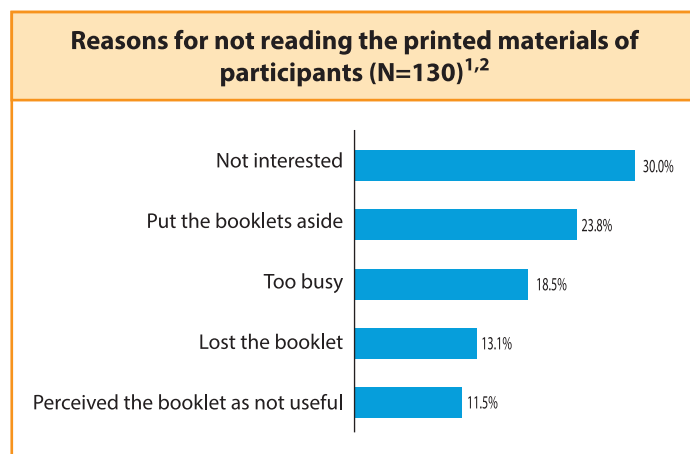


¹ Participants who were lost to follow up at 6 months were excluded.

² Missing data were not shown.

Among the participants who had never read the printed SC materials, "not interested" was the most frequently reported reason (30.0%), which was followed by "put the booklet aside" (23.8%) and "too busy" (18.5%) (Figure 20).

Figure 20



¹ Participants could choose more than one option.

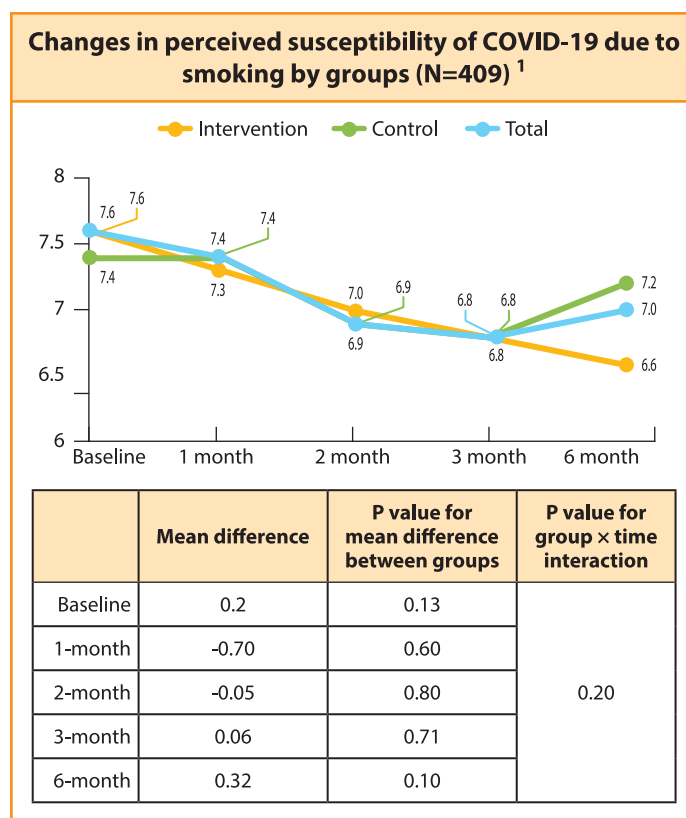
² Participants who were lost to follow up at 6-month or with missing data were excluded.

Change in perceived susceptibility and severity of COVID-19 infection related with smoking

The perceived susceptibility and severity were measured by related items in all follow-ups by the scale of 0 (totally disagree) to 10 (totally agree). Figure 21 and 22 show that the perceived susceptibility and severity of COVID-19 infection were not significantly different between the groups at baseline and follow-ups, except perceived severity was higher in the intervention group than in the control group at 2 months at baseline (6.4 vs 5.9; $P = 0.02$) and two months (7.3 vs 7.1; $P = 0.04$). Mixed effect models showed no significant intervention effect on the changes in perceived susceptibility (P for group \times time interaction = 0.2) and perceived severity (P for group \times time interaction = 0.28) from baseline through 6 months.

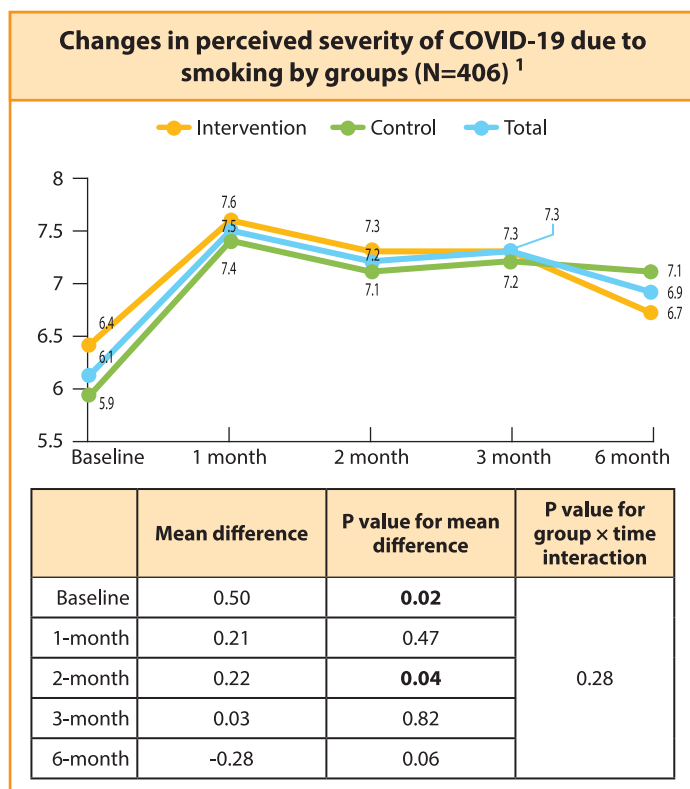
Our secondary analyses also showed that a greater perceived severity of COVID-19 due to smoking was associated with 6-month validated abstinence, adjusting for known determinants of successful cessation. However, we did not find a significant difference in changes in perceptions between the two groups, which may explain the null effect on abstinence.

Figure 21



¹ Assessed on a scale of 0 to 10, with higher scores indicating greater perceived susceptibility

Figure 22



¹ Assessed on a scale of 0 to 10, with higher scores indicating greater perceived severity

Intervention engagement and ratings

Table 4 shows that the proportion of participants who had read the instant/text messages was similar between the two groups. The perceived appropriateness of the intensity of messages was high overall, although it was significantly lower in the intervention group than in the control group (72.6% vs. 73.1%, $P=0.04$). Similarly, the perceived usefulness of the messages in increasing motivation to quit (2.3 vs. 2.4, $P=0.02$) and quit attempts (2.2 vs. 2.4, $P=0.02$) was significantly lower in the intervention group.

Almost half of the participants (49.4%) in the intervention group had conversations with the research nurse via mobile instant messaging, with a mean satisfaction score of 8.5 (SD-1.9) on a scale of 0 (not satisfied at all) to 10 (very satisfied). Being “too busy” (49.5%) and “don’t want to talk about cessation-related topics online” (32.9%) were the two most common reasons for not being engaged.

Compared the exposure to information on COVID-19 and smoking between two groups, intervention group had greater exposure than control group significantly ($P<0.001$). Such differences were narrowed in 2- and 3-mouth follow-ups, and the cumulate exposure was similar between two groups ($P=0.09$) in 6-mouth follow-up.

Table 4. Intervention engagement and ratings (N=1,166)

| n (%) | Intervention group (N=583) | Control group (N=583) | P-value |
|--|----------------------------|-----------------------|------------------|
| Intervention engagement | | | |
| Have ever read instant/ text messages | | | 0.81 |
| None ^a | 111 (19.0) | 113 (19.4) | |
| Some | 125 (21.4) | 116 (19.9) | |
| All | 347 (59.5) | 354 (60.7) | |
| Rating of the messages | | | |
| The intensity of messages was appropriate, n (%) | 423 (72.6) | 426 (73.1) | 0.04 |
| The contents of messages increased motivation to quit ^b , mean (SD) | 2.3 (1.0) | 2.4 (1.1) | 0.02 |
| The contents of messages increased quit attempts ^b , mean (SD) | 2.2 (1.0) | 2.4 (1.1) | 0.01 |
| Exposure to information on COVID-19 and smoking | | | |
| Baseline | 192 (33.3) | 207 (36.1) | 0.32 |
| 1-month (cumulative) | 372 (64.2) | 309 (53.4) | <0.001 |
| 2-month (cumulative) | 426 (73.6) | 388 (66.7) | 0.01 |
| 3-month (cumulative) | 482 (83.2) | 448 (77.0) | 0.008 |
| 6-month (cumulative) | 489 (84.5) | 470 (80.8) | 0.09 |

^a Participants with missing data were counted as “none” in the analysis.

^b Score: 0-4, higher scores indicating higher usefulness of messages.

4. Discussion

From June to October 2020, the 11th “Quit to Win” Contest successfully spread the smoking cessation messages in the community by holding 55 recruitment sessions in streets and shopping malls with the help from 110 university students, NGO helpers and volunteers in 18 districts throughout Hong Kong. Totally about 7,700 smokers were approached by the smoking cessation ambassadors and over 1,260 smokers participated in the Contest. Compared with the pre-pandemic period, fewer smokers were observed in outdoor smoking hotspots amid the pandemic. Therefore, online advertisements were also used to recruit smokers, who were screened by a cessation advisor through video calls. By intention-to-treat analysis, the overall self-reported abstinence rate was 19.4% at 3-month and 17.9% at 6-month for all participants. The abstinence rate of the 11th “Quit to Win” Contest was similar to the previous results.

A pragmatic RCT was nested within the 11th QTW Contest to examine the effectiveness of messaging on smoking-related COVID-19 risk in increasing smoking abstinence comparing to generic smoking cessation messages in the real world setting. This is the first RCT showing that additional warning messaging about increased COVID-19 harms associated with smoking did not increase biochemically validated abstinence at 3- and 6-month follow-up amid the pandemic compared with brief cessation advice. Both groups showed quite high validated abstinence (about 10%) and yielded high levels of intervention engagement (80% read messages and about 50% engaged in instant messaging cessation support) than our prior RCTs conducted under the QTW Contests. A proportion of participants that mentioned their reasons to quit were related with COVID-19 pandemic and anti-epidemic measures. It suggests that COVID-19 pandemic is a teachable moment for smoking cessation.

There are several possible explanations for the similar abstinence rate between groups. First, our trial participants showed relatively high levels of perceived susceptibility and severity (mean scores=7.7 and 6.2 out of 10, respectively) at baseline. This “ceiling effect” might have constrained the room for increasing the risk perception level. Second, over 80% of the participants in both groups reported exposure to information on COVID-19 and smoking from any sources during the study period. The control group likely was exposed to such information from other sources, such as publicity by the local health authority and cessation services. Such contamination might have biased the intervention effect toward the null. Finally, participants’ ratings for the messages were significantly lower in the intervention group than in the control group, which suggested that messaging on smoking-related COVID-19 risk was less preferred compared to generic messages and cessation support. Prior qualitative studies on mobile messaging showed that smokers may not be receptive to messages that repeatedly emphasize the hazards of smoking (loss-framed messages)^{15,16}. Further research is

warranted to determine the optimal intensity communicate smoking-related COVID-19 risk without demotivating smokers.

The strengths of the study included the randomized trial design conducted with a large cohort of smokers (N=1,166) in a real-world setting with the use of an active comparison group. Another strength was the use of biochemically validated abstinence as the outcome with a satisfactory participation rate despite the difficulties of conducting in-person validation amid the pandemic. However, we did not find a significant difference in changes in perceptions toward smoking-related COVID-19 risk between the two groups, which may explain the null effect on abstinence.

This study also had several limitations. First, the trial embedded in a contest that had a fixed period of recruitment and follow-ups. We were unable to recruit and track smokers’ cessation-related behaviour during the pandemic in the long-term. Second, as discussed, most participants in the control group were exposed to information on COVID-19-related smoking risks, which might reduce the intervention effect size, if any. However, such contamination is difficult to control given the real-world trial design¹⁷. Third, our pragmatic trial used a combined intervention and cannot discern the relative contribution of the individual intervention components. Fourth, our trial was conducted in Hong Kong, where the prevalence of smoking is low (9.5%) and smokers are predominantly male¹⁸. The generalizability of the findings to other places is unclear.

5. Conclusions

In conclusion, the 11th QTW Contest and its affiliating publicity features, including smoking cessation counselors training, smoke-free community promotion, community involvement, media promotion and a trial, successfully delivered smoke-free messages to a large number of non-smokers and promoted smoking cessation in smokers in the Hong Kong community. Communicating smoking-related COVID-19 risk on top of generic cessation support via instant messaging was not more effective in increasing smoking abstinence than generic cessation support via text messaging. Further research is warranted to determine the optimal intensity to communicate smoking-related COVID-19 risk without demotivating smokers.

6. Clinical trial Registration

Trial registry: ClinicalTrials.gov, number NCT04399967.

7. References

1. Thematic household survey report - Report no. 70- Pattern of smoking. Census and statistics department, Hong Kong SAR Government. Published 2020. Accessed January 17, 2021. <https://www.censtatd.gov.hk/hkstat/sub/sp453.jsp?productCode=C0000047>
2. Lam TH. Absolute risk of tobacco deaths: one in two smokers will be killed by smoking: comment on "Smoking and all-cause mortality in older people." *Arch Intern Med*. 2012;172(11):845-846. doi:10.1001/archinternmed.2012.1927
3. McGhee SM, Ho LM, Lapsley HM, et al. Cost of tobacco-related diseases, including passive smoking, in Hong Kong. *Tob Control*. 2006;15(2):125-130. doi:10.1136/tc.2005.013292
4. Cahill K, Perera R. Competitions and incentives for smoking cessation. *Cochrane Database Syst Rev*. 2011;(4):CD004307. doi:10.1002/14651858.CD004307.pub4
5. Van Westen-Lagerweij NA, Meijer E, Meeuwssen EG, Chavannes NH, Willemsen MC, Croes EA. Are smokers protected against SARS-CoV-2 infection (COVID-19)? The origins of the myth. *NPJ Prim Care Respir Med*. 2021;31(1):10.
6. Luk TT, Zhao S, Weng X, et al. Exposure to health misinformation about COVID-19 and increased tobacco and alcohol use: a population-based survey in Hong Kong. *Tob Control*. 2021;30(6):696-699.
7. White AM, Li D, Snell LM, et al. Perceptions of tobacco product-specific COVID-19 risk and changes in tobacco use behaviors among smokers, e-cigarette users, and dual users. *Nicotine Tob Res*. 2021;23(9):1617-1622.
8. Brown CRH. The relationship between COVID-19-specific health risk beliefs and the motivation to quit smoking: A UK-based survey. *Drug Alcohol Depend*. 2021;227:108981.
9. Li Y, Luk TT, Wu Y, et al. High perceived susceptibility to and severity of COVID-19 in smokers are associated with quitting-related behaviors. *Int J Environ Res Public Health*. 2021;18(20):10894.
10. Pettigrew S, Jun M, Roberts I, Nalliah K, Bullen C, Rodgers A. The potential effectiveness of COVID-related smoking cessation messages in three countries. *Nicotine Tob Res*. 2021;23(7):1254-1258.
11. Massey ZB, Duong HT, Churchill V, Popova L. Examining reactions to smoking and COVID-19 risk messages: an experimental study with people who smoke. *Int J Drug Policy*. 2022;102:103607.
12. Duong HT, Massey ZB, Churchill V, Popova L. Are smokers scared by COVID-19 risk? How fear and comparative optimism influence smokers' intentions to take measures to quit smoking. *PLoS One*. 2021;16(12):e0260478.
13. Wang MP, Luk TT, Wu Y, et al. Chat-based instant messaging support integrated with brief interventions for smoking cessation: a community-based, pragmatic, cluster-randomised controlled trial. *Lancet Digit Health*. 2019;1(4):e183-e192.
14. Luk TT, Cheung DY, Chan HC, et al. Mobile chat messaging for preventing smoking relapse amid the COVID-19 pandemic: a pilot randomized controlled trial. *Nicotine Tob Res*. 2022.

15. 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
16. Whittaker R, McRobbie H, Bullen C, Rodgers A, Gu Y. Mobile phone-based interventions for smoking cessation. *Cochrane Database Syst Rev*. 2016;4:CD006611.
17. Jamison J, Naughton F, Gilbert H, Sutton S. Delivering smoking cessation support by mobile phone text message: what information do smokers want? A focus group study. *J Appl Behav Research*. 2013;18(1):1-23.
18. Keogh-Brown MR, Bachmann MO, Shepstone L, et al. Contamination in trials of educational interventions. *Health Technol Assess*. 2007;11(43):iii, ix-107.
19. Census and Statistics Department. Thematic Household Survey, Report No.75: Pattern of Smoking. In. Hong Kong SAR: Hong Kong SAR Government; 2022.

Acknowledgements

We thank all participants for taking part into the study; smoke-free ambassadors 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 2022

陳錫坤¹、郭紫瑤¹、吳梓敬¹、伍永達¹、張懿德¹、何世賢²、湯修齊³、黎慧賢³、林大慶²、王文炳¹

¹ 香港大學護理學院

² 香港大學公共衛生學院

³ 香港吸煙與健康委員會

1. 引言

吸煙是導致提早死亡的主因。吸煙透過引致癌症和心血管疾病等非傳染病，吸煙每年在香港造成約7,000人死亡¹。世界衛生組織（世衛）的一個全球監察框架，訂明了有關預防及控制非傳染病的目標和措施，旨在於2025年前將非傳染病的死亡率降低25%²，其中一個目標是在2025年前，將15歲或以上人士的吸煙率降低30%。香港政府正致力依照世衛的目標，於2025年前將吸煙率降至7.8%。

香港政府採取多元的控煙措施，包括立法和執法、公眾教育、戒煙服務和徵稅。雖然吸煙率從1980年代初期的23.3%下降到2021年的9.5%，但近年的下降速度緩慢，顯示需要更多的努力才能實現目標吸煙率。香港近十年實施的控煙措施主要包括擴大煙害圖象警示由佔煙包兩個最大表面面積50%至85%，以及擴大法定禁煙區至一些隧道或高速公路出入口的巴士轉乘處。為了防止另類吸煙產品（另類煙）引起新一波的煙草流行，政府自2022年4月30日起已全面禁止進口、推廣、製造、售賣及為商業目的而管有另類煙（包括電子煙、加熱煙草產品（加熱煙）及草本煙）。然而，政府還未制訂徹底消除煙害的全面計劃。

「煙草終局」是一個比控煙更進一步的概念，以終止煙草流行為目標。已宣佈煙草終局計劃並以實現5%吸煙率為目標的國家包括，新西蘭（2025年）、芬蘭（2030年）、加拿大（2035年）和荷蘭（2040年）³⁻⁵。香港吸煙與健康委員會聯同社會各界訂定了《煙草終局約章》，共同促進煙草終局和更嚴厲的控煙措施，盡早將吸煙率降至5%或以下，然後全面禁煙。有助實現目標的措施包括大幅和定期

增加煙草稅、擴大法定禁煙區、禁止零售點展示煙草產品陳列和全煙害警示包裝等。

許多國家均有研究評估控煙政策的成效⁶⁻⁸。自2013年以來，香港吸煙與健康委員會每年都進行「控煙政策調查」（下稱「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、以及對當前和未來政策的意見。調查的結果已被用於倡議禁止另類煙、增加煙草稅、擴大煙包煙害圖象警示，以及擴大法定禁煙區。調查亦會提供數據評估上述措施的成效。

本報告描述2022年調查的主要結果，探討控煙相關議題以助將來政策倡議。報告聚焦以下幾個方面：（1）吸煙情況；（2）接觸二手煙及三手煙情況；以及（3）公眾對控煙政策的意見。

2. 方法

2.1 研究設計及受訪者

控煙政策調查2022是一個橫斷面調查，於2022年3月至7月期間進行。受訪者為年滿15歲及懂廣東話之香港居民，共分成三組：（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進行家居及手提電話調查，收集數據。為顧及從

事不同行業受訪者的工作時間，電話訪問於星期一至日下午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，若致電五次後仍無法聯絡，該號碼則被歸類為「未能聯絡」。除了部分願意參與後續調查的受訪者外，所有訪問均匿名進行。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

控煙政策調查2022共訪問了5,164位受訪者，包括1,719位為現時吸煙者、1,725位為已戒煙者及1,720位從不吸煙者。各個吸煙組別中，一半受訪者（48.7%， $n=2,517$ ）接受家居電話訪問，而另一半（51.3%， $n=2,647$ ）則接受手提電話訪問。由於香港的已戒煙者和現時吸煙者的比例相對較少，該兩組採用了超取樣並作加權處理，以獲得更精確的推算和詳細分析。

在家居電話訪問方面，我們首先從家居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，從而涵蓋未收錄在電話簿的電話號碼。重覆的號碼會被刪除，而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。在手提電話訪問方面，我們首先從通訊事務管理局辦公室的號碼計劃分配予流動電訊服務供應商的手提電話的首個數字產生隨機號碼，並以隨機次序建立最終抽樣框架。只有該手提電話號碼的使用者會被訪問。

2.3 問卷設計

本調查的問卷主要根據過往調查的問卷設計，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，包括吸煙情況、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（現時吸煙者分為六組、已戒煙者分為四組、從不吸煙者分為兩組）回答與其吸煙狀況相關的隨機問題，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，以及煙草終局。同一個亞組的受訪者需回答同樣的隨機問題。

2.4 權重及統計分析

整體樣本按2021年香港人口的性別、年齡及吸煙狀況分佈加權處理（不包括入住政府機構/其他院舍內的人士、外籍家庭傭工及水上居民）⁵。我們對目標變量進行單變量分析，並按吸煙狀況、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回

歸測定。統計上顯著性水平定為 $P<0.05$ 。所有統計分析以STATA（版本15.1, TX: StataCorp LP）進行。

3. 結果

3.1 社會人口特徵

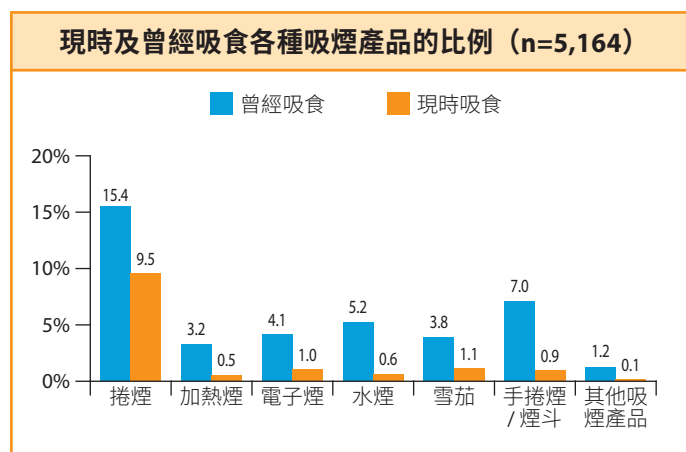
在所有受訪者中，46.9%為男性，66.8%為40歲或以上。他們主要受過高等教育（42.9%）以及從事經濟活動（僱員、僱主或自僱）（51.4%）。40歲或以上人士在現時吸煙者（73.2%）和已戒煙者（88.9%）中較從不吸煙者（64.6%）中常見。從不吸煙者中，接受過高等教育的比例（46.1%）較已戒煙者（27.2%）和現時吸煙者（24.7%）更高。現時吸煙者中，從事經濟活動的人士（僱員、僱主或自僱）（67.1%）較從不吸煙者（49.8%）和已戒煙者（46.1%）更普遍。

3.2 吸食吸煙產品的情況

3.2.1 吸食各種吸煙產品的情況

圖一顯示在所有受訪者中，曾經和現時吸食捲煙的比例分別為15.4%和9.5%；加熱煙分別為3.2%和0.5%；電子煙分別為4.1%和1.0%；水煙分別為5.2%和0.6%；雪茄分別為3.8%和1.1%；手捲煙/煙斗分別為7.0%和0.9%；而其他煙草產品分別為1.2%和0.1%。在現時吸煙者中，13.1%同時吸食兩種產品、7.8%同時吸食至少三種產品（表一）。在同時吸食兩種產品的現時吸煙者中，最常見的組合為捲煙及雪茄（4.4%）和捲煙及電子煙（3.0%）。

圖一



數據按2021年香港人口的年齡、性別及吸煙狀況分佈加權處理。

表一 現時吸煙者所吸食吸煙產品

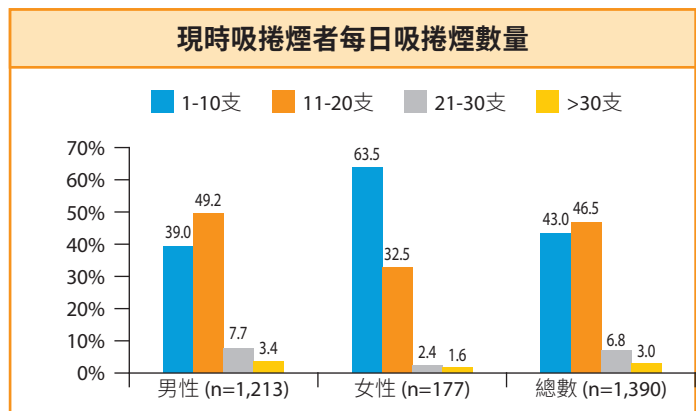
| | 總數 (n=1,719) | |
|--------|--------------|------|
| | 人數 | % |
| 一種產品 | 1,398 | 79.2 |
| 捲煙 | 1,302 | 72.6 |
| 電子煙 | 29 | 2.1 |
| 雪茄 | 20 | 1.3 |
| 加熱煙 | 16 | 1.1 |
| 水煙 | 12 | 0.9 |
| 其他 | 19 | 1.2 |
| 兩種產品 | 205 | 13.1 |
| 捲煙及雪茄 | 77 | 4.4 |
| 捲煙及電子煙 | 44 | 3.0 |
| 捲煙及水煙 | 14 | 1.0 |
| 捲煙及加熱煙 | 12 | 0.9 |
| 其他組合 | 58 | 3.8 |
| 三種或以上 | 116 | 7.8 |

數據按2021年香港現時吸煙者的年齡及性別分佈加權處理。

3.2.2 現時吸捲煙者的尼古丁依賴度及戒煙意欲

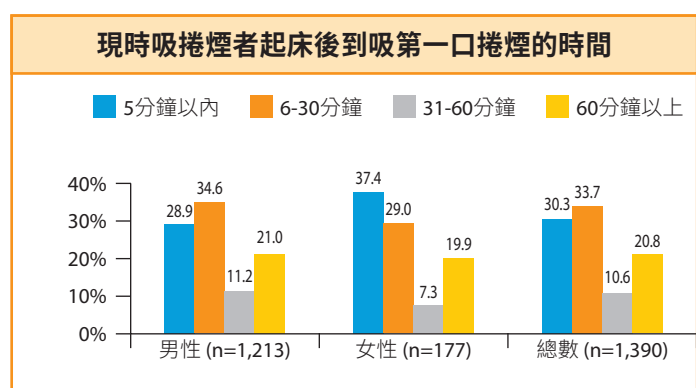
圖二顯示89.5%的現時吸捲煙者通常每日吸食不多於一包捲煙（43.0%吸食10支或以下，46.5%吸食11-20支）。每日吸食超過10支捲煙的比例在男性（60.3%）和女性（36.5%）之間有明顯差異（ $P<0.001$ ）。整體平均每日吸煙量為14.4支（數字沒有在圖中顯示）。近六成五（64.0%）現時吸捲煙者起床後半小時內會吸食吸第一口煙，包括30.3%在起床後5分鐘以內吸煙（圖三）。

圖二



數據按2021年香港現時吸煙者的年齡及性別分佈加權處理。
卡方檢驗所算出的性別差異明顯（ $P<0.001$ ）。
沒有顯示「不知道或拒絕作答」的受訪者。

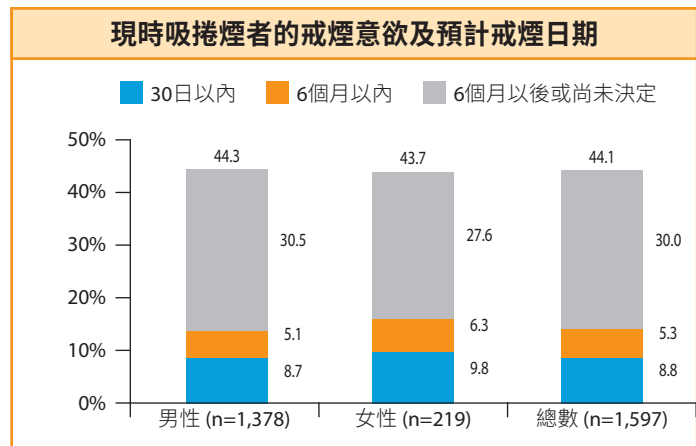
圖三



數據按2021年香港現時吸煙者的年齡及性別分佈加權處理。
卡方檢驗所算出的性別差異並不明顯（ $P=0.089$ ）。
沒有顯示「不知道或拒絕作答」的受訪者。

四成（44.1%）的現時吸捲煙者有戒煙意欲，8.8%計劃在三十日以內戒煙（圖四）。

圖四

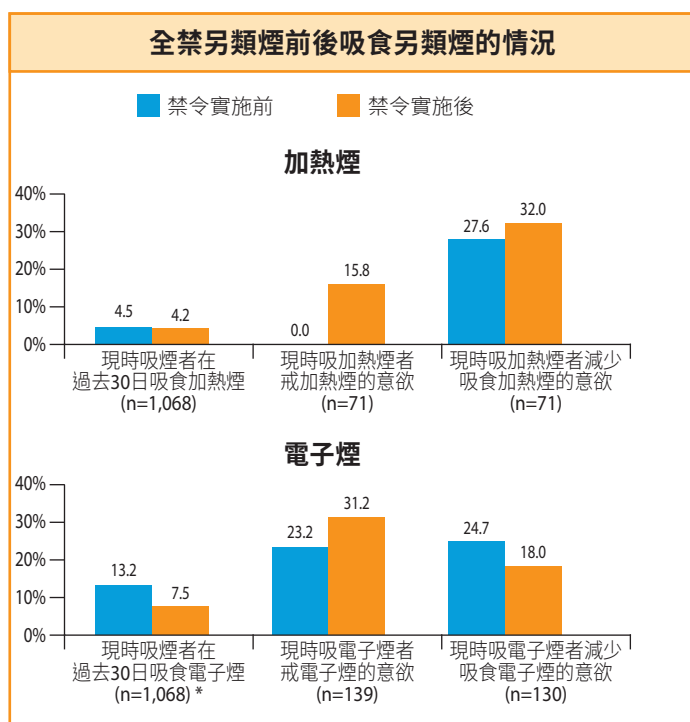


數據按2021年香港現時吸煙者的年齡及性別分佈加權處理。
卡方檢驗所算出的性別差異並不明顯（ $P=0.937$ ）。
沒有受訪者在此問題選擇「拒絕回答」。

3.2.3 全禁另類煙前後吸食另類煙的情況

圖五對比在另類煙禁令在2022年4月30日實施前後，吸食加熱煙和電子煙的情況。為了盡量減低禁令的過渡性影響，2022年5月的受訪者不被納入分析。縱使現時吸煙者中吸食加熱煙的比例在禁令實施前後相若，但過去三十日吸食電子煙的比例明顯地從13.2%減少到7.5%。沒有現時吸加熱煙者在禁令實施前打算戒加熱煙，在禁令實施後則有15.8%有此打算。近三成現時吸加熱煙者在禁令實施前（27.6%）或實施後（32.0%）打算減少吸食加熱煙。在現時吸電子煙者中，在禁令實施前後有打算戒吸電子煙的比例分別為23.2%和31.2%，而在禁令實施前後打算減少吸電子煙的比例分別為24.7%和18.0%。

圖五

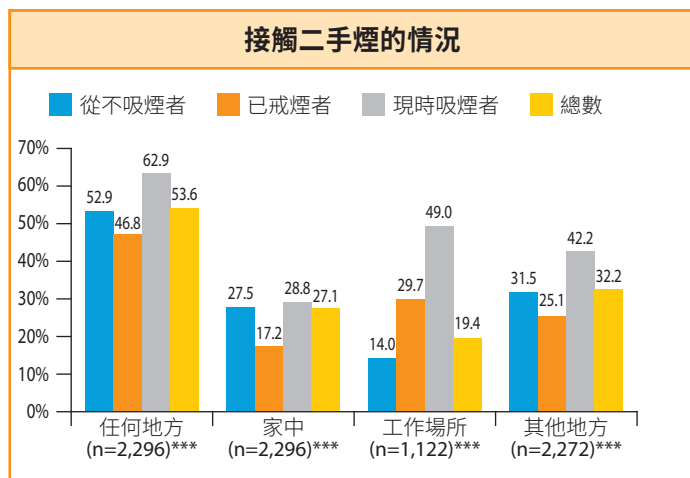


2022年5月的數據不納入分析。
數據按2021年香港現時吸煙者的年齡及性別分佈加權處理。
卡方檢驗所算出的禁令實施前後差異明顯 (*P<0.01)。

3.3 接觸二手煙和三手煙的情況

圖六顯示53.6%的受訪者在過去七日接觸到二手煙，其中包括27.1%在家（來自家中或從家外飄入）、19.4%在工作場所、32.2%在其他地方。現時吸煙者接觸二手煙的情況（28.8%在家、49.0%在工作場所、42.2%在其他地方）較從不吸煙者（27.5%、17.2%、31.5%）和已戒煙者（29.7%、25.1%、16.2%）更普遍。

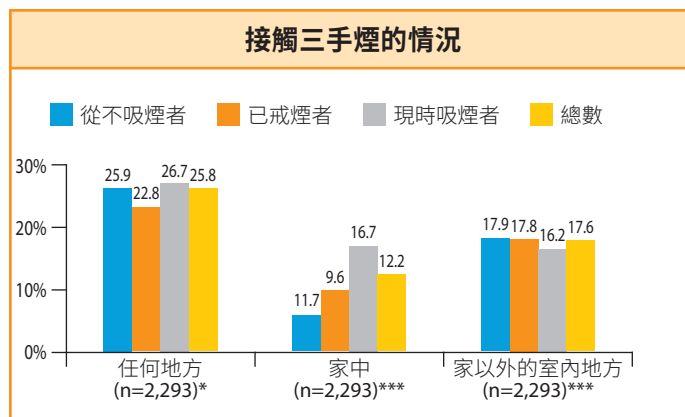
圖六



數據按2021年香港人口的年齡、性別及吸煙狀況分佈加權處理。
卡方檢驗所算出的吸煙狀況差異明顯 (*** P<0.001)。
是次有關家中接觸二手煙情況的數據不能與以往報告進行對比。

圖七顯示25.8%的受訪者在過去七日接觸到三手煙，其中包括12.2%在家和17.6%在家以外的室內場所。現時吸煙者在家接觸到三手煙的比例（16.7%）較從不吸煙者（11.7%）和已戒煙者（9.6%）更高。而從不吸煙者（17.9%）和已戒煙者（17.8%）在家以外的室內場所接觸到三手煙的情況，較現時吸煙者（16.2%）為普遍。

圖七



數據按2021年香港人口的年齡、性別及吸煙狀況分佈加權處理。
卡方檢驗所算出的吸煙狀況差異明顯 (*** P<0.001; * P<0.01)。

3.4 公眾對控煙政策的意見

3.4.1 擴大法定禁煙區

表二顯示超過八成的受訪者支持將禁煙區擴大到所有公共交通工具候車處（94.8%）、公眾地方所有輪候隊伍（94.6%）、學校及補習中心外面十米範圍內（90.8%）、有兒童在三米範圍內的公共場所（89.7%）、載有兒童的私家車內（88.6%）、繁忙街道（84.0%）、在街上行走時（82.4%）和所有有上蓋的公眾地方（81.8%）。在現時吸煙者中，一半或以上支持在上述大部分的地方禁煙，當中前三項的支持率分別為83.3%、86.0%和81.4%。

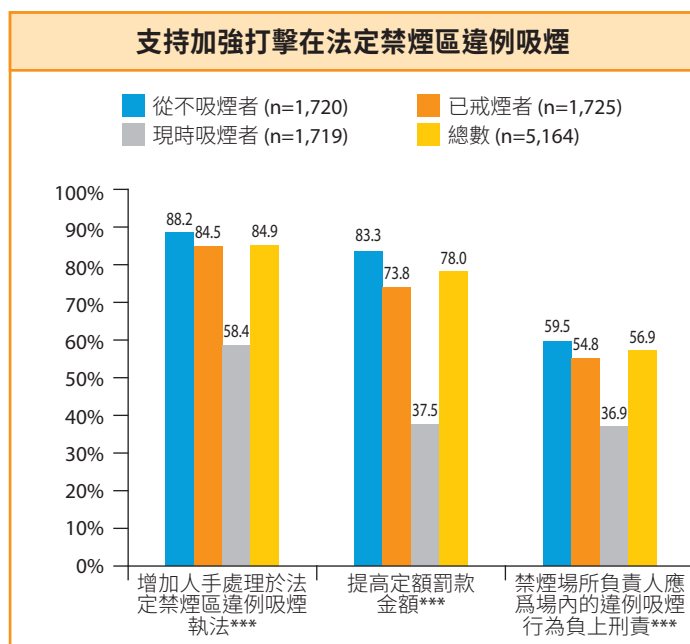
表二 支持擴大法定禁煙區的比例

| | 從不吸煙者 (n=1,720) (%) | 已戒煙者 (n=1,725) (%) | 現時吸煙者 (n=1,719) (%) | 總數 (n=5,164) (%) | P值 |
|-----------------|---------------------------|--------------------------|---------------------------|------------------------|--------|
| 所有公共交通工具候車處 | 96.2 | 94.2 | 83.3 | 94.8 | <0.001 |
| 公眾地方所有輪候隊伍 | 95.6 | 94.2 | 86.0 | 94.6 | <0.001 |
| 學校及補習中心外面10米範圍內 | 92.1 | 88.7 | 81.4 | 90.8 | <0.001 |
| 公共場所兒童三米範圍內 | 91.9 | 87.2 | 73.3 | 89.7 | <0.001 |
| 載有兒童的私家車內 | 90.0 | 87.4 | 77.8 | 88.6 | <0.001 |
| 繁忙街道 | 86.7 | 83.0 | 63.0 | 84.0 | <0.001 |
| 在街上步行時 | 85.5 | 79.1 | 58.6 | 82.4 | <0.001 |
| 全部有上蓋的公眾地方 | 85.5 | 80.1 | 53.3 | 81.8 | <0.001 |
| 屋苑內所有公共區域 | 84.1 | 78.6 | 44.0 | 79.6 | <0.001 |
| 辦公大樓門外3米範圍內 | 81.9 | 77.8 | 53.8 | 78.8 | <0.001 |
| 餐廳及酒吧的室外座位區域 | 72.8 | 65.9 | 32.5 | 68.3 | <0.001 |
| 所有室外公眾場所 | 68.5 | 64.9 | 29.0 | 64.2 | <0.001 |
| 家中 | 45.1 | 39.1 | 11.0 | 41.2 | <0.001 |

數據按2021年香港人口的年齡、性別及吸煙狀況分佈加權處理。
吸煙狀況差異由卡方檢驗算出。

圖八顯示大部分受訪者支持加強打擊在法定禁煙區違例吸煙。接近八成受訪者支持增加人手處理於法定禁煙區的違例吸煙執法（84.9%）和提高定額罰款金額（78.0%），而超過五成（56.9%）認為禁煙場所負責人應為場內的違例吸煙行為負上刑責。

圖八

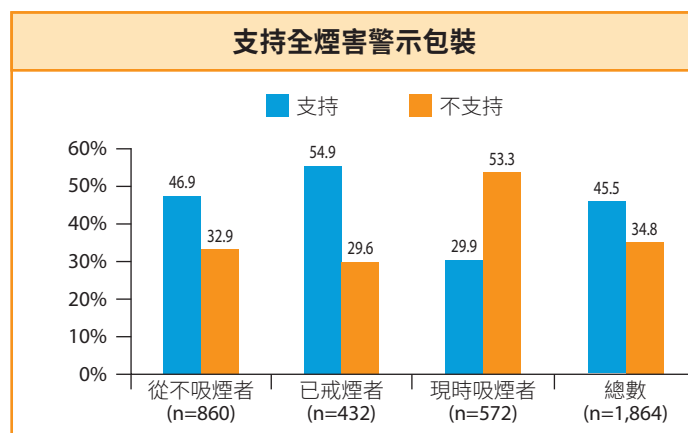


數據按2021年香港人口的年齡、性別及吸煙狀況分佈加權處理。
卡方檢驗所算出的吸煙狀況差異明顯（***P<0.001）。

3.4.2 減少吸煙產品的吸引力

圖九顯示45.5%的受訪者支持實施全煙害警示包裝。支持率在從不吸煙者（46.9%）和已戒煙者（54.9%）中，較現時吸煙者（29.9%）高。

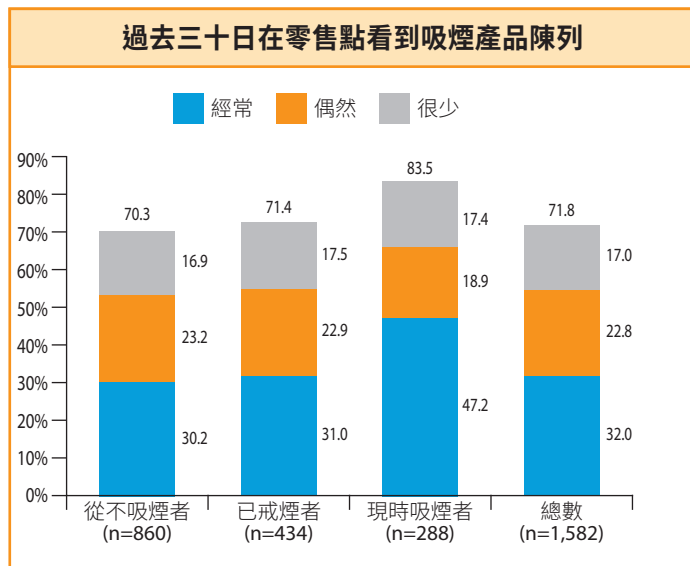
圖九



數據按2021年香港人口的年齡、性別及吸煙狀況分佈加權處理。
卡方檢驗所算出的吸煙狀況差異明顯（P < 0.001）。

圖十顯示66.1%的現時吸煙者、53.9%的已戒煙者和53.4%的從不吸煙者在過去三十日經常或偶然看到零售點的吸煙產品陳列。

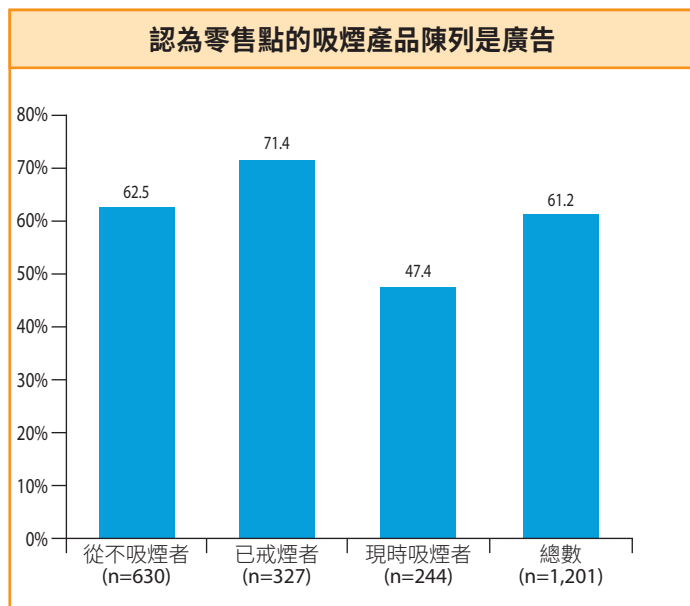
圖十



數據按2021年香港人口的年齡、性別及吸煙狀況分佈加權處理。
卡方檢驗所算出的吸煙狀況差異明顯 ($P < 0.001$)。

圖十一顯示，在過去三十日在零售點看到吸煙產品陳列的受訪者中，61.2%認為這些陳列是煙草廣告。比例在從不吸煙者（62.5%）和已戒煙者（71.4%）中明顯較現時吸煙者（47.4%）高 ($P < 0.001$)。

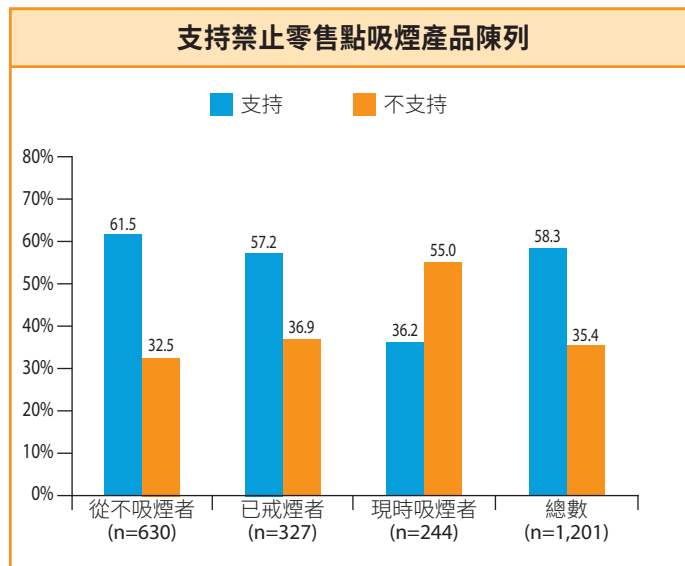
圖十一



只有過去三十日在零售點看過吸煙產品陳列的受訪者會被納入分析。
數據按2021年香港人口的年齡、性別及吸煙狀況分佈加權處理。
卡方檢驗所算出的吸煙狀況差異明顯 ($P < 0.001$)。

圖十二顯示58.3%的受訪者支持禁止零售點吸煙產品陳列。支持的比例在從不吸煙者（61.5%）和已戒煙者（57.2%）中較現時吸煙者（36.2%）更高。

圖十二

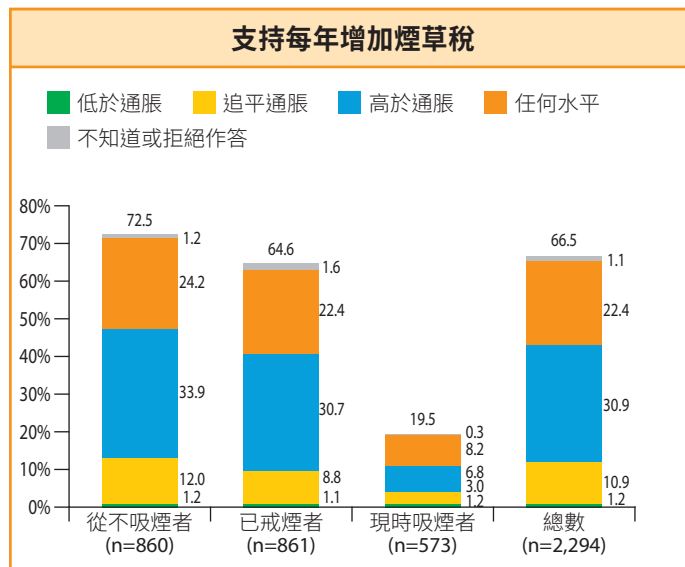


只有過去三十日在零售點看過吸煙產品陳列的受訪者會被納入分析。
數據按2021年香港人口的年齡、性別及吸煙狀況分佈加權處理。
卡方檢驗所算出的吸煙狀況差異明顯 ($P < 0.001$)。

3.4.3 煙草稅

圖十三顯示66.5%的受訪者支持每年增加煙草稅。比例在從不吸煙者（72.5%）和已戒煙者（64.6%）中較現時吸煙者（19.5%）更高。四成（41.8%）受訪者認為煙草稅增幅應追平或高於通脹。

圖十三

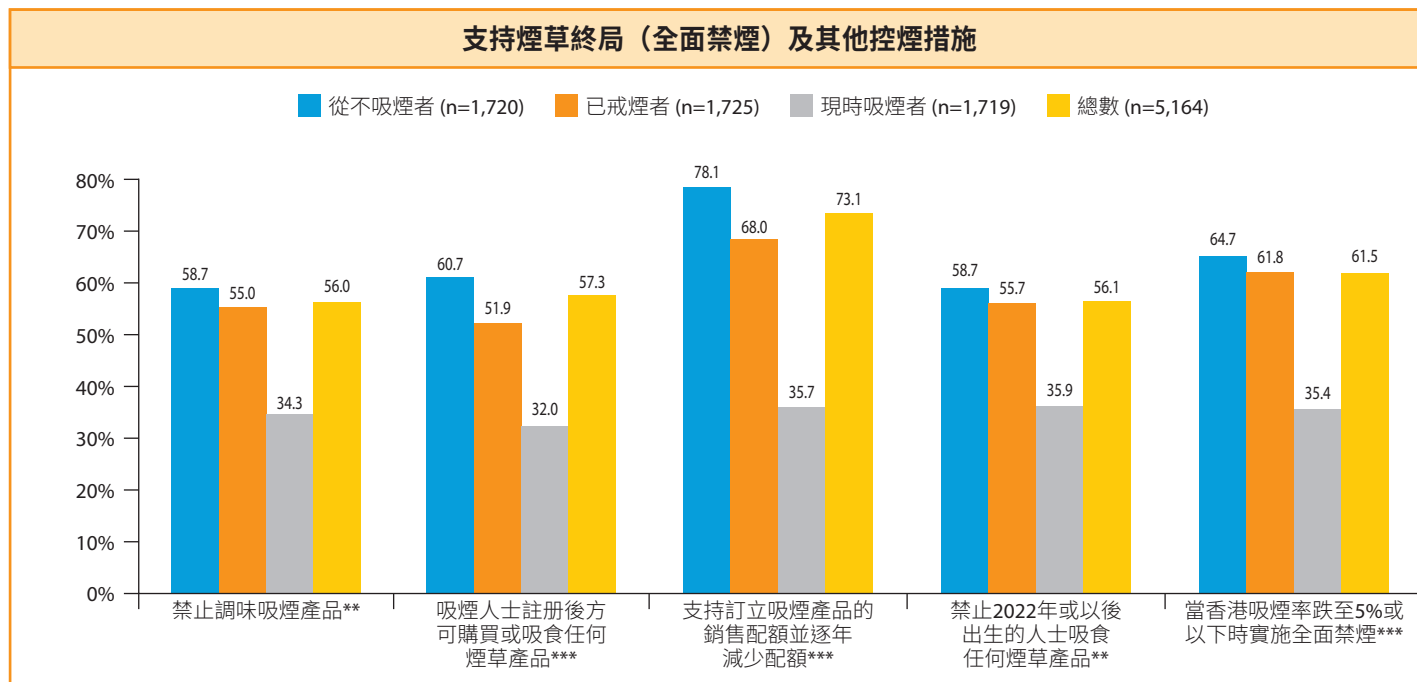


數據按2021年香港人口的年齡、性別及吸煙狀況分佈加權處理。
卡方檢驗所算出的吸煙狀況差異明顯 ($P < 0.001$)。

3.4.4 創新控煙策略

圖十四顯示，56.0%支持禁止調味吸煙產品、57.3%支持吸煙人士註冊後方可購買或吸食任何吸煙產品、73.1%支持訂立吸煙產品的銷售配額並逐年減少配額。過半（56.1%）受訪者支持禁止2022年或以後出生的人士吸食任何吸煙產品，以及61.5%支持當香港吸煙率跌至5% 或以下時實施全面禁煙。

圖十四



數據按2021年香港人口的年齡、性別及吸煙狀況分佈加權處理。
卡方檢驗所算出的吸煙狀況差異明顯（** P<0.01, *** P<0.001）。

4. 討論

根據政府統計處的《主題性住戶統計調查第75號報告書》，2021年香港有9.8%人口每日吸食任何吸煙產品、9.5%吸食捲煙、0.3%吸食電子煙及0.1%吸食加熱煙⁹。在控煙政策調查2022中，現時吸食捲煙、電子煙和加熱煙的比率分別為9.5%、1.0%及0.5%。本港現時吸食加熱煙或電子煙的情況在全面禁止另類煙前後都不算普遍。雖然現時吸食加熱煙或電子煙者的戒煙意欲在禁令實施前後相若，但在現時吸煙者中，吸食電子煙的比例顯著下降，從13.2%降至7.5%。在《2023年進出口（修訂）條例草案》通過前，法例禁止以陸空或海空聯運模式轉口另類煙，以盡量減低另類煙從陸路或水路管制站至機場的運送過程中流入黑市的風險。政府期望從另類煙進口禁令中豁免其陸空及海空聯運轉口能促進物流業生意。然而，有關豁免可能會削弱另類煙全面禁令的效用，增加另類煙進入本地市場的機會，從而可能使吸煙率反彈。吸食另類煙的情況以及另類煙非法市場，需被持續監察。

儘管香港的低吸煙率，且所有室內公眾地方和工作場所，以及部分室外公眾地方已實施全面禁煙，仍有53.6%的受訪者在過去七日有接觸過二手煙。三手煙是依附在室內灰塵及物體表面上的煙草煙霧殘餘物，危害公眾健康。三手煙對嬰幼兒及兒童所造成的健康風險特別顯著，包括增加認知缺陷及呼吸系統疾病的風險。在本調查中，大約20%的受訪者報告在過去七日曾在家以外的室內地方接觸三手煙。二手煙及三手煙接觸情況普遍，因此有需降低。本調查結果顯示，公眾強烈支持各項減少二手煙及三手煙的措施，包括禁止在繁忙街道及所有有上蓋的公共場所禁止吸煙。大多數受訪者（78.0%）支持提高在法定禁煙區違例吸煙的定額罰款金額。政府需考慮進一步擴大禁煙區及加強打擊違例吸煙。

在現時吸捲煙者中，近90%對尼古丁有低至中等程度的依賴，而54.3%沒有戒煙意欲。政府需要實施有效的措施增加吸煙者的戒煙意欲。根據世衛，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，並消除吸煙產品的宣傳效果，應予實施。澳洲在2012年成為首個實施全煙害警示包裝的國家，有效透過此措施降低成年人的吸煙率^{10, 11}。亞洲已實行全煙害警示包裝的國家包括泰國、新加坡及緬甸¹²⁻¹⁴。在香港，在電視、電台廣播、戲院、公共交通工具及網絡上等展示煙草廣告均屬違法¹⁵，零售點的吸煙產品陳列則是一個煙草宣傳的重大漏洞。煙草商一直以不同手法在零售點中推廣其產品，試圖將吸煙產品重新正常化，及增加曝光度¹⁶。在香港，零售店將吸煙產品陳列於店內顯著位置的巨大華麗燈箱內。根據世衛《煙草控制框架公約》第13條，這已經構成煙草廣告。這種宣傳策略特別吸引年輕人。零售點吸煙產品陳列可刺激衝動消費並提示吸煙行為，包括沒有明確意圖買煙和試圖避免吸煙的人^{17, 18}。零售點的吸煙產品陳列亦會使戒煙更加困難。本調查中，超過一半的受訪者在過去三十天內經常或偶爾在零售點看到吸煙產品陳列，其中61.2%認為這些陳列是廣告。透過實施禁止零售點吸煙產品陳列，吸煙產品必須存放於不透明的櫥櫃內，而售貨員應顧客要求時亦只能展示沒有任何宣傳或品牌成分的產品價目表。現時澳洲、新西蘭、泰國及英國等已實行全煙害警示包裝及禁止在零售點吸煙產品陳列。兩項措施均得到受訪者強烈支持，香港政府應立法實施全煙害警示包裝以增加煙害圖象警示的效用，以及禁止在零售點陳列吸煙產品以降低吸煙產品的吸引力。

與過去的控煙政策調查結果一致，本調查的受訪者強烈支持每年增加煙草稅（66.5%），其中62.9%希望加幅追平或高於通脹水平。香港吸煙與健康委員會多年一直倡議增加煙草稅100%，令捲煙零售價提高至現時吸捲煙者所建議能推動戒煙的水平（即每包捲煙港幣98元）。不過，煙草稅從2015-16年度已連續八年被凍結。雖然2023-2024年度財政預算案已增加煙草稅約30%，現時主要捲煙品牌的零售價（每包港幣78元）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）及英國（約港幣120元）¹⁹。煙草稅只佔捲煙零售價約64%，仍然低於世衛建議的至少75%。政府在未來幾年需要大幅增加煙草稅以持續減低捲煙的可負擔性，並設立機制定期增加煙草稅以防止通脹削弱煙草稅的效用。

雖然政府已設下目標要在2025年前進一步降低吸煙率至7.8%，但終極目標應是終止煙草流行。在本調查中，約60%的受訪者支持在吸煙率降至5%或以下時全面禁煙。不過，目前的吸煙率與2025年的目標仍存在差距，而近年吸煙率的下降速度有所放緩，遑論實現煙草終局。香港有迫切需要實施嚴厲且有效的措施以預防開始吸煙及推動戒煙。促成煙草終局的策略包括無煙世代、訂立吸煙產品的銷售配額並逐年減少配額、訂立有關購買或吸食吸煙產品的註冊制度，以及禁止調味吸煙產品，均獲得了超過一半的受訪者的支持。政府應考慮這些策略，從而實現無煙香港。

5. 研究局限

控煙政策調查2022的所有資料均由家居電話及手提電話訪問收集，以加強覆蓋率。雖然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。受訪對象雖然只限於15歲或以上操廣東話人士，惟他們已佔超過95%香港15歲或以上人口（96.7%）。橫斷面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. 結論

公眾對增加煙草稅、對擴大法定禁煙區以及煙草終局的支持度非常高。另類煙的禁令的效用有需持續評估。未來幾年要進一步降低吸煙率，政府需要投放更多的資源來推行上述政策，並須持續監測和評估其成效。

7. 其他結果

7.1 調味捲煙使用情況

- 在現時吸捲煙者中，第一次吸食捲煙時最普遍的調味煙是薄荷味（31.6%）。
- 現時吸食捲煙者中，薄荷味（36.6%）也是現時最普遍使用的調味捲煙，其次為水果味（5.1%）和薄荷味加水果味（2.3%）。

7.2 戒煙嘗試和戒煙服務

- 62.5%的現時吸煙者曾經嘗試戒煙，約五分之一（19.2%）現時吸煙者在過去十二個月內曾嘗試戒煙。
- 約五分之一（18.0%）現時吸煙者曾經使用過戒煙服務。
- 在現時吸煙者中，11.5%有意使用戒煙貼、戒煙香口膠、戒煙糖戒煙；9.3%有意使用中醫食療或中藥、7.5%有意使用針灸；以及6.6%有意使用輔導服務。
- 4.2%的現時吸煙者能夠正確說出戒煙熱線的電話號碼（1833 183）。

7.3 吸煙熱點

- 40.6%的現時吸煙者在過去七日曾經在吸煙熱點（如垃圾桶旁、後巷）吸煙，20.7%每日都有去吸煙熱點。
- 在現時吸煙者中，每日前往吸煙熱點次數的中位數為2次。

7.4 接觸二手煙的情況

- 最普遍接觸二手煙的地方是街上（78.1%）、公園及其他休憩地方（13.3%）、公共交通工具候車處（12.4%）及垃圾桶附近（10.3%）。

7.5 煙害圖象警示

- 大部份（96.3%）現時吸煙者表示，在過去三十日有留意到煙包上的煙害圖象警示。比率在從不吸煙者（48.8%）及已戒煙者（53.4%）中較低。
- 76.8%的受訪者在過去三十日看到煙害圖象警示時會想到吸煙的危害。有此想法的比例在從不吸煙者（81.9%）和已戒煙者（66.2%）中明顯較現時吸煙者多（46.7%）。
- 15.6%的現時吸煙者在過去三十日內看到煙害圖象警示時有考慮戒煙，7.6%會停止當時的吸煙行為。

7.6 煙草稅

- 近四分之三（76.4%）受訪者支持在2023年增加煙草稅，56.6%認為煙草稅增幅應追平或比通脹高。現時吸煙者中，整體支持的比例（22.2%）較從不吸煙者（83.5%）和已戒煙者（71.1%）為低（ $P < 0.001$ ）。

- 如果捲煙零售價上升，55.3%的現時吸煙者會減少其吸食捲煙數量至少一半。可推動此行為的捲煙零售價的平均值和中位數分別為港幣113.4元及港幣100.0元。
- 如果捲煙零售價上升，51.6%的現時吸煙者會戒掉捲煙。可推動此行為的捲煙零售價的平均值和中位數分別為港幣162.7元及港幣100.0元。
- 如果捲煙零售價上升，66.5%的現時吸煙者會減少其吸食捲煙數量至少一半或戒掉捲煙。可推動此行為的捲煙零售價的平均值和中位數分別為港幣116.9元及港幣100.0元。

7.7 對抗煙草業干預的策略

- 在0分（完全不同意）到10分（完全同意）的11點量表中，受訪者表示支持政府人員及立法會議員必須申報與煙草業之間利益衝突的程度，平均分數為8.2（中位數=10.0）。
- 在0分（完全不同意）到10分（完全同意）的11點量表中，受訪者表示支持禁止收取煙草業利益的政黨或議員參與制定控煙政策的程度，平均分數為7.6（中位數=9.0）。

8. 參考文獻

1. 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.
2. World Health Organization. NCD Global Monitoring Framework. WHO website. <https://www.who.int/publications/i/item/ncd-surveillance-global-monitoring-framework>. Published 2011. Accessed April 20, 2023.
3. Ministry of Health. New Zealand's comprehensive tobacco control action plan: 2016-2020. <https://www.health.govt.nz/system/files/documents/publications/new-zealands-comprehensive-tobacco-control-action-plan-2016-2020-aug16-v2.pdf>. Accessed April 20, 2023
4. Finnish Ministry of Social Affairs and Health. Tobacco-free Finland 2030. <http://urn.fi/URN:ISBN:978-952-00-3389-4>. Accessed April 20, 2023.

5. Government of Canada. Tobacco control in Canada: A comprehensive strategy. Retrieved from <https://www.canada.ca/content/dam/hc-sc/documents/services/publications/health-system-services/tobacco-control-canada-comprehensive-strategy/tobacco-control-in-canada-a-comprehensive-strategy-eng.pdf>. Accessed April 20, 2023.
6. 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.
7. International Tobacco Control Policy Evaluation Project. Smoke-free Policies: ITC Cross-Country Comparison Report. ITC website. . reports/itc-cross-country-comparison-report-smokefree-policies-march-2012/. Published 2012. Accessed April 20, 2023.
8. 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 April 20, 2023.
9. Census and Statistics Department, Hong Kong Special Administrative Region. Thematic Household Survey Report No. 75. https://www.censtatd.gov.hk/en/data/stat_report/product/B1130201/att/B11302752022XXXXB0100.pdf. Published May 26, 2022. Accessed April 20, 2023.
10. Department of Health, Commonwealth of Australia. Tobacco plain packaging. <https://www.health.gov.au/health-topics/smoking-and-tobacco/tobaccocontrol/tobacco-plain-packaging#:~:text=Plain%20packaging%20aims%20to%20improve,making%20health%20warnings%20more%20effective>. Accessed April 20, 2023.
11. 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 April 20, 2023.
12. Ministry of Public Health Thailand. (2019). Regulations on packaging and labeling of tobacco products. Retrieved from http://www.thaismokefree.or.th/wp-content/uploads/2020/04/Notification-on-Packaging-and-Labeling-of-Tobacco-Products_ENG.pdf. Accessed April 20, 2023.
13. Ministry of Health Singapore. Enhanced graphic health warnings and standardized packaging for tobacco products. <https://www.moh.gov.sg/news-highlights/details/enhanced-graphic-health-warnings-and-standardised-packaging-for-tobacco-products>. Accessed April 20, 2023.
14. Ministry of Health and Sports Myanmar. Notification on the requirements for tobacco product packaging and labeling. Retrieved from https://www.who.int/fctc/reporting/party_reports/myanmar_annex6_tobacco_packaging_and_labeling.pdf. Accessed April 20, 2023.
15. 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. Accessed April 20, 2023.
16. 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.
17. Wakefield M, Germain D, Henriksen L. The effect of retail cigarette pack displays on impulse purchase. *Addiction*. 2008;103(2):322-328.
18. Siahpush M, Shaikh RA, Hyland A, et al. Point-of-Sale Cigarette Marketing, Urge to Buy Cigarettes, and Impulse Purchases of Cigarettes: Results From a Population-Based Survey. *Nicotine Tob Res*. 2016;18(5):1357-1362.
19. 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. Accessed April 20, 2023.

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 2022

Kenneth SK Chan¹, Zoey Z Guo¹, Justyn TK Ng¹, Socrates Y Wu¹, Derek YT Cheung¹, SY Ho²,
Henry SC Tong³, Vienna WY Lai³, TH Lam², MP Wang¹

¹ School of Nursing, The University of Hong Kong

² School of Public Health, The University of Hong Kong

³ Hong Kong Council on Smoking and Health

1. Introduction

Smoking is the leading cause of early deaths and responsible for approximately 7,000 deaths annually in Hong Kong, primarily due to non-communicable diseases like cancers and heart diseases¹. The World Health Organization's (WHO's) global monitoring framework with objectives and measures for preventing and managing non-communicable diseases targets to reduce the mortality from non-communicable disease by 25% by 2025². One of the goals is to reduce the prevalence of current tobacco use in individuals aged 15 years or above by 30% by 2025. Aligning with the goal, the Hong Kong Government aims to reduce the smoking prevalence to 7.8% by 2025.

The Government has adopted a multifaceted tobacco control approach, including legislation and enforcement, public education, smoking cessation services, and taxation. The smoking prevalence declined from 23.3% in the early 1980s to 9.5% in 2021 with a shallow slope in recent years, indicating that substantial efforts are necessary to achieve the smoking prevalence goal. The key tobacco control measures implemented in the recent decade included enlargement of pictorial health warnings (PHWs) from 50% to 85% of the two largest surfaces of cigarette packs, and expansion of statutory no-smoking areas to some bus interchanges at tunnel portal areas or express highways. To prevent a new wave of smoking epidemic due to alternative smoking products (ASPs), the import, promotion, production, sale, and commercial possession of electronic cigarettes (e-cigarettes), heated tobacco products (HTPs) and herbal cigarettes have been banned since 30 April 2022. Nevertheless, the government has yet to reveal a comprehensive plan for eradicating tobacco use.

"Tobacco endgame" is a notion beyond tobacco control, and strives to eradicate the smoking epidemic. Countries that have declared their tobacco endgame plans with an aim to achieve 5% smoking prevalence include New Zealand (2025), Finland (2030), Canada (2035) and Netherlands (2040)³⁻⁵. The Hong Kong Council on Smoking and Health (COSH) established the "Charter on Tobacco Endgame" with various sectors to jointly advocate tobacco endgame and more stringent tobacco control measures. The vision is to reduce smoking prevalence to 5% or less as soon as possible, and then ban smoking outright. Measures to accomplish the target prevalence include substantial and regular tobacco tax increase, expansion of statutory no-smoking areas, a ban on point-of-sale (POS) tobacco product displays, and plain packaging, etc.

Surveys have been used to evaluate the effectiveness of tobacco control policies in many countries⁶⁻⁸. Tobacco Control Policy-related Survey (TCPS) is conducted every year since 2013 in Hong Kong to collect data on smoking-related issues, such as smoking patterns, exposure to secondhand smoke (SHS), impact of tobacco control policies, and opinions on current and future policies. The results of TCPS have been utilized to advocate for the ban on ASPs, tobacco tax increase, enlargement of pictorial health warnings (PHWs) and expansion of statutory no-smoking areas. TCPS data have also been used to evaluate the effectiveness of tobacco control measures.

The present report highlights the key findings of TCPS 2022, and discusses tobacco control issues for policy advocacy in the future. It mainly focuses on the following aspects: (1) pattern of smoking; (2) exposure to SHS and third-hand smoke (THS); and (3) public opinions towards tobacco control policies.

2. Methods

2.1 Study design and participants

TCPS 2022 was a cross-sectional survey conducted from March to July 2022. 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 quit, and (3) never smokers who had never used any forms of smoking products. Landline interviews and mobile phone interviews were conducted by the Hong Kong Public Opinion Research Institute Limited (HKPORI) to collect data. 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 2022 recruited 5,164 participants, including 1,719 current smokers, 1,725 ex-smokers and 1,720 never smokers. Half of respondents (48.7%, $n=2,517$) of each smoking status group were recruited via landline interviews, while the other half (51.3%, $n=2,647$) via mobile phone interviews. Ex- and current smokers were oversampled for more precise estimates and detailed analysis due to the relatively small proportions of the two groups in Hong Kong population.

For landline interviews, 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. For mobile phone survey, numbers were randomly generated using known prefixes assigned to telecommunication services providers under the Numbering Plan of the Office of the Communications Authority and mixed in random order to produce the final sampling frame. Only the users of the contacted mobile numbers were interviewed.

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, 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 set of random questions.

2.4 Weighting and statistical analysis

The whole sample was weighted against the sex, age and smoking status distribution of the 2021 Hong Kong resident population (inmates of correctional institutions, domestic helpers and persons living on board vessels were excluded)⁵. Univariate analysis of variables of interest by overall smoking status, the status of using specific smoking products (regardless of the use of other products), or sex was conducted. Chi-square test or linear regression was used to estimate differences by subgroups. Statistical significance was set as $P<0.05$. All analyses were conducted using STATA (Version 15.1, TX: StataCorp LP).

3. Results

3.1 Socio-demographic characteristics

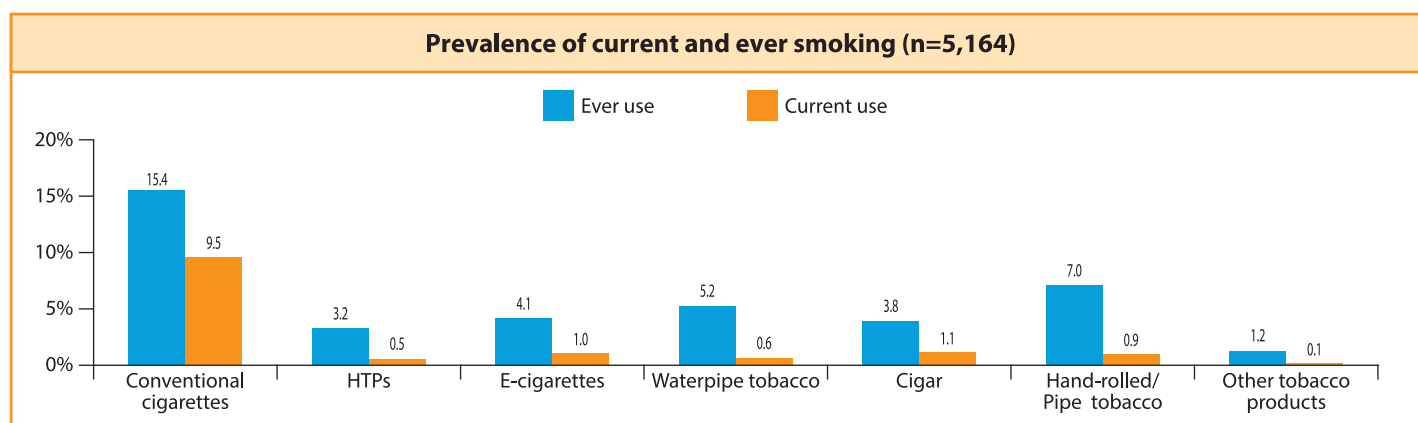
In all respondents, 46.9% were male and 66.8% were aged 40 years or above. They were mainly tertiary educated (42.9%) and economically active (employees, employers or self-employed) (51.4%). Current smokers (73.2%) and ex-smokers (88.9%) were more likely to be aged 40 years or above than never smokers (64.6%). Tertiary education was more common in never smokers (46.1%) than in ex-smokers (27.2%) and current smokers (24.7%). Economic activity (employees, employers or self-employed) was more common in current smokers (67.1%) than in never (49.8%) and ex-smokers (46.1%).

3.2 Pattern of smoking

3.2.1 Use of different smoking products

Figure 1 shows that, in all respondents, the prevalence of ever use and current use was respectively 15.4% and 9.5% for cigarettes, 3.2% and 0.5% for HTPs, 4.1% and 1.0% for e-cigarettes, 5.2% and 0.6% for waterpipe tobacco, 3.8% and 1.1% for cigar, 7.0% and 0.9% for hand-rolled/pipe tobacco, and 1.2% and 0.1% for other tobacco products. The prevalence of dual use and multiple use of tobacco products in current smokers were 13.1% and 7.8%, respectively (Table 1). The most common combinations of dual product use were cigarettes plus cigars (4.4%), and cigarettes plus e-cigarettes (3.0%).

Figure 1



Results were weighted by sex, age and smoking status of the 2021 Hong Kong population.

Table 1 Combinations of smoking products currently used by current smokers

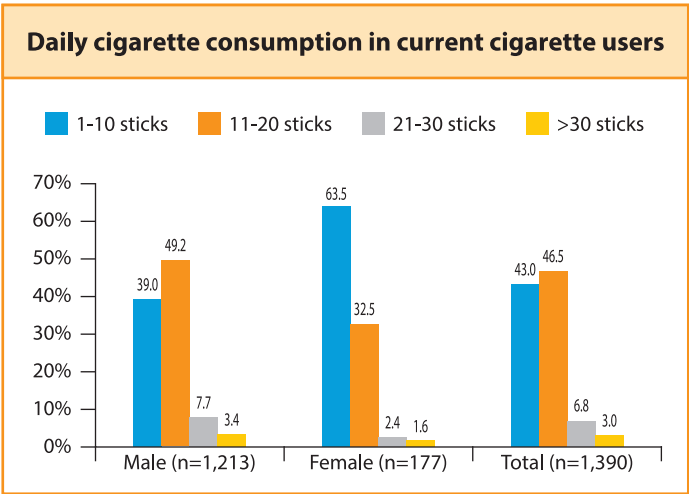
| | Total (n=1,719) | |
|----------------------------------|-----------------|-------------|
| | n | % |
| One product | 1,398 | 79.2 |
| Cigarettes | 1,302 | 72.6 |
| E-cigarettes | 29 | 2.1 |
| Cigars | 20 | 1.3 |
| HTPs | 16 | 1.1 |
| Waterpipe tobacco | 12 | 0.9 |
| Others | 19 | 1.2 |
| Two products | 205 | 13.1 |
| Cigarettes and cigars | 77 | 4.4 |
| Cigarettes and e-cigarettes | 44 | 3.0 |
| Cigarettes and waterpipe tobacco | 14 | 1.0 |
| Cigarettes and HTPs | 12 | 0.9 |
| Other combinations | 58 | 3.8 |
| Three or more products | 116 | 7.8 |

Results were weighted by sex and age distribution of current smokers in Hong Kong in 2021.

3.2.2 Nicotine dependence and intention to quit in current cigarette users

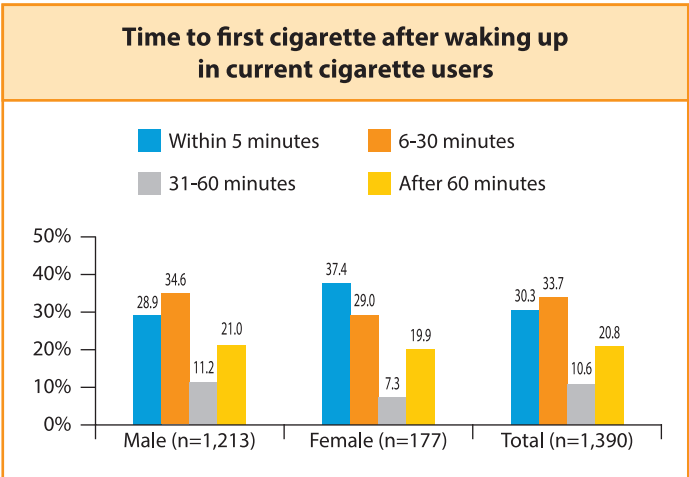
Figure 2 shows 89.5% of current cigarette users usually smoked no more than a pack of cigarettes per day (10 cigarettes or fewer, 43.0%; 11 to 20 cigarettes, 46.5%). Significant difference was observed between male (60.3%) and female (36.5%) in the daily cigarette consumption of more than 10 sticks ($P<0.001$). The average daily cigarette consumption was 14.4 sticks (data not shown). A majority (64.0%) had the first cigarette within 30 minutes after waking up, including 30.3% within 5 minutes (Figure 3).

Figure 2



Results were weighted by sex and age distribution of current smokers in Hong Kong in 2021.
Difference by sex was statistically significant by Chi-square test ($P<0.001$).
Response "Don't know/Refuse to answer" is not displayed.

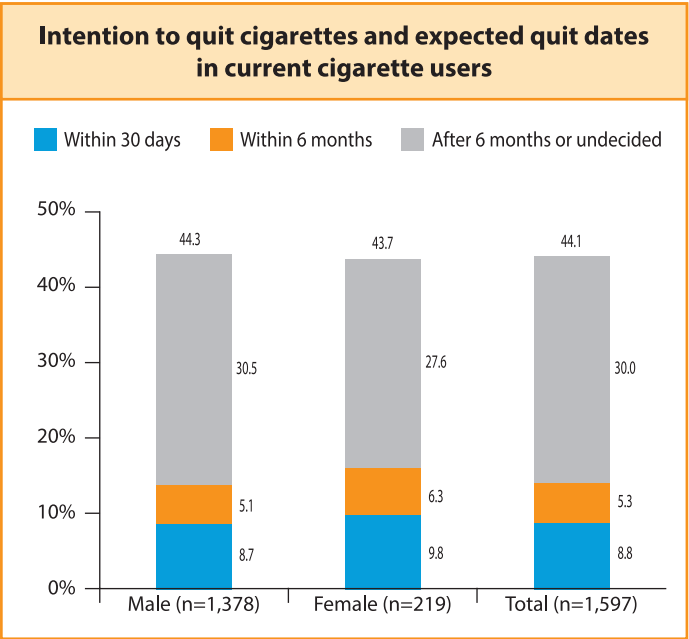
Figure 3



Results were weighted by sex and age distribution of current smokers in Hong Kong in 2021.
Difference by sex was not statistically significant by Chi-square test ($P=0.089$).
Response "Don't know/Refuse to answer" is not displayed.

Around four in 10 (44.1%) current cigarette users had an intention to quit cigarettes, and 8.8% planned to quit within 30 days (Figure 4).

Figure 4

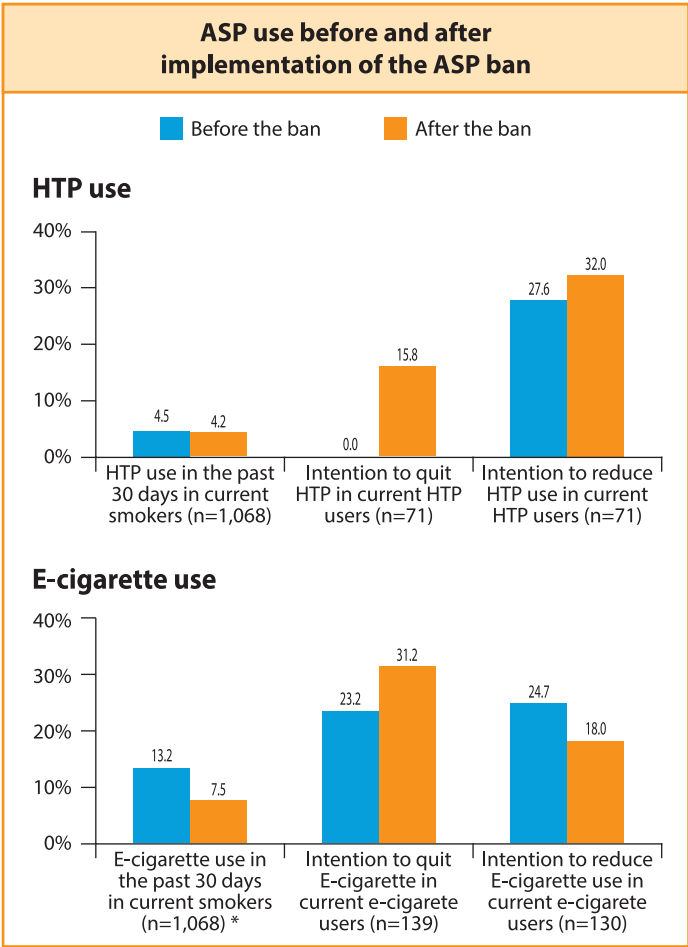


Results were weighted by sex and age distribution of current smokers in Hong Kong in 2021.
Difference by sex was not statistically significant by Chi-square test ($P=0.937$).
No respondent selected "Refused to answer" to this question.

3.2.3 ASP use before and after ASP ban

Figure 5 compares the use of HTPs and e-cigarettes before and after the implementation of the ASP ban on 30 April 2022. Respondents interviewed in May 2022 were excluded from analysis to minimize transitional effect of the ban. Although HTP use in current smokers remained similar before and after the ban, past 30-day e-cigarette use in current users reduced significantly from 13.2% to 7.5%. None of the current HTP users intended to quit HTPs before the ban, while 15.8% intended to do so after the ban. Nearly 30% intended to reduce HTP use before (27.6%) and after (32.0%) the ban. In current e-cigarette users, 23.2% intended to quit e-cigarettes, before the ban and 31.2% after the ban, while 24.7% and 18.0% intended to reduce e-cigarette use before and after the ban, respectively.

Figure 5



Data in May 2022 (transition period after the ban on 30 April 2022) were excluded from analysis.

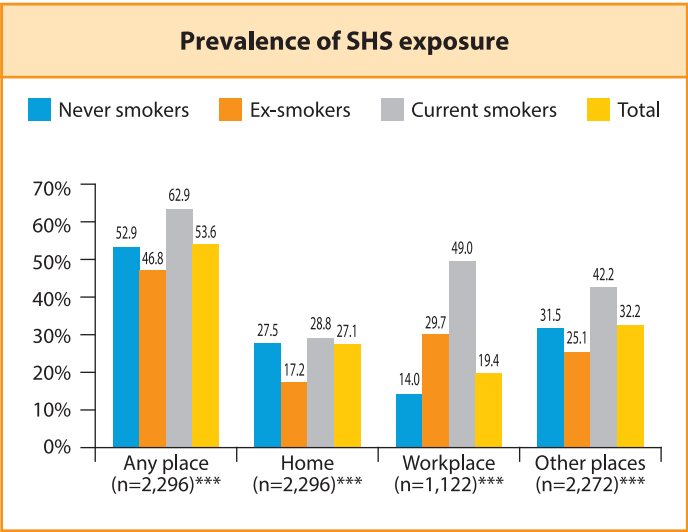
Results were weighted by sex and age distribution of current smokers in Hong Kong in 2021.

Difference by date of recruitment (before/after the ban on 30 April 2022) was tested by Chi-square test (* P<0.01).

3.3 Exposure to SHS and THS

Figure 6 shows that 53.6% of respondents were exposed to SHS in the past 7 days, including 27.1% at home (SHS from inside or outside home), 19.4% at workplace and 32.2% in other places. Current smokers were more commonly exposed to SHS (28.8% at home, 49.0% at workplace and 42.2% in other places) than never smokers (27.5%, 14.0% and 31.5%) and ex-smokers (17.2%, 29.7% and 25.1%).

Figure 6



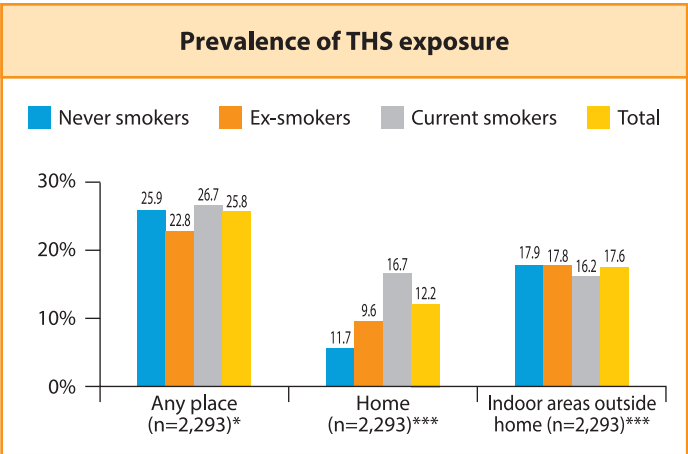
Results were weighted by sex, age and smoking status of the 2021 Hong Kong population.

Difference by smoking status was tested by Chi-square test (*** P<0.001).

Results regarding SHS exposure at home were not comparable with previous reports.

Figure 7 shows that 25.8% of respondents were exposed to THS in the past 7 days, including 12.2% at home and 17.6% in indoor areas outside home. The prevalence of THS exposure at home in the past 7 days was higher in current smokers (16.7%) than in never smokers (11.7%) and ex-smokers (9.6%). Higher prevalence of THS exposure in indoor areas outside home was observed in never smokers (17.9%) and ex-smokers (17.8%) than in current smokers (16.2%).

Figure 7



Results were weighted by sex, age and smoking status of the 2021 Hong Kong population.

Difference by smoking status was tested by Chi-square test (*** P<0.001; * P<0.01).

3.4 Public opinions towards tobacco control policies

3.4.1 Expansion of no-smoking area

Table 2 shows that over 80% of respondents supported a smoking ban in all public transportation stops (94.8%), all queues in public areas (94.6%), within 10 meters of schools and tutorial centers (90.8%), within 3 meters of children in all public areas (89.7%), in private cars with children inside (88.6%), in crowded streets (84.0%), while walking on streets (82.4%) and in all public areas with a ceiling (81.8%). Expansion of designated no-smoking areas to most of the above places was supported by half of the current smokers or over, with overwhelming support of 83.3%, 86.0% and 81.4% for the top three.

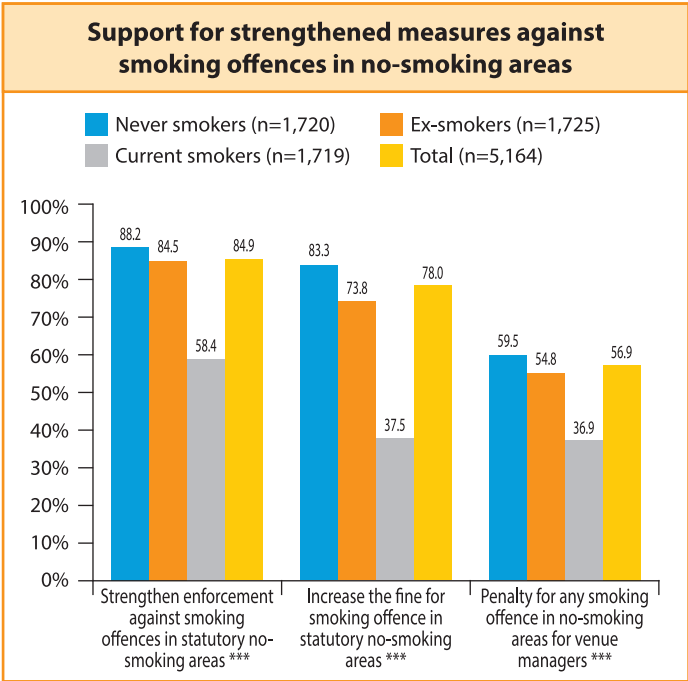
Table 2. Support for expansion of no-smoking areas to different places

| | Never smokers (n=1,720) (%) | Ex-smokers (n=1,725) (%) | Current smokers (n=1,719) (%) | Total (n=5,164) (%) | P-value |
|--|--|---|--|------------------------------------|----------------|
| All public transport stops | 96.2 | 94.2 | 83.3 | 94.8 | <0.001 |
| All queues in public areas | 95.6 | 94.2 | 86.0 | 94.6 | <0.001 |
| Within 10 meters of schools and tutorial centers | 92.1 | 88.7 | 81.4 | 90.8 | <0.001 |
| Within 3 meters of children in public areas | 91.9 | 87.2 | 73.3 | 89.7 | <0.001 |
| Private cars with children inside | 90.0 | 87.4 | 77.8 | 88.6 | <0.001 |
| Crowded streets | 86.7 | 83.0 | 63.0 | 84.0 | <0.001 |
| While walking on streets | 85.5 | 79.1 | 58.6 | 82.4 | <0.001 |
| All public areas with a ceiling | 85.5 | 80.1 | 53.3 | 81.8 | <0.001 |
| All common areas in housing estates | 84.1 | 78.6 | 44.0 | 79.6 | <0.001 |
| Within 3 meters of office building entrances | 81.9 | 77.8 | 53.8 | 78.8 | <0.001 |
| Outdoor seating areas of restaurants and bars | 72.8 | 65.9 | 32.5 | 68.3 | <0.001 |
| All outdoor public areas | 68.5 | 64.9 | 29.0 | 64.2 | <0.001 |
| Home | 45.1 | 39.1 | 11.0 | 41.2 | <0.001 |

Results were weighted by sex, age and smoking status of the 2021 Hong Kong population.
Difference by smoking status was tested by Chi-square test.

Figure 8 shows that a majority of respondents supported to strengthen enforcement against smoking offences in statutory no-smoking areas. Nearly 80% supported increasing manpower for enforcement (84.9%) and increasing the fine (78.0%), while over half (56.9%) supported imposing penalty on venue managers for any smoking offence in no-smoking areas.

Figure 8

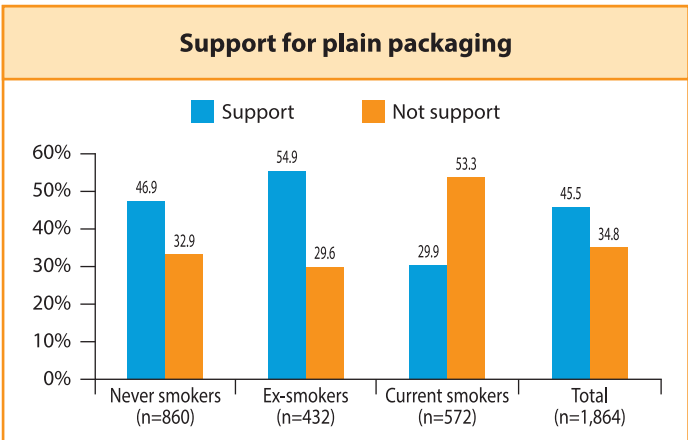


Results were weighted by sex, age and smoking status of the 2021 Hong Kong population. Difference by smoking status was tested by Chi-square test (*** P<0.001).

3.4.2 Reducing attractiveness of tobacco products

Figure 9 shows that 45.5% of respondents supported plain packaging. The support in never smoker (46.9%) and ex-smokers (54.9%) was greater than that in current smokers (29.9%).

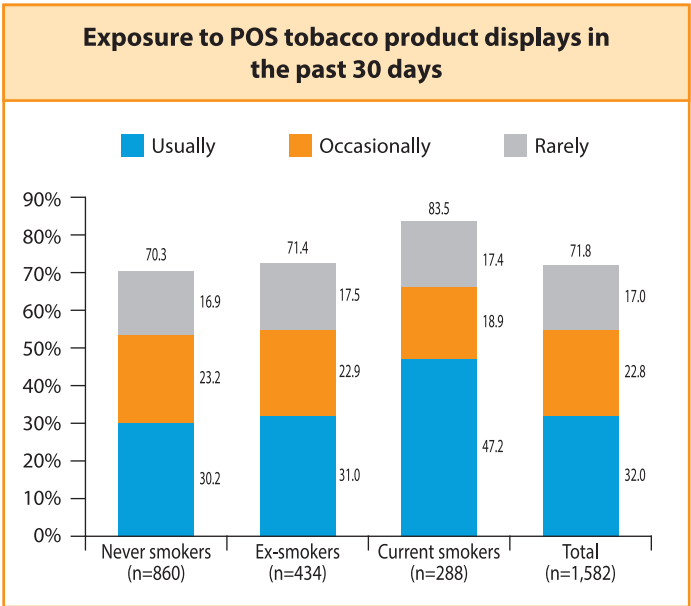
Figure 9



Results were weighted by sex, age and smoking status of the 2021 Hong Kong population. Difference by smoking status was statistically significant by Chi-square test (P<0.001).

Figure 10 shows that 66.1% of current smokers, 53.9% of ex-smokers and 53.4% of never smokers were usually or occasionally exposed to point-of-sale (POS) smoking product displays at retail stores in the past 30 days.

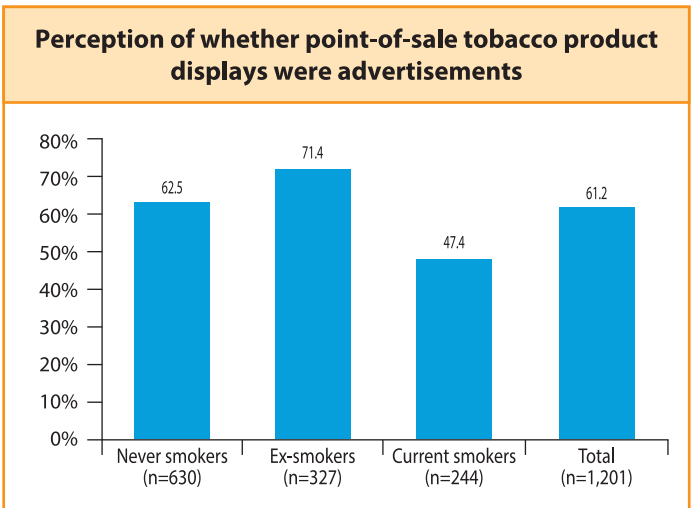
Figure 10



Results were weighted by sex, age and smoking status of the 2021 Hong Kong population. Difference by smoking status was statistically significant by Chi-square test (P<0.001).

Figure 11 shows that 61.2% of respondents who were exposed to POS displays in the past 30 days regarded the displays as tobacco advertisements. Such perception was significantly more common in never smokers (62.5%) and ex-smokers (71.4%) than in current smokers (47.4%) (P<0.001).

Figure 11

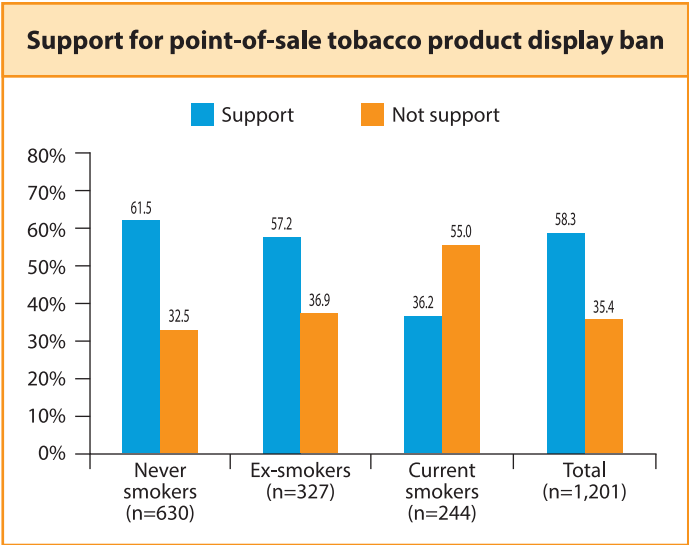


Only respondents who were exposed to POS tobacco product displays in the past 30 days were included in analysis.

Results were weighted by sex, age and smoking status of the 2021 Hong Kong population. Difference by smoking status was statistically significant by Chi-square test (P<0.001).

Figure 12 shows that 58.3% of respondents supported banning POS tobacco product displays. The support was stronger in never smokers (61.5%) and ex-smokers (57.2%) than in current smokers (36.2%).

Figure 12

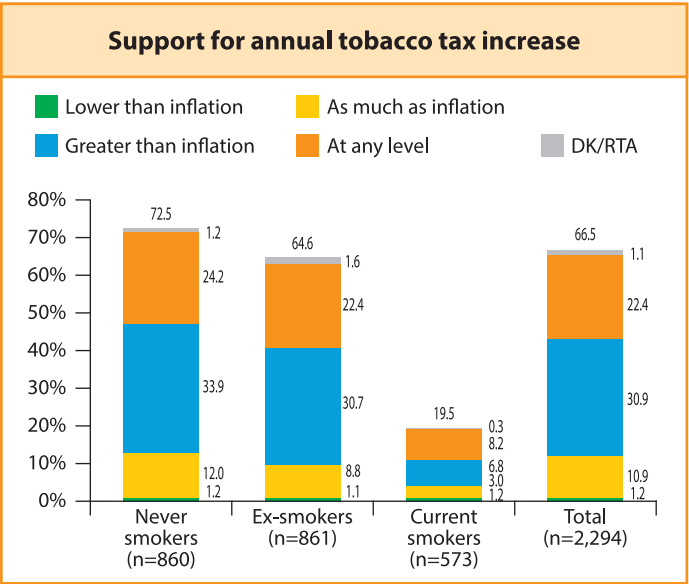


Only respondents who were exposed to POS tobacco product displays in the past 30 days were included in analysis. Results were weighted by sex, age and smoking status of the 2021 Hong Kong population. Difference by smoking status was statistically significant by Chi-square test (P<0.001).

3.4.3 Tobacco tax

Figure 13 shows that 66.5% of respondents supported annual tobacco tax increase. The support was stronger in never smokers (72.5%) and ex-smokers (64.6%) than in current smokers (19.5%). Two-fifths (41.8%) of respondents expected the tax increase to be at or above inflation.

Figure 13

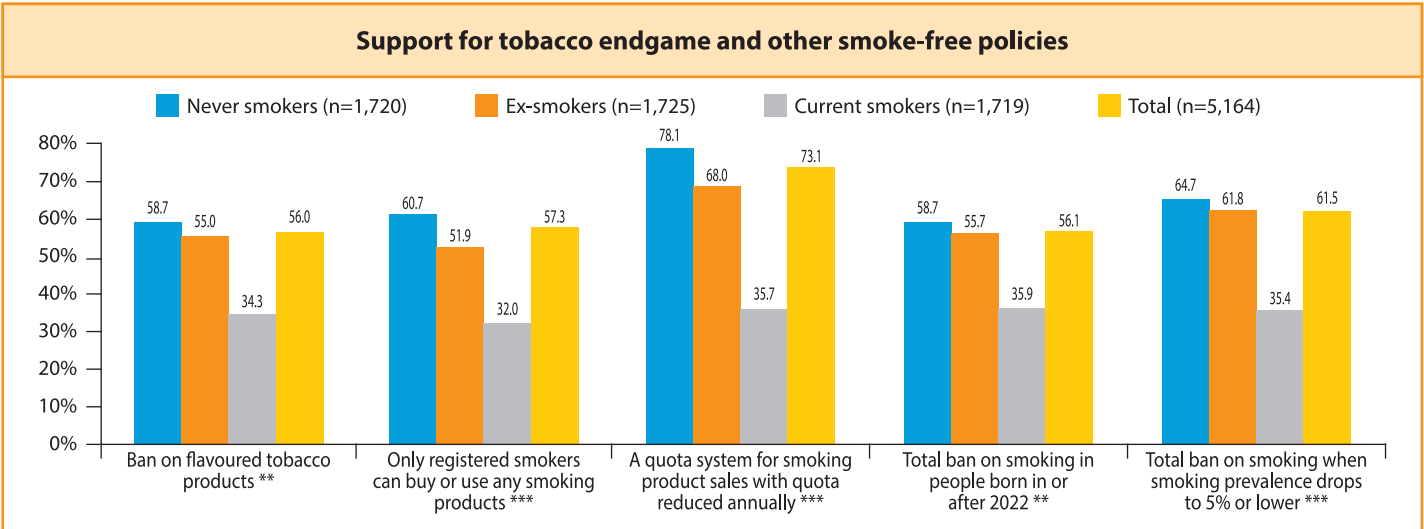


Results were weighted by sex, age and smoking status of the 2021 Hong Kong population. Difference by smoking status was statistically significant by Chi-square test (P<0.001).

3.4.4 Innovative tobacco control measures

Figure 14 shows that 56.0% of repondents supported banning flavoured tobacco products, 57.3% supported that only registered smokers can buy or use any smoking products, and 73.1% supported a quota system for smoking product sales with quota reduced annually. Over half (56.1%) supported total ban on smoking in people born in or after 2022, and 61.5% supported banning smoking when the smoking prevalence drops to 5% or lower.

Figure 14



Results were weighted by sex, age and smoking status of the 2021 Hong Kong population. Difference by smoking status was tested by Chi-square test (** P<0.01, *** P<0.001).

4. Discussion

The prevalence of daily use for any form of smoking products, conventional cigarettes, e-cigarettes and HTPs were 9.8%, 9.5%, 0.3% and 0.1%, respectively in 2021, according to the Thematic Household Survey Report No. 75⁹. TCPS 2022 found that the prevalence of current use of conventional cigarettes, e-cigarettes and HTPs were 9.5%, 1.0% and 0.5%, respectively. Current use of e-cigarettes and HTPs remained uncommon in Hong Kong before and after the ASP ban. Intention to quit HTPs or e-cigarettes in current users remained similar before and immediately after the ban, but the use of e-cigarettes in current smokers significantly halved from 13.2% to 7.5%. Prior to the passage of the Import and Export Amendment Bill 2023, both land-to-air and sea-to-air transshipment of ASPs were prohibited to minimize the risks of leakage of ASPs to the illicit market during transport from land or sea control points via the territory to the airport. The Government expects increase in logistic business after exempting land-to-air and sea-to-air ASP transshipment from the import ban. However, the exemption may undermine the effectiveness of the total ban on ASP and increase the chances of ASP entering the local market, leading to a possible rebound in smoking rates in the future. Continual close monitoring of ASP use as well as the illicit market on needed.

Over half (53.6%) of respondents were exposed to SHS in the past 7 days, despite the low smoking prevalence, and smoking ban in all indoor public and workplaces and some outdoor public places. THS is chemical residues of tobacco smoke that clings to indoor dust and surfaces, which is an established public health hazard. Health risks of THS are associated in particular to infants and children including cognitive deficits and respiratory diseases. In this survey, around 20% of respondents reported THS exposure in indoor areas outside home in the past 7 days. The prevalent exposure to SHS and THS need to be reduced. Our study showed strong public support for various measures to reduce SHS and THS exposure, including a smoking ban in crowded streets and in all public areas with a ceiling. A majority (78.0%) of respondents supported for increased fine for smoking offence in statutory no-smoking areas. Further expanding no-smoking areas and strengthening enforcement are highly warranted.

Nearly 90% of current cigarette users had low to moderate nicotine dependence, and 54.3% had no intention to quit smoking. Effective measures are required to increase intention to quit. Plain packaging for smoking products which increases the salience of the PHWs and eliminates promotional effects of tobacco product packaging, should be implemented, as recommended by the WHO. Australia was the first country to adopt plain packaging in 2012, which was effective in reducing smoking prevalence in the adult population^{10, 11}. Thailand, Singapore and Myanmar are the Asian countries which have already implemented plain packaging¹²⁻¹⁴. While prohibition of tobacco advertisement on television and radio, in cinemas and public transportation and on the

Internet has been prohibited¹⁵, POS tobacco product displays are a significant loophole of the advertising ban. Tobacco companies constantly seek ways to exploit retail settings for promotion to renormalize and maintain visibility of smoking products¹⁶. In Hong Kong, smoking products are displayed in large and glamorous light box at prominent area of POS, which constitutes advertising according to Article 13 of the Framework Convention on Tobacco Control (FCTC). This promotional tactic particularly appeals to young people. POS cigarette displays stimulate impulse of purchase and acts as cues to smoke, even in those not explicitly intending to buy cigarettes and those trying to avoid smoking^{17, 18}. POS displays also make it more difficult for smokers to quit smoking. In our survey, over half of the respondents usually or occasionally saw POS tobacco product displays at retail stores in the past 30 days, and 61.2% of them perceived the displays as advertisements. With a POS display ban, tobacco packs must be stored in an opaque cupboard, while only the textual listing of products and their prices without any promotional elements or brand features can be shown to customers upon request. Australia, New Zealand, Thailand and United Kingdom (UK) have implemented both plain packaging and POS tobacco product display ban. The Hong Kong Government should legislate plain packaging to increase the salience on PHWs and a total ban on POS displays to reduce attractiveness of tobacco products which was strongly supported by the respondents.

In line with the results of previous waves of TCPSs, this study showed strong support for annual tobacco tax increase (66.5%) and for an increase at or greater than inflation (62.9% of respondents supporting annual tobacco tax increase). Although COSH has long been advocating for a tax increase of 100% so that the cigarette price (HK\$98) could be close to the aforementioned price as expressed by current cigarette users, tobacco tax had been frozen for 8 years since 2015-16. Despite the 30% tobacco tax increase in the Budget 2023-2024, the existing price (HK\$78) of a pack of major brand cigarettes is still be lower than that in other developed regions, for example, approximately HK\$210, HK\$180 and HK\$120 in Australia, New Zealand, and UK, respectively¹⁹. The tobacco tax, accounting for only around 64% of the retail price of cigarettes, is still lower than the level suggested by the WHO (at least 75%). It is recommended that the Government significantly increases tobacco taxes in the coming years to further decrease the affordability of cigarettes, and adopts a mechanism to regularly increase the tax to prevent inflation from eroding the effectiveness of tobacco tax.

The Government has set a target to further reduce smoking prevalence to 7.8% by 2025, while ending the smoking epidemic should be the ultimate goal. Around 60% of respondents in this survey supported a total ban on smoking when the smoking prevalence decreases to 5% or below. However, there is still a gap between the current smoking

prevalence and the 2025 goal, and the decline in smoking prevalence has plateaued in recent years, let alone realizing tobacco endgame. Radical effective measures to prevent smoking initiation and promote smoking cessation are urgently needed. Strategies such as a smoke-free generation policy, a quota system for smoking product sales with quota reduced annually, registration of smokers who can buy or use any tobacco products and a ban on flavored tobacco products secured support of over half of the population. The Government should consider these strategies for smoke-free Hong Kong.

5. Limitations

All information of TCPS 2022 was collected through landline and mobile phone interviews which increased the coverage. While data precision may be limited when compared with face-to-face interview, more truthful responses could be encouraged given the anonymous nature of the study. Restriction of respondents to those who can speak Cantonese may be another limitation in representation but they consisted of over 95% of the population aged 15 years or above. Changes in tobacco consumption and opinion towards tobacco control policies from the same respondent could not be tracked due to the nature of cross-sectional study.

6. Conclusions

Strong public support for raising tobacco tax, expansion of no smoking area, tobacco endgame was demonstrated. Continual evaluation of the ban on alternative smoking products is highly recommended. More resources for the aforementioned policies, and continuous monitoring and evaluation are also needed to further reduce the smoking prevalence in the next few years.

7. Other results

7.1 Flavoured cigarette use

In current cigarette users, menthol (31.6%) flavour was the most common flavour used for their first cigarette.

- Menthol (36.6%) was also the most common flavour used in current cigarette users, followed by fruit (5.1%) and menthol plus fruit (2.3%).

7.2 Quit attempt and use of smoking cessation services

- 62.5% of current smokers have ever made a quit attempt, including 19.2% trying to quit in the past 12 months.
- About one-fifth (19.2%) of current smokers had their most recent quit attempt in the past 12 months.

- About one-fifth (18.0%) of current smokers had ever used smoking cessation services in Hong Kong.
- 11.5% of current smokers intended to use nicotine gum, patch or lozenge, 9.3% intended to use Chinese medication, 7.5% intended to use acupuncture, and 6.6% intended to use counselling services.
- 4.2% of current smokers recalled the correct number of smoking cessation hotline (1833 183).

7.3 Smoking hotspot

- 40.6% of current smokers used tobacco products at smoking hotspots (such as around rubbish bins and back alleys) in the past 7 days, including 20.7% who used tobacco products every day.
- Current smokers visited smoking hotspots for a median of 2 times per day.

7.4 SHS exposure

- The most common location of SHS exposure outside home and workplace was streets (78.1%), followed by parks and other resting areas (13.3%), public transport stops (12.4%) and areas around rubbish bins (10.3%).

7.5 Pictorial health warnings

- Majority (96.3%) of current smokers noticed the pictorial health warnings (PHWs) on cigarette packs in the past 30 days. The prevalence was relatively lower in never smokers (48.8%) and ex-smokers (53.4%).
- 76.8% of respondents thought of the harms of smoking upon seeing the PHWs on cigarette packs in the past 30 days. The proportion was significantly higher in never smokers (81.9%) and ex-smokers (66.2%) than in current smokers (46.7%).
- 15.6% of current cigarette users thought of quitting cigarettes and 7.6% held back from smoking upon seeing PHWs on cigarette packs in the past 30 days.

7.6 Tobacco tax

- Three quarters (76.4%) of respondents supported a tobacco tax increase in 2023. of which 56.6% supported an increase greater than inflation. Overall support was lower in current smokers (22.2%) than in never smokers (83.5%) and ex-smokers (71.1%) ($P < 0.001$).
- 55.3% of current cigarette users would reduce smoking by at least half if cigarette retail price increased. The mean and median retail price to motivate this was HK\$113.4 and HK\$100.0, respectively.

- 51.6% of current cigarette users would quit smoking if cigarette retail price increased. The mean and median retail price to motivate was HK\$162.7 and HK\$100.0, respectively.
- 66.5% of current cigarette users would reduce smoking by at least half or quit smoking if cigarette retail price increased. The mean and median retail price to motivate this was HK\$116.9 and HK\$100.0, respectively.

7.7 Measures against tobacco industry interference

- On an 11-point scale from 0 (totally disagree) to 10 (totally agree), respondents rated their level of support for a mandatory declaration of conflicts of interest with the tobacco industry by government agents and Legislative Council members. The mean score was 8.2 (median = 10.0)
- On an 11-point scale from 0 (totally disagree) to 10 (totally agree), respondents rated their level of support for prohibiting these members and parties from formulating tobacco control policies. The mean score was 7.6 (median = 9.0).

8. References

1. 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.
2. World Health Organization NCD Global Monitoring Framework. WHO website. <https://www.who.int/publications/i/item/ncd-surveillance-global-monitoring-framework>. Published 2011. Accessed April 20, 2023.
3. Ministry of Health. New Zealand's comprehensive tobacco control action plan: 2016-2020. <https://www.health.govt.nz/system/files/documents/publications/new-zealands-comprehensive-tobacco-control-action-plan-2016-2020-aug16-v2.pdf>. Accessed April 20, 2023
4. Finnish Ministry of Social Affairs and Health. Tobacco-free Finland 2030. <http://urn.fi/URN:ISBN:978-952-00-3389-4>. Accessed April 20, 2023.
5. Government of Canada. Tobacco control in Canada: A comprehensive strategy. Retrieved from <https://www.canada.ca/content/dam/hc-sc/documents/services/publications/health-system-services/tobacco-control-canada-comprehensive-strategy/tobacco-control-in-canada-a-comprehensive-strategy-eng.pdf>. Accessed April 20, 2023.
6. 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.
7. 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-smokefree-policies-march-2012/>. Published 2012. Accessed April 20, 2023.
8. 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 April 20, 2023.
9. Census and Statistics Department, Hong Kong Special Administrative Region. Thematic Household Survey Report No. 75. https://www.censtatd.gov.hk/en/data/stat_report/product/B1130201/att/B11302752022XXXXB0100.pdf. Published May 26, 2022. Accessed April 20, 2023.
10. Department of Health, Commonwealth of Australia. Tobacco plain packaging. <https://www.health.gov.au/health-topics/smoking-and-tobacco/tobaccocontrol/tobacco-plain-packaging#:~:text=Plain%20packaging%20aims%20to%20improve,making%20health%20warnings%20more%20effective>. Accessed April 20, 2023.
11. 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 April 20, 2023.
12. Ministry of Public Health Thailand. (2019). Regulations on packaging and labeling of tobacco products. Retrieved from http://www.thaismokefree.or.th/wp-content/uploads/2020/04/Notification-on-Packaging-and-Labeling-of-Tobacco-Products_ENG.pdf. Accessed April 20, 2023.
13. Ministry of Health Singapore. Enhanced graphic health warnings and standardized packaging for tobacco products. <https://www.moh.gov.sg/news-highlights/details/enhanced-graphic-health-warnings-and-standardised-packaging-for-tobacco-products>. Accessed April 20, 2023.
14. Ministry of Health and Sports Myanmar. Notification on the requirements for tobacco product packaging and labeling. Retrieved from https://www.who.int/fctc/reporting/party_reports/myanmar_annex6_tobacco_packaging_and_labeling.pdf. Accessed April 20, 2023.
15. 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. Accessed April 20, 2023.
16. 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.

17. Wakefield M, Germain D, Henriksen L. The effect of retail cigarette pack displays on impulse purchase. *Addiction*. 2008;103(2):322-328.
18. Siahpush M, Shaikh RA, Hyland A, et al. Point-of-Sale Cigarette Marketing, Urge to Buy Cigarettes, and Impulse Purchases of Cigarettes: Results From a Population-Based Survey. *Nicotine Tob Res*. 2016;18(5):1357-1362.
19. 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. Accessed April 20, 2023.

Acknowledgements

We thank all the interviewers and staff from HKPORI for data collection and respondents for participating in this survey.

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

Annual Report 2022-2023 年報



二零二三年九月出版
Published in September 2023

© 2022-2023 年香港吸煙與健康委員會版權所有
© 2022-2023 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, 44th Floor, Hopewell Centre, 183 Queen's Road East, Wanchai, Hong Kong

查詢熱線 Enquiry Hotline: (852) 2838 8822
傳真 Facsimile: (852) 2575 3966
電郵地址 E-mail: enq@cosh.org.hk
網址 Website: www.smokefree.hk





www.smokefree.hk



無煙代言人
Smoke-free Ambassador

咪點我[®]
wise mike

