



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

藍圖在握 無煙同行

Blueprint In Hand
Strive For a Tobacco-free Future Together



Annual Report 年報
2024-2025



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委員會憲章

Charter of COSH



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

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

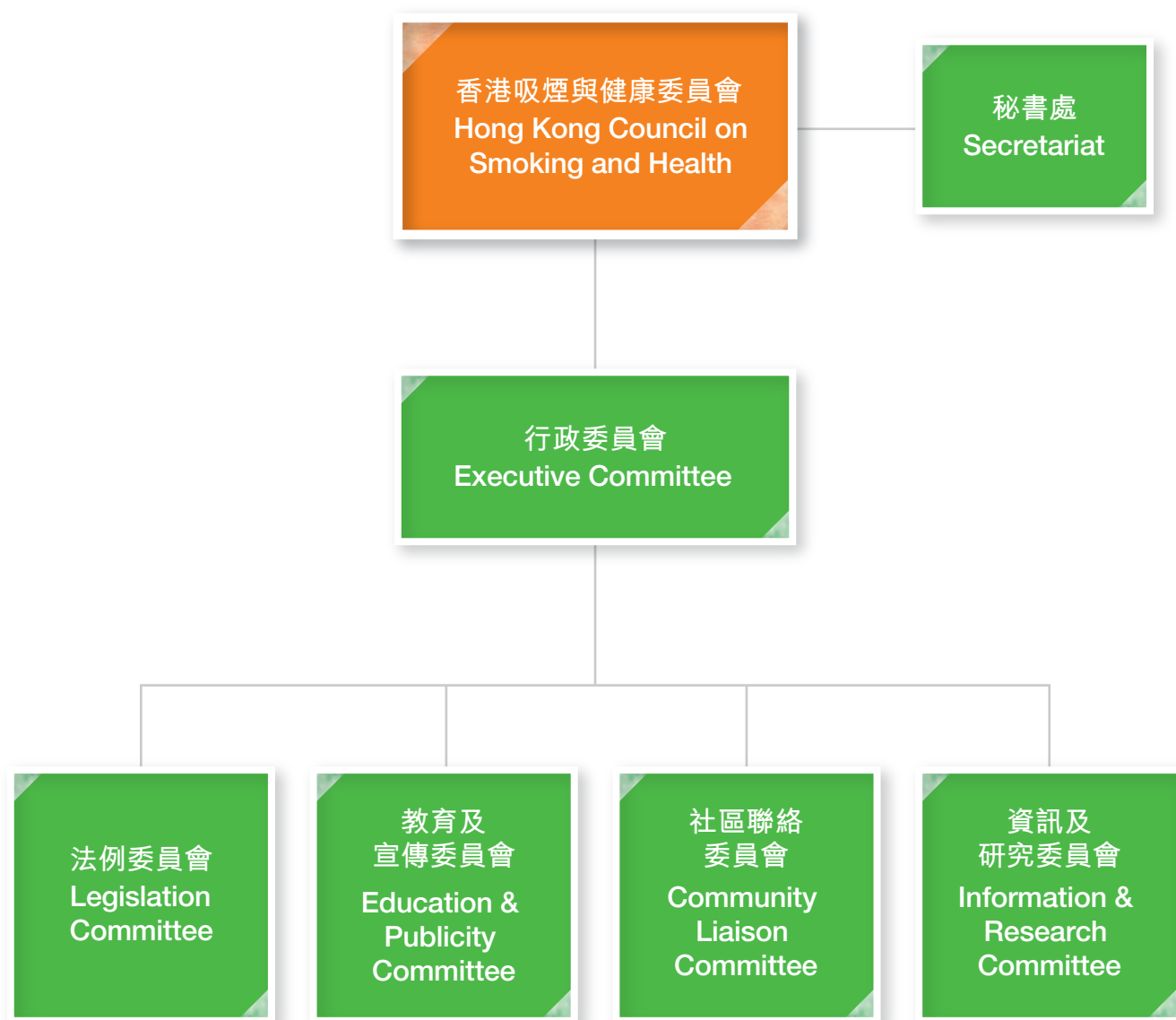
根據憲章，委員會就本港各項有關煙草之問題，擔當主導角色，並時刻關注各項可影響煙草產品推廣及煙草蔓延的環境變異，於憲章賦予之職權範圍內，因時制宜，採取適度應變措施。

COSH was 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



委員會組織架構 Organization of COSH

委員會成員 Members of COSH

主席	湯修齊先生BBS, MH 太平紳士	Chairman	Mr Henry TONG Sau-chai, BBS, 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
	何超欣女士		Ms Alice HO Chiu-yan
	何明惠博士		Dr Celine HO Ming-wai
	劉駿楷先生		Mr Terence LAU Chun-kai
	李伊瑩女士MH		Ms LEE Yi-ying, MH
	梁樂行醫生		Dr Will LEUNG Lok-hang
	梁永鏗教授 BBS 太平紳士		Prof Vitus LEUNG Wing-hang, BBS, JP
	廖偉明醫生		Dr Haston LIU Wai-ming
	巫潔嫻教授		Prof Phoenix MO Kit-han
	吳振江醫生		Dr Chris NG Chun-kong
	柯加恒教授		Prof Kevin OR Ka-hang
	鄧飛議員MH		Honourable TANG Fei, MH
	黃顯榮先生MH 太平紳士		Mr Simon WONG Hin-wing, MH, JP
當然委員	趙佩燕醫生BBS 太平紳士	Ex-officio Member	Dr Amy CHIU Pui-yin, BBS, JP
任期於2024年9月屆滿之委員		Outgoing members who served the Council for the year up to September 2024	
	林哲玄議員		Dr Honourable David LAM Tzit-yuen
	蘇潔瑩醫生 MH		Dr Loletta SO Kit-ying, MH
	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

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BBS, MH 太平紳士	Member	Mr Henry TONG Sau-chai, BBS, MH, JP
	張勇邦先生MH		Mr Langton CHEUNG Yung-pong, MH
	馮卓能先生MH		Mr Clement FUNG Cheuk-nang, MH

委員會組織架構 Organization of COSH

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 BBS, MH 太平紳士	Member	Mr Henry TONG Sau-chai, BBS, MH, JP
	陳志球博士 SBS, BBS 太平紳士		Dr Johnnie CHAN Chi-kau, SBS, BBS, JP
	何明惠博士		Dr Celine HO Ming-wai
	劉駿楷先生		Mr Terence LAU Chun-kai
	李伊瑩女士 MH		Ms LEE Yi-ying, MH
	廖偉明醫生		Dr Haston LIU Wai-ming
	黃顯榮先生 MH 太平紳士		Mr Simon WONG Hin-wing, MH, JP
增選委員	張翠芬女士	Co-opted Member	Ms Connie CHEUNG Chui-fan
	方綺文女士		Ms Joanne FONG Yee-man
	洪志彬先生		Mr Ben HUNG Chi-pan
	曾立基先生		Mr Richard TSANG Lap-ki
	胡豔芬女士		Ms VU Im-fan
	黃潔女士		Ms Kitnacy WONG Kit
	余榮輝先生 MH		Mr Christopher YU Wing-fai, MH

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 BBS, MH 太平紳士	Member	Mr Henry TONG Sau-chai, BBS, MH, JP
	馮卓能先生 MH		Mr Clement FUNG Cheuk-nang, MH
	劉駿楷先生		Mr Terence LAU Chun-kai
	梁永鏗教授 BBS 太平紳士		Prof Vitus LEUNG Wing-hang, BBS, JP
增選委員	方奕展先生 MH	Co-opted Member	Mr Eugene FONG Yick-jin, MH
	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
	雷雄德博士 MH		Dr Lobo LOUIE Hung-tak, MH
	馬澤華先生 MH, CStJ		Mr Stephen MA Chak-wa, MH, CStJ
	麥萃才博士 MH		Dr Billy MAK Sui-choi, MH
	黃俊碩議員		Honourable Edmund WONG Chun-sek
	楊協和醫生		Dr Victor YEUNG Hip-wo

資訊及研究委員會 Information & Research Committee

主席	馮卓能先生MH	Chairman	Mr Clement FUNG Cheuk-nang, MH
委員	湯修齊先生 BBS, MH 太平紳士	Member	Mr Henry TONG Sau-chai, BBS, MH, JP
	陳志球博士 SBS, BBS 太平紳士		Dr Johnnie CHAN Chi-kau, SBS, BBS, JP
	梁樂行醫生		Dr Will LEUNG Lok-hang
	巫潔嫻教授		Prof Phoenix MO Kit-han
	吳振江醫生		Dr Chris NG Chun-kong
	柯加恒教授		Prof Kevin OR Ka-hang
增選委員	歐陽兆倫教授	Co-opted Member	Prof Ryan AU YEUNG Shiu-lun
	何世賢教授		Prof Daniel HO Sai-yin
	林大慶教授 BBS 太平紳士		Prof LAM Tai-hing, BBS, JP
	林振文醫生		Dr Jeren LIM Jin-mun
	董煜醫生 太平紳士		Dr Stewart TUNG Yuk, JP
	王文炳教授		Prof Kelvin WANG Man-ping

法例委員會 Legislation Committee

主席	湯修齊先生 BBS, MH 太平紳士	Chairman	Mr Henry TONG Sau-chai, BBS, 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
	馮卓能先生 MH		Mr Clement FUNG Cheuk-nang, MH
	廖偉明醫生		Dr Haston LIU Wai-ming
	鄧飛議員 MH		Honourable TANG Fei, MH
增選委員	封螢醫生	Co-opted Member	Dr FUNG Ying
	徐小曼女士		Ms HSU Siu-man
	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
	蘇潔瑩醫生 MH		Dr Loletta SO Kit-ying, MH
	黃仰山教授		Prof Samuel WONG Yeung-shan

委員介紹

Members of COSH



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

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

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

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

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

6 何超欣女士
Ms Alice HO Chiu-yan

7 何明惠博士
Dr Celine HO Ming-wai

8 林哲玄議員
Dr Honourable David LAM Tzit-yuen

9 劉駿楷先生
Mr Terence LAU Chun-kai

10 李伊瑩女士 **MH**
Ms LEE Yi-ying, MH

11 梁樂行醫生
Dr Will LEUNG Lok-hang

12 梁永鏗教授 **BBS** 太平紳士
Prof Vitus LEUNG Wing-hang, BBS, JP

委員介紹 Members of COSH



13 廖偉明醫生
Dr Haston LIU Wai-ming

14 巫潔嫻教授
Prof Phoenix MO Kit-han

15 吳振江醫生
Dr Chris NG Chun-kong

16 柯加恒教授
Prof Kevin OR Ka-hang

17 蘇潔瑩醫生 MH
Dr Loletta SO Kit-ying, MH

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

19 鄧飛議員 MH
Honourable TANG Fei, MH

20 董煜醫生 太平紳士
Dr Stewart TUNG Yuk, JP

21 王文炳教授
Prof Kelvin WANG Man-ping

22 黃顯榮先生 MH 太平紳士
Mr Simon WONG Hin-wing, MH, JP



委員介紹 Members of COSH



主席 Chairman

湯修齊先生 BBS, MH 太平紳士
Mr Henry TONG Sau-chai, BBS, 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，現為法例委員會主席、行政委員會、社區聯絡委員會、資訊及研究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 Legislation Committee, and also a member of the Executive Committee, Community Liaison Committee, Information & Research 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.

委員介紹 Members of COSH



委員 Member

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

趙佩燕醫生為時任衛生署規管事務總監，於2018年加入委員會。

Dr Amy CHIU is then 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，現為資訊及研究委員會主席，行政委員會、社區聯絡委員會和法例委員會委員。

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

委員介紹 Members of COSH



委員 Member

何超欣女士

Ms Alice HO Chiu-yan

何超欣女士於2023年加入委員會。

Ms Alice HO Chiu-yan joined COSH in 2023.



委員 Member

何明惠博士

Dr Celine HO Ming-wai

何明惠博士為香港理工大學管理及市場學系實務教授(市場學)，於2024年加入委員會，現為教育及宣傳委員會委員。

Dr Celine HO is a Professor of Practice in Marketing, The Hong Kong Polytechnic University. She joined COSH in 2024 and is a member of the Education & Publicity Committee.



委員 Member

劉駿楷先生

Mr Terence LAU Chun-kai

劉駿楷先生是一位專業註冊社工，現職為企業持續發展總監，於2023年加入委員會，現為社區聯絡委員會和教育及宣傳委員會委員。

Mr Terence LAU is a registered social worker by profession and Business Sustainability Director of an enterprise. He joined COSH in 2023 and is a member of the Community Liaison Committee and Education & Publicity Committee.

委員介紹 Members of COSH



委員 Member

李伊瑩女士 MH
Ms LEE Yi-ying, MH

李伊瑩女士為中學校長，並擔任香港津貼中學議會主席，於2024年加入委員會，現為教育及宣傳委員會委員。

Ms LEE Yi-ying is a secondary school principal and the Chairman of The Hong Kong Subsidized Secondary Schools Council. She joined COSH in 2024 and is a member of the Education & Publicity Committee.



委員 Member

梁樂行醫生
Dr Will LEUNG Lok-hang

梁樂行醫生為醫院管理局總行政經理(基層及社區醫療服務)，於2023年加入委員會，現為資訊及研究委員會委員。

Dr Will LEUNG is the Chief Manager (Primary and Community Services) of Hospital Authority. He joined COSH in 2023 and is a member of Information & Research Committee.



委員 Member

梁永鏗教授BBS 太平紳士
Prof Vitus LEUNG
Wing-hang, BBS, JP

梁永鏗教授為香港一間律師事務所主合夥人，於2024年加入委員會，現為社區聯絡委員會委員。

Prof Vitus LEUNG is a principal partner of a Hong Kong law firm. He joined COSH in 2024 and is a member of the Community Liaison Committee.

委員介紹 Members of COSH



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 the 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賽馬會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 Jockey Club 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

吳振江醫生

Dr Chris NG Chun-kong

吳振江醫生為呼吸系統科醫生，於2024年加入委員會，現為資訊及研究委員會委員。

Dr Chris NG is a specialist doctor in respiratory medicine. He joined COSH in 2024 and is a member of the Information & Research Committee.

委員介紹 Members of COSH



委員 Member

柯加恒教授
Prof Kevin OR Ka-hang

柯加恒教授為香港中文大學香港中西醫結合醫學研究所名譽臨床副教授，於2024年加入委員會，現為資訊及研究委員會委員。

Prof Kevin OR is a Clinical Associate Professor (Honorary) in Hong Kong Institute of Integrative Medicine, The Chinese University of Hong Kong. He joined COSH in 2024 and is a member of the Information & Research Committee.



委員 Member

鄧飛議員 MH
Honourable TANG Fei, MH

鄧飛議員為立法會議員和香港教育工作者聯會副會長，於2024年加入委員會，現為法例委員會委員。

Hon TANG Fei is a current Member of the Legislative Council and the Vice-President of Hong Kong Federation of Education Workers. He joined COSH in 2024 and is a member of the Legislation Committee.



委員 Member

黃顯榮先生 MH 太平紳士
Mr Simon WONG
Hin-wing, MH, JP

黃顯榮先生為證券及期貨條例註冊之持牌私募股權投資公司的合夥人，於2024年加入委員會，現為教育及宣傳委員會委員。

Mr Simon WONG is the partner of a private equity firm licensed under the Securities and Futures Ordinance. He joined COSH in 2024 and is a member of the Education & Publicity 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	黎悅華女士	Project Manager	Ms Joanne LAI Yuet-Wa
	陳筠怡女士		Ms Katherine CHAN Kwan-yi
	謝婕怡女士		Ms Irene TSE Tsit-yi
	王志峰先生		Mr Fung WONG Chi-fung
	秦瑞雯女士		Ms Shirley CHUN Sui-man
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	何沅鋌女士	Project Officer	Ms Isabelle HO Yuen-ting
	鄧樂希女士		Ms Tiffany TANG Lok-hei
	陳柏晴女士		Ms Winnie CHAN Pak-ching
	陳珮琳女士		Ms Christie CHAN Pui-lam
項目籌劃主任	陳浩銘先生	Project Executive	Mr Calvin CHAN Ho-ming
教育幹事	鍾翠媛女士	Educator	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
	陳穎心女士		Ms Samantha CHAN Wing-sum
	婁吉瓊女士		Ms Kitty LAU Kat-king
	吳秋和女士		Ms Wendy NG Chau-wo
行政助理	楊倩瑤女士	Executive Assistant	Ms Christine YEUNG Sin-yiu
	梁俊耀先生		Mr Ricky LEUNG Chun-yiu
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



健康是無價之寶，得知有人因吸煙而患病，煙草禍害甚至為其家人帶來苦楚，聞者都相當痛心。香港逾十載吸煙率下降速度持續放緩，實在有必要持續加強控煙措施，應對煙草商多變的營銷手法和日異月新的社會環境。加強控煙政策的有效推行，有助減少醫療開支，更是社會長遠的投資。儘管面對重重挑戰，委員會的控煙工作絕不停歇，與各界齊心同行，致力凝聚社會共識，攜手繼續實踐控煙藍圖，共建一個充滿活力、健康和無煙的香港。

Health is priceless. It is heartbreaking to learn that people have fallen ill as a result of smoking, and that the scourge from tobacco has even brought suffering to their family members. As the decline in Hong Kong's smoking prevalence has experienced a continuous slowdown over the past decade, it is essential to further strengthen tobacco control measures to respond to the ever-changing marketing tactics of tobacco industry and the evolving social environment. Implementing enhanced tobacco control policies in an effective manner will not only help reduce medical expenditure but also serve as a long-term social investment. Despite numerous challenges, COSH will never cease its tobacco control efforts, and will continue to work in solidarity with all sectors of society, with an aim to foster a collective consensus and jointly implement the tobacco control blueprint, thereby creating a vibrant, healthy and tobacco-free Hong Kong together.

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

吸煙每年奪取全球超過700萬人的性命，包括估計160萬因接觸二手煙而死亡的不吸煙者。吸煙是最大而可預防的非傳染疾病風險因素，香港自1982年起訂立《吸煙（公眾衛生）條例》（第371章），以循序漸進及多管齊下的方式推動控煙工作，減低煙草使用對個人健康、公共衛生、醫療系統及社會經濟的負面影響。本港吸煙率從八十年代初的23.3%下降至2023年有史以來新低的9.1%，控煙成果固然值得鼓舞，然而每日吸煙者有超過57萬人，情況值得關注。

Smoking claims over 7 million lives worldwide each year, including an estimated 1.6 million non-smokers who die from exposure to secondhand smoke. Smoking is regarded as the largest preventable risk factor for non-communicable diseases. Hong Kong enacted the Smoking (Public Health) Ordinance (Cap 371) since 1982 to advance tobacco control efforts through a progressive and multi-pronged approach, thereby minimising the negative impact of tobacco use on individual health, public health, healthcare systems and social economy. While it is encouraging to witness that Hong Kong's smoking prevalence has plunged from 23.3% in the early 1980s to a record low of 9.1% in 2023, the fact that over 570,000 people are counted as daily smokers deserves attention.

吸煙每年奪取全球
Smoking claims

>7,000,000 人
lives

的性命，包括估計
worldwide each year,
including an estimated

1,600,000

因接觸二手煙而死亡的不吸煙者。
non-smokers who die from
exposure to secondhand smoke.



主席報告 Chairman's Report

為應對煙草對人們健康和醫療系統的威脅，全球致力遏制煙草流行。近年不少國家更宣佈訂立煙草終局的目標和計劃，並因此全面加強現有控煙措施和推行創新策略實踐。醫務衛生局早在2023年7月展開《活力健康無煙香港》控煙策略諮詢，提出圍繞以煙草產品、使用者、及以市場供應為核心的四大策略，結果顯示超過九成市民支持進一步降低吸煙率。隨後，政府於2024年6月宣佈了短、中、長期控煙措施建議，其中八項短期控煙措施於2025年內展開立法工作，聆聽各界意見適時推行措施。

委員會隨即進行一系列倡議及宣傳教育活動，包括舉辦社區宣傳活動和學校巡迴展覽，向社區及學生詳述十項短期控煙措施，並持續透過媒體報道、社交媒體及專題網站等渠道宣傳。委員會更邀請來自不同的網絡頻道，以及具影響力的網絡名人介紹未來控煙措施的內容，各影片及貼文內容，共錄得700多萬瀏覽次數。同時在人流密集的街道和公共交通工具上進行戶外及數碼平台宣傳，加深公眾對控煙政策的了解。

不同的網絡頻道和網絡名人
介紹未來控煙措施
各影片及貼文內容，共錄得

Influential celebrities from
different online channels to introduce
forthcoming tobacco control measures,
with related videos and posts receiving

超過
over

7,000,000

瀏覽次數。
exposures.

In response to the threat that tobacco has posed to public health and healthcare systems, the global community is committed to curbing the tobacco epidemic. In recent years, numerous countries have announced goals and plans to establish a Tobacco Endgame by implementing comprehensive enhancements to existing tobacco control measures while adopting innovative strategies. The Health Bureau launched the “Vibrant, Healthy and Tobacco-free Hong Kong” public consultation on tobacco control strategies in July 2023, highlighting a range of measures centered around four key strategic directions, with policies targeting tobacco products, users, and market supply. The results revealed that over 90% of citizens support further reducing smoking prevalence. Subsequently, in June 2024, the Government announced short, medium and long-term tobacco control measures and proposals. Among these, eight short-term measures have been undergo legislative procedures within 2025, and will be implemented in due course after considering the opinions of people from all walks of life.

COSH immediately organized a series of comprehensive advocacy and promotional activities, including community outreach events and school touring exhibitions to detail the ten short-term tobacco control measures to communities and students. Efforts have been sustained through media coverage, social media and dedicated websites. COSH also invited influential celebrities from different online channels to introduce forthcoming tobacco control measures, with related videos and posts receiving over 7 million exposures. Meanwhile, outdoor and digital advertising campaigns were deployed on streets and public transportation with high-traffic flow to deepen the public's understanding of tobacco control policies.



煙草危害比想像中更貼近每個人的生活，如有時在街上遇上避無可避的二手煙，甚至身邊有親朋好友未能擺脫煙癮，令自己和身邊人留下無法彌補的遺憾。委員會邀請兩位分別患上肺癌和咽喉癌的病人，以過來人的身份透過宣傳片分享多年來吸煙對身體所造成的危害，以及對其生活的深遠影響，向外界表達遠離煙草的忠告。委員會衷心感謝梁永義先生和梁樹根先生的真誠分享，以及香港新聲會的協助。

在整個立法前的籌備階段，委員會與社會各界一同向政府傳遞加強控煙的殷切期盼，推進控煙進程，為香港長遠控煙藍圖奠下堅實根基。委員會也邀請政商界領袖、企業代表、醫療、運動、學術界人士拍攝兩輯共13集的電視節目，共獲逾740萬觀看人次，加深公眾對控煙政策的了解。

The harm of tobacco is more pervasive in our daily life than we imagine. Whether sometimes encountering inescapable secondhand smoke on the streets or witnessing relatives and friends around us struggle with tobacco addiction, these experiences can leave irreparable regrets for both smokers and those around them. COSH invited two patients, one suffering from lung cancer and the other pharyngeal cancer, to share their personal experiences of the physical toll of tobacco use over the years and its profound impact on their lives, and to offer heartfelt advice for staying tobacco-free through videos. COSH expresses its heartfelt appreciation to Mr LEUNG Wing-yu and Mr LEUNG Shu-kan for their sincere sharing, and acknowledges the support of the New Voice Club of Hong Kong.

Throughout the preparatory phase preceding legislation, COSH, together with all sectors of society, conveyed urgent calls for strengthening tobacco control to the Government, and for advancing tobacco control progress to lay a solid foundation for Hong Kong's long-term tobacco control blueprint. COSH also invited political and business leaders, enterprise representatives, and individuals from healthcare, sports and academic circles to participate in two television series totaling 13 episodes. All episodes attracted over 7.4 million views, thereby enhancing the public's knowledge of tobacco control policies.

兩輯共13集的電視節目，共獲

Two television series in total of
13 episodes attracted

>7,400,000

觀看人次
viewers

加深公眾對控煙政策的了解。

thereby enhancing the public's knowledge of
tobacco control policies.



主席報告 Chairman's Report

委員會深信只要堅持不懈和持之以恆，循序漸進推進控煙進程，無煙香港將是未來可實現的宏願。委員會一直走入社區，鼓勵吸煙人士戒煙。自2009年起舉辦「戒煙大贏家」比賽，每年均成功招募逾千名市民參與，下定決心戒煙。今年計劃已踏入第十五屆，累計超過18,000人參加，踏出第一步戒煙，並透過成功戒煙人士的經驗，鼓勵更多吸煙人士戒煙，是委員會控煙工作上的一個重大成果。

每位「戒煙大贏家」的戒煙契機經歷不盡相同，他們皆在成功戒煙後獲得人生更好的改變。我眼見計劃為參加者帶來生命變化，並獲得很多別具意義的回憶和經驗。今年計劃在全港18區舉辦接近90場招募活動，並聯同地區合作夥伴舉行超過70項無煙宣傳活動，成功推動超過1,300名吸煙人士戒煙，與近10萬名市民分享無煙信息。今年成功戒煙率高達33%，成果令人鼓舞。「戒煙大贏家」將繼續加強社區和聯繫各界團體，提升計劃的成效，營造無煙社區，迎接無煙健康生活。

「戒煙大贏家」比賽，每年招募

The “Quit to Win”
Smoke-free Community Campaign recruits

>1,000 名市民參與
smokers to
kick the habit
every year.

今年計劃已踏入第十五屆，

This year marks the 15th anniversary of
the Campaign,

累計 **>18,000** 人參加
smokers

were recruited in taking their first step to quit.

COSH firmly believes that through persistent and sustained efforts, coupled with progressive advancement of tobacco control initiatives, a tobacco-free Hong Kong will be an achievable vision in the future. COSH has been engaging communities to encourage smokers to quit smoking. COSH has been organizing the “Quit to Win” Smoke-free Community Campaign since 2009. Every year, the Campaign recruits over 1,000 smokers to kick the habit. This year marks the 15th anniversary of the Campaign, which more than 18,000 smokers were recruited in taking their first step to quit smoking. It's a significant milestone in COSH's tobacco control efforts to encourage more smokers to quit smoking by sharing the stories of successful quitters.

Each participant in the “Quit to Win” Campaign embarked on their smoking cessation journey for different reasons, and all have achieved better changes in their lives after successfully quitting smoking. I have witnessed the changes in the lives of the participants brought about by the Campaign, and they have all gained meaningful memories and experiences. This year, the Campaign held approximately 90 recruiting sessions across 18 districts of Hong Kong, and over 70 smoke-free promotion activities were organized in collaboration with regional partners. More than 1,300 smokers were successfully convinced to quit smoking and smoke-free messages were conveyed to nearly 100,000 citizens. The quit rate this year is as high as 33%, which is an encouraging achievement. The “Quit to Win” Campaign will continue strengthening community network and collaborating with all sectors of the community to enhance its efficacy, fostering smoke-free communities and advancing toward smoke-free healthy living.



委員會竭力將無煙力量傳遞至社會各行各業，亦為吸煙率較高的行業度身訂造不同計劃，鼓勵各行各業建立無煙文化，推動吸煙人士戒煙。本港每日約有970萬人次使用公共交通服務，並有大約20萬名運輸及物流業從業員。委員會推出針對運輸及物流業界的「無煙車樂部」計劃，希望推動更多運輸業及物流業從業員戒煙，分別吸引近7,000名市民登記成為個人會員，超過60間運輸及物流業公司成為企業會員，以改善職業司機健康、提升業界的職業安全及專業形象。

吸煙損害身體每一個器官，特別影響長者和女性的健康。委員會繼續舉辦「無煙老友記」計劃和無煙女性宣傳計劃，分別透過健康講座、社區宣傳活動及招募長者義工組成「無煙老友大使」，向近10,200名長者宣揚煙草禍害，鼓勵長者展開無煙生活。後者獲得共23間婦女團體、地區康健中心／地區康健站及社區組織支持，舉辦了近35場無煙女性工作坊或健康講座，並透過單張和宣傳品與近1,500名市民分享無煙信息。

COSH strives to propagate smoke-free values across all sectors of society, while launching programmes tailored for industries with high smoking prevalence to encourage all industries to foster smoke-free cultures and encourage smokers to quit smoking. In Hong Kong, approximately 9.7 million people use public transport services on a daily basis, with approximately 200,000 workers in the transportation and logistics industry. COSH launched the “Smoke-Free Drivers Club” targeting the transportation and logistics industry, hoping to encourage more practitioners in the industry to quit smoking. The Programme attracted nearly 7,000 citizens to register as individual members and over 60 transportation and logistics companies as corporate members, aiming to enhancing the health of professional drivers while elevating the occupational safety and professional image of the industry.

Smoking damages every organ of the human body, with a particularly significant impact on the elderly and women. COSH continues to launch the “Elderly Smoking Cessation Promotion Project” and “Smoke-free Women Project”. The former raises awareness through talks, community outreach activities, and the recruitment of elderly volunteers to serve as “Smoke-free Elderly Ambassadors”, reaching nearly 10,200 senior citizens to educate them about the harms of tobacco and encourage them to embrace a smoke-free lifestyle. The latter was supported by 23 women’s groups, district health centres (DHC) and DHC Express, as well as community organizations. The project comprised nearly 35 smoke-free workshops for women or health talks, reaching nearly 1,500 citizens through the distribution of informative brochures and promotional materials.



主席報告 Chairman's Report

防止青少年吸第一口煙向來是委員會的重要控煙工作。煙草商為吸引年輕人及女性嘗試和持續吸煙，會在吸煙產品中加入薄荷及水果等口味的調味劑。委員會聯同香港大學學者發佈最新控煙調查研究，發現煙草產品的調味劑增加吸煙者成癮度，令吸煙人士更難成功戒煙。此外，有逾七成市民支持禁止加味煙草產品，且比率持續上升。委員會建議政府立法禁止加味煙，涵蓋添加所有口味包括薄荷在內的吸煙產品，以至任何可添加味道至捲煙的配件等，同時儘快進一步禁止以任何形式管有另類吸煙產品，保障市民免受煙草危害。

委員會一直推動多元化的無煙教育，今年繼續在幼稚園及中小學舉辦約100場「無煙新世代」健康講座，讓兒童及青少年及早認清煙草禍害和遠離煙草禍害。委員會的學校互動教育巡迴劇場今年全新劇目是《西遊•降煙篇》，講述名著《西遊記》被篡改為孫悟空受到引誘開始吸煙，與豬八戒及沙僧因吸煙問題分道揚鑣。無煙代言人「咪點我」飾演的神探咪點我，決定進入《西遊記》的世界撥亂反正，揭露煙草商的伎倆，最終合力戰勝書中反派「尼古精」，讓故事重回正軌，從而讓學生認識身邊人的支持對成功戒煙的至關重要，以及從小拒絕第一口煙的重要性。

Preventing youth from taking the first cigarette has always been central to COSH's tobacco control efforts. To attract young people and women to initiate and sustain tobacco use, tobacco industry adds flavourings like menthol and fruit to tobacco products. According to the latest tobacco control research released by COSH in collaboration with academics from the University of Hong Kong, these flavoured tobacco increase addictiveness among smokers and impede their cessation success. Over 70% of citizens support banning flavoured tobacco, with this rate continuously growing. COSH recommends the Government to enact a law to prohibit flavoured tobacco, covering all tobacco products with added flavour, including menthol; and any accessories designed to add flavour to cigarettes, while accelerating a further ban on possessing alternative smoking products in any form to protect the public from the hazards of tobacco.

COSH has been advancing diversified smoke-free education. This year, COSH continues to conduct almost a hundred "Smoke-Free Generation" health talks in kindergartens, primary schools and secondary schools, educating children and youth about the harms of tobacco and resist tobacco exposure. COSH's School Interactive Education Theatre Programme launched a brand-new drama "Journey To The Health", which the classic novel "Journey to the West" was altered that Sun Wukong being lured into smoking, causing his fellowship with Zhu Bajie and Sha Seng to fall apart over tobacco conflicts. "Wise Mike", the Smoke-free Ambassador, took on the role of a detective, decided to enter the world of "Journey to the West" to restore order, expose the tactics of tobacco industry and eventually join forces to defeat the villain in the book, bringing the story back on tracks, thus helping students understand the importance of support from families and friends in quitting smoking and the importance of rejecting the first cigarette from childhood.



此外，委員會定期製作宣傳短片，提高市民對吸煙禍害的認識。委員會於2025年3月推出全新宣傳片「齊建無煙香港！」，透過片中的一位小女孩提問「我可以不吸二手煙？」作為引子，帶出煙草禍害無處不在，除卻一手煙，二、三手煙同樣危害身邊所有非吸煙者，甚至家中寵物的健康。無煙代言人「咪點我」在片中穿梭於醫療設施出入口、公共交通候車處等地方，回應長幼及孕婦各自對無煙香港的期盼，呈現大家堅信遠離煙草能保障自身、摯愛親朋及下一代的健康。

為響應5月31日的「世界無煙日」，委員會以「無煙無慮•健康到家」為主題舉辦宣傳推廣活動，並號召全港市民在5月31日穿上跑服或運動服，參與連續第四年舉辦的「無煙跑服日」，推動公眾人士共同宣揚無煙信息，鼓勵吸煙人士以做運動戒煙，提高戒煙的成功率。活動獲近140間公司、機構、非牟利團體、醫院及學校全力支持，合共超過13,500名員工、會員、老師及學生積極響應。

委員會強調，控煙工作是一場耐力賽，需要與時並進和多管齊下的措施，加快減少吸煙人口，保障公共健康，實現無煙香港。在此，我衷心感謝社會各界一直與委員會同行，支持各項控煙工作，以及委員會各委員和秘書處職員付出的努力，委員會將繼續凝聚各界力量，早日實現無煙香港！

In addition, COSH regularly produces promotional videos to heighten the awareness of citizens regarding the harms of smoking. In March 2025, COSH launched a new Announcement of Public Interest (API) titled “Join Hands for a Tobacco-free Hong Kong!”. Opening with a young girl’s poignant question “Can I be protected from secondhand smoke?”, the film demonstrates the pervasive dangers of tobacco. In addition to firsthand smoke, secondhand and third-hand smoke also threaten the health of all non-smokers, and even household pets. “Wise Mike”, the Smoke-free Ambassador, shuttles through entrances and exits of medical facilities, public transportation waiting areas and other places in the video to respond to the expectations of seniors, children and expectant mothers for tobacco-free Hong Kong, presenting everyone’s firm belief that staying away from tobacco can protect the health of ourselves, our loved ones and friends as well as the next generation.

In observance of “World No Tobacco Day” on 31 May, COSH launched a publicity programme with the theme of “Smoke-free Evoke, Wellness Spoke”, and invited all citizens of Hong Kong to participate in the fourth consecutive “Smoke-free Sportswear Day” by wearing sports attire on 31 May, promoting the public to jointly spread smoke-free messages while encouraging smokers to quit smoking and increase the success rate of smoking cessation through exercise. The Programme secured full support from nearly 140 corporations, organizations, NGOs, hospitals and schools, totaling more than 13,500 participants, including employees, members, teachers and students, actively taking part.

COSH emphasized that tobacco control has long been an ongoing and arduous endeavor that requires evolving and multi-pronged measures to accelerate the reduction of smoking population, safeguard public health and realize a tobacco-free Hong Kong. In conclusion, I would like to convey my heartfelt gratitude to all sectors of society for standing with COSH in supporting tobacco control work, as well as all the Members of COSH and the Secretariat staff for their efforts. COSH will continue to unite the efforts of all sectors to drive progress towards achieving a tobacco-free Hong Kong as soon as possible.



年度焦點 2024-2025 Milestones



年度焦點

2024-2025 Milestones

「無煙老友記」計劃

透過健康講座、社區活動及無煙老友大使，向近 **10,200** 名長者宣揚煙草禍害，鼓勵長者展開無煙生活。

無煙女性宣傳計劃

舉辦近 **35** 場無煙女性工作坊或健康講座，並透過單張和宣傳品與近 **1,500** 名市民分享無煙信息。

Elderly Smoking Cessation Promotion Project

Through health talks and community promotions, along with the Smoke-Free Ambassadors, nearly **10,200** seniors were educated about the harms of tobacco and encouraged to embark a smoke-free lifestyle.

Smoke-free Women Project

Nearly **35** smoke-free women's workshops and health talks were organized. Smoke-free messages were disseminated to **1,500** members of the public via smoke-free leaflets and collaterals.

2024/4

2024/5/31

世界無煙日2024暨 「無煙跑服日」

近 **140** 間公司、機構、非牟利團體、醫院及學校，合共超過 **13,500** 人積極支持和響應，鼓勵吸煙人士以運動戒煙。

World No Tobacco Day 2024 cum “Smoke-free Sportswear Day”

Nearly **140** companies, organizations, non-profits groups, hospitals, and schools, with over **13,500** total participants supported the programme that encouraged smokers to take exercises for quitting.





第15屆「戒煙大贏家」 無煙社區計劃

全港18區舉辦接近**90**場招募活動，今年吸引超過**1,300**名吸煙人士參加。

計劃踏入第15屆，累積逾**18,000**人，踏出第一步戒煙。

The 15th “Quit to Win” Smoke-free Community Campaign

Held about **90** recruitment sessions throughout the territory and attracted more than **1,300** smokers to quit.

Over **18,000** participants have taken the first step towards abstinence from smoking in the past 15 years.



年度焦點 2024-2025 Milestones

學校互動教育巡迴劇場2024-2025

邁向**30**周年，累計向超過**62**萬名師生宣揚無煙文化。

「無煙Teens精英計劃」

參加計劃的無煙Teens精英舉辦之宣傳推廣活動，向約**30,000**市民傳遞無煙信息。

School Interactive Education Theatre 2024-2025

Educated over **620,000** students and teachers smoke-free culture in the past **30** years.

Smoke-free Elite Teens Programme

Delivered smoke-free messages to around **30,000** citizens through programmes organized by Smoke-free Elite Teens.

2024/9



『你』想活力健康 齊建無煙香港 下一階段控煙措施政策倡議行動及 宣傳推廣活動

電視及媒體宣傳

邀請政商界領袖、企業代表、醫療、運動、學術界人士拍攝兩輯共**13**集的電視節目，共獲逾**740**萬觀看人次，加強市民的煙害知識。

於每天人流量近**400,000**人次的LED街道牆和公共交通工具上進行戶外及數碼平台宣傳，以提高公眾意識和討論。

學校及社區宣傳倡議

舉辦**23**場社區宣傳活動和**28**場學校巡迴展覽，向社區及學生詳述十項短期控煙措施。

社交媒體宣傳

邀請逾**20**位來自不同網絡頻道，以及具影響力的網絡名人介紹未來控煙措施的內容，各影片及貼文內容，共錄得**700**多萬瀏覽次數。

“Let’s Build a Vibrant, Healthy and Tobacco-free Hong Kong” Next Phase Tobacco Control Measures Advocacy Campaign and Publicity Activities

Media and TV Promotion

Invited leaders from politics, business, healthcare, sports, and academia to participate in two television series totaling **13** episodes. All episodes attracted over **7.4** million viewers, thereby raising awareness about the harms of smoking.

Outdoor and digital platforms promotions were placed at LED street wall with around **400,000** daily traffic and across public transports to raise public awareness and discussion.

Advocacy and Promotion in Schools and Communities

Conducted **23** community roadshows and **28** school roving exhibitions in promoting 10 short-term tobacco control policies to neighbours and students.

Social Media Promotion

Invited over **20** influencers from various online channels to introduce the upcoming tobacco control measures. The videos and posts collectively received over **7** million views.

「無煙車樂部」計劃

接近 **7,000** 名市民登記成為個人會員。

超過 **60** 間運輸及物流業成為企業會員。

“Smoke-free Drivers Club” Programme

Nearly **7,000** citizens registered as individual members.

Over **60** companies and organizations of the transportation and logistics industry joined as corporate members.

2025/1



「加味煙毒害青少年和女性從速全禁勿拖延」記者會

發佈多項最新控煙調查研究，倡議立法禁止加味煙。

“Teenagers and Women Hooked on Flavoured Tobacco Call For Total Ban” Press Conference

Released latest tobacco control surveys in advocacy for total ban of flavoured Tobacco.





活動 Events



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

活動紀要2024-2025

Highlights of Events 2024-2025



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

推廣活動 Publicity Projects		
2024/5/18	「無煙無慮•健康到家」宣傳推廣活動	“Smoke-free Evoke, Wellness Spoke” Publicity Programme
2024/6 - 2025/3	第15屆「戒煙大贏家」無煙社區計劃	The 15 th “Quit to Win” Smoke-free Community Campaign
2024/9 - 2025/3	「『你』想活力健康 齊建無煙香港」倡議行動及宣傳推廣活動	“Let’s Build a Vibrant, Healthy and Tobacco-free Hong Kong” Advocacy Campaign and Publicity Activities
2024/9/20	「益氣養心 無煙人生」《針灸戒煙臨床實踐指南(香港版)》發佈會	Launch Ceremony of the Clinical Guideline of Acupuncture and Moxibustion for Smoking Cessation
2024/12 - 2025/2	倡議增加煙草稅	Advocacy on Raising Tobacco Tax
2025/1 - 2025/3	「無煙車樂部」計劃	“Smoke-free Drivers Club” Publicity Programme
2025/1/22	「加味煙毒害青少年和女性 從速全禁勿拖延」記者會	“Teenagers and Women Hooked on Flavoured Tobacco Call For Total Ban” Press Conference
2025/3/28	全新宣傳短片「齊建無煙香港！」	New API “Let’s make Hong Kong Tobacco-free!”
社區聯繫及推廣 Community Involvement and Promotion		
2024/4 - 2025/3	「無煙老友記」計劃 2024-2025	Elderly Smoking Cessation Promotion Project 2024-2025
2024/4 - 2025/3	無煙女性宣傳計劃 2024-2025	Smoke-free Women Project 2024-2025
2024/4/4	國家安全教育日親子嘉年華	“National Security Education Day cum Carnival” District Publicity Event
2024/5/16-17	2024年醫院管理局研討大會	Hospital Authority Convention 2024
2024/6/22	世界無煙日－黃大仙地區康健中心	Wong Tai Sin District Health Centre – World No Tobacco Day
2024/8/23-25	第十三屆香港國際牙科博覽暨研討會	13 th Hong Kong International Dental Expo and Symposium
2024/10/9	天水圍醫院反吸煙資訊宣傳活動	Tin Shui Wai Hospital – Anti-smoke Promotion Booth
2024/10/26-27	九龍總商會青年節2024	Kowloon Chamber of Commerce Youth Festival 2024
2024/11/3	香港青少年發展聯會陽光活力跑	Hong Kong Association of Youth Development Fun Run
2024/11/3	聖約翰健康家庭同樂日	Hong Kong St. John Ambulance Healthy Family Fun Day 2024
2025/2/22-23	香港童軍舊北區理民府開放日暨嘉年華	Scout Association of Hong Kong Open Day cum Carnival
2025/2/23	善心醫療基金「慈善行暨同樂日」	The Hospital Authority New Territories West Cluster Hospitals Charitable Trust Charity Walk cum Fun Day 2025
2025/3/25-26	香港樹仁大學健康日	Hong Kong Shue Yan University Wellness Days
2025/3/30	香港新聲會乙巳蛇年春節嘉年華暨無喉者中心開放日	“Chinese New Year Carnival cum Open Day” of the New Voice Club of Hong Kong



教育及青少年活動 Education and Youth Programmes

青少年教育活動 Youth Education Programmes

2024/4 - 2025/3	「無煙新世代」健康教育講座	Health Talks for "Smoke-free New Generation"
2024/8 - 2025/3	「無煙Teens精英計劃」2024-2025	"Smoke-free Elite Teens Programme" 2024-2025
2024/9 - 2025/3	學校互動教育巡迴劇場 《西遊•降煙篇》	School Interactive Education Theatre "Journey To The Health"

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

2024/4 - 2025/3	與行政會議成員及立法會議員會面	Meetings with Executive Council Members and Legislative Council Members
2024/5/10, 11/5, 2025/3/3	香港大學護理學院課程	HKU School of Nursing — Nursing Programmes
2024/10/8	關注濫用「太空油」問題研討會	Seminar on "Space Oil" abuse
2025/1/16	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, The Chinese University of Hong Kong — Health Promotion Experience Sharing Workshop



會議及考察 Conferences and Visits

會議及考察 Conferences and Visits

2024/5/21	參訪黃大仙地區康健中心	Visit to Wong Tai Sin District Health Centre
2024/11/9-10	第二十五屆全國控煙與健康學術研討會	The 25 th National Symposium on Tobacco Control

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



推廣活動 Publicity Projects

「無煙無慮•健康到家」 宣傳推廣計劃

世界衛生組織(世衛)將每年的5月31日定為「世界無煙日」，以提高全球對煙草流行及其致命影響的關注。2024年主題為「保護兒童免受煙草業侵擾」，要求煙草業停止以青少年為目標銷售煙草產品。委員會為響應此全球呼籲，推出「無煙無慮•健康到家」宣傳推廣計劃，推動公眾人士共同宣揚無煙信息，鼓勵吸煙人士以運動戒除煙癮，提高戒煙的成功率，共同打造無煙未來。

啟動禮

委員會於2024年5月18日舉行「無煙無慮•健康到家」世界無煙日2024暨無煙跑服日啟動禮，並同場設嘉年華。主禮嘉賓包括香港行政會議成員及基督教靈實協會行政總裁林正財醫生、衛生署署長林文健醫生、立法會衛生事務委員會主席陳凱欣議員、醫院管理局主席范鴻齡、衛生署規管事務總監趙佩燕醫生、香港大學助理院長(學生專業發展—醫療衛生科學)、護理學院教授王文炳教授、香港醫學專科學院編輯、香港中文大學醫學院賽馬會公共衛生及基層醫療學院教授黃至生教授、委員會主席湯修齊、副主席陳志球博士及總幹事黎慧賢，而無煙代言人「咪點我」亦於啟動禮中鼓勵公眾一起締造無煙香港。

“Smoke-free Evoke, Wellness Spoke” Publicity Programme

World Health Organization (WHO) designates 31 May as World No Tobacco Day every year to draw global attention to the tobacco epidemic and its impact on death and disease. “Protecting Children from Tobacco Industry Interference” was the theme for 2024, underscored the critical need to prevent future generations from falling prey to the harmful impact of tobacco use. COSH launched the “Smoke-free Evoke, Wellness Spoke” Publicity Programme to echo this appeal with a series of promotion activities to motivate smokers to take part in sport activities, in particular, smokers were recommended to do exercises to increase the chance of successful quitting, thereby creating a tobacco-free future.

Kick-off Ceremony

COSH organized a kick-off ceremony cum carnival under the theme of “Smoke-free Evoke, Wellness Spoke” on 18 May 2024. The ceremony was officiated by Dr the Honorable LAM Ching-choi (Member of the Executive Council of the Government of HKSAR, Chief Executive Officer of Haven of Hope Christian Service), Dr Ronald LAM (Director of Health), Hon CHAN Hoi-yan (Chairman, Panel on Health Services, Legislative Council), Henry FAN (Chairman, Hospital Authority), Dr Amy CHIU (Regulatory Affairs Controller, Department of Health), Prof Kelvin WANG (Assistant Dean of Professional Development in Health Sciences; Professor of School of Nursing, The University of Hong Kong), Prof Martin WONG (Editor of Hong Kong Academy of Medicine, Professor of JC School of Public Health and Primary Care, The Chinese University of Hong Kong), Henry TONG (COSH Chairman), Dr Johnnie CHAN (COSH Vice-chairman) and Vienna LAI (COSH Executive Director). “Wise Mike”, Smoke-free Ambassador also came to meet the public at the event and encourage the public to join hands to move towards a tobacco-free Hong Kong.



啟動禮亦邀請了陳凱欣議員、王文炳教授，以及黃至生教授，就如何實現無煙香港進行分享，闡述吸煙的危害，鼓勵大眾遠離煙草。前攀石運動員鄭麗莎聯同第八屆戒煙大贏家冠軍鄭偉昌先生，以及藝人詹天文亦一同分享如何保護孩子免受煙草業及相關業界操縱，達至無煙無慮、健康到家，鼓勵非吸煙人士以運動陪伴吸煙人士適應退癮不適，展示運動的益處及戒煙致勝的心得。

Sharing sessions were arranged during the kick-off event, Hon CHAN Hoi-yan, Prof Kelvin WANG and Prof Martin WONG shared their views on how to achieve a tobacco-free Hong Kong. Lisa CHENG (Former rock climber), Windy ZHAN (Artist) and, CHENG Wai-cheong (Champion of the 8th "Quit to Win" Contest) shared how to protect children from being manipulated by the tobacco industry. They encouraged non-smokers using sports to accompany with smokers in adapting to the withdrawal symptoms, showcased the benefits of sports and tips on how to quit smoking.



活動 Events

無煙跑服日

委員會於5月31日舉行「無煙跑服日」，鼓勵持分者和公眾在當日穿著運動服及做運動，推動吸煙人士以運動戒掉煙癮。「無煙跑服日」獲近140間公司、機構、非牟利團體、醫院及學校全力支持，合共超過13,500名員工、會員、老師及學生積極響應，不少機構亦於其網頁、網上平台或內聯網宣傳活動，亦派發委員會的無煙宣傳品及張貼活動海報。委員會向成功號召最多人支持「無煙跑服日」的機構及學校頒發「最積極參與大獎」以作嘉許，另設「最具創意大獎」及「最具活力大獎」表揚是次宣傳活動中最具創意及活力的機構。

攤位宣傳活動及無煙貼圖

委員會於2024年5月24日和6月7日於社區設置街站，向市民免費派發無煙紀念品，更設無煙任務與市民互動，以宣揚無煙信息。

為貼近市民生活，委員會亦推出一系列全新無煙代言人「咪點我」WhatsApp/Signal貼圖，讓市民於日常生活中發送貼圖給身邊的家人及朋友，以營造鼓勵戒煙的氛圍，與家人朋友一同投入無煙健康生活！



活動網頁：exercise.smokefree.hk/
Programme website: exercise.smokefree.hk/



Smoke-free Sportswear Day

COSH appealed stakeholders and public to join the “Smoke-free Sportswear Day” on 31 May by wearing sportswear and do exercise to encourage smokers to quit. Nearly 140 companies, organizations, non-profit groups, hospitals and schools, mobilized approximately 13,500 employees, members, teachers, and students to participate. Some organizations promoted the Programme via website, online platform and intranet, and set up promotion booth for smoke-free promotion materials dissemination and poster display. COSH awarded the schools and organizations with the highest number of participants with “The Most Active Participation Award”. “The Most Energetic Supporting Organization” and “The Most Creative Supporting Organization” were also awarded to recognizing the efforts of Organizations with the most creative and energetic promotion.



Roadshow Promotions and Smoke-free Stickers

Roadshow promotion sessions were held on 24 May and 7 June 2024, smoke-free promotional collaterals were distributed to encourage public to complete the smoke-free missions.

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

第15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」無煙社區計劃，十五年來透過戒煙比賽，配合戒煙輔導和科學研究，深入社區鼓勵吸煙人士重拾無煙健康生活。計劃至今，每年均成功招募逾千名吸煙人士踏出戒煙的第一步，藉舉辦不同形式的無煙推廣及媒體宣傳，加強各行業及社區人士對戒煙的關注，營造有利戒煙的社會氛圍。

第15屆「戒煙大贏家」無煙社區計劃，與地區合作夥伴攜手在全港各區舉辦地區無煙宣傳活動，宣揚戒煙的好處，向市民傳遞無煙信息。計劃獲18區區議會及近70間機構的支持及參與，攜手向社會各界推廣無煙資訊。



無煙大使戒煙輔導訓練課程

委員會與香港大學護理學院於2024年6月12日及19日舉辦線上及線下的「無煙大使戒煙輔導訓練課程」，向近140名大學生、來自地區合作夥伴及支持機構的義工和工作人員，講解基礎的戒煙知識。課程以講座、小組討論、案例練習形式進行，介紹「戒煙大贏家」計劃內容，並教授吸煙及二、三手煙的禍害、分享香港控煙工作進程、戒煙輔導技巧、動機性訪談法及現時香港的戒煙輔導服務等。

The 15th “Quit to Win” Smoke-free Community Campaign

COSH has been organizing the “Quit to Win” Smoke-free Community Campaign since 2009. Over 15 years, the Campaign has actively engaged the community to encourage smokers to embrace a smoke-free healthy lifestyle by comprising contest, counseling and scientific research on smoking cessation. Since the inception of the Campaign, over 1,000 smokers have successfully taken their first step to kick the smoking habit each year. Through a variety of district-based smoke-free promotion activities and media promotions, it raised awareness of smoking cessation among various industries and communities, thereby enhanced a supportive social atmosphere for quitting.

The 15th “Quit to Win” Smoke-free Community Campaign was organized in collaboration with district working partners to promote the quit benefits and share the smoke-free message with the general public throughout the territories. In addition, the Campaign solicited support from the 18 District Councils and about 70 organizations of diversified backgrounds to jointly disseminate smoke-free messages to different sectors of society.

Smoking Cessation Counseling Trainings

COSH collaborated with the School of Nursing, The University of Hong Kong to conduct online and offline Smoking Cessation Counseling Training on 12 and 19 June 2024. The training provided the basic skills on smoking cessation to about 140 university students, as well as volunteers and staffs from district working partners and supporting organizations. 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, motivational interviewing, and smoking cessation services in Hong Kong were introduced through seminar presentations, group discussion and case studies.

活動 Events

課程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、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)陸子璉博士及趙盛之博士、香港大學護理學院戒煙治療研究組麥天純。第13屆及第14屆「戒煙大贏家」比賽冠軍鄭煒杰和黃國鑾亦分別應邀出席分享其成功戒煙故事以及戒煙心得。

Speakers included Prof LAM Tai-hing (Emeritus Professor, Honorary Clinical Professor of School of Public Health, The University of Hong Kong), Vienna LAI (COSH Executive Director), Lawrence CHU (COSH Senior Project Manager), Dr Kevin LUK (Research Assistant Professor, School of Nursing, The University of Hong Kong), Dr Lubeca ZHAO (Research Assistant Professor, School of Nursing, The University of Hong Kong) and Titan MAK (Smoking Cessation Research Team, School of Nursing, The University of Hong Kong). The champion of the 13th and 14th “Quit to Win” Contest, CHENG Wai-kit and WONG Kwok-luen, were also invited to share their successful quit stories.



地區招募及無煙宣傳活動

委員會於2024年6月至10月期間，於全港18區進行近90場招募活動，吸引超過1,300名吸煙人士報名參加第15屆「戒煙大贏家」比賽，向近四萬名市民傳遞無煙資訊。

District Recruitment and Smoke-free Promotion Activities

COSH organized about 90 recruitment sessions across 18 districts and enlisted over 1,300 smokers in the 15th “Quit to Win” Contest from June to October 2024. Nearly 40,000 members of public had also received smoke-free messages via these recruitment activities.



社區合作與地區無煙宣傳活動

委員會獲22個非政府機構參與成為計劃地區合作夥伴，透過舉辦各區無煙宣傳活動，為社區建立鼓勵戒煙的正面氣氛。超過80個機構組織包括政府部門、區議會、公營機構、戒煙服務機構、地區康健中心／服務站、地區服務團體、及多個行業商會和公司等支持計劃，將戒煙資訊廣泛地推廣給其員工、會員、工作伙伴及不同層面和界別的人士。

地區合作夥伴於全港各區合共舉辦超過70場實體及線上無煙宣傳活動，包括健康講座、身體檢查、無煙展覽、社區嘉年華、STEM工作坊、巴士巡遊、音樂會、短片製作、街頭招募及外展宣傳等，提高區內市民對煙草禍害的認識。近340名地區合作夥伴的職員及義工參與宣揚無煙信息，藉一系列的宣傳活動凝聚地區網絡和力量，鼓勵超過六萬名市民建立無煙健康生活，呼籲身邊人及早戒煙。



Community Partnership and District-based Smoke-free Promotion Activities

To build a positive atmosphere for smoking cessation in the community, 22 non-governmental organizations joined the Campaign as district working partners to organize district-based smoke-free promotion activities. The Campaign also extended the partnerships to over 80 organizations and companies from different sectors, including Government departments, District Councils, public organizations, smoking cessation service providers, community service organizations, district health centres/express, as well as trade associations and companies from various industries, and spread out the information of smoking cessation to their members, employees, working partners and a broader range of spectrum of the society.

The district working partners conducted over 70 district-based smoke-free promotional activities in both physical and online formats, including health seminars, health checks, smoke-free exhibitions, community carnivals, STEM workshops, bus parade, concerts, short film productions, street recruitment and outreach promotions to enhance the knowledges of smoking hazards among citizens. Nearly 340 staff and volunteers from the district working partners joined the force to spread out smoke-free messages and strengthen community networks and efforts through these diverse promotional activities. Over 60,000 members of the public were encouraged to establish a healthy tobacco-free lifestyle, as well as urged surroundings quit smoking earlier.



活動 Events

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 Eastern DHC Express
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 九龍城地區康健站 Kowloon City DHC Express
葵青 Kwai Tsing	宏施慈善基金葵涌社會服務處 Windshield Charitable Foundation Kwai Chung Social Services
觀塘 Kwun Tong	宏施慈善基金社會服務處 Windshield Charitable Foundation Social Services
北區 North	香港青年協會賽馬會祥華青年空間 The Hongkong Federation of Youth Groups Jockey Club Cheung Wah Youth 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 西貢地區康健站 Sai Kung DHC Express
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	仁濟醫院嚴徐玉珊福來睦鄰社區服務中心 Yan Chai Hospital Yim Tsui Yuk Shan Fuk Loi Integrated Community Development Centre
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	黃大仙區健康安全城市 Wong Tai Sin District Healthy & Safe City
油尖旺 Yau Tsim Mong	基督教聯合那打素社康服務 United Christian Nethersole Community Health Service
元朗 Yuen Long	香港青年協會洪水橋青年空間 The Hongkong Federation of Youth Groups Hung Shui Kiu Youth S.P.O.T. 薈色園主辦可道中學 Ho Dao College (Sponsored by Sik Sik Yuen)

「戒煙服務大募集」活動

委員會為鼓勵吸煙人士主動作出戒煙嘗試，尋求合適的戒煙輔導服務以增加成功戒煙的機會，聯同八間戒煙服務機構，包括基督教家庭服務中心、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，與及沙田地區康健站，於2024年9月21日舉行「戒煙服務大募集」活動。各參與機構即場介紹不同形式的戒煙服務、提供一站式的戒煙諮詢及初步戒煙輔導，並為戒煙人士登記參與「戒煙大贏家」。市民更可登記地區康健站的基層醫療健康服務，建立自我管理健康的意識。

活動亦設有展覽及攤位遊戲，透過無煙有獎問答遊戲，加深市民對吸煙禍害及戒煙好處的了解、以至最新控煙政策的認識。活動吸引超過9,000名市民參與，成功向大眾宣傳無煙資訊，共同為建立無煙社區邁出重要一步。

“Mega Recruitment Day for Smoking Cessation” Event

In order to motivate smokers to actively seek assistance for smoking cessation and enhanced the chance of quitting, COSH in collaboration with eight smoking cessation service providers including Christian Family Service Centre, 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, School of Nursing, The University of Hong Kong and Shatin District Health Centre Express, organized the “Mega Recruitment Day for Smoking Cessation” on 21 September 2024. Each participated organizations introduced various information and advice on different quit methods onsite, offered one-stop smoking cessation counseling assistance to smokers, and recruited to the “Quit to Win” Contest. Citizens could also register the primary care services of district health centre, fostering awareness of self-care for health.

The event was also featured with exhibitions, booth activities with a prize quiz to deepen the public’s knowledge on smoking hazards, perks of quitting and latest tobacco control policies. The event attracted over 9,000 participants and delivered smoke-free messages to public, thereby towards a tobacco-free community.



活動 Events

「戒煙大贏家」比賽

第15屆「戒煙大贏家」比賽成功招募超過1,300名吸煙人士踏出戒煙第一步。參賽者於報名時接受香港大學戒煙輔導員的即場吸煙情況評估及簡短戒煙輔導，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。參賽者除了接收有關煙草禍害和戒煙方法等資訊外，亦會被轉介到其選擇的戒煙輔導服務，並透過即時通訊軟件定期發放有關行為經濟學的戒煙資訊予參加者，以提高成功戒煙的機會。輔導員亦會利用通訊軟件定時發送與戒煙相關資料、應對退癮症狀的方法等，以鼓勵參賽者減少吸煙數量及堅定戒除煙癮的決心。

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，核實成功戒煙的參加者可獲現金禮券作為獎勵。第15屆「戒煙大贏家」比賽特別增設「無煙拍檔」賽制，以鼓勵吸煙人士一同決心戒煙，互相支持抵抗煙癮。參賽者可與最少一位親友組成「無煙拍檔」報名，只要所有成員核實成功戒煙，每人可額外獲贈運動用品禮券作獎勵。在三個月跟進通過核實的參賽者，可參加大抽獎或「戒煙大使」甄選面試，贏取豐富獎品。

委員會延續與懲教署合作，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、塘福懲教所及白沙灣懲教所，藉此擴大「戒煙大贏家」比賽支援戒煙的覆蓋面。今屆共有64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，比賽三個月的自我報告成功戒煙率及核實戒煙率為33.5%及26.3%。

“Quit to Win” Contest

The 15th “Quit to Win” Contest recruited over 1,300 smokers to kick the habit. Participants received smoking assessment and brief advice from the smoking cessation counselors at the recruitment sessions, as well as telephone follow-up at one month, two months, three months and six months. In addition to information on smoking hazards and quitting methods, participants were referred to their preferred smoking cessation services and received regular cessation support messages of behavioral economics principles via mobile instant messaging, thereby optimizing their likelihood of abstinence. Also, counselors would share advice on smoking cessation and tackling withdrawn symptoms through instant messaging to assist participants to reduce tobacco consumption and abstain from smoking.

Participants who successfully quit were invited to undergo biochemical validation at the 3-month and 6-month follow-ups, and those passed the validation were awarded with cash voucher as incentive. To enhance smokers' motivation, persistence and mutual support in quitting, friends and family members could jointly enroll the Contest as “Smoke-free Buddy”. They were additionally awarded with sports good coupons if all members of the group successfully quit smoking and passed the validation. Validated quitters at 3-month follow-up were eligible to join the lucky draw or invited to the Smoking Cessation Ambassador interview to win fabulous prizes.

COSH continued the collaboration with Correctional Services Department and extended the “Quit to Win” Contest to Lo Wu Correctional Institution, Pik Uk Prison, Stanley Prison, Tong Fuk Correctional Institution and Pak Sha Wan Correctional Institution. A total of 64 smoking inmates were motivated to join the Contest and received tailor-made smoking cessation counseling and follow-up.

The School of Nursing of The University of Hong Kong was commissioned to conduct 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 and validated quit rate was 33.5% and 26.3% at 3-month.

媒體及網上宣傳

為加強網上宣傳計劃效果和鼓勵更多人戒煙，委員會今年與網上新聞資訊頻道合作製作宣傳短片，以街訪探討吸煙人士的戒煙意願及對戒煙好處的認知，邀請非吸煙人士分享身邊人吸煙對他們的影響，藉此介紹計劃及鼓勵戒煙。第八屆「戒煙大贏家」比賽冠軍鄭偉昌亦於短片中分享戒煙的好處及心得。兩條宣傳短片合共在不同網上和社交平台獲得過百萬瀏覽次數，成功吸引不少吸煙人士報名參加「戒煙大贏家」比賽。

「戒煙大贏家」15週年紀念

「戒煙大贏家」15年來一直演變及改進，從2009年首度舉辦「戒煙大贏家」比賽，至2012年加強地區網絡，拓展成「戒煙大贏家」無煙社區計劃，計劃已發展成全港最具標誌性的戒煙宣傳活動之一，鼓勵超過18,800名吸煙人士踏出戒煙的第一步。每位參加者背後都承載各段具啟發性的戒煙故事，適逢計劃的15週年，委員會與本地生活文化雜誌《JET》合作，製作並出版「戒煙大贏家」15週年紀念特刊，以「點煙不再•成就滿載」為題，紀錄15位歷屆得獎者的戒煙經歷、分享因戒煙而帶來的正面轉變及無煙生活的得著。紀念特刊亦隨《JET》月刊及其網站發佈，與公眾展示計劃多年的發展及實踐無煙生活的好處。

「戒煙大贏家」15週年紀念特刊

「Quit to Win」15th Anniversary Commemorative Booklet



Media and Online Promotions

To enhance the online promotional effect and encourage smoking cessation, COSH collaborated with online news channel to produce promotional videos to explore smokers' willingness to quit and awareness of quit benefits through street interviews. Non-smokers were also invited to share how smoking has affected them, thereby invited them to introduce the Campaign to smokers and motivate them to quit. The champion of the 8th "Quit to Win" Contest, CHENG Wai-cheong, also appeared in the video to share the benefits and insights acquired from his quitting journey. Both videos were broadcasted on multiple online and social media platforms, garnering over one million views in total and successfully attracted a significant number of smokers to enroll in the "Quit to Win" contest.

“Quit to Win” 15th Anniversary

Since the inaugural “Quit to Win” Contest in 2009, COSH further strengthened its community network and evolved the contest into the “Quit to Win” Smoke-free Community Campaign in 2012. Over the 15 years, the Campaign has evolved and improved, becoming one of the Hong Kong's most iconic smoking cessation campaigns and encouraged more than 18,800 smokers to take their first step towards quitting. Each quitter carried truly inspiring experiences and insights into smoke-free lifestyle of their quitting journey. To commemorate the 15th anniversary of the Campaign, COSH partnered with a local lifestyle and culture magazine JET to publish the 15th anniversary commemorative booklet with the theme “Extinguish crave for smoking, Ignite sense of achievements”. The booklet highlighted the quit journeys of 15 past winners, detailing their smoking cessation experiences, the positive changes and benefits of adopting smoke-free lifestyles. The booklet has been distributed alongside JET's print issue and featured on its digital platform to share the milestone of the Campaign and the advantages of promoting smoke-free awareness to the general public.

「戒煙大贏家」無煙社區計劃頒獎禮

委員會於2025年3月24日舉辦第15屆「戒煙大贏家」無煙社區計劃頒獎禮，嘉許「戒煙大贏家」比賽的優勝者和成功戒煙的參賽者，並答謝各個機構的支持。頒獎嘉賓包括衛生署規管事務總監趙佩燕醫生、懲教署助理署長（行動）陳少恒、醫院管理局策略發展總監程偉權醫生、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、香港大學護理學院教授王文炳教授、委員會主席湯修齊、副主席陳志球博士及總幹事黎慧賢。立法會議員黃俊碩亦到場支持，與來自眾多地區及界別的嘉賓一同宣揚成功戒煙的得著，並呼籲市民支持吸煙人士戒煙及進一步降低吸煙率，以早日達到無煙香港，共同享受清新健康生活。「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，分享成功戒煙的喜悅；藝人陳曉華和馬貫東亦到場支持活動，以遊戲提醒市民吸煙的禍害，更介紹不同免費戒煙輔導服務。活動獲超過120位嘉賓出席，共同見證戒煙喜悅、宣揚無煙生活。

“Quit to Win” Smoke-free Community Campaign Prize Presentation Ceremony

The prize presentation ceremony of the 15th “Quit to Win” Contest was conducted on 24 March 2025 to award the winners and commend the enthusiastic support of all collaborating organizations. Honourable guests included Dr Amy CHIU (Controller, Regulatory Affairs of Department of Health), CHAN Siu-hang (Assistant Commissioner (Operations), Correctional Services Department), Dr CHING Wai-kuen (Director (Strategy & Planning), Hospital Authority), Prof LAM Tai-hing (Emeritus Professor, Honorary Clinical Professor of School of Public Health, The University of Hong Kong), Prof Kelvin WANG (Professor, School of Nursing, The University of Hong Kong), Henry TONG (COSH Chairman), Dr Johnnie CHAN (COSH Vice-chairman) and Vienna LAI (COSH Executive Director). Hon Edmund WONG (Legislative Council Member) and guests from diverse sectors upheld the benefits of quitting smoking, and jointly called for public support to further reducing smoking prevalence, in order to achieve a smoke-free Hong Kong and enjoy a healthy life. Winners of the 15th “Quit to Win” Contest shared their experiences and tips of smoking cessation in the ceremony. Successful quitters of the 15th “Quit to Win” Contests and previous winners participated to celebrate and share the joy of being smoke-free. Artists Hera CHAN and Mark MA also attended and promoted the smoking hazards and smoking cessation service via games and performance. Over 120 guests attended to share the happy moments with quitters and promulgate a smoke-free life.



第15屆「戒煙大贏家」比賽得獎者

冠軍得主劉澤誠從事電影及廣告製作，在行業的吸煙文化及工作環境影響下，20歲時開始吸煙。他曾經吸食不同種類的吸煙產品，坦言吸電子煙期間感到身體狀態變得更差，而利用配件及煙絲自行配搭不同口味的手捲煙令到吸煙更具吸引力，難以戒絕。直至去年，與他關係密切的長輩因吸煙而患上肺癌，並需留院治療而未能出席劉先生的婚禮，無法見證他成家立室。長輩對此感到遺憾，臨終前叮囑劉先生儘早戒煙。劉先生一直記掛長輩的叮嚀，加上女兒的出生，令他終於下定決心戒煙。戒煙初期，他以飲水和嚼口香糖來減輕喉嚨痛、噁心和頭痛等退癮症狀，更經常行山遠足，藉呼吸新鮮空氣幫助戒煙。面對工作環境的吸煙邀約，他果斷向同事宣佈戒煙的決定，尋求支持及排除引誘。每當心癮起時，便會回想長輩的叮囑和家人的支持，終憑藉意志擺脫煙癮。成功戒煙後，他認為以往業界人士浪漫化吸煙行為，更以尋找靈感作為藉口而吸煙，令過去行內吸煙文化盛行。他觀察到同事近年有減少吸煙，而大部分年輕人均沒有吸煙的習慣，因此希望帶頭糾正行內的吸煙文化，避免新生代因同儕壓力而吸煙。他更醒悟專業的實力才是事業成功的要訣，戒煙後比以往更有精神及動力，工作更具效率。此外，他明顯感受到心肺功能顯著改善及睡眠質量的提升，而戒煙所節省的支出正好用在初生女兒的生活上。



Winners of the 15th “Quit to Win” Contest

The Champion, Jackson LAU Chat-shing, a professional in film and advertising, began smoking at the age of 20 under the influence of the industry’s pervasive smoking culture. He had tried different types of smoking products, including e-cigarettes, by which he found his health was worsened after using. Since he has turned to hand-rolled cigarettes, he got more addicted and difficult to quit because he could customize the flavours on his own. A turning point came last year when his beloved uncle, a lifelong smoker, was diagnosed with lung cancer. Too ill to attend Mr Lau’s wedding, his uncle expressed deep regret and urged him to quit smoking. Motivated by his uncle’s plea and the birth of his daughter, Mr Lau finally committed to quitting. In the early stages, he relied on drinking water and chewing gum to alleviate withdrawal symptoms such as sore throat, nausea, and headaches. He also took up hiking, breathing the fresh air to stay focused on cessation. At work, where smoking temptations were rampant, he announced his decision to quit, seeking support from colleagues and eliminating triggers. Whenever cravings struck, he drew strength from his uncle’s final words and the encouragement of his family, ultimately overcoming his addiction through sheer willpower. After successfully quitting, Mr Lau reflected on how the industry had romanticized smoking, used the pursuit of “inspiration” as an excuse to smoke, which perpetuated a toxic culture. However, he has noticed a positive shift, with fewer colleagues smoking and most young people avoiding the habit altogether. Mr Lau believes it is his responsibility to lead the change in correcting the industry’s smoking culture, ensuring the future generations are not influenced by peer pressure to smoke. He realized the professional ability is the key to career success, Mr Lau has experienced significant improvements in his health and career since quitting. In addition to his lung function and sleep quality have noticeably improved, he feels more energetic and motivated, thereby increasing efficiency at work. The money saved from quitting has been allocated to support his newborn daughter.



亞軍得主張惠祥在14歲時開始吸煙，雖曾多次嘗試戒煙，但始終不敵煙癮而復吸。他熱愛羽毛球運動，但近年體能有所下降，加上身邊球友全都不吸煙，因此，希望藉戒煙提升運動表現。此外，他亦留意到身邊一些有吸煙習慣的人士晚年生活都受疾病煎熬，不願自己在年邁時因長期病患而成為家人的負擔，於是下定決心戒煙，並在兒子的鼓勵下參加「戒煙大贏家」。戒煙初期，張先生的退癮症狀較為強烈，包括胃口不佳、流汗、焦慮、易怒及失眠等，讓他倍感煎熬。他以戒煙貼和中醫針灸舒緩不適，更特意請了12天的假期在家中靠意志力抵抗煙癮，避開工作環境的吸煙引誘。太太對此非常支持，更一同請假陪張先生堅持到底，為他購買零食緩解口癮。在家人的支持下，張先生終能克服生理上的短暫不適，重投無煙健康生活。成功戒煙後，他如願提升運動表現，心肺功能明顯改善，打羽毛球時不再需要頻繁休息，以往耗盡體力才能勉強跑畢5公里，現在已能輕鬆完成。另一方面，家人亦感到十分欣喜，為他籌備日本家庭旅行，一同慶祝戒煙成功及嘉許張先生的努力。他鼓勵年輕同事儘早戒煙，不應該以任何的理由作為吸煙的藉口，繼續傷害健康。他亦勸勉所有吸煙人士，戒煙不分年齡，有決心便要坐言起行。

First runner-up, CHEUNG Wai-cheung who started smoking at 14 years old and struggled with multiple failed attempts to quit. As an avid badminton player, he noticed a decline in his physical performance, while his non-smoking teammates excelled. Witnessing the health struggles of elderly smokers around him, Mr Cheung resolved to quit, determined not to burden his family with smoking-related illnesses in the future. Encouraged by his son, he enrolled into the Contest to reclaim his health. The early stages of quitting were challenging, with withdrawal symptoms such as loss of appetite, sweating, anxiety, irritability, and insomnia. To cope, he used nicotine patches and acupuncture, while taking 12 days off work to avoid smoking triggers at his workplace. His wife also took leave to support him, providing snacks as substitutes and standing by his side throughout the ordeal. With his family's unwavering support, he overcame the physical discomfort and embraced a smoke-free life. Since quitting, Mr Cheung has achieved remarkable improvements in his badminton performance and overall health. His lung capacity has significantly increased, allowing him to play without frequent breaks and effortlessly run 5 kilometers that exhausted him before. To celebrate his success, his family planned a family trip to Japan, honoring his determination and hard work. He now encourages young colleagues to quit smoking, emphasizing that no excuse justifies harming one's health. He further inspired others to take their first step toward a healthier, smoke-free future by determination and action, no matter of age.

季軍得主張莉在13歲時受到朋友引誘而嘗試吸煙，隨著生活及工作壓力日益增加，她誤以為吸煙有助於整理思路，後來煙癮愈來愈大。母親擔心她會步其父親後塵，因為吸煙而患上嚴重疾病，一直都希望她能及早戒煙，更以「阿婆」諷刺她經常因吸煙而頻繁咳嗽。張女士曾經因為煙價大幅增加而短暫戒煙，最終因不夠決心和欠缺戒煙支援而復吸。直至去年，身體檢查時發現有肺結節，醫生勸她及早戒煙，在等待進一步化驗結果期間，張女士終日忐忑不安，憂慮若肺結節是惡性的話，戒煙亦可能為時已晚。同時，她擔心自己一旦有事，母親及未成年的子女便沒有人照顧。幸好，肺結節的化驗結果為良性。張女士覺得這是上天給予重生的機會，決心在手術前戒煙。戒煙初期，她尋求戒煙輔導服務的協助，先以針灸再使用戒煙貼，舒緩疲倦和精神不振等退癮症狀，更鼓勵兩位同事一同戒煙，減少吸煙引誘，最終成功克服煙癮。現在，她不需依賴尼古丁便能保持精力充沛，即使面對工作壓力，亦能夠心平氣和地應對，思維更較從前清晰冷靜。張女士的家人感到十分開心，母親對她終於願意為健康作出改變而表示欣慰，與子女的關係亦更見融洽。

Second runners-up, ZHANG Li, started smoking at 13 years old due to peer temptation. Over time, she mistrusted that smoking helped her manage stress and organize her thoughts, leading to a growing addiction. Her mother worried she would follow in her father's footsteps and develop smoking-related illnesses, repeatedly urged her to quit, even teasing her as "elderly" for her persistent smoker's cough. She once attempted to quit when cigarette prices surged but relapsed due to a lack of determination and proper cessation techniques. Last year, a health check revealed lung nodules, and her doctor advised her to quit immediately. While awaiting further test results, she was consumed with anxiety, fearing it might be too late to quit if the nodules were malignant. She also worried about her mother and underage children, who would be left uncared for if her health worsened. Fortunately, the nodules were benign, and Ms Zhang saw this as a second chance to transform her life. Determined to quit before surgery, she sought help from smoking cessation services, using acupuncture and nicotine patches to alleviate withdrawal symptoms like fatigue and low energy. She even encouraged two colleagues to quit with her, reducing workplace temptations and ultimately overcoming her addiction. Today, Ms Zhang no longer relies on nicotine to stay energized. She handles work stress with calmness and clarity, a stark contrast to her previous reliance on smoking. Her family is overjoyed, and their relationship has also improved, especially her mother, who is proud of her decision to prioritize health.



活動 Events



優異獎由廖志能和余耀年獲得。廖先生因工作應酬和社交而開始吸煙，今次因擔心子女受二、三手煙影響及避免他們模仿吸煙行為，而下決心戒煙。戒煙期間，每當心癮起時便會打開家庭合照提醒自己戒煙的初心，更向朋友及工作伙伴宣佈戒煙。成功戒煙後，他有更多時間與家人帶寵物散步，朋友社交非但沒有影響，更重新與原本已疏離的不吸煙的朋友聚會。余先生一直都希望戒煙，更在太太及計劃工作人員的鼓勵下參加計劃，作出戒煙嘗試。初期，他並沒有太大決心停止吸煙，直至一次因在家中吸煙而被11歲女兒警告，如若他不理會家人健康而繼續吸煙，不如離開這個家。他一方面惱羞成怒，當晚離家出走，但一方面反思自己對家人的困擾。其後，他因病入院，治療期間終下定決心戒煙，更向家人報告戒煙進度，出院後便順利擺脫煙癮。家人一致認為成功戒煙是余先生於2024年最大的成就。

計劃網頁：www.quittowin.hk

The merit was awarded to LIU Chi-nang and YU Yiu-nin. Mr Liu, who started smoking due to work and social pressures, decided to quit to protect his children from secondhand and thirdhand smoke exposure and to set a positive example. During his journey, he used family photos as motivation whenever cravings arose and publicly announced his decision to quit to friends and colleagues. Since quitting, he has reconnected with non-smoking friends and enjoys more quality time with his family, including walks with their pets. Mr Yu had long wanted to quit and decided to give it a try under the encouragement of his wife and program staff. He lacked the determination at the beginning, until his 11-year-old daughter confronted him, urging him to leave home if he continued smoking. Although initially upset, he reflected on his family's concerns. Later, during a hospital stay for illness, he finally committed to quitting, updating his family on his progress and successfully overcoming his addiction after discharge. His family now considers quitting smoking as his greatest achievement in 2024.

Campaign Website: www.quittowin.hk



『你』想活力健康 齊建無煙香港」 倡議行動及宣傳推廣活動

醫務衛生局在2023年7至9月展開「活力健康無煙香港」控煙策略公眾諮詢，結果顯示超過九成市民支持進一步降低吸煙率。隨後，政府於2024年6月宣佈了短、中、長期控煙措施建議，隨後展開立法工作。

委員會以『你』想活力健康 齊建無煙香港」為主題，開展一系列的倡議行動及宣傳推廣活動，包括透過不同社交媒體及電視節目進行宣傳，並深入社區和學校舉行一連串宣傳活動和巡迴展覽等，凝聚社會不同界別力量，推進加強控煙措施。委員會相信，在政府積極提出多項短中長期的控煙措施配合下，可循序漸進地推動本港控煙發展，達至無煙香港的目標。

媒體及電視宣傳

委員會為提高公眾對下一階段控煙政策內容的認識，並澄清坊間對有關政策之謬誤，分別安排了資訊節目先後在香港電視娛樂 (ViuTV) 以及無綫電視翡翠台、無綫新聞台及 TVB Plus 播出。內容涵蓋介紹政府建議的下一階段控煙措施及委員會的倡議。節目獲多位來自不同界別的嘉賓支持拍攝，包括政府部門、醫學界、商界及體育界等。ViuTV 八集內容共獲209萬人次觀看，而無綫電視各五集的觀看次數則逾107萬人次。



“Let’s Build a Vibrant, Healthy and Tobacco-free Hong Kong” Advocacy Campaign and Publicity Activities

Health Bureau conducted the “Vibrant, Healthy and Tobacco-free Hong Kong” Public Consultation on Tobacco Control Strategies between July and September 2023, which found that over 90% of the population supported reducing smoking. The Government then proposed tobacco control measures to be introduced in the short, medium and long term in June 2024. Legislation intended for short-term introduction would be initiated accordingly.

COSH launched a series of advocacy actions and promotional activities under the theme “Let’s Build a Vibrant, Healthy and Tobacco-free Hong Kong.” These activities include promotions through various social media platforms and television programs, as well as community and school outreach initiatives, including a series of promotional events and touring exhibitions that uniting different sectors of society to advance and strengthen tobacco control measures. COSH believes that with the Government’s active proposal of various short, medium, and long-term tobacco control measures, progress can be made towards the development of tobacco control, achieving a tobacco-free Hong Kong.

Media and TV Promotion

To raise public awareness of the content of the next-phase tobacco control policies, enrich their knowledge, as well as clear the misconception, TV publicity programmes were produced and broadcasted in HK Television Entertainment Company Limited (ViuTV), Television Broadcasts Limited (TVB) channels 81, 83 and TVB Plus, experts from different sectors such as Government department, healthcare, business and sports, supported and took part in the shooting. ViuTV’s eight episodes had a total of 2.09 million views, while each of TVB’s five episodes attracted over 1.07 million views.



活動 Events

此外，委員會亦邀請兩位分別患上肺癌和咽喉癌的病人拍攝短片，以過來人的身份分享多年來吸煙對身體所造成的危害，同時談及對其生活的深遠影響，並向外界表達遠離煙草的忠告。



Moreover, COSH also invited two patients, one with lung cancer and the other with throat cancer, to share their experiences in a video about the harm caused by years of smoking and its profound impact on their lives, as well as to offer advice on staying away from tobacco.



委員會亦透過港鐵扶手電梯廣告、商業大廈外牆海報、巴士車身廣告，以及手機應用程式上展示等渠道加以宣傳，鼓勵公眾支持條例。

Meanwhile, promotional posters were displayed in MTR escalators, outside commercial buildings in Causeway Bay, on bus exteriors, and on mobile app, encouraging the public to support the legislation.



社交媒體宣傳

委員會為進一步向大眾宣傳政府即將推出的控煙措施，邀請了來自不同背景及風格各異的網絡頻道、具影響力的網絡名人參與控煙宣傳，包括YouTube頻道Mill Milk、Torres Pit、The Do Show；運動員蘇樺偉、鄧俊文、謝影雪；藝人陳凱琳、趙慧珊、楊潮凱；生活化內容創作者莊撞、全慧利、水水、港飄打工人米洛、菲兒的日常分享、Doris的奇幻港漂。

Social Media Promotion

To further promote the Government's proposal on tobacco control strategies to the public, COSH collaborated with various online channels and influencers from diverse backgrounds and styles to carry out a series of social media promotions. These include YouTube channels such as Mill Milk, Torres Pit, and The Do Show; athletes such as So Wai-wai, Tang Chun-man, and Tse Ying-suet; celebrities including Grace Chan, Aka Chio, and Yeung Chiu-hoi; and lifestyle content creators such as Jon Jon Jonathan, Heiri Jun, Baby Ely and three Xiao Hong Shu bloggers.



各網絡頻道及名人善用多元化的社交媒體平台，透過影片及圖文等形式，向公眾介紹下一階段控煙措施的內容、拆解煙草商的陰謀、澄清有關吸煙與控煙的謬誤，從而闡釋控煙的重要性，爭取市民對控煙政策的理解與支持。各影片及貼文內容於2024年11月至2025年3月期間在YouTube、Facebook、Instagram及小紅書平台上發佈，合共錄得超過700萬瀏覽次數。

Each online channels and influencers leveraged their social media platforms to introduce future tobacco control measures, expose the tactics of tobacco companies, and clarify common misconceptions about smoking and tobacco control via various videos and graphics, thereby promoting the importance of tobacco control, and improving public understanding and support on tobacco control policies. The videos and posts have totally received more than 7 million views on YouTube, Facebook, Instagram and Xiaohongshu platforms from November 2024 to March 2025.



To engage parents to support the stepping up of tobacco control works and the proposed strengthening measures, social media posts of six micro-influencers were arranged. There was a total of over 210,000 reaches.

為鼓勵家長及公眾支持加強控煙工作及政府建議的措施，委員會邀請了六位微網紅在其社交媒體上發佈貼文，分享對無煙香港的盼望和煙草禍害等，接觸人次超過21萬人次。



全面加強控煙措施資料概覽

委員會為助市民全面了解香港的控煙現況與未來發展目標，特別編製《全面加強控煙措施資料概覽》，闡述政府最新提出的四大控煙策略，並逐一介紹十項短期控煙措施。當中亦揭示煙草業常用作干預控煙工作的不同手段，以釐清社會上對控煙政策的各種誤解與迷思，提醒市民提高警覺，防範煙草業對公共衛生政策的不當影響。



學校及地區巡迴展覽

委員會於2024年9月至12月在中小學舉行巡迴展覽，旨在傳遞吸煙產品危害的重要信息，並加強學生對十項短期控煙政策的認識。展覽邀請學生鼓勵家人和朋友戒煙，支持無煙香港，吸引逾23間小學和5間中學，近16,000名學生參與。

Factsheet on Strengthening Tobacco Control Measures

To help the public gain a comprehensive understanding of the current situation and future development goals of tobacco control in Hong Kong, a Factsheet on Strengthening Tobacco Control Measures was specially compiled by COSH, which elaborated the four tobacco control strategies and 10 short-term tobacco control measures proposed by the Government. The factsheet also revealed the common tactics employed by the tobacco industry to interfere with tobacco control efforts, aiming to dispel various misunderstandings and myths in society regarding tobacco control policies, so as to remind the public to stay alert the undue influence of the tobacco industry on public health policies.

Roving Health Promotion Exhibitions

Roving exhibition among primary and secondary schools was conducted from September to December 2024, aiming to deliver important information about the dangers of smoking products and enhance students' understanding of the 10 short-term tobacco control policies. Students were invited to encourage their families and friends to quit smoking and support a tobacco-free Hong Kong. 23 primary schools and 5 secondary schools completed the exhibition, totally around 16,000 students were reached.



委員會於2024年8月至2025年3月期間於全港多個社區及商場、地區康健中心及不同地區團體的活動，舉辦了近45場地區巡迴展覽，與近24,000名市民分享有關吸煙禍害、戒煙好處及下一階段控煙政策的最新資訊，以加強大眾對十項控煙措施的認識和支持。地區巡迴展覽更設有互動問答遊戲，深化市民對香港控煙工作及目標的認識，並鼓勵他們表達對加強控煙措施，降低吸煙率及以實現無煙香港的意見。



COSH organized nearly 45 territory-wide health promotion exhibitions across communities, shopping malls, District Health Centers and events organized by districts organizations from August 2024 to March 2025. Through the exhibitions, about 24,000 members of public were shared with the latest information on the smoking hazards, the benefits of smoking cessation, and the next-phase tobacco control policies, so as to enhance public understanding and support for the ten short-term tobacco control measures introduced by government. The exhibitions featured interactive Q&A games to deepen public awareness of tobacco control objectives and progress. These activities also encouraged citizens to voice their support for strengthened measures to reduce smoking prevalence and advance the vision of a smoke-free Hong Kong.

活動 Events

「益氣養心 無煙人生」 《針灸戒煙臨床實踐指南 (香港版)》發佈會

針灸被證實是安全有效的戒煙療法，作為中醫藥的特色和優勢項目，針灸戒煙在2010年被納入國家中醫藥管理局援港中醫藥交流合作項目。為慶祝中華人民共和國成立七十五周年，委員會與衛生署以「中醫藥文化瑰寶傳承與創新」為主題，於2024年9月20日合辦「《針灸戒煙臨床實踐指南(香港版)》發佈會」，介紹中醫戒煙的方法及好處，以鼓勵吸煙人士尋找適切的方法戒煙，與家人朋友同享無煙健康生活，市民大眾亦能感受到現今中醫藥傳承創新的發展。

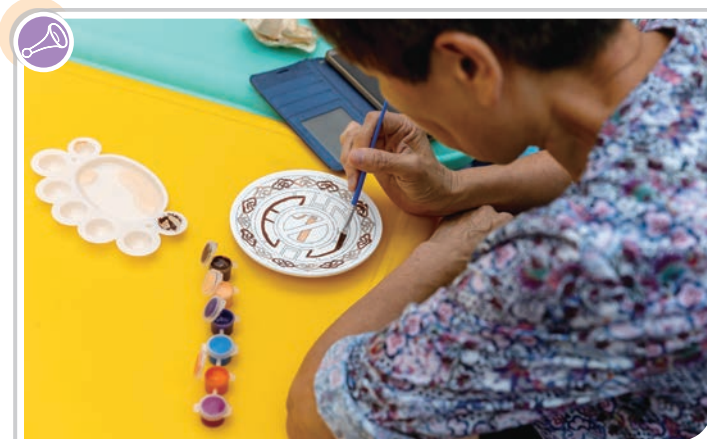
發佈會主禮嘉賓包括國家中醫藥管理局副局長王志勇博士、衛生署署長林文健醫生、中央人民政府駐港聯絡辦公室協調部副部長李玲、中醫藥發展專員鍾志豪博士、世界針灸學會聯合會秘書長及中國中醫科學院首席研究員楊金生教授、委員會主席湯修齊、以及副主席陳志球博士。



Launch Ceremony of the Clinical Guideline of Acupuncture and Moxibustion for Smoking Cessation

Acupuncture and moxibustion are recognized as safe and effective therapies for smoking cessation. As a characteristic and advantageous project of Traditional Chinese Medicine (TCM), acupuncture for smoking cessation was included in the collaboration program between the State Administration of Traditional Chinese Medicine and Hong Kong in 2010. In celebration of the 75th Anniversary of the Founding of the People's Republic of China, COSH and the Department of Health organized a launch ceremony of the "Clinical Guideline of Acupuncture and Moxibustion for Smoking Cessation" with the theme of "Inheritance and Innovation of Chinese Medicine Cultural Treasures" on 20 September 2024, introduced the methods and benefits of Chinese medicine acupuncture for smoking cessation, encouraged smokers to find the best way to quit smoking and enjoy a smoke-free and healthy life with family and friends. The general public can also experience the evolution of present Chinese medicine alongside its innovation.

Ceremony officiated guests included Dr WANG Zhi-yong (Vice Commissioner of the National Administration of Traditional Chinese Medicine (NATCM)), Dr Ronald LAM (Director of Health), LI Ling (Deputy Director-General, Coordination Department, Liaison Office of the Central People's Government in HKSAR), Dr Vincent CHUNG (Commissioner for Chinese Medicine Development, Health Bureau), Prof YANG Jin-sheng (Secretary-general of World Federation of Acupuncture-Moxibustion Societies, Chief Researcher of China Academy of Chinese Medical Sciences), Henry TONG (COSH Chairman) and Dr Johnnie CHAN (COSH Vice-chairman).





委員會於活動當日邀請《針灸戒煙臨床實踐指南(香港版)》主要撰寫人之一，中國中醫科學院二級教授楊金生教授介紹針灸戒煙的原理及優點。空手道運動員劉知名分享他曾接受中醫藥治療的過程和感受，鼓勵吸煙人士嘗試以中醫針灸戒煙。活動同時獲得八間戒煙服務團體支持，透過攤位遊戲及工作坊等提升參加者對煙草禍害、戒煙及控煙工作的認識，並提供戒煙服務支援。

During the ceremony, COSH invited Professor YANG Jin-sheng, one of the lead authors of the Clinical Guideline, introduced the principle and benefits of acupuncture and moxibustion for Smoking Cessation. LAU Chi-ming (Karatedo athlete) also shared his experience of receiving Chinese medicine treatment and encouraged smokers to try Chinese acupuncture to quit smoking. In addition, eight smoking cessation service providers arranged smoke-free promotion games and exhibition booths to enhance the participant's awareness of tobacco hazards, smoking cessation and tobacco control, and provide smoking counselling and cessation service.



倡議增加煙草稅

世界衛生組織(世衛)指出，增加煙草稅是最有效減低煙草使用的優先控煙措施，其推行成本低，並建議煙草稅應佔煙草零售價格最少75%。在2023至24年及2024至25年財政預算案，煙草稅均增加約三成，令致電戒煙熱線的求助數字即時大幅增加分別超過三倍及兩倍，而2023年全年亦錄得超過三成增幅，可見增加煙草稅在本地推動戒煙的成效顯著。

全球已有超過40個國家(如澳洲、巴西、泰國及英國等)，已符合世衛建議的煙草稅水平。儘管香港已連續兩年增加煙草稅，但煙草商隨即提高捲煙零售價，令煙草稅率只佔零售價格約65%，仍然未達世衛建議水平。

委員會的「控煙政策調查2024」顯示，接近七成的受訪者支持下一財政年度及每年增加煙草稅。可見即使連續兩年增加煙草稅，市民仍然認為應該持續增加煙草稅以減低吸煙人士的購買意欲，從而推動戒煙。部分(27.5%)現時吸煙人士表示，如果捲煙的零售價上升，他們會戒煙或減少吸煙量一半或以上。他們認為有效的價格中位數為每包130港元，而平均價格更為每包156港元，與現時的售價102港元仍有一大差距。

委員會聯同101個團體於2025年1月致公開信予財政司司長，促請政府於2025至2026財政年度增加煙草稅，並按年調整(例如按通脹額外增加)，以達到並維持在世衛建議75%的水平，確保煙草稅政策在推動戒煙和預防青少年吸煙的成效，以實現政府訂下於2025年降低吸煙率至7.8%或以下的目標。惟政府於2025至2026財政年度未有增加煙草稅，委員會為此表示失望。

Advocacy on Raising Tobacco Tax

World Health Organization (WHO) pinpoints that raising tobacco tax is the single most effective and prioritized measure to reduce tobacco consumption with low implementation cost and recommends tobacco taxes should account for at least 75% of the retail price of tobacco products. Local experience proved its significant impact in promoting smoking cessation. Resulted from the consecutive tobacco tax increases of about 30% in the 2023 and 2024 Budget, number of calls to the Department of Health's Integrated Smoking Cessation Hotline surged immediately by over three times and two folds respectively, while the annual increase in 2023 was over 30%.

Over 40 countries, including Australia, Brazil, Thailand and the United Kingdom, have achieved the WHO recommended tobacco tax level. Although the tobacco tax was increased in consecutive two years, tobacco companies had increased the retail price of cigarettes, leading to only 65% tobacco tax level in Hong Kong which is below the WHO recommended level.

According to COSH's Tobacco Control Policy-related Survey 2024, about 70% of the respondents supported both a tobacco tax increase in the upcoming financial year and an annual tobacco tax increase. The results indicated the public agreement to raising tobacco tax and cigarette price to reduce smokers' purchase desire, thereby encouraging quitting. In addition, 27.5% of current smokers believed that if the tobacco retail price increases, they would either quit smoking or reduce smoking by at least half. They opined that the cigarette retail price should be set at a median price of HK\$130 and a mean price of HK\$156 per pack to effectively motivate smokers to quit, which are far above the current price of HK\$102.

COSH sent an open letter in co-signatory with 101 organizations to the Financial Secretary in January 2025, to urge the Government to raise tobacco tax in Financial Year 2025-2026 and implement annual increase mechanism, such as an additional increase on top of inflation, to meet the 75% standard laid down by WHO, so as to ensure the effectiveness of tobacco tax policy in promoting smoking cessation and uptake prevention, striving for Government's target of reducing the smoking prevalence to 7.8% or below by 2025. COSH expressed disappointment that the tobacco tax was frozen in FY2025-2026.



現時煙價
Current Retail Price **\$102**

煙草稅率應佔零售價格最少
Tobacco tax should account for at least **75%**
of the retail price

現時只佔約
Currently it only accounts for around **65%**

控煙政策調查2024
Tobacco Control Policy-related Survey 2024

「無煙車樂部」計劃

香港現有大約20萬名運輸及物流業從業員。委員會為保障運輸業及物流業員工及公眾健康，舉辦「無煙車樂部」計劃，旨在幫助運輸業及物流業從業員，尤其是職業司機，戒除煙癮，投入活力健康的無煙生活，從而改善員工健康、提升業界的職業安全及專業形象。委員會亦透過運輸及物流業界，將無煙信息傳遞予員工、客戶、乘客、市民大眾等不同持分者。



計劃獲得超過70個機構支持，當中包括運輸署、道路安全議會、交通諮詢委員會，以及行業的商會及組織全力支持，動員旗下接近6,800位會員參與。委員會亦舉辦個人會員活動，鼓勵會員撰寫信息，分享個人戒煙經歷或留下對無煙香港的願景，以油站禮券答謝最有心思的參加者。

「無煙車樂部」啟動禮

委員會於2025年1月11日舉行「揸車唔揸煙 你就Sure Win」「無煙車樂部」啟動禮。主禮嘉賓包括衛生署規管事務總監趙佩燕醫生、醫院管理局主席范鴻齡、職業安全健康局總幹事游雯、委員會主席湯修齊、副主席陳志球博士，以及總幹事黎慧賢。

啟動禮邀請成功戒煙的職業司機嚴先生分享戒煙後所帶來的轉變及好處，包括感到健康有明顯改善、日常生活及駕駛更有精神、與家人關係亦更加親密。歌手支譽儀亦解釋煙草禍害、如何適應退癮不適，鼓勵職業司機儘快戒煙。

“Smoke-free Drivers Club” Publicity Programme

Transportation and logistics industry has approximately 200,000 labour force. In order to protect the health of employees in the transportation and logistics industry and the public, COSH organized the “Smoke-free Drivers” Programme to promote the importance of healthy lifestyle, bringing positive impacts on the occupational safety and health, productivity and professional image of drivers. Smoke-free messages were also conveyed to different stakeholders including drivers, customers, passengers and the public.

The Programme received full support from 70 different industrial organizations and associations, including the Transport Department, Road Safety Council, Transport Advisory Committee, as well as various industry chambers and organizations which mobilized about 6,800 members to participate. A prize quiz was held to encourage individual members to share their experience on smoking cessation or smoke-free vision after registration, while winners with most encouraging or meaningful messages were awarded with petrol station gift vouchers.

Kick-off Event

COSH organized the kick-off event of “Smoke-free Drivers” Programme on 11 January 2025. Officiating guests included Dr Amy CHIU (Controller, Regulatory Affairs, Department of Health), Henry FAN (Chairman, Hospital Authority), Bonnie YAU (Executive Director, Occupational Safety and Health Council), Henry TONG (COSH Chairman), Dr Johnnie CHAN (COSH Vice-chairman) and Vienna LAI (COSH Executive Director).

Event also invited a professional driver Mr YIM shared the changes and advantages of quitting, such as healthier, more energetic in his daily life and driving, closer to his family. Venus CHI (Singer) also explained the smoking hazards, practical quit tips and encouraged drivers to quit smoking.



宣傳短片、攤位及無煙貼圖

委員會特別製作宣傳短片，破解司機在駕駛時吸煙的迷思、講述殘留在車廂的二手煙為乘客帶來的害處，鼓勵他們為身邊人戒煙。委員會亦於2025年2月7日、2月14日和2月20日於社區設置街站，舉行「無煙車樂部」會員招募攤位活動，並派發無煙紀念品，鼓勵吸煙人士戒煙，一同投入無煙健康生活。

為推廣無煙旅程，委員會亦推出「無煙車樂部」系列WhatsApp/Signal貼圖，讓市民於日常生活中發送貼圖給身邊的家人及朋友，攜手共建無煙清新的香港。



活動網頁：<https://www.smokefree.hk/drivers/index.php?lang=tc>

Promotional Video, Roadshows and Smoke-free Stickers

A promotional video was produced to bust the myths about smoking while driving and explain the harms that secondhand smoke left in the car poses to passengers, and encourage drivers to quit smoking for surrounding people. Roadshow promotion sessions were held on 7, 14 and 20 February 2025. Through distributing smoke-free promotional collaterals, general public, drivers and passengers were recruited as member of "Smoke-free Drivers Club", to encourage quit smoking and embrace a vibrant, healthy living.

A set of smoke-free drivers Whatsapp and Signal stickers featuring the smoke-free ambassador, Wise Mike, was created for the public to promote smoke-free journey and achieve a tobacco-free Hong Kong.

Programme website: <https://www.smokefree.hk/drivers/index.php?lang=en>



「加味煙毒害青少年和女性 從速全禁勿拖延」記者會

委員會聯同香港大學學者於2025年1月22日舉行記者會，發佈最新控煙調查研究，結果發現在青年和女性吸加味捲煙比率較高，尤其是15至29歲女性吸捲煙者當中有近九成吸加味煙。同時，煙草產品的調味劑增加吸煙者成癮度，令吸煙人士更難成功戒煙，有逾七成市民支持禁止加味煙草產品，且比率持續上升。委員會建議政府立法禁止加味煙，涵蓋添加所有口味包括薄荷在內的吸煙產品，以至任何可添加味道至捲煙的配件等，同時儘快進一步禁止以任何形式管有另類吸煙產品，保障市民免受煙草危害，長遠達至無煙香港。記者會的講者包括香港大學護理學院教授王文炳教授、香港大學護理學院助理教授張懿德教授、香港大學護理學院助理教授李廷宰教授、委員會主席湯修齊及總幹事黎慧賢。



委員會主席湯修齊表示，「煙草商在吸煙產品中加入薄荷及水果等口味的調味劑，是令年輕人及女性嘗試和持續吸煙的重要因素。加味捲煙增加青年吸捲煙者成癮度，令他們更難戒煙。長遠而言，加味煙是降低本港吸煙率的一大障礙，無疑為公共衛生帶來隱憂。委員會建議政府儘快禁止加味煙，並實行多項短、中、長期的控煙措施，強而有力地遏止煙禍蔓延，保障香港市民健康。」

“Teenagers and Women Hooked on Flavoured Tobacco Call For Total Ban” Press Conference

COSH and academics from The University of Hong Kong hosted a press conference on 22 January 2025 to release new tobacco control survey which showed a higher rate of flavoured cigarette use among teenagers and women. Nearly 90% of female smokers in Hong Kong aged 15-29 use flavoured cigarettes. The data also showed that flavoured tobacco increases smokers' addiction level, making it harder for them to quit. Over 70% of the public supported banning flavoured tobacco products, and this percentage continues to rise. To protect the public from tobacco harm and ultimately achieve a tobacco-free Hong Kong, COSH recommended a ban on all flavoured tobacco products, including all flavours such as menthol, and any accessories that could add flavours to cigarettes. Possession of alternative smoking products (ASPs) in any form is also recommended to be prohibited. Speakers included Prof Kelvin WANG (Professor, The School of Nursing, The University of Hong Kong), Prof Derek CHEUNG (Assistant Professor, The School of Nursing, The University of Hong Kong), Prof Jay LEE (Assistant Professor, The School of Nursing, The University of Hong Kong), Henry TONG (COSH Chairman) and Vienna LAI (COSH Executive Director).

Henry TONG (COSH Chairman) said, “Menthol, fruit, and other tobacco flavours added by the tobacco industry are a significant factor that encourages teenagers and women to first try and then continue smoking. Flavoured tobacco does harm to our next generation by increasing addiction levels among young people, making it harder for them to quit. In the long term, flavoured tobacco poses a major obstacle to decreasing the prevalence of smoking in Hong Kong and undoubtedly raises public health concerns. COSH urges the Government to institute a total ban on flavoured tobacco as soon as possible and to implement multiple short, medium, and long-term tobacco control measures to protect the health of Hong Kong residents by curbing this resurgent area of tobacco-related harm.”

活動 Events

委員會委託香港大學護理學院及公共衛生學院於2024年1月至5月期間進行的控煙政策調查發現，近一半現時吸煙者吸加味捲煙，比率在青年和女性吸捲煙者中較高，特別是15至29歲女性現時吸捲煙者中逾86%吸加味捲煙，是所有年齡層中最高的組別。在捲煙中加入口味會增加青年吸捲煙者的成癮度，導致青少年更容易對尼古丁上癮。調查發現有近4成(36.2%)吸加味捲煙的青年達中度至重度上癮，比率較吸原味捲煙的青年(16.7%)高1倍。調查亦顯示，現時青年加味捲煙吸煙者較大機會同時使用另類吸煙產品(包括電子煙、加熱煙)和水煙。

香港大學護理學院教授王文炳教授表示，「加味煙令青年和女性墮入糖衣毒藥的陷阱，令吸煙者對特定口味或品牌產生偏好，增加他們開始吸煙、成癮和持續吸煙的可能性。加味煙中使用的某些調味劑如薄荷醇、可可、甜味劑等能促進人體吸收尼古丁及加強尼古丁對大腦的作用，進一步加深吸煙者的煙癮，令吸煙者更頻繁及長時間地吸煙，因此更難以戒煙。根據調查，超過七成市民支持禁止加味煙草產品，且比率持續上升，充分表明社會對禁止加味煙的支持度和立法逼切性。」

香港大學公共衛生學院於2022至2023學年進行有關中小學生吸煙情況的香港學校吸煙與健康調查(港大調查)。港大調查發現加味煙容易令青少年繼續吸煙，曾吸捲煙的中學生當中，第一口煙為加味捲煙的學生，相比第一口煙為原味捲煙的中學生，日後成為每日吸煙者的機會增加2.7倍。

The Tobacco Control Policy-related Survey commissioned by COSH and conducted by the School of Nursing and School of Public Health of The University of Hong Kong from January to May 2024 found that nearly half of current smokers use flavoured cigarettes, with higher rates among teenagers and women. Over 86% of female smokers aged 15-29 are using flavoured cigarettes, the highest among all age groups. Flavoured cigarettes have increased levels of addiction among young smokers, offering an easy lure for teenagers to fall into nicotine addiction. The survey found that nearly 40% (36.2%) of teenagers who use flavoured cigarettes are moderately to severely addicted, which is twice the rate of those using non-flavoured cigarettes (16.7%). The survey also indicated that young smokers of flavoured cigarettes are more likely to also be using alternative smoking products (including e-cigarettes and heated tobacco products) and waterpipes.

Prof Kelvin WANG (Professor, The School of Nursing, The University of Hong Kong) said, "Teenagers and women are increasingly attracted to flavoured tobacco products, with preferences for particular flavours and brands. This phenomenon makes it more likely they will take up smoking, develop an addiction, and continue smoking as a habit. Certain flavourings (such as menthol, cocoa, sweeteners, etc.) used in flavoured cigarettes can promote the absorption of nicotine and enhance nicotine's effects on the brain, thus exacerbating the addiction, leading smokers to smoke more frequently and for longer periods of time, and making it more difficult to quit the habit. According to the survey, over 70% of the public support banning flavoured tobacco products, and this percentage continues to rise — a clear indication of societal support for a ban on flavoured tobacco and of the urgent need for legislation."

The School of Public Health of The University of Hong Kong conducted a survey of flavoured smoking product use among primary and secondary school students in Hong Kong during the 2022-2023 academic year. This survey found that flavoured tobacco makes it easier for teenagers to continue smoking. Students whose first cigarette was flavoured were 2.7 times more likely to become daily smokers than those whose first cigarette was non-flavoured.

香港大學護理學院助理教授張懿德教授表示，「結果清楚顯示，加味煙使青少年上癮，令他們有機會成為未來的潛在每日吸煙者。如果政府不及早介入，情況將可能不斷惡化，讓青少年置身於危險之中。政府有需要保護下一代，全面禁止加味煙。」

水煙口味五花八門，日益受到年輕人及女性歡迎，記者會發佈香港首個有關水煙含有有害物質的研究。大部分水煙吸煙者吸加味水煙，而水煙煙霧中含有高水平的有害化合物，包括微細懸浮粒子、一氧化碳、尼古丁、致癌物等。研究走訪五個吸水煙的熱門地區的酒吧，發現無論平日或周末，提供水煙的酒吧環境中的微細懸浮粒子，驗出超標的有害水平，周末平均為每立方米1,247微克（最高達到每立方米5,331微克），相比美國國家環境保護局定義的有害水平（每立方米225.5微克）超出逾4倍（最高則逾22倍）。同時在有提供水煙的酒吧，相比無提供水煙的酒吧在平日或周末，驗出的微細懸浮粒亦平均超出11倍至45倍不等。如果長期暴露於可致癌的懸浮微粒，可引發呼吸系統及心血管系統疾病。

香港大學護理學院助理教授李廷宰教授表示，「研究發現，在平日及周末調查有提供水煙的酒吧，其空氣中含有高致癌化學物的多環芳香烴及甲醛。多環芳香烴中致癌性最強，被列為一級致癌物的苯並(a)芘(Benzo[a]pyrene)驗出最高的含量濃度超出歐盟空氣品質標準逾12至27倍。長期暴露於有害的環境中，吸食水煙者增加患上呼吸系統疾病、肺癌、皮膚癌、心血管疾病及傳染病的機會。吸食水煙除了損害吸煙者自身健康外，酒吧員工的健康同樣受危害。另有調查也發現，有提供水煙的酒吧員工尿液中的苯並(a)芘含量是水煙吸食者之四倍以上。」

Prof Derek CHEUNG (Assistant Professor, The School of Nursing, The University of Hong Kong) stated, "The results clearly show that flavoured tobacco leads to addiction in adolescents, increasing their chances of becoming daily smokers in the future. If the Government does not intervene promptly, the situation may continue to deteriorate, putting youth at risk. The Government needs to protect the next generation by implementing a comprehensive ban on flavoured tobacco."

Further research announced at the press conference included Hong Kong's first study on the harmful substances contained in waterpipes. Flavoured waterpipes come in a wide variety of tastes and are increasingly popular among young people and women. Most waterpipe smokers use flavoured tobacco, which contains more harmful compounds, including fine particulate matter (PM2.5), carbon monoxide, nicotine, and carcinogens. The study visited five popular bar areas for waterpipe smoking and found that, regardless of weekdays or weekends, the levels of PM2.5 in bars that offer waterpipes exceeded safe limits. On weekends, the average was 1,247 micrograms per cubic meter (with a maximum of 5,331 micrograms), which is nearly four times higher than the harmful level defined by the U.S. Environmental Protection Agency (225.5 micrograms per cubic meter), and in some cases over 22 times higher. Additionally, in bars that offer waterpipes, the levels of particulate matter measured were on average 11 to 45 times higher than in bars that do not offer waterpipes, whether on weekdays or weekends. Long-term exposure to carcinogenic particulate matter can lead to respiratory and cardiovascular diseases.

Prof Jay LEE (Assistant Professor, The School of Nursing, The University of Hong Kong) stated, "The research found that the air in waterpipe bars surveyed on both weekdays and weekends contains high levels of carcinogenic chemicals, including polycyclic aromatic hydrocarbons (PAHs) and formaldehyde. The PAHs with the strongest carcinogenicity, benzo[a]pyrene, was found at concentrations exceeding the EU air quality standards by 12 to 27 times. Long-term exposure to harmful environments increases the chances of respiratory diseases, lung cancer, skin cancer, cardiovascular diseases, and infectious diseases among waterpipe smokers. In addition to harming their own health, waterpipe smokers also negatively impact the health of bar staff. Another survey also found that the levels of benzo[a]pyrene in the urine of bar staffs were more than four times higher than those of waterpipe smokers themselves."

活動 Events

委員會總幹事黎慧賢表示，「現時已有超過40個國家／地區，包括加拿大、英國及歐盟國家已立法，禁止包括薄荷煙在內的加味煙。惟已實施加味煙禁令的英國，煙草商透過推出外置的加味配件，讓吸煙人士自行繼續在吸煙產品中加入味道，令吸加味煙的人數增加。委員會建議政府立法禁止加味煙時，涵覆蓋所有加味吸煙產品，以及包括薄荷在內的所有口味，以至任何可添加味道的配件等，堵塞所有潛在煙草禍害危機。」

Vienna LAI (COSH Executive Director) remarked, “Over 40 countries and places (including Canada, the UK, and EU countries) ban menthol and other flavours in cigarettes. In some countries, such as the UK, which have already banned flavoured tobacco, the tobacco industry has introduced tobacco flavour accessories that enable smokers to add and customise different flavours to attract specific groups such as teenagers. COSH recommends that the Government ban flavoured tobacco, covering all flavoured smoking products, including all flavours such as menthol, as well as any accessories that can add flavours to rolled cigarettes, in order to end all tobacco harm.”



全新宣傳片「齊建無煙香港！」

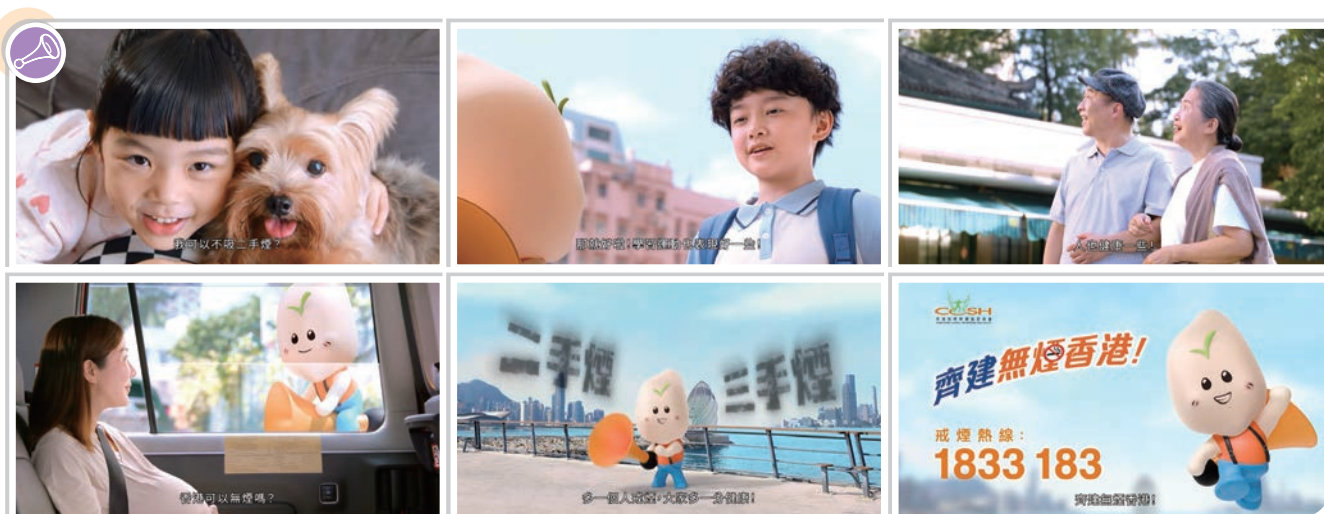
委員會定期製作宣傳短片，喚起公眾對吸煙禍害的關注。全新宣傳片「齊建無煙香港！」以一位小女孩提問「我可以不吸二手煙？」作為引子，帶出煙草禍害無處不在，除卻一手煙，二、三手煙同樣危害身邊所有非吸煙者，甚至家中寵物的健康。委員會的無煙代言人「咪點我」在片中穿梭於醫療設施出入口、公共交通候車處等地方，回應長幼及孕婦各自對無煙香港的期盼，呈現大家堅信遠離煙草能保障自身、摯愛親朋及下一代的健康。

宣傳片於電台、電視台及網上平台播放，旨在喚起公眾意識，呼籲市民大眾攜手共建無煙環境，並鼓勵吸煙者戒煙。所有形式的煙草產品都對身體有害，多一個人戒煙，所有人多一分健康！

New API “Let’s make Hong Kong Tobacco-free!”

COSH produces Announcements in Public Interest (APIs) regularly to address smoking hazards as an issue of concern. A new API titled “Let’s make Hong Kong Tobacco-free” opens with a question from a little girl “Can I really stay away from secondhand smoke?” to highlight the hazards of smoking are omnipresent. In addition to active smoking, both secondhand and third-hand smoke pose significant health risks to all non-smokers, even beloved pets in our homes. Smoke-free Ambassador “Wise Mike” journeys through various locations, including entrances and exits of public healthcare facilities and public transport waiting areas, in responding to the hopes from all walks of life — child, seniors and pregnant woman, for a Tobacco-free Hong Kong. The API conveys the shared belief that staying away from tobacco products can protect not only personal health, but also the wellbeing of loved ones and next generations.

The API was broadcast on radio channels, TV stations and online platforms to rally community wide support while encouraging smokers to quit. All forms of tobacco consumption are harmful to health. One less smoker means better health to everyone!





社區聯繫及推廣

Community Involvement and Promotion

「無煙老友記」計劃2024-2025

根據政府統計處數字顯示，2023年香港吸煙率是9.1%，為歷史新低。在現時吸煙者中，年滿60歲或以上的長者佔整體吸煙人口高達29.4%。隨着吸煙者年齡及煙齡增長，體內因吸煙累積的毒素越多，患上各類煙草相關疾病的風險亦隨之大幅上升，對長者健康構成嚴重威脅。有見及此，委員會自2012年起舉辦「無煙老友記」計劃，透過在全港長者中心舉辦健康講座及於社區舉辦無煙宣傳活動，鼓勵年長吸煙者戒煙，並向市民推廣無煙生活。適逢政府於2024年中宣佈推行下階段的控煙措施，本年度的計劃亦邀請了長者義工擔任「無煙老友大使」參與地區宣傳，推動社會支持加強控煙。

健康講座

委員會在2024年5月至2025年3月期間，於各區長者中心以現場演講及線上形式舉辦了超過40場健康講座，向近2,900名長者推廣無煙信息。講座內容涵蓋各種吸煙產品的禍害、有關長者戒煙的常見謬誤、戒煙的好處和方法、香港的控煙法例等，從而鼓勵長者戒煙和提防私煙陷阱。



Elderly Smoking Cessation Promotion Project 2024-2025

According to the Census and Statistics Department, the smoking prevalence in Hong Kong reached a record low of 9.1% in 2023. Among current smokers, elderly aged 60 or above account for 29.4% of the total smoking population. As smoker's age and years of smoking increase, more toxins accumulate in the body. It could significantly increase the risk of developing various tobacco-attributable diseases and pose a serious threat to the health of elderly. Therefore, COSH launched the Elderly Smoking Cessation Promotion Project since 2012 to encourage elderly smokers to quit smoking and promote a smoke-free lifestyle to the public through organizing health talks at elderly centres and smoke-free community activities. In response to the announcement of the next-phase tobacco control measures in mid-2024, elderly volunteers were invited to be "Smoke-free Elderly Ambassadors" to participate in community activities and promote community support for strengthening tobacco control.

Health talks

COSH organized about 40 health talks, both in-person and online, at elderly centers across various territories for nearly 2,900 elderly individuals from May 2024 to March 2025. Contents of the health talk included the harmful effects of various smoking products, common myths about smoking cessation for the elderly, benefits and methods of quitting, as well as smoke-free legislation in Hong Kong. Elderlies were also advised to quit and stay alert to the trap of illicit cigarettes.

「無煙老友大使」無煙社區宣傳

為發揮長者在推動無煙社會的正面影響，委員會與新界西長者學苑聯網及新界東長者學苑聯網攜手合作，招募近30位長者義工成為「無煙老友大使」。一眾「無煙老友大使」在接受無煙知識和簡單戒煙建議技巧的訓練後，參與委員會於2024年11月至2025年1月期間，在港九新界舉辦的12場無煙社區宣傳日，透過攤位遊戲、展板、無煙祈願及派發宣傳單張等，向逾7,300名市民介紹無煙生活的好處及下階段的控煙措施，並呼籲市民支持加強控煙。



「全城集氣 無煙未來有耆」宣傳活動

委員會於2024年12月9日舉行「全城集氣 無煙未來有耆」宣傳活動，推廣無煙生活的好處。透過長者的參與，促進社會大眾對控煙工作的支持，以達致無煙香港。活動的主禮嘉賓包括衛生署署理規管事務總監封螢醫生、安老事務委員會主席李國棟醫生、新界西長者學苑聯網召集人陳孝慈、新界東長者學苑聯網召集人劉世蒼、委員會副主席陳志球博士、委員及立法會議員黃俊碩議員。其他嘉賓包括戒煙服務機構、學術界、醫學組織和健康推廣機構的代表。成功戒煙人士，一眾「無煙老友大使」和藝人何晉樂亦出席支持和分享無煙心得。

Smoke-free Community Promotion by “Smoke-free Elderly Ambassadors”

COSH joined hands with New Territories West Elder Academies Cluster and New Territories East Elder Academies Cluster this year and recruited around 30 elderly volunteers to become “Smoke-free Elderly Ambassadors”, to bring the positive influences of the elderly in promoting a smoke-free society. After the training in smoke-free knowledge and basic smoking cessation techniques, the Smoke-free Elderly Ambassadors participated in 12 sessions of smoke-free promotion activities in the community from November 2024 to January 2025. Through booth games, exhibition panels, smoke-free wish-making activities and leaflets distribution, they introduced the benefits of a smoke-free lifestyle and the next phase of tobacco control measures to more than 7,300 citizens, while encouraging community support strengthened tobacco control efforts.

“Building Momentum for a Smoke-free Future” Publicity Event

COSH organized a publicity event titled “Building Momentum for a Smoke-free Future” on 9 December 2024 to uphold a smoke-free lifestyle. Through active participations of the elderly, the event called for public support for tobacco control, striving to achieve a smoke-free Hong Kong. Officiating guests included Dr FUNG Ying (Acting Controller of Regulatory Affairs, Department of Health), Dr Donald LI (Chairman, Elderly Commission), CHAN How-chi (Convenor, New Territories West Elder Academies Cluster), LAU Sai-chong (Convenor, New Territories East Elder Academies Cluster), Dr Johnnie CHAN (COSH Vice-chairman), Hon Edmund WONG (COSH Member cum Legislative Council Member). Representatives from smoking cessation service organizations, academic sector, medical organizations, health promotion organizations also participated in the event. Other participants included artist Rock HO, successful quitters and the Smoke-free Elderly Ambassadors.



活動上，李國棟醫生特別強調，吸煙及二手煙對長者健康的影響尤其顯著，提醒大家不論年齡多大或煙齡多長，戒煙都能帶來即時和長遠的健康好處。陳志球博士則呼籲大眾支持繼續加強控煙，減少吸煙對公共衛生的負擔。成功戒煙長者劉偉明先生亦現身說法，分享自身戒煙和鼓勵家人戒煙的經驗，展現了年長人士在家庭和社會中推動無煙生活的影響力。

一眾「無煙老友大使」亦在活動典禮開始前透過攤位遊戲、派發宣傳單張及無煙祈願等，向市民推廣戒煙資訊及介紹香港下階段控煙措施。

At the event, Dr Donald LI highlighted the significant impacts of smoking and secondhand smoke on the health of the elderly, and reminded the public that quitting could bring immediate and long-term health benefits, regardless of age or smoking history. Dr Johnnie CHAN urged the public to support the strengthening of tobacco control to reduce the impact of smoking on the public health. LAU Wai-ming, successful elderly quitter, also shared his journey on quitting and encouraging his family members to follow his smoke-free footprint, demonstrating an example of elderly in promoting a smoke-free lifestyle within families and communities.

Prior to the event, community promotion activities were also undertaken by “Smoke-free Elderly Ambassadors” to promote the benefits of quitting smoking and introduced Hong Kong’s next-phase tobacco control measures to the public through booth games, leaflets distribution, and smoke-free wish-making activities.



無煙女性宣傳計劃2024-2025

《主題性住戶統計調查第79號報告書》顯示，2023年香港女性的吸煙率為2.7%。近六成女性吸煙者在首次嘗試吸煙時選擇薄荷味捲煙，超過六成女性吸煙者現時吸食薄荷味調味捲煙。部分女性吸煙者或因生活壓力、情緒困擾、追求時尚潮流或受社交媒體廣告影響而開始吸煙。現時市面上有多種薄荷及水果味等調味捲煙，標榜其相對清新的氣味、口感較輕，藉此給人「無害」或「時尚」的錯覺，進一步吸引年輕女性嘗試甚至養成吸煙習慣。

Smoke-free Women Project 2024-2025

According to the Thematic Household Survey Report No.79, the smoking prevalence among women in Hong Kong was 2.7% in 2023. Nearly 60% of female smokers chose menthol cigarettes when they first tried smoking, and more than 60% of female smokers currently smoke menthol cigarettes. Some female smokers may have started smoking due to pressure, emotional distress, pursuit of fashion trends, or the influence of advertisements on social media. There are many kinds of flavoured cigarettes available in the market currently, such as menthol and fruit flavours. Due to the claim of relatively fresh smell and lighter taste, flavoured tobacco products mislead people into 'harmless' or 'fashionable' easily, which further attracts young women to try or even develop the habit of smoking.



有見及此，委員會於2024-2025年度舉辦無煙女性宣傳計劃，特別設計一系列工作坊和健康講座，讓女性深入了解吸煙對女士健康的影響，除了無煙知識和戒煙資訊外，同時教授應對壓力的方法和建立健康生活習慣，以協助她們對抗吸煙引誘或煙癮。計劃獲得共23間婦女團體、地區康健中心／地區康健站及社區組織支持，在2024年4月至2025年2月期間舉辦了近35場無煙女性工作坊或健康講座，並透過單張和宣傳品與近1,500名市民分享無煙信息。

Therefore, COSH organized the Smoke-free Women Project in 2024-2025, featuring a series of workshops and health talks to educate women with an in-depth understanding of the impact of smoking on women's health, smoke-free and cessation information as well as ways to cope with stress and build up a healthy lifestyle so as to assist them to properly resist the temptation and crave of smoking. With the support of 23 organizations, including women associations, District Health Centres (DHC)/DHC Express and community organizations, nearly 35 smoke-free women workshops or health talks were organized from April 2024 to February 2025. Smoke-free messages were disseminated to almost 1,500 members of public via the smoke-free leaflets and collaterals.



活動 Events

社區聯繫

委員會透過不同的社區聯繫及宣傳活動，深入社區宣揚無煙信息，與市民緊密溝通，凝聚多方力量，攜手共建清新無煙的生活環境。

加強公共衛生意識

隨著大眾的公共衛生意識有所提高，市民逐漸了解吸煙對身體的危害。委員會除了向市民推廣吸煙所引致的疾病外，亦會應邀與不同的醫學及公共衛生組織合作，包括參與醫院管理局研討會、於黃大仙地區康健中心、香港牙醫學會和天水圍醫院等設資訊攤位擺放展板，派發無煙刊物與宣傳品，讓醫療衛生界人士、學者與公眾就不同醫療專題互相分享意見、醫療新知和經驗，積極促進他們在控煙推廣宣傳的交流及合作，同時向市民介紹委員會的教育宣傳工作。

Community Involvement

COSH promotes smoke-free messages through various community outreach and publicity activities, engaging closely with public. By consolidating multiple efforts, we work together to build a smoke-free living environment.

Strengthening public health awareness

With the rising public awareness of health issues, people became more aware of the harmful effects of smoking. In addition to promoting the hazards caused by smoking, COSH was invited by various medical and public health organizations, including the Hospital Authority, Wong Tai Sin District Health Centre, Hong Kong Dental Association, and Tin Shui Wai Hospital, to participate in seminars and set up information booths. Smoke-free promotional materials were distributed at these events, aiming to facilitate exchanges and collaboration among healthcare professionals and scholars in tobacco control advocacy. It helped share knowledge and insights on various health topics of interest while introducing educational and publicity programmes to the public.

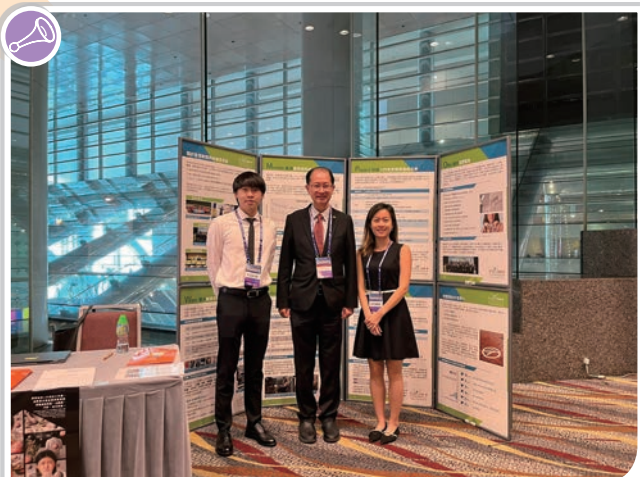


2024/5/16-17

委員會主席湯修齊獲醫院管理局邀請於研討會上分享控煙倡議，委員會亦同場設資訊攤位，向與會者派發無煙刊物及宣傳品，促進不同醫學範疇的專業人士在控煙推廣宣傳的交流及合作。

Henry TONG (COSH Chairman) was invited by the Hospital Authority to share smoke-free initiatives at the seminar. An information booth was also set up to distribute smoke-free publications and souvenirs, fostering exchanges and collaborations among professionals from various medical fields in promoting tobacco control efforts.

2024年醫院管理局研討大會 Hospital Authority Convention 2024





2024/6/22

委員會獲黃大仙地區康健中心邀請，參與該區健康活動，以響應世界無煙日，透過無煙教育遊戲，提升區內居民對煙害的認知和鼓勵吸煙者儘早戒煙。

COSH was invited by the Wong Tai Sin District Health Centre to participate in a health event in support of World No Tobacco Day. An educational game booth was set up to convey the hazards of smoking to local and encourage smokers to quit.

世界無煙日 — 黃大仙地區康健中心
Wong Tai Sin District Health Centre —
World No Tobacco Day



2024/8/23-25

第十三屆香港國際牙科博覽暨研討會
13th Hong Kong International Dental Expo and Symposium



為加深牙科專業人員對控煙議題的了解，委員會於第十三屆香港國際牙科博覽暨研討會設資訊攤位，介紹香港在控煙方面的最新概況和委員會的工作，並宣傳吸煙與口腔健康的關係。

COSH was invited by The Hong Kong Dental Association to set up an information booth at the 13th Hong Kong International Dental Expo and Symposium to introduce the latest tobacco control measures in Hong Kong, as well as the relationship between smoking and oral health, in order to raise awareness among dental professionals about tobacco control efforts.

活動 Events



2024/10/9

委員會獲天水圍醫院邀請於醫院內設置無煙資訊及教育遊戲攤位，提升院內醫護員工及院友對煙害的認知，促進公共健康並鼓勵吸煙者儘早戒煙。

To enhance the knowledges of smoking hazards among different stakeholders in the hospital, including staffs and patients, COSH was invited by Tin Shui Wai Hospital to set up educational booth in promoting public health well-being and encouraging smokers to quit.

天水圍醫院反吸煙資訊宣傳活動

Tin Shui Wai Hospital – Anti-smoke Promotion Booth



2025/2/23

委員會應善心醫療基金邀請，於「慈善行暨同樂日」設置無煙資訊及教育遊戲攤位，向區內市民介紹香港最新的控煙政策，並推廣戒煙在基層醫療服務中的重要作用。

COSH was invited by The Hospital Authority New Territories West Cluster Hospitals Charitable Trust to hold a smoke-free informational game booth during the fun day, conveying Hong Kong's latest tobacco control policies and highlighting the important role of smoking cessation in primary healthcare services to locals.

善心醫療基金「慈善行暨同樂日」2025

The Hospital Authority New Territories West Cluster Hospitals Charitable Trust Charity Walk cum Fun Day 2025



傳遞無煙教育信息

從小培養下一代健康習慣，向青少年及兒童灌輸無煙知識是控煙工作重要的一環。委員會應政府部門、多個教育及家長教師團體邀請，包括中西區民政事務處、香港中西區各界協會、香港區家長教師會聯會、香港島校長聯會、香港弘德基金會、中西區校長聯會、東區學校聯絡委員會、南區學校聯會、灣仔區校長聯會、香港註冊教師協會、中西區家長教師會聯會、香港東區家長教師會聯會、香港南區家長教師會聯會及香港樹仁大學等，透過互動遊戲和展板讓學生及家長認識煙草禍害，了解吸煙風險，致力建立無煙新世代。

Spreading Smoke-free Educational Messages

Cultivating healthy habits in the next generations and educating smoke-free knowledge from an early age is a crucial aspect and key step to long-term tobacco control efforts. COSH was invited by the Government's department, various educational and parent-teacher organizations, including Central and Western District Office, Home Affairs Department, Association of The Hong Kong Central and Western District, Federation of Parent Teacher Associations Hong Kong Island, Hong Kong Island School Heads Association, Hong Kong Wang Tak Foundation, The Council of Central & Western District School Heads, Eastern District School Liaison Committee, Southern District Joint School Conference, Wan Chai District Headmasters' Conference, Hong Kong Registered Teachers Association, Federation of Parent-Teacher Associations of the Central and Western District, Federation of Parent-Teacher Association, Southern District, H.K., and Hong Kong Shue Yan University, to instill tobacco control information and smoke-free messages. Through interactive games and exhibition panels, students and their families learnt about the harmful effects and risks associated with smoking, thereby establishing a tobacco-free generation.



2024/4/4

委員會在多個教育及家長教師團體聯合主辦的親子嘉年華，透過設置教育互動攤位，讓學生及家長在輕鬆愉快的環境中學習如何抵抗煙草誘惑。

In respond to a carnival organized jointly by various educational and parent-teacher organizations, an educational interactive booth was set up by COSH, allowing students and parents to learn how to resist tobacco temptations in a relaxed and enjoyable environment.

國家安全教育日親子嘉年華 "National Security Education Day cum Carnival" District Publicity Event





2025/3/25-26

委員會應香港樹仁大學邀請於校內設置教育宣傳及資訊攤位，向師生宣導吸煙對身心靈健康的影響，並邀請他們追蹤委員會之社交平台帳戶，掌握及支持委員會最新的控煙工作。

COSH was invited by Hong Kong Shue Yan University to set up an educational and information booth at campus to raise awareness about the impacts between smoking and wellness, as well as encouraging them to follow COSH's social media accounts to stay updated and support our tobacco control efforts.

香港樹仁大學健康日

Hong Kong Shue Yan University Wellness Days



凝聚社區鄰里

遠離煙害不僅是個人行為的改變，更促進整個社區健康，無煙城市是所有人共同努力的成果，委員會參與九龍總商會、香港聖約翰救傷隊少青團、香港童軍總會及香港新聲會等非牟利團體舉辦的嘉年華、同樂日等社區活動，以無煙教育遊戲及派發無煙紀念品，向街坊鄰里及不同持份者推廣建立無煙社區的好處。同時，委員會亦積極向居民介紹政府推出的10項短期控煙措施，藉此爭取其支持加強控煙，創造更健康的生活環境。

Uniting Communities and Neighborhoods

Staying away from smoking is not only a change of individual behavior, but also enhance the health of entire community. A tobacco-free city is the result of everyone's joint efforts. COSH participated in various community events and fun day organized by various non-profit organizations, such as the Kowloon Chamber of Commerce, Hong Kong St. John Ambulance Brigade Youth Command, The Scout Association of Hong Kong and the New Voice Club of Hong Kong etc., to promote the benefits of establishing a tobacco-free community to neighborhoods and different groups through tobacco-free educational games and distribution of tobacco-free souvenirs. COSH also introduced the Government's 10 short-term tobacco control measures to residents, aiming to garner their support for the tobacco control policies and together create a healthier living environment.



2024/10/26-27

委員會應九龍總商會與油尖旺民政事務處邀請，以無煙遊戲攤位促進社區交流。當區居民包括長幼、少數族裔人士等，一同從遊玩中獲得煙害知識。

COSH was invited by the Kowloon Chamber of Commerce and Yau Tsim Mong District Office, Home Affairs Department to engage community through a smoke-free game booth. Residents including all ages and ethnic minorities, participated together to gain knowledge about smoking hazards through interactive activities.

九龍總商會青年節2024

Kowloon Chamber of Commerce Youth Festival 2024





2024/11/3

香港青少年發展聯會陽光活力跑
Hong Kong Association of Youth
Development Fun Run



委員會應香港青少年發展聯會邀請，於長跑賽會場設置教育攤位，向參賽者及青少年宣揚關注健康、建立無煙生活習慣的重要性。

COSH was invited by the Hong Kong Association of Youth Development to set up an educational booth at the fun run event. The importance of health awareness and establishing a smoke-free living style were emphasized among participants and teenagers.

委員會參與由香港聖約翰傷救少青團舉辦的同樂日，提供最新控煙措施的資訊和派發無煙紀念品，呼籲市民一同遠離煙害，建立清新的社區。

COSH participated in the fun day organized by the Hong Kong St. John Ambulance Brigade Youth Command, providing information of latest tobacco control measures and distributing smoke-free souvenirs. Citizens were encouraged to stay away from smoking hazards and build a fresh community.

聖約翰健康家庭同樂日2024
Hong Kong St. John Ambulance Healthy
Family Fun Day 2024





2025/2/22-23

委員會藉由香港童軍總會舉辦的嘉年華，利用簡單的拼圖遊戲，讓大眾認識與戒煙相關的社會資源，凝聚親朋鄰里，鼓勵身邊人選擇健康的生活模式。

Through the carnival organized by the Scout Association of Hong Kong, COSH introduced the social resources related to smoking cessation with a simple puzzle game, thereby uniting communities to encourage smokers around them to adapt a healthy lifestyle.

香港童軍舊北區理民府開放日暨嘉年華
Scout Association of Hong Kong Open Day
cum Carnival



2025/3/30

香港新聲會乙巳蛇年春節嘉年華暨無喉者中心開放日
“Chinese New Year Carnival cum Open Day” of the
New Voice Club of Hong Kong



委員會獲香港新聲會邀請，與喉癌患者一同於開放日上，派發無煙宣傳紀念品及小冊子，加深參加者對吸煙禍害的認知，鼓勵吸煙人士儘早戒除煙癮，減低患上喉癌及其他疾病的風險。

COSH was invited by the New Voice Club of Hong Kong, with laryngeal cancer patient during the open day to distribute smoke-free promotional souvenirs, as well as brochures, to deepen participants' understanding on smoking hazards. The risk of laryngeal cancer and other diseases could reduce by quitting was emphasized to smokers.

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2024至2025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，期間舉行約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，加深對吸煙禍害的認識。



講座除了講解各種吸煙禍害，包括傳統煙草、二、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 2024 to 2025. Around 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.

In addition to the smoking hazards, including traditional cigarettes, secondhand and 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」 2024-2025

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，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、增進其煙害及控煙知識，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22間學校及機構，約100名「無煙Teens精英」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。

迎新營及大學參觀

無煙精英迎新營及大學參觀於2024年10月舉行，包括安排參觀香港大學護理學院及參與工作坊，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。

“Smoke-free Elite Teens Programme” 2024-2025

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 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 100 teenagers from 22 secondary schools and organization enrolled in the Programme in the school year 2024-2025.

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.

Orientation Camp and Visit to University

Smoke-free orientation camp and visit to University were organized in October 2024. A visit to School of Nursing, The University of Hong Kong and 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.



活動 Events

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。



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。網上課堂亦包括計劃友師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。

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.



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 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2024年12月舉行跨校「無煙精英大本營」，讓「無煙Teens精英」透過團隊合作任務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。

Smoke-free Training Camp

An inter-school physical training camp was also held in December 2024 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.



無煙行動

「無煙Teens精英」完成無煙學堂後實踐所學，在2024年10月至2025年2月期間於校內及社區籌辦近70項多元線上及線下推廣活動，把無煙信息傳遞予超過三萬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、講座、創意選舉比賽、工作坊及設計比賽等。「無煙Teens精英」亦配合受眾需要，於校園的早會、小息及課堂時間進行推廣；亦在社區進行街頭宣傳及訪問；同時製作富有啟發性的短片、短劇、主題曲音樂影片等，讓無煙資訊推廣至社交媒體及網上平台，加強大眾對控煙的關注。

Smoke-free Programmes

The “Smoke-free Elite Teens” utilized their knowledge and creativity in organizing around 70 diversified online and offline activities for promotion of smoke-free messages to over 30,000 students, teachers and members of the public from October 2024 to February 2025. They utilized their creativity and different platforms to organize a wide variety of promotion activities, ranging from booth games, lectures, creative election competitions, workshops, and design competitions. To meet the needs of the audience, promotions were conducted during morning assemblies, breaks, and class times in primary and secondary schools. “Smoke-free Elite Teens” also extended their efforts into community with street promotions and interviews. Also, outreach through social media and online platforms to the general public by creating inspiring short videos, skits, and theme song music videos to enhance public awareness of smoking control.



活動 Events

無煙精英團、暑期實習及遊學團

為使「無煙Teens精英」繼續參與推動無煙世代，延續使命，完成計劃的參加者均獲邀加入「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」中得獎隊伍之參加者獲安排參與一天澳門考察參觀遊學團。活動邀請澳門防控煙酒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」。頒獎嘉賓包括署理醫務衛生局局長李夏茵醫生、衛生署控煙酒辦公室主任林民聰醫生、教育局高級課程發展主任(德育、公民及國民教育)周安琪、香港大學護理學院教授王文炳教授、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、委員劉駿楷，以及總幹事黎慧賢。

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 would 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. The winning teams 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 and Alcohol 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. Honorable guests included Dr Libby LEE (Acting Secretary for Health, Health Bureau), Dr Manny LAM (Head, Tobacco and Alcohol Control Office, Department of Health), Angela CHOW (Senior Curriculum Development Officer (MCNE), Education Bureau), Prof Kelvin WANG (Professor, School of Nursing, The University of Hong Kong), Henry TONG (COSH Chairman), Dr Johnnie CHAN (COSH Vice-chairman), Langton CHEUNG (COSH Education & Publicity Committee Chairman), Terence LAU (COSH Council Member) and Vienna LAI (COSH Executive Director).



來自皇仁舊生會中學的冠軍隊伍於分享會上分享活動籌劃的心得和經驗。他們以豐富多元的活動脫穎而出，將寵物健康融入宣傳素材中，透過日常生活傳遞無煙訊息，持續推動社會共同關注寵物與人類的健康議題。團隊不僅積極與不同機構合作，更發揮巧思，設計出無煙主題的食蛇桌面遊戲，以趣味方式宣導健康生活。

The champion team from Queen's College Old Boys' Association Secondary School shared their fruitful experience in organizing smoke-free activities at the event. They showcased the theme of "the impact of smoking on pets," incorporating pet health into promotional materials, seamlessly integrating the smoke-free messages into daily life, and continuously promoting societal awareness of the health issues concerning both pets and humans. The team not only actively collaborated with various organizations but also used their creativity to design a smoke-free themed snake desktop game, promoting a healthy lifestyle in a fun way.



活動 Events



亞軍由新界鄉議局元朗區中學(第二隊)奪得，他們不僅積極參與校內各項宣導活動，還將活動帶到校外及社區，透過舉辦手工創作、布藝劇場、義工活動、街頭訪問及社群媒體宣傳，向不同的年齡階層推廣無煙環境，促成大眾建立良好的健康習慣。

The first runner-up was N.T. Heung Yee Kuk Yuen Long District Secondary School (Team 2). They not only organized various advocacy activities within the school but also promoted a smoke-free culture outside the school, encouraging the public to live with good health habits. Through organizing handmade crafts, fabric theater, volunteer services, public street interviews, and social media promotions, they effectively reached multiple ages in society, conveyed smoke-free messages to them, enabled everyone to become a force in promoting the smoke-free movement, and made significant contributions to advancing public health.

季軍隊伍聖傑靈女子中學展現出卓越的創意，設計具有啟發性的題材及吸引力的宣傳素材，例如歌曲或創意貼圖，再運用社交媒體平台進行廣泛傳播，傳遞出健康生活的重要價值，讓無煙理念深入人心。

The second runner-up was St. Catharine's School for Girls. They showed outstanding innovation by designing inspiring themes and attractive promotional materials, such as songs or creative sticker designs. Then used social media platforms for widespread dissemination, conveyed the important value of a healthy lifestyle, and made the smoke-free concept deeply resonate with people.



計劃網頁：

Programme website:

<https://smokefree.hk/smokefreeteens>



計劃Programme Facebook：

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



計劃Programme Instagram：

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

**得獎名單：**

- 1 冠軍：皇仁舊生會中學
- 2 亞軍：新界鄉議局元朗區中學(第二隊)
- 3 季軍：聖傑靈女子中學

「優異團隊」：**金獎**

- 伊斯蘭脫維善紀念中學(第一隊)
- 伊利沙伯中學舊生會湯國華中學(第一隊)
- 香港道教聯合會鄧顯紀念中學
- 皇仁舊生會中學
- 新界鄉議局元朗區中學(第一隊)
- 新界鄉議局元朗區中學(第二隊)
- 新界鄉議局元朗區中學(第三隊)
- 聖傑靈女子中學
- 樂善堂王仲銘中學

銀獎

- 五邑司徒浩中學
- 天主教崇德英文書院
- 伊斯蘭脫維善紀念中學(第二隊)
- 伊利沙伯中學舊生會湯國華中學(第二隊)
- 香港道教聯合會圓玄學院第一中學
- 香港道教聯合會圓玄學院第三中學
- 棉紡會中學
- 圓玄學院妙法寺內明陳呂重德紀念中學

銅獎

- 仁濟醫院王華湘中學
- 元朗天主教中學
- 伊利沙伯中學舊生會湯國華中學(第三隊)
- 東華三院李潤田紀念中學

(學校次序按中文的筆劃順序排列)

List of Winners:

- Champion: Queen's College Old Boys' Association Secondary School
- First runner-up: New Territories Heung Yee Kuk Yuen Long District Secondary School (Team 2)
- Second runner-up: St. Catharine's School for Girls

List of merit teams:**Gold Award**

- Islamic Kasim Tuet Memorial College (Team 1)
- Queen Elizabeth School Old Students' Association Tong Kwok Wah Secondary School (Team 1)
- Hong Kong Taoist Association Tang Hin Memorial Secondary School
- Queen's College Old Boys' Association Secondary School
- N.T. Heung Yee Kuk Yuen Long District Secondary School (Team 1)
- N.T. Heung Yee Kuk Yuen Long District Secondary School (Team 2)
- N.T. Heung Yee Kuk Yuen Long District Secondary School (Team 3)
- St. Catharine's School for Girls
- Lok Sin Tong Wong Chung Ming Secondary School

Silver Award

- FDBWA Szeto Ho Secondary School
- Shung Tak Catholic English College
- Islamic Kasim Tuet Memorial College (Team 2)
- Queen Elizabeth School Old Students' Association Tong Kwok Wah Secondary School (Team 2)
- HKTA The Yuen Yuen Institute No. 1 Secondary School
- HKTA The Yuen Yuen Institute No. 3 Secondary School
- Cotton Spinners Association Secondary School
- The Yuen Yuen Institute MFBM Nei Ming Chan Lui Chung Tak Memorial College

Bronze Award

- Yan Chai Hospital Wong Wha San Secondary School
- Yuen Long Catholic Secondary School
- Queen Elizabeth School Old Students' Association Tong Kwok Wah Secondary School (Team 3)
- Tung Wah Group of Hospitals Lee Ching Dea Memorial College

(The order of the schools is arranged according to the stroke order in Chinese)

活動 Events

學校互動教育巡迴劇場 《西遊·降煙篇》

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約2,300場表演，獲超過65萬名學生及老師觀賞及參與。

School Interactive Education Theatre “Journey To The Health”

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 around 2,300 performances in primary schools across the territory, reaching over 650,000 students and teachers.



互動教育巡迴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禍害，同時了解吸煙的謬誤，學習拒絕第一口煙及鼓勵親友戒煙。

The performances delivered along with music, stage effects, interesting presentation and interactive session enables students to learn about the smoking hazards and fallacies about smoking, as well as to say no to the first cigarette and encourage family members to quit smoking.

2024-2025年度「學校互動教育巡迴劇場」由教育局協辦，委員會與iStage劇團合作，製作及演出全新劇目《西遊•降煙篇》，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、三手煙的健康風險，並推動小學生勸親友戒煙，一同支持無煙香港。本年度已有超過二萬六千名學生及老師欣賞劇場演出。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。

故事講述怪盜他柏高偷偷把吸煙情節混入名著《西遊記》中，企圖把吸煙的行為合理化。他更化身成書中反派「尼古精」，引誘孫悟空吸煙，使其變得煙不離手，令孫悟空、豬八戒及沙僧三人因吸煙問題分道揚鑣。無煙代言人「咪點我」飾演的神探咪點我，決定進入《西遊記》的世界撥亂反正，揭露煙草商的伎倆。咪點我與孫悟空三師兄弟在旅途上一同學習煙草及二、三手煙及另類吸煙產品的禍害，並認識身邊人的支持對成功戒煙的重要性，最終合力戰勝「尼古精」，讓故事重回正軌。

The Programme in 2024-2025 was co-organized by Education Bureau and collaborated with iStage Theatre to produce and deliver a new drama “Journey To The Health”. 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 tobacco-free Hong Kong. This year, over 26,000 students and teachers watched the drama performance. 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.

The plot revolved a thief named TA Pak Ko who secretly mixed smoking scenes into the classic novel “Journey to the West” in an attempt to normalize smoking. He even transformed into a villain in the story and lured Sun Wukong into an addictive smoker. As a result, Sun Wukong, Zhu Bajie and Sha Seng parted ways. Smoke-free Ambassador “Wise Mike”, played the role of Detective Wise Mike, decided to enter the world of “Journey to the West” to restore order and expose the tactics of tobacco industry. During the journey, Sun Wukong and his brothers, with Wise Mike learnt about smoking hazards and the harmful effect of secondhand and third-hand smoke, as well as alternative smoking products; and recognized the significance of support from surroundings in quitting smoking. They defeated the villain and got the story back on track at last.





互動學習平台

委員會除到校作巡迴演出外，亦特別推出互動學習平台，包括網站、短片及遊戲，讓學生可與家人一同參與延伸學習活動，以鞏固無煙知識及學習拒絕吸煙，並鼓勵他們將無煙信息推廣至家人，建立無煙家庭。

委員會為加深學生於劇場所學到的無煙知識，亦向學校提供無煙教育資源套，當中包括小冊子、創作比賽及紀念品等，以鞏固無煙知識及學習拒絕吸煙。學生亦透過參與戒煙心意卡設計比賽，將無煙知識學以致用，發揮創意宣揚無煙信息。

網頁：www.educationtheatre.hk



Interactive Education Platform

Apart from onsite performance at school, an interactive learning platform including websites, short videos and games was launched to allow students to enrich their smoke-free knowledge and participate in extended learning activities with their family members, encouraging them to share the messages with their families and build a smoke-free family.

To strengthen the knowledge acquired from the Programme, smoke-free educational kits including a gamebook, creative competition and souvenirs, were provided for teachers to facilitate the relevant teaching and learning at schools to reject the first puff of cigarettes. Students also utilized the acquired knowledge and creativity in the message card design competition.

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，當中立法對控煙進展尤為重要。有見及此，委員會一直向政府及社會提供最新有關吸煙與健康的意見及資訊，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。委員會於2024年4月至2025年3月期間，合共與29位行政會議成員、立法會議員及政黨代表和社會領袖進行18次會面，闡述最新控煙研究、國際趨勢，以及委員會的倡議措施。委員會亦就政府公佈的十項短期控煙措施、包括禁止加味煙、引入完稅煙標籤制度、禁止管有另類煙和加強戒煙服務等，與他們作深入交流和分享，表達社會各界對持續加強控煙措施的支持，並期望十項短期控煙措施能夠儘快全數落實，以早日實現無煙香港。

香港大學護理學院課程

香港大學護理學院多年來積極參與控煙及戒煙相關工作，是推動香港控煙發展的主要力量之一。學院為加深護理學生對控煙工作的了解，將最新的控煙和戒煙輔導知識納入教學內容，並邀請委員會代表擔任客席講者，與學生分享推行無煙政策的經驗和挑戰。

Meetings with Executive Council Members and Legislative Council Members

COSH is committed to enhance efforts in various spectrums on tobacco control, including scientific research, promotion and publicity, education, legislation and law enforcement, etc. Among these, legislation is the utmost important to advancement in tobacco control. COSH continuously advises and 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 April 2024 to March 2025, COSH arranged 18 meetings with totally 29 Executive Council members, Legislative Council members, political parties and leaders to illustrate the latest global trend and research in tobacco control and advocated tobacco control measures. COSH particularly shared the communities' support to strengthening tobacco control measures and the aspiration of full and prompt implementation of ten short term tobacco control measures proposed by the Government, including banning flavoured tobacco, duty stamp system, prohibiting the possession of alternative smoking products, and enhancing smoking cessation services, among others, to achieve the vision of a tobacco-free Hong Kong.

HKU School of Nursing — Nursing Programmes

The School of Nursing of The University of Hong Kong has been a major force in the promotion of tobacco control and cessation in Hong Kong over the years. To enhance nursing students' understanding of tobacco control work, the School has incorporated the latest knowledge on tobacco control and smoking cessation counselling into its teaching, and invited representative from COSH as guest speaker to share the experience and challenges in implementing tobacco control measures with students.

活動 Events

委員會項目籌劃高級經理朱偉康於2024年5月10日、11月5日及2025年3月3日，向近300位學士學生及近50位碩士學生深入講解全球控煙趨勢、香港控煙政策和戒煙服務的發展，以及委員會於教育、宣傳及政策倡議方面的工作。他在課堂上闡述了醫護專業人士在推動戒煙和創建無煙環境中的作用，並鼓勵在場學生積極支持控煙工作，與委員會攜手建設健康無煙的社會。

On 10 May 2024, 5 November 2024 and 3 March 2025, Lawrence CHU (COSH Senior Project Manager) delivered lectures to nearly 300 undergraduate students and 50 master students on the global trend of tobacco control, the development of tobacco control and smoking cessation services in Hong Kong, as well as COSH's education, publicity and policy advocacy works. The role of healthcare professionals in promoting smoking cessation and creating a smoke-free environment was also elaborated. Students were encouraged to actively support initiative related to tobacco control and join hands with COSH to build a healthy and smoke-free society.

關注濫用『太空油』問題研討會

電子煙透過電子裝置加熱混合化學物煙油的產品特性，成為新興毒品「太空油毒品」的吸毒載具，「太空油毒品」自2024年上半年起被呈報為21歲以下青少年第三位最常被吸食毒品。隨着「太空油毒品」在香港迅速流行，青少年透過電子煙吸食「太空油毒品」的個案有上升趨勢，為防範太空油毒品入侵校園，保安局禁毒處、醫院管理局香港中毒控制中心和香港路德會社會服務處輔導服務中心組於2024年10月8日聯合舉行「關注濫用『太空油』問題研討會」，向教育工作者和社工講解「太空油毒品」的禍害、監管法例、相關宣傳教育及執法行動等。演講嘉賓包括禁毒專員、香港警務處代表、醫院管理局代表及前線社工。委員會主席湯修齊亦獲邀出席研討會，向超過300名中、小學教職員和社工分享委員會在教育及學校宣傳的工作，詳述如何於校園推廣遠離電子煙，並介紹另類吸煙產品的相關管制法例和香港最新控煙進展。

Seminar on “Space Oil” abuse

The product features of e-cigarettes have emerged as a tool for “space oil drug” abuse, by heating e-liquid, a mixture of chemicals, through electronic devices. Since the first half of 2024, “space oil drug” has continued to be the third most common type of drugs abused by young drug abusers aged under 21. With the popularity of “space oil drug” in Hong Kong, there was an increasing trend of taking “space oil drug” through e-cigarettes among adolescents. The Narcotics Division of the Security Bureau, the Hong Kong Poison Control Centre of the Hospital Authority, and the Counselling Service Centre Division of the Hong Kong Lutheran Social Service jointly organized a seminar on “space oil” abuse on 8 October 2024 to prevent the infiltration of “space oil drug” into school. The seminar introduced the hazards of abusing “space oil drug”, relevant statutory control, publicity and education programmes, and enforcement, etc. to educators and social workers. Speakers included Commissioner for Narcotics, representatives from Hong Kong Police Force, the Hospital Authority and front-line social workers. Henry TONG (COSH Chairman) was also invited to share with over 300 teaching staffs from primary and secondary schools and social workers on the promotional works about education and school programmes of COSH, detailed the preventive education against e-cigarettes in schools and explained the regulations of alternative smoking products and the latest progress of tobacco control 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，以「委員會建構無煙香港的角色」為題，於2025年1月16日向約35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各個工作範疇。他於工作坊上亦闡述多管齊下的控煙政策對推動無煙香港的重要性，以及委員會在保障市民健康的倡導，並鼓勵學生發揮所學，投入控煙相關工作及支持下一階段控煙措施。

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 35 students of the Bachelor of Science Programmes in Public Health and Community Health Practice on 16 January 2025. The tobacco control policies in Hong Kong and COSH’s work in different aspects was introduced to the students at the seminar. The importance of multi-pronged approach to achieve a tobacco-free Hong Kong and COSH’s advocacy on safeguarding public health was emphasized. Students were encouraged to utilize their knowledges to engage in tobacco control, and support the measures laid out in next phase of tobacco control.



與傳播媒介之聯繫

Working with the Mass Media

委員會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，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
2024/4/30	全面禁止另類吸煙產品兩年 委員會倡定期檢討條例並增罰則	COSH Urges Regular Reviews of Tobacco Control Policy regarding Alternative Smoking Products
2024/5/18	無煙跑服日號召集全港市民參與 做運動助戒煙 實現無煙香港同享健康生活	Do Exercise Together to Support “Smoke-free Sportswear Day” Strive for a Tobacco-free Hong Kong
2024/5/20	委員會無煙Teens精英發揮創意 以應用程式及寵物健康為切入點 推廣無煙生活	COSH Smoke-free Elite Teens promoted Smoke-free Culture Innovatively Through Mobile Application and Pet-friendly Theme
2024/5/31	實現零煙害 保護下一代 響應「世界無煙日」 支持「無煙無慮 健康到家」	Exercise Together in Support of “Smoke-free Sportswear Day” Step Forward to Tobacco-free for Safeguarding Next Generation
2024/6/6	委員會回應政府推出更具針對性的控煙措施	COSH’s Response to the Government’s Announcement on More Targeted Tobacco Control Measures
2024/9/20	「益氣養心 無煙人生」 《針灸戒煙臨床實踐指南(香港版)》發佈會 中醫針灸戒煙 紓緩退癮症狀 增戒煙成功率	Launch Ceremony of the Clinical Guideline of Acupuncture and Moxibustion for Smoking Cessation

日期 Date	新聞稿	Press Release
2024/10/16	委員會回應施政報告	COSH's Response to the 2024 Policy Address
2024/12/9	「全城集氣 無煙未來有耆」 無煙長者以身作則 推動各界支持加強控煙	Building Momentum for a Smoke-free Future Elderly Leads by Example to Support Strengthening Tobacco Control
2025/1/11	「揸車唔揸煙 你就Sure Win」 「無煙車樂部」 推動運輸物流業界共乘無煙旅程	“Smoke-free Drivers Club” Promotes a Smoke-Free Journey to the Transportation and Logistics Industry
2025/1/22	加味煙毒害青少年和女性 從速全禁勿拖延	Teenagers and Women Hooked on Flavoured Tobacco Call For Total Ban
2025/2/17	增加煙草稅達至世衛建議水平 實現政府降低吸煙率目標	Raising Tobacco Tax to Align with WHO's Standard to Achieve Government's Goal in Reducing Smoking Prevalence
2025/2/26	委員會回應財政預算案的控煙措施	COSH's Response to the Tobacco Control Policies Proposed by The Budget
2025/3/24	第15屆「戒煙大贏家」無煙社區計劃 凝聚社會推動戒煙 共享無煙健康生活	15 th “Quit to Win” Smoke-free Community Campaign Unite the Community Efforts to Promote Smoking Cessation, Build up a Smoke-Free, Healthy Lifestyle



會議及考察 Conferences and Visits

參訪黃大仙地區康健中心

政府在全港18區成立地區康健中心及地區康健站，加強發展以地區為本的基層醫療服務，包括提供健康推廣和教育、健康風險評估、慢性疾病管理等重點範疇，提升市民預防疾病的意識和自我管理健康的能力。

委員會於2024年5月21日參觀黃大仙地區康健中心，以了解中心的運作及服務。參訪團成員包括委員會主席湯修齊、委員王文炳教授、總幹事黎慧賢和秘書處職員。黃大仙地區康健中心執行總監李秀霞博士介紹有關中心的工作，包括戒煙輔導服務資訊，委員會主席湯修齊亦分享委員會的宣傳及社區推廣活動，雙方作出深入交流和探討，促進彼此之間就推動戒煙和倡議控煙政策的聯絡與合作。

Visit to Wong Tai Sin District Health Centre

The Government sets up District Health Centres (DHC) and DHC Expresses across 18 districts in Hong Kong to strengthen district-based primary healthcare services, including the provision of health promotion and education, health risk factors assessment and chronic disease management, to enhance public awareness of disease prevention and self-health management capability.

COSH visited the Wong Tai Sin DHC on 21 May 2024 to explore the services and operation of the centres. Members of the visit included Henry TONG (COSH Chairman), Prof Kelvin WANG (COSH Member), Vienna LAI (COSH Executive Director) and Secretariat staff. Elsa LEE (Executive Director of the Wong Tai Sin DHC), introduced an overview of the DHC's works, such as smoking cessation counselling service. Henry TONG (COSH Chairman) shared insights on COSH's publicity and community involvement projects. Both parties engaged in comprehensive discussions, fostering effective communication and collaboration to promote smoking cessation and advocate for robust tobacco control policies.



第二十五屆全國控煙與健康學術研討會

中國控煙與健康協會舉辦「全國控煙與健康學術研討會」，以促進全國各省市控煙專才及公共衛生學者的控煙交流和經驗分享。

「第二十五屆全國控煙與健康學術研討會」於2024年11月9日至10日於北京舉行，獲近250名來自全國各地的政府人員、醫護人員及控煙工作者等參與，聚首分享各地的控煙進程及研究成果。委員會派出代表團出席是次活動，包括主席湯修齊、副主席陳志球、總幹事黎慧賢及項目籌劃高級經理朱偉康。

研討會由國家衛生部門官員及世界衛生組織主持開幕式，專家就全球控煙概況和前瞻、國家控煙進展作出綜述。而主題演講包括控煙與消防安全、傳播無煙信息及戒煙藥物，另外亦舉行多個不同主題的分壇會議，包括疾病預防、肺部健康、無煙法例及文化、青少年控煙以及海峽兩岸及港澳地區控煙交流等。委員會在會議上向參加者講解香港最新的控煙情況，並介紹下一階段的控煙措施；而委員會的其中兩份論文摘要，分別分析加味煙與戒煙嘗試的關係和講解如何透過成功戒煙者參者支持戒煙的活動，獲得了優秀論文獎項。

The 25th National Symposium on Tobacco Control

The National Symposium on Tobacco Control is organized by Chinese Association on Tobacco Control for Health, providing a platform for tobacco control experts and public health academics across the country to exchange knowledge and experience on tobacco control.

The 25th National Symposium on Tobacco Control was held in Beijing from 9 to 10 November 2024. Nearly 250 Government officials, medical and health workers, tobacco control practitioners, etc. have taken part in the Symposium to share the latest tobacco control status and research findings. COSH formed a delegation comprising Henry TONG (COSH Chairman), Dr Johnnie CHAN (COSH Vice-chairman), Vienna LAI (COSH Executive Director), and Lawrence CHU (COSH Senior Project Manager) to join.

The Symposium was officiated by Government officials from national health ministry as well as representative from World Health Organization (WHO). Global situation and vision on tobacco control were discussed while the national tobacco control development was presented at the Symposium. The plenary sessions were featured with the presentations on tobacco control and fire safety, smoke-free communications, and medication for smoking cessation. The concurrent sessions comprised different topics, including disease prevention, lung health, tobacco-free legislation and culture, youth anti-smoking as well as experience sharing for the Cross-strait, Hong Kong and Macao regions. The most updated development of tobacco control in Hong Kong, including the next-phase tobacco control measures, were introduced to the participants. COSH abstracts analyzing the association of flavoured cigarette use and quit attempt and introducing the engagement of ex-smokers in smoking cessation promotion campaigns were selected as the outstanding abstracts.



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、本地及全球控煙發展的最新消息。

委員會網站每季會推出一輯控煙專題，本年度的專題包括闡述加味煙的引誘及危害、澄清建立「指定吸煙區」對保障非吸煙者健康的迷思、拆解煙草商針對青少年的銷售伎倆，以及拆解電子煙成為新一代濫藥載具的因由，和對青少年的健康威脅。

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 in local and international contexts, etc.

Feature stories are published quarterly on COSH's website. The four feature stories produced during the year covered the topics on temptation and hazards of flavoured cigarettes, the myth of 'designated smoking areas' to protect non-smokers' health, the marketing ploys by tobacco industry to target youths, and the implications and health threats to youth of e-cigarettes as a new tool for drug abuse.



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「數碼無障礙嘉許計劃」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。

委員會網站在2024年4月1日至2025年3月31日共錄得超過74萬瀏覽次數，其中關於電子煙、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。

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 “Digital 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.

COSH website recorded over 740,000 page views from 1 April 2024 to 31 March 2025. The top viewed pages included e-cigarettes, methods of cessation and feature stories.

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.

活動 Events

「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、三手煙危害，亦介紹委員會的活動。



Facebook Page “Smoke-free Family”

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

www.facebook.com/smokefreefamily



無煙代言人「咪點我」Instagram帳戶

帳戶(@wisemike_hk)以無煙代言人「咪點我」的第一身角度出發，透過緊貼時下熱門話題並分享無煙知識，識破吸煙謬誤和宣揚煙草禍害，提醒市民任何煙草使用均有害，推動市民支持邁向無煙香港。



Smoke-free Ambassador Instagram Account “Wise Mike”

From the first-person perspective of Smoke-free Ambassador “Wise Mike”, the account (@wisemike_hk) engages with current issues and popular topics to share smoke-free knowledges, clarify the myths of smoking, address the smoking harms, thereby promoting the goal of a tobacco-free Hong Kong. He also reminds the public that all forms of tobacco use are hazardous to health.

www.instagram.com/wisemike_hk



「無煙勢•待」Facebook專頁

此專頁定期介紹香港控煙工作的最新進展，分享全球創新且有效的控煙措施及前沿研究成果，並揭露煙草商的誤導宣傳。貼文以簡單易懂的方式，向公眾傳遞全面的控煙資訊，幫助市民深入了解煙草對公共衛生的危害，繼而營造支持控煙的社會環境。

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



Facebook Page “Smoke-free • Go Goal”

This page regularly introduces the development of tobacco control in Hong Kong, shares innovative and effective tobacco control measures and the latest research findings from around the world, and exposes misleading claims made by tobacco companies. The posts convey comprehensive tobacco control information to the public in a simple and direct way, helping the public to better understand the hazards of tobacco to public health, and thus fostering a supportive social environment for tobacco control.



有關吸煙與健康的查詢

市民如欲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，可透過不同渠道包括電話、傳真或電郵等接洽委員會，並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。

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 suggestions or complaints received will be responded instantly or/and referred to the government departments and organizations concerned respectively.

活動 Events

委員會在2024年4月1日至2025年3月31日共收到市民提出逾百宗查詢、投訴及建議，主要個案內容包括違例吸煙投訴及相關執法事宜、禁煙區相關法例查詢、對煙草稅的意見、查詢委員會及無煙活動資料及索取無煙資訊及宣傳品等。

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。

COSH received over a hundred of enquiries from the public requesting for information, making suggestions and complaints from 1 April 2024 and 31 March 2025. Major content of the cases included complaints on smoking offenses and related enforcement actions, enquiries about designated no smoking areas and the related regulations, opinion on tobacco tax, enquiries about COSH and smoke-free projects, and application for smoke-free resources and promotion materials, etc.

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.



研究項目計劃 Research Projects

控煙政策調查2024

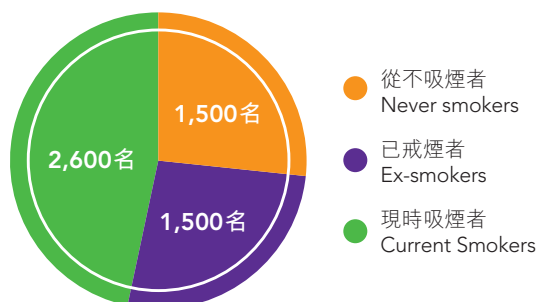
委員會為定期評估香港控煙政策的成效及監測市民對控煙措施的意見，自2013年起每年進行「控煙政策調查」。此調查是一個具代表性的橫斷研究，廣泛收集有關吸煙與健康的數據，包括吸煙習慣、戒煙、接觸二手煙的情況、公眾對控煙政策的意見等。受訪者為15歲或以上、可以以廣東話溝通的香港居民。

控煙政策調查2024於2024年1月至5月期間，以家居電話及手提電話訪問形式進行。香港大學護理學院及公共衛生學院受委託為調查設計問卷及進行數據分析，社會政策研究有限公司則受委託進行訪問。在本項調查中，「吸煙」指使用任何吸煙產品，包括傳統捲煙、電子煙及加熱煙草製品（加熱煙）等。

調查結果

被隨機選中的5,600名受訪者包括1,500名從不吸煙者、1,500名已戒煙者及2,600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2023年的香港人口分佈對最終樣本進行加權。

受訪者數目
Number of
Respondents



Tobacco Control Policy-related Survey 2024

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 2013. It is a territorially-representative cross-sectional survey, and covers a wide scope of topics related to smoking and health, including pattern of smoking and cessation, secondhand smoke (SHS) exposure, and public opinions on tobacco control measures, etc. Hong Kong residents aged 15 years or above, and speak Cantonese are interviewed.

Tobacco Control Policy-related Survey 2024 was conducted via landline and mobile phone interviews between January and May 2024. The School of Nursing and School of Public Health of The University of Hong Kong were commissioned to develop questionnaires and perform data analysis, and Social Policy Research Limited was commissioned to conduct the interviews. In this survey, smoking referred to the use of any smoking products, including conventional cigarettes, electronic cigarettes (e-cigarettes) and heated tobacco products (HTPs), etc.

Survey results

The sample consisted of 5,600 randomly selected respondents, including 1,500 never smokers, 1,500 ex-smokers and 2,600 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 2023.

活動 Events

主要結果如下：

吸煙情況

- 整體現時吸煙率為9.9%，當中以吸傳統捲煙(9.3%)最為普遍，其次為電子煙(1.2%)、雪茄(0.7%)、加熱煙(0.4%)及水煙(0.3%)。
- 現時吸傳統捲煙者平均每天吸11.7支捲煙。近三分二(63.3%)對尼古丁有較高的依賴，在起床後半小時內吸第一支捲煙。
- 在現時捲煙吸煙者中，34.6%吸的第一口煙是加味捲煙，其中以薄荷味(78.1%)、水果薄荷味(13.8%)及水果味(5.6%)最為普遍。
- 在現時捲煙吸煙者中，47.4%現時有吸加味捲煙。最普遍的口味為薄荷味(70.6%)、水果薄荷味(36.4%)及水果味(9.9%)。
- 現時加熱煙吸煙者中，25.0%每日吸加熱煙。現時電子煙吸煙者中，21.7%每日吸電子煙。
- 絕大部分現時水煙吸煙者偶爾吸水煙(80.2%)或只吸過幾口水煙(13.5%)。

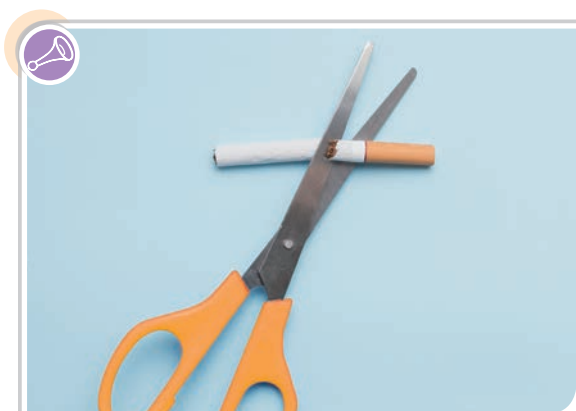


Key results are shown below:

Use of smoking products

- The prevalence of current tobacco use was 9.9%. Conventional cigarettes (9.3%) were the most commonly used product, followed by e-cigarettes (1.2%), cigar (0.7%), HTPs (0.4%) and waterpipe tobacco (0.3%).
- Average daily cigarette consumption was 11.7 cigarettes per day in current cigarette smokers. Nearly two-thirds (63.3%) had heavier nicotine dependence that they smoked the first cigarette within half an hour after waking up.
- In current cigarette users, 34.6% had a flavoured cigarette as their first cigarette, with menthol (78.1%) being most common, followed by fruit menthol (13.8%) and fruit flavours (5.6%).
- In current cigarette users, 47.4% currently used flavoured cigarettes. Menthol (70.6%), fruit menthol (36.4%) and fruit flavours (9.9%) were the most common flavours.
- In current HTP users, 25.0% were daily users. In current e-cigarette users, 21.7% were daily users.
- Most of the current waterpipe tobacco users were occasional users (80.2%) or experimental users (13.5%).





戒煙情況

- 在現時吸煙者中，26.5%曾經嘗試過戒煙，最近一次戒煙最普遍維持一至六個月(49.4%)。復吸的主要原因為與吸煙的朋友或同事見面(22.3%)、缺乏集中力(14.3%)及退癮症狀(12.2%)。
- 本調查中的已戒煙者平均已戒煙12.1年。他們有超過一半(57.6%)逐漸減少吸煙直至戒煙，另外36.9%則一次性停止吸煙。
- 大部分(71.3%)已戒煙者戒煙時沒有使用尋求任何服務或產品協助，有16.5%及10.7%則分別有使用戒煙服務及戒煙產品幫助戒煙。雖然大部分(73.1%)現時吸煙者對香港的戒煙服務有所認知，但這些服務的使用率仍然偏低。過去一年，只有4.2%現時吸煙者有使用戒煙服務。
- 各類戒煙方法中，現時吸煙者最普遍使用的是尼古丁替代療法(22.1%)、中醫食療或中藥(7.4%)及非尼古丁戒煙藥物(5.4%)。已戒煙者最普遍使用的戒煙方法同樣是尼古丁替代療法(24.4%)、中醫食療或中藥(11.8%)及非尼古丁戒煙藥物(8.4%)。

Smoking cessation

- In current smokers, 26.5% had ever made a quit attempt. In the most recent attempt, abstinence from cigarettes most commonly lasted for one to six months (49.4%). Major reasons for relapse included meeting friends or colleagues who smoked (22.3%), lack of concentration (14.3%) and withdrawal symptoms (12.2%).
- Ex-smokers in the survey had quit smoking for 12.1 years on average. Over half (57.6%) reduced smoking gradually until becoming completely abstinent from smoking, while 36.9% stopped smoking all at once.
- Majority (71.3%) of ex-smokers quit smoking unaided, while 16.5% used smoking cessation services and 10.7% used smoking cessation products to quit smoking. Although majority (73.1%) of current smokers were aware of smoking cessation services in Hong Kong, the services remained underutilized. Only 4.2% of current smokers sought smoking cessation services last year.
- Of different smoking cessation medications, nicotine replacement therapy (22.1%) was most commonly used by current smokers, followed by Chinese food therapy or medicine (7.4%) and non-nicotine drugs (5.4%). In ex-smokers, nicotine replacement therapy (24.4%), non-nicotine drug (11.8%), and Chinese food therapy or medicine (8.4%) were most commonly used.

活動 Events

二手煙及三手煙接觸情況

- 近一半受訪者(52.9%)在過去七天曾在任何地方吸入過二手煙。
- 約三分之一(36.1%)受訪者於過去七天曾經在家中吸入二手煙，包括20.1%吸入來自自己家中的二手煙及29.9%吸入來自鄰居的二手煙。
- 約三分之一(32.4%)的在職受訪者於過去七天曾經在工作場所吸入二手煙。
- 每十個受訪者有四個(44.0%)在過去七天在家及工作場所以外的地方吸入二手煙。
- 在所有受訪者當中，19.5%在過去七天在家中接觸到三手煙，33.8%在家以外的室內場所接觸到三手煙。

煙包包裝的規管

- 逾半(62.6%)現時吸煙者有見過煙包上的煙害圖象警示。有關比率在從不吸煙者(51.3%)及已戒煙者(49.0%)中較低。
- 部分現時吸煙者表示，如果每支捲煙都印上煙害警示訊息(10.4%)、煙害圖象警示加入「每兩個長期吸煙者中，有一個會因為吸煙而提早死亡」字句(8.7%)、或在煙包內加入煙害資訊卡(6.8%)，會考慮戒煙。
- 「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。近四分之三(74.4%)受訪者贊成採用全煙害警示包裝。

Secondhand smoke and third-hand smoke exposure

- Nearly half (52.9%) of respondents were exposed to SHS at any place in the past 7 days.
- Around one-third (36.1%) of respondents were exposed to SHS at home in the past 7 days, with 20.1% from inside the home and 29.9% from neighbours.
- Nearly one-third (32.4%) of employed respondents were exposed to SHS at workplace in the past 7 days.
- Four in 10 (44.0%) respondents were exposed to SHS at locations other than home and workplace in the past 7 days.
- In all respondents, 19.5% were exposed to THS at home and 33.8% were exposed to THS in indoor areas outside home in the past 7 days.

Regulations on cigarette packaging

- Over half (62.6%) of current smokers noticed the pictorial health warnings (PHWs) on cigarette packs. The prevalence was relatively lower in never smokers (51.3%) and ex-smokers (49.0%).
- In current smokers, 10.4% would consider quitting cigarettes if a health warning was printed on each cigarette stick, 8.7% would consider quitting cigarettes if the message “one in two long-term smokers die prematurely due to smoking” was printed on PHWs, and 6.8% would consider quitting cigarettes if a card showing the harms of smoking was inserted into cigarette packs.
- 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 three quarters (74.4%) of respondents supported plain packaging.

煙草廣告及推廣

- 大部分(85.4%)的受訪者曾經在銷售點看到煙草產品陳列，當中71.2%支持禁止陳列煙草產品。

煙草稅

- 2024年煙草稅增加後，公眾仍普遍支持增加煙草稅。超過三分之二(69.8%)的受訪者同意政府於2025年增加煙草稅，當中73.8%的支持者認為加幅應追平或高於通脹。
- 約三分之二(68.9%)的受訪者同意政府每年增加煙草稅，當中78.2%的支持者認為加幅應追平或高於通脹。
- 約四分之一(27.5%)的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約港幣156元(中位數為每包港幣130元)，才能推動他們戒煙。

Tobacco advertising and promotion

- Majority (85.4%) of respondents had ever been exposed to point-of-sale tobacco product displays. Of them, 71.2% supported to ban the displays.

Tobacco tax

- Support for tobacco tax increase remained strong after the 2024 tobacco tax increase. Over two-thirds (69.8%) of respondents supported tobacco tax increase in 2025, of which 73.8% agreed that the increase should be at or above inflation.
- Around two-thirds (68.9%) of respondents supported annual tobacco tax increase, of which 78.2% agreed that the increase should be at or above inflation.
- Around a quarter (27.5%) 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 about HK\$156 per pack (median was HK\$130 per pack) to motivate smoking cessation.

約三分之二

Around two-thirds

(68.9%)

的受訪者同意政府每年增加煙草稅
of respondents supported annual tobacco tax increase





擴大法定禁煙區

- 幾乎所有(97.2%)受訪者支持擴大法定禁煙區。例如，受訪者同意擴大法定禁煙區至公共場所的所有排隊隊伍(91.4%)、公共交通工具候車處(90.7%)、學校外10米範圍(90.6%)、醫院及診所外10米範圍(90.5%)、繁忙街道(90.2%)。
- 大部分(89.4%)受訪者同意政府禁止在街上一邊走路一邊吸煙。
- 大部分(82.5%)受訪者支持增加人手檢控在法定禁煙區內違例吸煙。
- 大部分(71.2%)的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。
- 過半(57.5%)的受訪者同意增加違例吸煙的定額罰款額。他們建議罰款應增至平均港幣3,475.9元(中位數為港幣3,000元)。

Extension of statutory no-smoking areas

- Extension of statutory no-smoking areas was supported by 97.2% of respondents. For instance, respondents supported to extend no smoking areas to all queues in public places (91.4%), public transport waiting areas (90.7%), areas within 10 meters of schools (90.6%), areas within 10 meters of hospitals and clinics (90.5%), and busy streets (90.2%).
- Most (89.4%) respondents supported to ban smoking while walking on streets.
- Most (82.5%) respondents supported to increase manpower to carry out law enforcement towards individuals who smoke in statutory no-smoking areas.
- Majority (71.2%) of respondents agreed that venue managers should be liable to penalty for smoking offences in statutory no-smoking areas.
- Over half (57.5%) of respondents supported to increase the fixed penalty for smoking offences. On average, the suggested fine was HK\$3,475.9 (median was HK\$3,000).

對未來控煙政策的意見

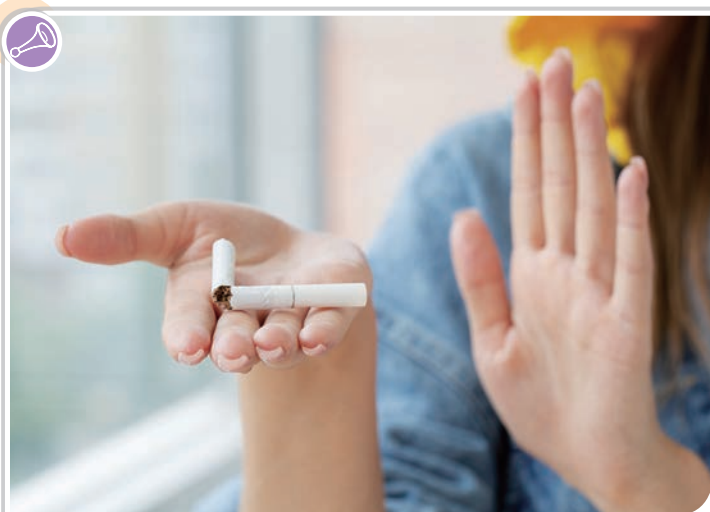
- 多項控煙措施得到公眾廣泛支持，例如將法定購買吸煙產品年齡由18歲調高至21歲(83.7%)、設立完稅煙標籤制度以分辨完稅及未完稅煙草產品(77.8%)、及禁止加味煙草產品(71.1%)等。
- 超過一半的受訪者同意香港禁止銷售(65.9%)及使用(66.7%)任何吸煙產品。
- 大部分(70.8%)的受訪者同意當香港吸煙率降至百分之五或以下時，應實施全面禁煙。
- 大部分的受訪者同意禁止某一年之後出生的人士吸煙(72.7%)及購買吸煙產品(72.5%)。

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

Opinions on future tobacco control policies

- Various tobacco control measures gained strong public support, such as raising the legal age of sale of smoking products from 18 to 21 years (83.7%), a tax stamp system to differentiate tax-paid and tax-unpaid tobacco products (77.8%), and banning flavoured tobacco products (71.1%), etc.
- More than half respondents supported to ban the sale (65.9%) and use (66.7%) of any smoking products in Hong Kong.
- Majority (70.8%) of respondents agreed to ban smoking if the smoking prevalence of Hong Kong decreases to 5% or below.
- Majority of respondents agreed to ban smoking in (72.7%) and sale of smoking products (72.5%) to people born after a specific year.

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







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，以取代傳統邀請函及賀卡；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2025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112頁至第137頁香港吸煙與健康委員會「貴會」的財務報表，此財務報表包括於2025年3月31日的財務狀況表與截至該日止年度的全面收益表、權益變動表及現金流量表，以及財務報表附註，包括重要會計政策信息。

我們認為，該等財務報表已根據香港會計師公會頒佈的《香港財務報告準則會計準則》真實而中肯地反映了貴會於2025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佈的《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佈的《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 2025

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 112 to 137, which comprise the statement of financial position as at 31 March 2025, 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 material accounting policy information.

In our opinion, the financial statements give a true and fair view of the financial position of the Council as at 31 March 2025, and of its financial performance and its cash flows for the year then ended in accordance with HKFRS Accounting Standards as 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佈的《香港財務報告準則會計準則》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 HKFRS Accounting Standards as issued by the HKICPA, and for such internal control as the Council members determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

核數師就審計財務報表承擔的責任

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

As part of an audit in accordance with HKSAs, we exercise professional 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。

出具本獨立核數師報告書的審計項目合夥人是趙帆華(執業證書編號：P02099)。

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.

The engagement partner on the audit resulting in this independent auditor's report is Kenneth Fan Wa Chiu (practising certificate number : P02099).



李福樹會計師事務所 F. S. Li & Co.
香港執業會計師 Certified Public Accountants

香港，2025年6月30日 Hong Kong, 30 June 2025

全面收益表
Statement of Comprehensive Income

截至2025年3月31日止年度
For the year ended 31 March 2025

(港幣)	(HK\$)	附註 Note	二零二五年 2025	二零二四年 2024
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		36,844,149	30,612,236
銀行利息收入	Bank interest income		35,381	40,685
雜項收入	Sundry income		3,379	6,970
			36,882,909	30,659,891
支出	EXPENDITURE			
批准職位編製	Approved establishment	3	8,172,234	7,740,629
項目員工	Project staff	4	2,332,745	2,310,696
宣傳及推廣費用	Publicity and promotion expenses		22,164,862	16,098,816
會議費用	Conference expenses		28,162	54,764
辦公室租金、差餉及 管理費	Office rent, rates and management fee		530,939	515,695
貨倉租金及費用	Warehouse rent and expenses		40,946	39,169
維修及保養費用	Repairs and maintenance		203,809	289,848
清潔工資及費用	Cleaning wages and fees		121,818	108,890
物業、機器及設備之 折舊	Depreciation on property, plant and equipment		263,848	254,675
使用權資產之折舊	Depreciation on right-of-use assets		2,421,560	2,421,561
保險	Insurance		145,822	99,644
電費	Electricity		76,486	70,320
電話及通訊費用	Telephone and communication expenses		43,497	41,334
職工招募費用	Recruitment expenses		18,853	41,309
法律、專業及核數費用	Legal, professional and audit fees		34,900	33,900
辦公室設備	Office equipment		28,058	30,187
郵費	Postage		9,966	1,600
印刷及文具	Printing and stationery		83,507	74,676
租賃負債之利息支出	Interest expense on lease liabilities		28,272	74,083
雜項支出	Sundry expenses		62,600	27,050
			36,812,884	30,328,846
本年度盈餘	SURPLUS FOR THE YEAR	5	70,025	331,045
本年度全面收入	TOTAL COMPREHENSIVE INCOME FOR THE YEAR		70,025	331,045

財務狀況表

Statement of Financial Position

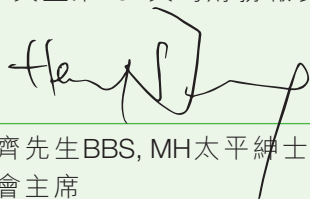
於2025年3月31日

At 31 March 2025

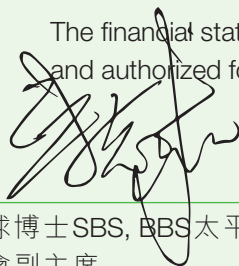
(港幣)	(HK\$)	附註 Note	二零二五年 2025	二零二四年 2024
非流動資產	NON-CURRENT ASSETS			
物業、機器及設備	Property, plant and equipment	7	442,400	583,821
使用權資產	Right-of-use assets	8	827,070	2,346,372
			1,269,470	2,930,193
流動資產	CURRENT ASSETS			
按金及預付款項	Deposits and prepayments	9	785,531	805,865
銀行及現金結存	Bank and cash balances		432,186	691,327
			1,217,717	1,497,192
減：流動負債	Less: CURRENT LIABILITIES			
應付費用	Accrued charges		1,064,356	1,035,540
暫收款	Temporary receipt		–	31,062
租賃負債 – 短期部份	Lease liabilities – current portion	10	295,746	2,390,005
年假撥備	Provision for annual leave entitlements		318,003	333,182
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	153,303	430,532
			1,831,408	4,220,321
流動負債	NET CURRENT LIABILITIES		(613,691)	(2,723,129)
總資產減流動負債	TOTAL ASSETS LESS CURRENT LIABILITIES		655,779	207,064
非流動負債	NON-CURRENT LIABILITIES			
租賃負債 – 長期部份	Lease liabilities – non-current portion	10	(531,993)	–
淨資產	NET ASSETS		123,786	207,064
等於： 累積盈餘	representing: ACCUMULATED SURPLUS		123,786	207,064

委員會於2025年6月30日通過及批准發佈於
第112頁至第137頁的財務報表。

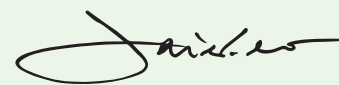
The financial statements on pages 112 to 137 were approved
and authorized for issue by the Council on 30 June 2025.



湯修齊先生BBS, MH太平紳士
委員會主席
Mr Henry TONG Sau-chai, BBS, 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2025年3月31日止年度
For the year ended 31 March 2025

(港幣)	(HK\$)	附註 Note	二零二五年 2025	二零二四年 2024
累積盈餘	Accumulated surplus			
上年度轉來之盈餘	Surplus brought forward		207,064	306,551
本年度盈餘／本年度 全面收入	Surplus for the year/Total comprehensive income for the year		70,025	331,045
應退回衛生署之 經調整盈餘	Adjusted surplus refundable to the Department of Health	11	(153,303)	(430,532)
本會應佔之虧損	Deficits attributable to the Council		(83,278)	(99,487)
撥入下年度之盈餘	Surplus carried forward		123,786	207,064

現金流量表

Cash Flow Statement

截至2025年3月31日止年度
For the year ended 31 March 2025

(港幣)	(HK\$)	二零二五年 2025	二零二四年 2024
營運活動之現金流量	CASH FLOWS FROM OPERATING ACTIVITIES		
本年度盈餘	Surplus for the year	70,025	331,045
調整：	Adjustments for：		
利息收入	Interest income	(35,381)	(40,685)
利息支出	Interest expense	28,272	74,083
物業、機器及設備之折舊	Depreciation on property, plant and equipment	263,848	254,675
使用權資產之折舊	Depreciation on right-of-use assets	2,421,560	2,421,561
營運資金變動前之營運盈餘	Operating surplus before working capital changes	2,748,324	3,040,679
按金及預付款項之減少	Decrease in deposits and prepayments	20,334	2,334
應付費用之增加／(減少)	Increase／(Decrease) in accrued charges	28,816	(218,818)
暫收款之(減少)／增加	(Decrease)／Increase in temporary receipt	(31,062)	31,062
年假撥備之減少	Decrease in provision for annual leave entitlements	(15,179)	(11,719)
營運活動所產生之淨現金	NET CASH FROM OPERATING ACTIVITIES	2,751,233	2,843,538
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	(122,427)	(146,317)
已收利息	Interest received	35,381	40,685
投資活動所使用之淨現金	NET CASH USED IN INVESTING ACTIVITIES	(87,046)	(105,632)
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	(430,532)	(374,971)
已付租賃租金之資本部份	Capital element of lease rentals paid	(2,464,524)	(2,418,713)
已付租賃租金之利息部份	Interest element of lease rentals paid	(28,272)	(74,083)
融資活動所使用之淨現金	NET CASH USED IN FINANCING ACTIVITIES	(2,923,328)	(2,867,767)
現金及現金等值之淨減少	NET DECREASE IN CASH AND CASH EQUIVALENTS	(259,141)	(129,861)
年初現金及現金等值結存	CASH AND CASH EQUIVALENTS AT BEGINNING OF THE YEAR	691,327	821,188
年終現金及現金等值結存	CASH AND CASH EQUIVALENTS AT END OF THE YEAR	432,186	691,327
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	432,186	691,327

財務報表附註

Notes to the Financial Statements

截至2025年3月31日止年度

For the year ended 31 March 2025

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. 重要會計政策

(a) 編製基準

本財務報表已按照香港會計師公會頒佈所有適用的香港財務報告準則會計準則（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。

香港會計師公會頒佈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會計準則。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。

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會計準則。相關說明記載於附註15。

1. General

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

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

2. Material Accounting Policies

(a) Basis of preparation

These financial statements have been prepared in accordance with all applicable HKFRS Accounting Standards, which collective term includes all applicable individual Hong Kong Financial Reporting Standards ("HKFRSs"), Hong Kong Accounting Standards and Interpretations as 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 HKFRS Accounting Standards 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.

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

2. 重要會計政策 (續)

(a) 編製基準 (續)

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

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

(b) 收入確認

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

2. Material Accounting Policies (continued)

(a) Basis of preparation (continued)

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

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

(b) Revenue recognition

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

2. 重要會計政策 (續)

(c) 外幣折算

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

(d) 減值損失

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

2. Material Accounting Policies (continued)

(c) Foreign currencies translation

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

(d) Impairment losses

At the end of each reporting period, where there is any indication that an asset, including items of property, plant and equipment, and right-of-use assets is impaired, the recoverable amount of the asset should be estimated. The recoverable amount of an asset is the higher of its fair value less costs to sell and value in use. If the recoverable amount is less than the carrying amount, an impairment loss is recognized to reduce the asset to its recoverable amount. Such impairment losses are recognized in surplus or deficit. An impairment loss is reversed if there has been a favourable change in the estimates used to determine the recoverable amount. A reversal of an impairment loss should not result in the asset's carrying amount exceeding that which would have been determined 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. 重要會計政策 (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	尚餘租賃年期
改良工程	
傢俬及裝置	每年百分之二十五
辦公室設備	每年百分之二十五

(f) 租賃

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

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

2. Material 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	over unexpired period
improvements	of lease
Furniture and fixtures	25 percent per annum
Office equipment	25 percent per annum

(f) Lease

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

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

2. 重要會計政策 (續)

(f) 租賃 (續)

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

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

2. Material Accounting Policies (continued)

(f) Lease (continued)

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

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

2. 重要會計政策(續)

(f) 租賃(續)

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

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

當本會就低價值資產訂立租賃時，本會按個別租賃基準決定是否將租賃資本化。

短期租賃及低價值資產租賃之租賃付款於租賃期內按直線法確認為開支。

(g) 按金

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

2. Material Accounting Policies (continued)

(f) Lease (continued)

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

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

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

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

(g) Deposits

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

2. 重要會計政策 (續)

(h) 應付費用

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

(i) 現金及現金等值

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

(j) 僱員獲享假期

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

(k) 有關連人士

就本財務報表而言，有關連人士包括符合以下定義的人士及實體：

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

2. Material Accounting Policies (continued)

(h) Accrued charges

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

(i) Cash and cash equivalents

For the purposes of the cash flow statement, cash and cash equivalents comprise cash on hand and deposits with banks within 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. 重要會計政策 (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. Material 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\$)	二零二五年 2025	二零二四年 2024
薪金及津貼	Salaries and allowances	7,983,956	7,560,410
強積金供款	Mandatory provident fund contributions	202,487	196,428
年假撥備回撥	Provision for annual leave entitlements written back	(14,209)	(16,209)
		8,172,234	7,740,629

4. 項目員工

(港幣)	(HK\$)	二零二五年 2025	二零二四年 2024
薪金	Salaries	2,242,139	2,212,728
強積金供款	Mandatory provident fund contributions	91,576	93,478
年假(撥備回撥)/撥備	Provision for annual leave entitlements (written back)/made	(970)	4,490
		2,332,745	2,310,696

4. Project Staff

5. 本年度盈餘

本年度盈餘已扣除下列費用：

(港幣)	(HK\$)
員工成本*	Staff costs*

* 包括支付定額供款退休保障計劃供款共港幣299,273元(2024年：港幣291,163元)。

5. Surplus for the year

Surplus for the year is stated after charging the following items:

二零二五年 2025	二零二四年 2024
10,620,709	10,139,882

* including contribution of HK\$299,273 (2024: HK\$291,163) to defined contribution provident fund scheme.

6. 委員會成員的酬金

本會所有委員會成員於本年度內均未
有因向本會提供服務而收取酬金(2024
年：無)。

6. Council Members' Remuneration

None of the Council members received any
remuneration in respect of their services to the Council
during the year (2024 : 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2023年3月31日	At 31 March 2023	186,645	289,031	1,220,453	1,696,129
添置	Additions	–	–	146,317	146,317
於2024年3月31日	At 31 March 2024	186,645	289,031	1,366,770	1,842,446
添置	Additions	–	–	122,427	122,427
於2025年3月31日	At 31 March 2025	186,645	289,031	1,489,197	1,964,873
累積折舊	Accumulated depreciation				
於2023年3月31日	At 31 March 2023	95,419	186,736	721,795	1,003,950
截至2024年3月31日 止年度計提	Charge for the year ended 31 March 2024	49,627	42,030	163,018	254,675
於2024年3月31日	At 31 March 2024	145,046	228,766	884,813	1,258,625
截至2025年3月31日 止年度計提	Charge for the year ended 31 March 2025	41,599	35,927	186,322	263,848
於2025年3月31日	At 31 March 2025	186,645	264,693	1,071,135	1,522,473
帳面淨值	Net book value				
於2025年3月31日	At 31 March 2025	–	24,338	418,062	442,400
於2024年3月31日	At 31 March 2024	41,599	60,265	481,957	583,821

8. 使用權資產

(港幣)	(HK\$)	
成本	Cost	
於2023年3月31日及2024年3月31日	At 31 March 2023 and 31 March 2024	7,264,682
添置	Additions	902,258
租賃屆滿撇銷	Written off upon expiry of lease	(902,258)
於2025年3月31日	At 31 March 2025	7,264,682
累積折舊	Accumulated depreciation	
於2023年3月31日	At 31 March 2023	2,496,749
截至2024年3月31日止年度計提	Charge for the year ended 31 March 2024	2,421,561
於2024年3月31日	At 31 March 2024	4,918,310
截至2025年3月31日止年度計提	Charge for the year ended 31 March 2025	2,421,560
租賃屆滿撇銷	Written off upon expiry of lease	(902,258)
於2025年3月31日	At 31 March 2025	6,437,612
帳面淨值	Net book value	
於2025年3月31日	At 31 March 2025	827,070
於2024年3月31日	At 31 March 2024	2,346,372

9. 按金及預付款項

預期會於一年後收回之按金為港幣540,898元(2024年：港幣545,898元)，預付款項港幣244,633元(2024年：港幣259,967元)將會於一年內全數記入費用。

8. Right-of-use Assets

9. Deposits and Prepayments

The amount of deposits expected to be recovered after one year is HK\$540,898 (2024: HK\$545,898). The prepayments in sum of HK\$244,633 (2024: HK\$259,967) are expected to be recognized as expenses within one year.

10. 租賃負債

10. Lease Liabilities

(港幣)	(HK\$)	二零二五年 2025	二零二四年 2024
年初結餘	Balance at beginning of the year	2,390,005	4,808,718
應付租賃付款的現值	Present value of the lease payments	902,258	–
利息支出	Interest expense	28,272	74,083
已付租賃付款	Lease payment made	(2,492,796)	(2,492,796)
年末結餘	Balance at end of the year	827,739	2,390,005

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\$)	二零二五年 2025	二零二四年 2024
短期部份	Current portion	295,746	2,390,005
長期部份	Non-current portion	531,993	–
		827,739	2,390,005

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\$)	二零二五年 2025	二零二四年 2024
帳面值	Carrying amount	827,739	2,390,005
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	309,600	2,415,396
– 超過一年但少於兩年	– More than 1 year but less than 2 years	541,800	–
		851,400	2,415,396

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\$)	二零二五年 2025	二零二四年 2024
本年度盈餘	Surplus for the year	70,025	331,045
加：物業、機器及設備之折舊	Add: Depreciation on property, plant and equipment	263,848	254,675
使用權資產之折舊	Depreciation on right-of-use assets	2,421,560	2,421,561
租賃負債之利息支出	Interest expenses on lease liabilities	28,272	74,083
減：物業、機器及設備的添置	Less: Additions to property, plant and equipment	(122,427)	(146,317)
租賃付款	Lease payment	(2,492,796)	(2,492,796)
年假撥備回撥	Provision for annual leave entitlements written back	(15,179)	(11,719)
應退回衛生署之經調整盈餘	Adjusted surplus refundable to the Department of Health	153,303	430,532

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\$)	二零二五年 2025	二零二四年 2024
年初結餘	Balance at beginning of the year	2,390,005	4,808,718
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	(2,464,524)	(2,418,713)
已付租賃租金之利息部份	Interest element of lease rentals paid	(28,272)	(74,083)
融資現金流量的變動總額	Total changes from financing cash flows	(2,492,796)	(2,492,796)
其他變動：	Other changes:		
新租賃	New lease	902,258	—
利息支出	Interest expenses	28,272	74,083
其他變動總額	Total other changes	930,530	74,083
年末結餘	Balance at end of the year	827,739	2,390,005

(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\$)	二零二五年 2025	二零二四年 2024
融資項目內	Within financing activities	2,492,796	2,492,796

13. 金融資產及金融負債

13. Financial Assets and Liabilities

(a) 金融資產及負債類別

(a) Categories of financial assets and liabilities

(港幣)	(HK\$)	二零二五年 2025	二零二四年 2024
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	545,898
銀行及現金結存	Bank and cash balances	432,186	691,327
		973,084	1,237,225
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	1,064,356	1,035,540
租賃負債 – 短期部份	Lease liabilities – current portion	295,746	2,390,005
年假撥備	Provision for annual leave entitlements	318,003	333,182
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	153,303	430,532
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	531,993	–
		2,363,401	4,189,259

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2025年及2024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2025年及2024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 2025 and 2024, 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 2025 and 2024. 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\$)	二零二五年 2025	二零二四年 2024
主要管理人員的報酬	Remuneration for key management personnel		
短期員工福利	Short-term employee benefits	2,088,600	2,028,000
離職後福利	Post-employment benefits	18,000	18,000
		2,106,600	2,046,000

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21號(修訂本)，缺乏可兌換性¹

《香港財務報告準則》會計準則年度改進—第11卷²

《香港會計準則》第9號及《香港財務報告準則》第7號(修訂本)，金融工具分類及計量的修訂²

《香港財務報告準則》第18號，財務報表之呈列及披露³

¹ 於2025年1月1日或之後開始之會計期間生效

² 於2026年1月1日或之後開始之會計期間生效

³ 於2027年1月1日或之後開始之會計期間生效

本會管理層預計採用這些經修改財務報告準則及會計準則對本會帳目影響並不重大。

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 21, Lack of Exchangeability¹

Annual Improvements to HKFRS Accounting Standards – Volume 11²

Amendments to HKAS 9 and HKFRS 7, Amendments to the Classification and Measurement of Financial Instruments²

HKFRS 18, Presentation and Disclosure in the Financial Statements³

¹ Effective for annual periods beginning on or after 1 January 2025

² Effective for annual periods beginning on or after 1 January 2026

³ Effective for annual periods beginning on or after 1 January 2027

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

歐寶怡女士	Ms Gobby AU	趙曉露女士	Ms Lucy CHIU
歐陽根先生	Mr AU YEUNG Kan	趙秀嫻女士MH	Ms CHIU Sau-han, MH
歐陽兆倫教授	Prof Ryan AU YEUNG	趙倩卿女士	Ms CHIU Sin-hing
畢禕女士	Ms Teresa BUT	趙華娟女士MH	Ms CHIU Wah-kuen, MH
陳佩珊女士	Ms CHAN Pui-shan	蔡德志先生	Mr Michael CHOI
陳凱欣議員	Hon CHAN Hoi-yan	蔡翩翩博士	Dr Sandy CHOI
陳孝慈先生MH	Mr CHAN How-chi, MH	周安琪女士	Ms Angela CHOW
陳永安先生太平紳士	Mr Ken CHAN, JP	周德光先生	Mr CHOW Tak-kwong
陳潔芳女士	Ms CHAN Kit-fong	蔡樂貽女士	Ms Jody CHOY
陳文俊先生太平紳士	Mr CHAN Man-chun, JP	崔華俊先生	Mr George CHUI
陳智恒先生	Mr Patrick CHAN	許長峰醫生	Dr Michael CO
陳嘉慧女士	Ms Penny CHAN	崔欣欣女士	Ms Judy CUI
陳少恒先生	Mr CHAN Siu-hang	戴兆群醫生	Dr Daisy DAI
陳肇始教授GBS, 太平紳士	Prof Sophia CHAN, GBS, JP	范鴻齡先生SBS, 太平紳士	Mr Henry FAN, SBS, JP
周駿達先生MH	Mr Danny CHAU, MH	方奕展先生MH	Mr Eugene FONG, MH
陳敏先生	Mr Willy CHEN	方嘉茵女士	Ms Kayla FONG
鄭偉昌先生	Mr Jerry CHENG	馮志恒女士	Ms Cheryl FUNG
鄭倩紅女士	Ms Veronica CHENG	封螢醫生	Dr FUNG Ying
張啟文先生	Mr Alex CHEUNG	夏鈺媛女士	Ms Fion HA
張翠芬女士	Ms Connie CHEUNG	夏德建先生	Mr HA Tak-kin
張懿德教授	Prof Derek CHEUNG	何穎童女士	Miss Bonnie HO
張瑞敏女士	Ms Iris CHEUNG	何世賢教授	Prof Daniel HO
張小倫先生	Mr Shawn CHEUNG	何秀芳女士	Ms Elaine HO
程偉權醫生	Dr CHING Wai-kuen	何詠珊女士	Ms Jessie HO
趙佩燕醫生BBS, 太平紳士	Dr Amy CHIU, BBS, JP	何珮珊女士SBS, CDSM, CMSM 太平紳士	Ms Louise HO, SBS, CDSM, CMSM, JP
趙梓珊女士	Ms Angela CHIU	簡海欣女士	Ms Hixin JIAN

個人 Individuals

甘雅靜醫生	Dr Stephanie KAM	羅偉霖醫生	Dr LAW Wai-lam
顧羅素君女士	Mrs KHOO LAW Soo-kwan	李錦培教授	Prof Eric LEE
古惠珊醫生	Dr Fanny KO	李興廉先生	Mr Henry LEE
高湛昌先生	Mr Leo KO	李廷宰教授	Prof Jay LEE
葛兆源先生MH	Mr KOT Siu-yuen, MH	李嘉康先生	Mr John LEE
顧慧賢女士	Ms Ellen KU	李小霞女士	Ms Judy LEE
關嘉美醫生	Dr Betty KWAN	李夏茵醫生太平紳士	Dr Libby LEE, JP
關寶珊女士	Ms Vanessa KWAN	李盛能先生	Mr LEE Shing-nang
郭志銳教授	Prof Timothy KWOK	李潔瑤女士	Ms Yoyo LEE
鄭莉儀女士	Ms Connie KWONG	梁皓鈞先生MH	Mr LEUNG Ho-kwan, MH
賴嘉汶女士	Ms LAI Ka-man	梁漢輝醫生	Dr LEUNG Hon-fai
黎杰芝醫生	Dr Ruby LAI	梁寶琳女士	Ms Ida LEUNG
林正財議員GBS, 太平紳士	Dr Hon LAM Ching-choi, GBS, JP	梁鉅海先生BBS, MH	Mr LEUNG Kui-hoi, BBS, MH
林祖光先生	Mr LAM Cho-kwong	梁兆騏先生	Mr Michael LEUNG
林咏恩女士	Ms Cody LAM	梁樹根先生	Mr LEUNG Shu-kan
林校龍先生	Mr LAM Hau-lung	梁永義先生MH	Mr LEUNG Wing-yu, MH
林偉珊醫生	Dr Jovi LAM	李國棟醫生GBS, 太平紳士	Dr Donald LI, GBS, JP
林民聰醫生	Dr Manny LAM	李浩祥教授	Prof William LI
林君賢先生	Mr Rex LAM	盧寵茂教授BBS, 太平紳士	Prof LO Chung-mau, BBS, JP
林文健醫生 太平紳士	Dr Ronald LAM, JP	雷雄德博士MH	Dr Lobo LOUIE, MH
林大慶教授BBS, 太平紳士	Prof LAM Tai-hing, BBS, JP	雷浩然醫生	Dr LUI Ho-yin
林梓蔚先生	Mr Wayde LAM	雷美詩醫生	Dr Macy LUI
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劉梓峰先生	Mr Ivan LAU	陸思琳女士	Ms Christina LUK
劉碧琪女士	Ms LAU Pik-ki	陸子璉博士	Dr Kevin LUK
劉世蒼先生	Mr LAU Sai-chong	陸偉亮醫生	Dr Sunny LUK
劉偉明先生	Mr LAU Wai-ming	馬澤華先生MH, CStJ	Mr Stephen MA, MH, CStJ
羅嘉雯女士	Ms Carmen LAW	馬麗霞女士	Ms Zoe MA
羅佩賢女士	Ms Irene LAW	麥龍詩迪教授SBS, 太平紳士	Prof Judith MACKAY, SBS, JP
羅靜女士	Ms Sophie LAW	麥丹莉女士	Ms Irene MAK

個人 Individuals

麥天純先生	Mr Titan MAK	王琮煒醫師	Ms WONG King-wai
莫樹錦教授BBS	Prof Tony MOK, BBS	黃妙送先生	Mr Lemmy WONG
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鄧麗娥女士	Ms TANG Lai-ngo	楊振宇先生	Mr Fish YEUNG
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黃啟泰先生	Mr WONG Kai-tai		

政府部門及有關機構 Government Departments and Related Organizations

醫療輔助隊	Auxiliary Medical Service
中西區區議會	Central & Western District Council
懲教署	Correctional Services Department
衛生署	Department of Health
東區區議會	Eastern District Council
教育局	Education Bureau
安老事務委員會	Elderly Commission
醫務衛生局	Health Bureau
香港房屋委員會	Hong Kong Housing Authority
醫院管理局	Hospital Authority
房屋署	Housing Department
離島區議會	Islands District Council
九龍城區議會	Kowloon City District Council
葵青區議會	Kwai Tsing District Council
觀塘區議會	Kwun Tong District Council
土地註冊處	Land Registry
立法會	Legislative Council
北區區議會	North District Council
職業安全健康局	Occupational Safety & Health Council
道路安全議會	Road Safety Council
西貢區議會	Sai Kung District Council
沙田區議會	Sha Tin District Council
深水埗區議會	Sham Shui Po District Council
南區區議會	Southern District
大埔區議會	Tai Po District Council
衛生署控煙酒辦公室	Tobacco and Alcohol Control Office, Department of Health
交通諮詢委員會	Transport Advisory Committee
運輸署	Transport Department
荃灣區議會	Tsuen Wan District Council
屯門區議會	Tuen Mun District Council
灣仔區議會	Wan Chai District Council
黃大仙區議會	Wong Tai Sin District Council
油尖旺區議會	Yau Tsim Mong District Council
元朗區議會	Yuen Long District Council



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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，尤以財政、審計及人事事宜為首。
4. 監督委員會之資訊保安全管理。

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 financial, audit and staffing matters.
4. To oversee the information security management of COSH.

乙、法例委員會

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

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.

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。

C. Education and Publicity Committee

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

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

丁、社區聯絡委員會

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

戊、資訊及研究委員會

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

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

D. Community Liaison Committee

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

E. Information and Research Committee

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

第 13 屆「戒煙大贏家」比賽

2025年6月 第三十六號報告書



第 13 屆「戒煙大贏家」比賽 結合簡易運動與即時訊息支援戒煙

趙盛之¹、李夢瑤¹、李亞潔¹、陸子璿¹、張懿德¹、
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1. 引言

根據 2023 年數據，香港的吸煙率為 9.1%，為全球吸煙率最低的地區之一¹。儘管過去十年香港的吸煙率緩慢地下降，吸煙仍為香港帶來重大的健康與經濟負擔，每年可導致約 14,000 人死亡²，並造成龐大的醫療開支、長期護理負擔與生產力損失，估計經濟損失達 99 億港元，約佔本地生產總值的 0.3%^{3,4}。戒煙的困難在於尼古丁的高度成癮性。長期吸煙會導致身體與心理對尼古丁的依賴，使吸煙人士在停止吸煙時出現強烈的尼古丁渴望與退癮症狀。為響應世界衛生組織所訂定的全球控煙目標，香港特區政府亦訂立了於 2025 年前將吸煙率進一步降至 7.8% 的目標。

「戒煙大贏家」比賽是香港每年一度的無煙推廣活動，由香港吸煙與健康委員會（委員會）主辦，並聯同香港大學護理學院及公共衛生學院（香港大學），接觸社區中的吸煙人士，鼓勵其嘗試戒煙及投入無煙生活。此計劃透過提供專業支援、獎品及多項措施，有效動員及鼓勵大批吸煙人士作出戒煙嘗試。此外，「戒煙大贏家」比賽亦為進行和評估隨機對照試驗提供一個獨特的平台，有助於提升戒煙干預措施的開發和創新，推動其於公共衛生層面的應用與實踐。過去十年已實施多種干預措施，包括藥物治療和行為干預（如簡短建議、積極轉介、獎金鼓勵及即時通訊訊息），以促進戒煙並提高成功率。

除了藥物治療與行為輔導外，運動亦被證實對減輕煙癮⁵、降低吸煙量⁶、緩解退癮症狀⁷、提升戒煙意願⁸及增加戒煙嘗試⁹具有潛在效果。多項隨機對照試驗顯示，進行高或

中等強度的體能活動（如有氧運動、快走及舉重）有助於提升戒煙成功率¹⁰⁻¹⁴。然而，這類以運動主導的戒煙干預往往難以在社區吸煙人士中推廣，主要因為其為需要依靠設備、自我監測或專業人員監督進行的運動。另一方面，移動健康（mHealth）的應用普及使得醫護人員可透過即時通訊應用程式傳遞健康資訊及行為干預。第八屆「戒煙大贏家」比賽的研究結果已證實，透過即時訊息提供交談的心理支持能有效提升短期及長期的戒煙率¹⁵。即時通訊支援亦具有輔助其他治療成分的潛力。在以運動主導的干預中，移動健康應用程式可提供視像運動指引（如影片及圖片），協助保持正確動作，醫療人員亦可提供即時支援¹⁶。這種由移動健康應用程式支援的低強度、簡易運動可融入日常生活作為對抗煙癮的其中一個干預部分¹⁶。此外，規律的運動亦有助促進建立和維持更健康的生活方式，建立長遠的健康行為¹⁷。

為了推動並評估創新的社區戒煙干預措施，委員會聯同香港大學，多個地區服務團體及不同行業的支持機構共同舉辦第 13 屆「戒煙大贏家」比賽，並進行一項兩組隨機對照試驗研究，旨在評估一項結合簡易運動與即時訊息支援的綜合干預方案，比較只接收簡單戒煙建議及簡短輔導的定期電話短訊，對提升參賽吸煙人士戒煙率的成效。

2. 方法

2.1 招募

第 13 屆「戒煙大贏家」比賽在 2022 年 6 月至 10 月期間，在全港 18 區舉行合共 89 場的招募活動，而招募地點涵蓋吸煙熱點、商場、公共屋邨、街道及由支持機構提供的場地。經培訓的無煙大使（包括 187 名大學生及義工）主動於招募攤位及附近地點接觸吸煙人士，進行初步篩選，邀請符合資格者參與「戒煙大贏家」比賽及隨機對照試驗，並於基線時提供簡短戒煙建議。計劃亦與懲教署合作，為四間指定懲教院所的在囚人士提供特定的戒煙輔助。

參加隨機對照試驗研究須符合以下條件：

- 年滿 18 歲的香港居民並持有香港身份證；
- 過去三個月內，平均每日吸食至少一支捲煙或加熱煙，或每日吸食電子煙；
- 能以廣東話溝通和閱讀中文；
- 唾液中可的寧水平達到 30ng/ml 或以上；
- 有意戒煙或減少吸煙；
- 能夠使用即時通訊應用程式（例如 WhatsApp、微信）進行溝通；
- 報名時並無參加其他戒煙輔導服務

所有符合資格的參加者在接受戒煙干預前，都必需填寫報名表、簽署書面同意書，並完成基線評估。一名研究員使用網上系統製作隨機分組列表，並以大小為 2、4 或 6 作為隨機區組。參加者會按 1:1 比例被隨機分配至干預組和對照組。由於干預的性質，無法對參加者的分組情況完全保密。然而，負責評估結果及數據分析的研究員在預先指定的分析完成前不會知道分組情況。

參加者於招募時可自行選擇參加「戒煙大贏家」大抽獎組別或「戒煙大使」組別。在大抽獎組別中，十名於三個月跟進時成功通過生物化學測試的參加者，各贏取價值港幣 5,000 元的超級市場購物禮券。在「戒煙大使」組別中，於三個月跟進時成功通過生物化學測試的參加者，在接受委員會評審小組遴選面試後，選出三名「戒煙大贏家」得主，並分別獲得價值港幣 25,000 元的澳洲旅遊禮券（冠軍）、港幣 15,000 元的新加坡旅遊禮券（亞軍）及港幣 10,000 元的泰國旅遊禮券（季軍）作為獎勵。

2.2 干預與跟進

干預組：參加者在基線時會接受了面對面的簡短戒煙干預，包括 AWARD 簡短戒煙建議、健康警告單張、戒煙服務轉介卡，以及一本 12 頁的自助戒煙小冊子。此外，參加者亦會獲得透過即時通訊應用程式（如 WhatsApp 和微信）支援的簡短運動相關器材。AWARD 戒煙簡短建議包含五個步驟：(1) 詢問參加者的吸煙情況和歷史；(2) 通過唾液可的寧測試結果和健康警告單張，說明持續吸煙的危害；(3) 建議參加者儘早戒煙；(4) 轉介參加者至現有戒煙服務；和 (5) 重複進行上述戒煙建議。

完成隨機分組後，干預組的參加者將接受為期三個月的干預，包括簡易運動並配合即時訊息支援。簡易運動包括零時間運動、握力訓練及彈力帶阻力訓練。零時間運動包括短時間的雙手拉推（各約十秒）、坐姿抬腿（十秒內完成 30 次）以及十秒的力量訓練。握力訓練則透過頻繁握緊及放鬆的方式鍛鍊前臂肌肉，建議在十秒內完成單手 30 次的握放動作，並鼓勵參加者逐步增加運動次數和強度。阻力運動則利用彈力帶進行肌力、柔韌度與平衡能力訓練，包括水平與垂直方向的手臂伸展運動，同樣建議於十秒內完成 30 次，並視乎個人能力循序漸進地增加頻率。所有干預組的參加者會在基線時獲發握力器、彈力帶及一份運動內容的說明單張以作參考，無煙大使會在招募時向參加者播放五分鐘示範影片，並現場講解。研究人員鼓勵參加者在出現煙癮或有渴望吸煙時，依照指引練習相關運動，並建議參加者記錄每次練習的內容，包括運動類型、時間及頻率，以在電話跟進時評估其練習情況。

即時訊息支援的內容根據「行為改變技巧」而設計，旨在加強參加者的自我調節能力，並鼓勵他們作出有助戒煙的輔助行為¹⁸。即時訊息的主要目的是支援參加者進行簡單運動，並協助其控制煙癮。干預為期三個月，由輔導員以頻率遞減（首月每週兩次；第二及三個月每週一次）的方式，定期傳送內容為包括簡單運動相關的圖片與影片的即時訊息，以提醒及支援參加者進行運動練習，並介紹運動對戒煙的益處。除簡易運動外，亦鼓勵參加者進行中度至強度的運動，以進一步提升身體活動水平和身心健康。訊息亦涵蓋煙癮與退癮症狀的應對策略，即「5Ds」策略，包括延遲、轉移注意力、喝水、深呼吸及討論戒煙策略。

此外，研究人員亦會於辦公時間內（週一至週五 09:30–18:30）即時回覆短訊，為參加者解答與運動、應對煙癮或轉介戒煙服務相關的疑問，並於有需要時提供進一步協助。

對照組：參加者在基線時獲得相同的 AWARD 簡短戒煙建議、健康警示單張、戒煙服務轉介卡及自助戒煙小冊子。此外，他們會收到提醒戒煙和進行電話跟進的定期短訊。

非研究組與懲教署組別：參加「戒煙大使」組別或不符合隨機對照試驗資格的參加者，會被歸類為非研究組，但會獲得與對照組相同的戒煙干預內容，包括 AWARD 簡短戒煙建議及定期手機短訊。從懲教署招募的參加者則編入懲教署組別，在基線時接受相同的 AWARD 簡短戒煙建議，並在基線時以健康教育影片作為戒煙干預。為確保社區吸煙人士的同質性結果，懲教署組別的參加者數據不會納入數據分析。

所有參加者在基線後的一、二、三及六個月接受跟進，並評估其吸煙狀況及其他相關特徵。研究組及非研究組的參加者會透過電話進行跟進調查，而懲教署組別則採用自我評估問卷調查。每次跟進都會記錄參加者的戒煙行為，包括每日吸煙量及嘗試戒煙情況等。在三個月及六個月跟進時，也會評估戒煙的自我效能。此外，一及二個月跟進時，輔導員會提供主動轉介至戒煙服務，並協助預約或重新預約相關服務。問卷內容主要根據歷屆「戒煙大贏家」比賽的問卷加以調整。

在每次電話跟進期間，參加者在收到最多七次來電及一次語音留言後仍無法聯繫，則被視為失訪個案。在三個月及六個月跟進中，自我報告過去七日內完全沒有吸煙的參加者，均獲邀進行生物化學測試（包括一氧化碳呼氣測試及可的寧唾液測試），以核實戒煙情況。參加者每次成功通過測試均可獲得港幣 500 元的現金獎勵。

本研究的主要結果為六個月跟進時經生物化學測試核實的戒煙率（呼氣中一氧化碳濃度低於 4ppm 及可的寧唾液濃度低於 30ng/ml）。次要結果包括：三個月跟進時的生物化學測試核實戒煙率；三個月及六個月跟進時自我報告過去七天完全沒有吸煙的戒煙率；戒煙服務的使用情況；減少吸煙量（與基線相比減少吸煙量達 50% 或以上的比率）；戒煙嘗試次數；三個月及六個月跟進時練習簡易運動和參與即時訊息互動情況（定義為於對話記錄中確認至少回覆兩則訊息）。

本報告會描述所有參加者於基線調查時的人口特徵和吸煙情況，並比較兩個研究組別之間的主要與次要結果，以及戒煙重要性、困難程度與自信心的認知。自我報告及生物化學測試核實戒煙率和其他結果將會以治療意向分析，即假設失訪參加者的吸煙行為與基線調查沒有變化；同時亦進行完整資料個案分析，將缺失數據的參加者排除於分析

之外。此外，我們亦會評估參加者戒煙的原因、採用的戒煙方法、經歷的退癮症狀、社交支持、戒煙輔助工具的使用情況，以及對電話跟進的意見。

3. 結果

於 2022 年 6 月 23 日至 10 月 31 日期間，在全港 18 區的商場及公共場所共舉辦了 89 場招募活動。超過 238,000 市民經過並留意到宣傳攤位，超過 24,000 市民曾查詢有關「戒煙大贏家」比賽或參與無煙遊戲。無煙大使共主動接觸了 2,770 名吸煙人士，並向約 9,000 名吸煙人士派發戒煙宣傳資料。

在 1,361 名吸煙人士中，共有 1,292 人符合資格參加「戒煙大贏家」比賽。其中，其餘 1,031 人 (79.8%) 參加了隨機對照試驗研究，並被隨機分配至干預組 (N=492) 或對照組 (N=539)。215 人 (16.6%) 參加了戒煙大使組或非研究組，46 人 (3.6%) 屬於懲教署組別，本報告所呈現的分析結果涵蓋除懲教署組別以外的所有參加者，共 1,246 人。

3.1 基線人口特徵

表一顯示，在 1,246 名參加者中，大多數為男性 (78.2%)，年齡介乎 18 至 49 歲之間 (57.1%)。有 45.8% 的參加者已經結婚，57.6% 並沒有與子女同住。大部分的參加者具中學的教育程度 (53.6%)，並以自僱或受僱人士為主 (69.6%)。近半的參加者居住於公共房屋 (40.5%)，而家庭每月總收入介乎港幣 25,000 至 60,000 元 (39.3%)。

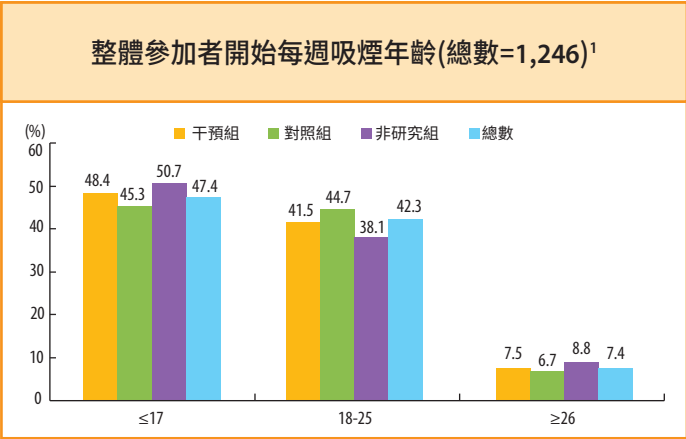
表一 參加者基線人口特徵 (總數 = 1,246)

人數 (%)	隨機對照研究 (人數=1,031)		非研究組 (人數=215)	總數 (人數=1,246)
	干預組 (人數N=492)	對照組 (人數=539)		
性別				
男	383 (77.9)	421 (78.1)	170 (79.1)	974 (78.2)
女	93 (18.9)	97 (18.0)	39 (18.1)	229 (18.4)
缺失數據	16 (3.3)	21 (3.9)	6 (2.8)	43 (3.5)
年齡 (歲)				
18-29	75 (15.2)	86 (16.0)	31 (14.4)	192 (15.4)
30-39	102 (20.7)	113 (21.0)	55 (25.6)	270 (21.7)
40-49	106 (21.5)	107 (19.9)	36 (16.7)	249 (20.0)
50-59	79 (16.1)	88 (16.3)	30 (14.0)	197 (15.8)
≥60	76 (15.5)	77 (14.3)	40 (18.7)	193 (15.5)
缺失數據	54 (11.0)	68 (12.6)	23 (10.7)	145 (11.6)
婚姻狀況				
單身	163 (33.1)	178 (33.0)	76 (35.4)	417 (33.5)
已婚 / 同居	219 (44.5)	254 (47.1)	98 (45.6)	571 (45.8)
離婚 / 喪偶	52 (10.6)	37 (6.9)	22 (10.2)	111 (8.9)
缺失數據	58 (11.8)	70 (13.0)	19 (8.8)	147 (11.8)
與子女同住				
否	285 (57.9)	301 (55.8)	132 (61.4)	718 (57.6)
是	136 (27.6)	155 (28.8)	57 (26.5)	348 (27.9)
缺失數據	71 (14.4)	83 (15.4)	26 (12.1)	180 (14.5)
教育程度				
小學程度或以下	44 (8.9)	34 (6.3)	13 (6.0)	91 (7.3)
中學程度	259 (52.6)	288 (53.4)	121 (56.3)	668 (53.6)
大專或以上	131 (26.6)	153 (28.4)	71 (33.0)	355 (28.5)
缺失數據	58 (11.8)	64 (11.9)	10 (4.7)	132 (10.6)
就業情況				
學生	12 (2.4)	14 (2.6)	8 (3.7)	34 (2.7)
自僱 / 受僱	323 (65.7)	396 (73.5)	148 (68.8)	867 (69.6)
待業	32 (6.5)	18 (3.3)	15 (7.0)	65 (5.2)
家庭主婦	17 (3.5)	18 (3.3)	7 (3.3)	42 (3.4)
退休	46 (9.4)	37 (6.9)	26 (12.1)	109 (8.8)
缺失數據	62 (12.6)	56 (10.4)	11 (5.1)	129 (10.4)
居住情況				
租住公共房屋	208 (42.3)	206 (38.2)	90 (41.9)	504 (40.5)
自置公共房屋	44 (8.9)	57 (10.6)	13 (6.1)	114 (9.2)
租住私人房屋	98 (19.9)	98 (18.2)	46 (21.4)	242 (19.4)
自置私人房屋	81 (16.5)	93 (17.3)	41 (19.1)	215 (17.3)
其他	8 (1.6)	20 (3.7)	14 (6.5)	42 (3.4)
缺失數據	53 (10.8)	65 (12.1)	11 (5.1)	129 (10.4)
家庭每月收入 (港幣)				
少於 25,000	193 (39.2)	191 (35.4)	86 (40.0)	470 (37.7)
25,000-60,000	185 (37.6)	220 (40.8)	84 (39.1)	489 (39.3)
60,000 以上	33 (6.7)	40 (7.4)	16 (7.4)	89 (7.1)
缺失數據	81 (16.5)	88 (16.3)	29 (13.5)	198 (15.9)

3.2 吸煙概況

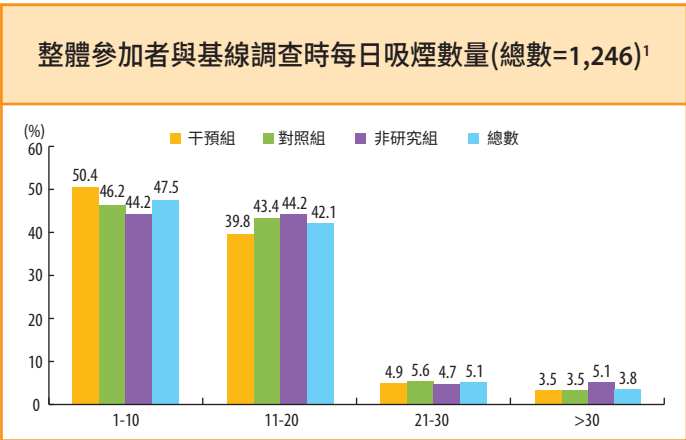
參加者的平均開始吸煙年齡為 18.2 歲 (標準差 = 5.8)，其中 47.4% 在 18 歲前已開始每週吸煙 (圖一)。在每日吸煙量方面，大部份參加者每日吸煙不超過 10 支 (47.5%) 或 11 至 20 支 (42.1%)(圖二)，整體平均每日吸煙量為 14.3 支 (標準差 = 11.9)。大部份參加者的尼古丁依賴程度屬輕微 (44.9%) 至中度 (45.7%)(圖三)。大部分參加者曾經嘗試戒煙 (72.2%)(圖四)，且在基線調查時有意準備戒煙 (78.1%)(圖五)。

圖一



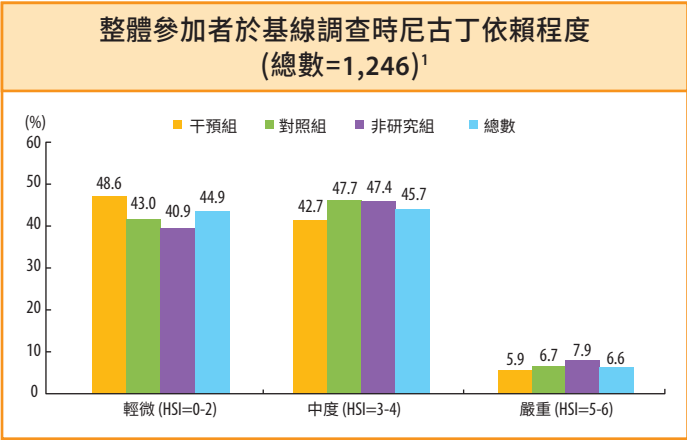
¹ 沒有顯示缺失數據

圖二



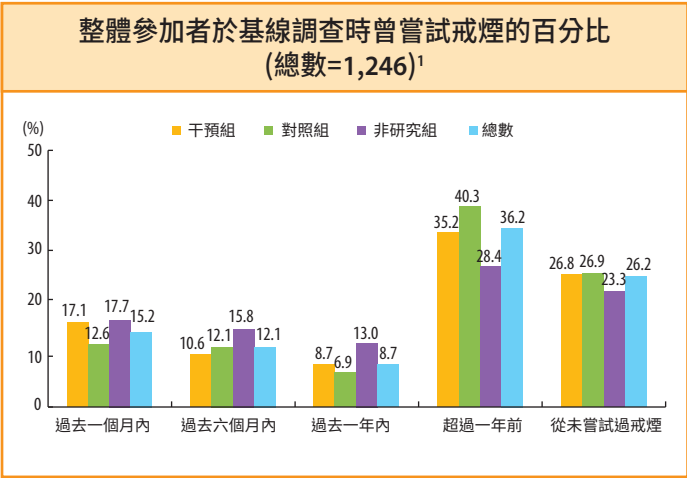
¹ 沒有顯示缺失數據

圖三



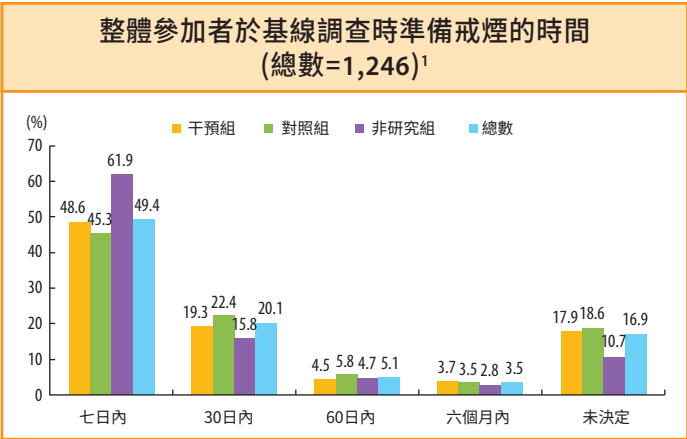
¹ 沒有顯示缺失數據
² 尼古丁依賴程度以吸煙嚴重度指數(Heaviness of Smoking Index (HSI))兩個測量項目定義：(1) 每日吸第一支煙的時間；(2) 每天吸煙數量

圖四



¹ 沒有顯示缺失數據

圖五



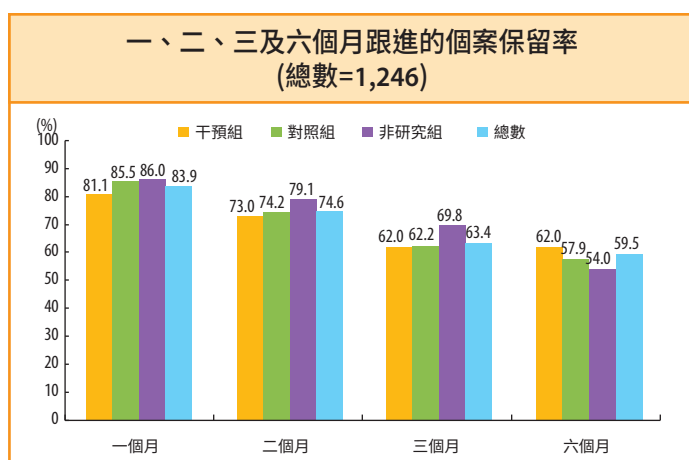
¹ 沒有顯示缺失數據

3.3 研究結果

個案保留率

在 1,246 名參加者中，分別有 1,045 人 (83.9%)、929 人 (74.6%)、790 人 (63.4%) 及 741 人 (59.5%) 成功完成在一個月、二個月、三個月和六個月的電話跟進 (圖六)。干預組和對照組的個案保留率在一個月跟進 (81.1% 比 85.5%， $P=0.92$)、二個月跟進 (73.0% 比 74.2%， $P=0.67$)、三個月跟進 (62.0% 比 62.2%， $P=0.65$) 及六個月跟進 (62.0% 比 57.9%， $P=0.72$)，均無顯著差異。

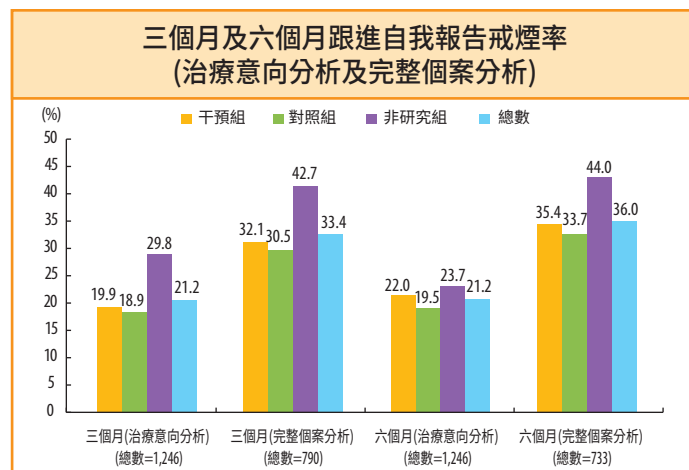
圖六



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) 都是 21.2%。干預組與對照組的自我報告戒煙率在三個月跟進時 (19.9% 比 18.9%， P 值 =0.69) 和六個月跟進時 (22.0% 比 19.5%， P 值 =0.33) 相若。完整個案分析結果亦得出了類似的結果 (圖七)。

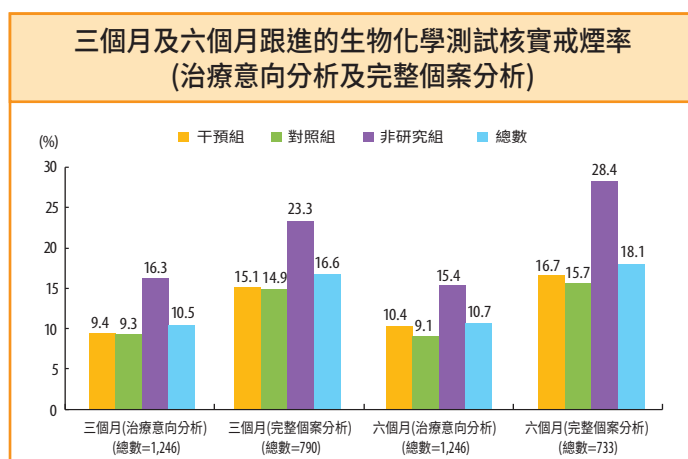
圖七



三個月及六個月跟進的生物化學測試核實的戒煙率

根據治療意向分析，整體生物化學測試核實的戒煙率在三個跟進時為 10.5%，而在六個月跟進時為 10.7%。干預組和對照組的生物化學測試核實的戒煙率在三個跟進時 (9.4% 比 9.3%， P 值 =0.97) 和六個月跟進 (10.4% 比 9.1%， P 值 =0.49) 均無顯著差異 (圖八)。完整個案分析所得結果亦大致相同。

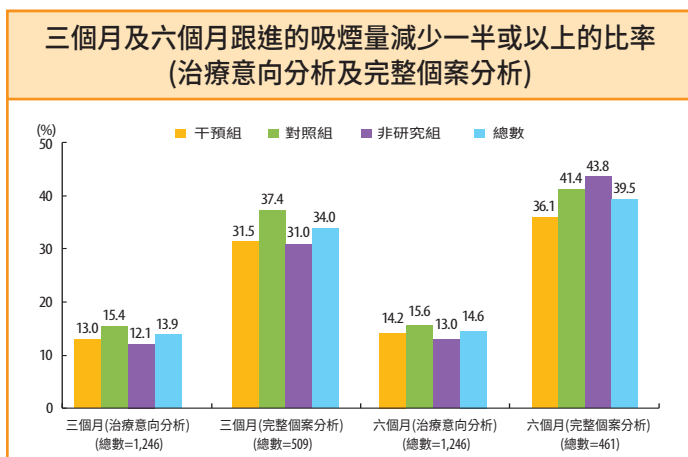
圖八



三個月和六個月跟進的減煙率

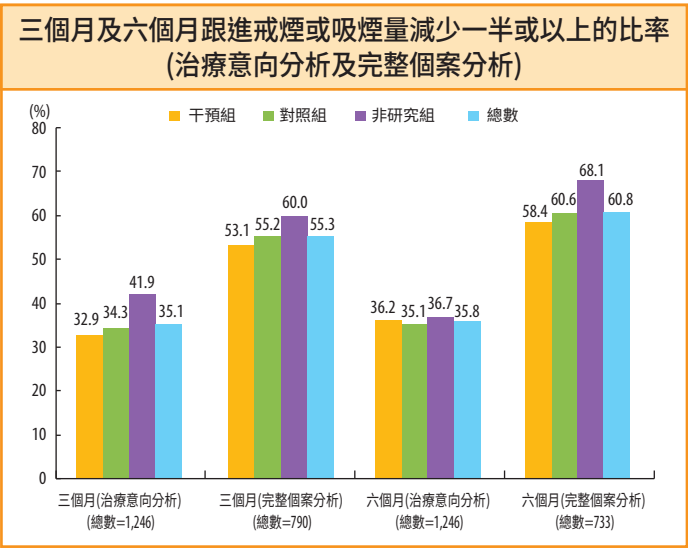
參加者每日吸煙量較基線減少一半或以上的比例，在三個月及六個月跟進時分別為 13.9% 及 14.6% (圖九)。在三個月及六個月跟進中，對照組的減煙率均高於干預組，但在統計學上並沒有顯著差異。

圖九



根據治療意向分析，參加者於三個月及六個月跟進時，成功戒煙或每日吸煙量減半的比例分別為 35.1% 及 35.8% (圖十)。干預組與對照組的比率在三個月 (32.9% 比 34.3%， P 值 =0.07) 統計上存有微小差異，而在六個月 (36.2% 比 35.1%， P 值 =0.89) 跟進時相近。完整個案分析結果亦大致相同。

圖十



在一、二、三及六個月跟進時戒煙服務的使用情況

在 1,246 名參加者中，共有 174 人 (14.0%) 於基線後六個月內曾至少一次使用戒煙服務 (表二)。整體而言，干預組的戒煙服務使用率在一個月跟進時較對照組高 ($P<0.05$)。在二、三及六個月的跟進中，干預組與對照組的累計戒煙服務使用率則相若 (所有 P 值 >0.05)。

表二 累計戒煙服務使用情況 (總數 =1,246)

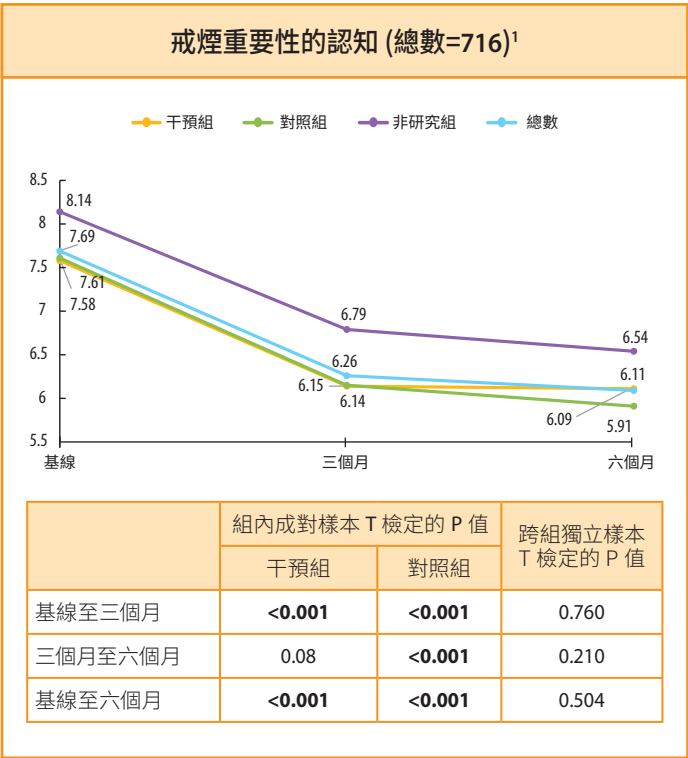
	隨機對照研究 (人數=1,031)			非研究組 (人數=215)	總數 (人數=1,246)
	干預組 (人數=492)	對照組 (人數=539)	P值		
一個月	31 (6.3)	23 (4.3)	0.02	21 (9.8)	75 (6.0)
二個月	43 (8.7)	46 (8.5)	0.09	29 (13.5)	118 (9.5)
三個月	54 (11.0)	59 (11.0)	0.26	32 (14.9)	145 (11.6)
六個月	67 (13.6)	71 (13.2)	0.43	36 (16.7)	174 (14.0)

戒煙的自我效能

戒煙重要性的認知

在所有跟進期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由基線的 7.69 下降至三個月跟進的 6.26，並進一步降至六個月跟進的 6.09 (圖十一)。在干預組中，參加者對戒煙重要性的平均分由基線的 7.58 顯著下降至三個月跟進的 6.14 (P 值 <0.001)，並進一步下降至六個月跟進的 6.11 (P 值 <0.001)。在對照組中，平均分亦由基線的 7.61 顯著下降至三個月跟進的 6.15 (P 值 <0.001)，再下降至六個月跟進的 5.91 (P 值 <0.001)。對照組在三個月至六個月跟進之間的重要性平均分下降幅度大於干預組，但兩組間差異在統計學上並不顯著。

圖十一

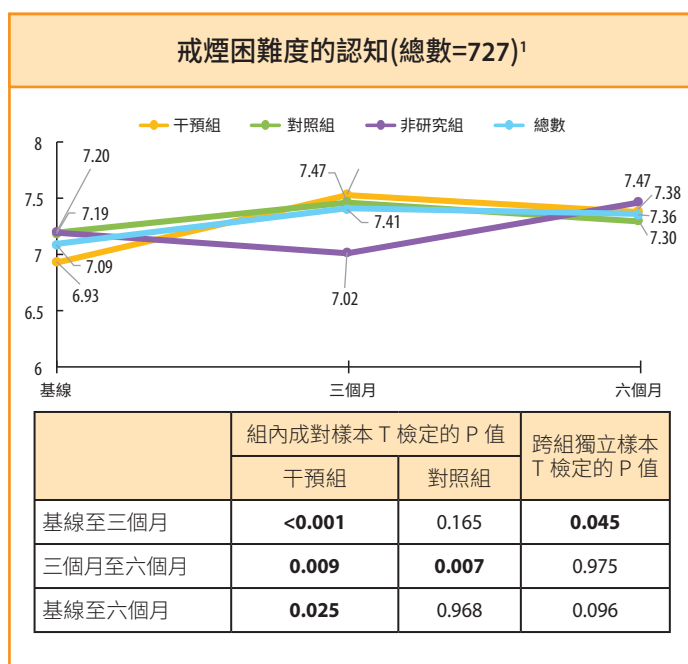


¹ 由0分(完全不重要)至10分(非常重要)；缺失數據排除在外

戒煙困難度的認知

在所有跟進期都提供完整數據的參加者中，戒煙困難度認知的平均分由基線的 7.09 上升至三個月跟進的 7.41，並在六個月跟進下降至 7.36 (圖十二)。在干預組中，從基線到三個月跟進，其戒煙困難程度的平均分顯著上升 (從 6.93 至 7.53， P 值 <0.001)，並在三個月至六個月跟進期間下降 (從 7.53 降至 7.38， P 值 $=0.009$)。在對照組中，平均分從基線到三個月跟進亦顯著上升 (從 7.19 至 7.47， P 值 <0.001)，並在三個月至六個月跟進期間下降 (從 7.47 至 7.30， P 值 $=0.007$)。干預組在基線到三個月跟進的平均分上升幅度大於對照組 (P 值 $=0.045$)。

圖十二

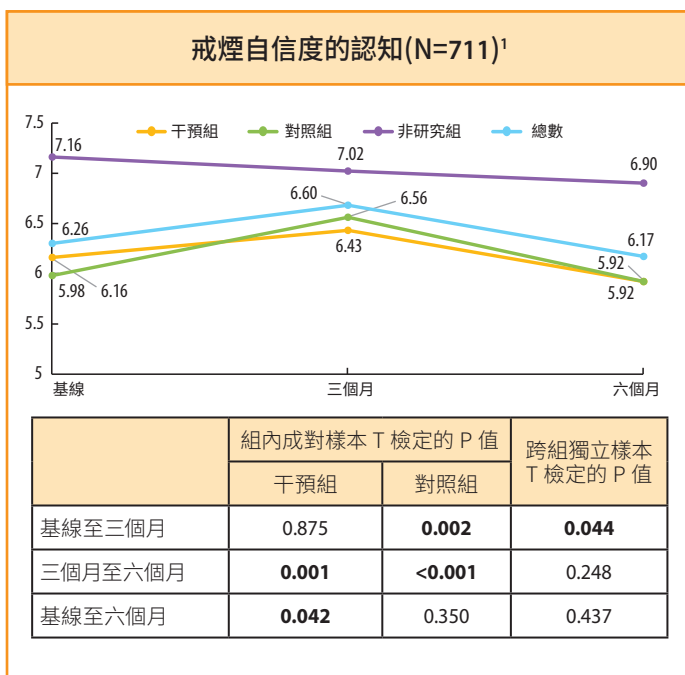


¹ 由 0 分 (完全不困難) 至 10 分 (非常困難)；缺失數據排除在外。

戒煙自信度的認知

戒煙自信度認知的整體平均分由基線的 6.26 上升至三個月跟進的 6.60，但在六個月跟進時下降至 6.17 (圖十三)。在干預組與對照組中，戒煙自信程度的平均分均由基線至三個月跟進上升 (干預組：從 6.16 上升至 6.43， P 值 $=0.875$ ；對照組：從 5.98 至 6.56， P 值 $=0.002$)，但從基線到六個月跟進則顯著下降 (干預組：從 6.16 至 5.92， P 值 $=0.042$ ；對照組：從 5.98 至 5.92， P 值 $=0.350$)。對照組在基線至三個月跟進期間的平均分上升幅度大於干預組 (P 值 $=0.044$)。

圖十三

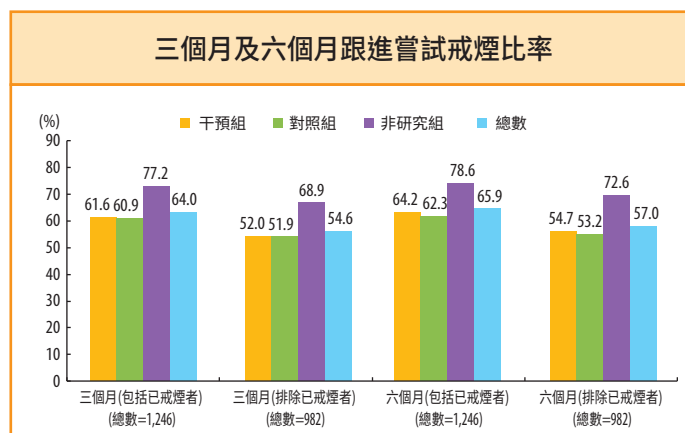


¹ 由 0 分 (完全無信心) 至 10 分 (非常有信心)；缺失數據排除在外。

三個月和六個月跟進的嘗試戒煙比率

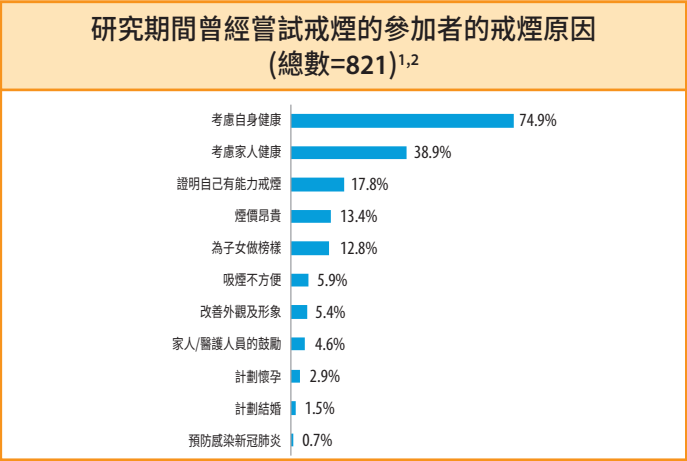
根據治療意向分析，包括成功戒煙的參加者在內，分別有 64.0% 和 65.9% 的參加者在三個月和六個月內曾作戒煙嘗試。在未能成功戒煙的參加者當中，三個月及六個月跟進的嘗試戒煙比率分別為 54.6% 和 57.0%。干預組與對照組的嘗試戒煙比率在三個月跟進 (包括戒煙者：61.6% 比 60.9%；排除已戒煙者：52.0% 比 51.9%) 及六個月跟進 (包括戒煙者：64.2% 比 62.3%；排除已戒煙者：54.7% 比 53.2%) (圖十四)。

圖十四



圖十五顯示，在研究期間曾有至少一次戒煙嘗試的參加者中，最主要的戒煙原因為「考慮自身健康」(74.9%)，其次為「考慮家人健康」(38.9%)、「證明自己有能力戒煙」(17.8%)、「煙價昂貴」(13.4%)，以及「為子女作榜樣」(12.8%)。

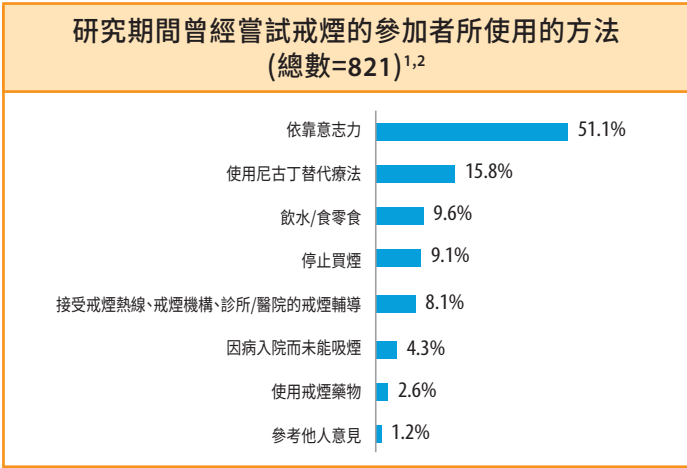
圖十五



¹ 失訪數據被排除在外
² 可選擇多於一個答案

大多數參加者表示其戒煙方式為「依靠意志力」(51.1%)。其他較常見的方法包括：「使用尼古丁替代療法」(15.8%)、「飲水 / 食零食」(9.6%) 及「停止買煙」(9.1%)(圖十六)。

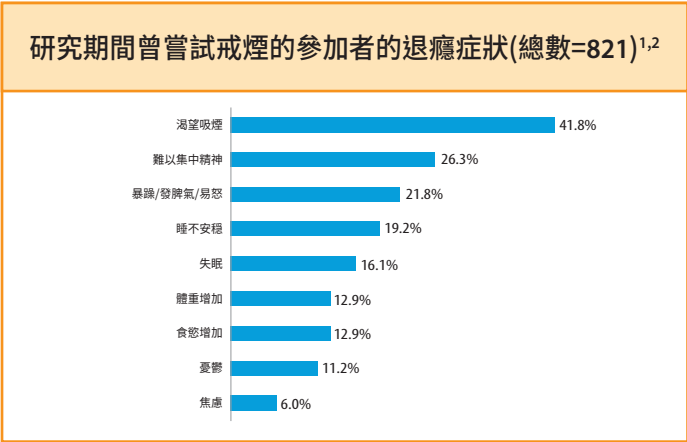
圖十六



¹ 失訪數據被排除在外
² 可選擇多於一個答案

圖十七顯示，在曾有至少一次戒煙嘗試的參加者中，最常見的退癮症狀為「渴望吸煙」(41.8%)，其次為「難以集中精神」(26.3%) 及「暴躁／易怒／發脾氣」(21.8%)。

圖十七

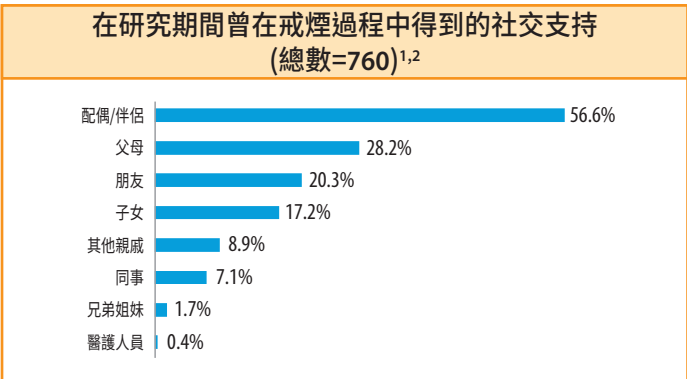


¹ 失訪數據被排除在外
² 可選擇多於一個答案

戒煙過程中的社交支持

圖十八顯示，在三個月和／六個月完成跟進的參加者，61.0% 報告在戒煙過程中曾獲得社交支持，當中最常被感受到的支持來自「配偶／伴侶」(56.6%)，其次為「父母」(28.2%)、「朋友」(20.3%)，以及「子女」(17.2%)。

圖十八



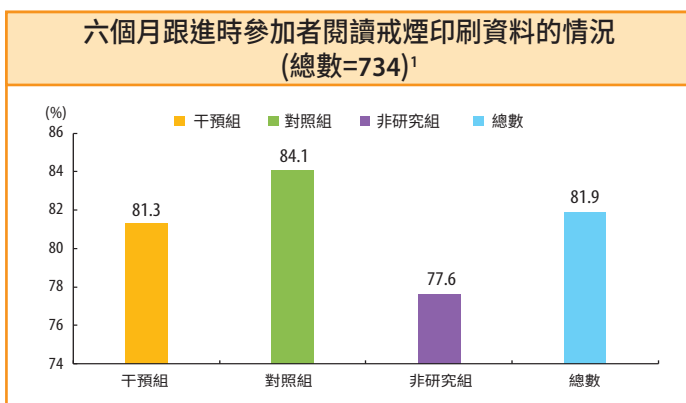
¹ 失訪數據被排除在外
² 可選擇多於一個答案

戒煙輔助工具的使用和滿意度

印刷資料

在 734 名完成六個月跟進的參加者中，大部分 (81.9%) 表示曾閱讀最少一次由計劃派發的戒煙印刷品 (包括單張、轉介卡及戒煙小冊子)(圖十九)。在 1 分 (完全沒有幫助) 至 5 分 (非常有幫助) 的評分量表中，參加者對該等印刷資料的主觀有用性評分平均為 2.72(標準差 = 0.79)(表三)。干預組與對照組中報告曾閱讀印刷資料的比例相近，分別為 81.3% 與 84.1%。雖然對照組的認知有用程度平均分數略高於干預組 (2.71 對 2.68)，但兩組之間在統計學上沒有顯著差異。

圖十九



¹ 失訪或缺失數據被排除在外

表三 認為戒煙印刷資料有助戒煙的平均分 (總數 =734)

	干預組 (人數=304)	對照組 (人數=314)	非研究組 (人數=116)	總數 (人數=734)
認為印刷資料 有助戒煙 (平均 值 ± 標準差)	2.68 ± 0.85	2.71 ± 0.76	2.88 ± 0.73	2.72 ± 0.79

研究干預參與度與評估

表四顯示干預組參加者在三個月跟進時對即時訊息的參與情況。共有 50.2% 的干預組參加者表示從未閱讀訊息，32.9% 表示閱讀了所有訊息，另有 16.9% 表示僅閱讀部分訊息。對於訊息頻率的接受程度屬中等，有 44.1% 的參加者認為頻率「合適」。訊息在提升戒煙動機 (平均值 =2.19，標準差 =1.11) 和增加戒煙嘗試 (平均值 =2.19，標準差 =1.10) 方面的影響屬中等；而在促進體能活動 (平均值 =2.11，標準差 =1.09) 以及協助應對煙癮與退癮症狀 (平均值 =2.13，標準差 =1.08) 方面的影響亦同屬中等。

表四 戒煙干預參與度和評分 (總數 =492)

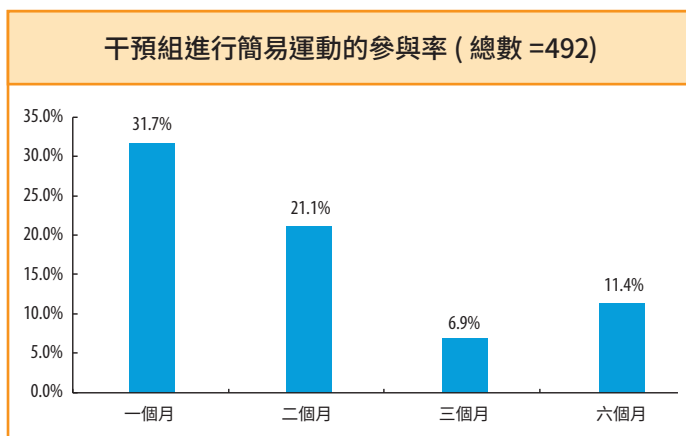
人數 (%)	干預組
戒煙干預參與度	
曾閱讀過戒煙訊息 ¹	
沒有閱讀過	247 (50.2)
只閱讀過部分訊息	83 (16.9)
全部短訊皆有閱讀	162 (32.9)
戒煙短訊評分	
戒煙提示訊息頻密程度合適 (是 vs. 否) 人數 (%)	217 (44.1)
戒煙提示訊息增加戒煙動力 ² ，均數 (標準差)	2.19 (1.11)
戒煙提示訊息增加戒煙次數 ² ，均數 (標準差)	2.19 (1.10)
戒煙提示訊息增加運動的次數 ² ，均數 (標準差)	2.11 (1.09)
戒煙提示訊息幫助對抗煙癮和退癮症狀 ² ，均數 (標準差)	2.13 (1.08)

¹ 數據根據 WhatsApp 訊息記錄計算，缺失資料定義為「從未閱讀即時/文字訊息」。

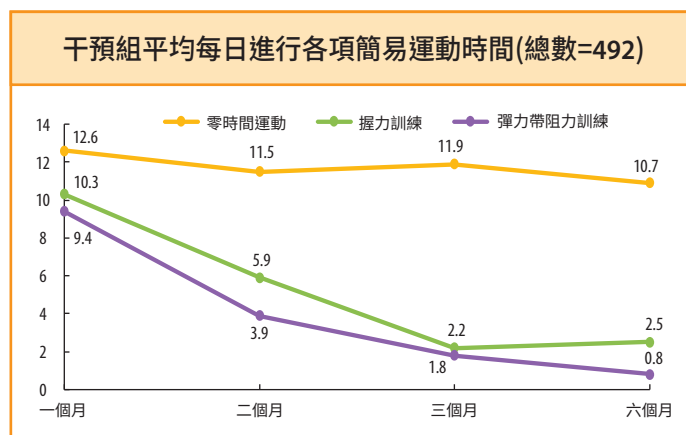
² 由1分至5分，分數越高代表參加者認為越有幫助；缺失資料被排除在外。

圖二十顯示干預組參加者在為期三個月的干預期間進行簡易運動的參與率。參與率隨時間遞減，從一個月的 31.7% 下降至三個月的 6.9%。圖二十一顯示干預組參加者每日進行簡易運動的平均時間自一個月至六個月顯著下降，包括「零時間運動」的平均時間由 12.6 分鐘降至 10.7 分鐘，「握力訓練」由 10.3 分鐘降至 2.5 分鐘，「彈力帶阻力訓練」由 9.4 分鐘降至 0.8 分鐘。多數有報告進行簡易運動的參加者認為該運動具有中等程度的幫助性，其感知有用性評分 (0 分為完全無幫助，10 分為非常有幫助) 在三個月跟進的平均為 6.09 分 (標準差 = 1.54)，六個月跟進為 5.28 分 (標準差 = 2.69)。

圖二十



圖二十一



參與者最常報告不進行零時間運動、握力器運動及彈力帶運動的原因為「太忙」(27.0%)，其次為「覺得沒有用」(16.7%) 及「不感興趣」(8.3%)。其他原因包括「不記得做」(5.7%)、「運動不方便」(2.4%)，以及「靠自己意志力抗拒煙癮」(1.2%)。

表五顯示了根據「國際體能活動量表－短版」所界定的體能活動強度水準，以及依研究組別劃分的戒煙成效。體能活動強度分為三類：低 (≤ 600 代謝當量分鐘 / 週)、中等 (600–3,000 代謝當量分鐘 / 週) 及高 (≥ 3,000 代謝當量分鐘 / 週)。在整個跟進期間，報告具有中等至高強度體能活動的參加者比例逐漸下降，干預組和對照組分別在一個月跟

進的 55.7% 和 57.5% 下降至六個月跟進的 41.1% 和 39.9%。整體而言，具中等至高強度體能活動的參加者有較高的戒煙成功率。在六個月跟進期內達中等至高強度體能活動的參加者中，干預組的生物化學測試核實戒煙率高於對照組 (11.4% 比 7.0%；對比值 =1.63；95% 信賴區間：0.88–3.04)，但並沒有統計學的顯著差異。

表五 參加者的體能活動強度與戒煙狀況 (總數 = 1,031)

	干預組 (人數=492)	對照組 (人數=539)	對比值 (95%信賴區間)	P 值
根據IPAQ定義為中等至高強度體能活動的參加者，人數(%)				
一個月	274 (55.7)	310 (57.5)	0.93 (0.73, 1.19)	0.56
二個月	239 (48.6)	265 (49.2)	0.98 (0.76, 1.25)	0.85
三個月	224 (45.5)	221 (41.0)	1.20 (0.94, 1.54)	0.14
六個月	202 (41.1)	215 (39.9)	1.05 (0.82, 1.35)	0.70
按體能活動強度水平劃分的生物化學測試核實戒煙率				
三個月跟進				
低強度	19/268 (7.1)	27/318 (8.5)	0.83 (0.47, 1.47)	0.53
中強度	25/199 (12.6)	21/189 (10.4)	1.13 (0.66, 1.95)	0.66
高強度	2/25 (8.0%)	2/32 (6.3)	1.28 (0.19, 8.81)	0.80
六個月跟進				
低強度	28/290 (9.7)	34/324 (10.5)	0.92 (0.57, 1.48)	0.73
中強度	19/180 (10.6)	14/198 (7.1)	1.49 (0.77, 2.89)	0.24
高強度	4/22 (18.2)	1/17 (5.9)	3.09 (0.37, 25.89)	0.30
按體能活動強度劃分的自我報告戒煙率				
一個月跟進				
低強度	31/218 (14.2)	42/229 (18.3)	0.78 (0.51, 1.19)	0.24
中強度	40/198 (20.2)	43/237 (18.1)	1.11 (0.76, 1.64)	0.59
高強度	15/76 (19.7)	13/73 (17.8)	1.11 (0.57, 2.17)	0.76
二個月跟進				
低強度	41/253 (16.2)	43/274 (15.7)	1.03 (0.70, 1.53)	0.87
中強度	40/190 (21.1)	45/222 (20.3)	1.04 (0.71, 1.52)	0.85
高強度	9/49 (18.4)	7/43 (16.3)	1.13 (0.46, 2.79)	0.79
三個月跟進				
低強度	45/268 (16.8)	57/318 (17.9)	0.94 (0.66, 1.34)	0.72
中強度	49/199 (24.6)	40/189 (21.2)	1.16 (0.81, 1.68)	0.42
高強度	4/25 (16.0)	5/32 (15.6)	1.02 (0.30, 3.46)	0.97
六個月跟進				
低強度	64/290 (22.1)	67/324 (20.7)	1.07 (0.79, 1.45)	0.68
中強度	37/180 (20.6)	36/198 (18.2)	1.13 (0.75, 1.71)	0.56
高強度	7/22 (31.8)	2/17 (11.8)	2.70 (0.63, 11.6)	0.18

IPAQ：國際體能活動問卷－短版

4. 討論

在 2022 年 6 月至 10 月期間，第 13 屆「戒煙大贏家」無煙社區計劃共為 187 名大學生及非政府組織義工提供戒煙輔導的培訓。同時在全港 18 區舉辦了共 89 場招募活動，接觸並動員超過 2,770 名吸煙人士參與戒煙，將無煙訊息傳遞給超過 235,000 名市民。參加者在三個月及六個月的生物化學測試核實戒煙率分別為 10.5% 及 10.7%，自我報告戒煙率則均為 21.2% 與往屆成效相若。

本次活動中成功進行一項實用性隨機對照試驗研究，旨在評估結合簡易運動與即時訊息支持，與單靠手機短訊提供一般戒煙建議支援相比，對社區吸煙人士戒煙成效的影響。研究結果顯示，與簡短戒煙建議相比，加入簡易運動及即時訊息支持並未顯著提升三個月及六個月跟進的生物化學測試核實戒煙率。兩組的戒煙率均相對較高（約 10%），而干預組的參與度偏低，僅 49.8% 的干預組參加者報告曾閱讀即時訊息。在為期三個月的干預期間，進行簡易運動的比例介乎 6.9% 至 31.7%。這些結果顯示在本研究的情境下，簡易運動或未必適合作為有效的戒煙輔助策略。

干預組與對照組在戒煙成效上未有顯著差異，可能有多項原因。首先，本研究中所採用的簡易運動，其強度與持續時間可能不足以產生顯著的生理反應，從而對戒煙行為產生明顯影響。已有研究指出，只有在達到一定運動強度並引發可測量的壓力舒緩或情緒改善效應時，體能活動才可能有效減輕退癮症狀與煙癮¹⁹。而本研究所使用的運動形式可能未能達到此門檻。2023 年一項系統綜述顯示，持續 5 至 30 分鐘的有氧運動可顯著減少吸煙者的煙癮（平均差 = -1.84，P 值 <0.001；標準化平均差 = -1.64，P 值 <0.001），並舒緩部份退癮症狀²⁰。其次，干預組對簡易運動的遵從性偏低，三個月及六個月跟進有練習簡易運動的比率僅為 6.9% 與 11.4%，這可能大幅削弱了該干預的潛在成效。根據我們早前的一項試點試驗，短時間的握力訓練及其等量的運動，在遵從率較高的情況下（達 64%），能顯著提升了自我報告的戒煙率²¹。這說明要實現更具成效的戒煙成果，或許需要更高的遵從性，並配合更具結構性或有督導的運動安排¹⁴。最後，將運動納入戒煙計劃的做法屬創新想法，參加者可能未有充分準備或足夠動機作嘗試，在缺乏進一步輔導、提醒或正向強化的支援下，難以持續建立與維持新的運動習慣。另一方面，新冠疫情對進入運動場所的限制措施及生活模式的干擾，亦對參加者進行運動的能力和動力有所阻礙。

是次研究具備多項優勢。首先，研究採用以社區為本的干預模式，並於真實情境下實施，有助於提升研究結果的代表性和適用性。其次，本報告使用了治療意向分析，可確保結果反映了對干預有效性的謹慎且全面的評估。此外，本研究另一項值得關注的優勢在於創新地結合簡易運動與即時通訊信息，目前探討體能活動作為戒煙輔助策略的研究領域的文獻有限，本研究具補充實證之貢獻。與我們以往即時訊息干預的研究相比，結合簡易運動後，參加者的戒煙行為可能有促進作用，反映在三個月跟進時報告曾嘗試戒煙者的比例較高（61.6% 對 34.0%）。事後詳細分析亦顯示，具有中等至高強度體能活動（≥ 600 代謝量 - 分鐘/週）的參加者，在三個月與六個月的生物化學測試核實戒煙率均較高（三個月：12.1% vs. 10.4%，對比值 = 1.16；六個月：11.4% vs. 7.0%，對比值 = 1.63），雖統計上未達顯著，但仍顯示出潛在的正向趨勢。

是次隨機對照試驗亦存在一些局限。首先，截至六個月跟進，共有 40.2% 的參加者失訪，這可能與超過一半（53.2%）的參與吸煙人士在基線時未表達出強烈的戒煙意願有關。儘管兩個研究組的失訪比例相似，且採用治療意向分析可在一定程度上減少偏倚，但研究結果仍須謹慎地進一步作詮釋。第二，所有與運動相關的資料均為自我報告。參加者可能難以準確回憶其運動習慣與內容，尤其是在難以回想較長期的情況。參加者對運動強度及類型的主觀認知亦因人而異，自我報告的資料未必能客觀反映實際的體能活動水平。未來研究可考慮引入客觀測量工具，例如計步器、心率監測器，並輔以體重指數及血氧濃度等生理指標，以提升資料準確性。最後，香港市民普遍面對生活節奏急速及居住空間狹小的生活條件，這些因素可能影響其進行體能活動的機會。相較於體能活動水平較高的國家²²，香港居民的運動參與度偏低，要改變此狀況需投入更多努力與資源²³。此外，新冠肺炎疫情進一步加劇了這些挑戰，社交距離措施、公共空間限制與日常生活干擾均可能削弱參加者於研究期間進行體能活動的能力與動機。由於香港上述生活環境與文化上具獨特性，本研究結果未必可適用於體能活動水平較高、生活環境不同的地區。

5. 結論

總結而言，第 13 屆「戒煙大贏家」比賽成功接觸大量社區吸煙人士及非吸煙人士，並有效推廣戒煙訊息及現有的戒煙服務。該比賽作為一個重要平台，不僅能廣泛傳播戒煙資訊，更為動員吸煙人士與公眾共同鼓勵戒煙提供了寶貴契機。本研究中的隨機對照試驗結果顯示，結合簡易運動與即時訊息的干預，並未較以手機短訊提供的一般戒煙支

持在提升戒煙成功率方面更具效益。干預組與對照組之間戒煙率無顯著差異，顯示運動干預在強度、持續時間與參與遵從性方面可能不足，未能產生明顯效果。未來研究有必要進一步探討個人化的體能活動方案，若能結合更強化的支援系統，或可在社區為本的干預中提升戒煙成效。

6. 臨床試驗註冊編號

臨床註冊編號：NCT05430451 (ClinicalTrials.gov)。

7. 參考文獻

- Census and Statistics Department. Thematic Household Survey Report - Report No. 79 Pattern of Smoking. 2024; published online June 6. <https://www.censtatd.gov.hk/en/wbr.html?ecode=B11302012024XX01> (accessed May 8, 2025).
- Ng CS, Yu CWS, Leung L, et al. Economic costs of tobacco-related diseases in Hong Kong in 2021. *Tob Control* 2024; : tc-2024-058817.
- Census and Statistics Department. Hong Kong Annual Digest of Statistics. 2024. <https://www.censtatd.gov.hk/en/EIndexbySubject.html?scode=460&pcode=B1010003> (accessed May 8, 2025).
- McGhee SM, Ho LM, Lapsley HM, et al. Cost of tobacco-related diseases, including passive smoking, in Hong Kong. *Tob Control* 2006; 15: 125–30.
- Haasova M, Warren FC, Thompson T, Ussher M, Taylor AH. The association between habitual physical activity and cigarette cravings, and influence of smokers' characteristics in disadvantaged smokers not ready to quit. *Psychopharmacology (Berl)* 2016; 233: 2765–74.
- Taylor AH, Thompson TP, Greaves CJ, et al. A pilot randomised trial to assess the methods and procedures for evaluating the clinical effectiveness and cost-effectiveness of Exercise Assisted Reduction then Stop (EARS) among disadvantaged smokers. *Health Technol Assess* 2014; 18: 1–324.
- Roberts V, Maddison R, Simpson C, Bullen C, Prapavessis H. The acute effects of exercise on cigarette cravings, withdrawal symptoms, affect, and smoking behaviour: systematic review update and meta-analysis. *Psychopharmacology (Berl)* 2012; 222: 1–15.
- Frith E, Loprinzi PD. Exercise Facilitates Smoking Cessation Indirectly via Intention to Quit Smoking: Prospective Cohort Study Among a National Sample of Young Smokers. *Am J Health Promot* 2018; 32: 1234–8.
- Gauthier AP, Snelling SJ, King M. 'Thinking outside the pack': examining physically active smokers and implications for practice among Ontario residents. *Health Promot Pract* 2012; 13: 395–403.
- Abrantes AM, Bloom EL, Strong DR, et al. A preliminary randomized controlled trial of a behavioral exercise intervention for smoking cessation. *Nicotine Tob Res* 2014; 16: 1094–103.
- Bize R, Willi C, Chiolerio A, et al. Participation in a population-based physical activity programme as an aid for smoking cessation: a randomised trial. *Tob Control* 2010; 19: 488–94.
- Patten CA, Bronars CA, Vickers Douglas KS, et al. Supervised, Vigorous Intensity Exercise Intervention for Depressed Female Smokers: A Pilot Study. *Nicotine Tob Res* 2017; 19: 77–86.
- Prapavessis H, De Jesus S, Fitzgeorge L, Faulkner G, Maddison R, Batten S. Exercise to Enhance Smoking Cessation: the Getting Physical on Cigarette Randomized Control Trial. *Ann Behav Med* 2016; 50: 358–69.
- Williams DM, Whiteley JA, Dunsiger S, et al. Moderate intensity exercise as an adjunct to standard smoking cessation treatment for women: a pilot study. *Psychol Addict Behav* 2010; 24: 349–54.
- 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: e183–92.
- Ellis TD, Cavanaugh JT, DeAngelis T, et al. Comparative Effectiveness of mHealth-Supported Exercise Compared With Exercise Alone for People With Parkinson Disease: Randomized Controlled Pilot Study. *Phys Ther* 2019; 99: 203–16.
- Macovei S, Tufan AA, Vulpe BI. Theoretical approaches to building a healthy lifestyle through the practice of physical activities. *Procedia-Social and Behavioral Sciences* 2014; 117: 86–91.
- Michie S, Hyder N, Walia A, West R. Development of a taxonomy of behaviour change techniques used in individual behavioural support for smoking cessation. *Addict Behav* 2011; 36: 315–9.
- Marcus BH, Lewis BA, Hogan J, et al. The efficacy of moderate-intensity exercise as an aid for smoking cessation in women: a randomized controlled trial. *Nicotine Tob Res* 2005; 7: 871–80.
- Zhou Y, Feng W, Guo Y, Wu J. Effect of exercise intervention on smoking cessation: a meta-analysis. *Front Physiol* 2023; 14: 1221898.
- Cheung YT, Lam TH, Chan CHH, et al. Brief handgrip and isometric exercise intervention for smoking cessation: A pilot randomized trial. *Addict Behav* 2020; 100: 106119.
- Gerovasili V, Agaku IT, Vardavas CI, Filippidis FT. Levels of physical activity among adults 18-64 years old in 28 European countries. *Prev Med* 2015; 81: 87–91.
- Ding D, Adams MA, Sallis JF, et al. Perceived neighborhood environment and physical activity in 11 countries: do associations differ by country? *Int J Behav Nutr Phys Act* 2013; 10: 57.

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The 13th “Quit to Win” Contest

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The 13th “Quit to Win” Contest—Simple physical exercise with instant messaging support for smoking cessation

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1. Introduction

The smoking prevalence in Hong Kong was 9.1% in 2023, which is one of the lowest in the world¹. Although the smoking prevalence in Hong Kong has decreased slowly in the past decade, it accounted for about 14,000 deaths per year² and a large amount of medical cost, long-term care, and productivity loss of HK\$9.9 billion (0.3% of Hong Kong GDP^{3,4}), causing substantial health and economic burden to Hong Kong. Quitting is difficult because nicotine is highly addictive. Long-term habitual tobacco smoking could foster physical and psychological dependence on nicotine and thus induce cravings and nicotine withdrawal symptoms when remaining abstinent. In line with the goal of World Health Organization (WHO) target for smoking reduction, the Hong Kong Government established an aim to reduce smoking prevalence to 7.8% by 2025.

The “Quit to Win” (QTW) Contest, an annual smoke-free health campaign in Hong Kong, 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 has provided an opportunity to reach and encourage smokers to make quit attempt and maintain abstinence. The initiative offers a valuable opportunity to engage and motivate a large segment of the community smokers to attempt quitting by offering professional support, prizes, and incentives. Additionally, the contest serves as a distinctive platform for conducting and evaluating randomized controlled trials (RCTs), thereby facilitating the development and refinement of innovative SC interventions for public health implementation. Various interventions, including pharmacotherapy and behavioural interventions (e.g., brief advice, active referral, financial incentives, and chat-based messaging) have been implemented over the past decade to promote smoking cessation (SC) and increase quit rates.

In addition to pharmacotherapy and behavioural counseling, exercise has shown promising effects on reducing craving⁵, cigarette consumption⁶ and withdrawal symptoms⁷, as well as increasing intention⁸ and attempt to quit⁹. Randomized trials on SC have shown that vigorous or moderate exercise (including aerobics, brisk walking, and weightlifting) increases tobacco abstinence¹⁰⁻¹⁴. However, these exercise-based SC trials were difficult to be adopted by community smokers due to the reliance of self-monitoring using equipment or exercise supervision. On the other hand, the widespread application of mobile health (mHealth) allows healthcare professionals to deliver health information and behavioural interventions through instant messaging (IM) applications (apps). Findings from the 8th QTW Contest have proven that chat-based psychosocial support through IM apps effectively increased short-term and long-term smoking abstinence¹⁵. The chat-based IM support has the potential to use in auxiliary of other treatment components. In the exercise-based interventions, mHealth enhances visual instructions (e.g., video, image) for proper exercise skills and allows real-time assistance from health professionals¹⁶. mHealth-supported low-intensity and simple exercise interventions can be integrated into daily life as part of the craving management¹⁶. Physical exercises may also help foster the initiation and maintenance of a healthier lifestyle, and develop behavioural change in the longer-term¹⁷.

In order to promote and evaluate an innovative community-based SC intervention, COSH collaborated with HKU to organize the 13th QTW Contest with active participation from community organizations and supporting organizations from different sectors. It included a 2-arm RCT which tested the effect of a combined intervention of simple physical exercise and IM support compared with brief advice on SC and regular messages on current smokers who joined the contest.

2. Methods

2.1 Recruitment

Participants were recruited from the 89 recruitment activities of the 13th QTW Contest in all 18 districts throughout Hong Kong from June to October 2022. The recruitment spots ranged from smoking hotspots, shopping malls, public housing estates, roadside areas to workplaces or other venues provided by supporting organizations. Trained smoke-free ambassador (i.e., 187 university students and volunteers from NGO) proactively approached smokers at the recruitment booths and the nearby areas, screened their eligibility, invited eligible smokers to participate in the QTW Contest and RCT study, and delivered brief cessation advice at baseline. Tailor-made cessation programme were jointly conducted with Correctional Service Department (CSD) to extend the contest to inmates in four designated correctional institutions.

The inclusion criteria of the RCT participants were as follows:

- Hong Kong residents aged 18 or above
- Daily smokers who smoked at least 1 tobacco stick (includes heated tobacco product) per day or used e-cigarette daily in the past 3 months
- Able to communicate in Cantonese and read Chinese
- Saliva cotinine 30 ng/ml or above
- Intended to quit or reduce smoking
- Able to use IM apps (e.g., WhatsApp, WeChat) on a mobile phone for communication
- Did not participate in other SC programmes at the time of enrollment

All eligible participants completed an application form, a written consent form, and baseline assessments before receiving the allocated treatment. A web-based system generated randomization list with block sizes of 2, 4 or 6 was produced by a co-investigator. Participants were individually assigned by random to intervention or control groups with a 1:1 allocation ratio. Masking the participants is not possible given the nature of the interventions. Outcome assessors and statistical analysts remained masked until the pre-specified analyses were completed.

All participants were given the option to participate in one of the two parallel streams of the contest at recruitment: the Lucky Draw stream or Smoking Cessation Ambassadors stream. A total of ten biochemically validated quitters at 3-month in the Lucky Draw stream won a lottery prize of HK\$5,000 supermarket coupon each. Among the participants

who joined the Smoking Cessation Ambassador stream, validated quitters at 3-month were interviewed and chosen by a selection panel formed by COSH to win travelling vouchers of HK\$25,000 to Australia (Champion), HK\$15,000 to Singapore (1st runner-up) and HK\$10,000 to Thailand (2nd runner-up).

2.2 Interventions and Follow-up

Intervention group: At baseline, participants in the intervention group received the face-to-face brief interventions including the AWARD brief advice, health warning leaflet, SC referral card and a 12-page self-help booklet, as well as simple physical exercise tools (zero-time exercises, handgrip exercise, and resistance exercise) with IM-based support (e.g. WhatsApp and WeChat). 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.

After randomization, participants in the intervention group would receive 3-month intervention, including simple physical exercise training with IM support. The simple physical exercise, including zero-time exercises, handgrip exercise, and resistance exercise. Zero-time exercises included brief periods of hand-pulling and pushing (10 seconds each), seated legs raising (30 repetitions in 10 seconds), and a 10-second strength exercise. Handgrip exercises involved rapid gripping and releasing to engage the forearm muscles. Participants were instructed to perform 30 grips and release per hand within a 10-second interval, with progressive increases in frequency and intensity encouraged. Resistance exercises using elastic bands were employed to enhance muscle strength, flexibility, and balance. Participants performed horizontal and vertical arm extensions with the elastic band, completing 30 repetitions in 10 seconds, with recommendations to gradually increase the exercise frequency as feasible. Participants received handgrips and elastic bands with demonstration and encouragement of use by the trained smoke-free ambassador onsite at baseline following a 5-minute demonstration video. A leaflet on the exercises was also provided. Participants were encouraged to follow the instructions and practice the exercises whenever they had a craving or when there was a foreseeable smoking urge. The record of the practice (i.e., type, time, frequency) were recommended, and it was assessed at each telephone follow-up.

IM-supported messages were designed based on the behavioural change techniques (BCTs). The BCTs were used to maximize self-regulation and promote adjuvant activities for quitting¹⁸. Messages were delivered by trained counselors

with a tapering approach (Two times per week in 1-month, 1 time per week in 2-and 3-month) for three months with the aims to support participants in practicing simple physical exercises and assist them to manage cravings. Images and video of physical exercise were used in the messages, serving as a reminder and supporting materials. We encouraged the practice of moderate/vigorous exercises to further improve the physical activity and well-being of participants. Strategies for managing cravings and withdrawal symptoms were included, such as Delay, Distract, Drink water, Deep breathing, and Discuss (5Ds strategies), during the quitting process.

Real-time responses were also provided by our trained research staff via IM apps during office hours (09:30 to 18:30 on weekdays). This could provide real-time support in case participants met any difficulties, had questions about the exercise and craving management strategies, or needed help for the referral to SC services.

Control group: Participants in the control group received the same AWARD advice, health warning leaflet, referral card, and SC booklet as the intervention group at baseline. They also received SMS messages on regular follow-up messages.

Non-trial group and CSD group: Participants who joined the Smoking Cessation Ambassador stream or those who were not eligible for the trial were included in the non-trial group. They received same interventions with control group (i.e., AWARD advice and regular SMS messages). Participants recruited from correctional institutions were enrolled as the CSD group. They received the same brief intervention using AWARD advice at baseline and were provided with tailor-made health education video as baseline intervention. To ensure the homogenous results of community smokers, the CSD Group were excluded from data analyses.

All participants were followed at 1-,2-,3-, and 6-month from baseline to assess their smoking status and other characteristics. RCT and non-trial participants were followed by telephone surveys and CSD participants were followed by self-administered questionnaires. SC behaviours, including daily cigarette consumption and quit attempts, were recorded at each follow-up time point. Self-efficacy of quitting was assessed at 3- and 6-month follow-ups. The follow-ups at 1- and 2-month additionally included active referral to SC services and assistance in booking/re-booking of SC services. The questionnaires were adapted from previous QTW Contests.

All participants who could not be reached after a maximum of seven telephone calls and a voice message were considered as lost to follow-up at the scheduled follow-up time points. Participants reporting smoking abstinence in the past

seven days at 3- and 6-month follow-ups were invited for biochemical and non-biochemical validation. Biochemical validation included the measurement of exhaled CO level and saliva cotinine level of the participants administered by research assistants. Participants received a cash incentive of HK\$500 for passing each validation at 3- and 6-month.

The primary outcome was the biochemically validated abstinence (exhaled carbon monoxide <4 ppm and salivary cotinine <30 ng/ml) at 6-month. The secondary outcomes were biochemically validated abstinence at 3-month, self-reported abstinence in the past seven days, SC service use, smoking reduction by 50% or above compared with baseline, quit attempt, engagement in simple physical exercise and IM engagement (replied for at least two messages confirmed by the conversation log) at 3- and 6-month follow-ups.

All participants' socio-demographic and smoking characteristics at baseline were presented. We compared the primary and secondary outcomes, perceived importance, difficulty and confidence of quitting between two groups. The intention-to-treat (ITT) analysis (assuming that missing at the follow-up did not change their baseline smoking behaviour) and complete-case (CC) analysis (excluding participants who were lost to follow up) were adopted to calculate the self-reported and biochemically validated abstinence rates and other outcomes. Participants' reasons to quit, methods to quit, withdrawal symptoms experienced, use of SC aids, and perception of follow-up calls were also reported.

3. Results

From 23 June 2022 to 31 October 2022, 89 recruitment sessions in shopping malls and public areas were set up in all 18 districts in Hong Kong. Over 238,000 people passed by and noticed the promotion booths. Over 24,000 people enquired about the QTW Contest or participated in the smoke-free game of the promotion booths. 2,770 smokers were approached by the smoke-free ambassadors and about 9,000 smokers received SC promotion leaflets.

Of the 1,361 smokers being screened, a total of 1,292 smokers were eligible and joined the 13th QTW Contest. 1,031 (79.8%) of them joined the RCT and were randomized to either the intervention group (N=492) or the control group (N=539). 215 (16.6%) joined the non-trial group, 46 (3.6%) joined the CSD group. Excluding the CSD group, results of all 1,246 participants were reported in this report.

3.1 Socio-demographic characteristics

Table 1 shows among the 1,246 participants, most were male (78.2%) and aged 18-49 years (57.1%). 45.8% were married and 57.6% were living without a child. Most of them attained secondary education (53.6%) and were self-employed or

employed (69.6%). Nearly half of them were living in public rental housing (40.5%) and had monthly household income between HK\$25,000 and HK\$60,000 (39.3%).

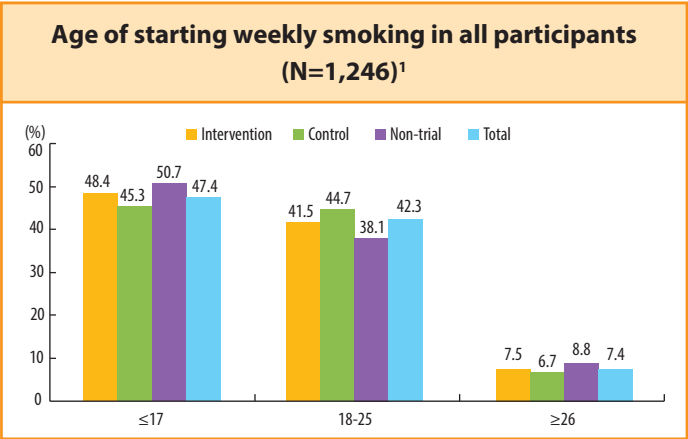
Table 1 Participants' baseline demographic characteristics (N=1,246)

Characteristics, n (%)	RCT (N=1,031)		Non-trial (N=215)	Total (N=1,246)
	Intervention (N=492)	Control (N=539)		
Sex				
Male	383 (77.9)	421 (78.1)	170 (79.1)	974 (78.2)
Female	93 (18.9)	97 (18.0)	39 (18.1)	229 (18.4)
Missing	16 (3.3)	21 (3.9)	6 (2.8)	43 (3.5)
Age group (years)				
18-29	75 (15.2)	86 (16.0)	31 (14.4)	192 (15.4)
30-39	102 (20.7)	113 (21.0)	55 (25.6)	270 (21.7)
40-49	106 (21.5)	107 (19.9)	36 (16.7)	249 (20.0)
50-59	79 (16.1)	88 (16.3)	30 (14.0)	197 (15.8)
≥60	76 (15.5)	77 (14.3)	40 (18.7)	193 (15.5)
Missing	54 (11.0)	68 (12.6)	23 (10.7)	145 (11.6)
Marital status				
Single	163 (33.1)	178 (33.0)	76 (35.4)	417 (33.5)
Married/ Cohabited	219 (44.5)	254 (47.1)	98 (45.6)	571 (45.8)
Divorced/Widowed	52 (10.6)	37 (6.9)	22 (10.2)	111 (8.9)
Missing	58 (11.8)	70 (13.0)	19 (8.8)	147 (11.8)
Living with a child				
No	285 (57.9)	301 (55.8)	132 (61.4)	718 (57.6)
Yes	136 (27.6)	155 (28.8)	57 (26.5)	348 (27.9)
Missing	71 (14.4)	83 (15.4)	26 (12.1)	180 (14.5)
Education level				
Primary education or below	44 (8.9)	34 (6.3)	13 (6.0)	91 (7.3)
Secondary education	259 (52.6)	288 (53.4)	121 (56.3)	668 (53.6)
Post-secondary or above	131 (26.6)	153 (28.4)	71 (33.0)	355 (28.5)
Missing	58 (11.8)	64 (11.9)	10 (4.7)	132 (10.6)
Employment status				
Student	12 (2.4)	14 (2.6)	8 (3.7)	34 (2.7)
Self-employed/employed	323 (65.7)	396 (73.5)	148 (68.8)	867 (69.6)
Unemployed	32 (6.5)	18 (3.3)	15 (7.0)	65 (5.2)
Housewife	17 (3.5)	18 (3.3)	7 (3.3)	42 (3.4)
Retired	46 (9.4)	37 (6.9)	26 (12.1)	109 (8.8)
Missing	62 (12.6)	56 (10.4)	11 (5.1)	129 (10.4)
Housing Condition				
Public rental housing	208 (42.3)	206 (38.2)	90 (41.9)	504 (40.5)
Public housing (purchased)	44 (8.9)	57 (10.6)	13 (6.1)	114 (9.2)
Private housing(rent)	98 (19.9)	98 (18.2)	46 (21.4)	242 (19.4)
Private housing (purchased)	81 (16.5)	93 (17.3)	41 (19.1)	215 (17.3)
Others	8 (1.6)	20 (3.7)	14 (6.5)	42 (3.4)
Missing	53 (10.8)	65 (12.1)	11 (5.1)	129 (10.4)
Monthly household income (HK\$)				
Less than 25,000	193 (39.2)	191 (35.4)	86 (40.0)	470 (37.7)
25,000-60,000	185 (37.6)	220 (40.8)	84 (39.1)	489 (39.3)
60,000 or more	33 (6.7)	40 (7.4)	16 (7.4)	89 (7.1)
Missing	81 (16.5)	88 (16.3)	29 (13.5)	198 (15.9)

3.2 Smoking profile

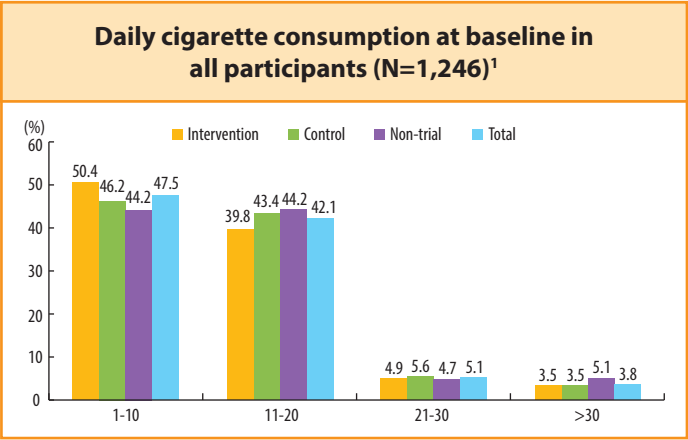
The mean age (SD) of smoking initiation of participants was 18.2 (SD=5.8) years, 47.4% began smoking weekly before the age of 18 years (Figure 1). Most of the participants smoked not more than 10 cigarettes (47.5%) or 11-20 cigarettes daily (42.1%) (Figure 2). Participants smoked 14.3 (SD=11.9) cigarettes per day on average. Nearly half of them had light (44.9%) to moderate (45.7%) nicotine dependency (Figure 3). Most participants had attempted to quit smoking in the past (72.2%) (Figure 4) and had the intention to quit at baseline (78.1%) (Figure 5).

Figure 1



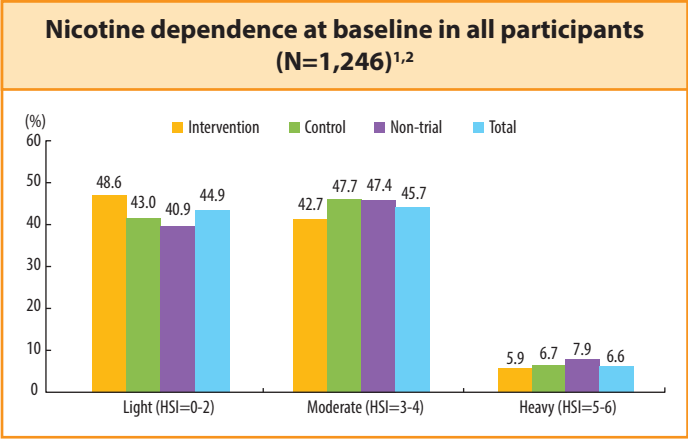
¹ Missing data were not shown.

Figure 2



¹ Missing data were not shown.

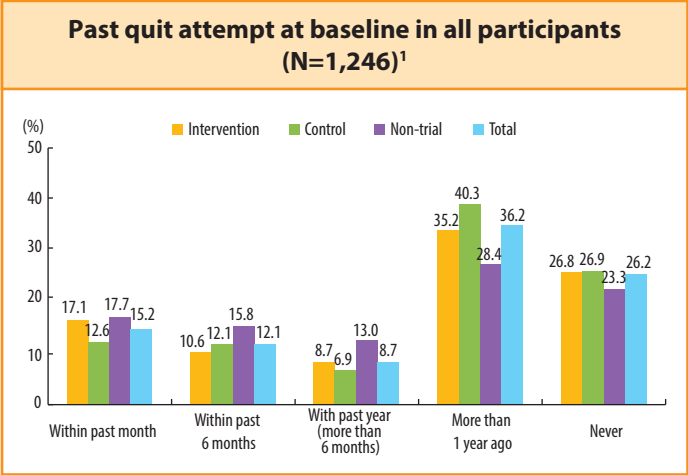
Figure 3



¹ Missing data were not shown.

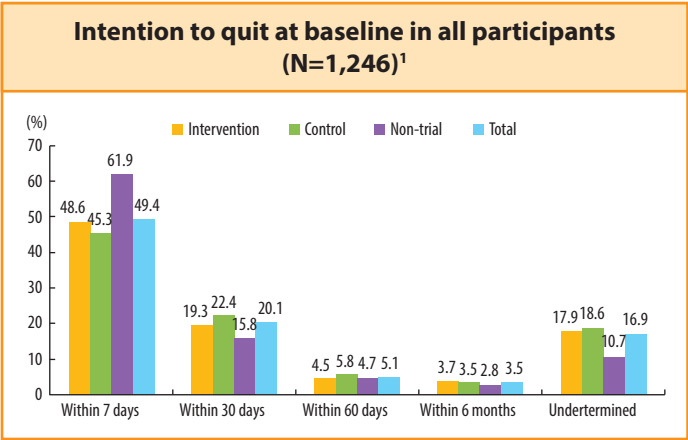
² Nicotine dependence was measured by Heaviness of Smoking Index (HSI) items: (1) time to first cigarette of the day; and (2) number of cigarettes smoked per day.

Figure 4



¹ Missing data were not shown.

Figure 5



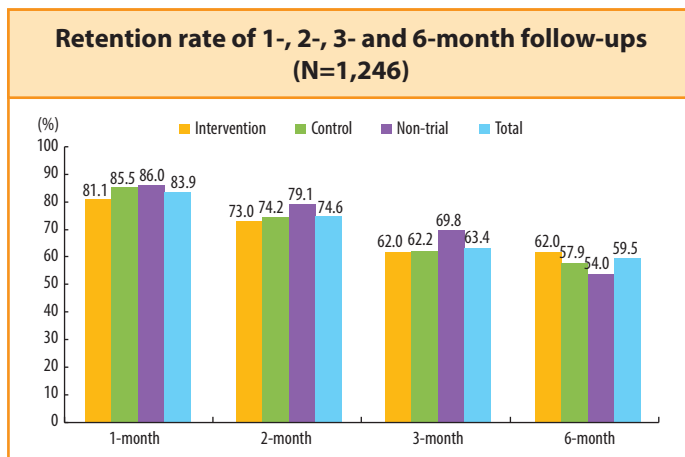
¹ Missing data were not shown.

3.3 Study outcomes

Retention rate

Figure 6 shows that of the 1,246 participants, 1,045 (83.9%), 929 (74.6%), 790 (63.4%) and 741 (59.5%) were successfully followed up at 1-, 2-, 3- and 6-month, respectively. The retention rates were similar between the intervention and control groups at 1-month (81.1% vs. 85.5%, $P=0.92$), 2-month (73.0% vs. 74.2%; $P=0.67$), 3-month (62.0% vs. 62.2%; $P=0.65$) and 6-month (62.0% vs. 57.9%; $P=0.72$).

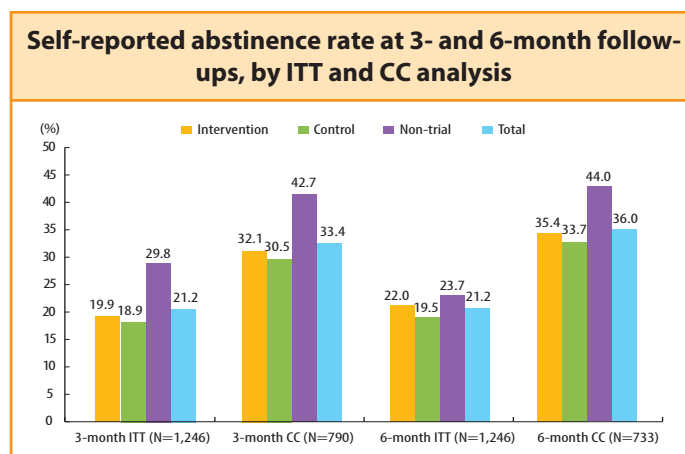
Figure 6



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) were both 21.2% at 3-month and 6-month follow-ups. The self-reported 7-day PPA were similar between the intervention group and the control group at 3-month (19.9% vs. 18.9%, $P=0.69$) and 6-month (22.0% vs. 19.5%, $P=0.33$). The CC analysis also corroborated the ITT results and yielded similar results (Figure 7).

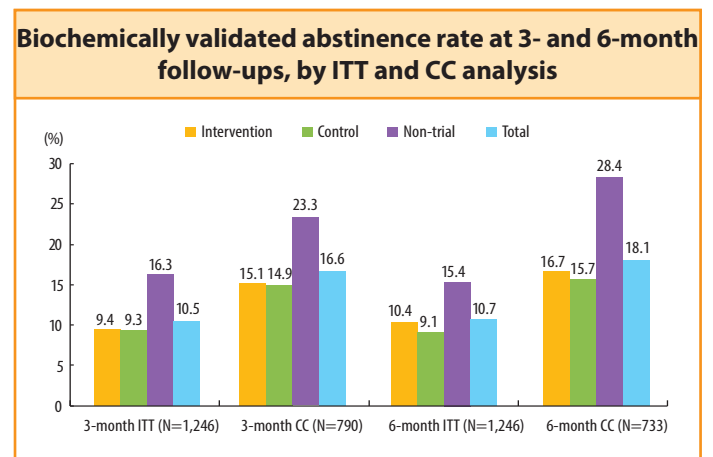
Figure 7



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

The overall biochemically validated quit rate was 10.5% at 3-month follow-up and 10.7% at 6-month follow-up by ITT analysis. No significant difference in the biochemically validated abstinence between the intervention and control groups at 3-month (9.4% vs. 9.3%, $P=0.97$) or 6-month (10.4% vs. 9.1%, $P=0.49$) (Figure 8) was found. The CC analysis yielded similar results.

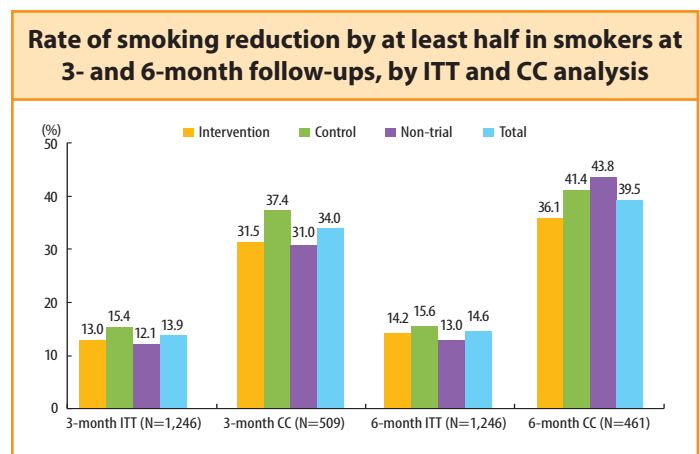
Figure 8



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

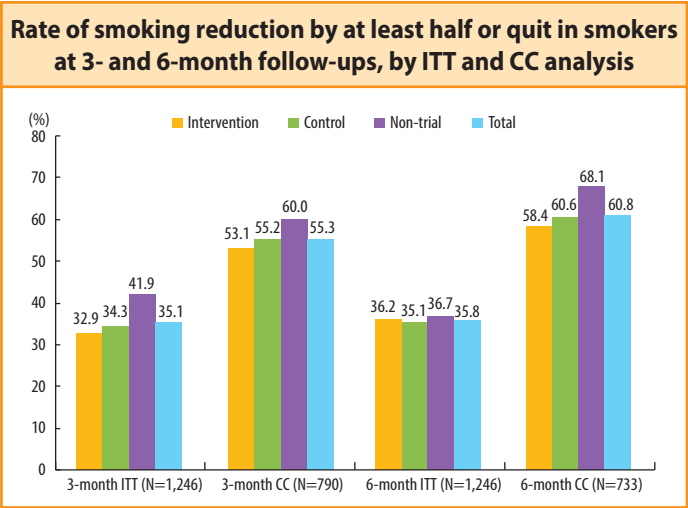
The proportion of participants who reduced their daily cigarette consumption by half or more after joining the Contest were 13.9% and 14.6% at 3-month and 6-month follow-ups respectively (Figure 9). The smoking reduction rates were greater in the control group than the intervention group at both 3- and 6-month follow-ups, although the differences were statistically insignificant.

Figure 9



By ITT analysis, the rate of abstinence or halving smoking consumption were 35.1% and 35.8% at 3-month and 6-month follow-ups respectively (Figure 10). The intervention and control groups showed comparable rates of abstinence or halving smoking consumption at 3-month (32.9% vs. 34.3%; $P=0.07$), with the difference approaching but reaching statistical significance. At the 6-month follow-up, the rates remained similar between groups (36.2% vs. 35.1%; $P=0.89$). CC analysis yielded similar results.

Figure 10



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

Among the 1,246 participants, 174 (14.0%) had used SC services at least once during the 6-month period after baseline (Table 2). The cumulative prevalence of SC service use was greater in the intervention group ($P<0.05$) in 1-month follow-up and, while the cumulative prevalence were similar between the intervention and the control group at 2-, 3- and 6-month follow-ups (all $P>0.05$).

Table 2. Cumulative Use of SC service (N=1,246)

n (%)	RCT (N=1,031)			Non-trial (N=215)	Total (N=1,246)
	Intervention group (N=492)	Control group (N=539)	P-value		
1-month	31 (6.3)	23 (4.3)	0.02	21 (9.8)	75 (6.0)
2-month	43 (8.7)	46 (8.5)	0.09	29 (13.5)	118 (9.5)
3-month	54 (11.0)	59 (11.0)	0.26	32 (14.9)	145 (11.6)
6-month	67 (13.6)	71 (13.2)	0.43	36 (16.7)	174 (14.0)

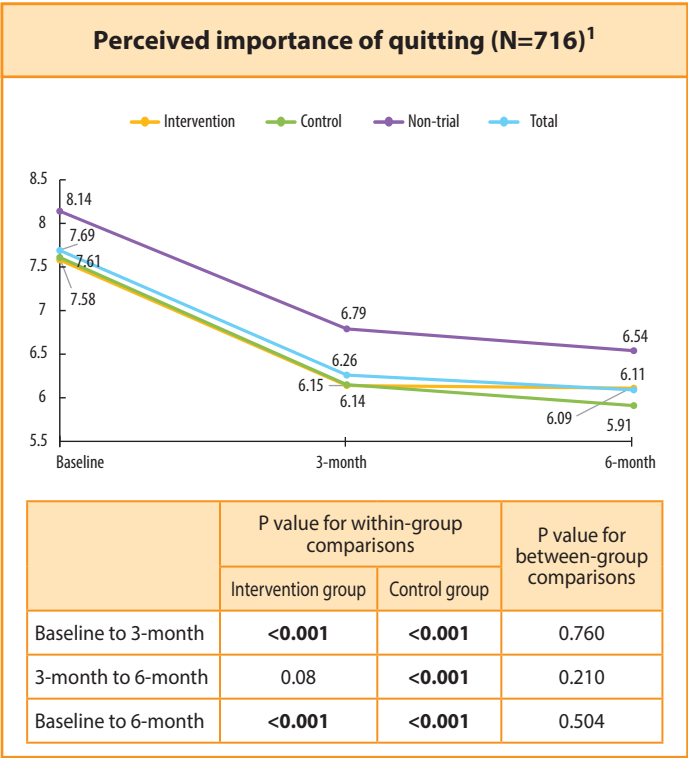
Self-efficacy of quitting

Perceived importance to quit smoking

Among participants whose data were available at all time points, the mean scores of perceived importance to quit smoking decreased from 7.69 at baseline to 6.26 at 3-month follow-up, and to 6.09 at 6-month follow-up (Figure 11).

In the intervention group, the mean score of perceived importance to quit smoking significantly decreased from baseline to 3-month (from 7.58 to 6.14, $P<0.001$) as well as from baseline to 6-month (from 7.58 to 6.11, $P<0.001$). In the control group, the mean score of perceived importance of quit smoking significantly decreased from baseline to 3-month (from 7.61 to 6.15, $P<0.001$) and from baseline to 6-month (from 7.61 to 5.91, $P<0.001$). The control group showed a greater reduction in mean score of perceived importance to quit smoking from 3-month to 6-month compared to the intervention group, although the differences were statistically insignificant.

Figure 11



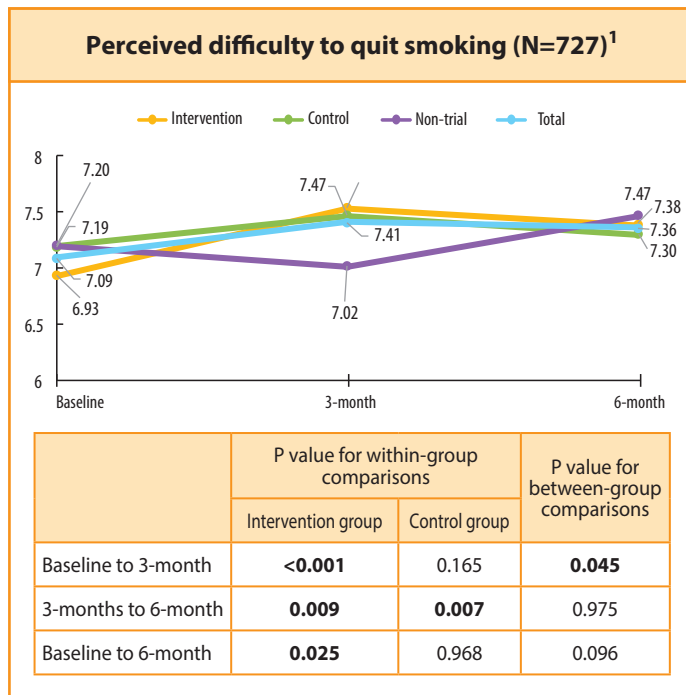
¹ From 0 (not important at all) to 10 (very important); missing data excluded.

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 7.09 at baseline to 7.41 at 3-month and decreased to 7.36 at 6-month (Figure 12).

There was a significant increase in the mean score of perceived level of difficulty in quitting smoking from baseline to 3-month in the intervention group (from 6.93 to 7.53, $P<0.001$) and a decrease from 3-month to 6-month (from 7.53 to 7.38, $P=0.009$). There was also a significant increase observed from baseline to 3-month follow-up (from 7.19 to 7.47, $P<0.001$) and a decrease from 3-month to 6-month (from 7.47 to 7.30, $P=0.007$) in the control group. The intervention group showed a greater increase in mean score from baseline to 3-month compared to the control group ($P=0.045$).

Figure 12

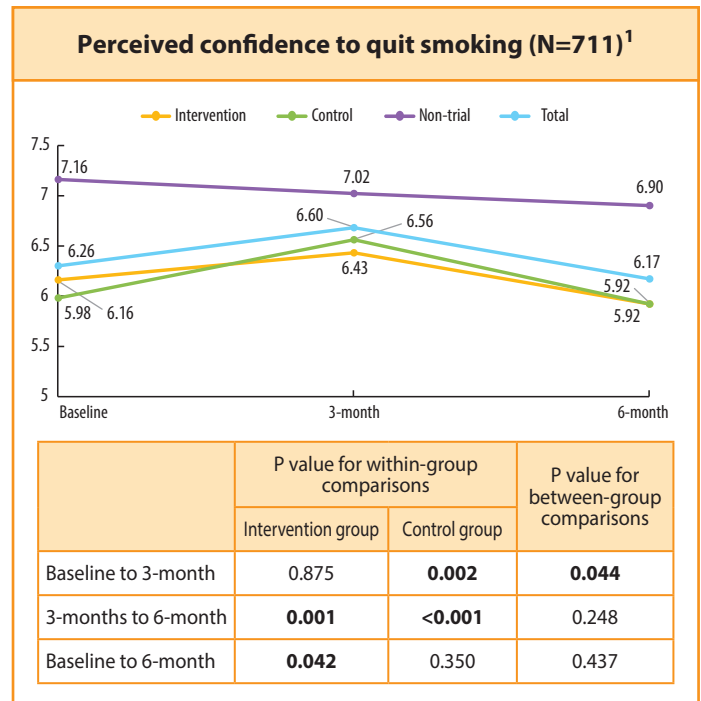


¹ From 0 (not difficult at all) to 10 (very difficult); missing data excluded.

Perceived confidence of quitting

The mean scores of perceived level of confidence to quit smoking increased from 6.26 at baseline to 6.60 at 3-month but decreased to 6.17 at 6-month follow-up (Figure 13). In both intervention group and control group, the mean score of perceived level of confidence to quit smoking increased from baseline to 3-month (intervention group: from 6.16 to 6.43, $P=0.875$; control group: from 5.98 to 6.56, $P=0.002$), but decreased from baseline to 6-month (intervention group: from 6.16 to 5.92, $P=0.042$; control group: from 5.98 to 5.92, $P=0.350$). The control group showed a greater increase in mean score from baseline to 3-month compared to the intervention group ($P=0.044$).

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, the proportion of participants with a quit attempt was 64.0% at 3-month and 65.9% at 6-month when quitters were included. When quitters were excluded, the proportion were 54.6% at 3-month and 57.0% at 6-month follow-up. The proportion of participants with a quit attempt were similar between the intervention group and the control group at 3-month (including quitters: 61.6% vs. 60.9%; excluding quitters: 52.0% vs. 51.9%) and 6-month (including quitters: 64.2% vs. 62.3%; excluding quitters: 54.7% vs. 53.2%) (Figure 14).

Figure 14

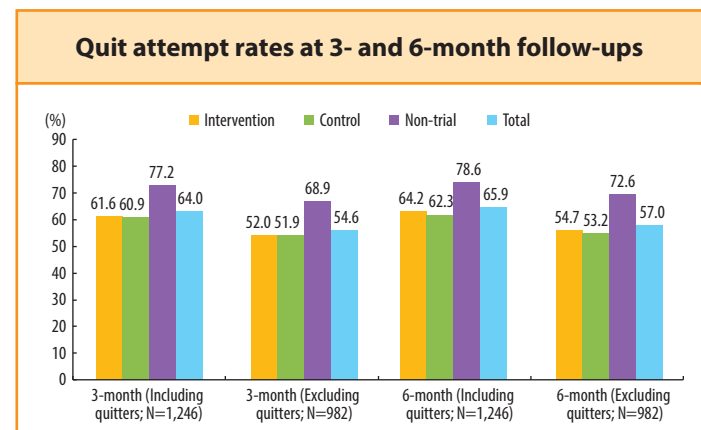
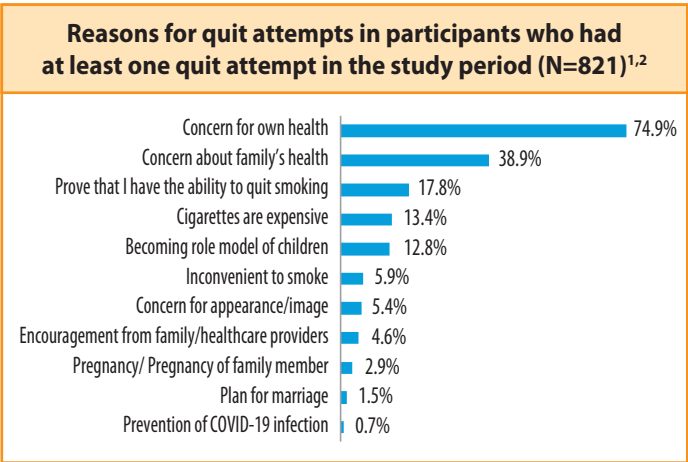


Figure 15 shows that among participants who made at least one quit attempt during the study period, the leading reason was “concerns for own health” (74.9%), followed by “concern about family’s health” (38.9%), “prove that I have the ability to quit smoking” (17.8%) , “cigarettes are expensive” (13.4%) and “becoming role model of children”(12.8%).

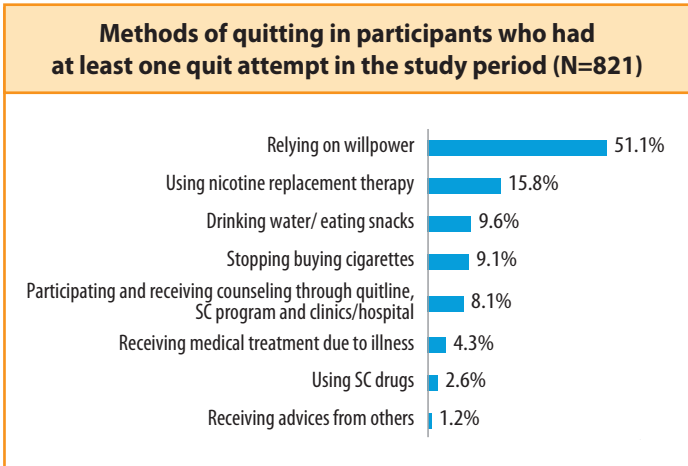
Figure 15



¹ Participants who were lost to follow-up were excluded.
² Participants could choose more than one option.

Most participants attempted to quit smoking by “relying on willpower” (51.1%). Among the other methods, “using nicotine replacement therapy” (15.8%), “drinking water/eating snacks” (9.6%) and “stop buying cigarettes” (9.1%) were the most common (Figure 16).

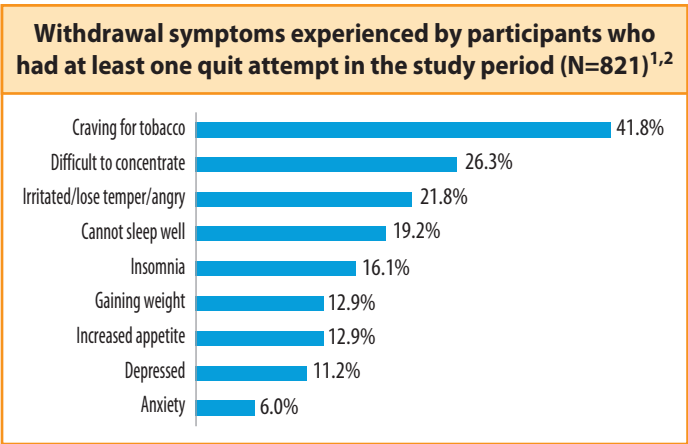
Figure 16



¹ Participants who were lost to follow up were excluded.
² Participants could choose more than one option.

Figure 17 shows that among participants who had at least one quit attempt, the most common withdrawal symptom was “craving for tobacco” (41.8%), followed by “difficult to concentrate” (26.3%) and “irritated/lose temper/angry” (21.8%).

Figure 17

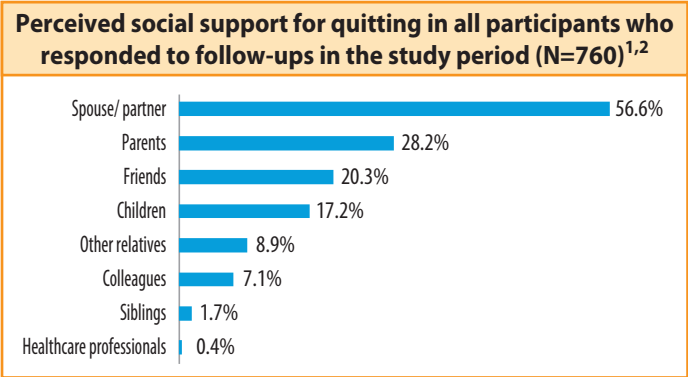


¹ Participants who were lost to follow-up were excluded.
² Participants could choose more than one option.

Perceived social support for quitting

Figure 18 shows that among participants who responded to the follow-ups at 3-and/or 6-month, 61.0% perceived having received social support for quitting. The most common source of perceived support was from “spouse/partner” (56.6%), followed by “parents” (28.2%), “friends” (20.3%), and “children” (17.2%).

Figure 18

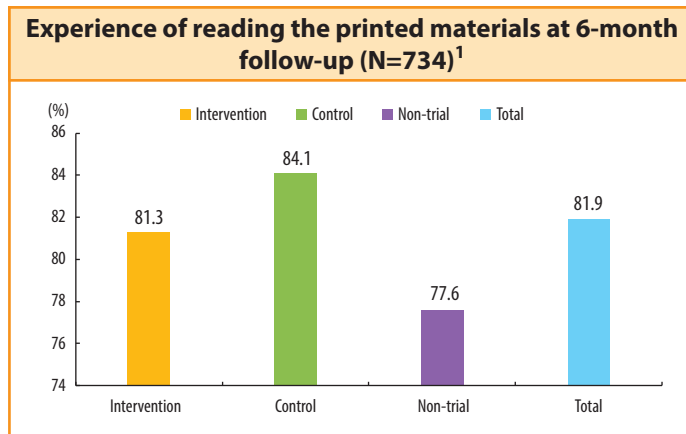


¹ Participants who were lost to follow up were excluded.
² Participants could choose more than one option.

Use and satisfaction of smoking cessation aids provided

Printed materials

Among the 734 participants who responded to the 6-month follow-up, most (81.9%) of participants reported having read the printed SC materials (leaflet, referral card, and/or SC booklet) (Figure 19). On a scale of 1 (very unhelpful) to 5 (very helpful), the mean score of perceived helpfulness of the printed SC materials was 2.72 (SD=0.79) (Table 3). The proportion of participants reported having read the printed materials were similar between intervention group and control group (81.3% vs. 84.1%) (Figure 19), and the score of perceived helpfulness was higher in the control group (2.71 vs. 2.68), although with no significant difference between the two groups.

Figure 19

¹ Participants who were lost to follow up were excluded.

Table 3 Perceived helpfulness of the printed smoking cessation materials (N=734)

	Intervention (N=304)	Control (N=314)	Non-trial (N=116)	Total (N=734)
Perceived helpfulness for smoking cessation (Mean $\pm$ SD)	2.68 $\pm$ 0.85	2.71 $\pm$ 0.76	2.88 $\pm$ 0.73	2.72 $\pm$ 0.79

Intervention engagement and evaluation

Table 4 shows the engagement of participants with the instant messages in the intervention group at 3-month follow-up. A total of 50.2% of participants in the intervention group reported never read the messages while 32.9% read all of the message and 16.9% read some. The perceived appropriateness of the message intensity was moderate with 44.1% of participants agreeing that it was appropriate. The perceived impact of the messages on enhancing motivation to quit (mean=2.19, SD=1.11) and increased quit attempts (mean=2.19, SD=1.10) was moderate. Similarly, participants reported a moderate influence of the messages on increasing physical exercise attempts (mean=2.11, SD=1.09) and on helping combat cravings and withdrawal symptoms (mean=2.13, SD=1.08).

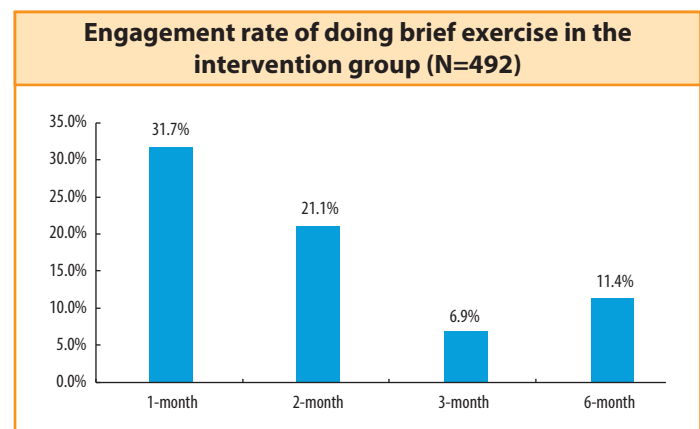
Table 4. Intervention engagement and ratings (N=492)

N (%)	Intervention group
Intervention engagement	
Have ever read instant/ text messages ¹	
None	247 (50.2)
Some	83 (16.9)
All	162 (32.9)
Rating of the messages	
The intensity of messages was appropriate (yes vs. no), n (%)	217 (44.1)
The contents of messages increased motivation to quit ² , mean (SD)	2.19 (1.11)
The contents of messages increased quit attempts ² , mean (SD)	2.19 (1.10)
The contents of messages increased physical exercise attempts ² , mean (SD)	2.11 (1.09)
The contents of messages helped combat cravings and withdrawal symptoms ² , mean (SD)	2.13 (1.08)

¹ Data was calculated by WhatsApp message log, missing data were defined as never read instant messages.

² Responses ranges from 1 to 5, higher score indicates more helpful, missing data were excluded.

The engagement rate of participants in the intervention group performing brief exercises over the 3-month intervention period declined over time, from 31.7% at 1 month to 6.9% at 3-month follow-up. Figure 20 shows a significant decline in mean daily time for simple exercises from 1-month to 6-month follow-up in the intervention group, including zero-time exercise, decreased from 12.6 to 10.7 minutes, handgrip exercises from 10.3 to 2.5 minutes, and elastic band resistance exercises from 9.4 to 0.8 minutes. Majority of participants who reported to have conducted brief exercises and rated them as moderately helpful, with the mean scores of perceived helpfulness was 6.09 (SD=1.54) in the scale from 0 (least helpful) to 10 (very helpful) at 3-month follow-up and 5.28 (SD =2.69) at 6-month follow-up.

Figure 20

The most commonly reported reason for not conducting brief exercises zero-time exercises, handgrip exercises, and elastic band resistance exercises was being too busy (27.0%). This was followed by perceiving the exercises as not helpful (16.7%) and a lack of interest (8.3%). Other reasons included forgetting to perform the exercises (5.7%), finding them inconvenient (2.4%), and relying on willpower alone to resist cravings (1.2%).

Figure 21

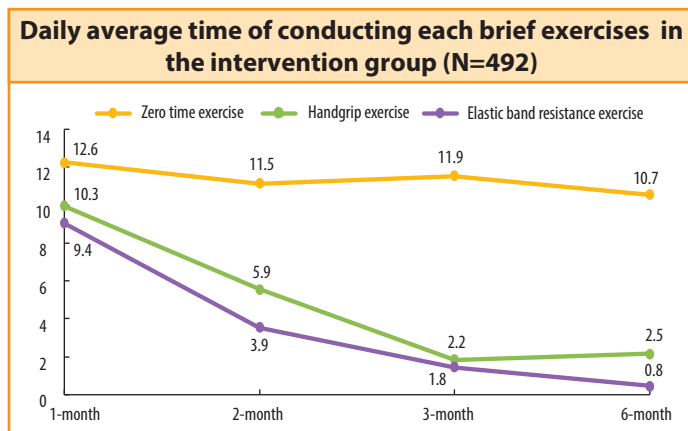


Table 5 showed the physical activity levels defined by the International Physical Activity Questionnaire (IPAQ)-Short Form and smoking abstinence outcomes by treatment condition. Physical activity was categorized as low (≤ 600 Metabolic Equivalent of Task, MET-minutes/week), moderate (600-3000 MET-minutes/week), or high (≥ 3000 MET-minutes/week). Over the follow-up period, participants showed a gradual decline in the proportion of participants reporting moderate-to-high physical activity from 1-month to 6-month (intervention group: from 55.7% to 41.1%; control group: 57.5% to 39.9%). Overall, participants with moderate to high physical activity level showed higher smoking abstinence rate. In those who performed moderate to high physical exercise at 6-month, the intervention group showed a higher validated abstinence (vs. control group, 11.4% vs. 7.0%; RR=1.63, though not statistically significant).

Table 5. Physical activity level and smoking abstinence by treatment condition (N=1,031)

	Intervention group (n=492)	Control group (n=539)	RR (95%CI)	P value
Participants reported moderate to high physical activity, IPAQ n (%)				
1-month	274 (55.7)	310 (57.5)	0.93 (0.73, 1.19)	0.56
2-month	239 (48.6)	265 (49.2)	0.98 (0.76, 1.25)	0.85
3-month	224 (45.5)	221 (41.0)	1.20 (0.94, 1.54)	0.14
6-month	202 (41.1)	215 (39.9)	1.05 (0.82, 1.35)	0.70
Validated smoking abstinence by physical activity level				
3-month				
Low	19/268 (7.1)	27/318 (8.5)	0.83 (0.47, 1.47)	0.53
Moderate	25/199 (12.6)	21/189 (10.4)	1.13 (0.66, 1.95)	0.66
High	2/25 (8.0%)	2/32 (6.3)	1.28 (0.19, 8.81)	0.80
6-month				
Low	28/290 (9.7)	34/324 (10.5)	0.92 (0.57, 1.48)	0.73
Moderate	19/180 (10.6)	14/198 (7.1)	1.49 (0.77, 2.89)	0.24
High	4/22 (18.2)	1/17 (5.9)	3.09 (0.37, 25.89)	0.30
Self-reported smoking abstinence by physical activity level				
1-month				
Low	31/218 (14.2)	42/229 (18.3)	0.78 (0.51, 1.19)	0.24
Moderate	40/198 (20.2)	43/237 (18.1)	1.11 (0.76, 1.64)	0.59
High	15/76 (19.7)	13/73 (17.8)	1.11 (0.57, 2.17)	0.76
2-month				
Low	41/253 (16.2)	43/274 (15.7)	1.03 (0.70, 1.53)	0.87
Moderate	40/190 (21.1)	45/222 (20.3)	1.04 (0.71, 1.52)	0.85
High	9/49 (18.4)	7/43 (16.3)	1.13 (0.46, 2.79)	0.79
3-month				
Low	45/268 (16.8)	57/318 (17.9)	0.94 (0.66, 1.34)	0.72
Moderate	49/199 (24.6)	40/189 (21.2)	1.16 (0.81, 1.68)	0.42
High	4/25 (16.0)	5/32 (15.6)	1.02 (0.30, 3.46)	0.97
6-month				
Low	64/290 (22.1)	67/324 (20.7)	1.07 (0.79, 1.45)	0.68
Moderate	37/180 (20.6)	36/198 (18.2)	1.13 (0.75, 1.71)	0.56
High	7/22 (31.8)	2/17 (11.8)	2.70 (0.63, 11.6)	0.18

4. Discussion

From June to October 2022, the 13th QTW Smoke-free Community Campaign provided smoking counseling training to 187 university students and NGO volunteers, spread the smoke-free messages to over 235,000 members of public and engaged over 2,770 smokers in smoking cessation through 89 recruitment activities throughout all 18 districts in Hong Kong. The validated abstinence rate was 10.5% and 10.7% at 3-month and 6-month respectively, and self-reported quit rate was 21.2% in both 3-month and 6-month, which was comparable with previous contests.

A pragmatic RCT was nested within the 13th QTW Contest to examine the effectiveness of combining simple physical exercises supplemented by mobile instant messaging, compared to generic cessation support via text messaging on smoking abstinence in community smokers. This RCT showed that the addition of simple physical exercises and mobile instant messaging did not significantly increase biochemically validated abstinence at 3- and 6-month follow-ups compared with brief cessation advice. Both groups showed quite high validated abstinence (about 10%), but intervention engagement was relatively low in intervention group. Only 49.8% of the intervention participants reported reading the instant messages, and engagement in simple physical exercise ranged from 6.9% to 31.7% during 3-month intervention period. These findings suggest that simple physical exercise may not be well-suited as a SC aid in this context.

There are several possible explanations for the similar abstinence rates between the intervention and control groups. First, the simple physical exercise used in our trial may not have been of sufficient intensity or duration to produce a strong enough physiological response to significantly affect smoking abstinence. Physical exercise may potentially reduce withdrawal symptoms and cravings, only when they are done at a certain level that induces measurable effects on stress reduction or mood improvement, which might not have been achieved in our study¹⁹. A 2023 meta-analysis reported that aerobic exercise sessions lasting 5 to 30 minutes could significantly reduce smoking cravings [MD = -1.84, $P < 0.001$; SMD = -1.64, $P < 0.001$] and alleviate most withdrawal symptoms in smokers²⁰. Second, adherence to the prescribed simple physical exercise in the intervention group was low, with only 6.9% adherence at 3-month and 11.4% at 6-month follow up. This low engagement was likely to weaken the potential effectiveness of the intervention. Our previous pilot trial, using brief handgrip and isometric exercises at higher adherence rate (64%), showed a significant increase in self-reported abstinence²¹. This suggests that higher adherence rates to more structured or supervised exercises might be necessary for a meaningful impact SC outcomes¹⁴. Finally, the novelty of incorporating physical exercise into a SC programme may require more comprehensive behavioural

change support. Participants may not have been fully prepared or motivated to adopt and keep new exercise habits without additional counseling, reminders, or reinforcement. Furthermore, the impact of the COVID-19 pandemic may have contributed to reduced engagement in the physical activity component, as restrictions on limited access to exercise spaces, and general lifestyle disruptions could have hindered participants' ability and motivation to engage in physical exercise during the intervention period.

The strengths of this study included the use of community-based intervention, delivered in a real-world setting, which enhances the generalizability of the findings. The use of intention-to-treat analysis ensures that the outcomes reflect a conservative and comprehensive evaluation of the effectiveness of the intervention. Another strength worth noticing is the innovative combination of simple physical exercises with mobile instant messaging, contributing to the limited body of research exploring physical activity as a potential aid in smoking cessation. Compared with our previous chat-based interventions¹⁵, incorporating brief physical exercises appeared to promote smoking cessation efforts, as reflected by a higher proportion of smokers reporting quit attempts at the 3-month follow-up (61.6% vs. 34.0%). Our post-hoc subgroup analyses, which showed that participants with moderate to high physical exercise level (≥ 600 MET-minutes/week) reported higher validated abstinence rate at 3- and 6-month follow-ups (3-month: 12.1% vs. 10.4%, RR=1.16; 6-month: 11.4% vs. 7.0%, RR=1.63), though not statistically significant.

This RCT also had several limitations. First, 40.2% of the participants were lost by the 6-month follow-up, which may be due to over half (53.2%) of the enrolled smoker did not express a strong intention to quit at baseline. Although the proportions of loss to follow-up were similar in both groups, the intention-to-treat might reduce the bias, the findings should be interpreted with caution. Second, all measures related to physical exercise were self-reported. Participants might be unable to accurately recall their physical exercise habits and contents, especially when they were required to recall behaviour over a longer period. The perceived intensity and type of physical exercise varies in each individual, and self-reported data may not objectively reflect actual physical exercise level. This suggests that devices such as pedometer and heart rate monitor, and indicators such as BMI and blood oxygen could be added to the objective measurement in the future. Finally, fast-paced life and narrow living spaces in Hong Kong may limit participants' opportunities to perform physical exercise. Compared to the countries with higher levels of physical exercise²², Hong Kong residents' low physical exercise level suggests that more effort and resources are needed to change this situation²³. The COVID-19 pandemic was likely to exacerbate these challenges, as social distancing measures, restricted access to public spaces, and disruptions

to daily routines might have further reduced opportunities and motivation to engage in physical activity during the intervention period. Due to the unique environment and exercise habit in Hong Kong, the findings may not be generalized to other countries with higher levels of physical exercise and different living environments.

5. Conclusion

In conclusion, the 13th QTW Contest successfully approached a large number of smokers and non-smokers in the community and promoted SC messages and the existing services. QTW Contest provides an important platform for disseminating SC information to a wide audience, offering a unique opportunity to engage both smokers and the general public in SC. The RCT showed that the simple physical exercises combined with mobile instant messaging was not more effective in increasing smoking abstinence than generic cessation support delivered via text messaging. The lack of significant differences in abstinence rates between the intervention and control groups suggests that the intensity, duration, and adherence to the physical exercise intervention were insufficient to yield measurable benefits. Further research is warranted to explore whether tailored physical exercise programmes, combined with more robust support systems, can improve smoking cessation outcomes in community-based interventions.

6. Clinical trial registration

Clinical trial registration number: NCT05430451 (ClinicalTrials.gov)

7. Reference:

- 1 Census and Statistics Department. Thematic Household Survey Report - Report No. 79 Pattern of Smoking. 2024; published online June 6. <https://www.censtatd.gov.hk/en/wbr.html?ecode=B11302012024XX01> (accessed May 8, 2025).
- 2 Ng CS, Yu CWS, Leung L, et al. Economic costs of tobacco-related diseases in Hong Kong in 2021. *Tob Control* 2024; : tc-2024-058817.
- 3 Census and Statistics Department. Hong Kong Annual Digest of Statistics. 2024. <https://www.censtatd.gov.hk/en/EIndexbySubject.html?scode=460&pcode=B1010003> (accessed May 8, 2025).
- 4 McGhee SM, Ho LM, Lapsley HM, et al. Cost of tobacco-related diseases, including passive smoking, in Hong Kong. *Tob Control* 2006; 15: 125–30.
- 5 Haasova M, Warren FC, Thompson T, Ussher M, Taylor AH. The association between habitual physical activity and cigarette cravings, and influence of smokers' characteristics in disadvantaged smokers not ready to quit. *Psychopharmacology (Berl)* 2016; 233: 2765–74.
- 6 Taylor AH, Thompson TP, Greaves CJ, et al. A pilot randomised trial to assess the methods and procedures for evaluating the clinical effectiveness and cost-effectiveness of Exercise Assisted Reduction then Stop (EARS) among disadvantaged smokers. *Health Technol Assess* 2014; 18: 1–324.
- 7 Roberts V, Maddison R, Simpson C, Bullen C, Prapavessis H. The acute effects of exercise on cigarette cravings, withdrawal symptoms, affect, and smoking behaviour: systematic review update and meta-analysis. *Psychopharmacology (Berl)* 2012; 222: 1–15.
- 8 Frith E, Loprinzi PD. Exercise Facilitates Smoking Cessation Indirectly via Intention to Quit Smoking: Prospective Cohort Study Among a National Sample of Young Smokers. *Am J Health Promot* 2018; 32: 1234–8.
- 9 Gauthier AP, Snelling SJ, King M. 'Thinking outside the pack': examining physically active smokers and implications for practice among Ontario residents. *Health Promot Pract* 2012; 13: 395–403.
- 10 Abrantes AM, Bloom EL, Strong DR, et al. A preliminary randomized controlled trial of a behavioral exercise intervention for smoking cessation. *Nicotine Tob Res* 2014; 16: 1094–103.
- 11 Bize R, Willi C, Chiolerio A, et al. Participation in a population-based physical activity programme as an aid for smoking cessation: a randomised trial. *Tob Control* 2010; 19: 488–94.
- 12 Patten CA, Bronars CA, Vickers Douglas KS, et al. Supervised, Vigorous Intensity Exercise Intervention for Depressed Female Smokers: A Pilot Study. *Nicotine Tob Res* 2017; 19: 77–86.
- 13 Prapavessis H, De Jesus S, Fitzgeorge L, Faulkner G, Maddison R, Batten S. Exercise to Enhance Smoking Cessation: the Getting Physical on Cigarette Randomized Control Trial. *Ann Behav Med* 2016; 50: 358–69.
- 14 Williams DM, Whiteley JA, Dunsiger S, et al. Moderate intensity exercise as an adjunct to standard smoking cessation treatment for women: a pilot study. *Psychol Addict Behav* 2010; 24: 349–54.
- 15 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: e183–92.
- 16 Ellis TD, Cavanaugh JT, DeAngelis T, et al. Comparative Effectiveness of mHealth-Supported Exercise Compared With Exercise Alone for People With Parkinson Disease: Randomized Controlled Pilot Study. *Phys Ther* 2019; 99: 203–16.
- 17 Macovei S, Tufan AA, Vulpe BI. Theoretical approaches to building a healthy lifestyle through the practice of physical activities. *Procedia-Social and Behavioral Sciences* 2014; 117: 86–91.
- 18 Michie S, Hyder N, Walia A, West R. Development of a taxonomy of behaviour change techniques used in individual behavioural support for smoking cessation. *Addict Behav* 2011; 36: 315–9.
- 19 Marcus BH, Lewis BA, Hogan J, et al. The efficacy of moderate-intensity exercise as an aid for smoking cessation in women: a randomized controlled trial. *Nicotine Tob Res* 2005; 7: 871–80.
- 20 Zhou Y, Feng W, Guo Y, Wu J. Effect of exercise intervention on smoking cessation: a meta-analysis. *Front Physiol* 2023; 14: 1221898.
- 21 Cheung YT, Lam TH, Chan CHH, et al. Brief handgrip and isometric exercise intervention for smoking cessation: A pilot randomized trial. *Addict Behav* 2020; 100: 106119.

- 22 Gerovasili V, Agaku IT, Vardavas CI, Filippidis FT. Levels of physical activity among adults 18-64 years old in 28 European countries. *Prev Med* 2015; 81: 87–91.
- 23 Ding D, Adams MA, Sallis JF, et al. Perceived neighborhood environment and physical activity in 11 countries: do associations differ by country? *Int J Behav Nutr Phys Act* 2013; 10: 57.

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控煙政策調查 2024

2025年8月 第三十七號報告書



香港下一階段控煙措施

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1. 引言

儘管香港的吸煙率已於 2023 年下降至 9.1%，¹ 煙草使用仍然是一個重大的公共衛生威脅。現時香港估計有 577,300 名成年人士每天吸煙，而吸煙與二手煙每年合共導致近 14,000 人死亡。¹ 煙草相關的疾病每年導致約 82 億至 99 億港元的經濟負擔。² 為配合世界衛生組織（世衛）減少非傳染病的目標，香港特別行政區政府目標在 2025 年前將吸煙率下降至 7.8%。

為規劃未來控煙政策，政府於 2023 年中進行「活力健康無煙香港」的公眾諮詢，結果顯示超過九成受訪者支持進一步降低吸煙率，以推動建立無煙香港。³ 政府提出一項全面的控煙計劃，涵蓋四大策略的短期、中期及長期措施。（一）為規管煙草供應及降低需求，建議措施包括引入完稅煙標籤制度、提高私煙相關罰則、禁止為任何目的管有另類吸煙產品（另類煙）、限制未成年人士取得煙草產品、禁止向指定年份或之後出生的人士售賣煙草產品、持續檢視煙草稅成效、以及推行與通脹掛鈎的煙草稅調整機制。

（二）為禁止煙草產品推廣及減低產品吸引力，政府計劃禁止加味煙草產品、實施全煙害警示包裝、以及對煙草產品施加限制（如降低尼古丁濃度、捲煙外觀等）。（三）為擴大禁煙範圍及減低煙害，建議禁止在排隊期間吸煙、禁止在老幼病弱常到的地方吸煙、禁止邊行邊吸煙、加強違例吸煙罪行的罰款、以及使場地管理人對場內違例吸煙行為負上法律責任。（四）為加強無煙教育及協助戒煙，政府計劃加強戒煙服務，並強化無煙教育與宣傳。

「控煙政策調查」（下稱「調查」）收集各項吸煙相關的數據，包括吸煙行為、控煙政策的影響、以及市民對現時和未來政策的意見。調查提供重要數據支持香港加強控煙措施，包括增加煙草稅、禁止售賣另類煙、擴大煙包煙害圖象警示和擴大法定禁煙區。本報告描述市民對政府計劃實施的控煙措施的支持度。

2. 方法

2.1 研究設計及受訪者

控煙政策調查 2024 是一個橫斷面調查，於 2024 年 1 月至 5 月上旬期間進行。受訪者為年滿 15 歲及懂廣東話之香港居民，包括：（一）現時吸煙者—每天或偶爾吸食任何吸煙產品；（二）已戒煙者—曾經吸食任何吸煙產品但現已停用；及（三）從不吸煙者—從未吸食過任何吸煙產品。

社會政策研究有限公司受委託以家居電話調查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，該號碼會被歸類為「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

控煙政策調查 2024 共訪問了 5,600 位受訪者，包括 2,600 位現時吸煙者、1,500 位已戒煙者及 1,500 位從不吸煙者。各個吸煙組別中，四分之一受訪者（25.0%，共 1,400 人）透過家居電話接受訪問，餘下的四分之三（75.0%，共 4,200 人）則透過手提電話接受訪問。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，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，然後由電腦程式在種子號碼「加或減 1 或 2」產生新一組號碼，從而涵蓋未收錄在電話簿的號碼。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。至於手提電話訪問，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、戒煙服務及產品的使用、健康狀況、煙草稅及煙草終局等。受訪者會被隨機分配至一個亞組（現時吸煙者分為四組、已戒煙者分為兩組、從不吸煙者分為一組）回答與其吸煙狀況相關的隨機問題，包括接觸二手煙、二手煙的情況、禁煙區、全煙害警示包裝、銷售點煙草產品陳列等。同一個亞組的受訪者會回答相同的隨機問題。

2.4 權重及統計分析

整體樣本按 2023 年香港人口的性別、年齡及吸煙狀況分佈加權處理（不包括懲教院所的在囚人士、外籍家庭傭工及水上居民）。⁴ 我們對目標變量進行單變量分析，並按吸煙狀況、吸食特定煙草產品（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 值 <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

現時吸煙者（83.7%）和已戒煙者（87.6%）的男性比例均較從不吸煙者（39.7%）為高（P 值 <0.001）。在年齡方面，相比於從不吸煙者（64.3%），較高比例的現時吸煙者（72.6%）和已戒煙者（85.9%）年齡為 40 歲或以上（P 值 <0.001）。此外，從不吸煙者接受過大專或以上教育程度的比例為 34.8%，較已戒煙者（15.5%）和現時吸煙者（19.0%）高（P 值 <0.001）。

3.2 吸煙情況

現時吸任何吸煙產品的比率為 9.9%。現時吸煙者最常吸食的是傳統捲煙（9.3%），其次為電子煙（1.2%）、雪茄（0.7%）、加熱煙草產品（加熱煙）（0.4%）、水煙（0.3%）及其他煙草產品（0.1%）。大部分（70.3%）的現時吸捲煙者每天或幾乎每天吸煙，而平均每日吸煙量為 11.7 支捲煙。接近三分之二（63.3%）有較嚴重的尼古丁依賴，在起床後半小時內吸第一支煙。

3.3 公眾對下一階段控煙措施的意見

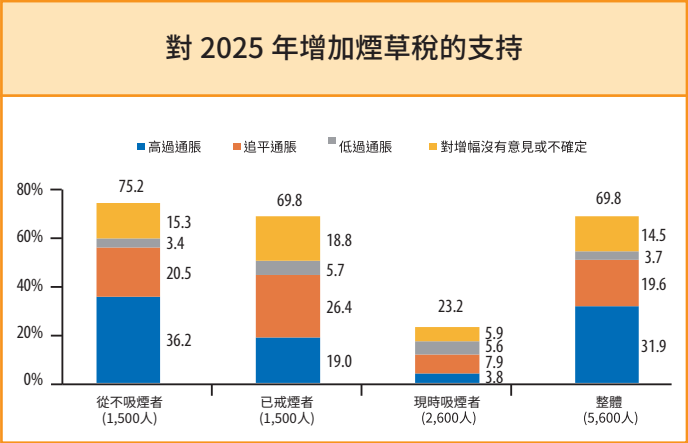
3.3.1 管供應、降需求

「管供應、降需求」策略下的措施旨在提高煙草零售價格、加強打擊私煙、禁止為任何目的管有另類煙、以及限制未成年人接觸煙草產品。

圖一顯示，75.2% 的從不吸煙者、69.8% 的已戒煙者及 23.2% 的現時吸煙者支持 2025 年增加煙草稅，而整體支持率為 69.8%。對於煙草稅應至少按通脹增加，從不吸煙者 (56.7%) 及已戒煙者 (45.4%) 的支持率最高，而現時吸煙者的支持率為 11.7%。

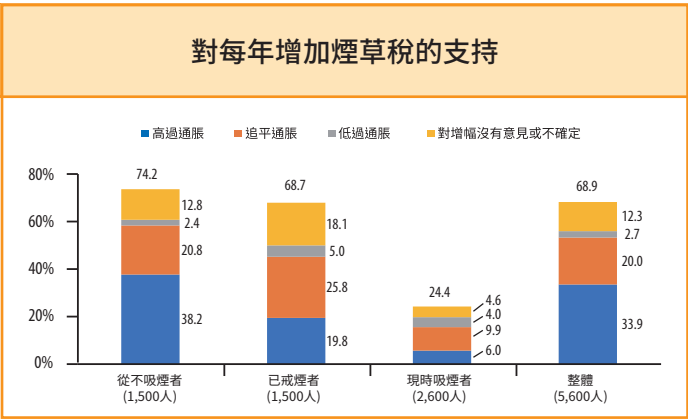
圖二顯示，68.9% 的受訪者支持每年增加煙草稅，包括 74.2% 的從不吸煙者、68.7% 的已戒煙者和 24.4% 的現時吸煙者。超過一半 (53.9%) 受訪者同意認為加幅應至少追平或高過通脹。

圖一



數據按 2023 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 值 <0.001)
數據可能因四捨五入而不完全相加

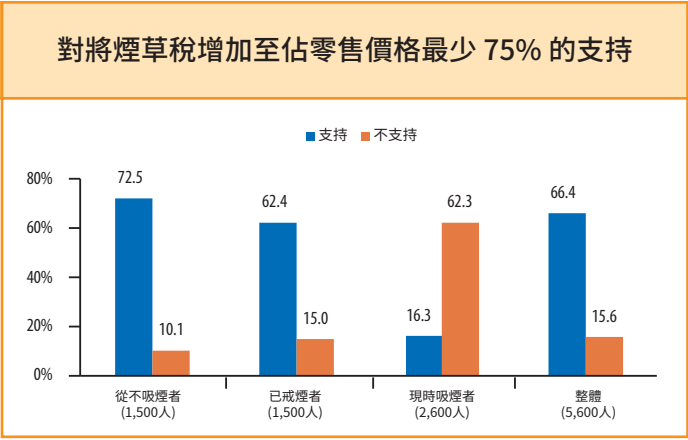
圖二



數據按 2023 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 值 <0.001)
數據可能因四捨五入而無法完全相加

圖三顯示，三分之二 (66.4%) 的受訪者支持將煙草稅增加至零售價的最少 75%。當中，以從不吸煙者的支持率最高 (72.5%)，其次為已戒煙者 (62.4%)，而現時吸煙者的支持率則為 16.3%。

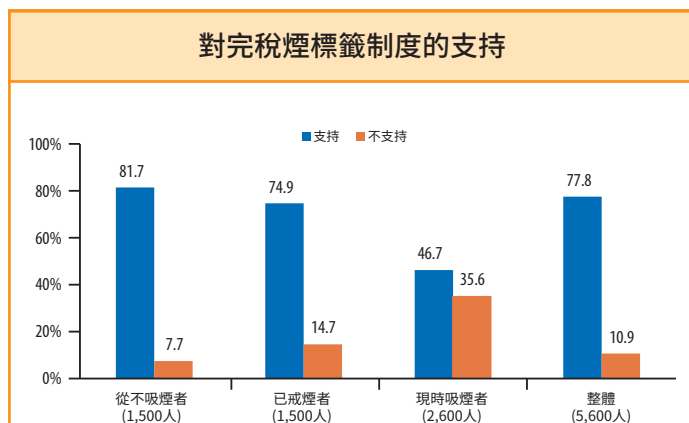
圖三



數據按 2023 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 值 <0.001)
沒有顯示「不知道」及「拒答」

圖四顯示，超過四分之三（77.8%）的受訪者支持規定在已完稅的煙草產品的包裝及 / 或產品本體上加上完稅標籤。從不吸煙者的支持率最高（81.7%），其次是已戒煙者（74.9%），而現時吸煙者的支持率則為 46.7%。

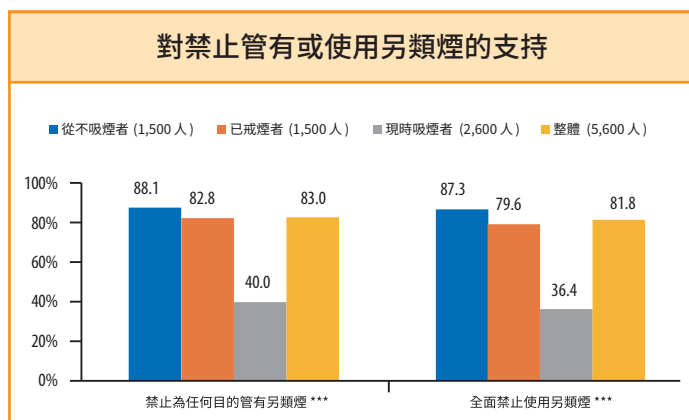
圖四



數據按 2023 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 值 <0.001)
沒有顯示「不知道」及「拒答」

現時香港禁止進口、推廣、製造、售賣及為商業目的管有另類煙。然而，禁令並未涵蓋使用及為非商業目的管有另類煙，形成漏洞。圖五顯示，83.0% 的所有受訪者支持將禁令擴展至禁止為任何目的管有另類煙，亦有大多數受訪者 (81.8%) 支持全面禁止使用另類煙。

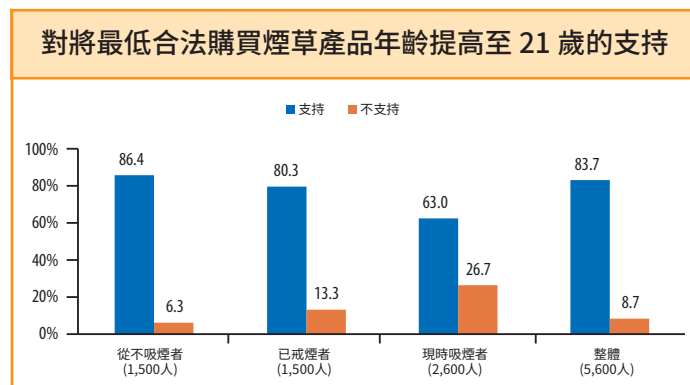
圖五



數據按 2023 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 值 <0.05, **P 值 <0.01, ***P 值 <0.001)

圖六顯示，超過四分之三（83.7%）的受訪者支持將最低合法購買煙草產品年齡提高至 21 歲，其中從不吸煙者（86.4%）及已戒煙者（80.3%）的支持度高於現時吸煙者（63.0%）。

圖六



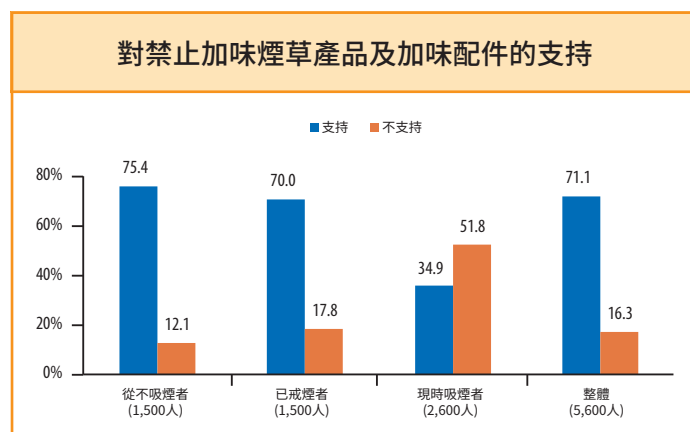
數據按 2023 年香港人口的年齡、性別及吸煙狀況分佈加權處理
卡方檢驗所算出的吸煙狀況差異明顯 (P 值 <0.001)
沒有顯示「不知道」及「拒答」

3.3.2 禁宣傳、減引誘

「禁宣傳、減引誘」策略下的措施旨在規管煙草產品中的添加劑、移除煙草產品包裝上的宣傳元素、及減少公眾於銷售點見到煙草產品。

圖七顯示，超過三分之二（71.1%）的受訪者支持全面禁止加味煙草產品及加味配件。從不吸煙者的支持率最高，達 75.4%，已戒煙者及現時吸煙者的支持率分別為 70.0% 及 34.9%。

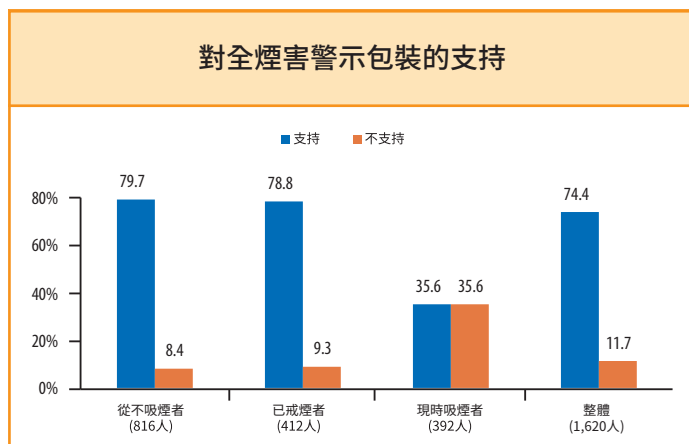
圖七



數據按 2023 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 值 <0.001)
沒有顯示「不知道」及「拒答」

圖八顯示，約四分之三（74.4%）的受訪者支持實施全煙害警示包裝。從不吸煙者（79.7%）和已戒煙者（78.8%）的支持率較高。至於現時吸煙者，支持與反對全煙害警示包裝的比例相約，均為 35.6%。

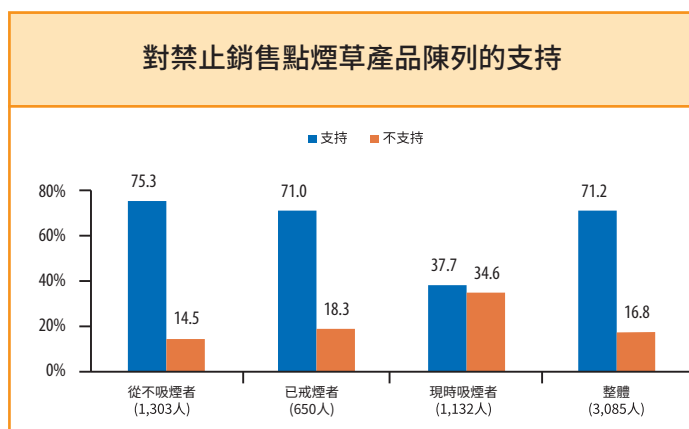
圖八



數據按 2023 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 值 <0.001)
沒有顯示「不知道」及「拒答」

圖九顯示，超過三分之二（71.2%）曾經在銷售點見過煙草產品陳列的受訪者支持禁止這些陳列。從不吸煙者（75.3%）和已戒煙者（71.0%）的支持率高於現時吸煙者（37.7%）。

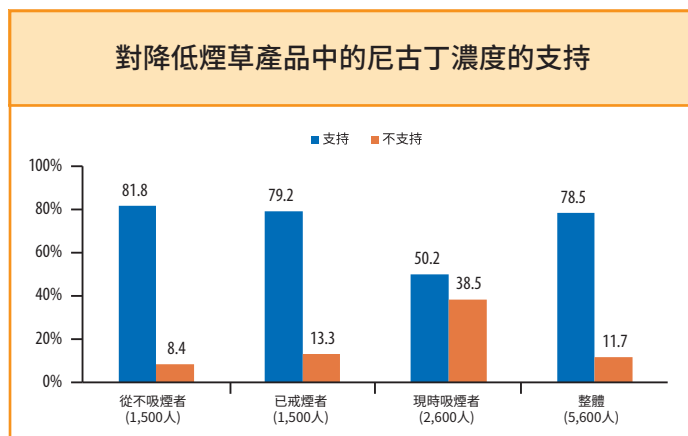
圖九



數據按 2023 年香港人口的年齡、性別及吸煙狀況分佈加權處理
只包括曾經在銷售點見過煙草產品陳列的受訪者
卡方檢驗所算出的吸煙狀況差異明顯 (P 值 <0.001)
沒有顯示「不知道」及「拒答」

圖十顯示，78.5% 的受訪者支持降低煙草產品中的尼古丁濃度。從不吸煙者的支持率為 81.8%，已戒煙者為 79.2%，而現時吸煙者的支持率則為 50.2%。

圖十



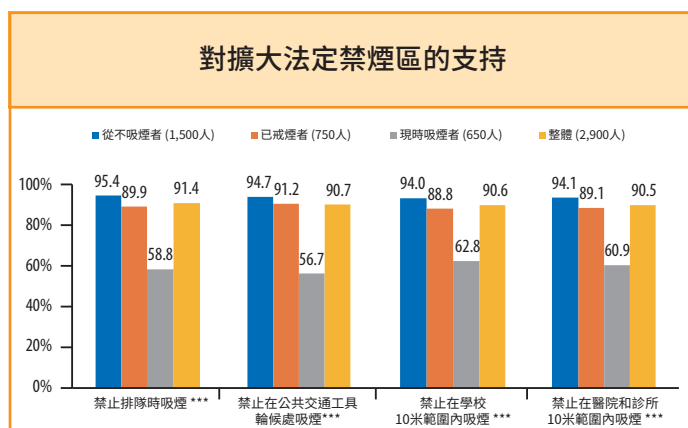
數據按 2023 年香港人口的年齡、性別及吸煙狀況分佈加權處理
卡方檢驗所算出的吸煙狀況差異明顯 (P 值 <0.001)
沒有顯示「不知道」及「拒答」

3.3.3 擴禁區、免煙害

自 2007 年起，所有室內公眾地方、室內工作間及部分室外公眾地方已被列為法定禁煙區，但二手煙接觸的情況依然普遍。「擴禁區、免煙害」策略下的措施旨在為非吸煙人士提供更全面的保護，減低吸煙帶來的危害，並加強市民遵守禁煙區法例。

幾乎所有受訪者（97.2%）均支持進一步擴大法定禁煙區。圖十一顯示受訪者對將法定禁煙區擴展至不同室外公眾地方的支持。超過九成受訪者支持禁止在所有公眾地方的輪候隊伍（91.4%）、公共交通工具輪候處（90.7%）、學校 10 米範圍內（90.6%）以及在醫院和診所 10 米範圍內（90.5%）吸煙。超過一半的現時吸煙者亦支持將上述地點劃為禁煙區。

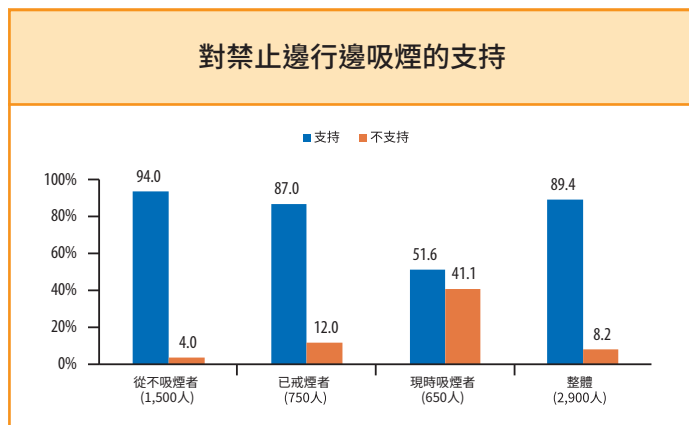
圖十一



數據按 2023 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 值 <0.05, **P 值 <0.01, ***P 值 <0.001)

圖十二顯示，89.4% 的受訪者支持禁止邊行邊吸煙的行為。從不吸煙者的支持率最高，達 94.0%；已戒煙者的支持率為 87.0%；而現時吸煙者的支持率則為 51.6%。

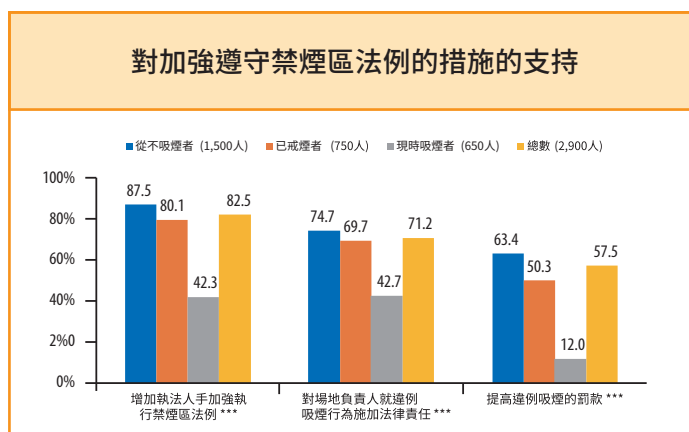
圖十二



數據按 2023 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 值 <0.001)
沒有顯示「不知道」及「拒答」

圖十三顯示市民對加強遵守禁煙區法例的措施的支持。大多數的受訪者支持增加執法人手執行禁煙區法例 (82.5%)，以及使場地負責人就禁煙區內的違例吸煙行為負上法律責任 (71.2%)。超過一半受訪者 (57.5%) 支持提高違例吸煙的罰款，建議的平均罰款金額為港幣 3,475.9 元，中位數為港幣 3,000 元。不同吸煙狀況人士對措施的支持程度有所不同，從不吸煙者對上述措施的支持度最高 (介乎 63.4% 至 87.5%)。

圖十三



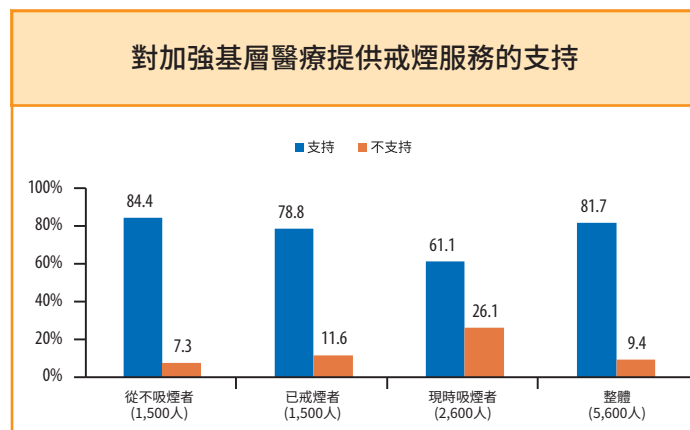
數據按 2023 年香港人口的年齡、性別及吸煙狀況分佈加權處理
卡方檢驗所算出的吸煙狀況差異明顯 (*P 值 <0.05, **P 值 <0.01, ***P 值 <0.001)

3.3.4 重教育、助戒煙

「重教育、助戒煙」策略下的措施旨在更有效協助吸煙人士戒煙，並加強預防學生吸煙的教育。

圖十四顯示，超過四分之三 (81.7%) 的受訪者支持加強基層醫療提供的戒煙服務。從不吸煙者 (84.4%) 和已戒煙者 (78.8%) 的支持率高於現時吸煙者 (61.1%)。

圖十四

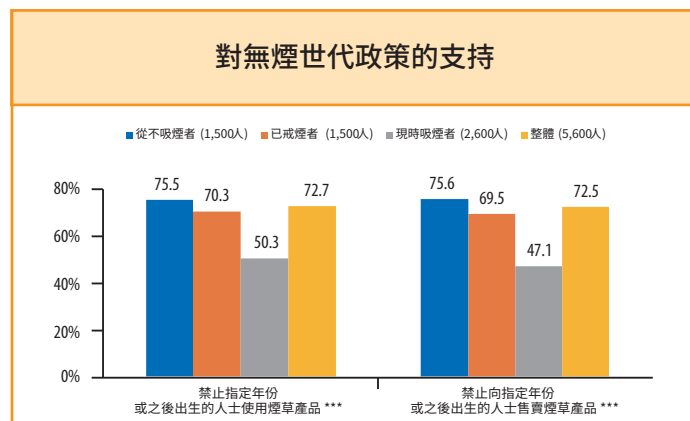


數據按 2023 年香港人口的年齡、性別及吸煙狀況分佈加權處理
卡方檢驗所算出的吸煙狀況差異明顯 (P 值 <0.001)
沒有顯示「不知道」及「拒答」

3.4 公眾對煙草終局的意見

圖十五顯示大部分受訪者支持無煙世代政策，72.7% 的受訪者支持禁止在指定年份或之後出生的人士使用煙草產品，而 72.5% 支持禁止向指定年份或之後出生的人士售賣煙草產品。近半現時吸煙者支持有關禁令。

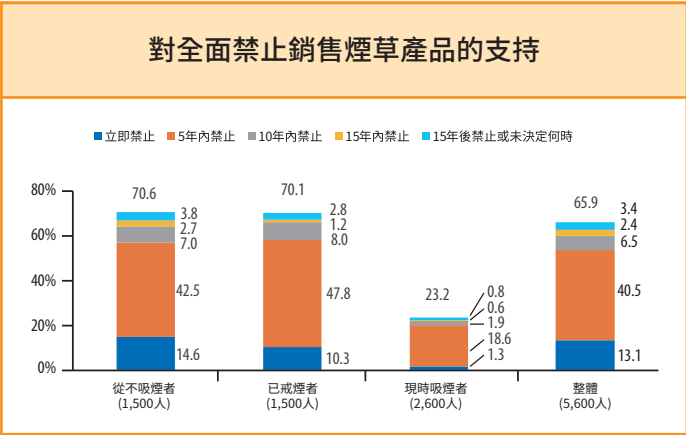
圖十五



數據按 2023 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 值 <0.05, **P 值 <0.01, ***P 值 <0.001)

圖十六顯示，65.9% 的受訪者支持全面禁止銷售煙草產品，包括 53.6% 支持該禁令於五年內實施。大多數的從不吸煙者 (70.6%) 及已戒煙者 (70.1%)，以及近四分之一 (23.2%) 現時吸煙者表示支持該禁令。

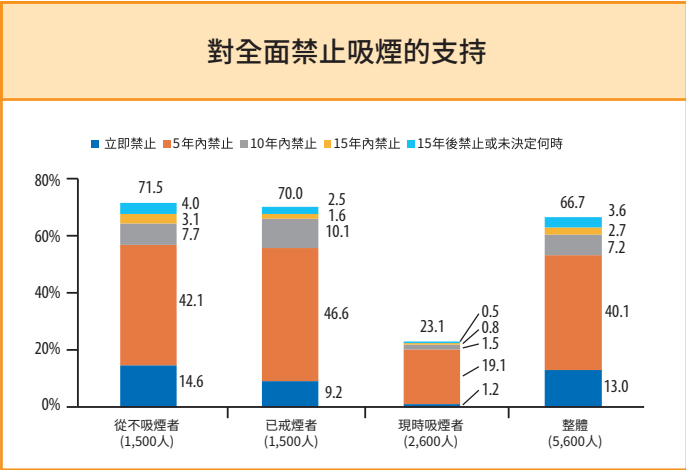
圖十六



數據按 2023 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 值 <0.001)
數據可能因四捨五入而無法完全相加

圖十七顯示，66.7% 的受訪者支持全面禁止吸煙，包括 53.1% 支持該禁令於五年內實施。大多數的從不吸煙者 (71.5%) 及已戒煙者 (70.0%)，以及近四分之一 (23.1%) 現時吸煙者支持該禁令。

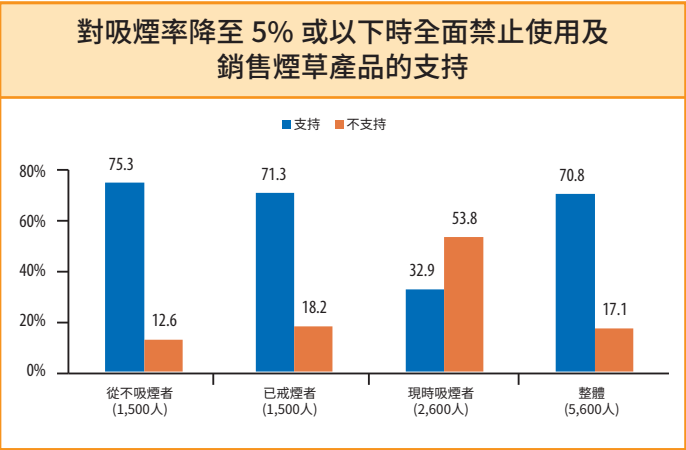
圖十七



數據按 2023 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 值 <0.001)
數據可能因四捨五入而無法完全相加

圖十八顯示，近四分之三 (70.8%) 的受訪者支持當吸煙率降至 5% 或以下時全面禁止使用及銷售煙草產品。從不吸煙者的支持度最高 (75.3%)，其次為已戒煙者 (71.3%)，而現時吸煙者的支持度則為 32.9%。

圖十八



數據按 2023 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 值 <0.001)
「不知道」/「拒絕回答」的回應未有展示

4. 討論

香港的吸煙率在 2023 年下降至 9.1%，⁴ 這有賴 1982 年以來多方面的控煙措施，包括訂立禁煙區、免費戒煙服務、大面積煙害圖象警示、煙草稅、以及禁止進口、推廣、製造、售賣及為商業目的管有另類煙。為進一步減低吸煙率，政府計劃實施新的或加強現有控煙措施，以減少煙草產品的供求、減低煙草產品的吸引力、加強保護市民免於二手煙、及加強無煙教育及戒煙支援。調查評估了市民對上述建議措施的支持。

具備追蹤功能的完稅煙標籤制度可加強遵守煙草稅法規，並有助打擊私煙。此做法符合國際最佳做法，包括世衛《煙草控制框架公約》(《公約》)《消除煙草製品非法貿易議定書》的建議，建立安全供應鏈追蹤與追查系統。⁵ 歐盟已根據《2014 年煙草產品指令》實施一套全面的追蹤與追查系統。⁶ 每個煙包均配備兩項互補的技術，分別是可供追蹤的獨特識別碼及一個可供驗證真偽的防偽標籤。該系統採用「分層實施模式」，由多方持份者與資料庫共同管理資料。歐盟的官方評估指出，這追蹤與追查系統已成功減少整個歐盟地區的煙草使用量，尤其對年輕人有顯著成效，從而帶來正面的公共衛生成果。^{7,8} 在香港，77.8% 受訪者支持實施完稅標籤制度，反映社會大眾對加強打擊私煙的強烈訴求。

自 2022 年 4 月 30 日起，香港已禁止進口、推廣、製造、售賣及為商業目的管有另類煙。另類煙透過誤導性的安全宣稱和積極的市場推廣，對青少年構成嚴重健康威脅。新加坡的《煙草（廣告與銷售管制）條例》⁹ 則採取更嚴格的規管框架，全面禁止電子煙的進口、分發、售賣、購買、使用及管有。該禁令由衛生部、教育部及入境部等部門共同執行，從而有效打擊另類煙的供應鏈及消費需求。在香港，市民對收緊另類煙禁令的支持度甚高，超過四分之三的受訪者支持禁止管有（83.0%）及使用（81.7%）另類煙。

透過提高煙草稅增加零售價格已被證實能有效減少煙草使用。¹⁰ 來自多個國家的證據顯示，在高收入國家中，煙草零售價格每上升 10%，煙草使用率平均會下降約 4%。¹⁰ 在香港，每次增加煙草稅後，致電戒煙熱線的數量都有明顯上升，說明增加煙草稅可促進戒煙意欲。¹¹ 本調查顯示，即使政府於 2023 年及 2024 年連續兩年增加煙草稅，公眾對增加煙草稅的支持仍然強烈，當中 69.8% 支持在 2025 年再次增加煙草稅，另有 68.9% 支持每年增加煙草稅。增加煙草稅是有效減低市民吸煙的誘因。本調查亦發現，24.3% 的現時吸煙者表示 2024 年增加煙草稅提升了他們的戒煙意願，而 33.7% 認為煙價是促使他們戒煙的動機。此外，21.5% 的現時吸煙者表示會因煙價上升而決定戒煙，18.6% 則會減少至少一半的吸煙量。（第 7.6 節）

加味捲煙在香港的捲煙中所佔的比例甚高，有 47.4% 的現時吸煙者表示曾經使用加味捲煙。這些加入了添加劑的煙草產品，如薄荷、水果或香料口味，旨在改善煙草口味並掩蓋刺喉感，特別受年輕及女性吸煙者歡迎。超過一半的年輕成年吸煙者（15 至 29 歲）（64.9%）及女性吸煙者（71.1%）現時使用加味捲煙。（第 7.1 節）再者，加味捲煙是吸煙的主要入門產品，有 34.6% 的現時吸煙者表示他們的第一口煙為加味捲煙。（第 7.1 節）目前已有超過 40 個國家，包括加拿大¹² 及歐盟成員國，¹³ 實施了符合世衛《公約》建議對加味煙的限制。加拿大與荷蘭在禁售薄荷煙後研究發現，禁止薄荷煙對每日吸薄荷煙者的戒煙意欲較吸非薄荷煙者增加、¹⁴⁻¹⁶ 成功戒煙比率上升、¹⁴⁻¹⁶ 以及復吸情況減少¹⁶ 有明顯關聯。這些研究結果與本地民意調查的強烈支持一致，調查顯示有 71.1% 的受訪者支持香港全面禁止加味煙。

全煙害警示包裝要求煙草產品採用統一設計包裝，並加上顯眼的健康警示，同時移除所有品牌元素，是全球減低煙草產品吸引力的重要策略之一。¹⁷⁻¹⁸ 澳洲是首個實施全煙害警示包裝的國家，此後，當地吸煙率下降了 0.5 個百分點，¹⁸ 成年吸煙者戒煙嘗試率增加 6.4%，¹⁹ 而致電戒煙服務熱線的數目更大幅上升 78%。²⁰ 越來越多國家實施全煙害警示包裝，包括法國、愛爾蘭、紐西蘭、挪威及英國等，以

及亞洲國家如老撾、緬甸、新加坡及泰國。我們的調查顯示，約四分之三（74.4%）的受訪者支持全煙害警示包裝。值得注意的是，35.6% 的現時吸煙者亦表示支持，比例高於澳洲在實施措施前的支持率（28.2%）²¹ 反映香港推行此政策的潛力更大，成功機會亦更高。

儘管香港的吸煙率持續下降，而法定禁煙區又不斷擴大，二手煙仍然是嚴重的公共衛生問題。我們的調查中約有一半（52.9%）受訪者表示在過去七日有接觸到二手煙（第 7.7 節）。香港人口稠密的城市環境，加上擁擠的居住和公共空間，使非吸煙者幾乎無法完全避開二手煙。公眾普遍支持將指定禁煙區擴展至所有公眾地方的輪候隊伍中（整體 91.4%，現時吸煙者為 58.8%）；以及將法定無煙區擴展至特定處所的出入口，例如學校、醫院和診所、以及公共交通工具輪候處。將無煙區擴展至這些地點，將可為市民，特別是老幼病弱，提供更強而有力的保護，減少二手煙帶來的健康負擔。

香港已建立一個全面的戒煙支援網絡，結合政府服務、非政府組織及私營醫療機構，提供多元化的戒煙支援，包括西醫、中醫及電子化輔助。然而，僅有 17.5% 的現時吸煙者曾使用過戒煙服務，22.1% 曾嘗試過尼古丁替代療法（第 7.4 節）。與國際水平相比，本地的戒煙率顯得更加令人關注。香港現時吸煙者的終生戒煙嘗試率為 26.5%（第 7.4 節），遠低於美國在 2022 年的 53.3%，²² 而整體服務使用率（17.5%，第 7.4 節）亦低於澳洲戒煙熱線 2016 年的使用率（34.6%）²³。大多數市民（81.7%）及 61.1% 現時吸煙者支持加強基層醫療的戒煙服務，反映戒煙服務需作出系統性改善。未來可考慮將戒煙支援納入日常基層醫療服務，特別是在地區健康中心等基層醫療機構中推行，並與工作場所合作提供即場戒煙計劃，以及擴展數碼干預措施（如人工智能聊天機械人和遙距診症）以提升可及性，吸引年輕吸煙者參與，並減少尼古丁替代療法的社會標籤。

經公眾諮詢收集不同持份者的意見後，政府於 2024 年 6 月宣布分階段推行多項控煙措施的計劃。當中建議短期內落實十項措施，包括：（一）推行完稅煙標籤制度以加強打擊私煙；（二）提高私煙活動的相關刑罰，包括將最高刑罰由港幣 100 萬元及監禁兩年提高至港幣 200 萬元及監禁七年；（三）擴展另類煙禁令至涵蓋於公眾地方管有另類煙用物質；（四）禁止向未成年人士提供煙草產品；（五）持續檢討煙草稅的成效；（六）禁止加味煙（包括薄荷味）；（七）推行全煙害警示包裝；（八）禁止在公共交通輪候處排隊及排隊進入指定處所時吸煙；（九）擴大禁煙範圍至老幼病弱常到的地方之出入口範圍並將違例吸煙定額罰款由港幣 1,500 元提高至港幣 3,000 元；及（十）透過擴展戒煙計劃以加強戒煙

支援服務和加強無煙教育。短期措施的立法工作現正進行中。本調查顯示，市民強烈支持這些措施。其他措施亦計劃在未來推行，包括，禁止在銷售點陳列煙草產品、禁止邊行邊吸煙、對法定禁煙區內的違例吸煙行為追究場地負責人的法律責任、以及推行「無煙世代」政策等。儘管這些措施尚未實施，本次調查顯示大多數受訪者表示支持。往後的調查將會持續監察市民對措施的支持，尤其是在短期措施實施之後。

十項短期措施及大部分中、長期措施其實早已在其他地區成功實施，並已被證實有效減少吸煙。香港應盡快立法推行有關措施，並考慮制定煙草終局計劃，以與國際步伐接軌。「煙草終局」是一項策略性概念，目標是將吸煙率降至 5% 或以下，²⁴ 並以淘汰吸煙行為為終極目標。即使在吸煙率較高的地區，亦已公布相關目標。雖然香港尚未訂立具體全面禁煙的計劃，但已具備推行煙草終局的有利條件，並獲得市民廣泛支持，65.9% 市民支持禁止售賣煙草，66.7% 支持禁止吸煙。這反映政府必須加強控煙工作，推行更創新及更嚴格的措施，以配合社會期望，實現煙草終局目標。

5. 研究局限

控煙政策調查 2024 的所有資料均由家居電話訪問及手提電話訪問收集，再按香港整體人口分布加權以提升代表性。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 歲或以上懂廣東話人士，但他們涵蓋了超過 95% 香港 15 歲或以上人口。此外，由於採用橫斷面設計，無法追蹤同一受訪者對控煙政策意見和吸煙模式隨時間的變化。

6. 結論

市民普遍支持政府建議的多項控煙措施，支持率介乎 65.9% 至 91.4%。這反映在煙草業種種阻撓及干預手段之下，迅速實施新控煙措施的民意基礎依然強大。當局應持續監測吸煙率及新控煙措施的成效。

7. 其他結果

7.1 加味捲煙的使用情況

- 約三分之一 (34.6%) 的現時捲煙吸煙者的第一口煙是加味捲煙，其中最普遍的是薄荷味 (78.1%)，其次是水果薄荷味 (13.8%) 和水果味 (5.6%)。

- 近一半的現時捲煙吸煙者 (47.4%) 使用加味捲煙。薄荷味 (70.6%) 最為普遍，其次為水果薄荷味 (36.4%) 和水果味 (9.9%)。
- 女性吸煙者 (71.1%) 及年齡介乎 15 至 29 歲的年輕吸煙者 (64.9%) 使用加味捲煙的情況顯著較普遍。

7.2 其他煙草產品的使用情況

- 在現時加熱煙使用者中，25.0% 為每日使用者。
- 在現時電子煙使用者中，21.7% 為每日使用者。
- 大多數現時水煙使用者大多偶爾使用水煙 (80.2%) 或只使用過水煙一兩次 (13.5%)。

7.3 另類煙禁令

- 2022 年 4 月 30 日起實施的另類煙禁令使約三分之一 (33.6%) 的加熱煙使用者及 41.9% 的電子煙使用者減少使用量。
- 超過四分之三 (82.8%) 的受訪者支持加重違反另類煙禁令的罰則。從不吸煙者 (88.0%) 及已戒煙者 (81.4%) 的支持率較現時吸煙者 (40.0%) 高。

7.4 現時吸煙者的戒煙嘗試

- 在現時吸煙者中，26.5% 曾經嘗試戒煙，包括 49.4% 在過去一至六個月內曾經嘗試戒煙。
- 在現時吸煙者中，上一次戒煙失敗的最常見原因包括與吸煙的朋友或同事見面 (22.3%)、無法集中精神 (14.3%)、以及退癮症狀 (12.2%)。
- 雖然大多數現時吸煙者 (73.1%) 表示知悉香港的戒煙服務，但相關服務仍未被廣泛使用，僅有 17.5% 的現時吸煙者曾尋求戒煙服務。
- 在各類戒煙藥物中，現時吸煙者最常使用的是尼古丁替代療法 (22.1%)，其次是中式食療或中藥 (7.4%) 及非尼古丁藥物 (5.4%)。

7.5 已戒煙者的戒煙的情況

- 已戒煙者平均戒煙 12.1 年。

- 超過一半 (57.6%) 的已戒煙者選擇逐漸減少吸煙，36.9% 則選擇一下子完全戒煙。
- 超過五分之一 (28.7%) 的已戒煙者主要透過使用戒煙藥物或服務戒煙。
- 在已戒煙者當中，16.5% 使用戒煙服務、6.1% 使用由家人購買的戒煙產品、4.6% 使用自行購買的戒煙產品。
- 在各類戒煙藥物中，已戒煙者最常使用的是尼古丁替代療法 (24.4%)，其次是非尼古丁藥物 (11.8%) 及中式食療或中藥 (8.4%)。
- 成功戒煙的主要原因包括堅定的決心 (70.9%)、良好的自我控制力 (66.6%) 及他人的支持 (42.5%)。

7.6 煙草稅

- 33.7% 的現時吸煙者認為現時煙價是可推動戒煙。
- 如果捲煙零售價上升，18.6% 的現時吸煙者會減少吸煙量一半。可推動減少吸煙的捲煙零售價的平均值及中位數分別為港幣 147.5 元及港幣 140.0 元。
- 如果捲煙零售價上升，21.5% 的現時吸煙者會戒煙。可推動戒煙的捲煙零售價的平均值及中位數分別為港幣 221.8 元及港幣 180.0 元。
- 如果捲煙零售價上升，27.5% 的現時吸煙者會減少吸煙量一半或戒煙。可推動減少吸煙或戒煙的捲煙零售價的平均值及中位數分別為港幣 156.0 元及港幣 130.0 元。
- 24.3% 的現時吸煙者表示 2024 年 2 月上調煙草稅增加意欲戒煙。

7.7 二手煙及三手煙

- 超過一半 (52.9%) 的受訪者表示在過去七天曾在任何地方吸入過二手煙。現時吸煙者 (58.7%) 及已戒煙者 (53.4%) 較從不吸煙者 (36.2%) 更普遍吸入二手煙。
- 36.1% 的受訪者於過去七天曾經在家中吸入二手煙。20.1% 吸入來自自己家中的二手煙，而 29.2% 吸入來自鄰居的二手煙。

- 約三分之一 (32.4%) 的在職受訪者表示在過去七天曾在工作場所吸入過二手煙。
- 44% 的受訪者在過去七天內曾在家或工作場所以外地方吸入過二手煙。
- 在所有受訪者中，19.5% 和 33.8% 分別在家中和在家以外的室內場所接觸到三手煙。

7.8 煙害警示

- 約一半 (52.3%) 的受訪者曾見過煙包上的煙害圖象警示，當中包括 62.6% 的現時吸煙者、49.0% 的已戒煙者及 51.3% 的從不吸煙者。
- 在曾見過煙包上的煙害圖象警示的現時吸煙者中，10.5% 表示若煙包有所更改會考慮戒煙；10.4% 表示若每支捲煙上均印有警示語句會考慮戒煙；8.7% 表示若煙包新增「每兩位長期吸煙者便有一位死於吸煙」的警告字句會考慮戒煙；6.8% 表示若煙包內加入顯示吸煙危害資訊的卡片會考慮戒煙。

7.9 煙草廣告和推廣

- 大多數 (85.4%) 的受訪者曾在銷售點見過煙草產品陳列，43.3% 在過去 30 日通常或偶爾見到這些陳列。
- 曾經見過銷售點煙草產品陳列的受訪者中，11.9% 認為這些陳列具有吸引力或非常吸引。

7.10 法定禁煙區

- 絕大部分受訪者支持禁止在繁忙街道 (90.2%)、屋苑所有公共地方 (88.3%)、餐廳和酒吧的室外座位區 (84.8%)、辦公大樓入口三米範圍內 (84.3%)、所有有天花板的公共地方 (84.3%) 以及所有室外公眾地方 (78.8%) 吸煙。

8. 參考文獻

1. Thematic household survey report no. 75: Pattern of smoking. Hong Kong Special Administrative Region: Census and Statistics Department; 2022.
2. Ng CS, Yu CWS, Leung L, Wong EK, Ho SY, Ip DK, et al. Economic costs of tobacco-related diseases in Hong Kong in 2021. *Tobacco Control*. 2024.
3. Government puts forward more targeted tobacco control measures to bring down tobacco hazards (with photo) [press release]. Hong Kong Special Administrative Region: The government of the Hong Kong special administrative region 2024.
4. Thematic Household Survey Report - Report No. 79 - Pattern of Smoking. Hong Kong Special Administrative Region; 2024.
5. Secretariat WF. WHO framework convention on tobacco control. Geneva: World Health Organization. 2003.
6. Directive 2014/40/EU of the European Parliament and of the Council of 3 April 2014 on the approximation of the laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco and related products and repealing Directive 2001/37/EC Text with EEA relevance, (2014).
7. Borkowski F, Twomey C. Confronting Illicit Tobacco Trade: A Global Review of Country Experiences: European Union: Confronting Illicit Tobacco Trade: An Update on EU Policies. 2019.
8. Commission E, Health D-Gf, Safety F, S.A I, Europe R. Support study to the report on the application of Directive 2014/40/EU – Final report: Publications Office; 2021.
9. Commencement of the Tobacco (Control of Advertisements and Sale) Amendment Act 2017 [press release]. Singapore: MINISTRY OF HEALTH SINGAPORE 2018.
10. Chaloupka FJ, Yurekli A, Fong GT. Tobacco taxes as a tobacco control strategy. *Tobacco control*. 2012;21(2):172-80.
11. Factsheet on Strengthening Tobacco Control Measures. Hong Kong Special Administrative Region: Hong Kong Council on Smoking and Health; 2024.
12. Chaiton MO, Cunningham R, Hagen L, Dubray J, Borland T. Taking global leadership in banning menthol and other flavours in tobacco: Canada's experience. *BMJ Publishing Group Ltd*; 2022.
13. for Smoking EN, Prevention T. Ban on menthol cigarettes: European Union member states shall prohibit the placing on the market of tobacco products with a characterising flavour. *Tobacco Prevention & Cessation*. 2020;6:40.
14. Kyriakos CN, Driezen P, Fong G, Chung-Hall J, Hyland A, Geboers C, et al. Impact of the European Union's menthol cigarette ban on smoking cessation outcomes: longitudinal findings from the 2020–2021 ITC Netherlands Surveys. *Tobacco Control*. 2024;33(3):302-9.
15. Chaiton MO, Nicolau I, Schwartz R, Cohen JE, Soule E, Zhang B, et al. Ban on menthol-flavoured tobacco products predicts cigarette cessation at 1 year: a population cohort study. *Tobacco control*. 2020;29(3):341-7.
16. Chung-Hall J, Fong GT, Meng G, Cummings KM, Hyland A, O'Connor RJ, et al. Evaluating the impact of menthol cigarette bans on cessation and smoking behaviours in Canada: longitudinal findings from the Canadian arm of the 2016–2018 ITC Four Country Smoking and Vaping Surveys. *Tobacco control*. 2022;31(4):556-63.
17. Cohen JE, Zhou S, Goodchild M, Allwright S. Plain packaging of tobacco products: lessons for the next round of implementing countries. *Tobacco induced diseases*. 2020;18:94.
18. McNeill A, Bauld L, Hammond D, Hartmann-Boyce J. Tobacco packaging design for reducing tobacco use. *Cochrane Database of Systematic Reviews*. 2017(4).
19. Scollo M, Zacher M, Coomber K, Bayly M, Wakefield M. Changes in use of types of tobacco products by pack sizes and price segments, prices paid and consumption following the introduction of plain packaging in Australia. *Tobacco Control*. 2015;24(Suppl 2):ii66-ii75.
20. Miller CL, Ettridge KA, Wakefield MA. "You're made to feel like a dirty filthy smoker when you're not, cigar smoking is another thing all together." Responses of Australian cigar and cigarillo smokers to plain packaging. *Tobacco control*. 2015;24(Suppl 2):ii58-ii65.
21. Swift E, Borland R, Cummings KM, Fong GT, McNeill A, Hammond D, et al. Australian smokers' support for plain or standardised packs before and after implementation: findings from the ITC Four Country Survey. *Tobacco control*. 2015;24(6):616-21.

22. VanFrank B MA, Cornelius ME, Schechter A, Jamal A, Tynan M. Adult Smoking Cessation — United States, 2022. MMWR Morb Mortal Wkly Rep 2024. 2024;2024;73:633–641.
23. White SL, McCaffrey N, Scollo MM. Tobacco dependence treatment in Australia - an untapped opportunity for reducing the smoking burden. Public Health Res Pract. 2020;30(3).
24. Selvan ST, Yeo XX, van der Eijk Y. Which countries are ready for a tobacco endgame? A scoping review and cluster analysis. The Lancet Global Health. 2024;12(6):e1049-e58.

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Tobacco Control Policy-related Survey 2024

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Next Phase of Tobacco Control in Hong Kong

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1. Introduction

Despite a decline in smoking prevalence to 9.1% in 2023,¹ tobacco use remains a significant public health threat in Hong Kong. An estimated 577,300 adults smoke daily, and smoking and secondhand smoke (SHS) together account for nearly 14,000 deaths each year.¹ Tobacco-related morbidity imposed an annual economic burden of approximately HK\$8.2-9.9 billion.² In line with the World Health Organization (WHO)'s target to reduce non-communicable diseases, the Hong Kong Special Administrative Region Government has targeted to reduce the smoking prevalence to 7.8% by 2025.

To inform future tobacco control policies, a public consultation titled "Vibrant, Healthy and Tobacco-free Hong Kong" was launched in mid-2023. Over 90% of respondents supported further reductions in the smoking prevalence to achieve a smoke-free Hong Kong.³ The Government later proposed a comprehensive plan comprising short-term, medium-term, and long-term measures under four key strategies. (1) To regulate supply and suppress demand of tobacco products, a duty stamp on duty-paid tobacco packs, increased penalties for illicit tobacco activities, a ban on possession of alternative smoking products (ASPs) for any purposes, restriction of access to tobacco products in minors, a ban on tobacco sales to people born on or after a specific date, continuous assessment of the effectiveness of tobacco tax increase, and

a tobacco tax adjustment mechanism aligned with inflation are proposed. (2) To ban tobacco promotion and reduce the attractiveness of tobacco products, the Government seeks to ban flavoured tobacco, implement plain packaging, and restrict product features, such as nicotine levels and cigarette appearance. (3) To expand no-smoking areas and mitigate harm, it is suggested to prohibit smoking while queuing, ban smoking in areas where the vulnerable frequent, ban smoking while walking, increase penalties for smoking offences, and impose legal liabilities of smoking offences on venue managers. (4) To enhance education and support cessation, it is suggested to strengthen smoking cessation services and bolster anti-smoking education and publicity.

The Tobacco Control Policy-related Survey (TCPS), gathers data on comprehensive smoking-related topics, including smoking behaviours, the impact of tobacco control policies and opinions on current and future policies. It provides critical data to support advances in tobacco control in Hong Kong, including tobacco tax increases, a ban on ASP sales, enlargement of pictorial health warnings (PHWs), and expansion of statutory no-smoking areas (NSAs). The report illustrates public support for the tobacco control strategies that the Government plans to implement.

2. Methods

2.1 Study design and participants

TCPS 2024 was a cross-sectional survey conducted from January to early May 2024. Hong Kong residents aged 15 years or above who spoke Cantonese were recruited. Target respondents were (1) current smokers who used any form 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 form of smoking products.

The Social Policy Research Limited was commissioned to conduct landline and mobile phone interviews to collect data. Initial calls took place between 2:00 pm and 10:30 pm, on weekdays and weekends, to cover respondents with diverse working hours across various 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 respondents who were willing to participate in follow-up surveys. Respondents could withdraw from the study at any time without providing a reason and with no consequences.

2.2 Sampling methods

TCPS 2024 recruited 5,600 respondents, including 2,600 current smokers, 1,500 ex-smokers and 1,500 never smokers. A quarter of respondents (25.0%, $n = 1,400$) were recruited through landline interviews, while the remaining (75%, $n = 4,200$) were recruited through mobile phone interviews. Ex- and current smokers were oversampled purposely for more precise estimates and detailed analysis on smoking behaviours, given the relatively small proportions of the two groups in the 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 out, and the remaining numbers were randomly mixed to produce the final sampling frame. When a telephone contact was successfully established with a target household, one person from the household was selected using the “next birthday” rule among all eligible household members. For mobile phone interviews, numbers were randomly generated using known prefixes assigned to telecommunications service providers under the Numbering Plan of the Communications Authority and mixed in a 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 waves of TCPS and consisted of two sections: core questions and random questions. Core questions were answered by all respondents and consisted of questions on smoking status, smoking cessation service and product use, health conditions, tobacco tax, and tobacco endgame, etc. Random questions were designed for random subsets of respondents with specific smoking status (4 for current smokers, 2 for ex-smokers and 1 for never smokers), covering SHS, thirdhand smoke (THS), NSA, PHW, point-of-sale (POS) tobacco product display, 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 2023 Hong Kong population (inmates of correctional institutions, domestic helpers and persons living on board vessels were excluded).⁴ 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. A chi-square test or linear regression was used to examine the differences between 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

Current smokers (83.7%) and ex-smokers (87.6%) were more likely to be male compared to never smokers (39.7%) ($P < 0.001$). A higher proportion of current smokers (72.6%) and ex-smokers (85.9%) were aged 40 years or older compared to never smokers (64.3%) ($P < 0.001$). Never smokers were more likely to have had tertiary education (34.8%) compared to ex-smokers (15.5%) and current smokers (19.0%) ($P < 0.001$).

3.2 Use of smoking products

The prevalence of current use of smoking products was 9.9%. Conventional cigarettes (9.3%) were most commonly used, followed by electronic cigarettes (e-cigarettes) (1.2%), cigar (0.7%), heated tobacco products (HTPs) (0.4%), waterpipe tobacco (0.3%) and other tobacco products (0.1%). Majority (70.3%) of current cigarette smokers smoked daily or almost daily, with an average daily cigarette consumption of 11.7 sticks. Close to two-thirds (63.3%) had heavier nicotine dependence as they smoked the first cigarette within 30 minutes after waking up.

3.3 Public opinions on tobacco control measures

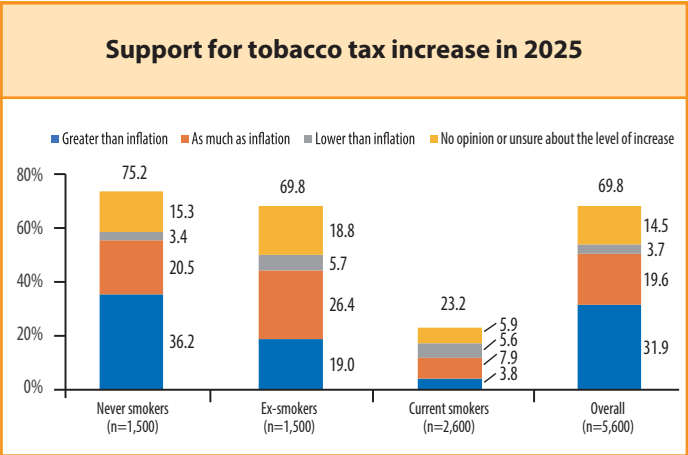
3.3.1 Regulate Supply, Suppress Demand

Measures under the “Regulate Supply, Suppress Demand” strategy target to raise tobacco retail price, strengthen crackdowns on illicit cigarettes, prohibit ASP possession for any purposes, and restrict access to tobacco products in minors.

Figure 1 shows that 75.2% of never smokers, 69.8% of ex-smokers and 23.2% of current smokers supported tobacco tax increase in 2025, contributing to an overall support of 69.8%. Support for an increase at least with inflation was highest among never smokers (56.7%) and ex-smokers (45.4%), compared to current smokers (11.7%).

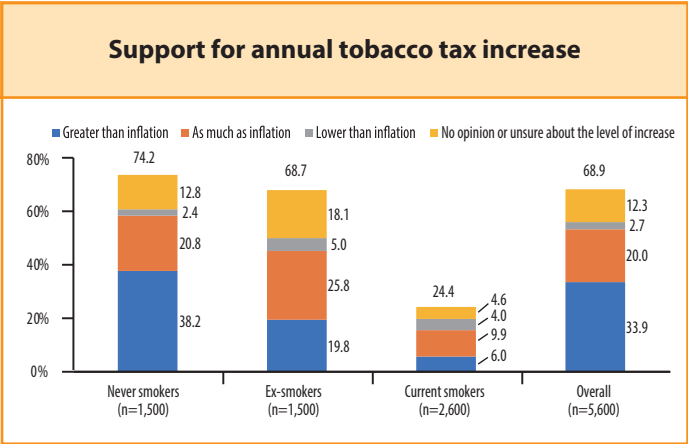
Figure 2 shows that 68.9% of respondents supported annual tobacco tax increase, including 74.2% of never smokers, 68.7% of ex-smokers and 24.4% of current smokers. Over half (53.9%) of respondents agreed that the increase should be at least with or greater than inflation.

Figure 1



Results were weighted by sex, age and smoking status of the 2023 Hong Kong population.
Difference by smoking status was tested by the Chi-square test (P<0.001).
Breakdown may not add up due to rounding.

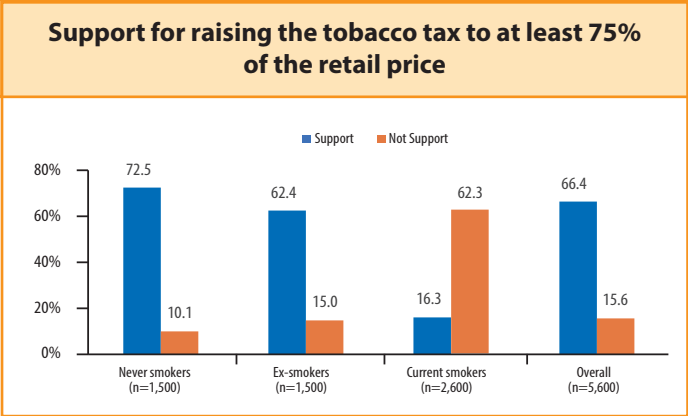
Figure 2



Results were weighted by sex, age and smoking status of the 2023 Hong Kong population.
Difference by smoking status was tested by the Chi-square test (P<0.001)
Breakdown may not add up due to rounding.

Figure 3 shows that two-thirds (66.4%) of all respondents supported raising the tobacco tax to at least 75% of the retail price. The highest support was among never smokers, with a rate of 72.5%, compared to 62.4% among ex-smokers and 16.3% among current smokers.

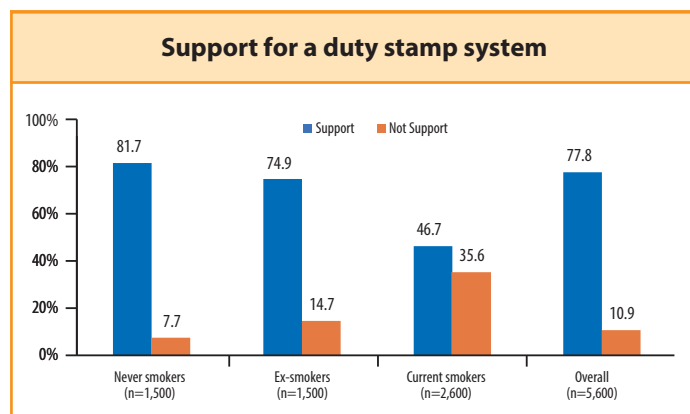
Figure 3



Results were weighted by sex, age and smoking status of the 2023 Hong Kong population.
Difference by smoking status was tested by the Chi-square test (P<0.001).
“Don’t know”/“Refuse to answer” is not shown.

Figure 4 shows that over three-quarters (77.8%) of all respondents supported mandating a duty stamp on the package and/or body of duty-paid tobacco products. The support was highest among never smokers, with 81.7% in favour of the ban, compared to 74.9% among ex-smokers and 46.7% among current smokers.

Figure 4



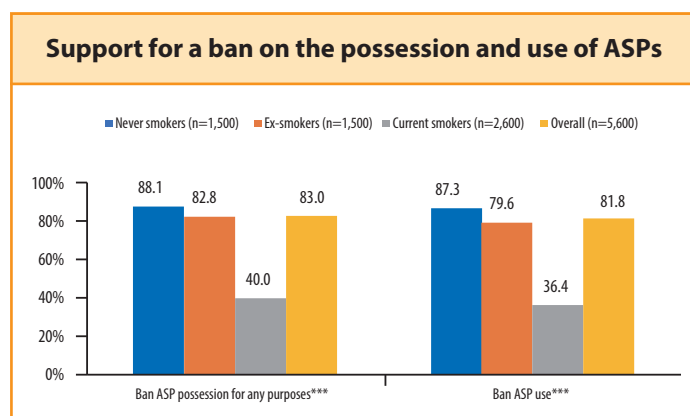
Results were weighted by sex, age and smoking status of the 2023 Hong Kong population.

The difference by smoking status was tested by the Chi-square test ($P < 0.001$).

"Don't know"/"Refuse to answer" is not shown.

Hong Kong currently prohibits the import, promotion, manufacture, sale and possession for commercial purposes of ASPs. However, the ban excludes using and possessing ASPs for non-commercial purposes, which becomes a loophole. Figure 5 shows that 83.0% of all respondents supported extending the ban to possession for any purpose. A ban on ASP use is also supported by the majority of respondents (81.8%).

Figure 5

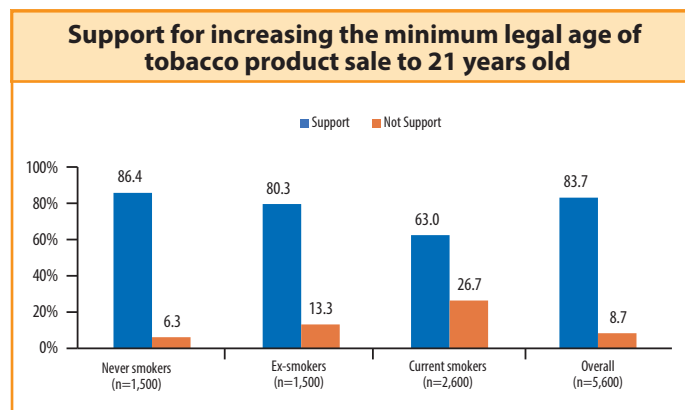


Results were weighted by sex, age and smoking status of the 2023 Hong Kong population.

Difference by smoking status was tested by the Chi-square test (* $P < 0.05$, ** $P < 0.01$, *** $P < 0.001$).

Figure 6 shows that over three-quarters (83.7%) of all respondents supported increasing the minimum legal age of tobacco product sales to 21 years old, with more significant support among never smokers (86.4%) and ex-smokers (80.3%) than among current smokers (63.0%).

Figure 6



Results were weighted by sex, age and smoking status of the 2023 Hong Kong population.

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

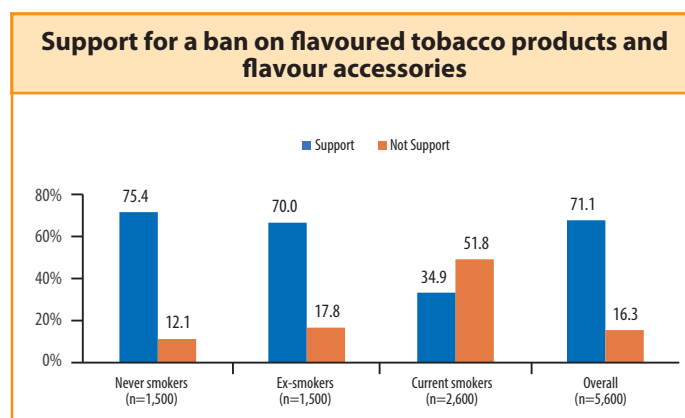
"Don't know"/"Refuse to answer" is not shown.

3.3.2 Ban Promotion, Reduce Attractiveness

Measures under the "Ban Promotion, Reduce Attractiveness" strategy seek to regulate additives in tobacco products, remove promotional elements from tobacco packages and reduce exposure to tobacco products at POS.

Figure 7 shows that over two-thirds (71.1%) of respondents supported a total ban on flavoured tobacco products and flavour accessories. The support was highest among never smokers, at 75.4%, compared to 70.0% among ex-smokers and 34.9% among current smokers.

Figure 7



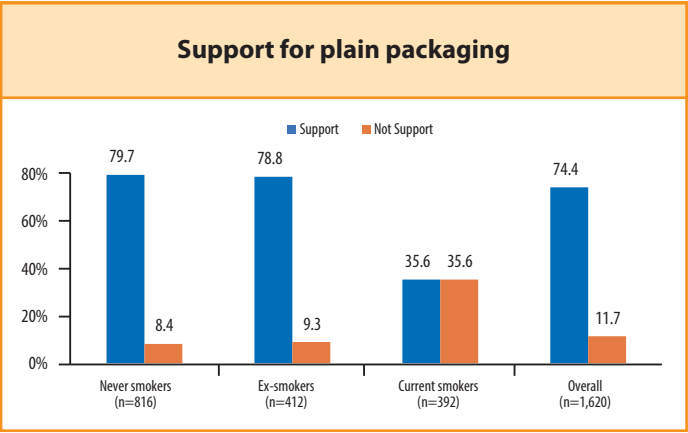
Results were weighted by sex, age and smoking status of the 2023 Hong Kong population.

Difference by smoking status was tested by the chi-square test ($P < 0.001$).

"Don't know"/"Refuse to answer" is not shown.

Figure 8 shows that around three-quarters (74.4%) of all respondents supported plain packaging, with stronger support in never smokers (79.7%) and ex-smokers (78.8%). In current smokers, equal proportions of respondents supported (35.6%) and opposed (35.6%) plain packaging.

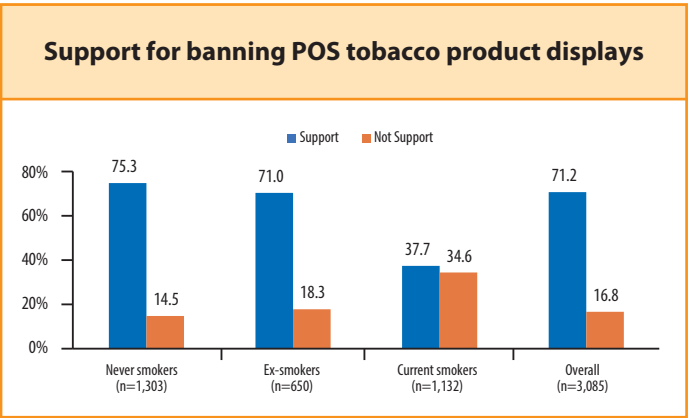
Figure 8



Results were weighted by sex, age and smoking status of the 2023 Hong Kong population. Difference by smoking status was tested by the Chi-square test ($P<0.001$). "Don't know"/"Refuse to answer" is not shown.

Figure 9 shows that over two-thirds (71.2%) of respondents who had ever been exposed to POS tobacco product displays supported banning the displays, with greater support in never smokers (75.3%) and ex-smokers (71.0%) than current smokers (37.7%).

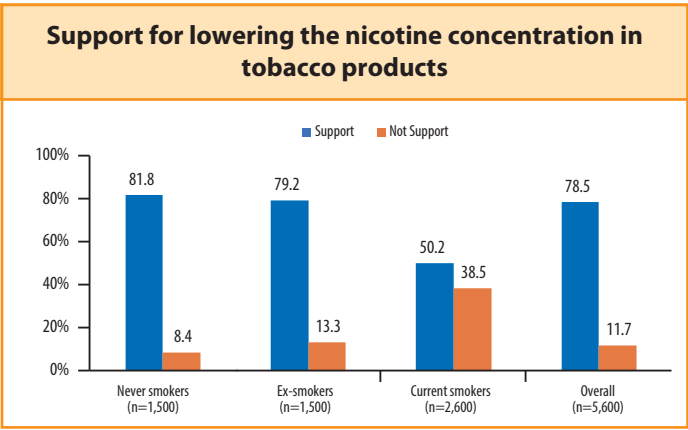
Figure 9



Results were weighted by sex, age and smoking status of the 2023 Hong Kong population. Difference by smoking status was tested by the Chi-square test ($P<0.001$). Only respondents who had ever been exposed to POS tobacco product displays were included. "Don't know"/"Refuse to answer" is not shown.

Figure 10 shows that 78.5% of all respondents supported lowering the nicotine concentration in tobacco products, with greater support among never smokers (81.8%) and ex-smokers (79.2%) compared to current smokers (50.2%).

Figure 10



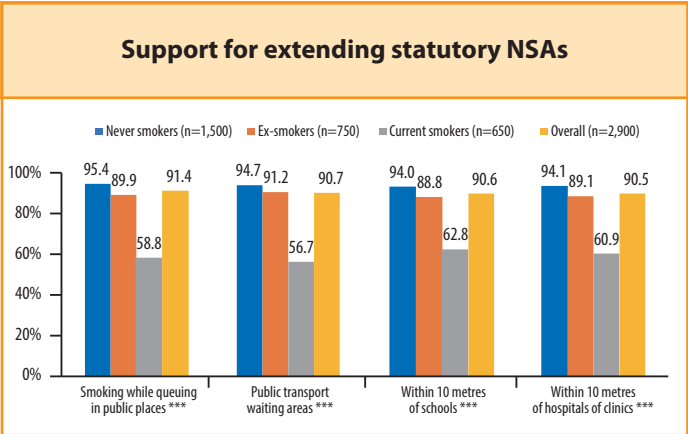
Results were weighted by sex, age and smoking status of the 2023 Hong Kong population. Difference by smoking status was tested by the Chi-square test ($P<0.001$). "Don't know"/"Refuse to answer" is not shown.

3.3.3 Expand No Smoking Areas, Mitigate Harm

Since 2007, all indoor public places and indoor workplaces, and some outdoor public places have been designated as statutory NSAs, but the prevalence of SHS exposure remains high. Measures under the "Expand No Smoking Areas, Mitigate Harm" strategy seeks to provide wider protection for non-smokers from harms of smoking and increase compliance with smoke-free laws.

Almost all (97.2%) respondents supported further extending statutory NSAs. Figure 11 shows the support for extending statutory NSAs to different outdoor public places. Over 90% of respondents supported banning smoking in all queues in public places (91.4%), public transportation waiting areas (90.7%), within 10 meters of schools (90.6%), and within 10 meters of hospitals and clinics (90.5%). Over half of the current smokers supported expanding NSAs to the above locations.

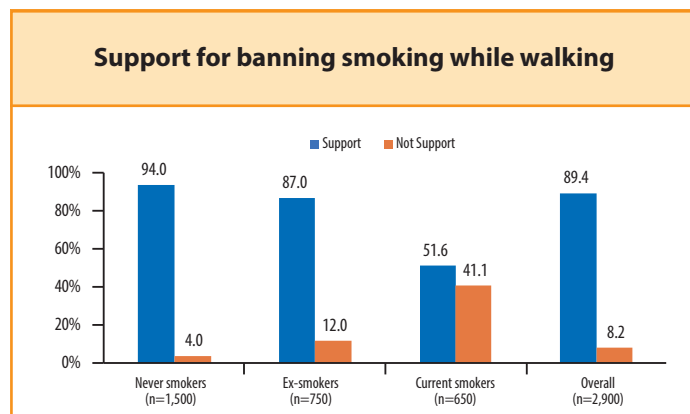
Figure 11



Results were weighted by sex, age and smoking status of the 2023 Hong Kong population. Difference by smoking status was tested by the Chi-square test (* $P<0.05$, ** $P<0.01$, *** $P<0.001$).

Figure 12 shows that 89.4% of all respondents supported banning smoking while walking, with greater support in never smokers (94.0%) and ex-smokers (87.0%) than current smokers (51.6%).

Figure 12



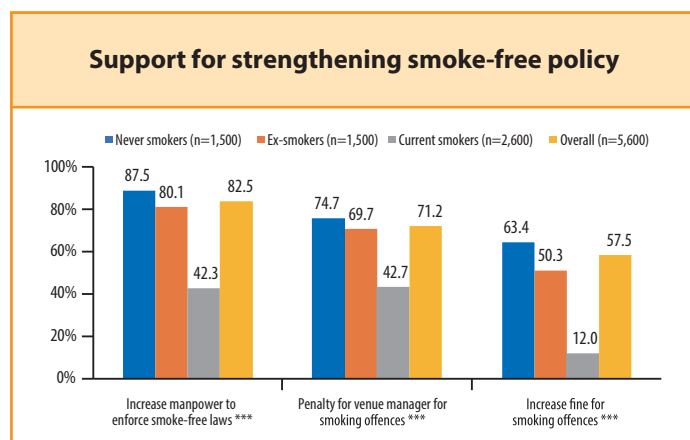
Results were weighted by sex, age and smoking status of the 2023 Hong Kong population.

Difference by smoking status was tested by the Chi-square test ($P < 0.001$)

"Don't know"/"Refuse to answer" is not shown.

Figure 13 shows the support for increasing compliance with smoke-free laws. Most respondents supported increasing manpower to enforce smoke-free laws (82.5%) and imposing penalties on venue managers for smoking offences (71.2%). Over half (57.5%) supported increasing fines on smokers for smoking offences, and the mean and median suggested fine was respectively HK\$3,475.9 and HK\$3,000. Support varied across smoking status, with never smokers showing the highest support (ranging from 63.4% to 87.5%) for all measures.

Figure 13



Results were weighted by sex, age and smoking status of the 2023 Hong Kong population.

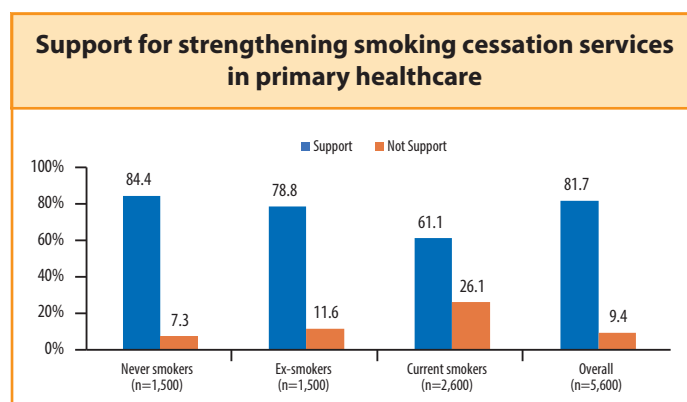
Difference by smoking status was tested by the Chi-square test (* $P < 0.05$, ** $P < 0.01$, *** $P < 0.001$).

3.3.4 Enhance Education, Support Cessation

Measures under the "Enhance Education, Support Cessation" strategy seeks to better assist smokers to quit smoking and strengthen tobacco prevention education on students.

Figure 14 shows that over three-quarters (81.7%) of all respondents supported strengthening smoking cessation services provided by primary healthcare, with stronger support in never smokers (84.4%) and ex-smokers (78.8%) than current smokers (61.1%).

Figure 14



Results were weighted by sex, age and smoking status of the 2023 Hong Kong population.

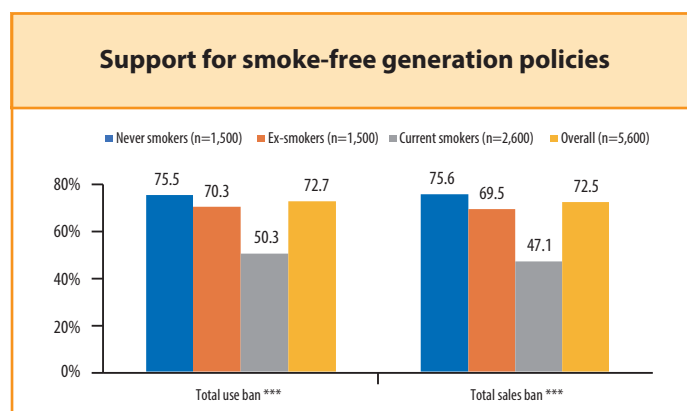
Difference by smoking status was tested by the Chi-square test ($P < 0.001$)

"Don't know"/"Refuse to answer" is not shown.

3.4 Public opinions on tobacco endgame

Figure 15 shows that majority of respondents supported smoke-free generation policies, with 72.7% and 72.5% supporting to ban tobacco use in and tobacco sales to individuals born in or after a specific year, respectively. Nearly half of current smokers supported the bans.

Figure 15

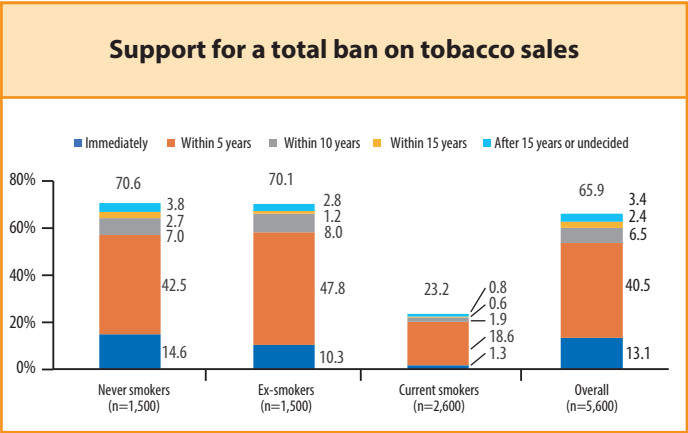


Results were weighted by sex, age and smoking status of the 2023 Hong Kong population.

Difference by smoking status was tested by the Chi-square test (* $P < 0.05$, ** $P < 0.01$, *** $P < 0.001$).

Figure 16 shows that 65.9 % of all respondents supported a total ban on tobacco sales, with 53.6% expecting a ban in five years. Majority of never smokers (70.6%) and ex-smokers (70.1%), and nearly one-fourth (23.2%) of current smokers supported the ban.

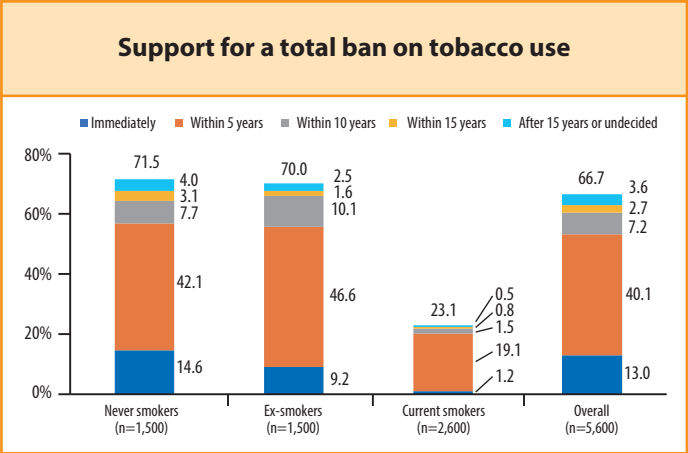
Figure 16



Results were weighted by sex, age and smoking status of the 2023 Hong Kong population.
Difference by smoking status was tested by the Chi-square test ($P<0.001$).
Breakdown may not add up due to rounding.

Figure 17 shows that 66.7% of all respondents supported a total ban on tobacco use, with 53.1% expecting a ban in five years. The majority of never smokers (71.5%) and ex-smokers (70.0%), and nearly one-fourth (23.1%) of current smokers supported the ban.

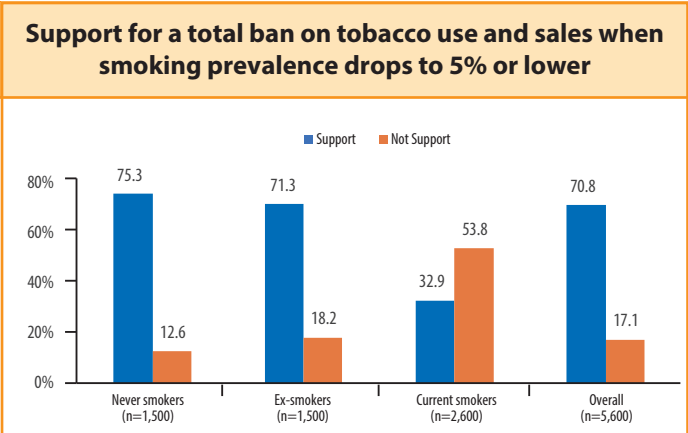
Figure 17



Results were weighted by sex, age and smoking status of the 2023 Hong Kong population.
Difference by smoking status was tested by the Chi-square test ($P<0.001$).
Breakdown may not add up due to rounding.

Figure 18 shows that nearly three-quarters (70.8%) of all respondents supported a total ban on tobacco use and sales when smoking prevalence drops to 5% or lower, with stronger support in never smokers (75.3%) and ex-smokers (71.3%) than current smokers (32.9%).

Figure 18



Results were weighted by sex, age and smoking status of the 2023 Hong Kong population.
Difference by smoking status was tested by the Chi-square test ($P<0.001$).
“Don’t know”/ “Refuse to answer” is not shown

4. Discussion

The smoking prevalence in Hong Kong declined to 9.1% in 2023,⁴ following multipronged tobacco control measures since 1982, including smokefree legislations, provision of free smoking cessation services, large pictorial health warnings, taxation, and a ban on the import, promotion, manufacture, sale and possession for commercial purposes of ASPs. To further curb smoking rates, the Government has planned to introduce or strengthen measures to reduce the demand and supply of tobacco products, reduce the attractiveness of tobacco products, strengthen protection against SHS, and strengthen anti-smoking education and smoking cessation support. TCPS 2024 evaluated the public support for the proposed strategies.

A duty stamp system with a track-and-trace function can enhance tax compliance and help combat illicit trade. This approach aligns with global best practices, including securing supply chains with track-and-trace (T&T) systems, a recommendation from the Protocol to Eliminate Illicit Trade in Tobacco Products under the WHO Framework Convention on Tobacco Control.⁵ The European Union (EU) has implemented a comprehensive T&T system, derived from the 2014 Tobacco Products Directive.⁶ Each package of tobacco products is equipped with two complementary technologies: a unique identifier for traceability and a security feature for authenticity. Data are managed by a "disaggregated implementation model" with a multi-tiered ecosystem of different stakeholders and databases. The official EU assessment concluded that the

T&T system has successfully reduced tobacco consumption across the EU, particularly among young people, resulting in positive public health outcomes.^{7,8} In Hong Kong, the strong public support of 77.8% for a duty stamp system reflects a call for increased efforts to combat illicit tobacco products.

Starting from 30 April 2022, Hong Kong has banned the import, promotion, manufacture, sale, and possession for commercial use of ASPs. ASPs pose serious health threats to youth through aggressive marketing and misleading safety claims. Singapore has adopted a stricter regulatory framework under the Tobacco (Control of Advertisements and Sale) Act,⁹ prohibiting the import, distribution, sale, purchase, use, and possession of e-cigarettes. This ban is enforced through a coordinated approach involving health, education and immigration departments. This strategy disrupts the supply chain and consumer demand for ASPs. In Hong Kong, strong public support exists for stricter measures against ASPs, with over three-quarters backing bans on possession (83.0%) and use (81.7%).

Raising tobacco retail prices through tobacco tax increase is proven effective in reducing tobacco use.¹⁰ Evidence from various countries shows that a 10% increase in tobacco retail prices can reduce tobacco use by approximately 4% in high-income countries.¹⁰ In Hong Kong, calls to smoking cessation hotlines increased each time the tobacco tax increased, indicating that a higher tax promotes quit attempts.¹¹ Our survey shows that public support for tax increase remained strong, even after consecutive tax increase in 2023 and 2024. Specifically, 69.8% supported a tobacco tax increase in 2025, and 68.9% supported annual increases in the tax. Increasing the tobacco tax creates powerful disincentives for tobacco use. Our survey found that 24.3% of current smokers reported that the tobacco tax increase in 2024 boosted their willingness to quit, while 33.7% viewed cigarette prices as a motivation to quit. Additionally, 21.5% would quit due to price rises, and 18.6% would reduce their usage by at least 50% (Section 7.6).

Flavoured cigarettes constitute a significant segment of tobacco consumption in Hong Kong, with 47.4% of current smokers reporting flavoured cigarette use. These additive-enhanced tobacco products, with menthol, fruit, or spice flavours to enhance the taste and mask harshness, were particularly prevalent in young smokers and female smokers. Over half young adult smokers (15-29 years) (64.9%) and female smokers (71.1%) reported using flavoured cigarettes (Section 7.1). Importantly, flavoured cigarettes are a key gateway into tobacco use, with 34.6% of current smokers having begun their tobacco use with flavoured cigarettes (Section 7.1). Currently, over 40 countries, including Canada¹² and EU member states,¹³ have implemented flavoured tobacco bans that align with the FCTC's recommendations. Previous pre/post-menthol cigarette ban studies in Canada and the Netherlands found menthol bans were associated with increased quit attempts,¹⁴⁻¹⁶ higher successful quit

rates,¹⁴⁻¹⁶ and lower relapse rates¹⁶ among daily menthol smokers compared with non-menthol smokers. These findings align with strong local support, as 71.1% of respondents in our survey supported a total ban on flavoured tobacco products in Hong Kong.

Plain packaging, which mandates uniform designs featuring prominent health warnings while removing all brand elements, represents an essential global strategy to reduce the appeal of tobacco products.¹⁷⁻¹⁸ As the pioneer, Australia has demonstrated that the policy led to a decline of 0.5 percentage point in smoking prevalence,¹⁸ 6.4% more adult quit attempts,¹⁹ and a dramatic 78% increase in cessation service calls.²⁰ Increasing countries worldwide (France, Ireland, New Zealand, Norway and the United Kingdom, etc.), including some Asian countries (Laos, Myanmar, Singapore and Thailand), have adopted plain packaging. Our survey revealed that around three-quarters (74.4%) of all respondents supported plain packaging. Notably, 35.6% of current smokers supported plain packaging, exceeding Australia's pre-implementation level of 28.2%,²¹ suggesting even greater potential for successful adoption in Hong Kong.

Despite the decline in smoking rates and expansion of NSAs in Hong Kong, SHS exposure continues to be a serious public health issue. Around half (52.9%) of respondents of our survey reported SHS exposure in the past 7 days (Section 7.7). The dense urban environment, characterized by the crowded living spaces and public areas, makes it nearly impossible for non-smokers to avoid SHS entirely. The support for prohibiting smoking while queuing in public places and extending statutory NSAs to areas within 10 meters of schools and healthcare facilities, and public transportation waiting areas was strong, even in current smokers. Extending the NSAs to these locations will offer stronger protection for people, particularly vulnerable groups, from SHS exposure and reduce the related health burden.

A comprehensive smoking cessation network, integrating Government services, non-governmental organizations, and private healthcare providers, has been developed in Hong Kong to offer multimodal support, encompassing Western medicine, traditional Chinese medicine, and digital support. However, only 17.5% of current smokers had used cessation services, and only 22.1% had tried evidence-based nicotine replacement therapy (NRT) (Section 7.4). Local quit rates have become even more striking compared to international benchmarks. The lifetime quit attempt rate of current smokers in Hong Kong (26.5%, Section 7.4) lags far behind that in the US (53.3%, 2022),²² while the overall service utilisation rate (17.5%, Section 7.4) trails the quitline engagement rate in Australia (34.6%, 2016).²³ The majority of the public (81.7%) and 61.1% of current smokers supported strengthening smoking cessation services provided by primary healthcare, highlighting the need for systemic improvements. Integrating smoking cessation support into routine healthcare consultations, particularly primary healthcare settings such

as District Health Centres, collaborating with workplaces to provide on-site cessation programmes, and expanding digital interventions like artificial intelligence chatbots and telemedicine to improve accessibility, engage younger smokers, and diminish the social stigma associated with NRT use may be considered.

After collecting opinions from different stakeholders via the public consultation, the Government announced a plan in June 2024 to implement various tobacco control measures in phases. Ten measures are proposed to be implemented in the short term, including (i) introducing a duty stamp system to combat illicit cigarettes; (ii) increasing penalties for illicit tobacco activities, including raising maximum fines from HK\$1 million to HK\$2 million and imprisonment from two to seven years; (iii) extending the ASP ban to include possession of ASP substances in public places; (iv) banning tobacco provision to minors; (v) continuously reviewing tobacco tax effectiveness; (vi) banning flavored tobacco including menthol varieties; (vii) plain packaging; (viii) prohibiting smoking while queuing for public transports and in designated premises; (ix) expanding NSAs to entrances and exits of premises where the vulnerable frequent and increasing fixed penalties for smoking offences from HK\$1,500 to HK\$3,000; and (x) enhancing cessation services through expanded programs and education initiatives. Legislation of the short-term measures is in progress. Our survey showed a strong public mandate for the legislation. Other measures, including POS tobacco product display ban, banning smoking while walking, and holding venue managers liable for smoking offences in NSAs, smoke-free generation policy, etc. are planned to be implemented at later time. While our survey showed that the majority also favoured these measures, TCPS will continuously review the public support especially after the short-term measures are implemented.

All the 10 short-term measures and most longer-term measures were successfully adopted in other places and proved effective in reducing tobacco consumption. Hong Kong should enact the measures as soon as possible and consider a plan to end the tobacco epidemic to keep up with the global pace. "Tobacco endgame" is a strategic concept aiming to reduce smoking prevalence to 5% or below,²⁴ with the ultimate goal of eliminating tobacco use. Endgame targets have been announced by places with higher smoking prevalence than Hong Kong. While Hong Kong has not formulated a specific plan to ban smoking, it is positioned to pursue an endgame strategy with strong public support—65.9% support a sales ban, and 66.7% support a ban on use. This highlights the need to strengthen tobacco control efforts and implement more innovative and stringent measures in alignment with community expectations and achieve the endgame goal.

5. Limitations

All data for the TCPS 2024 were gathered through landline and mobile phone interviews, and were weighted by general distribution to increase representativeness. Although the survey method may not offer the same level of precision as face-to-face interviews, the anonymity secured could lead to more honest responses. Another potential limitation is that the study only included respondents who could speak Cantonese, though they represent over 95% of the population aged 15 years or above. Additionally, due to the cross-sectional design, it was impossible to track changes in opinions on tobacco control policies and smoking patterns over time among the same respondents.

6. Conclusions

Strong public support was observed for many of the tobacco control measures proposed by the Government, ranging from 65.9% to 91.4%. This indicates a strong public mandate for the implementation of new tobacco control policies to be implemented promptly despite of the strong obstruction and interference tactics from the tobacco industry. Meanwhile, continuous monitoring of the smoking prevalence and the effects of new tobacco control measures is needed.

7. Other results

7.1 Flavoured cigarette use

- Around one-third (34.6%) of current cigarette smokers had a flavoured cigarette at first smoking, with menthol (78.1%) being most common, followed by fruit menthol (13.8%) and fruit flavours (5.6%)
- Almost half of the current cigarette smokers (47.4%) smoke flavoured cigarettes. Menthol (70.6%) was the most popular, followed by fruit menthol (36.4%) and fruit (9.9%).
- Smoking flavoured cigarettes is significantly more common among female smokers (71.1%) and young smokers aged 15-29 (64.9%).

7.2 Other tobacco product use

- In current HTP users, 25.0% were daily users.
- In current e-cigarette users, 21.7% were daily users.
- Most of the current waterpipe tobacco users were occasional users (80.2%) or experimental users (13.5%).

7.3 Ban on ASPs

- The implementation of the ASP ban since 30 April 2022 led to reduced consumption among about one-third (33.6%) of HTP users and 41.9% of e-cigarette users.
- Over three-quarters (82.8%) of respondents support the increasing penalties for violating the ASP ban, with greater support in never smokers (88.0%) and ex-smokers (81.4%) than current smokers (40.0%)

7.4 Quit attempts in current smokers

- In current smokers, 26.5% had ever made a quit attempt, including 49.4% having their most recent quit attempt within the past one to six months.
- Meeting smoking friends and colleagues (22.3%), unable to concentrate (14.3%), and withdrawal symptoms (12.2%) were the most common reasons for relapse in last quit attempt in current smokers.
- Although majority (73.1%) of current smokers were aware of smoking cessation services in Hong Kong, the services remained underutilized. Only 17.5% of current smokers had sought smoking cessation services.
- Of different smoking cessation medications, nicotine replacement therapy (22.1%) was most commonly used by current smokers, followed by Chinese food therapy or medicine (7.4%) and non-nicotine drugs (5.4%).

7.5 Smoking cessation in ex-smokers

- On average, ex-smokers had quit smoking for 12.1 years.
- Over half (57.6%) of ex-smokers quit smoking gradually, while 36.9% abruptly.
- Over one-fifth (28.7%) of ex-smokers quit smoking mainly with smoking cessation medications or services.
- Of these ex-smokers, 16.5% used smoking cessation services, 6.1% used smoking cessation products bought by family and 4.6% used smoking cessation products bought by self.
- Of different smoking cessation medications, nicotine replacement therapy (24.4%), non-nicotine drug (11.8%), and Chinese food therapy or medicine (8.4%) were most commonly used by ex-smokers.
- Strong determination (70.9%), strong self-control (66.6%) and support from others (42.5%) are the top reasons for successful quitting in ex-smokers.

7.6 Perceived reactions to the tobacco tax increase

- 33.7% of current cigarette smokers would perceive the current cigarette price as high enough to motivate quitting.
- 18.6% of current cigarette users reduce daily cigarette consumption by at least 50% if cigarette retail price increased. The mean and median retail price per pack to motivate this was HK\$147.5 and HK\$140.0, respectively.
- 21.5 % of current cigarette users would quit smoking if cigarette retail price increased. The mean and median retail price per pack to motivate this was HK\$221.8 and HK\$ 180.0, respectively.
- 27.5% 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 per pack to motivate this was HK\$156.0 and HK\$130.0, respectively.

- 24.3% of current cigarette smokers indicated that the tobacco tax increase in February 2024 increased their willingness to quit smoking.

7.7 SHS and THS exposure

- Nearly half (52.9%) of all respondents reported exposure to SHS at any location in the past 7 days, more commonly in current smokers (58.7%) and ex-smokers (53.4%), compared to never smokers (36.2%).
- 36.1% of respondents were exposed to SHS at home in the past 7 days, with 20.1% from the home inside and 29.2% from neighbours.
- Around one-third (32.4%) of employed respondents had been exposed to SHS in the past 7 days.
- In the past 7 days, 44.0% of all respondents were exposed to SHS at locations other than home or workplace.
- In all respondents, 19.5% and 33.8% of respondents reported any THS at home and in indoor areas outside the home, respectively, in the past 7 days.

7.8 Health warnings

- Around half (52.3%) of respondents had ever seen PHWs on cigarette packs, including 62.6% of current smokers, 49.0% of ex-smokers and 51.3% of never smokers.
- Of current cigarette users who had ever seen PHWs, 10.5% would consider quitting upon changes made to cigarette packs. 10.4% would consider so if there was a warning on each cigarette stick, 8.7% would consider so if the warning “1 in 2 long-term smokers die from smoking” was added to cigarette pack, and 6.8% would consider so if a card showing messages about smoking harms in cigarette packs was added.

7.9 Tobacco advertising and promotion

- Majority (85.4%) of respondents had ever been exposed to POS tobacco product displays, and 43.3% were usually or occasionally exposed in the past 30 days.
- In respondents who had seen POS tobacco product displays, 11.9% found the displays attractive or very attractive.

7.10 Extension of statutory NSAs

- Most respondents supported to ban smoking in busy streets (90.2%), in all common areas in residential estates (88.3%), outdoor seating areas of restaurants and bars (84.8%), within 3 meters of office building entrances (84.3%), all public areas with ceilings (84.3%) and all public outdoor places (78.8%).

8. References

1. Thematic household survey report no. 75: Pattern of smoking. Hong Kong Special Administrative Region: Census and Statistics Department; 2022.
2. Ng CS, Yu CWS, Leung L, Wong EK, Ho SY, Ip DK, et al. Economic costs of tobacco-related diseases in Hong Kong in 2021. *Tobacco Control*. 2024.
3. Government puts forward more targeted tobacco control measures to bring down tobacco hazards (with photo) [press release]. Hong Kong Special Administrative Region: The government of the Hong Kong special administrative region; 2024.
4. Thematic Household Survey Report - Report No. 79 - Pattern of Smoking. Hong Kong Special Administrative Region; 2024.
5. Secretariat WF. WHO framework convention on tobacco control. Geneva: World Health Organization. 2003.
6. Directive 2014/40/EU of the European Parliament and of the Council of 3 April 2014 on the approximation of the laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco and related products and repealing Directive 2001/37/EC Text with EEA relevance, (2014).
7. Borkowski F, Twomey C. Confronting Illicit Tobacco Trade: A Global Review of Country Experiences: European Union: Confronting Illicit Tobacco Trade: An Update on EU Policies. 2019.
8. Commission E, Health D-Gf, Safety F, S.A I, Europe R. Support study to the report on the application of Directive 2014/40/EU – Final report: Publications Office; 2021.
9. Commencement of the Tobacco (Control of Advertisements and Sale) Amendment Act 2017 [press release]. Singapore: MINISTRY OF HEALTH SINGAPORE; 2018.
10. Chaloupka FJ, Yurekli A, Fong GT. Tobacco taxes as a tobacco control strategy. *Tobacco control*. 2012;21(2):172-80.
11. Factsheet on Strengthening Tobacco Control Measures. Hong Kong Special Administrative Region: Hong Kong Council on Smoking and Health; 2024.
12. Chaiton MO, Cunningham R, Hagen L, Dubray J, Borland T. Taking global leadership in banning menthol and other flavours in tobacco: Canada's experience. *BMJ Publishing Group Ltd*; 2022.
13. for Smoking EN, Prevention T. Ban on menthol cigarettes: European Union member states shall prohibit the placing on the market of tobacco products with a characterising flavour. *Tobacco Prevention & Cessation*. 2020;6:40.
14. Kyriakos CN, Driezen P, Fong G, Chung-Hall J, Hyland A, Geboers C, et al. Impact of the European Union's menthol cigarette ban on smoking cessation outcomes: longitudinal findings from the 2020–2021 ITC Netherlands Surveys. *Tobacco Control*. 2024;33(3):302-9.
15. Chaiton MO, Nicolau I, Schwartz R, Cohen JE, Soule E, Zhang B, et al. Ban on menthol-flavoured tobacco products predicts cigarette cessation at 1 year: a population cohort study. *Tobacco control*. 2020;29(3):341-7.
16. Chung-Hall J, Fong GT, Meng G, Cummings KM, Hyland A, O'Connor RJ, et al. Evaluating the impact of menthol cigarette bans on cessation and smoking behaviours in Canada: longitudinal findings from the Canadian arm of the 2016–2018 ITC Four Country Smoking and Vaping Surveys. *Tobacco control*. 2022;31(4):556-63.
17. Cohen JE, Zhou S, Goodchild M, Allwright S. Plain packaging of tobacco products: lessons for the next round of implementing countries. *Tobacco induced diseases*. 2020;18:94.
18. McNeill A, Bauld L, Hammond D, Hartmann-Boyce J. Tobacco packaging design for reducing tobacco use. *Cochrane Database of Systematic Reviews*. 2017(4).
19. Scollo M, Zacher M, Coomber K, Bayly M, Wakefield M. Changes in use of types of tobacco products by pack sizes and price segments, prices paid and consumption following the introduction of plain packaging in Australia. *Tobacco Control*. 2015;24(Suppl 2):ii66-ii75.
20. Miller CL, Ettridge KA, Wakefield MA. "You're made to feel like a dirty filthy smoker when you're not, cigar smoking is another thing all together." Responses of Australian cigar and cigarillo smokers to plain packaging. *Tobacco control*. 2015;24(Suppl 2):ii58-ii65.
21. Swift E, Borland R, Cummings KM, Fong GT, McNeill A, Hammond D, et al. Australian smokers' support for plain or standardised packs before and after implementation: findings from the ITC Four Country Survey. *Tobacco control*. 2015;24(6):616-21.

22. VanFrank B MA, Cornelius ME, Schechter A, Jamal A, Tynan M. Adult Smoking Cessation — United States, 2022. *MMWR Morb Mortal Wkly Rep* 2024. 2024;2024;73:633–641.
23. White SL, McCaffrey N, Scollo MM. Tobacco dependence treatment in Australia - an untapped opportunity for reducing the smoking burden. *Public Health Res Pract*. 2020;30(3).
24. Selvan ST, Yeo XX, van der Eijk Y. Which countries are ready for a tobacco endgame? A scoping review and cluster analysis. *The Lancet Global Health*. 2024;12(6):e1049-e58.

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