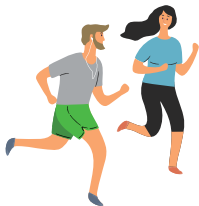




攜手前行  
邁向**無煙**香港

Stay United   
Go Tobacco-free







# 目錄 CONTENTS

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



## 專題

## HIGHLIGHTS

29	凝聚各界攜手 邁向無煙香港	Uniting the Community Towards a Tobacco-free Hong Kong
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## 活動

## EVENTS

40	活動紀要2023-2024	Highlights of Events 2023-2024
42	宣傳及社區推廣活動	Publicity and Community Involvement Projects
78	教育及青少年活動	Education and Youth Programmes
90	與傳播媒介之聯繫	Working with the Mass Media
92	會議	Conferences
95	資訊及研究項目計劃	Information and Research Projects



## 報告

## REPORTS

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



## 附錄

## APPENDICES

136	鳴謝	Acknowledgement
138	各常務委員會之職能範圍	Terms of Reference of Standing Committees
140	第三十四號報告書	COSH Report No. 34
168	第三十五號報告書	COSH Report No. 35



# 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.

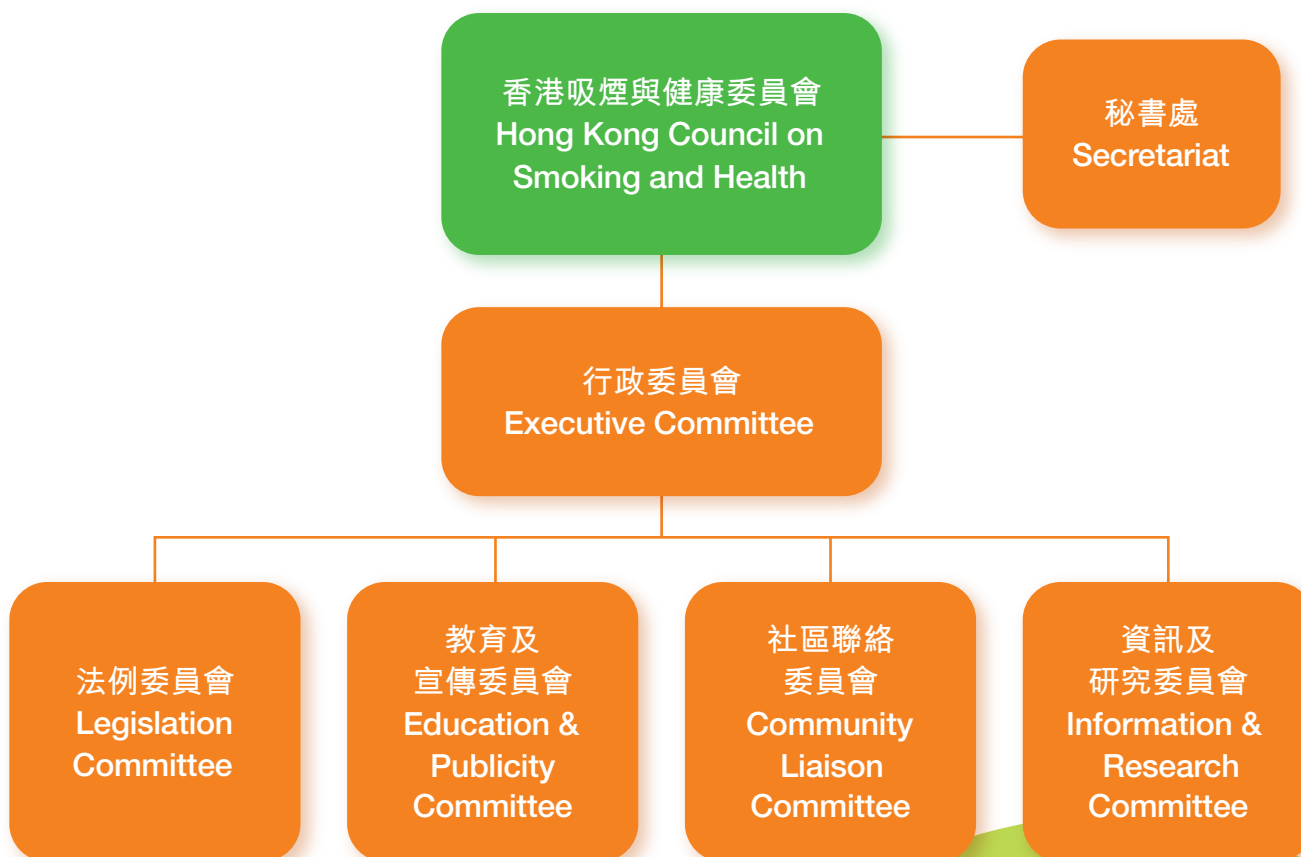
Under such a charter, COSH has taken up the role as an active player and commentator on all issues relating to tobacco control. We aim to act within our charter in response to the changing local environment as it affects the promotion of tobacco and the epidemic caused by smoking.



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



# 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

<b>主席</b>	湯修齊先生BBS, MH太平紳士	<b>Chairman</b>	Mr Henry TONG Sau-chai, BBS, MH, JP
<b>副主席</b>	陳志球博士SBS, BBS太平紳士	<b>Vice-chairman</b>	Dr Johnnie CHAN Chi-kau, SBS, BBS, JP
<b>委員</b>	張勇邦先生MH	<b>Member</b>	Mr Langton CHEUNG Yung-pong, MH
	馮卓能先生MH		Mr Clement FUNG Cheuk-nang, MH
	何超欣女士 (2023年11月履職)		Ms Alice HO Chiu-yan (from November 2023)
	林哲玄議員		Dr Hon David LAM Tzit-yuen
	劉駿楷先生 (2023年4月履職)		Mr Terence LAU Chun-kai (from April 2023)
	梁樂行醫生 (2023年11月履職)		Dr Will LEUNG Lok-hang (from November 2023)
	廖偉明醫生		Dr Haston LIU Wai-ming
	巫潔嫻教授		Prof Phoenix MO Kit-han
	蘇潔瑩醫生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
<b>當然委員</b>	趙佩燕醫生太平紳士	<b>Ex-officio Member</b>	Dr Amy CHIU Pui-yin, JP
<b>任期於2023年9月屆滿之委員</b>		<b>Outgoing members who served the Council for the year up to September 2023</b>	
	何世賢博士		Dr Daniel HO Sai-yin
	黃幸怡女士太平紳士		Ms Sandy WONG Hang-ye, JP

## 行政委員會 Executive Committee

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

## 委員會組織架構 Organization of COSH

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

<b>主席</b>	張勇邦先生MH	<b>Chairman</b>	Mr Langton CHEUNG Yung-pong, MH
<b>委員</b>	湯修齊先生BBS, MH太平紳士	<b>Member</b>	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
	劉駿楷先生		Mr Terence LAU Chun-kai
	廖偉明醫生		Dr Haston LIU Wai-ming
	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
<b>增選委員</b>	陳玉玲女士	<b>Co-opted Member</b>	Ms Kelly CHAN Yuk-ling
	張翠芬女士		Ms Connie CHEUNG Chui-fan
	方綺文女士		Ms Joanne FONG Yee-man
	蘇幗欣女士		Ms Isabella SO Kwok-yun
	曾立基先生		Mr Richard TSANG Lap-ki
	胡豔芬女士		Ms VU Im-fan
	嚴志成博士		Dr YIM Chi-shing

### 社區聯絡委員會 Community Liaison Committee

<b>主席</b>	陳志球博士SBS, BBS太平紳士	<b>Chairman</b>	Dr Johnnie CHAN Chi-kau, SBS, BBS, JP
<b>委員</b>	湯修齊先生BBS, MH太平紳士	<b>Member</b>	Mr Henry TONG Sau-chai, BBS, MH, JP
	馮卓能先生MH		Mr Clement FUNG Cheuk-nang, MH
	林哲玄議員		Dr Hon David LAM Tzit-yuen
	劉駿楷先生		Mr Terence LAU Chun-kai
<b>增選委員</b>	方奕展先生	<b>Co-opted Member</b>	Mr Eugene FONG Yick-jin
	劉文文女士BBS, MH太平紳士		Ms Lisa LAU Man-man, BBS, MH, JP
	梁永義先生MH		Mr LEUNG Wing-yu, MH
	馬澤華先生MH, CStJ		Mr Stephen MA Chak-wa, MH, CStJ
	黃俊碩議員		Hon Edmund WONG Chun-sek
	葉永堂先生		Mr Charlie YIP Wing-tong



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

<b>主席</b>	湯修齊先生BBS, MH太平紳士	<b>Chairman</b>	Mr Henry TONG Sau-chai, BBS, MH, JP
<b>委員</b>	陳志球博士SBS, BBS太平紳士	<b>Member</b>	Dr Johnnie CHAN Chi-kau, SBS, BBS, JP
	馮卓能先生MH		Mr Clement FUNG Cheuk-nang, MH
	梁樂行醫生		Dr Will LEUNG Lok-hang
	巫潔嫻教授		Prof Phoenix MO Kit-han
	蘇潔瑩醫生MH		Dr Loletta SO Kit-ying, MH
	董煜醫生太平紳士		Dr Stewart TUNG Yuk, JP
	王文炳教授		Prof Kelvin WANG Man-ping
<b>增選委員</b>	何明惠博士	<b>Co-opted Member</b>	Dr Celine HO Ming-wai
	何世賢博士		Dr Daniel HO Sai-yin
	林大慶教授BBS太平紳士		Prof LAM Tai-hing, BBS, JP
	余榮輝先生MH		Mr Christopher YU Wing-fai, MH

## 法例委員會 Legislation Committee

<b>主席</b>	湯修齊先生BBS, MH太平紳士	<b>Chairman</b>	Mr Henry TONG Sau-chai, BBS, MH, JP
<b>委員</b>	陳志球博士SBS, BBS太平紳士	<b>Member</b>	Dr Johnnie CHAN Chi-kau, SBS, BBS, JP
	張勇邦先生MH		Mr Langton CHEUNG Yung-pong, MH
	林哲玄議員		Dr Hon David LAM Tzit-yuen
	廖偉明醫生		Dr Haston LIU Wai-ming
	鄧振強先生MH太平紳士		Mr Teddy TANG Chun-keung, MH, JP
	王文炳教授		Prof Kelvin WANG Man-ping
<b>增選委員</b>	封瑩醫生	<b>Co-opted Member</b>	Dr FUNG Ying
	鄭祖盛先生MH		Mr Antonio KWONG Cho-shing, MH
	林大慶教授BBS太平紳士		Prof LAM Tai-hing, BBS, JP
	黃仰山教授		Prof Samuel WONG Yeung-shan

# 委員介紹

## Members of COSH



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 趙佩燕醫生太平紳士  
Dr Amy CHIU Pui-yin, 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 何世賢博士  
Dr Daniel HO Sai-yin

8 林哲玄議員  
Dr Hon David LAM Tzit-yuen

9 劉駿楷先生  
Mr Terence LAU Chun-kai



# 委員介紹 Members of COSH



10 梁樂行醫生  
Dr Will LEUNG Lok-hang

11 廖偉明醫生  
Dr Haston LIU Wai-ming

12 巫潔嫻教授  
Prof Phoenix MO Kit-han

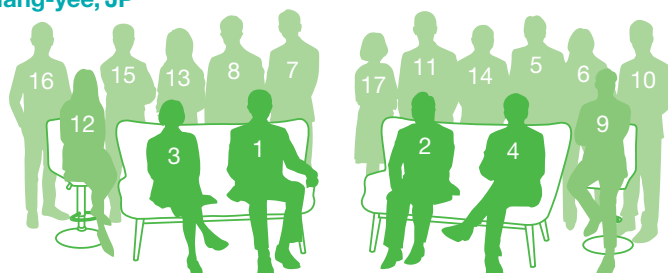
13 蘇潔瑩醫生 MH  
Dr Loletta SO Kit-ying, MH

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

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

16 王文炳教授  
Prof Kelvin WANG Man-ping

17 黃幸怡女士 太平紳士  
Ms Sandy WONG Hang-ye, 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，現為資訊及研究委員會和法例委員會主席、行政委員會、社區聯絡委員會和教育及宣傳委員會委員。

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



副主席 Vice-chairman

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

陳志球博士為國際房地產服務集團的行政總裁，於2009年加入委員會。陳博士於2012年至2014年擔任社區聯絡委員會主席及於2014年至2015年擔任教育及宣傳委員會主席，並於2020年獲委任為委員會副主席。陳博士現為行政委員會和社區聯絡委員會主席、教育及宣傳委員會、資訊及研究委員會和法例委員會委員。

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

## 委員介紹 Members of COSH



委員 Member

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

趙佩燕醫生現為衛生署規管事務總監，於2018年加入委員會。

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



委員 Member

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

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

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

## 委員介紹 Members of COSH



委員 Member

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

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

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



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

**林哲玄議員**  
**Dr Hon David LAM**  
**Tzit-yuen**

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

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



## 委員介紹 Members of COSH



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 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 Lok-hang 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

**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.

## 委員介紹 Members of COSH



委員 Member

**巫潔嫻教授**  
**Prof Phoenix MO Kit-han**

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

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



委員 Member

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

蘇潔瑩醫生現為港島東醫院聯網總監及東區尤德夫人那打素醫院、長洲醫院及黃竹坑醫院行政總監，於2018年加入委員會，現為教育及宣傳委員會和資訊及研究委員會委員。

Dr Loletta SO is the Cluster Chief Executive of Hong Kong East Cluster and Hospital Chief Executive of Pamela Youde Nethersole Eastern Hospital, St John Hospital and Wong Chuk Hang Hospital. She joined COSH in 2018 and is a member of the Education & Publicity Committee and Information & Research Committee.



委員 Member

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

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

Mr Teddy TANG is a retired secondary school principal. He joined COSH in 2018 and is a member of the Education & Publicity Committee and Legislation Committee.



委員 Member

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

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

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



委員 Member

**王文炳教授**  
**Prof Kelvin WANG**  
**Man-ping**

王文炳教授為香港大學護理學院教授，於2018年加入委員會，現為資訊及研究委員會和法例委員會委員。

Prof Kelvin WANG is the Professor in the School of Nursing, The University of Hong Kong. He joined COSH in 2018 and is a member of the Information & Research Committee and Legislation Committee.

# 秘書處

## Secretariat



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

### 秘書處編制及職員名單 Secretariat

總幹事	黎慧賢女士	Executive Director	Ms Vienna LAI Wai-yin
項目籌劃高級經理	朱偉康先生	Senior Project Manager	Mr Lawrence CHU Wai-hong
	黃靖玢女士		Ms Shelby WONG Ching-bun
項目籌劃經理	趙慧渝女士	Project Manager	Ms Debby JIU Wai-yu
	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
	周穎嫻女士		Ms Hody CHAU Wing-han
	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
	黃敏儀女士		Ms Michelle WONG Man-yee
項目籌劃助理	何雋謙先生	Project Assistant	Mr Ivan HO Chun-him







# 主席報告 Chairman's Report

**生**命無價，遇見別人性命受威脅，大家豈會置之不理？多項醫學研究顯示，每兩個長期吸煙者中，便有一個會因吸煙而提早死亡，而接觸二手煙的非吸煙人士亦有提早死亡的風險。預防吸煙及控煙工作，既維護公共衛生，更是生命攸關，需要各界齊心應對挑戰。委員會將繼續致力凝聚社會力量，共同推動控煙進程，讓市民及我們的下一代擁有無煙健康生活。

Life is precious, so how can we ignore it when someone's life is threatened? A number of medical researches show that one in every two smokers will die early from smoking. Non-smokers exposed to secondhand smoke also face the risk of early death. Smoking prevention and tobacco control not only safeguard public health, but are also a matter of life and death, which requires a concerted effort from all sectors to address the challenges. COSH will continue to unite the community for advancing the tobacco control progress, steadfastly persevering in the mission to safeguard the health of public and our future generations and accelerate the realization of a "Tobacco-free Hong Kong".

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



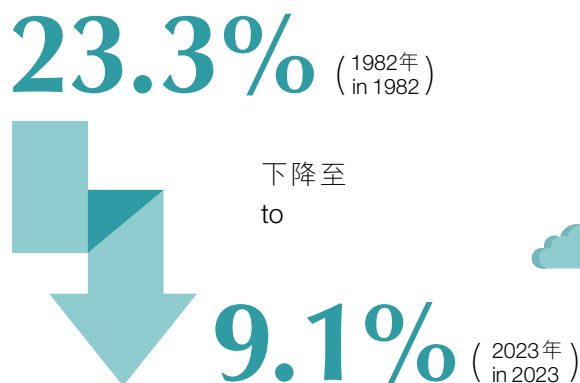
世界衛生組織指出，煙草使用是全球共同面對的最大公共衛生威脅。吸煙是導致過早死亡和慢性疾病的最主要但可預防之風險因素。委員會多年來一直與社會各界齊心協力，透過多元化的無煙教育、宣傳活動及研究項目，在控煙進程上果斷尋求突破，竭力減少煙草使用，保障公眾健康。

香港自1982年起實施《吸煙（公眾衛生）條例》（第371章），過往逾四十載的控煙工作不斷勇往向前，本港吸煙率從1982年的23.3%下降至2023年的9.1%，控煙成果為世界前列。不過委員會強調，控煙工作是一場耐力賽，近十年來香港吸煙率下降速度放緩，在吸煙產品日新月異的挑戰、社會環境及煙草商營銷手段變化下，控煙政策必須與時並進，且持續加強。

The World Health Organization (WHO) has identified tobacco use as the greatest public health threat facing the world. Smoking is the leading but preventable risk factor for premature death and chronic diseases. For many years, COSH has worked closely with all sectors of society, through diverse smoke-free education, publicity campaigns and research initiatives to resolutely seek breakthroughs in tobacco control and strive to reduce tobacco use, in order to safeguard public health.

Hong Kong has implemented the Smoking (Public Health) Ordinance (Chapter 371) since 1982. Over the past four decades, tireless efforts have been undertaken to control smoking, resulting in a significant decline in the smoking prevalence from 23.3% in 1982 to 9.1% in 2023, placed Hong Kong among the world's leading jurisdictions with the lowest smoking rates. COSH emphasized that tobacco control has long been an ongoing and arduous endeavor. Over the past decade, the pace of decline in Hong Kong's smoking prevalence has perceptibly slowed down. Amid the evolving challenges posed by novel smoking products, ever-changing in the social environment and tobacco industry's marketing tactics, tobacco control policies must keep pace with the times and be continuously strengthened.

香港吸煙率從  
Hong Kong's smoking prevalence  
has dropped from



## 主席報告 Chairman's Report

增加煙草稅是被國際公認為最有效減低煙草使用的單一控煙措施。世界衛生組織指煙草稅的推行成本低，明確地將增加煙草價格及煙草稅列為優先控煙措施，並建議煙草稅應佔煙草零售價格最少七成半。委員會積極推動香港持續檢視和提高煙草稅的倡議和政策，從而減低煙草產品的可負擔性，鼓勵更多吸煙人士戒煙，並預防青少年開始吸煙。

社會上不同界別均期望加強控煙政策，委員會聯同不同界別的專家及學者舉行記者招待會，並聯同102個團體去信財政司司長，促請政府儘快展開下一階段控煙工作，提高煙草稅最少75%，以令煙草稅合乎世衛建議佔煙價七成半的水平。隨後亦應按年增加稅率，以維持煙草稅水平及避免其效力被通脹削弱。

委員會樂見政府聽取各界意見以及本會的倡議，於2024至25年財政預算案中增加煙草稅每支上調0.8港元，即增加約32%。繼去年增加約31.5%，以及今次上調約32%，是過去本港約20年來首度連續兩年增加煙草稅，相信可減低煙草產品的可負擔性，有助下挫吸煙率。委員會期望政府能更進一步制訂長遠的煙草稅政策，每年檢視及按通脹以上增加煙草稅，持續減低煙草產品的可負擔性，從而鼓勵更多吸煙人士戒煙及預防青少年開始吸煙，保障公眾健康。

Raising tobacco tax is widely recognized internationally as the single most effective measure to reduce tobacco consumption. The WHO has indicated that the implementation cost of tobacco taxation is low, and has unequivocally designated raising tobacco prices and taxes as a priority tobacco control measure. The WHO recommends that tobacco taxes should account for at least 75% of the retail price of tobacco products. COSH is actively advocating for the Government to continuously review and raise tobacco taxes, which will diminish the affordability of tobacco products, encourage more smokers to abstain from the habit, and deter young people from initiating smoking in the first place.

There have been widespread calls to strengthen tobacco control policies across different sectors of the Hong Kong society. COSH in collaboration with experts and scholars from various fields, convened a press conference. COSH together with 102 organizations also sent an open letter to the Financial Secretary to urge the Government to promptly launch the next phase of tobacco-control initiatives, with the primary goal of raising the tobacco tax by at least 75% of the retail price to reach the WHO standard. Additionally, the letter proposed implementing annual increases to the tobacco tax rate in order to sustain the effectiveness of the tobacco tax and prevent its impact from being diminished by the effects of inflation.

COSH welcomed the Government's decision to heed opinions from various sectors as well as COSH's sustained advocacy, and applauded the Financial Secretary's decision in the 2024-25 Budget to increase the tobacco tax by HK\$ 0.8 per cigarette, an increase of approximately 32%. This marks the first time in around 20 years that tobacco tax has been raised consecutively in Hong Kong, following last year's increase of around 31.5% and the current hike of about 32%. The aforementioned measures are believed would reduce the affordability of tobacco products, encourage more smokers to quit and prevent young people from initiating smoking, thus safeguarding public health.

加強控煙力度需要多項政策相輔相成，全盤的策略與無比決心是不可或缺。為了進一步減少吸煙人口，並保障不吸煙人士免受二、三手煙危害，香港政府已定下2025年將吸煙率降至7.8%的目標，而醫務衛生局於2023年7月更展開《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。

Fortifying tobacco control necessitates a comprehensive and interconnected suite of policies, undergirded by unwavering determination. To further reduce the smoking population and protect non-smokers from the hazards of secondhand and third-hand smoke, the Government has set a target to lower the smoking rate to 7.8% by 2025. 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.





## 主席報告 Chairman's Report

委員會亦隨即推行一連串倡議及宣傳活動，包括於全港各區進行社區推廣活動、學校填色活動及簽名行動、大型宣傳活動及電視宣傳等，加深公眾對控煙政策的了解，亦持續透過媒體報道、社交媒體及專題網站等渠道鼓勵市民踴躍發表意見。在整個諮詢期，委員會樂見社會各界踴躍就控煙策略諮詢發表意見，反映社會上不同階層、不同年齡的市民，均急切希望政府進一步加強控煙政策。委員會期望政府可藉是次公眾諮詢凝聚社會共識，一舉制定全盤控煙計劃，令各項控煙政策在互相配合下發揮最大功效。

委員會致力將無煙力量遍佈社會各行各業，推動業界無煙文化，共同締造無煙生活好環境，不同社會活動亦創下新記錄。由委員會主辦、職業安全健康局及香港電台第一台合辦的「香港無煙領先企業大獎2023」，旨在鼓勵商界推動無煙工作間，將無煙文化推廣至不同持份者，包括員工、客戶及社會大眾，攜手建設無煙香港。今屆大獎惠及約15萬名員工，吸引超過730間企業及機構參加，較上屆增加近四成，為歷屆之冠，反映商界對推廣無煙文化日益重視。大獎亦獲得65間來自不同行業的商會及組織全力支持，動員旗下會員參與，同時獲多個戒煙服務機構協助，足見大獎凝聚各界力量，攜手邁向無煙香港。

### 香港無煙領先企業大獎

#### Hong Kong Smoke-free Leading Company Awards

惠及約

benefited approximately

**150,000** 名員工  
employees

吸引超過

attracted over

**730** 間企業及機構參加  
participating companies  
and organizations



COSH immediately organized a comprehensive series of advocacy and promotional activities, including community outreach events across district, school coloring activities and signature campaigns, large-scale publicity events, as well as television advertisements. These initiatives aim to deepen the public's understanding of tobacco control policies. Throughout the consultation period, COSH is pleased to see the enthusiastic participation from all sectors of society, reflecting the strong desire across different segments of society and age groups for the Government to further strengthen tobacco control policies. COSH hopes that the Government can capitalize on this public consultation to forge a social consensus and formulate a comprehensive tobacco control plan.

COSH is dedicated to promoting a smoke-free culture across all sectors of the society, with the aim of propagating this culture within the industry and collectively creating an ideal smoke-free living environment. Various social activities have also set new records in this regard. The "Hong Kong Smoke-free Leading Company Awards 2023", organized by COSH in collaboration with the Occupational Safety and Health Council and Radio 1 of Radio Television Hong Kong, encouraged the business sector and community to promote smoke-free workplaces. The overarching goal is to disseminate the smoke-free messages to different stakeholders, including employees, customers, and the general public, in order to build a tobacco-free Hong Kong together. The Awards benefited approximately 150,000 employees and attracted over 730 participating companies and organizations, representing a nearly 40% increase compared to the previous year, which is the highest on record. This reflects the business sector's growing emphasis on promoting a smoke-free culture. The Awards also received the full support of 65 chambers of commerce and organizations from different industries, mobilizing their members to participate. Also, multiple smoking cessation service providers offered assistance, demonstrating the Award's ability to unite the efforts of all sectors towards a tobacco-free Hong Kong.

深入社區鼓勵吸煙人士重拾無煙健康生活，向來是委員會的重點項目之一。第14屆「戒煙大贏家」無煙社區計劃獲得區議會、地區康健中心／地區康健站、地區服務團體、政府部門、公共機構及多個行業商會和公司等超過100個機構支持，在2023年6月至10月期間在全港各區舉辦接近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1,200名吸煙人士戒煙，與近10萬名市民分享無煙信息。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分別為28.4%及20%，兩項數據均是歷屆新高，反應更多吸煙人士身體力行主動戒煙，攜手建造無煙社區，共享無煙健康生活。

Encouraging smokers to reclaim a tobacco-free, healthy lifestyle has long been a key initiative of COSH. The 14<sup>th</sup> “Quit to Win” Smoke-free Community Campaign, supported by over 100 organizations including district councils, district health centers and DHC Express, local service groups, Government departments, public institutions, and various trade associations and companies, organized close to 90 recruitment activities across Hong Kong from June to October 2023. In collaboration with district partners, the campaign also conducted more than 70 smoke-free publicity events, successfully motivating over 1,200 smokers to quit smoking and sharing the tobacco-free message with nearly 100,000 members of public. According to preliminary results, the self-reported and verified 3-month smoking cessation rates reached new highs of 28.4% and 20% respectively, reflecting that more smokers have taken proactive steps to quit smoking and join in building a tobacco-free community to share the benefits of a smoke-free, healthy lifestyle.

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

舉辦接近  
organized close to **90** 場招募活動  
recruitment activities

超過  
over **1,200** 名吸煙人士戒煙  
smokers to quit smoking

比賽三個月的自我報告成功戒煙率  
及核實戒煙率是應屆新高，分別為  
the self-reported and verified 3-month smoking  
cessation rates reached new highs of

**28.4%** 及 **20%**  
and



## 主席報告 Chairman's Report

吸煙會令身體加速衰退，對年長人士以及女性的影響尤甚，委員會自2012年起舉辦「無煙老友記」計劃，今年繼續透過健康講座、電台廣播、社區宣傳活動及招募長者義工組成「無煙老友大使」，於各區長者中心以現場演講及線上形式舉辦了45場健康講座，向約2,100名長者宣揚煙草禍害、戒煙的好處及釐清長者戒煙的常見謬誤，鼓勵吸煙長者展開無煙生活。委員會亦舉辦無煙女性宣傳計劃，獲得共16間婦女團體、地區康健中心／地區康健站及社區組織支持，共舉辦26場無煙女性工作坊及兩場健康講座，並透過單張和宣傳品與近2,500名市民分享無煙信息。

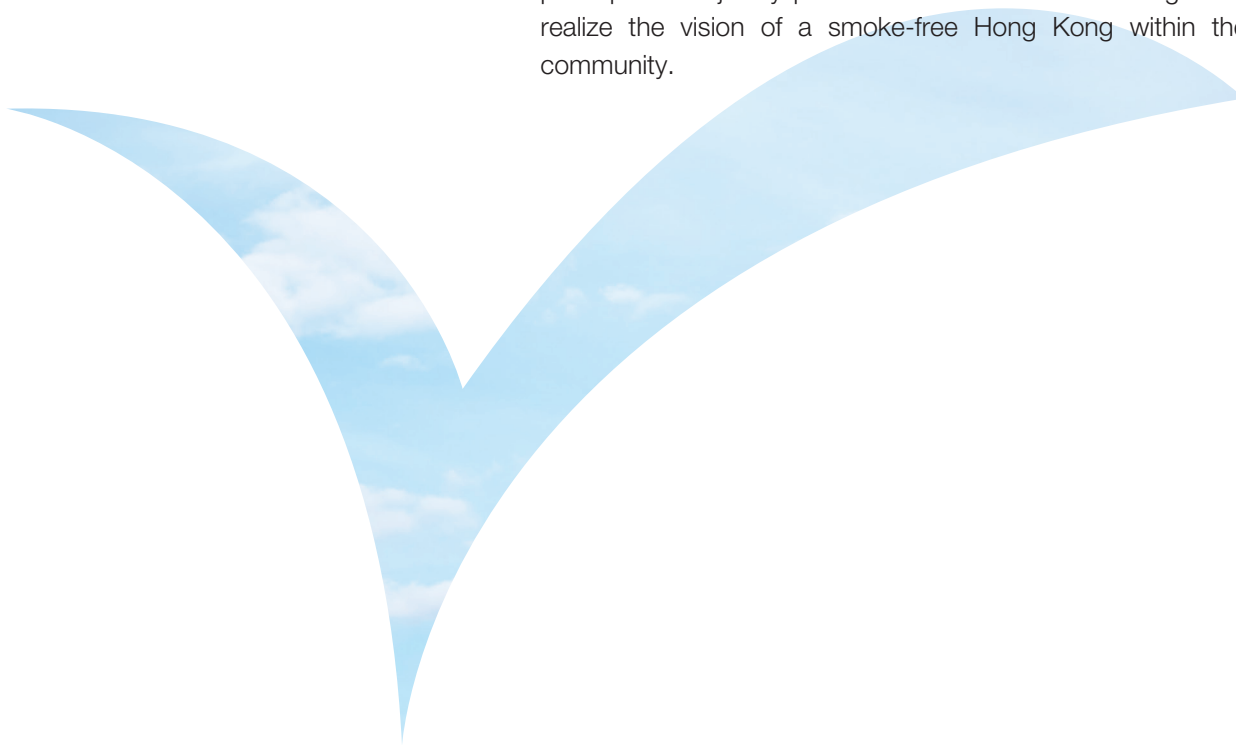
Smoking accelerates the deterioration of the human body, with a particularly significant impact on the elderly and women. Since 2012, COSH has launched the “Elderly Smoking Cessation Promotion Project” to address this issue. This year, the project continued to raise awareness through health talks, radio broadcasts, community outreach activities, and the recruitment of elderly volunteers to serve as “Smoke-free Elderly Ambassadors”. A total of 45 in-person and online health talks were conducted at various elderly centers, reaching approximately 2,100 senior citizens. The health talks aimed to educate the elderly about the harms of tobacco and the benefits of quitting, as well as to dispel common misconceptions about smoking cessation among the elderly, encouraging them to embrace a smoke-free lifestyle. Additionally, COSH organized a smoke-free awareness campaign specifically targeting women, which was supported by 16 women’s groups, district health centers and DHC Express, as well as community organizations. The campaign comprised 26 smoke-free workshops for women and 2 health talks, reaching nearly 2,500 citizens through the distribution of informative brochures and promotional materials.





我們深信，讓兒童及青少年及早認清煙草禍害及無煙生活的重要性，是無煙香港的重要一環。除於幼稚園及中小學舉辦約100場「無煙新世代」健康講座外，委員會的學校互動教育巡迴劇場於本學年推出全新劇目「無煙偵探社」，由無煙代言人「咪點我」擔綱演出，化身神探帶領主角偵破煙害奇案，從而重點教育兒童辨識煙草禍害，並鼓勵其吸煙的家人戒煙，吸引逾20,000名學生及老師欣賞劇場演出。劇目深受學生老師以及社區人士歡迎，委員會首次舉行社區劇場，吸引約200名嘉賓觀賞，當中包括校長、家長、學生，以及家校合作及社區組織代表，從而共同於社區推廣無煙信息、實現無煙香港願景。

COSH firmly believes that educating children and youth about the harms of tobacco and the importance of a tobacco-free lifestyle is a crucial component in achieving a smoke-free Hong Kong. To this end, COSH conducted almost a hundred "Smoke-Free Generation" health talks in kindergartens and primary/secondary schools. Additionally, COSH's School Interactive Education Theatre launched a brand-new drama "Smoke-free Detective". In this production, "Wise Mike", the Smoke-free Ambassador, took on the role of a detective leading the protagonist to solve smoke-harm mysteries, thereby emphasizing the education of children in identifying the dangers of tobacco and encouraging their smoking family members to quit. The drama was warmly received by students, teachers, and community members, attracting over 20,000 attendees. Furthermore, COSH, for the first time, organized a community theater performance that attracted approximately 200 guests, including principals, parents, students, and representatives from home-school collaboration and community organizations. This event allowed the participants to jointly promote the smoke-free message and realize the vision of a smoke-free Hong Kong within the community.



## 主席報告 Chairman's Report

委員會定期製作宣傳短片，喚起公眾對吸煙禍害的關注。委員會於2024年3月推出全新宣傳片『一「點」煙禍害蔓延』，透過一個家庭的日常生活，從爸爸選擇在家中「點」煙一刻開始，影響著家人健康和孩子的發育。吸煙後的煙草殘餘化學物更殘留在衣服、家具和孩子的玩具上，煙草禍害無處不在。宣傳片旨在喚起公眾的共鳴，提高公眾對於二手和二手煙危害的認識，鼓勵吸煙者為自己和下一代的健康，做出正確選擇，儘快戒煙！宣傳短片於各大電台、電視台及網上平台播放，單在網上平台的觀看人數已超過115萬人次，深受大眾歡迎。

委員會為鼓勵吸煙人士以做運動戒煙，提高戒煙的成功率，舉辦以「零煙世代在眼前戒煙贏在起跑線」為主題的一系列宣傳推廣活動，響應5月31日世界無煙日，並呼籲全港市民參與「無煙跑服日」，於世界無煙日當天穿著跑服及勤做運動，獲超過325間機構及個人、合共逾4,000人積極響應，不少機構亦於其網頁、網上平台或內聯網宣傳活動，如派發無煙宣傳品及張貼活動海報，一同響應多做運動支持無煙健康生活。

COSH regularly produces promotional videos to heighten public awareness regarding the harms of smoking. In March 2024, COSH launched a new Announcement of Public Interest (API) titled “Smoking Causes Endless Harm”, which depicts the daily life of a family, commencing with the father’s decision to “light” a cigarette at home, and the subsequent impact on the health of the family members and the development of the child. The video showcases the ubiquitous nature of the chemical residues from smoking, which linger on the clothes, furniture, and the child’s toys, thereby demonstrating the pervasive dangers of tobacco. The video aims to resonate with the public, increase awareness of the hazards of secondhand and third-hand smoke, and encourage smokers to make the prudent choice of quitting smoking as soon as possible, for the sake of their own health and that of the next generation. The video has been aired on major radio stations, television channels, and online platforms, garnering over 1.15 million views on online platforms alone, and eliciting a strong response from the general public.

In observance of World No Tobacco Day on 31 May, COSH organized a series of promotional activities themed “Get Set, Go! Towards our Tobacco-free Future” to encourage smokers to quit smoking and increase the success rate of smoking cessation through exercise. COSH invited all citizens of Hong Kong to participate in the “Smoke-free Sportswear Day” by wearing running attire and engaging in physical activities on World No Tobacco Day. The campaign garnered an overwhelming response, with over 325 organizations and individuals, totaling more than 4,000 participants, actively taking part. Many organizations further promoted the event on their websites, online platforms, or internal networks by distributing smoke-free promotional materials and posting event posters, collectively advocating for a healthier, smoke-free lifestyle through increased physical activities.

委員會確信多管齊下的控煙措施能有助進一步邁向無煙香港的目標，減低對兒童、老弱人群，以及非吸煙人士接觸二、三手煙的機會，保障大眾健康。在此，我衷心感謝委員會各委員及社會各界一直齊心支持控煙工作，以及秘書處職員同心協力，委員會必繼往開來，致力實現無煙香港！

COSH is convinced that multi-pronged tobacco control measures can help further the goal of achieving a tobacco-free Hong Kong, to reduce the exposure of children, the elderly and the frail, and non-smokers to secondhand and third-hand smoke, so as to protect public health. In conclusion, I would like to convey my heartfelt gratitude to all the Members of COSH for their collaborative efforts in supporting tobacco control work over the past year, as well as to the Secretariat staff for their unity and mutual support. Moving forward, COSH will steadfastly continue to exert our utmost efforts to drive progress towards achieving a tobacco-free Hong Kong.







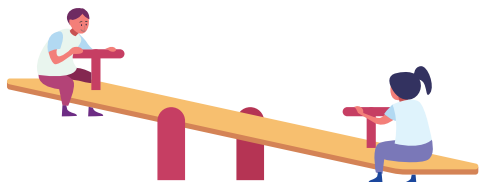
# 凝聚各界攜手 邁向無煙香港

Uniting the Community Towards  
a Tobacco-free Hong Kong

## 專題 Highlights

香港吸煙與健康委員會推動控煙工作從不停步，與各界跨越疫境，過去一年在疫後新常態中凝聚各界力量，透過多元化的無煙教育、宣傳活動及研究項目，提高公眾對煙草禍害的認識，保障市民健康。委員會一直倡議大幅增加煙草稅，以推動更多吸煙人士戒煙，遂樂見政府再度上調煙草稅。社會走出疫情、全面復常，委員會積極以實體活動連同線上推廣，加強無煙宣傳及倡議。其中，在政府進行控煙策略公眾諮詢期間，委員會提出一系列加強控煙的措施；同時以「『你』想無煙香港」為主題於全港各區進行社區推廣活動、學校填色活動及簽名行動、大型宣傳日活動及電視宣傳等，加深公眾對控煙政策的了解，透過籌辦各項活動，與社會各界攜手邁向新里程。

Hong Kong Council on Smoking and Health (COSH) has been unrelentingly playing an active role in tobacco control. Over the past year, COSH has united various sectors to raise public awareness of the harms of tobacco through diverse smoke-free education, publicity campaigns, and research projects, thereby safeguarding the health of the public. COSH has consistently advocated for a substantial increase in tobacco tax to encourage more smokers to quit. Therefore, COSH welcomed the Government's latest tobacco tax hike. As the society emerges from the pandemic and fully resumes normal activities, COSH has proactively strengthened smoke-free advocacy and publicity with in-person events as well as online channels. During the Government's public consultation on tobacco control strategies, COSH proposed a series of measures to enhance tobacco control. COSH also conducted community outreach programmes, coloring activities and signature campaign in schools, large-scale publicity events, and television advertisements to deepen public understanding of tobacco control policies. Through various initiatives, all sectors of society were engaged to embark on a new chapter.





## 專題 Highlights

### 倡議交流 構建「你」想無煙香港

煙草商以層出不窮的手法阻礙控煙的推展。委員會強調，控煙政策遂應需與時並進、多管齊下地保障公眾健康。回顧本港過往控煙工作，政府上一次進行控煙政策公眾諮詢追溯至約20年前，當時大部分建議措施均獲社會廣泛支持，促使2007年起所有食肆處所的室內地方、室內工作間及多個公眾場所均訂為法定禁煙區。為保護下一代免受煙草禍害，醫務衛生局在2023年7月中旬開展「活力健康 無煙香港」控煙策略公眾諮詢，收集社會對未來控煙方向的意見，藉此制定長遠的控煙藍圖。

委員會認同諮詢文件中的四大策略及相關措施，包括提高煙草稅率、擴大法定禁煙範圍、實施全煙害警示包裝、禁止在煙草產品加入任何味道或任何添加劑等，旨在為控煙措施提出更全面的建議。

在諮詢期間，委員會連月來推出一連串宣傳活動，包括於全港各區進行社區推廣、學校填色活動及簽名行動，並獲得積極支持。同時亦持續透過電視宣傳、媒體報道、社交媒體及專題網站等渠道，加深公眾對控煙政策的了解，呼籲市民踴躍發表意見。



### Together We Strive for a Tobacco-free Hong Kong

The tobacco industry has been using every means to obstruct the development of tobacco control. COSH emphasizes that tobacco control policies must evolve with the times and be multifaceted to safeguard public health. Reflecting on Hong Kong's past tobacco control efforts, the Government's last public consultation on tobacco control policies was conducted over 20 years ago, at which time most of the measures enjoyed widespread social support. Starting from 2007, smoking ban was implemented at indoor areas of all restaurant premises, indoor workplaces and many public places. To protect the next generation from the harms of tobacco, the Health Bureau launched the "Vibrant, Healthy and Tobacco-free Hong Kong" public consultation on tobacco control strategies in mid-July 2023, soliciting societal views on the future direction of tobacco control in order to formulate a long-term blueprint for tobacco control.

COSH supported the four strategies outlined and related measures in the consultation document. These included raising tobacco tax, expanding statutory no-smoking areas, implementing plain packaging of tobacco products, and prohibiting the addition of any flavours or additives in tobacco products, all with the aim of providing more comprehensive measures for tobacco control policies.

During the consultation period, COSH launched a series of publicity campaigns across Hong Kong, including community outreach activities, school coloring competitions and signature campaign. The response was overwhelmingly positive. COSH also continued to deepen public understanding of tobacco control policies through television advertisements, media publicity, social media, and dedicated websites, calling on the public to actively contribute their views.



委員會及後在9月初舉行「你」想無煙香港的大型宣傳活動，邀請政府官員、各界人士、家校合作及社區組織，以及戒煙服務機構代表，聯同控煙專家出席支持，鼓勵市民就政府控煙策略公眾諮詢表達意見，並支持委員會的倡議。

整個為期兩個多月的諮詢期，社會大眾紛紛為無煙香港的願景發聲。委員會將從各途徑收到的意見遞交予醫務衛生局，期望政府藉是次公眾諮詢凝聚共識，制定一套嶄新、全面的控煙政策，讓「無煙香港」的美好未來得以實現。

In early September, COSH organized a large-scale publicity event themed “Together We Strive for a Tobacco-free Hong Kong”, inviting government officials, representatives from various sectors, school-home cooperation organizations, community groups, and smoking cessation service providers, as well as tobacco control experts, to attend and show their support in order to encourage the public to express their views on the Government's tobacco control strategy public consultation and to support COSH's advocacy initiatives.

Throughout the over two-month-long consultation period, the public voiced strong support for the vision of a tobacco-free Hong Kong. COSH forwarded the submissions collected from various channels to the Health Bureau, in the hope that the Government would leverage this public consultation to build consensus and formulate an innovative, comprehensive tobacco control plan that will strive for a tobacco-free Hong Kong.



## 專題 Highlights

### 增加煙稅 推動戒煙

增加煙草稅一直被國際公認為最直接有效地減少煙草使用的措施，透過增加吸煙成本，降低人們對吸煙的意欲。世界衛生組織（世衛）明確地將增加煙草價格及煙草稅列為優先控煙措施，並建議煙草稅應佔煙草零售價格最少75%。

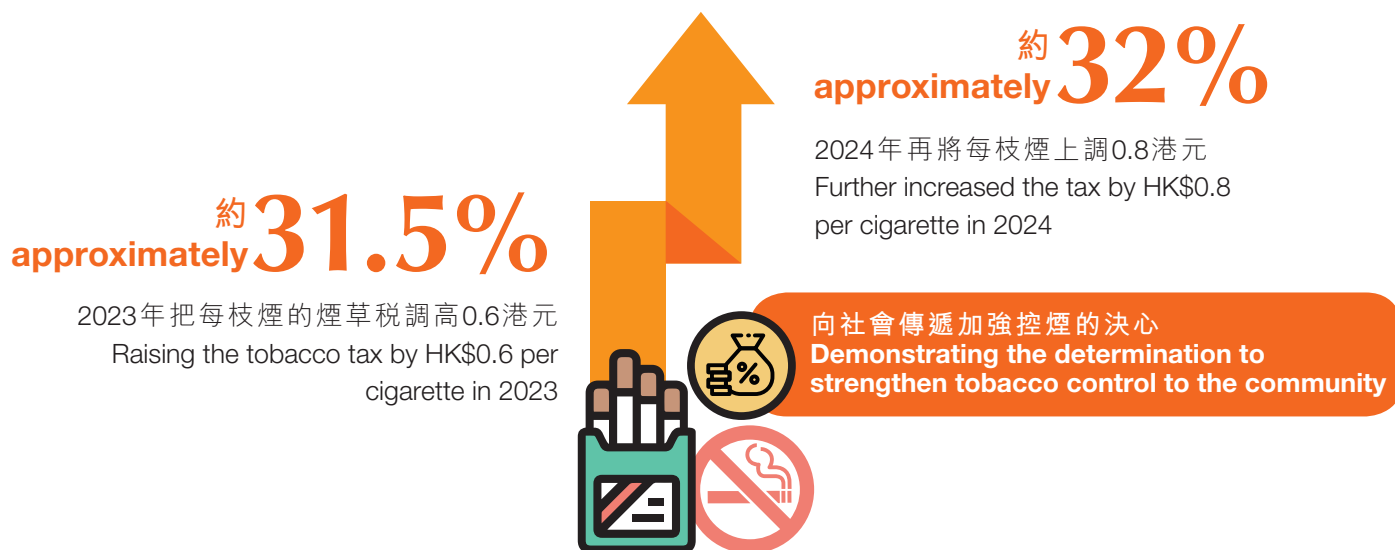
委員會一直聯同多個團體促請政府每年檢視及定期調整煙草稅。委員會樂見政府聽取本會和各界意見，繼2023年把每枝煙的煙草稅調高0.6港元（約31.5%）後，2024年再將煙草稅每枝煙上調0.8港元（約32%），是過去20年來本港首度連續兩年增加煙草稅的重要舉措，有助鼓勵更多吸煙人士戒煙及預防青少年開始吸煙，保障公眾健康，一同向社會傳遞加強控煙的決心。

### Increasing Tobacco Tax to Motivate Smoking Cessation

Increasing tobacco tax has long been internationally recognized as one of the most direct and effective measures to reduce tobacco consumption, as it increases the cost of smoking and lowers people's incentive to smoke. The World Health Organization (WHO) has explicitly identified raising tobacco prices and taxes as a priority tobacco control measure, recommending that tobacco taxes should account for at least 75% of the retail price of tobacco products.

COSH has been working alongside various organizations to urge the Government to review and regularly adjust tobacco taxes annually. COSH is pleased to see that the Government heeded the views of COSH and various stakeholders. After raising the tobacco tax by HK\$0.6 per cigarette (approximately 31.5%) in 2023, the Government further increased the tax by HK\$0.8 per cigarette (approximately 32%) in 2024 — the first time in the past 20 years that Hong Kong has seen two consecutive annual increases in tobacco taxes. This important initiative could encourage more smokers to quit and prevent youth from taking up smoking, safeguarding public health and demonstrating the determination to strengthen tobacco control in the community.





委員會的控煙政策調查2023顯示，近七成的受訪者支持政府每年加稅。為了儘早追上世衛建議75%煙草稅率的步伐，政府有必要節省因逐次調整煙草稅而經過一輪耗時和繁瑣的立法及行政程序，故委員會深信制訂隨通脹按年增加的稅率機制政策是勢在必行。透過定期增加煙草稅，不但能確保煙價維持在一定水平，避免其效力消退，令吸煙率有機會反彈；同時亦可預防青少年從小開始吸煙，保障公眾健康，長遠地減輕社會的醫療負擔，實現無煙香港的願景。

COSH's 2023 Tobacco Control Policy-related Survey found that nearly 70% of respondents supported the Government's annual tax increases. To expedite the pace towards the WHO's recommended 75% tobacco tax rate, the Government needs to bypass the time-consuming and cumbersome legislative and administrative processes required for periodic tax adjustments. COSH firmly believes that it is imperative to establish a mechanism for automatically adjusting the tobacco tax rate in line with inflation on an annual basis. Regular tobacco tax increases not only ensure that tobacco prices remain at a certain level to sustain the measures' effectiveness and prevent a potential rebound in the smoking rate, but also help prevent young people from taking up smoking in the first place, safeguard public health, and alleviate the long-term burden on the healthcare system, ultimately realizing the vision of a tobacco-free Hong Kong.



## 專題 Highlights

### 齊心協力 推廣無煙文化

委員會致力把無煙信息推廣至企業、學校、社區等每一個角落。「香港無煙領先企業大獎2023」由委員會主辦、職業安全健康局及香港電台第一台合辦，旨在鼓勵商界推動無煙工作間，將無煙文化推廣至不同持份者。

今屆大獎吸引超過730間企業及機構參加，當中遍布政府部門、銀行、餐飲、物業管理、運輸物流，以及教育等不同行業，反映商界對推廣無煙文化日益重視。各企業及機構發揮創意，利用自身的行業特點，推廣無煙健康生活模式，並配合多元化的措施，鼓勵員工戒煙，從而建立無煙工作間。本屆同時增設「傑出ESG無煙企業參與大獎」，委員會深信透過永續概念，企業將無煙文化融入營運方針，不僅能保障員工及客戶免受煙害，還提升公司的整體士氣和工作效率，長遠有助推動香港邁向一個更有活力的無煙城市。

### United Efforts to Promote Smoke-Free Culture

COSH is dedicated to disseminating smoke-free messages to every corner of corporations, schools and communities. COSH organized “Hong Kong Smoke-free Leading Company Awards 2023” in collaboration with the Occupational Safety and Health Council and Radio 1 of Radio Television Hong Kong, with the aim of encouraging the business sector to promote smoke-free workplaces and spread the smoke-free culture to various stakeholders.

The Award attracted over 730 participating companies and organizations. The participants spanned diverse industries — including government, banking, catering, property management, transportation/logistics, and education, reflecting the business sector’s growing emphasis on promoting smoke-free culture. The companies and organizations demonstrated creativity in utilizing their industry-specific characteristics to promote healthy smoke-free lifestyles, and implemented a variety of measures to encourage employees to quit smoking, thereby establishing smoke-free workplaces. This year, a “Outstanding ESG Smoke-free Involvement Award” was newly introduced. COSH believes that through the concept of sustainability, companies will integrate the smoke-free culture into their operational guidelines, not only to protect employees and customers from the harm of smoking, but also to boost the overall morale and work efficiency of the company, which will in the long run contribute to the advancement of Hong Kong towards a more vibrant smoke-free city.



第14屆「戒煙大贏家」無煙社區計劃獲超過100個機構支持，於全港各區舉辦接近90場招募活動，並聯同地區合作夥伴舉行逾70項無煙宣傳活動，向近10萬名市民分享無煙信息，同時成功推動超過1,200名吸煙人士戒煙。

The 14<sup>th</sup> “Quit to Win” Smoke-free Community Campaign received support from over 100 organizations, organizing around 90 recruitment activities across districts, and collaborating with local partners to host more than 70 smoke-free publicity events, sharing the smoke-free message with nearly 100,000 members of public, while also successfully motivated over 1,200 smokers to quit smoking.



### 「無煙跑服日」 為戒煙人士傳遞正能量

每年5月31日是「世界無煙日」，委員會今年繼續舉辦「無煙跑服日」，號召全民當日穿上運動服響應，鼓勵以運動戒煙。隨著社會復常，為了向社區推廣更具朝氣的無煙信息，委員會亦首度以嘉年華形式，於5月28日舉行以「零煙世代在眼前 戒煙贏在起跑線」為題的世界無煙日2023暨無煙跑服日啟動禮。嘉年華獲得八間機構及戒煙服務團體支持，透過有趣的攤位遊戲提升公眾對煙草禍害、戒煙及控煙工作的認識。同場亦邀請各界醫生代表、越野跑手、藝人、歷屆戒煙大贏家得獎者，藉分享、伸展運動示範等，與公眾進行互動交流，呼籲市民以積極正面的態度參與無煙生活，並營造關愛互助的氛圍以支持身邊人戒煙。

### Get Set, Go! Towards our Tobacco-free Future

World No Tobacco Day (WNTD) is designated on 31 May each year. COSH organized the “Smoke-free Sportswear Day”, calling on the public to wear sportswear on that day and encouraging quitting smoking through exercise. As social activities resumed following the end of pandemic, in order to promote a more energetic smoke-free message to the community, COSH also held a kick-off ceremony cum carnival under the theme of “Get Set, Go! Towards our Tobacco-free Future” on 28 May. The carnival was supported by eight organizations and smoking cessation service groups, using fun booth games to raise public awareness of the harms of tobacco, smoking cessation, and tobacco control efforts. The event also invited representatives from the medical community, trail runners, artists, and past “Quit to Win” contest winners to interact with the public through sharing sessions and exercise demonstrations, appealing to the public to embrace smoke-free living with a positive attitude and creating a caring, supportive atmosphere to encourage people around them to quit smoking.



## 專題 Highlights

### 教育劇場 散播無煙種子

委員會的「學校互動教育巡迴劇場」透過與本地小學及專業藝術團體合作，以互動教育劇場的形式教育學生從小開始建立無煙健康生活模式，鼓勵他們與家人一起推動無煙生活。

### Education Theatre to Spread the Smoke-Free Seeds

Through the collaboration with local primary schools and professional art troupes, COSH's "School Interactive Education Theatre" educates students to establish a smoke-free and healthy lifestyle from an early age, and encourages them to promote smoke-free living with their families.



本學年推出全新劇目「無煙偵探社」，由無煙代言人「咪點我」化身神探帶領主角偵破煙害奇案，配以朗朗上口的主題曲和互動環節，藉生動有趣的戲劇揭露煙草商的伎倆及新型另類煙草的禍害，向小學生傳達拒絕吸煙及無煙環境等的正面信息。委員會首辦社區劇場，約200名嘉賓觀賞，當中包括校長、家長、學生，以及家校合作及社區組織代表，共同於社區推廣無煙信息。



政府在《邁向2025：香港非傳染病防控策略及行動計劃》中，根據世衛建議，訂下於2025年將吸煙率降至7.8%的目標，要在未來的一年達到目標，並非依賴單一的控煙措施或任何一方的努力就可以達成，需靠多方的相輔相成。委員會將繼續與社會各界一同砥礪前行，同心協力降低本港吸煙率，實現無煙香港願景，讓下一代脫離煙害。

A new drama titled “Smoke-free Detective” was launched in this school year, where “Wise Mike”, the Smoke-free Ambassador, took on the role of a detective leading the protagonist to solve smoke-harm mysteries. Accompanied by catchy theme songs and interactive segments, the vibrant and entertaining drama revealed the tactics of the tobacco industry and the harms of new alternative tobacco products, conveying positive messages to primary school students about refusing to smoke and creating smoke-free environments. COSH held its first community theatre performance, with approximately 200 guests, including principals, parents, students, and representatives from school-community collaboration and community organizations, collectively promoting the smoke-free message in the community.

The Government has set a smoking prevalence target of 7.8% by 2025 based on the recommendation of the WHO in Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong. The target of reducing the smoking rate in the coming year cannot be achieved through a single tobacco control measure or the efforts of any one party alone. It requires the complementary contributions of multiple stakeholders. COSH will continue to work together with all sectors of society, collectively striving to lower the smoking rate in Hong Kong, so that the next generation can be free from the harms of smoking, and realize the vision of a tobacco-free Hong Kong.







## 活動 Events

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



# 活動紀要 2023-2024

## Highlights of Events 2023-2024



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

推廣活動 Publicity Projects		
2023/5/28	「零煙世代在眼前 戒煙贏在起跑線」 宣傳推廣計劃	“Get set, Go! Towards our Tobacco-free Future” Publicity Programme
2023/6 - 2024/3	第14屆「戒煙大贏家」無煙社區計劃	The 14 <sup>th</sup> “Quit to Win” Smoke-free Community Campaign
2023/7/12	回應政府《活力健康無煙香港》 控煙策略諮詢文件記者會	Press Briefing in Response to the Government’s launch of Public Consultation on Tobacco Control Strategies
2023/7 - 2023/9	「『你』想無煙香港」倡議行動及 宣傳推廣活動	“Together We Strive for a Tobacco-free Hong Kong” Advocacy Campaign and Publicity Activities
2023/9/3	「『你』想無煙香港」宣傳活動	“Together We Strive for a Tobacco-free Hong Kong” Promotion Event
2023/9 - 2024/3	香港無煙領先企業大獎2023	Hong Kong Smoke-free Leading Company Awards 2023
2024/1	倡議增加煙草稅	Advocacy on Raising Tobacco Tax
2024/1/30	「增加煙草稅最少75% 助戒煙減開支」記者會	“Raising Tobacco Tax by at least 75% to Motivate Smoking Cessation for Reducing Expenditure” Press Conference
2024/3	全新宣傳片『一「點」煙 禍害蔓延』	New API “Smoking Causes Endless Harm”
社區聯繫及推廣 Community Involvement and Promotion		
2023/4 - 2024/3	「無煙老友記」計劃2023-2024	Elderly Smoking Cessation Promotion Project 2023-2024
2023/4 - 2024/3	無煙女性宣傳計劃2023-2024	Smoke-free Women Project 2023-2024
2023/4/8	「全民國家安全教育日暨HAPPY HK 親子嘉年華」地區宣傳活動	“National Security Education Day cum Happy HK Carnival” District Publicity Event
2023/4/29	黃大仙地區康健中心開放日嘉年華	Wong Tai Sin District Health Centre Open Day cum Health Carnival
2023/5/16 - 17	「2023年醫院管理局研討大會」	Hospital Authority Convention 2023
2023/6/9 - 11	亞太區牙科會議暨 香港國際牙科博覽暨研討會	Asia Pacific Dental Congress and Hong Kong International Dental Expo and Symposium
2023/8/27	「活力健康・無煙香港」繽紛日	“Vibrant, Healthy and Tobacco-free Hong Kong” Event Day
2023/9/17	北區地區健康節2023	North DHC X Carnival 2023
2023/10/21	世界中風關注日	Wong Tai Sin District Health Centre - World Stroke Day Event
2023/11/4	「康健人生同擔當」社區推廣日	Wong Tai Sin District Health Centre Health Event
2023/11/26 & 2024/1/7	建造業運動會暨慈善同樂日及 開心跑暨嘉年華	Construction Industry Council Sports cum Charity Fun Day and Happy Run
2024/1/13	家家福樂共環保2024	The Yuen Yuen Institute - Community activity 2024





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

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

2023/4 - 2024/3	「無煙新世代」健康講座	Health Talks for "Smoke-free New Generation"
2023/8 - 2024/3	「無煙Teens精英計劃」2023-2024	"Smoke-free Elite Teens Programme" 2023-2024
2023/9 - 2024/3	學校互動教育巡迴劇場 《無煙偵探社》	School Interactive Education Theatre "Smoke-free Detective"

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

2023/4/13, 10/31 & 2024/3/11	香港大學護理學院課程	HKU School of Nursing – Nursing Programmes
2023/6/28, 8/14, 8/22	扶輪社 – 控煙研討會	Rotary Club – Tobacco Control Seminar
2024/1/18	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 Conferences

### 會議 Conferences

2023/11/29	中華預防醫學會 – 控煙交流座談會	Exchange Meeting with Chinese Preventive Medicine Association
2023/12/4 - 8	控煙專才培訓計劃2023	Annual Programme on Tobacco Control 2023
2023/12/16 - 18	第24屆全國控煙與健康學術研討會 暨海峽兩岸及香港澳門地區 煙害防治研討會圓桌會議	The 24 <sup>th</sup> National Symposium on Tobacco Control cum the Roundtable Meeting on Cross-strait, Hong Kong and Macau Tobacco Control Conference



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



### 推廣活動 Publicity Projects

#### 「零煙世代在眼前 戒煙贏在起跑線」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」，提高全球對煙草流行及其致命影響的關注。委員會為響應此全球呼籲，推出「零煙世代在眼前 戒煙贏在起跑線」宣傳推廣計劃，透過一連串活動鼓勵吸煙人士以運動戒煙，營造鼓勵戒煙的氛圍，推進社會邁向零煙未來。

#### 啟動禮

委員會聯同新城電台於2023年5月28日舉行「零煙世代在眼前 戒煙贏在起跑線」啟動禮，並設嘉年華。主禮嘉賓包括醫務衛生局局長盧寵茂教授、衛生署署長林文健醫生、醫院管理局主席范鴻齡、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。

#### “Get set, Go! Towards our Tobacco-free Future” 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. COSH launched the “Get set, Go! Towards our tobacco-free Future” Publicity Programme to echo this appeal with a series of promotion activities to motivate smokers to take exercise as an aid for smoking cessation, create a smoke-free social atmosphere, hence stepping forward to achieve the tobacco-free future.

#### Kick-off Event

COSH, in collaboration with Metro Broadcast Corporation Limited organized a kick-off ceremony cum carnival under the theme of “Get Set, Go! Towards our Tobacco-free Future” on 28 May 2023. Officiating guests included Prof LO Chung-Mau (Secretary for Health), Dr Ronald LAM (Director of Health), Henry FAN (Chairman of Hospital Authority), 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 encouraged the public to join hands to move towards a tobacco-free Hong Kong.



在啟動禮當日，委員會邀請了皮膚科專科醫生陳厚毅醫生、香港醫院藥劑師學會會長崔俊明藥劑師及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，分別以「吸煙導致皮膚老化」、「解構水煙及另類吸煙產品真相」及「長者吸煙與死亡關係」為主題進行公眾講座，拆解坊間對吸煙禍害的誤解，宣揚無煙生活的重要性。越野跑手陳國強，第十三屆戒煙大贏家得主鄭煒杰，以及藝人黃妍和區子琳現場示範簡易伸展運動，向市民分享運動的益處及戒煙致勝的心得。生命小戰士合唱團和香港復康力量中樂團亦在啟動禮上表演，鼓勵市民大眾建立健康人生。



### 無煙跑服日

委員會於5月31日舉行「無煙跑服日」，鼓勵持份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」獲超過325間機構及個人，合共逾4,000人積極響應，不少機構亦於其網頁、網上平台或內聯網宣傳活動，如派發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的機構。

During the kick-off event, a sharing session was specially arranged, Dr Kingsley CHAN (Dermatology Specialist), William CHUI (President of The Society of Hospital Pharmacists of Hong Kong) and Prof LAM Tai-hing (Emeritus Professor of The University of Hong Kong; Honorary Clinical Professor of School of Public Health of HKU) were invited to clarify the common misconceptions about the harms of smoking and promote the importance of being smoke-free to the public. The topics covered “Smoking’s Effect on the Skin”, “The Truth about Use of Waterpipe Tobacco and Alternative Smoking Products” and “Smoking and All-Cause Mortality in Elderly”. Artists Cath WONG and Paula AU, together with Trail runner KK CHAN and the 13<sup>th</sup> “Quit to Win” winner CHENG Wai-kit disseminated smoke-free messages through demonstrating of basic stretching skills and sharing. Little Life Warrior Choir and Hong Kong Rehabilitation Power Chinese Orchestra also encouraged the public to achieve a healthy life by music performances.

### 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. Over 325 organizations and individuals, more than 4,000 participants supported. Some organizations promoted the Programme via websites, online platforms and intranets, and set up promotion booths 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 recognize the efforts of Organizations with the most creative promotion.



## 活動 Events

### 攤位宣傳活動及無煙貼圖

委員會於2023年6月期間於社區設置街站，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，鼓勵他們多做運動支持無煙健康生活，一起實現零煙世代。

活動網頁：[exercise.smokefree.hk/](https://exercise.smokefree.hk/)



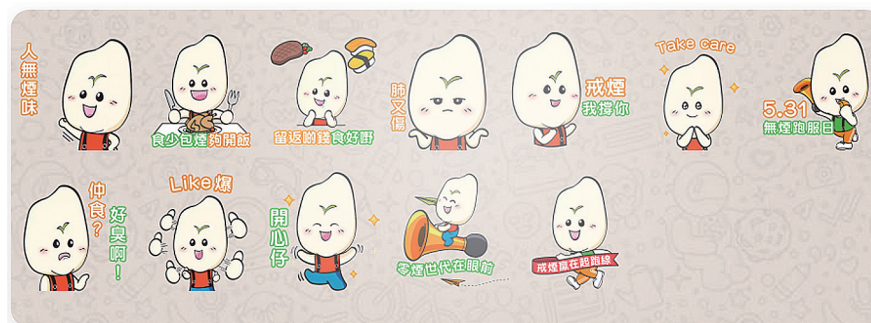
### Roadshow Promotions and Smoke-free stickers

Roadshow promotion sessions were held in June 2023, 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 promote a healthy lifestyle by doing exercise and share among families and friends through daily mobile or online chit-chat.

Programme website: [exercise.smokefree.hk/](https://exercise.smokefree.hk/)





## 第14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，多年來透過戒煙比賽，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。計劃每年均成功招募逾千名參加者戒煙，同時更透過舉辦不同形式的無煙推廣及媒體宣傳，加強社區人士對戒煙的關注，營造有利戒煙的社會氛圍。

第14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，向市民傳達無煙信息。計劃獲得超過80個機構及區議會的支持及參與，攜手向社會不同界別推廣無煙資訊。



### 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2023年6月8日及15日舉辦「無煙大使戒煙輔導訓練課程」，吸引近120名來自地區合作夥伴、支持機構和地區康健中心／地區康健站的義工及工作人員，以及大學生，透過線上及線下參與，了解基礎的戒煙知識。

課程的主講嘉賓包括香港大學榮休教授暨公共衛生學院名譽臨床教授林大慶教授、香港大學護理學院教授王文炳教授、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)陸子璉博士及博士後研究員趙盛之博士、香港大學護理學院戒煙治療研究組麥天純。

## The 14<sup>th</sup> “Quit to Win” Smoke-free Community Campaign

COSH has been organizing the “Quit to Win” Smoke-free Community Campaign since 2009. Over the years, the Campaign has actively engaged the community to encourage smokers to embrace a smoke-free healthy lifestyle through smoking cessation contests, along with counseling and scientific research. Every year, the Campaign recruits over 1,000 smokers to kick the habit, and enhances supportive social atmosphere for smoking cessation by a variety of district-based smoke-free promotion activities and media promotions.

The 14<sup>th</sup> “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 gained support from District Councils and over 80 diversified organizations 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 Smoking Cessation Counseling Training on 8 and 15 June 2023, which attracted about 120 volunteers, staff members from district working partners, supporting organizations and district health centres/DHC Express and university students to attend online and offline, equipping themselves the basic skills on smoking cessation.

Speakers included Prof LAM Tai-hing (Emeritus Professor, and Honorary Clinical Professor of School of Public Health, The University of Hong Kong), Prof Kelvin WANG (Professor, School of Nursing, The University of Hong Kong), Vienna LAI (COSH Executive Director), Lawrence CHU (COSH Senior Project Manager), Dr Kevin LUK (Research Assistant Professor, School of Nursing, The University of Hong Kong), Dr Lubeca ZHAO (Postdoctoral Fellow, School of Nursing, The University of Hong Kong) and Titan MAK (Smoking Cessation Research Team, School of Nursing, The University of Hong Kong).



## 活動 Events

第13屆「戒煙大贏家」比賽亞軍溫鐵亮亦應邀出席分享其成功戒煙故事及戒煙心得。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，並分享吸煙、二手煙及三手煙的禍害、香港控煙工作的現況、戒煙輔導技巧、動機性訪談法及尼古丁替代療法的正確使用方法等。

The first runner-up of the 13<sup>th</sup> “Quit to Win” Contest, WAN Titledung was invited to share his successful quit story. Details of the “Quit to Win” Smoke-free Community Campaign, hazards of smoking, secondhand and third-hand smoke, tobacco control in Hong Kong, smoking cessation counseling skills and motivational interviewing, and usage method of nicotine replacement therapy were introduced through seminar presentations, group discussion and case studies.



### 地區招募及無煙宣傳活動

委員會於2023年6至10月在全港18區進行了近90場招募活動，吸引超過1,200名吸煙人士報名參加比賽，向近40,000名市民傳遞無煙資訊。

### District Recruitment and Smoke-free Promotion Activities

COSH organized around 90 recruitment sessions across 18 districts and enlisted over 1,200 smokers in the Contest from June to October 2023. 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

委員會一直與社會各界攜手合作推動戒煙，今年計劃有共21個非政府組織參與成為計劃的地區合作夥伴，舉辦地區無煙宣傳活動，一同在社會建立鼓勵戒煙的正面氣氛。此外，超過80個組織及機構包括區議會、政府部門、公營機構、戒煙服務機構、地區服務組織、地區康健中心，以及來自餐飲業、建造業、物業管理業、運輸及物流業等商會及公司支持計劃，並協助宣傳予其員工和會員，更廣泛地推廣戒煙和無煙社區信息。

地區合作夥伴在全港各區舉辦合共超過70場無煙宣傳活動，例如健康講座、健康檢查、無煙展覽、標語創作比賽、社區嘉年華、工作坊、巴士巡遊、AR互動遊戲、音樂會、短片製作、街頭招募及外展宣傳等，向區內市民宣揚無煙信息，加深他們對戒煙的認識，支持共建無煙社區。一系列的無煙宣傳活動向近60,000名市民宣揚無煙信息，鼓勵建立無煙健康生活。另有，近350名地區合作夥伴的職員及義工參與宣揚無煙信息，加強了宣傳戒煙的地區網絡和力量。

## Community Partnership and District-based Smoke-free Promotion Activities

COSH has been working in partnership with various sectors of society to promote smoking cessation, 21 non-governmental organizations joined the Campaign as district working partners to organize district-based smoke-free promotion activities for building a positive atmosphere for smoking cessation in the community. The Campaign also extended the partnerships to over 80 organizations and companies from different sectors, including District Councils, Government departments, public organizations, smoking cessation service providers, community service organizations, district health centres, as well as trade associations and companies from catering, construction, housing management and transportation industry, and spread out the smoke-free message and Campaign's information to members and employees. It successfully widened the promotion of smoking cessation and smoke-free community concepts.

The district working partners conducted over 70 smoke-free promotion activities throughout the territories, including health talks, health checks, smoke-free exhibition, slogan design competitions, community carnivals, workshops, bus parades, AR interactive games, concerts, video production, roadshows and outreach promotions. Smoke-free messages were disseminated to over 60,000 members of public. About 350 staff and volunteers of the district working partners participated in the smoke-free promotion to encourage smoking cessation, consolidating district network and creating supportive force for smoking cessation.



## 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(營運機構：香港復康會) Eastern DHC Express (operated by The Hong Kong Society for Rehabilitation)
離島 Islands	離島婦聯有限公司 Hong Kong Outlying Islands Women's Association Limited
九龍城 Kowloon City	九龍樂善堂 The Lok Sin Tong Benevolent Society, Kowloon 九龍城地區康健站 Kowloon City DHC Express
葵青 Kwai Tsing	仁濟醫院楊溫先生夫人長者鄰舍中心 Yan Chai Hospital Mr. & Mrs. Yeung Wan Neighbourhood Elderly Centre
觀塘 Kwun Tong	宏施慈善基金社會服務處 Windshield Charitable Foundation Social Services
北區 North	香港青年協會賽馬會祥華青年空間 The 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	香港青年協會荃灣青年空間 Tsuen Wan Youth S.P.O.T.
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.



## 「戒煙服務大募集」活動

委員會為鼓勵更多吸煙人士踏出戒煙的第一步，並積極尋求適切的戒煙輔導，聯同7間戒煙服務機構，包括醫院管理局、博愛醫院、東華三院戒煙綜合服務中心、基督教聯合那打素社康服務、香港理工大學青少年戒煙熱線、九龍樂善堂、香港大學護理學院，以及沙田地區康健站，於2023年9月9日及10日舉行「戒煙服務大募集」活動，現場設置攤位為市民提供一站式戒煙諮詢及健康生活資訊。吸煙人士可即場獲取不同形式的戒煙輔導並登記服務，符合條件的市民亦可登記成為地區康健站的會員。

活動亦設有展覽、遊戲及攤位活動，讓市民加深認識吸煙禍害戒煙好處及控煙政策，並鼓勵市民積極參與「活力健康無煙香港」控煙策略公眾諮詢，發表對未來控煙政策的意見。活動向超過9,000名市民宣傳無煙資訊，透過推廣戒煙及健康生活，營造無煙社區的氛圍。



## “Mega Recruitment Days for Smoking Cessation” Event

In order to motivate smokers to actively seek assistance from smoking cessation and enhance the chance of quitting, COSH, together with Shatin District Health Centre Express and seven smoking cessation service providers including Hospital Authority, Pok Oi Hospital, Tung Wah Group of Hospitals Integrated Centre on Smoking Cessation, United Christian Nethersole Community Health Service, Youth Quitline of Hong Kong Polytechnic University, The Lok Sin Tong Benevolent Society, Kowloon and School of Nursing, The University of Hong Kong, organized the “Mega Recruitment Days for Smoking Cessation” on 9 and 10 September 2023 to provide one-stop smoking cessation counseling assistance to smokers in need as well as information and advice on different quit methods, and onsite cessation counseling and registration to the “Quit to Win” Contest and other cessation services. Eligible participants could also register into the primary care services offered by district health centre.

The event was also featured with exhibitions, mini games and booth activities to deepen the public’s knowledge on hazards of smoking, perks of quitting and tobacco control policies. Details of the “Vibrant, Healthy and Tobacco-free Hong Kong” Public Consultation on Tobacco Control Strategies were also introduced to encourage the public to express their opinions towards future direction of tobacco control policies. The event was attended by over 9,000 participants and promoted better understanding on the smoking hazards, no smoking and healthy lifestyle and positive atmosphere for smoke-free community.



## 活動 Events

### 「戒煙大贏家」比賽

第14屆「戒煙大贏家」比賽成功招募超過1,200名吸煙人士參加。參賽者於報名時即場接受香港大學戒煙輔導員的初步吸煙情況評估及簡短的戒煙輔導，其後在一個月、兩個月、三個月及六個月獲以電話跟進戒煙情況。輔導員除了分享有關吸煙害處和戒煙方法等資料外，亦會提供一星期劑量的戒煙輔助藥物和使用指引，以即時通訊軟件提供戒煙相關資料及應對退癮症狀方法，以鼓勵他們減少吸煙量及戒除煙癮。

戒煙輔導員亦會轉介參加者至其挑選的戒煙服務。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。在三個月跟進通過核實測的可參加大抽獎或「戒煙大使」甄選面試，贏取豐富獎品。

委員會再次與懲教署合作，將「戒煙大贏家」比賽推廣至其轄下的羅湖懲教所、壁屋監獄、赤柱監獄及塘福懲教所，藉此擴大「戒煙大贏家」比賽支援戒煙的覆蓋面。今屆共有45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分別為28.4%及20%。

### “Quit to Win” Contest

The 14<sup>th</sup> “Quit to Win” Contest recruited over 1,200 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 received one-week sample of nicotine replacement therapy (NRT) with usage guide support and instant messaging advice on smoking cessation and tackling withdrawn symptoms, in order to assist them to reduce tobacco consumption abstain from smoking.

Where appropriate, participants were referred to their preferred smoking cessation service providers. Participants who successfully quit were invited to undergo biochemical validation at the 3-month and 6-month follow-ups. 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 to collaborate with Correctional Services Department and extended the “Quit to Win” Contest to Lo Wu Correctional Institution, Pik Uk Prison, Stanley Prison and Tong Fuk Correctional Institution. A total of 45 smoking inmates were motivated to join the Contest and received tailor-made smoking cessation counseling and follow-up.

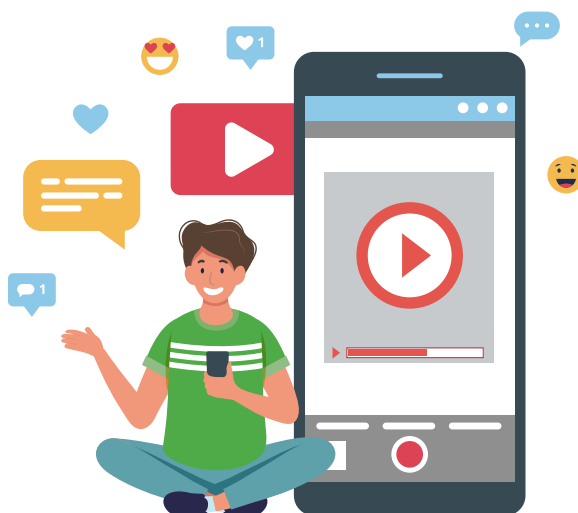
The School of Nursing, The University of Hong Kong was commissioned to conduct a research study to evaluate the effectiveness of the smoking cessation intervention as well as the Campaign to further understand the needs of quitters. According to the preliminary results, the self-reported quit rate and validated quit rate was 28.4% and 20% at 3-month.

## 媒體及網上宣傳

委員會為加強宣傳計劃和進一步鼓勵戒煙，與網絡頻道「Mill MILK」合作製作網上宣傳短片，以「戒煙到底還有甚麼方法」為題，邀請主持人採用心理學專家建議的方法戒煙，邀請吸煙人士探討和了解自己的戒煙動機。主持人亦訪問第十屆「戒煙大贏家」比賽冠軍柯文武，藉此帶出成功戒煙的好處。宣傳短片在多個網上和社交平台播出，共錄得超過35萬觀看次數，成功吸引不少吸煙人士報名參加「戒煙大贏家」比賽，更獲得不少觀眾分享自身經歷及鼓勵吸煙人士戒煙，在網絡營造了正面的戒煙氛圍。

## Media and Online Promotions

To strengthen promotion and motivate smokers' attempt to quit, COSH collaborated with YouTube channel, Mill MILK to produce a promotional video to appeal for smokers' persistence to quit, understand their needs and motivation and publicize the benefits of smoking cessation. The video narrated the experiences of a YouTuber's quit attempt by using psychologists' recommendation, and an interview with of the Champion of the 10<sup>th</sup> "Quit to Win" Contest, KE Wenwu. The video recorded over 350,000 views on various online and social media platforms which successfully spread the smoke-free messages to the mass public and attracted smokers to enroll into the "Quit to Win" Contest. Positive feedback and discussion on smoking cessation among the audiences were also generated.







### 「戒煙大贏家」無煙社區計劃頒獎禮

委員會於2024年3月13日舉辦第14屆「戒煙大贏家」無煙社區計劃頒獎禮，嘉許比賽的優勝者及成功戒煙的參賽者，並答謝各個機構的支持。主禮嘉賓包括衛生署控煙酒辦公室主任封螢醫生、懲教署助理署長(行動)梁嘉倫、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。「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；藝人劉穎璇和焦浩軒亦到場支持活動，以遊戲及表演宣傳戒煙的好處。活動共獲超過110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

A prize presentation event of the 14<sup>th</sup> “Quit to Win” Contest was conducted to award the winners and commend the enthusiastic support from all collaborating organizations on 13 March 2024. Honourable guests included Dr FUNG Ying (Head of Tobacco and Alcohol Control Office, Department of Health), Charles LEUNG (Assistant Commissioner (Operations), Correctional Services Department), 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). Winners of the 14<sup>th</sup> “Quit to Win” Contest shared their experiences and tips of smoking cessation in the ceremony. Successful quitters of the 14<sup>th</sup> “Quit to Win” Contests and previous winners participated to celebrate and share the joy of being smoke-free. Artists Tiffany LAU and Sky CHIU also attended and promoted the cessation benefits via games and performance. Totally, over 110 guests attended to share the happy moments with quitters and promulgate a smoke-free life.

### 第14屆「戒煙大贏家」比賽得獎者

冠軍得主黃國鑾吸煙超過20年，年輕時因好奇開始吸煙，後因工作壓力而煙癮日深，高峰期每天可吸食一包半捲煙。公司同事一直都有勸告黃先生應及早戒煙，但因決心不足而失敗。直至去年，已戒煙的上司再次鼓勵和協助他戒煙。後來，他在幫大女兒整理行李時發現有電子煙，懷疑她有吸煙習慣，醒悟到原來自己的吸煙行為會成為下一代的壞榜樣。另外，有感身體功能有所減退，踢足球時體能力不從心，加上去年煙價大幅調升，黃先生於是參加「戒煙大贏家」決心戒煙。他向身邊同事及朋友宣佈開始戒煙，決斷表明不會再吸煙，以斷絕吸煙引誘。此外，他尋求戒煙輔導服務的幫助，以戒煙香口膠舒緩口乾、煩躁及失眠等退癮症狀，並利用工作及運動轉移注意力，克服煙癮。成功戒煙後，黃先生的家人感到驚喜及欣慰，足球隊友更稱讚他跑動比以往多，球場上表現有顯著進步。他的小女兒更自行把成功戒煙的證書過膠，放在他的工作枱，令他倍感窩心。他認為個人的吸煙行為對自己健康及身邊人的生活都會有負面影響，相反決心戒煙可令所有人為他高興，更重要的是為自己的女兒做好榜樣。

### Winners of the 14<sup>th</sup> “Quit to Win” Contest

The Champion, WONG Kwok-luen had smoked for over 20 years. He started smoking out of curiosity when he was young, and later developed a heavy addiction due to work-related stress. He consumed more than 30 cigarettes every day. His colleagues had consistently advised him to quit smoking, but he failed because of lacking determination. Last year, he found an electronic cigarette device in his elder daughter's luggage and suspected her having a smoking habit. It struck him that his smoking behavior was setting a bad example for the next generation. In addition, he found his body function and his physical fitness declining while playing football with his supervisor, who had successfully quit smoking, encouraged and assisted him to quit. Adding to the significant increase in cigarette prices, he made the decision to enroll into the Contest and quit smoking. Mr Wong had a strong determination this time. He announced his quit decision to colleagues and friends. On the other hand, he sought assistance from smoking cessation counseling services and used nicotine gum to alleviate withdrawal symptoms such as dry mouth, irritability, and insomnia. He also diverted his attention to work and exercise to overcome the smoking urge. His family was pleasantly surprised and relieved for his achievement in quitting smoking, and his football teammates praised his noticeable improvement in football pitch. His younger daughter even laminated his certificate of successful smoking cessation and placed it on his desk, making him deeply touched. He was guilty that his smoking behavior had negatively affected his own health and the lives of his beloved. Now, he realized that quitting smoking can bring joy to everyone around him and, more importantly, set a good example for his daughters.



## 活動 Events

亞軍得主葉德璋，在15歲時開始吸煙，多年來因為經常與朋友在聚會中一起吸煙，以致煙癮愈來愈大，曾嘗試戒煙不下十次也不成功。父親去年因不幸患上肺癌而戒掉多年煙癮，並勸告葉先生戒煙。他和朋友到泰國旅行時，因購買不到調味煙而勉強吸食原味及尼古丁濃度較高的捲煙，令他們感覺難受。亦令他醒覺煙草很臭，若沒有薄荷味或其他不同調味，自己更不會開始或繼續吸煙。於是，二人在回港途中決定一齊戒煙。葉先生隨即參加「戒煙大贏家」，並在短訊群組向所有朋友宣佈已開始戒煙，並與一同戒煙的朋友互相支持及監督戒煙進度。戒煙初期，為了避免在聚會時一時鬆懈復吸，他會帶備戒煙香口膠以抵抗煙癮，並要求朋友一旦發現他復吸便要拍照並在群組傳閱，以警惕自己。成功核實戒煙後，葉先生向朋友分享其成功的喜悅，即使當初不看好的朋友亦都讚好。他表示現在省卻每天下樓吸煙的時間，工作效率提升不少。不再無時無刻吸煙，葉太太對此亦十分欣喜，表示房間再沒有二三手煙味，旅行時不用浪費時間等待葉先生吸煙，行程變得更充實、好玩。

First runner-up, Joel YIP who started smoking at the age of 15 years, developed a growing addiction to cigarettes over the years due to frequently smoking with friends in social gatherings. He had tried to quit for more than 10 times but all failed. His father, who quit smoking last year after being diagnosed with lung cancer, also advised Mr Yip to re-join the smoke-free life. In a Thailand trip with a friend last year, they could not find flavoured cigarettes and was forced to smoke cigarettes of original tobacco flavour with higher nicotine concentration. He felt uncomfortable and found the tobacco taste and odor nuisance. He realized that he would not have started smoking if there were no mint or other flavoured cigarettes. On their way back to Hong Kong, both decided to quit smoking. Mr Yip immediately joined the Contest and announced to all his friends in the group chats. Also, he and his buddy supported and supervised each other's cessation progress. To avoid relapse, he carried nicotine gum to social gatherings to resist the cravings. To keep himself alert, he even requested his friends to snapshot and share in the group chat if he was found smoking. Having kicked the smoking habit, Mr Yip shared his joy of success with his friends. All, including those who were initially skeptical toward his attempt, gave him a big applause. Now, he does not need to go downstairs to smoke every day, and improves work efficiency significantly. His wife is delighted that there is no more secondhand smoke in the room, and she has more enjoyable travel experiences as she no longer needs to wait for Mr Yip to smoke.







季軍由劉羨堦及李嘉甄雙雙獲得，兩人份屬情侶，一齊參加「戒煙大贏家」，在戒煙過程互相鼓勵，共同進步。劉先生為排解生活不快及壓力，在24歲時開始吸煙。他以往曾為提升長跑的運動表現而嘗試戒煙，但都不成功。李小姐則在工作期間受身邊同事影響，誤以為吸煙可以舒緩工作壓力。她亦認為女性吸煙會對個人形象和職場發展有負面影響，其上司亦多次勸喻她不應再吸煙。為改善形象令事業有更好的發展，經同事介紹下參加「戒煙大贏家」，並推薦給劉先生。而劉先生去年初因煙草稅增加，感到吸煙為生活帶來更大的支出和財政負擔，便萌生戒煙的想法，更即時減了一半的吸煙量。他認為生活縱有不快，但都不應成為繼續吸煙的藉口，於是便與李小姐一同戒煙。決心戒煙後，他們培養一同跑步及做運動的習慣，劉先生更報名參加馬拉松賽事，希望以跑步分散煙癮和加強決心。劉先生表示運動表現由停止吸煙開始有顯著進步，以往跑十公里便需要休息，現在可持續跑40公里，於是更加堅定意志不再復吸。李小姐認為戒煙最大的困難是在工作期間偶爾和同事一同吸煙解悶的心癮，為此她特意把員工證交給同事保管，以增加工作時離開辦公室吸煙的困難，減少吸煙欲望。為了堅持戒煙決心和互相勉勵，李小姐和劉先生更笑言打賭一旦復吸便需要向對方求婚。戒煙後，兩人打算利用所節省的吸煙支出，用來實踐更多其他人生目標和計劃。

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

Second runners-up, LAU Sin-yeung and LI Jiazhen, a couple who looked for improvement and advancement in life through participating into the Contest and supported each other in their cessation journey. Mr Lau started smoking at the age of 24 years and wrongly perceived it as a way to relieve unhappiness and stress. To improve his athletic performance in long-distance running, he had attempted to quit smoking in the past but was unsuccessful. On the other hand, Ms Li was influenced by her colleagues and mistakenly believed that smoking could alleviate work-related stress. As a female smoker, she believed that smoking would have a negative impact on her personal image and career development. Her supervisor had advised her multiple times not to smoke. To improve personal image and have better career prospects, she was introduced to the Contest by her colleague and recommended it to Mr Lau as well. Before joining the Contest, Mr Lau had reduced cigarette consumption by half because the increment of tobacco tax last year caused him a bigger financial burden. He believed that the ups and downs in life should not be the excuses to continue smoking, and decided to pursuit a smoke-free healthy lifestyle together with Ms Li. They developed a habit of running and exercising together. Mr Lau found running help distract from the craves of smoking. His athletic performance was improved significantly since he stopped smoking, and he registered for a marathon race to reinforce himself. He used to take breaks after running ten kilometers, but now he can run continuously for forty kilometers. It strengthened his resolve to persist. On the other hand, Ms Li found that the biggest challenge in cessation was the desire to smoke with her colleagues at work. To address this, she entrusted her employee pass to other colleagues, making it difficult for her to smoke during working hours and reducing her smoking urges. In order to uphold their commitment to abstain from smoking, they bantered that the one relapses would have to propose to another. Enjoying the smoke-free healthy lifestyle, the couple plans to utilize the money saved from buying cigarettes to accomplish other goals and plans of life.

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



## 活動 Events

### 「『你』想無煙香港」倡議行動及宣傳推廣活動

醫務衛生局於2023年7月至9月舉行「活力健康 無煙香港」控煙策略公眾諮詢，以進一步推展控煙工作，實現政府訂下於2025年達至7.8%吸煙率的控煙目標。是次諮詢提出四個主要控煙策略，包括「管供應、降需求」、「禁宣傳、減引誘」、「擴禁區、免煙害」、及「重教育、助戒煙」，以邁向無煙香港的願景。

委員會為促使社會各界能積極參與是次公眾諮詢，以「『你』想無煙香港」為主題開展了倡議行動及宣傳活動，就四大控煙策略提出一系列建議，並透過不同媒體宣傳、社區宣傳及學校教育活動，動員不同界別的團體及鼓勵市民共同支持控煙倡議，並踴躍發表加強控煙措施的意見。



### 媒體及電視宣傳

委員會於2023年7月12日舉行記者會，回應醫務衛生局發表《活力健康 無煙香港》控煙策略諮詢文件。主席湯修齊指，委員會對政府就進一步長遠推展控煙工作諮詢公眾，表示歡迎。「委員會會與控煙合作伙伴，一同推動公眾教育，鼓勵市民積極提供意見。」委員會期望是次諮詢有助本港控煙發展邁向新里程，進一步保障非吸煙人士免受到二、三手煙的危害，並儘早實現無煙香港願景。

### “Together We Strive for a Tobacco-free Hong Kong” Advocacy Campaign and Publicity Activities

To further enhance tobacco control and achieve Government’s goal of reducing the smoking prevalence to 7.8% in 2025, Health Bureau conducted the “Vibrant, Healthy and Tobacco-free Hong Kong” Public Consultation on Tobacco Control Strategies from July to September 2023, with four proposed tobacco control strategies for the next phase of tobacco control, i.e. Regulate Supply, Suppress Demand; Ban Promotion, Reduce Attractiveness; Expand No Smoking Areas, Mitigate Harm; and Enhance Education, Support Cessation, in achieving the vision of tobacco-free Hong Kong.

COSH organized the advocacy campaign and publicity activities with the theme of “Together We Strive for a Tobacco-free Hong Kong” in order to encourage the public to express views actively. A series of policies and measures were proposed in response to the four tobacco control strategies. Various sectors and citizens were also mobilized through various media promotion, community promotion and educational activities, to jointly support the advocacy, and actively voiced the opinion in strengthening tobacco control policies.

### Media and TV Promotion

COSH held a press briefing on 12 July 2023 in response to the Government’s launch of “Vibrant, Healthy and Tobacco-free Hong Kong” public consultation on tobacco control strategies. Henry TONG (COSH Chairman) said that COSH welcomed the Government to further enhance long-term tobacco control strategies and COSH would collaborate with tobacco control partners to enhance public education and encourage the public to voice their opinions actively. Henry TONG remarked, “COSH highlights the significance of this consultation as a milestone in tobacco control development, with an aim to reduce exposure to secondhand and third-hand smoke and leap forward to smoke-free Hong Kong.”



委員會為加強市民對公眾諮詢的了解，安排五集資訊節目分別在無綫電視翡翠台及無綫財經體育資訊台播出，介紹公眾諮詢的背景、控煙措施及委員會的建議。另有兩段特製的30秒電台宣傳訊息於公眾諮詢期間在商業電台播放，從而動員社會力量，支持公眾諮詢及為下一代的健康發聲。

委員會亦製作一條長30秒的宣傳影片，於港鐵車廂電視及商業大樓大堂電視等媒介播放，相關短片的宣傳海報亦於港鐵扶手電梯展示，鼓勵公眾踴躍就諮詢發表意見。



### 社交媒體宣傳

委員會為加強市民認識控煙工作和參與控煙策略公眾諮詢，與網絡媒體平台「毛記電視」合作製作社交媒體宣傳影片，以生動有趣的故事形式介紹控煙措施，鼓勵大眾就未來控煙政策發表意見，以及積極響應委員會的控煙倡議。有關的宣傳短片已於2023年8月至9月在YouTube、Facebook和Instagram三個社交媒體平台播出，共錄得超過230萬觀賞次數。

To effectively increase public awareness of the content of the public consultation, 5 episodes of TV Publicity Programme were produced and broadcasted at TVB channels 81 and 85. A radio campaign consisting of two versions of a 30-second floater was produced and broadcasted on Commercial Radio Hong Kong during the public consultation period, thereby mobilizing all walks of life to support this consultation and speak up for the health of the next generation.

A 30-second promotional video was produced and broadcasted on various channels and platforms included the Mass Transit Railway (MTR) in-train TV and commercial buildings. A related poster was also displayed on the MTR escalator crowns, encouraging the public to actively express their opinions in this consultation.

### Social Media Promotion

COSH collaborated with the online media platform "Most TV" to produce a social media promotional video to update the public about the public consultation and invite their participation. The video, presented in a lively and interesting storytelling format, introduced smoking control measures and encouraged the public to express their supportive views for future tobacco control policies and to echo COSH's advocacy. The video was broadcasted on YouTube, Facebook and Instagram from August to September 2023 and received over 2.3 million views.



## 活動 Events

另外，委員會為了將無煙資訊傳播至不同層面的市民，與五位不同創作風格和受眾的社交媒體名人包括節目主持人方健兒、親子內容創作者水水、運動員張柏鴻、生活化內容創作者關門及資深藝人李司棋合作，推出影片介紹多項重要及嶄新的控煙政策，包括擴大禁煙區、落實煙包全煙害警示包裝、禁止調味煙草產品及提高煙草稅。有關短片及貼文內容已於2023年9月在Instagram平台上發佈，共錄得超過190萬觀賞次數。



### 學校及社區宣傳

委員會為了提高大眾對公眾諮詢的認識及關注，設立專題網站介紹各項控煙策略的內容，並在2023年7月至9月期間在全港各區舉辦16場社區宣傳活動，以資訊展板、短片及印刷品，宣傳相關的控煙措施和委員會的建議，同時邀請公眾一同向政府反映控煙政策的意見。此外，委員會與多個機構攜手向不同階層的市民發放無煙信息，並在不同社區舉行宣傳活動以及舉行學校填色活動及簽名行動，呼籲大眾支持加強控煙措施。委員會從線上線下多個渠道共收集得數千份對公眾諮詢的意見書及支持委員會倡議的簽名。

In order to reach people of different backgrounds, COSH collaborated with five social media influencers in different creative styles and with different audience groups, including Akina FONG (programme host), Baby Elly (parenting content creator), CHEUNG Pak-hung (athlete), Kwan Moon (lifestyle content creator) and Louise LEE (artiste). Videos were created to introduce the important and innovative tobacco control strategies, such as expansion of no smoking areas, plain packaging for cigarettes, prohibition of flavoured tobacco products and raising tobacco taxes. These videos and related posts were published on Instagram in September 2023 and garnered over 1.9 million views.

### School and Community Promotion

To raise public awareness towards public consultation, COSH developed a theme website to illustrate the details of the smoke-free policies. From July to September 2023, 16 community promotional activities across the territories were conducted. Via exhibition panels, video broadcast and printing materials, the public received the latest information about tobacco control policies and were invited to express their views of tobacco control to the Government. With the support from various organizations, publicity events and promotions at different occasions and coloring activities and signature campaigns in schools were held to disseminate the details of the public consultation to all walks of life in Hong Kong and appealed for their support to strengthening tobacco control. Thousands of submissions to the public consultation and signatures in favour of COSH's recommendations were received.



## 「『你』想無煙香港」宣傳活動

委員會為鼓勵公眾支持控煙策略公眾諮詢及踴躍表達意見，於2023年9月3日舉行「『你』想無煙香港」宣傳活動，邀得政府官員、立法會議員、學術界、醫護界、教育界、家校合作及社區組織，以及戒煙服務機構代表，聯同控煙專家出席支持。主禮嘉賓包括醫務衛生局局長盧寵茂教授、衛生署規管事務總監趙佩燕醫生、醫院管理局策略發展總監程偉權醫生，以及委員會主席湯修齊。

在活動當日，委員會邀請了控煙專家麥龍詩迪教授、香港大學護理學院教授陳肇始教授，以及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，與藝人戴祖儀、潘靜文及第12屆「戒煙大贏家」冠軍蔡國威互動交流，討論吸煙的禍害及鼓勵戒煙的方法。

## “Together We Strive for a Tobacco-free Hong Kong” Promotion Event

COSH organized the “Together We Strive for a Tobacco-free Hong Kong” promotion event on 3 September 2023 to call for society-wide support on public consultation on tobacco control strategies by expressing their views on tobacco control. Government officials, Legislative Council members, representatives from academia, medical and healthcare sector, education sector, parent-teacher associations, community organizations, as well as smoking cessation service providers and NGOs supporting tobacco control to attended the event. Officiating guests included Prof LO Chung-mau (Secretary for Health), Dr Amy CHIU (Controller, Regulatory Affairs, Department of Health), Dr CHING Wai-kuen (Director, Strategy and Planning, Hospital Authority) and Henry TONG (COSH Chairman).

During the promotion event, a sharing session was arranged, Prof Judith MACKAY (Director of Asian Consultancy on Tobacco Control), Prof LAM Tai-hing (Emeritus Professor of The University of Hong Kong; Honorary Clinical Professor of School of Public Health of HKU), Prof Sophia CHAN (Professor of School of Nursing of HKU), artists Joey THYE, Sherman POON and the champion of the 12<sup>th</sup> “Quit to Win” Contest, Fankie CHOI to disseminate smoke-free messages to public.



## 活動 Events

### 香港無煙領先企業大獎2023

員工乃企業的重要資產，其表現與企業的持續發展及成就息息相關，不少企業因而非常重視員工的健康。委員會自2011起舉辦「香港無煙領先企業大獎」(大獎)，鼓勵商界推動無煙工作間，將無煙文化推廣至不同持份者，包括員工、客戶及社會大眾，攜手建設無煙香港，保障市民大眾的健康。委員會與職業安全健康局及香港電台第一台合辦「香港無煙領先企業大獎2023」，獲得65間來自不同行業的商會及組織全力支持，動員旗下會員參與，同時獲多個戒煙服務機構協助。



大獎獲得醫務衛生局局長盧寵茂教授擔任贊助人，委員會亦特別籌組獨立評審團和顧問團，評審團成員包括香港行政會議成員、基督教靈實協會行政總裁林正財醫生、清新健康人協會主席黃龍德教授、衛生署控煙酒辦公室主管封瑩醫生，以及委員會主席湯修齊。顧問團成員包括職業安全健康局總幹事游雯、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，以及中文大學賽馬會公共衛生及香港中文大學醫學院賽馬會公共衛生及基層醫療學院院長及醫學院副院長(教育)黃仰山教授。

### Hong Kong Smoke-free Leading Company Awards 2023

Employees are important assets of the company and they play a crucial part in the businesses' sustainability and success. Employees' health is one of the top priorities of many enterprises and organizations. COSH has organized "Hong Kong Smoke-free Leading Company Awards" since 2011 to encourage businesses to promote smoke-free messages to their stakeholders including employees, customers and the general public on a continuous basis. COSH, with fully support of 65 chambers of commerce, organizations from different industries, and smoking cessation service providers, organized the "Hong Kong Smoke-free Leading Company Awards" together with Occupational Safety and Health Council and Radio 1 of Radio Television Hong Kong in 2023, in order to strive for a smoke-free Hong Kong.

Prof LO Chung-mau (Secretary for Health) was the Patron of the Awards. An independent judging panel was set up which comprised 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), Prof Patrick WONG (Chairman of Quit-Winners Club), Dr FUNG Ying (Head of Tobacco and Alcohol Control Office) and Henry TONG (COSH Chairman), Bonnie YAU (Executive Director of Occupational Safety and Health Council), Prof LAM Tai-hing (Emeritus and Honorary Clinical Professor, School of Public Health, The University of Hong Kong) and Prof Samuel WONG (Associate Dean (Education), Faculty of Medicine Professor and Director, The Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong) were invited to be consultants.



本屆大獎成績相當令人鼓舞，吸引超過730間企業及機構參加，受惠員工超過15萬人，為歷屆之冠，反映商界對推廣無煙文化日益重視。參與企業經初步評估、詳細考察及獨立評審團於2024年1月進行最後評審，最終三間企業獲頒「無煙領先卓越金獎」，以表揚其持續推行無煙措施的努力；九間企業獲頒「金獎」；11間企業獲頒「銀獎」；一間企業獲頒「最積極參與大獎」，以及逾600間企業獲頒「優異獎」。近年企業發展講求ESG概念，即包括環境、社會及公司治理，本屆大獎因此增設「傑出ESG無煙企業參與大獎」，並有一間企業獲得此殊榮。

請掃二維碼瀏覽得獎名單



The Awards received overwhelming responses with over 730 applications in 2024, scaling a new height and benefiting over 150,000 employees from a wide variety of industries. Applications were assessed through preliminary and in-depth assessments. The judging meeting was held in January 2024 and concluded three companies received the Smoke-free Leading Excellence Gold Awards for their continuous commitment; nine companies received the Gold Awards; eleven companies received the Silver Awards; one company received Outstanding Participation Award and over 600 companies received the Certificates of Merit. In recent years, corporate development emphasizes the concept of ESG (Environmental, Social and Governance). COSH introduced the “Outstanding ESG Smoke-free Involvement Award” and one company was honoured with this Award.

Please scan the QR code on the left for the Awards list.



## 活動 Events

### 頒獎典禮

委員會聯同香港電台第一台於2024年3月20日合辦頒獎典禮，表揚一眾致力推動無煙文化，鼓勵員工戒煙，並取得豐碩成果的傑出企業及機構。主禮嘉賓包括醫院管理局主席范鴻齡、香港大學李嘉誠醫學院院長劉澤星教授、衛生署控煙酒辦公室主任封螢醫生、香港大學榮休教授暨公共衛生學院名譽臨床教授林大慶教授、清新健康人協會主席黃龍德教授、助理廣播處長(電台及節目策劃)李慶華、委員會主席湯修齊、副主席暨大獎籌備委員會主席陳志球博士，以及總幹事黎慧賢。醫務衛生局副局長李夏茵醫生亦以視像方式出席活動，以示對大獎和控煙工作的支持，並鼓勵商界繼續支持政府的控煙政策，攜手長遠構建一個更有活力、更健康的無煙社會。

### Awards Presentation Ceremony

COSH co-organized the “Hong Kong Smoke-free Leading Company Awards 2023” Awards Presentation Ceremony with Radio 1 of Radio Television Hong Kong on 20 March 2024. Officiating guests included Henry FAN (Chairman, Hospital Authority), Prof LAU Chak-sing (Dean of Medicine, The University of Hong Kong), Dr FUNG Ying (Head, Tobacco and Alcohol Control Office, Department of Health), Prof LAM Tai-hing (Emeritus and Honorary Clinical Professor, School of Public Health, The University of Hong Kong), Prof Patrick WONG (Chairman, Quit-Winners Club), Bonnie YAU, (Executive Director, Occupational Safety and Health Council), Vincent LEE (Assistant Director of Broadcasting (Radio & Corporate Programming)), Henry TONG (COSH Chairman), Dr Johnnie CHAN (COSH Vice-chairman cum Awards Organizing Committee Chairman) and Vienna LAI (COSH Executive Director). Dr Libby LEE, Under Secretary for Health, also delivered a pre-recorded message to show her support for the Awards and tobacco control efforts. She encouraged the business community to continue supporting the Government’s tobacco control policies and collaborate in building a more vibrant and healthier smoke-free society in the long run.





委員會主席湯修齊表示，各得獎企業及機構，利用自身行業的特點，發揮創意，設計出最適合員工的無煙政策及措施，並取得成效，絕對值得表揚。委員會副主席暨大獎籌備委員會主席陳志球博士指出，建立無煙工作文化，能有效幫助員工免受煙害、改善健康、提升工作效率和士氣，同時建立公司正面形象，實在百利而無一害。



獲獎的企業及機構別出心裁，以創意、多元化而有效的措施，鼓勵員工戒煙及建立無煙健康生活模式，例如成立戒煙互助小組、提供獎勵誘因、免費中醫諮詢等，更與時並進，透過公司手機應用程式發放煙害及無煙健康生活資訊等，成功推動員工戒煙，營造無煙氛圍。

藝人曾比特亦分享戒煙的好處及吸煙對身體的禍害，鼓勵大家遠離煙草產品。另外，中國香港跳繩總會透過跳繩表演及示範伸展運動，推廣健康無煙生活。

大獎網址：

<https://smokefreeleadingcompany.hk/>



Henry TONG (COSH Chairman) remarked that the winning companies and organizations have utilized the unique characteristics of their industries, demonstrated creativity, and implemented smoke-free policies and measures that best suit their employees, achieving remarkable results that deserve recognition. Dr Johnnie CHAN (COSH Vice-chairman cum Awards Organizing Committee Chairman) pointed out that the participation from companies and organizations sets a record, spanning across different industries to establish a smoke-free work culture which can effectively help employees avoid the harm of smoking, improve health, enhance work efficiency and morale, and at the same time build a positive image for the company. It is truly beneficial in every way.

The Awardees came up with creative, diversified and effective measures to encourage their employees to quit smoking and build a healthy lifestyle, such as setting up smoking cessation supporting groups, providing incentives, complimentary Chinese medicine advice service and disseminating smoke-free information through the company's mobile phone application, successfully promoted smoking cessation among staff to create a smoke-free atmosphere.



Artist Mike TSANG also shared the benefits of smoking cessation and the harm of smoking, encouraged everyone to stay away from tobacco products. Besides, Hong Kong Rope Skipping Association, China promoted a healthy smoke-free lifestyle by rope skipping performance and stretching exercise demonstration.

Awards Website: <https://smokefreeleadingcompany.hk/>



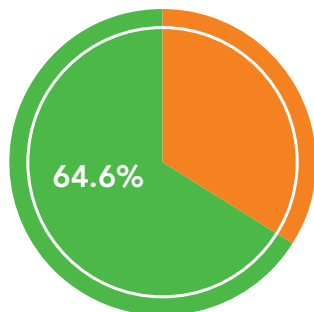
## 倡議增加煙草稅

世界衛生組織(世衛)指出增加煙草稅為單一最有效的控煙措施，能有效減少吸煙和防止青少年開始吸煙，因此建議各國及地區應以透過增加煙草稅來增加煙草價格作為優先控煙措施，而煙草稅佔煙價的比例應為最少75%。然而，香港在過去二十年僅有5個年度提高煙草稅。即使煙草稅在2024年提高後，煙草稅佔主要品牌的捲煙零售價格的比例約64.8%，水平較十年前更低，同時距離世衛建議水平更遠。

委員會的「控煙政策調查2023」顯示，市民普遍支持2024年提高煙草稅。超過三分之二(68.5%)的受訪者同意政府於2024年增加煙草稅，包括77.3%的支持者認為加幅應追平或高於通脹。約三分之二(64.6%)的受訪者同意政府每年增加煙草稅，包括78.2%的支持者認為加幅應追平或高於通脹。

調查亦指出，約三分之一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港幣140.1元(中位數為每包港幣100元)，才能推動他們戒煙。調查結果充份顯示，市民普遍支持增加煙草稅，以減低煙草產品的可負擔性，從而鼓勵更多吸煙人士戒煙。

同意政府每年  
增加煙草稅  
Supported annual  
tobacco tax increase



控煙政策調查2023

Tobacco Control Policy-related Survey 2023

## Advocacy on Raising Tobacco Tax

The World Health Organization (WHO) pinpoints that raising tobacco tax is the single most effective measure to reduce smoking and prevent youth from smoking initiation. Therefore, it is recommended raising tobacco price through tobacco tax increase as the prioritized measure and the tax rate should account for at least 75% of the retail price of tobacco products. However, the tobacco tax in Hong Kong has only been raised 5 times in the past 2 decades. Even after the tobacco tax increase in 2024, the proportion of tobacco tax is about 64.8% of the retail price of major brand cigarettes, lower than 10 years ago and more distant from the WHO's recommended level.

According to COSH's Tobacco Control Policy-related Survey 2023, the majority of citizens supported raising tobacco tax in 2024. Over two-thirds (68.5%) of respondents supported tobacco tax increase in 2024, of which 77.3% agreed that the increase should be at or above inflation. Around two-thirds (64.6%) of respondents supported annual tobacco tax increase, of which 78.2% agreed that the increase should be at or above inflation.

The survey also showed that around one-third of current smokers would quit smoking or reduce smoking at least by half if the cigarette price increased. On average, they suggested to raise the cigarette price to HK\$140.1 per pack (median was HK\$100 per pack) to motivate smoking cessation. The survey results fully demonstrated that the public generally supports raising tobacco tax to reduce the affordability of tobacco products, thereby encouraging more smokers to quit.

## 「增加煙草稅最少75% 助戒煙減開支」記者會

增加煙草稅是被國際公認為最有效減低煙草使用的單一控煙措施。委員會於2024年1月30日舉行記者會，促請政府增加煙草稅最少75%至世界衛生組織（世衛）建議佔煙價七成半的水平；隨後每年檢視及按通脹以上增加，減低煙草產品的可負擔性，從而鼓勵更多吸煙人士戒煙，並預防青少年開始吸煙，更同時保護市民免受煙草危害。記者會的講者包括南非開普敦大學經濟學院榮譽研究員羅夏麗博士、香港大學護理學院教授王文炳教授、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，「香港2021年的吸煙率為9.5%，政府需要在不足兩年內推行有效政策推動戒煙，以減少逾10萬吸煙人口。果斷迅速全面加强控煙工作實在刻不容緩。在各項控煙政策之中，增加煙草稅應優先而行，加幅要最少75%至世衛建議水平。其推行成本和政府投入行政資源低，立法至實施的所需時間最短。國際公認大幅增加煙草稅有效推動戒煙且惠及社會，政府需每年檢視及按通脹以上調整，才能保持其效力不被削弱，全面保護市民大眾健康，早日實現無煙香港。」

## “Raising Tobacco Tax by at least 75% to Motivate Smoking Cessation for Reducing Expenditure” Press Conference

Raising tobacco tax is globally recognized as the single most effective measure to reduce tobacco use. COSH hosted a press conference on 30 January 2024 to urge the Government to increase tobacco tax by at least 75% to meet the World Health Organization's (WHO) standard that tobacco tax should account for 75% or above of cigarette retail price and subsequent annual tax hikes, to make tobacco products less affordable, in order to motivate smokers to quit, prevent the uptake of smoking among adolescents and ultimately safeguard people from hazards of smoking. Speakers included Dr Hana ROSS (Honorary Research Associate, The School of Economics, University of Cape Town, South Africa), Prof Kelvin WANG (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, “The smoking prevalence in Hong Kong was 9.5% in 2021, the Government must take immediate and effective actions to reduce over 100,000 smokers to achieve the target in less than two years. It is imperative to expeditiously initiate the tobacco control measures comprehensively. Compared to other tobacco control measures, substantially raising the tobacco tax by at least 75% to the WHO's standard requires low implementation costs, with the fewest enforcement resources and shortest time for legislation and implementation, while having the quickest and most significant results. Raising tobacco tax is an effective measure to reduce tobacco use which is proven to encourage smoking cessation and benefit the society. An annual adjustment based on the inflation rate is essential to maintain the effectiveness of the tobacco control measure and comprehensively protect the public's health, striving for a tobacco-free Hong Kong.”

## 活動 Events

政府在2023年2月提出增加煙草稅，其後一周致電戒煙熱線的數目急增超過兩倍，而增加煙草稅前後八個月比較增加超過1,800宗，增幅接近三成半，足見增加煙草稅有助鼓勵更多吸煙人士戒煙。

委員會總幹事黎慧賢表示，「即使政府在2023年2月增加煙草稅，但煙草商過去數年多次提高煙價，現時煙草稅率只佔煙草零售價格約64.3%，水平遠比世衛建議為低，窒礙其控煙成效，情況未如理想。」

南非開普敦大學經濟學院榮譽研究員羅夏麗博士指出，吸煙可導致香港每年約448億港元的醫療及社會成本，減少吸煙人口則可減輕社會負擔，亦令公共財政有所獲益。如香港在下個財政年度增加煙草稅75%或以上，有望將吸煙率減少0.7個百分點至8.8%，可挽回因吸煙而死亡的人數高達9,350人；因吸煙造成的社會成本減少近50億港元。

根據委員會的控煙政策調查2023，即使在去年增加煙草稅的情況下，有近七成受訪者支持來年增加煙草稅。香港大學護理學院教授王文炳教授表示，「支持增加煙草稅獲得公眾高度支持。吸煙者認為有效推動戒煙或減少吸煙一半的價格中位數為每包100港幣，而平均價格更為每包140港幣。」

Within one week after the announcement of the tobacco tax increase in February 2023, the number of calls to the Integrated Smoking Cessation Hotline doubled. The cumulative number of calls increased by over 1,800 compared to the eight months prior to the tobacco tax increase, representing an increase of nearly 35%, one can see the effectiveness of raising tobacco tax in encouraging quitting.

Vienna LAI (COSH Executive Director) remarked, "Tobacco companies marked up the cigarette price several times over the past years. Despite the Government's tobacco tax increase in February 2023, the current tobacco tax rate in Hong Kong is only about 64.3% of the retail price, which is far behind the WHO's standard. It posed a concern that the low tax rate undermined effective tobacco control efforts."

Dr Hana ROSS (Honorary Research Associate, The School of Economics, University of Cape Town, South Africa) indicated smoking could lead to approximately HK\$44.8 billion of medical and social costs for Hong Kong annually. Reducing the number of smokers would alleviate the social burden and benefit public finances. If Hong Kong increases tobacco tax by 75% or more in the next fiscal year, it is expected to reduce the smoking rate by 0.7 percentage point to 8.8%. This could save up to 9,350 lives lost and result in a reduction of nearly HK\$5 billion in social costs caused by smoking.

According to COSH's Tobacco Control Policy-related Survey 2023, despite the increase in tobacco tax last year, most citizens widely supported the tobacco tax increase in next year with a support rate nearly 70%. Prof Kelvin WANG (Professor, The School of Nursing, The University of Hong Kong) said, "Public support for raising tobacco tax next year is high. Smokers said that if the tobacco retail price increases, they will either quit smoking or reduce smoking by half. They opined that the effective cigarette retail price should be set at a median price of HK\$100 and a mean price of HK\$140."



委員會重申，增加煙草稅是公共衛生政策及被高度認可的控煙措施，政府應以此推動更多吸煙人士戒煙，除了達到保護市民健康的目的，亦可改善戒煙人士的個人及家庭經濟，對低收入人士尤為有利。



委員會樂見政府聽取各界意見加強控煙，以及歡迎財政司司長於2024至25年財政預算案中增加煙草稅（每支上調0.8港元，即增加約32%）的決定。委員會期望政府能更進一步制訂長遠的煙草稅政策，每年檢視及按通脹以上增加煙草稅，持續減低煙草產品的可負擔性，從而鼓勵更多吸煙人士戒煙及預防青少年開始吸煙，保障公眾健康，實現無煙香港的願景。

社會上不同界別均期望加強控煙政策，委員會聯同102個團體包括醫學界、學術界、教育界、社會服務界、家長、病人及戒煙團體、街坊福利會、青少年服務界等去信財政司司長，促請政府儘快展開下一階段控煙工作，首要在2024至25財政年度加煙草稅最少75%，以令煙草稅合乎世衛建議佔煙價七成本的水平。隨後亦應按年增加稅率，以維持煙草稅水平及避免其效力被通脹削弱。

COSH reiterated that increasing tobacco tax is a public health policy and a highly recognized measure for tobacco control, and urged the Government to employ this strategy to encourage smoking cessations, thereby safeguarding public health and improve the personal and household's financial conditions of those quitters.

COSH appreciated that the Government has taken into account opinions from various sectors and is actively strengthening tobacco control and welcomed the Government's decision to raise the tobacco tax by HK\$0.8 per cigarette, i.e. around 32%, in the 2024-25 Budget. COSH hoped the Government to further formulate a long-term and regular tobacco tax mechanism with an annual adjustment based on the inflation rate to make tobacco products less affordable, in order to motivate smokers to quit, prevent the uptake of smoking among adolescents, safeguard people from hazards of smoking so as to strive for a vibrant, healthy and tobacco-free Hong Kong.

All sectors of the society support for strengthening tobacco control policies. COSH together with 102 organizations sent an open letter to the Financial Secretary to urge the Government to promptly launch the next phase of tobacco-control initiatives, with the primary goal of raising the tobacco tax by at least 75% in FY2024-25 to reach the WHO standard. Subsequently, a mechanism for an annual increase should be adopted to maintain the tax level and prevent its effectiveness from being eroded by inflation. The co-signatories were from various sectors, including medical professions, academia, education and social service sectors, parents, patients and smoking cessation groups, neighborhood welfare, youth services, etc., reflecting the tobacco tax policies supported by a wide spectrum of society.

## 活動 Events

## 全新宣傳片『一「點」煙 禍害蔓延』

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『一「點」煙 禍害蔓延』透過一個家庭的日常生活，從爸爸選擇在家中「點」煙一刻開始，家人被逼承受其後果和影響。爸爸吸煙所產生的煙霧當中包含有害物質和致癌物隨即蔓延至家中每個角落，影響家人健康和孩子的發育。吸煙後的煙草殘餘化學物更殘留在衣服、家具和孩子的玩具上，煙草禍害無處不在。

宣傳片於各大電台、電視台及網上平台播放，旨在喚起公眾的共鳴，提高公眾對於二手煙和三手煙危害的認識，鼓勵吸煙者為自己及下一代的健康，做出正確選擇，儘快戒煙！

## New API “Smoking Causes Endless Harm”

COSH produces Announcements in Public Interest (APIs) regularly to address smoking hazards as an issue of concern. A new API titled “Smoking Causes Endless Harm” was launched. In the API, through the daily life of a family, starting from the moment the father chose to smoke at home, the family members were forced to bear the consequences and effects. The harmful substances and carcinogens produced by the father’s smoking quickly spread to every corner of the house, affecting the health of the family members and the development of the child. Residual chemicals from tobacco smoke contamination also lingered on clothes, furniture, and toys that the child frequently play with, showing the hazards of smoking are omnipresent.

The API was broadcast on radio channels, TV stations and online platforms to raise public awareness on the dangers of secondhand and third-hand smoke, and encourage smokers to make the right choices for their own health and the health of future generations by quitting smoking as early as possible!





## 社區聯繫及推廣

## Community Involvement and Promotion

### 「無煙老友記」計劃2023-2024

長期吸煙或暴露於二手煙會令身體加速衰退，更會增加患上長者常見疾病的風險。然而，有不少煙齡較長的人士，對戒煙存有謬誤，令他們遲遲未下定決心戒煙。委員會自2012年起舉辦「無煙老友記」計劃，今年繼續透過健康講座、電台廣播、社區宣傳活動及招募長者義工組成「無煙老友大使」，向長者及大眾宣揚無煙信息，澄清對吸煙和戒煙的誤解，鼓勵吸煙長者展開無煙生活。

#### 健康講座

委員會在2023年4月至2024年3月於各區長者中心以現場演講及線上形式舉辦了45場健康講座，向約2,100名長者宣揚煙草禍害、戒煙的好處及釐清長者戒煙的常見謬誤。



#### 電台廣播

委員會與商業電台合作，在電台節目「樂齡王國」製作三段以短劇形式演繹的節目環節，結合經典粵語片的金句，令長者產生共鳴，從而向長者宣揚吸煙與健康的資訊，推動他們儘快戒煙。三段短劇亦剪輯成宣傳聲帶，於2023年11月至12月在商業一台循環播放，以增強向長者及不同人士的宣傳效用。

### Elderly Smoking Cessation Promotion Project 2023-2024

Prolonged smoking or exposure to secondhand smoke accelerates aging and increases the risk of common diseases among the elderly. However, many elderly smokers have misconceptions about smoking cessation and thus hesitate to make the decision to quit. COSH has launched the Elderly Smoking Cessation Promotion Project since 2012 to promote smoke-free messages to elderly smokers and the general public. In 2023-2024, COSH encouraged the elderly to embark on a smoke-free lifestyle by organizing health talks, radio promotion, community promotion and recruiting elderly volunteers as Smoke-free Elderly Ambassadors.

#### Health talks

COSH conducted 45 online and/or in-person health talks at elderly centres across territories from April 2023 to March 2024. The harms of tobacco, the benefits of quitting, and common myths about smoking cessation were promoted to about 2,100 elderlies.

#### Radio Promotion

COSH collaborated with Commercial Radio Hong Kong to produce three radio segments in the form of short dramas and aired on the Programme "Elderly Empire". The segments, by incorporating quotes from classic Cantonese films that resonate with the elderly, aimed to promote awareness of the dangers of smoking and to motivate elder smokers to quit. To multiply the promotion effectiveness, highlights of the three segments were broadcasted in rotation on Commercial Radio 1 from November to December 2023.



## 活動 Events

### 「萬壽無煙 戒不太遲」宣傳活動

委員會於2023年11月23日舉行以「萬壽無煙 戒不太遲」為主題的宣傳活動，鼓勵任何年紀的人士，無論煙齡多長，為健康戒煙亦永遠不會遲，戒煙對身體皆有即時及長遠好處。活動的主禮嘉賓包括衛生署規管事務總監趙佩燕醫生、安老事務委員會委員陳志球博士、委員會主席湯修齊及總幹事黎慧賢。藝人雲浩影及周吉佩亦有參與支持。其他嘉賓包括來自政府部門、戒煙服務機構、學術界、醫學組織、健康推廣機構的代表、成功戒煙人士及一眾「無煙老友大使」。

### “Live a Healthy Long Life, Leave the Cigarettes Behind” Publicity Event

COSH held a publicity event on 23 November 2023 with the theme “Live a Healthy Long Life, Leave the Cigarettes Behind” to motivate smokers of all ages to quit smoking for health and remind that quitting, even at elder age, can bring immediate and long-term health benefits. Officiating guests of the event included Dr Amy CHIU (Controller, Regulatory Affairs, Department of Health), Dr Johnnie CHAN (Member, Elderly Commission), Henry TONG (COSH Chairman) and Vienna LAI (COSH Executive Director). Artists Cloud WAN and Albert CHAU also participated in the event. Other guests included representatives from government departments, smoking cessation service organizations, academia, medical associations, health promotion organizations, successful quitters and “Smoke-free Elderly Ambassadors”.



活動請來成功戒煙長者李少麟及溫鐵亮現身說法，分享自身的戒煙經驗和無煙生活對改善身體健康、心理健康及人際關係的得着。

一眾「無煙老友大使」亦在活動典禮開始前透過攤位遊戲、派發宣傳單張及紀念品、身體檢查等，向市民推廣無煙生活的重要性。

At the event, successful elderly quitters James LEE and WAN Tit-leung shared their experiences on their quitting journey and the benefits of being smoke-free on their physical and mental health, as well as their social relationships.

Prior to the event, community promotion activities were also undertaken by “Smoke-free Elderly Ambassadors” to promote the importance of a smoke-free lifestyle to the public through game and activity booths, smoke-free collaterals and health check.



### 「無煙老友大使」無煙社區宣傳日

委員會今年招募了近50位來自新界西長者學苑聯網和耆康會何生長者鄰舍中心的長者義工，成為「無煙老友大使」。

一眾「無煙老友大使」在2023年11月接受無煙知識和簡單戒煙建議技巧的訓練後，與委員會攜手於2023年11月至12月期間在港九新界多個屋邨廣場及空地，舉辦無煙社區宣傳日，設置無煙資訊站、遊戲攤位、展板等向近3,300名區內市民推廣無煙信息。活動亦設戒煙登記攤位，提供免費戒煙轉介服務，鼓勵市民投入無煙生活。

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

COSH recruited around 50 elderly volunteers from the New Territories West Elderly Academy Network and The Hong Kong Society for Aged Ho Sang Neighbourhood Elderly Centre as “Smoke-free Elderly Ambassadors” this year.

The “Smoke-free Elderly Ambassadors” strengthened their smoke-free knowledge and grasped simple smoking cessation counselling skills from the training organized in November 2023. They then joined hands with COSH in the community promotions organized in open areas of various housing estates across the territory from November to December 2023 to promote smoke-free messages to over 3,300 members of public. To encourage all people to adopt a smoke-free lifestyle, participants acquired smoke-free information from the information counter, game booths and exhibition panels and smokers could register on-site for the referral to the free smoking cessation services.







## 無煙女性宣傳計劃2023-2024

根據《主題性住戶統計調查第75號報告書》，2021年香港男性吸煙率下跌至16.7%，而女性的吸煙率則多年來維持在約3%。女性吸食傳統煙的數量較低，但有近六成女性吸煙者第一次吸煙是薄荷味捲煙，超過七成現時吸食薄荷味或水果味的調味捲煙。

委員會於2023-2024年度舉辦無煙女性宣傳計劃，透過一系列工作坊、健康講座及無煙宣傳品，加強向大眾尤其女士宣揚無煙信息，鼓勵女性展開無煙生活。計劃獲得共16間婦女團體、地區康健中心／地區康健站及社區組織支持，在2023年10月至2024年3月共舉辦26場無煙女性工作坊及2場健康講座，並透過單張和宣傳品與近2,500名市民分享無煙信息。



## Smoke-free Women Project 2023-2024

According to the Thematic Household Survey Report No.75, the male smoking prevalence in Hong Kong dropped to 16.7% in 2021 while female smoking prevalence remained stable at around 3.0% for years. The report also showed that cigarette consumption in female smokers is lower. But nearly 60% of female smokers tried their first puff using menthol cigarettes and over 70% currently smoke flavoured cigarettes, including menthol and fruit flavours.

To encourage women to embrace a smoke-free lifestyle, COSH organized the Smoke-free Women Project in 2023-2024. A series of health talks, workshops and smoke-free collaterals were conducted to publicize the smoke-free messages to the public, particularly women. With the support of 16 organizations, including women associations, District Health Centres (DHC)/DHC Express and community organizations, 26 smoke-free women workshops and 2 health talks were organized from October 2023 to March 2024, and smoke-free messages were disseminated to 2,500 members of public via the smoke-free leaflets and collaterals.





## 「全民國家安全教育日暨HAPPY HK親子嘉年華」地區宣傳活動

委員會於2023年4月8日響應由中西區民政事務處、香港中西區各界協會、香港區家長教師會聯會及香港島校長聯會主辦之「全民國家安全教育日暨HAPPY HK親子嘉年華」，當日設置教育宣傳攤位，透過互動遊戲讓學生及家長認識控煙工作及煙草禍害。同場亦邀請參加者追蹤委員會之社交平台帳戶，以繼續支持委員會的控煙宣傳活動。



## 黃大仙地區康健中心開放日嘉年華

黃大仙地區康健中心與各社區夥伴於2023年4月29日合辦開放日嘉年華。場內設有不同的健康講座、攤位遊戲並提供健康篩查服務。委員會獲邀設置無煙教育遊戲攤位，並派發無煙宣傳紀念品及有關煙草禍害的小冊子，提升區內居民對煙害的認知及鼓勵吸煙人士戒煙。同時，參加者亦獲鼓勵追蹤委員會之社交平台帳戶，以掌握本港最新的控煙情況和繼續支持委員會之控煙宣傳活動。

## “National Security Education Day cum Happy HK Carnival” District Publicity Event

In support of “National Security Education Day cum Happy HK Carnival” jointly organized by the Home Affairs Department Central and Western District Office, the Association of The Hong Kong Central and Western District, Hong Kong Parent Teachers Federation Association and Hong Kong Island School Heads Association on 8 April 2023, COSH hosted an educational promotion booth to convey tobacco control information and smoke-free messages to students and their families through an interactive game; participants were also invited to follow COSH's social media pages and continue to support COSH's programmes.

## Wong Tai Sin District Health Centre Open Day cum Health Carnival

Wong Tai Sin District Health Centre joined hands with various partners to organize an Open Day cum Health Carnival on 29 April 2023. The event provided a variety of free events: health talks, booth games and basic health screening services. An educational booth was set up by COSH and smoke-free promotional souvenirs as well as brochures were distributed to participants for conveying tobacco-free messages in an interactive manner. Participants were also invited to follow COSH's social media pages for the latest local tobacco control works and continue to support COSH's programs.



## 活動 Events

### 「2023年醫院管理局研討大會」

醫院管理局於2023年5月16日至17日舉行「2023年醫院管理局研討大會」，旨在促進醫療新知識及經驗交流。委員會於研討會上設置資訊攤位，向與會者派發無煙刊物及宣傳品，並介紹委員會的教育宣傳工作，積極促進與專業醫護人員在控煙上的交流及合作。



### Hospital Authority Convention 2023

Hospital Authority hosted the “Hospital Authority Convention 2023” on 16 to 17 May 2023, which aimed to facilitate the sharing of knowledge and experience on clinical advances. COSH set up an information booth to distribute smoke-free publications and souvenirs to the participants. COSH also introduced the education and publicity programmes and encouraged the exchange and collaboration on tobacco control with medical and healthcare professionals.

### Asia Pacific Dental Congress and Hong Kong International Dental Expo and Symposium

Apart from the tooth discoloration caused by tobacco tar, smoking may cause oral diseases such as oral cancer, tooth decay, and periodontal disease. The Hong Kong Dental Association hosted the “44<sup>th</sup> Asia Pacific Dental Congress and 12<sup>th</sup> Hong Kong International Dental Expo and Symposium” from 9 to 11 June 2023. COSH was invited to set up an information booth to introduce the tobacco control in Hong Kong as well as the relation between smoking and oral health to raise the awareness on the tobacco control works to the dental professionals.

### 亞太區牙科會議暨香港國際牙科博覽暨研討會

煙草中的焦油除了會使牙齒變色外，吸煙亦有機會導致口腔癌、蛀牙、牙周病等口腔疾病。香港牙醫學會於2023年6月9日至11日舉辦「第44屆亞太區牙科會議暨第12屆香港國際牙科博覽暨研討會」。委員會應邀於展覽會上設置資訊攤位，介紹香港控煙最新概況，並宣傳吸煙與口腔健康的關係，以加深牙科專業人員對控煙議題的了解。





## 「活力健康·無煙香港」繽紛日

由香港校董學會與觀塘區學校聯會共同主辦，觀塘民政事務處、九龍社團聯會觀塘地區委員會、以及健康和諧關愛校園獎勵計劃協辦的「活力健康·無煙香港」繽紛日，於2023年8月27日舉行。委員會於活動上向市民宣傳香港政府提出的控煙策略公眾諮詢，並且收集市民簽名向政府表達大眾對有關控煙政策的支持，一同朝着無煙香港邁進。



## 北區地區嘉年華2023

委員會致力將無煙信息推廣至社區每個角落。北區地區康健中心於2023年9月17日舉辦健康嘉年華，提供各項健康活動、攤位遊戲及健康篩查服務。委員會在嘉年華設置無煙教育遊戲，並派發無煙宣傳紀念品及有關煙草禍害的小冊子，提升區內居民對煙害的認知以及鼓勵吸煙人士戒煙。同場亦邀請市民填寫政府「活力健康 無煙香港」控煙策略公眾諮詢問卷。

## “Vibrant, Healthy and Tobacco-free Hong Kong” Event Day

Co-hosted by The Hong Kong Academy of School Managers and Kwun Tong Schools Liaison Committee with Kwun Tong Home Affairs Department, Kowloon Federation of Associations Kwun Tong District Committee and Healthy Harmonious and Caring Campus Award Scheme as co-organizers, “Vibrant, Healthy and Tobacco-free Hong Kong” Event Day was held on 27 August 2023. COSH set up an information counter to promote and introduce the Public Consultation on Tobacco Control Strategies as well as collect signatures from public to express views in strengthening tobacco control to the Government and strive for a tobacco-free Hong Kong.

## North DHC X Carnival 2023

COSH promotes smoke-free messages to the community continuously. North District Health Centre organized a Health Carnival on 17 September 2023. The event provided a variety of free events including health activities, booth games and health screening services. An educational booth was set up by COSH and smoke-free promotional collaterals as well as the smoke-free brochures were distributed to participants for conveying tobacco-free messages in an interactive manner at the carnival. Participants were also invited to complete the questionnaire for the Government initiated “Vibrant, Healthy and Tobacco-free Hong Kong” Public Consultation.





## 活動 Events

### 世界中風關注日

煙草中的尼古丁會影響神經系統，令血壓上升，引致中風等心血管疾病。為響應世界中風關注日，黃大仙地區康健中心於2023年10月21日舉辦了健康活動，委員會獲邀設置無煙教育遊戲攤位，提升區內居民對煙害的認知和鼓勵吸煙者儘早戒煙。



### 「康健人生同擔當」社區推廣日

全球八大死因中有六個都與煙草使用有關。黃大仙地區康健中心與黃大仙區健康安全城市於2023年11月4日合辦健康活動，向市民推廣醫務衛生局的「慢性疾病共同治理先導計劃」。委員會獲邀設置無煙教育遊戲及派發有關煙草禍害的小冊子，帶出煙害所引致的慢性疾病，鼓勵吸煙者及早戒煙。

### Wong Tai Sin District Health Centre – World Stroke Day Event

Nicotine in tobacco affects the nervous system, elevating blood pressure which leads to cardiac diseases including stroke. In order to echo the World Stroke Day, Wong Tai Sin District Health Centre organized a Health event on 21 October 2023. An interactive educational game booth was set up by COSH to raise residents' awareness of the smoking hazards and convey the tobacco-free messages.

### Wong Tai Sin District Health Centre Health Event

Six of the world's eight leading causes of death are caused by tobacco use. Wong Tai Sin District Health Centre joined hands with Wong Tai Sin District Healthy & Safe City to organize a health event to promote "Chronic Disease Co-Care Pilot Scheme" by the Health Bureau on 4 November 2023. COSH was invited to set up an educational game booth and distributed leaflets on the harms of tobacco, highlighting the chronic diseases caused by smoking, and encourage smokers to quit as soon as possible.



## 建造業運動會暨慈善同樂日及開心跑暨嘉年華

建造業是香港吸煙率較高的行業之一，長期吸煙的習慣使建造業從業員更容易在工作期間因患上心腦血管病導致傷亡。建造業議會於2023年11月26日及2024年1月7日分別舉辦慈善同樂日及跑步比賽，向建造業從業員推廣戒煙及多做運動的好處。委員會獲邀設置無煙教育遊戲，並派發有關煙草禍害的小冊子，宣揚煙草禍害，鼓勵吸煙的建造業從業員及早戒煙，保障他們的職業安全及健康。



## 家家福樂共環保2024

圓玄學院於2024年1月13日舉辦社區建設活動，加強市民的鄰里互助意識，促進社會和諧。委員會獲邀設置無煙教育遊戲及派發有關煙草禍害的小冊子，增進居民對煙害的認識，藉此凝聚社區力量，鼓勵吸煙的居民支持無煙生活，一起建立無煙社區。

## Construction Industry Council Sports cum Charity Fun Day and Happy Run

As one of the industries in Hong Kong with a relatively high smoking rate, construction workers with long-term smoking habit are more likely to suffer from occupational casualties due to cardiovascular and cerebrovascular diseases. Construction Industry Council organized a Sports cum Charity Fun Day and Happy Run on 26 November 2023 and 7 January 2024 respectively to promote the benefits of quitting smoking and encourage construction workers to build a healthy lifestyle by exercise. COSH was invited to set up an educational booth at the events, where construction workers could play games and get free leaflets about the dangers of smoking, encouraging them to protect their safety and health by quitting smoking.

## The Yuen Yuen Institute — Community activity 2024

The Yuen Yuen Institute hosted a community activity on 13 January 2024 to enhance mutual help between neighborhoods in order to build a harmonious society. COSH set up an educational booth where participants could play games and get leaflets about the dangers of smoking, thereby gathering the power of communities and encouraging residents to achieve the smoke-free lifestyle and create a tobacco-free environment.





## 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2023至2024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。

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

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

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

COSH continued to provide onsite and online health talks to accommodate schools' needs during the school year 2023 to 2024. 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 harms of tobacco, including smoking, secondhand smoke, third-hand smoke and alternative smoking products, the health talks covered the latest information on tobacco control in Hong Kong and marketing tactics of the tobacco industry. Besides, promotional videos and an interactive question-and-answer session were included to allow students to enhance smoke-free knowledge in a relaxing environment.





## 「無煙Teens精英計劃」 2023-2024

委員會自2012年起舉辦「無煙Teens計劃」，及後優化為「無煙Teens精英計劃」。計劃由教育局協辦，至今已累積逾180間中學、青少年中心及制服團體支持，成功培育超過3,100名青少年領袖。計劃透過多元學習模式、生涯規劃及師友分享，提升青少年各項技能、增進其煙害及控煙知識，裝備他們成為未來社會領袖。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17間學校及機構，約80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。

### 無煙學堂

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



## “Smoke-free Elite Teens Programme” 2023-2024

Since 2012, COSH has been organizing “Smoke-free Teens Programme” which was revamped as “Smoke-free Elite Teens Programme” and co-organized with the Education Bureau. The Programme gained support from over 180 secondary schools, youth centres and uniform groups and trained over 3,100 teenagers as young leaders over the past years. The Programme introduced elements of life planning and mentor sharing and offered diversified learning experiences with aimed to enhance teenagers’ knowledge of smoking hazards and tobacco control, equip them with multifaceted skills and nurture them to become future leaders. It also provided the opportunity for participants to organize smoke-free programmes in schools and the community. Around 80 teenagers from 17 secondary schools and organization enrolled in the Programme in the school year 2023-2024.

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

### Smoke-free Academy

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

## 活動 Events

### 迎新營及大學參觀

無煙精英迎新營及大學參觀於2023年暑假期間舉行，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。

### 網上無煙課堂

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

### Orientation Camp and Visit to University

Smoke-free orientation camp and visit to University were organized during summer holidays in 2023. 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.

### Smoke-free Online Classes

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





## 無煙精英大本營

委員會於2023年12月舉行跨校「無煙精英大本營」，讓「無煙Teens精英」透過團隊合作任務及歷奇活動提升他們的領導才能、溝通及解難能力，加強參加者之間的團體合作精神。



## 無煙行動

「無煙Teens精英」完成無煙學堂後實踐所學，在2023年10月至2024年1月期間於校內及社區籌辦逾60項多元線上及線下推廣活動，把無煙信息傳遞予超過二萬五名來自不同地區的市民及學生。各參加隊伍發揮創意及善用不同平台進行無煙推廣，主要活動包括攤位遊戲、工作坊、各類設計及創作比賽，以及於早會、課堂和社交媒體進行推廣等。參加者亦進行街頭宣傳及訪問，以及與社區機構合協活動，將無煙推廣擴展至社區。此外，為配合受眾需要，他們製作了各式短片，例如街訪、短劇、主題曲音樂影片等，加強無煙信息的宣傳成效。

## Smoke-free Training Camp

An inter-school physical training camp was also held in December 2023 to enable Smoke-free Elite Teens to enhance leadership skills, including team work, communication and problem solving through team missions and adventure-based coaching activities.

## Smoke-free Programmes

The Smoke-free Elite Teens utilized their knowledge and creativity in organizing over 60 diversified online and offline activities for promotion of smoke-free messages to over 25,000 students, teachers and members of the public from October 2023 to January 2024. They utilized their creativity and different platforms to organize a wide variety of promotion activities, ranging from booth games, workshops, design competitions to promotion via morning assemblies, classes and social media. Participants also conducted street interviews and promotion collaborating with community organizations to extend the smoke-free promotion to the community. To meet the needs of the audience and enhance the impact of promotion, they produced short videos, such as street interviews, drama and music video.





## 活動 Events

### 無煙精英團、暑期實習及遊學團

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，讓「無煙Teens精英」繼續參與推動無煙文化，延續使命。

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。活動將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」。頒獎嘉賓包括衛生署控煙酒辦公室主任封螢醫生、教育局高級課程發展主任(德育、公民及國民教育)周安琪女士、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、委員蘇潔瑩醫生、委員鄧振強、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 FUNG Ying (Head, Tobacco and Alcohol Control Office, Department of Health), Angela CHOW (Senior Curriculum Development Officer (MCNE), Education Bureau), Henry TONG (COSH Chairman), Dr Johnnie CHAN (COSH Vice-chairman), Langton CHEUNG (COSH Education & Publicity Committee Chairman), Dr Loletta SO (COSH Council Member), Teddy TANG (COSH Council Member), Terence LAU (COSH Council Member) and Vienna LAI (COSH Executive Director).



來自新界鄉議局元朗區中學的冠軍隊伍於分享會上分享活動籌劃的心得和經驗。他們設計及製作戒煙應用程式，內有遊戲供戒煙人士轉移注意力以應對煙癮發作，設有「每日簽到」鼓勵戒煙人士持之以恆，同時提供無煙信息及戒煙服務機構資訊，並將程式上架供公眾下載。

The champion team from N.T. Heung Yee Kuk Yuen Long District Secondary School shared their fruitful experience in organizing smoke-free activities at the event. They designed and produced a smoking cessation application, which included games for smokers to divert attention in order to resist the tobacco craving. It also comprised of a “daily check-in” function to encourage smokers to avoid relapse, tobacco-free messages and information of smoking cessation services. The public could download the application from app store.



亞軍由皇仁舊生會中學奪得，他們明白宣傳推廣的重要性，以「煙害影響寵物」為切入點，把「人寵共融」的信息貫穿多項活動，提高活動的吸引力，令受眾留下深刻印象。同時亦向社區內的非華語學童及家庭講解吸煙的禍害及傳遞無煙信息。

The first runner-up was Queen's College Old Boys' Association Secondary School. They demonstrated a thoughtful understanding of the importance of publicity and promotion. “Tobacco products jeopardise pets' health” served as an entry point to integrate several activities with a key theme of “humans and pets friendly”, with an aim to increase the attractiveness of their activities, leaving remarkable impression on the recipients. They also instilled the importance of tobacco-free Hong Kong to non-Chinese speaking (NCS) students and families in community activities.

## 活動 Events



季軍隊伍賽馬會官立中學製作無煙小劇場，劇中主角面對煙草誘惑，其選擇會帶來截然不同的結局，藉此帶出煙草的禍害和堅拒吸煙的正面信息。同時亦透過攤位遊戲向社區人士講解吸煙的禍害。

The second runner-up was Jockey Club Government Secondary School. They produced a tobacco-free short video. The main character faced the temptation of tobacco products and his decision led to entirely different endings, thereby conveying the messages of tobacco harm and saying no to smoking. They also explain tobacco harm to the community through game booths.

### 得獎名單：

冠軍：新界鄉議局元朗區中學  
亞軍：皇仁舊生會中學  
季軍：賽馬會官立中學

### 「優異無煙Teens團隊」：

- 圓玄學院妙法寺內明陳呂重德紀念中學
  - 何東中學
  - 香港道教聯合會圓玄學院第一中學
  - 將軍澳官立中學
- (排名不分先後)

### List of Winners:

Champion: N.T. Heung Yee Kuk Yuen Long District Secondary School  
First runner-up: Queen's College Old Boys' Association Secondary School  
Second runner-up: Jockey Club Government Secondary School

### Outstanding Smoke-free Teams:

- The Yuen Yuen Institute MFBM Nei Ming Chan Lui Chung Tak Memorial College
- Hotung Secondary School
- HKTA The Yuen Yuen Institute No.1 Secondary School
- Tseung Kwan O Government Secondary School



計劃網頁：Programme website:  
<https://smokefree.hk/smokefreeteens>



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



計劃Programme Facebook：  
<https://www.facebook.com/smokefreeteens/>





## 學校互動教育巡迴劇場 《無煙偵探社》

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2,200場表演，獲超過62萬名學生及老師觀賞及參與。



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、二手煙、三手煙及另類吸煙產品的禍害，同時更了解吸煙的謬誤，學習拒絕第一口煙及鼓勵親友戒煙。

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

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 has delivered around 2,200 performances in primary schools across the territory, reaching over 620,000 students and teachers.

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



## 活動 Events

2023-2024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《無煙偵探社》，幫助小學生了解煙草禍害，明白拒絕第一口煙的重要性外，亦加深認識戒煙的好處及保障家人免受二手煙及三手煙的健康風險，並推動小學生勸親友戒煙，一同支持無煙香港。本年度已有超過二萬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。

無煙代言人「咪點我」飾演的神探咪點我，與小女孩露露和神探Search並列主角。劇情講述城市內的居民健康狀況日益惡化，露露的母親也是其中一名受害者。神探咪點我帶領露露和神探Search偵破煙害奇案，並揭露煙草商的伎倆。在調查過程中，露露和神探Search學習到吸煙和另類吸煙產品的禍害，並帶出三手煙的危害，以及家人和朋友的支持對成功戒煙的重要性。

The Programme in 2023-2024 was co-organized by Education Bureau and collaborated with iStage Theatre to produce and deliver a new drama "Smoke-free Detective". It helped students understand the harms of tobacco and recognize the importance of rejecting the first cigarette. Moreover, the Programme aimed to enhance their understanding of the benefits of quitting smoking and safeguard their family members from the health risks of secondhand and third-hand smoke. Students were invited to encourage their families and friends to quit smoking and support a smoke-free Hong Kong. This year, over 20,000 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 story centred on "Wise Mike", the Smoke-free Ambassador, starring Detective Wise Mike, together with little girl Lulu and Detective Search were the main characters. The story plot set in a city in which more and more citizens suffer from the deterioration of health. Mother of Lulu was one of the victims. Detective Wise Mike led Lulu and Detective Search to solve the mysterious cases of smoking hazards and unveil the tactics of tobacco industry. During the investigation, Lulu and Detective Search learnt smoking hazards and the harmful effects of alternative smoking products. The hazards of third-hand smoking and the significance of support from family and friends in quitting smoking are emphasized.





## 社區劇場

委員會於2024年1月20日舉行社區劇場，約200名嘉賓觀賞，當中包括校長、家長、學生，以及家校合作及社區組織代表，從而共同於社區推廣無煙信息、實現無煙香港願景。主禮嘉賓包括衛生署控煙酒辦公室主任封螢醫生、香港大學公共衛生學院榮休教授暨名譽臨床教授林大慶教授、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及總幹事黎慧賢。

## Community Screening

The community screening was held on 20 January 2024 with around 200 audience, including principals, parents, students and representatives from home-school cooperation and community organizations, in a bid to spread the tobacco-free messages to the community and achieve the vision of a tobacco-free Hong Kong. Officiating guests of the community screening included Dr FUNG Ying (Head, Tobacco and Alcohol Control Office, Department of Health), Prof LAM Tai-hing (Emeritus Professor & Honorary Clinical Professor, School of Public Health, The University of Hong Kong), Henry TONG (COSH Chairman), Dr Johnnie CHAN (COSH Vice-chairman), Langton CHEUNG (COSH Education & Publicity Committee Chairman) and Vienna LAI (COSH Executive Director).

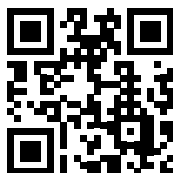


## 互動學習平台

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。學生亦可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](http://www.educationtheatre.hk)



## Interactive Education Platform

Apart from the onsite performance at school, an interactive learning platform 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. Students could also utilize the acquired knowledge and creativity in the message card design competition.

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



## 活動 Events



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

### 香港大學護理學院課程

香港大學護理學院是委員會的緊密合作夥伴之一，多年來對戒煙工作及控煙研究不遺餘力。學院亦致力培訓專業護理人員，提供有關控煙和戒煙輔導的課程，以提高護理學生對控煙的關注和鼓勵他們參與戒煙工作。委員會獲邀為其課程的客席講者，分享控煙工作經驗。

委員會項目籌劃高級經理朱偉康於2023年4月13日、10月31日及2024年3月11日，向合共超過300位學士學生及近40位碩士學生講解全球控煙進展，介紹香港的控煙情況及戒煙服務、委員會推動無煙香港的角色以及教育、宣傳及政策倡議工作，並鼓勵醫護人員支持加強控煙措施、投入促進戒煙和建構無煙環境的工作。

### 香港中文大學賽馬會公共衛生及基層醫療學院 — 健康推廣工作坊

委員會項目籌劃高級經理朱偉康獲香港中文大學賽馬會公共衛生及基層醫療學院邀請，於2024年1月18日以「委員會建構無煙香港的角色」為題，向約30位公共衛生及社區健康理學士課程的學生講解香港的控煙政策及委員會不同範疇的工作，並闡述委員會以多管齊下的方式推動控煙政策的倡議，及如何爭取落實保障市民健康的措施，期望鼓勵他們投入控煙相關工作。

### HKU School of Nursing — Nursing Programmes

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

Lawrence CHU (COSH Senior Project Manager) represented COSH on 13 April 2023, 31 October 2023 and 11 March 2024, and delivered a talk to totally over 300 undergraduate students and nearly 40 master students regarding local and global development of tobacco control and smoking cessation. Mr CHU explained the role of COSH in promoting a smoke-free Hong Kong and its efforts in education, publicity and advocacy works, and encouraged medical and nursing professionals to support strengthening tobacco control measures, participate in helping smokers to quit and striving for a smoke-free environment.

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

Lawrence CHU (COSH Senior Project Manager) was invited by The Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong to give a guest seminar titled "Strive for a smoke-free Hong Kong: The role of COSH" to about 30 students of the Bachelor of Science Programmes in Public Health and Community Health Practice on 18 January 2024. The seminar introduced to the students the tobacco control policies in Hong Kong and COSH's work in different aspects, including the multi-pronged approach to advocate tobacco control and strive for the implementation of public health measures. Students were encouraged to engage in tobacco control and related works.

## 扶輪社 — 控煙研討會

委員會致力加強社區人士了解香港控煙現況，與各界一同建構無煙環境。委員會主席湯修齊應邀出席香港旭日扶輪社於2023年6月28日舉辦的控煙研討會，與參會者講述香港的控煙情況，介紹委員會的工作及未來倡議的控煙政策，並展示世界各地邁向煙草終局的目標和嶄新控煙政策，呼籲各界攜手共同推動無煙香港。

為令各界更了解政府進行的「活力健康 無煙香港」控煙策略公眾諮詢，委員會主席湯修齊分別於2023年8月14日及8月22日出席由香港添馬網上扶輪社及香港城北扶輪社舉辦的控煙研討會，與參會者講述香港的吸煙情況和全球控煙趨勢，並介紹是次公眾諮詢的詳情及委員會就四大控煙策略提出的一系列建議措施，呼籲各界積極參與公眾諮詢，共同支持及向政府反映意見。



## Rotary Club — Tobacco Control Seminar

COSH has been dedicating in enhancing knowledge of the community in tobacco control and jointly fostering a smoke-free environment in Hong Kong. Henry TONG (COSH Chairman) was invited to share the development of tobacco control in Hong Kong and introduce COSH's smoke-free programmes and policy recommendations in the tobacco control seminar organized by Rotary Club of Hong Kong Sunrise on 28 June 2023. He also illustrated the global examples of tobacco endgame and the innovative tobacco control policies to achieve it, appealing for joint support to strive for a smoke-free Hong Kong.

In order to raise public awareness of the Government initiated “Vibrant, Healthy and Tobacco-free Hong Kong” Public Consultation on Tobacco Control Strategies, Mr TONG also attended the seminar organized by Rotary E-Club of Tamar Hong Kong and Rotary Club of Hong Kong City North on 14 and 22 August 2023 respectively. In the seminars, he shared the latest local and global trend of tobacco control, introduced the details of the public consultation and elaborated COSH's recommended measures in response to the four tobacco control strategies of the public consultation. He also encouraged the community to actively support COSH's advocacies and jointly express their views to the Government through the public consultation.

# 與傳播媒介之聯繫

## Working with the Mass Media

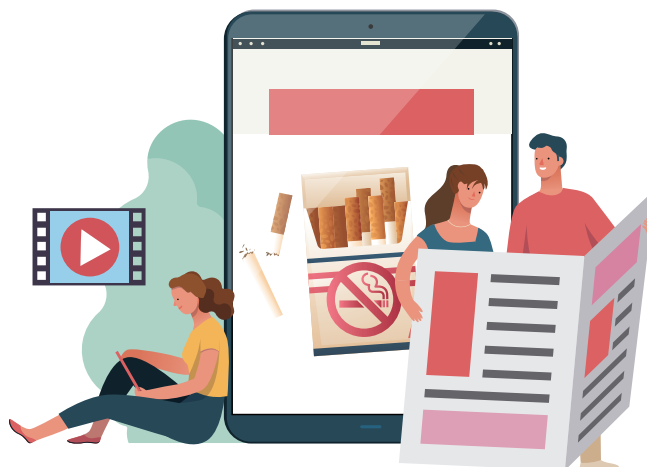
委員會為使控煙資訊及委員會之宣傳活動能有效傳達至社會各階層，一直與媒體保持緊密聯繫。秘書處經常處理不同報刊、電視台、電台及其他媒體之訪問及查詢。此外，本會於年度內亦曾發放下列新聞稿予各大傳媒機構：

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
2023/5/15	善用線上線下推廣無煙 委員會無煙Teens精英籌辦活動數目創新高	COSH Smoke-free Elite Teens Promoted Smoke-free Culture Online and Physical Activities Hit a Record High
2023/5/22	促請立法會議員否決放寬聯運轉運另類吸煙 產品	COSH Urges LegCo to Veto the Exemption of the Intermodal Transshipment of Alternative Smoking Products
2023/5/28	號召全城參與「無煙跑服日」 為戒煙人士傳遞正能量	COSH Organizes “Smoke-free Sportswear Day” to Boost Smoking Cessation
2023/6/21	委員會回應立法會通過 《2023年進出口(修訂)條例草案》	COSH’s Response to the “Import and Export (Amendment) Bill 2023”
2023/7/12	委員會回應政府《活力健康 無煙香港》 控煙策略諮詢文件	COSH’s Response to the Government’s launch of Public Consultation on Tobacco Control Strategies
2023/9/3	「你」想無煙香港宣傳活動 社會各界代表同心支持香港實現無煙願景	“Together We Strive for a Tobacco-free Hong Kong” Campaign Society-wide Support to Strengthen Tobacco Control Policies



日期 Date	新聞稿	Press Release
2023/10/3	政府控煙策略諮詢完結 委員會樂見各界踴躍參與	COSH Received Enthusiastic Responses from Various Sectors to Government's Consultation on Tobacco Control Strategies
2023/11/23	「萬壽無煙 戒不太遲」宣傳活動凝聚支持 鼓勵煙齡較長人士為健康戒煙	"Live a Healthy Long Life, Leave the Cigarettes Behind" Encouraging Elderly Smokers to Quit Smoking for Health
2024/1/20	學校互動教育巡迴劇場 教育兒童辨識煙草禍害 無煙代言人「咪點我」化身神探偵破煙害奇案	Smoke-free Ambassador "Wise Mike" as Detective School Interactive Education Theatre Educates Students on Smoking Hazards
2024/1/30	增加煙草稅最少75%助戒煙減開支	Raising Tobacco Tax by at least 75% to Motivate Smoking Cessation for Reducing Expenditure
2024/2/28	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
2024/3/13	第14屆「戒煙大贏家」無煙社區計劃 社區同心推廣戒煙 開展無煙生活新里程	The 14 <sup>th</sup> "Quit to Win" Smoke-free Community Campaign United the Community Forces to Promote Smoking Cessation, Leading to a Smoke-free Healthy Lifestyle
2024/3/20	「香港無煙領先企業大獎2023」 企業積極推廣無煙文化 各界攜手邁向無煙香港	"Hong Kong Smoke-free Leading Company Awards 2023" Business Community Jointed Efforts to Build a Smoke-free Hong Kong



## 活動 Events

會議  
Conferences中華預防醫學會－控煙交流  
座談會

中華預防醫學會率領代表團於2023年11月29日到訪委員會，交流控煙工作經驗。委員會主席湯修齊、副主席陳志球博士、總幹事黎慧賢向代表團講解香港的控煙進程，並介紹委員會的教育宣傳活動、研究工作及政策倡議。是次交流讓代表團了解香港如何在世界衛生組織《煙草控制框架公約》下落實執行MPOWER措施。

第24屆全國控煙與健康學術研  
討會暨海峽兩岸及香港澳門地  
區煙害防治研討會圓桌會議

中國控制吸煙協會舉辦「全國控煙學術研討會」，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。而「海峽兩岸及香港澳門地區煙害防治研討會」則由四地控煙組織包括中國控制吸煙協會、香港吸煙與健康委員會、台灣董氏基金會及澳門控煙聯盟定期合辦，為各地控煙工作者提供交流平台，以促進中國內地、香港、澳門及台灣的控煙工作。

Exchange meeting with Chinese  
Preventive Medicine Association

Chinese Preventive Medicine Association visited COSH on 29 November 2023 to exchange experience in tobacco control. Henry TONG (COSH Chairman), Dr Johnnie CHAN (COSH Vice-chairman) and Vienna LAI (COSH Executive Director) shared with the delegates the progress and vision of tobacco control in Hong Kong. COSH's publicity, research and policy advocacy projects were also introduced to the delegates. The exchange meeting showed the delegation how Hong Kong implements MPOWER measures under the World Health Organization Framework Convention on Tobacco Control.

The 24<sup>th</sup> National Symposium on Tobacco  
Control cum the Roundtable Meeting on  
Cross-strait, Hong Kong and Macau  
Tobacco Control Conference

The National Symposium on Tobacco Control is organized by Chinese Association on Tobacco Control, providing a platform for tobacco control experts and public health academics across the country to exchange tobacco control knowledge and experience. The Cross-strait, Hong Kong and Macau Tobacco Control Conference is co-organized by Chinese Association on Tobacco Control, COSH, John Tung Foundation and Macao Tobacco Control Alliance regularly to enhance tobacco control collaboration among Mainland China, Hong Kong, Macau and Taiwan.



「第24屆全國控煙與健康學術研討會暨海峽兩岸及香港澳門地區煙害防治研討會圓桌會議」於2023年12月16日至18日於山東青島舉行。數百名來自全國各地的控煙專家參與，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、副主席陳志球博士、委員王文炳教授、總幹事黎慧賢及項目籌劃高級經理黃靖玢。主席湯修齊於研討會上以「香港全禁另類煙經驗」為題，分享香港立法禁止另類煙的挑戰及委員會如何會推動公眾支持有關立法。委員會代表團亦參與了圓桌會議，與內地及澳門代表交流控煙經驗，以及了解來屆海峽兩岸及香港澳門地區煙害防治研討會的進展。



研討會前，主辦單位邀請委員會參與於2023年12月14日至16日在上海及青島進行的考察活動，王文炳教授率兩名秘書處職員參與。活動包括參觀上海市健康促進中心，了解當地自2010年實施控煙法例以來的控煙工作及成果。王文炳教授亦代表委員會分享香港的控煙進程。

## 控煙專才培訓計劃2023

香港衛生署控煙酒辦公室轄下的世界衛生組織(世衛)控煙及煙癮治療合作中心，於2023年12月4日至8日舉辦為期五天的「控煙專才培訓計劃2023」，為在西太平洋區域從事控煙範疇的政府或非政府組織人員提供培訓，獲香港及西太平洋區域國家的控煙機構的中層管理人員參加。

The 24<sup>th</sup> National Symposium on Tobacco Control cum the Roundtable Meeting on Cross-strait, Hong Kong and Macau Tobacco Control Conference was held in Qingdao, Shandong Province from 16 to 18 December 2023. Hundreds of tobacco control experts from across the country attended, sharing the latest tobacco control status and research findings. COSH formed a delegation comprising Henry TONG (COSH Chairman), Dr Johnnie CHAN (COSH Vice-chairman), Prof Kelvin WANG (COSH Member), Vienna LAI (COSH Executive Director), and Shelby WONG (COSH Senior Project Manager) to join the Symposium. Mr TONG delivered the presentation “Experience of Hong Kong in Banning Alternative Smoking Products” at the Symposium, sharing the challenges encountered during the legislation of the ban on alternative smoking products, and how COSH mobilised public support for the legislation. COSH delegation also participated in the Roundtable Meeting, exchanging tobacco control experiences with delegates from the Mainland and Macau and progress of the next Cross-strait, Hong Kong and Macau Tobacco Control Conference.

Prior to the Symposium, a smoke-free study tour to Shanghai and Qingdao from 14 to 16 December 2023 was organized. Prof Kelvin WANG and two secretariat staffs representing COSH to join. The delegates visited the Shanghai Municipal Centre for Health Promotion, understanding the tobacco control efforts and achievements of Shanghai since the tobacco control law was enacted in 2010. Prof WANG represented COSH to share the tobacco control progress of Hong Kong.

## Annual Programme on Tobacco Control 2023

World Health Organization (WHO) Collaborating Centre for Smoking Cessation and Treatment of Tobacco Dependence, Department of Health, Hong Kong Special Administrative Region (HKSAR) organized the “Annual Programme on Tobacco Control 2023” from 4 to 8 December 2023. The 5-day programme aimed to provide training for the tobacco control personnel of governments and non-government organizations in Western Pacific countries. Middle-managers in tobacco control in Hong Kong and Western Pacific region participated in the programme.



## 活動 Events

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

國際及本地控煙專家獲邀為主講嘉賓，包括美國 Mayo College of Medicine and Science 助理教授 Michael BRUKE 博士、澳洲悉尼大學公共衛生學院副教授 Becky FREEMAN 博士、香港衛生署控煙酒辦公室主任封螢醫生、香港大學榮休教授及公共衛生學院榮譽臨床教授林大慶教授、世衛資深政策顧問麥龍詩迪教授、世衛西太平洋區域辦事處健康環境與人群司無煙草行動技術主任 Ada MOADSIRI 博士、南非開普敦大學經濟學院首席研究員羅夏麗博士及其他本地控煙工作者等。委員會主席湯修齊亦獲邀為其中一位講者，以「倡議全禁另類吸煙產品－非政府組織的角色」為題，分享委員會推動全面禁止另類吸煙產品的經驗及挑戰。

中國國家衛生健康委員會副主任于學軍、醫務衛生局局長盧寵茂教授及世衛西太平洋區域辦事處健康環境與人群司司長岡安裕正醫生在閉幕式上致詞，標誌培訓計劃圓滿舉辦。

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

International and local experts, including Dr Michael BRUKE (Assistant Professor, Mayo College of Medicine and Science), Dr Becky FREEMAN (Associate Professor, School of Public Health, The University of Sydney, Australia), Dr FUNG Ying (Head, Tobacco and Alcohol Control Office, Department of Health, Hong Kong SAR), Prof LAM Tai-hing (Emeritus Professor and Honorary Clinical Professor of School of Public Health, The University of Hong Kong), Prof Judith MACKAY (WHO Senior Policy Advisor), Dr Ada MOADSIRI (Technical Officer, Tobacco Free Initiative, Division of Healthy Environments and Populations, WHO Regional Office for the Western Pacific), Dr Hana ROSS (Principal Research Officer, School of Economics, University of Cape Town) and local practitioners were invited to share their experience and latest development in tobacco control. Henry TONG (COSH Chairman) was also invited to deliver a presentation titled “Role of Non-governmental Organization in advocacy for Legislation Proposed for Banning of Alternative Smoking Products”, which highlighted the experience and challenges of motivating the total ban on alternative smoking products.

Closing remarks were made by YU Xuejun (Vice-minister, National Health Commission of the People’s Republic of China), Prof LO Chung-mau (Secretary for Health, Health Bureau, Hong Kong SAR) and Dr Hiromasa OKAYASU (Director, Division of Healthy Environments and Populations, WHO Regional Office for the Western Pacific), signifying the success of the training programme.

## 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。

#### 網站及電子通訊

委員會透過網站([www.smokefree.hk](http://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，本年度的專題包括探討香港的控煙進程及國際控煙趨勢、拆解水煙常見的謬誤及規管情況、就香港下一步的控煙策略提出建議、解說MPOWER控煙政策，以及尼古丁的成癮機制及對健康的影響。

委員會網站採用無障礙網頁設計，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，並獲得由香港互聯網註冊管理有限公司舉辦之「無障礙網頁嘉許計劃」的「三連金獎」級別。同時，委員會網站除設中、英文版外，另提供八種語言(即印尼語、印度語、尼泊爾語、旁遮普語、他加祿語、泰語、烏爾都語及越南語)的基本無煙資訊。

委員會網站在2023年4月1日至2024年3月31日共錄得超過60萬瀏覽次數，其中關於吸煙禍害、戒煙方法及控煙專題的頁面錄得較高瀏覽量。

此外，委員會定期發放電子通訊，內容包括世界各地有關吸煙及健康的研究、控煙措施及委員會的最新活動等。歡迎公眾於委員會網站登記接收電子通訊。

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.

#### Website and E-Newsletter

COSH website ([www.smokefree.hk](http://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 the progress of Hong Kong and international trends in tobacco control, common fallacies and regulations on waterpipe tobacco smoking, recommendations for the next phase of tobacco control in Hong Kong, MPOWER tobacco control measures, and the addictiveness and health impact of nicotine.

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

COSH website recorded over 600,000 page views from 1 April 2023 to 31 March 2024. The top viewed pages included smoking hazards, 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.

## 活動 Events

### 社交媒體平台

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

#### 「無煙大家庭」Facebook專頁

專頁分享最新控煙和煙害資訊，以及推廣戒煙的好處及方法，呼籲市民為健康著想，組織無煙家庭，令家人及朋友免受二、三手煙危害，亦介紹委員會的活動。



Smoke-free Family「無煙大家庭」



### Social Media Platforms

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

#### Facebook Page “Smoke-free Family”

The page releases the latest news on tobacco control, hazards of smoking, tips and benefits of smoking, 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](http://www.facebook.com/smokefreefamily)





### 無煙代言人「咪點我」Instagram帳戶



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

### 「無煙勢•待」Facebook專頁

此專頁透過介紹世界各地創新和有效的控煙措施、分享最新的控煙研究成果和拆解煙草商的誤導宣傳，加深市民的無煙知識和應對煙草業的干預，推動市民支持加強控煙，以邁向無煙香港。

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



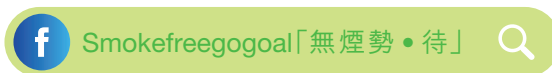
### Smoke-free Ambassador Instagram Account “Wise Mike”

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

[www.instagram.com/wisemike\\_hk](http://www.instagram.com/wisemike_hk)



### Facebook Page “Smoke-free • Go Goal”



This page aims to enhance the public's smoke-free knowledge and awareness on tobacco industry interference by introducing innovative and effective tobacco control measures around the world, sharing the latest research findings in tobacco control, and debunking misleading promotions of the tobacco industry. The public is also encouraged to support strengthening tobacco control, moving towards a smoke-free Hong Kong.

## 活動 Events

### 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。

委員會在2023年4月1日至2024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。

### 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.

COSH received over a hundred of enquiries from the public requesting for information, making suggestions and complaints from 1 April 2023 and 31 March 2024. 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2023

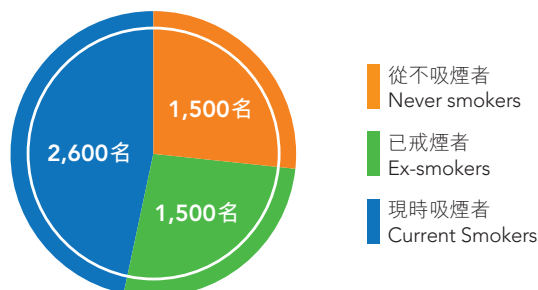
委員會自2013年起每年進行「控煙政策調查」，以定期評估香港控煙政策的成效及監測市民對控煙措施的意見。此調查是一個具代表性的橫斷研究，廣泛收集有關吸煙與健康的數據，包括吸煙習慣、戒煙、接觸二手煙的情況、公眾對控煙政策的意見等。受訪者為15歲或以上、可以以廣東話溝通的香港居民。

控煙政策調查2023於2023年2月下旬至6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為調查進行訪問。在本項調查中，「吸煙」指使用何任吸煙產品，包括傳統捲煙、電子煙及加熱煙草產品（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2021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 2023

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 2023 was conducted via landline and mobile phone interviews between late February and June 2023. The School of Nursing and School of Public Health of The University of Hong Kong were commissioned to develop questionnaires and perform data analysis. Social Policy Research Limited conducted the interviews. 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 2021.



## 活動 Events

調查的主要結果如下：

### 吸煙情況

- 整體現時吸煙率為10.2%。最多人吸食的產品是傳統捲煙(9.8%)，其次為電子煙(0.8%)、水煙(0.5%)及加熱煙(0.3%)。
- 現時吸傳統捲煙者平均每天吸12.2支捲煙。超過三分二(73.9%)對尼古丁有較高的依賴，在起床後半小時內吸第一支捲煙。
- 在現時吸傳統捲煙者中，39.2%首次吸煙是調味捲煙，其中薄荷味(81.8%)和水果薄荷味(10.0%)最為普遍。
- 在現時吸傳統捲煙者中，48.4%現時有吸調味煙。最普遍的口味為薄荷味(70.2%)。
- 香港由2022年4月30日起禁止進口、推廣、製造、售賣或為商業目的而管有另類吸煙產品(另類煙)。四分之一(24.5%)現時吸加熱煙者在禁令實施的前後數個月內減少使用加熱煙，而21.5%在受訪時表示有意戒加熱煙。
- 約四成(38.5%)現時吸電子煙者減少在禁令實施的前後數個月內使用電子煙，而22.2%在受訪時表示有意戒電子煙。

Key results of the survey are shown below:

### Use of smoking products

- The prevalence of current use of tobacco products was 10.2%. Conventional cigarettes (9.8%) were the most commonly used product, followed by e-cigarettes (0.8%), waterpipe tobacco (0.5%), and HTPs (0.3%).
- The average daily cigarette consumption was 12.2 cigarettes per day in current cigarette smokers. Over two-thirds (73.9%) had heavier nicotine dependence that they smoked the first cigarette within half an hour after waking up.
- In current cigarette users, 39.2% had a flavoured cigarette as their first cigarette, with menthol (81.8%) and fruit menthol (10.0%) being most common.
- In current cigarette users, 48.4% currently used flavoured cigarettes. Menthol (70.2%) was the most common flavours.
- Hong Kong has banned the import, promotion, manufacture, sale and possession for commercial purposes of alternative smoking products (ASPs) since 30 April 2022. A quarter (24.5%) of current HTP users reduced HTP use in the few months before or after the ASP ban was implemented, while 21.5% intended to quit at the time of survey.
- Nearly four in 10 (38.5%) e-cigarette users reduced e-cigarette use in the few months before or after the ASP ban was implemented, while 22.2% intended to quit at the time of survey.





### 戒煙情況

- 在現時吸煙者中，21.1%曾經嘗試過戒煙。現時吸煙者最近一次戒煙主要為了自身健康(58.8%)、節省開支(54.0%)及家人健康(44.4%)。
- 本調查中的已戒煙者平均已戒煙8.2年。自身健康(61.6%)、節省開支(40.1%)及家人健康(37.4%)是他們戒煙最主要的原因。
- 已戒煙者最普遍透過減少與吸煙的朋友及同事見面(46.6%)、減少到訪多吸煙者的地方(44.1%)及減少到訪多二手煙或三手煙的地方(36.1%)來幫助戒煙。大部分已戒煙者將成功戒煙歸功於良好的自制能力(73.3%)及堅定的決心(71.2%)。
- 五分一(20.1%)已戒煙者主要以戒煙藥物或服務幫助戒煙。這些已戒煙者中，80.7%使用尼古丁替代療法、35.7%服用中醫食療或中藥、11.0%使用戒煙藥物、及9.3%接受針灸。

### Smoking cessation

- In current smokers, 21.1% had ever made a quit attempt. In the most recent quit attempt, current smokers most commonly tried to quit smoking for their health (58.8%), to save money (54.0%) and for family health (44.4%).
- Ex-smokers in the survey had quit smoking for 8.2 years on average. Health (61.6%), saving money (40.1%) and family health (37.4%) were the most common motivations for smoking cessation.
- Ex-smokers facilitated smoking cessation most commonly by meeting smoking friends and colleagues less (46.6%), reducing visits to places with many smokers (44.1%), and reducing visits to places with higher SHS or third-hand smoke (THS) exposure (36.1%). Majority of ex-smokers attributed to successful smoking cessation to strong self-control (73.3%) and strong determination (71.2%).
- One-fifth (20.1%) of ex-smokers quit smoking mainly with smoking cessation medications or services. Of these ex-smokers, 80.7% used nicotine replacement therapy, 35.7% used Chinese food therapy or medicine, 11.0% used smoking cessation medication, and 9.3% used acupuncture.

## 活動 Events

### 二手煙及三手煙接觸情況

- 近一半受訪者(48.7%)在過去七天曾在任何地方吸入過二手煙。
- 37.7%受訪者於過去七天曾經在家中吸入二手煙，包括26.3%吸入來自自己家中的二手煙及28.6%吸入來自鄰居的二手煙。
- 約三分之一(34.3%)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(40.3%)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，23.2%在過去七天在家中接觸到第三手煙，34.5%在家以外的室內場所接觸到第三手煙。

### 吸煙產品包裝規管

- 幾乎所有(98.0%)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(54.2%)及已戒煙者(53.6%)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(19.1%)、如果煙害包圖象警示加入「每兩個長期吸煙者中，有一個會因為吸煙而提早死亡」字句(17.7%)、或在煙包內加入煙害資訊卡(14.0%)，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(72.2%)受訪者贊成採用全煙害警示包裝。

### Secondhand smoke and third-hand smoke exposure

- Nearly half (48.7%) of all respondents were exposed to SHS at any place in the past 7 days.
- 37.7% of respondents were exposed to SHS at home in the past 7 days, with 26.3% from inside the home and 28.6% from neighbours.
- Around one-third (34.3%) of employed respondents were exposed to SHS at workplace in the past 7 days.
- Four in 10 (40.3%) respondents were exposed to SHS at locations other than home and workplace in the past 7 days.
- In all respondents, 23.2% were exposed to THS at home and 34.5% were exposed to THS in indoor areas outside home in the past 7 days.

### Regulations on cigarette packaging

- Almost all (98.0%) current smokers noticed the pictorial health warnings (PHWs) on cigarette packs. The prevalence was relatively lower in never smokers (54.2%) and ex-smokers (53.6%).
- In current smokers, 19.1% would consider quitting cigarettes if a health warning was printed on each cigarette stick, 17.7% would consider quitting cigarettes if the message “one in two long-term smokers die prematurely due to smoking” was printed on PHWs, and 14.0% 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 (72.2%) of respondents supported plain packaging.



## 煙草廣告及推廣

- 約四分之三(76.3%)的受訪者於過去三十天曾經在銷售點看到煙草產品陳列，當中70.4%同意禁止於銷售點展示煙草產品。

## 煙草稅

- 2023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(68.5%)的受訪者同意政府於2024年增加煙草稅，包括77.3%的支持者認為加幅應追平或高於通脹。
- 約三分之二(64.6%)的受訪者同意政府每年增加煙草稅，包括78.2%的支持者認為加幅應追平或高於通脹。
- 約三分之一(33.6%)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港幣140.1元(中位數為每包港幣100元)，才能推動他們戒煙。

## Tobacco advertising and promotion

- About three-fourths (76.3%) of respondents were exposed to point-of-sale tobacco product displays in the past 30 days, of which 70.4% supported to ban the displays.

## Tobacco tax

- Support for tobacco tax increase remained strong after the 2023 tobacco tax increase. Over two-thirds (68.5%) of respondents supported tobacco tax increase in 2024, of which 77.3% agreed that the increase should be at or above inflation.
- Around two-thirds (64.6%) of respondents supported annual tobacco tax increase, of which 78.2% agreed that the increase should be at or above inflation.
- Around one-third (33.6%) of current smokers would quit smoking or reduce smoking at least by half if the cigarette price increased. On average, they suggested to raise the cigarette price to HK\$140.1 per pack (median was HK\$100 per pack) to motivate smoking cessation.



## 活動 Events

### 擴大法定禁煙區

- 九成半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屋苑內所有公共區域(59.2%)、繁忙的街道(58.6%)、所有有上蓋的公共場所(47.0%)、及餐廳和酒吧的室外區域(46.6%)。
- 約四分之三(71.6%)的受訪者同意政府禁止在街上一邊走路一邊吸煙。
- 大部分(84.2%)的受訪者支持增加人手，檢控在禁煙區吸煙的人士。
- 大部分(73.0%)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(62.1%)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3,268.3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 95% of respondents. For instance, respondents supported to extend no smoking areas to all common areas in housing estates (59.2%), busy streets (58.6%), all public areas with ceilings (47.0%), and outdoor seating areas of restaurants and bars (46.6%).
- Around three-fourths (71.6%) respondents agreed that smoking while walking on streets should be banned.
- Most (84.2%) supported to increase manpower to carry out law enforcement towards individuals who smoke in no-smoking areas.
- Most (73.0%) of respondents agreed that venue managers should be liable to penalty for smoking offences in statutory no-smoking areas.
- Over half (62.1%) of respondents supported to increase the fixed penalty for smoking offences. On average, the suggested fine was HK\$3,268.3 (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，例如減低吸煙產品的尼古丁含量(74.1%)、將法定購買吸煙產品年齡由18歲調高至21歲(72.5%)、及禁止調味吸煙產品(61.6%)等。
- 超過一半的受訪者同意香港禁止銷售(62.0%)及使用(61.9%)任何吸煙產品。
- 超過一半(59.8%)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。
- 超過一半的受訪者同意禁止某一年之後出生的人士吸煙(67.8%)及購買吸煙產品(63.5%)。

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部分題目的初步結果，其他主要結果亦會按需要適時公佈。

### Opinions on future tobacco control policies

- Various tobacco control measures gained strong public support, such as reducing the nicotine content of smoking products (74.1%), raising the legal age of sale of smoking products from 18 to 21 years (72.5%), and banning flavoured tobacco products (61.6%), etc.
- More than half respondents supported to ban the sale (62.0%) and use (61.9%) of any smoking products in Hong Kong.
- Over half (59.8%) respondents agreed to ban smoking if the smoking prevalence of Hong Kong decreases to 5% or below.
- Over half the respondents agreed to ban smoking in (67.8%) and sale of smoking products (63.5%) 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2024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110頁至第135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2024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》真實而中肯地反映了 貴會於2024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 2024

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 110 to 135, which comprise the statement of financial position as at 31 March 2024, 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 2024, and of its financial performance and its cash flows for the year then ended in accordance with Hong Kong Financial Reporting Standards ("HKFRSs") issued by the Hong Kong Institute of Certified Public Accountants ("HKICPA").

## Basis for Opinion

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

## 財務報表及其核數師報告以外的信息

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

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

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

## 委員會成員及治理層就財務報表須承擔的責任

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

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

治理層須負責監督 貴會的財務報告過程。

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

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

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

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

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

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

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

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



## 核數師就審計財務報表承擔的責任

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

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

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

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

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

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

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

## 核數師就審計財務報表承擔的責任 (續)

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

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

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

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

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



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

香港，2024年6月21日 Hong Kong, 21 June 2024

# 全面收益表

## Statement of Comprehensive Income

截至2024年3月31日止年度  
For the year ended 31 March 2024

(港幣)	(HK\$)	附註 Note	二零二四年 2024	二零二三年 2023
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		30,612,236	26,805,576
銀行利息收入	Bank interest income		40,685	5,075
雜項收入	Sundry income		6,970	3,472
			30,659,891	26,814,123
支出	EXPENDITURE			
批准職位編製	Approved establishment	3	7,740,629	7,589,977
項目員工	Project staff	4	2,310,696	1,842,085
宣傳及推廣費用	Publicity and promotion expenses		16,098,816	12,498,682
會議費用	Conference expenses		54,764	359,764
辦公室租金、差餉及 管理費	Office rent, rates and management fee		515,695	489,988
貨倉租金及費用	Warehouse rent and expenses		39,169	54,901
維修及保養費用	Repairs and maintenance		289,848	242,843
清潔工資及費用	Cleaning wages and fees		108,890	75,387
物業、機器及設備 之折舊	Depreciation on property, plant and equipment		254,675	195,339
使用權資產之折舊	Depreciation on right-of-use assets		2,421,561	2,421,561
保險	Insurance		99,644	92,589
電費	Electricity		70,320	69,389
電話及通訊費用	Telephone and communication expenses		41,334	51,508
職工招募費用	Recruitment expenses		41,309	75,462
法律、專業及核數費用	Legal, professional and audit fees		33,900	32,900
辦公室設備	Office equipment		30,187	26,494
郵費	Postage		1,600	6,350
印刷及文具	Printing and stationery		74,676	73,944
租賃負債之利息支出	Interest expense on lease liabilities		74,083	111,351
雜項支出	Sundry expenses		27,050	58,445
			30,328,846	26,368,959
本年度盈餘	SURPLUS FOR THE YEAR	5	331,045	445,164
本年度全面收入	TOTAL COMPREHENSIVE INCOME FOR THE YEAR		331,045	445,164



財務狀況表  
Statement of Financial Position

於2024年3月31日  
At 31 March 2024

(港幣)	(HK\$)	附註 Note	二零二四年 2024	二零二三年 2023
<b>非流動資產</b>	<b>NON-CURRENT ASSETS</b>			
物業、機器及設備	Property, plant and equipment	7	583,821	692,179
使用權資產	Right-of-use assets	8	2,346,372	4,767,933
			2,930,193	5,460,112
<b>流動資產</b>	<b>CURRENT ASSETS</b>			
按金及預付款項	Deposits and prepayments	9	805,865	808,199
銀行及現金結存	Bank and cash balances		691,327	821,188
			1,497,192	1,629,387
<b>減：流動負債</b>	<b>Less: CURRENT LIABILITIES</b>			
應付費用	Accrued charges		1,035,540	1,254,358
暫收款	Temporary receipt		31,062	–
租賃負債 – 短期部份	Lease liabilities – current portion	10	2,390,005	2,418,713
年假撥備	Provision for annual leave entitlements		333,182	344,901
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	430,532	374,971
			4,220,321	4,392,943
<b>流動負債</b>	<b>NET CURRENT LIABILITIES</b>		(2,723,129)	(2,763,556)
<b>總資產減流動負債</b>	<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>		207,064	2,696,556
<b>非流動負債</b>	<b>NON-CURRENT LIABILITIES</b>			
租賃負債 – 長期部份	Lease liabilities – non-current portion	10	–	(2,390,005)
<b>淨資產</b>	<b>NET ASSETS</b>		207,064	306,551
等於： 累積盈餘	representing: <b>ACCUMULATED SURPLUS</b>		207,064	306,551

委員會於2024年6月21日通過及批准發佈於  
第110頁至第135頁的財務報表。

The financial statements on pages 110 to 135 were approved  
and authorized for issue by the Council on 21 June 2024.

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

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

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

# 權益變動表

## Statement of Changes in Equity

截至2024年3月31日止年度  
For the year ended 31 March 2024

(港幣)	(HK\$)	附註 Note	二零二四年 2024	二零二三年 2023
累積盈餘	Accumulated surplus			
上年度轉來之盈餘	Surplus brought forward		306,551	236,358
本年度盈餘／本年度全面收入	Surplus for the year/Total comprehensive income for the year		331,045	445,164
應退回衛生署之經調整盈餘	Adjusted surplus refundable to the Department of Health	11	(430,532)	(374,971)
本會應佔之(虧損)／盈餘	(Deficits)/Surplus attributable to the Council		(99,487)	70,193
撥入下年度之盈餘	Surplus carried forward		207,064	306,551

# 現金流量表

## Cash Flow Statement

截至2024年3月31日止年度  
For the year ended 31 March 2024

(港幣)	(HK\$)	二零二四年 2024	二零二三年 2023
營運活動之現金流量	CASH FLOWS FROM OPERATING ACTIVITIES		
本年度盈餘	Surplus for the year	331,045	445,164
調整：	Adjustments for:		
利息收入	Interest income	(40,685)	(5,075)
利息支出	Interest expense	74,083	111,351
物業、機器及設備之折舊	Depreciation on property, plant and equipment	254,675	195,339
使用權資產之折舊	Depreciation on right-of-use assets	2,421,561	2,421,561
營運資金變動前之營運盈餘	Operating surplus before working capital changes	3,040,679	3,168,340
按金及預付款項之減少	Decrease in deposits and prepayments	2,334	41,108
應付費用之(減少)/增加	(Decrease)/Increase in accrued charges	(218,818)	195,462
暫收款之增加	Increase in temporary receipt	31,062	–
年假撥備之(減少)/增加	(Decrease)/Increase in provision for annual leave entitlements	(11,719)	5,948
營運活動所產生之淨現金	NET CASH GENERATED FROM OPERATING ACTIVITIES	2,843,538	3,410,858
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	(146,317)	(311,596)
已收利息	Interest received	40,685	5,075
投資活動所使用之淨現金	NET CASH USED IN INVESTING ACTIVITIES	(105,632)	(306,521)
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	(374,971)	(262,530)
已付租賃租金之資本部份	Capital element of lease rentals paid	(2,418,713)	(2,381,445)
已付租賃租金之利息部份	Interest element of lease rentals paid	(74,083)	(111,351)
融資活動所使用之淨現金	NET CASH USED IN FINANCING ACTIVITIES	(2,867,767)	(2,755,326)
現金及現金等值之 淨(減少)/增加	NET (DECREASE)/INCREASE IN CASH AND CASH EQUIVALENTS	(129,861)	349,011
年初現金及現金等值結存	CASH AND CASH EQUIVALENTS AT BEGINNING OF THE YEAR	821,188	472,177
年終現金及現金等值結存	CASH AND CASH EQUIVALENTS AT END OF THE YEAR	691,327	821,188
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	691,327	821,188



# 財務報表附註

## Notes to the Financial Statements

截至2024年3月31日止年度  
For the year ended 31 March 2024

### 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(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。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。相關說明記載於附註15。

### 1. General

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

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

### 2. Material Accounting Policies

#### (a) Basis of preparation

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

The HKICPA has issued certain new and revised HKFRSs that are first effective for the current accounting year of the Council. The application of new and revised HKFRSs has no material effect on the results and financial position of the Council for the current and prior accounting years and/or on the disclosures set out in these financial statements.

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

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

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

### (b) Revenue recognition

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

## 2. 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\$)	二零二四年 2024	二零二三年 2023
薪金及津貼	Salaries and allowances	7,560,410	7,384,116
強積金供款	Mandatory provident fund contributions	196,428	189,836
年假(撥備回撥)/撥備	Provision for annual leave entitlements (written back)/made	(16,209)	16,025
		7,740,629	7,589,977

4. 項目員工

4. Project Staff

(港幣)	(HK\$)	二零二四年 2024	二零二三年 2023
薪金	Salaries	2,212,728	1,775,169
強積金供款	Mandatory provident fund contributions	93,478	76,993
年假撥備／(撥備回撥)	Provision for annual leave entitlements made/(written back)	4,490	(10,077)
		2,310,696	1,842,085

5. 本年度盈餘

5. Surplus for the Year

本年度盈餘已扣除下列費用：

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

(港幣)	(HK\$)	二零二四年 2024	二零二三年 2023
員工成本*	Staff costs*	10,139,882	9,492,542

\* 包括支付定額供款退休保障計劃供款共港幣291,163元(2023年：港幣266,829元)。

\* including contribution of HK\$291,163 (2023: HK\$266,829) to defined contribution provident fund scheme.

6. 委員會成員的酬金

6. Council Members' Remuneration

本會所有委員會成員於本年度內均未  
有因向本會提供服務而收取酬金(2023  
年：無)。

None of the Council members received any  
remuneration in respect of their services to the Council  
during the year (2023: Nil).



## 7. 物業、機器及設備

## 7. Property, Plant and Equipment

(港幣)	(HK\$)	租賃物業 改良工程 Leasehold improvements	傢俬 及裝置 Furniture and fixtures	辦公室 設備 Office equipment	總額 Total
<b>成本</b>	<b>Cost</b>				
於2022年3月31日	At 31 March 2022	186,645	289,031	912,215	1,387,891
添置	Additions	–	–	311,596	311,596
撇除	Disposal	–	–	(3,358)	(3,358)
於2023年3月31日	At 31 March 2023	186,645	289,031	1,220,453	1,696,129
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
<b>累積折舊</b>	<b>Accumulated depreciation</b>				
於2022年3月31日	At 31 March 2022	45,792	142,727	623,450	811,969
截至2023年3月31日 止年度計提	Charge for the year ended 31 March 2023	49,627	44,009	101,703	195,339
撇除時回撥	Written-back on disposal	–	–	(3,358)	(3,358)
於2023年3月31日	At 31 March 2023	95,419	186,736	721,795	1,003,950
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
<b>帳面淨值</b>	<b>Net book value</b>				
於2024年3月31日	At 31 March 2024	41,599	60,265	481,957	583,821
於2023年3月31日	At 31 March 2023	91,226	102,295	498,658	692,179

## 報告 Reports

## 8. 使用權資產

(港幣)

## 8. Right-of-use Assets

(HK\$)

<b>成本</b>	<b>Cost</b>	
於2022年3月31日	At 31 March 2022	902,258
添置	Additions	6,362,424
於2023年3月31日及 2024年3月31日	At 31 March 2023 and 31 March 2024	7,264,682
<b>累積折舊</b>	<b>Accumulated depreciation</b>	
於2022年3月31日	At 31 March 2022	75,188
截至2023年3月31日止年度計提	Charge for the year ended 31 March 2023	2,421,561
於2023年3月31日 截至2024年3月31日止年度計提	At 31 March 2023 Charge for the year ended 31 March 2024	2,496,749 2,421,561
於2024年3月31日	At 31 March 2024	4,918,310
<b>帳面淨值</b>	<b>Net book value</b>	
於2024年3月31日	At 31 March 2024	2,346,372
於2023年3月31日	At 31 March 2023	4,767,933

## 9. 按金及預付款項

預期會於一年後收回之按金為港幣545,898元(2023年：港幣540,898元)，預付款項港幣259,967元(2023年：港幣267,301元)將會於一年內全數記入費用。

## 9. Deposits and Prepayments

The amount of deposits expected to be recovered after one year is HK\$545,898 (2023: HK\$540,898). The prepayments in sum of HK\$259,967 (2023: HK\$267,301) are expected to be recognized as expenses within one year.

## 10. 租賃負債

## 10. Lease Liabilities

(港幣)	(HK\$)	二零二四年 2024	二零二三年 2023
年初結餘	Balance at beginning of the year	4,808,718	827,739
應付租賃付款的現值	Present value of the lease payments	–	6,362,424
利息支出	Interest expense	74,083	111,351
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	2,390,005	4,808,718

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\$)	二零二四年 2024	二零二三年 2023
短期部份	Current portion	2,390,005	2,418,713
長期部份	Non-current portion	–	2,390,005
		2,390,005	4,808,718

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\$)	二零二四年 2024	二零二三年 2023
帳面值	Carrying amount	2,390,005	4,808,718
合約現金流總額	Total contractual cash flow		
– 應要求即付或於一年內	– Within one year or on demand	2,415,396	2,492,796
– 超過一年但少於兩年	– More than 1 year but less than 2 years	–	2,415,396
		2,415,396	4,908,192



## 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\$)	二零二四年 2024	二零二三年 2023
本年度盈餘	Surplus for the year	331,045	445,164
加：物業、機器及設備之折舊	Add: Depreciation on property, plant and equipment	254,675	195,339
使用權資產之折舊	Depreciation on right-of-use assets	2,421,561	2,421,561
年假撥備	Provision for annual leave entitlements	—	5,948
租賃負債之利息支出	Interest expenses on lease liabilities	74,083	111,351
減：物業、機器及設備的添置	Less: Additions to property, plant and equipment	(146,317)	(311,596)
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	(11,719)	—
應退回衛生署的經調整盈餘	Adjusted surplus refundable to the Department of Health	430,532	374,971

## 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\$)	二零二四年 2024	二零二三年 2023
年初結餘	Balance at beginning of the year	4,808,718	827,739
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	(2,418,713)	(2,381,445)
已付租賃租金之利息部份	Interest element of lease rentals paid	(74,083)	(111,351)
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	—	6,362,424
利息支出	Interest expenses	74,083	111,351
其他變動總額	Total other changes	74,083	6,473,775
年末結餘	Balance at end of the year	2,390,005	4,808,718

## (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\$)	二零二四年 2024	二零二三年 2023
融資項目內	Within financing activities	2,492,796	2,492,796

## 13. 金融資產及金融負債

## (a) 金融資產及負債類別

## 13. Financial Assets and Liabilities

## (a) Categories of financial assets and liabilities

(港幣)	(HK\$)	二零二四年 2024	二零二三年 2023
<b>金融資產</b>	<b>Financial assets</b>		
流動資產 – 按攤銷成本值：	Current assets – at amortized cost:		
按金	Deposits	545,898	540,898
銀行及現金結存	Bank and cash balances	691,327	821,188
		1,237,225	1,362,086
<b>金融負債</b>	<b>Financial liabilities</b>		
流動負債 – 按攤銷成本值：	Current liabilities – at amortized cost:		
應付費用	Accrued charges	1,035,540	1,254,358
租賃負債 – 短期部份	Lease liabilities – current portion	2,390,005	2,418,713
年假撥備	Provision for annual leave entitlements	333,182	344,901
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	430,532	374,971
非流動負債 – 按攤銷 成本值：	Non-current liabilities – at amortized cost:		
租賃負債 – 長期部份	Lease liabilities – non-current portion	–	2,390,005
		4,189,259	6,782,948

### 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2024年及2023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2024年及2023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 2024 and 2023, 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 2024 and 2023. 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\$)	二零二四年 2024	二零二三年 2023
主要管理人員的報酬	Remuneration for key management personnel		
短期員工福利	Short-term employee benefits	2,028,000	2,205,634
離職後福利	Post-employment benefits	18,000	18,000
		2,046,000	2,223,634

## 15. 已頒佈但尚未生效之修訂、新準則及詮釋可能產生之影響

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

《香港會計準則》第1號之修訂本，負債分類為流動或非流動

《香港財務報告準則》第16號之修訂本，售後租回之租賃負債

於2024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 1, Classification of Liabilities as Current or Non-current*

*Amendments to HKFRS 16, Lease Liability in a Sales and Leaseback*

Effective for annual periods beginning on or after 1 January 2024

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

歐麗琮女士	Ms Maggie AU	馮志恒女士	Ms Cheryl FUNG
車錫英教授	Prof CHAIR Sek-ying	封螢醫生	Dr FUNG Ying
陳欣欣女士	Ms Cindy CHAN	夏鈺媛女士	Ms Fion HA
陳彥超醫生	Dr Eunice CHAN	夏德建先生	Mr HA Tak-kin
陳孝慈先生MH	Mr CHAN How-chi, MH	何主平先生	Mr HO Chu-ping
陳金鈞先生	Mr CHAN Kam-au	何世賢博士	Dr Daniel HO
陳厚毅醫生	Dr Kingsley CHAN	何詠珊女士	Ms Jessie HO
陳智恒先生	Mr Patrick CHAN	何萬里先生	Mr HO Man-li
陳沛然醫生	Dr Hon Pierre CHAN	何栢麟先生	Mr Mike HO
陳肇始教授GBS, 太平紳士	Prof Sophia CHAN, GBS, JP	古惠珊醫生	Dr Fanny KO
陳永安先生太平紳士	Mr CHAN Wing-on, JP	關嘉美醫生	Dr Betty KWAN
陳敏先生	Mr Willy CHEN	關愛冰女士	Ms Robin KWAN
鄭寶寶女士	Ms Peggy CHENG	黎杰芝醫生	Dr Ruby LAI
鄭煒杰先生	Mr CHENG Wai-kit	賴子文先生MH	Mr LAI Tsz-man, MH
張翠芬女士	Ms Connie CHEUNG	賴嘉汶女士	Ms LAI Ka-man
張懿德博士	Dr Derek CHEUNG	林正財醫生SBS, 太平紳士	Dr Hon LAM Ching-choi, SBS, JP
錢婉婷女士	Ms Tina CHIN	林順潮醫生太平紳士	Dr Dennis LAM, JP
程偉權醫生	Dr CHING Wai-kuen	林祖光先生	Mr LAM Cho-kwong
趙佩燕醫生太平紳士	Dr Amy CHIU, JP	林沛堅醫生	Dr Rex LAM
蔡翩翩博士	Dr Sandy CHOI	林文健醫生太平紳士	Dr Ronald LAM, JP
周安琪女士	Ms Angela CHOW	林大慶教授BBS, 太平紳士	Prof LAM Tai-hing, BBS, JP
周瑞玲女士	Ms Katherine CHOW	林淑文女士	Ms Zoe LAM
周雨發醫生	Dr CHOW Yu-fat	劉文文女士BBS, MH, 太平紳士	Ms Lisa LAU, BBS, MH, JP
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方綺文女士	Ms Joanne FONG	李夏茵醫生太平紳士	Dr Libby LEE, JP

## 個人 Individuals

李慶華先生	Mr Vincent LEE	鄧善恒先生	Mr TANG Sin-hang
李蘊儀女士	Ms LEE Wan-yee	曾立基先生	Mr Richard TSANG
李伊瑩女士	Ms LEE Yi-ying	謝健強先生	Mr TSE Kin-keung
梁嘉倫先生	Mr Charles LEUNG	謝凌茵女士	Ms Veronica TSE
梁福厚先生	Mr Eric LEUNG	梁永昌醫生	Dr LEUNG Wing-cheong
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陸思琳女士	Ms Christina LUK	黃仰山教授	Prof Samuel WONG
陸子璿博士	Dr Kevin LUK	黃慧賢醫生	Dr WONG Wei-yin
馬靜雯女士	Ms Mandy MA	黃詠婷女士	Ms WONG Wing-ting
馬澤華先生MH, CStJ	Mr Stephen MA, MH, CStJ	蔡芷珊女士	Ms Hailey TSOI
馬麗霞女士	Ms Zoe MA	溫鐵亮先生	Mr WAN Tit-leung
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麥億昌博士	Dr Marco MAK	游雯女士	Ms Bonnie YAU
吳偉麟先生	Mr Alan NG	邱潔瑩女士	Ms Kimmi YAU
吳婉琳女士	Ms Emily NG	楊協和醫生	Dr Victor YEUNG
吳澤恒先生	Mr Matthew NG	楊耀昌醫生	Dr YEUNG Yiu-cheong
倪珍莉醫生	Dr Jenny NGAI	葉志濤先生	Mr YIP Chi-tao
彭嫻甄女士	Ms Sophie PANG	葉敏琪女士	Ms Mandy YIP
蘇麗珍女士MH, 太平紳士	Ms Ann SO, MH, JP	余健強先生太平紳士	Mr Edward YU, JP
蘇淑芳女士	Ms Lavery SO	袁月嫦博士	Dr Carol YUEN
鄧麗娥女士	Ms TANG Lai-ngo	左羽申女士	Ms Risen ZUO



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政府部門 Government Departments

組織 Organizations

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



# 各常務委員會之職能範圍

## Terms of Reference of Standing Committees

### 甲、行政委員會

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

### 乙、法例委員會

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

### 丙、教育及宣傳委員會

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

### A. Executive Committee

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

### B. Legislation Committee

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

### C. Education and Publicity Committee

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

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

## 丁、社區聯絡委員會

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

## 戊、資訊及研究委員會

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

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

## D. Community Liaison Committee

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

## E. Information and Research Committee

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

# 第十二屆「戒煙大贏家」比賽

2024年6月 第三十四號報告書



## 第十二屆「戒煙大贏家」比賽—— 已戒煙者提供的手機通訊戒煙支援對提升戒煙率的成效

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<sup>1</sup>香港大學護理學院

<sup>2</sup>香港吸煙與健康委員會

<sup>3</sup>香港大學公共衛生學院

### 1. 引言

雖然香港的吸煙率並不高 (2021年為9.5%)<sup>1</sup>，但吸煙仍然為香港帶來沉重的健康和經濟負擔，包括每年近7,000人死亡和約56億港元的經濟損失<sup>2</sup>。研究已證實，每兩個吸煙人士當中，就有一個會因吸煙而提早死亡<sup>3</sup>。青少年的吸煙率低，部分吸煙人士已經戒煙，現時仍有吸煙習慣者多為資深吸煙人士，難以戒煙<sup>4</sup>。儘管有不同機構提供免費的戒煙服務，吸煙人士很少主動尋求這些戒煙服務<sup>1</sup>。為響應世界衛生組織減少吸煙的目標，香港政府訂立在2025年或之前降低吸煙率至7.8%的目標。要激勵和幫助吸煙人士戒煙，香港需要一項簡單而新穎的戒煙干預措施。

「戒煙大贏家」比賽是由香港吸煙與健康委員會 (委員會) 每年舉辦的戒煙推廣活動，與香港大學護理學院和公共衛生學院 (香港大學)、地區服務團體和不同界別合作，主動接觸社區吸煙人士，鼓勵他們嘗試並實踐戒煙。比賽亦提供了一個獨特的平台進行和評估隨機對照試驗研究，以開發和改進適用於公共衛生的新穎戒煙干預措施。

在智能手機和網路被廣泛使用下，令透過手提電話 (如短訊和即時通訊) 進行戒煙干預措施變得便利。與短訊相比，

即時通訊可以進行實時及互動的溝通，使醫護人員能夠提供個人化的健康資訊和行為干預措施。第8屆「戒煙大贏家」比賽的研究結果顯示，即時通訊輔導能有效提高戒煙率<sup>5</sup>。另有研究分析進一步說明，參與即時通訊輔導與戒煙成功率有顯著關係，但參與程度一般較低<sup>5-7</sup>。有質性研究建議，由成功戒煙人士提供戒煙輔導可能在增強參與度和保留率方面發揮關鍵作用<sup>8</sup>。通過提供情緒支援和分享自己的戒煙經歷，成功戒煙人士可以作為夥伴支援者和榜樣，並提供寶貴的意見，幫助吸煙人士克服戒煙過程的挑戰。然而，由成功戒煙人士提供的戒煙輔導，較常用於面對面的形式，很少透過即時通訊形式進行。

為了推廣和評估創新的社區戒煙干預措施，委員會與香港大學、地區合作夥伴合作舉辦了第12屆「戒煙大贏家」比賽，並進行一項兩組比較的隨機對照試驗研究，以比較接受由成功戒煙人士提供的夥伴戒煙支援配以簡短戒煙建議 (AWARD建議) 與透過短訊接收關於吸煙害處和戒煙好處的一般建議，對提高戒煙率的成效。

## 2. 方法

### 2.1 招募

第12屆「戒煙大贏家」比賽在2021年6月至10月期間，於全港18區的吸煙熱點、商場、公共屋邨、街道及由支持機構提供之場地進行76場招募活動；亦與懲教署合作為赤柱監獄、壁屋監獄、羅湖懲教所和塘福懲教所的在囚人士提供特定的戒煙輔助。93名大學生和義工經過訓練後成為無煙大使，在招募攤位及附近主動接觸吸煙人士，鼓勵他們參加「戒煙大贏家」比賽，並邀請符合條件的吸煙人士參與研究，在基線時提供簡短戒煙建議。

參加隨機對照試驗研究須符合以下條件：

- 年滿18歲或以上及持有香港身份證；
- 在過去三個月中，每天吸食至少一支捲煙或加熱煙，或每天使用電子煙；
- 能以廣東話溝通及閱讀中文；
- 唾液中可的寧水平達到30 ng/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。

所有合資格的參加者在接受戒煙干預前，都必須填寫登記表格及簽署書面同意書，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作隨機區組。參加者會以1:1的比例隨機分配到干預組和對照組。由於干預的性質，無法對參加者的分組情況完全保密。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。

在招募時，參加者可選擇參加「戒煙大贏家」大抽獎組別或「戒煙大使」組別。大抽獎組別中，十名於三個月跟進時通過生物化學測試核實成功戒煙的參加者，各贏取價值港幣5,000元的超級市場購物禮券。另外，在「戒煙大使」組別中，有三名成功通過生物化學測試核實戒煙的參加者經委員會遴選面試獲選為「戒煙大贏家」的得主，並分別贏得價值港幣25,000元(冠軍)、港幣15,000元(亞軍)及港幣10,000元(季軍)的電子產品購物禮券。兩個組別的獲獎者的提名人均會獲得港幣1,000元的超市購物禮券。

### 2.2 戒煙干預與跟進

**干預組：**參加者會在基線時接受面授的簡短戒煙干預，包括AWARD簡短戒煙建議、健康警告單張、戒煙服務轉介卡和12頁自助戒煙小冊子。AWARD簡短戒煙建議內容包括：(1) 詢問吸煙情況 (Ask)；(2) 利用唾液測試結果和健康警告單張警告繼續吸煙的危害(Warn)；(3) 建議參加者儘快戒煙 (advice)；(4) 轉介參加者至現有戒煙服務(Refer)；及(5) 再次重覆以上相關建議 (Do-it-again)。

隨機分組後，干預組的參加者將被分配到一個由三人組成的即時通訊應用程式聊天群組，群組其他成員包括一名戒煙輔導員和一名擔當戒煙夥伴的成功戒煙人士。研究人員會按照參加者性別、年齡和教育水平，分配至與相近的戒煙夥伴同一聊天群組。

戒煙輔導員會定期分享有實證基礎的戒煙策略 (如訂下戒煙日期)、解決問題技巧 (如應對吸煙渴望和退癮症狀、拒煙和預防復吸的技巧) 和戒煙好處的訊息。參加者亦會獲得戒煙服務的資訊和使用服務的建議。根據五種正向心理練習原則，包括記下三件好事、感恩回溯、品味生活、回想善行和主動建構式回應，而設計的20則定期訊息，在首兩個月每星期隨機發送兩次，在第三個月每星期發送一次。這些信息內容亦會按參加者的要求或偏好而進一步調整。

此外，在隨機分組後三個月，干預組的參加者接受由戒煙夥伴透過即時通訊提供個人化的戒煙支援。戒煙夥伴加入三人聊天群組後，會介紹自己及簡單分享自身戒煙經驗，以提高參加者的興趣。戒煙夥伴與參加者之間的互動強度取決於參加者因而有所不同。參加者提出有關戒煙的諮詢時，戒煙夥伴會分享以往戒煙經歷，包括戒煙方法、應對煙癮和退癮症狀的技巧、拒絕朋友吸煙邀請的策略，以及建立無煙環境的經驗。部份戒煙夥伴亦會分享使用尼古丁替代療法或中醫針灸等戒煙服務的經驗，並建議參加者使用。參加者可隨時在三人聊天群組中發送訊息，戒煙夥伴通常會在即日回覆。

**對照組：**參加者在基線時接受相同的AWARD簡短戒煙建議，並在基線後三個月內收到六條定期訊息。訊息內容包括簡單的戒煙建議和提醒進行電話跟進。

**非研究組別和懲教署組別：**參加「戒煙大使」組別或不符合參加隨機對照試驗資格的參加者會分配至非研究組，並接受與對照組相同的戒煙干預 (即AWARD簡短戒煙建議和定期訊息)。從懲教署招募的參加者會編入懲教署組，在基線時接受相同的AWARD簡短戒煙建議，並提供健康教育短片



作跟進戒煙干預。懲教署組別會被排除在數據分析之外，以確保社區吸煙人士的同質性結果。

所有參加者在基線後的第一、二、三和六個月接受跟進，並評估吸煙情況和其他相關特質。研究組別和非研究組別的參加者通過電話進行跟進調查，而懲教署組別的參加者則通過自我評估問卷調查。每次跟進都會紀錄所有參加者的戒煙行為，包括每日吸煙量和戒煙嘗試次數等。在三個月和六個月跟進時，亦會評估戒煙的自我效能。此外，在一個月和二個月跟進時，研究員會協助參加者預約或重新預約戒煙服務。問卷的內容是根據之前的「戒煙大贏家」比賽的問卷調整。

在每次電話跟進時期，參加者會收到最多七次來電和一個語音留言，仍未能聯繫的參加者則被視為失訪個案。在三個月和六個月的跟進中，自我報告過去七天內完全沒有吸煙的參加者會獲邀請進行生物化學測試（一氧化碳呼氣測試和可的寧唾液測試），以核實戒煙情況。每次通過測試的參加者均可獲得港幣500元的現金獎勵。

研究的主要結果為六個月跟進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及唾液可的寧濃度低於30 ng/mL）。次要結果包括：三個月跟進的生物化學測試核實戒煙率；三、六個月跟進時自我報告過去七天內完全沒有吸煙的戒煙率；戒煙服務使用率；減少吸煙率（與基線相比減少吸煙量一半或以上的比率）；戒煙嘗試次數。

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的主要和次要結果，以及戒煙重要性、困難度和自信度的認知。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（即假定缺失數據的參加者的吸煙行為在基線調查後沒有改變）和完整資料個案分析（排除缺失數據的參加者）進行分析。參加者戒煙的原因、戒煙方法、退癮症狀、社交支持、戒煙輔助工具使用情況以及對電話跟進的意見亦會被評估。

### 3. 結果

在2021年6月12日至10月31日期間，合共在全港18區的商場和公共場所舉辦了76場招募活動。超過100,000名市民經過並注意到招募攤位，共計超過17,000名市民就比賽和戒煙資訊作查詢，或參與了招募攤位中的活動。無煙大使共接觸超過5,700名吸煙人士及向超過9,000名吸煙人士派發戒煙宣傳資料。

在招募到的1,498名吸煙人士中，有1,461名合資格參加第12屆「戒煙大贏家」比賽。當中，311人（21.3%）參加了「戒煙大使」組別或非研究組別，45人（3.1%）參加懲教署組別，1,105人（75.6%）參加隨機對照試驗研究，並被隨機分配到干預組（人數=553）或對照組（人數=552）。排除懲教署組別後，1,416名參加者的結果會在本報告闡述。

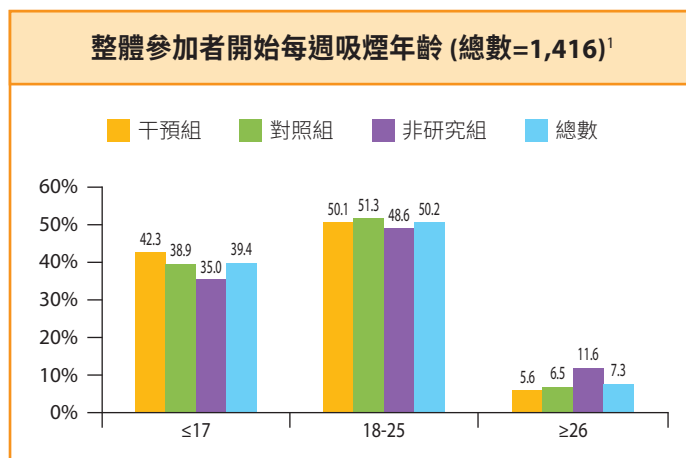
#### 3.1 基線人口特徵

表一顯示，在1,416名參加者中，大多數為男性（79.9%）、年齡在18至49歲之間（64.0%）。有54.0%的參加者已婚，24.2%與子女同住。大部分的參加者具中學教育程度取得了中學教育（62.7%），並且是自僱或受僱人士（78.1%）。近半的參加者租住在公共房屋（46.3%）、家庭每月收入低於港幣25,000元（47.0%）。

#### 3.2 吸煙概況

參加者開始吸煙的平均年齡是18.7歲（標準差=5.5），大部分（89.6%）參加者在25歲或之前開始每周吸煙，在18歲之前開始每週吸煙的有39.4%（圖一）。超過一半的參加者每日吸食不多於10支捲煙（52.8%）（圖二），參加者平均每日吸煙量為13.9支（標準差=10.0）。絕大部份的參加者的尼古丁依賴程度屬輕微至中度（93.8%）（圖三）。只有29.0%的參加者在過去一年內曾嘗試戒煙（圖四），而大部份在基線調查時有準備戒煙（70.1%）（圖五）。

圖一

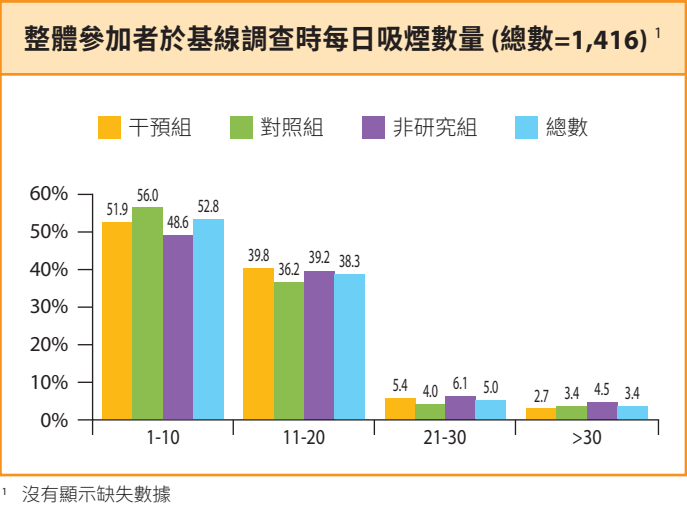


<sup>1</sup> 沒有顯示缺失數據

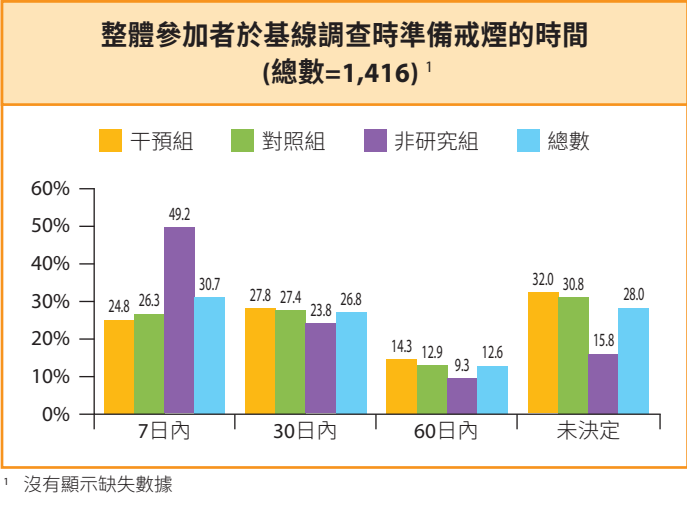
表一 參加者基線人口特徵 (總數=1,416)

	總數 (人數=1,416)	干預組 (人數=553)	對照組 (人數=552)	非研究組(人數=311)
<b>性別</b>				
男	1,131 (79.9)	442 (79.9)	423 (76.6)	266 (85.5)
女	282 (19.9)	111 (20.1)	128 (23.2)	43 (13.8)
缺失數據	3 (0.2)	0 (0.0)	1 (0.2)	2 (0.6)
<b>年齡 (歲)</b>				
18-29	299 (21.1)	113 (20.4)	131 (23.7)	55 (17.7)
30-39	298 (21.1)	115 (20.8)	110 (19.9)	73 (23.5)
40-49	309 (21.8)	123 (22.2)	114 (20.7)	72 (23.2)
50-59	237 (16.7)	86 (15.6)	98 (17.8)	53 (17.0)
>60	259 (18.3)	111 (20.1)	93 (16.8)	55 (17.7)
缺失數據	14 (1.0)	5 (0.9)	6 (1.1)	3 (1.0)
<b>婚姻狀況</b>				
單身	515 (36.4)	214 (38.7)	210 (38.0)	91 (29.3)
已婚	765 (54.0)	281 (50.8)	290 (52.5)	194 (62.4)
離婚/喪偶	107(7.6)	47(8.5)	41(7.4)	19(6.1)
缺失數據	29 (2.0)	11 (2.0)	11 (2.0)	7 (2.3)
<b>與子女同住</b>				
否	851 (60.1)	367 (66.4)	338 (61.2)	146 (47.0)
是	343 (24.2)	126 (22.8)	136 (24.6)	81 (26.1)
缺失數據	222 (15.7)	60 (10.9)	78 (14.1)	84 (27.0)
<b>教育程度</b>				
小學程度或以下	88 (6.2)	36 (6.5)	31 (5.6)	21 (6.8)
中學程度	888(62.7)	348(62.9)	352(63.8)	188(60.5)
大專或以上	406 (28.7)	153 (27.7)	160 (29.0)	93 (29.9)
缺失數據	34 (2.4)	16 (2.9)	9 (1.6)	9 (2.9)
<b>就業情況</b>				
學生	45 (3.2)	15 (2.7)	21 (3.8)	9 (2.9)
自僱/受僱	1,106 (78.1)	432 (78.1)	430 (77.9)	244 (78.5)
待業	75 (5.3)	30 (5.4)	30 (5.4)	15 (4.8)
家庭主婦	39 (2.8)	13 (2.4)	18 (3.3)	8 (2.6)
退休	124 (8.8)	53 (9.6)	44 (8.0)	27 (8.7)
缺失數據	27 (1.9)	10 (1.8)	9 (1.6)	8 (2.6)
<b>居住情況</b>				
租住公共房屋	655 (46.3)	256 (46.3)	257 (46.6)	142 (45.7)
自置公共房屋	151 (10.7)	53 (9.6)	62 (11.2)	36 (11.6)
租住私人房屋	293 (20.7)	119 (21.5)	110 (19.9)	64 (20.6)
自置私人房屋	233 (16.5)	87 (15.7)	96 (17.4)	50 (16.1)
其他	45 (3.2)	20 (3.6)	15 (2.7)	10 (3.2)
缺失數據	39 (2.8)	18 (3.3)	12 (2.2)	9 (2.9)
<b>家庭月收入 (港幣)</b>				
少於25,000	666 (47.0)	269 (48.6)	268 (48.6)	129 (41.5)
25,000-60,000	547 (38.6)	199 (36.0)	200 (36.2)	148 (47.6)
60,000 以上	142 (10.0)	59 (10.7)	59 (10.7)	24 (7.7)
缺失數據	61 (4.3)	26 (4.7)	25 (4.5)	10 (3.2)

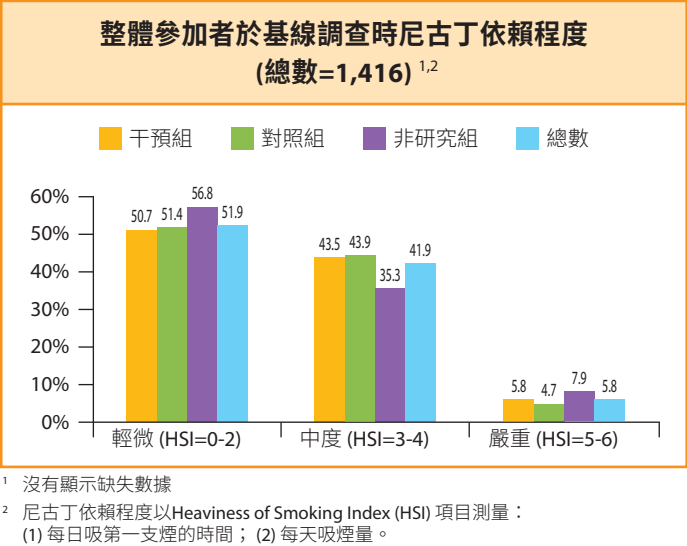
圖二



圖五



圖三

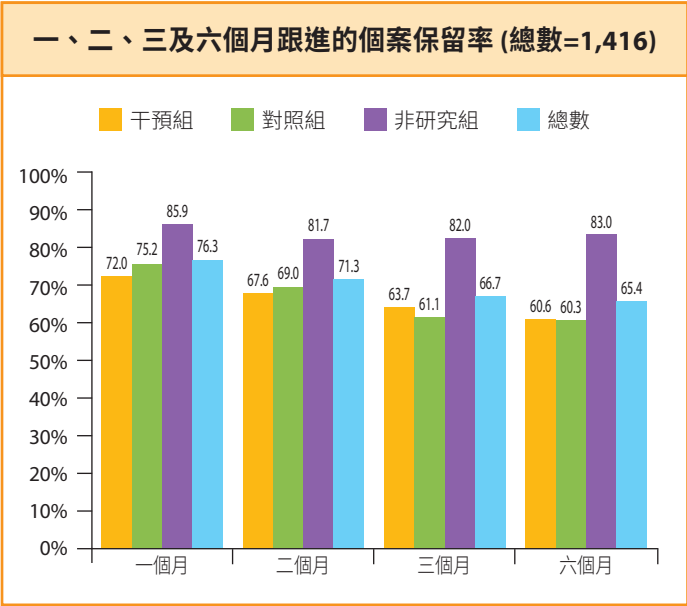


3.3 研究結果

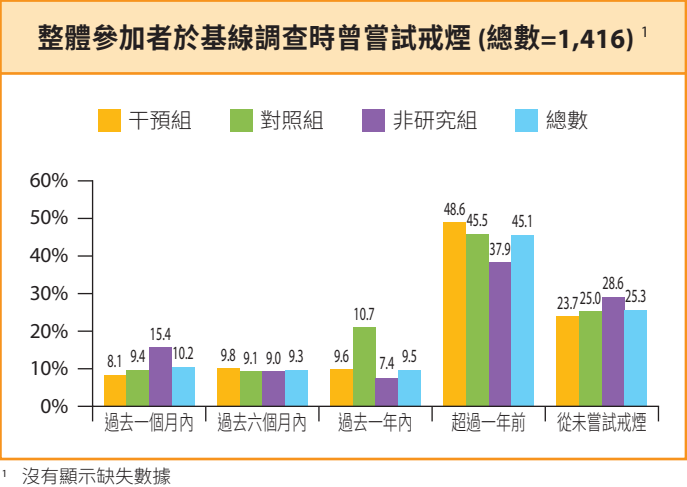
個案保留率

在所有1,416名參加者中，分別有1,080名 (76.3%)、1,009名 (71.3%)、944名 (66.7%) 和926名 (65.4%) 在一、二、三和六個月時完成電話跟進 (圖六)。干預組和對照組的保留率在一個月跟進 (72.0%比 75.2%，P值=0.23)；二個月跟進 (67.6%比69.0%，P值=0.62)；三個月跟進 (63.7%比 61.1%，P值=0.37)；以及六個月跟進 (60.6%比60.3%，P值=0.93) 均相若。

圖六



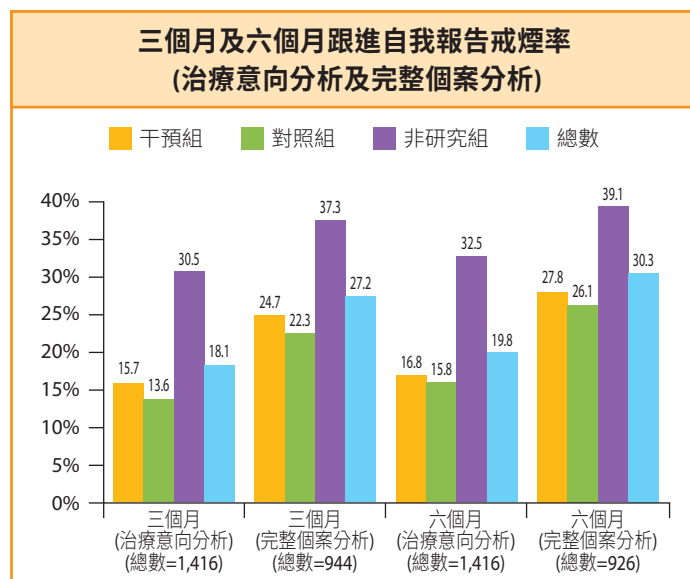
圖四



### 三個月和六個月跟進的自我報告戒煙率

根據治療意向分析，三個月和六個月跟進時的整體自我報告戒煙率（在過去七天內完全沒有吸煙）分別為18.1%和19.8%。干預組和對照組的自我報告戒煙率在三個（15.7%比13.6%， $P=0.31$ ）和六個月跟進時（16.8%比15.8%， $P=0.63$ ）相若。完整個案分析亦得出類似結果（圖七）。

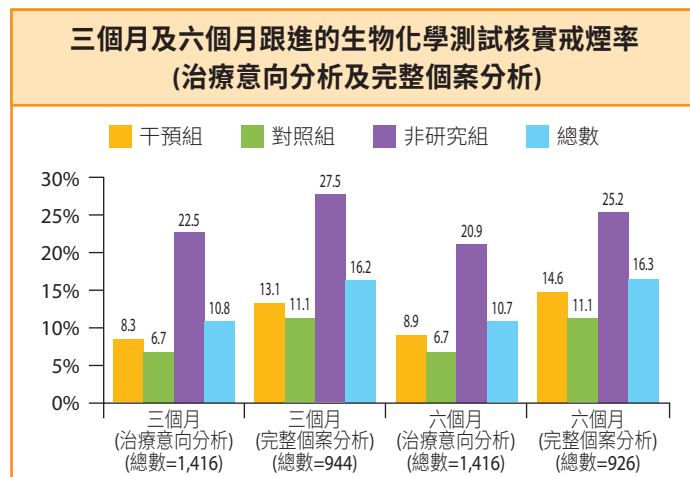
圖七



### 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，整體經生物化學測試核實的戒煙率在三個和六個月跟進時分別為10.8%及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（8.3%比6.7%， $P=0.31$ ）和六個月跟進時（8.9%比6.7%， $P=0.18$ ）並沒有顯著差異（圖八）。

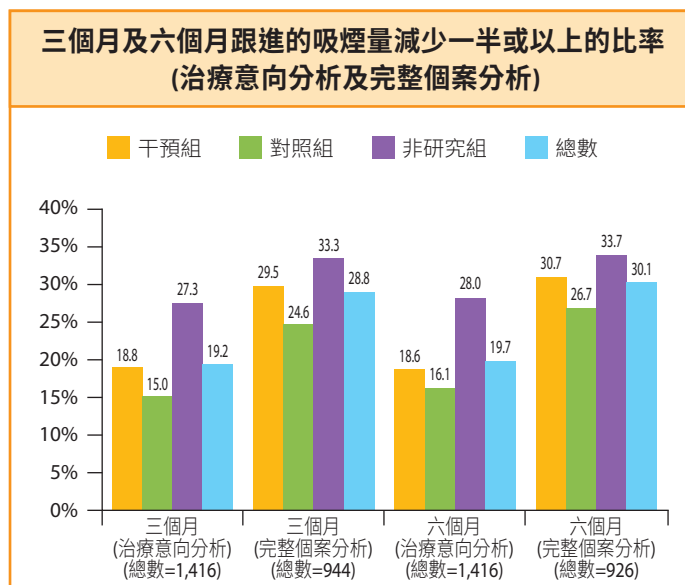
圖八



### 三個月和六個月跟進的減煙率

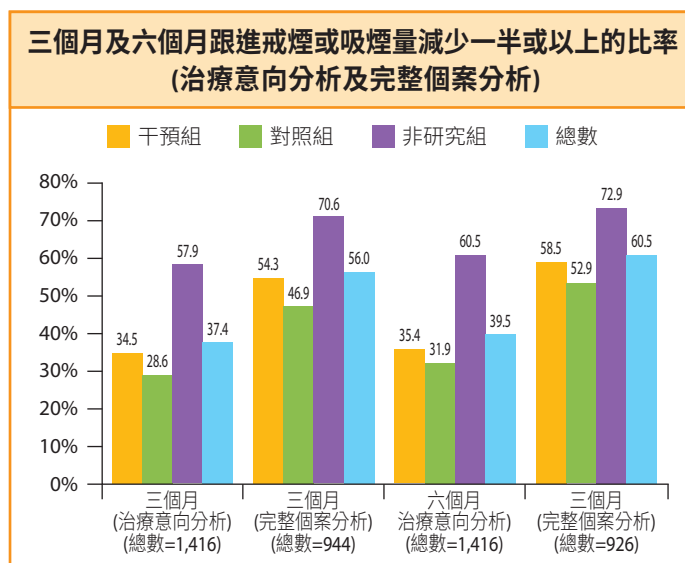
整體有19.2%及19.7%的參加者分別在三個月和六個月跟進時的每天吸煙量比基線調查時減低了至少一半或以上（圖九）。在所有跟進中，干預組的減煙率都高於對照組，但統計學上並無顯著差異。

圖九



根據治療意向分析，整體參加者在三個月和六個月跟進的戒煙或減煙率分別為37.4%和39.5%（圖十）。在三個月跟進，干預組的整體戒煙或減煙率顯著高於對照組（34.5%比28.6%； $P=0.034$ ），而兩組間的比率在六個月跟進時相近（35.4%比31.9%； $P=0.211$ ）。完整個案分析亦得出類似結果。

圖十





在一、二、三及六個月跟進時戒煙服務的使用情況

在1,416名參加者中，有189人 (13.3%) 在基線後的六個月內至少使用過一次戒煙服務 (表二)。兩組在第一，二及三個月跟進時戒煙服務的使用情況則相若。在六個月跟進時，干預組的累計戒煙服務使用率顯著高於對照組 (P=0.022)。

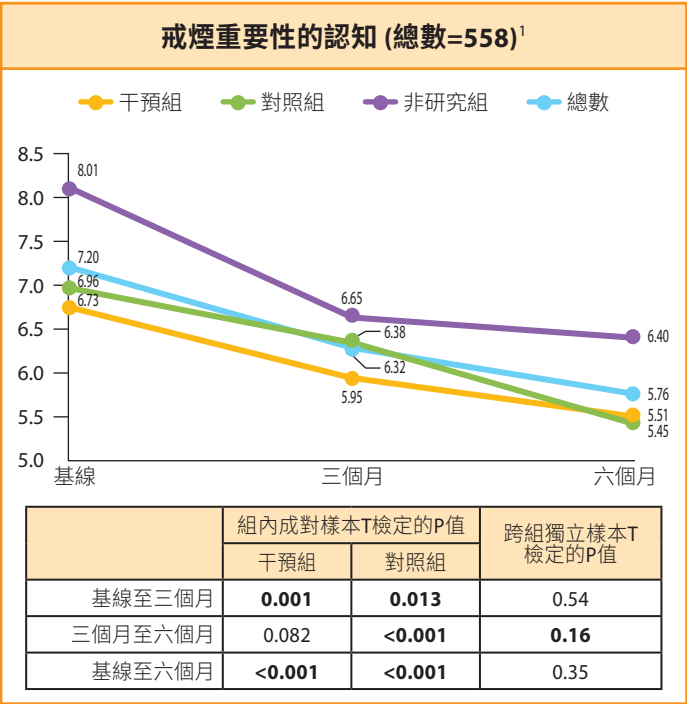
表二 戒煙服務使用情況 (總數=1,416)

	整體 (人數=1,416)	干預組 (人數=553)	對照組 (人數=552)	非研究組 (人數=311)
一個月	54 (3.8)	22 (4.0)	15 (2.7)	17 (5.5)
二個月	105 (7.4)	43 (7.8)	30 (5.4)	32 (10.3)
三個月	150 (10.6)	61 (11.0)	43 (7.8)	46 (14.8)
六個月	189 (13.3)	80 (14.5)	55 (10.0)	54 (17.4)

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於基線到六個月跟進由7.20下降至5.76。(圖十一)。在干預組中對戒煙重要性認知的整體平均分於基線至三個月跟進時(從6.73降至5.95，P值=0.001) 及基線至六個月跟進 (從6.73降至5.51，P值<0.001) 期間顯著下降。在對照組中，戒煙重要性認知的整體平均分從基線到三個月 (從6.96 降至6.38，P值=0.013) 及從基線到第六個月跟進時顯著下降 (從6.96降至5.45，P值<0.001)。兩組戒煙重要性認知的整體平均分下降幅度無顯著性差異。

圖十一

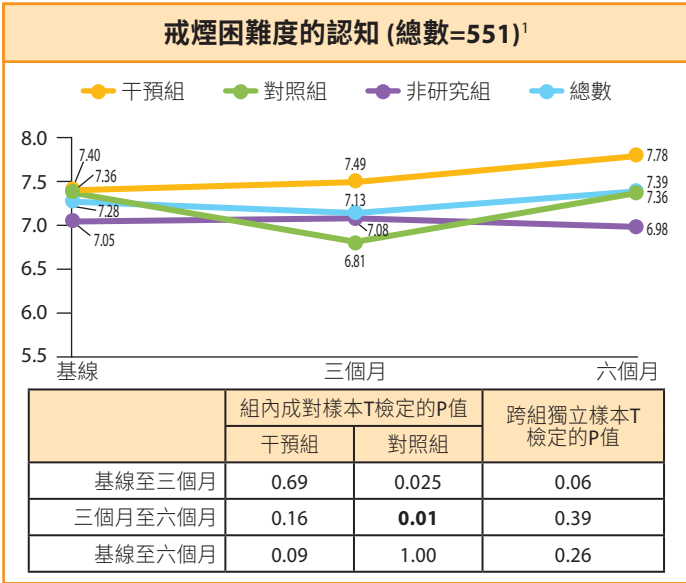


<sup>1</sup> 由0分 (完全不重要) 至10分 (非常重要)；缺失數據排除在外。

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，戒煙困難度認知的整體平均分於基線至三個月跟進從7.28下降至7.13，到六個月跟進上升至7.39 (圖十二)。在對照組中，於三個月至六個月跟進期間，戒煙困難度認知的平均分顯著上升 (從6.81增加到7.36，P值=0.01)。兩組相比，戒煙困難度的認知的整體平均分變化幅度無顯著性差異 (P值>0.05)。

圖十二

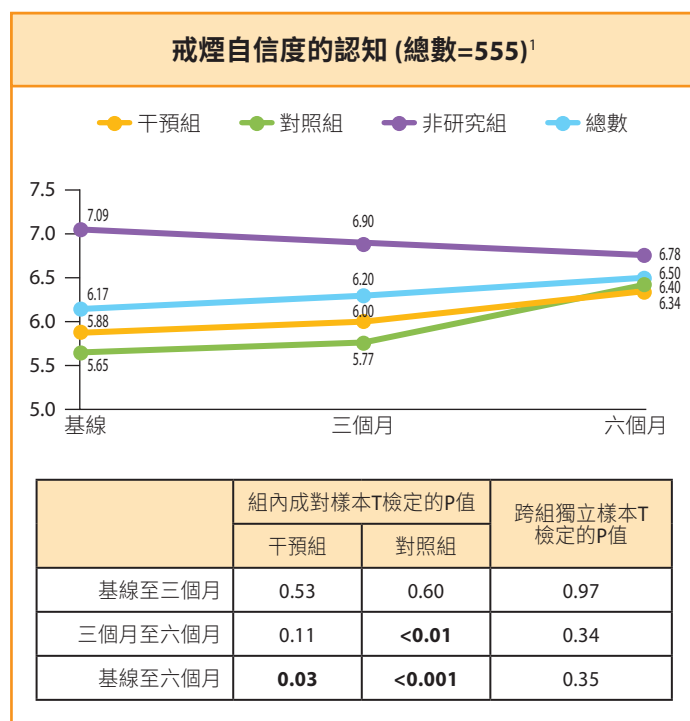


<sup>1</sup> 由0分 (完全不困難) 至10分 (非常困難)；缺失數據排除在外。

## 戒煙自信度的認知

戒煙自信度認知的整體平均分於基線至三個月跟進從6.17上升至6.20，到六個月跟進上升至6.50 (圖十三)。兩組的戒煙自信度認知的平均分於基線至六個月跟進均顯著上升 (干預組：由5.88上升至6.34， $P$ 值=0.03；對照組：由5.65上升至6.40， $P$ 值<0.001)。對照組的戒煙自信度認知的平均分於三個月至六個月跟進期間顯著上升 (由5.77升至6.40， $P$ 值<0.01)。然而，兩組間的平均分變化並沒有顯著差異。

圖十三

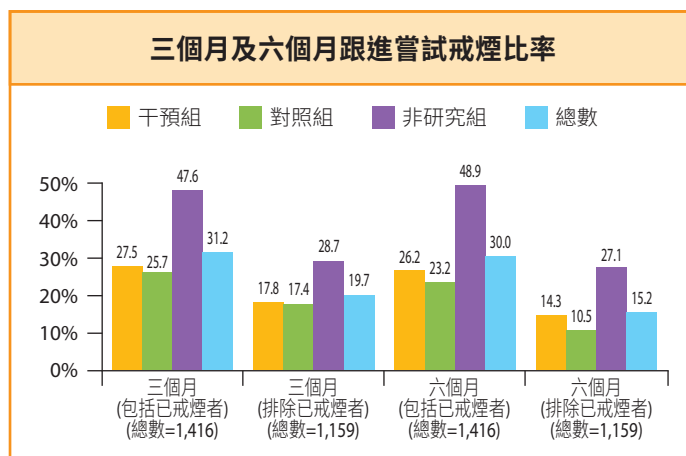


<sup>1</sup> 由0分 (完全沒有信心) 至10分 (非常有信心)；缺失數據排除在外。

## 三個月和六個月跟進的嘗試戒煙比率

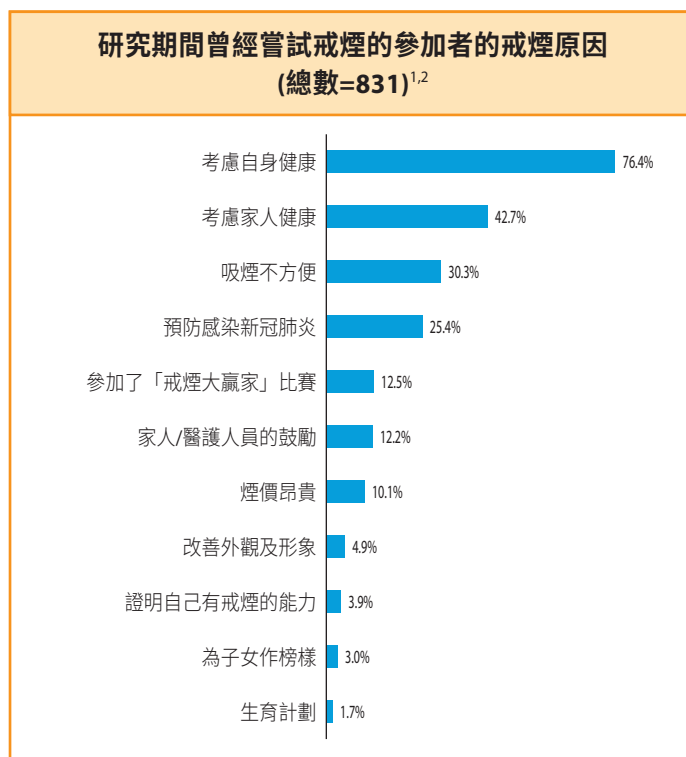
根據治療意向分析，包括成功戒煙的參加者，分別有31.2%和30.0%的參加者在三個月和六個月內至少作出一次戒煙嘗試。在未能成功戒煙的參加者當中，三個月及六個月的嘗試戒煙比率分別為19.7%及15.2%。干預組和對照組的嘗試戒煙比率，在三個月跟進 (包括已戒煙者：27.5%比25.7%；排除已戒煙者：17.8%比17.4%) 和六個月跟進 (包括已戒煙者：26.2%比23.2%；排除已戒煙者：14.3%比10.5%) 均相近 (圖十四)。

圖十四



圖十五顯示，在研究期間至少有一次戒煙嘗試的參加者中，戒煙主要原因是「考慮自身健康」(76.4%)、其次是「考慮家人健康」(42.7%)、「吸煙不方便」(30.3%)以及「預防感染新冠肺炎」(25.4%)。

圖十五

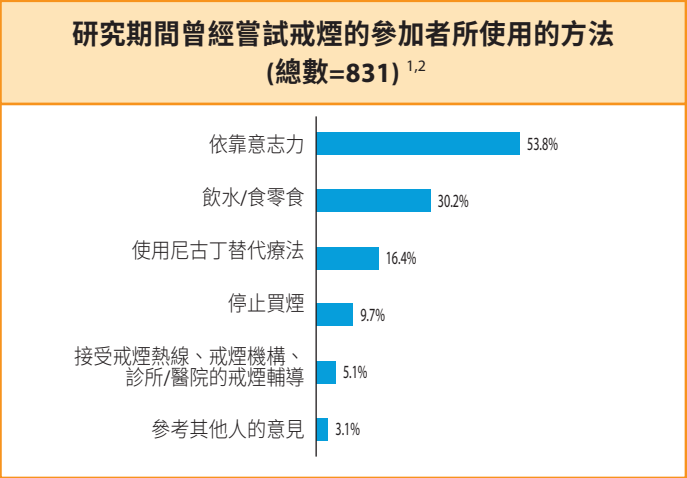


<sup>1</sup> 失訪數據被排除在外

<sup>2</sup> 參加者可選擇多於一個答案

大部份參加者表示主要「依靠意志力」戒煙 (53.8%)。其他參加者常使用的戒煙方法包括「飲水/食零食」(30.2%)、「使用尼古丁替代療法」(16.4%)和「停止買煙」(9.7%)(圖十六)。

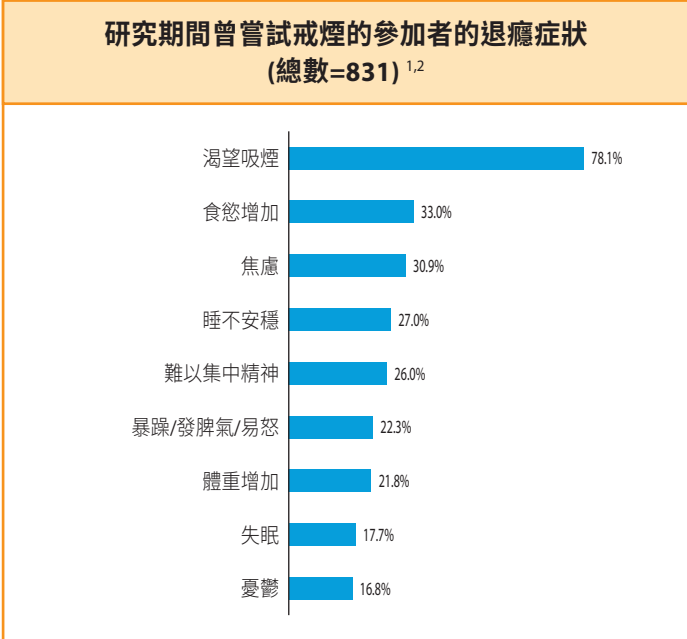
圖十六



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

圖十七顯示，曾經嘗試戒煙的參加者最常見的退癮症狀是「渴望吸煙」(78.1%)，其次是「食慾增加」(33.0%)和「焦慮」(30.9%)。

圖十七

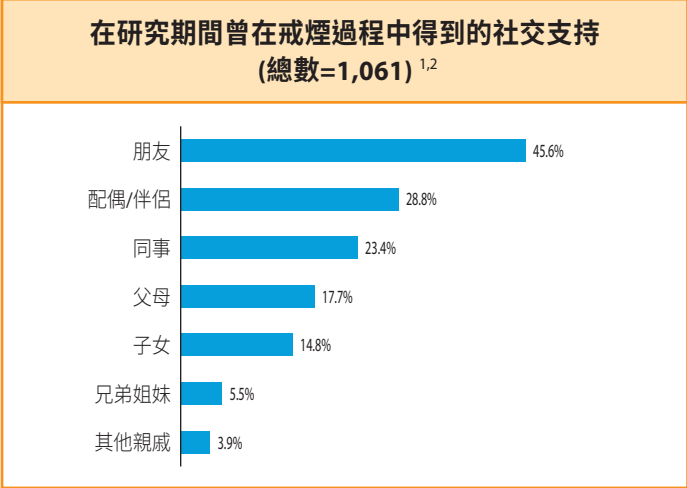


<sup>1</sup> 失訪數據被排除在外  
<sup>2</sup> 參加者可選擇多於一個答案

戒煙過程中的社交支持

圖十八顯示，在完成三個月和/或六個月跟進訪問的1,061名參加者中，近六成的參加者 (59.4%) 表示在戒煙過程中曾得到社交支持，主要來自「朋友」(45.6%)，其次是「配偶/伴侶」(28.8%)和「同事」(23.4%)。

圖十八



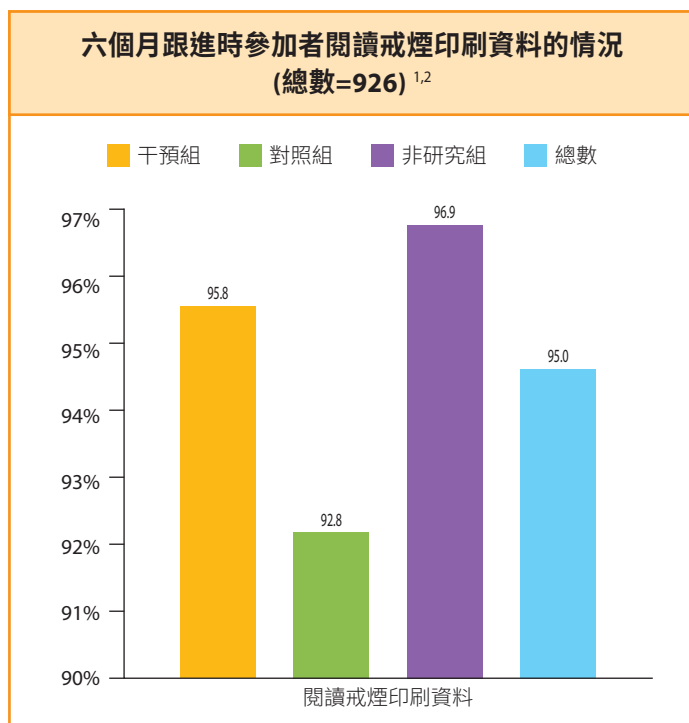
<sup>1</sup> 失訪數據被排除在外  
<sup>2</sup> 參加者可選擇多於一個答案

戒煙輔助工具的使用和滿意度

印刷資料

在926名完成六個月跟進訪問的參加者中，大部份 (95.0%) 表示曾閱讀戒煙印刷資料 (包括健康警告單張、戒煙服務轉介卡和12頁自助戒煙小冊子)。在1 (完全沒有幫助) 至5 (非常有幫助)的量表上，參加者認為戒煙印刷資料有助戒煙的平均分為2.78分 (標準差=0.63)(表三)。儘管干預組和對照組曾閱讀戒煙印刷資料的參加者比例相若 (95.8%比92.8%，P=0.091)(圖十九)，但干預組認為戒煙印刷資料有助戒煙的平均分顯著較高 (2.81比2.71，P=0.045)。

圖十九

<sup>1</sup> 失訪數據被排除在外<sup>2</sup> 沒有顯示缺失數據

表三 認為戒煙印刷資料有助戒煙的平均分

	整體 (人數=926)	干預組 (人數=335)	對照組 (人數=333)	非研究組 (人數=258)
認為印刷資料有助戒煙 (平均值±標準差)	2.78 ± 0.63	2.81 ± 0.60	2.71 ± 0.65	2.82 ± 0.62

### 戒煙干預參與度與評估

表四顯示，57.7%的干預組參加者在三個月跟進期內保留在三人聊天群組。36.2%表示曾在群組作至少一次線上交流，22.8%表示曾作三次或以上線上交流。12.7%的干預組參加者表示曾使用由戒煙夥伴建議的戒煙策略，52.8%表示曾使用任何一項正向心理練習。以十分為滿分，曾參與三人聊天群組的參加者對群組交流的滿意度平均分為7.02分 (標準差 2.41)。參加者認為聊天群組的各項效度平均分均屬中等，當中包括與戒煙夥伴交流能提升戒煙動機 (6.17分)、提升戒煙信心 (6.20分)、增加戒煙嘗試次數 (5.98分) 和有助提升戒煙成功率 (6.20分)。

表四 戒煙干預參與度和評分

	干預組 (人數=553)
<b>三個月研究期間在聊天群組的狀態<sup>1</sup></b>	
保留	319 (57.7)
退出	134 (24.2)
沒有加入	41 (7.4)
帳號有誤	59 (10.7)
<b>聊天群組的參與度</b>	
曾進行線上交流 (回覆次數≥1) <sup>1</sup>	200 (36.2)
曾進行線上交流 (回覆次數≥3) <sup>1</sup>	126 (22.8)
曾使用由戒煙夥伴建議的戒煙策略	70 (12.7)
<b>練習任何一項正向心理練習</b>	
曾經練習	292 (52.8)
沒有練習	261 (47.2)
<b>對聊天群組的效用評分 (平均值 ± 標準差)<sup>2</sup> (人數=111)</b>	
對群組交流感到滿意	7.02 ± 2.41
線上交流能提升戒煙動機	6.17 ± 2.46
線上交流能提升戒煙信心	6.20 ± 2.57
線上交流能增加戒煙的嘗試次數	5.98 ± 2.39
線上交流能有助提升戒煙成功率	6.20 ± 2.47

<sup>1</sup> 數據是通過WhatsApp訊息記錄進行計算。<sup>2</sup> 由0分 (最小) 到10分 (最大)，數值愈大代表愈認為有用。

根據治療意向分析，曾參與戒煙干預的干預組參加者(即曾在三人聊天群組作三次或以上線上交流)，與組內從未參與的參加者相比，在六個月跟進時有更高的生物化學測試核實的戒煙率(表五)。曾使用正向心理練習的參加者的生物化學測試核實戒煙率較沒有使用的參加者高 (所有P值<0.01)。在調整了性別、年齡、尼古丁依賴程度、過往戒煙嘗試和準備戒煙時間後，相關結果仍然顯著。除了在六個月跟進時，曾經使用正向心理練習與生物化學測試核實的戒煙率的相關性在統計上不顯著外，完整個案分析亦顯示了相似的結果。



表五 參與戒煙干預與六個月生物化學測試核實戒煙率的相關性 (總數=553)

	生物化學測試核實戒煙率 (%)	對比值 (95%信賴區間)	調整對比值 (95%信賴區間) <sup>a</sup>
<b>治療意向分析 <sup>b</sup></b>			
是否曾參加聊天群組內交流 (≥3次)			
否	21 (4.9)	1	1
是	28 (22.2)	4.52 (2.66, 7.68)***	3.67 (2.08, 6.46)***
是否曾使用正向心理練習			
否	9 (3.5)	1	1
是	40 (13.7)	3.97 (1.96, 8.03)***	3.36 (1.66, 6.78)**
<b>完整個案分析</b>			
是否曾參加聊天群組內交流 (≥3次)			
否	21/237 (8.9)	1	1
是	28/98 (28.6)	3.22 (1.93, 5.40)***	2.63 (1.53, 4.53)***
是否曾使用正向心理練習			
否	9/99 (9.1)	1	1
是	40/236 (17.0)	1.86 (0.94, 3.70)	1.44 (0.74, 2.82)

<sup>a</sup> 調整了性別、年齡、尼古丁依賴程度、戒煙嘗試次數和戒煙意欲。

<sup>b</sup> 有缺失數據的參加者被視為未使用任何干預措施。

\*\*\* P值<0.001; \*\* P值<0.01; \* P值<0.05

## 戒煙夥伴的反饋

為了評估戒煙夥伴支援的過程和成效，研究完成後，研究員與21位戒煙夥伴進行了定性訪談。他們認為是次戒煙干預可以幫助參加者緩解壓力並養成戒煙以外的健康生活習慣。此外，透過在聊天群組交流，他們可以再次回想到自己的戒煙經歷和好處，這也有助於預防復吸。

在提供戒煙支援的過程，戒煙夥伴認為一些參加者沒有回覆訊息或在聊天群組中不活躍是其中一個困難。他們擔心自己的分享會讓參加者感到壓力而產生抵觸情緒，最終退出聊天群組。戒煙夥伴的其他憂慮包括難以及時回應以致未能與參加者建立良好的關係，以及不懂得如何支援那些因生活困難 (例如失業及家人離世)而復吸的參加者。

## 4. 討論

2021年6月至10月期間，第12屆「戒煙大贏家」比賽在全港18區，舉辦了76場招募活動，成功在社區宣傳戒煙的信息。根據治療意向分析，參加者 (不包括懲教署組別)三個月自我報告戒煙率為18.1%，在六個月為19.8%。若包括懲教署組別，所有參加者三個月和六個月整體自我報告戒煙率分別為19.3%及20.6%，與以往比賽相若。

一如以往，第12屆「戒煙大贏家」比賽中成功進行了一項兩組比較的務實性隨機對照試驗研究，旨在評估結合簡短戒煙建議及透過手機通訊軟件提供夥伴戒煙支援對提升社區吸煙人士戒煙率的成效。這是首項由已成功戒煙人士透過即時通訊模式為吸煙人士提供行為支援的研究。即使因

研究設計不同，未必可以與以往研究直接比較，但是次研究在六個月跟進的生物化學測試核實戒煙率與另外五項皆由同伴支持者提供干預的隨機對照試驗進行薈萃分析，得出結果相若（對比值1.32比1.43）<sup>9</sup>。是次研究三個月跟進時的生物化學測試核實戒煙率，亦與一項透過已成功戒煙人士擔當夥伴並以短訊提供個性化支援的試點研究結果相若（8.3%比7.9%）<sup>10</sup>。在整個研究過程中，報告並未有不良事件報告及沒有戒煙夥伴退出研究。這表明由成功戒煙人士擔當夥伴，以即時通訊應用程式的模式向吸煙人士提供戒煙支援是可行的。

是次研究顯示，戒煙干預能在六個月跟進顯著促進參加者使用戒煙服務，原因可能是戒煙夥伴的經驗分享展現了使用戒煙服務的成效。本港吸煙人士使用免費戒煙服務的意願較低，是次研究發現已戒煙者的經驗分享有機會提高戒煙服務使用率。值得注意的是，是次研究的干預參與度略高於以往由非吸煙人士提供聊天式戒煙支援的隨機對照試驗<sup>5</sup>，反映戒煙夥伴的分享可能更具吸引力。是次研究中，參與度較高的參加者在六個月跟進時生物化學測試核實戒煙率亦更高。而本次研究的干預效果有機會因為參與度不高而被低估。

是次研究有多項優點。一般而言，到戒煙診所求助的吸煙人士普遍具有較高的戒煙意欲和準備，但在政府調查中顯示僅有少數人會主動到戒煙診所尋求協助。是次研究善用主動的招募方法，鼓勵社區中難以接觸而戒煙意欲較低的吸煙人士戒煙，並納入研究，大大提高樣本的代表性。其次，研究使用生物化學測試核實戒煙以減少偏差，提高研究的嚴謹性。第三，一項由成功戒煙人士利用手提電話提供戒煙行為干預被納入到「戒煙大贏家」比賽中，這是首次試驗評估成功戒煙人士利用聊天群組提供戒煙建議的可行性和成效。

是次研究存在一定的局限。首先相較以往類似研究約70%的個案保留率，是次研究在六個月跟進的保留率較低（65.4%）<sup>5,11</sup>，原因可能是三個月和六個月跟進期間正值第五波的新冠疫情<sup>12</sup>。其次，參與是次研究的戒煙夥伴義務地分享自己的經驗以提供戒煙支援。與全職戒煙輔導員相比，他們未必能夠即時回覆參加者的查詢，以致干預效果有可能被削弱。第三，研究是在新冠疫情期間進行，當刻的戒煙行為與非新冠疫情背景下可能有所不同，以致研究結果未能確定是否適用於至沒有新冠疫情（或生活沒有受新冠疫情影響）的背景。

## 5. 結論

總括而言，第12屆「戒煙大贏家」比賽結合無煙大使訓練課程、無煙社區推廣，及由成功戒煙人士透過手提電話提供的夥伴戒煙支援配以簡短戒煙建議的隨機對照試驗，成功地向大量非吸煙人士和吸煙人士傳遞無煙訊息。由成功戒煙人士透過手提電話提供戒煙支援具有潛力促進在社區主動招募的吸煙人士的戒煙率。更多相關研究值得在未來進行，探討參加者和戒煙夥伴在是次研究的經驗以及看法，及增強戒煙夥伴的戒煙支援成效的方法。

## 6. 臨床試驗註冊編號

臨床註冊編號：[NCT04909320](https://clinicaltrials.gov/ct2/show/study/NCT04909320) (ClinicalTrials.gov)

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# The 12<sup>th</sup> “Quit to Win” Contest

June 2024 COSH Report No. 34



## The 12<sup>th</sup> “Quit to Win” Contest – Mobile-based Ex-smoking Peer Support to Achieve Abstinence

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### 1. Introduction

Although the smoking prevalence is low in Hong Kong (9.5%) in 2021<sup>1</sup>, smoking still causes substantial health and economic burden to Hong Kong (i.e., nearly 7,000 deaths and HK\$5.6 billion economic losses per year<sup>2</sup>). Established evidence has also shown that one in every two smokers dies early due to smoking<sup>3</sup>. While smoking uptake in youth is low and some smokers have quit already, the current smokers become hardening<sup>4</sup>. Despite free smoking cessation (SC) services are provided by various organizations, current smokers seldom actively seek advices from those service providers<sup>1</sup>. With reference to the goal of smoking reduction of the World Health Organization (WHO), the Hong Kong Government aimed to achieve a smoking prevalence of 7.8% by 2025. Therefore, brief and novel interventions to motivate and assist smokers to quit smoking are needed.

The “Quit to Win” (QTW) Contest, a smoking cessation promotion 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) community service organizations and different sectors. It has provided an opportunity to reach and encourage smokers in the community to make quit attempts and achieve abstinence. The contest also provides a unique platform to conduct and evaluate the effect of randomized controlled trials (RCTs) in order to develop and refine novel smoking cessation interventions for public health application.

The widespread use of smartphones and internet provide a favorable environment for implementing smoking

cessation interventions through mobile health platforms (e.g., text messaging and instant messaging). Compared to text messaging, instant messaging enables real-time and interactive communication, allowing healthcare professionals to deliver personalized health information and behavioral interventions. Findings from the 8<sup>th</sup> QTW Contest have shown the effectiveness of instant messaging interventions in promoting smoking abstinence<sup>5</sup>. Further analyses have shown that engagement of the instant messaging support was strongly associated with abstinence, but the engagement rate was always suboptimal<sup>5-7</sup>. The qualitative study has suggested that ex-smokers who deliver cessation counseling might play a vital role in enhancing intervention engagement and retention<sup>8</sup>. By providing emotional support and sharing their own quitting experiences, ex-smokers can act as peer supporters and role models and offer valuable insights into overcoming cessation challenges. However, brief smoking cessation counseling delivered by ex-smoking peer supporters has been commonly used in face-to-face format but seldom used via mobile devices.

In order to promote and evaluate an innovative community-based SC intervention, COSH collaborated with HKU and the community organizations to organize the 12<sup>th</sup> QTW Contest. It included a 2-arm RCT which tested the effect of a combined intervention of brief cessation advice (AWARD) and chat-based peer support compared with brief advice on SC and regular messages covering generic information on smoking hazards and benefits of quitting on current smokers who joined the contest.

## 2. Methods

### 2.1 Recruitment

Participants were recruited from the 76 recruitment activities of the 12<sup>th</sup> QTW Contest in all 18 districts throughout Hong Kong from June to October 2021. The recruitment spots ranged from smoking hotspots, shopping malls, public housing estates, roadside areas to venues provided by supporting organizations. Tailor-made cessation aids were jointly offered by the Correctional Service Department (CSD) to extend the contest to inmates in Stanley Prison, Pik Uk Prison, Lo Wu Correctional Institution and Tong Fuk Correctional Institution. Ninety three university students and volunteers from NGO were trained as SC ambassadors to encourage smokers to join the “Quit to Win” contest, proactively approach smokers at the recruitment booths and the nearby areas, invite eligible smokers to participate in the RCT study, and deliver brief cessation advice at baseline.

The inclusion criteria of the RCT participants were as follows:

- Hong Kong residents aged 18 years or above;
- Daily smokers who smoked at least one stick of cigarette or heated tobacco product (HTP) per day or used e-cigarettes every day in the past three months;
- Able to communicate in Cantonese and read Chinese;
- Saliva cotinine level of 30 ng/mL or above;
- Intended to quit or reduce smoking;
- Able to use instant messaging apps (e.g., WhatsApp, WeChat) on a mobile phone for communication

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 and 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.

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 Ambassador stream. A total of 10 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 committee formed by COSH to win an electronic appliance coupon of HK\$25,000 (Champion), HK\$15,000 (1<sup>st</sup> runner-up) and HK\$10,000 (2<sup>nd</sup> runner-up). Nominators of winners from both streams were awarded HK\$1,000 supermarket coupons each.

### 2.2 Interventions and Follow-up

**Intervention group:** At baseline, participants received the face-to-face brief interventions, including the AWARD brief advice, health warning leaflet, smoking cessation referral card, and a 12-page self-help booklet. AWARD-guided advice comprised the following components: **A**sking about the participants’ smoking history, **W**arning about the hazards 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 be assigned to a 3-person chat group in instant messaging app with a smoking cessation counselor and an ex-smoking peer supporter. In general, participants and ex-smoking peer supporters of the same gender, similar ages and education levels were matched to the same chat group.

Regular messages on evidence-based smoking cessation strategies (e.g., setting a quit date), problem-solving skills (e.g., coping with cravings and withdrawal symptoms, refusal skills, and relapse prevention), and benefits of smoking cessation were delivered by smoking cessation counselors. Participants were also supplemented with information on smoking cessation services and were encouraged to use them. Five positive psychological exercises were adapted into text messages, including three good things, gratitude visit, savoring, savoring acts of kindness, and active-constructive response. Totally 20 regular messages were devised and they were randomly delivered in frequencies of two times per week for the first and second month, and once a week for the third month, and further adjusted according to participants’ requests or preferences.

Intervention participants also received personalized chat-based support from ex-smoking peer supporters for 3 months after randomization. After joining the 3-person chat groups, ex-smoking peer supporters introduced themselves and briefly shared quitting experiences to raise participants’ interest. The intensity of the chat conversation between participants and ex-smoking peer supporters was decided by participants and varied. In response to participants’ enquiries about cessation, ex-smoking peer supporters shared their previous quitting experiences, including the quitting methods, techniques

on handling cravings, withdrawal symptoms, strategies to refuse friends' invitations to smoke, and building a smoke-free environment during quitting. The experiences of using nicotine replacement therapy or acupuncture in local smoking cessation services were shared and suggested to participants. Participants could send messages in the 3-person chat groups anytime, and ex-smoking peer supporters usually responded within the day.

**Control group:** Participants in the control group received the same AWARD advice at baseline and 6 regular messages per month in 3 months. These messages covered simple cessation advice and reminders for telephone follow-ups.

**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 the same interventions as control group (i.e., AWARD advice and regular messages). Participants recruited from correctional institutions were enrolled in the CSD group. They received the same brief intervention using AWARD advice at baseline and were provided with a health education video as follow-up intervention. To ensure the homogenous results of community smokers, the CSD group was 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. Smoking cessation behaviours, including daily cigarette consumption and quit attempts, were recorded at each follow-up time points. 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 assisting 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 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 services use, smoking reduction by 50% or above compared with baseline, quit attempt at 3- and 6-month follow-ups and mental health status.

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 participants 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, perceived social support for quitting, use of SC aids and perception of follow-up calls were also reported.

### 3. Results

From 12 June 2021 to 31 October 2021, 76 recruitment booths in shopping malls and public areas were set up in all 18 districts in Hong Kong. Over 100,000 people passed by and noticed the promotion booths. Over 17,000 people enquired about the QTW Contest or participated in the promotion booths. Over 5,700 smokers were approached by the smoking cessation ambassadors and more than 9,000 smokers received smoking cessation promotion leaflets.

Of the 1,498 smokers being screened for eligibility, a total of 1,461 smokers joined the QTW contest. 311 (21.3%) of them joined the Smoking Cessation Ambassador stream or non-trial group, 45 (3.1%) joined the CSD group, and 1,105 (75.6%) joined the RCT and were randomized to either the intervention group (N=553) or the control group (N=552). Excluding the CSD group, the results of all 1,416 participants were reported in this report.

#### 3.1 Socio-demographic characteristics

Table 1 shows among the 1,416 participants, most were male (79.9%) and aged 18-49 years (64.0%). 54.0% were married and 24.2% were living with a child. Most of them attained secondary education (62.7%) and were self-employed or employed (78.1%). Nearly half of them were living in public rental housing (46.3%) and had monthly household income below HK\$25,000 (47.0%).

**Table 1** Participants' baseline demographic characteristics (N=1,416)

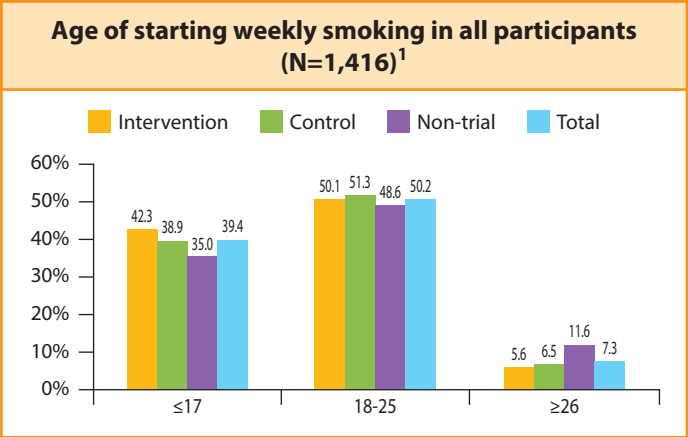
	Total (N=1,416)	Intervention (N=553)	Control (N=552)	Non-trial (N=311)
<b>Gender</b>				
Male	1,131 (79.9)	442 (79.9)	423 (76.6)	266 (85.5)
Female	282 (19.9)	111 (20.1)	128 (23.2)	43 (13.8)
Missing	3 (0.2)	0 (0.0)	1 (0.2)	2 (0.6)
<b>Age group (years)</b>				
18-29	299 (21.1)	113 (20.4)	131 (23.7)	55 (17.7)
30-39	298 (21.1)	115 (20.8)	110 (19.9)	73 (23.5)
40-49	309 (21.8)	123 (22.2)	114 (20.7)	72 (23.2)
50-59	237 (16.7)	86 (15.6)	98 (17.8)	53 (17.0)
>60	259 (18.3)	111 (20.1)	93 (16.8)	55 (17.7)
Missing	14 (1.0)	5 (0.9)	6 (1.1)	3 (1.0)
<b>Marital Status</b>				
Single	515 (36.4)	214 (38.7)	210 (38.0)	91 (29.3)
Married	765 (54.0)	281 (50.8)	290 (52.5)	194 (62.4)
Divorced/ Widowed	107 (7.6)	47 (8.5)	41 (7.4)	19 (6.1)
Missing	29 (2.0)	11 (2.0)	11 (2.0)	7 (2.3)
<b>Living with a child</b>				
No	851 (60.1)	367 (66.4)	338 (61.2)	146 (47.0)
Yes	343 (24.2)	126 (22.8)	136 (24.6)	81 (26.1)
Missing	222 (15.7)	60 (10.9)	78 (14.1)	84 (27.0)
<b>Highest education level</b>				
Primary education or below	88 (6.2)	36 (6.5)	31 (5.6)	21 (6.8)
Secondary education	888 (62.7)	348 (62.9)	352 (63.8)	188 (60.5)
Post-secondary or above	406 (28.7)	153 (27.7)	160 (29.0)	93 (29.9)
Missing	34 (2.4)	16 (2.9)	9 (1.6)	9 (2.9)
<b>Employment status</b>				
Student	45 (3.2)	15 (2.7)	21 (3.8)	9 (2.9)
Self-employed/ employed	1,106 (78.1)	432 (78.1)	430 (77.9)	244 (78.5)
Unemployed	75 (5.3)	30 (5.4)	30 (5.4)	15 (4.8)
Housewife	39 (2.8)	13 (2.4)	18 (3.3)	8 (2.6)
Retired	124 (8.8)	53 (9.6)	44 (8.0)	27 (8.7)
Missing	27 (1.9)	10 (1.8)	9 (1.6)	8 (2.6)
<b>Housing condition</b>				
Public rental housing	655 (46.3)	256 (46.3)	257 (46.6)	142 (45.7)
Public housing (purchased)	151 (10.7)	53 (9.6)	62 (11.2)	36 (11.6)
Private housing (rented)	293 (20.7)	119 (21.5)	110 (19.9)	64 (20.6)
Private housing (owned)	233 (16.5)	87 (15.7)	96 (17.4)	50 (16.1)
Others	45 (3.2)	20 (3.6)	15 (2.7)	10 (3.2)
Missing	39 (2.8)	18 (3.3)	12 (2.2)	9 (2.9)
<b>Monthly household income (HK\$)</b>				
Below 25,000	666 (47.0)	269 (48.6)	268 (48.6)	129 (41.5)
25,000-60,000	547 (38.6)	199 (36.0)	200 (36.2)	148 (47.6)
Above 60,000	142 (10.0)	59 (10.7)	59 (10.7)	24 (7.7)
Missing	61 (4.3)	26 (4.7)	25 (4.5)	10 (3.2)



3.2 Smoking profile

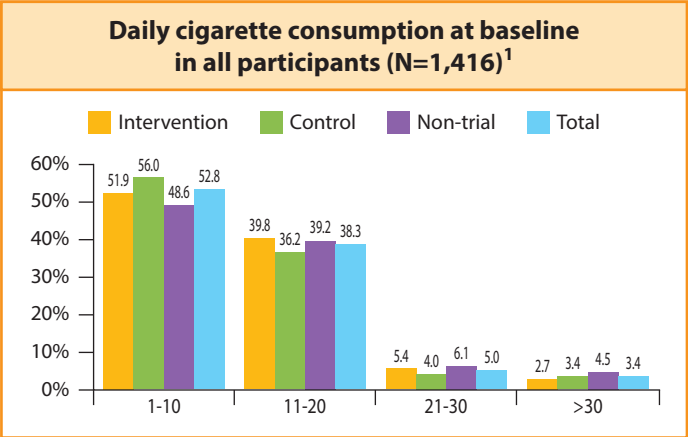
The mean age (SD) of smoking initiation of participants was 18.7 (SD=5.5) years. Majority of participants (89.6%) began smoking weekly before 25 years old and 39.4% began smoking weekly before the age of 18 years (Figure 1). More than half of the participants smoked not more than 10 cigarettes daily (52.8%) (Figure 2). Participants smoked 13.9 (SD=10.0) cigarettes per day on average. Most of them had light and moderate nicotine dependency (93.8%) (Figure 3). Only 29.0% of participants had attempted to quit smoking in the past year (Figure 4) and had the intention to quit at baseline (70.1%) (Figure 5).

Figure 1



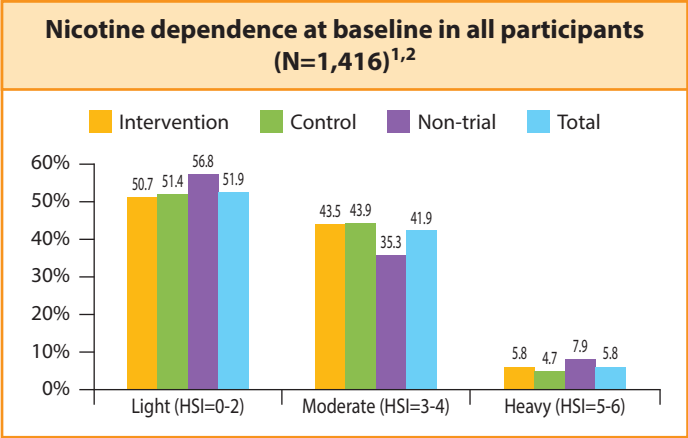
<sup>1</sup> Missing data were not shown.

Figure 2



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

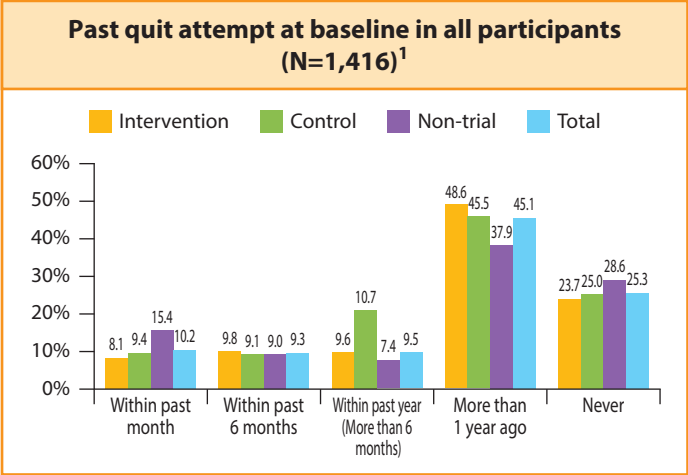
Figure 3



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

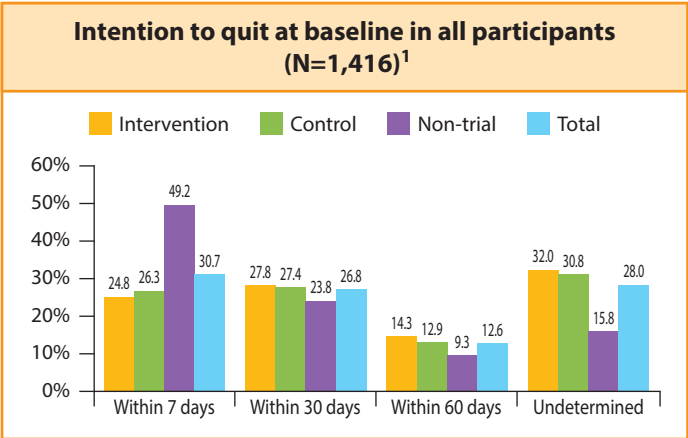
<sup>2</sup> Nicotine dependence was measured by Heaviness of Smoking Index (HSI) items: (1) time to first cigarette of the day; and (2) number of cigarettes smoked per day

Figure 4



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

Figure 5



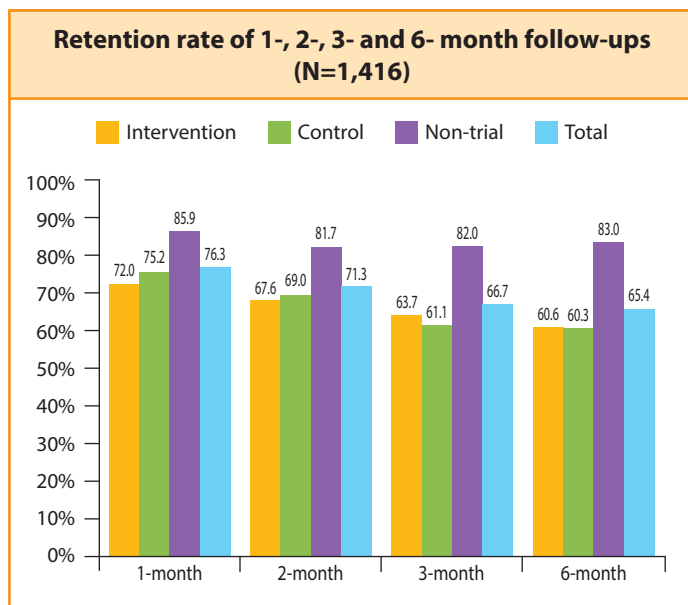
<sup>1</sup> Missing data were not shown.

### 3.3 Study outcomes

#### Retention rate

Figure 6 shows that of the 1,416 participants, 1,080 (76.3%), 1,009 (71.3%), 944 (66.7%) and 926 (65.4%) were successfully followed at 1, 2, 3 and 6 months, respectively. The retention rates were similar between the intervention and control groups at 1-month (72.0% vs. 75.2%,  $P=0.23$ ), 2-month (67.6% vs. 69.0%;  $P=0.62$ ), 3-month (63.7% vs. 61.1%;  $P=0.37$ ) and 6-month (60.6% vs. 60.3%;  $P=0.93$ ).

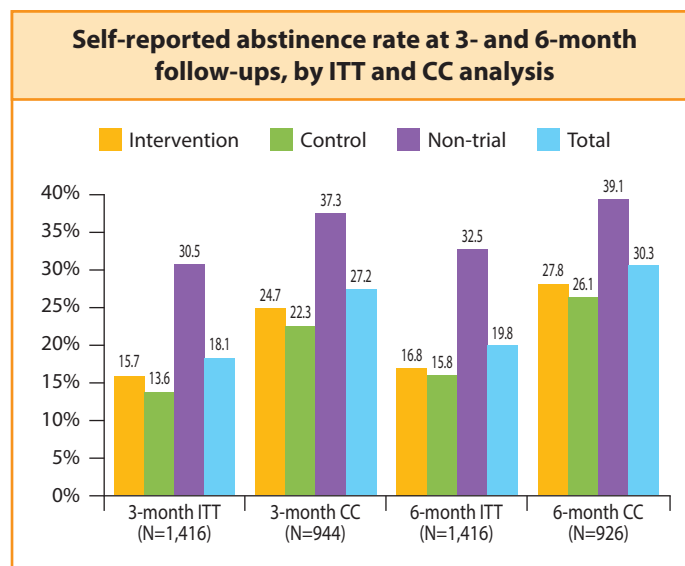
**Figure 6**



#### Self-reported abstinence rate at 3- and 6-month follow-ups

By ITT analysis, the overall self-reported 7-day point prevalence abstinence (PPA) was 18.1% at 3-month and 19.8% at 6-month follow-ups. The self-reported 7-day PPA were similar between the intervention group and the control group at 3-month (15.7% vs. 13.6%,  $P=0.31$ ) and 6-month (16.8% vs. 15.8%,  $P=0.63$ ). The CC analysis also yielded similar results (Figure 7).

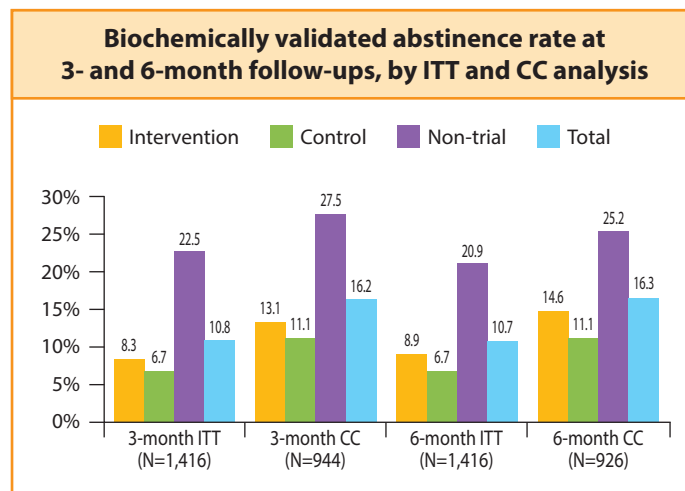
**Figure 7**



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

The overall biochemically validated quit rate was 10.8% 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 (8.3% vs. 6.7%,  $P=0.31$ ) or 6-month (8.9% vs. 6.7%,  $P=0.18$ ) was found (Figure 8).

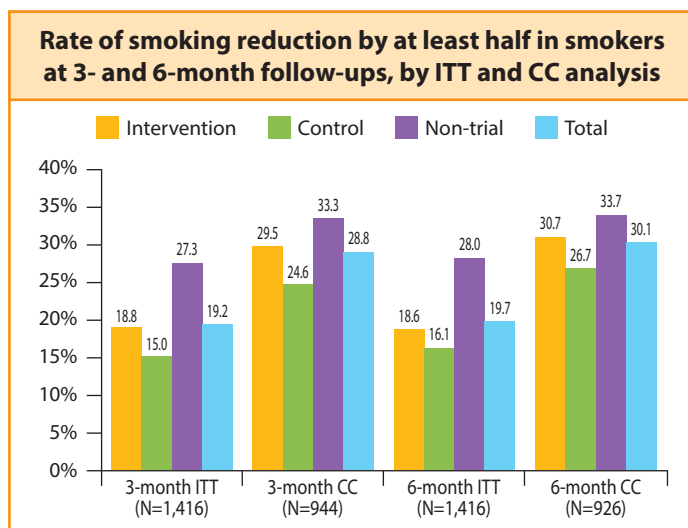
**Figure 8**



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

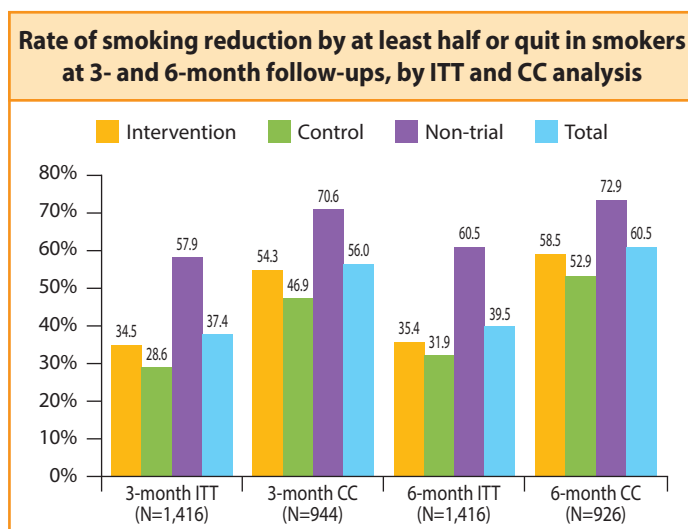
The proportion of participants who reduced their daily cigarette consumption by half or more after joining the Contest were 19.2% and 19.7% at 3-month and 6-month follow-ups respectively (Figure 9). The smoking reduction rates were greater in the intervention group than the control group at almost all follow-ups, although the differences were statistically insignificant.

**Figure 9**



By ITT analysis, the rate of abstinence or halving smoking consumption were 37.4% and 39.5% at 3-month and 6-month follow-ups respectively (Figure 10). The intervention group has a significantly higher rate of abstinence or halving smoking consumption than the control group at 3-month follow-up (34.5% vs. 28.6%;  $P=0.034$ ). However, the rate was similar at 6-month follow-up (35.4% vs. 31.9%;  $P=0.211$ ). CC analysis yielded similar results.

**Figure 10**



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

Among the 1,416 participants, 189 (13.3%) had used smoking cessation services at least once during the 6-month period after baseline (Table 2). The cumulative rate of smoking cessation service use was similar between the intervention group and the control group, except at the 6-month follow-up, which a higher cumulative rate of smoking cessation service use in intervention group was significantly recorded ( $P=0.022$ ).

**Table 2 Use of smoking cessation service (N=1,416)**

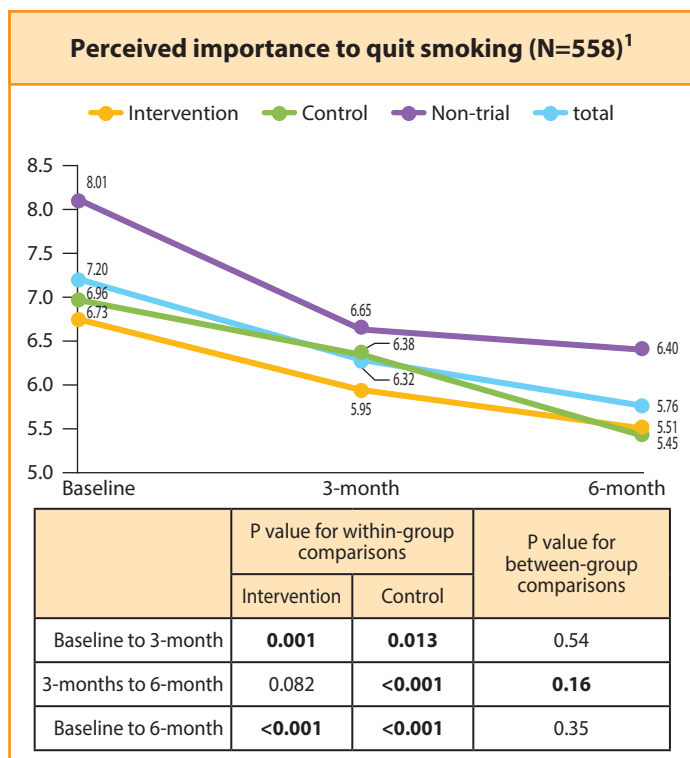
	Total (N=1,416)	Intervention group (N=553)	Control group (N=552)	Non-trial (N=311)
1-month	54 (3.8)	22 (4.0)	15 (2.7)	17 (5.5)
2-month	105 (7.4)	43 (7.8)	30 (5.4)	32 (10.3)
3-month	150 (10.6)	61 (11.0)	43 (7.8)	46 (14.8)
6-month	189 (13.3)	80 (14.5)	55 (10.0)	54 (17.4)

### 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 7.20 at baseline to 5.76 at 6-month follow-up (Figure 11).

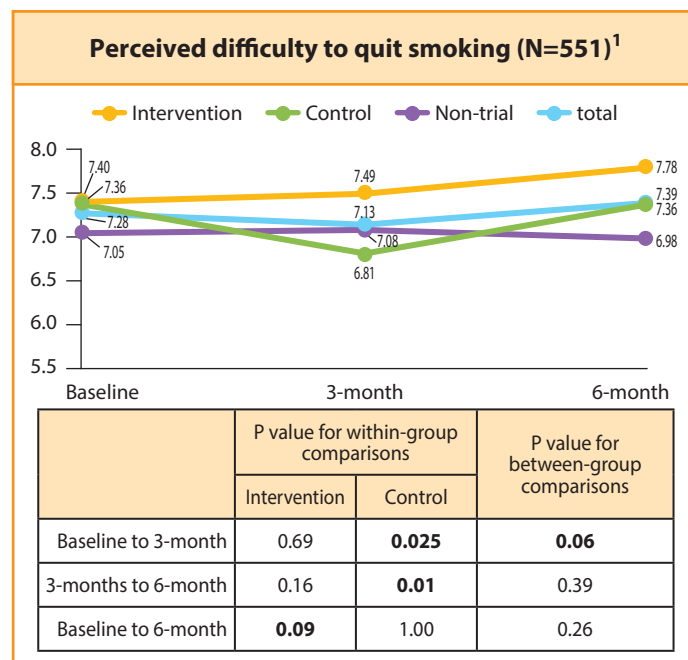
In the intervention group, the mean score of perceived importance to quit smoking significantly decreased from baseline to 3-month (from 6.73 to 5.95,  $P=0.001$ ) as well as from baseline to 6-month (from 6.73 to 5.51,  $P<0.001$ ). In the control group, the mean score of perceived importance of quit smoking reduced from baseline to 3-month (from 6.96 to 6.38,  $P=0.013$ ) and significantly reduced from baseline to 6-month (from 6.96 to 5.45,  $P<0.001$ ). The reduction in mean score of perceived importance to quit smoking was similar between intervention and control groups.

Figure 11



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

Figure 12



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

### Perceived difficulty to quit smoking

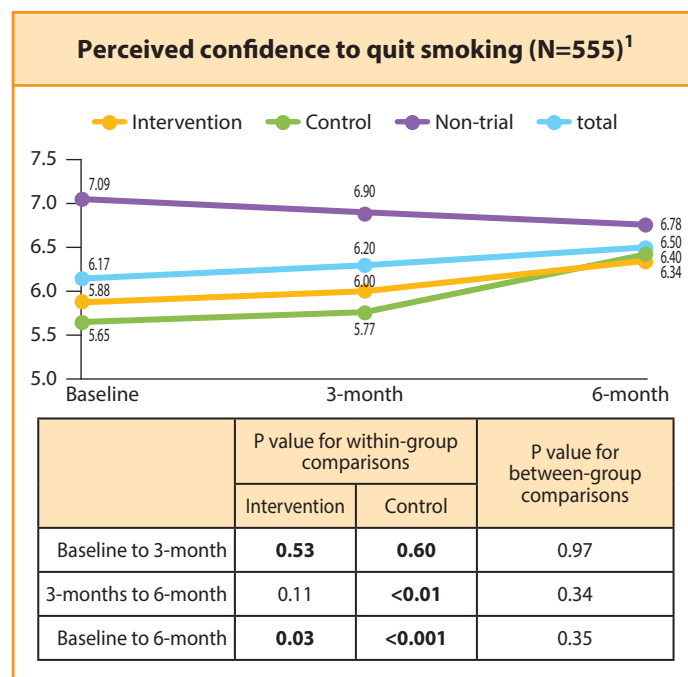
In participants whose data were available at all time-points, the mean score of perceived difficulty to quit smoking decreased from 7.28 at baseline to 7.13 to 3-month, then increased to 7.39 at 6-month (Figure 12).

There was a significant increase observed from 3-month to 6-month follow-up in the control group (from 6.81 to 7.36,  $P=0.01$ ). No significant difference was found in the mean score of perceived difficulty to quit smoking between the intervention and control groups (all  $P>0.05$ ).

### Perceived confidence of quitting

The mean scores of perceived confidence to quit smoking increased from 6.17 at baseline to 6.20 at 3-month and 6.50 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 significantly from baseline to 6-month (Intervention group: from 5.88 to 6.34,  $P=0.03$ ; Control group: from 5.65 to 6.40,  $P<0.001$ ). The control group also had a significant increase in the scores of perceived confidence to quit smoking from 3-month to 6-month (from 5.77 to 6.40,  $P<0.01$ ). However, the changes in mean scores between the intervention group and control group were insignificant.

Figure 13



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



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

By ITT analysis, the proportion of participants with a quit attempt was 31.2% at 3-month and 30.0% at 6-month when quitters were included; 19.7% at 3-month and 15.2% at 6-month follow-ups when quitters were excluded. The proportion of participants with a quit attempt were similar between the intervention group and the control group at 3-month (including quitters: 27.5% vs. 25.7%; excluding quitters: 17.8% vs. 17.4%) and 6-month (including quitters: 26.2% vs. 23.2%; excluding quitters: 14.3% vs. 10.5%) (Figure 14).

**Figure 14**

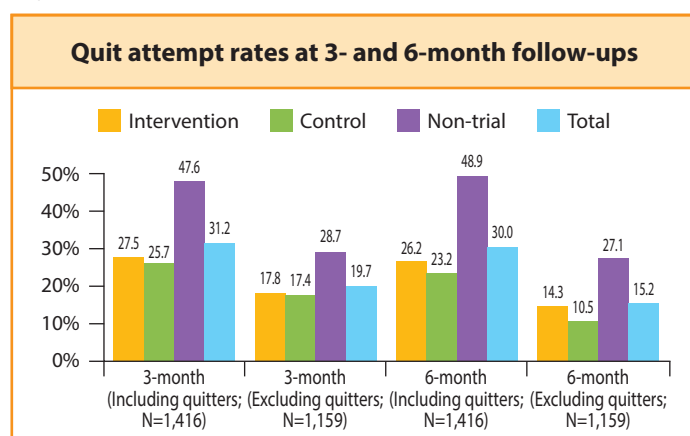
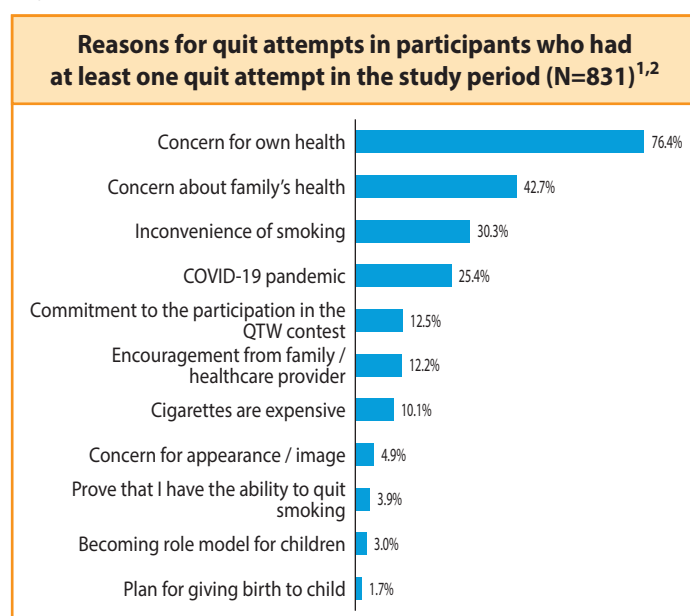


Figure 15 shows that among participants who made at least one quit attempt during the study period, the leading reason was “concern for own health” (76.4%), followed by “concern about family’s health” (42.7%), “inconvenience of smoking” (30.3%), and “COVID-19 pandemic” (25.4%).

**Figure 15**

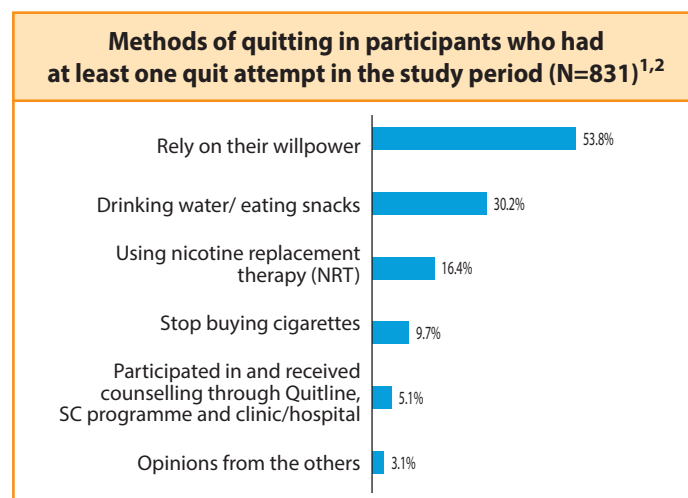


<sup>1</sup> Participants who were lost to follow-up were excluded.

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

Most participants attempted to quit smoking by “relying on their willpower” (53.8%). Among the other methods, “drinking water/eating snacks” (30.2%), “using nicotine replacement therapy (NRT)” (16.4%) and “stop buying cigarettes” (9.7%) were more common (Figure 16).

**Figure 16**

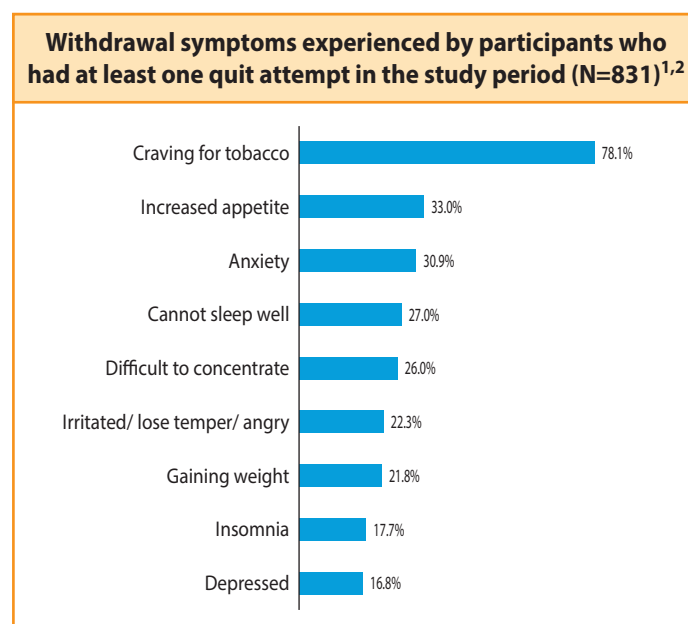


<sup>1</sup> Participants who were lost to follow-up were excluded.

<sup>2</sup> 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” (78.1%), followed by “increased appetite” (33.0%) and “anxiety” (30.9%).

**Figure 17**



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

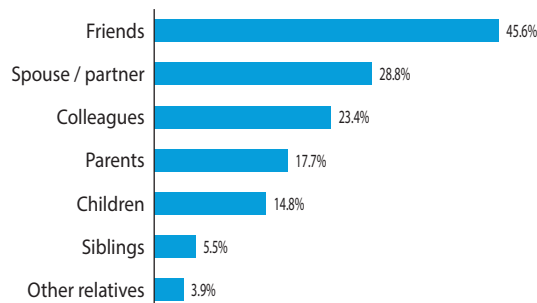
<sup>2</sup> Participants could choose more than one option.

### Perceived social support for quitting

Figure 18 shows that among the 1,061 participants who responded to follow-ups at 3- or 6-month, 59.4% perceived having received social support for quitting. The most commonly perceived support was from “friends” (45.6%), followed by “spouse/ partner” (28.8%) and “colleagues” (23.4%).

**Figure 18**

#### Perceived social support for quitting in all participants who responded to follow-ups in the study period (N=1,061)<sup>1,2</sup>



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

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

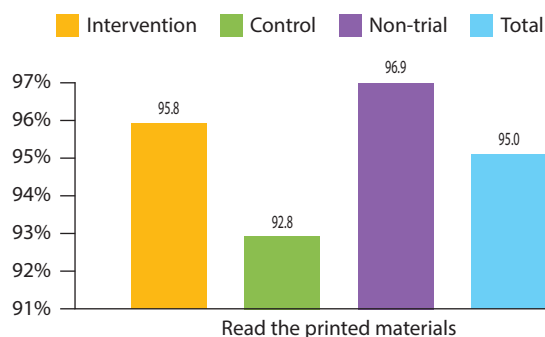
### Use and satisfaction of smoking cessation aids provided

#### Printed materials

Among the 926 participants who responded to the 6-month follow-up, the majority (95.0%) of participants reported having read the printed smoking cessation materials (leaflet, referral card, and/or SC booklet). On a scale of 1 (very unhelpful) to 5 (very helpful), the mean score of perceived helpfulness of the printed smoking cessation materials was 2.78 (SD=0.63) (Table 3). Although the proportion of participants who reported having read the printed materials were similar between intervention group and control group (95.8% vs. 92.8%,  $P=0.091$ ) (Figure 19), the score of perceived helpfulness was significantly higher in the intervention group (2.81 vs. 2.71,  $P=0.045$ ).

**Figure 19**

#### Experience of reading the printed materials at 6-month follow-up (N=926)<sup>1,2</sup>



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

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

**Table 3** Perceived helpfulness of the printed smoking cessation materials

	Total (N=926)	Intervention (N=335)	Control (N=333)	Non-trial (N=258)
Perceived helpfulness for smoking cessation (Mean $\pm$ SD)	2.78 $\pm$ 0.63	2.81 $\pm$ 0.60	2.71 $\pm$ 0.65	2.82 $\pm$ 0.62

### Intervention engagement and evaluation

Table 4 shows that 57.7% of participants stayed in the 3-person chat group throughout the 6-month follow-up period. During the intervention period, 36.2% of participants had an online conversation at least once, and 22.8% of participants had at least 3 times of online conversations. 12.7% reported ever practicing smoking cessation strategies provided by ex-smoking peer supporters, and 52.8% of participants reported ever practicing positive psychological exercises. Participants in the 3-person chat group rated an average (SD) score of 7.02 (2.41) out of 10 satisfied with group chatting. The effect of chatting with peer supporters on increasing quitting motivation (6.17), confidence in quitting (6.20), the quitting attempts (5.98), and helping to quit (6.20) were moderate.

**Table 4** Intervention engagement and evaluation

	Intervention (N=553)
<b>States in chat group for 3 months<sup>1</sup></b>	
Stayed in chat group	319 (57.7)
Quit chat group	134 (24.2)
Not joined	41 (7.4)
Wrong account	59 (10.7)
<b>Participation in chat group</b>	
Had online conversation (reply $\geq$ 1) <sup>1</sup>	200 (36.2)
Had online conversation (reply $\geq$ 3) <sup>1</sup>	126 (22.8)
Had practice smoking cessation strategies provided by peer supporters	70 (12.7)
<b>Practiced positive psychological exercises</b>	
Ever	292 (52.8)
No	261 (47.2)
<b>Evaluation on chat group (Mean <math>\pm</math> SD)<sup>2</sup> (N=111)</b>	
Overall satisfied with group chatting	7.02 $\pm$ 2.41
Online conversation increased the quitting motivation	6.17 $\pm$ 2.46
Online conversation increased the confidence in quitting	6.20 $\pm$ 2.57
Online conversation increased the quitting attempts	5.98 $\pm$ 2.39
Online conversation helped to increase the quitting	6.20 $\pm$ 2.47

<sup>1</sup> Data was calculated by WhatsApp message log.

<sup>2</sup> Response ranges from 0 to 10, higher score indicates more helpful.

By ITT analysis, participants in the intervention group who engaged in the intervention (i.e. defined as having more than three times of online conversation in chat group) achieved higher biochemically validated smoking abstinence at 6-month follow-up when compared with those who did not engage (Table 5). Higher biochemically validated smoking abstinence was also observed for participants who reported ever practicing positive psychological exercises than those who had not (all  $P < 0.01$ ).

The results were robust after controlling for sex, age, nicotine dependence level, past quit attempts, and intention to quit. The results from complete case analysis showed similar results, except the association between ever practicing psychological exercise and biochemical validated abstinence at 6-month follow-up was statistically insignificant.

### Feedback from ex-smoking peer supporters

To evaluate the process and outcome of the peer support, post-trial qualitative interviews have been conducted with 21 ex-smoking peer supporters. They perceived that the intervention could help participants ease their stress and generate a healthy lifestyle beyond quitting. In addition, during the process of online conversation, they could reinforce their own experience and benefits of quitting, which was also helpful in relapse prevention.

In regard to the difficulties perceived during the process, ex-smoking peer supporters commented that some participants did not respond to the message or were inactive in the chat group. They worried that their sharing would make the participants feel pushed and cause resistance, and eventually quit the chat group. The other concerns of ex-smoking peer supporters included difficulties in responding timely to build rapport with participants and incapability to support those participants who relapse due to hardship such as unemployment and bereavement.

**Table 5 The associations of engagement in the intervention with the biochemically validated smoking abstinence at 6-month follow-up (N=553)**

	Validated abstinence (%)	RR (95% CI)	Adjusted RR (95% CI) <sup>a</sup>
<b>Intention-to-treat analysis<sup>b</sup></b>			
Had online conversation (at least 3 times)			
No	21 (4.9)	1	1
Yes	28 (22.2)	4.52 (2.66, 7.68)***	3.67 (2.08, 6.46)***
Practiced positive psychological exercises			
No	9 (3.5)	1	1
Ever	40 (13.7)	3.97 (1.96, 8.03)***	3.36 (1.66, 6.78)**
<b>Complete case analysis</b>			
Had online conversation (at least 3 times)			
No	21/237 (8.9)	1	1
Yes	28/98 (28.6)	3.22 (1.93, 5.40)***	2.63 (1.53, 4.53)***
Had practiced positive psychological exercises			
No	9/99 (9.1)	1	1
Ever	40/236 (17.0)	1.86 (0.94, 3.70)	1.44 (0.74, 2.82)

RR: risk ratio

<sup>a</sup> Adjusted for sex, age, nicotine dependence level, quit attempts, and intention to quit.

<sup>b</sup> Participants with missing data were considered to have not used any

\*\*\*  $P < 0.001$ ; \*\*  $P < 0.01$ ; \*  $P < 0.05$

## 4. Discussion

The 12<sup>th</sup> “Quit to Win” Contest successfully disseminated the smoking cessation messages in the community throughout in 18 districts Hong Kong by holding 76 recruitment sessions from June to October 2021. By ITT analysis, the overall self-reported abstinence rate was 18.1% at 3-month and 19.8% at 6-month for participants (CSD group was excluded). The overall self-reported abstinence was 19.3% at 3-month and 20.6% for all participants if CSD group was included. The abstinence rate achieved in the 12<sup>th</sup> “Quit to Win” Contest was comparable with previous contests.

Like the previous QTW contests, a 2-arm pragmatic RCT nested within the 12<sup>th</sup> QTW Contest was successfully conducted to examine the effect of a combination of AWARD advice and mobile-based peer support on increasing smoking abstinence in smokers proactively recruited in the community. This is the first study that delivered behavioural support by ex-smokers and in instant messaging modality. Despite a direct comparison with previous studies was inappropriate because of the differences in study design, the intervention effect on the 6-month biochemically validated abstinence in our RCT was comparable to that of a meta-analysis of 5 RCTs on the peer supporters’ intervention<sup>9</sup> (RR 1.32 vs. 1.43). The 3-month biochemically validated smoking abstinence rate achieved in our RCT was also comparable to one pilot study that used peer supporters to deliver personalized support via text messaging (8.3% vs. 7.9%)<sup>10</sup>. During the study, no adverse event was reported, and no ex-smoking peer supporter dropped out from the study. These suggested the feasibility of using ex-smokers as volunteers to support smokers to quit via mobile health modality.

The present study has shown that the intervention has significantly improved the usage of smoking cessation services at 6-month follow-up. This might be due to some peer supporters sharing their previous experiences and demonstrating the effectiveness of smoking cessation service use. Considering the low willingness to use free smoking cessation services in Hong Kong, our intervention has indicated that ex-smokers’ sharing and experience can be a possible method to enhance the utility of smoking cessation services. It is also worth noting that intervention engagement rate of this RCT was slightly enhanced compared to the previous RCT with chat-based smoking cessation support delivered by non-smoking peers<sup>5</sup>, which might be due to the peer supporters’ sharing were attractive. In the present study, participants with more engagement in the intervention had higher biochemically validated smoking abstinence at 6 months. The modest engagement rate in the study might lead to the underestimation of the intervention effect.

The study has several strengths. Smokers who visit smoking cessation clinics generally have higher intention and

readiness to quit smoking, which is the minority as shown in the government survey. The strength of the present study was the adoption of proactive recruitment approach, which could recruit hard-to-reach smokers in the community and encourage them to quit. The inclusion of smokers in the community increased the representativeness of the sample. Second, biochemical validated tests were performed to minimize bias and increase the rigor of the study. Third, an intervention delivered by mobile-based ex-smoking peer supporter was nested in the contest, which was the first trial to assess the feasibility and effect of ex-smokers’ chat-based smoking cessation advices.

The present study has several limitations. The first concern of the study was the relatively large proportion of participants lost follow-up at 6 months compared to previous similar studies reporting a retention rate of around 70%<sup>5,11</sup>. The low retention rate (65.4%) in the study might be affected by the outbreak of the 5<sup>th</sup> wave of the COVID-19 pandemic, which overlapped with the 3- and 6-month follow-up period<sup>12</sup> of the study. Second, the ex-smoking peer supporters in the present study provided smoking cessation support voluntarily by sharing their experiences. Compared with full-time smoking cessation counselors, they might not be able to respond promptly, which might undermine the intervention’s efficacy. Third, the study trial was conducted in the context of COVID-19 pandemic, in which smoking cessation behaviours differed from those in the non-COVID-19 pandemic context. The generalizability of the findings to a non-COVID-19 context (or life was normal despite COVID-19) was unclear.

## 5. Conclusion

In conclusion, the 12<sup>th</sup> QTW Contest, encompassed smoking cessation counselors training, smoke-free community promotion and a RCT of combined intervention of brief cessation advice (AWARD) and chat-based peer support from ex-smokers, successfully delivered smoke-free messages to a large number of non-smokers and smokers in the Hong Kong community. The brief advice and mobile-based support by ex-smokers have the potential to promote smoking abstinence in proactively recruited community smokers. Further studies to explore the experiences of participants and ex-smoking peer supporters to gain insight for methods to enhance the effect of ex-smoking peer supporters are worthwhile.

## 6. Clinical trial registration

Clinical trial registration number: [NCT04909320](https://clinicaltrials.gov/ct2/show/study/NCT04909320)  
(ClinicalTrials.gov)



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# 控煙政策調查 2023

2024年8月 第三十五號報告書



## 實現煙草終局需要嚴格與創新的政策

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### 1. 引言

儘管香港的吸煙率在2023年下降至9.1%，吸煙仍然是一個迫切的公共衛生問題。香港每年都有7,000人因為吸煙而死亡<sup>1</sup>。吸煙是導致非傳染性疾病的主要原因之一，例如肺癌，香港男性最常見和女性第二常見的癌症。此外，二手煙也會導致許多疾病。世界衛生組織（世衛）目標在2025年前將全球吸煙率減少30%<sup>2</sup>及減少與吸煙相關的死亡。為響應世衛，香港政府設訂在2025年將15歲及以上人士的吸煙率降至7.8%的目標。

政府透過擴大禁煙區及加強執法、加強公眾教育和戒煙服務、增加煙草稅、及全面禁止另類吸煙產品（另類煙）以達成上述目標。近年推行的措施包括2022年起禁止另類煙，以及於2023年和2024年增加煙草稅。在2023年中，政府進行了公眾諮詢以收集公眾對加強四大控煙策略的意見，包括「管供應、降需求」、「禁宣傳、減引誘」、「擴禁區、免煙害」及「重教育、助戒煙」。當中建議的措施包括提高合法購買煙草年齡、全煙害警示包裝、禁止加味煙、定期調高煙草稅的機制及「無煙世代」政策等。

煙草終局旨在將吸煙率在特定年份前降至5%或以下，繼而徹底消除煙草使用。目前為止，全球約有60個國家/地區宣布了煙草終局目標。按吸煙率及控煙力度分類，有28個國家/地區被認為可達致煙草終局的情況，包括新西蘭、斯里蘭卡、新加坡和英國等；另有48個國家/地區接近達到可達致煙草終局的情況，包括澳洲、加拿大、匈牙利、愛爾蘭、荷蘭和西班牙等<sup>3</sup>。

各地為達致煙草終局所採取的措施一般包括全煙害警示包裝、擴大禁煙區、禁止青少年取得煙草、全面禁止煙草廣告、高煙草稅、全面的戒煙服務、規管電子煙及加強吸煙產品包裝上的煙害警示。一些國家/地區提出了創新的策略，包括禁止向下一代銷售煙草、降低捲煙中的尼古丁含量以減低其成癮性、及減少煙草零售點。

香港吸煙與健康委員會提議將吸煙率降至5%或以下，然後全面禁煙，並於2022年推出了「煙草終局約章」，以爭取社會菁英的支持<sup>4</sup>。約章提出了多項加強控煙和實現煙草終

局的重要措施，例如增加煙草稅、擴大法定禁煙區、全煙害警示包裝、加強教育和戒煙服務，以及一些較先進的措施，例如提高合法購買煙草的年齡，和減少煙草產品的吸引力和成癮性。

自2013年起每年進行的「控煙政策調查」(下稱「調查」)收集與吸煙相關的數據，包括吸煙行為、控煙政策的作用、以及對當前和未來政策的意見。調查還提供了重要數據以支持香港在控煙方面的進展，包括增加煙草稅、禁止另類煙、擴大煙包煙害圖象警示和擴大禁煙區。本報告描述2023年調查的主要調查結果，並探討較迫切的控煙議題。具體來說，本報告重點討論市民對煙草終局的支持、吸食加味捲煙的情況及增加煙草稅的措施。

## 2. 方法

### 2.1 研究設計及受訪者

控煙政策調查2023是一個橫斷面調查，於2023年2月至6月期間進行。受訪者為年滿15歲及懂廣東話之香港居民，共分成三組：(1) 現時吸煙者—每天或偶爾吸食任何吸煙產品；(2) 已戒煙者—曾經吸食任何吸煙產品但已停用；及(3) 從不吸煙者—從未吸食過任何吸煙產品。

社會政策研究有限公司受委託收集數據，進行家居電話及手提電話調查。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，該號碼被歸類為「未能聯絡」。除了部分願意參與後續調查的受訪者外，所有訪問均匿名進行。受訪者有權隨時退出研究而無須提供原因，並且沒有後果。

### 2.2 抽樣方法及選取受訪者

控煙政策調查2023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)接受家居電話訪問，餘下的四分之三(75.0%，共4,200人)則接受手提電話訪問。由於香港的已戒煙者和現時吸煙者的比例相對較少，該兩組採用了超取樣並作加權處理，以獲得更精確的推算和詳細分析。

在家居電話訪問方面，我們首先從家居電話簿中隨機抽取

電話號碼作為種子號碼，然後由電腦程式對種子號碼「加減1或2」產生新一組號碼，從而涵蓋未收錄在電話簿的電話號碼。重覆的號碼會被刪除，而剩餘號碼會以隨機次序建立最終抽樣框架。當成功聯絡到一個目標住戶時，我們會以「下一個生日」方法，選出一位合符資格的家庭成員作為受訪者。在手提電話訪問方面，我們首先從通訊事務管理局辦公室的號碼計劃分配予流動電訊服務供應商的手提電話的首個數字產生隨機號碼，並以隨機次序建立最終抽樣框架。只有該手提電話號碼的使用者會被訪問。

### 2.3 問卷設計

本調查的問卷主要根據過往調查的問卷設計，分為核心問題及隨機問題兩個部分。所有受訪者均需回答核心問題，包括吸煙情況、接觸二手煙的情況及尼古丁依賴等。受訪者會被隨機分配至一個亞組(現時吸煙者分為六組、已戒煙者分為四組、從不吸煙者分為兩組)回答與其吸煙狀況相關的隨機問題，包括接觸三手煙的情況、煙草廣告、全煙害警示包裝、增加煙草稅，以及煙草終局等。同一個亞組的受訪者需回答同樣的隨機問題。

### 2.4 權重及統計分析

整體樣本按2021年香港人口的性別、年齡及吸煙狀況分佈加權處理(不包括入住懲教院舍內的人士、外籍家庭傭工及水上居民)<sup>5</sup>。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

表一顯示，相比從不吸煙者(40.9%)，現時吸煙者(82.0%)和已戒煙者(85.1%)更有可能為男性(P值<0.001)。相比從不吸煙者(60.0%)，有更高比例的現時吸煙者(68.9%)和已戒煙者(83.2%)為40歲及以上(P值<0.001)。相比已戒煙者(22.4%)和現時吸煙者(19.8%)，從不吸煙者更有可能接受過高等教育(38.9%)(P值<0.001)。



表一 受訪者的社會人口特徵

	從不吸煙者 (1,500人)	已戒煙者 (1,500人)	現時吸煙者 (2,600人)	總數 (5,600人)	P值
性別					<0.001
男性	40.9%	85.1%	82.0%	47.5%	
女性	59.1%	14.9%	18.0%	52.5%	
年齡 (歲)					<0.001
15-29	17.2%	2.3%	8.5%	15.5%	
30-39	15.1%	7.9%	16.0%	14.8%	
40-49	14.8%	11.9%	23.6%	15.5%	
50-59	16.6%	18.9%	20.5%	17.2%	
60 或以上	28.6%	52.4%	24.8%	29.5%	
不知道/拒答	7.7%	6.7%	6.6%	7.5%	
教育程度					<0.001
小學或以下	14.0%	21.4%	11.8%	14.2%	
中學	46.9%	56.2%	68.4%	49.6%	
大專/大學或以上	38.9%	22.4%	19.8%	36.1%	
不知道 / 拒答	0.1%	0.0%	0.0%	0.1%	
就業情況					<0.001
受僱人士	55.9%	56.6%	77.3%	58.1%	
僱主	1.5%	3.1%	2.4%	1.7%	
學生	6.6%	0.7%	1.5%	5.8%	
無酬家庭從業者	21.2%	4.5%	3.7%	18.5%	
失業人士	3.6%	2.7%	3.1%	3.5%	
退休	11.2%	32.5%	12.0%	12.5%	
不知道 / 拒答	0.1%	0.0%	0.0%	0.0%	

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

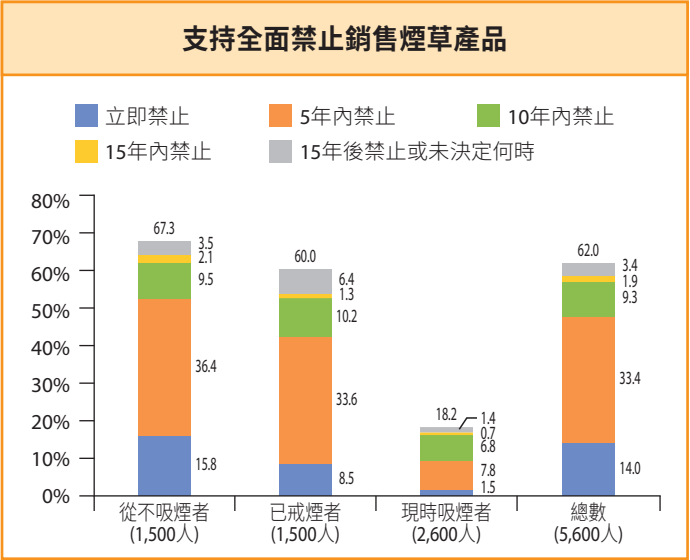
3.2 吸煙情況

現時吸任何吸煙產品的比率為10.2%。現時吸煙者最常吸食的是傳統捲煙 (9.8%)，其次是電子煙 (0.8%)、水煙 (0.5%) 和加熱煙草製品 (加熱煙)(0.3%)。三分之二 (65.2%) 的現時吸捲煙者幾乎每天吸煙，而平均每日吸煙量為12.2支捲煙。逾三分之二 (73.9%) 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 公眾對煙草終局的意見

圖一顯示在所有受訪者中，62.0%支持全面禁止銷售煙草產品，當中14.0%支持立即禁止，其餘48.0%支持稍後實施禁令。在從不吸煙者中，67.3%的受訪者支持禁令，其中15.8%支持立即禁止，其餘51.5%支持稍後實施禁令。已戒煙者的回應也類似，60.0%支持禁令。而在現時吸煙者中，只有18.2%支持全面禁止煙草產品銷售。

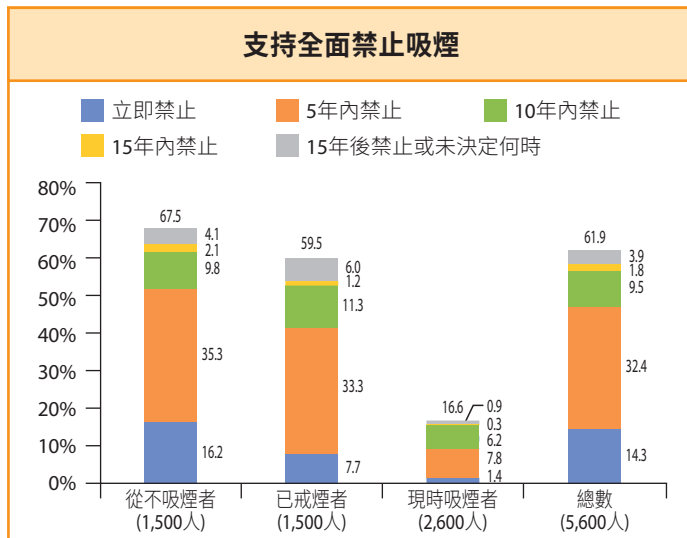
圖一



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

圖二顯示在所有受訪者中，61.9%支持全面禁止吸煙，當中14.3%支持立即禁止，47.5%支持稍後實施禁令。在從不吸煙者中，67.5%支持禁令，當中16.2%支持立即禁止，51.3%支持稍後實施禁令。已戒煙者的意見類似，有59.5%支持禁令。而在現時吸煙者中，只有16.6%支持全面禁止吸煙。

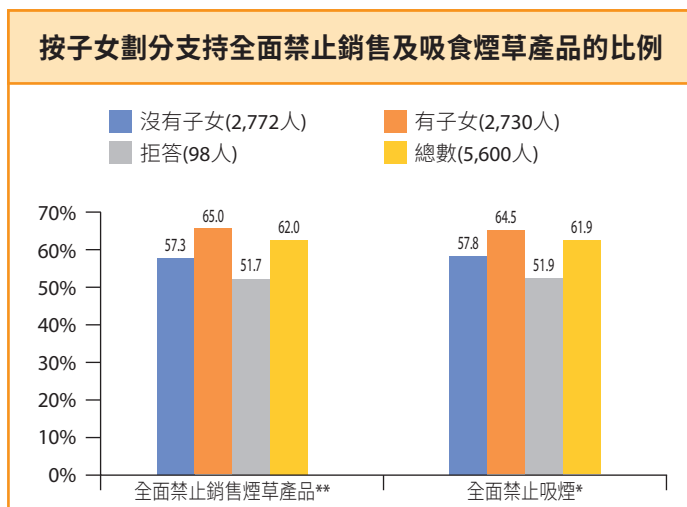
圖二



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

圖三顯示有子女的受訪者對禁止煙草產品的支持率較高。對於全面禁止銷售及吸食煙草產品，有子女的受訪者的支持率分別為65.0%及64.5%。相比之下，沒有子女的受訪者的支持率較低，分別為57.3%及57.8%，但仍然過半數。

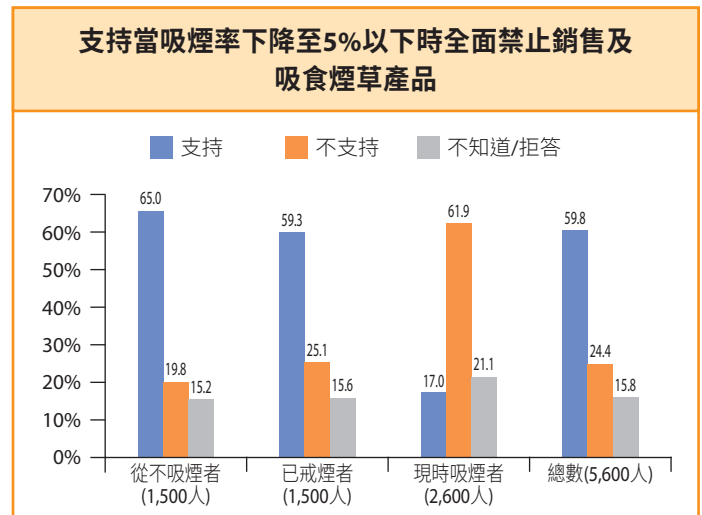
圖三



數據按2021年香港人口的年齡、性別及吸煙狀況分佈加權處理  
卡方檢驗所算出的子狀況差異明顯 (\*\*P值<0.05, \*\*P值<0.01, \*\*\*P值<0.001)

圖四顯示，超過半數 (59.8%) 受訪者支持當吸煙率降至5%以下時全面禁止銷售及吸食煙草產品。支持率在從不吸煙者中最高，達到65.0%，而在已戒煙者和現時吸煙者中的支持則分別為59.3%及17.0%。

圖四

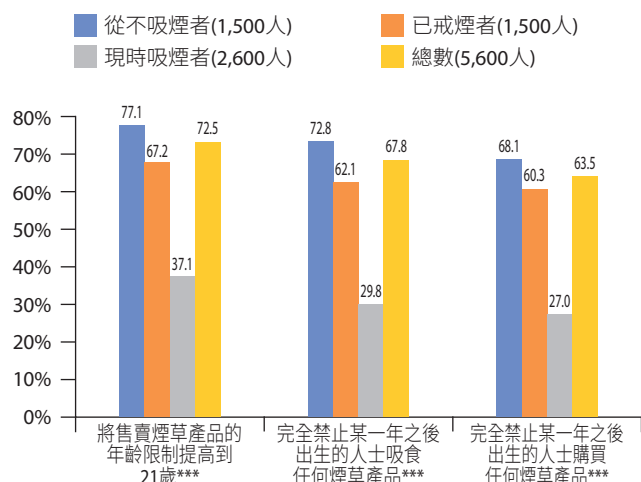


數據按2021年香港人口的年齡、性別及吸煙狀況分佈加權處理  
卡方檢驗所算出的吸煙狀況差異明顯 (P值<0.001)

圖五顯示受訪者十分支持限制下一代接觸吸煙產品的措施。支持度最高的是提高合法購買吸煙產品的年齡至21歲 (72.5%)，而從不吸煙者中有77.1%支持此措施。禁止特定年份後出生的人士吸煙和購買吸煙產品 (67.8%及63.5%) 也獲大部份受訪者支持，從不吸煙者的支持率最高 (72.8%及68.1%)。現時吸煙者對這三項措施的支持最低，約有37.1%支持提高合法購買吸煙產品的年齡、29.8%支持禁止特定年份後出生人士購買吸煙產品。過半數已戒煙者亦支持上述措施，但支持率稍低於從不吸煙者。

圖五

## 支持限制下一代接觸吸煙產品的措施

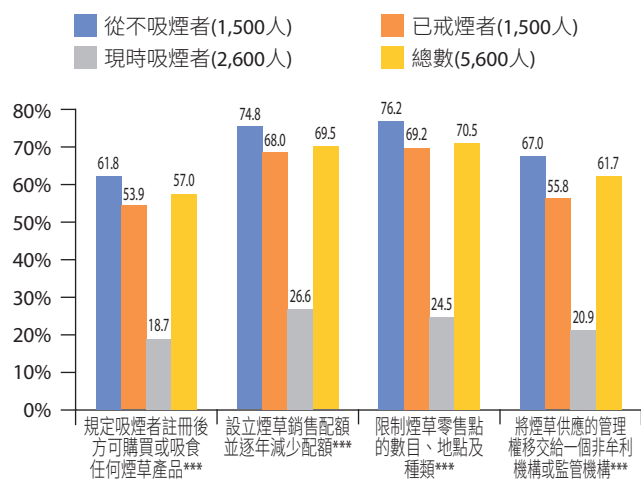


數據按2021年香港人口的年齡、性別及吸煙狀況分佈加權處理  
卡方檢驗所算出的吸煙狀況差異明顯 (\*P值<0.05, \*\*P值<0.01, \*\*\*P值<0.001)

圖六顯示大多數受訪者支持降低吸煙產品需求和供應的措施。超過一半的受訪者支持以下措施：限制煙草零售點的數目、地點及種類 (70.5%)、設立煙草銷售配額並逐年減少配額 (69.5%)、由非牟利機構或監管機構負責管理煙草產品供應 (61.7%)、及規定吸煙者註冊後方可購買或吸食任何煙草產品 (57.0%)。支持程度因吸煙狀況而異，從不吸煙者的支持率最高 (61.8% 至 76.2%)，而現時吸煙者的支持率最低 (18.7% 至 26.6%)。

圖六

## 支持降低吸煙產品供求的措施



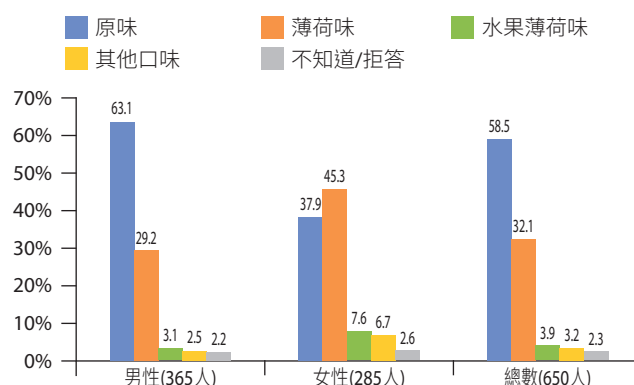
數據按2021年香港人口的年齡、性別及吸煙狀況分佈加權處理  
卡方檢驗所算出的吸煙狀況差異明顯 (\*P值<0.05, \*\*P值<0.01, \*\*\*P值<0.001)

## 3.4 吸食加味捲煙的情況

圖七顯示58.5%的現時吸捲煙者首次吸食的捲煙是原味捲煙，而39.2%吸食的是加味捲煙。女性首次吸食捲煙選擇加味捲煙的比例 (59.5%) 遠高於男性 (34.7%)(P值<0.001)。在以加味捲煙作為第一口捲煙的現時吸捲煙者中，最常用的口味是薄荷味 (81.8%)，其次為水果薄荷味 (10.0%) 及其他口味 (8.3%)。

圖七

## 現時吸捲煙者首次吸食捲煙的口味

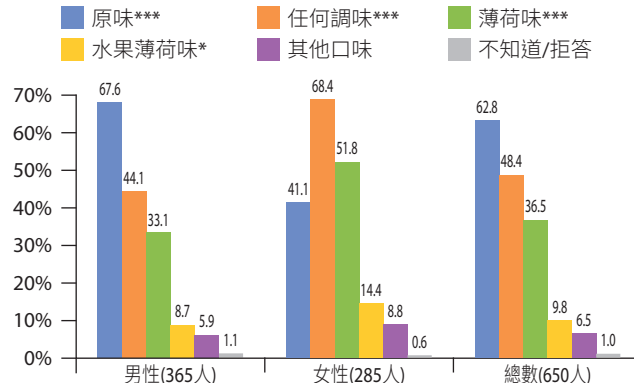


數據按2021年香港人口的年齡、性別及吸煙狀況分佈加權處理  
卡方檢驗所算出的性別差異明顯 (P值<0.001)

圖八顯示62.8%的現時吸捲煙者目前吸食原味捲煙，而48.4%吸食加味捲煙。女性現時吸食加味捲煙的比例 (68.4%) 遠高於男性 (44.1%)(P值<0.001)。在所有現時吸加味捲煙者中，最普遍的口味是薄荷味 (75.3%)。

圖八

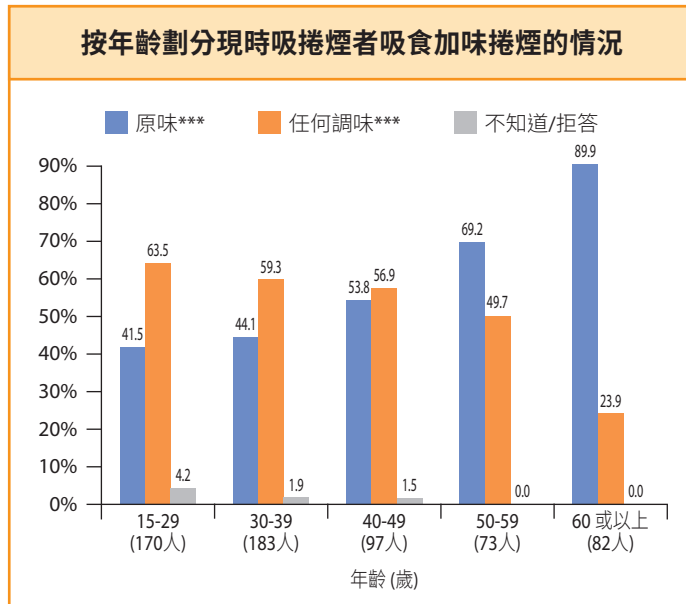
## 現時吸捲煙者吸食加味捲煙的情況



數據按2021年香港人口的年齡、性別及吸煙狀況分佈加權處理  
卡方檢驗所算出的性別差異明顯 (\*P值<0.05, \*\*P值<0.01, \*\*\*P值<0.001)  
可答多項

圖九顯示較年輕的現時吸捲煙者吸加味捲煙的比率較年長的更普遍。比例在15-29歲組別最高 (63.5%)，而在60歲或以上組別最低 (23.9%)。

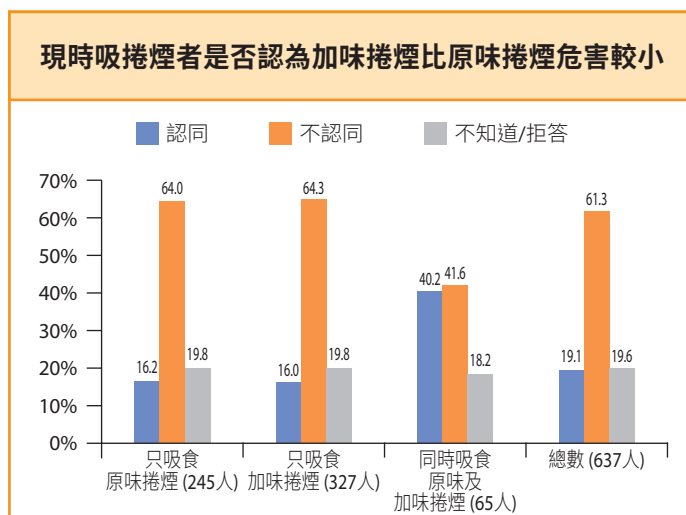
圖九



數據按2021年香港人口的年齡、性別及吸煙狀況分布加權處理  
卡方檢驗所算出的年齡差異明顯 (\*P值<0.05, \*\*P值<0.01, \*\*\*P值<0.001)  
沒有顯示不知道或拒答年齡的受訪者  
可答多項

圖十顯示61.3%的所有現時吸捲煙者不認為加味捲煙危害較小，僅有19.1%認為加味捲煙對健康的危害較小。不論只吸原味捲煙或只吸加味捲煙的現時吸捲煙者，均只有約一成半認為加味捲煙對健康危害較小，但在同時吸原味及加味捲煙的現時吸捲煙者中則高，達40.2%認為加味捲煙對健康危害較小。

圖十

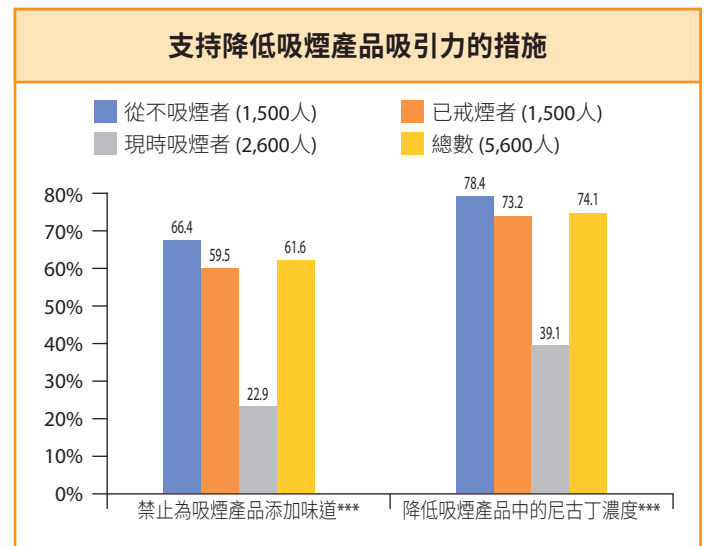


數據按2021年香港人口的年齡、性別及吸煙狀況分布加權處理  
卡方檢驗所算出的吸食加味捲煙情況差異明顯 (P值<0.01)  
不知道或拒答捲煙口味的受訪者被排除在分析之外

### 3.5 降低吸煙產品的吸引力

圖十一顯示，61.6%的受訪者 (66.4%的從不吸煙者、59.5%的已戒煙者及22.9%的現時吸煙者) 支持禁止加味煙。此外，74.1%的所有受訪者支持降低吸煙產品中的尼古丁濃度。支持率在從不吸煙者 (78.4%) 和已戒煙者 (73.2%) 中較現時吸煙者 (39.1%) 高 (P值<0.001)。

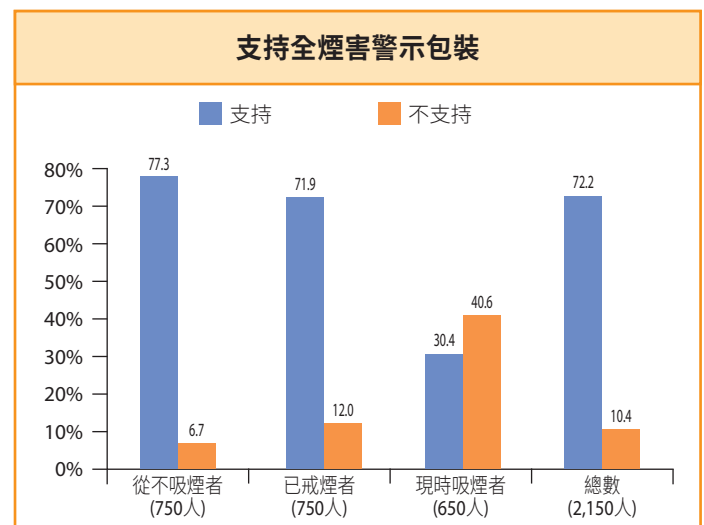
圖十一



數據按2021年香港人口的年齡、性別及吸煙狀況分布加權處理  
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)

圖十二顯示三分之二 (72.2%) 的受訪者支持在香港實施全煙害警示包裝，其中從不吸煙者 (77.3%) 和已戒煙者 (71.9%) 的支持率高於現時吸煙者 (30.4%)。

圖十二



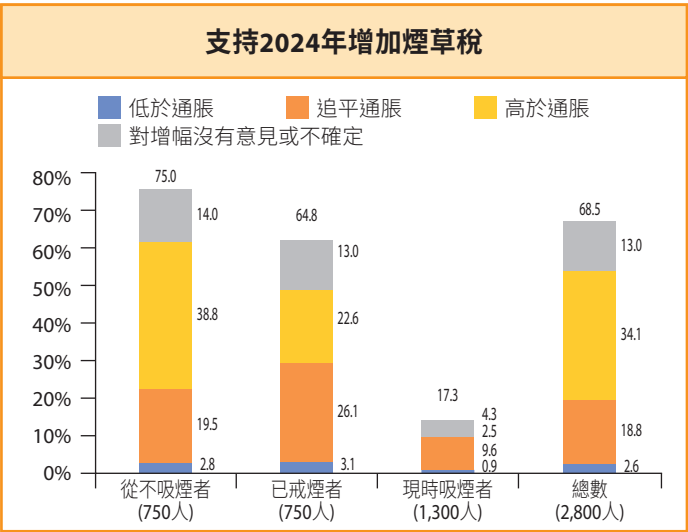
數據按2021年香港人口的年齡、性別及吸煙狀況分布加權處理  
卡方檢驗所算出的吸煙狀況差異明顯 (P值<0.001)  
沒有顯示不知道或拒答的受訪者



3.6 煙草稅

圖十三顯示，75.0%的從不吸煙者、64.8%的已戒煙者和17.3%的現時吸煙者支持在2024年增加煙草稅，整體支持率為68.5%。近半從不吸煙者 (58.2%) 和已戒煙者 (48.7%) 支持至少按通脹率增加煙草稅，支持率比現時吸煙者 (12.1%) 高。

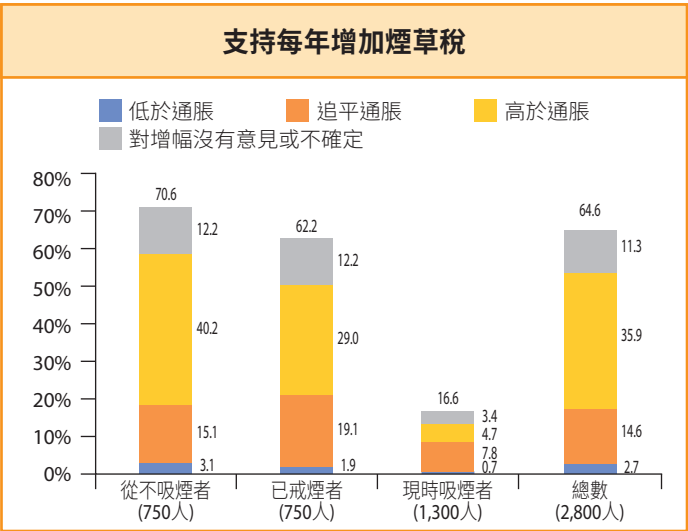
圖十三



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

圖十四顯示，64.6%的受訪者支持每年增加煙草稅，從不吸煙者、已戒煙者和現時吸煙者的支持率分別為70.6%、62.2%及16.6%。半數 (50.5%) 的受訪者認為增幅應該等同或高於通脹率。

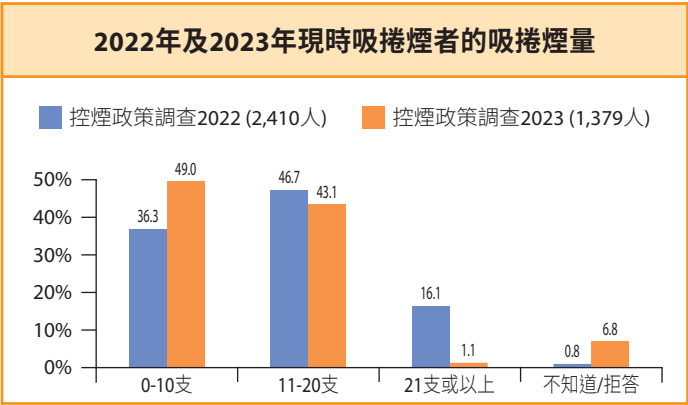
圖十四



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

圖十五顯示，對比2022年及2023年的調查結果，現時吸煙者吸食捲煙的數量有所轉變。整體而言，每日吸煙量較少 (0-10支) 的現時吸捲煙者比例顯著增加，從2022年的36.6%上升到2023年的49.0%。每日吸食11-20支捲煙的現時吸捲煙者比例相對穩定，從46.7%略微下降到43.1%。最值得注意的是，重度吸捲煙者 (每日吸21支或以上) 的比例大幅下降，從16.1%降至1.1%。現時吸捲煙者的每日吸捲煙量呈現整體下降趨勢 (P值<0.001)。

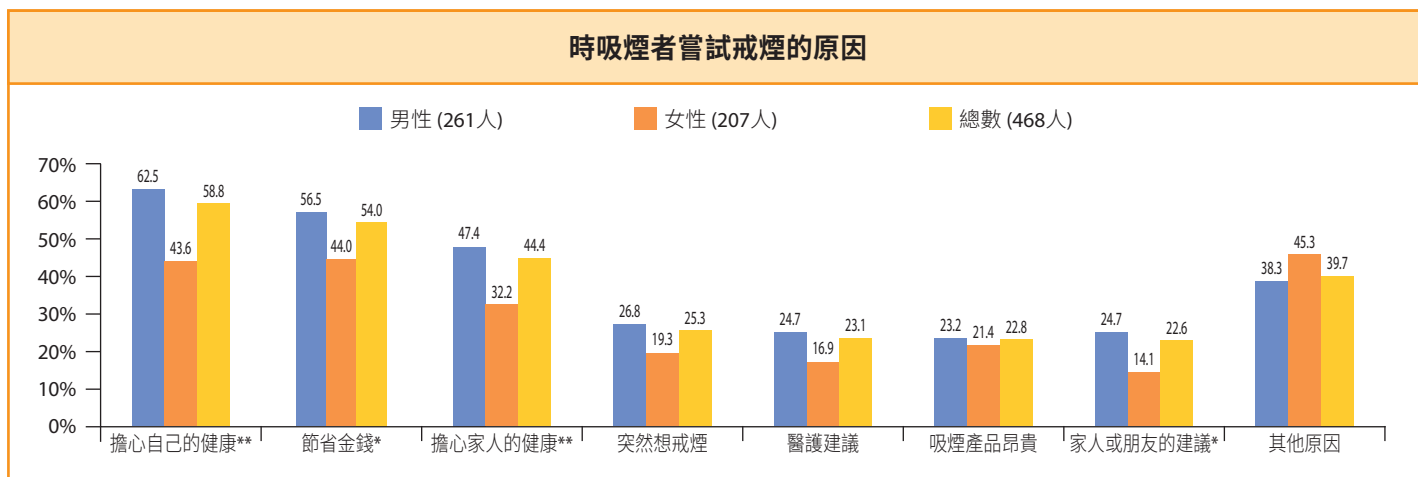
圖十五



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

圖十六顯示，現時吸煙者嘗試戒煙的主要原因是擔心自己的健康 (58.8%)。節省金錢 (54.0%) 是第二主因，其次原因依次為擔心家人的健康 (44.4%)、突然想戒煙 (25.3%)、醫生建議 (23.1%)、吸煙產品昂貴 (22.8%)、家人或朋友的建議 (22.6%)。與女性相比，男性更可能因為自己的健康 (62.5% 比 43.6%)、為了省錢 (56.5% 比 44.0%)、為了家人的健康 (47.4% 比 32.2%)、以及受到家人、親戚或朋友建議 (24.7% 比14.1%) 而戒煙。

圖十六



數據按2021年香港人口的年齡、性別及吸煙狀況分佈加權處理  
卡方檢驗所算出的性別差異明顯 (\*P值<0.05, \*\*P值<0.01, \*\*\*P值<0.001)  
可答多項

#### 4. 討論

「煙草終局」的概念比控煙更為先進，旨在終止煙草流行<sup>6</sup>。雖然香港尚未制定具體的終局計劃或策略達至全面禁煙，但政府已推出「邁向2025香港非傳染病防控策略及行動計劃」<sup>7</sup>，而其中一個目標為在2025年或之前將吸煙率降至7.8%。自1980年代初期起，香港的控煙力度逐步加強，但近年來吸煙率的下降幅度漸緩。而在過去十年，新實施的控煙措施不多，現有控煙措施亦只有限度加強，例如在2014年、2023年和2024年的增加煙草稅；在2016年、2018年和2021年輕微擴大法定禁煙區；在2018年擴大煙包上的煙害圖像警示；以及2022年禁止售賣另類吸煙產品。吸煙率的下降速度停滯說明了有迫切需要實施嚴格、強力及創新的措施來防止開始吸煙並鼓勵戒煙。

公眾支持對於制定和實施控煙政策至關重要。今次調查結果顯示，禁止銷售煙草產品 (62.0%) 和禁止吸食煙草產品 (61.9%) 的支持率很高。與其他已宣布煙草終局目標的地方相比，香港支持全面禁煙比率較高，可能是由於香港的低吸煙率所致 (2023年為9.1%)。例如，英國目標在2030年或之前達至煙草終局，其吸煙率在2020年為14.0%，只有34.5%的成年人支持完全禁止吸煙或銷售煙草<sup>8</sup>。公眾的支持為香港政策制定者考慮禁止吸煙及煙草銷售提供了一個良好的基礎。相對較低的吸煙率、免費的戒煙服務和對先進的控煙法例，使香港較其他亞洲地方有更大機會實施禁止煙草銷售<sup>9,10</sup>。例如，在中國大陸，儘管20多個省市已制定了無煙法例，但仍欠缺全國性法律。戒煙服務和藥物主要在大城市提供，廣泛市民接受尼古丁替代療法的機會有限，這有可能會阻礙吸煙者嘗試戒煙。香港現有的控煙條件為實施更嚴格和進取的控煙措施了有利環境<sup>11</sup>。

大多數吸煙者在青少年時期開始吸煙，並在21歲之前進展為習慣每日吸煙者<sup>12</sup>。根據《主題性住戶統計調查第79號報告書》，近六成香港每日吸煙者在19歲之前就開始每週吸煙<sup>12</sup>。年輕時開始吸煙會對健康造成不良影響，包括增加罹患慢性疾病的風險及成年後繼續吸煙的可能性<sup>13,14</sup>。因此，提高合法購買煙草產品年齡是一項限制青少年獲取煙草和防止進展養成吸煙習慣的重要措施。越來越多的國家，如美國，已經禁止向21歲或以下的人士銷售煙草產品。措施並取得了顯著成效，使美國的捲煙銷售量減少了12.4%，當中佔最高比例的為21歲以下人士<sup>15</sup>。在香港，公眾強烈支持提高合法購買煙草產品的年齡，與全球趨勢一致。

捲煙中的調味，尤其是薄荷味，可以減少或掩蓋煙草帶來的刺喉感和苦澀味，使其更易入口<sup>16</sup>。研究表明，加味捲煙可以透過增強感官體驗，促進從嘗試吸煙、進而經常吸煙。此外，捲煙中的調味可以減輕尼古丁造成的不適，如咳嗽和喉嚨刺激，使初次吸煙者更容易適應和接受吸煙，從而增加繼續吸煙的可能性<sup>17</sup>。在煙草產品中加入調味是煙草業增加煙草的吸引力的策略，特別針對年輕人和女性。我們的調查顯示，39.2%的現時吸煙者第一次吸煙是加味捲煙，女性的比例 (59.5%) 遠高於男性的比例 (34.7%)。調查亦顯示，48.4%的現時吸煙者吸食加味捲煙。比例在年輕人及女性中顯著較高，在15-29歲組別中達到63.5%，而在女性中達到68.4%。薄荷捲煙在所有年齡組別及性別中都最為普遍。這表明加味捲煙 (特別是薄荷煙) 對開始吸煙及養成吸煙習慣起重要作用，尤其對年輕人及女性。

《世界衛生組織煙草控制框架公約》第9條要求締約方監管煙草產品的成分，建議禁止或限制可能增加煙草產品可口性的成分<sup>18</sup>。很多國家已成功立法禁止加味煙，如加拿大禁止了所有加味捲煙，值得香港借鑒<sup>19,20</sup>。加拿大最初在2010年立法禁止了薄荷味以外的加味煙<sup>21</sup>，隨後在2017年的將禁令擴展至薄荷醇(包括所有類似物質和衍生物質)<sup>20</sup>。研究顯示，薄荷煙禁令顯著增加了吸薄荷捲煙者的戒煙嘗試，並有助他們保持不吸煙<sup>20</sup>。此外，加拿大的措施成功減少吸食加味煙包括薄荷捲煙，並促進了戒煙<sup>21</sup>，亦防止了特別是重度吸煙者的已戒煙者復吸<sup>20</sup>。另外，美國在2009年通過的《家庭吸煙預防和煙草控制法》列明禁止加味捲煙(不包括薄荷味)。研究表明，該禁令有效降低青少年吸煙，令青少年成為吸煙者的機會降低了17.1%<sup>22</sup>。在2020年5月，英國禁止了薄荷捲煙(包括膠囊煙，俗稱爆珠煙)。禁令實施後，英格蘭年輕人吸食薄荷捲煙的比例顯著下降，從2020年2月的12.1%降至2020年8月的3.0%<sup>23</sup>。然而，煙草商在多個國家推出煙草調味配件來規避法規<sup>24</sup>。這些配件不被歸類為煙草產品，因此不受約束。但這些配件的款式眾多、口味吸引，對吸煙者特別有吸引力，亦可導致重大的公共衛生問題。因此，全面的加味煙禁令應涵蓋這些調味配件，以堵塞漏洞。我們的調查結果顯示，61.6%的受訪者支持禁止加味煙，表明公眾意識到加味煙對公共衛生的潛在危害和負面影響。民意支持嚴格的措施和政策以遏制這些煙草產品流行。

增加煙草稅是降低吸煙率的單一最有效措施<sup>25</sup>。我們的調查結果顯示，吸煙者的吸捲煙量在2023年增加煙草稅後顯著改變，輕度吸煙者的比例大幅上升而重度吸煙者的比例則急劇下降。此外，仍然有大部分市民支持在2024年增加煙草稅(68.5%)和每年增加煙草稅(64.6%)。在美國，有研究指出增加稅收能有效地將吸煙率從2001年的23.4%降低到2015年的17.9%<sup>26</sup>。研究結果還表明，煙草稅每增加美金0.25元(約港幣1.95元)，嘗試戒煙的吸煙者就會增加0.67%。按照世衛建議，應將煙草稅提高至零售價格的75%或以上，以降低煙草產品的可負擔性，並鼓勵戒煙<sup>27</sup>。此外，增加煙草稅帶來的額外稅款可用於健康項目和戒煙服務。

最近，香港政府計劃推出十項控煙措施<sup>28</sup>，包括引入完稅煙標籤制度、提高走私煙相關罰則、禁止為任何目的管有另類煙、持續檢視煙草稅、禁止加味煙、實施全煙害警示包裝、擴大禁煙區、禁止排隊時吸煙、增加戒煙服務和無煙教育。這些建議反映了政府對控煙和公共衛生的堅定承諾，旨在為香港締造更健康的無煙環境。我們的調查發現，市民對不同控煙措施的廣泛支持表明他們普遍贊同政府的控煙策略。

## 5. 研究局限

控煙政策調查2023的所有資料均由家居電話及手提電話訪問收集，以加強覆蓋率。雖然準確度可能較面對面訪談低，但電話訪問的匿名性質可以鼓勵訪問者作出更真確的回覆。受訪對象雖然只限於15歲或以上懂廣東話人士，惟他們涵蓋超過95%香港15歲或以上人口。另外，橫斷面調查無法追蹤同一受訪者於不同時間，對控煙政策看法或吸煙習慣的改變等資料。

## 6. 結論

儘管現行的控煙政策已取得一定成效，吸煙率下降的趨勢已趨於滯緩，顯示有需要採取更有效措施以實現煙草終局目標。公眾尤其是從不吸煙者和已戒煙者，高度支持創新和嚴格的政策，例如全面禁止煙草銷售與吸煙、將合法購買吸煙產品年齡提高至21歲、以及每年增加煙草稅，這使得香港有望推進控煙措施。調查還發現，女性和年輕人使用加味捲煙的比例很高，表明有必要採取行動以降低吸煙產品的吸引力。

## 7. 其他結果

### 7.1 另類煙的現時使用情況

- 在過去30天內，現時吸加熱煙者吸加熱煙的平均天數為13.4天，而現時吸電子煙者吸電子煙的平均天數為19.1天。
- 在實施另類煙禁令後的幾個月內，四分之一(24.5%)的現時吸加熱煙者減少了吸加熱煙，而38.5%的現時吸電子煙者減少吸電子煙。
- 超過五分之一(21.5%)的現時吸加熱煙者有意戒加熱煙，22.2%的現時吸電子煙者有意戒電子煙。

### 7.2 吸煙熱點

- 三分之二(65.0%)的現時吸煙者在過去七日曾經在吸煙熱點(如垃圾桶旁、後巷)吸煙，其中12.7%每日都到訪吸煙熱點。
- 現時吸煙者平均每天到訪吸煙熱點3.2次。

### 7.3 現時吸煙者的戒煙嘗試

- 21.1%的現時吸煙者曾經嘗試戒煙，其中34.6%在過去一年嘗試戒煙。
- 在最近一次戒煙嘗試中，近半數 (47.2%) 的現時吸煙者主要嘗試在沒有任何輔助的情況下戒煙、23.3%主要使用戒煙藥物、22.7%主要使用戒煙服務。
- 壓力 (32.2%)、與吸煙的朋友或同事見面 (19.5%)、打發時間 (13.5%) 和無法集中精神 (13.4%) 是現時吸煙者復吸的主要原因。

### 7.4 已戒煙者的戒煙情況

- 已戒煙者平均戒煙8.2年。
- 已戒煙者最常見的戒煙原因是為了自身健康 (61.6%)、節省金錢 (40.1%) 和家人的健康 (37.4%)。
- 超過半數 (62.5%) 的已戒煙者選擇逐漸減少吸煙，而31.1%選擇一下子完全戒煙。
- 已戒煙者最普遍透過減少與吸煙的朋友及同事見面 (46.6%)、減少到訪多吸煙者的地方 (44.1%) 及減少到訪多二手煙或三手煙的地方 (36.1%) 來幫助戒煙。
- 五分之一 (20.1%) 的已戒煙者主要使用戒煙藥物或服務戒煙。在這些已戒煙者中，80.7%使用尼古丁替代療法、35.7%使用中藥或食療、11.0%使用戒煙藥物、9.3%使用針灸。

### 7.5 二手煙及三手煙接觸情況

- 近一半受訪者 (48.7%) 在過去七天曾在任何地方吸入過二手煙。
- 37.7%的受訪者於過去七天曾經在家中吸入二手煙，包括26.3%吸入來自自己家中的二手煙及28.6%吸入來自鄰居的二手煙。
- 約三分之一 (34.3%) 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 (40.3%) 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，23.2% 在過去七天在家中接觸到第三手煙，34.5% 在家以外的室內場所接觸到第三手煙。

### 7.6 吸煙產品包裝規管

- 幾乎所有 (98.0%) 現時吸煙者有見過煙包上的煙害圖象警示。
- 部分現時吸煙者表示，如果每支捲煙都印上煙害警示訊息 (19.1%)、如果煙害包圖象警示加入「每兩個長期吸煙者中，有一個會因為吸煙而提早死亡」字句 (17.7%)、或在煙包內加入煙害資訊卡 (14.0%)，會考慮戒煙。

### 7.7 煙草廣告和推廣

- 約四分之三 (76.3%) 的受訪者於過去三十天曾經在銷售點看到煙草產品陳列，當中8.3%認為陳列具吸引力，而70.4%同意禁止於銷售點展示煙草產品。

### 7.8 煙草稅

- 約三分之一 (33.6%) 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港幣140.1元 (中位數為每包港幣100元)，才能推動他們戒煙。

### 7.9 擴大法定禁煙區

- 九成半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屋苑內所有公共區域 (59.2%)、繁忙的街道 (58.6%)、所有有上蓋的公共場所 (47.0%)、及餐廳和酒吧的室外區域 (46.6%)。
- 約四分之三 (71.6%) 的受訪者同意政府禁止在街上一邊走路一邊吸煙。
- 大部分 (84.2%) 的受訪者支持增加人手，檢控在禁煙區吸煙的人士。
- 大部分 (73.0%) 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 (62.1%) 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3,268.3元 (中位數為港幣3,000元)。



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# Tobacco Control Policy-related Survey 2023

August 2024 COSH Report No. 35



## Stringent and Innovative Policies Needed to Achieve Tobacco Endgame in Hong Kong

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### 1. Introduction

Although the smoking prevalence in Hong Kong dropped to 9.1% in 2023, smoking remains a pressing public health concern and is responsible for nearly 7,000 deaths each year<sup>1</sup>. It is one of the leading causes of non-communicable illnesses such as lung cancer, the most and second most common cancer in male and female, respectively, in Hong Kong. Secondhand smoke (SHS) causes many diseases as well. The World Health Organization (WHO) aims to reduce the prevalence of smoking by 30% by 2025<sup>2</sup> and deaths associated with smoking worldwide. In accordance with WHO's goal, the Hong Kong Government aims to reduce the smoking prevalence in people aged 15 years or above to 7.8% in 2025.

To achieve this goal, the Government has enhanced smoke-free legislation and enforcement against smoking offences, public education and smoking cessation services, increased the tobacco tax and implemented a total ban on alternative smoking products (ASPs). The recently adopted measures include the ban on alternative smoking products in 2022 and an increase in taxation in 2023 and 2024. In mid-2023, a public consultation was conducted to gather public opinions on strengthening tobacco control with four main strategies, including "Regulate Supply, Suppress Demand", "Ban Promotion, Reduce Attractiveness", "Expand No-smoking Areas, Mitigate Harm" and "Enhance Education, Support Cessation". Measures such as raising the minimum legal age of sale of tobacco products, plain packaging, banning flavoured tobacco products, mechanism to raise the tobacco tax regularly and smoke-free generation were proposed.

Tobacco endgame seeks to reduce the smoking prevalence to 5% or below by a certain year, and eliminate tobacco use entirely. To date, around 60 countries/places announced an endgame goal. Taking into account the smoking prevalence and efforts put into tobacco control, 28 countries/places (e.g. New Zealand, Sri Lanka, Singapore and the United Kingdom (UK)) are deemed endgame ready, while another 48 countries/places are deemed almost endgame ready (e.g. Australia, Canada, Hungary, Ireland, the Netherlands and Spain)<sup>3</sup>.

To achieve tobacco endgame, tobacco control measures commonly undertaken include plain packaging, no-smoking area, restricting youth access to tobacco, complete advertising bans, high tobacco tax, comprehensive cessation support, regulation of e-cigarettes (ECs) and stringent regulations on health warnings on smoking products. Innovative strategies suggested include smoke-free generation, reducing nicotine content in cigarettes to reduce addictiveness, and reducing the number of tobacco retailers.

The Hong Kong Council on Smoking and Health (COSH) has proposed to reduce smoking prevalence to 5% or below and then ban smoking completely. The "Charter on Tobacco Endgame" was introduced in 2022 to strive for support from community leaders<sup>4</sup>. The Charter proposed measures that are important for strengthening tobacco control and achieving endgame, such as tobacco tax increase, expansion of statutory no-smoking areas, plain packaging, enhancing education and smoking cessation services, and advanced measures

such as raising legal age of tobacco sale and reducing the attractiveness and addictiveness of tobacco products.

The Tobacco Control Policy-related Survey (TCPS), conducted annually since 2013, gathers data on smoking-related topics including current smoking behaviour, the impact of tobacco control policies and opinions on current and future policies. It also provides critical data to support advances in tobacco control in Hong Kong, including tobacco tax increase, ASP ban, enlargement of pictorial health warnings (PHWs) and expansion of no-smoking areas. In this report, the key findings of TCPS 2023 will be presented, and the tobacco control policies that need to be addressed will be discussed. Specifically, this report focuses on support for tobacco endgame, flavoured cigarette use, and opinions on the policies of reducing attractiveness of tobacco products and tobacco tax increase.

## 2. Methods

### 2.1 Study design and participants

TCPS 2023 was a cross-sectional survey conducted from late February to June 2023. Hong Kong residents aged 15 years or above who spoke Cantonese were recruited. Three target groups included: (1) current smokers who used any forms of smoking products daily or occasionally, (2) ex-smokers who had used any forms of smoking products in the past but had quit, and (3) never smokers who had never used any forms of smoking products.

Landline interviews and mobile phone interviews were conducted by the Social Policy Research Limited (SPR) to collect data. Initial calls took place between 2:00 pm and 10:30 pm on weekdays and weekends in order to cover respondents of diversified working hours of different industries. Each randomly selected telephone number was called 5 times, at different times and on different days, before it was dropped as "non-contact". All interviews were conducted anonymously except for those who were willing to participate in follow-up surveys. Participants could withdraw from the survey at any time without providing a reason and with no consequences.

### 2.2 Sampling methods and respondent selection

TCPS 2023 recruited 5,600 participants, 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 via landline interviews, while the remaining (75.0%, n=4,200) via mobile phone interviews. Ex- and current smokers were oversampled for more precise estimates and detailed analysis regarding smoking behaviours due to the relatively small proportions of the two groups in Hong Kong population.

For landline interviews, telephone numbers were first drawn randomly from residential telephone directories as

seed numbers, from which another set of numbers were generated by a computer programme using the "plus/minus one/two" method to capture unlisted numbers. Duplicated numbers were then filtered and the remaining numbers were mixed in random order to produce the final sampling frame. When a telephone contact was successfully established with a target household, one person of the household was selected from all eligible household members using the "next birthday" rule. For mobile phone interviews, numbers were randomly generated using known prefixes assigned to telecommunication services providers under the Numbering Plan of the Office of the Communications Authority and mixed in random order to produce the final sampling frame. Only the users of the contacted mobile numbers were interviewed.

### 2.3 Questionnaire development

The questionnaire was modified from previous waves of TCPS and included two sections: core questions and random questions. Core questions were answered by all respondents and consisted of questions on tobacco use, SHS exposure, nicotine dependence, etc. Random questions were designed for random subsets of respondents with specific smoking status (6 for current smokers, 4 for ex-smokers and 2 for never-smokers), including third-hand (THS) exposure, tobacco advertising, plain packaging, tobacco tax increase and tobacco endgame, etc. All respondents in a subset answered the same sets of random questions.

### 2.4 Weighting and statistical analysis

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

## 3. Results

### 3.1 Socio-demographic characteristics

Table 1 shows that current smokers (82.0%) and ex-smokers (85.1%) were more likely to be male compared to never smokers (40.9%) ( $P < 0.001$ ). A higher proportion of current smokers (68.9%) and ex-smokers (83.2%) were aged 40 years or older compared to never smokers (60.0%) ( $P < 0.001$ ). Never smokers were more likely to have had a tertiary education (38.9%) compared to ex-smokers (22.4%) and current smokers (19.8%) ( $P < 0.001$ ).



**Table 1** Socio-demographic characteristics of respondents

	Never smokers (n=1,500)	Ex-smokers (n=1,500)	Current smokers (n=2,600)	Total (n=5,600)	P-value
<b>Sex</b>					<b>&lt;0.001</b>
Male	40.9%	85.1%	82.0%	47.5%	
Female	59.1%	14.9%	18.0%	52.5%	
<b>Age (years)</b>					<b>&lt;0.001</b>
15-29	17.2%	2.3%	8.5%	15.5%	
30-39	15.1%	7.9%	16.0%	14.8%	
40-49	14.8%	11.9%	23.6%	15.5%	
50-59	16.6%	18.9%	20.5%	17.2%	
60 or above	28.6%	52.4%	24.8%	29.5%	
DK/RTA	7.7%	6.7%	6.6%	7.5%	
<b>Education level</b>					<b>&lt;0.001</b>
Primary or below	14.0%	21.4%	11.8%	14.2%	
Secondary	46.9%	56.2%	68.4%	49.6%	
Tertiary	38.9%	22.4%	19.8%	36.1%	
DK/RTA	0.1%	0.0%	0.0%	0.1%	
<b>Employment</b>					<b>&lt;0.001</b>
Employed	55.9%	56.6%	77.3%	58.1%	
Employer	1.5%	3.1%	2.4%	1.7%	
Student	6.6%	0.7%	1.5%	5.8%	
Home-maker	21.2%	4.5%	3.7%	18.5%	
Unemployed	3.6%	2.7%	3.1%	3.5%	
Retired	11.2%	32.5%	12.0%	12.5%	
DK/RTA	0.1%	0.0%	0.0%	0.0%	

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

Difference by smoking status was tested by Chi-square test

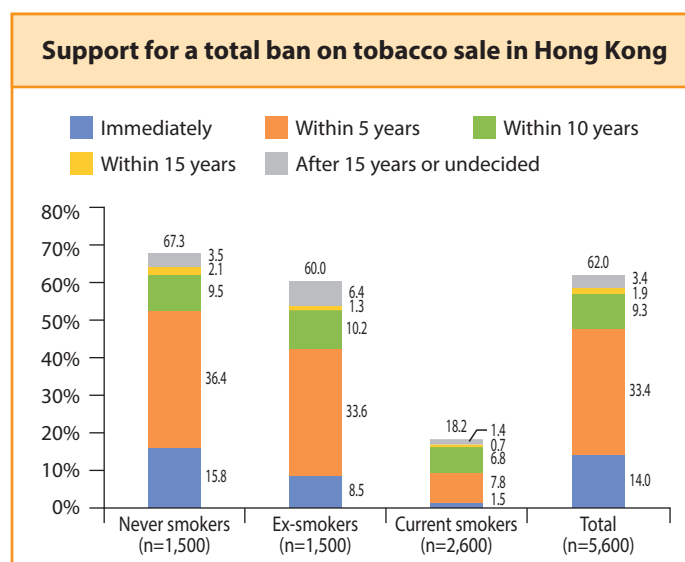
DK/RTA = Don't know/Refuse to answer

### 3.2 Use of smoking products

The prevalence of current use of tobacco products was 10.2%. Conventional cigarettes (9.8%) were the most commonly used, followed by ECs (0.8%), waterpipe tobacco (0.5%) and heated tobacco products (HTPs) (0.3%). Two-thirds (65.2%) of current cigarette smokers smoked daily or almost daily. The average daily cigarette consumption was 12.2 cigarettes per day. Over two-thirds (73.9%) had heavier nicotine dependence that they smoked the first cigarette within half an hour after waking up.

### 3.3 Public opinions on tobacco endgame

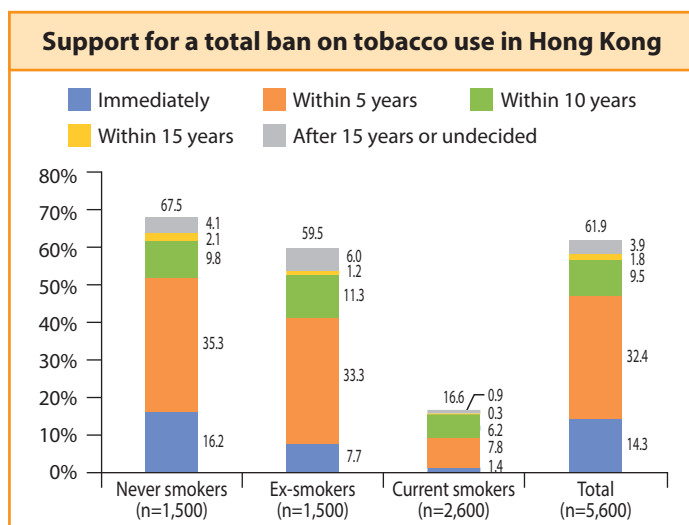
Figure 1 shows that 62.0% of all respondents supported for a total ban on tobacco sale, with 14.0% in favour of an immediate ban and the remaining 48.0% supported the ban at a later date. In never smokers, 67.3% supported the ban, with 15.8% supported an immediate ban and the remaining 51.5% supported the ban at a later date. The ex-smoker group showed a similar pattern with 60.0% supporting the ban. Only 18.2% of current smokers supported a total ban on tobacco sale.

**Figure 1**

Results were weighted by sex, age and smoking status of the 2021 Hong Kong population  
Difference by smoking status was tested by Chi-square test ( $P < 0.001$ )

Figure 2 shows that 61.9% of all respondents supported a total ban on tobacco use. While 14.3% supported an immediate ban, 47.5% supported the ban at a later date. In never smokers, 67.5% supported the ban with 16.2% supporting an immediate ban and 51.3% supporting a ban at a later date. The ex-smoker group showed a similar pattern, with 59.5% supporting the ban. Only 16.6% of current smokers supported a total ban on tobacco use.

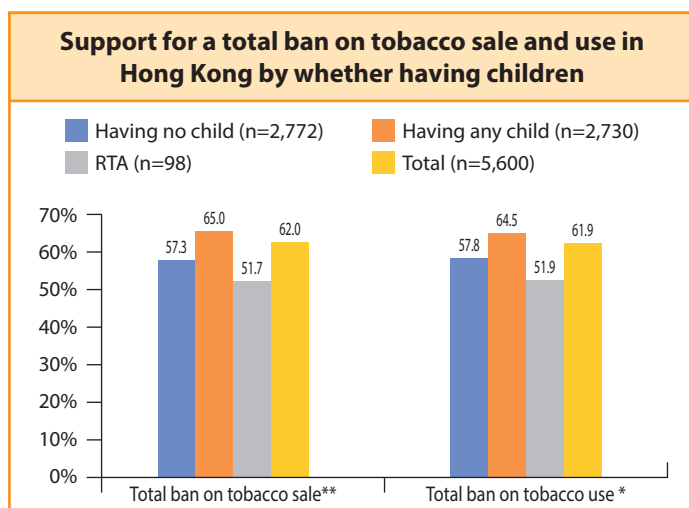
**Figure 2**



Results were weighted by sex, age and smoking status of the 2021 Hong Kong population. Difference by smoking status was tested by Chi-square test ( $P < 0.001$ ).

Figure 3 shows stronger support for banning tobacco in respondents with children. The support for a total ban on tobacco sale and use in respondents with children was 65.0% and 64.5%, respectively. The support in respondents with no child was lower but still common, at 57.3% and 57.8% respectively.

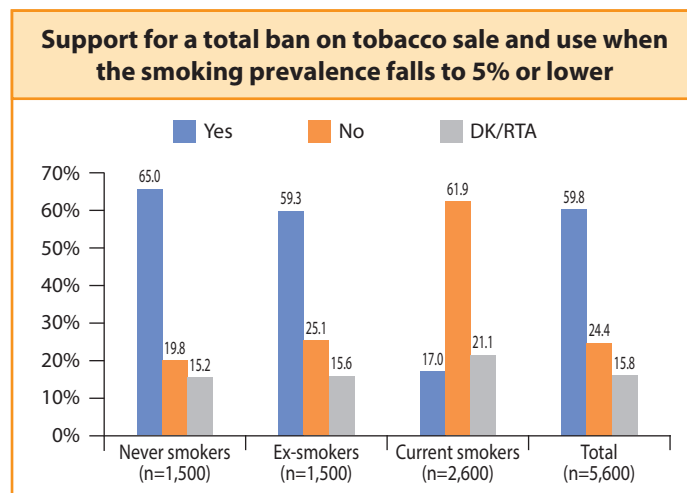
**Figure 3**



Results were weighted by sex, age and smoking status of the 2021 Hong Kong population. Difference by number of children was tested by Chi-square test (\* $P < 0.05$ , \*\* $P < 0.01$ , \*\*\* $P < 0.001$ ). RTA = Refuse to answer.

Figure 4 shows that over half (59.8%) respondents supported a total ban on tobacco sale and use when the smoking prevalence falls below 5%. The support was highest in never smokers, with 65.0% in favour of the ban, compared to 59.3% in ex-smokers and 17.0% in current smokers.

**Figure 4**



Results were weighted by sex, age and smoking status of the 2021 Hong Kong population. Difference by smoking status was tested by Chi-square test ( $P < 0.001$ ). DK/RTA = Don't know/Refuse to answer.

Figure 5 shows strong support for measures to restrict tobacco access. Increasing the minimum legal age of sale of smoking products to 21 years had the highest overall support (72.5%), with 77.1% of never smokers favouring this measure. Majority of respondents also supported to ban smoking in and the sale of smoking products to people born after a certain year (67.8% and 63.5%), particularly in never smokers (72.8% and 68.1%). In contrast, current smokers consistently showed the lowest support for the three measures, with 37.1% supporting raising the legal age of smoking product sale, 29.8% supporting a smoking ban and 27.0% supporting a sale ban to people born after a certain year. Ex-smokers exhibited a moderate support, but lower than never smokers.

Figure 6 shows that a majority of respondents supported measures to limit the demand and supply of smoking products. More than half of all respondents supported restricting the number, locations and types of points of sale of smoking products (70.5%), setting a quota system for smoking product sale with the quota reduced annually (69.5%), assigning a non-profit organization or a regulatory authority to manage smoking product supply (61.7%), and allowing only registered smokers could buy or use any smoking products (57.0%). Support varied across smoking status, with never smokers showing the highest support (ranging from 61.8% to 76.2%) for all measures, while current smokers showing the lowest support (ranging from 18.7% to 26.6%).

Figure 5

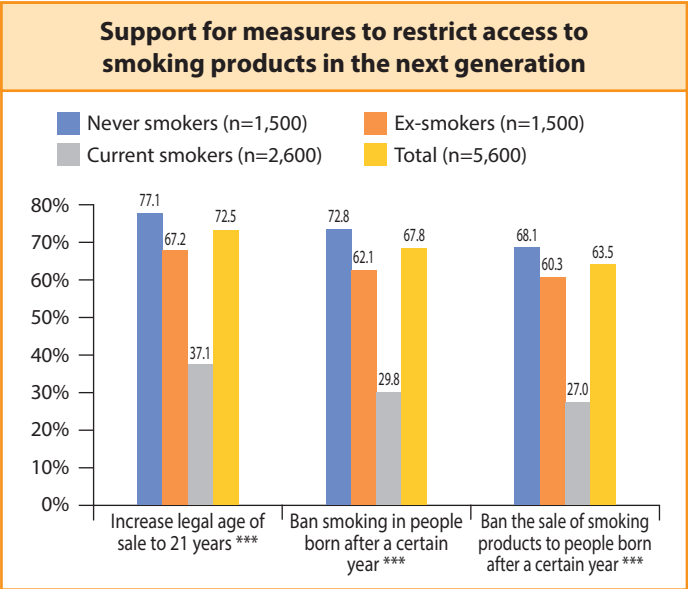
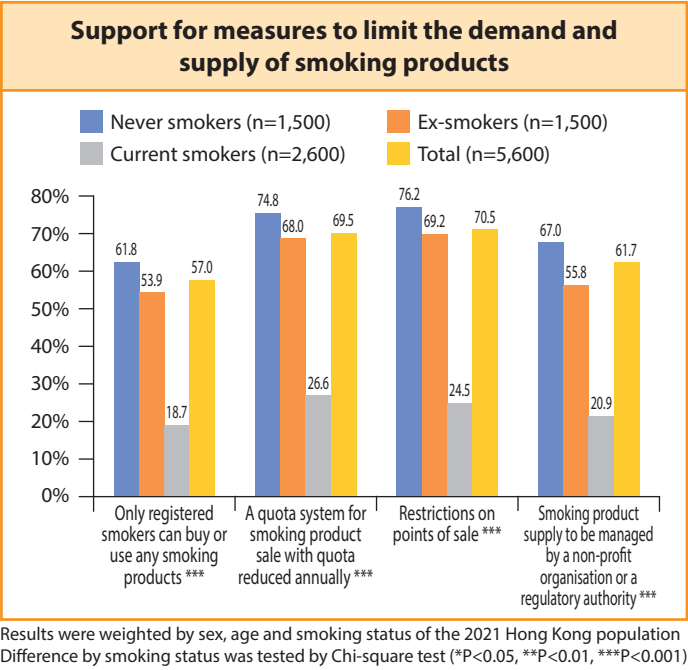


Figure 6



3.4 Flavoured cigarette use

Figure 7 shows that 58.5% of current cigarette smokers had a non-flavoured cigarette as their first cigarette, and 39.2% had a flavoured cigarette (such as menthol and fruit menthol). Flavoured cigarette use at first smoking was much more common in female (59.5%) than in male (34.7%) (P<0.001). In smokers who smoked a flavoured cigarette at first smoking, 81.8% smoked a menthol cigarette, 10.0% smoked a fruit menthol cigarette and 8.3% smoked a cigarette of another flavour.

Figure 7

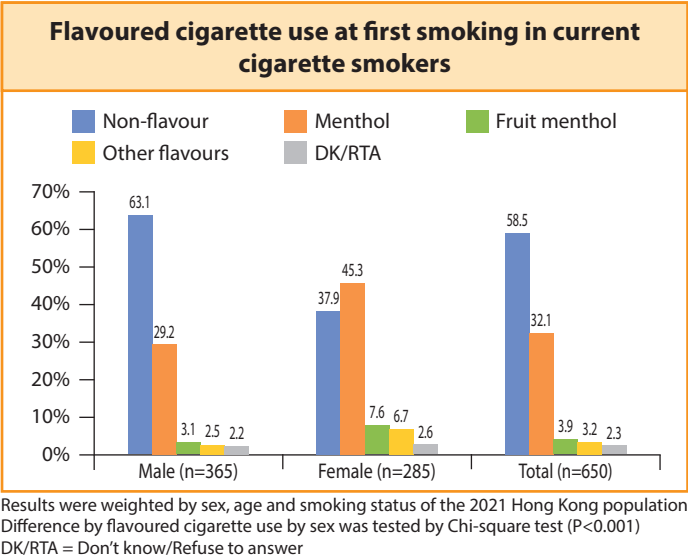


Figure 8 shows that 62.8% of current cigarette smokers currently smoked non-flavoured cigarettes while, 48.4% currently smoked flavoured cigarettes. The proportion of flavoured cigarette use was much higher in female (68.4%) than male (44.1%) (P<0.001). In current flavoured cigarette smokers, menthol (75.3%) was the most commonly used flavour.

Figure 8

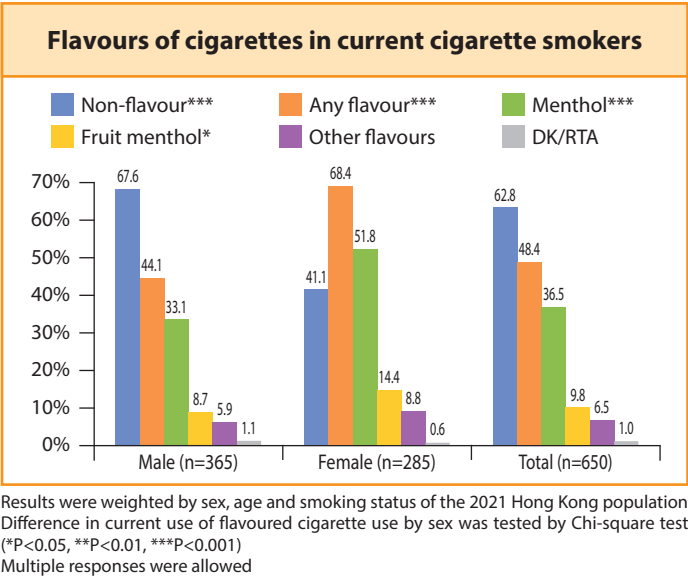
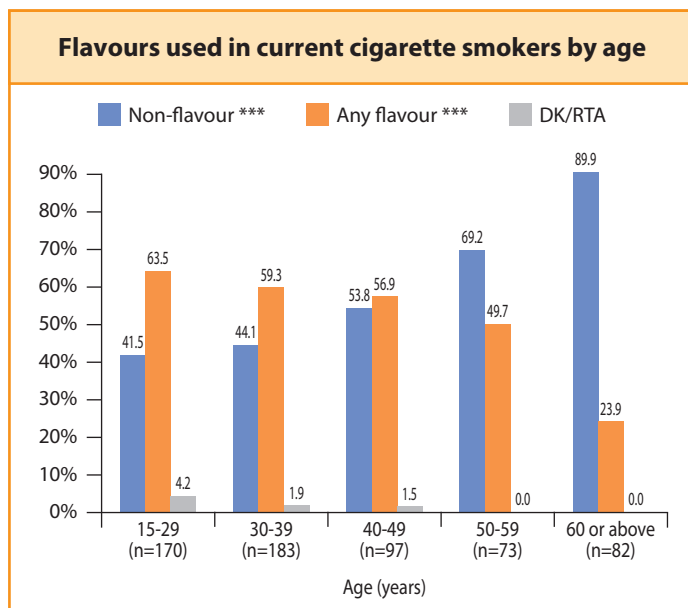
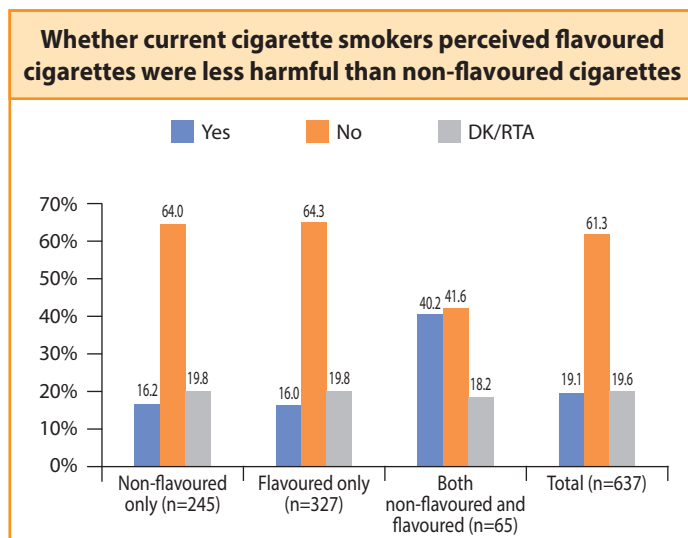


Figure 9 shows that flavoured cigarette use was more common in younger cigarette smokers than the older ones. The highest proportion of flavoured cigarette use was observed in cigarette smokers aged 15-29 years (63.5%), while the lowest proportion was observed in those aged 60 years or above (23.9%).

**Figure 9**

Results were weighted by sex, age and smoking status of the 2021 Hong Kong population. Difference in current use of flavoured cigarette use by age was tested by Chi-square test (\* $P < 0.05$ , \*\* $P < 0.01$ , \*\*\* $P < 0.001$ ). DK/RTA = Don't know/Refuse to answer. "Don't know/Refuse to answer" for age is not displayed. Multiple responses were allowed.

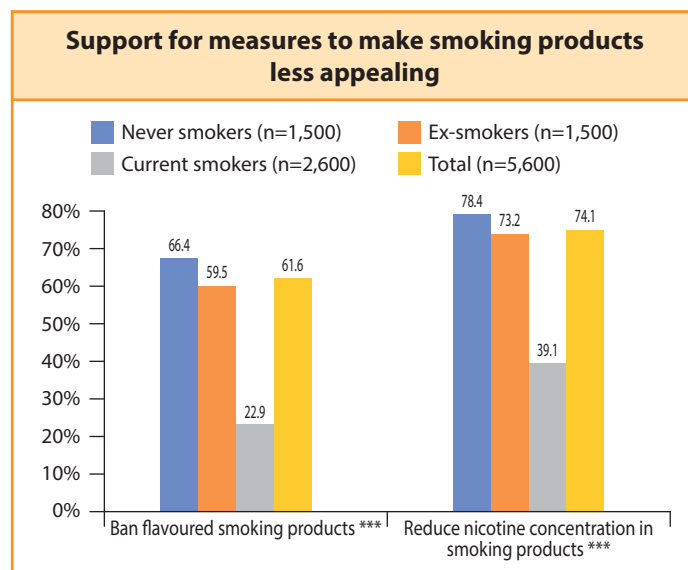
Figure 10 shows that 61.3% of current smokers did not believe that flavoured cigarettes were less harmful while 19.1% believed they were less harmful. In both the smokers who only smoked non-flavoured cigarettes and only smoked flavoured cigarettes, 16.0% believed that flavoured cigarettes were less harmful. In current cigarette smokers who smoked both non-flavoured and flavoured cigarettes, 40.2% believed that flavoured cigarettes were less harmful.

**Figure 10**

Results were weighted by sex, age and smoking status of the 2021 Hong Kong population. Difference by flavoured cigarette use was tested by Chi-square test ( $P < 0.01$ ). Respondents who did not know or refused to tell the cigarette flavours were excluded from analysis.

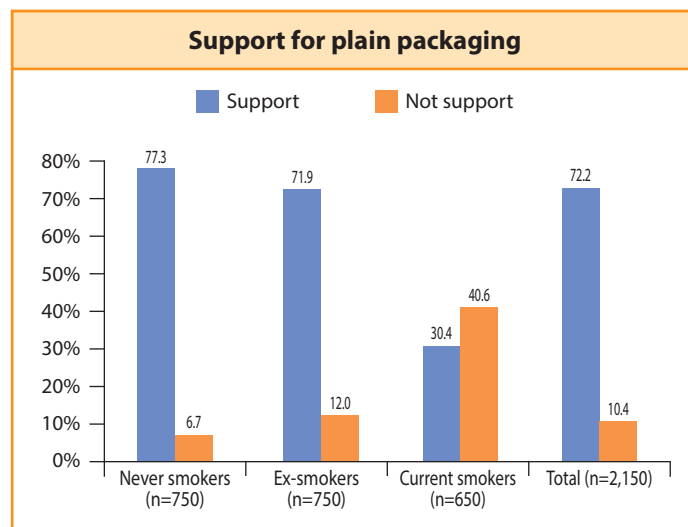
### 3.5 Reducing attractiveness of smoking products

Figure 11 shows that 61.6% of all respondents (66.4% of never smokers, 59.5% of ex-smokers and 22.9% of current smokers) supported to ban flavoured smoking products. Additionally, 74.1% of the total respondents supported to reduce nicotine concentration in smoking products. The support in never smokers (78.4%) and ex-smokers (73.2%) was greater than that in current smokers (39.1%) ( $P < 0.001$ ).

**Figure 11**

Results were weighted by sex, age and smoking status of the 2021 Hong Kong population. Difference by smoking status was tested by Chi-square test (\* $P < 0.05$ , \*\* $P < 0.01$ , \*\*\* $P < 0.001$ ).

Figure 12 shows that two-thirds (72.2%) of all respondents supported plain packaging in Hong Kong, with greater support in never smokers (77.3%) and ex-smokers (71.9%) than current smokers (30.4%).

**Figure 12**

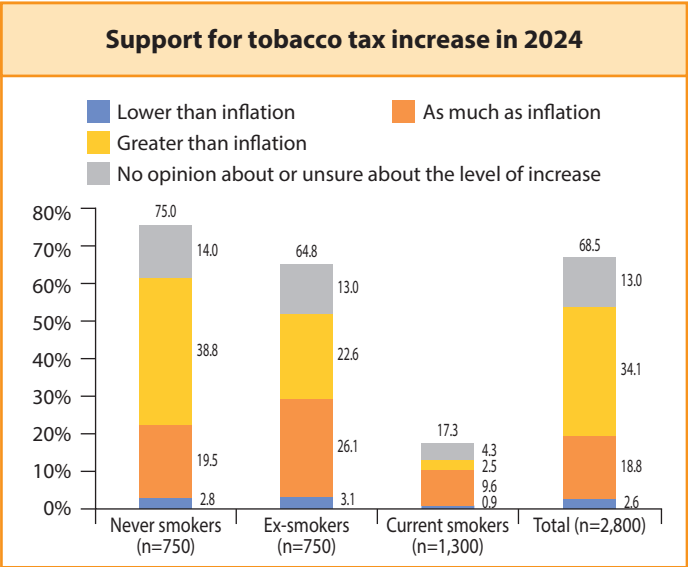
Results were weighted by sex, age and smoking status of the 2021 Hong Kong population. Difference by smoking status was tested by Chi-square test ( $P < 0.001$ ). "Don't know/Refuse to answer" is not displayed.



3.6 Tobacco tax

Figure 13 shows 75.0% of never smokers, 64.8% of ex-smokers and 17.3% of current smokers supported for tobacco tax increase in 2024, contributing to an overall support of 68.5%. The support for an increase at least with inflation was higher in never smokers (58.2%) and ex-smokers (48.7%) compared to current smokers (12.1%).

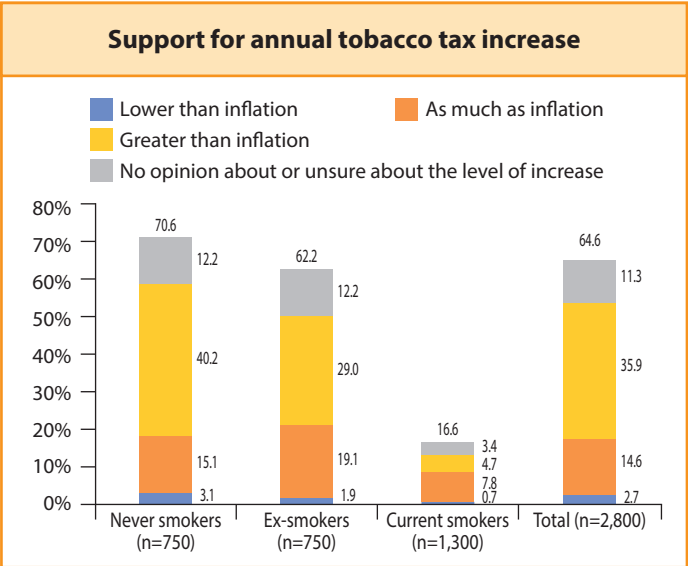
Figure 13



Results were weighted by sex, age and smoking status of the 2021 Hong Kong population. Difference by smoking status was tested by Chi-square test ( $P < 0.001$ ).

Figure 14 shows that 64.6% of respondents supported annual tobacco tax increase, including 70.6% of never smokers, 62.2% of ex-smokers and 16.6% of current smokers. Half (50.5%) respondents agreed that the increase should be as much as inflation or greater.

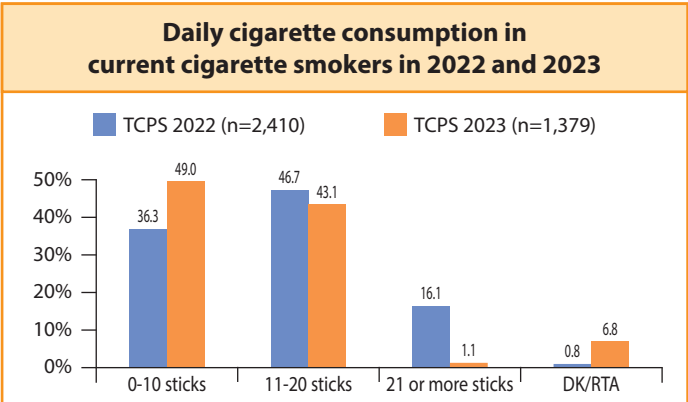
Figure 14



Results were weighted by sex, age and smoking status of the 2021 Hong Kong population. Difference by smoking status was tested by Chi-square test ( $P < 0.001$ ).

Figure 15 shows that cigarette consumption patterns in current cigarette smokers shifted between the TCPS surveys in 2022 and 2023. Overall, there was a significant increase in light daily cigarette consumption (0-10 sticks), rising from 36.3% in 2022 to 49.0% in 2023. The proportion of current cigarette smokers smoking 11-20 sticks daily remained relatively stable, slightly decreasing from 46.7% to 43.1%. Most notably, there was a substantial decrease in the percentage of heavy smokers (smoking 21 or more sticks daily), dropping dramatically from 16.1% to just 1.1%. This suggests a general trend of reduction in daily cigarette consumption in current cigarette smokers over the period ( $P < 0.001$ ).

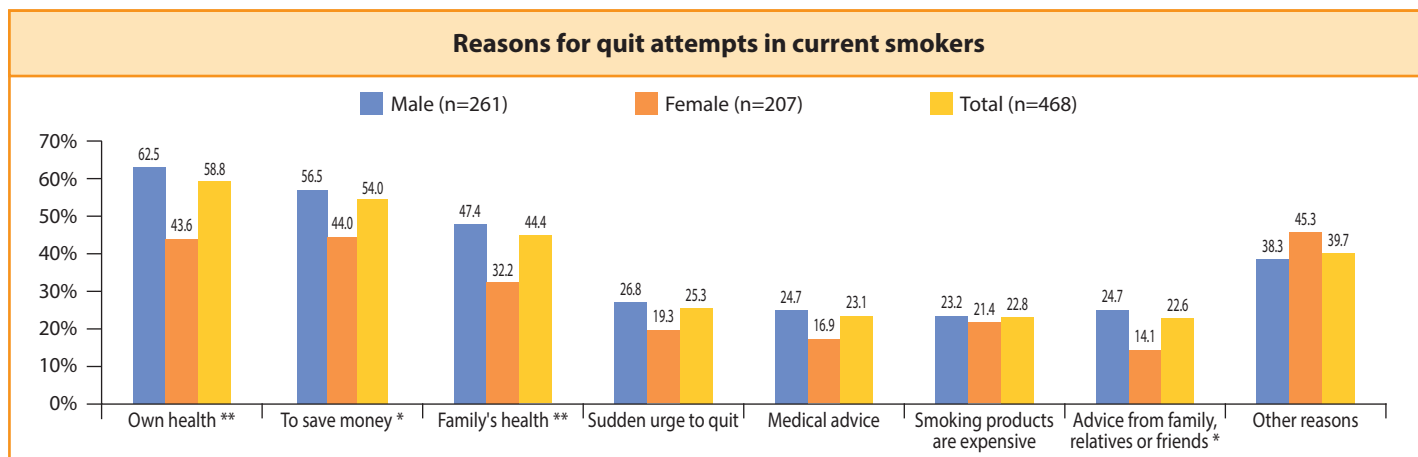
Figure 15



Results were weighted by sex, age and smoking status of the 2021 Hong Kong population. Difference by year was tested by Chi-square test ( $P < 0.001$ ).  
DK/RTA = Don't know/Refuse to answer

Figure 16 shows that the primary reason for quit attempts in current smokers was concern for their own health (58.8%). Saving money was the second most common reason (54.0%), followed by family's health (44.4%), a sudden urge to quit (25.3%), medical advice (23.1%), the high cost of smoking products (22.8%), and advice from family, relative or friends (22.6%). Male current smokers were also significantly more likely to quit smoking for their own health (62.5% vs 43.6%), to save money (56.5% vs 44.0%), for their family's health (47.4% vs 32.2%) and due to advice from family, relative or friends (24.7% vs 14.1%), when compared to female current smokers.

Figure 16



Results were weighted by sex, age and smoking status of the 2021 Hong Kong population. Difference by gender was tested by Chi-square test (\* $P < 0.05$ , \*\* $P < 0.01$ , \*\*\* $P < 0.001$ ). Multiple responses were allowed.

## 4. Discussion

The concept of tobacco endgame goes beyond tobacco control, and seeks to end the tobacco epidemic<sup>6</sup>. While Hong Kong has not yet formulated a specific endgame plan or strategy to completely ban smoking, the Government has launched the "Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong"<sup>7</sup>, with reducing the smoking prevalence to 7.8% by 2025 as one of the targets. Although tobacco control efforts have been strengthened gradually since the early 1980s, the decline in smoking prevalence in Hong Kong has plateaued in recent years. Only limited new or strengthened tobacco control policies have been implemented in the past decade. These included tax increase in 2014, 2023 and 2024, minor expansion of designated no-smoking areas in 2016, 2018 and 2021, enlargement of pictorial health warnings in 2018, and prohibition of sale of ASPs in 2022. The stagnation emphasizes the pressing need for stringent, robust and innovative measures to deter smoking uptake and encourage smoking cessation.

Public support is crucial for the formulation and implementation of tobacco control policies. Our results showed that the support for banning tobacco sales (62.0%) and banning tobacco use (61.9%) are high. The support rate in Hong Kong is relatively high compared to places which have announced the endgame goal. This disparity is likely due to the already low smoking prevalence (9.1% in 2023) in Hong Kong. For instance, in the UK whose smoking prevalence was 14.0% in 2020 and announced an endgame target by 2030, only 34.5% of adults supported a complete ban on the use or sale of tobacco<sup>8</sup>. The public support provides a good reference for Hong Kong policymakers to consider planning for a ban

on tobacco sale and use. The feasibility of banning tobacco sales in Hong Kong may be higher than in many Asian places due to the low smoking prevalence, the availability of free smoking cessation services and relatively advanced tobacco control legislation<sup>9,10</sup>. For example, in Mainland China, smoke-free legislation is enacted in over 20 provinces and cities, yet a national law is to be established. Smoking cessation services and medications are available only in major cities and access to nicotine replacement therapy is limited. These may discourage smokers from attempting to quit. The unique conditions in Hong Kong create a conducive environment for more stringent and aggressive tobacco control measures<sup>11</sup>.

Majority of smokers started smoking during adolescence and progress to regular daily smoking by the age of 21 years<sup>12</sup>. Thematic Household Survey Report No. 79, reported that nearly 60% of daily cigarette smokers in Hong Kong began smoking weekly before they turned 19 years old<sup>11</sup>. Adverse effects of starting smoking at a younger age are well-documented, including an increased risk of developing chronic diseases and a higher likelihood of continuing smoking into adulthood<sup>13,14</sup>. Raising the minimum age of the sale of tobacco products is a key measure to restrict adolescent access to tobacco and to prevent further progression to regular smoking. Increasing countries, such as the United States (US), have implemented "Tobacco 21" (banning the sale of tobacco products to people aged 21 years or below) with notable effectiveness, resulting in a 12.4% reduction for cigarette sales in US with the highest quartile of individuals under 21 years old<sup>15</sup>. In Hong Kong, there is strong public support for increasing the legal smoking age, which aligns with global trends.

Flavours in cigarettes, especially menthol, reduce or mask the harshness and bitterness of tobacco, making it less irritating and more palatable<sup>16</sup>. Research indicates that flavoured cigarettes can facilitate the transition from experimental to regular smoking by enhancing the sensory experience and reducing the initial aversive effects of nicotine. Additionally, flavourings in cigarettes can lessen the initial adverse reactions to nicotine, such as coughing and throat irritation, making it easier for novice smokers to adapt to and accept smoking, thereby increasing the likelihood of repeated use<sup>17</sup>. The tobacco industry increases the attractiveness of tobacco products with flavourings, particularly in young people and females. Our survey revealed that 39.2% of current smokers began smoking with flavoured cigarettes, the proportion was much higher in female (59.5%) than in male current smokers (34.7%). Our survey also revealed that 48.4% of current smokers used flavoured cigarettes, and the proportion of flavoured cigarette smokers was notably higher among young and female current smokers, with 63.5% in the 15-29 age group and 68.4% in female. Menthol cigarettes were most common across all age groups and in both sexes. It suggested that flavoured cigarettes (especially menthol cigarettes) played a significant role in initiating and maintaining smoking habits, particularly for young people and female.

The World Health Organization Framework Convention on Tobacco Control (WHO FCTC) Article 9 requires Parties to the treaty to regulate the contents of tobacco products, recommending the prohibition or restriction of ingredients that may increase the palatability of these products<sup>18</sup>. A number of countries such as Canada have successfully implemented bans on flavoured cigarettes, providing valuable examples for Hong Kong<sup>19,20</sup>. The initial legislation in 2010 exempted menthol<sup>21</sup>, while the later legislation in 2017 extended the ban to menthol (including all analogues and derivatives) in cigarettes<sup>20</sup>. Studies have shown that the menthol cigarette ban significantly increased quit attempts and maintained abstinence in menthol smokers compared to non-menthol smokers<sup>20</sup>. Additionally, the Canadian measures have successfully reduced the use of flavoured tobacco, including menthol cigarettes, and promoted smoking cessation<sup>21</sup>. The ban also prevented relapse among former smokers, particularly the heaviest smokers<sup>21</sup>. In the US, the Family Smoking Prevention and Tobacco Control Act was passed in 2009, which included a ban on flavoured cigarettes (excluding menthol). Research indicates that the ban effectively reduced youth tobacco use, lowering the probability of adolescents becoming smokers by 17.1%<sup>22</sup>. In May 2020, the UK prohibited menthol cigarettes (including capsule variants). After the ban, the proportion of young people in England smoked menthol cigarettes dropped significantly, from 12.1% in February 2020 to 3.0% in August 2020<sup>23</sup>. Flavour accessories for tobacco products have been

readily available in many countries worldwide to circumvent the flavour bans<sup>24</sup>. These accessories are not classified as tobacco products and thus are not subject to the tobacco control regulations. However, their wide variety and appealing scents make them attractive to smokers, leading to significant public health concerns. Therefore, a comprehensive flavour ban should cover also the flavour accessories to avoid loopholes. Our survey results reveal a high level of support (61.6%) for banning flavoured cigarettes. This indicates a recognition of the potential harm and negative impact of flavoured cigarettes on public health. Public opinion aligns with the need for stricter regulations and policy measures to curb the use of these products.

Tobacco taxation is the single most effective single measure to reduce smoking<sup>25</sup>. Our survey results indicate a notable shift in cigarette consumption patterns after the 2023 tax increase, with a substantial rise in the proportion of light smokers and a dramatic decline in heavy smokers. Besides, there was still a strong support for tobacco tax increases in the next year (68.5%) and annual increase (64.6%). Increasing the tobacco tax was found to be effective in reducing the smoking prevalence from an average of 23.4% in 2001 to average of 17.9% in 2015 across all 50 states in the US<sup>26</sup>. Most importantly, their results also suggested that each additional US\$0.25 (HK\$1.95) increase in the tobacco tax was linked to a 0.67% increase in the percentage of active smokers attempting to quit smoking. Raising the tobacco tax to at least 75% of cigarette retail price, as recommended by the WHO, reduces the affordability of smoking products and encourages smoking cessation<sup>27</sup>. It may also generate substantial revenue that can be used for health programmes and smoking cessation services.

Recently, the Hong Kong Government has proposed 10 tobacco control measures<sup>28</sup>, including a fiscal mark on tobacco packages, increasing penalties for illicit cigarette activities, a ban on possession for any purposes of ASPs, a ban on offering smoking products to minors, continuous review of tobacco taxation, a ban on flavoured tobacco, plain packaging, expanding no-smoking areas, banning smoking while queuing, and strengthening smoking cessation services and anti-smoking education. These proposed measures reflect a robust commitment of the Government to tobacco control and public health, aiming to create a healthier, smoke-free environment in Hong Kong. From our survey results, the widespread support for different tobacco control measures among all respondent groups indicates broad public approval of the government's approach to tobacco control.

## 5. Limitations

All data for the TCPS 2023 were gathered through landline and mobile phone interviews, which enhanced the study's reach. Although this 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 year or above. Additionally, as the study was cross-sectional, it was not possible to track changes in opinions on tobacco control policies and smoking patterns from the same respondents over time.

## 6. Conclusions

Despite existing tobacco control efforts, the decline in smoking prevalence has stagnated, underscoring the need for more effective measures to discourage smoking and reach tobacco endgame. The support for innovative and stringent policies such as a total ban on tobacco sale and use, raising the legal minimum age for the sale of tobacco products to 21 years old as well as annual increase in tobacco tax are high, particularly in never smokers and ex-smokers, making advancing tobacco control measures in Hong Kong feasible. The survey also reveals a high prevalence of flavoured cigarette use among women and young people, suggesting a need for regulatory action to reduce the attractiveness of smoking products.

## 7. Other results

### 7.1 Current use of ASPs

- In the past 30 days, the average number of days of HTP use was 13.4 days in current HTP users, while the average number of days of EC use was 19.1 days in current EC users.
- A quarter (24.5%) of current HTP users reduced HTP use while 38.5% of current EC users reduced EC use within the few months before and after the ASP ban was implemented.
- More than one-fifth (21.5%) of current HTP users had an intention to quit HTPs, while 22.2% of current EC users had an intention to quit ECs.

### 7.2 Smoking hotspot

- Two-thirds (65.0%) of current smokers smoked at smoking hotspots (such as around rubbish bins and back alleys) in the past 7 days, including 12.7% who visited smoking hotspots daily.

- Current smokers visited smoking hotspots on average of 3.2 times per day.

### 7.3 Quit attempts in current smokers

- In current smokers, 21.1% had ever made a quit attempt, of which 34.6% trying to quit smoking in the past year.
- In the most recent quit attempt, nearly half (47.2%) of current smokers tried to quit mainly unaided, 23.3% mainly used smoking cessation medication and 22.7% mainly used smoking cessation services.
- Stress (32.2%), meeting smoking friends and colleagues (19.5%), killing time (13.5%) and failing to concentrate (13.4%) were the top reasons for relapse in current smokers.

### 7.4 Smoking cessation in ex-smokers

- On average, ex-smokers had quit smoking for 8.2 years.
- Ex-smokers most commonly quit smoking for their own health (61.6%), to save money (40.1%) and for family's health (37.4%).
- Over half (62.5%) of ex-smokers quit smoking gradually while 31.1% abruptly.
- Ex-smokers facilitated smoking cessation most commonly by meeting smoking friends and colleagues less (46.6%), reducing visits to places with many smokers (44.1%) and reducing visits to places with higher SHS or third-hand smoke (THS) exposure (36.1%).
- One-fifth (20.1%) of ex-smokers quit smoking mainly with smoking cessation medications or services. Of these ex-smokers, 80.7% used nicotine replacement therapy, 35.7% used Chinese food therapy or medicine, 11.0% used smoking cessation medication and 9.3% used acupuncture.

### 7.5 Secondhand smoke and thirdhand smoke exposure

- Around half (48.7%) of all respondents were exposed to SHS at any place in the past 7 days.
- 37.7% of respondents were exposed to SHS at home in the past 7 days, with 26.3% from inside the home and 28.6% from neighbours.
- Around one-third (34.3%) of employed respondents were exposed to SHS at workplace in the past 7 days.
- In the past 7 days, 40.3% of all respondents were exposed to SHS at locations other than home or workplace.
- In all respondents, 23.2% were exposed to THS at home and 34.5% were exposed to THS in indoor areas outside home in the past 7 days.



## 7.6 Regulations on cigarette packaging

- Almost all (98.0%) current smokers noticed the PHWs on cigarette packs.
- In current smokers, 19.1% would consider quitting cigarettes if a health warning was printed on each cigarette stick, 17.7% would consider quitting cigarettes if the message “one in two long-term smokers die prematurely due to smoking” was printed on PHWs and 14.0% would consider quitting cigarettes if a card showing the harms of smoking was inserted into cigarette packs.

## 7.7 Tobacco advertising and promotion

- About three-fourths (76.3%) of respondents were exposed to point-of-sale tobacco product displays in the past 30 days, of which 8.3% perceived the displays attractive and 70.4% supported to ban the displays.

## 7.8 Tobacco tax

- Around one-third (33.6%) of current smokers would quit smoking or reduce smoking at least by half if the cigarette price increased to HKD \$140.1 per pack (median was HKD \$100 per pack).

## 7.9 Extension of statutory no smoking areas

- Extension of statutory no smoking areas were supported by 95.0% of the respondents. For instance, respondents supported to ban smoking in all common areas in housing estates (59.2%), busy streets (58.6%), all public areas with ceilings (47.0%) and outdoor seating areas of restaurants and bars (46.6%)
- Around three-fourths (71.6%) respondents agreed that smoking while walking on streets should be banned.
- Most (84.2%) supported to increase manpower to carry out law enforcement towards individuals who smoke in no-smoking areas.
- Most (73.0%) of respondents agreed that venue managers should be liable to penalty for smoking offences in statutory no-smoking areas.
- Over half (62.1%) of respondents supported to increase the fixed penalty for smoking offences. On average, the suggested fine was HKD \$3,268.3 (median was HKD \$3,000).

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