

Living Smoke-free

攜手開拓 • 無煙生活

Annual Report 2012-2013 年報



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Living Smoke-free

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委員會憲章

Charter of COSH

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

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

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

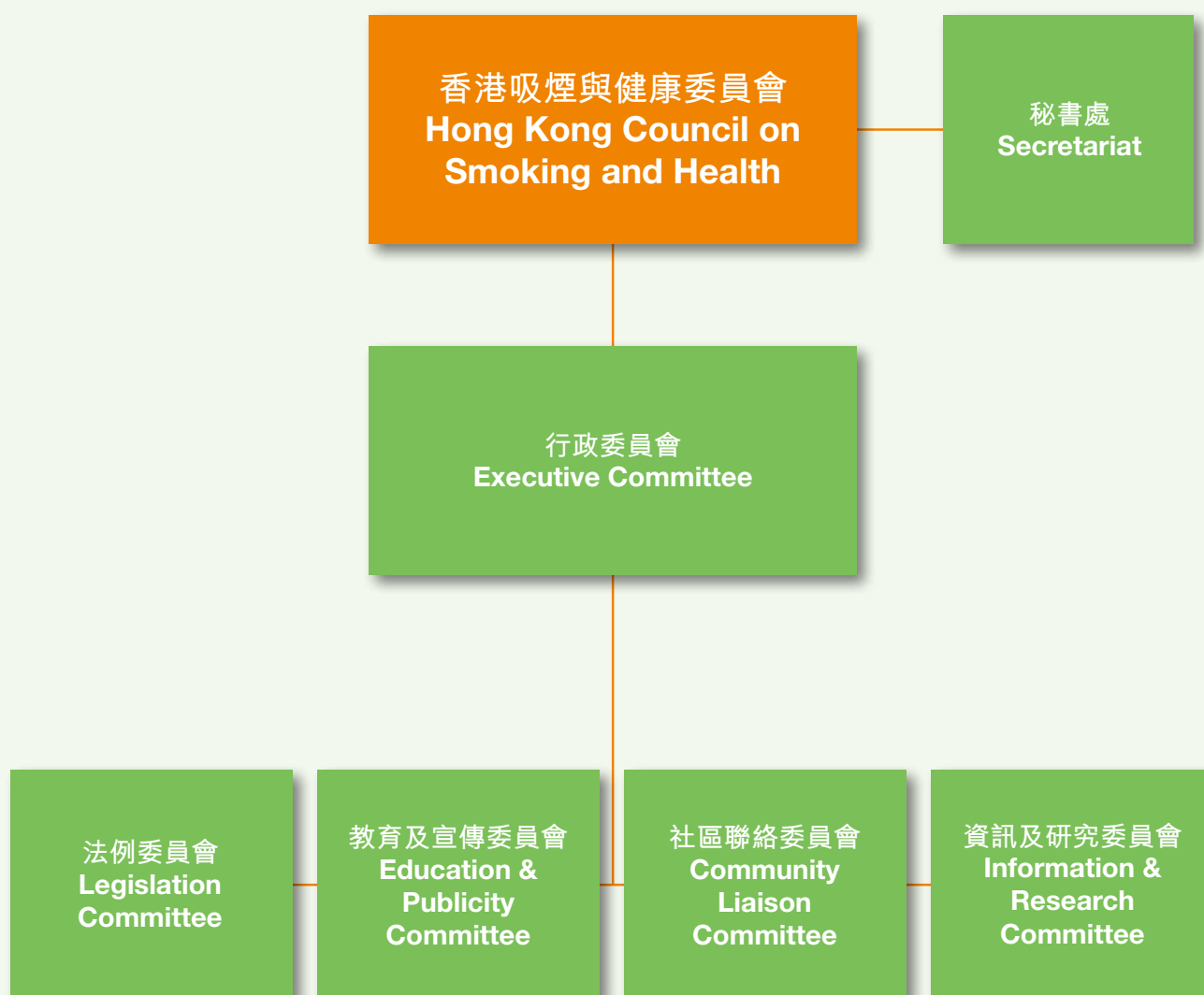
The Council was first established in 1987. It is a statutory body vested with functions, as set out in the "Hong Kong Council on Smoking and Health Ordinance" (Cap. 389), to protect and improve the health of the community by:

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

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



委員會組織架構 - Organization of COSH



委員會成員 Members of the Council

主席	劉文文 BBS, MH 太平紳士	Chairman	Ms Lisa LAU Man-man, BBS, MH, JP
副主席	陳肇始教授 (至2012年10月31日)	Vice-chairman	Prof Sophia CHAN Siu-chee (up to 31 October 2012)
副主席	鄭祖盛先生 (2013年2月1日履職)	Vice-chairman	Mr Antonio KWONG Cho-shing (from 1 February 2013)
委員	陳志球博士 BBS 太平紳士	Member	Dr Johnnie CHAN Chi-kau, BBS, JP
	陳宇齡先生		Mr Abraham CHAN Yu-ling
	周裔智先生		Mr Eugene CHAU Yui-chi
	戴兆群醫生		Dr Daisy DAI Siu-kwan
	李國棟醫生 SBS 太平紳士		Dr Donald LI Kwok-tung, SBS, JP
	麥耀光博士 (2012年10月履職)		Dr MAK Yiu-kwong (from October 2012)
	伍婉婷女士 MH		Ms Yolanda NG Yuen-ting, MH
	孫益華醫生		Dr David SUN Yee-wha
	唐少芬醫生 (2012年10月履職)		Dr Joyce TANG Shao-fen (from October 2012)
	黃進達先生 (2012年10月履職)		Mr Jason WONG Chun-tat (from October 2012)
	黃帆風先生 MH		Mr Jackson WONG Fan-foung, MH
	余榮輝先生 MH (2012年10月履職)		Mr Christopher YU Wing-fai, MH (from October 2012)
當然委員	譚麗芬醫生 太平紳士 (至2012年6月)	Ex-officio Member	Dr Gloria TAM Lai-fan, JP (up to June 2012)
	黎潔廉醫生 太平紳士 (2012年7月履職)		Dr Cindy LAI Kit-lim, JP (from July 2012)
	斐博歷先生		Mr Brett McEwan FREE
任期於 2012年9月 屆滿之委員	何明惠女士	Outgoing members who served the Council for the year up to September 2012	Ms Celine HO Ming-wai
	溫國雄先生		Mr Joseph WAN Kwok-hung
	鄺淑賢女士		Ms Brenda WU Shuk-yin

行政委員會 Executive Committee

主席	鄭祖盛先生	Chairman	Mr Antonio KWONG Cho-shing
副主席	劉文文 BBS, MH 太平紳士	Vice-chairman	Ms Lisa LAU Man-man, BBS, MH, JP
委員	陳志球博士 BBS 太平紳士	Member	Dr Johnnie CHAN Chi-kau, BBS, JP
	黎潔廉醫生 太平紳士		Dr Cindy LAI Kit-lim, JP

教育及宣傳委員會 Education & Publicity Committee

主席	鄭祖盛先生	Chairman	Mr Antonio KWONG Cho-shing
委員	劉文文 BBS, MH 太平紳士	Member	Ms Lisa LAU Man-man, BBS, MH, JP
	陳志球博士 BBS 太平紳士		Dr Johnnie CHAN Chi-kau, BBS, JP
	周裔智先生		Mr Eugene CHAU Yui-chi
	斐博歷先生		Mr Brett McEwan FREE
	麥耀光博士		Dr MAK Yiu-kwong
	黃進達先生		Mr Jason WONG Chun-tat
	黃帆風先生 MH		Mr Jackson WONG Fan-foung, MH
	余榮輝先生 MH		Mr Christopher YU Wing-fai, MH
增選委員	周海傑先生	Co-opted member	Mr CHAU Hoi-kit

社區聯絡委員會 Community Liaison Committee

主席	陳志球博士 BBS 太平紳士	Chairman	Dr Johnnie CHAN Chi-kau, BBS, JP
委員	劉文文 BBS, MH 太平紳士	Member	Ms Lisa LAU Man-man, BBS, MH, JP
	鄭祖盛先生		Mr Antonio KWONG Cho-shing
	麥耀光博士		Dr MAK Yiu-kwong
	伍婉婷女士 MH		Ms Yolanda NG Yuen-ting, MH
	孫益華醫生		Dr David SUN Yee-wa
	黃帆風先生 MH		Mr Jackson WONG Fan-foung, MH
	余榮輝先生 MH		Mr Christopher YU Wing-fai, MH
增選委員	周奕希先生 BBS 太平紳士	Co-opted member	Mr CHOW Yick-hay, BBS, JP
	李銒發先生		Mr Herman LEE Yuk-fat

資訊及研究委員會 Information & Research Committee

主席	劉文文 BBS, MH 太平紳士	Chairman	Ms Lisa LAU Man-man, BBS, MH, JP
委員	周裔智先生	Member	Mr Eugene CHAU Yui-chi
	戴兆群醫生		Dr Daisy DAI Siu-kwan
	李國棟醫生 SBS 太平紳士		Dr Donald LI Kwok-tung, SBS, JP
	伍婉婷女士 MH		Ms Yolanda NG Yuen-ting, MH
	唐少芬醫生		Dr Joyce TANG Shao-fen
增選委員	林大慶教授 BBS 太平紳士	Co-opted member	Prof LAM Tai-hing, BBS, JP
	吳文達醫生		Dr Alexander NG

法例委員會 Legislation Committee

主席	劉文文 BBS, MH 太平紳士	Chairman	Ms Lisa LAU Man-man, BBS, MH, JP
委員	陳志球博士 BBS 太平紳士	Member	Dr Johnnie CHAN Chi-kau, BBS, JP
	鄭祖盛先生		Mr Antonio KWONG Cho-shing
增選委員	林大慶教授 BBS 太平紳士	Co-opted member	Prof LAM Tai-hing, BBS, JP
	李詠梅醫生		Dr Anne LEE Wing-mui
	麥龍詩迪教授 OBE, SBS 太平紳士		Prof Judith MACKAY, OBE, SBS, JP
	左偉國醫生 SBS, BBS 太平紳士		Dr Homer TSO Wei-kwok, SBS, BBS, JP
	黃宏醫生		Dr Christine WONG Wang

委員介紹

Members of COSH



主席 Chairman

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

劉文文是一位專業設計師，於2008年獲委任為委員會主席。劉女士於2001年加入委員會成為委員，並於2005年至2007年擔任教育及宣傳委員會主席一職。劉女士現為資訊及研究委員會及法例委員會主席、行政委員會副主席、教育及宣傳委員會及社區聯絡委員會委員。

Ms Lisa LAU, a design consultant by profession, was appointed as COSH Chairman in 2008. Ms Lau joined COSH in 2001 as a member and was the Chairman of the Education & Publicity Committee from 2005 to 2007. She is the Chairman of the Information & Research Committee and Legislation Committee, Vice-chairman of the Executive Committee and also member of the Education & Publicity Committee and Community Liaison Committee.



副主席 Vice-chairman

鄭祖盛律師
Mr Antonio KWONG Cho-shing

鄭祖盛律師現職商人，於2009年加入委員會，現為行政委員會及教育及宣傳委員會主席、社區聯絡委員會及法例委員會委員。

Mr Antonio KWONG, a qualified solicitor, is a businessman. He joined COSH in 2009. He is the Chairman of the Executive Committee and Education & Publicity Committee and is a member of the Community Liaison and Legislation Committee.



委員 Member

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

陳志球博士為醫療輔助隊副總監（行動），於2009年加入委員會，現為社區聯絡委員會主席、行政委員會、教育及宣傳委員會及法例委員會委員。

Dr Johnnie CHAN is the Deputy Commissioner (Operations) of Auxiliary Medical Service. He joined COSH in 2009 and is the Chairman of the Community Liaison Committee and is a member of the Executive Committee, Education & Publicity Committee and Legislation Committee.



委員 Member

陳宇齡先生
Mr Abraham CHAN Yu-ling

陳宇齡先生是一位商人，於2008年加入委員會。現為香港特區政府中醫中藥發展委員會及香港特區政府食物及環境衛生諮詢委員會委員。

Mr Abraham CHAN is a businessman. He was appointed as a member of COSH in 2008. He is currently a member of Chinese Medicine Development Committee, HKSAR and Advisory Council on Food and Environmental Hygiene, HKSAR.



委員 Member

周裔智先生
Mr Eugene CHAU Yui-chi

周裔智先生是一位專業註冊社工，於2008年獲委任為委員。周先生現為教育及宣傳委員會及資訊及研究委員會委員。

Mr Eugene CHAU is a registered social worker by profession. He joined COSH in 2008 and is a member of the Education & Publicity Committee and Information & Research Committee.



委員 Member

戴兆群醫生
Dr Daisy DAI Siu-kwan

戴兆群醫生現為醫院管理局總行政經理（社區及基層健康服務），於2009年加入委員會，現為資訊及研究委員會委員。

Dr Daisy DAI is the Chief Manager (Primary & Community Services) of Hospital Authority. She joined COSH in 2009 and is a member of the Information & Research Committee.



委員 Member

斐博歷先生

Mr Brett McEwan FREE

斐博歷先生現職政府新聞處助理處長，於2009年加入委員會，現為教育及宣傳委員會委員。

Mr Brett FREE is the Assistant Director of Information Services Department. He joined COSH as an ex-officio member in 2009 and is a member of the Education & Publicity Committee.



委員 Member

黎潔廉醫生太平紳士

Dr Cindy LAI Kit-lim, JP

黎潔廉醫生現為衛生署副署長，於2012年加入委員會，為行政委員會委員。

Dr Cindy LAI is the Deputy Director of Department of Health. She joined COSH as an ex-officio member in 2012 and is a member of the Executive Committee.



委員 Member

李國棟醫生 SBS 太平紳士
Dr Donald LI Kwok-tung, SBS, JP

李國棟醫生為家庭醫學專科醫生，於2007年獲委任為委員，現為資訊及研究委員會委員。

Dr Donald LI is a specialist in family medicine in private practice. He joined COSH in 2007 and is a member of the Information & Research Committee.



委員 Member

麥耀光博士
Dr MAK Yiu-kwong

麥耀光博士現職中學校長，於2012年加入委員會，現為社區聯絡委員會及教育及宣傳委員會委員。

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



委員 Member

伍婉婷女士 MH
Ms Yolanda NG Yuen-ting, MH

伍婉婷女士是灣仔區區議員，亦擔任多項公職，於2008年獲委任為委員。伍女士現為社區聯絡委員會及資訊及研究委員會委員。

Ms Yolanda NG is a Councillor of Wan Chai District and an active member of several associations. She joined COSH in 2008 and is a member of the Community Liaison Committee and Information & Research Committee.



委員 Member

孫益華醫生
Dr David SUN Yee-wha

孫益華醫生為牙科醫生，於2011年加入委員會，現為社區聯絡委員會委員。

Dr David SUN is a dentist. He joined COSH in 2011 and is a member of the Community Liaison Committee.



委員 Member

唐少芬醫生
Dr Joyce TANG Shao-fen

唐少芬醫生於2012年加入委員會，現為資訊及研究委員會委員。

Dr Joyce TANG is a doctor. She joined COSH in 2012 and is a member of the Information & Research Committee.



委員 Member

黃進達先生
Mr Jason WONG Chun-tat

黃進達先生現職商人，於2012年加入委員會，現為教育及宣傳委員會委員。

Mr Jason WONG is a businessman. He joined COSH in 2012 and is a member of the Education & Publicity Committee.



委員 Member

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

黃帆風先生現職商人，於2011年加入委員會，現為教育及宣傳委員會及社區聯絡委員會委員。

Mr Jackson WONG is a businessman. He joined COSH in 2011 and is a member of the Education & Publicity Committee and Community Liaison Committee.



委員 Member

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

余榮輝先生現職顧問，於2012年加入委員會，現為教育及宣傳委員會及社區聯絡委員會委員。

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





秘書處

Secretariat

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	何仲基先生 (至2012年4月)	Senior Project Manager	Mr Keith HO Chung-kei (up to April 2012)
	吳麗盈女士 (2012年5月履職)		Ms Annie NG Lai-ying (from May 2012)
	譚淑琴女士 (至2013年1月)		Ms Angel TAM Suk-kam (up to January 2013)
	朱偉康先生 (2013年3月履職)		Mr Lawrence CHU Wai-hong (from March 2013)
項目籌劃經理	梁可欣女士	Project Manager	Ms Jacqueline LEUNG Ho-yan
	黃雪妍女士 (至2012年4月)		Ms Chloe WONG Suet-yin (up to April 2012)
	陳慧芬女士 (2012年5月履職)		Ms Faine CHAN Wai-fan (from May 2012)
	羅詠儀女士 (2012年5月履職)		Ms Dorothy LAW Wing-yi (from May 2012)
	曾詠詩女士 (2012年5月履職)		Ms Wing TSANG Wing-sze (from May 2012)
行政主任	李碧雲女士	Executive Officer	Ms Jessica LEE Pik-wan
資訊科技經理	潘志聰先生	Information and Technology Manager	Mr Lancelot POON Chi-chung
項目主任	呂蘊馨女士 (2012年5月履職)	Project Officer	Ms Christy LUI Wan-hing (from May 2012)
	梁詠珊女士 (至2012年12月)		Ms Alison LEUNG Wing-shan (up to December 2012)
	王志峰先生 (2013年2月履職)		Mr Fung WONG Chi-fung (from February 2013)
項目聯絡主任	周嘉茵女士	Project Liaison Officer	Ms Karina CHOW Ka-yan
項目籌劃主任	高靄琳女士	Project Executive	Ms Koko KO Oi-lam
教育幹事	余均達中醫師	Educator	CMP, Mr Alex YU Kwan-tat
	曾子君女士		Ms Catherine TSANG Chi-kwan
	關婉芳女士 (2012年9月履職)		Ms KWAN Yuen-fong (from September 2012)
	吳麗明女士 (2012年10月履職)		Ms NG Lai-ming (from October 2012)
	古梅聲女士 (2012年10月履職)		Ms Alice KU Mui-sing (from October 2012)
項目籌劃助理	譚德政先生 (2012年4月履職)	Project Assistant	Mr Ted TAM Tak-ching (from April 2012)
	黎穎賢先生 (至2012年5月)		Mr Tommy LAI Wing-yin (up to May 2012)



秘書處職員
Secretariat

主席報告

CHAIRMAN'S REPORT

《吸煙（公共衛生）條例》於**1982**年實施，以管制煙草產品的使用、售賣及推廣，是香港控煙工作的一個重要歷史里程碑。而香港吸煙與健康委員會於**1987**年正式成立，專責提高公眾對煙草禍害之認識。**2012**年適逢是香港控煙工作**30**周年暨委員會的銀禧紀念，委員會特別舉辦了一連串慶祝活動，與各界一同回顧香港控煙工作的成果。此外，委員會亦貫徹多年來的宣傳及教育工作，舉辦不同類型的嶄新活動，將無煙信息滲透至各階層，同時積極向政府提供專業意見及就控煙政策進行研究，與各界攜手邁向無煙香港。

The Smoking (Public Health) Ordinance was enacted in 1982 to restrict the use, sales and promotion of tobacco products. It was a vital milestone in Hong Kong's tobacco control initiatives. Hong Kong Council on Smoking and Health (COSH) was established in 1987 to raise the public awareness on smoking hazards. 2012 marked the 30th anniversary of tobacco control in Hong Kong and also the Silver Jubilee of COSH. A series of activities were organized to celebrate and review the achievements in tobacco control. In addition, COSH continued its efforts on publicity and education, and launched a variety of brand new programmes in order to disseminate smoke-free messages to all walks of life. COSH also actively advised the Government by providing professional opinions, conducted smoke-free policy-related survey, and worked with all sectors of society to create a smoke-free Hong Kong.

主席 劉文文 BBS, MH 太平紳士

Ms Lisa LAU Man-man, BBS, MH, JP
Chairman



三十年來，政府、委員會及社會各界大力推動香港的控煙工作，透過立法、徵稅、宣傳、教育、執行法例及推廣戒煙等多管齊下的方式抑制煙草的廣泛應用，當中最顯著的成果包括擴大法定禁煙區至室內公眾場所及食肆、禁止煙草廣告和宣傳推廣、推行健康圖象警示包裝、增加煙草稅及擴展戒煙服務等。經過三十年的努力，社會整體吸煙率已由八十年代的23.3%下降至現時的11.1%，是亞太區甚至全球吸煙率最低的地區之一，市民對吸煙及二手煙禍害的認識亦大大提升。

委員會於2012年特別舉辦了「香港控煙三十周年」慶祝酒會，邀請了政府、學術機構、控煙團體、來自社會各界的組織及人士出席，共同慶祝香港在控煙工作上的成果，並展望未來的發展。此外，委員會亦藉著這次機會，出版了「香港控煙三十年」特刊，回顧過去控煙工作的重要里程碑，並前瞻未來，以推動香港在各項控煙措施及策略上繼續邁步向前。

Over the past 30 years, the Government, COSH and various sectors of the community worked diligently together to promote tobacco control. A progressive and multi-pronged approach was adopted to minimize the use of tobacco through legislation, taxation, publicity, education, enforcement and promotion of smoking cessation services. Significant results include the expansion of statutory no smoking areas to public indoor places and restaurants, the ban on tobacco advertising and promotion, the adoption of pictorial health warnings on tobacco packages, the increase in tobacco tax and the development of smoking cessation services. Not only have the efforts in tobacco control effectively reduced the prevalence of smoking from 23.3% in early 1980s to 11.1% now, making Hong Kong's smoking prevalence one of the lowest in the Asia Pacific Region and in the world, it also helped raise public awareness towards the hazards of smoking and secondhand smoke.

"The 30th Anniversary of Tobacco Control in Hong Kong" cocktail reception was organized to celebrate the achievements over the past three decades and outline the outlook for future development. Various sectors of the community, including the Government, academic institutions, tobacco control groups, community groups and individuals were invited to join the celebration. COSH also took this opportunity to publish the "30th Anniversary of Tobacco Control in Hong Kong" commemorate booklet, reviewing the accomplishments, while at the same time looking into the future on how to drive different tobacco control strategies and measures.



轉眼間，委員會亦已踏入第25個年頭。香港政府於1987年接受了世界衛生組織的建議，成立香港吸煙與健康委員會，以提高及教育市民有關吸煙與健康之知識、進行有關吸煙的研究，並向政府及社會團體提供有關吸煙與健康之意見。委員會自成立以來，一直關注本港控煙進程，透過多元化的活動推動香港邁向無煙城市。

本人希望藉著香港控煙30周年及委員會銀禧紀念的機會，衷心感謝歷任主席，包括梁定邦醫生、李紹鴻教授、賀達理教授及左偉國醫生對控煙工作所作出的貢獻，並特別鳴謝一眾委員所付出的寶貴時間及意見。此外，本人亦感激多年來支持香港控煙工作的政府及公共機構、學術團體、社會地區組織、傳播媒介及廣大市民。希望大家繼續攜手合作，共創無煙香港。

委員會由成立至今，一直緊密留意全球控煙趨勢及煙草商日新月異的宣傳技倆，持續向政府倡議多元化的控煙策略，其中包括推行「全煙害警示包裝」及增加煙草稅。

Last year also marked the 25th anniversary of COSH. In response to the recommendation of World Health Organization, COSH was established in 1987. It is vested with functions to improve the health of the community by informing and educating the public on the smoking hazards; conducting tobacco related research as well as advising the Government and community health organizations on matters related to smoking and health. Since its establishment, COSH has been paying close attention to the tobacco control progress in Hong Kong and implementing diversified programmes to build a smoke-free Hong Kong.

I would like to take this opportunity to express my heartfelt gratitude to the four former chairmen of COSH for their tremendous contributions towards tobacco control. They are Dr Ronald LEUNG Ding-bong, Prof LEE Shiu-hung, Prof Anthony HEDLEY and Dr Homer TSO Wei-kwok. Appreciations also go to the members of the Council for their invaluable time and efforts. In addition, I sincerely thank the Government, public organizations, academia, social welfare organizations, media and the public for their continuous support for tobacco control over these years. I hope that all of us can continue to work together to create a smoke-free Hong Kong.

Since its inception, COSH has been keeping an eye on the trend in tobacco control globally and the ever-changing promotional tactics of tobacco industry. Dynamic tobacco control strategies have been advocated to the Government continuously. These include the implementation of plain packaging of tobacco products as well as the rise in tobacco tax.

隨著世界各地逐步禁止各式煙草宣傳廣告，煙草產品包裝成為品牌的主要宣傳渠道。為堵塞有關漏洞，委員會倡議香港推行「全煙害警示包裝」，以進一步加強市民對煙草禍害的認識，同時減低煙包對青少年及吸煙人士的吸引力。委員會配合世界衛生組織2012年世界無煙日的主題「煙草商干擾」，召開記者會，介紹何謂「全煙害警示包裝」及其成效，感謝傳媒的廣泛報道，有效引起市民的關注。

煙草稅於世界各地（包括香港）均證實為有效的控煙措施之一，委員會有見煙草稅已凍結兩年，故在2013-14年財政預算案公布前，聯同其他控煙團體，致公開信予行政長官及財政司司長，促請政府提高煙草稅及檢討現行的控煙政策。雖然煙草稅最後維持不變，但有關報道於坊間引起不少迴響。

除了倡議政府加強控煙措施，委員會去年亦針對不同界別及年齡的人士展開一連串嶄新的宣傳推廣工作及活動，以鼓勵更多吸煙人士戒煙及宣揚無煙信息，重點項目包括「戒煙大贏家」無煙社區計劃2012。承接2009年及2010年「戒煙大贏家」比賽的佳績，去年委員會再接再厲，聯同香港大學護理學院及公共衛生學院舉辦「戒煙大贏家」無煙社區計劃2012，並首次將計劃擴展至全港18區，有幸得到18區區議會及地方服務團體全力支持，成功招募逾1,000名市民參與戒煙比賽。

Many countries around the world have already prohibited different kinds of tobacco advertisements and promotion. Thus, the packaging of tobacco products has become the main channel of tobacco promotion. To plug the loophole, COSH advocated the implementation of plain packaging in Hong Kong to raise public awareness about smoking hazards, as well as to reduce the appeal of smoking towards teenagers and smokers. In response to the theme of WHO's World No Tobacco Day 2012, "Tobacco industry interference", COSH organized a press conference to introduce plain packaging and its effectiveness. Thanks to the widespread media coverage, the event effectively aroused public awareness on this issue.

Raising tobacco tax has been proven to be one of the effective tobacco control measures around the world (including Hong Kong). As the tobacco tax has been frozen for 2 years, COSH worked in conjunction with other tobacco control groups to send an open letter to the Chief Executive and Financial Secretary before the announcement of 2013-14 Budget, urging the Government to raise tobacco tax and review its current tobacco control policies. Although the tax remained unchanged in the end, the related coverage has stimulated widespread discussions among the public.

On top of advocacy, COSH commenced a set of new programmes which targeted at people from different sectors and age groups to lend more thrust to smokers to quit smoking and to publicize the smoke-free messages. The signature campaigns included the territory-wide "Quit to Win" Smoke-free Community Campaign 2012. The success of "Quit to Win 2009" and "Quit to Win 2010" led COSH to hold the "Quit to Win" Smoke-free Community Campaign 2012, together with School of Nursing and School of Public Health, The University of Hong Kong. The campaign was extended to the 18 districts in Hong Kong for the first time. With the full support from the 18 District Councils and local non-governmental organizations, the smoking cessation contest attracted more than 1,000 citizens to participate.



而為了加強宣傳效果，委員會特別委任了藝人馬國明為2012年的「無煙大使」，希望藉著他的健康形象勸喻更多市民戒煙。此外，委員會聯同電視廣播有限公司(TVB)製作「戒煙大贏家」電視節目，邀請「戒煙大贏家」得主分享成功戒煙的經驗及心得，並由一眾藝人以遊戲方式帶出無煙信息。

委員會力求創新，去年推出了三項全新的推廣項目，包括「我是無煙的」計劃、「無煙青少年大使領袖訓練計劃」及「無煙老友記」推廣計劃，向公眾、青少年及老人家推廣無煙生活態度。

其中「我是無煙的」計劃旨在勸喻的士司機與乘客不要違例於車廂內吸煙，時刻保持車廂空氣清新，並鼓勵的士司機戒煙。參與計劃之的士司機均簽署「我是無煙的」承諾書，承諾不會違例吸煙。而決心戒煙的司機則獲轉介至衛生署控煙辦公室的戒煙服務作跟進。為配合宣傳，委員會更與商業電台合作，播放一連四集的《我是無煙的 清新開動》環節，透過控煙專家的訪問，讓聽眾得悉更多無煙資訊。

To attract wider publicity, celebrity Mr Kenneth MA Kwok-ming was appointed as the "Smoke-free Ambassador" in 2012 to promote smoking cessation with his healthy image. Furthermore, COSH worked with Television Broadcasts Limited (TVB) to produce a TV show called "Quit to Win". Winners of "Quit to Win" smoking cessation contest were invited to share their successful quit stories in the show, and participating artists also helped deliver the smoke-free messages through a series of games.

To promote a healthy smoke-free lifestyle to the public, youngsters and elderly, COSH continued to bring in new ideas by launching three brand new publicity programmes last year. They were "Smoke-free Taxi" Campaign, "Smoke-free Youth Ambassador Leadership Training Programme" and "Elderly Smoking Cessation Pilot Programme".

The "Smoke-free Taxi" Campaign aimed at urging taxi drivers and passengers to create a smoke-free journey by not to smoke in taxi at anytime, as well as encouraging smoking taxi drivers to kick the habit. Those who joined the campaign would sign the pledge form and promise not to smoke in taxi. Smoking drivers who decided to kick the habit were referred to the Tobacco Control Office of Department of Health for follow-up smoking cessation services. Four episodes of Smoke-free Taxi radio programmes were also produced and broadcasted in collaboration with Commercial Radio. Smoke-free messages were sent across to the audiences by interviewing tobacco control professionals.

青少年是未來社會的棟樑，委員會以互動形式鼓勵青少年投入控煙工作。委員會於去年首次舉辦「無煙青少年大使領袖訓練計劃」，成功招募近400名來自全港各區中學、青少年中心及制服團隊的青少年成為「無煙青少年大使」。他們透過兩日一夜的訓練營，加強控煙知識、領導才能及溝通技巧等，並學以致用，於學校或社區內舉辦充滿創意的無煙活動，向其他同學及市民宣傳煙草禍害，並推動戒煙，表現出色的隊伍更於頒獎禮上獲得嘉許。

根據政府主題性住戶統計調查第48號報告書(2011)，習慣每日吸煙人口當中17%為60歲以上人士，部份更已吸煙多年，對尼古丁的依賴甚重，故委員會開展「無煙老友記」推廣計劃，於全港的長者中心舉辦健康講座，提高長者對煙害的關注，鼓勵老友記戒煙。

為緊貼控煙進程，委員會去年委託香港大學公共衛生學院進行有關控煙政策研究，藉此了解市民對不同控煙政策及措施的看法，從而爭取他們的支持。

經過各方三十載的共同努力，香港在控煙方面的成績有目共睹，但我們的工作不會就此停下來。委員會將繼續不遺餘力營造戒煙的氛圍，鼓勵吸煙人士下定決心戒除煙癮，促進政府加強控煙措施，保障公眾健康，並且鼓勵社會不同階層及各行各業的人士攜手建立無煙文化。我們期望在各界協力下，香港的吸煙率在未來數年可下降至單位數字，並在2022年實現無煙香港的目標。

As youngsters are the future of the society, COSH encourages them to devote themselves in tobacco control in an interactive way. "Smoke-free Youth Ambassador Leadership Training Programme" was organized by COSH for the first time last year, which successfully recruited around 400 youngsters from secondary schools, youth centres and uniform groups. The Youth Ambassadors took part in a 2-Day-1-Night training camp for smoke-free knowledge, leadership skills and communication techniques. They then initiated various creative smoke-free programmes in their schools and communities to publicize smoking hazards as well as to drive smoking cessation. Outstanding teams were commended in the award presentation ceremony.

According to the Thematic Household Survey Report No. 48 (2011), 17% of daily smokers are aged 60 or above, and some of them have been smoking for years and rely heavily on nicotine. As such, COSH held the "Elderly Smoking Cessation Pilot Programme" in elderly centers across the territory to raise their awareness on the hazards of smoking and encourage them to kick the habit.

To tie in with the tobacco control progress, COSH conducted policy related survey in collaboration with School of Public Health, The University of Hong Kong last year to understand public opinion on various tobacco control policies and measures so as to seek their support.

With joint efforts from various parties in tobacco control during the past 30 years, Hong Kong has achieved remarkable results in this regard, but our efforts are not going to stop here. COSH will continue to develop a smoking cessation atmosphere in the society, help smokers quit smoking, urge the Government to strengthen tobacco control measures for the sake of public health and encourage various sectors of the community to join hands for a smoke-free culture. With everyone's effort, we hope that the smoking prevalence in Hong Kong will drop to single digit in the coming years and Hong Kong will become a smoke-free city by 2022.



Living Smoke-free

攜手開拓 • 無煙生活

專題 HIGHLIGHTS



控煙三十年 攜手邁向無煙香港

30-year Effort in Tobacco Control Strive for a Smoke-free Hong Kong

市民大眾現在可於室內公眾場所、食肆及工作間等地方享受無煙清新的環境，但三十年前的香港，不管室內室外，到處都是煙霧瀰漫，滿佈煙味；翻開報章雜誌或走過大街小巷，鋪天蓋地的煙草品牌廣告隨處可見。《吸煙（公眾衛生）條例》（第371章）於1982年訂立，是香港控煙工作的重要里程碑。隨著條例的實施及多番修訂，政府及各界透過立法、徵稅、宣傳、教育及法例執行，使香港成為全球吸煙率最低的城市之一。2012年，香港控煙工作踏入三十周年，在不同範疇的卓越成績實在令人鼓舞。

Nowadays, the public can enjoy a smoke-free environment in indoor public areas, restaurants and workplaces in Hong Kong. Looking back to 30 years ago, both indoor and outdoor public areas were smoky and hazy, massive promotion on tobacco products could be easily found everywhere including magazines and streets. To safeguard public health, Smoking (Public Health) Ordinance (cap. 371) was enacted in 1982. This was a milestone for tobacco control in Hong Kong. With the implementation and several adjustments of the Ordinance, the Government and different sectors in the society have made Hong Kong one of the cities with the lowest smoking prevalence in the world through legislation, taxation, publicity, education and law enforcement in tobacco control. In 2012, tobacco control in Hong Kong stepped into its 30th anniversary with encouraging achievements in various areas.

香港控煙工作向前邁進，香港吸煙與健康委員會亦隨之於1987年成立，過去二十五年致力提高及教育公眾對煙草禍害的知識、進行有關吸煙的研究、並向政府及有關團體提供吸煙與健康的意見。過去多年，委員會一直與政府、醫療衛生界、學術界、非政府組織及社會各界人士積極推動不同的控煙措施，亦與世界衛生組織（世衛）提出的MPOWER不謀而合，在遏制煙草流行方面取得驕人的成果。

MPOWER措施是世衛為減低煙草的需求而根據《世界衛生組織煙草控制框架公約》所制定的，為各國實施煙草控制和管理提供了基礎。截至2013年8月，公約已有176個締約方，而中國亦是其中一員。

MPOWER的六項煙草控制措施：

- M** (Monitor) 監測煙草使用與預防政策
- P** (Protect) 保護人們免受煙草煙霧危害
- O** (Offer) 提供戒煙幫助
- W** (Warn) 警示煙草危害
- E** (Enforce) 確保禁止煙草廣告、促銷和贊助
- R** (Raise) 提高煙稅

Striding forward for the effort in tobacco control, Hong Kong Council on Smoking and Health (COSH) has been sparing no effort in informing and educating the public on the adverse effects of smoking; conducting tobacco-related researches; and advising the Government and other organizations on smoking-related issues since its establishment in 1987. In the past 25 years, COSH has been working with the Government, healthcare sector, academia sector, non-governmental organizations and other different sectors to implement tobacco control measures which align with the MPOWER measures suggested by the World Health Organization (WHO) and achieved impressive progress in curbing the smoking epidemic.

The World Health Organization Framework Convention on Tobacco Control (WHO FCTC) and its guidelines provide the foundation for countries to implement and manage tobacco control. WHO also introduced the MPOWER measures to reduce the demand for tobacco. As of August 2013, there are 176 parties to the WHO FCTC and China is also one of them.

Six components of MPOWER measures:

- Monitor** tobacco use and prevention policies
- Protect** people from tobacco smoke
- Offer** help to quit tobacco use
- Warn** about the dangers of tobacco
- Enforce** bans on tobacco advertising, promotion and sponsorship
- Raise** taxes on tobacco



監測煙草使用與預防政策

監測是一項重要的控煙活動，以人口統計數據為基礎的國家和國際煙草使用監測數據，對有效規劃和實施《世界衛生組織煙草控制框架公約》意義重大，有效推動控煙政策。

香港政府統計處吸煙統計調查報告

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

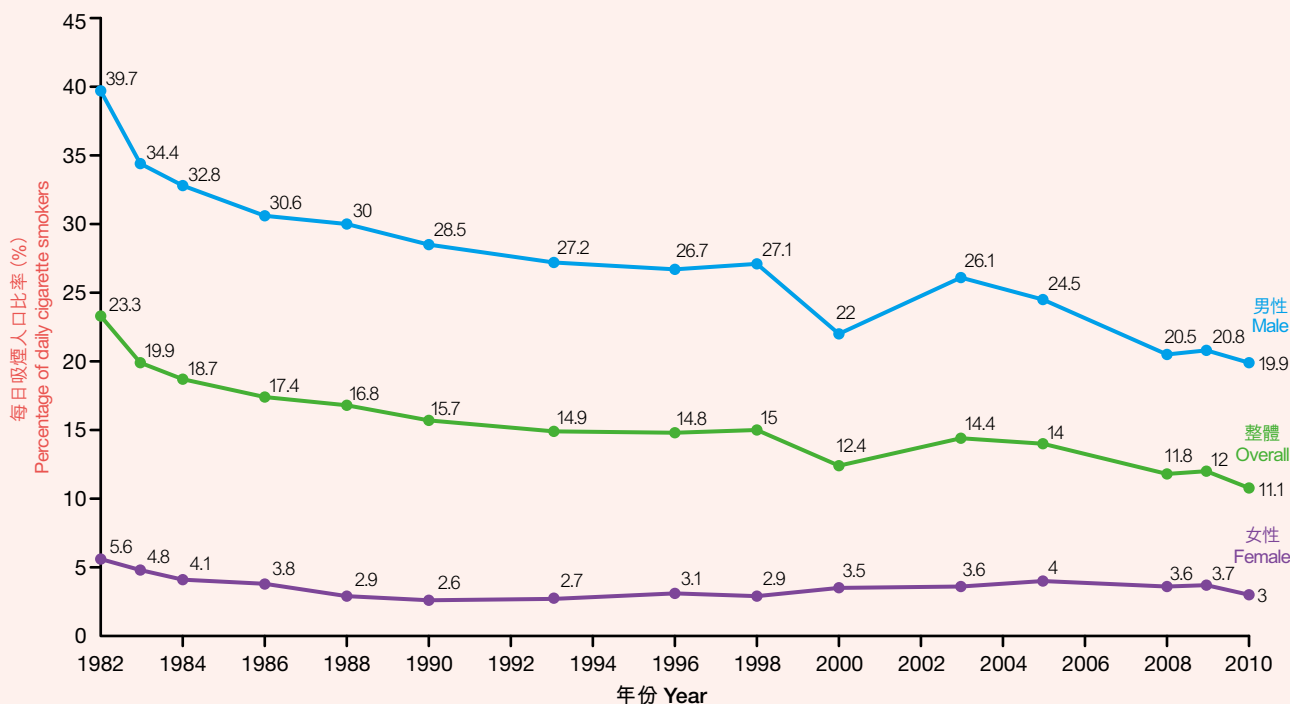
Monitor tobacco use and prevention policies

Monitoring is a critical tobacco control activity. Population-based national and international monitoring data are necessary to effectively plan and implement the WHO FCTC as well as to promote tobacco control policy.

Survey of Smoking Pattern Conducted by Census and Statistics Department

Since 1982, the Census and Statistics Department HKSAR has publicized Thematic Household Survey regarding the smoking pattern in the Hong Kong population regularly in order to facilitate the planning and implementation of related policies and measures. The figures include the overall smoking prevalence in Hong Kong, smoking prevalence by gender, by age and daily consumption of cigarettes.

香港15歲以上每日吸煙人士比率
Aged 15 and above - Daily cigarette smokers



資料來源：香港特別行政區政府主題性住戶統計調查第48號報告書（2011年）

Source: Thematic Household Survey Report No.48, Hong Kong SAR Government (2011)

委員會科研報告 COSH Scientific Research Reports

委員會過去亦進行了一系列有關個別群體的吸煙情況，以及二手煙對不同群體所產生的影響的研究項目：

For the past years, COSH has also conducted a series of scientific research projects regarding smoking pattern and effects of passive smoking on different sectors of the community:



年份 Year	研究項目 Research & Study	
1994	青少年吸煙與健康調查	Youth Smoking and Health Survey
1997-98	香港就業青年吸煙情況	Smoking Status of Working Youth
1998	兒童吸煙與被動吸煙調查	Smoking and Passive Smoking in Children
1999	青少年吸煙、健康與捲煙宣傳	Youth Smoking, Health and Tobacco Promotion
2001	香港飲食從業員 — 二手煙與心臟病及癌病風險調查	Passive Smoking and Risks for Heart Disease and Cancer in Hong Kong Catering Workers
2003	青少年吸煙與健康調查	Youth Smoking and Health Survey
2008	兒童生活於二手煙環境與健康調查	Secondhand Smoke Exposure & Health Survey in Children
2010	香港女性吸煙及健康調查	Smoking and Health Survey in Hong Kong Women
2012	增加煙草稅對香港成年吸煙人士的行為及戒煙意欲的影響調查	Impact of the Increase in Tobacco Tax in 2011 on Behaviours and Cognitions Related to Smoking and Issues Related to Anti-smoking Policies in Hong Kong
2013	控煙政策意見調查	Tobacco Control Policy-Related Survey

保護人們免受煙草煙霧危害

呼吸清潔空氣是所有人的基本權利，唯有無煙的室內環境才是有效保護公眾健康的方式。社會各界一直努力推動擴大法定禁煙區，以保護市民免受煙草危害，於過去三十年取得顯著成果。

逐步實施法定禁止吸煙區

《吸煙（公眾衛生）條例》（第371章）於1982年制定，期後經多次修定，法定禁止吸煙區範圍已逐步擴大。

Protect people from tobacco smoke

Clean air is a basic human right. Completely smoke-free indoor environments are the proven way to protect the public from the harmful effect of second hand and thirdhand smoke. Different sectors of the society have been advocating expansion of the statutory no smoking areas in the past 30 years.

Expansion of Statutory No Smoking Areas

The statutory no smoking areas gradually expanded with the enactment of the Smoking (Public Health) Ordinance in 1982 with several amendments subsequently.



1983	公共升降機及陸路公共交通工具下層實施禁煙	Smoking ban implemented in public lifts and lower deck of public transport land vehicles.
1998	購物商場、百貨公司、超級市場、銀行均列為法定禁煙區，機場管理局可指定機場客運大廈範圍為禁煙區 所有食肆、學校、專上學院、職業訓練中心可將指定範圍列為禁止吸煙區	Smoking ban implemented in shopping centres, department stores, supermarkets and banks. The Airport Authority may designate any area of the passenger terminal complex of the Airport as no smoking area. The management of all restaurants, schools, post-secondary institutions, vocational training centres can designate any areas of the premises as no smoking areas.
1999	規定所有提供超過200個座位的餐廳，要將最少三分之一的面積設定為禁煙區。	Restaurants with more than 200 seats required to have not less than 1/3 no smoking areas.
2007	所有食肆、室內工作間及多個公眾場所均訂為法定禁煙區。	Smoking ban implemented at all indoor, restaurants, workplaces and many public places.
2009	禁煙規定擴大至當時尚獲豁免的六類場所包括酒吧、會所、夜總會、浴室、按摩院及麻將天九耍樂場所。另外，禁煙規定亦擴大至首階段48個有上蓋建築物的公共運輸設施。	Smoking ban extended to the six types of establishment including bars, clubs, nightclubs, bathhouses, massage parlours, and mahjong and tin-kau parlours hitherto exempted from the ban. Also, smoking ban extended to 48 public transport facilities with superstructures.
2010	禁煙範圍擴展至129個露天公共運輸設施及另外兩個有蓋公共運輸設施。	Smoking ban extended to over 129 open-air public transport facilities and two covered public transport facilities.



衛生署控煙辦公室加強執法

衛生署控煙辦公室於2001年成立，進一步加強及協調政府的控煙工作。而根據於2009年9月1日實施的《定額罰款(吸煙罪行)條例》，任何人在法定禁止吸煙區或公共交通工具內吸煙或攜帶燃著的捲煙、雪茄或煙斗，執法人員有權向他們發出定額罰款通知書，罰款港幣1,500元。

委員會推廣無煙香港

為使市民大眾可享有更多無煙清新空間，委員會舉辦各類型活動，包括「無煙香港」運動，推動吸煙人士戒煙之餘，亦鼓勵非吸煙人士爭取更多無煙空間及免受二手煙危害，同時推廣無煙文化。委員會早於2004年及2006年先後舉辦了兩次表揚企業自發推行無煙工作間的活動，為2007年室內工作間禁煙打好基礎，而於2011年舉辦的「香港無煙領先企業大獎」，旨在於企業內推廣無煙文化及鼓勵工商界積極參與推動無煙香港，強化商界保障大眾健康的角色。活動得到超過200間公司支持，受惠員工亦超過52,000人。

委員會亦於2012年舉辦了「我是無煙的」計劃，鼓勵的士司機及乘客守法不在車廂內吸煙，締造無煙旅程，得到超過2,000位的士司機支持。



Tobacco Control Office, Department of Health to Enhance Law Enforcement

The Tobacco Control Office of the Department of Health was established in 2001 to enhance and coordinate the Government's tobacco control efforts. Under the "Fixed Penalty (Smoking Offences) Ordinance" which implemented on 1 September 2009, anyone who smokes or carries a lighted cigarette, cigar or pipe in statutory no smoking areas or on public transport carries, will be issued with a HK\$1,500 fixed penalty notice by enforcement officers.

COSH to promote a smoke-free Hong Kong

In order to ensure the public is free from the harmful effect of secondhand and thirdhand smoke, COSH has organized various campaigns including "Smoke-free Hong Kong" campaign to motivate smokers to kick the habit, encourage non-smokers to strive for smoke-free environment and promote a smoke-free culture. COSH launched two award presentations for the business sector in 2004 and 2006 successively, with an aim to encourage companies to set up smoke-free workplace proactively which facilitate the implementation of the relevant policy in 2007. The "Hong Kong Smoke-free Leading Company Awards" was held in 2011 to advocate a smoke-free culture among enterprises, encourage the commercial sector to actively support a smoke-free Hong Kong and strengthen their role in protecting public health. Over 200 companies participated and over 52,000 people were benefited in the campaign.

COSH also organized the "Smoke-free Taxi" campaign in 2012 which encouraged taxi drivers and passengers to create a smoke-free journey by not to smoke in the taxi at anytime and to kick the habit as soon as possible. Over 2,000 taxi drivers supported the campaign.

提供戒煙幫助

過去三十年委員會及社會各界均大力宣揚煙草禍害，鼓勵吸煙人士戒煙，但戒煙對煙草使用者來說並非易事。根據政府統計處的數字，香港現時大概有逾65萬名每日吸煙人士，當中超過三成曾嘗試戒煙，但不成功。若配合適當的戒煙服務必定事半功倍，政府及不同團體於近年亦大力開展及加強多元化的服務，協助吸煙人士重拾健康生活。

本港戒煙服務

現時政府及不同團體均有提供戒煙服務，其中包括：

政府部門：衛生署戒煙輔導服務及醫院管理局

其他非政府組織：香港大學護理學院及公共衛生學院、東華三院、博愛醫院、基督教聯合那打素社康服務、基督教家庭服務中心及樂善堂

Offer help to quit tobacco use

Over the past 30 years, COSH and different sectors in the society has devoted to inform the public on the smoking hazards and encourage smokers to kick the habit. However, it is not easy for smokers to quit. According to the statistics of Census and Statistics Department of Hong Kong, there are more than 650,000 daily smokers in Hong Kong while more than 30% of them tried to quit smoking but failed. It is believed that smokers would find easier to quit with appropriate smoking cessation service. In recent years, the Government and non-governmental organizations have been actively introducing and enhancing smoking cessation services, in order to help smokers to live a smoke-free lifestyle.

Smoking Cessation Services in Hong Kong

Smoking cessation services in Hong Kong are mainly provided by the Government and non-governmental organizations, including:

Government bodies: Department of Health Cessation Service and Hospital Authority

Non-governmental organizations: School of Nursing and School of Public Health, The University of Hong Kong, Tung Wah Group of Hospitals, Pok Oi Hospital, United Christian Netherlands Community Health Service and Christian Family Service Centre and Lok Sin Tong



委員會推動戒煙工作

委員會除了於近年制作了一系列以戒煙為主題的宣傳短片，過去25年亦舉辦了不同計劃鼓勵吸煙人士戒煙。其中「戒煙大贏家」計劃於2009、2010及2012年舉辦，共招募超過3,000名吸煙人士戒煙。而2012年的「戒煙大贏家」無煙社區計劃更推廣至全港18區，希望實現於各區建立無煙社區的願景。

另外，2008年「無煙家庭 我做得！」及2011年的「無煙少年獎勵計劃」，則動員青少年鼓勵家人戒煙並承諾建立無煙家庭，得到超過20,000家庭支持，並有超過5,000名家長承諾戒煙。

COSH to Promote Smoking Cessation

Apart from the Announcement of Public Interests (API) produced by COSH to promote smoking cessation, COSH also organizes various programmes to encourage smokers to kick the habit. The "Quit to Win" campaign held in 2009, 2010 and 2012 recruited over 3,000 smokers to quit smoking. In 2012, the campaign extended to the 18 Districts in Hong Kong to strive for a smoke-free community.

In addition, the "Smoke-free Family Campaign" in 2008 and the "Smoke-free Homes and Smoke-free Teens Campaign" in 2011 attracted over 20,000 families to pledge for a smoke-free home while over 5,000 parents promised to kick the smoking habit.



警示煙草危害

大多數吸煙者和非吸煙者並不充分了解或低估煙草對健康的危害，在煙包上印有警示圖象及字句是對吸煙人士最直接的當頭棒喝，可以鼓勵吸煙者戒煙，並阻止年輕人吸第一口煙。

實施健康警示進程

1983年開始，在香港售賣的煙包均須附有中英文式樣的健康警示，其後健康忠告其實經歷多次轉變，由早期的純文字式警示演變至今天所見的六款健康圖像警示，位置移到煙包頂部，並擴大至佔煙包正面及背面一半面積，以提醒市民吸煙的禍害。

Warn about the dangers of tobacco

Most of the smokers and even non-smokers underestimate or do not fully understand the health risks of tobacco. Pictorial and written health warning on tobacco packet is the most direct and effective admonition. Health warnings not only encourage smokers to quit smoking, but also prevent teenagers from trying the first cigarette.

Implementation of Health Warnings

Since 1983, written health warnings are required on all cigarette packs sold in Hong Kong. Health warnings on tobacco packaging have undergone several phases of changes. They were enhanced from written warnings at the early stage to today's combination of pictorial and word contents. The warning has to be positioned on the top of the packet taking up half of the front and back of packet's surface to better remind the public on the smoking hazards.



吸煙引致肺癌



吸煙足以致命



吸煙禍及家人



吸煙引致末梢血管疾病



吸煙可引致陽萎



吸煙可加速皮膚老化

1994	健康警示由一款增至四款，並須輪流替換： 「吸煙可以致命」、「吸煙可以致癌」、 「吸煙害己害人」、「吸煙可引致心臟病」	The single Government health warning was replaced by 4 messages which to be used in rotation: "SMOKING CAN KILL", "SMOKING CAN CAUSE CANCER", "SMOKING HARMS YOURSELF AND OTHERS", "SMOKING CAN CAUSE HEART DISEASE"
2000	煙包須附有六款健康警示，並須標示焦油及尼古丁含量，以白底黑字展示： 「吸煙足以致命」、「吸煙引致癌病」、 「吸煙引致心臟病」、「吸煙引致肺癌」、 「吸煙引致呼吸系統疾病」、「吸煙禍及子女」	Cigarette packs must carry, in rotation, 6 new warnings, with the indication of tar and nicotine yields. Health warning must be on the top of pack, black lettering on white background: "SMOKING KILLS", "SMOKING CAUSES CANCER", "SMOKING CAUSES HEART DISEASE", "SMOKING CAUSES LUNG CANCER", "SMOKING CAUSES RESPIRATORY DISEASES", "SMOKING HARMS YOUR CHILDREN"
2007	健康圖像警示須佔煙包的主要表面上的一半面積，而“特醇”及“低焦油”等誤導性字眼亦被規管。	The pictorial health warning must cover the top half of the cigarette packaging. Also, the use of misleading information and wordings as "light" and "mild" is also regulated.

委員會的有關教育及宣傳工作

根據香港特區政府主題性住戶統計調查第48號報告書(2011年)，超過三分之二習慣每日吸煙的人士在青少年時期(十至十九歲期間)開始有每周吸煙的習慣。有見及此，委員會推出了一系列針對青少年及兒童的活動，宣揚吸煙禍害及推廣無煙生活文化。

COSH's effort in education and promotion work

According to the Government's Thematic Household Survey Report No. 48 (2011), more than 2/3 of daily smokers start smoking weekly at their adolescence (aged 10-19). In view of this, COSH introduced a series of programmes to inform and educate teenagers and children on the smoking hazards and promote a smoke-free lifestyle.

委員會每年於全港中小學、幼稚園、社會服務、私人機構等舉辦健康講座，過去一年已有超過38,000人士出席。此外，委員會亦由1995年起，於全港小學每年舉辦100場互動教育劇場以預防兒童及青少年吸煙，去年亦有超過30,000名學生及教師欣賞。而於2012年首次推出的「無煙青少年大使領袖訓練計劃」則以中學生為對象，目的是培育青少年成為社會未來領袖，於學校及社區宣揚無煙信息，並推動無煙文化，計劃共吸引了約400名青少年參與。

過往，委員會亦透過宣傳短片讓公眾更加了解煙草對健康的危害，如2012年的宣傳短片就向市民闡釋了平均每兩個吸煙的人就有一位因吸煙而提早死亡的資訊。



COSH visits kindergartens, primary and secondary schools, tertiary institutions, social service organizations and commercial organizations across all districts to conduct health talks. There were over 38,000 people attended COSH's health talk in the year 2012-13. Since 1995, COSH performs 100 shows of "Interactive Education Theatre" each year in primary schools to promote smoking prevention among children and teenagers. In the past year, over 30,000 students and teachers enjoyed the show. "Smoke-free Youth Ambassador Leadership Training Programme" was first launched in 2012 aiming to nurture teenagers to become ambassadors in the society to promote smoke-free culture. Around 400 teenagers joined the campaign.

COSH also produced API to educate and inform the public on the harmful effects of smoking over the years. For example, the API in 2012 informed the public about the fact that one out of every two smokers will die early from smoking.



確保禁止煙草廣告、促銷和贊助

煙草業每年投入大量資源，進行鋪天蓋地式的宣傳，企圖塑造吸煙人士為有型、有品味之士，以淡化煙草的禍害，鼓勵市民吸煙，並以青少年及女性為主要對象。因此禁止這些市場營銷的措施必須是全方位，杜絕所有直接及間接的廣告、促銷和贊助，藉此大幅度減低煙草使用，保障公眾健康。得到社會各界的支持，煙草廣告及宣傳已於香港銷聲匿跡。

Enforce bans on tobacco advertising, promotion and sponsorship

The tobacco industry spends billions to launch massive promotion positioning smoking as a tasteful lifestyle to gloss over tobacco's harmful effects and encourage smoking targeting mainly teenagers and women. A total ban on direct and indirect advertising, promotion and sponsorship is therefore essential to reduce tobacco consumption and protect public health. Thanks to the efforts of different sectors of community, all tobacco advertisements and promotion have been prohibited.



禁止煙草宣傳推廣進程

自八十年代起，香港已逐步禁止煙草的廣告、促銷和贊助：

Progress on banning tobacco advertising, promotion and sponsorship

Since the 80s, Hong Kong has gradually implemented bans on tobacco advertising, promotion and sponsorship:

1988 所有煙草廣告及贊助，均不能於下午4時至晚上10時30分於電視播出（電台則於1989年實施）	Ban on cigarette advertising & sponsorship from 4pm-10:30pm on TV (ban on radio in 1989)
1990 全面禁止電視及電台的煙草廣告及贊助（電影院則於1992年實施）	Total ban on cigarette advertising & sponsorship on TV and radio (extension to cinema in 1992)
1998 禁止互聯網上的煙草廣告	Prohibition of tobacco advertisement on the Internet
1999 禁止在所有展示式及印刷刊物內刊登的煙草廣告	Ban on tobacco display advertisements and prohibition of all tobacco advertisements in the printed media
2007 撤銷於持牌小販攤檔可展示煙草廣告的豁免	Withdrawal of exemption for display of tobacco advertisement at licensed hawker stalls

推動「全煙害警示包裝」

儘管法例已全面禁止煙草宣傳，唯煙草業仍利用法律的灰色地帶及漏洞作間接宣傳，煙包成為主要的宣傳工具。有見及此，委員會於2012年開始提倡實行「全煙害警示包裝」，當中包括將健康圖像警示擴大至佔煙包面積不少於75%及統一所有牌子的煙包包裝，以禁止煙草業利用煙包作間接的宣傳及促銷。

Advocacy on Plain Packaging

Despite all tobacco advertisements and promotion are banned by law, tobacco companies still exploit grey areas and loopholes to promote tobacco products indirectly. Cigarette packet has become a main marketing and brand promotion vehicle for tobacco industry. Therefore, COSH advocated the implementation of plain packaging which the area of health warning to be increased to 75% or above of the package with an unified packing for all brands in order to prohibit tobacco industry from promoting their product indirectly.



提高煙稅

增加煙草稅是減少煙草使用和鼓勵戒煙的最有效方法之一。根據世界銀行的報告指出，煙草價格每提高10%，高收入地方如香港，煙草需求量隨之下降4%。

本港捲煙價格及煙草稅比例

香港在上世紀六七十年代已開始透過向煙草徵收入口關稅作為間接稅，而香港政府亦不定期調高煙草稅率：

Raise taxes on tobacco

Raising tobacco taxes is one of the most effective measures to reduce tobacco consumption and encourage smoking cessation. According to World Bank, a 10% increase on cigarette prices would reduce consumption by 4% in high-income places like Hong Kong.

Cigarette Price and Ratio of Tobacco Tax

Import tariff was imposed on tobacco as indirect tax in the 1960s and 1970s in Hong Kong. The Government also increases the tobacco tax rates aperiodically:

年份 Year	2008	2009	2010	2011
增加煙草稅比率 Tobacco Tax Increment	0%	50%	0% ¹	41.5%
煙草稅(港幣) Tobacco Tax (HKD)	16	24	24	34
平均零售價(港幣) Average Retail Price ² (HKD)	29	39	39	50
比率 Ratio	55%	61.5%	61.5%	68%
致電戒煙熱線總數 Total no. of Calls for Quitline	4,335	15,000	13,800	20,571

註： 1. 年滿18歲的入境旅客只能攜帶19支煙或1支雪茄入境作自用

2. 以一包20支捲煙計算

Note: 1. The quantity of tobacco products exempted from duty for passenger aged 18 or above was tightened to 19 cigarettes, or 1 cigar for personal use.

2. Calculated by a pack of 20 cigarettes.



香港最近兩次於2009年及2011年分別增加煙草稅50%及41.5%，令煙草零售價格得以提升，而2011年全年致電衛生署戒煙熱線的數字更上升至超過20,000個，引證增加煙草稅可鼓勵吸煙人士戒煙，相信對預防吸煙，尤其是青少年有莫大幫助。

委員會支持增加煙草稅活動

現時本港煙草稅佔捲煙零售價格百分之六十八，未及世衛建議煙稅應佔煙價七成以上。委員會一直不斷倡議政府增加煙草稅及舉行支持加稅的活動，以爭取更多市民及議員的支持。活動包括2009年超過500人參加的「支持加煙稅 助戒煙」大遊行、2011年約30,000名小學生參與「『加煙稅·助戒煙』全民支持大行動」的「許下無煙心願」活動等。

The recent two rounds of tobacco tax increase in 2009 and 2011 led to the retail price hike of cigarettes. The annual usage of the smoking cessation counselling hotline of the Department of Health increased to over 20,000 in 2011. This is a solid proof that the increase in tobacco tax encourages smoking cessation and helps to discourage young people from picking up the habit.

COSH Supporting Tobacco Tax Rise

The existing tobacco tax accounts for 68% of the retail price which still falls short of the over 70% or above tax rate as suggested by the World Health Organization. COSH has launched a series of campaigns to advocate further increase in tobacco tax and to gather support from the public and councilors. Campaigns included "Supporting Tobacco Tax Increase" Parade with more than 500 people in 2009, "Raise Tobacco Tax for Smoking Cessation - United Effort Advocacy Campaign" in 2011 with around 30,000 "smoke-free wishes" received from students.

無煙願景

經過三十載的努力，香港的控煙工作取得一定成果，我們會努力使香港繼續站在國際社會之先。展望未來，委員會將繼續透過教育、宣傳及推動立法等多管齊下的方式，為香港的控煙工作創造有利的社會氣氛及環境，務求在不久將來令香港吸煙率進一步降至單位數字，達成「無煙香港」的目標。



Looking Forward

After 30-year effort in tobacco control, there were great achievements in different aspects. We will continue our work to ensure Hong Kong will remain at the forefront in tobacco control. Through the integrated approach of education, publicity and advocating legislation, COSH will continue to create a favorable climate for the tobacco control efforts. COSH is committed to lowering smoking prevalence in Hong Kong to single digit in the near future and strive for a "Smoke-free Hong Kong".



世界無煙日
World No Tobacco Day

Living Smoke-free
攜手開拓 • 無煙生活

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
- 會議及考察
Conferences and Visits

活動紀要

Highlights of Events 2012-2013

宣傳及社區推廣活動

Publicity and Community Involvement Projects

推廣活動 Publicity Projects		
2012/5/30	支持香港推行「全煙害警示包裝」記者會	"Support the Implementation of Plain Packaging in Hong Kong" Press Conference
2012/5/31	世界無煙日 • 街頭宣傳活動	World No Tobacco Day - Street Promotion Campaign
2012/5	「無煙大使」馬國明無煙生活健康貼士短片	10-second Daily Info by "Smoke-free Ambassador" Mr Kenneth MA
2012/6/17	「戒煙大贏家」無煙社區計劃2012啟動儀式	"Quit to Win" Smoke-free Community Campaign 2012 Launch Ceremony
2012/6/22 and 2012/7/4	「戒煙大贏家」無煙社區計劃2012戒煙輔導訓練課程	"Quit to Win" Smoke-free Community Campaign 2012 Smoking Cessation Counseling Training
2012/6 - 2013/3	「戒煙大贏家」無煙社區計劃2012	"Quit to Win" Smoke-free Community Campaign 2012
2012/10/9	「香港控煙三十周年」慶祝酒會	"30 th Anniversary of Tobacco Control in Hong Kong" Cocktail Reception
2012/10/10	全新宣傳短片「兩個吸煙 一個早死」及「香港吸煙人士每年花80億」	New APIs "One in two smokers will die early" and "Hong Kong smokers spend \$8 billion a year on cigarettes"
2012/12/12	「我是無煙的」計劃啟動禮	"Smoke-free Taxi" Campaign Kick-off Ceremony
2012/12 - 2013/1	「我是無煙的」計劃	"Smoke-free Taxi" Campaign
2012/12 - 2013/2	倡議增加煙草稅	Advocacy on Raising Tobacco Tax
2013/3/2	「戒煙大贏家」電視節目	"Quit to Win" TV Programme

社區聯繫及推廣 Community Involvement and Promotion

2012/7 - 2013/3	「無煙老友記」推廣計劃	Elderly Smoking Cessation Pilot Programme
2012/8/4	無煙家庭健康推廣日	Smoke-free and Healthy Family Promotion Day
2012/9/22	「健康 • 鄰里 • 團圓」彩雲好鄰舍健康網絡健康推廣大行動暨啟動禮	Choi Wan Neighbourhood Health Network – Health Promotion Campaign
2012/10/25 - 2013/1/10	星期四玩轉駿業街之綠生活 藝術	Veggie Arts Jamboree @ Tsun Yip Street Thursday Carnival
2012/11/3-4	2012/13 年度中西區健康節	Central and Western District Health Festival 2012/13

教育及青少年活動 Education and Youth Programmes

青少年教育活動 Youth Education Programmes

2012/4 - 2013/3	「無煙新世代」健康教育講座	Health Talks for "Smoke-free New Generation"
2012/7 - 2013/3	「無煙青少年大使領袖訓練計劃」	Smoke-free Youth Ambassador Leadership Training Programme
2012/10 - 2013/3	學校互動教育巡迴劇場 「小紅帽的無煙旅程」	School Interactive Education Theatre - "The Smoke-free Journey of Red Hoodlet"
2013/3/6	「無煙青年大使領袖訓練計劃」頒獎禮暨分享會	Award Presentation Ceremony of Smoke-free Youth Ambassador Leadership Training Programme

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

2012/5/3	香港防癆心臟及胸病協會 – 如何在學校推行有效的禁毒教育課程	Anti-drug Education Programme of Hong Kong Tuberculosis, Chest and Heart Diseases Association
2012/7/7	香港大學青少年戒煙熱線 – 戒煙輔導義工培訓課程 -	HKU Youth Quitline - Student Counselor Training Workshop
2012/10/11	香港大學護理學院課程	Nursing Programme - School of Nursing of The University of Hong Kong
2012/12/4	香港大學護理學院碩士課程	Master of Nursing Programme - School of Nursing of The University of Hong Kong
2013/1/5-7	中國控煙之路「煙草危害及控制」 媒體研修班 -	Workshop on Smoking Hazards and Tobacco Control for Journalists in Mainland China
2013/1/22	葵涌醫院反吸煙工作小組 – 清新的退修營 -	No-smoking Day Camp – Anti-smoking Work Group, Kwai Chung Hospital
2013/1/25-26	香港中文大學新聞與傳播學院 – 「公共參與：華人社會的健康傳播」 工作坊	"Public Engagement: Communicating Health in Chinese Societies" workshop - School of Journalism and Communication, The Chinese University of Hong Kong

會議及考察

Conferences and Visits

會議 Conferences

2012/4/26	無煙城市項目市長交流會	Smoke-free Cities Conference of Mayors
2012/9/7-8	亞太兒童及家庭控煙聯盟會議	Asia-Pacific Child and Family Health Alliance for Tobacco Control Meeting
2012/9/20-21	2012「非凡女性論壇」	The Woman Extraordinaire Forum 2012
2012/11/4-6	第六屆兩岸四地煙害防制交流研討會	The 6 th Cross-strait Conference on Tobacco Control

2012/12/2	「兩岸四地控煙交流研討會議暨世界針灸學會聯合會中醫針灸風采全球行(香港站)」活動	Tobacco Control cum International Acupuncture Symposium (Hong Kong Station) for Mainland China, Taiwan, Macau, and Hong Kong Region
2012/12/7	澳門控煙法一周年座談會	1 st Anniversary of the Macau's new Tobacco Control Law Forum

考察活動 Visits

2012/4/30	啓新書院	Renaissance College
2012/5/2	泰國控煙代表團	Thailand Tobacco Control Alliances
2012/5/14	澳門 - 世界衛生組織健康城市領袖計劃代表團 (柬埔寨、老撾及蒙古代表)	Macao - World Health Organization Healthy Cities Leadership Programme (Delegates from Cambodia, Lao People's Democratic Republic and Mongolia)
2012/5/29	鰂魚涌小學	Quarry Bay School
2012/6/13	廣州市城市管理考察訪問團	Guangzhou Officials Study Tour
2012/6/25	澳門戒煙保健會	Smoking Abstinence and Good Health Association of Macau
2012/6/29	澳洲衛生部	Australia's Department of Health and Ageing
2012/9/19	新加坡共和理工學院	Singapore's Republic Polytechnic
2012/10/11-12	柬埔寨煙草稅工作小組	Cambodia Tobacco Tax Working Group
2012/11/8	澳門 - 世界衛生組織健康城市領袖計劃代表團(中國代表)	Macao - World Health Organization Healthy Cities Leadership Programme (Delegates from China)
2012/11/14	香港大學李嘉誠醫學院交換生	Exchange Students of Li Ka Shing Faculty of Medicine, The University of Hong Kong

宣傳及社區推廣活動

Publicity and Community Involvement Projects

推廣活動 Publicity Projects



支持香港推行「全煙害警示包裝」記者會

世界衛生組織將2012年的世界無煙日主題訂為「煙草商干擾」，藉此揭穿及反擊煙草業企圖破壞「世界衛生組織煙草控制框架公約」，對公眾健康造成嚴重危險。為響應主題，委員會於2012年5月30日召開記者會，倡議香港推行「全煙害警示包裝」(plain packaging)，以進一步加強市民對煙草禍害的認識，同時減低煙包對青少年及吸煙人士的吸引力。參與的講者包括委員會主席劉文文、澳洲Quit Victoria總幹事Fiona SHARKIE女士、香港大學公共衛生學院院長林大慶教授、世界肺健基金會高級顧問麥龍詩迪教授以及委員會副主席陳肇始教授。

"Support the Implementation of Plain Packaging in Hong Kong" Press Conference

World Health Organization (WHO) designated "Tobacco industry interference" as the theme of 2012 World No Tobacco Day, which aimed to expose and counter the tobacco industry's brazen and increasingly aggressive attempts to undermine the WHO's Framework Convention on Tobacco Control. These attempts impose serious danger to public health. COSH hosted a press conference on 30 May 2012 to advocate the implementation of plain packaging of tobacco products in Hong Kong. This was to raise the public awareness on tobacco hazards, as well as to reduce the attractiveness of cigarette packs to youngsters and smokers. Speakers included Ms Lisa LAU, COSH Chairman, Ms Fiona SHARKIE, Executive Director of Quit Victoria, Australia, Prof LAM Tai-hing, Director, School of Public Health, The University of Hong Kong, Prof Judith MACKAY, Senior Adviser, World Lung Foundation and Prof Sophia CHAN, COSH Vice-Chairman.

記者會上委員會主席劉文文表示：「香港於2007年起於煙草包裝上採用圖像健康警示，並規定必須佔煙包50%或以上，但煙草商仍透過不同形式的包裝設計，吸引消費者購買。透過推行「全煙害警示包裝」，劃一煙盒包裝和擴大煙害警示圖像，禁止煙草商以精美的煙盒包裝，作為產品的宣傳渠道。」

而澳洲於2012年12月推行「全煙害警示包裝」，是全球首個立法推行的國家，Quit Victoria總幹事Fiona SHARKIE積極參與有關研究工作，於會上分享澳洲的經驗及推行時所遇到的挑戰。委員會副主席陳肇始教授表示委員會即將從多方面研究「全煙害警示包裝」在香港推行的可行性，同時了解市民的看法及爭取他們的支持，減低煙包的吸引力，避免兒童及青少年吸第一口煙。

COSH Chairman, Ms Lisa LAU said at the press conference, "Hong Kong has adopted pictorial health warning label on tobacco packages since 2007, requiring the health warning label to cover at least 50% of the main sides of the cigarette pack. But the tobacco companies continue to use different designs on packages to attract consumers. COSH will advocate the government to implement plain packaging of tobacco products in Hong Kong, in order to prohibit tobacco companies from promoting sales through fancy design on cigarette packs."

Australia is the first country in the world to pass the law on plain packaging for tobacco products, effective from December 2012. Ms Fiona SHARKIE, Executive Director of Quit Victoria, who played an active role in the implementation process in Australia, shared the experience and challenges at the press conference. Prof Sophia CHAN, COSH Vice-Chairman, said that COSH would conduct feasibility study on adopting plain packaging in Hong Kong from different aspects and understand the public opinion and seek public support on plain packaging through policy-related survey. Plain packaging can make cigarettes less appealing to children and teenagers and stop them from taking up smoking.



世界無煙日 • 街頭宣傳活動

2012年5月31日為第25屆的世界無煙日，委員會於當日邀請了「無煙大使」馬國明及藝人張慧雯，聯同委員會主席劉文文及委員會副主席陳肇始教授於銅鑼灣舉行街頭宣傳活動，近距離呼籲市民響應世界無煙日盡早戒煙，並宣傳無煙信息。

委員會主席劉文文表示，委任馬國明為「無煙大使」，希望以其健康專業的形象，協助委員會推廣無煙生活，推動大眾攜手打造無煙香港。馬國明更即場與傳媒及市民分享吸煙的禍害及戒煙的好處，並派發印有「戒煙小貼士」的手扇，讓吸煙人士可藉此增加戒煙的決心及定力，遠離煙害。活動期間，嘉賓更成功勸喻一位正在吸煙的男士弄熄煙蒂，並答應嘗試戒煙，結果令人鼓舞。

「無煙大使」馬國明無煙生活健康貼士短片

委員會於2012年5月至6月與電視廣播有限公司合作，製作了五集各十秒的資訊短片，名為「無煙健康生活貼士」，在無線電視翡翠台及高清翡翠台播放，目的是讓公眾明白煙草的禍害及闡釋吸煙的謬誤。



World No Tobacco Day - Street Promotion Campaign

COSH held a Street Promotion Campaign in Causeway Bay on 31 May 2012, the 25th World No Tobacco Day. Smoke-free Ambassador Mr Kenneth MA and artist Ms Candy CHANG were invited to join the campaign and promote smoke-free messages with COSH Chairman, Ms Lisa LAU, and COSH Vice-chairman, Prof Sophia Chan.

Ms Lisa LAU said that Mr Kenneth MA's healthy and professional image made him the right person to be the "Smoke-free Ambassador" to promote smoking cessation for a smoke-free Hong Kong. During the event, Mr Kenneth MA shared the hazards of smoking and benefits of quitting smoking with the media and the public; he also distributed hand fans imprinted with smoking cessation tips to help smokers enhance determination and endurance to quit smoking. The guests also successfully persuaded a smoker to extinguish his cigarette and promise to start quitting.

10-second Daily Info by "Smoke-free Ambassador" Mr Kenneth MA

From May to June 2012, COSH cooperated with Television Broadcasts Limited to produce short films of 10 seconds, with 5 episodes on tips on smoke-free lifestyle. The short films were broadcasted on TVB Jade and HD Jade which aimed at raising public attention to the hazards of tobacco and dispelling the myths of smoking.

資訊短片由「無煙大使」馬國明主持，以五個不同的生活處境向公眾解釋一些吸煙的謬誤。馬國明以醫生的角色指出吸煙會令皮膚變差和減低血液帶氧能力、煙草中的尼古丁會影響記憶力，以及三手煙會殘留於吸煙人士身上影響家人的健康，從而勸告吸煙人士盡早戒煙及帶出無煙生活的重要性，短片亦提供戒煙熱線，方便有需要人士尋求協助。

「戒煙大贏家」無煙社區計劃2012

為提高市民對吸煙禍害的關注及鼓勵吸煙人士戒煙，香港吸煙與健康委員會參考國際戒煙比賽的經驗，於2009及2010年舉辦「戒煙大贏家」活動，以獎金及獎品吸引吸煙人士踏出戒煙第一步，活動於過去兩年均獲得理想成績，吸引超過2,000名人士參加。

承接過往兩屆的成功，委員會再接再厲，推出「戒煙大贏家」無煙社區計劃2012，與香港大學護理學院及公共衛生學院合作，並首度得到18區區議會支持，透過其轄下工作小組及地方組織進行一連串具地區特色的宣傳活動，招募吸煙人士參加戒煙計劃，共吸引超過1,000人下定決心戒煙。此外，計劃亦希望加強地區人士對控煙工作的關注，並培訓地區服務團體的同工成為社區控煙的倡導者，使地區戒煙服務得以持續發展。



The Infomercials were hosted by "Smoke-free Ambassador" Mr Kenneth MA and featured five different scenarios to dispel the myths of smoking. Acting as a doctor, Mr Kenneth MA pointed out that smoking would decrease oxygen supply to skin, deplete the oxygen carrying capacity of blood, adversely affect memory, and thirdhand smoke with chemical residuals would cling to clothing, hair and skin of smokers and affect family members' health. He also explained the importance of smoke-free lifestyle and encouraged smokers to quit smoking. Smoking cessation hotline was displayed to facilitate the audience to seek assistance if needed.

"Quit to Win" Smoke-free Community Campaign 2012

In order to raise the public awareness on smoking hazards and promote smoking cessation, COSH, with reference to international smoking cessation contests, organized "Quit to Win" Smoking Cessation Contest in 2009 and 2010 to motivate smokers to take their first step to quit by monetary rewards and prizes. The Contest received overwhelming support from the public and successfully recruited over 2,000 smokers to join.

Following the success of the past two years, COSH launched the territory-wide "Quit to Win" Smoke-free Community Campaign 2012, in collaboration with School of Nursing and School of Public Health of The University of Hong Kong (HKU). With the full support of the 18 District Councils, a series of community-based promotion programmes were held by sub-committees of District Councils and district organizations to recruit smokers to join the smoking cessation programme. Over 1,000 smokers decided to kick the habit. The campaign also aimed to strengthen the sustainable support for smoking cessation at district level by raising awareness on tobacco control and training up the district organizations to be tobacco control advocates.



「戒煙大贏家」無煙社區計劃2012 啟動儀式

計劃的啟動儀式於2012年6月17日假九龍灣德福廣場舉行，主禮嘉賓包括食物及衛生局局長周一嶽醫生、香港大學公共衛生學院院長林大慶教授、衛生署控煙辦公室主管何理明醫生、委員會主席劉文文、副主席陳肇始教授及「無煙大使」馬國明先生。各區區議會及轄下工作小組的代表亦出席儀式，齊心協力共建無煙清新香港。此外，委員會主席劉文文及副主席陳肇始教授於儀式上正式委任馬國明先生擔任「無煙大使」，以其健康正面之形象肩負起推動戒煙及建設無煙香港的責任。

而一群來自香港青年協會香港起舞的健康年青人組合 Grasper 則透過霹靂舞表演，鼓勵年輕人不要吸煙，並為戒煙人士打氣。一眾藝員包括黃智雯女士、何雁詩女士、林穎彤女士、魏浚皓先生及郭田蔭先生更以遊戲及歌唱表演的方式宣揚無煙信息，場面非常熱鬧。

"Quit to Win" Smoke-free Community Campaign 2012 Launch Ceremony

A launch ceremony was held on 17 June 2012 at Telford Plaza in Kowloon Bay. Officiating guests included Dr York CHOW, Secretary for Food and Health, Prof LAM Tai-hing, Director, School of Public Health, The University of Hong Kong, Dr Raymond HO, Head of Tobacco Control Office, Department of Health, Ms Lisa LAU, COSH Chairman, Prof Sophia CHAN, COSH Vice-chairman, and "Smoke-free Ambassador" Mr Kenneth MA. Representatives of the District Councils and working groups also showed their support and commitment to building a smoke-free Hong Kong in the ceremony. Mr Kenneth MA was officially appointed to be the "Smoke-free Ambassador" by Ms Lisa LAU and Prof Sophia CHAN to promote smoke-free messages with his healthy and positive image.

To promote the smoke-free message to youngsters and support quitters, COSH invited Grasper, a group of young dancers from the Hong Kong Federation of Youth Groups Hong Kong Youth Dance to perform break dance, TVB celebrities, including Ms Mandy WONG, Ms Stephanie HO, Ms Bella LAM, Mr Nathan NGAI and Mr Marcus KWOK, urged the public to support "Quit to Win" campaign and promoted smoke-free messages through interactive games and singing performance.

「戒煙大贏家」無煙社區計劃2012 戒煙輔導訓練課程

在計劃正式開展之前，委員會與香港大學護理學院及公共衛生學院在2012年6月22日及7月4日，合作舉辦為期一天的戒煙輔導訓練課程，以協助地區服務人士在區內舉辦無煙宣傳活動。

課程內容包括吸煙對健康的損害、戒煙輔導技巧及推廣無煙宣傳活動的經驗分享，由香港大學公共衛生學院院長林大慶教授、委員會副主席暨香港大學護理學院護理教授及科研總監陳肇始教授、委員會總幹事黎慧賢女士及資深戒煙輔導員主講。

此外，課程還提供互動分享、小組討論及理論實踐的環節，並邀請成功戒煙人士與參加者分享戒煙經驗，參加者均表示獲益良多，在完成課程後，更獲頒發證書以示嘉許。



"Quit to Win" Smoke-free Community Campaign 2012 Smoking Cessation Counseling Training

Before the launch of the campaign, COSH and the co-organizer, School of Nursing and School of Public Health, The University of Hong Kong organized a one-day Smoking Cessation Counseling Training on 22 June and 4 July 2012 respectively, which aimed to facilitate the district partners in organizing effective smoke-free promotion activities at community level.

The training was delivered by Prof LAM Tai-hing, Director of School of Public Health, The University of Hong Kong; Prof Sophia CHAN, COSH Vice-chairman cum Professor in Nursing and Director of Research, School of Nursing, The University of Hong Kong; Ms Vienna LAI, COSH Executive Director and experienced smoking cessation counselors. The speakers introduced the smoking hazards, cessation counseling skills and shared the tips on organizing publicity events to disseminate smoke-free information.

Participants were equipped with smoke-free knowledge through group discussions, role play and case study. Successful quitters were also invited to share the quitting experience. All participants were awarded with certificate after completing the training.

參與計劃的地區合作夥伴包括：

The District Partners of the campaign were:

中西區 Central & Western	明愛莫張瑞勤社區中心 Caritas Mok Cheung Sui Kun Community Centre
離島區 Islands	鄰舍輔導會東涌綜合服務中心 The Neighbourhood Advice-Action Council Tung Chung Integrated Services Centre
九龍城區 Kowloon City	九龍樂善堂 Kowloon Lok Sin Tong
葵青區 Kwai Tsing	葵青安全社區及健康城市協會 Kwai Tsing Safe Community and Healthy City Association
觀塘區 Kwun Tong	基督教聯合那打素社康服務 United Christian Nethersole Community Health Service
北區 North	香港路德會賽馬會雍盛綜合服務中心 Hong Kong Lutheran Church Jockey Club Yung Shing Lutheran Integrated Service Centre
深水埗區 Sham Shui Po	明愛鄭承峰長者地區中心(深水埗) Caritas Cheng Shing Fung District Elderly Centre (Sham Shui Po)
南區 Southern	南區健康安全協會 Southern District Healthy & Safe Association
荃灣區 Tsuen Wan	荃灣安全健康社區督導委員會 Tsuen Wan Safe and Healthy Community Steering Committee
黃大仙區 Wong Tai Sin	黃大仙區健康安全城市 Wong Tai Sin District Healthy & Safe City
油尖旺區 Yau Tsim Mong	基督教聯合那打素社康服務 United Christian Nethersole Community Health Service



地區招募活動

委員會聯同各個地區合作夥伴於2012年7月至9月期間，共進行了超過90場招募及宣傳活動，活動的模式因應每區特色而有所不同，如嘉年華、遊戲攤位、家訪、健康講座及於地區合作夥伴的中心設置長期招募攤位，委員會更因應情況到個別地區的吸煙熱點進行街頭招募，務求擴闊活動的接觸層面，深入社區每一角落。

District Recruitment

From July to September 2012, COSH and the district partners organized over 90 recruitment sessions and smoke-free promotion activities across the territory. In order to attract smokers from different background, various activities were organized based on the characteristics of each district, such as carnivals, game booths, family visits, health talks and recruitment booth stationed in the centres of the district partners. Mobile recruitment was effective at smoking hotspots of several districts. Tremendous efforts have been made to reach every corner of the community.

「戒煙大贏家」比賽地區招募日及無煙社區宣傳活動

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

2012/7/16 & 2012/9/29	葵青區 Kwai Tsing	青衣長青邨 Tsing Yi Cheung Ching Estate
2012/7/19	葵青區 Kwai Tsing	葵涌荔景邨 Kwai Chung Lai King Estate
2012/7/30	葵青區 Kwai Tsing	青衣長康邨商場 Tsing Yi Cheung Hong Commercial Centre
2012/8/5 & 2012/9/2	九龍城區 Kowloon City	何文田廣場 Homantin Plaza
2012/8/7	葵青區 Kwai Tsing	青衣長發社區會堂 Tsing Yi Cheung Fat Community Hall
2012/8/7 - 2012/9/28	九龍城區 Kowloon City	九龍城樂善堂醫療所 The Medical Clinic of Lik Sin Tong
2012/8/9 - 2012/9/28	油尖旺區 Yau Tsim Mong	基督教聯合那打素佐敦健康中心 (Integrated Series) United Christian Nethersole Jordan Health Centre
2012/8/10 - 2012/9/1	離島區 Islands	鄰舍輔導會東涌綜合服務中心 The Neighborhood Advice Action Council Tung Chung Integrated Service Centre
2012/8/10 - 2012/9/28	觀塘區 Kwun Tong	觀塘賽馬會和樂社區健康中心 Jockey Club Wo Lok Community Health Centre
2012/8/11	油尖旺區 Yau Tsim Mong	大角咀海富商場 Tai Kok Tsui Hoi Fu Shopping Centre

2012/8/12 & 2012/9/8	九龍城區 Kowloon City	九龍城市政大廈對出 Near Kowloon City Municipal Services Building
2012/8/13 & 2012/8/29	中西區 Central & Western	西環士美菲路街市 Kennedy Town Smithfield Market
2012/8/13 – 15	灣仔區 Wan Chai	灣仔集成中心 Wan Chai CC Wu Building
2012/8/15 & 2012/9/16	中西區 Central & Western	石塘咀街市 Shek Tong Tsui Market
2012/8/17	中西區 Central & Western	西營盤正街街市 Sai Ying Pun Centre Street Market
	觀塘區 Kwun Tong	觀塘裕民坊 Yue Man Square
2012/8/17 & 2012/8/31	中西區 Central & Western	皇后大道西山道交界 Interchange of Queen's Road West and Hill Road
2012/8/18	葵青區 Kwai Tsing	葵涌大窩口社區會堂 Kwai Chung Tai Wo Hau Community Hall
2012/8/19	九龍城區 Kowloon City	紅磡家維邨 Hung Hom Ka Wai Chuen
	黃大仙區 Wong Tai Sin	彩雲社區會堂 Choi Wan Community Hall
2012/8/20	中西區 Central & Western	西營盤德輔道西 Sai Ying Pun Des Voeux West
2012/8/22 & 2012/9/5	中西區 Central & Western	中環街市 Central Market
2012/8/23	葵青區 Kwai Tsing	青衣長安邨 Tsing Yi Cheung On Estate
2012/8/24 & 2012/9/7	中西區 Central & Western	中環交易廣場行人天橋 Exchange Square (Foot Bridge)
2012/8/24 – 26	東區 Eastern	小西灣藍灣半島 Siu Sai Wan Island Resort
2012/8/24 & 2012/8/27	北區 North	上水碧湖商場 Sheung Shui Avon Park
2012/8/25 & 2012/9/15	中西區 Central & Western	上環文咸東街摩利臣街交界 Interchange of Morrison Street and Bonham Strand East

2012/8/25	東區 Eastern	柴灣興華邨二期 Chai Wan Hing Wah Estate (II)
	屯門區 Tuen Mun	屯門農墟 Farmer's Market
	荃灣區 Tsuen Wan	如心廣場 Nina Tower
2012/8/26	九龍城區 Kowloon City	紅磡邨一期 Hung Hom Estate (I)
2012/8/27	中西區 Central & Western	西營盤皇后大道西 Sai Ying Pun Queen's Road West
2012/8/27 - 2012/8/29	灣仔區 Wan Chai	香港吸煙與健康委員會 Hong Kong Council on Smoking and Health
2012/8/27 - 2012/9/30	黃大仙區 Wong Tai Sin	黃大仙醫院 Wong Tai Sin Hospital
	黃大仙區 Wong Tai Sin	聖母醫院 Our Lady of Maryknoll Hospital
2012/8/28 & 2012/9/7	荃灣區 Tsuen Wan	荃灣公園 Tsuen Wan Park
2012/8/30	北區 North	粉嶺和興體育館籃球場 Fanling Wo Hing Sports Centre (Basketball Court)
2012/8/31 - 2012/9/28	東區 Eastern	流動招募 Mobile Recruitment
	九龍城區 Kowloon City	流動招募 Mobile Recruitment
	西貢區 Sai Kung	流動招募 Mobile Recruitment
	沙田區 Sha Tin	流動招募 Mobile Recruitment
	深水埗區 Sham Shui Po	流動招募 Mobile Recruitment
	大埔區 Tai Po	流動招募 Mobile Recruitment
	屯門區 Tuen Mun	流動招募 Mobile Recruitment

	灣仔區 Wan Chai	流動招募 Mobile Recruitment
	油尖旺區 Yau Tsim Mong	流動招募 Mobile Recruitment
	元朗區 Yuen Long	流動招募 Mobile Recruitment
2012/8/31 – 2012/9/2	北區 North	上水中心購物商場 Sheung Shui Centre
2012/9/1	沙田區 Sha Tin	馬鞍山恒安邨 Ma On Shan Hang On Estate
2012/9/1 – 2	屯門區 Tuen Mun	屯門黃金海岸商場 Gold Coast Piazza
2012/9/2	大埔區 Tai Po	大埔富善社區會堂 Fu Shin Community Hall
2012/9/3	中西區 Central & Western	上環德輔道西 Sheung Wan Des Voeux Street West
	黃大仙區 Wong Tai Sin	鑽石山龍蟠街 Diamond Hill Lung Poon Street
2012/9/3-29	北區 North	路德會賽馬會雍盛綜合服務中心 Jockey Club Yung Shing Lutheran Integrated Service Centre
2012/9/4 & 2012/9/6	荃灣區 Tsuen Wan	荃灣仁濟醫院 Yan Chai Hospital
2012/9/4 & 2012/9/19	荃灣區 Tsuen Wan	梨木樹邨龍珠廣場 Lei Muk Shue Estate
2012/9/5	黃大仙區 Wong Tai Sin	竹園邨 Chuk Yuen Estate
	北區 North	上水清河邨 Sheung Shui Ching Ho Estate
	北區 North	上水香港路德會青欣中心 Sheung Shui Cheer Lutheran Centre
2012/9/5-19	深水埗區 Sham Shui Po	明愛鄭承峰長者社區中心(深水埗) Caritas Cheung Shing Fung District Elderly Centre (Sham Shui Po)

2012/9/6	葵青區 Kwai Tsing	青衣美景花園商場 Tsing Yi Mayfair Garden
2012/9/7-8	沙田區 Sha Tin	馬鞍山廣場 Ma On Shan Plaza
2012/9/7	黃大仙區 Wong Tai Sin	雙鳳街 Sheung Fung Street
2012/9/8	西貢區 Sai Kung	將軍澳明德商場 Tseung Kwun O Ming Tak Shopping Centre
2012/9/9	東區 Eastern	小西灣廣場 Siu Sai Wan Plaza
2012/9/9-10	沙田區 Sha Tin	第一城廣場 Fortune City One
2012/9/10	深水埗區 Sham Shui Po	幸福商場 Fortune Shopping Centre
	黃大仙區 Wong Tai Sin	黃大仙上邨 Upper Wong Tai Sin Estate
	中西區 Central & Western	中環七號碼頭 Central Pier No.7
	九龍城區 Kowloon City	佛教何黃昌寶長者鄰舍中心 Buddhist Ho Wong Cheong Po Neighborhood Elderly Centre
2012/9/10-11	屯門區 Tuen Mun	兆康苑 Siu Hong Court
2012/9/11	西貢 Sai Kung	將軍澳吉之島 Tseung Kwan O Jusco
2012/9/14 & 2012/9/21	深水埗區 Sham Shui Po	明愛醫院 Caritas Medical Centre
2012/9/14-15 & 2012/9/20	離島區 Islands	逸東邨黎淑英紀念廣場 Yat Tung Estate Lai Shuk Ying Memorial Plaza
2012/9/14-27	離島區 Islands	東涌家庭探訪 Home visit to Tung Chung Residents
2012/9/15	葵青區 Kwai Tsing	葵涌石籬邨 Kwai Chung Shek Lei Estate
2012/9/16	沙田區 Sha Tin	錦英苑 Kam Ying Court

	九龍城區 Kowloon City	馬頭圍邨 Ma Tau Wai Estate
2012/9/18	深水埗區 Sham Shui Po	元州邨 Un Chau Estate
	荃灣區 Tsuen Wan	德華公園 Jockey Club Tak Wah Park
2012/9/20	沙田區 Sha Tin	沙田商業中心 Shatin Galleria
	九龍城區 Kowloon City	九龍城浸信會 Kowloon City Baptist Church
2012/9/20-30	南區 Southern	南區健康安全協會林資健社康中心 Southern District Healthy & Safe Association Lam Chi Kin Community Centre
2012/9/21	九龍城區 Kowloon City	九龍五聯護老院 Kowloon Ng Luen for the Aged
2012/9/21, 2012/9/26 & 2012/9/29	南區 Southern	鴨脷洲邨 Ap Lei Chau Estate
2012/9/22	葵青區 Kwai Tsing	葵涌灝景灣 Kwai Chung Villa Esplanada
	中西區 Central & Western	西環觀龍樓 Kennedy Town Kwun Lung Lau
	黃大仙區 Wong Tai Sin	彩雲邨二期 Choi Wan Estate (II)
	九龍城區 Kowloon City	何文田邨 Homantin Estate
2012/9/22-23	東區 Eastern	康怡廣場 Kornhill Plaza
2012/9/22-24	元朗區 Yuen Long	天水圍嘉湖銀座商場 Tin Shui Wai Kingswood Ginza
2012/9/23、2012/9/29 & 2012/9/30	南區 Southern	利東邨 Lei Tung Estate
2012/9/25 & 2012/9/27	荃灣區 Tsuen Wan	荃灣中心第二期 Tsuen Wan Centre (II)

2012/9/26	深水埗區 Sham Shui Po	深水埗營盤街及元州街 Camp Street and Un Chau Street
2012/9/27-29	灣仔區 - Wan Chai	香港吸煙與健康委員會 Hong Kong Council on Smoking and Health
2012/9/30	九龍城區 Kowloon City	土瓜灣市政大廈暨政府合署 To Kwa Wan Market and Government Offices

吸煙人士可於招募現場即時測試呼氣中的一氧化碳水平及接受簡短的戒煙輔導，報名參加「戒煙大贏家」比賽的人士均會獲得自助戒煙小冊子。透過多場招募活動，成功吸引超過1,000名吸煙人士下定決心戒煙。

香港大學以隨機方式編配參賽者接受不同的免費戒煙輔導，包括電話跟進及短訊輔導。地區合作夥伴及香港大學的工作人員並在三個月及六個月期間致電參賽者，跟進他們的戒煙情況。經測試核實於三個月內成功戒煙的參賽者，均有機會參加大抽獎。部份參賽者經甄選後，獲邀參與「戒煙大贏家」電視節目，分享成功戒煙的經驗及心得。

Smokers could undertake the breath test on carbon monoxide and receive brief smoking cessation counseling at the recruitment booths. Those who joined the "Quit to Win" Contest were provided with a self-help smoking cessation booklet. Over 1,000 smokers decided to quit smoking through the campaign.

HKU randomly assigned the eligible participants to different groups which received different format of smoking cessation counseling including telephone and SMS. The district partners and HKU conducted follow-up calls to check the smoking status of participants in three and six months. Participants who quitted smoking successfully within 3 months and passed the biochemical validation test were eligible to join the lucky draw. Some participants were invited to join the "Quit to Win" TV Show to share their experience and tips on smoking cessation.

「戒煙大贏家」電視節目

委員會與電視廣播有限公司製作「戒煙大贏家」電視節目，在2013年3月2日晚上八時於翡翠台及高清翡翠台播放，透過遊戲宣揚吸煙的禍害及糾正市民對戒煙的謬誤，同時邀請「戒煙大贏家」比賽的三位得獎者分享成功戒煙的故事及心得。節目的主禮嘉賓包括食物及衛生局局長高永文醫生、食物及衛生局副局長陳肇始教授、衛生署署長陳漢儀醫生、香港大學公共衛生學院院長林大慶教授、香港吸煙與健康委員會主席劉文文及副主席鄭祖盛先生。他們向觀眾作出呼籲，希望與市民攜手共建無煙香港，鼓勵吸煙人士戒煙，保護家人免受吸煙和二手煙的禍害，讓下一代建立健康的生活態度。

其中「戒煙大贏家」比賽冠軍得主麥新先生與觀眾分享他已有64年煙齡，曾經戒煙四次，但受到身邊的吸煙者影響終告失敗。是次因為孫兒的出生及媳婦的鼓勵，麥先生下定決心戒煙，避免孫兒受到二手煙及三手煙的影響，同時亦希望自己的身體更健康，可以有多點時間享受天倫之樂。而亞軍得主陳綺雯女士年紀雖輕，但已經吸煙13年，是次戒煙獲得家人及男朋友大力支持，成功戒煙並憑藉運動令身體更健美，她更鼓勵吸煙的女性為自己著想應盡早戒煙。季軍得主項德偉先生煙齡達29年，因為家人患長期病患，令他燃起戒煙的鬥志，以保持身體健康，可以好好照顧家庭。項先生特別感謝戒煙輔助員的支持，他們的熱誠及關心令他深受感動，最終成功戒煙。

"Quit to Win" TV Programme

COSH produced a television programme with Television Broadcasts Limited (TVB) broadcasted on 2 March 2013 at 8pm via TVB Jade and HD Jade Channel to spread smoke-free messages and dispel the myths of smoking cessation through games. Three winners of "Quit to Win" smoking cessation contest were invited to share their successful quit stories. Officiating guests included Dr KO Wing-man, Secretary for Food and Health, Prof Sophia CHAN, Under Secretary for Food and Health, Dr Constance CHAN, Director of Health, Prof LAM Tai-Hing, Director, School of Public Health, The University of Hong Kong, Ms Lisa LAU, COSH Chairman and Mr Antonio KWONG, COSH Vice-chairman. The guests called on public support to smoke-free environment and urged smokers to kick the habit to protect their families from the adverse effects of smoking and secondhand smoke.

The "Quit to Win" Champion Mr MAK Sun, a smoker for 64 years, said that he failed in previous four attempts due to peer influence. Mr Mak's daughter-in-law encouraged him to quit smoking for the sake of his new born grandson. He is now enjoying a healthier lifestyle and spending more time with his family. The first runner-up Ms CHAN I Man spent 13 years of her young life as a smoker, her success factor to quit is the support from her family and boyfriend. She now chooses to do exercises for keeping fit and tackling her work stress instead of smoking. She encouraged women smokers to quit smoking for the sake of own health. The second runner-up Mr David HONG smoked for 29 years and was determined to kick the habit to take care of his family member who suffered from chronic diseases. Mr Hong thanks the cessation counselors for their support and passion which helped him succeed in this quit attempt.





節目尾段各主禮嘉賓、18區區議會及地區組織代表、委員會委員、三位「戒煙大贏家」、「無煙大使」馬國明更連同一眾藝人以「齊戒煙做大贏家 攜手建無煙香港」作為口號，展望「戒煙大贏家」無煙社區計劃2013能取得成功，鼓勵更多人戒煙。

「戒煙大贏家」跟進結果

三個月及六個月的電話跟進已於2013年4月完成，從中收集到的數據會由香港大學進行分析。初步研究報告發現79%的參賽者為男性；三個月及六個月的跟進當中，自我報告成功戒煙率分別為10.6%及9.5%，經生物化學測試核實的成功戒煙率為3.3%及2.8%。六個月跟進結果顯示，有310位參賽者(26%)吸煙量減低少一半或以上。

香港大學會對數據進行深入分析，研究參賽的吸煙人士的吸煙狀況、成功戒煙因素及有關輔導對於戒煙的成效，結果將有助推動更多吸煙人士戒煙及改善現有戒煙服務。

Officiating guests, representatives from the 18 District Councils and district organizations, COSH Council members, the three "Quit to Win" winners, Smoke-free Ambassador Mr Kenneth MA and other artists jointly called on the public to join "Quit to Win" Smoke-free Community Campaign 2013.

"Quit to Win" Follow-up Results

Three-month and six-month follow-up calls were completed in April 2013 and the data were collected and analyzed by HKU. The preliminary report showed that 79% of the participants were male. The self-report quit rate was 10.6% and 9.5% in three-month and six-month follow-ups, respectively. The corresponding biochemical validated quit rate was 3.3% and 2.8%, respectively. In the six-month follow-up, 310 participants (26%) reduced daily cigarettes consumption by at least 50%.

Further analysis on the smoking profile, associated factors to quit and effectiveness of the smoking cessation interventions is being conducted by HKU. The result helps motivate more smokers to quit and improve the existing smoking cessation services in Hong Kong.



「香港控煙三十周年」慶祝酒會

為慶祝香港控煙工作踏入三十周年，委員會於2012年10月9日舉辦了「香港控煙三十周年」慶祝酒會，並獲得香港特區政府、世界衛生組織、中國衛生部的支持及逾200名來自不同界別的嘉賓出席，標誌香港控煙三十年的成果，並展望未來推動無煙香港的發展。

慶祝酒會的主禮嘉賓包括：香港特別行政區行政長官梁振英先生、世界衛生組織總幹事陳馮富珍醫生、中國衛生部副部長及中國控煙協會會長黃潔夫教授、食物及衛生局局長高永文醫生、海關關長張雲正先生、衛生署署長陳漢儀醫生、醫院管理局主席胡定旭先生及委員會主席劉文文。

"30th Anniversary of Tobacco Control in Hong Kong" Cocktail Reception

On 9 October 2012, COSH organized a cocktail reception to celebrate the 30th anniversary of tobacco control in Hong Kong. With more than 200 guests from different sectors of the community participating and the support of the Hong Kong Government, the World Health Organization and the Ministry of Health of the People's Republic of China, the cocktail reception acknowledged the accomplishments on tobacco control over the past three decades, while at the same time looked into the future on how to strive for a smoke-free Hong Kong.

Officiating guests included Mr C Y LEUNG, Chief Executive of the Hong Kong Special Administrative Region; Dr Margaret CHAN, Director-General of the World Health Organization; Dr HUANG Jie-fu, Vice Minister, Ministry of Health of the People's Republic of China cum President of Chinese Association on Tobacco Control; Dr KO Wing-man, Secretary for Food and Health; Mr Clement CHEUNG, Commissioner of Customs and Excise; Dr Constance CHAN, Director of Health; Mr Anthony WU, Chairman of Hospital Authority and Ms Lisa LAU, COSH Chairman.

香港特別行政區政府行政長官梁振英先生，在致辭時表示，香港的吸煙人數正不斷下降，現時本港的吸煙率為11%，屬亞太地區以至全球的最低比率之一。特區政府在控煙工作取得的成功，實有賴社會各界人士的支持和配合。特區政府今後必定繼續加強控煙工作，與社會各界齊心打造無煙香港。

曾親身參與推動香港控煙工作的世界衛生組織總幹事陳馮富珍醫生亦專誠回港參與是次慶祝酒會，並於致辭時表示：「過去三十年，香港竭力推行控煙工作，卓越成績有目共睹。希望香港政府、香港吸煙與健康委員會及社會各界再接再厲，繼續對抗煙草業，保障市民免受煙草禍害，向無煙香港邁進，為全世界公共衛生領域樹立光輝的榜樣。」

另一位主禮嘉賓中國衛生部副部長及中國控煙協會會長黃潔夫教授於致辭時亦表示：「內地的控煙工作仍然面臨許多挑戰，任務十分繁重而艱巨，我們希望能加強內地與香港在控煙領域的合作，學習香港三十年來的成功經驗，把這項利國利民的工作不斷推向前進，為保護人民健康做出應有的貢獻！」

委員會主席劉文文期望香港的控煙工作能夠繼續走在最前方。在各界協力下，香港的吸煙率在未來數年可下降至單位數字，並在2022年實現無煙香港的目標。



Speaking at the reception, Mr C Y LEUNG, Chief Executive of the Hong Kong Special Administrative Region said that the smoking prevalence in Hong Kong dropped gradually to 11%, which is one of the lowest in the Asia Pacific Region and in the world. The success in tobacco control was a result of the collaborative effort among various sectors. The HKSAR Government would continue to strengthen the efforts on tobacco control and strive for a smoke-free Hong Kong together with the community.

Dr Margaret CHAN, Director-General of the World Health Organization who has been involved in tobacco control works in Hong Kong, said, "Over the past three decades, Hong Kong has been doing its utmost to promote tobacco control with outstanding achievements. We hope the Government, COSH and the community can continue to fight against the tobacco industry and protect the public from smoking hazards. A smoke-free Hong Kong will set a shining example for the field of public health around the world."

Another officiating guest, Dr HUANG Jie-fu, Vice Minister of the Ministry of Health for the People's Republic of China cum President of Chinese Association on Tobacco Control, said, "There are still many challenges on tobacco control in the Mainland, and the mission is strenuous. We hope to further strengthen the collaboration between mainland China and Hong Kong on tobacco control, and to learn from Hong Kong's 30-year successful experience, with the purpose of moving tobacco control, which is beneficial to both the nation and the people, forward continuously for the sake of the health of our people."

Ms Lisa Lau, hoped that with everyone's effort, the smoking prevalence in Hong Kong would drop to single digit in coming years and Hong Kong would become a smoke-free city by 2022.



全新宣傳短片「兩個吸煙 一個早死」及「香港吸煙人士每年花80億」

委員會近年以「戒煙」為主題，製作了一系列的宣傳短片，深受大眾歡迎。委員會再接再厲，於2012年推出兩輯全新宣傳短片分別為「兩個吸煙 一個早死」及「香港吸煙人士每年花88億」。宣傳短片於2012年10月10日起在香港各大電視台及電台播放。

吸煙危害健康眾所周知，但不少吸煙人士卻低估了吸煙對其身體帶來的嚴重後果。多項醫學研究均指出，兩個長期吸煙者中，一個會因吸煙而提早死亡，平均損失壽命為15年，實在不容忽視。委員會期望透過宣傳片「兩個吸煙 一個早死」加深吸煙人士對吸煙禍害的體會，並下定決心及早戒煙。

而宣傳片「香港吸煙人士每年花80億」的目的為喚醒吸煙人士對煙草禍害的關注，明白吸煙不僅對身體造成傷害，更帶來經濟上損失，鼓勵他們及早戒煙。另一方面，委員會亦希望透過此宣傳片揭露煙草製造商的宣傳推廣技倆，以免市民被誤導。

New APIs "One in two smokers will die early" and "Hong Kong smokers spend \$8 billion a year on cigarettes"

In recent years, COSH produced a series of APIs under the theme of "Quit Smoking" which received wide public support. In 2012, COSH launched 2 new APIs, namely "One in two smokers will die early" and "Hong Kong smokers spend \$8 billion a year on cigarettes" which were broadcasted through all major TV and radio stations in Hong Kong since 10 October 2012.

Tobacco is known for being addictive and lethal, but many smokers may underestimate the harmful effect caused by smoking. Numerous medical researches have shown that one in two smokers will eventually die from smoking-attributable diseases and loses 15 years life span. The objective of the API "One in two smokers will die early" was to enhance the knowledge of Hong Kong citizens on the smoking hazards and encourage smokers to kick the habit.

The "Hong Kong smokers spend \$8 billion year on cigarettes" API was intended to arouse public awareness on the harm of smoking, its adverse effects on health, as well as the economic loss. Smokers were encouraged to say NO to tobacco. In addition, COSH aimed to reveal the tobacco's industry deceptive promotion tactics to prevent Hong Kong citizens from being misled.

「我是無煙的」計劃

於2012年12月至2013年1月期間，委員會首次舉辦「我是無煙的」計劃，旨在宣揚無論任何時候，在的士車廂內吸煙均屬違法的信息，司機及乘客應守法保持車廂空氣清新，同時鼓勵的士司機戒煙。是次計劃得到「商業電台 馬路的事」全力支持，各大的士團體亦積極參與，希望實現全港路上均是「無煙的」願景。

的士是香港主要交通工具之一，現時全港約有18,000輛的士，平均每日載客量約一百萬人。除了方便和快捷之外，舒適亦是很多人選擇乘搭的士的原因，但如果車廂內殘留二手煙，影響健康之餘亦影響服務質素。「吸煙（公眾衛生）條例」已列明任何人不得在公共交通工具內吸煙或攜帶燃着的捲煙、雪茄或煙斗，因此無論的士有沒有載客，在車廂內吸煙均屬違法。

「我是無煙的」計劃啟動禮



「我是無煙的」計劃啟動禮於2012年12月12日舉行，主禮嘉賓包括食物及衛生局副局長陳肇始教授、衛生署署長陳漢儀

醫生、運輸署副署長葉麗清女士及香港吸煙與健康委員會主席劉文文，各大的士團體代表亦出席支持。在啟動禮已成功戒煙的的士司機及的士聯會主席，分享其戒煙經驗與心得，指出戒煙的成功要素在於決心，更與藝人黃山怡女士（糖妹）及許鈺鏗先生透過角色扮演，討論遇上違法吸煙的司機及乘客時應該如何應對，宣揚「我是無煙的」信息。

"Smoke-free Taxi" Campaign

From December 2012 to January 2013, COSH launched the brand new "Smoke-free Taxi" Campaign which aimed to remind the public that smoking is prohibited in taxi, encourage taxi drivers and passengers to create a smoke-free journey and to kick the habit as soon as possible. The campaign was fully supported by Road Co-op/ Commercial Radio with the active participation of taxi associations. It is hoped that all taxis in Hong Kong will go smoke-free in the future.



Taxi plays one of the key roles in Hong Kong public transport. There are currently about 18,000 taxis in Hong Kong with daily patronage of approximately 1 million. Apart from efficiency and convenience, comfortable experience is one of the reasons to take a taxi. However, the smell and hazards of thirdhand smoke in the taxi will ruin the journey. Smoking in taxi will not only harm the health of drivers and passengers but also affect the quality of service. According to the Smoking (Public Health) Ordinance, no person shall smoke or carry a lighted cigarette, cigar or pipe in a public transport carrier. It is an offence to smoke in a taxi at anytime, with or without passengers.

"Smoke-free Taxi" Campaign Kick-off Ceremony

"Smoke-free Taxi" Campaign kick-off ceremony was held on 12 December 2012. Officiating guests included Prof Sophia CHAN, Under Secretary for Food and Health, Dr Constance CHAN, Director of Health, Ms Carolina YIP, Deputy Commissioner of Transport Services and Management and Ms Lisa LAU, Chairman of COSH. Representatives from taxi associations also attended the ceremony to show their support. The chairman of taxi association and another former smoker shared their experiences and tips on cessation during the ceremony. Both of them claimed that determination was the critical successful factor of smoking cessation. They also demonstrated how to deal with passenger and driver who illegally smoked in taxi, together with artists Ms Kandy WONG and Mr Alfred HUI through role play.



「無煙的」

計劃鼓勵的士司機於車廂貼上「我是無煙的」行車證靜電貼及後座貼紙，承諾不會違例吸煙，時刻保持車廂空氣清新。而乘客亦可以辨認出「無煙的」，放心享受舒適旅程之餘，亦守法不吸煙，與司機攜手創造無煙旅程。是次計劃反應十分踴躍，來自49個的士團體共超過2,000名的士司機承諾支持「無煙的」。

戒煙服務轉介計劃 —

「戒煙！我為你打氣！」

是次計劃成功鼓勵近70名有吸煙習慣的司機決心戒煙，並經委員會轉介至衛生署控煙辦公室戒煙服務。成功戒煙的司機可以改善自己及家人健康，重投無煙生活之餘，亦可提升服務質素，與乘客一同享受舒適清新的旅程。

「我是無煙的」網站及有獎問答遊戲

為了將無煙信息宣揚至公眾層面，計劃特設網站。於2012年12月至2013年1月期間，市民登入「我是無煙的」網站，可透過參與「無煙的」有獎問答遊戲，了解更多相關法例、煙害資訊及戒煙貼士。公眾反應熱烈，計劃期間共有超過22,000人次瀏覽該網站。

"Smoke-free Taxi"

Participating drivers promised not to smoke and keep the air fresh in taxi at all times. They were encouraged to show the Smoke-free Taxi license sticker and backseat sticker in their taxis for identification and promotion. Passengers should support the drivers on a Smoke-free Taxi while enjoying a comfortable journey. The campaign received overwhelming responses and was supported by over 2,000 taxi drivers from 49 taxi associations who pledged for a "Smoke-free Taxi".

Smoking Cessation Services

Around 70 smoking drivers were encouraged to kick the habit through the campaign and were referred to the Smoking Cessation Services of Tobacco Control Office. Quitting smoking will lead the drivers to a healthy lifestyle and improve the service quality.

"Smoke-free Taxi" Website and Online Games

A designated website was launched to spread the smoke-free messages among the general public. From December 2012 to January 2013, the public could visit the "Smoke-free Taxi" website to learn more information on related ordinance, smoking hazards and tips on smoking cessation through the online games. The website successfully drew over 22,000 visitors during the campaign period.



「無煙的」大使

「無煙的」大使於計劃期間，走訪港九新界，成功接觸了超過1,200名的士司機，並邀請他們參與小遊戲，藉此傳遞無煙信息。

「我是無煙的 清新開動」電台廣播

計劃期間，生動有趣的「我是無煙的」信息亦於商業電台一台及二台廣播，向市民大眾宣揚計劃。另外，一連四集由專家講解相關控煙法例、煙害及戒煙貼士的「我是無煙的 清新開動」環節亦於商業電台雷霆881「馬路的事 我哋的事」播出。

倡議增加煙草稅

委員會致力倡議政府增加煙草稅以預防兒童及青少年吸煙，並鼓勵吸煙人士戒煙。有見煙草稅於2011年增加後連續凍結了兩年，委員會於2012年12月28日，聯同其他控煙團體，包括亞洲反吸煙諮詢所、香港大學公共衛生學院、香港中文大學公共衛生及基層醫療學院及爭氣行動，聯署致函香港特別行政區行政長官及財政司司長，促請政府增加煙草稅及檢討現行的控煙政策，以確保有關的立法及財政措施能夠全面一致，並有足夠人手嚴厲地實施。

此外，委員會亦於2013年2月25日，財政預算案公佈前，於香港四份報章，包括蘋果日報、經濟日報、都市日報及南華早報刊登

「加煙稅·助戒煙 共創無煙香港」廣告，增取市民支持增加煙草稅。



"Smoke-free Taxi" Ambassadors

Throughout the campaign, the "Smoke-free Taxi" Ambassador visited over 1,200 taxi drivers to spread the smoke-free messages through mini games.

"Smoke-free Taxi" Campaign Radio Programme

During the campaign, interesting promos of "Smoke-free Taxi" Campaign were broadcasted at Commercial Radio 1 and 2 to raise public awareness. 4 episodes of "Smoke-free Taxi" programme, with experts explaining the related ordinance, smoking hazards and tips on smoking cessation, were also broadcasted on Road Co-op at Commercial Radio 1.

Advocacy on Raising Tobacco Tax

To prevent smoking among children and teenagers and to encourage smokers to quit, COSH has worked wholeheartedly to advocate the Government on increasing tobacco tax. The tobacco tax has been frozen for 2 consecutive years after 2011. COSH worked in conjunction with Asian Consultancy on Tobacco Control, School of Public Health, The University of Hong Kong, The Jockey Club School of Public Health and Primary Care, Faculty of Medicine, The Chinese University of Hong Kong and Clear the Air, to send an open letter to the Chief Executive and Financial Secretary, Hong Kong SAR Government on 28 December 2012. The alliance urged the Government to raise the tobacco tax and review its existing tobacco control policies to ensure that in particular its legislative and fiscal measures are comprehensive, coherent, adequately staffed and rigorously enforced.

In addition, COSH published an advertisement themed "Raise Tobacco Tax for Smoking Cessation" in four local newspapers including Apple Daily, The Hong Kong Economic Times, Metro and South China Morning Post on 25 February 2013, before the announcement of Budget, to gather public support on raising tobacco tax.

社區聯繫及推廣

Community Involvement and Promotion

「無煙老友記」推廣計劃

香港吸煙與健康委員會多年來一直致力透過不同形式、主題的活動，將無煙信息推廣至不同階層、不同年齡人士。根據政府主題性住戶統計調查第48號報告書(2011年)，習慣每日吸煙人口當中17%為60歲以上，部份人士已吸煙多年，對尼古丁的依賴甚重，而且往往低估吸煙對身體造成的損害，並誤以為戒煙會對身體健康造成反效果。

坊間經常流傳「戒煙後令到身體變得更差」的謬誤，事實恰恰相反，從停止吸煙一刻開始，身體機能已經能獲得即時改善。醫學研究亦已經證明戒煙可以減低死亡風險，而且越早戒煙越好。

根據香港大學公共衛生學院在2011年發表的一項有關香港長者因為吸煙而死亡的研究，經過長達十年的追蹤研究，每三個65至84歲的吸煙人士入面，就有一個因為吸煙所引致的疾病死亡。相對現在吸煙的長者，戒煙長者因全部死因、肺癌和冠心病而致死的風險分別減少4%、32%及7%。

為了提升長者對煙害的認識及鼓勵他們戒煙，委員會於2012年開展「無煙老友記」推廣計劃，於全港的長者中心舉辦講座，講座由資深的教育幹事向長者講解吸煙對健康的影響、二手煙與三手煙的禍害及戒煙方法等，同時進行控煙問答遊戲及為長者提供一氧化碳呼氣測試。

Elderly Smoking Cessation Pilot Programme

COSH has spared no effort to promote smoke-free message to different sectors of the community through a wide range of activities. According to the Thematic Household Survey Report No. 48 (2011) of HKSAR, 17% of the daily cigarette smokers were at the age of 60 or above, and most of them have smoked

for years and had a high dependence on nicotine and underestimated the hazards of smoking to health. They also had a misconception that quitting smoking would have harmful effects on their bodies.

It was a common fallacy that smoking cessation caused adverse effect on health. On the contrary, quitting smoking brings immediate benefit to health. Medical researches have also proved that smoking cessation reduces the risk of death. The earlier a smoker quits, the better it is to his/her health.

With reference to the 10-year follow-up research study which examined the association between smoking and mortality of Hong Kong elderly conducted by School of Public Health, The University of Hong Kong in 2011, one out of three smokers aged 65-84 died of smoking-related disease. Compared to current smokers, the risks of all-cause, lung cancer and coronary heart disease mortality of ex-smokers were reduced by 4%, 32% and 7% respectively.

In order to enhance the knowledge of elderly on smoking hazards and encourage them to quit smoking, COSH launched "Elderly Smoking Cessation Pilot Programme" in 2012. Health talks were conducted by experienced educators in elderly centers across the territory to introduce the hazards of active and passive smoking and shared the tips on smoking cessation. Participants were invited to join the quiz game and undertake the breath test on carbon monoxide.



2012年7月至2013年3月期間，「無煙老友記」推廣計劃共舉辦了27場健康講座，超過2,000位長者參與，計劃提高了長者對於煙害的關注，並鼓勵他們把無煙信息與身邊的親人及朋友分享。

無煙家庭健康推廣日

基督教家庭服務中心於2012年8月4日假藍田德田商場平台舉辦「無煙家庭健康推廣日」，鼓勵吸煙人士戒煙及推動更多市民建立健康生活模式。委員會獲邀協辦攤位遊戲，以輕鬆有趣的形式宣傳吸煙及二手煙的禍害，並派發單張及小冊子，向參加者介紹最新的控煙資訊。除攤位遊戲外，主辦單位亦透過教育展覽、舞台表演、即場健康測試及中醫針灸戒煙講座等，增加市民對煙害的認識，鼓勵他們推動家人及朋友共同投入健康生活，構建「無煙家庭」。活動得到區內居民的大力支持，反應熱烈，充分展現出社區人士積極支持「無煙行動」。

「健康 • 鄰里 • 團圓」彩雲好鄰舍健康網絡健康推廣大行動暨啟動禮

由中華基督教禮賢會香港區會禮賢會彩雲綜合青少年服務中心所主辦，聖母醫院、香港浸信會醫院及領匯管理有限公司協辦的「健康 • 鄰里 • 團圓」彩雲好鄰舍健康網絡健康推廣大行動暨啟動禮於2012年9月22日假彩雲二期商場舉行。

A total of 27 health talks were conducted from July 2012 to March 2013, with over 2,000 elderly participating. The programme successfully raised awareness of the elderly on smoking hazards and encouraged them to share the smoke-free message with their friends and family members.

Smoke-free and Healthy Family Promotion Day

To encourage more people to quit smoking and establish a healthy lifestyle, Christian Family Service Centre held the "Smoke-free and Healthy Family Promotion Day" at the podium of Tak Tin Plaza in Lam Tin on 4 August 2012. COSH was invited



to set up a game booth to propagate the hazards of smoking and passive smoking in an interesting way. Publicity materials were also distributed to participants to share the latest information on tobacco control. Other activities included exhibition panel, stage performance, on-site health check-up and seminar about smoking cessation by Chinese acupuncture, which educated the public about risks of smoking and motivated them to live a smoke-free lifestyle with family members and friends. The event was very well-received, and showed the enthusiastic support from the community for a smoke-free environment.

Choi Wan Neighbourhood Health Network – Health Promotion Campaign

"Choi Wan Neighbourhood Health Network – Health Promotion Campaign" was organized by Choi Wan Rhenish Integrated Children and Youth Services Centre, co-organized by Our Lady Mary Hospital, Hong Kong Baptist Hospital and The Link.

是次活動的主題是以向社區內不同層面人士推廣健康及鄰里關懷信息，以及招募更多社區人士加入此健康推廣計劃，並於啟動禮上，委任新參與的好鄰舍特使及單位愛心探訪隊義工。委員會獲邀設置攤位遊戲，以輕鬆的手法加深區內居民和長者對於無煙健康生活的重要性及吸煙所引致的禍害的知識。場內亦有其他不同的健康團體設置互動遊戲，以宣揚健康資訊，大批義工亦出發前往探訪區內獨居長者。由於活動臨近中秋，場內更設有猜燈謎活動，讓市民感受節日氣氛。

星期四玩轉駿業街之綠生活 | 藝術

由起動九龍東辦事處及漁農自然護理署主辦，觀塘區議會、新界蔬菜產銷合作社有限責任聯合總社及康樂及文化事務署協辦的「星期四玩轉駿業街之綠生活 | 藝術」，於2012年10月25日至2013年1月10日期間，每逢星期四假觀塘駿業街遊樂場舉行，向市民大眾推廣健康綠色生活。

場內攤位各有特色，包括售賣本地有機農作物、自家製手作飾物等，大會更定時安排藝術和音樂表演，藉此讓市民體驗健康綠色生活，於都市生活中取得平衡。委員會亦於2012年11月22日起，逢星期四擺放攤位遊戲及展板，市民藉此了解無煙生活的優點、認識吸煙的害處及獲取最新的控煙資訊。委員會人員亦主動邀請市民接受一氧化碳呼氣測試，並鼓勵有意戒煙的市民戒煙及提供相關建議。

The Health Promotion Campaign cum Launch Ceremony was held on 22 September 2012 at Choi Wan Estate (II) to promote the importance of health and caring among neighborhoods in the district, as well as recruit interested parties to join the programme. Newly joined ambassadors and volunteers were appointed in the ceremony. COSH was invited to set up a game booth to promote smoke-free message, healthy lifestyle and the harmful effects of smoking to the elderly and local residents. Other activities included game booths of other health groups to disseminate health information, visiting single elderly in the district by a group of volunteers, as well as some lantern riddles to celebrate the Mid-Autumn Festival.

Veggie | Art Jamboree@ Tsuen Yip Street Thursday Carnival

"Veggie | Arts Jamboree @ Kwun Tong Tsun Yip Street Thursday Carnival" was organized by Energizing Kowloon East Office and Agriculture, Fisheries and Conservation Department, co-organized by Kwun Tong District Council, The Federation of Vegetable Marketing Co-operative Societies, Ltd and Leisure and Cultural Services Department to promote a green and healthy lifestyle. The event was held at the Playground of Kwun Tong Tsun Yip Street on every Thursday from 25 October 2012 to 10 January 2013.

There were various booths selling different types of green products, including local organic vegetables and handmade accessories. Art and music performances were also arranged regularly to educate the public on the significance of a healthy and green lifestyle, as well as work-life balance. Starting from 22 November 2012, COSH showed its support by setting up a game booth and exhibition panel to promote smoke-free lifestyle, raise the public awareness on smoking hazards and spread the latest tobacco control information. COSH staff also actively invited citizens to take the breath test on carbon monoxide, encouraged smokers to kick the habit and offered tips on smoking cessation.

2012/13 年度中西區健康節

為提高中西區居民對健康的關注，並宣揚健康教育的信息，中西區區議會轄下醫療衛生及復康事務工作小組聯同多個政府部門、區內多間醫院、診所及社會服務機構，於2012年11月3日及4日假上環體育館舉辦「2012/13年度中西區健康節」。

活動主禮嘉賓包括中西區區議會主席葉永成議員、中西區民政事務專員周可喬女士、中西區區議會文化康樂及社會事務委員會主席暨中西區健康城市督導委員會主席陳捷貴議員，以及香港吸煙與健康委員會總幹事黎慧賢女士。

場內活動多姿多采，例如疾病預防及護理、家居安全及個人衛生等健康講座和運動示範、免費身體檢查、中醫義診、各類醫療健康及復康展覽等，吸引數百名市民參與。委員會亦於是次活動中設置攤位遊戲及播放最新宣傳短片和香港控煙三十周年的特輯，以簡易互動的手法加強中西區居民對煙草禍害的認識，鼓勵他們共同推動無煙環境。此外，委員會人員亦向市民派發宣傳無煙生活的單張及戒煙小冊子，提倡無煙的健康生活及鼓勵吸煙者戒除煙癮。



Central and Western District Health Festival 2012/13

In order to enhance the community's awareness on the importance of health and to promote health education, Working Group on Health and Rehabilitation Service of Central and Western District Council collaborated with a number of government departments, local hospitals, clinics and social service organizations to host the "2012/13 Central and Western District Health Festival" on 3 and 4 November 2012 at Sheung Wan Sports Centre.

The festival was officiated by Mr YIP Wing-shing, Chairman of Central and Western District Council, Ms CHOW Ho-kiu, District Officer of Central and Western, Mr CHAN Chit-kwai, Chairman of Cultural, Leisure and Social Affairs Committee of Central and Western District Council and Chairman of the Healthy City Steering Committee of Central and Western District Council and Ms Vienna LAI, COSH Executive Director.

A variety of activities were held in the festival, including health talks regarding disease prevention and healthcare, home safety and personal hygiene, as well as exercise demonstration, free body checks, free consultations from Chinese medicine practitioners, and various exhibitions on health and rehabilitation. The festival successfully attracted hundreds of participants. COSH was invited to set up a game booth and to broadcast the latest APIs as well as the video on 30th Anniversary of Tobacco Control in Hong Kong, which enhanced the local residents' knowledge on smoking hazards and encouraged them to strive for a smoke-free environment in a relaxing and interactive way. COSH staff also distributed leaflets and smoking cessation booklets to promote smoke-free lifestyle and encourage smokers to quit smoking.

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」健康教育講座

委員會深信從小開始對下一代灌輸控煙知識，能有效令他們了解無煙環境的重要性，拒絕嘗試第一口煙，並勸導身邊家人朋友戒煙。因此委員會每年與全港各區中小學合作，到學校舉辦健康講座，向兒童及青少年推廣無煙信息，使他們及早認識吸煙的禍害。委員會亦到幼稚園舉行講座，以生動的方式讓他們建立「吸煙危害健康」的觀念。

在2012至2013學年，委員會到訪超過110間學校舉行健康講座，逾34,000名學生參與。學生們從講座中除獲得最新的控煙資訊之外，亦能了解煙草的歷史起源及種類、吸煙、二手煙及三手煙的禍害、本港的控煙政策、現時的戒煙服務及煙草商的宣傳伎倆等。講者亦向學生介紹委員會的控煙工作，及播放最新的宣傳短片。講座另設有獎問答環節，以互動手法令學生更全面吸收無煙信息，踴躍答題的學生更有機會獲得精美紀念品。

Health Talks for "Smoke-free New Generation"

COSH believes that educating the next generation at an early age about tobacco control is an effective way to help them recognize the importance of a smoke-free environment, say "no" to the first cigarette, and encourage family and friends to quit smoking. Therefore, COSH works closely with secondary and primary schools across the territory every year to educate the children and youth on the smoking hazards and to promote the smoke-free messages through health talks. Health talks are also arranged for kindergarten students to plant the idea of "Smoking is hazardous to health" in a lively way.

During the school year 2012-2013, health talks were held in more than 110 schools, reaching over 34,000 participants. The contents of health talks covered the latest information on tobacco control, the origin and types of tobacco, the harmful effects of smoking, secondhand smoke and thirdhand smoke, tobacco control legislation and law enforcement in Hong Kong, existing smoking cessation services and the promotional tactics of the tobacco industry. Educators also introduced the works of COSH and showed the latest APIs. Question and answer session was included and decent souvenirs were given to active participants to enhance their smoke-free knowledge thoroughly in an interactive way.



「無煙青少年大使領袖訓練計劃」

為預防青少年吸第一口煙並認識吸煙的害處，委員會於2012年7月至2013年3月期間，舉辦了「無煙青少年大使領袖訓練計劃」，希望將最新的控煙及吸煙趨勢資訊灌輸予青少年，裝備他們成為社會未來領袖，同時透過青少年大使將無煙信息滲透至學校及社會每一階層，以及培育青少年成為模範，建立無煙健康生活態度。

委員會於全港中學、社區中心及制服團隊招募了接近400位14至18歲之青少年成為無煙青少年大使。參加者透過參與「無煙青少年大使領袖訓練計劃」，加強對煙草禍害及控煙措施的認識，並於學校及社區學以致用，舉辦別出心裁的活動，宣揚無煙信息。

Smoke-free Youth Ambassador Leadership Training Programme

To prevent youth from taking the first cigarette and help them understand the smoking hazards, COSH launched the "Smoke-free Youth Ambassador Leadership Training Programme" from July 2012 to March 2013. The programme aimed to equip the youngsters with updated knowledge and global trend on tobacco control and sustain their pioneering role in tobacco control; to spread the smoke-free message in schools and community via the Youth Ambassadors; and to encourage the youngsters to act as role model and develop smoke-free and healthy lifestyle.

Around 400 youngsters, aged 14 to 18 from secondary schools, youth centres and uniform groups were recruited as Smoke-free Youth Ambassadors. Participants were equipped with smoke-free message and tobacco control knowledge through the programme, who acted as ambassadors to disseminate the message of smoke-free lifestyle in their schools and communities through a variety of creative activities.

無煙青少年大使領袖訓練營

委員會於2012年暑假期間舉辦了四場訓練營，參加者透過兩日一夜的訓練及活動，加深對控煙工作及煙草禍害的認識，同時培訓及提升領導才能、獨立及批判思考、溝通及衝突管理、創意解決難題的能力、團隊及合作精神、項目策劃及輔導技巧等。

無煙青少年大使行動

無煙青少年大使完成訓練後，於2012年9月至12月期間在校內或社區舉辦不同類型的活動，實踐他們在訓練營中所掌握的知識及領袖才能，發揮創意，協助同學及市民認識煙草禍害，同時鼓勵身邊的家人、朋友及鄰舍戒煙，提升他們關注及參與推動公共衛生政策，攜手建造清新健康的無煙社區。活動成績理想，約50隊參賽隊伍進行了不同形式的無煙推廣活動，將無煙信息推廣至家庭、學校及社區。

無煙青少年團

為使參加者能繼續積極參與有關推廣無煙信息及控煙活動，委員會成立了「無煙青少年團」，完成訓練的大使均可以加入，參加及協助委員會舉辦活動如分享會、展覽、遊戲攤位及其他控煙活動等，繼續宣揚無煙信息，建立領袖才能。

Smoke-free Youth Ambassador Leadership Training Camp

4 training camps were held during the summer holiday in 2012. Participants not only acquired knowledge on smoking hazards and tobacco control, but also equipped themselves with skills on leadership, independent and critical thinking, communication and conflict management, creative problem solving, team building, project planning as well as counseling skills through the 2-Day-1-Night Training Camp.

Smoke-free Programme in schools and communities

The trained Smoke-free Youth Ambassadors took up the role to spread and promote smoke-free messages in their schools and community through organizing smoke-free programmes with their knowledge, leadership skills and creativity during the period from September to December 2012. The programmes raised public awareness on smoking hazards and gathered their support to tobacco control and public health policies. The Ambassadors also encouraged their friends, families and neighbors to quit smoking and strive for a smoke-free Hong Kong. The result was encouraging with around 50 teams holding activities in various formats which promoted the smoke-free message to their families, schools and communities.

Smoke-free Youth Ambassador Alumni Programme

In order to sustain the Ambassadors' pioneering role in spreading smoke-free messages, COSH set up the Smoke-free Youth Ambassador Alumni Programme and encouraged the Ambassadors to continue to support tobacco control by attending sharing session, managing game booths and exhibitions in the community and participating in other publicity activities organized by COSH, allowing them to further develop their leadership skills.



「無煙青少年大使領袖訓練計劃」頒獎禮暨分享會

「無煙青少年大使領袖訓練計劃」頒獎禮暨分享會於2013年3月6日舉行，以表揚學生推廣無煙文化之努力。主禮嘉賓包括教育局局長吳克儉先生、衛生署副署長黎潔廉醫生、香港大學公共衛生學院院長林大慶教授、委員會主席劉文文及副主席鄭祖盛先生。

表現出色的隊伍於頒獎禮上獲得嘉許。冠軍隊伍聖士提反女子中學於獲獎後隨即分享籌劃活動的心得，她們舉辦了「NoCigarettes! Campaign」，包括多項活動如辯論比賽、海報設計比賽、尋寶活動等，此外，更於學校附屬的幼稚園及小學分別舉行填色比賽和標語設計比賽等，將無煙信息推廣給不同年紀的學生。

Award Presentation Ceremony of "Smoke-free Youth Ambassador Leadership Programme"

To commend the outstanding Youth Ambassadors for their efforts on establishing smoke-free culture, an award presentation ceremony was held on 6 March 2013. Officiating guests included Mr Eddie NG, Secretary for Education, Dr Cindy LAI, Deputy Director of Health, Prof LAM Tai-hing, Director, School of Public Health, The University of Hong Kong, Ms Lisa LAU, Chairman of COSH and Mr Antonio KWONG, Vice-chairman of COSH.

The outstanding teams were commended in the award presentation ceremony. The champion team, St Stephen's Girls' College, organized the "NoCigarettes! Campaign" with a wide variety of activities including debate competition, poster design competition and treasure hunt. Besides, they spread the smoke-free messages to kindergarten and primary school students through colouring competition and slogan competition.





得獎名單如下：

冠軍：聖士提反女子中學(第二隊)

亞軍：嶺南鍾榮光博士紀念中學

季軍：樂善堂梁植偉紀念中學

「優異無煙青少年大使團隊」：

梁文燕紀念中學(沙田)(第二隊)

嗇色園主辦可藝中學

香港道教聯合會鄧顯紀念中學

寧波公學

聖士提反女子中學(第一隊)

Winner list:

Champion: St Stephen's Girls' College (Team 2)

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

Second runner-up: Lok Sin Tong Leung Chik Wai Memorial School

Outstanding Smoke-free Teams:

Helen Liang Memorial Secondary School (Shatin) (Team 2)

Ho Ngai College (Sponsored by Sik Sik Yuen)

HKTA Tang Hin Memorial Secondary School

Ning Po College

St Stephen's Girls' College (Team 1)



學校互動教育巡迴劇場 「小紅帽的無煙旅程」

委員會一直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。自1995年起，委員會積極與本港專業藝術團體合作，以互動教育劇場的形式於全港小學作巡迴演出，透過嶄新和生動的演繹，教育學生有關吸煙、二手煙及三手煙的禍害，鼓勵他們身體力行推動無煙生活環境。過去推出之劇目包括「煙之騷」、「實況話劇」、「無煙掌門人」、「無煙救地球」、「煙界歷險記」、「勁爆無煙 Super Show」、「小武的無煙城堡」、「無煙神探X」、「無煙能量超人」和「無煙新宇宙」等，均深受學生及老師歡迎。於1995至2012年間，委員會先後舉辦接近1,400場教育劇場，約40萬名學生及教師欣賞。

互動教育巡迴劇場以控煙為主題，配以音樂、舞台效果及生動有趣的演繹手法，讓同學於欣賞過程中獲得「吸煙的謬誤」、「煙草的禍害」及「勸喻親友戒煙」等正面信息，同時領略無煙環境的好處，從小開始建立無煙的健康生活模式。

School Interactive Education Theatre "The Smoke-free Journey of Red Hoodlet"

School Interactive Education Theatre has been one of the major education and publicity campaigns of COSH to promote smoking prevention among children and the teenagers. COSH has been working with local professional troupes since 1995 to conduct roadshows at primary schools. Through the lively and interesting performance, students can understand the hazards of active smoking, secondhand smoke and third hand smoke, as well as the importance of a smoke-free environment. The previous performances were well-received by students and teachers, which included "A Show about Smoking", "Situational Drama", "Smoke-free Masters", "Smoke-free Saves the Earth", "Smokeland Adventure", "Smoke-free Super Show", "Mono's Smoke-free Castle", "Smoke-free Detective X", "Smoke-free Superkids" and "Somke-free Galaxy". During 1995-2012, the Education Theatre Programme has contributed about 1,400 performances, reaching about 400,000 students and teachers.

The key message of tobacco control is delivered along with music, stage effects and interesting presentation. Through the performance, students will receive positive messages such as "fallacies about smoking", "tobacco hazards", "encourage relatives and friends to quit smoking" and understand the benefits brought by a smoke-free environment. We aim to help establish a smoke-free culture and lifestyle among students at younger age.



本年度委員會與PIP劇場合作，推出全新劇目「小紅帽的無煙旅程」，讓孩子認識煙草商狡猾的宣傳技倆，學會拒絕吸第一口煙，同時鼓勵家人戒煙。委員會亦特別鳴謝林大慶教授作此劇的顧問。此教育劇場今年共舉辦100場，超過24,000名學生及教師欣賞。

故事以家傳戶曉的童話故事為藍本，講述主角小紅帽一段無煙的旅程。一天，精靈活潑的小紅帽去探婆婆，途經森林時卻遇上煙草商派來的特使煲煙太狼。煲煙太狼利用煙草的邪惡力量令婆婆變成了煲煙奴隸，更不斷引誘小紅帽吸煙！為了救婆婆及逃離煲煙太狼的魔掌，小紅帽聯同小朋友一齊畫出無煙結界，終於將煲煙太狼封印了。故事劇情緊湊，充滿互動元素，加上音響、歌舞和投影技術的配合，令學生投入其中，更容易明白維護無煙家庭的重要性。

劇場的首演禮於2012年10月18日假香港浸會大學大學會堂舉行，嘉賓包括委員會主席劉文文、委員會副主席暨香港大學護理學院護理教授及科研總監陳肇始教授、委員會社區聯絡委員會主席鄭祖盛先生及香港大學公共衛生學院院長林大慶教授。委員會更邀請了500多名小學生及傳媒率先欣賞，反應熱烈，台上台下一齊做出「無煙結界」的動作，現場氣氛高漲。其後，劇團隨即在港、九、新界各區學校展開巡迴演出。

This year, COSH launched a brand-new interactive musical titled "The Smoke-free Journey of Red Hoodlet" in collaboration with PIP Theatre. It aims to educate students on the promotional tactics of tobacco industry, how to refuse the first cigarette and encourage family members to kick the habit. Special thanks were given to Prof LAM Tai-hing, for being the professional consultant of the musical. One hundred performances were delivered, reaching over 24,000 students and teachers.

Reference to a classic fairy tale, the story was about the smoke-free journey of the main character Little Red Hoodlet. One day, Little Red Hoodlet visited her Grandmother. When she walked past the forest, she met Smoking Werewolf who was the ambassador of tobacco industry. With the strength of tobacco evil power, Smoking Werewolf persuaded Little Red Hoodlet to start smoking and forced Grandmother to keep smoking. To save Grandmother and escape from the temptation of Smoking Werewolf, Little Red Hoodlet, together with the audiences, drew a "Smoke-free Symbol" to fight against Smoking Werewolf. The performance was full of interactive elements with a blend of sound effects, singing, dancing and projection which created a favourable atmosphere for students to recognize the significance of smoke-free family.

COSH invited over 500 primary students and the media to attend the premiere held at Academic Community Hall, Hong Kong Baptist University on 18 October 2012. Honourable guests included Ms Lisa LAU, COSH Chairman, Prof Sophia CHAN, COSH Vice-chairman cum Professor in Nursing and Director of Research, School of Nursing, The University of Hong Kong, Mr Antonio KWONG, Chairman of Community Liaison Committee, COSH and Prof LAM Tai-hing, Director, School of Public Health The University of Hong Kong. All the audiences drew the "Smoke-free symbol" with the actors, which was the climax of the performance. The Education Theatre began its tours in various districts afterwards.

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



香港防癆心臟及胸病協會 — 如何在學校推行有效的禁毒教育課程

委員會一直保持與各健康機構的緊密合作，攜手向公眾推廣無煙信息。香港防癆心臟及胸病協會一向積極推動健康教育，教育市民預防癆病、心臟病及肺病，過往協會一直為教育工作者舉辦在職培訓課程，教授有關健康及藥物知識，以協助他們於校園內舉行相關活動。

委員會再次獲邀請為其中一個主講單位，委員會項目籌劃高級經理譚淑琴女士以「香港控煙工作」為題，於2012年5月3日向中學校長及老師講解香港現時的吸煙情況及委員會的教育宣傳推廣工作，並互相分享有關的工作經驗。

Anti-drug Education Programme of Hong Kong Tuberculosis, Chest and Heart Diseases Association

COSH has been collaborating with different health organizations to disseminate smoke-free messages to the public. The Hong Kong Tuberculosis, Chest and Heart Diseases Association takes a proactive role in promoting the prevention of diseases with chest, heart and lung. The Association has been conducting in-service development course for teachers to enhance their knowledge on health and drugs, so that they are better equipped to organize relevant activities in schools.

COSH was again invited to be one of the speakers for the education programme. Ms Angel TAM, Senior Project Manager, conducted a presentation to principals and teachers of secondary schools on 3 May 2012, entitled "Promotion of Tobacco Control in Hong Kong", to introduce the current smoking prevalence in Hong Kong and the publicity and education campaigns of COSH, as well as shared the working experiences with the participants.

香港大學青少年戒煙熱線 — 戒煙輔導義工培訓課程

香港大學護理學院開辦青少年戒煙熱線，加強青少年戒煙服務及提高本港青少年對戒煙服務的認識，熱線的服務對象為25歲或以下的青少年，透過招募大學生成為戒煙輔導員，以朋輩方式向有意戒煙的青少年提供輔導。

香港大學護理學院於2012年7月7日為青少年戒煙熱線的輔導義工舉辦為期一天的培訓課程，以提高戒煙輔導的質素。

課程內容包括由香港大學公共衛生學院院長林大慶教授及香港大學護理學院護理教授及科研總監陳肇始教授講授吸煙的禍害及戒煙知識。另外，委員會總幹事黎慧賢女士則介紹委員會的宣傳及教育工作，同場亦有資深戒煙輔導員及社工分享經驗，特別是向青少年輔導的技巧及經驗。參與的義工更即場進行小組練習，實踐在課程中學習到的知識。

HKU Youth Quitline – Student Counselor Training Workshop -

Youth Quitline has been established by School of Nursing, The University of Hong Kong to strengthen smoking cessation service for the youth smokers aged 25 or below and raise the awareness on smoking cessation service among the youth. University students are recruited and trained as counselors to provide peer smoking cessation advice.

In order to enhance the quality of the counseling service, School of Nursing organized a one-day workshop for the volunteers of the Youth Quitline on 7 July 2012.

The workshop included seminars on tobacco hazards and smoking cessation delivered by Prof LAM Tai-hing, Director of School of Public Health, The University of Hong Kong and Prof Sophia CHAN, Professor in Nursing and Director of Research, School of Nursing, The University of Hong Kong. Ms Vienna LAI, COSH Executive Director introduced the education and publicity works of COSH. Experienced smoking cessation counselors and social workers also shared tips on smoking cessation counseling, especially for the youth. Participants practiced their skills and knowledge through group discussion.

香港大學護理學院課程

香港大學護理學院一向致力培訓專業醫護人員，保障香港市民的公眾健康。為提高未來前線醫護人員的控煙知識及對有關議題的關注，委員會再次獲護理學院邀請為課程的客席講者。

委員會總幹事黎慧賢女士以「政治行動推廣公共衛生」為題，向學員介紹香港及鄰近地區的控煙進程以及委員會在教育及宣傳方面的經驗，希望透過分享加強與醫護界的合作，推動前線醫護人員參與控煙工作，鼓勵吸煙人士戒煙，共同建設無煙香港。

香港大學護理學院碩士課程

香港大學護理學院是委員會多年來的合作夥伴，學院開設的碩士課程致力培訓專業醫護人員，透過教授學生有關煙草依賴的治療，推動香港控煙工作及保障公共衛生。

委員會總幹事黎慧賢女士於2012年12月4日再次獲邀為課程作客席演講，以「香港煙草控制及預防工作」為題目，向學生介紹世界衛生組織倡議的MPOWER控煙政策，並分享委員會如何以不同的宣傳活動及倡議工作配合控煙進程。

Nursing Programme –

School of Nursing of The University of Hong Kong -

School of Nursing of The University of Hong Kong has been playing a key role in training medical professionals to protect public health in Hong Kong. In order to strengthen the awareness and knowledge on tobacco control of future medical practitioners, School of Nursing again invited COSH to be the guest lecturer.

COSH Executive Director, Ms Vienna LAI delivered a presentation titled "Political Action to Improve Public health", in which she introduced tobacco control policies in Hong Kong and neighboring countries as well as COSH's education and publicity programmes. It was highlighted that the support of medical sector is critical to the works on tobacco control, and the frontline healthcare practitioners were encouraged to support a smoke-free Hong Kong and help smokers to quit smoking.

Master of Nursing Programme –

School of Nursing of The University of Hong Kong

School of Nursing of The University of Hong Kong is a long-term partner of COSH in promoting tobacco control and protecting public health. Medical practitioners were trained with tobacco dependence treatment in their Master programme.

COSH Executive Director, Ms Vienna LAI, was invited to be the guest lecturer and conducted a presentation entitled "Tobacco Control and Smoking Prevention Programmes in Hong Kong" on 4 December 2012. During the lecture, she introduced the MPOWER tobacco control measures suggested by the World Health Organization and shared the efforts of COSH in publicity and advocacy which facilitated the progress of tobacco control in Hong Kong.

中國控煙之路「煙草危害及控制」 媒體研修班

「南方都市報」及「中國財富」雜誌於2013年1月5日至7日，在中國惠州舉行中國控煙之路「煙草危害及控制」媒體研修班，以介紹中國控煙政策及媒體如何協助推動控煙進程。委員會總幹事黎慧賢女士獲邀出席分享「香港無煙環境立法的進程和成功經驗」。

約20名中國媒體主編、評論員及資深記者參與是次研修班，其他內容包括煙草使用的危害、全球煙草控制、資訊時代的控煙傳播及城市無煙環境立法的重要性，由中國官員、控煙專家、控煙團體代表及學者等主講。

葵涌醫院反吸煙工作小組 — 清新的退修營

葵涌醫院反吸煙工作小組於2013年1月22日，假香港青年協會賽馬會西貢戶外訓練營舉辦「清新的退修營」，透過一連串活動、小組討論及講座，加強員工對控煙的熱誠、決心及信心。

委員會項目籌劃高級經理吳麗盈女士獲邀介紹香港控煙工作的最新情況及委員會在教育宣傳方面的經驗，而資深戒煙輔導員陳弄年女士則分享輔導技巧及心得。



Workshop on Smoking Hazards and Tobacco Control for Journalists in Mainland China

Southern Metropolis Daily and China Fortune magazine organized a workshop on smoking hazards and tobacco control for the journalists in mainland China on 5-7 January 2013 in Huizhou, China. It aimed to introduce China's tobacco control policies and how media could facilitate the progress of tobacco control. COSH Executive Director, Ms Vienna LAI, was invited to share Hong Kong's experience in smoke-free legislations.

Around 20 editors, commentators and senior reporters from mainland China joined the workshop. Other speakers included China's government officials, tobacco control experts, representatives from tobacco control organizations and scholars who shared the smoking hazards, tobacco control around the world, media advocacy in the new era and the importance of legislations on smoke-free environment.

No-smoking Day Camp – Anti-smoking Work Group, Kwai Chung Hospital

The Anti-smoking Work Group of Kwai Chung Hospital organized a No-smoking Day Camp on 22 January 2013 in Hong Kong Federation of Youth Groups Jockey Club Sai Kung Outdoor Training Camp, which aimed to enhance the passion, determination and confidence of their staff on tobacco control through a series of activities, group discussions and seminars.

Ms Annie NG, Senior Project Manager was invited to introduce the latest works on tobacco control in Hong Kong, as well as COSH's experiences in organizing smoke-free education and publicity programmes. Ms Anita CHAN, experienced smoking cessation counselor, also shared skills and tips on cessation counseling.

香港中文大學新聞與傳播學院 — 「公共參與：華人社會的健康傳播」 工作坊

健康傳播近年在亞洲地區迅速成為一個應用研究領域，有見及此，香港中文大學新聞與傳播學院於2013年1月25日至26日，舉辦「第六屆傳播學訪問學者計劃—公共參與：華人社會的健康傳播」工作坊，並邀請委員會主席劉文文作講者之一，與來自世界各地的華人學者分享如何透過媒體倡議推動香港的控煙工作。

其他講者包括衛生署助理署長(健康促進)程卓端醫生及香港中文大學賽馬會公共衛生學院副院長(跨學科研究)劉德輝教授。

"Public Engagement: Communicating Health in Chinese Societies" workshop - School of Journalism and Communication, The Chinese University of Hong Kong

Health communication has rapidly become an area of applied research in Asia in recent years. The School of Journalism and Communication of The Chinese University of Hong Kong (CUHK) organized the Communication Visiting Scholar Programme 2013 under the theme of "Public Engagement: Communicating Health in Chinese Societies". Ms Lisa LAU, COSH Chairman was invited to share with Chinese scholars from around the world on the role of media advocacy in tobacco control in Hong Kong in a two-day workshop on 25-26 January 2013.

Other speakers included Dr Regina CHING, Assistant Director of Health (Health Promotion) and Prof Joseph LAU, Associate Director (Interdisciplinary Research), The Jockey Club School of Public Health and Primary Care, CUHK.



與傳播媒介之聯繫 - Working with the Mass Media

為使控煙資訊及本會之宣傳活動能有效傳達至社會各階層，委員會一直與媒體保持緊密聯繫。秘書處經常處理不同報刊、電視台及電台之訪問及查詢。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 the Council's promotion activities to penetrate all levels of society effectively. COSH Secretariat regularly fields interviews and enquiries from different newspapers, publications, as well as television and radio stations. The Council issued the following press releases to the media during the year:

主要新聞稿 Major Press Releases

2012/5/30	支持香港推行「全煙害警示包裝」	Support the Implementation of Plain Packaging in Hong Kong
2012/5/31	世界無煙日街頭宣傳活動	World No Tobacco Day - Street Promotion Campaign
2012/6/17	「戒煙大贏家」無煙社區計劃2012與十八區攜手共建無煙香港	Support "Quit to Win" Smoke-free Community Campaign 2012 Launch Ceremony
2012/10/9	「香港控煙三十周年」慶祝酒會為無煙香港立下重要里程碑	"30th Anniversary of Tobacco Control in Hong Kong" Cocktail Reception Marks an Important Milestone for Smoke-free Hong Kong
2012/10/18	「小紅帽的無煙旅程」學校互動教育巡迴劇場透過經典童話角色宣揚無煙信息	"The Smoke-free Journey of Red Hoodlet" Interactive Education Theatre Conveys Smoke-free Messages through Classic Fairy Tale Characters
2012/12/12	「我是無煙的」於全港開動司機乘客守法不吸煙共享無煙旅程	Support "Smoke-free Taxi" Campaign Enjoy a Smoke-free Journey
2013/1/9	委員會倡議政府增加煙草稅及檢討現行控煙政策	COSH Advocates the Government to Raise Tobacco Tax and Review its Tobacco Control Strategy
2013/2/27	委員會回應財政預算案的控煙措施	COSH Response to the Tobacco Control Policies Proposed by The Budget
2013/3/4	齊戒煙做大贏家攜手建無煙香港	"Quit to Win" Smoke-free Community Campaign Promotes Smoking Cessation and a Smoke-free Hong Kong
2013/3/6	「無煙青少年大使領袖訓練計劃」實踐所學發揮創意攜手共建無煙社區	Smoke-free Youth Ambassador Leadership Training Programme Establishes Smoke-free Culture with Creativity

會議及考察

Conferences and Visits

會議 Conferences

無煙城市項目市長交流會

委員會總幹事黎慧賢女士獲邀出席於2012年4月26日舉行的無煙城市項目市長交流會並進行演講，近30位來自上海、南京、長沙及蘇州等17個城市的政府官員出席。

黎女士以「建構無煙香港的宣傳教育策略」為題，向與會者介紹委員會預防教育及社區宣傳的工作，同時分享如何透過媒體傳播煙害知識及推動戒煙。

亞太兒童及家庭控煙聯盟會議

應世界衛生組織西太平洋區域辦事處邀請，委員會總幹事黎慧賢女士出席於2012年9月7日至8日，在馬來西亞古晉舉行，以保障兒童及家庭免受煙害為題的會議暨工作坊。

Smoke-free Cities Conference of Mayors

COSH Executive Director, Ms Vienna LAI was invited to be one of the speakers of the Smoke-free Cities Conference of Mayors on 26 April 2012, which was attended by around 30 Government officials from 17 cities, including Shanghai, Nanjing, Changsha and Suzhou.

Ms Lai conducted a presentation entitled "Education and Publicity Strategies for Smoke-free Hong Kong" to introduce the work of COSH in preventive education and community promotion, as well as the use of media advocacy to educate the public on smoking hazards and promote smoking cessation.

Asia-Pacific Child and Family Health Alliance for Tobacco Control Meeting

COSH Executive Director, Ms Vienna LAI was invited by The WHO Regional Office for the Western Pacific to attend the meeting cum workshop under the topic of protecting children and families from tobacco on 7-8 September 2012 in Kuching, Malaysia.



會議邀請了公共衛生及煙草控制方面的專家一同討論控煙議題，包括美國兒科學院副執行董事Jonathan KLEIN醫生及世衛西太平洋區域辦事處－無煙草行動顧問Susan MERCADO醫生。多個亞太地區國家政府和控煙團體均有委派代表出席，包括中國、日本、馬來西亞、菲律賓、新加坡、泰國、美國及越南等。

會議期間，各地參與者熱烈討論和分享煙草控制的意見和經驗，以加強保障兒童、青少年和家庭的健康，如推行青少年及家庭控煙活動、設立兒科醫生煙害課程、結合控煙力量和建立控煙工作章程等。參加者亦討論了成立「亞太兒童及家庭控煙聯盟」的計劃。

2012「非凡女性論壇」

第二屆「非凡女性論壇」，於2012年9月20日至21日舉行，主辦機構WealthAsia Group邀請了超過50位來自不同行業、並具有非凡影響力的成功女性分享她們於領導、創新及回應社會變遷方面的經驗。

委員會主席劉文文獲邀於「締造非凡女性」的討論環節分享推動無煙香港的進程和挑戰。是次論壇的主題為「卓見未來」，大會透過18個精選議題，探索當代女性的需求及提供一個平台討論女性在未來對創新、家庭、財富、健康、事業和生活方式等各方面的看法。

Experts in public health and tobacco control were invited to deliver presentation and discuss on tobacco control issues, including Dr Jonathan KLEIN, Associate Executive Director of American Academy of Pediatrics and Dr Susan MERCADO, Regional Advisor of WHO – Western Pacific Regional Office – Tobacco Free Initiative. Many Government officials and representatives of tobacco control organizations from the Asia-Pacific Region attended the meeting, including China, Japan, Malaysia, Philippines, Singapore, Thailand, USA and Vietnam.

During the meeting, participants exchanged views and had a fruitful discussion on strengthening protection of children, youth and families from tobacco including tobacco control programme for youth and families, training for pediatricians, building coalition and setting agenda for tobacco control. The plan of forming the Asia-Pacific Child and Family Health Alliance for Tobacco Control was also discussed.

The Women Extraordinaire Forum 2012

The 2nd Woman Extraordinaire Forum was organized by WealthAsia Group on 20-21 September 2012. Over 50 most influential women speakers shared their viewpoints and experiences in leadership, innovation and embracing social changes.

COSH Chairman, Ms Lisa LAU, was invited to be one of the panel speakers to share the progress and challenges of tobacco control in Hong Kong in the session, "Women Making a Difference". The theme of the forum was "Women for the Future", featuring 18 selected topics to cover the needs of modern women and providing a platform to discuss topics on innovation, family, wealth, health, career and lifestyles.





第六屆兩岸四地煙害防制交流研討會

兩岸四地煙害防制交流研討會自2007年起，由中國控制吸煙協會、台灣董氏基金會、香港吸煙與健康委員會及澳門戒煙保健會合作舉行，為兩岸四地的控煙工作者提供平台，加強合作及分享工作經驗。第六屆兩岸四地煙害防制交流研討會由中國控制吸煙協會主辦，在2012年11月4日至6日於南京舉行，以「推動無煙環境與控煙立法」為主題。委員會派出代表團參加，成員包括主席劉文文、副主席鄭祖盛先生、總幹事黎慧賢女士及秘書處職員。劉文文主席就主題「非政府機構推動香港控煙三十年」作專題演講。而資訊及研究委員會、法例委員會增選委員林大慶教授亦就主題「香港增加煙草稅的成效及長遠策略—強弱機危綜合分析法」作專題演講。

大會亦邀請委員會在會場設置展覽攤位，向各地代表及參觀人士介紹香港控煙三十年的情況和委員會的教育、宣傳及推廣工作，並派發刊物與宣傳品。近200位來自兩岸四地的專家學者、政府及民間組織代表參與會議，互相分享各地煙草控制及預防工作的經驗。

The 6th Cross-strait Conference on Tobacco Control

The Cross-strait Conference on Tobacco Control has been co-organized by Chinese Association on Tobacco Control, John Tung Foundation of Taiwan, Hong Kong Council on Smoking and Health and Smoking Abstinence and Good Health of Macau since 2007 to provide a communication platform for tobacco control practitioners from cross-strait to collaborate and share experiences in tobacco control. The 6th Cross-strait Conference was organized by Chinese Association on Tobacco Control in Nanjing from 4-6 November 2012. The theme of the year was "To strive for smoke-free environment and legislation on tobacco-control". Representatives of COSH included Ms Lisa LAU, Chairman, Mr Antonio KWONG, Vice-chairman, Ms Vienna LAI, Executive Director and Secretariat staff. Ms Lisa LAU was also invited to conduct a presentation on "The Role of NGO in Tobacco Control in Hong Kong for 30 Years". Prof LAM Tai-hing, co-opted Member of Information & Research Committee, Legislation Committee was invited to deliver a presentation on "The Effectiveness and Long-Term Strategy in Raising Tobacco Tax in Hong Kong-SWOT Analysis."

The organizer also invited COSH to set up an exhibition booth to introduce the milestones of tobacco control in Hong Kong in 30 years as well as the works of COSH in education, promotion and publicity. COSH's publicity materials, such as booklets and souvenirs were distributed to the participants. Around 200 tobacco control experts and scholars, representatives from governments and public organizations from cross-strait regions attended the conference to share their experiences on tobacco control and prevention.





在會議的閉幕儀式上，劉文文主席接過第六屆主辦單位中國控制吸煙協會常務副會長兼秘書長許桂華女士的印鑑，並即席邀請各位專家學者出席於2014年在香港舉行的第七屆會議。

「兩岸四地控煙交流研討會議暨 世界針灸學會聯合會中醫針灸 風采全球行（香港站）」活動

世界衛生組織於2005年制定《煙草控制框架公約》，聯繫全球各國減低對煙草需求，保護人民免於煙草禍害。為推動兩岸四地控煙事業發展及切實提升控煙效果，世界針灸學會聯合會、香港中文大學中醫學院及香港博愛醫院共同主辦「兩岸四地控煙交流研討會議暨世界針灸學會聯合會中醫針灸風采全球行（香港站）」活動，邀請兩岸四地致力控煙事業的專家就各地控煙政策及措施作主題發言，共同交流控煙工作的實務經驗。

研討會議於2012年12月2日假香港中文大學舉行。大會邀請了委員會主席劉文文作專題演講。劉文文主席以「香港控煙三十年」為主題，闡述了香港三十年來控煙的重要里程，以及委員會於推動控煙工作上的經驗。

In the closing ceremony, Ms Lisa LAU represented COSH to receive the conference seal from Ms XU Gui-hua, Deputy Director and Secretary General of the Chinese Association on Tobacco Control, organizer of the 6th Conference. Ms Lau invited all tobacco control experts to join the 7th Conference to be held in Hong Kong in 2014.

Tobacco Control cum International Acupuncture Symposium (Hong Kong Station) for Mainland China, Taiwan, Macau and Hong Kong Region

The World Health Organization Framework Convention on Tobacco Control (WHO FCTC) entered into force in 2005, designed to promote multilateral cooperation and action to reduce the growth and spread of global tobacco epidemic. To facilitate the work of tobacco control across mainland China, Taiwan, Macau and Hong Kong Region, The World Federation of Acupuncture and Moxibustion Societies, School of Chinese Medicine of The Chinese University of Hong Kong and Pok Oi Hospital co-organized the "Tobacco Control cum International Acupuncture Symposium (Hong Kong Station) for mainland China, Taiwan, Macau and Hong Kong Region". Professionals and academics from cross-strait regions shared their experiences in implementing tobacco control policies and measures, and exchanged views on reinforcing the work of tobacco control.

The symposium was held in The Chinese University of Hong Kong on 2 December 2012. Ms Lisa LAU, COSH Chairman, was invited to deliver a presentation on "30th Anniversary of Tobacco Control in Hong Kong", in which she shared the milestones of tobacco control in Hong Kong as well as the works of COSH during the past 30 years.

澳門控煙法一周年座談會

「澳門控煙法一周年座談會」於2012年12月7日在澳門舉行，委員會主席劉文文獲邀擔任主講嘉賓之一，跟過百名與會者分享香港控煙三十周年之成功要素。是次活動由澳門吸煙與健康生活協會主辦，其他主講嘉賓包括中國控制吸煙協會常務副會長兼秘書長許桂華女士、台灣財團法人董氏基金會執行長姚思遠先生、香港大學公共衛生學院院長林大慶教授及澳門衛生局預防及控制吸煙辦公室主任李兆田醫生。

一眾嘉賓分享及討論於兩岸四地實施控煙工作的經驗、成果及困難，包括如何擴展禁煙範圍、控制煙草商的宣傳廣告、應對所遇到的各種反抗行為及填補執法措施漏洞等，互相交流學習。



1st Anniversary of the Macau's New Tobacco Control Law Forum

The Forum on the 1st Anniversary of the Macau's new Tobacco Control Law organized by Smoking and Healthy Life Association of Macau was held in Macau on 7 December 2012. COSH Chairman, Ms Lisa LAU was invited to be one of the guest speakers to share "30th Anniversary of Tobacco Control in Hong Kong: Factors of Success". Other guest speakers included Ms XU Gui-hua, Deputy Director and Secretary General of the Chinese Association on Tobacco Control, Mr YAU See-wain, President of John Tung Foundation of Taiwan, Prof LAM Tai-hing, Director of School of Public Health, The University of Hong Kong and Dr Iris LI, Head of Tobacco Control and Prevention Office of Health Bureau in Macau.

The guests shared and discussed the experiences, achievements and challenges on the implementation of tobacco control in the cross-strait regions, such as expansion of statutory no smoking areas, control on tobacco advertisements, methods to tackle resistance against tobacco control and ways to fill the loopholes on legislations.

考察活動

Visits

啓新書院

啓新書院的小學生在2012年4月30日到委員會參觀，項目籌劃高級經理譚淑琴女士向同學介紹香港吸煙概況及最新的煙害資訊。

參觀的同學來自學校的控煙行動小組，正進行小組報告及透過在學校設置展覽推廣無煙信息，與其他同學分享有關吸煙的禍害。

泰國控煙代表團

委員會於2012年5月2日接待泰國控煙代表團到訪，成員包括泰國政府官員、吸煙與健康行動基金組織(ASH)及大學的代表，委員會總幹事黎慧賢女士及項目籌劃高級經理譚淑琴女士以「香港煙草控制與預防工作」為題，向代表團介紹本港控煙政策，並分享委員會近年在政策倡議及社區教育方面的工作成果。

Renaissance College

Primary students of Renaissance College visited COSH on 30 April 2012. Ms Angel TAM, Senior Project Manager, introduced Hong Kong smoking prevalence and the latest information on tobacco hazards to the students.

The students were members of Action group – Cigarette Patrol in school. They would conduct project and share the smoke-free messages with their peers through exhibition in school.

Thailand Tobacco Control Alliances

COSH received delegates from Thailand Tobacco Control Alliances including representatives from Thailand's Government, Action on Smoking and Health Foundation of Thailand (ASH) and universities on 2 May 2012. COSH Executive Director, Ms Vienna LAI and Senior Project Manager, Ms Angel TAM, delivered a presentation entitled "Tobacco Control and Smoking Prevention in Hong Kong" to share the tobacco control policies in Hong Kong and achievements of COSH in policy advocacy and community education.



澳門 - 世界衛生組織健康城市領袖計劃代表團(柬埔寨、老撾及蒙古代表)

澳門 - 世界衛生組織(世衛)健康城市領袖計劃代表團於2012年5月14日到訪委員會。成員包括來自柬埔寨、老撾及蒙古政府的代表。委員會總幹事黎慧賢女士與代表團分享香港以縱橫策略推動無煙工作的經驗，包括委員會的教育宣傳及與各界攜手推廣無煙信息的工作。衛生署控煙辦公室馬紹強醫生則介紹香港戒煙服務。

鯽魚涌小學

來自鯽魚涌小學的學生於2012年5月29日到委員會參觀，項目籌劃經理曾詠詩女士與學生介紹香港控煙情況及分享煙害資訊，學生其後參觀委員會的資源中心，並搜集了有關吸煙與健康的資料，進行相關的小組報告。

Macao - World Health Organization Healthy Cities Leadership Programme (Delegates from Cambodia, Lao People's Democratic Republic and Mongolia)

Delegates of Macao-World Health Organization Healthy Cities Leadership Programme visited COSH on 14 May 2012. The delegation included government representatives from Cambodia and Lao People's Democratic Republic and Mongolia. COSH Executive Director, Ms Vienna LAI, shared the experience in constructing a smoke-free community in Hong Kong with an integrated approach, including COSH's education and publicity programmes, as well as the collaboration with different sectors. Dr Edmond MA from Tobacco Control Office, Department of Health introduced the smoking cessation services in Hong Kong.

Quarry Bay School

Students from Quarry Bay School visited COSH on 29 May 2012. Project Manager, Ms Wing TSANG introduced the works of tobacco control in Hong Kong and shared the smoking hazards with the students. They also took the opportunity to visit COSH's Resource Centre and gather information for their projects on smoking and health.



廣州市城市管理考察訪問團

廣州市城市管理考察訪問團於2012年6月到港，就控煙及城市管理工作進行考察，並於6月13日到訪委員會。訪問團成員包括廣州市人大常委會和廣州市城市管理委員會代表。

委員會總幹事黎慧賢女士及項目籌劃高級經理譚淑琴女士跟訪問團分享委員會建構無煙香港的宣傳教育策略，並討論及交流兩地控煙工作的經驗及挑戰。

澳門戒煙保健會

澳門戒煙保健會代表團一行八人於2012年6月25日到訪委員會，由委員會主席劉文文、總幹事黎慧賢女士及秘書處職員負責接待。

劉文文主席以「以推動戒煙為核心的媒體倡議策略」為題，向代表團介紹委員會多年來就推動戒煙所作的宣傳及倡議工作。代表團亦向委員會分享澳門於推廣控煙時所面對的困難與挑戰，雙方作出深入討論。



Guangzhou Officials Study Tour

A delegation of officials from the Standing Committee of Guangzhou City People's Congress and Guangzhou Urban Management Commission conducted a tour to Hong Kong in June 2012 to study the city's experiences in tobacco control and urban management, and visited COSH on 13 June.

Ms Vienna LAI, COSH Executive Director and Ms Angel TAM, Senior Project Manager received the delegation and introduced the promotion and education strategies of COSH in constructing a smoke-free Hong Kong. They also discussed the experiences and challenges of tobacco control works in mainland China and Hong Kong.

Smoking Abstinence and Good Health Association of Macau

A delegation of 8 members from Smoking Abstinence and Good Health Association of Macau visited COSH on 25 June 2012. Ms Lisa LAU, COSH Chairman, Ms Vienna LAI, COSH Executive Director and the Secretariat staff received the delegation.

Ms Lisa LAU introduced COSH's experiences and advocacy role over the years in promoting smoking cessation through a presentation on "Media Advocacy and Strategies for Smoking Cessation". The delegation also shared the challenges and obstacles in promoting tobacco control in Macau.

澳洲衛生部

澳洲是全球首個實施「全煙害警示包裝」的國家。澳洲衛生部 (Department of Health and Ageing) Nathan SMYTH先生及澳洲總領事館海紗莉女士於2012年6月29日到訪委員會，分享澳洲推行「全煙害警示包裝」的經驗及講述有關法例如何保障公眾健康。

委員會主席劉文文、香港大學公共衛生學院院長林大慶教授及委員會總幹事黎慧賢女士與澳洲官員就控煙政策交流意見，並深入討論如何推廣「全煙害警示包裝」，雙方均獲益良多。

新加坡共和理工學院

為深入了解委員會的控煙工作，20多名來自新加坡共和理工學院健康管理及推廣文憑的同學，於2012年9月19日到訪委員會。總幹事黎慧賢女士及項目籌劃高級經理吳麗盈女士以「綜合策略建構無煙香港」為題，向同學介紹香港最新的控煙情況及委員會的宣傳與教育工作，同學們更熱烈地參與小組討論環節。



Australia's Department of Health and Ageing

Australia is the first country in the world to require tobacco products to be sold in plain packaging. Mr Nathan SMYTH from Australia's Department of Health and Ageing and Ms Sally HASLER from Australian Consulate-



General visited COSH on 29 June 2012 to share Australia's plain packaging reforms and the public health purpose behind the plain packaging legislation.

Ms Lisa LAU, COSH Chairman, Prof LAM Tai-hing, Director, School of Public Health, The University of Hong Kong and Ms Vienna LAI, COSH Executive Director had an in-depth discussion with the Australian officials and exchanged views on tobacco control policies and promotion of plain packaging.

Singapore's Republic Polytechnic

A group of 26 students from the Diploma of Health Management and Promotion, Republic Polytechnic, Singapore paid a visit to COSH on 19 September 2012 with an aim to learn about COSH's work in tobacco control. COSH Executive Director, Ms Vienna LAI and Senior Project Manager, Ms Annie NG introduced the latest development in tobacco control in Hong Kong and COSH's promotion and education programmes through a presentation themed "An integrated approach to construct a smoke-free community". The students actively participated in the group discussion session.

柬埔寨煙草稅工作小組

為促進與香港於控煙工作的交流，柬埔寨煙草稅工作小組組織考察團於2012年10月11日至12日期間到訪香港，了解香港的控煙工作。考察團成員來自柬埔寨的政府經濟及健康部門、世界衛生組織及東南亞煙草防制聯盟，行程包括參觀衛生署及海關等政府部門，藉以交流推動煙草稅及打擊走私方面的經驗。

考察團於10月11日到訪委員會，委員會總幹事黎慧賢女士介紹香港煙草稅制的發展，以及委員會推動政策及爭取公眾支持的工作。代表團成員亦分享他們在控煙工作上的經驗。

Cambodia Tobacco Tax Working Group

To exchange experiences in tobacco control, the Cambodia Tobacco Tax Working Group organized a study tour to Hong Kong on 11-12 October 2012. The delegation consisted of officials from Economic and Health Department as well as representatives from the World Health Organization (WHO) and Southeast Asia Tobacco Control Alliance (SEATCA). The delegates visited Department of Health and Customs and Excise Department, HKSAR to study the tobacco control work, especially the achievements in raising tobacco tax and the efforts to stop tobacco smuggling in Hong Kong.

The delegation visited COSH on 11 October 2012. Ms Vienna LAI, COSH Executive Director, introduced the development of tobacco tax policy in Hong Kong and campaigns organized by COSH to advocate the policy and strive for public support. The delegates also shared the experiences in tobacco control in their own countries.





澳門 - 世界衛生組織健康城市領袖計劃代表團 (中國代表)

澳門 - 世界衛生組織 (世衛) 健康城市領袖計劃代表團於2012年11月8日到訪香港進行考察及與本地控煙工作者分享經驗。

代表團成員包括來自重慶、廣西及陝西的官員、全國愛國衛生運動委員會及世界衛生組織的代表。委員會總幹事黎慧賢女士向代表團成員分享委員會近年如何以全面的教育策略建構無煙香港，衛生署控煙辦公室馬紹強醫生亦在會上介紹香港戒煙服務的情況。

香港大學李嘉誠醫學院交換生

委員會於2012年11月14日接待來自香港大學李嘉誠醫學院的交換生，項目籌劃高級經理譚淑琴女士介紹委員會近年的教育項目以及如何結合媒體宣傳無煙香港，席間同學們亦分享其他國家最新的控煙情況。

Macao - World Health Organization Healthy Cities Leadership Programme (Delegates from China)

Delegates from Macao-World Health Organization Healthy Cities Leadership Programme visited Hong Kong on 8 November 2012 to study Hong Kong's tobacco control work and exchange experiences with local tobacco control advocates.

Members of the delegation included officials from Chongqing, Guangxi, Shaanxi and representatives of Central Patriotic Public Health Campaign Committee and the World Health Organization. Ms Vienna LAI, COSH Executive Director, shared COSH's experiences in constructing a smoke-free community with comprehensive educational strategies in recent years. Dr Edmond MA of Tobacco Control Office, Department of Health introduced the smoking cessation services in Hong Kong.

Exchange Students of Li Ka Shing Faculty of Medicine, The University of Hong Kong

The exchange students of Li Ka Shing Faculty of Medicine, The University of Hong Kong visited COSH on 14 November 2012. Ms Angel TAM, Senior Project Manager introduced COSH education programmes in recent years and shared the experiences in promoting smoke-free community through media advocacy. Participants also shared the latest developments of tobacco control in their home countries.

資訊及研究項目計劃

Information and Research Projects

資訊項目計劃

Information Projects



資源中心

委員會設有資源中心，供市民索取本會印製之研究報告書、宣傳及教育資料如小冊子及海報等。

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

到訪資源中心的人士主要包括學生、老師、家長、醫護人員、控煙團體、公共衛生界別人士及海外的考察代表團。

諮詢熱線

委員會裝設了一套自動電話系統，為市民提供24小時諮詢服務。市民可從中獲取各項有關吸煙與健康的資訊及查詢委員會的活動，亦可透過熱線就吸煙或其他相關的議題作出查詢、建議或投訴。

電話諮詢熱線可協助委員會收集市民對於各項控煙政策的意見，亦有助委員會計劃未來的工作。委員會在接獲意見、投訴及建議後，會與有關的政府部門及相關團體跟進。

Resource Centre

COSH Resource Centre provides a variety of research, promotional and educational materials for public access, such as research reports, leaflets and posters.

The Centre's collections include various local and international periodicals, journals, books, research papers, conference proceedings, reference materials and audio-visual materials about tobacco hazards, passive smoking and tobacco control legislation.

Visitors to the Resource Centre mainly include students, teachers, parents, medical and healthcare practitioners, tobacco control groups, public health professionals and overseas delegations.

Enquiry Hotline

The hotline system of COSH provides the public with round-the-clock enquiry service. Apart from receiving information about smoking and health and the details of COSH's programmes, the public can also make enquiries, suggestions and complaints regarding smoking or other related issues via the hotline.

The hotline is also used as a means to collect public opinions on tobacco control policies, which can facilitate the formulation of COSH's future work plan. Any feedback, complaints or suggestions received will be referred to relevant government departments and organizations accordingly.

在2012年4月1日至2013年3月31日期間，委員會共收到市民提出1,339宗查詢、投訴及建議，個案分類見下表：

Between 1 April 2012 and 31 March 2013, COSH received 1,339 enquiries, suggestions or complaints. The cases are categorized as below:

個案類別	Categories	個案數目 No. of cases
查詢吸煙與健康的資料	General enquiries for information related to smoking and health	
香港控煙法例	Legislation on tobacco control in Hong Kong	98
戒煙方法及好處	Quit methods and benefits	32
香港戒煙服務	Smoking cessation services available in Hong Kong	31
煙草產品成份	Contents of tobacco products	22
吸煙對健康的影響	Health hazards of smoking	22
其他吸煙與健康資訊	Other information related to smoking and health	7
二手煙對健康的影響	Health hazards of passive smoking	5
查詢委員會資料及服務	General enquiries for COSH information and services	
兒童無煙教育活動	Children smoke-free education programmes	860
申請委員會教育及宣傳物品	Application for obtaining COSH's education and publicity materials	91
委員會背景及資料	Background and general information about COSH	77
委員會宣傳及社區推廣活動	COSH's publicity and community involvement projects	29
投訴	Complaints	
法定禁煙區內違例吸煙	Smoking in statutory no-smoking areas	27
非法定禁煙區內吸煙	Smoking in non-statutory no-smoking areas	5
宣傳及推廣無煙活動	Promotion and publicity of smoke-free programmes	3
煙草產品的售賣規管	Regulations on the sale of tobacco products	1
建議	Suggestions	
對執法行動的意見	Opinions related enforcement actions	19
擴大非吸煙區範圍	Extension of no-smoking areas	3
對委員會活動的意見	Opinions related to COSH's programme	3
調整煙草稅	Adjustment of tobacco tax	2
對控煙措施的意見	Opinions related to tobacco control measures	2
總數 Grand Total:		1,339



委員會網站及電子通訊

委員會的網站 (www.smokefree.hk) 讓市民透過互聯網了解委員會的工作和活動，及獲取與吸煙和健康相關的資訊。

響應政府資訊科技總監辦公室及平等機會委員會的提倡，委員會的網頁採用無障礙網頁設計，令不同階層人士包括殘疾人士更方便地獲取網上有關控煙及公共衛生的資訊和服務。委員會網站更獲「無障礙網頁嘉許計劃金獎級別」。

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和健康的研究、最新的控煙措施以及委員會的最新活動等。公眾可於委員會網頁登記接收電子通訊。委員會希望藉以上措施鼓勵市民建立無煙的健康生活。

「戒煙大贏家」手機應用程式

智能手機在香港越趨普及，有見及此，委員會推出了「戒煙大贏家」手機應用程式 (iOS 版)，協助及鼓勵吸煙人士戒煙。

透過「戒煙大贏家」手機應用程式，戒煙人士可在社交網站發佈戒煙進度，與朋友和家人互動，互相鼓勵和支持；他們亦可藉著不同的遊戲和任務，獲得有關戒煙的資訊。程式設有戒煙提示和相機等功能，並會繼續優化，增加趣味性和互動性。

COSH Website and E-Newsletter

COSH website (www.smokefree.hk) enables the public to access the work and activities of COSH as well as the information related to smoking and health via the internet.

In response to the suggestions of the Office of the Government Chief Information Officer and the Equal Opportunities Commission, COSH website has been made accessible to facilitate the access to online information and services regarding tobacco control and public health by different segments of the community, including persons with disability. COSH website received the Gold Award of the "Web Accessibility Recognition Scheme".

COSH also releases e-Newsletter regularly, which the general public can subscribe through COSH website. The contents include studies on smoking and health in different countries, the latest tobacco control measures and the latest activities of COSH. All these measures aim to encourage citizens to adopt a healthy and smoke-free lifestyle.

"Quit to Win" Mobile App

The use of smart phone is in an up trend in Hong Kong. COSH launched the "Quit to Win" Mobile App (iOS version) to motivate smokers to kick the smoking habit.

Smokers can share their progress in smoking cessation on the social media platform and their friends and family members can provide support by sending messages via the App. Information of smoking cessation could be received through the games and tasks of the App. It was designed with special features, such as camera and reminder functions, and will be further enhanced to make it more interesting and interactive.

研究項目計劃 Research Projects

控煙政策調查

根據外國的控煙經驗，政府及控煙團體應持續地收集市民對控煙措施的意見及監察煙草使用的情況，因此委員會委託香港大學公共衛生學院及政策廿一有限公司，進行有關控煙政策的調查。

調查計劃收集2,400名市民（現行吸煙人士、已戒煙人士及從不吸煙人士各800名）對各項控煙政策的意見，包括對煙草廣告的限制、煙包圖象警示、增加煙草稅、擴大法定禁煙範圍、戒煙服務、吸煙習慣及接觸二手煙情況等。所收集的數據將有助檢討現時政策，為制定新政策提供參考和基礎，委員會亦可根據公眾的意見，籌辦相關教育和宣傳活動。

Tobacco Control Policy-related Survey

With reference to international tobacco control experiences, government and tobacco control organizations should collect public view on tobacco control measures and monitor the epidemic of tobacco use on a regular basis. COSH commissioned School of Public Health of The University of Hong Kong and Policy 21 Limited to conduct a Tobacco Control Policy-related Survey.

The Survey aimed to collect views from 2,400 respondents (800 current smokers, ex-smokers and never smokers respectively) on various tobacco control policies, including restriction on tobacco advertising, health warnings on cigarette packs, increase in tobacco tax, expansion of statutory no-smoking areas, smoking cessation services, smoking pattern and exposure to secondhand smoke. The data collected are useful for the review of existing tobacco control policies and provide direction and ground for formulating new policies. COSH could also take reference to the data when planning future education and publicity activities.



調查的中期報告分析了851名受訪者的數據，當中包括667位從不吸煙人士(78.4%)、108位現行吸煙人士(12.7%)及76位已戒煙人士(8.9%)，了解他們對現行煙包上的煙害圖象警示、於銷售點陳列煙草產品及煙草宣傳的意見。有關的調查數據重點如下：

- 接近九成吸煙人士(88.6%)曾留意到煙包上的煙害圖象警示，但少於一成曾因此暫停吸煙(7.7%)或考慮戒煙(6.9%)。顯示現行的煙害圖象警示忠告吸煙危害的力度不足，而且未能傳達戒煙的信息。
- 超過一半受訪者(59.9%)認為應採用更清晰的煙害圖象警示。現行吸煙人士當中亦有三分之一贊成(33.4%)。
- 一半受訪者(50.7%)贊成煙包實行「全煙害警示包裝」，現行吸煙人士當中亦有接近四成(38.8%)支持。「全煙害警示包裝」在沒有廣泛宣傳的情況下，仍有一半受訪者贊成，相信在相關教育和宣傳工作配合之下，有關措施將來能獲得更多市民支持。
- 超過一半受訪者(53.1%)經常或偶爾在捲煙銷售點看到陳列的煙草產品。
- 74.5%現行吸煙人士曾在銷售點看到陳列煙草產品，當中三成(29.2%)表示會令到他們想吸煙。

The interim report analyzed the views of 851 respondents, including 667 never smokers (78.4%), 108 current smokers (12.7%) and 76 ex-smokers (8.9%). Their views on the current pictorial health warnings on cigarette packs, display of tobacco products at points of sale and tobacco promotion were investigated. The major survey findings were summarized as below:

- Almost 90% of smokers (88.6%) noticed the pictorial health warnings on the cigarette packs. But less than 10% of them were induced to stop smoking (7.7%) or considered quitting smoking (6.9%). The data showed that the current pictorial health warnings are not strong enough to convey the hazards of smoking or inspire people to quit smoking.
- More than half of respondents (59.9%) agreed that pictorial health warnings should be clearer. Of the current smokers, one third agreed (33.4%).
- Half of respondents (50.7%) agreed that cigarettes should be sold in plain package, while almost 40% of current smokers (38.8%) agreed. Despite the limited promotion of plain packaging, it was supported by half of respondents. It is estimated that plain packaging will gain even wider support with more education and promotion to the public.
- More than half of respondents (53.1%) often or occasionally saw cigarettes displayed at retailing points.
- 74.5% of current smokers saw cigarettes displayed at retailing points, of which 29.2% said the display of tobacco products made them want to smoke.



- 超過一半受訪者 (52.5%) 認為陳列煙草產品屬於廣告。由此可反映煙草產品的陳列可強化和鼓勵吸煙的行為。
- 接近一半受訪者 (48.4%) 贊成全面禁止於銷售點陳列煙草產品，較不贊成的 (39.5%) 為多。
- 接近三分之一受訪者 (60.9%) 經常或偶爾在電影、電視或互聯網上看到吸煙的鏡頭。超過一半受訪者 (54.4%) 認為這些吸煙的鏡頭會令到年青人吸煙。
- 超過一半受訪者 (51.2%) 同意禁止在非煙草產品上 (例如衣服及其他用品) 使用煙草產品標誌推廣。

調查已成功訪問了2,400市民的意見，委員會與研究團隊現在進行數據整理，及對各項控煙政策的意見作全面分析，調查報告完成後將會向公眾發佈。

- More than half of respondents (52.5%) considered tobacco products display as a kind of advertisement, which indicated that tobacco products display could reinforce and encourage smoking behaviors.
- Nearly half of respondents (48.4%) agreed total ban on display of tobacco products at points of sales, which outstripped those who disagreed (39.5%).
- Nearly one third of respondents (60.9%) often or occasionally saw smoking scenes in movies, TV or internet. More than half (54.4%) believed that these scenes would induce young people to smoke.
- More than half of respondents (51.2%) agreed that cigarette brand names should not be allowed to appear on other types of products (eg clothes and other products) as promotion.

Views from 2,400 respondents had successfully been collected. COSH and the research team are consolidating the data and conducting a comprehensive analysis on views regarding various tobacco control policies. The survey report would be released to the public in due course.

「學校互動教育巡迴劇場」成效研究

委員會每年會為學校互動巡迴劇場作活動成效評估，2012-13年度的研究由香港大學公共衛生學院負責，並同時進行「推動計劃」，希望藉此減低學生在家中接觸二手煙。來自七間參與劇場的學校的學生被隨機分配到干預組 (n=745) 及對照組 (n=510)。

兩組的學生均會欣賞劇場，干預組的學生須在三週後完成「無煙工作紙」，並與家長討論控煙議題。在觀看劇場之前及完成「推動計劃」之後，會收集兩組學生在家中接觸二手煙的情況和其他與吸煙有關資料。

Evaluation Study on School Interactive Education Theatre Programme

Evaluation on the School Interactive Education Theatre Programme is conducted every year. The School of Public Health of The University of Hong Kong was appointed to evaluate the 2012-13 programme and carry out an additional booster programme to reduce the students' exposure to secondhand smoke at home. Students from seven schools participating in the Education Theatre Programme were randomly allocated into intervention (n=745) and control groups (n=510).

Students of both groups enjoyed the performance. Students of intervention group should complete the "Smoke-free Worksheets" and discussed tobacco control issues with their parents over 3 weeks after viewing the performance. Secondhand smoke exposure at home and other smoking-related of all students were measured before viewing the performance and after the completion of booster programme.



研究的初步結果重點如下：

干預組學生在家中接觸二手煙的比率由22.4%下降至17.9%，而對照組學生的比率則由23.1%上升至24.3%。

干預組學生與家長對控煙議題的討論普遍較為正面，其討論內容包括評論吸煙行為、贊成禁煙措施、吸煙的害處、二手煙的害處和戒煙的好處。

另外，兩組學生對一手煙、二手煙及三手煙的煙害知識均有改善。兩組的學生亦報告，看到父母購買煙草產品及吸煙的行為有所減少。

香港大學公共衛生學院現正進行深入的數據分析及編寫研究報告。

Key preliminary findings are as follows:

Exposure to secondhand smoke at home decreased from 22.4% to 17.9% in the intervention group, while increased from 23.1% to 24.3% in the control group.

Discussions on tobacco control between parents and students of intervention group were more positive. Parent-child communications that support tobacco control were more commonly reported by the intervention group. The contents of discussions included criticisms on smoking behaviour, support to tobacco control measures, harms of smoking and secondhand smoke and benefits of smoking cessation.

Improvements on knowledge of smoking hazards, secondhand smoke and thirdhand smoke were observed in both intervention and control groups. It was also reported by both groups that they noted a decrease in buying cigarettes and smoking among their parents.

School of Public Health of The University of Hong Kong is conducting a further analysis for the final report.

Living Smoke-free

攜手開拓 • 無煙生活



報告 REPORT



- 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

委員會在進行各項內務或對外工作時一直本著向生態環境負責之環保目標而行。為保護環境，本會奉行以下綠色管理政策：

- 善用資源
- 減少耗用紙張
- 提高職員環保意識

環保措施

善用資源

委員會秘書處致力節約能源，各職員均自律省電，各種電器如電燈、冷氣機、電腦、電腦螢幕、影印機和打印機等，在毋須使用時均會關掉。

另外委員會已逐步轉用節能燈取代傳統燈泡，前者耗電量僅為後者的六分之一。

Aims and Strategies

The aim of COSH's environmental policies is to devise internal and external strategies to promote a sense of responsibility regarding the protection of the ecological environment. In order to achieve this target, COSH has adopted the following environmentally friendly policies:

- Enhance efficiency of energy consumption
- Reduce paper consumption
- Enhance staff awareness on environmental protection issues

Environmental Protection Strategies

Enhance Efficiency of Energy Consumption

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

Instead of using traditional light bulbs, COSH has started using compact fluorescent lamps which each consumes only 1/6 of the energy used by a traditional globe.

減少耗用紙張

為向公眾傳播健康資訊，委員會須印刷宣傳物品如海報、小冊子、單張等等，故委員會藉以下措施減少耗紙量：

- 職員以電子郵件及內聯網代替便箋、信件及列印本作為內部通訊及文件傳遞；
- 使用電子傳真及電子檔案管理系統以減少列印文件；
- 縮減印刷宣傳品之數量及尺寸，並逐漸使用環保紙張印刷宣傳品；
- 上載委員會的控煙資訊、宣傳內容及刊物到委員會網頁供市民瀏覽，減少印刷品的需求；
- 採用雙面印刷，減省用紙；及
- 回收廢棄紙張，如錯誤列印的文件、草稿等。

提高職員環保意識

委員會秘書處不時舉行簡報會及張貼告示，讓職員了解節約能源的目的，以及提醒他們遵行各項環保措施。

委員會將繼續竭力執行各項環保措施。

Reduce Paper Consumption

While COSH has to print promotional materials such as posters, brochures and leaflets to promote the health message to the public, the following devices are applied to reduce the consumption of paper:

- E-mails and intranet are used among staff for internal communication and transfer of documents instead of memorandum, letter and hardcopy in order to reduce paper usage;
- Utilization of electronic-fax system and electronic document management system to reduce the amount of printing;
- Reduction of the size and number of printed promotional materials and gradual adoption of environmentally friendly paper;
- Most of the tobacco control information, promotional materials and publications are available on COSH website for public access in order to reduce the demand of hardcopies;
- Use both sides of paper to avoid wastage; and
- Unwanted paper materials such as drafts of documents or documents with printing errors are collected for recycling.

Enhance Staff Awareness on Environmental Protection

Staff meetings were held and notices were posted on notice board to remind staff of the aim of complying with and implementing all the green measures.

COSH will continue to make every endeavor to implement 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

財務報告

截至二零一三年三月三十一日止年度

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)

本核數師(以下簡稱「我們」)已審核列載於第112頁至第127頁香港吸煙與健康委員會「貴會」的財務報表，此財務報表包括於二零一三年三月三十一日的資產負債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，以及主要會計政策概要及其他解釋資料。

委員就財務報表須承擔的責任

委員須負責根據香港會計師公會頒佈的香港財務報告準則編製真實而公平的財務報表，以及落實其認為編製財務報表所必要的內部控制，以使財務報表不存在由於欺詐或錯誤而導致的重大錯誤陳述。

核數師的責任

我們的責任是根據我們的審核對該等財務報表作出意見。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。我們已根據香港會計師公會頒佈的香港審計準則進行審核。這些準則要求我們遵守道德規範，並規劃及執行審核，以合理確定此等財務報表是否不存有任何重大錯誤陳述。

HONG KONG COUNCIL ON SMOKING AND HEALTH STATEMENT OF ACCOUNTS

FOR THE YEAR ENDED 31ST MARCH 2013

TO THE MEMBERS OF HONG KONG COUNCIL ON SMOKING AND HEALTH

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

We have audited the financial statements of Hong Kong Council on Smoking and Health set out on pages 112 to 127, which comprise the balance sheet as at 31st March 2013, and the statement of comprehensive income, statement of changes in equity and cash flow statement for the year then ended, and a summary of significant accounting policies and other explanatory information.

COUNCIL MEMBERS' RESPONSIBILITY FOR THE FINANCIAL STATEMENTS

The Council members are responsible for the preparation of financial statements that give a true and fair view in accordance with Hong Kong Financial Reporting Standards issued by the Hong Kong Institute of Certified Public Accountants, 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 and error.

AUDITOR'S RESPONSIBILITY

Our responsibility is to express an opinion on these financial statements based on our audit. This report is made solely to you, as a body, in accordance with section 17(5) of 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. We conducted our audit in accordance with Hong Kong Standards on Auditing issued by the Hong Kong Institute of Certified Public Accountants. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

核數師的責任(續)

審核涉及執程序以獲取有關財務報表所載金額及披露資料的審核憑證。所選定的程序取決於核數師的判斷，包括評估由於欺詐或錯誤而導致帳項存有重大錯誤陳述的風險。在評估該等風險時，核數師考慮與該公司編製真實而公平的財務報表相關的內部控制，以設計適當的審計程序，但並非為公司的內部控制的效能發表意見。審計亦包括評價委員所採用的會計政策的合適性及所作出的會計估計的合理性，以及評價財務報表的整體列報方式。

我們相信，我們所獲得的審核憑證是充份及適當地為我們的審核意見提供基礎。

意見

我們認為，該等財務報表已根據香港財務報告準則真實而公平地反映 貴會於二零一三年三月三十一日的事務狀況及截至該日止年度的盈餘及現金流量。

AUDITOR'S RESPONSIBILITY (continued)

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant of the entity's preparation of financial statements that give a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing the opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the council members, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

OPINION

In our opinion the financial statements give a true and fair view of the state of the Council's affairs as at 31st March 2013 and of its surplus and cash flows for the year then ended in accordance with Hong Kong Financial Reporting Standards.



李福樹會計師事務所
香港執業會計師

F. S. Li & Co.
Certified Public Accountants

香港，二零一三年七月二十二日

Hong Kong, 22nd July 2013.

全面收益表

Statement of Comprehensive Income

截至二零一三年三月三十一日止年度(港幣)
For The Year Ended 31st March 2013 (HK\$)

		二零一三年 2013	二零一二年 2012
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	20,755,339	14,915,180
銀行利息收入	Bank interest income	113	67
雜項收入	Sundry income	4,307	3,160
		20,759,759	14,918,407
支出	EXPENDITURE		
職工成本	Staff costs		
薪金及津貼	Salaries and allowances	2,821,907	2,706,892
強積金供款	Mandatory provident fund contributions	67,887	59,342
年假(撥備回撥)/撥備	Provision for annual leave entitlements (written back)/made	(4,580)	17,255
職工招募費用	Recruitment expenses	37,870	67,926
		2,923,084	2,851,415
項目員工	Project staff		
薪金	Salaries	1,962,518	1,164,756
強積金供款	Mandatory provident fund contributions	92,023	53,426
宣傳及推廣費用	Publicity and promotion expenses	13,442,683	8,194,305
會議費用	Conference expenses	69,145	445,257
參考書籍及定期刊物	Reference books and periodicals	7,801	4,127
租金、差餉及管理費	Rent, rates and management fee	1,600,242	1,564,128
倉儲費用	Warehouse expenses	147,705	137,349
維修及保養費用	Repairs and maintenance	49,417	36,060
清潔費	Cleaning fee	47,468	47,672
折舊	Depreciation	94,144	108,758
保險	Insurance	47,555	40,447
電費	Electricity	40,316	39,275
電話及通訊費用	Telephone and communication expenses	47,602	41,271
法律及專業費用	Legal and professional fee	3,200	3,200
核數師酬金	Honorarium to auditors	13,000	13,000
郵費	Postage	5,317	4,042
印刷及文具	Printing and stationery	26,005	29,791
雜項支出	Sundry expenses	55,920	24,168
		20,675,145	14,802,447
本年度盈餘	SURPLUS FOR THE YEAR	84,614	115,960
本年度全面收益	TOTAL COMPREHENSIVE INCOME FOR THE YEAR	84,614	115,960

資產負債表 - Balance Sheet

於二零一三年三月三十一日 (港幣)
As At 31st March 2013 (HK\$)

		附註 Note	二零一三年 2013	二零一二年 2012
非流動資產	NON-CURRENT ASSETS			
物業、機器及設備	Property, plant and equipment	4	131,922	204,646
流動資產	CURRENT ASSETS			
按金及預付款項	Deposits and prepayments	5	682,606	282,411
銀行及現金結存	Bank and cash balances		578,247	2,788,434
			1,260,853	3,070,845
減：流動負債	Less: CURRENT LIABILITIES			
應付費用	Accrued charges		904,397	2,713,768
年假準備	Provision for annual leave entitlements		139,229	143,809
將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	6	152,758	153,379
將退回衛生署之累積盈餘	Accumulated surpluses refundable to the Department of Health	7	203,640	203,640
			1,400,024	3,214,596
流動負債	NET CURRENT LIABILITIES		(139,171)	(143,751)
(負債)／資產淨值	NET (LIABILITIES)/ASSETS		(7,249)	60,895
等於：	representing:			
累積(虧損)／盈餘	ACCUMULATED (DEFICITS)/SURPLUSES		(7,249)	60,895

經委員會於二零一三年七月二十二日通過。 Approved by the Council on 22nd July 2013.

劉文文 BBS MH 太平紳士
委員會主席
Ms Lisa LAU Man-man, BBS, MH, JP
Chairman

鄭祖盛先生
委員會副主席
Mr Antonio KWONG Cho-shing
Vice-chairman

權益變動表

Statement of Changes in Equity

截至二零一三年三月三十一日止年度 (港幣)

For The Year Ended 31st March 2013 (HK\$)

		二零一三年 2013	二零一二年 2012
累積盈餘／(虧損)	Accumulated surpluses/(deficit)		
上年度轉來之盈餘	Surplus brought forward	60,895	98,314
本年度盈餘／本年度全面 收益	Surplus for the year/Total comprehensive income for the year	84,614	115,960
退回衛生署之經調整盈餘 (附註六)	Adjusted surplus refundable to the Department of Health (Note 6)	(152,758)	(153,379)
本會應佔之虧損	Deficit attributable to the Council	(68,144)	(37,419)
撥入下年度之(虧損)／盈餘	(Deficit)/Surplus carried forward	(7,249)	60,895

現金流量表

Cash Flow Statement

截至二零一三年三月三十一日止年度 (港幣)
For The Year Ended 31st March 2013 (HK\$)

		二零一三年 2013	二零一二年 2012
營運活動之現金流量	CASH FLOWS FROM OPERATING ACTIVITIES		
本年度盈餘	Surplus for the year	84,614	115,960
調整：	Adjustment for:		
利息收入	Interest income	(113)	(67)
折舊	Depreciation	94,144	108,758
營運資金變動前之營運盈餘	Operating surplus before working capital changes	178,645	224,651
按金及預付款項之(增加)/減少	(Increase) /Decrease in deposits and prepayments	(400,195)	21,147
應付費用之(減少)/增加	(Decrease)/Increase in accrued charges	(1,809,371)	2,104,900
年假準備之(減少)/增加	(Decrease)/Increase in provision for annual leave entitlements	(4,580)	17,255
營運活動所(使用)/產生之淨現金	NET CASH (USED IN)/FROM OPERATING ACTIVITIES	(2,035,501)	2,367,953
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	(21,420)	(88,594)
已收利息	Interest received	113	67
投資活動所使用之淨現金	NET CASH USED IN INVESTING ACTIVITIES	(21,307)	(88,527)
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	(153,379)	(17,635)
融資活動所使用之淨現金	NET CASH USED IN FINANCING ACTIVITIES	(153,379)	(17,635)
現金及現金等值之淨(減少)/增加	NET (DECREASE)/INCREASE IN CASH AND CASH EQUIVALENTS	(2,210,187)	2,261,791
年初現金及現金等值結存	CASH AND CASH EQUIVALENTS AT BEGINNING OF THE YEAR	2,788,434	526,643
年終現金及現金等值結存	CASH AND CASH EQUIVALENTS AT END THE YEAR	578,247	2,788,434
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	578,247	2,788,434

帳目附註 -

Notes on the Accounts

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一九八七年十月一日註冊成立的機構。

本會辦公地址為香港灣仔皇后大道東一百八十三號合和中心四十四樓四四零二至四四零三室。

2. 主要會計政策

(a) 編製基準

本財務報表已按照香港會計師公會頒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。本帳目以歷史成本慣例編製。

香港會計師公會已頒佈若干於本年度生效之全新及經修訂香港財務報告準則。但這些全新／經修訂之香港財務報告準則與本會運作並不相關。

此外，本會並沒有提早採用本年度尚未生效之香港財務報告準則。本會管理層預計採用該等未生效的財務報告準則對本會帳目影響並不重大。

1. General

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

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

2. Principal accounting policies

(a) Basis of preparation

These financial statements have been prepared in accordance with all applicable Hong Kong Financial Reporting Standards ("HKFRSs"), which collective term includes all applicable individual Hong Kong Financial Reporting Standards, Hong Kong Accounting Standards and Interpretations issued by the Hong Kong Institute of Certificate Public Accountants ("HKICPA"), and accounting principles generally accepted in Hong Kong. The accounts 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. However, these new/revised HKFRSs are not relevant to the Council's operations.

In addition, the Council has not early adopted new and revised HKFRSs that are not yet effective for the current accounting year. The management of the Council anticipates that the adoption of them is unlikely to have a significant impact on the Council's accounts.

2. 主要會計政策(續)

(a) 編製基準(續)

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

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

(b) 收入與支出

除香港特別行政區政府就指定目的所提供的撥款外，本會之一切經常性收入及支出會記入盈餘或虧損內。盈餘會退回衛生署。

(c) 收入確認

- (i) 政府津貼是根據期間本會已確認為支出的相關成本，有系統地確認於盈餘或虧損內。津貼及相關成本成本是分別列示於帳目內。
- (ii) 銀行利息收入按實際利率法累計。

2. Principal accounting policies (continued)

(a) Basis of preparation (continued)

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

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

(b) Income and expenditure

With the exception of grants received from the Government of the Hong Kong Special Administrative Region for specified purposes, all of the Council's recurrent income and expenditure are dealt with in surplus or deficit. Any surplus is refundable to the Department of Health.

(c) Revenue recognition

- (i) Government subvention is recognized in surplus or deficit on a systematic basis over the periods in which the Council recognizes the related costs as expenses. The subvention and related costs are separately disclosed in the accounts.
- (ii) Bank interest income is recognized as it accrues using the effective interest method.

2. 主要會計政策(續)

(d) 外幣折算

本會以港元為功能及列帳貨幣。本年度的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年結日的外幣匯率換算為港元。匯兌盈虧會記入盈餘或虧損內。

(e) 減值損失

於每個年結日，若有跡象顯示資產出現減值情況，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。

(f) 物業、機器及設備

物業、機器及設備以成本價減已收或可收的資助、累積折舊及累積減值損失列帳。

2. Principal accounting policies (continued)

(d) Foreign currencies translation

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

(e) Impairment losses

At each balance sheet date, where there is any indication that an asset is impaired, the recoverable amount of the asset should be estimated. The recoverable amount of an asset is the higher of its fair value less costs to sell and value in use. If the recoverable amount is less than the carrying amount, an impairment loss is recognized to reduce the asset to its recoverable amount. Such impairment losses are recognized in surplus or deficit. An impairment loss is reversed if there has been a favourable change in the estimates used to determine the recoverable amount. A reversal of an impairment loss should not result in the asset's carrying amount exceeding that which would have been determined has no impairment loss been recognized in prior years. Reversals of impairment losses are credited to surplus or deficit in the year in which the reversals are recognized.

(f) Property, plant and equipment

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

2. 主要會計政策 (續)

(f) 物業、機器及設備 (續)

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

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

(g) 出售物業、機器及設備

出售物業、機器及設備之盈虧按所得款與該資產帳面值的差額釐定，並記入盈餘或虧損內。

(h) 經營租賃

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

(i) 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。

(j) 應付費用

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

2. Principal accounting policies (continued)

(f) Property, plant and equipment (continued)

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

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

(g) Disposal of property, plant and equipment

The gain or loss arising from disposal of property, plant and equipment is the difference between the net sale proceeds and the carrying amount of the relevant assets, and is recognized in surplus or deficit.

(h) Assets held under operating leases

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

(i) 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.

(j) Accrued charges

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

2. 主要會計政策(續)

(k) 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。

(l) 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。截至年結日，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。

(m) 有關連人士

就本財務報表而言，有關連人士包括符合以下定義的人士及實體：

(i) 下列人士或其近親家屬將被視為與本會有關連，若該名人士：

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

(ii) 若下列任何一項條件吻合，則有關實體將被視為與本會有關連：

- (a) 該實體為本會或與本會有關連之實體就僱員利益設立之退休福利計劃。若本會便是該計劃，提供資助的僱主與本會有關連。
- (b) 該實體被(i)所指人士控制或共同控制。
- (c) (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。

2. Principal accounting policies (continued)

(k) 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.

(l) 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 balance sheet date.

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

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

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

3. 委員會成員的酬金

本會所有委員會成員於本年度內均未有因向本會提供服務而收取酬金（二零一二年：無）。

3. Council members' remuneration

None of the council members received any remuneration in respect of their services to the Council during the year (2012: Nil).

4. 物業、機器及設備

4. Property, plant and equipment

(港幣)	(HK\$)	租賃物業 改良工程 Leasehold improvements	傢俬及裝置 Furniture and fixtures	辦公室設備 Office equipment	總額 Total
成本	Cost				
於二零一一年三月三十一日	At 31st March 2011				
添置	Additions	36,305	93,903	392,882	523,090
於二零一二年三月三十一日	At 31st March 2012	-	8,431	80,163	88,594
添置	Additions	36,305	102,334	473,045	611,684
於二零一三年三月三十一日	At 31st March 2013	-	1,842	19,578	21,420
於二零一三年三月三十一日	At 31st March 2013	36,305	104,176	492,623	633,104
累積折舊	Accumulated depreciation				
於二零一一年三月三十一日	At 31st March 2011				
截至二零一二年三月三十一日止年度計提	Charge for the year ended 31st March 2012	18,552	52,573	227,155	298,280
於二零一二年三月三十一日	At 31st March 2012	27,043	69,110	310,885	407,038
截至二零一三年三月三十一日止年度計提	Charge for the year ended 31st March 2013	8,491	16,537	83,730	108,758
於二零一三年三月三十一日	At 31st March 2013	35,534	83,288	382,360	501,182
帳面淨值	Net book value				
於二零一三年三月三十一日	At 31st March 2013	771	20,888	110,263	131,922
於二零一二年三月三十一日	At 31st March 2012	9,262	33,224	162,160	204,646

5. 按金及預付款項

預期於一年後收回之按金為港幣443,994元(二零一二年：港幣282,194元)，預付款項將於一年內全數記入費用。

6. 退回衛生署的經調整盈餘

由於衛生署並不承認僱員年假準備為費用而只在年假補償付出時承認，及視物業、機器及設備的添置為購入年度的費用而不承認撇銷及折舊。因此，在計算可退回衛生署的盈餘時，不包括此年假補償準備／準備回撥、物業、機器及設備的撇銷及折舊，而扣除物業、機器及設備的添置。

7. 將退回衛生署的累積盈餘

本會管理層認為截至一九九八年三月三十一日累積盈餘將會於衛生署要求時退回。

5. Deposits and prepayments

The amount of deposits expected to be recovered after one year is HK\$443,994 (2012 : HK\$282,194). The prepayments are expected to be recognized as expenses within one year.

6. Adjusted surplus refundable to the Department of Health

As the Department of Health does not recognize the provision for annual leave entitlements as expenses until actual payment is made, and regards additions to property, plant and equipment as expenses during the year of acquisition without recognition of write-off and depreciation, accordingly, for the purpose of calculating the surplus refundable to the Department of Health, the provision/provision written back for annual leave entitlements and write-off and depreciation of property, plant and equipment have been excluded, and additions to property, plant and equipment have been deducted.

7. Accumulated surpluses refundable to the Department of Health

The management of the Council considers that the accumulated surpluses up to 31st March 1998 will be refunded to the Department of Health upon request.

8. 金融資產及金融負債

(a) 金融資產及負債類別

(港幣)	(HK\$)	二零一三年 2013	二零一二年 2012
金融資產	Financial assets		
流動資產 - 按攤銷成本值：	Current assets - at amortized cost:		
按金	Deposits	443,994	282,194
銀行及現金結存	Bank and cash balances	578,247	2,788,434
		1,022,241	3,070,628
金融負債	Financial liabilities		
流動負債 - 按攤銷成本值：	Current liabilities - at amortized cost:		
應付費用	Accrued charges	904,397	2,713,768
年假準備	Provision for annual leave entitlements	139,229	143,809
將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	152,758	153,379
將退回衛生署之累積盈餘	Accumulated surpluses refundable to the Department of Health	203,640	203,640
		1,400,024	3,214,596

(b) 財務風險管理的目標及政策

- (i) 外幣風險
在日常運作中，本會並不會存在重大的外幣風險。
- (ii) 利率風險
在日常運作中，本會並不會存在重大的利率風險。
- (iii) 其他價格風險
本會無需面對商品及證券價格風險。

(b) Financial risk management objectives and policies

- (i) Foreign currency risk
In the normal course of the operation, the Council does not expose to significant foreign currency risk.
- (ii) Interest rate risk
In the normal course of the operation, the Council does not expose to significant interest rate risk.
- (iii) Other price risk
The Council is not exposed to commodity and security price risk.

8. 金融資產及金融負債(續)

(b) 財務風險管理的目標及政策(續)

(iv) 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。

(v) 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。

於二零一三年及二零一二年三月三十一日，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

於二零一三年及二零一二年三月三十一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。

8. Financial assets and liabilities (continued)

(b) Financial risk management objectives and policies (continued)

(iv) 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.

(v) Liquidity risk

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

As at 31st March 2013 and 2012, 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 31st March 2013 and 2012. The fair value is estimated as the present value of future cash flows, discounted at current market interest rate.

9. 經營租約承擔

於年結日，本會根據不可撤銷的土地及樓宇經營租賃而須於未來支付的最低租賃付款總額如下：

(港幣)	(HK\$)	二零一三年 2013	二零一二年 2012
第一年內	Not later than one year	2,203,596	1,391,700
第二至第五年內	Later than one year but not later than five years	4,366,392	20,400
		6,569,988	1,412,100

9. Commitments under operating leases

At the balance sheet date, the Council had the following future aggregate minimum lease payments under non-cancellable operating leases in respect of land and buildings:

10. 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：

10. Related party transactions

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

(港幣)	(HK\$)	二零一三年 2013	二零一二年 2012
主要管理人員的報酬 (即總幹事)	Remuneration for key management personnel (i.e. Executive Director)		
短期員工福利	Short-term employee benefits	1,298,544	1,147,140
離職後福利	Post-employment benefits	14,500	12,000
		1,313,044	1,159,140

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、制服團隊及青年中心之鼎力協助及支持，委員會謹此致謝。

We would like to thank all those who have rendered great help and supported COSH during the year, in particular the following individuals, government departments, organizations, schools, uniform groups and youth centres.

個人 Individuals

歐穎敏女士	Ms Anson AU Wing-man	陳捷貴議員	Mr Stephen CHAN Chit-kwai,
歐漢琛先生	Mr AU Hon-sam	BBS 太平紳士	BBS, JP
畢文瀚先生	Mr BI Wen-han	陳旭安先生	Mr Thomas CHAN Yuk-on
陳志輝教授	Prof Andrew CHAN	陳文綺慧女士	Ms Viola CHAN MAN Yee-wai
陳弄年女士	Ms Anita CHAN	陳蔚楓女士	Ms Vivian CHAN
陳國華議員 MH	Mr Ben CHAN Kok-wah, MH	陳煒文先生	Mr CHAN Wai-man
陳志豪先生	Mr Charles CHAN Chi-ho	陳偉明先生	Mr CHAN Wai-ming
陳剛雄先生	Mr Chris CHAN	陳英儀女士	Ms CHAN Ying-yee
陳漢儀醫生太平紳士	Dr Constance CHAN, JP	陳耀燦先生	Mr CHAN Yiu-tsan
陳靜霞女士	Ms Gladys CHAN	張慧雯女士	Ms Candy CHANG
陳靜嫻女士	Ms Helen CHAN	周偉強醫生	Dr David CHAO Vai-kiong
陳綺雯女士	Ms CHAN I-man	周海傑先生	Mr CHAU Hoi-kit
陳繼偉議員	Mr CHAN Kai-wai	鄭成業醫生	Dr CHEANG Seng-ip
陳金洪先生	Mr CHAN Kam-hung	陳靜博士	Dr CHEN Jing
陳文娟女士	Ms Kiki CHAN Man-kuen	陳淑麗女士	Ms CHEN Shwu-lin
陳劍峰先生	Mr CHAN Kim-fung	陳敏先生	Mr Willy CHEN Min
陳潔玲女士	Ms CHAN Kit-ling	鄭克和先生	Mr CHENG Hak-wo
陳馮富珍醫生 OBE	Dr Margaret CHAN, OBE, JP	鄭玉華女士	Ms CHENG Yuk-wa
太平紳士		張瑞安先生	Mr Benny CHEUNG
陳明生先生	Mr CHAN Ming-sang	張啟邦先生	Mr Bonki CHEUNG kai-bon
陳滿有先生	Mr CHAN Moon-yau	張雲正先生太平紳士	Mr Clement CHEUNG, JP
陳慧芳女士	Ms Pat CHAN Wai-fong	張懿德博士	Dr Derek CHEUNG Yee-tak
陳健碩先生	Mr Raymond CHAN Kin-sek	張美玉女士	Ms Grace CHEUNG
陳曉瑩女士	Ms Sarah CHAN Hiu-ying	張宏艷女士	Ms Lavender CHEUNG
陳士堯先生	Mr CHAN Shi-yiu	張曉華女士	Ms Mandy CHEUNG
陳樹生先生	Mr CHAN Shu-sang	張淑雯女士	Ms CHEUNG Suk-man
陳肇始教授	Prof Sophia CHAN Siu-chee	張美儀女士	Ms Vivian CHEUNG

張國慧議員	Mr William CHEUNG Kwok-wai	馮少珍女士	Ms FUNG Siu-chum
張賢先生	Mr CHEUNG Yin	郭梅美女士	Ms Tracy GUO
詹滿祥先生	Mr Bobby CHIM Moon-cheung	侯傑泰教授	Prof HAU Kit-tai
詹明鑫先生	Mr Thomas CHIM Ming-yam	何淑貞女士	Ms Bonnie HO
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程莉欣女士	Ms Michelle CHING Lei-yan	何世賢博士	Dr Daniel HO Sai-Yin
趙佩燕醫生太平紳士	Dr Amy CHIU, JP	何厚祥先生 BBS, MH	Mr HO Hau-cheung, BBS, MH
趙鴻娟女士	Ms CHIU Hung-kuen	何家進先生	Mr Kelvin HO Ka-chun
趙永洪先生	Mr Raymond CHIU	何龍光先生	Mr HO Lung-kwong
蔡永智先生	Mr Antony CHOI	何理明醫生	Dr Raymond HO Lei-ming
蔡田田女士	Ms Joy CHOI	何雁詩女士	Ms Stephanie HO
蔡強先生	Mr CHOI Keung	何駿雄先生	Mr Woody HO Chun-hung
蔡少玲女士	Ms CHOI Siu-ling	許偉雄先生	Mr John HOI
蔡德啟先生	Mr CHOI Tak-kai	韓源寬先生	Mr HON Yuen-foon
莊永德先生	Mr CHONG Wing-tak	項德偉先生	Mr David HONG
周融先生	Mr Robert CHOW Yung	胡馨月女士	Ms HU Xin-yue
周倩荷女士	Ms CHOW Sin-ho	黃潔夫教授	Dr HUANG Jie-fu
周一嶽醫生 GBS 太平紳士	Dr York CHOW, GBS, JP	許廷鏗先生	Mr Alfred HUI
周雨發醫生	Dr CHOW Yu-fat	許穎淋女士	Ms Michelle HUI Wing-lam
朱燕珊女士	Ms Eva CHU Yin-shan	許亦妮女士	Ms Whitney HUI
朱凱婷女士	Ms Heidi CHU		Ms Icy HUNG Kwan-hui
朱倩韻女士	Ms CHU Sin-wan	洪思思女士	Ms Laraine HUNG Sze-sze
鍾沛康先生	Mr Davey CHUNG Pui-hong	孔冬怡女士	Ms Renas HUNG Tung-yi
鍾佩宜女士	Ms Idy CHUNG Pui-yi	孔詠文女士	Ms HUNG Wing-man
鍾嘉敏議員	Ms Jacqueline CHUNG Ka-man	葉志明先生	Mr Ellis IP
鍾慧娟女士	Ms Joan CHUNG Wai-kuen	葉傲冬議員	Mr IP Ngo-tung
鍾蕊詩女士	Ms CHUNG Yui-sze		Ms Rachel JOHNSON
狄易達 (廖成達先生)	Mr Tat DIK	阿翹 (裘媛娜女士)	Ms Janice KAU
鄧梓峰先生	Mr Patrick DUNN	闕港子女士	Ms Nancy KIT Kwong-chi
霍偉賢先生	Mr Patrick FOK Wai-yin	高威林先生 BBS, MH	Mr William KO, BBS, MH
方平議員	Mr FONG Ping	高永文醫生 BBS 太平紳士	Dr KO Wing-man, BBS, JP
扈嘉雯醫生	Dr Louisa FU Kar-mun	江淑雯女士	Ms KONG Shuk-man
馮永輝醫生	Dr Benjamin FUNG Wing-fai		Ms Nita KOPAN
馮安鈺女士	Ms Hailey FUNG On-yuk	顧慧賢女士	Ms Ellen KU Wai-yin

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關嘉美醫生	Dr Betty KWAN Ka-mei	劉兆霖先生	Mr Brian LAU Siu-lam
關沃華先生	Mr KWAN Yuk-wah	劉志堂先生	Mr Chris LAU Chi-tong
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郭少芸女士	Ms Florence KWOK	劉德輝教授	Prof Joseph LAU Tak-fai
郭卓婷女士	Ms Joanna KWOK Cheuk-ting	劉文君女士	Ms Julia LAU Man-kwan
郭烈東先生太平紳士	Mr KWOK Lit-tong, JP	劉劍魂先生	Mr LAU Kim-wan
郭田蔭先生	Mr Marcus KWOK	劉炳發先生	Mr LAU Ping-fat
鄺國光先生	Mr Gary KWONG Kwok-kong	劉宇棋先生	Mr Richard LAU
鄺官穩議員	Mr KWONG Koon-wan	劉錫禧先生	Mr LAU Seck-hai
黎雪芬女士	Ms Adela LAI Shuet-fun	劉倩盈女士	Ms LAU Sin-ying
黎克勤博士	Dr LAI Hak-kan	劉晉維先生	Mr Sunny LAU Chun-wai
黎海平先生	Mr LAI Hoi-ping	羅振基醫生	Dr LAW Chun-key
賴慧詩女士	Ms Iris LAI Wai-sze	羅浩平先生	Mr LAW Ho-ping
賴彥積先生	Mr Jacky LAI Yin-chik	羅雪芬女士	Ms LAW Suet-fan
黎業榮先生	Mr Mike Y W LAI	李志祥先生	Mr LEE Chi-cheung
林奮成先生	Mr Albert LAM	李子良先生	Mr LEE Chi-leung
林穎彤女士	Ms Bella LAM	李貴強先生	Mr Chris LEE Kwai-keung
豪仔(林偉豪先生)	Mr Calvin LAM	李鎏發先生	Mr Herman LEE Yuk-fat
林愛斌女士	Ms Christina LAM Oi-bun	李錦帆博士	Dr John LEE
林卓偕先生	Mr Curtis LAM	李志宏博士	Dr Johnson LEE
林衍基先生	Mr Desmond LAM	李潔雲女士	Ms Kit LEE Kit-wan
林思彤女士	Ms Fiona LAM Sze-tung	李嘉耀先生	Mr Kyle LEE Ka-yiu
林根強先生	Mr LAM Kan-keung	李麗儀女士	Ms LEE Lai-yee
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林國良先生	Mr LAM Kwok-leung	李長妍女士	Ms Natalie LEE
林呂昌先生	Mr LAM Lu-cheong	李俊禧先生	Mr Roy LEE Chun-hei
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林文健醫生	Dr Ronald LAM	李詠民議員	Mr LEE Wing-man
林容潔芝女士	Mrs Sunnie LAM YOUNG Kit-chee	李恩先生	Mr LEE Yan
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林漪嫻女士	Ms LAM Yi-kei	梁振英先生, 大紫荊勳賢, GBS 太平紳士	Mr C Y LEUNG, GBM, GBS, JP

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李兆宏先生	Mr LI Zhao-hong	柯清泉先生	Mr OR Ching-chuen
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		潘國華議員	Mr PUN Kwok-wah

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沈嘉瑞先生	Mr SHUM Ka-sui	徐榮先生	Mr TSUI Wing
沈莉萍女士	Ms SHUM Lee-ping	黃浩彪先生	Mr Denis VONG
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	Mr Kevin SHUT	溫國雄先生	Mr Joseph WAN Kwok-hung
蘇麗珍女士	Ms SO Lai-chun	黃文炳先生	Mr Kelvin WANG Man-ping
蘇炤成議員	Mr SO Shiu-shing	王立基先生	Mr WANG Li-ji
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杜寶汶女士	Ms Sandhu TO	王中嶽博士	Dr David WONG
杜樂棠先生	Mr TO Sun-tong	王綺蓮女士	Ms Elaine WONG
唐詩詠女士	Ms Natalie TONG	黃綺馨博士	Dr Esther WONG Yee-hing
曾堃怡女士	Ms TSANG Hoi-yee	黃家偉先生	Mr Floyd WONG Ka-wai
曾俊華先生, 大紫荊勳賢, 太平紳士	Mr John TSANG Chun-wah, GBM, JP	黃軒淦先生	Mr Henness WONG
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曾艷雅女士	Ms Mabel TSANG	汪浩然先生	Mr John WONG
曾華倩女士	Ms Margie TSANG	黃錦超議員 MH	Mr WONG Kam-chiu, MH
曾寶芬女士	Ms TSANG Po-fan	黃錦星先生	Mr WONG Kam-sing
曾昭武先生	Mr Samuel TSANG	糖妹 (黃山怡女士)	Ms Kandy WONG
曾詠琪女士	Ms Vanesse TSANG Wing-kei	黃智雯女士	Ms Mandy WONG
曾偉健先生	Mr Victor TSANG Wai-kin	黃龍德博士 BBS 太平紳士	Dr Patrick WONG, BBS, JP
曾永華先生	Mr TSANG Wing-wah	黃碧嬌議員	Ms Peggy WONG Pik-kiu
曾鈺成先生	Hon TSANG Yuk-shing	黃保強先生	Mr WONG Po-keung
曾區慧蓮女士	Ms TSANG AU Wai-lin	黃肇霆先生	Mr Ralph WONG Siu-ting
謝鴻興醫生	Dr TSE Hung-hing	黃達明先生	Mr Richard WONG
		黃德祥醫生	Dr WONG Tak-cheung

黃譚智媛醫生太平紳士	Dr Vivian WONG TAAM Chi-woon, JP	楊美娟女士	Ms Cecilia YEUNG Mi-kuen
黃一峰先生	Mr WONG Yat-fung	楊俊偉先生	Mr YEUNG Chun-wai
黃羽庭先生	Mr WONG Yue-ting	楊偉誠先生 MH	Mr Frankie YEUNG, MH
黃潤昌議員	Mr WONG Yun-cheong	楊超發醫生	Dr Henry YEUNG Chiu-fat
胡健民先生	Mr Clement WOO Kin-man	邢儀倩醫生	Dr Avis YING Yee-sin
胡英明先生	Mr WOO Ying-ming	葉麗清女士太平紳士	Ms Carolina YIP, JP
胡定旭先生 GBS 太平紳士	Mr Anthony WU, GBS, JP	葉威龍先生	Mr Philip YIP Wai-lung
鄔淑賢女士	Ms Brenda WU Shuk-yin	姚子樑先生	Mr Ivan YIU
胡建清先生	Mr WU Kin-ching	姚銘議員	Mr YIU Ming
胡艷珍女士	Ms WU Yim-chun	余均達先生	Mr Alex YU Kwan-tat
許桂華女士	Ms XU Gui-hua	余衍深先生	Mr Marcus YU Yin-sum
邱家穎先生	Mr YAU Ka-wing	袁玉華女士	Ms Irene YUEN
邱可珍女士 MH 太平紳士	Ms Nora YAU Ho-chun, MH, JP	袁昭明女士	Ms Jasmine YUEN Chiu-ming
姚思遠先生	Mr YAU Sea-wain	袁銘輝先生太平紳士	Mr Richard YUEN, JP
嚴中明女士	Ms Grace YEN Chung-ming	任太平先生	Mr YUM Tai-ping
楊展鵬先生	Mr Andrew YEUNG	趙洪濤先生	Mr ZHAO Hong-tao
		鄭臻女士	Ms ZHENG Zhen

政府部門 Government Departments

中西區區議會	Central & Western District Council
行政長官辦公室	Chief Executive's Office
香港懲教署	Correctional Services Department
香港海關	Customs and Excise Department
衛生署	Department of Health
東區區議會	Eastern District Council
環境局	Environment Bureau
食物及衛生局	Food and Health Bureau
民政事務總署	Home Affairs Department
香港房屋委員會	Hong Kong Housing Authority
醫院管理局	Hospital Authority

房屋署	Housing Department
政府新聞處	Information Services Department
離島區議會	Islands District Council
九龍城區議會	Kowloon City District Council
葵青區議會	Kwai Tsing District Council
觀塘區議會	Kwun Tong District Council
立法會	Legislative Council
中國衛生部	Ministry of Health of the People's Republic of China
北區區議會	North District Council
勞工處職業安全及健康部職業醫學科(健康推廣)	-Occupational Medicine Division (Health Promotion), Occupational Safety and Health Branch, Labour Department
西貢區議會 -	Sai Kung District Council
保安局 -	Security Bureau
沙田區議會 -	Sha Tin District Council
深水埗區議會 -	Sham Shui Po District Council
南區區議會 -	Southern District Council
大埔區議會 -	Tai Po District Council
衛生署控煙辦公室 -	Tobacco Control Office, Department of Health
荃灣區議會 -	Tsuen Wan District Council
屯門區議會 -	Tuen Mun District Council
灣仔區議會 -	Wan Chai District Council
黃大仙區議會 -	Wong Tai Sin District Council
油尖旺區區議會 -	Yau Tsim Mong District Council
元朗區議會 -	Yuen Long District Council

組織 Organizations

衛星的士電召服務中心	ABA Taxi Radio Call Services Centre
環保的士車主聯會	Abbo Taxi Owners' Association Ltd
香港仔街坊福利會社會服務中心	Aberdeen Kai-fong Welfare Association Social Service
方王換娣長者鄰舍中心	Fong Wong Wun Tei Neighbourhood Elderly Centre
香港浸會大學大學會堂	Academic Community Hall, Hong Kong Baptist University
關懷愛滋	Aids Concern
亞洲防盲基金會	Asian Foundation For Prevention of Blindness
香港護士協會	Association of Hong Kong Nursing Staff

新界電召的士聯會	Association of N T Radio Taxicabs Ltd
BannerSHOP Hong Kong Limited	BannerSHOP Hong Kong Limited
浸信會愛羣社會服務處大埔浸信會 區張秀芳長者鄰舍中心	BOKSS Tai Po Baptist Church Au Cheung Sau Fong Neighbourhood Elderly Centre
商界環保協會	Business Environment Council
明愛香港仔長者中心	Caritas Elderly Centre - Aberdeen
明愛鄭承峰長者社區中心(深水埗)	Cartias Cheng Shing Fung District Elderly Centre (Sham Shui Po)
明愛莫張瑞勤社區中心	Cartias Mok Cheung Sui Kun Community Centre
長江實業地產發展有限公司	Cheung Kong Property Development Limited
中國誠信(亞太)信用評級有限公司	China Chenxin (Asia Pacific) Credit Ratings Company Ltd
中華便以利會恩慈長者活動中心	China Peniel Missionary Society Incorporation Social Centre for the Elderly of Grace
中國控制吸煙協會	Chinese Association on Tobacco Control
創興銀行有限公司	Chong Hing Bank Limited
基督教家庭服務中心	Christian Family Service Centre
全利電召的士聯會	Chuen Lee Radio Taxi Association Ltd
忠誠車行	Chung Shing Taxi Ltd
鐘聲慈善社方王煥娣長者鄰舍中心	Chung Sing Benevolent Society Fong Wong Woon Tei Neighbourhood Elderly Centre
鐘聲慈善社陳守仁長者鄰舍中心	Chung Sing Benevolent Society Tan Siu Lin Neighbourhood Elderly Centre
中信証券國際有限公司	CITIC Securities International Company Limited
爭氣行動	Clear The Air
中華電力有限公司	CLP Power Hong Kong Limited
中華傳道會恩光老人中心	CNEC Aged People Centre
香港外科醫學院	College of Surgeons of Hong Kong
城市的士車主司機聯會	CTOD Association Co Ltd
香港大學社會醫學系	Department of Community Medicine, The University of Hong Kong
數碼的士電召中心	Digital Taxi Telecommunication Center Ltd
基督教信義會善學慈善基金關宣卿 愉翠長者鄰舍中心	ELCHK Sheen Hok Charitable Foundation Kwan Shon Hing Yu Chui Neighbourhood Elderly Centre
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國際四方福音會建生堂耆年中心	Foursquare Gospel Kin Sang Church Elderly Centre
友聯的士車主聯誼會	Fraternity Taxi Owners Association Ltd
的士前線司機總會	Front Line Taxi Driver Association
基督教豐盛職業訓練中心	Fullness Christian Vocational Training Centre

鳳溪公立學校鳳溪長者鄰舍中心	Fung Kai Public School Fung Kai Neighbourhood Elderly Centre
蓬瀛仙館祥華老人服務中心	Fung Ying Seen Koon Cheung Wah Social Centre for the Elderly
葛量洪醫院肺科復康中心	Grantham Hospital
Grasper	Grasper
青洲英坭公司	Green Island Cement Company Limited
廣州市人大常委會	Guangzhou Municipal People's Congress
恒隆地產	Hang Lung Properties
恒益物業管理有限公司 (恒基兆業地產集團成員)	Hang Yick Properties Management Limited (a member of Henderson Land Group)
車馬樂的士聯會	Happy Taxi Operator's Association Ltd
鶴山(香港)婦女兒童慈善基金會	Heshan (Hong Kong) Women and Children's Charitable Foundation Limited
香港宣教會大興白普理老人中心	HKEC Tai Hing Bradbury Elderly Centre
香港教育工作者聯會黃楚標學校	HKFEW Wong Cho Bau School
港九電召的士車主聯會	Hong Kong & Kowloon Radio Car Owners Association Ltd
香港青少年發展聯會	Hong Kong Association of Youth Development
香港棒球總會有限公司	Hong Kong Baseball Association Limited
香港青少年服務處	Hong Kong Children & Youth Services
香港麻醉科醫學院	Hong Kong College of Anaesthesiologists
香港社會醫學學院	Hong Kong College of Community Medicine
香港危重病護理學院	Hong Kong College of Critical Care Nursing
香港急症科護理學院	Hong Kong College of Emergency Nursing
香港家庭醫學學院	Hong Kong College of Family Physicians
香港助產士學院	Hong Kong College of Midwives
香港護理及衛生管理學院	Hong Kong College of Nursing & Health Care Management
香港骨科護理學院	Hong Kong College of Orthopaedic Nursing
香港兒科醫學院	Hong Kong College of Paediatricians
香港放射科醫學院	Hong Kong College of Radiologists
香港外科護理學院	Hong Kong College of Surgical Nursing
香港商業廣播有限公司	Hong Kong Commercial Broadcasting Co Ltd
香港牙醫學會	Hong Kong Dental Association
香港西醫工會	Hong Kong Doctors Union
香港經濟日報	Hong Kong Economic Times Limited
香港各界婦女聯合協進會	Hong Kong Federation of Women
香港總商會	Hong Kong General Chamber of Commerce
香港工程師學會	Hong Kong Institution of Engineers

港九新界的士司機總會	Hong Kong Kowloon & New Territories Taxi Association
基督復臨安息日會港澳區會小西灣老人中心	Hong Kong-Macao Conference of Seventh-day Adventists Siu Sai Wan Neighbourhood Elderly Centre
香港醫學會	Hong Kong Medical Association
香港傷健協會坪洲長者暨青少年鄰舍中心	Hong Kong PHAB Association Peng Chau Neighbourhood Elderly cum Children/ Youth Centre
香港聖公會麥理浩夫人中心	Hong Kong SKH Lady MacLehose Centre
香港聖公會黃大仙長者綜合服務中心	Hong Kong Sheng Kung Hui Chuk Yuen Canon Martin District Elderly Community Centre
香港社會工作人員協會	Hong Kong Social Workers Association
香港南區婦女會	Hong Kong Southern District Women's Association
香港計程車會	Hong Kong Taxi Association
香港的士商會	Hong Kong Taxi Owners' Association Limited
香港的士電召中心	Hong Kong Taxicab Call Centre Limited
香港無線電的士聯誼會	Hong Kong Tele-Call Taxi Association
合和中心管理有限公司	Hopewell Centre Management Limited
一心旅遊有限公司	Instant Travel Service Limited
佛香講堂羅陳楚思老人中心	International Buddhist Progress Society (Hong Kong) Limited Law Chan Chor Sze Social Centre for the Elderly
港島香格里拉大酒店	Island Shangri-La, Hong Kong
路德會賽馬會華明綜合服務中心	Jockey Club Wah Ming Lutheran Integrated Service Centre
路德會賽馬會雍盛綜合服務中心	Jockey Club Yung Shing Lutheran Integrated Service Centre
財團法人董氏基金會	John Tung Foundation
啟勝管理服務有限公司 - 絲寶國際大廈	Kai Shing Management Services Limited - C-Bons International Center Management Services Office
啟勝管理服務有限公司 (創紀之城一、二、三及六期服務處)	Kai Shing Management Services Limited - Millennium City 1, 2, 3, 6 Management Services Office
九龍婦女聯會	Kowloon Women's Organisations Federation
九龍婦女聯會劉舜雯富昌互助幼兒中心 暨婦女服務中心	Kowloon Women's Organisations Federation Lau Shun Man Fu Cheong Mutual Help Child Care Centre Cum Women Services Centre
葵涌醫院	Kwai Chung Hospital
葵青安全社區及健康城市協會	Kwai Tsing Safe Community and Healthy City Association
觀塘健康城市督導委員會	Kwun Tong Healthy City Steering Committee
大嶼山的士聯會	Lantau Taxi Association
生活教育活動計劃	Life Education Activity Programme
九龍樂善堂	Lok Sin Tong Benevolent Society, Kowloon
樂善堂陳黎掌嬌敬老康樂中心	Lok Sin Tong Chan Lai Jeong Kiu Social Centre for the Elderly

馬鞍山的士車主司機聯會	Ma On Shan Motors Limited
明報報業有限公司	Ming Pao Newspapers Limited
旺角街坊會陳慶社會服務中心	Mongkok Kai-Fong Association Limited Chan Hing Social Service Centre
汽車交通運輸業總工會 - 的士司機分會	Motor Transport Workers General Union - Taxi Driver Branch
鄰舍輔導會天瑞鄰里康齡中心	NAAC Tin Shui Neighbourhood Elderly Centre
新界的士司機協會	New Territories Taxi Drivers Association
新界的士司機權益大聯盟	New Territories Taxi Drivers' Rights Alliance
新界的士商會	New Territories Taxi Merchants Association Ltd
新界的士營運協會	New Territories Taxi Operations Union
新界的士電召中心	New Territories Taxi-Call Service Centre
北區的士商會	North District Taxi Merchants Association
新界的士車主司機同業總會	N T Taxi Owners and Drivers Fraternal Association
新界的士服務中心	N T Taxi Service Centre
聖母醫院	Our Lady of Maryknoll Hospital
電訊盈科集團	PCCW
PIP 劇場	PIP Theatre
保良局	Po Leung Kuk
博愛醫院	Pok Oi Hospital
政策二十一有限公司	Policy 21 Limited
瑪嘉烈醫院	Princess Margaret Hospital
香港醫藥援助會	Project Concern Hong Kong
清新健康人協會	Quit-Winners Club
的士權益協會	Rights of Taxi Owners And Drivers Association Ltd
的士權益(四海)電召中心	Rights of Taxi (Si Hai) Telecommunication Center Ltd
豪華優質的士電召聯會	Royal Best Quality Taxi Association Ltd
路德會茜草灣長者中心	Sai Cho Wan Lutheran Centre for the Elderly
西貢區議會社會服務及健康安全城市委員會	Sai Kung District Council Social Services & Healthy and Safe City Committee
西貢的士工商聯誼會	Sai Kung Taxi Operators Association Ltd
香港大學護理學院	School of Nursing, The University of Hong Kong
香港大學公共衛生學院	School of Public Health, The University of Hong Kong
西門子有限公司	Siemens Limited
窩色園主辦可康耆英鄰舍中心	Sik Sik Yuen Ho Hong Neighbourhood Centre for Senior Citizens
信和物業管理有限公司	Sino Estates Management Limited
戒煙之友協會	Smoke Terminators Society

澳門戒煙保健會	Smoking Abstention and Good Health Association of Macau
澳門吸煙與健康生活協會	Smoking and Healthy Life Association of Macau
香港南華早報	South China Morning Post
南區健康安全協會	Southern District Healthy & Safe Association
南青鋒	Southern Keen Youth
中國香港體育協會暨奧林匹克委員會	Sports Federation and Olympic Committee of Hong Kong, China
聖雅各福群會	St James Settlement
新興的士電召聯會	Sun Hing Taxi Radio Association
新興台的士從業員聯會	Sun Hing Taxi Radio Service General Association
泰和車行	Tai Wo Motors Limited
新界四海合眾的士聯會	Taxi Association Limited
的士車行車主協會	Taxi Dealers & Owners Association Limited
的總電召服務中心	Taxi Drivers & Operators Association Ltd
港聯(數碼)的士車主聯會	Taxicom (GPRS) Vehicle Owners Association
電視廣播有限公司	Television Broadcasts Limited
香港中文大學	The Chinese University of Hong Kong
香港護理學院	The College of Nursing, Hong Kong
新界蔬菜產銷合作社有限責任聯合總社	The Federation of Vegetable Marketing Co-operative Societies, LTD
新界的士商業聯誼會	The Fraternity Association of N T Taxi Merchants
香港耆康老人福利會柴灣長者地區中心	The Hong Kong Society for the Aged Chai Wan District Elderly Community Centre
香港的士小巴商總會	The Hong Kong Taxi and Public Light Bus Association Ltd
香港防癆心臟及胸病協會	The Hong Kong Tuberculosis, Chest & Heart Diseases Association
香港青年協會香港起舞	The Hong Kong Federation of Youth Groups Hong Kong Youth Dance
香港中文大學賽馬會公共衛生及基層醫療學院	The Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong
九龍的士車主聯會	The Kowloon Taxi Owners Association Ltd
領匯管理有限公司	The Link Management Limited
鄰舍輔導會	The Neighbourhood Advice-Action Council
離島區鄰舍輔導會東涌綜合服務中心	The Neighbourhood Advice-Action Council Tung Chung Integrated Services Centre
香港中文大學那打素護理學院	The Nethersole School of Nursing, The Chinese University of Hong Kong
臨時香港護理專科學院	The Provisional Hong Kong Academy of Nursing Limited
救世軍	The Salvation Army
救世軍竹園長者中心	The Salvation Army Chuk Yuen Day Care Centre for Senior Citizens
的士同業聯會	The Taxi Operators Association Ltd

交通事業從業員協會	Traffic Services Employees Association
世顯市場策劃有限公司	Triangle Marketing Services Co Ltd
荃灣安全健康社區督導委員會	Tsuen Wan Safe and Healthy Community Steering Committee
東華三院	Tung Wah Group of Hospitals
東華三院方肇彝長者鄰舍中心	TWGHs Fong Shui Yee Neighbourhood Elderly Centre
東華三院賽馬會利東綜合服務中心	TWGHs Jockey Club Lei Tung Integrated Services Centre
基督教聯合那打素社康服務	United Christian Nethersole Community Health Service
聯友的士同業聯會	United Friendship Taxi Owners & Drivers Association Ltd
市區的士司機聯委會	Urban Taxi Drivers Association Joint Committee Co Ltd
願祈有限公司	Vitat Company Limited
偉發的士車主聯會	Wai Fat Taxi-Owners Association Ltd
惠益港九及新界的士車主聯會	Wai Yik HK & Kln & N T Taxi Owners Association Ltd
惠康環境服務有限公司	Waihong Environmental Services Ltd
偉邦物業管理有限公司 (恒基兆業地產集團成員)	Well Born Real Estate Management Limited (a member of Henderson Land Group)
榮利無線電車商會	Wing Lee Radio Car Traders Association Ltd
榮泰車主及司機聯會	Wing Tai Car Owners & Drivers Association Ltd
黃大仙健康安全城市	Wong Tai Sin District Health & Safe City
世界衛生組織	World Health Organization
仁愛堂田家炳長者鄰舍中心	Yan Oi Tong Tin Ka Ping Neighbourhood Elderly Center
路德會友安長者中心	Yau On Lutheran Centre for Elderly
油尖旺區健康城市執行委員會	Yau Tsim Mong Healthy City Executive Committee

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

博愛醫院歷屆總理聯誼會梁省德中學	AD&FD POHL Leung Sing Tak College
鴨脷洲街坊學校	Aplichaui Kaifong Primary School
神召會康樂中學	Assembly of God Hebron Secondary School
基督教神召會梁省德小學	Assembly of God Leung Sing Tak Primary School
萬國宣道浸信會盛恩基督教社會服務中心	Association of Baptists for World Evangelism
香港醫療輔助隊	Auxiliary Medical Service
香港浸信會聯會耀興幼稚園	Baptist Convention of HK Yiu Hing Kindergarten
浸信會呂明才中學	Baptist Lui Ming Choi Secondary School
華德學校	Bishop Walsh Primary School
佛教慈敬學校	Buddhist Chi King Primary School
佛教中華康山學校	Buddhist Chung Wah Kornhill Primary School
佛教林炳炎紀念學校 (香港佛教聯合會主辦)	Buddhist Lam Bing Yim Memorial School (SPSD by HKBA)
佛教林金殿紀念小學	Buddhist Lim Kim Tian Memorial Primary School
佛教茂峰法師紀念中學	Buddhist Mau Fung Memorial College
佛教大雄中學	Buddhist Tai Hung College
中華基督教會協和小學 (長沙灣)	CCC Heep Woh Primary School (Cheung Sha Wan)
中華基督教會基法小學 (油塘)	CCC Kei Faat Primary School (Yau Tong)
中華基督教會基道中學	CCC Kei To Secondary School
中華基督教會基華小學	CCC Kei Wa Primary School
中華基督教會譚李麗芬紀念中學	CCC Tam Lee Lai Fun Memorial Secondary School
中華傳道會呂明才小學	CNEC Lui Ming Choi Primary School
嘉諾撒小學 (新蒲崗)	Canossa Primary School (San Po Kong)
廣東道官立小學	Canton Road Government Primary School
明愛馬鞍山中學	Caritas Ma On Shan Secondary School
明愛元朗陳震夏中學	Caritas Yuen Long Chan Chun Ha Secondary School
迦密聖道中學	Carmel Holy Word Secondary School
啟基學校	Chan's Creative School
潮陽百欣小學	Chiu Yang Por Yen Primary School
基督教宣道會宣基小學	Christian & Missionary Alliance Sun Kei Primary School
鐘聲慈善社胡陳金枝中學	Chung Sing Benevolent Society Mrs Aw Boon Haw Secondary School
民眾安全服務隊	Civil Aid Service
廠商會中學	CMA Secondary School
孔教學院大成小學	Confucian Tai Shing Primary School

啟思幼稚園 (深灣軒)	Creative Kindergarten (Sham Wan Towers)
柴灣浸信會學前教育中心呂明才幼稚園 (小西灣)	CWBC Pre-School Education Lui Ming Choi Kindergarten (Siu Sai Wan)
拔萃女小學	Diocesan Girls' Junior School
胡素貞博士紀念學校	Dr Catherine F Woo Memorial School
基督教香港信義會基恩幼兒學校	ELCHK Amazing Grace Nursery School
基督教香港信義會深信學校	ELCHK Faith Lutheran School
靈光小學	Emmanuel Primary School
播道書院	Evangel College
基督教香港信義會心誠中學	Fanling Lutheran Secondary School
粉嶺禮賢會中學	Fanling Rhenish Church Secondary School
福建學校 (北角)	Fukien Secondary School (North Point)
福建中學附屬學校	Fukien Secondary School Affiliated School
鳳溪廖潤琛紀念學校	Fung Kai Liu Yun Sum Memorial School
天主教善導小學	Good Counsel Catholic Primary School
德望學校 (小學部)	Good Hope School (Primary Section)
優才 (楊殷有娣) 書院	GT (Ellen Yeung) College
梁文燕紀念中學 (沙田)	Helen Liang Memorial Secondary School (Shatin)
軒尼詩道官立下午小學	Hennessy Road Government Primary School (PM)
香海正覺蓮社佛教正覺蓮社學校	HHCKLA Buddhist Ching Kok Lin Association School
香海正覺蓮社佛教正覺中學	HHCKLA Buddhist Ching Kok Secondary School
香海正覺蓮社佛教馬錦燦紀念英文中學	HHCKLA Buddhist Ma Kam Chan Memorial English Secondary School
香海正覺蓮社佛教黃藻森學校	HHCKLA Buddhist Wong Cho Sum School
基督教海面傳道會仁愛幼稚園 (幼兒園)	HK Harbour Mission Church Yan Oi Kindergarten
香港基督教服務處時代幼兒學校	HKCS Times Nursery School
香港紅卍字會大埔卍慈中學	HKRSS Tai Po Secondary School
香港紅卍字會屯門卍慈小學	HKRSS Tuen Mun Primary School
香港四邑商工總會黃棣珊紀念中學	HKSYC & IA Wong Tai Shan Memorial College
香港道教聯合會圓玄學院第三中學	HKTA The Yuen Yuen Institute No 3 Secondary School
香港道教聯合會圓玄學院石圍角小學	HKTA The Yuen Yuen Institute Shek Wai Kok Primary School
香港道教聯合會雲泉學校	HKTA Wun Tsuen School
香港道教聯合會圓玄學院陳呂重德紀念學校	HKTA YYI Chan Lui Chung Tak Memorial School
香港布廠商會朱石麟中學	HKWMA Chu Shek Lun Secondary School
香港基督教女青年會戴翰芬幼兒學校	HKYWCA Tai Hon Fan Nursery School
薈色園主辦可立小學	Ho Lap Primary School (Sponsored by Sik Sik Yuen)
薈色園主辦可藝中學	Ho Ngai College (Sponsored By Sik Sik Yuen)

聖匠中學	Holy Carpenter Secondary School
香港浸信會聯會小學	Hong Kong Baptist Convention Primary School
香港南區官立小學	Hong Kong Southern District Government Primary School
香港學生輔助會荷蘭宿舍	Hong Kong Student Aid Society Holland Hostel
香港學生輔助會小學	Hong Kong Student Aid Society Primary School
香港道教聯合會鄧顯紀念中學	Hong Kong Taoist Association Tang Hin Memorial Secondary School
聖母無玷聖心學校	Immaculate Heart of Mary School
東華三院賽馬會利東綜合服務中心	Jockey Club Lei Tung Integrated Services Centre
佐敦谷聖若瑟天主教小學	Jordan Valley St Joseph's Catholic Primary School
錦田公立蒙養學校	Kam Tin Mung Yeung Public School
蘇浙公學	Kiangsu-Chekiang College
景林天主教小學	King Lam Catholic Primary School
九龍灣聖若翰天主教小學	Kowloon Bay St John The Baptist Catholic Primary School
九龍城浸信會禧年(恩平)小學	Kowloon City Baptist Church Hay Nien (Yan Ping) Primary School
九龍塘學校(中學部)	Kowloon Tong School (Secondary Section)
九龍真光中學	Kowloon True Light Middle School
九龍婦女福利會李炳紀念學校	Kowloon Women's Welfare Club Li Ping Memorial School
寶血會伍季明紀念學校	Kwai Ming Wu Memorial School of The Precious Blood
光明英來學校	Kwong Ming Ying Loi School
觀塘官立小學(秀明道)	Kwun Tong Government Primary School (Sau Ming Road)
林村公立黃福鑾紀念學校	Lam Tsuen Public Wong Fook Luen Memorial School
羅定邦中學	Law Ting Pong Secondary School
李陞小學	Li Sing Primary School
嶺南鍾榮光博士紀念中學	Lingnan Dr Chung Wing Kwong Memorial Secondary School
嶺南中學	Lingnan Secondary School
獅子會何德心小學	Lions Clubs International Ho Tak Sum Primary School
樂善堂顧超文中學	Lok Sin Tong Ku Chiu Man Secondary School
樂善堂梁植偉紀念中學	Lok Sin Tong Leung Chik Wai Memorial School
馬鞍山靈糧小學	Ma On Shan Ling Liang Primary School
妙法寺劉金龍中學	Madam Lau Kam Lung Secondary School of Miu Fat Buddhist Monastery
天佑小學	Mary of Providence Primary School
瑪利諾神父教會學校	Maryknoll Fathers' School
鄰舍輔導會東涌幼兒園	NAAC Tung Chung Day Nursery
天主教新民書院	Newman Catholic College

吳氏宗親總會泰伯紀念學校	Ng Clan's Association Tai Pak Memorial School
寧波公學	Ning Po College
新生命教育協會平安福音中學	NLSI Peace Evangelical Secondary School
北角衛理堂幼稚園幼兒園	North Point Methodist Church Kindergarten
天主教佑華小學	Our Lady of China Catholic Primary School
聖母玫瑰書院	Our Lady of the Rosary College
聖母小學	Our Lady's Primary School
五旬節林漢光中學	Pentecostal Lam Hon Kwong School
坪石天主教小學	Ping Shek Estate Catholic Primary School
寶覺中學	Po Kok Secondary School
保良局世德小學	Po Leung Kuk Castar Primary School
保良局馮晴紀念小學	Po Leung Kuk Fung Ching Memorial Primary School
保良局志豪小學	Po Leung Kuk Horizon East Primary School
保良局林文燦英文小學	Po Leung Kuk Lam Man Chan English Primary School
保良局梁周順琴小學	Po Leung Kuk Leung Chow Shun Kam Primary School
保良局羅傑承(一九八三)中學	Po Leung Kuk Lo Kit Sing (1983) College
保良局馬錦明中學	Po Leung Kuk Ma Kam Ming College
保良局陳南昌夫人小學	Po Leung Kuk Mrs Chan Nam Chong Memorial Primary School
保良局雨川小學	Po Leung Kuk Riverain Primary School
保良局何壽南小學	Po Leung Kuk Stanley Ho Sau Nan Primary School
保良局田家炳千禧小學	Po Leung Kuk Tin Ka Ping Millennium Primary School
保良局田家炳小學	Po Leung Kuk Tin Ka Ping Primary School
保良局唐乃勤初中書院	Po Leung Kuk Tong Nai Kan Junior Secondary College
保良局莊啟程第二小學	Po Leung Kuk Vicwood KT Chong No 2 Primary School
寶安商會王少清中學	Po On Commercial Association Wong Siu Ching Secondary School
博愛醫院八十週年鄧英喜中學	POH 80th Anniversary Tang Ying Hei College
博愛醫院陳楷紀念中學	POH Chan Kai Memorial College
博愛醫院陳國威小學	POH Chan Kwok Wai Primary School
海怡寶血小學	Precious Blood Primary School (South Horizons)
嘉諾撒培德書院	Pui Tak Canossian College
伊利沙伯中學	Queen Elizabeth School
伊利沙伯中學舊生會小學	Queen Elizabeth School Old Students' Association Branch Primary School
伊利沙伯中學舊生會湯國華中學	Queen Elizabeth School Old Students' Association Tong Kwok Wah Secondary School
皇仁舊生會中學	Queen's College Old Boys' Association Secondary School

救世軍中原慈善基金學校	SA Centaline Charity Fund School
救世軍北角幼兒學校	SA North Point Nursery School
救世軍華富幼兒學校	SA Wah Fu Nursery School
嘉諾撒聖心學校(津貼部)	Sacred Heart Canossian School
嘉諾撒聖心學校私立部	Sacred Heart Canossian School Private Section
西貢中心李少欽紀念學校	Sai Kung Central Lee Siu Yam Memorial School
西貢崇真天主教學校(小學部)	Sai Kung Sung Tsun Catholic School (Primary Section)
慈幼葉漢小學	Salesian Yip Hon Primary School
三水同鄉會劉本章中學	Sam Shui Natives Association Lau Pun Cheung School
沙田圍胡素貞博士紀念學校	Sha Tin Wai Dr Catherine F Woo Memorial School
十八鄉鄉事委員會公益社小學	Shap Pat Heung Rural Committee Kung Yik She Primary School
沙田官立小學	Shatin Government Primary School
筲箕灣官立中學	Shau Kei Wan Government Secondary School
筲箕灣聖光學校暨中英文幼稚園	Shaukiwan Saint Kwong School & Anglo-Chinese Kindergarten
石籬聖若望天主教小學	Shek Lei St John's Catholic Primary School
展亮技能發展中心(屯門)	Shine Skills Centre (Tuen Mun)
天主教崇德英文書院	Shung Tak Catholic English College
寶血會思源學校	Si Yuan School of the Precious Blood
官立嘉道理爵士中學(西九龍)	Sir Ellis Kadoorie Secondary School (West Kowloon)
聖雅各福群會銅鑼灣幼稚園	SJS Causeway Bay Kindergarten
聖公會白約翰會督中學	SKH Bishop Baker Secondary School
聖公會莫壽增會督中學	SKH Bishop Mok Sau Tseng Secondary School
聖公會聖雅各小學	SKH St Jame's Primary School
聖公會靜山小學	SKH Ching Shan Primary School
聖公會何澤芸小學	SKH Ho Chak Wan Primary School
聖公會基福小學	SKH Kei Fook Primary School
聖公會聖基道幼兒園(灣仔)	SKH St Christopher's Nursery (Wan Chai)
聖公會聖紀文小學	SKH St Clement's Primary School
聖公會將軍澳基德小學	SKH Tseung Kwan O Kei Tak Primary School
聖公會青衣邨何澤芸小學	SKH Tsing Yi Estate Ho Chak Wan Primary School
聖公會日修小學	SKH Yat Sau Primary School
聖公會油塘基顯小學	SKH Yautong Kei Hin Primary School
南屯門官立中學	South Tuen Mun Government Secondary School
柏立基教育學院校友會何壽基學校	SRBCEPSA Ho Sau Ki School
柏立基教育學院校友會李一鵬紀念學校	SRBCEPSA Lee Yat Ngok Memorial School

順德聯誼總會鄭裕彤中學	STFA Cheng Yu Tung Secondary School
順德聯誼總會胡少渠紀念小學	STFA Wu Siu Kui Memorial Primary School
聖安多尼學校	St Anthony's School
聖文德書院	St Bonaventure College & High School
聖傑靈女子中學	St Catharine's School For Girls (Kwun Tong)
聖嘉祿學校	St Charles School
聖愛德華天主教小學	St Edward's Catholic Primary School
聖方濟愛德小學	St Francis of Assisi's Caritas School
荃灣聖芳濟中學	St Francis Xavier's School Tsuen Wan
路德會聖雅各幼稚園	St James Lutheran Kindergarten
聖類斯中學	St Louis School
聖瑪加利男女英文中小學	St Margaret's Co-educational English Secondary and Primary School
香港聖瑪加利女書院	St Margaret's Girls' College, Hong Kong
聖馬可小學	St Mark's Primary School
聖文嘉中英文幼稚園〔興東〕	St Monica's Anglo-Chinese Kindergarten (Hing Tung)
聖伯多祿中學	St Peter's Secondary School
聖士提反堂中學	St Stephen's Church College
聖士提反女子中學	St Stephen's Girls' College
德蘭中學	St Teresa Secondary School
太陽島幼稚園(東涌分校)	Sun Island Kindergarten (Tung Chung Branch)
大埔崇德黃建常紀念學校	Sung Tak Wong Kin Sheung Memorial School
打鼓嶺嶺英公立學校	Ta Ku Ling Ling Ying Public School
大埔浸信會公立學校	Tai Po Baptist Public School
大埔官立小學	Tai Po Government Primary School
大埔舊墟公立學校(寶湖道)	Tai Po Old Market Public School (Plover Cove)
德信學校	Tak Sun School
鄧鏡波學校	Tang King Po School
鄧肇堅維多利亞官立中學	Tang Shiu Kin Victoria Government Secondary School
道教青松小學(湖景邨)	Taoist Ching Chung Primary School (Wu King Estate)
香港中國婦女會丘佐榮學校	The HKCWC Hioe Tjo Yoeng Primary School
圓玄學院妙法寺內明陳呂重德紀念中學	The Yuen Yuen Institute MFBM Nei Ming Chan Lui Chung Tak Memorial College
真光女書院	True Light Girls' College
曾梅千禧學校	Tsang Mui Millennium School
將軍澳官立小學	Tseung Kwan O Government Primary School

東華三院周演森小學	TWGHs Chow Yin Sum Primary School
東華三院港九電器商聯會小學	TWGHs Hong Kong and Kowloon Electrical Appliances Merchants Association Limited School
東華三院李賜豪小學	TWGHs Li Chi Ho Primary School
東華三院吳祥川紀念中學	TWGHs S C Gaw Memorial College
東華三院黃鳳翎中學	TWGHs Wong Fung Ling College
東華三院黃士心小學	TWGHs Wong See Sum Primary School
東華三院辛亥年總理中學	TWGHs Sun Hoi Directors' College
東華三院王余家潔紀念小學	TWGHs Wong Yee Jar Jat Memorial Primary School
東華三院邱子田紀念中學	TWGHs Yau Tze Tin Memorial College
上水惠州公立學校	Wai Chow Public School (Sheung Shui)
惠僑英文中學	Wai Kiu College
偉思幼稚園	Wisley Kindergarten
黃大仙官立小學	Wong Tai Sin Government Primary School
香港普通話研習社科技創意小學	Xianggang Putonghua Yanxishe Pri Sch of Science and Creativity
仁愛堂陳黃淑芳紀念中學	Yan Oi Tong Chan Wong Suk Fong Memorial Secondary School
仁愛堂田家炳小學	Yan Oi Tong Tin Ka Ping Primary School
仁愛堂田家炳中學	Yan Oi Tong Tin Ka Ping Secondary School
油蔴地天主教小學(海泓道)	Yaumati Catholic Primary School (Hoi Wang Road)
仁濟醫院趙曾學韞小學	YCH Chiu Tsang Hok Wan Primary School
仁濟醫院何式南小學	YCH Ho Sik Nam Primary School
仁濟醫院羅陳楚思小學	YCH Law Chan Chor Si Primary School
邱子文青年學院	Yeo Chei Man Youth College
元朗朗屏邨東莞學校	YL Long Ping Estate Tung Koon Primary School
恩平工商會李琳明中學	YPICA Lee Lim Ming College
元朗天主教中學	Yuen Long Catholic Secondary School
元朗公立中學	Yuen Long Public Secondary School

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. 審議及批核本會項目及活動之財政預算。
3. 監督秘書處的運作，尤以人事及財政事宜為首。
4. 監督本會之資訊保安管理。

乙、法例委員會

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

丙、教育及宣傳委員會

1. 研究有效之方法以教育公眾有關吸煙與被動吸煙之禍害及向社區宣揚無煙生活方式之信息。
2. 策劃及組織大型之社區宣傳活動，以異化吸煙及宣揚戒煙信息。
3. 策劃及推行預防兒童及青少年吸煙之教育活動。
4. 監督宣傳物品之製作，包括：電視宣傳短片、海報、宣傳單張、紀念品及年報。
5. 檢討教育及宣傳活動之成效，並提出適切的改善方法。

A. Executive Committee

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

B. Legislation Committee

1. To monitor the implementation of various tobacco control measures stipulated in the Smoking (Public Health) Ordinance and the Fixed Penalty (Smoking Offences) Ordinance.
2. To review and recommend to the Council 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. 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.

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。

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 the Council 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 Council.
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.

「戒煙大贏家」2009 – 戒煙比賽

2013年5月 第十二號報告書



「戒煙大贏家」2009戒煙活動

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1. 引言

戒煙比賽源於1980年代美國明尼蘇達州的一個心臟健康活動，主要透過獎金鼓勵吸煙人士加入戒煙行列。戒煙比賽活動其後不斷推廣至美國各州及其他國家，並由1994年開始每兩年舉行一次國際戒煙比賽。2002年更創出新紀錄，參加國家多達八十個，成功招攬七十萬名吸煙人士參加，爭奪國際戒煙比賽大獎，凝聚一股全球戒煙風氣。

隨著《2006年吸煙(公眾衛生)(修訂)條例》實施，政府加強多項控煙政策，包括在2007年1月1日起擴大法定禁煙區範圍、在2009年7月1日終止六類消費及娛樂場所室內禁煙寬限期，同年9月1日開始實施港幣1,500元定額罰款，以及將室內外公共交通交匯處列入禁煙區，並於2009年2月落實大幅增加煙草稅，以上措施均有助鼓勵吸煙人士戒煙。

根據香港特別行政區政府統計處主題性住戶調查顯示，本港十五歲或以上習慣每日吸煙人士比率由2005年的14%(793,200人)下降至2008年的11.8%(676,900人)，習慣每日吸煙率在三年內下跌2.2個百分點，涉及人數達十萬人。習慣每日吸煙人士當中約226,200名(33.4%)曾經嘗試戒煙但失敗，導致他們未能成功戒煙最普遍的三個原因包括「不夠決心」(53%)、「吸煙已成為習慣」(37.8%)及「大部份朋友/同事同為吸煙人士」(16.5%)。另外375,400名(55.5%)習慣每日吸煙人士從未嘗試亦不想戒煙，以及約75,300名(11.1%)習慣每日吸煙人士從未嘗試但想戒煙。以上數據反映出推廣戒煙的迫切性，以及進行對戒煙人士的特性及干預方法成效的研究的重要性。

有見及此，香港吸煙與健康委員會(委員會)參考國際戒煙比賽的經驗，聯同香港大學護理學院及公共衛生學院合作舉辦一項全港性戒煙活動 - 「戒煙大贏家」比賽，鼓勵吸煙人士使用社區戒煙輔導服務及評估提供簡短干預的戒煙輔導的有效性。計劃以「戒煙一定贏」作為口號，向吸煙人士宣傳戒煙的好處，香港大學護理學院及公共衛生學院提供戒煙輔導及以電話跟進參賽者的進展，並同時進行三組隨機對照試驗研究，比較參加「戒煙大贏家」比賽的人士接受電話或短訊(SMS)輔導對戒煙和改變吸煙行為的成效。

所有參賽者經核實成功戒煙可參與大抽獎，部份參賽者經甄選後會被邀請參加與電視廣播有限公司合辦的「戒煙大贏家」電視節目，角逐冠軍獎項。

2. 方法

2.1 招募詳情

委員會在2009年5月至7月期間，在各區舉行23場招募活動，吸煙人士可以透過招募攤位獲得煙害資訊及報名參加比賽。參賽者需要經過已受訓的研究助理核實符合以下資格，方可參加比賽及參與隨機對照試驗：

1. 年滿18歲及持有效的香港身份證；
2. 在過去六個月每天吸食至少一支煙或以上；
3. 一氧化碳測試結果達至4ppm或以上；
4. 懂廣東話及閱讀中文；及
5. 持有本地手提電話並可接收短訊。

如參賽者因心理或生理因素未能溝通，或正接受其他戒煙輔導均未符合資格參加是次比賽。

在獲得參賽者的書面同意後，研究助理會於現場為參賽者填寫基線問卷、進行一氧化碳水平測試及向參賽者派發自助戒煙小冊子。合資格的參賽者會被隨機分配到不同組別及獲得一個參賽號碼。不欲參與隨機對照試驗的參賽者會被納入非研究組別。

研究員將每天的參賽者作個人隨機分組。三組戒煙輔導分別為：(1)簡短電話輔導(電話輔導組)、(2)電話短訊(短訊組)及(3)無電話輔導和短訊(對照組)。

2.2 戒煙干預及追蹤

電話輔導組 - 參賽者在參加比賽後七天內，接受由專業護士提供的五分鐘電話輔導，當中包括有關煙害的警告及戒煙建議。

短訊組 - 參賽者在參加比賽後會接收八個有關煙害警告及戒煙建議的電話文字短訊。(電話文字短訊內容請參考附錄一。)

對照組與非研究組別 – 參賽者沒有接受任何戒煙輔導。

所有參賽者(包括三個研究組別及非研究組別)均獲派發印有戒煙熱線的自助戒煙小冊子。在參加比賽後的兩個月、六個月及十二個月接受由已受訓的訪問員電話跟進戒煙進度，並接受問卷調查。訪問員並不會知道參賽者所屬的組別(單盲)，如在不同時段聯絡參賽者七次或以上但依然未能成功聯絡，會被視為失訪的個案。

在六個月及十二個月電話跟進時報稱已停止吸煙的參賽者會被邀請接受一氧化碳水平測試及可的寧口水測試，如果參賽者的一氧化碳水平測試結果低於4ppm及口水可的寧含量低於10ng/ml，該名參賽者則會被確認為成功戒煙，並可參加抽獎。

三名在六個月跟進時經核實成功戒煙的參賽者可獲得港幣10,000元現金禮券，其提名人士亦可獲得港幣3,000元現金禮券。另外三名在十二個月跟進時經核實成功戒煙的參賽者可獲得豐富獎品一份。

結果分析部份會先描述所有1,119位參賽者的相關數據資料，包括參賽者的人口特徵、吸煙狀況及環境因素影響。隨機對照試驗組別主要會比較(甲)電話輔導組與對照組及(乙)短訊組與對照組之間的數據差異。由於大部份數據在不同組別間並沒有顯著的差異，以下將會把三個組別的整體結果列出，而當(甲)或(乙)比較的結果有顯著差異的則會個別列出。

3.結果

比賽招募期間共派發21,000份參加表格予公眾，有1,153名人士到訪招募攤位索取戒煙資訊及自助戒煙小冊子，1,119位(97.1%)吸煙人士報名參加比賽，其中1,003位符合資格及願意參與隨機對照試驗，其餘116位吸煙人士則被分配到非研究組別。同意參加隨機對照試驗的參賽者被隨機分配到電話輔導組(N=338)、短訊組(N=335)及對照組(N=330)。

基線調查結果

3.1 參賽者基本資料

在1,119位參賽者中，大部份是男性(81.7%)，接近三分之二(64.3%)為四十歲或以上，百分之七十六是已婚人士。約超過一半的參賽者(56.9%)擁有中三或以下教育程度，超過三分之一(32%)的教育程度達中四至中七。接近三分之二(64.3%)為在職人士；大部份參賽者(78.3%)家庭月入不超過港幣20,000元。在擁有子女的參賽者當中，(包括已婚及單身)，61.3%擁有超過一名子女。三個研究組別(電話輔導組、短訊組及對照組)的社會經濟特徵相約(p值均大於0.05)。

表1 參賽者基線人口特徵

	總數 (N=1119)	受測人數	百分比
性別	男性	914	(81.7)
	女性	205	(18.3)
年齡組別	18-29	157	(14.0)
	30-39	242	(21.6)
	40-49	290	(25.9)
	50-59	237	(21.2)
	60或以上	193	(17.2)
婚姻狀況 ¹	單身	228	(20.4)
	已婚	848	(76.0)
	其他	40	(3.6)
子女數目 ² (N=909)	無	74	(8.1)
	一名	278	(30.6)
	兩名	351	(38.6)
	三名或以上	206	(22.7)
教育程度	無正式接受教育	31	(2.8)
	中三或以下	637	(56.9)
	中四至中七	358	(32.0)
	大專或以上	93	(8.3)
就業情況	學生	9	(0.9)
	在職人士	718	(64.3)
	失業	298	(26.7)
	主婦	91	(8.2)
家庭每月總收入	\$9,999或以下	466	(42.0)
	\$10,000-19,999	403	(36.3)
	\$20,000-29,999	138	(12.4)
	\$30,000或以上	103	(9.3)

¹ 缺失數據被排除在外

² 單身及沒有子女的參賽者被排除在外

3.2 吸煙狀況

大部分參賽者(71.7%)在二十歲之前開始吸煙(圖1)，大部份的尼古丁倚賴程度都屬於低(吸煙嚴重程度低於4)(67.3%)。43.6%的參賽者每日吸食一至十支捲煙，41.3%每日吸食十一至二十支捲煙(圖2)。70.1%參賽者曾嘗試戒煙(戒煙超過二十四小時)，於過去十二個月曾嘗試戒煙的有25.7%。約三分之二參賽者(67%)打算在參加比賽七天內開始戒煙及20.3%參賽者打算在參加比賽三十天內開始戒煙。三個研究組別的吸煙及戒煙狀況相約(p值均大於0.05)。

圖1

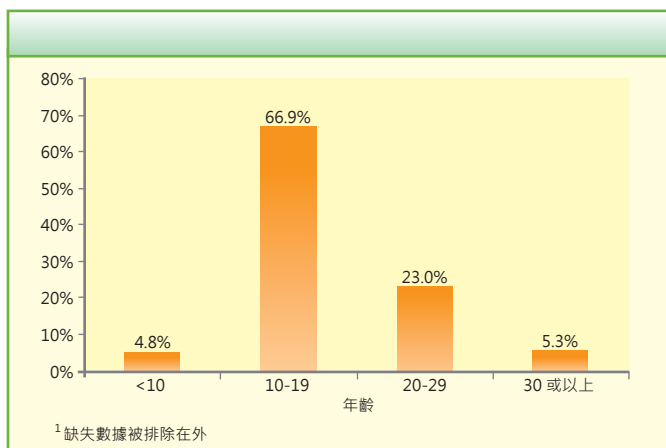
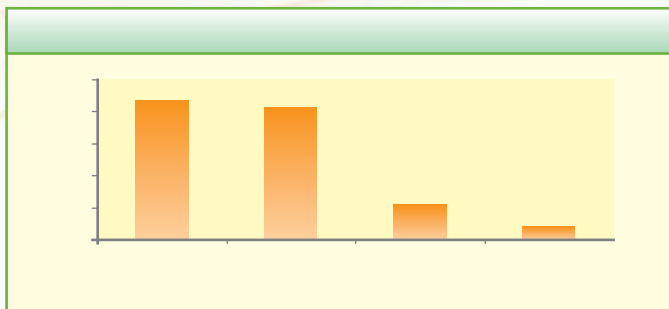


圖2



3.3 環境因素影響

在基線問卷調查中顯示，參賽者表示他們戒煙的支持主要來自伴侶(64.7%)、子女(61.0%)、父母(23.3%)及朋友(17.8%)，但亦有8.5%的參賽者在開始戒煙時，並沒有期望得到任何人支持。

30.9%參賽者與一位或以上吸煙家人同住(圖3)。82.2%參賽者表示一半以上的朋友是吸煙人士，亦有56.5%參賽者表示一半或以上的同事是吸煙人士(圖4)。三個研究組別面對的環境因素在統計上沒有明顯差異(p值均大於0.05)。

圖3

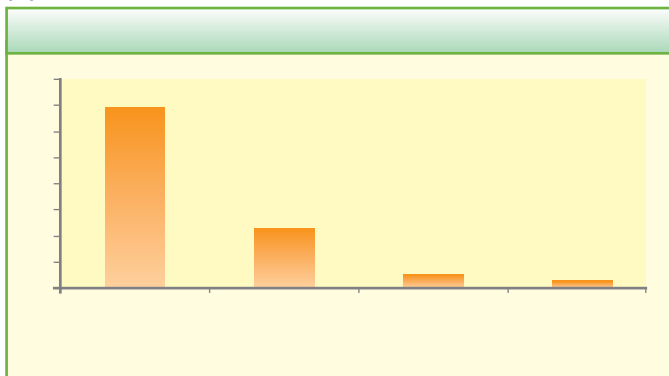
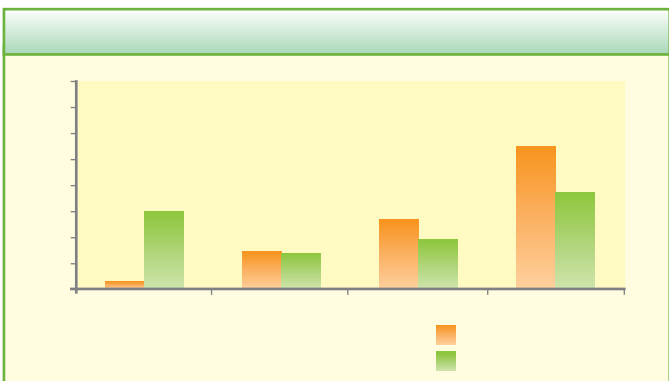


圖4



兩個月、六個月及十二個月的跟進結果

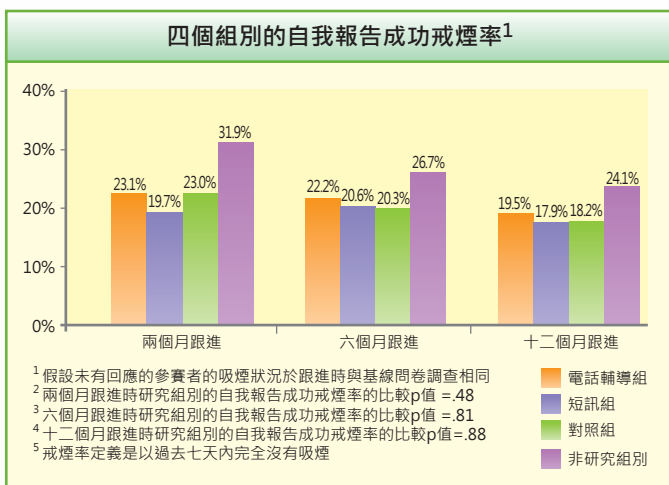
3.4 個案保留率

在電話輔導組、短訊組及對照組三個研究組別當中，兩個月跟進時的個案保留率介乎68.7%至76.1% (p值=.08)，六個月跟進時的個案保留率介乎66.9%至73.1%(p值=.20)，而十二個月跟進時的個案保留率介乎63.6%至66%(p值=.82)。三個研究組別在不同時期的個案保留率相約(p值均大於0.05)。

3.5 成功戒煙及吸煙量降低一半或以上的比率

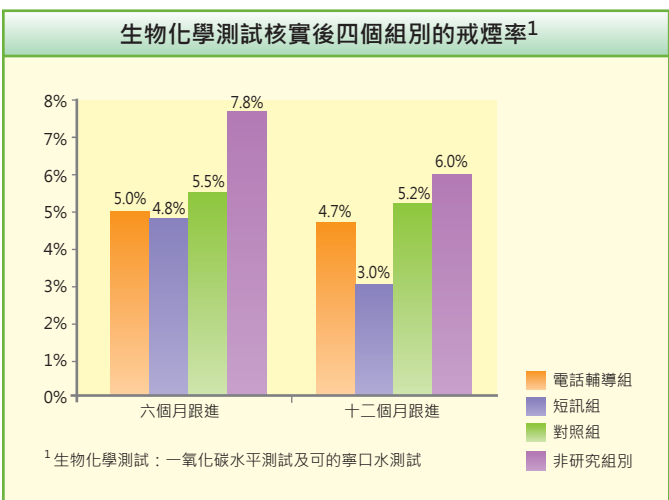
整體的自我報告成功戒煙率(在過去七天內完全沒有吸煙)，在兩個月、六個月及十二個月跟進時，分別為23%、21.6%及19.1%，三個研究組別的自我報告成功戒煙率相約(p值均大於0.05)。非研究組別的自我報告成功戒煙率較高，然而三個研究組別在統計上沒有明顯差異(圖5)。

圖5



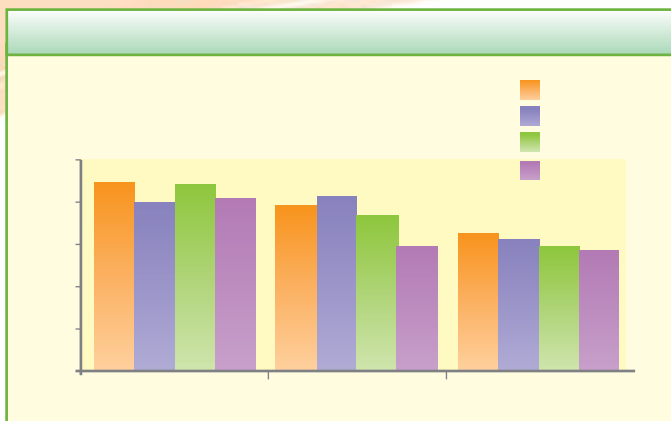
自我報告成功戒煙的參賽者當中，有26.9%及23.8%在六個月及十二個月跟進時接受生物化學測試，大部分均可成功通過(六個月：60/65；十二個月：50/51)。在六個月及十二個月的跟進期間，經測試後核實成功戒煙的整體比率分別為5.4%及4.5%。三個研究組別及非研究組別的個別數據可見於圖6。三個研究組別的核實成功戒煙率相約(p值均大於0.05)。

圖6



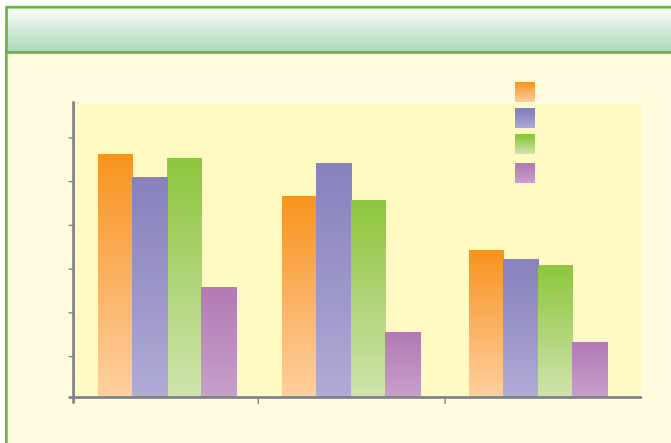
連同成功戒煙的參賽者在內，在兩個月、六個月及十二個月跟進期間，整體吸煙量降低達一半或以上的比率(與基線問卷比較減少一半)分別為42.7%、38%及30.7%，圖7顯示三個研究組別的吸煙量降低比率相約(p值均大於0.05)。

圖7



如將成功戒煙的參賽者排除在外，吸煙量降低一半或以上的比率在兩個月、六個月及十二個月跟進時分別為25.6%、22.7%及15.1%(三個研究組別及非研究組別的個別數據可見於圖8)。三個研究組別在不同時期的吸煙量降低一半或以上比率(成功戒煙者除外)相約(p值均大於0.05)。

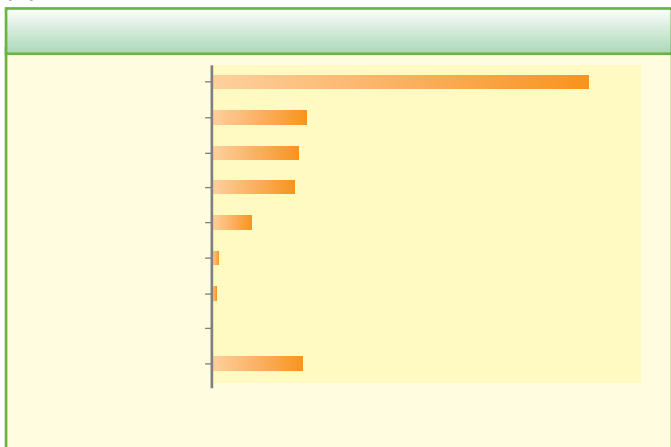
圖8



3.6 戒煙原因

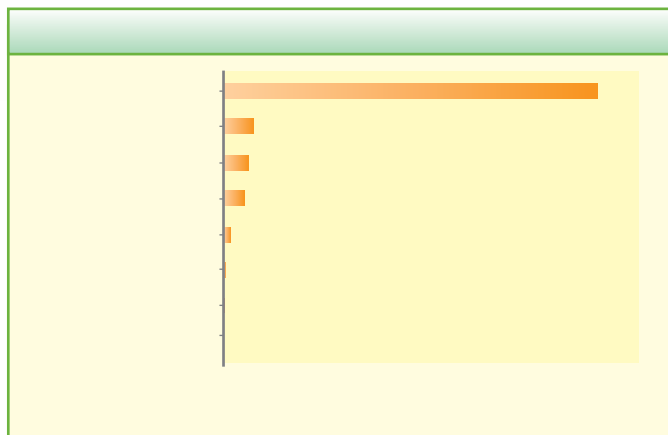
在十二個月的跟進時，表示曾經嘗試戒煙的參賽者(N=439)戒煙的五個最主要原因是：(1)預防吸煙引致的嚴重疾病(61.5%)、(2)為子女作榜樣(15.5%)、(3)政府增加煙草稅(14.1%)、(4)其他人的鼓勵或壓力(13.4%)、以及(5)患病(6.4%)(圖9)。三個研究組別的戒煙原因分佈相約(p值均大於0.05)。

圖9



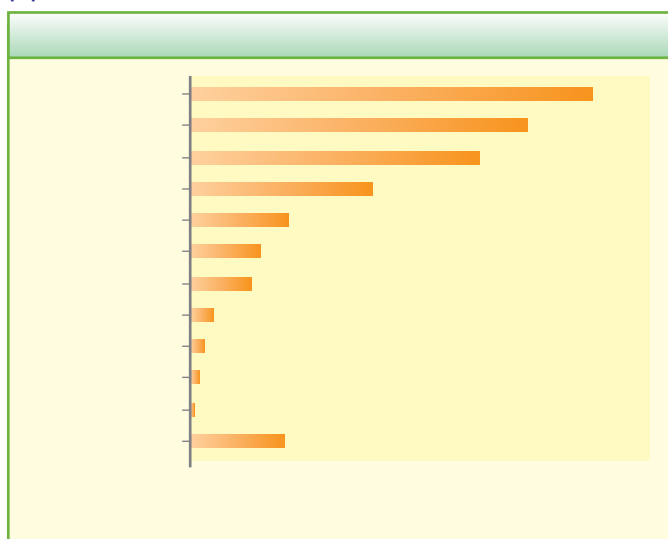
大部份曾經嘗試戒煙的參賽者(83.1%)沒有使用任何特定方法戒煙，部份參賽者於嘗試戒煙時，曾經參考自助戒煙小冊子(6.6%)、使用尼古丁補充劑(5.5%)或參考別人意見(4.6%)(圖10)。三個研究組別的戒煙方法分佈相約(p值均大於0.05)。

圖10



在完成十二個月的跟進時，曾經嘗試戒煙的參賽者表示令他們恢復吸煙的四個主要原因為：(1)渴望吸煙(37.2%)、(2)身邊有其他吸煙者(31.2%)、(3)工作壓力(26.8%)以及(4)感到沉悶(16.9%)(圖11)。三個研究組別的戒煙失敗的原因分佈相約(p值均大於0.05)。

圖11



3.7 戒煙期間的社交支援

在十二個月的跟進時，三個研究組別中有508名參賽者(71.7%)表示在戒煙期間得到支援。支援的主要來源自伴侶(49.4%)、子女(33.6%)、父母(9.4%)及朋友(8.5%)。相反，28.3%的參賽者未有在戒煙期間得到來自社交上的支援。三個研究組別的社交支援來源分佈模式相約(p值均大於0.05)。

3.8 與戒煙相關的心理社交因素 (重要性、信心及困難度)

以0(最低)至10(最高)為量度下，參賽者於基線問卷調查中的「戒煙重要性的認知」、「戒煙困難

度的認知」及「戒煙自信度的認知」的平均值分別為7.90(標準差=2.37)·6.88(標準差=3.01)及6.35(標準差=2.66)。三個研究組別在社交心理因素的顯示結果相約(p值均大於0.05)。

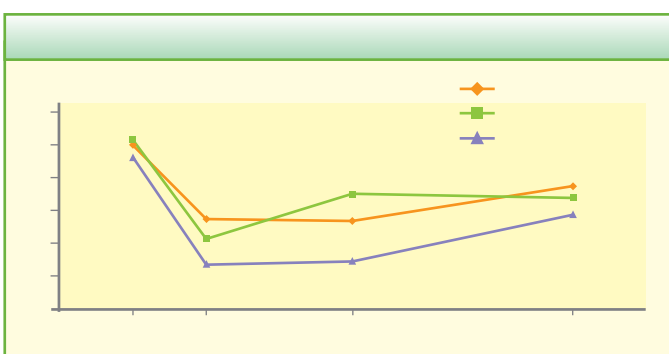
三個研究組別的「戒煙重要性的認知」的平均值在兩個月、六個月及十二個月跟進時的結果與基線問卷調查的結果相約(p值均大於0.05)，而三個研究組別各自的平均值於每次跟進時均相約(p值均大於0.05)。由此可見電話輔導與電話短訊沒有明顯提升參賽者對戒煙重要性的認知(圖12)。

圖12



與基線問卷調查的結果比較，電話輔導組的「戒煙困難度的認知」平均值由6.99顯著下降至5.82(兩個月跟進)及5.92(六個月跟進)(p值均小於0.01)。短訊組的平均值由7.13顯著下降至5.54(兩個月跟進)、6.27(六個月跟進)及6.24(十二個月跟進)(p值均小於0.01)。對照組的平均值由6.73顯著下降至5.22(兩個月跟進)、5.25(六個月跟進)及5.91(十二個月跟進)(p值均小於0.05)。六個月跟進時，除短訊組的平均值(6.27)比對照組的平均值(5.25)較高外(p值小於0.01)，三個研究組別在三次的跟進時的平均值相約。由此可見所有研究組別的參賽者對戒煙困難度的認知在他們參加比賽後均下降(圖13)。

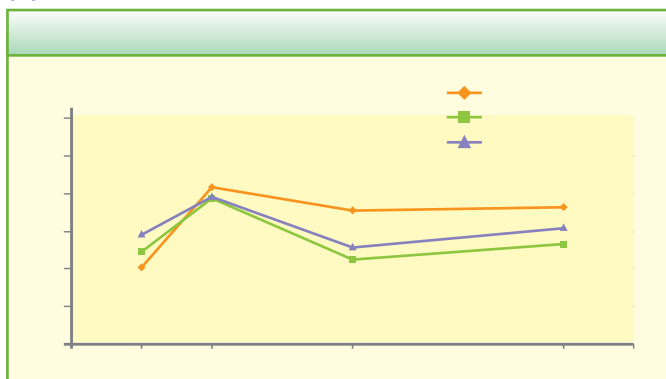
圖13



與基線問卷調查的結果比較，電話輔導組的戒煙自信度的認知平均值由6.02顯著上升至7.09(兩個月跟進)、6.78(六個月跟進)及6.82(十二個月跟進)(p值均小於0.01)。短訊組的平均值由6.23上升至6.94(兩個月跟進)(p值小於0.01)，但隨後顯著下降至6.12(六個月跟進)(與兩個月跟進比較，p值小於0.01)。對照組的平均值由6.47顯著上升至6.97

(兩個月跟進)(p值等於0.04)，但隨後顯著下降至6.28(六個月跟進)(與基線問卷調查比較，p值等於0.02)。電話輔導組的平均值(6.78)在六個月跟進時顯著高於短訊組(6.12)(p值等於0.03)。三個研究組別的平均值在十二個月跟進時的結果相約(p值均大於0.05)。由此可以總結所有研究組別的參賽者對戒煙自信度的認知在他們參加比賽後均上升，但只有電話輔導組的上升趨勢在六個月和十二個月能仍能維持(圖14)。

圖14



通過比較三個研究組別中基線問卷調查結果與不同跟進時期結果的平均值百分差異(計算方法： $T_x - T_{\text{baseline}} / T_{\text{baseline}}$)，可評估簡短戒煙電話輔導及短訊對於提升三個心理社交因素的成效。所有參賽者在不同跟進時期對戒煙重要性的認知百分差異，與基線問卷調查結果比較，差異皆不超過5%。電話輔導組、短訊組與對照組在不同跟進時期對戒煙困難度的認知百分差異分別為7.6%-16.7%、12.1%-22.3%和12.2%-22.4%；而在不同跟進時期對戒煙自信度的認知百分差異則分別為13.3%-17.8%、1.6%-11.4%和1.2%-7.7%。由上述數據可見簡短電話輔導比沒有接受任何戒煙輔導更有效提升參賽者對戒煙自信度的認知，而電話文字短訊對提升參賽者與戒煙相關的心理社交因素並沒有效用。

* T_x = 不同跟進時期結果的平均值
 T_{baseline} = 基線問卷調查的平均值

3.9 影響戒煙、減煙量一半或以上及嘗試戒煙的因素

運用廣義估計方程式(GEE)評估，977名參賽者，得出以下提高成功戒煙的因素：(1)尼古丁依賴程度較低(吸煙嚴重指數低於4)(調整對比值為1.55，95%信賴區間為1.15-2.10)；(2)參加比賽時已決定戒煙(調整對比值為1.45，95%信賴區間為1.09-1.92)；(3)較高戒煙重要度認知(調整對比值為1.08，95%信賴區間為1.00-1.16)；及(4)較高戒煙自信度認知(調整對比值為1.18，95%信賴區間為1.11-1.26)。而戒煙困難度認知較高的參賽者較難成功戒煙(調整對比值為0.88，95%信賴區間為0.84-0.92)。

表2 根據廣義估計方程式(GEE)預測成功戒煙、減煙量一半或以上及戒煙動機比率

在基線問卷時顯示的尼古丁依賴程度低 (HSI<4)	1.55	0.005	1.15 – 2.10
為戒煙而參加比賽	1.45	0.012	1.09 – 1.92
戒煙重要性的認知 ²	1.08	0.046	1.00 – 1.16
戒煙自信度的認知 ²	1.18	<0.001	1.11 – 1.26
戒煙困難度的認知 ²	0.88	<0.001	0.84 – 0.92
為戒煙而參加比賽	1.36	0.011	1.08 – 1.72
戒煙自信度的認知 ²	1.15	<0.001	1.09 – 1.20
戒煙困難度的認知 ²	0.92	<0.001	0.88 – 0.95
在基線問卷時顯示的尼古丁依賴程度低 (HSI<4)	1.34	<0.001	1.08 – 1.65
為戒煙而參加比賽	1.24	0.036	1.01 – 1.52
戒煙自信度的認知評估 ²	1.07	0.001	1.03 – 1.12
在職人士 ⁴	0.60	0.030	0.38 – 0.95
戒煙自信度的認知 ²	1.20	<0.001	1.10 – 1.31
戒煙困難度的認知評估 ²	0.84	<0.001	0.78 – 0.90

HSI: 吸煙嚴重程度指數
¹ 失訪個案及缺失數據被排除在外
² 以0(最低值)至10(最高值)作準則；調整對比值顯示每單位的量度分數增加所代表增加的百分比
³ 研究會對部份變數進行調整
 以下變數沒有造成明顯影響及已被排除在外：
 (1) 研究組別 (電話輔導組、短訊組、對照組)；
 (2) 吸煙狀況及戒煙紀錄的基線數據；
 (3) 接觸二手煙情況的基線數據；
 (4) 支持者的人數；及
 (5) 其他人口資料。
⁴ 參照組別：學生/失業人士/主婦

從第二次進行回歸分析模型中，參賽者在以下因素影響下，減少吸煙量(一半或以上)的成功機會較大：(1)參加比賽時已決定戒煙(調整對比值為1.36，95%信賴區間為1.08-1.72)，及(2)較高戒煙自信度認知(調整對比值為1.15，95%信賴區間為1.09-1.20)。而認為戒煙非常困難的參賽者卻較難成功戒煙(調整對比值為0.92，95%信賴區間為0.88-0.95)。

同樣地，在以下因素影響之下，參賽者嘗試戒煙的機會較高：(1)尼古丁依賴度較低(調整對比值為1.34，95%信賴區間為1.08-1.65)，(2)參加比賽時已決定戒煙(調整對比值為1.24，95%信賴區間為1.01-1.52)，及(3)較高戒煙自信度認知(調整對比值為1.07，95%信賴區間為1.03-1.12)。

在389位曾經嘗試戒煙的參賽者中，能夠持續戒煙狀況的主要是有較高戒煙自信度認知的一群(調整對比值為1.20，95%信賴區間為1.10-1.31)。持續戒煙可能性較低的是在職人士(調整對比值為0.60，95%信賴區間為0.38-0.95)以及戒煙困難度認知較高的參賽者(調整對比值為0.84，95%信賴區間為0.78-0.90)。

4. 討論

整體而言，「戒煙大贏家」比賽能夠成功在社區推動戒

煙。透過在全港各區商場及公眾地方展開23場招募活動，結合傳媒宣傳，成功在一個半月內(2009年5月30日至7月15日)招募超過一千位吸煙人士參加戒煙比賽。而2009年全年(12個月)則共有2,854位吸煙人士在醫院管理局轄下32間戒煙診所使用及接受基線輔導¹。此外，比賽成功吸引一批在社區內較難接觸的吸煙人士(較年長及社會經濟狀況較低)參加，他們一般較少尋求戒煙服務²。與香港吸煙人口³及使用戒煙診所服務的吸煙人士比較⁴，是次比賽成功吸引一些失業、年輕時已開始吸煙以及煙癮較深的人士參加。「戒煙大贏家」比賽透過獎金作為推動力，提供一個有效的平台推動那些在社區內不會向現有戒煙服務尋求協助的吸煙人士嘗試戒煙。

是次比賽的參賽者的自我報告成功戒煙率在六個月跟進時達到21.6%(以治療意向分析計算)，比本地戒煙熱線提供的戒煙輔導的12%⁴較高。另外，十二個月跟進時的自我報告成功戒煙率(19.1%)及核實後的戒煙率(4.5%)亦與最近的國際戒煙比賽結果相約⁵。

是次隨機對照試驗中發現電話輔導組、短訊組及對照組的戒煙比率、減低吸煙量及嘗試戒煙比率在統計上沒有顯著的差異。

以上結果反映五分鐘的電話輔導或八個短訊均沒有對推動戒煙或減低煙量造成影響，以上輔導缺乏成效可能是因輔導的頻密程度不夠及/或因獎金的效果短暫。對照組出現較高的戒煙率(約20%)可能因為已達到最高限效應，因而額外的簡短輔導未能增加成效。

所有參賽者在參加比賽後的戒煙困難度認知下降，而戒煙自信度的認知上升。然而，電話輔導組的參賽者對戒煙自信度的認知在六個月跟進時較短訊組及對照組的參賽者高(圖14)，顯示輔導員提供直接的戒煙輔導有助提高及維持吸煙人士對戒煙的信心，而回歸分析模型中顯示較高的戒煙自信度的吸煙者有更高機會成功戒煙、減低吸煙量及嘗試戒煙。

成功戒煙、減煙量一半或以上及曾經嘗試戒煙的參賽者均可根據以下因素預測，包括吸煙嚴重程度較低、參加比賽時已決定戒煙、較高戒煙自信度以及認為戒煙不是十分困難。

5. 結論

總括而言，「戒煙大贏家」比賽成功接觸社區內一群較少接受專業戒煙服務的吸煙人士，並有效地推動他們戒煙或減少吸煙。比賽能夠提供有利環境鼓勵吸煙人士戒煙，雖然隨機對照試驗顯示簡短電話輔導及短訊服務沒有對戒煙及減少吸煙造成明顯影響，但前者有助提高戒煙的信心。

6. 建議

這類以比賽形式進行的社區戒煙活動應定期舉辦，為吸煙人士提供一個戒煙診所以外的平台，鼓勵他們開展戒煙計劃。同時比賽能夠為隨機對照試驗提供數據以測試不同戒煙輔導的有效性。

7. 臨床試驗註冊編號

臨床試驗註冊編號: (ISRCTN092710, <http://www.controlled-trials.com>)

8. 參考文獻

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9. 鳴謝

我們感謝學生助理、研究助理及戒煙輔導員支援本計劃的進行，包括招募吸煙人士、支援跟進、輸入數據及統計分析。我們亦感謝香港吸煙與健康委員會撥款及支持是項研究計劃。最後，我們感謝參加戒煙比賽的吸煙人士及戒煙人士為本計劃提供重要數據。

短訊發出日期	短訊內容
參賽者報名參加比賽後7日內會收到下列三個電話短訊	
報名後第三天	戒煙大贏家：兩個吸煙的人會有一個死於吸煙引致的疾病，即是吸煙的人有五成機會會被煙草殺害；與不吸煙的人相比，吸煙者的壽命要減少10至15年。
報名後第五天	戒煙大贏家：戒煙除了可以挽救自己生命外，還可以節省很多金錢。
報名後第七天	戒煙大贏家：如果你需要協助，戒煙熱線幫到你，請致電到香港大學健康促進中心：2819 2671，衛生署戒煙服務熱線：1833 183，或是醫管局無煙熱線：2300 7272，都可以。
參賽者會在委員會指定的戒煙日收到下列電話短訊	
2009年7月1日	戒煙大贏家：請緊記，07月01日開始是戒煙的日子，請你不要再買煙，同時扔掉所有的煙、打火機及煙灰缸。
參賽者會在委員會指定的戒煙日後收到下列四個電話短訊	
戒煙日後第一天	戒煙大贏家：煙癮出現時，深呼吸15次、喝一杯冷水、做一些鬆弛動作，如：擴胸伸懶腰，上洗手間洗洗臉，或撥電找別人傾訴一下。
戒煙日後第二天	戒煙大贏家：精神大不如前？工作不集中？可用尼古丁補充劑。如有需要協助，請致電到香港大學健康促進中心2819 2671衛生署戒煙服務熱線1833 183或是醫管局無煙熱線2300 7272都可以幫到你。
戒煙日後第五天	戒煙大贏家：保持心情輕鬆及做一些適量運動吧，如散步、緩跑、游泳等，可助你強化心肺功能、控制體重，並令你精神振作和善用餘閒。
戒煙日後第七天	戒煙大贏家：繼續努力戒煙，我們會分別在本年的8月、12月及2010年6月時，再打電話給你，跟進你的戒煙情況。



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Quit to Win 2009 – Smoking Cessation Contest

May 2013, COSH Report No. 12



“Quit to Win 2009” and smoking cessation

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1. Introduction

The smoking cessation competition was originated in Minnesota from a heart health initiative during the 1980s in the USA. It encouraged smokers to quit smoking for prizes and monetary rewards. Since then, smoking cessation competition has been promoted in other states within the U.S. and other countries. An international smoking cessation competition is run every two years since 1994. The record was made in 2002 when over 80 countries participated in the international competition, in which 700,000 smokers were recruited to quit smoking for the grand award.

In Hong Kong, with the implementation of a series of new policies under the 2006 Smoking (Public Health) (Amendment) Ordinance, the Government stepped up its efforts to encourage smokers to quit smoking. These included the expansion of designated smoke-free areas starting from 1 January 2007, the end of smoking ban exemption period in six types of entertainment establishments on 1 July 2009, the implementation of the HK\$1,500 fixed penalty for smoking offence from 1 September 2009, extending smoking ban to both indoor and outdoor public transport interchanges, and the big increase in tobacco tax in February 2009.

According to the Thematic Household Surveys of the Census and Statistics Department, the percentage of daily smokers among Hong Kong population aged 15 or above dropped from 14% (793,200 smokers) in 2005 to 11.8% (676,900 smokers) in 2008. Over 100,000 people quit the daily habit of smoking in 3 years, representing a 2.2% points drop. Of those daily cigarette smokers, 226,200 (33.4%) of them had tried but failed to give up smoking. The three most commonly cited reasons for their failure to give up smoking included “not determined enough” (53%), “cigarette smoking had formed a habit / favorite” (37.8%) and “most friends / colleagues were smokers” (16.5%). 375,400 (55.5%) daily cigarette smokers, however, had neither tried nor wanted to give up smoking. The remaining 75,300 (11.1%) smokers had never tried but wanted to give up smoking with similar reasons as those who tried to quit. The figures reflect that there is an urgency in promoting smoking cessation and it is important to study the characteristics of quitters and effectiveness of various cessation interventions.

Learning from the international smoking cessation competition, Hong Kong Council on Smoking and

Health (COSH) launched Quit to Win Contest in order to attract and encourage smokers to quit smoking in the community and assess the effectiveness of minimal intervention on smoking cessation. It aimed at promoting the notion of “quitting smoking to become a winner” through a series of cessation intervention and telephone follow ups by the School of Nursing and School of Public Health, the University of Hong Kong. A built-in 3-arm randomized controlled trial (RCT) also tested the effectiveness of brief smoking cessation advice by telephone or SMS on quit rate and change in smoking behaviors among smokers who joined the Quit to Win Contest.

All successful quitters were eligible to join the lucky draw and the shortlisted participants were invited to take part in “Quit to Win” game show broadcasted on TV by Television Broadcasts Limited (TVB) in which they competed on TV for championship.

2. Methods

2.1 Recruitment Details

COSH conducted 23 recruitment activities in shopping malls and public areas across the territory from May to July 2009 to promote this campaign and recruit participants. Smokers were invited to visit the booths and join the Contest. Trained research assistants (RAs) screened participants with the following eligibility criteria for the Contest and randomized controlled trial (RCT): -

1. Hong Kong residents aged 18 or above;
2. Daily smoker who smoked at least 1 cigarette per day in the past 6 months;
3. Exhaled carbon monoxide (CO) of 4 ppm or above;
4. Ability to communicate in Cantonese and read Chinese; and
5. Had a mobile phone to receive SMS.

Smokers who were psychologically or physically unable to communicate, or currently following other forms of smoking cessation programme were excluded from this RCT.

After obtaining written consent from the participants, the RAs administered the baseline questionnaire, measured the exhaled CO level, distributed self-help smoking cessation materials to the participants and assigned a unique number to the eligible participants for RCT randomization. Eligible participants who were not willing to join

the RCT could join the Quit to Win Contest and were assigned to the Non-RCT group.

Block randomization was used in each recruitment date to allocate all consented RCT participants to three RCT arms. The interventions were (1) providing telephone brief advice (TEL group), (2) sending standard SMS messages (SMS group) and (3) no telephone brief advice and no SMS (CONTROL group).

2.2 Intervention and Follow-up

TEL group - Participants received a 5-minute proactive call from a qualified nurse smoking cessation counselor within 7 days after the baseline recruitment which included advice on quitting with a specific warning on the health hazard of smoking.

SMS group – Participants received 8 mobile phone text messages with smoking cessation advice and warning on the health hazards of smoking. The content of text messages is in Appendix 1.

CONTROL group and Non-RCT group – No counseling and SMS intervention was provided.

All participants, including the three RCT and the Non-RCT groups, were provided a self-help booklet on cessation with quitline numbers. They were followed up by trained interviewers at 2-, 6- and 12-month with standardized questionnaire after the baseline recruitment. Trained interviewers, who were blinded to the group assignment, made at least seven call attempts at different time period to contact each participant (Single blindness). Those who could not be contacted after all attempts were classified as lost to follow up.

Participants who reported to have stopped smoking at 6- and 12-month were invited for biochemical validation by exhaled CO level < 4 ppm and level of saliva cotinine < 10ng/ml. Participants who passed the biochemical validation were invited to enter into the lucky draw organized by COSH.

Three participants who passed the validation were randomly chosen to receive the grand prize (each HK\$10,000 gift voucher) and the other 3 prizes (each HK\$3,000 gift voucher) were awarded to the nominators of the Quit to Win participants who quit successfully at 6-month follow up. Three more prizes (a gift package) were presented to the participants who passed the validation at 12-month follow up.

The analysis firstly described all subjects (N=1,119) together. For the RCT, the main comparison would be (a) TEL versus CONTROL group; and (b) SMS versus CONTROL group. However, because there were no significant differences in most of the outcomes, we presented the results for the 3 arms together, except there were significant differences in (a) or (b).

3. Results

During the recruitment period, about 21,000 “Quit to Win Contest” leaflets were distributed to the public; 1,153 people visited the smoking cessation booths and received the self-help materials, out of whom, 1,119 (97.1%) enrolled, with 1,003 being eligible and consented to the RCT and 116 were assigned to the Non-RCT group. The consented participants were randomized to the TEL group (N=338), SMS group (N=335) and CONTROL group (N=330) respectively.

Baseline results

3.1 Demographic characteristics of all participants

Most (81.7%) of the 1,119 participants were male; nearly two-third (64.3%) aged 40 or above; 76% were married. Slightly over half of participants (56.9%) had some education up to Form 3 and nearly one-third (32%) had attained Form 4-7. Nearly two-third (64.3%) were employed; most (78.3%) had monthly household income < HK\$20,000. For those who were married or single but with children, 61.3% had more than one child. The socio-economic profiles were similar among the 3 RCT arms (TEL, SMS and CONTROL) (p-values > 0.05).

Table 1 Baseline demographic characteristics of all participants

Gender	Male	914	(81.7)
	Female	205	(18.3)
Age group	18-29	157	(14.0)
	30-39	242	(21.6)
	40-49	290	(25.9)
	50-59	237	(21.2)
	60 or over	193	(17.2)
Marital status ¹	Single	228	(20.4)
	Married	848	(76.0)
	Others	40	(3.6)
Child ² (N=909)	None	74	(8.1)
	One child	278	(30.6)
	Two children	351	(38.6)
	Three or more	206	(22.7)
Education level	Without formal education	31	(2.8)
	Form 3 or below	637	(56.9)
	Form 4 to Form 7	358	(32.0)
	College/University or higher	93	(8.3)
Employment status	Student	9	(0.9)
	Employed	718	(64.3)
	Unemployed	298	(26.7)
	House-wife	91	(8.2)
Monthly household income	Less than \$10,000	466	(42.0)
	\$10,000-19,999	403	(36.3)
	\$20,000-29,999	138	(12.4)
	\$30,000 or above	103	(9.3)

¹ Missing data were excluded

² Participants who were single and without children were excluded

3.2 Smoking profile

The majority started smoking before 20 years old (71.7%) (Figure 1). 67.3% had low nicotine dependency (Heaviness of Smoking Index below 4). 43.6% of the participants smoked 1-10 cigarettes and 41.3% smoked 11-20 cigarettes daily respectively (Figure 2). While 70.1% had ever attempted to quit smoking (smoking abstinence for over 24 hours), only 25.7% had quit attempts in the past 12 months. About two-third (67%) had intention to quit in the next 7 days and another 20.3% had intention to quit within the next 30 days. These smoking and quitting profiles were similar among the 3 RCT arms (TEL, SMS and CONTROL) (p-values > 0.05; Table not shown).

Figure 1

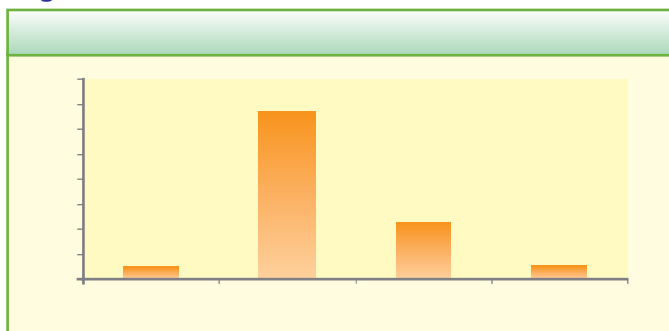
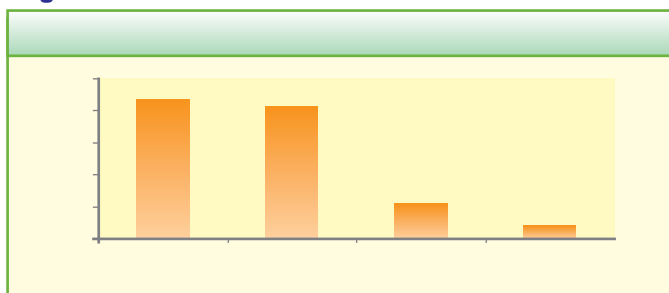


Figure 2



3.3 Environmental influence

At baseline, participants mainly received support to quit smoking from spouse (64.7%), children (61.0%), parents (23.3%) and friends (17.8%). In contrast, 8.5% did not expect to receive social support from others when they started to quit smoking.

30.9% participants lived with one or more smoking family members (Figure 3). 82.2% reported that half or more of their friends smoked cigarettes, and 56.5% reported that half or more of their colleagues smoked cigarettes (Figure 4). These were similar among the 3 RCT arms (p-values > 0.05).

Figure 3

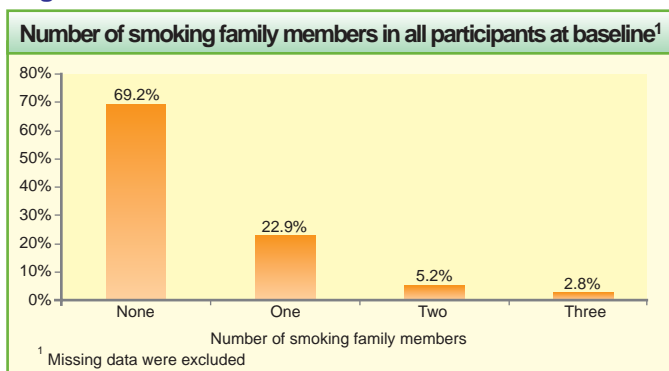
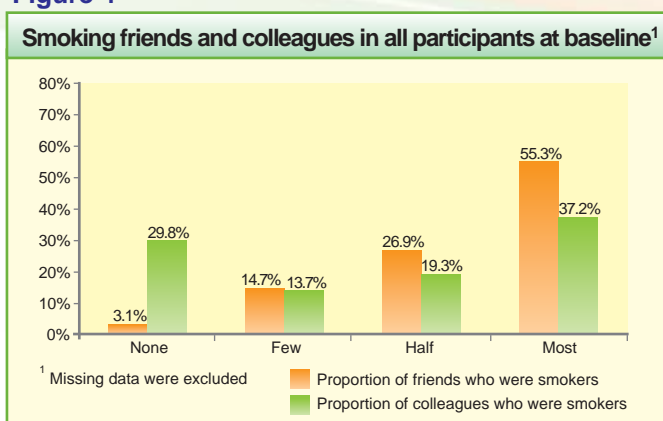


Figure 4



2-month, 6-month and 12-month follow-up results

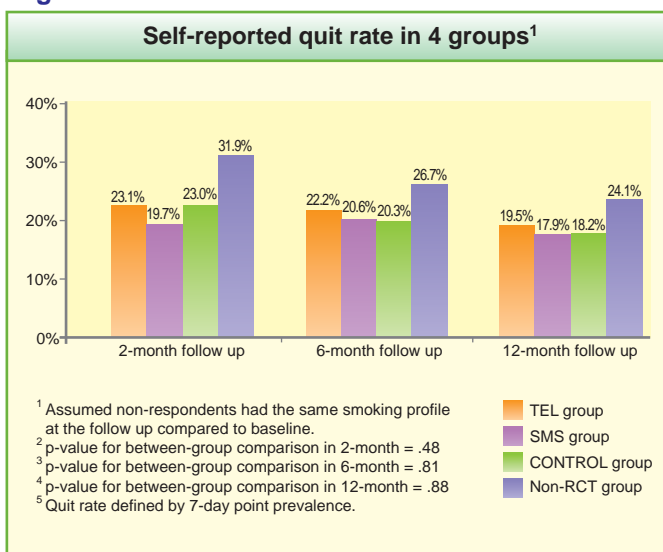
3.4 Retention rate

Among the TEL, SMS and CONTROL groups, the retention rates ranged from 68.7% to 76.1% (p = 0.08) at 2-month follow-up; from 66.9% to 73.1% (p = 0.20) at 6-month follow-up; and from 63.6% to 66% (p = 0.82) at 12-month follow-up. The retention rates were similar among the 3 RCT arms (p-values > 0.05).

3.5 Quit rate & rate of smoking reduction by half or more

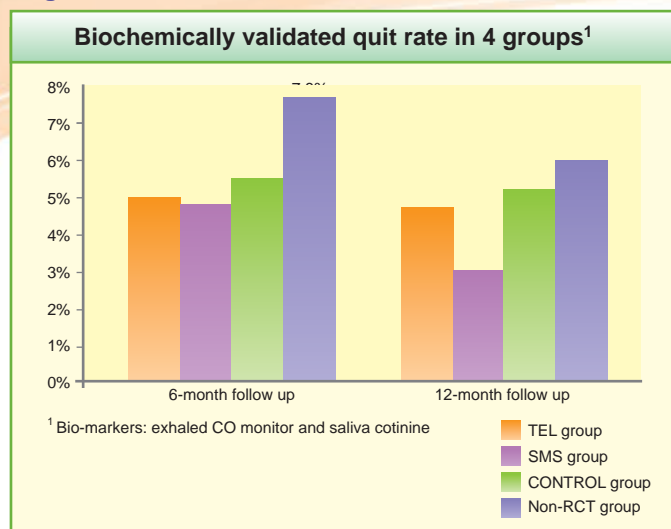
Overall, the self-reported quit rate (7-day point prevalence) of all participants at 2-, 6- and 12-month follow-ups were 23%, 21.6% and 19.1% respectively. The self-reported quit rates were similar among the three RCT arms (p-values > 0.05). The non-RCT group seemed to show greater quit rates but this was not significantly different from the RCT arms (Figure 5).

Figure 5



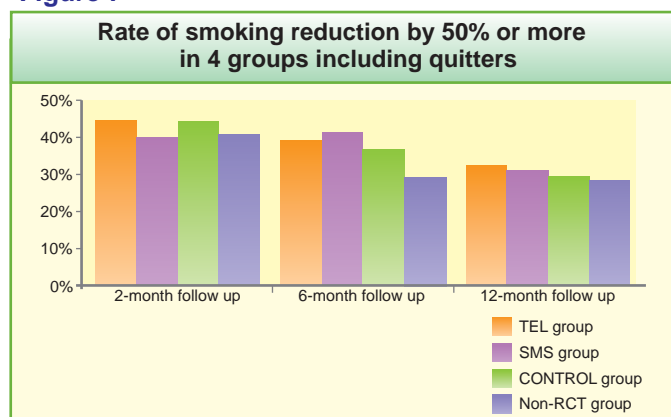
Among the self-reported quitters, 26.9% and 23.8% participated in the biochemical validation at 6- and 12-month follow-ups, and nearly all passed the validation (6-month: 60/65; 12-month: 50/51). The overall validated quit rates at 6- and 12-month follow-ups were 5.4% and 4.5%. Individual group data of three RCT arms and Non-RCT group are shown in Figure 6. The validated quit rates were similar among the three RCT arms (p-values > 0.05).

Figure 6



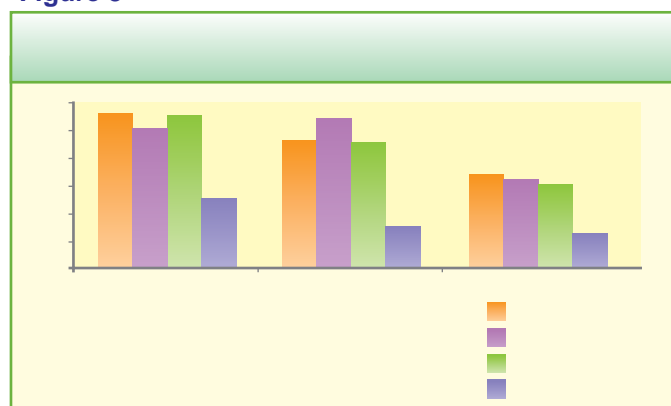
When we included participants who had quit smoking, the overall smoking reduction rates (reduced 50% compared to baseline daily cigarette consumption) at 2-, 6- and 12-month follow-ups were 42.7%, 38% and 30.7% respectively. Figure 7 shows that the smoking reduction rates were similar among the three RCT arms (p-values > 0.05).

Figure 7



When we excluded those who had quit smoking at follow-up, the corresponding smoking reduction rates at 2-, 6- and 12-month follow-ups were 25.6%, 22.7% and 15.1% (Individual data of three RCT arms and Non-RCT group are shown in Figure 8). The smoking reduction rates excluding quitters were also similar among the three RCT arms (p-values > 0.05).

Figure 8



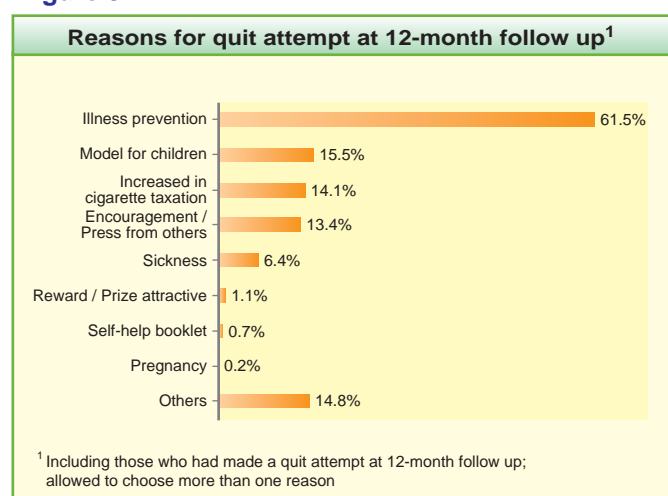
3.6 Reasons of quit attempts, methods and relapse

At 12-month follow-up, among those who had made a quit attempt (N=439), the five most common reasons for participants to initiate a quit attempt were:

- (1) illness prevention (61.5%),
- (2) being a role model for children (15.5%),
- (3) increased cigarette taxation (14.1%),
- (4) received encouragement or pressure from others to quit smoking (13.4%), and
- (5) sickness (6.4%) (Figure 9).

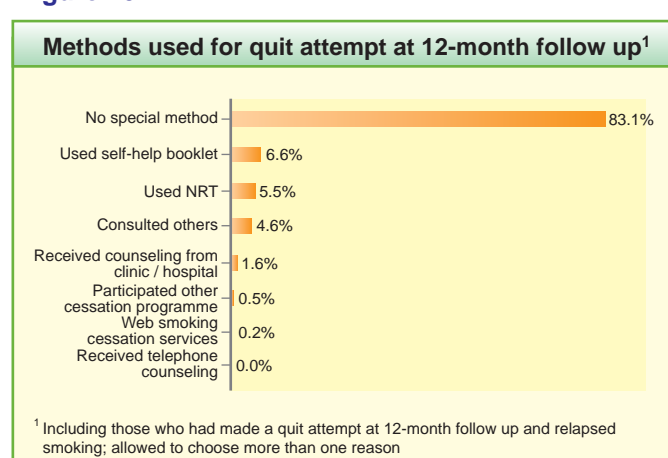
The pattern was similar among the 3 RCT arms (p-values > 0.05).

Figure 9



Most of those who had made a quit attempt (83.1%) did not use any specific method to quit smoking, while some used the self-help booklet (6.6%), nicotine replacement therapy (5.5%) or consulted others (4.6%) during the quit attempt (Figure 10). The pattern was similar among the three RCT arms (p-values > 0.05).

Figure 10

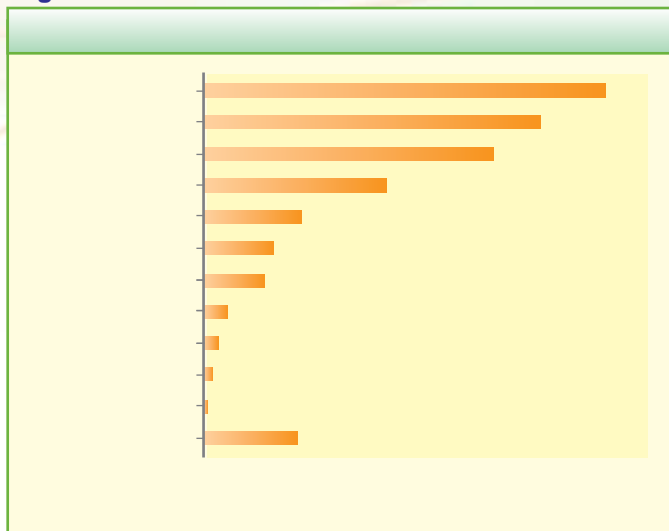


Among those who had made a quit attempt at the 12-month follow-up, the most common reasons of smoking relapse were:

- (1) craving to smoke (37.2%),
- (2) smokers nearby (31.2%),
- (3) work pressure (26.8%), and
- (4) feeling bored (16.9%) (Figure 11).

The pattern was similar among the 3 RCT arms (p-values > 0.05).

Figure 11



3.7 Social support during smoking cessation

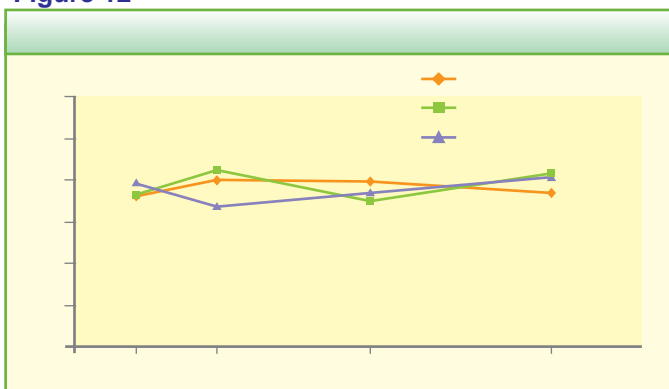
At 12-month follow-up, 508 participants in the three RCT arms (71.7%) received social support to quit smoking over the period. The major source of support came from spouse (49.4%), children (33.6%), parents (9.4%) and friends (8.5%). In contrast, 28.3% did not receive any social support to quit smoking over the period. The pattern was similar among the 3 RCT arms (p-values > 0.05).

3.8 Psycho-social factors (importance, confidence, and difficulty) related to quit smoking

In a scale of 0 (minimum) to 10 (maximum), the mean scores of “perceived level of importance of quit smoking”, “perceived level of difficulty of quit smoking” and “perceived level of confidence to quit smoking” at baseline were 7.90 (standard deviation=2.37), 6.88 (standard deviation=3.01) and 6.35 (standard deviation=2.66), respectively. All these psycho-social factors were similar among the 3 RCT arms (p-value > 0.05).

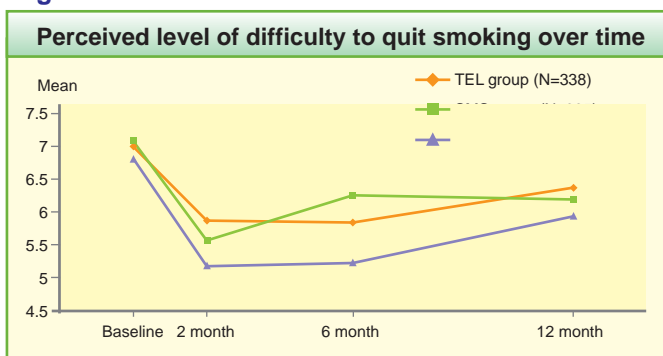
The mean scores of perceived importance at 2, 6 and 12 months were similar to the baseline for all RCT arms (p-values > 0.05). The scores were also similar among the three RCT arms, at all the follow-ups (p-values > 0.05). It can be concluded that the interventions of telephone counseling and SMS did not raise the level significantly (Figure 12).

Figure 12



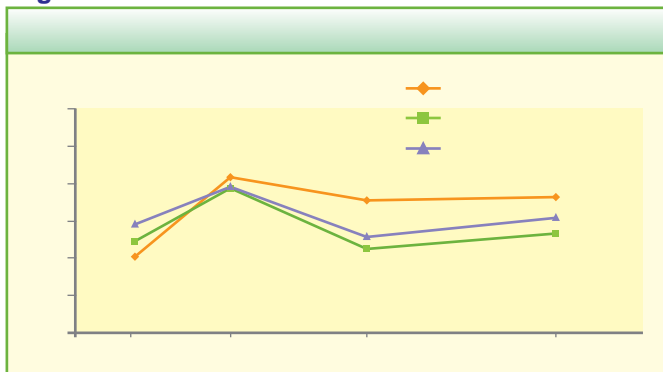
The mean score of perceived difficulty for TEL group significantly decreased from 6.99 at baseline to 5.82 at 2 months and 5.92 at 6 months (p-values < 0.01). For SMS group, the mean score significantly decreased from 7.13 at baseline to 5.54 at 2 months, 6.27 at 6 months and 6.24 at 12 months (p-values < 0.01). For the control group, the mean score also significantly decreased from 6.73 at baseline to 5.22 at 2 months, 5.25 at 6 months, and 5.91 at 12 months (p-values < 0.05). The mean scores among the three RCT arms were similar at all follow-ups, except the mean score for SMS group (6.27) was significantly greater than the control group (5.25) at 6 months (p-values < 0.01). It can be concluded that the perceived difficulty of participants in all RCT arms decreased after joining the Contest (Figure 13).

Figure 13



For TEL group, the mean score of perceived confidence significantly increased from 6.02 at baseline to 7.09 at 2 months, 6.78 at 6 months and 6.82 at 12 months (p-values < 0.01). For SMS group, the mean score significantly increased from 6.23 at baseline to 6.94 at 2 months (p-value < 0.01), but fell to 6.12 at 6 months (p-value < 0.01, compared with 2 months). For the CONTROL group, the mean score significantly increased from 6.47 at baseline to 6.97 at 2 months (p-value = 0.04), but fell significantly to 6.28 at 6 months (p-value = 0.02, compared with 2 months). The mean score of TEL group (6.78) was significantly greater than SMS group (6.12) (p-value = 0.03) at 6 months. At 12 months, the mean scores for the 3 RCT arms were similar (p-value > 0.05). It can be concluded that the perceived confidence of participants in all RCT arms increased after joining the Contest and such increase was sustained at 6-month and 12-month in the TEL group only (Figure 14).

Figure 14



The effectiveness of the brief telephone counseling and SMS on the three psycho-social factors were assessed by comparing the percentage change of mean scores from baseline to different follow-ups among the three groups (i.e. $T_x - T_{\text{baseline}} / T_{\text{baseline}}$, where $x=1,2,3$ denotes the x^{th} follow-up). For perceived importance of quitting, all the percentage changes between follow-ups and baseline were within 5%. For perceived difficulty of quitting, the percentage changes between baseline and follow-ups for TEL, SMS and CONTROL groups were 7.6 - 16.7%, 12.1 - 22.3% and 12.2 - 22.4%, respectively. For perceived confidence, the percentage changes between baseline and follow-ups for TEL, SMS and CONTROL groups were 13.3 - 17.8%, 1.6 - 11.4% and 1.2 - 7.7%, respectively. These findings supported that the brief telephone counseling was more effective than the CONTROL group in raising the perceived confidence of quitting, but the mobile phone messages were not effective to improve these psycho-social factors.

3.9 Predictors on quitting, smoking reduction by 50% or more and quit attempt initiation

Using the generalized estimating equations (GEE) models on the 977 participants, the likelihood to quit smoking was higher among those who: (1) had a lower nicotine dependence at baseline (Heaviness of Smoking Index below 4) (Adj. OR = 1.55, 95% CI = 1.15 - 2.10), (2) aimed to quit smoking when they joined the Contest (Adj. OR = 1.45, 95% CI = 1.09 - 1.92), (3) perceived a higher level of importance (Adj. OR = 1.08 per score, 95% CI = 1.00 - 1.16); and (4) a higher level of confidence (Adj. OR = 1.18 per score, 95% CI = 1.11 - 1.26) to quit smoking. The likelihood was lower among participants who perceived a higher level of difficulty (Adj. OR = 0.88 per score, 95% CI = 0.84 - 0.92) to quit smoking.

Table 2 Predictors on quitting, smoking reduction by 50% or more and quit attempt initiation using GEE

Predictors to quit smoking (N = 977 ¹)	Adj. OR ³	p-value	95% CI
Low nicotine dependency at baseline (HSI<4)	1.55	0.005	1.15 – 2.10
Purpose to join the Contest was to quit smoking	1.45	0.012	1.09 – 1.92
Perceived importance to quit smoking ²	1.08	0.046	1.00 – 1.16
Perceived confidence to quit smoking ²	1.18	<0.001	1.11 – 1.26
Perceived difficulty to quit smoking ²	0.88	<0.001	0.84 – 0.92
Purpose to join the Contest was to quit smoking	1.36	0.011	1.08 – 1.72
Perceived confidence to quit smoking ²	1.15	<0.001	1.09 – 1.20
Perceived difficulty to quit smoking ²	0.92	<0.001	0.88 – 0.95

Predictors to initiate a quit attempt (N=977 ¹)	Adj. OR ³	p-value	95% CI
Low nicotine dependency (HSI<4)	1.34	<0.001	1.08 – 1.65
Purpose to join the Contest was to quit smoking	1.24	0.036	1.01 – 1.52
Perceived confidence to quit smoking ²	1.07	0.001	1.03 – 1.12
Predictors to quit smoking among those who had initiated a quit attempt (N=389 ¹)			
Employed ⁴	0.60	0.030	0.38 – 0.95
Perceived confidence to quit smoking ²	1.20	<0.001	1.10 – 1.31
Perceived difficulty to quit smoking ²	0.84	<0.001	0.78 – 0.90

Adj. OR = adjusted odds-ratio; CI = confidence interval

HSI: Heaviness of Smoking Index

¹ Excluding lost to follow up or missing responses

² In a scale of 0 – minimum to 10 – maximum; Adj. OR indicates the percentage increase in odds per unit increase of score.

³ Adjusted for all other variables in the model.

The following variables were insignificant and excluded from the model: (1) RCT arm (TEL, SMS, CONTROL); (2) baseline smoking profile and quitting history; (3) baseline secondhand smoke exposure; (4) number of supporters to quit smoking; and (5) other demographic characteristics.

⁴ Reference group: Students/unemployed/housewives

From the second regression model, the likelihood to reduce daily cigarette consumption ($\geq 50\%$) was higher among participants who: (1) aimed to quit smoking when they joined the Contest (Adj. OR = 1.36, 95% CI = 1.08 - 1.72) and (2) perceived a higher level of confidence (Adj. OR = 1.15 per score, 95% CI = 1.09 - 1.20) to quit smoking. The likelihood was lower among participants who perceived a higher level of difficulty (Adj. OR = 0.92 per score, 95% CI = 0.88 - 0.95) to quit smoking.

Similarly, the likelihood to initiate a quit attempt would be higher among participants who: (1) had a lower nicotine dependency (Adj. OR = 1.34, 95% CI = 1.08 - 1.65), (2) aimed to quit smoking when they joined the Contest (Adj. OR = 1.24, 95% CI = 1.01 - 1.52), and (3) perceived a higher level of confidence (Adj. OR = 1.07 per score, 95% CI = 1.03 - 1.12) to quit smoking.

Among the 389 participants who had initiated a quit attempt, the likelihood to sustain abstinence was higher among participants who perceived a higher level of perceived confidence to quit smoking (Adj. OR = 1.20 per score, 95% CI = 1.10 - 1.31). The likelihood was lower among participants who were currently employed (Adj. OR = 0.60, 95% CI = 0.38 - 0.95) and perceived a higher level of difficulty (Adj. OR = 0.84 per score, 95% CI = 0.78 - 0.90) to quit smoking.

4. Discussion

In general, the Quit to Win Contest successfully promoted smoking cessation in the community. By setting up 23 booths in shopping malls or public areas in various geographical areas in Hong Kong, together with media promotion, over 1,000 smokers joined the Contest within one and half months (from 30 May to 15 Jul 2009). In

comparison, 2,854 smokers attended and received baseline counseling among 32 smoking cessation clinics from the Hospital Authority in the entire year (12 months) in 2009¹. Furthermore, the Contest attracted the difficult-to-reach groups of smokers in the community (older in age and lower socio-economic status), who were less likely to seek help in smoking cessation². Compared with the Hong Kong smoking population³ and smokers who attended smoking cessation clinic⁴, the Contest attracted smokers who were more likely to be currently unemployed, started smoking at a younger age, and had heavier smoking. By using financial incentives, the Quit to Win Contest provided a good platform to motivate community smokers who did not seek existing cessation services to quit smoking.

As the key outcome of the Contest, the self-reported quit rate at 6-month follow-up reached 21.6% (by intention to treat analysis). This rate was higher than that of smoking cessation counseling offered by a local quitline which was about 12%⁴. Both the self-reported (19.1%) and biochemically validated (4.5%) quit rate at 12-month follow-up were also comparable to international Quit & Win contests as reported in a recent systematic review⁵.

In this RCT, no significant difference in the quit rate, rate of smoking reduction and rate of quit attempt was found among the TEL, SMS and CONTROL group.

These findings suggested that the 5-minute telephone counseling or the 8 mobile phone messages did not show any effect to increase quitting or smoking reduction. The ineffectiveness could be due to insufficient intensity of the interventions and/or the apparently much shorter effects of the monetary awards of the Contest. The very high quit rate in the CONTROL group (about 20%) could mean that a ceiling effect was reached and additional brief interventions could not add more benefits.

For all participants, the perceived difficulty decreased and the confidence of quitting increased after joining the Contest. However, participants in the TEL group had an increased confidence of quitting, which was higher than those in the SMS and CONTROL groups at 6 months (Figure 14). Additional smoking cessation counseling with direct communication with counselors seemed to be helpful to increase and maintain perceived confidence of smokers to quit smoking, which predicted quitting, smoking reduction by at least 50% and quit attempts as shown in the regression models.

The other variables found to predict successful quitting, smoking reduction by at least 50%, quit attempt initiation, as well as smoking abstinence after quit attempt initiation included lower nicotine dependence, aiming to quit smoking when joining the Contest, and a lower level of perceived difficulty to quit smoking.

5. Conclusions

To conclude, the Quit to Win Contest successfully reached a large group of smokers in the community who were otherwise unlikely to receive smoking cessation counseling through other means, with satisfactory outcomes in quitting or reducing smoking. The Contest has provided a positive environment to motivate smokers to quit. The RCT showed no significant impact from the brief telephone counseling and SMS service on quitting and reduction, but the former intervention could raise the confidence level of quitting.

6. Recommendations

This kind of cessation contest is recommended to be conducted on a regular basis preferably as an annual event to provide an alternative platform for smokers in the community who may not want to seek help in smoking cessation clinics. It can also provide opportunities for RCTs to test the effectiveness of different additional interventions.

7. Clinical trial Registration

Clinical trial registration number: (ISRCTN092710, <http://www.controlled-trials.com>)

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9. Acknowledgements

We thank the student helpers, research assistants and smoking cessation counselors for recruitment of smokers, follow-up support, data entry and statistical analysis. We are grateful to COSH for funding and excellent support from COSH staff. Finally, we thank the smokers and quitters who joined the Contest and provided useful information for this study.

Appendix 1

Date for sending SMS	SMS Message
3 SMS were sent within 7 days after enrolled into the contest	
3 th day after enrolled	戒煙大贏家：兩個吸煙的人會有一個死於吸煙引致的疾病，即是吸煙的人有五成機會會被煙草殺害；與不吸煙的人相比，吸煙者的壽命要減少10至15年。
5 th day after enrolled	戒煙大贏家：戒煙除了可以挽救自己生命外，還可以節省很多金錢。
7 th day after enrolled	戒煙大贏家：如果你需要協助，戒煙熱線幫到你，請致電到香港大學健康促進中心：2819 2671，衛生署戒煙服務熱線：1833 183，或是醫管局無煙熱線：2300 7272，都可以。
1 SMS was sent on the quit date (Set by COSH for the contest)	
1 st July, 2009	戒煙大贏家：請緊記，07月01日開始是戒煙的日子，請你不要再買煙，同時扔掉所有的煙、打火機及煙灰缸。
4 SMS were sent after the quit date	
1 st day after quit date	戒煙大贏家：煙癮出現時，深呼吸15次、喝一杯冷水、做一些鬆弛動作，如：擴胸伸懶腰，上洗手間洗洗臉，或撥電找別人傾訴一下。
2 nd day after quit date	戒煙大贏家：精神大不如前？工作不集中？可用尼古丁補充劑。如有需要協助，請致電到香港大學健康促進中心2819 2671衛生署戒煙服務熱線1833 183或是醫管局無煙熱線2300 7272都可以幫到你。
5 th day after quit date	戒煙大贏家：保持心情輕鬆及做一些適量運動吧，如散步、緩跑、游泳等，可助你強化心肺功能、控制體重，並令你精神振作和善用餘閒。
7 th day after quit date	戒煙大贏家：繼續努力戒煙，我們會分別在本年的8月、12月及2010年6月時，再打電話給你，跟進你的戒煙情況。



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「戒煙大贏家」2010 – 戒煙比賽

2013年6月 第十三號報告書



「戒煙大贏家」2010戒煙活動

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1. 引言

戒煙比賽源於1980年代美國明尼蘇達州的一個心臟戒煙活動，透過獎品及獎金鼓勵吸煙人士加入戒煙行列。戒煙比賽活動其後不斷推廣至美國各州及其他國家。因為有關的研究暫時不多(只有五個)和方法學的問題，Cochrane綜述對此未有確切的結論，但從社區基線問卷得到的數據顯示，地區性的戒煙比賽有助增加戒煙率。一些研究亦提出戒煙比賽有一定作用。然而由於欠缺隨機對照試驗研究，有關結論仍有待商榷¹。

隨著《2006年吸煙(公眾衛生)(修訂)條例》實施，政府加強多項控煙政策，包括在2007年1月1日起擴大法定禁煙區範圍，於2009年9月1日起實施定額港幣1,500元違例吸煙罰款及在煙草稅凍結八年後，2009年2月大幅增加煙草稅。2010年，本港十五歲以上習慣每日吸煙人士的比率為11.1% (676,900人)。習慣每日吸煙人士當中約33%曾經嘗試戒煙但失敗，53%從未嘗試但想戒煙，導致他們未能成功戒煙最普遍的三個原因包括「不夠決心」、「吸煙已經成為習慣」及「大部份朋友/同事同為吸煙人士」²。以上數據反映出推廣戒煙的迫切性，以及進行對戒煙人士特性及干預方法成效研究的重要性。

有見及此，香港吸煙與健康委員會(委員會)參考國際戒煙比賽的經驗，聯同香港大學合作舉辦「戒煙大贏家」比賽，鼓勵吸煙人士使用社區戒煙輔導服務及評估簡短干預的戒煙輔導的成效。2009年的「戒煙大贏家」比賽進行三組隨機對照試驗研究，比較參賽者接受電話或短訊(SMS)輔導對戒煙和改變吸煙行為的成效³。委員會在一個半月內於全港18區中的14個地區舉辦31場招募活動，共有1,119名吸煙人士報名參加比賽。相比醫院管理局轄下32間戒煙診所，在2009年全年有2,854人使用服務，透過比賽的形式較能夠接觸及吸引更多吸煙人士戒煙。比賽在六個月跟進時，自我報告成功戒煙率達到22%，而三個研究組別的自我報告成功戒煙率沒有明顯差異，同時比率較本地戒煙熱線高(12%)⁴。

2010年委員會再次舉辦「戒煙大贏家」比賽鼓勵吸煙人士戒煙，並進行分兩組的隨機對照試驗研究，由已受訓的輔導員提供現場簡短戒煙輔導，測試有關輔導

煙和改變吸煙行為的成效，並分析與吸煙行為有關的心理因素。與2009年的比賽一樣，所有參賽者經成功核實戒煙後可參與大抽獎。

2. 方法

2.1 招募詳情

委員會在2010年6月中至8月於全港14個地區舉行31場招募活動。吸煙人士可以透過招募攤位報名參加比賽。參賽者需要經過已受訓的研究助理核實符合以下資格，方可參加比賽及參與隨機對照試驗：

1. 年滿18歲及持有效的香港身份證；
2. 在過去六個月每天吸食至少一支煙或以上；
3. 一氧化碳測試結果達至4ppm或以上；及
4. 懂廣東話及閱讀中文。

如參賽者因心理或生理因素未能溝通，或正接受其他戒煙輔導，會被排除在隨機對照試驗研究以外。

在獲得參賽者的書面同意後，研究助理會於現場為參賽者填寫基線問卷、進行一氧化碳水平測試及向參賽者派發自助戒煙小冊子。合資格的參賽者會獲得一個參賽號碼。不欲參與隨機對照試驗研究的參賽者仍然可以參加比賽，但會被納入於非研究組別。

首20場招募活動的參賽者會以群組隨機方式被隨機分配到兩個研究組別的其中一組。當中10場招募活動的參賽者會被分配到輔導組，而另外10場招募活動的參賽者會透過隨機號碼產生器(<http://www.random.org>)被分配到對照組。輔導組的參賽者會接受簡短的現場戒煙輔導，而對照組的參賽者不會接受任何現場戒煙輔導。首20場招募活動完成後，委員會因應資源情況額外再舉辦11場招募活動，所招募的參賽者被分配到非研究組別。

2.2 戒煙干預及追蹤

輔導組 – 參賽者在現場接受已受訓的戒煙輔導員提供的五分鐘簡短戒煙輔導，當中包括戒煙建議

及有關煙害的警告，輔導員使用AWARD方法進行輔導：(1)詢問吸煙歷史(ASK)、(2)警告吸煙的危害(WARN)(如兩個吸煙人士當中有一個會因吸煙引致的疾病死亡)、(3)建議戒煙(ADVISE)、(4)轉介吸煙人士至現有戒煙服務(REFER)及(5)重覆以上步驟(DO IT AGAIN)。參賽者會獲得戒煙熱線的電話號碼以便尋求進一步協助，同時會獲派發委員會八頁的自助戒煙小冊子，內容包括戒煙的好處、戒煙貼士、尼古丁依賴評估測試以及戒煙服務資訊。

對照組及非研究組別 – 參賽者沒有接受任何戒煙輔導，但會獲派發委員會的自助戒煙小冊子。

在參加比賽六個月後，所有參賽者均會接受已受訓的學生訪問員的電話跟進，回答標準化的問卷調查，訪問員並不知道參賽者的所屬組別。如在不同時段致電參賽者七次或以上依然未能成功聯絡，會被視為失訪個案。參賽者如在電話跟進時報稱在過去七天沒有吸煙，會被邀請接受一氧化碳水平測試及可的寧口水測試。如果參賽者的一氧化碳水平測試結果低於4ppm及可的寧口水測試低於10ng/ml，該名參賽者就被核實為成功戒煙及可以參加委員會舉辦的大抽獎。研究的主要結果測量是在六個月電話跟進時得出的自我報告成功戒煙率(在過去七天內完全沒有吸煙)，次要結果測量是經生物化學測試核實的成功戒煙率、吸煙量減低一半或以上的比率及嘗試戒煙的次數。

在六個月跟進時，共有13位參賽者停止吸煙及通過生物化學測試，贏得抽獎禮物。當中3名參賽者各獲得港幣10,000元現金禮券及10名參賽者各贏得港幣4,000元現金禮券。除參賽者外，3名成功戒煙參賽者的提名人各獲得港幣3,000元現金禮券。

本報告描述所有參賽者的基線人口特徵(N=1103)，隨機對照試驗研究會就兩個研究組別在六個月跟進時的戒煙比率、吸煙狀況及心理社交因素進行比較。

研究會採用治療意向分析(假設失訪的參賽者沒有改變其在基線問卷表示的吸煙行為)評估多種的戒煙結果。同時由於輔導組沒有回覆的比率較對照組高(分別為30.2%及25.4%)，所以是項研究同時會採用完整資料分析(排除所有失訪個案)。

3.結果

招募期間，共有1,139名參賽人士到訪招募攤位及索取自助戒煙小冊子，其中1,103名(96.8%)符合參賽資格及同意參加比賽。在1,103名參賽者當中，來自首20場招募活動的831名參賽者參加隨機對照試驗研究(輔導組：N=441；對照組：N=390)。在其後舉辦的11場招募活動報名的272名參賽者被分配到非研究組別。

基線調查結果

3.1 所有參賽者的基線人口特徵

表一顯示1,103名參賽者當中大部份(83.8%)是男性，接近三分之二(63.9%)為四十歲或以上及73.1%已婚，超過一半的參賽者(54.2%)的教育程度達中三或以下，33.6%達中四至中七教育程度，接近三分之二(65%)為在職人士，大部份參賽者(76.6%)家庭月入不超過港幣20,000元。847名參賽者為已婚人士或有子女的未婚人士，當中55.8%擁有超過一名子女。兩個研究組別的社會經濟特徵相同(p值均大於0.05)。

表1 參賽者基線人口特徵

		總數 (N=1103)(%)	非研究組 (N=272)(%)	輔導組 ² (N=441)(%)	對照組 ² (N=390)(%)
性別	男性	924 (83.8)	227 (83.4)	376 (85.3)	321 (82.3)
	女性	179 (16.2)	45 (16.5)	65 (14.7)	69 (17.7)
平均值(標準差)					
年齡 ¹		45.91 (15.0)	42.65 (15.1)	47.40 (15.2)	46.45 (14.3)
人數 (%)					
年齡組別 ¹	18-29	161 (14.7)	59 (23.9)	60 (13.6)	42 (10.8)
	30-39	237 (21.6)	64 (25.9)	84 (19.1)	89 (22.9)
	40-49	263 (24.0)	58 (23.5)	99 (22.4)	106 (27.2)
	50-59	211 (19.3)	52 (21.1)	92 (20.9)	67 (17.2)
	60歲或以上	224 (20.4)	14 (5.7)	105 (23.9)	85 (21.9)
婚姻狀況 ¹	單身	263 (23.8)	82 (30.1)	98 (22.2)	83 (21.3)
	已婚/同居	806 (73.1)	183 (67.3)	330 (74.8)	293 (75.1)
	其他	34 (3.1)	7 (2.6)	13 (2.9)	14 (3.6)
		人數=874	人數=192	人數=346	人數=309
子女數目 ³	無	100 (11.8)	34 (17.7)	37 (10.7)	29 (9.4)
	一名	274 (32.3)	54 (28.1)	111 (32.1)	109 (35.3)
	兩名	272 (32.1)	63 (32.8)	113 (32.7)	96 (31.1)
	三名或以上	201 (23.7)	41 (21.4)	85 (24.6)	75 (24.3)
		人數=1103	人數=272	人數=441	人數=390
教育程度 ¹	無正式接受教育	37 (3.4)	5 (1.8)	17 (3.9)	15 (3.8)
	中三或以下	560 (50.9)	108 (39.7)	243 (55.4)	209 (53.6)
	中四至中七	370 (33.6)	108 (39.7)	139 (31.7)	123 (31.5)
	大專或以上	134 (12.2)	51 (18.8)	40 (9.1)	43 (11.0)
就業情況 ¹	學生	17 (1.6)	2 (0.7)	9 (2.0)	6 (1.5)
	自僱/在職人士	710 (65.0)	203 (74.9)	269 (61.0)	238 (61.0)
	失業	110 (10.1)	20 (7.4)	43 (9.8)	47 (12.1)
	主婦	64 (5.9)	11 (4.1)	28 (6.3)	25 (6.4)
	退休	201 (18.4)	35 (12.9)	92 (20.9)	74 (19.0)

		總數 (N=1103)(%)	非研究組 (N=272)(%)	輔導組 ² (N=441)(%)	對照組 ² (N=390)(%)
家庭每月 總收入 ¹	少於\$9,999	450 (40.8)	87 (32.1)	208 (47.2)	155 (39.7)
	\$10,000- 19,999	395 (35.8)	98 (36.2)	144 (32.7)	153 (39.2)
	\$20,000- 29,999	148 (13.4)	50 (18.5)	49 (11.1)	49 (12.6)
	\$30,000 或以上	109 (9.9)	36 (13.3)	40 (9.1)	33 (8.5)

¹ 缺失數據被排除在外

² 兩個研究組別(輔導組及對照組)的數據在隨機對照試驗的比較中沒有顯著差異

³ 單身及沒有子女的未婚參賽者被排除在外

3.2 吸煙狀況

在輔導組及對照組中，大部份參賽者(69.4%及71.5%)在二十歲之前開始吸煙(圖1)。約一半輔導組的參賽者(47.8%)每日吸食十一至二十支捲煙，10.4%的參賽者每日吸食超過二十支捲煙(圖2)。在對照組中，45.9%的參賽者每日吸食十一至二十支捲煙，13.1%的參賽者每日吸食超過二十支捲煙。70%的參賽者(包括輔導組及對照組)曾嘗試戒煙(停止吸煙超過二十四小時)。在過去十二個月曾嘗試戒煙的參賽者只有19%(輔導組)及23%(對照組)(圖3)。兩個研究組別的吸煙及戒煙狀況相約(p值均大於0.05)。

圖1

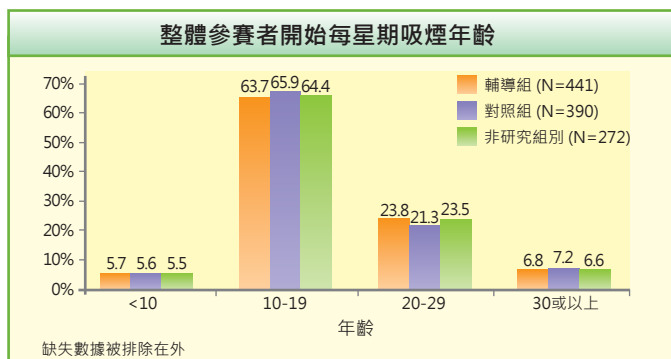


圖2

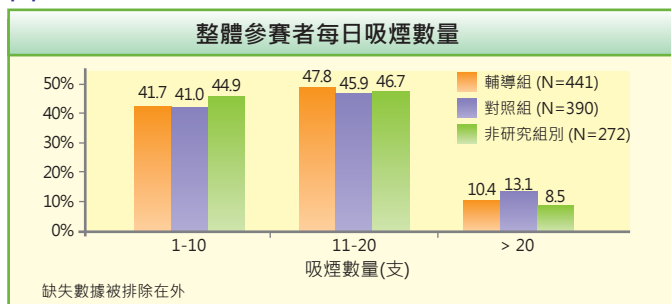
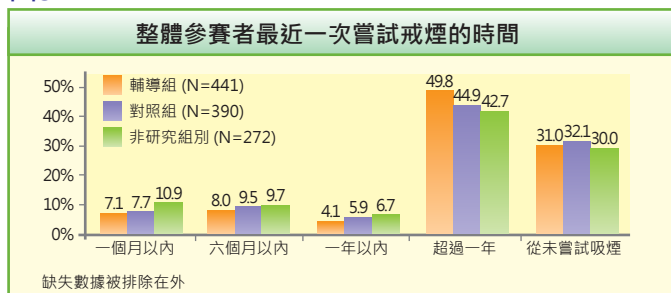


圖3



3.3 環境因素影響

在基線問卷調查中，參賽者表示他們戒煙的支持主要來自(1)伴侶(58.9%, 650/1103)、(2)子女(52.5%, 579/1103)、及(3)父母(18.8%, 207/1103)，但亦有12.8% (141/1103)的參賽者表示沒有期望在戒煙期間得到任何人支持。與對照組比較，較少輔導組的參賽者的戒煙支持來自父母(13.4%比19.7%，p值小於0.05)。兩個研究組別其他的戒煙支援在統計上未有任何差異(p值均大於0.05)。

約30%的參賽者(輔導組：30.8%及對照組：29%)與一位或多於一位的吸煙家人同住(圖4)。約80%(輔導組：81.6%及對照組：81%)表示一半或以上的朋友是吸煙人士(圖五)及約50%(輔導組：55%及對照組：51.8%)表示一半或以上的同事是吸煙人士(圖六)。兩個研究組別面對的環境因素在統計上沒有明顯差異(p值均大於0.05)。

圖4

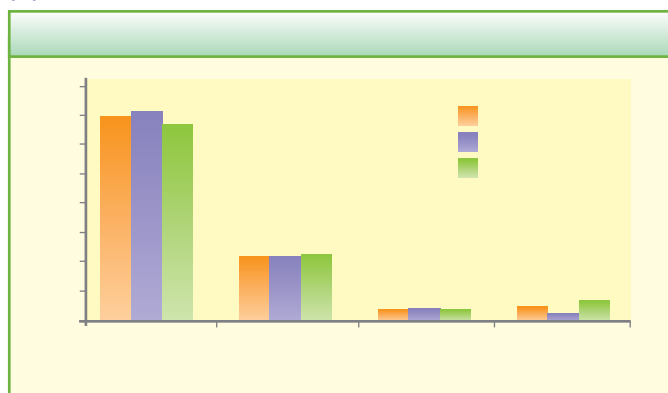


圖5

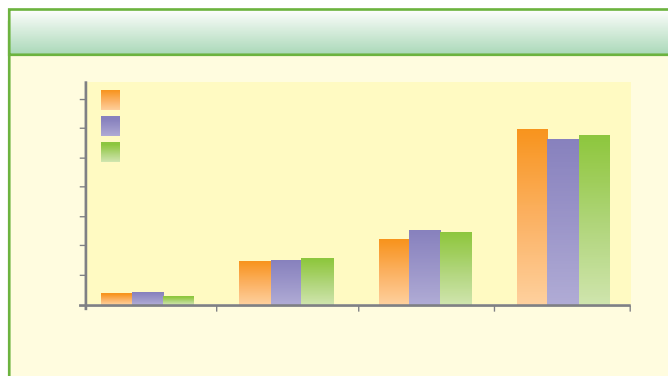
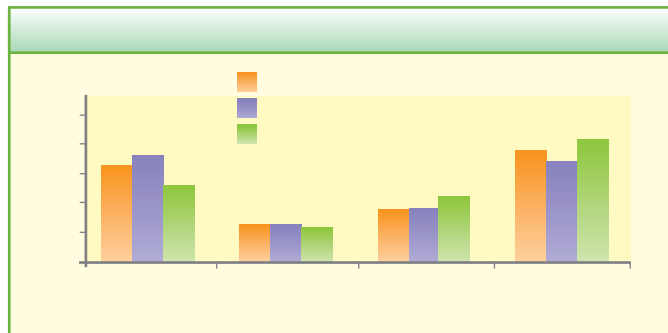


圖6



六個月的跟進結果

3.4 個案保留率

在六個月的跟進中，整體的個案保留率是74.1% (787/1103)，輔導組的個案保留率是69.8% (308/441)，對照組的個案保留率是74.6% (291/390) (p值等於0.15)。

3.5 成功戒煙及吸煙量降低一半或以上比率

根據治療意向分析，在六個月的跟進時，輔導組、對照組及非研究組的整體自我報告成功戒煙率(在過去七天內完全沒有吸煙)分別是18.4% (81/441)、13.8% (54/390)及16.9% (46/272)。輔導組的比率較對照組高，但分別只是邊緣顯著差異(p值等於0.078)(圖7)。在對比所有完整個案時，自我報告成功戒煙率在輔導組、對照組及非研究組在六個月跟進時分別是26.3% (81/308)、18.6% (54/291)及24.5% (46/188)。輔導組的自我報告成功戒煙率相比對照組顯著較高(p值等於0.015)(圖8)。以上結果反映輔導組的參賽者成功戒煙比率較對照組的參賽者的成功戒煙比率高(33%(18.4%/13.8%)至41%(26.3%/18.6%))，但其效應值輕微。

圖7

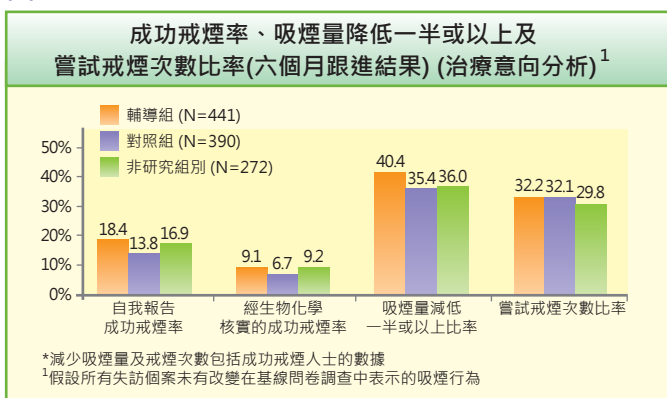
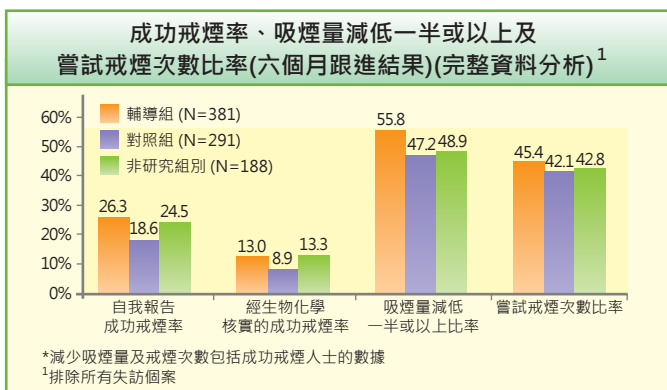


圖8



以治療意向分析六個月跟進時的數據，輔導組及對照組經生物化學測試核實的成功戒煙率分別是9.1% (40/441)及6.7% (26/390) (p值等於0.20)。整體而言，經生物化學測試核實的成功戒煙率較自我報告成功戒煙率低，54.8% (74/135)自我報告成功戒煙的參賽者接受生物化學測試，當中89.2% (66/74)成功通過測試。在輔導組中，81名參賽者

自我報告成功戒煙，當中55.6% (45/81)接受生物化學測試，88.9% (40/45)成功通過測試。相應數據在對照組中是53.7% (29/54)及89.7% (26/29)。兩個研究組別通過生物化學測試的比率沒有明顯差異，分別是88.9% (40/45)比89.7% (26/29)；p值等於0.61。根據完整資料分析，輔導組在六個月跟進時的經生物化學測試核實的成功戒煙率是13% (40/308)，比率較對照組(8.9% (26/291))高但兩個研究組別的比率邊緣地不顯著差異(p值等於0.11)(圖8)。

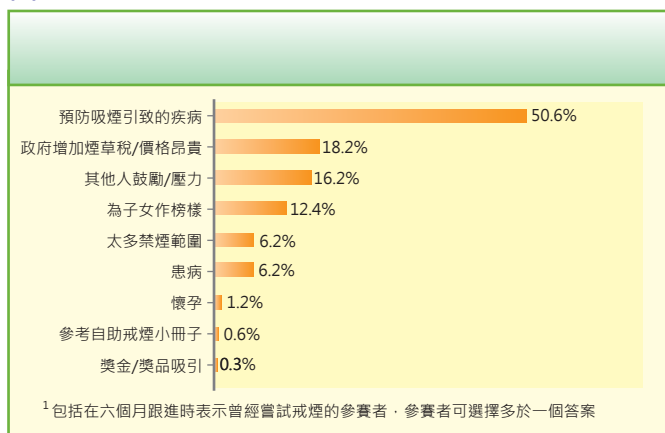
包括成功戒煙的參賽者的數據在內，在六個月跟進時，輔導組及對照組的吸煙量降低一半或以上比率(與基線問卷調查對比時減少吸煙量一半或以上)分別是40.4%及35.4% (p值等於0.14)(圖7)。根據完整資料分析，輔導組及對照組吸煙量降低一半或以上比率分別是55.8%及47.2%，兩個研究組別的吸煙量降低一半或以上比率有顯著差異(p值等於0.02)(圖8)。

根據治療意向分析，排除成功戒煙的參賽者的數據，在六個月跟進時輔導組及對照組吸煙量降低一半或以上比率分別是32.2%及32.1%。兩個研究組別在排除成功戒煙的參賽者的數據後的吸煙量降低一半或以上比率相約(p值等於0.55)。以上數據根據完整資料分析得出的比率是42.7%及35.9%，兩個研究組別的吸煙量降低一半或以上比率只有邊緣顯著差異(p值等於0.08)。

3.6 戒煙原因、戒煙方法及復吸原因

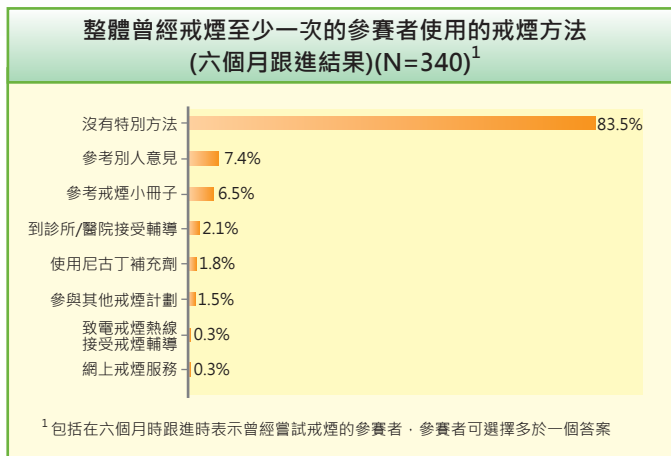
整體而言，在六個月跟進時，340名參賽者曾經嘗試戒煙至少一次(輔導組：138、對照組：122、非研究組：80)，參賽者認為戒煙的五個最主要原因是：(1)預防吸煙引致的嚴重疾病(50.6% = 172/340)、(2)政府增加煙草稅或煙價昂貴(18.2% = 62/340)、(3)得到其他人的鼓勵或壓力(16.2% = 55/340)、(4)為子女作榜樣(12.4% = 42/340)、及(5)很多地方禁煙後吸煙不方便(6.2% = 21/340)(圖9)。與對照組比較，在輔導組中較多參賽者因為患病而嘗試戒煙(11.6%比0.8%；p值少於0.001)，較少參賽者因為政府增加煙稅或煙價昂貴而嘗試戒煙(13%比25.4%；p值少於0.001)。

圖9



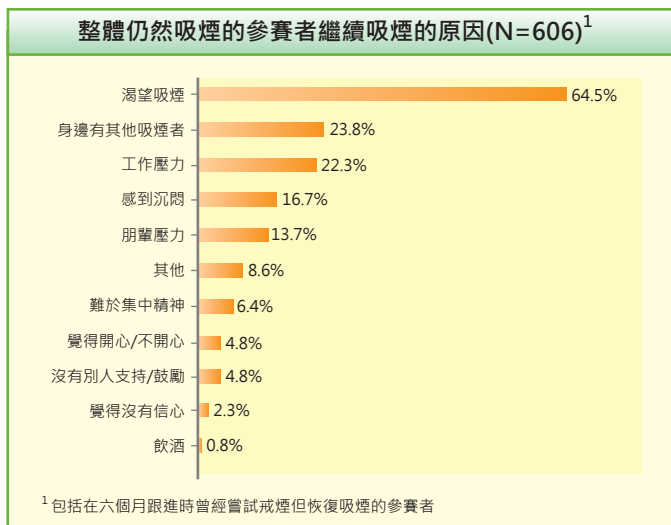
在340名參賽者中(輔導組：138、對照組：122、非研究組：80)，大部份曾經嘗試戒煙的參賽者(83.5%)沒有使用任何特定方法戒煙，少部份參賽者於嘗試戒煙期間參考別人意見(7.4%)及參考自助戒煙小冊子(6.5%)(圖10)。相比對照組，輔導組的參賽者較少參考自助戒煙小冊子(2.2%比8.2%；p值均少於0.05)。

圖10



在六個月跟進時未能戒煙成功的606名參賽者(輔導組：227、對照組：237、非研究組：142)表示令他們恢復吸煙的主要原因為(1)渴望吸煙(64.5%)、(2)身邊有其他吸煙者(23.8%)、(3)工作壓力(22.3%)及(4)感到沉悶(16.7%)(圖11)。兩個研究組別的戒煙失敗的原因分佈相約(p值均大於0.05)。

圖11



3.7 戒煙期間的社交支援

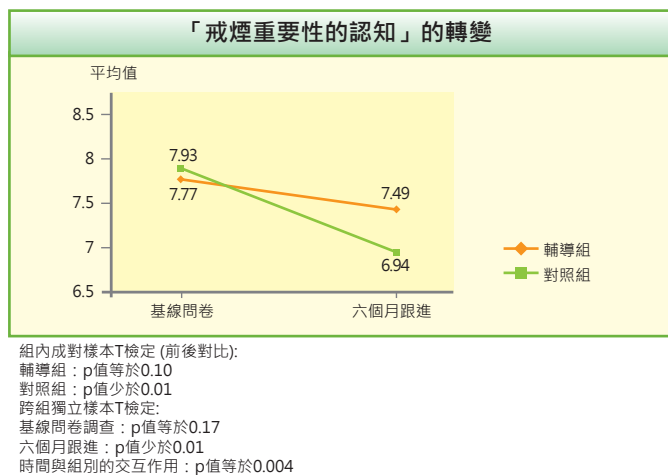
在六個月跟進時，完成跟進問卷調查的787名參賽者(輔導組：308、對照組：291、非研究組：188)表示在戒煙期間得到支援，支援的主要來自伴侶(42.3%)、子女(28.5%)、朋友(15.6%)及父母(13.1%)。相反，29.4%的參賽者未有在戒煙期間得到任何來自社交上的支援。兩個研究組別的社交支援來源分佈模式相約(p值均大於0.05)。

3.8 與戒煙相關的心理社交因素 (重要性、信心及困難度)

以0(最低)至10(最高)的量度下，輔導組及對照組的參賽者於基線問卷調查中的「戒煙重要性的認知」的平均值分別是7.93(標準差=0.14)及7.77(標準差=0.14)(圖12)。「戒煙困難度的認知」分別是7.15(標準差=0.16)及6.89(標準差=0.16)(圖13)。「戒煙自信度的認知」分別是5.81(標準差=0.15)及5.88(標準差=0.15)(圖14)。兩個研究組別在基線問卷調查中的心理社交因素的顯示結果相約(p值大於0.05)。

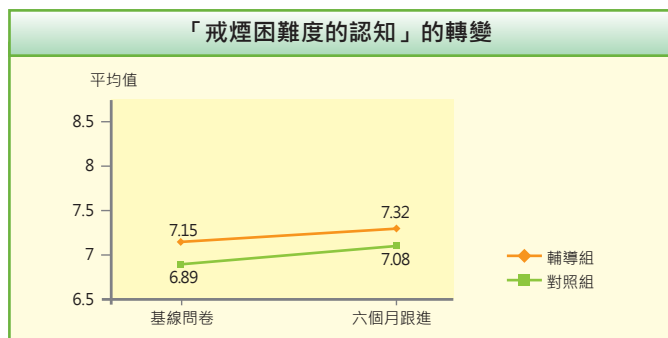
兩個研究組別在「戒煙重要性的認知」的平均值在基線問卷調查的結果相約(p值等於0.17)(圖12)。通過比較兩個研究組別的基線問卷調查結果與六個月跟進結果的平均值的百分比差異(計算方法： $T_{FU} - T_{baseline} / T_{baseline}$)，可評估簡短戒煙輔導對於提升參賽者三個心理社交因素的成效。在六個月跟進時，對照組的參賽者在「戒煙重要性的認知」的下跌幅度比輔導組的參賽者較大(12.5%比5.5%；p值等於0.004)，輔導組的參賽者的平均值比對照組的平均值顯著較高(平均值(標準差)=7.49(0.14)比6.94(0.14)；p值少於0.01)(圖12)。

圖12



輔導組及對照組的參賽者在基線問卷調查及六個月跟進時在「戒煙困難度的認知」的轉變相約，均少於3個百分比(輔導組：2.8%及對照組：2.4%；p值等於0.94)(圖13)。兩個研究組別在「戒煙困難度的認知」的平均值在基線問卷調查及六個月跟進時相約(p值均大於0.05)。

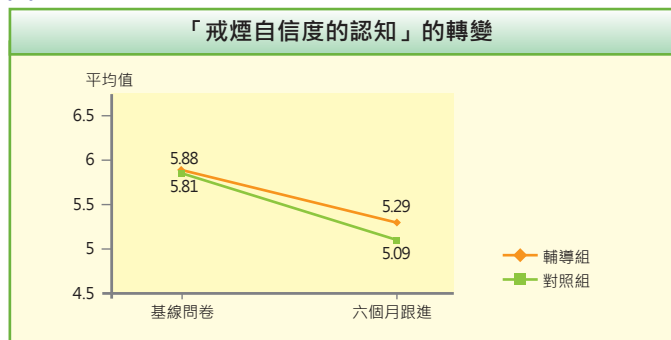
圖13



組內成對樣本T檢定(前後對比):
輔導組: p值等於0.29
對照組: p值等於0.31
跨組獨立樣本T檢定:
基線問卷調查: p值等於0.20
六個月跟進: p值等於0.19
時間與組別出現的交互作用: p值等於0.94

兩個研究組別在「戒煙自信度的認知」的平均值在基線問卷調查及六個月跟進時相約(p值均大於0.05)(圖14)。兩個研究組別的參賽者在基線問卷調查及跟進時的的平均值跌幅相約(輔導組: 10.0%及對照組: 12.4%) (p值等於0.62)。

圖14



組內成對樣本T檢定(前後對比):
輔導組: p值少於0.01
對照組: p值少於0.01
跨組獨立樣本T檢定:
基線問卷調查: p值等於0.18
六個月跟進: p值等於0.22
時間與組別的交互作用: p值等於0.62

3.9 預測成功戒煙的因素 (六個月跟進結果)

根據治療意向分析, 運用廣義估計方程式(GEE)評估817名參賽者, 得出以下提高成功戒煙率的因素: (1)年齡50歲或以上、(2)擁有較高的教育程度、(3)每日吸煙數量10支或以下、(4)開始每星期吸煙年齡為18歲或以上、(5)參加比賽時已準備戒煙、(6)過往曾經嘗試戒煙及(7)較高「戒煙自信度的認知」, 擁有以上因素的參賽者在六個月跟進時較有機會成功戒煙。接受現場簡短戒煙輔導的參賽者有機會增加在六個月跟進時的戒煙成功率, 然而有關影響在統計上並不顯著(調整對比值=1.46, 95%信賴區間為0.86–2.49)。

表2 根據廣義估計方程式(GEE)及治療意向分析預測成功戒煙的因素(六個月跟進結果) (N=817)

成功戒煙因素 (治療意向分析; N=817 ¹)	調整對比值 ²	p值	95%信賴區間
戒煙輔導干預	1.46	0.16	0.86-2.49
年齡50歲或以上	1.85	0.003	1.23-2.78
性別 (女性相對男性)	1.21	0.32	0.83-1.76
教育程度			
大專或以上	2.67	<0.001	1.66-4.31
中一至中七	1.56	0.03	1.04-2.35
小學/幼稚園	1	-	-
每日吸煙數量			
1 至 10 支	4.04	0.004	1.57-10.35
11 至 20 支	1.65	0.25	0.70-3.87
20支以上	1	-	-
18歲或以上開始每星期吸煙	1.40	0.08	0.96-2.04

成功戒煙因素 (治療意向分析; N=817 ¹)	調整對比值 ²	p值	95%信賴區間
參加比賽時準備階段			
準備階段	2.01	0.04	1.01-3.98
考慮階段	1.26	0.52	0.61-2.60
考慮階段前期	1	-	-
過往曾經嘗試戒煙 (有嘗試相對沒有嘗試)	1.60	0.02	1.06-2.40
參加比賽時的「戒煙自信度 的認知」(0-10)	1.19	<0.001	1.09-1.30

¹ 14 個在基線問卷調查中的缺失數據被排除在外

² 研究會根據群組隨機分配設計對部份變數進行調整

以下變數沒有造成明顯影響及已被排除在外

- (1)「戒煙重要性的認知」及「戒煙困難度的認知」;
- (2)社會環境因素(擁有同住的吸煙家人、吸煙朋友和同事的數量、對無煙宣傳活動的認知及戒煙期間得到的支援);及
- (3)其他人口特徵(擁有子女數目、居住地區及家庭每月總收入)

根據完整資料分析, 得出以下提高成功戒煙率的因素: (1)年齡50歲或以上、(2)擁有較高的教育程度、(3)每日吸煙數量10支或以下、(4)開始每星期吸煙年齡是18歲或以上、(5)參加比賽時已準備戒煙、(6)較高「戒煙自信度的認知」及(7)較低「戒煙困難度的認知」。接受現場簡短戒煙輔導的參賽者有機會增加在六個月跟進時的戒煙成功率, 然而有關影響在統計上並不顯著(調整對比值=1.56, 95%信賴區間為0.92–2.65)。

表3 根據廣義估計方程式(GEE)及完整資料分析預測成功戒煙的因素 (六個月跟進結果) (N=586)

成功戒煙因素 (完整資料分析; N=586 ¹)	調整對比值 ²	p值	95%信賴區間
戒煙輔導干預	1.56	0.10	0.92-2.65
年齡50歲或以上	1.83	0.03	1.07-3.13
性別 (女性相對男性)	1.14	0.53	0.75-1.75
教育程度			
大專或以上	2.66	0.002	1.45-4.86
中一至中七	1.78	0.03	1.06-3.00
小學/幼稚園	1	-	-
每日吸煙數量			
1 至 10 支	4.08	0.004	1.57-10.60
11 至 20 支	1.55	0.31	0.66-3.62
20支以上	1	-	-
18歲或以上開始每星期吸煙	1.48	0.04	1.03-2.14
參加比賽時準備階段			
準備階段	2.10	0.06	0.98-4.50
考慮階段	1.40	0.39	0.65-3.01
考慮階段前期	1	-	-
過往曾經嘗試戒煙 (有嘗試相對沒有嘗試)	1.39	0.10	0.93-2.08
一半以上同事是吸煙者	0.70	0.13	0.44-1.11

成功戒煙因素 (完整資料分析；N=586 ¹)	調整對比值 ²	p值	95%信賴區間
參加比賽時的「戒煙自信度的認知」(0-10)	1.23	<0.001	1.12-1.35
參加比賽時的「戒煙困難度的認知」(0-10)	0.95	0.07	0.89-1.01

¹ 245 個缺失數據被排除在外，當中232個是失訪個案，失去相關的戒煙數據

² 研究會根據群組隨機分配設計對部份變數進行調整

以下變數沒有造成明顯影響及已被排除在外

(1) 「戒煙重要性的認知」；

(2) 社會環境因素 (擁有同住的吸煙家人、吸煙朋友的數量、對無煙宣傳活動的認知及戒煙期間得到的支援)；及

(3) 其他人口特徵(擁有子女數目、居住地區及家庭每月總收入)

4. 討論

總括而言，「戒煙大贏家」比賽成功在社區層面上推動戒煙。透過在全港18區當中14個地區的購物商場及公眾地方舉辦31場招募活動，成功在一個半月期間(由2010年6月19日至8月26日)招募超過1,000名吸煙人士參加。比較醫院管理局轄下32間戒煙診所的服務，在2010全年(12個月)使用及接受的基線輔導有4,156人⁵，比賽成功吸引一批在社區內較難接觸的吸煙人士(較年長及社會經濟狀況較差的人士)參加，他們一般較少尋求戒煙服務²。相對香港吸煙人口²及向戒煙診所求助的吸煙人士⁴，比賽能夠吸引一群失業、於年輕時已經開始吸煙及吸煙嚴重指數較高的吸煙人士參加。透過獎金鼓勵，「戒煙大贏家」比賽提供一個平台推動那些在社區內不會向現有戒煙服務尋求協助的吸煙人士嘗試戒煙。

整體參賽者的自我報告成功戒煙率及經生物測試核實的成功戒煙率在六個月跟進時分別達到16.4%及8.3%(治療意向分析)，成效與近期的國際戒煙比賽結果相約¹。然而2009年「戒煙大贏家」的整體自我報告成功戒煙率達22%，比率顯著較現時數據高($z=3.13$ ； p 值少於0.01)。跌幅可歸因於香港經過30年逐步收緊控煙措施後吸煙人口大為降低，而仍有吸煙習慣的人士的戒煙困難度較高，對戒煙的抗拒度亦較大。

在治療意向分析下，輔導組及對照組在自我報告成功戒煙率在六個月跟進時分別是18%及14%。而2009「戒煙大贏家」中，三個研究組別(短訊組、電話輔導組及對照組)的自我報告成功戒煙率分別是21%、22%及20%。在2010年，輔導組與對照組戒煙的相對危險比率(輔導組戒煙比率/對照組戒煙比率)及相差危險性(輔導組戒煙比率-對照組戒煙比率)分別為1.33(95%信賴區間=0.94-1.88)及0.046(95%信賴區間=-0.01-0.10)，而2009年電話輔導組的相對危險比率及相差危險性為1.09 (95%信賴區間=0.79-1.52)及0.019(95%信賴區間=-0.04-0.08)(與對照組比較)，短訊組為1.01

(95%信賴區間=0.72-1.42)及0.003(95%信賴區間=-0.06-0.06)(與對照組比較)。在完整資料分析下，相對危險比率為1.41(95%信賴區間=1.00-1.99)。以上結果發現面對面的現場輔導比起提供電話輔導及短訊更有效地幫助吸煙人士戒煙。同時，結果顯示參賽者在參加比賽時接受戒煙建議比其後透過電話接受戒煙輔導是較好的教導時機。然而，使用較保守的分析方法-治療意向分析-沒有發現輔導組及對照組在戒煙比率、吸煙量降低比率及戒煙次數上顯著的差異。根據廣義估計方程式顯示戒煙干預與戒煙有關連但在統計上兩者沒有顯著分別(治療意向分析- p 值等於0.16及完整資料分析- p 值等於0.10)。在輔導組的參賽者比對照者有較大機會成功戒煙(46%(治療意向分析)及56%(完整資料分析))，但有關戒煙干預在統計上沒有顯著分別。在研究中沒有發現顯著分別主要是因為樣本數量受到資源及其他因素的限制，因此未來進行隨機試驗研究時需要更大的樣本數量。同時，如之前所預測，簡短的現場輔導所造成的效應值不會太大。

輔導組的參賽者在六個月跟進時的「戒煙重要性的認知」能夠維持，然而對照組的參賽者的「戒煙重要性的認知」就有明顯的下降(圖12)，證明提供額外的現場輔導對維持「戒煙重要性的認知」有一定成效。

同時研究發現以下因素有機會影響成功戒煙，包括年齡50歲或以上、具有較高的教育程度、每日吸煙數量10支或以下、開始每星期吸煙年齡為18歲或以上、參加比賽時已準備戒煙、曾經嘗試戒煙及擁有較高的「戒煙自信度的認知」但較低的「戒煙困難度的認知」。

5. 結論

總括而言，「戒煙大贏家」比賽成功接觸社區內一大群較少機會接受其他戒煙服務的吸煙人士參加，並成功推動他們戒煙或減少吸煙。比賽提供有利環境鼓勵吸煙人士戒煙。隨機對照試驗能提供一些證據顯示簡短的現場戒煙輔導對戒煙、減少吸煙及「戒煙重要性的認知」有些好處。

6. 建議

這類以比賽形式進行的戒煙活動應該每年定期舉辦，為那些不會向社區戒煙服務尋求協助的吸煙人士提供一個戒煙診所以外的平台。同時比賽為隨機對照試驗研究提供數據測試不同戒煙輔導的成效。對於未能成功戒煙及恢復吸煙的戒煙人士，提供進一步的跟進有機會增加戒煙率，如轉介他們到現有戒煙服務，然而成效視乎吸煙人士是否願意接受額外的跟進及尋求更深入的服務，有關情況值得進一步的研究。

7. 臨床試驗註冊編號

臨床試驗註冊編號: (ISRCTN3730513, <http://www.controlled-trials.com>)

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9. 鳴謝

我們感謝學生助理、研究助理及戒煙輔導員支援本計劃的進行，包括招募吸煙人士、支援跟進、輸入數據及統計分析。我們亦感謝香港吸煙與健康委員會撥款及支持是項研究計劃及委員會職員的協助。最後，我們感謝參加戒煙比賽的吸煙人士及戒煙人士為本研究計劃提供重要數據。



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Quit to Win 2010 – Smoking Cessation Contest

June 2013, COSH Report No. 13



“Quit to Win 2010” and smoking cessation

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1. Introduction

The smoking cessation competition was originated in Minnesota from a heart health initiative during the 1980s in the USA. It encouraged smokers to quit smoking for prizes and monetary rewards. Since then, smoking cessation competition has been promoted in other states within the U.S. and other countries. Despite no firm conclusion drawn in Cochrane systematic review due to the small number of studies (only five) included and methodological flaws, quit to win contests at local and regional level appeared to increase quit rates from baseline community rates.¹ Surveys suggested that international Quit and Win contests may be effective. However, no firm conclusion has been drawn due to the lack of randomized controlled trial (RCT).¹

In Hong Kong, under the 2006 Smoking (Public Health)(Amendment) Ordinance, the Government implemented a series of tobacco control measures, including the expansion of designated no smoking areas starting from 1 January 2007 and the implementation of the HK\$1,500 fixed penalty for smoking offence from 1 September 2009. A big increase in tobacco tax was implemented in February 2009 after no increase for 8 years. The prevalence of daily smokers in the population aged 15 or above was 11.1% (676,900 smokers) in 2010. Of daily cigarette smokers, about 33% and 53% had tried but failed to give up smoking and had never tried but wanted to give up smoking, respectively, with the most common reasons including “not determined enough,” “cigarette smoking had formed a habit/favorite,” and “most friends/colleagues were smokers.”² These figures show that there is an urgency in promoting smoking cessation and it is important to study the characteristics of quitters and effectiveness of various cessation interventions.

Learning from the international smoking cessation competition, Hong Kong Council on Smoking and Health (COSH) and the University of Hong Kong launched Quit to Win Contest in order to attract and encourage smokers to quit smoking in the community and assess the effectiveness of minimal intervention on smoking cessation. In 2009, a 3-arm RCT tested the effectiveness of brief smoking cessation advice by telephone or SMS, by comparing to a control group, on quit rates and changes in smoking behaviors among smokers who joined the Quit to Win Contest.³ A total of 1,119 participants were recruited from 31 recruitment activities in 14 (out of 18) districts within one and half month. Such

strategies reached and attracted more smokers compared to 32 smoking cessation clinics from the Hospital Authority with only 2,854 smokers attended in 12 months. At 6-month follow-up, the self-reported quit rate reached 22%. However, no difference in the self-reported quit rate was found among the 3 RCT groups. This quit rate was higher than that of a local quitline (12%).⁴

In 2010, COSH launched Quit-to-Win Contest again to attract and encourage smokers to quit smoking. A 2-arm RCT was conducted to evaluate the effectiveness of a brief smoking cessation advice delivered by trained counselor onsite, comparing to a control group, on quit rates and changes in smoking behaviours and to analyse psychological factors related to smoking. Successful quitters were eligible to join the lucky draw, as in the 2009 contest.

2. Methods

2.1 Recruitment

COSH conducted 31 recruitment activities in shopping malls and public areas in 14 (out of 18) districts in Hong Kong from mid-June to late August 2010 to promote this campaign and recruit participants. Smokers were invited to visit the booths and join the contest. Trained research assistants (RAs) screened participants with the following eligibility criteria for the Contest and the RCT:

1. Hong Kong residents aged 18 or above;
2. Daily smokers who smoked at least 1 cigarette per day in the past 6 months;
3. Exhaled carbon monoxide (CO) of 4 ppm or above; and
4. Able to communicate in Cantonese and read Chinese.

Smokers who were psychologically or physically unable to communicate, or currently following other smoking cessation programmes were excluded from this RCT.

After obtaining written consent from the participants, the RAs administered the baseline questionnaire, measured the exhaled carbon monoxide (CO) level, distributed self-help smoking cessation booklets to the participants and assigned a unique participation number. Participants who were unwilling to join the RCT could join the Quit to Win Contest, but they were assigned to the Non-RCT group.

Cluster randomization was used to allocate the first 20 recruitment sessions into one of the two RCT groups. Ten sessions were allocated to the intervention group and other 10 to the control group through a random-digit generator from the website (<http://www.random.org>). Participants in the intervention group were given a brief on-site smoking cessation advice, and the control group received no on-site advice. Eleven additional sessions were organized with the remaining resources from the first 20 recruitment sessions. Participants who were eligible and consented to participate in the Contest in these 11 sessions were assigned to the non-RCT group.

2.2 Intervention and Follow-up

Intervention Group - Participants in the intervention group received a brief (5 minutes) smoking cessation advice provided by trained smoking cessation counselors onsite. They received advice on quitting smoking and specific warning on the hazardous effects of smoking on health using the AWARD approach: (1) Ask the smoking history, (2) Warn about the high risk (e.g., half of the smokers will die of smoking-related diseases), (3) Advise to quit, (4) Refer the smokers to professionals, and (5) Do-it-again, by repeating the interventions and support. Hotline numbers were given to the participants if they needed further help. They also received the COSH self-help smoking cessation 8-page booklet, which included information on the advantages to quit smoking, tips on smoking cessations, self-test on nicotine dependence, and contact information of smoking cessation services, at the recruitment sites.

Control Group and Non-RCT Group – Participants in the control group did not receive any quitting assistance other than the same COSH self-help smoking cessation booklet at the recruitment sites.

All participants were followed up at 6-month after baseline recruitment. Trained student interviewers, who were blinded to the group assignment, conducted the telephone survey using a standardized questionnaire. The interviewers made at least seven call attempts, at different time periods, to reach each participant. Those who failed to be contacted in all attempts were classified as lost to follow up. Those who reported no smoking in the past 7 days were invited to participate in a biochemical validation including measurement of exhaled (CO) and salivary cotinine levels. The standard for validated abstinence was that exhaled CO level < 4 ppm and saliva cotinine < 10ng/ml. Participants who passed the biochemical validation were offered the opportunity to enter into a lucky draw organized by COSH. The primary outcome was self-reported 7-day point

prevalence quit rate at 6-month follow-up, and secondary outcomes were biochemically validated quit rate, rate of smoking reduction by at least 50%, and number of quit attempts.

A total of 13 participants who stopped smoking at 6-month follow-up and passed the bio-chemical validations won the lucky draw prizes: 3 of them each received a HK\$10,000 gift voucher and 10 of them each received a HK\$4,000 gift voucher. Another 3 awards (3 HK\$3,000 gift vouchers) were granted to three persons who nominated smokers to join the Quit to Win Contest, and the nominated smokers quitted successfully at 6-month follow-up.

The baseline characteristics of all subjects (N=1103) were described together. For the RCT, the main comparison would be the quit rates, smoking profiles and psychosocial factors at six months between intervention and control group.

We adopted the intention-to-treat (ITT) analysis (assuming participants who lost to follow up did not change their baseline smoking behavior) to estimate various cessation outcomes. We also performed complete case analysis (by excluding all participants who lost to follow up) because the lost-to-follow-up rate in the intervention group was substantially greater than that in the control group (30.2% vs 25.4%).

3. Results

In all the 31 recruitment sessions, a total of 1,139 participants visited the smoking cessation booths and received the smoking cessation self-help booklets, and 1,103 (96.8%) of them were eligible and consented to participate in the Contest. Of the 1,103, 831 recruited at the 20 randomized sessions participated in the RCT (Intervention: N=441; Control: N=390). The other 272 participants from the 11 latter sessions were allocated to the non-RCT group.

Baseline results

3.1 Demographic characteristics of all participants

Table 1 shows that most (83.8%) of the 1,103 participants were male, nearly two-third (63.9%) aged 40 or above, and 73.1% were married. Slightly over half of participants (54.2%) had some education up to Form 3 and 33.6% had attained Form 4-7. Nearly two-third (65.0%) were employed and most (76.6%) had monthly household income < HK\$20,000. For 847 who were married or single but with children, 55.8% had more than one child. The socio-economic profiles were similar among the 2 RCT groups (p-values > 0.05).

Table 1 Baseline demographic characteristics of all participants

		All participants (N=1103) N (%)	Non- RCT group (N= 272) N (%)	Intervention ² (N = 441) N (%)	Control ² (N = 390) N (%)
Gender	Male	924 (83.8)	227 (83.4)	376 (85.3)	321 (82.3)
	Female	179 (16.2)	45 (16.5)	65 (14.7)	69 (17.7)
		M (SD)			
Age ¹ , years		45.91 (15.0)	42.65 (15.1)	47.40 (15.2)	46.45 (14.3)
		N (%)			
Age group ¹ , years	18-29	161 (14.7)	59 (23.9)	60 (13.6)	42 (10.8)
	30-39	237 (21.6)	64 (25.9)	84 (19.1)	89 (22.9)
	40-49	263 (24.0)	58 (23.5)	99 (22.4)	106 (27.2)
	50-59	211 (19.3)	52 (21.1)	92 (20.9)	67 (17.2)
	60 or over	224 (20.4)	14 (5.7)	105 (23.9)	85 (21.9)
Marital status ¹	Single	263 (23.8)	82 (30.1)	98 (22.2)	83 (21.3)
	Married/Cohabit	806 (73.1)	183 (67.3)	330 (74.8)	293 (75.1)
	Other	34 (3.1)	7 (2.6)	13 (2.9)	14 (3.6)
		N=874	N=192	N=346	N=309
Child ³	None	100 (11.8)	34 (17.7)	37 (10.7)	29 (9.4)
	One child	274 (32.3)	54 (28.1)	111 (32.1)	109 (35.3)
	Two children	272 (32.1)	63 (32.8)	113 (32.7)	96 (31.1)
	Three or more children	201 (23.7)	41 (21.4)	85 (24.6)	75 (24.3)
		N=1103	N=272	N=441	N=390
Education level ¹	No formal education	37 (3.4)	5 (1.8)	17 (3.9)	15 (3.8)
	Primary School to F3	560 (50.9)	108 (39.7)	243 (55.4)	209 (53.6)
	F4 – F7	370 (33.6)	108 (39.7)	139 (31.7)	123 (31.5)
	Post-secondary or above	134 (12.2)	51 (18.8)	40 (9.1)	43 (11.0)
Work status ¹	Student	17 (1.6)	2 (0.7)	9 (2.0)	6 (1.5)
	Self-employed/Employed	710 (65.0)	203 (74.9)	269 (61.0)	238 (61.0)
	Unemployed	110 (10.1)	20 (7.4)	43 (9.8)	47 (12.1)
	Housewife	64 (5.9)	11 (4.1)	28 (6.3)	25 (6.4)
	Retired	201 (18.4)	35 (12.9)	92 (20.9)	74 (19.0)
Monthly household income ¹	Less than \$10,000	450 (40.8)	87 (32.1)	208 (47.2)	155 (39.7)
	\$10,000- \$19,999	395 (35.8)	98 (36.2)	144 (32.7)	153 (39.2)
	\$20,000- \$29,999	148 (13.4)	50 (18.5)	49 (11.1)	49 (12.6)
	\$30000 or more	109 (9.9)	36 (13.3)	40 (9.1)	33 (8.5)

¹ Missing data was excluded

² Statistical comparisons were performed between the two study groups (Intervention and Control) in the RCT study but no significant difference was found between groups.

³ Participants who were single and without children were excluded

3.2 Smoking profile

In both intervention and control groups, the majority (69.4% and 71.5%, respectively) started smoking before the age of 20 years (Figure 1). About half of the participants in the intervention group smoked 11-20 cigarettes a day (47.8%), and 10.4% smoked more than 20 cigarettes a day (Figure 2). The corresponding figures for the control

group were 45.9% and 13.1%. While about 70% had ever attempted to quit smoking in both intervention and control groups (smoking abstinence for over 24 hours), only 19% and 23.1% had quit attempts in the past 12 months in the intervention and control groups, respectively (Figure 3). These smoking and quitting profiles were similar among the 2 RCT groups (p-values > 0.05).

Figure 1

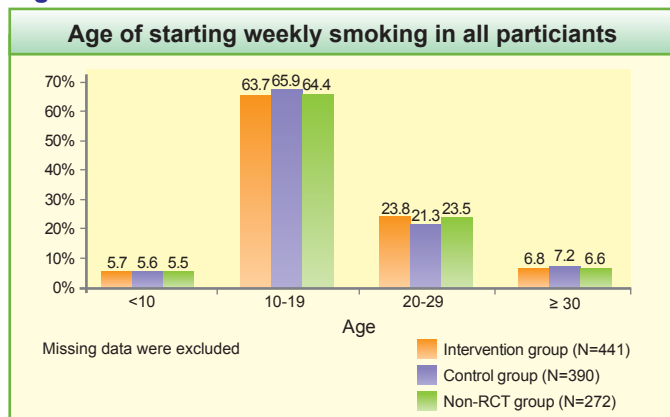


Figure 2

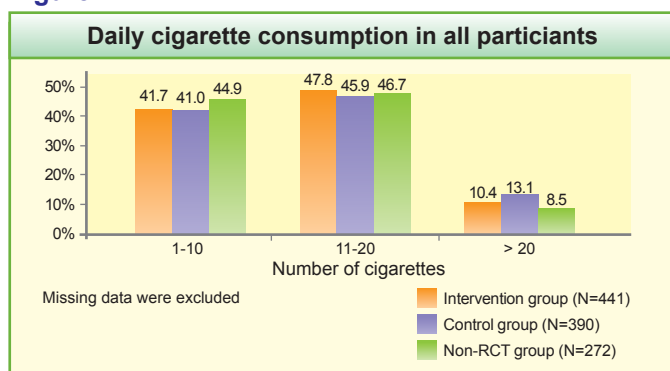
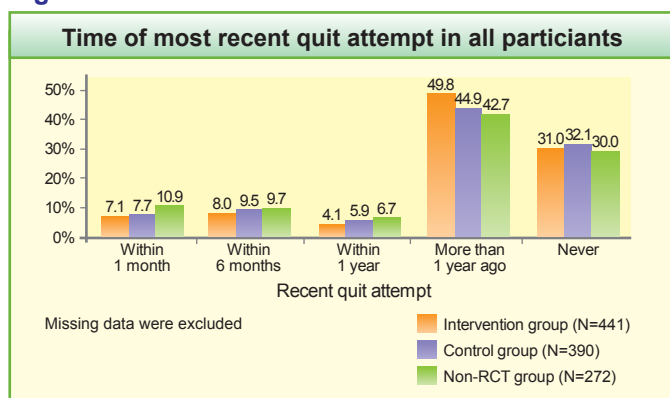


Figure 3



3.3 Environmental influence

At baseline, the most common source of support for all participants to quit smoking included: (1) spouse (58.9%, 650/1103), (2) children (52.5%, 579/1103), and (3) parents (18.8%, 207/1103). However, 12.8% (141/1103) perceived no support in their quitting process. Fewer participants in the intervention group than the control group received support from their parents (13.4% vs. 19.7%, $p < 0.05$; table not shown). No other differences were found between the 2 RCT groups ($p > 0.05$).

About 30% of participants in the intervention and control group (30.8% and 29%, respectively) lived

with one or more smoking family members (Figure 4). About 80% (81.6% and 81%, correspondingly) reported that half or more of their friends smoked cigarettes (Figure 5), and about 50% (55% and 51.8%, correspondingly) reported that half or more of their colleagues smoked cigarettes (Figure 6). These differences among the 2 RCT groups were not statistically significant (p -values > 0.05).

Figure 4

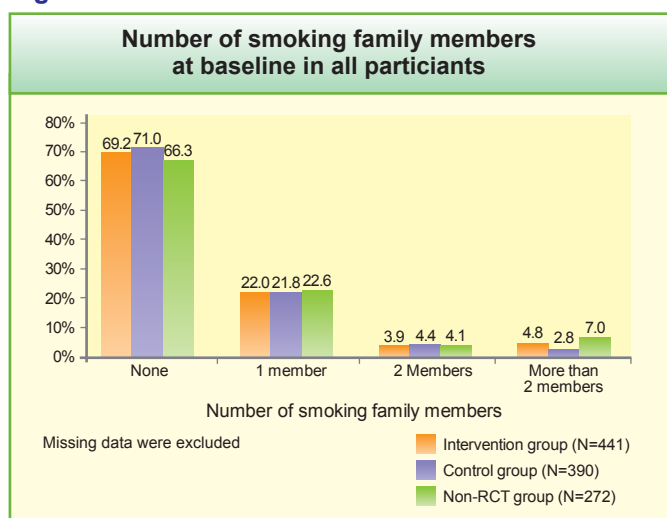


Figure 5

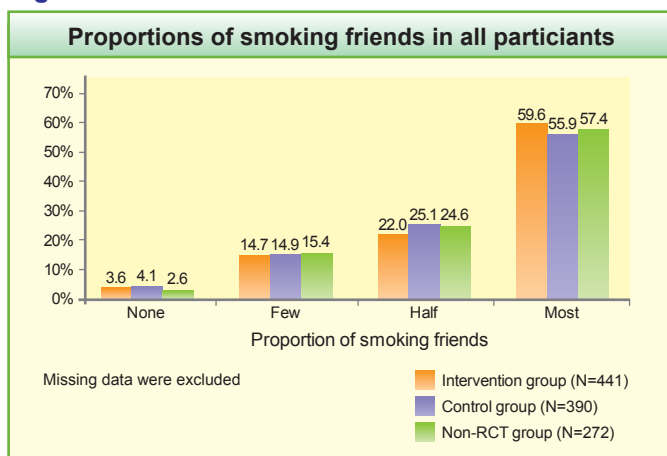
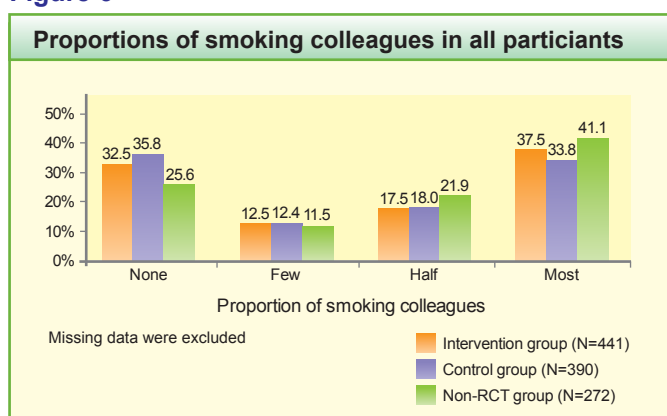


Figure 6



Six-month follow-up results

3.4 Retention rate

At the 6-month follow up, the overall retention rate was 74.1% (787/1103), with 69.8% (308/441) in the intervention group and 74.6% (291/390) for the control group ($p = 0.15$).

3.5 Quit rate & rate of smoking reduction by half or more

Overall, by ITT, the self-reported quit rate (7-day point prevalence) of participants in intervention, control, and non-RCT groups at 6-month follow-up was 18.4% (81/441), 13.8% (54/390) and 16.9% (46/272), respectively. The intervention group seemed to show a greater quit rate than the control group but the difference was marginally significant ($p=0.078$) (Figure 7). In complete case comparison, the self-reported quit rate of participants in the intervention, control, and non-RCT groups at 6-month follow-up was 26.3% (81/308), 18.6% (54/291), and 24.5% (46/188), respectively. The self-reported quit rate was significantly greater in the intervention than control group ($p=0.015$) (Figure 8). These results suggested that the intervention had a 33% (18.4%/13.8%) to 41% (26.3%/18.6%) higher rate of success in quitting than the control group, which was a small effect size.

Figure 7

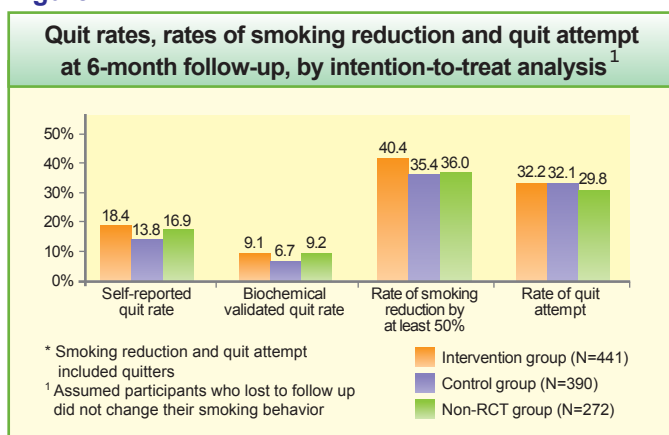
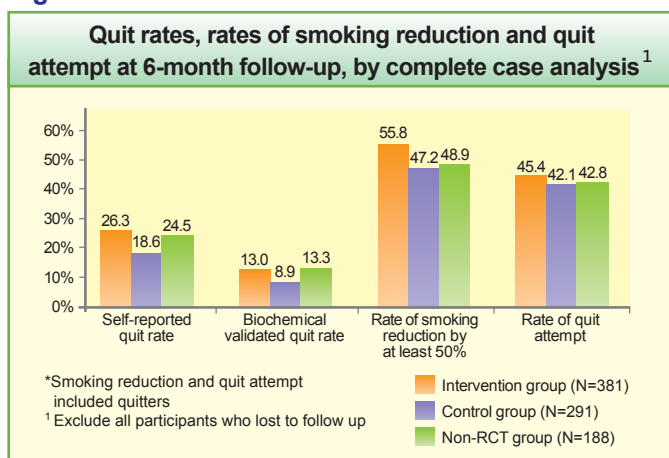


Figure 8



At 6-month follow-up, by ITT, the validated quit rate was 9.1% (40/441) and 6.7% (26/390) in the intervention and control groups, respectively ($p=0.20$). The validated quit rates were lower than the self-reported quit rates, as overall, 54.8% (74/135) of self-reported quitters participated in the validation, and among these participants, 89.2% (66/74) passed. In the intervention group, among 81 self-reported quitters, 55.6% (45/81) participated in the validation, and among these participants, 88.9% (40/45) passed. The corresponding figures for the control group were 53.7% (29/54) and 89.7% (26/29). There was no significant difference in the rate of passing the validation between the intervention and control groups (88.9% (40/45) vs 89.7% (26/29); $p=0.61$). In complete case comparison, the validated quit rate at 6-month follow-up was 13% (40/308) in the intervention group, which was greater than that in the control group but marginally not significant (8.9% (26/291) $p=0.11$) (Figure 8).

When we included participants who had quit smoking, the overall smoking reduction rate (reduced cigarette consumption by at least 50% compared to baseline) at 6-month follow-up was 40.4% and 35.4%, respectively, in the intervention and control group ($p=0.14$) (Figure 7). In complete case comparison, the smoking reduction rate was 55.8% and 47.2%, respectively, in the intervention and control group and the difference was significant ($p=0.02$) (Figure 8).

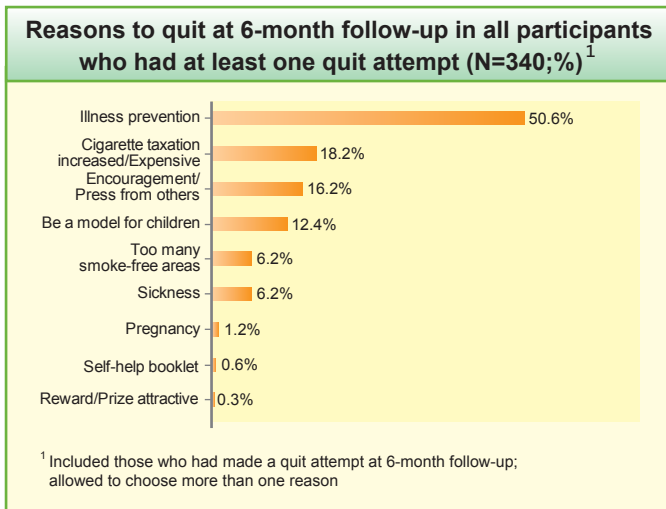
By ITT, when we excluded those who quit smoking at the follow-up, the smoking reduction rate at 6-month follow-up was 32.2% and 32.1% in the intervention and control group, respectively. The reduction rates excluding quitters were also similar between the 2 RCT groups (p -values = 0.55). The corresponding figures for complete case comparison were 42.7% and 35.9%, which was of marginal statistical significance ($p=0.08$).

3.6 Reasons of quit attempts, methods and relapse

At 6-month follow-up, overall, among 340 participants who had made at least one quit attempt (N=138, 122, and 80 in the intervention, control, and non-RCT groups, respectively), the five most common reasons for participants to initiate a quit attempt were: (1) illness prevention (50.6%=172/340), (2) increased cigarette taxation or expensive (18.2%=62/340), (3) received encouragement or pressure from others to quit smoking (16.2%= 55/340), (4) being a role model for children (12.4%=42/340), (5) too many smoke-free areas (6.2%=21/340) (Figure 9). More participants in the intervention group made a quit attempt due to sickness (11.6% vs. 0.8%, $p<0.001$) whereas fewer participants in the intervention group made a quit attempt due to

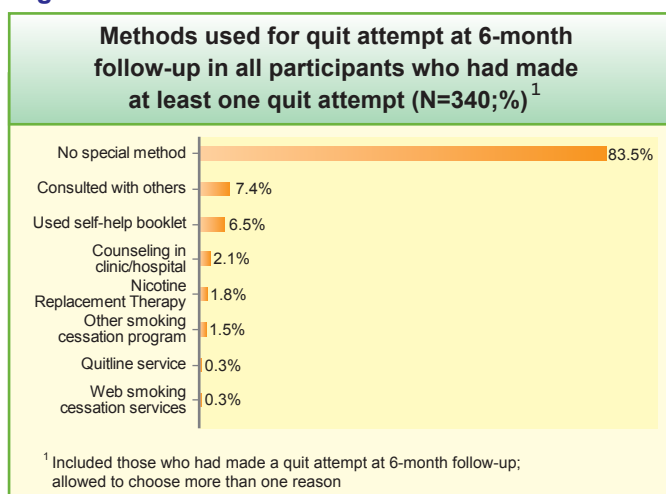
increase in cigarette taxation/ expensive cigarette price (13% vs. 25.4%, $p<0.001$) comparing to the control group.

Figure 9



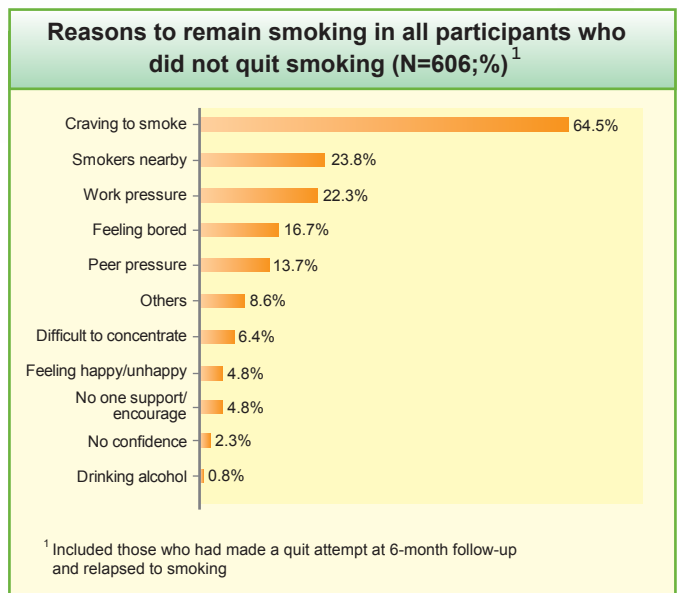
Most of the 340 participants (N=138, 122, and 80 in the intervention, control, and non-RCT groups, respectively) who had made a quit attempt (83.5%) did not use any specific method to quit smoking, while some consulted others (7.4%) and used the self-help booklet (6.5%) during the quit attempt (Figure 10). Fewer participants in the intervention group than in the control group used the self-help booklet (2.2% vs. 8.2%; $p<0.05$).

Figure 10



Among 606 who did not quit at 6-month follow-up (N=227, 237, 142 in the intervention, control, and non-RCT groups, respectively), the most common reasons of continuing smoking were (1) craving to smoke (64.5%), (2) smokers nearby (23.8%), (3) work pressure (22.3%), and (4) feeling bored (16.7%) (Figure 11). The pattern was similar among the 2 RCT groups (p -values > 0.05)

Figure 11



3.7 Social support during smoking cessation

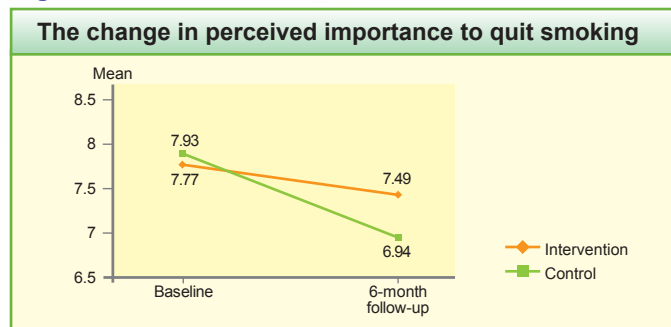
At 6-month follow-up, among 787 participants who completed the follow-up questionnaire (N=308, 291, 188 in the intervention, control, and non-RCT group, respectively), the major source of support to quit came from the spouse (42.3%), children (28.5%), friends (15.6%) and parents (13.1%). On the other hand, 29.4% responded they received no social support during the quitting process. The pattern was similar between the 2 RCT groups ($p > 0.05$).

3.8 Psycho-social factors (importance, confidence, and difficulty) related to quit smoking

In a scale of 0 (minimum) to 10 (maximum), the mean scores of "perceived level of importance of quitting smoking" at baseline was 7.93 (SD=0.14) and 7.77 (SD=0.14) in the intervention and control group, respectively (Figure 12). Corresponding mean scores for "perceived level of difficulty of quit smoking" and "perceived level of confidence to quit smoking" at baseline were 7.15 (SD=0.16) and 6.89 (SD=0.16) (Figure 13), and 5.81 (SD=0.15) and 5.88 (SD=0.15) (Figure 14). All these baseline psycho-social factors were similar among the 2 RCT groups (p -values > 0.05).

The mean score of perceived importance at baseline was similar in intervention and control groups ($p=0.17$) (Figure 12). The effectiveness of the intervention on the psycho-social factors was assessed by comparing the percentage change of mean scores from baseline to 6-month follow-up among the 2 RCT groups (i.e. $T_{FU}-T_{baseline}/T_{baseline}$). At 6-month follow-up, a greater decrease in perceived importance of quitting was observed in the control (12.5%) than intervention groups (5.5%) ($p=0.004$), and the score was significantly higher in the intervention than control group (Mean (SD) = 7.49 (0.14) vs. 6.94 (0.14), $p<0.01$) (Figure 12).

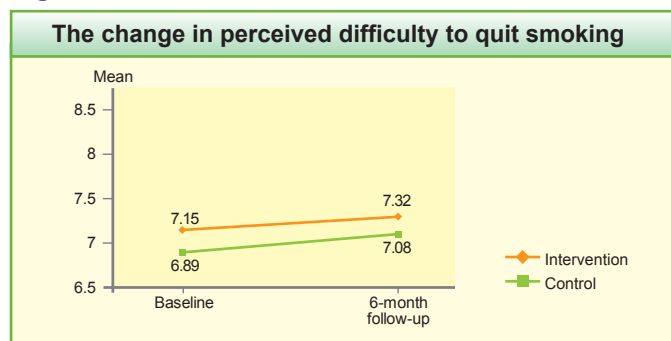
Figure 12



Within-group pair-sample t-test (pre vs. post):
 Intervention group: $p=0.10$
 Control group: $p<0.01$
 Between-group independent t-test:
 Baseline: $p=0.17$
 6-month: $p<0.01$
 Interaction between time and group: $p=0.004$

For the perceived difficulty to quit, the changes between baseline and 6-month follow-up were similar and less than three percent in both intervention (2.8%) and control groups (2.4%) ($p=0.94$) (Figure 13). The scores were also similar among the two RCT groups, at both baseline and follow-up (p -values > 0.05).

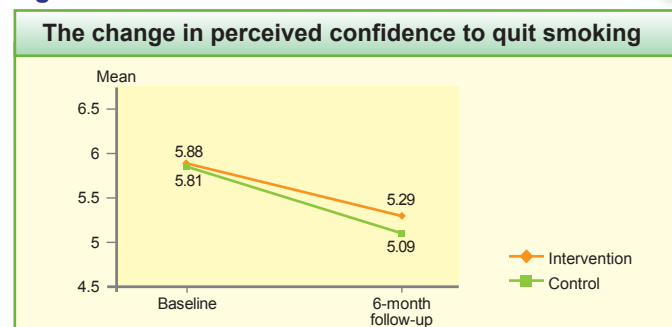
Figure 13



Within-group pair-sample t-test (pre vs. post):
 Intervention group: $p=0.29$
 Control group: $p=0.31$
 Between-group independent t-test:
 Baseline: $p=0.20$
 6-month: $p=0.19$
 Interaction between time and group: $p=0.94$

The mean scores of perceived confidence were similar between the two RCT groups, at both baseline and 6-month follow-up (p -values > 0.05) (Figure 14). The decrease between baseline and follow-up were also similar in both intervention (10%) and control groups (12.4%) ($p=0.62$).

Figure 14



Within-group pair-sample t-test (pre vs. post):
 Intervention group: $p<0.01$
 Control group: $p<0.01$
 Between-group independent t-test:
 Baseline: $p=0.18$
 6-month: $p=0.22$
 Interaction between time and group: $p=0.62$

3.9 Predictors on quitting at 6-month follow-up

In intention to treat analysis, using the generalized estimating equations (GEE) models on the 817 participants, the likelihood to quit smoking was higher among those who: (1) aged ≥ 50 years, and (2) had higher education attainment. Smokers who (3) smoked 10 cigarettes or less daily, (4) started smoking at the age of 18 or older, (5) prepared to quit, (6) attempted to quit previously, and (7) perceived higher level of confidence to quit smoking were more likely to quit smoking at 6-month follow-up. The brief on-site counseling increased the likelihood of quit smoking at 6-month follow-up but not statistically significant (Adj. OR=1.46; 95%CI=0.86-2.49).

Table 2 Predictors of quit smoking at six-month follow-up using GEE and intention to treat (N=817)

Quitting (Intention to treat; N=817 ¹)	Adj. OR ²	p-value	95% CI
Intervention	1.46	0.16	0.86 - 2.49
Aged ≥ 50 years	1.85	0.003	1.23 - 2.78
Gender (Ref: Male)	1.21	0.32	0.83 - 1.76
Educational attainment			
Tertiary or above	2.67	<0.001	1.66 - 4.31
Secondary school	1.56	0.03	1.04 - 2.35
Primary school/kindergarten	1	-	-
Daily cigarette consumption			
1 to 10 cigarettes	4.04	0.004	1.57 - 10.35
11 to 20 cigarettes	1.65	0.25	0.70 - 3.87
Over 20 cigarettes	1	-	-
Started smoking ≥ 18 years old	1.40	0.08	0.96 - 2.04
Stage of readiness to quit at baseline			
Preparation stage	2.01	0.04	1.01 - 3.98
Contemplation stage	1.26	0.52	0.61 - 2.60
Pre-contemplation stage	1	-	-
Previous quit attempt (Ref: No)	1.60	0.02	1.06 - 2.40
Perceived level of confidence in quitting at baseline (0 – 10)	1.19	<0.001	1.09 - 1.30

Notes: Adj. OR = adjusted odds-ratio; CI = confidence interval;

¹ Excluded 14 incomplete baseline data

² Adjusted for all other variables in the model; accounted for the cluster randomized design.

The following variables were insignificant in crude models and excluded in the model:

(1) perceived importance of, and difficulty in quitting;

(2) social norm in smoking (presence of smoking household members, proportion of smoking friends and colleagues, awareness of anti-smoking campaigns, and support received to quit smoking); and

(3) other demographic characteristics (having children, living district, and monthly household income).

In complete case analysis, the likelihood of quit smoking were higher among those who (1) aged 50 years or older, (2) had higher education attainment, (3) smoked 10 cigarettes or less daily, (4) started smoking at the age of 18 or older, (5) prepared to quit, (6) perceived higher level of confidence and (7) lower level difficulty to quit. The brief on-site counseling increased the likelihood of quit smoking at 6-month follow-up but not statistically significant (Adj. OR=1.56; 95%CI=0.92-2.65).

Table 3 Predictors of quit smoking at six-month follow-up using GEE and complete case analysis (N=586)

Quitting (complete case analysis; N=586 ¹)	Adj. OR ²	p-value	95% CI
Intervention	1.56	0.10	0.92 - 2.65
Aged ≥ 50 years	1.83	0.03	1.07 - 3.13
Gender (Ref: Male)	1.14	0.53	0.75 - 1.75
Educational attainment			
Tertiary or above	2.66	0.002	1.45 - 4.86
Secondary school	1.78	0.03	1.06 - 3.00
Primary school/kindergarten	1	-	-
Daily cigarette consumption			
1 to 10 cigarettes	4.08	0.004	1.57 - 10.60
11 to 20 cigarettes	1.55	0.31	0.66 - 3.62
Over 20 cigarettes	1	-	-
Started smoking ≥ 18 years old	1.48	0.04	1.03 - 2.14
Stage of readiness to quit at baseline			
Preparation stage	2.10	0.06	0.98 - 4.50
Contemplation stage	1.40	0.39	0.65 - 3.01
Pre-contemplation stage	1	-	-
Previous quit attempt (Ref: No)	1.39	0.10	0.93 - 2.08
Proportion of smoking colleagues (Ref: Half or less)	0.70	0.13	0.44 - 1.11
Perceived level of confidence to quit at baseline (0 – 10)	1.23	<0.001	1.12 - 1.35
Perceived level of difficulty to quit at baseline (0 – 10)	0.95	0.07	0.89 - 1.01

Notes: Adj. OR = adjusted odds-ratio; CI = confidence interval;

¹ Excluded 245 incomplete data of which 232 were loss-to-follow up (i.e., no quitting data)

² Adjusted for all other variables in the model; accounted for the cluster randomized design.

The following variables were insignificant in crude models and excluded in the model:

(1) perceived importance of quitting;

(2) social norm in smoking (presence of smoking household members, proportion of smoking friends, awareness of anti-smoking campaigns, and support received to quit smoking); and

(3) other demographic characteristics (having children, living district, and monthly household income).

4. Discussion

In general, the Quit to Win Contest successfully promoted smoking cessation in the community. By setting up 31 recruitment activities in shopping malls or public areas in 14 out of 18 districts in Hong Kong, over 1,000 smokers joined the Contest within one and half months (from 19 June to 26 August 2010). In comparison, 4,156 smokers attended and received baseline counseling among 32 smoking cessation clinics from the Hospital Authority in the entire year (12 months) in 2010.⁵ Furthermore, the Contest attracted the difficult-to-reach groups of smokers in the community (older in age and lower socio-economic status), who were less likely to seek help in smoking cessation.² Compared with the Hong Kong smoking population² and smokers who attended smoking cessation clinic,⁴ the Contest attracted smokers who were more likely to be currently unemployed, started smoking at a younger age, and had heavier smoking. By using financial incentives, the Quit to Win Contest provided a good platform to motivate community smokers who do not seek existing cessation services to quit smoking.

As the key outcome of the Contest, among all participants, the self-reported quit rate and biochemically validated at 6-month follow-up reached 16.4% and 8.3%, respectively, (by intention to treat analysis) and were comparable to international Quit & Win contests as reported in a recent systematic review.¹ However, the overall self-reported quit rate in 2009 Quit to Win Contest was 22%, which was significantly higher than the current figure ($z=3.13$, $p<0.01$). The decline of quit rate may be explained by the phenomenon that the remaining smokers have increasing difficulties to quit smoking or greater reluctance to quit, after more than 30 years of increasingly stringent tobacco control measures in Hong Kong.

By ITT, the self-reported quit rates in the intervention and control group at 6-month follow-up were 18% and 14%, respectively. In comparison, the corresponding figures in 2009 Quit to Win Contest were 21%, 22% and 20% for the two intervention groups of SMS advice and brief telephone counseling and the control group. In 2010, the crude risk ratio (intervention quit rate/control quit rate) and risk difference (intervention quit rate-control quit rate) of quitting for the intervention versus control group was 1.33 (95% CI= 0.94-1.88) and 0.046 (95% CI=-0.01-0.10), respectively, compared to the corresponding figures of 1.09 (95%CI=0.79-1.52) and 0.019 (95%CI=-0.04-0.08) for telephone counseling (versus control), and 1.01 (95%CI=0.72-1.42) and 0.003 (95%CI=-0.06-0.06) for SMS advice (versus. control) in 2009. The complete case analysis of the present intervention also showed a significant crude risk ratio of 1.41 (95% CI=1.00-1.99). These findings suggested that the brief face-to-face onsite counseling was an effective and

possibly more effective intervention to help smokers to quit smoking compared to controls, and to telephone counseling and SMS advice. Also, the findings support that the time of participation in a contest is likely to be a more “teachable moment” to provide cessation advice than a telephone follow-up later. However, by ITT, which was a conservative method of analysis, no significant differences in the quit rate, rate of smoking reduction and rate of quit attempts were found between the intervention and control group. The GEE models also observed positive but not statistically significant association between intervention and quit smoking ($p=0.16$ for ITT and 0.10 for complete case analysis). Subjects in the intervention group were 46% (intention to treat analysis) to 56% (complete case analysis) more likely to quit smoking but not statistically significant. The failure to show statistical significant was the most likely due to the lack of statistical power, as the sample size was limited by resources and other constraints. Hence, a much larger sample is needed for future RCTs. Also, a brief onsite counseling, as expected, could only have a small effect size.

Participants in the intervention group retained their level of perceived importance to quit smoking at 6-month follow-up, while the perceived importance of quitting decreased significantly in the control group (Figure 12). The present additional brief onsite counseling was also effective to maintain the perceived importance of quitting.

The other factors found to predict successful quitting included age of 50 years or older, higher education attainment, smoking 10 cigarettes or less daily, starting smoking at the age of 18 or older, preparing to quit, having previous attempts to quit, perceiving higher level of confidence but lower level of difficulty to quit.

7. Clinical trial Registration

Clinical trial registration number: (ISRCTN73730513, <http://www.controlled-trials.com>)

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5. Conclusions

To conclude, the Quit to Win Contest successfully reached a large number of smokers in the community who were otherwise unlikely to receive smoking cessation counseling through other means, with satisfactory outcomes in quitting or reducing smoking. The Contest has provided a positive environment to motivate smokers to quit. The RCT showed some evidence of small benefits from the brief onsite smoking cessation counseling on quitting and reduction and on perceived importance to quit smoking.

6. Recommendations

This kind of cessation contest is recommended to be conducted on a regular basis preferably as an annual event to provide an alternative platform to attract smokers in the community who may not want to seek help in smoking cessation clinics. It can also provide opportunities for RCTs to test the effectiveness of different additional interventions. Follow-up interventions on smokers who have failed to quit or relapsed, for example by referring to existing smoking cessation services, may be considered to increase the quit rate but whether these smokers would accept further follow up interviews and seek help from more intensive services is uncertain, and deserve further investigation.

9. Acknowledgements

We thank the student helpers, research assistants and smoking cessation counselors for recruitment of smokers, follow-up supports, data entry and statistical analysis. We are grateful to COSH for funding and excellent support from COSH staff. Finally, we thank the smokers and quitters who joined the Contest and provided useful information for this study.



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二零一三年九月出版

Published in September 2013

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