

Go smoke-free
via EDUCATION
無煙生活 由教育出發



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

Annual Report 2015-2016 年報





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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。

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

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

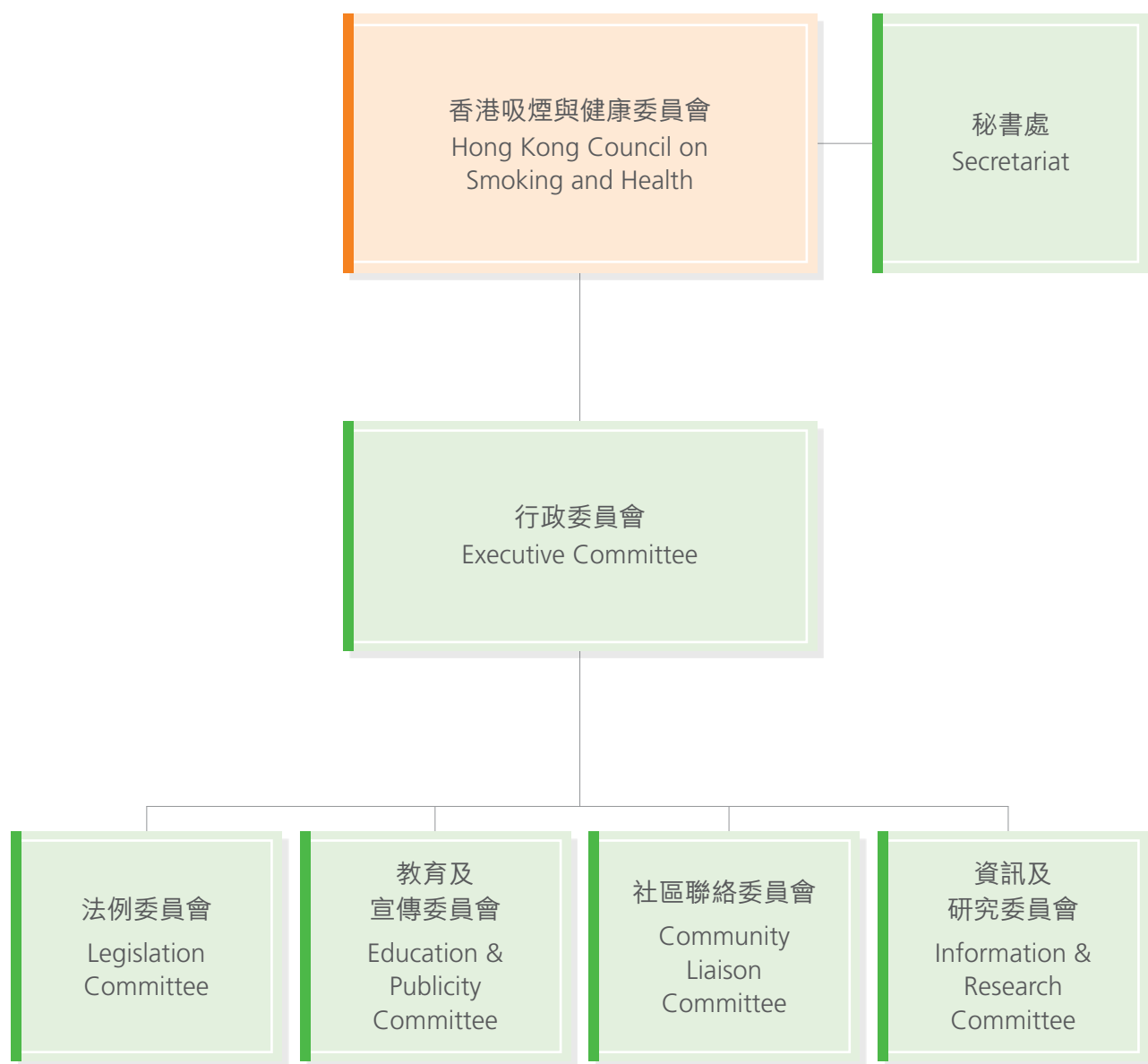
Under such a charter, COSH has taken up the role as an active player and commentator on all issues relating to tobacco control. We aim to act within our charter in response to the changing local environment as it affects the promotion of tobacco and the epidemic caused by smoking.



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

委員會組織架構

Organization of COSH



委員會成員 Members of COSH			
主席	鄭祖盛先生MH	Chairman	Mr Antonio KWONG Cho-shing, MH
副主席	伍婉婷女士MH	Vice-chairman	Ms Yolanda NG Yuen-ting, MH
委員	何靜瑩女士	Member	Ms Ada HO Ching-ying
	徐小曼女士		Ms HSU Siu-man
	林家禮博士 (2015年10月履職)		Dr Lee George LAM (from October 2015)
	林崇綏博士		Dr Susie LUM Shun-sui
	麥耀光博士		Dr MAK Yiu-kwong
	繆潔芝醫生 (2015年10月履職)		Dr Christina MAW Kit-chee (from October 2015)
	彭芷君女士		Ms Gigi PANG Che-kwan
	孫益華醫生		Dr David SUN Yee-wha
	唐少芬醫生		Dr Joyce TANG Shao-fen
	黃帆風先生BBS, MH		Mr Jackson WONG Fan-foung, BBS, MH
	黃進達先生		Mr Jason WONG Chun-tat
	黃仰山教授		Prof Samuel WONG Yeung-shan
	余榮輝先生MH		Mr Christopher YU Wing-fai, MH
當然委員	黎潔廉醫生太平紳士	Ex-officio Member	Dr Cindy LAI Kit-lim, JP
	吳綺媚女士		Ms Grace NG Yee-mei
任期於 2015年9月 屆滿之委員	陳志球教授BBS太平紳士	Outgoing members who served the Council for the year up to September 2015	Prof Johnnie CHAN Chi-kau, BBS, JP
	戴兆群醫生		Dr Daisy DAI Siu-kwan
行政委員會 Executive Committee			
主席	伍婉婷女士MH	Chairman	Ms Yolanda NG Yuen-ting, MH
副主席	鄭祖盛先生MH	Vice-chairman	Mr Antonio KWONG Cho-shing, MH
委員	黎潔廉醫生太平紳士	Member	Dr Cindy LAI Kit-lim, JP
	麥耀光博士		Dr MAK Yiu-kwong

教育及宣傳委員會 Education & Publicity Committee

主席	麥耀光博士	Chairman	Dr MAK Yiu-kwong
委員	鄭祖盛先生MH	Member	Mr Antonio KWONG Cho-shing, MH
	何靜瑩女士		Ms Ada HO Ching-ying
	徐小曼女士		Ms HSU Siu-man
	林崇綏博士		Dr Susie LUM Shun-sui
	吳綺媚女士		Ms Grace NG Yee-mei
	伍婉婷女士MH		Ms Yolanda NG Yuen-ting, MH
	彭芷君女士		Ms Gigi PANG Che-kwan
	黃帆風先生BBS, MH		Mr Jackson WONG Fan-foung, BBS, MH
	黃進達先生		Mr Jason WONG Chun-tat
	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
	葉蔭榮先生		Mr Stephen YIP Yam-wing

社區聯絡委員會 Community Liaison Committee

主席	伍婉婷女士MH	Chairman	Ms Yolanda NG Yuen-ting, MH
委員	鄭祖盛先生MH	Member	Mr Antonio KWONG Cho-shing, MH
	林家禮博士		Dr Lee George LAM
	麥耀光博士		Dr MAK Yiu-kwong
	孫益華醫生		Dr David SUN Yee-wha
	黃帆風先生BBS, MH		Mr Jackson WONG Fan-foung, BBS, 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
	馮秀炎女士		Ms Maureen FUNG Sau-yim
	李鋈發先生		Mr Herman LEE Yuk-fat
	吳鴻揮先生		Mr Myron NG Hung-fai

資訊及研究委員會 Information & Research Committee

主席 鄭祖盛先生MH	Chairman Mr Antonio KWONG Cho-shing, MH
委員 麥耀光博士	Member Dr MAK Yiu-kwong
繆潔芝醫生	Dr Christina MAW Kit-chee
伍婉婷女士MH	Ms Yolanda NG Yuen-ting, MH
唐少芬醫生	Dr Joyce TANG Shao-fen
黃帆風先生BBS, MH	Mr Jackson WONG Fan-foung, BBS, MH
黃仰山教授	Prof Samuel WONG Yeung-shan
增選委員 何世賢博士	Co-opted member Dr Daniel HO Sai-yin
林大慶教授BBS太平紳士	Prof LAM Tai-hing, BBS, JP
吳文達醫生	Dr Alexander NG Man-tat

法例委員會 Legislation Committee

主席 鄭祖盛先生MH	Chairman Mr Antonio KWONG Cho-shing, MH
委員 麥耀光博士	Member Dr MAK Yiu-kwong
伍婉婷女士MH	Ms Yolanda NG Yuen-ting, MH
唐少芬醫生	Dr Joyce TANG Shao-fen
余榮輝先生MH	Mr Christopher YU Wing-fai, MH
增選委員 林大慶教授BBS太平紳士	Co-opted member Prof LAM Tai-hing, BBS, JP
劉文文女士BBS, MH太平紳士	Ms Lisa LAU Man-man, BBS, MH, JP
李詠梅醫生	Dr Anne LEE Wing-mui
李培文醫生	Dr Jeff LEE Pui-man
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

委員介紹

Members of COSH



鄭祖盛律師MH

Mr Antonio KWONG Cho-shing, MH

主席 Chairman

鄭祖盛律師現職商人，於2009年加入委員會，並於2014年獲委任為委員會主席。鄭律師現為資訊及研究委員會和法例委員會主席、行政委員會副主席、社區聯絡委員會和教育及宣傳委員會委員。

Mr Antonio KWONG, a qualified solicitor, is a businessman. He joined COSH in 2009 and was appointed as COSH Chairman in 2014. He is the Chairman of the Information & Research Committee and Legislation Committee, Vice-chairman of the Executive Committee and also member of the Community Liaison Committee and Education & Publicity Committee.



伍婉婷女士MH

Ms Yolanda NG Yuen-ting, MH

副主席 Vice-chairman

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。伍女士現為行政委員會和社區聯絡委員會主席、教育及宣傳委員會、資訊及研究委員會和法例委員會委員。

Ms Yolanda NG is a Councilor of Wan Chai District and actively involved in public services. She joined COSH in 2008 and is the Chairman of the Executive Committee and Community Liaison Committee and also member of the Education & Publicity Committee, Information & Research Committee and Legislation Committee.



何靜瑩女士
Ms Ada HO Ching-ying

委員 Member

何靜瑩女士現職科網企業行政總裁，曾創辦社會企業及非牟利機構。何女士於2014年加入委員會，現為教育及宣傳委員會委員。

Ms Ada HO is an entrepreneur, she founded a social enterprise and non-profit organization. She joined COSH in 2014 and is a member of the Education & Publicity Committee.



徐小曼女士
Ms HSU Siu-man

委員 Member

徐小曼女士為一位青年服務機構註冊社工，於2014年加入委員會，現為教育及宣傳委員會委員。

Ms HSU Siu-man is a registered social worker in youth organization. She joined COSH in 2014 and is a member of the Education & Publicity Committee.



黎潔廉醫生太平紳士
Dr Cindy LAI Kit-lim, JP

委員 Member

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.



林家禮博士
Dr Lee George LAM

委員 Member

林家禮博士現為香港數碼港管理有限公司董事局主席、香港城市大學顧問委員及香港－東盟經濟合作基金會會長，於2015年加入委員會，現為社區聯絡委員會委員。

Dr George LAM is the Chairman of the Board of Directors of Hong Kong Cyberport Management Co Ltd, a member of the Court of the City University of Hong Kong and President of Hong Kong-ASEAN Economic Cooperation Foundation. He joined COSH in 2015 and is a member of the Community Liaison Committee.



林崇綏博士
Dr Susie LUM Shun-sui

委員 Member

林崇綏博士為香港護理專科學院前任院長，於2013年加入委員會，現為教育及宣傳委員會委員。

Dr Susie LUM is the Immediate Past President of The Hong Kong Academy of Nursing. She joined COSH in 2013 and is a member of the Education & Publicity Committee.



麥耀光博士
Dr MAK Yiu-kwong

委員 Member

麥耀光博士現職中學校長，於2012年加入委員會，現為教育及宣傳委員會主席、行政委員會、社區聯絡委員會、資訊及研究委員會和法例委員會委員。

Dr MAK Yiu-kwong is a secondary school principal. He joined COSH in 2012 and is the Chairman of the Education & Publicity Committee and member of the Executive Committee, Community Liaison Committee, Information & Research Committee and Legislation Committee.



繆潔芝醫生
Dr Christina MAW Kit-chee
委員 Member

繆潔芝醫生現為醫院管理局總行政經理（基層及社區醫療服務），於2015年加入委員會，現為資訊及研究委員會委員。

Dr Christina MAW Kit-chee is the Chief Manager (Primary & Community Services) of Hospital Authority. She joined COSH in 2015 and is a member of the Information & Research Committee.



吳綺媚女士
Ms Grace NG Yee-mei
委員 Member

吳綺媚女士現職政府新聞處助理處長，於2014年加入委員會，現為教育及宣傳委員會委員。

Ms Grace NG is the Assistant Director of Information Services Department. She joined COSH as an ex-officio member in 2014 and is a member of the Education & Publicity Committee.



彭芷君女士
Ms Gigi PANG Che-kwan
委員 Member

彭芷君女士現為青樹教育基金董事，亦擔任多項公職，致力推動青少年及體育活動，於2014年加入委員會，現為教育及宣傳委員會委員。

Ms Gigi PANG is the director of Evergreen Education Foundation and actively involved in public services, especially in the development of youth and sports. She joined COSH in 2014 and is a member of the Education & Publicity Committee.



孫益華醫生
Dr David SUN Yee-wha
委員 Member

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.

唐少芬醫生
Dr Joyce TANG Shao-fen
委員 Member

唐少芬醫生於2012年加入委員會，現為資訊及研究委員會和法例委員會委員。

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

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

黃帆風先生現職商人，於2011年加入委員會，現為社區聯絡委員會、教育及宣傳委員會和資訊及研究委員會委員。

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



黃進達先生
Mr Jason WONG Chun-tat
委員 Member

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.

黃仰山教授
Prof Samuel WONG
Yeung-shan
委員 Member

黃仰山教授為香港中文大學醫學院教授，於2014年加入委員會，現為資訊及研究委員會委員。

Prof Samuel WONG is a professor of Faculty of Medicine of The Chinese University of Hong Kong. He joined COSH in 2014 and is a member of the Information & Research Committee.

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

余榮輝先生現職顧問，於2012年加入委員會，現為社區聯絡委員會、教育及宣傳委員會和法例委員會委員。

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

委員介紹
Members of COSH





秘書處

Secretariat

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



秘書處編制及職員名單 Secretariat

總幹事	黎慧賢女士	Executive Director	Ms Vienna LAI Wai-yin
項目籌劃 高級經理	朱偉康先生	Senior Project Manager	Mr Lawrence CHU Wai-hong
	吳麗盈女士		Ms Annie NG Lai-ying
項目籌劃經理	陳慧芬女士	Project Manager	Ms Faine CHAN Wai-fan
	羅詠儀女士		Ms Dorothy LAW Wing-yi
	梁可欣女士		Ms Jacqueline LEUNG Ho-yan
	曾詠詩女士 (至2015年5月)		Ms Wing TSANG Wing-size (up to May 2015)
	鄧詩雅女士 (2015年6月履職)		Ms Cynthia TANG Sze-nga (from June 2015)
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	吳凱琪女士 (至2015年4月)	Project Officer	Ms Kitty NG Hoi-ki (up to April 2015)
	葉曉恩女士 (至2015年11月)		Ms Lilian IP Hiu-yan (up to November 2015)
	李潔欣女士 (至2015年11月)		Ms Cindy LEE Kit-yan (up to November 2015)
	呂蘊馨女士 (至2015年11月)		Ms Christy LUI Wan-hing (up to November 2015)
	王志峰先生 (至2015年12月)		Mr WONG Chi-fung (up to December 2015)
	張雪穎女士 (2015年11月履職)		Ms Samantha CHEUNG Suet-wing (from November 2015)
	周穎君女士 (2015年12月履職)		Ms Iris CHOW Wing-kwan (from December 2015)
	蘇煥發先生 (2015年12月履職)		Mr Harry SO Wun-fat (from December 2015)
	唐藝詩女士 (2015年12月履職)		Ms Iris TONG Ngai-size (from December 2015)
項目籌劃主任	吳尚賢女士 (2015年4月履職)	Project Executive	Ms Queenie NG Sheung-yin (from April 2015)
教育幹事	鍾翠媛女士	Educator	Ms Irene CHUNG Tsui-woon
	關婉芳女士		Ms KWAN Yuen-fong
	吳麗明女士		Ms NG Lai-ming
行政助理	丘瑾珉女士	Executive Assistant	Ms Fiona YAU Kan-man
	梁思敏女士 (至2015年6月)		Ms Kitty LEUNG Sze-man (up to June 2015)
	邱怡珠女士 (2015年7月履職)		Ms Polly YAU Yi-chu (from July 2015)
項目籌劃助理	嚴永嫦女士	Project Assistant	Ms Ella YIM Wing-sheung



主席報告

Chairman's Report



香港吸煙與健康委員會自1987年成立以來，一直秉承保障公眾健康的宗旨，透過舉辦多元化的宣傳教育活動，將無煙信息滲透社會各個層面，向市民宣揚煙草的禍害，並鼓勵吸煙人士戒煙，同時積極向政府提供意見及倡議強化現行的控煙措施。委員會尤其關注電子煙於全球迅速興起，故於過去一年加強相關的宣傳教育及研究工作，令市民認識潛在的健康風險，並促請政府儘快落實全面禁止電子煙。委員會即將踏入三十周年，我們將繼往開來，與政府及社會各界緊密合作，攜手締造無煙香港。

Protecting the public health has topped the priority list of Hong Kong Council on Smoking and Health (COSH) since its establishment in 1987. COSH has been sparing no efforts in spreading smoke-free messages and raising public awareness on tobacco hazards, as well as encouraging smokers to quit smoking through a series of education and publicity programmes for all walks of life. COSH has also proactively advocated the Government for enhancing the tobacco control policies. In consideration of the rapid growth of electronic cigarettes (e-cigarettes) around the world, COSH strengthened the public education and research on the potential health risks of e-cigarettes in the past year and urged the Government to enact a total ban promptly. Approaching its 30th anniversary, COSH will continue to make every effort to collaborate with the Government and different sectors of the community to strive for a smoke-free Hong Kong.



主席 鄭祖盛 MH
Antonio KWONG Cho-shing, MH
Chairman





根據政府統計處的《主題性住戶統計調查第59號報告書》，2015年香港每日吸煙人數佔全港15歲及以上人口的10.5%，為有紀錄以來的新低，可見歷年的控煙措施及各界的努力取得顯著成效。惟香港仍有逾640,000名每日吸煙人士，為了營造支持戒煙的社會氛圍，委員會於過去一年針對不同界別的人士展開一連串嶄新的宣傳推廣活動，欣見市民對煙草禍害的認識及關注與日俱增，有關活動亦獲得支持及讚賞。

有鑑於超過六成的吸煙人士於10至19歲時開始吸煙，而演藝界人士亦為青少年的模仿對象，委員會故舉辦「無煙夢片場」宣傳推廣活動，邀請演藝界人士參與製作「無煙者聯盟」短片、宣傳聲帶及廣告，並於互聯網、網上社交平台及不同媒體播放，身體力行鼓勵青少年拒絕吸第一口煙及戒煙。其中「無煙者聯盟」短片的網上瀏覽次數逾1,200,000次，獲得公眾正面的迴響。委員會亦於農曆新年期間播放無煙賀年廣告及派發揮春，鼓勵吸煙人士於一年伊始下定決心，展開無煙健康的新一頁。

The prevalence of daily cigarette smokers aged 15 or above in 2015 in Hong Kong was 10.5% according to the Thematic Household Survey Report No. 59 of the Census and Statistics Department, which is the lowest on record. The gradual decrease in the smoking rate is the result of effective tobacco control policies and great efforts of various sectors of the society. Yet there are still over 640,000 daily smokers. To create a supportive atmosphere towards smoking cessation, COSH introduced a series of innovative programmes targeting different segments of the community in the previous year which successfully spread smoke-free messages and were widely supported by the public.

It was found that around two-thirds of smokers started smoking at age 10 to 19 and the youngsters are easily influenced by public figures or artists. In order to mobilize the entertainment industry to maintain a smoke-free image and as the role models of youngsters, COSH organized a "Publicity Campaign in Collaboration with the Entertainment Industry". Artists and DJs were invited to participate in the smoke-free video, radio programmes and advertisements broadcasted through internet, social media and different media platforms to deter the youth from trying the first cigarette and encourage the young smokers to quit smoking. The video received overwhelming response and had over 1,200,000 online views. COSH also distributed spring couplets to encourage smokers to kick the habit during the Chinese New Year for a healthy smoke-free living.



另一方面，為提高大眾對煙害的關注，委員會舉辦「誠煙•戒煙」健康推廣計劃，於全港各區進行巡迴展覽，以互動有趣的展板及遊戲等成功將無煙資訊傳遞予超過20,000名市民。此外，「清新女人魅」女性戒煙推廣計劃舉辦逾30場不同類型的「無煙學堂」，教導參加者以健身、化妝、中醫保健及營養學等紓緩生活壓力及建立對身心有益的嗜好，享受美麗健康的無煙生活。而「無煙老友記」計劃2015－16除了舉辦健康講座外，更推出「一老一笑無煙寫照」活動，以長者的無煙笑臉感染吸煙人士戒除煙癮，重拾健康。

為凝聚社會上支持戒煙的力量，委員會再接再厲，聯同香港大學護理學院及公共衛生學院，舉辦第六屆「戒煙大贏家」無煙社區計劃，並再次得到18區區議會及地方服務團體的全力支持，進行了超過100場招募及地區宣傳活動，成功吸引1,300多名吸煙人士參加戒煙比賽，亦將無煙信息宣傳予約40,000名市民。

On the other hand, COSH launched the “Health Promotion Programme on Smoking Hazards” with roving exhibitions across the territory, which aimed to raise public awareness on smoking hazards. The programme successfully spread smoke-free information to over 20,000 citizens through interactive panels and games. Under the “Women Smoking Cessation Promotion Programme”, over 30 district-based classes on fitness, personal grooming, Chinese medicine and dietary were conducted to provide information on relieving stress and tips on living a smoke-free lifestyle. Besides, the “Elderly Smoking Cessation Promotion Project 2015—16” inspired smokers to get rid of cigarette by sharing smoke-free smiley faces captured during visits to elderly centres.

To maintain a supportive environment towards smoking cessation, COSH collaborated with the School of Nursing and School of Public Health, The University of Hong Kong to roll out the 6th “Quit to Win” Smoke-free Community Campaign. With the continuous support of the 18 District Councils and district organizations, over 100 community-based recruitment and promotion activities were launched across the territory, reaching some 40,000 citizens and recruiting more than 1,300 smokers to join the smoking cessation contest.



此外，為了推廣無煙生活的重要性，委員會再次與本地卡通人物麥兜合作，舉辦以「無煙無掛 過好日子」為主題的活動，創作一系列既有趣又有效的戒煙貼士，並呼籲全港市民一同作出無煙承諾，支持身邊的吸煙人士儘快戒煙，當中以網上平台反應最為熱烈，超過1,800名市民、公司和機構響應。而「識得戒，梗係咁戒！」戒煙貼士比賽更成功吸引逾百名已戒煙人士或曾幫助身邊人成功戒煙的人士分享戒煙貼士。

委員會深信應該從小開始對下一代灌輸煙害知識，以有效預防兒童及青少年吸第一口煙。2015年為「學校互動教育巡迴劇場」的20周年，委員會推出全新劇目「無煙父子闖天關」，透過與學校及藝術團體的緊密合作，鼓勵學生關注及推動無煙文化的發展。劇場已先後於全港學校舉辦近1,700場表演，約460,000名學生及教師曾經參與。

為了將無煙信息發放予各發展階段的兒童及青少年，委員會推出不同形式的活動，包括「無煙青少年大使領袖訓練計劃2015－16」，並於中小學及幼稚園進行「無煙新世代」健康講座。

In addition, COSH partnered with local cartoon character “McDull” again to launch a “Smoke-free Publicity Programme for World No Tobacco Day” with the theme of “Go smoke-free, Live carefree”. The programme aimed to promote the importance of a smoke-free lifestyle, motivate the mass public to pledge for a smoke-free Hong Kong and encourage their family and friends to give up smoking. The online platform received over 1,800 pledges from citizens, companies and organizations. A quit tips contest was also organized to invite successful quitters or those who helped smokers kick the habit to share effective and interesting quit tips, attracting over a hundred entries.

Delivering smoke-free messages to the next generation at an early stage can deter them from lighting up the first cigarette. 2015 marks the 20th anniversary of the “School Interactive Education Theatre”. A brand-new interactive musical titled “Game On Smoke Off” was launched. Through cooperation with schools and local professional troupe over the years, about 1,700 performances were delivered under this programme to raise the awareness of around 460,000 students and teachers on tobacco control.

COSH also hosted the “Smoke-free Youth Ambassador Leadership Training Programme 2015－16” and health talks for “Smoke-free New Generation” in schools to cater for the needs of children and teenagers at different development stages.



委員會的多個計劃於2015年均獲表揚及認可，其中委員會網頁榮獲「無障礙網頁嘉許計劃」三年卓越表現大獎，而「學校互動教育巡迴劇場」及「戒煙大贏家」無煙社區計劃的網頁則獲得金獎。另外，委員會的宣傳短片「幫佢搵個理由開始戒煙」亦獲得「2016 TVB最受歡迎電視廣告大獎」的優異獎。

《吸煙（公眾衛生）條例》自1982年開始實施以來，政府、委員會及社會各界通力合作，透過多管齊下的方式包括立法、徵稅、宣傳、教育、執行法例及推廣戒煙等減低煙草的使用，惟上一次修訂控煙法例已是2006年。隨著香港煙草使用情況的改變及全球控煙工作的趨勢，委員會多年來均積極倡議政府全面加強有關措施。

電子煙在全球的銷量於短短數年間迅速增長逾百倍，情況令人擔憂，而且大部分均未有列明成分，安全成疑，故委員會委託香港浸會大學測試市面上電子煙的成分，發現含有多種化學及致癌物質，危害市民健康。委員會倡議政府儘快落實立法全面禁止電子煙，包括其銷售、宣傳推廣及贊助、分銷、進口及製造，委員會亦會繼續加強宣傳教育及研究的工作，以防止電子煙的風氣蔓延及成為兒童及青少年開始吸煙的門檻。

We are glad that numerous recognitions were awarded to COSH in 2015. The API "Help Them Find a Reason to Quit Now" has got the Citation for Excellence of the "TVB Most Popular TV Commercial Awards 2016". COSH website received the Triple Gold Award while the websites of "School Interactive Education Theatre" and "Quit to Win" Smoke-free Community Campaign received the Gold Award of "Web Accessibility Recognition Scheme".

Since the enactment of the Smoking (Public Health) Ordinance in 1982, the Government, COSH and various sectors of the community have worked diligently together to reduce the use of tobacco through a multi-pronged approach including legislation, taxation, promotion, education, law enforcement and promotion of smoking cessation. The last amendment on the Ordinance was in 2006. In view of the changes in tobacco use in Hong Kong and the international trend of tobacco control, COSH has advocated the Government for further strengthening the related measures.

The significant surge in the global sales of e-cigarettes in recent years is alarming. Most of them do not provide details on their components and safety is unknown. COSH commissioned Hong Kong Baptist University to carry out a laboratory test on the components of e-cigarettes in the market which found harmful chemicals and carcinogens. COSH urged the Government to enact a total ban on the sales, advertising, promotion and sponsorship, distribution, import and manufacturing of e-cigarettes in Hong Kong promptly. In the meantime, COSH will continue its publicity and research works to prevent the epidemic of e-cigarettes and stop it from becoming the gateway to youth smoking.



委員會欣見政府採納有關建議，並於2015年向立法會提交三項加強控煙措施的立法建議，包括全面禁止電子煙、將煙害圖象警示面積擴大至最少佔煙包85%及增加警示的款式數目至12個，以及將八個隧道出入口範圍的巴士轉乘站劃為禁煙區。在委員會和各界人士的支持下，其中八個隧道出入口範圍的巴士轉乘站已於2016年3月31日起禁煙，而政府亦正研究加強煙害圖象警示及全面禁止電子煙的立法工作，委員會期望政府儘快落實有關措施。

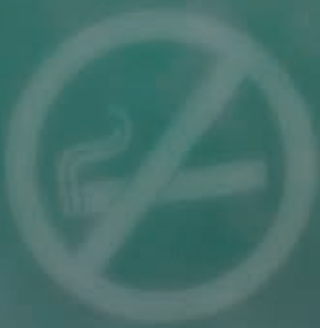
本人衷心感謝委員會各委員、政府、社會不同團體及人士於過去一年不遺餘力支持委員會的活動及香港的控煙工作。我們期望透過凝聚各界的無煙力量，使香港的吸煙率儘快下降至單位數字，實現無煙香港的願景。

COSH welcomed and fully supported the Government's legislative proposal on strengthening tobacco control measures submitted to the Legislative Council in 2015. These measures included prohibiting e-cigarettes, enlarging the size of pictorial health warnings to at least 85% of the cigarette pack area and increasing the number of forms of health warning to twelve and smoking ban at eight bus interchanges located within the tunnel portal areas. With the concerted efforts of COSH and different parties, the smoking ban at eight bus interchanges has been enacted and came into effect on 31 March 2016. The Government is also working on the legislation of enlarging the pictorial health warnings and prohibiting e-cigarettes. COSH hopes these measures can be implemented as soon as possible to protect public health.

I would like to express my greatest appreciation to COSH Council members, the Government and various sectors of the community for their support to COSH programmes and efforts in tobacco control. With the united smoke-free power, we hope that the smoking prevalence in Hong Kong will drop to single digit in the near future.

Go smoke-free
via EDUCATION

無煙生活 由教育出發



專題

Highlights



“

吸煙危害健康人人皆知，這實有賴過去數十年政府、學校及不同團體進行的無煙宣傳教育工作。惟有部分吸煙人士仍低估煙草對自己及身邊人的影響，故香港吸煙與健康委員會一直重視無煙教育，努力不懈地針對不同界別人士的需要，同時因應本港的吸煙情況及國際控煙趨勢，推出各項創新及多元化的活動，希望多管齊下教導兒童及青少年拒絕吸第一口煙，並鼓勵吸煙人士儘快戒煙，一同享受無煙健康生活。

Today almost everyone knows that smoking is hazardous to health. It is attributable to the concerted effort of the Government, schools and different organizations to enhance smoke-free education over the past few decades. But some smokers still underestimate the harmful effects caused by smoking. Thus, COSH has been sparing no efforts to educate the public on tobacco hazards to deter the children and youth from picking up their first cigarettes, as well as to encourage smoking cessation through a variety of innovative and tailor-made programmes keeping abreast of the smoking situation in Hong Kong and the global trend in tobacco control.

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香港的吸煙率現為10.5%，相當於約643,100人，當中超過三分之二的吸煙人士在10至19歲之間開始吸煙，而主要原因是「受朋友影響」、「好奇」及「受家人影響」。委員會深信無煙生活由教育出發，所謂預防勝於治療，應該從小開始對下一代灌輸無煙知識，以有效預防兒童及青少年開始吸煙，並推動他們勸導身邊家人及朋友戒煙。因此，委員會多年來透過舉辦不同形式的教育宣傳活動，將無煙信息灌輸予各發展階段的兒童及青少年，包括「學校互動教育巡迴劇場」、「無煙青少年大使領袖訓練計劃」、「無煙新世代」健康講座等。

無煙教育 從小做起

委員會明白成功的教育必須改變傳統的被動及單向模式，應運用互動的手法吸引兒童及青少年參與，並鼓勵他們主動思考，才能有效地傳授無煙知識。因此，委員會自1995年起一直以「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，透過與學校及藝術團體的合作，鼓勵兒童關注及推動無煙文化的發展。過去20年，劇場已先後於全港小學舉辦近1,700場表演，約有46萬位學生及教師曾經觀賞及參與。

The smoking prevalence in Hong Kong is 10.5% now which is equivalent to around 643,100 smokers. Two-thirds of smokers started smoking at the age of 10 to 19 and the commonly cited reasons were “influenced by friends”, “out of curiosity” and “influenced by family members”. COSH believes that education is important for tobacco control as prevention is better than cure. Smoke-free knowledge is delivered to the next generation at an early age to help them recognize the importance of a smoke-free environment, deter them from lighting up the first cigarette, and motivate them to encourage family and friends to quit smoking. COSH organizes different education and publicity programmes to spread smoke-free messages among the children and youth at different development stages, including “School Interactive Education Theatre”, “Smoke-free Youth Ambassador Leadership Training Programme” and Health Talks for “Smoke-free Generation”.

Smoke-free Education Begins at an Early Age

Involvement and engagement of children and youth are the keys for successful smoke-free education. Since 1995, the “School Interactive Education Theatre” has been one of COSH’s major education and publicity programmes to prevent youth smoking in an interactive way instead of the traditional one-way and passive approach. Through cooperation with schools and local professional troupe, COSH urges the youngsters to promote a smoke-free lifestyle. Over the past two decades, about 1,700 performances were delivered, reaching around 460,000 students and teachers.



互動教育劇場以有趣、生動的戲劇傳遞無煙信息，再配以音樂及舞台效果，務求寓教育於娛樂，讓學生與劇中的演員互動，參與其中，而不只是坐著做觀眾。此方式有效讓學生認識吸煙、二手煙及三手煙的禍害，了解吸煙的謬誤及拒絕二手煙等正面信息，同時領略無煙環境的好處，從小開始建立無煙文化，並參與推廣健康生活模式，鼓勵身邊的吸煙人士戒煙。

委員會每年均按控煙工作的進程及國際控煙趨勢來擬定劇目、主題及角色。如90年代初期，以講解吸煙危害健康為主，勸喻小朋友拒絕吸第一口煙；期後加入有關二手煙及三手煙禍害，鼓勵小朋友爭取享有無煙生活環境的權益，並動員他們推動家人戒煙，一同建立無煙家庭；近年更加入煙草商的宣傳技巧及電子煙等資訊。過去推出之劇目包括《無煙父子闖天關》、《開心大少的無煙魔法》、《小紅帽無煙大作戰》、《無煙勇者的挑戰》、《煙界歷險記》、《無煙掌門人》及《煙之騷》等，深受學生及老師愛戴。

The key messages are delivered along with music, stage effects and interesting presentation in which students can participate and interact with the performers. Through the performance, students learn about the harmful effects of smoking, secondhand and third-hand smoke and receive positive messages such as fallacies about smoking, say no to secondhand smoke and the benefits of a smoke-free environment. We aim to establish a healthy lifestyle among students at younger age, so that they can take the lead to encourage their smoking family and friends to kick the habit.

The themes and characters of each year's performance vary based on the progress and global trend in tobacco control. In the early 90s, the performance mainly explained the smoking hazards and urged the students to reject the first cigarette. Adverse effects of secondhand and third-hand smoke were added later to encourage them to fight for a smoke-free environment and motivate their family members to get rid of tobacco. In recent years, the harmful effects of e-cigarettes and the promotion tactics of tobacco industry were also covered. Previous performances were well-received by students and teachers, including "Game On Smoke Off", "Smoke-free Magic Boy", "The Smoke-free Battle of Red Hoodlet", "Smoke-free Challenge", "Smokeland Adventure", "Smoke-free Super Show" and "A Show about Smoking".



根據委員會就學校互動教育巡迴劇場 2014 – 15「開心大少的無煙魔法」進行的成效研究，發現同學非常喜歡互動劇場的表演模式，而且曾經觀賞過劇場的同學對控煙常識、吸煙禍害及如何抗拒二手煙的認識亦有所提升。約九成（94%）同學更表示想再次欣賞無煙劇場，可見其成效。



為了加深同學於劇場所學到的無煙知識，委員會更準備了一系列的配套活動，包括無煙互動遊戲熱線（電話：2838 8822）、劇場網頁（網址：www.educationtheatre.hk）、工作紙及紀念品等，讓同學於觀賞劇場後亦可重溫無煙資訊，繼而與家人朋友分享，一同建立健康生活模式。委員會的成功經驗近年獲不少政府部門及團體借鏡，紛紛採用互動教育劇場模式以傳遞不同的議題和信息。

傳承無煙精神 培育未來領袖

青少年於成長期間容易受朋輩影響或因對新事物感到好奇而嘗試吸第一口煙，對健康帶來深遠的影響，故委員會自2012年起每年舉辦「無煙青少年大使領袖訓練計劃」，將最新的控煙及吸煙趨勢資訊以嶄新的方式灌輸予青少年，同時鼓勵他們學以致用，主動參與控煙工作，利用其朋輩力量勸喻其他青少年向煙草說不，並發揮創意舉辦各式活動，將無煙信息宣揚到社會各階層，希望藉此培育他們成為社會未來的控煙領袖與模範。

According to the evaluation study on the 2014 – 15 programme “Smoke-free Magic Boy”, majority of students rated the performance as very good and their knowledge on hazards of smoking and secondhand smoke was significantly enhanced. 94% of students cited that they would like to watch the performance again.

An interactive hotline (Tel: 2838 8822), a designated website (www.educationtheatre.hk), bring-home educational material and souvenirs are provided to each participating student to sustain the impact of the programme and assist the students in disseminating the smoke-free message to their families and friends. The successful experience of COSH’s interactive education theatre was referenced and widely adopted by different government departments and organizations in recent years.

Nurture the Future Smoke-free Leaders

Teenagers will be easily tempted by peers and curiosity to pick up the smoking habit which is hazardous to their health. COSH has been organizing the “Smoke-free Youth Ambassador Leadership Training Programme” annually since 2012 to nurture teenagers to become future leaders to advance tobacco control in Hong Kong. Participants are equipped with knowledge on smoking hazards and tobacco control in an innovative way. They can then initiate a variety of smoke-free activities to all walks of life in schools and the community and use their peer influence to encourage other teenagers to say no to tobacco.



計劃主要分為三個部分，包括每年暑假期間舉行的兩日一夜「無煙青少年大使領袖訓練營」，透過不同形式的活動加深青少年對控煙工作及煙草禍害的認識，並教導戒煙輔導及其他技巧如領導才能、團隊及合作精神、項目策劃等；第二部分為「無煙青少年大使行動」及頒獎禮暨分享會，青少年可以發揮所長，實踐在訓練營所學到的控煙知識，在學校及社區舉辦創新的活動，將無煙信息傳遞予家人、同學及其他市民，為建立無煙社區出一分力，亦透過頒獎禮暨分享會嘉許表現優異之隊伍及分享舉辦無煙活動的心得；而第三部分則為「無煙青少年團」計劃，讓他們日後能繼續積極參與控煙活動。

另一方面，控煙議題為中學通識教育科其中兩個單元（「今日香港」及「公共衛生」）的涉獵範圍，而參與的學校及機構亦可將本計劃列為「其他學習經歷」（OLE）「德育及公民教育」範疇之內及納入計算「其他學習經歷」課時。

The three-part programme begins with a 2-Day-1-Night leadership training camp in summer to enhance the participants' smoke-free knowledge, skills on leadership, team building, programme planning and smoking cessation counseling techniques through diversified activities. The second part is the Smoke-free Programmes in Schools and Community which allows the participants to utilize their skills and knowledge acquired in the training camp to organize creative activities in order to advocate their family members, schoolmates and members of the community to adopt a smoke-free lifestyle. The programme is then concluded by an Awards Presentation Ceremony which commemorates the outstanding teams and provides a platform for experience sharing. Lastly, the participants are encouraged to join the "Smoke-free Youth Ambassador Alumni Programme" to continue their support to tobacco control.

Tobacco control is the curriculum of two core modules (Hong Kong Today and Public Health) of Liberal Studies in secondary education. The participating schools and organizations can count the programme as Other Learning Experience (OLE) under the area of Moral and Civil Education.



計劃舉辦至今，得到多間中學、青少年中心及制服團隊支持，成功培育了約1,400名青少年成為「無煙青少年大使」，傳承無煙精神。根據委員會就2014 – 15年度「無煙青少年大使領袖訓練計劃」的成效研究，大部分參加者認同他們透過參加「無煙青少年大使領袖訓練營」提升了多方面才能，包括無煙知識、團體精神、解難能力及溝通技巧，超過八成參加者更會向朋友／同學介紹計劃。

調查結果亦指出他們於參與計劃後，對控煙工作持有更正面的態度及對煙草禍害的認識顯著提升。部分「無煙青少年團」的團員更出席立法會衛生事務委員會於2015年7月6日召開的特別會議，就政府建議的控煙措施發表意見，支持加強控煙工作。

深入各界 推行全民無煙教育

為提高大眾對煙害的關注，委員會針對不同年齡及背景的人士舉辦多元化的宣傳教育計劃，當中於2015至2016年期間舉辦的「誠煙•戒煙」健康推廣計劃，在全港各區舉行巡迴展覽，以互動及有趣的展板與遊戲，深入社區教育市民有關煙草的禍害，廣受市民歡迎，成功將無煙信息傳遞予超過20,000名市民。



此外，委員會自1991年起，每年均到訪超過100間幼稚園、中小學及大專院校進行「無煙新世代」健康講座，以生動的方式向學生推廣無煙信息，增加學生對吸煙問題的認識和關注，培養拒絕吸煙的正確態度，並鼓勵更多人加入戒煙行列，每年多達20,000名學生參與講座。委員會亦獲邀到不同的公司、機構及長者中心舉行講座。

The programme was widely supported by secondary schools, youth centres and uniform groups over the past four years, with around 1,400 youth ambassadors having been nurtured to take the leading role in establishing a smoke-free environment. Evaluation study in 2014 – 15 showed that the majority of participants agreed their knowledge and skills in tobacco control, teamwork, problem solving and communication were enhanced after joining the training camp. Over 80% of them will recommend friends or schoolmates to join the programme.

The study also revealed that the participants had a better understanding on smoking hazards and were more supportive towards tobacco control after the training programme. Some Smoke-free Youth Ambassador Alumni attended the special meeting held by the Panel on Health Services of the Legislative Council on 6 July 2015 to support the Government's proposal to strengthen the tobacco control measures.

Go Smoke-free via Education across the Territory

To raise public awareness on the hazards of cigarettes, COSH tailor-made various programmes targeting people from all walks of life. The Health Promotion Programme on Smoking Hazards was held in 2015 to 2016 with roving exhibitions across the territory to educate the public on negative impact of smoking. Smoke-free messages were successfully spread to over 20,000 citizens through interactive panels and games.

Besides, COSH organizes some 100 Health Talks for "Smoke-free New Generation" every year in kindergartens, primary schools, secondary schools and tertiary institutions since 1991 to enhance the students' knowledge and create favourable attitude towards tobacco control, reaching more than 20,000 students each year. COSH is also being invited to conduct health talks in companies, organizations and elderly centres.





多年來委員會亦推出了多條深入民心的電視宣傳短片，藉著極具創意的方式，例如惹笑、驚嚇、溫情等，成功將煙草禍害、二手煙、三手煙、戒煙等信息灌輸予廣大市民，同時配合控煙進程，爭取市民支持加強法例，很高興有關短片獲得大眾認同，並得到多個獎項。另一方面，委員會每年均製作各類宣傳及教育刊物（包括控煙書籍、宣傳海報、小冊子和年報等）、各式各樣的宣傳品及資訊展板，供學校、機構及市民索取或借用作無煙教育之用。

展望未來，委員會將與時並進，密切關注香港的吸煙情況及最新國際趨勢，為無煙教育活動注入新元素，並致力與各界合作，發展多元化的教育模式及利用新興的媒體、平台作宣傳推廣，積極提升兒童、青少年和市民大眾對煙草禍害的認識，同時關注及推動控煙工作，降低吸煙率，共享無煙健康生活。

Throughout the years, COSH has produced many popular APIs to convey different messages, including hazards of smoking, secondhand and third-hand smoke, promote smoking cessation and solicit public support for strengthening tobacco control measures in humorous, scary and warm ways. The APIs received a number of awards and wide public support. On the other hand, COSH provided a variety of smoke-free promotional and educational materials, including booklets, leaflets, posters, annual reports, collaterals and exhibition panels for schools, organizations and the general public to apply or borrow.

In the future, COSH will keep abreast of the smoking situation in Hong Kong and the global trend in tobacco control in order to develop new modes of smoke-free education. Innovative media and promotion platforms will also be utilized to enrich children, youth and the mass public's knowledge on smoking hazards, as well as to gather their support to create a smoke-free environment for our next generation.

無煙父子
關天關

Game on
Smoke off

戒煙大贏家
Quit to Win

誠煙·戒煙
Health Promotion
Programme on
Smoking Hazards

清新女人
Women Smoking
Cessation Promotion
Programme

無煙夢劇場
Collaboration with
the Entertainment
Industry

無煙老友記
Elderly
Smoking
Cessation



Go smoke-free
via EDUCATION

無煙生活 由教育出發

活動 Events



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

教育及青少年活動
Education and Youth Programmes

與傳播媒介之聯繫
Working with the Mass Media

會議及考察
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活動紀要

Highlights of Events 2015 – 2016

宣傳及社區推廣活動

Publicity & Community Involvement Projects

推廣活動 Publicity Projects		
2015/4 – 2016/3	「清新女人魅」女性戒煙推廣計劃	Women Smoking Cessation Promotion Programme
2015/5/31	「無煙無掛過好日子 承諾支持無煙香港」啟動儀式	“Go Smoke-free, Live Carefree Publicity Programme” Kick-off Event
2015/5 – 2015/7	「支持加強控煙措施」活動	“Support to Strengthen Tobacco Control Measures” Activities
2015/5 – 2015/11	「無煙無掛過好日子 承諾支持無煙香港」活動	Go Smoke-free, Live Carefree Publicity Programme
2015/6/23	第六屆「戒煙大贏家」無煙社區計劃啟動儀式	The 6 th “Quit to Win” Smoke-free Community Campaign Launch Ceremony
2015/6 – 2016/3	第六屆「戒煙大贏家」無煙社區計劃	The 6 th “Quit to Win” Smoke-free Community Campaign
2015/9/21	全新宣傳短片「搵個理由開始戒煙」及「幫佢搵個理由開始戒煙」	New APIs “Find a Reason to Quit Now” and “Help Them Find a Reason to Quit Now”
2015/10 – 2016/2	「誠煙•戒煙」健康推廣計劃	Health Promotion Programme on Smoking Hazards
2015/12	倡議增加煙草稅	Advocacy on Raising Tobacco Tax
2016/1/15	「無煙夢片場」起動禮	“Publicity Campaign in Collaboration with the Entertainment Industry” Kick-off Event
2016/1 – 2016/3	「無煙夢片場」宣傳推廣活動	Publicity Campaign in Collaboration with the Entertainment Industry
2016/2/29	「促請儘快落實全面禁止電子煙」記者會	“Enact Total Ban on E-cigarettes Promptly” Press Conference
2016/3/18	第六屆「戒煙大贏家」無煙社區計劃頒獎禮	The 6 th “Quit to Win” Smoke-free Community Campaign Prize Presentation Ceremony

社區聯繫及推廣 Community Involvement and Promotion

2015/5/5	2015葵涌醫院無煙十周年、支持世界無煙日暨無煙標語創作比賽頒獎禮	2015 Kwai Chung Hospital 10 th Anniversary of Implementing No Smoking Policy & Support for World No Tobacco Day Ceremony
2015/6 – 9 & 2016/1 – 2	香港賽馬會無煙推廣活動	Smoke-free Promotion Campaign of The Hong Kong Jockey Club
2015/6 – 2016/3	「無煙老友記」計劃2015 – 16	Elderly Smoking Cessation Promotion Project 2015 – 16
2015/8/7 – 9	香港國際牙科博覽暨研討會2015	Hong Kong International Dental Expo and Symposium 2015
2015/8/29 – 30	2015/16年度中西區健康節	Central and Western District Health Festival 2015/16
2015/8 – 9	領展房地產投資信託基金無煙推廣活動	Smoke-free Promotion Activities of Link REIT
2015/9/12	荃灣安健社區日	Tsuen Wan Safe and Healthy Community Day
2015/11/14	中華電力安全健康環保日2015	CLPP Safety, Health & Environment (SHE) Day 2015
2015/11/27	「無煙老友記」計劃2015 – 16 戒煙不太遲 一老一笑分享會	“Elderly Smoking Cessation Promotion Project 2015 – 16” Smoke-free Sharing and Closing Ceremony
2016/1/16	「2016清新無煙樂嘉福」嘉年華會	“Smoke-free Ka Fuk 2016” Carnival
2016/2/28	香港新聲會「丙申猴年春節嘉年華暨無喉者中心開放日」	“Open Day cum Spring Carnival” of the New Voice Club of Hong Kong
2016/3/2 – 24	港鐵工程項目工友健康推廣月	MTR Project Division Worker Health & Wellbeing Month
2016/3/6	香港警務處「體康嘉年華2016」	“Physical Fitness and Health Management Carnival 2016” of the Hong Kong Police Force
2016/3/12	「油尖旺區中小學生作文及書面問答比賽」頒獎典禮	Award Presentation Ceremony of “Yau Tsim Mong Primary and Secondary School Students Writing and Quiz Competition”

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

青少年教育活動 Youth Education Programmes

2015/4 – 2016/3	「無煙新世代」健康教育講座	Health Talks for “Smoke-free New Generation”
2015/7 – 2016/3	無煙青少年大使領袖訓練計劃 2015 – 16	Smoke-free Youth Ambassador Leadership Training Programme 2015 – 16
2015/10 – 2016/3	學校互動教育巡迴劇場 「無煙父子闖天關」	School Interactive Education Theatre “Game On Smoke Off”
2016/3/2	「無煙青少年大使領袖訓練計劃 2015 – 16」頒獎禮暨分享會	“Smoke-free Youth Ambassador Leadership Training Programme 2015 – 16” Award Presentation Ceremony

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

2015/11/3 & 11/5	香港大學護理學院課程	HKU School of Nursing – Nursing Programme
2016/1/30	香港大學青少年戒煙熱線 – 戒煙輔導員培訓課程	HKU Youth Quitline – Smoking Cessation Counselor Training Workshop

會議及考察

Conferences and Visit

會議 Conferences

2015/9/14 – 15	亞太兒童及家庭控煙聯盟會議	Meeting of the Asia Pacific Child and Family Health Alliance for Tobacco Control of the Western Pacific Region
2015/10/17 – 18	第17屆全國控制吸煙學術研討會暨 中國控制吸煙協會成立25周年	The 17 th National Symposium on Tobacco Control cum 25 th Anniversary of Chinese Association on Tobacco Control
2015/11/21	澳門戒煙論壇	Macau Smoking Cessation Forum
2015/11/30 – 12/4	第三屆世界衛生組織控煙專才培訓計劃	The 3 rd WHO Fellowship Programme on Tobacco Control

考察活動 Visit

2015/9/9	澳門青少年無煙行動網絡協會	Macao Youth Stop Smoking Action Network Association
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宣傳及社區推廣活動

Publicity and Community Involvement Projects

推廣活動

Publicity Projects



「清新女人魅」女性戒煙推廣計劃

雖然近年的女性吸煙率維持於百分之三至四，但女性每日吸煙人士數目卻呈上升趨勢。因此，委員會於2014至2016年度舉辦「清新女人魅」女性戒煙推廣計劃，獲得逾50個婦女團體支持，旨在讓女士明白吸煙禍害，包括對個人外表、健康及下一代的影響，早日決心戒煙，更希望推動家人及朋友支持吸煙人士戒煙，將無煙信息傳播到社會每個角落。

計劃於2014至2015年度分別製作了一系列電視宣傳短片，指出吸煙對女士皮膚、面容及身體的傷害，並提供戒煙貼士，以及舉辦了宣傳活動，透過特別化妝效果將吸煙禍害呈現，闡釋吸煙對皮膚及外貌的影響。另外，委員會亦推出星級化妝班，特別邀請著名化妝師親自教授最流行妝容及護膚心得，並宣揚無煙生活的好處，讓一眾女士們保持健康美麗。

Women Smoking Cessation Promotion Programme

Though the female smoking prevalence remained at around 3% to 4% in recent years, the number of female daily smokers increased. In order to promote smoking cessation among women and the hazards of smoking especially the women-specific ones, COSH launched the Women Smoking Cessation Promotion Programme with support of over 50 women associations from 2014 to 2016. The programme also aimed to spread the smoke-free message to the mass public and mobilize them to support their smoking family members and friends to quit.

During 2014 to 2015, COSH produced a series of infomercials to promote smoking hazards on skin, appearance and health, as well as cessation tips to female smokers. A publicity event was held to illustrate how smoking damaged skin and physical appearance through special make-up demonstration. Besides, grand make-up classes were co-organized with renowned make-up artist to present the latest make-up skills and skin care tips, as well as to promote the benefits of being smoke-free.



無煙學堂

委員會於2015至2016年在全港18區舉辦逾30場「無煙學堂」，由專業導師分別教授健身、化妝、中醫保健及營養學等知識，以間接方式讓超過800名參加者了解煙草禍害及戒煙資訊，同時建立健康的新嗜好以紓緩壓力，學會享受美麗健康的無煙生活。而下定決心戒煙的參加者，更透過計劃獲轉介至不同的戒煙服務機構以作跟進。

此外，委員會於2016年2月6日（年廿八）舉辦「有營賀年菜教室」，近百名參加者透過註冊營養師營孖媽詹佩鳳及陳國賓示範的新派賀年菜及講解，了解吸煙禍害，並認識有助紓緩戒煙徵狀的食物，幫助自己或親友於新的一年戒掉吸煙習慣，重拾無煙健康生活。

計劃網頁：www.smokefree.hk/women

Smoke-free Academy

In 2015 to 2016, more than 30 district-based classes were conducted across the territory. Professional instructors hosted classes on fitness, personal grooming, Chinese medicine and dietary to share information on smoking hazards and tips on keeping fit and beauty, as well as relieving stress with a smoke-free healthy lifestyle with over 800 participants. Smokers who intended to quit were referred to different smoking cessation services for follow up.

Besides, COSH organized two dietary classes with the theme of Chinese New Year on 6 February 2016 which attracted nearly a hundred participants. Registered dietitians, Katrina CHIM and Leslie CHAN, demonstrated how to prepare healthy and creative Chinese New Year dishes and shared diet tips on relieving the withdrawal symptoms during smoking cessation. Participants and their family and friends were encouraged to kick the smoking habit and embrace a smoke-free living in the new year.

Programme webpage: www.smokefree.hk/women



支持機構 Supporting Organizations	
青島	Action for REACH OUT
婦女健康促進及研究中心	Centre of Research and Promotion of Women's Health
青暉婦女會	Ching Fai Women Association Ltd
基督教勵行會旺角服務中心	Christian Action – Mong Kok Service Centre
香港西區婦女福利會松鶴老人中心	Chung Hok Social Centre for the Elderly, Women's Welfare Club Western District, Hong Kong
福來滿樂賢毅社	Fuk Loi Moon Lok Yin Ngai Society
和諧之家	Harmony House
曉麗婦女協會	Hiu Lai Women's Association
香港各界婦女聯合協進會	Hong Kong Federation of Women
香港婦女中心協會	Hong Kong Federation of Women's Centre
香港島婦女聯會	Hong Kong Island Women's Association
香港婦女動力協會	Hong Kong Ladies Dynamic Association
香港單親協會	Hong Kong Single Parents Association
香港南區婦女會	Hong Kong Southern District Women's Association Ltd
香港婦聯總部	Hong Kong Women Development Association
香港婦女健康大使總會	Hong Kong Women Health Ambassador Association
香港基督教女青年會	Hong Kong Young Women's Christian Association
九龍婦女聯會	Kowloon Women's Organizations Federation
觀塘婦女發展協會	Kwun Tong Women's Development Association
樂群社會服務處黃英豪社區服務中心	Lok Kwan Social Service Dr Kennedy Y H Wong Community Service Centre
樂群社會服務處北角服務中心	Lok Kwan Social Service North Point Service Centre
樂群社會服務處黃光漢社區服務中心	Lok Kwan Social Service Wong Kwong Hon Community Service Centre
旺角區賢毅社	Mong Kok Yin Ngai Societies
洪錦鉉議員辦事處	Office of Hung Kam-in, District Councilor
李均頤區議員辦事處	Office of Kenny Lee, District Councilor
離島婦聯有限公司	OIWA Limited
保良局	Po Leung Kuk
基督復臨安息日會山景綜合青少年服務中心	Shan King Integrated Children and Youth Services Centre of Seventh-day Adventists
大埔區婦女聯會	Tai Po District Federation of Women
香港家庭計劃指導會	The Family Planning Association of Hong Kong
香港家庭計劃指導會馬鞍山婦女會	The Family Planning Association of Hong Kong Ma On Shan Women's Club

支持機構 Supporting Organizations

香港家庭計劃指導會將軍澳婦女會	The Family Planning Association of Hong Kong Tseung Kwan O Women's Club
香港家庭計劃指導會屯門婦女會	The Family Planning Association of Hong Kong Tuen Mun Women's Club
香港基督女少年軍	The Girls' Brigade Hong Kong
香港中華出入口商會婦女委員會	The Hong Kong Chinese Importers' & Exporters' Association Women Affairs Committee
香港工會聯合會婦女事務委員會	The Hong Kong Federation of Trade Unions Women Affairs Committee
香港灣仔區各界協會	The Hong Kong Wan Chai District Association Ltd
九龍樂善堂	The Lok Sin Tong Benevolent Society, Kowloon
安蔭洋紫荊婦女會	The Orchid Women Club of On Yam Estate
天水圍婦聯有限公司	Tin Shui Wai Women Association Limited
青衣群芳會	Tsing Yi Lady's Forum
屯門婦聯	Tuen Mun District Women's Association
東華三院	Tung Wah Group of Hospitals
聚賢社基督教香港信義會新來港人士樂聚軒	Virtuous Lady Club ELCHK Login Club for New Arrivals
灣仔賢毅社	Wan Chai Yin Ngai Society
港灣婦女會	Wanchai District Women's Association
婦女服務聯會	Women Service Association
婦女事務委員會	Women's Commission
黃大仙區健康安全城市	Wong Tai Sin District Healthy & Safe City
黃大仙慧蘭婦女會有限公司	WTS Bright Orchid Women's Association Limited
仁愛堂	Yan Oi Tong
油尖旺婦女會	Yau Tsim Mong Women Association
妍慧薈社	Yin Wai Volunteer Association
元朗區婦女會有限公司	Yuen Long District Women's Association Limited



「無煙無掛過好日子 承諾支持無煙香港」活動

為了推廣無煙生活的重要性，委員會藉著5月31日世界無煙日，舉辦以「無煙無掛過好日子 承諾支持無煙香港」為主題的活動，並再次與本地卡通人物麥兜合作，創作一系列既有趣又有效的戒煙貼士，呼籲全港市民一同作出無煙承諾，支持身邊的吸煙人士儘快戒煙，早日享受「無煙無掛」的健康清新好日子。

為此，委員會特別設立網上平台予大眾承諾支持無煙香港，超過1,800名市民、公司及機構響應，用行動鼓勵及支持吸煙人士戒煙，並可下載麥兜無煙承諾書，於不同社交平台與家人朋友分享無煙心願。委員會亦製作了一系列印有麥兜戒煙貼士的紀念品，包括無煙手搖扇、貼紙及門掛等，透過不同的渠道派發予市民、企業及機構，以宣傳無煙信息。



此外，委員會與商業電台第一台合作，製作一連三集的「無煙無掛過好日子」特輯於2015年5月及6月的「一圈子」節目內播出，邀請成功戒煙的藝人梁漢文、雷頌德及郭晉安分享他們的經驗和貼士，藉此加強吸煙人士戒煙的原動力及決心。

Go Smoke-free, Live Carefree Publicity Programme

To promote the importance of a smoke-free lifestyle, COSH organized a Smoke-free Publicity Programme for World No Tobacco Day (31 May) with the theme of “Go Smoke-free, Live Carefree”. COSH partnered with the local cartoon character McDull again to design a set of interesting and effective quit tips, with the aims to encourage the mass public to pledge for a smoke-free Hong Kong and support smokers to kick the habit for a carefree lifestyle.

An online platform was launched to motivate the general public to make their pledges in support of a smoke-free Hong Kong. Over 1,800 pledges were received from citizens, companies and organizations. A McDull smoke-free certificate could be downloaded and shared on social media platform to support their smoking family members and friends to quit smoking. COSH also produced a series of promotion collaterals and distributed to the mass public, companies and organizations through different channels including fans, stickers and door signs with McDull quit tips to spread the smoke-free messages.

To strengthen smokers' determination and motivation to kick the habit, COSH collaborated with Commercial Radio One to produce three episodes of “Go Smoke-free, Live Carefree” programme broadcasted in May and June 2015 during the radio programme “Circles”. Successful quitters including artists Edmond LEUNG, Mark LUI and KWOK Chun-on shared their quit stories and tips.





啟動儀式

活動的啟動儀式於2015年5月31日世界無煙日假鑽石山荷里活廣場舉行，主禮嘉賓包括食物及衛生局局長高永文醫生、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社會醫學講座教授暨羅旭龢基金教授（公共衛生學）林大慶教授、委員會主席鄭祖盛、副主席伍婉婷及「無煙大使」梁漢文。

活動當日亦邀請了於2014年參與「錫住你 錫住我 不吸煙」親子填色比賽的一眾小學組得獎同學出席，與在場人士分享他們的作品及建立無煙家庭的重要性。另外，「香港無煙領先企業大獎2013」其中三間獲得金獎的公司亦派代表出席活動，講解如何於企業層面推動無煙文化。司儀少爺占（甄子康）及楊美琪與「無煙大使」梁漢文和歌手糖妹（黃山怡）透過輕鬆的遊戲宣揚戒煙的好處，並與本地卡通人物麥兜及麥嘜一同呼籲市民承諾支持無煙香港，推廣無煙生活。

Kick-off Event

The kick-off event was held on World No Tobacco Day, 31 May 2015 at Plaza Hollywood, Diamond Hill. 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, Chair Professor of Community Medicine & Sir Robert Kotewall Professor in Public Health, School of Public Health, The University of Hong Kong, Antonio KWONG, COSH Chairman, Yolanda NG, COSH Vice-chairman and Smoke-free Ambassador Edmond LEUNG.

Winners of "Smoke-free Family Colouring Competition" in 2014 were invited to share the importance of building a smoke-free family via their drawings. Besides, representatives of "Hong Kong Smoke-free Leading Company Awards 2013" Gold Awardees joined the event to explain how to promote the smoke-free culture in corporate level. Smoke-free Ambassador Edmond LEUNG and artist Kandy WONG, together with the masters of ceremonies Jim YAN and Maggie YEONG introduced the benefits of quitting smoking and living a smoke-free lifestyle through interactive games. Cartoon characters McDull and McMug also called on the public to support a smoke-free Hong Kong.

「識得戒，梗係咁戒！」戒煙貼士比賽

委員會於2015年5月至8月期間舉辦「識得戒，梗係咁戒！」戒煙貼士比賽，邀請成功戒煙者或曾幫助身邊人成功戒煙的人士於網上平台分享有效的戒煙方法，為戒煙人士打氣，並讓公眾投選最喜愛的貼士。比賽反應熱烈，成功收到過百個戒煙貼士及吸引逾2,600名公眾投票，得票最多的十個戒煙貼士之參加者均獲得豐富獎品。委員會亦特別於2015年11月21日假黃埔新天地時尚坊舉行「無煙無掛過好日子」展覽，展出得獎的戒煙貼士，並透過「麥兜無煙拍照區」、「麥兜無煙許願樹」及多款互動遊戲，凝聚支持戒煙的氛圍。

活動網頁：www.smokefree.hk/pledge



支持加強控煙措施

為鼓勵更多吸煙人士戒煙及保障公眾健康，委員會多年來積極倡議全面加強控煙政策，並欣見政府於2015年5月18日向立法會提交加強控煙措施的立法建議，包括將八個隧道出入口範圍的巴士轉乘站劃為禁煙區、將煙害圖象警示面積擴大至最少佔煙包85%及增加警示的款式數目至12個及禁制電子煙。

委員會主席鄭祖盛表示，「委員會非常支持政府建議的三項措施，上一次修訂控煙法例已是2006年，隨著香港煙草使用情況的改變及全球控煙工作的趨勢，應儘快落實有關措施」。

Quit Tips Contest

COSH organized the “Quit Tips Contest” to invite successful quitters or those who helped smokers kick the habit to provide effective quit tips at online platforms during May to August 2015. The contest received overwhelming response and attracted more than 100 entries and over 2,600 online votes from the general public. The participants of the top ten “most liked” tips were awarded with prizes. COSH also held the “Go Smoke-free, Live Carefree” exhibition on 21 November 2015 at Fashion World, Wonderful Worlds of Whampoa to showcase the “most liked” quit tips and create a supportive atmosphere for smoking cessation through McDull Smoke-free Photo Booth, McDull Smoke-free Wishing Tree and interactive game booths.

Programme website: www.smokefree.hk/pledge

Support to Strengthen Tobacco Control Measures

COSH has been advocating the strengthening of tobacco control policy to encourage more smokers to quit and protect public health. COSH fully supported the Government’s legislative proposals to strengthen tobacco control efforts submitted to the Legislative Council on 18 May 2015. These measures included smoking ban at eight bus interchanges located within the tunnel portal areas, enlarging the size of pictorial health warnings to at least 85% of the cigarette pack area and increasing the number of forms of health warning to twelve and prohibiting e-cigarettes.

Antonio KWONG, COSH Chairman said “COSH supported the strengthening of tobacco control measures proposed by the Government. While the last amendment of the Smoking (Public Health) Ordinance was 2006, there is a need to reinforce the tobacco control measures as soon as possible to cope with the change of the tobacco consumption pattern in Hong Kong and the trend of tobacco control.”

擴大禁煙區

委員會十分支持政府提出將八個隧道出入口範圍的巴士轉乘站納入禁煙範圍，可以減低二手煙對公眾的危害，很高興有關措施已於2016年3月31日起實施。新加坡早於2013年1月把任何公共場所中兩個人或以上的隊伍納入禁煙範圍，北京亦於2015年6月開始實施類似措施。

煙草產品上的煙害圖象警示

香港現時使用的六款煙害圖象警示最少佔煙包面積50%，自2007年起沿用，警示作用逐漸消退。此外，國際研究及經驗證實煙害圖象警示可以有效減低吸煙的吸引力、提高戒煙意欲及預防青少年開始吸煙。擴大煙害圖象警示面積至最少85%及新增圖象警示式樣，不但可教育和提高吸煙人士及市民認識吸煙對健康的禍害，同時可防止煙草商利用煙包作宣傳推廣。

為保障市民健康，不少國家及地區已推行更嚴格及有效的措施規管煙草產品包裝，其成功經驗為香港提供實證。尼泊爾、泰國及烏拉圭分別已經擴大或考慮擴大圖象警示面積至90%、85%及80%，澳洲更於2012年12月率先實施「全煙害警示包裝」，證實有效降低吸煙率，而英國、法國及愛爾蘭亦已通過落實實施「全煙害警示包裝」。由此可見，擴大煙害圖象警示面積及收緊煙草產品包裝乃國際控煙趨勢。此外，於煙包上加上戒煙熱線1833 183，可有效鼓勵更多吸煙人士決心戒煙，並向戒煙服務機構尋求適切的戒煙協助。



Extension of Statutory No-smoking Areas

COSH welcomed the Government's proposal to designate eight bus interchanges within the tunnel portal areas as no-smoking areas in order to protect the public from the harms of secondhand smoke. The extension of smoking ban came into operation on 31 March 2016. Singapore has banned smoking in any public area occupied by a queue of two or more persons since January 2013 while similar measure was implemented in Beijing in June 2015.

Health Warnings on Cigarette Products

The existing six forms of pictorial health warnings covering at least 50% of cigarette pack area have been used since 2007 and their deterring effect has faded. International researches and experience have proved that pictorial health warnings could reduce the attractiveness of smoking, increase intention to quit and deter youth from smoking. The proposed enlargement of pictorial warnings and increase in the number of forms could educate smokers and the public on the adverse effect of smoking, as well as prevent the tobacco companies from using cigarette packs for promotion.

To safeguard public health, many countries and regions have introduced more stringent and successful measures to regulate tobacco packing. The effectiveness of these measures provided strong evidence and urgency for such approach in Hong Kong. Nepal, Thailand and Uruguay have already increased or planned to increase the coverage of pictorial health warnings to 90%, 85% and 80% respectively. Australia, the first country to introduce plain packaging in 2012, proved with a substantial decrease in smoking prevalence. United Kingdom, France and Ireland also passed the legislation to implement plain packaging. Increasing the coverage of pictorial health warnings and tightening the packaging of tobacco products became the international trend on tobacco control. Besides, supplementing the quitline (1833 183) on the packs could effectively encourage more smokers to quit smoking and seek assistance from smoking cessation service providers.

禁制電子煙

委員會高度關注電子煙在全球迅速發展的趨勢及銷量急升的情況，於2015年3月聯同香港大學公共衛生學院舉行記者會，並於同年5月聯合多個醫學團體及控煙機構向政府發公開信，倡議全面禁止電子煙，委員會樂見政府採納有關建議。現時香港售賣的電子煙產品種類繁多，提供多種口味及不同設計，以誤導性的銷售策略吸引青少年使用。電子煙的成分、戒煙功效及對健康的長遠影響均未明。世界衛生組織表示目前未有足夠證據斷定電子煙是有效的戒煙方法，並呼籲其他國家實行禁制及規管措施。全面禁止電子煙可有效減低公眾因接觸電子煙煙霧而產生的健康風險，並防止電子煙成為兒童及青少年開始吸煙的門檻。

「支持加強控煙措施」活動

委員會於2015年5月至7月期間舉辦了一系列的活動，包括社區宣傳、公眾教育、簽名行動及集會等，以加強市民對相關控煙措施的認識，爭取更多市民的支持。

其中包括於2015年6月22日在銅鑼灣百德新街行人專用區舉辦「支持加強控煙措施」宣傳活動，亦展示了擴大煙包上煙害圖象警示的效果，希望爭取更多公眾支持。委員會主席鄭祖盛及副主席伍婉婷均出席是次活動，向市民講解有關措施及支持理據。



Prohibiting E-cigarettes

COSH had serious concern on the widespread and rapid growth of global sales of e-cigarettes. COSH held a press conference with the School of Public Health of The University of Hong Kong in March 2015 and sent an open letter co-signed by different medical associations and tobacco control organizations to the Government in May 2015 to advocate a total ban on e-cigarettes. We were pleased that the Government had adopted our recommendation. Currently, the flavours and design of e-cigarettes available in Hong Kong are diverse and sellers usually use misleading marketing strategies to attract the youth. Their ingredients, effectiveness on smoking cessation and long-term health risks remain unknown. The World Health Organization has stated that there is insufficient evidence to conclude that e-cigarette is an effective smoking cessation method and urged countries to prohibit and regulate e-cigarettes. The total ban in Hong Kong can minimize the health risk of exposure to e-cigarettes and prevent e-cigarettes from being a gateway to smoking, especially among the children and youth.

“Support to Strengthen Tobacco Control Measures” Activities

In May to July 2015, COSH organized a series of activities including publicity event, public education, signatory campaign and rally to increase the knowledge of the public on the related tobacco control measures and solicit their support.

A publicity event was held on 22 June 2015 at Paterson Street Pedestrian Precinct in Causeway Bay to demonstrate the impact of enlarging the size of pictorial health warnings on cigarette pack and gather more support. Antonio KWONG, COSH Chairman and Yolanda NG, COSH Vice-chairman explained the details and effectiveness of the proposed measures to the public during the event.



此外，委員會在2015年6月發起簽名行動，以向政府及立法會反映社會各界的意見，於街頭及網上專頁收集了超過20,000個市民、機構團體及公司的簽名，支持推行有關措施。

立法會衛生事務委員會於2015年7月6日召開特別會議，邀請公眾就有關控煙措施發表意見，委員會聯同香港大學公共衛生學院及護理學院、香港大學及香港中文大學醫科學生、不同界別的組織及社會人士於立法會門外舉行集會，一同支持有關措施。

COSH also launched a signatory campaign which collected over 20,000 signatures online and on the streets in June 2015 from citizens, organizations and companies supporting the proposed measures.

A special meeting was arranged by the Panel on Health Services of the Legislative Council on 6 July 2015 to invite public opinions on the proposed tobacco control measures. COSH organized a rally outside the Legislative Council, together with the School of Public Health, School of Nursing of The University of Hong Kong, medical students from The University of Hong Kong and The Chinese University of Hong Kong and representatives from different sectors of the society to support the measures.



超過100位來自社會各界的市民及團體代表出席會議發表意見，當中大部分均對建議的措施表示支持。委員會主席鄭祖盛亦出席會議陳述委員會的立場及將收集的簽名呈交予立法會，並展示外國於實施相關措施後，成功達到預期的控煙效果，有效預防吸煙及推動戒煙，保障公眾衛生。

在委員會和不同團體及人士的支持下，將八個隧道出入口範圍的巴士轉乘站納入禁煙範圍的建議已於2016年3月31日生效。委員會將繼續敦促政府儘快落實有關擴大煙害圖象警示及禁制電子煙的措施。

第六屆「戒煙大贏家」無煙社區計劃

根據不同戒煙比賽的國際研究顯示，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，鼓勵及協助他們戒煙，早日遠離煙草禍害。有見及此，委員會自2009年起舉辦「戒煙大贏家」比賽，每年均成功招募逾千名市民參與，下定決心戒煙。

為建立鼓勵戒煙的氛圍，委員會自2012年開始舉辦「戒煙大贏家」無煙社區計劃，加強與地區的合作，多年來得到18區區議會和地區合作夥伴的支持，舉辦一連串多元化的無煙推廣活動。此外，計劃同時結合媒體宣傳、戒煙輔導和科學研究等元素，加強推動戒煙的成效。第六屆「戒煙大贏家」無煙社區計劃更獲得多個商會及機構的支持，協助宣傳和招募，成功將無煙信息滲透至全港各階層。



Over 100 individuals and representatives of various organizations attended the meeting and majority of the views supported the proposals. Antonio KWONG, COSH Chairman also attended the meeting to remark the stance of COSH and submit the signatures collected to the Legislative Council. Mr Kwong also shared the successful overseas experience in implementing the related tobacco control measures which prevented up-taking of smoking, motivated smoking cessation and protected public health.

With the concerted efforts of COSH and the community, the proposal of smoking ban at eight bus interchanges located within the tunnel portal areas was enacted and came into effect on 31 March 2016. COSH will continue to urge the Government to implement the enlargement of pictorial health warnings and prohibiting e-cigarettes as soon as possible.

The 6th “Quit to Win” Smoke-free Community Campaign

According to the international studies on smoking cessation contests, these activities should be organized regularly to provide an alternative platform to assist smokers in quitting smoking, in addition to cessation clinics. To motivate more smokers to become smoke-free, COSH has organized the “Quit to Win” Contest since 2009. Over 1,000 smokers were recruited to kick the habit each year.

In order to create a supportive atmosphere for smoking cessation in the community, COSH has solicited support from the 18 District Councils and community organizations for launching the “Quit to Win” Smoke-free Community Campaign since 2012. A series of district-based smoke-free promotion activities have been organized at community level. The campaign also comprises media promotion, smoking cessation counseling and scientific research to maximize the impact. The 6th “Quit to Win” Smoke-free Community Campaign successfully spread the smoke-free messages to all walks of life with the support of several chambers of commerce and organizations.



啟動儀式

計劃的啟動儀式於2015年6月23日假鑽石山荷里活廣場舉行，主禮嘉賓包括食物及衛生局常任秘書長（衛生）袁銘輝、衛生署副署長黎潔廉醫生、委員會主席鄭祖盛、副主席伍婉婷，以及教育及宣傳委員會主席陳志球教授。多位區議會及地區夥伴代表亦出席支持是次活動。

委員會邀請了第五屆「戒煙大贏家」比賽冠軍李興廉分享其戒煙經歷及貼士，他表示戒煙後除了贏得健康、家庭及豐富獎品外，更於社交平台贏得前所未有地多的「讚」，成為真正的大贏家。「活動大使」森美（梁志健）及唐寧亦透過輕鬆的遊戲，與現場觀眾分享戒煙的好處。啟動儀式當日亦即場招募吸煙人士參加戒煙比賽。



Launch Ceremony

The launch ceremony was held on 23 June 2015 at Plaza Hollywood in Diamond Hill. Officiating guests included Richard YUEN, Permanent Secretary for Food and Health (Health), Dr Cindy LAI, Deputy Director of Health, Antonio KWONG, COSH Chairman, Yolanda NG, COSH Vice-chairman and Prof Johnnie CHAN, Chairman of COSH Education & Publicity Committee. Representatives of the District Councils and district working partners also attended the ceremony to show their support.

The champion of the 5th "Quit to Win" Contest, LEE Hing-lim, shared his successful experience and quit tips. Having kicked the habit, he gained better health, closer relationships with family and great prizes, as well as enormous "Likes" he had ever got on social media. Event ambassadors Sammy LEUNG and Leila KONG also promoted the benefits of smoking cessation through interesting games. Smokers were motivated to take their first steps to quit smoking by joining the contest.

無煙大使戒煙輔導訓練課程

委員會與香港大學護理學院及公共衛生學院於2015年6月12日及26日合作舉辦「無煙大使戒煙輔導訓練課程」。超過85位來自地區夥伴機構的職員、義工及大學生參與課程，藉此提升他們對控煙工作及戒煙輔導的知識，以協助日後在區內舉辦招募及無煙宣傳活動。在完成課程後，參加者均獲發證書以示嘉許。

課程由香港大學公共衛生學院社會醫學講座教授暨羅旭龢基金教授（公共衛生學）林大慶教授、香港大學護理學院助理教授王文炳博士、委員會總幹事黎慧賢及項目籌劃高級經理朱偉康，以及資深戒煙輔導員主講，並邀請過往「戒煙大贏家」比賽的得獎者出席分享成功戒煙故事。課程以講座、小組討論及理論實踐的形式進行，內容包括「戒煙大贏家」計劃簡介、吸煙、二手煙及三手煙的禍害、戒煙輔導技巧及活動籌劃技巧。



地區招募及無煙宣傳活動

委員會於2015年6月至9月期間，聯同地區合作夥伴於全港18區進行了超過70場招募及逾35場無煙宣傳活動，成功吸引1,300多名吸煙人士參加戒煙比賽，並將無煙信息傳遞予約40,000名市民。接近250名地區合作夥伴的職員及義工協助於區內舉辦不同類型的無煙宣傳活動，如健康講座、社區宣傳、嘉年華會、繪畫比賽、才藝比賽及無煙工作坊等，增加市民對「戒煙大贏家」比賽及控煙議題的關注。

Smoking Cessation Counseling Training

COSH collaborated with the School of Nursing and School of Public Health of The University of Hong Kong to conduct two sessions of Smoking Cessation Counseling Training on 12 and 26 June 2015. More than 85 staff and volunteers from district working partners and university students joined the training to enhance their tobacco control knowledge and smoking cessation skills for conducting recruitment sessions and smoke-free promotion. All participants were awarded with certificates after completing the training.

Speakers included Prof LAM Tai-hing, Chair Professor of Community Medicine & Sir Robert Kotewall Professor in Public Health, School of Public Health, The University of Hong Kong; Dr WANG Man-ping, Assistant Professor, School of Nursing, The University of Hong Kong; Vienna LAI, COSH Executive Director; Lawrence CHU, COSH Senior Project Manager and experienced smoking cessation counselors. Winners of the previous “Quit to Win” Contests were also invited to share their successful quit stories. Through seminar, group discussion, role play and case studies, details of “Quit to Win” Smoke-free Community Campaign, hazards of smoking, secondhand and third-hand smoke, smoking cessation counseling skills and project management skills were shared during the training.

District Recruitment and Smoke-free Promotion Activities

COSH and the district working partners organized some 70 recruitment sessions and over 35 smoke-free promotion activities in 18 districts from June to September 2015. More than 1,300 smokers were recruited to join the cessation contest and smoke-free messages were disseminated to some 40,000 members of the public. About 250 staff and volunteers of the district working partners assisted in organizing different smoke-free promotion activities including health talks, community promotion, carnivals, drawing competition, talent competition and smoke-free workshop across the territory to increase public awareness on the “Quit to Win” Contest and tobacco control.

地區合作夥伴 District Working Partners

中西區 Central & Western	圓玄軒婦女中心 Yuen Yuen v-Learn Women Centre
離島 Islands	離島婦聯 Hong Kong Outlying Islands Women's Association 香港基督教女青年會大澳地區工作辦事處 Hong Kong Young Women's Christian Association Tai O Community Work Office
九龍城 Kowloon City	九龍樂善堂 The Lok Sin Tong Benevolent Society, Kowloon
葵青 Kwai Tsing	葵青安全社區及健康城市協會 Kwai Tsing Safe Community and Healthy City Association
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
南區 Southern	南區健康安全協會 Southern District Healthy and Safe Association 香港南區婦女會 Hong Kong Southern District Women's Association
大埔 Tai Po	大埔區居民聯會 Tai Po District Residents Association 大埔泮涌社區教育中心 Tai Po Pun Chung Community Education Centre
荃灣 Tsuen Wan	荃灣安全健康社區督導委員會 Tsuen Wan Safe and Healthy Community Steering Committee
屯門 Tuen Mun	基督復臨安息日會山景綜合青少年服務中心 Shan King Integrated Children and Youth Services Centre of Seventh-day Adventists
黃大仙 Wong Tai Sin	黃大仙區健康安全城市 Wong Tai Sin District Healthy & Safe City 聖母醫院 Our Lady of Maryknoll Hospital
元朗 Yuen Long	天水圍婦聯 Tin Shui Wai Women Association

「戒煙大贏家」地區招募及無煙宣傳活動

“Quit to Win” District Recruitment and Smoke-free Promotion Activities

日期 Date	地區 District	地點 Venue
2015/6/20	元朗 Yuen Long	天瑞商場 Tin Shui Shopping Centre
2015/6/20 – 21	黃大仙 Wong Tai Sin	荷里活廣場 Plaza Hollywood
2015/6/21	西貢 Sai Kung	尚德商場 Sheung Tak Plaza
2015/6/25, 8/16 & 8/23	油尖旺 Yau Tsim Mong	尖沙咀海防道 Haiphong Road, Tsim Sha Tsui
2015/6/27	深水埗 Sham Shui Po	元州邨 Un Chau Estate
2015/6/27	黃大仙 Wong Tai Sin	慈雲山中心 Tsz Wan Shan Shopping Centre
2015/6/28	沙田 Sha Tin	禾輦商場 Wo Che Plaza
2015/6/28 & 8/30	大埔 Tai Po	富善邨 Fu Shin Estate
2015/6/30 & 7/16	觀塘 Kwun Tong	觀塘廣場 Kwun Tong Plaza
2015/7/4 – 5	西貢 Sai Kung	新都城二期 Metro City Plaza II
2015/7/5	灣仔 Wan Chai	百德新街 Paterson Street
2015/7/10 – 11	沙田 Sha Tin	馬鞍山廣場 Ma On Shan Plaza
2015/7/11 – 12	荃灣 Tsuen Wan	荃灣千色滙 KOLOUR•Tsuen Wan
2015/7/12	南區 Southern	香港仔成都道對出行人路 Chengtu Road, Aberdeen
2015/7/18	東區 Eastern	柴灣吉勝街 Kut Shing Street, Chai Wan
2015/7/18 & 9/12	離島 Islands	富東邨 Fu Tung Estate
2015/7/19	北區 North	彩園商場 Choi Yuen Plaza
2015/7/19 & 8/16	油尖旺 Yau Tsim Mong	旺角中心 Argyle Centre
2015/7/21 & 8/11	中西區 Central & Western	戲院里行人路 Theatre Lane

「戒煙大贏家」地區招募及無煙宣傳活動

“Quit to Win” District Recruitment and Smoke-free Promotion Activities

日期 Date	地區 District	地點 Venue
2015/7/25	元朗 Yuen Long	嘉湖銀座 Kingswood Ginza
2015/7/25 – 26	九龍城 Kowloon City	翔龍灣廣場 Grand Waterfront Plaza
2015/7/26	九龍城 Kowloon City	何文田廣場 Homantin Plaza
2015/8/1	九龍城 Kowloon City	九龍城廣場 Kowloon City Plaza
2015/8/1 – 2	觀塘 Kwun Tong	淘大商場 Amoy Plaza
2015/8/1 – 2	屯門 Tuen Mun	屯門時代廣場 Tuen Mun Trend Plaza
2015/8/5 – 6	黃大仙 Wong Tai Sin	樂富街市 Lok Fu Market
2015/8/8	深水埗 Sham Shui Po	富昌商場 Fu Cheong Shopping Centre
2015/8/8 – 9	沙田 Sha Tin	沙田中心 Sha Tin Centre
2015/8/9	黃大仙 Wong Tai Sin	黃大仙上邨 Upper Wong Tai Sin Estate
2015/8/12 – 13	屯門 Tuen Mun	H.A.N.D.S
2015/8/15	葵青 Kwai Tsing	梨木樹商場 Lei Muk Shue Shopping Centre
2015/8/15	南區 Southern	石排灣商場 Shek Pai Wan Shopping Centre
2015/8/18	東區 Eastern	西灣河太安街對出行人路 Tai On Street, Sai Wan Ho
2015/8/20	大埔 Tai Po	大元邨街市 Tai Yuen Market
2015/8/22	南區 Southern	華富邨 Wah Fu Estate
2015/8/22 & 9/5	元朗 Yuen Long	朗屏街市 Long Ping Market
2015/8/23	葵青 Kwai Tsing	葵涌廣場 Kwai Chung Plaza
2015/8/23	屯門 Tuen Mun	山景邨 Shan King Estate
2015/8/25	北區 North	上水中心購物商場 Sheung Shui Centre Shopping Arcade

「戒煙大贏家」地區招募及無煙宣傳活動

“Quit to Win” District Recruitment and Smoke-free Promotion Activities

日期 Date	地區 District	地點 Venue
2015/8/29	葵青 Kwai Tsing	葵涌商場 Kwai Chung Shopping Centre
2015/8/29 – 30	北區 North	粉嶺中心 Fanling Centre
2015/9/1 – 2	灣仔 Wan Chai	合和中心 Hopewell Centre
2015/9/5	西貢 Sai Kung	厚德街市 Hau Tak Market
2015/9/12	葵青 Kwai Tsing	荔景邨 Lai King Estate
2015/9/12	荃灣 Tsuen Wan	荃新天地 Citywalk
2015/9/12	黃大仙 Wong Tai Sin	東頭邨 Tung Tau Estate
2015/9/17	中西區 Central & Western	石塘咀街市 Shek Tong Tsui Market
2015/9/19	南區 Southern	香港仔中心 Aberdeen Centre
2015/9/20	觀塘 Kwun Tong	大本營 Domain Mall
2015/9/24	中西區 Central & Western	西區社區中心 Western District Community Centre

「戒煙大贏家」比賽

「戒煙大贏家」比賽透過豐富獎品鼓勵吸煙人士踏出第一步。參賽者於招募現場即場接受戒煙輔導員的初步吸煙狀況評估及簡短的戒煙輔導，並由香港大學護理學院及公共衛生學院已受訓的戒煙輔導員於一個月、兩個月、三個月及六個月以電話形式跟進他們的戒煙情況，提供不同的輔導和建議，同時亦會按他們的意願獲轉介至戒煙服務機構。在三個月跟進時，自我報告成功戒煙的參賽者會獲邀參與戒煙核實測試，成功通過者可參加大抽獎或經甄選面試，贏取豐富獎品。

“Quit to Win” Contest

The “Quit to Win” Contest encouraged smokers to quit smoking through prizes. Eligible participants received smoking status assessment and brief smoking cessation counseling by counselors during the recruitment sessions. The smoking cessation counselors from the School of Nursing and School of Public Health of The University of Hong Kong would follow up the quit status of the participants and provide advice and assistance by telephone interview at 1-month, 2-month, 3-month and 6-month after enrolment. Quitters would also be referred to their preferred smoking cessation service providers. Participants who quit successfully were invited to undertake a biochemical validation at the 3-month follow-up. Validated participants were eligible to join the lucky draw or to be selected for an interview to win fabulous prizes.

另外，香港大學護理學院及公共衛生學院會於比賽期間進行科學研究，收集數據檢討戒煙輔導及計劃的整體成效。根據初步結果，三個月跟進的自我報告成功戒煙率為14.4%。

Besides, the School of Nursing and School of Public Health of The University of Hong Kong conducted a research study to evaluate the effectiveness of specific smoking cessation intervention as well as the campaign. According to the preliminary results, the self-reported quit rate was 14.4% at 3-month follow-up.



頒獎禮

委員會於2016年3月18日舉行第六屆「戒煙大贏家」頒獎禮，以嘉許比賽的優勝者以及答謝區議會及地區合作夥伴的支持。主禮嘉賓包括衛生署助理署長（特別衛生事務）蔡美儀醫生、香港大學公共衛生學院社會醫學講座教授暨羅旭龢基金教授（公共衛生學）林大慶教授、委員會主席鄭祖盛及副主席伍婉婷。

Prize Presentation Ceremony

COSH held a prize presentation ceremony on 18 March 2016 to award the winners of the 6th “Quit to Win” Contest and commended the District Councils and district working partners for their support. Officiating guests included Dr Sarah CHOI, Assistant Director of Health (Special Health Services); Prof LAM Tai-hing, Chair Professor of Community Medicine & Sir Robert Kotewall Professor in Public Health, School of Public Health, The University of Hong Kong; Antonio KWONG, COSH Chairman and Yolanda NG, COSH Vice-chairman.



比賽的得獎者獲邀於頒獎禮上分享勵志的成功戒煙故事。冠軍黃偉健煙齡超過10年，因受到同事的影響及引誘而開始吸煙，誤以為吸煙可加強溝通。他在女朋友的鼓勵下，參加了「戒煙大贏家」比賽下定決心戒煙。除了女朋友及家人的支持，他亦藉著運動分散注意力及減壓，並透過戒煙網站及手機應用程式了解有關戒煙的資訊，以及利用委員會提供的「Tangle」來對抗煙癮。黃先生在成功戒煙後發掘了更多健康的興趣如行山、跑步等，亦擴闊了自己的社交圈子。他認為戒煙時最難抵抗的是早上及飯後的煙癮，但只要克服初期短暫的心癮，戒煙並不如想像中困難。

亞軍蔡明俊在好奇心作祟及朋友的影響下嘗試吸食第一口煙，吸煙超過18年。蔡先生明白及早戒煙可以避免煙草帶來的健康風險，亦為了家人及小朋友的健康而戒煙。他憑著家人的支持及自己的決心成功戒除煙癮，加上「戒煙大贏家」的輔導員定時跟進他的戒煙情況，幫助他克服身邊的引誘。他成功戒煙後，覺得呼吸更暢順，亦少了喘氣的問題。

季軍得主李德亮擁有逾35年煙齡，小時候受到電視廣告影響而吸食第一口煙。為了不讓女兒吸入二、三手煙及節省金錢，他決心戒煙。李先生表示成功戒煙主要靠自己堅強的意志，同時亦有賴戒煙服務機構的輔導及建議。戒煙後他得到女兒及家人的讚賞，與她們更親近，而嗅覺和味覺變得靈敏，對從事飲食業的他亦有幫助。

藝人單立文及宣萱亦身體力行到場支持活動，透過遊戲加深大眾對香港戒煙服務的認識，並分享戒煙對身體帶來的健康及好處，呼籲吸煙人士儘快戒煙。

計劃網頁：www.quittowin.hk

Winners were invited to share their successful quit stories at the ceremony. The champion WONG Wai-kin had smoked for more than 10 years. He was tempted and influenced by his colleagues to pick up the cigarettes. He mistook smoking as a facilitator of communication. Mr Wong was encouraged by his girlfriend to join the “Quit to Win” Contest and quit smoking. With the support from his girlfriend and family, he kicked the smoking habit by taking up sports to distract himself and relieve stress. Also, he used the “Tangle” provided by COSH to ride out tobacco craving and visited smoking cessation website and mobile apps for quit tips. Mr Wong discovered new and healthy hobbies after quitting, eg hiking and jogging, and broadened his social network. He shared that the crave for smoking in the morning and after lunch was the most difficult to encounter. But once short-term temptation was overcome, quitting was not as difficult as he thought.

The first runner-up CHAI Ming-chun started smoking out of curiosity and temptation from friends and spent almost 18 years as a smoker. Understanding that quitting smoking could avoid the health risks caused by tobacco, Mr Chai was determined to kick the habit for his family and his own health. He resisted the temptation and quitted successfully with strong will and support from family as well as the help of counselors. After going smoke-free, his lung function improved and the problem of shortness of breath improved.

The second runner-up LEE Tak-leung was attracted by the cigarette advertisement to take up his first cigarette and had smoked for over 35 years. He was motivated to quit smoking because of his daughter's health and saving money. Mr Lee shared that strong determination was of utmost importance in getting rid of cigarettes. Besides, the counseling and quit tips provided by the cessation service provider were also crucial. He got closer relationship with his daughter and family after kicking the smoking habit. He also found his sense of smell and taste improved considerably which was good for his catering job.

During the event, artists Pal SINN and Jessica HSUAN introduced the smoking cessation services in Hong Kong and highlighted the benefits of quitting smoking through interesting games. Smokers were encouraged to quit as soon as possible for better health.

Campaign Website: www.quittowin.hk

全新宣傳短片「搵個理由開始戒煙」及「幫佢搵個理由開始戒煙」

委員會定期製作宣傳短片，以宣揚煙草禍害和鼓勵戒煙，並推動大眾支持身邊的吸煙人士戒除煙癮。委員會於2015年推出兩輯全新宣傳短片「搵個理由開始戒煙」及「幫佢搵個理由開始戒煙」，再次邀請成功戒煙的藝人單立文擔任片中角色，分別以反諷及溫馨的手法推廣戒煙。

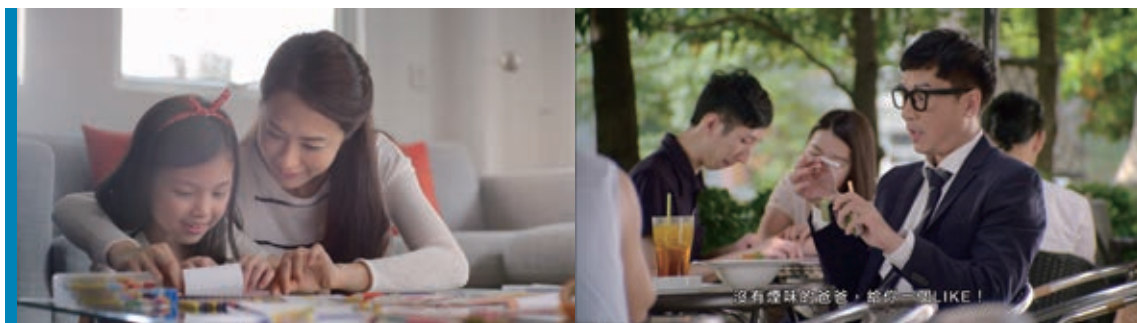
吸煙危害健康人人皆知，惟有不少吸煙者仍以不同的理由拒絕戒煙。「搵個理由開始戒煙」短片以不同年齡及性別的吸煙人士睡在家中的床為背景，分別道出多個繼續吸煙的理由，最後單立文以反諷的方法提醒無論他們有多少個理由，也沒有理由想睡在醫院的「生步床」，應立刻找個開始戒煙的理由，遠離煙草禍害。

New APIs “Find a Reason to Quit Now” and “Help Them Find a Reason to Quit Now”

COSH produces APIs regularly to publicize smoking hazards, encourage smokers to kick the habit and motivate the mass public to support their family and friends to quit smoking. COSH launched two new APIs, “Find a Reason to Quit Now” and “Help Them Find a Reason to Quit Now” in 2015 to further promote smoking cessation in an irony and warm way respectively. Successful quitter, artist Pal SINN was invited to participate in the two APIs.

Everyone knows smoking is hazardous to health. But many smokers still use different excuses to keep smoking. The API “Find a Reason to Quit Now” featured smokers at different age and gender staying in their beds explaining the reasons to carry on smoking. But Pal SINN pointed out that they must have no reasons to sleep in a hospital and should find a reason to quit now to get rid of the smoking hazards.





另一短片「幫佢搵個理由開始戒煙」則是一名成功戒煙者的自白，他坦言從未想過戒煙，直至太太及女兒親手製作寫滿窩心支持字句的紙條，並換走煙包內的捲煙。這說明透過家人的鼓勵可推動吸煙者成功戒除煙癮，建立無煙家庭，委員會希望藉此動員市民大眾，營造支持戒煙的氛圍。此短片更在電視廣播有限公司舉辦的「2016 TVB最受歡迎電視廣告大獎」中獲得優異獎。

「誠煙•戒煙」健康推廣計劃

為了提高大眾對煙害的關注，委員會於2015年10月至2016年2月期間舉辦「誠煙•戒煙」健康推廣計劃，於全港各區的商場、醫院及公眾地方舉行了16場巡迴展覽，以互動有趣的展板與遊戲，幫助市民認識煙草禍害、香港的控煙措施及戒煙服務，成功接觸超過20,000名市民。特別鳴謝懲教署的義工協助宣揚無煙信息。

On the other hand, COSH motivated the public to support their smoking family members to kick the habit and created a supportive atmosphere for smoking cessation through the API “Help Them Find a Reason to Quit Now”. In the API, a successful quitter confessed he never thought of quitting until he found his wife and daughter replaced his cigarettes with hand-made dummy cigarettes full of encouraging words. It showed the importance of family support to quitters. This API got the Citation for Excellence in the “TVB Most Popular TV Commercial Awards 2016” organized by Television Broadcasts Limited.

Health Promotion Programme on Smoking Hazards

To raise public awareness on the negative impact of smoking, COSH organized the Health Promotion Programme on Smoking Hazards during October 2015 to February 2016. Sixteen roving exhibitions were held in shopping malls, hospitals and public areas across the territory to educate the mass public on smoking hazards, tobacco control measures and smoking cessation services through interactive panels and games, reaching over 20,000 citizens. Special thanks to the volunteers of the Correctional Services Department who helped spread smoke-free messages.



委員會亦播放無煙宣傳短片及派發宣傳品，鼓勵吸煙人士儘早為自己及身邊人戒煙，並為有意戒煙者提供轉介服務。

Besides, smoke-free videos were shown and collaterals were distributed during the exhibitions to encourage smokers to quit smoking to safeguard the health of their family and their own. COSH also referred smokers who intended to kick the habit to different cessation services.

「誠煙・戒煙」健康推廣計劃巡迴展覽

Roving Exhibitions of Health Promotion Programme on Smoking Hazards

日期 Date	地點 Venue
2015/10/24 – 25	將軍澳新都城中心二期 Metro City Plaza II, Tseung Kwan O
2015/10/31	葵涌石籬商場二期 Shek Lei Shopping Centre Phase II, Kwai Chung
2015/11/1	鴨脷洲利東商場 Lei Tung Commercial Centre, Ap Lei Chau
2015/11/14	屯門龍鼓灘發電廠 Black Point Power Station, Tuen Mun
2015/11/15	深水埗富昌商場 Fu Cheong Shopping Centre, Sham Shui Po
2015/11/20	屯門醫院 Tuen Mun Hospital
2015/11/21	黃埔新天地時尚坊 Fashion World, Wonderful Worlds of Whampoa
2015/11/22	筲箕灣愛東商場 Oi Tung Shopping Centre, Shau Kei Wan
2015/12/12	慈雲山中心 Tsz Wan Shan Shopping Centre
2015/12/15	沙田威爾斯親王醫院 Prince of Wales Hospital, Shatin
2016/1/9 – 10	上水中心購物商場 Sheung Shui Centre Shopping Arcade
2016/1/13	伊利沙伯醫院 Queen Elizabeth Hospital
2016/1/17	東涌富東商場 Fu Tung Plaza, Tung Chung
2016/2/20	觀塘秀茂坪商場 Sau Mau Ping Shopping Centre, Kwun Tong
2016/2/22 – 23	灣仔集成中心 C C Wu Building, Wan Chai
2016/2/25	香港中文大學 The Chinese University of Hong Kong

倡議增加煙草稅

世界衛生組織重申，提高煙草稅是減少煙草使用及鼓勵吸煙人士戒煙最有效的單一措施。惟政府於2015至2016財政年度凍結煙草稅。

根據委員會的「控煙政策調查2015」，大部分人士(76.3%)對每年增加煙草稅表示支持，其中接近一半(55.7%)的受訪者認為煙草稅增幅必須等同或高於通脹，以保持價格對降低煙草需求的影響力。受訪者同時認為捲煙價格應定為平均每包港幣118.3元（2015年的價格約為港幣55元），以加強吸煙人士戒煙的決心。受訪的吸煙人士甚至表示捲煙價格應定為平均每包港幣164.3元，顯示煙價有很大的上調空間。（詳細調查結果請參閱第95頁）

有見及此，委員會於2015年12月去信財政司司長，重申增加煙草稅對減少煙草使用的效用，促請政府於2016至2017財政年度大幅增加煙草稅百分之一百，使香港的吸煙率儘快降至單位數字。除煙草稅外，委員會同時促請政府以多管齊下的方式推動控煙工作，包括加強教育宣傳、立法、強化戒煙服務及執法工作等，以保障公眾健康。

委員會對政府最後未有提高煙草稅表示失望，但相關報道已引起大眾的關注。

Advocacy on Raising Tobacco Tax

World Health Organization reiterates that raising tobacco tax is the single most effective way to decrease tobacco consumption and encourage smokers to quit. However, tobacco tax was frozen in 2015 – 2016 fiscal year.

According to “Tobacco Control Policy-related Survey 2015” conducted by COSH, majority of the citizens (76.3%) supported an increase in tobacco tax annually, in which more than half (55.7%) thought that it should be equivalent to or higher than the inflation rate in order to maintain the pricing effect on the demand of tobacco products. The respondents also opined that cigarette retail price should be set at HK\$118.3 per pack on average (retail price in 2015 was around HK\$55) to effectively motivate smokers to quit. Current smokers even thought that the price should be increased to HK\$164.3 on average. These figures reflected that there is huge space for cigarette price increment. (For details of survey results, please refer to P.95)

In view of this, COSH sent an open letter to the Financial Secretary in December 2015 to reiterate the effectiveness of raising tobacco tax in reducing tobacco use and strongly advised the Government to substantially increase tobacco tax by 100% in 2016 – 2017 fiscal year in order to lower the smoking prevalence in Hong Kong to single digit as soon as possible. COSH also recommended the Government to implement a multi-pronged approach in tobacco control, including strengthening education and publicity, legislations, enhanced smoking cessation services and enforcement to protect public health.

COSH was disappointed that the tobacco tax was frozen again in 2016 – 2017 fiscal year. But the related media coverage aroused public awareness on this issue.

「無煙夢片場」宣傳推廣活動

根據政府統計處《主題性住戶統計調查第59號報告書》的資料，超過六成的吸煙人士於10至19歲時開始吸煙，近百分之八及百分之六的吸煙者分別因為「受公眾人物／明星影響」及「受電視節目／電影影響」而開始吸煙。為推動演藝界的人士保持健康無煙的形象，同時身體力行鼓勵青少年拒絕吸第一口煙及呼籲吸煙人士儘早戒煙，委員會特別舉辦「無煙夢片場」宣傳推廣活動。

起動禮

計劃的起動禮於2016年1月15日假觀塘apm商場舉行，主禮嘉賓包括衛生署控煙辦公室主管李培文醫生、委員會主席鄭祖盛、副主席伍婉婷，以及教育及宣傳委員會主席麥耀光博士。藝人周柏豪及連詩雅於活動上分享減壓小貼士，同時以自己的健康生活為榜樣，呼籲支持者切勿吸煙，並應積極鼓勵家人及朋友戒煙。



Publicity Campaign in Collaboration with the Entertainment Industry

According to the Thematic Household Survey Report No. 59 of the Census and Statistics Department, around two-thirds of smokers started smoking at age 10 to 19, while near 8% and 6% of them started smoking due to influence of public figures/artists and TV programmes/movies respectively. In order to mobilize the entertainment industry and artists to maintain a smoke-free image, as well as to encourage youngsters to say no to cigarettes and support smokers to kick the habit, COSH organized a Publicity Campaign in Collaboration with the Entertainment Industry.

Kick-off Event

The kick-off event was held at apm shopping mall in Kwun Tong on 15 January 2016. Officiating guests included Dr Jeff LEE, Head of Tobacco Control Office, Department of Health, Antonio KWONG, COSH Chairman, Yolanda NG, COSH Vice-chairman and Dr MAK Yiu-kwong, Chairman of COSH Education & Publicity Committee. Artists CHAU Pak-ho and Shiga LIN also shared their tips on stress relief during the event. Being the role models, they called on their followers not to take up smoking and should motivate their family members and friends to quit smoking.

「無煙者聯盟」短片及無煙宣傳聲帶

委員會與商業電台合作，於2016年2月推出一連串的節目，當中包括由歌星C Allstar、林奕匡、藝人蘇玉華、名人麥玲玲、電台節目主持等錄製一系列充滿新年氣氛的無煙宣傳聲帶及廣告，希望為大家帶來一個清新健康的猴年。壓軸項目是由商業二台節目「好出奇」製作的「無煙者聯盟」短片，由藝人周柏豪、連詩雅及一眾電台節目主持以清新的角度重拍電影經典，並以幽默方式帶出無煙生活的重要性。短片於2016年2月至3月期間於互聯網及公共交通工具媒體上播放，於網上平台共錄得逾1,200,000次瀏覽量。

賀年宣傳

委員會亦特別印製了一式四款賀年揮春，透過特別的祝賀語鼓勵吸煙人士於新年伊始下定決心戒除煙癮，展開無煙健康的新一頁。揮春於2016年2月2日隨免費報章附送，共派發約30,000張，並透過演藝界的協會及公司將無煙信息傳遞予業內人士。此外，委員會亦製作了一段賀年廣告，由成功戒煙的藝人單立文鼓勵吸煙者於新一年「搵個理由開始戒煙」，在2016年2月於無線電視各頻道播放。



Smoke-free Video and Radio Promotions

COSH partnered with Commercial Radio to launch a series of programmes in February 2016, including Chinese New Year promotions and advertisements hosted by singers C Allstar, Phil LAM, artist SO Yuk-Wa, celebrity MAK Ling-ling and DJs wishing all a healthy and smoke-free Year of the Monkey. Besides, programme "Holy Tricky" of Commercial Radio Two produced a video with artists CHAU Pak-ho, Shiga LIN and DJs spoofing classic movie to spread the smoke-free messages in a hilarious way. The video was broadcasted on the internet and local public transports during February and March 2016, recording over 1,200,000 online views.



Chinese New Year Promotion

COSH also designed a set of spring couplets which aimed to encourage smokers to kick the habit through the special greetings. Around 30,000 spring couplets were circulated as insertion of free newspaper on 2 February 2016. The smoke-free greetings were also spread to the practitioners of the entertainment industry through the related associations and companies. In addition, a video hosted by artist Pal SINN, a successful quitter, was produced to encourage smokers to find a reason to quit during the Chinese New Year. The video was broadcasted in channels of Television Broadcasts Limited in February 2016.

鄭祖盛主席於記者會上表示，「電子煙成分測試報告証實含有致癌物質及其他有害物質，而且產品質素參差，因此促請政府儘快落實全面禁止電子煙，以防患於未然，保障公眾健康。」

委員會亦委託香港大學公共衛生學院進行「控煙政策調查2015」，研究電子煙在香港的使用情況及市民對禁止電子煙的意見。調查結果顯示，逾八成受訪者聽說過電子煙產品，認知度比2014年(75.4%)增加一成多。約有少於1%受訪者過往曾經使用電子煙，大部分電子煙使用者並非用其作戒煙，更表示不知道電子煙的成分。受訪者中約0.2%現時（即過去30天）有使用電子煙，惟年輕吸煙者(15-29歲)的使用比率高達7.9%，顯著高於30歲或以上的吸煙者。

另外，受訪者支持以不同措施規管電子煙，包括不准售予未成年人士、禁止於禁煙範圍使用、限制售賣不含尼古丁的電子煙、將電子煙視作普通捲煙規管、禁止其宣傳和廣告，逾半受訪者更表示支持以上所有措施。（詳細調查結果請參閱第96頁）

委員會高度關注電子煙在全球的銷量迅速增長，而現時香港電子煙的產品種類及銷售渠道繁多，但大部份產品標籤沒有標明詳細成分或加上任何健康忠告，產品的推廣更針對兒童及青少年。電子煙的戒煙功效和安全性仍未被認可，世界衛生組織表示目前沒有足夠證據斷定電子煙有助戒煙。

現時全球已有最少16個國家全面禁止電子煙，可見此乃國際趨勢。委員會促請政府儘快落實全面禁止電子煙，包括其銷售、宣傳推廣及贊助、分銷、進口及製造，防止電子煙的風氣蔓延及成為兒童及青少年開始吸煙的門檻。

Antonio KWONG remarked at the press conference, “The test results showed the quality of e-cigarettes varied and carcinogens and other harmful substances were found. To nip it in the bud and protect public health, we urge the Government to totally ban e-cigarettes as soon as possible.”

Besides, The School of Public Health of The University of Hong Kong was commissioned by COSH to conduct the “Tobacco Control Policy-related Survey 2015” to monitor prevalence of e-cigarette use and measure public opinion on its ban in Hong Kong. The survey found that over 80% of respondents had heard of e-cigarettes compared to 75.4% in 2014. Less than 1% of respondents had ever used e-cigarettes. It was also found that the main reason for e-cigarette use was not to aid smoking cessation and most of the users did not know what they inhaled. Although only 0.2% of respondents had used e-cigarettes in the past 30 days, the rate (7.9%) among young current smokers aged 15 to 29 years was significantly higher than that of current smokers aged 30 years or above.

Meanwhile, majority of respondents supported various regulatory measures on e-cigarettes including restrict sale to minors, ban the use at smoke-free areas, restrict sale of non-nicotine e-cigarettes, regulate e-cigarettes as cigarettes and ban e-cigarettes publicity and ads. Over half of the respondents supported all of these regulatory measures. (For details of survey results, please refer to P.96)

COSH had serious concern on the rapid growth of the global sales of e-cigarettes. A wide variety of e-cigarettes are now available in Hong Kong via various sale channels and are mainly targeting the youngsters. However, most of them do not provide details on their components nor carry any health warnings. The safety and effectiveness of e-cigarettes as a smoking cessation aid are unknown. Insufficient evidence has been identified so far to support the claim that e-cigarettes help smokers kick the habit, says the World Health Organization.

At least 16 countries have imposed a total ban on e-cigarettes, which is a global trend. COSH urged the Government to enact a total ban on the sales, advertising, promotion and sponsorship, distribution, import and manufacturing of e-cigarettes in Hong Kong promptly to prevent its epidemic and stop it from becoming the gateway to children and youth smoking.



社區聯繫及推廣

Community Involvement and Promotion

2015葵涌醫院無煙十周年、 支持世界無煙日暨無煙標語創作 比賽頒獎禮

葵涌醫院於2015年5月5日舉辦「2015葵涌醫院無煙十周年、支持世界無煙日暨無煙標語創作比賽頒獎禮」，慶祝醫院全面禁煙十周年，同時嘉許創作傑出無煙標語的員工、院友及其家屬。

委員會副主席伍婉婷獲邀出席，與在場人士分享無煙信息，並感謝及祝賀葵涌醫院於控煙工作上的努力及出色表現。其他出席的嘉賓包括食物及衛生局局長高永文醫生、副局長陳肇始教授、衛生署控煙辦公室主管黃宏醫生及委員會總幹事黎慧賢等。

2015 Kwai Chung Hospital 10th Anniversary of Implementing No Smoking Policy & Support for World No Tobacco Day Ceremony

Kwai Chung Hospital organized the “2015 Kwai Chung Hospital 10th Anniversary of Implementing No Smoking Policy & Support for World No Tobacco Day Ceremony” on 5 May 2015. The event was to celebrate the 10th Anniversary of smoking ban in Kwai Chung Hospital, as well as to commend the outstanding smoke-free slogans created by staff, patients and their family members.

Yolanda NG, COSH Vice-chairman was invited to share smoke-free messages to the participants. She also thanked Kwai Chung Hospital for their great efforts and achievements on tobacco control. Other guests included Dr KO Wing-man, Secretary for Food and Health, Prof Sophia CHAN, Under Secretary for Food and Health, Dr Christine WONG, Head of Tobacco Control Office, Department of Health and Vienna LAI, COSH Executive Director.



香港賽馬會無煙推廣活動

為推廣無煙信息予市民大眾及鼓勵戒煙，香港賽馬會於2015年6月至9月及2016年1月至2月期間在全港所有投注站的電視頻道播放委員會的無煙宣傳短片，並張貼海報，向市民介紹吸煙、二手煙及三手煙引致的疾病，並推動市民參加「戒煙大贏家」比賽，宣揚健康生活。



「無煙老友記」計劃2015 – 16

根據政府統計處的《主題性住戶統計調查第59號報告書》，香港現時每日吸煙的人數達641,300人，其中21.4%為60歲或以上人士。煙齡較長的人士容易對吸煙與戒煙存有謬誤，低估吸煙對身體的禍害，因此未能下定決心戒煙。

為了鼓勵長者戒除煙癮，委員會舉辦「無煙老友記」計劃2015 – 16，與地區長者中心合作，透過舉行健康講座及無煙宣傳活動，向他們講解吸煙的禍害、釐清有關戒煙的謬誤及推動他們加入戒煙行列，攜手建立無煙社區。

健康講座

在2015年6月至2016年3月期間，委員會於全港長者中心共舉辦43場健康講座，以生動有趣的方式把無煙生活的好處及戒煙的重要性等信息傳遞予2,700多名長者，並鼓勵他們與親友分享無煙信息。

Smoke-free Promotion Campaign of The Hong Kong Jockey Club

To spread smoke-free messages and encourage smoking cessation among the general public, The Hong Kong Jockey Club collaborated with COSH to broadcast smoke-free videos at all branches across the territory and display posters in June to September 2015 and January to February 2016. The campaign aimed to promote the hazards of smoking, secondhand and third-hand smoke and motivate smokers to join the “Quit to Win” Contest for a healthy life.

Elderly Smoking Cessation Promotion Project 2015 – 16

According to the Thematic Household Survey Report No. 59 released by the Census and Statistics Department, there are 641,300 daily smokers in Hong Kong, in which 21.4% aged 60 years or above. Some elderly smokers were not willing to take their first step to quit smoking as they held misconceptions about smoking and quitting and underestimated the health risk of smoking.

To educate the elderly on smoking hazards and rectify their misconceptions about smoking cessation, COSH organized the “Elderly Smoking Cessation Promotion Project 2015 – 16” and invited elderly centres to hold health talks and smoke-free activities to motivate the elderly to kick the smoking habit.

Health Talks

From June 2015 to March 2016, COSH conducted 43 sessions of health talks at elderly centres across the territory. Through an interactive and interesting approach, the benefits of being smoke-free and the importance of smoking cessation were promoted to around 2,700 elderlies. They were also encouraged to spread smoke-free messages to their families and friends.

電台廣播

為了與更多長者和大眾分享無煙信息，委員會與商業電台第一台合作製作一連串電台節目，並邀請成功戒除煙癮的前任教育局局長孫明揚及不同專家分享心得，同時消除長者對戒煙的謬誤，以及增進對戒煙服務的認識。

社區無煙宣傳活動

另外，計劃於2015年9月至11月舉辦「一老一笑無煙寫照」活動，到訪長者中心鼓勵長者保持和享受無煙健康的生活，並捕捉他們的笑臉以感染吸煙人士戒除煙癮。委員會更向有意戒煙的長者派發戒煙承諾卡，加強他們的決心，活動成功鼓勵超過50名長者許下戒煙承諾。



戒煙不太遲 一老一笑分享會

委員會於2015年11月27日假油塘大本型商場舉辦名為「戒煙不太遲 一老一笑分享會」閉幕儀式，展示於探訪活動中拍下的無煙寫照，以老友記的笑容為吸煙人士帶來戒煙的動力。主禮嘉賓包括食物及衛生局副局長陳肇始教授、衛生署控煙辦公室主管李培文醫生、香港大學公共衛生學院社會醫學講座教授暨羅旭龢基金教授（公共衛生學）林大慶教授、委員會主席鄭祖盛及副主席伍婉婷。

Radio Promotions

COSH collaborated with Radio 1 of Commercial Radio to produce a series of radio segments to share the smoke-free messages to the elderly and the general public. Successful quitter Michael SUEN, former Secretary for Education and different experts were invited to introduce quit tips, clarify the misconceptions on quitting and promote the smoking cessation services.

Smoke-free Community Promotion

Visits to elderly centres were organized from September to November 2015. Smoke-free smiley faces of the elderly were captured to inspire smokers to adopt a healthy lifestyle. COSH also distributed the quit pledge cards to those who intended to quit in order to strengthen their will. Over 50 elderlies were motivated to kick the smoking habit.

Smoke-free Sharing cum Closing Ceremony

A smoke-free sharing cum closing ceremony was held on 27 November 2015 in Domain Mall, Yau Tong. The photos with smoke-free smiley faces were displayed to reinforce smokers' determination to quit. Officiating guests included Prof Sophia CHAN, Under Secretary for Food and Health, Dr Jeff LEE, Head of Tobacco Control Office, Department of Health, Prof LAM Tai-hing, Chair Professor of Community Medicine & Sir Robert Kotewall Professor in Public Health, School of Public Health, The University of Hong Kong, Antonio KWONG, COSH Chairman and Yolanda NG, COSH Vice-chairman.



大會邀請了於「無煙老友記」計劃中承諾戒煙的曹明高，以及參加第五屆「戒煙大贏家」比賽並成功戒煙的連錦祥出席，分享經驗和心得。藝人周國賢和連詩雅亦以遊戲方式提醒市民戒煙的好處和方法等。同場更有《18樓C座》廣播劇的一眾主要演員演出短劇，並由林大慶教授客串，以生動的方式拆解戒煙的謬誤。



香港國際牙科博覽暨研討會2015

香港牙醫學會於2015年8月7日至9日假香港會議展覽中心舉辦「香港國際牙科博覽暨研討會2015」。委員會主席鄭祖盛應邀出席開幕儀式。此外，委員會亦於展覽會上設置資訊攤位，向與會者介紹本港控煙概況及委員會的教育推廣工作，並邀請參加者承諾支持無煙香港，促進與牙科專業人員在控煙工作上的交流及合作。

2015/16年度中西區健康節

為提高中西區居民對健康的關注，並推廣健康教育，中西區區議會醫療衛生及復康服務工作小組聯同多個政府部門、區內醫院、診所及社會服務機構，於2015年8月29日及30日假士美非路體育館舉辦「2015/16年度中西區健康節」。委員會總幹事黎慧賢應邀主持開幕典禮。

CHAO Ming-koo, who pledged to quit smoking through the project and LIN Kam-cheung, a successful quitter of the 5th “Quit to Win” Contest, were invited to join the ceremony and share with the audience their experiences and tips. Artists Endy CHOW, Shiga LIN and the cast of radio drama “18/F Block C” promoted the benefits of quitting through games and performance. Prof LAM Tai-hing also took part in the drama to clarify the misconceptions on smoking cessation in an interesting way.

Hong Kong International Dental Expo and Symposium 2015

The Hong Kong Dental Association hosted the “Hong Kong International Dental Expo and Symposium 2015” on 7 to 9 August 2015 at the Hong Kong Convention and Exhibition Centre. Antonio KWONG, COSH Chairman, was invited to join the opening ceremony. COSH also set up an information booth introducing the tobacco control works in Hong Kong and COSH’s education and publicity programmes to enhance the collaboration with dental professionals. Participants were encouraged to pledge to support a smoke-free Hong Kong.

Central and Western District Health Festival 2015/16

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 “Central and Western District Health Festival 2015/16” on 29 to 30 August 2015 at Smithfield Sports Centre. Vienna LAI, COSH Executive Director was invited to join the opening ceremony.



場內活動多元化，各個單位透過不同方式如展覽和諮詢服務、健康講座、運動示範及免費身體檢查等，向市民傳達有關疾病預防及護理、家居安全及個人衛生等信息，吸引數百名市民參與。委員會於是次活動設置攤位，以輕鬆有趣的方式向中西區居民宣揚無煙生活的重要性，更透過播放委員會的宣傳短片及即場派發有關煙草禍害及戒煙資訊的小冊子，鼓勵吸煙人士儘早戒除煙癮。

領展房地產投資信託基金無煙推廣活動

委員會與領展房地產投資信託基金（領展）合作，於2015年8月至9月期間在八個領展轄下的街市舉辦無煙推廣活動，鼓勵市民投入健康生活，同時設置第六屆「戒煙大贏家」比賽的招募攤位，推廣戒煙的好處及鼓勵吸煙人士參加比賽，並動員不吸煙人士支持身邊人戒煙。

荃灣安健社區日

荃灣區議會轄下的荃灣安全健康社區督導委員會聯同勞工處及職業安全健康局，於2015年9月12日假荃新天地舉辦「荃灣安健社區日」，以提高荃灣區居民注重安全健康的意識。

是次活動節目豐富，包括攤位遊戲、兒童表演、《安健學校》頒獎禮及免費保健服務等，同場設有一個有關吸煙與家居安全的遊戲攤位，以加深市民了解二手煙及三手煙禍害。活動成功向約1,500名市民傳遞有關疾病預防、家居安全及個人衛生等信息。

委員會總幹事黎慧賢應邀出席主持開幕典禮。委員會亦是次活動設置攤位，提供免費一氧化碳呼氣測試及派發有關煙草禍害的小冊子，加強區內居民對煙草禍害的了解。

Messages of disease prevention and healthcare, home safety and personal hygiene were delivered to hundreds of participants through exhibitions, counseling services, health talks, exercise demonstrations and free body checks. COSH also set up a booth to promote the importance of a smoke-free lifestyle in an interactive way. The latest APIs were broadcasted and smoking cessation booklets were distributed to encourage smokers to quit smoking.

Smoke-free Promotion Activities of Link REIT

COSH collaborated with Link REIT in August to September 2015 to disseminate smoke-free messages in the community. To encourage the public to adopt a smoke-free healthy lifestyle, promotion activities were organized in eight fresh markets under the management of Link REIT. Recruitment booths of the 6th "Quit to Win" Contest were also set up to promote the benefits of smoking cessation, encourage smokers to join the contest and call for the support of non-smokers on smoking cessation.

Tsuen Wan Safe and Healthy Community Day

To raise the community's awareness on safety and health, Tsuen Wan Safe and Healthy Community Steering Committee of Tsuen Wan District Council partnered with Labour Department and Occupational Safety and Health Council to organize the "Tsuen Wan Safe and Healthy Community Day" on 12 September 2015 in Citywalk, Tsuen Wan.

A wide variety of activities were held such as game booths, children performance, prize presentation and free body checks. A game booth about smoking and home safety which aimed to enhance the public's knowledge on the harms of secondhand and third-hand smoke was also set up. The event had successfully delivered the messages of disease prevention, home safety and personal hygiene to about 1,500 citizens.

Vienna LAI, COSH Executive Director was invited to be the officiating guest at the event. COSH also set up a booth to provide free carbon monoxide breath test and distributed booklets on smoking hazards to enhance public awareness and encourage smokers to quit smoking.

中華電力安全健康環保日2015

香港中華電力有限公司的年度活動「安全健康環保日」，於2015年11月14日假屯門龍鼓灘發電廠舉行，成功吸引約5,000名員工及其家人參與。活動透過舞台表演、攤位遊戲及展覽向參加者宣傳安全、健康及環保的信息。委員會近年均獲邀參與，並設置「誠煙●戒煙」健康推廣計劃的攤位，大受歡迎，超過1,500位參加者透過互動遊戲、小冊子及宣傳品了解吸煙禍害、建立無煙家庭的好處等資訊。此外，委員會邀請「清新女人魅」女性戒煙推廣計劃的導師教導參加者透過瑜伽對抗煙癮。



「2016清新無煙樂嘉福」嘉年華會

圓玄學院粉嶺服務中心於2016年1月16日假粉嶺嘉福邨羅馬廣場舉辦「2016清新無煙樂嘉福」嘉年華會，委員會獲邀參與及設置攤位遊戲，以輕鬆有趣的方式加強區內市民對煙草禍害的認識。此外，委員會亦舉辦無煙健康講座，介紹戒煙資訊及本港戒煙服務，呼籲吸煙人士及早戒煙，活動吸引超過350名市民參與。

CLPP Safety, Health & Environment (SHE) Day 2015

Invited by CLP Power Hong Kong, COSH hosted a booth of Health Promotion Programme on Smoking Hazards at CLP's annual staff family event "Safety, Health & Environment (SHE) Day" on 14 November 2015 at Black Point Power Station, Tuen Mun. This event has been organized successfully for years and attracted around 5,000 CLP staff and their families to join in 2015. It aimed to raise the awareness on safety, health and environment among participants through stage performance, game booths and exhibitions. The booth set up by COSH received overwhelming response, spreading information on smoking hazards and importance of building a smoke-free family to over 1,500 participants via interactive games, leaflets and collaterals. Besides, COSH invited instructor of "Women Smoking Cessation Promotion Programme" to teach the participants how to fight against the tobacco addiction via yoga.

"Smoke-free Ka Fuk 2016" Carnival

The Yuen Yuen Institute Fanling Social Service Centre organized a carnival named "Smoke-free Ka Fuk 2016" at Ka Fuk Estate, Fanling on 16 January 2016. COSH was invited to set up a game booth to raise public awareness on smoking hazards and deliver a health talk on smoking cessation to encourage smokers to get rid of cigarettes. Over 350 citizens joined the carnival.

香港新聲會「丙申猴年春節嘉年華暨無喉者中心開放日」

香港新聲會一直以自助及互助精神，協助無喉者及喉癌患者恢復發聲能力和建立自信以重投社會，並積極推動社會服務及參與防癌活動。該會於2016年2月28日假石硤尾邨舉辦「丙申猴年春節嘉年華暨無喉者中心開放日」，讓公眾深入了解其服務及中心設施。活動當日更提供中醫義診、健康專題講座及身體檢查等活動，藉此向市民推廣健康生活的信息。



委員會於是次活動中協辦攤位遊戲，以互動的手法增加參加者對煙草禍害的認識，吸引過百名市民參與。同時亦向市民派發戒煙小冊子，鼓勵吸煙人士儘早戒除煙癮，以減低患上喉癌及其他疾病的機會。

港鐵工程項目工友健康推廣月

香港鐵路有限公司關顧建造業工友的健康，於2016年3月舉辦「港鐵工程項目工友健康推廣月」活動，以宣傳無煙信息及提高工友對健康的關注。委員會獲邀提供健康講座及無煙宣傳品，並協助進行一氧化碳呼氣測試及為有意戒煙的工友提供戒煙服務轉介。活動成功將無煙信息傳遞予近2,000名工友。

“Open Day cum Spring Carnival” of the New Voice Club of Hong Kong

Through promoting self-help and mutual help spirit, the New Voice Club of Hong Kong assists laryngectomies and laryngeal cancer patients in regaining their voice and reintegrating into the community, as well as promotes social services and participates in anti-cancer activities. The Club hosted an “Open Day cum Spring Carnival” on 28 February 2016 at Shek Kip Mei Estate to introduce their scope of services and facilities to the public. Chinese medical consultation, health talks and body checks were conducted in the carnival to promote a healthy lifestyle.

COSH set up a game booth to propagate the smoking hazards in an interactive way, attracting over 100 participants. COSH staff also distributed booklets to encourage smokers to kick the habit as soon as possible in order to lower the risk of laryngeal cancer and other diseases.

MTR Project Division Worker Health & Wellbeing Month

MTR Corporation Limited organized the Project Division Worker Health & Wellbeing Month in March 2016 aiming to raise awareness on health and wellbeing, as well as promote smoke-free messages among the construction workers. COSH was invited to deliver health talks, provide support for carbon monoxide breath test, distribute smoke-free collaterals and refer smokers who intended to quit to cessation services. The activities successfully spread smoke-free messages to around 2,000 construction workers.



香港警務處「體康嘉年華2016」

香港警務處於2016年3月6日假警察體育遊樂會舉辦「體康嘉年華2016」，藉以鼓勵警員及其家屬建立恆常運動的習慣和關注個人的身心健康，吸引逾5,800名警員及其家庭成員參與。委員會應邀於嘉年華會中設置攤位遊戲，以互動形式加深警員及其家屬對煙草禍害的認識。委員會當日亦派發了控煙宣傳刊物及紀念品，藉此鼓勵市民支持無煙香港。



「油尖旺區中小學生作文及書面問答比賽」頒獎典禮

無毒油尖旺大聯盟有限公司及油尖旺健康城市執行委員會於2016年3月12日，假尖沙咀街坊福利會會堂舉行「油尖旺區中小學生作文及書面問答比賽」頒獎典禮，同時邀請嘉賓就實踐健康生活作專題演講。

委員會項目籌劃高級經理吳麗盈獲邀出席，並向600多名小學生講解電子煙的潛在風險及禍害。其他演講嘉賓包括黃萬成註冊社工、余平海醫生及衛生署謝美賢註冊護士，分別就無毒人生及健康飲食作分享。

“Physical Fitness and Health Management Carnival 2016” of the Hong Kong Police Force

To encourage the police force and their family members to pay more attention to physical and psychological health, the Hong Kong Police Force hosted the “Physical Fitness and Health Management Carnival 2016” at Police Sports and Recreation Club on 6 March 2016, attracting more than 5,800 participants. COSH was invited to set up a game booth to raise awareness on smoking hazards. Booklets and souvenirs were also distributed to promote the importance of a smoke-free environment.

Award Presentation Ceremony of “Yau Tsim Mong Primary and Secondary School Students Writing and Quiz Competition”

Yau Tsim Mong No-drug Alliance Company Limited and Executive Committee of Yau Tsim Mong Healthy City organized the award presentation ceremony of “Yau Tsim Mong Primary and Secondary School Students Writing and Quiz Competition” on 12 March 2016 in Tsim Sha Tsui District Kaifong Welfare Association. Guests were invited to share tips on living a healthy lifestyle.

Annie NG, COSH Senior Project Manager explained the potential risks and hazards of e-cigarettes with some 600 primary school students. Other speakers, including WONG Man-sing, registered social worker, Dr YUE Ping-hoi and TSE Mei-yin, registered nurse of the Department of Health shared the effects of drug addiction and tips of healthy diet respectively.

教育及青少年活動

Education and Youth Programmes

青少年教育活動

Youth Education Programmes

「無煙新世代」健康講座

控煙工作必須由教育下一代著手，從小開始灌輸無煙知識，能有效令他們明白無煙環境的重要性，決不嘗試第一口煙，並鼓勵他們勸喻身邊的家人和朋友戒煙。因此，委員會自1991年起，每年到訪全港各區幼稚園、中小學及大專院校舉辦健康講座，向兒童及青少年推廣無煙信息，讓他們及早認識煙草的禍害。

於2015至2016年學年，委員會到訪接近110間學校舉行健康講座，多達20,000名學生參與。講座除了詳述吸煙、二手煙及三手煙的禍害，學生亦能從中了解最新的控煙資訊，如本港的控煙政策、現時的戒煙服務、新興的電子煙及煙草商的宣傳技倆等。此外，委員會的教育幹事會向學生介紹委員會的控煙工作及活動。講座另設有獎問答環節，務求令學生能在愉快的學習環境下，更全面吸收無煙資訊。

Health Talks for “Smoke-free New Generation”

Education is important for tobacco control. Delivering smoke-free messages to the next generation at an early age can help them recognize the importance of a smoke-free environment, deter them from trying the first cigarette and motivate them to encourage family and friends to quit smoking. Since 1991, COSH has organized health talks every year in kindergartens, primary schools, secondary schools and tertiary institutions across the territory to educate the children and youth on smoking hazards.

During the school year 2015 to 2016, about 110 health talks were conducted, reaching over 20,000 students. The health talks covered the harmful effects of smoking, secondhand and third-hand smoke, as well as the latest information on tobacco control, such as tobacco control legislation in Hong Kong, existing smoking cessation services, growing trend of e-cigarettes and marketing tactics of the tobacco industry. COSH educators also introduced the works and programmes of COSH. A question-and-answer session was included and souvenirs were given to students to enhance their smoke-free knowledge under a relaxing atmosphere.



無煙青少年大使領袖訓練計劃

無煙青少年大使領袖訓練計劃 2015 – 16

委員會致力培育青少年成為社會未來領袖，推動香港的控煙工作，故於2012年開始每年舉辦「無煙青少年大使領袖訓練計劃」，讓青少年透過參加訓練營加深對控煙工作及煙草禍害的認識，同時提升各方面技能，並學以致用，構思及舉辦各式各樣的活動宣揚無煙信息，承傳「無煙青少年大使」推廣無煙文化的精神。

過去四屆計劃成功培育約1,400名「無煙青少年大使」攜手建立無煙環境，取得顯著成效。2015 – 16年度的計劃共吸引逾300名來自40多間中學、青少年中心及制服團隊的14至18歲青少年參與。

Smoke-free Youth Ambassador Leadership Training Programme 2015 – 16

COSH has been sparing no effort in nurturing teenagers to become future leaders to advance tobacco control in Hong Kong. The Smoke-free Youth Ambassador Leadership Training Programme has been organized annually since 2012 to equip participants with knowledge on tobacco control, smoking hazards and different skills through training camp and organization of various activities to promote smoke-free culture.

Over the past four years, around 1,400 Youth Ambassadors have been nurtured to take the leading role in establishing a smoke-free environment. Some 300 youngsters, aged 14 to 18, from more than 40 secondary schools, youth centres and uniform groups enrolled for the 2015 – 16 programme.



無煙青少年大使領袖訓練營

委員會於2015年暑假舉辦了五場兩日一夜的領袖訓練營，透過多元化的活動讓「無煙青少年大使」掌握煙草禍害及控煙資訊，同時提升他們的領導才能、獨立、創意及批判思考、溝通及衝突管理、團隊及合作精神、項目策劃及戒煙輔導技巧等。



無煙青少年大使行動

完成訓練的「無煙青少年大使」於2015年9至12月期間學以致用，籌辦逾150項創新活動，將無煙信息傳遞予超過50,000名市民，數目是歷屆之冠。活動包括街頭撿拾煙頭行動、短片拍攝、短劇演出、創作比賽、校內及社區嘉年華、街頭外展宣傳、長者探訪、街頭塗鴉及成立網上宣傳專頁等，旨在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，攜手建造清新健康的無煙社區。



Smoke-free Youth Ambassador Leadership Training Camp

Five 2-Day-1-Night leadership training camps were held during the summer holiday in 2015 to equip participants with knowledge on smoking hazards and tobacco control measures. Their skills on leadership, creative and critical thinking, communication, problem solving, team building, programme planning and techniques of smoking cessation counseling were enhanced through diversified training activities.

Smoke-free Programme in Schools and the Community

Between September and December 2015, the trained Ambassadors applied their knowledge to initiate more than 150 innovative smoke-free activities reaching a record high of more than 50,000 citizens. Activities included cigarette butts clean-up, short film production, drama performance, design competition, carnival in schools and the community, street promotion, visit to elderly centres, graffiti and promotion through social media. The Ambassadors raised public awareness on smoking hazards, as well as encouraged their friends, family members and neighbours to quit smoking and strive for a smoke-free Hong Kong.



無煙青少年團

為使參加者能繼續積極參與推動無煙文化及控煙的活動，完成訓練的大使均獲邀加入「無煙青少年團」，參與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。

頒獎禮暨分享會

「無煙青少年大使領袖訓練計劃2015 – 16」頒獎禮暨分享會於2016年3月2日舉行，以嘉許表現出色的「無煙青少年大使」。主禮嘉賓包括教育局局長吳克儉、衛生署助理署長（特別衛生事務）蔡美儀醫生及委員會主席鄭祖盛。

冠軍隊伍於頒獎禮上分享活動籌劃的心得和經驗，他們以「無煙 有愛 承傳」作為活動構思藍本，不但肩負起推廣無煙文化的責任，同時致力以愛心鼓勵吸煙人士戒煙，並希望能將「無煙青少年大使」精神承傳下去。

他們舉辦多項極具創意的無煙活動，共接觸超過5,400名市民，校內活動包括無煙學界承諾行動、標語創作比賽、講座及攤位遊戲。他們亦以多元化活動於社區推廣，例如街頭撿拾煙頭行動、於葵涌貨櫃碼頭推廣、街頭塗鴉、無煙「寵」愛行動、短片拍攝、設置網絡專頁等。部份活動更特別針對特定群組而設，例如向街上養寵物的人士派發印有戒煙資訊的「無煙溫馨提示卡」，提醒他們二手煙會影響寵物健康。此外，他們更把握不同宣傳機會，於學校開放日、社企市集等活動擺設攤位，將無煙理念融入社區及生活。



Smoke-free Youth Ambassador Alumni Programme

In order to sustain the Ambassadors' pioneering role in spreading smoke-free messages, they were encouraged to join the "Smoke-free Youth Ambassador Alumni Programme" after the training to continue their support to tobacco control by attending sharing sessions, managing game booths and exhibitions in the community and participating in other publicity activities organized by COSH.

Award Presentation Ceremony

An award presentation ceremony was held on 2 March 2016 to commend the outstanding Ambassadors of the 2015 – 16 programme. Honourable guests included Eddie NG, Secretary for Education, Dr Sarah CHOI, Assistant Director of Health (Special Health Services) and Antonio KWONG, COSH Chairman.

The champion team shared their tips and experience in organizing activities under the theme of "Smoke-free, Love and Continuity". They not only took the lead to promote smoke-free culture, but also encouraged smokers to quit smoking with love and strived to sustain the Smoke-free Youth Ambassador's spirit.

The team launched a series of innovative activities which reached over 5,400 citizens, including smoke-free pledge in school, slogan competition, health talk and game booth. They also organized a wide variety of activities to engage the community like cigarette butts clean-up, promotion in Kwai Chung Container Terminals, graffiti, smoke-free promotion targeting pet lovers, short film production and promotion through social media. Activities were also tailor-made for specific groups such as distribution of cards to pet owners on street to remind them on the hazards of third-hand smoke to animals. The team grasped every opportunity to spread the smoke-free messages to the community, like hosting game booth in school open day and social enterprise flea market.



得獎名單如下：

冠軍：嶺南鍾榮光博士紀念中學
亞軍：聖傑靈女子中學（第二隊）
季軍：聖公會基孝中學

優異無煙青少年大使團隊：

- 廠商會中學（第一隊）
- 廠商會中學（第二隊）
- 皇仁舊生會中學
- 聖傑靈女子中學（第一隊）
- 聖傑靈女子中學（第三隊）

計劃Facebook專頁：

www.facebook.com/SmokefreeYouthAmbassador

Winner List:

Champion: Lingnan Dr Chung Wing Kwong Memorial Secondary School
First runner-up: St Catharine's School For Girls (Team 2)
Second runner-up: SKH Kei Hau Secondary School

Outstanding Smoke-free Teams:

- CMA Secondary School (Team 1)
- CMA Secondary School (Team 2)
- Queen's College Old Boys' Association Secondary School
- St Catharine's School For Girls (Team 1)
- St Catharine's School For Girls (Team 3)

Programme Facebook Page:

www.facebook.com/SmokefreeYouthAmbassador



學校互動教育巡迴劇場 「無煙父子闖天關」

委員會自1995年起，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，希望透過學校、藝術團體與委員會的合作，推動本地控煙工作，鼓勵兒童關注及推動無煙文化的發展。2015年為學校互動教育巡迴劇場20周年，劇場先後於全港學校舉辦逾1,700場表演，超過460,000名學生及教師觀賞及參與。過去推出之劇目包括「開心大少的無煙魔法」、「小紅帽的無煙旅程」、「無煙能量超人」、「小武的無煙城堡」、「勁爆無煙Super Show」、「煙界歷險記」、「無煙救地球」和「無煙掌門人」等。

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認識吸煙、二手煙及三手煙的禍害，了解吸煙的謬誤及拒絕二手煙等信息，讓學生領略無煙環境的好處，鼓勵身邊的親友戒煙，一起建立無煙家庭。

School Interactive Education Theatre “Game On Smoke Off”

Since 1995, the School Interactive Education Theatre Programme has been one of the major education and publicity campaigns of COSH to spread smoke-free messages among children and teenagers. Through cooperation with schools and local professional troupe, COSH encourages the youngsters to live a smoke-free lifestyle. 2015 marked the 20th anniversary of the Programme. Over the past two decades, over 1,700 performances were delivered, reaching more than 460,000 students and teachers. The previous performances were well-received, which included “Smoke-free Magic Boy”, “The Smoke-free Journey of Red Hoodlet”, “Smoke-free Superkids”, “Momo’s Smoke-free Castle”, “Smoke-free Super Show”, “Smokeland Adventure”, “Smoke-free Saves the Earth” and “Smoke-free Masters”.

The key messages of tobacco control are delivered along with music, stage effects and interesting presentation. Through the performance, students learn about the harmful effects of smoking, secondhand and third-hand smoke and receive positive messages such as fallacies about smoking, say no to secondhand smoke and the benefits of a smoke-free environment. Students are encouraged to help their family members kick the habit and build a smoke-free family.

2015 – 16年度委員會與中英劇團合作，推出全新劇目「無煙父子闖天關」，加入了同學喜愛的電子遊戲元素，讓學生從中認識吸煙禍害及無煙家庭的重要。委員會特別鳴謝林大慶教授擔任此劇的顧問。此教育劇場共舉辦逾90場，約23,000名學生及教師欣賞。

故事講述熱愛打機的少年「成天才」為了幫助爸爸戒煙，向老師相借4D實體遊戲「無煙闖天關」，並邀請爸爸一起玩。「成天才」努力帶領爸爸在遊戲中過關斬將，認識煙草的禍害，最後成功擊退尼古丁伯爵及焦油將軍，可惜爸爸沒有把遊戲中所學到的用於現實生活，始終未能戒除煙癮。幸而憑著彼此的愛、信心及回憶，使二人坦誠相對，令爸爸下定決心戒煙，深深明白到家人的愛才是戒煙的真正良方。觀眾全情投入故事，踴躍參與互動環節，吸收了不少無煙知識，決心與主角一起推廣無煙家庭。



劇場的首演禮於2015年10月6日假香港浸會大學大學會堂舉行，逾400名師生及嘉賓率先觀賞。嘉賓包括衛生署助理署長（特別衛生事務）蔡美儀醫生、香港大學公共衛生學院社會醫學講座教授暨羅旭龢基金教授（公共衛生學）林大慶教授、委員會主席鄭祖盛及總幹事黎慧賢。首演禮後，劇團隨即在香、九龍、新界各區學校展開巡迴演出。

劇場網頁：www.educationtheatre.hk

COSH launched a brand-new interactive musical titled “Game On Smoke Off” in collaboration with Chung Ying Theatre in 2015 – 16. Element of students’ favourite, video games, was added in order to introduce the smoking hazards and the importance of a smoke-free family in an interesting way. Special thanks was given to Prof LAM Tai-hing for being the professional consultant of the musical. Over 90 performances were delivered and around 23,000 students and teachers were reached.

The story was about a video game lover, “Tin Tin”, who helped his father quit smoking by playing a 4D video game called “Smoke-free Adventure” borrowed from his teacher. “Tin Tin” overcame all the difficulties on the way with his father and realized the smoking hazards. They finally defeated “Earl Nicotine” and “General Tar”. But Tin Tin’s father didn’t learn from the game and failed to kick the smoking habit. Luckily, with love and faith, “Tin Tin” successfully encouraged his father to give up smoking. It revealed that family support is crucial in smoking cessation. The show created a favourable atmosphere for students to learn the hazards of smoking and the importance of building a smoke-free family.

A premiere was held at the Academic Community Hall, Hong Kong Baptist University on 6 October 2015 for over 400 students, teachers and guests, including Dr Sarah CHOI, Assistant Director of Health (Special Health Services), Prof LAM Tai-hing, Chair Professor of Community Medicine & Sir Robert Kotewall Professor in Public Health, School of Public Health, The University of Hong Kong, Antonio KWONG, COSH Chairman and Vienna LAI, COSH Executive Director. The Education Theatre began its tours across the territory afterwards.

Programme webpage: www.educationtheatre.hk



與學界及社區聯繫

Liaison with Academia and Community

香港大學護理學院課程

香港大學護理學院一直致力為前線護理人員提供專業培訓，當中包括有關控煙及戒煙的課程，以裝備前線護理人員為有需要人士提供適切的戒煙建議，保障公眾健康。

委員會項目籌劃高級經理朱偉康獲邀為其護理學士課程擔任客席講者，分別於2015年11月3日及5日，以「政治行動推廣公共衛生」為題，向大約300位學生介紹香港的控煙政策及委員會的教育、宣傳及政策倡議工作。此外，他以世界衛生組織提出的MPOWER控煙措施為框架，講解相關措施在香港實行的情況，並分享委員會多年來在推動建構無煙香港的努力及成果。

香港大學青少年戒煙熱線— 戒煙輔導員培訓課程

香港大學護理學院的青少年戒煙熱線於2005年成立，主要為青少年提供朋輩式的戒煙輔導，以協助25歲或以下的吸煙者戒煙。在過去的十年，青少年戒煙熱線已招募及訓練不少青少年成為戒煙輔導員。

HKU School of Nursing – Nursing Programme

The School of Nursing of The University of Hong Kong has been providing training to nursing professionals in Hong Kong. The School has organized training on tobacco control and smoking cessation to equip students with related knowledge and techniques to safeguard public health.

Lawrence CHU, COSH Senior Project Manager was invited to deliver a presentation titled “Political Action to Improve Public Health” to about 300 students in the Bachelor of Nursing Programme on 3 and 5 November 2015. The tobacco control measures in Hong Kong, as well as COSH’s education and publicity programmes and advocacy works were introduced. Mr Chu also explained how the MPOWER measures suggested by the World Health Organization were implemented in Hong Kong and shared the continued efforts and achievements of COSH in building a smoke-free Hong Kong.

HKU Youth Quitline – Smoking Cessation Counselor Training Workshop

The “Youth Quitline” is a youth-oriented smoking cessation hotline established in 2005 by the School of Nursing of The University of Hong Kong to help smokers aged 25 or below kick the habit. Over the past decade, the “Youth Quitline” has been recruiting and nurturing many young people as smoking cessation counselors.

委員會獲邀於2016年1月30日為戒煙輔導員培訓課程提供講座。委員會總幹事黎慧賢向輔導員介紹香港吸煙情況、控煙政策及委員會舉辦有關預防吸煙的活動。食物及衛生局副局長陳肇始教授及香港大學公共衛生學院社會醫學講座教授暨羅旭穌基金教授（公共衛生學）林大慶教授亦為課程的演講嘉賓，分別講解戒煙知識及煙草禍害。

課程亦傳授戒煙輔導的貼士及方法，並由資深戒煙輔導護士分享動機性訪談技巧。透過小組討論的形式，輔導員在理論及實踐的層面上均獲益良多。

COSH was invited to deliver a lecture in the Smoking Cessation Counselor Training Workshop on 30 January 2016. Vienna LAI, COSH Executive Director shared with the counselors on Hong Kong's smoking prevalence, tobacco control policies and COSH's programmes on smoking prevention. Prof Sophia CHAN, Under Secretary for Food and Health and Prof LAM Tai-hing, Chair Professor of Community Medicine & Sir Robert Kotewall Professor in Public Health, School of Public Health, The University of Hong Kong also conducted lectures on smoking cessation and hazards of tobacco.

The workshop also covered tips and techniques on smoking cessation counseling and motivational interviewing shared by experienced smoking cessation counseling nurse. Through group discussions, participants were well equipped with theories and real practices.



與傳播媒介之聯繫

Working with the Mass Media

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

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

日期 Date	主要新聞稿	Major Press Release
2015/5/8	致香港特別行政區食物及衛生局局長公開信 倡議立法全面禁止電子煙	Open letter to Secretary for Food and Health, HKSAR Government Support a total ban on e-cigarettes
2015/5/18	委員會支持政府建議的控煙措施	COSH response to the tobacco control measures proposed by the Government
2015/5/31	無煙無掛過好日子 一同承諾支持無煙香港	"Go Smoke-free, Live Carefree" Pledge for a smoke-free Hong Kong
2015/6/22	支持加強控煙措施 保障市民免受煙害	Support to strengthen tobacco control measures Protect the public from smoking hazards
2015/6/23	齊做「戒煙大贏家」 無煙生活由此起	The 6 th "Quit to Win" Smoke-free Community Campaign fosters a smoke-free lifestyle
2015/7/6	委員會回應加強控煙措施的立法建議	COSH response to the legislative proposals to strengthen tobacco control
2015/10/6	學校互動教育巡迴劇場「無煙父子闖天關」 家人支持是戒煙良方	Premiere of Education Theatre Programme "Game On Smoke Off" Family support is key in quitting smoking
2015/11/27	「無煙老友記」計劃2015-16 戒煙不太遲 一老一笑分享會	"Elderly Smoking Cessation Promotion Project 2015-16" Never too late to quit for a smoke-free happy life

日期 Date	主要新聞稿	Major Press Release
2015/12/28	致香港特別行政區財政司司長公開信 大幅增加煙草稅 速降香港吸煙率	Open Letter to Financial Secretary, HKSAR Government Raising tobacco tax substantially to lower smoking prevalence
2016/1/15	「無煙夢片場」 以清新形象帶出無煙信息	Publicity Campaign in Collaboration with the Entertainment Industry Disseminate smoke-free message to the public
2016/2/24	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
2016/2/29	促請儘快落實全面禁止電子煙	Enact total ban on e-cigarettes promptly
2016/3/2	「無煙青少年大使」創意十足 逾百活動推廣無煙文化	Smoke-free Youth Ambassadors promote smoke-free culture by organizing more than a hundred innovative activities
2016/3/18	第六屆「戒煙大贏家」無煙社區計劃頒獎禮	The 6 th "Quit to Win" Smoke-free Community Campaign Prize Presentation Ceremony
2016/3/31	歡迎八個隧道出入口範圍的巴士轉乘站 今日起禁煙	COSH welcomes the extension of smoking ban to eight bus interchanges at the tunnel portal areas today

會議及考察

Conferences and Visit

會議

Conferences

亞太兒童及家庭控煙聯盟會議

亞太兒童及家庭控煙聯盟於2012年成立，目的為透過倡議全面的控煙政策，推動及保障兒童及其家人避免接觸二手煙。在世界衛生組織西太平洋辦事處的召集下，聯盟於2015年9月14日至15日於菲律賓巴朗牙市再次舉行會議。

來自西太平洋地區的控煙團體代表應邀出席，包括柬埔寨、香港、日本、老撾、中國內地、馬來西亞、蒙古及新加坡等，分享為兒童及家庭創建無煙環境的成功經驗。委員會項目籌劃高級經理朱偉康分享香港兒童吸煙及接觸二手煙的情況，並介紹委員會的無煙教育活動。與會者亦於會議上交流如何以嶄新策略推動無煙新一代。

Meeting of the Asia Pacific Child and Family Health Alliance for Tobacco Control of the Western Pacific Region

The Asia Pacific Child and Family Health Alliance for Tobacco Control (CFTC) of the Western Pacific Region was formed in 2012 to promote and protect the children and their families from secondhand smoke exposure by supporting comprehensive tobacco control policies. Called by the World Health Organization Regional Office for the Western Pacific, CFTC meeting was re-convened on 14 to 15 September 2015 in Balanga City, the Philippines.

Representatives of the tobacco control groups from the Western Pacific region, including Cambodia, Hong Kong, Japan, Laos, mainland China, Malaysia, Mongolia and Singapore, were invited to share the best practice on building a smoke-free environment for children and family. Lawrence CHU, COSH Senior Project Manager introduced the smoking pattern and secondhand smoke exposure of children in Hong Kong as well as COSH's smoke-free education programmes. Participants also exchanged views on nurturing a smoke-free generation via innovative strategy.



第17屆全國控制吸煙學術研討會暨 中國控制吸煙協會成立25周年

「全國控制吸煙學術研討會」由中國控制吸煙協會主辦，每兩年一次，以聚集全國各省市控煙專才及公共衛生學者，交流控煙經驗。第17屆研討會於2015年10月17日至18日在北京舉行，主題為「控煙立法與無煙環境」，接近300位控煙專家和學者參與。委員會亦派代表團參與是次研討會，成員包括主席鄭祖盛、總幹事黎慧賢及項目籌劃高級經理朱偉康。



研討會邀請國際及全國著名控煙專家報告世界衛生組織建議的控煙措施和全球最新的控煙趨勢，演講嘉賓包括世界肺健基金會高級顧問麥龍詩迪教授、世界衛生組織駐華代表處技術官員潘潔蘭及中國控制吸煙協會常務副會長兼秘書長許桂華等。而委員會的論文「以香港經驗探討增加煙草稅的成效和建議」獲收錄於研討會論文集內。

The 17th National Symposium on Tobacco Control cum 25th Anniversary of Chinese Association on Tobacco Control

“The National Symposium on Tobacco Control” is organized by Chinese Association on Tobacco Control (CATC) every two years. It aims to provide a platform for the tobacco control practitioners and public health academics across the country to share the experience on tobacco control. “The 17th National Symposium on Tobacco Control”, with the theme of “Smoke-free Legislation and Smoke-free Environment”, was conducted on 17 to 18 October 2015 in Beijing attended by nearly 300 professionals and academics. COSH formed a delegation comprising Antonio KWONG, COSH Chairman, Vienna LAI, COSH Executive Director and Lawrence CHU, COSH Senior Project Manager to participate in the symposium.

The symposium invited renowned international and national tobacco control experts, including Prof Judith MACKAY, Senior Consultant of World Lung Foundation, Angela PRATT, Technical Officer of the World Health Organization in Beijing and XU Gui-hua, Vice-president cum Secretary General of CATC to present the important tobacco control measures recommended by the World Health Organization and the global trend. The abstract “Using Hong Kong experience to investigate the effectiveness and recommendations for raising tobacco tax” submitted by COSH was included in the abstract booklet.



適逢中國控制吸煙協會成立25周年，大會於2015年10月17日特設紀念大會，介紹協會的成立及發展過程，並總結其在推動控煙政策和立法的進程及成果。大會更邀請香港食物及衛生局副局長陳肇始教授及委員會主席鄭祖盛，就香港控煙工作的進程作簡報，以及致辭祝賀協會25周年紀念。

澳門戒煙論壇

戒煙保健會於2015年11月21日舉辦「澳門戒煙論壇」，主題為「疾病與吸煙的關係」。來自中國內地、香港、澳門及台灣的學者及控煙團體獲邀出席，互相交流各地的控煙工作經驗。

委員會總幹事黎慧賢以「全面禁止煙草推廣：香港吸煙與健康委員會的倡議工作及展望」為題，講述香港禁止煙草宣傳及推廣的情況，並介紹建議擴大煙害圖象警示面積的工作。香港大學公共衛生學院社會醫學講座教授暨羅旭龢基金教授（公共衛生學）林大慶教授及亞洲反吸煙諮詢所麥龍詩迪教授亦獲邀出席，分別講解有關電子煙對公共衛生的影響及煙草業對控煙政策的干擾。

A celebration event was organized to commemorate the 25th anniversary of CATC on 17 October 2015. The event featured the formation and key development of CATC and summarized its achievements in advancing smoke-free legislation in mainland China. Prof Sophia CHAN, Under Secretary for Food and Health and Antonio KWONG, COSH Chairman were invited to deliver a speech to report the tobacco control works in Hong Kong and congratulate the 25th anniversary of CATC.

Macau Smoking Cessation Forum

“The Macau Smoking Cessation Forum” was organized by Smoking Abstinence and Good Health Association on 21 November 2015. The theme was “Relationships of Smoking and Diseases”. Academics and tobacco control groups from mainland China, Hong Kong, Macau and Taiwan were invited to attend and share their experiences in tobacco control.

Vienna LAI, COSH Executive Director delivered a presentation on “Total ban on tobacco advertising: COSH’s advocacy and prospect” to narrate the progress of banning tobacco promotion and advertising in Hong Kong and introduce the advocacy works of enlarging the pictorial health warnings. Prof LAM Tai-hing, Chair Professor of Community Medicine & Sir Robert Kotewall Professor in Public Health, School of Public Health, The University of Hong Kong and Prof Judith MACKAY of Asian Consultancy on Tobacco Control were also invited to introduce the impact of e-cigarettes on public health and tobacco industry’s interference in tobacco control policies respectively.



第三屆世界衛生組織控煙專才培訓計劃



世界衛生組織控煙及煙癮治療合作中心於2015年11月30日至12月4日在香港舉辦為期五天的「第三屆控煙專才培訓計劃」。除香港代表外，其他來自西太平洋區域國家及地區的代表包括斐濟、韓國、澳門、中國大陸、馬來西亞、蒙古及菲律賓等亦參與是次計劃。

計劃以提升政府或非政府機構之中層管理人員的控煙技巧為目標，透過講解最新的控煙政策、意見交流及經驗分享，加強參加者在籌備、實施和評估控煙措施及戒煙服務方面的知識。

國際及本地控煙專家獲邀為主講嘉賓，分享其相關工作經驗和最新的控煙進展，包括 Simon CHAPMAN 教授、David MCFADDEN 醫生、林大慶教授、麥龍詩迪教授、左偉國醫生及蔡美儀醫生。

委員會主席鄭祖盛亦獲邀為講者，以「對抗香港的煙草流行－香港吸煙與健康委員會的倡議及宣傳工作」為題，講述委員會多年來在教育、宣傳推廣及倡議政策上的經驗及挑戰。除了講座及工作坊之外，參加者還參觀了社區的戒煙中心，加深對香港戒煙服務的認識。

The 3rd WHO Fellowship Programme on Tobacco Control

Organized by the World Health Organization (WHO) Collaborating Centre for Smoking Cessation and Treatment of Tobacco Dependence in Hong Kong, "The 3rd WHO Fellowship Programme on Tobacco Control" was held from 30 November to 4 December 2015. Besides Hong Kong participants, delegates from the Western Pacific Region, including Fiji, Korea, Macau, mainland China, Malaysia, Mongolia and the Philippines also joined the five-day programme.

The programme targeted to master the skills in tobacco control of middle-managers in the government or non-government organizations. Through comprehensive overview of various tobacco control measures and experience sharing, participants were equipped with enhanced knowledge in planning, operating and evaluating smoke-free measures and smoking cessation services. Speakers were international and local tobacco control experts including Prof Simon CHAPMAN, Dr David MCFADDEN, Prof LAM Tai-hing, Prof Judith MACKAY, Dr Homer TSO and Dr Sarah CHOI who shared their expertise and the latest development on tobacco control.

Antonio KWONG, COSH Chairman was also invited to deliver a presentation titled "Role of COSH in Advocacy, Education and Publicity against Tobacco Use in Hong Kong" which highlighted the experience and challenges of COSH on education, publicity and policy advocacy over the years. In addition to presentations and workshops, participants also had the opportunities to visit various community-based smoking cessation clinics in Hong Kong.

考察
Visit

澳門青少年無煙行動網絡協會

澳門青少年無煙行動網絡協會組成代表團，包括會長黃浩彪、常務副會長盧曉翹及副會長歐家輝等，於2015年9月9日到訪委員會。委員會總幹事黎慧賢及項目籌劃高級經理朱偉康接待代表團，講解委員會如何透過全方位的兒童及青少年無煙教育推動控煙工作。同時，亦與代表團交流兩地青少年的吸煙情況及針對青少年的無煙工作重點。

Macao Youth Stop Smoking Action Network Association

The Macao Youth Stop Smoking Action Network Association visited COSH on 9 September 2015. Delegates included Denis WONG, Chairman, Vivian LOU, Executive Vice-chairman and Johnny AU, Vice-chairman etc. Vienna LAI, COSH Executive Director and Lawrence CHU, COSH Senior Project Manager introduced how COSH improved tobacco control works via comprehensive smoke-free education for children and youth. They also shared the smoking prevalence among the youth in both regions and the tailor-made programmes for youngsters.



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有關吸煙和健康的資料，包括研究報告書、無煙宣傳及教育資料如小冊子及海報等。

資源中心亦提供各類有關煙草禍害、二手煙、控煙法例等的資料，如本地和國際期刊、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、研究人員、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。市民可透過熱線(852) 2838 8822獲取各項有關吸煙與健康及香港控煙法例的資訊，以及查詢委員會的活動資料，亦可就吸煙或其他相關的議題作出查詢、建議或投訴。

電話諮詢熱線協助委員會收集市民對於各項控煙政策的意見，有助委員會計劃未來的工作。委員會在接收投訴及建議後，會即時處理或／及轉交有關的政府部門及相關團體跟進。

Resource Centre

COSH set up the Resource Centre to provide a variety of information related to smoking and health. The public can have access to the research reports, smoke-free promotional and educational materials, leaflets and posters in the Resource Centre.

Collections of the Resource Centre 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, etc.

The Resource Centre is mainly visited by students, teachers, parents, researchers, medical and healthcare practitioners, tobacco control organizations, public health professionals and overseas delegations.

Enquiry Hotline

A hotline system (852) 2838 8822 is set up to provide round-the-clock enquiry service. The public can acquire information about smoking and health, smoke-free legislations in Hong Kong and 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 served as a means to collect public opinions on tobacco control policies which are useful for the formulation of COSH's future work plan. Any feedback, complaints or suggestions received will be responded instantly or/and referred to relevant government departments and organizations accordingly.

在2015年4月1日至2016年3月31日期間，委員會共收到市民提出745宗查詢、投訴及建議，個案分類見下表：
Between 1 April 2015 and 31 March 2016, COSH received 745 calls from the public making enquiries, suggestions or complaints. The cases are categorized as below:

個案類別	Categories	個案數目 No. of calls
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	52
二手煙對健康的影響	Health hazards of passive smoking	25
其他吸煙與健康資訊	Other information related to smoking and health	17
戒煙方法及好處	Quit methods and benefits	15
吸煙對健康的影響	Health hazards of smoking	14
香港戒煙服務	Smoking cessation services available in Hong Kong	14
香港控煙工作	Tobacco control in Hong Kong	7
煙草產品成份	Contents of tobacco products	5
查詢委員會資料及服務	General enquiries for COSH's information and services	
兒童無煙教育活動	Children smoke-free education programmes	296
委員會宣傳及社區推廣活動	COSH's publicity and community involvement projects	88
申請委員會教育及宣傳物品	Application for COSH's education and publicity materials	75
委員會背景及資料	Background and general information about COSH	44
投訴	Complaints	
法定禁煙區內違例吸煙	Smoking in statutory no-smoking areas	37
非法定禁煙區內吸煙	Smoking in non-statutory no-smoking areas	5
缺乏執法行動	Lack of enforcement actions	2
宣傳及推廣無煙活動	Promotion and publicity of smoke-free programmes	1
建議	Suggestions	
對控煙政策的意見	Opinions related to tobacco control measures	23
對委員會活動的意見	Opinions related to COSH's programmes	11
對執法行動的意見	Opinions related to enforcement actions	9
對委員會將來政策倡議的意見	Opinions on future direction of COSH in policy advocacy	5
總數 Total		745

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，以及獲取與吸煙和健康相關的資訊。

委員會的網站採用無障礙網頁設計，令不同階層的市民包括殘疾人士更為方便地獲取有關控煙的資訊及委員會的服務。委員會網站過去數年均達至「無障礙網頁嘉許計劃」的金獎級別，本年度亦再次獲得「三年卓越表現大獎」。

此外，委員會亦透過電子通訊，定期向市民發放最新動態和控煙資訊，內容包括世界各地有關吸煙和健康的研究、最新的控煙措施及委員會的最新活動等。公眾可於委員會網站登記接收電子通訊。

互聯網於日常生活中普及使用，委員會希望藉著便捷的網上平台提供無煙資訊，從而提高市民對吸煙禍害和公眾健康的關注，以建立無煙的健康生活。

COSH Website and E-Newsletter

COSH website (www.smokefree.hk) is developed to enable the public to keep updated on the activities of COSH as well as the latest information related to smoking and health via internet.

COSH website adopted the accessibility design to facilitate different segments of the community including persons with disability to access tobacco control information and COSH's services. It attained the requirements of Gold Award of "Web Accessibility Recognition Scheme" over the past few years and was awarded the Triple Gold Award again this year.

E-Newsletter is also released regularly to report the development of COSH and tobacco control. The main contents include studies on smoking hazards and smoking cessation in different countries, local and overseas tobacco control measures and the latest activities of COSH. The general public can subscribe the e-newsletter through COSH website.

Internet is widely used in our daily life. The e-platform provides a convenient channel for the public to acquire smoke-free information, which can increase public awareness on smoking hazards and public health, as well as encourage them to live a healthy smoke-free lifestyle.



研究項目計劃

Research Projects

控煙政策調查2015

為評估香港控煙政策的成效，以及了解市民對相關措施的意見，委員會自2012年起進行「控煙政策調查」，是一個具代表性的研究，包括收集受訪者的吸煙習慣、接觸二手煙及三手煙的情況、對現行和未來控煙政策的意見等。

委員會委託香港大學公共衛生學院進行「控煙政策調查2015」，數據由香港大學民意研究計劃收集，於2015年4月至10月期間成功隨機抽選了5,252名15歲或以上的市民進行電話訪問，當中包括1,834名從不吸煙者、1,712名已戒煙者及1,706名現時吸煙者。調查人員根據2015年的香港人口對最終樣本進行加權。有關的調查數據重點如下：

被動吸煙及禁煙範圍

- 市民普遍曾在公共地方接觸二手煙，有67.6%受訪者表示於過去七天內最少一天曾在公共地方接觸到二手煙，主要地點包括街道(51.4%)、公共交通等候處(13.7%)及垃圾筒附近(8.1%)。
- 在過去30天曾經到訪過個別法定禁煙範圍的受訪者表示，於酒吧(50.2%)、公共交通轉乘設施(45.3%)、食肆(13.5%)及商場(12.2%)接觸到二手煙。

Tobacco Control Policy-related Survey 2015

To evaluate the effectiveness and gauge the public opinions on tobacco control policy in Hong Kong, COSH has conducted the Tobacco Control Policy-related Survey since 2012. It is a cross-sectional survey which covers a wide scope of topics related to smoking and health, included pattern of smoking, secondhand and third-hand smoke exposure, opinions towards the existing and future tobacco control measures, etc.

COSH commissioned the School of Public Health of The University of Hong Kong to conduct the Tobacco Control Policy-related Survey 2015 and the Public Opinion Programme of The University of Hong Kong to collect data from respondents from April to October 2015. The survey successfully collected the information from the randomized sample of 5,252 respondents, aged 15 or above, including 1,834 never smokers, 1,712 ex-smokers and 1,706 current smokers through telephone interview. The final sample was weighted to the Hong Kong population composition in 2015. Major findings are summarized as follows:

Passive smoking and no-smoking areas

- Exposure to secondhand smoke (SHS) in public places was common. 67.6% of respondents reported that they had exposed to SHS in at least 1 day of the past 7 days. The most common places were streets (51.4%), public transport stops (13.7%) and places near rubbish bins (8.1%).
- Among the respondents who had been to the respective statutory no-smoking areas in the past 30 days, exposure to SHS was reported in bars (50.2%), public transport interchanges (45.3%), restaurants (13.5%) and shopping malls (12.2%).

- 於非法定禁煙範圍接觸二手煙的情況相對嚴重，受訪者表示於過去30天曾在行人路(87.8%)、酒吧室外位置(87.8%)、大廈出入口(65.1%)及餐廳室外座位(60.9%)接觸二手煙。
- 近四成受訪者(39.9%)表示於過去七天曾接觸三手煙，主要地點包括街道(21.2%)、公共交通工具內(11.2%)、巴士站(7.6%)及工作場所(6.7%)。
- 近半數受訪者(50.7%)認為現行的控煙法例足夠，但大部分受訪者均贊成進一步擴大法定禁煙範圍至公共交通等候處(93.9%)、住所公共地方(84.3%)、行人路(83.0%)、繁忙街道(81.2%)、大廈出入口三米範圍內(79.4%)、餐廳室外座位(69.9%)、所有室外公共地方(68.0%)及酒吧室外座位(58.0%)。
- 大部分受訪者支持在有兒童的地方禁止吸煙，包括私人車輛(88.9%)、所有公共地方(86.9%)及家中(74.5%)。
- 大部分受訪者(80.5%)認為場所負責人應為其場所內的違例吸煙情況負上刑責。
- 超過三分之二受訪者(69.7%)贊成政府應立法禁止吸煙人士在街道上一邊走路一邊吸煙。
- Exposure to SHS in non-statutory no-smoking areas was much more serious. Many respondents reported SHS exposure at pedestrian walkways (87.8%), seating-out area of bars (87.8%), doorways of buildings (65.1%) and seating-out areas of restaurants (60.9%) in the past 30 days.
- 39.9% of all respondents reported exposure to third-hand smoke in the past seven days. Street (21.2%) was the most common place, followed by public transport (11.2%), bus stops (7.6%) and workplaces (6.7%).
- Despite half of respondents (50.7%) thought that the current smoke-free legislation was adequate, they supported further extension of no-smoking area to public transport stops (93.9%), public areas of the residential buildings (84.3%), pedestrian walkways (83.0%), busy roads (81.2%), within three metres of doorways of buildings (79.4%), seating-out areas of restaurants (69.9%), all public outdoor places (68.0%) and seating-out areas of bars (58.0%).
- Respondents overwhelmingly supported to ban smoking when children are present in private vehicles (88.9%), all public areas (86.9%) and home (74.5%).
- Most of respondents (80.5%) supported that the person-in-charge should be liable and penalized for any smoking offense in their premises.
- Over two-thirds of all respondents (69.7%) agreed that the Government should legislate to ban smoking while walking on the streets.





煙草產品包裝規管

- 大部分現時吸煙者(80.2%)有留意煙包上的煙害圖象警示，比率遠較已戒煙者(34.3%)及從不吸煙者(29.6%)為高。
- 但當中只有少部分現時吸煙者會因為煙包上的煙害圖象警示而聯想起吸煙的危害(44.2%)、考慮戒煙(25.6%)及停止當時的吸煙行為(8.5%)，可見現行煙害圖象警示的效力經已減弱。
- 超過四分之三的受訪者(77.9%)認為煙害圖象警示應該更加清晰及具警嚇性。另外，七成受訪者(70.5%)贊成定期更換煙害圖象警示。
- 澳洲自2012年12月採用「全煙害警示包裝」，有效降低吸煙率。「全煙害警示包裝」現已成為全球的控煙趨勢，世界衛生組織亦建議採用，而在香港，大部分受訪者(76.5%)均贊成推行。

Regulations on cigarette packs

- Majority of current smokers (80.2%) had noticed the pictorial health warnings (PHW) on cigarette packs, significantly more than ex-smokers (34.3%) and never smokers (29.6%).
- Among the current smokers who had noticed the PHW, only some of them thought of the risks of smoking (44.2%), quitting (25.6%) and stopped to light a cigarette (8.5%). The findings showed that effectiveness of the existing PHW has diminished.
- More than three quarters of respondents (77.9%) agreed that the PHW should be clearer and more threatening about the hazards of smoking. On the other hand, 70.5% of respondents agreed to rotate the PHW regularly.
- Smoking prevalence in Australia has declined since the implementation of the unprecedented plain packaging in December 2012. Plain packaging becomes a global trend in tobacco control which is recommended by the World Health Organization. In Hong Kong, majority of respondents (76.5%) also supported its implementation.



煙草廣告

- 香港早已禁止煙草廣告、促銷及贊助，但仍有29.9%的受訪者表示於過去30天曾留意到推廣煙草的廣告及標示。
- 多數受訪者(61.1%)於過去30天曾經在銷售點看到煙草產品陳列。
- 大部分受訪者(61.5%)認為陳列煙草產品屬於廣告宣傳，超過半數受訪者(55.7%)同意禁止於銷售點展示煙草產品。
- 半數受訪者(50.6%)認為應該禁止煙草品牌延伸（即在其他產品如衣服上使用煙草品牌和名字）。
- 近六成受訪者(59.7%)表示於過去30天曾於電影、電視或互聯網上看見吸煙場景，當中有62.3%認為會引起年輕人的吸煙意欲。

煙草稅

- 現時吸煙者當中，分別有21.4%及8.3%表示因為2011年及2014年增加煙草稅而嘗試停止吸煙或減少吸煙數量。
- 大部分受訪者(76.3%)支持每年增加煙草稅，當中55.7%認為加幅應等同或高於通脹幅度。
- 超過一半受訪者(56.6%)同意調高煙價以推動吸煙人士戒煙，有超過一半現時吸煙者(51.8%)亦表示同意。整體受訪者認為煙價應該調高至平均每包港幣118.3元才能有效令吸煙人士戒煙。而受訪的吸煙人士甚至認為煙價應定為平均每包港幣164.3元。

Advertising of tobacco products

- Despite tobacco advertising, promotion and sponsorship were banned in Hong Kong for years, 29.9% of all respondents said that they had noticed advertisements or signs promoting cigarettes in the past 30 days.
- Most of all respondents (61.1%) had noticed the display of tobacco products at points of sale in the past 30 days.
- Majority of respondents (61.5%) thought that the display of tobacco products was kind of cigarette advertisement and promotion. More than half (55.7%) agreed to ban the display of tobacco products at the points of sale.
- Half of all respondents (50.6%) thought brand extension, which means the use of cigarette brand names and logos for other products such as clothing, should be banned.
- Among all the respondents, 59.7% reported that they had seen smoking scenes in movies, TV shows or internet in the past 30 days and 62.3% perceived the smoking scenes would trigger young people to smoke.

Tobacco tax

- Of all current smokers, 21.4% and 8.3% reported that they had tried to stop or reduce smoking because of the tobacco tax increase in 2011 and 2014 respectively.
- Most of all respondents (76.3%) supported an increase in tobacco tax annually, in which 55.7% thought that the rate of increment should be equivalent to or greater than the inflation rate.
- More than half of all respondents (56.6%) agreed that cigarette price should be increased to help smokers quit smoking and it was supported by over half of current smokers (51.8%). Overall, the respondents suggested the retail price of a pack of cigarettes should set at HK\$118.3 on average to effectively motivate smokers to kick the habit. The current smokers even thought that the price should be increased to HK\$164.3 on average.

電子煙

- 大部分受訪者(83.8%)曾聽說過電子煙，主要渠道為電視廣告(30.2%)、新聞報道(23.8%)及家人、朋友或同事(22.4%)。
- 只有極少數受訪者(0.7%)表示曾經使用過電子煙，主要使用原因包括好奇(37.9%)、潮流／時尚／新穎(18.1%)及可以幫助戒煙(18.1%)。
- 約三分之一受訪者(31.6%)表示購買的電子煙含有尼古丁，少於半數(46.4%)表示電子煙不含尼古丁。
- 另外，約三成受訪者(31.2%)表示購買的電子煙有成分標籤，而38.7%則表示沒有。
- 超過一半受訪者(58.9%)認為電子煙不能幫助戒煙，有29.1%對此表示不確定，只有12.1%認為可以幫助戒煙。
- 受訪者普遍贊成各項規管電子煙的措施，包括禁止售賣予十八歲以下的人士(93.9%)、禁止於禁煙區使用(81.5%)、限制售賣沒有尼古丁的電子煙(80.9%)、當作傳統捲煙規管(79.7%)及禁止廣告及宣傳(71.7%)。



E-cigarettes

- Most respondents (83.8%) had heard about e-cigarettes. The major channels include TV advertisements (30.2%), news (23.8%) and family, friends or colleagues (22.4%).
- Only about 0.7% of respondents had ever used e-cigarettes. The most common reasons for them to try e-cigarettes were curiosity (37.9%), it is fashion/modern/novel (18.1%) and "it can help quit smoking" (18.1%).
- Almost one-third of respondents (31.6%) said that the e-cigarettes they bought contained nicotine, whereas less than half (46.4%) reported that their e-cigarettes were nicotine-free.
- Of all respondents, 31.2% reported that there was ingredient label on e-cigarettes whereas 38.7% reported that there was not.
- More than half of respondents (58.9%) did not think e-cigarettes could help quit smoking and 29.1% were not sure about it. Only 12.1% thought that e-cigarettes could help quit smoking.
- Different regulatory measures for e-cigarettes were supported by the majority of respondents, included banning sales to people under 18 years old (93.9%), banning use in no-smoking areas (81.5%), restricting sale of nicotine-free e-cigarettes (80.9%), regulating as traditional cigarettes (79.7%), and banning promotion and advertising (71.7%).

對未來控煙政策的意見

- 大部分受訪者(77.5%)贊成將法定購買煙草產品的年齡由18歲調高至21歲，現時吸煙者中亦有63.5%表示同意。
- 過半數受訪者(52.8%)同意禁止售賣煙草予2010年或之後出生的人士。
- 大多數受訪者(61.8%)支持全面禁止銷售煙草，現時吸煙者當中亦有44.9%支持。
- 約三分之二受訪者(66.5%)支持全面禁止吸煙，支持的現時吸煙者亦有42%。大部分受訪者(63.1%)同意當香港吸煙率降至百分之五或以下，應實施全面禁煙。
- 《吸煙（公眾衛生）條例》曾於2007年修訂，距今近十年，大部分受訪者(79.0%)認為政府應再次對條例進行修訂。

為適時向政府倡議有效的控煙措施及提高公眾的關注，委員會已公佈部分題目的初步結果，委員會將就個別數據作進一步分析，並以報告書形式發佈。

Opinions on future tobacco control policies

- Majority of all respondents (77.5%) agreed to increase the legal age for purchasing cigarettes from the current 18 to 21 years old, and it was agreed by 63.5% of current smokers.
- Well above half of respondents (52.8%) agreed that children born in and after 2010 should never have access to cigarettes.
- A substantial proportion of respondents (61.8%) supported a total ban on tobacco sale, as did 44.9% of current smokers.
- About two-thirds of respondents (66.5%) supported a total ban on smoking, as did 42% of current smokers. Majority of all respondents (63.1%) agreed to ban smoking if smoking prevalence in Hong Kong falls to 5% or lower.
- It has been about a decade since the last amendment of the Smoking (Public Health) Ordinance. Majority of respondents (79.0%) thought that the Government should amend the ordinance.

To advocate appropriate measures and raise public awareness duly, COSH has released the preliminary findings of specific topics. Some of the findings will also be extracted for further analysis and be disseminated in the form of report.





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報告

Reports



環保工作報告
Environmental Report



環保工作報告

Environmental Report

目標與政策

委員會支持可續發展，在進行各項內務或對外工作時本著向生態環境負責之環保目標而行。為保護環境，委員會奉行以下綠色管理政策：

- 善用資源；
- 減少耗用紙張；
- 減廢及回收；及
- 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。

在採購電器時，委員會以能源效益作為其中一個考慮因素。另外，秘書處的電腦設備一般亦帶有自動省電功能，以減少能源消耗。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

To uphold sustainable development, COSH devises internal and external strategies to promote a sense of responsibility regarding the protection of the ecological environment. In order to achieve the targets, COSH has adopted the following environmentally friendly policies:

- Enhance efficiency of energy consumption;
- Reduce paper consumption;
- Reduce waste and recycle; and
- Enhance awareness on environmental protection.

Environmental Protection Strategies

Enhance Efficiency of Energy Consumption

The Secretariat conserves energy by ensuring that staff members switch off lights, air-conditioners, computers, monitors of computer, photocopiers, printers and other electrical appliances immediately after use.

In order to minimize energy consumption, energy efficiency is one of the considerations in purchasing electrical appliances. IT equipment with automatic energy saving functions have also been used. Instead of using traditional light bulbs, COSH has started using compact fluorescent lamps which each consumes 1/6 of the energy used by a traditional globe.



減少耗用紙張

為向公眾傳播無煙資訊，委員會須印刷宣傳物品如海報、單張及小冊子等等；另外，委員會與公眾及政府部門保持頻繁接觸和通訊，故委員會藉以下措施減少耗紙量：

- 在可行情況下以電子郵件及內聯網代替便箋、信件及列印本作內部與外部通訊及文件傳遞；
- 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；及
- 採用雙面印刷，減省用紙。

減廢及回收

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

委員會亦鼓勵職員回收廢棄紙張，如草稿，並於辦公室設置廢紙回收箱。

提高職員環保意識

委員會秘書處不時透過舉行簡報會、電郵傳閱及張貼告示，讓職員了解節約能源的目的，並提醒他們遵行各項環保措施。

在可行情況下，委員會亦鼓勵服務供應商及合作夥伴實踐環保理念，如使用環保物料及透過電子方式遞交文件等。

委員會將繼續竭力執行各項環保措施。

Reduce Paper Consumption

Promotional materials such as posters, leaflets and brochures are printed to promote smoke-free messages to the public. Besides, COSH maintains frequent communications with the public and government departments. To reduce the consumption of paper, the following measures are in place:

- Where possible, e-mail and intranet are used for internal and external communication and transfer of documents instead of memorandums, letters and hardcopies;
- Utilization of electronic-fax system and electronic document management system to reduce the amount of printing;
- Reduction of the size and quantity of the 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; and
- Use of both sides of paper to avoid wastage.

Reduce Waste and Recycle

COSH supports waste reduction and recycling and joins the “Computer and Communication Products Recycling Programme” launched by the Environmental Protection Department. The unserviceable computers and computer accessories are sent for recycling and disposal. In addition, recyclable printer toner cartridges have been used.

Staff members are encouraged to recycle waste paper, such as drafts. Recycling boxes are also available in the office.

Enhance Staff Awareness on Environmental Protection

Staff have been reminded on the aim of complying with and implementing all green measures via staff meetings, email reminders and notices.

Where applicable, service providers and working partners are encouraged to bring the principles of environmental conservation into practice, eg use of eco-friendly materials and submission of documents in electronic format.

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
財務報表
截至2016年3月31日止年度

致 香港吸煙與健康委員會成員
(根據香港吸煙與健康委員會條例於香港註冊成立)

本核數師(以下簡稱「我們」)已審計列載於第102頁至第121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2016年3月31日的財務狀況表與截至該日止年度的全面收益表、權益變動表及現金流量表,以及主要會計政策概要及其他解釋資料。

委員會成員就財務報表須承擔的責任

委員會成員須負責根據香港會計師公會頒佈的香港財務報告準則編製財務報表,以令財務報表作出真實而公平的反映,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計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計。該等準則要求我們遵守道德規範,並規劃及執行審計,以合理確定財務報表是否不存有任何重大錯誤陳述。

Hong Kong Council on Smoking and Health
Financial Statements
For the year ended 31 March 2016

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 ("the Council") set out on pages 102 to 121, which comprise the statement of financial position as at 31 March 2016, 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 the Hong Kong Council on Smoking and Health Ordinance, and for no other purpose. We do not assume responsibility towards or accept liability to any other person for the contents of this report. 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）

審計涉及執执行程序以獲取有關財務報表所載金額及披露資料的審計憑證。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財務報表存有重大錯誤陳述的風險。在評估該等風險時，核數師考慮與該會編製以作出真實而公平的反映相關的內部控制，以設計適當的審計程序，但目的並非對該會的內部控制的有效性發表意見。審計亦包括評價委員會成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，我們所獲得的審計憑證能充足和適當地為我們的審計意見提供基礎。

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2016年3月31日的財務狀況及截至該日止年度的財務表現及現金流量。

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 financial position of the Council as at 31 March 2016 and of its financial performance 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，2016年7月6日

Hong Kong, 6 July 2016

全面收益表

Statement of Comprehensive Income

截至 2016 年 3 月 31 日止年度
For the year ended 31 March 2016

(港幣)	(HK\$)	附註 Note	二零一六年 2016	二零一五年 2015
收入	Income			
香港特別行政區政府津貼	Subventions from the Government of the Hong Kong Special Administrative Region			
一般津貼	General subvention		22,364,439	23,348,190
女性戒煙推廣計劃津貼	Women Smoking Cessation Promotion Programme subvention	3(b)	533,079	416,921
			22,897,518	23,765,111
銀行利息收入	Bank interest income		74	75
會議註冊費收入	Registration fee income on conference		–	125,800
雜項收入	Sundry income		–	6,088
			22,897,592	23,897,074
支出	Expenditure			
批准職位編製	Approved establishment	4	4,929,554	3,462,978
項目員工	Project staff	5	1,677,040	2,613,719
女性戒煙推廣計劃費用	Women Smoking Cessation Promotion Programme expenses	3(c)	533,078	416,921
宣傳及推廣費用	Publicity and promotion expenses		12,290,497	13,893,825
會議費用	Conference expenses		37,861	170,041
參考書籍及刊物	Reference books and periodicals		9,667	11,220
辦公室租金、差餉及管理費	Office rent, rates and management fee		2,632,648	2,614,338
貨倉租金及費用	Warehouse rent and expenses		203,837	189,480
維修及保養費用	Repairs and maintenance		65,972	86,847
清潔工資及費用	Cleaning wages and fees		57,612	52,960
折舊	Depreciation		28,809	45,817
保險	Insurance		77,647	67,434
電費	Electricity		42,900	44,941
電話及通訊費用	Telephone and communication expenses		45,220	64,135
職工招募費用	Recruitment expenses		38,944	34,120
職工訓練及發展費用	Staff training and development expenses		2,600	–
法律及專業費用	Legal and professional fees		13,600	13,200
核數師酬金	Honorarium to auditors		14,500	14,000
郵費	Postage		13,196	11,564
印刷及文具	Printing and stationery		88,307	73,361
雜項支出	Sundry expenses		58,905	46,308
			22,862,394	23,927,209
本年度盈餘／(虧損)	Surplus/(Deficit) for the year	6	35,198	(30,135)
本年度全面收入／(支出)	Total comprehensive income/(expense) for the year		35,198	(30,135)

財務狀況表

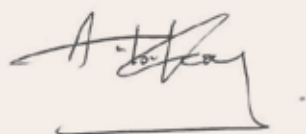
Statement of Financial Position

於 2016 年 3 月 31 日
At 31 March 2016

(港幣)	(HK\$)	附註 Note	二零一六年 2016	二零一五年 2015
非流動資產	Non-current assets			
物業、機器及設備	Property, plant and equipment	8	40,920	50,966
流動資產	Current assets			
按金及預付款項	Deposits and prepayments	9	830,825	732,712
銀行及現金結存	Bank and cash balances		541,261	999,072
			1,372,086	1,731,784
減：流動負債	Less: current liabilities			
應付費用	Accrued charges		1,158,328	975,000
年假撥備	Provision for annual leave entitlements		175,520	210,704
預收女性戒煙推廣計劃津貼	Women Smoking Cessation Promotion Programme subvention received in advance	3(a)	—	533,079
應退回衛生署之本年度經調整盈餘	Adjusted surplus for the year refundable to the Department of Health	10	10,060	20,007
應退回衛生署之累積盈餘	Accumulated surpluses refundable to the Department of Health	11	203,640	203,640
			1,547,548	1,942,430
流動負債	Net current liabilities		(175,462)	(210,646)
負債淨值	Net liabilities		(134,542)	(159,680)
等於：	representing:			
累積虧損	Accumulated deficits		(134,542)	(159,680)

委員會於2016年7月6日通過及批准發佈於第102頁至第121頁的財務報表。

The financial statement were approved and authorized for issue by the Council on 6 July 2016.



鄭祖盛先生 MH
委員會主席
Mr Antonio KWONG Cho-shing, MH
Chairman



伍婉婷女士 MH
委員會副主席
Ms Yolanda NG Yuen-ting, MH
Vice-chairman

權益變動表

Statement of Changes in Equity

截至 2016 年 3 月 31 日止年度
For the year ended 31 March 2016

(港幣)	(HK\$)	附註 Note	二零一六年 2016	二零一五年 2015
累積虧損	Accumulated deficit			
上年度轉來之虧損	Deficit brought forward		(159,680)	(109,538)
本年度盈餘／(虧損)／ 本年度全面收入／(支出)	Surplus/(Deficit) for the year/ Total comprehensive income/ (expense) for the year		35,198	(30,135)
應退回衛生署之經調整盈餘	Adjusted surplus refundable to the Department of Health	10	(10,060)	(20,007)
本會應佔之盈餘／(虧損)	Surplus/(Deficit) attributable to the Council		25,138	(50,142)
撥入下年度之虧損	Deficit carried forward		(134,542)	(159,680)

現金流量表

Cash Flow Statement

截至 2016 年 3 月 31 日止年度
For the year ended 31 March 2016

(港幣)	(HK\$)	二零一六年 2016	二零一五年 2015
營運活動之現金流量	Cash flows from operating activities		
本年度盈餘(虧損)	Surplus/(Deficit) for the year	35,198	(30,135)
調整：	Adjustment for:		
利息收入	Interest income	(74)	(75)
折舊	Depreciation	28,809	45,817
營運資金變動前之營運盈餘	Operating surplus before working capital changes	63,933	15,607
按金及預付款項之增加	Increase in deposits and prepayments	(98,113)	(32,811)
應付費用之增加	Increase in accrued charges	183,328	21,199
年假撥備之(減少)/增加	(Decrease)/Increase in provision for annual leave entitlements	(35,184)	30,145
預收女性戒煙推廣計劃津貼之(減少)/增加	(Decrease)/Increase in Women Smoking Cessation Promotion Programme subvention received in advance	(533,079)	533,079
營運活動所(使用)/產生之淨現金	Net cash (used in)/from operating activities	(419,115)	567,219
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	(18,763)	(25,820)
已收利息	Interest received	74	75
投資活動所使用之淨現金	Net cash used in investing activities	(18,689)	(25,745)
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	(20,007)	(68,047)
融資活動所使用之淨現金	Net cash used in financing activities	(20,007)	(68,047)
現金及現金等值之淨(減少)/增加	Net (decrease)/increase in cash and cash equivalents	(457,811)	473,427
年初現金及現金等值結存	Cash and cash equivalents at beginning of the year	999,072	525,645
年終現金及現金等值結存	Cash and cash equivalents at end of the year	541,261	999,072
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	541,261	999,072

財務報表附註

Notes to the Financial Statements

1. 概述

香港吸煙與健康委員會「本會」乃根據香港吸煙與健康委員會條例於1987年10月1日註冊成立的機構。

本會辦公地址為香港灣仔皇后大道東183號合和中心44樓4402至4403室。

2. 主要會計政策

(a) 編製基準

本財務報表已按照香港會計師公會頒佈所有適用的香港財務報告準則（其統稱已包括個別適用的香港財務報告準則、香港會計準則及詮釋）及香港公認會計準則編製。本財務報表以歷史成本慣例編製。

香港會計師公會已頒佈若干於本會計年度首次生效之全新及經修訂香港財務報告準則。本會採用下列與本會運作相關的經修訂之香港財務報告準則：

1. General

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

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

2. Principal Accounting Policies

(a) Basis of Preparation

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

The HKICPA has issued certain new and revised HKFRSs that are first effective for the current accounting year of the Council. The Council has adopted the following revised HKFRSs which is relevant to its operations:

2. 主要會計政策 (續)

(a) 編製基準 (續)

2010年至2012年週期香港財務報告準則的年度改進

2011年至2013年週期香港財務報告準則的年度改進

此兩個週期之年度改進包括九項準則之修訂及連同其他準則之相應修訂。其中，香港會計準則第24號關聯人士披露已予以修改，藉以將「關聯人士」的釋義擴展為包括提供主要管理人員服務予呈報個體的管理個體，並要求披露為獲得管理個體提供的主要管理人員服務而產生的金額。由於本會並無自管理個體獲得主要管理人員服務，故該等修訂對本會的關聯人士披露並無任何影響。

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不會對本會財務報表產生重大影響。

2. Principal Accounting Policies (Continued)

(a) Basis of Preparation (Continued)

Annual Improvements to HKFRSs 2010-2012 Cycle

Annual Improvements to HKFRSs 2011-2013 Cycle

These two cycles of annual improvements contain amendments to nine standards with consequential amendments to other standards. Among them, HKAS 24, "Related party disclosures" has been amended to expand the definition of a 'related party' to include a management entity that provides key management personnel services to the reporting entity, and to require the disclosure of the amounts incurred for obtaining the key management personnel services provided by the management entity. These amendments do not have an impact on the Council's related party disclosures as the Council does not obtain key management personnel services from management entities.

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 financial statements.

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) 收入確認

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

2. Principal Accounting Policies (Continued)

(a) Basis of Preparation (Continued)

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

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

(b) Revenue Recognition

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

2. 主要會計政策 (續)

(c) 外幣折算

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

(d) 減值損失

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

2. Principal Accounting Policies (Continued)

(c) Foreign Currencies Translation

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

(d) Impairment Losses

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

2. 主要會計政策 (續)

(e) 物業、機器及設備

物業、機器及設備以成本價減已收或可收的資助、累積折舊及累積減值損失列帳。

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

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

(f) 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。

(g) 按金

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

(h) 應付費用

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

2. Principal Accounting Policies (Continued)

(e) 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.

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

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

(f) 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.

(g) Deposits

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

(h) Accrued Charges

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

2. 主要會計政策 (續)

(i) 現金及現金等值

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

(j) 僱員獲享假期

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

(k) 有關連人士

就本財務報表而言，有關連人士包括符合以下定義的人士及實體：

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

2. Principal Accounting Policies (Continued)

(i) Cash and Cash Equivalents

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

(j) Employee Leave Entitlements

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

(k) Related Parties

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

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

2. 主要會計政策 (續)

(k) 有關連人士 (續)

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

2. Principal Accounting Policies (Continued)

(k) Related Parties (Continued)

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

3. 女性戒煙推廣計劃

上年度本會從衛生署收到津貼港幣950,000元，用以開展女性戒煙推廣計劃。有關津貼確認、收入及支出之詳情如下：

(a) 津貼確認

(港幣)	(HK\$)	二零一六年 2016	二零一五年 2015
確認為收入	Recognized as income	533,079	416,921
確認為負債	Recognized as liability	–	533,079
從負債轉往收入	Transfer from liability to income	(533,079)	–
津貼總額	Total subvention	–	950,000

3. Women Smoking Cessation Promotion Programme

In the last accounting year the Council received a subvention of HK\$950,000 from the Department of Health to launch the Women Smoking Cessation Promotion Programme. The details of subvention recognition, income and expenditure are as follow:

(a) Subvention recognition

(b) 收入

(港幣)	(HK\$)	二零一六年 2016	二零一五年 2015
已確認津貼	Recognized subvention	533,079	416,921

(b) Income

(c) 支出

(港幣)	(HK\$)	二零一六年 2016	二零一五年 2015
宣傳及推廣費用	Publicity and promotion expenses	362,719	320,000
薪金	Salaries	160,534	90,592
強積金供款	Mandatory provident fund contributions	8,026	4,530
保險	Insurance	1,799	1,799
		533,078	416,921

(c) Expenditure

4. 批准職位編製

4. Approved Establishment

(港幣)	(HK\$)	二零一六年 2016	二零一五年 2015
薪金及津貼	Salaries and allowances	4,807,482	3,337,162
強積金供款	Mandatory provident fund contributions	144,175	86,117
年假(撥備回撥)/撥備	Provision for annual leave entitlements (written back)/made	(22,103)	39,699
		4,929,554	3,462,978

5. 項目員工

5. Project Staff

(港幣)	(HK\$)	二零一六年 2016	二零一五年 2015
薪金	Salaries	1,614,414	2,506,085
強積金供款	Mandatory provident fund contributions	75,707	117,188
年假撥備回撥	Provision for annual leave entitlements written back	(13,081)	(9,554)
		1,677,040	2,613,719

6. 本年度盈餘/(虧損)

6. Surplus/(Deficit) for the year

本年度盈餘/(虧損)已扣除下列費用：

Surplus/(Deficit) for the year is stated after charging the followings:

(港幣)	(HK\$)	二零一六年 2016	二零一五年 2015
員工成本*	Staff costs *	6,824,237	6,219,447
土地及樓宇經營租賃 租金支出	Rentals of land and buildings held under operating leases	2,363,396	2,346,396

* 包括支付定額供款退休保障計劃供款共港幣
229,112元(2015年：210,103元)

* including contribution of HK\$229,112 (2015: HK\$210,103) to
defined contribution provident fund scheme.

7. 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（2015
年：無）。

7. Council Members' Remuneration

None of the council members received any remuneration
in respect of their services to the Council during the
year (2015: Nil).

8. 物業、機器及設備

8. 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2014年3月31日	At 31 March 2014	36,305	104,176	499,062	639,543
添置	Additions	–	1,840	23,980	25,820
於2015年3月31日	At 31 March 2015	36,305	106,016	523,042	665,363
添置	Additions	–	5,360	13,403	18,763
於2016年3月31日	At 31 March 2016	36,305	111,376	536,445	684,126
累積折舊	Accumulated depreciation				
於2014年3月31日	At 31 March 2014	36,305	94,298	437,977	568,580
截至2015年3月31日止 年度計提	Charge for the year ended 31 March 2015	–	7,408	38,409	45,817
於2015年3月31日	At 31 March 2015	36,305	101,706	476,386	614,397
截至2016年3月31日止 年度計提	Charge for the year ended 31 March 2016	–	4,081	24,728	28,809
於2016年3月31日	At 31 March 2016	36,305	105,787	501,114	643,206
帳面淨值	Net book value				
於2016年3月31日	At 31 March 2016	–	5,589	35,331	40,920
於2015年3月31日	At 31 March 2015	–	4,310	46,656	50,966

9. 按金及預付款項

預期會於一年後收回之按金為港幣544,152元（2015年：港幣480,794元），預付款項港幣286,673元（2015年：港幣251,918元）將會於一年內全數記入費用。

10. 應退回衛生署之經調整盈餘

由於衛生署並不承認僱員年假撥備為費用而只在年假補償付出時承認，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，在計算應退回衛生署之盈餘時，不包括年假撥備／撥備回撥、物業、機器及設備的撇銷及折舊，而扣除物業、機器及設備的添置。

9. Deposits and Prepayments

The amount of deposits expected to be recovered after one year is HK\$544,152 (2015: HK\$480,794). The prepayments in sum of HK\$286,673 (2015: HK\$251,918) are expected to be recognized as expenses within one year.

10. 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.

(港幣)		二零一六年 2016	二零一五年 2015
(HK\$)			
本年度盈餘（虧損）	Surplus/(Deficit) for the year	35,198	(30,135)
加：折舊	Add: Depreciation	28,809	45,817
年假撥備	Provision for annual leave entitlements	—	30,145
減：物業、機器及設備的添置	Less: Additions to property, plant and equipment	(18,763)	(25,820)
年假撥備回撥	Provision for annual leave entitlements written back	(35,184)	—
應退回衛生署的經調整盈餘			
Adjusted surplus refundable to the Department of Health		10,060	20,007

11. 應退回衛生署之累積盈餘

本會管理層認為截至1998年3月31日累積盈餘將會於衛生署要求時退回。

11. Accumulated Surpluses Refundable to the Department of Health

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

12. 金融資產及金融負債

(a) 金融資產及負債類別

12. Financial Assets and Liabilities

(a) Categories of Financial Assets and Liabilities

(港幣)		(HK\$)		二零一六年 2016	二零一五年 2015
金融資產	Financial assets				
流動資產 — 按攤銷	Current assets – at amortized cost:				
成本值：					
按金	Deposits			544,152	480,794
銀行及現金結存	Bank and cash balances			541,261	999,072
				1,085,413	1,479,866
金融負債	Financial liabilities				
流動負債	Current liabilities				
— 按攤銷成本值：	– at amortized cost:				
應付費用	Accrued charges			1,158,328	975,000
年假撥備	Provision for annual leave entitlements			175,520	210,704
應退回衛生署之 本年度經調整盈餘	Adjusted surplus for the year refundable to the Department of Health			10,060	20,007
應退回衛生署之 累積盈餘	Accumulated surpluses refundable to the Department of Health			203,640	203,640
				1,547,548	1,409,351

12. 金融資產及金融負債 (續)

(b) 財務風險管理的目標及政策

在日常運作中，本會並不會存在重大的外幣風險、利率風險和商品及價格風險。其他風險敘述如下：

(i) 信貸風險

本會之信貸風險基本上源自銀行存款，但由於對方為擁有高信用評級之銀行，所以信貸風險並不重大。

(ii) 流動資金風險

本會會定期監管現時和預計的流動資金的需求，以確保維持充裕之現金儲備，滿足短期和較長期的流動資金需求。

於2016年及2015年3月31日，本會金融負債之剩餘合約還款期均在一年以內，該等金融負債之帳面值相等於其合約之未貼現現金流量。

(c) 合理價值

於2016年及2015年3月31日所有金融資產及金融負債之價值與其合理價值並無重大差異。合理價值乃按照日後現金流量以現時利率折算現值而估計。

12. Financial Assets and Liabilities (Continued)

(b) Financial Risk Management Objectives and Policies

In the normal course of the operation, the Council does not expose to significant foreign currency risk, interest rate risk and commodity and security risks. Other risks are described below:

(i) Credit Risk

The Council's credit risk is primarily attributable to cash at bank and is insignificant because the counterparty is a bank with high credit rating.

(ii) Liquidity Risk

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

As at 31 March 2016 and 2015, the contractual maturities of all the Council's financial liabilities, whose carrying amounts are equal to total contracted undiscounted cash flows, are due within one year.

(c) Fair values

All financial assets and liabilities are carried at amounts not materially different from their fair values as at 31 March 2016 and 2015. The fair value is estimated as the present value of future cash flows, discounted at current market interest rate.

13. 經營租約承擔

於報告期末，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\$)	二零一六年 2016	二零一五年 2015
第一年內	Not later than one year	2,437,056	2,210,396
第二至第五年內	Later than one year but not later than five years	183,600	–
		2,620,656	2,210,396

13. Commitments Under Operating Leases

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

14. 有關連人士交易

在年度內本會與有關連人士所進行的日常營運交易如下：

(港幣)	(HK\$)	二零一六年 2016	二零一五年 2015
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	1,521,000	1,414,283
離職後福利	Post-employment benefits	18,000	17,500
		1,539,000	1,431,783

14. Related Party Transactions

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

鳴謝

Acknowledgement

委員會於年度內推行之各項工作，獲下列個別人士、政府部門、組織、學校、制服團隊及青少年中心之鼎力協助及支持，委員會謹此致謝。

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

個人 Individuals			
歐家輝博士	Dr Johnny AU	張子軒先生	Mr Stephen CHEUNG
陳偉康先生	Mr Alex CHAN	張國慧先生	Mr William CHEUNG
陳弄年女士	Ms Anita CHAN	張榮星先生	Mr Winson CHEUNG
豪子（陳展豪先生）	Mr CHAN Chin-ho	張艷玲女士	Ms CHEUNG Yim-ling
陳漢儀醫生太平紳士	Dr Constance CHAN, JP	戚黛黛女士	Ms Priscilla CHI
陳建強醫生	Dr Eugene CHAN	詹佩鳳女士	Ms Katrina CHIM
陳富明先生	Mr CHAN Fu-ming	蔡美儀醫生太平紳士	Dr Sarah CHOI, JP
陳建年先生	Mr Kenneth CHAN	周國賢先生	Mr Endy CHOW
陳國賓先生	Mr Leslie CHAN	周奕希先生 BBS太平紳士	Mr CHOW Yick-hay, BBS, JP
陳華裕先生 MH太平紳士	Mr Nelson CHAN, MH, JP	朱慶虹先生太平紳士	Mr CHU Ching-hong, JP
陳平先生	Mr CHAN Ping	朱凱琪女士	Ms Katty CHU
陳肇始教授太平紳士	Prof Sophia CHAN, JP	朱家賢先生	Mr CHU Ka-yin
陳捷貴先生 BBS太平紳士	Mr Stephen CHAN, BBS, JP	鍾澤暉先生	Mr CHUNG Chak-fai
陳偉雄先生	Mr CHAN Wai-hung	鍾凱盈女士	Ms CHUNG Hoi-ying
陳偉明先生MH	Mr CHAN Wai-ming, MH	鍾嘉敏女士	Ms Jacqueline CHUNG
曹明高先生	Mr CHAO Ming-koo	鍾錦麟先生	Mr CHUNG Kam-lun
周柏豪先生	Mr CHAU Pak-ho	鍾姍姍博士	Dr CHUNG Shan-shan
陳健久先生	Mr Eric CHEN		C Allstar
陳敏先生	Mr Willy CHEN	范綺明女士	Ms Nicole FAN
鄭子君女士	Ms CHENG Tsz-kwan	傅曉琳女士	Ms Sammi FU
張俊聲先生	Mr Johnson CHEUNG	馮志豐先生	Mr FUNG Chi-fung
張琪騰先生	Mr CHEUNG Ki-tang	何綉卿女士	Ms HE Xiu-qing

何寶兒女士	Ms Anita HO	李文斌先生	Mr LEE Man-bun
何世賢博士	Dr Daniel HO	李蕙芬女士	Ms LEE Wai-fun
何基佑先生	Mr Kay HO	梁紹安先生	Mr Clifford LEUNG
何賢輝先生	Mr HO Yin-fai	梁漢文先生	Mr Edmond LEUNG
何錦培先生	Mr Tommy HO	梁小雲女士	Ms Iris LEUNG
宣萱女士	Ms Jessica HSUAN	梁珮琦女士	Ms Jessica LEUNG
許可琦女士	Ms Kiki HUI	梁永安先生	Mr Louis LEUNG
洪錦鉉先生	Mr HUNG Kam-in	梁皓鈞先生MH	Mr Raymond LEUNG, MH
孔慶慇先生	Mr Marco HUNG	森美（梁志健先生）	Mr Sammy LEUNG
洪連杉先生	Mr HUNG Lin-cham	李翠娟女士	Ms LI Chui-kuen
金剛（周朝杰先生）	Mr KING Kong	李玉蓮女士	Ms Helena LI
高永文醫生 BBS太平紳士	Dr KO Wing-man, BBS, JP	李浩祥博士	Dr William LI
許智興先生	Mr Wood KOH	李玉蓮女士	Ms LI Yuk-lin
唐寧（江麗娜女士）	Ms Leila KONG	連詩雅女士	Ms Shiga LIN
郭晉安先生	Mr KWOK Chun-on	連錦祥先生	Mr LIN Kam-cheung
鄺素儀女士	Ms Bauhinia KWONG	羅浩然先生	Mr Eric LO
鄺月心女士	Ms KWONG Yuet-sum	勞洛豐先生	Mr Jimmy LO
黎銘澤先生	Mr LAI Ming-chak	魯佩兒女士	Ms LO Pui-ye
林愛斌女士	Ms Christina LAM	雷頌德先生	Mr Mark LUI
林奕匡先生	Mr Phil LAM	麥玲玲女士	Ms MAK Ling-ling
林大慶教授 BBS太平紳士	Prof LAM Tai-hing, BBS, JP	麥健美醫生	Dr May MAK
林德成先生	Mr LAM Tak-shing	麥國風先生	Mr Michael MAK
劉愛詩女士	Ms Alice LAU	麥謝巧玲博士MH	Dr Ada TSE, MH
劉業強先生 MH太平紳士	Mr Kenneth LAU, MH, JP	吳克儉先生 SBS太平紳士	Mr Eddie NG, SBS, JP
劉文文女士BBS, MH太平紳士	Ms Lisa LAU, BBS, MH, JP	吳祖宜女士	Ms Joey NG
李興廉先生	Mr Henry LEE	朱薰（吳佩賢女士）	Ms Josephine NG
李培文醫生	Dr Jeff LEE	吳澤恆先生	Mr NG Chak-hang
李洪森先生MH	Mr Lothar LEE, MH	顏汶羽先生	Mr NGAN Man-yu

柯創盛先生MH	Mr Wilson OR, MH	王文炳博士	Dr Kelvin WANG
龐創先生BBS 太平紳士	Mr Edward PONG, BBS, JP	黃浩卓博士	Dr Alvin WONG
潘詠詩女士	Ms Vence POON	黃宏醫生	Dr Christine WONG
潘國華先生	Mr PUN Kwok-wah	王英女士	Ms Elsie WONG
沈豪傑先生	Mr SHUM Ho-kit	王福賢女士	Ms WONG Fuk-yin
沈少雄先生	Mr SHUM Siu-hung	黃健暉先生	Mr John WONG
單立文先生	Mr Pal SINN	黃家華先生	Mr WONG Ka-wa
蕭顯航先生	Mr SIU Hin-hong	糖妹（黃山怡女士）	Ms Kandy WONG
細蘇（蘇耀宗先生）	Mr Danny SO	黃建新先生	Mr WONG Kin-san
蘇嘉雯女士	Ms So Ka-man	黃龍德教授 BBS太平紳士	Prof Patrick WONG, BBS, JP
蘇玉華女士	Ms SO Yuk-wa	黃德祥醫生	Dr WONG Tak-cheung
孫明揚先生 GBS, CBE太平紳士	Mr Michael SUEN, GBS, CBE, JP	黃可宜女士	Ms Yo WONG
孫依楠博士	Dr SUEN Yi-nam	胡子正先生	Mr Francis WOO
譚榮勳先生	Mr Eric TAM	伍永達先生	Mr Yongda WU
譚香文女士	Ms TAM Heung-man	甄子康先生	Mr Jim YAN
譚領律先生MH	Mr Stanley TAM, MH	丘詠仙女士	Ms Olive YAU
鄧錦雄博士MH	Dr TANG Kam-hung, MH	楊美琪女士	Ms Maggie YEONG
鄧銘心女士	Ms Michelle TANG	楊位款先生MH 太平紳士	Mr Raymond YEUNG, MH, JP
田陸秀娟女士	Mrs Gloria TIEN	葉華先生 BBS太平紳士	Mr YIP Wah BBS, JP
丁江浩先生	Mr Eddie TING	葉錦洪先生	Mr YIP Kum-hung
謝淑珍女士	Ms TSE Suk-chun	余衍深先生	Mr Marcus YU
蔡珍妮女士	Ms Jenny TSOI	小儀（阮佩儀女士）	Ms Kitty YUEN
徐耀良先生 太平紳士	Mr William TSUI, JP	袁銘輝先生太平紳士	Mr Richard YUEN, JP
溫國雄先生	Mr Joseph WAN	鄭金樹博士	Dr Gene ZHENG

政府部門 Government Departments	
中西區區議會	Central & Western District Council
衛生署	Department of Health
東區區議會	Eastern District Council
教育局	Education Bureau
食物及衛生局	Food and Health Bureau
香港懲教署	Hong Kong Correctional Services Department
醫院管理局	Hospital Authority
政府新聞處	Information Services Department
離島區議會	Islands District Council
九龍城區議會	Kowloon City District Council
九龍城民政事務處	Kowloon City District Office
葵青區議會	Kwai Tsing District Council
觀塘區議會	Kwun Tong District Council
北區區議會	North District Council
西貢區議會	Sai Kung District Council
沙田區議會	Sha Tin District Council
深水埗區議會	Sham Shui Po District Council
南區區議會	Southern District Council
大埔區議會	Tai Po District Council
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
婦女事務委員會	Women's Commission
黃大仙區議會	Wong Tai Sin District Council
油尖旺區議會	Yau Tsim Mong District Council
元朗區議會	Yuen Long District Council

組織 Organizations	
青島	Action for REACH OUT
雅麗氏何妙齡那打素醫院	Alice HO Miu Ling Nethersole Hospital
置富資產管理有限公司	ARA Asset Management (Fortune) Ltd
置富資產管理有限公司 – 置富都會	ARA Asset Management (Fortune) Ltd – Fortune Metropolis
循道衛理亞斯理社會服務 – 長者鄰舍中心	Asbury Methodist Social Service Neighbourhood Elderly Centre
萬國宣道浸信會長康浸信會長者鄰舍中心	Association of Baptists for World Evangelism (Hong Kong) Ltd Cheung Hong Baptist Church Neighbourhood Elderly Centre
香港護士協會	Association of Hong Kong Nursing Staff
新界東北區工商業聯合會	Association of Industries and Commerce of NE New Territories
油尖旺工商聯會	Association of Industries and Commerce of Yaumatei Tsimshatsui Mongkok
工業傷亡權益會	Associations for the Rights of Industrial Accident Victims
	AUM Yoga & Wellness
醫療輔助隊長官聯會	Auxiliary Medical Service Officers' Club
美中浸信會蝴蝶灣浸信會長者中心	Baptist Mid-Missions, Butterfly Bay Baptist Church Elderly Centre
力行劇社	Bestreben Drama Association
匯秀企業有限公司	Broadway-Nassau Investments Limited
佛教傳黃合長者鄰舍中心	Buddhist Foo Wong Hop Neighbourhood Elderly Centre
建設健康九龍城協會	Building Healthy Kowloon City Association
關心您的心	Care For Your Heart
明愛中區長者中心	Caritas Elderly Centre – Central District
明愛東頭長者中心	Caritas Elderly Centre – Tung Tau
明愛元朗長者社區中心	Caritas Elderly Centre – Yuen Long
中九龍診所	Central Kowloon Health Centre
婦女健康促進及研究中心	Centre of Research and Promotion of Women's Health
中西區健康城市督導委員會	Central & Western District Steering Committee on Healthy City
百仁基金	Centum Charitas Foundation
醫院管理局中醫教研中心	Chinese Medicine Centres for Training and Research, Hospital Authority
香港中華基督教青年會	Chinese YMCA of Hong Kong

青暉婦女會	Ching Fai Women Association Ltd
基督教勵行會旺角服務中心	Christian Action – Mong Kok Service Centre
基督教宣道會長亨長者鄰舍中心	Christian and Missionary Alliance Church Union Hong Kong Ltd Cheung Hang Neighbourhood Elderly Centre
基督教家庭服務中心	Christian Family Service Centre
基督教家庭服務中心 – 香港中文大學中醫教研中心 (牛頭角)	Christian Family Service Centre – The Chinese University of Hong Kong Chinese Medicine Centre for Training and Research (Ngau Tau Kok)
中華傳道會恩光長者鄰舍中心	Christian Nationals' Evangelism Commission Grace Light Neighbourhood Elderly Centre
基督教愛協團契	Christian Oi Hip Fellowship
香港西區婦女福利會松鶴老人中心	Chung Hok Social Centre for the Elderly, Women's Welfare Club Western District, Hong Kong
鍾錫熙長洲安老院有限公司	Chung Shak Hei (Cheung Chau) Home for the Aged Ltd
鐘聲慈善社方王換娣長者鄰舍中心	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
中英劇團	Chung Ying Theatre Company
港基物業管理有限公司	Citybase Property Management Limited
香港中華電力有限公司	CLP Power Hong Kong
青年事務委員會	Commission on Youth
社區藥物教育輔導會	Community Drug Advisory Council
大本型商場	Domain Mall
東區工商業聯會	Eastern District Industries and Commerce Association
晉豪洋行有限公司	ED Brilliant Trading Limited
職安培訓復生會有限公司	Employees' Safety Training & Rehabilitation Services Limited
柴灣樂翠臺管業處	Estate Management Office, Neptune Terrace
基督教香港信義會沙田護老坊 – 綜合家居照顧服務	Evangelical Lutheran Church Social Service – Hong Kong, Shatin Caring Centre
基督教香港信義會葵涌長者鄰舍中心	Evangelical Lutheran Church Social Service – Hong Kong, Kwai Chung Neighbourhood Elderly Centre
圓玄學院社會服務部粉嶺社會服務中心	Fanling Social Service Centre, Social Service Department, The Yuen Yuen Institute

胡芬妮國際專業美學院	Farida Professional Academy of Aesthetics
觀塘區家長教師會聯會	Federation of Parent-Teacher Association Kwun Tong District
大埔區家長教師會聯會	Federation of Parent-Teacher Association Tai Po District
黃大仙區家長教師會聯會	Federation of Parent-Teacher Association Wong Tai Sin District
香港東區家長教師會聯會	Federation of Parent-Teacher Association Hong Kong Eastern District
仁愛堂	Yan Oi Tong
福來滿樂賢毅社	Fuk Loi Moon Lok Yin Ngai Society
金紫荊女企業家協會	Golden Bauhinia Women Entrepreneur Association
高衛物業管理有限公司－海逸豪門	Goodwell Property Management Limited – Laguna Verde
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)
海峰園物業管理有限公司	Harbour Heights (Management) Ltd
和諧之家	Harmony House
基督教靈實協會	Haven of Hope Christian Service
恒基兆業地產附屬機構恒益物業管理有限公司－耀安邨	Henderson Land Group Subsidiary Hang Yick Properties Management Limited – Yiu On Estate
香海正覺蓮社	Heung Hoi Ching Kok Lin Association
新界鄉議局	Heung Yee Kuk NT
衍生行有限公司	Hin Sang Hong Company Ltd
曉麗婦女協會	Hiu Lai Women's Association
香港路德會社會服務處路德會茜草灣長者中心	HKLSS Sai Cho Wan Lutheran Centre for the Elderly
香港路德會茜草灣長者中心（恩景軒）	HKLSS Sai Cho Wan Lutheran Centre for the Elderly Grace Sceneway Sub-office
基督復臨安息日會小西灣長者鄰舍中心	HKMCSDA Siu Sai Wan Neighbourhood Elderly Centre of Seventh-day Adventists
香港聖公會主誕堂長者鄰舍中心	HKSKH Holy Nativity Church Neighbourhood Elderly Centre
香港聖公會樂民郭鳳軒綜合服務中心	HKSKH Lok Man Alice Kwok Integrated Service Centre
香港聖公會聖路加福群會長者鄰舍中心	HKSKH St Luke's Settlement Neighbourhood Elderly Centre
香港聖公會聖馬太長者鄰舍中心	HKSKH St Matthew's Neighbourhood Elderly Centre
港九電業總會	Hong Kong & Kowloon Electric Trade Association
香港醫學專科學院	Hong Kong Academy of Medicine
荃灣港安醫院	Hong Kong Adventist Hospital

港澳信義會耆福中心	Hong Kong and Macau Lutheran Church Social Service Limited Kei Fuk Elderly Centre
香港強脊會	Hong Kong Ankylosing Spondylitis Association
香港中小企業促進發展協會	Hong Kong Association for Promotion & Development of SMEs
香港聾人協進會	Hong Kong Association of the Deaf
香港青少年發展聯會	Hong Kong Association of Youth Development
香港哮喘會	Hong Kong Asthma Society
香港浸信會醫院區樹洪健康中心	Hong Kong Baptist Hospital Au Shue Hung Health Centre
香港青少年服務處	Hong Kong Children & Youth Services
香港政府華員會	Hong Kong Chinese Civil Servants' Association
香港潮州商會	Hong Kong Chiu Chow Chamber of Commerce
香港基督教服務處樂暉長者中心	Hong Kong Christian Service Bliss District Elderly Community Centre
香港社會醫學學院	Hong Kong College of Community Medicine
香港危重護理學院	Hong Kong College of Critical Care Nursing
香港護理教育及科研學院	Hong Kong College of Education and Research in Nursing
香港內科護理學院	Hong Kong College of Medical Nursing
香港精神科護理學院	Hong Kong College of Mental Health Nursing
香港兒科護理學院	Hong Kong College of Paediatric Nursing
香港兒科醫學院	Hong Kong College of Paediatricians
香港放射科醫學院	Hong Kong College of Radiologists
全港各區工商聯	Hong Kong Commerce & Industry Associations
香港商業廣播有限公司	Hong Kong Commercial Broadcasting Co Ltd
香港建造商會	Hong Kong Construction Association
香港眼角膜關懷協會	Hong Kong Cornea Concern Association
香港牙醫學會	Hong Kong Dental Association
香港營養師協會	Hong Kong Dietitians Association
香港災難醫療學會	Hong Kong Disaster Medicine Association
香港西醫工會	Hong Kong Doctors Union
香港機電工程商協會有限公司	Hong Kong E & M Contractors' Association Limited
香港傷殘青年協會	Hong Kong Federation of Handicapped Youth
香港各界婦女聯合協進會	Hong Kong Federation of Women

香港婦女中心協會	Hong Kong Federation of Women's Centre
香港過敏科醫學院	Hong Kong Institute of Allergy
香港職業及環境衛生學會	Hong Kong Institute of Occupational and Environmental Hygiene
香港島婦女聯會	Hong Kong Island Women's Association
香港玉器批發零售商協會	Hong Kong Jade Wholesale and Retailers Association
香港賽馬會	Hong Kong Jockey Club
香港青少年培育會	Hong Kong Juvenile Care Centre
香港婦女動力協會	Hong Kong Ladies Dynamic Association
李氏宗親會	Hong Kong Lee Clansmen's Association
香港胸肺基金會	Hong Kong Lung Foundation
香港路德會社會服務處	Hong Kong Lutheran Social Service
香港醫學會	Hong Kong Medical Association
香港男士健康學會	Hong Kong Men's Health Society
香港營養學會有限公司	Hong Kong Nutrition Association Ltd
香港有機農業生態研究協會有限公司	Hong Kong Organic Agriculture & Ecological Research Association Limited
離島婦聯有限公司	Hong Kong Outlying Islands Women's Association Limited
香港兒科護士學會	Hong Kong Paediatric Nursing Association
香港傷健協會	Hong Kong PHAB Association
香港物理治療學會	Hong Kong Physiotherapy Association
香港遊樂場協會	Hong Kong Playground Association
香港沙田工商業聯合會	Hong Kong Shatin Industries and Commerce Association
香港單親協會	Hong Kong Single Parents Association
香港急症醫學會	Hong Kong Society for Emergency Medicine & Surgery
香港護理教育學會	Hong Kong Society for Nursing Education
耆康會懷熙葵涌長者地區中心	Hong Kong Society for the Aged Chan Tseng Hsi Kwai Chung District Elderly Community Centre
耆康會東區老人日間護理中心	Hong Kong Society for the Aged Eastern District Day Centre for the Elderly
香港內分泌學會	Hong Kong Society of Endocrinology, Metabolism & Reproduction
香港南區婦女會	Hong Kong Southern District Women's Association

香港聖約翰救護機構	Hong Kong St John Ambulance
香港造口人協會	Hong Kong Stoma Association
香港胸肺學會	Hong Kong Thoracic Society
香港荃灣工商業聯合會	Hong Kong Tsuen Wan Industries and Commerce Association
香港婦聯	Hong Kong Women Development Association
香港婦女健康大使總會	Hong Kong Women Health Ambassador Association
香港女工商及專業人員協會	Hong Kong Women Professional & Entrepreneurs Association
香港女教師協會	Hong Kong Women Teachers' Organization
香港基督教女青年會	Hong Kong Young Women's Christian Association
香港基督教女青年會大澳社區工作辦事處	Hong Kong Young Women's Christian Association Tai O Community Work Office
康泰旅行社有限公司	Hong Thai Travel Services Ltd
康業服務有限公司－合力工業中心	Hong Yip Service Co Ltd – Hoplite Industrial Centre
康業服務有限公司－泰力工業中心	Hong Yip Service Co Ltd – Laurels Industrial Centre
國際四方福音會建生堂耆年中心	ICFG Kin Sang Church Elderly Centre
一心旅遊有限公司	Instant Travel Service Ltd
保險業訓練委員會	Insurance Training Board
國際四方福音會香港教區有限公司	International Church of the Foursquare Gospel – HK District Limited
離島健康城市工作小組	Islands District Healthy City Working Group
路德會賽馬會雍盛綜合服務中心	Jockey Club Yung Shing Lutheran Integrated Service Centre
禧福協會有限公司	Jubilee Ministries Limited
國際成就計劃香港部	Junior Achievement Hong Kong
啟勝管理服務有限公司－東港城（商場）	Kai Shing Management Service Limited – East Point City (Commercial)
毅力醫護健康集團有限公司	Kinetics Medical & Health Group Company Ltd
九龍城浸信會長者鄰舍中心	Kowloon City Baptist Church Neighbourhood Elderly Centre
九龍婦女聯會	Kowloon Women's Organizations Federation
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 Health City Association
觀塘婦女發展協會	Kwun Tong Women's Development Association

生活教育活動計劃	Life Education Activity Programme
光愛中心	Light and Love Home
領展房地產投資信託基金	Link Real Estate Investment Trust
樂群社會服務處黃英豪社區服務中心	Lok Kwan Social Service Dr Kennedy Y H Wong Community Service Centre
樂群社會服務處北角服務中心	Lok Kwan Social Service North Point Service Centre
樂群社會服務處黃光漢社區服務中心	Lok Kwan Social Service Wong Kwong Hon Community Service Centre
樂善堂尹立強敬老鄰舍中心	Lok Sin Tong Wan Lap Keung Neighbourhood Elderly Centre
民亮發展有限公司	Main Shine Development Limited
循道愛華村服務中心愛華耆樂中心	Methodist Epworth Village Community Centre, Epworth Neighbourhood Elderly Centre
循道愛華村服務中心興華耆樂中心	Methodist Epworth Village Community Centre, Hing Wah Neighbourhood Elderly Centre
	Modern Life Ltd
美國萬利理財控股有限公司	Money Concepts (Asia) Holdings Limited
旺角街坊會陳慶社會服務中心	Mongkok Kai-fong Association Limited Chan Hing Social Service Centre
香港鐵路有限公司	MTR Corporation Limited
南豐集團－漢興企業有限公司（麗華大廈）	Nan Fung Group – Hon Hing Enterprises Limited (Lever Building)
南豐集團－民亮發展有限公司（金龍工業中心）	Nan Fung Group – Main Shine Development Limited (Golden Dragon Industrial Centre)
南豐集團－民亮發展有限公司（新豐中心）	Nan Fung Group – Main Shine Development Limited (Sun Fung Centre)
南豐集團－民亮發展有限公司（宏業工業大廈）	Nan Fung Group – Main Shine Development Limited (Wang Yip Industrial Building)
南豐集團－新卓管理有限公司	Nan Fung Group – New Charm Management Ltd
鄰舍輔導會雅研社鄰里康齡中心	Neighbourhood Advice-Action Council Nga Yin Association Neighbourhood Elderly Centre
鄰舍輔導會天瑞鄰里康齡中心	Neighbourhood Advice-Action Council Tin Shui Neighbourhood Elderly Centre
科研資訊系統有限公司	NetMon Information Systems Ltd
新卓管理有限公司（雲暉大廈）	New Charm Management Ltd (Winfield Building)
洪錦鉉議員辦事處	Office of Hung Kam-in, District Councilor

李均頤區議員辦事處	Office of Kenny Lee, District Councilor
勞鏢珍議員辦事處	Office of LO Tip-chun, District Councilor
北區區議會 — 姚銘議員辦事處	Office of Yiu Ming, North District Councilor
香港晨曦會有限公司	Operation Dawn Ltd
百得物業管理有限公司	Paramatta Estate Management Limited
悅來坊管理有限公司	Panda Place Management Ltd
柏蕙苑物業管理有限公司	Park Vale (Management) Limited
鳳凰慈善基金會	Phoenix Charitable Foundation Ltd
智樂兒童遊樂協會	Playright Children's Play Association
保良局	Po Leung Kuk
保良局盧邱玉霜耆暉中心	Po Leung Kuk Lo Yau Yuk Sheung Neighbourhood Elderly Centre
保良局長者援手網絡中心（寶翠園）	Po Leung Kuk Proactive Concern Centre for the Elderly (The Belcher's)
博愛醫院	Pok Oi Hospital
寶血兒童村	Precious Blood Children's Village
寶血醫院（明愛）	Precious Blood Hospital (Caritas)
威爾斯親王醫院	Prince of Wales Hospital
香港醫藥援助會	Project Concern Hong Kong
香港大學民意研究計劃	Public Opinion Programme, The University of Hong Kong
培力（香港）健康產品有限公司	Purapharm International (HK) Ltd
伊利沙伯醫院	Queen Elizabeth Hospital
清新健康人協會	Quit Winners Club
再生會	Regeneration Society Ltd
路德會采頤長者中心	Rhythm Garden Lutheran Centre for the Elderly
富安集團有限公司	Richform Holdings Limited
律敦治及鄧肇堅醫院	Ruttonjee & Tang Shiu Kin Hospitals
西貢區工商業聯合會	Sai Kung District Industries and Commerce Association
沙田區健康城市及醫療工作小組	Sha Tin District Council Working Group on Health City & Medical Service
深水埗街坊福利會陳昆棟老人康樂中心	Shamshuipo Kaifong Welfare Association Chan Kwan Tung Social Care for Elderly
基督復臨安息日會山景綜合青少年服務中心	Shan King Integrated Children and Youth Services Centre of Seventh-day Adventists
薈色園	Sik Sik Yuen

薺色園可耆耆英鄰舍中心	Sik Sik Yuen Ho Hong Neighbourhood Centre for Senior Citizens
薺色園可健耆耆英鄰舍中心	Sik Sik Yuen Ho Kin Neighbourhood Centre for Senior Citizens
薺色園可寧耆耆英康樂中心	Sik Sik Yuen Ho Ning Social Centre for Senior Citizens
薺色園可旺耆耆英鄰舍中心	Sik Sik Yuen Ho Wong Neighbourhood Centre for Senior Citizens
中華精英有限公司	Sino Professional Ltd
香港扶幼會	Society of Boys' Centres
南葵涌服務中心	South Kwai Chung Service Centre
南區健康安全協會	Southern District Healthy and Safe Association
聖雅各福群會	St James Settlement
大埔區婦女聯會	Tai Po District Federation of Women
大埔區居民聯會	Tai Po District Residents Association
大埔洋涌社區教育中心	Tai Po Pun Chung Community Education Centre
天星小輪有限公司	The "Star" Ferry Co Ltd
美差會潮浸服務聯會	The ABM Hong Kong Swatow Baptist Church Community Service Association
香港小童群益會	The Boys' & Girls' Clubs Association of Hong Kong
香港基督少年軍	The Boys' Brigade Hong Kong
香港中華總商會	The Chinese General Chamber of Commerce
香港中華廠商聯合會	The Chinese Manufacturers' Association of Hong Kong
香港牙科醫學院	The College of Dental Surgeons of Hong Kong
香港勵志會陳融晚晴中心	The Endeavourers HK Bert James Young Neighbourhood Elderly Centre
香港家庭計劃指導會	The Family Planning Association of Hong Kong
香港家庭計劃指導會馬鞍山婦女會	The Family Planning Association of Hong Kong Ma On Shan Women's Club
香港家庭計劃指導會將軍澳婦女會	The Family Planning Association of Hong Kong Tseung Kwan O Women's Club
香港家庭計劃指導會屯門婦女會	The Family Planning Association of Hong Kong Tuen Mun Women's Club
香港基督女少年軍	The Girls' Brigade Hong Kong
香港海南商會	The Hongkong Hainan Commercial Association

香港護理專科學院有限公司	The Hong Kong Academy of Nursing Limited
香港防癌會	The Hong Kong Anti-Cancer Society
香港物業管理公司協會	The Hong Kong Association of Property Management Companies Ltd
香港佛教聯合會	The Hong Kong Buddhist Association
香港華人基督會恩庭長者活動中心	The Hong Kong Chinese Church of Christ The Grace Elderly Activity Centre
香港中華出入口商會婦女委員會	The Hong Kong Chinese Importers' & Exporters' Association Women Affairs Committee
香港中華出入口商會	The Hong Kong Chinese Importers' and Exporters' Association
香港麻醉科醫學院	The Hong Kong College of Anaesthesiologists
香港家庭醫學學院	The Hong Kong College of Family Physicians
香港精神科醫學院	The Hong Kong College of Psychiatrists
香港出口商會	The Hong Kong Exporters' Association
香港保險業聯會	The Hong Kong Federation of Insurers
香港醫學組織聯會	The Hong Kong Federation of Medical Societies
香港工會聯合會	The Hong Kong Federation of Trade Unions
香港工會聯合會婦女事務委員會	The Hong Kong Federation of Trade Unions Women Affairs Committee
香港總商會	The Hong Kong General Chamber of Commerce
香港中小型企业總商會	The Hong Kong General Chamber of Small and Medium Business
香港工程師學會	The Hong Kong Institution of Engineers
家庭教育學院	The Hong Kong Institute of Family Education
香港腦科學會	The Hong Kong Neurological Society
香港疼痛學會	The Hong Kong Pain Society
香港傳染病醫學會	The Hong Kong Society for Infectious Disease
香港復康會	The Hong Kong Society for Rehabilitation
香港耆康老人福利會	The Hong Kong Society for the Aged
香港防癆會中醫診所暨香港大學中醫臨床教研中心	The Hong Kong Tuberculosis Association Chinese Medicine Clinic cum Training Centre of The University of Hong Kong
香港防癆心臟及胸病協會	The Hong Kong Tuberculosis, Chest and Heart Diseases Association

香港灣仔區各界協會	The Hong Kong Wan Chai District Association Ltd
沙田區家長教師會聯會	The Joint Council of Parent-Teacher Associations of The Shatin District
九龍樂善堂	The Lok Sin Tong Benevolent Society, Kowloon
鄰舍輔導會	The Neighbourhood Advice-Action Council
香港新聲會	The New Voice Club of Hong Kong
香港婦產科學會	The Obstetrical and Gynaecological Society of Hong Kong
安蔭洋紫荊婦女會	The Orchid Women Club of On Yam Estate
香港戒毒會	The Society for the Aid and Rehabilitation of Drug Abusers
香港醫院藥劑師學會	The Society of Hospital Pharmacists of Hong Kong
香港善導會	The Society of Rehabilitation and Crime Prevention Hong Kong
圓玄學院粉嶺社會服務中心	The Yuen Yuen Institute – Fanling Social Service Centre
添惠資源回收發展有限公司	Tim Wai Resources Recycling Development Co Ltd
天水圍婦聯有限公司	Tin Shiu Wai Women Association Limited
青衣群芳會	Tsing Yi Lady's Forum
荃灣區安全健康社區督導委員會	Tsuen Wan Safe and Healthy Community Steering Committee
屯門婦聯	Tuen Mun District Women's Association
屯門健康城市協會有限公司	Tuen Mun Healthy City Association Limited
屯門醫院	Tuen Mun Hospital
佛教東林安老院	Tung Lum Buddhist Aged Home
東華三院	Tung Wah Group of Hospitals
東華三院黃祖棠長者地區中心	Tung Wah Group of Hospitals Wong Cho Tong District Elderly Community Centre
東華三院戒煙綜合服務中心	Tung Wah Group of Hospitals Integrated Centre on Smoking Cessation
元洲村浸信會耆樂中心	Un Chau Estate Baptist Church Elderly Centre
富城物業管理有限公司	Urban Property Management Limited
富城物業管理有限公司 – 愛蝶灣	Urban Property Management Limited – Aldrich Garden
富城物業管理有限公司 – 昌盛苑	Urban Property Management Limited – Cheong Shing Court
富城物業管理有限公司 – 嘉隆苑	Urban Property Management Limited – Ka Lung Court
富城物業管理有限公司 – 萬年大廈	Urban Property Management Limited – Manning House

富城物業管理有限公司 — 新世界大廈	Urban Property Management Limited – New World Tower
富城物業管理有限公司 — 郝德傑道8-10號	Urban Property Management Limited – No 8-10 Caldecott Road
富城物業管理有限公司 — 名珠城	Urban Property Management Limited – Pearl City Plaza
富城物業管理有限公司 — 海濱花園	Urban Property Management Limited – Riviera Gardens
富城物業管理有限公司 — 詩濤花園	Urban Property Management Limited – Stubbs Villa
富城物業管理有限公司 — 天佑苑	Urban Property Management Limited – Tin Yau Court
富城物業管理有限公司 — 爾登華庭	Urban Property Management Limited – Villa Larltan
萬寶物業管理有限公司 (翠豐臺)	Vineberg Property Management Ltd (Summit Terrace)
聚賢社基督教香港信義會新來港人士樂聚軒	Virtuous Lady Club ELCHK Login Club for New Arrivals
職業訓練局	Vocational Training Council
惠康環境服務有限公司	Waihong Environmental Service Limited
灣仔賢毅社	Wan Chai Yin Ngai Society
灣仔中西區工商業聯合會	Wanchai and Central & Western District Industries and Commerce Association
港灣婦女會	Wanchai District Women's Association
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)
科俊健康藥品公司及科俊藥廠有限公司	Wellpro Healthcare Co & Wellpro Pharmaceutical Co Ltd
宏施慈善基金	Windshield Charitable Foundation
婦女服務聯會	Women Service Association
黃大仙區健康安全城市	Wong Tai Sin District Healthy & Safe City
王榮記菓子廠有限公司	Wong Wing Kee Preserved Fruits Factory Ltd
深水埗區議會健康及安全社區工作小組	Working Group on Healthy and Safe Community, Sham Shui Po District Council
黃大仙慧蘭婦女會有限公司	WTS Bright Orchid Women's Association Limited
仁濟醫院	Yan Chai Hospital
仁濟醫院 — 香港浸會大學中醫教研中心 (仁濟)	Yan Chai Hospital – Hong Kong Baptist University Chinese Medicine Centre for Training and Research (Yan Chai)

仁濟醫院 — 香港浸會大學中醫教研中心（西九龍）	Yan Chai Hospital – Hong Kong Baptist University Clinical Centre for Training and Research in Chinese Medicine (West Kowloon)
仁濟醫院暨香港浸會大學中醫診所及臨床教研中心（下葵涌）	Yan Chai Hospital cum Hong Kong Baptist University Chinese Medicine Clinic cum Training and Research Centre (Ha Kwai Chung)
仁濟醫院朱佩音老人中心	Yan Chai Hospital Mrs Annie Chan Social Centre for the Elderly
仁濟醫院吳王依雯長者鄰舍中心	Yan Chai Hospital Ng Wong Yee Man Neighbourhood Elderly Centre
循道衛理楊震社會服務處	Yang Memorial Methodist Social Service
油尖旺健康城市執行委員會	Yau Tsim Mong Healthy City's Executive Committee
油尖旺婦女會	Yau Tsim Mong Women Association
妍慧耆社	Yin Wai Volunteer Association
元朗區婦女會	Yuen Long District Women's Association Limited
圓玄軒婦女中心	Yuen Yuen v-Learn Women Centre
港島義工團	

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

香港仔浸信會白光幼稚園	Aberdeen Baptist Church Pak Kwong Kindergarten
博愛醫院歷屆總理聯誼會鄭任安夫人千禧小學	AD & FD POHL Mrs Cheng Yam On Millennium School
雅麗斯樂思幼稚園	Agnes Wise Kindergarten
愛秩序灣官立小學	Aldrich Bay Government Primary School
鴨脷洲街坊學校	Aplichau Kaifong Primary School
香港醫療輔助隊少年團	Auxiliary Medical Service Cadet Corps
浸信會天虹小學	Baptist Rainbow Primary School
福德學校	Bishop Ford Memorial School
寶兒中英文幼稚園	Bowie Anglo-Chinese Kindergarten
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
佛教大雄中學	Buddhist Tai Hung College
佛教黃鳳翎中學	Buddhist Wong Fung Ling College
基督教宣道會徐澤林紀念小學	C & M A Chui Chak Lam Memorial School
中西區聖安多尼學校	C & W District St Anthony's School
香港嘉諾撒學校	Canossa School (Hong Kong)
明愛白英奇專業學校	Caritas Bianchi College of Careers
明愛打鼓嶺幼兒學校	Caritas Nursery School – Ta Kwu Ling
明愛聖若瑟中學	Caritas St Joseph Secondary School
明愛胡振中中學	Caritas Wu Cheng-chung 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
天主教鳴遠中學	Catholic Ming Yuen Secondary School
中華基督教會全完中學	CCC Chuen Yuen College
中華基督教會方潤華小學	CCC Fong Yun Wah Primary School
中華基督教會基道中學	CCC Kei To Secondary School
中華基督教會基慈小學	CCC Kei Tsz Primary School
中華基督教會基灣小學	CCC Kei Wan Primary School
中華基督教會蒙黃花沃紀念小學	CCC Mong Wong Far Yok Memorial Primary School
中華基督教會扶輪中學	CCC Rotary Secondary School
中華基督教會大澳小學	CCC Tai O Primary School

幼聯主辦安泰幼兒學校	CECES Organized Aetna Preschool
柴灣浸信會學前教育中心呂明才幼稚園（小西灣）	Chai Wan Baptist Church Pre-School Education Lui Ming Choi Kindergarten (Siu Sai Wan)
陳瑞祺（喇沙）小學	Chan Sui Ki (La Salle) Primary School
卓基英文學校暨幼稚園	Cherish English School & Kindergarten
長沙灣天主教英文中學	Cheung Sha Wan Catholic Secondary School
中聖書院	China Holiness College
神召會華人同工聯會彩蒲幼稚園	Chinese Christian Workers' Fellowship Limited Choi Po Kindergarten
中華基督教青年會小學	Chinese YMCA Primary School
青松侯寶垣中學	Ching Chung Hau Po Woon Secondary School
青松湖景幼稚園	Ching Chung Wu King Kindergarten
潮陽百欣小學	Chiu Yang Por Yen Primary School
香港潮陽小學	Chiu Yang Primary School of Hong Kong
基督書院	Christ College
宣道會雷蔡群樂幼稚園	Christian Alliance Louey Choy Kwan Lok Kindergarten
宣道會台山陳元喜小學	Christian Alliance Toi Shan H C Chan Primary School
基督教宣道會太和幼稚園	Christian and Missionary Alliance Church Tai Wo Kindergarten
真鐸學校	Chun Tok School
香港城市大學	City University of Hong Kong
金文泰中學	Clementi Secondary School
廠商會中學	CMA Secondary School
中華傳道會呂明才小學	CNEC Lui Ming Choi Primary School
孔教學院大成小學	Confucian Tai Shing Primary School
啟思幼稚園幼兒園（愛琴）	Creative Kindergarten (Aegean Coast)
新界喇沙中學	Da La Salle Secondary School, NT
香港大學社會工作及社會行政學系	Department of Social Work and Social Administration, The University of Hong Kong
胡素貞博士紀念學校	Dr Catherine F Woo Memorial School
基督教香港信義會深信學校	ELCHK Faith Lutheran School
基督教香港信義會葵盛信義學校	ELCHK Kwai Shing Lutheran Primary School

風采中學	Elegantia College
沙田靈光幼兒學校	Emmanuel Church Shatin Nursery School
循道衛理聯合教會愛華村堂幼稚園	Epworth Village Methodist Church Kindergarten
播道書院	Evangel College
粉嶺官立中學	Fanling Government Secondary School
基督教香港信義會心誠中學	Fanling Lutheran Secondary School
五邑司徒浩中學	FDBWA Szeto Ho Secondary School
五邑工商總會學校	Five Districts Business Welfare Association School
炮台山循道衛理中學	Fortress Hill Methodist Secondary School
方樹福堂基金方樹泉小學	FSFTF Fong Shu Chuen Primary School
福建中學（北角）	Fukien Middle School (North Point)
福建中學（小西灣）	Fukien Secondary School (Siu Sai Wan)
鳳溪創新小學	Fung Kai Innovative School
鳳溪廖潤琛紀念學校	Fung Kai Liu Yun Sum Memorial School
花園大廈浸信會幼兒學校	Garden Estate Baptist Nursery School
東莞工商總會張煌偉小學	GCCITKD Cheong Wong Wai Primary School
激活幼稚園	Gigamind Kindergarten
協康會康苗幼兒園	Heep Hong Society Healthy Kids Nursery School
天水圍香島中學	Heung To Middle School (Tin Shui Wai)
將軍澳香島中學	Heung To Secondary School (Tseung Kwan O)
香海正覺蓮社佛教正覺蓮社學校	HHCKLA Buddhist Ching Kok Lin Association School
香海正覺蓮社佛教梁植偉中學	HHCKLA Buddhist Leung Chik Wai College
港澳信義會小學	HK and Macau Lutheran Church Primary School
香港浸會大學附屬學校王錦輝中小學	HKBUAS Wong Kam Fai Secondary and Primary School
香港基督教服務處時代幼兒學校	HKCS Times Nursery School
香港青年協會李兆基小學	HKFYG Lee Shau Kee Primary 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
香港聖公會何明華會督中學	HKSKH Bishop Hall Secondary School
香港四邑商工總會新會商會學校	HKSYC & IA San Wui Commercial Society 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一中學	HKTA The Yuen Yuen Institute No 1 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
香港布廠商會朱石麟中學	HKWMA Chu Shek Lun Secondary School
嗇色園主辦可道中學	Ho Dau College (Sponsored by Sik Sik Yuen)
嗇色園主辦可立小學	Ho Lap Primary School (Sponsored by Sik Sik Yuen)
嗇色園主辦可譽中學暨可譽小學	Ho Yu College and Primary School (Sponsored by Sik Sik Yuen)
旅港開平商會學校	Hoi Ping Chamber of Commerce Primary School
聖三一中心幼稚園	Holy Trinity Centre Kindergarten
香港浸信會聯會小學	Hong Kong Baptist Convention Primary School
香港浸會大學	Hong Kong Baptist University
香港基督教服務處滙豐幼兒學校	Hong Kong Christian Service Wayfoong Nursery School
香港南區官立小學	Hong Kong Southern District Government Primary School
香港鄧鏡波書院	Hong Kong Tang King Po College
伊斯蘭徐錦享紀念幼稚園	Islamic Abu Bakar Chui Memorial Kindergarten
殷翠幼稚園	Jade Kindergarten
香港中文大學賽馬會公共衛生及基層醫療學院	Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong
裘錦秋中學（屯門）	Ju Ching Chu Secondary School (Tuen Mun)
景林天主教小學	King Lam Catholic Primary School
英皇書院同學會小學	King's College Old Boys' Association Primary School
九龍灣聖若翰天主教小學	Kowloon Bay St John The Baptist Primary School
九龍城浸信會禧年（恩平）小學	Kowloon City Baptist Church Hay Nien (Yan Ping) Primary School
九龍三育中學	Kowloon Sam Yuk Secondary School
九龍塘學校（中學部）	Kowloon Tong School (Secondary Section)
九龍婦女福利會李炳紀念學校	Kowloon Women's Welfare Club Li Ping Memorial School
葵涌循道中學	Kwai Chung Methodist College
寶血會伍季明紀念學校	Kwai Ming Wu Memorial School of The Precious Blood

觀塘浸信會幼稚園	Kwun Tong Baptist Church Kindergarten
觀塘官立小學（秀明道）	Kwun Tong Government Primary School (Sau Ming Road)
觀塘功樂官立中學	Kwun Tong Kung Lok Government Secondary School
林大輝中學	Lam Tai Fai College
林村公立黃福鑾紀念學校	Lam Tsuen Public Wong Fook Luen Memorial School
李求恩紀念中學	Lee Kau Yan Memorial School
博愛醫院歷屆總理聯誼會梁省德中學	Leung Sing Tak College
香港大學李嘉誠醫學院	Li Ka Shing Faculty of Medicine, The University of Hong Kong
李陞小學	Li Sing Primary School
靈糧堂劉梅軒中學	Ling Liang Church M H Lau Secondary School
天主教領島學校	Ling To Catholic 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
嶺南大學	Lingnan University
廖寶珊紀念書院	Liu Po Shan Memorial College
樂道中學	Lock Tao Secondary School
樂善堂顧超文中學	Lok Sin Tong Ku Chiu Man Secondary School
樂善堂劉德學校	Lok Sin Tong Lau Tak Primary School
樂善堂梁植偉紀念中學	Lok Sin Tong Leung Chik Wai Memorial School
樂善堂梁銑琚學校	Lok Sin Tong Leung Kau Kui Primary School
樂善堂梁銑琚學校（分校）	Lok Sin Tong Leung Kau Kui Primary School (Branch)
樂善堂小學	Lok Sin Tong Primary School
樂善堂王仲銘中學	Lok Sin Tong Wong Chung Ming Secondary School
樂善堂楊仲明學校	Lok Sin Tong Yeung Chung Ming Primary School
樂善堂楊葛小琳中學	Lok Sin Tong Young Ko Hsiao Lin Secondary School
樂善堂余近卿中學	Lok Sin Tong Yu Kan Hing Secondary School
路德會呂明才中學	Lui Ming Choi Lutheran College
世界龍岡學校劉皇發中學	Lung Kong World Federation School Limited Lau Wong Fat Secondary School
馬鞍山靈糧小學	Ma On Shan Ling Liang Primary School
閩僑小學	Man Kiu Association Primary School

天佑小學	Mary of Providence Primary School
瑪利諾修院學校（小學部）	Maryknoll Convent School (primary section)
瑪利諾中學	Maryknoll Secondary School
瑪利曼小學	Marymount Primary School
慕光英文書院	Mu Kuang English School
新一代英文幼稚園暨幼兒園	New Generation English Kindergarten & Nursery
吳氏宗親總會泰伯紀念學校	Ng Clan's Association Tai Pak Memorial School
天主教伍華小學	Ng Wah Catholic Primary School
寧波公學	Ning Po College
新生命教育協會呂郭碧鳳中學	NLSI Lui Kwok Pat Fong College
聖母院書院	Notre Dame College
新界鄉議局元朗區中學	NT Heung Yee Kuk Yuen Long District Secondary School
聖母書院	Our Lady's College
聖母小學	Our Lady's Primary School
坪石天主教小學	Ping Shek Estate Catholic Primary School
天主教普照中學	Po Chiu Catholic Secondary School
寶覺中學	Po Kok Secondary School
保良局朱正賢小學	Po Leung Kuk Chee Jing Yin Primary School
保良局張潘美意幼稚園	Po Leung Kuk Cheung Poon Mei Yee Kindergarten
保良局蔡冠深幼稚園	Po Leung Kuk Choi Koon Shum Kindergarten
保良局朱李月華幼稚園暨幼兒園	Po Leung Kuk Chu Lee Yuet Wah Kindergarten-cum-Nursery
保良局馮晴紀念小學	Po Leung Kuk Fung Ching Memorial Primary School
保良局金銀業貿易場張凝文學校	Po Leung Kuk Gold & Silver Exchange Society Pershing Tsang School
保良局錦泰小學	Po Leung Kuk Grandmont Primary School
保良局甲子何玉清中學	Po Leung Kuk Ho Yuk Ching (1984) College
保良局林文燦英文小學	Po Leung Kuk Lam Man Chan English Primary School
保良局李城璧中學	Po Leung Kuk Lee Shing Pik College
保良局瀝源幼稚園暨幼兒園	Po Leung Kuk Lek Yuen Kindergarten-cum-Nursery

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
保良局田家炳小學	Po Leung Kuk Tin Ka Ping Primary School
保良局莊啟程幼稚園幼兒園	Po Leung Kuk Vicwood Chong Kee Ting Kindergarten & Nursery
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
獻主會溥仁小學	Po Yan Oblate Primary School
博愛醫院鄧佩瓊紀念中學	Pok Oi Hospital Tang Pui King Memorial College
保祿六世書院	Pope Paul VI College
海怡寶血小學	Precious Blood Primary School (South Horizons)
培僑書院	Pui Kiu College
嘉諾撒培德書院	Pui Tak Canossian College
嘉諾撒培德學校	Pui Tak Canossian 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
天主教聖母聖心小學	Sacred Heart of Mary Catholic Primary 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
香港理工大學護理學院	School of Nursing, The Hong Kong Polytechnic University
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
深水埗官立小學	Sham Shui Po Government Primary School
沙田官立小學	Shatin Government Primary School
沙田崇真中學	Shatin Tsung Tsin Secondary School
筲箕灣官立小學	Shau Kei Wan Government Primary School
石籬聖若望天主教小學	Shek Lei St John's Catholic Primary School

石湖墟公立學校	Shek Wu Hui Public School
聖公會白約翰會督中學	SKH Bishop Baker Secondary School
聖公會主愛小學 (梨木樹)	SKH Chu Oi Primary School (Lei Muk Shue)
聖公會奉基千禧小學	SKH Fung Kei Millennium Primary School
聖公會聖匠中學	SKH Holy Carpenter Secondary School
聖公會聖三一堂曾肇添幼稚園	SKH Holy Trinity Church Tsang Shiu Tim Kindergarten
聖公會基孝中學	SKH Kei Hau Secondary School
聖公會基德小學	SKH Kei Tak Primary School
聖公會基榮小學	SKH Kei Wing Primary School
聖公會基恩小學	SKH Kei Yan Primary School
聖公會李兆強小學	SKH Lee Shiu Keung Primary School
聖公會聖本德中學	SKH St Benedict's School
聖公會聖基道幼兒園 (葵涌)	SKH St Christopher's Nursery (Kwai Chung)
聖公會聖米迦勒小學	SKH St Michael's Primary School
聖公會聖多馬小學	SKH St Thomas' Primary School
聖公會天水圍靈愛小學	SKH Tin Shui Wai Ling Oi 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
聖公會榮真小學	SKH Wing Chun Primary School
聖公會阮鄭夢芹銀禧小學	SKH Yuen Chen Maun Chen Jubilee Primary School
聖公會諸聖中學	SKH All Saints' Middle School
天主教聖安德肋小學	St Andrew's Catholic Primary School
聖傑靈女子中學	St Catharine's School For Girls
聖方濟愛德小學	St Francis of Assisi's Caritas School
聖瑪加利男女英文中小學	St Margaret's Co-educational English Secondary and Primary School
聖馬太堂幼稚園	St Matthew's Church Kindergarten
路德會聖馬太學校 (秀茂坪)	St Matthew's Lutheran School (Sau Mau Ping)
聖文嘉中英文幼稚園 (華貴)	St Monica's Anglo-Chinese Kindergarten (Wah Kwai)
聖保羅堂幼稚園 (北角)	St Paul's Church Kindergarten (North Point)
聖保羅書院小學	St Paul's College Primary School

聖伯多祿天主教小學	St Peter's Catholic Primary School
聖士提反堂中學	St Stephen's Church College
培基小學	Stewards Pooi Kei Primary School
順德聯誼總會鄭裕彤中學	STFA Cheng Yu Tung Secondary School
順德聯誼總會李兆基中學	STFA Lee Shau Kee College
順德聯誼總會梁潔華小學	STFA Leung Kit Wah Primary School
順德聯誼總會屯門梁李秀娛幼稚園	STFA Tuen Mun Leung Lee Sau Yu Kindergarten
順德聯誼總會伍冕端小學	STFA Wu Mien Tuen Primary School
順德聯誼總會胡少渠紀念小學	STFA Wu Siu Kui Memorial Primary School
德貞幼稚園	Tack Ching Kindergarten
大埔循道衛理小學	Tai Po Methodist School
大埔舊墟公立學校（寶湖道）	Tai Po Old Market Public School (Plover Cove)
德雅小學	Tak Nga Primary School
香港中文大學	The Chinese University of Hong Kong
中華基督教會基朗中學	The Church of Christ in China Kei Long College
香港教育學院滙豐幼兒發展中心	The HKIEd HSBC Early Childhood Learning Centre
香港教育學院	The Hong Kong Institute of Education
香港教育學院賽馬會小學	The Hong Kong Institute of Education Jockey Club Primary School
香港理工大學	The Hong Kong Polytechnic University
香港科技大學	The Hong Kong University of Science & Technology
循道衛理聯合教會李惠利中學	The Methodist Lee Wai Lee College
基督教聖約教會堅樂中學	The Mission Covenant Church Holm Glad College
香港公開大學	The Open University of Hong Kong
救世軍華富幼兒學校	The Salvation Army Wah Fu Nursery School
香港大學	The University of Hong Kong
基督教女青年會丘佐榮中學	The YWCA Hioe Tjo Yoeng College
天水圍官立小學	Tin Shui Wai Government Primary School
天水圍循道衛理小學	Tin Shui Wai Methodist Primary School

東莞同鄉會方樹泉學校	TKDS Fong Shu Chuen School
台山商會學校	Toi Shan Association Primary School
青衣商會小學	Tsing Yi Trade Association Primary School
青衣商會天水圍幼稚園	Tsing Yi Trade Association Tin Shui Wai Kindergarten
荃灣官立小學	Tsuen Wan Government Primary School
荃灣聖多明尼幼稚園	Tsuen Wan St Dominic Savio Kindergarten
荃灣商會學校	Tsuen Wan Trade Association Primary School
崇真會美善幼稚園	Tsung Tsin Mission Graceful Kindergarten
崇真會美善幼稚園暨幼兒園（馬鞍山）	Tsung Tsin Mission Graceful Kindergarten & Nursery (Ma On Shan)
崇真小學暨幼稚園	Tsung Tsin Primary School and Kindergarten
慈雲山聖文德天主教小學	Tsz Wan Shan St Bonaventure Catholic Primary School
上水東莞學校	Tung Koon School (Sheung Shui)
東華學院	Tung Wah College
真光女書院	True Light Girls' College
東華三院鶴山學校	TWGHs Hok Shan 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
東華三院高可寧紀念小學	TWGHs Ko Ho Ning Memorial Primary School
東華三院李潤田紀念中學	TWGHs Lee Ching Dea Memorial College
東華三院李黃慶祥紀念幼稚園	TWGHs Lee Wong Hing Cheung Memorial Kindergarten
東華三院伍若瑜夫人紀念中學	TWGHs Mrs Wu York Yu Memorial College
東華三院吳祥川紀念中學	TWGHs SC Gaw Memorial College
東華三院冼次雲小學	TWGHs Sin Chu Wan Primary School
東華三院黃土心小學	TWGHs Wong See Sum Primary School
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
東華三院姚達之紀念小學（元朗）	TWGHs Yiu Dak Chi Memorial Primary School (Yuen Long)
匯基書院	United Christian College
香港華仁書院	Wah Yan College, Hong Kong

上水惠州公立學校	Wai Chow Public School (Sheung Shui)
西區少年警訊	Western District Junior Police Call
偉思幼稚園	Wisely Kindergarten
香港普通話研習社科技創意小學	Xianggang Putonghua Yanxishe Primary School of Science and Creativity
喜耀小西灣幼稚園／喜耀幼兒園	Xiyao Siu Sai Wan Kindergarten／Xiyao Nursery
仁愛堂田家炳小學	Yan Oi Tong Tin Ka Ping Primary School
仁濟醫院陳耀星小學	YCH Chan Iu Seng Primary School
仁濟醫院趙曾學韞小學	YCH Chiu Tsang Hok Wan Primary School
仁濟醫院蔡衍濤小學	YCH Choi Hin To Primary School
仁濟醫院羅陳楚思小學	YCH Law Chan Chor Si Primary School
仁濟醫院第二中學	YCH No 2 Secondary School
仁濟醫院王華湘中學	YCH Wong Wha San Secondary School
仁濟醫院友愛幼稚園／幼兒中心	YCH Yau Oi Kindergarten/Child Care Centre
英華小學	Ying Wa Primary School
元朗朗屏邨東莞學校	Yuen Long Long Ping Estate Tung Koon Primary School
元朗朗屏邨惠州學校	Yuen Long Long Ping Estate Wai Chow School
元朗商會小學	Yuen Long Merchants Association Primary School
元朗商會中學	Yuen Long Merchants Association Secondary School
元朗公立中學校友會小學	Yuen Long Public Middle School Alumni Association Primary 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. 審議及批核委員會項目及活動之財政預算。
3. 監督秘書處的運作，尤以人事及財政事宜為首。
4. 監督委員會之資訊保安管理。

乙、法例委員會

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

丙、教育及宣傳委員會

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

A. Executive Committee

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

B. Legislation Committee

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

C. Education and Publicity Committee

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

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

丁、社區聯絡委員會

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

戊、資訊及研究委員會

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

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

D. Community Liaison Committee

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

E. Information and Research Committee

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

第四屆「戒煙大贏家」比賽

2015年12月 第十八號報告書



第四屆「戒煙大贏家」比賽 小量獎金鼓勵對戒煙的效用

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1. 引言

香港政府統計處資料顯示，香港2012年的吸煙率為10.7%¹。每年因吸煙致死的人數高達7,000人²。1998年的研究發現吸煙所引起的相關醫療、長期護理開支及經濟損失高達五十三億七千多萬港元（六億八千多萬美元）³，相等於香港國民生產總值的0.6%⁴。吸煙會令人上癮，如沒有適當協助，部分吸煙者難以擺脫煙癮。香港每日吸煙者中有超過一半從未嘗試亦不願戒煙，他們尋求專業的戒煙服務的機會亦較低¹。

「戒煙大贏家」比賽提供一個機會接觸大量的吸煙者，並提供誘因鼓勵吸煙者戒煙。過往研究顯示，戒煙比賽或獎金能提高戒煙意慾和協助吸煙者得到各樣的支援，參加戒煙比賽有助提升戒煙率⁵。心理學的認知理論認為即時獎勵比延遲的獎勵較能改變參與者的健康行為⁶，有些戒煙比賽因而在戒煙過程的早期便已獎勵有初步戒煙成果的參賽者⁷。在三個關於以短期獎金鼓勵戒煙的海外研究中⁸，Koffman的工作場所研究顯示，得到短期獎金的參賽者於六個月的戒煙率相對沒有得到獎金的參賽者（對照組）為高。

香港吸煙與健康委員會（委員會）於2009、2010及2012年舉辦了三次「戒煙大贏家」比賽，於社區內共招募了過三千名吸煙者。在基線調查中，超過六成參賽者曾嘗試戒煙，當中有四分之一表示曾在過去一年嘗試戒煙⁹⁻¹¹。另外，這個比賽提升了參賽者戒煙的信心和動機，但額外的輔導及短訊服務並未能增加戒煙率¹¹。在過往的三次比賽中，成功通過生物化學測試的戒煙者都可以參加大抽獎，贏取豐富獎金或獎品。根據前述海外研究的提議，第四屆「戒煙大贏家」比賽除了進行大抽獎外，亦向每位通過生物化學測試的戒煙者派發獎金（港幣五百元正），以試驗小量獎金對戒煙的成效。

2. 方法

2.1 招募詳情

委員會於2013年6月29日至9月30日期間，在全港18區的商場、工作場所和公眾地方舉行共60場招募活動。參賽者需要經過已受訓的戒煙輔導員核實以下參賽資格後，才可參加比賽：

1. 年滿18歲及持有有效的香港身份證；
2. 在過去三個月每天吸食至少一支煙或以上；
3. 懂廣東話及閱讀中文；及
4. 一氧化碳呼氣測試結果達4ppm或以上。

在獲得參賽者的書面同意後，戒煙輔導員會為參賽者填寫基線問卷，進行一氧化碳呼氣測試及向參賽者派發戒煙秘笈及12頁的自助戒煙小冊子。符合參賽資格但不欲參與隨機對照試驗的參賽者仍可以參加比賽，並會被納入非研究組別。如參賽者因未能溝通或正在接受其他戒煙輔導，他們不會被納入隨機對照試驗。

是次研究使用區組隨機方式(block randomization)將參加者分成三組：

A組：預先告知早期獎金

B組：延遲告知早期獎金

C組：對照組（不告知，後期獎金）

所有參賽者都會個別被隨機分配，我們使用網上的隨機整數功能(<http://www.random.org>)，設立區組大小為3、6和9的區組，並為各區組設立隨機的排列數字。調查員會把參賽者的參賽號碼分配到已隨機排列的組別，然後把參賽者的分組名單交給研究人員去進行一星期後的電話跟進。

2.2 戒煙干預及追蹤

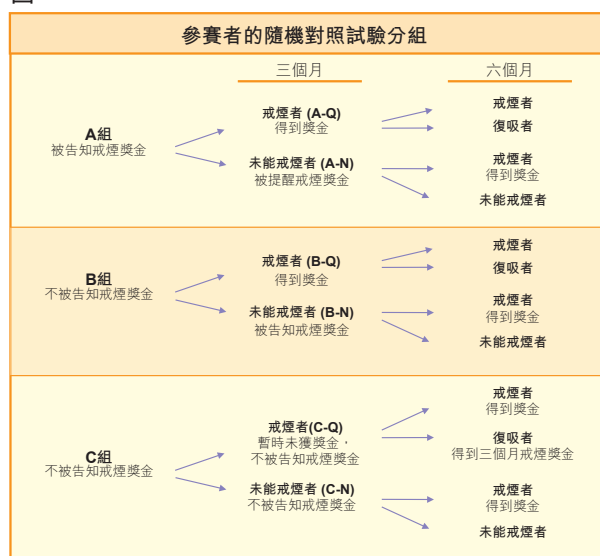
A組（預先告知早期獎金）－ 參賽者會在參賽後一星期及一個月的電話跟進時被告知成功戒煙可獲獎金（港幣五百元正）。在三個月電話跟進時報稱在過去七天沒有吸煙的參賽者，會被邀請接受生物化學測試以核實成功戒煙（一氧化碳呼氣測試結果低於4ppm及可的寧口水測試低於10ng/m^{12,13}）。成功通過生物化學測試的戒煙者(A-Q)，可立即獲得獎金。相反，若在三個月跟進時未能成功戒煙(A-N)或拒絕接受生物化學測試的參賽者，他們會被告知若能在六個月跟進時戒煙，並通過生物化學測試，仍可獲得獎金（圖一）。

B組（延遲告知早期獎金）－ 參加比賽後一星期及一個月後接受電話跟進時不會被告知有早期獎金，而在三個月電話跟進時報稱在過去七天沒有吸煙的參賽者會被邀請接受生物化學測試，如能成功通過生物化學測試(B-Q)，會立即獲得獎金。相反，若在三個月跟進時未能成功戒煙(B-N)或拒絕接受生物化學測試的參賽者，會被告知若能在六個月跟進時戒煙，並通過生物化學測試，仍可獲得獎金（圖一）。

C組（對照組）－ 參加比賽後一星期、一個月及三個月後接受電話跟進時不會被告知有獎金。在六個月跟進時報稱在過去七天沒有吸煙的參賽者並通過生物化學測試，會立即獲得獎金（圖一）。

非研究組別－參賽者包括表示願意參加「戒煙大萬家」的電視節目及從工作場所招募的吸煙者，他們並不包括在隨機對照試驗中。

圖一



所有參賽者均獲派發一本12頁的自助戒煙小冊子及戒煙秘笈，並於基線調查後一星期、一個月、三個月和六個月接受已受訓的戒煙輔導員的電話跟進和問卷調查。在不同時段致電七次或以上而仍未能成功聯絡的參賽者，會被列為失訪個案。在三個月電話跟進時報稱在過去七天沒有吸煙的參賽者會被邀請接受生物化學測試。能通過生物化學測試的參賽者可參加抽獎，5名被抽中的參賽者各獲得港幣10,000元購物禮券。被分配到非研究組而通過生物化學測試的戒煙者，會透過面試參加由電視廣播有限公司負責錄製的「戒煙大贏家」電視節目。節目中冠軍能獲得雙人澳洲來回機票連住宿（價值約港幣25,000元），而亞軍及季軍則分別獲得價值約港幣15,000元及10,000元的旅遊禮券。

主要的研究結果是在三個月電話跟進時自我報告的戒煙率（在過去七天內完全沒有吸煙），次要結果包括(1)在六個月電話跟進時自我報告的戒煙率（在過去七天內完全沒有吸煙）、(2)經生物化學測試核實的戒煙率、(3)減少吸煙量一半或以上的比率及(4)在一、三及六個月跟進時嘗試戒煙（停止吸煙達廿四小時以上）的比率。

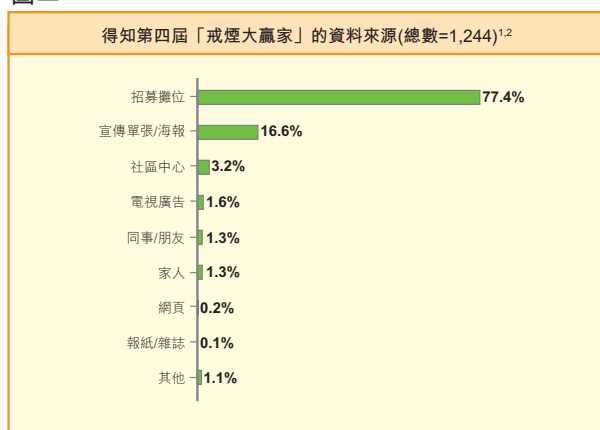
本報告描述所有參賽者於基線調查時的人口及吸煙特徵（總數為1,254），並會比較三個研究組別的主要及次要結果、戒煙原因、戒煙方法、退癮症狀、戒煙重要性的認知、戒煙困難度的認知、戒煙自信度的認知及戒煙輔助工具的使用和滿意度。研究採用治療意向分析法（假設失訪的參賽者沒有改變於基線調查時的吸煙行為）計算自我報告和生物化學測試核實的戒煙率。同時，是次研究採用完整資料分析法（不計算失訪個案）去分析其他研究結果。

3. 結果

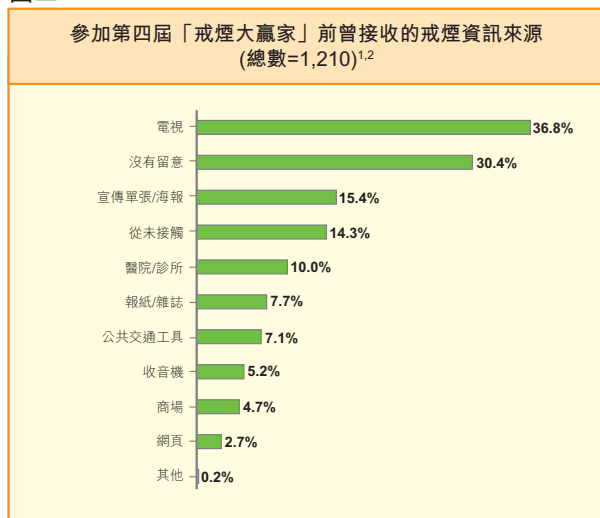
於60場招募活動中，11個來自非牟利機構共48名經訓練的工作人員和義工負責宣傳活動，並由60名經訓練的香港大學學生負責招募及即場提供戒煙輔導給吸煙者。大約有200,200名市民曾路過「戒煙大贏家」的招募攤位，而34,162人曾留意招募攤位的活動。另外，共有11,733名市民曾查詢關於戒煙的資訊或參與「戒煙大贏家」的攤位遊戲。招募人員亦主動接觸了8,063位吸煙者和22,005位非吸煙者，透過派發戒煙宣傳單張亦分別向31,000名吸煙者和5,000名非吸煙者宣傳無煙信息。

大部分(77.4%)參賽者從招募攤位得知「戒煙大贏家」比賽，而16.6%是從宣傳單張或海報得知。多於一半(53.3%)的參賽者在參加比賽前曾接收戒煙資訊，而最主要的資訊來源是電視(36.8%)及宣傳單張／海報(15.4%)（圖二及三）。

圖二

¹ 缺失數據被排除在外² 參賽者可選多於一項

圖三

¹ 缺失數據被排除在外² 參賽者可選多於一項

3.1 所有參賽者的人口特徵

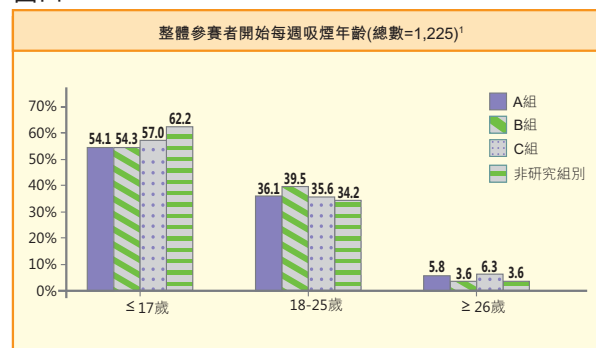
「戒煙大贏家」比賽共招募了1,309名吸煙者參加，其中1,254名(95.8%)符合參賽資格。在1,143名(91.1%)參加隨機對照試驗的參賽者當中，379名(33.2%)被分配到A組；385名(33.7%)參賽者被分配到B組；而379名(33.2%)參賽者被分配到C組。另外，102名參賽者參加「戒煙大贏家」電視節目，9名參賽者從工作場所招募，他們都被分配到非研究組。

所有參賽者當中.81.6%是男性，平均年齡為44.2歲(標準差=16.4)。過六成(62.2%)的參賽者已婚及六成(60.0%)擁有一名或以上子女。多於一半(51.8%)的教育程度是高中或以上；大部份(68.2%)為在職人士。少於三成的參賽者(29.0%)家庭每月收入少於港幣10,000元。三個研究組別在統計上沒有顯著差異(表一)。

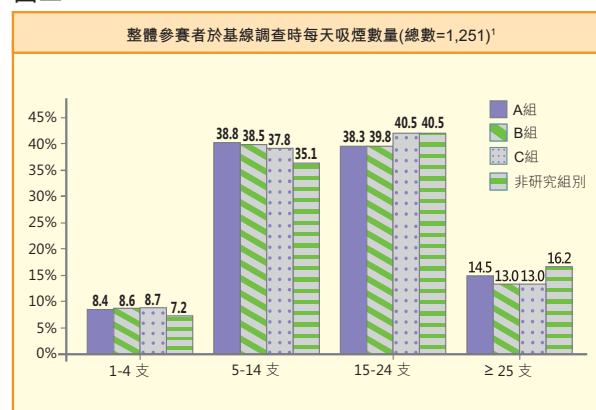
3.2 吸煙概況

參賽者開始每週吸煙的平均年齡是17.5歲(標準差=5.9)，超過一半(55.7%)於18歲前開始吸煙(圖四)。參賽者平均每日吸食16支煙(標準差=10.3)，38.0%的參賽者每日吸食5-14支，39.6%每日吸食15-24支(圖五)。曾經嘗試戒煙和有戒煙準備的比率同樣有大約七成，三個研究組別在統計上沒有顯著差異(圖六)。

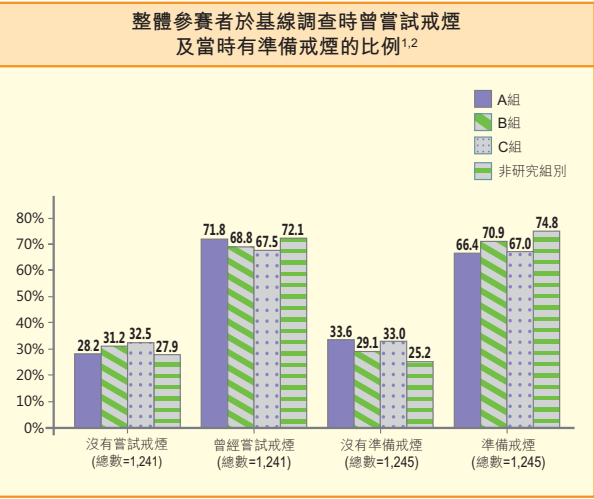
圖四

¹ 缺失數據被排除在外

圖五

¹ 缺失數據被排除在外

圖六



¹ 缺失數據被排除在外
² 有準備戒煙的參賽者包括準備在參賽後三十天內開始戒煙的參賽者；沒有準備戒煙的參賽者包括準備在參賽後三十天或以後開始戒煙及未準備戒煙的參賽者

3.3 社交支援

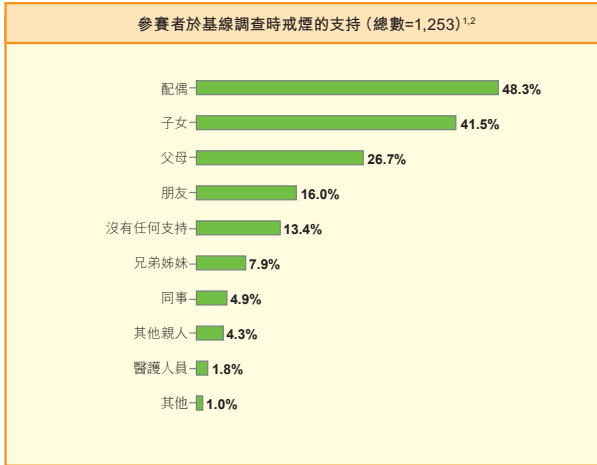
參賽者表示他們戒煙的支持主要來自(1)配偶(48.3%)、(2)子女(41.5%)、(3)父母(26.7%)及(4)朋友(16.0%)。但有13.4%的參賽者表示在戒煙期間沒有得到任何人支持。三個研究組別在統計上沒有顯著差異（圖七）。

表一 參賽者基線人口特徵 (總數=1,254)¹

		總數	總數	A組	B組	C組
		(總數=1,254) (人數，%)	(總數=111) (人數，%)	(總數=379) (人數，%)	(總數=385) (人數，%)	(總數=379) (人數，%)
性別	男性	1,023 (81.6)	88 (79.3)	311 (82.1)	309 (80.3)	315 (83.1)
	女性	231 (18.4)	23 (20.7)	68 (17.9)	76 (19.7)	64 (16.9)
年齡，平均值 (標準差)		44.17 (16.4)	41.48 (14.7)	44.56 (16.8)	44.11 (16.0)	44.86 (16.6)
婚姻狀況	單身	403 (32.6)	40 (36.0)	120 (32.1)	123 (32.5)	120 (32.2)
	已婚/同居	769 (62.2)	64 (57.7)	232 (62.0)	236 (62.3)	237 (63.5)
	其他	65 (5.3)	7 (6.3)	22 (5.9)	20 (5.3)	16 (4.3)
子女數目	無	493 (40.0)	53 (47.7)	140 (37.8)	150 (39.3)	150 (40.4)
	一名	289 (23.4)	25 (22.5)	89 (24.1)	91 (23.8)	84 (22.6)
	兩名	269 (21.8)	19 (17.1)	92 (24.9)	70 (18.3)	88 (23.7)
	三名或以上	183 (14.8)	14 (12.6)	49 (13.2)	71 (18.6)	49 (13.2)
教育程度	沒有正式接受教育	34 (2.7)	4 (3.6)	7 (1.9)	10 (2.6)	13 (3.5)
	小學程度	200 (16.1)	18 (16.4)	59 (15.7)	59 (15.4)	64 (17.1)
	初中程度	365 (29.4)	32 (29.1)	112 (29.8)	111 (29.1)	110 (29.3)
	高中程度	435 (35.0)	35 (31.8)	133 (35.4)	144 (37.7)	123 (32.8)
	大專或大學	178 (14.3)	19 (17.3)	57 (15.2)	49 (12.8)	53 (14.1)
	大學以上	31 (2.5)	2 (1.8)	8 (2.1)	9 (2.4)	12 (3.2)
就業情況	學生	46 (3.7)	3 (2.7)	17 (4.5)	14 (3.7)	12 (3.2)
	自僱	157 (12.6)	9 (8.1)	54 (14.4)	39 (10.2)	55 (14.6)
	受僱	692 (55.6)	70 (63.1)	206 (54.9)	221 (57.9)	195 (51.9)
	待業	105 (8.4)	13 (11.7)	26 (6.9)	32 (8.4)	34 (9.0)
	家庭主婦	55 (4.4)	6 (5.4)	15 (4.0)	17 (4.5)	17 (4.5)
	退休	189 (15.2)	10 (9.0)	57 (15.2)	59 (15.4)	63 (16.8)
家庭每月收入 (港幣)	少於\$5,000	173 (14.5)	18 (16.4)	57 (15.7)	51 (13.9)	47 (13.2)
	\$5,000-9,999	173 (14.5)	11 (10.0)	37 (10.2)	57 (15.5)	68 (19.2)
	\$10,000-19,999	416 (34.8)	43 (39.1)	128 (35.4)	129 (35.1)	116 (32.7)
	\$20,000-29,999	203 (17.0)	17 (15.5)	73 (20.2)	52 (14.1)	61 (17.2)
	\$30,000-39,999	116 (9.7)	11 (10.0)	35 (9.7)	41 (11.1)	29 (8.2)
	\$40,000或以上	114 (9.5)	10 (9.1)	32 (8.8)	38 (10.3)	34 (9.6)

¹ 部分參賽者的缺失數據被排除在外

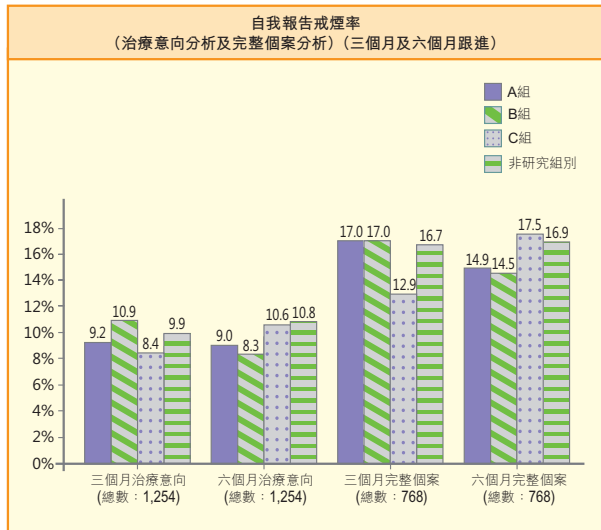
圖七



¹ 缺失數據被排除在外

² 參賽者可選擇多於一個答案

圖八



3.4 個案保留率

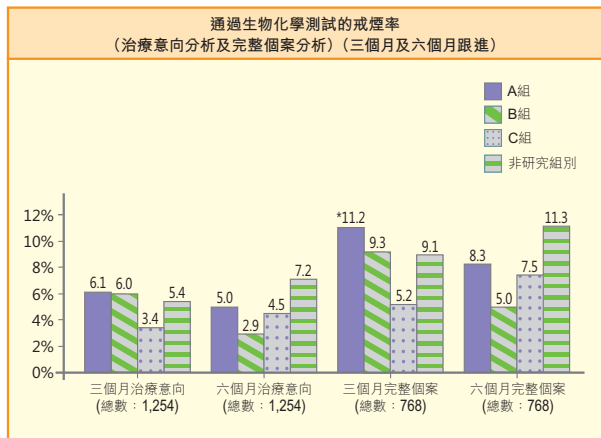
在一個月跟進時，整體個案保留率是64.1%，A組、B組和C組的保留率分別為56.7%、67.3%和72.0%。在三個月跟進時，整體個案保留率是61.2%，三組的保留率分別為54.4%、64.2%和65.7%。A組和C組的保留率在統計上有顯著差異 (p值少於0.01)。在六個月的跟進時，整體個案保留率是59.6%，三組的保留率分別為60.2%、57.6%和60.2%。三個研究組別在統計上沒有顯著差異。

3.5 自我報告成功戒煙率及通過生物化學測試的戒煙率 (三個月跟進)

根據治療意向分析，在三個月跟進時，整體自我報告戒煙率 (在過去七天內完全沒有吸煙) 是9.6%。B組(10.9%)比A組(9.2%)和C組(8.4%)有較高的戒煙率，但三個研究組別在統計上沒有顯著差異 (圖八)。

在三個月跟進時的120位自我報告戒煙者中，69位接受了生物化學測試，當中有94.2%成功通過測試。在三個月跟進時通過生物化學測試的戒煙率是5.2%。根據完整個案分析，A、B及C組的自我報告戒煙率分別為17.0%、17.0%及12.9%，而生物化學測試核實的戒煙率分別為11.2%、9.3%及5.2%。根據完整個案分析，A組的生物化學測試核實的戒煙率比C組較高 (p值等於0.02) (圖八及圖九)。

圖九



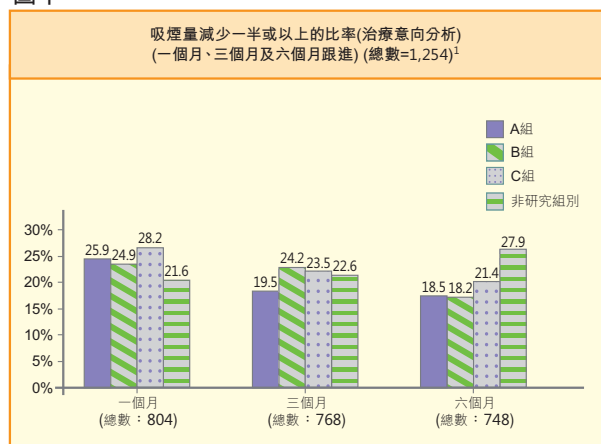
*A組比C組的p值等於0.02

3.6 吸煙量減少一半或以上的比率 (一個月、三個月及六個月跟進)

根據治療意向分析，排除成功戒煙的參賽者在外，283 (22.6%)及252(20.1%)位參賽者分別於三個月及六個月跟進時的吸煙量均比基線調查時減少一半或以上，三個研究組別在統計上沒有顯著差異 (圖十)。包括戒煙者在內，兩個時期跟進的減少吸煙比率分別為32.1%及29.5%。三個研究組別在統計上沒有顯著差異 (圖十一)。

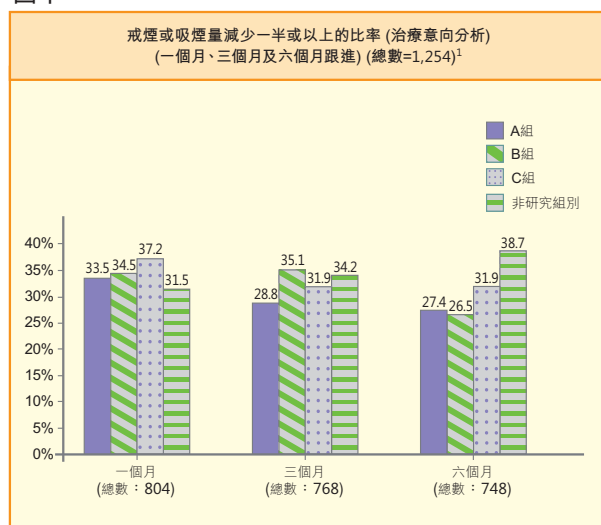
根據完整個案分析，排除成功戒煙的參賽者在外，在三個月及六個月跟進時的減少吸煙比率為36.8%及33.7%。三個研究組在統計上都沒有顯著差異。包括戒煙者在內，減少吸煙比率分別為52.5%及49.5%。三個研究組別在統計上沒有顯著差異。

圖十



¹ 成功戒煙者不包括在分子內，但包括在分母內

圖十一

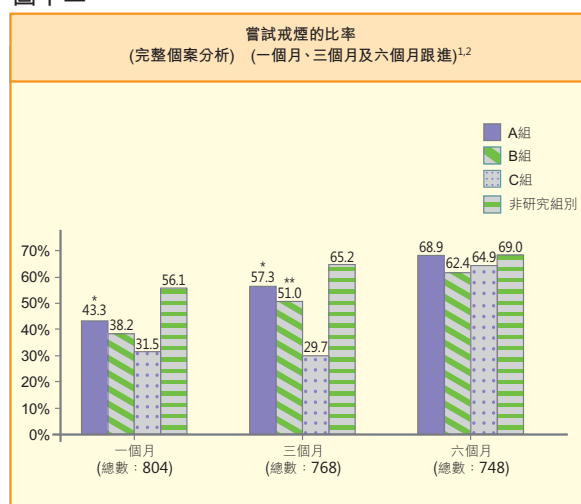


¹ 成功戒煙者包括在分子及分母內

3.7 嘗試戒煙的比率 (一個月、三個月及六個月跟進)

在一個月及三個月跟進時，包括成功戒煙的參賽者在內，38.6%及46.9%的參賽者曾經嘗試戒煙至少一次。在一個月跟進時，A組的嘗試戒煙比率較C組高 (A組：43.3%，C組：31.5%，p值少於0.01)。排除成功戒煙的參賽者在外，A組的嘗試戒煙率亦高於C組 (A組：34.4%，C組：21.8%，p值少於0.01)。在三個月跟進時，包括成功戒煙的參賽者在內，A組及B組的嘗試戒煙率較C組高 (A組：57.3%，B組：51.0%，C組：29.7%，A組及B組比C組的p值均少於0.01)。當排除成功戒煙的參賽者在外，A組及B組的嘗試戒煙率亦較C組高 (A組：48.5%，B組：41.0%，C組：19.4%，A組及B組比C組的p值均少於0.01) (圖十二)，三個研究組別於六個月跟進時的嘗試戒煙率於統計上沒有顯著差別。

圖十二



¹ 失訪數據被排除在外

² 包括成功戒煙者在內

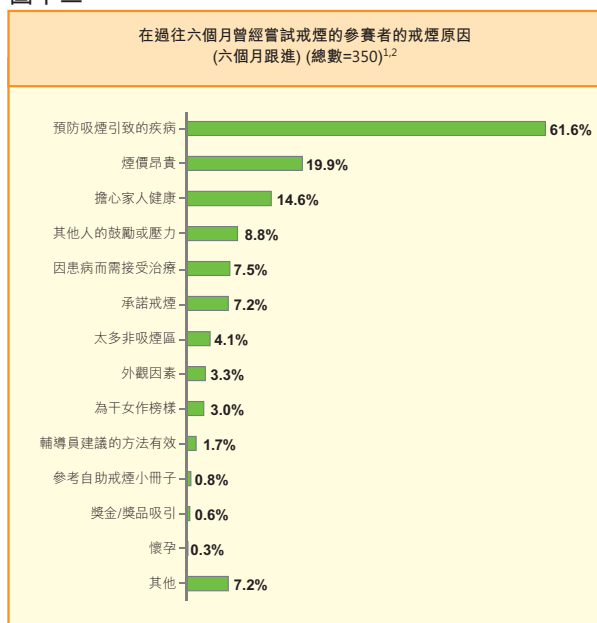
*A組相比C組的p值少於0.01

**B組相比C組的p值少於0.01

3.8 戒煙的原因及方法 (六個月跟進)

在六個月跟進時，參賽者曾經嘗試戒煙的主要原因是(1)預防吸煙引致的疾痛(61.6%)、(2)煙價昂貴(19.9%)、(3)擔心家人健康(14.6%)、(4)其他人的鼓勵或壓力(8.8%)及(5)因患病而需要接受治療(7.5%)。三個研究組別在統計上沒有顯著差異 (圖十三)。

圖十三

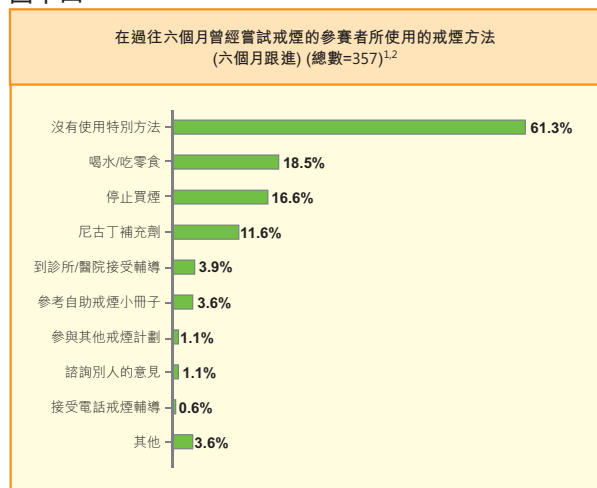


¹ 失訪數據被排除在外

² 參賽者可選擇多於一個答案

大部份曾經嘗試戒煙的參賽者(61.3%)表示沒有用任何特別方法去戒煙。A組及B組比C組有較多的參賽者曾經在診所或醫院接受戒煙輔導(A組：5.8%，B組：5.9%，C組：0.8%，A組及B組比C組的p值均等於0.04)。此外，比較B組及C組，有較多C組的參賽者曾停止買煙(B組：8.9%；C組：22.8%，p值少於0.01)；而較多B組的參賽者曾使用尼古丁補充劑(B組：15.8%，C組：7.3%，p值等於0.05)(圖十四)。

圖十四



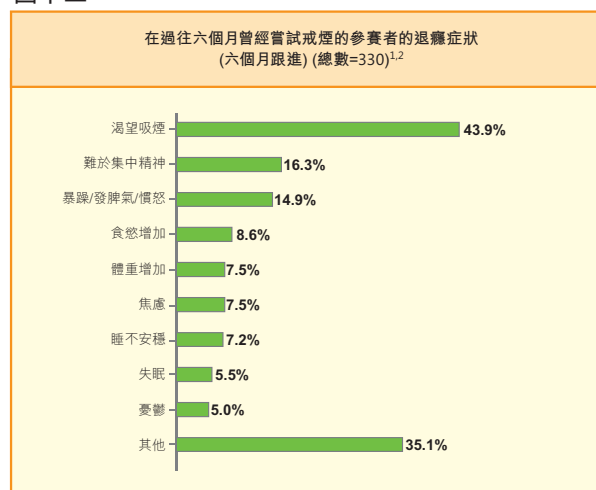
¹ 失訪數據被排除在外

² 參賽者可選擇多於一個答案

3.9 退癮症狀(六個月跟進)

在六個月跟進時，曾嘗試戒煙的參賽者三個最常見的退癮症狀分別為：(1)渴望吸煙(43.9%)、(2)難於集中精神(16.3%)及(3)感到暴躁／發脾氣／憤怒(14.9%)。三個研究組別在統計上沒有顯著差異(圖十五)。

圖十五



¹ 失訪數據被排除在外

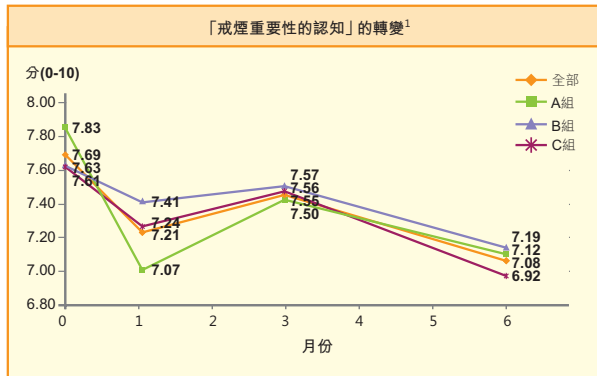
² 參賽者可選擇多於一個答案

3.10 對戒煙的重要性、困難度及自信度的認知

從0(最低)至10(最高)分的量度下，整體參賽者在基線調查時的「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」的平均值分別是7.69(標準差=2.09)、7.25(標準差=2.49)及5.52(標準差=2.46)。

於一個月跟進時，A組和C組的「戒煙重要性的認知」平均值比基線調查時有顯著的下落(p值少於0.01)，但B組在統計上沒有顯著改變(p值=0.11)。相比基線調查時，三個研究組別在六個月跟進時的平均值都較低(p值均少於0.01)。三個研究組別的平均值於每次跟進時在統計上沒有顯著差異(圖十六)。

圖十六



¹ 失訪數據被排除在外

組內成對樣本T檢定：

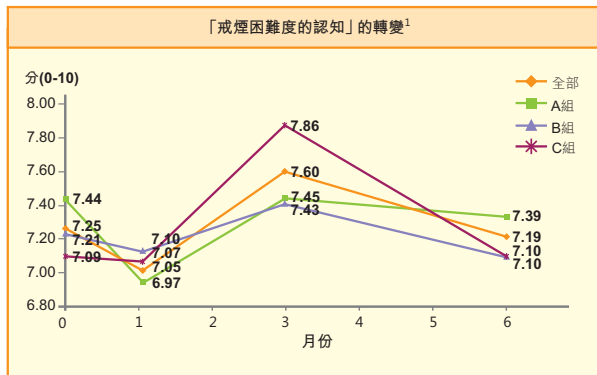
A組：基線調查比一個月的p值少於0.01
基線調查比三個月p值等於0.22
基線調查比六個月p值少於0.01
B組：基線調查比一個月的p值等於0.11
基線調查比三個月p值等於0.10
基線調查比六個月p值少於0.01
C組：基線調查比一個月的p值少於0.01
基線調查比三個月p值等於0.09
基線調查比六個月p值少於0.01

跨組獨立樣本T檢定：

基線調查：A組比C組的p值等於0.19
B組比C組的p值等於0.88
一個月數據：A組比C組的p值等於0.42
B組比C組的p值等於0.76
三個月數據：A組比C組的p值等於0.76
B組比C組的p值等於0.92
六個月數據：A組比C組的p值等於0.34
B組比C組的p值等於0.21

C組的「戒煙困難度的認知」的平均值由基線調查時的7.09上升至三個月跟進時的7.86 (p值少於0.01)，而A組和B組的平均值在統計上沒有顯著轉變。在跨組比較中，A組於基線調查時的平均值比C組的較高 (A組：7.44，C組：7.09，P值等於0.05)，但在一個月跟進時結果相反 (A組：6.97，C組：7.07，p值少於0.01)。在三個月跟進時，A組(7.45)和B組(7.43)的平均值皆比C組(7.86)低 (A組比C組的p值等於0.04；B組比C組的p值等於0.02) (圖十七)。

圖十七



¹ 失訪數據被排除在外

組內成對樣本T檢定：

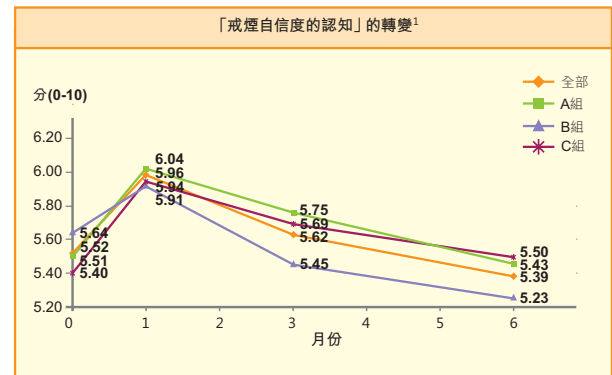
A組：基線調查比一個月的p值等於0.10
基線調查比三個月p值等於0.38
基線調查比六個月p值等於0.29
B組：基線調查比一個月的p值等於0.08
基線調查比三個月p值等於0.45
基線調查比六個月p值等於0.18
C組：基線調查比一個月的p值等於0.94
基線調查比三個月p值少於0.01
基線調查比六個月p值等於0.74

跨組獨立樣本T檢定：

基線調查：A組比C組的p值等於0.05
B組比C組的p值等於0.51
A組比C組的p值少於0.01
一個月數據：A組比C組的p值等於0.82
B組比C組的p值等於0.04
三個月數據：A組比C組的p值等於0.04
B組比C組的p值等於0.16
六個月數據：A組比C組的p值等於0.16
B組比C組的p值等於0.99

於一個月跟進時，三個研究組別的「戒煙自信度的認知」的平均值比基線調查時有顯著上升。三個月及六個月跟進時的平均值和基線調查時的平均值相約 (p值均大於0.05)，而三個研究組別的平均值於每次跟進時均相約 (p值均大於0.05) (圖十八)。

圖十八



¹ 失訪數據被排除在外

組內成對樣本T檢定：

A組：基線調查比一個月的p值等於0.01
基線調查比三個月p值等於0.54
基線調查比六個月p值等於0.78
B組：基線調查比一個月的p值等於0.05
基線調查比三個月p值等於0.54
基線調查比六個月p值等於0.32
C組：基線調查比一個月的p值少於0.01
基線調查比三個月p值等於0.14
基線調查比六個月p值等於0.74

跨組獨立樣本T檢定：

基線調查：A組比C組的p值等於0.55
B組比C組的p值等於0.19
A組比C組的p值等於0.20
一個月數據：A組比C組的p值等於0.62
B組比C組的p值等於0.78
三個月數據：A組比C組的p值等於0.29
B組比C組的p值等於0.80
六個月數據：A組比C組的p值等於0.24
B組比C組的p值等於0.24

3.11 戒煙輔助工具的使用和滿意度

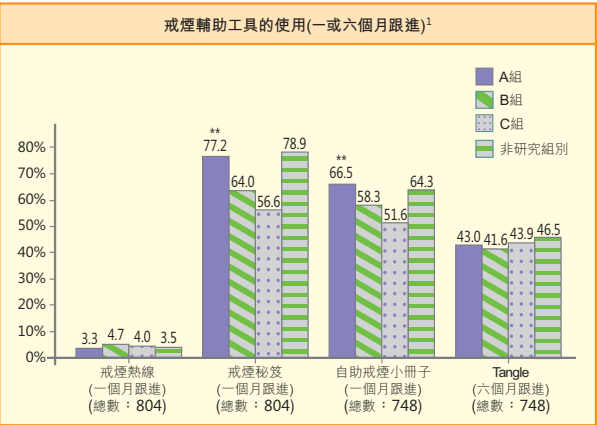
在一個月跟進時，4.0%的參賽者曾經致電戒煙熱線 (1833183) 尋求戒煙協助。三個研究組別在統計上沒有顯著差異。參賽者最常見沒有致電戒煙熱線的原因是「無興趣」(35.4%)、「覺得無用」(25.1%)及「太忙」(21.9%)。

整體上，在一個月跟進時，65.9%的參賽者表示曾經閱讀戒煙秘笈。較多A組的參賽者曾經閱讀戒煙秘笈 (A組：77.2%，C組：56.6%，p值少於0.01)。在一個月跟進時，58.6%的參賽者表示曾經閱讀自助戒煙小冊子。較多A組的參賽者曾經閱讀自助戒煙小冊子 (A組：66.5%，C組：51.6%，p值少於0.01)。參賽者最常見沒有閱讀戒煙秘笈的原因是(1)「太忙」(36.0%)、(2)「無興趣」(25.4%)、(3)「遺失」(18.0%)及(4)「覺得無用」(16.9%)。而參賽者最常見沒有使用自助戒煙小冊子的原因是(1)「太忙」(37.5%)、(2)「無興趣」(25.7%)、(3)「遺失」(15.5%)及(4)「覺得無用」(15.2%) (圖十九)。

是次比賽向每位參加者派發了一個戒煙輔助工具名為「Tangle」，這工具可幫助吸煙者在戒煙過程中以手部活動去舒緩壓力。在六個月跟進時，43.2%的參賽者表示在比賽過程中曾經使用「Tangle」。三個研究組別在統計上沒有顯著差異。參賽者最常見沒有使用「Tangle」的原因包括「無興趣」(28.1%)、「覺得無用」(26.4%)、「遺失」(21.2%)及「太忙」(19.2%) (圖十九)。

從1 (最低) 至5 (最高) 分的量度下，戒煙熱線、戒煙秘笈、自助戒煙小冊子及「Tangle」的平均滿意值分別是1.43 (標準差=0.5)、2.86 (標準差=0.9)、2.66 (標準差=1.0)及2.27 (標準差=1.0)。

圖十九



¹失訪數據被排除在外
**A組相比C組的p值少於0.01

3.12 三個月跟進時預測成功戒煙及六個月跟進時戒煙的因素

根據治療意向分析，運用多邏輯斯迴歸分析評估，得出以下提高三個月跟進時成功戒煙機會的預測因素：(1) 在基線調查時表示將於六十天內開始戒煙(但不包括七天或三十天內)(調整對比值：3.58，95%信賴區間為1.37-9.37)對比未決定戒煙者；(2)擁有較高「戒煙重要性的認知」(每分調整對比值=1.25，95%信賴區間為1.09-1.43)；(3)擁有較高「戒煙自信度的認知」(每分調整對比值=1.24，95%信賴區間為1.12-1.37)；及(4)得父母的支持(調整對比值：1.60，95%信賴區間1.00-2.54)。另外，尼古丁依賴程度偏高的參賽者有較低的機會成功戒煙(調整對比值=0.53，95%信賴區間為0.32-0.88) (表二)。

表二 根據多邏輯斯迴歸分析預測成功戒煙的因素 (三個月跟進)(總數=1,039)¹

預測成功戒煙的因素	調整對比值	p值	95%信賴區間
尼古丁依賴程度			
低 (吸煙嚴重程度達<4)	1.00		
高 (吸煙嚴重程度達≥4)	0.53	<0.01	0.32-0.88
戒煙日期			
未決定	1.00		
六十天內	3.58	<0.01	1.37-9.37
三十天內	1.05	0.91	0.46-2.40
七天內	1.65	0.13	0.87-3.13
「戒煙重要性的認知」	1.25	<0.01	1.09-1.43
「戒煙自信度的認知」	1.24	<0.01	1.12-1.37
「父母的戒煙支持」	1.60	<0.05	1.00-2.54

¹失訪或失數據被排除在外
*根據治療意向分析，在三個月跟進時失訪的參賽者被視為吸煙者
**以下變數沒有造成明顯影響及已被排除在外：治療情況、教育程度、婚姻狀況、最近戒煙經驗、子女數目、嘗試戒煙次數、戒煙困難度的認知、配偶的戒煙支持、子女戒煙支持、在一個月跟進時曾閱讀戒煙秘笈、在一個月跟進時曾閱讀自助戒煙小冊子、在一個月跟進時曾致電戒煙熱線

在六個月跟進時，表示曾經嘗試戒煙的預測因素為：(1) 在基線調查時表示曾作1-3次戒煙嘗試(調整對比值：1.68，95%信賴區間為1.22-2.32)或曾作4-6次戒煙嘗試(調整對比值：2.17，95%信賴區間為1.22-3.84)對比從未作戒煙嘗試者；(2)在基線調查時表示於七天內開始戒煙(調整對比值：1.66，95%信賴區間為1.18-2.33)對比未決定戒煙者；及(3)在一個月跟進時表示曾閱讀自助戒煙小冊子(調整對比值：1.65，95%信賴區間為1.25-2.17) (表三)。

表三 根據多邏輯斯迴歸分析曾經嘗試戒煙的因素 (六個月跟進)(總數=1,039)¹

預測成功戒煙的因素	調整對比值	p值	95%信賴區間
嘗試戒煙次數			
從未	1.00		
1-3次	1.68	<0.01	1.22-2.32
4-6次	2.17	<0.01	1.22-3.84
7次或以上	1.29	0.41	0.71-2.36
戒煙日期			
未決定	1.00		
六十天內	1.18	0.47	0.76-1.83
三十天內	1.06	0.87	0.53-2.14
七天內	1.66	<0.01	1.18-2.33
「曾閱讀自助戒煙小冊子」	1.65	<0.01	1.25-2.17

¹失訪或失數據被排除在外
*根據治療意向分析，在六個月跟進時失訪的參賽者被視為未曾嘗試戒煙者
**以下變數沒有造成明顯影響及已被排除在外：治療情況、教育程度、婚姻狀況、吸煙嚴重度、最近戒煙經驗、子女數目、戒煙困難度的認知、戒煙自信度的認知、配偶的戒煙支持、子女戒煙支持、在一個月跟進時曾閱讀戒煙秘笈、在一個月跟進時曾閱讀自助戒煙小冊子、在一個月跟進時曾致電戒煙熱線

4. 討論

第四屆「戒煙大贏家」比賽的參加人數較過去幾屆高(2009年：1,119，2010年：1,103及2012年：1,193)。每十位參賽者當中約有一位於三個月(9.6%)或六個月(9.4%)跟進時已戒煙。同時，每十位參賽者當中約有兩位於三個月或六個月跟進時已減少吸煙。總括而言，每十位參賽者當中有三位能夠戒煙或減少吸煙。三個研究組別於三個月或六個月跟進時的自我報告戒煙率或減少吸煙率在統計上沒有顯著差異。

雖然「戒煙大贏家」的參賽者比香港整體吸煙人口有較多曾作戒煙嘗試和有戒煙的準備，但與過往的比賽比較，是次比賽招募了較多尼古丁依賴程度偏高(吸煙嚴重程度達4或以上)和未有戒煙準備的吸煙者。吸煙者每日吸25支捲煙或以上的比例由2010年的10.6%和2012年的8.5%上升至2013年的13.7%。而尼古丁依賴程度偏高的吸煙者的比例由2009年的32.7%上升至2013年的38.7%。另外，吸煙者打算在參加比賽後七天內開始戒煙的比例由2009年的67%下跌至2013年51%。這些發現指出「戒煙大贏家」比賽招募了越來越多尼古丁依賴程度偏高及戒煙意欲較低的吸煙者，而且與其他本地研究指出頑固吸煙者有上升趨勢是一致的¹⁴。這亦可能導致「戒煙大贏家」比賽的自我報告戒煙率有下降的趨勢。儘管如此，「戒煙大贏家」比賽接觸和招募了大量沒有尋求專業戒煙服務的吸煙者。參賽者因為獎金誘因而嘗試戒煙，可惜簡短戒煙干預並未能提高戒煙率。將來的「戒煙大贏家」比賽應提供針對頑固吸煙人士的干預，包括提高獎金。此外，加強控煙措施例如增加烟草稅及擴大戒煙服務亦非常重要。

今次比賽有88名參賽者於三個月或六個月跟進時通過了生物化學測試及得到現金獎港幣五百元正。這個研究顯示小量獎金鼓勵能夠推動吸煙者嘗試戒煙。較多被預先告知獎金的參賽者曾嘗試戒煙和參與生物化學測試。獎金鼓勵亦推動了吸煙者去閱讀戒煙秘笈和自助戒煙小冊子，但是次研究沒有足夠證據證實獎金能增加戒煙率或提高戒煙的重要性和自信度的認知。小量的獎金鼓勵只能夠推動吸煙者嘗試戒煙。所以，為提高戒煙率，將來的比賽需要提高獎金及配合其他戒煙協助，包括輔導及戒煙藥物。

超過一半的參賽者有閱讀戒煙秘笈和自助戒煙小冊子，但很少參賽者致電戒煙熱線(1833183)、使用戒煙服務或戒煙藥物。此發現與香港大部分戒煙者通常靠自己意志去戒煙，而沒有尋求戒煙服務或藥物的現象一致¹。所以，將來的比賽需要提供干預以鼓勵參賽者使用這些服務或藥物。

5. 結論

總括而言，第四屆「戒煙大贏家」比賽開拓了以獎金鼓勵的方法去推動吸煙者戒煙。小量獎金(港幣五百元正)可鼓勵參賽者嘗試戒煙或使用戒煙輔導工具，但未能增加六個月的戒煙率。由於尼古丁依賴程度偏高和沒有戒煙意欲的吸煙者有上升趨勢，所以，將來需要更多針對性的干預或提高獎金去推動更多吸煙者戒煙。

6. 臨床試驗註冊編號

臨床試驗註冊編號：NCT01928251
(<http://www.controlled-trials.gov>)

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The 4th “Quit to Win” Contest – Effectiveness of Small Cash Incentive on Smoking Cessation

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1. Introduction

According to Census & Statistics Department, the prevalence of daily smoking in Hong Kong Special Administrative Region (HKSAR) was 10.7% in 2012¹. Smoking kills over 7,000 people per year². Smoking led to an annual medical cost, long-term care and productivity loss of HK\$5.37 billion (US\$688 million) in 1998³, which was equivalent to 0.6% of GDP in the HKSAR⁴. Tobacco is addictive and it is difficult for some smokers to quit smoking without assistance. Over half of the daily smokers in Hong Kong have not attempted or do not want to quit smoking, and they are unlikely to access the smoking cessation services¹.

The “Quit to Win” programme provided an opportunity to reach and encourage a large number of smokers to make quit attempt in order to increase the number of quitters. The Quit and Win model assumed that smokers could develop a higher motivation to quit and gain a wider social support in quitting through participating in a contest⁵. Such quitting contests or incentive-based programmes not only reached many smokers, but also demonstrated a significantly higher quit rate in the quit and win group than the control group⁵. Cognitive theory suggests that immediate incentive exerts more influence than delayed reward to change their health-related behaviors⁶. Some echoed this by rewarding the participants who were abstinent or achieved other cessation outcomes in the early stage of the quitting process, instead of a later cessation outcome⁷. Among the 3 overseas studies attempted to combine short-term monetary reward and competition as the incentive for abstinence⁸, Koffman’s study in the workplace showed that participants with short-term incentives had a higher quit rate at 6 months than others without the incentives.

The “Quit to Win” Contests organized by Hong Kong Council on Smoking and Health in 2009, 2010 and 2012 recruited over 3,000 smokers in the community in Hong Kong. At baseline, more than 60% of them had quit attempt in their lifetime but only about one-fourth attempted to quit in the past year⁹⁻¹¹. On the other hand, the engagement in the competition boosted up smokers’ confidence and motivation to quit, but additional counseling and short messaging services did not increase the quit rate¹¹. A lucky draw was conducted in all the 3 contests to offer several grand prizes for the quitters whose abstinence was validated by biochemical tests. In accordance with the research direction suggested by the aforementioned studies, the 4th “Quit to Win” Contest examined the effectiveness of a short-term small monetary incentive (HK\$500 in cash) for the quitters who passed the biochemical validation on top of the lucky draw grand prizes.

2. Methods

2.1 Recruitment

To recruit participants in the Contest, 60 recruitment sessions were held in shopping malls, workplaces and public areas in 18 districts in Hong Kong from 29 June to 30 September 2013 (about 3 months). Trained smoking cessation counselors screened participants with the following eligibility criteria for the Contest:

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

After obtaining written consent from the participants, the trained smoking cessation counselors administered the baseline questionnaire, measured the exhaled CO level and provided a health education card and a 12-page self-help smoking cessation booklet to the participants. Eligible participants who were unwilling to join the randomized controlled trial (RCT) could still join the “Quit to Win” Contest, and were allocated to the non-trial group. Smokers who were unable to communicate or currently participating in other smoking cessation programmes were excluded from the RCT.

Block randomization was used to randomize participants into 3 RCT groups:

- Group A: Informed early incentive
- Group B: Uninformed early incentive
- Group C: Control; uninformed late incentive

All participants were individually randomized on each recruitment day. Different individual blocks were generated with a block size equal to 3, 6 and 9 containing random permutations of the three RCT arms within each block, using the website <http://www.random.org> (a website for generating random integers). Then, the investigator allocated the random permutations of group allocation to the list of the participants and passed the group allocation of each participant to the research staff to conduct the 1-week telephone follow-up.

2.2 Intervention and Follow-up

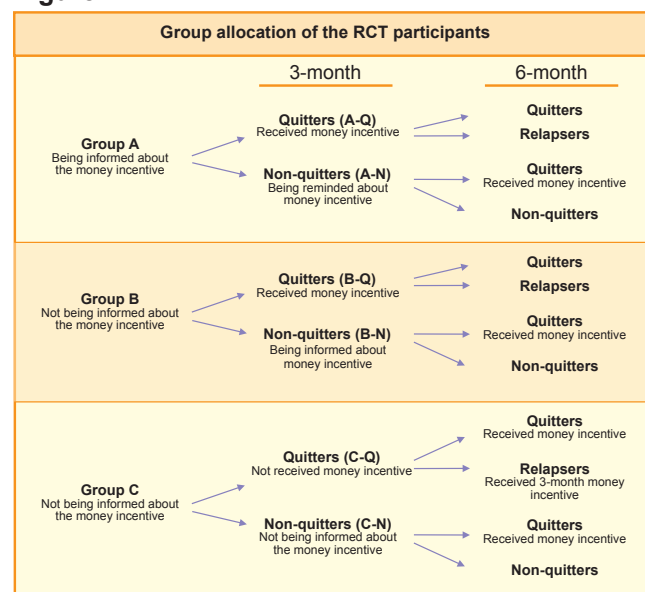
Group A (Informed early incentive): Participants were informed about the incentive of abstinence (HK\$500 in cash) through the 1-week and 1-month telephone follow-up. Incentive of abstinence was given immediately to those who reported abstinence for the past 7 days at 3-month follow-up and passed the 3-month biochemical validation (exhaled CO < 4 ppm and saliva cotinine level < 10 ng/ml^{12,13}) (Group A-Q). Those who did not quit (Group A-N) or those self-reported quitters who refused to participate in the biochemical validation at 3-month follow-up were informed again that they would be given the same incentive if they quit at 6-month follow-up and the quitting was validated (Figure 1).

Group B (Uninformed early incentive): The incentive of abstinence was given immediately to those who reported abstinence for the past 7 days at 3-month follow-up and passed the biochemical validation (Group B-Q), but they were not informed about the incentive at 1-week and 1-month follow-up. Those who did not quit (Group B-N) or those self-reported quitters who refused to participate in the biochemical validation at 3-month follow-up were informed that they would be given the same incentive if they quit at 6-month follow-up and the quitting was validated (Figure 1).

Group C (Uninformed late incentive, control group): The incentive for the self-reported and biochemically-validated abstinence at 3-month or 6-month follow-up was given at the 6-month follow-up. They were not informed about the incentive at 1-week, 1-month and 3-month follow-up (Figure 1).

Non-trial group: This group included participants who were not willing to participate in the RCT, but they could still join the Contest. Participants who joined the TV programme and were recruited from workplaces were included in this group.

Figure 1



All participants were provided the 12-page self-help smoking cessation booklet and health education card and followed up at 1 week, 1 month, 3 months and 6 months after baseline recruitment. Trained smoking cessation counselors conducted the telephone survey using a standardized questionnaire. The interviewers made at least 7 call attempts, at different times of a day, to reach each participant. Those who failed to be contacted in all attempts were classified as loss to follow-up. As stated above, those who reported no smoking in the past 7 days were invited to participate in the biochemical validation. Participants who passed the biochemical validation at 3-month follow-up were included in the lucky draw, of which 5 participants were selected to win a HK\$10,000 gift voucher each. Validated quitters in the non-trial group were selected as winners by interview and then joined the TV programme. The champion received a prize of two round trip flight tickets from Hong Kong to Australia including accommodation (valued at around HK\$25,000), the 1st runner-up and 2nd runner-up received a travel coupon valued at around HK\$15,000 and HK\$10,000, respectively.

The primary outcome was the self-reported 7-day point prevalence (PP) quit rate at 3-month follow-up. The secondary outcomes included (i) self-reported 7-day PP quit rate at 6-month follow-up, (ii) biochemically validated quit rates, (iii) rate of smoking reduction by at least half of the baseline amount, and (iv) rate of quit attempt (no smoking for at least 24 hours) at 1, 3 and 6 months.

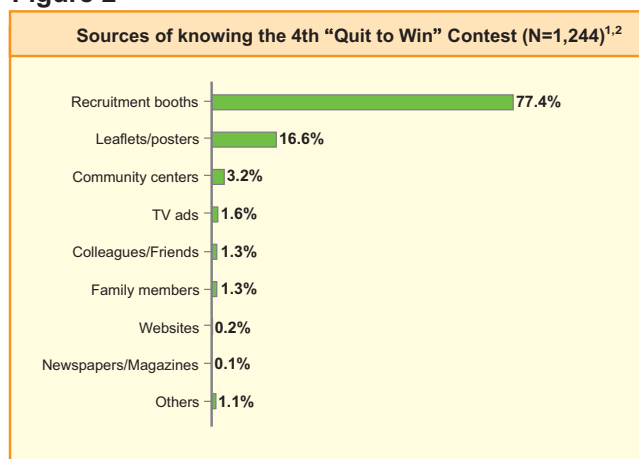
The socio-demographic and smoking characteristics at baseline of all subjects (n=1,254) were described. We compared the primary and secondary outcomes, reasons to quit, methods to quit, withdrawal symptoms, perceived importance, difficulty and confidence to quit, and the use and satisfaction of smoking cessation aids among the three groups. We adopted the intention-to-treat (ITT) analysis (assuming that non-respondents at the follow-up did not change their baseline smoking behavior) to calculate the self-reported and biochemically validated quit rates, and used complete-case (CC) analysis (excluding participants who were lost to follow-up) for other outcomes.

3. Results

In all the 60 recruitment sessions of the 4th "Quit to Win" Contest, 48 trained staff and volunteers from 11 non-government organizations participated in the on-site promotion; 60 trained HKU student helpers participated in the recruitment and provided smoking cessation counseling to the recruited smokers. About 200,200 people walked past the smoking cessation promotion booths and 34,162 people were aware of the activities at the booths. Besides, a total of 11,733 people made enquiries about smoking cessation or participated in the game booth of the Contest. The recruitment staff approached 8,063 smokers and 22,005 non-smokers in all the activities. They also spread the smoke-free messages to another 31,000 smokers and 5,000 non-smokers through distributing smoking cessation leaflets.

Most (77.4%) participants knew the "Quit to Win" Contest from the recruitment booths, and 16.6% received the message through distributed leaflets or posters. More than half (53.3%) had received information about smoking cessation before participating in the Contest. Television (36.8%) and leaflets/posters (15.4%) were the two major sources of the information received (Figure 2 & 3).

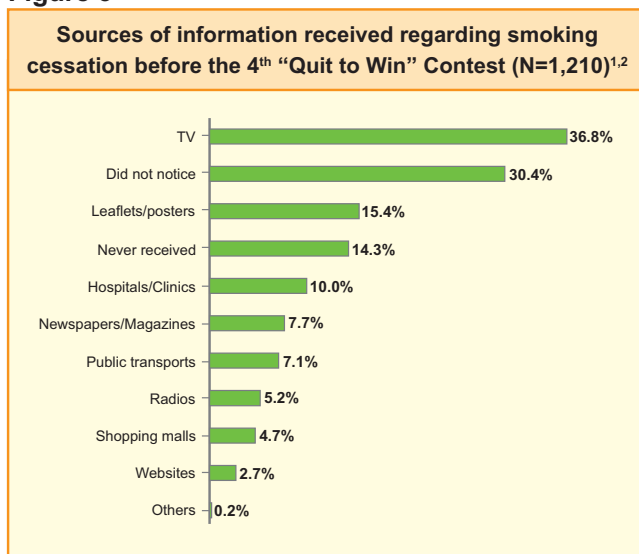
Figure 2



¹ Missing data were excluded

² Participants could choose more than one option

Figure 3



¹ Missing data were excluded

² Participants could choose more than one option

3.1 Demographic characteristics of all participants

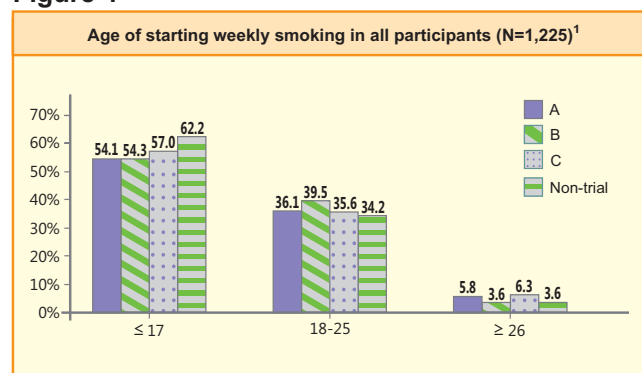
A total of 1,309 smokers were screened for the Contest. 1,254 (95.8%) of them were eligible and consented to participate in the Contest. Of the 1,143 (91.1%) participants who participated in the RCT, 379 (33.2%) were allocated to Group A, 385 (33.7%) to Group B and 379 (33.2%) to Group C. 102 participants who did not join the RCT and 9 who were recruited from a workplace were combined as the non-trial group.

In all participants, 81.6% were male, and the average age was 44.2 years (SD=16.4). 62.2% were married and 60.0% of them had children. More than half (51.8%) had senior secondary education level or above, and the majority (68.2%) were employed. Less than one-third (29.0%) had monthly household income less than HK\$10,000. No significant difference was found among the three groups (Table 1).

3.2 Smoking profile

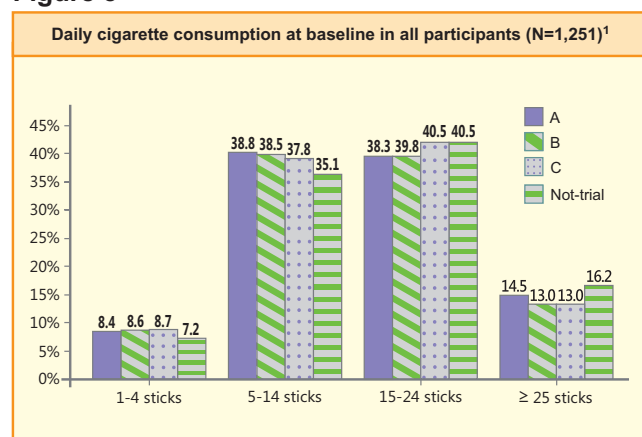
The mean age of first smoking attempt in the participants was 17.5 (SD=5.9) years. More than half (55.7%) started smoking before the age of 18 years (Figure 4). The mean daily cigarette consumption was 16 (SD=10.3 sticks), with 38.0% consumed 5-14 sticks and 39.6% consumed 15-24 sticks per day (Figure 5). The proportion of having previous quit attempt or ready to quit were both about 70% (Figure 6). No significant difference was observed in the three groups.

Figure 4



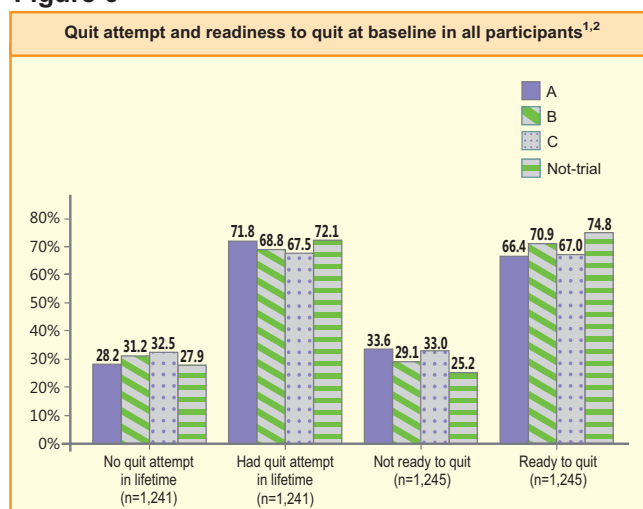
¹ Missing data were excluded

Figure 5



¹ Missing data were excluded

Figure 6



¹ Missing data were excluded

² Participants who were ready to quit included those who wanted to quit within 30 days, while those not ready to quit included those who wanted to quit after 30 days or more, and those who had not decided to quit

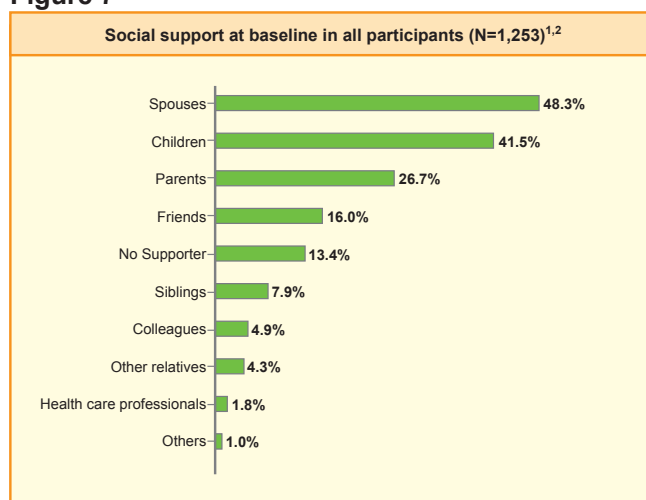
3.3 Social support

The major sources of perceived support during the quitting process were: (1) spouses (48.3%), (2) children (41.5%), (3) parents (26.7%) and (4) friends (16.0%). However, 13.4% of them did not receive any support from others during the quitting process. There was no significant difference in receiving support from other people among the three RCT groups (Figure 7).

Table 1 Demographic characteristics of all participants (N=1,254)¹

		Total	Non-trial	A	B	C
		(N=1,254) (n,%)	(N=111) (n,%)	(N=379) (n,%)	(N=385) (n,%)	(N=379) (n,%)
Gender	Male	1,023 (81.6)	88 (79.3)	311 (82.1)	309 (80.3)	315 (83.1)
	Female	231 (18.4)	23 (20.7)	68 (17.9)	76 (19.7)	64 (16.9)
Age, mean (SD), years		44.17 (16.4)	41.48 (14.7)	44.56 (16.8)	44.11 (16.0)	44.86 (16.6)
Marital status	Single	403 (32.6)	40 (36.0)	120 (32.1)	123 (32.5)	120 (32.2)
	Married/ Cohabited	769 (62.2)	64 (57.7)	232 (62.0)	236 (62.3)	237 (63.5)
	Other	65 (5.3)	7 (6.3)	22 (5.9)	20 (5.3)	16 (4.3)
Child	None	493 (40.0)	53 (47.7)	140 (37.8)	150 (39.3)	150 (40.4)
	One child	289 (23.4)	25 (22.5)	89 (24.1)	91 (23.8)	84 (22.6)
	Two children	269 (21.8)	19 (17.1)	92 (24.9)	70 (18.3)	88 (23.7)
	Three or more children	183 (14.8)	14 (12.6)	49 (13.2)	71 (18.6)	49 (13.2)
Education level	No formal education	34 (2.7)	4 (3.6)	7 (1.9)	10 (2.6)	13 (3.5)
	Elementary education	200 (16.1)	18 (16.4)	59 (15.7)	59 (15.4)	64 (17.1)
	Junior secondary education	365 (29.4)	32 (29.1)	112 (29.8)	111 (29.1)	110 (29.3)
	Senior secondary education	435 (35.0)	35 (31.8)	133 (35.4)	144 (37.7)	123 (32.8)
	Undergraduate	178 (14.3)	19 (17.3)	57 (15.2)	49 (12.8)	53 (14.1)
	Postgraduate	31 (2.5)	2 (1.8)	8 (2.1)	9 (2.4)	12 (3.2)
Employment status	Student	46 (3.7)	3 (2.7)	17 (4.5)	14 (3.7)	12 (3.2)
	Self-employed	157 (12.6)	9 (8.1)	54 (14.4)	39 (10.2)	55 (14.6)
	Employee	692 (55.6)	70 (63.1)	206 (54.9)	221 (57.9)	195 (51.9)
	Unemployed	105 (8.4)	13 (11.7)	26 (6.9)	32 (8.4)	34 (9.0)
	Housewife	55 (4.4)	6 (5.4)	15 (4.0)	17 (4.5)	17 (4.5)
	Retired	189 (15.2)	10 (9.0)	57 (15.2)	59 (15.4)	63 (16.8)
Monthly household income (HKD)	Less than \$5,000	173 (14.5)	18 (16.4)	57 (15.7)	51 (13.9)	47 (13.2)
	\$5,000-9,999	173 (14.5)	11 (10.0)	37 (10.2)	57 (15.5)	68 (19.2)
	\$10,000-19,999	416 (34.8)	43 (39.1)	128 (35.4)	129 (35.1)	116 (32.7)
	\$20,000-29,999	203 (17.0)	17 (15.5)	73 (20.2)	52 (14.1)	61 (17.2)
	\$30,000-39,999	116 (9.7)	11 (10.0)	35 (9.7)	41 (11.1)	29 (8.2)
	\$40,000 or more	114 (9.5)	10 (9.1)	32 (8.8)	38 (10.3)	34 (9.6)

¹ Missing data was excluded in some variables

Figure 7

¹ Missing data were excluded

² Participants could choose more than one option

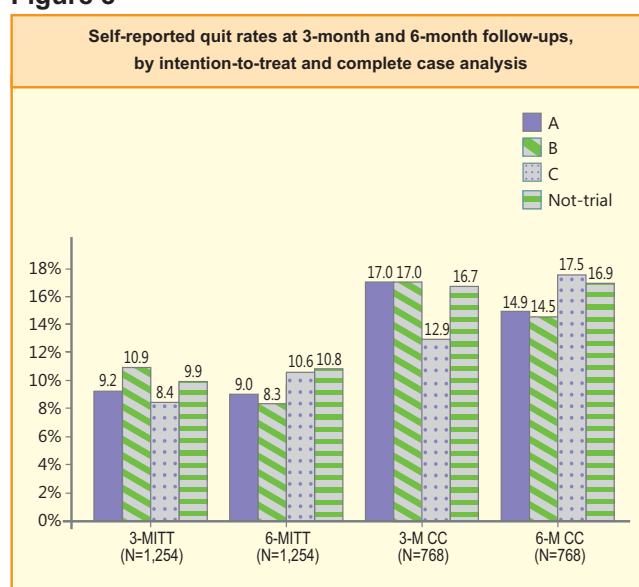
3.4 Retention rate

At 1-month follow-up, the overall retention rate was 64.1%, with 56.7% in Group A, 67.3% in Group B and 72.0% in Group C. At 3-month follow-up, the overall retention rates were 61.2%, with 54.4% in Group A, 64.2% in Group B and 65.7% in Group C. There was a significant difference in the retention rate between Group A and C (A: 54.4%, C: 65.7%, $p < 0.01$). At 6-month follow-up, the overall retention rate was 59.6%, with 60.2% in Group A, 57.6% in Group B and 60.2% in Group C, but the difference was not significant.

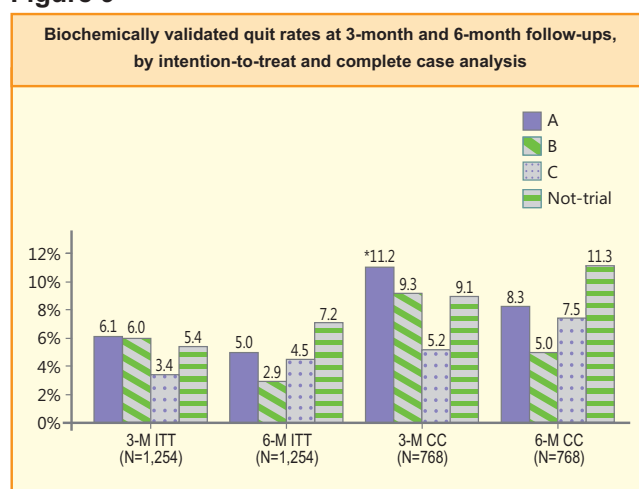
3.5 Self-reported and biochemically validated quit rate at the 3-month follow-ups

By ITT analysis, the overall self-reported 7-day point prevalence quit rate at 3-month follow-up was 9.6%. There was a slightly higher quit rate in Group B (10.9%) than Group A (9.2%) and C (8.4%), but the differences were not significant (Figure 8).

In the 120 self-reported quitters, 69 of them participated in the biochemical validation and 94.2% passed. The validated quit rate for all the participants at 3-month follow-up was 5.2%. By CC analysis, the self-reported quit rates of Group A, B and C were 17.0%, 17.0% and 12.9%, respectively, and the corresponding validated quit rate was 11.2%, 9.3% and 5.2%, respectively. By CC analysis, Group A had a greater validated quit rate than Group C at 3-month follow-up ($p = 0.02$) (Figure 8 & 9).

Figure 8

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

Figure 9

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

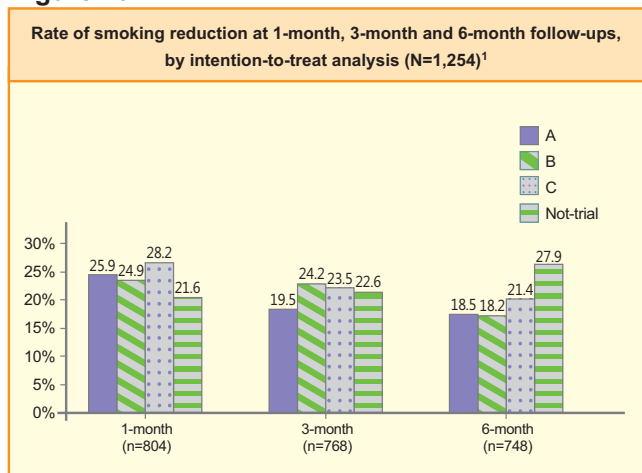
*p-value for comparing Group A and Group C = 0.02

3.6 Smoking reduction by half at the 1-, 3- and 6-month follow-ups

By ITT analysis, excluding the self-reported quitters, 283 (22.6%) and 252 (20.1%) participants reduced daily cigarette consumption by at least 50% at 3-month and 6-month follow-up, respectively, compared with baseline. No significant difference in the three groups was found at any follow-ups (Figure 10). When quitters were included in the numerator and denominator, the quit and reduction rate for the two follow-ups were 32.1% and 29.5%, respectively. The difference in the three groups at all follow-ups was not significant (Figure 11).

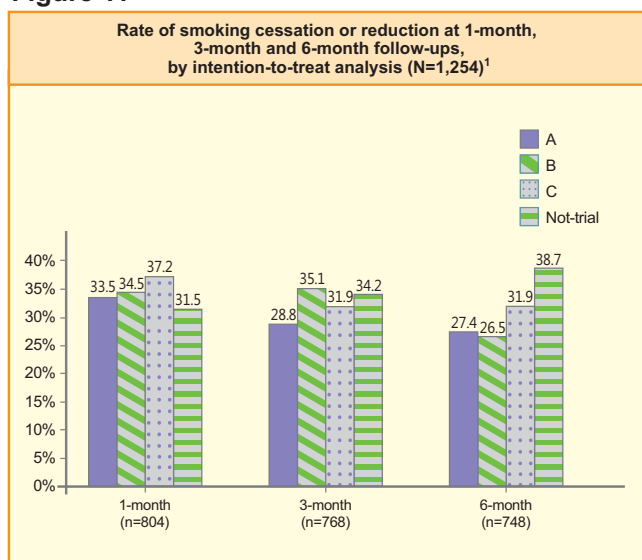
By CC analysis, excluding quitters, the smoking reduction rates were 36.8% and 33.7% at 3-month and 6-month follow-ups, respectively. No significant difference in the three groups was found at all follow-ups. When quitters were included, the quit or reduction rate for the two follow-ups was 52.5% and 49.5%, respectively. The difference in the three groups at all follow-ups was not significant.

Figure 10



¹ Quitters were excluded in the numerator but included in the denominator

Figure 11

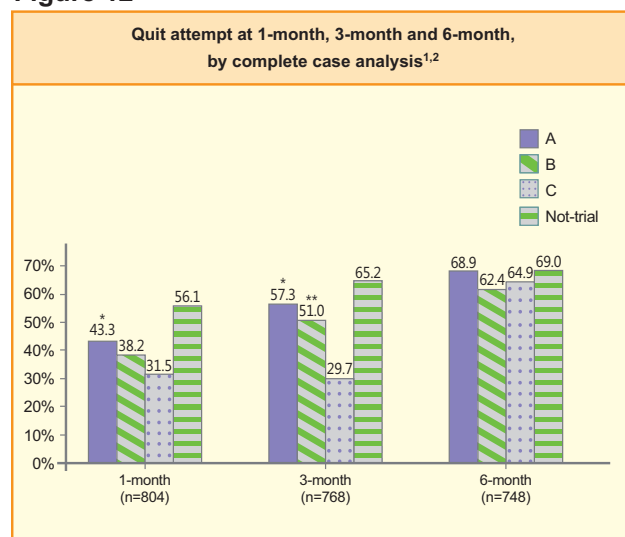


¹ Quitters were included in the numerator and denominator

3.7 Quit attempt at the 1-, 3- and 6-month follow-ups

Including quitters, 38.6% and 46.9% of the participants made one or more quit attempt at 1-month and 3-month follow-ups, respectively. At 1-month follow-up, Group A had significantly greater proportion of having quit attempt than Group C (A: 43.3%, C: 31.5%, $p < 0.01$). When quitters were excluded, Group A still had a higher proportion of having quit attempt than Group C (A: 34.4%, C: 21.8%, $p < 0.01$). At 3-month follow-up, including quitters, more participants in Group A and B made quit attempt than Group C (A: 57.3%, B: 51.0%, C: 29.7%, p for A versus C < 0.01 ; p for B versus C < 0.01). When quitters were excluded, more participants in Group A and B also made quit attempt than Group C (A: 48.5%, B: 41.0%, C: 19.4%, p for A versus C < 0.01 ; p for B versus C < 0.01) (Figure 12). There was no significant difference in the three groups at 6-month follow-up.

Figure 12



¹ Missing data were excluded

² Quitters were included

*p-value for comparing A and C < 0.01

**p-value for comparing B and C < 0.01

3.8 Reasons and methods of quit attempts at the 6-month follow-up

At 6-month follow-up, in the participants who had at least one quit attempt in the study period, the most common reasons of quit attempt were: (1) illness prevention (61.6%), (2) expensive cigarettes (19.9%), (3) concerned about family's health (14.6%), (4) received encouragement or pressure from others (8.8%), and (5) received medical treatment (7.5%). There was no significant difference in the three groups (Figure 13).

Figure 13

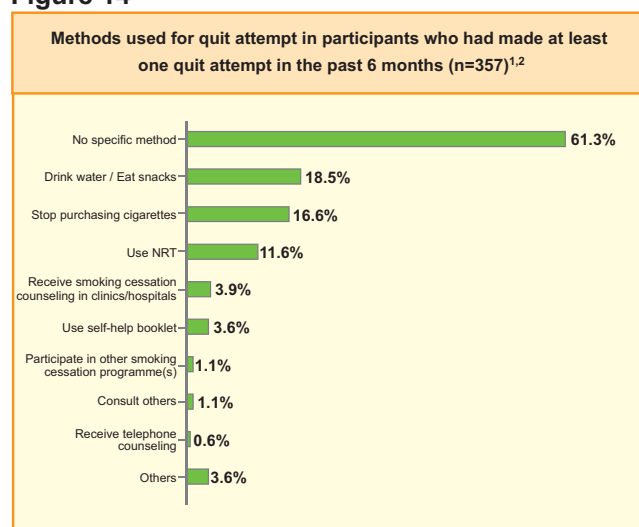


¹ Participants who were lost to follow-up were excluded

² Participants could choose more than one reason

In the participants who had quit attempts, the majority (61.3%) did not use any specific methods to quit. More participants in Group A (5.8%) and B (5.9%) received smoking cessation counseling from clinics or hospitals compared with Group C (0.8%) (p-value for A versus C=0.04; p-value for B versus C=0.04). Moreover, a higher proportion in Group C than Group B stopped purchasing cigarettes (B: 8.9%, C: 22.8%, p<0.01). There was a marginal significance between Group B and C (B: 15.8%, C: 7.3%, p=0.05) in using nicotine replacement therapy (NRT) (Figure 14).

Figure 14



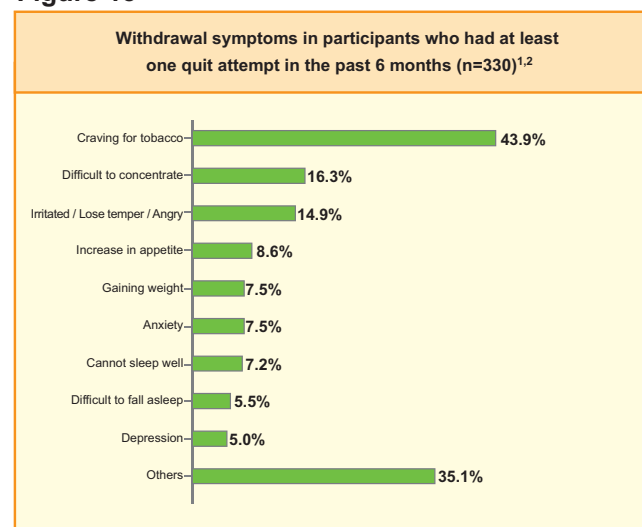
¹ Participants who were lost to follow-up were excluded

² Participants could choose more than one method

3.9 Withdrawal symptoms of the quit attempt at the 6-month follow-up

The three most common withdrawal symptoms at 6-month follow-up were: (1) craving to smoke (43.9%), (2) difficult to concentrate (16.3%), and (3) feeling irritated or losing temper (14.9%). There was no significant difference in the three RCT groups (Figure 15).

Figure 15



¹ Participants who were lost to follow-up were excluded

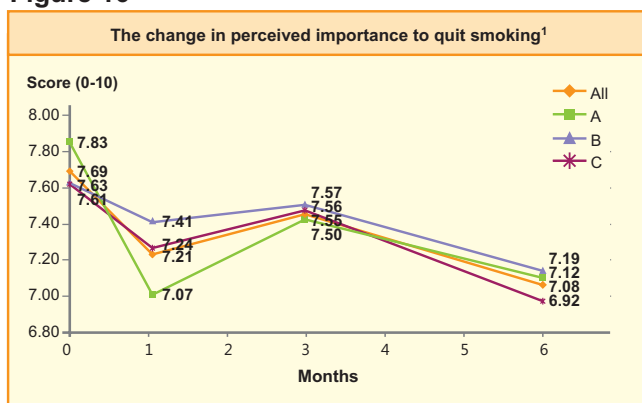
² Participants could choose more than one symptom

3.10 Self-perceived importance, difficulty, and confidence to quit smoking

Among all participants, in a scale of 0 (minimum) to 10 (maximum), the mean scores of "perceived level of importance to quit smoking", "perceived level of difficulty to quit smoking", and "perceived level of confidence to quit smoking" at baseline were 7.69 (SD= 2.09), 7.25 (SD= 2.49), 5.52 (SD= 2.46), respectively.

The mean score of perceived importance in Group A and C dropped significantly from baseline to 1-month follow-up (p<0.01), but Group B did not have significant change (p=0.11). All groups had lower mean score at 6-month follow-up than baseline (all p<0.01). There was no significant difference in the three RCT groups at all follow-ups (Figure 16).

Figure 16



¹ Missing data were excluded

Within-group pair-sample t-test:

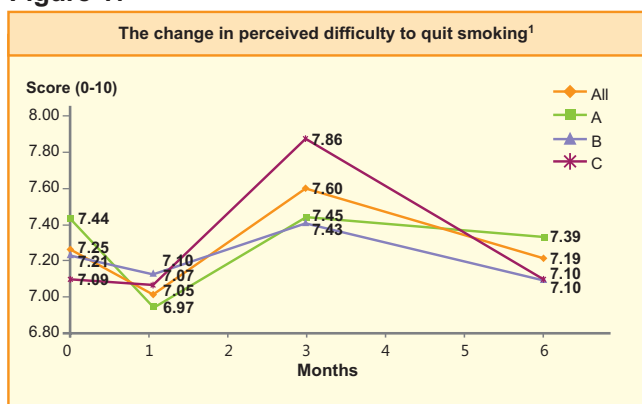
A	p-value for Baseline versus 1-month<0.01
	p-value for Baseline versus 3-month=0.22
	p-value for Baseline versus 6-month<0.01
B	p-value for Baseline versus 1-month=0.11
	p-value for Baseline versus 3-month=0.10
	p-value for Baseline versus 6-month<0.01
C	p-value for Baseline versus 1-month<0.01
	p-value for Baseline versus 3-month=0.09
	p-value for Baseline versus 6-month<0.01

Between group independent t-test

Baseline	p-value for A versus C=0.19
1-month	p-value for B versus C=0.88
	p-value for A versus C=0.42
3-month	p-value for B versus C=0.78
	p-value for A versus C=0.76
6-month	p-value for B versus C=0.92
	p-value for A versus C=0.34
	p-value for B versus C=0.21

The mean score of perceived difficulty of quitting in Group C increased significantly from 7.09 at baseline to 7.86 at 3 months ($p<0.01$). There were no significant temporal changes in Group A and B. For between-group comparison, the mean score of Group A was higher than Group C at baseline (A: 7.44, C: 7.09, $p=0.05$), but the contrast was opposite at 1-month follow-up (A: 6.97, C: 7.07, $p<0.01$). At 3-month follow-up, the mean score of Group A (7.45) and B (7.43) was lower than Group C (7.86) (p -value for A versus C=0.04; p -value for B versus C=0.02) (Figure 17).

Figure 17



¹ Missing data were excluded

Within-group pair-sample t-test:

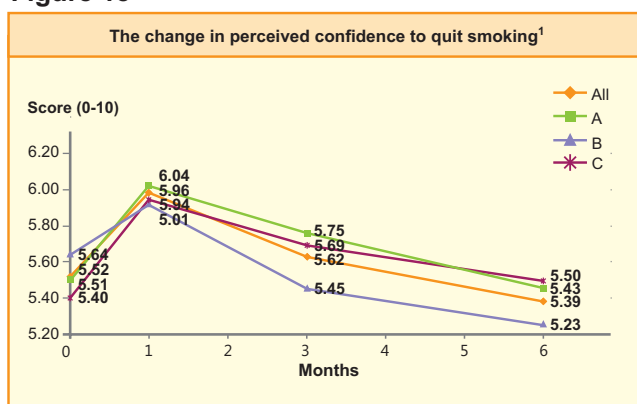
A	p-value for Baseline versus 1-month=0.10
	p-value for Baseline versus 3-month=0.38
	p-value for Baseline versus 6-month=0.29
B	p-value for Baseline versus 1-month=0.08
	p-value for Baseline versus 3-month=0.45
	p-value for Baseline versus 6-month=0.18
C	p-value for Baseline versus 1-month=0.94
	p-value for Baseline versus 3-month<0.01
	p-value for Baseline versus 6-month=0.74

Between group independent t-test

Baseline	p-value for A versus C=0.05
1-month	p-value for B versus C=0.51
	p-value for A versus C<0.01
3-month	p-value for B versus C=0.82
	p-value for A versus C=0.04
6-month	p-value for B versus C=0.02
	p-value for A versus C=0.16
	p-value for B versus C=0.99

The mean score of perceived confidence of quitting significantly increased from baseline to 1-month follow-up for all the three groups. The scores at 3 and 6 months were similar to the baseline in the three RCT groups (all $p>0.05$). The scores were also similar in the three RCT groups at all the follow-ups (all $p>0.05$) (Figure 18).

Figure 18



¹ Missing data were excluded

Within-group pair-sample t-test:

A	p-value for Baseline versus 1-month=0.01
	p-value for Baseline versus 3-month=0.54
	p-value for Baseline versus 6-month=0.78
B	p-value for Baseline versus 1-month=0.05
	p-value for Baseline versus 3-month=0.54
	p-value for Baseline versus 6-month=0.32
C	p-value for Baseline versus 1-month<0.01
	p-value for Baseline versus 3-month=0.14
	p-value for Baseline versus 6-month=0.74

Between group independent t-test

Baseline	p-value for A versus C=0.55
1-month	p-value for B versus C=0.19
	p-value for A versus C=0.20
3-month	p-value for A versus C=0.78
	p-value for B versus C=0.29
6-month	p-value for A versus C=0.80
	p-value for B versus C=0.24

3.11 Use and satisfaction of smoking cessation aids

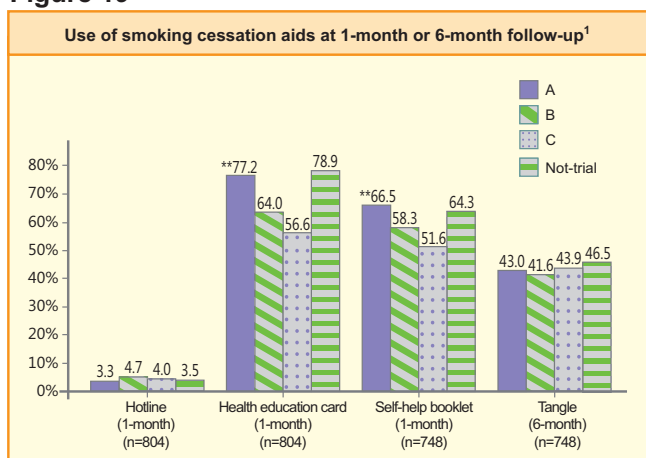
At 1-month follow-up, 4.0% of all participants had called the smoking cessation hotline (1833183) to seek assistance in quitting. There was no significant difference in the usage of the hotline in the three RCT groups. The three most common reasons of not calling the hotline were "Not interested" (35.4%), "Useless" (25.1%) and "Too busy" (21.9%).

Overall, 65.9% had read the health education card at 1-month follow-up. More participants in Group A had read the card than Group C (A: 77.2%, C: 56.6%, $p<0.01$). 58.6% had read the self-help booklet at 1-month follow-up. More participants in Group A had read self-help booklet than Group C (A: 66.5%, C: 51.6%, $p<0.01$). The most common reasons of not reading the education card were "Too busy" (36.0%), "Not interested" (25.4%), "Lost it" (18.0%), and "Useless" (16.9%). These reasons were also common for those who did not use the self-help booklet: "Too busy" (37.5%), "Not interested" (25.7%), "Lost the booklet" (15.5%) and "Useless" (15.2%) (Figure 19).

A cessation aid, “Tangle”, which is a tool to help keeping participants’ hands active to relieve the stress in quitting, was offered to all participants. At 6-month follow-up, 43.2% participants had used “Tangle” in the Contest. No significant difference in the use of “Tangle” among the three RCT groups was detected. The reasons for not using it included “Not interested” (28.1%), “Useless” (26.4%), “Lost it” (21.2%) and “Too busy” (19.2%) (Figure 19).

In a scale of 1 (minimum) to 5 (maximum), the mean scores of satisfaction for the “smoking cessation hotline”, “health education card”, “self-help booklet” and “Tangle” were 1.43 (SD = 0.5), 2.86 (SD = 0.9), 2.66 (SD = 1.0) and 2.27 (SD = 1.0), respectively.

Figure 19



¹ Participants who were lost to follow up were excluded

**p-value for comparing A and C <0.01

3.12 Predictors of abstinence at 3-month and quit attempt at 6-month follow-ups

Using the multivariate logistic regression model, with ITT analysis, the predictors of self-reported abstinence at 3 months included (1) starting quitting within the past 60 days (but not within 7 or 30 days) (Adjusted OR=3.58, 95% CI=1.37-9.37), compared to those who did not decide to quit at baseline; (2) higher perceived importance to quit (Adjusted OR per score=1.25, 95% CI=1.09-1.43); (3) higher perceived confidence to quit (Adjusted OR per score=1.24, 95% CI=1.12-1.37); and (4) receiving social support from parents (Adjusted OR=1.60, 95% CI=1.00-2.54). Besides, heavy nicotine dependency was associated with lower likelihood to quit (Adjusted OR=0.53, 95% CI=0.32-0.88) (Table 2).

Table 2 Baseline predictors to quit smoking at 3-month follow-up by multivariate logistic regression model (n=1,039)¹

Predictors to quit smoking	Adj. OR	P	95%CI
Nicotine Dependency			
Light (HSI<4)	1.00		
Heavy (HSI≥4)	0.53	<0.01	0.32-0.88
Time to start quitting			
Had not decided	1.00		
Within 60 days	3.58	<0.01	1.37-9.37
Within 30 days	1.05	0.91	0.46-2.40
Within 7 days	1.65	0.13	0.87-3.13
Perceived importance of quitting	1.25	<0.01	1.09-1.43
Perceived confidence of quitting	1.24	<0.01	1.12-1.37
Received support from parents	1.60	<0.05	1.00-2.54

Notes:

HSI = Heaviness of Smoking Index; Adj. OR = adjusted odds ratio; CI = confidence interval

¹ Excluding loss to follow-up and missing data

* Participants who were lost to follow-up were treated as continued smoking at 3 months, by intention-to-treat analysis

** The following variables were insignificant and excluded in the model: treatment condition, education level, marital status, recent experience of quitting, number of children, number of quit attempts, perceived difficulty, received support from spouse, received support from children, read the health education card at 1 month, read the booklet at 1 month and dialed the smoking cessation hotline at 1 month

At 6 months, the predictors of quit attempt since participation included (1) having 1-3 quit attempts (Adjusted OR=1.68, 95% CI=1.22-2.32) or having 4-6 quit attempts (Adjusted OR=2.17, 95% CI=1.22-3.84) at baseline, compared to those without any attempts; (2) starting quitting in 7 days (Adjusted OR=1.66, 95% CI=1.18-2.33) at baseline, compared to those who did not decide to quit at baseline; and (3) reading the self-help booklet at 1 month (Adjusted OR=1.65, 95% CI=1.25-2.17) (Table 3).

Table 3 Baseline predictors to quit attempt at 6-month follow-up by multivariate logistic regression model (n=1,039)¹

Predictors to quit smoking	Adj. OR	P	95%CI
Number of quit attempt			
Never	1.00		
1-3	1.68	<0.01	1.22-2.32
4-6	2.17	<0.01	1.22-3.84
7 or above	1.29	0.41	0.71-2.36
Time to start quitting			
Had not decided	1.00		
Within 60 days	1.18	0.47	0.76-1.83
Within 30 days	1.06	0.87	0.53-2.14
Within 7 days	1.66	<0.01	1.18-2.33
Read self-help booklet at 1 month	1.65	<0.01	1.25-2.17

Notes:

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

¹ Excluding loss to follow-up and missing data

* Participants who were lost to follow-up were treated as no quit attempt at 6 months, by intention-to-treat analysis

** The following variables were insignificant and excluded in the model: treatment condition, education level, marital status, HSI, recent experience of quitting, number of children, perceived difficulty, perceived confidence at baseline, received support from spouse, received support from children, read the health education card at 1 month, read the booklet at 1 month and dialed the smoking cessation hotline at 1 month

4. Discussion

The number of participants in the 4th “Quit to Win” was higher than the previous Contests (N=1,119 in 2009, 1,103 in 2010 and 1,193 in 2012). About 1 in 10 participants quit smoking at 3-month (9.6%) or 6-month (9.4%) follow-ups. Meanwhile, about 2 in 10 participants reduced smoking at the two follow-ups. In total, 3 in 10 participants had quit or reduced smoking. No significant difference was found in either the self-reported quit rate or reduction rate in the three RCT groups at 3-month and 6-month follow-ups.

Although more participants had lifetime quit attempts and were ready to quit than the Hong Kong smoking population, the present contest recruited more smokers who had heavy nicotine dependency (Heaviness Smoking Index equal to 4 or above) and were not ready to quit than the previous contests. The proportion of smokers who consumed 25 cigarettes daily or above increased from 10.6% in 2010 and 8.5% in 2012 to 13.7% in 2013. The proportion of heavy nicotine dependency increased from 32.7% in 2009 to 38.7% in 2013. Also, the proportion of smokers who were ready to quit within 7 days decreased from 67% in 2009 to 51% in 2013. These findings suggested that the “Quit to Win” Contest has been recruiting more and more smokers with heavy nicotine dependence and lower quitting intention. This is consistent with another local study which found an increasing prevalence of hardcore smokers¹⁴. This may also contribute to the continuous decrease in the self-reported quit rate over the four “Quit to Win” Contests. Nevertheless, the Contest approached and recruited a large number of smokers who did not seek smoking cessation services to quit. They were willing to have quit attempt due to the incentives, but the brief interventions were not sufficient to achieve a higher cessation rate. Future “Quit to Win” Contests should deliver specific interventions, including larger monetary incentives, to help hardcore smokers to quit. Strengthening the tobacco control measures such as a large tax increase and expanding smoking cessation services are also warranted.

A total of 88 participants underwent the biochemical validation and received the HK\$500 cash incentive at either follow-up. The present study showed

that the HK\$500 cash incentive for validated abstinence was beneficial for motivating more smokers to have quit attempt. Participants who received the early notice about the incentive were more likely to attempt to quit and attend the biochemical validation than those who did not. The incentive also motivated smokers to read the self-help education card and the smoking cessation booklet. However, we do not have sufficient evidence to support that this incentive increased quitting success or increased perceived importance and confidence to quit. The small amount of cash incentive might only motivate smokers to try to quit. In view of this, larger monetary incentive and other cessation aids including counseling and medication should be delivered to increase abstinence.

Over half of the participants read the self-help education card and the booklet delivered in the Contest, but very few reported dialing the smoking cessation hotline (1833183), using smoking cessation services and NRT. It is consistent with the majority of smokers in Hong Kong that they quit on their own will without seeking help from the existing smoking cessation services and medications¹. Therefore, interventions to motivate smokers to use smoking cessation services and medication are needed.

5. Conclusions

In conclusion, the 4th “Quit to Win” Contest pioneered the use of small cash incentive to motivate smokers to quit. The additional small amount of incentive (HK\$500) increased participants’ quit attempt and use of self-help materials, but did not increase abstinence at 6-month. As there was an increase in smokers with high nicotine dependency and no intention to quit, more specific interventions for these smokers and a greater amount of monetary incentive might be needed.

6. Clinical trial Registration

Clinical trial registration number: NCT01928251
(<http://www.controlled-trials.gov>)

7. References

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公眾支持加強煙包煙害警示

2016年6月 第十九號報告書



公眾支持加強煙包煙害警示 控煙政策調查2015

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1. 引言

吸煙導致嚴重疾病和死亡，令香港蒙受龐大的經濟損失。然而，很多人仍然未有意識到吸煙對身體造成的危害。根據世界衛生組織（世衛）的《煙草控制框架公約》第十一條，煙害圖像警示是最有效警示吸煙風險和減少吸煙的措施之一¹。

根據《吸煙（公眾衛生）條例》（第371章），於香港販賣和推廣煙草製品是受規管的。1983年2月，條例經修訂後要求所有的煙草製品包裝需要顯示中文和英文的純文字煙害警示。1994年1月，政府推出四款更有力及精確的煙害警示取代原有的單一警示，分別列明吸煙可以致命、可以致癌、可引致心臟病和害己害人。2000年，政府加入了三項純文字煙害警示，包括吸煙引致肺癌、呼吸系統疾病和禍及子女，每個煙包必須顯示其中一款佔煙包面積三分之一的煙害警示。2007年10月，政府引入六款煙害圖像警示代替純文字警示，除了使用原有的煙害描述，亦加入載有女性吸煙者因吸煙引致皮膚加速老化的警示，以及吸煙可引致陽痿的警示。這些煙害警示必須覆蓋至少50%的煙包包裝面積。澳洲於2012年12月成為全球首個推行全煙害警示包裝的國家，禁止在煙包上展示商標、圖案及標

誌，品牌名稱只可以用統一的字款、顏色及位置展現在煙包上。同時，煙包不可有指定以外的顏色，並只能按法律規定，展示必要資訊予消費者，例如有害物質成分及煙害警示。此外，煙包更須清晰顯示戒煙熱線。全煙害警示包裝可有效減低煙草產品的吸引力、增加煙害警示的效力及限制誤導性的包裝和標籤。法國、英國和愛爾蘭亦已通過實施全煙害警示包裝。另外，有不少國家已經擴大了煙包的煙害警示面積和使用更具阻嚇性的圖像警示，但香港的煙害警示已經九年未有更新。

2015年5月，食物及衛生局向立法會衛生事務委員會建議更改煙包的煙害警示，包括：(1)增加煙害圖像警示至最少佔煙包的正面及背面面積的85%、(2)將煙害圖像警示的式樣由現時6個增加至12個、(3)顯示「半數煙民因煙草失去生命」和戒煙熱線(1833183)及(4)於煙包揭蓋毗連的一邊顯示焦油和尼古丁含量。

為了解公眾對控煙措施的支持度，香港吸煙與健康委員會聯同香港大學公共衛生學院進行了控煙政策調查（以下簡稱為「調查」），本研究透過調查的數據，分析現時煙包煙害警示的效力，和公眾對於加強煙害警示的支持度。

2. 方法

2.1 研究設計及受訪者

是次調查於2015年4月至10月期間，由香港大學民意研究計劃以電話和不記名形式，由受過訓練的訪問員隨機抽取電話號碼，邀請15歲或以上、懂廣東話或普通話的人士接受訪問。受訪者按照吸煙狀況被分為三組：(a)現時吸煙者（在調查時，每天或偶爾吸食捲煙）；(b)已戒煙者（過往曾吸食捲煙，但現時已成功戒煙）及(c)從不吸煙者（從不吸食捲煙）。電話訪問於平日及週末下午6時半至晚上10時半進行，以覆蓋更多不同職業的受訪者。每個隨機抽取電話號碼會於不同時間及日子撥打，5次嘗試後仍未能接觸受訪者的電話號碼會被歸類為「未能聯絡」。所有受訪者於接受電話訪問前均已提供口頭同意，並了解有權隨時退出研究而無須作出任何解釋。

2.2 抽樣方法及選取受訪者

受訪者是根據隨機抽取的住宅電話號碼選出。電話號碼先從住宅電話簿中隨機抽取並成為種子號碼，再由電腦根據種子號碼使用「加／減1/2」的方法以涵蓋未收錄於電話簿中的號碼。重覆的電話號碼會被篩除，其餘的號碼則以隨機次序打出。當成功接觸到一個目標住戶後，運用「下一個生日」的方法，從所有合資格的在場家庭成員中選出一位接受訪問。雖然同一住戶可能有多於一位合資格的受訪者，但每次只會訪問一位合資格的家庭成員。

2.3 問卷設計

是次控煙政策調查2015所使用的問卷是根據2014年的調查問卷作出修改，與2013年及2014年設計一樣，問卷分為兩部份：(a)核心問題及(b)隨機問題。不論任何組別，所有受訪者均被問到核心問題，其中包括性別、年齡、教育程度、家庭每月收入及就業情況。隨機問題是設計予隨機子集的受訪者，並可針對特定的吸煙者組別，有關煙包煙害圖像警示的問題是隨機問題的其中一部份。於今次調查的5,252位受訪者當中，電腦隨機抽取2,337位受訪者（932位從不吸煙者，844位已戒煙者，561位現時吸煙者）作答這一部份的問題。

2.4 權重及統計分析

為彌補在已戒煙者和現時吸煙者中的超取樣，及增加樣本的代表性，收集到的整體樣本會根據2015年香港人口的男女、年齡及吸煙狀況分佈進行加權處理²。

吸煙組別的變項採用單變量分析，類別變項採用卡方檢驗，以決定三個組別之間的差異是否具有統計學顯著意義。所有統計分析以STATA（版本13，TX:StataCorp LP）進行，統計上的顯著性水平定為 $p < 0.05$ 。

3. 結果

3.1 社會人口特徵

表一顯示是項研究中經加權處理後的隨機抽選受訪者的人口特徵。從不吸煙者和現時吸煙者比已戒煙者年輕（ $p < 0.01$ ）。從不吸煙者（41.6%）比已戒煙者（25.8%）和現時吸煙者（24.8%）較多達到大專／大學教育或以上水平（ $p < 0.01$ ）。戒煙者中有20.9%只有小學的教育水平，明顯多過從不吸煙者（11.7%）和現時吸煙者（13.0%）（ $p < 0.01$ ）現時吸煙者中僱員的比例（69.8%），高於從不吸煙者（54.5%）和已戒煙者（50.2%）（ $p < 0.01$ ）；已戒煙者中有42.1%為退休人士，較從不吸煙者（16.1%）和現時吸煙者（18.3%）多。

表一 加權樣本的社會人口特徵（以吸煙狀況劃分）

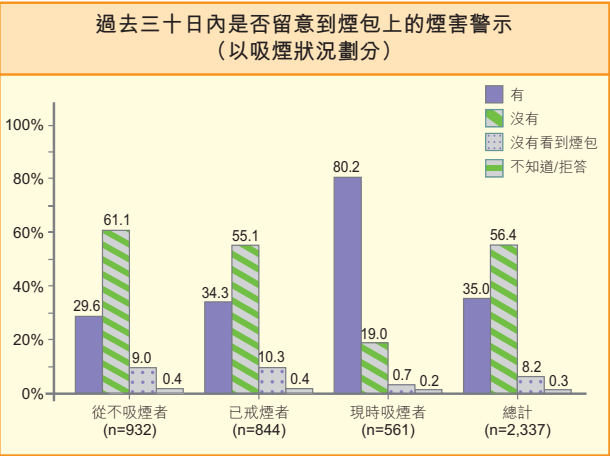
特徵	從不吸煙者	已戒煙者	現時吸煙者	總計	p值
性別 (%)	n=932	n=844	n=561	n=2,337	<0.01
男性	38.4	83.8	82.4	45.4	
女性	61.6	16.2	17.6	54.6	
年齡 (%)	n=813	n=780	n=511	n=2,104	<0.01
15-19	11.6	0.5	1.2	9.9	
20-29	10.7	2.2	9.9	10.2	
30-39	17.7	11.0	21.3	17.7	
40-49	17.3	16.5	23.5	17.9	
50-59	19.2	21.4	22.6	19.6	
60+	23.6	48.4	21.5	24.7	
教育程度 (%)	n=926	n=837	n=558	n=2,321	<0.01
小學或以下	11.7	20.9	13.0	12.5	
中學	46.7	53.3	62.2	48.8	
大專/ 大學或以上	41.6	25.8	24.8	38.7	
就業情況 (%)	n=927	n=840	n=558	n=2,325	<0.01
僱員	54.5	50.2	69.8	55.4	
學生	12.2	0.6	1.5	10.8	
無酬家庭從業者	15.3	4.9	7.4	14.0	
失業人士	1.8	2.2	3.0	2.0	
退休	16.1	42.1	18.3	17.9	

樣本數(n)為實際受訪者人數；所有百分比根據2015年香港人口的年齡、性別和吸煙狀況分佈加權處理。
p值由卡方檢驗得出。

3.2 現時煙害警示效力

在所有受訪者中(n=2,337)，有近三分之一(35.0%)於過去三十日曾留意到煙包上的煙害警示，而現時吸煙者的比例(80.2%)較從不吸煙者(29.6%)和已戒煙者(34.3%)為高(p<0.01) (圖一)。有61.1%的從不吸煙者和55.1%的已戒煙者未曾留意到煙害警示。另有9.0%的從不吸煙者和10.3%的已戒煙者未曾留意到煙害警示。另有9.0%的從不吸煙者和10.3%的已戒煙者未曾留意到煙害警示。另有9.0%的從不吸煙者和10.3%的已戒煙者未曾留意到煙害警示。

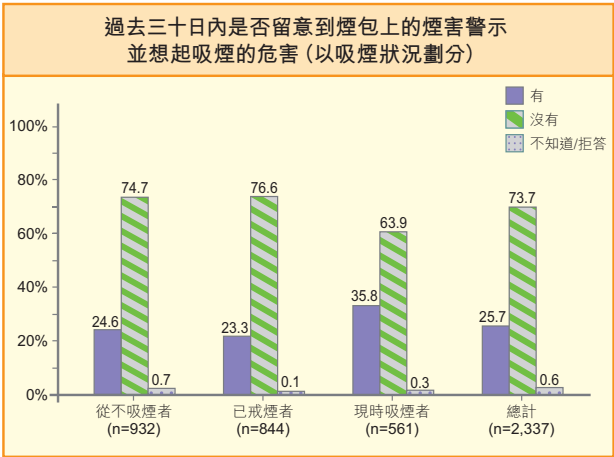
圖一



樣本數(n)為實際受訪者人數；所有百分比根據2015年香港人口的年齡、性別和吸煙狀況分佈加權處理。

在過去30日，大的四分之一的受訪者(25.7%)留意到煙害警示並且聯想到吸煙的危害，而現時吸煙者(35.8%)的比例明顯高於從不吸煙者(24.6%)和已戒煙者(23.3%) (p<0.01) (圖二)。

圖二

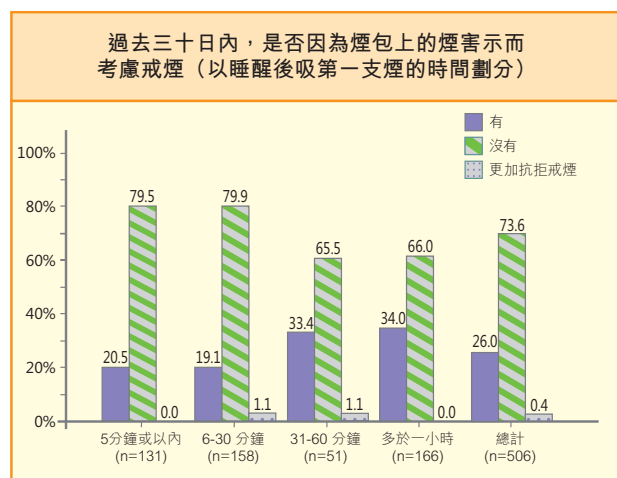


樣本數(n)為實際受訪者人數；所有百分比根據2015年香港人口的年齡、性別和吸煙狀況分佈加權處理。「有」是指曾注意到煙害警示並聯想到吸煙危害的受訪者；「沒有」是指沒有注意到煙害警示，及曾注意到煙害警示但沒有想到吸煙危害的受訪者。

有近四分之一的現時吸煙者(25.6%)曾經因為煙害警示考慮過戒煙，極少數人表示煙害警示使他們更抗拒戒煙(1.0%)。若果將尼古丁依賴程度(睡醒後吸第一支煙的時間)的缺失數據排除在外，結果差異不大，分別為26.0%及0.4%。當看到煙害警示的時候，尼古丁依賴程度偏高的現時吸煙者(定義為睡醒後三十分鐘內吸第一支煙)(19.1%-20.5%)比輕度依賴尼古丁的吸煙者(定義為睡醒後三十分鐘後吸第一支煙)(33.4%-34.0%)明顯較少因為煙害警示而考慮戒煙($p=0.04$)。

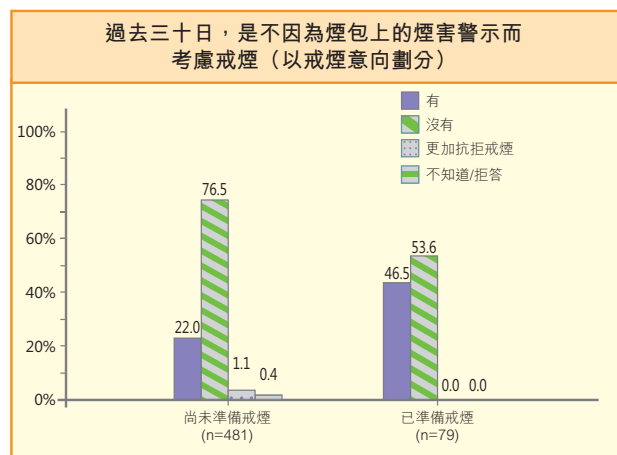
另外，接近半數有戒煙準備(定義為打算於30天內戒煙)的現時吸煙者會因為煙害警示而考慮戒煙(46.5%)；尚未準備戒煙的現時吸煙者(定義為沒有打算戒煙或30天後開始戒煙)中只有22.0%於因為煙害警示而考慮戒煙($p<0.01$) (圖三b)。

圖三a



樣本數(n)為實際受訪者人數；所有百分比根據2015年香港現時吸煙者的年齡和性別分佈加權處理。55名受訪者因不知道或拒答尼古丁依賴程度而不包括在內。

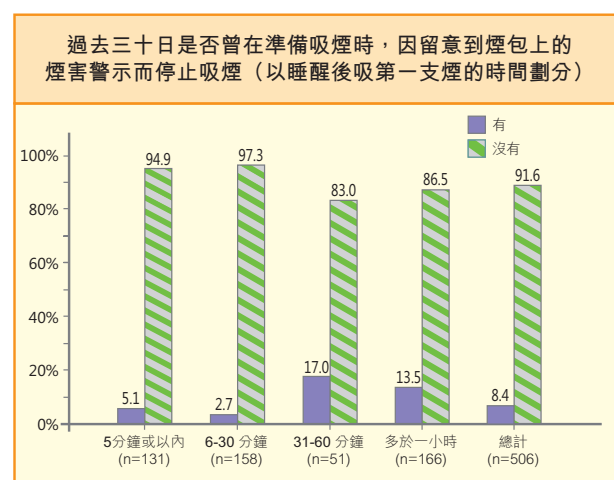
圖三b



樣本數(n)為實際受訪者人數；所有百分比根據2015年香港現時吸煙者的年齡和性別分佈加權處理。

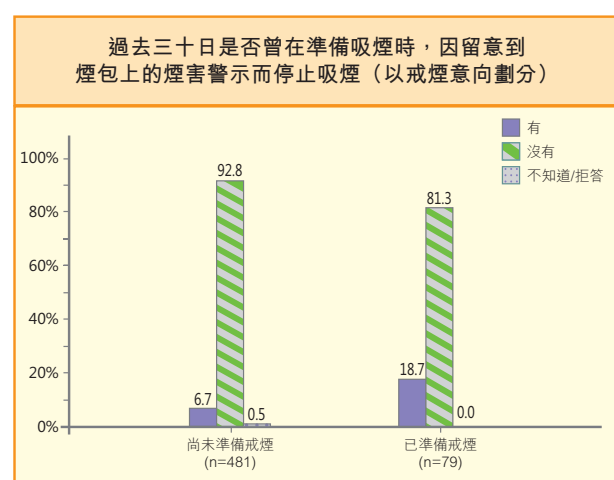
此外，8.5%的現時吸煙者（排除尼古丁依賴程度的缺失數據後的結果為8.4%，圖四a）表示曾經在過去三十日，在準備吸煙時，因見到煙包上的煙害警示而停止吸煙。輕度依賴尼古丁的吸煙者(13.5%-17.0%)相比依賴程度高的吸煙者(2.7%-5.1%)，有更大機會因見到煙包上的煙害警示而停止吸煙($p<0.01$)。有戒煙準備的吸煙者(18.7%)相對於未有戒煙準備的吸煙者(6.7%)亦有較高的比例($p<0.01$)因而停止吸煙（圖表四b）。

圖四a



樣本數(n)為實際受訪者人數；所有百分比根據2015年香港現時吸煙者的年齡和性別分佈加權處理。55名受訪者因不知道或拒答尼古丁依賴程度而不包括在內。

圖四b

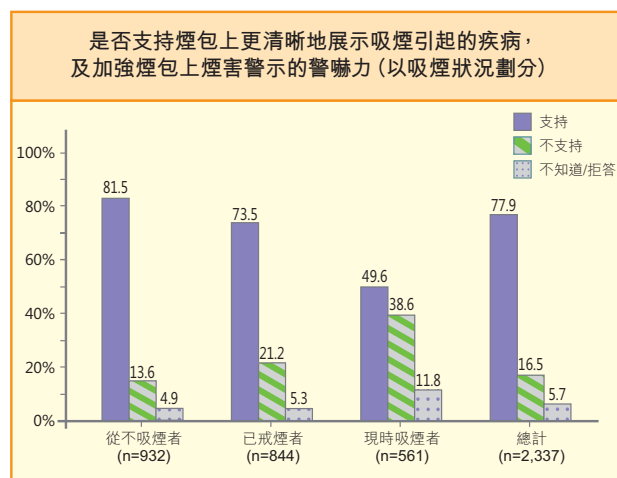


樣本數(n)為實際受訪者人數；所有百分比根據2015年香港現時吸煙者的年齡和性別分佈加權處理。

3.3 支持更新煙害警示

有超過四分之三的受訪者(77.9%)支持於煙包上更清晰地展示吸煙引起的疾病，及加強煙包上煙害警示的警嚇力。但是現時吸煙者的支持比例(49.6%)，遠低於從不吸煙者(81.5%)和已戒煙者(73.5%)($p<0.01$) (圖五)。

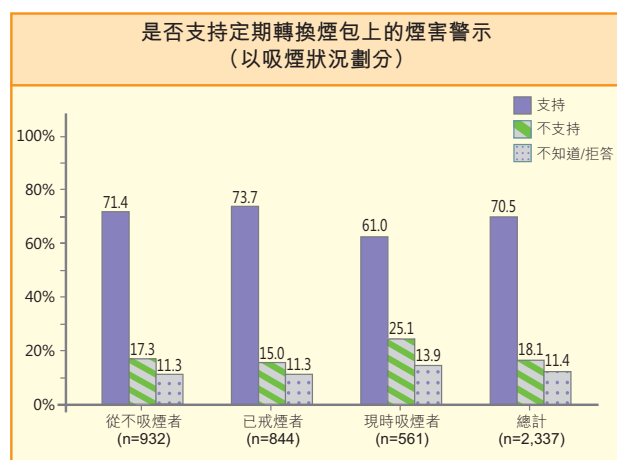
圖五



樣本數(n)為實際受訪者人數；所有百分比根據2015年香港人口的年齡、性別和吸煙狀況分佈加權處理。

有近七成的受訪者(70.5%)支持定期轉換煙包上的煙害警示，其中71.4%的從不吸煙者、73.7%的已戒煙者和61.0%的現時吸煙者支持此項措施($p<0.01$) (圖六)。

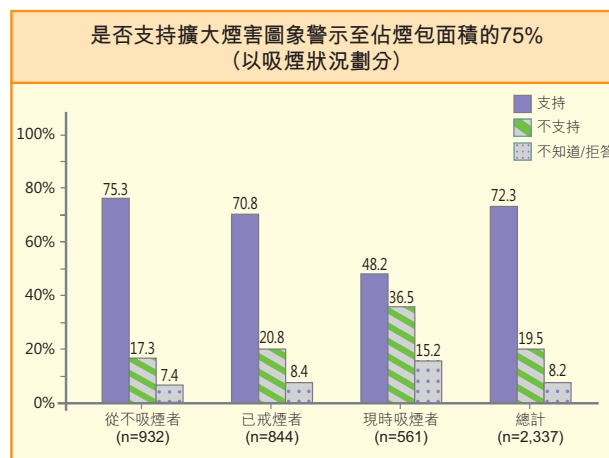
圖六



樣本數(n)為實際受訪者人數；所有百分比根據2015年香港人口的年齡、性別和吸煙狀況分佈加權處理。

亦有近七成的受訪者(72.3%)支持擴大煙害圖象警示至佔煙包面積的75%，但是現時吸煙者(48.2%)的支持度低於從不吸煙者(75.3%)和已戒煙者(70.8%)($p<0.01$) (圖七)。

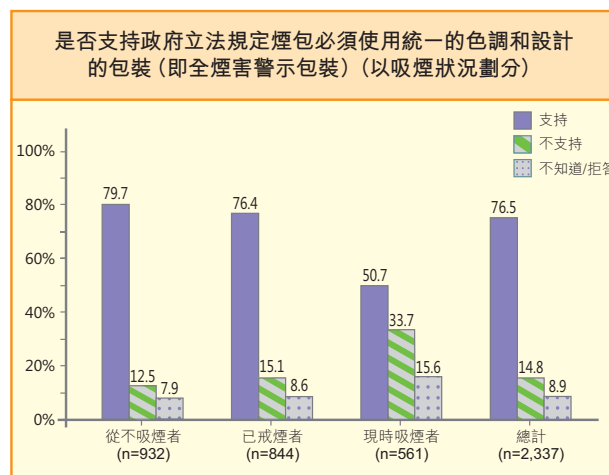
圖七



樣本數(n)為實際受訪者人數；所有百分比根據2015年香港人口的年齡、性別和吸煙狀況分佈加權處理。

約四分之三的受訪者(76.5%)支持政府立法規定煙包必須使用統一的色調和設計的包裝 (即全煙害警示包裝)，其中從不吸煙者(79.7%)和已戒煙者(76.4%)的支持率高於現時吸煙者(50.7%)($p<0.01$) (圖八)。

圖八



樣本數(n)為實際受訪者人數；所有百分比根據2015年香港人口的年齡、性別和吸煙狀況分佈加權處理。

4. 討論

是次調查發現，現行煙包上的煙害警示只有微弱的效力，只有35.8%的現時吸煙者因為煙包煙害警示而想起吸煙的危害，25.6%會考慮戒煙，8.5%會即時停止當時的吸煙行為，相比2014年的調查結果（分別為46.6%、32.6%和12.1%），這些比例稍為下降。研究結果亦顯示現行煙包上的煙害警示對尼古丁依賴程度偏高和未有戒煙準備的吸煙者的效力已經減低，未能提升他們的戒煙意向和戒煙嘗試。與此同時，公眾對於加強煙包煙害警示的支持度很高，例如顯示更具警嚇力的煙害警示（2015年為77.9%，2014年為62.4%）以及定期轉換煙害警示（2015年為70.5%，2014年為62.6%），是次研究亦發現近四分之三的受訪者（72.3%，2014年沒有相關數據）表示支持擴大煙害警示至佔煙包面積的75%，並且有76.5%的受訪者表示支持全煙害警示包裝（2014年為42.9%）。雖然現時吸煙者對上述措施的支持度較從不吸煙者和已戒煙者低，但也有接近半數的現時吸煙者支持。

只有三分之一的受訪者留意到現行的煙包上的煙害警示，而只有四分之一的受訪者因為煙害警示而想起吸煙的危害，而且現行的煙包煙害警示亦不足以鼓勵吸煙者戒煙。煙包上的煙害警示對公眾教育和鼓勵戒煙的效力減弱，可能是因為現行的煙害警示面積太小（只覆蓋的煙包面積的50%），圖象的警嚇力過低，而且接近九年未曾更換過。澳洲和烏拉圭的研究顯示，全煙害警示包裝和面積更大的煙害警示，能使公眾更留意包裝上的警示、提高煙害意識及幫助吸煙者停止吸煙^{3,4}。加大的煙害圖像警示亦能防止青少年吸煙⁵，和促使更多的吸煙人士有戒煙意欲⁴。定期轉換煙害信息和圖片⁶，以及設計與吸煙人士有關聯的煙害訊息⁷，也可以提高煙害警示的效力。另外，顯示「半數煙民因煙草失去生命」的絕對煙害死亡風險，比相對煙害風險（如吸煙者的健康風險高於非吸煙者），會令公眾更容易理解⁸。故此，這些政府建議的措施應盡快實施，以提高警嚇性和效力。

公眾普遍支持加強現行煙包上的煙害警示。超過七成的受訪者支持使用更清楚和具警嚇性的圖片、定期轉變煙害警示、擴大煙害警示面積和使用全煙害警示包裝。全煙害警示包裝的支持度和歐盟國家的另一調查亦很相似⁹。即使現時吸煙者對以上措施的支持度比非吸煙者低，仍有半數的現時吸煙者支持擴大煙害警示面積。公眾對於加強煙包煙害警示的支持度，對政府和立法機構落實新措施以促進公眾健康有很大幫助。

5. 研究局限

是項研究存在一些局限。首先，「現時吸煙者」包括了每日和偶爾吸煙者；「已戒煙者」包括了過去每日和過去偶爾吸煙者。然而，根據此研究的目的，區分每日和偶爾吸煙者並無太大意義。第二，研究使用電話調查作數據收集，未能使用面對面的接觸，以核實吸煙狀況。但是，由於本研究是匿名調查，故能提升數據的可信性。第三，本研究並沒有評估公眾對於食物及衛生局提議的煙害圖象警示的措施的支持度，將來需要進一步研究公眾對新措施的支持度。最後，這是一個橫斷面調查。定群研究或者具有固定樣本的縱向研究可以更有力地解釋政策和實行效果的因果關係，並能評估個人隨時間的變化。

6. 總結

我們的研究發現，現行煙包上的煙害警示未能有效起到教育公眾和促進戒煙的作用。公眾普遍支持擴大煙包煙害警示的面積，使用具警嚇力的煙害信息，定期地轉變煙害警示，以及使用全煙害警示包裝。由於已經有足夠證據支持這些措施的效用，並得到公眾支持，政府不應屈服於少數反對意見，應儘快推出有關措施。

7. 鳴謝

我們感謝香港大學民意研究計劃進行此次電話訪問，並感謝所有參加此次調查的受訪者。我們感謝香港大學護理學院趙承德先生和馬可小姐整理此份報告，亦感謝香港吸煙與健康委員會撥款和參與本調查的問卷設計。

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Public Support for Strengthening the Health Warnings on Cigarette Packaging

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Public Support for Strengthening the Health Warnings on Cigarette Packaging Tobacco Control Policy-related Survey 2015

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1. Introduction

Smoking is one of the most preventable leading causes of serious diseases, death and economic loss in Hong Kong. However, many people are unaware of the health risks of smoking. According to the Framework Convention on Tobacco Control (FCTC) Article 11 of World Health Organization (WHO), pictorial health warnings are one of the most effective measures to warn about the risks of smoking and reduce smoking¹.

The Smoking (Public Health) Ordinance (Cap. 371) in Hong Kong restricts the sale and promotion of tobacco products. In February 1983, the Ordinance was amended, requiring all packaging of tobacco products to display a health warning in both Chinese and English wordings. In January 1994, the single health warning was replaced by four stronger and more precise messages that smoking can kill, causes cancer, causes heart disease, and harms smokers and others. In 2000, three more messages specifying that smoking causes lung cancer, respiratory diseases and harms to children, were added. Each cigarette packet was required to be printed with one message covering one-third of the packet. In October 2007, six versions of pictorial health warnings, portraying the previous warning messages and adding pictures of aging skin of a female smoker, and a bent cigarette warning about the risk of impotence, were used. These warnings must cover at least 50% of the packaging surface. In December 2012, Australia became the first in the world to introduce plain packaging to reduce the attractiveness of tobacco products, increase the effectiveness of health warnings and limit the misleading information of labelling and packaging. Trademark graphics and logos are prohibited on cigarette packs, other than brand names displayed in a standard font size, colour and position on the package. The packaging

should not contain other colours and should include only the content and consumer information, such as toxic constituents, and health warnings required by law. The quitline number should also be displayed at a prominent position. While France, UK and Ireland have also passed the legislation for plain packaging, and many other countries have expanded the size of health warnings and used more threatening images, the health warnings in Hong Kong have not been changed for 9 years.

In May 2015, the Food and Health Bureau proposed to the Panel on Health Services of the Legislative Council on the renewal of the health warnings on cigarette packaging, which included (1) enlarging the size of new pictorial health warnings to at least 85% of both the packet front and back area, (2) increasing the number of forms of pictorial health warning from 6 to 12, (3) printing the health warning message "Tobacco kills up to half of its users" and the quitline (1833183), and (4) listing the tar and nicotine yields on a side adjacent to a typical flip-top lid of a cigarette packet.

In order to gauge public support for tobacco control measures, the Hong Kong Council on Smoking and Health (COSH) collaborated with the School of Public Health of The University of Hong Kong (HKU) to conduct the Tobacco Control Policy-related Survey (hereafter referred to as "the survey"). In the present report, we present the survey findings about the effect of the existing health warnings on cigarette packaging, and the public support towards the strengthening of the health warnings.

2. Methods

2.1 Study design and participants

Computer-assisted telephone interviews based on an anonymous and structured questionnaire were sub-contracted to a survey agent (Public Opinion Programme, The University of Hong Kong) to conduct the survey from April to October 2015, by trained telephone interviewers. Respondents aged 15 years or above speaking Cantonese or Putonghua were recruited. They were divided into 3 groups: (a) current smokers who, at the time of the survey, consumed cigarettes daily or occasionally; (b) ex-smokers, who consumed cigarettes previously but did not smoke at the time of the survey; and (c) never smokers, who had never consumed cigarettes in their life time. Initial calls took place during 6:30pm to 10:30pm on weekdays and weekends in order to cover respondents with diversified working hours from different occupations. Each randomly selected telephone number was called back for 5 times, with calls made at different times and days of the week, before it was considered as “non-contact”. All respondents provided oral consent before the interview began, and could withdraw from the study at any time without providing any reasons.

2.2 Sampling method and respondent selection

Respondents were randomly selected according to their residential telephone numbers from residential telephone directories. Another set of numbers were generated by a computer programme using the “plus/minus one/two” method and included in the sampling frame to capture unlisted numbers. When a telephone contact was successfully established with a target household, one eligible person was selected from all eligible family members who were at home at the time of interview, using the “next birthday” procedure. Only one eligible person from the household was interviewed even though more than one eligible member in the same household might be available at the time of interview.

2.3 Questionnaire development

The questionnaire used in the 2015 survey was modified from that in the 2014 survey. Similar to the 2013 and 2014 surveys, the questions were of two categories: (a) core questions; and (b) random questions. The core questions, including sex, age, education level, monthly household income and employment status, were posed to all respondents. The random question sets were designed for random subsample in the respondents, and could be aimed at specific smoker sub-groups. Questions on health warnings of cigarette packaging were included in one of the random question sets. In the 5,252 respondents in the survey, the computer randomly assigned 2,337 respondents (932 never smokers, 844 ex-smokers and 561 current smokers) to answer this question set.

2.4 Weighting and statistical analyses

The whole sample was weighted to compensate for the oversampling of ex- and current smokers and to make the sample more representative of the Hong Kong population. According to the projected population in 2015 in Hong Kong and the most updated smoking prevalence in 2015², a weight matrix was produced using sex, age and smoking status and used for the weighting.

Univariate analysis of variables of interest was conducted by smoking status. The chi-square test was used to examine differences by smoking status. All statistical tests were based on complete cases. Statistical significance level was defined as $p < 0.05$. Statistical analysis was conducted using STATA (Version 13, TX: StataCorp LP).

3. Results

3.1 Characteristics of the sample

Table 1 shows the characteristics of the randomly-selected subsample in the current study. Never smokers and current smokers were younger than ex-smokers ($p < 0.01$). More never smokers (41.6%) attained post-secondary education or above than ex- (25.8%) and current smokers (24.8%) ($p < 0.01$). In contrast, more ex-smokers (20.9%) attained primary education at best than never (11.7%) and current smokers (13.0%) ($p < 0.01$). Employment was higher in current smokers (69.8%) than never (54.5%) and ex-smokers (50.2%) ($p < 0.01$). More ex-smokers (42.1%) had retired than never smokers (16.1%) and current smokers (18.3%) ($p < 0.01$).

Table 1 Demographic characteristics of the weighted random subsample

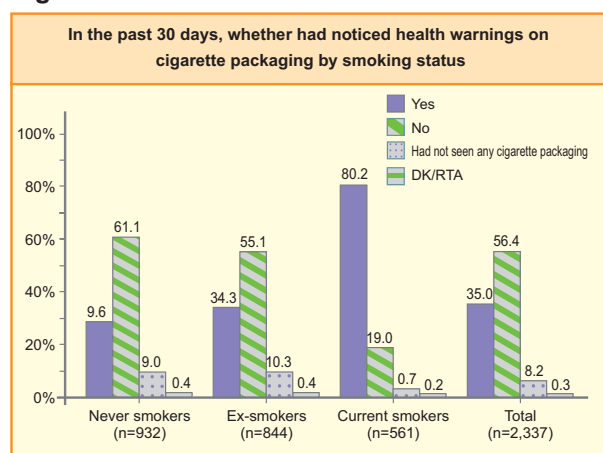
Characteristics	Never smokers	Ex-smokers	Current smokers	Total	p-value
Sex (%)	n=932	n=844	n=561	n=2,337	<0.01
Male	38.4	83.8	82.4	45.4	
Female	61.6	16.2	17.6	54.6	
Age (%)	n=813	n=780	n=511	n=2,104	<0.01
15-19	11.6	0.5	1.2	9.9	
20-29	10.7	2.2	9.9	10.2	
30-39	17.7	11.0	21.3	17.7	
40-49	17.3	16.5	23.5	17.9	
50-59	19.2	21.4	22.6	19.6	
60+	23.6	48.4	21.5	24.7	
Education level (%)	n=926	n=837	n=558	n=2,321	<0.01
Primary or below	11.7	20.9	13.0	12.5	
Secondary	46.7	53.3	62.2	48.8	
Post-secondary or above	41.6	25.8	24.8	38.7	
Employment status (%)	n=927	n=840	n=558	n=2,325	<0.01
Employed	54.5	50.2	69.8	55.4	
Student	12.2	0.6	1.5	10.8	
Home maker	15.3	4.9	7.4	14.0	
Unemployed	1.8	2.2	3.0	2.0	
Retired	16.1	42.1	18.3	17.9	

Sample sizes (n) refer to the actual number of respondents; Percentages were weighted by age, sex and smoking status to the 2015 Hong Kong population. p-values were obtained from Chi-square test.

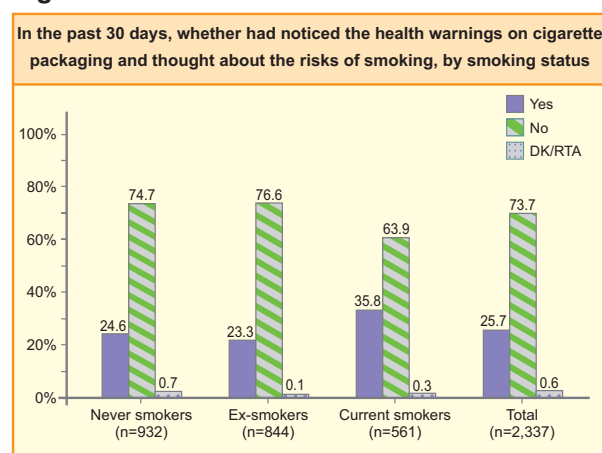
3.2 Effect of the existing health warnings

Of all respondents (n=2,337), about one-third (35.0%) had noticed the health warnings on cigarette packaging in the past 30 days, with a greater proportion in current smokers (80.2%) than never (29.6%) and ex-smokers (34.3%) (p<0.01) (Figure 1). 61.1% of never and 55.1% of ex-smokers had not noticed the warnings, and 9.0% of never and 10.3% of ex-smokers had even not seen cigarette packaging in past 30 days.

Only a quarter of all respondents (25.7%) noticed the warnings and thought about the risks of smoking in the past 30 days, but the proportion was significantly higher in current smokers (35.8%) than never (24.6%) and ex-smokers (23.3%) (p<0.01) (Figure 2).

Figure 1

Sample sizes (n) refer to the actual number of respondents; Percentages were weighted by age, sex and smoking status to the 2015 Hong Kong population.

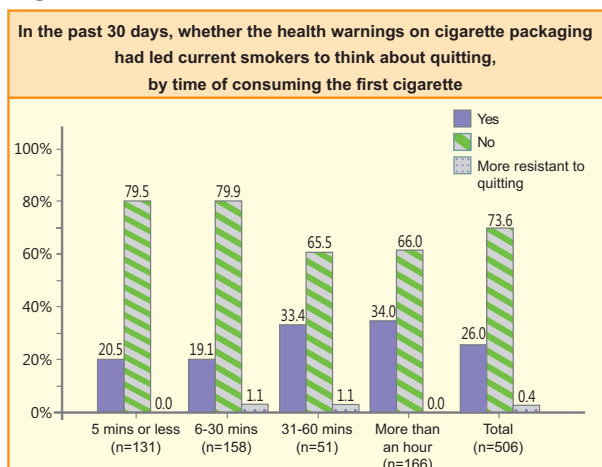
Figure 2

Sample sizes (n) refer to the actual number of respondents; Percentages were weighted by age, sex and smoking status to the 2015 Hong Kong population. "Yes" includes respondents who had noticed the health warnings and thought about the smoking risks; "No" includes those who did not notice the warnings, and those noticed the warnings but did not think about the risks of smoking.

Of all current smokers, about one-fourth (25.6%) had considered quitting because of the health warnings. Very few (1.0%) reported that the warnings had made them more resistant to quitting. Similar results (26.0% and 0.4% respectively) were found when the respondents did not answer the question of nicotine dependence (time to consume the first cigarette) were excluded (Figure 3a). But current smokers with high nicotine dependence (denoted by consuming the first cigarette within 30 minutes of waking) were significantly less likely to think about quitting when noticing the health warnings (19.1%-20.5%) than smokers with low nicotine dependence (33.4-34.0%) ($p=0.04$).

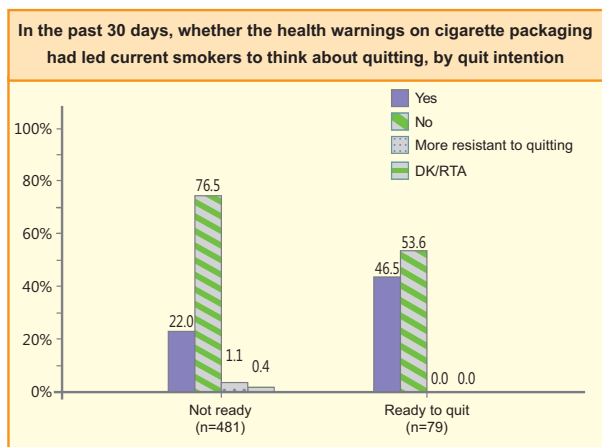
Nearly half the current smokers (46.5%) who were ready to quit (denoted by having a plan to quit within 30 days) thought about quitting when noticing the health warnings, compared with 22.0% of those smokers who were not ready to quit (denoted by no plans to quit or having a plan to quit after 30 days) ($p<0.01$) (Figure 3b).

Figure 3a



Sample sizes (n) refer to the actual number of respondents; Percentages were weighted by age and sex of current smokers in Hong Kong 2015. 55 respondents who did not know or refused to answer the question of nicotine dependence were excluded.

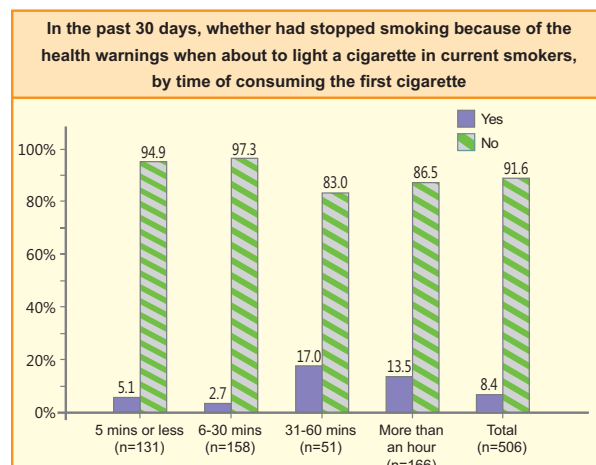
Figure 3b



Sample sizes (n) refer to the actual number of respondents; Percentages were weighted by age and sex of current smokers in Hong Kong 2015.

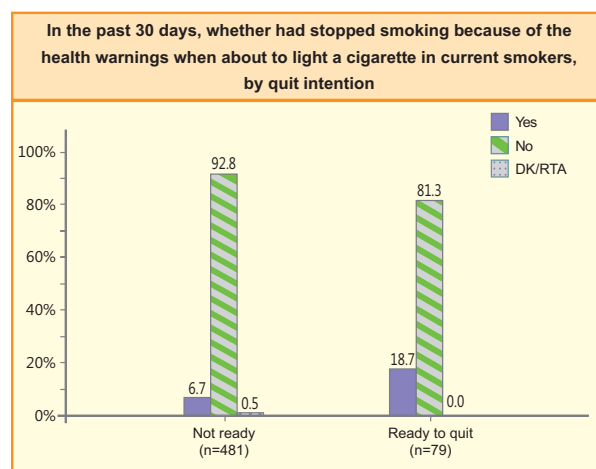
Furthermore, 8.5% of current smokers (8.4% when respondents who did not respond to the nicotine dependence question were excluded, Figure 4a) had experienced stopping smoking because of the warnings when they were about to light a cigarette in the past 30 days. Smokers who had low nicotine dependence (13.5%-17.0%) were more likely than those who had high nicotine dependence (2.7%-5.1%) to have such experience ($p<0.01$). Smokers who were ready to quit were more likely to have this experience (18.7%) than those who were not ready to quit (6.7%) ($p<0.01$) (Figure 4b).

Figure 4a



Sample sizes (n) refer to the actual number of respondents; Percentages were weighted by age and sex of current smokers in Hong Kong 2015. 55 respondents who did not know or refused to answer the question of nicotine dependence were excluded.

Figure 4b

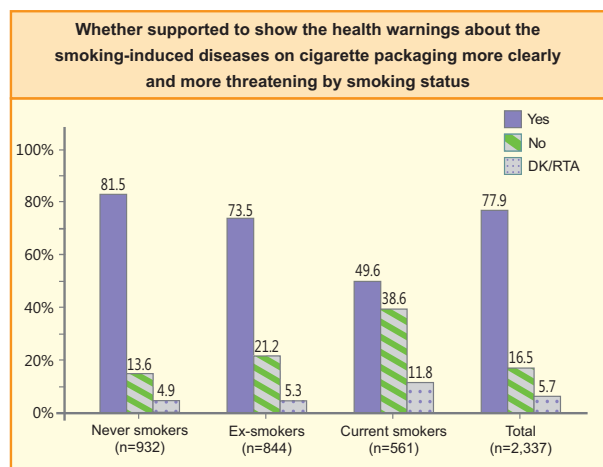


Sample sizes (n) refer to the actual number of respondents; Percentages were weighted by age and sex of current smokers in Hong Kong 2015.

3.3 Support for renewal of the health warnings

Over three-quarters of all respondents (77.9%) supported that the health warnings about the smoking-induced diseases on cigarette packaging should be made more clearly and more threatening, but the proportion was much lower in current smokers (49.6%) than never (81.5%) and ex-smokers (73.5%) ($p<0.01$) (Figure 5).

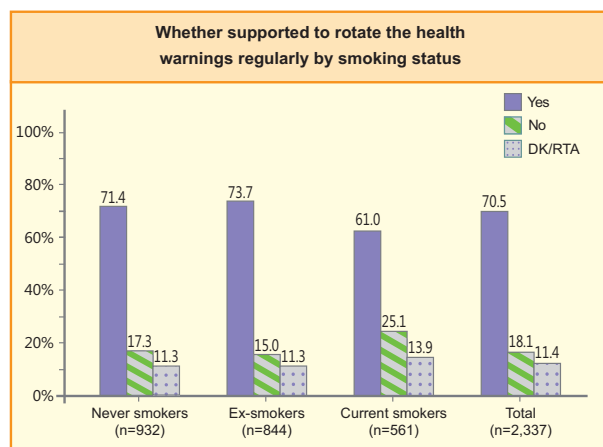
Figure 5



Sample sizes (n) refer to the actual number of respondents; Percentages were weighted by age, sex and smoking status to the 2015 Hong Kong population.

About 70% of all respondents (70.5%) supported to rotate the health warnings regularly, with 71.4% in never smokers, 73.7% in ex-smokers and 61.0% in current smokers ($p<0.01$) (Figure 6).

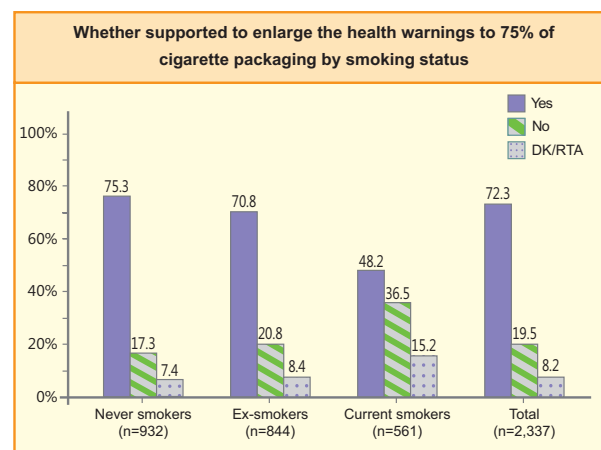
Figure 6



Sample sizes (n) refer to the actual number of respondents; Percentages were weighted by age, sex and smoking status to the 2015 Hong Kong population.

In addition, about 70% of all respondents (72.3%) supported to enlarge the pictorial warnings to 75% of cigarette packaging, but again the proportion was lower in current smokers (48.2%) than never (75.3%) and ex-smokers (70.8%) ($p<0.01$) (Figure 7).

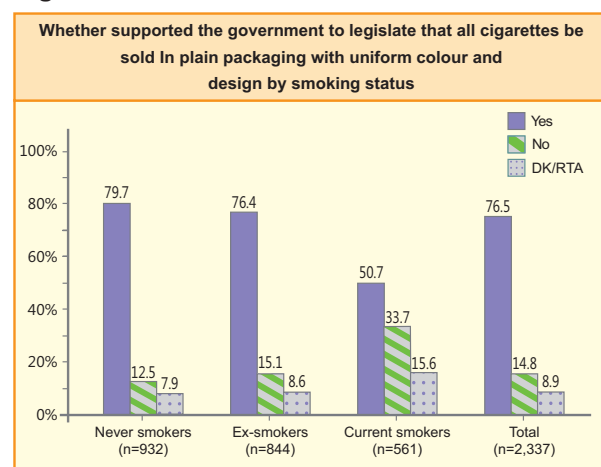
Figure 7



Sample sizes (n) refer to the actual number of respondents; Percentages were weighted by age, sex and smoking status to the 2015 Hong Kong population.

About three-quarters of all respondents (76.5%) supported the government to legislate that cigarettes to be sold in plain packaging with uniform colour and design, with higher proportion in never (79.7%) and ex-smokers (76.4%) than current smokers (50.7%) ($p<0.01$) (Figure 8).

Figure 8



Sample sizes (n) refer to the actual number of respondents; Percentages were weighted by age, sex and smoking status to the 2015 Hong Kong population.

4. Discussion

This survey found that the current health warnings on cigarette packaging had a small effect with only 35.8% of current smokers thought about the risks of smoking, 25.6% considered quitting, and 8.5% stopped smoking upon noticing the warnings. These proportions were lower than those observed in the 2014 survey with the corresponding proportions of 46.6%, 32.6% and 12.1%. These findings suggested that the effects of the existing health warnings on initiating quit intention and quit attempt in the smokers with high nicotine dependence or those not ready to quit were diminishing. On the contrary, stronger public support for renewing the health warnings on cigarette packaging was found, such as displaying more threatening messages about the health risks of smoking (77.9% in 2015, 62.4% in 2014), and regular rotation of the health warnings (70.5% in 2015, 62.6% in 2014). About three-quarters of all respondents (72.3%; no data in 2014) supported to increase the coverage of the health warnings up to 75%, and 76.5% of all respondents (42.9% in 2014) opted for plain packaging of cigarettes. About half of the current smokers supported these measures, though their support was lower than never and ex-smokers.

Only about one-third of all respondents noticed the current health warnings on cigarette packaging, and only one-fourth thought about the smoking health risks upon noticing the warnings. Also, the warnings on cigarette packaging are not strong enough to motivate more smokers to quit. The diminishing effectiveness of the current health warnings for public education and motivation of quitting might be attributed to the small size (currently 50% coverage of the packaging), the weak and non-alarming images of the warnings, and that the warnings have been unchanged for nearly 9 years. Previous studies in Australia and Uruguay have confirmed that plain packaging and larger health warnings are effective in increasing salience towards the warnings, awareness of the risks of smoking and forgoing of cigarettes^{3,4}. Furthermore, larger pictorial health warnings can discourage smoking initiation in young people⁵ and elicit more quit intention and attempts in smokers⁴. The alarms and warning effects can be increased by regular rotation of the messages and graphics⁶, and designing contents with more relevance to smokers⁷. Also, the inclusion of the absolute risk of one out of two smokers will be killed by smoking will be more easily understood than relative risks (that smokers have higher risks than non-smokers)⁸. All these renewals should be adopted to yield for more prominent and alarming effect of the health warnings.

Public support towards the strengthening of the current health warnings is strong. More than 70% of the respondents showed support towards more threatening health warnings, regular rotation of the images, enlargement of the health warnings, and plain packaging. The degree of support for plain packaging is similar to another survey in the countries of European Union⁹. Although smokers showed lower support than non-smokers, at least about half of them supported to enlarge the warnings. The strong support towards the strengthening of existing health warnings should empower the government and convince many legislators to move forward boldly, for the sake of public health.

5. Limitation

This study had several limitations. First, the term “current smoker” refers to both daily and occasional smokers and “ex-smoker” refers to ex-daily and ex-occasional smokers. Yet for the purposes of this survey, it was not necessary to distinguish between daily and occasional use. Second, all information was collected by telephone survey which did not allow face-to-face interaction with and verification of smoking status by the interviewer. However, this method can ensure anonymity and so might collect more truthful data. Third, this study did not assess the support for the latest policy on the health warnings proposed by the Food and Health Bureau, which warranted further exploration. Finally, this was a cross-sectional survey. A cohort study or panel survey with longitudinal data would be better in determining causality between policies and impacts, and measuring changes within the same individuals over time.

6. Conclusion

Our study found that the current health warnings on cigarette packaging were not strong enough for public education and enhancement of smoking cessation. Enlargement of the warnings on the packaging, more threatening messages about the risk of smoking, regular rotation of the health warnings, and plain packaging are strongly supported and recommended. With strong evidence for the effectiveness of these measures and strong public support, the government should proceed with the strengthening of health warning on cigarette packaging quickly and should not yield to oppositions from the minority.

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