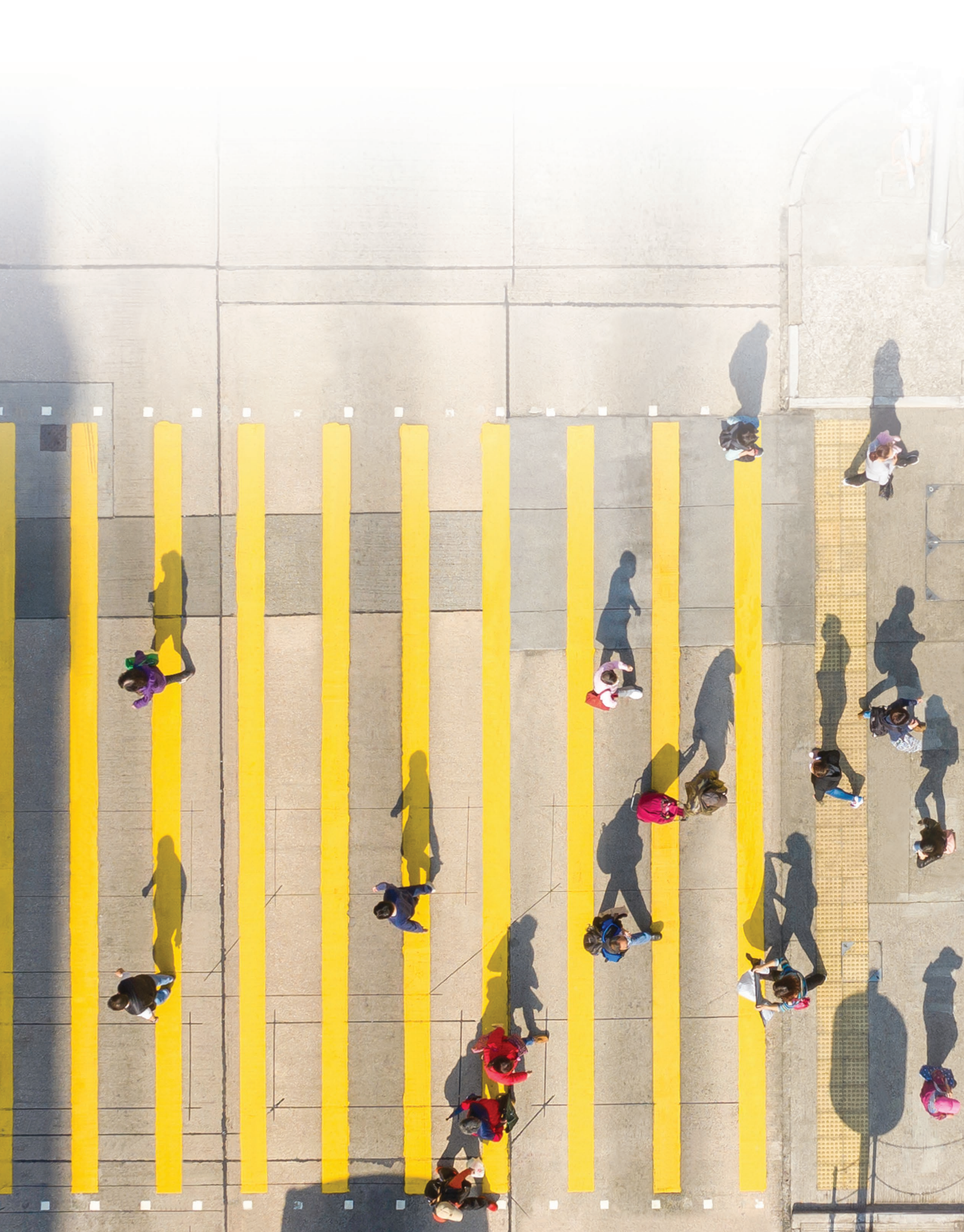


Annual Report 年報  
**2021-2022**

**Quit Wisely  
Go Healthy**  
智選戒煙 為健康起步









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# Quit Wisely Go Healthy

智選戒煙 為健康起步





# 委員會憲章 Charter of COSH

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

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

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

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

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

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





# 委員會組織架構 Organization of COSH





**委員會成員 Members of COSH**

<b>主席</b>	湯修齊先生MH太平紳士	<b>Chairman</b>	Mr Henry TONG Sau-chai, MH, JP
<b>副主席</b>	陳志球博士SBS, BBS太平紳士	<b>Vice-chairman</b>	Dr Johnnie CHAN Chi-kau, SBS, BBS, JP
<b>委員</b>	張勇邦先生MH	<b>Member</b>	Mr Langton CHEUNG Yung-pong, MH
	馮卓能先生MH		Mr Clement FUNG Cheuk-nang, MH
	古龍沙美娜女士MH		Ms Sharmila GURUNG, MH
	夏敬恒醫生		Dr Tony HA King-hang
	何世賢博士		Dr Daniel HO Sai-yin
	林哲玄議員		Dr Hon David LAM Tzit-yuen
	廖偉明醫生		Dr Haston LIU Wai-ming
	巫潔嫻教授		Prof Phoenix MO Kit-han
	蘇潔瑩醫生		Dr Loletta SO Kit-ying
	鄧振強先生MH太平紳士		Mr Teddy TANG Chun-keung, MH, JP
	曾立基先生		Mr Richard TSANG Lap-ki
	董煜醫生太平紳士		Dr Stewart TUNG Yuk, JP
	王文炳博士		Dr Kelvin WANG Man-ping
	黃幸怡女士太平紳士		Ms Sandy WONG Hang-yee, JP
<b>當然委員</b>	趙佩燕醫生太平紳士	<b>Ex-officio Member</b>	Dr Amy CHIU Pui-yin, JP

**行政委員會 Executive Committee**

<b>主席</b>	陳志球博士SBS, BBS太平紳士	<b>Chairman</b>	Dr Johnnie CHAN Chi-kau, SBS, BBS, JP
<b>委員</b>	湯修齊先生MH太平紳士	<b>Member</b>	Mr Henry TONG Sau-chai, MH, JP
	曾立基先生		Mr Richard TSANG Lap-ki

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

<b>主席</b>	曾立基先生	<b>Chairman</b>	Mr Richard TSANG Lap-ki
<b>委員</b>	湯修齊先生MH太平紳士	<b>Member</b>	Mr Henry TONG Sau-chai, MH, JP
	陳志球博士SBS, BBS太平紳士		Dr Johnnie CHAN Chi-kau, SBS, BBS, JP
	張勇邦先生MH		Mr Langton CHEUNG Yung-pong, MH
	何世賢博士		Dr Daniel HO Sai-yin
	廖偉明醫生		Dr Haston LIU Wai-ming
	蘇潔瑩醫生		Dr Loletta SO Kit-ying
	鄧振強先生MH太平紳士		Mr Teddy TANG Chun-keung, MH, JP
	董煜醫生太平紳士		Dr Stewart TUNG Yuk, JP
	黃幸怡女士太平紳士		Ms Sandy WONG Hang-ye, JP
<b>增選委員</b>	陳玉玲女士	<b>Co-opted Member</b>	Ms Kelly CHAN Yuk-ling
	張翠芬女士		Ms Connie CHEUNG Chui-fan
	方綺文女士		Ms Joanne FONG Yee-man
	譚家強博士		Dr Andy TAM Ka-keung
	譚劍虹先生		Mr TAM Kim-hung
	胡豔芬女士		Ms VU Im-fan

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

<b>主席</b>	陳志球博士SBS, BBS太平紳士	<b>Chairman</b>	Dr Johnnie CHAN Chi-kau, SBS, BBS, JP
<b>委員</b>	湯修齊先生MH太平紳士	<b>Member</b>	Mr Henry TONG Sau-chai, MH, JP
	馮卓能先生MH		Mr Clement FUNG Cheuk-nang, MH
	古龍沙美娜女士MH		Ms Sharmila GURUNG, MH
	何世賢博士		Dr Daniel HO Sai-yin
	林哲玄議員		Dr Hon David LAM Tzit-yuen
<b>增選委員</b>	方奕展先生	<b>Co-opted Member</b>	Mr Eugene FONG Yick-jin
	劉文文女士BBS, MH太平紳士		Ms Lisa LAU Man-man, BBS, MH, JP
	梁永義先生MH		Mr LEUNG Wing-yu, MH
	葉永堂先生		Mr Charlie YIP Wing-tong



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

<b>主席</b>	湯修齊先生MH太平紳士	<b>Chairman</b>	Mr Henry TONG Sau-chai, MH, JP
<b>委員</b>	陳志球博士SBS, BBS太平紳士	<b>Member</b>	Dr Johnnie CHAN Chi-kau, SBS, BBS, JP
	何世賢博士		Dr Daniel HO Sai-yin
	巫潔嫻教授		Prof Phoenix MO Kit-han
	蘇潔瑩醫生		Dr Loletta SO Kit-ying
	王文炳博士		Dr Kelvin WANG Man-ping
<b>增選委員</b>	林大慶教授BBS太平紳士	<b>Co-opted Member</b>	Prof LAM Tai-hing, BBS, JP
	唐少芬醫生		Dr Joyce TANG Shao-fen
	余榮輝先生MH		Mr Christopher YU Wing-fai, MH

## 法例委員會 Legislation Committee

<b>主席</b>	湯修齊先生MH太平紳士	<b>Chairman</b>	Mr Henry TONG Sau-chai, MH, JP
<b>委員</b>	陳志球博士SBS, BBS太平紳士	<b>Member</b>	Dr Johnnie CHAN Chi-kau, SBS, BBS, JP
	張勇邦先生MH		Mr Langton CHEUNG Yung-pong, MH
	何世賢博士		Dr Daniel HO Sai-yin
	廖偉明醫生		Dr Haston LIU Wai-ming
	鄧振強先生MH太平紳士		Mr Teddy TANG Chun-keung, MH, JP
	王文炳博士		Dr Kelvin WANG Man-ping
	黃幸怡女士太平紳士		Ms Sandy WONG Hang-yee, JP
<b>增選委員</b>	封瑩醫生	<b>Co-opted Member</b>	Dr FUNG Ying
	鄭祖盛先生MH		Mr Antonio KWONG Cho-shing, MH
	林大慶教授BBS太平紳士		Prof LAM Tai-hing, BBS, JP
	黃仰山教授		Prof Samuel WONG Yeung-shan

# 委員介紹

## Members of COSH



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

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

**7** 夏敬恒醫生  
Dr Tony HA King-hang

**10** 廖偉明醫生  
Dr Haston LIU Wai-ming

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

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

**8** 何世賢博士  
Dr Daniel HO Sai-yin

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

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

**6** 古龍沙美娜女士 MH  
Ms Sharmila GURUNG, MH

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

**12** 蘇潔瑩醫生  
Dr Loletta SO Kit-ying





**13** 鄧振強先生MH太平紳士

Mr Teddy TANG Chun-keung, MH, JP

**14** 曾立基先生

Mr Richard TSANG Lap-ki

**15** 董煜醫生太平紳士

Dr Stewart TUNG Yuk, JP

**16** 王文炳博士

Dr Kelvin WANG Man-ping

**17** 黃幸怡女士太平紳士

Ms Sandy WONG Hang-ye, JP





主席 Chairman

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

湯修齊先生現職為企業董事總經理，於2018年加入委員會，並於2020年獲委任為委員會主席，現為資訊及研究委員會和法例委員會主席，行政委員會、社區聯絡委員會和教育及宣傳委員會委員。

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



副主席 Vice-chairman

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

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

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





委員 Member

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

趙佩燕醫生現為衛生署規管事務總監，於2018年加入委員會。

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



委員 Member

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

張勇邦先生為小學校長，並為香港資助小學校長會名譽主席，於2020年加入委員會，現為教育及宣傳委員會和法例委員會委員。

Mr Langton CHEUNG is a primary school principal and also the Honorary Chairman of the Hong Kong Aided Primary School Heads Association. He joined COSH in 2020 and is a member of the Education & Publicity Committee and Legislation Committee.



委員 Member

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

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

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



委員 Member

**古龍沙美娜女士 MH**  
**Ms Sharmila GURUNG, MH**

古龍沙美娜女士為非牟利醫療團體的高級服務經理，於2020年加入委員會，現為社區聯絡委員會委員。

Ms Sharmila GURUNG is a senior service manager in a not-for-profit medical organization. She joined COSH in 2020 and is a member of the Community Liaison Committee.



委員 Member

**夏敬恒醫生**  
**Dr Tony HA King-hang**

夏敬恒醫生現為醫院管理局基層及社區醫療服務總行政經理，於2019年加入委員會。

Dr Tony HA is the Chief Manager of Primary and Community Services, Hospital Authority. He joined COSH in 2019.



委員 Member

**何世賢博士**  
**Dr Daniel HO Sai-yin**

何世賢博士為香港大學公共衛生學院副教授，於2017年加入委員會，現為社區聯絡委員會、教育及宣傳委員會、資訊及研究委員會及法例委員會委員。

Dr Daniel HO is an Associate Professor in the School of Public Health, The University of Hong Kong. He joined COSH in 2017 and is a member of the Community Liaison Committee, Education & Publicity Committee, Information & Research Committee and Legislation Committee.





委員 Member

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

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

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



委員 Member

**廖偉明醫生**  
**Dr Haston LIU Wai-ming**

廖偉明醫生為牙科醫生，香港牙醫學會前會長，於2018年加入委員會，現為教育及宣傳委員會和法例委員會委員。

Dr Haston LIU is a dentist and Past President of Hong Kong Dental Association. He joined COSH in 2018 and is a member of the Education & Publicity Committee and Legislation Committee.



委員 Member

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

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

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



委員 Member

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

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

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



委員 Member

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

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

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



委員 Member

**曾立基先生**  
**Mr Richard TSANG Lap-ki**

曾立基先生現為公共關係顧問集團主席，於2016年加入委員會，現為教育及宣傳委員會主席和行政委員會委員。

Mr Richard TSANG is the Chairman of a public relations consultancy group. He joined COSH in 2016 and is the Chairman of the Education & Publicity Committee, and also a member of the Executive Committee.





委員 Member

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

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

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



委員 Member

**王文炳博士**  
**Dr Kelvin WANG Man-ping**

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

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



委員 Member

**黃幸怡女士太平紳士**  
**Ms Sandy WONG**  
**Hang-ye, JP**

黃幸怡女士為律師行顧問律師及香港女律師協會前會長，亦擔任多項公職。黃女士於2017年加入委員會，現為教育及宣傳委員會和法例委員會委員。

Ms Sandy WONG is Consultant Solicitor at a law firm and the Past President of Hong Kong Federation of Women Lawyers. Ms Wong is actively involved in public service. She joined COSH in 2017 and is a member of the Education & Publicity Committee and Legislation Committee.

# 秘書處 Secretariat



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

## 秘書處編制及職員名單 Secretariat

總幹事	黎慧賢女士	Executive Director	Ms Vienna LAI Wai-yin
項目籌劃 高級經理	朱偉康先生	Senior Project Manager	Mr Lawrence CHU Wai-hong
項目籌劃經理	朱皓怡女士	Project Manager	Ms Cayden CHU Ho-ye
	林曉彤女士		Ms Alice LAM Hiu-tung
	謝婕怡女士		Ms Irene TSE Tsit-yi
	謝結齡女士		Ms Jacqueline TSE Kit-ling
	王志峰先生		Mr Fung WONG Chi-fung
行政經理	李碧雲女士	Executive Manager	Ms Jessica LEE Pik-wan
資訊科技經理	潘志聰先生	Information and Technology Manager	Mr Lancelot POON Chi-chung
研究經理	梁樂彤女士	Research Manager	Ms Christie LEUNG Lok-tung
項目主任	張釗文先生	Project Officer	Mr Kavin CHEUNG Chiu-man
	盧苑翹女士		Ms Katie LO Yuen-kiu
	譚雅雯女士		Ms Carmen TAM Nga-man
	黃沛衡女士		Ms Esther WONG Pui-hang
項目籌劃主任	何子瑩女士	Project Executive	Ms Eunis HO Tze-ying
教育幹事	陳穎心女士	Educator	Ms Samantha CHAN Wing-sum
	鍾翠媛女士		Ms Irene CHUNG Tsui-woon
	郭麗嬋女士		Ms Vivian KWOK Lai-sim
	黃思敏女士		Ms Vicky WONG Sze-man
行政助理	林海琦女士	Executive Assistant	Ms Sophia LAM Hoi-kei
項目籌劃助理	何雋謙先生	Project Assistant	Mr Ivan HO Chun-him





# 主席報告 Chairman's Report

控煙發展有如逆水行舟，不進則退。委員會將繼續凝聚各界力量，積極為香港創造更多有利條件達至「煙草終局」。

Tobacco control development is like a boat sailing against the current and it must forge ahead in order not to be driven back. COSH will rally the efforts of all sectors in the years to come, to create favourable conditions for achieving "Tobacco Endgame" in Hong Kong.

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





自從《吸煙（公眾衛生）條例》於1982年生效以來，香港吸煙率由23.3%下降至2019年的10.2%，是全球吸煙率最低的地區之一。然而，吸煙率近十年的下降速度明顯放緩，反映控煙背後仍隱藏不少危機，當中煙草商開拓新市場延續利潤的舉動，最值得關注。煙草商不僅將吸煙產品推陳出新，包裝成潮流玩意，意圖淡化吸煙對身體帶來的傷害，並針對青少年及非吸煙人士此類目標客群，誘使他們加入吸煙行列，對公共衛生構成嚴重威脅。

控煙形勢嚴峻，委員會擔憂另類吸煙產品的流行破壞多年來控煙工作的成果，故不敢怠慢，從多元渠道為市民拆解另類吸煙產品的誤導宣稱，包括聯同香港大學學者舉辦記者會，發佈首個本地研究結果，指出青少年使用加熱煙草產品持續出現呼吸系統徵狀，風險較使用傳統捲煙高近五成，揭示其無法減害的真相。全禁另類吸煙產品是社會廣泛共識，委員會向立法會議員遞交近12萬個來自機構、團體、公司及市民的簽名，表達各階層對建設無煙香港的殷切期望。與此同時，委員會於公共交通工具刊登車身廣告，並與不同界別的專家及學者馬不停蹄接受各大傳媒訪問、撰寫文章、發佈新聞稿等，向公眾解說條例草案通過的重要性及提高社會對另類吸煙產品禍害的關注。最終《2021年吸煙（公眾衛生）（修訂）條例》於2021年10月獲立法會通過後刊憲，禁止進口、推廣、製造、售賣或為商業目的而管有另類吸煙產品，包括電子煙、加熱煙草產品及草本煙，為公眾健康提供更大保障。

Since the enactment of the Smoking (Public Health) Ordinance in 1982, smoking prevalence of Hong Kong has been dropping from 23.3% to 10.2% in 2019 and is one of the lowest in the world. Yet, there has been an obvious slowdown in falling prevalence of smoking in the past decade with obstacles behind the work of tobacco control, of which the tobacco industry exploring new markets to increase profitability is fuelling concerns. Tobacco industry not only launches new smoking products, but also portrays the trendy smoking products positively to downplay the health risks associated with smoking so as to lure especially teenagers and non-smokers into smoking that would pose serious threat to public health.

In view of the alarming trend in the use of alternative smoking products (ASPs) may undermine the efforts of tobacco control in Hong Kong over the years, COSH took immediate actions to debunk the misleading claims of ASPs through multiple channels, including a press conference held by COSH and the academia from The University of Hong Kong to announce the first evidence on nearly 50% higher risks of persistent respiratory symptoms, in adolescent heated tobacco product (HTP) users than exclusive ever cigarette users, and in result the use of HTP failed to reduce harms caused by smoking. With a broad consensus in the community that to support a total ban on ASPs, COSH submitted around 120,000 signatures from all sectors including organizations, corporations and individuals, and conveyed public aspiration of smoke-free Hong Kong to the Legislative Council members. Meanwhile, COSH launched public transport advertising, accepted media interviews with experts and academia from different sectors of the society, wrote articles and issued press releases to elaborate on the vital importance of passing the Bill and raise the awareness of the harmful effects of ASPs to the general public. The Smoking (Public Health) (Amendment) Ordinance 2021 was eventually passed and gazetted in October 2021, to prohibit the import, promotion, manufacture, sale or the possession of ASPs including electronic cigarettes, HTPs and herbal cigarettes for public health protection.

委員會在各宣傳及推廣計劃加入無煙代言人「咪點我」角色，以生動有趣的手法介紹煙草禍害，以及戒煙與健康資訊，宣揚「吸煙實有害，乜煙都咪點！」的信息，希望市民不要吸煙，從而抑制煙草的廣泛使用。

委員會一向重視無煙教育，並透過一系列針對各成長階段學生的恆常教育活動，向兒童及青少年灌輸堅拒吸煙的信息。除於幼稚園及中小學舉辦逾100場「無煙新世代」健康講座外，委員會亦透過「學校互動教育巡迴劇場」，以互動劇場手法破解另類吸煙產品的謬誤，提升小學生的學習成效及趣味。此外，委員會首次安排「無煙Teens精英計劃」約200名青少年參加者參觀香港大學，學習應對吸煙病人的醫療知識，並於校園及社區籌辦超過130項創新活動，較歷屆平均增加約四成，成功將無煙信息傳遞予逾四萬名來自不同階層及行業的市民。

隨著新冠肺炎疫情持續，委員會全面推廣以運動戒煙。我們舉辦「無煙跑服日」，以「疫境同行·無煙起步」為主題，呼籲全港市民於世界無煙日當天穿着跑服及勤做運動，獲逾4,500名市民響應及超過160間公司、機構、非牟利團體、醫院及學校支持，推動吸煙人士在疫情下儘快遠離煙害。鑑於跑步被證實有助舒緩退癮徵狀所帶來的不適，委員會再度舉辦「全城無煙跑」，並因應疫情而以虛擬跑方式進行，吸引逾800名吸煙人士及公眾參與，身體力行支持健康生活模式。

The character element of “Wise Mike”, Smoke-free Ambassador, was incorporated in various publicity and promotion programmes to introduce the tobacco hazards and health information about quitting smoking in an interactive way. Message of “Smoking Harms. Don’t Smoke at All!” was promoted to discourage smoking and contain the proliferation of tobacco use.

COSH all along attaches importance to smoke-free education to deter the children and teenagers from smoking through a series of recurrent education programmes in different stages of learning. Apart from organizing over 100 health talks for “Smoke-free New Generation” in kindergartens, primary schools and secondary schools, COSH also launched School Interactive Education Theatre to dispel misconceptions on ASPs while enhancing effective and enjoyable learning among primary school students. Besides, COSH arranged visits to The University of Hong Kong for around 200 teenagers who enrolled in the “Smoke-free Elite Teens Programme”, to acquire medical knowledge to help smoking patients. They initiated more than 130 innovative activities in schools and community, with an increase of around 40% compared with the average of previous years’ recorded, reaching over 40,000 people from all walks of life.

During the ongoing COVID-19 pandemic, COSH promoted smoking cessation by doing exercises. We launched “Smoke-free Sportswear Day” with the theme of “Get Set · Go Smoke-free” to call for the public to wear sportswear and do regular exercises. The Programme was supported by more than 4,500 citizens and over 160 companies, organizations, non-governmental organizations, hospitals and schools to motivate smokers to stay away from tobacco hazards as soon as possible. Given that running was proved to relieve unpleasant withdrawal symptoms and considering the epidemic development, “Smoke-free Run” was returned again in virtual mode with over 800 smokers and members of the public joined to support healthy lifestyle.



為加強社區的戒煙氛圍，委員會展開第12屆「戒煙大贏家」無煙社區計劃。承接過往計劃的佳績，再次得到18區區議會的支持，並動員逾300名來自16間地區合作夥伴的職員及義工，於港九新界舉辦接近60場地區無煙宣傳活動，聯同委員會舉辦的超過70場招募活動，成功招募逾1,450名有意戒煙的吸煙人士，成績再創新高。計劃不但為參賽者提供電話輔導服務及轉介至合適的戒煙服務機構跟進，亦邀請歷屆「戒煙大贏家」比賽的成功戒煙人士擔任「戒煙夥伴」，以過來人的身分分享經驗，陪伴參賽者渡過戒煙過程中的困難時刻。

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

>130 場

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



>1,450 名

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

針對女性及長者的吸煙情況，委員會繼續推行無煙女性宣傳計劃及「無煙老友記」計劃，以促進社區健康推廣。近年香港女性吸煙率有上升趨勢，委員會聯同16間婦女機構及地區康健中心緊密合作，以不同的宣傳途徑包括其會員網絡的支持，重點介紹煙草禍害，提醒女士拒絕所有形式的吸煙行為。計劃內容豐富，亦涵蓋無煙短片宣傳推廣，支援女性戒煙，合共向超過75萬名市民傳遞無煙信息。另外，疫情無阻委員會透過健康講座及宣傳物資，鼓勵約4,400名長者及早戒掉吸煙習慣，減低感染新冠肺炎及重症風險。

To further enhance supportive environment for smoking cessation in the community, COSH launched the 12<sup>th</sup> “Quit to Win” Smoke-free Community Campaign. Following the success of the Campaigns in previous years, the Campaign was fully supported by the 18 District Councils again. Over 300 staff and volunteers from 16 district working partners conducted around 60 district-based smoke-free promotion activities across the territory, together with more than 70 recruitment sessions organized by COSH, over 1,450 smokers were recruited to join the Contest hitting a record high. Smoking cessation counseling service by telephone interview and referral service to smoking cessation service providers were offered to the participants, and also quitters from the previous Contests were invited to engage in sharing experience as Smoking Cessation Peer Supporters to walk with participants during the cessation process.

To boost health promotion in the community, COSH continued to launch the Smoke-free Women Project and Elderly Smoking Cessation Promotion Project for targeting female and elderly smokers. The smoking prevalence in women has been on the rise in recent years. Therefore, COSH collaborated closely with 16 women associations and district health centres in highlighting smoking hazards and reminding women to say no to all forms of smoking via their membership network and other promotion channels. Smoke-free promotional videos were also promoted to support women to stop smoking. The Project totally reached over 750,000 citizens. Furthermore, the pandemic was unable to hinder the progress of COSH's smoking cessation promotion among elderlies through health talks and distribution of promotional materials. About 4,400 elderlies were encouraged to kick the habit in order to reduce the risk of infection and severe conditions from COVID-19.

委員會考慮到讓市民更便捷地掌握委員會的工作及控煙的最新資訊，推出全新面貌的網站，既在重組網頁架構後，採用適應性網頁設計，亦數碼化資源申請流程及新增資訊分享的功能。在更新網頁內容方面，尤其緊貼國際控煙趨勢，提供最新的控煙策略及煙草業的宣傳伎倆作參考。此外，亦增設網上尼古丁依賴程度測試，讓公眾人士即時取得結果及戒煙忠告，以便制定戒煙計劃。為消除語言障礙，委員會於網頁內提供八種少數族裔語言，介紹吸煙的害處及戒煙方法，推動他們戒掉吸煙習慣。

委員會同時加以運用網上平台提升宣揚無煙信息的效果，特意於主頁介面的顯眼位置新增控煙專題的版位，將不同的控煙題材製成宣傳短片，深入淺出地剖析現時香港控煙面對的挑戰及政策倡議，並在影片分享平台及社交媒體平台錄得近57萬人次觀看。而社交媒體平台（「無煙大家庭」、「煙害2.0」Facebook專頁及「咪點我」Instagram帳戶）亦共吸引逾一萬三千名支持者追蹤，接觸人次超過250萬。委員會的全新宣傳短片「錫人錫己 咪錫支煙！」，由無煙代言人「咪點我」鼓勵不同年齡的吸煙人士於居家抗疫期間，為自己及身邊人儘早戒煙。宣傳短片已於各大電視及電台播放，輔以網上廣告作推廣，瀏覽次數高達120萬。

社交媒體平台宣揚無煙信息  
Dissemination of Smoke-free  
Messages via Social Media Platforms

 **>13,000** 名  
支持者追蹤 followers

接觸 Reaching   
**>2,500,000** 名  
市民 citizens

Considering that members of the public could stay tuned easily for the updates on COSH's work and latest information related to tobacco control, COSH launched a brand-new design website after restructuring, adopting responsive design, digitalizing materials application and adding sharing functions. The content of web pages regarding the latest tobacco control strategies as well as marketing tactics of tobacco industry were enhanced, to facilitate the public to keep abreast of the global trend in tobacco control. In addition, new online Fagerstrom Test of Nicotine Dependence was included to enable the public to receive immediate result and smoking cessation advice for their formulation of quit plan. To bridge the language barrier, COSH introduced the harms of smoking and methods of cessation in eight ethnic languages on the website to encourage ethnic minorities to quit smoking.

COSH also extended the reach of smoke-free messages by utilizing online platforms and a new section of tobacco control topics was placed at the prominent location of the website homepage. Different tobacco control topics were showcased in an easily understandable manner through the production of promotional videos in outlining the challenges ahead and policy advocacy in Hong Kong. Videos generated about 570,000 views on video sharing platform and social media platforms. Facebook pages "Smoke-free Family", "Smoking Hazards 2.0" and "Wise Mike" Instagram account attracted more than 13,000 followers, with over 2,500,000 counts of reach. COSH launched a new Announcement in the Public Interest (API) titled "Love Yourself and Others. Let's Quit Now!". "Wise Mike", Smoke-free Ambassador, appealed different age groups of smokers to quit smoking for oneself and others during stay-at-home. The API was broadcasted on TV stations, radio channels and online platforms, and recorded over 1,200,000 views.

隨着通過全禁另類吸煙產品條例草案後，香港憑藉自身的優勢，絕對具備條件踏入控煙發展新階段。委員會認為現時是適當時候制定具前瞻性的控煙政策，達至「煙草終局」，務求消除所有吸煙行為。當然，目標不可能一蹴而就，而是需要政府加大力度，透過推行多管齊下的控煙措施，集中減少非吸煙人士染上煙癮，以及全力幫助重度及其他吸煙人士戒煙，例如大幅增加煙草稅、擴大禁煙範圍、提高最低合法購買煙草年齡至21歲、減低煙草的吸引力及成癮性等，配合增撥資源加強戒煙服務、教育及宣傳推廣、執法及打擊私煙等，這樣才可加快減少吸煙人口，繼而啟動全面禁煙機制，實現無煙香港。

全禁另類吸煙產品法例，將於2022年4月30日正式生效。適逢2022年既是香港控煙工作40周年，也是委員會成立35周年，本人很高興能見證委員會與控煙夥伴爭取多年的成果終於落實執行。最後，我藉此機會，衷心感謝委員會各委員同心協力推動控煙進程，以及秘書處職員所付出的努力。不過，我們必須緊記控煙發展有如逆水行舟，不進則退。委員會將繼續肩負使命，凝聚各界力量，積極為香港創造更多有利條件達至「煙草終局」，造福社會。

Following the passage of the Bill, Hong Kong can capitalize on its advantages to turn a new page of tobacco control development. COSH considered now the right time to formulate the forward-looking policies in tobacco control so as to achieve “Tobacco Endgame” to eliminate all smoking behaviours in Hong Kong. Indeed, it is not possible to meet objective at one stroke. The Government should step up efforts in adopting multi-pronged strategies to focus on preventing non-smokers from starting to smoke and providing unwavering support among heavy smokers and other smokers for smoking cessation, such as raising tobacco tax substantially, expanding the statutory no smoking areas, raising minimum legal age of sales for tobacco products to 21 years old, reducing attractiveness and addictiveness of tobacco products. Also, with the increase in the provision of resources to enhance smoking cessation service, education and promotion, enforcement and combating illicit cigarette trade to be put in place, only in this way can we accelerate the downward trend in smoking population, with a view to activating the mechanism of total ban on smoking for a smoke-free Hong Kong.

The legislation of total ban on ASPs will come into effect on 30 April 2022. 2022 marks the 40<sup>th</sup> anniversary of tobacco control in Hong Kong and also the 35<sup>th</sup> anniversary of COSH. I am delighted to witness the fruitful results rendered by the Council and tobacco control partners for many years to be implemented. Last but not least, I would like to take this opportunity to express my heartfelt gratitude to COSH Council members and the Secretariat staff for their concerted efforts in putting forward tobacco control development in Hong Kong. However, it is important for us to note that tobacco control development is like a boat sailing against the current, and it must forge ahead in order not to be driven back. COSH will continue to fulfill our mission and rally the efforts of all sectors in the years to come, to create favourable conditions for achieving “Tobacco Endgame” in Hong Kong, benefitting the community.



**Smoking Harms**  
**Quit Wisely for Health**

**吸煙實有害**  
**為健康智選戒煙**



## 專題 Highlights



縱然香港是全球吸煙率最低的城市之一，但近年另類吸煙產品在全球迅速冒起，為控煙工作帶來前所未見的嚴峻挑戰。為更有效提高公眾對各種煙草危害的認知及增加與市民的互動，香港吸煙與健康委員會透過無煙代言人「咪點我」以輕鬆有趣的方式於各類教育及宣傳活動中加強推廣效用，積極推動戒煙，預防年輕人嘗試吸煙。「咪點我」造型可愛，表情生動逗趣，推出至今，深受好評，其口頭禪「吸煙實有害，乜煙都咪點！」簡單易明，給人留下深刻印象。

Notwithstanding Hong Kong as one of the lowest smoking prevalence in the world, tobacco control has been facing unprecedented challenges posed by the rapid emergence of alternative smoking products (ASPs) across the globe in recent years. In order to enhance the public awareness on various forms of tobacco hazards and public interaction, COSH has been actively promoting smoking cessation and preventing smoking initiation among young people, with the involvement of "Wise Mike", Smoke-free Ambassador, in different education and publicity programmes. "Wise Mike" has received wide acclaim for an adorable character design and array of funny facial expressions since his launch. The community was also impressed with his simple and explicit catchphrase "Smoking Harms. Don't Smoke at All!"



## 創意構思「咪點我」的誕生

委員會一向重視控煙宣傳教育及倡議工作，關注到社會上充斥著各種另類吸煙產品虛假、具誤導性或未經證實的信息，容易令市民誤解，成為推展控煙政策的阻力，故此必須及早阻止，主動澄清相關謠言。委員會隨即構想不同宣傳策略，創作出「咪點我」這個虛擬角色，以身上具標誌性的喇叭為市民拆解吸煙謬誤，鼓勵作出明智的選擇——戒煙，亦揭露煙草業的不良營銷手法。他同時肩負起推動無煙香港的使命，目標是要消除所有煙草禍害，保障公眾健康。



「咪點我」是廣東話句語，當中的「咪」，意指「別、不要」，而「點」則包含被煙草商愚弄或蒙蔽的意思。創作團隊為拉近角色與市民的距離，刻意選用普遍家庭的主食之一大米，作為外形設計的構思，增加親切感，並取其諧音「咪」，成為名字的一部分。「咪點我」的性格聰慧，眉毛形狀與用來標記正確的剔號符號一致，象徵正義，並常運用身上最大特色的喇叭，「砵」走煙草商的詭計，致力宣揚「吸煙實有害，乜煙都咪點！」的信息，警惕市民提防煙草商的圈套，以免因尼古丁上癮成為他們的長期顧客，影響健康。另一方面，他在角色設定中深受爸爸成功戒煙的影響，跟隨爸爸的榜樣，喜愛到處推廣無煙生活的好處。

## The Creative Idea of “Wise Mike”

COSH has always recognized the importance of the education and publicity programmes, and policy advocacy work. We were concerned on numerous fake news, misinformation and baseless claims related to the ASPs circulating in society, which could easily confuse the public and end up causing disruption in bringing forward the tobacco control policies. Thus, we must take decisive action to counter the threat of rumour through clarifications. COSH created the virtual character of “Wise Mike” to bust myths around smoking, encourage the public to make the wise choice - quit and disclose tobacco industry tactics by using his iconic horn. He also bears a mission that making progress on a smoke-free Hong Kong, with an aim to eliminate all smoking hazards for the sake of public health.

“Wise Mike” is a Cantonese phrase that includes the meanings of saying no to smoking products as well as tobacco companies’ deception and duplicity. The creative team decided on his name carefully in order to help him integrate into community. The shape feature of rice, one of the staple foods in Hong Kong families, was applied in character design to demonstrate a homophone with the meaning of “No” in Cantonese and create intimacy. “Wise Mike” is smart and righteous with feature of tick-shaped brow. His iconic horn serves to debunk cunning ploys by tobacco companies. To warn the public of the tobacco companies’ devious tactics that would lure them to become long-term smokers due to nicotine addiction and thereby harm their health, he is committed to promoting “Smoking harms. Don’t smoke at all!”. Besides, he was influenced by his father as role model who quitted smoking successfully, to promote the benefits of smoke-free lifestyle to people anywhere.



## 當前任務 教育市民認清禍害

「咪點我」的首要任務是讓公眾全面認識另類吸煙產品的禍害，以便爭取市民支持政府及立法會儘快通過《2019年吸煙（公眾衛生）（修訂）條例草案》，禁止進口、製造、售賣、分發及宣傳另類吸煙產品，杜絕此類產品於香港流行蔓延，禍及下一代。委員會在2021年10月推出以「吸煙實有害，乜煙都咪點！」為題的宣傳計劃，於公共交通工具車身展示廣告，行駛香港、九龍及新界各區，為期一個月，廣泛接觸數以百萬計來自不同階層的市民，促進公眾的無煙意識。同時，委員會亦製作宣傳紀念品，除文儀用品外，還有餐具、布袋及水樽等生活家品，均於教育及宣傳活動免費派發用作推廣用途。



## 開拓渠道 提升無煙宣傳效果

隨著社交媒體的使用愈來愈普及，市民踴躍透過網上渠道表達及交流意見。委員會因而為「咪點我」開設Instagram社交媒體帳戶，以百變的造型及幽默的風格示人，期望運用軟性方式宣揚煙害信息，藉此引起市民對這個嚴肅課題的關注，並加強與市民的相向溝通。其Instagram內容從分享生活瑣事為切入點，讓市民充分體會無煙文化與生活的密切關係，由此推動市民支持並參與營造社區無煙氛圍。

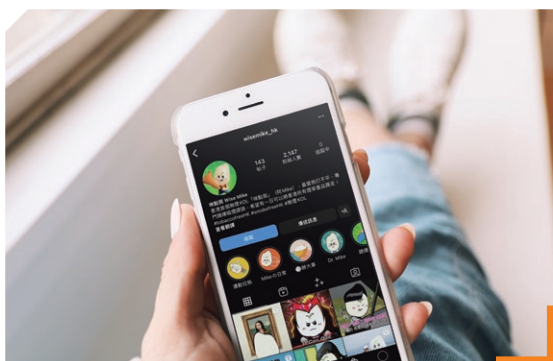
## Health Education as Top Priority

The foremost mission of “Wise Mike” is to deepen a comprehensive understanding of the risks of ASPs among the general public, for gaining support to pass “Smoking (Public Health) (Amendment) Bill 2019” (the Bill) by the Government and Legislative Council. The Bill was set to prohibit the import, manufacture, sale, distribution and advertisement of ASPs which would help curb the ASP epidemic in Hong Kong. COSH launched the publicity programme titled “Smoking Harms. Don’t Smoke at All!” in October 2021 to boost awareness against tobacco use in community. The advertisements were displayed on the modes of public road transports across the territory for one month, reaching millions of people from all walks of life. Meanwhile, COSH produced promotional souvenir items for free distributions at education and publicity events and activities. They were stationeries and other souvenir items included cutlery sets, tote bags and water bottles.

## New Channel to Extend Reach

With the growing popularity of social media platforms, citizens are more likely to express and exchange their views through online channels, thereby, COSH launched an “Wise Mike” Instagram account. Conveying information about smoking hazards in humorous ways with kaleidoscopic images were expected to draw public attention to this serious topic as well as to strengthen interactions with the public. Also, “Wise Mike” has been reaching out to the community by sharing his daily life stories as an entry point so that people can fully realize smoke-free culture is closely tied to the daily life in order to promote public engagement in fostering smoke-free atmosphere in society.

回顧過去一年，委員會發佈了過百個帖文，題材涵蓋戒煙方法、煙草禍害、國際控煙政策、科研結果等，共錄得逾2,000名的粉絲增長，接觸近90萬人次。粉絲年齡層主要介乎18至34歲，反映正面信息已傳遞至年青一代。委員會亦善用不同的形式，例如限時動態分享、開放式問答、投票等，邀請公眾參與互動及發表意見，有助委員會了解社會上對現行控煙政策的不同觀點，協助制定倡議政策的未來方向。



### 預防教育 由家校搖籃開始

為抗衡另類吸煙產品滲透校園，委員會首次於恆常無煙教育活動「學校互動教育巡迴劇場」安排「咪點我」參與演出，以無煙拯救隊召集人身份，於劇目中為觀眾揭穿煙草商的陰謀，並協助劇中隊員一起找出各種煙害，引導觀眾遠離任何形式的吸煙產品。演出完結後，「咪點我」亦帶領現場師生喊出「吸煙實有害，乜煙都咪點！」的口號，鼓勵他們從小培養不吸煙的習慣。於2021至2022學年，此教育劇場共舉辦逾95場，超過二萬八千名學生及教師欣賞。

Throughout the year, over 100 social media posts covered a wide range of topics, including smoking cessation, tobacco hazards, international tobacco control policies and scientific research achievements. More than 2,000 follower growth and some 900,000 reach were recorded. The largest demographic of followers was 18 to 34 years old, where revealed that positive messages were successfully disseminated among young people. COSH also invited the public to interact with the content and share their opinions in various formats, for example, stories sharing, open-ended questions and polls, to assist COSH in planning policy advocacy after understanding people's different viewpoints on current tobacco control policies.

### Start in Family and School-based Preventive Education

To combat ASPs infiltrating into schools, COSH arranged "Wise Mike" to participate in the recurrent education programme "School Interactive Education Theatre" for the first time. Being a convener of smoke-free rangers, he discerned the cunning plans used by the tobacco companies and found out smoking hazards in the drama to guide audience to stay away from all forms of smoking products. After the performance, "Wise Mike" led teachers and students to chant slogan "Smoking Harms. Don't Smoke at All!" to encourage students to not smoke from an early age. During the school year 2021 to 2022, over 95 performances were delivered and more than 28,000 students and teachers were reached.



此外，鑑於本港研究顯示約一成吸煙人士因「受父母/其他家人影響」而開始吸食捲煙，「咪點我」便於活動中派發小冊子，內附無煙拯救隊約章，邀請學生家人簽署加入無煙家庭行列，承諾拒絕吸煙，以及與學生一起動手設計戒煙海報，希望吸煙的家人以身作則，儘早擺脫對尼古丁的依賴，讓子女在無煙健康的環境中成長。

## 親朋動力 成為戒煙人士後盾

委員會深明戒煙絕非易事，需要家人和朋友強大後盾的支持，配合適當方法才能成功。因此，「咪點我」藉世界無煙日推廣「同行者」在戒煙過程中擔當的關鍵角色，特別是新冠肺炎疫情期間，鼓勵非吸煙人士由做運動開始，一起並肩協助戒煙人士克服退癮徵狀的難關，參與由委員會舉辦的宣傳推廣活動「無煙跑服日」。在活動期間，委員會安排「咪點我」流動宣傳車及街站宣傳到訪各區，向大眾免費派發檸檬及「健康起步日記」宣傳品，為吸煙人士提供簡單又有效的戒煙貼士，鼓勵他們以檸檬水取代捲煙，亦提醒非吸煙人士要堅定拒絕別人吸煙的邀請。整個系列活動共吸引逾7,500人及160間公司參與。



Given that around 10% of smokers started smoking cigarette because they were influenced by parents/other family members shown in Hong Kong survey, “Wise Mike” distributed pamphlets with charter attached to invite students and their family members to sign it up and design smoking cessation posters together to stay smoke-free for good. We hoped smoking family members to set a good example by getting rid of nicotine dependence as early as possible so that the kid could grow healthily in smoke-free environment.

## Family and Friends Support as Impetus to Quit

COSH understands people would find it hard to quit smoking. The great sources of support from family and friends throughout the challenging times will actually contribute to the success of quit attempt, together with the proper smoking cessation methods. Hence, “Wise Mike” addressed the importance of good company riding on World No Tobacco Day to walk with smokers in quit smoking and encourage the public to participate in the “Smoke-free Sportswear Day” organized by COSH. Non-smokers were motivated to assist smokers in overcoming withdrawal symptoms on their quit journey amid COVID-19 pandemic by starting exercise together. During the Programme period, “Wise Mike” promotional truck and street promotion activities were arranged to visit different districts. Lemons and health logs collaterals with some simple and effective cessations tips were distributed to citizens free of charge which encouraged smokers to drink lemon water as a substitute for cigarette while lemon could be interpreted as refusal for non-smokers to reject any invitation to smoke. A series of activities under the Programme attracted up to over 7,500 people and over 160 companies to join.



## 提防陷阱 警惕女性勿試另類煙

2019年錄得3.2%的女性吸煙率不跌反升，情況值得關注。近年煙草商聲稱「美容煙」不含尼古丁及具有營養補充的美容功效，並推出林林總總的添味煙草產品。此舉誤導及誘使市民購買，為女性吸煙人口帶來上升壓力。委員會安排「咪點我」於2021年10月23日至24日現身於「無煙•全城最靚」社區宣傳活動，與多個婦女團體合作進行煙害解說工作，讓市民了解使用吸煙產品所帶來的潛在健康風險，並強調世上沒有安全而健康的吸煙產品。「咪點我」於活動現場受到市民熱烈歡迎，更獲邀合照。參與人士均認同「咪點我」的形象親民，能吸引公眾參與支持控煙工作，尤其是年輕一代，攜手推動無煙香港的發展。



## 跑步運動 增強意志力助戒煙

眾多研究證實跑步能使腦部釋放多巴胺，有助減退煙癮。若能夠持之以恆，亦可以鍛鍊個人的意志力，拒絕復吸誘惑，提高戒煙成功機率。委員會承接「無煙跑服日」所締造的運動戒煙氛圍，舉辦「全城無煙跑」虛擬跑，招募全港市民以行動推動戒煙，體會跑步為身體帶來的益處。比賽設有「無煙Buddy」組別，鼓勵非吸煙人士陪同吸煙人士參與跑步戒煙，由身邊的朋友及親人鞭策支持，戒煙效果必會事半功倍。

## ASP Alert to Reach Female

A rebounding smoking rates to 3.2% among female in 2019 is a matter of concern. Some electronic cigarettes named as “Beauty E-cigarettes” by tobacco companies in recent years that claimed to be nicotine-free and contain dietary supplement delivery to the skin while tobacco products were also available in a wide variety of flavours on the market. In this connection, the misleading information tricked female into buying it, resulting in the upward pressure on female smoking population. Hence, COSH arranged “Wise Mike” to appear in the “Smoke-free Beauties in Town” publicity event on 23 to 24 October 2021, collaborated with various women associations on explanatory work regarding the potential health risks of using smoking products and the promotion of no safe and healthy smoking product in the world. On the event days, “Wise Mike” received a warm welcome and was invited to take pictures with a large number of people. Some people reckoned “Wise Mike” possesses the decent image which could facilitate the public engagement in tobacco control, especially young people.

## Running to Boost Willpower for Smoking Cessation

Many studies proved that running can reduce the urge to smoke by releasing endorphins. Regular running could also build up the willpower to prevent relapse and thus increase chances of quitting. Further to the momentum created in “Smoke-free Sportswear Day” to encourage doing exercises during quit attempts, COSH organized the “Smoke-free Run” in virtual mode. Hong Kong citizens were encouraged to promote smoking cessation and enjoy the health benefits of running. “Smoke-free Buddy” category was facilitated non-smokers joining. Smokers who felt supported by their friends and family members would achieve a higher probability of successful quit.

除此之外，長跑運動員葛行輝及羅映潮聯同「咪點我」為比賽拍攝兩段宣傳短片，分享運動對促進無煙健康生活的重要性。曾煙癮甚深的葛行輝更於短片中勸勉吸煙人士將精神寄託放在運動上，改善心肺功能。



## 無煙宣傳 任重道遠永不停步

儘管全禁另類吸煙產品條例於2021年10月於立法會以大比數獲得通過，但「咪點我」的宣傳教育工作絕不會止步於此。因應疫情持續，「咪點我」於委員會製作的全新宣傳短片「錫人錫己 咪錫支煙！」中呼籲吸煙人士為個人及摯愛的健康著想儘快戒煙，以降低新冠肺炎對健康帶來的威脅。短片已於電視、電台及社交媒體平台播放，並錄得逾120萬的網上收看次數，亦於香港房屋委員會及香港房屋協會轄下的各大公共屋邨及辦事處大堂展示主題海報。

為防範煙草商無孔不入的宣傳攻勢，委員會將繼續提升公眾教育的滲透力，並透過「咪點我」的角色，聚焦避免非吸煙人士染上吸煙習慣，以及鼓勵吸煙人士嘗試戒煙，進一步降低吸煙率，最終推進香港邁向「煙草終局」。

Furthermore, Stanley GOT and Virginia LO, long distance runners filmed two promotional videos with “Wise Mike” to share a significant role of exercises in smoke-free life. As a former heavy smoker, Stanley GOT advised smokers to fight cravings with exercise and start running as trial in order to improve cardio-pulmonary function.

## Responsibility to Further Promote Smoke-free Culture

Despite the total ban on all alternative smoking products passed by an overwhelming majority in the Legislative Council in October 2021, this won't stop “Wise Mike” publicity work. In view of ongoing pandemic, “Wise Mike” launched the latest API titled “Love Yourself and Others. Let's Quit Now!” to persuade smokers to quit smoking for the health of oneself and loved ones so as to reduce the risk of infection from COVID-19. API was broadcasted on television, radio and social media platforms and gained over 1,200,000 views, while API posters were also displayed in the public estates and estates offices under Hong Kong Housing Authority and Hong Kong Housing Society.



To combat the tobacco industry's aggressive and comprehensive promotional marketing, CASH will continue to enhance penetration of the public education through the role of “Wise Mike” to focus on preventing tobacco use among non-smokers, particularly in children and teenagers, and boosting quit attempts so as to further reduce smoking rates and eventually keep Hong Kong towards the goal of “Tobacco Endgame”.

Quit Wisely  
Go Healthy

智選戒煙 為健康起步





## 活動 Events



宣傳及社區推廣活動

Publicity and Community Involvement Projects

教育及青少年活動

Education and Youth Programmes

與傳播媒介之聯繫

Working with the Mass Media

會議

Conferences

資訊及研究項目計劃

Information and Research Projects

# 活動紀要 2021-2022

## Highlights of Events 2021-2022



### 宣傳及社區推廣活動

### Publicity and Community Involvement Projects

#### 推廣活動 Publicity Projects

2021/4 – 2021/10	倡議全面禁止所有另類吸煙產品	Advocacy on a Total Ban on All Alternative Smoking Products
2021/5 – 2021/6	「疫境同行·無煙起步」宣傳推廣計劃	"Get Set · Go Smoke-free" Publicity Programme
2021/5/31	世界無煙日啟動禮	Kick-off Event of Smoke-free Publicity Programme for World No Tobacco Day
2021/6 – 2022/3	第12屆「戒煙大贏家」無煙社區計劃	The 12 <sup>th</sup> "Quit to Win" Smoke-free Community Campaign
2021/8/3	「首個研究發現青少年加熱煙使用者呼吸系統徵狀劇增」記者會	"First Evidence on Escalating Risks of Respiratory Symptoms in Adolescent Heated Tobacco Product Users" Press Conference
2021/10/16 – 17	「戒煙服務大募集」活動	"Mega Recruitment Days for Smoking Cessation" Event
2021/10/21	「促請立法會議員支持全面禁止另類吸煙產品」請願行動	"Urges the Legislative Council Members to Support a Total Ban on All Alternative Smoking Products" Petition
2021/12	倡議增加煙草稅	Advocacy on Raising Tobacco Tax
2022/1 – 2022/3	煙草終局約章	Charter on Tobacco Endgame
2022/3	全城無煙跑2022	Smoke-free Run 2022
2022/3	全新宣傳短片 「錫人錫己 咪錫支煙！」	New API "Love Yourself and Others. Let's Quit Now!"
2022/3/17	第12屆「戒煙大贏家」無煙社區計劃頒獎禮	The 12 <sup>th</sup> "Quit to Win" Smoke-free Community Campaign Prize Presentation Ceremony

### 社區聯繫及推廣 Community Involvement and Promotion

2021/4 – 2022/3	「無煙老友記」計劃2021-2022	Elderly Smoking Cessation Promotion Project 2021-2022
2021/4 – 2022/3	無煙女性宣傳計劃2021-2022	Smoke-free Women Project 2021-2022
2021/10/23 – 24	「無煙・全城最靚」社區宣傳活動	“Smoke-free Beauties in Town” Publicity Event
2021/12/10 – 12	香港國際牙科博覽暨研討會	Hong Kong International Dental Expo and Symposium



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

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

2021/4 – 2022/3	「無煙新世代」健康講座	Health Talks for “Smoke-free New Generation”
2021/8 – 2022/3	「無煙Teens精英計劃」2021-2022	“Smoke-free Elite Teens Programme” 2021-2022
2021/9 – 2022/3	學校互動教育巡迴劇場 「無煙拯救隊」	School Interactive Education Theatre “Smoke-free Rangers”



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

2021/4 – 2022/3	與行政會議成員及立法會議員會面	Meetings with Executive Council Members and Legislative Council Members
2021/4/19, 9/15 & 11/9	香港大學護理學院課程	HKU School of Nursing - Nursing Programmes
2021/4/29	香港大學青少年戒煙熱線戒煙研究結果發佈會	HKU Youth Quitline Press Briefing for Smoking Cessation Research Findings
2021/7/30	博愛醫院董事局會晤	Pok Oi Hospital Board Meeting
2021/8/11	香港旭日扶輪社-控煙研討會	Rotary Club of Hong Kong Sunrise - Tobacco Control Seminar
2021/8/27	九龍樂善堂「愛·無煙」前線企業員工戒煙計劃新聞發佈會暨2021-2022年度計劃啟動禮	Press Conference and Lok Sin Tong Smoking Cessation Program in Workplace 2021-2022 Kick-off Ceremony
2021/9/27	香港工業總會會晤	Meeting with the Federation of Hong Kong Industries
2021/12/16	地區康健站無煙參訪	Smoke-free Visit to District Health Centre Expresses
2022/1/18	香港中文大學賽馬會公共衛生及基層醫療學院-健康推廣工作坊	The Jockey Club School of Public Health and Primary Care of The Chinese University of Hong Kong - Health Promotion Experience Sharing Workshop



會議

Conferences

## 會議 Conferences

2021/9/3 – 4	第13屆亞太區煙草或健康會議	The 13 <sup>th</sup> Asia Pacific Conference on Tobacco or Health
2021/12/6 – 10	控煙專才培訓計劃2021	Fellowship Programme on Tobacco Control 2021

# 宣傳及社區推廣活動

## Publicity and Community Involvement Projects



### 推廣活動 Publicity Projects

#### 倡議全面禁止所有另類吸煙產品

委員會一直倡議及早全面禁止另類吸煙產品（另類煙），保障公眾健康。行政長官早於《行政長官2018年施政報告》中提出有關法例建議，但《2019年吸煙（公眾衛生）（修訂）條例草案》（條例草案）自2019年2月刊憲後仍未獲通過。委員會竭盡所能，透過舉辦記者會、宣傳教育、科學研究及聯合倡議等工作，提升社會大眾對另類煙禍害的認識及對立法工作的關注，最終促成條例草案的通過。

#### 媒體宣傳

為加快推動條例草案的立法進程，委員會主席湯修齊於2021年4月至10月期間，接受本港中英文報紙、電視台、電台和網絡媒體等各類傳媒訪問，澄清公眾對條例草案的誤解，同時透過撰寫專欄文章，教育公眾使用另類煙的危害及鼓勵他們表達支持全禁所有另類煙的意見。此外，委員會於多個社交平台發佈過百篇帖文，揭穿煙草商的誇大或不實宣稱，接觸逾80萬名公眾，喚起社會關注。在2021年10月，委員會亦透過公共交通工具車身廣告進行大規模宣傳，呼籲市民和立法會議員支持條例草案。



#### Advocacy on a Total Ban on All Alternative Smoking Products

COSH has been firmly advocating the total ban on alternative smoking products (ASPs) in recent years for protecting public health. The Chief Executive proposed the legislation of total ban on ASPs in "The Chief Executive's 2018 Policy Address". However, the Smoking (Public Health) (Amendment) Bill 2019 (the Bill) had not been enacted since the first gazette published in February 2019. COSH spared no effort to enhance public understanding of harms of ASP use and awareness of legislation progress through press conference, publicity and education, scientific research, collaborative advocacy actions, etc., which ultimately resulted in the passage of the Bill.

#### Media Promotions

In order to expedite the legislation progress of the Bill, Henry TONG, COSH Chairman attended interviews by wide-ranging media, such as Chinese and English local newspapers, TV stations, radios, online media from April to October 2021 to clarify the misunderstandings of the Bill. He also wrote articles to educate the citizens about the negative impact of ASP use and encourage them to share their positive views on total ban on ASPs. Besides, COSH published over hundred posts to provide information about exaggerated or false claims by tobacco companies on social media platforms, aroused public concern with a reach of more than 800,000 members of the public. In October 2021, COSH launched a massive promotional campaign on the bodies of public transportation vehicles, to call on the public and Legislative Council (LegCo) members to support the Bill.

## 「首個研究發現青少年加熱煙使用者呼吸系統徵狀劇增」記者會

部分反對全禁的人士聲稱另類煙可為吸煙人士提供戒煙或較少危害的選擇。然而，愈來愈多研究證實另類煙含有多種與傳統煙相若或為另類煙獨有的有毒物質，危害並不低於傳統煙。委員會於2021年8月3日舉行記者會，聯同香港大學學者發佈首個研究發現青少年加熱煙草產品（加熱煙）使用者呼吸系統徵狀劇增的結果，藉此促請立法會基於公眾健康為大前提下，從速通過條例草案。記者會的講者包括香港大學公共衛生學院副教授何世賢博士、香港大學護理學院副教授王文炳博士、委員會主席湯修齊及總幹事黎慧賢。

委員會主席湯修齊表示，「世界各地的研究已陸續揭露加熱煙對健康的危害。規管加熱煙將造成更多漏洞，令以全面禁煙為目標之控煙工作更舉步維艱，故委員會促請立法會儘快通過全禁所有另類煙包括加熱煙及電子煙，避免煙禍繼續變種蔓延，保障香港市民健康。」

## “First Evidence on Escalating Risks of Respiratory Symptoms in Adolescent Heated Tobacco Product Users” Press Conference

Some opponents of the total ban claimed that ASPs could help smokers quit or offer them a less harmful alternative. However, numerous studies proved that ASPs contain amounts of harmful substances similar to those of conventional cigarettes or not found in conventional cigarette smoke which revealed they are not less harmful. COSH held a press conference on 3 August 2021, together with the academia from The University of Hong Kong (HKU) to announce the result of first evidence, which escalating risks of respiratory symptoms in adolescent heated tobacco product (HTP) users were found, to urge the LegCo to pass the Bill promptly for the public health. Speakers included Dr Daniel HO, Associate Professor, The School of Public Health, The University of Hong Kong, Dr Kelvin WANG, Associate Professor, The School of Nursing, The University of Hong Kong, Henry TONG, COSH Chairman and Vienna LAI, COSH Executive Director.

Henry TONG, COSH Chairman said, “The health risks associated with the use of HTPs have been identified by global research. Regulating HTPs will lead to more loopholes being exploited to hinder progress towards the tobacco endgame goal. To safeguard public health and avoid rekindling the tobacco epidemic, COSH strongly urges the LegCo to push ahead with the implementation of a total ban on all ASPs including HTPs and electronic cigarettes in the current session.”





香港大學研究青少年使用加熱煙與呼吸系統徵狀的關係，結果發現，在不吸傳統煙的學生中，現時使用加熱煙的青少年最少三個月持續出現呼吸系統徵狀包括咳嗽、鼻塞及有痰（即慢性支氣管炎徵兆），風險較從不使用加熱煙青少年高出近九成（88%）。另一方面，曾經僅使用加熱煙的青少年，出現持續呼吸系統徵狀的風險較曾經僅使用傳統煙的青少年高出46%。研究結果顯示加熱煙同樣有害，不會產生減害效果，而加熱煙的健康風險亦不低於傳統煙。此研究已經學術同行評審及刊登於國際醫學期刊。

講者在記者會上亦指出，三分二的香港市民支持全禁加熱煙、電子煙等另類煙，當中包括四成吸煙人士亦表示支持，期望立法會早日落實全禁措施。此外，以現行控煙法例，即使可規管加熱煙煙支或煙彈的銷售，卻未能規管加熱煙裝置的銷售。委員會強調規管加熱煙是不切實際的做法，以日本及韓國已出現加熱煙和電子煙的二合一產品為例，認為日後監管存有不少隱憂，只會助長煙草商有機可乘，研發更多五花八門的吸煙產品以加熱煙名義合法流入市面，政府日後亦需支付更高昂的成本作規管執法。

鑑於所有吸煙行為均損害市民健康，委員會強烈要求立法會務實及果斷地通過條例草案以全禁另類煙，並促請政府加強控煙策略，儘快將香港吸煙率降至百分之五或以下，全速邁向煙草終局的目標。

HKU investigated the association between HTP use and persistent respiratory symptoms in adolescents. Among adolescents who had never used cigarettes, 88% higher risk of persistent respiratory symptoms for at least three months (such as cough, congestion or phlegm, which are the symptoms of chronic bronchitis) was found in current HTP users versus never HTP users. Also, the risk of persistent respiratory symptoms was 46% higher in exclusive ever HTP users than exclusive ever cigarette users. The findings showed that HTPs are also harmful and could not reduce the health risks associated with smoking. In contrast, it could be more harmful than conventional cigarettes. The research results had been peer-reviewed and published in an international medical journal.

Speakers also pointed out at the press conference that two-thirds of citizens supported a total ban on ASPs including HTPs and electronic cigarettes, including 40% of current smokers. In addition, sales regulations can only be applied to the heat sticks or capsules of HTPs, but not the devices under the current tobacco control framework. COSH stressed that a regulatory approach on HTPs is impractical and difficult for monitoring, in reference to Japan and Korea that hybrid products of HTPs and electronic cigarettes are available. Tobacco companies can invent multifarious smoking products sneaking into the local market in the name of HTPs. Meanwhile, the Government will have to pay a higher cost for regulation.

All forms of smoking are hazardous to health. COSH strongly advocated the LegCo to take a pragmatic approach in passing the Bill immediately to enact the total ban on ASPs. COSH also urged the Government to strengthen tobacco control measures on all fronts to reduce the smoking prevalence to 5% or below as soon as possible for a tobacco endgame in Hong Kong.

## 團結各界攜手推動立法進程

條例草案審議期間，委員會多次致函立法會法案委員會，重申全禁另類煙的立場及理據，並提交最新的科研數據和國際醫學組織的建議，加強他們對另類煙危害和國際現況的了解，避免受到煙草商及其廣告的誤導，並呼籲他們從速通過條例草案。

委員會於2021年8月30日更聯同多個界別，包括醫學團體、控煙組織、學術界、病人組織及社會服務團體等，共70個團體去信行政長官，促請政府切勿採納只禁電子煙而容許加熱煙於香港銷售的修正案，促請加快通過條例草案。社會各界亦共同表達對全禁另類煙的支持，要求政府及立法會從善如流，否決相關修正案，避免加熱煙成為法例漏洞，從而造成更多類型的吸煙產品藉此進入香港市場。

另一方面，委員會積極約見行政會議成員、不同黨派及獨立的立法會議員及社會領袖等進行游說工作，討論控煙議題及轉達市民對通過修訂草案的期望。委員會更邀請來自社會不同範疇的代表如醫學團體、控煙組織、地區團體、教育及家長團體等進行各式各樣的會面、交流和工作會議，共同闡述支持全禁另類煙的理據，凝聚社會共識，爭取儘快通過條例草案。

## Concerted Efforts to Take Forward the Legislative Process

During the legislative process, COSH sent written submissions to the Bill Committee of LegCo on frequent occasions, in order to reiterate the standpoint and grounds of total ban on ASPs, substantiate with scientific findings and global health authorities' recommendations, facilitate their understanding toward the harms related to ASP use and international regulatory situation, which helped debunk the misleading claims from tobacco industry and its advertisement and urge for the prompt passage of the Bill.

To curb tobacco epidemic in form of ASPs, together with 70 organizations across various sectors, including medical associations, tobacco control groups, academia, patient groups and social service organizations, COSH sent an open letter to the Chief Executive on 30 August 2021 to appeal for government's firm stance to the total ban on all ASPs and not accepting the proposed amendment of the Bill of banning only electronic cigarettes while regulating HTPs. Strong aspiration from the society called for the rejection of the proposed amendment and the prompt enactment of the Bill to avoid HTPs being disruption in the law and allowing the emergence of new forms of smoking products in local market.

On the other hand, COSH also met with Executive Council members, different parties and independent LegCo members, and community leaders in lobbying their support, discuss tobacco control topics and bring public views regarding the aspiration of the Bill. Representatives from medical associations, tobacco control groups, community service organizations, education and parent groups, etc. were invited to join the various forms of exchanges and work meetings to illustrate their rationales and foster the strong social consensus to the ban of ASPs.

## 「促請立法會議員支持全面禁止另類煙」請願行動

隨著條例草案於立法會恢復二讀辯論。委員會主席湯修齊及副主席陳志球博士於2021年10月21日聯同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)林大慶教授向立法會遞交近12萬個來自社會各界機構團體、公司及市民的簽名，並約見不同政黨的立法會議員接收請願信，促請立法會於2020-2021年度會期結束前通過條例草案及反對豁免另類煙作為轉運貨物及產品開發用途的議員修正案，以防患於未然。

委員會憂慮豁免修正案將造成漏洞助長走私活動，因此，必須嚴防另類煙以任何形式進入香港境內。委員會主席湯修齊表示，「委員會促請立法會切勿通過有關修正案，擴大另類煙的豁免會令不法之徒乘虛而入，將來源不明的另類煙混入香港市場，為市民帶來極大健康風險。」



在社會各界的支持和共同努力下，立法會經過長達三年的討論及審議，終在2021年10月21日三讀通過條例草案，以禁止進口、推廣、製造、售賣或為商業目的而管有另類煙，包括電子煙、加熱煙及草本煙。委員會樂見全禁另類煙的法例將於2022年4月30日正式生效，令公眾健康得到更大保障，並將與社會各界繼續加強宣傳及教育工作，提醒市民切勿從任何途徑購買另類煙，以及積極宣揚吸煙禍害及推動吸煙人士戒煙。

## “Urges the LegCo Members to Support a Total Ban on All ASPs” Petition

Second Reading debate of the Bill continued in the LegCo. Henry TONG, COSH Chairman and Dr Johnnie CHAN, COSH Vice-chairman joined a petition with Prof LAM Tai-hing, Chair Professor of Community Medicine & Sir Robert Kotewall Professor in Public Health, School of Public Health, HKU on 21 October 2021, to submit a total of around 120,000 signatures from all walks of life including organizations, corporations and individuals to the LegCo. LegCo members of different parties received the petition letters. COSH urged the LegCo to pass the Bill expediently in 2020-2021 and oppose the proposed amendments of LegCo members on the exemptions of ASPs for transshipment cargos as well as import for product development purpose.

COSH expressed concern over any exemption granting to ASPs for transshipment cargos which will exploit loopholes for illicit trade. Hence, it was necessary to curb any inflow of all forms of ASPs in Hong Kong. Henry TONG, COSH Chairman remarked, “COSH urges the LegCo to oppose the proposed amendments. Any exemption will allow offenders to exploit the loopholes and unidentified sources of ASPs to enter the Hong Kong market, which pose serious health threat to the general public.”

Through the concerted efforts and support from various sectors, the Bill was eventually passed on 21 October 2021, after three-year discussion and examination, to prohibit the import, promotion, manufacture, sale or possession of ASPs for commercial purposes, including electronic cigarettes, HTPs and herbal cigarettes. COSH welcomed the legislation of the total ban on ASPs will come into effect since 30 April 2022 for greater protection to the public health. COSH, together with all sectors of community, would continue to remind the public not to purchase ASPs from any channels, publicize the hazards of tobacco use and promote smoking cessation in the publicity and education programmes.



## 「疫境同行·無煙起步」 宣傳推廣計劃

世界衛生組織(世衛)將每年5月31日定為「世界無煙日」，以提高全球對煙草禍害的關注。委員會為響應世衛2021年「承諾戒煙」的主題，推出「疫境同行·無煙起步」宣傳推廣計劃，呼籲全港市民支持「無煙跑服日」，於2021年5月31日穿跑服及多做運動，藉此推動吸煙人士以運動起步戒掉煙癮，保持強健體魄，對抗新冠肺炎疫情。



### 啟動禮

委員會聯同商業電台於2021年5月31日舉行「疫境同行·無煙起步」啟動禮。主禮嘉賓包括衛生署署長陳漢儀醫生、香港醫學專科學院主席梁嘉傑教授、醫院管理局策略發展總監李夏茵醫生、委員會主席湯修齊、副主席陳志球博士及總幹事黎慧賢。啟動禮上，食物及衛生局局長陳肇始教授透過錄像表達對「無煙跑服日」的支持，其短片更上載至社交媒體平台，而無煙代言人「咪點我」亦首度亮相。

## “Get Set · Go Smoke-free” Publicity Programme

World Health Organization (WHO) designates 31 May as World No Tobacco Day every year with the aim to raise public awareness on smoking hazards around the world. To echo with the theme “Commit to Quit” set by WHO in 2021, COSH launched “Get Set · Go Smoke-free” Publicity Programme and appealed public support for “Smoke-free Sportswear Day” on 31 May 2021 by wearing sportswear with regular exercise to stay healthy and combat the COVID-19 pandemic. In particular, smokers were motivated to take exercise as an aid for smoking cessation.

### Kick-off Event

COSH, in collaboration with Commercial Radio (CR), organized a kick-off event on 31 May 2021. Officiating guests included Dr Constance CHAN, Director of Health, Prof Gilberto LEUNG, President of Hong Kong Academy of Medicine, Dr Libby LEE, Director (Strategy and Planning), Hospital Authority, Henry TONG, COSH Chairman, Dr Johnnie CHAN, COSH Vice-chairman, and Vienna LAI, COSH Executive Director. Prof Sophia CHAN, Secretary for Food and Health expressed her support to the “Smoke-free Sportswear Day” via a pre-recorded video speech at the kick-off event and the video was further uploaded to her social media platform for sharing. “Wise Mike”, Smoke-free Ambassador, also made his first public appearance at the event.



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）林大慶教授與兒童花式跳繩團隊「跳無限」即席示範簡單健體運動，鼓勵公眾可於留家抗疫或於辦公室內多鍛鍊體能，以運動對抗煙癮。歌手泳兒及梁釗峰聯同第11屆「戒煙大贏家」比賽冠軍喻文瀚及亞軍黃芷彤，一同透過遊戲宣揚無煙信息及分享成功戒煙之秘訣。



### 無煙跑服日

為讓市民更關注世界無煙日，委員會邀得超過160間公司、非政府組織、醫院、學校及機構成為是次活動的合作夥伴，並於2021年5月31日鼓勵其員工及持分者支持「無煙跑服日」，一同於當日響應穿運動服及做運動。不少機構更於其網頁、網上平台或內聯網宣傳活動，並設立宣傳攤位派發檸檬，減退煙癮。於2021年5月至6月期間，成功號召最多人支持「無煙跑服日」的五間機構獲頒發「最積極參與大獎」以作嘉許，另增設「最具活力大獎」及「最具創意大獎」分別嘉許兩間機構動員持分者踴躍做運動，展示活力一面及以創意的形式推廣活動。活動共吸引了超過4,500名市民參與，承諾鼓勵身邊吸煙人士踏出戒煙第一步。

Prof LAM Tai-hing, Chair Professor of Community Medicine & Sir Robert Kotewell Professor in Public Health, School of Public Health, The University of Hong Kong and a junior rope skipping team "Jump to Infinity" inspired the smoking audience to do simple exercise in various settings through demonstrations, such as at home or in office. Singers Vincy CHAN and Andy LEUNG together with the champion and first runner-up of the 11<sup>th</sup> "Quit to Win" Contest, Roy YU and WONG Tsz-tung, spread the smoke-free messages and shared quit tips in the game session.

### Smoke-free Sportswear Day

To draw public attention to the World No Tobacco Day, over 160 companies, non-governmental organizations, hospitals, schools and organizations joined the smoke-free publicity programme as supporting organizations to encourage their employees and stakeholders to echo the event by wearing sportswear and doing exercise. Some organizations promoted the Programme via website, online platforms and intranet, and set up promotion booths to distribute fresh lemons for fighting cravings. During May to June 2021, the top five supporting organizations with the highest number of participants joining "Smoke-free Sportswear Day" were awarded the "The Most Active Participation Award". "The Most Energetic Supporting Organization" and "The Most Creative Supporting Organization" were newly introduced in recognizing the unfailing support of two supporting organizations in promoting the Programme in energetic and creative ways. Over 4,500 people joined and motivated their smoking family members and friends to refrain from smoking.



## 電台宣傳

委員會亦與商業電台合作，安排製作及播放六段無煙宣傳聲帶，呼籲吸煙人士以運動減低吸煙欲望，並分享戒煙方法及好處，建立無煙健康生活。參與嘉賓包括食物及衛生局局長陳肇始教授、衛生署署長陳漢儀醫生、委員會主席湯修齊、藝人方力申、節目主持當奴及少爺占。

## 街頭快閃及流動宣傳車推廣

為加強社區凝聚力推動戒煙氛圍，委員會於2021年6月期間分別在港九新界人流較多的地區舉辦街頭快閃無煙推廣，向逾3,000名市民免費派發檸檬及「健康起步日記」宣傳印刷品，為吸煙人士提供有效紓緩退癮不適的貼士及鼓勵不吸煙市民為身邊的吸煙人士打氣，陪伴他們戒除煙癮。同時，委員會安排流動宣傳車向市民提供健康生活資訊之餘，亦播放無煙宣傳片，宣揚「吸煙實有害，乜煙都咪點！」的信息及介紹無煙代言人「咪點我」。



## WhatsApp及Signal無煙貼圖

委員會設計了一系列WhatsApp及Signal無煙貼圖，由無煙代言人「咪點我」介紹健康生活的重要性，讓市民於日常生活中透過即時通訊軟件，提點家人及朋友無煙生活的好處。

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

## Radio Appeals

COSH also produced and broadcasted six radio appeals in collaboration with CR to promote using exercise to reduce the urge to smoke, share cessation methods and benefits for healthy life. The appeals were recorded by Prof Sophia CHAN, Secretary for Food and Health, Dr Constance CHAN, Director of Health, Henry TONG, COSH Chairman as well as Artist Alex FONG, DJs Donald TONG and Jim YAN.

## Flash Mob Roadshows and Promotional Truck Promotion

Smoke-free flash mob roadshows across the territory with higher pedestrian traffic were organized in June 2021 to strengthen social cohesion in promoting smoking cessation. Over 3,000 members of the public received free fresh lemons and health logs of which provided smokers with tips to cope with withdrawal symptoms during cessation and empowered the public to give smokers encouragement in kicking the habit. COSH also arranged a promotional truck to disseminate health information. Smoke-free videos were featured at the truck promotion to spread the message of "Smoking Harms. Don't Smoke at All!" as well as to introduce "Wise Mike", Smoke-free Ambassador to the public.

## Smoke-free WhatsApp & Signal Stickers

A set of smoke-free WhatsApp and Signal stickers featuring the Smoke-free Ambassador, Wise Mike was created for the public to disseminate the importance of healthy lifestyle and share among families and friends through daily mobile or online chat.



Activity Website: [www.smokefree.hk/exercise](http://www.smokefree.hk/exercise)



## 第12屆「戒煙大贏家」無煙社區計劃

委員會為向吸煙人士提供戒煙診所以外的支援平台，自2009年起舉辦「戒煙大贏家」比賽，鼓勵及協助吸煙人士踏出戒煙第一步，每年均成功招募逾千名市民參與，下定決心戒煙。

為提升計劃成效，委員會亦於2012年起，推出「戒煙大贏家」無煙社區計劃，加強地區聯繫，營造有利戒煙的社會氛圍，亦藉此推動社區人士關注控煙工作。計劃多年來得到區議會、地區合作夥伴、不同界別的商會及組織的支持，舉辦一連串具地區特色的無煙推廣活動，同時結合媒體宣傳、戒煙輔導及科學研究等元素，讓公眾更能了解戒煙的好處，並提倡無煙健康生活。

第12屆「戒煙大贏家」無煙社區計劃獲得18區區議會及16個地區合作夥伴的支持，並有超過50間來自不同界別的團體及機構，包括政府部門、戒煙服務機構、地區康健中心、餐飲業、建造業、運輸業和房屋管理業的商會及機構參與，攜手合作，廣泛地向市民及各行各業推廣無煙信息。



### 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2021年6月10日及17日以網上直播及實體並行的形式舉辦「無煙大使戒煙輔導訓練課程」，吸引約90名來自地區合作夥伴、支持機構及地區康健中心的義工及工作人員，以及大學生參與。

## The 12<sup>th</sup> “Quit to Win” Smoke-free Community Campaign

To provide smokers an alternative platform in the community, in addition to cessation clinics, COSH has been organizing the “Quit to Win” Contest since 2009 to motivate and assist smokers to quit smoking. The Contest recruits over 1,000 smokers to kick the habit every year.

Since 2012, COSH has launched the “Quit to Win” Smoke-free Community Campaign to enhance the effectiveness of the Campaign by developing ties with local communities to create positive social environment for smoking cessation and increase public awareness on tobacco control. With the support from District Councils, district working partners, trade associations and organizations from different sectors over the years, members of the public better understood benefits of quitting through a series of district-based smoke-free promotion activities, media promotion, smoking cessation counseling and scientific research.

The 12<sup>th</sup> “Quit to Win” Smoke-free Community Campaign gained the unfailing support from 18 District Councils and 16 district working partners together with more than 50 organizations, including government departments, smoking cessation service providers, district health centres, trade associations and companies from catering, construction, transportation and housing management industry. All parties joined hands to disseminate smoke-free messages in different sectors of society.

### Smoking Cessation Counseling Trainings

COSH collaborated with the School of Nursing and School of Public Health of The University of Hong Kong (HKU) to conduct Smoking Cessation Counseling Trainings in hybrid mode on 10 and 17 June 2021, which attracted about 90 volunteers, staff members from district working partners, supporting organizations and district health centres as well as university students to attend.

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、香港大學護理學院副教授王文炳博士、委員會總幹事黎慧賢及項目籌劃高級經理朱偉康、香港大學護理學院助理教授(研究)陸子璉博士及香港大學護理學院戒煙治療研究組錢豐主講，並邀請第11屆「戒煙大贏家」比賽季軍李明達分享成功戒煙故事及心得。課程內容涵蓋「戒煙大贏家」無煙社區計劃簡介、吸煙、二手煙及三手煙的禍害、香港控煙工作的現況、戒煙輔導技巧、動機性訪談法、正向心理支持理論及案例練習等。

此外，計劃邀得25名歷屆「戒煙大贏家」成功戒煙人士及得獎者擔任「戒煙夥伴」，透過即時短訊向參賽者分享戒煙貼士及經驗。為提升他們的戒煙輔導能力，委員會亦於2021年6月10日舉辦網上簡介會暨訓練課堂，講解正向心理學、退癮徵狀及應付煙癮方法等，讓他們具備應有的戒煙輔導知識，以協助參賽者渡過戒煙難關。

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 Kelvin WANG, Associate Professor, The School of Nursing, The University of Hong Kong, Vienna LAI, COSH Executive Director, Lawrence CHU, COSH Senior Project Manager, Dr Kevin LUK, Research Assistant Professor, The School of Nursing, The University of Hong Kong and CHIN Fung, Smoking Cessation Research Team, The School of Nursing, The University of Hong Kong. The second runner-up of the 11<sup>th</sup> "Quit to Win" Contest, LEE Ming-tat was also invited to share his successful quit story. Details of the "Quit to Win" Smoke-free Community Campaign, hazards of smoking, secondhand and third-hand smoke, tobacco control in Hong Kong, smoking cessation counseling skills, motivational interviewing, positive psychology and case studies were introduced in trainings.

Besides, 25 successful quitters and winners of the previous "Quit to Win" Contests were invited to be Smoking Cessation Peer Supporters to share their quit tips and experience with participants via instant messaging during the cessation process. To assist participants in quit journey with enhanced smoking cessation counseling skills, an online briefing and training workshop was conducted on 10 June 2021 to equip them with knowledge of positive psychology, withdrawal symptoms and methods to tackle smoking cravings.



## 地區招募及無煙宣傳活動

委員會於2021年6月至10月期間，在全港18區進行超過70場招募及無煙宣傳活動，向近三萬名市民傳遞無煙信息。

## District Recruitment and Smoke-free Promotion Activities

From June to October 2021, COSH organized over 70 recruitment sessions across 18 districts. Some 30,000 members of public received smoke-free messages.

## 「戒煙大贏家」地區招募及無煙宣傳活動

## "Quit to Win" District Recruitment and Smoke-free Promotion Activities

日期Date	地區District	地點Venue
2021/6/12	葵青 Kwai Tsing	葵涌廣場 Kwai Chung Plaza
2021/6/13	荃灣 Tsuen Wan	荃新天地 Citywalk
2021/6/19	灣仔 Wan Chai	港鐵銅鑼灣站出口 Exit of Causeway Bay MTR Station
2021/6/19	黃大仙 Wong Tai Sin	黃大仙中心 Temple Mall
2021/6/20	沙田 Sha Tin	港鐵沙田站出口 Exit of Sha Tin MTR Station
2021/6/20	元朗 Yuen Long	元朗大馬路及大棠路 Castle Peak Road and Tai Tong Road, Yuen Long
2021/6/26	觀塘 Kwun Tong	觀塘開源道及興業街 Hoi Yuen Road and Hing Yip Street, Kwun Tong
2021/6/26	西貢 Sai Kung	TKO Spot
2021/6/27	東區 Eastern	愛東商場 Oi Tung Shopping Centre
2021/6/27	大埔 Tai Po	大埔鄉事會街 Heung Sze Wui Street, Tai Po
2021/6/30	九龍城 Kowloon City	港鐵九龍塘站出口 Exit of Kowloon Tong MTR Station
2021/7/3	油尖旺 Yau Tsim Mong	尖沙咀海防道 Haiphong Road, Tsim Sha Tsui
2021/7/3	元朗 Yuen Long	+WOO嘉湖 +WOO
2021/7/4	油尖旺 Yau Tsim Mong	港鐵旺角東站出口 Exit of Mong Kok East MTR Station
2021/7/4	元朗 Yuen Long	朗屏商場 Long Ping Commercial Centre
2021/7/6	深水埗 Sham Shui Po	港鐵荔枝角站出口 Exit of Lai Chi Kok MTR Station



日期Date	地區District	地點Venue
2021/7/10	南區 Southern	香港仔南寧街 Nam Ning Street, Aberdeen
2021/7/10	屯門 Tuen Mun	良景廣場 Leung King Plaza
2021/7/11	九龍城 Kowloon City	九龍城衙前壟道 Nga Tsin Long Road, Kowloon City
2021/7/11	油尖旺 Yau Tsim Mong	佐敦白加士街 Parkes Street, Jordan
2021/7/15	觀塘 Kwun Tong	南豐商業中心 Nan Fung Commercial Centre
2021/7/17	東區 Eastern	筲箕灣東大街 Main Street East, Shau Kei Wan
2021/7/17	沙田 Sha Tin	顯徑商場 Hin Keng Shopping Centre
2021/7/18	葵青 Kwai Tsing	長發廣場 Cheung Fat Plaza
2021/7/18	北區 North	彩園商場 Choi Yuen Plaza
2021/7/23	中西區 Central & Western	上環文咸東街 Bonham Strand, Sheung Wan
2021/7/24	西貢 Sai Kung	TKO Gateway
2021/7/24－25	東區 Eastern	康怡廣場 Kornhill Plaza
2021/7/25	觀塘 Kwun Tong	油麗商場 Yau Lai Shopping Centre
2021/7/30	葵青 Kwai Tsing	葵青地區康健中心 Kwai Tsing District Health Centre
2021/7/31	大埔 Tai Po	港鐵大埔墟站出口 Exit of Tai Po Market MTR Station
2021/7/31	黃大仙 Wong Tai Sin	港鐵樂富站出口 Exit of Lok Fu MTR Station
2021/8/1	油尖旺 Yau Tsim Mong	旺角中心 Argyle Centre
2021/8/1	元朗 Yuen Long	港鐵元朗站出口 Exit of Yuen Long MTR Station
2021/8/5	東區 Eastern	港鐵鰂魚涌站出口 Exit of Quarry Bay MTR Station
2021/8/7	九龍城 Kowloon City	何文田廣場 Homantin Plaza
2021/8/7	屯門 Tuen Mun	屯門鄉事會路及杯渡路 Heung Sze Wui Road and Pui To Road, Tuen Mun

日期Date	地區District	地點Venue
2021/8/8	東區 Eastern	愛東商場 Oi Tung Shopping Centre
2021/8/14	九龍城 Kowloon City	土瓜灣北帝街 Pat Tai Street, To Kwa Wan
2021/8/14	北區 North	港鐵粉嶺站出口 Exit of Fanling MTR Station
2021/8/15	深水埗 Sham Shui Po	港鐵美孚站出口 Exit of Mei Foo MTR Station
2021/8/15	大埔 Tai Po	大埔安慈路及安祥路 On Chee Road and On Cheung Road, Tai Po
2021/8/16	觀塘 Kwun Tong	國際貿易中心 International Trade Tower
2021/8/19	葵青 Kwai Tsing	中國招商局物流中心 China Merchants Logistics Centre
2021/8/19	葵青 Kwai Tsing	葵涌廣場 Kwai Chung Plaza
2021/8/20	深水埗 Sham Shui Po	長沙灣DHL速遞中心 DHL Service Point, Cheung Sha Wan
2021/8/21	沙田 Sha Tin	港鐵沙田站出口 Exit of Sha Tin MTR Station
2021/8/21	深水埗 Sham Shui Po	南昌薈 Nam Cheong Place
2021/8/22	離島 Islands	東涌美東街 Mei Tung Street, Tung Chung
2021/8/22	黃大仙 Wong Tai Sin	新蒲崗景福街及崇齡街 King Fuk Street and Shung Ling Street, San Po Kong
2021/8/25	灣仔 Wan Chai	銅鑼灣渣甸街 Jardine's Bazaar, Causeway Bay
2021/8/28－29	西貢 Sai Kung	新都城中心 Metro City Plaza
2021/9/4	元朗 Yuen Long	T Town
2021/9/5	離島 Islands	逸東商場 Yat Tung Shopping Centre
2021/9/6	深水埗 Sham Shui Po	深水埗地區康健中心 Sham Shui Po District Health Centre
2021/9/11－12	灣仔 Wan Chai	時代廣場 Times Square
2021/9/18	黃大仙 Wong Tai Sin	彩雲商場 Choi Wan Commercial Complex
2021/9/19	荃灣 Tsuen Wan	荃灣安樂街 On Wing Street, Tsuen Wan

日期Date	地區District	地點Venue
2021/9/25	南區 Southern	香港仔南寧街 Nam Ning Street, Aberdeen
2021/9/26	油尖旺 Yau Tsim Mong	旺角中心 Argyle Centre
2021/9/30	中西區 Central & Western	上環文咸東街 Bonham Strand, Sheung Wan
2021/10/2	大埔 Tai Po	太和廣場 Tai Wo Plaza
2021/10/3	北區 North	港鐵上水站出口 Exit of Sheung Shui MTR Station
2021/10/16 – 17	荃灣 Tsuen Wan	荃新天地 Citywalk
2021/10/21	觀塘 Kwun Tong	九龍灣建造業議會服務中心 CIC Service Centre, Kowloon Bay
2021/10/23 – 24	觀塘 Kwun Tong	裕民坊 Yue Man Square
2021/10/29	中西區 Central & Western	中環皇后大道中 Queen's Road Central, Central
2021/10/31	屯門 Tuen Mun	屯門鄉事會路 Heung Sze Wui Road, Tuen Mun

### 社區合作與地區無煙宣傳活動

為凝聚社會力量，委員會邀請不同地區及社會界別的機構參與推廣活動，最終獲得逾300名來自16個地區合作夥伴的職員及義工，舉辦接近60場無煙宣傳活動，發揮地區網絡的優勢，讓超過12萬名市民透過健康講座、無煙展覽、通訊程式貼圖設計、網上宣傳活動、微電影創作、巴士巡遊、音樂表演、街站及外展宣傳等，掌握最新的控煙資訊及建立無煙生活的方法，以積極支持身邊人戒煙。

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

To solicit the support for smoking cessation in the community, COSH invited various sectors to participate in promotion activities, which ultimately gained the support of over 300 staff and volunteers from 16 district working partners to conduct nearly 60 smoke-free promotion activities. With leveraging the districts network, over 120,000 citizens received the up-to-date tobacco control information and ways of being smoke-free via health talks, smoke-free exhibition, sticker design for instant messaging apps, online promotion activities, microfilm production, bus parade, music performance, roadshows and outreach promotion.





## 地區合作夥伴 District Working Partners

中西區 Central & Western	香港中西區婦女會 Hong Kong Central & Western District Women's Association
離島 Islands	離島婦聯有限公司 Hong Kong Outlying Islands Women's Association Limited
九龍城 Kowloon City	九龍樂善堂 The Lok Sin Tong Benevolent Society, Kowloon
葵青 Kwai Tsing	醫護行者 Health in Action
觀塘 Kwun Tong	宏施慈善基金社會服務處 Windshield Charitable Foundation Social Services
北區 North	香港青年協會賽馬會祥華青年空間 The Hongkong Federation of Youth Groups Jockey Club Cheung Wah Youth SPOT
西貢 Sai Kung	基督教靈實協會靈實白普理景林社區健康發展中心 Haven of Hope Christian Service Haven of Hope Bradbury King Lam Community Health Development Centre
沙田 Sha Tin	香港青少年服務處馬鞍山青少年外展社會工作隊 Hong Kong Children and Youth Services Ma On Shan Youth Outreaching Social Work Team
深水埗 Sham Shui Po	宏施慈善基金深水埗社會服務處 Windshield Charitable Foundation Sham Shui Po Social Services
南區 Southern	香港南區婦女會 Hong Kong Southern District Women's Association 南區健康安全協會有限公司 Southern District Healthy and Safe Association Limited
屯門 Tuen Mun	基督復臨安息日會山景綜合青少年服務中心 Shan King Integrated Children and Youth Services Centre of Seventh-day Adventists
灣仔 Wan Chai	循道衛理中心 Methodist Centre
黃大仙 Wong Tai Sin	香港聖公會黃大仙長者綜合服務中心 HKSCH Wong Tai Sin District Elderly Community Centre
油尖旺 Yau Tsim Mong	基督教聯合那打素社康服務 United Christian Nethersole Community Health Service
元朗 Yuen Long	香港青年協會洪水橋青年空間 The Hongkong Federation of Youth Groups Hung Shui Kiu Youth SPOT

### 「戒煙服務大募集」活動

為鼓勵吸煙人士尋求適切的戒煙輔導服務，提升戒煙成功的機會，委員會聯同七間戒煙服務機構，包括醫院管理局、博愛醫院、東華三院戒煙綜合服務中心、基督教聯合那打素社康服務、香港理工大學青少年戒煙熱線、九龍樂善堂及香港大學護理學院，於2021年10月16日至17日舉行「戒煙服務大募集」活動，為有意戒煙人士提供一站式的戒煙諮詢服務及鼓勵他們參與「戒煙大贏家」比賽。

活動設有多個攤位提供即場登記服務及初步戒煙輔導、無煙展覽、立體拍照佈景區及數碼互動遊戲等，向市民灌輸無煙知識，更吸引超過3,400名市民參與及拍照留念。委員會主席湯修齊亦出席支持活動，與戒煙服務機構代表分享控煙經驗及呼籲市民建設無煙生活環境。



### “Mega Recruitment Days for Smoking Cessation” Event

In order to motivate smokers to actively seek assistance from smoking cessation services for maximizing chance of quitting, COSH, together with seven smoking cessation service providers including Hospital Authority, Pok Oi Hospital, Tung Wah Group of Hospitals Integrated Centre on Smoking Cessation, United Christian Nethersole Community Health Service, Youth Quitline, Hong Kong Polytechnic University, The Lok Sin Tong Benevolent Society, Kowloon and The School of Nursing, HKU, organized the “Mega Recruitment Days for Smoking Cessation” event on 16 to 17 October 2021 to provide one-stop smoking counseling assistance to smokers in need and encourage them to join the “Quit to Win” Contest.

Booths for onsite registration and preliminary cessation consultation, smoke-free exhibition, photo wall zone and digital interactive game were set up to disseminate smoke-free messages to the general public. Over 3,400 participants joined and took pictures in photo wall zone. Henry TONG, COSH Chairman supported the event, shared the experience in field of tobacco control with the smoking cessation service provider representatives, and called for support for the creation of smoke-free environment.



## 「戒煙大贏家」比賽

第12屆「戒煙大贏家」比賽以現場登記及網上報名方式，成功招募超過1,450名吸煙人士參加。參賽者於報名時接受香港大學戒煙輔導員的初步吸煙情況評估及簡短的戒煙輔導，其後在一個月、兩個月、三個月及六個月獲以電話跟進戒煙情況，並定期透過通訊軟件接收戒煙輔導員的戒煙支援，包括正向心理學練習，教導參賽者應對脫離尼古丁依賴帶來的種種挑戰。「戒煙夥伴」更運用通訊軟件發送戒煙資訊作為戒煙干預方法，分享過來人經驗，以鼓勵參賽者下定決心戒掉吸煙習慣。

另外，委員會可按參賽者意願，轉介至戒煙服務機構，提高成功戒煙的機會。在三個月跟進時，自我報告成功戒煙的參賽者獲邀參與戒煙核實測試，成功通過者則可參加大抽獎或經「戒煙大使」甄選面試，贏取豐富獎品。

委員會亦再次與懲教署合作，將「戒煙大贏家」比賽推廣至其轄下的羅湖懲教所、壁屋監獄、赤柱監獄及塘福懲教所。今屆共有45位有意戒煙的在囚人士參加比賽，定期接受特別設計的戒煙輔導及跟進。

香港大學護理學院及公共衛生學院於比賽期間進行科學研究，收集數據檢討戒煙輔導及計劃整體成效，以進一步了解戒煙人士的需要。根據初步結果，三個月及六個月跟進的自我報告成功戒煙率分別為19.3%及20.5%。

## “Quit to Win” Contest

The 12<sup>th</sup> “Quit to Win” Contest recruited over 1,450 smokers to kick the habit through onsite and online registration. Eligible participants received brief smoking cessation advice from HKU’s smoking cessation counselors at the recruitment sessions, telephone follow-up at one month, two months, three months and six months as well as regular instant messages from quit assistance including positive psychology practice, to overcome challenges when quitting tobacco. Smoking Cessation Peer Supporters sending quit information through instant messaging software was regarded as smoking cessation intervention to help participants reaffirm the wills to quit.

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

COSH continued to collaborate with Correctional Services Department and extended the “Quit to Win” Contest to Lo Wu Correctional Institution, Pik Uk Prison, Stanley Prison and Tong Fuk Correctional Institution. A total of 45 smoking inmates were motivated to join the Contest and received tailor-made smoking cessation counseling and follow-up.

The School of Nursing and School of Public Health of HKU conducted a research study to evaluate the effectiveness of the smoking cessation intervention as well as the Campaign to further understand the needs of quitters. According to the preliminary results, the self-reported quit rate was 19.3% and 20.5% at 3-month and 6-month follow-up respectively.



## 媒體及網上宣傳

為加強宣傳計劃的效果，委員會與網絡頻道「FHproduction」合作拍攝兩條宣傳短片，以真人秀節目帶出吸煙對身體的禍害及勸喻吸煙人士早日戒煙，從而享受健康生活。YouTuber「熊仔頭」、「藍仔頭」及「近南哥」在短片中分別記錄自己的戒煙過程，陪伴其他參賽者一起克服退癮徵狀。他們亦在其社交平台專頁鼓勵觀眾留言打氣及分享創意戒煙方法。宣傳短片輕鬆有趣，深受大眾歡迎，在多個網上及社交平台合共錄得超過30萬人次瀏覽。



此外，每年「戒煙大贏家」的得獎者於不同活動及媒體訪問分享戒煙經驗，藉此啟發更多吸煙人士投入無煙健康生活。委員會在2022年3月17日舉行第12屆「戒煙大贏家」比賽頒獎儀式，嘉許比賽優勝者。頒獎嘉賓包括香港大學護理學院副教授王文炳博士、委員會主席湯修齊及總幹事黎慧賢。活動花絮及得獎者分享片段在無綫電視翡翠台的節目《東張西望》內播出，並分別上載至其網上影片分享頻道及各大社交媒體供市民觀看，瀏覽量高達36萬。

## Media and Online Promotions

To strengthen the promotion, COSH collaborated with FHproduction to produce two promotional videos in form of reality featuring the health effects of smoking, in order to urge smokers to kick the habit for good as soon as possible. Three social media influencers demonstrated their quitting journeys in videos and walked with other participants of the Contest to overcome cravings together. Their followers were also invited to leave cheering messages and input some quitting tricks on their social media platform. The videos recorded over 300,000 views on various online and social media platforms and had been well received by the public.

Moreover, every winners of the Contest share their quit tips in different events and media interviews to inspire more smokers to regain smoke-free lifestyle. A prize presentation event of the 12<sup>th</sup> "Quit to Win" Contest was conducted to award the winners on 17 March 2022. Honourable guests included Dr Kelvin WANG, Associate Professor, The School of Nursing, The University of Hong Kong, Henry TONG, COSH Chairman and Vienna LAI, COSH Executive Director. The event highlight video and sharing of the winners were broadcasted on TVB Jade during the programme "Scoop", its online video channel and other social media platforms, which generated over 360,000 views.



## 第12屆「戒煙大贏家」比賽得獎者

冠軍得主蔡國威從事演藝工作，煙齡超過20年，大約在22歲時，因同事邀請而吸食第一口煙。吸煙情況在演藝行業較為普遍，同事在等待拍攝期間經常相約吸煙，使他的煙癮愈來愈大。蔡先生明白疫情期間除下口罩吸煙引致受感染的風險高，而且有機會因違反防疫規定而被罰款，加上他醒悟到吸煙不但危害健康，亦加重生活開支負擔，認為應藉此時機戒煙，於是下定決心嘗試。

蔡先生曾經誤以為加熱煙能紓緩手癮及應付其他人的吸煙邀請，後來卻發現加熱煙的味道同樣難聞，更造成喉嚨不適、呼吸不順及經常咳嗽等健康問題，於是立即停用所有吸煙產品，並改用比賽提供的感官指尖工具Tangle分散注意力，解決手癮。他憑著堅定意志，克服失眠等退癮徵狀，並在三個星期後成功戒煙。及後，蔡先生發現味覺及嗅覺恢復敏銳，呼吸亦更感暢順。最令他欣喜的是，同事知道他成功戒煙後，開始主動詢問其戒煙心得，更受人歡迎。

## Winners of the 12<sup>th</sup> “Quit to Win” Contest

The Champion, CHOI Kwok-wai is an artist who had smoked for over 20 years. He was tempted by colleagues to light up his first cigarette at 22 years old. Smoking is common during the break of filming, and hence he got addicted with consumption of a pack of cigarettes daily since then. He understood the fact that smokers are at high risk of coronavirus infection and being fined for taking off the mask and smoke. He started to think that it was unwise to continue to smoke which imposed himself to health risks and burden of living. Therefore, he determined to abstain from smoking during the COVID-19 pandemic.

At first, Mr Choi mistakenly used heated tobacco products (HTPs) to divert attention. However, he found that HTPs also posed health problems like sore throat, difficult breathing, cough, etc. He stopped using HTPs immediately and adopted proper methods to quit. He also used the Tangle, a sensory fingertip tool, provided by the Contest to ease tension and got over the urge of smoking. Finally, Mr Choi successfully overcame insomnia and other withdrawal symptoms after three weeks. Having quitted smoking, he regained fresh breath, better taste and smell. He was pleased that his smoking colleagues showed support to him. He was ecstatic to share his quit experience with friends and motivate others to quit.



以為吸煙可以幫助交際，這種想法已經過時

亞軍得主熊永健最初只是間歇吸食捲煙，自覺煙癮不深，故不覺得需要戒煙。兩年前，他畢業初期因就業等問題感到迷網，開始吸食電子煙。熊先生直言，電子煙是「糖衣毒藥」，味道選擇繁多，容易入口及吸食方便，令他染上每日吸食的習慣，更曾經吸食等同於兩至三包捲煙尼古丁含量的電子煙煙彈。吸食電子煙後，熊先生氣喘及咳嗽的情況日趨嚴重。疫情下在公眾地方咳嗽引人注目，途人退避三舍，令他十分尷尬，終於決定戒煙。成功戒煙後，熊先生走路不再氣喘，亦沒有出現因吸煙而引起咳嗽的困擾。

季軍得主韋新遠的煙齡約15年，因從事貨運行業，經常通宵工作，誤以為吸煙可以提神，結果令煙癮愈來愈深。他曾經因價值較便宜及使用方便而吸食電子煙，但在半年間經常因而感到頭痛，所以重新吸食捲煙。當他在家中廚房吸煙時，太太時有怨言，並阻止他與兩歲的兒子親近。直至去年，他不希望二、三手煙影響家人，為了兒子健康著想，下定決心戒煙。透過計劃及專業的戒煙服務機構，令他得到適當及正確方法逐步減除心癮，加上家人的鼓勵，令他戒掉所有吸煙習慣。成功戒煙後，韋先生和家人關係變得更親密，兒子更主動與他親近及玩耍。他亦養成早上跑步的健康習慣，並成功鼓勵同事一起戒煙。



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

First runner-up, HUNG Wing-kin became an occasional smoker in gathering with friends. He perceived that quitting was not necessary since his cigarette consumption was not heavy. Introduced by friends and worried about post-graduation employment, he started to use electronic cigarettes (e-cigarettes) two years ago and turned into a frequent user. He described e-cigarettes as “Sugar-coated Poison” with novel design, diverse flavors, handy and convenient device. It made him quickly addicted and he had to consume e-cigarettes with nicotine as much as two to three packs of conventional cigarettes. E-cigarette intake made him suffered more frequent asthma and coughing, which embarrassed him during the COVID-19 pandemic and worried about the health condition. After quitting smoking, he became healthier and felt more energetic with smooth breath. He had no sore throat and coughing because of irritation of e-cigarettes.

Second runner-up, WAI San-yuen had smoked for 15 years. As a trading and logistics practitioner, he used to smoke with colleagues at rest for refreshment during the overnight shift duty. He had been a dual user of e-cigarette and conventional cigarettes because e-cigarette is convenient and cheaper to use. However, he always had headaches in the half year time of e-cigarette use and therefore returned to an exclusive cigarette smoker. He misunderstood that only smoked in kitchen at home would not cause secondhand and third-hand smoke hazards to family members. His wife complained about his smoking behaviour and did not allow him to have intimate contact with their son. To build a smoke-free environment for his son, he eventually determined to quit. Through the referral from the Contest, he received appropriate methods and family support, thereby quit successfully. Without smoking, Mr Wai has no more hesitation in hugging his son and no more quarrels with his wife. He was delighted that his family relationship became more harmonious, and developed running habit after adopting a smoke-free life. He also shared his experience and successfully motivated colleagues to give up smoking together.

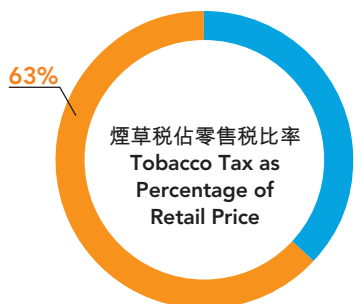
Campaign Website: [www.quittowin.hk](http://www.quittowin.hk)



## 倡議增加煙草稅

世界衛生組織(世衛)指出，增加煙草稅是最有效的單一控煙措施，並建議各國及地區將煙草稅率調高至佔煙草產品零售價格75%或以上。世衛於2021年4月12日推出指引，強調尤其在2019冠狀病毒病肆虐下，增加煙草稅對改善公共衛生及增加政府收入十分重要。不僅推行成本不高，亦可有效地降低煙草使用，從而減少因吸煙構成的經濟負擔。此外，亞洲發展銀行研究總結煙草稅是利貧措施，能為較低收入吸煙人士帶來更多健康及財政得益。

全球有接近30個國家已設立機制定期增加煙草稅。相反地，香港的煙草稅自2014年以來一直維持於每包約港幣38元，佔主要捲煙品牌的零售價格約63%，低於世衛建議水平。值得注意的是香港的煙草稅在過往十年均沒有重大調整，但本地消費物價指數近十年已累計上升28.4%，可見煙草稅未能發揮促進戒煙的效用。



委員會的「控煙政策調查2021」顯示，大部分(72.9%)的受訪者支持定期增加煙草稅。近七成(66.7%)現時吸煙人士認為有效推動他們戒煙或減少吸煙至少一半的價格中位數為每包港幣100元，而平均價格更為每包港幣115.5元(2021年的價格為港幣60元)。(詳情調查結果請參閱92頁。)

## Advocacy on Raising Tobacco Tax

World Health Organization (WHO) indicates that raising tobacco tax is the single most effective tobacco control measure. WHO also recommends countries and territories to increase tobacco tax to 75% or above of the retail price of tobacco products. Subsequently, a manual was launched by the WHO on 12 April 2021 to underline tobacco tax increment is key to improve public health and increase government revenues, especially in the COVID-19 pandemic. This measure not only involves relatively low cost but also significantly reduces tobacco use and the economic burden associated with smoking. Furthermore, the study from Asian Development Bank concluded that raising tobacco tax is a pro-poor measure that could bring more health and financial benefits to poorer smokers.

Across the world, about 30 countries introduced an automatic mechanism on raising tobacco tax. In contrast, the tobacco tax of the major cigarette brand in Hong Kong remained at HK\$38 per cigarette pack since 2014, which accounts for only around 63% of the retail price and far below the WHO's recommendation. It is worth noting there was no significant adjustment of tobacco tax rate in Hong Kong over the past decade. Meanwhile, local Consumer Price Index has been cumulatively increased by 28.4%, which eroded the effectiveness of tobacco tax in motivating smokers to quit.

According to COSH's Tobacco Control Policy-related Survey 2021, the majority of respondents (72.9%) supported raising tobacco tax regularly. 66.7% of current smokers suggested that the cigarette retail price should be set at a median price of HK\$100 and a mean price of HK\$115.5 per pack to effectively motivate them to quit or reduce the daily cigarette consumption by at least half (retail price in 2021 is HK\$60.). (For details of survey results, please refer to page 92.)

委員會於2021年12月聯同94個團體去信財政司司長，促請政府於2022至2023財政年度大幅增加煙草稅，並按年增加煙草稅，以進一步降低吸煙率。同時，委員會認為政府應儘快落實全面禁煙的目標及時間表，並多管齊下加強控煙措施，包括宣傳教育、立法、戒煙服務及執法等工作，以保障公眾健康。委員會主席湯修齊亦接受電台及網上媒體訪問，向公眾解說香港的煙草稅存在極大的上調空間，增加煙草稅有效防止青少年開始吸煙及提高吸煙人士戒煙意欲。

此外，委員會主席湯修齊於2021年12月28日出席《2022至2023年度財政預算案》醫療衛生及中醫藥界諮詢會，向財政司司長及業界代表闡述倡議增加煙草稅的理據及建議將額外煙草稅稅收撥作提升戒煙服務、健康推廣、基層醫療發展、協助低收入和弱勢社群等惠民利貧的社會政策，實現「取諸社會，用諸社會」。

惟政府於2022至2023財政年度連續第八年凍結煙草稅。委員會對此表示失望，但相關報道已引起大眾的關注。

COSH sent an open letter in co-signatory with 94 organizations to the Financial Secretary in December 2021, to urge the Government to raise tobacco tax substantially in FY2022-2023 as well as set up a mechanism of an annual increment, to further reduce smoking prevalence. COSH also advocated the Government to formulate the total ban on smoking with a defined timeline and strengthen the multi-pronged tobacco control measures, including education and publicity, legislation, smoking cessation services and enforcement to protect public health. Henry TONG, COSH Chairman accepted media interviews from radios and online media to explain Hong Kong had huge capacity for tobacco tax increment in preventing youngsters from lighting up cigarettes and boosting smoking cessation.

Besides, Henry TONG, COSH Chairman, attended the 2022-2023 Budget consultation session for the healthcare, medical and Chinese medicine sector on 28 December 2021. He illustrated the rationales of raising tobacco tax and recommended allocating the revenue from tobacco tax to beneficial social measures in the field of smoking cessation, health promotion, primary care development and poverty relief for the sake of the community, with the Financial Secretary and participating medical professionals.

COSH expressed strong disappointment that the tobacco tax was frozen again in FY2022-2023 for eight consecutive years. But relevant media coverage aroused public awareness on this issue.

## 煙草終局約章

「煙草終局」是指透過加強控煙力度，在目標日期前將吸煙率降低至相當低水平（一般是5%或以下），繼而啟動全面禁煙的程序，最終結束煙草流行。香港2019年的吸煙率為10.2%，配合本身的控煙發展優勢，令香港比其他地區更具備條件實現「煙草終局」。根據委員會進行的「控煙政策調查2020」，三分二受訪者支持全面禁止在港銷售及吸食吸煙產品，反映市民期盼零煙害的生活環境。

在2022年1月至3月期間，委員會聯同逾190位來自控煙界、學術界、醫學界等不同界別的社會賢達簽署《煙草終局約章》，攜手倡議政府儘快就「煙草終局」制定藍圖及全面加強控煙措施，以實現無煙香港。

《煙草終局約章》的控煙措施建議包括：

1. 增加煙草稅
2. 擴大法定禁煙區
3. 禁止銷售點煙草展示
4. 實施全煙害警示包裝
5. 提高合法購買煙草的年齡
6. 減少煙草的吸引力及成癮性
7. 設立煙草售賣的牌照
8. 規定場地管理人為違例吸煙承擔責任
9. 加強控煙執法
10. 增撥資源予教育和戒煙
11. 防止煙草商干預控煙政策



## Charter on Tobacco Endgame

Tobacco Endgame refers to the process of ending the tobacco epidemic by strengthening tobacco control to reduce smoking prevalence to a very low level (usually 5% or less) by a target date, and then initiating a total ban on smoking. In 2019, the smoking prevalence in Hong Kong was 10.2%, which possesses the condition to achieve Tobacco Endgame with the existing strengths of tobacco control development. According to Tobacco Control Policy-related Survey 2020 conducted by COSH, two-thirds of respondents supported a total ban on tobacco sale or on tobacco use in Hong Kong. People were full of hope for the future of zero smoking hazards environment.

From January to March 2022, COSH, together with over 190 elite representatives from various sectors of the community, including tobacco control, academia, medical, etc., introduced the Charter on Tobacco Endgame to jointly advocate the Government to formulate a blueprint for Tobacco Endgame and strengthen comprehensive tobacco control measures so as to achieve a smoke-free Hong Kong.

The recommendations on tobacco control measures in the Charter included:

1. Tobacco tax increase
2. Expansion of statutory no smoking areas
3. Ban on tobacco product display at point-of-sale
4. Plain packaging
5. Raising legal age of tobacco purchase
6. Reducing attractiveness and addictiveness of tobacco products
7. License of tobacco sale
8. Legal onus of venue manager for smoking offenses
9. Tightening enforcement
10. More resources for smoke-free education and smoking cessation
11. Preventing tobacco industry's interference



## 全城無煙跑2022

有研究指出跑步有助戒煙及減少吸煙。繼2019年「全城無煙跑」獲得正面迴響後，委員會於2022年再度舉辦，並以全新虛擬跑模式舉行，由無煙代言人「咪點我」帶領市民一同體驗跑步的樂趣，藉此推動吸煙人士透過做運動戒除煙癮，改善心肺功能，建立健康的生活模式。活動獲得近60間機構及戒煙服務團體支持，鼓勵不同持分者參與賽事及推廣無煙文化。

### 宣傳短片

為推動吸煙人士以跑步作戒煙試點，委員會邀請香港長跑運動員葛行輝及羅映潮拍攝活動宣傳短片，透過他們親身經驗分享，讓公眾領悟到運動對生活帶來的益處。曾經煙不離手的葛行輝於50歲時因身體不適決心戒煙，並成功透過跑步戒掉35年的吸煙習慣，更因此愛上跑步，成功挑戰多個國際長跑大賽。他於宣傳短片及媒體訪問中，分享戒煙的心路歷程，並表示參與跑步比賽能不斷給他保持目標動力，從而鍛鍊意志，幫助戒煙，重拾健康人生。羅映潮在宣傳短片向公眾透露她平日以跑步減壓，讓她跨越重重困難成為長跑冠軍。她呼籲公眾應以健康的正確方法紓緩壓力，並勉勵吸煙人士戒煙就如同跑步，只要堅持就會成功。宣傳短片已上載至影片分享平台及社交平台，供市民觀看。



## Smoke-free Run 2022

Studies found that running could help smokers quit smoking and reduce smoking. "Smoke-free Run" in 2019 concluded with positive response. To follow the success, COSH organized the "Smoke-free Run" in 2022 again and came to virtual race. The Event aimed to motivate smokers to abstain from smoking through doing exercises and encourage the public to enjoy the benefits of running led by "Wise Mike", the Smoke-free Ambassador, so as to improve cardiopulmonary function for healthy lifestyle. Around 60 organizations and smoking cessation service providers supported the Event by encouraging their stakeholders to join the races and promoting smoke-free culture.

### Promotional Videos

To promote running as a quit trial among smokers, COSH invited long distance runners Stanley GOT and Virginia LO to participate in the promotional videos and video interviews. Through their running experience sharing in videos, members of the public can understand the benefits of doing exercises. Stanley GOT had been a die-hard smoker for 35 years and decided to quit for health at 50 years old through running. Finally, he quitted successfully and has become a regular runner, and finished various international long distance races. He shared his quit-smoking journey in the videos and media interviews to express racing can keep him motivated in life, so as to build perseverance to support smoking cessation. Virginia LO also disclosed to the public that running was the activity to relieve stress which could help her tackle difficulties during her road to becoming a champion. She also appealed to the public to alleviate pressure in proper way and pointed out that persistence was the key to success for both kicking the habit and running. The videos were uploaded to video sharing platform and social media platforms.

## 線上跑步特訓班

委員會於2022年3月27日及30日舉行四場個人及親子線上跑步特訓班，邀請長跑運動員屈旨盈及香港越野跑運動員黃浩聰，教授運動知識如跑步的正確姿勢等，並講解運動如何幫助戒煙，同時推薦家長與孩子一起做居家健體運動，增進親子互動，共吸引約800名參加者於線上一同參與，亦為「全城無煙跑」備戰。

## 無煙虛擬跑

「全城無煙跑」活動首次以虛擬跑形式舉行，讓參賽者自由選擇路線及時段完成賽事。比賽分為十公里及三公里賽事，並設個人、機構、學校、無煙Buddy及無煙家庭組等組別，當中無煙Buddy組別要求至少一名成員為吸煙者或現正戒煙人士，以鼓勵親友與吸煙或戒煙人士同行，身體力行支持戒煙。無煙家庭組別則旨在推動親子參與，希望吸煙人士為下一代健康著想，免受二手煙危害，嘗試戒煙。活動獲逾800名跑手參與，參賽者透過跑步應用程式作活動紀錄並上載至大會網站，並完成不同額外挑戰，角逐各個獎項。



## Online Training Workshops

COSH organized four sessions of online training workshops on 27 and 30 March 2022 for individuals and families. Crystal VUT, a long distance runner and WONG Ho-chung, a trail runner, were invited to provide professional advices on running posture and other techniques, and explain how to enhance quit rates through physical activity as well as to recommend parents to take exercise with child at home so as to strengthen a parent-child relationship. Some 800 participants joined online to get prepared for the "Smoke-free Run".



## Smoke-free Virtual Run

The Event was organized in virtual mode for the first time to allow more flexibility for participants to choose their own route and time to complete the race. The virtual running race was divided into different categories according to distances (10KM and 3KM) for Individual, Corporate Team, School Team, Smoke-free Buddy Team and Smoke-free Family Team, of which Smoke-free Buddy Team, comprising at least one of the smoking team members or current quitter, encouraged family and friends to run with smokers or quitters and support them to kick the habit. The Smoke-free Family Team aimed to enhance parent-child participation so as to inspire smokers to quit for the sake of our next generation's health from secondhand smoke. Over 800 runners joined and they were required to record their activities by mobile application and upload to event website, as well as to complete different challenges during the race to win various prizes.

## 全新宣傳短片 「錫人錫己 咪錫支煙！」

委員會定期製作宣傳短片，喚起公眾對吸煙禍害的關注。有見新冠肺炎疫情反覆，而吸煙不僅影響呼吸系統和肺部功能，一旦感染後患重症或死亡的風險亦會提高。委員會因而推出最新宣傳短片「錫人錫己 咪錫支煙！」，宣揚愛護自己及家人，及早戒煙，以減低患上新冠肺炎重症及與吸煙相關疾病的風險。

宣傳短片透過表達吸煙對寵物、兒童、伴侶及個人健康的影響，鼓勵吸煙人士於居家抗疫期間為自己及身邊人儘早戒煙。無煙代言人「咪點我」亦於宣傳短片中提醒市民大眾無論是傳統煙、水煙、加熱煙草產品、電子煙或草本煙同樣危害健康，千萬不要嘗試，同時勉勵吸煙人士要有決心，培養健康生活習慣，提升戒煙成功機會。

## New API "Love Yourself and Others. Let's Quit Now!"

COSH produces Announcements in the Public Interest (APIs) regularly to address smoking hazards as an issue of concern. The COVID-19 pandemic situation remained rampant in Hong Kong. Smoking can deteriorate respiratory and lung function and increase the risk of complications and death in COVID-19 patients. Hence, COSH launched the new API titled "Love Yourself and Others. Let's Quit Now!" to motivate smokers to quit for the health of themselves and family as well as to reduce the risks of severe COVID-19 symptoms and smoking-related diseases.

The API depicts the harms of smoking to the health of pets, children, couples and smokers, and advises smokers to stop smoking for oneself and others during stay-at-home. "Wise Mike", Smoke-free Ambassador, reminded the public in the API that conventional cigarettes, waterpipe tobacco, heated tobacco, electronic cigarettes and herbal cigarettes are all hazardous. Smokers were also encouraged to uphold their determination and take up healthy habits, so as to enhance the chance to quit successfully.







## 社區聯繫及推廣

## Community Involvement and Promotion

### 「無煙老友記」計劃2021-2022

根據香港大學有關吸煙與香港長者死亡風險的追蹤研究，已戒煙長者因吸煙致死的風險較吸煙長者低，因全部死因（即死於不同原因）、肺癌和心臟病引致死亡的風險分別明顯減少28%、53%及27%，顯示戒煙對長者健康的重要性。

委員會於2021年4月至2022年3月期間舉辦「無煙老友記」計劃，透過與長者服務機構合作，舉辦約30場健康講座，以生動有趣的方式向約900名長者宣揚無煙信息。講座以現場講授、網上直播及預錄版本等形式進行。內容涵蓋吸煙與戒煙的常見謬誤、戒煙的好處及方法等，亦新增有關吸煙加重感染新冠肺炎風險及導致病情惡化的知識，提醒長者及其家人在疫情期間拒絕吸煙，保持身心健康。

同時，委員會動員地區組織包括長者中心及長者服務團體，向約3,500名長者派發特製以長者為對象的宣傳物品及單張，增加他們對煙草禍害的認識及推廣戒煙。



### Elderly Smoking Cessation Promotion Project 2021-2022

According to the cohort study on smoking and mortality of elderly in Hong Kong published by The University of Hong Kong, the risk of smoking-attributed death will be reduced after quitting compared with smokers while the risks of all-causes (deaths from any causes), lung cancer and cardiovascular disease mortality in elderly quitters were significantly reduced by 28%, 53% and 27% respectively, indicating the importance of smoking cessation to the health of elderlies.

COSH organized the Elderly Smoking Cessation Promotion Project, in collaboration with elderly organizations from April 2021 to March 2022. About 30 sessions of health talks were conducted while smoke-free messages were promoted through a lively and interesting approach to some 900 elderlies. The health talks were delivered in the formats of face-to-face, online live streaming or pre-recorded versions, which conveyed the common misconceptions about smoking and cessation, benefits and methods of quitting smoking. Latest information that smoking would increase the risk of COVID-19 infection and severity was also included in the health talk to advise the elderlies and their family members to refrain from smoking for maintaining mental and physical health during the pandemic.

To enhance elderlies' awareness on smoking hazards and promote smoking cessation, COSH also mobilized district organizations, such as elderly centers and elderly service organizations, to distribute tailor-made smoke-free materials and leaflets among some 3,500 elderlies.



## 無煙女性宣傳計劃2021-2022

雖然香港2019年的女性吸煙率為3.2%，遠比男性吸煙率為低，但女性吸煙人口多年來並沒有明顯下降趨勢，更比2017年急增近兩成，情況令人關注。有見及此，委員會舉辦無煙女性宣傳計劃，動員公眾支持女性吸煙者戒煙及防止女性開始吸煙。計劃於2021-2022年度獲16個婦女團體及地區康健中心的支持，透過其會員網絡向大眾傳揚無煙信息。

### 「無煙・全城最靚」社區宣傳活動

委員會於2021年10月23日至24日舉行「無煙・全城最靚」社區宣傳活動，內容包括資訊展覽、多媒體互動遊戲及健康檢查等，教育市民吸煙對女性的危害，擊破吸煙迷思，以及提供戒煙輔導。一連兩天的活動獲多個婦女團體積極支持當中包括惠妍芳婦女會、曉麗婦女協會、香港婦聯有限公司、離島婦聯有限公司及寶達婦女會派員擔任義工，向近3,000名市民推廣無煙信息。食物及衛生局局長陳肇始教授，以及委員會主席湯修齊亦分別到場支持，為女性戒煙人士打氣。委員會的無煙代言人「咪點我」更現身活動，提醒市民所有吸煙產品均為有害，鼓勵培養無煙生活態度。



## Smoke-free Women Project 2021-2022

Although the female smoking prevalence in Hong Kong was 3.2% in 2019 that has been far lower than that of male smokers, it maintained almost the same level in the past decades. A particular concern was the nearly 20% rise in the number of female smokers compared with 2017. In view of this situation, COSH initiated the Smoke-free Women Project to empower the public to encourage female smokers to quit as well as to prevent them from picking up the habit. In 2021-2022, the Project received support from 16 women organizations and district health centres to disseminate smoke-free messages via their networks.

### “Smoke-free Beauties in Town” Publicity Event

COSH organized a publicity event “Smoke-free Beauties in Town” on 23 to 24 October 2021, encompassed exhibition panels display, digital interactive game, health check, etc., to educate members of the public about impact of female smoking and clarifications of smoking myths as well as to provide smoking cessation assistance. The two-day event was highly supported by volunteers from various women associations such as Fragrant Women Association, Hiu Lai Women’s Association, Hong Kong Women Development Association Limited, Hong Kong Outlying Islands Women’s Association Limited and Po Tat Women’s Association, and concluded with about 3,000 citizens received smoke-free messages. Prof Sophia CHAN, Secretary for Food and Health and Henry TONG, COSH Chairman also showed their support and boosted morale of female smokers to quit by attending the event respectively. “Wise Mike”, the Smoke-free Ambassador of COSH appeared in the event as well to remind the public that all smoking products are harmful and encourage everyone to adopt a smoke-free lifestyle.

## 社區宣傳及教育活動

為進一步於社區推廣無煙女性的概念，委員會於2021年11月至2022年3月期間與12個婦女團體及地區康健中心合作，於全港各區舉辦近20場以無煙女性為主題的社區宣傳及教育活動，包括舉辦健康講座、無煙資訊展覽、播放無煙宣傳影片，以及派發無煙女性宣傳單張等，將無煙資訊傳遞予接近7,200名市民。



### 無煙女性宣傳短片

針對市民或因承受巨大壓力而錯誤地以吸煙的方式紓解，委員會製作宣傳短片及投放資源作宣傳推廣，特別勉勵吸煙女士保持正面樂觀態度，並帶出家人及朋友的互相扶持是女性戒煙的動力。宣傳短片於2021年6月至2022年3月期間在網上串流平台錄得約74萬瀏覽次數。

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

## Community Promotion and Education Activities

To sustain the momentum in promoting the smoke-free women concept, COSH collaborated with twelve women associations and district health centres to conduct around 20 sessions of smoke-free women promotion and education activities across the territory from November 2021 to March 2022. Health talks and smoke-free exhibitions were held while promotional videos and marketing collaterals were displayed and distributed, reaching some 7,200 people from all walks of life.

### Smoke-free Women Promotional Video

Some of the public may mistakenly start smoking to cope with stress. Hence, COSH produced a promotional video and allocated resources for promotion, to specifically motivate female smokers to develop a positive and optimistic attitude and spread the message that mutual care and support from family and friends play a key role in encouraging female to quit smoking. The promotional video recorded around 740,000 views on the online video streaming platform from June 2021 to March 2022.



Programme Website: [www.smokefree.hk/women](http://www.smokefree.hk/women)





## 香港國際牙科博覽暨研討會

香港牙醫學會於2021年12月10日至12日舉辦「香港國際牙科博覽暨研討會」，委員會主席湯修齊應邀出席開幕儀式。委員會於展覽會上設置資訊攤位，介紹本港控煙概況及委員會的控煙教育及宣傳工作，以促進與牙科專業人員在控煙工作上的交流及合作，並透過推動戒煙以保持口腔健康。此外，委員會即場邀請與會者簽名支持「無煙跑服日」，宣傳以運動起步，營造鼓勵戒煙的氛圍。

## Hong Kong International Dental Expo and Symposium

The Hong Kong Dental Association hosted the “Hong Kong International Dental Expo and Symposium” on 10 to 12 December 2021. Henry TONG, COSH Chairman, was invited to join the opening ceremony. An information booth was set up to introduce the tobacco control work in Hong Kong and COSH’s education and publicity programmes, which enhanced the collaboration with dental professionals to promote smoking cessation for maintaining oral health. Visitors were also encouraged to pledge for supporting the “Smoke-free Sportswear Day” with an aim to create a supportive social atmosphere for smoking cessation through doing exercises.

# 教育及青少年活動

## Education and Youth Programmes



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

#### 「無煙新世代」健康講座

從小向下一代灌輸無煙知識是控煙工作的重要一環，能讓兒童及青少年明白無煙健康生活的重要性，堅拒第一口煙，並鼓勵他們支持家人及朋友戒煙。委員會自1991年起，每年到訪全港各區幼稚園、中小學及大專院校舉辦健康講座，向兒童及青少年推廣無煙信息，令他們及早認清和遠離煙草禍害。

為配合疫情下的上課安排，委員會於2021至2022學年繼續提供實體及網上學習兩種健康講座模式供學校選擇，期間舉行超過100場講座，逾一萬三千名師生參與。學生可透過觀賞直播或錄影健康講座，再配以「無煙健康學習資源套」參與延伸學習，進一步探索吸煙禍害的課題。

講座除提供吸煙、二手煙、三手煙及另類吸煙產品等的禍害資訊，亦涵蓋香港最新的控煙資訊及煙草商的宣傳伎倆。委員會的教育幹事亦透過播放短片及互動問答環節，提升學生的學習興趣，協助他們在輕鬆愉快的環境下獲取無煙知識。



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

Delivering smoke-free knowledge to the next generation at an early age is an essential part of tobacco control in helping children and youngsters recognize the importance of smoke-free healthy lifestyle, prevent them from trying the first cigarette, and encourage family and friends to quit smoking. Since 1991, COSH has been organizing health talks every year in kindergartens, primary schools, secondary schools and tertiary institutions across the territory to convey information about the harmful effects of smoking.

In view of the class arrangements amid pandemic situation, COSH continued to provide onsite and online versions of health talks during the school year 2021 to 2022. Over 100 health talks were held reaching over 13,000 students and teachers. Students could further explore the subjects in respect of smoking hazards through online live streaming or pre-recorded version of health talks. A set of education tools was also developed for students to extend learning beyond the classroom.

In addition to the negative impact of smoking, secondhand smoke, third-hand smoke and use of alternative smoking products, the health talks covered the latest information on tobacco control in Hong Kong and marketing tactics of the tobacco company. Promotional videos and interactive question-and-answer session were conducted by COSH educators in health talks to provide a pleasant and relaxing environment for students to acquire smoke-free knowledge.

## 「無煙Teens精英計劃」2021-2022

自2012年起，委員會每年透過「無煙Teens計劃」，提高青少年對控煙議題的關注，培育他們成為無煙領袖，將無煙文化推廣至學校及社區。計劃舉辦至今已累積得到逾140間中學、青少年中心及制服團體支持，成功培育超過2,800名青少年領袖，成效顯著。

委員會於2021-2022年度將計劃優化為「無煙Teens精英計劃」。計劃由教育局協辦，首次加入生涯規劃、師友交流及大學參觀等元素，內容圍繞知識及技能培訓、活動策劃及實踐兩大部分，並以學分制度進行，共得到200名來自27間學校及制服團體的14至18歲青少年參加。根據委員會就計劃成效進行的調查，絕大部分的受訪參加者表示對煙害、戒煙輔導技巧、本地及國際控煙趨勢等認知均有所提升。

### 無煙Teens訓練營

委員會於2021年8月舉辦兩場訓練營，並以實體和虛擬混合模式進行。參加者透過講座及工作坊如參觀香港大學李樹芬醫學基金護理臨床技能及模擬培訓中心，掌握香港無煙教育的培訓現況及控煙資訊。委員會亦邀請香港大學護理學院副教授王文炳博士、助理教授張懿德博士及同屬計劃友師的退休中學校長鄧振強進行分享，鼓勵參加者及早計劃個人發展及升學路向，推動他們日後投身參與控煙工作。



## “Smoke-free Elite Teens Programme” 2021-2022

Since 2012, COSH has been organizing “Smoke-free Teens Programme” to increase awareness towards tobacco control issues among teenagers and nurture them to become future leaders to promote smoke-free messages on campus and in the community. The Programme achieved notable results with more than 140 secondary schools, youth centres and uniform groups enrolled and over 2,800 teenagers were trained as young leaders since it launched.

COSH revamped the Programme in 2021-2022 as “Smoke-free Elite Teens Programme” and was co-organized by the Education Bureau with new elements of life planning, mentor sharing and university visit. It revolved around knowledge and skills training as well as project planning and execution with credit system. A total of 200 teenagers aged 14 to 18 from 27 secondary schools and uniform group joined the Programme. According to COSH’s evaluation survey to measure the effectiveness, the majority of participants agreed that the knowledge on smoking hazards, smoking cessation counseling skill, local and global tobacco control trends, and so forth were enhanced.

### Smoke-free Academy

Two sessions of the Smoke-free Academy with a combination of offline and online learning were conducted in August 2021. Participants were equipped with the current training situation of smoke-free education and tobacco control information through talks and workshops including Li Shu Fan Medical Foundation Nursing Clinical Skills Laboratory and Simulation Training Centre of the University of Hong Kong visit. Dr Kelvin WANG, Associate Professor, The School of Nursing, The University of Hong Kong, Dr Derek CHEUNG, Assistant Professor and former principal Teddy TANG, a mentor of the Programme, were also invited to advise participants to plan personal development and motivate them to participate in the work of tobacco control in the future.





### 網上無煙課堂

計劃設有網上無煙課堂，以增進參加者的煙草禍害知識，內容涵蓋吸煙引致的疾病、破解煙草商營銷手法及宏觀香港和世界各地的控煙措施。參加者亦可按個人興趣選修有關另類吸煙產品對身體構成的健康風險及手機拍攝技巧的課程，為日後向公眾推廣無煙信息作好準備。

### 無煙精英大本營

委員會在聖誕假期期間舉行兩場跨校實體「無煙精英大本營」，安排一系列訓練、團體遊戲及歷奇活動，重點培訓參加者各方面的領導才能，包括創意及批判思考、溝通及衝突管理等，以提升其解難能力，協助他們日後策劃及推行無煙行動。



### Smoke-free Online Classes

To enrich the knowledge of smoking hazards among participants, the Programme provided online classes, covering diseases caused by smoking, tobacco company tactics, and local and international tobacco control policies. Participants could select elective classes of their own preferences to learn about health risks posed by alternative smoking products and mobile videography techniques in order to prepare them for disseminating smoke-free messages to the public.

### Smoke-free Training Camps

Two inter-school physical training camps were held during the Christmas holiday. A wide range of activities, group games and adventure-based coaching activities were arranged to enhance participants a variety of leadership skills as a matter of priority, encompassing creative and critical thinking, communication and conflict management so as to assist them in planning and executing smoke-free programmes of future needs with improved problem solving skills.

## 無煙行動

完成訓練的「無煙Teens精英」於2021年10月至2022年1月期間實踐所學，於校內及社區籌辦逾130項線上及線下推廣活動，將無煙信息傳遞予超過四萬名市民。各參加隊伍發揮創意及善用不同平台推廣無煙文化，主要活動包括攤位遊戲、各類設計及創作比賽等。「無煙Teens精英」亦走出校園，透過街頭宣傳和訪問，以及與社區機構合作舉辦活動、創作主題曲音樂短片等，提高不同界別及年齡人士對各種煙害的關注，亦促進社區的無煙意識。



### 無煙精英團、暑期實習及遊學團

為使「無煙Teens精英」繼續秉持使命，關注及推動無煙文化，完成計劃的參加者均可加入「無煙精英團」，協助委員會舉辦活動，如分享會、展覽、遊戲攤位等。

計劃中表現優異的參加者將有機會到委員會秘書處實習，接觸機構日常營運，學習及體驗籌辦活動，有助做好生涯規劃。同時，獲獎隊伍獲安排參與以新加坡為主題的本地遊學團，透過知識與趣味並重的遊學體驗，了解新加坡的控煙政策及成果，拓展視野。遊學團內容包括新加坡控煙專家的經驗分享、虛擬景點遊覽及參與新加坡特色義工活動等。

## Smoke-free Programmes in Schools and the Community

From October 2021 to January 2022, the trained “Smoke-free Elite Teens” applied their knowledge in organizing over 130 diversified online and offline activities to disseminate smoke-free messages in the schools and community, reaching over 40,000 members of the public. They utilized their creativity and made good use of different platforms to promote smoke-free culture via a wide variety of promotion activities, including booth games, various design competitions, classes and social media. Participants also conducted street promotion and interviews, collaborative activities with community organizations and production of theme song and music video to boost the awareness of tobacco-related health hazards in the community.

### Smoke-free Elite Teens Alumni Programme, Summer Internship and Study Tour

In order to sustain the mission of the “Smoke-free Elite Teens” in advocating smoke-free culture, trained participants were invited to join the Smoke-free Elite Teens Alumni Programme. Alumnus would assist COSH in organizing activities such as sharing session, exhibition and booth game.

Participants with outstanding performance would have the opportunity to participate in the summer internship programme. Students would get involved in organization’s daily operations and learn to organize smoke-free projects for career and life planning. A Singapore-themed study tour in Hong Kong during summer holiday would be arranged to the outstanding teams to grasp the tobacco control policies and achievements in Singapore so as to broaden their horizons through knowledge-based and fun-filled activities, such as sharing by tobacco control expert in Singapore, virtual walking tour and Singapore-themed volunteering experience.

## 成果發佈暨分享會

計劃透過舉行成果發佈暨分享會，以嘉許表現出色的「無煙Teens精英」。頒獎嘉賓包括教育局高級課程發展主任(德育、公民及國民教育)周安琪、委員會主席湯修齊、教育及宣傳委員會主席曾立基及總幹事黎慧賢。計劃友師巫潔嫻教授亦獲邀分享實用的處理壓力方法和提醒青少年切勿養成吸煙習慣。

來自聖傑靈女子中學的冠軍隊伍於分享會上分享活動籌劃的心得和經驗。他們推出多項校內及社區無煙活動，共接觸逾2,200名師生及市民，其中包括舉行校內抗煙手舉牌設計比賽及觀塘區小學無煙WhatsApp貼圖比賽，並將優秀作品製作成手舉牌及WhatsApp貼圖包於社區派發及推廣，廣泛地宣揚無煙信息。同時，她們認為向下一代從小灌輸無煙信息相當重要，故特別製作了以另類吸煙產品為題材的教育短片，讓校外高小學生透過網上平台觀看及進行延伸討論。

## Showcase cum Sharing Session

A Showcase cum Sharing Session of the Programme was held to commend the outstanding "Smoke-free Elite Teens" for their achievements. Angela CHOW, Senior Curriculum Development Officer (MCNE), Education Bureau, Henry TONG, COSH Chairman, Richard TSANG, COSH Education & Publicity Committee Chairman and Vienna LAI, COSH Executive Director presented the prizes to the winners. Prof Phoenix MO, a mentor of the Programme, was also invited to share practical tips on stress management and remind teenagers to not pick up smoking.

The champion team from St Catharine's School for Girls shared their fruitful experience in organizing smoke-free programmes at the event. They launched a variety of school and community activities, reaching over 2,200 students, teachers and citizens. They included an anti-smoking hand-held sign design competition in their school and a smoke-free WhatsApp sticker design competition among primary schools in Kwun Tong District respectively. The outstanding pieces were made into hand-held signs and WhatsApp sticker pack for distribution and circulation in fostering smoke-free culture. Understanding the importance of educating the next generation on smoke-free knowledge at an early age, they produced and launched an educational video with theme of alternative smoking products (ASPs) via online platforms as extended learning for junior students of primary schools.





亞軍由皇仁舊生會中學隊伍奪得，他們利用小實驗模擬吸煙過程對人體的影響，製作成短片於校內活動及社交媒體播放，並設計網上家課，向同學展示出吸煙禍害，充分把握疫情期間在家學習的機會。此外，他們配合家長日及升中活動，邀請校內外學生及家長一同支持無煙生活。季軍隊伍新界鄉議局元朗區中學(第一隊)則於元朗及天水圍區進行街頭訪問及宣傳，了解公眾對煙害的認知程度，亦提醒他們另類吸煙產品同樣損害健康。訪問花絮製作成輕鬆有趣的短片，並上載至社交媒體專頁，向師生及公眾傳遞無煙信息。



得獎名單：

冠軍：聖傑靈女子中學

亞軍：皇仁舊生會中學

季軍：新界鄉議局元朗區中學(第一隊)

「優異無煙Teens團隊」：

- 香港青少年軍總會
- 樂善堂梁植偉紀念中學
- 新界鄉議局元朗區中學(第二隊)
- 聖公會梁季彞中學
- 天主教崇德英文書院(第二隊)

計劃網頁：

[www.smokefree.hk/smokefreeteens](http://www.smokefree.hk/smokefreeteens)

Team from Queen's College Old Boys' Association Secondary School won the first runner-up. Apart from filming an experiment to visualize the smoking hazards, which was broadcasted in school activities and social media, the team designed online homework for students to learn about hazards of tobacco use at home during the pandemic. They also invited students and parents on and off campus to support a smoke-free lifestyle during parents' day and school information day. The second runner-up, New Territories Heung Yee Kuk Yuen Long District Secondary School (Team 1) conducted street interviews and promotion in Yuen Long and Tin Shui Wai to understand the views of the public about smoking hazards and publicize the adverse effect of ASPs. A corresponding short video was produced in an interesting way and uploaded to their designated social media platform to spread smoke-free messages to students, teachers and the public.



List of Winners:

Champion: St Catharine's School for Girls

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

Second runner-up: New Territories Heung Yee Kuk Yuen Long District Secondary School (Team 1)

Outstanding Smoke-free Teams:

- Hong Kong Army Cadets Association
- Lok Sin Tong Leung Chik Wai Memorial School
- New Territories Heung Yee Kuk Yuen Long District Secondary School (Team 2)
- Sheng Kung Hui Leung Kwai Yee Secondary School
- Shung Tak Catholic English College (Team 2)

Programme Website: [www.smokefree.hk/smokefreeteens](http://www.smokefree.hk/smokefreeteens)

## 學校互動教育巡迴劇場 「無煙拯救隊」

委員會自1995年起以「學校互動教育巡迴劇場」作為預防兒童及青少年吸煙的重點教育及宣傳活動之一，透過與學校及專業藝術團體合作，加強學生的無煙知識，鼓勵他們與家人一起支持無煙健康生活。委員會先後於全港小學舉辦逾2,000場表演，超過60萬名學生及老師觀賞及參與。

互動教育劇場寓教於樂，鼓勵互動參與，配以音樂、舞台效果及生動有趣的演繹手法，讓學生在輕鬆愉快的氣氛下認識另類吸煙產品及各種煙草使用對健康的影響。演員亦不時邀請學生回答問題，啟發他們思考，並解說吸煙的謬誤，教導學生拒絕第一口煙及鼓勵親友戒煙的技巧。

2021-2022年度「學校互動教育巡迴劇場」由教育局協辦，委員會與iStage劇團合作，推出全新劇目《無煙拯救隊》，並首次加入無煙代言人「咪點我」參與演出。題材涵蓋使用另類吸煙產品的害處，以及煙草商以兒童及青少年為推廣對象的手段等。委員會亦特別鳴謝林大慶教授擔任此劇目的顧問。



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

Since 1995, the “School Interactive Education Theatre Programme” has been one of COSH’s major education and publicity programmes to prevent tobacco use among children and youth. With the collaboration of schools and local professional troupe, COSH enriches student with smoke-free knowledge and encourages them to live a smoke-free healthy lifestyle with their families. Since its launch, the Programme contributed over 2,000 performances in primary schools across the territory, reaching over 600,000 students and teachers.

Through interactive performances with music, stage effects, and interesting presentation, the Programme enabled students to learn about the health risks linked to alternative smoking product use and other tobacco consumption. Actors interacted with students in an interesting plot to stimulate their thinking, convey a message of “no smoking” and debunk the fallacies about smoking. Students also learned how to resist smoking temptation and the ways to encourage family members to quit smoking.

The Programme in 2021-2022 was co-organized by Education Bureau and collaborated with iStage Theatre to launch a brand-new interactive drama titled “Smoke-free Rangers”. “Wise Mike”, the Smoke-free Ambassador, was set to appear in the drama for the first time. Its content covered harmful effects of alternative smoking product use as well as the promotion tactics of tobacco company targeting children and youth. In addition, special credit was given to Prof LAM Tai-hing, the professional consultant of the drama.







故事講述小學生健仔、康康和阿D所居住的「健康大廈」之住客出現不同病症，健康受到威脅。此時，「無煙拯救隊」召集人「咪點我」指出大廈出現了各種類型的煙害，三人應「咪點我」邀請加入「無煙拯救隊」，靠無煙知識和裝備找尋及擊退煙害危機。在過程中，觀眾可透過劇中的多個互動環節參與其中，跟三位主角一同消除二手煙及三手煙的危害，成功勸勉家人及好朋友拒絕吸煙誘惑，最後更識破煙草商以加熱煙草產品和電子煙引誘人吸煙的詭計，拯救了大廈居民。



劇場的首演禮於2021年9月24日假聖公會聖雅各小學舉行，約280名師生及嘉賓率先觀賞，為劇場展開新一年巡迴演出揭開序幕。主禮嘉賓包括食物及衛生局局長陳肇始教授、衛生署控煙酒辦公室主管封螢醫生、教育局總課程發展主任(德育、公民及國民教育)譚家強博士、聖公會聖雅各小學校長張勇邦、委員會主席湯修齊、副主席陳志球博士、教育及宣傳委員會主席曾立基、委員何世賢博士及總幹事黎慧賢。

The story plot was set in the “Healthy Building”, where three primary school students, Kin, Hong and D lived. While different illnesses stroke to threaten the health of residents, “Wise Mike”, the convener of the “Smoke-free Rangers”, invited them to join the team to trace the root causes and combat the crisis. Audience were invited to join the team through interactive sessions to resolve the threats of secondhand smoke and third-hand smoke, in order to convince family and friends to overcome tobacco temptation and reveal the marketing strategy of heated tobacco products and electronic cigarettes to lure people smoking, with the aid of tools and information from “Wise Mike”.

The premiere was held at Sheng Kung Hui St James' Primary School on 24 September 2021 with around 280 primary school students, teachers and guests attended to kick off the territory-wide school tour. Officiating guests included Prof Sophia CHAN, Secretary for Food and Health, Dr FUNG Ying, Head of Tobacco and Alcohol Control Office, Department of Health, Dr Andy TAM, Chief Curriculum Development Officer (MCNE) of Education Bureau, Langton CHEUNG, Principal of Sheng Kung Hui St James' Primary School, Henry TONG, COSH Chairman, Dr Johnnie CHAN, COSH Vice-chairman, Richard TSANG, COSH Education & Publicity Committee Chairman, Dr Daniel HO, Council Member and Vienna LAI, COSH Executive Director.



鑑於疫情持續，委員會繼續提供不同的演出模式，讓學校靈活參與。在開放面授課程期間，劇場如常到學校巡迴演出，或以校園電視台於禮堂現場轉播或安排學生觀賞預錄版。學校亦可按其需要選擇以網上直播模式參與欣賞劇目，演員透過視像軟件演出，並保留與學生互動的元素。本年度已有超過二萬八千名學生及老師透過不同模式欣賞劇場演出。

除劇場外，委員會特別製作了「互動學習資源套」，以支援老師作常識、德育或生命教育等課堂教學。同時，學生亦可於觀賞劇場後透過資源套進行延伸活動，與家長一同重溫無煙資訊。資源套包括《無煙拯救隊》小冊子、紀念品、無煙短片及網上小遊戲。委員會亦鼓勵學生參與「《無煙拯救隊》戒煙海報設計比賽」，將無煙知識學以致用，發揮創意，推動邁向無煙香港。本年度比賽共收到逾690份作品。



劇場網頁：[www.educationtheatre.hk](http://www.educationtheatre.hk)

Due to the pandemic situation, COSH continued to deliver drama performance in various modes. During the resumption of face-to-face classes for schools, students could enjoy the drama either via the pre-recording session, regular touring at schools or live broadcasting through campus TV. Schools could also arrange live streaming performance according to their needs which actors interacted with students through streaming software. In total, over 28,000 students and teachers watched the drama performance through different modes during the year.



A corresponding interactive learning kit, including the "Smoke-free Rangers" gamebook, souvenirs, smoke-free short videos and mini games, was introduced. Teachers could utilize the learning kit to deliver smoke-free messages in general studies, moral education or life education lessons, while students were encouraged to revisit the smoke-free messages with parents after watching the drama. Students were also invited to participate in the "Smoke-free Rangers Poster Design Competition" by utilizing the acquired knowledge and creativity to build a smoke-free Hong Kong. Over 690 entries were received in this year.

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



## 與學界及社區聯繫

## Liaison with Academia and Community

### 與行政會議成員及立法會議員會面

委員會一直向政府及公眾提供來自世界各地的最新控煙資訊，並不時約見社會領袖及政策制定者，促進雙方交流及倡議落實有效的控煙政策。於2021至2022年度期間，委員會與15位行政會議成員、立法會議員及政黨代表進行九次會面，闡述未來控煙策略及倡議香港推行創新控煙措施的同時，亦就全禁另類吸煙產品的立法建議，與多個代表作深入討論，成功爭取他們支持通過《2019年吸煙（公眾衛生）（修訂）條例草案》。

### 香港大學護理學院課程

為提高香港大學護理學院學生對控煙的關注，委員會項目籌劃高級經理朱偉康獲邀為香港大學護理學院學士及碩士課程擔任客席講者，在2021年4月19日以「香港的煙草控制及預防工作」為題，透過視像形式向約40名碩士學生介紹香港的控煙進程和戒煙服務。此外，於2021年9月15日及11月9日，朱偉康向合共近150名學士學生講解無煙香港的願景、委員會的角色以及多年來教育、宣傳及政策倡議工作。

### Meetings with Executive Council Members and Legislative Council Members

COSH has been continuously providing the latest global information of tobacco control to the Government and the general public, and from time to time, meeting with community leaders and policy makers to facilitate exchange and advocate effective tobacco control policy. In 2021-2022, COSH arranged nine meetings with 15 Executive Council members, Legislative Council members and political parties to introduce and recommend the adoption of the innovative tobacco control measures in Hong Kong while successfully striving for their support to the passage of the Smoking (Public Health) (Amendment) Bill 2019 after in-depth discussions.

### HKU School of Nursing – Nursing Programmes

To enhance student awareness of tobacco control at the school of nursing of The University of Hong Kong. Lawrence CHU, COSH Senior Project Manager was invited as guest speaker of Bachelor and Master programmes of School of Nursing of The University of Hong Kong. He shared information under the theme “Tobacco Control and Smoking Prevention Programmes in Hong Kong” through online live streaming on 19 April 2021. Tobacco control development and cessation services in Hong Kong were introduced to about 40 master students. Besides, on 15 September and 9 November 2021, Mr Chu explained the vision of smoke-free Hong Kong, the role of COSH and its efforts in education, publicity and advocacy work over the years, to about 150 undergraduate students.

## 香港大學青少年戒煙熱線戒煙研究結果發佈會

香港大學青少年戒煙熱線於2021年4月29日召開記者會，發佈最新的戒煙研究結果，發現25歲或以下青少年使用另類吸煙產品(包括電子煙及加熱煙草產品)的比例連年躍升，2019至2020年度更高達85.9%。青少年使用另類吸煙產品的主要原因包括好奇心(51.3%)、朋輩影響(37.3%)及用作戒煙或減煙(21.6%)。委員會代表獲邀出席記者會。

在記者會上，委員會總幹事黎慧賢講解另類吸煙產品對健康構成的風險，並強調另類吸煙產品無助戒煙，以及指出其電子裝置可引起的個人資訊外洩的風險和進行煙草宣傳的漏洞等，並聯同其他講者呼籲社會關注另類吸煙產品對青少年的影響，促請立法會儘快通過政府提交全面禁止另類吸煙產品的草案。其他出席的講者包括戒煙熱線計劃總監李浩祥博士及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。

## HKU Youth Quitline Press Briefing for Smoking Cessation Research Findings

The University of Hong Kong Youth Quitline held a press conference on 29 April 2021 to release the updated findings that the proportion of Hong Kong young smokers of 25 years old or under who had used alternative smoking products (ASPs), including electronic cigarettes and heated tobacco products, had surged to a record high of 85.9% in 2019-2020. The most cited reasons of ASP use were curiosity (51.3%), peer influence (37.3%) and intention to quit or reduce smoking (21.6%). COSH representative was invited to the press conference.

At the press conference, Vienna LAI, COSH Executive Director reiterated that ASPs are harmful to health and can not help smoking cessation. She pointed out that the electronic devices may pose risks of personal information leakage and loophole for tobacco promotion. She also joined with other speakers to appeal for higher attention to the impact of ASPs on youth and urge the Legislative Council to immediately pass the Bill proposed by the Government to ban all ASPs. Other speakers included Dr William LI, Director of HKU Youth Quitline 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.





## 博愛醫院董事局會晤

委員會主席湯修齊獲博愛醫院邀請，於2021年7月30日出席其董事局會議，闡述全面禁止另類吸煙產品的理據及立場，並呼籲董事局成員、顧問及社會賢達在不同渠道表達支持通過條例草案的意見，期望日後繼續攜手推動控煙發展。

## 香港旭日扶輪社－控煙研討會

香港旭日扶輪社於2021年8月11日舉辦控煙研討會，旨在加強會員對煙草禍害的認識。委員會主席湯修齊獲邀出席，並向參會者闡述另類吸煙產品對健康的危害，澄清坊間反對全禁另類吸煙產品的誤導輿論，以及介紹香港的控煙路程上面對的挑戰和應對策略，藉此讓他們掌握委員會倡議的控煙政策內容，從而爭取他們對政策的支持。

## 九龍樂善堂「愛·無煙」前線企業員工戒煙計劃新聞發佈會暨2021-2022年度計劃啟動禮

九龍樂善堂於2013年起開展「愛·無煙」前線企業員工戒煙計劃，協助企業鼓勵員工戒煙。於2021年8月27日，九龍樂善堂舉辦「愛·無煙」前線企業員工戒煙計劃新聞發佈會暨2021-2022年度計劃啟動禮，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）林大慶教授及香港大學護理學院副教授王文炳博士於活動公布計劃整體數據。委員會主席湯修齊亦獲邀出席當日活動，聽取不同界別的公司代表及戒煙人士的分享。



## Pok Oi Hospital Board Meeting

Henry TONG, COSH Chairman was invited by Pok Oi Hospital to deliver a presentation in the Board Meeting on 30 July 2021. Stance and grounds for the total ban on all alternatives smoking products were illustrated. Board members, consultants and community leaders were encouraged to express support to the passage of the Bill on different occasions and jointly promote the development of tobacco control in the future.

## Rotary Club of Hong Kong Sunrise – Tobacco Control Seminar

Rotary Club of Hong Kong Sunrise conducted a tobacco control seminar on 11 August 2021 to enhance members knowledge on smoking hazards. Henry TONG, COSH Chairman was invited to introduce the health risks posed by alternative smoking products (ASPs) and clarify the misleading information over the objections to total ban on ASPs. The challenges and strategies in the development of tobacco control in Hong Kong were introduced to enable participants to grasp COSH's advocacy work, with a view to soliciting support for policies.

## Press Conference and Lok Sin Tong Smoking Cessation Program in Workplace 2021-2022 Kick-off Ceremony

The Lok Sin Tong Benevolent Society, Kowloon (LST) has launched “Smoking Cessation Program in Workplace” since 2013 to assist companies in encouraging employees to quit smoking. LST organized Press Conference and LST Smoking Cessation Program in Workplace 2021-2022 Kick-off Ceremony on 27 August 2021. Prof LAM Tai-hing, Chair Professor of Community Medicine & Sir Robert Kotewell Professor in Public Health, School of Public Health, The University of Hong Kong and Dr Kelvin WANG, Associate Professor in the School of Nursing, The University of Hong Kong announced the research results of the programme during the occasion. Henry TONG, COSH Chairman was invited to join the event and listened to a sharing by companies from different sectors and successful quitters on their experiences in promoting the programme.

## 香港工業總會會晤

委員會與社會不同界別的持分者保持緊密聯繫，藉此促進社會對吸煙禍害的認識。委員會與香港工業總會於2021年9月27日進行會晤，增加對雙方工作以及香港控煙情況的了解。委員會簡介宣傳推廣活動包括香港無煙領先企業大獎及針對高吸煙率行業的推廣計劃等，邀請香港工業總會參與宣揚無煙文化，鼓勵會員公司及僱員戒煙，並推廣全禁另類吸煙產品對社會的重要性和為業界所帶來的好處。與會者包括香港工業總會副主席林世豪、丁煒章、總裁老少聰、委員會主席湯修齊、副主席陳志球博士及總幹事黎慧賢。



## 地區康健站無煙參訪

政府自2019年9月起陸續成立地區康健中心及地區康健站，加強以地區為本的基層醫療服務，包括提供健康推廣和教育、健康風險評估、慢性疾病管理等重點基層醫療健康服務，提升市民預防疾病的意識和自我管理健康的能力。

## Meeting with the Federation of Hong Kong Industries

COSH maintains close liaison with stakeholders of different segments of the society to increase awareness on smoking hazards. COSH met with the Federation of Hong Kong Industries (FHKI) on 27 September 2021 to enhance mutual understanding as well as knowledge on the current situation of tobacco control in Hong Kong. COSH's publicity and promotion programmes were introduced, including the Hong Kong Smoke-free Leading Company Awards and promotion programmes for the specific industries with high smoking prevalence, to invite FHKI's participation in promoting smoke-free culture by encouraging smoking cessation among member companies and employees. The importance and benefits of the total ban on alternative smoking products to the society and industry were also promoted. Participants of the meeting included Anthony LAM and Bernie TING, FHKI Deputy Chairman, Gordon LO, FHKI Director-General, Henry TONG, COSH Chairman, Dr Johnnie CHAN, COSH Vice-chairman, and Vienna LAI, COSH Executive Director.

## Smoke-free Visit to District Health Centre Expresses

The Government sets up District Health Centres (DHC) and DHC Expresses across Hong Kong since September 2019 to strengthen district-based primary healthcare services, including the provision of health promotion and education, health risk factors assessment and chronic disease management, to enhance public awareness of disease prevention and self-health management capability.

委員會於2021年12月16日參觀新落成的九龍城地區康健站及油尖旺地區康健站，以了解中心的服務和運作。另外，委員會主席湯修齊亦介紹委員會的工作和建構無煙香港的願景，並與會面者探討如何透過地區康健中心的網絡參與推動戒煙和倡議控煙政策，以提升基層醫療和公共衛生的合作。參訪團成員包括林大慶教授、委員會主席湯修齊、副主席陳志球博士、委員林哲玄醫生及王文炳博士、總幹事黎慧賢和秘書處職員。



### 香港中文大學賽馬會公共衛生及基層醫療學院－健康推廣工作坊

委員會項目籌劃高級經理朱偉康獲香港中文大學賽馬會公共衛生及基層醫療學院邀請，於2022年1月18日以「委員會建構無煙香港的角色」為題，向約40位公共衛生及社區健康理學士課程的學生講解香港控煙現況及委員會的工作範疇，並以推動全禁另類吸煙產品為案例，闡述控煙政策的倡議過程及如何爭取落實保障市民健康的措施，期望推動他們今後投入參與控煙相關工作。

COSH organized a visit to the newly established Kowloon City DHC Express and Yau Tsim Mong DHC Express on 16 December 2021 to learn more about the services and operation of the centres. During the visit, Henry TONG, COSH Chairman introduced COSH's work and vision of a smoke-free Hong Kong. He also explored the ways with participants in promoting smoking cessation and tobacco control policy advocacy through DHC network with an aim to enhance the collaborations on primary healthcare and public health. The delegation included Prof LAM Tai-hing, Henry TONG, COSH Chairman, Dr Johnnie CHAN, COSH Vice-chairman, Dr David LAM and Dr Kelvin WANG, Council Member, Vienna LAI, COSH Executive Director and Secretariat staff.

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

Lawrence CHU, COSH Senior Project Manager was invited by The Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong to give a guest seminar titled "Strive for a Smoke-free Hong Kong: The Role of COSH" with some 40 students of the Bachelor of Science in Public Health Programme and Community Health Practice Programme attended on 18 January 2022. The seminar covered the current tobacco control policies in Hong Kong and COSH's work in different aspects. The experience in advocating the total ban on alternative smoking products was shared as a case study, in order to illustrate the advocacy actions during policy making process to strive for the implementation of public health measures. Students were also encouraged to engage in tobacco control related work in the many years to come.



## 與傳播媒介之聯繫

### Working with the Mass Media

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

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

日期 Date	新聞稿	Press Release
2021/5/31	市民響應「無煙跑服日」 與戒煙者同行以運動助戒煙	Stay tobacco-free and do exercise together in support of "Smoke-free Sportswear Day"
2021/8/3	首個研究發現青少年加熱煙使用者 呼吸系統徵狀劇增 從速全禁勿拖延	First evidence on escalating risks of respiratory symptoms in adolescent heated tobacco product users Supported the call for a total ban promptly
2021/9/10	促請立法會儘快通過全禁所有另類煙	COSH urged the Legislative Council to enact a total ban on all alternative smoking products promptly
2021/9/24	學校互動教育巡迴劇場「無煙拯救隊」 教育兒童智破另類煙謬誤	School Interactive Education Theatre "Smoke-free Rangers" Educate students to debunk the myths of alternative smoking products
2021/10/21	促請立法會議員支持全面禁止 另類吸煙產品	COSH urges the Legislative Council members to support a total ban on all alternative smoking products
2021/10/21	委員會歡迎立法會通過全禁所有 另類吸煙產品	COSH welcomed the passage of the Smoking (Public Health) (Amendment) Bill 2019
2021/10/23	無煙女性宣傳活動走進社區 提醒女士認清煙草禍害拒絕 所有形式吸煙	Promote smoke-free attitude in women Enhancing awareness on smoking hazards and say no to all forms of smoking
2022/1/19	大幅加煙草稅改善醫療發展 推動戒煙減輕市民負擔	Substantial tobacco tax hike to enhance healthcare development and lessen financial burden by motivating smoking cessation
2022/2/23	委員會回應財政預算案的控煙措施	COSH's response to the tobacco control policies proposed by The Budget

# 會議 Conferences

## 第13屆亞太區煙草或健康會議

「第13屆亞太區煙草或健康會議」於2021年9月3日至4日在曼谷舉行，主題為「專業聯盟攜手並進、共創無煙社會」，吸引約2,700位來自40個國家的代表親臨現場或透過網上直播參與。委員會亦派出代表團以線上方式參與是次會議，成員包括主席湯修齊、總幹事黎慧賢及秘書處職員。

委員會獲大會邀請以海報或口頭報告形式發表四份論文，分享推動核心吸煙人士使用戒煙服務、動員社會推廣戒煙強身的信息、訓練青少年大使宣揚無煙信息的經驗及香港堵塞煙草廣告禁令漏洞的倡議，向與會者介紹香港的控煙及無煙推廣的工作。

## The 13<sup>th</sup> Asia Pacific Conference on Tobacco or Health

“The 13<sup>th</sup> Asia Pacific Conference on Tobacco or Health” was held in Bangkok, on 3 to 4 September 2021, with the theme of “Professional Alliance Moving Together for Tobacco-free Society” and attended by around 2,700 delegates from 40 countries physically or virtually. COSH formed a delegation comprising Henry TONG, Chairman, Vienna LAI, Executive Director and Secretariat staff to participate in the Conference virtually.

Four abstracts of COSH were selected for poster or oral presentations. Through the presentations, COSH shared experience in motivating hardcore smokers to use smoking cessation services, mobilizing the community to publicize quitting for strength, training youth ambassadors to disseminate smoke-free messages, and advocating Hong Kong to plug the loopholes of the ban on tobacco advertising, to introduce the tobacco control and smoke-free promotion in Hong Kong.

**Loopholes of total ban of tobacco advertising, promotion and sponsorship in Hong Kong**  
Antonio KWONG Che-shing, Vienna LAI Wai-yin  
Hong Kong Council on Smoking and Health

**Background and Purpose**  
Hong Kong has been regulating tobacco advertising, promotion and sponsorship (TAPS) since 1982. Tobacco advertising through mass media and tobacco brand name sponsorship have been banned, but not point-of-sale product displays and smoking scenes in mass media, leaving loopholes for tobacco promotion. This study examined the exposure to point-of-sale tobacco product displays and smoking scenes from mass media in Hong Kong adults.

**Methods**  
Tobacco Control Policy-related Survey 2017 collected data from adults aged 15 years or above (N=3,133) in Hong Kong, including a random subset of respondents (N=1,546; mean age 46.4±19.4 years; 43.8% male) who answered questions on past 30-day exposure to point-of-sale tobacco product displays and smoking scenes from mass media. They also answered whether they considered the point-of-sale displays and smoking scenes as pro-smoking to young people, and the displays as advertisements. Data were weighted by age, sex and smoking status.

**Results**  
Over half respondents (54.0%) were exposed to point-of-sale tobacco product displays, including 34.6% being often exposed. Overall, nearly half (42.9%) considered the displays as pro-smoking to young people, and majority (75.9%) considered them as advertisements.

**Conclusions**  
The loopholes in the TAPS regulations in Hong Kong have left majority of the population directly or indirectly exposed to tobacco promotion. Display of cigarette packs and brand elements at point-of-sale in glamorous light boxes and display racks becomes the strategy of tobacco advertisements. Although the mandatory enlargement of pictorial health warnings from 50% to 85% of the two major surfaces of cigarette packs in 2018 has reduced the promotional elements on cigarette packs, prominent displays of the other surfaces still exert promotional effects. The Government should ban point-of-sale tobacco product displays and smoking scenes in mass media to plug the loopholes and discourage smoking.

www.smokefree.hk

**Tailor-made programme empowers the youth to sustain pioneering role in disseminating smoke-free messages among peers, family and the community**  
Antonio KWONG Che-shing, Vienna LAI Wai-yin  
Hong Kong Council on Smoking and Health

**Background**  
In Hong Kong, the smoking prevalence is 10.0% in 2017 and nearly two-thirds (61.2%) of daily smokers started smoking at age 10 to 19. To lower the smoking prevalence in the long run, it is of utmost importance to prevent youngsters from smoking and educate them on the smoking hazards.

**Purpose**  
To commission and train the youngsters to become future leaders in tobacco control, a tailor-made programme was launched targeting the youth aged 14-18 in order to order them from picking up first cigarettes as well as empower them to disseminate smoke-free messages among their peers, family and community.

**Methods**  
Since 2012, Hong Kong Council on Smoking and Health (COSH) organized the “Smoke-free Teens” programme every year comprising of training camps, smoke-free programmes in schools and the community, alumni scheme and summer internship. The participants were equipped with knowledge on tobacco control as well as different skills acting as ambassadors to organize activities to penetrate smoke-free messages into schools and the community. COSH also commissioned the School of Nursing and School of Public Health of The University of Hong Kong to conduct an evaluation on the programme.

**Results**  
Favourable attitude towards tobacco control was found after the programme. Comparing the pre-camp and 6-month follow-up survey in 2018-2019, significant increase was shown in the percentage of youths who agree that all tobacco products should be banned, from 75.9% to 92.5%. The programme also allowed majority of them (85.5%) to understand the benefits of a smoke-free lifestyle. Over the years, more than 2,200 youngsters were trained. Around 940 smoke-free programmes were held in schools and the community reaching over 230,000 general public.

**Conclusions**  
The result showed that education is a significant part of tobacco control and a tailor-made programme for the youth can sustain their pioneering role in tobacco control.

www.smokefree.hk

**“Smoke-free Run” unites the community to publicize quitting for strength**  
Antonio KWONG Che-shing, Vienna LAI Wai-yin  
Hong Kong Council on Smoking and Health

**Background**  
In Hong Kong, daily cigarette smokers accounted for 10.0% in 2017. The major reason cited for current smokers who had never tried and did not want to give up smoking is smoking had formed a habit (69.5%). It is essential for smokers to replace smoking by healthy habits such as doing exercises. Running is the most popular exercise among people in Hong Kong while a study<sup>1</sup> also showed that running helped people quit smoking and reduce tobacco consumption.

**Purpose**  
To encourage smokers to quit smoking, a community-based running race cum carnival was launched in collaboration with community and healthcare organizations to promote the importance of a smoke-free lifestyle.

**Methods**  
Hong Kong Council on Smoking and Health (COSH) launched the “Smoke-free Run cum Carnival” and corresponding media placement in 2018. Training workshops were organized with successful quitters sharing quit tips. The race was divided into different teams such as Family, School, Corporate as well as Smoke-free Buddy Team to motivate non-smokers to support smokers to beat the tobacco addiction. A carnival with game and information booths was held to enhance the public awareness on tobacco control.

**Results**  
The event was supported by over 40 community and smoking cessation service organizations. Nearly 1,600 runners and citizens joined the “Smoke-free Run cum Carnival”. A series of promotion videos were widely spread on online platforms with smoke-free message disseminated to nearly 80,000 members of public.

**Conclusions**  
The result indicated that a community-based sports event is crucial in uniting the community to publicize the benefits of developing healthy habits and quitting smoking for strength.

1. Attitudes towards Physical Exercise in Hong Kong (2016), Hong Kong Institute of Asia-Pacific Studies, The Chinese University of Hong Kong  
2. Carly L.Priole, John Atkinson, Guy Faulkner (2017) Run to Quit: An evaluation of a suitable physical activity-based smoking cessation intervention

www.smokefree.hk

會議亦設有一系列的主題演講和講座，涵蓋另類吸煙產品、煙草稅、無煙政策等，促進煙草控制資訊的交流。控煙專家亦在會議上就另類吸煙產品流行蔓延帶來的問題、阻止新冠肺炎大流行及煙草業干預和加強控煙政策以推進煙草終局作深入討論，並呼籲儘快展開應對行動。

## 控煙專才培訓計劃2021

衛生署控煙辦公室轄下的世界衛生組織控煙及煙癮治療合作中心，於2021年12月6日至10日在香港以視像形式舉辦為期五天的「控煙專才培訓計劃2021」，為在西太平洋區域從事控煙範疇的政府或非政府組織人員提供培訓。

計劃按世界衛生組織（世衛）制定的「MPOWER」綱領編排，透過講座和工作坊講解最新的控煙措施、意見交流及經驗分享等，提升從業員的控煙技巧和策略如立法、執法、宣傳等。

國際及本地控煙專家獲邀為主講嘉賓，包括世衛專家Dr Ada MOADSIRI、世衛資深政策顧問麥龍詩迪教授、美國Mayo Clinic尼古丁依賴中心專家Therese SHUMAKER、澳洲悉尼大學Becky FREEMAN博士、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）林大慶教授及世衛總幹事傑出控煙獎得主左偉國醫生等。委員會主席湯修齊亦獲邀為講者，分享委員會推動全面禁止另類吸煙產品的經驗及挑戰。

The Conference also consisted of a series of plenary sessions and symposiums covering alternative smoking products (ASPs), tobacco taxation, and smoke-free policies to promote the exchanges on tobacco control and related information. Tobacco control experts had an in-depth discussion about the problems of ASP epidemic, COVID-19 pandemic and tobacco industry interference, accelerating tobacco endgame through enhanced tobacco control policies, and called for actions in the Conference.

## Fellowship Programme on Tobacco Control 2021

World Health Organization (WHO) Collaborating Centre for Smoking Cessation and Treatment of Tobacco Dependence, Department of Health, organized the “Fellowship Programme on Tobacco Control 2021” virtually from 6 to 10 December 2021. The 5-day programme aimed to provide training for the tobacco control personnel of governments and non-government organizations in Western Pacific countries.

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

International and local experts, including Dr Ada MOADSIRI, WHO expert, Prof Judith MACKAY, Senior Policy Advisor, WHO, Therese SHUMAKER, Nicotine Dependence Center, Mayo Clinic, the United States, Dr Becky FREEMAN, The University of Sydney, Australia, 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 Dr Homer TSO, Winner of WHO Director-General’s Award for Leadership in Global Tobacco Control were invited to share their experience and latest development in tobacco control. Henry TONG, COSH Chairman, was also invited to deliver a presentation to highlight the experience and challenges of motivating the total ban on alternative smoking products.



## 資訊及研究項目計劃 Information and Research Projects



### 資訊項目計劃 Information Projects

委員會廣泛利用網頁及新媒體以提高機構的透明度，並向社會各界宣揚無煙信息。

### 網站及電子通訊

委員會透過網站(www.smokefree.hk)讓市民了解委員會的工作和活動，以及獲取與吸煙和健康相關的資訊。為讓使用者帶來更佳及便捷的瀏覽體驗，委員會在2021年4月進行網站革新，除採用適應性網頁設計及優化網頁分類外，更增設控煙專題網頁，以多媒體手法講解最新的控煙發展，內容包括煙草商的宣傳伎倆及全禁另類吸煙產品的理據等。本年度製作的五輯控煙專題短片在委員會網站及影片分享平台上共錄得近57萬觀看次數。



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

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

### Website and E-Newsletter

COSH website (www.smokefree.hk) is developed to inform the public about the activities of COSH as well as the information related to smoking and health. COSH website was revamped in April 2021 to enhance the browsing experience of users. Apart from adopting the responsive web design and webpage categorization, a brand-new feature story session was also introduced by means of multimedia narrations, covering the latest topics of tobacco control, such as promotional tactics of tobacco industry and reasons for a total ban on alternative smoking products. The five feature stories produced during the year received nearly 570,000 views on COSH website and video sharing platform.

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

在2021年4月1日至2022年3月31日期間，委員會網站共錄得超過51萬瀏覽次數，其中吸煙禍害、戒煙方法及控煙專題的頁面錄得較高瀏覽量。

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

## 社交媒體平台

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

### 「無煙大家庭」Facebook專頁

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



From 1 April 2021 to 31 March 2022, COSH website recorded over 510,000 page views. The top viewed pages included smoking hazards, methods of cessation and feature story.

Besides, e-newsletter is released regularly covering the recent findings on smoking hazards and smoking cessation across the globe, local and international development on tobacco control and the latest activities of COSH. The public is welcomed to subscribe the e-newsletter through COSH website.

## Social Media Platforms

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

### Facebook Page "Smoke-free Family"

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

### 無煙代言人「咪點我」Instagram帳戶

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

### 「煙害2.0」Facebook專頁

專頁介紹全球各地創新及有效的控煙措施，分享最新的煙害科研結果，並拆解煙草商的誤導資訊和營銷手段，以鼓勵市民支持香港加強控煙措施及建立煙草終局的目標。



### Smoke-free Ambassador Instagram Account "Wise Mike"

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



### Facebook Page "Smoking Hazards 2.0"

The page introduces innovative and effective tobacco control measures around the world, shares updated scientific research on tobacco control and debunks misleading propaganda as well as marketing strategies of tobacco industry, to encourage the public to support strengthening tobacco control measures and the goal of tobacco endgame in Hong Kong.



## 有關吸煙與健康的查詢

市民透過不同渠道包括電話、傳真或電郵等，獲取各項有關吸煙與健康及香港控煙法例的資訊、了解戒煙的方法和好處、查詢委員會的活動資料，以及就吸煙或其他相關議題作出查詢、建議或投訴。委員會在接獲投訴及建議後，會即時處理或/及轉交有關的政府部門及相關團體跟進。

在2021年4月1日至2022年3月31日期間，委員會共收到市民提出近百宗查詢、投訴及建議，主要個案類型包括查詢另類吸煙產品和其他吸煙產品的資料、投訴違例吸煙、查詢委員會及無煙活動資料，以及反映加強控煙措施的意見等。

## 資源中心

委員會設有資源中心，供市民到訪和查閱有關吸煙和健康的資料。資源中心收藏各類有關煙草禍害、被動吸煙、戒煙及控煙法例等的資料，包括本地和國際期刊、書籍、學術研究論文、控煙會議文獻、參考資料、統計數據、教育資料及影音資料。市民亦可索取資料包括研究報告書、無煙宣傳及教育資料如小冊子及海報等。

到訪資源中心的人士主要包括學生、老師、家長、研究人員、醫護人員、控煙團體及公共衛生界別人士。委員會亦會接待本地及海外的考察代表團。

## Enquiry on Smoking and Health

The public can acquire information about smoking and health, smoke-free legislations in Hong Kong, methods and benefits to quit smoking and details of COSH's programmes via different means including telephone, fax or email, etc. The public can also make enquiries, suggestions and complaints regarding smoking or other related issues. Any feedback, suggestions or complaints received will be responded instantly or/and referred to the government departments and organizations concerned respectively.

Between 1 April 2021 and 31 March 2022, COSH received around 100 enquiries from the public requesting for information, making suggestions and complaints. Major categories of cases included enquiries on alternative smoking products and other forms of smoking, complaints on smoking offenses, information about COSH and smoke-free projects as well as opinions to strengthen tobacco control measures.

## Resource Centre

COSH Resource Centre had been set up to provide a variety of information related to smoking and health. Collections of the Resource Centre include local and international periodicals, books, research papers, conference proceedings, reference materials, statistics, education materials and audio-visual materials about tobacco hazards, passive smoking, smoking cessation and tobacco control legislation. Members of the public can also access to the research reports, smoke-free promotion and education materials such as leaflets and posters.

Visitors of the Resource Centre include students, teachers, parents, researchers, medical and healthcare practitioners, tobacco control organizations and public health professionals. Visits from local and overseas delegations will also be received.



## 研究項目計劃 Research Projects

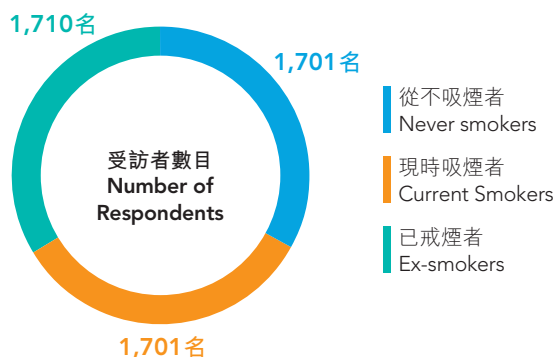
### 控煙政策調查2021

委員會為評估香港控煙政策的成效及監測市民對控煙措施的意見，自2012年起定期進行「控煙政策調查」。此調查是一個具代表性的橫斷研究，廣泛收集有關吸煙與健康的資料，包括吸煙習慣、戒煙、接觸二手煙的情況、公眾對控煙政策的意見等。

委員會委託香港大學護理學院及公共衛生學院進行控煙政策調查2021，為調查設計問卷及進行數據分析。調查分別由香港民意研究所於2021年3月至7月期間以隨機家居電話及手提電話訪問形式進行電話主調查。另外，社會政策研究有限公司亦於2021年5月至6月及9月分別進行兩輪試驗網上問卷調查。在兩項調查中，「吸煙」均指使用任何吸煙產品，包括傳統捲煙、電子煙、加熱煙草產品(加熱煙)等。受訪者為15歲或以上可以廣東話溝通的香港居民。調查人員根據2021年的香港人口分佈對最終樣本進行加權。

#### 電話主調查

調查中5,112名受訪者由1,701名從不吸煙者、1,710名已戒煙者及1,701名現時吸煙者組成。除了核心問題，受訪者被隨機分配回答不同非核心問題。



### Tobacco Control Policy-related Survey 2021

To monitor the effectiveness of tobacco control policy in Hong Kong and keep track of the public opinions on the policy, COSH has conducted the Tobacco Control Policy-related Survey regularly since 2012. It is a representative cross-sectional survey and covers a wide scope of topics related to smoking and health, including pattern of smoking and cessation, secondhand smoke (SHS) exposure, public opinions on tobacco control measures, etc.

COSH commissioned the School of Nursing and School of Public Health of The University of Hong Kong to conduct the Tobacco Control Policy-related Survey 2021 for questionnaire design and data analysis. Hong Kong Public Opinion Research Institute Limited collected information for the phone main survey between March and July 2021 via landline and mobile phone interviews with random sampling, while Social Policy Research Limited conducted two waves of online surveys between May and June 2021 and in September 2021. In both surveys, smoking referred to the use of any smoking products, including conventional cigarettes, electronic cigarettes (e-cigarettes), heated tobacco products (HTPs), etc. Respondents were Hong Kong residents who aged 15 years or above and could speak Cantonese. The final samples were weighted to the Hong Kong population in 2021.

#### Phone Main Survey

5,112 respondents of the survey were comprised of 1,701 never smokers, 1,710 ex-smokers and 1,701 current smokers. In addition to core questions, respondents were randomly divided into different subsamples to answer different non-core questions.

調查的主要結果如下：

### 吸煙情況

- 根據現時吸食比率，最多人吸食的吸煙產品為傳統捲煙(9.4%)，其次為雪茄(1.2%)、電子煙(1.0%)、加熱煙(0.8%)、水煙(0.7%)、手捲煙(0.6%)、煙斗(0.4%)及草本煙(0.1%)。
- 在吸食傳統捲煙的現時吸煙者中，平均每天吸煙量為13.0支。過半數(52.4%)在起床後半小時內吸第一支煙，顯示他們對尼古丁有較高的依賴。
- 受訪者使用加熱煙的主要原因包括好奇(41.7%)及較乾淨(23.4%)。接近三分二受訪者(61.7%)及現時吸煙者(62.9%)認為加熱煙不能幫助戒煙。
- 約四成半(44.0%)受訪者表示使用電子煙的主要原因為好奇。過半數(63.9%)受訪者及近七成(68.7%)現時吸煙者認為電子煙不能幫助戒煙。
- 受訪者為傳統捲煙、電子煙、加熱煙及水煙的有害程度/成癮性評分，由0分(完全無害/完全不易上癮)至10分(非常有害/非常容易上癮)，傳統捲煙的平均評分為8.4分及7.5分、電子煙為7.9分及7.5分、加熱煙為7.7分及7.2分、水煙為7.3分及6.8分。



Key results of the survey are shown below:

### Use of Smoking Products

- The prevalence of current use was highest for conventional cigarettes (9.4%), followed by cigars (1.2%), e-cigarettes (1.0%), HTPs (0.8%), waterpipe tobacco (0.7%), hand-rolled cigarettes (0.6%), pipe tobacco (0.4%) and herbal cigarettes (0.1%).
- On average, current cigarette smokers consumed 13.0 cigarettes per day. Over half (52.4%) smoked the first cigarette within half an hour after waking up, indicating heavier nicotine dependence.
- Respondents used HTPs mainly because of curiosity (41.7%) and cleaner (23.4%). Nearly two-thirds of respondents (61.7%) and current smokers (62.9%) perceived that HTPs could not help quit cigarettes.
- 44% of respondents said curiosity was the key reason for the use of e-cigarette. More than half (63.9%) of respondents and 68.7% of current smokers perceived that e-cigarettes could not help quit cigarettes.
- Regarding harmfulness and addictiveness, on a scale from 0 (not harmful/addictive at all) to 10 (very harmful/addictive), on average, respondents rated conventional cigarettes 8.4 and 7.5, e-cigarettes 7.9 and 7.5, HTPs 7.7 and 7.2, and waterpipe tobacco 7.3 and 6.8.



## 戒煙情況

- 約五分之一(18.5%)現時吸煙者在過去12個月內曾經嘗試戒煙。
- 約一成四(14.2%)現時吸煙者曾經使用戒煙服務。
- 在過去12個月，現時吸煙者最普遍使用的戒煙服務為「面對面輔導」(15.3%)，其次為「電話查詢」(11.2%)及「電話輔導」(8.5%)。
- 在現時吸煙者當中，逾一成半(15.1%)在過去12個月使用的戒煙產品為戒煙香口膠，其次為戒煙貼(14.7%)及戒煙糖(8.7%)。



## 接觸二手煙

- 在所有受訪者當中，11.8%及24.0%受訪者於過去七天，分別曾在家中接觸家裡產生的二手煙及由外面飄入家中的二手煙。
- 市民在工作場所接觸二手煙的情況並不罕見，有22.2%的在職受訪者於過去七天曾經在工作時有人在其三米範圍內吸煙。
- 近四成(42.2%)受訪者表示於過去七天在家或工作場所以外的地方，曾經有人在其三米範圍內吸煙。主要地點包括在街道(73.3%)、公園及其他休憩地方(11.2%)、公共交通等候處(10.6%)及垃圾桶附近(9.2%)。

## Smoking Cessation

- About one-fifth (18.5%) of current smokers tried to quit in the past twelve months.
- 14.2% of current smokers had ever used smoking cessation services.
- In the past twelve months, the most commonly used smoking cessation service was “face-to-face counseling” (15.3%), followed by “phone enquiry” (11.2%) and “phone counseling” (8.5%).
- 15.1% of the current smokers used nicotine gum in the past twelve months, while 14.7% and 8.7% used nicotine patches and nicotine lozenges respectively.

## Exposure to Secondhand Smoke

- 11.8% and 24.0% of respondents were exposed to SHS at home from inside the home and at home from the outside in the past seven days respectively.
- Exposure to SHS at workplace was not rare. 22.2% of employed respondents were exposed to SHS from smoking within three meters at workplace in the past seven days.
- 42.2% of respondents reported exposure to SHS from smoking within three meters at locations other than home and workplace. Streets (73.3%) were the most common location, followed by parks and other resting areas (11.2%), public transport stops (10.6%) and areas around rubbish bins (9.2%).



## 對2019冠狀病毒病與吸煙的看法

- 現時吸煙者普遍低估吸煙對感染2019冠狀病毒病的風險。在0分(完全不同意)至10分(完全同意)的量表中，現時吸煙者表示不同意吸煙會增加感染2019冠狀病毒病風險(平均分2.8分)或增加感染後患上重症風險(平均分4.8分)；相反，已戒煙者則表示同意吸煙會增加感染2019冠狀病毒病風險(平均分5.1分)或增加感染後患上重症風險(平均分6.9分)。
- 約一成(10.2%)現時吸煙者及逾四成(43.6%)已戒煙者在2020年12月第四波疫情爆發期間減少吸煙。

## 煙草產品包裝規管

- 逾九成(90.4%)現時吸煙者表示，在過去30天有留意煙包上的煙害圖象警示，比率遠較從不吸煙者(50.3%)及已戒煙者(53.7%)為高。
- 在過去30天有看過煙害圖象警示的現時吸煙者中，45.1%會因此而聯想起吸煙的危害、14.7%考慮戒煙及7.2%停止當時的吸煙行為。
- 超過六成(63.0%)受訪者贊成定期更換煙害圖象警示。
- 「全煙害警示包裝」即統一及簡化煙草產品的包裝，並禁止在煙包上展示商標、圖案及標誌；品牌名稱只可以統一的字款、顏色及位置展現在煙包上。過半數(54.4%)受訪者贊成採用「全煙害警示包裝」。

## Perceptions of COVID-19 and Smoking

- Current smokers generally underestimated the risks of smoking on COVID-19. Out of a 11-point scale ranging from 0 (strongly disagree) to 10 (strongly agree), current smokers did not agree that smoking would increase the risk of COVID-19 infection (2.8 points on average) or the risk of progression to severity (4.8 points on average) while ex-smokers agreed that smoking would increase the risk of COVID-19 infection (5.1 points on average) and the risk of progression to severity (6.9 points on average).
- 10.2% of current smokers and 43.6% of ex-smokers reduced smoking during the fourth wave of COVID-19 in December 2020.

## Regulations on Cigarette Packaging

- 90.4% of current smokers noticed the pictorial health warnings (PHWs) on cigarette packs in the past 30 days, the awareness was significantly higher than never smokers (50.3%) and ex-smokers (53.7%).
- Among current smokers who noticed the PHWs in the past 30 days, 45.1% thought of the harms of smoking, 14.7% considered quitting smoking and 7.2% held back from smoking.
- 63.0% of respondents supported regular rotation of different sets of PHWs.
- Plain packaging standardizes and simplifies the packaging of tobacco products. Trademarks, graphics and logos are not allowed on cigarette packs, while brand names can only be displayed in a standard font, colour and location on the package. Over half (54.4%) of respondents supported to adopt plain packaging.

## 煙草廣告及推廣

- 大部分(74.9%)受訪者於過去30天曾經在銷售點看到陳列的煙草產品，當中63.2%認為這些陳列屬於廣告宣傳及有超過一半(52.1%)受訪者同意禁止於銷售點展示煙草產品。

## 煙草稅

- 近四分之三(72.9%)受訪者同意政府於2022年增加煙草稅，有34.4%認為加幅應高於通脹。
- 近七成(68.1%)受訪者同意政府每年增加煙草稅，有30.9%認為加幅應等同或高於通脹。
- 66.2%現時吸煙者表示會因煙價調高而戒煙或減少最少一半的吸煙量。他們認為煙價應該調高至平均每包港幣115.5元(中位數為港幣100元)，才能令他們戒煙或減少吸煙。



## Tobacco Advertising and Promotion

- Most respondents (74.9%) noticed point-of-sale tobacco product displays in the past 30 days, of which 63.2% perceived the displays as a kind of advertisement and 52.1% agreed to ban point-of-sale tobacco product displays.



## Tobacco Tax

- Nearly three quarters (72.9%) of respondents supported the Government to raise tobacco tax in 2022, and 34.4% supported the tax increase shall be greater than inflation.
- 68.1% of respondents agreed to the annual tobacco tax increase by the Government, and 30.9% thought that the rate of increment should be equivalent to or above the inflation rate.
- 66.2% of current smokers would quit smoking or reduce smoking consumption at least by half if the cigarette price increased. On average, they reckoned that the price should be raised to HK\$115.5 per pack of cigarettes (median was HK\$100) to motivate smokers to quit or reduce smoking.



## 擴大法定禁煙區

- 大部分受訪者同意進一步擴大法定禁煙區至公共交通等候處(94.3%)、公共地方的所有輪候隊伍(93.7%)、學校或補習社的十米範圍內(90.2%)、有兒童在場的公共地方三米範圍內(90.1%)、載有兒童的私家車(87.8%)、行人專用區(83.0%)等。
- 近八成(79.7%)受訪者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。
- 大部分(79.6%)受訪者認為場所管理人應為其場所內的違例吸煙情況負上刑責。
- 81.3%受訪者同意增加違例吸煙的定額罰款額。

## 對未來控煙政策的意見

- 大部分受訪者(81.4%)及69.9%現時吸煙者贊成將法定購買煙草的年齡由18歲調高至21歲。
- 過半數受訪者同意香港禁止銷售(52.8%)及使用(52.7%)任何類型的吸煙產品，包括傳統捲煙、加熱煙及電子煙等。
- 逾半(60.3%)受訪者同意當香港吸煙率降至百分之五或以下時，應實施全面禁煙。
- 超過五成(52.3%)受訪者支持禁止2021年或之後出生的人士吸煙。



## Expansion of Statutory No Smoking Areas

- Majority of respondents supported to further expand no smoking areas to public transport stops (94.3%), all queues in public places (93.7%), area within ten meters of schools or tutorial centres (90.2%), area within three meters of children in public places (90.1%), private vehicles with children (87.8%), pedestrian precincts (83.0%), etc.
- Most (79.7%) respondents agreed that the Government should legislate to ban smoking while walking on streets.
- 79.6% of respondents supported that the person-in-charge of smoke-free premises should be liable to a penalty upon smoking offences in the premises.
- 81.3% of respondents supported to increase the fixed penalty for smoking offences.

## Opinions on Future Tobacco Control Policies

- Majority (81.4%) of all respondents and 69.9% of current smokers agreed to increase the legal age of tobacco sales from 18 to 21 years old.
- Well above half of the respondents supported a total ban on the sales (52.8%) and on the use (52.7%) of all smoking products in Hong Kong, including conventional cigarettes, HTPs, e-cigarettes, etc.
- 60.3% of respondents agreed to ban smoking if the smoking prevalence of Hong Kong decreases to 5% or below.
- 52.3% of respondents supported a ban on smoking in people born in or after 2021.

## 試驗網上問卷調查

兩輪試驗網上問卷調查各有900名受訪者，分別由300名從不吸煙者、300名已戒煙者及300名現時吸煙者組成。調查人員根據2021年的香港人口分佈對最終樣本進行加權。整體而言，試驗網上問卷調查結果與電話主調查一致。

以下為電話主調查未有涵蓋的結果：

### 吸煙熱點

- 大部分(第一輪調查：77.1%；第二輪調查：68.6%)現時吸煙者曾到吸煙熱點(如垃圾桶旁、後巷)吸煙，平均每日3.3至3.5次。
- 逾四成(42.6%)現時吸煙者在過去七天表示曾在街道上一邊走路一邊吸煙，平均每日3.1次。(第二輪調查)

### 接觸二手煙

- 在過去七天，逾三分一受訪者表示分別曾在家中接觸二手煙(35.2%)或曾在家以外的室內地方接觸二手煙(37.3%)。(第二輪調查)

## Pilot Online Survey

Each of the two online survey waves was completed by 900 respondents, comprising 300 never smokers, 300 ex-smokers and 300 current smokers. The final samples were weighted to the Hong Kong population in 2021. In general, the results were comparable to those of the phone main survey.

Key results not covered by the phone main survey are shown below:

### Smoking Hotspot

- Most (The First Wave: 77.1%; The Second Wave: 68.6%) current smokers smoked at smoking hotspots, such as near rubbish bins and back alleys for 3.3 to 3.5 times per day on average.
- 42.6% of current smokers smoked while walking on streets in the past seven days, with 3.1 times per day on average. (The Second Wave)



### Exposure to Third-hand Smoke (THS)

- In the past seven days, 35.2% of respondents were exposed to THS at home and 37.3% in indoor places outside home. (The Second Wave)

## 2019冠狀病毒病與戒煙意欲

- 在現時吸煙者中，逾一成半(16.0%)表示因為2019冠狀病毒病而有意戒煙。(第一輪調查)
- 在已戒煙者中，有6.9%表示因為2019冠狀病毒病而戒煙。(第一輪調查)

## 對未來控煙政策的意見

- 約六成受訪者同意全面禁止加熱煙(第一輪調查：66.4%；第二輪調查：57.1%)、電子煙(第一輪調查：68.1%；第二輪調查：56.5%)及其他另類吸煙產品(第一輪調查：64.5%；第二輪調查：59.2%)。
- 逾一半(51.7%)受訪者同意禁止調味煙草產品，包括薄荷味。(第二輪調查)
- 三分二(66.3%)受訪者支持在每支捲煙上印上健康警告或鼓勵戒煙字句。(第二輪調查)
- 約六成受訪者(61.0%)同意在煙盒內加入有關戒煙好處及戒煙方法的資料卡。(第二輪調查)
- 逾七成(71.8%)受訪者認為應向煙草商徵收費用以支持控煙工作、戒煙服務及與吸煙相關的醫療開支。(第二輪調查)

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

## COVID-19 and Intention to Quit Smoking

- In current smokers, 16.0% reported intention to quit smoking due to COVID-19. (The First Wave)
- In ex-smokers, 6.9% quitted smoking due to COVID-19. (The First Wave)

## Opinions on Future Tobacco Control Policies

- Around 6 in 10 respondents supported a total ban on HTPs (The First Wave: 66.4%; The Second Wave: 57.1%), e-cigarettes (The First Wave: 68.1%; The Second Wave: 56.5%) and other alternative smoking products (The First Wave: 64.5%; The Second Wave: 59.2%).
- 51.7% of respondents supported a ban on flavoured tobacco products, including menthol. (The Second Wave)
- Two-thirds (66.3%) of respondents agreed that health warning text or messages to encourage quitting should be printed on individual cigarettes. (The Second Wave)
- Most (61.0%) respondents supported to include an information card describing the benefits of quitting and cessation methods in cigarette packs. (The Second Wave)
- 71.8% of respondents supported a levy on the tobacco industry to fund tobacco control, smoking cessation services and smoking-related health expenditure. (The Second Wave)

To advocate for appropriate measures and raise public awareness duly, COSH released the preliminary findings on specific topics on different occasions.



# Quit Wisely Go Healthy

智選戒煙 為健康起步



# 報告 Reports



環保工作報告  
Environmental Report

獨立核數師報告書  
Independent Auditor's Report

# 環保工作報告

## Environmental Report

### 目標與政策

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

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

### 環保措施

#### 提升能源效益

委員會秘書處致力節約能源，各職員均自律省電，各種電器如電燈、冷氣機、電腦、顯示器、影印機和打印機等，在毋須使用時均會關掉。配合政府建議，辦公室溫度普遍維持在攝氏25.5度。

在採購電器時，委員會以能源效益作為其中一個考慮因素，電腦設備如電腦主機、顯示器及打印機等一般帶有自動省電功能，以減少能源消耗。此外，秘書處亦採用節能燈泡。

#### 減少耗用紙張

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

- 在可行情況下以電子郵件及內聯網代替便箋、信件及列印本作內部及外部通訊及文件傳遞；

### Aims and Strategies

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

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

### Environmental Protection Measures

#### Enhance Efficiency of Energy Consumption

The Secretariat conserves energy by ensuring that staff switch off lights, air-conditioners, computers, the monitors, photocopiers, printers and other electrical appliances immediately after use. Office room temperature is generally maintained at 25.5°C as recommended by the Government.

Energy efficiency is one of the considerations when purchasing electrical appliances. IT equipment with automatic energy saving functions has also been used, such as computers, the monitors and printers. In addition, the Secretariat uses compact fluorescent lamps.

#### Reduce Paper Consumption

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

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



- 使用電子傳真及電子檔案管理系統以減少列印文件；
- 縮減印刷宣傳品之尺寸及定期評估印刷數量，並逐漸使用環保紙張印刷宣傳品；
- 上載控煙資訊、宣傳內容及刊物到委員會網站供大眾瀏覽，減少印刷品的需求；
- 在活動及節日時使用電子邀請函及節日賀卡，以取代傳統邀請函及賀卡；及
- 在列印文件前使用列印預覽功能檢查格式及編排，並採用雙面印刷，避免浪費紙張。
- Utilization of electronic-fax system and electronic document management system to reduce the amount of printing;
- Reduction of the size and review on quantity of the printed promotional materials and gradual use of environmentally friendly paper;
- The tobacco control information, promotional materials and publications have been uploaded to COSH website for public access in order to reduce the demand for hardcopies;
- Use electronic invitation and greeting cards in replacement of hardcopies for events and on festive occasions; and
- Use of "Print Preview" function to check the layout and style of document before printing and use of both sides of paper to avoid wastage.

## 減廢及回收

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

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

進行會議及接待訪客時提供可重用的水杯，避免使用紙杯及即棄膠杯。

## 提高環保意識

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

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

委員會將繼續竭力執行各項環保措施。

## Reduce Waste and Recycle

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

Unwanted papers such as documents with printing errors or drafts of documents have been collected for recycling. Recycling boxes have been placed at convenient locations in the office to encourage staff to recycle waste paper.

Instead of paper cups and disposable plastic cups, reusable cups were provided for guests during meetings and visits.

## Enhance Awareness on Environmental Protection

Staff are informed on the aims and reminded to comply with the green measures via staff meetings, email reminders and notices.

Where applicable, service providers and working partners are encouraged to follow the principles of environmental protection, e.g., use of eco-friendly materials and submission of document in electronic format.

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

# 獨立核數師報告書

## Independent Auditor's Report

香港吸煙與健康委員會  
財務報表  
截至2022年3月31日止年度

致 香港吸煙與健康委員會成員

(根據香港吸煙與健康委員會條例於香港註冊成立)

### 意見

本核數師(以下簡稱「我們」)已審計列載於第100頁至第125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2022年3月31日的財務狀況表與截至該日止年度的全面收益表、權益變動表及現金流量表，以及財務報表附註，包括主要會計政策概要。

我們認為，該等財務報表已根據香港會計師公會頒布的《香港財務報告準則》真實而中肯地反映了貴會於2022年3月31日的財務狀況及截至該日止年度的財務表現及現金流量。

### 意見的基礎

我們已根據香港會計師公會頒布的《香港審計準則》進行審計。我們在該等準則下承擔的責任已在本報告「核數師就審計財務報表承擔的責任」部分中作進一步闡述。根據香港會計師公會頒布的《專業會計師道德守則》(以下簡稱「守則」)，我們獨立於貴會，並已履行守則中的其他專業道德責任。我們相信，我們所獲得的審計憑證能充足及適當地為我們的審計意見提供基礎。

Hong Kong Council on Smoking and Health  
**Financial Statements**  
For the year ended 31 March 2022

To The Council Members of Hong Kong Council on Smoking And Health

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

### Opinion

We have audited the financial statements of Hong Kong Council on Smoking and Health ("the Council") set out on pages 100 to 125, which comprise the statement of financial position as at 31 March 2022, and the statement of comprehensive income, statement of changes in equity and cash flow statement for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the financial statements give a true and fair view of the financial position of the Council as at 31 March 2022, and of its financial performance and its cash flows for the year then ended in accordance with Hong Kong Financial Reporting Standards ("HKFRSs") issued by the Hong Kong Institute of Certified Public Accountants ("HKICPA").

### Basis for Opinion

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

## 財務報表及其核數師報告以外的信息

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

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

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

## 委員會成員及治理層就財務報表須承擔的責任

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

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

治理層須負責監督貴會的財務報告過程。

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

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

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

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

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

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

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

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



## 核數師就審計財務報表承擔的責任

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

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

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

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

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

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

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

## 核數師就審計財務報表承擔的責任 (續)

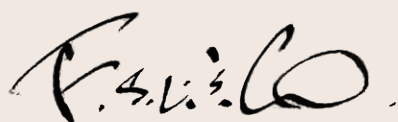
- 評價委員會成員所採用會計政策的恰當性及作出會計估計和相關披露的合理性。
- 對委員會成員採用持續經營會計基礎的恰當性作出結論。根據所獲取的審計憑證，確定是否存在與事項或情況有關的重大不確定性，從而可能導致對貴會的持續經營能力產生重大疑慮。如果我們認為存在重大不確定性，則有必要在核數師報告中提請使用者注意財務報表中的相關披露。假若有關的披露不足，則我們應當發表非無保留意見。我們的結論是基於核數師報告日止所取得的審計憑證。然而，未來事項或情況可能導致貴會不能持續經營。
- 評價財務報表的整體列報方式、結構和內容，包括披露，以及財務報表是否中肯反映交易和事項。

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

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

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

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



李福樹會計師事務所  
香港執業會計師

F. S. Li & Co.  
Certified Public Accountants

香港，2022年7月12日

Hong Kong, 12 July 2022

# 全面收益表

## Statement of Comprehensive Income

截至2022年3月31日止年度  
For the year ended 31 March 2022

(港幣)	(HK\$)	附註 Note	二零二二年 2022	二零二一年 2021
<b>收入</b>	<b>Income</b>			
香港特別行政區政府津貼	Subventions from the Government of the Hong Kong Special Administrative Region			
一般津貼	General subvention		26,241,200	26,007,800
銀行利息收入	Bank interest income		86	131
雜項收入	Sundry income		4,210	420
			<b>26,245,496</b>	<b>26,008,351</b>
<b>支出</b>	<b>Expenditure</b>			
批准職位編製	Approved establishment	3	7,343,167	7,093,698
項目員工	Project staff	4	1,937,456	2,227,771
宣傳及推廣費用	Publicity and promotion expenses		12,006,055	12,271,326
會議費用	Conference expenses		13,300	–
參考書籍及刊物	Reference books and periodicals		22	9,348
辦公室租金、差餉及管理費	Office rent, rates and management fee		490,312	490,912
貨倉租金及費用	Warehouse rent and expenses		310,952	16,838
維修及保養費用	Repairs and maintenance		6,223	13,945
清潔工資及費用	Cleaning wages and fees		83,920	68,877
物業、機器及設備之折舊	Depreciation on property, plant and equipment		75,214	33,201
使用權資產之折舊	Depreciation on right-of-use assets		2,823,169	2,924,578
保險	Insurance		81,976	81,988
電費	Electricity		66,663	44,167
電話及通訊費用	Telephone and communication expenses		44,020	44,659
職工招募費用	Recruitment expenses		37,940	26,460
職工訓練及發展費用	Staff training and development expenses		–	790
法律、專業及核數費用	Legal, professional and audit fees		41,800	30,800
辦公室設備	Office equipment		6,671	38,240
郵費	Postage		18,017	35,363
印刷及文具	Printing and stationery		85,777	92,223
租賃負債之利息支出	Interest expense on lease liabilities		32,988	87,705
雜項支出	Sundry expenses		87,292	51,085
			<b>25,592,934</b>	<b>25,683,974</b>
<b>本年度盈餘</b>	<b>Surplus for the Year</b>	5	<b>652,562</b>	<b>324,377</b>
<b>本年度全面收入</b>	<b>Total Comprehensive Income for the Year</b>		<b>652,562</b>	<b>324,377</b>



# 財務狀況表

## Statement of Financial Position

於2022年3月31日

At 31 March 2022

(港幣)	(HK\$)	附註 Note	二零二二年 2022	二零二一年 2021
<b>非流動資產</b>	<b>Non-Current Assets</b>			
物業、機器及設備	Property, plant and equipment	7	575,922	184,636
使用權資產	Right-of-use assets	8	827,070	2,747,981
			1,402,992	2,932,617
<b>流動資產</b>	<b>Current Assets</b>			
按金及預付款項	Deposits and prepayments	9	849,307	997,147
銀行及現金結存	Bank and cash balances		472,177	672,822
			1,321,484	1,669,969
<b>減：流動負債</b>	<b>Less: Current Liabilities</b>			
應付費用	Accrued charges		1,058,896	1,178,529
租賃負債－短期部分	Lease liabilities – current portion	10	531,993	2,798,353
年假撥備	Provision for annual leave entitlements		338,953	287,996
應退回衛生署之本年度經 調整盈餘	Adjusted surplus for the year refundable to the Department of Health	11	262,530	287,742
應退回衛生署之累積盈餘	Accumulated surpluses refundable to the Department of Health	12	–	203,640
			2,192,372	4,756,260
<b>流動負債</b>	<b>Net Current Liabilities</b>		(870,888)	(3,086,291)
<b>總資產減流動負債</b>	<b>Total Assets Less Current Liabilities</b>		532,104	(153,674)
<b>非流動負債</b>	<b>Non-Current Liabilities</b>			
租賃負債－長期部分	Lease liabilities – non-current portion	10	(295,746)	–
<b>淨資產／(負債)</b>	<b>Net Assets/(Liabilities)</b>		236,358	(153,674)
等於：	representing:			
<b>累積盈 (虧損)</b>	<b>Accumulated Surplus/(Deficits)</b>		236,358	(153,674)

委員會於2022年7月12日通過及批准發布於第100頁至第125頁的財務報表。

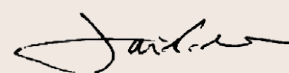
The financial statements on pages 100 to 125 were approved and authorized for issue by the Council on 12 July 2022.



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



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



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

# 權益變動表

## Statement of Changes in Equity

截至2022年3月31日止年度  
For the year ended 31 March 2022

(港幣)	(HK\$)	附註 Note	二零二二年 2022	二零二一年 2021
<b>累積盈餘／(虧損)</b>	<b>Accumulated Surplus/(Deficits)</b>			
上年度轉來之虧損	Deficit brought forward		<b>(153,674)</b>	(190,309)
本年度盈餘／ 本年度全面收入	Surplus for the year/ Total comprehensive income for the year		<b>652,562</b>	324,377
應退回衛生署之經調整 盈餘	Adjusted surplus refundable to the Department of Health	11	<b>(262,530)</b>	(287,742)
本會應佔之盈餘	Surplus attributable to the Council		<b>390,032</b>	36,635
撥入下年度之盈餘／ (虧損)	Surplus/(Deficit) carried forward		<b>236,358</b>	(153,674)

# 現金流量表

## Cash Flow Statement

截至2022年3月31日止年度  
For the year ended 31 March 2022

(港幣)	(HK\$)	附註 Note	二零二二年 2022	二零二一年 2021
營運活動之現金流量	Cash flows from operating activities			
本年度盈餘	Surplus for the year		652,562	324,377
調整：	Adjustments for:			
利息收入	Interest income		(86)	(131)
利息支出	Interest expense		32,988	87,705
物業、機器及設備之折舊	Depreciation on property, plant and equipment		75,214	33,201
使用權資產之折舊	Depreciation on right-of-use assets		2,823,169	2,924,578
營運資金變動前之營運盈餘	Operating surplus before working capital changes		3,583,847	3,369,730
按金及預付款項之減少／(增加)	Decrease/(Increase) in deposits and prepayments		147,840	(41,443)
應付費用之(減少)／增加	(Decrease)/Increase in accrued charges		(119,633)	11,029
年假撥備之增加	Increase in provision for annual leave entitlements		50,957	62,928
營運活動所產生之淨現金	Net cash generated from operating activities		3,663,011	3,402,244
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		(466,500)	(136,587)
已收利息	Interest received		86	131
投資活動所使用之淨現金	Net cash used in investing activities		(466,414)	(136,456)
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		(491,382)	(3,004,236)
已付租賃租金之資本部分	Capital element of lease rentals paid		(2,872,872)	(2,920,755)
已付租賃租金之利息部分	Interest element of lease rentals paid		(32,988)	(87,705)
融資活動所使用之淨現金	Net cash used in financing activities		(3,397,242)	(6,012,696)
現金及現金等值之淨減少	Net decrease in cash and cash equivalents		(200,645)	(2,746,908)
年初現金及現金等值結存	Cash and cash equivalents at beginning of the year		672,822	3,419,730
年終現金及現金等值結存	Cash and cash equivalents at end of the year		472,177	672,822
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		472,177	672,822



# 財務報表附註

## Notes to the Financial Statements

截至2022年3月31日止年度  
For the year ended 31 March 2022

### 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。

香港會計師公會頒佈若干於本會計年度生效的全新及經修改香港財務報告準則。採用全新及經修改香港財務報告準則，對本會於本會計年度及以往會計年度之業績及財務狀況及／或此等財務報表所載的披露並無重大影響。

### 1. General

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

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

### 2. Principal Accounting Policies

#### (a) Basis of preparation

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

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

## 2. 主要會計政策(續)

### (a) 編製基準(續)

本會並沒有提早採用本年度尚未生效之全新及經修改之香港財務報告準則。相關說明記載於附註16。

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

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

### (b) 收入確認

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

## 2. Principal Accounting Policies (continued)

### (a) Basis of preparation (continued)

The Council has not early adopted new and revised HKFRSs that are not yet effective for the current accounting year. Explanation of this is included in Note 16.

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

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

### (b) Revenue recognition

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

## 2. 主要會計政策(續)

### (b) 收入確認(續)

- (ii) 銀行利息收入按實際利率法累計。

### (c) 外幣折算

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

### (d) 減值損失

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

## 2. Principal Accounting Policies (continued)

### (b) Revenue recognition (continued)

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

### (c) Foreign currencies translation

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

### (d) Impairment losses

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



## 2. 主要會計政策(續)

### (e) 物業、機器及設備

物業、機器及設備以成本價減已收或可收的資助、累積折舊及累積減值損失列帳。

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

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

### (f) 租賃

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

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

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

## 2. Principal Accounting Policies (continued)

### (e) Property, plant and equipment

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

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

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

### (f) Lease

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

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

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

## 2. 主要會計政策(續)

### (f) 租賃(續)

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

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

## 2. Principal Accounting Policies (continued)

### (f) Lease (continued)

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

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

## 2. 主要會計政策 (續)

### (f) 租賃 (續)

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

當本會就低價值資產訂立租賃時，本會按個別租賃基準決定是否將租賃資本化。

短期租賃及低價值資產租賃之租賃付款於租賃期內按直線法確認為開支。

### (g) 按金

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

### (h) 應付費用

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

## 2. Principal Accounting Policies (continued)

### (f) Lease (continued)

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

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

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

### (g) Deposits

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

### (h) Accrued Charges

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



## 2. 主要會計政策(續)

### (i) 現金及現金等值

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

### (j) 僱員獲享假期

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

### (k) 有關連人士

就本財務報表而言，有關連人士包括符合以下定義的人士及實體：

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

## 2. Principal Accounting Policies (continued)

### (i) Cash and cash equivalents

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

### (j) Employee leave entitlements

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

### (k) Related parties

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

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

## 2. 主要會計政策(續)

## (k) 有關連人士(續)

(ii) 若下列任何一項條件吻合，則有關實體將被視為與本會有關連：

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

## 2. Principal Accounting Policies (continued)

## (k) Related parties (continued)

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

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

## 3. 批准職位編製

## 3. Approved Establishment

(港幣)	(HK\$)	二零二二年 2022	二零二一年 2021
薪金及津貼	Salaries and allowances	7,100,767	6,823,545
強積金供款	Mandatory provident fund contributions	196,382	188,939
年假撥備	Provision for annual leave entitlements	46,018	81,214
		7,343,167	7,093,698

## 4. 項目員工

## 4. Project Staff

(港幣)	(HK\$)	二零二二年 2022	二零二一年 2021
薪金	Salaries	<b>1,849,165</b>	2,145,801
強積金供款	Mandatory provident fund contributions	<b>83,352</b>	100,256
年假撥備／(撥備回撥)	Provision for annual leave entitlements made/(written back)	<b>4,939</b>	(18,286)
		<b>1,937,456</b>	2,227,771

## 5. 本年度盈餘

## 5. Surplus for the Year

本年度盈餘已扣除下列費用：

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

(港幣)	(HK\$)	二零二二年 2022	二零二一年 2021
員工成本*	Staff costs*	<b>9,341,103</b>	9,383,881
土地及樓宇短期租賃租金支出	Rentals of land and buildings held under short-term lease	<b>204,000</b>	—

\* 包括支付定額供款退休保障計劃供款共港幣279,734元(2021年：港幣289,195元)

\* including contribution of HK\$279,734 (2021: HK\$289,195) to defined contribution provident fund scheme

## 6. 委員會成員的酬金

## 6. Council Members' Remuneration

本會所有委員會成員於本年度內均未有因向本會提供服務而收取酬金(2021年：無)。

None of the Council members received any remuneration in respect of their services to the Council during the year (2021: Nil).

## 7. 物業、機器及設備

## 7. Property, Plant and Equipment

(港幣)	(HK\$)	租賃物業 改良工程 Leasehold improvements	傢俬 及裝置 Furniture and fixtures	辦公室 設備 Office equipment	總額 Total
<b>成本</b>	<b>Cost</b>				
於2020年3月31日	At 31 March 2020	36,305	123,731	624,768	784,804
添置	Additions	–	59,100	77,487	136,587
於2021年3月31日	At 31 March 2021	36,305	182,831	702,255	921,391
添置	Additions	150,340	106,200	209,960	466,500
於2022年3月31日	At 31 March 2022	186,645	289,031	912,215	1,387,891
<b>累積折舊</b>	<b>Accumulated Depreciation</b>				
於2020年3月31日	At 31 March 2020	36,305	114,163	553,086	703,554
截至2021年3月31日 止年度計提	Charge for the year ended 31 March 2021	–	8,487	24,714	33,201
於2021年3月31日	At 31 March 2021	36,305	122,650	577,800	736,755
截至2022年3月31日 止年度計提	Charge for the year ended 31 March 2022	9,487	20,077	45,650	75,214
於2022年3月31日	At 31 March 2022	45,792	142,727	623,450	811,969
<b>帳面淨值</b>	<b>Net book value</b>				
於2022年3月31日	At 31 March 2022	140,853	146,304	288,765	575,922
於2021年3月31日	At 31 March 2021	–	60,181	124,455	184,636



## 8. 使用權資產

## 8. Right-of-use Assets

(港幣)	(HK\$)	
<b>成本</b>	<b>Cost</b>	
於2020及2021年3月31日	At 31 March 2020 and 2021	8,561,818
添置	Additions	902,258
租賃屆滿撇銷	Written off upon expiry of lease	(8,561,818)
於2022年3月31日	At 31 March 2022	902,258
<b>累積折舊</b>	<b>Accumulated Depreciation</b>	
於2020年3月31日	At 31 March 2020	2,889,259
截至2021年3月31日止年度計提	Charge for the year ended 31 March 2021	2,924,578
於2021年3月31日	At 31 March 2021	5,813,837
截至2022年3月31日止年度計提	Charge for the year ended 31 March 2022	2,823,169
租賃屆滿撇銷	Written off upon expiry of lease	(8,561,818)
於2022年3月31日	At 31 March 2022	75,188
<b>帳面淨值</b>	<b>Net Book Value</b>	
於2022年3月31日	At 31 March 2022	827,070
於2021年3月31日	At 31 March 2021	2,747,981

## 9. 按金及預付款項

## 9. Deposits and Prepayments

預期會於一年後收回之按金為港幣540,898元(2021年：港幣617,566元)，預付款項港幣266,959元(2021年：港幣379,581元)將會於一年內全數記入費用。

The amount of deposits expected to be recovered after one year is HK\$540,898 (2021: HK\$617,566). The prepayments in sum of HK\$266,959 (2021: HK\$379,581) are expected to be recognized as expenses within one year.

## 10. 租賃負債

## 10. Lease Liabilities

(港幣)	(HK\$)	二零二二年 2022	二零二一年 2021
年初結餘	Balance at beginning of the year	<b>2,798,353</b>	5,719,108
應付租賃付款的現值	Present value of the lease payments	<b>902,258</b>	–
利息支出	Interest expense	<b>32,988</b>	87,705
已付租賃付款	Lease payment made	<b>(2,905,860)</b>	(3,008,460)
年末結餘	Balance at end of the year	<b>827,739</b>	2,798,353

租賃負債在財務狀況表中列示如下：

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

(港幣)	(HK\$)	二零二二年 2022	二零二一年 2021
短期部分	Current portion	<b>531,993</b>	2,798,353
長期部分	Non-current portion	<b>295,746</b>	–
		<b>827,739</b>	2,798,353

於報告期末根據合約付款之租賃負債之到期情況如下：

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

(港幣)	(HK\$)	二零二二年 2022	二零二一年 2021
帳面值	Carrying amount	<b>827,739</b>	2,798,353
合約現金流總額	Total contractual cash flow		
– 應要求即付或於一年內	– Within one year or on demand	<b>309,600</b>	2,828,460
– 超過一年但少於兩年	– More than one year but less than two years	<b>541,800</b>	–
		<b>851,400</b>	2,828,460

## 11. 應退回衛生署之經調整盈餘

由於衛生署並不承認僱員年假撥備為費用而只在年假補償付出時承認，並視物業、機器及設備的添置及租賃付款為年度的費用而不承認折舊及租賃負債之利息支出。因此，在計算應退回衛生署之盈餘時，不包括年假撥備／撥備回撥、物業、機器及設備及使用權資產的折舊及租賃負債之利息，而扣除物業、機器及設備的添置及租賃付款。

## 11. Adjusted Surplus Refundable to the Department of Health

As the Department of Health does not recognize the provision for annual leave entitlements as expenses until actual payment is made, and regards addition to property, plant and equipment and lease payment as expenses during the year without recognition of depreciation and interest expense on lease liabilities, accordingly, for the purpose of calculating the surplus refundable to the Department of Health, the provision/provision written back for annual leave entitlements, depreciation of property, plant and equipment and right-of-use assets and interest expense on lease liabilities have been excluded, and the addition to property, plant and equipment and lease payment have been deducted.

(港幣)	(HK\$)	二零二二年 2022	二零二一年 2021
本年度盈餘	Surplus for the year	<b>652,562</b>	324,377
加：物業、機器及設備之折舊	Add: Depreciation on property, plant and equipment	<b>75,214</b>	33,201
使用權資產之折舊	Depreciation on right-of-use assets	<b>2,823,169</b>	2,924,578
年假撥備	Provision for annual leave entitlements	<b>50,957</b>	62,928
租賃負債之利息支出	Interest expenses on lease liabilities	<b>32,988</b>	87,705
減：物業、機器及設備的添置	Less: Additions to property, plant and equipment	<b>(466,500)</b>	(136,587)
租賃付款	Lease payment	<b>(2,905,860)</b>	(3,008,460)
應退回衛生署的經調整盈餘	Adjusted surplus refundable to the Department of Health	<b>262,530</b>	287,742

## 12. 應退回衛生署之累積盈餘

截至1998年3月31日累積盈餘已於本年度內退回衛生署。

## 12. Accumulated Surpluses Refundable to the Department of Health

The accumulated surpluses up to 31 March 1998 was refunded to the Department of Health during the year.

## 13. 其他現金流資料

## 13. Other Cash Flow Information

## (a) 融資活動所產生的負債變動

## (a) Changes in liabilities arising from financing activities

租賃負債(附註10) (港幣)	Lease liabilities (Note 10) (HK\$)	二零二二年 2022	二零二一年 2021
年初結餘	Balance at beginning of the year	2,798,353	5,719,108
融資現金流量的變動：	Changes from financing cash flows:		
已付租賃租金之資本部分	Capital element of lease rentals paid	(2,872,872)	(2,920,755)
已付租賃租金之利息部分	Interest element of lease rentals paid	(32,988)	(87,705)
融資現金流量的變動總額	Total changes from financing cash flows	(2,905,860)	(3,008,460)
其他變動：	Other changes:		
新租賃	New lease	902,258	—
利息支出	Interest expenses	32,988	87,705
其他變動總額	Total other changes	935,246	87,705
年末結餘	Balance at end of the year	827,739	2,798,353

## (b) 租賃現金流量總額

## (b) Total cash flow for leases

計入現金流量表之租賃現金流出總額如下：

Amounts included in the cash flow statement for leases comprise the following:

(港幣)	(HK\$)	二零二二年 2022	二零二一年 2021
經營業務內	Within operating activities	204,000	—
融資項目內	Within financing activities	2,905,860	3,008,460
		3,109,860	3,008,460



## 14. 金融資產及金融負債

## 14. Financial Assets and Liabilities

## (a) 金融資產及負債類別

## (a) Categories of financial assets and liabilities

(港幣)	(HK\$)	二零二二年 2022	二零二一年 2021
<b>金融資產</b>	<b>Financial Assets</b>		
流動資產－按攤銷成本值：	Current assets – at amortized cost:		
按金	Deposits	582,348	617,566
銀行及現金結存	Bank and cash balances	472,177	672,822
		1,054,525	1,290,388
<b>金融負債</b>	<b>Financial Liabilities</b>		
流動負債－按攤銷成本值：	Current liabilities – at amortized cost:		
應付費用	Accrued charges	1,058,896	1,178,529
租賃負債－短期部分	Lease liabilities – current portion	531,993	2,798,353
年假撥備	Provision for annual leave entitlements	338,953	287,996
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	262,530	287,742
應退回衛生署之累積 盈餘	Accumulated surpluses refundable to the Department of Health	–	203,640
非流動負債－按攤銷 成本值：	Non-current liabilities – at amortized cost:		
租賃負債－長期部分	Lease liabilities – non-current portion	295,746	–
		2,488,118	4,756,260

## 14. 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2022年及2021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2022年及2021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。

## 14. Financial Assets and Liabilities (continued)

## (b) Financial risk management objectives and policies

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

## (i) Credit risk

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

## (ii) Liquidity risk

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

As at 31 March 2022 and 2021, 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 2022 and 2021. The fair value is estimated as the present value of future cash flows, discounted at current market interest rate.

## 15. 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：

## 15. Related Party Transactions

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

(港幣)	(HK\$)	二零二二年 2022	二零二一年 2021
主要管理人員的報酬	Remuneration for key management personnel		
短期員工福利	Short-term employee benefits	1,923,600	1,870,500
離職後福利	Post-employment benefits	18,000	18,000
		1,941,600	1,888,500

## 16. 已頒佈但尚未生效之修訂、新準則及詮釋可能產生之影響

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

- 《香港財務報告準則》第3號(修訂本)，概念框架的提述<sup>1</sup>
- 《香港會計準則》第16號(修訂本)，物業、廠房及設備：於作擬定用途前之所得款項<sup>1</sup>
- 《香港會計準則》第37號(修訂本)，虧損性合約－履行合約之成本<sup>1</sup>
- 2018年至2020年週期之《香港財務報告準則》(修訂本)<sup>1</sup>
- 《香港會計準則》第1號(修訂本)，負債分類為流動和非流動及香港詮釋第5號的相關修訂(2020年)<sup>2</sup>
- 《香港會計準則》第1號及《香港財務報告準則》實務報告第2號之修訂本會計政策披露<sup>2</sup>
- 《香港會計準則》第8號之修訂本會計估計的定義<sup>2</sup>

<sup>1</sup> 於2022年1月1日或之後開始之會計期間生效

<sup>2</sup> 於2023年1月1日或之後開始之會計期間生效

本會管理層預計採用這些經修改財務報告準則及會計準則對本會帳目影響並不重大。

## 16. Possible Impact of Amendments, New Standards and Interpretations Issued But Not Yet Effect

The HKICPA has issued a number of amendments and new standards which are not yet effective for the current accounting year and which have not been adopted in these financial statements. These include the following which may be relevant to the Council.

- Amendments to HKFRS 3, Reference to the Conceptual Framework*<sup>1</sup>
- Amendments to HKAS 16, Property, Plant and Equipment: Proceeds before Intended Use*<sup>1</sup>
- Amendments to HKAS 37, Onerous Contracts – Cost of Fulfilling a Contract*<sup>1</sup>
- Annual Improvements to HKFRS 2018-2020 (Amendments)*<sup>1</sup>
- Amendments to HKAS 1, Classification of liabilities as current or non-current and the related amendments to Hong Kong Interpretation 5 (2020)*<sup>2</sup>
- Amendments to HKAS 1 and HKFRS Practice Statement 2, Disclosure of Accounting Policies*<sup>2</sup>
- Amendments to HKAS 8, Definition of Accounting Estimates*<sup>2</sup>

<sup>1</sup> Effective for annual periods beginning on or after 1 January 2022

<sup>2</sup> Effective for annual periods beginning on or after 1 January 2023

The management of the Council does not anticipate that the application of these revised HKFRSs and HKASs will have a material effect on the amounts recognized in the Council's financial statements.



# 鳴謝

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### 個人 Individuals

畢禕女士	Ms Teresa BUT	張漢明醫生	Dr CHEUNG Hon-ming
湛家雄先生BBS, MH, 太平紳士	Mr Daniel CHAM, BBS, MH, JP	張國鈞議員太平紳士	Hon Horace CHEUNG, JP
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組織 Organizations

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



# 各常務委員會之職能範圍

## Terms of Reference of Standing Committees

### 甲、行政委員會

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

### 乙、法例委員會

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

### 丙、教育及宣傳委員會

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

### A. Executive Committee

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

### B. Legislation Committee

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

### C. Education and Publicity Committee

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

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

## 丁、社區聯絡委員會

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

## 戊、資訊及研究委員會

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

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

## D. Community Liaison Committee

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

## E. Information and Research Committee

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

# 第十屆「戒煙大贏家」比賽

## 以順序多重分配隨機試驗模式 (SMART) 為吸煙人士提供 個人化戒煙輔導對提升戒煙率的成效

趙盛之<sup>1</sup>、翁雪<sup>1</sup>、王文炳<sup>1</sup>、張懿德<sup>1</sup>、湯修齊<sup>2</sup>、黎慧賢<sup>2</sup>、林大慶<sup>3</sup>

<sup>1</sup> 香港大學護理學院

<sup>2</sup> 香港吸煙與健康委員會

<sup>3</sup> 香港大學公共衛生學院

### 1. 引言

2019年香港的吸煙率為10.2%<sup>1</sup>，是世界上最低的地區之一。然而，香港的吸煙率近十年下降速度開始放緩，在2019年仍有637,900名吸煙人士，且多為重度吸煙者，戒煙意欲低，對煙草依賴程度高，當中至少一半會因吸煙而提早死亡<sup>2</sup>。香港每年有近7,000人因為吸煙或吸入二手煙所引致的疾病而死亡。2011年，因吸煙造成了每年超過港幣56億元（佔香港國民生產總值的0.3%）的高額醫療、長期護理開支與及生產力損失<sup>3</sup>。吸煙是一種高度成癮的行為，尼古丁依賴性強的吸煙人士在沒有輔助下難以自行戒煙。儘管如此，在香港只有約10.0%認識戒煙服務的現時吸煙人士曾使用過現有的戒煙服務<sup>1</sup>。

香港吸煙與健康委員會與香港大學護理學院及公共衛生學院，每年合作舉辦「戒煙大贏家」比賽，旨在接觸吸煙人士，並鼓勵他們嘗試戒煙，擺脫煙癮。眾多關於戒煙比賽的研究均論述參加比賽的吸煙人士為了獲取獎勵而有更高的戒煙信心和意願，並接受到更多的社交支持<sup>4</sup>。研究亦發現，吸煙人士通過類似有獎勵的計劃戒煙，成功戒煙的人數較多，戒煙率顯著高於對照組<sup>5</sup>。

香港吸煙與健康委員會舉辦的第十屆「戒煙大贏家」無煙社區計劃，向市民推廣無煙信息，鼓勵社區內的吸煙人士戒煙。計劃更包括一項以順序多重分配的隨機試驗（SMART），該試驗評估了個人化即時訊息（PIM）及多項自選聯合干預（OCI）相結合的戒煙輔導對促進參加者戒煙率的成效。

運用手機提供醫療干預（mHealth）早已被證實透過提供遙距、低成本、可擴展和度身定制的戒煙支援，可有效促進戒煙成功率<sup>6</sup>。當前的mHealth研究主要提供自動和固定時間的短訊以支持戒煙<sup>6</sup>。即時通訊應用程式（如WhatsApp）作為短訊服務的新興替代品，令戒煙過程中有可能採用更多個人化的行為和社會心理支持。

然而，戒煙人士遵從mHealth干預的表現並不理想<sup>7</sup>。之前的戒煙試驗顯示，只有分別16.7%及24%的參加者有效地參與聊天<sup>8</sup>及使用手機應用程式<sup>9</sup>。對最低限度的mHealth干預不予回應的參與者可能需要額外的藥理學或行為支持<sup>10</sup>。「一體適用」的治療並不會因應參加者的反應<sup>4</sup>調整，比較之下，根據參加者的反應分配不同的干預措施可以改善干預效果，同時最大限度地減少不必要的治療負擔<sup>11</sup>。

第八屆「戒煙大贏家」比賽雖然取得了不錯的成果（六個月核實戒煙率：干預組8.1%；對照組5.1%）<sup>8</sup>，但只有16.7%的參加者有效地參與即時通訊對話。其餘83.3%的參與者可能因為繁忙或不喜歡即時通訊互動，需要通過其他渠道為其提供戒煙支持。最近有整合分析顯示<sup>6</sup>，運用手機提供干預雖然有效幫助戒煙，但其成效的差異表明相關干預需要更個人化。然而，使用傳統「一體適用」的臨床試驗在回應不同參加者提供不同回應的效用存在局限性<sup>12</sup>。

適應性干預容許參加者在接受治療期間根據吸煙情況改變治療方式，為不同類型的社區吸煙人士提供個人化戒煙干預。與固定干預相比，它能夠提升參加者干預的遵從性和令相關戒煙輔導更個人化<sup>13</sup>，從而促進干預的效率<sup>11</sup>。適應性干預根據預先制定的規則、基線時個人特徵和干預期間的持續結果（例如個人的反應和遵從性）對干預作出動態調整<sup>12</sup>。適應性設計一般廣泛應用於藥物研究，但比較少用於有關戒煙的研究<sup>14</sup>。

第十屆「戒煙大贏家」比賽應用兩階段的適應性干預，即以順序多重分配隨機試驗模式（SMART）設計個人化戒煙輔導。研究過程中會根據吸煙人士的吸煙情況和取向提供結合多項自選聯合干預予他們選擇，當中包括多媒體訊息、主動轉介至戒煙服務及獎金鼓勵、電話戒煙輔導、社交支持和藥物。這些個人化戒煙干預選項的成效都是經實證支持，並且大部分曾應用於以往的「戒煙大贏家」比賽。

## 2. 方法

### 2.1 招募詳情

在 2019 年 6 月 15 日至 9 月 29 日期間，委員會在全港 18 區舉辦了共 82 場招募活動，並在赤柱監獄及羅湖懲教所進行兩場懲教署組別的招募活動。受過訓練的無煙大使於招募活動中主動接觸社區內的吸煙人士，邀請合資格的吸煙人士參加「戒煙大贏家」比賽和隨機對照試驗研究，並根據研究分組進行戒煙干預。「戒煙大贏家」比賽的宣傳單張和參加表格在整個招募期間派發予約 10,445 名市民。

參加隨機對照試驗研究的資格包括：

1. 年滿 18 歲及持有效香港身份證；
2. 在過去三個月每天吸食至少一支煙或以上；
3. 懂廣東話及閱讀中文；
4. 一氧化碳呼氣測試結果達 4 ppm 或以上；
5. 打算戒煙或減少吸煙；
6. 能夠使用即時通訊應用程式進行溝通；
7. 目前未有參加其他戒煙輔導服務

所有合資格參加者必須先簽署書面同意後，才可以接受其研究分組的戒煙干預。

分配序列是使用線上工具 (<https://www.sealedenvelope.com/simple-randomiser/v1/lists>) 產生的，區組大小在 2 和 4 之間隨機化，分配比為 1:1。用順序編號、不透明、密封的信封（SNOSE）隱藏了識別組分配的問卷。所有信封都標有序列號，無煙大使對分配順序並不知情。簽署同意書後，無煙大使會現場打開 SNOSE 確定參加者的分組類別。基於干預的性質，研究不可能隱瞞參加者，但不會向其透露另一組別接受的干預詳情。分析員對分組情況並不知情。參加者可選擇參加「戒煙大贏家」大抽獎組別或「戒煙大使」組別。在大抽獎組別中，共有五名於三個月跟進時通過生物化學測試核實成功戒煙的參加者各贏取價值港幣 10,000 元的超級市場購物禮券。在參加「戒煙大使」組別的參加者中，三名在三個月跟進時通過生物化學測試核實成功戒煙的參加者，經由委員會的遴選面試，獲選為「戒煙大贏家」得主，分別獲取價值港幣 25,000 元的澳洲旅遊禮券（冠軍）、價值港幣 15,000 元的新加坡旅遊禮券（亞軍）及價值港幣 10,000 元的泰國旅遊禮券（季軍）。兩個組別得獎者的提名人亦分別可獲取價值港幣 2,000 元的超級市場購物禮券。





### 2.2 戒煙干預與跟進

**干預組：**所有參加者都接受了面授的簡短戒煙干預，包括以 AWARD 方法提供的簡短戒煙建議、主動轉介至戒煙服務和 12 頁自助戒煙小冊子。AWARD 方法需時約 3-5 分鐘，內容包括：(1) 詢問吸煙情況及戒煙史（Ask）；(2) 忠告吸煙的害處（Warn）；(3) 建議參加者儘快戒煙（Advice）；(4) 轉介參加者至現有戒煙服務（Refer）；及 (5) 重覆以上步驟（Do-it-again）。參加者亦會獲得一本由委員會設計的「踏出第一步」自助戒煙小冊子，內容涵蓋了有關戒煙的好處、吸煙行為和尼古丁依賴的自我評估工具、減輕煙癮的技巧、有關戒煙輔助藥物、退癮徵狀、現有戒煙服務及常見問題等資訊。



隨機分組後，參加者透過即時通訊應用程式獲得為期三個月不同的 mHealth 戒煙干預。在登記後第一個月的初始階段，干預組的參加者會獲得個人化即時訊息 (PIM)。次階段的戒煙干預會根據一個月跟進時的吸煙情況和第二次分組結果調整。表一總結了在不同階段為研究組別提供的多重戒煙干預。

表一 不同階段提供的多重戒煙干預

干預組			對照組		
基線					
AWARD 簡短戒煙建議，主動轉介至戒煙服務，自助戒煙小冊子					
初始階段 ( 第一個月 )					
PIM			RIM		
次階段 (第二和第三個月)					
自我報告 吸煙		自我報告 戒煙	自我報告 吸煙		自我報告 戒煙
					
組一	組二	組三	組四	組五	組六
OCI + PIM	PIM	PIM	PIM + RIM	RIM	RIM

備註：  
PIM: 個人化即時訊息 ; RIM: 常規性即時訊息 ; OCI: 多重自選聯合干預  
初始階段干預在登記後的第一個月進行，次階段干預在登記後的第二個月和第三個月進行。

干預組的參加者亦會於招募時被主動轉介至戒煙服務。與前幾屆「戒煙大贏家」比賽相同，無煙大使會使用戒煙熱線卡向參加者介紹香港現有的戒煙服務，包括 (1) 衛生署綜合戒煙熱線、(2) 東華三院戒煙綜合服務中心、(3) 醫院管理局戒煙輔導服務中心、(4) 博愛醫院中醫戒煙服務、(5) 香港大學青少年戒煙熱線和女性戒煙熱線，並鼓勵參加者選擇其中一項服務及填寫主動轉介表。取得參加者的同意後，他們的聯絡資料將轉交至他們所選擇的戒煙服務，以提供進一步的戒煙治療。

**個人化即時訊息 (PIM)：**個人化即時訊息支援提供兩部分的干預。首先，研究員會發送共 24 則定時訊息，內容包括吸煙的危害、戒煙的好處和方法、對抗煙癮方法、戒煙服務資訊等。這些定時訊息會根據參加者的性別、年齡、每日吸煙量、一氧化碳呼氣測試結果、戒煙意欲及動機進行個人化設計。參加者會在他們預設的戒煙日期一星期內收到五則訊息，在接下來的四個星期內減少到每星期三則訊息，然後在最後七星期內減少至每星期一則訊息。其次，研究員會與有回應的參加者進行即時互動對話，以提供個人化

的行為和心理支持。過往的隨機試驗結果證實個人化即時訊息支援能有效地提升戒煙率<sup>8</sup>。即時互動回覆會在辦公時間內 (星期一至五上午九時至下午六時) 進行，期間研究員會儘快回答參加者任何與戒煙相關的查詢。

**多項自選聯合干預 (OCI)：**干預組的參加者在一個月跟進自我報告吸煙會被隨機分配接受多項自選聯合干預。在一個月的跟進時，研究員會協助他們選擇後續的干預措施。多項自選聯合干預選項包括 (1) 多媒體訊息、(2) 尼古丁替代療法 (一週劑量)、(3) 主動轉介至戒煙服務及獎金鼓勵、(4) 電話戒煙輔導以及 (5) 家人或朋友參與的互動群組。失訪或未能在一個月內就聯合干預的選項作決定的參加者會被設定為接收個人化即時訊息以外的多媒體訊息。拒絕參與任何多項自選聯合干預參加者則繼續持續接受個人化即時訊息支援。

**對照組：**參加者會收到常規性即時訊息 (RIM)，其中包含 16 則常規訊息，從第一個月的每星期兩則逐漸減少至兩個月後的每星期一則。這些訊息包括與個人化即時訊息支援干預中的定時訊息內容。此外，研究員會發送另外四則訊息作為電話跟進的提醒。常規性即時訊息支援是單向的，並沒有提供即時互動回覆。

在一個月跟進時，自我報告吸煙的參加者會再度被隨機分組，以決定他們在隨後兩個月內的次階段戒煙干預，繼續接受常規性即時訊息或改為接受個人化即時訊息。

**非研究組別及懲教署組別：**「戒煙大使」組別、沒有安裝即時通訊應用程式的智能手機、無法閱讀中文或以中文溝通的參加者會被分配到非研究組。非研究參加者會獲得與對照組相同的戒煙干預。赤柱監獄和羅湖懲教所的參加者屬於懲教署組別，參加者數據會被排除在是次分析之外，以確保社區吸煙人士的結果一致性。

所有參加者於基線時完成問卷後會在第一、二、三和六個月接受共四次的電話跟進。其中隨機對照試驗組和非研究組參加者會接受電話跟進，而懲教署組別參加者則接受自行填寫的問卷跟進。為提高跟進的參與率，成功完成全部四次跟進的參加者可額外獲得港幣 100 元的現金獎勵。每名參加者於每次電話跟進時會收到最多七次的來電及一則語音訊息，如仍然未能聯絡上，將會被列為是次跟進的失訪個案。在三個月和六個月跟進時自我報告已成功戒煙的參加者 (在過去七天內完全沒有吸煙) 會獲邀請參加生物化學測試 (一氧化碳呼氣測試和可的寧口水測試)，以核實戒煙情況。所有在三個月及六個月時通過測試的參加者可獲得港幣 500 元的現金獎勵。

研究的主要結果為三個月及六個月經生物化學測試核實的戒煙率。次要結果包括：自我報告過去七天內完全沒有吸煙的戒煙率；與基線調查比較，減少吸煙量達一半或以上比率；戒煙嘗試（完全沒有吸煙達 24 小時或以上）；和自基線調查後使用戒煙服務情況。

所有參加者（總數 =1,055）於基線調查時的人口特徵及吸煙情況會在報告中描述。我們通過卡方檢驗比較了兩個研究組別的主要和次要結果。我們採用治療意向分析法進行分析，假設數據缺失參加者的吸煙行為於基線調查後沒有變化，亦採用完整資料個案分析，將失訪的參加者排除在外。我們還評估了參加者對戒煙服務的情況、戒煙認知的變化、戒煙嘗試和其原因、退癮徵狀、戒煙時得到的社交支持、戒煙輔助工具的使用和對電話跟進的意見。

### 3. 結果

在第十屆「戒煙大贏家」比賽的 82 場招募活動中，超過 88,000 名市民曾曾經「戒煙大贏家」的招募攤位，其中超過 11,000 人查詢戒煙資訊、詢問比賽詳情或參與招募活動中的遊戲攤位。經過培訓的無煙大使於現場協助進行推廣和招募活動，共接觸了約 7,700 名吸煙人士和約 17,000 名非吸煙人士。

在 1,143 名被招募的吸煙人士當中，有 88 人（8.0%）因未達到參加比賽的資格（n=16）或拒絕簽署同意書（n=72）而被排除。共有 1,055 名吸煙人士參加了第十屆「戒煙大贏家」比賽。在排除 157 名「戒煙大使」組別或非研究組別的參加者及 54 名懲教署組別的參加者後，共有 844 名參加者（80%）參與隨機對照試驗研究，並被隨機分配至干預組或對照組，每組各有 422 人。

大部分參加者主要透過招募攤位（88.9%）知悉第十屆「戒煙大贏家」比賽，其他的知悉途徑包括同事、朋友或家人（3.3%）、網頁（2.1%）和電視（1.5%）。

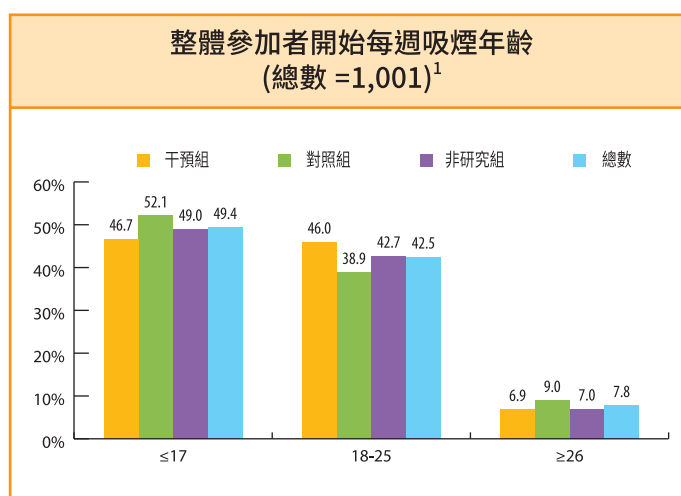
### 3.1 基線人口特徵

表二顯示在 1,001 名參加者中，大多數為男性（82.1%），年齡在 30-49 歲之間（46.8%）。一半以上已婚或同居（51.0%），約三分之一（30.7%）與子女同居住；近三分之二（60.2%）的參加者具有中學學歷。近半數居住在租住的公共房屋（43.3%）及家庭每月收入低於港幣 25,000 元（40.1%）；大多數（78.2%）是自僱或受僱人士。

### 3.2 吸煙概況

參加者開始吸煙的平均年齡為 18.3 歲（標準差 =6.0），其中近半數（49.4%）在 18 歲前開始每週吸煙（圖一）。近一半的參加者（49.7%）平均每日吸食少於十支捲煙或以下（圖二）。參加者平均每日吸食 14.1 支捲煙（標準差 =9.5）。

圖一

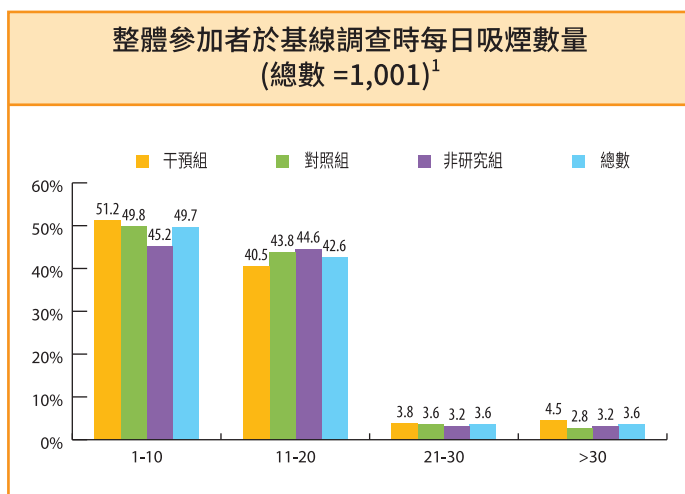


<sup>1</sup> 沒有顯示缺失數據

表二 參加者基線人口特徵 (總數 = 1,001)

人數 (%)	總數 (N=1,001)	干預組 (N=422)	對照組 (N=422)	非研究組 (N=157)
性別				
男	822 (82.1)	354 (83.9)	341 (80.8)	127 (80.9)
女	179 (17.9)	68 (16.1)	81 (19.2)	30 (19.1)
年齡 (歲)				
18-29	211 (21.0)	89 (21.1)	84 (19.9)	38 (24.2)
30-39	243 (24.3)	94 (22.3)	117 (27.7)	32 (20.4)
40-49	225 (22.5)	90 (21.3)	103 (24.4)	32 (20.4)
50-59	144 (14.4)	71 (16.8)	53 (12.6)	20 (12.7)
≥60	141 (14.1)	60 (14.2)	48 (11.4)	33 (21.0)
缺失數據	37 (3.7)	18 (4.3)	17 (4.0)	2 (1.3)
婚姻狀況				
單身	381 (38.1)	162 (38.4)	163 (38.6)	56 (35.7)
已婚 / 同居	511 (51.0)	222 (52.6)	209 (49.5)	80 (51.0)
離婚 / 喪偶	64 (6.4)	22 (5.2)	29 (6.9)	13 (8.3)
缺失數據	45 (4.5)	16 (3.8)	21 (5.0)	8 (5.1)
與未成年子女同住				
否	576 (57.5)	255 (60.4)	240 (56.9)	81 (51.6)
是	307 (30.7)	125 (29.6)	132 (31.3)	50 (31.8)
缺失數據	118 (11.8)	42 (10.0)	50 (11.8)	26 (16.6)
教育程度				
小學程度或以下	71 (7.1)	24 (5.7)	22 (5.2)	25 (15.9)
中學程度	603 (60.2)	265 (62.8)	249 (59.0)	89 (56.7)
大專或以上	264 (26.4)	109 (25.8)	122 (28.9)	33 (21.0)
缺失數據	63 (6.3)	24 (5.7)	29 (6.9)	10 (6.4)
就業情況				
學生	32 (3.2)	13 (3.1)	16 (3.8)	3 (1.9)
自僱 / 受僱	783 (78.2)	329 (78.0)	338 (80.1)	116 (73.9)
待業	42 (4.2)	20 (4.7)	16 (3.8)	6 (3.8)
家庭主婦	25 (2.5)	12 (2.8)	10 (2.4)	3 (1.9)
退休	75 (7.5)	33 (7.8)	19 (4.5)	23 (14.6)
缺失數據	44 (4.4)	15 (3.6)	23 (5.5)	6 (3.8)
居住情況				
租住公共房屋	433 (43.3)	179 (42.4)	176 (41.7)	78 (49.7)
自置公共房屋	129 (12.9)	60 (14.2)	55 (13.0)	14 (8.9)
私人房屋	338 (33.8)	146 (34.6)	143 (33.9)	49 (31.2)
其他	40 (4.0)	15 (3.6)	18 (4.3)	7 (4.5)
缺失數據	61 (6.1)	22 (5.2)	30 (7.1)	9 (5.7)
家庭每月收入 (港幣)				
少於 25,000	401 (40.1)	173 (41.0)	155 (36.7)	73 (46.5)
25,000-60,000	409 (40.9)	157 (37.2)	190 (45.0)	62 (39.5)
60,000 以上	103 (10.3)	56 (13.3)	38 (9.0)	9 (5.7)
缺失數據	88 (8.8)	36 (8.5)	39 (9.2)	13 (8.3)

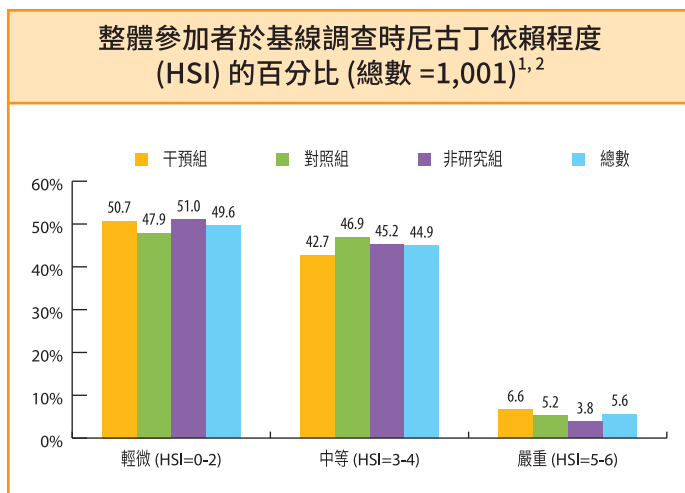
圖二



<sup>1</sup> 沒有顯示缺失數據

超過三分之一的參加者 (37.9%) 在起床後的五分鐘內吸食第一支煙。依據吸煙嚴重度指數 (Heaviness of Smoking Index, HSI)，超過一半的參加者尼古丁依賴程度為中等至嚴重 (50.5%) (圖三)。大約三分之一的參加者之前從未嘗試戒煙 (29.7%) (圖四)。超過三分之一的參加者在基線調查時未準備在 30 日內戒煙 (41.9%) (圖五)。根據跨理論模式，普遍參加者的戒煙意欲低。干預組及對照組的吸煙行為和習慣亦得出相似結果。

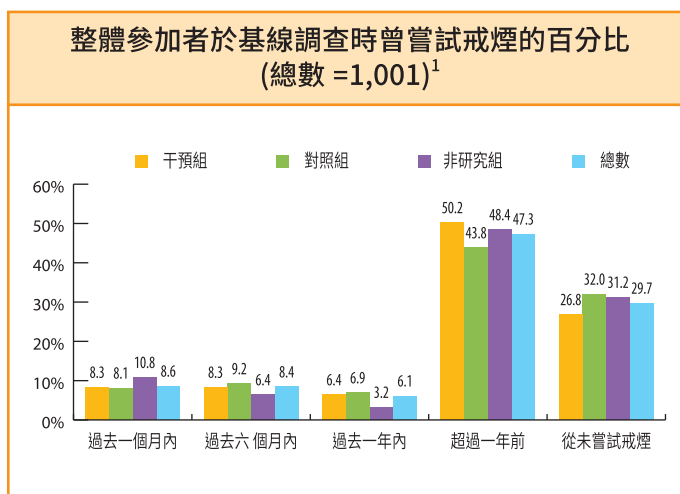
圖三



<sup>1</sup> 尼古丁依賴程度以 HSI 項目測量：(1) 每日吸第一支捲煙的時間和 (2) 每日吸煙量

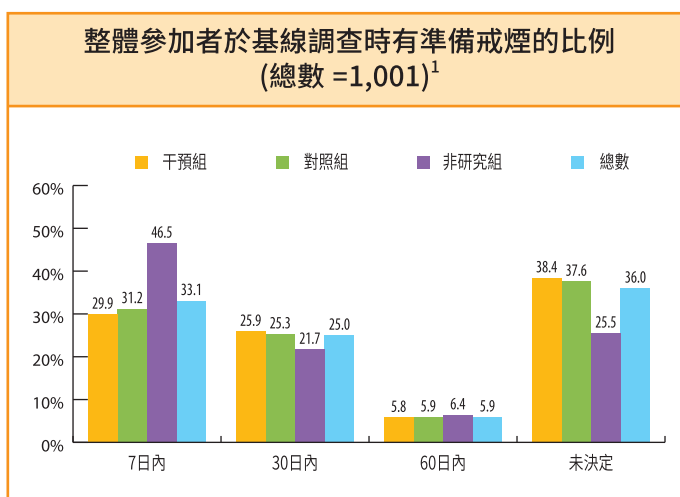
<sup>2</sup> 沒有顯示缺失數據

圖四



<sup>1</sup> 沒有顯示缺失數據

圖五



<sup>1</sup> 沒有顯示缺失數據

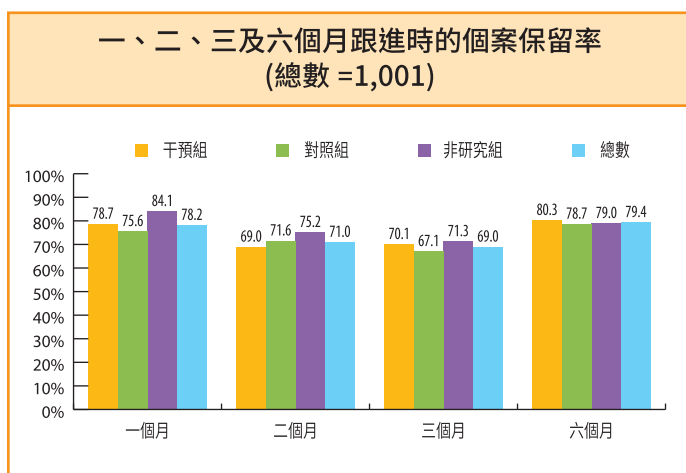
### 3.3 研究結果

#### 個案保留率

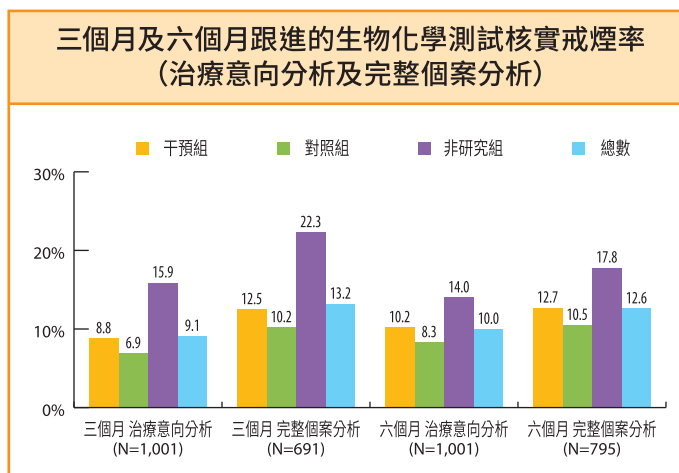
在一、二、三和六個月跟進訪問的整體個案保留率分別為 78.2%、71.0%、69.0% 和 79.4%。干預組和對照組的保留率在一個月 (78.7% 比 75.6%；P 值 = 0.29)、二個月 (69.0% 比 71.6%；P 值 = 0.41)、三個月 (70.1% 比 67.1%；P 值 = 0.34) 和六個月跟進 (80.3% 比 78.7%；P 值 = 0.55) 時相近 (圖六)。



圖六



圖八



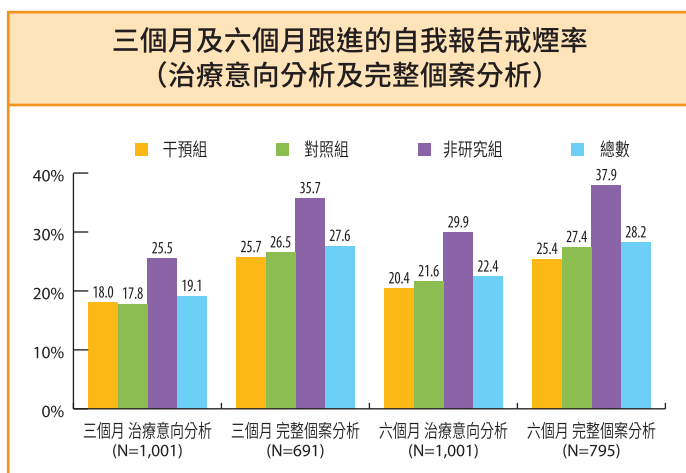
### 主要結果：三個月及六個月跟進的自我報告戒煙率

根據治療意向分析，三個月和六個月跟進時的整體自我報告戒煙率（在過去七天內完全沒有吸煙）分別為 19.1% 和 22.4%。干預組和對照組在三個月和六個月跟進時顯示出相近的戒煙率。治療意向及完整個案分析亦得出了類似的結果（圖七）。

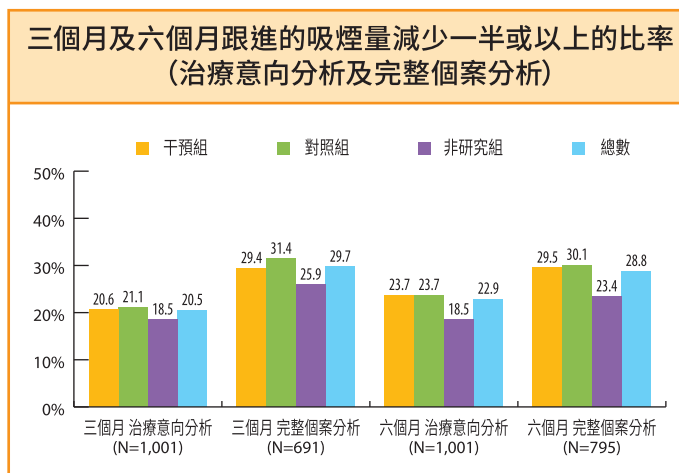
### 三個月和六個月跟進的減煙率

根據治療意向分析，整體有 20.5% 和 22.9% 未能成功戒煙的參加者分別在三個月和六個月時的吸煙量比基線調查時減低了至少一半（圖九）。在所有跟進中，干預組和對照組的減煙率均沒有顯著差異（所有 P 值 > 0.05）。

圖七



圖九

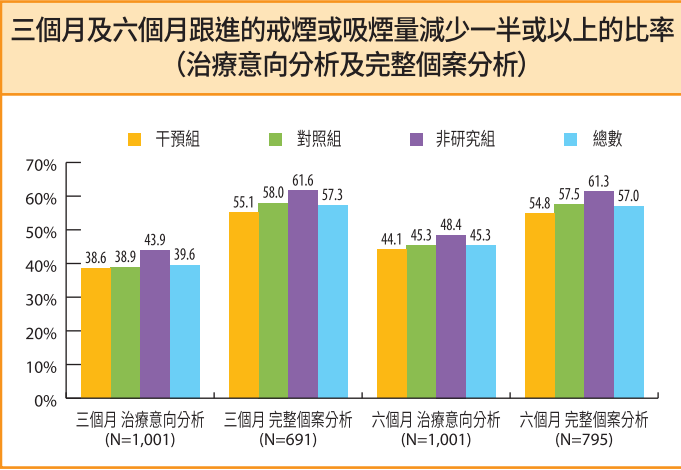


### 三個月及六個月跟進的生物化學測試核實戒煙率

治療意向分析顯示，整體在三個月及六個月的生物化學測試核實戒煙率分別為 9.1% 及 10.0%。不論根據治療意向和完整個案分析，干預組和對照組的核實戒煙率在兩次跟進均相近（圖八）。

根據治療意向分析，整體參加者在三個月和六個月的戒煙或減煙比率分別為 39.6% 和 45.3%（圖十）。干預組和對照組在三個月（38.6% 比 38.9%；P 值 = 0.944）和六個月（44.1% 比 45.3%；P 值 = 0.729）跟進時的戒煙或減煙率相近。完整個案分析亦得到相似的結果。

圖十



戒煙服務的使用情況 (一、二、三及六個月跟進)

在整個研究期間，634 名參加者 (63.3%) 合共提出了 798 次轉介至戒煙服務的請求。當中，干預組的累計次數為 276 次 (65.4%)，而對照組累計次數則為 255 次 (60.4%) (表三)。

表三 整體參加者的轉介情況 (總數 =1,001)

	總數 (人數 =1,001)	干預組 (人數 =422)	對照組 (人數 =422)	非研究組 (人數 =157)
請求轉介至戒煙服務	634 (63.3)	276 (65.4)	255 (60.4)	103 (65.6)

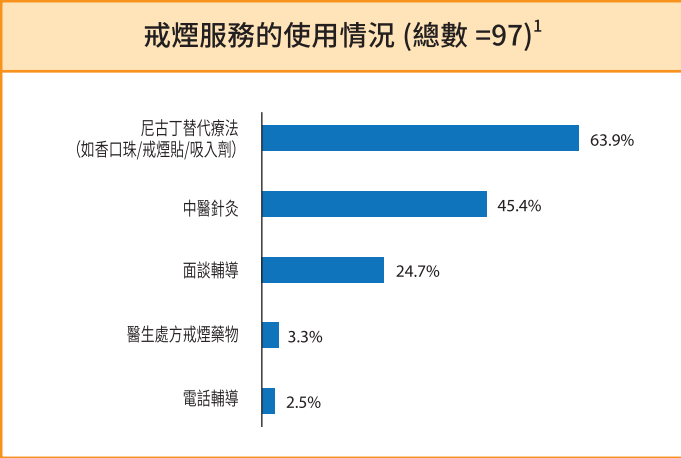
表四顯示，於六個月跟進時，有 22.0% 的整體參加者曾使用過至少一次戒煙服務。在所有跟進中，干預組和對照組的累計戒煙服務使用率相近 (所有 P 值 >0.05)。在六個月跟進時，累計戒煙服務使用率上升超過兩倍，而干預組和對照組的數據亦相近。

表四 戒煙服務使用情況 (總數 =1,001)

	總數 (人數 =1,001)	干預組 (人數 =422)	對照組 (人數 =422)	非研究組 (人數 =157)
一個月	107 (10.7%)	43 (10.2%)	48 (11.4%)	16 (10.2%)
二個月	155 (15.5%)	66 (15.6%)	65 (15.4%)	24 (15.3%)
三個月	193 (19.3%)	85 (20.1%)	77 (18.2%)	31 (19.7%)
六個月	220 (22.0%)	97 (23.0%)	90 (21.3%)	33 (21.0%)

在干預組的所有服務使用者中，97 名參加者報告了其所使用的服務類型。最常用的服務是尼古丁替代療法 (63.9%)，其次是中醫針灸 (45.4%) 和面談輔導 (24.7%) (圖十一)。

圖十一



<sup>1</sup> 參加者可選擇多於一個答案

在干預組中，絕大部分從未使用戒煙服務的參加者指出「靠自己意志戒煙」(73.7%) 及「繁忙」(73.3%) 是未有使用的主要原因。

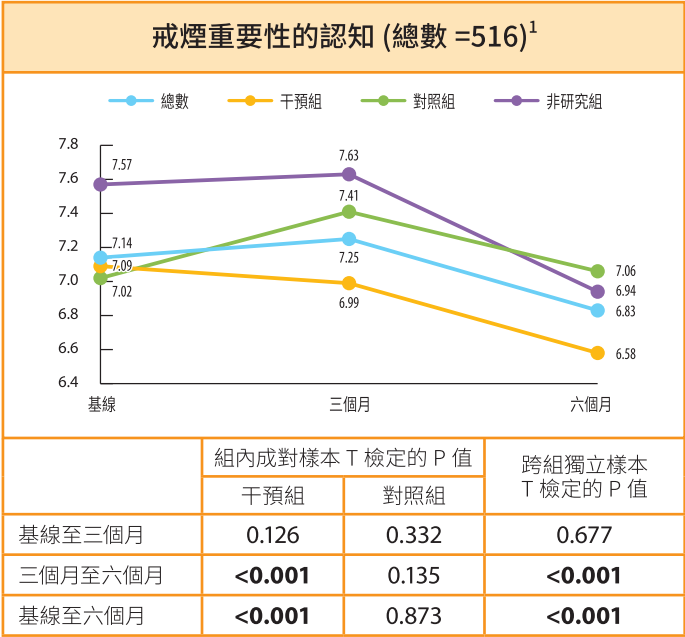
戒煙的自我效能

由 0 分 (最小) 至 10 分 (最大) 的量表中，基線調查時所有參加者的「戒煙重要性」、「戒煙困難度」及「戒煙自信度」的認知平均得分 (標準差) 分別為 7.14 (2.59)，6.72 (2.69) 和 5.55 (2.55)。

戒煙重要性的認知

在基線調查、三個月及六個月跟進時均提供了完整數據的參加者中，對照組的戒煙重要性認知的平均分從基線到三個月跟進略有增加（7.02 至 7.41，P 值 =0.332），其後在六個月跟進時下降（7.41 至 7.06，P 值 =0.135）。相反，干預組的平均分從基線至三個月跟進（7.09 至 6.99，P 值 =0.126）及三個月至六個月跟進（6.99 至 6.58，P 值 <0.001）均顯著下降。因此，干預組的平均分從基線至六個月跟進亦顯著下降（P 值 <0.001）（圖十二）。

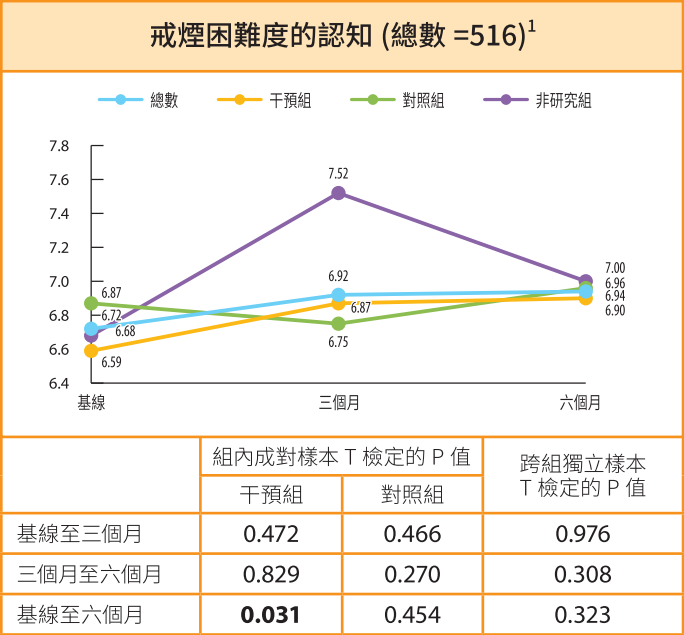
圖十二



戒煙困難度的認知

在基線調查及所有跟進均提供了完整數據的參加者中，干預組和對照組在六個月跟進時的戒煙困難度認知的整體平均分比基線調查時上升，但對照組的變化並不顯著（P 值 =0.454）。干預組在六個月跟進的平均得分比基線時顯著增加（6.59 至 6.90；P 值 =0.031）。干預組和對照組的戒煙困難度認知的整體平均分統計學上並沒有顯著差異（所有 P 值 >0.05）（圖十三）。

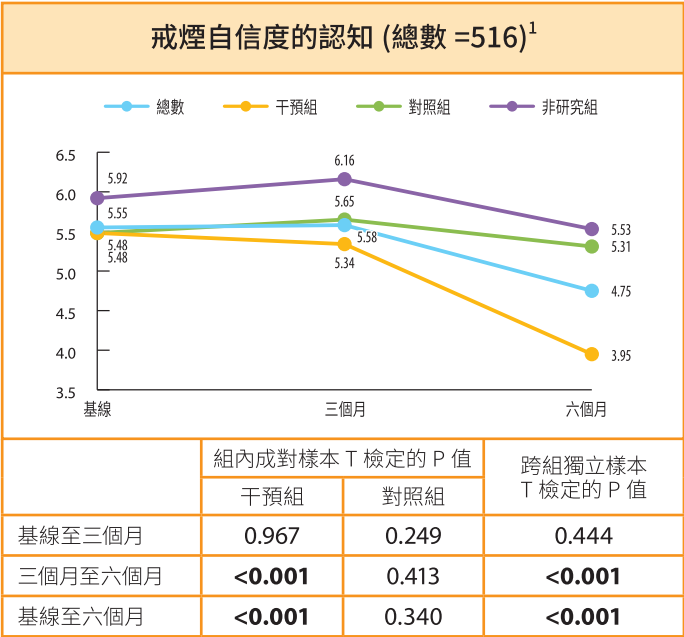
圖十三



戒煙自信度的認知

圖十四顯示，干預組的戒煙自信度認知的平均分在基線調查到六個月跟進期間（5.48 至 3.95；P 值 <0.001），及在三個月到六個月跟進期間（5.34 至 3.95；P 值 <0.001）均顯著下降。對照組的平均分亦得出下降趨勢，但並不顯著，平均分從基線到三個月跟進上升（5.48 至 5.65；P 值 =0.249），其後從三個月到六個月跟進下降（5.65 至 5.31；P 值 =0.413）。干預組從基線到六個月跟進，及從三個月到六個月跟進中，戒煙自信度認知的平均分均顯著地下降（所有 P 值 <0.001）。

圖十四

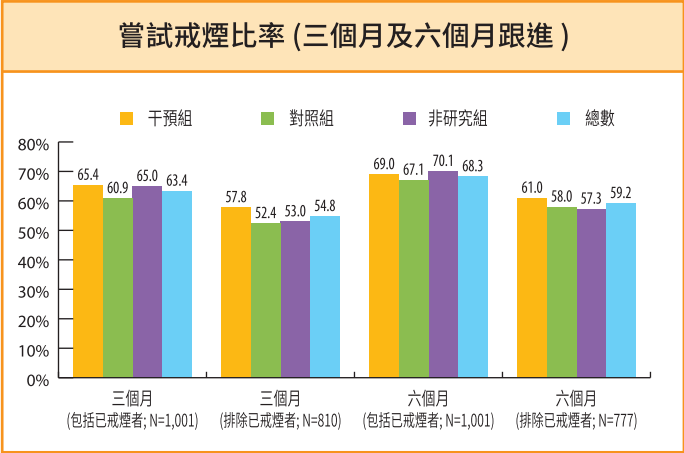


<sup>1</sup> 由 0 分 (完全沒有信心) 至 10 分 (非常有信心) ; 缺失數據排除在外。

三個月及六個月跟進的嘗試戒煙比率

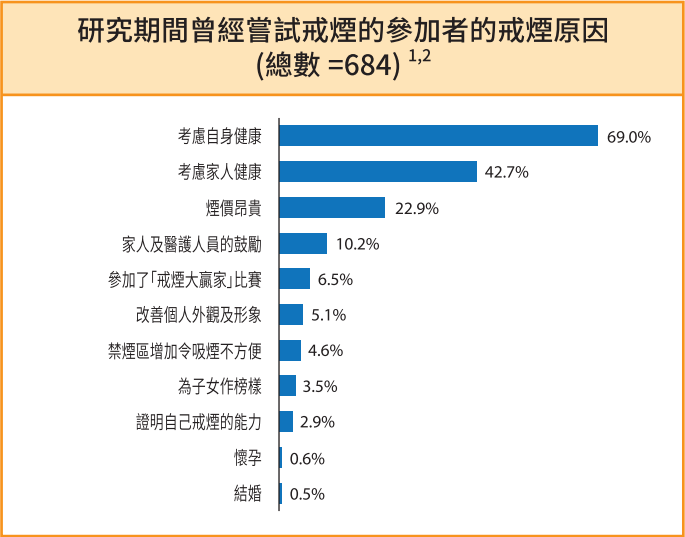
根據治療意向分析，分別有 63.4% 和 68.3% 的參加者在基線調查後三個月和六個月內曾作至少一次戒煙嘗試；在未能成功戒煙者當中，三個月和六個月的嘗試戒煙比率為 54.8% 和 59.2%。不管有否計算成功戒煙者在內，干預組的嘗試戒煙比率在三個月和六個月跟進時均稍高於對照組 (P 值 <0.01) (圖十五)。

圖十五



在研究期間曾至少嘗試戒煙一次的參加者中，戒煙的主要原因為「考慮自身健康」(69.0%)，其次是「考慮家人健康」(42.7%) 及「煙價昂貴」(22.9%) (圖十六)。

圖十六

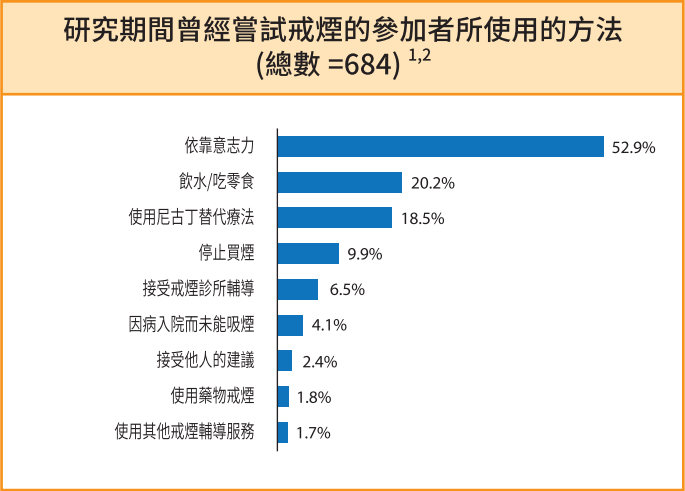


<sup>1</sup> 失訪數據被排除在外

<sup>2</sup> 參加者可選擇多於一個答案

在研究期間曾至少嘗試戒煙一次的參加者中，最常用的戒煙方法包括「依靠意志力」(52.9%)，其次是「飲水 / 吃零食」(20.2%) 及「使用尼古丁替代療法」(18.5%) (圖十七)。

圖十七



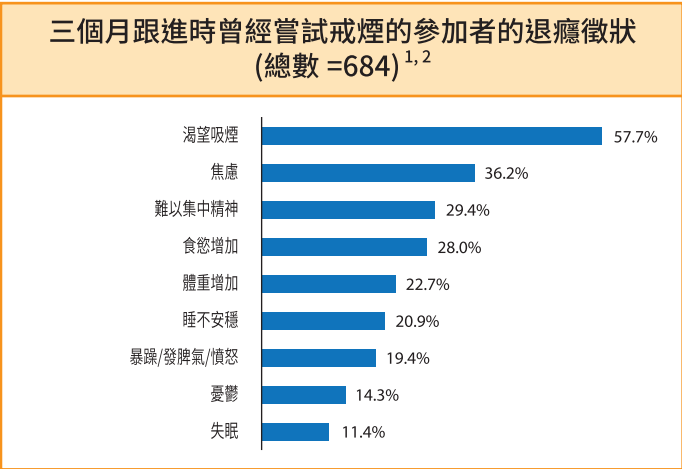
<sup>1</sup> 失訪數據被排除在外

<sup>2</sup> 參加者可選擇多於一個答案



在一、二和三個月跟進訪問時評估了參加者的退癮徵狀。在三個月內曾作至少一次戒煙嘗試的參加者中，最普遍的退癮徵狀為「渴望吸煙」（57.7%），其次為「焦慮」（36.2%）和「難以集中精神」（29.4%）（圖十八）。

圖十八

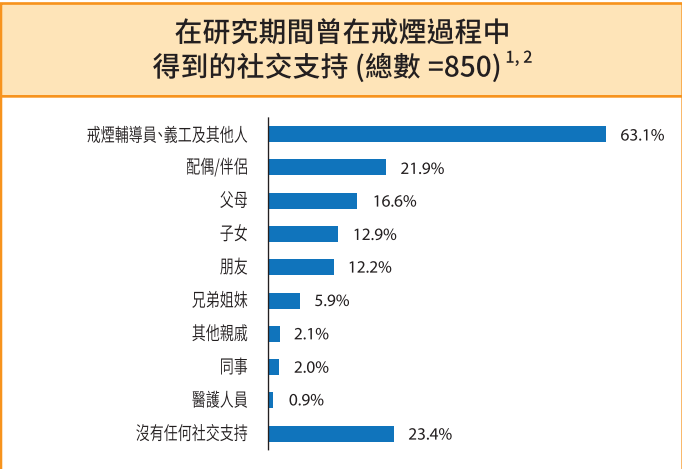


<sup>1</sup> 失訪數據被排除在外  
<sup>2</sup> 參加者可選擇多於一個答案

戒煙過程中的社交支持

在完成三個月或 / 及六個月跟進訪問的參加者中，最常見的社交支持來自「戒煙輔導員、義工及其他人」(63.1%)，其次為「配偶 / 伴侶」(21.9%)、「父母」(16.6%)、「子女」(12.9%) 和「朋友」(12.2%) (圖十九)。然而，約四分之一的參加者 (23.4%) 得不到任何社交支持。

圖十九



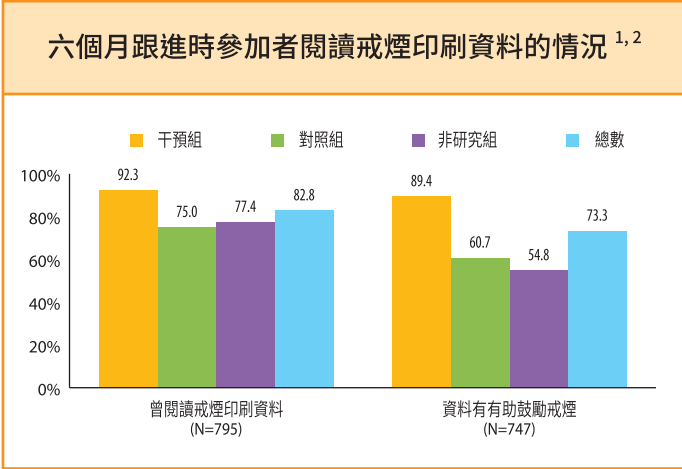
<sup>1</sup> 失訪數據被排除在外  
<sup>2</sup> 參加者可選擇多於一個答案

戒煙輔助工具的使用和滿意度

印刷資料

在六個月跟進時，大部分參加者 (82.8%) 曾閱讀戒煙印刷資料 (圖二十)。較多干預組的參加者曾閱讀過戒煙印刷資料 (92.3% 比 75.0% ; P 值 <0.01)，亦更傾向認為它們有助鼓勵戒煙 (89.4% 比 60.7% ; P 值 <0.01)。

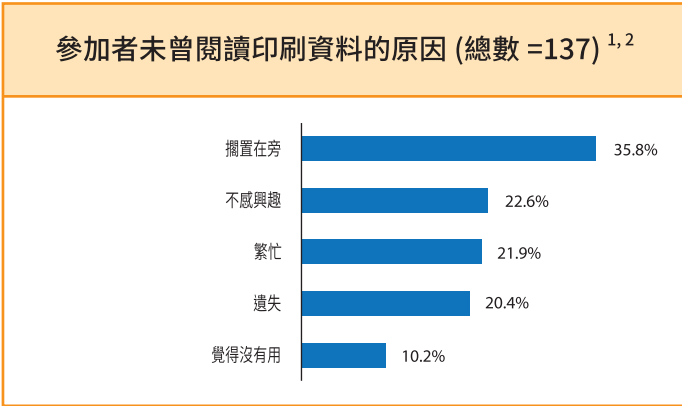
圖二十



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

在未曾閱讀小冊子的參加者中，表示未曾閱讀小冊子的最常見原因是「擱置在旁」(35.8%)，其次是「不感興趣」(22.6%) 和「繁忙」(21.9%) (圖二十一)。

圖二十一



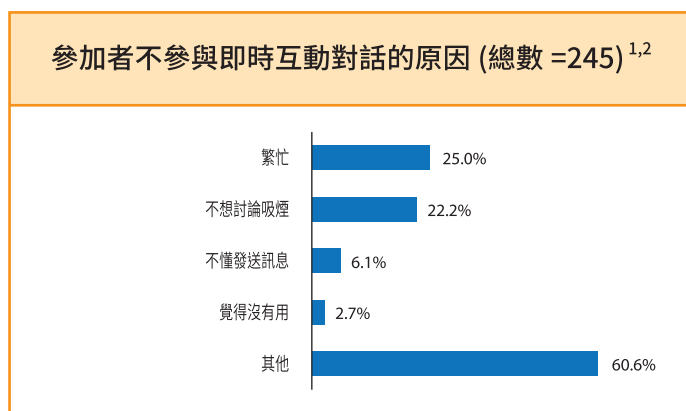
<sup>1</sup> 參加者可選擇多於一個答案  
<sup>2</sup> 在六個月跟進時的失訪數據被排除在外，沒有顯示缺失數據

## 干預對戒煙結果的成效分析

### 干預組參加者對個人化即時訊息的體驗

曾在六個月跟進時回答相關問題的干預組參加者中，只有 28.6% 表示曾參與即時互動對話獲得戒煙支援。最常見不參與即時互動對話的原因是「繁忙」(25.0%)、「不想討論吸煙」(22.2%)、「不懂發送訊息」(6.1%) 和「覺得沒有用」(2.7%) (圖二十二)。

圖二十二



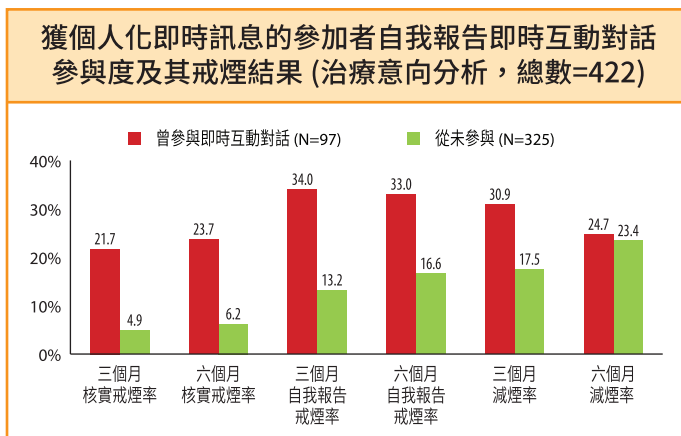
<sup>1</sup> 參與者可選擇多於一個答案

<sup>2</sup> 在六個月跟進時的失訪數據被排除在外，沒有顯示缺失數據

### 獲個人化即時訊息的參加者自我報告即時互動對話參與度及其戒煙結果

通過治療意向分析，積極參與即時互動對話的參加者（即自我報告曾作不少於兩次回覆，並經對話紀錄核實）在三個月和六個月跟進時具有更高的核實戒煙率 and 自我報告戒煙率（所有 P 值 <0.001），其三個月跟進的減煙率亦高於未從參與的參加者（30.9% 比 17.5%，P 值 =0.003），但在六個月跟進時並沒有顯著差異（24.7% 比 23.4%，P 值 =0.78）（圖二十三）。

圖二十三



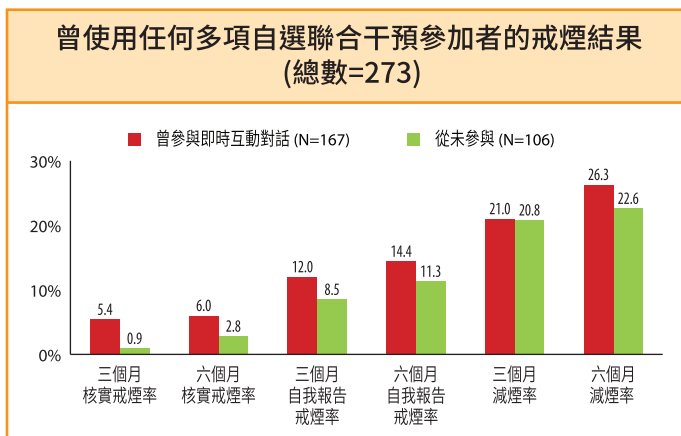
自我報告戒煙率：自我報告在過去七天內完全沒有吸煙

減煙率：吸煙量比基線調查時減少了至少一半

### 曾使用任何多項自選聯合干預參加者的戒煙結果

在 273 名被分配至能獲得多項自選聯合干預的參加者當中，61.2% 曾經使用任何多項自選聯合干預。他們在六個月跟進時的核實戒煙率稍高於從未使用的參加者（6.0% 比 2.8%，P 值 =0.25）（圖二十四），其自我報告戒煙率及減煙率亦未有顯著提高（P 值介乎於 0.095 至 0.97）。

圖二十四



自我報告戒煙率：自我報告在過去七天內完全沒有吸煙

減煙率：吸煙量比基線調查時減少了至少一半

## 4. 討論

從 2019 年 6 月至 9 月，第十屆「戒煙大贏家」無煙社區計劃在 72 名大學生及非政府機構義工的協助下，在全港 18 區的商場及街頭舉辦了 82 場招募活動，成功地在社區傳遞無煙信息。無煙大使共接觸了約 7,700 名吸煙人士並招募 1,143 名吸煙人士參加「戒煙大贏家」比賽。根據治療意向分析，參加者在三個月及六個月跟進時的自我報告戒煙率分別為 19.1% 及 22.4%，是歷屆「戒煙大贏家」比賽最高。

第十屆「戒煙大贏家」比賽採用嶄新研究設計 SMART，以驗證為未能戒煙者提供個人化即時訊息配以多項自選聯合干預的成效，並與為未能戒煙者提供常規性即時訊息的干預作比較。是次研究是首項以 SMART 研究設計方法，為在過程中為持續吸煙者提供特定的適應性干預策略，並試驗在社區廣泛應用，具有深重的意義。為確保研究設計的實用性，是次研究採用並測試了兩種廣泛使用、方便且低成本，透過手機即時通訊應用程式提供的戒煙干預。在第八屆「戒煙大贏家」比賽中曾參與即時通訊對話但未能成功戒煙的參加者表示，相關干預措施需要更個人化及更多適應性。相關理論指出干預措施需要因應受眾在不同階段的需求及體驗作出階段性的調整，並為應對吸煙及慢性疾病提供了與臨床實踐相似的框架<sup>15</sup>。

是次研究中，參加者接受個人化即時訊息為主的適應性干預在六個月跟進時有更高的核實戒煙率。然而，研究結果並未能支持個人化即時訊息能在其他戒煙結果中獲顯著成效。相反，接受常規性即時訊息的參加者的自我報告戒煙率及減煙率與前者相近，甚至更多曾作戒煙嘗試。儘管如此，與之前使用類似 mHealth 干預的戒煙計劃相比，個人化或常規性即時訊息兩種干預的戒煙率皆獲得滿意的成果。考慮結合不同戒煙干預，不論有否提供即時通訊對話的戒煙支援，以 mHealth 理論設計的戒煙干預通過即時訊息傳遞都是可行及有效的。是次研究發現表明通過 mHealth 戒煙干預提供行為支持具有整體效益。

通過針對參加者的吸煙情況、互動性及其戒煙輔導的偏好提供度身訂制的適應性戒煙干預，是次研究提供寶貴的機會，可以通過其靈活性令戒煙輔導更完善。個人化適應性戒煙干預能夠通過在個人層面上更有效地針對解決個別吸煙人士的特定需求，在改善戒煙結果方面發揮重要作用。然而，這項研究的結果表明，與採用持續及固定的策略相比，更個人化及具適應性的干預設計尚未能大幅提昇戒煙成效。最近一項因應社會經濟地位（度身訂制提供個人層面戒煙干預（包括電話訪談、短訊、獎金鼓勵、簡短建議）的系統文獻回顧和綜合迴歸分析中亦得出類似發現，即沒

有證據表明更個人化的戒煙干預具有更優勝的效果（調整後的勝算比為 1.01，95% 信賴區間介乎 0.81 至 1.27）<sup>16</sup>。然而，由於研究設計、參加者的特徵、設置以及干預成分和強度皆有不同，與以往的戒煙研究直接比較並不可行。

是次試驗進一步指出以 mHealth 理論設計的行為干預並結合額外及更高強度的戒煙支援以提升戒煙成效仍存在不少挑戰。此外，是次試驗亦存在一定的局限，影響研究結果。首先，基於試驗提供綜合多項的適應性戒煙干預，研究並未能就個別干預措施的內容及機制作深入分析。其次，提供戒煙干預的次序亦未能確定假若在初始階段先提供更個人化的戒煙支援會否得到類同研究結果。然而，根據階梯治療法的原則，是次 SMART 研究設計的最終目標是在資源有限的情況下提供適應性戒煙干預，因此只有在初始且成本較低的干預（例如即時訊息）不足時才會以更多資源提供更高強度的支援（例如多項自選聯合干預）。第三，由於香港男性的吸煙率遠高於女性（18.1% 比 3.2%）<sup>1</sup>，是次試驗參加者主要是男性（82.1%），是次個人化戒煙干預在女性佔更高比例的吸煙者組群（例如大部分西方國家）的效果需要進一步研究。最後，由於參加者是從社區招募的，是次研究結果未必能普及至臨床環境中及積極尋求戒煙治療的吸煙人士。

## 5. 結論

總括而言，第十屆「戒煙大贏家」無煙社區計劃，包括無煙大使戒煙輔導訓練課程、戒煙比賽、地區無煙宣傳和研究試驗，成功地在社區向市民包括非吸煙人士和吸煙人士傳遞了無煙信息。結合互動性即時訊息及額外的戒煙支援在提升戒煙率的成效是具有潛力的。此外，以 SMART 研究設計為大量戒煙意欲低的吸煙人士提供適應性戒煙干預是能夠在社區內實行。未來有關適應性戒煙干預的研究應進一步針對未有太大回應的參加者，調整戒煙干預的策略及次序，並提供更長的跟進期（例如 12 個月）。

## 6. 臨床試驗註冊編號

臨床試驗註冊編號：NCT03565796 (ClinicalTrials.gov)。

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## The 10<sup>th</sup> “Quit to Win” Contest – A Sequential, Multiple Assignment, Randomized Trial (SMART) on Personalized Cocktail Interventions to Increase Abstinence

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### 1. Introduction

Smoking prevalence in Hong Kong was 10.2% in 2019<sup>1</sup>, which is one of the lowest in the world. There were still 637,900 daily smokers and the decrease in smoking prevalence has been slowed down in the past decade. Most of the current smokers are heavy smokers with low intention to quit and have high dependence on tobacco. Smoking will kill half of them eventually and causes about 7,000 deaths each year in Hong Kong<sup>2</sup>. Smoking also accounts for a large amount of medical costs, long-term healthcare costs and productivity loss of about HK\$5.6 billion a year (0.3% of Hong Kong GDP) in 2011<sup>3</sup>. Smoking is a highly addictive behaviour, and it is hard for smokers with strong nicotine dependence to quit without assistance. However, in Hong Kong, only about 10.0% of the current smokers who were aware of the smoking cessation services had ever used the existing smoking cessation (SC) services<sup>1</sup>.

“Quit to Win” (QTW) Contest, annually organized by Hong Kong Council on Smoking and Health (COSH) in collaboration with School of Nursing and School of Public Health, The University of Hong Kong (HKU) provides an opportunity to reach and encourage a large number of smokers to make quit attempt and promote abstinence. Elsewhere, the Quit and Win model posits that smokers participating in the contest will have higher confidence and intention to quit with prizes or incentives and perceived more social support<sup>4</sup>. Studies have found that, with awards in such quitting programmes, a large number of smokers achieved a significantly higher quit rate for the Quit and Win group than for the control group<sup>5</sup>.

The 10<sup>th</sup> “Quit to Win” Contest cum Smoke-free Community Campaign was organized by COSH to promote smoking cessation to the public and motivate community smokers to quit. It included a sequential, multiple assignment, randomized trial (SMART) which evaluated the effect of a combined intervention of personalized instant messaging (PIM) adapted with optional combined interventions (OCI) on community smokers who participated in the Contest.

Evidence has shown that mobile phone-based interventions (mHealth) were effective in promoting abstinence by delivering remote, low cost, scalable, and tailored cessation support<sup>6</sup>. Current mHealth studies mostly deliver automated and fix-scheduled text messages for cessation support<sup>6</sup>. Mobile instant messaging (e.g., WhatsApp), as emerging alternatives of text messaging services, are potential to incorporate more personalized behavioural and psychosocial support during the quitting process.

However, the adherence of mHealth intervention is suboptimal<sup>7</sup>. Previous smoking cessation trials showed that only 16.7% and 24% participants effectively engaged with the chat support<sup>8</sup> and mobile phone app use<sup>9</sup>, respectively. Participants non-responding to the minimal mHealth behavioural support may require and could be benefited from additional pharmacological or behavioural support<sup>10</sup>. Compared with delivering one-size-fits-all treatment regardless of participants’ responses, adaptively allocating interventions that are tailored to recipients’ responses can improve intervention outcome while minimizing unnecessary treatment burden<sup>11</sup>.

Though the 8<sup>th</sup> QTW Contest<sup>8</sup> yielded promising results (8.1% in intervention group vs. 5.1% in control group for validated quit rate at 6-month), only 16.7% of participants effectively engaged in the chat-based intervention. For the rest 83.3% of participants, who might have busy schedule or not prefer for the online instant messaging interaction, alternative cessation support should be offered via diversified channels. Recent meta-analysis<sup>6</sup> showed mobile phone-based interventions are effective for smoking cessation, but the variability of efficacy suggesting that more personalized mobile phone-based support is needed. However, conventional clinical trials using the “one-size-fits-all” approach have limitation on providing heterogeneous response for individuals<sup>12</sup>.

Adaptive intervention, which allows changing treatment according to participants’ smoking status during treatment period, provides an approach to personalize treatment for various types of community smokers. Compared to the fixed intervention, it provides an approach to increase intervention adherence and personalization<sup>13</sup>, and increase the efficiency of the interventions<sup>11</sup>. Adaptive intervention uses prespecified decision rules, baseline individual characteristics, and ongoing outcomes during treatment (e.g. individual’s response and adherence) to make dynamic intervention decisions<sup>12</sup>. Adaptive design is widely used in pharmaceutical research but few studies on smoking cessation<sup>14</sup>.

We propose to use adaptive design for the 10<sup>th</sup> QTW Contest specifically a two-phase adaptive design, i.e. a sequential, multiple assignment, randomized trial (SMART) design. Optional cocktail cessation supports will be provided based on smokers’ smoking status and preference. The supports, including multimedia messages, active referral plus financial incentive, phone counseling, social support and medications, are empirically evidence-supported and most have been used in our previous QTW interventions.

## 2. Methods

### 2.1 Recruitment

From 15 June to 29 September 2019, 82 recruitment booths in shopping malls and public areas were set up in all 18 districts in Hong Kong and 2 recruitment sessions were conducted in Stanley Prison and Lo Wu Correctional Institution. Trained smoke-free counselors proactively approached smokers in the community, screened for their eligibility, recruited eligible smokers into the QTW Contest and randomized controlled trial (RCT), and delivered assigned interventions to participants. Leaflets and application forms for the QTW Contest were distributed to around 10,445 members of public throughout the recruitment period.

Eligibility criteria for RCT participation included:

1. Hong Kong residents aged 18 years or above;
2. Daily smokers who smoked at least one cigarette per day in the past three months;
3. Able to communicate in Cantonese and read Chinese;
4. Exhaled carbon monoxide (CO) of four parts per million (ppm) or above;
5. Intended to quit/ reduce smoking;
6. Able to use an instant messaging mobile app for communication;
7. Currently did not participate in other smoking cessation programmes

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

The allocation sequence was generated using an online tool (<https://www.sealedenvelope.com/simple-randomiser/v1/lists>) with a block size randomized among 2 and 4 and an allocation ratio of 1:1. The questionnaire with the identification of group allocation was concealed with sequentially numbered, opaque, sealed envelopes (SNOSE). All envelopes were labelled with serial numbers and smoking cessation counselors were blinded from the allocation sequence. Group allocation was determined by opening the SNOSE on site once the consent form was signed. Masking of the intervention is not possible due to the nature of the interventions. But the participants were not informed about the intervention in the other group. Outcome assessors were blinded to the group allocation.

QTW participants were given the option to participate in two parallel programmes: the QTW Lucky Draw Programme or Smoking Cessation Ambassadors Programme. A total of five biochemically validated quitters at 3-month in the Lucky Draw Programme won a lottery prize of HK\$10,000 supermarket coupon each. Among the participants joining the Smoking Cessation Ambassador Programme, validated quitters at 3-month were interviewed and chosen by a selection committee to win travel vouchers of HK\$25,000 to Australia (champion), HK\$15,000 to Singapore (1<sup>st</sup> runner-up) and HK\$10,000 to Thailand (2<sup>nd</sup> runner-up). Nominators of winners from both programmes were awarded HK\$2,000 supermarket coupon each.

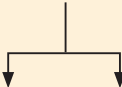

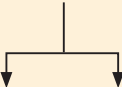

### 2.2 Interventions and Follow-up

**Intervention group:** At baseline, all participants received the face-to-face brief interventions, including the AWARD brief advice, active referral, and a 12-page self-help booklet. AWARD-guided advice lasted 3-5 minutes and comprised the following components: **A**sking about the participants’ smoking history, **W**arning about the harm of continuing smoking, **A**dvising them to quit as soon as possible, **R**eferring

them to SC services, and Doing-it-again, i.e. to repeat the intervention. The 12-page self-help booklet entitled “Be smart. Quit now!” was developed by COSH, covering generic information about the benefits of the quitting; a self-assessment tool of smoking behaviours and nicotine dependence; tips on alleviating urges to smoke; information about smoking cessation aids, withdrawal symptoms and existing smoking cessation services; and frequently-asked questions.

After randomization, participants were provided with mHealth-based support of different strategies via an instant messaging app in three months. At the initial phase (i.e., the first month after enrolment), intervention group received personalized instant messaging support (PIM). Subsequent treatments were modified based on the smoking status at 1-month follow-up and the second group allocation. Table 1 shows summary of the multi-level interventions in the study groups.

**Table 1. Multi-level intervention strategies and description**

Intervention Group			Control Group		
Baseline					
AWARD brief advice, active referral, 12-page self-help booklet					
Phase 1 (1 <sup>st</sup> month)					
PIM			RIM		
Phase 2 (2 <sup>nd</sup> & 3 <sup>rd</sup> month)					
Self-report Smoking		Self-report Quitting	Self-report Smoking		Self-report Quitting
					
Group A	Group B	Group C	Group D	Group E	Group F
OCI + PIM	PIM	PIM	PIM + RIM	RIM	RIM

Note:  
PIM: Personalized instant messaging; RIM: Regular instant messaging; OCI: Optional combined intervention.  
The Phase 1 intervention was conducted during the first month after enrolment, Phase 2 intervention was conducted during the second and third month after enrolment.

Participants in the intervention group also received active referral to smoking cessation services. Similar to the previous QTW Contests, smoking cessation counselors used a 3-fold referral card to introduce the existing smoking cessation services in Hong Kong at baseline, which included (1) Integrated Smoking Cessation Hotline of Department of Health, (2) Tung Wah Group of Hospitals Integrated Centre on Smoking Cessation, (3) Hospital Authority Smoking Counseling and Cessation Centres, (4) Pok Oi Hospital Smoking Cessation Service, (5) Youth Quitline and Women Quitline of HKU. Participants were encouraged to select a service and complete an active referral form. With the consent of the participants, their contacts were then sent to the respective smoking cessation service for further actions.

**Personalized instant messaging (PIM):** There were two parts of the personalized behavioural support embedded in PIM intervention. First, a total of 24 fix-scheduled regular messages with contents including the harms of smoking, benefits and methods of quitting, dealing with craving, and information of smoking cessation services were sent to initiate the conversation. These regular messages are personalized to sex, age, daily cigarette consumption, exhaled carbon monoxide reading, intention to quit, and motivations of the participant. Those who intended to quit within one week or at the week of their pre-set quit date received five messages per week, then cut down to three messages per week for the next four weeks and then one message per week for the last seven weeks. Second, smoking cessation counselors performed real-time, interactive conversation with responded participants to provide personalized behavioural and psychological support. PIM intervention was effective to increase quitting in our previous trial<sup>8</sup>. Any cessation related questions were answered as soon as possible within working hours (weekdays from 9:00 am to 6:00 pm).

**Optional combined interventions (OCI):** Those participants who self-reported smoking in PIM group at 1-month were randomized to receive OCI. Smoking cessation counselors explained and assisted them to opt sequent interventions at 1-month follow-up. Available intervention options included (1) multimedia messages, (2) nicotine replacement therapy sampling (NRT-S, 1-week dosage), (3) financial incentive and active referral, (4) phone counseling, and (5) family/peer support group chat. OCI participants who were lost to follow-up or could not make the decision at 1-month were defaulted to receive multimedia messages in addition to the PIM. Those who declined OCI intervention, if any, maintained the initial treatment.

**Control group:** Participants received regular instant messaging (RIM) support with 16 regular messages with a tapering schedule from twice weekly in the first month to once a week in the following two months. These messages covered the same content as the regular messages in the PIM intervention. Additional four messages were delivered as reminders for participating in telephone follow-ups. RIM was unidirectional without real-time reply.



At 1-month follow-up, participants who self-reported smoking were further randomized to receive continued RIM or PIM for the following two months as phase two of intervention.

**Non-trial group and Correctional Services Department group:** Participants who joined the Smoking Cessation Ambassador Programme, those who did not own a smartphone with an instant messaging app installed, or those who were unable to read or communicate in Chinese were assigned to the non-trial group. The non-trial participants received the same intervention(s) of the control group. Participants recruited from Stanley Prison and Lo Wu Correctional Institution of the Correctional Services Department (CSD) were enrolled as the CSD Group and were excluded from data analyses to ensure the homogeneous results of community smokers.

All participants completed the baseline questionnaire and were followed at 1-, 2-, 3- and 6-month from baseline. RCT and non-trial participants were followed by telephone survey and CSD participants were followed by self-administrated questionnaire. To enhance the retention rate, an incentive of HK\$100 was given to participants who completed all four telephone follow-up interviews. Those participants who could not be reached after a maximum of seven telephone calls and a voice message at the scheduled follow-up time points were considered as lost to follow-up. Participants reporting smoking abstinence (not even a puff) in the past seven days at 3- and 6-month follow-ups were invited for biochemical validation. Participants in both groups received a small cash incentive of HK\$500 each for passing the validation at 3- and 6-month follow-ups.

The primary outcome was biochemically validated abstinence, defined by an exhaled carbon monoxide level of <4ppm and saliva cotinine concentration of <10µg/L at 3- and 6-month follow-ups. Secondary outcomes included self-reported 7-day point prevalence abstinence (PPA), smoking reduction by at least 50% of baseline cigarette consumption, quit attempts (abstinence for ≥24 hours), and smoking cessation service use since the baseline.

The baseline socio-demographic and smoking profile of all participants at baseline (N=1,055) were presented descriptively. The primary and secondary outcomes were compared between the two study groups by chi-square tests. Analyses were by intention-to-treat (ITT), such that participants with missing data were assumed to have no change in their smoking behaviour, and by complete case (CC), in which participants with missing outcomes were excluded. We also assessed participants' use of smoking cessation services, change in perception of quitting, quit attempt and reasons, withdrawal symptoms experienced, perceived social support for quitting, perceptions and use of smoking cessation aids provided, and perception of follow-up calls.

### 3. Results

A total of 82 recruitment sessions were held in the 10<sup>th</sup> QTW Contest with over 88,000 people passers-by. Over 11,000 people enquired about the QTW Contest and smoking cessation, or participated in the smoke-free game booth. The trained smoking cessation counselors have approached about 7,700 smokers and 17,000 non-smokers in the promotional activities and recruitment sessions.

A total of 1,143 smokers were recruited and screened for eligibility by the smoking cessation counselors. 88 smokers (8.0%) did not fulfil the eligibility criteria (n=16) or declined to give consent (n=72) and were excluded. Finally, 1,055 smokers joined the 10<sup>th</sup> QTW Contest. After excluding participants who joined the Smoking Cessation Ambassador Programme, non-trial Group (n=157) or CSD group (n=54), 844 (80%) participated in the RCT and were randomized to either the intervention group (n=422) or the control group (n=422).

Most participants reported recruitment booths as the primary source for learning about the 10<sup>th</sup> QTW Contest (88.9%), which exceeded the other sources by far, such as colleagues, friends or family members (3.3%), websites (2.1%), and TV (1.5%).

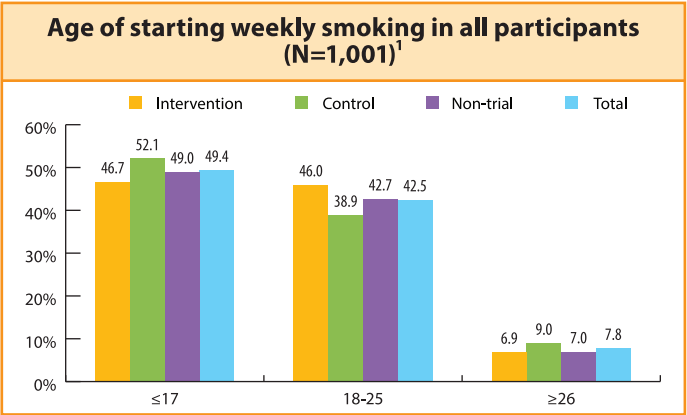
#### 3.1 Socio-demographic characteristics

Table 2 shows among 1,001 participants, most were male (82.1%) and aged 30-49 years (46.8%). 51.0% were married or cohabited and 30.7% were living with a child; nearly two-thirds attained secondary education (60.2%). Nearly half resided in rented public housing (43.3%) and had monthly household income below HK\$25,000 (40.1%); and most were self-employed or employed (78.2%).

#### 3.2 Smoking profile

The participants' mean age of smoking initiation was 18.3 (SD=6.0) years, nearly half (49.4%) started smoking before the age 18 (Figure 1). Nearly half of the participants smoked ten cigarettes or below daily (49.7%) (Figure 2). Participants smoked 14.1 (SD=9.5) cigarettes on average.

Figure 1



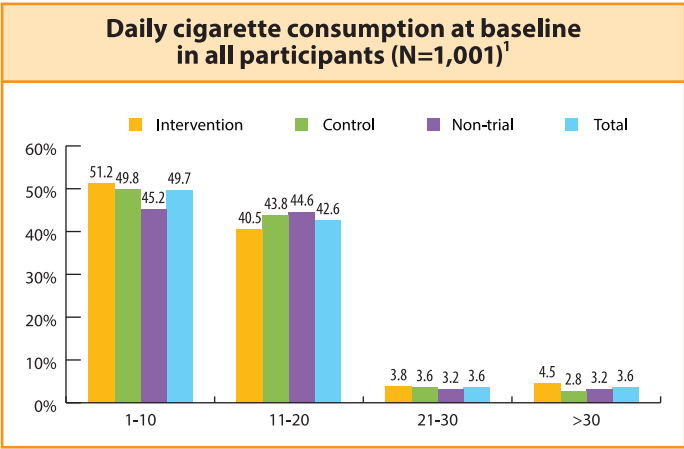
¹Missing data were not shown.



**Table 2. Participants' baseline demographic characteristics (N=1,001)**

n (%)	Total	Intervention	Control	Non-trial
	(N=1,001)	(N=422)	(N=422)	(N=157)
Gender				
Male	822 (82.1)	354 (83.9)	341 (80.8)	127 (80.9)
Female	179 (17.9)	68 (16.1)	81 (19.2)	30 (19.1)
Age group (years)				
18-29	211 (21.0)	89 (21.1)	84 (19.9)	38 (24.2)
30-39	243 (24.3)	94 (22.3)	117 (27.7)	32 (20.4)
40-49	225 (22.5)	90 (21.3)	103 (24.4)	32 (20.4)
50-59	144 (14.4)	71 (16.8)	53 (12.6)	20 (12.7)
≥60	141 (14.1)	60 (14.2)	48 (11.4)	33 (21.0)
Missing	37 (3.7)	18 (4.3)	17 (4.0)	2 (1.3)
Marital status				
Single	381 (38.1)	162 (38.4)	163 (38.6)	56 (35.7)
Married/ Cohabited	511 (51.0)	222 (52.6)	209 (49.5)	80 (51.0)
Divorced/Widowed	64 (6.4)	22 (5.2)	29 (6.9)	13 (8.3)
Missing	45 (4.5)	16 (3.8)	21 (5.0)	8 (5.1)
Living with a child				
No	576 (57.5)	255 (60.4)	240 (56.9)	81 (51.6)
Yes	307 (30.7)	125 (29.6)	132 (31.3)	50 (31.8)
Missing	118 (11.8)	42 (10.0)	50 (11.8)	26 (16.6)
Education level				
Primary education or below	71 (7.1)	24 (5.7)	22 (5.2)	25 (15.9)
Secondary education	603 (60.2)	265 (62.8)	249 (59.0)	89 (56.7)
Post-secondary or above	264 (26.4)	109 (25.8)	122 (28.9)	33 (21.0)
Missing	63 (6.3)	24 (5.7)	29 (6.9)	10 (6.4)
Employment status				
Student	32 (3.2)	13 (3.1)	16 (3.8)	3 (1.9)
Self-employed/employed	783 (78.2)	329 (78.0)	338 (80.1)	116 (73.9)
Unemployed	42 (4.2)	20 (4.7)	16 (3.8)	6 (3.8)
Housewife	25 (2.5)	12 (2.8)	10 (2.4)	3 (1.9)
Retired	75 (7.5)	33 (7.8)	19 (4.5)	23 (14.6)
Missing	44 (4.4)	15 (3.6)	23 (5.5)	6 (3.8)
Housing Condition				
Public rental housing	433 (43.3)	179 (42.4)	176 (41.7)	78 (49.7)
Public housing (purchased)	129 (12.9)	60 (14.2)	55 (13.0)	14 (8.9)
Private housing	338 (33.8)	146 (34.6)	143 (33.9)	49 (31.2)
Others	40 (4.0)	15 (3.6)	18 (4.3)	7 (4.5)
Missing	61 (6.1)	22 (5.2)	30 (7.1)	9 (5.7)
Monthly household income (HK\$)				
Less than 25,000	401 (40.1)	173 (41.0)	155 (36.7)	73 (46.5)
25,000-60,000	409 (40.9)	157 (37.2)	190 (45.0)	62 (39.5)
Above 60,000	103 (10.3)	56 (13.3)	38 (9.0)	9 (5.7)
Missing	88 (8.8)	36 (8.5)	39 (9.2)	13 (8.3)

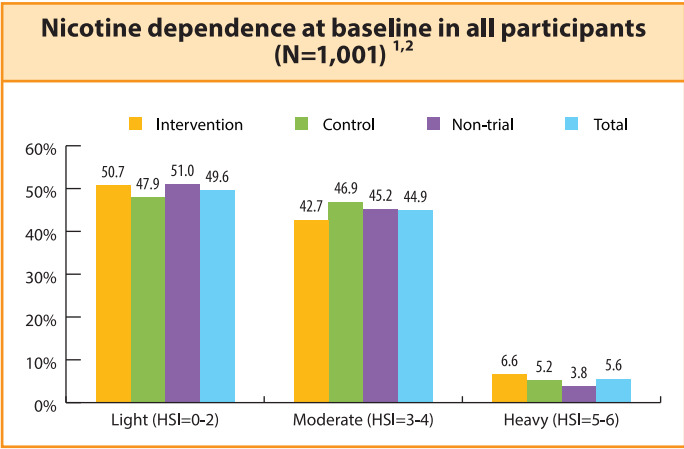
Figure 2



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

Over one-third of the participants (37.9%) smoked their first cigarette of the day within five minutes after waking up. More than half had moderate to heavy nicotine dependence (50.5%) (Figure 3). Around one-third had no previous quit attempt (29.7%) (Figure 4). More than one-third was not ready to quit within 30 days at baseline (41.9%), indicating a low intention to quit according to the Transtheoretical Model (Figure 5). The two groups showed similar smoking behaviours and history.

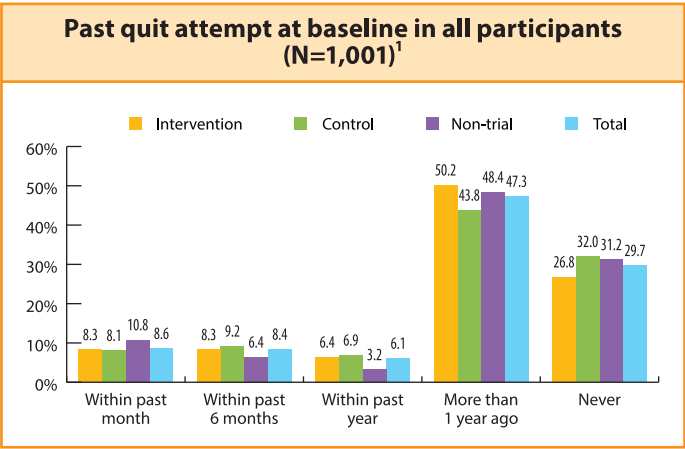
Figure 3



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

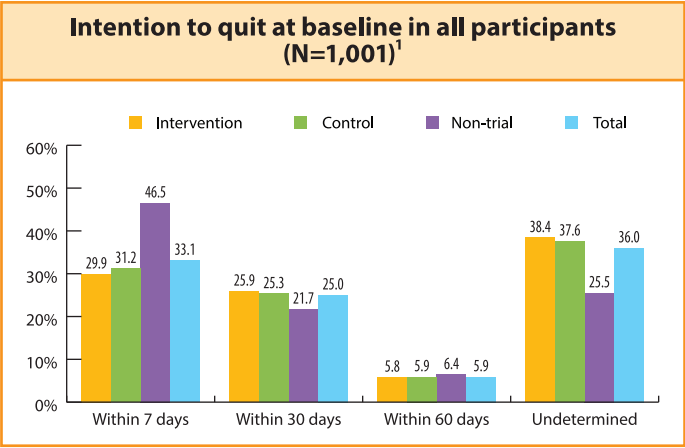
<sup>2</sup> Missing data were not shown.

Figure 4



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

Figure 5



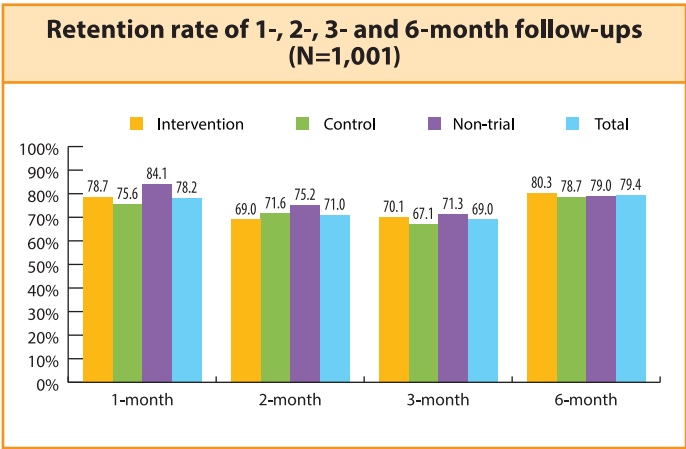
<sup>1</sup> Missing data were not shown.

### 3.3 Study outcomes

#### Retention rate

The overall retention rates were 78.2%, 71.0%, 69.0% and 79.4% at 1-, 2-, 3- and 6-month follow-ups, respectively. The retention rates were similar between the intervention and control groups at 1-month (78.7% vs. 75.6%;  $P=0.29$ ), 2-month (69.0% vs. 71.6%;  $P=0.41$ ), 3-month (70.1% vs. 67.1%;  $P=0.34$ ) and 6-month (80.3% vs. 78.7%;  $P=0.55$ ) follow-ups (Figure 6).

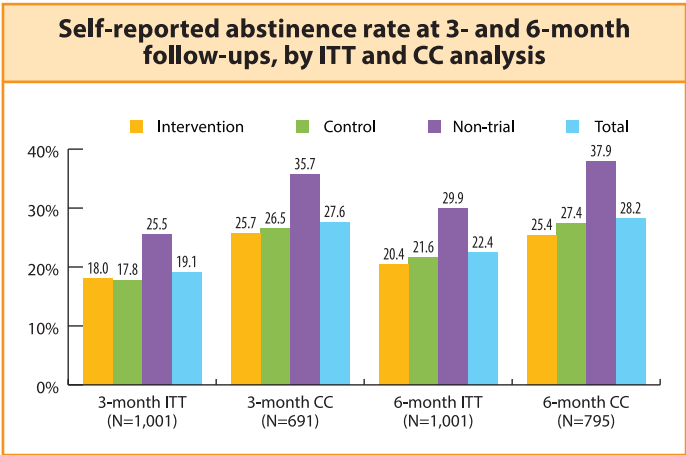
Figure 6



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

By ITT analysis, the overall self-reported 7-day PPA was 19.1% at 3-month and 22.4% at 6-month follow-ups. The intervention group and control group showed similar abstinence rate at 3-month and 6-month follow-ups. Complete case analyses also corroborated the ITT results. The CC analysis yielded similar results (Figure 7).

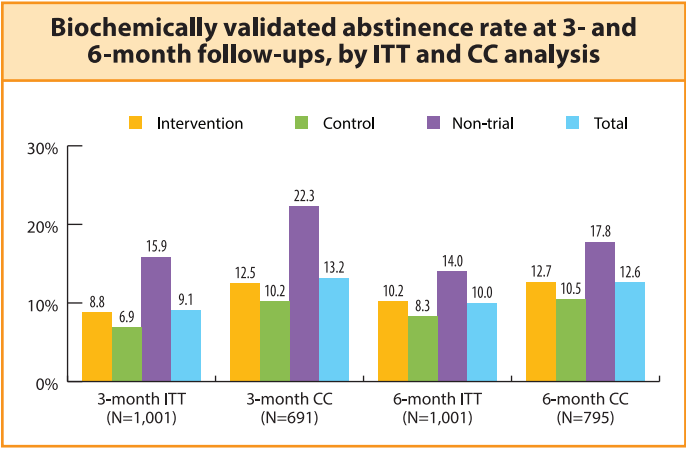
Figure 7



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

The overall biochemically validated quit rate was 9.1% at 3-month and 10.0% at 6-month by ITT analysis. The intervention group and control group showed similar biochemically validated abstinence rate at both follow-ups by ITT and CC analysis (Figure 8).

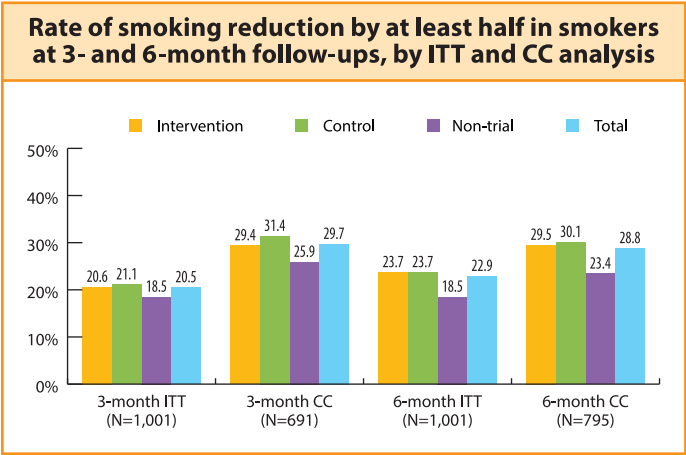
Figure 8



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

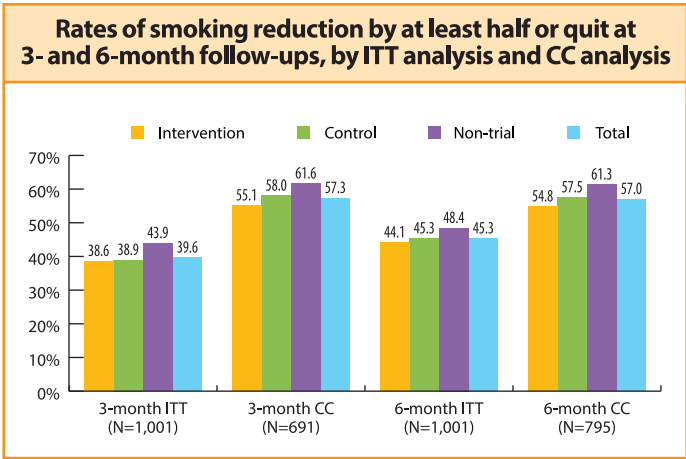
By ITT analysis, the proportion of participants who cut their daily cigarette consumption by half or more after joining the 10<sup>th</sup> QTW Contest was 20.5% at 3-month and 22.9% at 6-month among those who failed to quit (Figure 9). No significant difference in smoking reduction rate was recorded between the intervention group and control group at all follow-ups (all P>0.05).

Figure 9



By ITT analysis, the overall smoking reduction or quit rate were 39.6% and 45.3% at 3- and 6-month follow-ups, respectively (Figure 10). The smoking reduction or quit rates were similar in the intervention and control groups at 3-month (38.6% vs. 38.9%; P=0.944) and at 6-month (44.1% vs. 45.3%; P=0.729) follow-ups. CC analysis yielded similar results.

Figure 10



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

There were 798 referral requests to smoking cessation services made by 634 participants (63.3%) of the 10<sup>th</sup> QTW Contest. The cumulative number of referral requests were 276 (65.4%) in the intervention group, compared to 255 (60.4%) in the control group (Table 3).

**Table 3. Status of referral to smoking cessation service in all participants (N=1,001).**

	Total (N=1,001)	Intervention (N=422)	Control (N=422)	Non-trial (N=157)
Had made a referral request	634 (63.3)	276 (65.4)	255 (60.4)	103 (65.6)

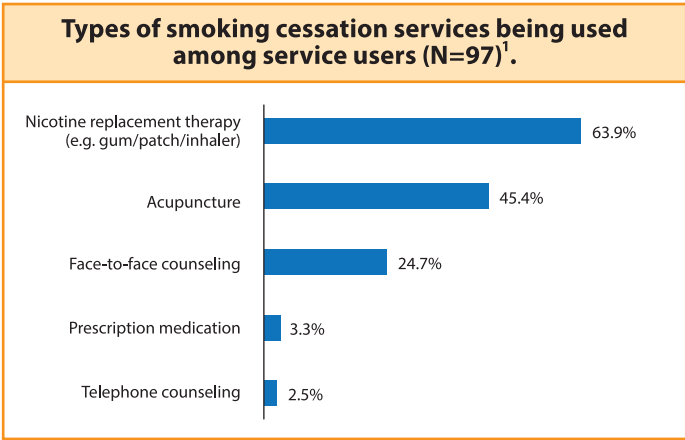
Table 4 shows 22.0% of all participants had used smoking cessation services at least once during the 6-month period after baseline. The cumulative prevalence of smoking cessation service use was similar in the intervention group and the control group at all follow-ups (all P>0.05). The increases were more than two folds during 6-month and shown similar situation between the intervention and control group.

**Table 4. Use of smoking cessation service (N=1,001)**

	Total (N=1,001)	Intervention (N=422)	Control (N=422)	Non-trial (N=157)
1-month	107 (10.7%)	43 (10.2%)	48 (11.4%)	16 (10.2%)
2-month	155 (15.5%)	66 (15.6%)	65 (15.4%)	24 (15.3%)
3-month	193 (19.3%)	85 (20.1%)	77 (18.2%)	31 (19.7%)
6-month	220 (22.0%)	97 (23.0%)	90 (21.3%)	33 (21.0%)

Among all service users in the intervention group, 97 reported the type of treatment used. The most frequently received treatment from the SC services was nicotine replacement therapy (NRT) (63.9%), followed by acupuncture (45.4%) and face-to-face counseling (24.7%) (Figure 11).

Figure 11



<sup>1</sup> Participants could choose more than one option.

In the intervention group, the majority of participants who did not use SC service responded that “rely on oneself” (73.7%) and “too busy” (73.3%) are the reasons for not using.

**Self-efficacy of quitting**

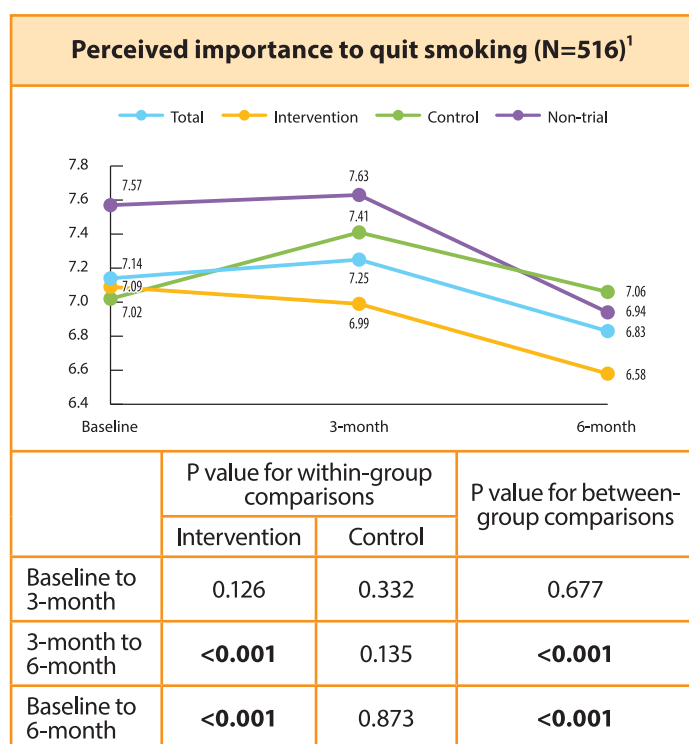
In a scale of 0 (minimum) to 10 (maximum), the mean (SD) score of perceived importance to quit smoking, perceived difficulty to quit smoking, and perceived confidence to quit smoking in all participants at baseline was 7.14 (2.59), 6.72 (2.69) and 5.55 (2.55), respectively.



## Perceived importance to quit smoking

Among participants whose data were available at all time-points, the mean scores of perceived importance to quit smoking slightly increased in control group from baseline to 3-month (7.02 vs. 7.41,  $P=0.332$ ) and then dropped in 6-month (7.41 vs. 7.06,  $P=0.135$ ). In contrast, the mean scores in intervention group decreased from baseline to 3-month (7.09 vs. 6.99,  $P=0.126$ ) and significantly from 3-month to 6-month (6.99 vs. 6.58,  $P<0.001$ ). Hence, the mean score in intervention group significantly declined from baseline to 6-month follow up ( $P<0.001$ ) (Figure 12).

**Figure 12**

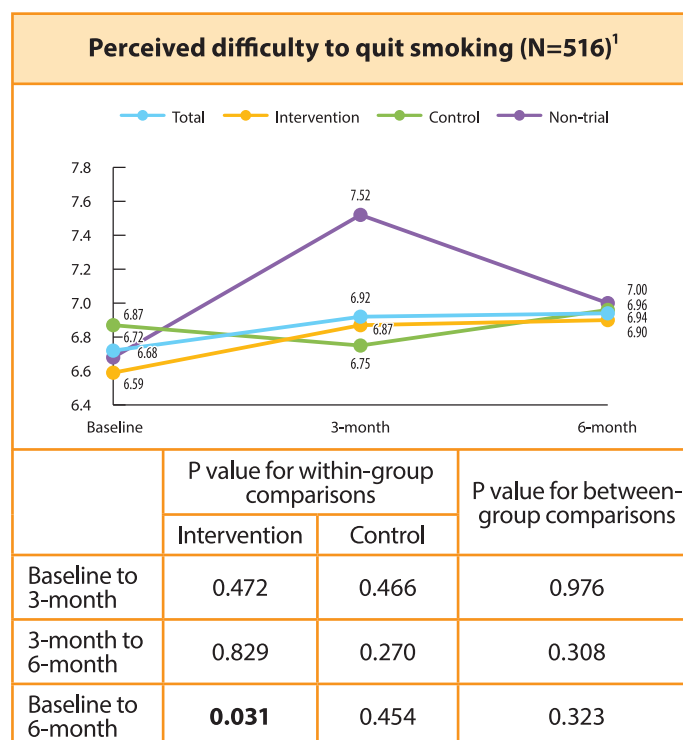


<sup>1</sup> From 0 (not important at all) to 10 (very important); missing data excluded.

## Perceived difficulty to quit smoking

In participants whose data were available at all time-points, the mean score of perceived difficulty in both RCT groups increased from baseline to 6-month, although the change in the control group was insignificant ( $P=0.454$ ). The mean scores from baseline to 6-month follow-up in intervention group significantly increased (6.59 vs. 6.90;  $P=0.031$ ). No significant difference was found in the mean score of perceived difficulty to quit smoking between the intervention and control groups ( $P>0.05$  for all) (Figure 13).

**Figure 13**

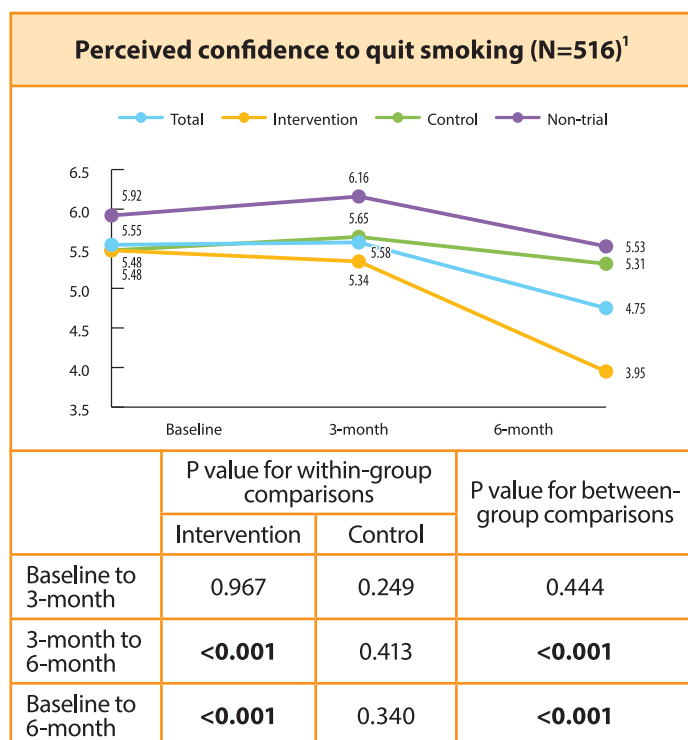


<sup>1</sup> From 0 (not important at all) to 10 (very important); missing data excluded.

## Perceived confidence to quit smoking

Figure 14 shows significant decrease in the mean scores of perceived confidence to quit smoking from baseline to 6-month (5.48 vs. 3.95;  $P<0.001$ ) or from 3-month and 6-month (5.34 vs. 3.95;  $P<0.001$ ) for intervention group. Control group also experienced a declining pattern from baseline to 6-month but not significant. Perceived confidence in control group increased from baseline to 3-month (5.48 vs. 5.65;  $P=0.249$ ) and then decreased from 3-month to 6-month (5.65 vs. 5.31;  $P=0.413$ ). There were significant decreases for intervention group in follow-ups from baseline to 6-month and 3-month to 6-month ( $P<0.001$  for both).

**Figure 14**

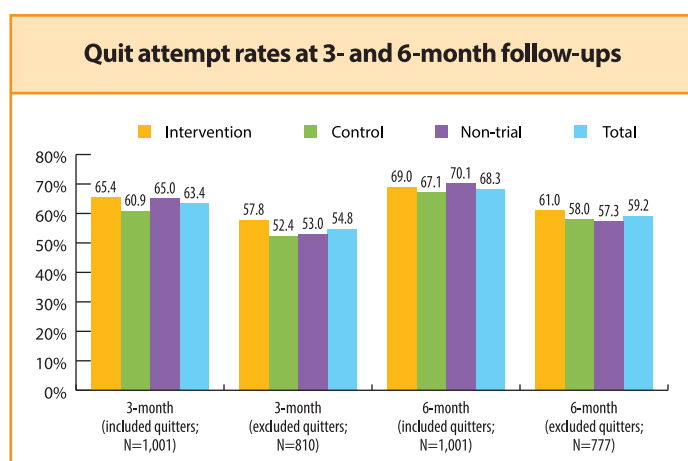


<sup>1</sup> From 0 (not confident at all) to 10 (very confident); missing data excluded.

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

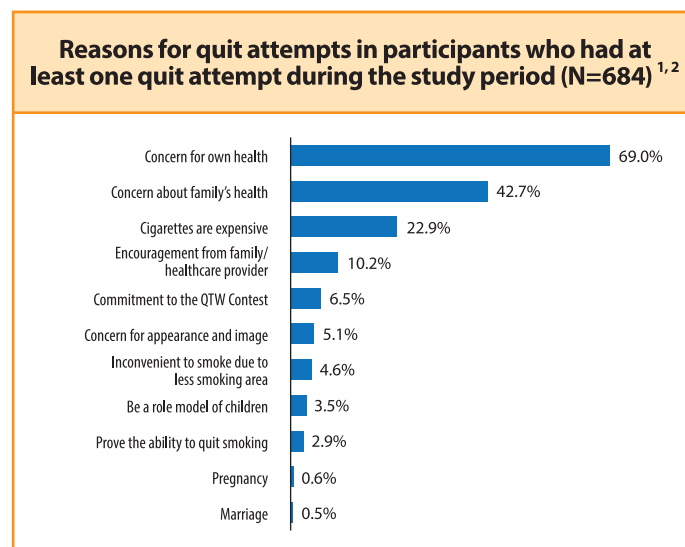
By ITT analysis, with inclusion of quitters, the proportion of participants with at least one quit attempt was 63.4% at 3-month and 68.3% at 6-month follow-up. The respective rates were 54.8% and 59.2% when quitters were excluded. The proportion of participants with a quit attempt at 3- and 6-month were significantly higher in the intervention group than in the control group with inclusion of quitters ( $P<0.01$ ), and the results were consistent when excluded quitters ( $P<0.01$ ). (Figure 15).

**Figure 15**



Among participants who made at least one quit attempt during the study period, the leading reasons for making the quit attempts were “concern for own health” (69.0%), followed by “concern about family’s health” (42.7%) and “cigarettes are expensive” (22.9%) (Figure 16).

**Figure 16**

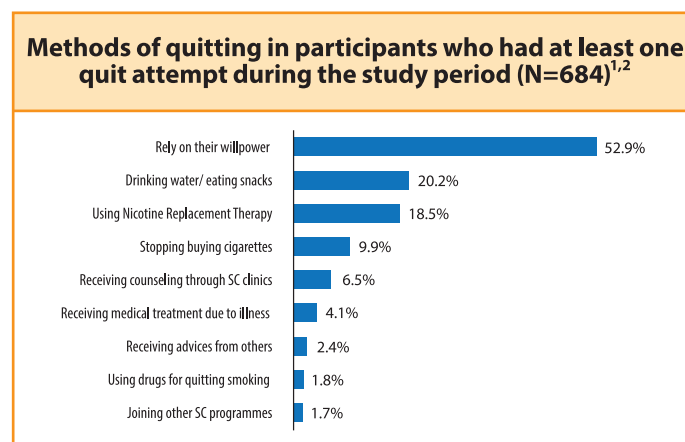


<sup>1</sup> Participants who were lost to follow-up were excluded.

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

For participants who made at least a quit attempt, the most common methods to quit smoking were “rely on their willpower” (52.9%), “drinking water/ eating snacks” (20.2%) and “using nicotine replacement therapy” (18.5%) (Figure 17).

**Figure 17**

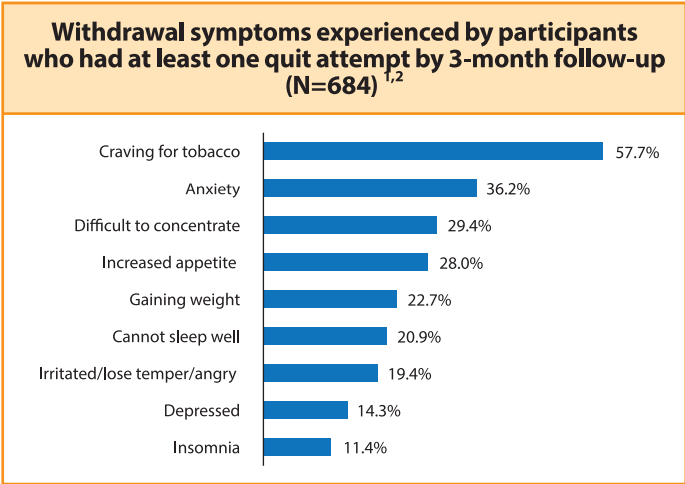


<sup>1</sup> Participants who were lost to follow-up were excluded.

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

Withdrawal symptoms were assessed at 1-, 2- and 3-month follow-ups. Among the participants who had at least one quit attempt, the most common withdrawal symptoms were “craving for tobacco” (57.7%), followed by “anxiety” (36.2%) and “difficult to concentrate” (29.4%) (Figure 18).

Figure 18



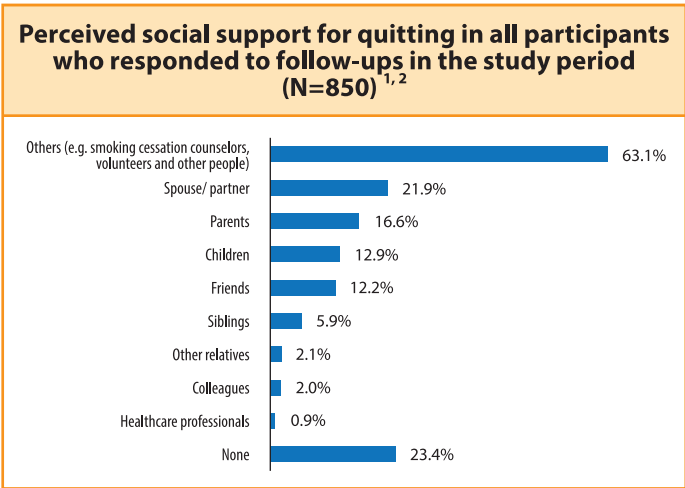
<sup>1</sup> Participants who were lost to follow-up were excluded.

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

**Perceived social support for quitting**

Among the participants who responded to 3- and/or 6-month follow-ups, the most common sources of perceived support were from “smoking cessation counselors, volunteers and other people” (63.1%), “spouse/partner” (21.9%), followed by “parents” (16.6%) and “children” (12.9%), and “friends” (12.2%) (Figure 19). However, about one-fourth (23.4%) of participants perceived no social support.

Figure 19



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

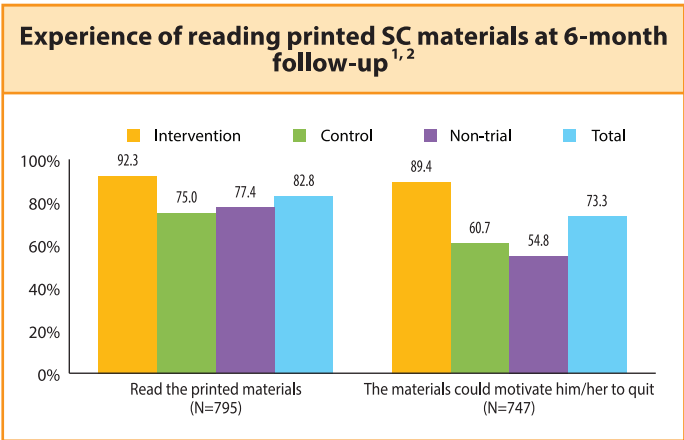
<sup>2</sup> Participants could choose more than one option.

**Use and satisfaction of smoking cessation aids provided**

**Printed materials**

Among the participants who responded to the 6-month follow-up, most (82.8%) reported having read the printed SC materials (Figure 20). More participants in the intervention group read the printed SC materials (92.3% vs. 75.0%;  $P<0.01$ ) and think that they could be motivated by SC materials to quit (89.4% vs. 60.7%;  $P<0.01$ )

Figure 20

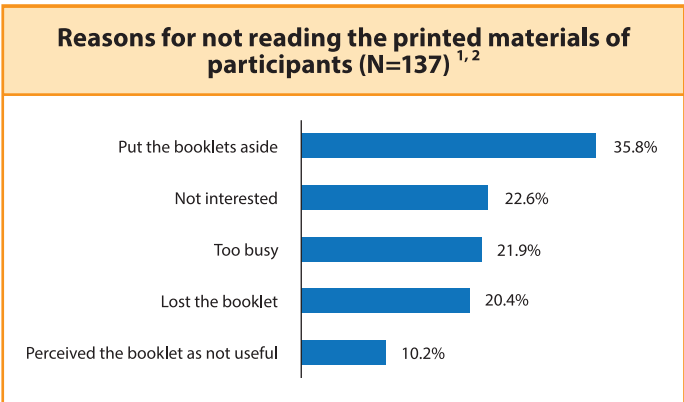


<sup>1</sup> Participants who were lost to follow-up were excluded.

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

Among the participants who had never read the printed SC materials, “put the booklet aside” was the most frequently reported reason (35.8%), which was followed by “not interested” (22.6%) and “too busy” (21.9%) (Figure 21).

Figure 21



<sup>1</sup> Participants could choose more than one option.

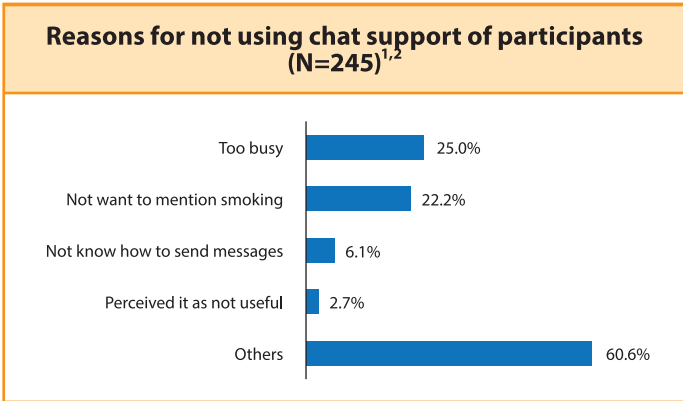
<sup>2</sup> Participants who were lost to follow-up at 6-month or with missing data were excluded.

Analyses of the intervention effect on smoking cessation outcomes

Experience of using chat support (PIM) in intervention group only

In intervention group, 28.6% of participants who responded to the 6-month follow-up used chat support. The most common reasons of not using the chat support are “too busy” (25.0%), “not want to mention smoking” (22.2%), “not know how to send messages” (6.1%) and “perceived it as not useful” (2.7%) (Figure 22).

Figure 22

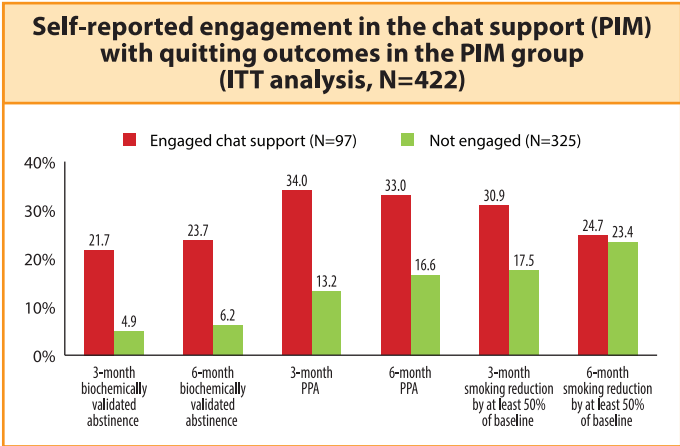


<sup>1</sup> Participants could choose more than one option.  
<sup>2</sup> Participants who were lost to follow-up at 6-month or with missing data were excluded.

Self-reported engagement in the chat support (PIM) with quitting outcomes

By ITT analysis, the participants actively engaged in the chat support (those who reported have replied at least two messages, confirmed by conversation log) had significantly higher validated abstinence and self-reported 7-day PPA at 3- and 6-month follow-ups (all  $P<0.001$ ). The smoking reduction by at least half of baseline at 3-month was higher in participants actively engaged in the chat support than those who were not engaged (30.9% vs 17.5%,  $P=0.003$ ) but no significant difference at 6-month (24.7% vs 23.4%,  $P=0.78$ ) (Figure 23).

Figure 23

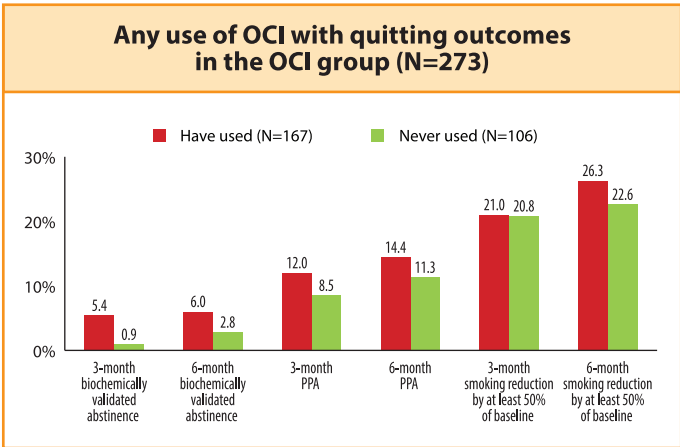


PPA: Self-reported 7-day point-prevalence abstinence  
Reduction by at least 50%: exclude quitters.

Any use of OCI with quitting outcomes in the OCI group

Among all 273 participants of the OCI group, 61.2% had ever used any of the OCI component. The participants who ever used OCI had slightly higher validated abstinence than those who had not used at 6-month (6.0% vs. 2.8%,  $P=0.25$ )(Figure 24). Self-reported abstinence and smoking reduction were also not significantly higher for those who have engaged the OCI ( $P$  ranged 0.095-0.97).

Figure 24



PPA: Self-reported 7-day point-prevalence abstinence  
Reduction by at least 50%: exclude quitters.



## 4. Discussion

From June to September 2019, the 10<sup>th</sup> “Quit to Win” Contest successfully spread the smoking cessation messages in the community by holding 82 recruitment sessions in shopping malls and streets with the helps from 72 university students, NGO helpers and volunteers in 18 districts throughout Hong Kong. About 7,700 smokers were approached by the Smoke-free counselors and 1,143 smokers participated in the Contest. By intent-to-treat analysis, the overall self-reported abstinence rate was 19.1% at 3-month and 22.4% at 6-month for all participants. The abstinence rate of the 10<sup>th</sup> “Quit to Win” Contest was the highest compared with the previous results.

A novel study design, SMART, was nested with the 10<sup>th</sup> QTW Contest to examine the effectiveness of a personalized, real-time, interactive chat-based intervention adapted with additional cessation supports for non-quitters (PIM group) compared with the generic smoking cessation messages adapted with chat support for non-quitters (RIM group). The significance of the study is that it is the first SMART conducted to identify specific adaptive intervention strategies that better address the continue smokers to a successive cessation provided in a scalable community setting. Given its pragmatic study design, this study embedded and tested two mHealth intervention approaches delivered via a prevalent, convenient, and low-cost instant messaging app installed in smartphone. In the 8<sup>th</sup> QTW Contest, participants who continued to smoke after receiving the interactive chat-based cessation support noted the need for more personalized and adaptive interventions. The premise that intervention needs to adapt systematically to the changing needs and experiences of the individuals provides a framework that closely resembles clinical practice and is consistent with the management of chronic disorders such as smoking<sup>15</sup>.

In this study, participants receiving the PIM-based adaptive intervention showed higher validated abstinence at 6-month. However, the findings did not support an overall superior effect of PIM across all quitting outcomes. RIM group reported a similar self-reported 7-day PPA, smoking reduction, and reported more quit attempts across the 4 follow-ups. Nevertheless, both the PIM and RIM intervention produced satisfactory abstinence rate as compared with previous smoking cessation programme using similar mHealth intervention. When accounting for the combined intervention strategy, mHealth-based smoking cessation intervention delivered via instant messaging was feasible and effective either with or without the interactive chat-based support. This finding suggests an overall benefit of behavioural support delivered via mHealth interventions.

By using an adaptive smoking cessation intervention that tailored to the individual responses in terms of the smoking status, interactivity, and preferred treatment, this trial offered a valuable opportunity to optimize the treatment with its flexibility. Personalized adaptive intervention approach was expected to have an important role in improving smoking cessation outcomes by better addressing the specific needs of the continued smokers at an individual-level. However, the results in this study implied that the designed adaptation

strategies for a more personalized intervention have not yet improved effectiveness compared with continued & fired strategies. Similar findings were reported in a recent systematic review and meta-regression of individual-level smoking cessation intervention (e.g. telephone interview, text messages, financial incentive, brief advice) tailored to the socioeconomic position, which found no consistent evidence of the superior effect of a more personalized intervention (adjusted odd ratio 1.01, 95%CI 0.81 to 1.27)<sup>16</sup>. However, a direct comparison with prior smoking cessation studies was not feasible due to different study design, participants’ characteristics, settings, and the intervention components and intensity.

This trial further highlighted the challenges in achieving improved smoking cessation through adapting the mHealth-based behavioural intervention with a combination of additional cessation support or in a higher intensity. Findings from this study should be considered in light of its several limitations. First, due to the nature of multiple adaptive interventions, the study provides little insight into the mechanisms and effect of each intervention component. Second, the sequence of the intervention components also raises the question whether the pattern of results would be similar if more personalized supports were offered first. However, in keeping with the principle of stepped care, the ultimate goal of this SMART is to inform an adaptive intervention where the more resource-intensive support (e.g. OCI) would be provided only when the initial and less costly intervention (e.g. instant messaging) is not sufficient. Third, the trial participants were predominantly male (82.1%), which was because of the much higher smoking prevalence in male than in female in Hong Kong (18.1% vs. 3.2%)<sup>1</sup>. The effect of such personalized intervention in smoking population (e.g. in most western countries) with higher ratio in female smokers warranted further investigation. Finally, as participants were recruited from the community settings, the generalizability of the findings for smokers in clinical settings and those who actively seek for smoking cessation treatment remained unknown.

## 5. Conclusions

In conclusion, the 10<sup>th</sup> “Quit to Win” Smoke-free Community Campaign, encompassing smoking cessation counselors training, the “Quit to Win” Contest, smoke-free community promotion and a trial, successfully delivered smoke-free messages to a large number of non-smokers and promoted smoking cessation in smokers in the community. Interactive mobile instant messaging was potent and promising in combination of additional cessation support for smoking abstinence. Moreover, carrying out a SMART was feasible in informing an efficacious adaptive intervention in a cohort of largely unmotivated smokers from community. Further research on adaptive interventions for those with poor treatment responses are needed to advance the sequenced intervention strategy and with longer follow-up (e.g. 12 months) period.

## 6. Clinical trial Registration

Trial registry: ClinicalTrials.gov, number NCT03565796.

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# 加強控煙政策以防止二手煙

## 控煙政策調查 2021

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### 1. 引言

吸煙是導致早死的主因。每兩個吸煙者中就有一個因吸煙而提早死亡。據估計，香港每年有超過 6,100 人因吸煙而死亡，主要患上癌症和心血管疾病等非傳染性疾病所引致。<sup>1</sup>

吸煙亦會傷害非吸煙者，因為二手煙含超過 7,000 種化學物質，其中包括至少 69 種致癌物。<sup>2</sup> 接觸二手煙會增加患上嚴重疾病的風險，如呼吸系統疾病、心血管疾病和癌症。<sup>3</sup> 嬰兒或兒童接觸二手煙亦會導致嬰兒猝死症、急性呼吸道感染、耳部疾病及頻發或嚴重哮喘。<sup>3</sup> 在 2011 年，香港有近 700 名非吸煙者因二手煙導致的呼吸系統疾病、慢性阻塞性肺病、肺癌、缺血性心臟病和腦血管疾病（中風）而喪生。<sup>1</sup> 每年二手煙導致的經濟損失估算為港幣 10.8 億元。<sup>1</sup> 二手煙接觸並沒有安全水平，因此有必要持續減低吸煙率以保護非吸煙者免受二手煙危害。

政府自 1982 年制定《吸煙（公眾衛生）條例》（第 371 章）以來，逐步推出更嚴厲的控煙政策以減少市民接觸二手煙。首個法定禁煙區在 1982 年在公共升降機和陸路公共交通工具下層實施。法定禁煙區在 1992 年起擴大至電影院、劇院、音樂廳、遊戲機中心及所有交通工具，其後於 1998 年擴大至部分室內公共場所（如商場及銀行）。在 2007 年，室內公共場所實施全面禁煙，包括工作場所、食肆、街市、幼稚園、學校、學院和醫院的室內及室外區域，以及部分室外公共場所，如公眾泳池和海灘、自動扶手電梯和公共遊

樂場地，亦被列為法定禁煙區。自 2009 年以來，有更多室外公共運輸設施禁止吸煙，其中包括 2016 年起在八個隧道及高速公路的巴士轉乘處禁止吸煙。

多項本地研究指出 2007 年大幅擴大法定禁煙區帶來正面影響。香港大學青少年戒煙熱線於法例實施後九個月內接收電話查詢數字增加了 26%。<sup>4</sup> 由母親報告嬰兒接觸二手煙的百分比有大幅減少（由 2005/06 年的 87.2% 減到 2007/08 年的 29.3%），而母親保護嬰兒免受二手煙傷害的行動亦有所增加，意味著有關法例增強了公眾對二手煙的認知，並異化了吸煙行為。<sup>5</sup> 長遠而言，是次擴大禁煙區減少兒童因下呼吸道感染而住院，<sup>6</sup> 每年挽救約 1,000 人的性命。<sup>7</sup>

除了逐步擴大法定禁煙區，減少吸煙人口對於保護非吸煙者免受二手煙傷害也是極其重要。在香港，每天吸食捲煙的人口百分比已從 1982 年的 23.3% 大幅下降至 2021 的 9.5%，當中男士吸煙率的減幅尤為顯著（由 39.7% 下降至 16.7%）<sup>8</sup>，反映出多管齊下的控煙政策成果。然而，近年來控煙政策並未得到大幅加強，而吸煙率亦漸趨平穩。這似乎表明現有控制政策可能無助進一步淘汰吸煙行為。<sup>9</sup> 為了對終結煙草流行作出決定性一擊，政府需要推出新穎且嚴厲的政策令吸煙率降至非常低的水平（如 5%），從而營造一個有利全面禁煙的氛圍。

自 2013 起，香港吸煙與健康委員會進行了一系列控煙政策調查（下稱「調查」），包括九次透過家居電話與兩次手提電話訪問，以收集吸煙相關議題的數據，如吸煙情況、接觸二手煙的情況、控煙政策的影響，以及對目前和未來控煙政策的意見。調查結果用於倡議擴大法定禁煙區、擴大煙害圖象警示、全面禁止另類吸煙產品（另類煙）及其他控煙措施，在推廣無煙香港擔當重要角色。

本報告會探討 (1) 接觸二手煙的情況；(2) 法定禁煙區；及 (3) 煙草終局的相關事項，亦會討論未來將會倡議的控煙政策。

## 2. 方法

### 2.1 研究設計及受訪者

控煙政策調查 2021 是一個橫斷面家居及手提電話調查，於 2021 年 3 月至 7 月期間進行。受訪者為年滿 15 歲及懂廣東話之香港居民，共分成三組：(1) 現時吸煙者—每天或偶爾吸食任何吸煙產品；(2) 已戒煙者—曾經吸食任何吸煙產品但已停用；及 (3) 從不吸煙者—從未吸食過任何吸煙產品。香港民意研究所負責為調查收集數據。為顧及從事不同行業受訪者的工作時間，電話訪問於星期一至日下午 2 時 30 分至晚上 10 時 30 分之間進行。訪問員於不同日子及時間致電每個隨機選出的電話號碼，若致電五次後仍無法聯絡，該號碼則被歸類為「未能聯絡」。除了部分願意參與後續調查的受訪者外，所有訪問均匿名進行。受訪者有權隨時退出研究而無須提供原因，並且沒有後果。

### 2.2 抽樣方法及選取受訪者

本調查共訪問了 5,112 位受訪者，包括 1,701 位為現時吸煙者、1,710 位為已戒煙者及 1,701 位從不吸煙者。各個吸煙組別中，一半受訪者接受家居電話訪問，而另一半則接受手提電話訪問。在家居電話訪問方面，我們首先從家居電話簿中隨機抽取電話號碼作為種子號碼，然後由電腦程式對種子號碼「加減 1 或 2」產生新一組號碼，從而涵蓋未收錄在電話簿的電話號碼。重覆的號碼會被刪除，而剩餘號碼會以隨機次序建立最終抽樣框架。當成功聯絡到一個目標住戶時，我們會以「下一個生日」方法，選出一位合符資格的家庭成員作為受訪者。在手提電話訪問方面，我們首先從通訊事務管理局辦公室的號碼計劃分配予流動電訊服

務供應商的手提電話的首個數字產生隨機號碼，並以隨機次序建立最終抽樣框架。只有該手提電話號碼的使用者會被訪問。由於香港的已戒煙者和現時吸煙者的比例相對較少，該兩組採用了超取樣並作加權處理，以獲得更精確的推算和詳細分析。

### 2.3 問卷設計

本調查的問卷主要根據過往調查的問卷設計，並問及吸煙相關的新興議題。問卷分為核心問題及隨機問題兩個部分。所有受訪者均需回答核心問題，包括吸煙情況、新冠肺炎與吸煙習慣、戒煙時間及吸煙熱點等。受訪者會被隨機分配至一個亞組（現時吸煙者分為六組、已戒煙者分為四組、從不吸煙者分為兩組）回答與其吸煙狀況相關的隨機問題。這些隨機問題包括接觸二手煙的情況 ( $n=2,273$ )、法定禁煙區 ( $n=2,260$ ) 及煙草終局 ( $n=1,839$ ) 等。同一個亞組的受訪者需回答同樣的隨機問題。

### 2.4 權重及統計分析

整體樣本按 2021 年香港人口的性別、年齡及吸煙狀況分佈加權處理（不包括入住政府機構／其他院舍內的人士、外籍家庭傭工及水上居民）。<sup>8</sup> 我們對目標變量進行單變量分析，並按吸煙狀況、吸食特定吸煙產品（不論有否吸食其他產品）或性別劃分。組別間的差異以卡方檢驗及線性回歸測定。所有統計分析以 STATA (版本 15.1, TX: StataCorp LP) 進行，統計上顯著性水平定為  $P < 0.05$ 。



### 3. 結果

#### 3.1 樣本的社會人口特徵

表一 加權樣本的社會人口特徵 (以吸煙狀況劃分)

	從不吸煙者 (n=1,701) (%)	已戒煙者 (n=1,710) (%)	現時吸煙者 (n=1,701) (%)	總數 (n=5,112) (%)	P 值
性別					<0.001
男性	40.1	84.8	82.2	47.1	
女性	59.9	15.2	17.8	52.9	
年齡 (歲)					<0.001
15-29	18.4	2.4	9.1	16.6	
30-39	16.2	8.4	17.0	15.9	
40-49	15.8	12.6	25.1	16.6	
50-59	17.8	20.1	21.8	18.4	
60 或以上	30.6	55.8	26.3	31.6	
不知道 / 拒答	1.2	0.8	0.9	1.0	
教育程度					<0.001
小學或以下	12.9	17.9	12.2	13.0	
中學	45.6	54.0	60.0	47.5	
大專 / 大學或以上	40.7	27.2	27.1	38.6	
不知道 / 拒答	0.8	1.0	0.7	0.8	
就業情況					<0.001
受僱人士	45.6	43.1	68.1	47.9	
學生	10.2	0.4	1.1	8.8	
無酬家庭從業者	16.4	5.2	3.6	14.5	
失業人士	3.6	3.7	6.1	3.8	
退休	23.0	46.8	20.3	24.0	
不知道 / 拒答	1.3	0.8	0.9	1.1	

結果按 2021 年香港人口的性別、年齡及吸煙狀況分佈加權處理。

卡方檢驗測定了吸煙狀況差異。

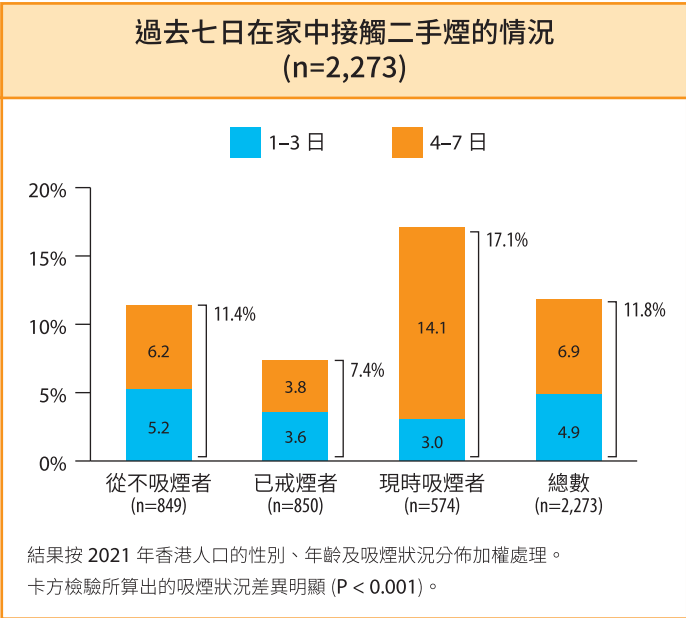
表 1 顯示現時吸煙者 (73.2%) 和已戒煙者 (88.5%) 比從不吸煙者 (64.2%) 更有可能是 40 歲或以上人士 ( $P<0.001$ )。教育水平達到大專 / 大學或以上的比例的從不吸煙者 (40.7%) 較已戒煙者 (27.2%) 和現時吸煙者 (27.1%) 更普

遍 ( $P<0.001$ )。現時吸煙者為受僱人士的比例 (68.1%) 較從不吸煙者 (45.6%) 和已戒煙者 (43.1%) 更高 ( $P<0.001$ )。

3.2 接觸二手煙的情況

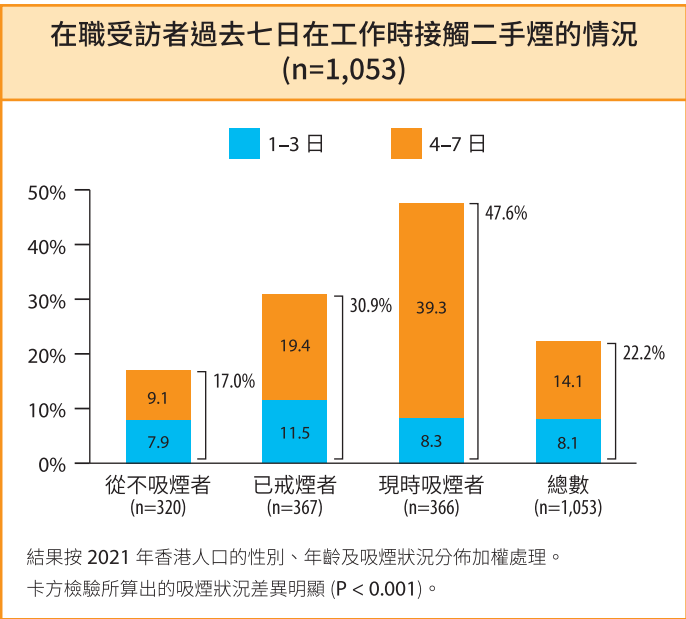
約六成 (57.6%) 受訪者表示過去七日內，曾在家中、工作場所或其他地方接觸到二手煙。圖一顯示 11.8% 的受訪者在過去七日內在家接觸到二手煙，其中 6.9% 有較頻繁的接觸，有四至七日。現時吸煙者中，在家接觸到二手煙的比例 (17.1%) 較從不吸煙者 (11.4%) 和已戒煙者 (7.4%) 更高 ( $P<0.001$ )。

圖一



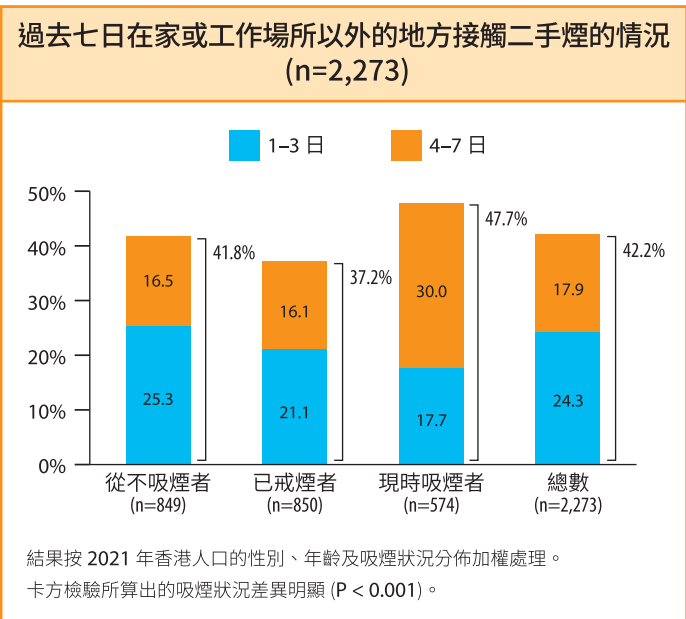
圖二 顯示在過去七日內，有 22.2% 的在職受訪者在工作場所內接觸到二手煙，其中 14.1% 有四至七日接觸到二手煙。現時吸煙者在工作場所接觸到二手煙的比例 (47.6%) 較從不吸煙者 (17.0%) 和已戒煙者 (30.9%) 高 ( $P<0.001$ )。

圖二



圖三 顯示 42.2% 的受訪者在家或工作場所以外地方接觸到二手煙，其中 17.9% 有四至七日接觸到二手煙。現時吸煙者 (47.7%) 較從不吸煙者 (41.8%) 和已戒煙者 (37.2%) 更普遍在上述地方接觸二手煙 ( $P<0.001$ )。

圖三



**表二 家中及工作場所以外接觸二手煙的地方 (n=924)**

	從不吸煙者 (n=342) (%)	已戒煙者 (n=320) (%)	現時吸煙者 (n=262) (%)	總數 (n=924) (%)	P 值
街上	75.5	69.9	59.3	73.3	<0.001
公園和其他休憩地方	11.9	14.4	4.9	11.2	<0.001
公共交通工具候車處	11.7	7.8	4.9	10.6	<0.001
垃圾桶旁邊	7.7	7.2	20.7	9.2	<0.001
室內商場、百貨公司、街市、超級市場	9.0	5.2	0.9	7.9	<0.001
後樓梯	6.0	5.1	4.7	5.8	<0.001
戶外餐廳	3.3	4.0	5.2	3.6	<0.001
公共交通工具內	4.2	0.8	0.0	3.5	<0.001
辦公大樓出入口外	3.0	1.0	1.7	2.8	<0.001
住宅屋苑出入口外	2.7	3.1	0.9	2.5	<0.001

結果按 2021 年香港人口的性別、年齡及吸煙狀況分佈加權處理。

卡方檢驗測定了吸煙狀況差異。

表二 顯示了在過去七日接觸到二手煙的受訪者中，在家中及工作場所以外接觸到二手煙的場所當中，最為普遍的是在街上 (73.3%)，其次為公園和其他休憩地方 (11.2%)、公共交通工具候車處 (10.6%)、垃圾桶旁邊 (9.2%)、室內商場、百貨公司、街市、超級市場 (7.9%)、後樓梯 (5.8%)、戶外餐廳 (3.6%)、公共交通工具內 (3.5%)、辦公大樓出入口外 (2.8%) 和住宅屋苑出入口外 (2.5%)。

總括而言，在此調查涵蓋的大部分地方當中，非吸煙者（包括從不吸煙者和已戒煙者）接觸到二手煙的情況較現時吸煙者更為普遍。然而，在潛在的吸煙熱點，現時吸煙者接觸到二手煙的比例顯著高於從不吸煙者和已戒煙者，如垃圾桶旁邊 (20.7% 比 7.7% 比 7.2%) ( $P<0.001$ ) 和戶外餐廳 (5.2% 比 3.3% 比 4.0%) ( $P<0.001$ )。

### 3.3 法定禁煙區

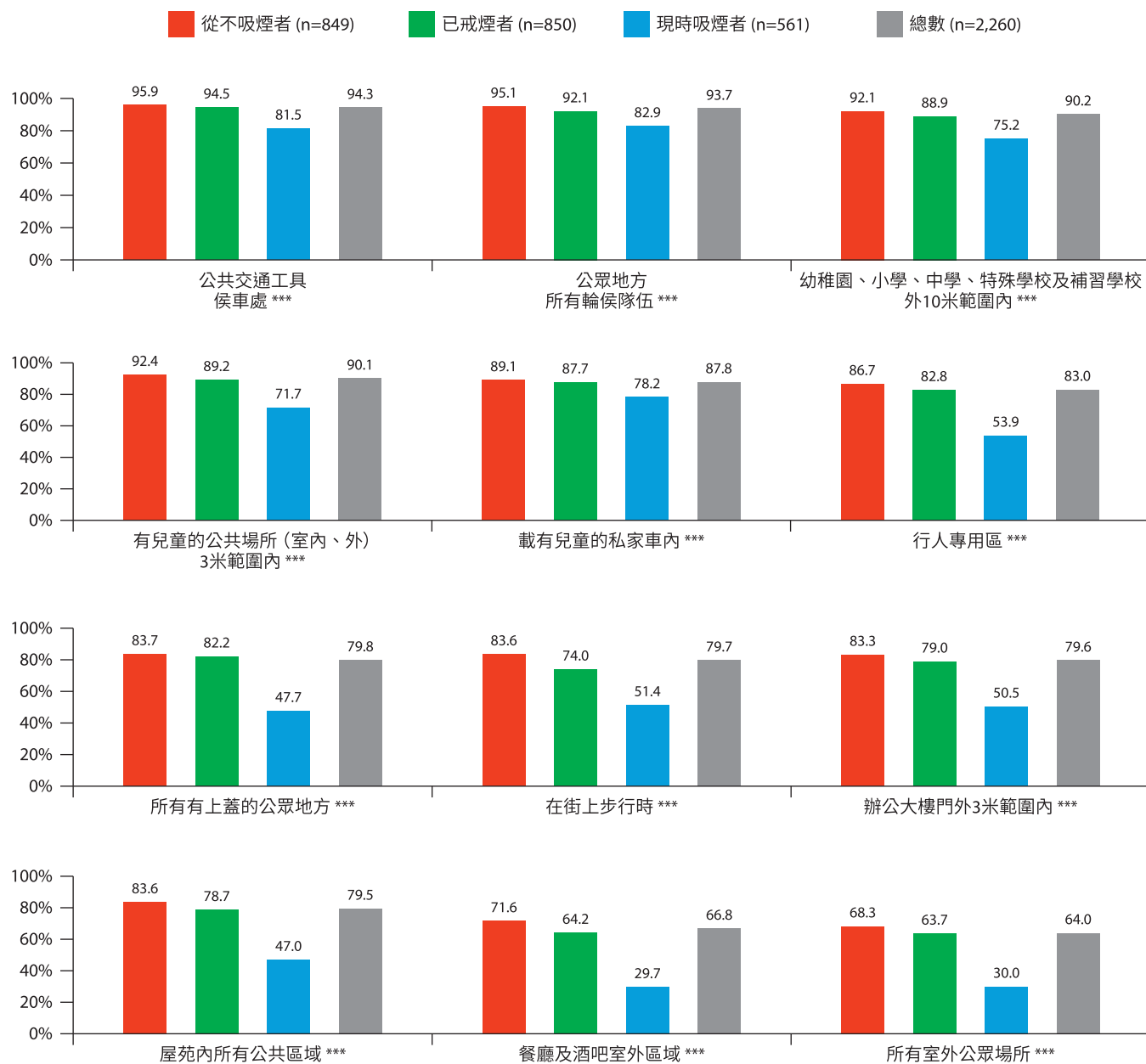
圖四 顯示市民對於擴大禁煙區的強烈支持。大部分同意將禁煙區擴大到公共交通工具候車處 (94.3%)、公眾地方所有輪候隊伍 (93.7%)、幼稚園、小學、中學、特殊學校及補習社外十米範圍內 (90.2%)、有兒童的公共場所（室內及室外）三米範圍內 (90.1%)、載有兒童的私家車 (87.8%)、

行人專用區 (83.0%)、所有有上蓋的公眾地方 (79.8%)、在街上步行時 (79.7%)、辦公大樓門外三米範圍內 (79.6%)、屋苑內所有公共區域 (79.5%) 和餐廳及酒吧室外區域 (66.8%)。近三分二 (64.0%) 支持於所有室外公眾場所禁煙。

擴大禁煙區至上述所有地方在從不吸煙者和已戒煙者中均獲得壓倒性支持。雖然現時吸煙者的支持普遍率較低，但仍有過半數支持將禁煙區擴大至大部分地方。其中，超過三分二的現時吸煙者支持將公眾地方所有輪候隊伍 (82.9%)、公共交通工具候車處 (81.5%)、載有兒童的私家車 (78.2%)，和幼稚園、小學、中學、特殊學校及補習社外十米範圍內 (75.2%) 劃為禁煙區。他們對於禁止在餐廳和酒吧室外區域 (29.7%) 和所有室外公眾場所 (30.0%) 吸煙的支持率為最低。

圖四

### 支持將特定地方劃入法定禁煙區的比例 (n=2,260)



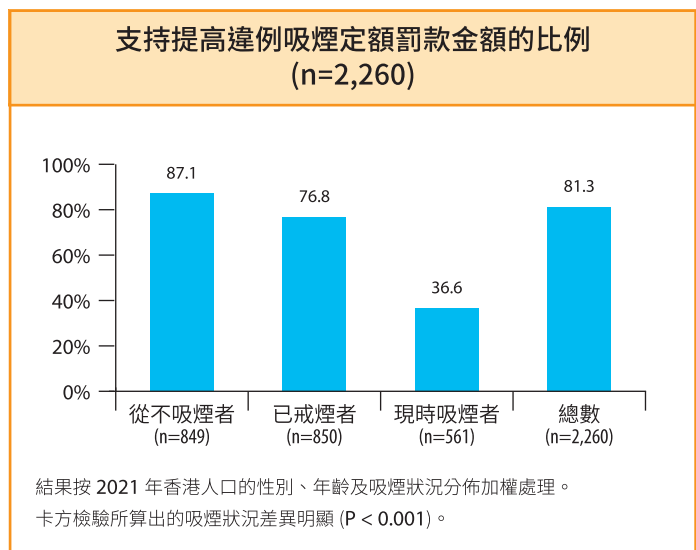
結果按 2021 年香港人口的性別、年齡及吸煙狀況分佈加權處理。

卡方檢驗所算出的吸煙狀況差異明顯 (\*\*\*)  $P < 0.001$ 。



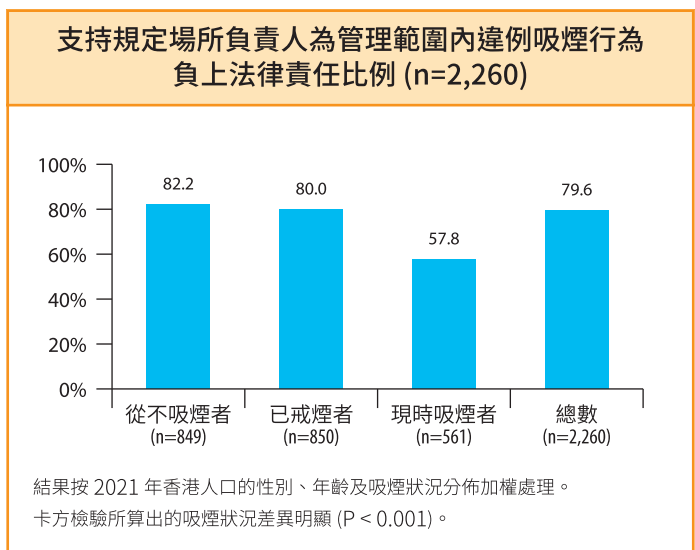
現時，在禁煙區吸煙、攜帶已點燃的捲煙、雪茄或煙斗或使用另類煙，可被定額罰款港幣 1,500 元。圖五顯示 81.3% 的受訪者支持提高在禁煙區違例吸煙的定額罰款金額。支持率在現時吸煙者 (36.6%) 中較從不吸煙者 (87.1%) 和已戒煙者 (76.8%) 低 ( $P < 0.001$ )。

圖五



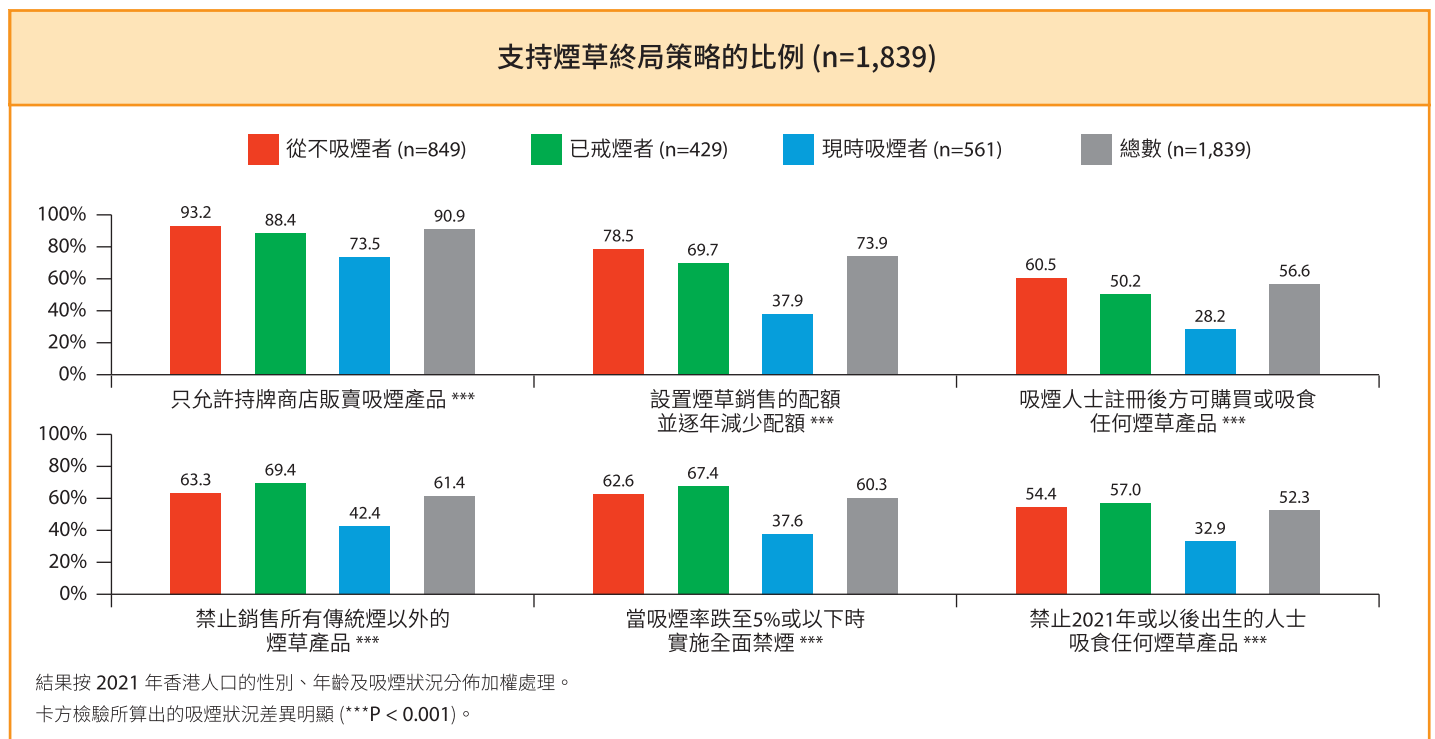
圖六 顯示 79.6% 的受訪者支持規定場所負責人為其管理範圍內的違例吸煙行為負上法律責任。支持率在現時吸煙者 (57.8%) 中較從不吸煙者 (82.2%) 和已戒煙者 (80.0%) 低 ( $P < 0.001$ )。

圖六



### 3.4 煙草終局

圖七



圖七 顯示 90.9% 的受訪者支持為販賣吸煙產品設立發牌制度，73.9% 支持設置煙草銷售的配額並逐年減少配額，56.6% 支持吸煙人士註冊後方可購買或吸食任何煙草產品。過半受訪者支持禁止銷售所有傳統煙以外的煙草產品 (61.4%)、當吸煙率跌至 5% 或以下時實施全面禁煙 (60.3%) 和禁止 2021 年或以後出生的人士吸食任何煙草產品 (52.3%)。雖然現時吸煙者對煙草終局策略的支持相對地低，但仍有超過三分一 (37.6%) 支持在香港吸煙率跌至 5% 或以下時實施全面禁煙。

## 4. 討論

### 4.1 二手煙及禁煙區

儘管現時法定禁煙區涵蓋所有室內和部分室外公眾地方，本調查顯示仍有相當大比例 (57.6%) 的香港市民接觸到二手煙。近五分三在家中接觸到二手煙的受訪者、約三分二在工作場所接觸到二手煙的在職受訪者，以及五分二在其他地方接觸到二手煙的受訪者表示頻繁接觸到二手煙，每周有至少四日。與近年的控煙政策調查相比，過去七日有在家中接觸二手煙 (2021：11.8%，2020：12.7%，2018 第二輪：14.2%) 和在工作場所接觸二手煙 (2021：22.2%，2020：22.2%，2018 第二輪：25.4%) 的比率相近。在本調查中，五分二 (42.2%) 市民在家或工作場所以外的地方接觸到二手煙，其中以街上接觸二手煙最為普遍。我們亦在控煙政策調查 2018 (第二輪) 中發現分別有 15.3% 和 26.0% 的香港市民在過去七日內於家中和其他室內地方接觸到二手煙。這些結果反映有需要再進一步擴大法定禁煙區以保護非吸煙者。

陸續更多司法管轄區已將禁煙區擴展至指定室外公共場所和有兒童的地方。例如，大廈出入口範圍 (澳洲、新加坡及泰國)、<sup>10-12</sup> 繁忙街道 / 特定區域 (日本部分地方及新加坡)、<sup>11, 13</sup> 巴士站 (澳洲、新加坡、泰國及澳門)<sup>10-12, 14</sup>，以及載有兒童的私家車內 (澳洲、巴林、加拿大部分地方、法國、意大利、南非及美國部分地方)。<sup>15</sup> 為了保護非吸煙者在家中免受二手煙傷害，部分國家甚至立法禁止在家中吸煙，如芬蘭 (只限出租居所)<sup>16</sup>、泰國<sup>17</sup> 及美國 (只限公營房屋)。<sup>18</sup> 香港十多年來在相關政策的進展甚微，急需趕上國際趨勢。

市民對擴大禁煙區至多個公共場所、有兒童的地方 (五分四或以上的人口) 以及所有室外公共場所禁煙 (64.0%) 的支持度高企。而在現時吸煙者中，擴大禁煙區至公眾地方

所有輪候隊伍、公共交通工具候車處、載有兒童的私家車內、幼稚園、小學、中學、特殊學校及補習學校外十米範圍內、及有兒童的公共場所 (室內以及室外) 三米範圍內的支持度相對地高。鑑於二手煙對公共衛生及經濟的負擔，加上公眾強烈支持，政府應儘快擴大法定禁煙區，尤其應優先考慮在不同受訪組別均得到大力支持的場所。

### 4.2 煙草終局

世界衛生組織目標在 2025 年或之前，將 15 歲或以上人士的吸煙率從 2010 年的水平降低 30%，從而預防及控制非傳染病。香港政府依照此目標，於 2018 年發表《邁向 2025：香港非傳染病防控策略及行動計劃》，以於 2025 年前降低吸煙率至 7.8% 為其中一個目標。

有國家與地區決定更進一步，訂立煙草終局目標 (將吸煙率降至 5% 或以下) 以終止煙草流行。可促成煙草終局的革命性建議措施可分為四類：(1) 針對吸煙產品的策略，如透過限制尼古丁含量以令煙草產品成癮度較低或不會上癮、禁止令吸煙產品更容易被接受或可口的口味；(2) 針對使用者的策略，如為購買煙草產品設立發牌制度，和禁止售賣煙草產品予特定年份或以後出生的人士；(3) 針對市場 / 供應的策略，如逐步收緊煙草供應；以及 (4) 針對體制結構的策略，如向煙草商徵費以資助控煙工作。<sup>19</sup> 目前為止，只有新西蘭制定了包括以上煙草終局策略和其他創新措施的無煙行動計劃，如無煙世代 (制定法例禁止售賣捲煙予 2009 年或以後出生的人士)、限制吸煙產品的零售配額及減少吸煙產品的尼古丁含量。<sup>20</sup>

本次調查發現多個煙草終局策略獲得較高支持，如為販賣吸煙產品設立發牌制度 (90.9%) 及設置煙草銷售的配額並逐年減少配額 (73.9%)，亦有三分二 (60.3%) 受訪者支持當香港吸煙率跌至 5% 或以下時實施全面禁煙。在公眾大力支持下，政府應儘快檢視不同煙草終局策略的適用性並制定煙草終局計劃，同時加強現行控煙政策。

## 5. 研究局限

本調查具有一定局限。第一，所有資料均由電話訪問中收集，其準確度可能較面對面訪談低，但電話訪問的匿名性質可以鼓勵訪問者作出更真確的回覆。第二，受訪對象雖然只限於操廣東話人士，惟他們在 2016 年中期人口統計中佔香港 15 歲或以上人口的比例為 96.7%。第三，以橫斷面方式進行調查無法追蹤同一受訪者於不同時間，對控煙政策看法或吸食吸煙產品的改變等資料。因此需要有縱貫性 / 隊列研究。

## 6. 總結

本調查發現許多香港人仍在家中、工作場所和其他地方接觸到二手煙。公眾對擴大法定禁煙區的支持度非常高。政府應儘快擴大法定禁煙區，以保障非吸煙者免受二手煙傷害，與此同時可以鼓勵更多現時吸煙者戒煙。政府亦需訂立煙草終局目標，以及實施新穎且革命性的策略。香港的吸煙率比大多數已訂立煙草終局目標的國家更低。政府應參考這些國家，為締造零煙害的香港制定自己的煙草終局目標及計劃。

## 7. 其他結果

### 7.1 現時使用吸煙產品的情況

- 捲煙為最普遍的吸煙產品，其使用率為 (9.4%)，其次為雪茄 (1.2%)、電子煙 (1.0%)、加熱煙草產品 (加熱煙) (0.8%)、水煙 (0.7%)、手捲煙 (0.6%)、煙斗 (0.4%) 和草本煙 (0.1%)。
- 在吸食捲煙的現時吸煙者中，平均每天吸煙量為 13.0 支捲煙。過半數 (52.4%) 對尼古丁有較高的依賴，在起床後半小時內吸第一支煙。

### 7.2 吸煙熱點

- 四成 (42.5%) 現時吸煙者表示過去七日曾經在吸煙熱點 (如垃圾桶旁、後巷) 吸食吸煙產品。
- 現時吸煙者平均每日在吸煙熱點吸食吸煙產品 3.1 次 (標準差：2.7)。

### 7.3 對捲煙的看法

- 受訪者以 11 點量表為捲煙的有害程度評分，由 0 分 (完全無害) 至 10 分 (非常有害)，平均評分為 8.4 分 (標準差：2.0)。
- 受訪者以 11 點量表為捲煙的成癮程度評分，由 0 分 (完全不會上癮) 至 10 分 (非常容易上癮)，平均評分為 7.5 分 (標準差：2.3)。

### 7.4 對另類吸煙產品及水煙的看法

#### 7.4.1 加熱煙

- 在知道加熱煙的受訪者中，4.0% 打算在未來十二個月內吸食加熱煙。61.7% 的所有受訪者和 62.9% 的現時吸煙者認為加熱煙對戒食捲煙沒有幫助。
- 知道加熱煙的受訪者以 11 點量表為加熱煙的有害程度評分，由 0 分 (完全無害) 至 10 分 (非常有害)，平均評分為 7.7 分 (標準差：2.3)。
- 知道加熱煙的受訪者以 11 點量表為加熱煙的成癮程度評分，由 0 分 (完全不會上癮) 至 10 分 (非常容易上癮)，平均評分為 7.2 分 (標準差：2.5)。
- 好奇 (41.7%) 及較乾淨 (23.4%) 是曾經使用加熱煙者使用加熱煙的主要原因。

#### 7.4.2 電子煙

- 在知道電子煙的受訪者中，2.7% 打算在未來十二個月內吸食電子煙。
- 在知道電子煙的受訪者中，約三分二的所有受訪者 (63.9%) 和現時吸煙者 (68.7%) 認為電子煙對戒食捲煙沒有幫助。
- 知道電子煙的受訪者以 11 點量表為電子煙的有害程度評分，由 0 分 (完全無害) 至 10 分 (非常有害)，平均評分為 7.9 分 (標準差：2.1)。
- 知道電子煙的受訪者以 11 點量表為電子煙的成癮程度評分，由 0 分 (完全不會上癮) 至 10 分 (非常容易上癮)，平均評分為 7.5 分 (標準差：2.2)。
- 好奇 (44.0%) 是曾經使用電子煙者使用電子煙的主要原因。

### 7.4.3 水煙

- 知道水煙的受訪者以 11 點量表為水煙的有害程度評分，由 0 分（完全無害）至 10 分（非常有害），平均評分為 7.3 分（標準差：2.5）。
- 知道水煙的受訪者以 11 點量表為水煙的成癮程度評分，在 0 分（完全不會上癮）至 10 分（非常容易上癮），平均評分為 6.8 分（標準差：2.6）。

## 7.5 煙草廣告

- 約三分二（65.4%）現時吸煙者表示過去三十日經常或偶然看到零售店舖的煙草產品陳列。有注意到煙草產品陳列的從不吸煙者（54.7%）和已戒煙者（52.2%）相對較少（ $P<0.001$ ）。
- 63.2% 的受訪者認為零售店舖的煙草產品陳列是煙草廣告。比例在現時吸煙者中（50.1%）較從不吸煙者（64.8%）和已戒煙者（65.5%）低（ $P<0.001$ ）。
- 約一半（52.1%）受訪者支持禁止零售店舖陳列煙草產品。比例在現時吸煙者中（35.0%）較從不吸煙者（54.3%）和已戒煙者（51.5%）低（ $P<0.001$ ）。

## 7.6 煙害圖象警示

- 每十位現時吸煙者有九位（90.4%）於過去三十日內有看過捲煙包裝上的煙害圖象警示。）有看過警示的從不吸煙者（50.3%）和已戒煙者（53.7%）的比例較少（ $P<0.001$ ）。
- 在過去三十日內有看過煙害圖象警示的現時吸煙者中，45.1% 會想到吸煙的危害、14.7% 會考慮戒煙、7.2% 會停止當時的吸煙行為。
- 近三分二（63.0%）的受訪者支持定期更換煙害圖象警示。在現時吸煙者中，支持度（42.4%）較從不吸煙者（65.8%）和已戒煙者（63.8%）低（ $P<0.001$ ）。
- 過半（54.4%）受訪者支持實施全煙害警示包裝。在現時吸煙者中（30.0%），支持度較從不吸煙者（57.6%）和已戒煙者（55.1%）低（ $P<0.001$ ）。

## 7.7 戒煙嘗試和戒煙服務

- 約五分之一（18.5%）現時吸煙者在過去十二個月內曾嘗試戒煙。
- 約七分之一（14.2%）現時吸煙者曾經使用戒煙服務。
- 在使用過戒煙服務的現時吸煙者中，最常用的戒煙服務為面對面輔導（15.3%），其次為電話諮詢（11.2%）、電話輔導（8.5%）和小組輔導（3.1%）。
- 四分之一（25.4%）現時吸煙者曾使用任何一種戒煙產品。最常用的產品包括戒煙香口膠（15.1%）和戒煙貼（14.7%），其次為戒煙糖（8.7%）、戒煙藥物（3.0%）、針灸（2.6%）和中醫（1.2%）。

## 7.8 煙草稅

- 近四分之三（72.9%）受訪者支持在 2022 年增加煙草稅，34.3% 認為增幅應比通脹高。在現時吸煙者中，支持度（24.3%）較從不吸煙者（78.8%）和已戒煙者（71.1%）低（ $P<0.001$ ）。
- 超過三分二（68.1%）受訪者支持每年增加煙草稅，30.9% 認為增幅應比通脹高。在現時吸煙者中，支持度（21.2%）較從不吸煙者（74.0%）和已戒煙者（66.5%）低（ $P<0.001$ ）。
- 如果捲煙零售價上升，過半（54.5%）現時吸煙者會減少其吸食捲煙數量至少一半。可推動減少吸煙的捲煙零售價的平均值和中位數分別為港幣 107.3 元及港幣 100.0 元。
- 如果捲煙零售價上升，過半（53.8%）現時吸煙者會戒掉捲煙。可推動戒煙的捲煙零售價的平均值和中位數分別為港幣 130.7 元及港幣 100.0 元。
- 如果捲煙零售價上升，三分二（66.2%）現時吸煙者會減少其吸食捲煙數量至少一半或戒掉捲煙。可推動減少吸煙或戒煙的捲煙零售價的平均值和中位數分別為港幣 115.5 元及港幣 100.0 元。

## 7.9 對 2019 冠狀病毒病與吸煙的看法

- 現時吸煙者普遍低估吸煙對 2019 冠狀病毒病的風險。在 0 分（完全不同意）至 10 分（完全同意）的量表中，現時吸煙者表示不同意吸煙會增加 2019 冠狀病毒病風險（平均分 2.8 分）或增加感染後患上重症風險（平



均分 4.8 分)；相反，已戒煙者則表示同意吸煙會增加 2019 冠狀病毒病風險 (平均分 5.1 分) 或增加感染後患上重症風險 (平均分 6.9 分)。

- 約一成 (10.2%) 現時吸煙者及逾四成 (43.6%) 已戒煙者在 2020 年 12 月第四波疫情爆發期間減少吸煙。

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# Strengthening Tobacco Control Policies to Protect against Secondhand Smoke

September 2022 COSH Report No. 31



## Strengthening Tobacco Control Policies to Protect against Secondhand Smoke Tobacco Control Policy-related Survey 2021

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### 1. Introduction

Smoking is a major cause of premature death. One in every two smokers dies early because of smoking. It is estimated that active smoking causes more than 6,100 deaths each year in Hong Kong, mainly from non-communicable diseases such as cancers and cardiovascular diseases.<sup>1</sup>

Smoking also harms non-smokers as secondhand smoke (SHS) contains over 7,000 chemicals, including at least 69 carcinogens.<sup>2</sup> Exposure to SHS increases the risk of developing severe diseases, such as respiratory diseases, cardiovascular diseases, and cancers.<sup>3</sup> SHS exposure also causes sudden infant death syndrome, acute respiratory infections, ear problems, and more frequent and severe asthma attacks in children.<sup>3</sup> In 2011, nearly 700 non-smokers lost their lives due to SHS-attributed respiratory diseases, chronic obstructive pulmonary disease, lung cancer, ischemic heart disease, and cerebrovascular disease (stroke) in Hong Kong.<sup>1</sup> The estimated annual economic loss of SHS was HK\$ 1.08 billion.<sup>1</sup> With no safe level of SHS exposure, continual efforts are needed to reduce smoking and protect non-smokers from SHS.

Since the enactment of the Smoking (Public Health) Ordinance (Cap. 371) in 1982, increasingly stringent smoke-free policies have been introduced to reduce SHS exposure. Smoking was first banned in public lifts and lower deck of public transport land vehicles in 1982. Smoke-free areas were expanded to cinemas, theatres, concert halls, amusement game centres and all public transportation carriers in 1992, and to some public indoor areas (e.g., shopping malls and banks) in 1998. In 2007, a comprehensive ban on smoking in indoor public places was introduced, including workplaces, restaurants, markets, and both indoor and outdoor areas of kindergartens, schools, colleges and hospitals. Smoking in some outdoor

public places also became illegal, such as public swimming pools and beaches, escalators, and public pleasure grounds. Since 2009, smoking has been banned in more outdoor public transport facilities, including eight tunnel or highway bus interchanges in 2016.

Several local studies have shown the positive impact of the 2007 smoke-free legislation in Hong Kong. The Youth Quitline of The University of Hong Kong received 26% more enquiry calls within nine months after the legislation.<sup>4</sup> Mothers reported much fewer infant exposure to SHS (from 87.2% in 2005/06 to 29.3% in 2007/08). Their actions to protect children from SHS increased, suggesting that the legislation had increased SHS awareness and denormalized smoking.<sup>5</sup> In the long run, the legislation reduced hospital admissions of children due to lower respiratory tract infection,<sup>6</sup> and saved around 1,000 lives per year in Hong Kong.<sup>7</sup>

Besides continuous expansion of smoke-free areas, reducing the smoking population is crucial to protecting non-smokers from SHS. Daily cigarette use in Hong Kong has dropped substantially from 23.3% in 1982 to 9.5% in 2021, with more remarkable reduction in males (from 39.7% to 16.7%).<sup>8</sup> This shows the effectiveness of multi-pronged tobacco control policies. However, in recent years, tobacco control policies have not been strengthened substantially and the smoking prevalence has plateaued. This appears to suggest existing control policies may be incapable of hastening the demise of smoking.<sup>9</sup> Novel and radical measures are needed to deal a knock-out punch to the tobacco epidemic, reducing smoking to a very low level (such as 5%) to create an atmosphere favourable to a total ban on smoking.

Since 2013, COSH has conducted a series of Tobacco Control Policy-related Survey (TCPS), including nine landline surveys and two mobile phone surveys, to gather information on smoking-related issues, such as pattern of smoking, SHS exposure, the impact of tobacco control policies, and opinions on current and future policies. Findings of TCPS have been used to advocate for smoke-free area expansion, enlargement of pictorial health warnings (PHWs), a total ban on alternative smoking products (ASPs) and other tobacco control measures, playing an important role in promoting smoke-free Hong Kong.

In the present report, we examine (1) SHS exposure; (2) smoke-free areas; and (3) tobacco endgame. Tobacco control policies to be advocated in the future will also be discussed.

## 2. Methods

### 2.1 Study design and participants

TCPS 2021 was a cross-sectional landline and mobile phone survey conducted from March to July 2021. Hong Kong residents aged 15 years or above who spoke Cantonese were recruited. Three target groups were included: (1) current smokers who used any forms of smoking products either daily or occasionally, (2) ex-smokers who used any forms of smoking products in the past but had stopped, and (3) never smokers who had never used any forms of smoking products. Data collection of the survey was contracted to the Hong Kong Public Opinion Research Institute Limited (PORI). Initial call-ins took place from 2:30 pm to 10:30 pm from Monday to Sunday to cover respondents with diversified working hours of different industries. Each randomly selected telephone number was called a maximum of five times, at different times and on different days, before it was dropped as “non-contact”. All interviews were conducted anonymously except for those willing to participate in follow-up surveys. Participants could withdraw from the study at any time without providing a reason, and with no consequences.

### 2.2 Sampling methods and respondent selection

TCPS 2021 recruited 5,112 respondents, including 1,701 current smokers, 1,710 ex-smokers, and 1,701 never smokers. Half the respondents of each smoking group were recruited via landline interviews, while the other half via mobile phone interviews. For landline interviews, telephone numbers were first randomly drawn from the residential telephone directories to become seed numbers, from which another set of numbers would be generated by a computer programme using the “plus/minus one/two” method to capture unlisted numbers. Duplicated numbers were then filtered, and the remaining numbers were mixed in random order to produce

the final sampling frame. When contact was successfully established with a target household, one person of the household was selected among all eligible household members at home at the time of contact using the “next birthday” rule. For mobile phone interviews, numbers were randomly generated using known prefixes assigned to mobile telecommunication service providers under the Numbering Plan of the Office of the Communications Authority and mixed in random order to produce the final sampling frame. Only the users of the contacted mobile numbers were interviewed. Due to the relatively small proportions of ex- and current smokers in Hong Kong, oversampling of these two groups was conducted for more precise estimates and detailed analysis, and weighting was applied to adjust for oversampling.

### 2.3 Questionnaire development

The questionnaire was largely based on previous questionnaires with addition of questions on emerging issues. It included two sections: core questions and random questions. Core questions were answered by all respondents, consisting of questions on tobacco use, COVID-19 and smoking, quit duration, smoking hotspots, etc. Random questions were designed for random subsamples of respondents with certain smoking status (six subsets for current smokers, four subsets for ex-smokers, and two subsets for never smokers), including SHS exposure (n=2,273), smoke-free areas (n=2,260), tobacco endgame (n=1,839), etc. All respondents in a subset answered the same questions.

### 2.4 Weighting and statistical analysis

The whole sample was weighted against the sex, age and smoking status distribution of the 2021 Hong Kong Resident population (inmates of institutions, domestic helpers and persons living on board vessels were excluded).<sup>8</sup> Univariate analysis of variables of interest by overall smoking status, the status of using specific smoking products (regardless of the use of other products), or sex was conducted. Chi-square test and linear regression were used to examine differences by subgroups. Statistical significance was set as  $P < 0.05$ . All analyses were conducted using STATA (Version 15.1, TX: StataCorp LP).



### 3. Results

#### 3.1 Sample characteristics

**Table 1. Socio-demographic characteristics of the weighted sample by smoking status (%)**

	Never smokers (n=1,701) (%)	Ex-smokers (n=1,710) (%)	Current smokers (n=1,701) (%)	Total (n=5,112) (%)	P-value
Sex					<0.001
Male	40.1	84.8	82.2	47.1	
Female	59.9	15.2	17.8	52.9	
Age (years)					<0.001
15-29	18.4	2.4	9.1	16.6	
30-39	16.2	8.4	17.0	15.9	
40-49	15.8	12.6	25.1	16.6	
50-59	17.8	20.1	21.8	18.4	
60 or above	30.6	55.8	26.3	31.6	
DK/RTA	1.2	0.8	0.9	1.0	
Education level					<0.001
Primary or below	12.9	17.9	12.2	13.0	
Secondary	45.6	54.0	60.0	47.5	
Tertiary	40.7	27.2	27.1	38.6	
DK/RTA	0.8	1.0	0.7	0.8	
Employment					<0.001
Employed	45.6	43.1	68.1	47.9	
Student	10.2	0.4	1.1	8.8	
Home-makers	16.4	5.2	3.6	14.5	
Unemployed	3.6	3.7	6.1	3.8	
Retired	23.0	46.8	20.3	24.0	
DK/RTA	1.3	0.8	0.9	1.1	

DK/RTA: Don't know/Refuse to answer.

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

Difference by smoking status were tested by Chi-square test.

Table 1 shows that current smokers (73.2%) and ex-smokers (88.5%) were more likely to be aged 40 years or above than never smokers (64.2%) ( $P<0.001$ ). Tertiary education was more common in never smokers (40.7%) than in ex-smokers

(27.2%) and current smokers (27.1%) ( $P<0.001$ ). Employment was more common in current smokers (68.1%) than in never (45.6%) and ex-smokers (43.1%) ( $P<0.001$ ).

3.2 SHS exposure

About three-fifths (57.6%) of respondents reported SHS exposure at home, workplace, or other places in the past 7 days. Figure 1 shows that 11.8% of respondents were exposed to SHS at home in the past 7 days, including 6.9% that had more frequent exposure for 4-7 days. More current smokers were exposed to SHS at home (17.1%) than never smokers (11.4%) and ex-smokers (7.4%) ( $P<0.001$ ).

Figure 1

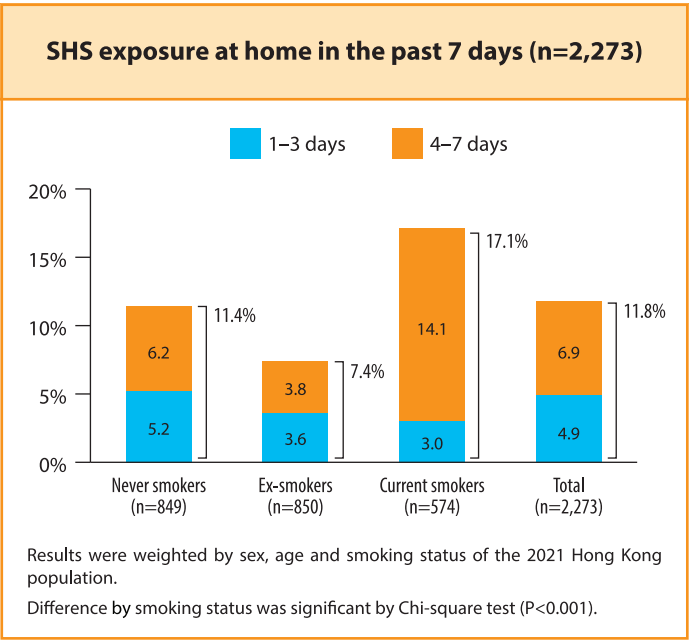


Figure 2 shows that 22.2% of working respondents were exposed to SHS at workplace in the past 7 days, including 14.1% that were exposed to SHS for 4-7 days. More current smokers were exposed to SHS at workplace (47.6%) than never smokers (17.0%) and ex-smokers (30.9%) ( $P<0.001$ ).

Figure 2

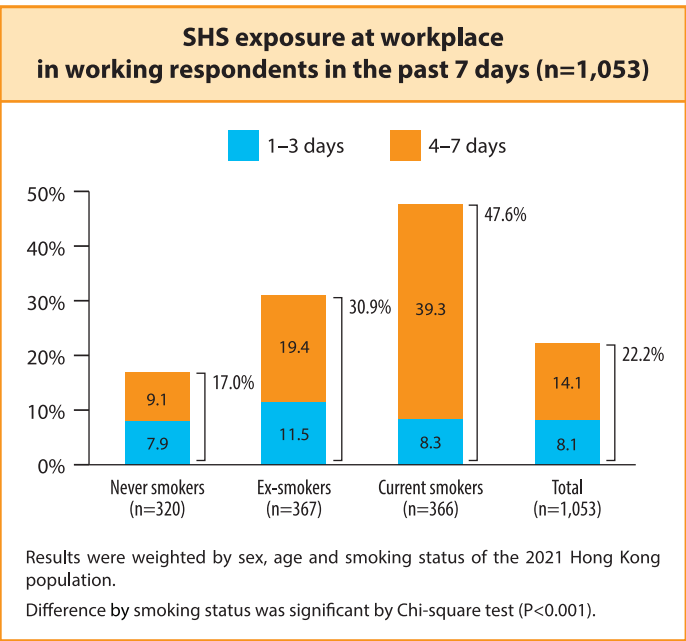
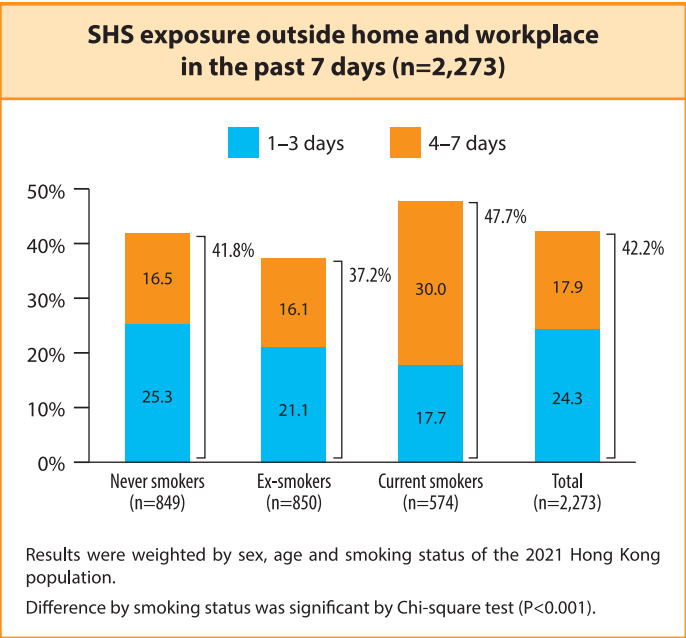


Figure 3 shows that 42.2% of respondents were exposed to SHS outside home and workplace, including 17.9% who were exposed to SHS for 4-7 days. The exposure was more common in current smokers (47.7%) than in never smokers (41.8%) and ex-smokers (37.2%) ( $P<0.001$ ).

Figure 3



**Table 2. Common locations of SHS exposure outside home and workplace in respondents with past 7-day exposure**

	<b>Never smokers (n=342) (%)</b>	<b>Ex-smokers (n=320) (%)</b>	<b>Current smokers (n=262) (%)</b>	<b>Total (n=924) (%)</b>	<b>P-value</b>
Streets	75.5	69.9	59.3	73.3	<0.001
Parks and other resting areas	11.9	14.4	4.9	11.2	<0.001
Public transport stops	11.7	7.8	4.9	10.6	<0.001
Next to rubbish bins	7.7	7.2	20.7	9.2	<0.001
Indoor shopping malls, department stores, wet markets, supermarkets	9.0	5.2	0.9	7.9	<0.001
Backstairs	6.0	5.1	4.7	5.8	<0.001
Outdoor restaurants	3.3	4.0	5.2	3.6	<0.001
Inside public transport vehicles	4.2	0.8	0.0	3.5	<0.001
Outside office building entrances	3.0	1.0	1.7	2.8	<0.001
Outside residential buildings entrances	2.7	3.1	0.9	2.5	<0.001

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

Difference by smoking status were tested by Chi-square test.

Table 2 shows the common locations of SHS exposure outside home and workplace reported by respondents with past 7-day exposure. Streets were most common (73.3%), followed by parks and other resting areas (11.2%), public transport stops (10.6%), area next to rubbish bins (9.2%), indoor shopping malls, department stores, wet markets and supermarkets (7.9%), backstairs (5.8%), outdoor restaurants (3.6%), inside public transport vehicles (3.5%), outside office building entrances (2.8%), and outside residential building entrances (2.5%).

In general, SHS exposure in non-smokers (including never smokers and ex-smokers) was more common than in current smokers in most of the places covered in the survey. However, in the places which are possible smoking hotspots, SHS exposure was significantly more prevalent in current smokers than never smokers and ex-smokers, such as area next to rubbish bins (20.7% vs 7.7% and 7.2%) ( $P<0.001$ ) and outdoor restaurants (5.2% vs 3.3% and 4.0%) ( $P<0.001$ ).

### 3.3 Smoke-free areas

Figure 4 shows strong support for the extension of smoke-free areas. Major support was found for the extension of smoke-free areas to public transport stops (94.3%), all queues in public places (93.7%), area within ten meters of kindergartens,

primary schools, secondary schools, special schools and tutorial centres (90.2%), area within three meters of children in public places (indoor and outdoor) (90.1%), private cars with children inside (87.8%), pedestrian precincts (83.0%), public areas with a ceiling (79.8%), when walking on streets (79.7%), area within three meters of office building entrances (79.6%), all common areas in housing estates (79.5%), and outdoor areas of restaurants and bars (66.8%). Nearly two-thirds (64.0%) supported banning smoking in all outdoor public places.

Overwhelming support was found in never smokers and ex-smokers for all the places above. Although the level of support was generally lower in current smokers, more than half supported expansion to most places, with over two-thirds agreeing to make all queues in public places (82.9%), public transport stops (81.5%), private cars with children inside (78.2%), and area within ten meters of kindergartens, primary schools, secondary schools, special schools and tutorial centres (75.2%) smoke-free. Their support for smoking bans in outdoor areas of restaurants and bars (29.7%) and all outdoor public places (30.0%) was lowest.

Figure 4





Currently, smoking or carrying a lit cigarette, cigar or pipe, or using an ASP in smoke-free areas is liable to a fixed penalty of HK\$1,500. Figure 5 shows that 81.3% of respondents supported increasing the amount of fixed penalty for smoking in smoke-free areas. Current smokers showed less support (36.6%) than never smokers (87.1%) and ex-smokers (76.8%) ( $P<0.001$ ).

Figure 5

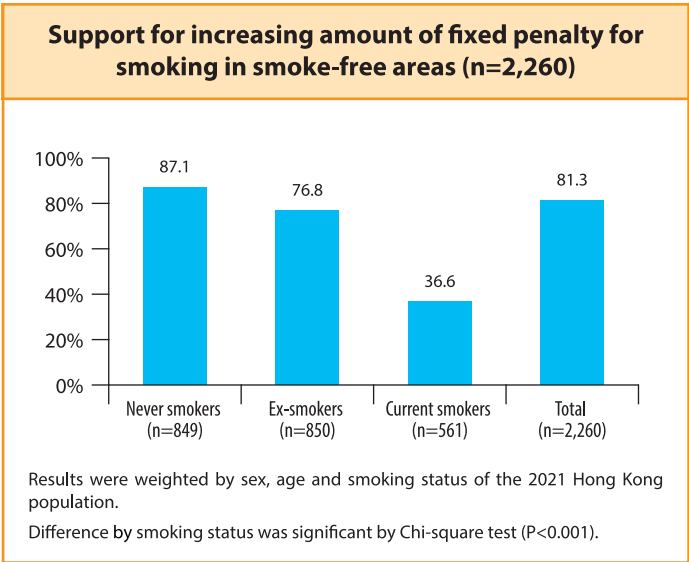
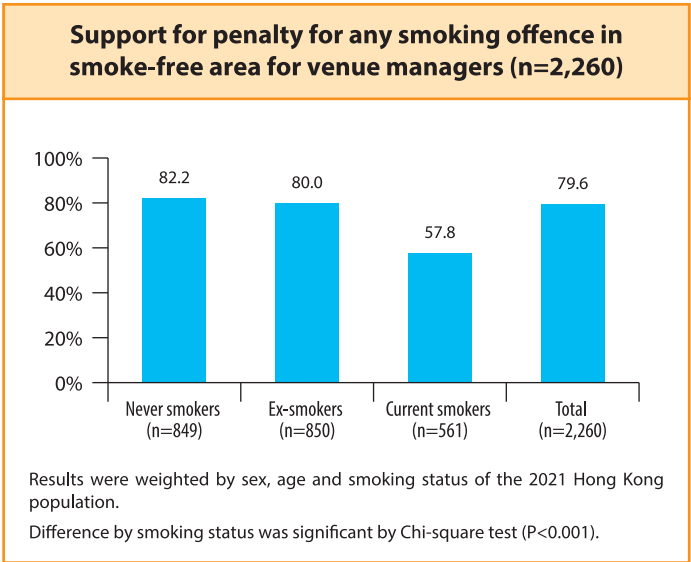


Figure 6 shows that 79.6% of respondents supported that venue managers should be liable to penalty for any smoking offence in smoke-free area under their responsibility. Current smokers showed less support (57.8%) than never smokers (82.2%) and ex-smokers (80.0%) ( $P<0.001$ ).

Figure 6



3.4 Tobacco endgame

Figure 7

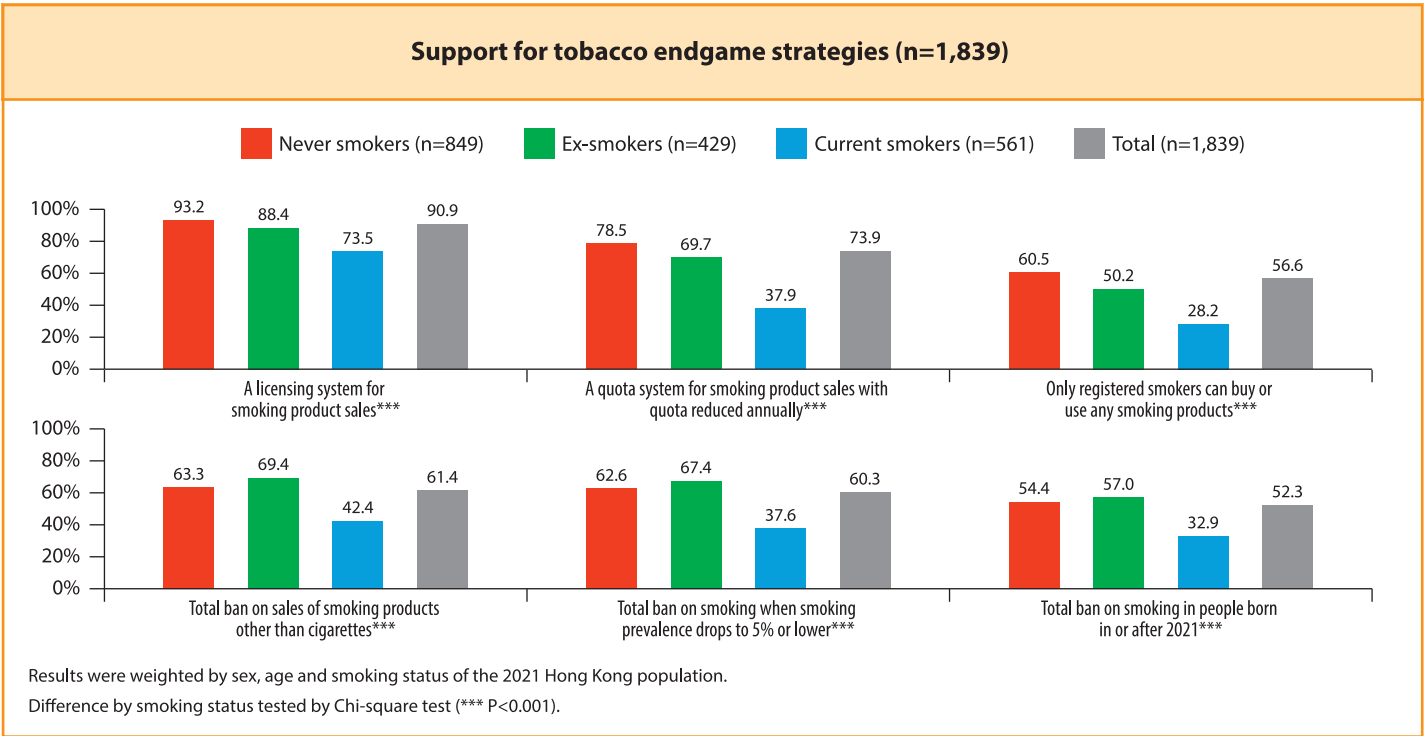


Figure 7 shows that 90.9% of respondents supported a licensing system that allows only licensed retail shops to sell smoking products, 73.9% supported a quota system for smoking product sales with the quota reduced annually, and 56.6% supported only allowing registered smokers to buy or use any smoking products. Over half respondents supported for a total ban on sales of smoking products other than cigarettes (61.4%), a total ban on smoking when smoking prevalence drops to 5% or lower (60.3%), and a total ban on smoking in people born in or after 2021 (52.3%). Although current smokers showed much less support for the endgame strategies, over one-third (37.6%) supported banning smoking when smoking prevalence drops to 5% or lower.

## 4. Discussion

### 4.1 Secondhand smoke and smoke-free areas

Although the current smoke-free legislation covers all indoor public areas and some outdoor public areas, TCPS 2021 showed that a substantial proportion (57.6%) of the Hong Kong population was still exposed to SHS. Nearly three-fifths of respondents with SHS exposure at home, about two-thirds of working respondents with SHS exposure at workplace and two-fifths of respondents with SHS exposure elsewhere reported frequent exposure of at least 4 days a week. Similar level of (past 7-day) exposure to SHS was observed in TCPS in recent years, both at home (2021: 11.8%, 2020, 12.7%; 2018 wave 2: 14.2%) and at workplace (2021: 22.2%, 2020, 22.2%; 2018 wave 2: 25.4%). In TCPS 2021, two-fifths (42.2%) of the population were exposed to SHS in places other than home or workplace in the past 7 days, with streets being the most commonly reported place. We also found 15.3% of the Hong Kong population had third-hand smoke (THS) exposure at home and 26.0% at other indoor places in the past 7 days in TCPS 2018 wave 2. These findings highlight the need to further expand smoke-free areas to protect non-smokers.

An increasing number of jurisdictions have expanded smoke-free areas to certain outdoor public places and places with children. For instance, smoking is banned outside entrances or exits of buildings (Australia, Singapore, and Thailand),<sup>10-12</sup> in busy streets/designated zones (some cities in Japan, and Singapore),<sup>11, 13</sup> at bus stops (Australia, Singapore, Thailand and Macao),<sup>10-12, 14</sup> and in private cars carrying children (Australia, Bahrain, some cities in Canada, France, Italy, South Africa and some cities in the United States [US]).<sup>15</sup> Some countries have also banned smoking at home to protect non-smoking residents from SHS exposure, such as Finland (rental accommodations only),<sup>16</sup> Thailand<sup>17</sup> and the US (public housing only).<sup>18</sup> Hong Kong had little progress in expansion of smoke-free area for more than ten years, and needs to catch up urgently.

We found strong support for banning smoking in many public places or places with children (by four-fifths or more of the population), and in all outdoor public places (64.0%). In current smokers, the support was relatively strong for banning smoking in all queues in public places, public transport stops, private cars with children inside, within ten meters of kindergarten, primary schools, secondary schools, special schools and tutoring centres, and within three meters of children in public places (indoor and outdoor). Given the public health and economic burden of SHS and very strong public support, the Government should quickly expand smoke-free areas, especially to those receiving massive support from the public irrespective of smoking status.

### 4.2 Tobacco endgame

The World Health Organization has set a goal of a 30% reduction relative to the 2010 prevalence of current tobacco use in persons aged 15 years or above by 2025 to prevent and control non-communicable diseases. In accordance with WHO's goal, the Hong Kong Government launched "Towards 2025: Strategy and Action Plan to Prevent and Control Non-Communicable Diseases in Hong Kong" in 2018, with reducing the smoking prevalence to 7.8% by 2025 as one of the targets.

Several countries and regions have decided to go further and declared tobacco endgame goals (reducing smoking prevalence to 5% or lower), targeting to end the tobacco epidemic. Radical strategies proposed to achieve tobacco endgame can be categorized into four aspects: (1) product-focused strategies, such as advocating less addictive or non-addictive tobacco products by regulating nicotine levels and banning flavors that make tobacco products more tolerable or palatable to taste, (2) user-focused strategies, such as a licensing system for purchasing tobacco products and banning tobacco sales to people born after a specific year, (3) market/supply-focused strategies, such as "sinking lid" strategy that restricts tobacco supply on a regular basis, and (4) institutional structure-focused strategies, such as levy on tobacco manufacturers to fund tobacco control initiatives.<sup>19</sup> To date, only New Zealand has designated a smoke-free action plan that outlines the above tobacco endgame strategies and other innovative measures in the policy, such as smoke-free generation (e.g., banning cigarette sales to those born in or after 2009 at the time of implementation), limiting retail availability, and reduction in nicotine levels of smoking products.<sup>20</sup>

We found relatively high support for several tobacco endgame strategies in Hong Kong, such as a licensing system for smoking product sales (90.9%) and a quota system for smoking product sales with the quota reduced annually (73.9%). Two-thirds (60.3%) supported a total ban on smoking when the smoking prevalence drops to 5% or lower. In

accordance with substantial public support, the Government should review the applicability of the endgame strategies, and establish a tobacco endgame plan as soon as possible, while strengthening existing tobacco control measures.

## 5. Limitations

This study had some limitations. First, all information was collected over the phone. While the data may have a lower quality than those from face-to-face interviews, the anonymous nature would encourage more truthful responses. Second, only Cantonese-speaking respondents were interviewed, but they consisted of 96.7% of the population aged 15 years or above in the 2016 Population By-Census. Third, as a cross-sectional survey, it cannot track changes in tobacco consumption and opinions towards tobacco control policies from the same respondents over time. Longitudinal/cohort studies are warranted.

## 6. Conclusions

TCPS 2021 found many of the Hong Kong population were still exposed to SHS at home, at workplace, and in other places. Support for expansion of smoke-free areas was very strong. The Government should rapidly expand smoke-free areas to protect non-smokers from SHS exposure, which would also motivate more smokers to quit. To ultimately eliminate SHS and smoking, the Government needs to establish tobacco endgame target, and implement novel and radical strategies. The smoking prevalence of Hong Kong is lower than that of most countries with an endgame target. The Government should make reference to these countries, and formulate its own tobacco endgame target and plan for Hong Kong to be free from tobacco hazards.

## 7. Other results of TCPS 2021

### 7.1 Current use of smoking products

- Cigarettes (9.4%) were the most commonly used smoking product, followed by cigars (1.2%), electronic cigarettes (e-cigarettes) (1.0%), heated tobacco products (HTPs) (0.8%), waterpipe tobacco (0.7%), hand-rolled cigarettes (0.6%), pipe tobacco (0.4%) and herbal cigarettes (0.1%).
- On average, current cigarette smokers consumed 13.0 cigarettes per day. Over half (52.4%) had heavier nicotine dependence that they smoked the first cigarette within half an hour after waking up.

### 7.2 Smoking hotspots

- Two-fifths (42.5%) of current smokers reported using smoking products at smoking hotspots (e.g., near rubbish bins and back alleys) in the past 7 days.
- The mean number of visits to smoking hotspots per day by current smokers was 3.1 (SD = 2.7).

### 7.3 Perception of cigarettes

- On an 11-point scale from 0 (not harmful at all) to 10 (very harmful), the mean score of perceived harmfulness of cigarettes among all respondents was 8.4 (SD = 2.0).
- On an 11-point scale from 0 (not addictive at all) to 10 (very addictive), the mean score of perceived addictiveness of cigarettes among all respondents was 7.5 (SD = 2.3).

### 7.4 Perception of ASPs and waterpipe tobacco

#### 7.4.1 HTPs

- Among respondents who were aware of HTPs, 4.0% intended to use HTPs in the next 12 months. 61.7% of all respondents and 62.9% of current smokers perceived HTPs as ineffective for quitting cigarettes.
- On an 11-point scale from 0 (not harmful at all) to 10 (very harmful), the mean score of perceived harmfulness of HTPs among respondents who were aware of HTPs was 7.7 (SD = 2.3).
- On an 11-point scale from 0 (not addictive at all) to 10 (very addictive), the mean score of perceived addictiveness of HTPs among respondents who were aware of HTPs was 7.2 (SD = 2.5).
- Curiosity (41.7%) and cleaner (23.4%) were the key reasons for HTP use.

#### 7.4.2 E-cigarettes

- Among respondents who were aware of e-cigarettes, 2.7% intended to use e-cigarettes in the next 12 months.
- About two-thirds of respondents (63.9%) and current smokers (68.7%) who were aware of e-cigarettes perceived e-cigarettes as ineffective for quitting cigarettes.

- On an 11-point scale from 0 (not harmful at all) to 10 (very harmful), the mean score of perceived harmfulness of e-cigarettes among respondents who were aware of e-cigarettes was 7.9 (SD = 2.1).
- On an 11-point scale from 0 (not addictive at all) to 10 (very addictive), the mean score of perceived addictiveness of e-cigarettes among respondents who were aware of e-cigarettes was 7.5 (SD = 2.2).
- Curiosity (44.0%) was the key reason for e-cigarette use.

#### 7.4.3 Waterpipe tobacco

- On an 11-point scale from 0 (not harmful at all) to 10 (very harmful), the mean score of perceived harmfulness of waterpipe tobacco among respondents who were aware of waterpipe tobacco was 7.3 (SD = 2.5).
- On an 11-point scale from 0 (not addictive at all) to 10 (very addictive), the mean score of perceived addictiveness of waterpipe tobacco among respondents who were aware of waterpipe tobacco was 6.8 (SD = 2.6).

### 7.5 Tobacco advertisements

- About two-thirds (65.4%) of current smokers reported usually or occasionally seeing point-of-sale tobacco product displays in the past 30 days. The prevalence was lower in never smokers (54.7%) and ex-smokers (55.2%) ( $P < 0.001$ ).
- 63.2% of respondents perceived point-of-sale tobacco product displays as advertisements. Such perception was less common in current smokers (50.1%) than in never smokers (64.8%) and ex-smokers (65.5%) ( $P < 0.001$ ).
- About half (52.1%) respondents supported banning point-of-sale tobacco product displays. Support was lower in current smokers (35.0%) than in never smokers (54.3%) and ex-smokers (51.5%) ( $P < 0.001$ ).

### 7.6 Pictorial health warnings (PHWs)

- Nine in ten (90.4%) current smokers were aware of (had seen) PHWs on cigarette packs in the past 30 days. The awareness was lower in never smokers (50.3%) and ex-smokers (53.7%) ( $P < 0.001$ ).
- When current smokers saw PHWs in the past 30 days (excluding those who had not seen), 45.1% thought about the harms of smoking, 14.7% thought about quitting smoking, and 7.2% forwent a cigarette.
- Nearly two-thirds (63.0%) of respondents supported regular PHW rotation. Support was lower in current smokers (42.4%) than in never smokers (65.8%) and ex-smokers (63.8%) ( $P < 0.001$ ).
- Over half (54.4%) of respondents supported plain packaging of cigarette packs. Support was lower in current smokers (30.0%) than in never smokers (57.6%) and ex-smokers (55.1%) ( $P < 0.001$ ).

### 7.7 Quit attempt and smoking cessation services

- About one-fifth (18.5%) of current smokers had their most recent quit attempt in the past 12 months.
- About one-seventh (14.2%) of current smokers had ever used smoking cessation services.
- Among current smokers who had used smoking cessation methods, the most commonly used method was face-to-face counseling (15.3%), followed by telephone enquiry (11.2%), telephone counseling (8.5%) and group counseling (3.1%).
- A quarter (25.4%) of current smokers had ever used any smoking cessation products. Most commonly used products included nicotine gum (15.1%) and nicotine patch (14.7%), followed by nicotine lozenge (8.7%), smoking cessation medications (3.0%), acupuncture (2.6%) and Chinese medicine (1.2%).

### 7.8 Tobacco tax

- Nearly three quarters (72.9%) of respondents supported a tobacco tax increase in 2022, with 34.3% supporting an increase greater than inflation. Overall support was lower in current smokers (24.3%) than in never smokers (78.8%) and ex-smokers (71.7%) ( $P < 0.001$ ).
- Over two-thirds (68.1%) of respondents supported an annual tobacco tax increase, with 30.9% respondents supporting an annual increase greater than inflation. Overall support was lower in current smokers (21.2%) than in never smokers (74.0%) and ex-smokers (66.5%) ( $P < 0.001$ ).



- Over half (54.5%) of current smokers would reduce cigarette consumption by at least half if cigarette retail price increases. The mean and median retail price to motivate this was HK\$107.3 and HK\$100.0, respectively.
- Over half (53.8%) of current smokers would quit cigarettes if cigarette retail price increases. The mean and median retail price to motivate this was \$130.7 and HK\$100.0, respectively.
- Two-thirds (66.2%) of current smokers would reduce cigarette consumption by at least half or quit if cigarette retail price increases. The mean and median price to motivate this was \$115.5 and HK\$100.0, respectively.

## 7.9 Perceptions of COVID-19 and smoking

- Current smokers generally underestimated the risks of smoking on COVID-19. On a scale from 0 (strongly disagree) to 10 (strongly agree), current smokers did not agree that smoking would increase the risk of COVID-19 infection (2.8 points on average) or the risk of progression to severity (4.8 points on average), while ex-smokers agreed that smoking would increase the risk of COVID-19 infection (5.1 points on average) and the risk of progression to severity (6.9 points on average).
- Around one-tenth (10.2%) of current smokers and 43.6% of ex-smokers reduced smoking during the 4<sup>th</sup> COVID-19 wave in December 2020.

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